

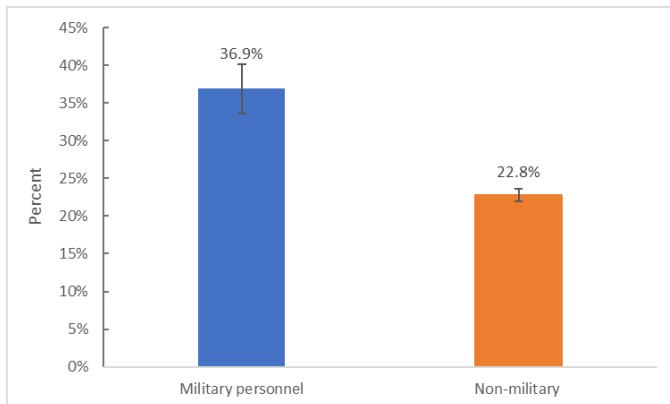
The prevalence of arthritis is higher among veterans and active military personnel



Arthritis is a term used to describe over 100 chronic diseases and conditions that affect the joints, surrounding tissues, and other connective tissues. Symptoms include stiffness in the joints, pain, and swelling, and may affect a person's overall quality of life. Specifically, research has shown that arthritis can have an impact on a person's ability to perform their work.¹ Chronic conditions like obesity have been described as affecting military readiness and one in three people considered obese have arthritis.^{2,3}

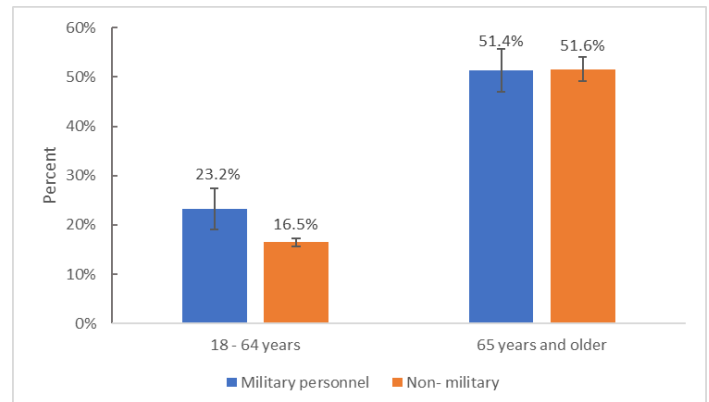
Studies have found that the prevalence of arthritis among veterans and active military personnel is higher than in the general adult population.^{4,5} In New York State, one in three veterans and active military personnel have doctor-diagnosed arthritis compared to one in four adults in the non-military population (Figure 1). The prevalence of arthritis increases with age. Adults 65 years and older are more than three times as likely to have arthritis than adults between 18-64 years old.⁶ In the 65 years and older age group, the proportion of individuals with arthritis is similar comparing military personnel and non-military personnel. However, in the 18 - 64 years age group, the proportion of individuals with arthritis varies, with a higher prevalence among military personnel (Figure 2).

Figure 1: Percentage of arthritis among military and non-military, NYS adults



Source: Behavioral Risk Factor Surveillance System, 2016; Note: Military personnel includes respondents who have ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit

Figure 2: Percentage of arthritis by age group among military and non-military, NYS adults



Public Health Opportunity

The higher prevalence of arthritis among military personnel and their age distribution requires interventions targeting this specific population. Promoting participation in arthritis education programs can reduce the impact arthritis and its symptoms may have on military personnel.

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 # 2018-02 in the subject line.

To access a list of Healthy Lifestyle Workshops visit: <https://www.health.ny.gov/diseases/conditions/arthritis/programs>

To access other Information for Action reports, visit the NYSDOH public website:

https://www.health.ny.gov/statistics/prevention/injury_prevention/information_for_action

¹Yelin, E., Murphy, L., Cisternas, M. G., Foreman, A. J., Pasta, D. J., & Helmick, C. G. (2007). Medical care expenditures and earnings losses among persons with arthritis and other rheumatic conditions in 2003, and comparisons with 1997. *Arthritis & Rheumatology*, 56(5), 1397-1407.

²Centers for Disease Control and Prevention, Physical Activity Builds a Healthy and Strong America, Accessed January 11, 2018 <https://www.cdc.gov/physicalactivity/downloads/healthy-strong-america.pdf>

³Behavioral Risk Factor Surveillance System, 2015

⁴Kelli LD, Golightly, YM, Jackson, GL, *The Journal of Rheumatology* February 2006, 33 (2) 348-354.

⁵Murphy, LB, Helmick, CG, Allen, KD, Theis, KA, Baker, NA, Murray, GR, Qin, J, Hootman, JM, Brady, TJ, Barbour, KE, *Arthritis Among Veterans — United States, 2011–2013, Morbidity and Mortality Weekly Report (MMWR)*, 63(44):999-1003

⁶Behavioral Risk Factor Surveillance System, 2016