Arthritis of the Hip or Knee and Physical Activity in New York City

Arthritis is a major cause of disability and the fifth leading cause of years of healthy life lost among New Yorkers.\(^1\) Arthritis of the knee and hip are two common types of arthritis, with 16% of adults in the United States ages 45 years and over reporting arthritis of the knee\(^2\) and 4.4% ages 55 and over reporting arthritis of the hip.\(^3\) Although the causes of arthritis are not completely understood, the likelihood of developing the disease increases with age, being overweight or obese, being female, family history, a history of immobilization, injury to the joint, and prolonged occupational or sports stress.\(^4,5\)

Though arthritis can result in stiffness, pain, and loss of movement, safe and enjoyable physical activity is possible for most adults with arthritis and has been shown to improve pain management, function, and mood; reduce disability; and help manage other chronic conditions such as diabetes, heart disease, and obesity.\(^6\)

In 2012, the New York City (NYC) Community Health Survey collected self-reported information on doctor-diagnosed arthritis in the hip or knee, providing local descriptive information on this condition among adults.

**Prevalence of knee or hip arthritis in New York City, overall and by individual factors, 2012**

![Graph showing prevalence of knee or hip arthritis](image)

*non-Hispanic
^High poverty = <200% Federal Poverty Level (FPL), medium= 200-400% FPL, and low = 400%+ FPL.

Source: NYC Community Health Survey, 2012

**Demographic characteristics of adults in NYC with arthritis of the knee or hip**

- 15% of adult New Yorkers reported ever having been diagnosed with arthritis of the hip or knee.
- Women in NYC are more likely than men to report an arthritis diagnosis (19% vs. 11%). Regardless of sex, as age increased, arthritis also increased. Women ages 65 and over reported the highest prevalence of arthritis (47%).
- Being overweight or obese - a modifiable risk factor that is highly associated with arthritis nationally\(^4\) - was associated with the reported prevalence of arthritis. NYC adults who were overweight or obese were more likely to have arthritis than other NYC adults (18% vs. 11%).
- Arthritis was also more common among black and Hispanic New Yorkers, those with high household poverty\(^4\), and those who did not finish high school. However, the associations between arthritis and race/ethnicity, household poverty, and education were not significant when controlling for other individual factors such as sex, age, and overweight/obesity.

\(^4\)Household poverty is based on total people per household and their net income compared with the federal poverty level (FPL). High poverty= <200 FPL, medium=200-400 FPL, and low=400% FPL.
Poor health, comorbid conditions, and risk factors among those with arthritis

- Adults with arthritis of the hip or knee were more likely to report a number of comorbid conditions than those without arthritis, including high blood pressure, high blood cholesterol, and diabetes.
- Adults with arthritis were twice as likely to describe their general health as fair or poor and three times as likely to have had serious psychological distress.*

Physical activity among NYC adults with arthritis

- Despite the known benefits of regular physical activity (including maintaining a healthy weight and arthritis symptom improvement), 33% of adults who reported an arthritis diagnosis also reported no leisure-time physical activity in the past 30 days, compared with 21% of those without arthritis. Among those who reported arthritis, there were no significant differences in those not reporting physical activity by sex, age, or race/ethnicity.
- New Yorkers with arthritis were nearly two times more likely than those without to report they did not walk ten blocks or more as part of getting to and from work, school, public transportation, or to do errands during the past 30 days (30% vs. 17%).
- New Yorkers with arthritis were also more likely than those without arthritis to describe themselves as generally not at all physically active (15% vs. 5%).

Data source:
The Community Health Survey is conducted annually by the Health Department with approximately 9,000 NYC residents ages 18 and older. 2012 data presented in this Brief are age adjusted to the US 2000 standard population, except for age-specific estimates. Starting in 2009, the CHS included adults with landline as well as cell phones. For more survey details, visit nyc.gov/health/survey.

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References
1. Perlman S, Driver C, on behalf of the DALYs Working Group. Disability-adjusted life years (DALYs) in New York City. New York City Department of Health and Mental Hygiene: Epi Data Brief (11); November 2011.

MORE New York City Health Data and Publications

- For complete tables of data prepared for this Brief, visit nyc.gov/html/doh/downloads/pdf/epi datatable40.pdf
- Visit EpiQuery – the Health Department’s online, interactive health data system at nyc.gov/health/EpiQuery

Data & Statistics at nyc.gov/health/data