Utah's Arthritis Plan
2007-2011

Partnerships to Increase Quality of Life Among Utahns Affected by Arthritis

The Utah Arthritis Advisory Council and
The Utah Department of Health, Bureau of Health Promotion, Utah Arthritis Program

Utah Department of Health

Promote Prevent Protect

UTAH DEPARTMENT OF HEALTH
Arthritis Program

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Introduction

Arthritis affects one of every five Americans (47.8 million) and is the leading cause of disability in the United States. In 2003, the total cost attributed to arthritis and other rheumatic conditions in the United States was $128 billion, up from $86 billion in 1997. Direct costs due to medical expenditures were $81 billion, and $47 billion were due to indirect costs such as work loss.[1] Costs will increase by the year 2020, when it is estimated that at least 60 million individuals will be affected. One in five Utah adults (22.7% or 395,088) age 18 and older reported having arthritis in 2005.[2]

Our goal is to improve the quality of life for people affected by arthritis.

In Utah, arthritis is a leading cause of disability, activity limitation, and poor health. Among adults with doctor-diagnosed arthritis in 2005, 39.5% reported activity limitation due to their arthritis and were 13 times more likely to report their arthritis affected their work for pay than adults without arthritis. Adults with doctor-diagnosed arthritis were nearly three times more likely to report fair or poor health (26.6%) when compared to those without arthritis (10.2%) in 2005.[2] Self-management programs, such as physical activity and self-management education, can reduce the pain and disability associated with arthritis, yet less than 14% of people with arthritis reported participating in such programs during 2005.[2]

With these facts in mind, the Utah Arthritis Advisory Committee (UAAC) is focusing on the following four goals:

1) Increasing general awareness of arthritis issues

2) Monitoring the impact of arthritis

3) Increasing awareness and participation in self-management resources

4) Increasing and strengthening arthritis partnerships

This five-year plan outlines four goals and provides objectives and suggested strategies to begin reaching each goal. As we progress, the plan will evolve and we will build upon it.

Goals, Objectives, and Strategies

Goal One: Monitor the impact of arthritis in Utah

Obtaining accurate and reliable arthritis data at state and local levels allows for accurate measurement of the occurrence of arthritis. Such data helps to set public health priorities and focus the use of limited public health resources in the most effective way. It also helps us understand who is affected, who is at risk, what health behaviors increase that risk, which occupations and activities increase that risk, and how the disease affects physical health, quality of life, and economics. Thus, surveillance for arthritis is critical for understanding arthritis, targeting interventions, developing policy, and setting priorities for research.

Objective 1: Organize arthritis data related to the cost, health impact, and prevalence of arthritis in Utah and the nation

Strategies:

1. Review national arthritis data and compare it to Utah-specific arthritis data

Objective 2: Provide arthritis data and information to health educators, health care providers and purchasers, the Utah Arthritis Advisory Council, Area Agencies on Aging, and others

Strategies:

1. Determine who needs arthritis data
2. Ask potential users which data are most useful and provide reports in those areas
3. Publish all reports on the Utah Arthritis Program (UAP) Web site
4. Create Power Point presentations with current data for partners to use and publish on the UAP Web site
5. Identify new ways to disseminate arthritis data

Objective 3: Identify unique populations with a higher prevalence of arthritis

Strategies:

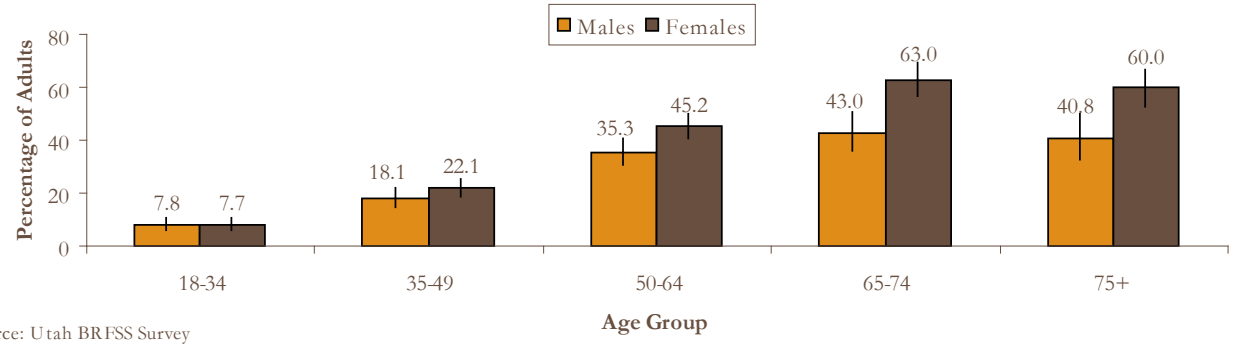
1. Determine which small areas have a higher prevalence of arthritis
2. Determine which services/programs are needed in the small areas that have a higher prevalence of arthritis
3. Provide small area, customized data to decision/policymakers

Objective 4: Increase the proportion of Arthritis Foundation (AF) aquatics, exercise and self-help programs that report by the tenth of the month following the end of each quarter

Strategies:

1. Send e-mail and make phone call reminders quarterly
2. Utilize LeaderLINK to remind leaders quarterly
3. Include REACH training at all volunteer leader program trainings

Activity Limitation Among Persons with Arthritis by Age Group and Gender, Utah, 2005



Source: Utah BRFSS Survey

Prevalence of Arthritis by Small Area

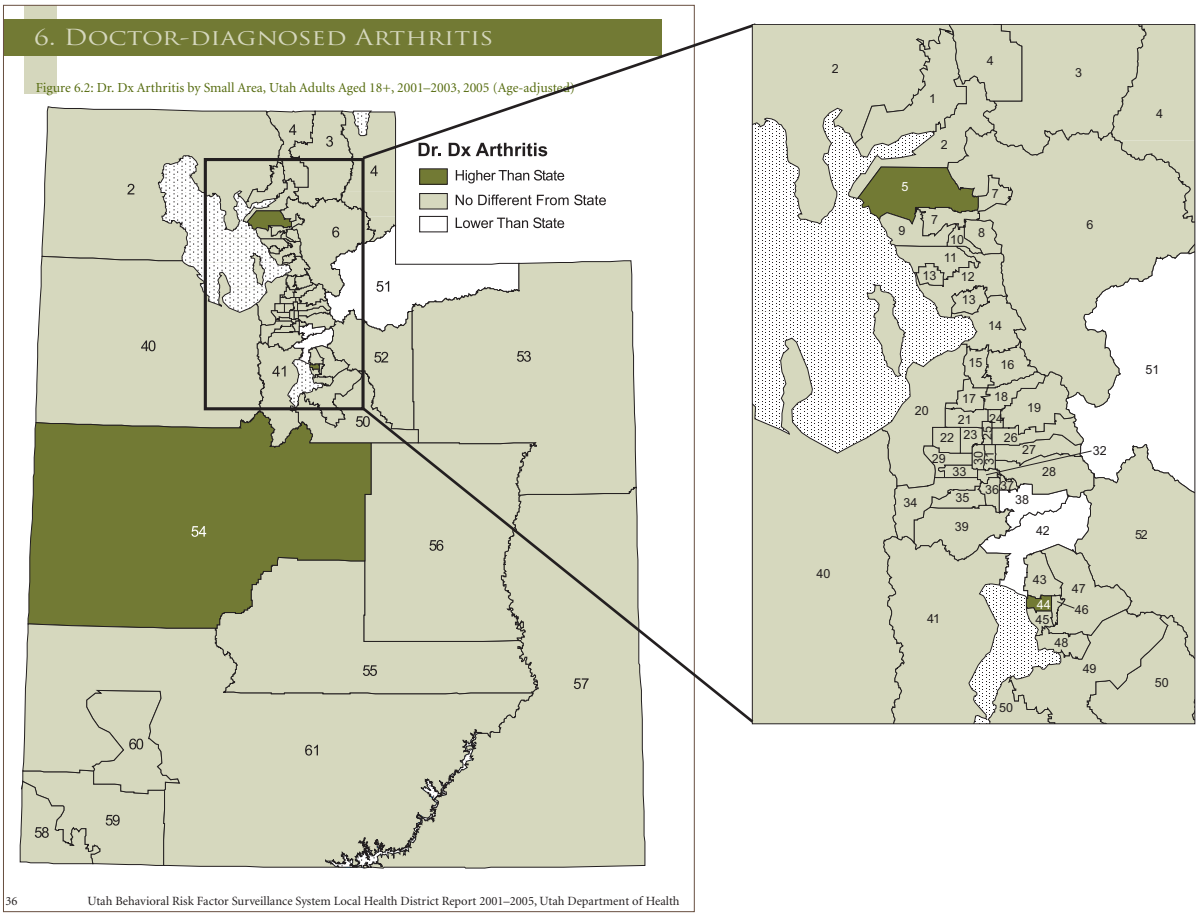
The Utah Department of Health recently began collecting and analyzing age-adjusted data for small geographic areas. This allows the Utah Arthritis Program to inform the local health departments about arthritis in their communities.

ZIP codes were used to create 61 geographic areas. Criteria for combining areas included population size, local health district and county boundaries, similarity of income in ZIP code areas, and political boundaries. Input from community representatives was also used to define the areas designated.

Areas varied in size, with the smallest area consisting of a few square miles in an urban county, and the largest area encompassing three counties. The most populated urban health district (Salt Lake County Health District) includes 23 small areas.

From 2001 to 2005, the age-adjusted prevalence of arthritis in Utah was 24.8 percent. The Central Utah and Weber/Morgan Health Districts had a higher age-adjusted prevalence of arthritis (30.5% and 27.6%, respectively) when compared to the state rate.[3]

Within local health districts, adults living in Juab, Millard and Sanpete Counties, North Orem, and Ben Lomond reported a higher prevalence of arthritis than the age-adjusted state rate. Adults living in Southeast Sandy and Alpine/American Fork reported a lower prevalence of arthritis when compared to the age-adjusted state rate. The highest prevalence of arthritis was reported in North Orem (36.1%),while the lowest prevalence of arthritis was reported in Alpine/American Fork (15.1%).[3]



Focus on Communities

Mapping

In an effort to enhance the Utah Arthritis Program's ability to target interventions to the populations with the greatest need for services, a prevalence and resource map was developed. The map illustrates the following:

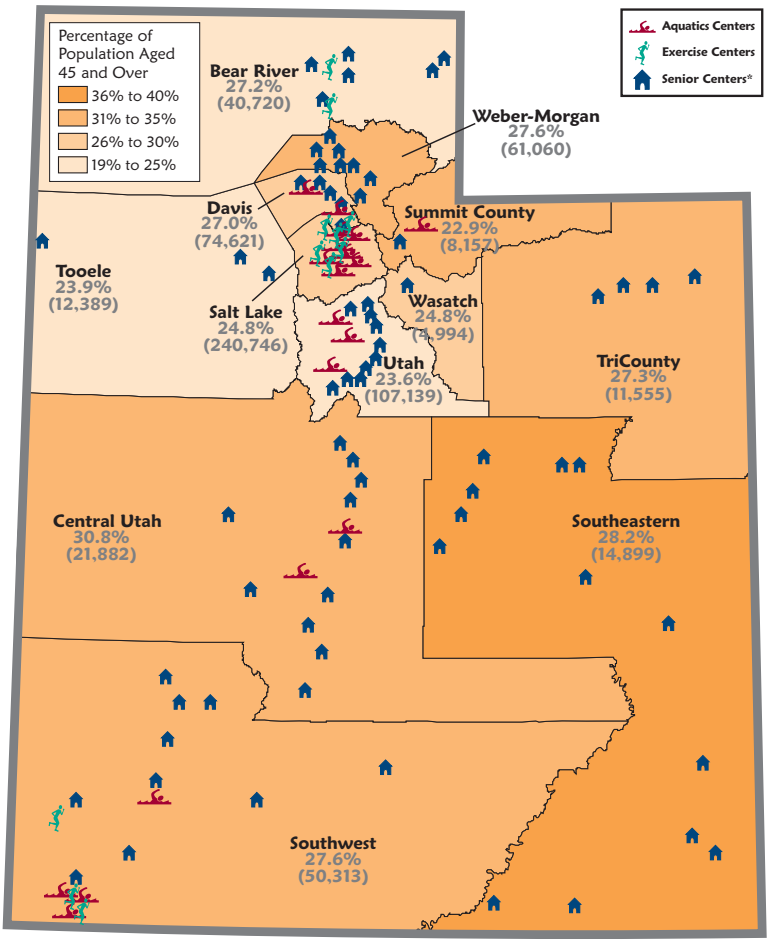
- Percentage of population ages 45 and older by local health district
- Prevalence of arthritis by local health district
- Senior Center locations
- Arthritis Foundation Aquatics and Exercise program locations[4]

In 2006, there were approximately 712,289 adults in Utah who were 45 and older, which represented 27.6 percent of Utah residents. Slightly more than half of these individuals (51.5% or 355,509) were females. Nearly three fourths of these individuals (73.1% or 520,691) resided in the four Wasatch Front counties of Davis, Salt Lake, Utah and Weber.

After adjusting for age, the prevalence of self-reported arthritis in Utah was 25.7 percent, which was not statistically different than the rate in the U.S. (26.1%). The age-adjusted prevalence of arthritis in the Central Utah Health District (30.8%) was significantly higher than the age-adjusted rate in Utah and the U.S. The health district with the lowest prevalence of arthritis was Summit County.

By mapping the locations of Senior Centers and the Arthritis Foundation Aquatics and Exercise programs, program staff can target those populations having the greatest need for arthritis services, including people living in rural areas.

Arthritis Prevalence and Population Ages 45 and Older by Local Health District



*Contact Salt Lake County Aging Services at (801) 468-2454 for the location of Senior Centers in Salt Lake County.

Goals, Objectives, and Strategies

Goal Two: Increase general awareness of arthritis issues in Utah

Arthritis is the leading cause of disability in the United States, and nearly 25% of all Utahns are affected by it, yet facts and resources available to help manage arthritis are not well known. Arthritis has an effect on the personal, social, and work lives of those dealing with it. A general understanding of these issues and the prevalence of arthritis can help improve the lives of those affected. The UAP strives to educate the public on how to obtain an early arthritis diagnosis, to be educated about managing their condition, and to know how physical activity and being at a healthy weight contribute to their comfort. By cooperating with media outlets and using our Web site, UAP plans to increase knowledge of arthritis among Utahns. Our efforts will focus on health care providers as well as the general public.

Objective 1: Educate health care providers (physical therapists, nurse practitioners, physician assistants, nurses, physicians, office staff) about the local prevalence of arthritis and available local resources for patients

Strategies:

1. Provide health care providers with an arthritis burden report on even years
2. Provide health care providers yearly with an arthritis fact sheet and other supplemental materials

Objective 2: Increase public knowledge of arthritis through awareness campaigns

Strategies:

1. Identify and utilize pre-existing campaigns, including perhaps the Arthritis Foundation's (AF) new campaign
2. Identify and utilize key messages that will resonate with the Utah public
3. Identify a local celebrity spokesperson
4. Identify whether a market exists for awareness campaigns in rural, metro, and ethnic areas
5. Identify and utilize awareness campaigns specific to ethnic/minority groups
6. Identify unique ways to reach the public; i.e., utility bills, kids' magazines, senior magazines
7. Create article for the Options and Opportunities newsletter four times/year

Objective 3: Contact the media a minimum of two and up to four times per year with general arthritis messages

Strategies:

1. Identify and approach a key contact at each major and smaller local newspapers, television and radio stations
2. Develop topic kits to disseminate to media at a moments notice (prevalence, resources)
3. Develop and disseminate a tool kit of easy things the public can do for their arthritis
4. Develop and disseminate an arthritis fact sheet/myth sheet for public/media use

Objective 4: Develop and disseminate culturally appropriate arthritis education materials that focus on racial and ethnic minority populations

Strategies:

1. Work with the Arthritis Foundation Utah/Idaho Chapter, Centers for Disease Control and Prevention (CDC), other state arthritis programs and the Utah Multicultural Center to develop culturally-appropriate arthritis education materials
2. Distribute materials to local community partners, including: local health departments, Senior Centers, centers for aging, recreation facilities, faith-based organizations, Alliance Community Services, etc.

Goals, Objectives, and Strategies

3. Work with partners to develop a Utah Arthritis Program Spanish Web page

Objective 5: Increase utilization of the Web by professionals and the public for arthritis related issues

Strategies:

1. Advertise Web sites on all publications coming from the UAP
2. Mention Web sites in all interviews done by UAP
3. Increase number of outside sites that link to the UAP page
4. Cross promote UAAC member Web sites

Focus on Physical Activity

Physical Activity: The Arthritis Pain Reliever

In May 2006, the UAP initiated the health communications campaign Physical Activity: The Arthritis Pain Reliever. This campaign was developed by the CDC. It was designed for use by state health departments and their partners. The general goals of the campaign as stated by the CDC are:

- 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 so they can be physically active
- Increase participation in physical activity

Radio spots aired in Southwestern Utah during May and June of 2006 and during June and July 2006 in the Salt Lake Valley. A total of 1,168 spots were aired. To complement the spots, the UAP conducted two radio interviews and mailed print materials including posters and bookmarks to health care practitioners (doctors, rheumatologists, hospitals, therapy centers), Senior Centers and Senior Housing, the Arthritis Foundation, local health districts, libraries and other gathering places, and community organizations dealing with fitness and our target population.

Goals, Objectives, and Strategies

Goal Three: Increase awareness and participation in self-management program resources

Arthritis is often misunderstood as a condition that cannot be helped and is something one must live with. However, there are a number of existing programs available in neighborhoods throughout Utah to help people with arthritis, as well as those who care for people with arthritis. Many of the programs are evidence-based, or have been scientifically tested and proven to enhance the lives of those who participate. We strive to match the people who need these services with the right facility and program. Increasing knowledge of programs among health professionals and references to programs in the media are two ways to reach this goal.

The self-management exercise and education programs are run largely by volunteers. It is important to the survival of these programs that we support and build our existing base of volunteers and program sites to increase enrollment and the number of facilities offering programs. One way to do so is to continue to build partnerships with existing service providers and organizations that have common goals.

Objective 1: Increase general practitioners' awareness of AF programs

Strategies:

1. Twice yearly send program activity list to practitioners
2. Provide scientific articles about programs as discovered

Objective 2: Increase practitioner referrals into AF evidence-based programs

Strategies:

1. Determine which providers would most likely see patients with arthritis; choose target audience
2. Develop referral pads (like Rx pads) for use in health care provider offices
3. Measure by asking AF program participants how they found out about program
4. Reverse Referral-Ask program participants to educate their providers about AF programs

Objective 3: Increase media exposure to programs and services

Strategies:

1. Develop and distribute two to four news releases annually
2. Write two editorials yearly for local papers
3. Provide arthritis information to media as a follow-up to breaking news topics

Objective 4: Continue to educate rheumatologists and office staff about local programs and services

Strategies:

1. Provide inservice training to office staff about local resources for patients in four locations (Provo, Ogden, Logan, Salt Lake City)
2. Update office staff twice yearly by e-mail or regular mail

Objective 5: Increase evidence-based leader trainings to two per year per program

Strategies:

1. Develop a marketing plan for trainer recruitment
2. Identify new avenues for recruitment
3. Recruit through major papers, aging newsletters, Senior Centers
4. Identify and approach potential partners interested in programs

Goals, Objectives, and Strategies

Objective 6: Increase workplace participation of evidence-based programs

Strategies:

1. Work with Utah Department of Health Worksite Wellness Committee to identify ways to educate employers on the significance of arthritis issues in the workplace

2. Determine strategies to influence health promotion benefits packages to include evidence-based arthritis programs

3. Coordinate on-site evidence-based arthritis programs in worksites

Objective 7: Increase partnership base to include: community education, continuing education, hospitals, physical therapy clinics, local health departments and community health centers

Strategy:

1. Encourage UAAC members to identify and approach new partners

2. Approach 10 new potential partners per year with a goal of recruiting five new partners per year

Objective 8: Increase enrollment in evidence based programs

Strategies:

1. Offer easier ways for people to access Web-based sign-up opportunities

2. Evaluate current recruitment plan and modify plan as needed

Objective 9: Increase number of courses offered at existing facilities

Strategies:

1. Partner with physical therapy facilities

2. Work with facility to market programs

3. Identify minority/ethnic partners interested in programs

Objective 10: Develop and disseminate culturally-appropriate arthritis programs that focus on racial and ethnic minority populations

Strategies:

1. Work with the AF and other agencies and identify programs for minority populations

2. After programs have been identified, work with agencies to develop population's implementation plan

Focus on Programs

The Arthritis Foundation offers a Life Improvement Series which consists of three Arthritis Foundation programs – Arthritis Foundation Exercise Program (AFEP), Arthritis Foundation Aquatics Program (AFAP) and Arthritis Foundation Self -Help Program (AFSHP). These programs have been studied and proven to have many health and social benefits for participants. Each is taught by certified instructors, and programs are available in neighborhood centers throughout Utah.

Arthritis Foundation Exercise Program
This land-based exercise program is low-impact; participants can do the exercises seated in a chair or standing. After only four months, participants have been able to reduce their pain by as much as 24% and have reported feeling more confident in their physical abilities. In addition, exercise program participants have decreased their number of visits to doctors and emergency rooms.

Arthritis Foundation Aquatic Program
The Aquatics program is held in warm water pools and is a fun, safe exercise opportunity for people with arthritis. The buoyancy of the water creates a relaxing environment in which to keep joints flexible, strengthen muscles, and reduce arthritis pain. Participants stand while exercising; the ability to swim is not required.

Arthritis Foundation Self-Help Program
The Self-Help program is a six-week, classroom-based course designed to teach participants self-management behaviors useful to reducing arthritis pain. The program meets once a week for two hours to review topics like exercise, nutrition, and medical strategies helpful to managing arthritis.

If you are interested in learning more about a program or joining one, please contact one of the resources below.

- Utah Department of Health Arthritis Program at 801-538-9340 or www.health.utah.gov/arthritis
- Arthritis Foundation Utah/Idaho Chapter at 801-536-0990 or www.arthritis.org

Focus on People

Pearl Holloway

"Arthritis is a hidden disease and I want to get it out in the open."

Pearl Holloway has been an Arthritis Foundation Self-Help Program leader since 2001 and works in Senior Centers to educate people on living better with arthritis. *"Often people with arthritis look fine, so outsiders don't realize what pain they live with and how the disease is such a problem to deal with. I also think some people don't want to admit they have it for fear of being labeled."* As a result, Pearl feels that arthritis is often ignored, those who suffer don't seek help, and many go through life thinking there is nothing they can do to improve their situation.

Seeking to provide help and support, Pearl teaches two to three Self-help courses a year and also holds a monthly lunch with friends and former students. *"The lunches help us maintain the lifestyle changes we've learned about in the classroom. It's really hard to keep the good habits going on your own and it's great to have the support of friends."*

"Being a teacher has also given me a more positive outlook on life. I know I can keep living and keep being active, but it does take work." She strives to make her students feel they are in charge, in control, and can make a difference for themselves. And they can.

Pearl's Advice

- *Educate Yourself – Find out what you can do to improve your life*
- *Set short-term goals for yourself*
- *Pick goals that are realistic so you can succeed*
- *Work diligently toward your goals*

Goal Four: Increase and strengthen arthritis partnerships in Utah

Partnerships are crucial to arthritis efforts in Utah. It takes a team approach to improve the quality of life for people with arthritis. The typical person with arthritis may need assistance from family, friends, their health care team (which includes a doctor, a physical therapist, an orthopedic surgeon at times), and community resources like support groups, educational classes, and moderate exercise classes.

Objective 1: Identify unique partners and extend partnerships opportunities to them. For example, young adults, tribes, health care providers, corporate groups, school health, public library, aging centers, volunteers, faith based organizations

Strategies:

1. Work with UAAC members to brainstorm new contacts
2. Once a list is compiled, utilize UAAC members to make initial contact with prospective partners
3. Continue to work with young adults and offer support where appropriate

Objective 2: Clarify role of UAAC

Strategies:

1. Share By-Laws with members
2. Develop Web page that describes role and members
3. Post By-Laws and meeting minutes on the Web site
4. Review the committees role annually

Objective 3: Increase volunteer pool for arthritis evidence-based programs

Strategies:

1. Recruit from past class lists
2. Recruit at annual Arthritis Walk
3. Advertise in public health communities
4. Advertise in local newspapers, public radio, pay radio, non-profit groups

Objective 4: Partner with Utah Department of Health, health promotion programs

Strategies:

1. Pair media messages where appropriate
2. Partner at the Senior Expo each year
3. Partner with the Diabetes Prevention and Control Program in its mini-grant criteria

Objective 5: Increase minority representation in arthritis efforts

Strategy:

1. Invite members of minority organizations and agencies to become members of the Utah Arthritis Advisory Council.
2. Increase opportunities for minority members to participate in arthritis activities
3. Actively share information with local groups

Objective 6: Strengthen partnerships with youth organizations

Strategies:

1. Provide arthritis workshops at the annual Utah Education Association (UEA) conference
2. Work with coaching organizations to increase awareness of joint injuries and their relation to arthritis later in life

Focus on Partnerships

Partnership Highlight: Healthy Living with Arthritis

The Orthopedic Specialty Hospital (TOSH), Utah Arthritis Program (UAP), and the Arthritis Foundation Utah/Idaho Chapter have partnered since 2002 to provide Healthy Living with Arthritis Seminars to the public. These seminars have been tremendously successful. Initially, one-hour seminars were offered one night monthly on alternating topics: Knee, Hip, Hand, Ankle/Foot. Currently, the seminars are offered in a four-evening block each May and September. Each seminar features an orthopedic surgeon, physical therapist, dietitian and arthritis resource specialist who speak for about 20 minutes each, followed by a question/answer session. Participants are educated about their condition and the appropriate treatment options available. They are also encouraged to take an active role in the management of their arthritis, including taking an evidence-based program such as the Arthritis Foundation Self-Management Program, Arthritis Foundation Exercise Program, or Arthritis Foundation Aquatics Program. The seminars are offered at the auditorium at TOSH (See Appendix B). These seminars are a true partnership effort. Speakers come from all agencies, marketing efforts are combined and all agencies provide follow-up.

Working with Diverse Populations

Hispanic/Latino

In 2005, the Utah Arthritis Program produced its first Hispanic Report. Arthritis in the Hispanic/Latino community is a significant problem. Hispanic/Latinos were more than twice as likely as non-Hispanic/Whites to report pain limiting their activities 15-30 days per month due to their arthritis. Data suggest that adverse outcomes are more severe in this population compared to Non-Hispanic/Whites. In an effort to reduce the burden of arthritis on the Hispanic/Latino population, partnerships have been developed within the UAAC. These partnerships have led to the training of Self-management Leaders.

In January 2007, the Alliance Community Services/Alianza Comunitaria, a community-based consulting Hispanic/Latino organization, was awarded an arthritis mini-grant to develop infrastructure within the community to offer evidence-based courses in Spanish. In six months, 15 leaders were trained and four classes were completed. During implementation of this grant, Alliance discovered a great need for similar services in Weber, Utah and Summit counties. UAAC will continue to partner and pursue efforts that will decrease the burden of arthritis in the Hispanic/Latino community.

Rural Southern Utah

In 2005, the Utah Department of Health Arthritis Program received a National Association for Chronic Disease Diredtors grant to implement the AFSHP and AFEP in rural Washington County. The partnership included the Utah Department of Health, Arthritis Foundation Utah/Idaho Chapter, the Southwestern Utah Public Health Department, St. George Senior Center, and the Local Area Agency on Aging. To date, eight leaders have been trained and are conducting courses in St. George and Cedar City. Although the grant period has ended, the partnerships that were created are ongoing and the courses have been sustained. All parties have agreed to continue to work together to increase participation in existing programs.

Additionally, the Utah State University Extension Service, Grand County Office received an arthritis mini-grant in January 2007, and began efforts in the Moab area to offer evidence-based courses to the rural population.

Contributors

Appendix A

The Utah Department of Health Arthritis Program would like to acknowledge the following contributors to this Arthritis State Plan.

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Resources

Appendix B

These resources are available for people with arthritis. Please visit our website at http://health.utah.gov/arthritis/

State

Arthritis Foundation Utah/Idaho Chapter
448 East 400 South, Suite 103
Salt Lake City, Utah 84111
1-800-444-4993
(801) 536-0990
www.arthritis.org

Utah Division of Aging and Adult Services
Department of Human Resources
120 North 200 West
PO Box 45500
Salt Lake City, Utah 84145-0500
(801) 538-3910

Department of Immunology and Rheumatology
University of Utah School of Medicine
50 North Medical Drive
Salt Lake City, Utah 84132
(801) 538-3910

Utah Department of Health
Bureau of Health Promotion
Utah Arthritis Program
PO Box 142107
Salt Lake City, Utah 84114-2107
(801) 538-9458
www.health.utah.gov/arthritis
Contact: Nicole Bissonette

The Orthopedic Specialty Hospital
5770 S. 300 E.
Murray, Utah 84123
(801) 314-4100
www.intermountainhealthcare.org/xp/public/tosh

Salt Lake County Aging Services
2001 S. State
Salt Lake City, Utah 84190-2300
(801) 468-2454

Lupus Foundation Utah Chapter
455 E. 500 S.
Salt Lake City, Utah 84111
(801) 364-0366

Utah State University Extension
179 North Main, Suite 111
Logan, Utah 84321
(435) 752-6263

Utah Physical Therapy Association
310 E. 4500 S. # 460
Salt Lake City, Utah 84107

Aquatics Centers

American Fork Fitness Center
454 N. Center Street
American Fork, Utah
(801) 763-3084

Clearfield Municipal Pool
943 S. 1000 E.
Clearfield, Utah
(801) 525-2640

Cottonwood Heights Recreation Center
7500 S. 2700 E.
Salt Lake City, Utah
(801) 943-3190

Hartvigsen Pool
3605 S. 300 E.
Salt Lake City, Utah
(801) 646-4587

Holladay-Lion's Fitness Center
1661 E. Murray Holladay Blvd.
Holladay, Utah
(801) 424-0621

Gunnison City Pool
45 W. 300 N.
Gunnison, Utah
(435) 528-7126

Lakeview Physical Therapy
520 E. Medical Dr. #100
Bountiful, Utah
(801) 295-5416

Mountainland Rehabilitation
Sandy Regional
50E. 9000 S.
Sandy, Utah
(801) 561-9839

Orem Fitness Center
580 W. 165 S.
Orem, Utah
(801) 229-7154

Park City Aquatic Center
Ecker Hill Middle School
2465 W. Kilby Road
Park City, Utah
(435) 645-5617

The Orthopedic Specialty Hospital
5848 S. Fashion Place Blvd.
Murray, Utah
(801) 314-4046

Appendix B

Sand Hollow Aquatics Center
144 Lava Flow Drive
St. George, Utah
(435) 634-5938

Steiner Aquatic Center
645 Guardsman Way
Salt Lake City, Utah
(801) 583-9713

Sterling Court
324 N. 1680 E.
St. George, Utah
(435) 674-1269

Sun River Community Center
4275 Country Club Drive
St. George, Utah
(435) 656-4455

SUU Aquatic Center
Sorenson Phys. Ed. Building
351 W. Center St.
Cedar City, Utah
(435) 586-5431

University Orthopedic Center
590 Wakara Way
Salt Lake City, Utah
(801) 587-7005

West Valley City Family Fitness Center
5415 W. 3100 S.
West Valley City, Utah

Exercise Centers

Enterprise Senior Center
165 S. 100 E.
Enterprise, Utah
(435) 878-2557

Friendly Neighborhood Center
1992 S. 200 E.
Salt Lake City, Utah
(801) 468-2781

Kearns Senior Center
4850 W. 4715 S.
Kearns, Utah
(801) 965-9183

St. George Senior Center
245 N. 200 W.
St. George, Utah
(435) 634-5743

Sun River Community Center
4275 Country Club Drive
St. George, Utah
(435) 656-4455

Taylorsville Senior Center
4743 S. Plymouth View Drive
Taylorsville, Utah
(801) 293-8340

West Jordan Senior Center
8025 S. 2200 W.
West Jordan, Utah
(801) 561-7320

Westside Sunday Anderson Senior Center
868 W. 900 S.
Salt Lake City, Utah
(801) 538-2092

National

American Physical Therapy Association
1111 N. Fairfax St.
Alexandria, Virginia 22314
(703) 684-2782
www.afta.org

National Arthritis Foundation
PO Box 7669
Atlanta, Georgia 30357-0669
1-800-823-7800
www.arthritis.org

Centers for Disease Control and Prevention
Health Care and Aging Studies Branch
4770 Buford HighwayMS K-45
Atlanta, Georgia 30341-3724
(770) 488-5464
www.cdc.gov.nccdphp/arthritis/index.htm

Fibromyalgia Alliance of America
PO Box 21990
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(614) 457-4222

Lupus Foundation of America
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National Fibromyalgia Research Association
PO Box 500
Salem, Oregon
(503) 588-1411 or (800) 574-3468

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Appendix C

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