

Michigan Arthritis Action Plan

2012-2014

Michigan Arthritis Collaborative Partnership



**The Michigan Arthritis Action Plan,
2012-2014, is the blueprint
for the Michigan Arthritis
Collaborative Partnership
and other arthritis stakeholders
to reduce the impact of arthritis
and improve the quality
of life of those with
arthritis in Michigan.**

Michigan Arthritis Action Plan 2012-2014

STRATEGIC FRAMEWORK

BACKGROUND

Arthritis is common, disabling, and costly. Yet, strategies exist to prevent some types of arthritis, reduce the progression of the disease, and significantly reduce arthritis-related disability. In 1999, the Michigan Arthritis Program (MAP) was established to reduce the impact of arthritis in Michigan. In 2001, the Michigan Arthritis Program convened the Michigan Arthritis Collaborative Partnership (MACP). The MACP released Michigan's first ever strategic plan for arthritis (The Michigan Arthritis Action Plan), shortly thereafter. Since that time, the Michigan Arthritis Program has worked with multiple partners and stakeholders, including the MACP, combining partner knowledge, experience, resources, and energy to ensure that people with arthritis have an improved quality of life.

MISSION

The Michigan Arthritis Collaborative Partnership is a broad-based, statewide alliance that leverages member resources and expertise to effectively reduce the impact of arthritis and related conditions.

VISION

The Michigan Arthritis Collaborative Partnership is a dynamic and diverse alliance recognized for providing innovation and leadership dedicated to reducing the impact of arthritis and related conditions for all people in Michigan.



MACP UNIFIED GOAL:

We will engage people with arthritis in CDC-endorsed evidence-based programs.

The MACP Goal was adopted in the Fall of 2007.



Vision Priorities

By 2014 we will...

Vision Priority 1: Expand program reach and participation.

The primary goal, indeed the Unified Goal, of the Michigan Arthritis Program and the MACP is to promote and support evidence-based self-management and physical activity programs in as many Michigan communities as possible; thus, we hope to improve the lives of people living with arthritis and those who care for them.

Vision Priority 2: Expand awareness of the impact of arthritis and arthritis-related conditions.

Through member collaboration, community outreach, and implementation of the annual health communication campaign, we hope to raise public awareness of the social and economic costs of arthritis and closely related chronic conditions, and of the resources available to address them.

Vision Priority 3: Create a sustainable structure for our partnership.

The MACP will continue to assess its Mission, Vision, and membership, as well as the ways its member organizations work together to maximize progress toward its Vision Priorities and Unified Goal. Periodic review of the Arthritis Action Plan and Partnership structure, and appropriate adjustments, will help to ensure sustainability.

Vision Priority 4: Increase healthcare provider awareness of evidence-based programs that benefit people living with arthritis.

Through outreach to healthcare providers and professionals, we hope to increase awareness of community-based resources (i.e. self-management and physical activity programs) that can augment medical management of arthritis and related chronic conditions, and increase patient well-being.

Vision Priority 5: Increase policy support for arthritis.

The MACP will seek to increase policy support, funding for policy development initiatives, and other measures that can decrease the harmful impact of arthritis and related chronic conditions on Michigan residents. Advocacy efforts will focus not only on legislation policy, but also on efforts to increase community-based, workplace, and healthcare policy initiatives that benefit people living with arthritis.

Vision Priority 6: Secure adequate and sustainable financial resources.

MACP member organizations will support the Michigan Arthritis Program in applying for primary funding from state and federal sources, as well as offering resources that can be leveraged in service of the Vision Priorities and Unified Goal of the Partnership.



STATE OF ARTHRITIS in Michigan

The term “arthritis” covers more than 100 diseases and conditions affecting joints, the surrounding tissues, and other connective tissues. Arthritis and other rheumatic conditions include: osteoarthritis, rheumatoid arthritis, systemic lupus erythematosus, juvenile rheumatoid arthritis, gout, bursitis, rheumatic fever, Lyme arthritis, carpal tunnel disease, and many other disorders.

During the October 2011 annual business meeting, the MACP reviewed data related to arthritis prevalence, co-morbidities, treatment, and future projections. The following information provides an updated snapshot of the impact of arthritis in Michigan. The source of the data presented is the 2010 Michigan Behavioral Risk Factor Survey (BRFS), unless otherwise noted.

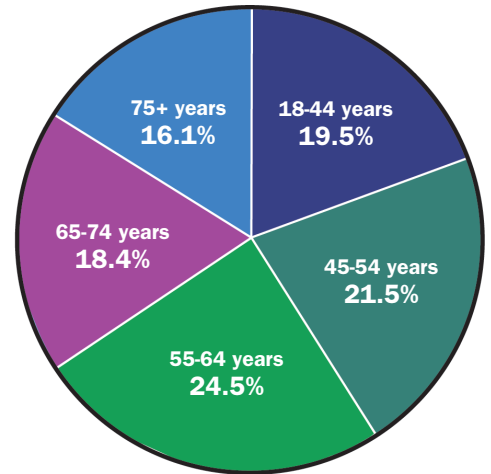


Figure 1. Age Distribution of Michigan Adults With Arthritis, 2010

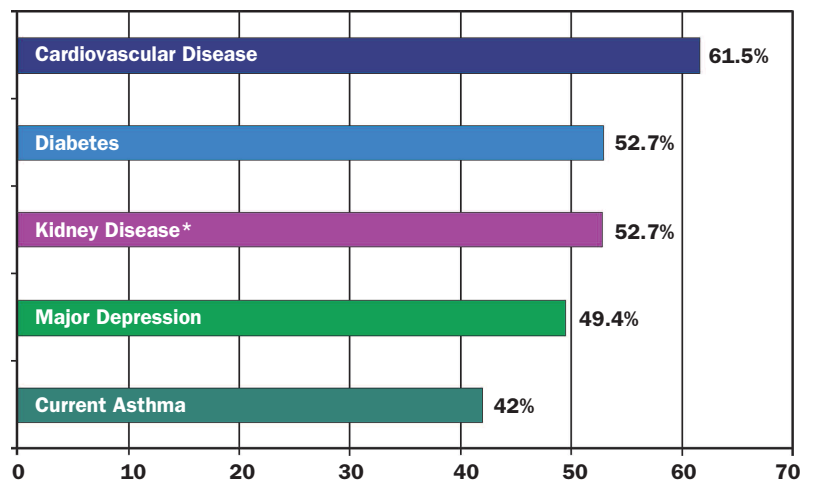
Prevalence

Based on 2010 survey data:

- Michigan had the eighth highest arthritis prevalence in the country (2009 data).
- 32% or 2.4 million Michigan adults age 18 and older had arthritis that was diagnosed by a health care professional.
- Among racial groups in Michigan, arthritis affected 2.03 million (2,030,000) whites, 289,094 blacks, and 98,236 from other racial groups.
- Approximately two-thirds of people with arthritis were younger than age 65 (Fig. 1).
- Arthritis often co-exists with other chronic diseases. From 42% to 62% of Michigan adults with diabetes, cardiovascular disease (CVD), major depression, asthma or kidney disease also had arthritis (Fig. 2).
- 39% of persons who were obese and 49%* of persons who were physically inactive had arthritis.

*2009 data

Figure 2. Percent of MI Adults with Selected Chronic Conditions Who Also Have Arthritis*



* From the 2009 Michigan Behavioral Risk Factor Survey; all other data are from the 2010 survey.

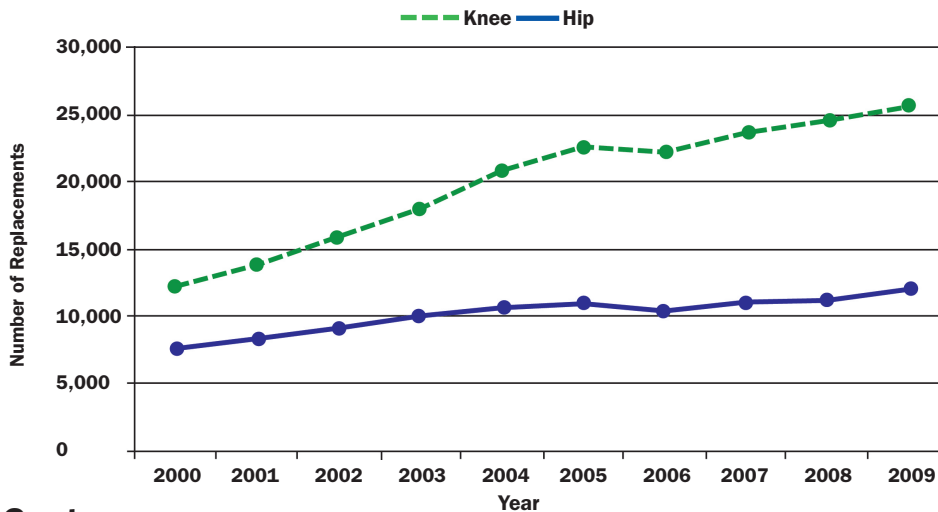
Impact

- Arthritis is the leading cause of disability in the United States.
- In 2009, one-third of working-aged Michigan adults with arthritis (525,000 people) reported that arthritis or joint symptoms affected whether they work, the type of work they do, or the amount of work they do.

Healthcare and Treatment

- As arthritis prevalence increases, demand for orthopedic surgery (e.g., joint replacements) and other treatments increases (Fig. 3).
- There is increasing interest in, and use and endorsement of, complementary therapies for arthritis.

Figure 3. Numbers of Arthritis-Related Hip and Knee Replacements by Year, Michigan Adults, 2000-2009



Costs

- Direct and indirect costs of arthritis and other rheumatic conditions in Michigan were \$5.6 billion in 2003 (the most recent year for which such data are available).
- In 2006, there were 32,604 hospitalizations for arthritis-related hip and knee replacements among Michigan adults. The estimated total cost – for hospitalizations only – was over \$1 billion.

The Future

- As adults who are 65+ years old become a larger portion of Michigan's overall population (Table 1), the prevalence of arthritis in the state, and related disability, will increase as well.⁵
- Nearly 2.9 million Michigan adults will have arthritis in 2030; more than one million will have arthritis-attributable activity limitations.
- Obesity, a condition closely associated with osteoarthritis, is increasing in Michigan; the state's obesity rate significantly increased between 2004 and 2006 from 25.5% to 28.4%.

Table 1. Adult Michigan Population Age Distribution by Year, 2010 and 2030

AGE	YEAR	
	2010	2030
18-44	45.3%	43.8% ↓
45-64	36.6%	31.1% ↓
65+	18.1%	25.1% ↑
TOTAL	100.0%	100.0%

Source: U.S. Census Bureau

Opportunities

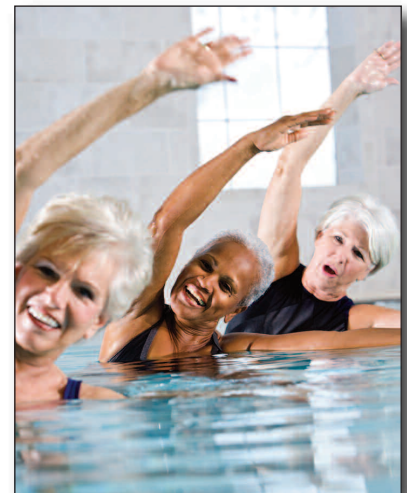
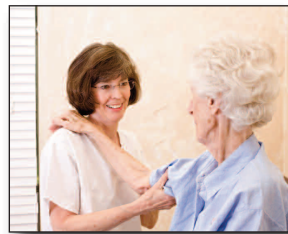
While the costs of arthritis to individuals and the state as a whole are significant, the impact of the disease can be lessened in a number of ways. For individuals, the Centers for Disease Control and Prevention (CDC) has emphasized the importance of being well-informed about the condition, working with healthcare providers to get an early diagnosis and explore treatment options, learning to be an active self-manager of one's arthritis (and other long-term health conditions), and being physically active. The Michigan Arthritis Program and MACP have worked together over many years to ensure that residents affected by arthritis have access to the most current information about the disease, and access to self-management support and physical activity programs appropriate for their needs.



State of the Science

Effective strategies exist to reduce the impact of arthritis.

- Medical management: Early diagnosis and appropriate management are associated with enhanced quality of life.
- Medications: For some types of arthritis, medications can limit disease progression, control symptoms and prevent serious complications.
- Self-management programs: Learning self-management techniques can help to reduce arthritis-related pain and decrease physician visits.
- Reducing excess weight: The risk of developing knee osteoarthritis and progression of the disease can be reduced or slowed by losing excess weight.
- Physical activity: Regular, moderate physical activity helps maintain joint health, relieves pain, and improves function.



Interventions

The CDC Arthritis Program recommends evidence-based programs that are proven to enhance quality of life for people with arthritis. The types of programs currently being promoted include:

- Self-management education programs
- Physical activity programs
- A health communication campaign promoting physical activity

The Michigan Arthritis Program benefits from the CDC's examination and recommendations of evidence-based programs, and is committed to dedicating its limited funding to supporting implementation and expansion of these programs in Michigan. The following is a brief description of the evidence-based programs that are being (or will be) implemented in Michigan

SELF-MANAGEMENT EDUCATION

Self-management education programs like PATH and the Arthritis Self-Management Program (ASMP) help people with arthritis (and other chronic conditions) learn how to more actively and effectively manage their health, day-to-day.

PATH (Personal Action Toward Health) is Michigan's name for the Stanford Chronic Disease Self-Management Program. PATH is an effective self-management education program for people with any type of chronic health problem. The program does not specifically address arthritis, diabetes, lung and heart disease but, rather, empowers participants to take an active role in managing their health, no matter what chronic conditions they may have. PATH workshops are held in accessible community settings, 2½ hours per week for 6 weeks. Workshops are facilitated by two trained leaders, one or both of whom are non-health professionals with a chronic disease themselves. This program covers topics such as: techniques for dealing with common problems associated with chronic disease (e.g. pain, fatigue), appropriate exercise, appropriate use of medications, communicating effectively with family, friends, and health professionals, the importance of good nutrition and, how to evaluate new treatments. Workshop participants experienced more energy, and less fatigue, pain, shortness of breath, and depression. They reported improved communication with their physician, greater self-efficacy, increased aerobic, strengthening, and stretching exercise, and fewer social role limitations. To find out about availability of PATH programs in your area go to www.michigan.gov/arthritis.



Arthritis Self-Management Program (ASMP) is an effective self-management education intervention for people with arthritis. Also developed by Dr. Kate Lorig of Stanford University, the course is similar to PATH, but contains content specific to arthritis. The 6-week workshop consists of weekly 2-hour sessions guided by two trained instructors. Program participants report decreased pain, health distress, anxiety and depression, and report increased aerobic, stretching and strengthening exercise, improved communication with their physicians and greater self-efficacy.⁷



To find out about availability in your area you can check with the Arthritis Foundation at www.michigan.gov/arthritis or call 1-800-968-3030.

PHYSICAL ACTIVITY PROGRAMS

Research has shown that appropriate physical activity offers substantial benefits to people with arthritis and can decrease arthritis pain and disability. Preliminary studies have shown Arthritis Foundation Exercise Program, the Arthritis Foundation Aquatic Program, EnhanceFitness, and Walk With Ease to be both safe and effective for people with arthritis.

Arthritis Foundation Exercise Program (AFEP) is a community-based recreational exercise program developed by the Arthritis Foundation. Trained AFEP instructors cover a variety of range-of-motion and endurance-building activities, relaxation techniques, and health education topics. All of the exercises can be modified to meet participant needs. The program's demonstrated benefits include improved functional ability, decreased depression, and increased confidence in one's ability to exercise. Classes typically meet two or three times per week. To find out about availability in your area please visit the Arthritis Foundation website at <http://www.arthritis.org/michigan> or call 1-800-968-3030.



Arthritis Foundation Aquatic Program (AFAP) is a warm water exercise program created by the Arthritis Foundation for people with arthritis and related conditions. The classes are conducted by a trained instructor and are designed to decrease pain, and improve flexibility, joint range-of-motion, endurance, strength, and daily function. The aquatics classes include joint range of motion, stretching, breathing, and light aerobic activities. The classes typically meet two or three times per week for one hour. To find out

about availability in your area please visit the Arthritis Foundation at www.arthritis.org/michigan or call 1-800-968-3030.

EnhanceFitness (EF) is an evidence-based, community-based exercise program proven to increase strength, boost activity levels and elevate mood. Certified EF instructors offer a program that focuses on stretching, flexibility, balance, low impact aerobics, and strength training exercises. Typically classes meet three times a week for one hour. To find out about availability in your area please visit the Project Enhance website at www.projectenhance.org.

Walk With Ease (WWE) is a community-based, group walking program offered by the Arthritis Foundation. More information is available about this program from the Arthritis Foundation's website at www.arthritis.org/michigan.

COMMUNICATION CAMPAIGN

Physical Activity. The Arthritis Pain Reliever is a health communication campaign promoting physical activity to Caucasians and African-Americans with arthritis between the ages of 45-64. The campaign is intended for general use by state health departments and their partners and is designed to achieve the following goals:

- Raise awareness of physical activity as a way to manage arthritis pain and increase function.
- Increase understanding of how to use physical activity (types and duration) to ease arthritis symptoms and prevent further disability.
- Enhance the confidence of persons with arthritis in their ability to be physically active.
- Increase trial physical activity behaviors

CONCLUSION

The Michigan Arthritis Collaborative Partnership, with guidance from the Arthritis Action Plan, will persevere to improve the quality of life of people affected by arthritis in our state. By combining partner knowledge, experience, resources and energy, we will make a difference.

Appendices

- Michigan Arthritis Collaborative Partnership Members
- Michigan Arthritis Collaborative Partnership Charter
- References

APPENDIX 1: Michigan Arthritis Collaborative Partnership Members

Listed to the right are some of the professional organizations, academic institutions, businesses, and individual members that have been involved with MACP in the past.

If you or someone from your organization is interested in becoming a member of the Michigan Arthritis Collaborative Partnership, or would like more information about the Michigan Arthritis Action Plan, call (517) 335-7992.

For information about our members and links to their websites, and other resources, visit www.mihealthyprograms.org. General information about the MDCH Michigan Arthritis Program can be found at www.michigan.gov/arthritis.



Members

Access Health
Area Agency on Aging, 1-A
Area Agency on Aging, 1-B
Arthritis Foundation Michigan
Beals Institute (Carol Beals, MD)
Cristo Rey Community Center
Genesys Medical Center
Health for Life Consulting
Michigan Department of Community Health,
Arthritis Program
Michigan Department of Community Health,
Cardiovascular Health, Obesity & Nutrition
Michigan Department of Community Health,
Pain Management and Palliative
Care Program
Michigan Office of Services to the Aging
Michigan Partners in Arthritis Education
Michigan Public Health Institute
Michigan State University, Department
of Family Medicine
National Kidney Foundation of Michigan
Partnership for Health and Disabilities
Portage Senior Center
Presbyterian Villages of Michigan
Senior Neighbors
United Dairy Industry of Michigan
University of Michigan Medical Center
University of Michigan School of Public Health
VA Ann Arbor Healthcare System
Joseph Weiss, MD
YMCA, Oak Park Branch

APPENDIX 2:

Michigan Arthritis Collaborative Partnership Charter

PARTNERSHIP SPONSOR

The Michigan Department of Community Health, Diabetes & Other Chronic Diseases Section is the organizational sponsor for MACP. The Department provides material support for the partnership, as well as a staff liaison to help coordinate meetings and activities, and to encourage statewide participation.

PARTNERSHIP MISSION (PURPOSE)

The Michigan Arthritis Collaborative Partnership is a broad-based, statewide alliance that leverages member resources and expertise to effectively reduce the impact of arthritis and related conditions.

PARTNERSHIP VISION (DIRECTION)

The MACP is a dynamic and diverse alliance recognized for providing innovation and leadership dedicated to reducing the impact of arthritis and related conditions for all people in Michigan.

PARTNERSHIP FUNCTIONS

- Develop, implement, assess, and periodically update a state Arthritis Action Plan
- Provide information and raise awareness about arthritis
- Promote effective practices to MACP members and statewide arthritis stakeholders
- Maintain a dynamic and diverse membership
- Solicit representation from across the state
- Create an open forum for members to share information with one another
- Leverage available resources to achieve MACP priorities

PARTNERSHIP STRUCTURE

In the fall of 2011, the membership agreed to adopt a less formal, more flexible Partnership structure to reflect the evolution of the group, and to encourage greater participation. Those changes are reflected throughout this document, particularly in the Charter.

Leadership Council

Two Co-Chairs, an Immediate Past Chair, a liaison from the Michigan Department of Community Health, and leaders for each of the functioning action teams along with any other interested parties compose the Leadership Council of the MACP. They will make decisions on behalf of the MACP membership between the two general membership meetings each year, and will oversee the work of action teams as they endeavor to achieve the goals of the Partnership. The Leadership Council facilitates sharing of information and the outcomes of the work.

Action Teams

Action Teams were established in 2011 as alternatives to the Vision Priority Teams from the previous iteration of the Arthritis Action Plan. The Action Teams will operate as needed, over a defined period of time, pursuing identified goal or action areas, as agreed on by the Leadership Council and the general membership. The duration of an Action Teams' activities will be determined by the teams' members, dictated in large part by the type of activity/initiative the team undertakes. As of December 2011, the following action teams were active or forming:

- **MACP Communication** – to draft a set of recommendations to the Partnership for strengthening communication among members (particularly between the Michigan Arthritis Program and MACP membership) and, to a lesser extent, between the Partnership and key targets outside the membership.

- **MACP Spring Educational Conference** – to select and approve a conference theme, identify presentation topics, and appropriate speakers and exhibitors, and help facilitate conference activities.
- **Health Communication Campaign** – to assist Michigan Arthritis Program staff and its contractor(s) in increasing the reach of the *Physical Activity. The Arthritis Pain Reliever* media campaign through direct dissemination of campaign materials and engagement of member organizations' networks. The health communication campaign targets a specific geographic community each year (Lansing in 2011 and 2012) and is a particularly good opportunity for MACP members located in the target community.
- **Promotion of Evidence-based Programs** – to develop, share and oversee execution of a plan for engaging members and other partners more effectively in implementing and marketing the evidence-based programs supported by the Michigan Arthritis Program and its primary partners (i.e. Arthritis Foundation Michigan, National Kidney Foundation of Michigan).
- **Professional Education & Outreach** – to increase awareness about arthritis and the programs that can help people living with the condition, among healthcare providers/professionals, and health systems. This group may also make recommendations to Michigan Arthritis Program staff and MACP member organizations about how to maximize their education and outreach efforts.

MEMBERSHIP

Membership is open to any organization or individual whose mission supports that of the Partnership. By participating in the Michigan Arthritis Collaborative Partnership, you can share your knowledge, skills and expertise to help make a difference in the lives of people living with arthritis. You will have an opportunity to meet and network with other members who represent a variety of disciplines/areas of emphasis (e.g. public health, aging, education, medicine, community development). You will be exposed to the most up-to-date information about arthritis, and the types of programs and interventions that help decrease its negative impact on individuals and families.

The benefits of MACP membership include:

- Opportunities to meet and network with other members who have a stake in improving the lives of people with arthritis (and other chronic conditions).
- Information about and access to free or low cost educational opportunities (e.g. conferences, continuing education presentations, training) sponsored by the MACP, the MAP, and/or other member organizations.
- Access to a forum in which to publicize organizational activities and initiatives that may be of interest to other members.
- A broad view of activities and initiatives occurring statewide, and a greater understanding of how one's own organization's activities fit with those efforts.
- The ability to inform state-level policy regarding arthritis by serving in an advisory capacity to the Michigan Arthritis Program, providing input on periodic updates to the MACP Action Plan, and engaging in joint advocacy with other member organizations.
- The opportunity to have a positive impact in the lives of Michigan residents living with arthritis.

The Partnership asks members to:

- Endorse and support the implementation of MACP priorities.
- Recommend and recruit new members.
- Coordinate and collaborate within and across organizations to implement strategies that address one or more MACP priorities.
- Actively advocate on behalf of arthritis and related diseases, and MACP (unless your organization affiliation prohibits you from doing so).
- Provide information, at least annually, regarding their organizations' progress and accomplishments related to the MACP Vision Priorities.
- Attend regularly scheduled meetings or send a designated attendee. Attendance can be in person or via tele/videoconference (where/when available).
- Help to establish and periodically re-evaluate statewide priorities for arthritis and related diseases, toward which the collective energies of the MACP will be directed.
- Contribute/participate during meetings, volunteer for action team(s).

LEADERSHIP

Election:

Members submit nominations for Co-Chairs who represent active community partners and organizations to the Leadership Council. The Leadership Council reviews all nominations, determines interest of the candidates in serving as Co-Chair, and prepares the slate of candidates.

The voting members shall elect one Co-Chair annually during the MACP Annual Business Meeting as provided in this charter. The Co-Chair whose term has expired assumes the role of the Immediate Past Chair. A majority vote of all members present and voting is necessary for election.

The Leadership Council of the MACP will be comprised of the two Co-Chairs, the MDCH Staff Liaison, the Immediate Past Chair (non-voting), Action Team Chairs, and other interested parties. A simple majority of those present at Leadership Council meetings is required for valid transaction of business, and for any motion to pass.

Term of Office:

According to revisions to the Partnership Charter, agreed upon in 2011, only Co-Chairs have defined terms of office: two years, renewable up to four years. Action Team Chairs may serve for as little or as much time as they are willing and able, or as long as the particular action requires. The Leadership Council shall attempt to fill vacancies or voids in leadership by invitation of an active member to the position in question.

MDCH Staff Liaison will:

- Assist the Co-Chairs and the Leadership Council in scheduling and organizing Partnership meetings and setting Partnership priorities.
- Ensure state and federal funding requirements are met.
- Energize Partnership members, prompting them to complete assignments and committee work.
- Ensure all members are notified of meetings and other pertinent MACP business and activities.

PARTNERSHIP MEETINGS

Partnership Planning Meeting (Annual Business Meeting):

The annual business meeting of the Partnership is held in the fall of every year at a place, date, and time determined by the Leadership Council and Michigan Arthritis Program staff. At this meeting there must be:

- An election of a new Co-Chair to replace the outgoing Co-Chair whose terms will be expiring (unless the “outgoing” Co-Chair seeks a second 2-year term).
- A report on MACP activities, and progress on the Arthritis Action Plan over the past year.
- An opportunity for Partnership member organizations/individuals to report on activities related to the Partnership’s Mission and Vision over the year immediately past.

MACP Spring Educational Conference (Arthritis, Bone & Joint Health Conference):

A Partnership meeting for the purposes of education, professional development and information dissemination around arthritis (and related chronic diseases/conditions), and bone and joint health will be held every year in the spring at a place, date, and time determined by the Leadership Council and Michigan Arthritis Program staff. This meeting may or may not include brief updates from the Michigan Arthritis Program and Partnership member activities.



Leadership Council Meetings:

In addition to meeting in conjunction with the two annual meetings, the Leadership Council shall meet in person or by teleconference at least twice annually, to hear reports from Action Teams and assess progress toward Vision Priorities (or specific activities/objectives related to them), to plan for the annual business and educational meetings, to prepare for leadership transitions, and to assess the need for action plan updates. They will communicate by email and phone in between meetings.

Action Team Meetings:

The Action Teams will meet as needed, to be determined jointly by the Leadership Council, Michigan Arthritis Program staff and members of the respective Action Teams.

APPENDIX 3: References

- ¹ Centers for Disease Control and Prevention (2011). Arthritis at a Glance. Retrieved from <http://www.cdc.gov/chronicdisease/resources/publications/aag/pdf/2011/Arthritis-AAG-2011-508.pdf>
- ² Health Risk Behaviors in the State of Michigan: 2010 Behavioral Risk Factor Survey. Lansing, MI: Michigan Department of Community Health, Bureau of Epidemiology, Chronic Disease Epidemiology Section. http://www.michigan.gov/documents/mdch/2010_MiBRFS_Annual_Report_FINAL_365662_7.pdf
- ³ Centers for Disease Control and Prevention (2009). Prevalence and most common causes of disability among adults - United States, 2005. *Morbidity and Mortality Weekly Report*, 58, 421-6.
- ⁴ Herman, C. J., Allen, P., Hunt, W. C., Prasad, A., & Brady, T. J. (2004). Use of complementary therapies among primary care clinic patients with arthritis. *Preventing Chronic Diseases*, 1(4): A12. Also available online: http://www.cdc.gov/pcd/issues/2004/oct/03_0036.htm.
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- ⁶ Health Risk Behaviors in the State of Michigan: 2007 Behavioral Risk Factor Survey. Lansing, MI: Michigan Department of Community Health, Bureau of Epidemiology, Chronic Disease Epidemiology Section. http://www.michigan.gov/documents/mdch/80163_MSU_PS-BRFS_text_FINAL_259176_7.pdf
- ⁷ Centers for Disease Control and Prevention (2011). Sorting through the Evidence for the Arthritis Self Management Program and the Chronic Disease Self Management Program: Executive Summary of ASMP/CDSMP Meta-Analyses. (unpublished CDC report). Retrieved from <http://www.cdc.gov/arthritis/docs/ASMP-executive-summary.pdf>

For more information on the Michigan Arthritis Program, the Michigan Arthritis Collaborative Partnership, or this Action Plan please contact the Arthritis Program at (517)335-7992.

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