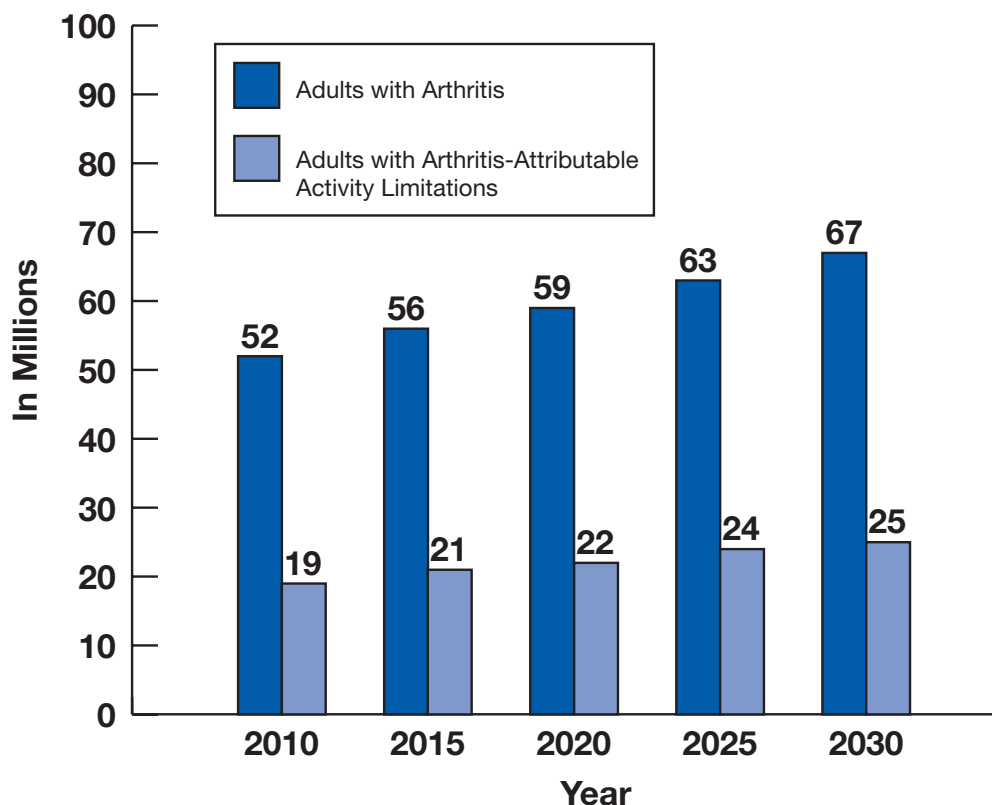




# Targeting Arthritis

## Reducing Disability for 16 Million Americans 2006

Projected Number of Adults with Arthritis and Arthritis-Attributable Activity Limitations, 2005–2030



Source: Hootman JM, Helmick CG. Projections of U.S. Prevalence of Arthritis and Associated Activity Limitations. *Arthritis and Rheumatism* 2006;54(1):226–9.

*“Physical activity is key for people with arthritis. Public health efforts to promote physical activity and ensure access to community-based programs will help achieve our goal of improving the quality of life for people with arthritis.”*

*Marian Minor, PhD, PT, University of Missouri  
Former President of the Association of Rheumatology Health Professionals*

# 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, making arthritis 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 who have doctor-diagnosed arthritis is projected to increase to 67 million in 2030.

Arthritis is the nation's leading cause of disability, limiting everyday activities for 16 million Americans in 2002. Work limitations attributable to arthritis affect more than 5% of the general population and nearly 30% of people with arthritis. Each year, arthritis results in 750,000 hospitalizations and 36 million outpatient visits. Direct medical costs for arthritis were more than \$51 billion in 1997. Arthritis is not just an old person's disease. Nearly two-thirds of people with arthritis are younger than 65. Although arthritis affects

children and people of all racial and ethnic groups, it 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 a person's 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. For example, the Arthritis Foundation Self-Help Program 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, such as the Chronic Disease Self-Management Program, could save money and reduce the burden of arthritis.



Source: CDC data compiled from different years and multiple sources. For more information, visit <http://www.cdc.gov/nccddp/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, especially those at greater risk for health disparities, will achieve their optimal lifespan with the best possible quality of health in every stage of life. With new health protection goals that support healthy people in healthy places across all life stages, CDC is setting the agenda to enable people to enjoy a healthy life by delaying death and the onset of illness and disability by accelerating improvements in public health.

Through its arthritis program, CDC works with partners to improve the quality of life for adults with arthritis and to 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 to address the country's arthritis burden.

With \$13.5 million in fiscal year 2006 funding, CDC is working with the Arthritis Foundation and other partners to implement the *National Arthritis Action Plan* and is also supporting activities in 36 states. By implementing the goals of the action plan, CDC and its partners are moving toward achieving the arthritis-related national objectives outlined 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.

State health departments use CDC funding to strengthen collaborations with state Arthritis Foundation chapters and other partners, increase public awareness, improve their ability to monitor the burden of arthritis, coordinate activities, and conduct interventions.

To help states reduce the arthritis burden among their residents, CDC provides the following levels of program funding:

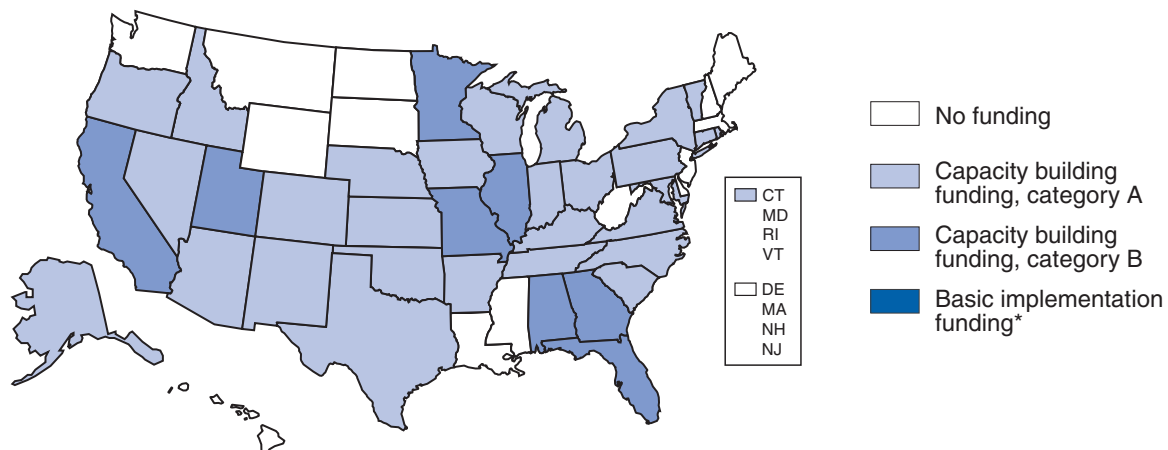
- *Capacity building funding* (up to \$600,000).

*Category A funding* (average level: \$140,000) allows states to begin building an arthritis program. In 2005, 28 states were funded at this level.

*Category B funding* (average level: \$240,000) carries this process further and also allows states to conduct pilot projects to improve the quality of life for people with arthritis. In 2005, eight states were funded at this level.

- *Basic implementation funding* (\$600,000–\$1,000,000) would allow states to further reduce the nation's 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 2005**



\*No states are funded at this level.

## 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 being evaluated, and a new physical activity campaign is being developed. CDC also has redesigned its arthritis Web site to be more user-friendly (<http://www.cdc.gov/arthritis>).

## 3. Improving the science base.

CDC supports research to learn more about arthritis 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 what type and how much activity is safe. CDC is evaluating existing physical activity programs and developing new ones for people who have arthritis. For example, CDC is supporting researchers at West Virginia University to evaluate EnhanceFitness,

a group-delivered program for older adults. CDC also is funding researchers at San Diego State University to develop a community-delivered exercise program for people with arthritis that includes more aerobic conditioning than the Arthritis Foundation Exercise Program.

- Self-management education programs have been proven to reduce pain and costs, yet not all people with arthritis are able to participate. CDC is funding researchers at the University of North Carolina and Stanford University to develop courses that can be delivered by mail. CDC also is funding research to compare the benefits of the Arthritis Foundation Self-Help Program with the Chronic Disease Self-Management Program 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 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*. CDC also has developed state and national cost estimates for use by policy makers.

### State Program in Action: Alabama

With support from CDC, Alabama has expanded the availability of the Arthritis Foundation Exercise Program (formerly People with Arthritis Can Exercise) by working with its Division of Senior Services (DSS). This program helps people with arthritis increase their physical activity levels, which can improve their overall physical and mental health. DSS offers the program through its nutrition centers. During 2003–2004, the number of classes and participants in the state more than tripled.

## 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.
- Fund evaluation efforts to discover how best to deliver arthritis programs.
- Develop and evaluate 1) culturally appropriate programs to better serve diverse groups and 2) health communications programs to increase physical activity among people with arthritis, especially minorities, older adults, 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  
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