

BRFSS Brief

Number 1704

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, 2015

Introduction and Key Findings

Tobacco is the leading cause of preventable disease, disability, and death in the United States. In New York State (NYS), tobacco use claims 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.¹ Smoking can cause cancer almost anywhere in the body, and, to date, Surgeon General Reports from 1964-2014 have identified sixteen different types of cancers caused by smoking including cancer of: the lungs, trachea, and bronchus; the oropharynx; the esophagus; the larynx; the stomach; the bladder; the kidney and ureter; the pancreas; the uterine cervix; the colon and rectum (colorectal cancer); the liver; and, acute myeloid leukemia.² Smoking is the most common cause of lung cancer, and an estimated 30 percent of all cancer deaths are related to cigarette smoking.² Smoking also increases the risk of developing chronic diseases, including chronic obstructive pulmonary disease (COPD), tuberculosis, asthma, pneumonia, coronary heart disease, stroke, diabetes, cardiovascular disease, blindness, cataracts, age-related macular degeneration, periodontitis, rheumatoid arthritis, reduced fertility, erectile dysfunction, and impaired immune function.² 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, there is sufficient evidence of a causal relationship between exposure to secondhand smoke and 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).²

Key Findings

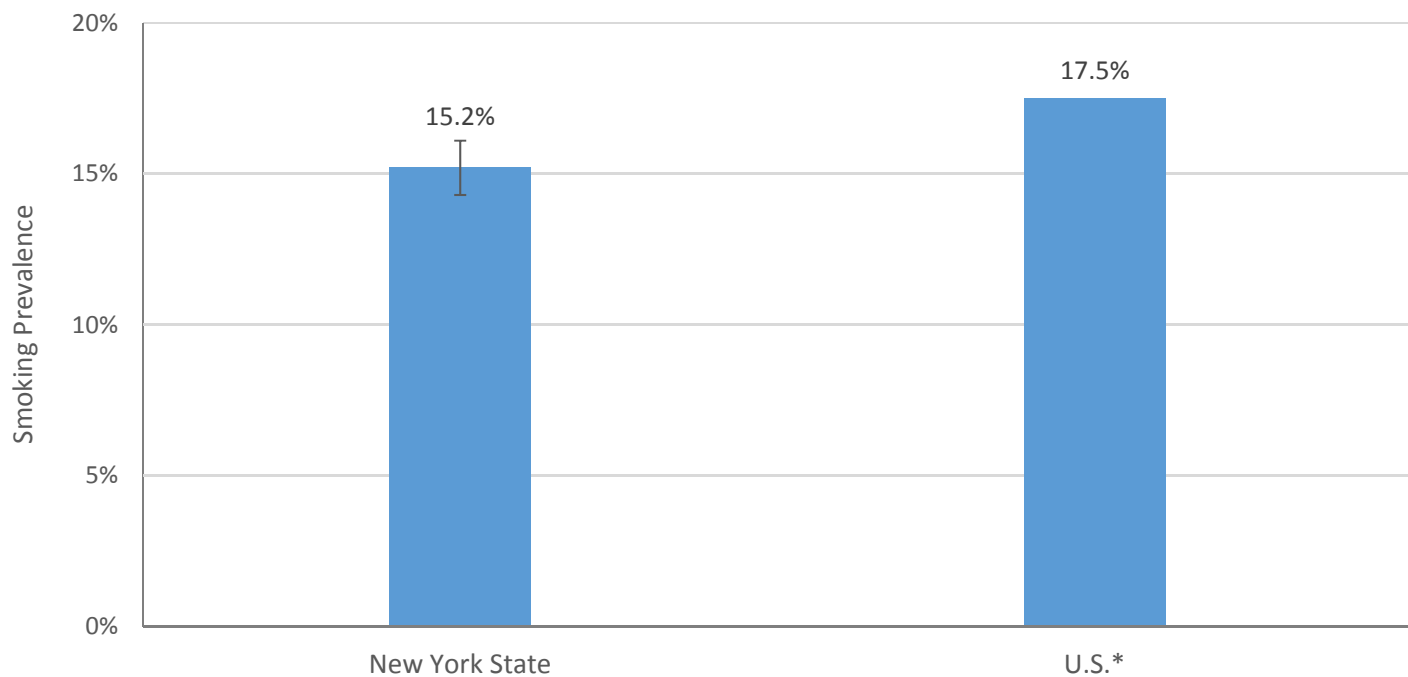
In NYS the adult cigarette smoking prevalence is currently 15.2% (Figure 1). Rates of smoking are highest among adults with poor mental health (28.1%), individuals who are unemployed (27.0%), individuals covered by Medicaid (25.1%), individuals who report living with disability (22.5%), and individuals with low socioeconomic status; i.e. adults with less than a high school education (22.2%) and those with an annual household income of less than \$25,000 (21.7%). The adult cigarette smoking prevalence by region within the Delivery System Reform Incentive Payment (DSRIP) program is presented in Figure 2 and Table 2. DSRIP is a key component of the NYS Medicaid waiver to restructure and improve quality in the health care system focusing on primary and preventive care and reducing avoidable hospital use.³ Rates of current smoking among adults are lower in downstate geographic regions compared to central, western and upstate regions of NYS.

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 Prevalence: NYS and US Adults⁴, BRFSS 2015



*U.S. data point is the median value for all states and D.C. combined. Confidence interval is not used with the median value.

Figure 2. Current Smoking Prevalence by Delivery System Reform Incentive Payment (DSRIP) Region in NYS, BRFSS 2015

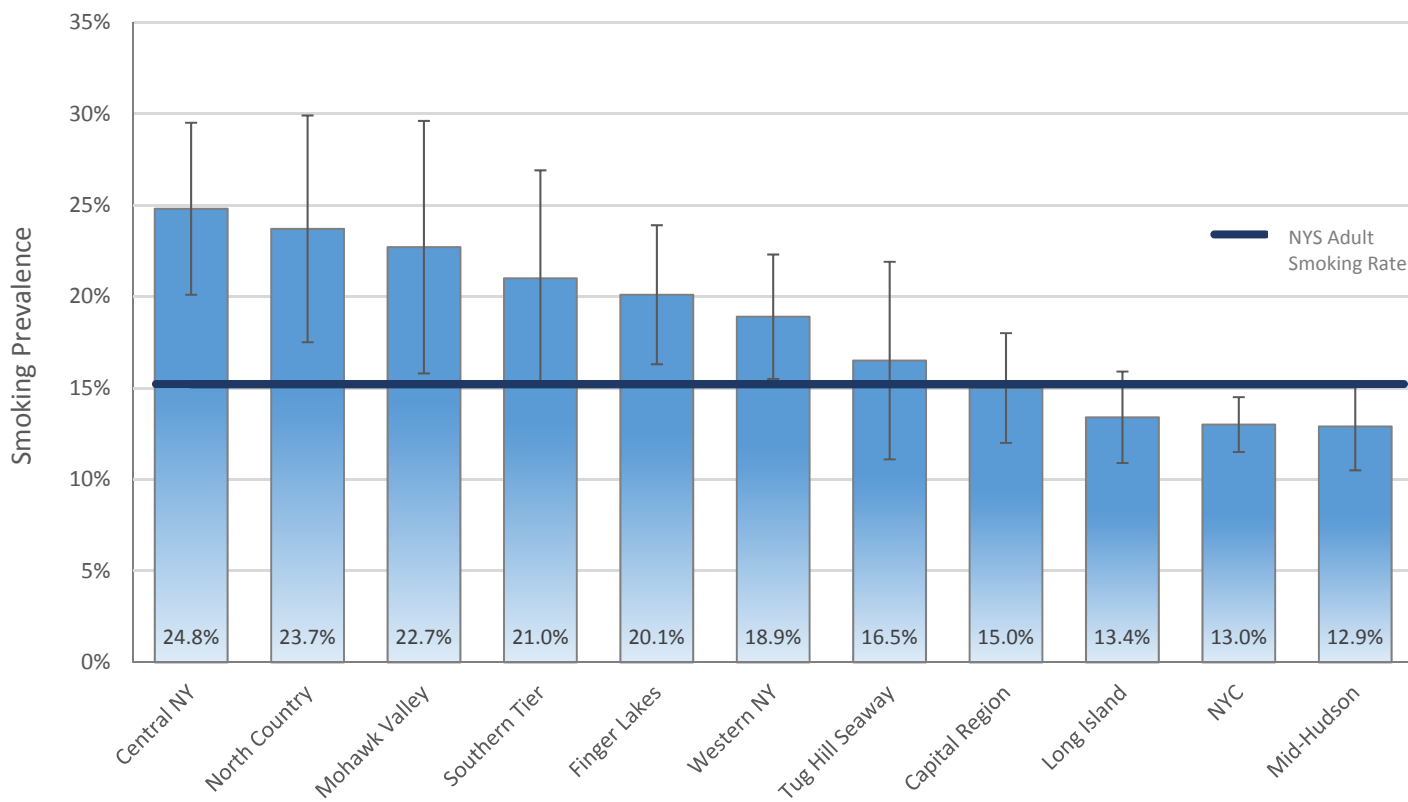


Table 1. Prevalence of Current Smokers by Demographic Groups, NYS BRFS 2015

	%	Estimated Weighted N	95% Conf. Int.
Total New York State	15.2	2,232,000	(14.3, 16.1)
Region			
Rest of State (NYS excluding NYC)	16.9	1,418,000	(15.7,18.1)
New York City	13.0	814,000	(11.6,14.5)
Sex			
Male	17.7	1,250,000	(16.2,19.3)
Female	12.9	982,400	(11.8,14.0)
Race/Ethnicity			
White/Non-Hispanic	16.0	1,326,000	(14.8,17.2)
Black/Non-Hispanic	15.9	309,000	(13.1,18.6)
Other Race or Multiracial/Non-Hispanic	12.5	182,000	(9.5,15.5)
Hispanic	14.2	360,000	(11.9,16.6)
Age			
18-24	14.0	252,000	(10.8,17.1)
25-34	18.9	504,000	(16.1,21.7)
35-44	16.9	389,800	(14.4,19.5)
45-54	17.1	440,400	(15.0,19.1)
55-64	17.0	411,200	(15.0,18.9)
65+	8.1	234,900	(6.9,9.4)
Educational Attainment			
Less than High School	22.2	477,000	(18.9,25.4)
High School or GED	20.2	788,000	(18.2,22.2)
Some Post High School	15.9	631,000	(14.1,17.7)
College Graduate	7.1	321,000	(6.1,8.0)
Annual Household Income			
Less than \$25,000	21.7	787,000	(19.6,23.9)
\$25,000 - 34,999	19.1	214,000	(15.5,22.6)
\$35,000 - 49,999	19.0	264,000	(16.0,21.9)
\$50,000 - 74,999	12.7	231,000	(10.4,15.1)
More than \$75,000	10.0	436,000	(8.5,11.4)
Disability Status^a			
Yes	22.5	686,000	(20.3,24.8)
No	13.3	1,530,000	(12.3,14.3)
Employment Status			
Employed/Self-Employed	14.7	1,206,000	(13.5,16.0)
Unemployed	27.0	265,000	(22.3,31.8)
Not in Labor Force	14.1	739,000	(12.7,15.5)
Poor Mental Health^b			
Yes	28.1	464,000	(24.7,31.6)
No	13.5	1,703,000	(12.5,14.4)
Health Care Coverage			
Medicaid	25.1	383,000	(21.5, 28.6)
Medicare	11.8	268,000	(9.9, 13.6)
Private Insurance	11.8	757,000	(10.6, 13.0)
Other Insurance	20.9	103,000	(15.0, 26.8)
No Insurance	22.5	345,000	(18.6, 26.4)

a Respondents who report at least one type of disability (cognitive, independent living, self-care, mobility, or vision).

b Poor mental health is defined as reported problems with stress, depression, or emotions on at least 14 of the previous 30 days.

Table 2. Prevalence of Current Smokers by Delivery System Reform Incentive Payment (DSRIP) Region, NYS BRFSS 2015

	%	Estimated Weighted N	95% Conf. Int.
DSRIP Region			
Central NY <ul style="list-style-type: none"> • Cayuga, Cortland, Madison, Oneida, Onondaga, Oswego 	24.8	184,000	(20.0,29.5)
North Country <ul style="list-style-type: none"> • Clinton, Essex, Franklin, Hamilton, Warren, Washington 	23.7	60,000	(17.5,29.9)
Mohawk Valley <ul style="list-style-type: none"> • Fulton, Herkimer, Montgomery, Otsego, Schoharie 	22.7	39,000	(15.8,29.6)
Southern Tier <ul style="list-style-type: none"> • Broome, Chenango, Delaware, Tioga, Tompkins 	21.0	76,000	(15.2,26.9)
Finger Lakes <ul style="list-style-type: none"> • Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates 	20.1	193,000	(16.2,23.9)
Western NY <ul style="list-style-type: none"> • Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming 	18.9	222,000	(15.4,22.3)
Tug Hill Seaway <ul style="list-style-type: none"> • Jefferson, Lewis, St. Lawrence 	16.5	31,000	(11.1,21.9)
Capital Region <ul style="list-style-type: none"> • Albany, Columbia, Greene, Rensselaer, Saratoga, Schenectady 	15.0	111,000	(12.1,18.0)
Long Island <ul style="list-style-type: none"> • Nassau, Suffolk 	13.4	281,000	(10.9,15.9)
New York City <ul style="list-style-type: none"> • Bronx, Kings, New York, Queens, Richmond 	13.0	814,000	(11.6,14.5)
Mid-Hudson <ul style="list-style-type: none"> • Dutchess, Putnam, Orange, Rockland, Sullivan, Ulster, Westchester 	12.9	219,000	(10.4,15.3)

References

1. 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.
2. 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.
3. New York State Department of Health, Delivery System Reform Incentive Payment (DSRIP) Program, 2016. http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/
4. Centers for Disease Control and Prevention. (2015). Nationwide- 2015 Tobacco Use. Behavioral Risk Factor Surveillance System (BRFSS). <http://www.cdc.gov/brfss>

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