



# Arthritis, Osteoporosis, and Chronic Back Conditions

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## PROGRESS REVIEW



**A**ssistant Secretary for Health Eve Slater chaired the second in a series of Progress Reviews on the 28 focus areas of *Healthy People 2010*. This session dealt with the 11 objectives for Arthritis, Osteoporosis, and Chronic Back Conditions and was presented by the co-lead agencies for this focus area, the National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC). (See the chapter text at [www.healthypeople.gov/document/html/volume1/02arthritis.htm](http://www.healthypeople.gov/document/html/volume1/02arthritis.htm). For an agenda of the meeting and summary data tables and charts, refer to the following site maintained by CDC's National Center for Health Statistics [NCHS]: [www.cdc.gov/nchs/about/otheract/hpdata2010/fa2/aocbc.htm](http://www.cdc.gov/nchs/about/otheract/hpdata2010/fa2/aocbc.htm).)

In an overview of the focus area, CDC Division of Adult and Community Health Director Virginia Bales noted that the three subject conditions are alike in that, while seldom a cause of death, they are very prevalent and impose a heavy toll on society in terms of health care costs and loss of time from productive activities. Their impact may worsen as the population ages and retirement is postponed until later in life.

### Data Trends

NCHS Director Edward Sondik reported on the latest data for the focus area objectives. Dr. Sondik stated that, for the three **arthritis** objectives that have data sources, there were no significant trends between 1997 (baseline date) and 2000. In 2000, arthritis, which affects about 41 million adults (20 percent of the population 18 years and older), is more prevalent among older people, females (22 percent compared with 18 percent among males), American Indians or Alaska Natives (29 percent), non-Hispanic whites (22 percent), and persons with lower incomes (27 percent of the poor and 25 percent of the near-poor compared with 20 percent of persons with middle-to-high incomes). Data for the measurable objectives that target people with arthritis (reduce limitation of activity; reduce limitation of personal care activities; increase employment rate) show that this condition mostly affects persons 65 years and older, females, non-Hispanic blacks, and persons with lower education and incomes. Five arthritis

objectives are developmental, i.e., presently without a baseline, but are expected to have a data source by the time of the *Healthy People 2010* midcourse review in 2004/05.

In 1988-94, 10 percent of the population 50 years and older had **osteoporosis**; this condition is highest among females, nonblacks, and persons 70 years and older. More current data are not yet available. The other objective targeting osteoporosis (hospitalizations for vertebral fractures related to osteoporosis) shows no trend, Dr. Sondik said. Data for 1999 show an age-adjusted rate of 17.3 per 1,000 standard population 65 years and older, with the highest rates among whites, females, and persons 85 years and older.

Dr. Sondik stated that the prevalence of activity limitation due to **chronic back conditions** declined between 1997 and 2000 from 32 to 26 per 1,000 standard population 18 years and older and for most population subgroups, but the cause of the reduction is unclear.

## Approaches for Consideration

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Among suggestions offered by discussion participants for strategies to effect needed improvements were the following:

### Arthritis

- Develop approaches for collecting data on specific kinds of arthritis.
- Explore the role of the workplace in generating and exacerbating osteoarthritis.
- Implement longitudinal studies of arthritis in population groups.
- Examine the degree of willingness to undergo treatment for arthritis as a possible factor to account for disparities in activity limitation among population groups.
- Increase research on the natural history of and genetic markers for arthritis.
- Explore the role of socioeconomic status (income, education) on disparities.
- Raise awareness of arthritis and push for early diagnosis and appropriate management.

### Osteoporosis

- Target a younger cohort of females in educational and recreational activities to maintain bone density.
- Increase the quantity and quality of screening for osteoporosis.
- Begin preventive interventions in the childhood years.

### General

- Increase efforts to effect behavioral changes, particularly among population groups that are most affected by health disparities.

- Send clear and unified messages to the public about the value of physical activity to maintaining good health.
- Enhance the scientific base for evaluating intervention strategies.

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