

# Osteoarthritis: A Leading Cause of Disability

OA causes joint pain, stiffness, and swelling that are beyond a simple inconvenience. These symptoms limit function and mobility and diminish quality of life.

OA is a chronic condition in many individuals who also have heart disease, diabetes, and obesity. Physical activity is a recommended management strategy for all these conditions but can be more difficult for people with OA because of joint pain.

To learn more about the vision and strategies for reducing the burden of OA, read [A National Public Health Agenda for Osteoarthritis: 2020 Update](#)

**OA** | OSTEOARTHRITIS  
ACTION ALLIANCE



## WHY OA MATTERS

- **Medical costs attributable to OA are significant** due to the effects of disability, multiple overlapping chronic diseases, and treatment. These annual medical costs total \$65.5 billion, with an average cost per person per year of \$2,018.
- **Opioids and benzodiazepines are prescribed for 27% of people with OA to manage depression or anxiety**, despite the high risk of adverse side effects and drug addiction and a lack of evidence supporting this approach.
- OA does not affect only older adults. **Over half of adults with OA are of working age (18 to 64 years old)**, including many who participate in recreational or professional sports. **One in 14 of these working adults has OA-related medical or pharmacy claims.**
  - Costs from **absenteeism due to OA are at least \$11.6 billion** due to an estimated three lost workdays per year. The estimate does not include presenteeism, where employees with OA may be on the job but not fully functioning.
  - **People with OA are more likely to fall.** Falls account for a total medical cost of more than \$50 billion annually, with Medicare and Medicaid shouldering 75% of that cost.



## ACT NOW!

As a policy maker, you can play a critical, influential role in crafting and enacting rules, laws, and regulations or delivering guidance documents that positively affect the lives of people with OA. Taking these actions can influence the course and impact of this condition. Given the disparate impact of OA on communities of color and on people with lower incomes and education levels, funding and investments should be prioritized for those communities. In addition, opportunities should be sought to assure equity in access and delivery by using telehealth, mobile technology, and other virtual or remote innovations.

**1 Identify policy gaps and build the case for change** using targeted information sharing, educational visits, media messages, grassroots efforts and partnership integration. **Identify and engage leaders and stakeholders** in healthcare, business, and community arenas who can bring assets to the table and strengthen leverage and impact.



[OA Action Alliance's State Fact Sheets for OA \(Cost to the States\)](#): Fact sheets developed by the Osteoarthritis Action Alliance describing the burden and cost of OA for each state in America. Use these to support your case for needed funding and policies to address OA.



**2 Garner support for built-environment, land-use and design policies, and for other policy and environmental designs that promote physical activity.**



[Environmental and Policy Strategies to Increase Physical Activity among Adults with Arthritis](#): An Implementation Guide to engage a broad array of agencies and organizations in many sectors as partners in establishing environmental and policy strategies to increase physical activity among people with arthritis.



[Arthritis Walkability Audit for Arthritis](#): Tools and resources for communities or organizations wanting to evaluate whether a specific environment is walkable for people with arthritis. "Walkable" refers to how well a neighborhood or location promotes walking and other physical activity behaviors given the presence or absence of certain features.



[Arthritis Walkability Assessment Tool](#): Used in conjunction with the other walkability assessment tools listed above to assess whether an environment is walkable for people with arthritis.



[CDC Workplace Health Promotion](#): Sound, actionable information, vetted by the CDC and experts, to help employers launch or expand a workplace health promotion program.

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**Promote existing federal, state, local, and organizational policies that further OA goals,** including reduced joint injury, reduced obesity, improved physical activity and weight management, and expanded access to packaged self-management education and physical activity programs.



[CDC Recommended Community Strategies and Measurements to Prevent Obesity in the U.S. – Implementation and Measurement Guide](#): CDC manual describing 24 recommended strategies and community examples to encourage and support healthy eating and active living.



[The Community Toolbox – Influencing Policy Development](#): Step-by-step outline and examples for how you can advocate for policy change in organizations and communities.



[The Community Toolbox – Changing Policies](#): Guidance, examples, videos, and PowerPoint presentations to help you learn how to change policies in organizations and the community as part of your plan to implement community interventions.



[Sports injury prevention policy statements](#): Compendium of evidence-based policy statements related to OA and injury prevention, compiled by the Sports Medicine Research group.

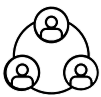


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**Urge widespread adoption of evidence-based rules, policies, and legislation in all appropriate settings and venues that reduce musculoskeletal injuries,** which may accelerate or cause progression of OA.



[CDC National Institute for Occupational Safety and Health – Total Worker Health in Action](#): Guide for implementing policies, programs, and practices that integrate work-related safety and protection from health hazards with promotion of injury- and illness-prevention efforts to advance worker well-being.



[Administration for Community Living \(ACL\) Grants](#): ACL awards grants under Title III of the Older Americans Act to state and local governments, nonprofit organizations, and others to provide services and supports for older adults and people with disabilities, to conduct research, to deliver evidence-based programs, and more.

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