

# BRFSS Brief

Number 1708

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, 2015

### 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.<sup>1</sup>

An estimated 23% of U.S. adults (over 54 million) report doctor-diagnosed arthritis. It is the most common cause of disability in the nation with annual direct medical costs topping \$81 billion.<sup>1</sup> Arthritis limits the activities of millions of Americans, impacting their walking, climbing stairs, and the type and amount of work they can do, if they can work at all. Eight million working-age adults are limited in their work because of their arthritis.<sup>1</sup> 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.<sup>1</sup>

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.<sup>1</sup>

#### Key Findings

In New York State (NYS), adults who report being told by a doctor that they have arthritis are more likely to be women and 65 years and older. The prevalence of arthritis among adults considered obese (34.9%) is two times greater than the prevalence among adults that are neither overweight nor obese (17.3%) which shows an association between arthritis and body mass. The percentage of adults with arthritis among persons with disability (50.3%) is more than three times greater than those without a disability (16.7%). Finally, the prevalence of arthritis is higher among adults who report having two or more (non-arthritis) chronic conditions (53.7%) compared to adults who report having one (non-arthritis) chronic condition (27.7%).

### BRFSS questions

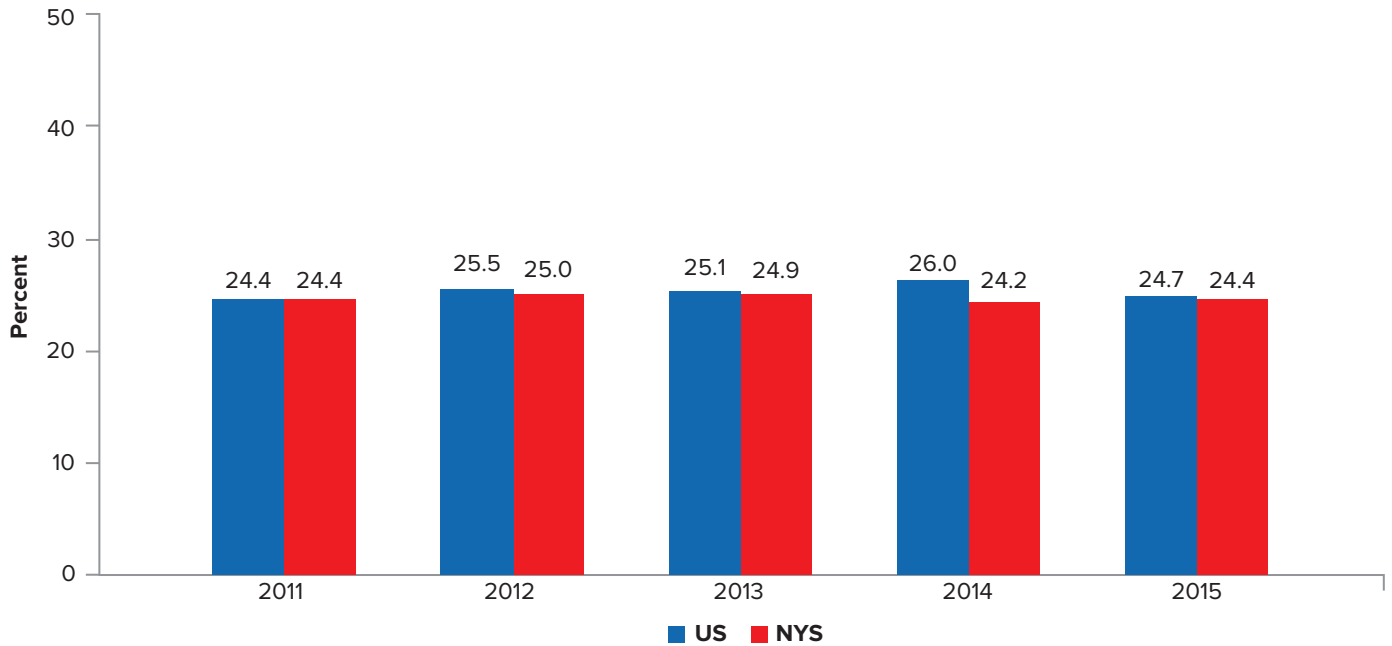
1. Have you ever been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

[If “yes” to #1]

2. Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

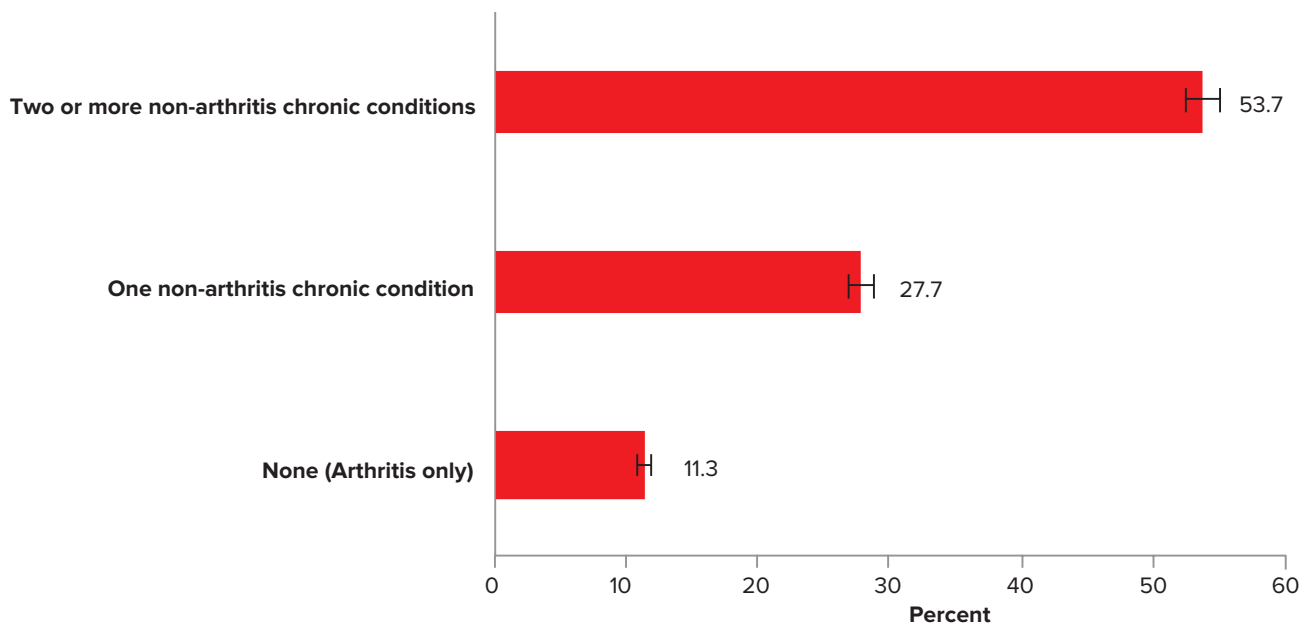
*For current surveillance purposes, arthritis is defined as being “doctor-diagnosed,” i.e., a “yes” response to question #1*

**Figure 1. Arthritis<sup>a</sup> prevalence among New York State and U.S.<sup>b</sup> adults, BRFSS 2011 - 2015**



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<sup>a</sup> prevalence by multiple chronic conditions category<sup>b</sup>, 2015 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<sup>a</sup> among New York State Adults, 2015 BRFSS

	Arthritis <sup>a</sup> [n=12,357]		If arthritis, % with activity limitation due to arthritis or joint symptoms <sup>b</sup>	
	% <sup>c</sup>	95% CI <sup>c</sup>	% <sup>c</sup>	95% CI <sup>c</sup>
<b>New York State (NYS)</b>	23.4	22.5-24.3	48.3	46.0-50.6
<b>Sex</b>				
Male	19.0	17.8-20.3	45.9	42.1-49.7
Female	27.4	26.1-28.7	49.8	47.0-52.6
<b>Age (years)</b>				
18-44	7.4	6.3-8.4	41.3	33.3-49.3
45-64	29.8	28.1-31.4	51.5	48.0-55.0
65-74	47.9	45.0-50.7	49.9	45.6-54.2
75+	54.3	51.1-57.5	46.0	41.5-50.4
<b>Race/ethnicity</b>				
White non-Hispanic	28.0	26.8-29.2	45.3	42.9-47.8
Black non-Hispanic	20.9	18.4-23.5	51.8	44.6-59.0
Hispanic	16.3	14.2-18.5	54.0	46.2-61.7
Other non-Hispanic	15.5	12.1-18.8	63.3	51.4-75.8
<b>Annual household income</b>				
< \$25,000	27.0	25.0-29.0	60.8	56.6-65.0
\$25,000-\$50,000	26.1	23.8-28.4	48.2	43.0-53.4
> \$50,000	20.6	19.3-21.9	37.3	33.9-40.7
Missing <sup>d</sup>	22.3	20.0-24.6	53.5	47.0-59.9
<b>Educational attainment</b>				
Less than HS	26.2	23.2-29.2	60.4	53.6-67.2
HS or GED	26.4	24.5-28.3	47.5	43.2-51.8
Some Post HS	25.0	23.1-26.9	50.4	46.1-54.6
College grad	18.4	17.2-19.6	39.0	35.5-42.5
<b>Region</b>				
NYS excluding NYC	26.6	25.5-27.8	46.9	44.3-49.5
NYC	19.1	17.7-20.6	50.9	46.5-55.4
<b>Body Mass Index (BMI) category</b>				
Neither overweight nor obese	17.3	16.0-18.7	42.5	38.2-46.7
Overweight	23.8	22.2-25.5	44.3	40.4-48.3
Obese <sup>e</sup>	34.9	32.7-37.1	55.4	51.4-59.3
<b>Leisure-time physical activity<sup>f</sup></b>				
Yes	21.3	20.3-22.4	42.9	40.1-45.7
No	29.2	27.1-31.2	57.5	53.6-61.3
<b>Disability<sup>g</sup></b>				
Yes	50.3	47.7-52.9	73.1	69.9-76.4
No	16.7	15.8-17.5	29.3	26.7-32.0
<b>Health care coverage</b>				
Private	21.0	19.7-22.4	39.6	36.1-43.0
Medicare	45.5	42.9-48.1	55.9	52.5-59.3
Medicaid	22.4	19.0-25.7	63.4	55.7-71.1
Other insurance <sup>h</sup>	22.4	17.2-27.7	47.7	35.3-60.2
Not insured	8.5	6.2-10.7	44.6	29.1-60.0
<b>Non-arthritis chronic conditions<sup>i</sup></b>				
None (Arthritis only)	11.3	10.3-12.2	35.6	31.4-39.9
One non-arthritis chronic condition	27.7	25.9-29.5	48.6	44.7-52.5
Two or more non-arthritis chronic conditions	53.7	51.2-56.2	56.2	52.7-59.8

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

<sup>b</sup> If ever told by a doctor or other health professional that they had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia.

<sup>c</sup> % = weighted percentage; CI = confidence interval.

<sup>d</sup> "Missing" category included because more than 10% of the sample did not report income.

<sup>e</sup> Obesity is defined as a BMI of 30.0 or higher.

<sup>f</sup> Any leisure-time physical activity during the past month.

<sup>g</sup> All respondents who report having at least one type of disability based on Department of Health and Human Services definition for data reporting (self-care, independent living, cognitive, mobility, vision) - see specific questions next.

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

<sup>i</sup> Non-arthritis chronic conditions include diabetes, history of cancer, heart disease, stroke, high blood pressure, or asthma.

## BRFSS questions – Disability type

1. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?
2. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?
3. Do you have difficulty dressing or bathing?
4. Do you have serious difficulty walking or climbing stairs?
5. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

## 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 12, 2017 from <https://www.cdc.gov/chronicdisease/resources/publications/aag/pdf/2016/aag-arthritis.pdf>
2. Barbour, K.E., Helmick, C.G., Boring, M.A., and 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.

## Program Contributions

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

## Order Information

### Copies may be obtained by contacting:

BRFSS Coordinator  
New York State Department of Health  
Bureau of Chronic Disease Evaluation and Research  
Empire State Plaza  
Corning Tower, Rm. 1070  
Albany, NY 12237-0679

### Or by phone or electronic mail:

(518) 473-0673  
or  
BRFSS@health.ny.gov  
or  
www.health.ny.gov



Department  
of Health