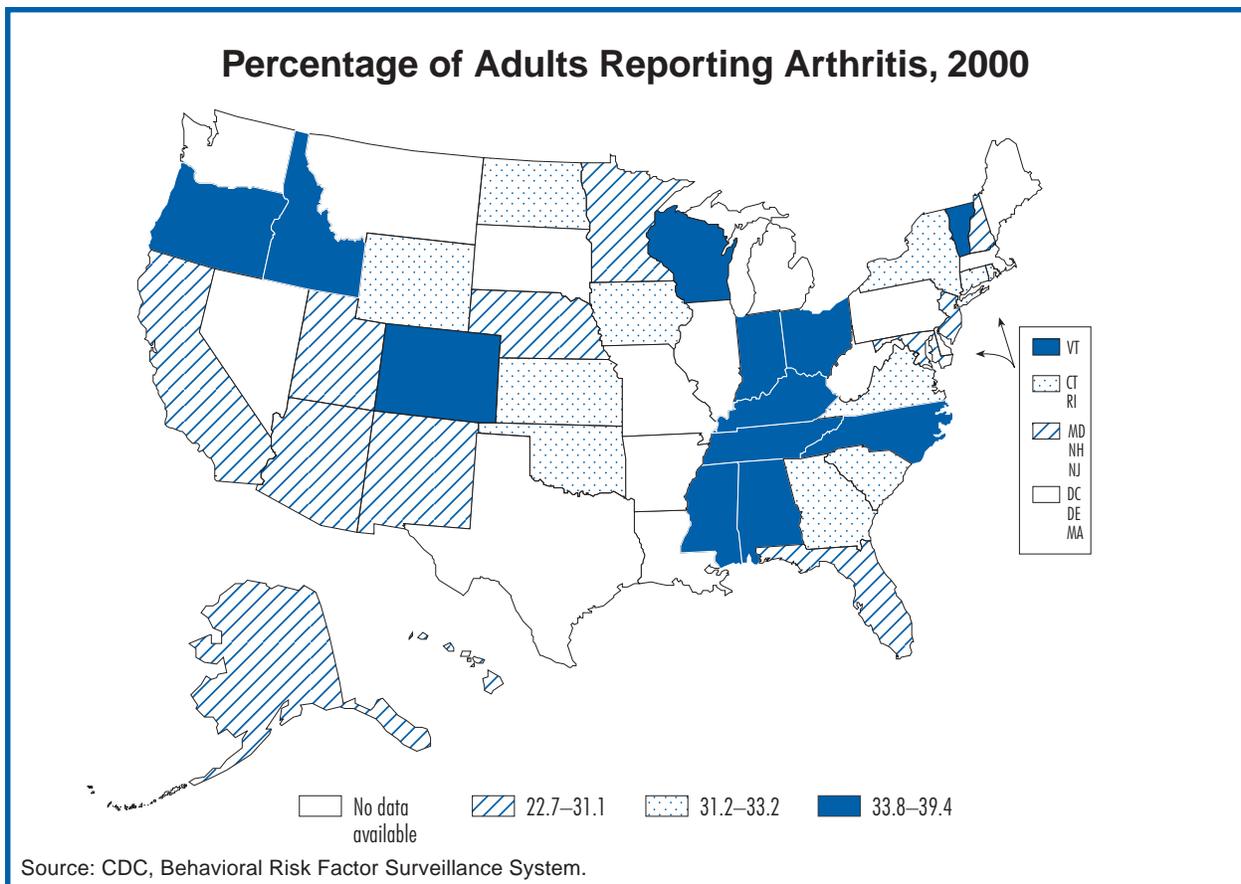


Targeting Arthritis: Public Health Takes Action 2002



“One of every six people in the United States has arthritis. Improving the lives of people with arthritis will take the combined efforts of voluntary and public health agencies and health care providers.”

Tino Mantella
President and CEO
Arthritis Foundation, Atlanta, Georgia

Arthritis: The Nation's Leading Cause of Disability

What Is Arthritis?

Arthritis comprises over 100 different diseases and conditions. The most common are osteoarthritis, rheumatoid arthritis, 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, affect multiple organs and cause widespread symptoms.

Why Is Arthritis a Public Health Problem?

Arthritis affects nearly 43 million Americans, or about one of every six people, making it one of our most common diseases. Moreover, as the population ages, this number will increase dramatically; by 2020, 60 million Americans (almost one in five) will be affected by arthritis.

Arthritis is the leading cause of disability among U.S. adults, limiting everyday activities for more than 7 million Americans. By 2020, an estimated 12 million Americans will be limited in some of their daily activities because of arthritis.

Arthritis and its related disability create huge costs for individuals, their families, and the nation. Each year, arthritis results in 750,000 hospitalizations and 44 million outpatient visits. The estimated cost of medical care for arthritis is \$15 billion, and the estimated total cost, including lost productivity, exceeds \$65 billion.

Who Gets Arthritis?

Arthritis is not, as commonly perceived, just an old person's disease: nearly three of every five people with

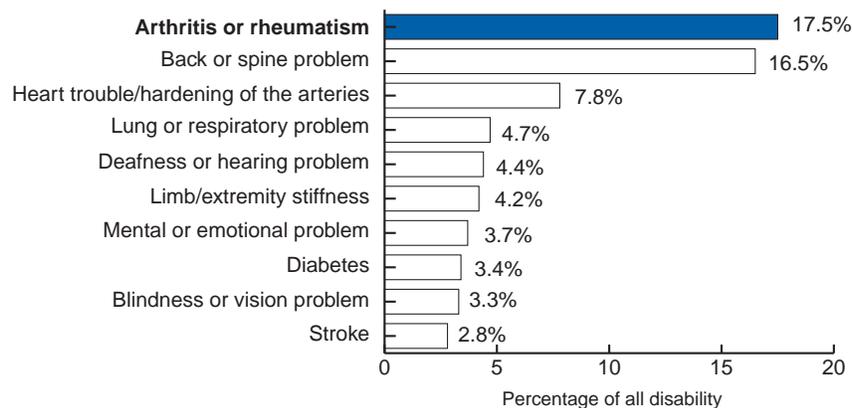
arthritis are younger than 65 years. Arthritis affects young people and people of all racial and ethnic groups. However, it is more common among women and older Americans.

What Can Be Done to Control and Prevent Arthritis?

Fortunately, there are effective ways to not only prevent arthritis, but also to reduce the symptoms, lessen the disability, and improve the quality of life for persons with arthritis.

- Weight control and injury prevention measures can lower the risk for osteoarthritis.
- The pain and disability that accompany arthritis can be decreased through early diagnosis and appropriate management, including self-management activities such as weight control and physical activity.
- Self management education programs are also effective in reducing both pain and costs. One successful program, the Arthritis Self Help Course, teaches people how to manage their arthritis and lessen its effects. This 6-week course reduces arthritis pain by 20% and physician visits by 40%. Unfortunately, less than 1% of the 43 million Americans with arthritis participate in such programs, and courses are not offered in all areas. More widespread use of the Arthritis Self Help Course and similar programs could save money and reduce the burden of arthritis.

Most Common Causes of Disability Among Americans Aged 18 Years or Older, 1999



Source: CDC. Prevalence of disabilities and associated health conditions among adults—United States, 1999. *MMWR* 2001;50:120–5.

CDC Framework for Arthritis Prevention and Control

What Are CDC and Its Partners Doing About Arthritis?

The *National Arthritis Action Plan: A Public Health Strategy* was developed by CDC, the Arthritis Foundation, the Association of State and Territorial Health Officials, and 90 other organizations to address the growing problem of arthritis. This landmark plan recommends a national coordinated effort to reduce pain and disability and improve the quality of life for people with arthritis. This plan forms the foundation of CDC's work in arthritis.

Congress appropriated \$11.8 million in fiscal year 2001 for CDC's arthritis program. With this funding, CDC is working with the Arthritis Foundation and other partners to implement the *National Arthritis Action Plan* and is supporting start-up activities in states. By carrying out the goals of the National Arthritis Action Plan, CDC and its partners will also be moving toward achieving the arthritis-related objectives in *Healthy People 2010*, a comprehensive, nationwide agenda for promoting health and preventing disease.

What Activities Does CDC's Arthritis Program Support?

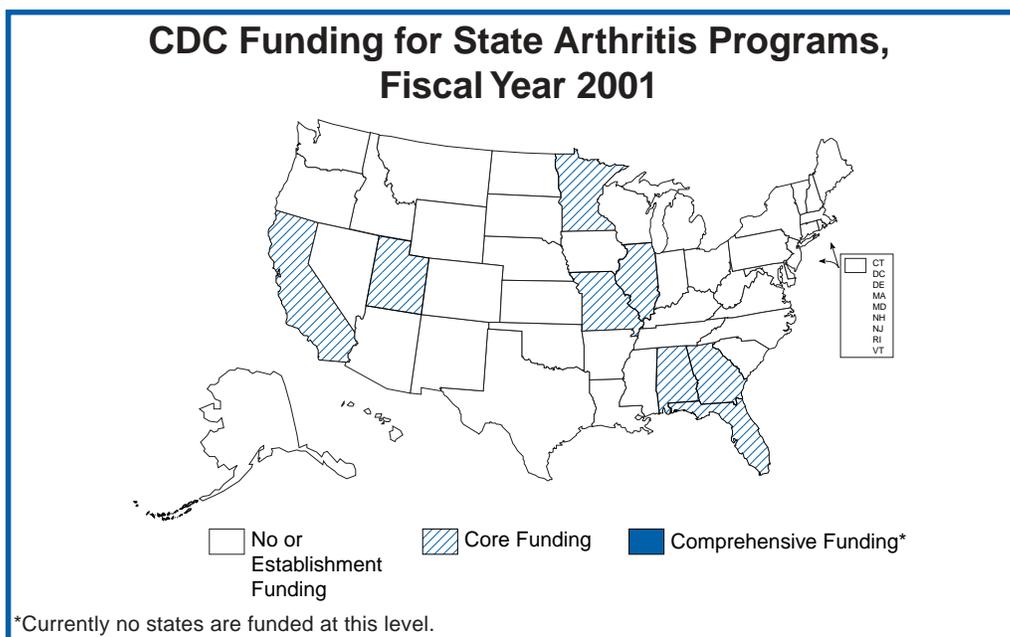
The primary goal of CDC's arthritis program is to increase the quality of life of people affected by arthritis. The program achieves this goal by supporting five key activities:

1. Building state arthritis programs

In 2001, CDC funded 29 states to address arthritis. States are using CDC funding to strengthen partnerships with state Arthritis Foundation chapters and others, increase public awareness, improve their ability to monitor the burden of arthritis, coordinate activities, and test interventions. The central aim is to let people know that something can be done to lessen the effects of arthritis and to increase the number of people who participate in arthritis self-help programs.

CDC has three different levels of program funding:

- *Establishment program funding* (\$120,000) allows states to create a state arthritis plan and begin establishing programs. In 2001, 21 states were funded at this level.
- *Core program funding* (\$320,000) carries the process further. The eight states funded at this level are carrying out pilot projects to improve the quality of life of people affected by arthritis. Many states are increasing the availability of the Arthritis Self Help Course.
- *Comprehensive program funding* (\$1,000,000) would allow states to establish more programs throughout the state. No states currently receive comprehensive funding.



A State Arthritis Program in Action:

With CDC support, **Alabama** is developing and evaluating a community project in an underserved rural African-American community. This project involves the community in developing resources for arthritis, including the delivery of the Arthritis Self Help Course. Because of the partnerships developed through this program, a rheumatologist travels 2 hours from Birmingham once a month to offer specialized care for people with arthritis in this area.

2. Increasing awareness

CDC is working with state health departments and Arthritis Foundation chapters to implement a health communications campaign that promotes physical activity among people with arthritis aged 45–64 in lower socioeconomic levels. The campaign is producing radio scripts, brochures, and print pieces with the theme line “Physical Activity. The Arthritis Pain Reliever.”

3. Improving the science base

CDC supports research to better determine why arthritis occurs and progresses and how to deal with it, as these examples illustrate:

- Hip and knee osteoarthritis, the primary causes of expensive joint replacement surgery, are becoming more prevalent as the population ages. CDC, in collaboration with the University of North Carolina and the National Institutes of Health, is studying these conditions among 3,200 residents of Johnston County, a rural area of North Carolina. This study is the first ever to look at arthritis among African Americans and whites over time to learn more about preventing arthritis and limiting its progression and associated disabilities.
- Although many people with arthritis use complementary and alternative medicine, little is known about why people turn to it, how well it works, and whether physicians are involved in

decisions to use it. CDC is funding the universities of North Carolina and New Mexico to examine these issues among people with osteoarthritis, fibromyalgia, and rheumatoid arthritis.

4. Measuring the burden of arthritis

CDC’s Behavioral Risk Factor Surveillance System, which all 50 states use to collect health information from adults, is the main source of state-level arthritis data. The data help to monitor trends, define the burden of arthritis, and assess the effects of symptoms on quality of life. CDC is also working to get the same questions on national surveys so that state and national data can be compared.

5. Implementing systems changes

CDC is working with national- and state-level partners to implement the policy and systems changes recommended in the *National Arthritis Action Plan*. One example of this work is CDC’s collaboration with two state health departments—Missouri and Florida—and managed care organizations in those states to pilot test changes in the way medical care is delivered to people with arthritis.

What Are CDC’s Future Plans?

In collaboration with funded states and other partners, CDC hopes to

- Create a nationwide program to improve the quality of life for people affected by arthritis.
- Increase the number of people reached by existing arthritis programs.
- Develop and evaluate culturally appropriate programs to better serve diverse communities.
- Fund evaluation efforts to develop the best possible programs at the lowest possible cost.
- Develop health communication programs to increase physical activity among minority communities, the elderly, and people of low socioeconomic status.

For more information, additional copies of this document, or copies of the *National Arthritis Action Plan: A Public Health Strategy* or the *Healthy People 2010* arthritis objectives, please contact the Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Mail Stop K–45, 4770 Buford Highway NE, Atlanta, GA 30341-3717; (770) 488-5464. ccdinfo@cdc.gov www.cdc.gov/nccdphp/arthritis