

# BRFSS Brief

Number 2022-09

The Behavioral Risk Factor Surveillance System (BRFSS) is an annual telephone survey of adults developed by the Centers for Disease Control and Prevention conducted in all 50 States, the District of Columbia, and several US Territories. The New York BRFSS is administered by the New York State Department of Health to provide statewide and regional information on behaviors, risk factors, and use of preventive health services related to the leading causes of chronic and infectious diseases, disability, injury, and death.

## Arthritis

New York State Adults, 2020

### 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. Depending on the specific form of the disease, the pattern, severity, and location of symptoms can vary.<sup>1</sup>

An estimated 23.7% of U.S. adults (over 58 million) report doctor-diagnosed arthritis.<sup>2</sup> It is the most common cause of disability in the nation with annual direct medical costs topping \$140 billion.<sup>3</sup> 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 their arthritis.<sup>2</sup> Arthritis frequently occurs with other chronic conditions and can negatively affect the management and control of these other conditions.

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, such as walking or swimming, can boost energy and mood and decrease pain and stiffness.<sup>4</sup>

#### Key Findings

An estimated 3.2 million adult New Yorkers (20.9%) 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 65 years and older. The prevalence of arthritis among adults with obesity (30.2%) is almost two times greater than the prevalence among adults who neither have obesity nor overweight (16.1%), which shows an association between arthritis and body mass. The percentage of adults with arthritis among persons with disability (46.2%) is more than three times greater than those without a disability (14.0%). Finally, the prevalence of arthritis is higher among adults who report having two or more (non-arthritis) chronic conditions (55.8%) compared to adults who report having one (non-arthritis) chronic condition (37.2%).

### BRFSS questions

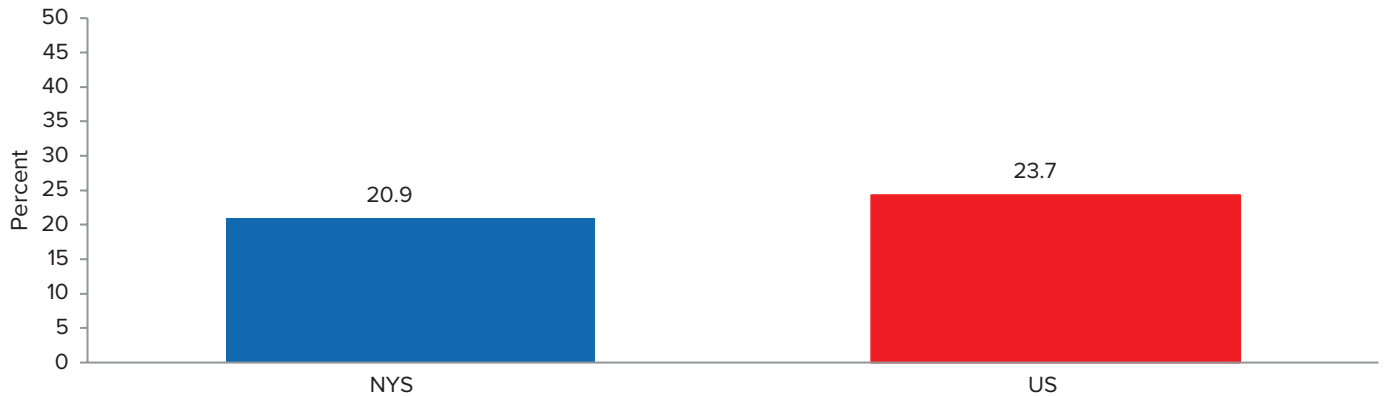
1. Have you ever been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

[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.*

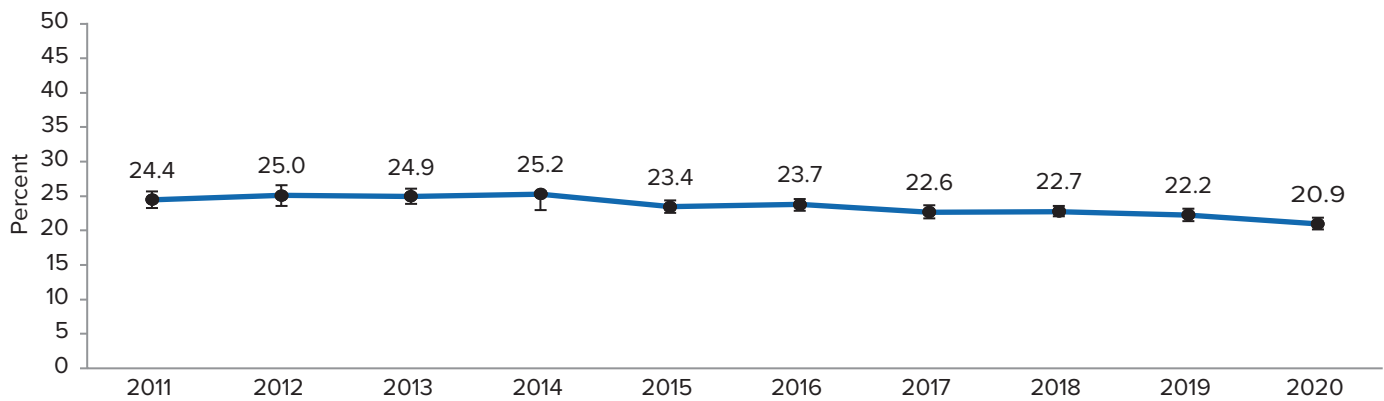
**Figure 1. Arthritis<sup>a</sup> prevalence among New York State and U.S.<sup>b</sup> adults, BRFSS 2020**



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

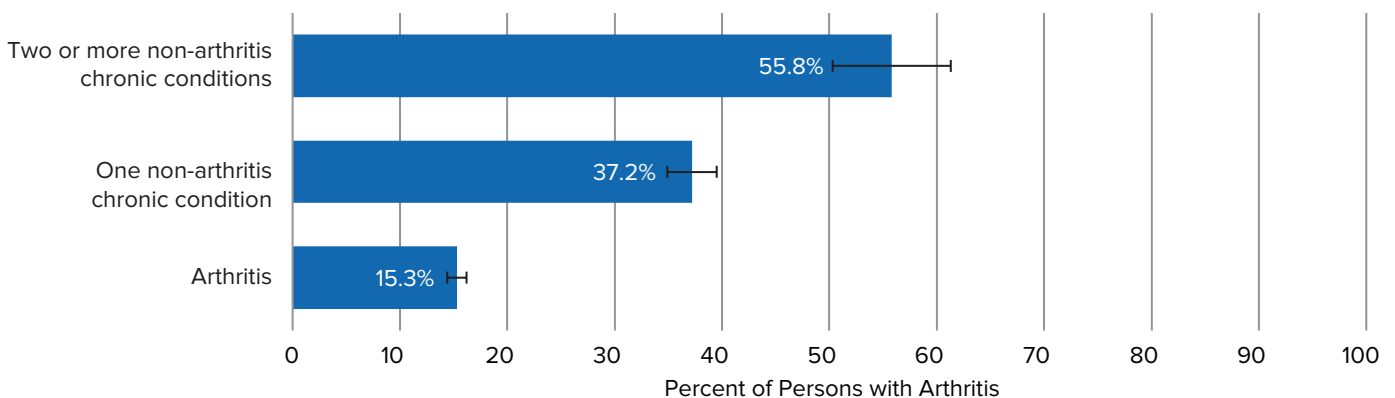
**Figure 2. Arthritis<sup>a</sup> among New York State Adults by BRFSS survey year, 2011 – 2020**



<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.

Note: Error bars represent 95% confidence intervals

**Figure 3. Arthritis<sup>a</sup> prevalence by multiple chronic conditions category<sup>b</sup>, 2020 BRFSS**



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

## Arthritis<sup>a</sup> among New York State Adults, 2020 BRFSS

	Arthritis <sup>a</sup> [n=14,769]	
	% <sup>c</sup>	95% CI <sup>c</sup>
<b>New York State (NYS)</b>	20.9	20.1 - 21.8
<b>Sex</b>		
Male	17.6	16.4 – 18.9
Female	25.2	23.8 – 26.5
<b>Age</b>		
18-44	5.8	4.9 – 6.7
45-64	25.5	23.9 – 27.1
65-74	41.9	39.2 – 44.7
75 and older	50.7	47.2 – 54.3
<b>Race/Ethnicity</b>		
White non-Hispanic	24.3	23.2 – 25.4
Black non-Hispanic	19.3	16.8 – 21.8
Hispanic	17.0	14.8 – 19.3
Other non-Hispanic	13.6	10.5 – 16.7
<b>Income</b>		
< \$25,000	27.2	24.8 – 29.6
\$25,000 – \$50,000	22.3	20.0 – 24.5
\$50,000 - \$75,000	23.3	20.6 – 26.0
>\$75,000	16.5	15.2 – 17.8
Missing <sup>d</sup>	20.8	18.8 – 22.7
<b>Education</b>		
Did not graduate High School	25.4	22.1 – 28.7
Graduated High School	22.5	20.8 – 24.2
Attended College or Technical School	22.6	20.8 – 24.4
Graduated from College or Technical School	16.6	15.5 – 17.6
<b>Region</b>		
NYS excluding NYC	23.4	22.3 – 24.5
NYC	17.6	16.2 – 19.0
<b>BMI</b>		
Neither overweight nor obese	16.1	14.6 – 17.7
Overweight	20.8	19.3 – 22.3
Obese <sup>e</sup>	30.2	28.1 – 32.3
<b>Disability</b>		
Yes	46.2	43.7 – 48.7
No	14.0	13.2 – 14.8
<b>Physical Activity</b>		
Leisure Time Physical Activity	18.2	17.3 – 19.1
No leisure time physical activity	28.9	26.8 – 31.0
<b>Insurance</b>		
Private	16.4	15.2 – 17.5
Medicare	44.6	42.1 – 47.1
Medicaid	21.3	18.5 – 24.1
Other insurance <sup>h</sup>	23.1	18.4 – 27.8
Not insured	10.2	8.1 – 12.3
<b>Non-arthritis chronic conditions<sup>i</sup></b>		
None (Arthritis only)	15.4	14.4 – 16.2
One non-arthritis chronic condition	37.2	34.9 – 39.5
Two or more non-arthritis chronic conditions	55.8	50.3 – 61.3

<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, hearing).

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

<sup>i</sup> Chronic conditions include diabetes, history of cancer, heart disease, stroke, or asthma.

## References

1. Centers for Disease Control and Prevention(CDC). Arthritis: Types. Retrieved September 16, 2019 from <https://www.cdc.gov/arthritis/basics/types.html>
2. Centers for Disease Control and Prevention (CDC). Arthritis: National statistics. Retrieved September 16, 2019 from [https://www.cdc.gov/arthritis/data\\_statistics/national-statistics.html](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 September 16, 2019 from <https://www.ncbi.nlm.nih.gov/pubmed/28950426>
4. Centers for Disease Control and Prevention (CDC). 5 proven ways to manage arthritis. Retrieved September 16, 2019 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

## Order Information

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