



MAY 2017

BRFSS DATA SNAPSHOT A QUICK LOOK AT CALIFORNIA'S HEALTH BEHAVIORS

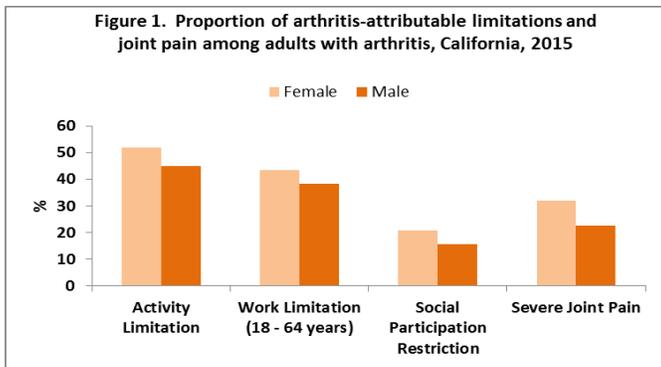
Snapshot is a biannual publication that demonstrates the uses of Behavioral Risk Factor Surveillance System (BRFSS) data to illustrate various health behaviors among adult Californians. BRFSS is the largest, ongoing, telephone health survey in the world. The California BRFSS is an annual effort by the California Department of Public Health (CDPH), Chronic Disease Surveillance and Research Branch, in conjunction with the U.S. Centers for Disease Control and Prevention (CDC), and the Public Health Survey Research Program (PHSRP) to assess the prevalence of and trends in health-related behaviors and to monitor preventable risk factors for chronic diseases and other leading causes of death in the California adult population.

THE ARTHRITIS BURDEN AMONG CALIFORNIA ADULTS

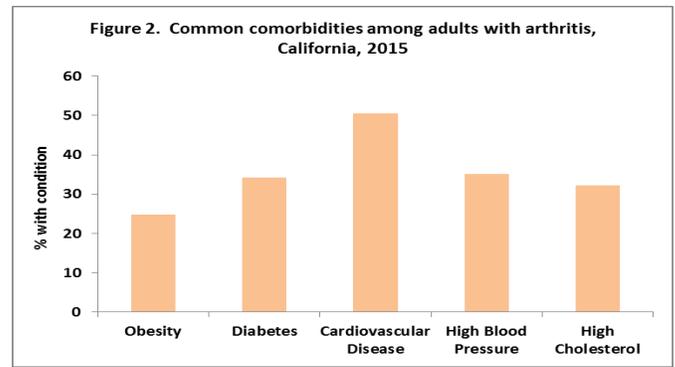
In 2015, nearly one out-of-every five (19 percent) adults in California reported having been diagnosed by a doctor or other health professional with some form of arthritis.¹ Clinicians refer to the term 'arthritis' to specifically mean inflammation of the joints; however, from a public health standpoint, 'arthritis' generally includes more than 100 rheumatic diseases and conditions that cause pain, stiffness, and sometimes swelling in or around the joints.² The prevalence of arthritis among women (23 percent) is higher than among men (15 percent) in California. While arthritis affects people of all ages, nearly two-thirds of California adults with arthritis are under the age of 65.

Arthritis is a leading cause of disability in the United States and is a common cause of chronic pain.² Half (50 percent) of all California adults with arthritis have limitations in their daily activities due to arthritis or joint symptoms. Among adults with arthritis, 52 percent of women have activity limitations due to their arthritis as compared to men (45 percent). Of working age adults (18 to 64 years), 42 percent have some work limitations due to their arthritis; 44 percent among women as compared to 38 percent among men. Of adults with arthritis, 32 percent of women attribute arthritis to severe joint pain as compared to 22 percent of men (Figure 1).

Arthritis commonly occurs with obesity, diabetes, heart disease, among other chronic conditions (Figure 2). Adults with both arthritis and one of these conditions are less able to be physically active, which can also pose a barrier to managing other conditions.

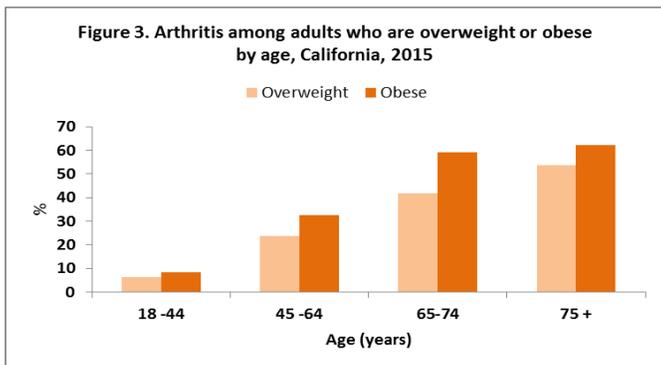


Prepared by the California Department of Public Health, Chronic Disease Surveillance and Research Branch

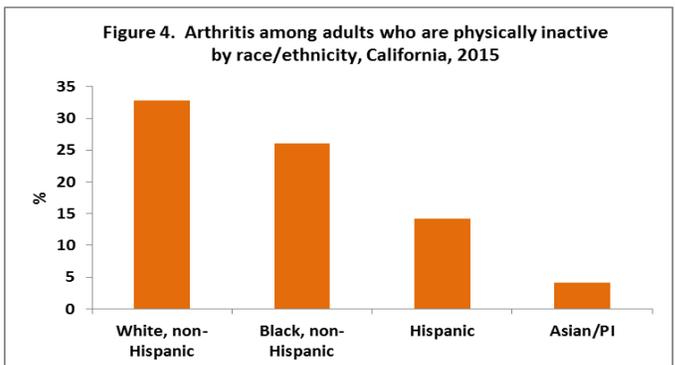


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In general, the prevalence of arthritis among California adults with risk factors for chronic disease is higher than for adults in the general population. The prevalence of arthritis increased with both increasing weight and increasing age among California adults. Nearly 60 percent of obese adults over the age of 65 have arthritis (Figure 3). Also, 33 percent of non-Hispanic White and 26 percent of non-Hispanic Black adults that are physically inactive have arthritis (Figure 4).



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Table 1. Proportion of California adults with arthritis who can do everything/most things or some things/hardly anything, were told to lose weight or exercise, or attended a self-management course for arthritis, by selected characteristics.

Characteristic	Describe Yourself Today				Told by Doctor to Lose Weight for Arthritis (if overweight or obese)		Told by Doctor to Exercise for Arthritis		Attended Self-Management Course for Arthritis	
	Can Do Everything/Most Things		Can Do Some Things/Hardly Anything		%	95% CI	%	95% CI	%	95% CI
Characteristic	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Total	68.1	(62.9 - 73.3)	31.9	(26.7 - 37.1)	48.7	(41.2 - 56.3)	59.9	(54.2 - 65.6)	14.6	(11.0 - 18.3)
Age Group (Years)										
18 - 44	75.8	(61.5 - 90.1)	24.2	(9.9 - 38.5)	29.2	(9.1 - 49.3)	61.2	(42.9 - 79.4)	8.1	(1.6 - 14.5)
45 - 64	65.8	(57.4 - 74.1)	34.2	(25.9 - 42.6)	58.4	(47.6 - 69.3)	63.8	(54.9 - 72.7)	17.2	(10.4 - 23.9)
65 - 74	66.1	(57.0 - 75.2)	33.9	(24.8 - 43.0)	54.1	(42.4 - 65.9)	58.2	(49.0 - 67.3)	15.7	(9.5 - 21.9)
75+	69.4	(60.0 - 78.9)	30.6	(21.1 - 40.0)	30.5	(18.0 - 43.1)	49.5	(38.9 - 60.1)	12.8	(6.8 - 18.8)
Sex										
Female	65.7	(58.8 - 72.6)	34.3	(27.4 - 41.2)	54.6	(44.4 - 64.8)	63.1	(55.9 - 70.2)	14.6	(10.0 - 19.1)
Male	72.1	(64.4 - 79.9)	27.9	(20.1 - 35.6)	41.2	(30.1 - 52.2)	54.6	(45.3 - 64.0)	14.7	(8.6 - 20.9)
Race/Ethnicity										
non-Hispanic White	72.2	(66.8 - 77.7)	27.8	(22.3 - 33.2)	43.9	(35.4 - 52.4)	53.2	(46.6 - 59.8)	16.4	(11.7 - 21.0)
non-Hispanic Black	44.6	(22.0 - 67.2)	55.4	(32.8 - 78.0)	67.7	(46.7 - 88.6)	60.1	(36.9 - 83.4)	*	*
Hispanic	66.9	(54.2 - 79.6)	33.1	(20.4 - 45.8)	54.5	(38.1 - 70.8)	70.1	(58.1 - 82.0)	9.9	(2.8 - 17.1)
Asian/PI**	*	*	*	*	*	*	*	*	*	*
Other	59.5	(36.8 - 82.2)	40.5	(17.8 - 63.2)	*	*	69.4	(49.1 - 89.6)	*	*
Education (Highest Grade)										
12 or less	62.7	(55.9 - 69.5)	37.3	(30.5 - 44.1)	51.7	(43.0 - 60.5)	59.3	(52.3 - 66.4)	14.2	(9.6 - 18.8)
13 or more	78.1	(70.9 - 85.3)	21.9	(14.7 - 29.1)	43.1	(39.5 - 57.0)	61.0	(51.2 - 70.7)	15.4	(9.4 - 21.5)
Obese	60.7	(50.1 - 71.4)	39.3	(28.6 - 49.9)	70.1	(60.4 - 79.7)	69.9	(60.2 - 79.6)	9.4	(5.4 - 13.3)
Inactive	50.6	(37.5 - 63.6)	49.4	(36.4 - 62.5)	64.1	(50.5 - 77.6)	68.8	(58.3 - 79.1)	10.2	(4.8 - 15.7)

* Cell suppressed due to denominator less than 15.

**Denotes Asian/Pacific Islander.

Among adults in California with arthritis or joint symptoms, 68 percent report that they can do everything or most things they want to do, while 32 percent report that they can do some things or hardly anything they want to do. Among overweight or obese adults with arthritis, 49 percent report that they were told by their doctor to lose weight to help their arthritis or joint symptoms. Sixty percent of adults reported having been suggested by their doctor to exercise to help the arthritis and joint symptoms, and 15 percent of adults reported having taken an educational course or class to learn how to manage problems related to their arthritis or joint symptoms. Overall, women with arthritis, as compared to men, were more likely to be told by a doctor to lose weight (55 percent versus 41 percent) and to exercise (63 percent versus 55 percent) to help with their arthritis or joint symptoms. Among overweight or obese adults with less than 12 years of education, 52 percent reported being told by a doctor to lose weight, as compared to 43 percent among adults with 13 or more years of education. Hispanic adults (70 percent) were more likely to report being told by their doctor to exercise to help with their arthritis or joint symptoms, as compared to non-Hispanic Black (60 percent) and non-Hispanic White (53 percent) adults with arthritis (Table 1).

People can manage and reduce the symptoms of arthritis in a number of ways. Management strategies such as maintaining a healthy weight and increased physical activity can decrease pain, improve function, and may limit disease progression or delay disability. Adults with symptoms of arthritis should talk to their doctor. Early diagnosis and appropriate management of arthritis can help decrease pain and improve function and quality of life.³

Arthritis Resources

California Arthritis Partnership Program (CAPP): <http://www.cdph.ca.gov/programs/CAPP/Pages/default.aspx>

Centers for Disease Control and Prevention (CDC): <https://www.cdc.gov/arthritis>

Arthritis Foundation: <http://www.arthritis.org>

¹Based on the 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?"

²<https://www.cdc.gov/arthritis/basics/general.htm>

³<http://www.arthritis.org>