

A National Public Health Agenda for Osteoarthritis 2010

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Arthritis is the most common cause of disability, and osteoarthritis is our nation's most common form of arthritis. This serious, painful and potentially life-altering joint disease places severe limits on daily activity and quality of life for over 27 million Americans. Affecting mainly hands, knees and hips, osteoarthritis (OA) often causes weakness and disability, interferes with work productivity, results in joint replacement and generates inordinate socioeconomic costs. In view of the fact that the U.S. population is aging and obesity is on the rise, the prevalence, health impact and economic consequences of OA are expected to increase dramatically.

Now is the time for bold and innovative action to reduce the burden of this growing public health issue. *The National Public Health Agenda for Osteoarthritis* sets the stage for a collaborative and focused initiative to achieve three overall goals over the next three to five years:

- Ensure the availability of evidence-based intervention strategies—such as self management education, physical activity, injury prevention, and weight management and healthy nutrition—to all Americans with OA
- Establish supportive policies, communication initiatives and strategic alliances for OA prevention and management
- Initiate needed research to better understand the burden of OA, its risk factors and effective strategies for intervention.

Leadership from the Centers for Disease Control and Prevention (CDC) and the Arthritis Foundation

(AF) initiated a collaboration to address ways to reduce the public health burden of osteoarthritis. This collaboration led to the creation of The National Public Health Agenda for Osteoarthritis. This document is an executive summary of the report; the complete report can be found on our journal's website (<http://semarthritisrheumatism.com>), the AF's website (<http://www.arthritis.org/osteoarthritis-agenda.php>), and the CDC's website (www.cdc.gov/arthritis/docs/OAagenda.pdf).

BLUEPRINT FOR ACTION: RECOMMENDED INTERVENTION STRATEGIES

Four intervention strategies to address OA are currently recommended for widespread public health dissemination. Some of these strategies focus on controlling the symptoms of OA—reducing pain, functional loss, and disability for people with symptomatic OA—while others have potential for preventing the disease. As a package, they hold great promise for improving the quality of life for those with OA and ultimately reducing the tremendous burden of this chronic disabling condition.

Recommendation 1: Self management education should be expanded as a community-based intervention for people with symptomatic OA

- Improve access to self management education through community and clinical linkages to promote early initiation of lifestyle modifications to reduce pain, developing alternative modes and venues of program delivery, and encouraging new kinds of partnerships.
- Assure adequate funding for development and widespread use of tools that support effective and efficient adoption, use and maintenance of self management education programs in the community.

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Recommendation 2: Low impact, moderate intensity aerobic physical activity and muscle strengthening exercise should be promoted widely as a public health intervention for adults with OA of the hip and/or knee

- Increase access and continue to identify additional effective packaged programs for physical activity that can be delivered safely in a variety of accessible and acceptable formats and settings.
- Implement the 2008 US Department of Health and Human Services *Physical Activity Guidelines for Americans* fully and encourage expanded strategies to increase physical activity and reduce inactivity among people with OA.
- Build supportive environments by implementing built-environment, land use and design policies and other policy and environmental supports proven to increase physical activity, such as those found in the *Guide to Community Preventive Services* and other evidence-based sources.

Recommendation 3: Existing policies and interventions that have been shown to reduce OA-related joint injuries should be promoted, implemented, and enforced

- Promote the widespread adoption of rules, policies and legislation that reduce, in all appropriate settings and venues, musculoskeletal injuries that may lead to OA.
- Adopt and implement proven injury prevention strategies such as those found in the *Guide to Community Preventive Services* and integrate injury prevention into policy agendas of other federal agencies.
- Promote widespread implementation of activity-specific rules and policies for worksites and for organized sports, recreation and school athletics to prevent joint injuries that can lead to OA.
- Incorporate balance training and other forms of dynamic exercise into physical activity programs to reduce fall-related injuries for older adults with OA.

Recommendation 4: Weight management should be promoted for the prevention and treatment of OA, and national nutrition and dietary guidelines for the general population should be followed by adults with OA so they select a quality diet while staying within their calorie requirements

- Endorse national obesity prevention policy by implementing the recommendations of the *Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity* and the *Recommended Community Strategies and Measurements to Prevent Obesity in the United States: Implementation and Measurement Guide* that impact the health of people with or at risk for OA.
- Promote nutritional guidelines by supporting widespread adoption of the *Dietary Guidelines for Americans* by all Americans with OA.

- Support worksites that offer onsite nutrition and weight management classes or counseling and reimbursement for participation in offerings from external sources.
- Promote policies related to evaluation, monitoring and dissemination of reliable consumer information regarding the safe and efficacious use of dietary/nutritional supplements.

FORGING AHEAD: RECOMMENDED POLICIES AND COMMUNICATION INITIATIVES

Making the Blueprint for Action a reality requires a complement of strong national policy initiatives, communication strategies and sustained strategic alliances among multiple stakeholders and invested partners.

Recommendation 5: A national policy platform for OA should be established to improve the nation's health through evidence-based clinical and community prevention and disease control activities, including core public health infrastructure improvement activities

- Identify specific national policy goals and objectives that would serve to prevent the onset of OA or progression of disease, and that promote evidence-based public health interventions.
- Establish national priorities for OA prevention and control initiatives and research that reflect health disparities.

Recommendation 6: Systems to deliver evidence-based interventions should be expanded

- Establish state-based arthritis prevention programs in all 50 states, and work with national organizations to scale up capacity to deliver evidence-based programs nationwide in a multitude of community-based agencies and settings.
- Assess existing opportunities to integrate OA messages into current state and federal efforts addressing overlapping audiences and strive to make healthy behaviors the default choice for people with OA by engaging with policy and environmental change efforts in obesity, physical activity and nutrition.
- Advocate and provide public and private financing for participation in evidence-based, community and workplace physical activity and self management education programs for adults with OA.

Recommendation 7: Quality and equity should be assured

- Develop systems to assure the quality of the implementation of public health interventions directed toward reducing the impact of OA.

- Ensure that evidence-based interventions for OA are available to all who need them in a variety of community-based settings and that supportive policies and environments are available to all.

Recommendation 8: Workplace environment should be improved by adopting policies and interventions that prevent onset and progression of OA

- Increase use and uptake of existing efforts to evaluate and address individual workplace risk factors for the onset and progression of OA.
- Expand workplace wellness programs to include evidence-based self management education and physical activity programs for OA, and greater use of workplace accommodations, particularly as outlined by the *Job Accommodation Network* for arthritis.

Recommendation 9: A well designed communication strategy should be initiated and sustained to enhance understanding and change attitudes and behavior among consumers, healthcare providers, policy makers, employers and the business community, and community organizations

- **For consumers:** Increase awareness of OA, its severity and available interventions through partnership outreach, grassroots efforts, media relations and advertising; expand relevant existing health communication campaigns; and create new campaigns to reach all ethnic/racial populations.
- **For healthcare providers:** Provide education and training about effective evidence-based interventions and enable clinicians and clinical care systems to refer and support participation in these programs; support linkages between clinical services and public health programs and influence discussions of referral and financing systems to enhance participation; and use administrative databases to remind physicians to initiate evidence-based interventions when an OA diagnosis appears or progresses.
- **For policy makers:** Develop a message platform to reach policy makers with targeted policy recommendations and create a communications plan that encompasses targeted advertising, Congressional educational visits, media messages, grassroots efforts and partnership integration; and support federal, state, local and organizational policies that support OA goals, including reduced joint injury, reduced obesity, improved physical activity and weight management, and expanded access to self management education.
- **For employers and business community:** Develop strategies and tools to attract employers and insurers to implement policies for referrals, reimbursements or health communication strategies for addressing

OA; incentives for implementing evidence-based programs in the worksite; and encourage these groups to support state and local programs and services geared at reducing the economic and social costs of OA.

- **For communities:** Develop and distribute marketing information to community organizations that may be unaware of or not utilizing effective intervention strategies; develop or tailor existing grassroots materials with a focus on how to implement and market effective interventions; and support community-level policy and system change efforts that improve nutrition, physical activity and injury prevention environments.

Table 1 The National Public Health Agenda for Osteoarthritis: Ten Recommendations

1. Self management education should be expanded as a community-based intervention for people with symptomatic OA.
2. Low impact, moderate intensity aerobic physical activity and muscle strengthening exercise should be promoted widely as a public health intervention for adults with OA of the hip and/or knee.
3. Existing policies and interventions that have been shown to reduce OA-related joint injuries should be promoted, implemented and enforced.
4. Weight management should be promoted for the prevention and treatment of OA, and national nutrition and dietary guidelines for the general population should be followed by adults with OA so they select a quality diet while staying within their calorie requirements.
5. A national policy platform for OA should be established to improve the nation's health through evidence-based clinical and community prevention and disease control activities, including core public health infrastructure improvement activities.
6. Systems to deliver evidence-based interventions should be expanded.
7. Quality and equity should be assured.
8. Workplace environment should be improved by adopting policies and interventions that prevent onset and progression of OA.
9. A well designed communication strategy should be initiated and sustained to enhance understanding and change attitudes and behavior among consumers, healthcare providers, policy makers, employers and the business community, and community organizations.
10. Research and evaluation should be pursued to enhance surveillance, better understand risk factors, refine recommended intervention strategies, evaluate workplace interventions, and examine emerging evidence on additional promising interventions.

THE RESEARCH HORIZON: PRIORITY KNOWLEDGE GAPS

Recommendation 10: Research and evaluation should be pursued to enhance surveillance, better understand risk factors, refine recommended intervention strategies, evaluate workplace interventions, and examine emerging evidence on additional promising interventions

- Enhance surveillance by funding the National Health and Nutrition Examination Survey (NHANES) to assess the prevalence and impact of OA at various joint sites to update estimates from previous surveys, along with estimates of disparate impact, risk factors, adverse outcomes and natural history; and adding questions about OA to large randomized clinical trials that are examining other chronic diseases such as heart disease or diabetes.
- Develop and perform research on a multiple risk factor intervention for the prevention of progressive OA-associated structural damage, symptoms, activity limitation, reduced quality of life, and participation restriction for persons with and at risk for knee OA.
- Explore early diagnosis and treatment by identifying valid and responsive markers of OA structural damage.

- Continue to refine the effectiveness of recommended interventions—self management, physical activity, injury prevention, and weight management—for the prevention and management of OA.
- Evaluate interventions to address work-related OA onset and progression.
- Examine emerging evidence related to biomechanics and mind/body interventions.

In the context of healthcare reform and our current fiscal climate, we cannot afford to delay implementation of known effective strategies for the prevention and management of OA. We can and must adopt a focus on risk factors and interventions common to OA and other chronic diseases. In addition, we must develop strong linkages between community and clinical care providers who offer the full range of treatments for OA, and assure that all Americans can access and afford the services they need. By embracing the specific recommendations in this *National Agenda* (Table 1), we can alter the current trajectory of this disease and improve the quality of life for millions of Americans. We urge you to join us in this initiative as we strive for a nation in which those with OA are able to live full lives with less pain and stiffness, greater mobility, and preserved function and independence.