



ARTHRITIS MEETING THE CHALLENGE OF LIVING WELL

AT A GLANCE 2014

National Center for Chronic Disease Prevention and Health Promotion
Division of Population Health





Arthritis: The Nation's Most Common Cause of Disability

Chronic diseases are the leading causes of death and disability in the United States. CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) is at the forefront of the nation's efforts to prevent and control chronic diseases such as arthritis.

What Is Arthritis?

Arthritis includes more than 100 different rheumatic diseases and conditions, the most common of which is osteoarthritis. Other forms of arthritis that occur often are rheumatoid arthritis, lupus, fibromyalgia, and gout. 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.

Arthritis is more common among adults aged 65 years or older, but people of all ages (including children) can be affected. Nearly two-thirds of people with arthritis are younger than 65. Arthritis is more common among women (26%) than men (19%) in every age group, and it affects members of all racial and ethnic groups. Arthritis is also 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 52.5 million U.S. adults (about 1 of 5) report having doctor-diagnosed arthritis. As the U.S. population ages, the number of adults with arthritis is expected to increase sharply to 67 million by 2030.

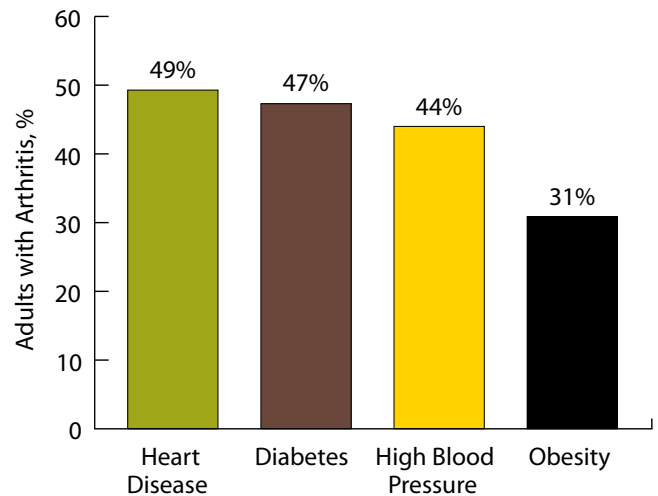
High lifetime risk. The CDC-funded Johnston County Osteoarthritis Project in North Carolina estimates that the lifetime risk of developing knee osteoarthritis that causes pain is 45%. Among those who have had a knee injury, an estimated 57% will develop osteoarthritis; an estimated 60% of people who are obese will develop osteoarthritis.

Common disability. Arthritis is the nation's most common cause of disability. It limits the activities of 22.7 million Americans—for example, preventing them from being able to climb stairs or walk more than short distances. For 1 of 3 adults of working age (18–65 years) with arthritis, it can limit the type or amount of work they do or whether they can work at all.

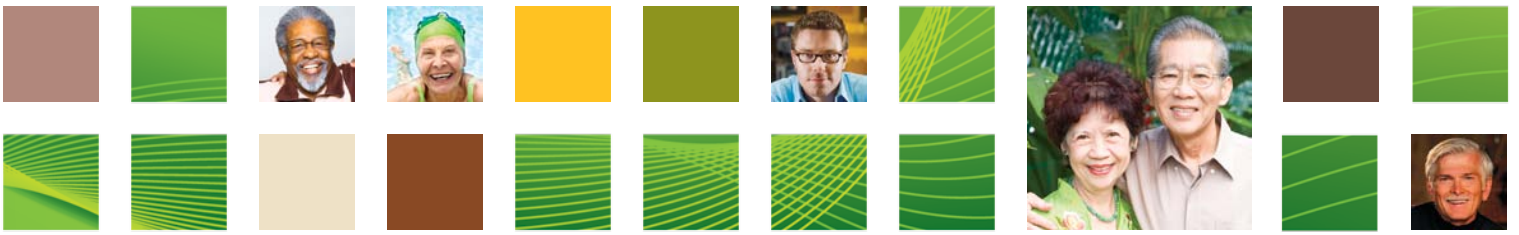
Occurs with other chronic conditions. Among U.S. adults with arthritis, nearly half (47%) have at least one other disease or condition. In addition, 49% of adults with heart disease, 47% of those with diabetes, 44% of those with high blood pressure, and 31% of those who are obese also have arthritis.

Discourages physical activity. Research has shown that people with arthritis are less likely to be physically active. Some people believe that being active will cause pain, make their symptoms worse, or damage their joints. Others don't know how to exercise safely. Nearly 44% of adults with arthritis report no leisure-time physical activity (compared with about 36% of those without arthritis). Not being physically active is a risk factor for other chronic diseases (e.g., heart disease, diabetes, obesity) and makes it harder to manage these conditions.

Prevalence of Arthritis Among People with Other Chronic Conditions



Sources: National Health Interview Survey, 2010–2012 and 2007 (high blood pressure).



What Can People Do to Prevent and Control Arthritis?

People can manage and reduce the symptoms of arthritis in many ways. For example, they can

Learn ways to manage arthritis. Self-management education interventions, such as the Chronic Disease Self-Management Program (CDSMP) or the online Better Choices, Better Health for Arthritis program, can teach people with arthritis how to manage their condition, lessen its effects, and improve their quality of life.

Be physically active. For people with arthritis, physical activities such as walking, bicycling, and swimming can have many benefits. These benefits include less pain and better physical function, mental health, and quality of life. The Walk with Ease Program and the EnhanceFitness program are

examples of community exercise interventions that have been shown to improve health among participants with arthritis.

Maintain a healthy weight and protect their joints. People can reduce their risk of developing osteoarthritis by controlling their weight and avoiding injuries. Weight loss also can reduce symptoms for people with knee osteoarthritis who are overweight or obese.

Talk with a doctor. Recommendations from health care providers are among the most influential factors in convincing people to be physically active and join a self-management program. People with inflammatory arthritis, like rheumatoid arthritis, will have a better quality of life if they are diagnosed early and learn how to manage this condition.

CDC's Response

CDC is committed to leading strategic public health efforts to prevent chronic conditions, help people be healthier, and end health disparities. To be more effective, NCCDPHP is working to coordinate its efforts in four key areas or domains: epidemiology and surveillance, environmental approaches, health system interventions, and community programs linked to clinical services. Better coordination will lead to more effective interventions and more efficient use of resources.

With \$12.55 million in FY 2014 funding, CDC is working with state arthritis programs, the National Association of Chronic Disease Directors (NACDD), the Arthritis Foundation, and other partners to improve quality of life for adults with arthritis. These efforts are based on strategies in the *National Arthritis Action Plan: A Public Health Strategy* and recommendations from *A National Public Health Agenda for Osteoarthritis* (OA Agenda). CDC's Arthritis Program focuses its activities in three of NCCDPHP's four domains: epidemiology and surveillance, environmental approaches, and community programs linked to clinical services.

Epidemiology and Surveillance

Collecting Data

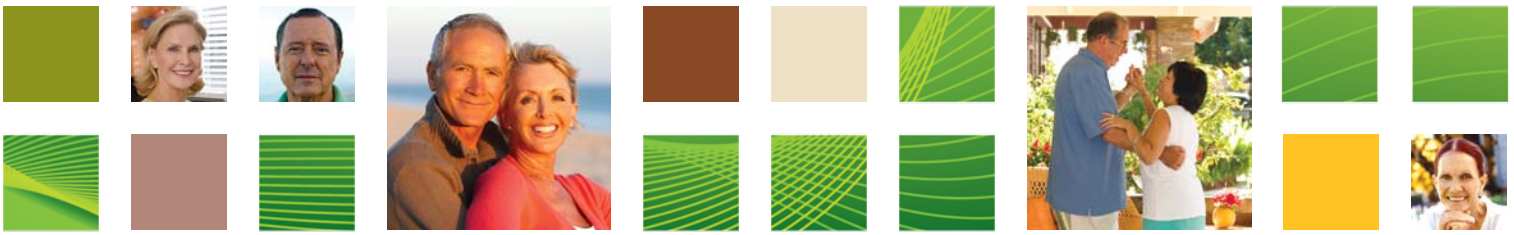
CDC collects a wealth of data on arthritis, including information on prevalence, trends, and how the disease affects quality of life for people with multiple conditions. Sources include the Behavioral Risk Factor Surveillance System and the National

Health Interview Survey. Public health practitioners use these data to make the most of limited resources and focus their efforts to help people with arthritis.

CDC also supports surveillance research on lupus (systemic lupus erythematosus), an autoimmune inflammatory disease that affects multiple systems in the body. The condition is difficult to diagnose, and prevalence estimates vary widely. CDC is supporting projects with four states and universities and the Indian Health Service to produce better estimates of the incidence and prevalence of lupus among different racial and ethnic groups in the United States. Follow-up studies are being conducted to look at factors such as disease progression, regression, and treatment and to identify any risk or protective factors associated with lupus outcomes.

Identifying Best Practices

Working with the NACDD, CDC examined strategies and tactics used by 21 state health departments to identify which were most effective in expanding the reach of evidence-based physical activity and self-management education programs. Results showed that coordinating efforts across chronic disease programs helped reach people with chronic conditions. The evaluation also showed that interventions are more sustainable when they are embedded in community organizations and that existing delivery systems can be used to make interventions more accessible.



CDC's Response (continued)

Environmental Approaches

CDC is a sponsor and member of the Osteoarthritis (OA) Action Alliance, a national coalition that works to promote and respond to the goals and recommendations of the OA Agenda. The OA Action Alliance worked with the Center for Enhancing Activity and Participation among Persons with Arthritis (ENACT) at Boston University to determine if tools designed to assess the “walkability” and “rollability” of environments could be used to assess the needs of people with arthritis. This project identified specific environmental features that should be considered for this population, as well as the need for a more specialized assessment tool and more research on ways to create arthritis-friendly environments. ENACT is working with the University of North Carolina, the Arthritis Foundation, and CDC to identify next steps for the project, which will likely include further research to develop and pilot test an arthritis-specific walkability assessment tool.

Community Programs Linked to Clinical Services

Supporting State Health Departments

State health departments use funding from CDC to expand the reach of evidence-based interventions. To help ensure long-term success, interventions are delivered at the community level through existing and new partners and organizations, such as YMCAs, cooperative extension service programs, and state and local recreation and parks associations. In 2012, CDC began a 5-year cooperative agreement that gave 12 states an average of \$427,000 a year to use innovative, system-based strategies and communication approaches to reach adults with arthritis.

Reaching the Public

Since 2012, state arthritis programs funded by CDC have reached about 50,000 people with arthritis. In 2013, CDC began funding the National Association of County and City Health Officials to help local health agencies deliver the CDSMP. This project funds 12 local health departments to increase access to effective interventions.

CDC is also working with the National Recreation and Parks Association (NRPA) and other partners to expand the use of evidence-based physical activity interventions for people with arthritis. In the first year of pilot testing, 24 local park agencies received seed funding for training and start-up costs.

The NRPA has also developed resources that highlight key successes, challenges, and lessons learned from the pilot test; a webinar that promotes arthritis interventions to park and recreation agencies; and a website that highlights arthritis programs and partnerships.

In addition, the YMCA of the USA (Y-USA) continues to work with the NACDD to build a national infrastructure to support delivery of the EnhanceFitness program at local YMCAs. Y-USA developed a certification course, trained 30 staff members to teach the course, and certified 376 YMCA staff members as EnhanceFitness instructors. Forty-four YMCAs now offer EnhanceFitness classes in 105 communities in 22 states, reaching nearly 4,200 people.

Y-USA has also worked with local and state partners to promote arthritis awareness and increase participation in self-management programs like EnhanceFitness in Florida and Michigan.

Future Directions

CDC will continue to encourage walking as an effective, low-cost, pain-reducing intervention for people with arthritis. We will also work with our partners to make sure more people have access to other interventions that will help them manage their arthritis. We will continue to help state programs promote the use of environmental approaches that help people with arthritis be more physically active and improve the quality of their lives. In addition, CDC is working to make interventions more accessible by investing in the development and evaluation of interventions that can be delivered online or through self-study.

**For more information, please contact the Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
4770 Buford Highway NE, Mail Stop F-78, Atlanta, GA 30341-3717
Telephone: 800-CDC-INFO (232-4636) • TTY: 888-232-6348
Contact CDC-INFO • Web: <http://www.cdc.gov/arthritis/>**