



Illinois Arthritis Data Report

The Burden of Arthritis in Illinois in 2002



Approximately
one in four
adults in
Illinois reports
doctor-
diagnosed
arthritis.

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Illinois Department of Public Health

January 2005

TABLE OF CONTENTS

Message from the Director	2
Executive Summary	3
ARTHRITIS OVERVIEW	
Purpose of this Report	5
The Illinois Arthritis Initiative	5
What is Arthritis?	5
Types of Arthritis	5
THE BURDEN OF ARTHRITIS	
The Behavioral Risk Factor Surveillance System	6
Arthritis Myths	7
The Burden of Arthritis in the United States	8
The Burden of Arthritis in Illinois	8
The Economic Burden of Arthritis	9
By Age/Gender	9
By Race	10
By Household Income	10
By Education	10
By Geographic Location	11
Access to Care	11
Health Status	12
<i>Healthy People 2010</i> Arthritis and Related Objectives	12
Objective 2-2 Activity Limitation	12
Objective 2-3 Help with Personal Care	12
Objective 2-7 Have Never Seen a Doctor / Currently Being Seen	13
Objective 19-2 Obesity	13
Objective 22-1 Physical Activity	14
Objective 22-3	15
ADDRESSING THE BURDEN OF ARTHRITIS IN ILLINOIS	
Future Needs	15



Rod R. Blagojevich, Governor
Eric E. Whitaker, M.D., M.P.H., Director

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January 2005

Dear Colleague:

The Illinois Department of Public Health (IDPH), Office of Health Promotion, Division of Chronic Disease Prevention and Control is pleased to share with you a copy of the 2004 *Illinois Arthritis Data Report*. Arthritis is the leading cause of disability and affects the quality of life of the person who experiences this painful condition. It is estimated that in Illinois, more than 2.1 million adults have doctor-diagnosed arthritis (22.7 percent of the adult population), and an additional 850,000 (9.1 percent) have possible arthritis, but have not yet been diagnosed.

This report is an update to the previous Data Report that provided the burden of arthritis in the state of Illinois in 2000. This report represents an analysis of arthritis-related data gathered primarily from the IDPH Behavioral Risk Factor Surveillance System (BRFSS) for the year 2002. The report will be utilized to increase awareness of arthritis as a public health issue and provide direction for future program planning. Ultimately, it is our intent that this report also will serve as a tool to assist in achieving the mission of the Illinois Arthritis Partnership – to improve the quality of life for Illinoisans affected by arthritis.

The Department extends its appreciation to those who served on the planning committee and contributed their time and expertise to the development of this report.

Sincerely,

A handwritten signature in black ink that reads "Eric E. Whitaker M.D." The signature is written in a cursive style.

Eric E. Whitaker, M.D., M.P.H.
Director

EXECUTIVE SUMMARY

This report was initiated by the Illinois Department of Public Health (IDPH) as part of the Illinois Arthritis Initiative (IAI), a statewide planning program to reduce the burden of arthritis in Illinois. The initiative has chosen to define “arthritis” as encompassing more than 120 rheumatic diseases and conditions affecting joints, the surrounding tissues and other connective tissues. It may cause pain, stiffness and swelling, not just in the joints, but also in other supporting structures of the body such as muscles, tendons, ligaments and bones. Some rheumatic diseases also are autoimmune disorders and affect other parts of the body, including internal organs.

Data utilized in this report were gathered primarily from the 2002 Illinois Behavioral Risk Factor Surveillance System (BRFSS) arthritis-related questions. Additional sources of data include *Healthy People 2010* (HP2010) arthritis-related objectives, and U.S. Centers for Disease Control and Prevention (CDC) cost data.

In 2001, national BRFSS data indicated doctor-diagnosed arthritis affected 49 million adults (23 percent). An additional 21 million (10 percent) reported chronic joint symptoms consistent with arthritis without diagnosis, referred to in this report as “possible arthritis.”

In Illinois, 2002 BRFSS data demonstrated that:

- **22.7 percent (approximately 2.1 million Illinois adults)** reported having doctor diagnosed arthritis, and another **9.1 percent (more than 850,000 Illinois adults)** reported having possible arthritis but had not been diagnosed by a healthcare provider.
- The prevalence of doctor-diagnosed arthritis increased with age, but arthritis can affect persons of all ages. Sixty-two percent of adults with doctor-diagnosed arthritis were **under** the age of 65. Forty-seven percent of those age 65 and older did **not** have doctor-diagnosed arthritis.
- The prevalence of doctor-diagnosed arthritis was **higher** among persons in rural communities, with lower income and with lower education levels.
- An estimated 163,000 Illinois adults with doctor-diagnosed arthritis (13 percent) did not have health care coverage.
- Of the persons with possible arthritis, 38 percent had **never been seen** by a doctor.
- Of the persons with a doctor-diagnosed arthritis, 57 percent were **not currently being treated** by a doctor for their arthritis.
- When asked to rate their general health, 72 percent of persons with doctor-diagnosed arthritis rated their health as excellent, very good or good compared to only 68 percent of those with possible arthritis. This may be attributable to those with doctor-diagnosed arthritis receiving appropriate diagnosis and management.
- Of persons with doctor-diagnosed arthritis, 33 percent were obese compared to 21 percent of all Illinois adults. Obesity contributes to rheumatic conditions.

In terms of economic costs, according to CDC cost data, in Illinois in 1997, the total cost of arthritis and other rheumatic conditions was \$3.8 billion (approximately \$2.2 billion direct costs; and \$1.5 billion indirect costs). Illinois ranks seventh in the nation for percent of cases of arthritis with 4.35 percent.

Data contained in this report are important to understanding the present state of arthritis in Illinois and can be used for future program planning and as baseline data for comparisons. The BRFSS data allow the IAI Partners to estimate state and county arthritis prevalence, compare data among counties and demographic groups, compare quality of life data and document health behaviors that might slow the progression of arthritis. With the help of the CDC, the IDPH and IAI Partners, ongoing arthritis surveillance will continue at the national, state and county levels. The challenge now is to apply public health and clinical interventions in an attempt to reduce, or at least slow, the increase in the prevalence and burden of arthritis.

This report also compares Illinois data with HP2010 objectives related to activity limitation, needing help with personal care, status of seeing a health care provider, obesity and physical activity.

ARTHRITIS OVERVIEW

Purpose of This Report

This is the second comprehensive *Illinois Arthritis Data Report* describing the burden of arthritis in Illinois. The burden of arthritis includes not only economic and social factors, such as costs of health care and time lost from work due to arthritis, but also decreased quality of life and activity limitations. This report refers to year 2002 data unless otherwise noted.

The Illinois Arthritis Initiative

The Illinois Arthritis Initiative Partnership consists of more than 90 members representing more than 75 agencies and organizations. The partnership provides leadership for overall program coordination and implementation and meets twice yearly. In addition, four work groups (Surveillance and Data, Public Education, Professional Education, and Public Policy and Infrastructure) address specific arthritis-related issues.

The Illinois Arthritis Initiative Program has been partnering with the two state chapters of the Arthritis Foundation, local health departments and other state and community organizations to begin coordinated and multifaceted efforts to: 1) increase the public's awareness about the growing public health burden associated with arthritis; 2) make the public aware that medication and physical activity can both treat arthritis pain and prevent future activity limitations; 3) provide venues for physical activity and education about arthritis, and 4) provide ongoing professional education to make sure that doctors, nurses and other health professionals keep up with the many new developments in arthritis care.

What is Arthritis?

Arthritis encompasses more than 120 rheumatic diseases and conditions affecting joints, the surrounding tissues and other connective tissues. It may cause pain, stiffness and swelling, not just in joints but also in other supporting structures of the body such as muscles, tendons, ligaments and bones. Some rheumatic diseases also are autoimmune disorders and affect other parts of the body, including internal organs.

Types of Arthritis

Examples of rheumatic diseases include the following: osteoarthritis, rheumatoid arthritis, fibromyalgia, systemic lupus erythematosus, juvenile rheumatoid arthritis and gout. These six diseases are the focus of the Illinois Arthritis Initiative's *Illinois Arthritis Action Plan*. Estimates cited are from "Estimates of the Prevalence of Arthritis and Selected Musculoskeletal Disorders" (*Arthritis and Rheumatism* 41(5):778-99).

Osteoarthritis, also known as degenerative joint disease, is the most common type of arthritis and affects an estimated 20.7 million adults in this country. It primarily impacts cartilage (the tissue that cushions the ends of bones within joints) and can lead to pain, limited motion, deformity and loss of function of the joint. In its most severe form, untreated osteoarthritis can result in severe joint damage and disability.

Rheumatoid arthritis is an inflammatory autoimmune disease of the synovium (lining of the joint) that results in pain, stiffness, swelling and loss of motion and function of a joint. Inflammation most often affects joints of the hands and feet, but can develop in body organs as

well. It tends to be symmetrical, which aids in the specific diagnosis of rheumatoid arthritis. Other symptoms of rheumatoid arthritis include fatigue, fever and general sense of feeling unwell. A study of more than 114,000 women found that women with rheumatoid arthritis had a greater than two-fold higher risk of myocardial infarction compared to women without rheumatoid arthritis. Less common than osteoarthritis, rheumatoid arthritis has a national prevalence of 1 percent (2.1 million persons).

Fibromyalgia is a chronic syndrome that causes widespread pain and stiffness throughout muscles and soft tissues. Widespread pain and localized tender points occur in the muscles and tendons, especially those of the neck, spine, elbows, shoulders and hips. Other common symptoms include headaches, fatigue, irritable bowel syndrome and sleep disturbance. Fibromyalgia affects approximately 2 percent of the U.S. population.

Lupus (Systemic Lupus Erythematosus or SLE) is a chronic, inflammatory, multisystem disorder of the immune system. In SLE, the body develops antibodies that react against the person's own tissues. Symptoms of SLE can include fatigue, pain and stiffness in joints, fever, skin rash appearing in areas exposed to sun, sores in the mouth and nose, kidney inflammation, and nervous system disorders including seizures, mental disorders and strokes. It usually develops in young women of childbearing age, but many men and children also are affected. African Americans and Hispanics have a higher frequency of this disease. There also may be a hereditary component.

Gout is a type of arthritis that causes sudden, severe attacks of pain, swelling, redness, warmth and tenderness in the joints. Gout results from deposits of needle-like crystals of uric acid (a byproduct of the breakdown of purines or waste products in the body) in connective tissue, joint spaces or both. These deposits lead to inflammatory arthritis that causes swelling, redness, heat, pain and stiffness in the joints. It usually affects the joint of the big toe but can occur in feet, ankles, knees, hands and wrists. The first symptoms of gout often occur in the middle of the night or upon rising in the morning. Wearing shoes and moving the joint or standing may be difficult and painful.

Juvenile Rheumatoid Arthritis is arthritis that causes joint inflammation and stiffness for more than six weeks in a child 16 years of age or younger. Children can develop almost all types of arthritis that affect adults, but juvenile rheumatoid arthritis is the most common type of arthritis in children.

THE BURDEN OF ARTHRITIS

The Behavioral Risk Factor Surveillance System

The primary source of information for this report is the Illinois BRFSS, coordinated through the IDPH Center for Health Statistics. The BRFSS is a federally funded data collection system operated by all states. The BRFSS uses random digit dialing surveys of non-institutionalized Illinois residents aged 18 and older. Information collected from the BRFSS represents the first known systematic collection of statewide data on both arthritis and quality of life related to arthritis. Prior to collecting arthritis data through BRFSS, arthritis prevalence could only be estimated by applying national rates to age, race and gender distributions of the Illinois

population. Illinois arthritis-related BRFSS data is available on a statewide and county level and cited accordingly in this report.

Currently, the BRFSS provides arthritis prevalence rates within specific populations and allows comparison of data related to quality of life for persons with and without arthritis. It also provides measures of various health behaviors (such as exercise and weight control) having the potential to prevent or hinder the progress of some forms of arthritis.

The BRFSS data have enabled the IAI to:

- estimate arthritis prevalence rates on state and county levels;
- compare arthritis prevalence among counties and demographic groups to target interventions more appropriately;
- compare quality of life measures among persons with doctor-diagnosed arthritis, with possible arthritis and without arthritis;
- document health behaviors that might slow the progression of arthritis.

In 2002, three questions on the BRFSS survey were used to estimate arthritis prevalence in Illinois. These questions were:

1. During the past 12 months, have you had pain, aching, stiffness or swelling in or around a joint?
2. Were these symptoms present on most days for at least one month?
3. Have you ever been told by a doctor that you have arthritis?

Beginning with 2002 data, CDC recommended a change in the case definition of arthritis. With input from many experts, CDC decided surveillance estimates should focus on ***doctor-diagnosed arthritis*** (those who answered yes to question 3 above). Those persons with chronic joint symptoms consistent with arthritis without diagnosis (those who answered “yes” to questions 1 and 2 but “no” to question 3) should be labeled and counted separately as ***possible arthritis***.

Additional state data sources that also will effectively document the burden of arthritis in Illinois are being sought and will be used to evaluate progress toward *Illinois Arthritis Action Plan* program objectives. Additional sources may include, but are not limited to:

- BRFSS follow-back data;
- Illinois hospital discharge data, related to joint replacement;
- availability and delivery of evidence-based arthritis self-management provisions; and
- Illinois Arthritis Partnership and Work Group survey data.

Arthritis Myths

The burden of arthritis for Illinois, as well as for the nation, is compounded by prevailing myths about the disease. It has long been recognized that myths about arthritis hinder people from seeking early diagnosis, treatment and appropriate management. There are three common myths about arthritis:

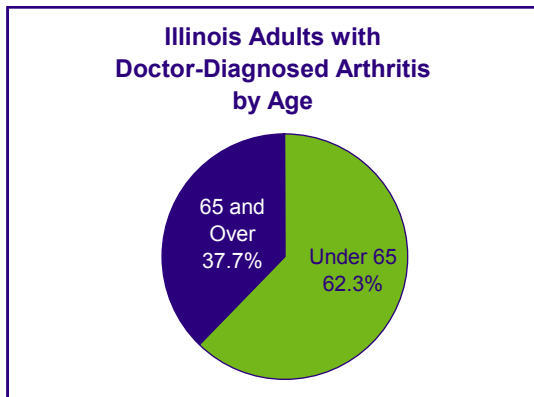
“Arthritis is an old person’s disease.”

FACT: People of all ages have arthritis. In Illinois, 62.3 percent of adults with doctor-diagnosed arthritis are **under** age 65 (Figure 1). In addition, arthritis also affects many children.

“Arthritis is just a normal part of aging.”

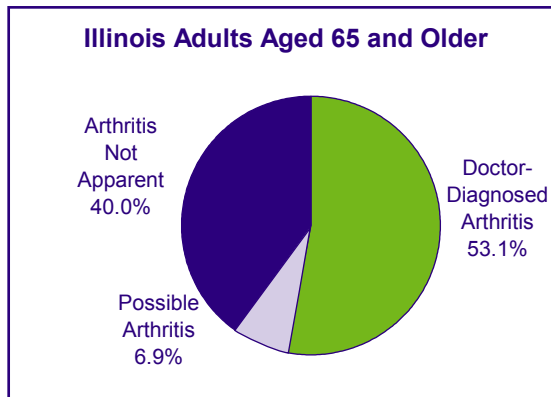
FACT: In Illinois, 40 percent of those age 65 and older have no apparent arthritis (Figure 2).

Figure 1



Source: 2002 IL BRFSS

Figure 2



Source: 2002 IL BRFSS

“There is nothing I can do for arthritis.”

FACT: Research shows that early diagnosis and appropriate management can help reduce pain, improve function and often prevent further joint damage associated with many types of arthritis. In fact, one intervention, the Arthritis Self-Help Course, has been shown to reduce pain by 20 percent and physician visits by 40 percent. (*Archives of Internal Medicine*, 158(10):1245-9)

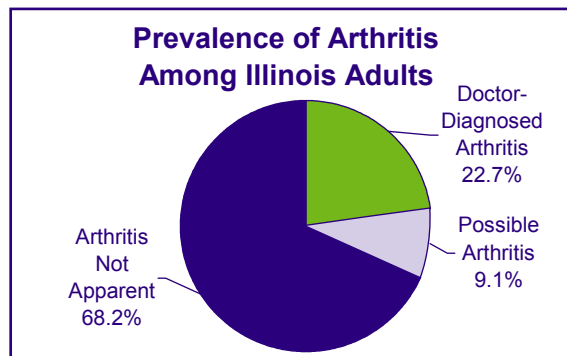
The Burden of Arthritis in the United States

Nationally, approximately 49 million adults (23 percent of the adult population) have doctor-diagnosed arthritis. Another 21 million (10 percent) have possible arthritis (MMWR 51(42); 948-50). An estimated 7.8 million adults are limited in some way because of their arthritis (MMWR 50(17): 334-6).

The Burden of Arthritis In Illinois

In Illinois, more than 2.1 million adults have doctor-diagnosed arthritis (22.7 percent of the adult population). An additional 850,000 (9.1 percent) have possible arthritis (Figure 3).

Figure 3



Source: 2002 IL BRFSS

The Economic Burden of Arthritis

There is also a tremendous economic burden of arthritis. CDC has estimated the direct and indirect costs associated with arthritis both nationally and on a state level. Direct costs are medical care costs and indirect costs are lost earnings attributable to arthritis and other rheumatic conditions. The following chart shows national and Illinois direct and indirect costs. Illinois ranks seventh in the nation with 4.35 percent of all cases of doctor-diagnosed arthritis.

Direct and Indirect Cost of Arthritis

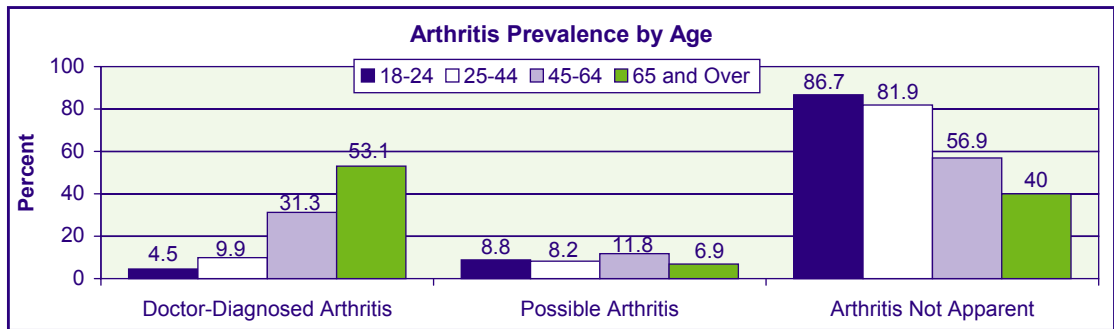
	Direct	Indirect	Total
National	\$51.1 Billion	\$35.1 Billion	\$86.2 Billion
Illinois	\$2.2 Billion	\$1.5 Billion	\$3.8 Billion

Source: Update: Direct and Indirect Costs of Arthritis and Other Rheumatic Conditions – United States, 1997. MMWR 53(18).

By Age/Gender --

While arthritis can affect persons of all ages, the prevalence increases with age. The prevalence of doctor-diagnosed arthritis ranges from 4.5 percent among persons aged 18 to 24 to 53.1 percent among persons aged 65 and older. The prevalence of possible arthritis (11.8 percent) is highest among the 45 to 64 age groups (Figure 4).

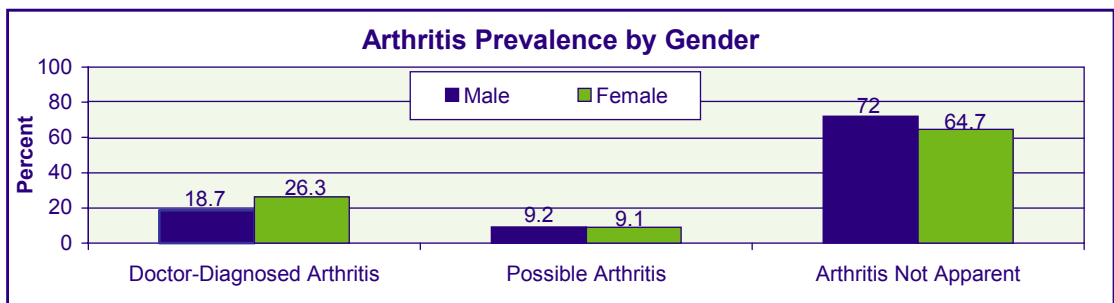
Figure 4



Source: 2002 IL BRFSS

More females (26.3 percent) have doctor-diagnosed arthritis than males (18.7 percent). There is no significant difference in prevalence between males and females with possible arthritis (Figure 5).

Figure 5



Source: 2002 IL BRFSS

By Race –

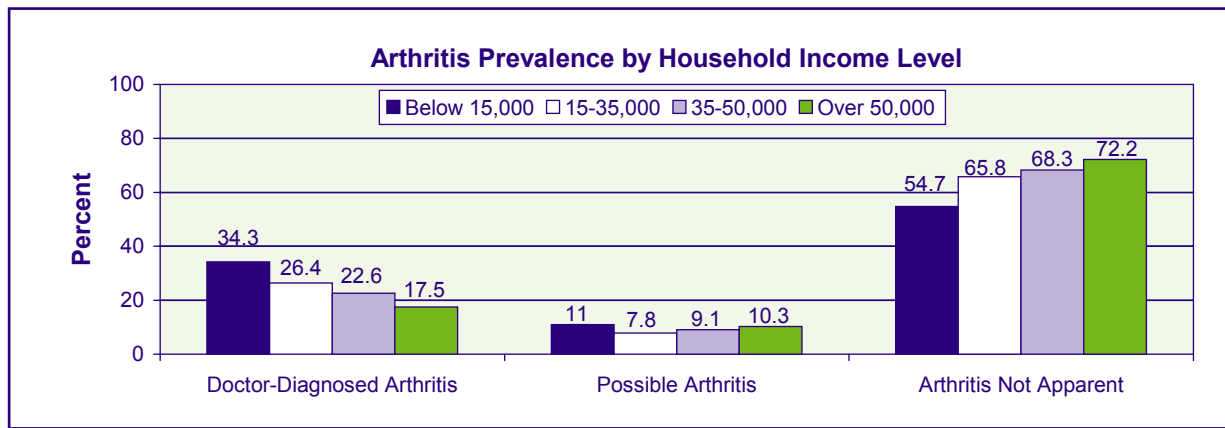
Arthritis affects all racial groups. Prevalence rates among white and non-white racial categories are similar. Race data will continue to be collected and analyzed and presented in future reports.

By Household Income --

The prevalence of doctor-diagnosed arthritis is higher among low income groups. Those with less than \$15,000 per year household income have the highest prevalence rate at 34.3 percent compared to only 17.5 percent in the above \$50,000 per year income level (Figure 6).

Those with less than \$15,000 per year household income also have the highest prevalence rate of possible arthritis at 11 percent compared to 7.8 percent in the \$15,000 to \$35,000 per year income level, 9.1 percent in the \$35,000 to \$50,000 per year income level and 10.3 percent in the above \$50,000 per year income level.

Figure 6

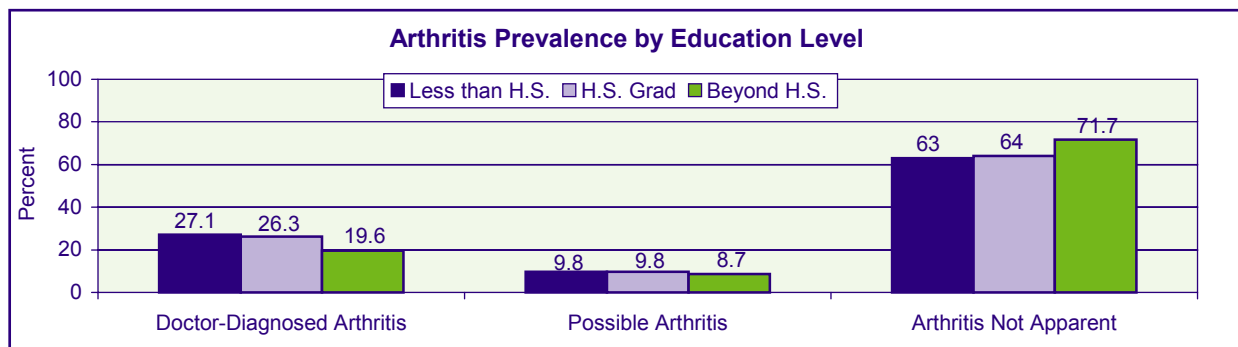


Source: 2002 IL BRFSS

By Education --

Doctor-diagnosed arthritis is highest among those with the least amount of education. The prevalence is 27.1 percent among those with less than a high school education and decreases to 19.6 percent among those with at least some college education (Figure 7). There was little difference in the prevalence of possible arthritis among the various education levels.

Figure 7

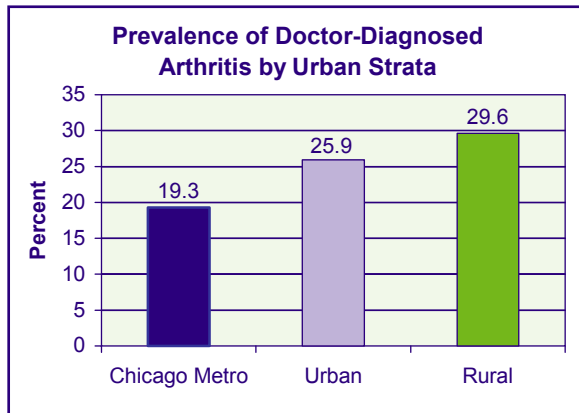


Source: 2002 IL BRFSS

By Geographic Location --

The prevalence of doctor-diagnosed arthritis is higher among rural residents (29.6 percent) compared to 25.9 percent among urban residents and 19.3 percent among metropolitan Chicago area residents (Figure 8).

Figure 8



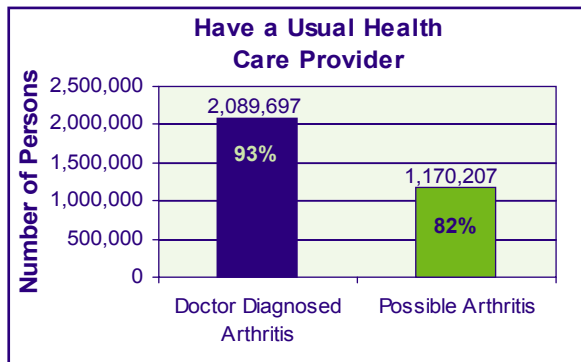
Source: 2002 IL BRFSS

Access to Care

Of all Illinois adults with doctor-diagnosed arthritis, about 93 percent (2,089,697) have a person they think of as their usual health care provider. Of all persons with possible arthritis, only about 82 percent (1,170,207) have a person they think of as their usual health care provider (Figure 9).

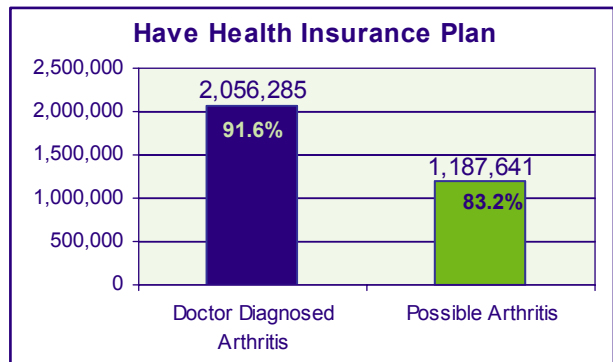
An estimated 2,056,285 of Illinois adults with doctor-diagnosed arthritis (91.6 percent) have health care coverage, while only 1,187,641 Illinois adults with possible arthritis (83.2 percent) have health care coverage, including health insurance, pre-paid plans such as HMOs, or government plans such as Medicaid or Medicare. Not surprisingly, the rate of health care coverage is highest among persons with higher income and education levels (Figure 10).

Figure 9



Source: 2002 IL BRFSS

Figure 10

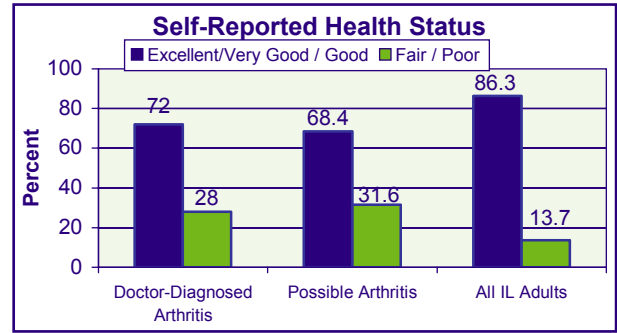


Source: 2002 IL BRFSS

Health Status

When asked to rate their general health, 72 percent of persons with doctor-diagnosed arthritis rated their health as excellent, very good or good, while only 68.4 percent of those with possible arthritis rated their health as excellent, very good or good (Figure 11). This may be attributable to those with doctor-diagnosed arthritis receiving appropriate diagnosis and management.

Figure 11



Source: 2002 IL BRFSS

Healthy People 2010 Arthritis and Related Objectives

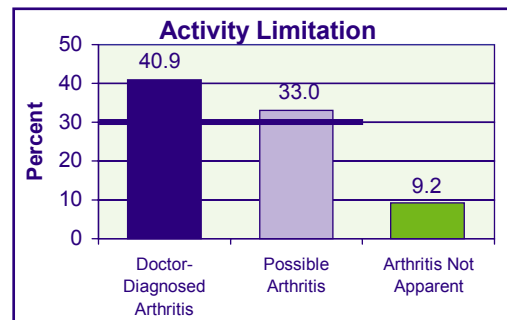
As outlined in the *National Arthritis Action Plan*, a goal of the Illinois Arthritis Initiative is to strive to achieve the arthritis-related objectives included in *Healthy People 2010*. These objectives allow us to measure successes in improving health and quality of life.

Objective 2-2 Reduce the proportion of adults with doctor-diagnosed arthritis who experience a limitation in activity due to arthritis or joint symptoms. (HP2010 target, represented by the thick black line, is 30 percent.) (Proposed revisions of the HP2010 arthritis objectives as of Oct. 5, 2004.)

Activity Limitation

Of all persons reporting doctor-diagnosed arthritis, 40.9 percent stated their activities were limited because of their joint symptoms. Of those reporting possible arthritis, 33 percent were limited in their activities because of joint symptoms (Figure 12). The bold line represents the HP2010 goal of 30 percent.

Figure 12



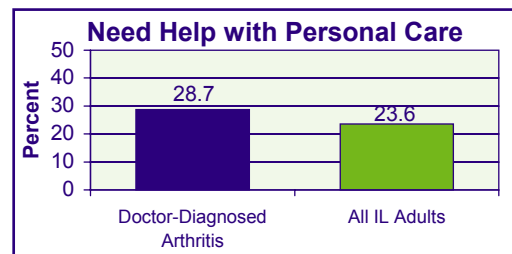
Source: 2002 IL BRFSS

Objective 2-3 Reduce the proportion of all adults with doctor-diagnosed arthritis who have difficulty in performing two or more personal care activities, thereby preserving independence. (Proposed revisions of the HP2010 arthritis objectives as of Oct. 5, 2004.)

Need Help with Personal Care

Persons with arthritis often have difficulty performing activities of daily living. When asked if they need help with personal care, 28.7 percent of persons with doctor-diagnosed arthritis reported needing help compared to 23.6 percent of all Illinois adults (Figure 13).

Figure 13



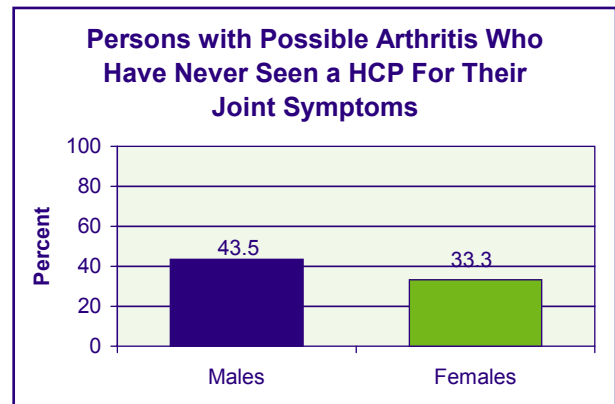
Source: 2002 IL BRFSS

Objective 2-7 Increase the proportion of adults who have seen a health care provider for their chronic joint symptoms. (Proposed revisions of the HP2010 arthritis objectives as of Oct. 5, 2004.)

Have Never Seen a Doctor

Of all Illinois adults reporting possible arthritis, 37.9 percent have never seen a doctor, nurse or other health professional for their joint symptoms (Figure 14). This prevalence was higher among males (43.5 percent) than among females (33.3 percent). Since males with possible arthritis are less likely to see a health professional about their joint symptoms than females, targeting messages about the importance of early diagnosis and treatment to males is important.

Figure 14

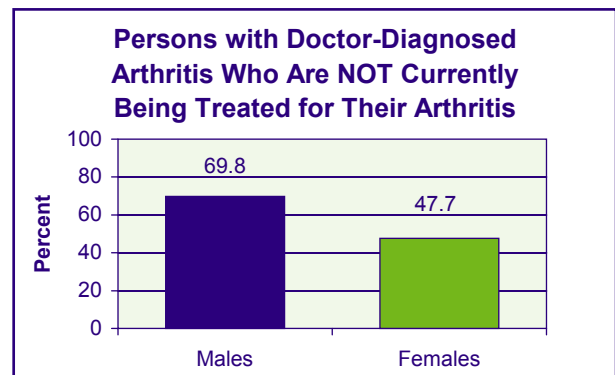


Source: 2002 IL BRFSS

Currently Being Treated by a Doctor

Of all Illinois adults who have been told by a doctor that they have arthritis, 56.5 percent were not currently being treated by a doctor for their arthritis (Figure 15). This percentage was higher for males (69.8 percent) than females (47.7 percent).

Figure 15



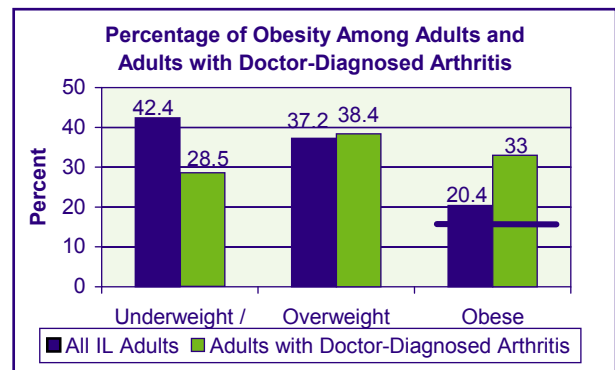
Source: 2002 IL BRFSS

Objective 19-2 Reduce the proportion of adults who are obese. (HP2010 target, represented by a thick black line, is 15 percent.)

Obesity

Among all Illinois adults, 20.4 percent were obese (had a body mass index of 30 or greater). Among those with doctor-diagnosed arthritis, 33 percent were obese (Figure 16).

Figure 16



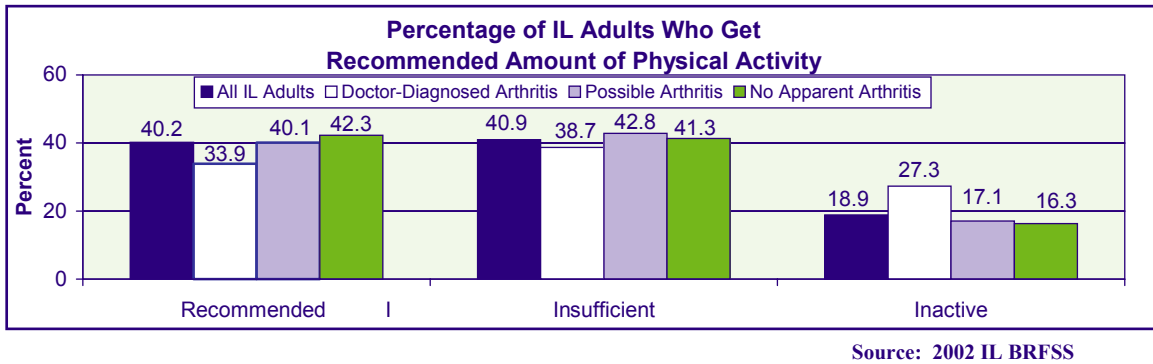
Source: 2002 IL BRFSS

Objective 22-1 Reduce the proportion of adults who engage in no leisure-time physical activity.

Physical Activity

Physical activity has been shown to help reduce arthritis pain and alleviate depression and anxiety among persons with arthritis. Approximately 40.2 percent of all Illinois adults reported getting the HP2010 recommended level of physical activity compared to only 33.9 percent of persons with doctor-diagnosed arthritis. Among all Illinois adults, 22.3 percent reported engaging in vigorous activity at least three times a week for at least 20 minutes each time compared to only 12.4 percent of adults with doctor-diagnosed arthritis (Figure 17).

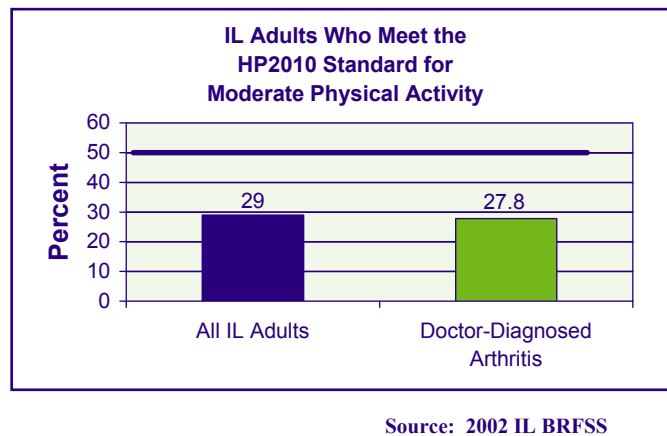
Figure 17



Objective 22-2 Increase the proportion of adults who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day. (HP2010 target, represented by the thick black line, is 50 percent.)

Approximately 29 percent of all Illinois adults meet the HP2010 standard for moderate physical activity compared to 27.8 percent of Illinois adults with doctor-diagnosed arthritis (Figure 18). The HP2010 goal is for at least half of all adults to engage regularly in moderate physical activity for at least 30 minutes per day.

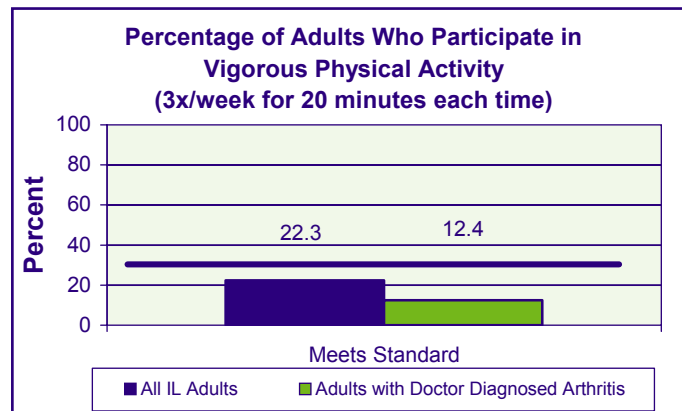
Figure 18



Objective 22-3 Increase the proportion of adults who engage in vigorous physical activity that promotes the development and maintenance of cardiorespiratory fitness three or more times per week for 20 minutes or more per occasion. (The HP2010 target, represented by the thick black line, is 30 percent.)

More than 22 percent of **all** Illinois adults report participating in vigorous physical activity three or more times per week for at least 20 minutes per occasion compared to only 12.4 percent of Illinois adults with doctor-diagnosed arthritis (Figure 19).

Figure 19



Source: 2002 IL BRFSS

ADDRESSING THE BURDEN OF ARTHRITIS IN ILLINOIS

Future Needs

Results from this report and other national and local surveys indicate that nearly half of all adults over the age of 45 have doctor-diagnosed arthritis or possible arthritis. More than 40 percent of all adults with doctor-diagnosed arthritis have activity limitations due to their joint symptoms, and more than a quarter of all adults with arthritis need help with some aspect of their personal care. Nearly 40 percent of adults with possible arthritis have never seen a physician for these symptoms, and of those adults who report doctor-diagnosed arthritis, less than half are currently being treated. With the help of the U.S. Center for Disease Control and Prevention and the Illinois Department of Public Health, ongoing arthritis surveillance will continue at the national, state and county levels. The challenge now is to apply public health and clinical interventions in an attempt to reduce, or at least slow the increase in the prevalence and burden of arthritis.

This data report points to several areas which need to be addressed. Nearly three-quarters of those with doctor-diagnosed arthritis are overweight or obese. More than two-thirds of those with arthritis do not meet the CDC recommendations for physical activity, and more than a quarter are classified as “inactive.” Finally, many persons with possible arthritis have gone undiagnosed and many persons with doctor-diagnosed arthritis are untreated.

This report is representative of the steady progress of public health efforts to understand and ultimately control and prevent the devastating consequences of arthritis in Illinois. The IAI, Surveillance and Data Work Group (SDWG), has developed a work plan for enhancing arthritis surveillance and data activities. Plans include continuing to support the data needs of work groups and pursuing the following comprehensive surveillance efforts:

- continue to expand current BRFSS surveillance efforts;
- monitor the quality of life of persons with arthritis;
- assess disparities in health care and access to care issues;
- monitor the availability and delivery of self-management opportunities;
- assure that all Illinois residents are aware of resources for early diagnosis, treatment, management, prevention and support systems for arthritis; and
- identify and utilize additional state data sources and enhance existing data collection procedures and tools.

The *Healthy People 2010* Arthritis Objectives include reducing the activity limitation rate due to joint symptoms among adults with doctor-diagnosed arthritis, reducing the proportion of all adults with doctor-diagnosed arthritis who have difficulty in performing two or more personal care activities and increasing the proportion of adults who have seen a health care provider for their chronic joint symptoms. In addition, other related HP2010 objectives include reducing the proportion of adults who are obese, reducing the proportion of adults who engage in no leisure-time physical activity, increasing the proportion of adults who engage in moderate physical activity for at least 30 minutes per day and increasing the proportion of adults who engage in vigorous physical activity. The clinical and public health tools are available to accomplish these objectives, but coordinated efforts from both the clinical medicine and public health sectors are necessary.

For more information about the initiative or to become a partner or work group member, contact the Illinois Department of Public Health, Arthritis Program at 217-782-3300 (TTY 800-547-0466).

**ILLINOIS
DEPARTMENT
OF PUBLIC
HEALTH**

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