

BRFSS Brief

Number 2021-10

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, 2018

Introduction and Key Findings

Arthritis describes over 100 diseases and conditions that affect joints, the tissues surrounding the 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. The pattern, severity and location of symptoms can vary depending on the specific form of the disease.¹

An estimated 23% of U.S. adults (over 54 million) report doctor-diagnosed arthritis.² It is a common cause of disability with annual direct medical costs topping \$140 billion nationally.³ Arthritis limits the activities of millions of Americans, impacting their ability to walk and climb stairs, as well as the type and amount of work they can do, if they can work at all. Nineteen percent of working-age adults are limited in their work because of arthritis.² Arthritis frequently occurs with other common chronic conditions such as diabetes, heart disease and asthma, and can negatively affect their management and control.

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. 150 minutes (2 hours and 30 minutes) of moderate-intensity activity, like walking or swimming, each week can boost energy and mood and decrease pain and stiffness.⁴

Key Findings

An estimated 3.5 million adult New Yorkers (22.7%) have been diagnosed with arthritis. In New York State (NYS), adults who report being told by a doctor they have arthritis are more likely to be women and more likely to be 65 years and older. The prevalence of arthritis among adults with obesity (32.2%) is nearly two times greater than compared to the prevalence among adults who neither have obesity nor overweight (16.7%), demonstrating an association between arthritis and body mass. The percentage of adults with arthritis among persons with a disability (45.8%) is nearly three times greater compared to those without a disability (15.2%). Finally, the prevalence of arthritis is higher among adults who report having two or more (non-arthritis) chronic conditions (56.0%) compared to adults who report having one (non-arthritis) chronic condition (34.5%). In conclusion, arthritis is more prevalent among those with higher body mass, persons with disability, and those who have multiple chronic conditions.

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^a prevalence among New York State and U.S.^b adults, BRFSS 2011 - 2018

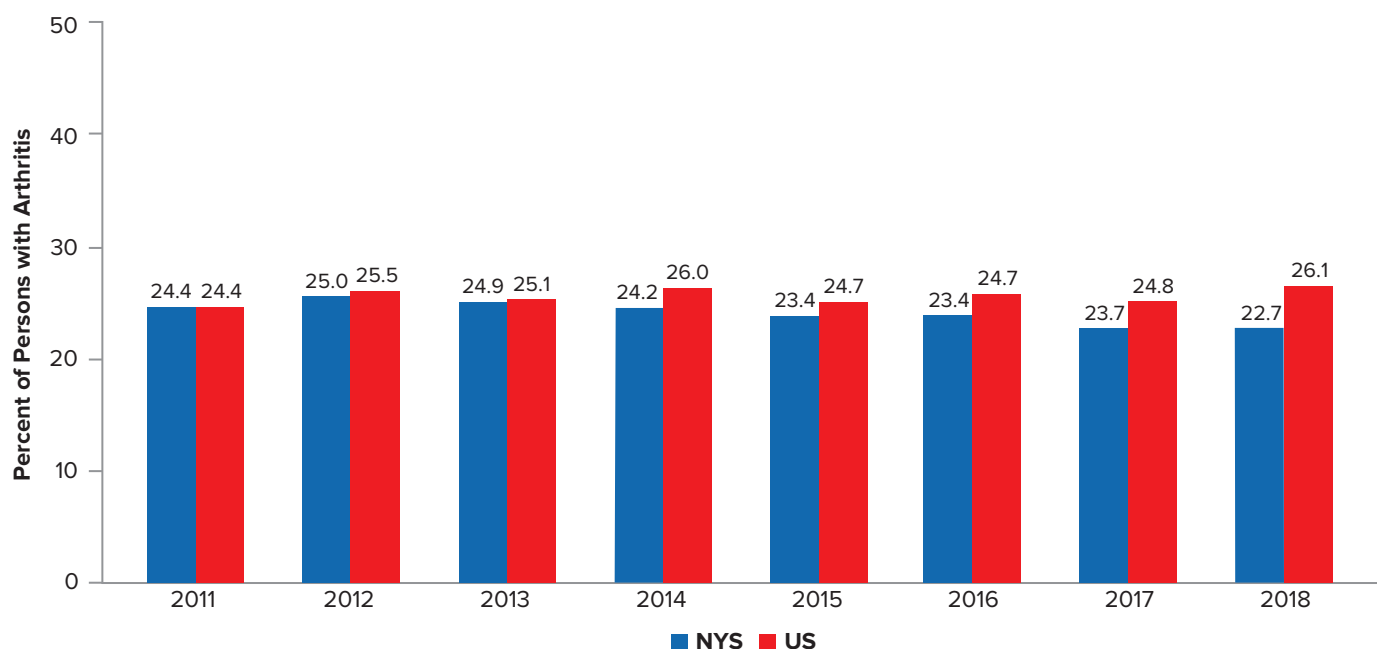
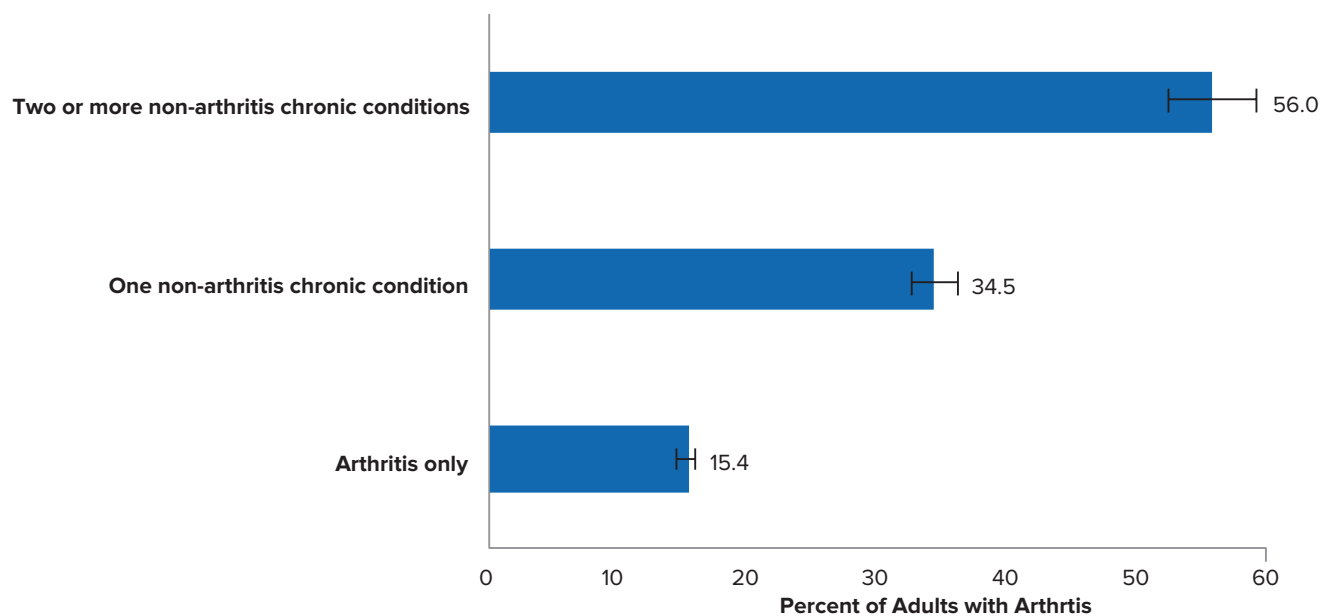


Figure 2. Arthritis^a prevalence by multiple chronic conditions category^c, 2018 BRFSS



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

^c Non-arthritis chronic conditions include diabetes, history of cancer, heart disease, stroke, or asthma.

Note: Error bars represent 95% confidence intervals

Arthritis^a among New York State Adults, 2018 BRFSS

	Arthritis ^a [n=35,767]	
	% ^b	95% CI ^b
New York State (NYS)	22.7	22.0 - 23.5
Sex		
Male	17.9	16.9 - 18.9
Female	27.0	25.8 - 28.2
Age (years)		
18-44	6.4	5.7 - 7.1
45-64	27.9	26.4 - 29.3
65-74	46.6	43.9 - 49.3
75 and older	57.0	53.7 - 60.3
Race/ethnicity		
White non-Hispanic	26.5	25.6 - 27.5
Black non-Hispanic	21.7	19.4 - 23.9
Hispanic	16.1	14.1 - 18.1
Other non-Hispanic	15.3	12.5 - 18.1
Annual household income		
< \$25,000	27.8	25.9 - 29.7
\$25,000 - \$50,000	24.9	22.8 - 27.0
\$50,000 - \$75,000	23.6	21.3 - 25.9
>\$75,000	17.6	16.4 - 18.8
Missing ^c	23.9	22.0 - 25.8
Educational attainment		
Did not graduate high school	27.8	24.8 - 30.7
Graduated high school	23.7	22.2 - 25.1
Attended college or technical school	23.4	21.9 - 24.9
Graduated from college or technical school	19.2	18.1 - 20.3
Region		
NYS excluding NYC	25.4	24.5 - 26.4
NYC	19.2	17.9 - 20.6
BMI		
Neither overweight nor obese	16.7	15.5 - 18.0
Overweight	23.4	21.9 - 24.8
Obese ^d	32.2	30.4 - 33.9
Disability^f		
Yes	45.8	43.9 - 47.8
No	15.2	14.4 - 15.9
Physical Activity^e		
Leisure time physical activity	20.3	19.4 - 21.1
No leisure time physical activity	30.6	28.8 - 32.4
Insurance		
Private	17.2	16.2 - 18.1
Medicare	49.9	47.6 - 52.2
Medicaid	22.6	20.4 - 24.8
Other insurance ^g	22.9	19.0 - 26.8
Not insured	12.5	10.5 - 14.5
Chronic Condition^h		
None (Arthritis only)	15.4	14.5 - 16.2
One non-arthritis chronic condition	34.5	32.6 - 36.4
Two or more non-arthritis chronic conditions	56.0	52.5 - 59.5

^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; CI = confidence interval.

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

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

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

^f 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, hearing).

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

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

References

1. Centers for Disease Control and Prevention (CDC). Arthritis: Types. Retrieved December 20, 2020 from <https://www.cdc.gov/arthritis/basics/types.html>
2. Centers for Disease Control and Prevention (CDC). Arthritis: National statistics. Retrieved December 20, 2020 from https://www.cdc.gov/arthritis/data_statistics/national-statistics.html
3. Murphy, L.B., Cisternas, M.G., Pasta, D.J., Helmick, C.G., & Yelin, E.H. (2017). Medical expenditures and earnings losses among US adults with arthritis in 2013. Retrieved December 20, 2020 from <https://www.ncbi.nlm.nih.gov/pubmed/28950426>
4. Centers for Disease Control and Prevention (CDC). 5 proven ways to manage arthritis. Retrieved December 20, 2020 from <https://www.cdc.gov/arthritis/basics/management.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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