

An Assessment of the Burden of Arthritis in Utah

Findings from the 2011

Utah Behavioral Risk Factor Surveillance System

Table of Contents



Acknowledgments.....	ii
Arthritis Definition	1
Prevalence of Arthritis in Utah	1
Prevalence of Arthritis by Gender and Age Group	2
Body Mass Index Rates among People With and Without Arthritis.....	2
Health Status, Physical Health, and Arthritis	3
Arthritis and Mental Health	3
Arthritis and Physical Inactivity	3
Arthritis and Activity Limitation	4
Management of Arthritis.....	4
Health Care Access among People with Arthritis	5
Health Care Access among People with Arthritis by Age Group.....	5
Age-adjusted Rates.....	7
Age-adjusted Prevalence of Arthritis by Local Health District.....	7
Age-adjusted Prevalence of Arthritis by Education Level.....	8
Age-adjusted Prevalence of Arthritis by Income Level	9
Age-adjusted Prevalence of Arthritis by Ethnicity.....	9
Age-adjusted Prevalence of Arthritis by Race.....	10
Age-adjusted Prevalence of Arthritis by Coexisting Conditions.....	11
Age-adjusted Prevalence of Arthritis by Utah Small Area.....	12
Arthritis among Utah Adults 18 and Older by Demographic Characteristics	13
Arthritis-related Inpatient Hospital Visits and Costs	14
Conclusions.....	16
References	16
What is Being Done to Address Arthritis in Utah?.....	17
Intervention Delivery Partners.....	17
Evidence-based Programs.....	18
Flow Chart.....	19
Impact of Interventions in Utah	20





Acknowledgments

Appreciation is extended to the following individuals for editing this report:

Cyndi Bemis, BA, CPM	Michael Friedrichs, MS
Athena Carolan, MPH, CHES	Brenda Ralls, PhD
Rebecca Castleton, BS, CHES	Christine Weiss, MPH, CHES

Appreciation is also extended to the following individuals who contributed to this report:

Celsa Bowman, MS	Whose design and layout skills enhanced the document's appearance.
Barry Nangle, PhD and Kim Neerings	For reviewing the accuracy of the data.
Randy Tanner, MPA	Utah Arthritis Program epidemiologist, for writing this report.
Shelly Wagstaff, BS	For converting the Behavioral Risk Factor Surveillance System responses into meaningful data.

The Utah Arthritis Program also acknowledges the following individuals for their support in producing this report:

Athena Carolan, MPH, CHES	Program Manager, Utah Arthritis Program
Heather Borski, MPH, CHES	Director, Bureau of Health Promotion

Funding for this publication was provided by the Centers for Disease Control and Prevention (CDC) through funding opportunity number CDC-RFA-DP12-1210. The contents of this report are solely the responsibility of the Utah Arthritis Program and do not represent the opinions of the CDC.

For more information contact: Utah Department of Health
Bureau of Health Promotion
Utah Arthritis Program
PO Box 142107
Salt Lake City, Utah 84114-2107

Phone: (801) 538-9458

Website: www.health.utah.gov/arthritis





This report examines the burden of doctor-diagnosed arthritis among adults in Utah using data from the 2011 Behavioral Risk Factor Surveillance System (BRFSS). The 2011 BRFSS data generated a sample of 3,437 Utah adults who reported arthritis.

The report describes the prevalence of arthritis in Utah overall and within specific demographic groups such as gender, age, race/ethnicity, education, and income. Other factors such as activity limitation, physical activity, health status, health-related quality of life, and weight category are also examined. Finally, the report includes information about hospitalizations and hospital charges associated with arthritis in Utah.

We hope the report will increase awareness of arthritis in Utah as a major public health issue, and provide direction for implementing intervention programs needed to improve the health and quality of life for Utahns suffering from arthritis.

Arthritis Definition

The word arthritis means joint inflammation. The twelfth edition of *The Primer on Rheumatic Diseases*, an Arthritis Foundation publication, identifies more than 100 rheumatic diseases and conditions, including osteoarthritis, which is the most common, rheumatoid arthritis, lupus, gout, and bursitis.¹ Typically, rheumatic conditions are characterized by inflammation, pain, and stiffness in and around one or more joints, in the tissues which surround the joint, and in other connective tissue.

Beginning with the 2002 BRFSS Survey, the Centers for Disease Control and Prevention (CDC) recommended that surveillance estimates for arthritis focus on doctor-diagnosed arthritis only. Therefore, arthritis refers to self-reported, doctor-diagnosed arthritis in this report. Although doctor-diagnosed arthritis is self-reported in the BRFSS and is not confirmed by a healthcare provider, such self-reports have been shown to be acceptable for surveillance purposes.

NOTE: In 2011, two updates occurred in the BRFSS that impacted prevalence estimates. First, both landline and cell phone respondent BRFSS data were included and second, a new weighting methodology called iterative proportional fitting, or raking, was implemented. Because of these changes in methodology, estimates of arthritis prevalence from 2009 and later cannot be compared to estimates from previous years.

Unless noted, rates shown in this document are crude rates.

Prevalence of Arthritis in Utah

In 2011, the crude rate of arthritis among adults age 18 and older in Utah was 19.8 percent. This represents approximately 384,000 individuals based on the estimated Utah population 18 and older for 2011² (**See Table 1**).

*“Approximately
384,000 Utahns
reported
arthritis in
2011.”*





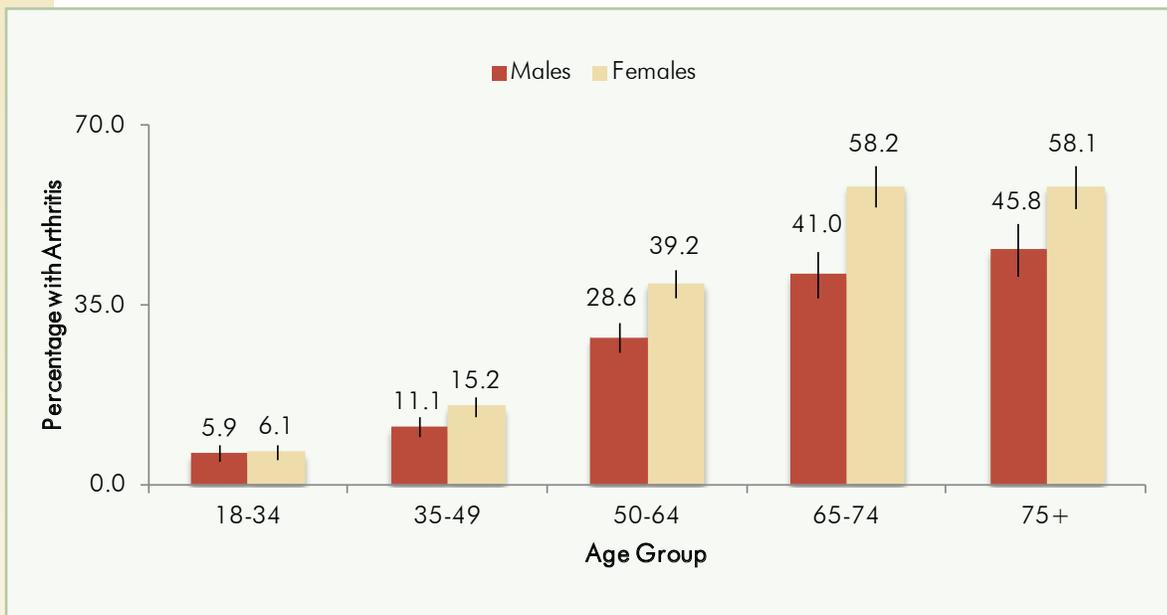
Arthritis Prevalence (crude rates)

Prevalence of Arthritis by Gender and Age Group

While arthritis affects both men and women, women are more likely to report arthritis. Nearly one-fourth, 23.0 percent, of Utah women reported arthritis compared to 16.5 percent of Utah men. Based on the 2011 Utah population 18 and older, this represents 224,000 women and 160,000 men.²

Although arthritis affects Utahns of all ages, some age groups are more likely to be affected. The prevalence of self-reported arthritis ranges from 6.0 percent among 18- to 34-year-olds, to 52.9 percent among those 75 and older. Among women 65-74 years old, 58.2 percent reported arthritis compared to 41.0 percent of men in the same age category (See Figure 1 and Table 1).

Figure 1. Prevalence of Arthritis by Gender and Age Group among Utah Adults



Source: Utah BRFSS 2011

Body Mass Index Rates among People With and Without Arthritis

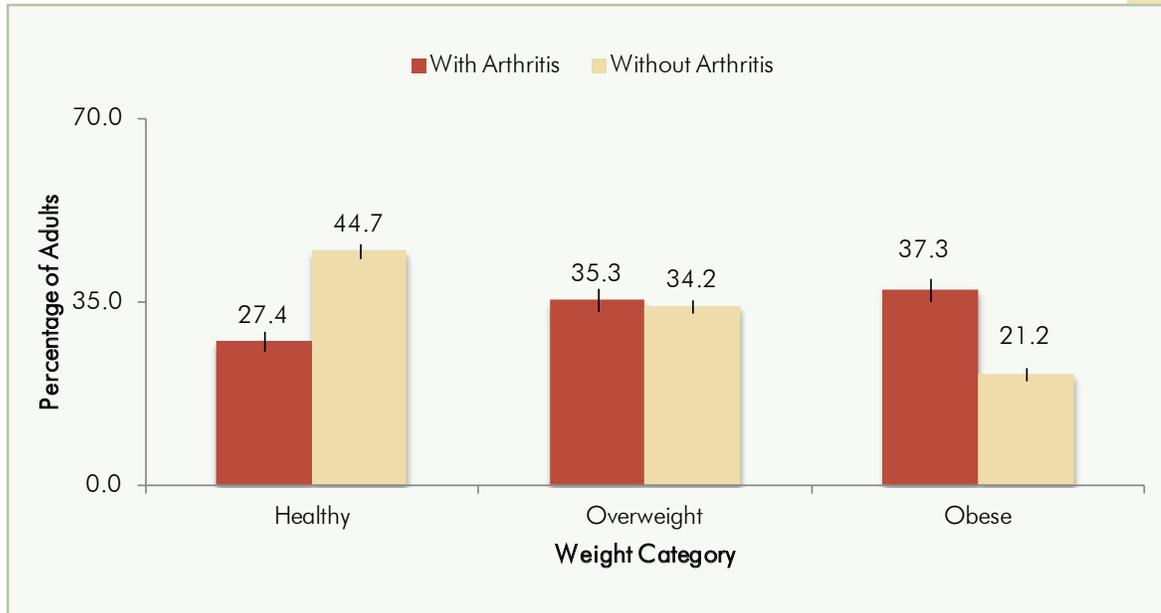
Obesity is a known risk factor for the development and progression of arthritis. Among adults with arthritis, 27.4 percent reported an ideal weight, 35.3 percent were overweight, and 37.3 percent were obese. This means that nearly three-fourths of adults with arthritis (72.6%) reported they were overweight or obese. Among adults with no arthritis, 44.7 percent reported an ideal weight, 34.2 percent were overweight, and 21.2 percent were obese (See Figure 2).

“Nearly three-fourths of Utah adults with arthritis reported they were overweight or obese.”





Figure 2. Body Mass Index Rates among People With and Without Arthritis



Source: Utah BRFSS 2011

Health Status, Physical Health, and Arthritis

Utah adults with arthritis had a rate of self-reported fair or poor health that was three times higher than those without arthritis (31.6% vs. 8.9%). Similarly, adults with arthritis reported experiencing seven or more days in the last month when their physical health was not good at a rate three times higher than persons without arthritis (33.4% vs. 10.0%) (See Figure 3).

Arthritis and Mental Health

The relationship between arthritis and mental health is less dramatic than it is for physical health; however, the pattern remains the same. One in four Utah adults with arthritis (25.6%) reported seven or more days of poor mental health in the past month compared to one in seven adults (13.9%) without arthritis (See Figure 3).

Arthritis and Physical Inactivity

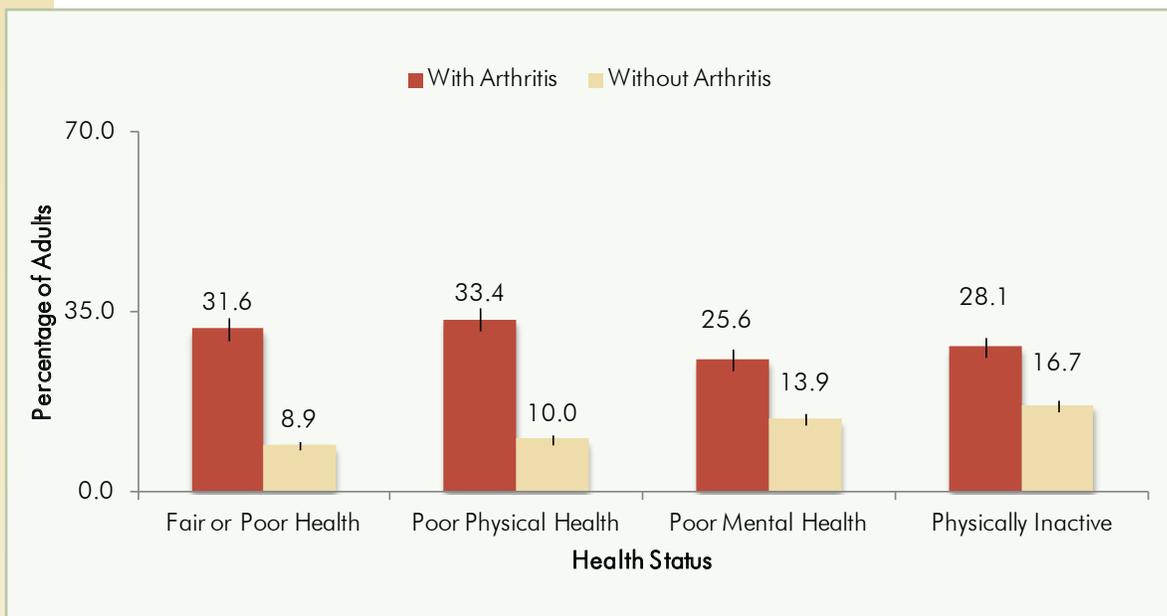
Although physical activity and exercise have been shown to benefit people with arthritis, Utah adults with arthritis were nearly twice as likely to report being inactive (28.1%) than persons without arthritis (16.7%) (See Figure 3).

“Utah adults with arthritis had a rate of self-reported fair or poor health that was three times higher than those without arthritis (31.6% vs. 8.9%).”





Figure 3. Impact of Arthritis on Health-related Quality of Life among Utah Adults



Source: Utah BRFSS 2011

Arthritis and Activity Limitation

When asked if arthritis or joint symptoms limited their activities, one-half (51.7%) of Utah adults with arthritis or joint symptoms reported limiting their activities. Women with arthritis were more likely to have activity limitation due to arthritis (54.8%) than men (47.3%).

Pain plays a leading role in limiting the activities of people with arthritis. Among Utahns with arthritis, 16.2 percent reported pain at a level of seven or higher on a scale from 0 to 10, with 0 representing no pain and 10 representing intense pain.

Persons with arthritis had a rate of physical activity limitation nearly four times higher because of a physical, mental, or emotional problem than persons without arthritis (55.9% vs. 14.9%). In addition to activity limitation, 39.5 percent of working-age (18-64) Utah adults with arthritis reported being limited in their ability to work. Among working-age women 18-64 with arthritis, 42 percent have some work limitation due to their arthritis, compared to 37 percent of working-age men.

Management of Arthritis

Persons with arthritis were eight times more likely to report using special equipment such as a cane, wheelchair, or special bed compared to persons without arthritis (17.9% vs. 2.3%).

“Women with arthritis were more likely to have activity limitation due to arthritis (54.8%) than men (47.3%)”



Health Care Access Among People with Arthritis



Among Utah Adults with Arthritis:

- 68.7 percent (264,000) could do everything or almost everything they would like to do
- 32.5 percent (125,000) reported a doctor or other health professional had suggested they lose weight
- 60.9 percent (234,000) were told by their doctor or other health professional to exercise
- 10.5 percent (40,000) reported attending a self-management class to learn how to deal with their arthritis

Health Care Access among People with Arthritis

Among Utah adults with arthritis:

- 12.3 percent reported not having health care coverage
- 27.2 percent reported not having a personal doctor or health care provider
- 18.8 percent could not see a doctor when needed during the past 12 months because of the cost
- 31.1 percent did not have a routine medical checkup in the past 12 months

Health Care Access among People with Arthritis by Age Groups

Compared to individuals 65 and older with arthritis, health care access was more limited among individuals ages 18 to 64 with arthritis (See Figure 4).

Among Utah adults with arthritis aged 18-64:

- 17.7 percent reported not having health care coverage
- 15.3 percent reported not having a doctor or health care provider
- 25.3 percent could not see a doctor when needed during the past 12 months because of the cost
- 38.0 percent did not have a routine medical checkup in the past 12 months (See Figure 4)

Among Utah adults with arthritis aged 65 and older:

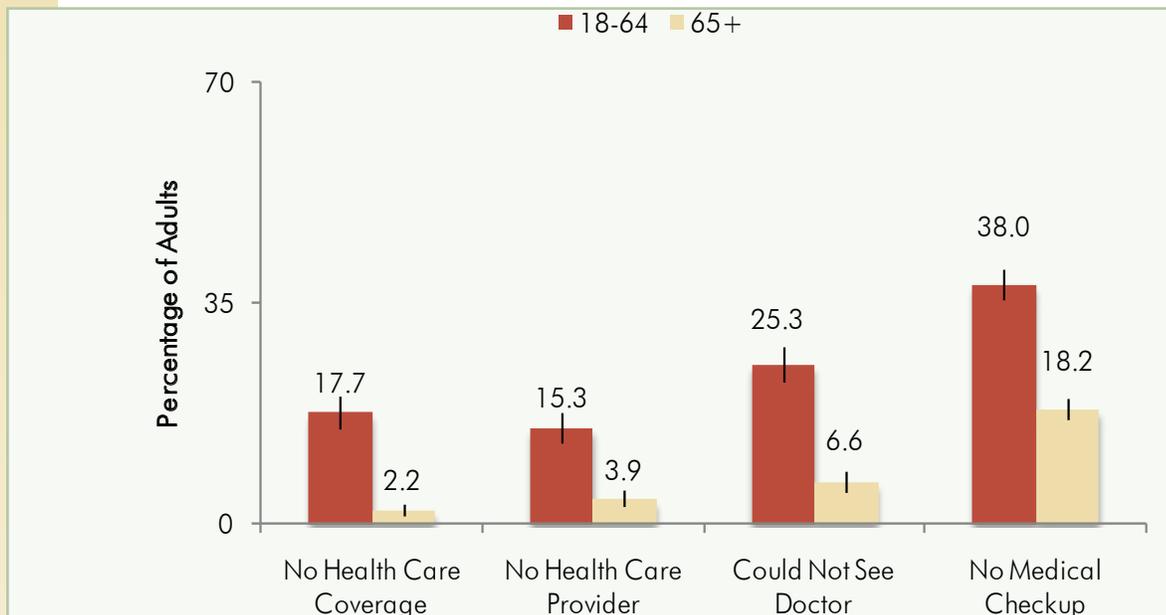
- 2.2 percent reported they did not have health care coverage
- 3.9 percent did not have a personal doctor or health care provider
- 6.6 percent could not see a doctor when needed during the past 12 months because of the cost
- 18.2 percent did not have a routine medical checkup in the past 12 months (See Figure 4)

“Persons with arthritis were eight times more likely to report using special equipment such as a cane, wheelchair, or special bed.”





Figure 4. Health Care Access among Utah Adults with Arthritis by Age Group



Source: Utah BRFSS 2011

Age-adjusted Rates

Because age affects the likelihood of having arthritis, it is beneficial to adjust for the effect of age when comparing populations. This helps determine if a certain population has factors that contribute to arthritis prevalence in addition to the effect of age. Age-adjusted rates are based on eight age groups: 18-24, 25-34, 35-44, 55-64, 75-84, and 85+. Age-adjusted rates for race and ethnicity are based on three age groups: 18-34, 35-49 and 50+.



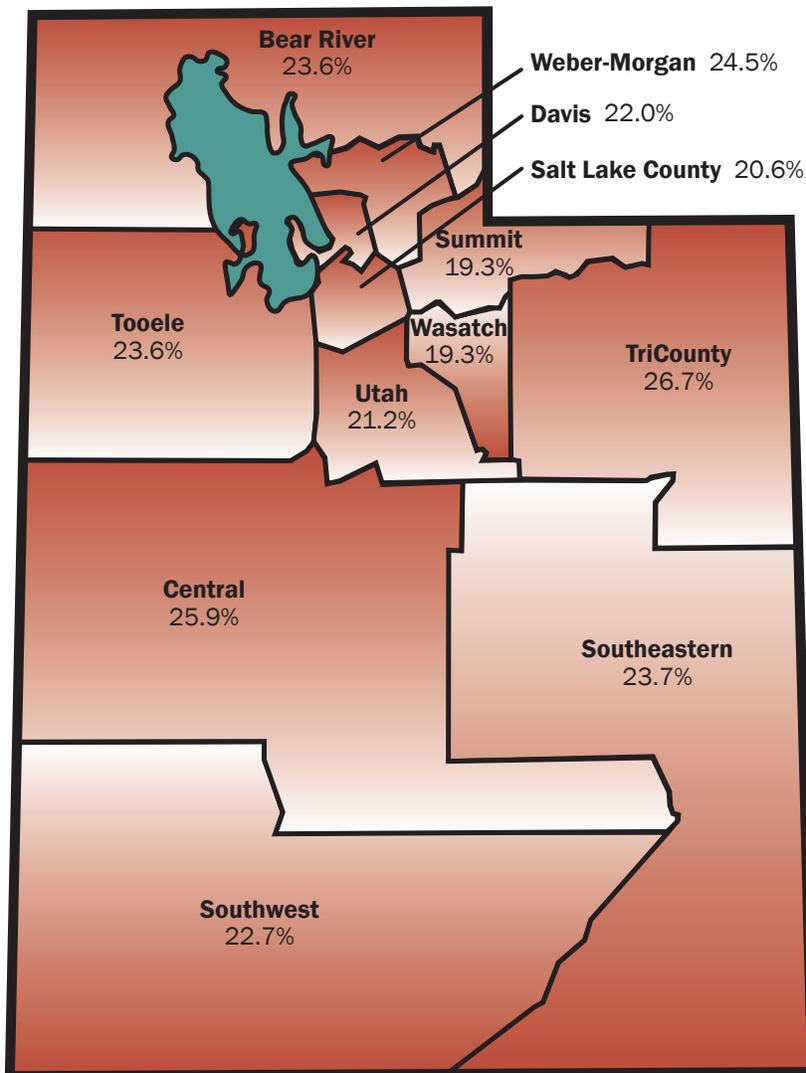
Age-adjusted Prevalence of Arthritis



Age-adjusted Prevalence of Arthritis by Local Health District

After adjusting for age, only Central, TriCounty and Weber-Morgan Health Districts had statistically higher rates of arthritis than the state rate of 21.8 percent. The age-adjusted prevalence of arthritis in Utah's local health districts ranged from a low of 19.3 percent in Summit and Wasatch County Health Districts to a high of 26.7 percent in the TriCounty Health District (See Figure 5).

Figure 5. Age-adjusted Percentage of Adults Reporting Arthritis by Local Health District



Source: Utah BRFSS 2011
Age-adjusted to the 2000 US Standard Population



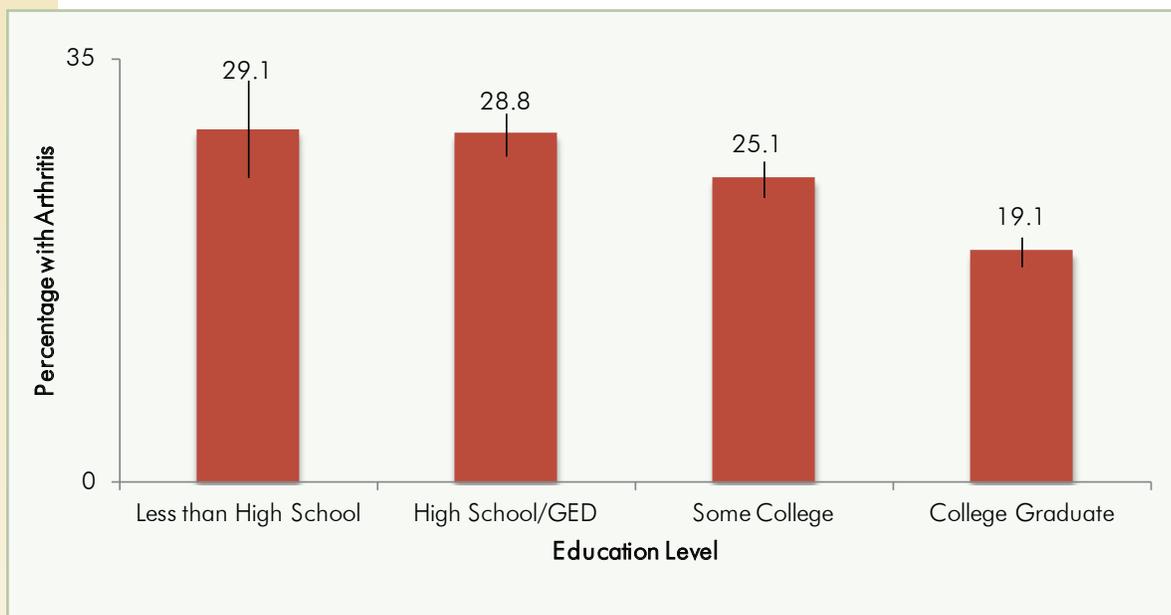


“The prevalence of arthritis declines with increasing education and income.”

Age-adjusted Prevalence of Arthritis by Education Level

Among adults 25 and older, the age-adjusted prevalence of arthritis declines with increasing education level. Among adults with less than a high school education, 29.1 percent reported arthritis compared to 28.8 percent of adults with a high school education, 25.1 percent among persons reporting some college, and 19.1 percent among persons reporting a college education (See Figure 6 and Table 1).

Figure 6. Age-adjusted Prevalence of Arthritis by Education Level among Utah Adults



Source: Utah BRFSS 2011
Age-adjusted to the U.S. 2000 standard population

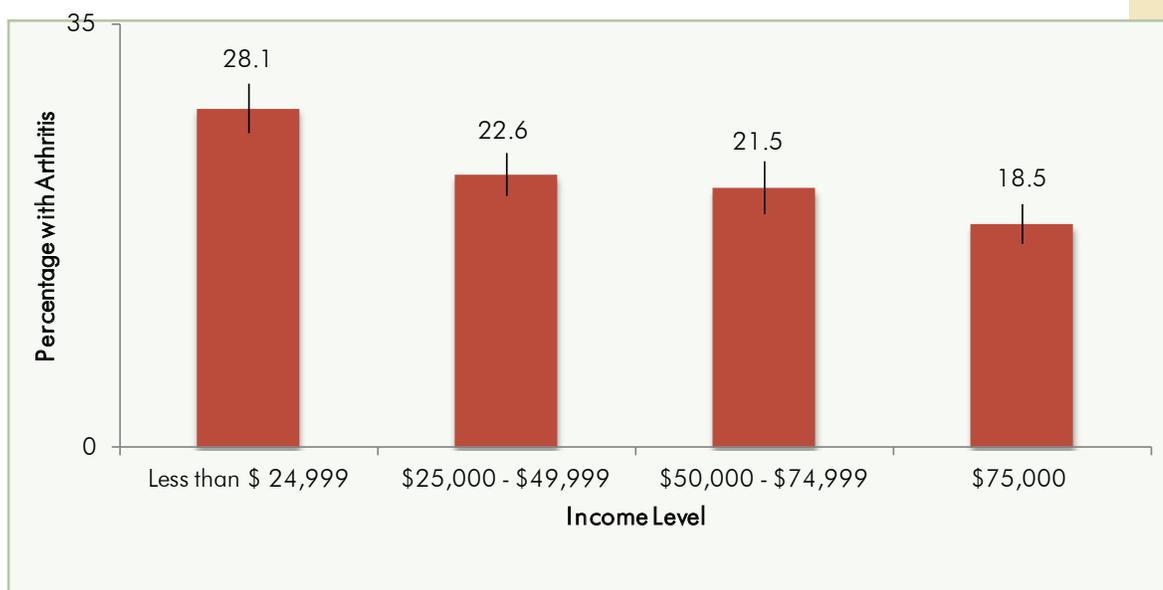




Age-adjusted Prevalence of Arthritis by Income Level

As observed for education, arthritis prevalence declines with increasing income. Among persons with an annual income of less than \$25,000, 28.1 percent stated they had arthritis. As income increased to \$75,000 or more, the percentage reporting arthritis decreased to 18.5 percent (See Figure 7 and Table 1).

Figure 7. Age-adjusted Prevalence of Arthritis by Income among Utah Adults



Source: Utah BRFSS 2011
Age-adjusted to the U.S. 2000 standard population

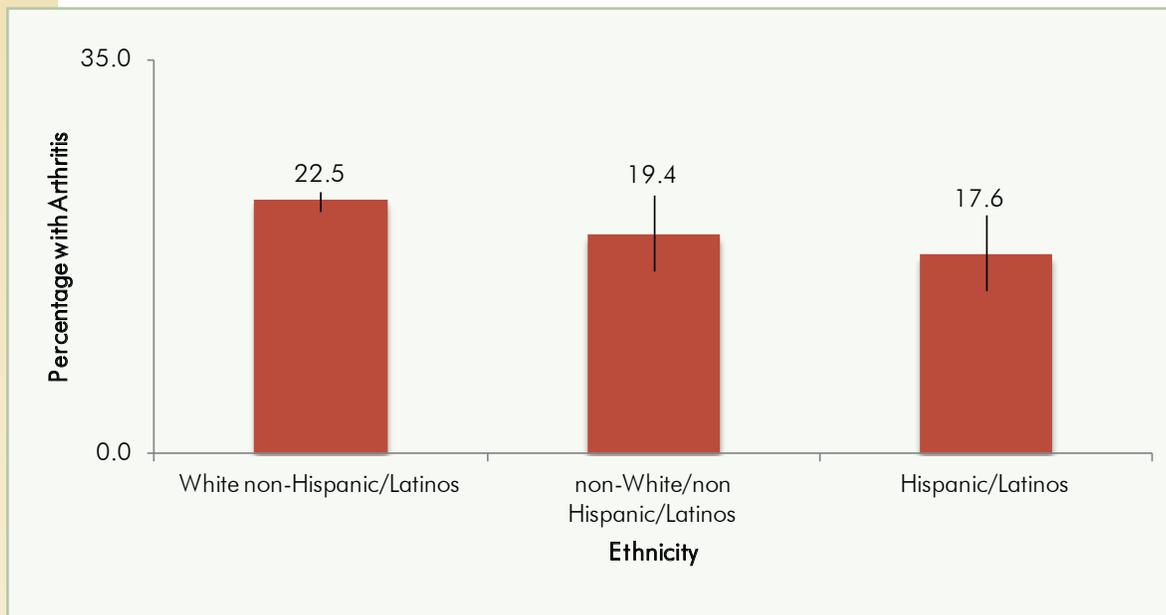
Age-adjusted Prevalence of Arthritis by Ethnicity

The age-adjusted arthritis prevalence rate for White non-Hispanic/Latinos was 22.5 percent, 19.4 percent for non-White non-Hispanic/Latinos, and 17.6 percent for Hispanic/Latinos (See Figure 8 and Table 1).





Figure 8. Age-adjusted Prevalence of Arthritis by Ethnicity among Utah Adults

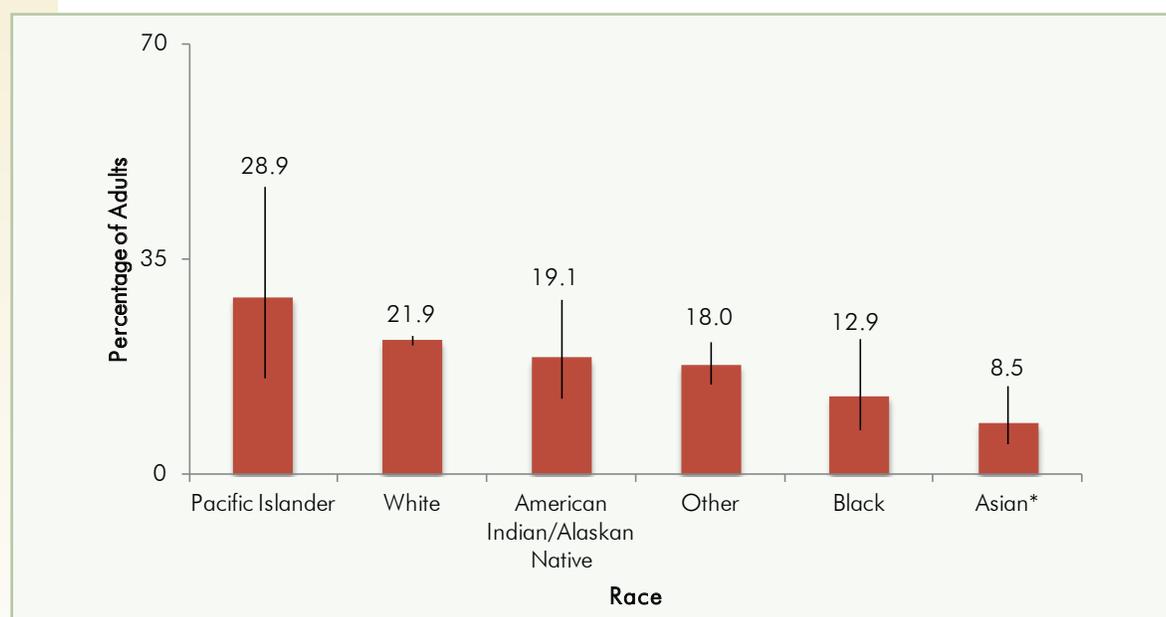


Source: Utah BRFSS 2011; Age-adjusted to the U.S. 2000 standard population

Age-adjusted Prevalence of Arthritis by Race

Arthritis affects all racial groups, but is most prevalent among Pacific Islanders (28.9%), followed by Whites (21.9%) (See Figure 9).

Figure 9. Age-adjusted Prevalence of Arthritis by Race among Utah Adults



Source: Utah BRFSS 2011; Age-adjusted to the U.S. 2000 standard population
Age-adjusted rates are based on three age groups: 18-34, 35-49, and 50+.

*Use caution in interpreting, as the estimate has a relative standard error greater than 30 percent and does not meet Utah Department of Health standards for reliability.

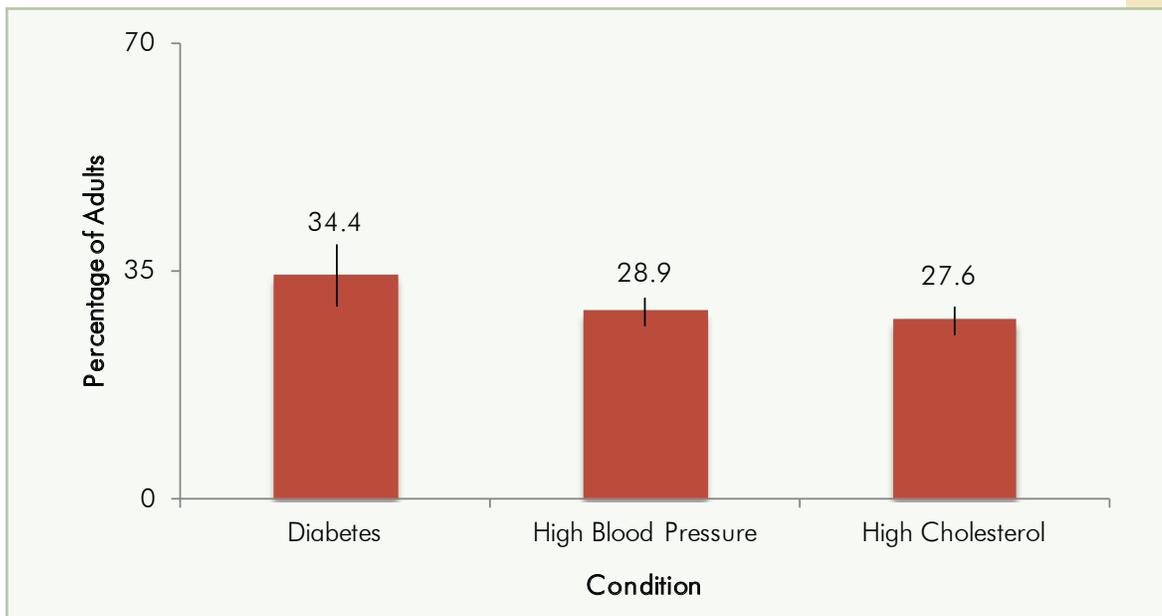




Age-adjusted Rates of Arthritis and Coexisting Conditions

Arthritis is frequently associated with other health conditions such as diabetes, high blood pressure, and high cholesterol. As seen in Figure 9, 34.4 percent of adults with diabetes, 28.9 percent with high blood pressure, and 27.6 percent of persons with high cholesterol also report arthritis.

Figure 10. Age-adjusted Rates of Arthritis among Utah Adults with Selected Chronic Conditions



Source: Utah BRFSS 2011
Age-adjusted to the 2000 U.S. standard population





The age-adjusted prevalence of arthritis in Utah's small areas ranged from a low of 11.9 percent in West Orem to a high of 31.8 percent in Murray (See Figure 11).

Figure 11. Age-adjusted Prevalence of Arthritis by Utah Small Area, Utah BRFSS 2011

1. Murray 31.8%	32. American Fork/Alpine 22.2%
2. Sevier/Piute/Wayne Counties 30.9%	33. Brigham City 21.4%
3. Roy/Hooper 30.8%	34. Riverton/Draper 21.2%
4. Other Box Elder County 30.0%	35. South Jordan 21.0%
5. Utah County South 28.7%	36. Rose Park 20.5%
6. Other Southwest 28.5%	37. Grand/San Juan Counties 20.4%
7. Kearns 28.4%	38. Provo South 20.2%
8. Clearfield 28.4%	39. Layton 20.1%
9. West Jordan Northeast 27.4%	40. Farmington/Centerville 19.8%
10. TriCounty LHD 27.1%	41. Wasatch County 19.4%
11. Sandy, Northeast 26.9%	42. Pleasant Grove/Lindon 19.4%
12. Taylorsville 26.3%	43. Morgan/East Weber County 19.4%
13. Downtown Ogden 26.0%	44. Glendale 19.3%
14. Lehi/Cedar Valley 26.0%	45. South Salt Lake 19.0%
15. Tooele County 25.9%	46. Woods Cross/North Salt Lake 19.0%
16. Carbon/Emery Counties 25.6%	47. Other Washington County 18.5%
17. Magna 25.6%	48. Summit County 18.3%
18. Springville/Spanish Fork 25.0%	49. West Jordan Southeast 18.2%
19. Ben Lomond 24.9%	50. Avenues 17.5%
20. Logan 24.5%	51. Sandy Center 17.1%
21. East Orem 24.3%	52. Downtown Salt Lake 17.0%
22. Juab/Millard/Sanpete Counties 24.2%	53. Holladay 17.0%
23. West Valley West 24.1%	54. Syracuse 17.0%
24. Bountiful 23.8%	55. Foothill/U of U 16.6%
25. Riverdale 23.8%	56. Cottonwood 16.1%
26. Midvale 23.5%	57. West Jordan West/Copperton 15.8%
27. St. George 23.0%	58. Sandy, Southeast 15.7%
28. West Valley East - 22.8%	59. Provo/BYU 15.2%
29. Cedar City - 22.7%	60. Millcreek 15.1%
30. Other Cache/Rich County - 22.5%	61. North Orem 13.6%
31. South Ogden 22.4%	62. West Orem 11.9%





Table 1 - Prevalence of Arthritis among Utah Adults 18 and Older by Demographic Characteristics

Demographic Characteristics	Number Impacted by Arthritis	Crude Rate	Lower CI	Upper CI	Age-adjusted Rate	Lower CI	Upper CI
Sex							
Male	160,000	16.5	15.3	17.7	18.7	17.6	19.9
Female	224,000	23	21.9	24.2	24.7	23.6	25.8
Age Group							
18-34	47,000	6.0	5.0	7.2	-	-	-
35-49	65,000	13.1	11.8	14.6	-	-	-
50-64	139,000	33.9	31.9	36	-	-	-
65-74	72,000	50.1	47.1	53.1	-	-	-
75+	61,000	52.9	49.7	56.2	-	-	-
Weight Category							
Ideal	105,000	13.3	12.3	14.4	17.3	16.2	18.5
Overweight	136,000	20.5	19.1	22.0	20.6	19.2	22.0
Obese	143,000	30.5	28.4	32.7	30.4	28.4	32.3
Health Status							
Fair or Poor Health	121,000	46.5	42.4	49.7	41.1	37.7	44.7
Poor Physical Health	128,000	45.0	41.9	48.0	42.0	39.1	45.0
Poor Mental Health	98,000	31.2	28.5	34.0	36.9	34.7	39.2
Physically Inactive	108,000	29.5	27.3	31.9	27.3	25.3	29.4
Income							
Less than \$24,999	118,000	25.4	23.3	27.6	28.1	26.1	30.2
\$25,000 - \$49,999	110,000	21.2	19.4	23.0	22.6	20.9	24.4
\$50,000 - \$74,999	75,000	19.6	17.6	21.7	21.5	19.4	23.7
\$75,000 +	92,000	15.9	14.5	17.5	18.5	16.9	20.2
Education**							
Less than High School	49,000	25.6	21.7	30.0	29.1	25.2	33.3
High School or GED	124,000	28.1	26.2	30.1	28.8	27.0	30.6
Some College	173,000	23.4	21.9	25.0	25.1	23.6	26.6
College Graduate	101,000	17.9	16.7	19.2	19.1	17.9	20.3
Race/Ethnicity							
White, non-Hispanic	338,000	21.3	20.4	22.2	22.5	21.6	23.3
Hispanic/Latino	26,000	11.3	9.0	14.2	17.6	14.5	21.2
Non-White, non-Hispanic	19,000	15.3	12.4	18.8	19.4	16.2	23.0

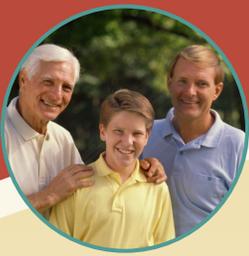
Source: Utah BRFSS 2011

* Age-adjusted to the U.S. 2000 standard population.

** Rates are based on the population age 25 and older.



Hospital Visits and Costs



“Total charges for patients with a primary diagnosis of arthritis were slightly more than \$414 million in 2011.”

Arthritis-related Inpatient Hospital Visits and Costs

2011 Utah Hospital Inpatient Discharge data confirm that arthritis is a major public health issue in Utah. There were 11,442 inpatient hospital visits with a primary diagnosis of arthritis in 2011, or 4.4 percent of all hospital visits. Osteoarthritis accounted for 9,341 hospital visits, or over three-fourths (81.6%) of all hospital visits due to arthritis. Total charges for patients with a primary diagnosis of arthritis were \$414,213,100, and the average charge per visit was \$36,745. The average inpatient length of stay for a patient with a primary diagnosis of arthritis was three days. Hospital visits for arthritis-associated knee and hip replacements accounted for 76.9 percent, or 8,803 hospital visits due to arthritis in 2011, for a total cost of \$331,999,286, which is more than three-fourths (80.1%) of all hospital charges for arthritis (See Table 3).

Table 2 – Arthritis-related Inpatient Hospital Visits and Costs, Utah Residents, 2011

Diagnosis/ Procedure	Hospital Visits*	Total Charges**	Average Charge**	Average Length of Stay
Arthritis	11,442	\$414,231,100	\$35,873	3.0 days
Knee Replacement	6,427	\$242,780,303	\$37,775	3.0 days
Hip Replacement	2,283	\$89,218,983	\$39,079	2.9 days

Source: Utah Inpatient Hospital Discharge Data, Office of Health Care Statistics, Utah Department of Health

*Includes hospital visits with a primary diagnosis of arthritis using ICD-9 Codes 095.6, 095.7, 098.5, 136.1, 274, 277.2, 287.0, 344.6, 353.0, 354, 355.5, 357.1, 390.0, 391.0, 437.4, 443.0, 446, 447.6, 696.0, 710, 711, 712, 713, 714, 715, 716.0-716.6, 716.8-716.9, 719.0, 719.2-719.9, 720, 721, 725, 726, 727, 728.0-728.3, 728.6-728.9, 729.0-729.1, 729.4. The ICD-9 Procedure Codes for Knee and Hip Replacements are 81.54 and 81.51, respectively.

**The charges shown differ from “costs,” “reimbursement,” “price” and “payment.” Different payers have different arrangements with each hospital for payment. Many factors affect the cost for a hospital stay, including patient’s health insurance, the type of insurance, and the billing procedures at the hospital.



Hospital Visits and Costs



Age is associated with hospitalization of adults with arthritis. Persons 55 and older accounted for three-fourths (78.8%) of arthritis-related hospital visits, and 85.5 percent of knee and hip replacements due to arthritis. Total charges for persons 55 and older with arthritis accounted for 81.6 percent of all hospital charges due to arthritis, and 85.2 percent of arthritis-associated knee and hip replacements (**See Table 2**).

Table 3 – Arthritis-related Inpatient Hospital Visits and Costs, Utah Residents Age 55 and Older, 2011

Diagnosis/ Procedure	Hospital Visits*	Total Charges**	Average Charge**	Average Length of Stay
Arthritis	9,014	\$338,107,007	\$37,509	3.0 days
Knee Replacement	5,511	\$207,410,149	\$37,635	3.1 days
Hip Replacement	1,934	\$75,465,551	\$39,020	2.9 days

Source: Utah Inpatient Hospital Discharge Data, Office of Health Care Statistics, Utah Department of Health

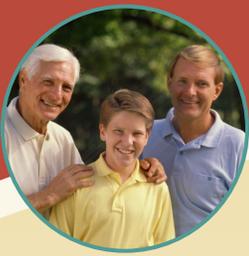
*Includes hospital visits with a primary diagnosis of arthritis using ICD-9 Codes 095.6, 095.7, 098.5, 136.1, 274, 277.2, 287.0, 344.6, 353.0, 354, 355.5, 357.1, 390.0, 391.0, 437.4, 443.0, 446, 447.6, 696.0, 710, 711, 712, 713, 714, 715, 716.0-716.6, 716.8-716.9, 719.0, 719.2-719.9, 720, 721, 725, 726, 727, 728.0-728.3, 728.6-728.9, 729.0-729.1, 729.4. The ICD-9 Procedure Codes for Knee and Hip Replacements are 81.54 and 81.51, respectively.

**The charges shown differ from “costs,” “reimbursement,” “price” and “payment.” Different payers have different arrangements with each hospital for payment. Many factors affect the cost for a hospital stay, including patient’s health insurance, the type of insurance, and the billing procedures at the hospital.

“Persons 55 and older accounted for three-fourths (78.8%) of arthritis-related hospital visits and 85.5 percent of knee and hip replacements due to arthritis.”



Conclusions



Conclusions

Obtaining reliable arthritis data at state and local levels allows for accurate measurement of the prevalence of arthritis. Such data helps to set public health priorities and focus the use of limited public health resources in the most efficient way. It also helps us understand who is affected, who is at risk, what health behaviors increase that risk, and how the disease affects physical health, quality of life, and health care costs. Through awareness, education, and action, the public health concerns noted in this report can be addressed. Ultimately, adults with arthritis should learn about treatment options, attend self-management programs, participate in regular physical activity, and maintain appropriate body weight to help relieve their symptoms.

References

1. Primer on the Rheumatic Diseases (Primer on Rheumatic Diseases (Klippel)) by John H. Klippel, John H. Stone, Leslie J. Crofford, and Patience H. White (Dec 12, 2007)
2. The Utah Population Estimates Committee (UPEC) and the Governor's Office of Planning and Budget (GOPB). www.governor.utah.gov/dea/demographics.html



What Is Being Done to Address Arthritis in Utah?



What is Being Done to Address Arthritis in Utah?

The Utah Arthritis Program was established in 1999 with funding from the Centers for Disease Control and Prevention. Since that time, the Utah Arthritis Program and its partners have been working to:

- Provide an effective public health program for arthritis
- Monitor the burden of arthritis within Utah
- Measure the reach of interventions
- Routinely update state plans targeting persons with arthritis
- Create sustainable partnerships to expand the reach of evidence-based interventions
- Collaborate with other chronic disease programs to promote systems change
- Implement the CDC health communication campaign “Physical Activity. The Arthritis Pain Reliever”

During the last five years, the Utah Arthritis Program has built an outstanding partner network. The Utah Arthritis Program presently partners with the following organizations to provide evidence-based programs to reduce the burden of arthritis in Utah (**See Table 4**).

Table 4 Utah Arthritis Program Intervention Delivery Partners	
Ability First	Salt Lake County Active Aging
Bear River Association of Governments	The Orthopedic Specialty Hospital
Bear River Health Department	Tooele County Area Agency on Aging
Central Utah Health Department	Uintah Basin Association of Governments
Comunidades en Accion	University of Utah Community Clinics
Davis County Health Department	Utah County Health Department
Five County Area Agency on Aging	Utah Navajo Health System
Gunnison Valley Hospital	Valley Mental Health
Intermountain Health Care	Veterans Administration
IHC – Dixie Regional Performance Center	Weber Human Services
National Tongan American Society	Weber-Morgan Health Department

To learn more about our current partners, please visit our website at: www.health.utah.gov/arthritis/currentpartners.html



Evidence-based Programs

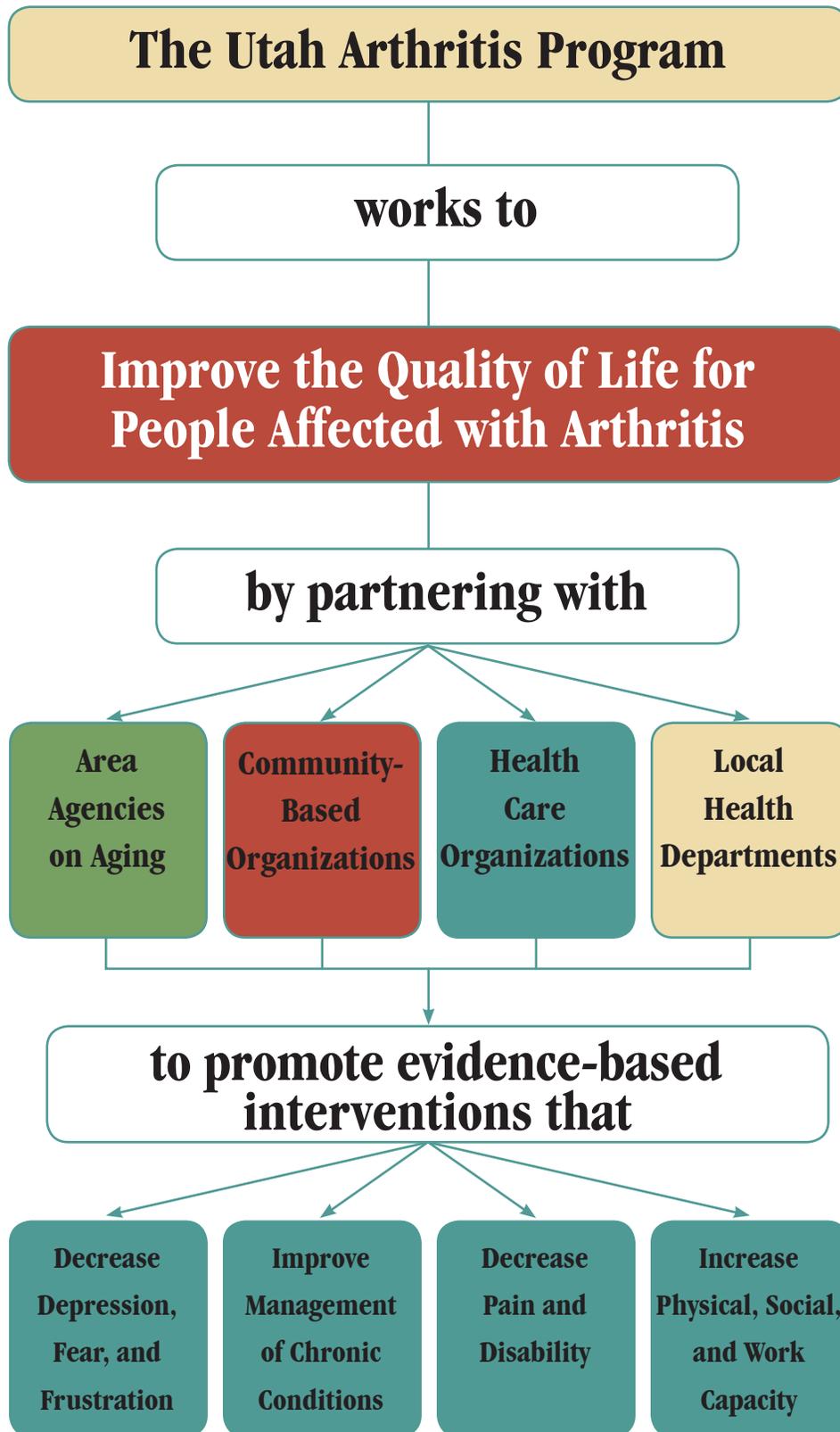


In an effort to improve quality of life for Utahns affected by arthritis, the Utah Arthritis Program supports the evidence-based programs listed in **Table 5**.

Table 5 – Evidence-based Intervention Program Descriptions and Demonstrated Benefits

Description of Program	Demonstrated Benefits
<p>Arthritis Foundation Exercise Program (AFEP) This program uses low impact exercises to relieve stiffness, decrease pain, and restore or maintain muscle strength. Classes meet two or three times per week.</p>	<ul style="list-style-type: none"> • Improved functional ability • Decreased depression • Increased confidence in being able to exercise
<p>Chronic Disease Self-Management Program (CDSMP) The CDSMP is for people with chronic health problems. This program was developed at Stanford University. Participants meet for 2 1/2 hours per week for six weeks. Workshop topics include: managing a chronic disease, appropriate exercise, managing medications, communicating with family, friends, and health professionals, nutrition, and how to evaluate new treatments.</p>	<ul style="list-style-type: none"> • Improved ability to exercise • Improved ability to do social and household activities • Less depression, fear, and frustration • Less worry about personal health • Reduced pain • Increased confidence to manage a chronic condition
<p>Tomando Control de su Salud (Spanish Chronic Disease Self-Management Program) Tomando Control de su Salud is a self-management education program developed for Spanish-speaking people with a variety of chronic health problems. This program is similar in content and process to the English language version of CDSMP.</p>	<ul style="list-style-type: none"> • Improved ability to exercise • Improved ability to do social and household activities • Less depression, fear, and frustration • Less worry about personal health • Reduced pain • Increased confidence to manage a chronic condition
<p>EnhanceFitness (EF) Program instructors focus on stretching, flexibility, balance, low impact aerobics, and strength training exercises. Classes meet three times a week for one hour.</p>	<ul style="list-style-type: none"> • Increased strength, flexibility, and balance • Increased activity levels • Elevated mood
<p>Walk With Ease (WWE) WWE is a walking program offered by the Arthritis Foundation. Participants meet three times a week in groups of up to 30 participants under the supervision of a trained leader.</p>	<ul style="list-style-type: none"> • Increased fitness • Improved ability to walk safely and comfortably • Improved flexibility, strength, and stamina • Reduced pain





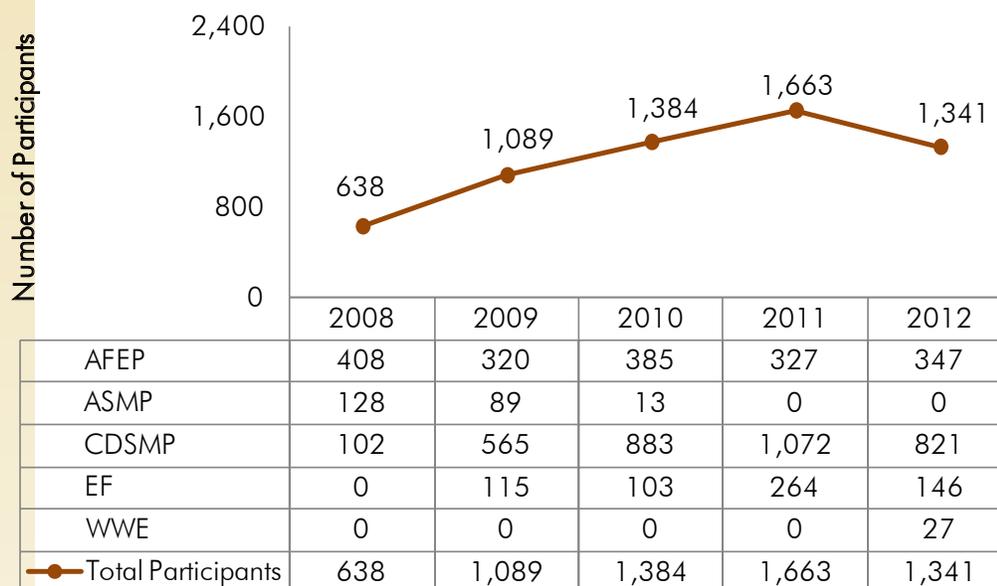


Impact of Interventions

Impact of Interventions in Utah

The Utah Arthritis Program's existing partners have successfully implemented the AFEP, CDSMP, EF, and Tomando Control de su Salud programs in a way that has allowed for growth each year (See Figure 12).

Figure 12. Participation in Evidence-based Programs by Year January 2008 - December 2012



Source: Utah Arthritis Program participant reach data

AFEP

There are currently 12 ongoing AFEP classes being offered in seven Utah counties. From 2008 through 2012, the Utah Arthritis Foundation enrolled 1,787 participants in the AFEP. For information about the AFEP, contact Leslie Nelson at lnelson@arthritis.org.

Arthritis Self-management Program

At one time the Arthritis Foundation offered the ASMP. However, because most individuals with arthritis have multiple chronic conditions, it was determined that the CDSMP was more suitable to our target population.





CDSMP and Tomando Control de su Salud

From September 2008 through December 2012, 3,443 participants enrolled in the CDSMP workshops. The number of participants grew from 102 in 2008 to a high of 1,072 in 2011. Since 2008, nearly three-fourths (72.0%) of participants attended a workshop in Davis, Salt Lake, Utah, and Weber Counties, which closely reflects the distribution of the state population. Eighteen host organizations provided workshops at 183 unique sites in 20 of Utah's 29 counties. The number of workshops held increased from eight in 2008 to a high of 103 in 2011. For information about the CDSMP and a current list of classes, please visit the Utah Arthritis Program website at www.health.utah.gov/arthritis/classes/cdsmp.php.

EnhanceFitness

Since the Salt Lake County Active Aging Program implemented the EnhanceFitness Program in January 2009, 628 new participants have enrolled at 15 senior and recreation centers. For information about the EnhanceFitness program, contact Nichole Shephard at NShepard@slco.org.

WWE

From July through December 2012, 27 individuals participated in the Walk With Ease worksite pilot program at Alta View Hospital, LDS Hospital, and The Orthopedic Specialty Hospital. For information about WWE, contact Leslie Nelson at lrnelson@arthritis.org.

For information about classes visit our website at:
www.health.utah.gov/arthritis/classes/livingwell.html

