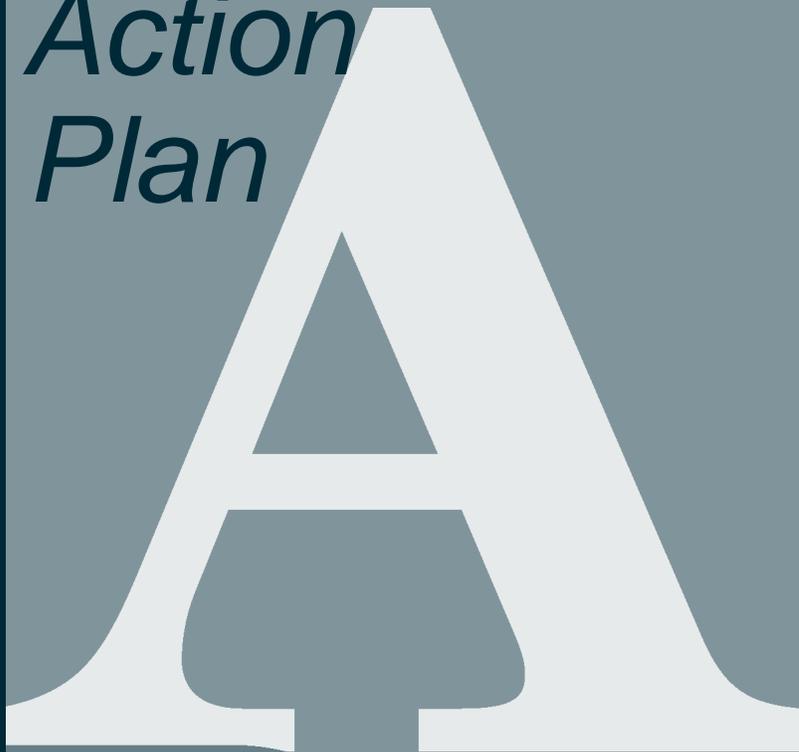




regon's
Arthritis

Action
Plan

April 2001



Oregon's Arthritis Action Plan

April 2001

**Arthritis Advisory Council
Arthritis Foundation, Oregon Chapter
Oregon Department of Human Services
Oregon Health Division**

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EXECUTIVE SUMMARY

Arthritis is the leading cause of disability in the United States, limiting everyday activities for more than 7 million Americans, according to the Centers for Disease Control and Prevention (CDC). In Oregon, arthritis affects an estimated one third of adults or 900,000 individuals and its impact is increasing. By 2025 it is estimated that over 1,000,000 Oregonians will be affected, due in large part to the aging population and the relatively high frequency of arthritis (primarily osteoarthritis) among older people. The estimated direct and indirect costs of arthritis in Oregon are \$650 million. Yet an Oregon Health Division survey completed in 2000 showed that Oregonians ranked arthritis last (behind high blood pressure and asthma) as a serious disease.

The Oregon Arthritis Advisory Council — with representation from professional and community organizations, state agencies, and interested citizens — has crafted an Action Plan to address these concerns. The Plan calls for action toward five goals:

- * Increase awareness of arthritis including its impact, the importance of early diagnosis and appropriate management among Oregonians.
- * Increase the use of effective arthritis self-management skills that promote active participation and independence in daily life among Oregonians affected by arthritis.
- * Expand availability of educational and community-based resources to Oregonians affected by arthritis.
- * Increase the knowledge and availability of appropriate and effective arthritis care and services among care providers.
- * Develop an arthritis surveillance system that has the capacity to monitor, on an on-going basis, the impact of arthritis in Oregon.

To achieve these goals, the Advisory Council has targeted four audiences for action:

- > the public
- > people with arthritis
- > care providers
- > insurers, purchasers, and policy-makers.

For each of these four target audiences, the Plan presents measurable objectives along with suggested strategies to accomplish them.

Many of the Plan's strategies will require innovative approaches to bridging long distances, scarce resources and diverse needs. The Arthritis Advisory Council will also need to link with other organizations or coalitions that share the concern of the lack of access to health care for many low-income, rural, elderly, and racial and ethnic groups in Oregon. The success of this Arthritis Plan depends on the combined efforts and creativity of all the individuals and organizations that want to optimize the quality of life for Oregonians affected by arthritis.

FOREWORD

In 1999, the Oregon Health Division received a two-year planning grant from the Centers for Disease Control and Prevention (CDC) to staff an Arthritis Program that could develop population-based approaches to assess and address arthritis in Oregon. Working with the Oregon Chapter of the Arthritis Foundation, the Health Division convened a diverse group of individuals and organizations to form the Arthritis Advisory Council. The purpose was to draft a comprehensive — yet practical — statewide plan to address the impact of arthritis in Oregon. The Plan would build on the model set forth in the National Arthritis Action Plan: A Public Health Strategy.^[5]

Under the leadership of co-chairs Cody Wasner, M.D. and Steve Park, M.S., OTR/L, the Arthritis Advisory Council crafted goals, measurable objectives, and strategies that complemented their mission statement: *Optimizing quality of life for Oregonians affected by arthritis*. At the same time, the Health Division's Arthritis Program began designing a surveillance system that could provide data for monitoring the state's prevalence of arthritis, direct and indirect costs, and progress towards achieving Action Plan objectives.

During the process of creating the Action Plan, the Arthritis Advisory Council discussed potential strategies with key stakeholders or partners who might ultimately implement them. This was a unique step in testing the feasibility of each strategy. It also helped publicize the existence of the Arthritis Advisory Council and raised the level of awareness among potential partners about the Action Plan.

The Arthritis Advisory Council ratified a final draft of the Action Plan in April 2001. To continue their effort to mobilize statewide attention to arthritis, the Arthritis Advisory Council is sponsoring an ARTHRITIS COALITION, with broader representation from community agencies, businesses, professional organizations, governmental agencies, and individuals interested in addressing the impact of arthritis in Oregon. Coalition members will have the opportunity to help put the Action Plan into ... ACTION.

For more information about the joining the Arthritis Coalition, see Next Steps.

INTRODUCTION

In Oregon, arthritis affects an estimated one of three, or about 900,000 adults, and its impact is increasing.^[1] By 2025, it is estimated that over 1,000,000 Oregonians will be affected by arthritis, due in large part to the aging population and the relatively high frequency of arthritis (primarily osteoarthritis) among older people. The estimated direct and indirect costs of arthritis in Oregon are \$650 million.^[6]

Arthritis and other rheumatic conditions often deprive people of their independence and disrupt the lives of family members and other caregivers. Arthritis is second only to heart disease as a cause of work disability.^[4]

Oregon's Arthritis Action Plan is the result of several months of hard work by a dedicated group of arthritis advocates. It presents their best thinking about how to reduce the negative impact of arthritis in Oregon. The Plan is organized as follows: first, it summarizes what we know about Oregonians affected by arthritis, next is a description of the challenges we face in addressing arthritis in our state. The strategies for reducing the impact of arthritis, however, are the heart of the Action Plan. They are organized under four target audiences:

- > **The general public**
- > **People with arthritis**
- > **Care providers**
- > **Insurers, purchases, and policy-makers**

" Arthritis touches all that I do and to a large extent has shaped me into the person I am. It affects my emotional well-being, my sense of who I am and how I relate to the world I live in."

- J.M., Oregonian with arthritis.

What is Arthritis?

Arthritis and other rheumatic conditions are among the most common chronic conditions in the United States.^[5] The word "arthritis" literally means "inflammation of the joint" in Latin. Arthritis refers to more than 100 diseases and conditions that can affect joints, surrounding tissues, and other connective tissues. Common forms of arthritis include osteoarthritis, rheumatoid arthritis, juvenile rheumatoid arthritis, gout, fibromyalgia, and systemic lupus erythematosus.

THE IMPACT OF ARTHRITIS ON OREGONIANS

Figure 1. Percent of adult Oregonians with arthritis, 2000

Arthritis is a major public health issue affecting 35% of adult Oregonians, according to the 2000 Oregon Behavioral Risk Factor Surveillance System (BRFSS). The 35% includes 13% who have been told by a doctor they have arthritis and also report chronic joint symptoms (described as pain, aching, stiffness, or swelling in or around a joint on most days for at least one month over a 12-month period). Another 10% have been told by a doctor that they have arthritis, but do not report chronic joint symptoms at the time of the survey. An additional 12% have not been told that they have arthritis, but do report chronic joint symptoms.

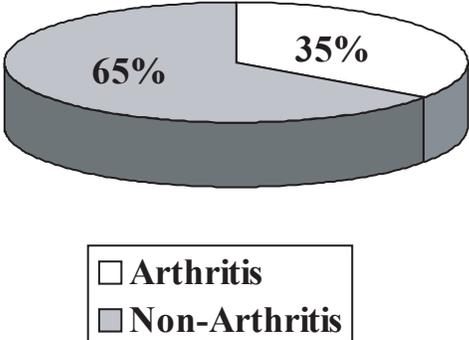


Figure 2. Percent of all adult Oregonians with arthritis, by age-group, 2000

Older Oregonians are more commonly affected by arthritis. The proportion of people who have arthritis increases sharply with age.

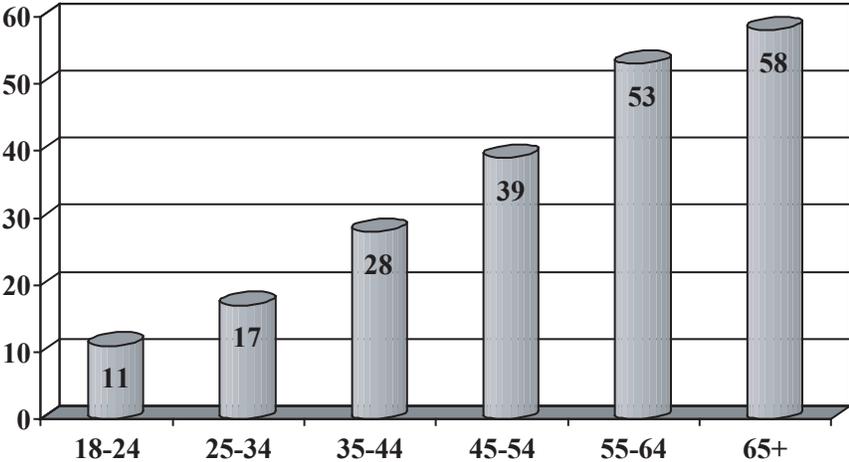


Figure 3. Percent of adult male and female Oregonians with arthritis, 2000

Although arthritis affects both sexes, women are more likely to have this condition than men.

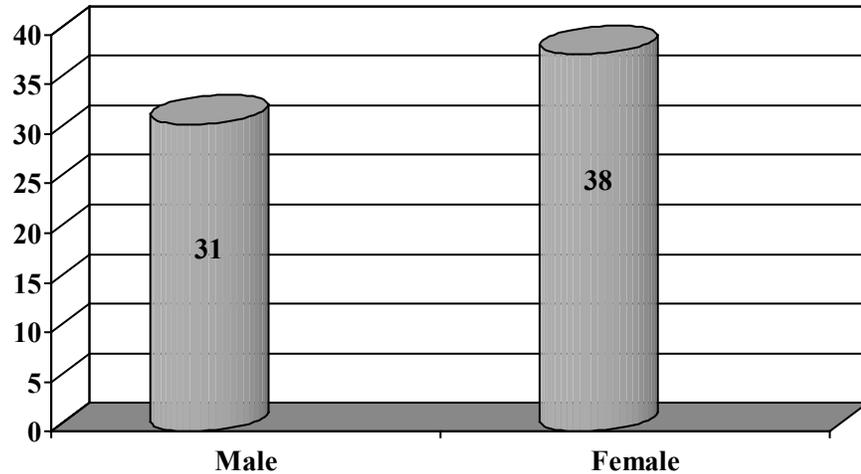


Figure 4. Percent of adults Oregonians with arthritis, by annual household income, 2000

Oregonians with less than \$20,000 a year in household income are the highest percentage arthritis (40%). The proportion of people with arthritis decreases among households with higher income levels. Within Oregon's Medicaid population, 51% have arthritis, according to CDC's definition.

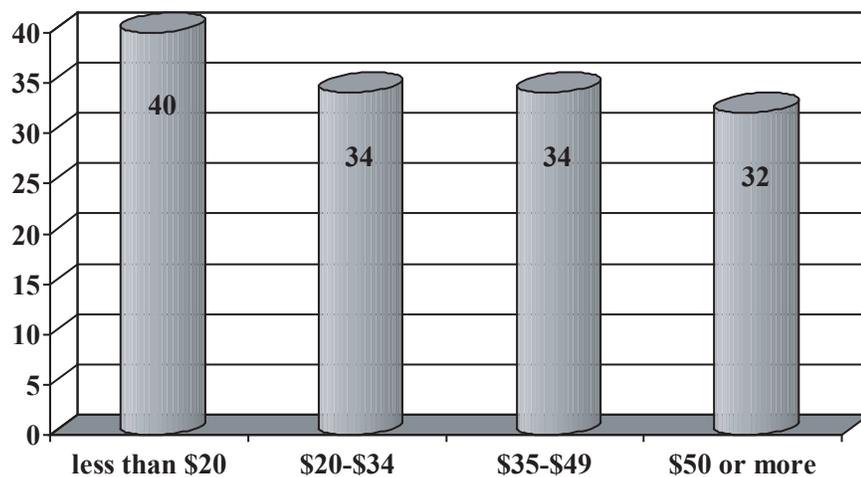
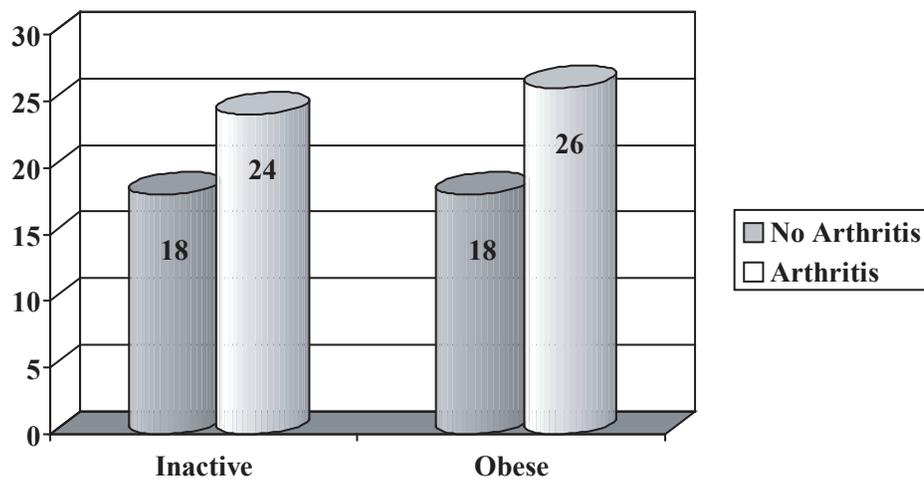


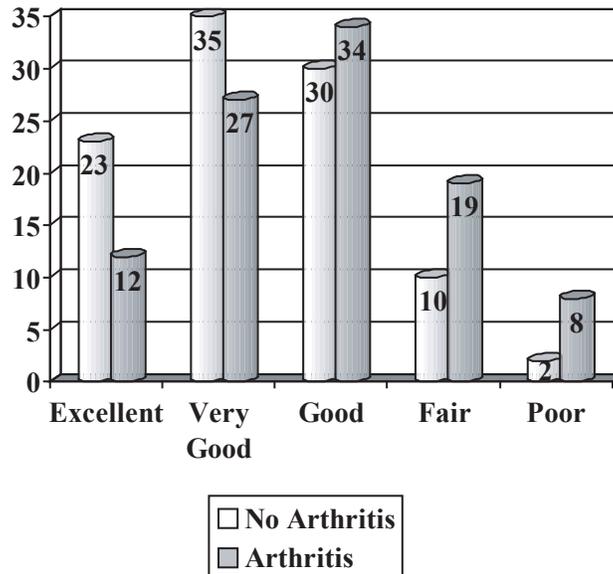
Figure 5. Inactivity and obese status among adult Oregonians with and without arthritis



People with arthritis are more likely to be inactive than those without. Among people with arthritis, 24% are inactive compared to 18% among those without arthritis. In addition, 26% of adults with arthritis are obese compared to 18% of those without arthritis.

- ▲ People with arthritis reported having an average of 14 unhealthy days a month, compared to 10 unhealthy days among people without arthritis.
- ▲ People with arthritis experience pain an average 7 days a month versus 1 day a month among those without the condition.
- ▲ People with arthritis also have more difficulties with depression, anxiousness and sleep.^[1]

Figure 6. Health status among Oregonians with and without arthritis



Arthritis adversely affects quality of life and the physical and mental health of the people who live with it. Figure 6 shows the overall self-rated health on a scale from excellent through poor. People without arthritis are more likely to rate their health as excellent or very good compared to people with arthritis. Conversely, 8% of people with arthritis reported having poor health, compared to 2% of people without arthritis.

In summary, over one-third of adult Oregonians, or about 900,000 people, have arthritis. Arthritis increases with age, is more common in women than men, and is inversely related to income. People with arthritis reported having more days of poor physical and/or mental health when compared to those without arthritis. In addition, Oregonians with arthritis reported higher levels of inactivity and obesity.

OUR CHALLENGE IN OREGON

Arthritis is one of Oregon's most pressing public health concerns, but addressing its impact poses unique challenges. Oregonians rank arthritis last (behind high blood pressure and asthma) as a serious disease.^[2] When people don't think of arthritis as a serious disease, they may ignore early symptoms or postpone seeking medical attention.

Myths surrounding arthritis also make addressing this condition a unique challenge, particularly in Oregon. Many people believe that arthritis is an old person's disease, an inevitable part of aging that must be endured. Here in Oregon, 70% of people affected by arthritis are under age 65.^[1]

The most influential myth surrounding arthritis and other rheumatic conditions is the belief that "nothing can be done" about the disease. On the contrary, the pain and disability accompanying all types of arthritis can be minimized through early diagnosis and appropriate management, including weight control, physical activity, self-management, physical and occupational therapy, and joint replacement when necessary.^[5]

Self-management programs, like the Arthritis Self-Help Course (ASHC), that help people with arthritis learn to manage their disease and minimize its effects are rare in Oregon. This program has been shown to reduce arthritis pain by 20% and physician visits by 43%,^[3] yet in 2000 the Arthritis Foundation Oregon Chapter reported only two trained leaders in this course with no ASHC programs implemented during the year 2000.

The prevalence of obesity and inactivity among adult Oregonians with arthritis is higher than compared to those without arthritis.^[1] Participation in exercise programs specifically designed for people with arthritis, such as the PACE (People with Arthritis Can Exercise) program and the Arthritis Foundation YMCA Aquatic Program, could help improve overall quality of life. These exercise programs are not yet widely available throughout the state.

Fortunately, Oregon enjoys a successful history of bringing partners together to address the burden of chronic diseases in the state. Asthma and diabetes are examples of two other conditions where key stakeholders have collaborated on statewide public health strategies and leveraged the resources needed to implement them. The same can happen for arthritis. The Oregon Arthritis Advisory Council has launched the effort using the following mission statement:

Optimizing quality of life for Oregonians affected by arthritis.

This statement sends the message that, while people affected by arthritis may have to live with certain limitations caused by the disease, there are clearly ways to improve the quality of their lives through appropriate management and adaptive strategies.

The Arthritis Advisory Council's mission statement is a call to action for both individuals and organizations to help reach the following goals:

- * Increase awareness of arthritis including its impact, the importance of early diagnosis and appropriate management among Oregonians.
- * Increase the use of effective arthritis self-management skills that promote active participation and independence in daily life among Oregonians with arthritis.
- * Expand availability of educational and community-based resources to Oregonians affected by arthritis.
- * Increase the knowledge and availability of appropriate and effective arthritis care and services among care providers.
- * Develop an arthritis surveillance system that has the capacity to monitor, on an on-going basis, the impact of arthritis in Oregon.

For each of these goals, the Arthritis Action Plan presents measurable objectives and suggested strategies to achieve them. Taking all of our efforts together, the ultimate measure of our success will be to:

Increase the percentage of Oregonians with arthritis who report good/excellent health from 73% to 78% by the year 2006.

THE GENERAL PUBLIC

General Public consists of all Oregonians. Some groups have a higher priority, however, because they are more likely to be affected by arthritis. These priority groups include:

- > Older adults
- > At-risk populations (e.g., racial/ethnic groups, medically underserved populations and groups with low socioeconomic status)
- > Women
- > Family members of people with arthritis

Over the past decade, Oregonians have become increasingly overweight and inactive. In 2000, 57% were overweight or obese.^[1] Sixty-five percent of Oregonians are not engaging in physical activity for an average of 30 or more minutes on five or more days per week.^[2] Oregonians discount arthritis as a serious disease and may believe that nothing can be done about it — that it's a normal part of aging. Our challenge is to help the general public understand the connection between their personal health behaviors and preventing arthritis or seeking early diagnosis and treatment.

<u>Arthritis Risk Factors</u>	
<u>Fixed</u>	<u>Modifiable</u>
Gender	Obesity/Overweight
Age	Sedentary Lifestyle
Genetic predisposition	Joint Injury
	Infections
	Occupations

OBJECTIVE:

INCREASE THE GENERAL PUBLIC'S AWARENESS OF ARTHRITIS RISK FACTORS AND SIGNS AND SYMPTOMS.

Strategies:

Educate the public using a variety of learning resources including written material in various languages, audiovisual and interactive material (Braille, video, audiotapes).

Provide arthritis information in a variety of locations that reach high risk populations including schools, county fairs, churches, community centers, businesses, and other community hubs.

Provide information about risk factors related to osteoarthritis to relevant programs e.g., providing sports injury information to youth athletic programs.

Educate the public regarding the existence of community agencies that provide education and services related to arthritis.

Provide information to the general public on how to voice their arthritis related concerns to insurers, purchasers, and policy-makers.

Common Warning Signs of Arthritis

- ▲ Swelling in one or more joint(s)
- ▲ Morning stiffness lasting 30 minutes or longer
- ▲ Joint pain or tenderness that is constant or that comes and goes
- ▲ Not being able to move a joint in the normal way
- ▲ Redness or warmth in a joint
- ▲ Weight loss, fever, or weakness and joint pain that can't be explained

INCREASE THE NUMBER OF STATE AND LOCAL PARTNERSHIPS THAT RESULT IN MORE ARTHRITIS EDUCATION RESOURCES THROUGHOUT OREGON.

Establish partnerships to increase education resources within community organizations including those that serve people of color, older adults, rural residents, and children.

Partner with labor groups, unions, and organizations interested in work site health promotion to disseminate information about repetitive injury prevention.

PEOPLE WITH ARTHRITIS

People with arthritis includes Oregonians who have been diagnosed by a doctor as having arthritis, as well as Oregonians who have “chronic joint symptoms”.

People affected by arthritis are those who live with, are friends of, teach, employ, work with, care for or support people with arthritis.

Early diagnosis and preventive medical care can help reduce the impact of arthritis. Various medications can improve long-term outcomes in certain kinds of arthritis. Weight control and physical activity can maintain joint health and increase mobility and independence. Adaptive techniques can make daily activities at home, school or work easier. People can learn how to manage their arthritis and minimize its effects through programs such as the Arthritis Self-Help Course. Our challenge is to create more statewide resources for people who want to actively self-manage their arthritis.

“I have lived with arthritis for most of my life and there is so much I continue to learn about how to live with this. There probably is no short answer to how do I live with this except day to day, doing the things that give me joy and contentment and feeling truly blessed and thankful for the friends and family who love and support me through it all.”

- J.M., Oregonian with arthritis.

**INCREASE THE NUMBER OF ADULT OREGONIANS WITH ARTHRITIS WHO ENGAGE
IN PHYSICAL ACTIVITIES OR EXERCISE.**

Promote arthritis-friendly exercise classes in the community.

Educate care providers about the benefits of exercise for people with arthritis and provide exercise resources for recipients of their care.

Partner with other programs that emphasize healthy approaches to physical activity and weight control.

INCREASE THE NUMBER OF OREGONIANS WITH ARTHRITIS WHO
RECEIVE SELF-MANAGEMENT EDUCATION THAT ENHANCES INDEPENDENCE
AND REDUCES DISABILITY.

Increase awareness among people with arthritis of community resources that may assist in solving daily arthritis challenges.

Provide information on home modification, adaptive equipment, and other adaptive strategies that assist in solving daily arthritis challenges.

Promote evidence-based self-help courses (e.g., Arthritis Self-Help Course) that develop problem-solving skills for meeting the challenges of living with arthritis.

Self-management is a set of beliefs and behaviors that people with arthritis use to manage their condition and to achieve or maintain their optimal health status or quality of life. Self-management is key to quality health care for people with all types of chronic diseases. The person with arthritis is “clearly his or her most important health care provider.” [3]

INCREASE THE PROPORTION OF ADULT OREGONIANS WITH CHRONIC JOINT
SYMPTOMS WHO HAVE SEEN A HEALTH CARE PROVIDER FOR THESE SYMPTOMS.

Educate people with chronic joint symptoms on the myths surrounding arthritis and the negative consequences that can occur if arthritis is not addressed appropriately.

CARE PROVIDERS

Care providers include physicians, nurses, allied health personnel, long-term care providers, chiropractors, massage therapists and other providers who deliver both traditional and alternative health care and related services to people with arthritis.

Research is yielding a better understanding of the many types of arthritis and an array of effective interventions to prevent arthritis and its complications.^[5] For example, we know that people with arthritis can improve the quality of their lives through active self-management. Our challenge is to develop more opportunities for Oregon's care providers to be informed, knowledgeable, and proactive about helping people with arthritis manage or prevent the disabling effects of the disease.

*"The more information you can give me, the better I will be at managing my disease."
- J.C., Oregonian with arthritis*

INCREASE THE NUMBER OF ARTHRITIS EDUCATIONAL OPPORTUNITIES AVAILABLE TO OREGON'S HEALTH AND LONG-TERM CARE PROVIDERS.

Convene a representative group of specialists and primary care providers to develop referral guidelines and "best practices" for use in primary care delivery systems.

Educate care providers on all aspects of disease management and pain reduction.

Advocate with Department of Human Services Senior & Disabled Services Division, medical, nursing, chiropractic, pharmacy, and physical therapist/occupational therapist schools to include arthritis education and resources in their curricula.

Provide information to health care providers about community resources (e.g., arthritis-friendly exercise programs) and educational materials available to their patients affected by arthritis.

Encourage care providers to refer Oregonians with arthritis to outcome-based arthritis education, self-management and/or exercise classes.

INCREASE THE NUMBER OF QUALIFIED ARTHRITIS EDUCATIONAL AND EXERCISE PROVIDERS AVAILABLE THROUGHOUT OREGON COMMUNITIES.

Expand the availability of programs to train more qualified leaders to conduct community based arthritis programs (e.g., PACE, Aquatics, Arthritis Self Help Courses, etc..).

Promote the availability of Arthritis Foundation programs led by qualified leaders in various sites such as parks/recreation centers, congregate meal sites, clubs for young people, rehabilitation centers, hospitals, faith communities, work sites, and corporate wellness programs.

INSURERS, PURCHASERS, and POLICY MAKERS

Health care insurers refers to the organizations that manage systems for payment for medical care.

Health care purchasers are the public and private sector organizations — employers, union trusts, state and county governments and Medicare and Medicaid agencies — that buy health care insurance and benefits for specific populations.

Policy-makers refers to state and community government leaders who can effect policy development and implementation in arthritis related areas (e.g., the Americans with Disabilities Act).

This target audience consists of the larger public and private systems that impact people affected by arthritis through policies or purchasing decisions related to medical benefits and services, and legislation. Our challenge is to make this audience aware of arthritis as a public health issue and to consider the arthritis-related policies that would reduce the negative impact of arthritis on Oregonians.

**INCREASE AWARENESS OF INSURERS, PURCHASERS, AND POLICY MAKERS ABOUT
COMMUNITY-BASED OPTIONS THAT MINIMIZE DISABILITY.**

Use available data to inform insurers, purchasers, and policy-makers about the health burden and costs of arthritis in Oregon, and the medical, social, and community options that minimize disability.

Promote opportunities between arthritis advocates and policy-makers at city, county, and state levels that result in discussions regarding arthritis-related policies.

SURVEILLANCE

Surveillance, as defined by public health, refers to a system that can provide on-going data for monitoring the state's prevalence of arthritis, its direct and indirect costs and progress towards achieving Action Plan objectives. The information that comes from the system can be used to educate target audiences. Our challenge is to maintain a surveillance system with modest resources that is still capable of providing adequate data to inform program and policy development.

INCREASE THE AVAILABILITY OF OREGON-SPECIFIC ARTHRITIS DATA RELATED TO PREVALENCE, ACTIVITY LIMITATIONS, USE OF HEALTH CARE SERVICES, COSTS OF HEALTH CARE SERVICES, AND OVERALL QUALITY OF LIFE.

Investigate potential databases including the BRFSS, the 1999 Medicaid BRFSS, Medicaid Encounter Data, Department of Human Services Senior and Disabled Services Database, and Hospital Discharge Data.

Investigate and consolidate "emerging databases" such as health plan data on treatment, including drug costs.

Analyze data produced by the BRFSS to describe prevalence by age, sex, income, and education.

INCREASE THE AVAILABILITY OF OREGON-SPECIFIC ARTHRITIS DATA THAT DESCRIBES PREVALENCE OF ARTHRITIS AMONG RACIAL AND ETHNIC COMMUNITIES.

Analyze the BRFSS 2001 which over-samples by race and ethnicity.

NEXT STEPS

With the publication of Oregon's Arthritis Action Plan, we are poised to reduce the negative impact of arthritis and other rheumatic conditions in our state. This Action Plan describes how Oregon can join a national effort to align numerous partners to improve the quality of life for people with arthritis through population-based approaches. The strategies in Oregon's Arthritis Action Plan provide an ambitious framework for action over the next three to five years. Our next steps will not be easy. We must build the partnerships, set priorities and find the resources needed to implement the Plan's strategies.

Leadership is key to moving the Action Plan forward. We envision much of the work being accomplished through a statewide Arthritis Coalition — a network of organizations and individuals with a vested interest in arthritis. Oversight for the Coalition's development and work will be initially provided through the Arthritis Advisory Council, with support from the Department of Human Services Oregon Health Division and the Arthritis Foundation, Oregon Chapter.

The Arthritis Advisory Council's scope of work for Year One (April 30, 2001 - April 30, 2002) includes the following activities:

- ✦ Assist with disseminating the Arthritis Action Plan to key supporters and soliciting their endorsement.
- ✦ Recruit Arthritis Coalition members; convene and organize Coalition meetings.
- ✦ Develop criteria and a process for identifying high priority Arthritis Action Plan strategies.
- ✦ Assist with finding and allocating resources for implementing priority Action Plan strategies.
- ✦ Encourage partnerships or alliances among Coalition members that will facilitate completing priority strategies.

If you are interested in knowing more or getting involved with the Arthritis Coalition, contact:

Department of Human Services
Oregon Health Division
Arthritis Program Coordinator
800 NE Oregon Street, Suite 730
Portland, OR 97232
Phone 503-731-4273
Fax: 503-731-4082
Web site: <http://www.ohd.hr.state.or.us/arthritis>
E-mail: arthritis@state.or.us

REFERENCES

1. Data from the 2000 Oregon Behavioral Risk Factor Surveillance System. This data set is described in the Data Sources Appendix.
2. Data from the 2000 Oregon General Knowledge Survey. This data set is described in the Data Sources Appendix.
3. “Enhancing Patient Self-Management in Clinical Practice,” Bulletin on the Rheumatic Diseases, a Publication of the Arthritis Foundation, 49 (9).
4. “Facts About Arthritis,” Centers for Disease Control and Prevention, Office of Communication.
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Additional Resources

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CDC. Health-related Quality of Life Among Adults with Arthritis — Behavioral Risk Factor Surveillance System, 11 States, 1996-1998. MMWR, 2000; 49: 366-369.

Office of Disease Prevention and Health Promotion. Healthy People 2010: Focus Area 2, Arthritis, Osteoporosis and Chronic Back Conditions, Washington, D.C.: U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion, 2000.

DATA SOURCES APPENDIX

Data Elements and Sources for Measuring Outcomes of the Oregon State Plan for Arthritis

I. Arthritis Self-Management among People with Arthritis

Topic	Elements	Source	Year
Personal self-management	Proportion of adults with arthritis who engage in physical activities or exercise.	BRFSS	2000+

II. Quality of Life

Topic	Elements	Source	Year
Health Status	Proportion of adults with arthritis who report good or excellent health; and mean days of good physical, mental and overall health	BRFSS	2000+

III. Morbidity

Topic	Elements	Source	Year
Arthritis-related Hospitalizations	Annual rate of arthritis-related hospitalizations (total hip replacement, total knee replacement, joint replacement surgery of the hand)	Hospital Discharge Database	1995+

Data Source Descriptions

I. Self-reported data

Behavioral Risk Factor Surveillance System (BRFSS)

The BRFSS is the annual telephone survey of health-related behaviors among adult Oregonians. About 3,500 respondents per year are selected by random-digit dialing. Basic demographic information is obtained from all respondents. The arthritis module asks about self-reported chronic joint symptoms (pain, swelling and stiffness in or around a joint) and doctor diagnosed arthritis. Other questions include current treatment status and whether joint symptoms cause activity limitation. The Exercise module asks various questions about participation in physical activities. This survey provides information about the number of Oregonians affected by arthritis, demographic characteristics, self reported health status and quality of life, activity limitations, access to health care, and exercise habits. Exercise habits and body mass index, which can be calculated from height and weight, provide information about risk factors for arthritis.

1999 Medicaid BRFSS

This survey was done as a random sampling of four Medicaid programs. The programs include the Oregon Health Plan, Old Age Assistance (OAA) — Medicaid assistance to Medicare clients, Assistance to the Blind or Disabled (ABAD) and Temporary Assistance for Needy Families (TANF). A total of 2,700 adult respondents were interviewed. The Arthritis and Health Status modules were included in this survey. With this data the prevalence of arthritis among Medicaid clients can be assessed along with demographic characteristics and self reported evaluation of well being. The Medicaid BRFSS can be linked to the Medicaid Encounter Database.

2000 General Knowledge Survey

A random-digit dialed telephone survey of 1,038 adult Oregonians was conducted in the first half of 2000 to assess diabetes awareness, attitudes and knowledge. The survey collected baseline information on the perceptions about the seriousness of diabetes, general knowledge about diabetes and its complications, and the importance of self-management for people with diabetes. Additional information was obtained to estimate how many people with risk factors for diabetes were recently tested for the disease. The survey was designed to support Oregon Diabetes Coalition awareness and educational activities targeted to the general public and people with diabetes.

II. Provider data

Medicaid Encounter Data

The Medicaid Encounter Data contains health care utilization information for Medicaid clients. Medicaid is a state/federal health insurance program for low-income residents, administered in Oregon by the Department of Human Services Office of Medical Assistance Programs (OMAP). Most (> 80%) Medicaid- eligible receive services under the managed care system. The remainder receives care through fee-for-service plans. Claims associated with services delivered through managed care are called encounters. Claims submitted through fee-for-service and encounter data submitted by managed care providers are submitted to OMAP. Information submitted includes diagnosis and procedure codes for each service. These data can be used to follow trends in treatment for arthritis.

Department of Human Services Senior and Disabled Services database

This database contains information collected through assessment of seniors and disabled persons for eligibility for assistance from Senior and Disabled Services. The assessment concentrates on the mental and physical limitations of clients as related to activities of daily living. There are 12 monthly files of client information, each containing demographics, diagnoses, living situation, functional status and care and medications needed and provided. Each monthly file contains between 28,000 and 33,000 records, most of which are repeats from the previous month. This database could provide a snapshot of needs and services for senior and disabled Oregonians who have arthritis as one of their diagnoses.

III. Hospital discharge data

1999 Oregon Hospital Discharge Database

This database comprises information on all discharges from Oregon hospitals. Included are diagnosis and procedure codes, admit and discharge dates, charges and limited demographic information. The database contains 386,550 records. This database could be used to assess the number of joint replacement procedures done in Oregon Hospitals and their related costs.

Acknowledgments

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and
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Arthritis Council Members

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Becky Khan, OTR — Oregon Health Division
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Jane Moore, PhD — Oregon Health Division
Margaret Morris, PT — Oregon Physical Therapy Association
Jennifer Mroz, OTR/L — Occupational Therapy Association of Oregon
Duyen Ngo, PhD — Oregon Health Division
Gail Murphy, RN, LMT — Massotherapy Clinic
Sandra Roth, R.N. — Office of Medical Assistance Programs
Pamela Ruona — Senior and Disabled Services Division
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