

1b. (Recipient Activities for Capacity Building Program Level B Programs) and CDC will be responsible for the activities listed under 2. CDC Activities.

*1a. Recipient Activities for Capacity Building Program Level A*

1. *Staffing:* Establish a full-time arthritis program manager to oversee arthritis program activities and to promote an arthritis program within the State. All arthritis program managers are strongly encouraged to take the training "The Arthritis Challenge" and "Arthritis: The Public Health Approach" located at <http://www.astdhpphe.org>. Performance will be measured by the extent to which the program is appropriately staffed in a timely manner as evidenced by the submission of the name of the program manager, the date of hire, and their completion of the training, "Arthritis: The Public Health Approach" as documented by a course completion certificate.

2. *Partnerships:* Establish an advisory group or coalition to guide, review, and provide direction for the State in all activities directed at reducing the burden of arthritis. The advisory group, at a minimum, should include the local chapter(s) of the Arthritis Foundation. In addition, the State should consider the following as members of the advisory board or coalition:

- a. Individuals with expertise in arthritis;
- b. Agencies/organizations with activities relevant to arthritis, resources for arthritis activities, and access to target populations (e.g., Area Agencies on Aging, Medicaid/Medicare, managed care organizations, American Association of Retired Persons, senior centers, and faith communities); and
- c. Persons with arthritis or family members of persons with arthritis.

As appropriate, States should establish internal workgroups with other components of State government that are directly or indirectly involved in some aspect of arthritis control and prevention.

Performance will be measured by the extent to which there is evidence of diverse, active, and viable partnerships. Documentation should include minutes of meetings, lists of members, copies of by-laws or written operating procedures.

3. *Surveillance:*

a. Define and monitor the prevalence and impact of arthritis using the Behavioral Risk Factor Surveillance System (BRFSS). It is recommended that funded States collect data using the Arthritis Optional Module of the BRFSS in odd years (i.e., 2003, 2005, 2007)

b. Issue a State of Arthritis Report using, at a minimum, 2001 BRFSS arthritis data. (Arthritis data was collected by all States in calendar year 2001 through the BRFSS). This activity should be completed within the first two years of the cooperative agreement.

c. For years two and beyond surveillance activities should be expanded to include the measuring of intervention reach and effects. Measuring reach includes, but is not limited to, establishing mechanisms to determine annual availability and delivery of evidenced-based self-management programs such as ASHC, PACE, and Arthritis Foundation Aquatics programs. Availability measures the number of programs offered and their geographic dispersion; delivery measures both the number of programs given and the number of persons with arthritis attending. Measuring effects includes, but is not limited to, measuring changes in health impacts, improvement in quality of life, or functioning among those attending the above programs.

Performance will be measured by:

- a. The extent to which there is evidence that the burden of arthritis has been defined using BRFSS data that identifies demographics, prevalence, and related risk behaviors (i.e., physical activity and obesity). A State of Arthritis Report has been published and disseminated.
- b. The extent to which the grantee is able to demonstrate the ability to define and monitor the number of evidenced-based self management courses available within the State and the number of individuals impacted by these programs.

4. *State Plan:* Develop or update a State Plan for Arthritis that outlines a proposed framework for activities to reduce the burden of arthritis. This document should be planned with partners and include activities to be implemented by the partners. The plan should not address health department activities only and should be completed within the first eighteen months of the cooperative agreement.

Performance will be measured by the extent to which documentation is provided that a written State plan for arthritis is completed. The plan should contain a description of the State burden of arthritis, and assessment of resources and resource gaps, strategies to decrease the burden of arthritis, priorities, and time-line for implementation of interventions. The plan should be endorsed and supported by partner organizations.

5. *Interventions:* Implement one or more strategies from the State Arthritis

Plan that is consistent with the Public Health Framework for Arthritis (see <http://www.cdc.gov/nccddphp/arthritis>) with a focus on the immediate effects and/or short term goals as outlined in this framework. Activities should be data driven. Applicant should develop implementation plans and evaluation strategies for the proposed intervention(s). Activities should be implemented with a focus on one or more of the following areas:

a. *Evidence-based Self Management Education and Physical Activity Interventions:* Broaden the reach of evidence-based self management programs, e.g., the Arthritis Self Help Course (ASHC), the promotion of physical activity in individuals with arthritis using land-based exercise programs such as People with Arthritis Can Exercise (PACE) or water-based such as the Arthritis Foundation Aquatics Program.

b. *Health Communications Campaigns:* Develop or utilizing health communications interventions that will increase/enhance knowledge and beliefs necessary for appropriate management of arthritis. Communications strategies should be designed to increase self-management beliefs and behaviors and to increase the belief that self-management is an important part of arthritis management. The communications activity can be targeted to people with arthritis, and their families, the general public, or non-physician health professionals. CDC developed health communication campaign Physical Activity. "The Arthritis Pain Reliever," may be used. A summary of this material will be posted at <http://www.cdc.gov/nccddphp/arthritis>. Physician education efforts, while worthy, will not be considered as part of this activity.

Performance will be measured by the extent that the grantee can provide documentation that one or more evidenced-base intervention was implemented including: the process used for selecting the intervention, the target audience, the location of the intervention, and data used to support the decision to implement.

*1b. Recipient Activities for Capacity Building Program Level B Programs*

In addition to continuing and enhancing the Recipient Activities for Capacity Building Program Level A, Capacity Building Program Level B Program will include:

1. *Surveillance:* Examine the availability and applicability of other State-based data sources including but not limited to data from outpatient/ambulatory care settings, managed care