

Getting America Mobile: Ways to Improve American Quality of Life

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Presented By:



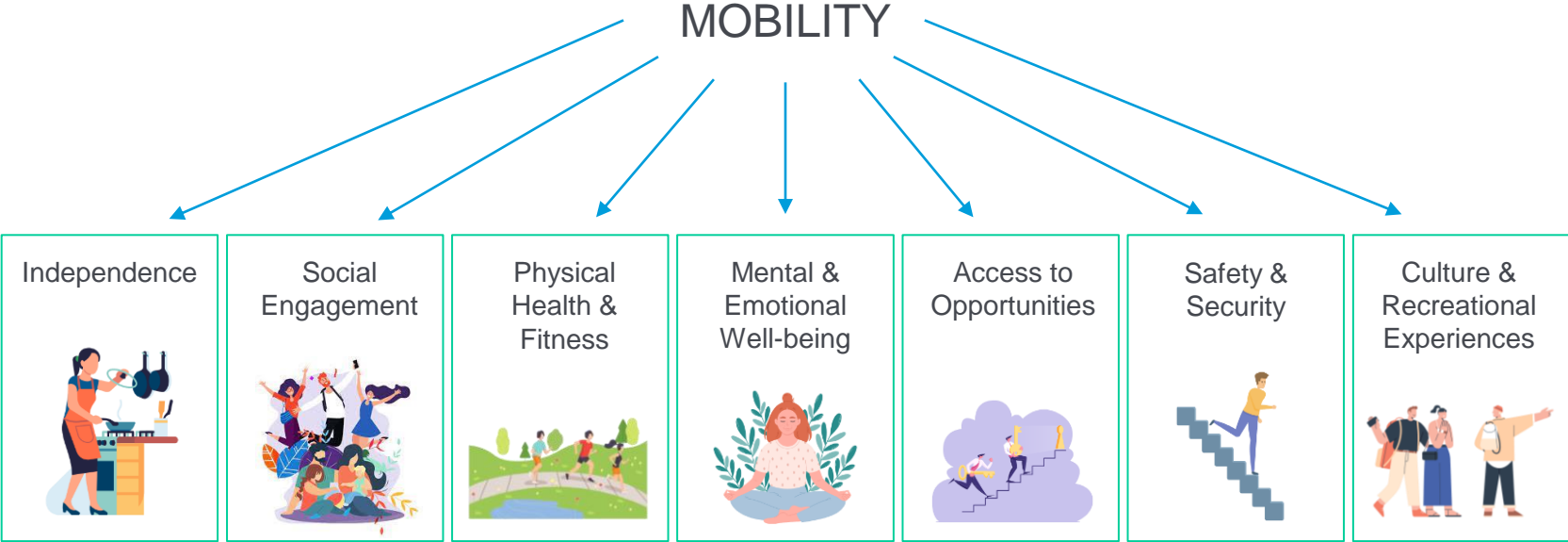
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Mobility is Central to Quality of Life

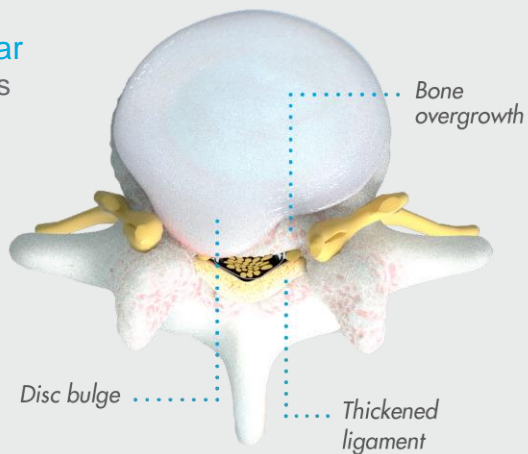




Combating LSS to Improve Mobility

Lumbar Spinal Stenosis (LSS) is a condition in which the lower spinal canal narrows and compresses the nerves in the lower back. People with LSS typically experience a variety of symptoms that affect daily life, including pain and limited mobility.

Aging and natural wear and tear on the spine can cause conditions that put pressure on the spinal nerves:



Common Symptoms



PAIN, NUMBNESS,
Tingling, or heaviness when standing/walking?



RELIEVED
by sitting, bending forward, or sleeping curled in the fetal position



Goals of the Research

- 1 Establish a Mobility Index of Americans to track over time to check the pulse of the general public
- 2 Assess the impact of chronic lower back pain (CLBP) in mobility compared to other barriers to mobility
- 3 Measure awareness of treatment options for CLBP, LSS in particular, and best channels to overcome barriers to treatment



Research Method

**Audience:**

5,020 US adults 18+ (“Gen pop”), including **1,521** adults who currently experience chronic low back pain and/or sciatic pain (“CLBP sufferers”)

**Survey Timing:**

May 12– May 20, 2022

**Mode:**

5-minute online survey (Gen pop)
15-minute online survey (CLBP sufferers)

**Weighting:**

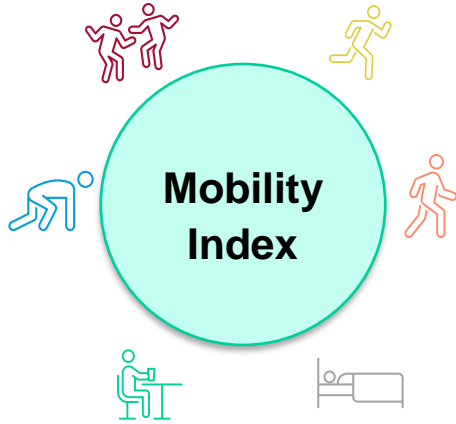
Data are weighted to ensure results are projectable to the U.S. adult population based on age, gender, race/ethnicity, region, education, household income, household size, and marital status



Building the Index



About the Mobility Index



Comprised of 3 Main Dimensions

Self-rated mobility (16%)

- *Poor, fair, good, very good, or excellent*

Ease of doing specific physical activities without pain (54%)

- *Very difficult, somewhat difficult, somewhat easy, very easy across 18 activities*

Attitudes about mobility (30%)

- *Strongly disagree, somewhat disagree, somewhat agree, strongly agree across 10 attitudinal statements*

Highest possible score = 100



Lowest possible score = 0

1



Survey respondents were asked to self-rate their mobility, rate their ability to conduct various physical activities, and indicate their level of agreement with a series of statements about mobility, pain, physical limitations, and ability to complete everyday tasks.

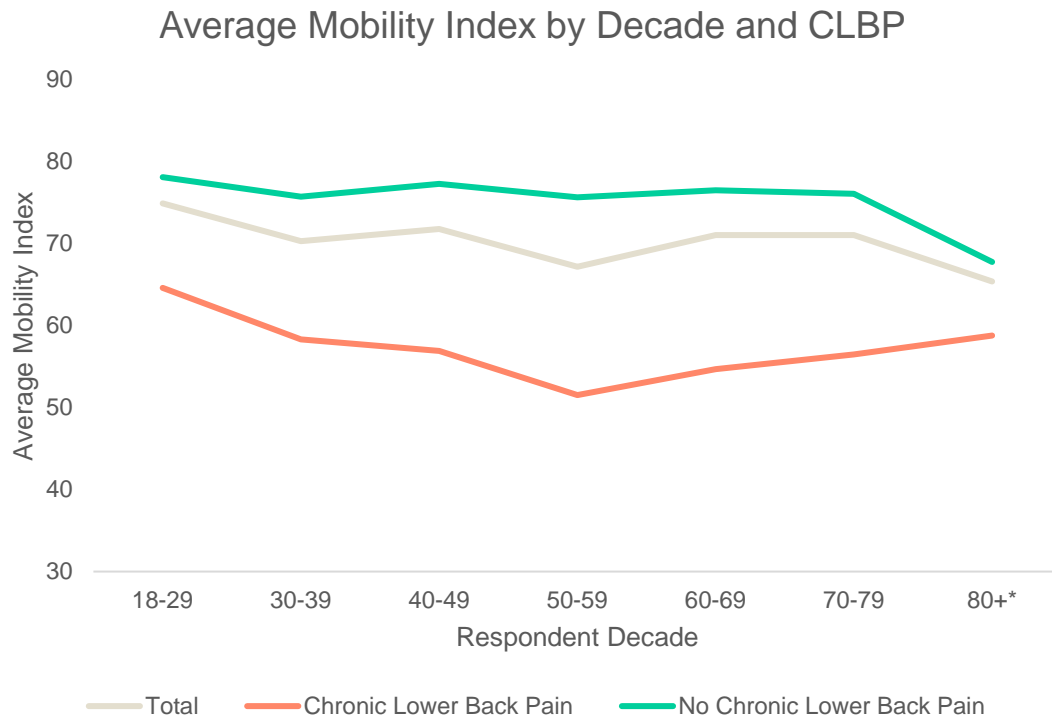
2



Activities were weighted (or scored) by ease or difficulty, and attitudinal statements that were found to correlate most closely with the physical activities were incorporated into the model, to develop a Mobility Index for all U.S. adults, including the ability to analyze by age, CLBP, and dozens of other variables.



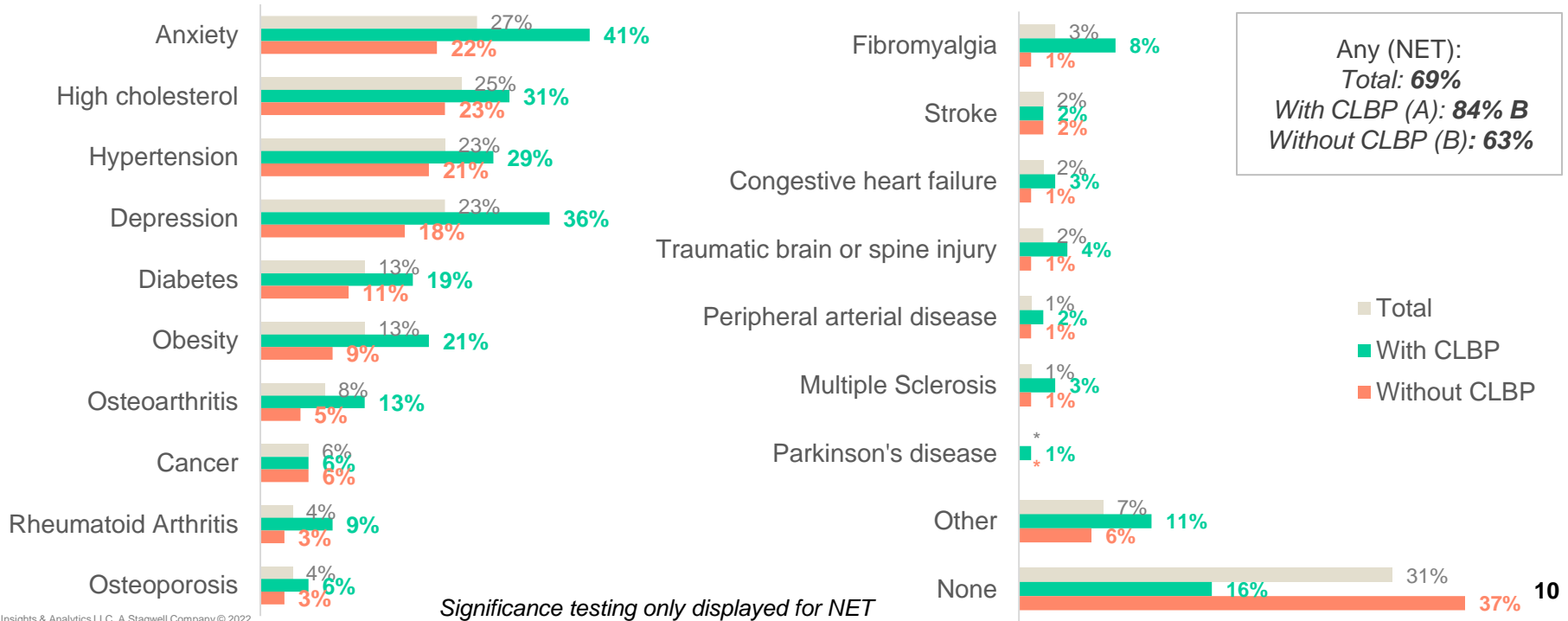
Mobility Index was More Strongly Influenced by Conditions than Age





Most CLBP sufferers have a comorbidity as diagnosed by an HCP

Conditions Been Diagnosed With By an HCP



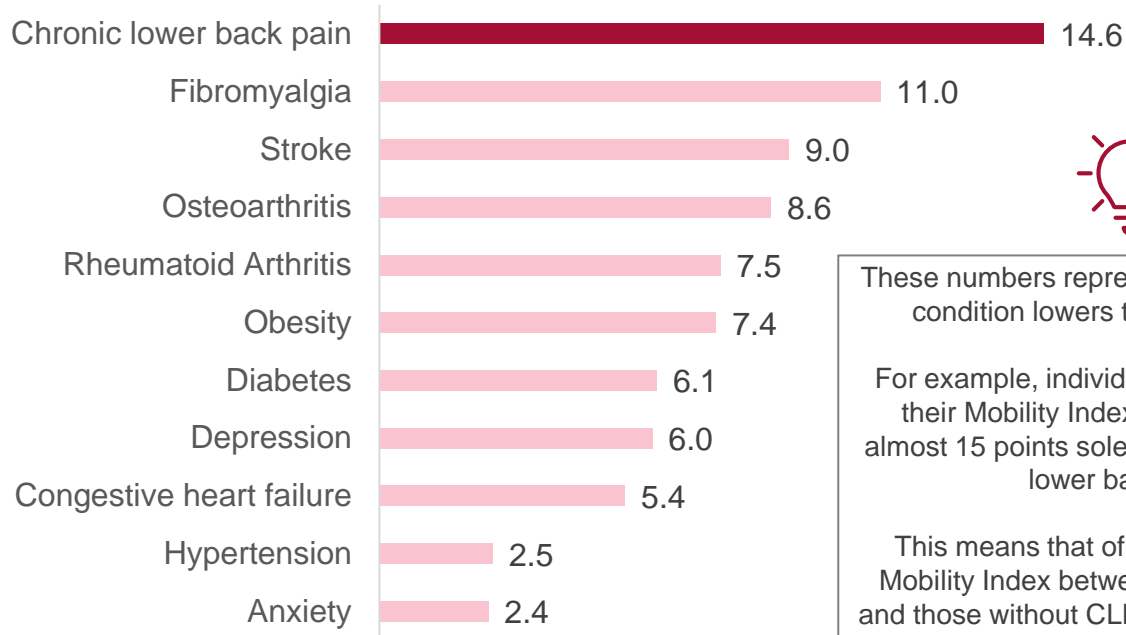
Significance testing only displayed for NET



CLBP reduces Mobility Index more than any of the co-morbidities tested

Estimated Decrease in Mobility Index Score For Each Condition*^

Among all adults 18+



These numbers represent the amount each condition lowers the Mobility Index.

For example, individuals with CLBP have their Mobility Index score reduced by almost 15 points solely due to their chronic lower back pain.

This means that of the 20-point gap in Mobility Index between those with CLBP and those without CLBP, nearly 15 points is due to CLBP alone.

*Weighted least squares regression

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^Note: only responses for co-morbidities with minimum n=100 have been included in this analysis

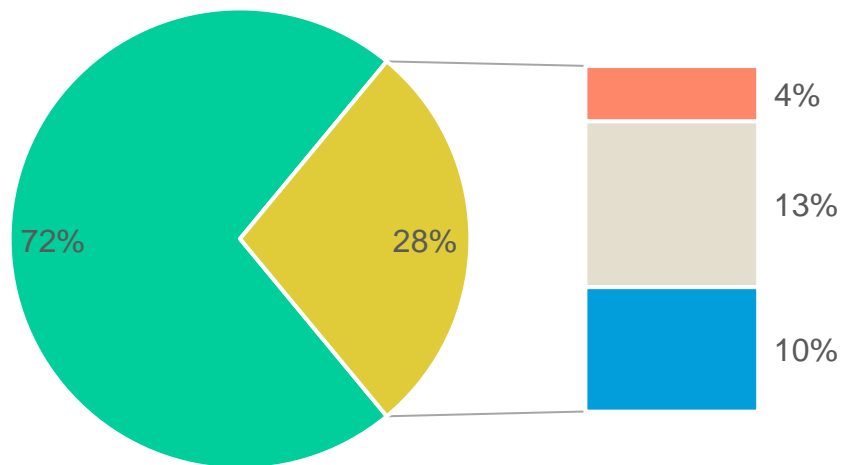


Public Perception of Treatments



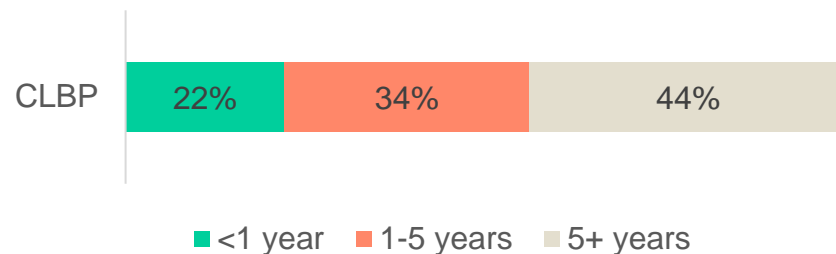
CLBP Experience and Diagnosis

CLBP Prevalent in America



■ No CLBP ■ Mild CLBP ■ Moderate CLBP ■ Severe CLBP

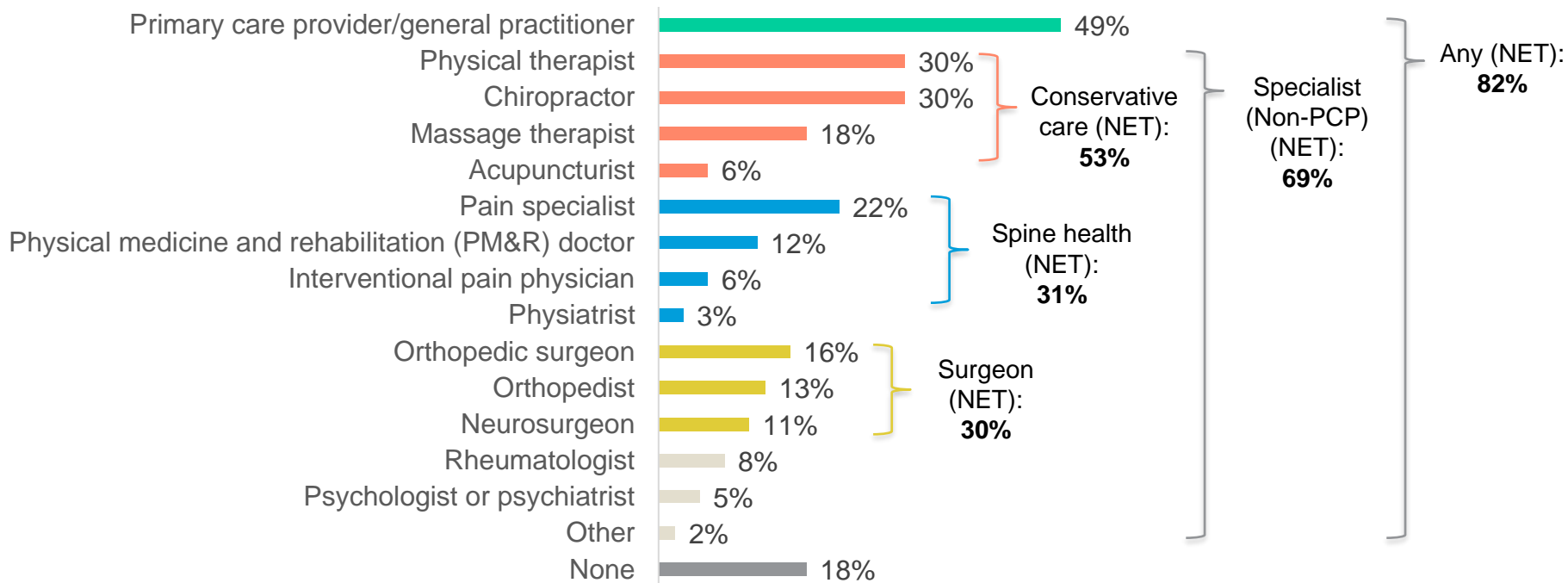
Patients Tend to Suffer Years





Many have seen a specialist (non-PCP), mainly conservative care, but nearly 1 in 5 have never seen any HCP about their CLBP

HCP Seen for CLBP

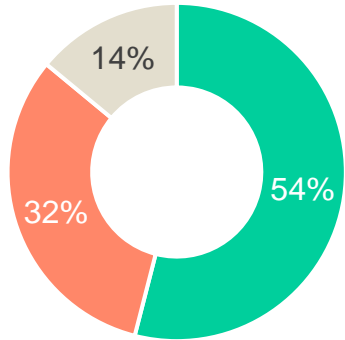




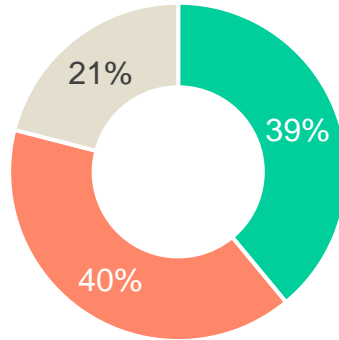
HCPs appear to discuss osteoarthritis/aging as a potential CLBP cause more so than LSS and particularly, the enlarged ligament that can cause LSS

Has an HCP Ever Told You...

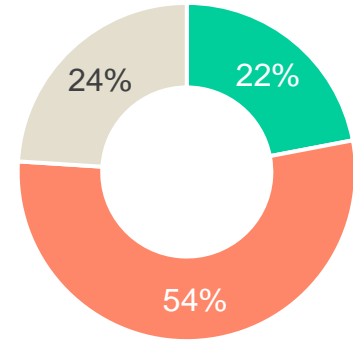
CLBP can be caused by osteoarthritis or aging



CLBP can be caused by lumbar spinal stenosis (LSS)



CLBP can be caused by an enlarged ligament



Younger generations (18-49) are more likely than the oldest generations (60-79) **to have been told CLBP can be caused by an enlarged ligament;** **older generations (50-79) are more likely** to have been told it can be caused by osteoarthritis/aging

Only about **1 in 5** have been told by an HCP that an enlarged ligament could be the cause of their CLBP

■ Yes ■ No ■ Not sure



Implications of the Research



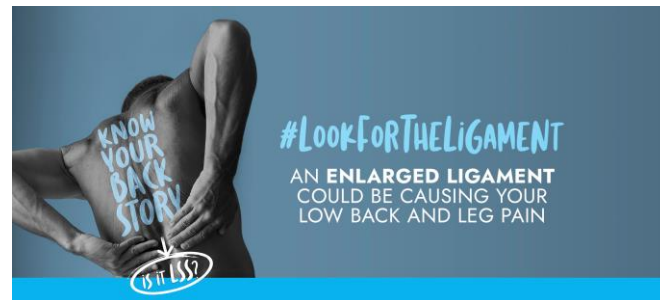
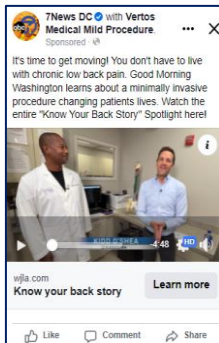
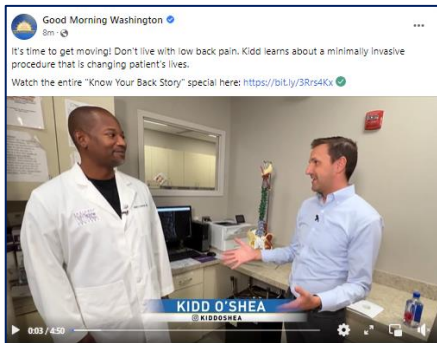
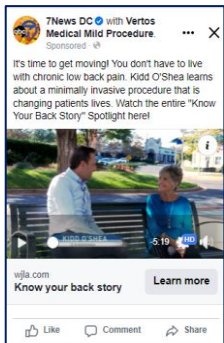
76% Say CLBP Has Interfered With Their Ability To Complete Everyday Tasks¹





Awareness Is The First Step

Know Your Back Story – A National Health Awareness Campaign



GOALS:

- Increase awareness around causes and symptoms of LSS
- Get patients to a spine health doctor who can help diagnose their issue
- Provide minimally invasive treatment options that can help patients regain mobility
- Restore quality of life and get people moving again!



Implication of the Research

- 1 Launch public awareness campaign to inform patience of non-invasive treatment options to CLBP
- 2 Help educate HCPs on causes and treatment options to look for LSS as opposed to osteoarthritis or aging
- 3 Continue to monitor progress in awareness and seeking treatment for those who have the condition



Appendix

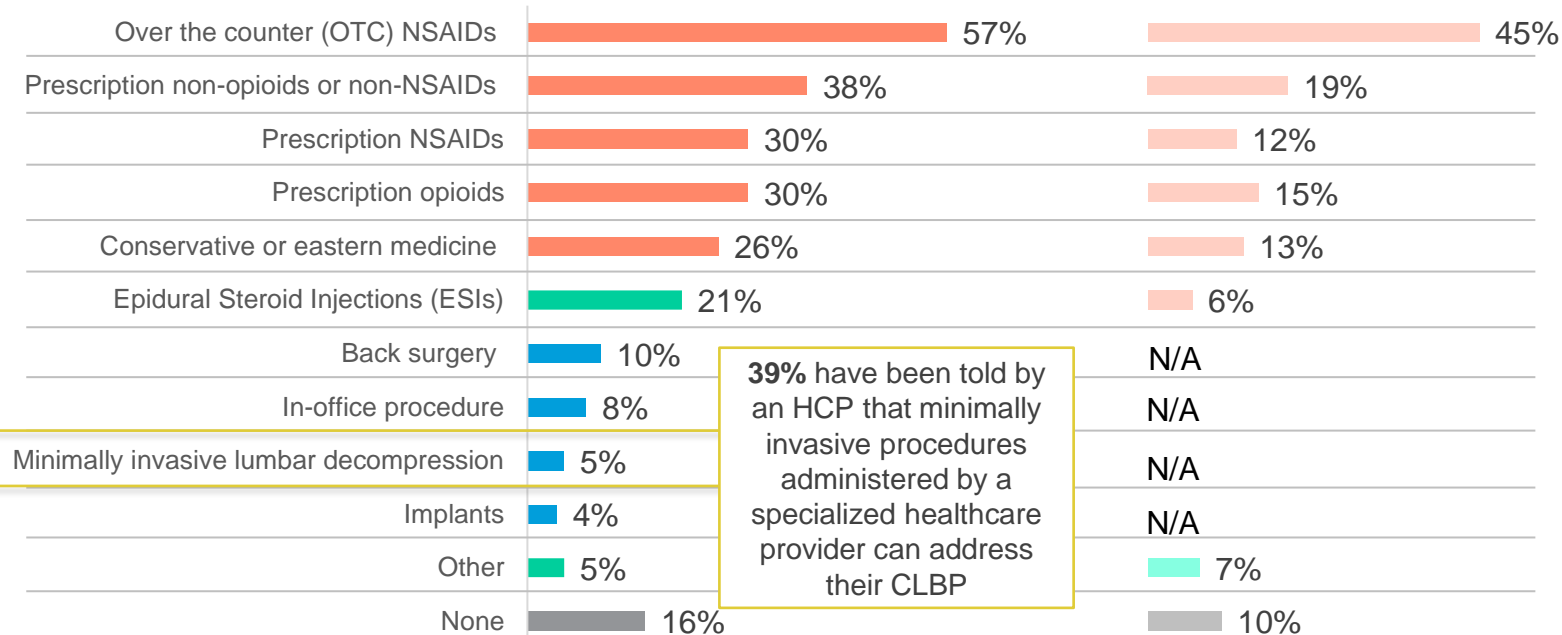


Most have had treatment to address CLBP, primarily OTC NSAIDs, with few having ever had a procedure

Treatment Experience

% Ever had/taken

% Currently doing/taking



Any (NET):
Ever: **84%**
Current: **73%**

Medication (NET):
Ever: **77%**
Current: **64%**

Procedure (NET):
Ever: **20%**

39% have been told by an HCP that minimally invasive procedures administered by a specialized healthcare provider can address their CLBP

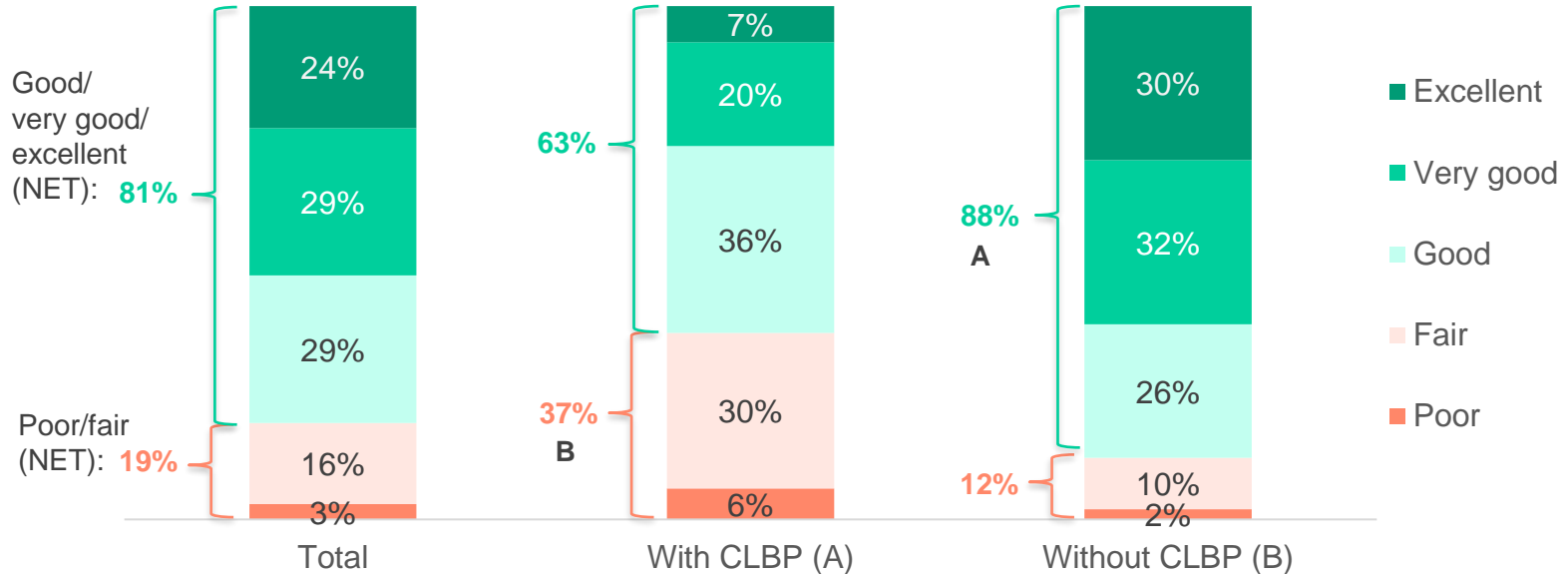
35% of 18-29 year olds have never done or taken anything to address their CLBP (by far the most likely)





Nearly 2 in 5 CLBP sufferers self-report poor/fair mobility, more than 3x the amount of non-sufferers who say the same

Self-Rated Mobility

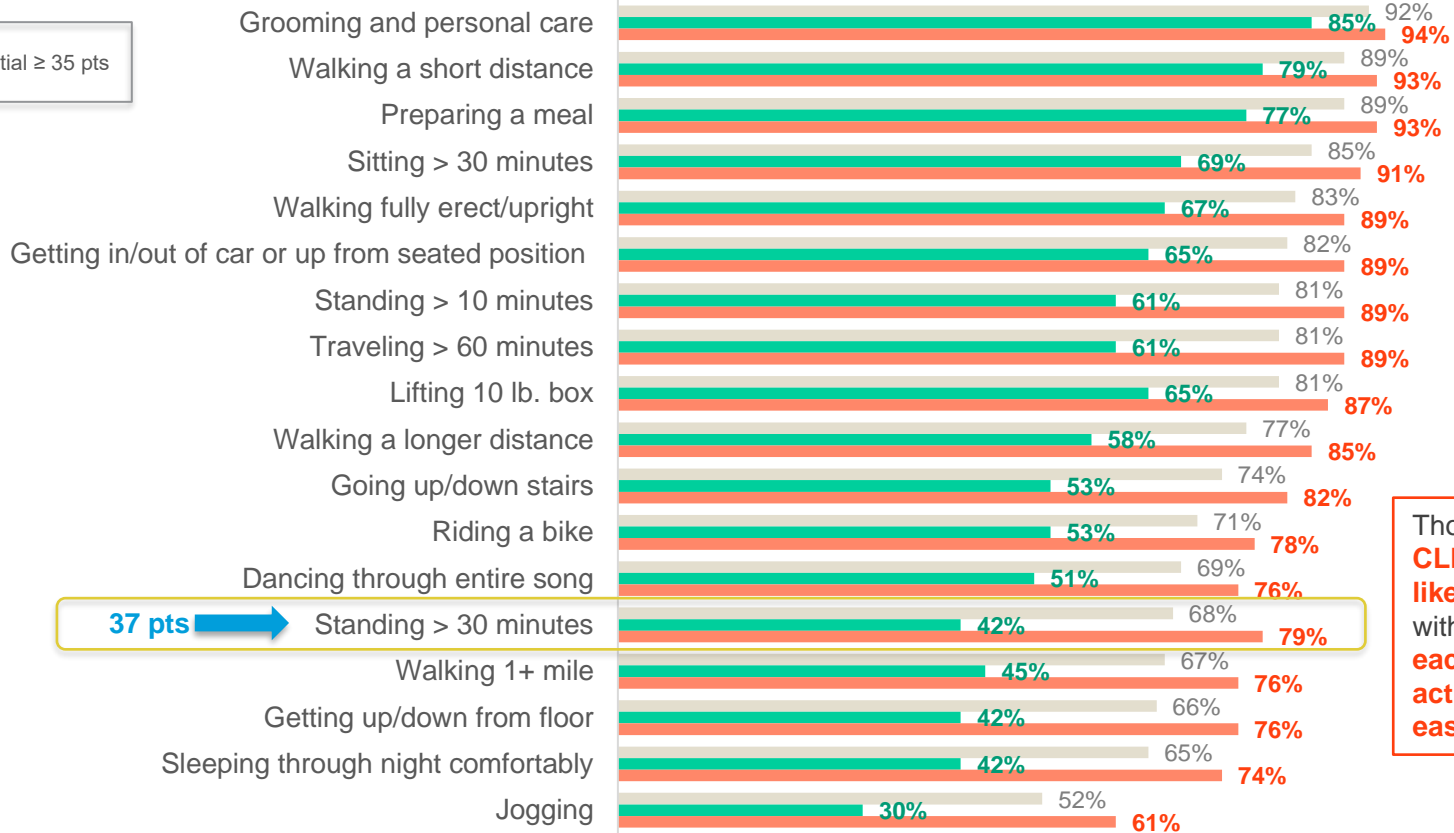




CLBP sufferers less likely to be able to perform physical activities easily

Ease of Doing Specific Physical Activities Without Pain % very/ somewhat easy

➔ Differential ≥ 35 pts



37 pts ➔ Standing > 30 minutes


Those **without CLBP** are **more likely** than those with CLBP to say **each of these activities are easy to perform**

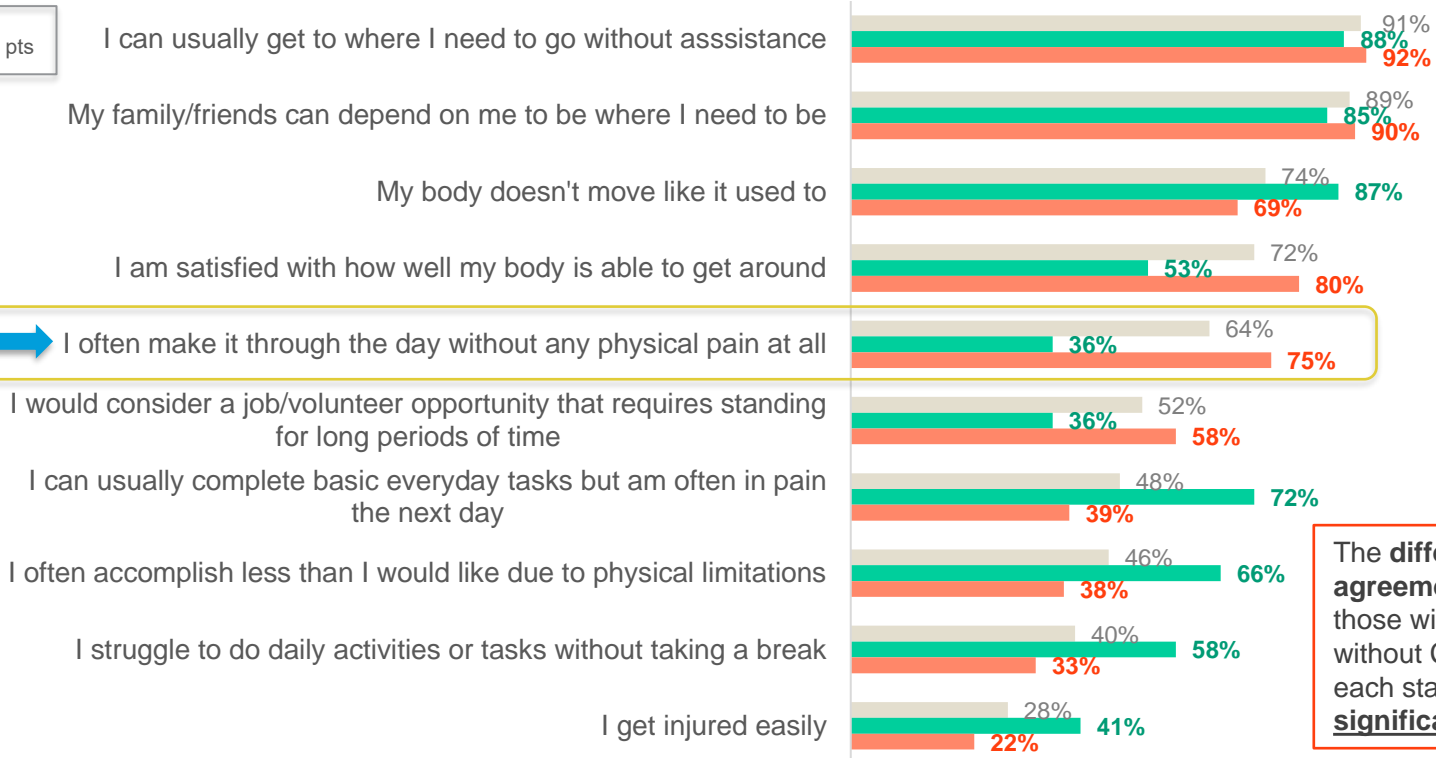


CLBP sufferers more likely to struggle with pain and its impacts on their daily activities

Attitudes About Mobility % strongly/somewhat agree

 Differential ≥ 35 pts

39 pts 



The **difference in agreement** among those with and without CLBP for each statement **is significant**

■ Total ■ With CLBP ■ Without CLBP