Increasing physical activity among adults with arthritis

Recently released strategies to boost activity levels in people with arthritis focus on creating supportive environments

by Mary B. Waterman, MPH, and Patience H. White, MD, MA

Arthritis is a serious disease that can be disabling, but a diagnosis of arthritis does not mean that an active life is out of reach. Physical activity is a safe and effective tool for managing the disease. However, few adults with arthritis engage in physical activity. Becoming and staying active is extremely important for these individuals, making the role of the active-aging professional key in helping individuals with arthritis live well.

This article will explain what arthritis is (and is not), its burden, and how physical activity plays an important role in its treatment. In addition, it will describe recent efforts to help professionals make physical activity an easier choice for adults with arthritis. Also highlighted are strategies and action steps from the Arthritis Foundation’s new report, “Environmental and Policy Strategies to Increase Physical Activity Among Adults

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Physical activity is an important nonpharmacological tool for treating arthritis. Making these opportunities easier for adults with the disease is an essential approach for helping to improve the lives of millions and to support their living well over the life span with arthritis.” This report targets professionals who can influence the physical activity levels of adults with arthritis by implementing practical and doable environmental and policy changes.

The burden of arthritis

Few people understand—or believe—that arthritis is not an inevitable part of life. Some of the biggest myths about arthritis are that it’s a normal part of aging and that it only affects older adults. While it is true that the prevalence of arthritis increases with age and that roughly half of all adults over the age of 65 are diagnosed with the disease, a majority of people diagnosed with arthritis are younger. Arthritis is not inevitable and it is not a normal part of the aging process. It affects people of all ages—including children and young adults—and all races and ethnicities.

Arthritis, which means “joint inflammation,” is a chronic condition that affects several hundred million people worldwide. The term arthritis is an umbrella for over 100 different conditions, the most prevalent being osteoarthritis, rheumatoid arthritis, fibromyalgia and gout. Warning signs include pain, stiffness and swelling in or around a joint.

In the United States, approximately 50 million adults have been diagnosed with arthritis, and the disease is projected to affect a staggering 67 million adults by the year 2030. It is presently the most common cause of disability among Americans.

Because of the pain and physical limitations associated with arthritis, it is not surprising that quality of life is worse for people with this condition than those without it. Arthritis robs 21 million Americans of their ability to do daily activities such as stooping, bending, kneeling, walking, and climbing a flight of stairs. Almost one-third of people with arthritis have work limitations. The impact is worse for African-Americans and Hispanics, who report worse pain and more frequent work and activity limitations than non-Hispanic whites. Overall, arthritis costs the US economy $128 billion in direct and indirect expenses.

Even more surprising is that almost half of adults with arthritis have one or more other chronic conditions such as heart disease, diabetes and obesity. This means that managing arthritis is key for people with other chronic conditions because arthritis often interferes with their ability to adhere to treatment plans that include physical activity. In other words, managing arthritis through physical activity can also support the treatment of and improve many of the coexisting diseases found in adults with arthritis.

Physical activity and arthritis

Today, as many active-aging professionals know, people with arthritis should no longer be told to “rest their joints” or to refrain from physical activities that they find enjoyable. Physical activity is one of the best nonpharmacological treatment options for people with arthritis and should be included in their treatment plans. Not only is physical activity safe for people with arthritis, its health benefits are numerous: reduced pain, delayed or prevented disability, and better physical functioning, mood and independence.

Despite the benefits of physical activity, studies have shown that physical activity levels are lower among adults with arthritis than those without. In fact, nearly half of people with arthritis do not engage in any leisure time physical activity at all. Even more troubling is that when measured with accelerometers (devices that measure motion), physical activity levels among adults with osteoarthritis are even lower than previously thought.

To address the growing need to increase physical activity levels in individuals with the arthritis, a number of programs and initiatives are available to assist active-aging professionals. There are a variety of evidence-based physical activity programs specifically for people with arthritis to help them become physically active. These include land- and water-based physical activity programs, as well as health communication campaigns from the US Centers for Disease Control and Prevention in English (“Physical Activity: The Arthritis Pain Reliever”)

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and Spanish (“Buenos Días, Artritis”). In addition, the Arthritis Foundation and Ad Council teamed together on two campaigns to encourage adults with arthritis to fight their arthritis pain (“Moving is the Best Medicine” and “My Weapon in the Fight Against Arthritis”). Campaign posters appear on this page and page 51.

A call to action

In 2010, the Arthritis Foundation and the Centers for Disease Control and Prevention (CDC) joined together to launch “A National Public Health Agenda for Osteoarthritis.” This blueprint for action recommended reducing the burden of osteoarthritis (OA) using four intervention areas:

- self-management education
- physical activity
- injury prevention
- weight management

The two partners further collaborated to mobilize a national coalition to elevate OA as a public health priority for the United States. The first coalition of its kind focusing specifically on OA, the Osteoarthritis Action Alliance (OAAA) was established in 2011. Since its launch, the OAAA has grown to include over 40 member organizations—including the International Council on Active Aging”—representing stakeholders in the fields of arthritis, aging, chronic disease prevention, and public health.

The alliance is composed of four workgroups, each dedicated to one of the four intervention areas outlined in the OA Agenda. The Physical Activity Workgroup is focusing on expanding the availability of physical activity as a public health intervention, using the following as guiding principles from the agenda:

- Expand the format options for the delivery of physical activity programs—such as group classes, home-based and self-directed programs, and workplace programs.
- Implement the “Physical Activity Guidelines for Americans.”
- Build supportive environments to increase physical activity.
- Continue examining the role of physical activity as a management strategy.

Environmental and policy strategies

From a public health perspective, one of the biggest efforts to dramatically reduce the impact of arthritis by increasing physical activity among adults with the disease came earlier this year, when the Arthritis Foundation responded to
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Figure 1. Priority environmental and policy strategies for improving physical activity among adults with arthritis.
Source: Arthritis Foundation

- Build road networks that include safe walking environments to places such as workplaces and other community venues; ensure that sidewalks and benches are available where appropriate.
- Encourage the incorporation of active living principles into planning and zoning efforts and ensure that experts in the fields of arthritis, aging, and physical activity are consulted.
- Identify local businesses with workplace wellness initiatives. These initiatives should include physical activity programs that are appropriate for people with arthritis, but aren’t branded as an “arthritis” program so that participants aren’t disclosing a diagnosis.
- Ask fitness facilities (gyms, parks departments, etc.) in your community to provide low-impact activities and equipment.

While certain steps may apply more to specific settings and roles than others, every one is relevant to the active-aging industry (including the broader coalitions that promote this approach). All are doable. Some action steps will require a longer-term commitment, while others can be accomplished in a relatively short period of time. With all these efforts, creating environments that encourage adults with arthritis to include physical activity in their lives will have a lasting effect.

To supplement the Arthritis Foundation report, sector-specific action briefs were created to give quick facts about arthritis and physical activity, and why they matter.

These summary sheets outline some of the topline strategies that a sector can implement immediately and over the long term. They also contain resources, including a table of all CDC-approved evidence-based programs, as well as websites for additional information, links to CDC articles about coexisting conditions, and more. A number of useful resources appear in the sidebar on page 53 as well, to guide professionals who want to get involved.
Next steps
Carrying out the strategies outlined in the Environmental and Policy Strategies report will present both successes and challenges. One of the first actions taken to implement a strategy from the business and industry sector was to incorporate the Arthritis Foundation Walk With Ease Program (WWE) into a workplace wellness initiative. To assist with additional implementation efforts, a resource guide is currently being developed that will help with the “how to” of reaching out and connecting with the six sectors outlined in the report. Expected to be completed in summer 2013, this guide will focus on how to effectively support and promote the strategies outlined in the report. It will be based on a scan of current environmental activities, as well as information garnered from interviews with leaders and experts in each targeted sector.

Additional implementation activities will primarily be led and directed by experts in the OAAA Physical Activity Workgroup. Plans include piloting WWE with local parks departments and assessing walkability audits for their effectiveness for adults with arthritis. Further, the Arthritis Foundation, through the OAAA, is seeking more partners and stakeholders to collaborate and implement specific strategies, and to champion the report’s recommendations. Interested parties can contact the OAAA and find out how to participate by visiting the OAAA website (see “Resources” on this page).

A key component
Today, arthritis affects a staggering number of people around the globe, including 50 million adults who live in the United States. Almost half of these Americans are limited in some way because of their arthritis. Managing arthritis helps people to cope with its physical effects and reduce its impact on their independence, quality of life and economic well-being. It is also a key component of managing other chronic diseases—an increasing factor as people advance in years.

Physical activity is an important non-pharmacological tool for treating arthritis. Making these opportunities easier for adults with the disease is an essential approach for helping to improve the lives of millions and to support their living well over the life span.

Mary B. Waterman, MPH, is the director, public health, at the Arthritis Foundation, National Office, in Washington, DC, where she works with the Osteoarthritis Action Alliance physical activity workgroup, leads the policy and environmental strategies initiative, and assists with the implementation of the foundation’s strategic plan on arthritis-related health disparities. Prior to joining the Arthritis Foundation in 2002, Waterman worked for Westat in Rockville, Maryland, as a study manager for two national cancer-screening trials for the National Cancer Institute. She received a bachelor’s degree from Indiana University and a master of public health degree from the Rollins School of Public Health at Emory University.

Patience White, MD, MA, is vice president for public health at the Arthritis Foundation and professor of medicine and pediatrics at the George Washington University School of Medicine and Health Sciences (GWUSMHS). At the Arthritis Foundation, White is leading the public health initiatives to improve physical activity and lessen health disparities among people with arthritis. Before joining the foundation in 2005, she served as the director of the Division of Adult and Pediatric Rheumatology and Associate Dean for Faculty Affairs at GWUSMHS, and was a Robert Wood Johnson Health Policy Fellow on the Senate Finance Committee in Washington, DC. White has been caring for adults and children with rheumatic diseases for over 30 years.

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Resources

Internet
Arthritis Foundation
www.arthritis.org

Arthritis Foundation: Physical Activity Report
(including a list of cosponsors, white paper and action briefs)

Fight Arthritis Pain
www.fightarthritispain.org

Osteoarthritis Action Alliance
www.oaaction.org

US Centers for Disease Control and Prevention: Arthritis Program
www.cdc.gov/arthritis

US Centers for Disease Control and Prevention: Communication Campaigns
www.cdc.gov/arthritis/interventions/campaigns.htm

Print

Environmental and Policy Strategies to Increase Physical Activity Among Adults with Arthritis
www.arthritis.org/media/resources/OA_Physical_Activity_Rpt_508_v1.TAG508.pdf

A National Public Health Agenda for Osteoarthritis
www.arthritis.org/media/Ad%20Council%20101/OA_AGENDA_2011REV.PDF
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Capitol Hill briefing
On May 16, 2012, the Arthritis Foundation sponsored a Capitol Hill briefing in Washington, DC—in cooperation with the Congressional Arthritis Caucus—to release its new report, “Environmental and Policy Strategies to Increase Physical Activity Among Adults with Arthritis.” Twenty-five partners from the Osteoarthritis Action Alliance (OAAA) signed on as cosponsors of the event, which was held to highlight the report’s background, recommendations and strategies. (To learn more about the OAAA, see “A call to action” on page 50.)

Among the Foundation’s outreach prior to the briefing were targeted stakeholder invites to all OAAA partners and other national stakeholders in the United States, targeted media, and each congressional office in both the US House of Representatives and the US Senate. These efforts produced results. The event was well-attended by sponsor organizations, national stakeholders, OAAA partners, and Capitol Hill staff members. Representative Anna Eshoo (Democrat-California), cochair of the Congressional Arthritis Caucus, was also present.

The briefing not only outlined the new report and its relevance, but also discussed the arthritis burden, the benefits of physical activity for individuals with arthritis, and the current lack of activity among them. The day’s speakers included:

- John Klippel, MD, president and CEO, Arthritis Foundation
- Wayne Giles, MD, MS, director of the Division of Population Health, National Center for Chronic Disease Promotion and Health Prevention, US Centers for Disease Control and Prevention (CDC)
- Mary Wu, patient advocate, Ossining, New York
- Zarnaaz Bashir, MPH, director of Strategic Health Initiatives, National Recreation and Park Association

Immediately after the briefing, the OAAA hosted a lunch-and-learn conference call featuring Drs. Klippel and Giles, allowing partners and other stakeholders who were unable to attend the event in person to learn about the new report. Copies were later distributed to local Arthritis Foundation regions, CDC Arthritis Program-funded states, and other partners.