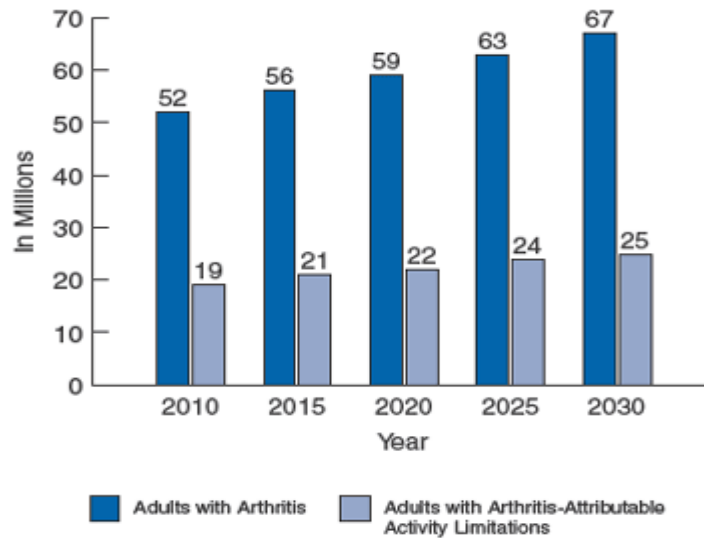


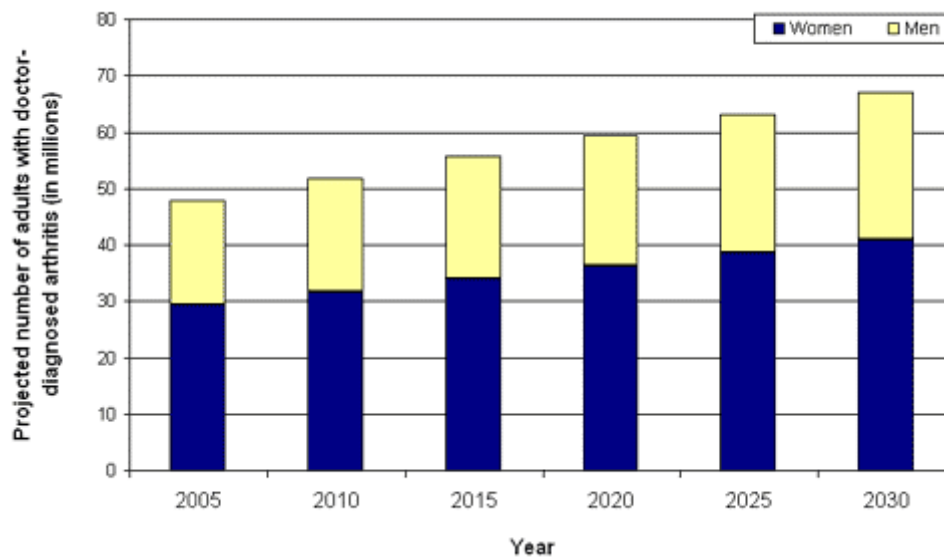
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Figure 1. Projected number of adults with arthritis and arthritis-attributable activity limitations, 2005-2030.



(Source: Hootman & Helmick, 2006).

Figure 2. Projected prevalence of doctor-diagnosed arthritis, U.S. adults aged 18+ years, 2005-2030.



(Source: CDC, 2007b.)

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Table 1. State-specific 2005 estimates and 2030 projections* of the numbers of adults with doctor-diagnosed arthritis and arthritis-attributable activity limitations.

State/Area	No. of adults with doctor-diagnosed arthritis			No. of adults with arthritis-attributable activity limitations			% change in doctor-diagnosed arthritis†
	2005 (1,000s)	2030 (1,000s)	Increase (decrease) (1,000s)	2005 (1,000s)	2030 (1,000s)	Increase (decrease) (1,000s)	Increase (decrease) 2030 versus 2005 (%)
Alabama	1,124	1,238	114	468	515	47	10
Alaska	111	143	32	44	57	13	29
Arizona	1,131	2,115	984	407	762	355	87
Arkansas	641	754	113	244	287	43	18
California	5,927	7,894	1,967	2,179	2,903	724	33
Colorado	807	1,008	201	274	342	68	25
Connecticut	680	731	51	208	223	15	8
Delaware	187	233	46	62	77	15	25
District of Columbia	97	75	(22)	34	26	(8)	(23)
Florida	3,739	6,279	2,540	1,460	2,452	992	68
Georgia	1,694	2,289	595	676	914	238	35
Hawaii	214	252	38	67	79	12	18
Idaho	262	378	116	106	153	47	44
Illinois	2,358	2,533	175	767	824	57	7
Indiana	1,363	1,497	134	475	521	46	10
Iowa	617	628	11	205	209	4	2
Kansas	551	600	49	184	201	17	9
Kentucky	910	1,016	106	395	441	46	12
Louisiana	894	975	81	372	406	34	9
Maine	316	352	36	113	126	13	12
Maryland	1,159	1,459	300	375	472	97	26
Massachusetts	1,298	1,421	123	454	497	43	10
Michigan	2,357	2,544	187	842	909	67	8
Minnesota	928	1,224	296	331	437	106	32
Mississippi	688	764	76	296	328	32	11
Missouri	1,395	1,584	189	556	631	75	14
Montana	189	220	31	71	83	12	16
Nebraska	340	357	17	118	124	6	5
Nevada	441	805	364	164	298	134	82
New Hampshire	271	347	76	87	111	24	28
New Jersey	1,621	1,861	240	531	610	79	15
New Mexico	345	401	56	133	155	22	16
New York	3,824	3,955	131	1,348	1,394	46	3
North Carolina	1,788	2,497	709	688	960	272	40
North Dakota	126	124	(2)	41	41	0	(2)
Ohio	2,606	2,682	76	857	882	25	3
Oklahoma	797	889	92	347	387	40	12
Oregon	743	1,003	260	308	416	108	35
Pennsylvania	3,038	3,177	139	987	1,032	45	5
Rhode Island	234	254	20	70	76	6	8
South Carolina	986	1,233	247	371	465	94	25
South Dakota	161	169	8	61	63	2	5
Tennessee	1,341	1,660	319	610	755	145	24
Texas	3,670	5,425	1,755	1,350	1,995	645	48
Utah	374	551	177	145	213	68	47
Vermont	134	157	23	47	55	8	17
Virginia	1,580	2,071	491	578	758	180	31
Washington	1,235	1,745	510	504	713	209	41
West Virginia	498	487	(11)	247	241	(6)	(2)
Wisconsin	1,169	1,326	157	409	464	55	13
Wyoming	106	116	10	37	40	3	9
Median increase‡	—	—	126	—	—	46	16

* Projected state totals were calculated by applying proportions for six sex-specific age groups (i.e., 18–44 years, 45–64 years, and ≥65 years) from the 2005 BRFSS survey to corresponding U.S. Census–projected state populations for the year 2030 and then adding the age groups together.

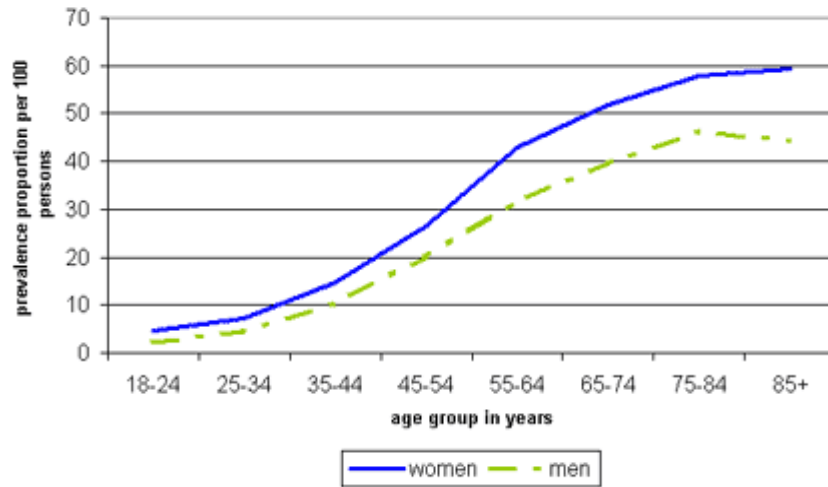
† The number of adults with arthritis-attributable activity limitations is projected to increase similarly (within 1%).

‡ Median increases were calculated using data only from the 48 states that projected increases in prevalences of doctor-diagnosed arthritis and arthritis-attributable activity limitations.

(Source: CDC, Behavioral Risk Factor Surveillance System, 2005.)

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Figure 3. Sex-specific prevalence of doctor-diagnosed arthritis by age group, National health Interview Survey, 2003-2005.



(Source: CDC, 2008a.)

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Table 2. Biopsychosocial Needs and Formal Services Required to Address Them

Biopsychosocial Needs	Formal Services Required to Address Them
Information about illness, treatments, health, and services for patients and caregivers	▪ Provision of information, e.g., on illness, treatments, effects on health, biopsychosocial services, and helping patients/families understand and use information. ▪ Varies by intensity of osteoarthritis symptoms and disease duration.
Help in coping with emotions accompanying illness and treatment	▪ Peer Support Programs. ▪ Counseling/psychotherapy to individuals or groups. ▪ Pharmacological management of psychological symptoms. ▪ Pharmacological treatment for depression/anxiety coupled with psychotherapy and pain coping skills training.
Help in managing illness	▪ Comprehensive disease management/self-care programs. ▪ Coordinated care programs that organize patient care to facilitate more appropriate delivery. ▪ Development & implementation of outreach strategies to engage vulnerable populations in disease management programs.
Assistance changing behaviors to minimize impact of disease and delay/prevent disease progression	▪ Behavioral/health promotion interventions such as: ◆ Provider assessment/monitoring of health behaviors such as diet, smoking, exercise. ◆ Brief physician counseling. ◆ Patient education on risk reduction.
Material and logistical resources such as transportation, home care, assistive equipment, home modification	▪ Provision of resources, improvement of home environment. ▪ Help to provide and manage resources needed to allow patient to remain in the community with maximum independent and quality of life.
Help in managing disruptions in work, activities, family life, and social network Preparing for care transitions due to disease progression	▪ Family/caregiver education, counseling. ▪ Assistance with activities of daily living (ADLs), and instrumental activities/chores (IADLS). ▪ Legal protections and services. ▪ Social network development. ▪ Social network maintenance over time (friends & family).
Financial advice and/or assistance Identifying sources of funding for many non-covered equipment items and non-prescription NSAIDS	▪ Financial planning/counseling including management of activities such as bill paying. ▪ Insurance counseling/advocacy. ▪ Eligibility assessment for other benefits (SSI and SSDI). ▪ Supplemental financial grants. ▪ Ongoing assistance with out of pocket expenses, such as assistive devices and home modifications.

Adapted from Institute of Medicine (2007). *Cancer Care for the Whole Patient: Meeting Psychosocial Health Needs*. National Academies Press: Washington DC. p.68.