

PRIORITY 1. Increase advocacy activities; pursue legislative support for state funding for arthritis; identify mechanisms/funding to provide RAC services and programs to all 21 counties.									
	STRATEGIES/METHODS	OUTCOME Measures to Accomplish	PARTNERS	Original Rank H, M, L	Original Time-Line	Activities Accomplished as of 12/04	Activities Accomplished as of 12/05	Next Steps	TIME-LINE
1. Strengthen advocacy efforts to increase visibility of arthritis so policymakers recognize arthritis as a health care priority; clarify and strengthen relationships with legislature	· Build partnerships with policymakers, drug companies, insurers and employers & labor, and other stakeholders for advocacy	· Utilize drug company programs and incorporate AAC issues	· Pharmaceutical companies	H	M	· Built partnerships with policymakers, drug companies, insurers and employers & labor, and other stakeholders for advocacy	· Established & strengthened partnerships with policymakers, drug companies, insurers, employers, labor, and other stakeholders. Encouraged partners to link to AF advocacy efforts.		
	· Develop problem statement to include: lack of insurance, limited reimbursement, managed care limitations, lack of proven non-medical treatment alternatives	· Educate healthcare providers about special programs	· AF role in awareness, education and support			· Educated healthcare providers about special programs		· Develop problem statement to include: lack of insurance, limited reimbursement, managed care limitations, lack of proven non-medical treatment alternatives	
Increase funding and resources to address the needs of persons with arthritis	· Develop simple, powerful message (with Priority 3 workgroup)	· Data, vision and message will influence policymakers, insurers and employers to see arthritis as a priority	· All stakeholders			Funding allocation increased FY 05: RAC funding fully restored, additional money secured to expand services to non-RAC counties.		· Develop simple, powerful message (with Priority 3 workgroup - older adults & minorities)	
	· Identify and train individuals/advocates in key legislative districts	· Consistent message about the cost/impact of arthritis heard throughout the state	· Advocates			· Consistent message about the cost/impact of arthritis is heard throughout the state		May need 1 or several small groups	
	· Identify legislators to champion and sponsor arthritis legislation	· Advocacy trainings held; trained advocates visited legislators	· Legislators			legislators were visited		· Identify legislators to champion and sponsor arthritis legislation	
	· Build a network of 'friends' in legislature and keep them informed	· Arthritis on state political agenda				· Arthritis is on the state's political agenda			
	· Utilize existing experience/influence (Dennis H, Maury Coffee)	· Key legislators sponsor bill; bill passed in Senate and Assembly; Governor signs bill	· AF, AAC, RACs, advocates, industry, pharmaceutical companies, insurance companies			· Utilized experience/influence (Dennis H, Maury Coffee) in meetings with politicians.			
	· Link AAC/DHSS/partners to AF advocacy website	· Proclamations issued	· HealthCare Institute of NJ	H	S	AAC/DHSS/partners Linked to AF advocacy website Proclamations issued			

PRIORITY 2. Collect data on the cost/impact/burden of arthritis in New Jersey.									
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1. Update NJ data on cost & prevalence of arthritis in the general population -- who has arthritis and level of disability							AF updated NJ data on cost & prevalence in general population	Identify general NJ and specific data and reports necessary for employer impact report.	Identify general NJ and specific data and reports necessary for employer impact report.
	· Obtain Rutgers study on demographics of disability (Garth Heid)								
2. Obtain NJ data on cost & prevalence of arthritis in the workplace	Worksite Data Ask major employers & insurance companies to provide non-proprietary data	Workers & industry will:	· Industry	H	S		AF non-branded worksite employee education program and cost/impact burden evaluation tools developed but not implemented. Decision of Council and state bioethics program to conduct a scientifically valid study on the issue. Study will focus on and hopefully substantiate the importance/impact and benefit of including arthritis self-management and education programs as part of their overall employee health & wellness services/activities.		
	· Get data on injury/disability/doctor visits from Department Of Labor	(a) Acknowledge message "once out on disability, workers don't come back"	· Prudential				Pending appropriation to the department, FY 06 funds will support a scientifically valid study, data and report on the impact of arthritis self-help education to employers and employees.	Support worksite research study, compile results in a report to the general public both stand-alone and as part of a comprehensive report on the State of Arthritis in NJ 1999-2006	Support worksite research study, compile results in a report to the general public both stand-alone and as part of a comprehensive report on the State of Arthritis in NJ 1999-2007
		(b) Recognize high cost of arthritis due to lost work days and disability	· Union benefits offices						
	· Get data through Prudential MediStat program which tracks diagnosis by ICD-9 codes -- to be implemented by June 2004	· 2nd quarter MediStat data available Dec 2004	· State workers' comp/#claims			DEPARTMENT OF LABOR meeting, identified common goals and data query process			
	· Work with unions/private companies re coding/collection of data on ICD-9	· Review 1 year data in 2005	· DEPARTMENT OF LABOR (Karen Kessler)						

	· Identify cost-driven data to influence employers		· Occupational Medicine				(Difficulty getting employers attention to the importance of arthritis as a burden to employees and employers. Data needed to substantiate, yet need to get into workplaces to get data.)		
3. Establish task force of 5-6 'influential' members to present the data/impact of arthritis*	· Identify*influential leaders" (including key unions – chemical, construction, personal care) to carry the message	· Workers will lobby employers for appropriate arthritis services	· Labor unions Occupational Medicine Insurance Industry	H	M				
Acquire/Design data tool to collect and synthesize information on impact and reach of						progress on identification of a new QOL survey tool and effort to utilize other state/nation data	Decision by Council to use CDD evaluation tools for nationwide comparisons and possible future funding		
							Long and cumbersome process to revise appearance of instrument and add NJ logos etc.		
							Submission of full and background documents to State Human Bioethics		
							Partners met (AF, RACs and DHSS) and discussed appearance, implementation and data collection in brief. Evaluation now entitled Arthritis Quality Management		

PRIORITY 3. Target the arthritis prevention/treatment message to those who are undiagnosed (including older adults and minority populations); decrease the % of undiagnosed arthritis cases from 25% to 19% in 2 years.

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1. Get public, health care professionals to recognize that arthritis is a disease	<i>Target primary care and family practitioners with following messages:</i>		· AAC	M	M		AF taking lead role with conferences, email updates and advocacy network with support provided by DHSS and Council		
(Collaborate with advocacy workgroup on Priority 1, Goal 1)	A. Arthritis is a disease	· Individuals request and practitioners provide effective, low cost annual arthritis exam	· Physicians			Public awareness increasing: Arthritis is a disease			
	B. Need to treat it as disease, not just treat pain	· Practitioners increase treatment prescription for more than 2 weeks	· Business						
	C. 2-weeks of treatment (until pain is gone) is not enough	· Healthcare providers use "5 signs of arthritis" in diagnosis	· Insurance/HMOs						
	D. Arthritis can be a pediatric disease with geriatric onset	· Funding support for initiative received	· Legislators						
	· Partner with disease organizations with similar prevention/control messages (heart, diabetes, etc.)		Pharmaceutical Professional organizations					· Partner with disease organizations with similar prevention/control messages (heart, diabetes, etc.)	
	· Work with drug manufacturers to support an awareness campaign		· AARP				AF partnered with pharmaceutical and other companies/organizations and produced RX4NJ brochure supporting an awareness campaign.		
	· Enlist a celebrity/sports figure with arthritis to appear in Public Service Announcements and act as a recognizable, trusted spokesperson for arthritis awareness							· Enlist a celebrity/sports figure with arthritis to appear in Public Service Announcements and act as a recognizable, trusted spokesperson for arthritis awareness	

2. Get public to ask for, and docs to offer, a 3-minute joint check	· Confirm validity of and gain support for the 3-minute joint check as a universal protocol	· 3-minute joint check recognized as appropriate protocol	· AAC	M	M		Confirm validity of and gain support for the 3-minute joint check as a universal protocol		
	· Obtain recommendations for annual joint check at age 45 from JAHCO, Medical Society of NJ, other healthcare organizations	· Health care providers will screen for arthritis	· Professional organizations						
	· Offer the free joint check at health fairs	· Annual joint check covered by insurance companies	· AARP						
	· Work with advocacy committee to pursue a legislative mandate for insurance coverage of an annual joint check beginning at age 45		· Advocates						
3. Empower individuals to make lifestyle changes and take control of their disease through specific messages	· Promote prevention, treatment and advocacy	· People with arthritis linked to RAC services and post-diagnosis services	· PACE/WET participants as ambassadors	H	S	Ongoing promotion, prevention, treatment and advocacy activities.	FY06 Grant funds are available (pending appropriation to the department) for innovative methods of program delivery to underserved populations and minorities as well as physician		
	A. Recognize competing priorities (other life-altering diseases, poverty): addressing arthritis issues can improve quality of life and promote independence	· Document 20% increase in people attending programs	· Consumers				see an increase in the numbers of people served through ongoing awareness education and physical activity programs.		
	B. Promote exercise as an important component to arthritis management	· People with risk of arthritis are aware of/linked to prevention strategies (i.e. exercise and weight management)	· Advocates			Promote exercise as an important component to arthritis management			
	C. Inform the public that medication alone is not enough	· Exercise brochure for consumers/for physicians developed and distributed	· Health care providers						
	D. Highlight arthritis pain/limitations as threat to independence	· Preventing/treating arthritis is seen as part of 'health' in health care services	· RACs						
	E. Living with joint pain is not part of normal aging process								
	· Focus on disease knowledge, empowerment and self help					Ongoing programs focus on disease knowledge, empowerment and self help			

	· Utilize the internet to educate consumers						Preliminary arthritis information on DHSS website through caregiver program.	Expand user-friendly and comprehensive internet section on DHSS Community Education and Wellness website with links to (among many others) RACs and Arthritis Foundation	
4. Train/certify personal trainers on PACE/WET/ASHC	· RACs, AF offer training to fitness/personal trainers	· Arthritis programs incorporated into personal trainer/fitness programs	· Fitness industry, personal trainers, AF, RACs	L	L			offer Arthritis program training to fitness/personal trainers	
	· Pursue state certification for these professionals in recognizing arthritis and customizing fitness programs for those with the disease								
5. Wider distribution of up-to-date statistics, treatments, programs to consumers and practitioners	· Work with drug companies to promote benefit of drug treatment plus arthritis classes	· Document 20% increase in people attending programs	· Health care providers, Drug manufacturers,	M	S		FY06 Grant funds are available (pending appropriation to the department) for innovative methods of program delivery to underserved populations and minorities. Target areas chosen by need and availability of programs.		
	· Promote post-diagnosis (RAC) services via health care providers	· Up-to-date disease information available to the public	Professional associations, local municipalities			· Up-to-date disease information available to the public	Continued distribution of information about arthritis and education programs to consumers and practitioners.		
	· Use libraries/public spaces to promote classes/programs					· Use libraries/public spaces to promote classes/programs			
							Transitioned Project Healthy Bones administration to RACS and St Barnabas to maintain and expand programs.		

PRIORITY 4. Energize and broaden the message about arthritis, its cost and its impact on children and their families.

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1. Increase awareness of the general public and school professionals about juvenile arthritis	<ul style="list-style-type: none"> Develop a marketing strategy to get the message out that children, not just older adults, get arthritis, and that juvenile arthritis is one of the most common chronic diseases in children – more common than diabetes (CD-Rom format) 	<ul style="list-style-type: none"> Distribute the message by partnering with professional organizations, teacher and school nurse associations 	<ul style="list-style-type: none"> Pharmaceutical manufacturers, school professional organizations 	H	M				
	<ul style="list-style-type: none"> Create educational video (CD-Rom format) for lay people (teachers, gym teachers and parents) about JA and distribute via state teacher association, school nurse association, daycare center association conferences 						<ul style="list-style-type: none"> Proposal and budget developed and submitted to various companies for financial and other support. 	<ul style="list-style-type: none"> NIAMS developed (Nov 2005) pediatric Rheumatic Diseases CD-ROM for doctors and health professionals. Contact NIAMS to collaborate and 	
	<ul style="list-style-type: none"> Identify a celebrity spokesperson to publicize awareness of JA 								
	<ul style="list-style-type: none"> Use existing programs (JA camp, NJ annual JA family conference) as a publicity tool to increase awareness about JA and to bolster participating by families who are not already "in the network" 					<ul style="list-style-type: none"> Existing programs (JA camp, NJ annual JA family conference and new Arthritis Walk) increased awareness about JA as well as utilization of services to families who were not already "in the network". 	<ul style="list-style-type: none"> AF incorporated pediatric themes into WALKS, held JA conference and new mentoring program for parents. 		
2. Increase health and school health professional referral to pediatric rheumatologists for diagnosis and treatment.	<ul style="list-style-type: none"> Hold independent conferences or web-based CME courses on JA for physicians, nurses, family practitioners 	<ul style="list-style-type: none"> The number of children with JA who are diagnosed will increase from current rate of 10-20% to more than 25% 	<ul style="list-style-type: none"> Pharmaceutical manufacturers, physician organizations, school nurse organizations 	M	M				
	<ul style="list-style-type: none"> Create video in CD-Rom format to distribute to health professionals (school nurses, PCPs, physicians assistants) with information about arthritis in children and when to refer 	<ul style="list-style-type: none"> Distribute the message by partnering with professional organizations: American Academy of Pediatricians, family practice, orthopedic and podiatry professional organizations; consider participating in their annual state CME conference 							
3. Expand access to specialized care for children with JA	<ul style="list-style-type: none"> Improve access to social services so patients without transportation, adequate insurance, childcare, etc. can have access to pediatric rheumatology services 	<ul style="list-style-type: none"> Publicize the AF hotline 	<ul style="list-style-type: none"> Pharmaceutical manufacturers, physician organizations, AF, DHSS 	H	S	<ul style="list-style-type: none"> Publicize the AF hotline 			
	<ul style="list-style-type: none"> Make the Arthritis Foundation hotline a central source of information for those in need of JA services, including referral to pediatric rheumatology programs 	<ul style="list-style-type: none"> Link social service providers, DHSS Family Health Division and '211' help lines to AF hotline 							
	<ul style="list-style-type: none"> Implement outreach clinics in underserved areas (once/month) 	<ul style="list-style-type: none"> More children/families of children with JA will receive services from pediatric rheumatologists 							
4. Increase the number of pediatric rheumatologists in NJ; including a pediatric rheumatologist on the staff of each New Jersey medical school.	<ul style="list-style-type: none"> Increase exposure of medical community/medical schools about the need for and reward of being a pediatric rheumatologist 	<ul style="list-style-type: none"> Dedicated funding for fellows is increased 	<ul style="list-style-type: none"> Pharmaceutical manufacturers, physician organizations 	L	L				
	<ul style="list-style-type: none"> Investigate funding support for fellows in pediatric rheumatology 	<ul style="list-style-type: none"> More physicians will specialize in and practice pediatric rheumatology and practice in New Jersey 							

PRIORITY 5. Energize and broaden the message about arthritis, its cost and its impact on the working population.

GOAL	STRATEGIES/METHODS	OUTCOME Measures to Accomplish	PARTNERS	Original Rank	Original Time-Line	Activities Accomplished as of 12/04	Activities Accomplished as of 12/05	Next Steps	TIME-LINE
1. Develop worksite message of cost/impact of arthritis	· Computer-based training for HR managers, wellness programs, health care professional organizations	<i>Year 1</i>	· Life Care/Mia Vita model of CVD, DM, AAC, DHSS, Job Accommodation Network, Industry websites/boards	H	S	Met with Department of Labor- identified shared goals as well as types and availability of data. Relationship ongoing.			
· 100 diseases	· E-letters, newsletters. List-servs to spread the message	· 10 organizations will publish arthritis message on the intranet							
· work-related and non work-related	· Partner to provide chronic disease/prevention conferences to include arthritis (if health care professional conference, provide CMEs), utilize 'Theme' months/weeks for dates	· 5 health care professional organizations will publish arthritis msg.				1-pager for employers under construction.	Supported Arthritis Foundation worksite conference		
· challenge of maintaining both productivity and quality of life		· Focus on arthritis month (May), JA week (March)							
		· Post information on DHSS website							
2. Publicize/sell arthritis message to upper management re productivity and quality of life	· Make the business case for corporate/government involvement in preventing/treating arthritis (utilize AARP outreach to 50+ workers)	<i>Year 1</i>	· AAC, AF, Benefits Coordinators, HR Society, NJBIA, Chamber	M	S		Developing contacts/experts and articles on workers/employers, costs etc.	Workgroup to decide how to proceed.	

	· Make the case to business that workers may be 'present', but not effective because of arthritis	· Host event with Governor, CEOs & COOs of corporations and hospital systems, labor and retired workers to introduce the need and increase awareness					Acquired information about successful arthritis programs offered to a company's employees and funded by insurer. Gleaned information on how to replicate in NJ.		
	· Work with Benefits Coordinators/HR Society to								
		<i>Year 2</i>							
		· Introduce implementation of policy							
		· Business support for arthritis screening, programs							
3. Sell the message 'arthritis is a serious disease'	· Lunch and Learn seminars (AF program)	<i>Year 1</i>	· AF, AAC, Industry HR, Benefits Coordinators, wellness programs	H	M	· Lunch and Learn seminars (AF program)	Expanded lunch and learn programs to the more formal "Keys to arthritis management" Arthritis Foundation worksite education		
	· Develop screening 'card' (or 3-minute joint check) for referral to	· Update presentation & talking points, distribute							
	· Develop work-related arthritis fact sheet, include weight loss	· Report card on use of referral card for							
4. Identify funding for worksite initiatives	· Develop 'boilerplate' for arthritis grant applications	<i>Year 2</i>	· DHSS, Universities	M	S				
	· Apply NIOSH grant for arthritis as risk factor for work-related	· Obtain interns (up to 400 hours for some) from							
	· Prudential Foundation, small private philanthropies	· Make the case for foundation support for							
	· Identify grad students for grant-writing project								
		· initial meeting held with DOL to clarify the initiative and reciprocal data.							

	o Uninsured, underserved and uninformed - children, adults under age 60								
	· Develop a survey of members of AF re arthritis coverage								
	· Develop a survey of MDs – who reimburses, how are uninsured and inner city clinics covered?								
	· Obtain info on Pharmaceutical programs (NJ Health Plan Association)								
2. Strengthen relationship/communication with disabilities community network	· Exhibit/speak at annual 'Abilities Expo' in Edison in April	· Improve access to disability services for people with arthritis	· Community provider organizations serving people with disabilities (100+ members statewide) County offices for the disabled	M	S				
	· Attend meetings/conferences of identified partners		NJ Protection & Advocacy						
	· Attend UMDNJ-Bogg Center educational programs for consumers, professionals								
	· Maintain representation on Disability Health & Wellness Advisory Board								
	· Invite Division of Disability Services liaison to AAC					Division of Disability Services liaison Invited to AAC	Relationship established with Division of Disability services.		
3. Utilize newsletters of insurers for information/best practices	· Use existing AF materials	· Expanded network for arthritis information/better informed public	· NJ Association of Health Plans (Michelle Guhl)	M	S				

4. Increase access to arthritis services	· Work with advocacy committee to expand RACs to all counties	· RACs in all counties	· AAC, AF, RACs, Advocates, Health care professionals, service providers, DHSS,	H	L	Access to arthritis services expanded to non-RAC counties in FY05	Access to arthritis services expanded to non-RAC counties in FY06		
· Build on existing resources	· Utilize AF and community volunteers for outreach					Expanded existing outreach resources including AF and community volunteers			
· Address barriers to access: lack of transportation, need multiple providers, inadequate Medicaid reimbursement rates, lack of physicians in urban health care,	· Utilize existing community resources and evidence-based programs	· Peer leadership as a community resource for arthritis initiatives				Utilizing peer leadership, existing community resources and evidence-based programs	County with limited resources and major transportation challenges	FY06 funds (pending appropriation of funds to the department) will	
· Educate Health Care Professionals	· Partner with existing programs – NJEASE, HealthEASE, ADRCs through single 800# that identifies arthritis resources	· 800# for arthritis information						Partnered with HEALTHeASE coordinator in Ocean County to expand presence in the county. Arthritis	
· Recruit/train more rheumatologists			· DHSS, public health and aging networks						
	· Link with priority 3 general message workgroup re: goal 1; Link with priority 1 advocacy workgroup re: goal 1.	· Together with advocacy, general and children's work groups, developed arthritis message re health care education							
	· Increase focus on Fibromyalgia	· Impact of chronic disease better understood and supported	· Health care professionals, advocates, insurance companies						
	· Collaborate with Interagency Council on Osteoporosis on common goals and ensure coordination of efforts	· Health care professionals aware of arthritis prevention/diagnosis/treatment options	· Health care professionals, professional associations, drug companies	M	S	Ongoing education to health care professionals to increase awareness of arthritis prevention/diagnosis/treatment options			
		· Increased patient referral to rheumatologists							

