Adults Ages 18 or Older with Self Reported Doctor-Diagnosed Arthritis in Minnesota. Behavioral Risk Factor Surveillance System, 2009.

Table 1 describes the prevalence of arthritis by various characteristics (overall, sex, age, race/ethnicity, education level, obesity, and physical inactivity). Use this table when you want to describe arthritis prevalence in your state by these important sociodemographic characteristics.

Table 1. How many adults in Minnesota have arthritis?

827,000 (21%) adults have arthritis.
334,000 (17%) men have arthritis.
492,000 (25%) women have arthritis.

By age:
151,000 (47%) adults 75 years or older have arthritis.
142,000 (42%) adults between the ages of 65 and 74 have arthritis.
369,000 (27%) adults between the ages of 45 and 64 have arthritis.
165,000 (9%) adults between the ages of 18 and 44 have arthritis.

By race/ethnicity:
777,000 (21%) whites have arthritis.
11,000 (11%) Blacks have arthritis.
Percentage of Hispanics with arthritis could not be estimated due to small sample size.

By education:
53,000 (33%) adults with less than a high school education have arthritis.
245,000 (24%) with a high school education have arthritis.
529,000 (19%) with more than a high school education have arthritis.

Tables 2 and 3 contain impact measures of arthritis. The numerators in these tables are people with arthritis who also have the relevant impact. The denominators in these tables are all adults in the state with arthritis. Use these tables when you want to describe specific arthritis impacts among adults with arthritis.

Table 2. Among adults with arthritis in Minnesota, what proportion have arthritis-attributable limitations and joint pain?

Activity limitation:
Of adults with arthritis, 43% (353,000) have activity limitation due to their arthritis.
44% of women with arthritis have activity limitation due to their arthritis.
42% of men with arthritis have activity limitation due to their arthritis.

Work limitation:
Of working-age (18-64) adults with arthritis, 34% (179,000) have some work limitation due to their arthritis.
35% of working-age women with arthritis have some work limitation due to their arthritis.
33% of working-age men with arthritis have some work limitation due to their arthritis.

Social participation restriction:
Of adults with arthritis, 12% (101,000) have social participation restriction due to their arthritis.
14% of women with arthritis have social participation restriction due to their arthritis.
9% of men with arthritis have social participation restriction due to their arthritis.

Severe joint pain:
Of adults with arthritis, 21% (172,000) have severe joint pain due to their arthritis.
21% of women with arthritis have severe joint pain due to their arthritis.
21% of men with arthritis have severe joint pain due to their arthritis.

Table 3. Among adults with arthritis in Minnesota, what proportion report fair/poor health, or at least 14 unhealthy or limited activity days in the past 30 days?

Fair or poor general health:
Of adults with arthritis, 23% (188,000) rate their general health status as fair or poor.
23% of women with arthritis rate their general health status as fair or poor.
22% of men with arthritis rate their general health status as fair or poor.

Fair or poor general health by race/ethnicity:
23% of whites with arthritis rate their general health status as fair or poor.
Percentage of Blacks with arthritis could not be estimated due to small sample size.
Percentage of Hispanics with arthritis could not be estimated due to small sample size.

Poor physical health for 14 or more of the past 30 days:
Of adults with arthritis, 167,000 (20%) reported poor physical health for 14 or more of the past 30 days.

Poor mental health for 14 or more of the past 30 days:
Of adults with arthritis, 96,000 (12%) reported poor mental health for 14 or more of the past 30 days.

Activity limitation attributable to poor physical or mental health for 14 or more of the past 30 days:
Of adults with arthritis, 97,000 (20%) reported activity limitation attributable to poor physical or mental health for 14 or more of the past 30 days.

Table 4 contains the same arthritis impact measures as Table 2, but differs by referring to all adults in Minnesota, not just those with arthritis. The numerators in this table are the same people with arthritis who also have the relevant impact, so the absolute numbers are the same. However, the denominator is different from Table 2. In Table 4, the denominator is the adult population of the state. Use this table when you want to describe how much arthritis impacts the whole adult population. For example, 11% of women in Minnesota have activity limitation due to their arthritis.

Table 4. Among all adults in Minnesota, how many have arthritis and arthritis-attributable limitations and joint pain?

Activity limitation:
About 9% ***of all adults*** have activity limitation due to their arthritis.
11% of all women have activity limitation due to their arthritis.
7% of all men have activity limitation due to their arthritis.

Work limitation:
About 5% ***of all working-age (18-64) adults*** have some work limitation due to their arthritis.
6% of all working-age women have some work limitation due to their arthritis.
5% of all working-age men have some work limitation due to their arthritis.

Social participation restriction:
About 3% ***of all adults*** have social participation restriction due to their arthritis.
3% of all women have social participation restriction due to their arthritis.
2% of all men have social participation restriction due to their arthritis.

Severe joint pain:
About 4% ***of all adults*** report severe joint pain.
5% of all women report severe joint pain.
4% of all men report severe joint pain.

Table 5a provides the prevalence of arthritis among adults with other chronic conditions as well as the overall prevalence of arthritis in the state. For the first column describing the prevalence of arthritis in the state, the denominator is all adults in the state. For all the other chronic conditions, the denominators in this table are all adults in the state with each chronic condition. Use this table to demonstrate the high prevalence of arthritis among adults with other chronic conditions. This information may be useful for working across programs in the state health department and for partnership building.

Table 5a. In Minnesota, how common is arthritis among the general adult population compared with arthritis prevalence among adults with other chronic conditions?

21% of adults in the general population have arthritis.
40% (99,000) adults with diabetes also have arthritis.
51% (97,000) adults with heart disease also have arthritis.
41% (345,000) adults with high blood pressure also have arthritis.
32% (346,000) adults with high cholesterol also have arthritis.

Table 5b provides the prevalence of arthritis among adults with risk factors for chronic disease, as well as the overall prevalence of arthritis in the state. For the first column describing the prevalence of arthritis in the state, the denominator is all adults in the state. For all the other risk factors, the denominators in this table are all adults in the state with each risk factor. Use this table to demonstrate the high prevalence of arthritis among adults with common risk factors for chronic disease. This information may be useful for working across programs in the state health department and for partnership building.

Table 5b. In Minnesota, how common is arthritis among the general adult population compared with arthritis prevalence among adults with risk factors for chronic disease?

21% of adults in the general population have arthritis.
21% (309,000) of adults who are overweight have arthritis.
28% (270,000) of adults who are obese have arthritis.
34% (104,000) of adults who are inactive have arthritis.
20% (133,000) of adults who smoke have arthritis.

Table 6 allows you to compare the prevalence of physical inactivity, obesity, and overweight between adults with and without arthritis. This information may be useful for working across programs in the state health department and for partnership building.

Table 6. Are adults in Minnesota with arthritis more physically inactive or overweight/obese than adults without arthritis?

Of adults with arthritis:
104,000 (13%) are inactive
270,000 (33%) are obese
309,000 (38%) are overweight

Of adults without arthritis:
205,000 (7%) are inactive.
684,000 (22%) are obese.
1,174,000 (38%) are overweight.

Table 7 describes the management of arthritis among adults in your state with arthritis. Use this table to estimate the proportion of people with arthritis who report counseling from a health provider to lose weight or increase physical activity. You can also estimate the proportion of people with arthritis who report they ever have taken a class to learn how to manage their symptoms.

Table 7. Among adults in Minnesota with arthritis, what proportion report they can do everything or most things they want to do, were told to lose weight or exercise, or attend a self-management class for their arthritis?

Can do everything or most things they want to do:
Of adults with arthritis, 629,000 (78%) can do everything or most things they want to do; 177,000 (22%) cannot.

Told to lose weight:
Of overweight/obese adults with arthritis, 209,000 were told by their doctor to lose weight for their arthritis (37%).

Told to exercise:
Of adults with arthritis, 477,000 were told by their doctor to exercise for their arthritis (59%).

Attended self-management class for arthritis:
Of adults with arthritis, 119,000 have attended a self-management course or class to learn to manage their arthritis (15%).

Note about rounding of estimates: Estimates in the summary table are rounded to the nearest whole number while all of the standard tables round to the nearest tenth of a percent. As a result, you may detect slight discrepancies because the summary table may have a number which is rounded down when one might expect it should have rounded up. For example, an underlying rate of 27.49 rounds up to 27.5 for the standard tables and rounds down to 27 for the summary page. Any discrepancies that result should not be big enough to matter much when using these tables to make the points you want to make.