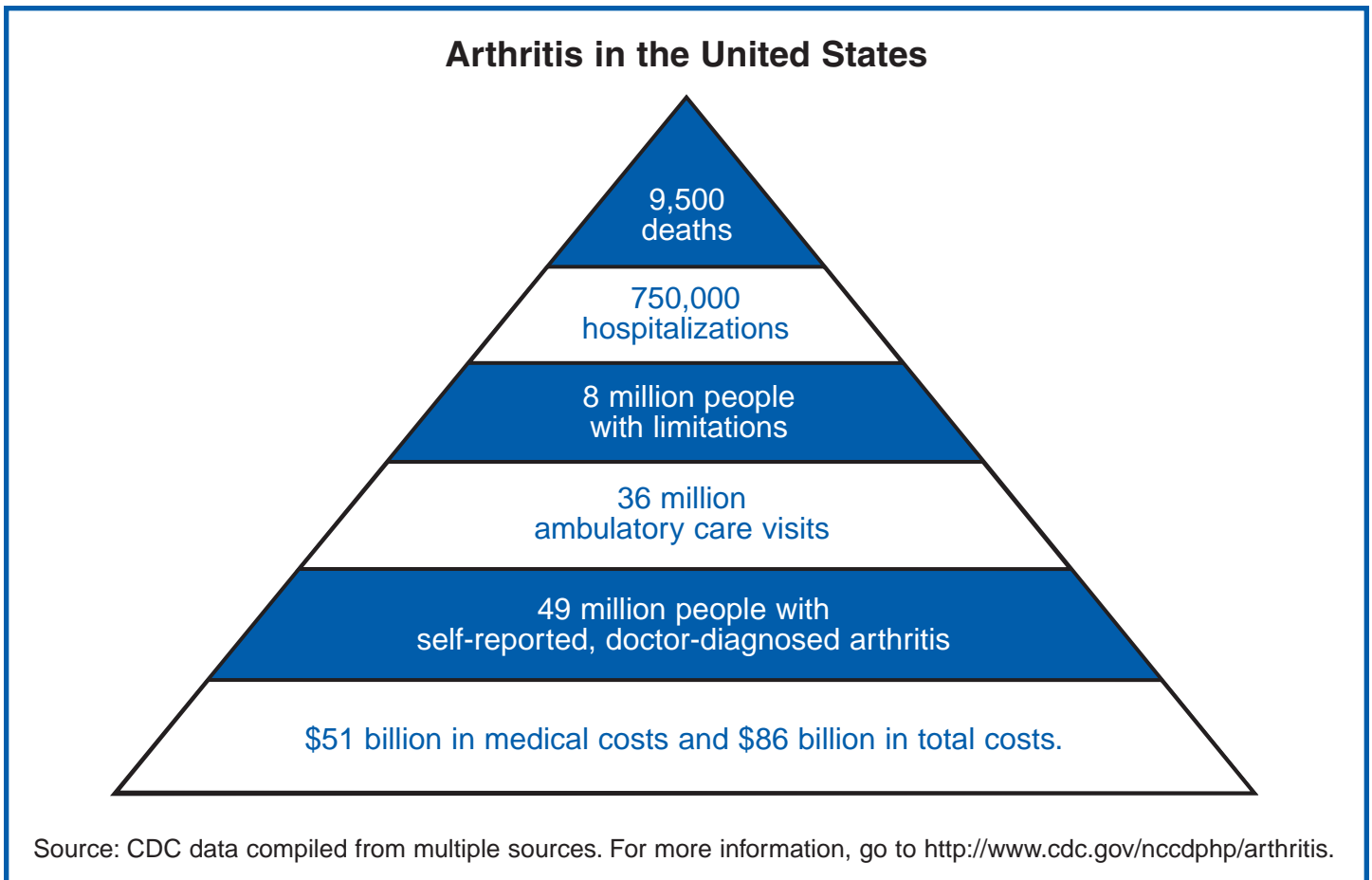


# Targeting Arthritis: The Nation's Leading Cause of Disability 2004



*“Clinical advances are important, but let’s not lose sight of public health programs. These programs have great potential today to improve the quality of life for people with arthritis and reduce costs for both individual families and society.”*

Carol Henderson, PhD, RD, LD  
President, Association of Rheumatology Health Professionals,  
American College of Rheumatology

# 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, can affect multiple organs and cause widespread symptoms.

## Why Is Arthritis a Public Health Problem?

In 2001, 49 million American adults reported doctor-diagnosed arthritis and another 21 million reported chronic joint symptoms, making arthritis one of the nation's most common health problems. As the U.S. population ages, this number is likely to increase dramatically. For example, the number of people aged 65 or older who have arthritis or chronic joint symptoms is projected to nearly double from 2001 (21.4 million) to 2030 (41.4 million).

Arthritis limits everyday activities for 8 million Americans. Arthritis and the disability it causes create huge burdens for individuals, their families, and the nation. Each year, arthritis results in 750,000 hospitalizations and 36 million outpatient visits. In 1997, medical care for arthritis cost over \$51 billion.

Arthritis is not just an old person's disease. Nearly two-thirds of people with arthritis are younger than 65 years. Arthritis affects children and people of all racial

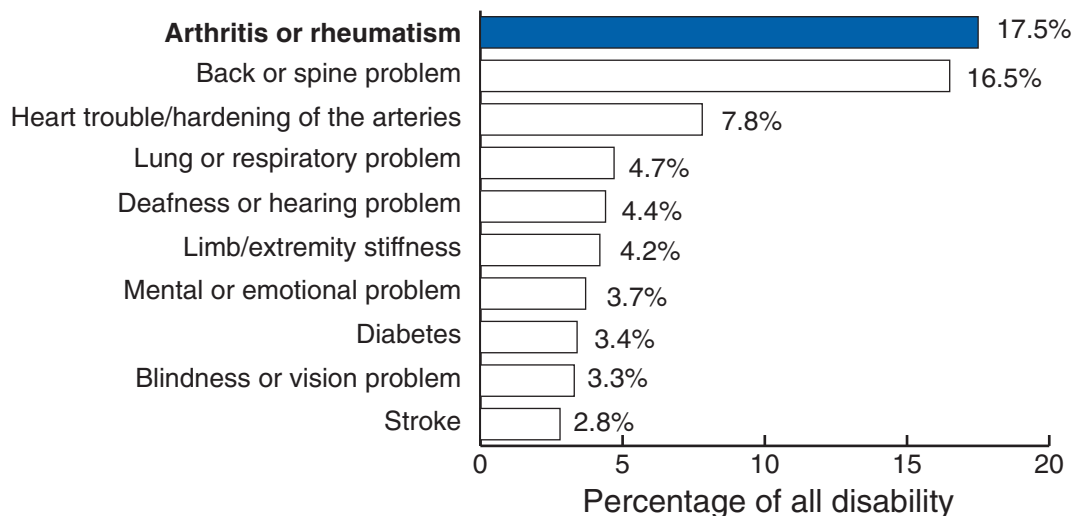
and ethnic groups; however, it is more common among women and older Americans.

## What Can Be Done to Target Arthritis?

Fortunately, there are effective ways not only to prevent arthritis, but also to reduce the symptoms, lessen the disability, and improve the quality of life for people 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, disseminated by the Arthritis Foundation, 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 Americans with doctor-diagnosed arthritis participate in such programs, and courses are not offered in all areas of the country. 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 U.S. Adults, 1999



\* In this analysis, people were considered to have a disability if they had difficulty with any one of a wide range of activities, such as lifting or carrying 10 pounds, climbing a flight of stairs without resting, walking three city blocks, getting in and out of bed, bathing, dressing, preparing meals, or doing light housework. In addition, people were considered to have a disability if they used a wheelchair, crutches, cane, or walker for more than 6 months; were limited in their ability to work at a job; or had any one of a number of other limitations. For the full definition of disability, see: CDC. Prevalence of disabilities and associated health conditions among adults—United States, 1999. *MMWR* 2001;50:120–5.

# CDC's Leadership in 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.

With nearly \$15 million in fiscal year 2004 funding, CDC is working with the Arthritis Foundation and other partners to implement the *National Arthritis Action Plan* and is supporting activities in 36 states. By carrying out the goals of the action plan, CDC and its partners are also moving toward achieving the arthritis-related objectives in *Healthy People 2010*, a comprehensive, national 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 for people affected by arthritis. The program achieves this goal by supporting five key activities:

### 1. Building state arthritis programs.

States use 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 conduct 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 the following levels of program funding:

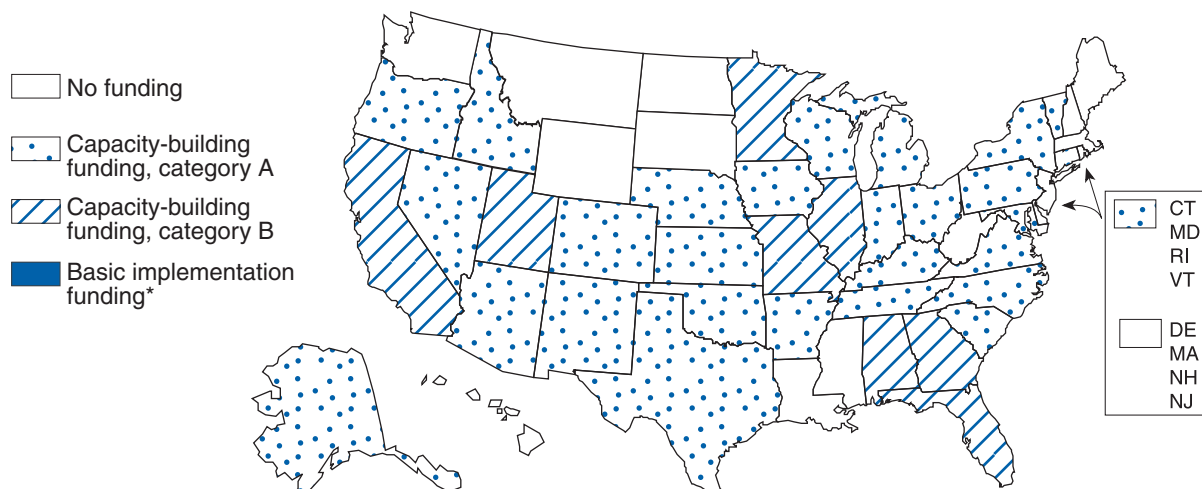
- *Capacity building funding* (formerly known as establishment or core funding; up to \$600,000):

*Category A funding* (average level \$140,000) allows states to begin building an arthritis program. States funded at this level have developed state arthritis action plans and are building programs and partnerships to reduce the burden of arthritis. In 2003, 28 states were funded at this level.

*Category B funding* (average level \$300,000) carries this process further and also allows states to conduct pilot projects to improve the quality of life for people with arthritis. Many states funded at this level have been able to make the Arthritis Self-Help Course and physical activity programs available to more people, especially in underserved areas. In 2003, eight states were funded at this level.

- *Basic implementation funding* (formerly known as comprehensive funding; \$600,000–\$1,000,000) would allow states to further reduce the burden of arthritis by more broadly implementing evidence-based interventions. States could also work with additional partners to enhance arthritis activities. No states are funded at this level.

**CDC Funding for 36 State Arthritis Programs, Fiscal Year 2003**



\*Currently no states are funded at this level.

## **A State Program in Action: Illinois**

With support from CDC and in partnership with county health departments, the Illinois state health department is increasing the availability of evidence-based physical activity programs to reduce the burden of arthritis. The Arthritis Foundation's PACE® (People with Arthritis Can Exercise), Aquatics, and Arthritis Self-Help Course programs are being offered in five counties with underserved populations, where they are reaching over 700 new participants. Because the interest in and demand for these programs has exceeded expectations, the project coordinators are recruiting more course leaders and looking for additional venues. This project shows that working through local health departments may be an efficient way to provide physical activity programs to people with arthritis in rural and underserved areas.

### **2. Reaching the Public.**

CDC, working with state health departments and Arthritis Foundation chapters, has developed a campaign that promotes physical activity to relieve arthritis pain among people aged 45–64 in lower socioeconomic levels. Radio spots, brochures, and print pieces carry the theme “Physical Activity. The Arthritis Pain Reliever.” Of the 36 CDC-funded states, 35 will implement the campaign as part of their efforts to reach populations with arthritis.

### **3. Improving the science base.**

CDC supports research to learn more about why arthritis occurs and progresses and how to deal with it, as these examples show:

- Hip and knee osteoarthritis, the primary causes of expensive joint replacement surgery, are becoming more common as the population ages. CDC collaborated with the University of North Carolina and the National Institutes of Health to study these conditions among 3,200 residents of rural Johnson County, North Carolina. This study found that the prevalence and rate of progression of hip and knee osteoarthritis was higher among blacks than among whites.

- Self-management programs are integral to reducing pain and disability. To learn which approaches are most effective and how these programs can be improved, CDC is working with the Arthritis Foundation and several universities to evaluate programs. PACE® (People with Arthritis Can Exercise) is being evaluated at the University of Missouri and the University of North Carolina. The University of North Carolina is also evaluating the effectiveness of Active Living Every Day—a program designed to help people overcome barriers to physical activity—for increasing physical activity among people with 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 arthritis data. These data are used to monitor trends, define the burden of arthritis, and assess how arthritis affects quality of life. CDC is also developing a survey to collect national data on the effects of arthritis on the daily activities and mental health of people with arthritis and on their knowledge, attitudes, and behaviors related to arthritis self-management.

### **5. Making policy and systems changes.**

CDC and its partners are making the policy and systems changes recommended in the *National Arthritis Action Plan*. For example, CDC is working with the Group Health Cooperative of Puget Sound to pilot test strategies to integrate self-management support into routine medical care.

## **Future Directions**

With funded states and other partners, CDC hopes to

- Create a nationwide program to improve the quality of life for people affected by arthritis.
- Help state arthritis programs reach more people.
- Develop and evaluate culturally appropriate programs to better serve diverse communities.
- Fund evaluation efforts to deliver effective arthritis programs.
- Develop health communications 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 publications referenced in this document, 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](mailto:ccdinfo@cdc.gov) • [www.cdc.gov/nccdphp/arthritis](http://www.cdc.gov/nccdphp/arthritis)**