

Smoking among New York City Men and Boys

In the United States and New York City (NYC), men are more likely than women to engage in many high risk health behaviors such as tobacco and other substance use. Cultural norms about appropriate behavior for men and women likely contribute to this pattern.¹⁻³ This data brief details smoking-related behaviors of NYC men and public high school boys using data from the 2016 NYC Community Health Survey (CHS), 2016 New York State Adult Tobacco Survey (NYS ATS), and 2015 NYC Youth Risk Behavior Survey (YRBS).

Men are more likely than women to smoke cigarettes and the gap is widening

- Between 2002 and 2016, current smoking prevalence decreased among men (23% to 17%) and women (20% to 9%); however, the gap between men and women widened from a prevalence 1.2 times as high among men compared with women in 2002 to 1.9 times as high in 2016.
- Smoking among men remained steady between 2010 and 2016 (16% to 17%).
- Between 1997 and 2015, the prevalence of smoking decreased among boys (23% to 7%) and girls (24% to 5%).
- Since 2013, the prevalence of smoking has been greater among public high school boys than girls.

Definitions:

Youth (boys): NYC public high school students in grades 9 through 12

Adults (men): NYC residents ages 18 and older

Current smoking (youth) is smoking at least one cigarette within the past 30 days.

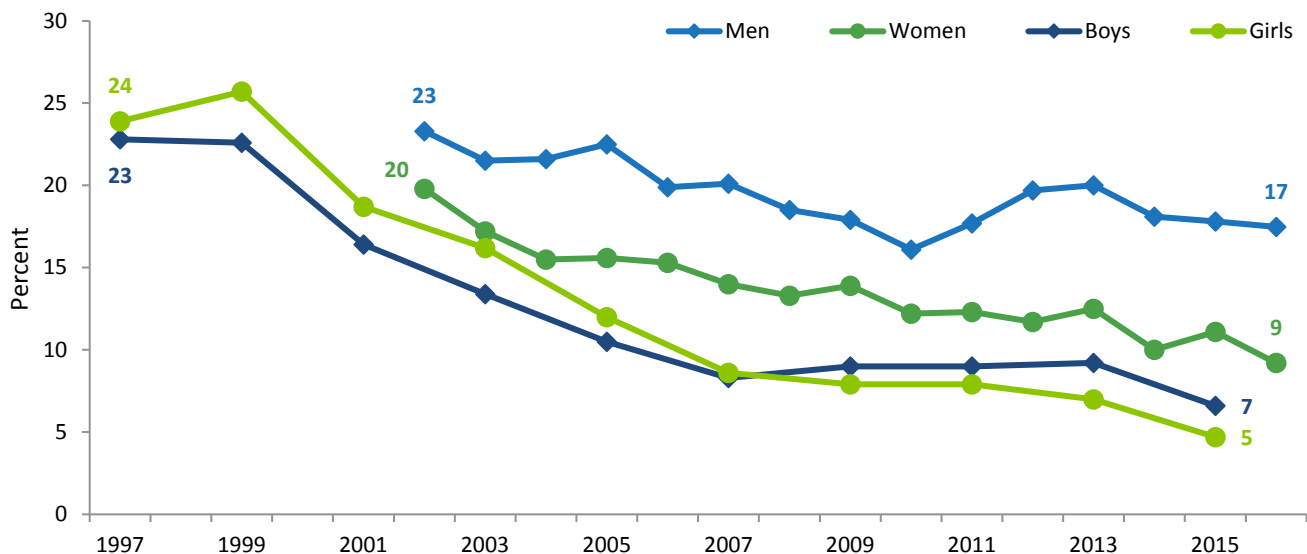
Current smoking (adult) is smoking at least 100 cigarettes in one's lifetime and currently smoking some days or every day.

Race/ethnicity: For the purpose of this publication, Latino includes persons of Hispanic or Latino origin, as identified by the survey question "Are you Hispanic or Latino?" and regardless of reported race. Black, White, and Asian/Pacific Islander race categories exclude those who identified as Latino.

Current e-cigarette use (youth): Used an e-cigarette on at least one day during the past 30 days.

Current e-cigarette use (adult): Used an e-cigarette every day or some days in the past 30 days.

Prevalence of current smoking among adults and youth by sex, New York City, 1997-2016



Sources: NYC Community Health Survey, 2002 – 2016; NYC Youth Risk Behavior Survey, 1997 - 2015

Asian men and men who do not have a college degree are more likely to smoke

- In 2016, compared with White men (18%), Asian/Pacific Islander men (23%) had a higher prevalence of smoking, whereas Black men (14%) had a lower prevalence. There was no difference between White and Latino men (17%).
- Smoking among men with a college degree (10%) was less than half as high as men with a high school diploma (22%) or men with less than a high school education (25%).
- Men insured by Medicaid (24%) and those without health insurance (23%) were more likely to smoke than men with private insurance (13%).
- In 2015, among men who smoked, 43% used menthol cigarettes.

Boys who are White and boys who do not identify as straight are more likely to smoke

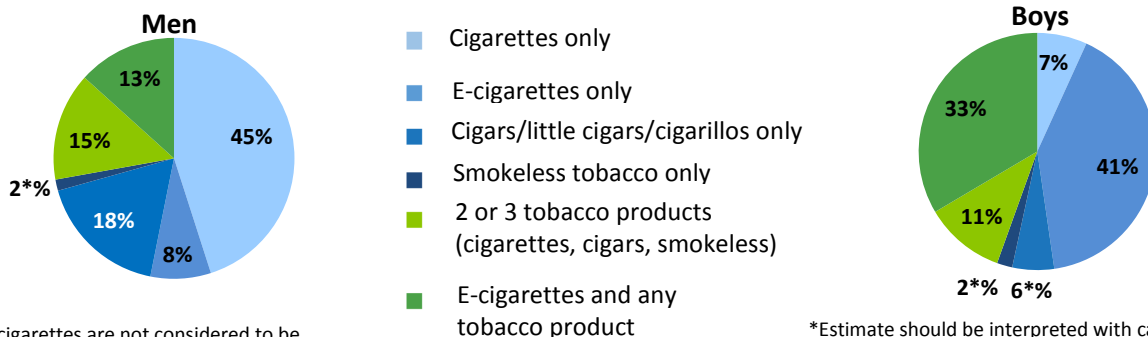
- In 2015, boys who identified as White (14%) were more than twice as likely to smoke compared with boys who identified as Black (5%), Latino (5%), or Asian (6%).
- Boys who identified as gay, bisexual, or not sure (15%) were more than twice as likely to smoke as boys who identified as straight (6%).
- Among boys who were current smokers, 57%* had ever tried menthol cigarettes.

Boys have a high prevalence of e-cigarette and tobacco product use

- In 2016, 3% of men used e-cigarettes and in 2015, 15% of boys used e-cigarettes.
- Among men who used any tobacco or e-cigarette products, 45% used cigarettes only, 18% used cigars/little cigars/cigarillos only, and 13% used a combination of e-cigarettes and any tobacco product.
- In 2015, e-cigarette use was higher among girls (17%) compared with boys (15%).
- Among boys who used tobacco or e-cigarette products, 7% used cigarettes only, 41% used e-cigarettes only, and 33% used a combination of e-cigarettes and other tobacco products.

* Estimate should be interpreted with caution due to Relative Standard Error greater than 30%.

Prevalence of product type among men and boys who currently used any tobacco or e-cigarette product, New York City, 2015, 2016



Note: E-cigarettes are not considered to be tobacco products by NYC

Source: NYS Adult Tobacco Survey, 2016

*Estimate should be interpreted with caution due to Relative Standard Error greater than 30%.

Source: NYC Youth Risk Behavior Survey, 2015

Data Sources:

New York State Adult Tobacco Survey (NYS ATS) 2016 has been fielded quarterly since June 2003 by the NYS Tobacco Control Program and RTI International to the non-institutionalized adult population of New York State, aged 18 years or older. The sample includes NYS residents with landlines and starting in 2010, cell-phones. Data were restricted to NYC residents.

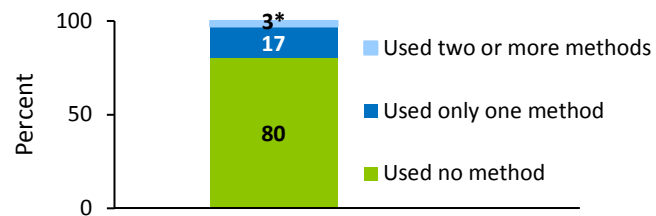
Community Health Survey (CHS) 2002-2016 is conducted annually by the Health Department with approximately 9,000-10,000 non-institutionalized adults ages 18 and older. Estimates are age-adjusted to the US 2000 standard population. CHS has included adults with landline phones since 2002 and, starting in 2009, has included adults who can be reached by cell-phone. For more survey details, visit nyc.gov/health/survey.

Youth Risk Behavior Survey (YRBS) 1997-2015 is a biennial self-administered, anonymous survey conducted in NYC public high schools by the Health Department and the NYC Department of Education. For more survey details, visit nyc.gov/site/doh/data/data-sets/nyc-youth-risk-behavior-survey.page.

Two-thirds of men who smoke tried to quit in the past year

- In 2016, among men who smoked in the past 12 months, 71% reported being advised to quit by a medical professional in the past 12 months.
- In 2016, among adult men who were current smokers, 67% tried to quit in the past 12 months.
- Among men who tried to quit, more than three quarters (80%) attempted without using counseling, medication, or other assistance.

Prevalence of quitting methods among men who tried to quit smoking in the past 12 months, New York City, 2016



Methods include: Medication (Nicotine replacement therapy or prescription); Counseling support (Attending a clinic/cessation class/support group/online counseling/quitline); Switching to e-cigarettes.

*Estimate should be interpreted with caution due to Relative Standard Error greater than 30%.

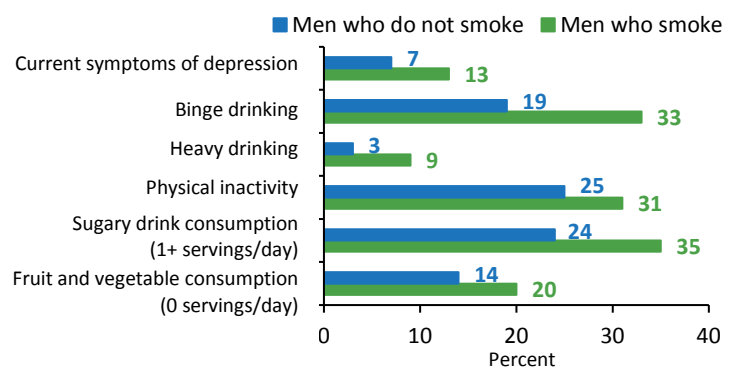
Source: NYS Adult Tobacco Survey, 2016

Men and boys who smoke are more likely to have symptoms of depression and engage in unhealthy behaviors than non-smokers

- Men who smoked were three times as likely to drink alcohol heavily (9%) compared with men who did not smoke (3%).
- In 2015, boys who smoked were more than seven times as likely to binge drink (38%* vs. 5%), and twice as likely to be in a physical fight (53%* vs. 22%) or show symptoms of depression (48%* vs. 19%) compared with boys who did not smoke.

* Estimate should be interpreted with caution due to Relative Standard Error greater than 30%.

Prevalence of symptoms of depression and unhealthy behaviors among men by smoking status, New York City, 2016



Source: NYC Community Health Survey, 2016

Definitions: Current symptoms of depression (boys): Over the past 12 months, felt sad or hopeless almost every day for 2 weeks or more in a row so that they stopped doing some usual activities.

Current symptoms of depression (men): Based on the Patient Health Questionnaire-8 depression scale indicating moderate to severe depressive symptoms over the past 2 weeks.

Binge drinking (men and boys) is consuming 5 or more alcoholic drinks on at least one occasion during the past 30 days.

Heavy drinking (men) is consuming more than 2 alcoholic drinks per day.

Physical inactivity: No physical activity for exercise during the past 30 days.

Nicotine replacement therapy (NRT): Quitting aids such as nicotine gum, lozenges or patches.

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Acknowledgements: Shadi Chamany, Nneka Lundy De La Cruz

References: 1 Mahalik JR, Burns SM, Syzdek M. Masculinity and perceived normative health behaviors as predictors of men's health behaviors. *Social Science & Medicine* 2007;64(11):2201-2209.

2 World Health Organization. Gender and tobacco control: a policy brief. 2007. Available at:

http://www.who.int/tobacco/resources/publications/general/policy_brief.pdf

3 Jamal A, King BA, Neff LJ, et al. Current cigarette smoking among adults—United States, 2005–2015. *Morb Mortal Wkly Rep*. 2016;65:1205-1211.

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New York City Department of Health and Mental Hygiene





Epi Data Tables

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Data Sources

Community Health Survey (CHS) 2016, is conducted annually by the Health Department with approximately 10,000 non-institutionalized adults ages 18 and older. Estimates are age-adjusted to the US 2000 standard population. The CHS has included adults with landline phones since 2002 and, starting in 2009, has included adults who can be reached by cell-phone. For more survey details, visit nyc.gov/health/survey.

Youth Risk Behavior Survey (YRBS) 2015, is a biennial self-administered, anonymous survey conducted in NYC public high schools by the Health Department and the NYC Department of Education. For more survey details, visit www1.nyc.gov/site/doh/data/data-sets/nyc-youth-risk-behavior-survey.page.

Table 1. Current smoking¹ prevalence among men and women by select demographic and health care access variables, New York City, 2016

Source: NYC Community Health Survey 2016

CHS 2016 data are weighted to adult residential population per the American Community Survey, 2015.

Data are age adjusted to the 2000 U.S. standard population.

	Men				Women				p-value men v. women
	Prevalence	Lower 95% Confidence Interval	Upper 95% Confidence Interval	p-value	Prevalence	Lower 95% Confidence Interval	Upper 95% Confidence Interval	p-value	
Current smoker¹									
Yes	17.5	15.9	19.1	-	9.2	8.1	10.4	-	<.001
Type of smoker²									
Non-daily	41.4	36.7	46.2	-	33.2	27.6	39.4	-	0.036
Light daily (≤ 10 cigs/day)	35.2	30.3	40.5	-	46.4	39.9	53.0	-	0.009
Heavy daily (>10 cigs/day)	23.4	19.5	27.9	-	20.4	15.3	26.6	-	0.395
Number of cigarettes per day²									
Mean	7.7	6.8	8.7	-	7.1	6.3	7.9	-	0.318
Race/ethnicity³									
White	17.8	15.0	21.0	referent	12.3	9.8	15.2	referent	0.007
Black	13.5	10.7	16.8	0.049	9.5 ^D	74.0	12.0	0.121	0.038
Latino	16.9	14.1	20.1	0.667	8.3	6.8	10.1	0.014	<.001
Puerto Rican	33.3	26.2	41.2	-	19.7	15.3	25.0	-	0.003
Cuban/Cuban American	22.6 *	9.0	46.2	-	23.4 *	10.1	45.3	-	0.949
Dominican/Dominican-American	10.3	6.9	15.2	-	5.9	3.9	8.7	-	0.061
Mexican/Mexican-American	17.5 ^D	11.0	26.6	-	0.4 *	0.1	2.6	-	<.001
Other Hispanic/Latino	11.1	8.0	15.2	-	5.7	3.3	9.8	-	0.027
Asian/Pacific Islander	23.5 ^D	19.3	28.2	0.039	3.1 *	1.6	5.8	<.001	<.001
Chinese	28.2	22.7	34.4	-	1.9	0.6	6.5	-	<.001
Other Asian/Pacific islander	13.3	8.4	20.4	-	3.4 *	1.3	8.1	-	0.003
Other	18.0	10.1	29.9	0.972	12.4 *	5.5	25.4	0.981	0.424
Age group (years)									
18-24	17.7	13.3	23.1	referent	6.0	3.6	10.0	referent	<.001
25-44	22.1	19.3	25.1	0.130	10.1	8.2	12.4	0.031	<.001
45-65	17.4	14.8	20.4	0.933	11.2	9.3	13.4	0.006	<.001
65+	6.6	4.8	8.9	<.001	5.9	4.4	7.8	0.936	0.588
Education⁴									
Less than high school graduate	24.7	20.3	29.8	referent	9.1	6.8	12.0	referent	<.001
High school graduate	22.2	18.8	26.1	0.413	12.6	9.7	16.0	0.094	<.001
Some college	18.0	14.4	22.3	0.033	10.6	8.3	13.5	0.418	0.002
College graduate	10.1	8.3	12.3	<.001	7.4	5.9	9.3	0.278	0.042
Sexual orientation									
Straight	17.3	15.6	19.0	referent	8.9	7.7	10.1	referent	<.001
Gay/lesbian/bisexual/something else	21.2	15.6	28.1	0.237	19.7	13.7	27.5	0.002	0.756
Nativity									
US born	18.7	16.4	21.1	referent	13.2	11.5	15.2	referent	<.001
Foreign born	16.4	14.2	18.7	0.164	5.2	4.0	6.8	<.001	<.001
Household income (% of federal poverty level)⁵									
<200%	21.4	19.0	24.0	referent	9.3	7.9	10.9	referent	<.001
200-399%	16.2	12.7	20.5	0.029	12.1	8.9	16.3	0.164	0.134
400+%	13.7	11.5	16.4	<.001	7.8	6.1	10.0	0.245	<.001
Neighborhood Health Action Center area⁶									
South Bronx	18.1	12.3	25.8	0.967	9.5 ^U	6.3	14.2	0.646	0.032
East and Central Harlem	12.8	7.3	21.4	0.161	18.7	12.5	27.1	0.008	0.249
North and Central Brooklyn	15.7	11.9	20.3	0.330	11.3	8.6	14.8	0.110	0.101
All other neighborhoods	17.9	16.2	19.8	referent	8.6	7.4	10.0	referent	<.001
Employment status									
Employed	17.5 ^D	15.5	19.7	referent	9.1	7.5	1.9	referent	<.001
Unemployed	24.9	19.6	31.2	0.018	14.6	10.2	20.4	0.045	0.008
Not in labor force	16.8	12.5	22.4	0.819	9.3	7.4	11.7	0.849	0.006

Table 1. Current smoking¹ prevalence among men and women by select demographic and health care access variables, New York City, 2016

Source: NYC Community Health Survey 2016

CHS 2016 data are weighted to adult residential population per the American Community Survey, 2015.

Data are age adjusted to the 2000 U.S. standard population.

	Men				Women				p-value men v. women
	Prevalence	Lower 95% Confidence Interval	Upper 95% Confidence Interval	p-value	Prevalence	Lower 95% Confidence Interval	Upper 95% Confidence Interval	p-value	
Insurance type									
Private	12.6	10.7	14.7	referent	8.5 ^U	6.9	10.4	referent	0.002
Medicare	17.9	11.3	27.1	0.196	11.8	7.7	17.7	0.220	0.194
Medicaid	24.5 ^D	20.9	28.4	<.001	9.6	7.9	11.7	0.393	<.001
Other	33.5 ^D *	21.5	48.1	0.003	11.2	6.3	19.2	0.406	0.004
Uninsured	23.2	18.3	28.9	<.001	8.0	5.2	12.1	0.786	<.001
Has one or more primary care providers									
Yes	16.5 ^D	14.7	18.4	referent	8.6	7.5	9.9	referent	<.001
No	22.6	18.5	27.3	0.012	12.8	9.4	17.1	0.044	0.001
Usually smoke menthol cigarettes (2015)									
Yes	42.6	37.7	57.4	-	56.7	50.8	62.5	-	<.001

¹Current smoking is defined as having smoked 100 cigarettes in one's lifetime and now smoking every day or some days.

²Among current smokers

³For the purpose of this publication, Latino includes persons of Hispanic or Latino origin, as identified by the survey question "Are you Hispanic or Latino?" and regardless of reported race. Black, White, and Asian/Pacific Islander race categories exclude those who identified as Latino.

⁴Analysis of education was restricted to those aged 25 years or older.

⁵Household annual income from all sources

⁶To promote health equity and reduce health disparities at the neighborhood level, the Health Department established Neighborhood Health Action Centers (formerly District Public Health Offices) in the South Bronx, East and Central Harlem, and North and Central Brooklyn, neighborhoods with high rates of chronic disease and premature death.

^U When reporting to nearest whole percent, round up

^D When reporting to nearest whole percent, round down

*Estimate should be interpreted with caution. Estimate's Relative Standard Error (a measure of estimate precision) is greater than 30%, or the 95% CI's half width is greater than 10, or the sample size is too small, making the estimate potentially unreliable.

95% confidence intervals (CIs) are a measure of estimate precision. The wider the interval, the more imprecise the estimate.

Bold p-values indicate a statistically significant difference from the reference group.

Table 2. Current smoking¹ prevalence among public high school boys and girls by select demographic variables, New York City, 2015

Source: NYC Youth Risk Behavior Survey 2015

Data are weighted to the NYC public high school student population.

Data are not age adjusted.

	Boys				Girls				p-value boys v girls		
	Prevalence	Lower 95% Confidence Interval	Upper 95% Confidence Interval	p-value	Prevalence	Lower 95% Confidence Interval	Upper 95% Confidence Interval	p-value			
Current smoker¹											
Yes	6.6	5.1	8.4	-	4.7	39.0	5.7	-	0.021		
Race/ethnicity²											
White	13.7	9.1	19.9	referent	10.7	8.0	14.3	referent	0.292		
Black	5.3	3.4	8.2	0.001	1.6	*	0.8	3.1	<.001		
Latino	4.9	3.6	6.7	0.002	5.6	3.8	8.2	0.009	0.636		
Asian	6.2	4.1	9.5	0.018	3.2	2.1	5.0	<.001	0.042		
Other	8.4	5.4	12.7	0.120	5.7	*	2.6	12.0	0.009		
Borough of school											
Bronx	3.4	2.4	4.8	referent	2.9	1.9	4.3	referent	0.505		
Brooklyn	5.8	*	3.1	10.6	0.221	5.5 ^D	3.6	8.3	0.049		
Manhattan	6.1	*	2.3	15.2	0.372	4.6	3.1	7.0	0.121		
Queens	9.7	7.6	12.3	<.001	4.8	3.5	6.6	0.053	<.001		
Staten Island	7.1	5.1	9.9	0.006	6.7	4.3	10.1	0.015	0.799		
Neighborhood Health Action Center area of school³											
South Bronx	2.4	1.4	4.2	<.001	2.3	*	1.2	4.6	0.005		
North and Central Brooklyn	5.4	3.2	8.9	0.322	2.7	*	1.2	5.8	0.039		
East and Central Harlem	2.6	1.9	3.7	<.001	2.1	1.3	3.6	<.001	0.520		
None	7.1	5.4	9.3	referent	5.1	4.2	6.3	referent	0.034		
Sexual orientation											
Straight	6.0	4.5	8.0	referent	3.9	3.2	4.9	referent	0.005		
Gay/lesbian/bisexual/not sure	15.3	9.8	23.0	0.004	7.8	5.6	10.8	0.004	0.010		
Ever tried menthol cigarettes⁴											
Yes	56.8	*	44.4	68.4	-	49.4	*	37.3	61.6	-	0.333

¹Current smoking is defined as having smoked atleast once over the past 30 days.²For the purpose of this publication, Latino includes persons of Hispanic or Latino origin, as identified by the survey question "Are you Hispanic or Latino?" and regardless of reported race. Black, White, and Asian race categories exclude those who identified as Latino.³To promote health equity and reduce health disparities at the neighborhood level, the Health Department established Neighborhood Health Action Centers (formerly District Public Health Offices) in the South Bronx, East and Central Harlem, and North and Central Brooklyn, neighborhoods with high rates of chronic disease and premature death.⁴Among current cigarette smokers^U When reporting to nearest whole percent, round up^D When reporting to nearest whole percent, round down

*Estimate should be interpreted with caution. Estimate's Relative Standard Error (a measure of estimate precision) is greater than 30%, or the 95% CI's half width is greater than 10, or the sample size is too small, making the estimate potentially unreliable.

95% confidence intervals (CIs) are a measure of estimate precision. The wider the interval, the more imprecise the estimate.

Bold p-values indicate a statistically significant difference from the reference group.

Table 3. Prevalence of current e-cigarette use¹ among adult men and women by select demographic and health care access variables, New York City, 2016

Source: NYC Community Health Survey 2016

CHS 2016 data are weighted to adult residential population per the American Community Survey, 2015.

Data are age adjusted to the 2000 U.S. standard population.

	Men				Women				p-value men v. women
	Prevalence	Lower 95% Confidence Interval	Upper 95% Confidence Interval	p-value	Prevalence	Lower 95% Confidence Interval	Upper 95% Confidence Interval	p-value	
Current e-cigarette user¹									
Yes	3.3	2.6	4.1	-	1.7	1.3	2.3	-	0.001
Race/ethnicity²									
White	4.8	3.3	7.0	referent	3.6	2.4	5.5	referent	0.327
Black	1.7 *	0.8	3.6	0.007	1.1	0.7	2.0	0.003	0.429
Latino	3.0	2.0	4.4	0.098	0.9	0.5	1.6	0.001	0.001
Asian/Pacific Islander	2.4	1.3	4.3	0.042	0.2 *	0.0	1.2	<.001	0.002
Other	4.8 *	2.0	11.2	0.992	1.5 ^D *	0.4	5.7	0.096	0.159
Age group (years)									
18-24	6.8	4.1	10.9	referent	1.7 *	0.7	3.7	referent	0.005
25-44	4.4	3.1	6.1	0.186	2.0	1.2	3.3	0.709	0.009
45-65	1.6	1.0	2.4	0.002	1.6	1.1	2.4	0.938	0.969
65+	0.9 *	0.4	2.0	0.001	1.4	0.9	2.3	0.774	0.307
Education³									
Less than high school graduate	3.6 *	1.8	7.2	referent	0.8 *	0.4	1.8	referent	0.035
High school graduate	1.2	0.7	2.0	0.065	1.8 *	0.8	3.9	0.208	0.409
Some college	3.9	2.6	5.9	0.856	1.3 *	0.7	2.3	0.405	0.004
College graduate	2.8	1.9	4.1	0.537	2.4	1.5	3.6	0.011	0.605
Sexual orientation									
Straight	2.8	2.2	3.6	referent	1.6	1.2	2.3	referent	0.009
Gay/lesbian/bisexual/something else	7.0 *	3.6	13.4	0.080	6.1 *	3.1	11.8	0.033	0.780
Nativity									
US born	4.2	3.1	5.5	referent	3.0	2.2	4.2	referent	0.150
Foreign born	2.5 ^D	1.6	3.8	0.035	0.5 ^U *	0.2	1.2	<.001	0.001
Household income (% of federal poverty level)⁴									
<200%	3.2	2.2	4.7	referent	1.5 ^U	1.0	2.4	referent	0.017
200-399%	3.7	2.3	5.8	0.688	1.2 *	0.5	2.8	0.604	0.015
400+%	3.0	2.1	4.2	0.729	2.2	1.4	3.5	0.270	0.312
Neighborhood Health Action Center area⁵									
South Bronx	1.6 *	0.7	3.8	0.020	0.9 *	0.3	2.2	0.060	0.356
East and Central Harlem	0.6 *	0.1	4.3	<.001	2.5 ^U *	1.0	6.3	0.596	0.165
North and Central Brooklyn	2.4 *	1.2	4.8	0.205	0.7 *	0.3	1.6	0.009	0.062
All other neighborhoods	3.6	2.8	4.7	referent	1.9	1.3	2.6	referent	0.001
Employment status									
Employed	3.9	2.9	5.1	referent	1.4	0.9	2.1	referent	<.001
Unemployed	3.3 *	1.6	6.8	0.685	3.7 *	1.7	7.6	0.103	0.853
Not in labor force	2.4 *	1.2	4.6	0.128	2.0	1.3	3.3	0.244	0.706
Insurance type									
Private	2.8	2.0	3.9	referent	1.9	1.2	3.0	referent	0.175
Medicaid	4.0	2.5	6.5	0.248	1.7	1.1	2.7	0.792	0.030
Other	1.3 *	0.4	4.8	0.151	^				
Uninsured	5.3 *	2.7	10.3	0.183	0.4 *	0.1	1.5	0.004	0.008
Has one or more primary care providers									
Yes	3.3	2.6	4.3	referent	1.9	1.4	2.7	referent	0.012
No	3.3	2.0	5.3	0.933	0.4 *	0.1	1.1	<.001	0.001

¹Current e-cigarette use is defined as having used an e-cigarette every day or some days over the past 30 days.²For the purpose of this publication, Latino includes persons of Hispanic or Latino origin, as identified by the survey question "Are you Hispanic or Latino?" and regardless of reported race. Black, White, and Asian/Pacific Islander race categories exclude those who identified as Latino.³Analysis of education was restricted to those aged 25 years or older.⁴Household annual income from all sources.⁵To promote health equity and reduce health disparities at the neighborhood level, the Health Department established Neighborhood Health Action Centers (formerly District Public Health Offices) in the South Bronx, East and Central Harlem, and North and Central Brooklyn, neighborhoods with high rates of chronic disease and premature death.^U When reporting to nearest whole percent, round up^D When reporting to nearest whole percent, round down

*Estimate should be interpreted with caution. Estimate's Relative Standard Error (a measure of estimate precision) is greater than 30%, or the 95% CI's half width is greater than 10, or the sample size is too small, making the estimate potentially unreliable.

^Data are suppressed due to imprecise and unreliable estimates.

95% confidence intervals (CIs) are a measure of estimate precision. The wider the interval, the more imprecise the estimate.

Bold p-values indicate a statistically significant difference from the reference group.

Table 4. Prevalence of current e-cigarette use¹ among public high school boys and girls by select demographic variables, New York City, 2015

Source: NYC Youth Risk Behavior Survey 2015

Data are weighted to the NYC public high school student population.

Data are not age adjusted.

	Boys				Girls				p-value boys v girls
	Prevalence	Lower 95% Confidence Interval	Upper 95% Confidence Interval	p-value	Prevalence	Lower 95% Confidence Interval	Upper 95% Confidence Interval	p-value	
Current e-cigarette user¹									
Yes	14.8	13.0	16.7	-	16.9	15.3	18.5	-	0.023
Race/ethnicity²									
White	24.0	19.5	29.2	referent	25.6	20.9	30.9	referent	0.620
Black	8.5 ^D	6.2	11.6	<.001	12.4	9.7	15.6	<.001	0.009
Latino	16.6	14.4	19.0	0.018	21.7	19.3	24.5	0.232	<.001
Asian	12.7	9.2	17.3	<.001	6.6	4.6	9.4	<.001	0.008
Other	12.9	8.3	19.5	0.008	15.6	11.2	21.3	0.003	0.339
Borough of school									
Bronx	13.0	10.7	15.7	referent	14.7	11.3	18.9	referent	0.330
Brooklyn	14.6	10.8	19.4	0.524	17.5 ^U	14.6	20.8	0.260	0.101
Manhattan	16.5 ^D	10.6	24.7	0.351	18.3	15.6	21.3	0.141	0.589
Queens	14.0	12.3	15.9	0.512	16.1	12.7	20.1	0.615	0.197
Staten Island	19.3	15.6	23.7	0.009	18.2	15.7	20.9	0.138	0.560
Neighborhood Health Action Center area of school³									
South Bronx	11.9	9.3	15.0	0.072	16.1	12.5	20.5	0.651	0.029
North and Central Brooklyn	14.7	8.9	23.2	0.902	15.8	12.7	19.6	0.517	0.695
East and Central Harlem	12.0	8.9	15.9	0.132	12.9	9.3	17.7	0.070	0.719
None	15.1	13.1	17.4	referent	17.1	15.4	19.0	referent	0.062
Sexual orientation									
Straight	14.6	12.5	17.0	referent	15.0	13.4	16.9	referent	0.663
Gay/lesbian/bisexual/not sure	19.5 ^D	13.1	28.0	0.251	23.5 ^U	19.9	27.6	<.001	0.253

¹Current e-cigarette use is defined as having used an e-cigarette at least once over the past 30 days.²For the purpose of this publication, Latino includes persons of Hispanic or Latino origin, as identified by the survey question "Are you Hispanic or Latino?" and regardless of reported race. Black, White, and Asian race categories exclude those who identified as Latino.³To promote health equity and reduce health disparities at the neighborhood level, the Health Department established Neighborhood Health Action Centers (formerly District Public Health Offices) in the South Bronx, East and Central Harlem, and North and Central Brooklyn, neighborhoods with high rates of chronic disease and premature death.^U When reporting to nearest whole percent, round up^D When reporting to nearest whole percent, round down

*Estimate should be interpreted with caution. Estimate's Relative Standard Error (a measure of estimate precision) is greater than 30%, or the 95% CI's half width is greater than 10, or the sample size is too small, making the estimate potentially unreliable.

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Bold p-values indicate a statistically significant difference from the reference group.

Table 5. Prevalence of symptoms of depression and high risk health behaviors among public high school boys by smoking status, New York City, 2015

Source: NYC Youth Risk Behavior Survey 2015

Data are weighted to the NYC public high school student population.

Data are not age adjusted.

	Boys who smoke				Boys who do not smoke			p-value smokers vs. non-smokers
	Prevalence	Lower 95% Confidence Interval	Upper 95% Confidence Interval	Prevalence	Lower 95% Confidence Interval	Upper 95% Confidence Interval		
Symptoms of depression¹								
Yes	47.9	*	37.9	58.0	18.9	16.4	21.6	<.001
Was in a physical fight in the past 12 months								
Yes	53.1	*	41.8	64.1	22.0	20.1	24.1	<.001
Current alcohol drinking²								
Yes	72.5 ^U	*	59.8	82.4	13.7	11.4	16.3	<.001
Binge drinking³								
Yes	38.3	*	27.9	49.7	5.2	4.3	6.2	<.001
Physical inactivity⁴								
Yes	22.9		15.4	32.7	15.0	13.3	17.0	0.093
Sugary drink consumption⁵								
Yes	56.1		46.6	65.1	41.1	38.6	43.6	0.002
Fruit and vegetable consumption per day								
Zero	6.9	*	3.6	12.6	8.8	7.5	10.4	0.391
1 to 4	83.6		74.0	90.1	83.7	80.3	86.6	0.983
5 +	9.5 ^U	*	5.1	17.2	7.5 ^D	5.6	9.9	0.517

¹Symptoms of depression is defined as having felt sad or hopeless almost every day for 2 weeks or more in a row so that they stopped doing some usual activities²Current drinking is drinking at least one drink of alcohol on at least 1 day during the past 30 days³Binge drinking is drinking five or more drinks of alcohol in a row within a few hours on at least 1 day during the last 30 days⁴Physical inactivity is not participating in at least 60 minutes of physical activity on at least 1 day during the past 7 days⁵Sugary drink consumption is consuming an average of 1 or more sugar sweetened beverages per day^U When reporting to nearest whole percent, round up^D When reporting to nearest whole percent, round down

*Estimate should be interpreted with caution. Estimate's Relative Standard Error (a measure of estimate precision) is greater than 30%, or the 95% CI's half width is greater than 10, or the sample size is too small, making the estimate potentially unreliable.

95% confidence intervals (CIs) are a measure of estimate precision. The wider the interval, the more imprecise the estimate.

Bold p-values indicate a statistically significant difference from the reference group.

Table 6. Prevalence of having initiated smoking at age 21 or older among current adult smokers, by sex and race/ethnicity, New York City, 2016

Source: NYC Community Health Survey 2016

CHS 2016 data are weighted to adult residential population per the American Community Survey, 2015.

Data are age adjusted to the 2000 U.S. standard population.

	Prevalence	Men			Women					
		Lower 95% Confidence Interval	Upper 95% Confidence Interval	p-value	Prevalence	Lower 95% Confidence Interval	Upper 95% Confidence Interval	p-value		
Initiated smoking at age 21 or older										
Overall	23.2	19.3	27.7	-	22.4	17.6	28.1	-		
Race/ethnicity¹										
White	19.4	14.0	26.3	referent	21.6	14.9	30.1	referent		
Black	33.8	*	24.0	45.2	0.022	23.9	*	14.6	36.7	0.728
Latino	17.4		11.1	26.3	0.693	18.8		12.6	27.2	0.611
Asian/Pacific Islander	35.8	*	26.2	46.7	0.008	49.6	*	22.8	76.6	0.077
Other	34.0	*	16.8	56.8	0.190	24.6	*	8.0	55.0	0.818

¹For the purpose of this publication, Latino includes persons of Hispanic or Latino origin, as identified by the survey question "Are you Hispanic or Latino?" and regardless of reported race. Black, White, and Asian race categories exclude those who identified as Latino.

*Estimate should be interpreted with caution. Estimate's Relative Standard Error (a measure of estimate precision) is greater than 30%, or the 95% CI's half width is greater than 10, or the sample size is too small, making the estimate potentially unreliable.

95% confidence intervals (CIs) are a measure of estimate precision. The wider the interval, the more imprecise the estimate.

Bold p-values indicate a statistically significant difference from the reference group.