



EXECUTIVE SUMMARY

The Facts

Arthritis encompasses more than 100 diseases and conditions that affect joints, the surrounding tissues, and other connective tissues. It affects nearly one of every six Americans, making it one of the most common diseases in the United States. By the year 2020, an estimated 60 million people will be affected. While all Americans are at risk of arthritis, the prevalence of this disease is higher among women than men.

In addition, arthritis is the leading cause of disability, limiting daily activities for more than 7 million citizens. It has a significant effect on quality of life — not only for the individual who experiences its painful symptoms and resulting disability, but also for family members and care givers. Compounding this picture are the enormous costs that our nation bears for treating arthritis and its complications and for the disability that can result from these conditions. These medical and social costs total almost \$65 billion — a figure equivalent to a moderate national recession.

Prevailing myths inaccurately portray arthritis as an old person's disease, an inevitable part of aging that must be endured. On the contrary, some forms of arthritis, such as osteoarthritis, *can* be prevented with weight control and precautions to avoid certain occupational and sports injuries. Similarly, the pain and disability accompanying all types of arthritis can be minimized through early diagnosis and appropriate management, including weight control, physical activity, self-management, physical and occupational therapy, and joint replacement surgery.

The Challenge

Arthritis has become one of our most pressing public health problems. Research has yielded a better understanding of many types of arthritis and an array of effective interventions to prevent arthritis and its complications, yet those interventions are not widely applied. The public health challenge before us is to ensure the delivery of effective interventions to those at greatest risk of arthritis and its complications. Three national agencies — the Arthritis Foundation, the Association of State and Territorial Health Officials, and the Centers for Disease Control and Prevention — recently joined forces to meet this challenge and focus national attention on this important problem. The result of their collaboration is this *National Arthritis Action Plan: A Public Health Strategy*. The Plan represents a combined effort of nearly 90 organizations, including governmental agencies, voluntary organizations, academic institutions, community interest groups, professional associations, and others with an interest in arthritis prevention and control.

The ultimate aims of the *National Arthritis Action Plan: A Public Health Strategy* are to:

- Increase public awareness of arthritis as the leading cause of disability and an important public health problem.
- Prevent arthritis whenever possible.
- Promote early diagnosis and appropriate management for people with arthritis to ensure them the maximum number of years of healthy life.
- Minimize preventable pain and disability due to arthritis.
- Support people with arthritis in developing and accessing the resources they need to cope with their disease.
- Ensure that people with arthritis receive the family, peer, and community support they need.

The Plan

Three major focal areas — surveillance, epidemiology, and prevention research; communication and education; and programs, policies, and systems — are proposed to stimulate and strengthen a national coordinated effort for reducing the occurrence of arthritis and its accompanying disability.

SURVEILLANCE, EPIDEMIOLOGY, AND PREVENTION RESEARCH

Objective: To establish a solid scientific base of knowledge on the prevention of arthritis and related disability.

Surveillance

1. Improve surveillance of arthritis in general and of specific types of arthritis at national and state levels.
2. Ensure standard and consistent use of data terms and coordinate use of arthritis databases.
3. Increase understanding of current and future clinical treatments for arthritis.

Epidemiology

1. Develop population-based, longitudinal data systems to track the occurrence, progression, and impact of arthritis.
2. Identify modifiable risk factors to reduce the incidence of and disability from arthritis.
3. Study the personal effects of arthritis.

Prevention Research

1. Evaluate the efficacy and cost-effectiveness of current and future interventions and community strategies.
2. Estimate the costs of arthritis in general and of specific types of arthritis.

COMMUNICATION AND EDUCATION

Objective: To increase awareness of arthritis, its impact, the importance of early diagnosis and appropriate management, and effective prevention strategies.

For the Public

1. Promote partnerships to deliver consistent messages that reach entire populations.
2. Conduct market research to shape the messages.
3. Increase awareness throughout all communities.

For People with Arthritis and Their Families

1. Incorporate arthritis into chronic disease prevention, health promotion and education, and other programs of state and local health departments.
2. Create national and local communication campaigns to motivate people with arthritis symptoms to seek early diagnosis and appropriate management.
3. Improve the ability of people with arthritis to make informed decisions about the use of unproven remedies.

For Health Professionals

1. Improve the knowledge, attitudes, and practices of primary care practitioners and other physicians through undergraduate and graduate education, continuing medical education, and in-service education.
2. Improve the knowledge, attitudes, and practices of other health professionals through undergraduate and graduate education, continuing education, and in-service education.
3. Extend the reach of arthritis-related messages by using communication vehicles such as state and county medical societies, state and national professional organizations, professional newsletters and conferences, and websites of professional organizations and advocacy groups.

PROGRAMS, POLICIES, AND SYSTEMS

Objective: To implement effective programs to prevent the onset of arthritis and its related disability.

Programs

1. Develop and disseminate primary, secondary, and tertiary prevention intervention programs.
2. Develop and disseminate arthritis management education programs for health professionals.

Policies

1. Create awareness of arthritis as a public health issue.
2. Incorporate arthritis objectives into *Healthy People 2010*.

Systems

1. Build arthritis capacity and competency into the public health infrastructure.
2. Modify health care systems to better meet the needs of people with arthritis.
3. Build state and local interagency alliances to address arthritis.
4. Target state and local efforts to those at greatest risk of arthritis.

Effective arthritis strategies exist, yet few have been implemented fully. Given the importance of this health problem — its prevalence, its impact on disability and quality of life, and the resulting cost — the time for action is now. This strategic plan outlines a comprehensive, systematic public health approach that heretofore did not exist. It is our intention that the Plan will guide the use of the nation's resources to decrease the burden of arthritis for all Americans and increase the quality of life of those affected by arthritis.