



NYS BRFSS Brief

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 (NYS) Department of Health (DOH) 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; Year, 2021



Introduction

Arthritis describes over 100 diseases and conditions that affect the joints, the tissues surrounding the joint, and other connective tissues. The most common form of arthritis is osteoarthritis. Other common forms include rheumatoid arthritis, gout, lupus, and fibromyalgia. Arthritis symptoms may 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.¹

An estimated 23.7% of U.S. adults (over 58 million) report doctor-diagnosed arthritis.² It is the most common cause of disability in the nation with annual direct medical costs topping \$140 billion.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 their arthritis.² 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.⁴

Key Findings

- An estimated 3.8 million adult New Yorkers (23.6%) have been diagnosed with arthritis.
- In 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 (33.0%) is almost two times greater than the prevalence among adults who neither have obesity nor overweight (17.8%), which shows an association between arthritis and body mass.
- The prevalence of arthritis among adults living with disability (44.3%) is over two times greater than the prevalence reported among adults living without disability (16.7%).
- The prevalence of arthritis is higher among adults who report having two or more (non-arthritis) chronic conditions (64.3%) compared to adults who report having one (non-arthritis) chronic condition (40.6%).
- While rates of arthritis are highest among non-Hispanic (NH) White adults, physical limitations due to arthritis are higher among NH Black adults (42.0%) and Hispanic adults (47.7%) than NH White adults (39.6%).

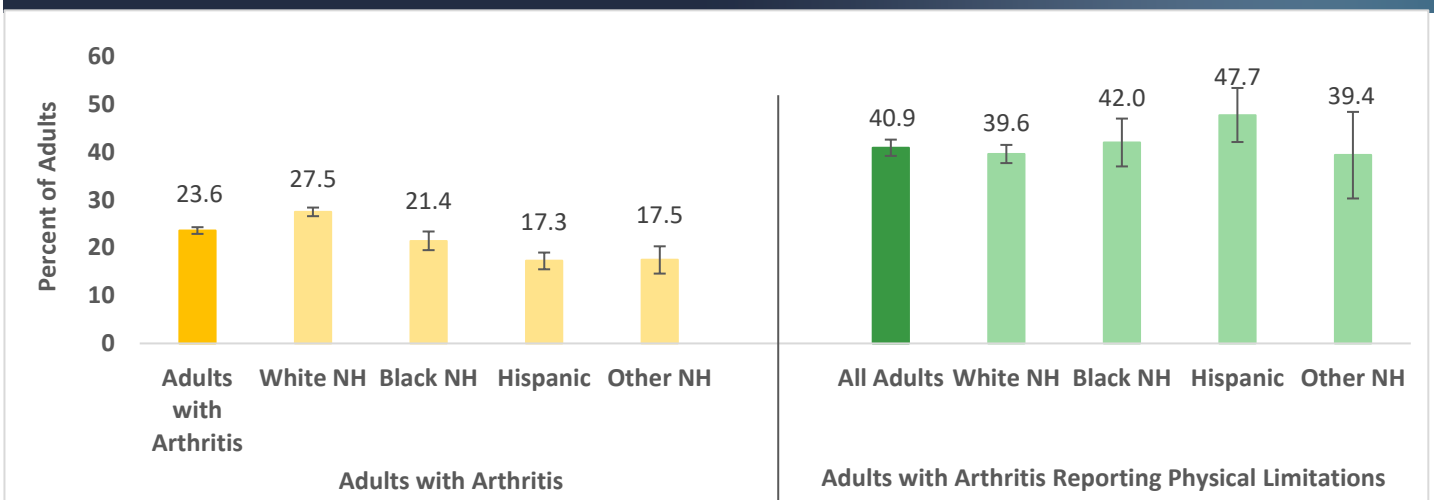




Health Equity

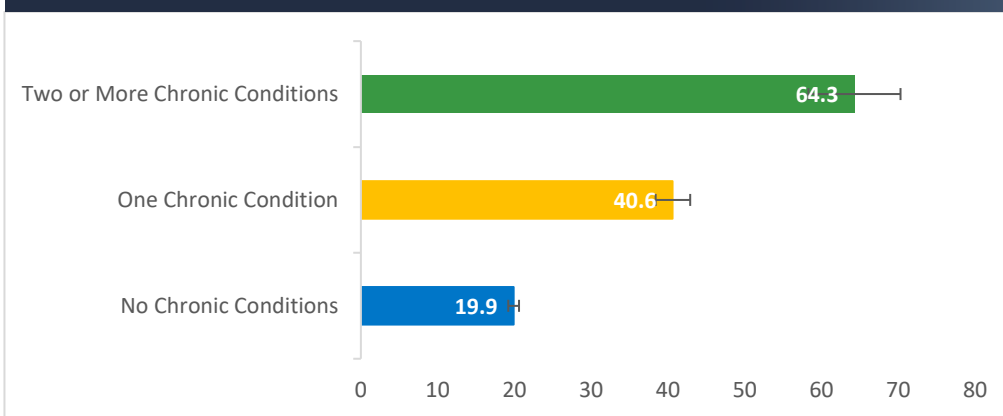
The NYSDOH acknowledges that social, economic, and environmental inequities result in adverse health outcomes and can have a greater impact than individual choices. Despite being less likely to be diagnosed with arthritis than NH White adults, NH Black and Hispanic or Latino/a adults experience greater activity limitations due to arthritis joint pain and symptoms (see Figure 1). This suggests there is a need to ensure access to effective, equitable, and inclusive arthritis management strategies such as physical activity, self-management education, and weight management.

Figure 1. Prevalence of arthritis^a and prevalence of physical limitations^b due to arthritis, NYS adults, by race/ethnicity, BRFSS 2021



Error bars represent 95% confidence intervals

Figure 2. Arthritis^a prevalence by multiple chronic conditions^c, 2021 BRFSS



Among adults with 2 or more chronic conditions, 64% have arthritis.

Error bars represent 95% confidence intervals

^aThose ever told by a doctor or other health professional that they had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia.

^bPhysical limitations defined as “yes” response to the question, “Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?”

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

	Arthritis ^a [n=38,793]		If arthritis, % with activity limitation due to arthritis or joint symptoms ^b	
	% ^c	95% CI ^c	% ^c	95% CI ^c
New York State (NYS)	23.6	22.9 – 24.3	40.9	39.2 – 42.6
Sex				
Male	19.6	18.6 - 20.5	36.8	34.3 - 39.4
Female	27.3	26.3 – 28.4	43.5	41.3 – 45.8
Age (years)				
18-44	6.6	5.9 - 7.4	42.5	36.7 - 48.2
45-64	30.3	28.9 - 31.6	42.6	40.0 - 45.3
65-74	45.7	43.5 - 47.9	39.6	36.2 - 42.9
75 and older	54.0	51.3 - 56.7	38.9	35.2 - 42.6
Race/ethnicity				
White non-Hispanic	27.5	26.6 - 28.4	39.6	37.7 - 41.5
Black non-Hispanic	21.4	19.4 - 23.3	42.0	37.0 - 47.0
Hispanic	17.3	15.6 -19.1	47.7	42.0 - 53.3
Other race or multiracial, non-Hispanic	17.5	14.7 -20.4	39.4	30.4 - 48.5
Annual household income				
< \$25,000	29.0	26.8 - 31.1	58.2	53.9 - 62.4
\$25,000 – \$50,000	24.4	22.9 - 26.0	44.0	40.4 - 47.6
\$50,000 - \$75,000	24.3	22.3 - 26.3	36.8	32.3 - 41.2
>\$75,000	21.1	19.8 - 22.4	31.2	28.1 – 34.3
Missing ^d	23.7	22.2 - 25.2	39.7	36.1 - 43.2
Educational attainment				
Did not graduate High School	25.3	22.8 - 27.7	49.9	44.2 - 55.5
Graduated High School	23.3	22.0 - 24.7	41.8	38.8 - 44.9
Attended College or Technical School	26.8	25.3 - 28.4	41.4	38.0 - 44.7
Graduated from College or Technical School	20.9	19.9 - 22.0	35.5	32.8 - 38.3
Region				
NYS excluding NYC	26.2	25.3 - 27.0	40.5	38.7 - 42.4
NYC	20.2	19.0 - 21.4	41.5	38.1 - 44.8
Body Mass Index (BMI) category^e				
Neither overweight nor obese	17.8	16.5 - 19.0	37.3	33.7 – 41.0
Overweight	23.8	22.5 - 25.2	34.6	31.7 – 37.6
Obese ^e	33.0	31.4 - 34.6	47.3	44.5 – 50.1
Leisure-time physical activity^f				
Yes	21.7	20.9 - 22.5	35.9	33.8 - 40.0
No	29.2	27.7 - 30.8	51.6	48.5 - 54.6
Disability^g				
Yes	44.3	42.6 – 46.1	60.6	58.0 - 63.2
No	16.7	16.0 – 17.4	22.2	20.3 - 24.1
Health care coverage				
Private	18.6	17.6 - 19.6	32.0	29.1 – 35.0
Medicare	45.2	43.4 - 47.0	44.2	41.5 - 46.9
Medicaid	22.5	20.3 - 24.6	55.7	50.1 - 61.3
Other insurance ^h	20.9	18.8 – 23.0	42.1	36.7 - 47.4
Not insured	6.2	4.8 - 7.6	38.6	27.8 - 49.4
Non-arthritis chronic conditionsⁱ				
None (Arthritis only)	19.9	19.3– 20.6	34.2	33.3 – 37.1
One non-arthritis chronic condition	40.6	38.4 – 42.9	51.9	48.4 – 55.5
Two or more non-arthritis chronic conditions	64.3	58.2 – 70.3	68.0	60.3 – 75.6

^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 Respondents who report they are limited in any way of usual activities because of arthritis or joint symptoms.

^c % = weighted percentage; CI = confidence interval.

^d “Missing” category included because more than 10% of the sample did not report income.

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

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

^g 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).

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

ⁱ Chronic conditions include diabetes, history of cancer, heart disease, stroke, or asthma

References



1. Centers for Disease Control and Prevention(CDC). Arthritis: Types. Retrieved August 6, 2021 from <https://www.cdc.gov/arthritis/basics/types.html>
2. Centers for Disease Control and Prevention (CDC). Disability and Limitations. Retrieved December 27, 2022 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>

Suggested Citation



(Rohenaz, S., Austin, R., Kelly, S. and Gurney, C.) Arthritis, New York State Adults, BRFSS Brief., No. 2023-01. Albany, New York: New York State Department of Health, Division of Chronic Disease Prevention, Bureau of Chronic Disease Evaluation and Research, December 2022.

BRFSS questions



Diagnosed arthritis

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.

Program Contributions



New York State Department of Health

Bureau of Chronic Disease Evaluation and Research

Bureau of Community Chronic Disease Prevention



Contact Information

Contact us by

phone (518) 473-0673

email BRFSS@health.ny.gov

Visit us at www.health.ny.gov



Department
of Health