

# the state of arthritis in florida,

2002



# the state of arthritis in florida, 2002

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## acknowledgements

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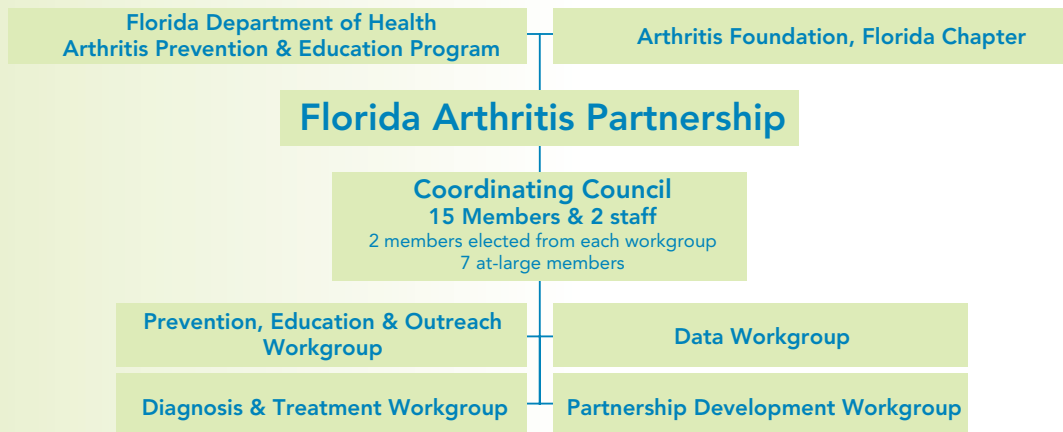
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# flap structure



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A special thanks to all Coordinating Council members for all of their hard work throughout the year.

# message from the secretary

Dear Colleague:

**The Florida Department of Health, Bureau of Chronic Disease Prevention, is pleased to share with you the State of Arthritis in Florida report. This report provides information on arthritis for 2001, the second year of data collection for arthritis data, with comparisons to 2000.**



Florida was one of eight states to receive funding in 1999 from the Centers for Disease Control and Prevention to focus efforts on reducing the burden of arthritis and other rheumatic conditions. As a part of this project, data collection for arthritis data began in 2000 through the Behavioral Risk Factor Surveillance System, an ongoing, state-based, random digit dialed telephone survey of the non-institutionalized population aged 18 years and older. Data from this survey for the year 2001 were analyzed and the results are presented in this report. In addition, data from the public-use hospital discharge database from the Agency for Health Care Administration were analyzed and is presented.

This report also covers the public health efforts of the Department of Health and the Arthritis Foundation, our partner in this project. Working with the Arthritis Foundation, the Department of Health formed the Florida Arthritis Partnership (FLAP) whose mission is to encourage and promote the combined efforts of dedicated, skilled individuals and organizations to reduce the growing burden of arthritis on Floridians of all ages, their families and communities. The FLAP has developed a statewide arthritis strategic plan for 2001–2004 along with an annual action plan which outlines specific arthritis activities that will occur throughout the state.

We hope that you will find this report to be informative and useful. The information presented in this document serves as a starting point in the effort to define and reduce the burden of arthritis. It will increase the awareness of arthritis as a public health issue and will provide direction for the planning and implementation of interventions.

Sincerely,

John O. Agwunobi, M.D., M.B.A.  
Secretary, Florida Department of Health

# introduction

Arthritis encompasses over 100 diseases and conditions that affect joints, surrounding tissues and/or connective tissues. Three of the most common forms of arthritis are osteoarthritis, rheumatoid arthritis and fibromyalgia.

**Osteoarthritis (OA)** is a degenerative joint disease affecting primarily the hips, knees, hands, and feet. Cartilage, the part of the joint that cushions ends of bones, breaks down causing bones to rub against each other resulting in pain and loss of movement. Osteoarthritis affects an estimated 20.7 million Americans (1).

**Rheumatoid arthritis (RA)** is an autoimmune disease that results in inflammation of the joint lining and other organs throughout the body. Symptoms include pain, stiffness and swelling of multiple joints. The inflammation may also occur in other joint tissues causing bone and cartilage erosion, joint deformities, movement problems, and activity limitations (2). Rheumatoid arthritis affects an estimated 2.1 million Americans, mostly women (3).

**Fibromyalgia** is a chronic disorder involving widespread musculoskeletal pain, fatigue and multiple tender points. Common symptoms include widespread pain throughout the muscles of the body, sleep disorders, fatigue, headaches, and irritable bowel syndrome. Fibromyalgia affects 3 to 6 million Americans, mostly women (4).



## Arthritis is a major public health problem, affecting nearly 69.9 million Americans (5).

Arthritis is the leading cause of disability in the United States, limiting the major activities of nearly 7 million persons (6). In addition, arthritis has a sizeable economic impact on our society. In 1992, arthritis and other rheumatic conditions cost \$15 billion in direct medical costs and an additional \$50 billion in lost productivity (7). In Florida in 1999, arthritis cost an estimated \$1.27 billion in direct medical costs and an additional \$3.78 billion in lost productivity (8).

2001 was the second year of data collection for arthritis utilizing the Behavioral Risk Factor Surveillance System (BRFSS). Using this data, arthritis in Florida is described in terms of its risk factors, access to care, and impact on quality of life, ability to work and activity limitation. Hospital discharge data adds further information on the burden of arthritis in Florida.

In 2000, the prevalence of arthritis/chronic joint symptoms was estimated to be 31.4%. In 2001, this prevalence is estimated to be 33.8%. The overall prevalence consists of a prevalence of self-reported physician-diagnosed arthritis of 25.5% and a prevalence of chronic joint symptoms without a physician diagnosis of arthritis of 8.3%. In 2000, these percents were 25.7% and 5.7%, respectively.

# risk factors

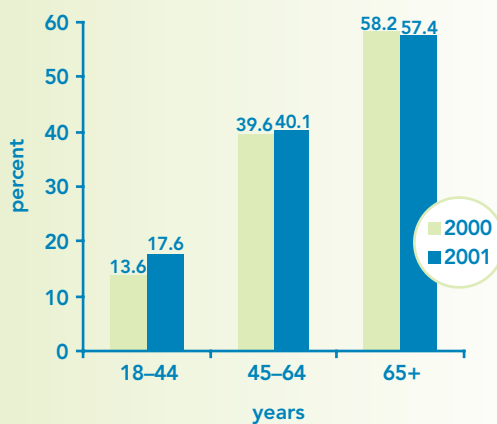
Risk factors are characteristics, attributes or behaviors that increase a person's risk or chances of developing a disease. Non-modifiable risk factors are those that cannot be changed. These include:

- female gender
- age
- race/ethnicity
- genetic predisposition <sup>(2)</sup>

The BRFSS collects data on three of the non-modifiable risk factors—age, gender and race/ethnicity.

GRAPH 1

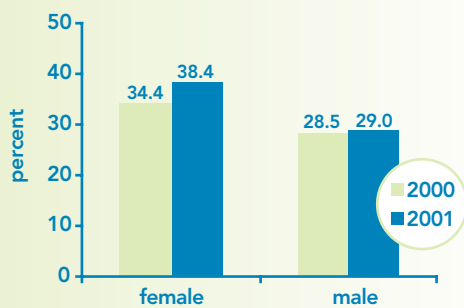
Prevalence of arthritis/chronic joint symptoms by age group & year, Florida BRFSS, 2000 & 2001



**GRAPH 1** Although arthritis/chronic joint symptoms affect people across the age span, prevalence is highest among those aged 65 years and older, among whom 57.4% in 2001 and 58.2% in 2000 reported having arthritis/chronic joint symptoms. This compares to a prevalence of 17.6% and 13.6%, respectively, among those aged 18–44 years and 40.1% and 39.6%, respectively, among those aged 45–64 years.

GRAPH 2

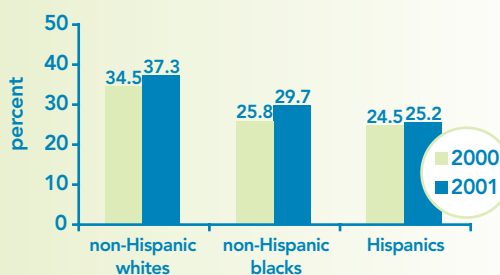
Prevalence of arthritis/chronic joint symptoms by gender & year, Florida BRFSS, 2000 & 2001



**GRAPH 2** Although arthritis/chronic joint symptoms affect both sexes, women are more likely than men to have arthritis/chronic joint symptoms. Among females in 2001, 38.4% reported having arthritis/chronic joint symptoms compared with 29.0% of males. In 2000, prevalences were similar to those seen in 2001.

GRAPH 3

Prevalence of arthritis/chronic joint symptoms by race/ethnicity & year, Florida BRFSS, 2000 & 2001



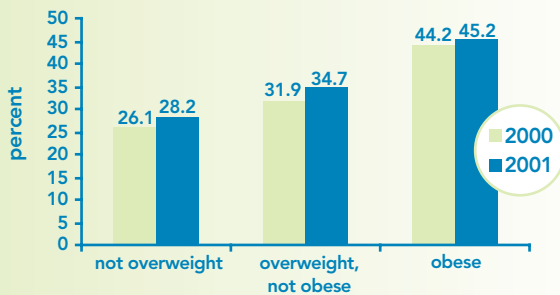
**GRAPH 3** Non-Hispanic whites (37.3%) have a higher prevalence of arthritis/chronic joint symptoms than either non-Hispanic blacks (29.7%) or Hispanics (25.2%). In 2000, there were no differences in prevalence of arthritis/chronic joint symptoms among the various race/ethnicities after adjusting for the sociodemographic characteristics, in particular age and education.

**Modifiable risk factors** are those that can be changed.

Modifiable risk factors associated with arthritis include:

- overweight and obesity (9)
- joint injuries (2)
- infections (2)
- certain occupations such as farming and occupations with repetitive knee-bending (10,11).

**GRAPH 4** Prevalence of arthritis/chronic joint symptoms by BMI status & year, Florida BRFSS, 2000 & 2001



**GRAPH 4** The BRFSS collects data on overweight and obesity. Those who are overweight or obese are more likely to have arthritis/chronic joint symptoms compared with those who are not overweight. In 2001, the prevalence among those who are overweight or obese (34.7% and 45.2%, respectively) is higher than among those who are not overweight (28.2%). The prevalences in 2001 are similar to those observed in 2000.

**Other factors** associated with an increased likelihood of arthritis/chronic joint symptoms include:

- income
- education
- certain regions in Florida

Persons whose socioeconomic status is low have poorer health than other persons (12, 13) and are less likely to have adequate access to care or to receive high-quality clinical and prevention care services (14). Traditionally, the indicators of socioeconomic status at the individual level have been income, education and occupation. For this report, income and education are analyzed. As socioeconomic status increases, the prevalence of arthritis decreases. Controlling for various sociodemographic variables, those with less than a high school education are 28% more likely to have arthritis/chronic joint symptoms than those who have at least a high school education. Those whose income is less than \$25,000 are 43% more likely to have arthritis than those whose income is greater than \$75,000 (see table 1 in appendix 2).

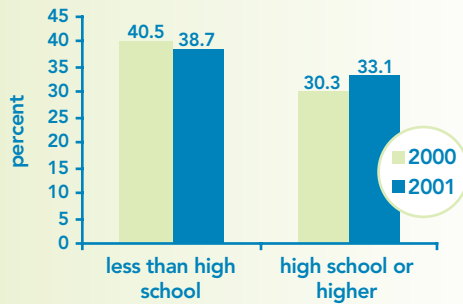
**GRAPH 5** Prevalence of arthritis/chronic joint symptoms by income level & year, Florida BRFSS, 2000 & 2001



**GRAPH 5** The prevalence of arthritis/chronic joint symptoms among those with an income of less than \$25,000 is 40.9%. As income increases, the prevalence of arthritis/chronic joint symptoms decreases.

## GRAPH 6

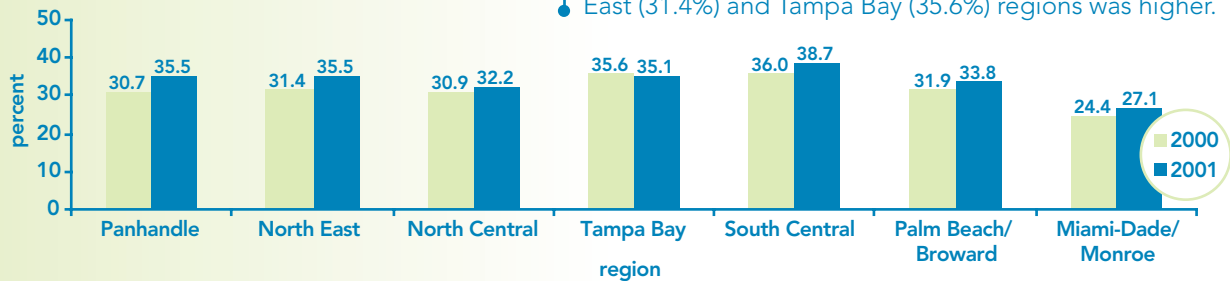
Prevalence of arthritis/chronic joint symptoms by education level & year, Florida BRFSS, 2000 & 2001



**GRAPH 6** The prevalence among those with less than a high school education (38.7%) is higher than among those with at least a high school education (33.1%). The prevalences observed in 2001 are similar to those observed in 2000 (40.5% and 30.3%, respectively).

## GRAPH 7

Prevalence of arthritis/chronic joint symptoms by region & year, Florida BRFSS, 2000 & 2001



**GRAPH 7** Those residing in the Panhandle region (35.5%) and those residing in the Tampa Bay region (35.1%) were more likely to have arthritis/chronic joint symptoms than those who resided in the Miami-Dade/Monroe region (27.1%). In 2000, compared to the Miami-Dade/Monroe region (24.4%), the prevalence among those residing in the Panhandle (30.7%), North East (31.4%) and Tampa Bay (35.6%) regions was higher.

Figure 1: Prevalence of co-morbidities, 2001

CONDITION	WITH ARTHRITIS	WITHOUT ARTHRITIS
Asthma	12.3%	8.7%
Diabetes	13.1%	5.6%
High Blood Pressure	40.9%	19.6%
High Cholesterol	42.2%	24.3%
Obesity	25.1%	15.5%

Source: Florida BRFSS

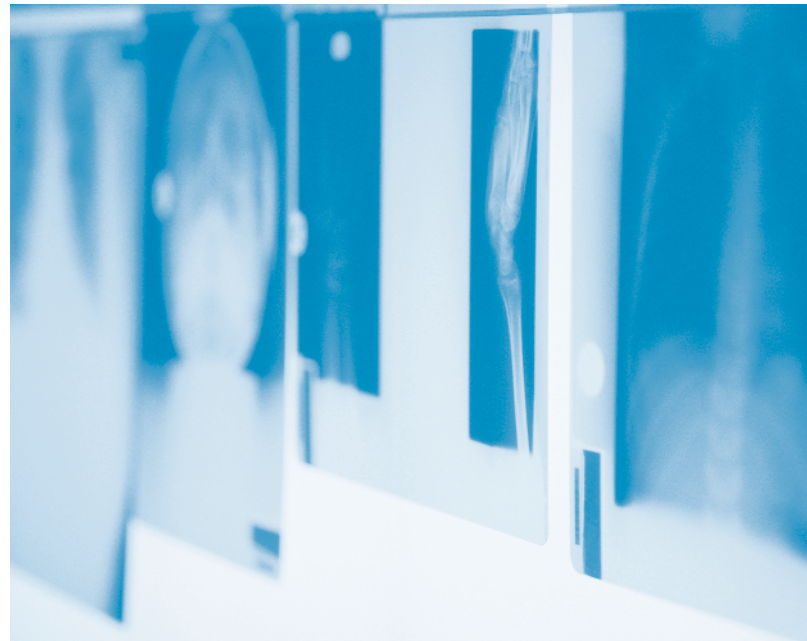
People with arthritis have a variety of conditions in addition to arthritis. These multiple conditions are called co-morbidities. Figure 1 illustrates some of the more common co-morbidities.

Health care access is often evaluated by the presence of health insurance. The BRFSS contains the question:

**Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?**

Of those with arthritis/chronic joint symptoms, 88.3% have health care coverage. To determine whether the presence of health insurance impacts care-seeking, the BRFSS contains the question:

**Have you ever seen a doctor, nurse or other health professional for these joint symptoms?**



Those who have insurance (83.0%) are more likely than those who have no insurance (71.4%) to see a doctor for their joint symptoms. There were no differences in care-seeking by gender, race/ethnicity, education, level of physical activity, age group, income, or health status. The other purpose of this question is to determine whether the message about early diagnosis and treatment is being communicated effectively; that is, if those with chronic joint symptoms seek care, even if they have not been diagnosed as having arthritis. Overall, 81.3% of people with chronic joint symptoms have seen a doctor or other health professional for their chronic joint symptoms (see table 3 in appendix).

Research shows that early diagnosis and appropriate treatment can help lessen the consequences associated with many types of arthritis (2). For example, early use of disease modifying anti-rheumatic drugs (DMARDs) for rheumatoid arthritis can improve long-term health outcomes (2). These drugs can actually prevent the damage to joints that results from rheumatoid arthritis. In addition, self-management courses, such as the Arthritis Self-Help Course (ASHC), have been shown to reduce pain by 20% and physician visits by 40% (15). Physical activity is another treatment recommended by the American College of Rheumatology as a first line treatment for osteoarthritis and rheumatoid arthritis (16, 17). For all of these interventions, early diagnosis and treatment is critical.

Prevention also plays a critical role in addressing and treating arthritis. Primary prevention is designed to prevent a disease or condition from occurring in the first place. Only a few primary prevention strategies are considered effective for arthritis. Primary prevention strategies include:

- **Weight control**
- **Occupational injury prevention such as from repetitive joint use**
- **Sports injury prevention**
- **Infectious disease control** (18)

Secondary prevention efforts attempt to identify a disease at its earliest stages so that prompt and appropriate management can take place. The focus is reducing the impact of the disease. Secondary prevention strategies include:

- **Early diagnosis—many people never see a doctor for their arthritis.**
- **Medical treatment—for example, early use of disease modifying anti-rheumatic drugs (DMARDs) for rheumatoid arthritis can improve long-term outcomes** (18).

Tertiary prevention focuses on reducing or minimizing the consequences of a disease once it has started. The goal is to eliminate or delay the onset of complications and disability. Tertiary prevention strategies include:

- **Self-management including weight control, physical activity and education such as the Arthritis Self-Help Course (ASHC).**
- **Rehabilitation services such as physical or occupational therapy.**
- **Medical and surgical treatments such as DMARDs and joint replacement therapy** (18).



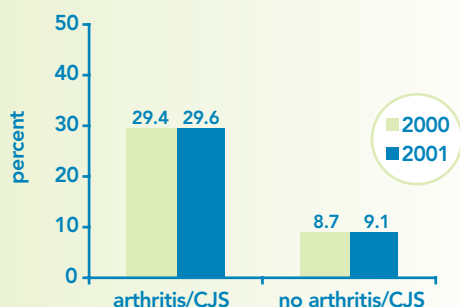
Research shows that early diagnosis and appropriate treatment can help lessen the consequences associated with many types of arthritis.<sup>(2)</sup>

# impact

**Quality of Life** While arthritis/chronic joint symptoms rarely cause death, they are a leading cause of disability and have a large impact on people’s quality of life. Thus, the burden of these diseases is most apparent with regard to disability and quality of life, in particular, people’s ability to perform usual activities including work, recreation or self-care.

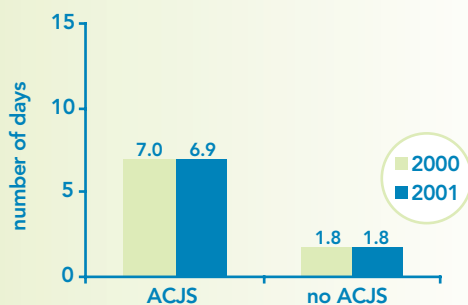
The BRFSS contains a number of questions that address health-related quality of life (see Box 1 in appendix). Those with arthritis/chronic joint symptoms are consistently more likely to report having fair or poor health status, a higher average number of days that their physical and mental health is not good (unhealthy days), and a higher average number of days that activities are limited due to poor physical or mental health.

**GRAPH 8** Percent of reported fair or poor health status by arthritis status & year, Florida BRFSS, 2000 & 2001



**GRAPH 8** Overall, people with arthritis/chronic joint symptoms (ACJS) are more than three times more likely (29.6%) to report their health as fair or poor than their non-arthritic counterparts (9.1%). Not surprisingly, this association persists across gender, race/ethnicity, age, education, physical activity level, income and BMI levels. Similar data were observed for 2000 (see tables 4 and 5 in appendix).

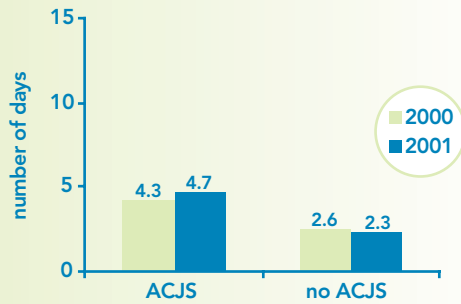
**GRAPH 9** Average number of days (of past 30) that physical health is not good by arthritis status & year, Florida BRFSS, 2000 & 2001



**GRAPH 9** People with arthritis/chronic joint symptoms (ACJS) consistently report a higher average number of days that their physical health is not good (of the preceding 30 days) than their non-arthritic counterparts. Those with arthritis/chronic joint symptoms report an average of 6.9 days of the past 30 days on which physical health is not good compared to an average of only 1.8 days for those without arthritis/chronic joint symptoms. In 2000, the average number of days of the past 30 days on which physical health is not good was 7.0 days for those with arthritis/chronic joint symptoms and 1.8 days for those without arthritis/chronic joint symptoms (see tables 6 and 7 in appendix 2).

## GRAPH 10

Average number of days (of past 30) that mental health is not good by arthritis status & year, Florida BRFSS, 2000 & 2001

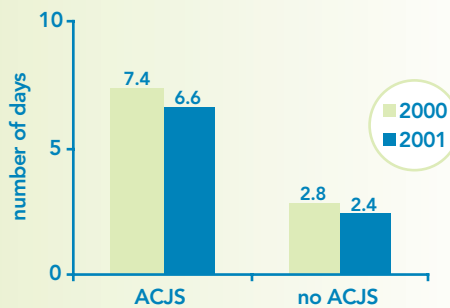


**GRAPH 10** Those with arthritis/chronic joint symptoms (ACJS) report an average of 4.7 days of the past 30 days on which mental health is not good compared with an average of only 2.3 days for those without arthritis/chronic joint symptoms. In 2000, the average number of days of the past 30 days on which mental health is not good was 4.3 days for those with arthritis/chronic joint symptoms and 2.6 days for those without arthritis/chronic joint symptoms (see tables 8 and 9 in appendix 2).

**Overall, in Florida,** people with arthritis/chronic joint symptoms report an average of 11.6 unhealthy days (of the past 30) compared with 4.1 unhealthy days for those without arthritis/chronic joint symptoms. In 2000, the number of unhealthy days was 11.3 and 4.4, respectively.

## GRAPH 11

Average number of days (of past 30) with limited activity by arthritis status & year, Florida BRFSS, 2000 & 2001

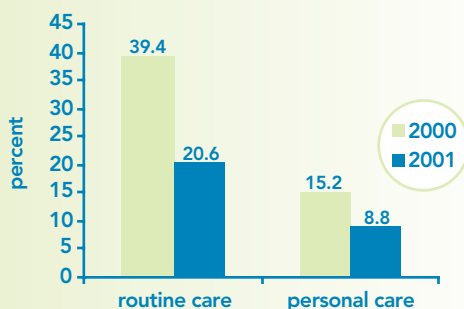


**GRAPH 11** As the number of days on which physical or mental health is poor increases, so does the number of days on which activities are limited due to poor physical or mental health. As a result, people with arthritis/chronic joint symptoms (ACJS) also consistently report a higher average number of days that activities are limited due to poor physical or mental health compared to their non-arthritic counterparts. Overall, people with arthritis/chronic joint symptoms report an average of 6.6 days (of the past 30) that usual activities are restricted compared to only 2.4 days for those without arthritis/chronic joint symptoms. In 2000, the average number of days was 7.4 days and 2.8 days, respectively (see tables 10 and 11 in appendix 2).

**Those who list arthritis** as their major impairment in the quality of life module on the BRFSS were asked follow-up questions about pain, routine care and personal care (see Box 1 in appendix). Pain is one of the most important symptoms among people with arthritis. In an effort to better control or manage pain, people with arthritis use prescription and non-prescription medications, surgical interventions and alternative medical treatments. The number of pain-free days is an important measure of health-related quality of life for persons with arthritis.

## GRAPH 12

Percent of respondents needing help with routine or personal care by year, Florida BRFSS, 2000 & 2001



**GRAPH 12** Among Florida adults who indicated arthritis is their major impairment, the average number of days (of the past 30) that pain made it hard to do usual activities is 14.1 days. Of those for whom arthritis is a major impairment, 20.6% report needing help with their routine care needs and 8.8% report needing help with their personal care needs. In 2000, these percents were 39.4% and 15.2%, respectively. It is not clear why the percents dropped from 2000 to 2001. The sample size is too small to do further analysis by gender, race/ethnicity, age, or education level.

### Ability to work

Arthritis is the leading cause of disability and trails only heart disease as the leading cause of missed work among those who are employed for wages (14). Overall, in 2001, 12.2% of those with arthritis/chronic joint symptoms under the age of 65 years report being unable to work compared with 1.8% of those without arthritis/chronic joint symptoms. In 2000, these percents were 14.6% and 2.1%, respectively. These differences persist across race/ethnicity, education, income, BMI level and physical activity level (see tables 12 and 13 in appendix 2).

### Activity limitation

Activity limitation occurs frequently among people with arthritis/chronic joint symptoms and reduces quality of life, limits independence and compromises health. Activity limitations related to physical activity may further compromise health status and increase the risk of developing or exacerbating other physical activity related diseases and conditions such as obesity, diabetes, heart disease and some cancers. Over 7 million Americans are limited in their ability to participate in their main daily activities due to arthritis/chronic joint symptoms (5). In Florida, of those who have arthritis/chronic joint symptoms, 44.9% are limited in their activities due to joint symptoms (5). Similar data were observed for 2000 when 42.1% reported being limited in their activities due to joint symptoms. Non-Hispanic blacks (56.9%) have a higher rate of activity limitation than non-Hispanic whites (43.6%). For those at the lowest end of the income range, a higher percent (53.3%) report being limited in their activities than any other income range. For those who are obese, a higher percent (53.3%) report being limited in their activities than those who are not overweight (40.0%) or those who are overweight (43.8%). The difficulty in interpreting these data is that it is difficult, if not impossible, to determine which came first, the obesity or the arthritis. So, the question arises, are obese people limited in their activities because they are obese or because they have arthritis. Also, do they have arthritis because they are obese or are they obese because they are limited in their

Research has shown that participants in education intervention groups, when compared with control groups, experienced a reduction of 16% in pain, 22% in depression and 8% in disability.

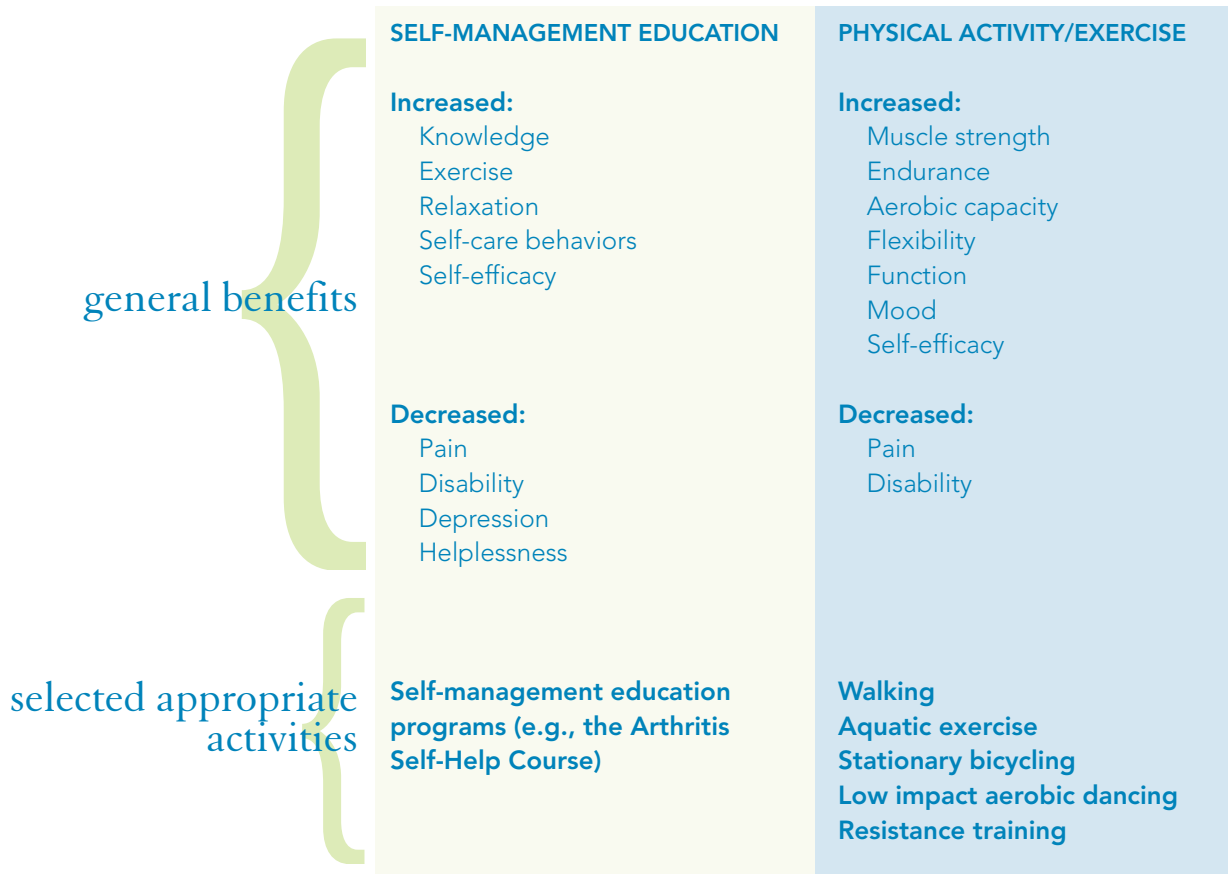
activities due to arthritis. The answers cannot be determined from the present BRFSS survey data, but provide an area for further research. In addition, for those who are physically inactive, a higher percent (54.5%) report being limited in their activities than those who have any type of physical activity (39.8%) (see table 14 in appendix). Weight control and physical activity are important elements in managing the symptoms of arthritis.

One of the ways to limit the negative impact of arthritis on quality of life is through self-management. Self-management is defined as “the set of beliefs and behaviors that people with arthritis use to manage their condition and to achieve or maintain their optimal health status or quality of life” (19). Self-management includes education such as the Arthritis Self-Help Course and physical activity.

Research has shown that participants in education intervention groups, when compared with control groups, experienced a reduction of 16% in pain, 22% in depression and 8% in disability (20). Self-management education is not the typical patient education program that primarily tells the patient about arthritis and its treatment. It is much more interactive and is designed to increase participants’ confidence and skills in day-to-day management of their arthritis (19).

The main self-management course is the Arthritis Self-Help Course (ASHC) developed by Kate Lorig and colleagues. The course is six weeks long and focuses on managing pain, disability, fear, and depression as well as on developing more generic self-management skills such as how to make informed decisions and the use of problem-solving to adapt to fluctuations in disease or

Figure 2: Benefits of Self-Management Activities (20)



disability (21). The ASHC has been shown to be effective in long-term pain relief. In multiple studies, four months after beginning the course, participants demonstrated increased knowledge, decreased pain, and increased frequency of exercise and relaxation in a comparison with controls on a waiting list (21). Please contact the Florida Department of Health, Arthritis Prevention and Education Program at (850) 245-4330 for classes in your area.

Exercise or physical activity is also an important part of self-management. The Surgeon General's 1996 Report on Physical Activity and Health concluded that programs of regular moderate aerobic activity or resistance training relieve symptoms and improve function among people with rheumatoid arthritis and osteoarthritis. Specific benefits of regular physical activity of moderate intensity are clinically significant improvements in muscle strength and endurance, flexibility, function, psychosocial status, and cardiovascular health and fitness, all without injury or aggravation of the arthritis (22).

The Arthritis Foundation has a number of courses that include modest aerobic conditioning. They include People with Arthritis Can Exercise (PACE) and the Arthritis Foundation Aquatic Program. Preliminary data suggest positive outcomes from participating in these courses (23). The Arthritis Foundation has also published a commercially available book, *Walk with Ease*, that draws on similar research studies to provide guidance on walking for improved health and fitness (24).

# hospital

Hospital discharge data is available from the Agency for Health Care Administration's public use database that includes information gathered from all civilian hospitals (approximately 250) in the state of Florida.

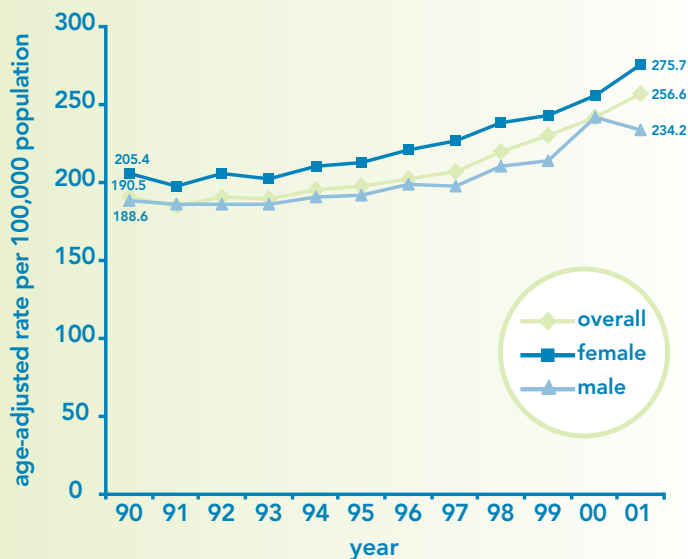


Information includes patient demographics, diagnoses (up to 10), primary payer, charges, procedures, and a number of other data items. Because there is no patient identification in the public use database, there is no way to get information on a specific patient. One patient may have multiple discharges and would be included in the database multiple times.

Age-adjusted hospital discharge rates are hospital discharge rates that have been

adjusted so that they can be compared across groups with differing age compositions.

**GRAPH 13** Age-adjusted hospital discharge rates for arthritis by gender, Florida, 1990–2001

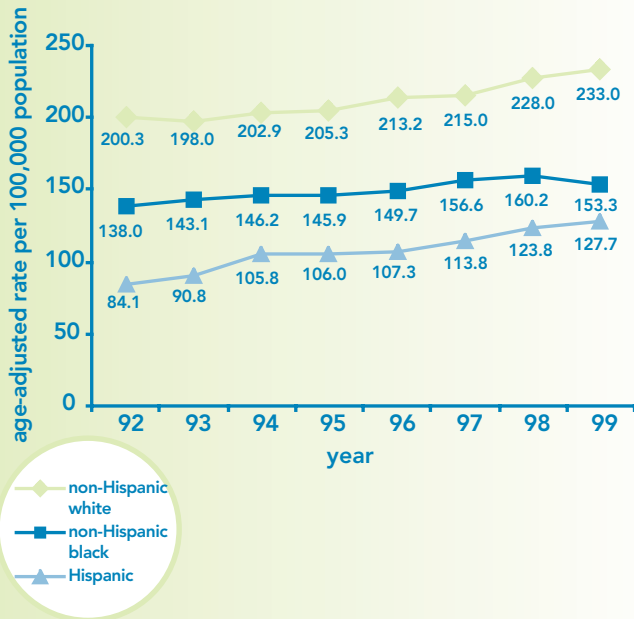


**GRAPH 13** Age-adjusted hospital discharge rates for arthritis have been increasing overall since 1990. Rates have been increasing for both males and females; however, age-adjusted hospital discharge rates are higher for women than for men.

Source: Hospital discharge data.

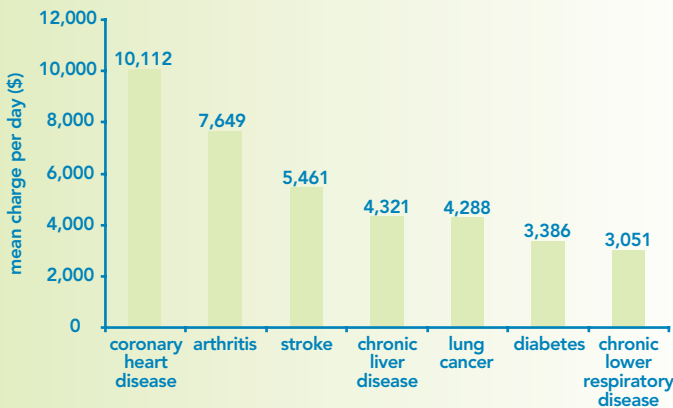
# discharges

**GRAPH 14** Age-adjusted hospital discharge rates for arthritis by race/ethnicity, Florida, 1992–1999



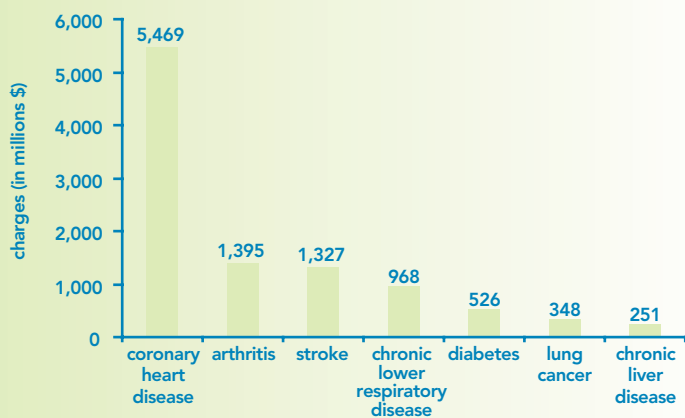
**GRAPH 14** Age-adjusted hospital discharge rates have increased dramatically for non-Hispanic whites and Hispanics and have grown more modestly for non-Hispanic blacks. Race/ethnicity information is not available for this data set for Hispanic ethnicity prior to 1992. Non-Hispanic whites have the highest age-adjusted discharge rates. Part of the increase for Hispanics is probably due to better reporting of Hispanic ethnicity.

**GRAPH 15** Mean hospital charge per day, by condition, Florida, 2001



**GRAPH 15** Hospital charges reflect what the hospital charges for a particular hospital stay, but do not reflect what the payer actually pays for that stay. The average daily hospital charge for arthritis in 2001 was second only to coronary heart disease.

**GRAPH 16** Total hospital charges, Florida, 2001



**GRAPH 16** In terms of total hospital charges for arthritis in 2001, arthritis trailed only coronary heart disease.

Source for graphs 14–16: Hospital discharge data.

# conclusions & opportu

**Arthritis/chronic joint symptoms affect nearly one-third of the Florida adult population, especially affecting non-Hispanic whites, those over the age of 65 years, females, those who are overweight, those with lower incomes, those with less than a high school education, and those residing in certain regions in Florida.** Almost 45% of those with arthritis/chronic joint symptoms experience some type of activity limitation due to joint symptoms. In addition, people with arthritis/chronic joint symptoms report an average of 11.6 unhealthy days (of the past 30) compared with 4.1 unhealthy days for those without arthritis/chronic joint symptoms. Early diagnosis and appropriate treatment can help lessen the consequences associated with many types of arthritis (2). In addition, self-management, which includes physical activity and courses such as the Arthritis Self-Help Course, can help reduce pain and decrease hospitalization and work disability.

## **What is being done in Florida to address arthritis issues?**

The Florida Department of Health, Arthritis Prevention and Education Program, is working with the Arthritis Foundation, Florida Chapter to address arthritis issues in Florida. Funding was received in the fall of 1999, from the Centers for Disease Control and Prevention, to establish an arthritis program within the Florida Department of Health, Bureau of Chronic Disease Prevention.

An Arthritis Steering Committee was formed in 2000 through the cooperative work of the Florida Department of Health and the Arthritis Foundation, Florida Chapter. The initial charge for the steering committee was to develop a statewide strategic plan to reduce the burden of arthritis in Florida. The Steering Committee enlisted help from a variety of individuals and organizations (stakeholders) throughout the state and developed a strategic plan, which includes a vision, mission and goals, along with strategies and designated lead organizations.

The Steering Committee then began to focus on the development of a larger group of individuals in Florida to address arthritis issues. The initial framework for the Florida Arthritis Partnership (FLAP) was developed at the February 22, 2001 Steering Committee Meeting in Ft. Lauderdale, Florida. The FLAP is governed by a coordinating council made up of 15 individuals and two staff persons. Initially, two individuals from each of the five workgroups that make up the FLAP were elected. Two workgroups were combined due to having similar goals so now there are four. The workgroups include: 1) Prevention, Education, and Outreach, 2) Data, 3) Diagnosis and Treatment, and 4) Partnership Development. In addition, there are seven at-large members. The two staff persons on the coordinating council represent each of the sponsoring organizations, the Florida Department of Health and the Arthritis Foundation, Florida Chapter. The first FLAP meeting took place in the fall of 2001.

In addition to focusing on the development of the FLAP, the Steering Committee planned and held an Action Planning meeting in the summer of 2001. The purpose of this meeting was to develop a statewide arthritis action plan for 2001–2002. The action plan goes hand-in-hand with the four-year strategic plan on

# nities for action

arthritis, and outlines specific arthritis activities that will occur throughout the state. Most recently, the FLAP met in the fall of 2002 to develop an action plan for 2003.

## The Florida Department of Health, Arthritis Prevention and Education Program

The Florida Arthritis Prevention and Education Program continues to address arthritis through the implementation and evaluation of activities which can be categorized into the three major national focal areas: 1) surveillance, epidemiology, and prevention research; 2) communication and education; and 3) programs, policies and systems. Interventions conducted by the program focus on persons diagnosed with arthritis, those that have symptoms of arthritis, and those that have chronic joint symptoms. By targeting these groups, the prevention strategies implemented are secondary (e.g. emphasizing early diagnosis and appropriate management) and tertiary (e.g. increasing self-management activities to ameliorate pain and limitations in activity) in nature.

Arthritis program activities include:

### Surveillance, epidemiology and prevention research

- Collection of arthritis prevalence data statewide through an arthritis module included on the Behavioral Risk Factor Surveillance System (BRFSS) conducted in Florida
- Development of a State of Arthritis Report in Florida using BRFSS data and hospital discharge data
- Determine cost estimates for arthritis in Florida

### Communication and education

- Research and development of low literacy materials on arthritis in Spanish
- Research on the determinants of physical activity for Hispanics and African Americans
- Training individuals around Florida to become arthritis self-management leaders, and subsequently implementing the Arthritis Self Help Course in cooperation with the Arthritis Foundation, Florida Chapter
- Promotion of arthritis as a public health issue through the placement of news articles in state publications, promotion of May as Arthritis Month, distribution of arthritis materials to county health departments in Florida, and placement of an arthritis display at numerous conferences and meetings throughout the state

### Programs, policies and systems

- Implementation of the Spanish Arthritis Self Management Program in a Spanish speaking community in Florida
- Implementation of a faith-based, African American arthritis self-management project in Jackson County, Florida
- A managed care initiative which provided CEU in-service sessions on arthritis to nurse case-managers in a number of health maintenance organizations in South Florida
- Arthritis self management projects in three county health departments in Florida—Charlotte, Pasco and Volusia—using the Arthritis Self Help Course as the main program activity
- Development of a statewide Florida Arthritis Partnership (FLAP) to oversee arthritis activities in Florida
- Development of Florida's Arthritis Strategic Plan in cooperation with the members of FLAP and arthritis stakeholders throughout Florida
- A collaborative project to improve the quality of care for osteoarthritis and rheumatoid arthritis patients in a primary care setting
- Development of lupus seminars to be delivered in several Florida cities, in cooperation with the Lupus Foundation, Greater Florida and Southeast Florida Chapters

In addition, the program will soon be implementing a national health communications campaign in Florida which focuses on promoting physical activity as a way to relieve arthritis pain. The campaign was developed using a social marketing approach by the Centers for Disease Control and Prevention, and includes radio and print messages. The campaign will be implemented in 2003.

To find out more about the Arthritis Prevention and Education Program activities, please contact our office at 850-245-4330 or via the web at [www.doh.state.fl.us/family/arthritis](http://www.doh.state.fl.us/family/arthritis).

**VISION** Through awareness, acceptance, and action, Floridians of all ages will enjoy the highest possible quality of life free from arthritis-related pain and disability.

**MISSION** The mission of the Florida Arthritis Partnership is to encourage and promote the combined efforts of dedicated, skilled individuals and organizations to reduce the growing burden of arthritis on Floridians of all ages, their families, and communities.

## **The Arthritis Foundation, Florida Chapter**

The Arthritis Foundation efforts center on the three-fold mission of the organization: research, prevention and improving the quality of life. Founded in 1948, the Arthritis Foundation is the only national voluntary health association in the United States devoted to seeking the cause, cure and prevention of arthritis in all its forms and to improving the care for those who have arthritis.

**PROGRAMS AND SERVICES** At the Florida Chapter of the Arthritis Foundation, volunteers, staff and partners are working to educate the public and healthcare professionals about arthritis. As we learn more about the number and needs of people with arthritis, the Florida Chapter will continue to expand the vast resources available to address the growing need for in-depth, trusted and diverse arthritis information and programs. Regional offices throughout the state offer educational materials, physician referral lists, self-management and exercise classes, support groups and forums for both the public and professionals.

**RESEARCH** The Arthritis Foundation is the largest non-profit source of funds for arthritis research in the United States, providing hope for a future free from arthritis. The Arthritis Foundation supports various research initiatives through training and research grants. To be eligible to receive an Arthritis Foundation research grant, the project must undergo an extensive national peer review process which ensures funding is assigned to projects that hold the most promise to bring about significant advances for new treatment and cures for arthritis and related diseases. In 2002, through fundraising efforts, the Florida Chapter funded over \$800,000 in state grants and fellowships, plus an additional \$1,221,308 was contributed for national research programs.

**ADVOCACY** The Arthritis Foundation is working with local, state and federal officials to make prevention, control and cure of arthritis a priority. The Arthritis Foundation Advocacy Network is a powerful tool to help raise lawmakers' awareness that arthritis is a national health problem. By becoming a part of the Advocacy Network, you join a national network of active volunteers. Arthritis Agenda, an e-newsletter, and Active Alerts supply important information and updates on pending legislation.

**AMERICAN JUVENILE ARTHRITIS ORGANIZATION (AJAO)** The AJAO was designed as a specialized council of the Arthritis Foundation. It focuses on meeting the special

needs of children and teens with arthritis, their families and health professionals. In the United States, there are more than 250,000 children who deal with forms of juvenile arthritis that can start as early as infancy and last a lifetime. The Florida Chapter provides activities throughout the year for these children and families to help educate and provide a peer support for them and their families. The Florida Chapter also sponsors two summer camps for children with arthritis and provides family scholarships to regional and national conferences.

**MEMBERSHIP** To find out more about membership in the Arthritis Foundation, local programs and services, and educational materials and seminars in your area, call the office nearest you or visit the Arthritis Foundation web site at [www.arthritis.org](http://www.arthritis.org). Chapter and regional offices are listed in the Resources section of this report.

## **How you can get involved**

If you would like to become involved in arthritis prevention and education efforts in Florida or would like a copy of the Florida Arthritis Strategic Plan/Action Plan or additional copies of this report, contact the Arthritis Prevention and Education Program at 850-245-4330, or via the web at [www.doh.state.fl.us](http://www.doh.state.fl.us) and select "arthritis" in the drop down subject list. Opportunities for involvement range from participating in the Florida Arthritis Partnership, to including arthritis information in local publications, to having your organization or an organization you represent commit to taking the lead on a statewide arthritis activity. There is room for everyone to participate, and we need your help.

1. Arthritis Foundation. Osteoarthritis (OA). [Http://www.arthritis.org/conditions/diseasecenter/oa.asp](http://www.arthritis.org/conditions/diseasecenter/oa.asp). Accessed 2-11-02.
2. Arthritis Foundation, ASTHO, Centers for Disease Control and Prevention, 1999. National Arthritis Action Plan. Atlanta, GA.
3. Arthritis Foundation. Rheumatoid Arthritis (RA). [Http://www.arthritis.org/conditions/diseasecenter/ra.asp](http://www.arthritis.org/conditions/diseasecenter/ra.asp). Accessed 2-11-02.
4. National Institute of Arthritis and Musculoskeletal and Skin Diseases. Questions and Answers about Fibromyalgia. [Http://www.niams.nih.gov/hi/topics/fibromyalgia/fibrofs.htm](http://www.niams.nih.gov/hi/topics/fibromyalgia/fibrofs.htm). Accessed 2-11-02.
5. Centers for Disease Control and Prevention. Prevalence of self-reported arthritis or chronic joint symptoms among adults—United States, 2001. *MMWR* 2002; 51(42): 948–950.
6. Centers for Disease Control and Prevention. Arthritis prevalence and activity limitations—United States, 1990. *MMWR* 1994; 43(24): 433–8.
7. Yelin E, Callahan LF. The economic cost and social and psychological impact of musculoskeletal conditions. *Arthritis Rheum* 1995; 38: 1351–62.
8. Florida Agency for Health Care Administration, personal correspondence.
9. Centers for Disease Control and Prevention. Factors associated with prevalent self-reported arthritis and other rheumatic conditions—United States, 1989–1991. *MMWR* 1996; 45(23): 487–91.
10. Felson DT, Zhang Y. An update on the epidemiology of knee and hip osteoarthritis with a view to prevention. *Arthritis Rheum* 1998; 41(8): 1343–55.
11. Felson DT, Hannan MT, Naimark A, et al. Occupational physical demands, knee bending, and knee osteoarthritis: results from the Framingham Study. *J Rheumatol* 1997; 24(1): 169–73.
12. Adler NE, Ostrove JM. Socioeconomic status and health: what we know and what we don't. *Ann Acad Sci* 1999; 896: 3–15.
13. Krieger N, Williams DR, Moss NE. Measuring social class in US public health research: concepts, methodologies, and guidelines. *Ann Rev Public Health* 1997; 18: 341–78.
14. Fiscella K, Franks P, Gold MR, Clancy CM. Inequality in quality: addressing socioeconomic, race and ethnic disparities in health care. *JAMA* 2000; 283: 2579–84.
15. Lorig KR, Mazonson PD, Holman HR. Evidence suggesting that health education for self-management in patients with chronic arthritis has sustained health benefits while reducing health care costs. *Arthritis Rheum* 1993; 36(4): 439–46.
16. American College of Rheumatology Subcommittee on Osteoarthritis Guidelines. Recommendations for the medical management of osteoarthritis of the hip and knee: 2000 update. *Arthritis Rheum* 2000; 43(9): 1905–15.
17. Kwok CK, Simms RW, Anderson LG, et al. Guidelines for the management of rheumatoid arthritis. *Arthritis Rheum* 1996; 39: 713–22.
18. Centers for Disease Control and Prevention. Prevalence of disabilities and associated health conditions among adults—United States, 1999. *MMWR* 2001; 50 (7): 120–125.
19. Brady TJ, Conn DL. Enhancing patient self-management in clinical practice. *Bulletin on the Rheumatic Diseases* 2000; 49 (9): 1–4.
20. Mullen PD, Laville EA, Biddle AK et al. Efficacy of psychoeducational interventions on pain, depression and disability in people with arthritis: a meta-analysis. *Rheumatol* 1987; 14 (suppl 15): 33–9.
21. Lorig K, Holman H. Arthritis self-management studies: a twelve-year review. *Health Educ Q* 1993; 20 (1): 17–28.
22. U.S. Department of Health and Human Services. Physical activity and health: a report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention; 1996.
23. Kruger JMS, Brady TJ, Helmick CG, Callahan LF, Boutaugh ML. Intervention programs for arthritis and other rheumatic diseases (submitted for publication).
24. Arthritis Foundation. Walk with Ease. Atlanta, GA: Arthritis Foundation, 1999.
25. Centers for Disease Control and Prevention. Prevalence and impact of chronic joint symptoms—seven states, 1996. *MMWR* 1998; 47(17): 345–51.
26. Centers for Disease Control and Prevention. Measuring Healthy Days. Atlanta, GA: Centers for Disease Control and Prevention, November 2000.

### Arthritis Foundation

#### Florida Chapter Office

501 Village Green Parkway, Suite 19  
Bradenton, FL 34209  
941-795-0324  
800-672-0882

#### Northwest Region

8383 North Davis Highway  
Pensacola, FL 32514  
850-432-4348  
800-578-7183

#### Northeast Region

314 Palmetto Street  
Jacksonville, FL 32202  
904-353-5770  
888-353-5770

#### Central Region

2699 Lee Road, Suite 330  
Winter Park, FL 32789  
407-647-0045  
800-510-5696

#### Gulfcoast Region

3816 W. Linebaugh Ave, Suite 303  
Tampa, FL 33624  
813-968-7000  
800-850-9455

#### Mid-East Region

400 Hibiscus St., Suite 100  
West Palm Beach, FL 33401  
561-833-1133  
800-654-1046

#### Southeast Region

3663 SW 8th Street, Suite 200  
Miami, FL 33135  
305-569-0865  
888-342-6870

#### Southwest Region

501 Village Green Parkway, Suite 5  
Bradenton, FL 34209  
941-794-1400  
800-741-4008

#### Broward Region

8333 W. McNab Road, Suite 201  
Tamarac, FL 33321  
954-726-6707  
877-499-7821

### Lupus Foundation of America, Inc.

#### Greater Florida Chapter

300 South Duncan Ave., Suite 235  
Clearwater, FL 33755  
727-447-7075  
800-684-9276 (within FL)  
[www.lupusflorida.org](http://www.lupusflorida.org)

#### Southeast Florida Chapter

75 NE 6th Ave., Suite 223  
Delray Beach, FL 33483  
561-279-8606  
800-339-0586 (within SE FL)  
[www.lupusfl.com](http://www.lupusfl.com)

### Universities

#### University of Florida

Division of Rheumatology and Clinical  
Immunology  
[www.medicine.ufl.edu/rheuma/](http://www.medicine.ufl.edu/rheuma/)

#### University of Miami

Division of Rheumatology and  
Immunology  
[www.med.miami.edu/med/rheumatology-immunology](http://www.med.miami.edu/med/rheumatology-immunology)

#### University of South Florida

Division of Internal Medicine-  
Rheumatology  
[www.med.usf.edu/INTMED/rheumatology/](http://www.med.usf.edu/INTMED/rheumatology/)

## national

### Arthritis Foundation

National Office  
800-283-7800  
[www.arthritis.org](http://www.arthritis.org)

### Lupus Foundation of America, Inc.

National Office  
301-670-9292  
[www.lupus.org](http://www.lupus.org)

### Centers for Disease Control and Prevention

Division of Adult & Community Health  
770-488-5464  
[www.cdc.gov/nccdphp/arthritis/index.htm](http://www.cdc.gov/nccdphp/arthritis/index.htm)

### American College of Rheumatology

404-633-3777  
[www.rheumatology.org](http://www.rheumatology.org)

### National Institutes of Health

National Institutes of Arthritis &  
Musculoskeletal and Skin Diseases  
301-495-4484  
877-226-4267  
[www.nih.gov/niams](http://www.nih.gov/niams)

### National Institute on Aging

301-496-1752  
[www.nih.gov/nia](http://www.nih.gov/nia)

### Association of State and Territorial Chronic Disease Program Directors

National Arthritis Council  
703-610-9033  
[www.chronicdisease.org](http://www.chronicdisease.org)

### Tai Chi for Arthritis

[www.taichiforarthritis.com](http://www.taichiforarthritis.com)

# appendix 1

## Methods

Florida specific estimates of arthritis/chronic joint symptoms and related behaviors were calculated for the Florida adult population using data from the Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS is an ongoing, state-based, random digit dialed telephone survey of the civilian, non-institutionalized population aged 18 years and older. The survey was first administered in Florida in 1986.

It collects information about risk factors and behaviors related to the major causes of death and disease.

Information on arthritis, chronic joint symptoms and related behaviors and experiences was first collected in 2000. Related behaviors and experiences include need for routine care, need for personal care, current treatment by a physician, and activity limitation. Other information including physical activity status, overweight and obesity, employment status, income, demographic information, and health status has been collected since 1986.

Using the following questions, a person was defined as having arthritis and/or chronic joint symptoms if they answered "yes" to the first question or answered "yes" to both the second and third questions.

**Have you ever been told by a doctor that you have arthritis?**

**During the past 12 months, have you had pain, aching, stiffness, or swelling in or around a joint?**

**Were these symptoms present on most days for at least one month?**

The validity of the responses to the second and third questions and how these responses might relate to the presence of arthritis is not known. However, the National Arthritis Data Workgroup has proposed that for self-reported data, such as the BRFSS and the National Health Interview Survey, chronic joint symptoms serve as

a new indicator for a true diagnosis of arthritis and other rheumatic conditions (25).

A number of additional health-related quality of life (HRQOL) questions are asked on the BRFSS. The CDC defines HRQOL as "an individual's or group's perceived physical and mental health over time" (26). There are four core healthy days measures on the BRFSS (see Box 1). The indicator "unhealthy days" is an estimate of the overall number of days during the previous 30 days when the respondent felt that his or her physical or mental health was not good. To estimate unhealthy days, the responses to the two questions about physical and mental

health are added together with the maximum number of unhealthy days being thirty. These four questions have been included on the BRFSS since 1993.

In addition to the four core healthy days measures, other quality of life questions were asked that obtained more detail about the nature of activity limitations (e.g. whether assistance was required with routine or personal care) and the number of "painful" days (see Box 1).

Data from the Florida BRFSS were used to estimate the prevalence of arthritis/chronic joint symptoms overall and for specific population subgroups including gender,

## box 1

### HEALTH-RELATED QUALITY OF LIFE

**Would you say that in general your health is excellent, very good, good, fair, or poor?**

**Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?**

**Now thinking about your mental health, which includes stress, depression and problems with emotions, for how many days during the past 30 days was your mental health not good?**

**During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work or recreation?**

### IMPAIRMENT

**Are you now limited in any way in any activities because of physical, mental or emotional problems?**

**What is the major impairment or health problem that limits your activities?**

**Because of any impairment or health problem, do you need the help of other persons with your personal care needs, such as eating, bathing, dressing, or getting around the house?**

**Because of any impairment or health problem, do you need the help of other persons in handling your routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?**

**During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work or recreation?**

**Are you now limited in any way in any activities because of joint symptoms?**

age, race/ethnicity, education, income, and regional groups. Estimates of other factors, including treatment by a physician, quality of life and the prevalences of physical inactivity and overweight and obesity, were examined.

The prevalences and means provided here are derived from sample data and thus are estimates of the true population prevalence or mean. While the estimate is the “best guess” of the true population parameter, the 95% confidence interval (95% CI) provides the range within which one can be sure (95% sure) that the true population parameter lies.

This report describes the overall prevalence of arthritis/chronic joint symptoms and the prevalence across various sociodemographic characteristics (e.g. age, gender, race/ethnicity, education, income, region) and across body mass index (BMI) status and level of physical activity. Because most cases of arthritis/chronic joint symptoms are physician-diagnosed, arthritis/chronic joint symptoms are analyzed in total, regardless of whether they are physician-diagnosed. Data are presented for 2000 and 2001.

Comparisons across sociodemographics and the other factors associated with having arthritis/chronic joint symptoms adjust for the effects of the other sociodemographic characteristics under examination and for BMI and level of physical activity. For example, when discussing race/ethnic differences for having arthritis/chronic joint symptoms, all other sociodemographic factors (e.g. gender, age, education, income, and region), BMI and physical activity level have been taken into account. Thus, differences reported across groups in one category (e.g. race/ethnicity) are not due to differences in other factors (e.g. gender, age, income, education, region, BMI, physical activity) that might affect the prevalence of arthritis/chronic joint symptoms.

# appendix 2 table 1

Table 1: Odds ratios and 95% confidence intervals of prevalence of arthritis/chronic joint symptoms after adjustment for age, gender, race/ethnicity, education, region, BMI range, and physical inactivity, Florida adults, Florida BRFSS 2001 and 2000 combined

PREDICTORS OF: Variable	LIKELIHOOD OF ARTHRITIS/ CHRONIC JOINT SYMPTOMS	
	OR	95% CI
<b>AGE GROUP</b>		
18–44 years	1.00	.....
45–64 years	3.15	2.73, 3.63
65+ years	6.27	5.33, 7.37
<b>GENDER</b>		
Female	1.34	1.18, 1.52
<b>RACE/ETHNICITY</b>		
White, non-Hispanic	1.00	.....
Black, non-Hispanic	0.72	0.58, 0.90
Hispanic	0.64	0.50, 0.82
<b>EDUCATION</b>		
Less than high school	1.28	1.04, 1.58
<b>INCOME</b>		
Less than \$25,000	1.43	1.18, 1.75
\$25,000–\$49,999	1.18	0.97, 1.42
\$50,000–\$74,999	0.96	0.78, 1.20
Over \$75,000	1.00	.....
<b>REGION</b>		
Panhandle	1.37	1.06, 1.76
North East	1.28	0.99, 1.67
North Central	1.23	0.93, 1.62
Tampa Bay	1.33	1.02, 1.72
South Central	1.22	0.94, 1.57
Palm Beach/Broward	1.15	0.89, 1.49
Miami-Dade/Monroe	1.00	.....
<b>BMI</b>		
Not overweight	1.00	.....
Overweight, not obese	1.30	1.13, 1.50
Obese	2.05	1.75, 2.40
<b>PHYSICAL ACTIVITY</b>		
Inactive	1.29	1.12, 1.48
Active	1.00	.....

OR: Odds ratio—quantifies the likelihood (odds) of one group having the characteristic of interest (arthritis/chronic joint symptoms) compared to another group

CI: Confidence Interval

# table 2

Table 2: Percent of Florida adults with arthritis/chronic joint symptoms by selected characteristics, Florida BRFSS 2001 and 2000

Characteristic	ARTHRITIS/CHRONIC JOINT SYMPTOMS-2001			ARTHRITIS/CHRONIC JOINT SYMPTOMS-2000		
	N	Percent	95% CI	N	Percent	95% CI
<b>GENDER</b>						
Female	1086	38.4	36.3, 40.5	1035	34.4	32.5, 36.3
Male	566	29.0	26.6, 31.4	596	28.5	26.3, 30.7
<b>RACE/ETHNICITY</b>						
White, non-Hispanic	1275	37.3	35.4, 39.2	1290	34.5	32.8, 36.2
Black, non-Hispanic	120	29.7	24.5, 34.9	126	25.8	21.3, 30.3
Hispanic	177	25.2	21.3, 29.1	168	24.5	20.9, 28.1
<b>AGE GROUP</b>						
18-44 years	367	17.6	15.6, 19.6	340	13.6	12.0, 15.2
45-64 years	602	40.1	37.1, 43.1	599	39.6	36.8, 42.4
65+ years	655	57.4	54.1, 60.7	648	58.2	54.9, 61.5
<b>EDUCATION</b>						
Less than high school	220	38.7	33.8, 43.6	242	40.5	38.5, 42.5
High school or more	1420	33.1	31.4, 34.8	1382	30.3	28.8, 31.8
<b>INCOME</b>						
Less than \$25,000	568	40.9	37.7, 44.1	585	37.3	34.4, 40.2
\$25,000-\$49,999	415	30.8	27.9, 33.7	490	29.9	27.3, 32.5
\$50,000-\$74,999	165	24.5	20.7, 28.3	183	27.1	23.4, 30.8
Over \$75,000	165	27.5	23.4, 31.6	161	23.8	20.2, 27.4
<b>BMI</b>						
Not overweight	591	28.2	26.0, 30.4	647	26.1	24.1, 28.1
Overweight, not obese	562	34.7	32.0, 37.4	538	31.9	29.3, 34.5
Obese	388	45.2	41.3, 49.1	446	44.2	40.6, 47.8
<b>PHYSICAL ACTIVITY</b>						
Inactive	573	41.8	38.7, 44.9	544	36.9	34.0, 39.8
Active	1077	30.9	29.1, 32.7	1086	29.4	27.7, 31.1
<b>TOTAL</b>	<b>1652</b>	<b>33.9</b>	<b>32.3, 35.5</b>	<b>1631</b>	<b>31.5</b>	<b>30.0, 33.0</b>

N: Number of Respondents  
CI: Confidence Interval

# table 3

Table 3: Percent of Florida adults with chronic joint symptoms who have seen a doctor, nurse or other health professional for these joint symptoms by selected characteristics, Florida BRFSS 2001

Characteristic	N	Percent	95% CI
<b>GENDER</b>			
Female	552	82.1	78.5, 85.7
Male	284	80.1	75.5, 84.7
<b>RACE/ETHNICITY</b>			
White, non-Hispanic	646	81.3	78.1, 84.5
Black, non-Hispanic	64	83.1	72.6, 93.6
Hispanic	86	80.7	72.5, 88.9
<b>AGE GROUP</b>			
18-44 years	212	77.4	71.3, 83.5
45-64 years	337	81.8	77.3, 86.3
65+ years	276	83.8	79.5, 88.1
<b>EDUCATION</b>			
Less than high school	100	78.6	70.4, 86.8
High school or more	731	81.9	78.9, 84.9
<b>INCOME</b>			
Less than \$25,000	273	78.9	73.7, 84.1
\$25,000-\$49,999	210	81.2	75.5, 86.9
\$50,000-\$74,999	88	81.3	72.7, 89.9
Over \$75,000	101	85.3	78.3, 92.3
<b>BMI</b>			
Not overweight	282	77.7	72.7, 82.7
Overweight, not obese	274	80.4	75.8, 85.0
Obese	219	87.4	81.8, 93.0
<b>PHYSICAL ACTIVITY</b>			
Inactive	310	81.2	76.6, 85.8
Active	525	81.3	77.7, 84.9
<b>HEALTH INSURANCE</b>			
Yes	739	83.0	80.2, 85.8
No	93	71.4	61.7, 81.1
<b>HEALTH STATUS</b>			
Excellent, very good, or good	540	81.0	77.7, 84.3
Fair or poor	289	82.2	77.0, 87.4
<b>TOTAL</b>	<b>836</b>	<b>81.3</b>	<b>78.5, 84.1</b>

N: Number of Respondents

CI: Confidence Interval

# table 4

Table 4: Percent of Florida adults with perceived fair or poor health status by selected characteristics and arthritis status, Florida BRFSS 2001

Characteristic	ADULTS WITH ARTHRITIS/ CHRONIC JOINT SYMPTOMS			ADULTS WITHOUT ARTHRITIS/ CHRONIC JOINT SYMPTOMS		
	N	Percent	95% CI	N	Percent	95% CI
<b>GENDER</b>						
Female	314	29.6	26.5, 32.7	123	8.4	6.7, 10.1
Male	163	29.5	25.2, 33.8	120	9.8	7.8, 11.8
<b>RACE/ETHNICITY</b>						
White, non-Hispanic	327	25.9	23.2, 28.6	136	7.5	6.1, 8.9
Black, non-Hispanic	45	43.1	32.5, 53.7	28	8.8	4.7, 12.9
Hispanic	75	39.7	31.0, 48.4	65	13.3	9.8, 16.8
<b>AGE GROUP</b>						
18–44 years	75	21.6	16.4, 26.8	100	6.8	5.3, 8.3
45–64 years	173	31.4	27.0, 35.8	60	9.5	6.8, 12.2
65+ years	218	32.1	28.2, 36.0	81	17.4	13.5, 21.3
<b>EDUCATION</b>						
Less than high school	105	47.5	40.0, 55.0	57	21.9	15.8, 28.0
High school or more	366	26.6	23.9, 29.3	185	7.5	6.3, 8.7
<b>INCOME</b>						
Less than \$25,000	231	40.9	36.2, 45.6	120	18.9	15.2, 22.6
\$25,000–\$49,999	97	25.6	20.7, 30.5	51	6.8	4.7, 8.9
\$50,000–\$74,999	21	14.9	8.2, 21.6	*	*	*
Over \$75,000	*	*	*	*	*	*
<b>BMI</b>						
Not overweight	150	27.3	23.1, 31.5	97	8.2	6.4, 10.0
Overweight, not obese	154	27.2	23.0, 31.4	72	8.1	6.1, 10.1
Obese	143	36.8	31.2, 42.4	60	13.4	9.4, 17.4
<b>PHYSICAL ACTIVITY</b>						
Inactive	269	49.2	44.5, 53.9	105	15.2	12.0, 18.4
Active	206	19.1	16.4, 21.8	138	7.1	5.8, 8.4
<b>TOTAL</b>	<b>477</b>	<b>29.6</b>	<b>27.0, 32.2</b>	<b>243</b>	<b>9.1</b>	<b>7.8, 10.4</b>

\* Sample size too small to make estimate

N: Number of Respondents

CI: Confidence Interval

# table 5

Table 5: Percent of Florida adults with perceived fair or poor health status by selected characteristics and arthritis status, Florida BRFSS 2000

Characteristic	ADULTS WITH ARTHRITIS/ CHRONIC JOINT SYMPTOMS			ADULTS WITHOUT ARTHRITIS/ CHRONIC JOINT SYMPTOMS		
	N	Percent	95% CI	N	Percent	95% CI
<b>GENDER</b>						
Female	315	30.4	27.2, 33.6	174	9.7	8.1, 11.3
Male	161	28.0	23.9, 32.1	118	7.7	6.2, 9.2
<b>RACE/ETHNICITY</b>						
White, non-Hispanic	312	23.9	21.3, 26.5	166	6.7	5.6, 7.8
Black, non-Hispanic	53	41.6	31.4, 51.8	41	11.8	7.6, 16.0
Hispanic	93	53.0	44.4, 61.6	68	14.0	10.4, 17.6
<b>AGE GROUP</b>						
18–44 years	82	25.2	19.5, 30.9	125	6.4	5.3, 7.5
45–64 years	169	29.1	24.9, 33.3	90	10.4	8.0, 12.8
65+ years	214	32.1	28.1, 36.1	73	15.1	11.5, 18.7
<b>EDUCATION</b>						
Less than high school	129	51.6	44.4, 58.8	75	23.5	18.0, 29.0
High school or more	345	25.2	22.6, 27.8	215	6.9	5.9, 7.9
<b>INCOME</b>						
Less than \$25,000	284	48.5	43.8, 53.2	146	16.8	13.8, 19.8
\$25,000–\$49,999	97	22.0	17.6, 26.4	71	6.2	4.6, 7.8
\$50,000–\$74,999	*	*	*	*	*	*
Over \$75,000	*	*	*	*	*	*
<b>BMI</b>						
Not overweight	179	27.6	23.7, 31.5	127	7.4	5.9, 8.9
Overweight, not obese	138	26.1	21.8, 30.4	88	8.3	6.4, 10.2
Obese	159	35.9	30.8, 41.0	77	13.4	10.2, 16.6
<b>PHYSICAL ACTIVITY</b>						
Inactive	253	47.7	42.8, 52.6	137	16.4	13.4, 19.4
Active	223	20.3	17.6, 23.0	155	6.0	5.0, 7.0
<b>TOTAL</b>	<b>476</b>	<b>29.4</b>	<b>26.9, 31.9</b>	<b>292</b>	<b>8.7</b>	<b>7.6, 9.8</b>

\* Sample size too small to make an estimate.

N: Number of Respondents

CI: Confidence Interval

# table 6

Table 6: Mean number of days respondents reported their physical health as not good during preceding 30 days by selected characteristics and arthritis status, Florida BRFS 2001

Characteristic	ADULTS WITH ARTHRITIS/ CHRONIC JOINT SYMPTOMS			ADULTS WITHOUT ARTHRITIS/ CHRONIC JOINT SYMPTOMS		
	N	Mean	95% CI	N	Mean	95% CI
<b>GENDER</b>						
Female	1043	7.2	6.5, 7.9	1640	1.6	1.3, 1.9
Male	555	6.5	5.5, 7.5	1312	1.8	1.4, 2.2
<b>RACE/ETHNICITY</b>						
White, non-Hispanic	1233	6.9	6.2, 7.6	1948	1.9	1.6, 2.2
Black, non-Hispanic	112	8.5	5.6, 11.4	295	0.9	0.5, 1.3
Hispanic	176	5.5	4.0, 7.0	535	1.6	1.1, 2.1
<b>AGE GROUP</b>						
18–44 years	363	5.9	4.8, 7.0	1645	1.3	1.1, 1.5
45–64 years	591	8.4	7.3, 9.5	811	2.3	1.8, 2.8
65+ years	618	6.2	5.3, 7.1	441	2.7	1.9, 3.5
<b>EDUCATION</b>						
Less than high school	212	8.1	6.4, 9.8	253	2.6	1.6, 3.6
High school or more	1377	6.7	6.1, 7.3	2688	1.6	1.4, 1.8
<b>INCOME</b>						
Less than \$25,000	552	9.3	8.1, 10.5	697	2.9	2.2, 3.6
\$25,000–\$49,999	407	6.0	4.9, 7.1	896	1.6	1.3, 1.9
\$50,000–\$74,999	162	4.7	2.9, 6.5	459	1.3	0.8, 1.8
Over \$75,000	164	3.7	2.5, 4.9	456	1.1	0.7, 1.5
<b>BMI</b>						
Not overweight	566	6.5	5.5, 7.5	1390	1.5	1.2, 1.8
Overweight, not obese	549	5.9	4.9, 6.9	966	1.7	1.3, 2.1
Obese	377	9.4	7.9, 10.9	429	2.9	2.1, 3.7
<b>PHYSICAL ACTIVITY</b>						
Inactive	547	10.8	9.6, 12.0	683	2.4	1.8, 3.0
Active	1049	4.8	4.2, 5.4	2267	1.5	1.3, 1.7
<b>TOTAL</b>	<b>1598</b>	<b>6.9</b>	<b>6.3, 7.5</b>	<b>2952</b>	<b>1.8</b>	<b>1.6, 2.0</b>

N: Number of Respondents

CI: Confidence Interval

# table 7

Table 7: Mean number of days respondents reported their physical health as not good during preceding 30 days by selected characteristics and arthritis status, Florida BRFS 2000

Characteristic	ADULTS WITH ARTHRITIS/ CHRONIC JOINT SYMPTOMS			ADULTS WITHOUT ARTHRITIS/ CHRONIC JOINT SYMPTOMS		
	N	Mean	95% CI	N	Mean	95% CI
<b>GENDER</b>						
Female	1003	7.4	6.6, 8.2	1913	2.0	1.7, 2.3
Male	585	6.5	5.5, 7.5	1431	1.6	1.3, 1.9
<b>RACE/ETHNICITY</b>						
White, non-Hispanic	1260	6.4	5.7, 7.1	2294	1.7	1.5, 1.9
Black, non-Hispanic	122	8.3	6.2, 10.4	366	2.1	1.3, 2.9
Hispanic	162	9.5	7.3, 11.7	528	2.0	1.5, 2.5
<b>AGE GROUP</b>						
18–44 years	336	7.4	6.0, 8.8	1946	1.5	1.3, 1.7
45–64 years	588	7.4	6.3, 8.5	910	2.3	1.8, 2.8
65+ years	622	6.5	5.5, 7.5	437	2.4	1.7, 3.1
<b>EDUCATION</b>						
Less than high school	232	10.5	8.7, 12.3	299	3.7	2.6, 4.8
High school or more	1350	6.3	5.7, 6.9	3037	1.6	1.4, 1.8
<b>INCOME</b>						
Less than \$25,000	559	10.8	9.6, 12.0	866	2.6	2.1, 3.1
\$25,000–\$49,999	483	5.8	4.7, 6.9	1134	1.6	1.3, 1.9
\$50,000–\$74,999	182	4.3	2.9, 5.7	477	1.4	0.9, 1.9
Over \$75,000	161	2.4	1.4, 3.4	527	0.9	0.6, 1.2
<b>BMI</b>						
Not overweight	634	7.2	6.2, 8.2	1722	1.7	1.4, 2.0
Overweight, not obese	524	6.0	5.0, 7.0	1087	1.6	1.2, 2.0
Obese	430	7.9	6.7, 9.1	535	2.7	2.1, 3.3
<b>PHYSICAL ACTIVITY</b>						
Inactive	525	10.9	9.6, 12.2	838	2.7	2.2, 3.2
Active	1062	5.1	4.5, 5.7	2506	1.5	1.3, 1.7
<b>TOTAL</b>	<b>1588</b>	<b>7.0</b>	<b>6.4, 7.6</b>	<b>3344</b>	<b>1.8</b>	<b>1.6, 2.0</b>

N: Number of Respondents  
CI: Confidence Interval

# table 8

Table 8: Mean number of days respondents reported their mental health as not good during preceding 30 days by selected characteristics and arthritis status, Florida BRFSS 2001

Characteristic	ADULTS WITH ARTHRITIS/ CHRONIC JOINT SYMPTOMS			ADULTS WITHOUT ARTHRITIS/ CHRONIC JOINT SYMPTOMS		
	N	Mean	95% CI	N	Mean	95% CI
<b>GENDER</b>						
Female	1065	4.6	4.0, 5.2	1637	2.4	2.1, 2.7
Male	545	4.7	3.8, 5.6	1304	2.2	1.8, 2.6
<b>RACE/ETHNICITY</b>						
White, non-Hispanic	1243	4.7	4.1, 5.3	1939	2.4	2.1, 2.7
Black, non-Hispanic	118	5.0	2.7, 7.3	294	1.8	1.2, 2.4
Hispanic	176	3.9	2.5, 5.3	536	2.6	2.0, 3.2
<b>AGE GROUP</b>						
18–44 years	364	7.0	5.8, 8.2	1641	2.9	2.5, 3.3
45–64 years	585	5.5	4.5, 6.5	804	1.9	1.4, 2.4
65+ years	633	2.5	1.9, 3.1	444	1.0	0.5, 1.5
<b>EDUCATION</b>						
Less than high school	213	5.0	3.5, 6.5	257	2.7	1.8, 3.6
High school or more	1386	4.6	4.0, 5.2	2673	2.3	2.1, 2.5
<b>INCOME</b>						
Less than \$25,000	548	6.1	5.1, 7.1	698	3.0	2.4, 3.6
\$25,000–\$49,999	411	4.8	3.8, 5.8	893	2.5	2.0, 3.0
\$50,000–\$74,999	161	4.4	2.7, 6.1	458	2.0	1.5, 2.5
Over \$75,000	163	2.7	1.6, 3.8	451	1.7	1.2, 2.2
<b>BMI</b>						
Not overweight	575	5.0	4.1, 5.9	1386	2.4	2.0, 2.8
Overweight, not obese	551	3.8	3.1, 4.5	961	2.1	1.7, 2.5
Obese	375	5.3	4.1, 6.5	431	2.3	1.8, 2.8
<b>PHYSICAL ACTIVITY</b>						
Inactive	553	6.1	5.1, 7.1	681	2.7	2.1, 3.3
Active	1055	3.9	3.3, 4.5	2258	2.2	2.0, 2.4
<b>TOTAL</b>	<b>1610</b>	<b>4.7</b>	<b>4.2, 5.2</b>	<b>2941</b>	<b>2.3</b>	<b>2.1, 2.5</b>

N: Number of Respondents  
CI: Confidence Interval

# table 9

Table 9: Mean number of days respondents reported their mental health as not good during preceding 30 days by selected characteristics and arthritis status, Florida BRFS 2000

Characteristic	ADULTS WITH ARTHRITIS/ CHRONIC JOINT SYMPTOMS			ADULTS WITHOUT ARTHRITIS/ CHRONIC JOINT SYMPTOMS		
	N	Mean	95% CI	N	Mean	95% CI
<b>GENDER</b>						
Female	1015	4.9	4.2, 5.6	1920	3.1	2.7, 3.5
Male	584	3.5	2.8, 4.2	1423	2.2	1.8, 2.6
<b>RACE/ETHNICITY</b>						
White, non-Hispanic	1267	3.8	3.3, 4.3	2289	2.4	2.1, 2.7
Black, non-Hispanic	123	4.4	2.7, 6.1	371	3.6	2.6, 4.6
Hispanic	165	6.7	4.7, 8.7	527	2.4	1.7, 3.1
<b>AGE GROUP</b>						
18-44 years	339	7.0	5.7, 8.3	1944	3.1	2.7, 3.5
45-64 years	587	4.8	3.9, 5.7	909	2.7	2.1, 3.3
65+ years	631	2.6	1.9, 3.3	440	0.9	0.4, 1.4
<b>EDUCATION</b>						
Less than high school	233	6.7	5.0, 8.4	306	3.2	2.2, 4.2
High school or more	1359	3.8	3.3, 4.3	3030	2.6	2.3, 2.9
<b>INCOME</b>						
Less than \$25,000	571	6.9	5.8, 8.0	864	2.9	2.4, 3.4
\$25,000-\$49,999	486	3.1	2.3, 3.9	1133	2.5	2.1, 2.9
\$50,000-\$74,999	183	3.4	2.3, 4.5	474	2.7	2.0, 3.4
Over \$75,000	158	2.2	1.1, 3.3	525	1.7	1.1, 2.3
<b>BMI</b>						
Not overweight	635	3.9	3.1, 4.7	1716	2.6	2.2, 3.0
Overweight, not obese	526	3.8	2.9, 4.7	1086	2.5	2.0, 3.0
Obese	438	5.5	4.4, 6.6	541	2.9	2.2, 3.6
<b>PHYSICAL ACTIVITY</b>						
Inactive	527	6.0	4.9, 7.1	841	3.3	2.7, 3.9
Active	1071	3.5	2.9, 4.1	2502	2.4	2.1, 2.7
<b>TOTAL</b>	<b>1599</b>	<b>4.3</b>	<b>3.8, 4.8</b>	<b>3343</b>	<b>2.6</b>	<b>2.3, 2.9</b>

N: Number of Respondents  
CI: Confidence Interval

# table 10

Table 10: Mean number of poor health days limiting usual activities during preceding 30 days by selected characteristics and arthritis status, Florida BRFS 2001

Characteristic	ADULTS WITH ARTHRITIS/ CHRONIC JOINT SYMPTOMS			ADULTS WITHOUT ARTHRITIS/ CHRONIC JOINT SYMPTOMS		
	N	Mean	95% CI	N	Mean	95% CI
<b>GENDER</b>						
Female	688	6.0	5.2, 6.8	721	2.1	1.6, 2.6
Male	312	7.7	6.3, 9.1	510	2.8	2.1, 3.5
<b>RACE/ETHNICITY</b>						
White, non-Hispanic	777	6.5	5.7, 7.3	832	2.4	1.9, 2.9
Black, non-Hispanic	68	9.5	5.8, 13.2	116	2.3	1.1, 3.5
Hispanic	110	5.1	3.3, 6.9	208	2.8	1.7, 3.9
<b>AGE GROUP</b>						
18–44 years	271	5.3	4.1, 6.5	774	1.7	1.4, 2.0
45–64 years	383	8.6	7.2, 10.0	309	3.4	2.3, 4.5
65+ years	330	5.4	4.2, 6.6	132	4.2	2.3, 6.1
<b>EDUCATION</b>						
Less than high school	130	8.2	6.0, 10.4	98	4.2	2.4, 6.0
High school or more	865	6.3	5.5, 7.1	1132	2.2	1.8, 2.6
<b>INCOME</b>						
Less than \$25,000	373	9.2	7.8, 10.6	327	3.3	2.4, 4.2
\$25,000–\$49,999	255	5.7	4.5, 6.9	405	2.0	1.5, 2.5
\$50,000–\$74,999	90	4.8	2.1, 7.5	175	2.3	1.2, 3.4
Over \$75,000	90	2.6	1.5, 3.7	181	1.2	0.6, 1.8
<b>BMI</b>						
Not overweight	356	6.2	4.9, 7.5	573	1.8	1.3, 2.3
Overweight, not obese	324	5.5	4.4, 6.6	386	2.5	1.8, 3.2
Obese	253	8.6	6.9, 10.3	208	3.6	2.3, 4.9
<b>PHYSICAL ACTIVITY</b>						
Inactive	382	11.0	9.5, 12.5	286	4.3	3.1, 5.5
Active	616	3.8	3.1, 4.5	944	1.8	1.4, 2.2
<b>TOTAL</b>	<b>1000</b>	<b>6.6</b>	<b>5.8, 7.4</b>	<b>1231</b>	<b>2.4</b>	<b>2.0, 2.8</b>

N: Number of Respondents

CI: Confidence Interval

# table 11

Table 11: Mean number of poor health days limiting usual activities during preceding 30 days by selected characteristics and arthritis status, Florida BRFSS 2000

Characteristic	ADULTS WITH ARTHRITIS/ CHRONIC JOINT SYMPTOMS			ADULTS WITHOUT ARTHRITIS/ CHRONIC JOINT SYMPTOMS		
	N	Mean	95% CI	N	Mean	95% CI
<b>GENDER</b>						
Female	601	6.9	5.9, 7.9	877	2.5	2.0, 3.0
Male	317	8.1	6.7, 9.5	525	3.1	2.3, 3.9
<b>RACE/ETHNICITY</b>						
White, non-Hispanic	704	6.7	5.8, 7.6	971	2.4	2.0, 2.8
Black, non-Hispanic	79	10.5	7.7, 13.3	161	3.3	1.9, 4.7
Hispanic	102	9.6	6.9, 12.3	205	3.5	2.3, 4.7
<b>AGE GROUP</b>						
18–44 years	242	7.3	5.7, 8.9	948	2.1	1.6, 2.6
45–64 years	342	8.1	6.7, 9.5	334	4.3	3.1, 5.5
65+ years	313	6.9	5.5, 8.3	114	4.7	3.0, 6.4
<b>EDUCATION</b>						
Less than high school	140	11.0	8.7, 13.3	147	4.4	2.6, 6.2
High school or more	775	6.6	5.7, 7.5	1253	2.6	2.2, 3.0
<b>INCOME</b>						
Less than \$25,000	386	10.1	8.7, 11.5	396	4.0	3.1, 4.9
\$25,000–\$49,999	256	5.8	4.4, 7.2	498	2.3	1.8, 2.8
\$50,000–\$74,999	101	4.4	2.4, 6.4	191	1.9	1.1, 2.7
Over \$75,000	75	3.3	1.5, 5.1	197	1.2	0.8, 1.6
<b>BMI</b>						
Not overweight	344	7.8	6.4, 9.2	724	2.7	2.0, 3.4
Overweight, not obese	296	6.8	5.4, 8.2	403	2.2	1.6, 2.8
Obese	278	7.6	6.1, 9.1	275	3.9	2.9, 4.9
<b>PHYSICAL ACTIVITY</b>						
Inactive	347	10.5	9.0, 12.0	375	4.1	3.1, 5.1
Active	571	5.6	4.7, 6.5	1027	2.3	1.8, 2.8
<b>TOTAL</b>	<b>918</b>	<b>7.4</b>	<b>6.6, 8.2</b>	<b>1402</b>	<b>2.8</b>	<b>2.4, 3.2</b>

N: Number Of Respondents

CI: Confidence Interval

# table 12

Table 12: Percent of Florida adults aged <65 years who are unable to work by selected characteristics and arthritis status, Florida BRFSS 2001

Characteristic	ADULTS WITH ARTHRITIS/ CHRONIC JOINT SYMPTOMS			ADULTS WITHOUT ARTHRITIS/ CHRONIC JOINT SYMPTOMS		
	N	Percent	95% CI	N	Percent	95% CI
<b>GENDER</b>						
Female	74	12.1	9.1, 15.1	*	*	*
Male	44	12.3	8.4, 16.4	27	2.5	1.5, 3.5
<b>RACE/ETHNICITY</b>						
White, non-Hispanic	79	10.8	8.2, 13.4	23	1.6	0.8, 2.4
Black, non-Hispanic	*	*	*	*	*	*
Hispanic	*	*	*	*	*	*
<b>AGE GROUP</b>						
18-44 years	30	7.4	4.4, 10.4	*	*	*
45-64 years	86	15.4	11.9, 18.9	27	3.9	2.3, 5.5
<b>EDUCATION</b>						
Less than high school	21	20.6	11.4, 29.8	*	*	*
High school or more	96	11.2	8.7, 13.7	37	1.7	1.1, 2.3
<b>INCOME</b>						
Less than \$25,000	79	26.1	20.2, 32.0	24	4.2	2.3, 6.1
\$25,000-\$49,999	*	*	*	*	*	*
\$50,000-\$74,999	*	*	*	*	*	*
\$75,000 and over	*	*	*	*	*	*
<b>BMI</b>						
Not overweight	30	8.8	5.2, 12.4	*	*	*
Overweight, not obese	32	9.6	5.8, 13.4	*	*	*
Obese	49	21.4	15.2, 27.6	*	*	*
<b>PHYSICAL ACTIVITY</b>						
Inactive	72	23.8	18.3, 29.3	27	4.7	2.8, 6.6
Active	45	6.2	4.0, 8.4	*	*	*
<b>TOTAL</b>	<b>118</b>	<b>12.2</b>	<b>9.8, 14.6</b>	<b>44</b>	<b>1.8</b>	<b>1.2, 2.4</b>

\* Sample size is too small to make an estimate.

N: Number of Respondents

CI: Confidence Interval

# table 13

Table 13: Percent of Florida adults aged <65 years who are unable to work by selected characteristics and arthritis status, Florida BRFSS 2000

Characteristic	ADULTS WITH ARTHRITIS/ CHRONIC JOINT SYMPTOMS			ADULTS WITHOUT ARTHRITIS/ CHRONIC JOINT SYMPTOMS		
	N	Percent	95% CI	N	Percent	95% CI
<b>GENDER</b>						
Female	73	12.5	9.5, 15.5	47	3.0	2.0, 4.0
Male	60	17.1	12.6, 21.6	*	*	*
<b>RACE/ETHNICITY</b>						
White, non-Hispanic	87	11.7	9.1, 14.3	39	1.8	1.1, 2.5
Black, non-Hispanic	20	25.8	14.2, 37.4	*	*	*
Hispanic	21	22.3	12.8, 31.8	*	*	*
<b>AGE GROUP</b>						
18–44 years	34	9.4	5.9, 12.9	31	1.5	0.9, 2.1
45–64 years	99	17.5	13.9, 21.1	35	3.6	2.2, 5.0
<b>EDUCATION</b>						
Less than high school	36	30.6	21.2, 40.0	*	*	*
High school or more	96	12.0	9.4, 14.6	48	1.7	1.2, 2.2
<b>INCOME</b>						
Less than \$25,000	89	30.4	24.3, 36.5	40	5.0	3.2, 6.8
\$25,000–\$49,999	21	8.6	4.6, 12.6	*	*	*
\$50,000–\$74,999	*	*	*	*	*	*
\$75,000 and over	*	*	*	*	*	*
<b>BMI</b>						
Not overweight	40	12.0	8.0, 16.0	22	1.4	0.7, 2.1
Overweight, not obese	27	10.2	6.0, 14.4	*	*	*
Obese	66	21.9	16.5, 27.3	26	4.8	2.9, 6.7
<b>PHYSICAL ACTIVITY</b>						
Inactive	85	28.8	22.8, 34.8	39	4.6	2.9, 6.3
Active	48	8.1	5.5, 10.7	27	1.3	0.8, 1.8
<b>TOTAL</b>	<b>133</b>	<b>14.6</b>	<b>12.0, 17.4</b>	<b>66</b>	<b>2.1</b>	<b>1.5, 2.7</b>

\* Sample size is too small to make an estimate.

N: Number of Respondents

CI: Confidence Interval

# table 14

Table 14: Percent of Florida adults with arthritis/chronic joint symptoms who experience activity limitation, Florida BRFSS 2001 and 2000

Characteristic	2001			2000		
	N	Percent	95% CI	N	Percent	95% CI
<b>GENDER</b>						
Female	388	44.9	41.1, 48.7	299	39.7	35.6, 43.8
Male	200	44.8	39.6, 50.0	193	45.3	40.0, 50.6
<b>RACE/ETHNICITY</b>						
White, non-Hispanic	454	43.6	40.2, 47.0	375	40.2	36.6, 43.8
Black, non-Hispanic	55	56.9	45.6, 68.2	43	50.9	38.5, 63.3
Hispanic	51	43.7	33.3, 54.1	62	50.9	40.5, 61.3
<b>AGE GROUP</b>						
18–44 years	144	46.8	40.4, 53.2	106	45.2	37.7, 52.7
45–64 years	236	45.5	40.4, 50.6	191	47.1	41.6, 52.6
65+ years	198	42.5	37.5, 47.5	181	36.8	31.9, 41.7
<b>EDUCATION LEVEL</b>						
Less than high school	74	42.2	33.7, 50.7	82	50.8	42.0, 59.6
High school or more	511	45.6	42.2, 49.0	408	40.6	37.1, 44.1
<b>INCOME</b>						
Less than \$25,000	227	53.3	47.9, 58.7	223	53.0	47.5, 58.5
\$25,000–\$49,999	139	40.5	34.5, 46.5	128	38.8	32.7, 44.9
\$50,000–\$74,999	48	36.4	27.0, 45.8	48	38.5	29.1, 47.9
\$75,000 and over	56	40.8	31.1, 50.5	34	27.8	18.4, 37.2
<b>BMI</b>						
Not overweight	185	40.0	34.9, 45.1	170	37.4	32.3, 42.5
Overweight, not obese	195	43.8	38.5, 49.1	159	39.4	33.8, 45.0
Obese	167	53.3	46.9, 59.7	163	52.4	46.2, 58.6
<b>PHYSICAL ACTIVITY</b>						
Inactive	244	54.5	49.2, 59.8	209	54.0	48.2, 59.8
Active	343	39.8	36.0, 43.6	283	36.7	32.8, 40.6
<b>TOTAL</b>	<b>588</b>	<b>44.9</b>	<b>41.8, 48.0</b>	<b>492</b>	<b>42.1</b>	<b>38.8, 45.4</b>

N: Number of Respondents  
CI: Confidence Interval

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Arthritis Foundation, Florida Chapter  
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(941) 795-0324  
[www.arthritis.org](http://www.arthritis.org)

We need your feedback. Please log on to our website, [www.doh.state.fl.us/family/arthritis](http://www.doh.state.fl.us/family/arthritis), and let us know what you think of our report or call us. We appreciate hearing from you.