

Healthy People 2020 Summary of Objectives

Arthritis, Osteoporosis, and Chronic Back Conditions

Number Objective Short Title

Arthritis

- AOCBC-1 Joint pain
- AOCBC-2 Activity limitation
- AOCBC-3 Joint-related activities
- AOCBC-4 Personal care limitations
- AOCBC-5 Serious psychological distress
- AOCBC-6 Employment
- AOCBC-7 Receipt of health care provider counseling
- AOCBC-8 Arthritis education
- AOCBC-9 Seeing health care provider

Osteoporosis

- AOCBC-10 Osteoporosis
- AOCBC-11 Hip fractures

Chronic Back Conditions

- AOCBC-12 Activity limitation due to chronic back conditions

Topic Area: Arthritis, Osteoporosis, and Chronic Back Conditions

Arthritis

AOCBC–1: Reduce the mean level of joint pain among adults with doctor-diagnosed arthritis.

Target: 5.0 mean pain level.

Baseline: 5.6 was the mean level of joint pain on a visual analog scale of 0 (no pain) to 10 (pain as bad as it can be) among adults aged 18 years and older with doctor-diagnosed arthritis in 2006 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

AOCBC–2: Reduce the proportion of adults with doctor-diagnosed arthritis who experience a limitation in activity due to arthritis or joint symptoms.

Target: 35.5 percent.

Baseline: 39.4 percent of adults aged 18 years and older with doctor-diagnosed arthritis experienced a limitation in activity due to arthritis or joint symptoms in 2008 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

AOCBC–3: Reduce the proportion of adults with doctor-diagnosed arthritis who find it “very difficult” to perform specific joint-related activities.

AOCBC–3.1 Reduce the proportion of adults with doctor-diagnosed arthritis who find it “very difficult” to walk a quarter of a mile—about 3 city blocks.

Target: 13.7 percent.

Baseline: 15.2 percent of adults aged 18 years and older with doctor-diagnosed arthritis found it “very difficult” to walk a quarter of a mile in 2008 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

AOCBC–3.2 Reduce the proportion of adults with doctor-diagnosed arthritis who find it “very difficult” to walk up 10 steps without resting.

Target: 9.7 percent.

Baseline: 10.8 percent of adults aged 18 years and older with doctor-diagnosed arthritis found it “very difficult” to walk up 10 steps without resting in 2008 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

AOCBC–3.3 Reduce the proportion of adults with doctor-diagnosed arthritis who find it “very difficult” to stoop, bend, or kneel.

Target: 19.5 percent.

Baseline: 21.7 percent of adults aged 18 years and older with doctor-diagnosed arthritis found it “very difficult” to stoop, bend, or kneel in 2008 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

AOCBC–3.4 Reduce the proportion of adults with doctor-diagnosed arthritis who find it “very difficult” to use fingers to grasp or handle small objects.

Target: 4.0 percent.

Baseline: 4.4 percent of adults aged 18 years and older with doctor-diagnosed arthritis found it “very difficult” to use fingers to grasp or handle small objects in 2008 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

AOCBC–4: Reduce the proportion of adults with doctor-diagnosed arthritis who have difficulty in performing two or more personal care activities, thereby preserving independence.

Target: 2.4 percent.

Baseline: 2.7 percent of adults aged 18 years and older with doctor-diagnosed arthritis had difficulty in performing two or more personal care activities in 2008 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

AOCBC–5: Reduce the proportion of adults with doctor-diagnosed arthritis who report serious psychological distress.

Target: 6.6 percent.

Baseline: 7.3 percent of adults aged 18 years and older with doctor-diagnosed arthritis reported serious psychological distress in 2008 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

AOCBC–6: Reduce the impact of doctor-diagnosed arthritis on employment in the working-age population.

AOCBC–6.1 Reduce the unemployment rate among adults with doctor-diagnosed arthritis.

Target: 31.5 percent.

Baseline: 35.0 percent of adults aged 18 to 64 years with doctor-diagnosed arthritis were unemployed in the past week in 2008 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

AOCBC–6.2 Reduce the proportion of adults with doctor-diagnosed arthritis who are limited in their ability to work for pay due to arthritis.

Target: 29.8 percent.

Baseline: 33.1 percent of adults aged 18 to 64 years with doctor-diagnosed arthritis were limited in their ability to work for pay due to arthritis in 2006 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

AOCBC–7: Increase the proportion of adults with doctor-diagnosed arthritis who receive health care provider counseling.

AOCBC–7.1 Increase the proportion of overweight and obese adults with doctor-diagnosed arthritis who receive health care provider counseling for weight reduction.

Target: 45.3 percent.

Baseline: 41.2 percent of overweight and obese adults aged 18 years and older with doctor-diagnosed arthritis received health care provider counseling for weight reduction in 2006 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

AOCBC–7.2 Increase the proportion of adults with doctor-diagnosed arthritis who receive health care provider counseling for physical activity or exercise.

Target: 57.4 percent.

Baseline: 52.2 percent of adults aged 18 years and older with doctor-diagnosed arthritis received health care provider counseling for physical activity or exercise in 2006 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

AOCBC–8: Increase the proportion of adults with doctor-diagnosed arthritis who have had effective, evidence-based arthritis education as an integral part of the management of their condition.

Target: 11.7 percent.

Baseline: 10.6 percent of adults aged 18 years and older with doctor-diagnosed arthritis had effective, evidence-based arthritis education as an integral part of the management of their condition in 2006 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

AOCBC–9: Increase the proportion of adults with chronic joint symptoms who have seen a health care provider for their symptoms.

Target: 79.2 percent.

Baseline: 72.0 percent of adults aged 18 years and older with chronic joint symptoms saw a health care provider for their symptoms in 2008 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

Osteoporosis

AOCBC–10: Reduce the proportion of adults with osteoporosis.

Target: 5.3 percent.

Baseline: 5.9 percent of adults aged 50 years and older had osteoporosis in 2005–08 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

AOCBC–11: Reduce hip fractures among older adults.

AOCBC–11.1 Reduce hip fractures among females aged 65 years and older.

Target: 741.2 hospitalizations per 100,000 population.

Baseline: 823.5 hospitalizations for hip fractures per 100,000 females aged 65 years and older occurred in 2007 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Hospital Discharge Survey (NHDS), CDC, NCHS.

AOCBC–11.2 Reduce hip fractures among males aged 65 years and older.

Target: 418.4 hospitalizations per 100,000 population.

Baseline: 464.9 hospitalizations for hip fractures per 100,000 males aged 65 years and older occurred in 2007 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Hospital Discharge Survey (NHDS), CDC, NCHS.

Chronic Back Conditions

AOCBC–12: Reduce activity limitation due to chronic back conditions.

Target: 27.6 adults per 1,000 population.

Baseline: 30.7 adults per 1,000 population aged 18 years and older experienced activity limitation due to chronic back conditions in 2008 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.