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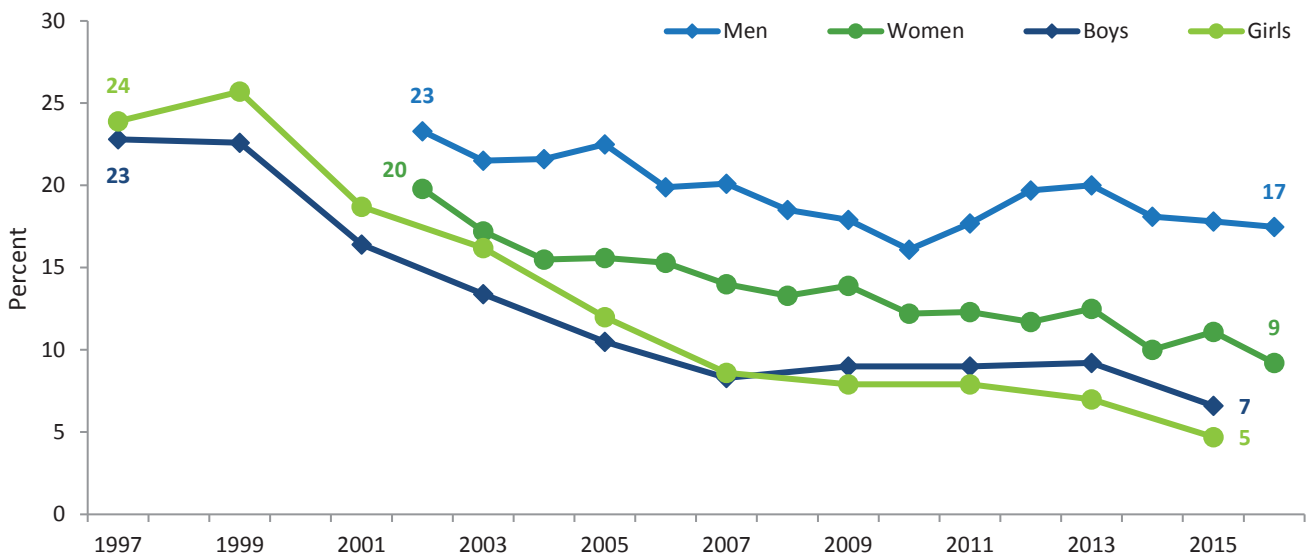
Sources: NYC Community Health Survey, 2002 – 2016; NYC Youth Risk Behavior Survey, 1997 - 2015

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.

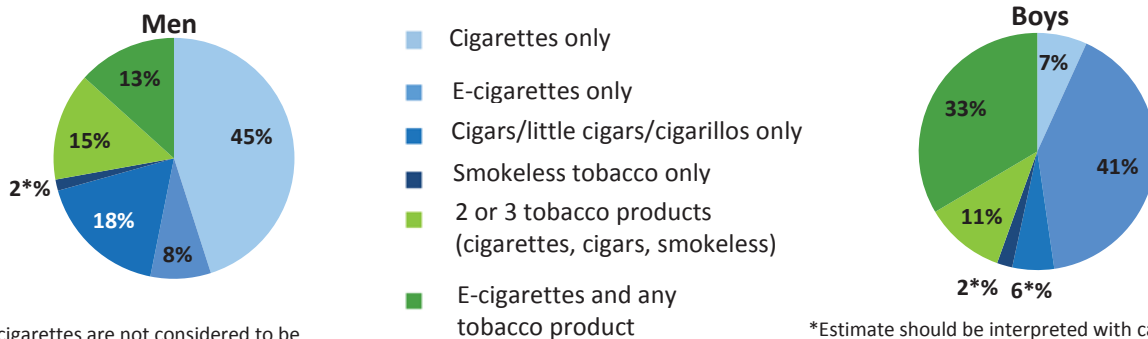## Boys who are White and boys who do not identify as straight are more likely to smoke

- 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

Men

45%, 8%, 18%, 2*%, 15%, 13%

Legend:
- Cigarettes only
- E-cigarettes only
- Cigars/little cigars/cigarillos only
- Smokeless tobacco only
- 2 or 3 tobacco products (cigarettes, cigars, smokeless)
- E-cigarettes and any tobacco product

Boys

7%, 41%, 6*%, 2*%, 11%, 33%

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

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

- Used two or more methods
- Used only one method
- Used no method
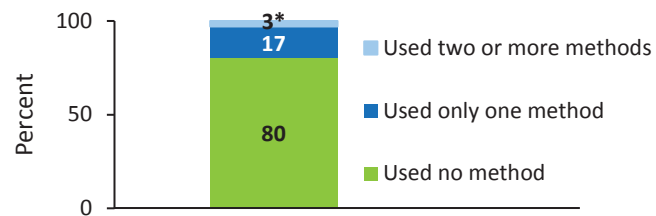
Methods include: Medication (Nicotine replacement therapy or prescription); Counseling support (Attending a clinic/cessation class/support group/online counseling/quitline); Switching to e-cigarettes.
*Estimate should be interpreted with caution due to Relative Standard Error greater than 30%.
Source: 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

■ Men who do not smoke   ■ Men who smoke
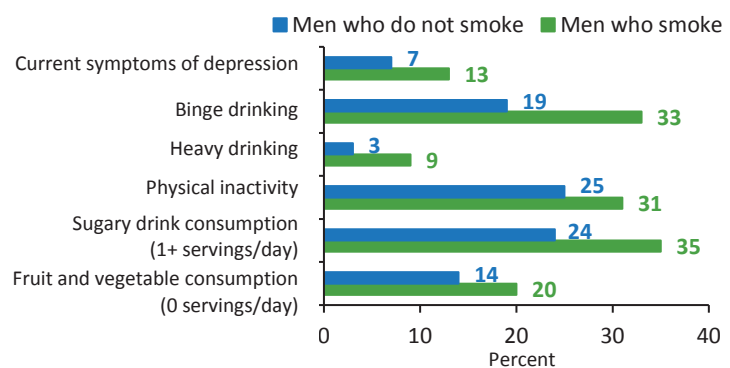
Source: NYC Community Health Survey, 2016

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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Smoking among New York City Men and Boys

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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 smoking[1] 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				
	Prevalence	Lower 95% Confidence Interval	Upper 95% Confidence Interval	p-value	Prevalence	Lower 95% Confidence Interval	Upper 95% Confidence Interval	p-value	p-value men v. women
Current smoker[1]									
Yes	17.5	15.9	19.1	-	9.2	8.1	10.4	-	**<.001**
Type of smoker[2]									
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 day[2]									
Mean	7.7	6.8	8.7	-	7.1	6.3	7.9	-	0.318
Race/ethnicity[3]									
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
Education[4]									
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 area[6]									
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 smoking[1] 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				
	Prevalence	Lower 95% Confidence Interval	Upper 95% Confidence Interval	p-value	Prevalence	Lower 95% Confidence Interval	Upper 95% Confidence Interval	p-value	p-value men v. women
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**

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

[2]Among current smokers

[3]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.

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

[5]Household annual income from all sources

[6]To 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 smoking[1] 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				
	Prevalence	Lower 95% Confidence Interval	Upper 95% Confidence Interval	p-value	Prevalence	Lower 95% Confidence Interval	Upper 95% Confidence Interval	p-value	p-value boys v girls
Current smoker[1]									
Yes	6.6	5.1	8.4	-	4.7	39.0	5.7	-	**0.021**
Race/ethnicity[2]									
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**	**0.003**
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**	0.387
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**	0.865
Manhattan	6.1 *	2.3	15.2	0.372	4.6	3.1	7.0	0.121	0.606
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 school[3]									
South Bronx	2.4	1.4	4.2	**<.001**	2.3 *	1.2	4.6	**0.005**	0.902
North and Central Brooklyn	5.4	3.2	8.9	0.322	2.7 *	1.2	5.8	**0.039**	**0.011**
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 cigarettes[4]									
Yes	56.8 *	44.4	68.4	-	49.4 *	37.3	61.6	-	0.333

[1]Current smoking is defined as having smoked atleast once over the past 30 days.

[2]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 race categories exclude those who identified as Latino.

[3]To 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.

[4]Among 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 use[1] 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 | | | | |
	Prevalence	Lower 95% Confidence Interval	Upper 95% Confidence Interval	p-value	Prevalence	Lower 95% Confidence Interval	Upper 95% Confidence Interval	p-value	p-value men v. women
Current e-cigarette user[1]									
Yes	3.3	2.6	4.1	-	1.7	1.3	2.3	-	**0.001**
Race/ethnicity[2]									
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
Education[3]									
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 area[5]									
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**

[1]Current e-cigarette use is defined as having used an e-cigarette evey day or some days over the past 30 days.

[2]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.

[3]Analysis of education was restricted to those aged 25 years or older.

[4]Household annual income from all sources.

[5]To 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 use[1] 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				
	Prevalence	Lower 95% Confidence Interval	Upper 95% Confidence Interval	p-value	Prevalence	Lower 95% Confidence Interval	Upper 95% Confidence Interval	p-value	p-value boys v girls
Current e-cigarette user[1]									
Yes	14.8	13.0	16.7	-	16.9	15.3	18.5	-	**0.023**
Race/ethnicity[2]									
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 school[3]									
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

[1]Current e-cigarette use is defined as having used an e-cigarette at least once over the past 30 days.

[2]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 race categories exclude those who identified as Latino.

[3]To 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

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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 depression[1]							
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 drinking[2]							
Yes	72.5[U] *	59.8	82.4	13.7	11.4	16.3	**<.001**
Binge drinking[3]							
Yes	38.3 *	27.9	49.7	5.2	4.3	6.2	**<.001**
Physical inactivity[4]							
Yes	22.9	15.4	32.7	15.0	13.3	17.0	0.093
Sugary drink consumption[5]							
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

[1]Symptoms 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 activities

[2]Current drinking is drinking at least one drink of alcohol on at least 1 day during the past 30 days

[3]Binge 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 days

[4]Physical inactivity is not participating in atleast 60 minutes of physical activity on at least 1 day during the past 7 days

[5]Sugary 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

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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.

| | | Men | | | | | Women | | |
	Prevalence		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/ethnicity[1]										
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

[1]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 race categories exclude those who identified as Latino.

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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.