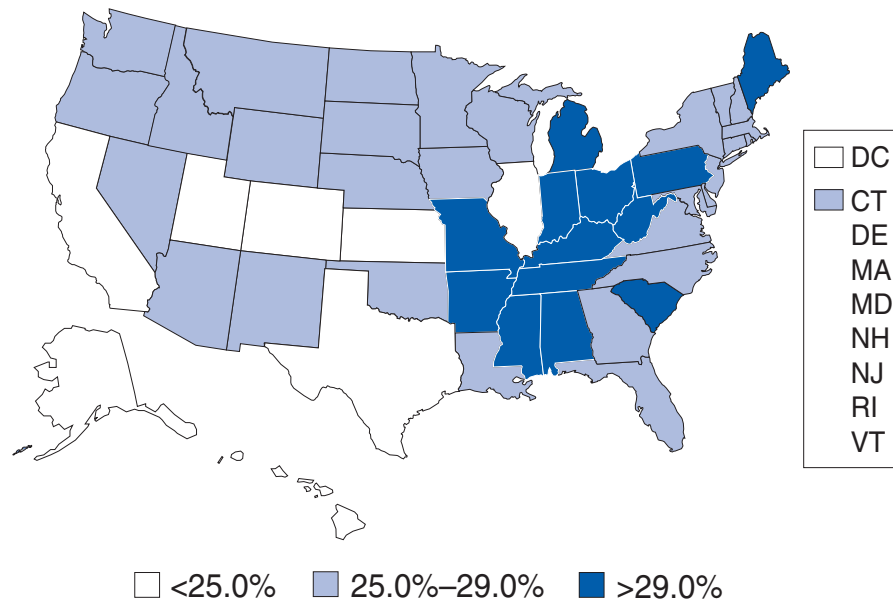


Targeting Arthritis

Reducing Disability for 43 Million Americans 2005

Percentage of Adults with Arthritis,* 2003



* People 18 or older with self-reported, doctor-diagnosed arthritis.
Source: CDC, Behavioral Risk Factor Surveillance System, 2003.

“By increasing our focus on prevention, population health, and partnerships, we can achieve our mutual goal of improving the quality of life for people with arthritis.”

*John H. Klippel, MD
President and CEO
Arthritis Foundation*

Arthritis: The Nation's Leading Cause of Disability

What Is Arthritis?

Arthritis comprises over 100 different diseases and conditions. The most common are osteoarthritis, gout, rheumatoid arthritis, and fibromyalgia. 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 2002, 43 million American adults (about 1 in 5) reported doctor-diagnosed arthritis. Another 23 million people reported chronic joint symptoms but had not been told by a doctor that they had arthritis. These data indicate that arthritis is one of the nation's most common health problems. As the U.S. population ages, these numbers are likely to increase dramatically. For example, the number of people aged 65 or older who have doctor-diagnosed arthritis is projected to more than double, from 15.7 million in 2002 to 33.3 million in 2030.

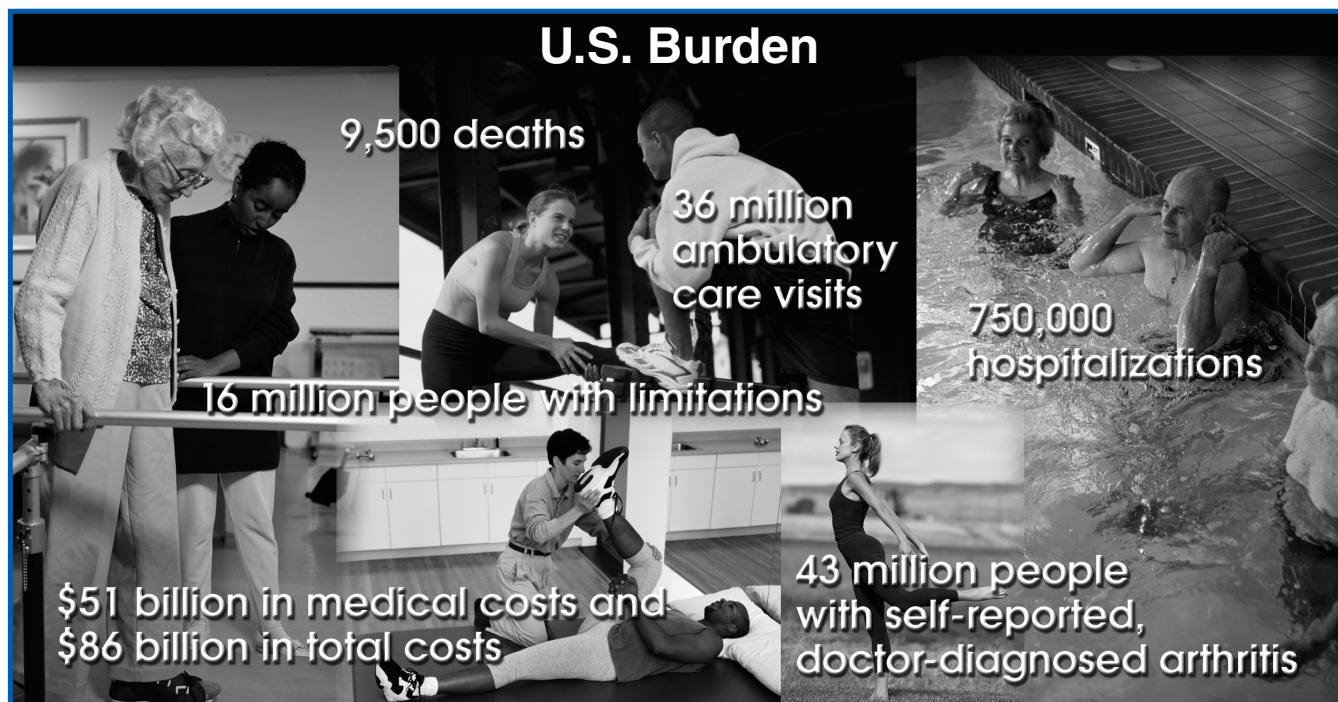
Arthritis is the nation's leading cause of disability, limiting everyday activities for 16 million Americans. Among adults with arthritis, 31% report arthritis-related work limitations. Each year, arthritis results in 750,000 hospitalizations and 36 million outpatient visits. In 1997, medical care for 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 but is more common among women and older adults.

What Can Be Done to Target Arthritis?

There are effective ways to prevent arthritis and to reduce the symptoms, lessen the disability, and improve the quality of life for people with arthritis. For example,

- 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 can reduce pain and costs. One successful program, the Arthritis Self-Help Course, disseminated by the Arthritis Foundation, teaches people how to manage 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 this course and similar programs could save money and reduce the burden of arthritis.



Source: CDC data compiled from multiple sources. For more information, visit <http://www.cdc.gov/nccdcphp/arthritis>.

CDC's Leadership in Arthritis Prevention and Control

What Are CDC and Its Partners Doing About Arthritis?

CDC is committed to ensuring that all people achieve their optimal lifespan with the best possible quality of health in every stage of life. With a number of important new health impact goals, CDC is setting the agenda to enable the American people to enjoy a healthy life by delaying death and the onset of illness and disability. In addition, CDC works to eliminate health disparities by accelerating improvements for those at the greatest risk of poor health.

Through its arthritis program, CDC works with partners to promote the early diagnosis of arthritis, improve the quality of life for adults with arthritis, and change people's attitudes and behaviors related to self-management. For example, 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 2005 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 implementing the goals of the action plan, CDC and its partners are also moving toward achieving the arthritis-related objectives in *Healthy People 2010*.

What Activities Does CDC's Arthritis Program Support?

The primary goal of CDC's arthritis program is to improve the quality of life for people affected by arthritis. The program achieves this goal by supporting the following 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. CDC provides the following levels of program funding:

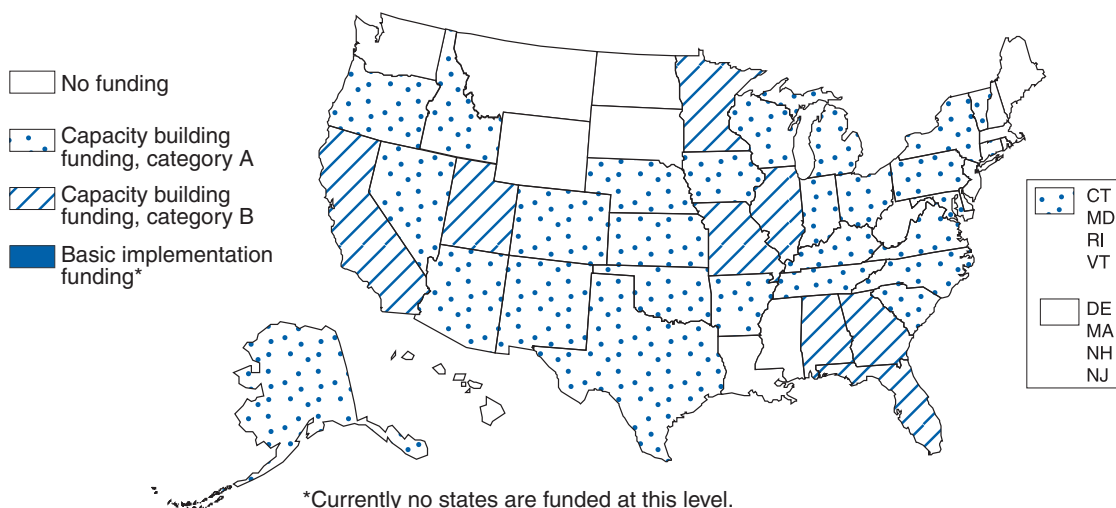
- *Capacity building funding* (up to \$600,000).

Category A funding (average level \$140,000) allows states to begin building an arthritis program. In 2004, 28 states were funded at this level.

Category B funding (average level \$290,000) carries this process further and also allows states to conduct pilot projects to improve the quality of life for people with arthritis. In 2004, eight states were funded at this level.

- *Basic implementation funding* (\$600,000–\$1,000,000) would allow states to further reduce the burden of arthritis by more broadly implementing evidence-based interventions. No states are funded at this level.

CDC Funding for 36 State Arthritis Programs, Fiscal Year 2004



A State Program in Action: Tennessee

With CDC support, the Tennessee Department of Health has partnered with the University of Tennessee's Agriculture Extension Services (UTAES) to expand availability of the Arthritis Self-Help Course in 25 rural areas with limited access to health care. Forty UTAES educators were trained to teach the course. In 2004, nearly 200 participants in the targeted areas attended an Arthritis Self-Help Course for the first time. Partnerships such as this one provide support for community-based projects that are responsive to the unique needs and cultures of particular communities. They also can serve as models for how to reach underserved populations in other states.

2. Reaching the public.

CDC, working with state health departments and Arthritis Foundation chapters, developed a communications campaign that promotes physical activity among people with arthritis aged 45–64 of low socioeconomic status. The “Physical Activity. The Arthritis Pain Reliever.” campaign was designed for state and local implementation and has been used by 35 state health departments and several Arthritis Foundation chapters. A similar campaign for Hispanic audiences is currently being developed.

3. Improving the science base.

CDC supports research to learn more about arthritis occurrence and effective management strategies. For example,

- Systemic Lupus Erythematosus is a serious autoimmune inflammatory disease that affects multiple systems in the body. It can be difficult to diagnose, and prevalence estimates vary widely. CDC is supporting researchers at the University of Michigan and Emory University, through the Michigan and Georgia state health departments, to establish registries to produce more reliable estimates.
- Physical activity is crucial for arthritis self-management, but many people are not sure how much activity is safe. CDC evaluates existing physical activity programs such as PACE® (People with Arthritis Can Exercise) and Active

Living Every Day. CDC also is funding researchers at San Diego State University to develop a community-based conditioning program for people with arthritis.

- Self-management education programs, such as the Arthritis Self-Help Course, are proven to reduce pain and costs, yet not all people with arthritis are able to attend. CDC is funding researchers at the University of North Carolina and Stanford University to develop courses that can be delivered by mail.

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 arthritis data at the state level. These data are used to define the burden of arthritis and monitor trends. CDC uses the National Health Interview Survey to provide national prevalence estimates. CDC also is gathering national data on the impact of arthritis on everyday life and through the first-ever arthritis-specific survey on self-management attitudes and behavior.

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. CDC also has developed state and national cost estimates for use by policy makers.

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 discover how best to deliver 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 the *National Arthritis Action Plan: A Public Health Strategy*, please contact Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion, Mail Stop K-51
4770 Buford Highway NE, Atlanta, GA 30341-3717
Telephone: (770) 488-5464 • E-mail: ccdinfo@cdc.gov • Web: <http://www.cdc.gov/nccdphp/arthritis>**