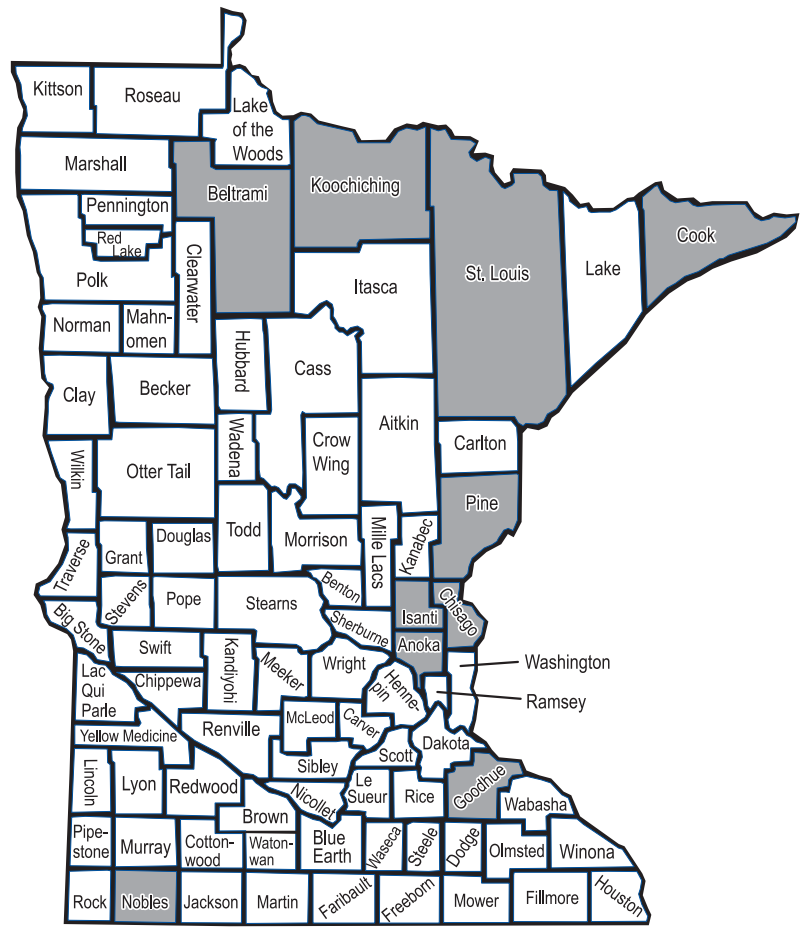


Minnesotans' Views on Arthritis and Arthritis Education

Introduction

Focus groups were conducted in 10 counties throughout the State of Minnesota with 106 adults ages 45 to 74 with arthritis to obtain information on how best to promote arthritis education programs in communities. The focus groups were held in Circle Pines in Anoka County, Bemidji in Beltrami County, Stacey in Chisago County, Grand Marais in Cook County, Goodhue in Goodhue County, Isanti in Isanti County, International Falls in Koochiching County, Worthington in Nobles County, Pine City in Pine County, and Duluth in St. Louis County. As shown in Figure 28, efforts were made to ensure representation from all geographic areas of the Minnesota. Further information regarding focus group methodology is included in Appendix A. Questions used in the focus groups are listed in Appendix B.

Focus Group Locations



Awareness of Arthritis and Arthritis Education Resources

Some participants were aware of the Arthritis Foundation and their programs and had participated in classes, support groups and other educational programs. However, most participants were unaware that there was anything they could do about their arthritis. Arthritis was generally viewed as something that could not be avoided or helped.

- “Besides that, there isn’t anything you can do, so why bother.”
- “But isn’t that what we have grown up with. We have grown up with the fact that “Face it, just live with it. Quit whining. It isn’t going to do any good.”
- “You know it’s a mindset...you should be sitting down now and you should just crawl in your bed because this disease eats you alive because it’s what they grew up knowing. That’s a hard thing to fight.”
- “Oh you’ve got arthritis, you’re getting old. You just live with it.”
- “Your doctor still tells you, ‘You just have to live with it. Do the best you can’”

A few had a more positive viewpoint.

- “You know, arthritis isn’t going to go away, so it’s realizing you’ve got something that you can figure out how to work with and live with. So how do I do that as best I can and learn from all the experiences.”

Most participants were surprised to find that there were programs or information about arthritis that could assist them.

- “I’ve never heard of it. Of course, then maybe I don’t read the right things.”
- “It isn’t offered. People don’t know about it in Greater Minnesota. People may know about it in the Metro area, but they don’t know about it in Greater Minnesota.”
- “I’ve never heard of it until talking to you about it. I’ve never seen it on TV. I’ve never seen it in the papers.”
- “I think a lot of the time the courses in Minnesota have been offered in the Twin City area. If I had known about that I would have gone.”

Information Received at First Diagnosis of Arthritis

A formal physician's diagnosis of arthritis was uncommon in these groups. Some, who came to the group with their spouse, were totally unaware that they had arthritis at all. One woman talked about having two knee replacement surgeries, but didn't think that her knee problems had anything at all to do with arthritis. Participants frequently reported that they came to their own conclusion that they had arthritis. Some of those who sought care from their physician reported receiving information about arthritis, but most reported that their physician provided them with limited information. Others reported going to pharmacists and other health care providers for arthritis information.

- “The last doctor I got he was supposed to be a specialist. He said, 'You're getting old and wore out.' That's what he told me.”
- “No, he just prescribed medicine and then he just keeps changing the medicine. Now he said that well maybe you should have an operation on that leg, but I don't want to go through the operation.”
- “No, well I don't remember getting any [information] but because see to me it was like they kind of treated it lightly.”
- “Did they give me any information on it [arthritis], any educational information or anything? No. Not to speak of. I mean other than just to say, “If it hurts, don't do it. If you're tired, take a nap. If you need a doctor's note I'll write you one, you know as far as work-wise, but you know, do what you can and tell somebody else to help you.”
- “Well, they gave me the information, you know like the treatment afterwards, the therapy and stuff and that was about it. But when I see something about arthritis I usually read it to see if I can find out anything more, you know.”
- “The doctors are always so busy that they don't have time to set and talk to you.”
- “I think a lot of your chiropractors now are getting into, well the holistic health is what they call it. They give a lot of information, too.”
- “I have found that if something wasn't agreeing with me I'll go to the pharmacist before anybody because I figure that's what they have studied. They have really gone into it deeper, delved into deeper than a doctor. “
- “You start talking to doctors and you're starting at the wrong place. You almost ought to be teaching the cleaning ladies. I mean you can't imagine the amount of information that is given out by the cleaning ladies. I know more cleaning ladies that have given out good medical information as they're going around with their mop and their brush than you can think about.”

How to Provide Information about Arthritis?

In general, participants wanted more information about their arthritis. They discussed ways of wanting information via books, pamphlets, newspapers, magazines, radio, videos, television, and public forums. Other participants were uninterested in receiving information or were only interested in receiving it in certain ways.

Books

Books were identified as having several drawbacks and were not the preferred method for arthritis education.

- “I think the books are good, but you can only use so many and they come out with constantly new information so if you have to go out and buy the book it’s outdated by the time you get it.”
- “Yes, I’ve got books. I don’t think I’ve ever read all of them.”

Flyers/Posters

Many participants suggested the placing of arthritis information and arthritis program announcements on flyers and posters to be distributed throughout the community.

- “There’s notices put up though in the clinic and our offices have it so then oftentimes it’s by doctor referral. They’ll refer people to the Arthritis Foundation to sign up for the classes.”
- “Fliers at the stores. Bulletin board by the post office.”
- “I think dining places also and I’d put it up in the community center.”
- “I think any of the grocery stores, because everybody has to go to the grocery store at some time of another.”

Internet

The Internet was used by some participants as a source for information, but most thought it took a great deal of effort to find the information they wanted.

- “You know sometimes when you look on the Internet you find things that are just another way of selling you something.”
- “Oh yes, there’s a lot of that. If you have to sift through that and then there’s always the button you know you can push to get rid of it. But there’s a lot information out there and I have just barely begun to scratch the surface because I’m just, like I say, very novice with the computer. But hey, out there, I did find out where to contact the Arthritis Foundation.”

- “I just got a computer in my home in April and I have been learning how to use it. Before that I was totally illiterate of coming to a computer, but I’m getting better and there is so much information out there. There is just, you know, and that’s where I’ve gotten some information.”

Magazines

Participants reported reading magazines on a regular basis and saw them as a good place to put information on arthritis.

- “Wherever I saw the word in a magazine or anything I always read it.”
- “Are there any magazines on arthritis like there is on diabetes? Because I get my regular monthly diabetic magazine.”

Newspapers

Newspapers, especially in smaller towns, were considered good sources of information about health and community programs. People reported reading the free, local papers more so than the larger papers that had to be purchased.

- “I think for myself I’d like to pick up the daily paper. If I see an article that has the word arthritis in it I find myself reading it.”
- “Use local papers. Everybody gets them, they’re delivered free now.”
- “I think people probably look at a newspaper more because they can do it when it is convenient for them.”

Pamphlets

People liked the idea of receiving information in pamphlets rather than in a longer publication. Several reported picking up pamphlets about arthritis at their pharmacy or at their doctor’s office.

- “Especially when I was working, pamphlets would have worked much better. A book is too much to pick up and start reading. A pamphlet, because it’s short and I’m done with it, I can do it this evening. A book. I’d pick it up and I wouldn’t get back to it for another week and then I’ve forgotten what I read in the first place.”
- “They were just paper booklets like this. It was real short reads so if you only had a five minute wait in the office there was something you could pick up and read in a five minute time period and be done with it.”

“It was both verbal and in a pamphlet. They said that even if it hurts you should try moving more instead of not moving because they said it helps the more you move the less pain you should have.”

Public Forums

Public forums or classes through community education were mentioned by most groups as a way they would like to obtain information on arthritis.

- “Does the Foundation have other speakers around that speak on arthritis? I’m thinking about 20 years ago and there was an ad in the Hastings paper that they were having a doctor speak on arthritis itself. He was speaking and we went to Hastings to hear that and it was fantastic.”
- “Community programs: we’ve had several this year and I think they do advertise and it’s like forums and physicians talkthat brings people from all over.”
- “What if you had a speaker-type person come to garden clubs and Christian women’s and the VFW and the legion, a place where us older people hang out. Somebody came to the garden club and I thought, “Wow, That would be a good thing for me to do.”
- “You know you might offer it through community ed. That, like they come out with in the spring, summer and fall, and if you offered classes like that through community ed, and go into the senior citizen centers—they’re getting more and more outreach so it isn’t just senior citizens that are there...at least around here.”
- “And they’re aiming for 55, that kind of an age groups tends to catch some early. But, I would think, too, if you offered through community ed you may have gotten more of a response.”

Radio

The radio was discussed as a good way to announce classes and to provide basic information. One group suggested that someone talk about arthritis during the noon talk show on their local radio station. However, the radio was something people listened to while they did other things such as driving or working. They felt that the radio wasn’t a good place to put detailed information.

- “Guess as far as the radio goes, you know, by the time I get and listen some in the car by the time I’m somewhere and I can write down what they’re telling me, it’s long gone.”
- “Sometimes it’s almost too much information and I don’t have time to sit and write it all down.”

Television

Several groups discussed how much they liked talk shows where doctors talked about health.

- “On TV they have a panel of local doctors that discuss different topics and I think arthritis has been on several times.”

- “On Channel 17 there was a health talk or something by the University of Minnesota. Well, my husband watches that faithfully.”

Videos

People liked the idea of having videotapes on arthritis, but most didn't think they would take the time to watch them. Some thought they would be better than having to attend a class on arthritis.

- “Because I have gotten videos and I don't get time to watch them.”
- “Videos are nice when you can take them home and look at them, some people don't want to be in a group. They don't like to discuss their illnesses with people. They're real private so a video that you could take home with some kind of a session even on breast cancer or different things out of groups of people talking. And that you can take one with you and look at it at your leisure and your family can look at it with you.”
- “Well, and another thing is you have like a family that's competing for the television and you may have to hassle there to try and watch your video. And not everybody has VCRs either so, you know.”

What Type of Information is Wanted?

Participants wanted information on the progression of their disease, what they could do to feel better, medications, and adaptive equipment.

- “I wish I could find something that would tell me that this is going to get better, but it's not. I just, I take a lot of medication. There are those days when I just, you know, these cold, dreary damp days...I don't do much those days.”
- But that's the first thing your doctor should tell you after [they say] “I'm sorry you have this disease.” Then the doctor should say, “BUT, we can do THIS.”
- “I would have liked at the same time to have someone tell me what I can do to reduce the pain with what had happened. That would have been wonderful.”
- “One of the types of information I like to have actually is when you talk about medications and such I want to know what will harm, I'm more concerned about what will do harm than actually what will help. I can stand where I am at this point, but I don't want to do something that will cause [harm].”

Adaptive equipment was a big issue for several of the participants. Some believed that adaptive equipment for arthritis existed and was kept in catalogs offered only to hospitals.

Several reported that they would go to any class that was offered that could tell them how to do the things they liked to do before they got arthritis.

- “You know arts and crafts stores...things that you have to give up because you no longer can, you know a bike shop would be a place to put it , because you know, when your knuckles are so tender....and the biking you don’t think of it as being a jarring experience until you get on it and ride.”
- “Well you know to bring your information into the fabric store or to the craft store where there’s things I love to sew, but boy there was a time where I wondered if I was ever going to be able to sew for more than five minutes at a time. You know to pick up those stick pins is sometimes a lot of effort and sometimes not, but you know if I was going through there and browsing, you know if they had a rack of information there on different things, I would take the time to stop and look and see what they had.”
- “Yeah, well what kind of adaptive equipment is there when I can’t hang onto the spoon. I’ll buy the crackers ‘cause the are easy to eat, but I’m leaving the soup. It’s OK if that kind of information is there by the soup, then you’re going to look at it and say, ‘Oh, well I probably could bring the soup to my mouth with that.’”
- “I have a brother-in-law that can’t hold a pen anymore. He couldn’t sign my boy’s birthday card this year. The man is 75 years old and I just can’t explain to you how ashamed he was that he couldn’t hold the pen and sign the birthday card. He’s not driving because he can’t grip the steering wheel anymore. But he won’t try anything because you know, and I can’t imagine he would go to a class that would like, control pain, because “the horse linament does a fine job.” But to go to a class that says these are the things that you can use so you can sign your own name and then say possibly along with this, if you did this, it might get a little better. He might pick it up. But he wouldn’t come for what’s going to get it better.”

Arthritis Self Help Course

Focus group participants were asked questions specifically about ways of promoting the Arthritis Self Help Course. Although most people had never heard of the program, they did have opinions on when and where it should be held and how it should be marketed.

When should we hold the Arthritis Self Help Course?

Older people wanted morning or afternoon classes, younger people wanted evening hours.

- “As people get older they probably don’t like to go out in the evening hours.”
- “What time would have worked best for you? I really don’t know. When you’re a grandma you’re so busy. I said that to myself, ‘I wonder which time would be the

best?’ I suppose they thought maybe that time would be the best. But it wasn’t hardly worth going to, it only lasted a half hour because a lot of the younger kids got in at 5:00. So you no more than got there and it was done.”

- “I think if maybe there were some classes that may be held in the evening, because I know several people that would have liked to come today, but they’re working. So if they could have something in the evening.”
- “Morning or afternoon better? I don’t think that makes much difference. If we want to go we’re going to go. It’s a night...No nights.”
- “Not real early in the morning, not real late at night.”

Where should Arthritis Self Help Courses be Held?

Although there was a lot of discussion about where to hold classes, opinions varied from group to group. People in Bemidji, International Falls, Grand Marais or Worthington were willing to drive up to 75 miles to attend an Arthritis Self Help Course. People in Circle Pines, Duluth, Isanti, Goodhue, Pine City, and Stacey were only willing to drive at the most 5 to 10 miles. Several people suggested that to get a “good turn out,” classes would have to be in the local community.

- “It doesn’t bother me a bit. I drive all over the country.”
- “I think either one of our community centers would be a good place to meet. Because everybody knows that. It could alternate, one week here, one week in Cambridge.”

Big city traffic was a concern for several people when asked if they would come to the “cities” (Minneapolis or St. Paul) for a class.

- “I think if you start staying north of Roseville, I mean that’s a 10 minute drive. You start staying in that kind of circumference, most people who aren’t comfortable driving in the traffic can get there by not getting on the freeway and then those of us that drive the freeway are happy not to drive the freeway anyway.”
- “If they were close to home—I’m having more and more trouble driving. My head don’t turn. You don’t do well in traffic then.”

Should the Arthritis Self Help Course be Offered in Other Formats?

Scheduling and Length of Course

Some people thought that a one-day course would be better than the 6 session program.

- “I was just wondering, because like I’d rather do it all in one class then maybe have to come, like for an hour every once a week or whatever. Even an all day class where you could cover the whole thing in one day might... be helpful.”
- “I probably wouldn’t want to go every day, like I say for an hour or two, but a one day seminar? Oh yeah...no problem at all.”
- “I really believe that if you had a course and got the notices out, that people would come for a one-day thing.”
- “I would rather go to an all day thing and then just get some extra reading material because I can sit and read.”

Others thought it was important to keep the sessions to under two hours.

- “No, no you can’t have that too long. We get restless. And if you’ve got arthritis you don’t want to set too long.”

Group process

When asked if we should provide a video taped version of the program, many people thought that the group sharing part of the program was very important and that a video would not provide the support and interaction that they needed.

- “It’s sort of nice to get together and find out what other people have gone through or have learned from it, too. We learn from other people.”
- “The biggest part about that class ...is the interaction of the people themselves and by the time they finish they are all friends, they call each other... So it really generates friendships, it generates their own support system... I just think the talking that goes on among these people during the course is just wonderful. You couldn’t get that from a video. You don’t get the feedback.”
- “It always helps to know you’re not the only one.”
- “I think that the value of the course was interaction with people, not just the information given. The information given is in the book, but the value of the class was the discussion and the encouragement.”
- “I do better in a group. I am spurred on by the enthusiasm of the group and I get real excited about things and I usually see it through, I guess that’s my nature.”

A few comments were made about group classes being nothing but an opportunity to complain about aches and pains without accomplishing anything.

- “We’re all going to sit there and talk about this didn’t work, and this didn’t work.”

Worksite

When asked whether the course should be offered in worksites, the comments from some participants indicated concerns about confidentiality and the problem with arthritis potentially being seen as a weakness by their employers.

- “But you don’t see things about arthritis. So in the work place you’re saying that it’s ok to talk about stress, it’s ok to talk about smoking, weight loss programs....It’s not ok to talk about drinking. I mean think about it. If you come in and you’re an alcoholic, that’s a very difficult thing to bring in to your work place. Arthritis probably doesn’t have the same stigma, but it’s close, if you’re young.”
- “It’s OK to talk about stiffness and that kind of stuff but only if you were out water-skiing all weekend. I could be stiff by Monday morning if it’s related to gardening all weekend, shoveling snow. But just because I have arthritis I wouldn’t walk in and say it’s a bad day for me.”
- “You know it’s almost like it’s a real shameful issue if you have to take meds to control something.”

Several suggestions were made about how to implement worksite programs.

- “Well, I suggested that they get affiliated with the college and do some kind of reduced fees and so we could go over there and exercise especially since we didn’t have equipment in a room.”
- “You think work site programs? Absolutely. And don’t hesitate with administration. They’re so busy with that other stuff that it’s the people down at the bottom that are just anxious to know and learn.”

What Keeps People from Attending Education Courses?

The primary reason given for not attending education courses was lack of time or that education programs were not a priority.

- “I have a family and the family is always going to win out before I take the time to drive, you know, to town to swim for an hour and then drive back home.”
- “My personal opinion is people just are so busy they just don’t take the time. And they just don’t realize how much they could get from it.”
- “When you are a grandmother you are so busy.”

What Would Encourage People to Attend Education Courses such as the Arthritis Self Help Course?

Many people had ideas on how to promote the Arthritis Self Help Course. Several people suggested changing the name to reflect the kind of information that people want to hear.

- “Advertise the class “Living with Arthritis.” So that it looks like ways of making life easier with arthritis.”

The course needs to appear to be interesting and practical. The first course needs to prove to the participant that attending the rest of the classes is worth their time.

- “If it was something that truly interested me, I would make the effort to be there.”
- “If they’re telling you good information it wouldn’t bother you to go 6 times. It depends on how good the first one is.”
- “The first one is going to set the tone of whether I’ll come back again or not. If the first one is dynamic and the second one is so so, then I’ll try a third one, maybe it’ll be as good as the first one. If the first one’s bad, I ain’t coming back anymore.”

A positive attitude about arthritis was important to several people.

- “Well, if you accomplish something, that to me, with a positive attitude, that’s what I’d want.”
- “You want to believe you can.”

Adaptive Equipment

Several groups were very vocal about the need to talk about how the course can help them do things with their arthritis that they used to do. Once again, information about adaptive equipment was seen as the method to convince people to attend the program.

- “Well.....I think you would get most people at programs, at classes at whatever if you advertise it so to speak as alternative. And well, adaptive things, that you can keep going and if you have this adaptive equipment. That I’ll buy. Your medication and you’re cured-no, it isn’t g going to happen, so I’m not going to listen to you. But if you’re going to show me ways that I can continue to cook even with my pain, then I will listen.”
- “Focusing on what I can do with my arthritis more so than on focusing on what you can do for my arthritis. It’s going to get more people there because the mindset for 100 years has been, ‘live with it, there’s nothing we can do for it.’ But when, especially with my wrist, when I started having problems, I love to

cross-stitch. There's nothing out there. Anybody that would have said, 'With your arthritis, with your broken wrists, with whatever, we can adapt this, we can change that,'---I'd of been there in a heartbeat. \$100. No problem."

- "If you made a list of things like that [about adaptive equipment] it might draw some people and advertise them in whatever you mail out."

Pain Control

Pain was not always seen as an important reason to attend a course. People were more interested in improving their ability to function than coping with their pain. Part of this was because many people didn't really believe there was anything that could be done to reduce pain, other than taking the medications they already had.

- "I wouldn't have gone [to an education program] for you to tell me how to reduce my pain, because it ain't gonna happen. I already know that. I watched my relatives. I watched Grandpa with the gold and with all the other things that they tried."
- "And bring in the pain control and those kinds of things, but you've got to have something that's really interesting to get them there."

Testimonials

People wanted to hear about arthritis from someone else who had arthritis and had found a way to cope with it.

- "The one thing that would draw me more to something is the fact that someone there has it."
- "You see his progress and you can see that yours is not progressing at that rate."

Incentives

Incentives were suggested as a way to improve course attendance.

- "Are there door prizes?"
- "I know that a gimmick too, sometimes helps other people to go to things."
- "Gifts like loose-fitting socks that will go on easy, the curly shoe laces, the long shoe horns. I think those three right there would get anybody."
- "If you're trying to get the general public to come, they're going to come much quicker for the adaptive equipment and living with arthritis than for pain control because they don't think it will work."

- “So that’s a good way to advertise for anything and then maybe you could put in there saying come and get your little gift.”

Getting Volunteer Leaders

Groups were asked how volunteer leaders for the Arthritis Self Help Course could be recruited. The general response was that there were people willing to volunteer if they knew that the program needed them.

- “No one ever asked.”
- “Well if you can find a way then we might be able to find a way in the church to get more workers.”
- “I think you could also target long-term care facilities. The staff needs so many hours of continuing education and at least the staff would be knowledgeable enough to work for the benefit of the residents.”

Focus Group Conclusion

Many people are unaware about the programs that are available to people with arthritis. For some people, there is an overall sense of hopelessness about arthritis. Arthritis is often viewed as a painful condition for which there is no help or cure.

When told about the Arthritis Foundation and the arthritis education programs that are available, most people had never heard them but were interested in learning more. Many people had learned about their arthritis on their own and had received little information from health professionals. Physician diagnoses of arthritis were not seen as important to most; arthritis was a disease to be lived with and not treated. Therefore, many did not talk to their physicians about arthritis and received no information from them.

People were interested in receiving information in a variety of ways. Pamphlets, newspapers, brief radio spots, television or radio talk shows, the Internet, posters and flyers were all viewed as effective methods for obtaining information about arthritis. Going to public forums about arthritis within their own communities were also seen as a good method for learning about arthritis.

Most people had never heard of the Arthritis Self Help Course, but there were many ideas expressed about how to encourage people to attend arthritis education programs within their community. Time of day and distance to travel were viewed as important barriers that must be considered when planning a class. Some thought the course should be given in an all day class rather than the six classes currently offered. Little support was given for the concept of producing video-tapes of the classes so that people could view the course from their own homes.

Course content was also discussed at length. Many people wanted more information on how to live with their arthritis without giving up things that they liked to do. Some participants thought adaptive equipment would be helpful to them and that courses that offered to help them find ways of obtaining and using this equipment would be well attended. Pain management was seen as less important than being able to do the things they wanted to do.

It was important to the participants that the Arthritis Self Help Course be interesting and practical. The first course needs to prove to the participant that attending the rest of the classes are worth their time. People also wanted to hear testimonials from people with arthritis that the course had helped them and was worth the time and effort to attend.

Appendix A

Methodology

Focus Group Data

Focus groups were conducted with 106 people with arthritis between the ages of 45 and 74 in 10 cities throughout the State of Minnesota. Participants were recruited by through advertisements in local newspapers and radio stations; distribution of flyers through church bulletins, medical clinics, senior centers, and senior high rises; and through assistance of community volunteers. The most successful method of recruitment was through churches.

Although most participants were women between the ages of 60 and 74, about 30% of the groups were between the ages of 45 and 60. Only seven men participated in the focus groups. No surnames or identifying information were collected from any of the participants. Participants were provided with books about arthritis for participating in the groups.

Staff of the Minnesota Arthritis Program and the Arthritis Foundation North Central Chapter developed questions for the groups through a group process. The purpose of the questions was to obtain qualitative information on how to increase arthritis education programs at the community level. Copies of the questions are included in Appendix B.

All groups were conducted by the same person and were recorded on cassette tapes. Notes were taken during the sessions and field notes were prepared immediately after the sessions. Transcripts were made of the cassette tapes. Notes and transcripts were converted into text files and analyzed using *Atlast ti*, (Scolari Software, 1999).

Code lists were developed as each transcript and note document was reviewed; these lists went through several stages of revision until a final code list was established. Numbers for each code were calculated by the software and the distributions of codes across focus groups were reviewed. This method of counting codes was useful to determine the emphasis placed on each finding in the analysis. The distribution of codes by focus group is listed below:

Distribution of Codes by Focus Group											
	1	2	3	4	5	6	7	8	9	10	Total
Adaptive Equipment	0	6	3	0	0	0	0	0	0	1	11
Aquatics	3	0	1	0	0	0	0	0	0	0	4
ASHC* Incentives	1	5	0	0	0	0	0	0	0	1	7
ASHC* Place	3	0	5	6	6	0	3	0	1	6	30
ASHC* Time	3	0	4	10	16	0	6	2	1	6	48
Attitude	1	2	0	0	0	0	0	0	0	7	10
Community Ed	2	0	0	1	0	0	0	0	0	1	4
Group Sharing	2	5	2	3	1	4	0	0	1	3	21
Hopelessness	0	0	18	2	0	2	1	0	0	0	23
Information	3	6	25	8	9	9	1	5	2	5	73
Information Useful	1	0	2	2	1	1	0	0	0	3	10
Magazine	3	0	0	0	2	0	0	0	0	1	6
Newspaper	3	2	1	2	3	1	0	1	0	2	15
Notices/Flyers	0	1	1	0	2	0	0	0	0	2	6
Pain	0	1	5	1	0	0	0	0	0	2	9
Physical Activity	3	0	1	2	0	3	0	0	0	2	11
Physician	1	4	4	0	4	0	2	0	0	3	18
Promote ASHC*	1	5	14	8	9	1	2	1	2	4	47
Radio	0	0	3	3	1	0	0	0	2	2	11
Speakers	3	3	0	0	0	0	0	0	0	2	8
Television	2	3	0	4	0	0	0	0	0	3	12
Web	0	2	1	5	0	0	0	0	0	0	8
Worksite	0	2	2	0	0	0	1	0	2	0	7
* ASHC=Arthritis Self Help Course											

Appendix B

Focus Group Questions

Introductory Questions:

- Think about the time that you realized that you had arthritis.
- Did a Doctor diagnosis it or did you diagnosis it yourself. How did you know you had arthritis?

Transition Questions:

- What kind of information have you received about arthritis. Did a doctor give it to you or did you find out about it yourself? How was it given? For example did you see a video tape, read an article in a magazine, or were you given a pamphlet by your doctor?
- What was helpful about this information?
- What is your favorite way to be given information. For example, a class, books, pamphlets, videos, one-on-one teaching?

Key Questions:

- The Arthritis Foundation has developed several programs to help people with arthritis. One of these programs is the Arthritis Self-Help Course. Have you ever heard of this program?
- The Arthritis Self Help Course is a program that involves six classes taught to small groups of people with arthritis. This course teaches people with arthritis how to manage pain, and cope with their arthritis on a daily basis. People who attend this course have reported a decrease in pain by 20% and a decrease in physician visits by 43%. The typical cost of this course is \$35 per participant. Unfortunately, the Arthritis Foundation has had a hard time recruiting people to teach the course and getting people to come to the classes on a regular basis.
- Why do you think people are not attending the Arthritis Self Help Course?
- What do you think would get people in International Falls, Minnesota to sign up for the Arthritis Self Help Course?
- Where should we hold the course and what time of day should we hold it?
- Do you think there is a better way to provide information regarding arthritis other than having people come to a series of six classes?
- What do we need to do to create a good arthritis education program?

Ending Questions:

- xxxxxxxx is going to summarize for us what you have just said. Is this a good summary?

Have we missed anything? Is there anything that we should have talked about but didn't?