

Arthritis includes over 100 conditions that primarily affect the joints and surrounding tissues. It is a major contributor to morbidity and poor health-related quality of life in the United States, and is the number one cause of disability. The Centers for Disease Control and Prevention (CDC) estimates that in 2001 arthritis prevalence in U.S. adults was 33%, representing nearly 70 million adults. They further report that prevalence increases with age, is higher in women than men and is higher in non-Hispanic Whites and non-Hispanic Blacks than in persons of other racial/ethnic groups. Also, those who are physically inactive and those who are obese or overweight have higher prevalence.

The Utah Department of Health, through the Utah Arthritis Program (UAP), has recently evaluated arthritis prevalence and risk in Utah adults using the 2000 Utah Behavioral Risk Factor Surveillance System (BRFSS). Prior to the creation of the UAP there were no systematic efforts to collect or report Utah-specific arthritis data. With these data, the UAP has created *Utah's Arthritis Report*, the first comprehensive report on arthritis in Utah (available on request). The UAP is utilizing these data to design and implement programs to reach those with arthritis and fulfil the program mission: To increase the quality of life among persons in Utah affected by arthritis.

### Overall Arthritis Prevalence in Utah

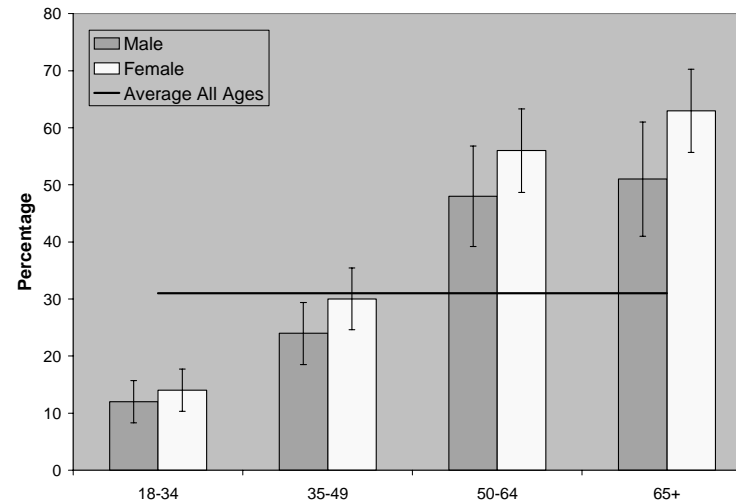
- Thirty-one percent of Utah adults (approximately 449,000 individuals) had arthritis in 2000. Twenty-nine percent of these 449,000 individuals (approximately 130,200 individuals) were not diagnosed by a physician but reported having chronic joint pain.

### Prevalence by Non-Modifiable Risks: Age, Gender, Race/Ethnicity

- Arthritis prevalence is greater among females (35%) than males (27%) and increases with age (Figure 1). No significant differences were observed in prevalence by race and ethnicity. Prevalence was 32%, 29%, and 25% for White, non-Hispanic; non-White, non-Hispanic; and Hispanic Utah adults, respectively.

### Arthritis by Age Group and Gender

Figure 1. Arthritis prevalence by age group and gender, adults age 18+, Utah 2000 BRFSS Survey.



### Potentially Modifiable Risks: Income and Education

- The prevalence of arthritis is 1.6 times greater among adults living in households with an annual income of less than \$20,000 than in those earning \$50,000 or more. No differences were observed in prevalence by education level.

### Modifiable Risks: Overweight/Obesity and Physical Activity

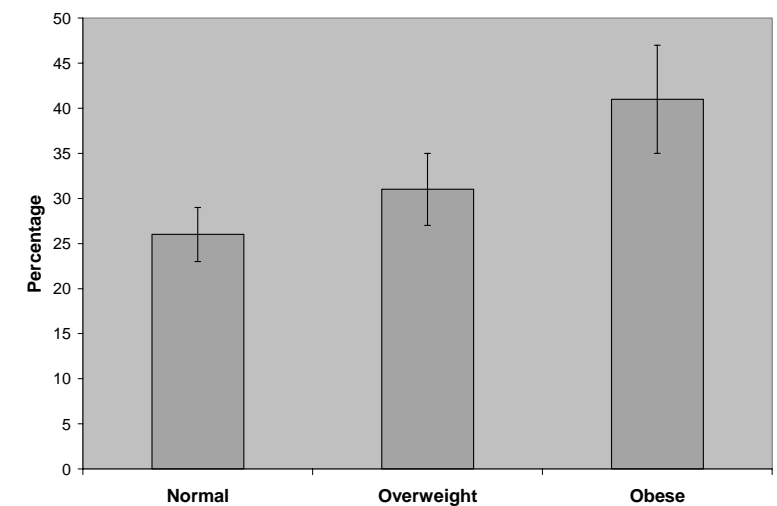
- The prevalence of arthritis among Utah adults who are obese is 1.6 times greater than among those who have a normal body weight (Figure 2). Arthritis prevalence is lower in physically active adults when compared to physically inactive adults (Figure 3).

### Arthritis-Related Health Outcomes

- Persons with arthritis experience activity limitation twice as frequently as persons without arthritis and are ten times more likely to report that pain limited their activities for 15 to 30 days during the past month than those without arthritis.

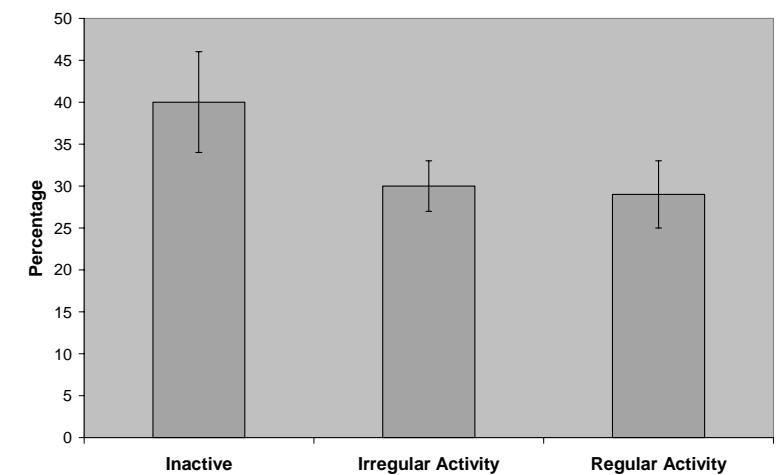
### Arthritis by Body Weight Category

Figure 2. Prevalence of arthritis by body weight category, adults age 18+, Utah 2000 BRFSS Survey.



### Arthritis by Activity Level

Figure 3. Prevalence of arthritis by activity level, adults age 18+, Utah 2000 BRFSS Survey.

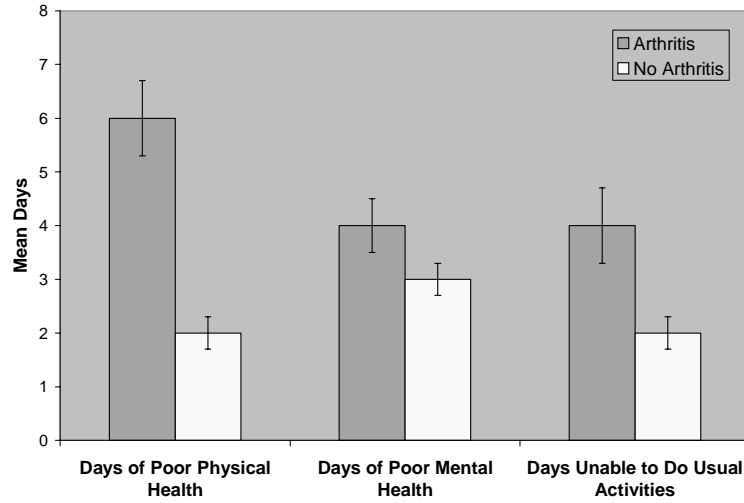


Inactive = No leisure-time physical activity; Irregular Activity = Some activity, but less than five times per week or less than 30 minutes per session; Regular Activity = Five times per week, 30 minutes per session, regardless of intensity

- Utah adults with arthritis are three times as likely to report being in fair or poor health than Utah adults without arthritis.
- Adults with arthritis report three times more days of poor physical health each month than persons without arthritis, have increased days per month when mental health is poor, and have increased days per month when they are unable to do their usual daily activities (Figure 4).

### Impact of Arthritis on Health Status

Figure 4. Three measures of health status by arthritis status, adults age 18+, Utah 2000 BRFSS Survey.



In conclusion, Utah generally mirrors the nation with respect to both arthritis prevalence and risk. Arthritis contributes to significant health burden in our society and there are interventions that would effectively reduce this burden. The data presented here, and in greater detail in *Utah's Arthritis Report*, should be utilized to educate the public about the magnitude and burden of arthritis in Utah. Also, these data should be used to help focus arthritis resources so those individuals and populations most at risk may be helped. These efforts should include partnering to impact potentially modifiable and modifiable risks such as overweight and obesity and physical activity.

## November 2002 Utah Health Status Update

Additional information about this topic and/or a copy of *Utah's Arthritis Report* can be obtained by contacting Richard Bullough, Ph.D., Director, Utah Arthritis Program, Utah Department of Health, PO Box 142107, Salt Lake City, Utah 84114-2107, (801) 538-9291, FAX (801) 538-9495 or the Office of Public Health Assessment, Utah Department of Health, PO Box 142101, Salt Lake City, Utah 84114-02101, (801) 538-6108, FAX (801) 536-0947 or (801) 538-9346, email: [phdata@utah.gov](mailto:phdata@utah.gov). To view more information on arthritis go to <http://health.utah.gov/arthritis>.

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