

# Addressing New York City's Smoking Inequities

## Smoking has decreased in NYC, but inequities exist

Reducing inequities\* requires looking **beyond individual behaviors to broader factors** that encourage smoking and make it difficult to stop, such as:



**Tobacco retailer density** (number of retailers per 100,000 residents)



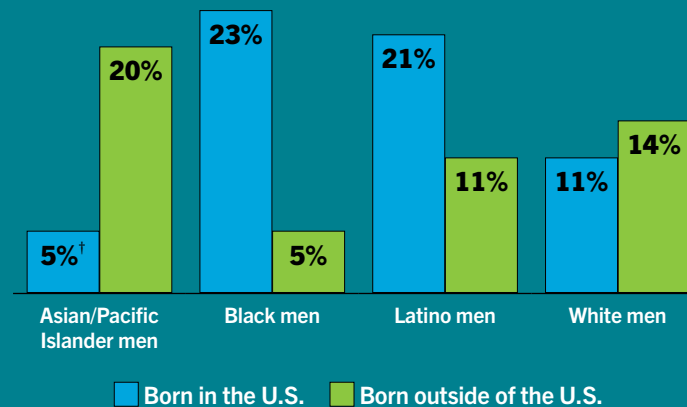
**How tobacco products are marketed**



**Racism and other forms of injustice**

## Considering intersecting factors can reveal inequities and focus actions

During 2019 to 2020, overall smoking prevalence in NYC was similar across different race and ethnicity groups, but there were significant differences when nativity, race and ethnicity were considered together.



Black and Latino men born in the U.S. had higher smoking rates than those born outside of the U.S. In contrast, Asian men born outside of the U.S. had higher smoking rates than those born in the U.S.

## Communities need tailored outreach and support

- Acknowledge that injustices, such as racism, contribute to inequities
- Screen all patients for tobacco use
- Offer tobacco treatment, including medications, to all patients who smoke, even if they are not ready to quit
- Engage in equitable solutions that challenge industry influences, change unfair conditions and remove barriers to optimal community health



\*Unfair differences in people's health outcomes and opportunities to achieve optimal health, rooted in structural injustices †Interpret estimate with caution due to small sample size.

Source: Merizier J, Orkin-Pro L, Talati A, Jasek J, Debchoudhury I. Addressing New York City's smoking inequities. *NYC Vital Signs*. 2022;20(1):1-4.

<https://www1.nyc.gov/assets/doh/downloads/pdf/survey/tobacco-inequities-2022.pdf>