ARThritis in New Mexico

2009–2012

BluePrint for Action

A roadmap to heighten awareness of arthritis in New Mexico and promote policies that help New Mexicans with arthritis live longer, healthier lives.

Written in collaboration with the organizations of the New Mexico Arthritis Advisory Group.
INTRODUCTION

Arthritis includes over 100 rheumatic diseases and conditions that affect joints, the tissue that surrounds joints and other connective tissue. Common forms include osteoarthritis, rheumatoid arthritis (RA), lupus, fibromyalgia and gout. Arthritis symptoms typically include pain and stiffness in and around one or more joints. Certain rheumatic conditions can also involve the immune system and various internal organs of the body. Although arthritis is more commonly seen in older adults, children also are affected

Arthritis is the leading cause of disability in the United States; the most recent national data estimates that 46 million American adults (about 1 in 5) report doctor-diagnosed arthritis. As the US population ages, this number is projected to increase to 67 million by 2030

In 2007, 421,000 New Mexican adults reported doctor-diagnosed arthritis. Of these, 164,000 adults in New Mexico reported activity limitations attributable to arthritis. Furthermore, over one-third of New Mexicans between ages 18–64 with arthritis are affected by work limitations attributable to their condition. The total direct and indirect costs of arthritis and other rheumatic conditions in New Mexico in 2003 is estimated at $770 million

PROGRAMS FOR NEW MEXICANS WITH ARTHRITIS

The New Mexico Department of Health (DOH) received triple the amount of arthritis funding for 2008–2012 from the Centers for Disease Control and Prevention (CDC) than in previous grant cycles. The main purpose of the funding is to reach at least 13,320 New Mexicans with arthritis with one of the CDC recommended evidence-based physical activity or self-management programs.

Currently DOH is working with state partners to increase systemwide implementation of evidence-based exercise and self-management programs for people with arthritis. Two exercise programs, the Arthritis Foundation Exercise Program and Senior Services of Seattle’s EnhanceFitness, are currently available in nine counties. Stanford’s Chronic Disease Self-Management Program (in English and Spanish) and the Arthritis Foundation Self-Help Program are currently available in ten counties. The CDC’s health communication campaign, Buenos Días, Artritis, has been conducted in two counties. This
Engaging in regular physical activity can help reduce arthritis pain and improve joint function, which in turn can help people with heart disease get more active and improve heart disease risk factors such as hypertension and cholesterol. Addressing arthritis-specific barriers to physical activity can help adults better manage both conditions.

Among New Mexican adults who are inactive, 39% also have arthritis and among adult New Mexicans who are overweight or obese, 62% have arthritis. A recent study that analyzed physical activity, heart disease and arthritis found that:

NEW MEXICO ARTHRITIS ADVISORY GROUP

In addition to funding programs for people with arthritis, DOH assembled the New Mexico Arthritis Advisory Group (AAG) to heighten awareness of arthritis as a public health issue and affect broad-based policy change. The AAG plans to engage organizational and system leaders such as employers, insurance company officials, healthcare providers and State, Tribal and local policymakers.

The AAG is made up of community members with expertise in arthritis, leadership, planning, evaluation, public health, aging services, social marketing, communications strategies and policy development. The AAG provided the content of the current document through participation in five meetings, outside discussions and document review. This Blueprint outlines policy and communication priorities created by the group and adapted from the National Arthritis Action Plan, National Blueprint: Increasing Physical Activity for Adults Age 50 and Older, and A Public Health Plan for Promotion of Early Diagnosis and Treatment of Rheumatoid Arthritis.

Goals, implementation strategies, and activities for 2009–2010 are included. Using an adapted version of the framework developed by Shelley Bowen and Anthony Zwi, the Arthritis Program staff and an outside consultant facilitated the process.
The AAG will use the Blueprint as a roadmap to plan and implement policy and communication activities for 2009–2012. The AAG invites you to scan the goals, strategies and activities for areas that align with your organization’s mission and join us in our efforts.

Policymakers, advocates and service providers are strongly encouraged to incorporate the Blueprint’s strategies into their own annual and multi-year work plans.

Strategies can be used to plan programs, apply for grants, leverage resources to serve more people in a priority population, identify partners, and/or to assess the extent to which arthritis-related policy and communication goals are being met.

An evaluation plan to measure progress toward goals in this Blueprint will be created in 2009–2010.

For information on how to help the AAG share this plan with additional partners, please contact Chris Lucero, program manager for the Arthritis, Osteoporosis and Worksite Health Program, New Mexico Department of Health (Chronic Disease Prevention and Control Bureau) at (505) 222-8605.

The next few pages outline the AAG’s priority goals, implementation strategies and 2009–2010 activities in the areas of Access, Evidence-Based Best Practices, Collaboration and Advocacy. These four focus areas were chosen by the AAG in 2008. Some of the strategies and activities within one focus area are deliberately similar to those in another area to illustrate the cross-cutting nature of the AAG’s approach.

Among adults with diabetes and adults with cardiovascular disease in New Mexico, 51% also have arthritis. A new CDC study says fear of arthritis pain may keep people inactive.
ACCESS

Increase access to affordable and appropriate self-management opportunities for people with arthritis.

PRIORITY GOALS 2009–2012

Adopt payment/reimbursement systems for evidence-based exercise and self-management programs for people with arthritis in New Mexico. Include pharmacological treatments for rheumatoid arthritis in reimbursement packages.

Remove access-to-services barriers in hard to reach populations throughout New Mexico.

STRATEGIES 2009–2012

- Gather and share information related to Medicare guidelines for chronic disease management in adult populations.
  
  Priority population(s): healthcare providers, managed care organizations, health insurance companies, the NM Public Regulation Commission Division of Insurance (Division of Insurance), health plan case managers, State legislators and local policymakers, Tribal governments and Indian Health Services

- Promote the 2008 physical activity guidelines for older adults and adults with chronic conditions from the US Department of Health and Human Services 2008 Physical Activity Guidelines for Americans.
  
  Priority population(s): healthcare providers, parks and recreation professionals, economic development districts, community planners, Disability Services, managed care organizations, health insurance companies, Division of Insurance, health plan case managers, State legislators and local policymakers, Tribal governments, community and senior centers, health and sports clubs and Indian Health Services

- Promote health insurance cost reductions to employers who encourage physical activity and disease management programs for covered employees.
  
  Priority population(s): employers, Division of Insurance, health insurance companies, State legislators and local policymakers and Tribal governments
Demonstrate cost-effectiveness of arthritis management strategies.

*Priority population(s):* managed care organizations, health insurance companies, Division of Insurance, health plan case managers, State legislators and local policymakers, Tribal governments, healthcare providers, community and senior centers, health and sports clubs, faith-based institutions and Indian Health Services

Conduct a policy analysis of health plans that offer benefits related to self-management programs, treatment and diagnostic procedures, and access to medication for people with arthritis, and/or other chronic diseases. Determine if policies support current evidence-based recommendations. Disseminate findings.

*Priority population(s):* managed care organizations, health insurance companies, Division of Insurance, health plan case managers, State legislators and local policymakers, Tribal governments, healthcare providers, employers, community and senior centers, health and sports clubs and Indian Health Services

Facilitate access to care for medically underserved people with arthritis.

*Priority population(s):* managed care organizations, health insurance companies, Division of Insurance, health plan case managers, State legislators and local policymakers, Tribal governments, healthcare providers, employers, transit authorities, Disability Services, NM Passenger Transportation Association and Indian Health Services

Identify sources of funding to train community champions in evidence-based arthritis self-management programs and to support widespread dissemination of programs through existing organizations.

*Priority population(s):* community organizations, non-profit organizations, health coalitions, university health promotion centers, YW/YMCA, faith-based institutions, community and senior centers, neighborhood associations, New Mexico Senior Olympics and tribal leadership

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**PLANNED ACTIVITIES OCTOBER 2009–JUNE 2010**

- Use the Arthritis Data and Programs map to prioritize the areas of New Mexico to focus activities.
- Network with medical providers in order to influence insurance companies.
- Develop a dissemination plan for reaching medical providers and health insurance agency representatives with the map, the Arthritis In New Mexico 2007 Fact Sheet and this Blueprint.
- Present on arthritis management strategies at conferences for medical providers and insurance agencies.
Identify, approach and join medical provider and health insurance agency committees to ensure arthritis is “at the table.”

Investigate the use of technology such as a mobile unit or tele-health to increase access to programs for people in their homes.

Partner with organizations such as the New Mexico Healthier Weight Council, NM Passenger Transportation Association, economic development districts, transit authorities, and disability services to investigate transportation solutions for individuals to attend programs and receive treatment.

COLLABORATION

Increase collaboration between agencies and organizations that serve New Mexicans with arthritis and other chronic diseases that have similar disease management approaches. People with arthritis do not experience their condition in isolation and the self-management practices recommended for people with arthritis can help to manage heart disease, diabetes, osteoporosis, obesity and their risk factors.

PRIORITY GOAL 2009–2012

Agencies and organizations with resources and access to people living with arthritis collaborate to reach more people with arthritis and other chronic conditions.

STRATEGIES 2009–2012

Promote the collaboration potential built into Stanford’s Chronic Disease Self-Management Program and EnhanceFitness.

Priority population(s): Department of Health Chronic Disease Prevention and Control Bureau, DOH regional health promotion teams, healthcare organizations, faith-based institutions, health and sports clubs, community and senior centers, employers, New Mexico Senior Olympics, YM/YWCA, health plan case managers and Indian Health Services
Engage professionals in the community who can serve as resources for information and assistance.

*Priority population(s):* YM/YWCA, Area Agencies on Aging, community and senior centers, health and sports clubs, schools, faith-based institutions, hospital wellness centers, healthcare providers, employee benefits and wellness coordinators, health plan case managers, New Mexico Senior Olympics and Indian Health Services

Collaborate with organizations that promote a healthy built environment where it is easy to be active.

*Priority population(s):* New Mexico Healthier Weight Council, New Mexico Safe Routes to Schools Program, Healthy Kids New Mexico, city planners, developers and neighborhood associations

Facilitate referrals to chronic disease management programs and informational resources.

*Priority population(s):* Medical professionals, organizations that provide programs, Area Agencies on Aging, health plan case managers, community and senior centers, YW/YMCA, DOH regional health promotion teams, health and sports clubs, faith-based institutions and Indian Health Services

Develop arthritis-specific messages to be incorporated into physical activity, weight control and injury prevention campaigns.

*Priority population(s):* YM/YWCA, community and senior centers, health and sports clubs, schools, faith-based institutions, hospital wellness centers, healthcare providers, employee benefits and wellness coordinators, health plan case managers, health coalitions, New Mexico Senior Olympics, State legislators and local policymakers, Tribal governments, DOH Chronic Disease Bureau Programs and NM Aging and Long Term Services Department

Add early diagnosis and treatment messages for rheumatoid arthritis to state public health programs.

*Priority population(s):* DOH Diabetes Prevention and Control Program, Breast and Cervical Cancer Early Detection Program and Tobacco Use Prevention and Control Program
PLANNED ACTIVITIES OCTOBER 2009–JUNE 2010

- Identify non-profit organizations, healthcare organizations and for-profit organizations with objectives and/or programs that align with the Blueprint’s goals and strategies.

- Create a mechanism to send out regular communication.

- Develop a letter to send identified organizations that includes the Arthritis In New Mexico 2007 Fact Sheet.

PERCENT OF NEW MEXICO ADULTS WITH CHRONIC DISEASES & RISK FACTORS BY ARTHRITIS STATUS, 2007

For all the chronic diseases and risk factors presented (except for current smoking), a significantly higher percentage of adults with arthritis report the presence of the disease risk compared to adults without arthritis. 

- High Blood Pressure: 18.8% (Arthritis) vs. 44.1% (No Arthritis)
- High Cholesterol: 27.6% (Arthritis) vs. 48.8% (No Arthritis)
- Cardiovascular Disease: 5.0% (Arthritis) vs. 3.9% (No Arthritis)
- Diabetes: 5.3% (Arthritis) vs. 4.6% (No Arthritis)
- Current Smoker: 20.0% (Arthritis) vs. 20.3% (No Arthritis)
- Insufficient Physical Activity: 44.8% (Arthritis) vs. 52.2% (No Arthritis)
- Overweight / Obese: 58.7% (Arthritis) vs. 66.9% (No Arthritis)
- Obese: 22.7% (Arthritis) vs. 31.7% (No Arthritis)
ADVOCACY

Educate professionals and communities on the prevalence of arthritis in New Mexico, cost-effective self-management strategies and access-to-services barriers facing New Mexicans with arthritis.

PRIORITY GOAL 2009–2012

Reach agencies and organizations with the power to advocate for people with arthritis in New Mexico with consistent messages on prevalence, management and costs.

STRATEGY 2009–2012

- Disseminate cost benefit information for arthritis and other chronic disease programs.

  *Priority population(s):* Health advisors to the Governor, State legislators, employers, health coalitions, university health promotion centers, area health education centers, health insurance carriers, health plan case managers, non-profit organizations, state legislators and local policymakers, Tribal governments, Indian Health Services, chronic disease program staff, faith-based institutions, community and senior centers

PLANNED ACTIVITIES OCTOBER 2009–JUNE 2010

- Conduct focus groups with state legislators and local policymakers, health insurance carriers, employers and chronic disease/health promotion program staff to determine what would motivate them to adopt and promote the Blueprint’s goals and strategies.

- Utilize focus group data to develop a “call to action” tool or toolkit to reach each of the priority populations.

- Recruit a champion from each priority population to lead dissemination of the tools/toolkits.
EVIDENCE-BASED
BEST PRACTICES

Healthcare practitioners should have access to evidence-based guidelines for diagnosis, treatment and self-management referrals for people they treat who may have arthritis.

PRIORITY GOAL 2009–2012

Healthcare professionals are aware of and utilize best practice guidelines for diagnosis and treatment of arthritis throughout New Mexico.

STRATEGIES 2009–2012

- Disseminate information on current practices related to physical activity assessment, counseling, and follow-up with mid-life and older patients.

  Priority population(s): healthcare providers, provider training programs, regulatory agencies, home health professionals, health plan case managers and Indian Health Services

- Promote inclusion of best practices for managing arthritis in education programs. Include information on current physical activity recommendations.

  Priority population(s): provider education programs, fitness certification exams and training programs, community and senior center orientations and home health professionals

- Develop a train-the-trainer program for implementation of best practice guidelines for people with arthritis or identify an existing program and advocate for addition of arthritis guidelines.

  Priority population(s): healthcare providers, continuing education programs and home health professionals
Promote the American College of Rheumatology and Arthritis Foundation’s guidelines for early treatment of rheumatoid arthritis (release date: 2010).

*Priority population(s):* healthcare providers, provider training programs, regulatory agencies and home health professionals

Disseminate information about arthritis management to health professionals via professional journals, professional societies, meetings and related media.

*Priority population(s):* health professionals, health provider education programs; home health professionals and aging service providers

Encourage all treatment sites in New Mexico to make arthritis patient education materials available.

*Priority population(s):* healthcare professionals and health plan case managers

**PLANNED ACTIVITIES OCTOBER 2009–JUNE 2010**

- Conduct focus groups with healthcare professionals around New Mexico to identify the following:
  - Priority level for diagnosing and treating patients with arthritis
  - Knowledge and use of best practices for treatment and diagnosis of arthritis
  - Level of knowledge and/or frequency of patient referral to self-management programs
  - Where/how they typically receive continuing education and/or practice information

- Develop, identify or modify a physical product such as a poster for healthcare offices or pharmacies. Use priority audience-focus group feedback, the Arthritis In New Mexico 2007 Fact Sheet and the Blueprint.

  - Develop a presentation to accompany the product.

  - Develop a dissemination plan that includes a speakers’ bureau with healthcare industry champions to promote use of the product.

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NEW MEXICO ARTHRITIS ADVISORY GROUP

Authors:
Erin Hartlein, M.S., C.H.E.S. - GenQuest, Inc.
Barbra Portzline, Ph.D. - GenQuest, Inc.

Acknowledgements:
David M. Vigil, M.B.A. - New Mexico Department of Health
Willa Ortega, M.S. - GenQuest, Inc.
Myra Segal, M.A. - Freeman Resources

Estella Alba - New Mexico Department of Health
1170 N. Solano
Las Cruces, NM 88001
575-528-5091
Stella.Alba@state.nm.us

Bert Benedick - A.A.R.P.

Lori Bennison - Lovelace Health Plan
4101 Indian School Road,
Albuquerque, NM 87110
505-277-5290
Lori.bennison@lovelace.com

Janet Chambers - New Mexico Veterans Administration

Rhonda Day, L.I.S.W. - Jewish Family Service of NM
Community Wellness Director
5520 Wyoming Blvd. NE, Suite 200
Albuquerque, NM 87109
Office Phone: 505-348-4481
Cell Phone: 505-730-3516
Fax: 505-291-0322
Rhonda@jfsnm.org

June Decker, Ph.D. - New Mexico Senior Olympics
575-590-2350
crittercountry@Hughes.net

Ellen Driber-Hassall, M.A., Management and M.A., Gerontology - Webster University
Senior Director
4775 Indian School NE, STE 300
Albuquerque, NM 87110
505-292-6988
ellenhu@webster.edu

Beatriz Favela, L.M.S.W. - New Mexico State University

Michael Gay, M.S.Ed - Centers for Disease Control and Prevention
Atlanta, GA 30341
770-488-5297
Mgay@CDC.gov

Frieda Gonzales - Office of Injury Prevention
Health Educator
Epidemiology and Response Division
New Mexico Department of Health
Harold Runnels Bldg. Suite 1100
POBox 26110
1190 St. Francis Dr.
Santa Fe, NM 87502
505-827-2589
Frieda.bradv@state.nm.us.

Eileen Goode, R.N., B.S.N. - New Mexico Primary Care Association
4206 Louisiana Blvd NE,
Albuquerque, NM 87109
505-880-8882 extension 6967
Goode@nmcpa.org

Susan Lawit, R.N., C.D.E., - Presbyterian Healthcare Services

Carmela Martinez - NM Aging and Long Term Services Department
Program Manager
2550 Cerrillos Rd.
Santa Fe, NM 87505
505-476-4757 or 866-451-2901
Carmela.Martinez@state.nm.us

Regina Martinez - A.A.R.P.

Ana C. Matiella - ACMA Social Marketing
33 Camarada Road
Santa Fe, NM 87508
505-466-8817
ana@acmasocialmarketing.com
www.fotonovelacompany.com

Angela McTee - Arthritis Foundation
PO Box 30846
Albuquerque, NM 87190
505-867-7430
metee@arthritis.org

Kris Porcher - Lovelace Health Plan

Heidi Roibal - St. Joseph’s Community Health
300 Central Ave SW
Suite 3000 W
Albuquerque, NM 87102
505-924-8013
keidiRoibal@catholichealth.net

Barbara Seeger - Johnson and Johnson

Nicole VanKim, M.P.H. - New Mexico Department of Health

Lauri Wilson, M.S. - NM Geriatric Education Center - University of New Mexico
Associate Director
NM Geriatric Education Center
1001 Medical Arts, Ave. NE Room 247
Albuquerque, NM 87102-2708
Phone: 505-272-4934
Fax: 505-272-4962
sarwilson@salud.unm.edu

Tracy Wohl, M.S. - NM Aging and Long Term Services Department
2550 Cerrillos Road
Santa Fe, NM 87505
505-476-4776
Tacyw.wohl@state.nm.us
REFERENCES


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9 National Association of Chronic Disease Directors, “A Public Health Plan for the Promotion of Early Diagnosis and Treatment of Rheumatoid Arthritis.” 2009.


11 Barbra J Portzline, Ph.D., Director of Organizational Development and Evaluation, GenQuest, Inc. portzline@genquestinc.com.
