

Santa Cruz County 2003 Health Almanac

Arthritis, Osteoporosis, and Chronic Back Conditions

Table of Contents

- [National Data and Information](#)
- [Informational Web Sites - National](#)
- [Heavy Exercise Aids Rheumatoid Arthritis](#)
- [CA - A Spanish Version of the Arthritis Self-Help Course](#)
- [CA/SCC Data](#)

Agencies and Information Sources

Santa Cruz County (SCC) Health Services Agency - <http://www.santacruzhealth.org/>

The Health Services Agency (HSA) exists to protect and improve the health of the people in Santa Cruz County. The Agency provides programs in Environmental Health, Public Health, Medical Care, Substance Abuse Prevention and Treatment, and Mental Health.

California Department of Health Services - <http://www.dhs.ca.gov/default.htm>

To Protect and Improve the Health of All Californians

California Health Interview Survey - <http://www.chis.ucla.edu/index.html>

The California Health Interview Survey (CHIS) is the largest state health survey conducted in the United States. Every two years, CHIS plans to collect information on the health and health care needs of California's diverse population.

Centers for Disease Control and Prevention - <http://www.cdc.gov/default.htm>

CDC's Mission is to promote health and quality of life by preventing and controlling disease, injury, and disability.

Arthritis Specific web sites: <http://www.cdc.gov/nccdphp/arthritis/index.htm>

Spanish Language Web site

http://www.niams.nih.gov/nc/press/2003/10_20_espanol.htm

Arthritis

(All figures are for U.S.)

Over 33 million Americans have Arthritis **(1997)**

28 million of these Americans are over age 45 **(1997)**

Arthritis is more prevalent among women than among men **(1997)**

More people in the South have had Arthritis than in any other region **(1997)**

<http://www.cdc.gov/nchs/fastats/arthritis.htm>

CDC and Healthy People 2010 vary on their estimates of the impact that this disease has on the American public.

Arthritis and related conditions affect nearly 43 million Americans (2002), or about one of every six people, making it one of the most prevalent diseases in the United States. By 2020, as the baby boom generation ages, an estimated 60 million Americans will be affected by arthritis.

Arthritis is the leading cause of disability in the United States and although cost-effective interventions are available to reduce the burden of arthritis, they are currently underused. Besides the physical toll, arthritis costs the country nearly \$65 billion annually

Santa Cruz County 2003 Health Almanac

Rates of arthritis are higher among women, older persons, rural populations, and those with low education or low income.

Rates are similar for whites (15.2%) and blacks (15.5%), but relatively low for Asian/Pacific Islanders (7.3%) and Hispanics (11.3%). Rates among people in the northeast and western regions of the United States are lower than those among other regions.

While people with arthritis are less active than the rest of the nation, there is evidence that behaviors such as weight reduction and avoiding injury may slow the progression and impact of osteoarthritis. Research also suggests that early diagnosis and appropriate management of arthritis (i.e., physical activity and maintaining an appropriate weight) can increase quality of life.

Heavy Exercise Aids Rheumatoid Arthritis Long-Term, Intense Exercise Helps Mind and Body

By Cherie Berkley

WebMD Medical News

Sept. 12, 2003 --

Reviewed By Michael Smith, MD

on Friday, September 12, 2003

New research shows that high-intensity, long-term exercise is not only safe, but it also may help people in early stages of rheumatoid arthritis function better -- physically and emotionally.

As a consequence of their disease and its treatment, rheumatoid arthritis patients are more likely to get heart disease than the general population. But typically, intensive, long-term exercise -- which is known to help prevent heart disease -- has not been encouraged in rheumatoid arthritis patients because of fear it might further damage the joints.

Researchers started off by assigning 300 rheumatoid arthritis patients to either an exercise program or to physical therapy for two years.

The exercise group participated in a supervised, biweekly group exercise program lasting a little more than an hour each. The training program included:

- 20 minutes of strength training with weights
- 20 minutes of bike riding -- keeping the heart rate at about 70% to 90% of maximum heart rate (calculated as 220 minus your age)
- 20 minutes of sports, such as badminton, volleyball, soccer, and basketball

The research appears in the latest issue of *Arthritis & Rheumatism*.

Good for Mind and Body

There was no significant, harmful affect on weight-bearing joints (except on patients who began the program with considerable large joint damage). There was also a significantly larger improvement in aerobic fitness in the exercise group compared with the physical therapy group. In fact, aerobic fitness decreased in those patients. Muscle strength increased in both groups, but still, the intense exercise group had a better showing.

Finally, the exercise group also improved more emotionally than the physical therapy arthritis patients, saying they felt more optimistic and able to cope.

"This study demonstrates that participation in long-term, high-intensity exercise classes decreases the level of psychological distress in RA patients," says researcher Zuzana de Jong, MD, in a news release.

But de Jong's team says more research is needed on the subject.

Overall, damage of the large joints as seen on X-ray didn't get worse in either group. But volunteers who had considerable existing damage at the start of the study did show some worsening of their joint damage -- this finding was more pronounced in the intense exercise group.

In RA patients with considerable joint damage, it seems wise to offer exercises that spare these joints until more research is done, de Jong concludes.

SOURCES: De Jong, Z. *Arthritis & Rheumatism*, September 2003; vol 48: pp 2415-2424. News release, *Arthritis & Rheumatism*.

Santa Cruz County 2003 Health Almanac

© 2003 WebMD Inc. All rights reserved

Original article: <http://my.webmd.com/content/Article/73/88953.htm>

Introducing a Spanish Version of the Arthritis Self-Help Course

Public Health Problem

Arthritis or chronic joint symptoms affect almost 70 million Americans, nearly one of every three adults, making it among the most common health problems in the United States. Arthritis is the most frequent cause of disability in America; more than 7 million citizens are limited in some way because of arthritis. In California, which has the largest Hispanic population in the United States, approximately 4 million adults have self-reported arthritis.

Evidence That Prevention Works The Arthritis Self-Help Course, developed at Stanford University, teaches people how to manage their arthritis and minimize its effects. This course, taught in a group setting, has been shown to reduce arthritis pain by 20% and physician visits by 40%; however, the Arthritis Self-Help Course has reached less than 1% of people with arthritis throughout the United States. See:

<http://www.stanfordhospital.com/newsEvents/eventsLectures/2002/march2002/arthritisCenterAndSelfHelpProgram.html>

Program Example

With CDC support, California is increasing its efforts to reduce the burden of arthritis among diverse populations, including its Hispanic population. The California State Health Department is working with the Arthritis Foundation, Southern California Chapter, to provide a Spanish-language version of the Arthritis Self-Help Course (SASHC) for farm and transient workers. The SASHC, also developed at Stanford, was designed specifically to meet the needs of Spanish-speaking people, and California is conducting the program in communities with the highest proportions of people who only speak Spanish. Approximately 141 participants enrolled in the course between October 1999 and May 2001. Participants reported significant improvement in their ratings of general health, sleep, depression levels, and ability to cope with activities of daily living. At follow-up, participants continued to show improved long-term outcomes. Participants' comments indicate their high satisfaction with the program and improved communication with others regarding arthritis.

Implications

Identifying and implementing strategies to increase the use of this course in Hispanic communities will expand the reach of this program to diverse populations. It also can serve as a model for reaching underserved populations in other states. More widespread use of this course nationwide would save money and reduce the burden of arthritis. This program demonstrates the importance of creating campaigns and materials in multiple languages to reach special populations with prevention messages.

Contact Information -California Department of Health Services . California Arthritis Partnership Program P.O. Box 942732, MS 253 . Sacramento, California 94234-7320 Phone: (916) 324-3700 . Web site: www.dhs.ca.gov/arthritis

Santa Cruz County 2003 Health Almanac

CA & SCC data

Ever Diagnosed With Arthritis by Total (Adults) and Gender CHIS 2001

	Ever Diagnosed With Arthritis	
	Yes	No
California--Total (Adults)	19.3	80.7
Santa Cruz--Total (Adults)	20.0	80.0
California--Male	15.7	84.3
Santa Cruz--Male	18.7	81.3
California--Female	22.8	77.2
Santa Cruz --Female	21.3	78.7

Ever Diagnosed With Arthritis by Race/Ethnicity (Adults) CHIS 2001

	Ever Diagnosed With Arthritis	
	Yes	No
California--White	24.4	75.6
Santa Cruz--White	21.5	78.5
California--Black	24.5	75.5
Santa Cruz --Black	.0	100.0
California--Latino	10.3	89.7
Santa Cruz --Latino	18.7	81.3
California--Asian	10.2	89.8
Santa Cruz --Asian	.	95.0
California--Am. Ind.	29.7	70.3
Santa Cruz --Am. Ind.	.	.
California--Other	18.4	81.6
Santa Cruz--Other	16.3	83.7

Santa Cruz County 2003 Health Almanac

Ever Diagnosed With Arthritis by Poverty Level (Adults) CHIS 2001

	Ever Diagnosed With Arthritis	
	Yes	No
California--0 - 99%	18.1	81.9
Santa Cruz--0 - 99%	25.1	74.9
California--100 - 199%	20.6	79.4
Santa Cruz --100 - 199%	19.3	80.7
California--200 - 299%	20.0	80.0
Santa Cruz--200 - 299%	12.4	87.6
California--300%+	19.0	81.0
Santa Cruz --300%+	20.4	79.6

Ever Diagnosed with bone loss, osteopenia or osteoporosis
California

Age	Ever diagnosed with bone loss, osteopenia, or osteoporosis Has bone condition			Doesn't have bone condition			All		
	Est. N	%	95% C.I.	Est. N	%	95% C.I.	Est. N	%	95% C.I.
50-54 years	71,000	11.5	(9.7 - 13.4)	166,000	19.4	(17.5 - 21.2)	236,000	16.1	(14.8 - 17.4)
55-59 years	93,000	15.2	(13.2 - 17.2)	148,000	17.4	(15.6 - 19.2)	241,000	16.5	(15.1 - 17.8)
60-64 years	77,000	12.6	(10.8 - 14.4)	134,000	15.7	(14.0 - 17.3)	211,000	14.4	(13.2 - 15.6)
65-69 years	89,000	14.6	(12.6 - 16.5)	107,000	12.5	(11.0 - 14.0)	196,000	13.3	(12.2 - 14.5)
70-74 years	88,000	14.5	(12.6 - 16.3)	113,000	13.2	(11.7 - 14.7)	201,000	13.7	(12.5 - 14.9)
75 years or older	193,000	31.6	(29.1 - 34.1)	187,000	21.9	(20.0 - 23.8)	381,000	26.0	(24.4 - 27.5)
Total	611,000	100.0	n/a	855,000	100.0	n/a	1,466,000	100.0	n/a

Source: 2001 California Health Interview Survey
<http://www.chis.ucla.edu>

Santa Cruz County

Age	Ever diagnosed with bone loss, osteopenia, or osteoporosis Has bone condition			Doesn't have bone condition			All		
	Est. N	%	95% C.I.	Est. N	%	95% C.I.	Est. N	%	95% C.I.
50-54 years	1,000*	16.3*	(1.6 - 31.0)	3,000	34.3	(19.4 - 49.3)	4,000	27.1	(16.3 - 37.9)
55-59 years	1,000*	10.4*	(0.1 - 20.7)	1,000*	13.2*	(3.2 - 23.3)	2,000*	12.1*	(4.8 - 19.4)
60-64 years	1,000*	18.2*	(4.2 - 32.2)	1,000*	15.5*	(1.8 - 29.2)	2,000*	16.6*	(6.7 - 26.5)
65-69 years	1,000*	16.9*	(5.9 - 27.9)	1,000*	16.1*	(5.1 - 27.1)	2,000	16.4	(8.5 - 24.3)
70-74 years	1,000*	13.4*	(1.8 - 25.0)	1,000*	7.0*	(0.1 - 14.0)	1,000*	9.6*	(3.3 - 15.9)
75 years or older	1,000*	24.8*	(10.1 - 39.4)	1,000*	13.8*	(3.9 - 23.7)	3,000	18.2	(9.7 - 26.7)
Total	6,000	100.0	n/a	9,000	100.0	n/a	15,000	100.0	n/a

● = Statistically unstable - Explanation

Source: 2001 California Health Interview Survey <http://www.chis.ucla.edu>