



Arthritis Services of Charlotte-Mecklenburg County

A Step in the Right Direction

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Smith Arthritis Fund Report From Arthritis Patient Services

We have been indebted for many years to the family of Carolyn Kirkpatrick Smith for funds set up in her memory to benefit persons with arthritis in Mecklenburg County. This fund has allowed for many special projects through the years at our agency, and we once again want to thank her family and the MCMS for the privilege to use these special funds. Our state has a higher incidence of arthritis; North Carolina is one of the states with the highest projected increase in prevalence by the year 2030.

Last year's funding received from the MCMS was spent on the purchase of one Dell business-grade laptop that was sorely needed, as well as a service subscription to the Zoom platform for a year. We pledged to you that we also would evaluate our virtual programming format delivery versus our in-person delivery styles to assure we would get the same quality results.

From July 2020 through June 2021, our organization served 141 unduplicated individuals with multiple evidence-based programs through virtual contact on Claris® Companion tablets that rotated among some of our community's frailest. On these tablets, our instructors led 176 Zoom classes using segments from the GERI-FIT program and other chronic pain evidence-based programs. We have a total of 26 tablets with Internet connectivity that have been in circulation. Our goal is to continue this type of programming post pandemic, and we have other prospective grants to purchase more tablets. Thanks to the MCMS, we were able to get our technology needs up to par with a new computer for our executive director.

In a typical non-pandemic year, we serve more than 500 participants in a variety of in-person evidence-based classes. They live in Charlotte, Mint Hill, Matthews, and Pineville, and we work in tandem with the Mecklenburg County senior nutrition program. Our outcomes' process consistently shows significant gains in improved pain levels, mobility, overall fitness, and mood after participants complete our programs.

During the epidemic, we pivoted to using a conference call approach to teach the Chronic Disease Self-Management Program (among others), and also a virtual approach using Claris® Companion tablets to teach evidence-based classes for chronic disease and pain management tips. We acquired funding to purchase 26 tablets, and these tablets have been on the move through the 141 participants noted above. These devices came with Internet connectivity, essential for virtual programming.

Comparing the results of in-person programming to virtual programming with respect to changes in pain and physical fitness level revealed the following: More than 90 percent of participants using the tablets reported their overall activity/physical fitness levels improved and more than 30 percent reported less pain (compared to normal findings with in-person programming, if this was on target with similar results). However, the pain score of only 30 percent reporting less pain was not consistent with our typical findings with in-person programming, where normally 60 percent report less pain. Perhaps in-person learning formats allow for more connection to others, leading to reduced pain levels?

The best finding of all in a year like none other was that more than 80 percent reported being less lonely after participation in the self-help programming on the tablets. Those who are socially isolated are more susceptible to physical and mental health issues.