SOPHE FOCUS AREA: ARTHRITIS

Understanding the Problem:

Doctor-diagnosed arthritis burdens a large swath of the adult population, affecting 54.4 million adults within the United States. Arthritis stands as the leading cause of disability within the United States. Despite the well-documented benefits of regular physical activity, which have been shown to improve pain and physical function by approximately 40 percent across all forms of arthritis, adults diagnosed with arthritis are significantly less likely to meet CDC physical activity guidelines than the general population. The challenge of connecting older adults to evidence-based physical activity programs is compounded by barriers at both the individual and organizational level, including psychophysical limitations, difficulties in accessing programs, and gaps in organizational capacity to sustain community-based interventions. Addressing arthritis at the population level requires tailored, accessible programming that accounts for the diverse needs and abilities of older adults as well as the organizational conditions under which such programs are delivered.

Looking into the Literature:

Research increasingly demonstrates that evidence-based programs for older adults with arthritis can produce meaningful improvements in symptoms and physical function when successfully implemented in community settings. Vilen et al. (2021) examined early implementation of the Arthritis Foundation's Walk with Ease (WWE) program across five community-based organizations (CBOs) that received one-year grants from the Osteoarthritis Action Alliance. The study found that organizational capacity, including senior leadership support, prior experience with the program, and active community partnerships, was a key determinant of successful implementation. Organizations that struggled with enrollment shared common barriers: recent major structural changes, difficulties in communicating logistics internally, and challenges in balancing WWE with competing program responsibilities. Practical solutions that proved effective across multiple barriers included adapting the program to be offered twice rather than three times per week, utilizing community partnerships for outreach and physical space, and training organizational staff as program leaders rather than relying on volunteers.

Similarly, Dolenc et al. (2021) examined the specific needs and preferences of older adults regarding first aid (FA) training—a related domain of health education for aging populations. Their qualitative study of 22 older adults found that motivation to participate in FA training varied widely due to the heterogeneity of older adults' psychophysical capabilities. Key findings included a strong desire for

short, practical courses tailored to participants' varied abilities, content covering emergency response technology and injury management, and a preference for peer-teaching models in which retired health professionals share knowledge with peers from their own generation. Together, these studies underscore that health education programs for older adults are most effective when they are tailored to the specific abilities, motivations, and social contexts of older participants.

From SOPHE's Journals:

- Overcoming Barriers to Walk With Ease Implementation in Community Organizations
- Tailoring First Aid Courses to Older Adults Participants

Summary of SOPHE's Recommendations

The evidence from these studies points to several actionable steps to address arthritis-related barriers to physical activity among older adults. First, community-based organizations seeking to implement programs like WWE should prioritize building organizational capacity before and during implementation, ensuring senior leadership buy-in and identifying internal program champions early in the process. Second, programming should be designed with the flexibility to adapt to participants' needs, including modifications to frequency or format, without compromising the intervention's core base of evidence. Third, community partnerships should be cultivated from the outset, as they serve multiple functions simultaneously: providing physical space, expanding participant reach, and offering marketing support. Fourth, programs targeting older adults must account for the full range of psychophysical abilities within that population, recognizing that motivation and capacity to participate are not uniform across age groups or health statuses. This is also an area where future research is needed, particularly on the long-term sustainability of adapted program formats and on how peer-teaching models can be formally integrated into community health education for older adults with arthritis.

Key Takeaways

- Arthritis is the leading cause of disability in the United States, affecting more than 54 million adults, yet those with arthritis remain significantly less likely than the general population to meet physical activity guidelines.
- Evidence-based programs like the Arthritis Foundation's Walk with Ease can reduce arthritis symptoms and improve physical function for up to one year, but successful community implementation is dependent on deliberate organizational preparation and sustained support networks.
- Early implementation barriers, including major structural organizational changes, internal communication difficulties, and volunteer recruitment challenges, are common and predictable; organizations should plan proactively to address these obstacles before they slow enrollment.
- Program flexibility, community partnerships, and trained staff leaders are among the most effective tools for overcoming multiple implementation barriers simultaneously.