

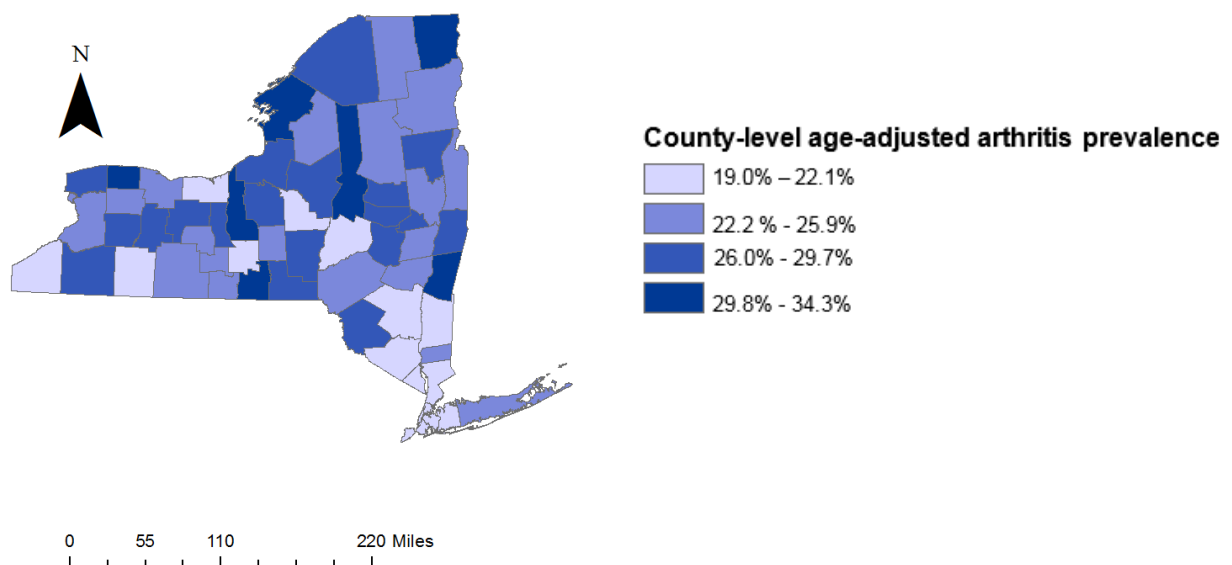
Information for Action # 2016-1

Understanding county-level arthritis prevalence for strategic evidence-based program planning.

Arthritis is one of the most widespread chronic conditions in New York State (NYS), affecting almost 25% of adults.¹ It is one of the leading causes of disability in NYS and commonly co-occurs with other chronic conditions, such as diabetes, obesity and heart disease. According to the 2013-2014 NYS Expanded Behavioral Risk Factor Surveillance System (eBRFSS):

- The percent of adults with doctor-diagnosed arthritis^a varies widely across counties in NYS, from 19.0% (New York City) to 34.3% (Orleans), with a statewide rate of 21.8%.
- The five counties with the highest prevalence are: Orleans (34.3%), Jefferson (34.3%), Tioga (33.0%), Cayuga (33.8%), and Herkimer (32.5%).
- The five counties with the lowest prevalence are: New York City* (19.0%), Nassau (19.0%), Madison (19.4%), Westchester (19.7%), and Tompkins (20.3%).^b

Figure 1. County-level age-adjusted prevalence of arthritis^a among NY adults, 2013-2014 eBRFSS



Data Source: 2013-2014 NYS Expanded Behavioral Risk Factor Surveillance System (available from <https://health.data.ny.gov/>)

^aArthritis is defined as answering “yes” to the following question, “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?”

^b Even though the prevalence rates are low, these counties still have a significant number of adults with arthritis due to their large population size.

*New York City was sampled as a whole.

PUBLIC HEALTH OPPORTUNITY

The [New York State Prevention Agenda](#) mobilizes local public health practitioners, health departments, and hospitals to improve community health. [Evidence-based self-management programs](#) are proven to be effective in helping people with arthritis manage their symptoms and take charge of their health. Localities should be aware of the prevalence of arthritis and ensure promotion of these evidence-based programs in their communities.

Contact: For more information about the data included and their specific implications for action, please send an e-mail to DCDIPIFA@health.ny.gov with IFA # 2016-1 in the subject line.

¹ NYS Behavioral Risk Factor Surveillance System, 2013



Department
of Health