

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, 2018

Introduction and Key Findings

Cigarette smoking is the leading cause of preventable disease and death in the United States (U.S.). About one in five deaths in the U.S. is caused by smoking.¹ In New York, smoking kills over 28,000 people every year.² Smoking causes cancer, heart disease, stroke, lung diseases, diabetes, and chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis. An estimated 30 percent of all cancer deaths are related to cigarette smoking.³ Smoking also increases risk for tuberculosis, certain eye diseases, and problems of the immune system, including rheumatoid arthritis. Smoking is a known cause of erectile dysfunction in males. Women who smoke during pregnancy are at risk for ectopic pregnancy and smoking places children at risk for low birth weight and defects, such as orofacial clefts. Secondhand smoke causes numerous health problems in infants and children, including more frequent and severe asthma attacks, respiratory infections, ear infections, and sudden infant death syndrome (SIDS). Among adults, secondhand smoke causes coronary heart disease, stroke, and lung cancer. Smoking costs the U.S. billions of dollars each year. Thousands of young people start smoking cigarettes every day. Most cigarette smokers want to quit smoking.

Key Findings

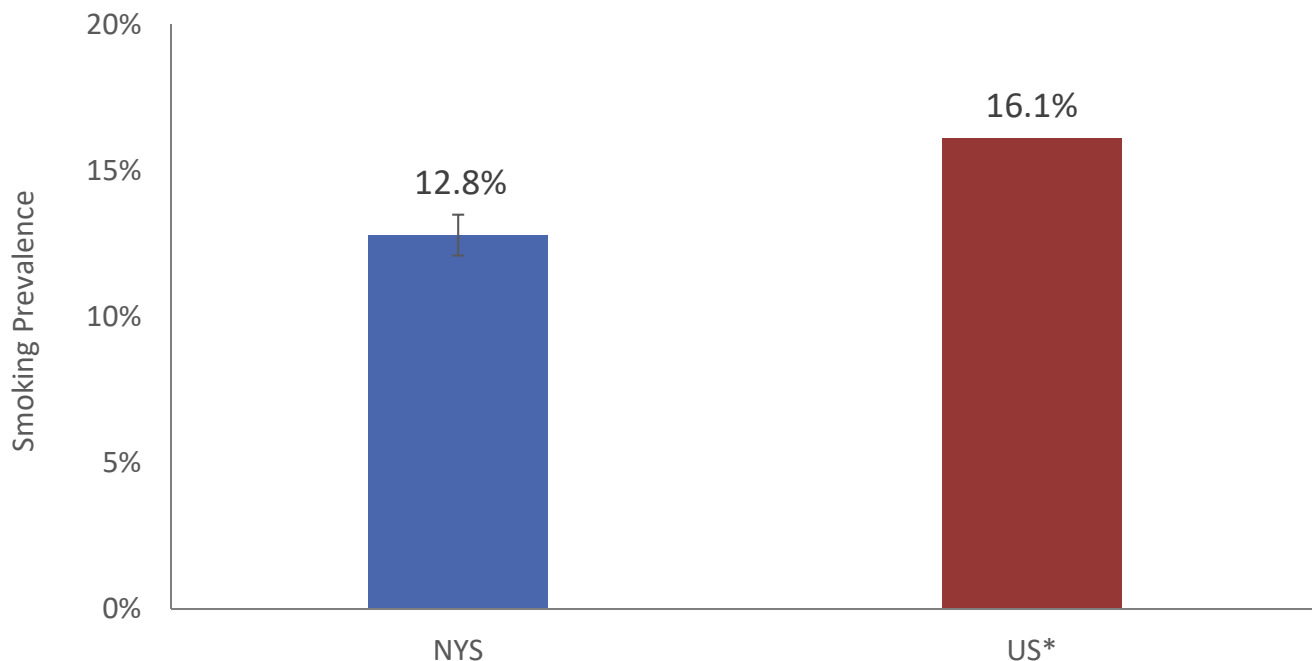
In New York State (NYS), the prevalence of cigarette smoking among adults is 12.8% (Figure 1). The NYS 2019-2024 Prevention Agenda's Prevent Chronic Diseases Action Plan set an objective to decrease the prevalence of cigarette smoking among adults to 11.0% by 2024. Between 2011 and 2018 the prevalence of adult smoking decreased by 34% (Figure 2). Statewide, rates of smoking are highest among adults reporting frequent mental distress (27.7%); adults who are unemployed (24.5%); adults enrolled in Medicaid (23.5%); adults who have earned less than a high school education (21.5%); adults with an annual household income of less than \$25,000 (20.4%); and, adults living with disability (20.0%) (Table 1). The rate of smoking among young adults (18-24 years of age) has reached a low of 8.6%.

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. Prevalence of Current Smoking in NYS and US, BRFSS 2018



*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. Trends in the Prevalence of Current Smoking in NYS, BRFSS 2011 – 2018

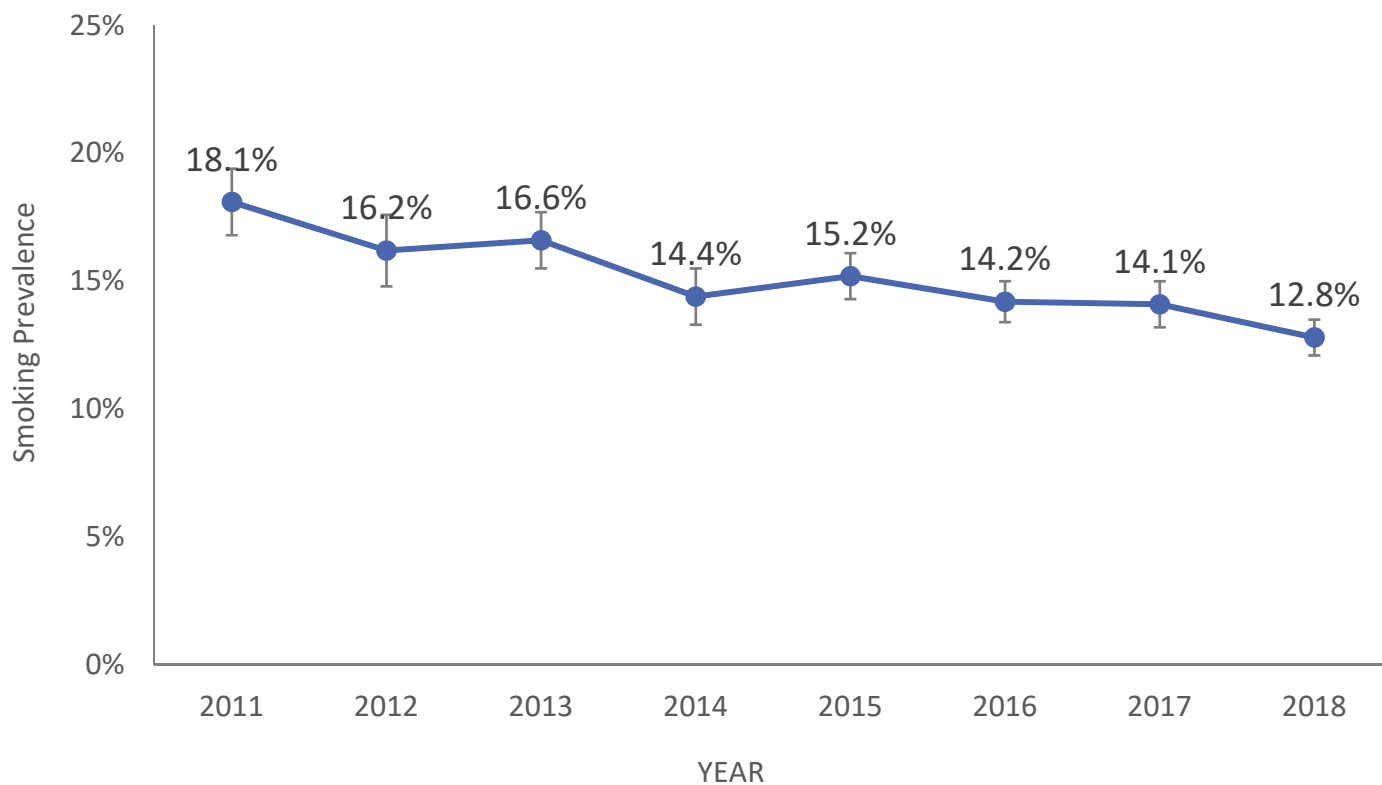


Table 1. Prevalence of Current Cigarette Smoking by Demographic Groups in NYS, BRFSS 2018

	Percent ^a	95% Confidence Interval	Estimated Weighted N
Total New York State	12.8	(12.2,13.5)	1,887,000
Region			
Rest of State (NYS excluding NYC)	13.9	(13.1,14.7)	1,169,000
New York City	11.4	(10.3,12.4)	718,000
Sex			
Male	15.0	(14.0,16.0)	1,038,000
Female	11.0	(10.1,11.8)	834,000
Race/Ethnicity			
White/Non-Hispanic	13.3	(12.5,14.1)	1,093,000
Black/Non-Hispanic	14.1	(12.2,16.1)	281,000
Other Race or Multiracial/Non-Hispanic	9.2	(7.3,11.1)	146,000
Hispanic	12.1	(10.4,13.9)	305,000
Age			
18-24 Years Old	8.6	(6.9,10.4)	151,000
25+ Years Old	13.4	(12.7,14.1)	1,736,000
Educational Attainment			
Less than H.S.	21.5	(18.9,24.1)	433,000
H.S. or GED	17.0	(15.6,18.5)	653,000
Some Post H.S.	12.6	(11.5,13.8)	496,000
College Graduate	6.2	(5.5,6.9)	301,000
Annual Household Income			
Less than \$25,000	20.4	(18.6,22.1)	605,000
\$25,000 - 34,999	16.1	(13.6,18.6)	177,000
\$35,000 - 49,999	15.4	(12.9,17.9)	197,000
\$50,000 - 74,999	13.1	(11.3,14.9)	200,000
More than \$75,000	8.0	(7.0, 9.0)	378,000
Employment Status			
Employed/Self-Employed	12.3	(11.4,13.1)	1,054,000
Unemployed	24.5	(20.8,28.3)	210,000
Not in Labor Force	11.8	(10.7,12.8)	599,000
Frequent Mental Distress^b			
Yes	27.7	(25.1,30.3)	440,000
No	11.0	(10.4,11.7)	1,404,000
Disability Status^c			
Yes	20.0	(18.4,21.5)	755,000
No	10.3	(9.6,11.0)	1,106,000
Health Care Coverage – Type			
Medicaid	23.5	(21.3,25.7)	496,000
Medicare	11.2	(9.8,12.6)	275,000
Private Insurance	9.7	(8.8, 10.5)	702,000
Other Insurance	14.6	(11.5,17.6)	90,000
No Insurance	17.1	(14.8,19.5)	2,612,000

^a Percentages are weighted to population characteristics.

^b Frequent mental distress is defined as yes if respondents report problems with stress, depression, or emotions on at least 14 of the previous 30 days. This indicator was formerly referred to as poor mental health.

^c Disability status is defined as yes if respondents report having at least one type of disability (cognitive, independent living, self-care, mobility, vision, or hearing).

References

1. U.S. Department of Health and Human Services. [The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General](#). 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 [accessed 2019 March 20].
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 [accessed 2019 March 20].
3. Lortet-Tieulent J, Goding Sauer A, Siegel RL, et al. [State-Level Cancer Mortality Attributable to Cigarette Smoking in the United States](#). JAMA Intern Med. 2016;176(12):1792–1798. doi:10.1001/jamainternmed.2016.6530.

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