Arthritis Burden, Disparities, and Intervention Implementation Strategies in Montana

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Arthritis Program

Aronic Disease Prevention & Health Promotion Bureau

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Using surveillance data inform program implementation

The Montana Arthritis Program collaborates with community-based organizations to implement evidence-based programs:

- O Chronic Disease Self-Management Program
- Walk With Ease
- Enhance Fitness
- Arthritis Foundation Exercise Program
- Active Living Every Day

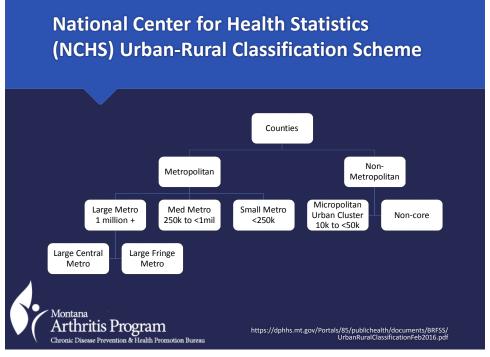


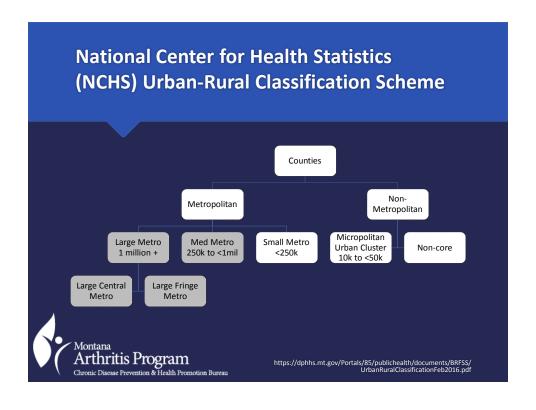
Urban / Rural Context

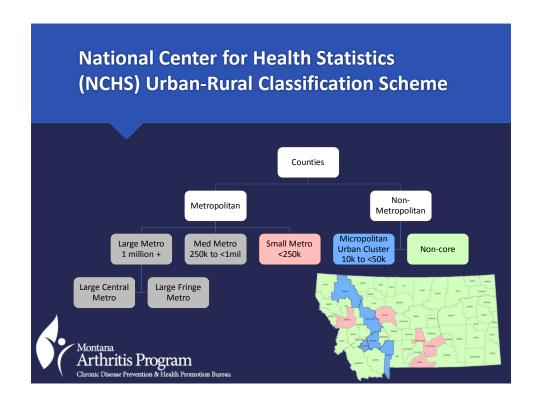
And in a state like Montana, what does "rural" really mean?



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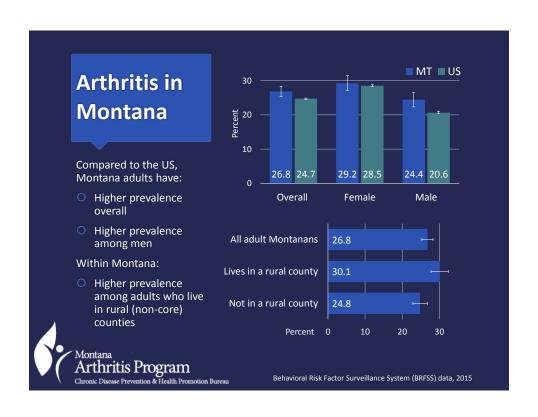


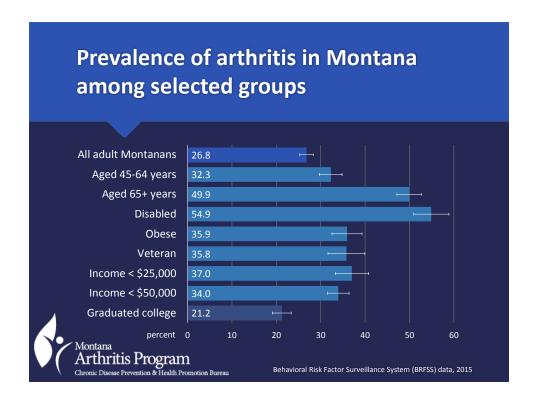


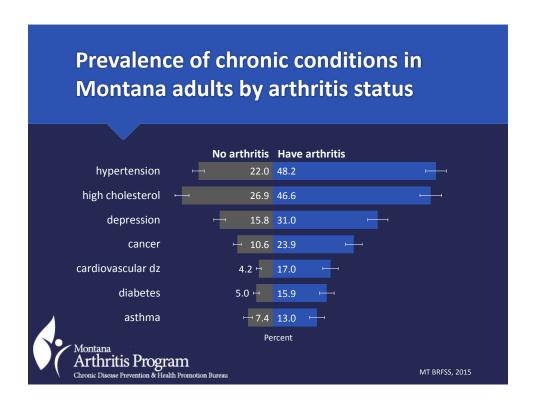


Findings from 2015 BRFSS









Demographic factors	adj POR	95% CI	
Female	1.23	1.05	1.45
Over 65	3.93	3.37	4.59
High school education or less	1.18	1.00	1.40
Non-white	1.02	0.77	1.34
Lives in a rural county	1.18	1.00	1.38
Health Factors	adj POR	95% CI	
Has multiple chronic conditions	4.10	3.44	4.89
Has a disability	4.82	3.94	5.89
Is obese	1.88	1.55	2.27
Frequent poor physical health	4.32	3.39	5.50
Frequent poor mental health	2.35	1.79	3.10
Cost is a barrier to medical care	1.94	1.48	2.55
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Implications

Health Outcomes

- Multiple chronic conditions
- Expanding access to chronic disease self-management education
- Collaboration with other health promotion programs at state and local levels

Health Equity

- Sustaining reach in rural areas
- Socio-economic status
 - Education and income
 - Role of occupational factors
- O Cost as a barrier to care



Thank you!

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Montana Arthritis Program

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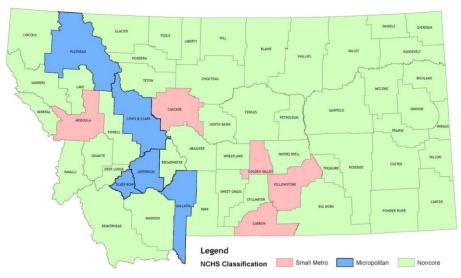
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Appendix: Montana NCHS Classification

(That map of Montana was sort of small, right?)



NCHS Urban-Rural Classification of Montana counties



https://dphhs.mt.gov/Portals/85/publichealth/documents/BRFSS/UrbanRuralClassificationFeb2016.pdf