



**FY 2014 Labor HHS Appropriations Bill
Centers for Disease Control and Prevention
Arthritis Program**

FY 2013	President's 2014 Budget	FY 2014 Suggested	FY 2014 Senate Mark
\$12,325,000	\$13,765,000	\$23,001,000	\$12,979,000

With an additional \$10 million in resources, CDC would fund up to 12-14 additional states, possibly doubling the number of states funded to have a measurable effect on people with arthritis statewide. CDC would also provide higher levels of funding for two high achieving states, thereby supporting reduced pain and improved functioning for twice as many people in those states through enhanced availability and access of programs and services.

Basic Facts About Arthritis

- Arthritis affects 50 million American adults, just over one in five American adults, an increase from 46 million (2003-05). By 2030, that number will rise to nearly 67 million. Nearly two-thirds of people with arthritis are under 65 years old.
- Arthritis is the most common cause of disability, with nearly 21 million US adults reporting arthritis-attributable activity limitations. One in 20 adults has work limitations due to arthritis, and, in some states, that number is as high as one in seven.
- More than half of adults with diabetes (52%) or heart disease (57%) and one-third of obese adults also have arthritis. Physical activity is a crucial element of managing these conditions, and arthritis presents barriers to increasing physical activity.

Cost of Arthritis

- Arthritis costs the U.S. \$128 billion per year, nearly \$81 billion in direct medical costs and \$47 billion in indirect costs (lost earnings). These costs are expected to increase substantially due to the aging population and increased number of obese and physically inactive individuals.
- State costs due to arthritis range from \$121 million in Wyoming to \$8.4 billion in California.

Quality of Life can be improved for People with Arthritis

- Effective interventions for arthritis are drastically underused. Self-management education programs have been demonstrated to improve health status and increase health behaviors, while physical activity has significant benefits for people with arthritis. In addition, weight control and injury prevention addressed in these programs can lower risks and improve symptoms.
- The widespread use of evidence-based interventions could improve the quality of life for millions of people with arthritis.
- Early diagnosis and management can decrease disability associated with arthritis.

CDC's Arthritis Program

CDC currently funds 12 states to implement public health approaches to address arthritis.

An increase of \$10 million would allow CDC to:

- Fund 12-14 additional states, reaching approximately 50,000 more people each project year through evidence-based programs. CDC would also increase two high-performing states' funding levels to \$1 million, allowing them to reach approximately 10 percent of their population with arthritis through evidence-based programs and to add new technologies to reach exponentially more through web-based and other self-directed means. For example, using CDC state arthritis funding, Tennessee has been able to dramatically expand dissemination of the Arthritis Foundation's *Walk with Ease* Program. The popular program is now available in 93 of the state's 95 counties.
- Expand partnerships to disseminate evidence-based programs through national networks and systems of care. National partners would have the opportunity to increase their activities, doubling the number of people reached through their networks. In 2011 the YMCA, through a partnership with NACDD and the CDC, began to offer the evidence-based EnhanceFitness™ intervention to adults with arthritis in YMCAs in 8 states. In 2012, the YMCA will continue this partnership in efforts to expand the EnhanceFitness™ program nationwide through its' national network of state associations and local branches.
- Conduct research to evaluate new modes of physical activity and self-management promotion for people with arthritis. CDC would also expand research into policy options and their implementation, increasing the physical activity focus and also including other recommendations of the National Public Health Agenda for Osteoarthritis, such as improving access to self-management education. Research will also investigate alternate delivery systems of evidence-based self-management education programs, including web-based and other self-directed means.

With the launch of the National Public Health Agenda for Osteoarthritis in early 2010, CDC and stakeholders have a continuing commitment to improving quality of life for people with arthritis. Using proven strategies of self management education, physical activity, injury prevention and weight management, public health can help achieve healthier lives for millions of Americans.

For more information, visit: <http://www.cdc.gov/arthritis/>

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