

ARTHRITIS MEETING THE CHALLENGE

AT A GLANCE 2011

National Center for Chronic Disease Prevention and Health Promotion
Division of Adult and Community Health





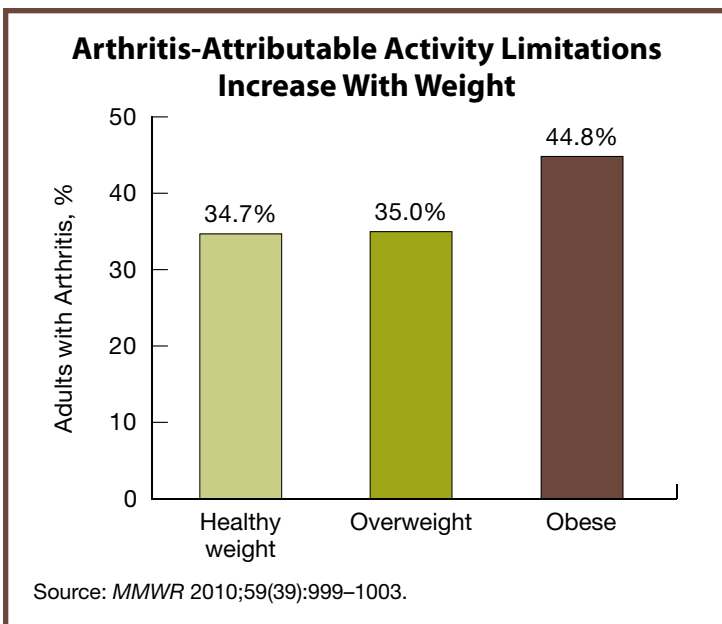
Arthritis: The Nation's Most Common Cause of Disability

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 racial and ethnic groups. Arthritis also is 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, these numbers are expected to increase sharply. The number of adults with doctor-diagnosed arthritis is projected to increase to 67 million by 2030, and more than one-third of these adults will have limited activity as a result. In addition, a recent study indicated that some form of arthritis or other rheumatic condition affects 1 in every 250 children.



“Like so many chronic diseases, including heart disease, diabetes, and cancer, the risk for arthritis increases with increasing body weight. Improvements in weight management and regular physical activity—which are so important to the prevention and management of arthritis—are essential to health and quality of life. Arthritis prevention and control can play a major role in overall chronic disease prevention and health promotion.”

Ursula Bauer, PhD, MPH

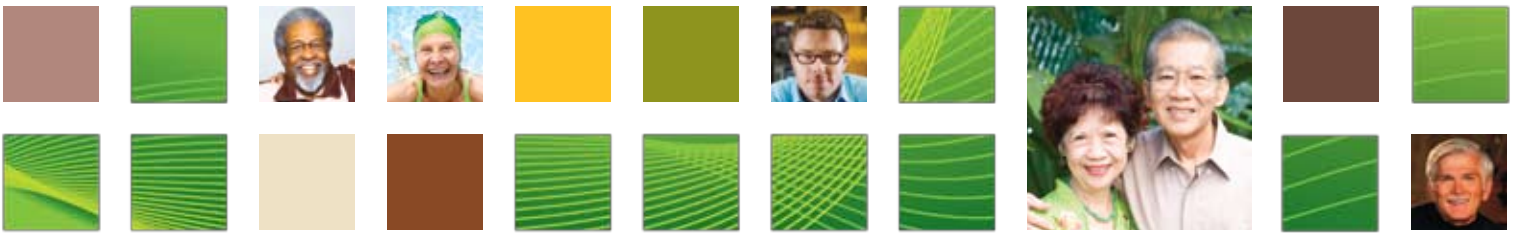
Director, National Center for Chronic Disease Prevention and Health Promotion, CDC

Common disability. Arthritis is the nation's most common cause of disability. Nearly 21 million U.S. adults report activity limitations because of arthritis each year. Among all U.S. adults of working age (18–64 years), 5.3% (6.9 million people) reported that they have arthritis that limits their work. Of the 23 million adults with arthritis in this age group, arthritis-attributable work limitations affect about 1 in 3 people.

High lifetime risk. A recent community study estimated 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 with increasing weight and rises 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 992,100 hospitalizations and 44 million outpatient visits.

Special barriers to physical activity. Research shows that pain or fear of pain, fear of worsening symptoms or damaging joints, and lack of information on how to exercise safely prevent people with arthritis from being physically active. Not being physically active is a risk factor for many other chronic diseases and interferes with management of these conditions. More than half of U.S. adults with diabetes or heart disease also have arthritis. To manage chronic conditions such as diabetes, heart disease, and obesity effectively, people with arthritis need help finding ways to overcome arthritis-specific barriers to physical activity.



What Can Be Done to Address Arthritis?

Learn techniques to manage arthritis. Self-management education interventions such as the Arthritis Foundation Self-Help 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 are not 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.

CDC's Response

CDC is committed to leading strategic public health efforts to promote well-being, prevent chronic disease, and achieve health equity. With \$13 million in Fiscal Year 2011 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 include continuing to implement the *National Arthritis Action Plan: A Public Health Strategy* and disseminating and implementing recommendations from *A National Public Health Agenda for Osteoarthritis* (OA Agenda), released in 2010. By carrying out the strategies of the action plan 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 achieves this goal by supporting the following five key activities:

1. Collaborating to make policy and system changes.

CDC recently formed a national coalition called the OA Action Alliance with the Arthritis Foundation and other partners to promote the goals and recommendations of the new OA

The Arthritis Foundation Exercise Program, the Arthritis Foundation Aquatic Program, and the Senior Services EnhanceFitness® 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.

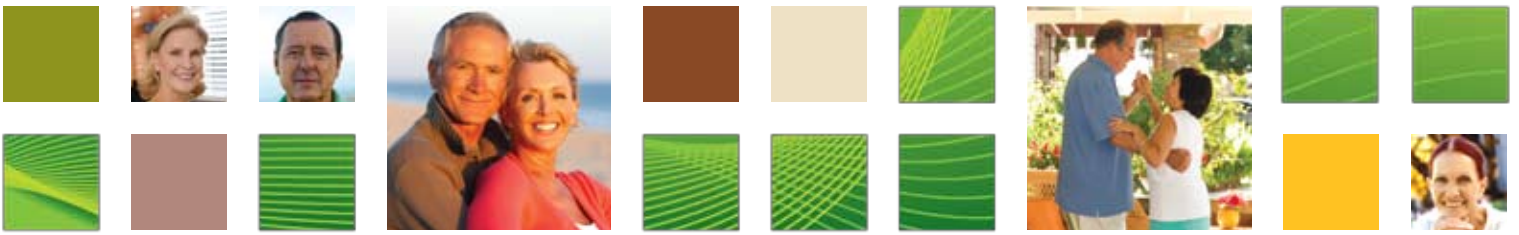
Agenda. CDC also is working with multiple partners to develop and promote policy and environmental strategies to help people with arthritis be physically active.

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 risk factors as starting points for policy changes.

2. Supporting state health department efforts.

State health departments have used CDC funds and worked with partners, including the Arthritis Foundation, to increase public awareness, improve the states' ability to monitor arthritis burden, and promote embedding the delivery of evidence-based interventions in existing systems.

In 2008, CDC began awarding 12 states an average \$500,000 per year as part of a 4-year cooperative agreement (see map on the Success Stories insert). This funding helps states increase the reach of CDC-recommended, evidence-based arthritis interventions. States also are encouraged to apply innovative policy,



CDC's Response (continued)

communication, and partnership strategies to reach their program goals. In addition, CDC is working with the NACDD to support the Arthritis Council and efforts in nine states (Alaska, Illinois, Indiana, Iowa, Kentucky, Maryland, Massachusetts, Mississippi, and New York) to integrate arthritis interventions into existing chronic disease programs. The NACDD, with CDC support, gives health departments in these states about \$50,000 a year as part of a 3-year project.

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 *Buenos Días, Arthritis* is designed to reach Spanish-speaking Hispanic adults. Each state arthritis program and several Arthritis Foundation chapters have run at least one of the campaigns in their state.

Start-up support from CDC and the NACDD helped YMCA branches in eight states begin to offer EnhanceFitness® in 2010. This program has been proven to help people with arthritis increase their strength and endurance. The YMCA plans to offer more of these types of programs in the future to reach more people. In addition, because some people cannot attend group classes, CDC is working with the National Education Association to offer the self-study Arthritis Toolkit to its members.

4. Improving the science base.

CDC supports research to learn more about arthritis and effective management strategies. For example,

- CDC is evaluating existing physical activity programs and developing new ones for people with arthritis who need programs. The agency supported research at the University of North Carolina at Chapel Hill that led to the 2010 launch of a group- and self-directed walking program for adults with arthritis called the Arthritis Foundation Walk

with Ease Program. The Arthritis Foundation will distribute the program and offer training for participating groups.

- An analysis of the Arthritis Foundation Self-Help 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 the University of Michigan and Emory University, through the Michigan and Georgia state health departments, to use registry data to produce more reliable estimates of lupus for blacks and whites. CDC also has created registries to collect data for Hispanics and Latinos, Asians, and American Indians/Alaska Natives.

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 or heart disease. 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.

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