COMMUNICATIONS TOOLKIT

ENVIRONMENTAL AND POLICY STRATEGIES TO INCREASE PHYSICAL ACTIVITY AMONG ADULTS WITH ARTHRITIS

ARTHRITIS FOUNDATION®
Environmental and Policy Strategies to Increase Physical Activity Among Adults With Arthritis focuses on the unique role of physical, social and environmental factors in making physical activity accessible, convenient and effective for adults with arthritis.

It is designed to engage six important sectors—park, recreation, fitness and sport; business and industry; community and public health; health care; transportation, land use and community design; and mass media—as partners in providing physical activity opportunities that meet the needs of people with arthritis.

The report was developed by the Arthritis Foundation, as well as a committee of experts in physical activity, arthritis and various sectors that can influence physical activity levels.

Thanks to the commitment and involvement of your organization, we can achieve our goal to increase physical activity in an effort to reduce the impact of arthritis. This toolkit will equip you with the materials and ideas you need to both educate and engage organizations within the key sectors in your community about the benefits of increased physical activity and how to make it more convenient and accessible for adults with arthritis.

Our primary goal with this toolkit is to make it easy to use so that your efforts can be tailored to the time and resources you have available. You will see a Quick Start Guide on the next page. It serves both as a table of contents for the kit, as well as a menu from which you can choose your activities based on what works best in your community and the time you have available to invest in this effort.

Some of the items you will find in this kit are:

- Background information on Environmental and Policy Strategies to Increase Physical Activity Among Adults With Arthritis
- Fact sheets on arthritis
- Tips on working with the media
- Story ideas
- Template materials such as a news release and blog post

Please utilize these tips and template materials throughout the year, particularly when you have newsworthy events or opportunities happening in your area. We have also provided a calendar of opportunities that may serve as news hooks when you approach the media.

Thank you for your participation and commitment to increasing physical activity and reducing the impact of arthritis!
T
here are a variety of ways to help spread the word about Environmental and Policy Strategies to Increase Physical Activity Among Adults With Arthritis. Below please find a menu of opportunities followed by a timeline that will help you plan your activities and get started.

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2012 CALENDAR OF OPPORTUNITIES
Arthritis affects 50 million adults and is the most common cause of disability in the United States. Currently, more than 20 percent of US adults have arthritis. Comprising more than 100 different rheumatic diseases and conditions that affect joints and tissues, arthritis causes many Americans serious pain, aching, stiffness and swelling.

In 2010, the Arthritis Foundation (AF), the Centers for Disease Control and Prevention (CDC) and partners collaborated to produce *A National Public Health Agenda for Osteoarthritis*. The agenda outlined a blueprint for recommended environmental and policy intervention strategies to reduce the burden of this public health issue.

Physical activity was one of the intervention strategies outlined in the agenda. As a result, the Arthritis Foundation convened experts representing areas of expertise related to physical activity and arthritis, as well as various sectors that can influence physical activity levels, to outline key strategies.

The resulting report—*Environmental and Policy Strategies to Increase Physical Activity Among Adults With Arthritis*—focuses on the benefits of physical activity and ways to make it more convenient and accessible for adults with arthritis. The report also addresses the long-established benefits physical activity has for co-occurring chronic conditions such as obesity, diabetes and heart disease.

Although persons with arthritis have disease-specific barriers to being physically active as well as high rates of comorbidities, physical activity is an important but underused intervention that decreases pain, delays the onset of disability, improves physical functioning, mood and independence, and enhances quality of life, aerobic capacity and muscle strength.

The report is designed to engage six important sectors, including community and public health; health care; transportation, land use and community design; business and industry; park, recreation, fitness and sport; and mass media and communication, as partners with a mutual interest in increasing physical activity among adults with arthritis using environmental and policy strategies.

The report was released at an event in Washington, DC on May 16, 2012. The report serves as a call to action for each of the key sectors to collaborate and focus more attention on helping people live well with arthritis and be a productive part of our society.

For more information about the report, visit www.arthritis.org/physical-activity.
The Arthritis Foundation launched *Environmental and Policy Strategies to Increase Physical Activity Among Adults With Arthritis*, a resource for making physical activity convenient and accessible for adults with arthritis.

- *Environmental and Policy Strategies to Increase Physical Activity Among Adults With Arthritis* is designed to engage six important sectors—park, recreation, fitness and sport; business and industry; community and public health; health care; transportation, land use and community design; and mass media—as partners with a mutual interest in increasing physical activity among adults with arthritis.

- This document is a substantive step in the effort to implement the 2010 *National Public Health Agenda for Osteoarthritis*, which recommended physical activity, self-management education, injury prevention, and weight management and healthy nutrition to help reduce the public health burden of osteoarthritis.

- The report also provides a path to help implement the Institute of Medicine’s recent *Living Well with Chronic Illness: A Call for Public Action*, a guide to strategies for reducing the individual and societal burdens of chronic illness—including arthritis—by helping people with chronic illnesses live well. In this report, IOM called for:
  - designing and implementing policies to further promote living well with chronic illness; and
  - enhanced collaboration among various sectors to produce better prevention and treatment outcomes for people living with chronic disease.

- The report contains priority policy and environmental strategies geared toward six important sectors identified in the *National Physical Activity Plan*, a comprehensive set of policies, programs and initiatives that aim to increase physical activity in all segments of the American population.

Arthritis has a profound impact on the overall health of our nation.

- The pain, disability, scope and cost of arthritis is unacceptable.

- Arthritis is a disease that affects 50 million adults—more than 20 percent of the population—and is the nation’s most common cause of disability. As the number of older Americans continues to grow, and the rates of obesity and overweight increase, the number of people with arthritis will only increase.

- Arthritis carries a staggering price tag of at least $128 billion annually in medical expenses, lost earnings and reduced productivity.

- Arthritis plays a pivotal role with other major diseases and complicates their treatment.

Physical activity is an important but underused intervention for adults with arthritis that offers immediate and measurable health benefits.

- Physical activity is a low-cost, effective and sustainable approach to arthritis management.

- Physical activity decreases pain, delays the onset of disability, improves physical functioning and independence, and enhances mood and quality of life for adults with arthritis.
High rates of arthritis among people with chronic diseases, such as diabetes and heart disease, make physical activity a particularly important component of arthritis management.

Despite the known benefits, the prevalence of no leisure-time physical activity (LTPA) is much higher among adults with arthritis than those without arthritis.

Environmental and policy strategies can play a unique role in addressing arthritis-specific barriers to physical activity, including:

- **Physical barriers** such as pain and fatigue; lack of mobility; or comorbid conditions.
- **Psychological barriers** such as lack of time, motivation and enjoyment of exercise; fear of experiencing or worsening pain; or perceived negative outcomes that might result from pushing beyond one’s limits.
- **Social barriers** such as lack of support from family, friends and licensed health care professionals; no exercise partner; or competing responsibilities of job and family.
- **Environmental barriers** such as costly fees; no transportation; or lack of safe and accessible exercise facilities, parks, recreation centers, sidewalks or other public spaces.

Environmental and Policy Strategies to Increase Physical Activity Among Adults With Arthritis aims to facilitate action in six sectors that play crucial roles in increasing physical activity among adults with arthritis.

To develop the report, the Arthritis Foundation convened experts in physical activity and arthritis and involving a range of health, wellness, academic and business organizations.

Specific strategies for action include:

- **Park, Recreation, Fitness and Sport**
  - Park, recreation, fitness and sport professionals should receive training on how to adapt and modify physical activity programs and exercises for adults with arthritis and assist them in initiating and sustaining appropriate physical activity.

- **Business and Industry**
  - Comprehensive worksite wellness programs should be inclusive and explicitly incorporate the needs of adults with arthritis in their programs without requiring disclosure of arthritis diagnosis, and make arthritis information widely available.

- **Community and Public Health**
  - Public health, aging services networks, faith-based organizations and other community agencies should invest in the delivery of evidence-based physical activity programs for adults with arthritis.

- **Health Care**
  - Licensed health care professionals should ask arthritis patients about physical activity levels at every visit, screen for arthritis-specific barriers to physical activity, encourage physical activity, and recommend evidence-based community interventions or rehabilitation therapies when appropriate.
- Transportation, Land Use and Community Design
  - Policies should be put in place and reinforced to create or expand efforts to promote active living environments that can support adults with arthritis being physically active.

- Mass Media
  - Available evidence-based physical activity interventions for adults with arthritis should be promoted through information, guidelines, signage, media promotion and public outreach.

The Arthritis Foundation is partnering with organizations in each of these six important sectors to implement the recommended environmental and policy strategies.

- The Arthritis Foundation calls on these sectors to collaborate and focus more attention on helping people live well with arthritis and be a productive part of our society.

You can change the course of arthritis. To learn more and get involved, please visit www.arthritis.org/physical-activity.
QUESTION & ANSWER

FACT SHEET

1. Why is arthritis a serious public health issue?
   • Nation’s most common cause of disability
   • Affects one in five adults
   • Highly prevalent and on the rise
     – By 2030, 67 million people in the U.S. are projected to have arthritis, up from 50 million
     – Contributing factors include inactivity, obesity, injury and the aging of Americans

2. What is Environmental and Policy Strategies to Increase Physical Activity Among Adults With Arthritis?
   • A new report by the Arthritis Foundation that outlines ways to make physical activity more convenient and accessible for adults with arthritis.
   • It is designed to engage six important sectors—park, recreation, fitness, and sport; business and industry; community and public health; health care; transportation, land use and community design; and mass media—as partners with a mutual interest in increasing physical activity among adults with arthritis.

3. Why did you develop Environmental and Policy Strategies to Increase Physical Activity Among Adults With Arthritis?
   • This document is a substantive step in the effort to implement the 2010 Public Health Agenda for Osteoarthritis, which recommended physical activity, self-management education, injury prevention, and weight management and healthy nutrition to help reduce the public health burden of osteoarthritis.
   • The report also provides a path to help implement the Institute of Medicine’s recent Living Well with Chronic Illness: A Call for Public Action, a guide to strategies for reducing the individual and societal burdens of chronic illness—including arthritis—by helping people with chronic illnesses live well.
   • The report contains priority policy and environmental strategies geared toward six important sectors identified in the National Physical Activity Plan, a comprehensive set of policies, programs and initiatives that aim to increase physical activity in all segments of the American population.

4. Why is physical activity an important disease management tool for adults with arthritis?
   • Physical activity has many benefits for the general population, but in particular for the management of arthritis.
   • Physical activity helps decrease arthritis pain, delay the onset of disability, improve physical functioning and independence, and enhance mood and quality of life, aerobic capacity and muscle strength.
   • Persons with arthritis have high rates of comorbidities, including heart disease, obesity and diabetes. Physical activity has long-established benefits for the management of these diseases.

5. Why are people with arthritis less likely to be physically active?
   • Persons with arthritis have disease-specific barriers to being physically active, including:
     1) Physical barriers such as pain and fatigue, lack of mobility or comorbid conditions.
     2) Psychological barriers such as lack of time, motivation and enjoyment of exercise; fear of experiencing or worsening pain; or perceived negative outcomes that might result from pushing beyond one’s limits.

www.arthritis.org/physical-activity
3) **Social barriers** such as lack of support from family, friends and licensed health care professionals; no exercise partner; or competing responsibilities of job and family.

4) **Environmental barriers** such as costly fees; no transportation; or lack of safe and accessible exercise facilities, parks, recreation centers, sidewalks or other public spaces.

6. **Who is the target audience for this report and why?**
   - Six important sectors that play a particularly crucial role on reaching, influencing and sustaining physical activity among adults with arthritis, including:
     1) Community and public health
     2) Health care
     3) Transportation, land use and community design
     4) Business and industry
     5) Park, recreation, fitness and sport
     6) Mass media and communication

7. **What is the goal of this report?**
   - We are urging organizations in each of the six key sectors to take steps to address physical, social, economic and policy factors that influence physical activity participation by adults with arthritis.
   - Ultimately, we would like to increase the use of physical activity as a disease-management tool and life enhancing tool for adults with arthritis.

8. **What are some of the key messages in this report?**
   - Arthritis has a profound impact on the overall health of our nation.
   - Physical activity is an important but underused intervention for adults with arthritis that offers immediate and measurable health benefits.

9. **Where can the public go to learn more about the report?**
   - To learn more and get involved, please visit www.arthritis.org/physical-activity.
Arthritis: The Nation’s Most Common Cause of Disability

What is Arthritis?
Arthritis comprises more than 100 different rheumatic diseases and conditions, the most common of which is osteoarthritis. Other frequently occurring forms of arthritis include rheumatoid arthritis, lupus, fibromyalgia, and gout. Common symptoms include pain, aching, stiffness, and swelling in or around the joints. Some forms of arthritis, such as rheumatoid arthritis and lupus, can affect multiple organs and cause widespread symptoms. Although arthritis is more common among adults aged 65 years or older, people of all ages (including children) can be affected. Nearly two-thirds of people with arthritis are younger than age 65 years. Arthritis is more common among women (24.3%) than men (18.7%) in every age group, and it affects members of all social and ethnic groups. Arthritis is also more common among adults who are obese than among those who are normal weight or underweight.

Why is Arthritis a Public Health Problem?
High prevalence. An estimated 50 million U.S. adults (about 1 in 5) report doctor-diagnosed arthritis. As the U.S. population ages, the number of adults with arthritis is expected to increase sharply to 67 million by 2030, and more than one-third of these adults will have limited activity as a result. In addition, research indicates that some form of arthritis or other rheumatic condition affects 1 of every 250 children.

Prevalence of Physical Inactivity* Among Adults with and Without Arthritis, 2002

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<table>
<thead>
<tr>
<th>Condition</th>
<th>Adults Who Are Inactive, %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor-Diagnosed Arthritis</td>
<td>49.4%</td>
</tr>
<tr>
<td>No Arthritis</td>
<td>98.4%</td>
</tr>
</tbody>
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* No reported leisure-time physical activity. Source: National Health Interview Survey.

Common disability. Arthritis is the nation’s most common cause of disability, limiting the activities of 21 million Americans and causing 1 of 3 working-age adults (aged 18–65 years) to report work limitations.

High lifetime risk. One community study estimates that the lifetime risk of developing knee osteoarthritis serious enough to cause painful symptoms is 45%. Risk increases to 57% among people with a past knee injury. Lifetime risk for knee osteoarthritis goes up to 60% among people who are obese.

High costs. In 2003, the total cost of arthritis was $128 billion, including $81 billion in direct costs (medical) and $47 billion in indirect costs (lost earnings). Each year, arthritis results in 592,100 hospitalizations and 44 million outpatient visits.

Contributor to multiple chronic conditions. Among U.S. adults with arthritis, 47% also have at least one other disease or condition, including 35% who are obese (compared with only 21% of people without arthritis). In addition, more than half of adults with heart disease (37%) or diabetes (52%) and more than one-third with obesity (36%) also have arthritis.

Special barriers to physical activity. Research shows that people with arthritis face barriers to physical activity—such as pain or fear of pain, fear of worsening symptoms or damaging joints, and lack of information on how to exercise safely—that keep them from being physically active. Nearly 44% of adults with arthritis report no leisure-time physical activity (compared with about 30% of adults without arthritis). Not being physically active is a risk factor for other chronic diseases (e.g., heart disease, diabetes, obesity) and interferes with management of these conditions. People with arthritis need to know how to overcome barriers to physical activity.
What Can Be Done to Address Arthritis?

Learn techniques to manage arthritis. Self-management education interventions such as the Arthritis Self-Management Program can teach people how to manage arthritis and lessen its effects. In multiple studies, this intervention was consistently found to improve people's health by reducing depression, fatigue, and health distress. Although these types of programs are effective, they aren't available to everyone who needs them. More widespread use of this intervention and similar courses such as the Chronic Disease Self-Management Program, which addresses arthritis along with other chronic diseases, will improve quality of life for people with arthritis.

Be physically active. For people with arthritis, physical activities such as walking, bicycling, and swimming have been shown to have significant benefits, including reducing pain and improving physical function, mental health, and quality of life.

The Walk with Ease Program, the Arthritis Foundation Exercise Program, and the Senior Services LineageFinder@ program are three examples of community exercise interventions that have been shown to improve health among participants.

Maintain a healthy weight and protect your joints. Weight control and injury prevention measures can lower a person's risk of developing osteoarthritis. Weight loss also can reduce symptoms for overweight or obese people with knee osteoarthritis.

Consult a physician. Early diagnosis and appropriate management are especially important for people with inflammatory arthritis. Consulting with a physician is also important because recommendations from health care providers are the most influential factor in convincing people to be physically active and to take an arthritis self-management course.

CDC's Response

CDC is committed to leading strategic public health efforts to promote well-being, prevent chronic disease, and achieve health equity. With $1.3 million in FY 2013 funding, CDC is working with the Arthritis Foundation, the National Association of Chronic Disease Directors (NACDD), state arthritis program directors, and other partners to improve quality of life for adults with arthritis. These efforts are based on strategies in the National Arthritis Action Plan: A Public Health Strategy (NAAP) and recommendations from a National Public Health Agenda for Osteoarthritis (OA Agenda).

By carrying out the strategies and recommendations of the NAAP and the OA Agenda, CDC and its partners are moving toward achieving the national goal of decreasing arthritis-related pain and disability and improving function.

Activities Supported by CDC's Arthritis Program

The primary goal of CDC's Arthritis Program is to improve quality of life for people affected by arthritis. The program addresses this goal by supporting the following five key activities:

1. Supporting state health department efforts.
   Through cooperative agreements with CDC, state health departments have worked with partners to improve the states' ability to monitor arthritis burden, promote arthritis-control measures, and expand the reach of evidence-based interventions by making them part of existing health care delivery systems.

   In mid-2013, CDC will end a 4-year cooperative agreement that awarded 12 states an average of $300,000 a year to use innovative, system-based strategies and communication approaches to reach adults with evidence-based arthritis interventions. Building on the success and lessons learned, a new 5-year cooperative agreement will be awarded to 10–18 states to expand the access, availability, and use of arthritis interventions. CDC also continues to work with the NACDD to support the Arthritis Council, a forum for managers and staff of state arthritis programs and projects who are interested in building state capacity to address arthritis.

2. Collaborating to make policy and system changes.
   CDC is a sponsor and member of the Osteoarthritis Action Alliance, a national coalition created with the Arthritis Foundation to promote and respond to the goals and recommendations of the OA Agenda. CDC, the Arthritis Foundation, and nearly 40 partner organizations are working together to reduce the burden of osteoarthritis through strategies that address self-management education, physical activity, injury prevention, and weight management.
CDC’s Response (continued)

CDC's epidemiology and surveillance efforts continue to include the collection of data useful to policy and decision makers. Examples include cost estimates and data on arthritis-attributable work limitations at state and national levels and data on the occurrence of arthritis among people with diabetes and heart disease. Future CDC and state efforts will include examining these data as starting points for policy changes.

3. Reaching the public:
State health departments and Arthritis Foundation chapters have implemented two CDC-developed health communication campaigns that promote physical activity among people with arthritis. “Physical Activity. The Arthritis Pain Reliever” focuses on whites and blacks aged 45–70 years, while “Roma: Diab, Artritis” is designed to reach Spanish-speaking Hispanic adults. Each state arthritis program and several Arthritis Foundation chapters have run at least one of these campaigns in their state.

With support from CDC and the NACDD, the YMCA successfully completed a pilot project offering BalanceFitness in 16 locations in 8 states in 11. This physical activity intervention has been proven to help people with arthritis increase their strength and endurance. In 2012, this project will move to Phase 2 to expand BalanceFitness across the country through the YMCA.

4. Improving the science base.
CDC supports research to learn more about arthritis and effective management strategies. For example,

• An analysis of the Arthritis Self-Management Program and the Chronic Disease Self-Management Program that combined results across multiple studies documented persistent improvements in quality of life. These findings will help clinical and public health practitioners and policy makers make decisions about the value of implementing these types of interventions.

• Systemic lupus erythematosus (lupus) is an autoimmune inflammatory disease that affects multiple systems in the body. It can be difficult to diagnose, and prevalence estimates vary widely. CDC is supporting researchers at four universities and the Indian Health Service, through their respective health departments, to produce better estimates of lupus incidence and prevalence for blacks, whites, Hispanic/Latino, Asian, and American Indian/Alaska Natives in the United States.

5. Measuring the burden of arthritis.
CDC uses surveys such as the Behavioral Risk Factor Surveillance System and the National Health Interview Survey to define the burden of arthritis, monitor trends, and assess how arthritis affects quality of life. Research has shown that arthritis can be a barrier to physical activity among people with diabetes, heart disease, or obesity. More research is needed to find effective ways to improve the health of people with multiple conditions.

Future Directions
CDC will continue to work with its partners to expand the availability of arthritis programs and help state programs foster policy, system, and environmental changes designed to bring public health interventions to more people who need them. CDC also is working to develop innovative interventions to reach diverse populations.
### Background on Arthritis Efforts

**Fight Arthritis Pain**

The Arthritis Foundation and the Ad Council created the *Fight Arthritis Pain* campaign to raise awareness about osteoarthritis (OA) and the unacceptable pain and limitations of this debilitating disease. The campaign is comprised of print, television, radio and web ads, all designed to educate people about the benefits of exercise to ease OA symptoms and keep joints mobile.

For more information and to access campaign materials, visit [http://www.fightarthritispain.org](http://www.fightarthritispain.org).

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**Physical Activity. The Arthritis Pain Reliever**

*Physical Activity. The Arthritis Pain Reliever* is a health communications campaign created by the Centers for Disease Control and Prevention (CDC) to help promote physical activity as a method of arthritis self-management because of its beneficial effect on arthritis pain and associated disability.

The campaign is designed to:

- 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 related to their ability to be physically active.
- Increase trial of physical activity behaviors.

For more information and to access campaign materials, visit [http://www.cdc.gov/arthritis/interventions/physical/overview.htm](http://www.cdc.gov/arthritis/interventions/physical/overview.htm).
TIPS ON WORKING WITH THE MEDIA

As you work to promote and implement the strategies recommended in *Environmental and Policy Strategies to Increase Physical Activity Among Adults With Arthritis*, you can harness the media’s power and influence. Through media, your organization can reach thousands of people—from influencers and advocates to the general public—with targeted and focused messages.

Shifts that include the decreasing capacity of some media to cover stories and the exponential increase in web and social media-based channels are remapping the media landscape every day. In order to make use of these various channels, it is important to tailor your information to a specific audience and outlet. This section provides recommendations and advice to help you better understand such distinctions.

### Print

**What Makes a Story Right for Print?**
- Release of new data
- Timely event or news hook
- Local angle or community component
- Subject matter affects a large segment of the population/community
- Announcement of a partnership with the Arthritis Foundation
- Announcement of a new plan or program designed in response to the 2012 report

**Building Your List of Reporters**

Building a reliable list of reporters is an essential step in your media outreach efforts. As a strong voice in your community, your media list should focus largely on local reporters and outlets that have the widest influence. Begin by considering what newspapers or newsletters you go to for local health, lifestyle and business news. There is a good chance that your constituents read the same thing(s). Next, consider what columnists or journalists tend to write about your issue area. Is there a reporter who has covered your organization’s news in the past? Or, is there someone who frequently writes about community, health, exercise, aging or policy/legislative news? Once you’ve created a foundation for your list, use print and online databases to supplement it. If your organization has access to a media resource such as Vocus or Cision, use them to search for journalists in your community. Or, use the news section of Google to find recent local articles about arthritis, physical activity or any of the topic areas listed above.
Research Your Reporters
Like any professional, every reporter is a unique individual, but one thing all reporters have in common is deadlines. Most reporters are used to working in a fast-paced environment in which they are bombarded with story ideas every day. One of the most important things you can do before picking up the phone is researching what specific topics a reporter writes about. This will help you organize your pitch and get the most out of each call. Using your media list, categorize reporters by interest (e.g., aging, health, arthritis, exercise, community news, national news or policy) and use that angle when delivering your key messages. If a reporter generally writes about physical fitness, focus your pitch on the importance of movement for people with arthritis. If a reporter covers aging issues and the elderly, talk about the growing prevalence of arthritis among seniors and older Americans and the effectiveness of physical activity in delaying the onset or progression of disability. Furthermore, find out what topics he or she has covered in the past that might open the door for your story idea. Many reporters will refer you to someone else at the paper or another news department if the story is not right for them. If they don’t offer this information, don’t be afraid to ask.

When to Call/When Not to Call
If you are reaching out to a daily news reporter, your best chances of catching them at their desk with a minute or two to talk is during the first half of the day. Reporters are likely to be rushed no matter what time of day you call, but in the late afternoon they are likely to be racing to meet their deadline. They will always let you know whether your story is something they might be interested in, and you should not hesitate to ask if there is a good time for them to talk in further detail.

Pitching Your Story
Before picking up the phone to call a reporter, narrow your message down to a brief sentence or two. Tell the reporter who you are, where you are calling from, and that you are calling to discuss the release of the report Environmental and Policy Strategies to Increase Physical Activity Among Adults With Arthritis. Remember to describe how the report and its recommendations specifically affect readers, your community or your industry. Reporters must be able to get a sense from this brief conversation of why this story matters to their readers and why they should write about it now.

Submitting a Letter to the Editor
In addition to proactively pitching newspapers and magazines, you may want to leverage opportunities like a letter to the editor. There are two ways to approach submitting a letter to the editor. The first is a reactionary piece that should be written in response to a published article. If an article appears in a paper that discusses arthritis and physical activity, or a directly related topic, you can submit a letter that shares your unique perspective on the subject.

If nothing is published that you and/or your organization can respond to, consider submitting a letter that discusses an upcoming local event. This type of letter to the editor has a greater chance of running in your community newspaper and should focus specifically on how local individuals and organizations can get involved. You may want to include a brief, yet compelling personal story that local supporters can empathize with.

This will help motivate and rally support behind your efforts. Most newspapers offer instructions online for submitting a letter to the editor, including word count...
preference (usually 250 words or less) and email/mail directions. Be sure to include your title, affiliation and a website in your submission.

Broadcast

What Makes a Story Right for Broadcast Outlets?
- Release of new data
- Timely event or news hook
- Local angle or community component
- Visual element (e.g., large outdoor fitness event)
- Presence of an influential public figure or policymaker
- Announcement of a new plan or program designed in response to the 2012 report
- Subject matter affects a large segment of the population/community

Pitching Your Local News Station
The tips on pitching your print story also apply to pitching broadcast media with one big exception - for television your story must have a visual angle. In addition to the story idea you want to get across, you must express to the reporter that there is an opportunity for them to feature the visual of a person living with arthritis, physical activity intervention or community event. Television and radio lend themselves more to the local angle story ideas mentioned in this kit, versus the national story ideas. As with print media, it is worth your while to do a little bit of research before you call. Depending on the story angle you are pitching, you may want to call the health reporter or the reporter who covers community topics, or you may want to call the assignment desk if you have an event you would like them to cover.

What to Expect When You Call
Broadcast newsrooms are extremely fast-paced. You may have to try numerous times to get through to a reporter, and you may be told to try back another time. Be persistent until you get through to someone. You may also consider leaving messages with more than one reporter.

Social Media

What Makes a Story Right for Social Media?
- Local event or activity
- Story is evergreen; is not tied to a current event
- Trying to engage and rally public opinion and community action
- Personal account of a disease or a loved one’s disease
- Promotion of a small event, competition or award
- No hard news or data

Discovering Your Blogger Voice
For print news or online stories, the information you push out should not change but the tone and perspective with which you relay these messages might vary. When writing a blog post for an organizational website or a news/general interest blog, it is essential to write with personal conviction and passion. Blogs are often informal in tone and written in the first person perspective. Though shorter in length than most print articles, blogs allow writers to link to other articles or websites within the body of the post. You may want to consider linking to the report online, the Arthritis Foundation website, your organizational website or data about the incidence of arthritis within your state/community. Blogs are also meant to be creative and engaging so you may want to think about asking questions in your post that will
encourage readers to post a comment or share their personal stories about arthritis and physical activity.

**Submitting a Blog Post**

In the wake of shrinking newsrooms, the blogosphere has grown tremendously. People now frequent local and national blogs to get their news and information for the day. Many towns and communities no longer distribute print news and instead have developed online blogs. When approaching a blog, work under the same principles as a print newspaper. Research both blogs and bloggers to grasp what kind of content is posted. Are posts national or local in nature? Is the tone formal or informal? You will also need to determine if a blog accepts outside posts or if you will need to work with a staff blogger to pitch an idea or story. If outside posts are accepted, the blog will have submission details online, including suitable length and tone. It is appropriate to call or email the blog in the days following your submission to find out if your post has been accepted.

**Utilizing Facebook and Twitter**

In order to be an effective communicator, you can no longer ignore Facebook and Twitter. These social media channels are not just for young adults as older Americans are rapidly joining the pool of Facebook and Twitter users. Not only are these media channels an easy, fast way to alert friends and followers about the new report, but they are also a great way to engage the public in advocacy and outreach efforts.

- **Facebook**
  Work with the online manager of your organization’s Facebook presence to post quick, informative updates about environmental and policy solutions or changes that support the need for physical activity among adults with arthritis. Consider brief data points from the report that emphasize the problem in your community. Encourage your Facebook friends to share their own experiences with arthritis and challenge them to participate in some type of physical activity. You may even want to hold a local event and invite your Facebook friends to come out and participate and support your efforts. We have provided several sample Facebook updates in this toolkit to help get you started. We recommend updating your Facebook status at least once a week; but, check your page daily in order to respond to any comments or questions.

- **Twitter**
  Similar to Facebook, Twitter is a vehicle that you can use to promote the report, encourage public support and get people talking about the importance of physical activity among adults with arthritis. Since tweets must be 140 characters or less (including spaces and punctuation), choose your information carefully and consider inserting shortened hyperlinks that can direct your followers to a website or news article for more information. You can also use Twitter to ask your followers questions and help them plan goals to increase their physical activity. We have drafted several sample tweets that you can tailor and use on your own Twitter handle to start the process and we have selected a national hashtag to use exclusively with this report. As with Facebook, remember that frequency of tweets is important so try to send out at least one tweet every two days.
Personal Stories

Identifying and Developing Compelling Stories

No one can discuss the benefits of physical activity like someone who has experienced arthritis pain relief firsthand. When contacting media about this new report, it will be helpful to have a compelling patient story developed and ready to send to a reporter or blogger.

When considering who to profile, think about three key things:

- Will readers be able to relate to this person?
- Does his or her story motivate you or inspire you to take action?
- Is the story unique enough to grab the attention of readers?

If you or your organization works with individuals with arthritis, talk with your members and advocates and select a story that is the most compelling. If you don’t have that direct link to someone with arthritis, call your Arthritis Foundation regional office and ask to be connected to a patient advocate with a particularly inspiring story. Look for individuals who have overcome adversity in their lives and who have used an exercise regimen to alleviate and/or lessen their condition. Everyone loves a good comeback story so try to find an advocate whose exercise regimen has helped them to regain independence and self-worth despite the toughest of situations. You may also consider interviewing a caregiver and writing a story from the perspective of a family member or loved one who has witnessed the firsthand devastation of arthritis.
Dear [Reporter],

The Arthritis Foundation [today/recently] released *Environmental and Policy Strategies to Increase Physical Activity Among Adults With Arthritis*, a report that aims to motivate health agencies, businesses, recreation facilities and other partners to make physical activity convenient and accessible for people with arthritis.

For the 50 million adults in the United States affected by arthritis, including the [#] in our [state/community], physical activity can improve functioning and help decrease pain, enhance independence and improve mood and quality of life. Despite the benefits, it is an underused intervention. The report calls for greater collaboration with potential partners in six key sectors including:

- Park, Recreation, Fitness and Sports
- Business and Industry
- Community and Public Health
- Health Care
- Transportation, Land Use, and Community Design
- Mass Media and Communication

In [state/community], [organization] is working to [insert information about what your organization is doing around these efforts].

I would appreciate the opportunity to share the report with you and talk about the changes we are advocating for [state/community]. I am including some background information and will follow up with you within the next few days. In the meantime, I can be reached at [phone/email].

Sincerely,

[Name]
ARTHRITIS FOUNDATION CALLS FOR EFFORTS TO BOOST PHYSICAL ACTIVITY AMONG PEOPLE WITH ARTHRITIS

New Report Outlines Practical Strategies to Increase Safety, Accessibility and Appeal of Key Arthritis Management Tool

[Insert City] — The Arthritis Foundation today released Environmental and Policy Strategies to Increase Physical Activity Among Adults With Arthritis, a resource for making physical activity convenient and accessible for adults with arthritis. This new report aims to motivate health agencies, businesses, recreation facilities and others as partners in providing physical activity opportunities that meet the needs of people with arthritis.

As the nation’s most common cause of disability, arthritis affects 50 million adults in the United States and here in [insert state], nearly [insert number] adults are affected by arthritis. This number is expected to grow as the population of older Americans continues to increase and as obesity and overweight levels rise. High rates of arthritis among people with other chronic diseases, such as diabetes, heart disease and obesity make physical activity a critical component of arthritis management.

“The burden of arthritis is staggering, both for our economy and in terms of the physical and emotional toll it takes on individuals with the disease,” said [insert name], [insert title] of [insert organization]. “Because physical activity can help individuals with arthritis manage the condition, it is important that our communities take steps to make it more accessible.”

People with arthritis have disease-specific barriers to being physically active including pain, fear of making their arthritis worse, lack of knowledge about the best type and amount of exercise, and fear of injury. However, physical activity has been proven to help decrease pain, delay the onset of disability, improve physical functioning and independence, and enhance quality of life for adults with arthritis. Despite the known benefits, the prevalence of no leisure-time physical activity is much higher among adults with arthritis than those without arthritis, according to Centers for Disease Control and Prevention data.
Environmental and Policy Strategies to Increase Physical Activity Among Adults With Arthritis

Environmental and Policy Strategies to Increase Physical Activity Among Adults With Arthritis answers the call of the National Public Health Agenda for Osteoarthritis and the Institute of Medicine’s recent report, Living Well with Chronic Illness: A Call for Public Health Action. It addresses sectors included in the National Physical Activity Plan while promoting physical activity in a way that is inclusive of adults with arthritis and serves as a resource for addressing barriers and promoting physical activity in a way that is convenient and accessible for adults with arthritis in six key sectors including:

- Park, Recreation, Fitness and Sports
- Business and Industry
- Community and Public Health
- Health Care
- Transportation, Land Use and Community Design
- Mass Media

The report was developed by the Arthritis Foundation, as well as a committee of experts in physical activity, arthritis and various sectors that can influence physical activity levels.

As a next step, organizations and individuals, including [insert organization name], who work in and influence the sectors will have an opportunity to develop a guide to implementing the initiative’s sector-specific strategies. In [insert state], we are [Insert paragraph about specific local programs].

For more information on fighting arthritis, including tools for promoting the initiative, visit www.arthritis.org/physical-activity.

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[Add organization boilerplate]
ARTHRITIS FOUNDATION CALLS FOR EFFORTS TO BOOST PHYSICAL ACTIVITY AMONG PEOPLE WITH ARTHRITIS

(Number) of (State) Residents Live With Arthritis; (Organization) Shares Practical Strategies to Increase Safety, Accessibility and Appeal of this Key Arthritis Management Tool

As the nation’s most common cause of disability, arthritis affects 50 million adults in the United States—more than 20 percent of the adult population. And this number is expected to grow as the population of older Americans and number of obese Americans continues to increase. In [insert state or community], [number] of adults are affected by arthritis.

Physical activity is a vital intervention for arthritis that decreases pain; delays the start of disability; improves muscle strength, mobility, mood and independence; and enhances quality of life. High rates of arthritis among people with other chronic diseases—such as diabetes, heart disease and obesity—for which physical activity is important, increases the value of physical activity as a tool for managing arthritis. Yet, adults with arthritis are less likely to be physically active than are those without arthritis, according to the Centers for Disease Control and Prevention (CDC).

“Making physical activity safe and accessible for individuals with arthritis is an urgent task,” said [insert name], [insert title] of [insert organization].

Arthritis is a serious and painful joint disease that often causes weakness and places severe limits on daily activities from opening a jar to holding a job. With the combination of inactivity, obesity, injury and the aging of our population, the prevalence, health impact and economic consequences of arthritis are expected to rise dramatically. Physical activity for those living with arthritis can be daunting because of the pain they live with everyday, but moving may be the answer when looking for ways to minimize arthritis pain.

[Highlight local program offerings by inserting an example of a local patient living with OA who demonstrates that physical activity enhances quality of life. Follow this with a local patient quote]

In order to dramatically reduce the impact of arthritis, the Arthritis Foundation recently released a report focused on changes that could be made within six important sectors to make physical activity feasible for individuals with arthritis. Environmental and Policy Strategies to Increase Physical Activity Among Adults With Arthritis is the result of an effort by the Arthritis Foundation and 30 stakeholders to identify and prioritize strategies to increase physical activity with the aim of reducing the impact of arthritis.
The report is a comprehensive resource that calls on leaders and organizations in community and public health; health care professionals; transportation, land use and community design; business and industry; park, recreation, fitness and sport; and mass media and communication to help meet the goals of the National Physical Activity Plan for adults with arthritis.

Numerous stakeholder groups across the country, including [insert group] will be working with the Arthritis Foundation and its chapters to implement the strategies outlined in this report.

You can change the course of arthritis. To learn more and get involved, please visit www.arthritis.org/physical-activity.
Did You Move Today?

To facilitate efforts to dramatically reduce the impact of arthritis, the Arthritis Foundation recently released *Environmental and Policy Strategies to Increase Physical Activity Among Adults With Arthritis*. The report focuses on changes that could be made within six important societal sectors to make physical activity more convenient and accessible for adults with arthritis. These changes include things like:

- having aging services agencies and worksite wellness programs offer evidence-based physical activity interventions appropriate for adults with arthritis;
- incorporating the assessment of physical activity levels into visits to health care professionals; and
- training park, recreation, fitness and sport professionals to work with adults with arthritis.

Calls for Americans to become more physically active are certainly not new; their persistence speaks to both the growing prevalence of chronic disease and lagging rates of physical activity participation. This important message is especially urgent for people living with arthritis, a disease that affects 50 million adults in the U.S. at a cost of at least $128 billion annually in medical expenses, lost earnings and reduced productivity. [Number] of [State/Community] residents live with arthritis.

For individuals with arthritis, physical activity can decrease pain, delay the onset of disability, improve mobility and independence, and enhance mood and quality of life. High rates of arthritis among people with other chronic diseases—such as diabetes and heart disease—for which physical activity is important only increases its value. However, adults with arthritis are less likely to participate in physical activity than are those without arthritis.

[Brief local example exemplifying successful engagement of one or more of the six sectors identified in the report.]

In addition to outlining strategies by sector, *Environmental and Policy Strategies to Increase Physical Activity Among Adults With Arthritis* references a number of recommended and promising physical activity interventions for adults with arthritis. These are useful in developing community-level programming.
EXAMPLE A: REACTING TO A PUBLISHED ARTICLE

Original News Article

“Bus tour offers help with Rx drugs”
November 15, 2007
The Bangor Daily News

BANGOR, Maine — Eastern Mainers traveled miles Wednesday to seek assistance from the “Help is Here Express,” a tour bus sponsored by the pharmaceutical industry offering relief from high drug prices for low-income people.

Many who made the trip to Bangor came away with a promise of assistance. But a Maine lawmaker and spokeswoman for a national organization that works to reduce drug prices for all consumers contended that the bus tour amounts to little more than a marketing strategy for the highly profitable drug industry.

“It’s really just about improving the image of the drug companies,” said Rep. Sharon Treat, D-Hallowell and executive director of the National Legislative Association on Prescription Drug Prices. A drug industry spokesman disputed her assertion.

About 50 people lined up in the chilly morning air outside Shaw’s supermarket on Main Street, where the Help is Here Express was parked. Raymond and Edelgard Phelps, both in their 70s, had heard about the bus tour on the television news and drove up from their home in Palmyra.

Raymond Phelps said his medications are covered by the Department of Veterans Affairs and are “about as cheap as they can be, I guess.” His wife’s several medications are mostly covered by MaineCare, he said, but the couple must still come up with a $4 co-pay for each prescription every month. On a fixed income, it adds up, Raymond Phelps said — but the staff on the bus promised relief.

“They said we should be able to get it for nothing,” he said. “They said, ‘We should be able to help you out completely.’”

Also seeking assistance were Willard Knights and Gayle Millian of LaGrange. Knights, 62, said he pays $28 a month for just one of his three medications, more than he can comfortably afford on his slender retirement check. Since the six staff members were busy helping others, they sent him away with the information he needed to fill out an application for assistance.
The bus tour through Maine started on Monday in Portland, when talk show host Montel Williams, spokesman for the drug industry’s Partnership for Prescription Assistance, was joined by Gov. John Baldacci and other dignitaries in promoting the effort to provide free or discounted drugs to lower-income individuals.

The Partnership for Prescription Assistance is sponsored by the Pharmaceutical Research and Manufacturers of America, or PhRMA, an industry organization representing drug companies. The program partners with other private and public groups to connect eligible individuals with drug-discount programs, including some offered by the drug companies themselves.

In Bangor on Wednesday, Jeff Gilbert of PhRMA said the bus tour kick-off in Portland attracted several hundred people, with smaller numbers showing up at stops in Lewiston and Waterville. Gilbert estimated that about 50 people would be served at the Bangor stop.

The Help Is Here Express offers assistance to people of all ages, most of them uninsured or with insurance that doesn’t offer adequate coverage for medications, he said. Those who ask for help are screened for income eligibility — about $19,500 for an individual or $38,000 for a family of four — and then referred to appropriate assistance programs.

Gilbert said he didn’t know whether most people were referred to industry programs or other public or nonprofit programs, and said keeping track of such information might violate patient confidentiality laws.

Reached for comment Wednesday afternoon, Treat said consumers can use all the help they can get.

But the PhRMA tour, she added, is “just a way for the drug companies to look [like] they’re concerned about access to medications when they’re still fighting tooth and nail” against efforts to bring down the overall cost of medications.

The most effective way to reduce the exorbitant cost of drugs for all Americans would be for the federal government to negotiate directly with the drug companies, Treat said. Since there seems to be little political support for such an initiative, she said, many states, including Maine, are taking steps to curb drug companies’ aggressive marketing strategies aimed at getting physicians to prescribe — and consumers to demand — the newest and most expensive medications.

Drug companies spend hundreds of millions of dollars marketing their products, Treat said, forcing states to develop costly new laws and regulations and defend them in court.
“There’s so much waste,” she said, “when we could just be paying less for medications.”

A PhRMA executive took issue with Treat’s assessment of his group’s initiative. Senior Vice President Ken Johnson said it is “absolutely not true” that the bus tour is more about marketing than providing true prescription relief.

“It’s a shame there are people who are so cynical and callous about efforts to help people in need,” he said. The drug industry is responding to the ever-growing number of people without prescription coverage, he said, and will return to Maine in the spring to help get the word out that help is available.

Resulting Letter to the Editor

“Drug Program Works”
December 4, 2007
The Bangor Daily News

Thank you for your Nov. 15 article, “Bus tour offers help with RX drugs,” on the Partnership for Prescription Assistance program. As a Maine partner, the Arthritis Foundation has found this program extremely helpful in providing access to much needed medications for those with limited incomes.

We were surprised that Rep. Sharon Treat characterized the program as little more than a marketing strategy for the pharmaceutical industry. We have referred a number of people who lack prescription coverage to the program and found it beneficial. In fact, the program has already served 17,500 people in Maine.

The mission of the program is to increase awareness of patient assistance programs available from pharmaceutical companies and to make it easier to enroll for those who are eligible. Many will get their medicines for free or nearly free. The program uses one application to access all the companies’ prescription assistance programs, making it much easier to use.

If any of your readers need help with paying for prescription medicines, we urge them to contact the program toll-free at 1-888-4PPA-NOW, or on the Web at www.pparx.org.

Margaret Duffy
Regional Program Director
Arthritis Foundation
Northern and Southern New England Chapter
Concord, N.H.
EXAMPLE B: PROMOTING A LOCAL EVENT

Letter to the Editor

“Arthritis Foundation”
August 1, 2010
Tricity Herald

In early April, just before her second birthday, Amelia Schultz was diagnosed with juvenile rheumatoid arthritis in all of her joints, from her head to her toes, except for her hands and fingers. How could this be? We thought arthritis was a disease that you got when you were older, not as a child.

Actually nearly 300,000 children in the U.S. have arthritis and about 10,000 children here in Washington. Arthritis is an autoimmune disease, which affects multiple joints. Amelia is a strong and cheerful little girl who, in the light of this invisible illness, has been living life to the fullest.

Amelia is this year’s honoree for the Arthritis Foundation Walk. Please join us in the Tri-Cities Arthritis Walk on Oct. 2. Funds raised go toward creating awareness and contributing to research in the hopes that we can eventually help find a cure for arthritis, helping children and adults live a more healthful, better quality life without chronic pain and illness.

Join a team, start one of your own or make a donation. Whatever you decide to do, know that your support makes a difference. To learn more, visit www.tricitiesarthritiswalk.kintera.org.

Lisa Schultz
Richland
Highlighting your organization’s support through social media is a simple and effective way to tell constituents and others about your strategies to increase physical activity among adults with arthritis. To make this easier, we have drafted sample language that can be edited to suit your needs for Facebook and Twitter.

If you or your organization has not already, please “friend” or “like” the Arthritis Foundation fan page at www.facebook.com/Arthritis.org. You can also follow us on Twitter at @arthritis_org.

Sample Facebook updates for posting:

- The Arthritis Foundation recently released a new report that outlines how Americans can make physical activity convenient and accessible for adults with arthritis. [Organization] is proud to do our part in this effort. Check back to hear how we are supporting physical activity and helping people with arthritis realize and receive the benefits of exercise. For more information about physical activity and arthritis, visit www.arthritis.org/physical-activity.

- Many people don’t know that physical activity can actually help alleviate arthritis pain and disability. At [organization], we are motivating adults to get healthy and get active. If you know someone with arthritis, offer to accompany them on a walk, bike ride or swim. Read more about the benefits of physical activity among adults with arthritis by visiting www.arthritis.org/physical-activity.

- Did you know that arthritis affects 50 million adults and is the most common cause of disability in the United States? Simple solutions like increased exercise and physical activity can help alleviate and lessen the pain of arthritis. A new report from the Arthritis Foundation outlines how Americans can make physical activity more accessible for adults with arthritis. Visit www.arthritis.org/physical-activity to learn more.

- [Organization] is working with the Arthritis Foundation to implement strategies to increase physical activity among adults with arthritis. [Insert a sentence or two about what activities you are planning or what your organization is prepared to do to help]. For more information about physical activity and arthritis, visit www.arthritis.org/physical-activity.

- May is Arthritis Action Month. Find out how you can take control of your arthritis by visiting www.arthritis.org/physical-activity. Simple exercise and physical activity can make a big difference for adults with arthritis so remember to get out and get moving this spring!

• This May, we encourage [city name] to get involved in Arthritis Action Month. Movement and exercise are one of the most effective ways of alleviating and managing arthritis pain. To encourage physical activity this month, we are hosting [insert event name]. Find out how you can participate by visiting [insert your specific link].

Sample tweets for posting:

National hashtag: #arthritisaction


• 50 million adults have arthritis but few know the benefits of exercise for arthritis. Find out how you can take #arthritisaction. Visit http://bit.ly/HCbY9A.
• We’re partnering with the Arthritis Foundation to encourage physical activity among adults with arthritis. Learn more http://bit.ly/HCbY9A.
• Did you know exercise can alleviate the pain of arthritis? Take #arthritisaction with simple workouts. Learn more http://bit.ly/HCbY9A.
• In [state], we’re hosting a #arthritisaction event. Join us as we [insert activity].
Partnership Web Badge:

To help us continue to spread the word about physical activity among adults with arthritis, you can promote a web badge on your organization’s website, blog, social media presence and any other digital outlets that you think are appropriate. This badge will link people directly to the Arthritis Foundation website where they can learn more about the report and the benefits of increase physical activity and exercise.

Using the badge is easy — just work with your web developer or team to copy and paste the HTML code below into the right place on your current website, newsletter, blog or anywhere that is HTML ready.

```html
<a href="http://www.arthritis.org/physical-activity" target="_blank"><img src="http://i1149.photobucket.com/albums/o582/shannontoher/AF_Badge_Option2-1.jpg" border="0" alt="ArthritisFoundation" /></a>
```
Throughout the year, various health-related conditions are recognized with a proclaimed month, week or day. These national observances are organized to raise awareness of a disease or condition and motivate the public to take a specific action.

As the nation’s most common cause of disability, arthritis affects a large portion of the U.S. population. Older Americans, minorities, women, men, and individuals with multiple chronic conditions all face the chance of developing arthritis. To help educate the public about the benefits of physical activity among adults with arthritis, the Arthritis Foundation recommends utilizing key health observances to promote the 2012 guidelines and messages.

This calendar of opportunities includes dates for national awareness months, weeks and days that are either directly or indirectly affected by arthritis. If your organization is planning on conducting any media or social media outreach surrounding these events, we encourage you to include messages about arthritis and physical activity.

February
National Heart Month
National Wear Red Day (2/3)

March
American Diabetes Alert Day (3/27)
International Women’s Day (3/8)
National Nutrition Month

April
National Minority Health Month
National Public Health Week (4/2-4/8)
World Health Day (4/7)

May
Arthritis Action Month
Global Employee Health and Fitness Month
National Osteoporosis Awareness and Prevention Month
National High Blood Pressure Education Month
National Senior Health & Fitness Day (5/30)
National Women’s Health Week (5/13-5/19)
National Women’s Check-up Day (5/14)
Older Americans Month
World Health Organization – Move for Health Day (5/10)

June
Men’s Health Week (6/11-6/17)
Senior’s Month
Stroke Awareness Month

July
Juvenile Arthritis Awareness Month

www.arthritis.org/physical-activity
September
Healthy Aging Month
Family Health & Fitness Day USA (9/29)
National Women’s Health & Fitness Day (9/26)
National Yoga Awareness Month
World Heart Day (9/29)

October
Bone and Joint Health National Awareness Week (10/12-10/20)
National Physical Therapy Month
World Arthritis Day (10/12)

November
American Diabetes Month
COPD Awareness Month