



*movement is life*<sup>TM</sup>  
Catalyst for Change

**Movement Is Life  
Comments on the PCORI Research Priorities and Research Agenda  
March 15, 2012**

Movement is Life (MIL) is a multi-stakeholder group dedicated to eliminating musculoskeletal health disparities among women and racial/ethnic minorities. The focus of MIL is to raise awareness of the impact these disparities have on chronic disease management and quality of life. We believe that by promoting early intervention, we can slow musculoskeletal disease progression, reduce disability, and encourage physical activity and daily movement to improve the overall health of the nation.

MIL supports the intent of the Patient-Centered Outcomes Research Institute (PCORI) and its draft research priorities and research agenda. However, MIL believes that these broad proposals should be more focused to provide the intended support for patients.

The treatment of patients who suffer from multiple chronic conditions is very challenging to our health care system and of particular interest to MIL. These patients are currently cared for in a 'silo system' in which conditions are assessed independently. This leads to sub-optimal care due to a lack in coordination of primary/specialty care and consideration of co-morbid conditions. Specifically, MIL sees the link between osteoarthritis (OA) and obesity as a catalyst for the progression of other chronic conditions (e.g. diabetes, heart disease, hypertension, and other conditions). Indeed, studies have shown that arthritis is one of the most important barriers to critical self-management behaviors (e.g., physical activity) among patients with these other chronic conditions. (MMWR, May 20, 2011) Therefore, examining disability due to osteoarthritis in conjunction with obesity is of critical importance to patients and the nation. Such an investment by PCORI will be of high value and high return.

Approximately 50 million Americans suffer from arthritis and 72 million suffer from obesity. Arthritis alone has a major impact on a patient's physical function and independence, and ranks among the top ten causes of disability worldwide. Patients and their caregivers (often family and friends) incur significant financial and emotional costs through loss of patient independence, as well as lost wages, and expenditures for treatment and paid help. (Gupta, Hawker, et al) Overweight and obesity directly affects weight-bearing joints, especially the knees. As a result, one in three adults with obesity suffers from arthritis. Women, African-Americans and Hispanics – individuals disproportionately impacted by severe joint pain and arthritis – also have the highest obesity levels.

<b>Racial and Gender Group</b>	<b>Arthritis Rate Among Adults</b>	<b>Obesity Rate Among Adults</b>
All Men	18.3%	32.2%
All Women	24.3%	36.7%
Non-Hispanic White	23.1%	33.7%
Non-Hispanic Black	38.3%	44.1%
Hispanic	36.4%	37.9%

\* CDC ([www.cdc.gov/arthritis](http://www.cdc.gov/arthritis))

The same individuals disproportionately impacted by OA and obesity have some of the highest levels of physical inactivity, a modifiable risk factor for both conditions.

Virtually all of the nation's healthcare spending growth is the result of the increasing number of patients undergoing management of five or more conditions. (Thorpe and Howard) Additionally, the CDC has reported that arthritis sufferers are 52% and 57% more likely to have diabetes and heart disease respectively. The impact of osteoarthritis, obesity and physical inactivity further compounds this challenge.

MIL has a two pronged focus:

- Improving the care coordination and treatment for patients suffering from arthritis and other co-morbid conditions such as obesity (which in turn leads to heart disease and diabetes);
- Addressing gender and racial disparities in the disproportionate burden and impact of arthritis and obesity among African Americans, Hispanics, and women.

Tens of millions of Americans suffer from both arthritis and obesity, and the number of these patients is growing. Women, African Americans, and Hispanics are disproportionately impacted by both arthritis and obesity leading to a poorer quality of life, and worse health conditions and higher medical costs.

***Based on the great burden of arthritis and obesity in our nation, as well as the racial and gender disparities of these conditions, MIL recommends the following as priorities in the PCORI mission:***

1. *Evaluation of treatments in the context of how both arthritis and obesity relate to each other, as well as to other chronic conditions such as heart disease and diabetes.*
2. *Evaluation of these treatments according to gender and/or ethnicity.*

MIL appreciates the opportunity to provide comments on the PCORI research priorities and research agenda. We look forward to continuing to work with PCORI in achieving its goal of improving the treatment and health of all Americans.

## References

Centers for Disease Control (CDC). "Arthritis as a Potential Barrier to Physical Activity Among Adults with Obesity – United States, 2007-2009," *MMWR*, May 20, 2011, 60: 614-618.

S. Gupta, G. A. Hawker, A. Laporte, R. Croxford, and P.C. Coyte, "The Economic Burden of Disabling Hip and Knee Osteoarthritis (OA) from the Perspective of Individuals Living with this Condition," *Rheumatology*, 44, no.9 (2005): 1531-1537.

K.E. Thorpe and D.H. Howard, "The Rise in Spending Among Medicare Beneficiaries; The Role of Chronic Disease Prevalence and Changes in Treatment Intensity," *Health Affairs*, 25, no.5 (2006): w378-w388 (published online August 22, 2006; 10.1377/hlthaff.25.w378).

Additionally, our comments should be publicly available within the next day or so at [http://www.pcori.org/survey\\_displays/public\\_comments/](http://www.pcori.org/survey_displays/public_comments/).