Arthritis and Work

Arthritis affects almost a quarter (24%) of Kansas adults 18 years and older.\(^1\) Arthritis is the most common cause of disability and the third leading chronic cause of work limitations in the United States.\(^2\) Among those with arthritis nationwide, about 22.7 million (30%) report arthritis-attributable work limitations.\(^3\) In 2010, the estimated total cost of arthritis in the U.S. was $121 billion per year in direct medical costs and $16 billion per year in absenteeism costs.\(^4\) The work status of people with arthritis has considerable financial implications for both businesses and the national economy. Thus, taking measures to prevent prolonged negative effects of arthritis makes social and economic sense.\(^3\)

The Problem

- Nearly 1 in 3 (31.8%) Kansas adults with doctor-diagnosed arthritis report arthritis-attributable work limitations.\(^5\)
- Among Kansas adults with arthritis who currently work, more than one-third (36.2%) have reported that their work worsens their arthritis symptoms.\(^1\)
- About 5.6% of Kansas adults with arthritis reported they missed at least one day of work in the past 30 days due to arthritis or related symptoms.\(^1\)
- Kansans with arthritis-attributable work limitations have multiple indicators of poor health including obesity, severe joint pain and physical limitations.\(^5\)

Implications

- Arthritis-attributable pain is common among working adults and results in reduced work performance and lost productivity.\(^6\)
- Arthritis contributed to an average of 2.9 missed days of work per employed person in Kansas at an estimated absenteeism cost of $157 million.\(^4\)
- Total costs due to arthritis and other rheumatic conditions are expected to increase as the population ages and the number of U.S. adults living with chronic conditions grows.\(^4\)
- About half (51.6%) of multi-racial and about 3 in 5 (59.3%) African American working-age adults report that their arthritis symptoms affect their work.\(^5\)
- A significantly lower percentage of white working-age Kansas adults (30%) report that their arthritis affects their work as compared to African Americans.\(^5\)

In Kansas, about 18% of white and African American working-age adults and about 21% of multi-racial working-age adults have arthritis.\(^5\)

A significantly lower percentage (10%) of Kansas adults of other race categories (i.e., American Indian, Pacific Islander, Alaska Native, Asian) have arthritis.\(^5\)

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\(^1\) Arthritis and Work, Kansas Department of Health and Environment.
\(^2\) Arthritis and Work, Kansas Department of Health and Environment.
\(^3\) Arthritis and Work, Kansas Department of Health and Environment.
\(^4\) Arthritis and Work, Kansas Department of Health and Environment.
\(^5\) Arthritis and Work, Kansas Department of Health and Environment.
\(^6\) Arthritis and Work, Kansas Department of Health and Environment.
Strategies
KDHE and its partners are committed to improving quality of life and decreasing work limitations for Kansans living with arthritis through various evidence-based interventions. The Kansans Optimizing Health Program (KOHP) offers a series of self-management and prevention programs, including:

- **Walk With Ease in the Worksite**: Gives employers an easy-to-implement approach to help employees take the first steps toward making exercise a regular habit. Participants have reported increased physical activity, walking distance and speed, and decreased pain and depression.

- **Chronic Disease Self-Management Program (CDSMP)**: Teaches new strategies to manage symptoms, deal with difficult emotions and depression, manage pain and fatigue, and understand medication usage. Participants benefit from decreased functional limitations, less health distress and fatigue, and fewer outpatient and emergency room visits.

Program Participant Testimony:

“I learned so many techniques for improving my health by understanding my limitations, exercising and using my prescribed medications properly to give me the best and most comfortable results in my everyday life. My group has been taken through the course by two wonderful instructors who themselves have chronic illnesses. What a wonderful change it has made in my everyday coping with my illness.” – CDSMP Workshop Participant

For more information on arthritis self-management, please contact:

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References
1. 2015 Kansas Behavioral Risk Factor Surveillance System, Bureau of Health Promotion, KDHE.
5. 2011 Kansas Behavioral Risk Factor Surveillance System, Bureau of Health Promotion, KDHE.

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