

BRFSS Brief

Number 1809

The Behavioral Risk Factor Surveillance System (BRFSS) is an annual statewide telephone survey of adults developed by the Centers for Disease Control and Prevention and administered by the New York State Department of Health. The BRFSS is designed to provide information on behaviors, risk factors, and utilization of preventive services related to the leading causes of chronic and infectious diseases, disability, injury, and death among the noninstitutionalized, civilian population aged 18 years and older.

Arthritis

New York State Adults, 2016

Introduction and Key Findings

Arthritis describes over 100 diseases and conditions that affect joints, the tissues that surround joints, and other connective tissues. The most common form of arthritis is osteoarthritis. Other frequently occurring forms include rheumatoid arthritis, gout, lupus, and fibromyalgia. Arthritis symptoms include pain, aching, stiffness, and swelling in or around the joints. Some forms of arthritis, such as rheumatoid arthritis, can involve the immune system, affect multiple organs, and cause widespread symptoms. Depending on the specific form of the disease, the pattern, severity and location of symptoms can vary.¹

An estimated 25% of U.S. adults (over 54.5 million) report doctor-diagnosed arthritis. It is the most common cause of disability in the nation with annual direct medical costs topping \$81 billion.² Arthritis limits the activities of millions of Americans, impacting their walking, climbing stairs, and the type and amount of work they can do. Arthritis frequently occurs with other chronic conditions. About half of U.S. adults with heart disease (49%) or diabetes (47%) also have arthritis. Physical inactivity is a risk factor for other chronic conditions that often occur with arthritis, making it harder to manage these conditions.³

There are many ways people can manage and reduce the symptoms of arthritis. Although there is no cure, self-management of arthritis symptoms can help people with arthritis reduce pain, improve or maintain function, stay productive, and lower health care costs. Key self-management activities include: learning arthritis management strategies, maintaining a healthy weight, seeing a doctor, and avoiding joint injury. Moderate physical activity is proven to benefit adults with arthritis. One hundred fifty minutes of weekly activity, like walking or swimming, can boost energy and mood and decrease pain and stiffness.³

Key Findings

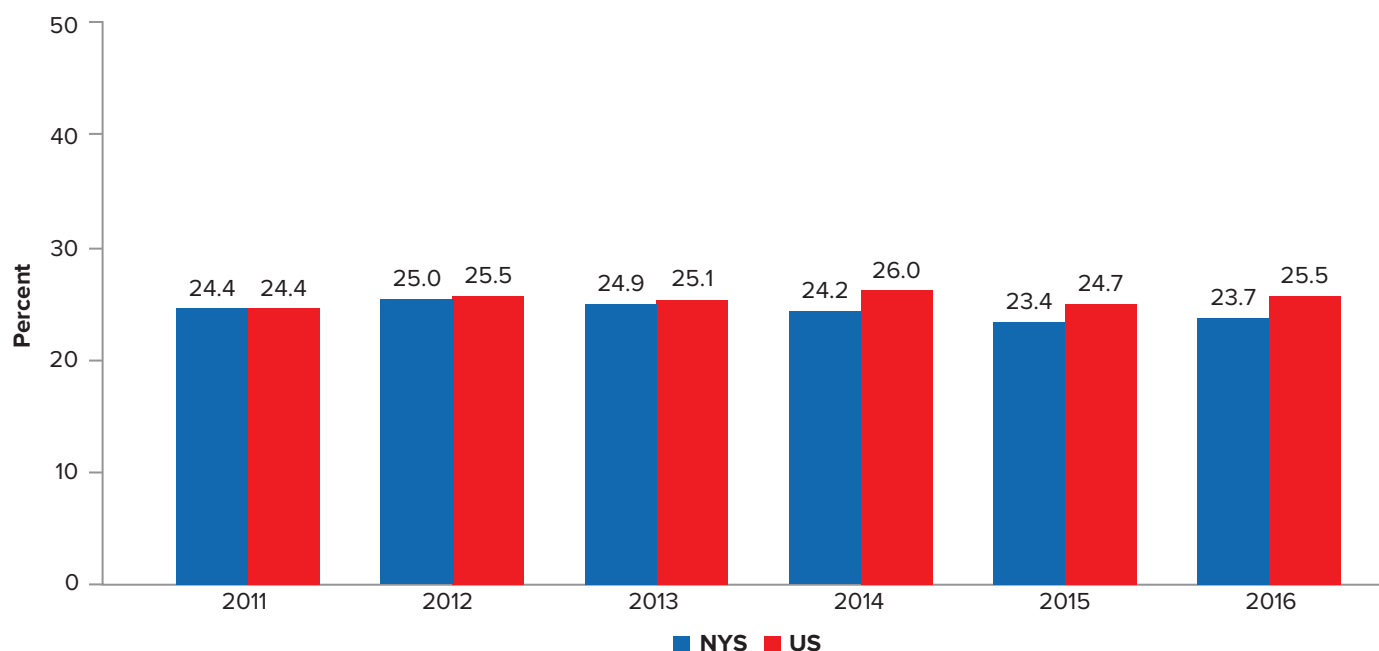
The prevalence of arthritis is higher among females, older adults, white non-Hispanic adults, adults with a disability, and adults living outside New York City. White non-Hispanic adults are two times as likely to have arthritis than Hispanic adults (28.5% versus 16.8%). Adults with a disability are more than three times as likely (50.5%) to have arthritis than adults without a disability (16.4%).

Arthritis is associated to other risk factors and chronic conditions. The prevalence of arthritis among adults considered obese (34.6%) is two times greater than the prevalence among adults who are neither overweight nor obese (16.7%). The prevalence of arthritis is higher among adults with multiple chronic conditions. More than half of adults with two or more chronic conditions (58.4%) also have arthritis.

BRFSS questions

1. Have you ever been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

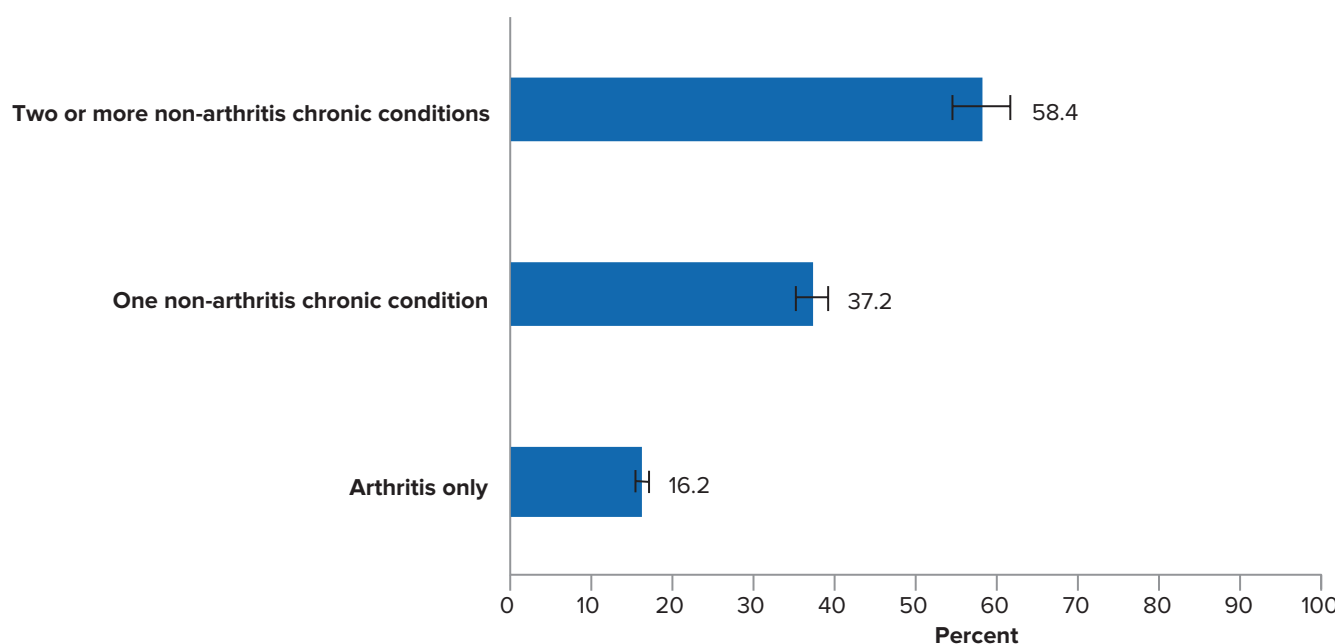
Figure 1. Arthritis^a prevalence among New York State and U.S.^b adults, BRFSS 2011 - 2016



a Those ever told by a doctor or other health professional that they had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia.

b Median percent; includes data from all states, DC, and territory values.

Figure 2. Arthritis^a prevalence by multiple chronic conditions category^b, 2016 BRFSS



a Those ever told by a doctor or other health professional that they had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia.

b Non-arthritis chronic conditions include diabetes, history of cancer, heart disease, stroke, high blood pressure, or asthma. Note: Errors bars represent 95% confidence intervals.

Arthritis^a among New York State Adults, 2016 BRFSS

	Arthritis ^a [n=34,190]	
	% ^b	95% CI ^c
New York State (NYS)	23.7	22.8 - 24.5
Sex		
Male	19.3	18.1 - 20.4
Female	27.7	26.4 - 28.9
Age (years)		
18-44	7.0	6.2 - 7.8
45-64	30.4	28.8 - 32.0
65-74	48.7	45.9 - 51.5
75+	54.9	51.6 - 58.6
Race/ethnicity		
White non-Hispanic	28.5	27.4 - 29.6
Black non-Hispanic	19.8	17.3 - 22.4
Hispanic	16.8	14.8 - 18.7
Other non-Hispanic	14.9	11.6 - 18.1
Annual household income		
< \$ 25,000	27.1	25.3 - 28.9
\$25,000 - <\$50,000	26.2	24.2 - 28.2
>\$50,000	23.4	21.0 - 25.8
>\$75,000	20.2	18.7 - 21.8
Missing ^d	24.2	21.7 - 26.8
Educational attainment		
Did not graduate High School	27.1	24.3 - 30.0
Graduated High School	25.2	23.5 - 26.8
Attended College or Technical School	25.5	23.5 - 27.3
Graduated from College or Technical School	19.1	17.9 - 20.4
Region		
NYS excluding NYC	27.3	26.3 - 28.3
NYC	18.9	17.4 - 20.3
Body Mass Index (BMI) category		
Neither overweight nor obese	16.7	15.5 - 18.0
Overweight	24.9	23.3 - 26.5
Obese ^e	34.6	32.6 - 36.6
Leisure-time physical activity^f		
Yes	21.0	20.1 - 22.0
No	31.0	29.0 - 32.9
Disability^g		
Yes	50.5	48.2 - 52.8
No	16.4	15.6 - 17.3
Health care coverage		
Private	21.3	20.0 - 22.5
Medicare	46.6	44.1 - 49.1
Medicaid	22.1	19.7 - 24.4
Other insurance ^h	29.0	24.1 - 33.9
Not insured	10.8	8.7 - 13.0
Non-arthritis chronic conditionsⁱ		
Only arthritis	16.2	15.3 - 17.1
One chronic condition, no arthritis	37.2	35.1 - 39.3
Two or more chronic conditions, no arthritis	58.4	54.8 - 62.1

^a Those ever told by a doctor or other health professional that they had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia.

^b % = weighted percentage.

^c CI = confidence interval.

^d "Missing" category included because more than 10% of the sample did not report income.

^e Obesity is defined as a BMI of 30.0 or higher.

^f Any leisure-time physical activity during the past month.

^g All respondents who reported having at least one type of disability (cognitive, mobility, vision, self-care, independent living or deafness).

^h TRICARE (formerly CHAMPUS) VA or Military, Alaska Native, Indian Health Service, Tribal Health Services or some other source.

ⁱ Chronic conditions include diabetes, history of cancer, heart disease, stroke, or asthma.

References

1. Centers for Disease Control and Prevention (CDC). Arthritis: Improving the quality of life for people with arthritis - At A Glance 2016. Retrieved on May 3, 2018 from <https://www.cdc.gov/chronicdisease/resources/publications/aag/arthritis.htm>
2. Barbour, K.E., Helmick, C.G., Boring, M.A., Brady, T.J. (2017). Vital Signs: Prevalence of doctor-diagnosed arthritis and arthritis-attributable activity limitation—United States, 2013-2015. *Morbidity and Mortality Weekly Report*. 66(9). 246-253.
3. Centers for Disease Control and Prevention (CDC). Press Room. Arthritis Overview. Page last updated: February 21, 2018. Retrieved on May 3, 2018 from <https://www.cdc.gov/arthritis/communications/press.htm>

Program Contributions

New York State Department of Health
Bureau of Chronic Disease Evaluation and Research
Bureau of Community Chronic Disease Prevention

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