

# BRFSS Brief

Number 1406

The Behavioral Risk Factor Surveillance System (BRFSS) is an annual statewide telephone survey of adults developed by the Centers for Disease Control and Prevention (CDC) and administered by the New York State Department of Health. The BRFSS is designed to provide information on behaviors, risk factors, and utilization of preventive services related to the leading causes of chronic and infectious diseases, disability, injury, and death among the noninstitutionalized, civilian population aged 18 years and older.

## Cigarette Smoking

New York State Adults, 2013

### Introduction and Key Findings

Tobacco use is currently the leading cause of preventable death in New York State. Tobacco use claims between 26,000 and 28,200 lives annually, and results in more deaths than alcohol consumption, microbial agents, toxic agents, motor vehicle crashes, firearms, and unsafe sexual behaviors combined.<sup>1,2</sup>

There is sufficient evidence of a causal relationship between smoking and liver cancer, colorectal cancer, chronic obstructive pulmonary disease (COPD), exacerbation of asthma, increased risk of *Mycobacterium tuberculosis* disease, diabetes, age-related macular degeneration, rheumatoid arthritis, erectile dysfunction, and impaired immune function. Mothers who smoke during pregnancy are at risk for ectopic pregnancy and smoking places the child at risk for low birth weight and defects such as orofacial clefts. In addition, the evidence is sufficient to conclude that exposure to secondhand smoke can lead to lung cancer, stroke and heart disease, and, in children, respiratory symptoms such as impaired lung functioning and lower respiratory illness, middle ear disease and sudden infant death syndrome (SIDS).<sup>3</sup>

### Key Findings

In New York State, adult cigarette smoking prevalence is currently 16.6%. Prevalence is highest among those with household incomes below \$25,000 and those with less than a high school degree. Adults who had poor mental health, defined as reported problems with stress, depression, or emotions on at least 14 of the previous 30 days, have a smoking prevalence (33.7%) over twice as high as those with good mental health (14.3%). Those covered by Medicaid and those not insured have a significantly higher prevalence of smoking (29.9% and 26.2% respectively) than those covered by private insurance, Medicare, or other sources (13.9%, 9.9%, and 12.7% respectively). There were no significant differences in prevalence of cigarette smoking between races or ethnicities.

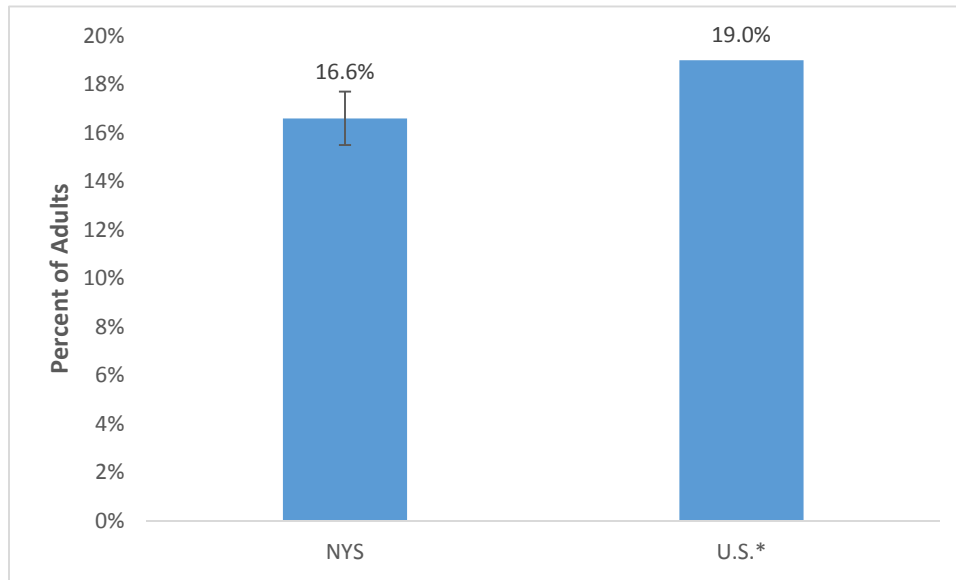
### BRFSS Questions

Have you smoked at least 100 cigarettes in your entire life?

Do you now smoke cigarettes every day, some days, or not at all?

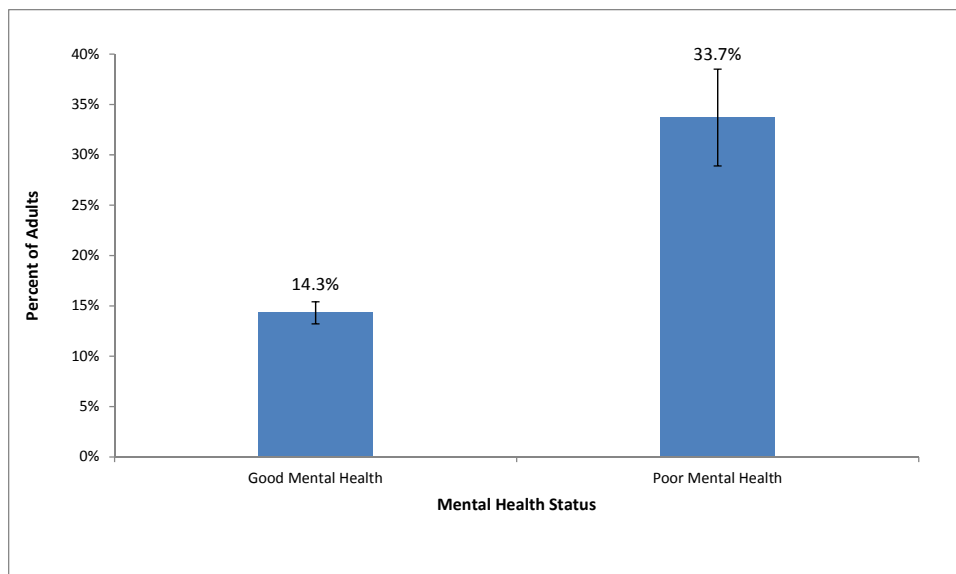
Note: BRFSS defines “current smoker” as an adult over the age of 18 who has smoked at least 100 cigarettes in their lifetime and currently smokes on at least some days.

**Figure 1. Comparison of Current Smoking Status: NYS and US Adults, BRFSS 2013**



\*confidence interval not shown because data point is the median value for all states combined

**Figure 2. Current Smoking and Mental Health, New York State adults, BRFSS 2013**



Note: Error bars represent 95% confidence intervals.

\*Poor mental health is defined as reporting problems with stress, depression, or emotion on at least 14 of the previous 30 days.

Current Smoking among New York State adults, BRFSS 2013

	Current Smoking Prevalence	
	% <sup>a</sup>	95% CI <sup>a</sup>
<b>New York State (NYS) [n=8,979]</b>	16.6	15.5 - 17.7
<b>Sex</b>		
Male	19.3	17.5 - 21.1
Female	14.2	12.8 - 15.5
<b>Age (years)</b>		
18-24	18.6	14.7 - 22.4
25-34	21.5	18.3 - 24.7
35-44	20.8	17.6 - 24.1
45-54	19.0	16.3 - 21.7
55-64	15.2	12.8 - 17.5
65+	6.5	5.4 - 7.6
<b>Race/ethnicity</b>		
White non-Hispanic	16.7	15.3 - 18.0
Black non-Hispanic	18.2	14.4 - 21.9
Hispanic	14.9	10.6 - 19.2
Other non-Hispanic	16.0	13.3 - 18.7
<b>Income</b>		
<\$25,000	24.1	21.8 - 26.7
\$25,000-\$34,999	16.6	12.9 - 20.2
\$35,000-\$49,999	18.3	14.5 - 22.1
\$50,000-\$74,999	13.4	10.6 - 16.2
\$75,000 and greater	10.9	9.0 - 12.7
Missing <sup>b</sup>	14.1	11.2 - 17.0
<b>Educational attainment</b>		
Less than high school (HS)	27.5	23.4 - 31.7
High school or GED	20.9	18.5 - 23.3
Some post-HS	16.2	14.2 - 18.2
College graduate	7.7	6.6 - 8.7
<b>Insurance Coverage</b>		
Private	13.9	12.3 - 15.4
Medicare	9.9	8.1 - 11.7
Medicaid	29.9	25.0 - 34.8
Other Government Assistance Plans	21.2	15.1 - 27.2
Other Sources	12.7	8.5 - 17.0
Not Insured	26.2	21.1 - 31.3
<b>Disability<sup>c</sup></b>		
Yes	22.6	19.8 - 25.4
No	14.9	13.6 - 16.0
<b>Region</b>		
New York City (NYC)	14.8	13.3 - 16.6
NYS exclusive of NYC	17.9	16.4 - 19.5

<sup>a</sup> % = weighted percentage; CI = confidence interval.

<sup>b</sup> "Missing" category included because more than 10% of the sample did not report income.

<sup>c</sup> All respondents who report activity limitations due to physical, mental, or emotional problems OR have health problems that require the use of special equipment.

## References

1. Estimates were extrapolated using the results published in "Actual Causes of Death in the United States, 2000", JAMA, March 2004, 291 (10) and NYS 2012 Vital Statistics data
2. Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs — 2014. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.
3. U.S. Department of Health and Human Services. (2014). *The health consequences of smoking – 50 years of progress: A report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014. Printed with corrections, January 2014.
4. Centers for Disease Control and Prevention. (2014). *Nationwide- 2013 Tobacco Use*. Behavioral Risk Factor Surveillance System (BRFSS)

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