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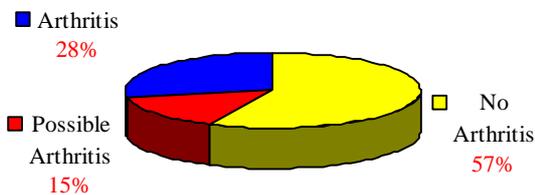
Your STATE Logo/ Contact Information here

Arthritis includes more than 100 diseases and conditions affecting the joints, surrounding tissues, and other connective tissues. Types of arthritis and other rheumatic conditions include: osteoarthritis, rheumatoid arthritis, lupus, gout, fibromyalgia, tendonitis, and carpal tunnel syndrome. Visit the Arthritis Foundation's website www.arthritis.org for more information on the different types of arthritis.

State Data

An estimated # adults or % of the adult population of STATE have arthritis or possible arthritis.

Percentage of Adults with Arthritis, Possible Arthritis and No Arthritis in STATE



- % of the adult population of STATE have been told by a doctor that they have arthritis.
- % of STATE residents over the age of 18 report possible arthritis (chronic joint symptoms).
- % of STATE residents over the age of 18 report no arthritis.

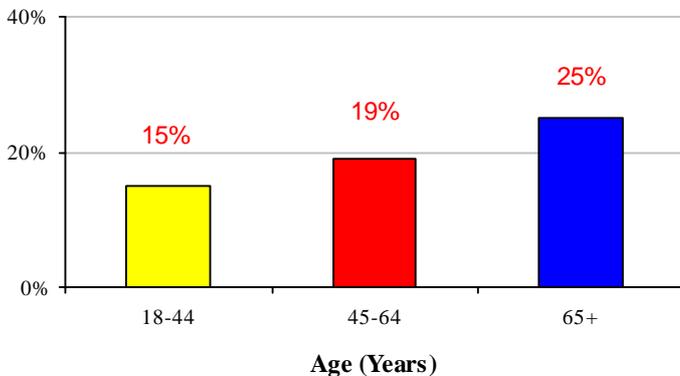
Among STATE residents over the age of 18 who have been diagnosed with arthritis, % perceive their **health status** as fair or poor.

Among STATE residents over the age of 18 who have doctor-diagnosed arthritis, % report being **limited in their activities** due to arthritis or joint symptoms

Arthritis Prevalence

Risk increases with age. Nationally, almost 60% of adults 65 years of age and older have arthritis.¹

Percentage of Adults with Doctor-Diagnosed Arthritis By Age

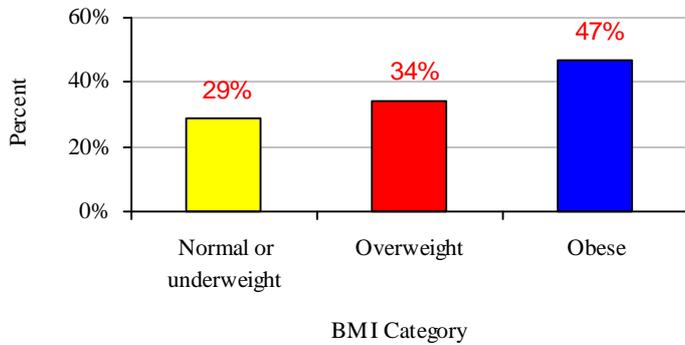


- In STATE, approximately % of adults aged 18-64 have doctor-diagnosed arthritis.
- Among STATE residents aged 65 years and older, % have doctor-diagnosed arthritis.

Obesity

There is an association between **obesity** and certain types of arthritis including osteoarthritis and gout. Excess body weight increases the pressure and stress on weight bearing joints.

Percentage of Adults with Doctor-Diagnosed Arthritis by BMI Category

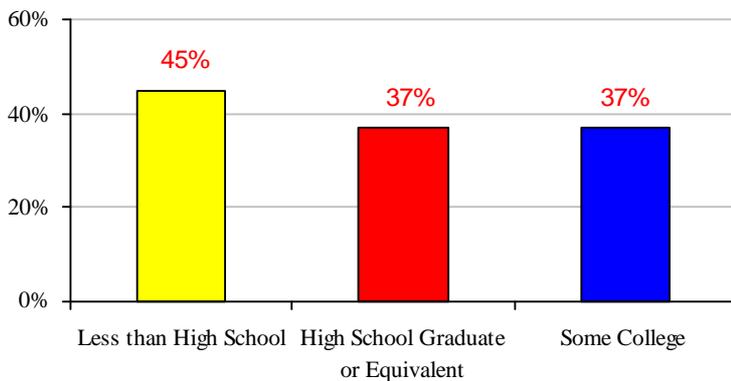


- % of overweight/obese **STATE** adults vs. % of normal/underweight **STATE** adults have doctor-diagnosed arthritis.
- Body Mass Index (BMI) is a weight status indicator measuring weight for height ($\text{kg} \div \text{m}^2$)
 - Obese: $\text{BMI} \geq 30$
 - Overweight: BMI between 25 and 29.9
 - Normal/Underweight : $\text{BMI} < 25$

Education

There is an association between level of **education** and arthritis. Arthritis is more prevalent among those with less than a high school education.

Percentage of Adults with Arthritis or Possible Arthritis by Education Level

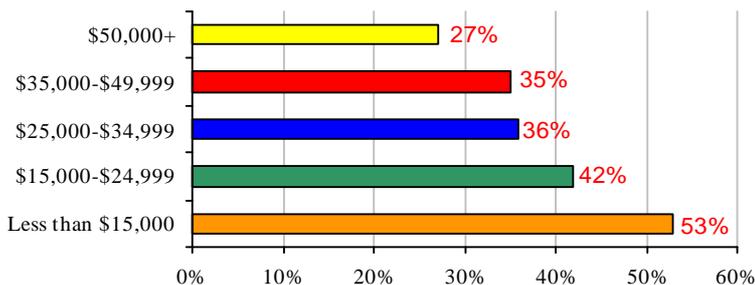


- Percentage of arthritis or possible arthritis among **STATE** residents over the age of 18 is highest among those with less than a high school education (%) and lowest among those with some college education (%).

Income

There is an association between level of **household income** and arthritis.

Percentage of Adults with Doctor-Diagnosed Arthritis by Annual Household Income

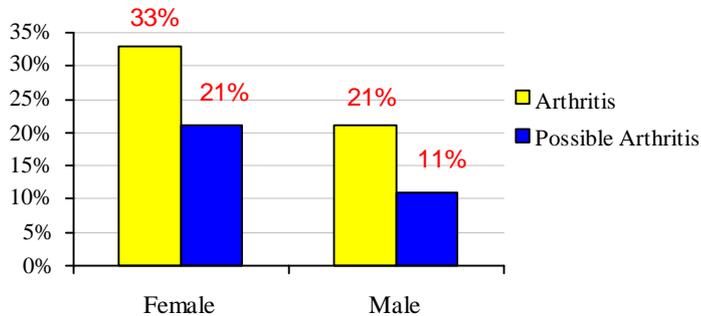


- Doctor-diagnosed arthritis is more prevalent among **STATE** adults who make less money annually.

Gender

There is an association between **gender** and arthritis. Arthritis is more prevalent among women than among men.

Percentage of Adults with Arthritis or Possible Arthritis by Gender



- In **STATE**, approximately % of women have doctor-diagnosed arthritis compared to % of men.
- In **STATE**, approximately % of women have possible arthritis compared to % of men.

Physical Activity

There is an association between **physical activity** and arthritis. Those with arthritis or possible arthritis report less leisure-time activity than those without arthritis.

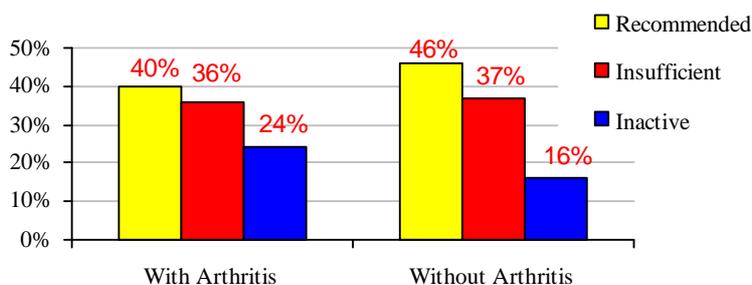
Levels of Physical Activity defined as:

Recommended: participating in moderate physical activity at least 5 times per week for at least 30 minutes or vigorous physical activity at least 3 times per week for at least 20 minutes.

Insufficient: some activity but not enough to meet recommendations.

Inactive: not participating in any physical activity or exercise other than their regular job in the past 30 days.

Percentage of Adults Reporting Recommended, Insufficient or Inactive Physical Activity by Arthritis Status



- Overall, **STATE** adults with doctor-diagnosed arthritis have a lower rate of physical activity compared with **STATE** adults without arthritis.
- % of **STATE** adults with doctor-diagnosed arthritis reported no moderate or vigorous physical activity. (Moderate activity refers to any activity that burns 3.5 to 7 Calories per minute. Vigorous activity refers to any activity that burns more than 7 Calories per minute)²

Proven Interventions

- **Weight Control:** Decreasing BMI by 2 units reduces a person's risk for osteoarthritis by approximately 50%.³
- **Avoid Injuries:** Strategies include stretching and use of equipment such as knee braces.⁴
- **Self-Management:** Proven Arthritis Foundation programs such as the *Arthritis Foundation Self-Help Program*, the *Arthritis Foundation Exercise Program*, and the *Arthritis Foundation Aquatics Program*.⁵
- **Physical Activity:** Improves flexibility, joint mobility while reducing joint pain and stiffness.⁶ Contact the *Arthritis Foundation* for more information on the Arthritis Foundation Aquatic Program or the Arthritis Foundation Exercise Program at <http://www.arthritis.org/>

The STATE Arthritis Program

In response to the *National Arthritis Action Plan* (NAAP) recommendations, CDC's National Center for Chronic Disease Prevention and Health Promotion established cooperative agreements with state health departments as early as 1999 to develop and enhance state-based arthritis programs. The program's aim is to decrease the burden of arthritis and related diseases and improve the quality of life among people living with the diseases.

Since **YEAR**, the **STATE** Arthritis Program has received approximately **\$\$** annually in funding from the Centers for Disease Control and Prevention to:

- Develop and implement a **STATE** Arthritis Action Plan. The Plan can be found at the **STATE** Web site: **Your STATE website**
- Promote the CDC *Physical Activity: The Arthritis Pain Reliever* health communication campaign that is aimed towards people living with arthritis.
- Implement proven arthritis interventions in collaboration with the Arthritis Foundation and community partners. Collect, analyze and disseminate surveillance data on the burden of arthritis in **STATE**.

Information on this document is from the **200? STATE** Behavioral Risk Factor Surveillance System Survey (BRFSS). For the purpose of this document, arthritis refers to people who have been diagnosed by a physician as having arthritis. Possible Arthritis is defined as people who have not been diagnosed by a physician and have reported having pain, aching, stiffness, or swelling in or around a joint during the past 30 days and first began more than 3 months ago.

¹ CDC. Prevalence of Self-Reported Arthritis or Chronic Joint Symptoms Among Adults—United States, 2001. MMWR 2003; 948-950.

² Ainsworth et al., 2000

³ Felson DT, Zhang Y, Hannan MT, et al: Risk factors for incident radiographic knee osteoarthritis in the elderly: the Framingham Study. Arthritis and Rheumatism. 1997;40:728-733.

⁴ Arthritis Foundation, 2004

⁵ CDC, 2004

⁶ Ibid.

This publication was supported by Grant/Cooperative Agreement Number **Your Grant #** from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.