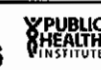


POINTS OF INTEREST



Arthritis Emerges as a Public Health Issue



Healthy aging is emerging as a priority issue for public health. Quality of life, activity limitation, and self-reported health status have joined the traditional morbidity and mortality statistics as integral components of the measure of the health of a population. Healthy aging and disability prevention are particularly important in California. In 1999, the national Behavioral Risk Factor Surveillance System (BRFSS) results indicated that California had a higher percentage of adults 65 years of age or older than the nation as a whole.

Arthritis encompasses 100 diseases and conditions that affect the joints and connective tissue. These include osteoarthritis, rheumatoid arthritis, fibromyalgia, Lyme disease, and gout. Arthritis is the leading cause of disability in the United States. Arthritis and related conditions affect nearly 43 million Americans and costs more than \$65 billion annually. By the year 2020, as the population ages, an estimated 60 million people will have arthritis.

Often wrongly considered a normal part of aging, arthritis is sensitive to prevention. Effective interventions include weight control, physical activity, disability prevention, and self-management. In November 1998, the first comprehensive public health approach to reducing the burden of arthritis in the United States was released by the Arthritis Foundation, the Centers for Disease Control and Prevention (CDC), and the Association of State and Territorial Health Officials. California is one of eight states to receive funding to implement the National Arthritis Action Plan.

In 2000, the California BRFSS asked respondents a series of questions about joint pain and arthritis. Approximately 18 percent of respondents reported having arthritis. Prevalence of arthritis increased with age, to

a high of 44 percent for respondents 65 years of age or older. Women were more likely to report having arthritis than men and risk increased with body mass index. Whites were most likely to report arthritis while Hispanics were least likely. People with arthritis are less likely to report good to excellent health than those without.

Technical Notes: The California BRFSS interviewed 4,017 adults in 2000. Males represented 42 percent of the sample and females 58 percent. The sample was 63 percent white, 6 percent black, 23 percent Hispanic and 8 percent other race/ethnicity. Fifteen percent of the respondents were age 65 and over. Data were weighted to the age-, race-, and sex-distribution of the 1990 California population and race-specific rates were age-adjusted to the 1990 California population.

For further information, contact:
Jeanne Alongi, California Arthritis Partnership Program, California Department of Health Services
(916) 327-9733

References:
CDC. Prevalence of disabilities and associated health conditions - United States, 1991-1992. MMWR. 1994; 43(40):730-739

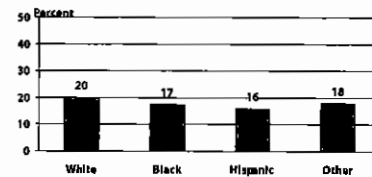
Yelin, E, Callahan, L.F. The economic cost and social and physiological impact of musculoskeletal conditions. Arthritis Rheum. 1995; 38(10):1351-1362.

Lawrence RC, Helmick CG, Arnett FC, et al. Estimates of the prevalence of arthritis and selected musculoskeletal disorders in the United States. Arthritis Rheum. 1995; 41:778-799.

For Information on Arthritis call:
California Arthritis Partnership Program
916-324-3700
Arthritis Foundation
1-800-283-7800

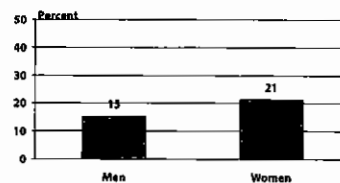
For Information on States with Arthritis Programs visit:
<http://www.cdc.gov/nccdphp/arthritis/index.htm>

Arthritis Prevalence by Race/Ethnicity, California 2000



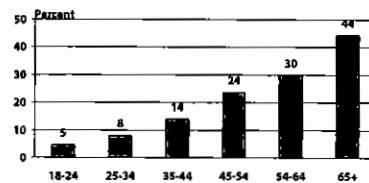
Age-adjusted to the 1990 California population
Source: California Department of Health Services, Survey Research Group

Arthritis Prevalence by Gender, California 2000



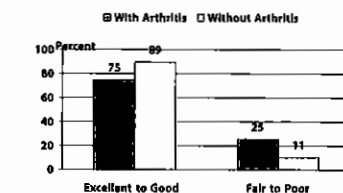
Weighted to the 1990 California population
Source: California Department of Health Services, Survey Research Group

Arthritis Prevalence by Age, California 2000



Weighted to the 1990 California population
Source: California Department of Health Services, Survey Research Group

Health Status by Arthritis Status, California 2000



Weighted to the 1990 California population
Source: California Department of Health Services, Survey Research Group

BRFSS is an ongoing effort by the California Department of Health Services (CDHS) in conjunction with CDC and the Public Health Institute to assess the prevalence of and trends in health-related behaviors in the California population aged 18 years and older. It is supported in part by funds from Cooperative Agreement No. U58/CCU910655-06 from CDC, the U.S. Public Health Service (Prevention 2000 Block Grant Funding), and in part by funds from the CDHS, Tobacco Control Section, and other programs and state departments. Data are collected monthly from a random sample of California adults living in households with telephones. The BRFSS database contains information on Californians from 1984 through the present.

The BRFSS questionnaire is developed each year by CDC in collaboration with participating state agencies. Wherever possible, questions have been selected from previously conducted national surveys for comparability. The questionnaire has three components. The first component consists of a core set of questions that are administered by all states participating in the BRFSS collection effort.

The second component of the questionnaire consists of a series of topical modules developed by CDC. States have the option of adding as many modules as they wish to the core questionnaire each year. California has used several of the CDC modules, although the same modules have not been used consistently across all years of the survey.

The final component of the questionnaire consists of questions designed and administered by individual states to address issues of local concern. These have been revised annually in California to address the needs of as many programs as possible. However, the time constraints of a telephone interview have limited the number of questions that can be placed on the survey in any one year.

Participants in the California BRFSS are asked about a wide variety of behaviors such as seat belt use, exercise, weight control, diet, tobacco and alcohol consumption, utilization of cancer screening procedures, and other preventive measures. They also are asked for basic demographic information such as age, race/ethnicity, marital and employment status, household income, and education. Participation in the BRFSS is completely voluntary and anonymous.

The age, race/ethnicity, and sex characteristics of the BRFSS sample differ to some extent from the age, race/ethnicity, and sex characteristics of the California population. Weighting adjustments are used to compensate for these differences. Prior to analyzing the BRFSS data, the sample is weighted so that age, race/ethnicity, and gender composition match that of the California population. This allows the findings to be generalized to the California population.

For more information on the BRFSS, contact Bonnie Davis, CDHS, Cancer Surveillance Section, Survey Research Group (916) 779-0331, bonnie@ccr.ca.gov.