

The State of Arthritis in Michigan

2005

Michigan Department of Community Health

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- Diabetes & Other Chronic Diseases Section, Division of Chronic Disease and Injury Control

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What is Arthritis?

- “Arthritis” refers to more than 100 diseases and conditions affecting the joints, the surrounding tissues, and other connective tissues.
- Arthritis and other rheumatic conditions include osteoarthritis, rheumatoid arthritis, systemic lupus erythematosus, juvenile rheumatoid arthritis, gout, bursitis, rheumatic fever, Lyme arthritis, carpal tunnel disease and other disorders.

Source: Arthritis Foundation, Assn of State & Territorial Health Officials, & Centers for Disease Control. National Arthritis Action Plan: A Public Health Strategy. 1999

What is Arthritis? *(cont.)*

Our working definition:

A "Yes" response to the question: "Have you ever been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?"

Risk Factors for Arthritis

- ❖ Gender (female)
- ❖ Older age
- ❖ Genetic predisposition
- ❖ Obesity
- ❖ Joint injuries



The Prevalence of Arthritis in Michigan

In 2005, 30.9 percent, or 2.4 million, of all Michigan adults reported that they had ever been told by a doctor or other health professional that they had arthritis.

Source: 2005 Michigan Behavioral Risk Factor Survey

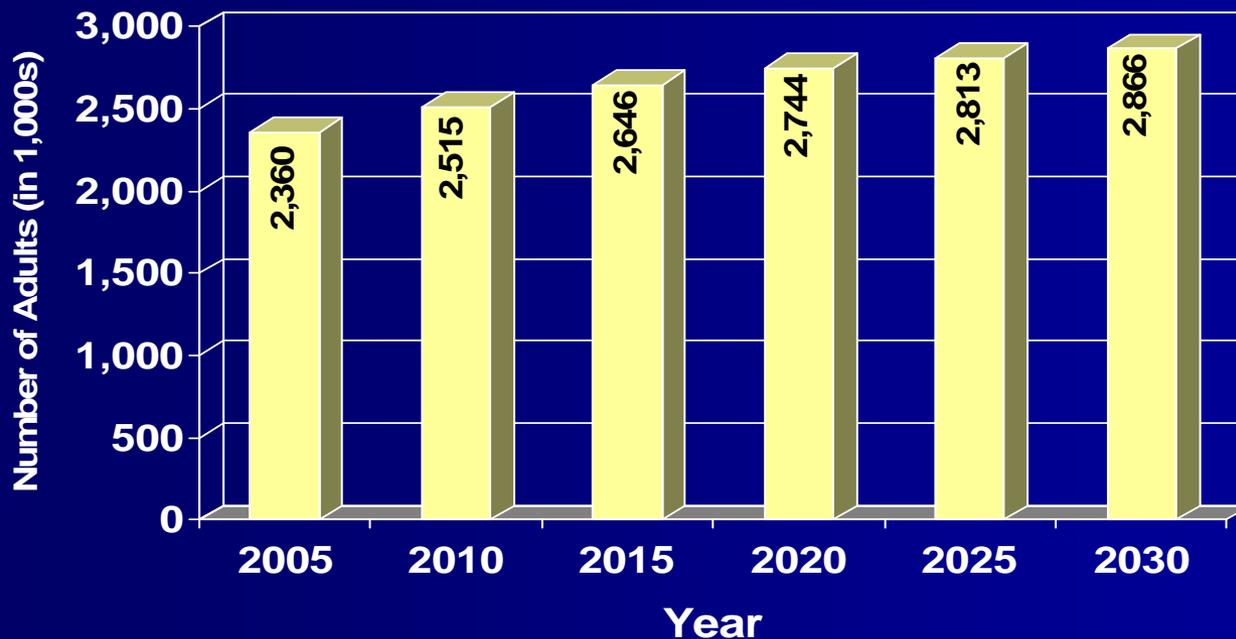
The Prevalence of Arthritis in Michigan



Michigan had the sixth highest rate of self-reported doctor-diagnosed arthritis among the 50 states and District of Columbia in 2005.

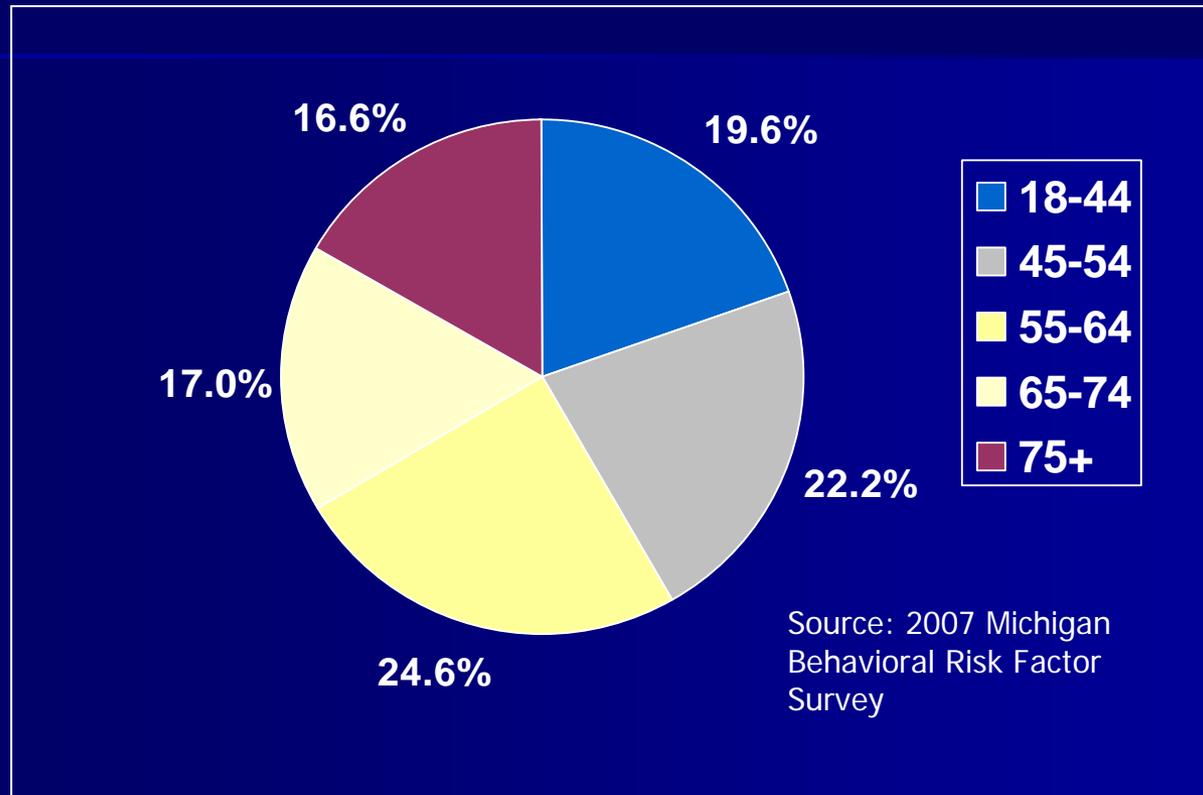
Source: 2005 Behavioral Risk Factor Survey

Projected Number of Michigan Adults With Arthritis 2005-2030

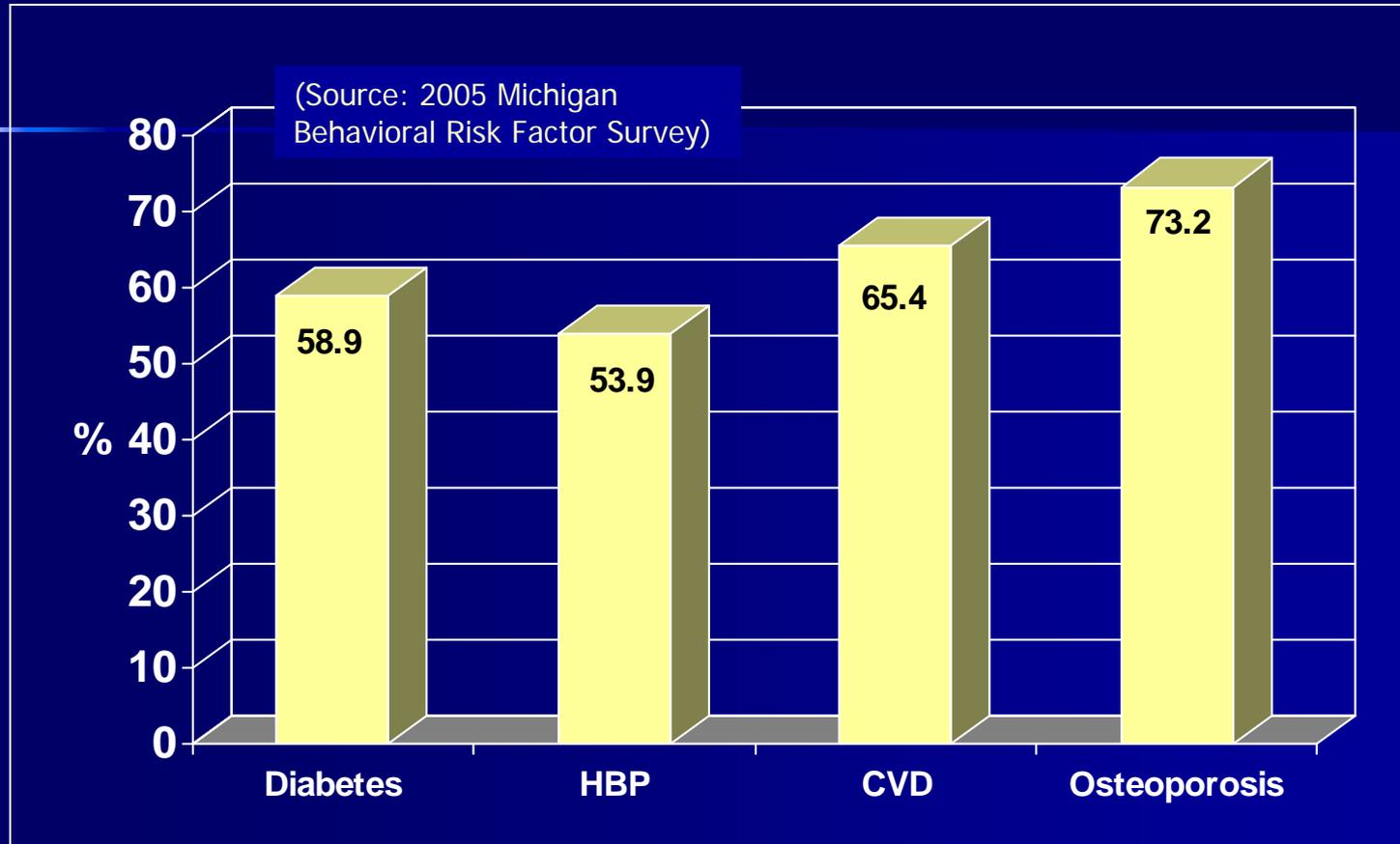


If current rates continue into the future, the number of Michigan adults with arthritis will increase by 21% between 2005 and 2030 to close to 3 million people. (Source: U.S. Census Bureau and 2005 Michigan Behavioral Risk Factor Survey)

Percentage Distribution of Michigan Adults With Arthritis, 2007



Percent With Arthritis Among Michigan Adults With Selected Diseases in 2007

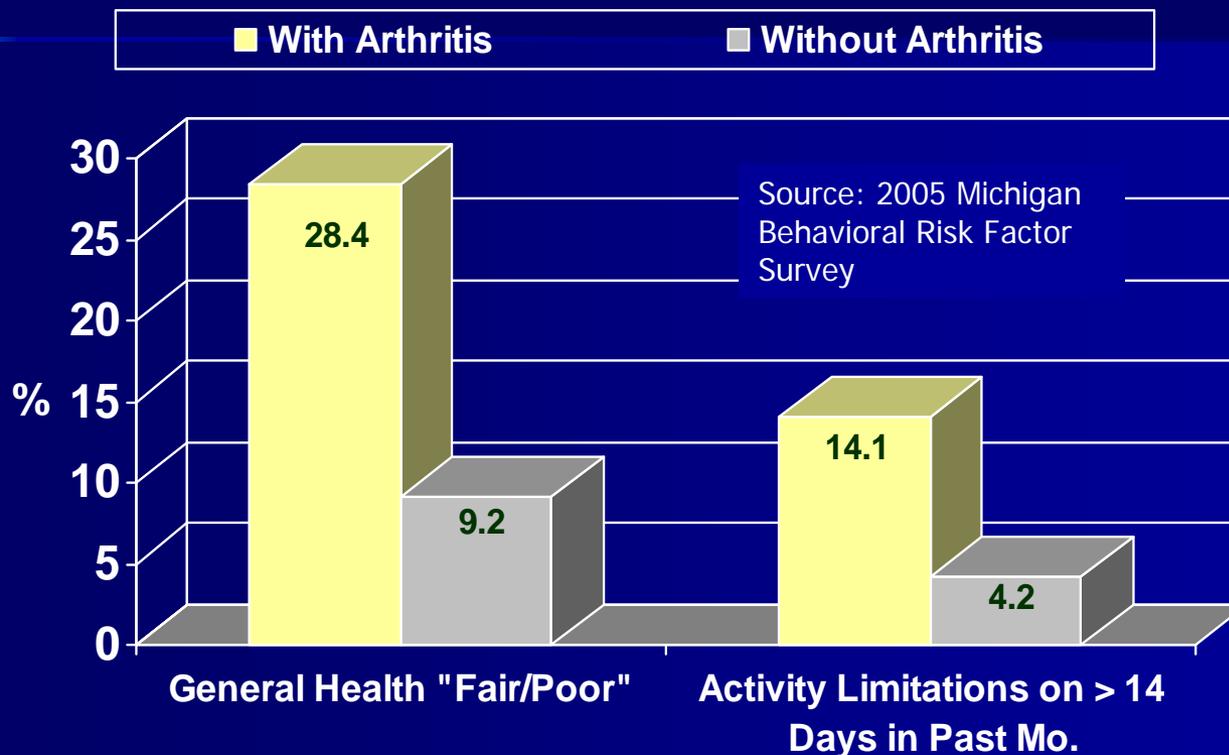


Impact of Arthritis in Michigan

The Health and Functional Status of Persons with Arthritis

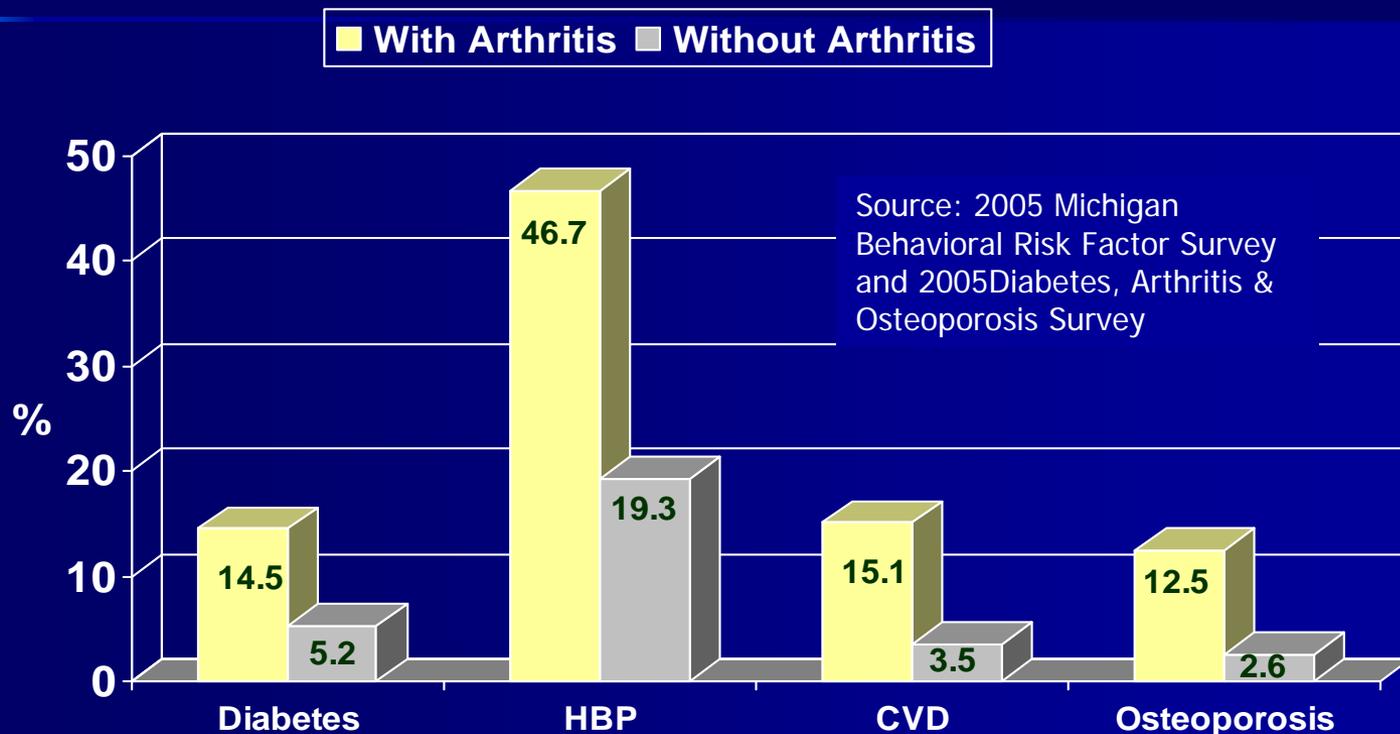


Health Status Indicators By Arthritis Status, Michigan Adults, 2005



Adults with arthritis were three times more likely than those without to report fair or poor health status and frequent recent activity limitations.

Percent With Selected Diseases Among Michigan Adults With and Without Arthritis, 2005



Persons with arthritis were much more likely to report also having the major chronic diseases above than persons without arthritis. (HBP=high blood pressure or hypertension; CVD=cardiovascular disease)

In 2005:

11.1% of the Michigan adult population (approximately 850,000 people) reported that they were currently limited in their usual activities because of arthritis or joint symptoms.

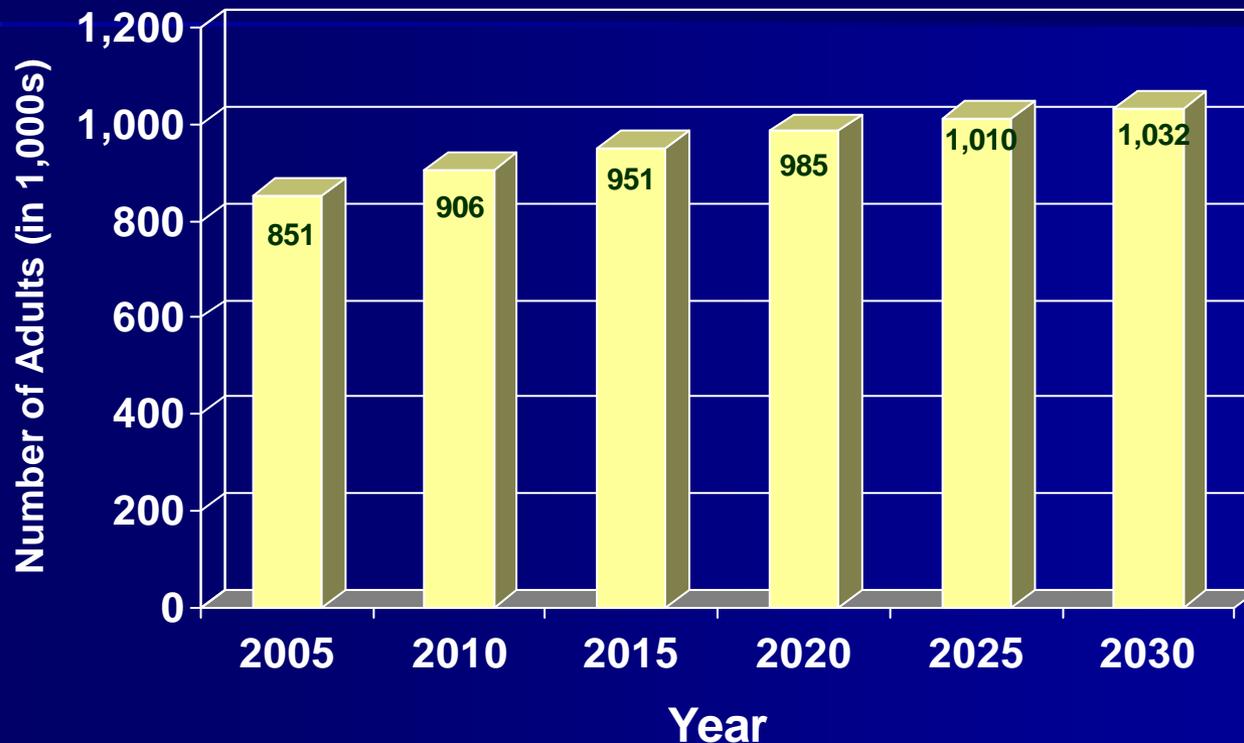
36.4 % of the Michigan adult population *with arthritis* were currently limited because of their arthritis or joint symptoms.

In 2003:

Michigan had the ninth highest prevalence rate of self-reported activity limitation due to arthritis among the 50 states and District of Columbia.

Source: 2003 Behavioral Risk Factor Survey. Data for 2005 for all states were not available at the time of this publication.

Projected Number of Michigan Adults With Activity Limitations Due to Arthritis, 2005-2030



If current rates continue into the future, the number of persons with activity limitations due to arthritis will increase by 21% between 2005 and 2030 and will surpass one million by 2025.

Source: U.S. Census Bureau and 2005 Michigan Behavioral Risk Factor Survey

Which Michigan adults with arthritis were most likely to report activity limitations due to their arthritis in 2005?

Those who:

- ❖ Were age 75 and over
- ❖ Were females
- ❖ Were non-Hispanic non-whites
- ❖ Did not complete high school
- ❖ Lived in households with incomes < \$20,000/year
- ❖ Were obese
- ❖ Did not engage in leisure-time physical activity



Source: 2005 Michigan Behavioral Risk Factor Survey

Percent Obese and Percent With No Leisure-Time Physical Activity Among Michigan Adults With and Without Arthritis, 2005



Source: 2005 Michigan Behavioral Risk Factor Survey

Michigan adults with arthritis were more likely than those without to be obese and not engage in leisure-time physical activity. This puts them at greater risk for other chronic diseases like diabetes and cardiovascular disease and for greater disability from their arthritis.

Impact of Arthritis in Michigan



Economic
Impact

Work Limitations

Among Michigan Adults Age 18-64 With Arthritis, 2005

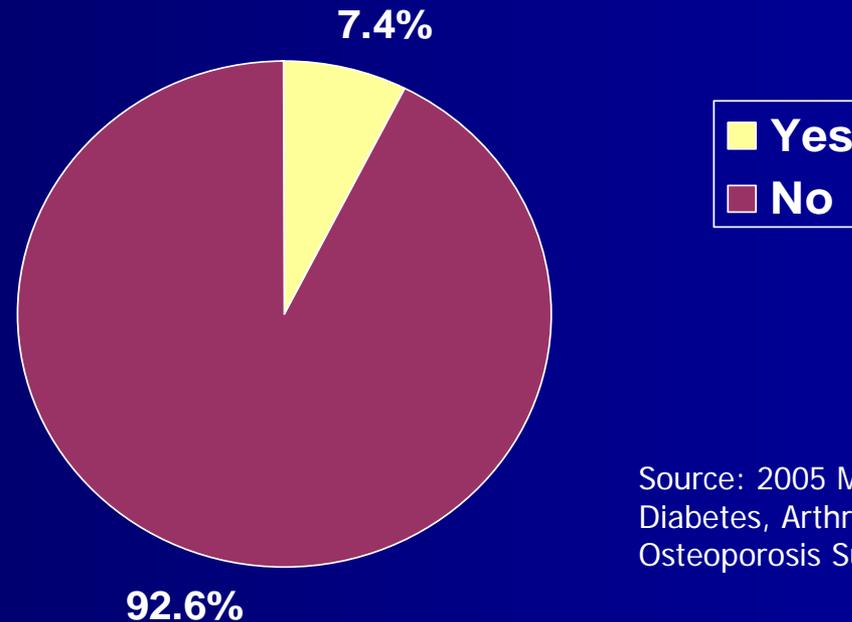
- Approximately one-third (645,000 people) reported that arthritis or joint symptoms now affected *whether* they work, the *type* of work they do, or the *amount* of work they do.
 - 29.7% (or 192,000) of these people reported that they lost one or more days of work due to their arthritis or joint symptoms in the past 30 days.

Source: 2005 Michigan Diabetes, Arthritis and Osteoporosis Survey

Management of Arthritis

Care provided by a physician or
other health professional

*“In the past 12 months, has there been an occasion when you needed care for your arthritis but were not able to get it?”
(Asked of Michigan Adults With Arthritis in 2005)*



Source: 2005 Michigan Diabetes, Arthritis & Osteoporosis Survey

Most Michigan adults with arthritis were able to get care for their arthritis when they needed it.

If you were not able to get care...

"What prevented you from getting (arthritis) care?"

- 29.2% No insurance
- 22.5% Too expensive
- 15.0% No access to specialist
- 13.0% Insurance does not cover
- 20.3% Other



Insurance barriers (42.2%) and the cost of care (22.5%) were the most common reasons given for not getting needed arthritis care.

Source: 2005 Michigan Diabetes, Arthritis and Osteoporosis Survey

Who was significantly more likely to NOT be able to get arthritis care?

- Males vs. females
- Blacks vs. white or other
- Lowest income group (< \$35g / yr) vs. middle income group (\$35g-\$74 / yr)

Source: 2005 Michigan Diabetes, Arthritis and Osteoporosis Survey

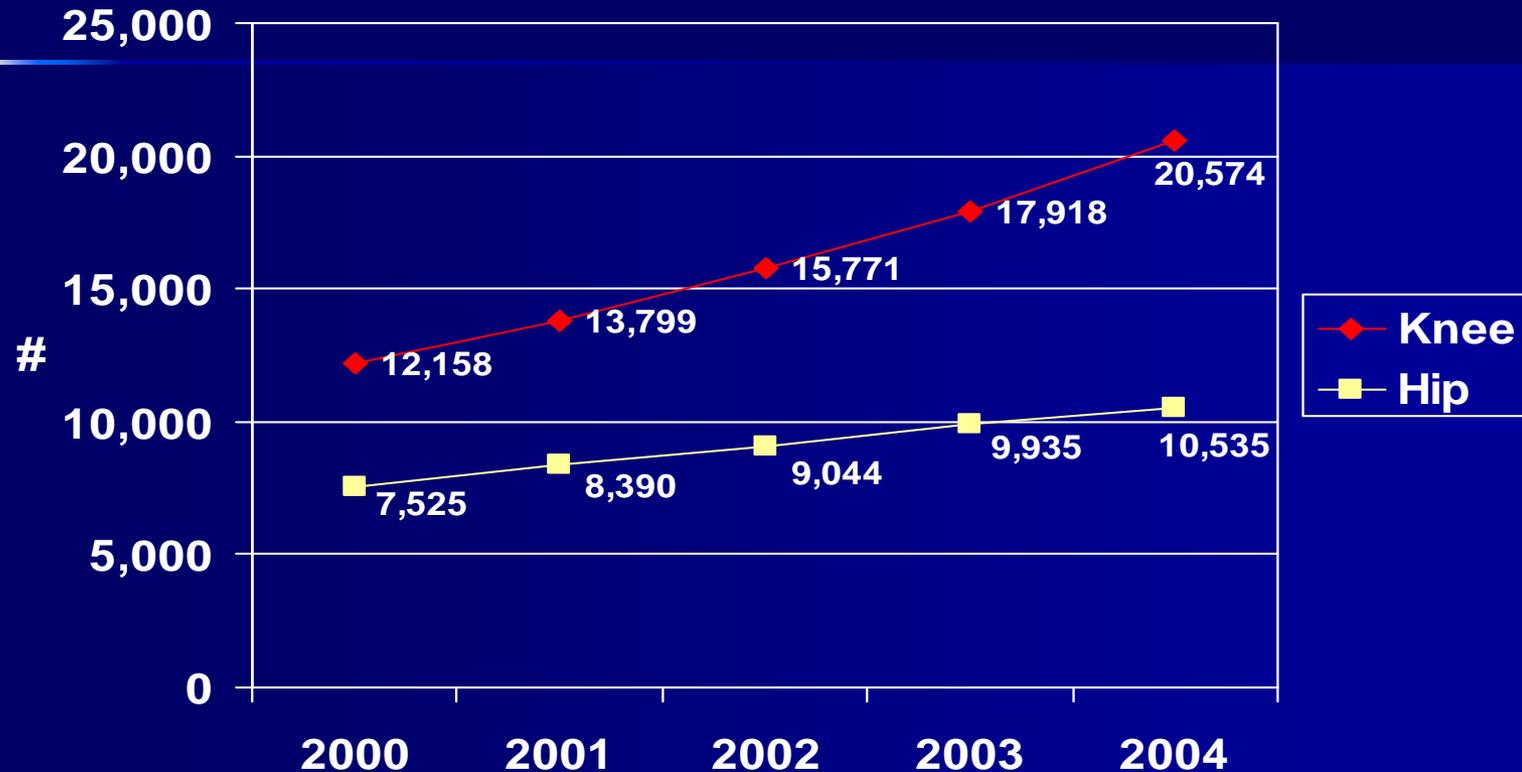
Physician Counseling of Selected Groups of Michigan Adults With Arthritis, 2005

- Nearly one-third (31.8%) of persons with arthritis who were obese reported that a doctor or other health professional did *not* ever suggest losing weight to help their arthritis or joint symptoms
- Just over one-half (51.6%) of persons with arthritis who did not engage in leisure-time physical activity reported that a doctor or other health professional did *not* ever suggest physical activity or exercise to help their arthritis or joint symptoms.



Source: 2005 Michigan Behavioral Risk Factor Survey

Numbers of Arthritis-Related Knee and Hip Replacements by Year, Michigan Adults, 2000-2004



Between 2000 and 2004, the numbers of arthritis-related knee and hip replacements among Michigan adults increased by 69% and 40%, respectively. (Source: Michigan Inpatient Data Base, 2000-2004)

Arthritis-Related Hip and Knee Replacements in Michigan *cont.*

- The numbers of these procedures are increasing faster among persons age 45-64 compared with persons age 65 and over.
- These procedures are performed at a two-fold higher rate among white Michigan adults compared with blacks.

Source: Michigan Inpatient Data Base, 2000-2004

Arthritis-Related Hip and Knee Replacements in Michigan, cont.

- These procedures often reduce pain and improve function.
- However, these procedures are very expensive. In 2004, the estimated cost (for hospitalization only) of these procedures in Michigan was \$878 million.

(Sources: American Academy of Orthopedic Surgeons & Michigan Inpatient Data Base, 2004)

- Prevention and better management of osteoarthritis could reduce the need for many of these procedures.

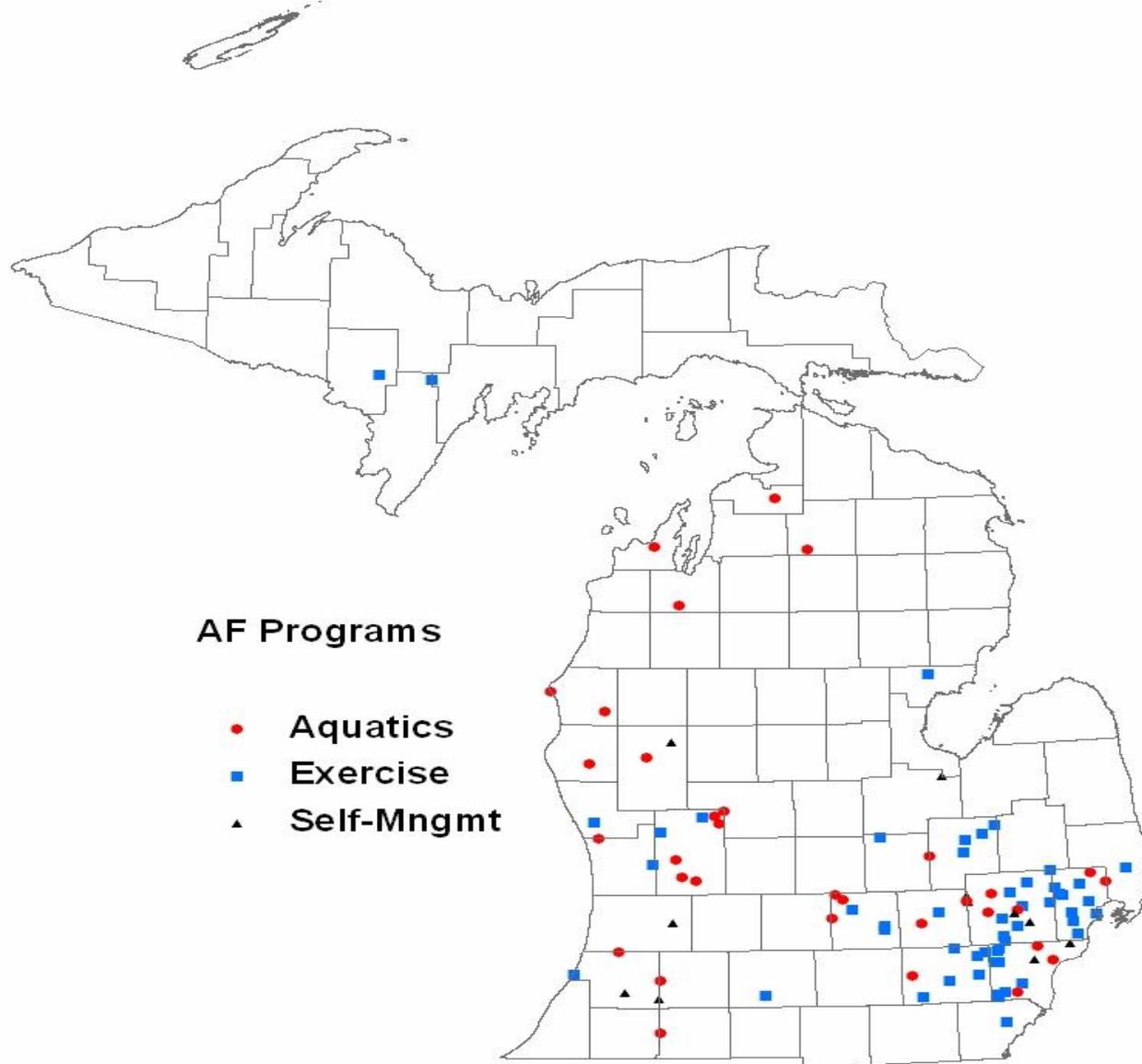
Management of Arthritis

Self-management

Arthritis Self-Management Classes

- 47.5% of Michigan adults with arthritis said they would go to an arthritis self-management class if it was available near where they live or work. (Source: 2005 Michigan Diabetes, Arthritis and Osteoporosis Survey)
- 12.5% of all Michigan adults with arthritis in 2005 reported that they had taken an “educational course or class to teach them to manage problems related to their arthritis or other joint symptoms.” (Source: 2005 Michigan Behavioral Risk Factor Survey)
- This suggests that there is a large group of Michigan adults who may be interested in taking a self-management class but have not yet done so.

Arthritis Foundation Program Class Sites, 2006

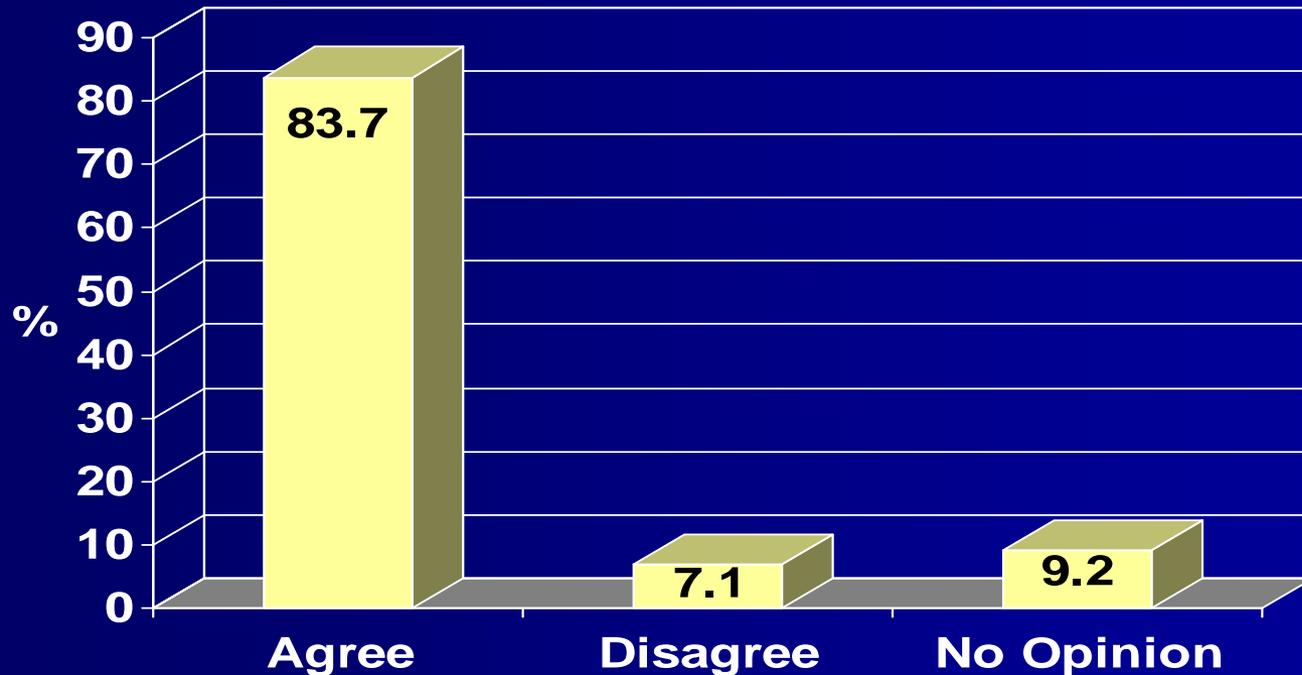


Source: Arthritis Foundation MI Chapter, August 2006

There is a need for expanding the number of arthritis self-management classes (and other Arthritis Foundation classes) in Michigan into areas where these programs are not currently unavailable.

*Public Knowledge/Opinions
About Arthritis*

*"Moderate physical activity, if done regularly, can reduce overall pain for someone with arthritis."
(Asked of Michigan Adults With Arthritis, 2005)*



The vast majority of Michigan adults with arthritis agree that their pain can be decreased by moderate exercise.

(Source: 2005 Michigan Diabetes, Arthritis and Osteoporosis Survey)

However, only 50.1% of the persons with arthritis who agreed with this previous statement reported that they themselves exercised moderately for at least 30 minutes per day five days per week or vigorously for 20 minutes per day three days per week.

Source: 2005 Michigan Diabetes, Arthritis and Osteoporosis Survey

Summary

Arthritis is:

- highly prevalent (31% of MI adults were told by a health professional that they have it),
- not just a disease of older people (two-thirds of adults with arthritis are under age 65), and
- is common among persons with other chronic diseases (1/2-2/3 of those with diabetes, hypertension, cardiovascular & osteoporosis have it).

Summary, cont.

Arthritis and related disability:

- have a strong adverse impact on:
 - the health of those affected (decreased self-rated health status and increased activity limitation)
 - the economy (decreased productivity and increased absenteeism and health care costs);
- will steadily increase in prevalence in Michigan if present rates continue;
- are associated with obesity and physical inactivity; and
- can be managed and reduced by expanded exercise and self-help programs.

For More Information

- About the data or statistics in this report: call Peter DeGuire at (517) 335-8703 or email at DeGuireP@Michigan.gov
- About arthritis or arthritis programs: call Steve Springer at (517) 335-8402 or email at SpringerS@Michigan.gov.