Reducing the Impact of Arthritis

Exercise Reverses One Woman’s Arthritis Limitations

As the exercise class began, Edith stood up and performed the exercises like a master. She will be the first to tell you that this is the best she has felt since being diagnosed seven years ago with spinal stenosis, a painful narrowing of the spine frequently caused by arthritis.

Her doctor told her then that she could no longer engage in many exercise activities, but she was to keep as physically active as possible. Unfortunately for Edith this proved difficult. She needed the assistance of a walker to move around and by her own admission had become isolated in her apartment.

Loss of mobility and social isolation are struggles that many Americans with arthritis face across many age groups. Nearly 19 million U.S. adults reported activity limitations because of arthritis between 2003 and 2005. In many instances, joint damage caused by arthritis is so great that it causes instability and visible deformities, and arthritis pain hinders a person’s ability to perform daily tasks.

Increased physical activity and self-management programs have significant benefits for people with arthritis, including reducing pain and improving physical function, mental health and quality of life. Unfortunately, many people suffering from arthritis view their symptoms as a barrier to exercising and many states do not have policies and programs that encourage effective management of the disease.

Until recently, these were the very problems that Edith faced. Though she knew she needed to remain physically active, Edith was limited because of the pain caused by her arthritis. That changed when Edith’s congregate housing community center in Denver began offering the Arthritis Foundation Exercise Program, a program geared specifically to adults suffering from arthritis. With her doctor’s permission, Edith enrolled in the class.

As the weeks went by, Edith began to make small but noticeable improvement. Her posture seemed better and her gait was quicker. She smiled more often and was rumored to be wearing lipstick again.

Around the sixth week of class Edith entered the community center reception area, parked her walker and with perfect posture moved to a chair in the middle of the room. But there was much more—Edith was wearing a suit and her hair had been professionally styled. There was no mistaking the lipstick on her beaming smile as she greeted others.
Why Should State Legislators Be Concerned?

- Someone you know has arthritis. Nearly 46 million Americans (1 in 5 adults) suffer from arthritis. Arthritis cases are expected to increase to an estimated 67 million U.S. adults by 2030.1
- Arthritis is not limited solely to the aging population. Nearly two thirds of people with arthritis are under the age of 65, and an estimated 300,000 are children.2
- Arthritis affects women disproportionately. Over 28 million women suffer from arthritis, compared to approximately 18 million men.3

Arthritis Costs the Economy

- Arthritis makes work difficult for millions. Arthritis is the most common cause of disability among Americans. One in 20 Americans between the ages of 18 and 64 has work limitations due to arthritis, and that number rises to 1 in 7 workers in some states.4
- Arthritis disproportionately affects the workforce. Work limitations due to arthritis are most common among older workers, women, African-Americans and individuals with lower education and income.
- Arthritis treatment is costly. Arthritis and other rheumatic conditions cost nearly $128 billion in 2003 in medical expenses and lost wages. Each year, arthritis results in 750,000 hospitalizations and 36 million outpatient visits.5

What Are the Effects of Arthritis?

- Arthritis refers to a group of over 100 medical conditions. The most common form of arthritis is osteoarthritis, which affects over half of persons over 25 who have arthritis.2
- Arthritis most commonly affects the joints. Effects include pain, stiffness, inflammation and damage to joint cartilage. Weakened joints can cause instability and visible deformities and can interfere with a person’s ability to perform daily activities, such as bending, walking, brushing teeth and climbing steps.4
- Arthritis co-occurs with many other chronic conditions. Activity limitations and painful symptoms due to arthritis may contribute to a person developing other chronic diseases. Approximately half of adults with diabetes, heart disease and high blood pressure also have arthritis.6
- People with arthritis often see their symptoms as a barrier to exercise. Public education messages and special exercise programs can address these concerns.

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What Public Health Policies Work to Reduce the Effects of Arthritis?

- Self-management education programs work but are underutilized. By teaching people how to manage arthritis on a day-to-day basis, the Arthritis Foundation’s Self-Help Program has reduced arthritis pain by 20 percent and reduced physician visits by 40 percent. Programs like this are dramatically underused and are still not offered in all areas of the country.  

- Exercise programs designed for those with arthritis reduce pain and improve physical function, mental health and quality of life. These programs help patients effectively manage their pain from arthritis by learning how to exercise safely. They also can illustrate to patients that arthritis symptoms do not have to be a barrier to exercise, and that physical activity can improve those symptoms.

- Controlling weight can reduce a person’s risk of developing arthritis and can reduce severity. Losing as little as 11 pounds can reduce the risk of knee osteoarthritis in women by 50 percent. Weight loss can also reduce the severity of the symptoms experienced by people with knee osteoarthritis.

What Can State Legislators Do?

- Learn about the impact of arthritis in your state. Determine how arthritis affects your state and what actions are being taken by your state health department, Medicaid agency, agencies on aging and other groups.

- Encourage collaboration among state agencies and private partners to address the impact of arthritis. These groups include the state agencies for health and welfare, aging services, disability services, labor and transportation, as well as employers’ health care systems and foundations.

- Educate your peers and constituents about the growing impact of arthritis. Educate other legislators and citizens about the expanding impact of arthritis, its economic burden in your state, and programs that work to reduce its impact.

- Work with local community leaders to foster community and faith-based efforts to address the impact of arthritis. Local programs can increase access to self-management education programs and specialized physical activity opportunities for people with arthritis and other chronic diseases.

- Bring together policy champions for all chronic disease issues to coordinate efforts and meet mutual goals. These include efforts to address obesity, diabetes, heart disease and stroke.

- Support funding and use of chronic disease self-management education programs and specially designed exercise programs. Require state employee health benefits, private insurers and Medicaid to cover these programs and proactively encourage medical referrals to these programs and other related community-based resources.
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State Legislative Actions

- **Florida Senate Bill 1450 (2005): Arthritis Education and Prevention Act**
  - SB 1450 creates a statewide program to raise public awareness and increase knowledge of arthritis, the importance of early diagnosis, detection and pain management and effective strategies to prevent arthritis.
  - Efforts to coordinate state and local programs and services are supported to reduce the economic and social costs of arthritis.
  - The Florida Department of Health is required to establish, promote and maintain an arthritis prevention and education program.
    
    [Link to document](http://election.dos.state.fl.us/laws/05laws/ch_2005-221.pdf)

- **Illinois House Bill 2380 (2005): Arthritis Prevention, Control and Cure Act**
  - HB 2380 directs the Illinois Department of Public Health (IDPH) to establish, promote and maintain an arthritis program to raise public awareness and educate consumers, and to educate and train health professionals, teachers and human service providers.
  - IDPH is required to establish a pilot program to study innovative arthritis public health projects and implement community health projects. Under the pilot program, IDPH grants money to academic and health organizations to study arthritis.
    

To find state-by-state statistics on arthritis, go to [http://www.cdc.gov/arthritis/data_statistics/state_data.htm#map](http://www.cdc.gov/arthritis/data_statistics/state_data.htm#map).

For more detail see the *Keeping the Aging Population Healthy* policy brief and talking points by visiting [http://healthystates.csg.org/Publications](http://healthystates.csg.org/Publications).

If you would like more information or references:
- Send your inquiry to healthpolicy@csg.org or
- Call the CSG Health Policy Group at (859) 244-8000

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Sources: