

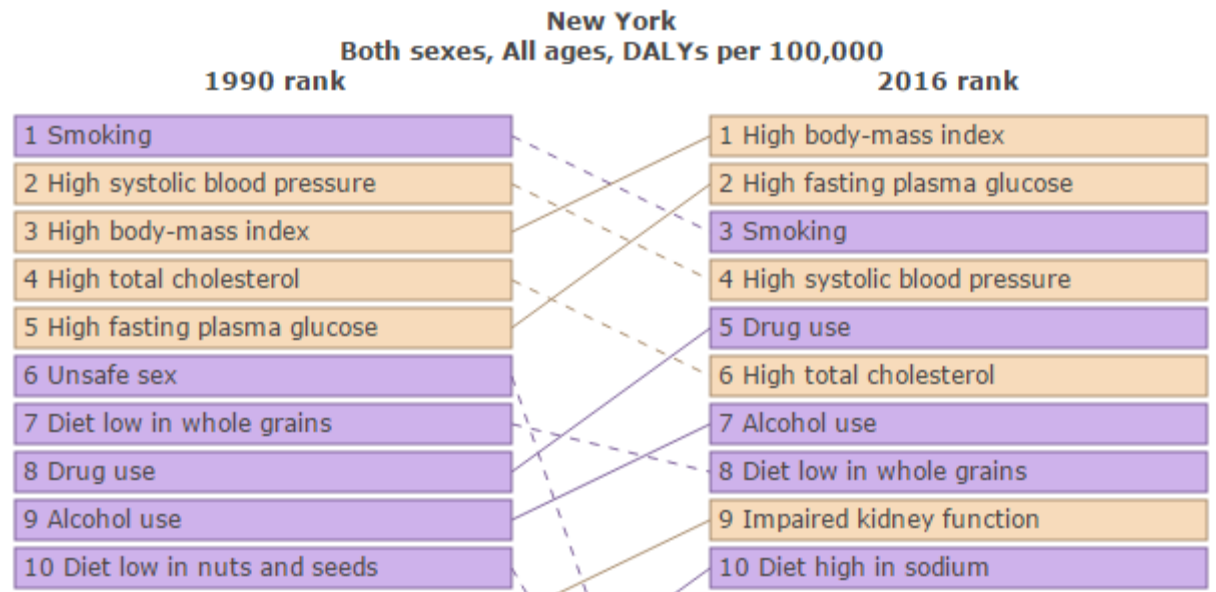
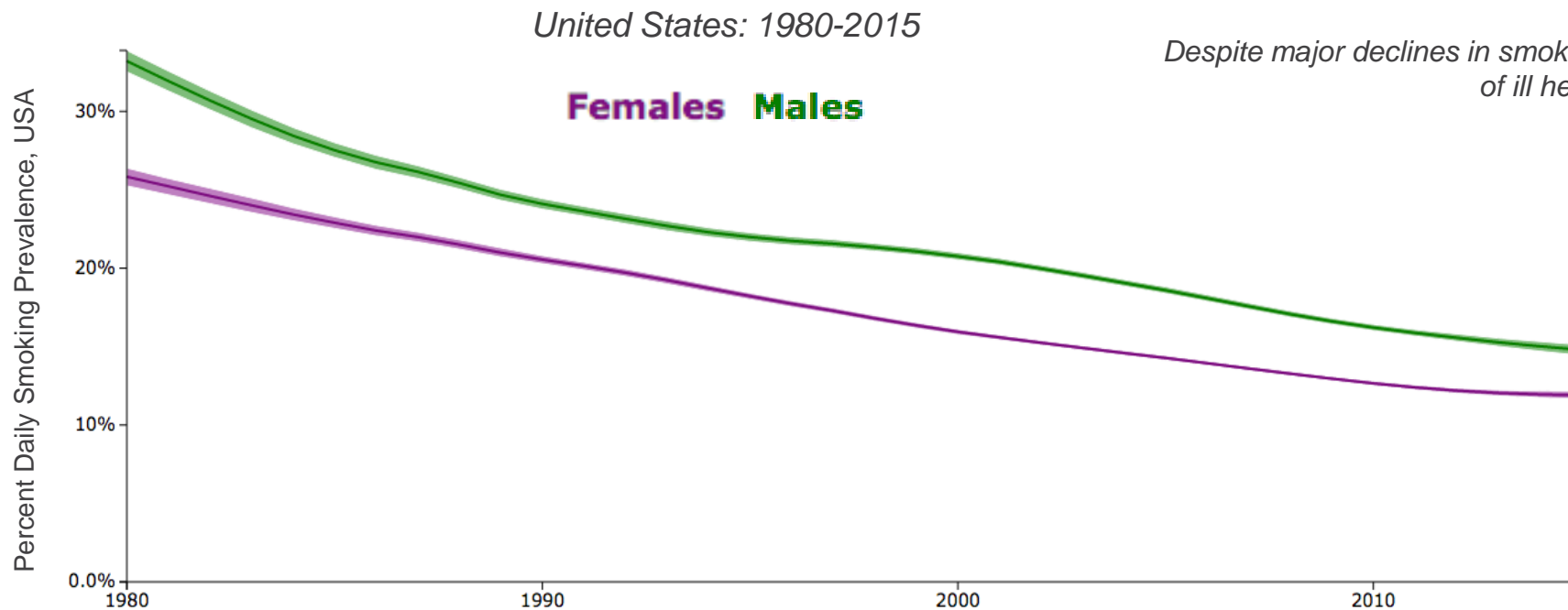
Bronx Community Health Dashboard: *Smoking*

Created: 6/12/2017

Last Updated: 3/2/2019

See last [slide](#) for more information about this project.

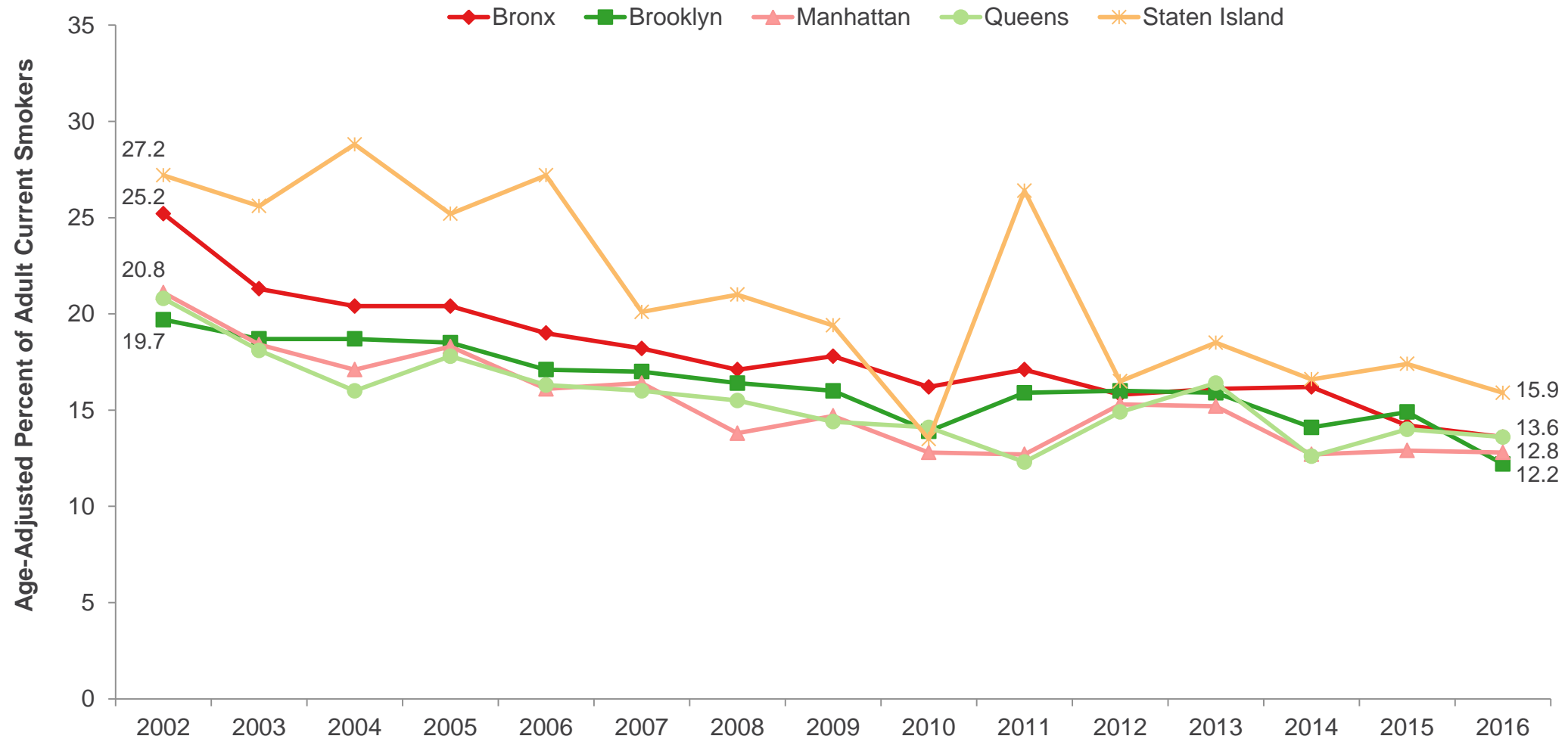
Daily smoking prevalence in the United States has declined since 1990 but remains a leading cause of ill health



Despite major declines in smoking prevalence, smoking remains a top 3 cause of ill health in New York state.

Adult Smoking Status

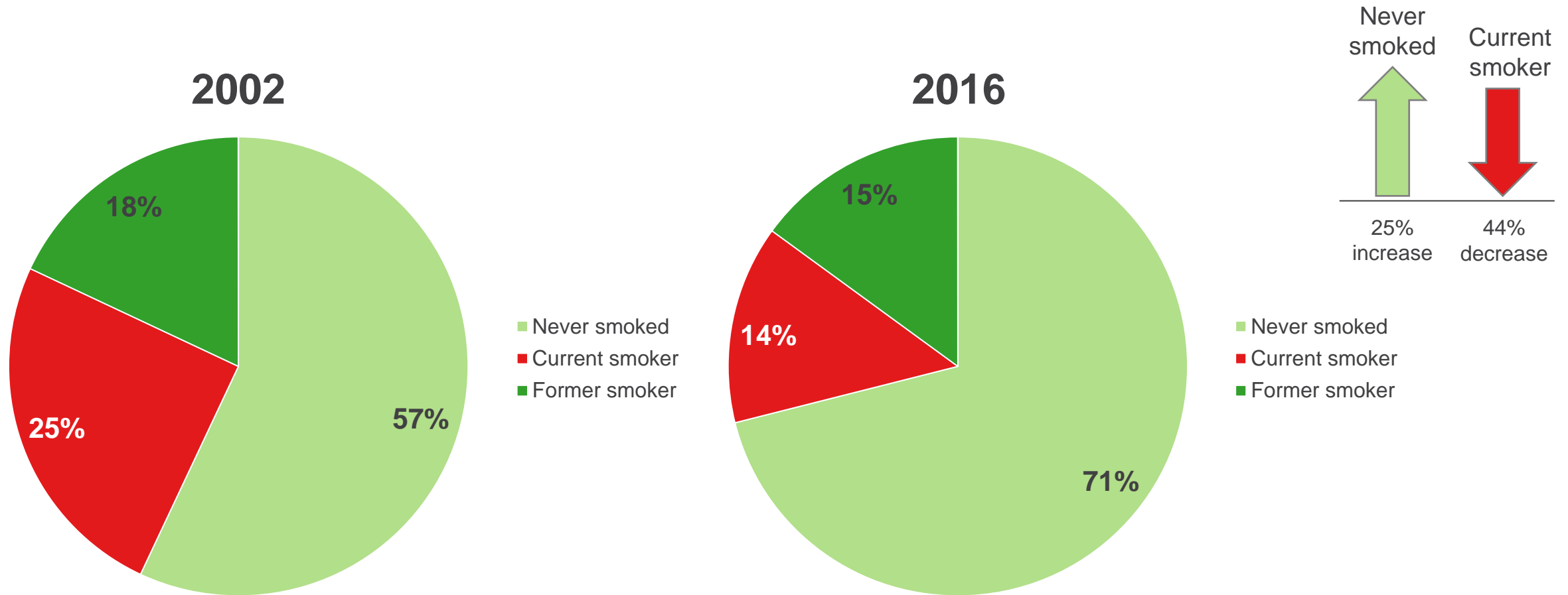
The percent of current adult smokers has fallen across NYC since 2002



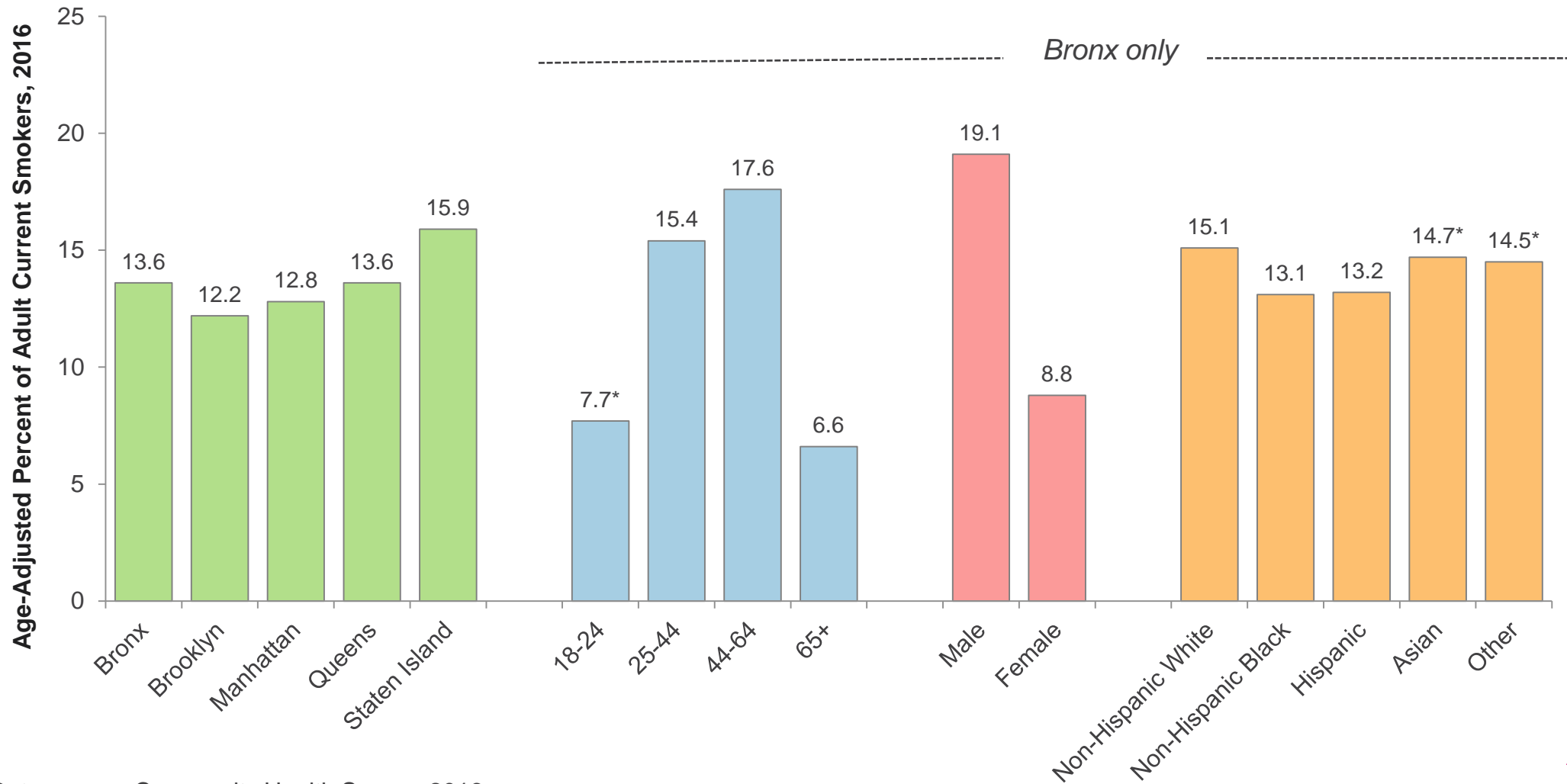
Data source: Community Health Survey, 2002-2016.

Staten Island 2010 data is likely an underestimate of the true prevalence of smoking due to random sampling variation.

Fewer Bronx adults are current smokers and more Bronx adults have never smoked in 2016 compared to 2002

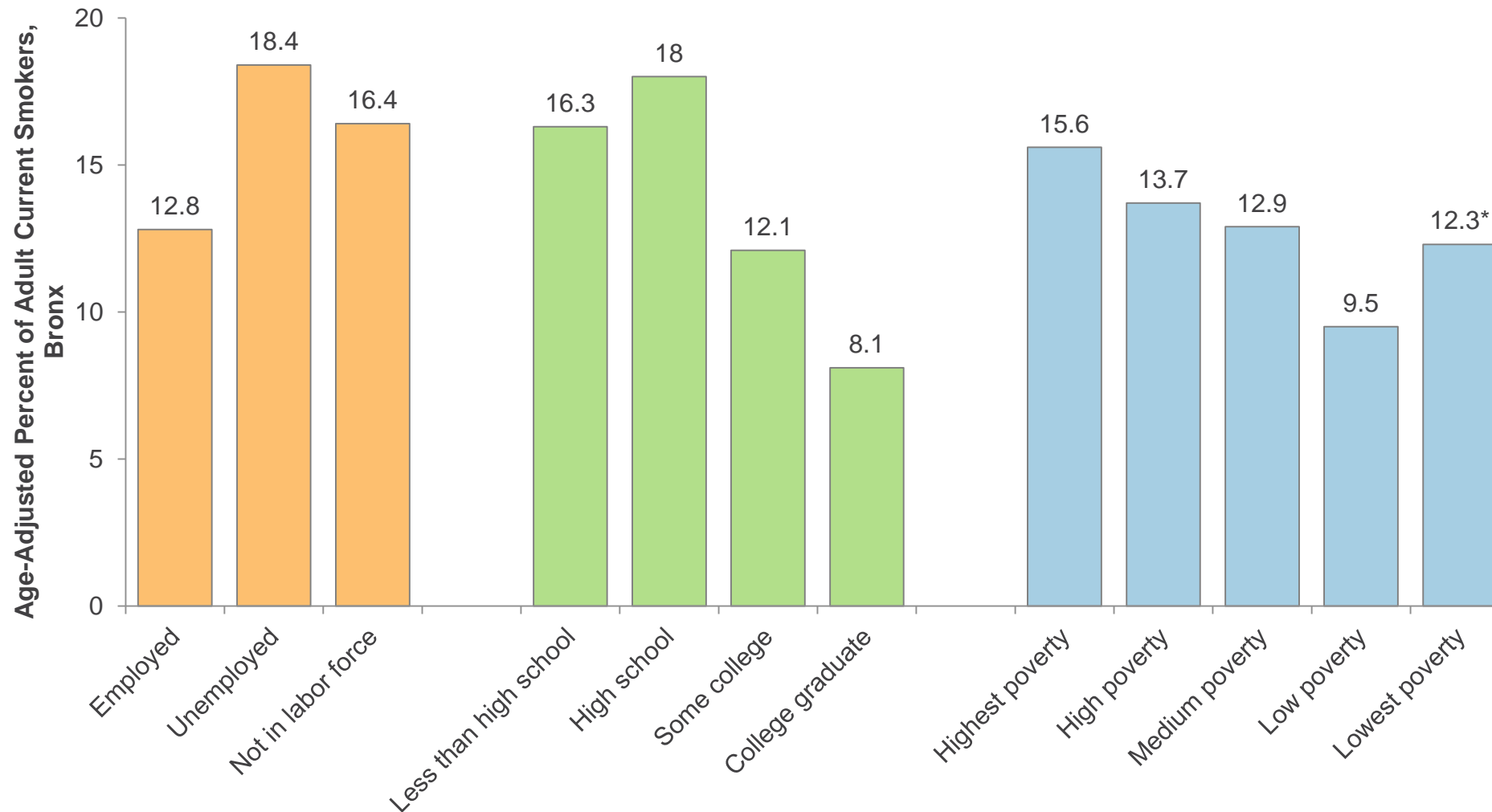


In the Bronx, men are much more likely to be current smokers than women



Data source: Community Health Survey, 2016.

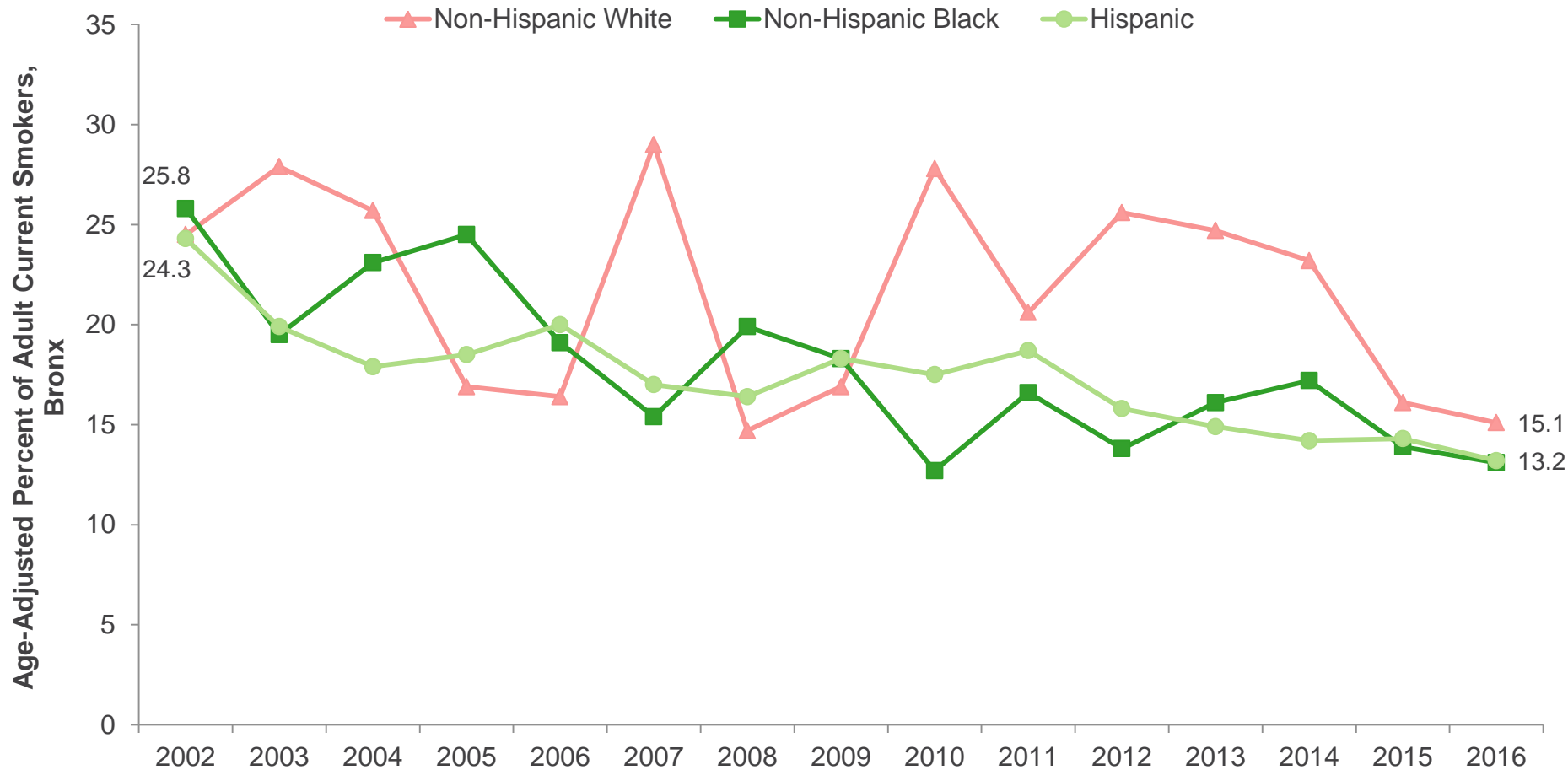
In the Bronx, unemployed adults and those with less education are more likely to smoke



Data source: Community Health Survey, 2016.

* Data point is statistically unstable.

The percent of current smokers has declined across all groups, but is slightly higher among the non-Hispanic white population



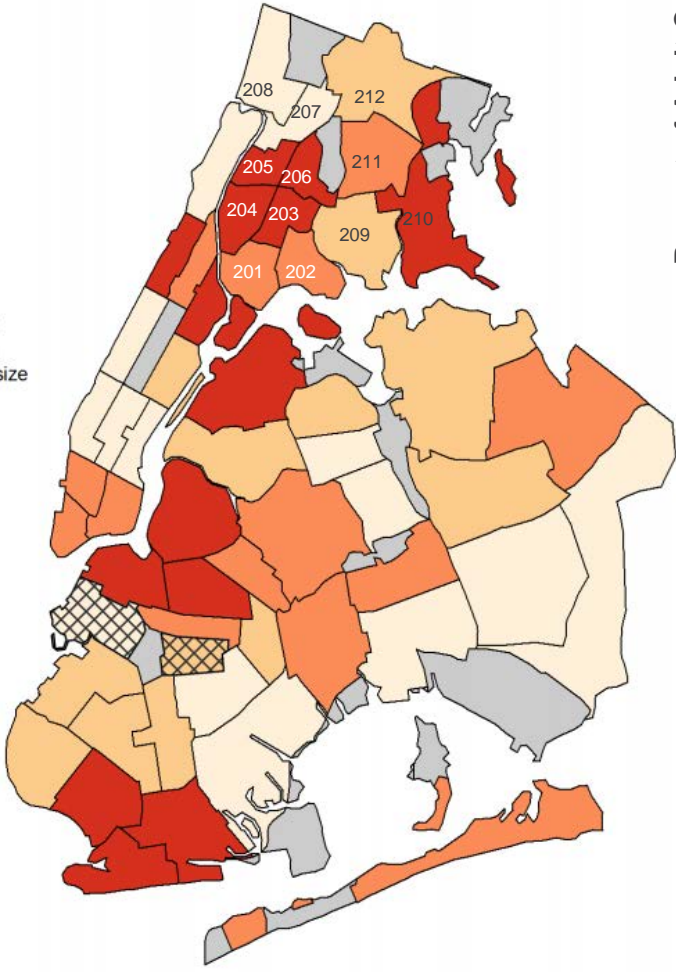
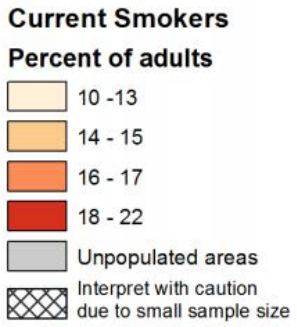
Data source: Community Health Survey, 2002-2016.

Non-Hispanic white 2010, 2012-2014 data should be interpreted with caution due to small numbers.

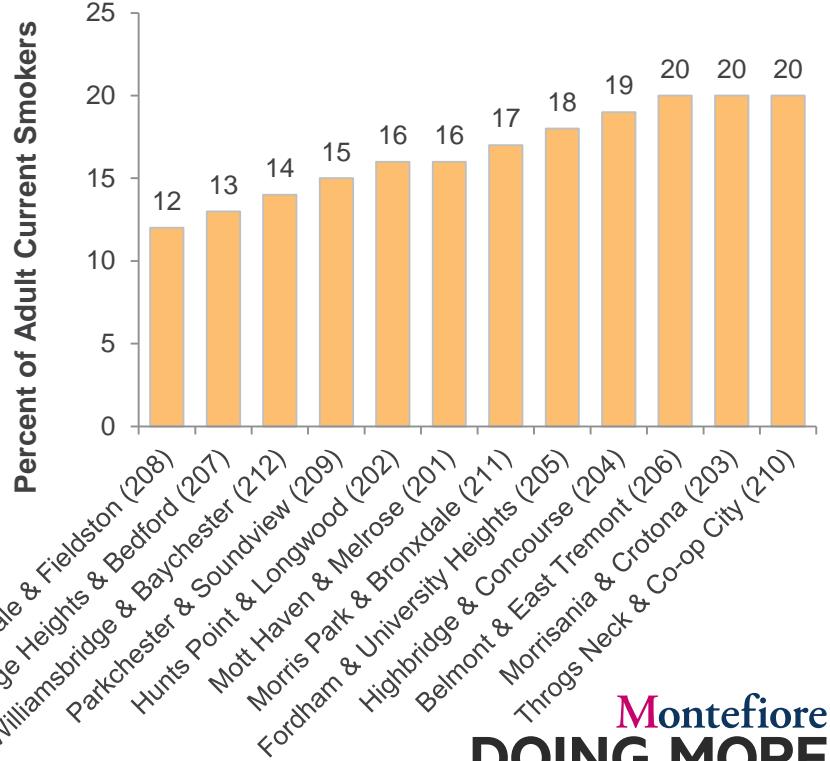
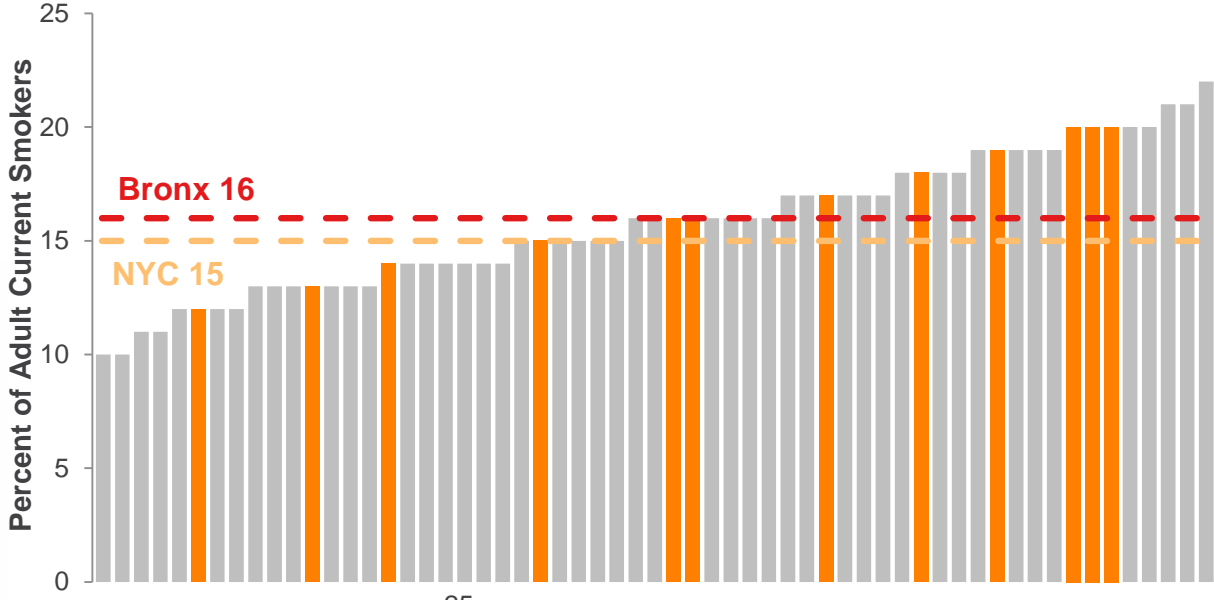
Smoking data for Asian group is statistically unstable.

3 of 10 community districts with highest percentages of current smokers are in the Bronx

- 201 Mott Haven & Melrose
- 202 Hunts Point & Longwood
- 203 Morrisania & Crotona
- 204 Highbridge & Concourse
- 205 Fordham & University Heights
- 206 Belmont & East Tremont
- 207 Kingsbridge Heights & Bedford
- 208 Riverdale & Fieldston
- 209 Parkchester & Soundview
- 210 Throgs Neck & Co-op City
- 211 Morris Park & Bronxdale
- 212 Williamsbridge & Baychester

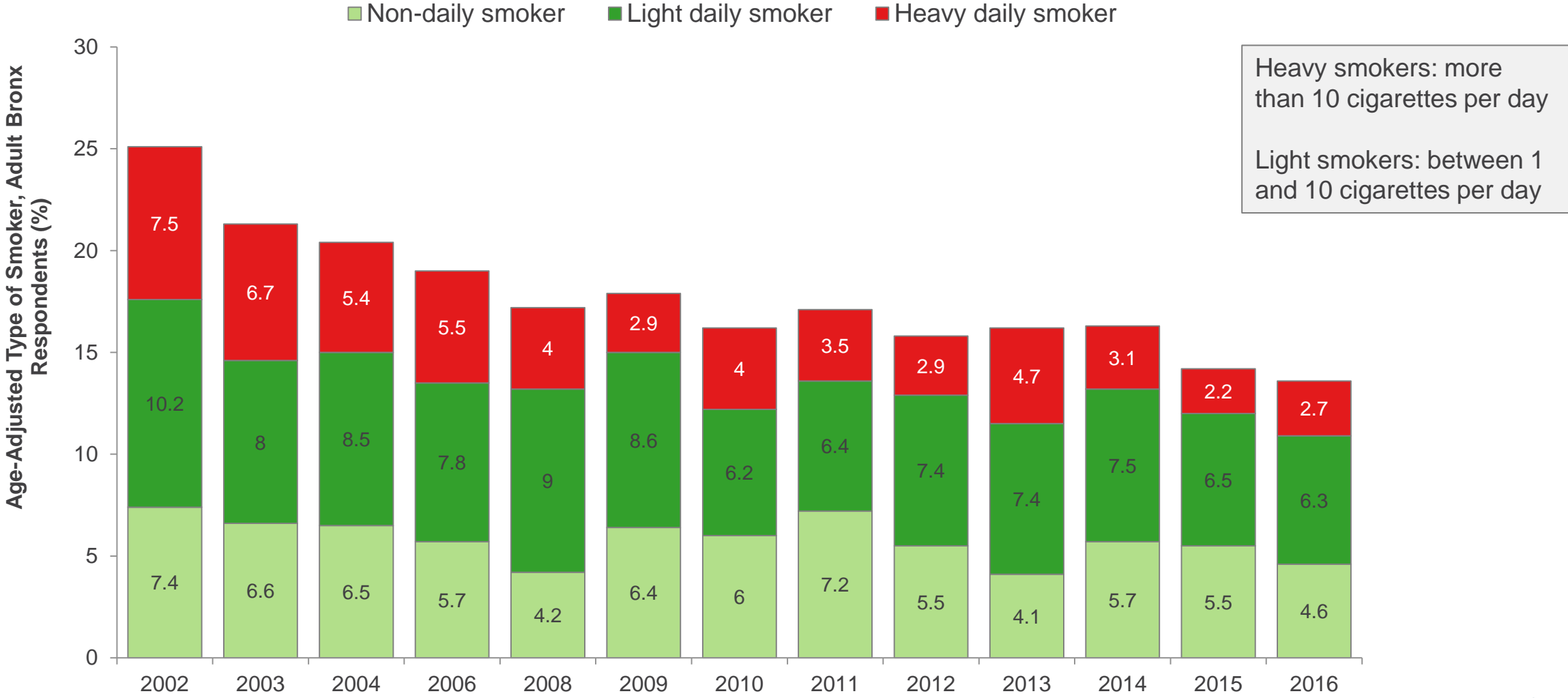


Source: NYC DOHMH, Community Health Survey, 2011-2013



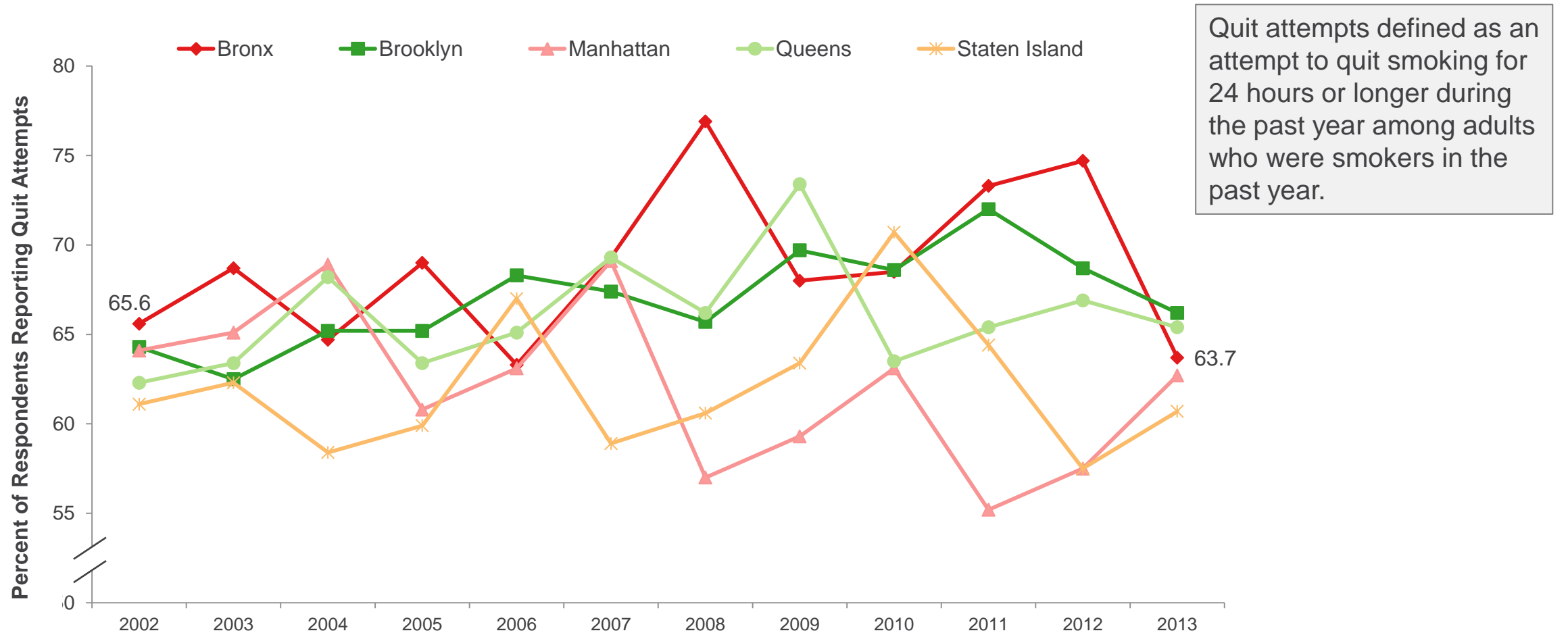
Data source: NYC Community Health Profiles, 2015.
Data is age-adjusted.

The primary driver of the declining adult smoking rates in the Bronx is heavy smoking, which has fallen 64% since 2002



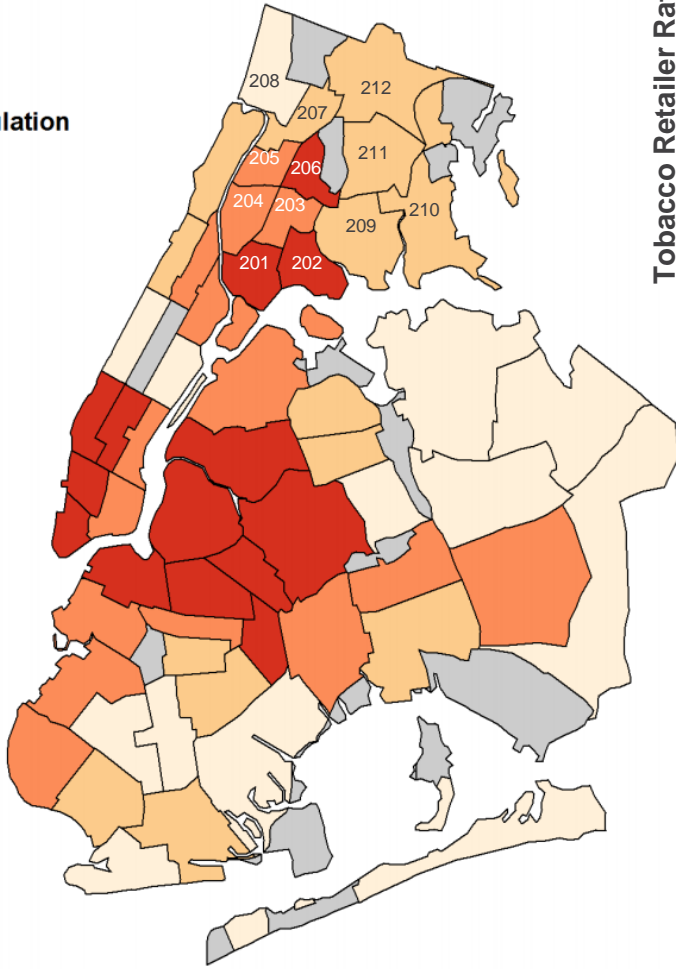
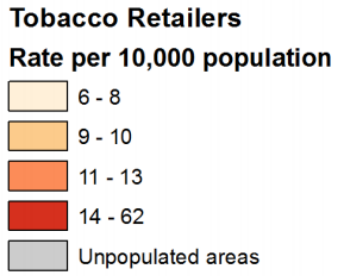
10 Data source: Community Health Survey, 2002-2016.
Data restricted to those that indicated they are current smokers.

Quit attempts were consistent across all five boroughs between 2002 and 2013

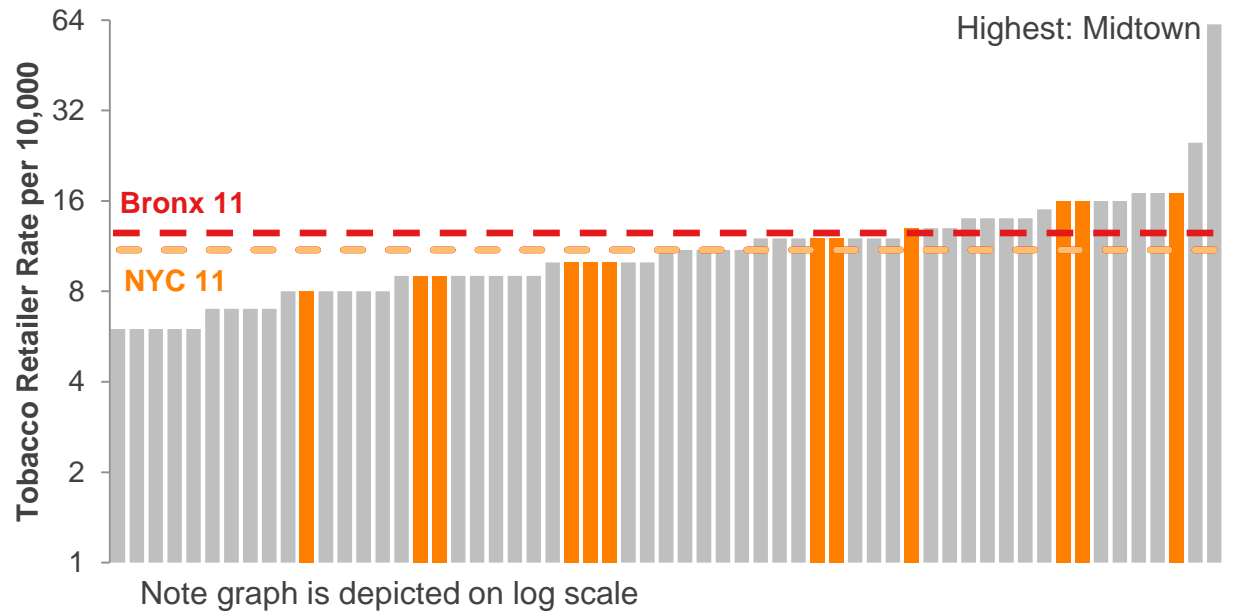


3 of 10 community districts with highest tobacco retailer rates are in the Bronx

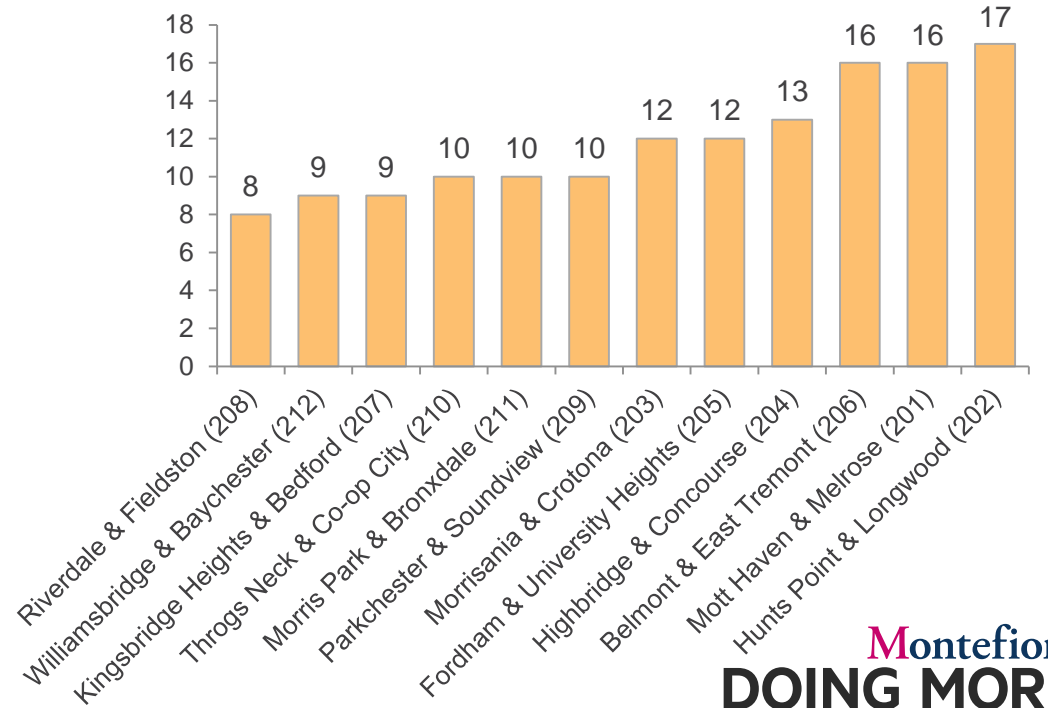
- 201 Mott Haven & Melrose
- 202 Hunts Point & Longwood
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- 204 Highbridge & Concourse
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- 208 Riverdale & Fieldston
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- 211 Morris Park & Bronxdale
- 212 Williamsbridge & Baychester



Source: NYC Department of Consumer Affairs, 2014

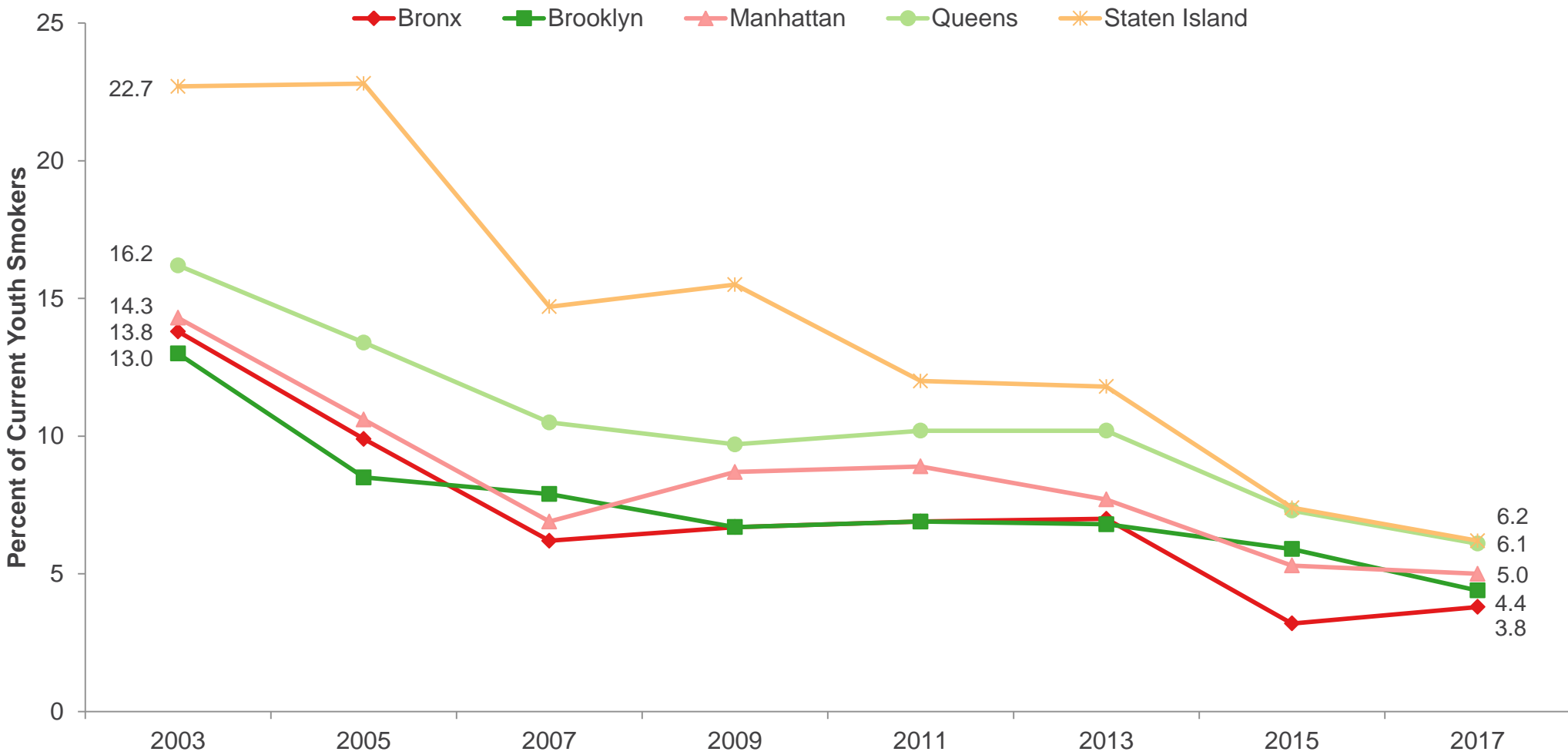


Note graph is depicted on log scale



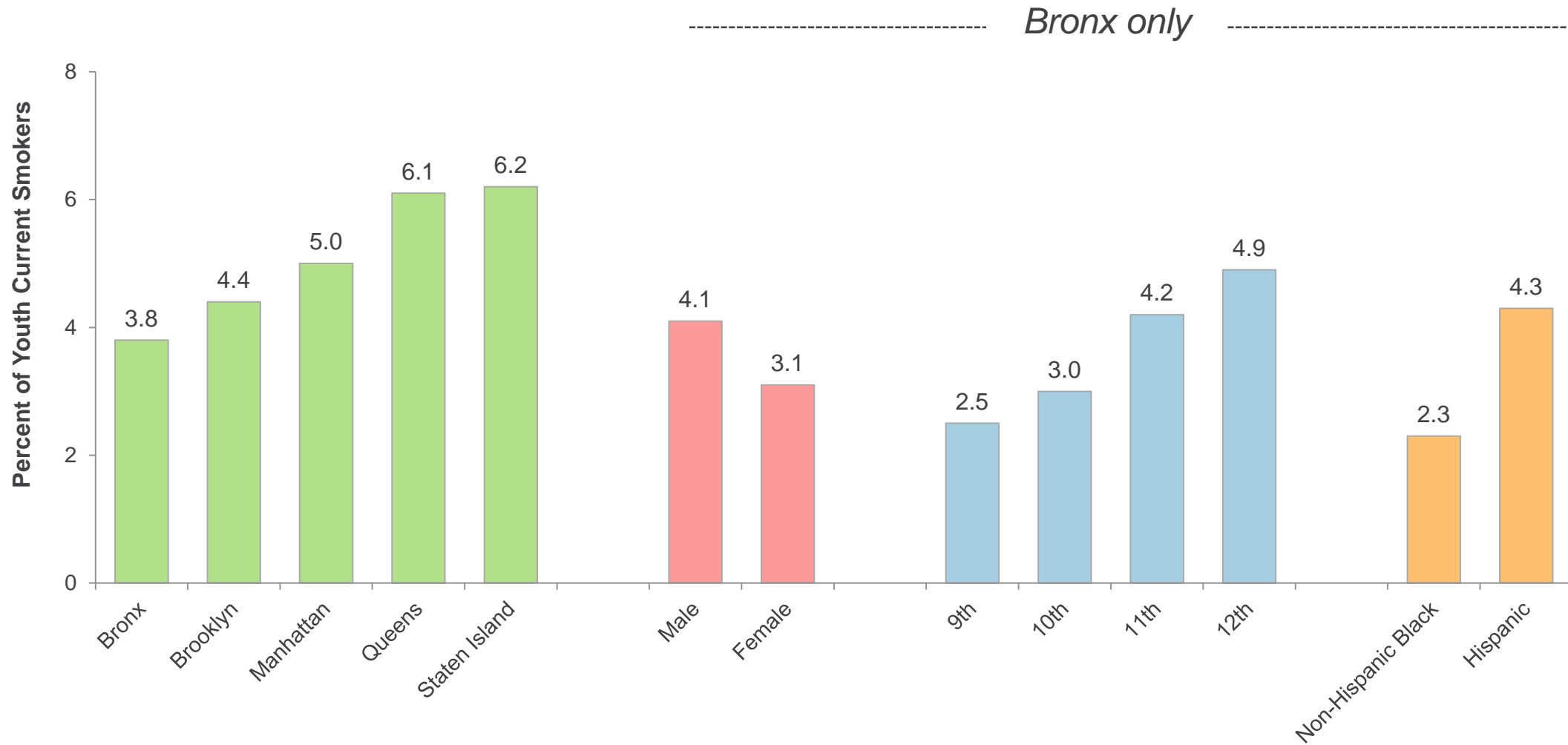
Youth Smoking

The percent of current youth smokers across NYC has fallen since 2003 but remains highest in Staten Island and lowest in the Bronx



Data source: Youth Risk Behavior Survey, 2003-2017.
 Current smoker is defined as smoking at least one or more times in the previous 30 days.

Fewer youth are currently smoking in the Bronx, but male, older and Hispanic youth are more likely to smoke

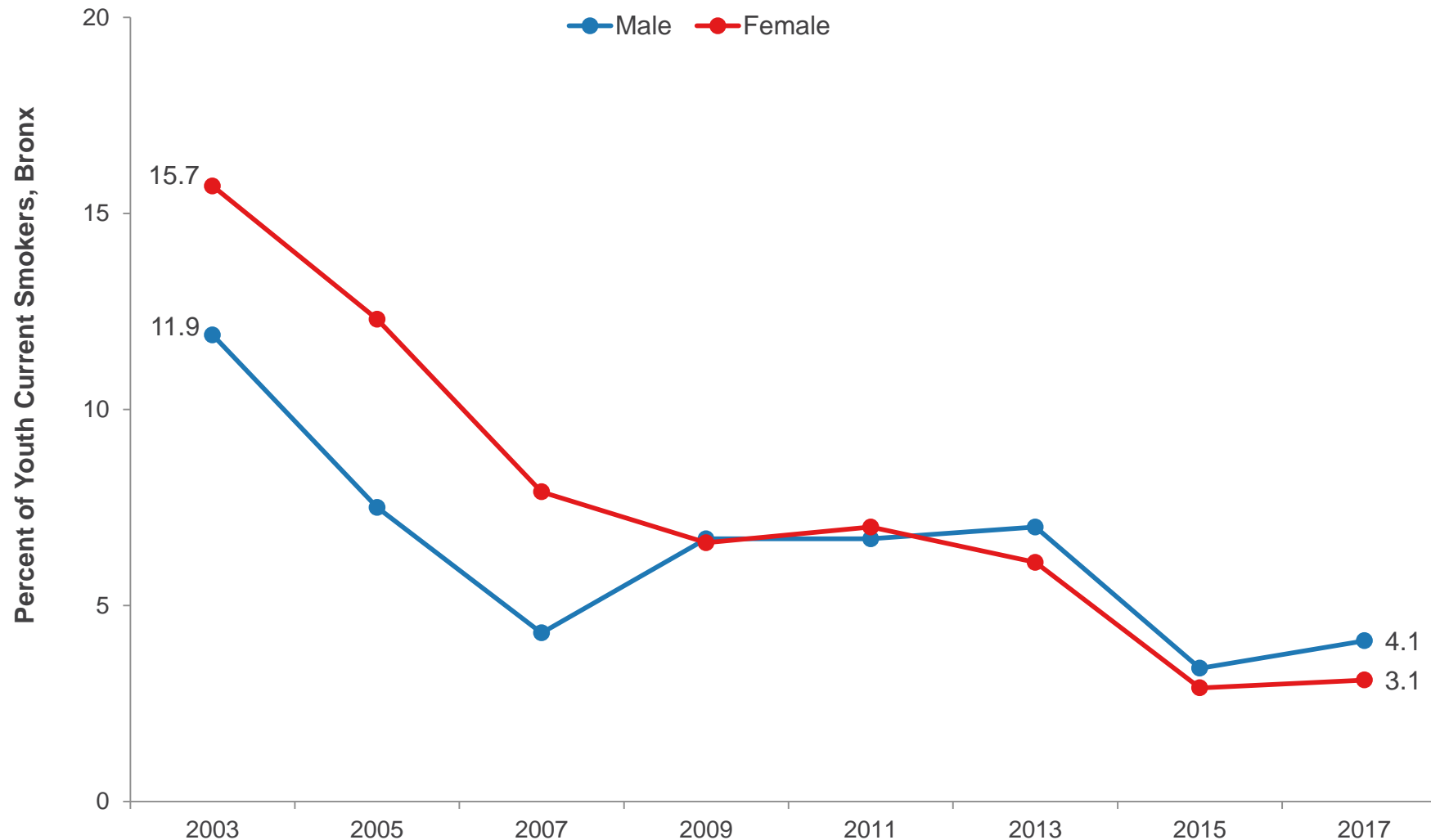


Data source: Youth Risk Behavior Survey, 2017.

Non-Hispanic white excluded due to small sample size.

Current smoker is defined as smoking at least one or more times in the previous 30 days.

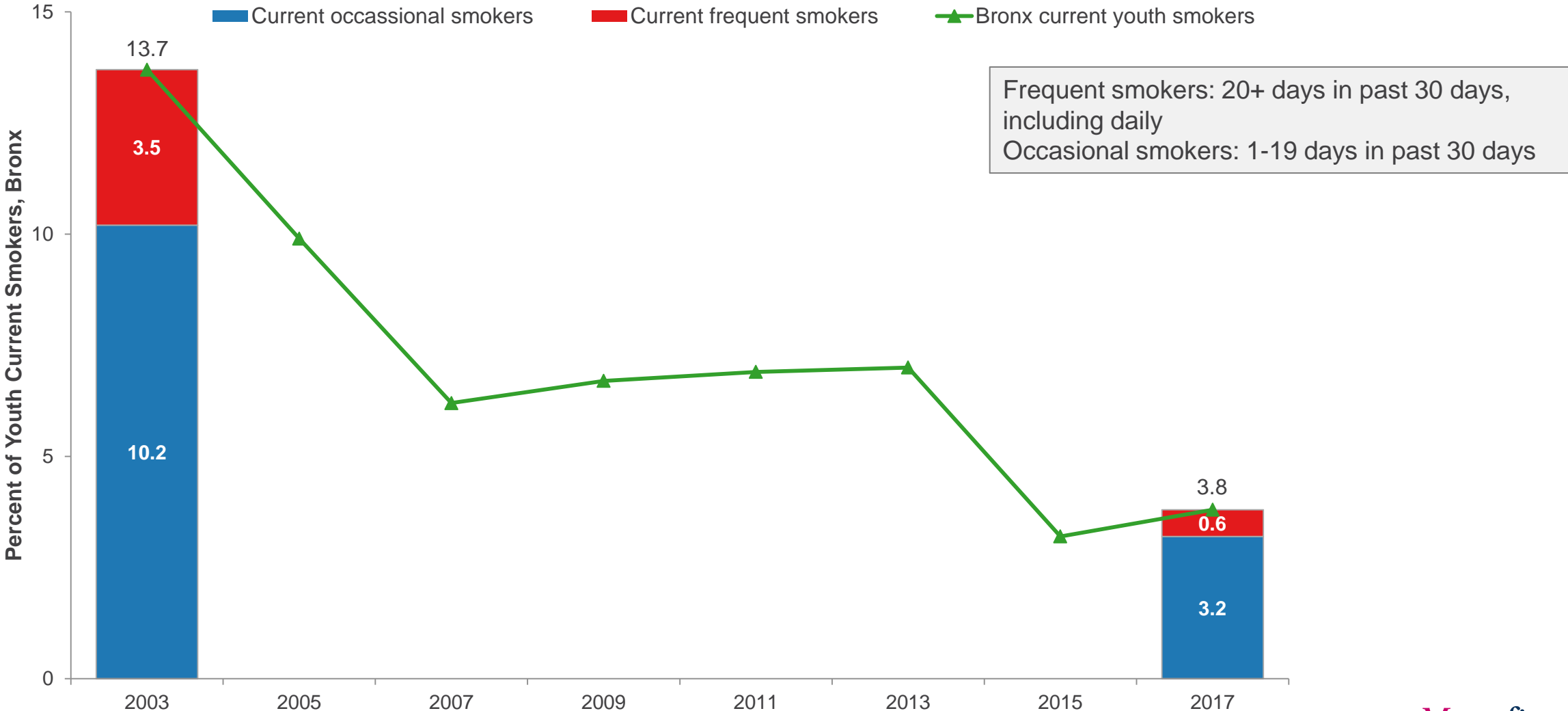
Smoking in the Bronx used to be higher for female youth but is now marginally higher for males



Data source: Youth Risk Behavior Survey, 2003-2017.

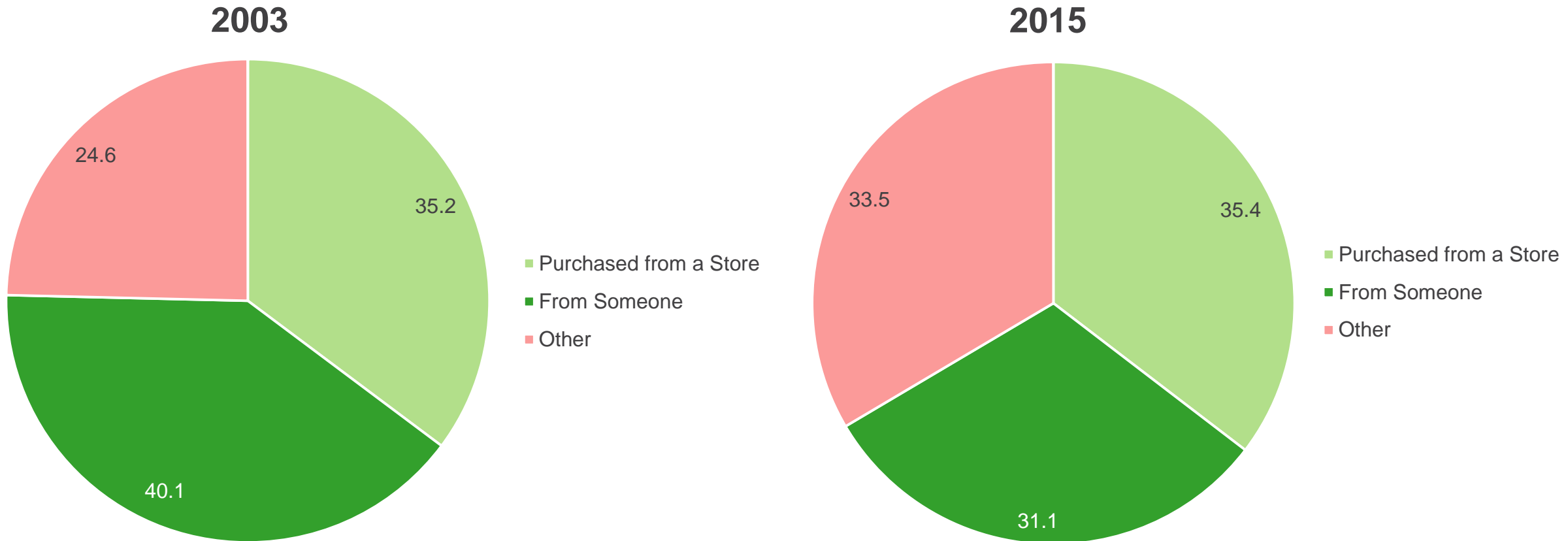
Current smoker is defined as smoking at least one or more times in the previous 30 days.

Of Bronx youth reporting being current smokers, a declining percentage are daily smokers



Data source: Youth Risk Behavior Survey, 2003 - 2017.
 Current smoker is defined as smoking at least one or more times in the previous 30 days.

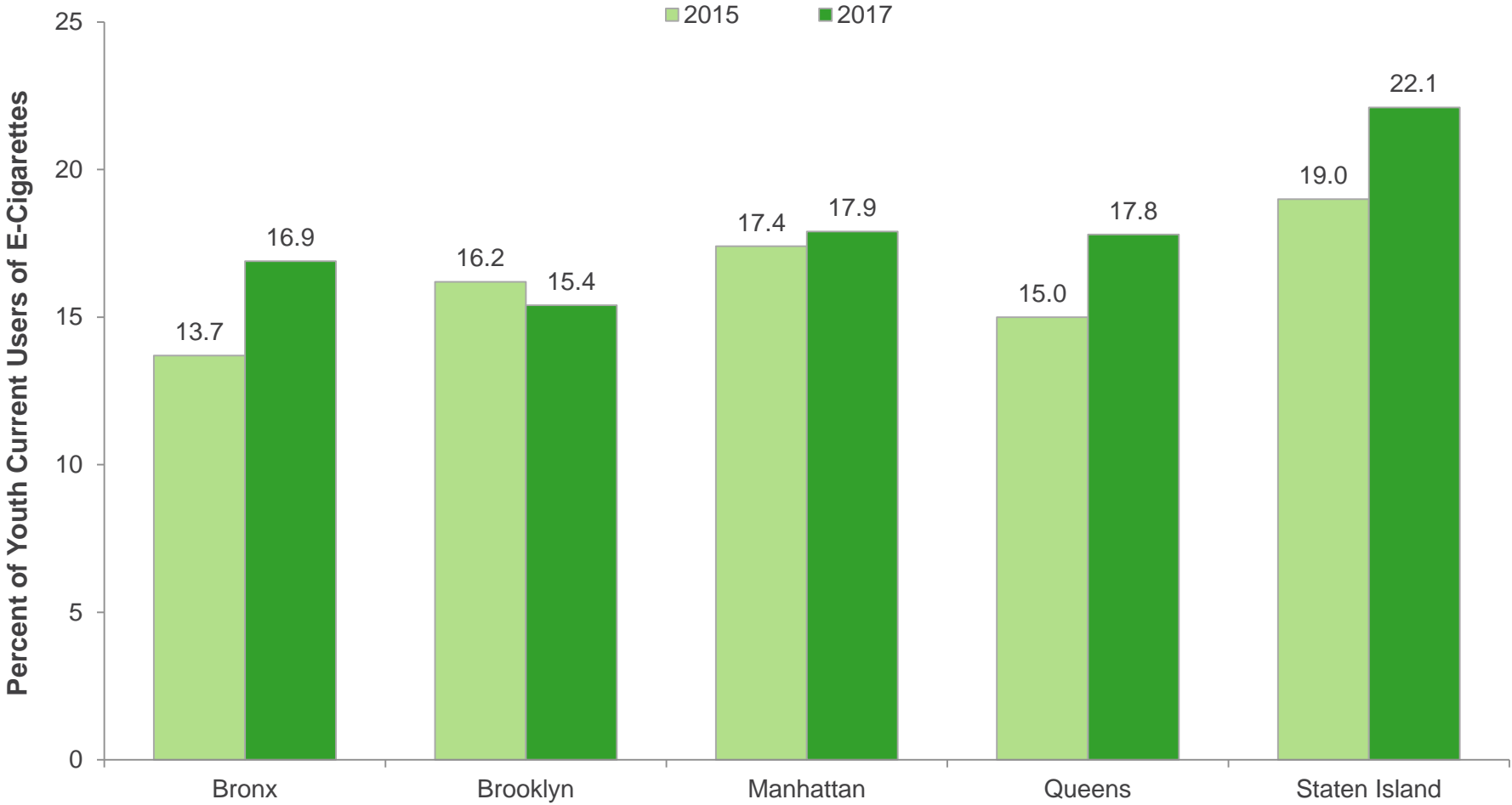
Over one-third of Bronx youth smokers get cigarettes from stores



Data source: Youth Risk Behavior Survey, 2003, 2015. Data not collected after 2015. Results restricted to students who smoked in the past 30 days.

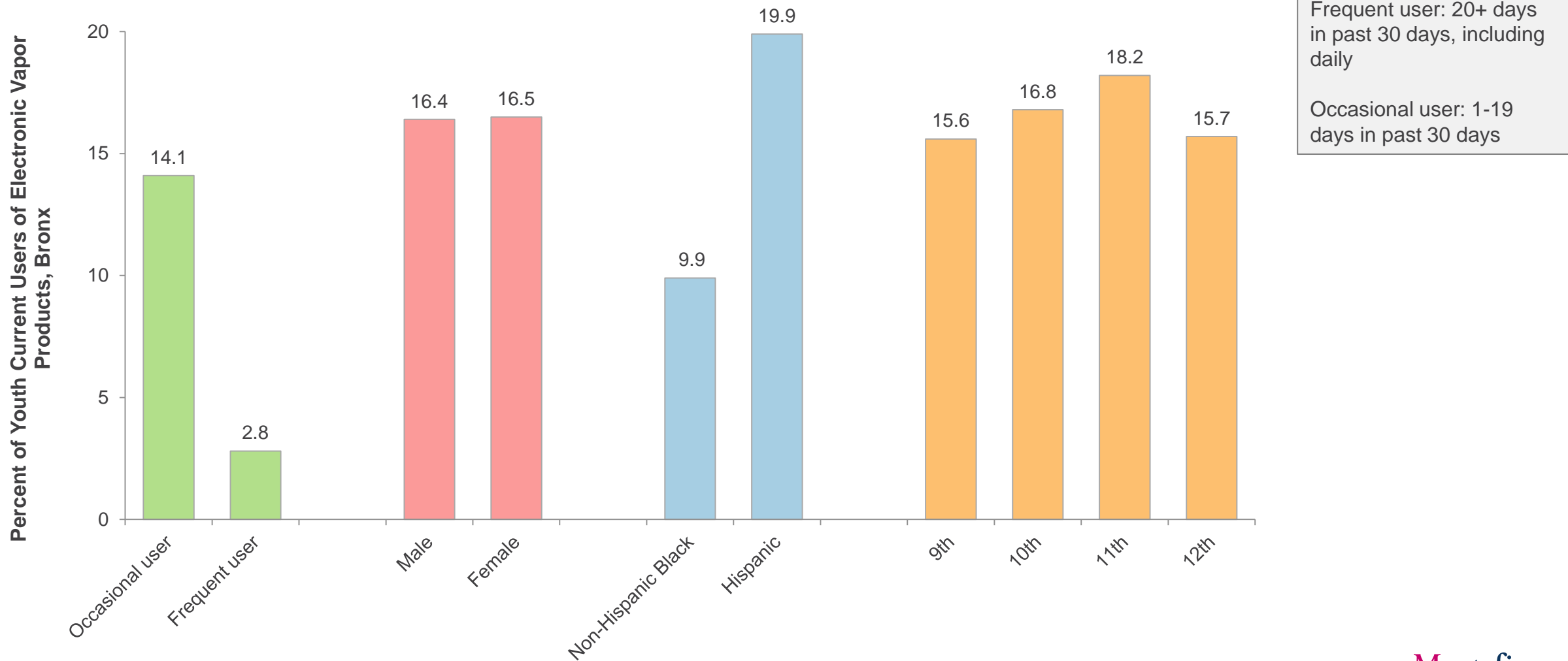
The percentage of youth who currently use e-cigarettes has increased since 2015, and is highest in Staten Island

E-cigarettes are also called e-cigs, vapes, e-hookahs, vape pens, electronic nicotine delivery systems and electronic vapor products.



Data source: Youth Risk Behavior Survey, 2015, 2017.
Current user is defined as using at least one day in past 30 days.

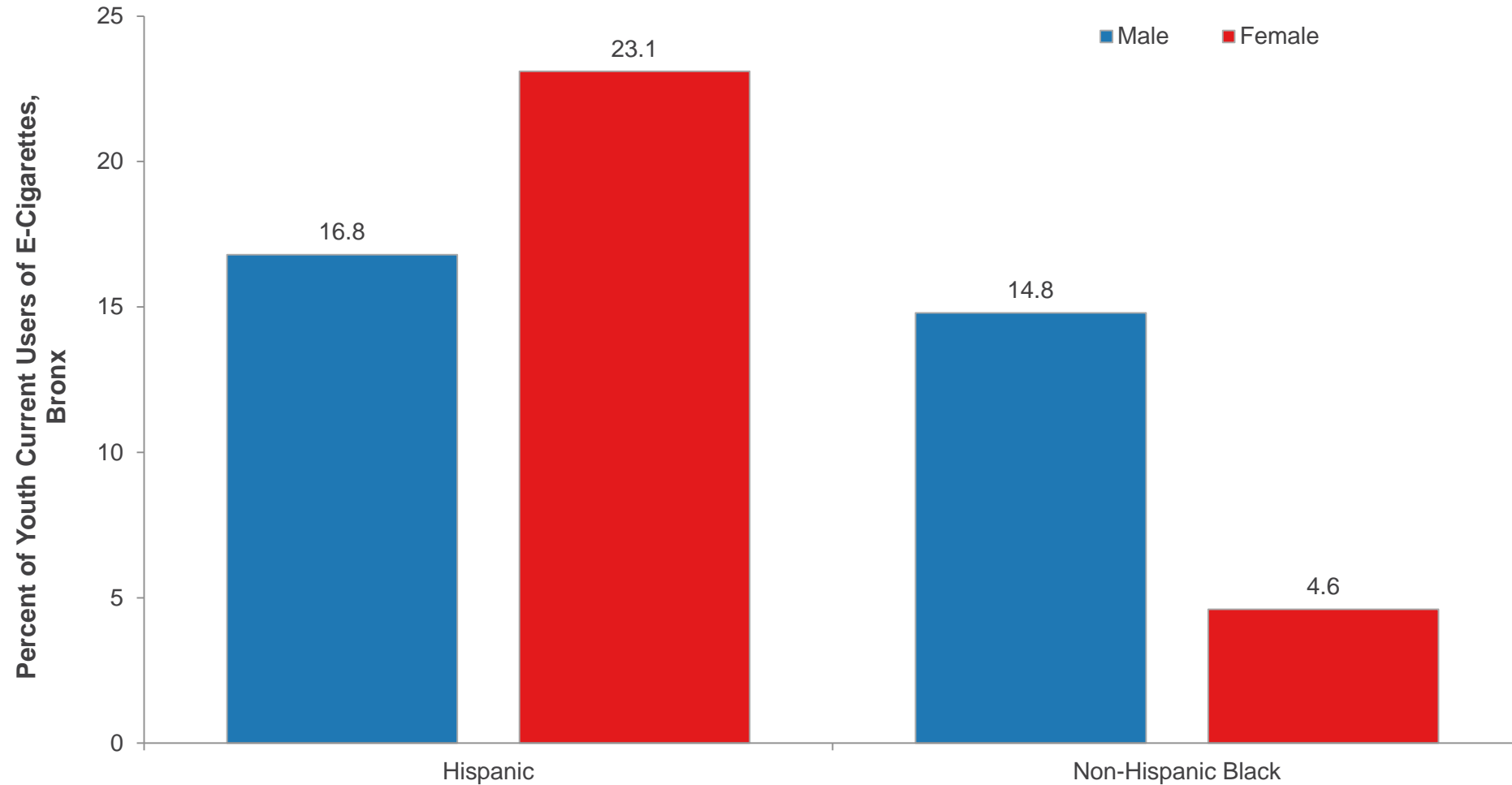
In the Bronx, Hispanic youth are more likely to report using e-cigarettes



Data source: Youth Risk Behavior Survey, 2017.

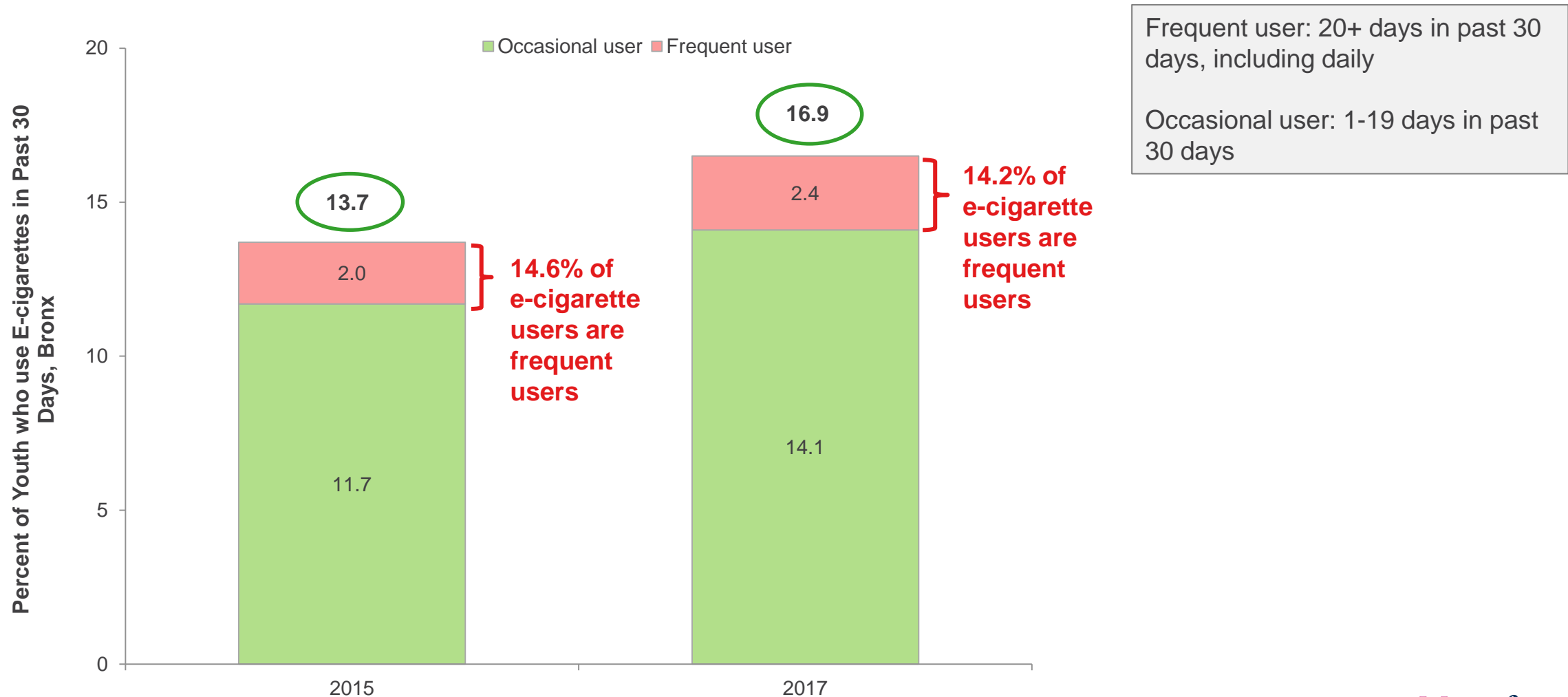
Data on other racial/ethnic groups is excluded due to small sample size.

Gender differences in e-cigarette use vary by race/ethnicity



Data source: Youth Risk Behavior Survey, 2017.
Data on other racial/ethnic groups is excluded due to small sample size.

While e-cigarette use among Bronx youth has increased since 2015, a consistent percent are frequent users

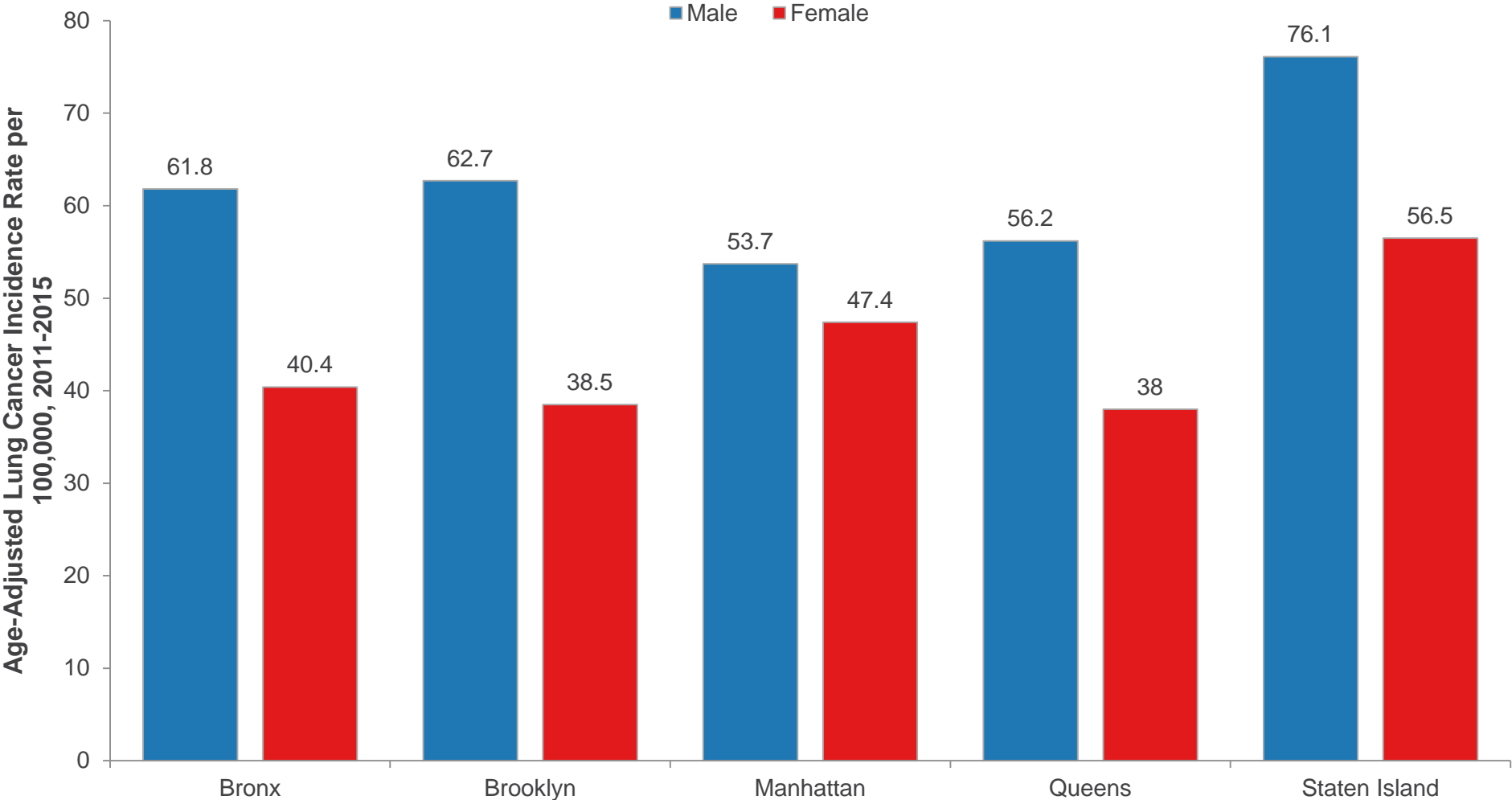


Data source: Youth Risk Behavior Survey, 2015, 2017.

Health Consequences of Tobacco Use

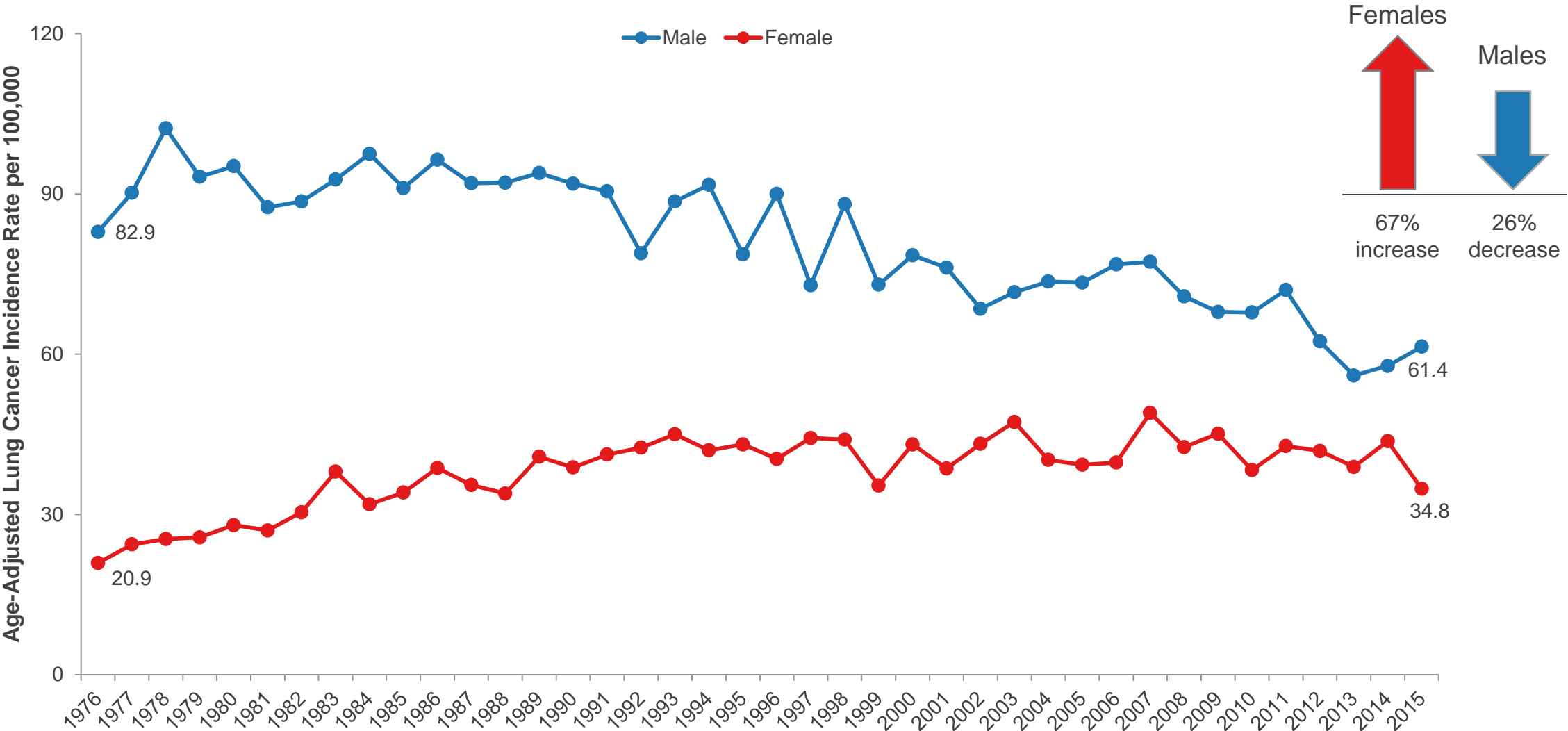
Lung Cancer

Lung cancer incidence is highest for males in all boroughs



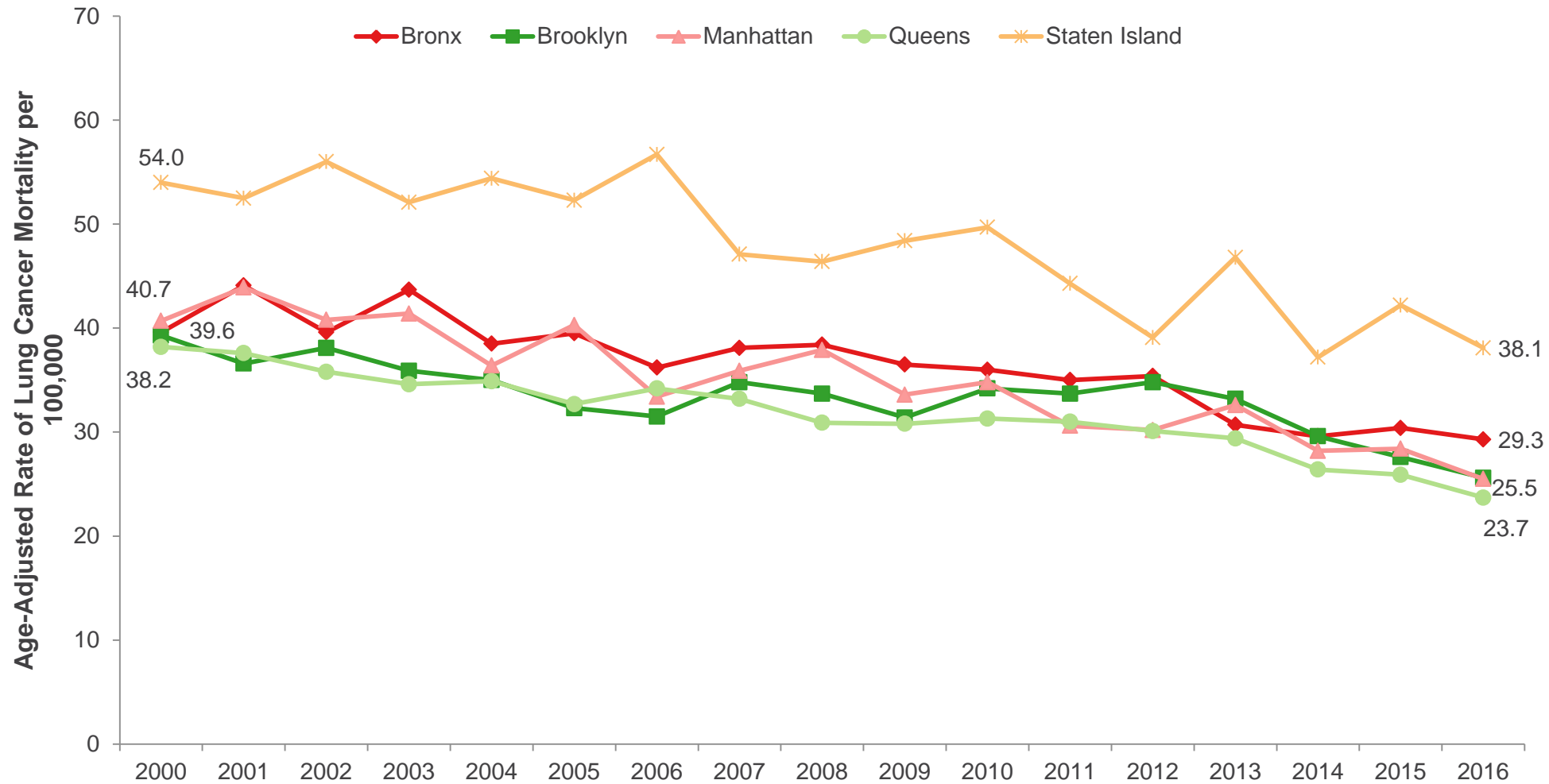
Data source: New York State Cancer Registry, 2011-2015.
Data is age-adjusted.

Bronx males have higher lung cancer incidence rates, though female rates have risen nearly 67% in the last 37 years

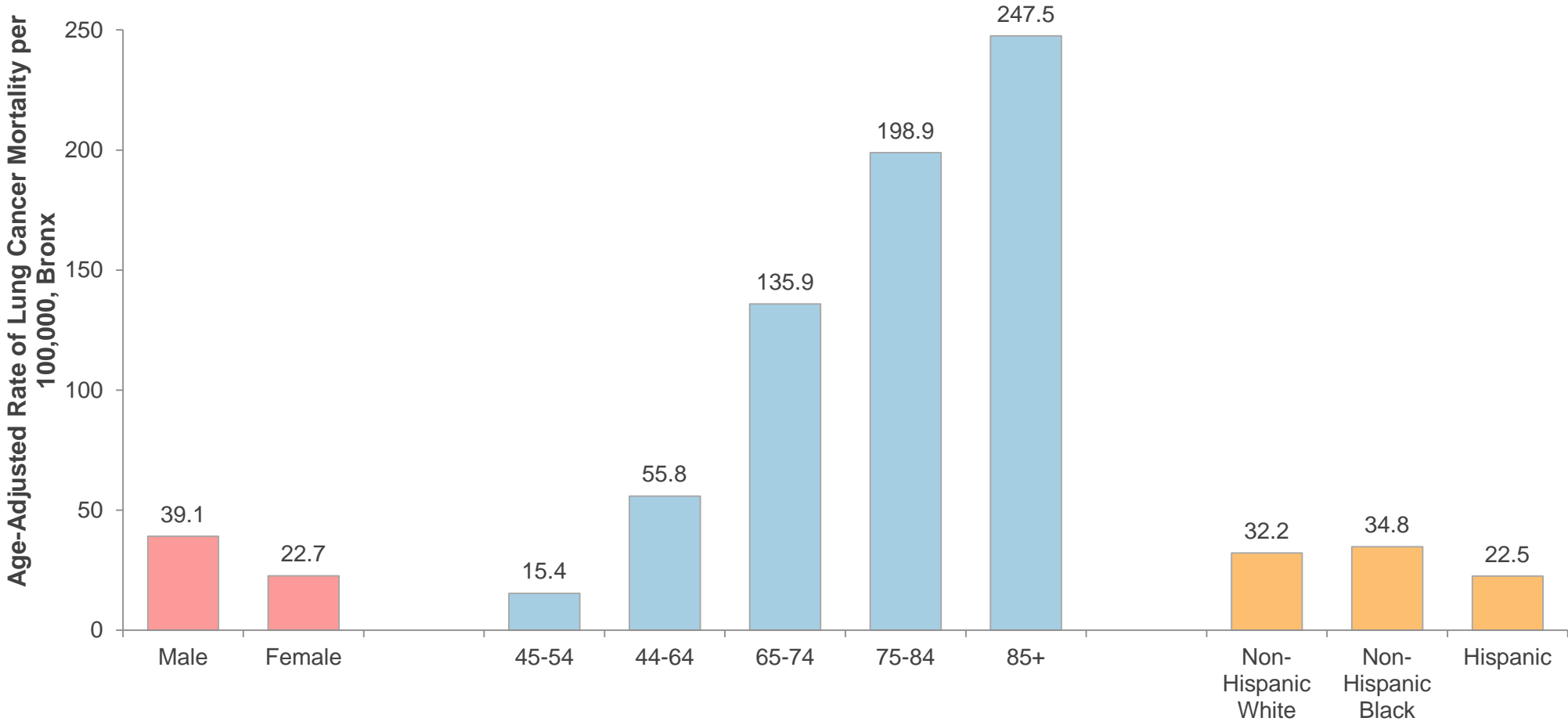


Data source: New York State Cancer Registry, 1976-2015. Data is age-adjusted.

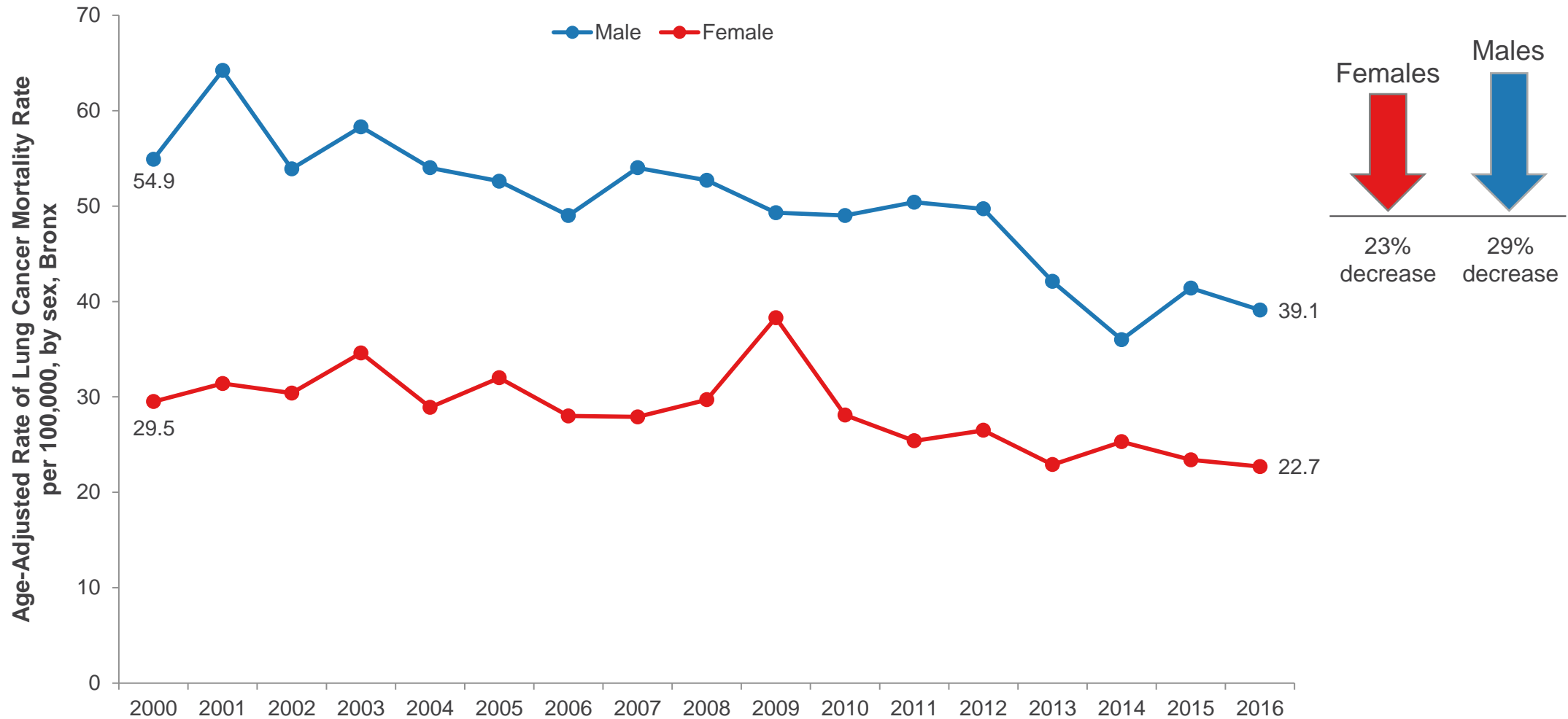
The Bronx has the second highest rate of lung cancer mortality of all boroughs



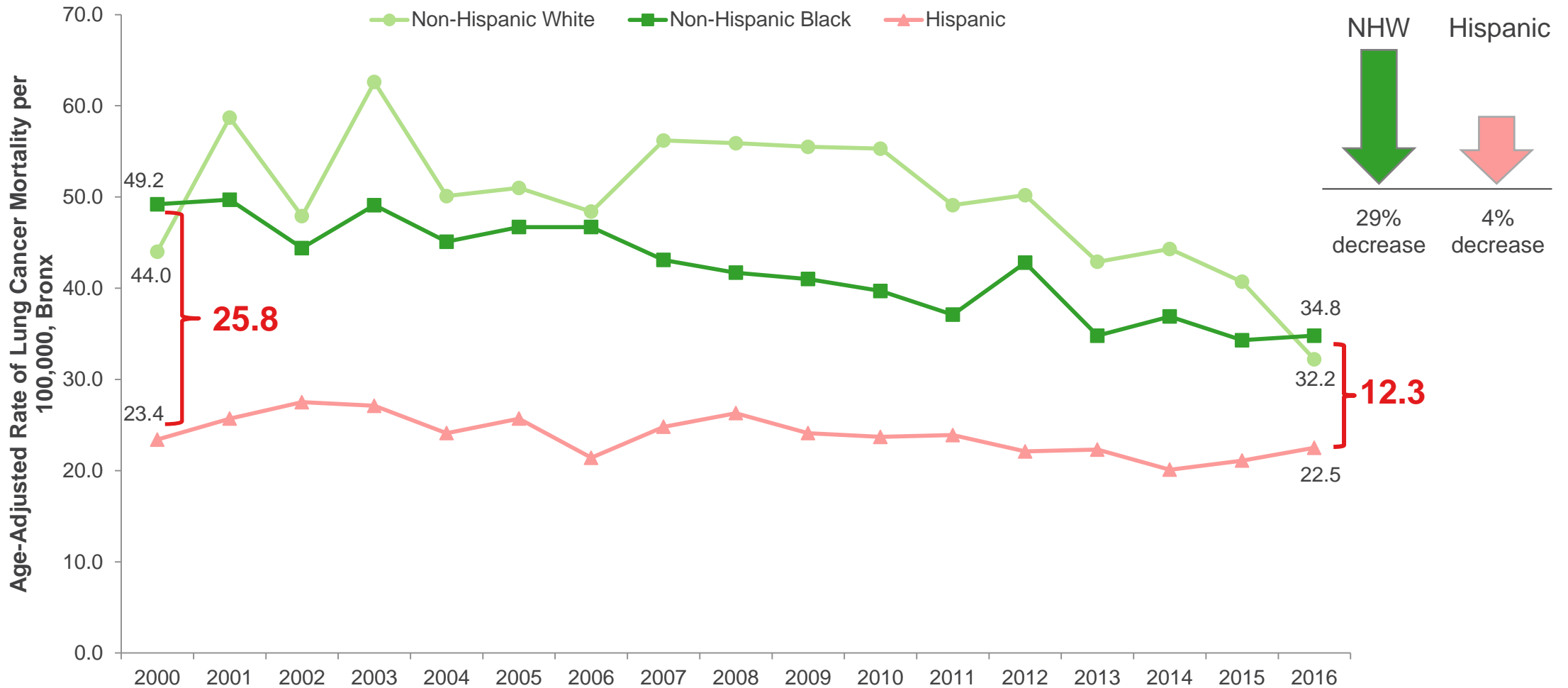
Lung cancer mortality rates in the Bronx are highest for males, those 85 years and older, and non-Hispanic populations



Males in the Bronx consistently have higher lung cancer mortality rates than females, but rates have fallen 29%

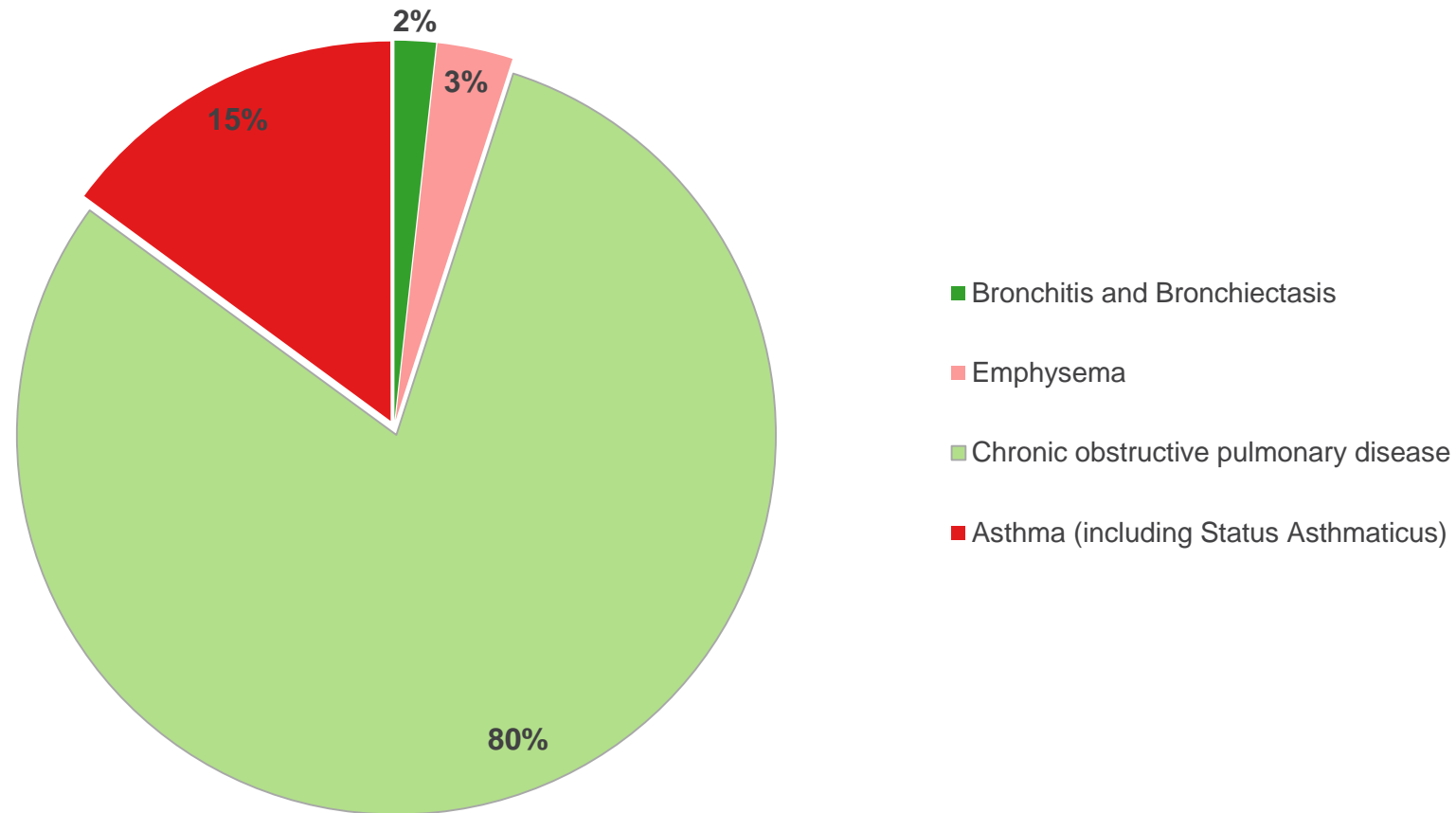


Racial and ethnic disparities in lung cancer mortality have fallen in the last 16 years

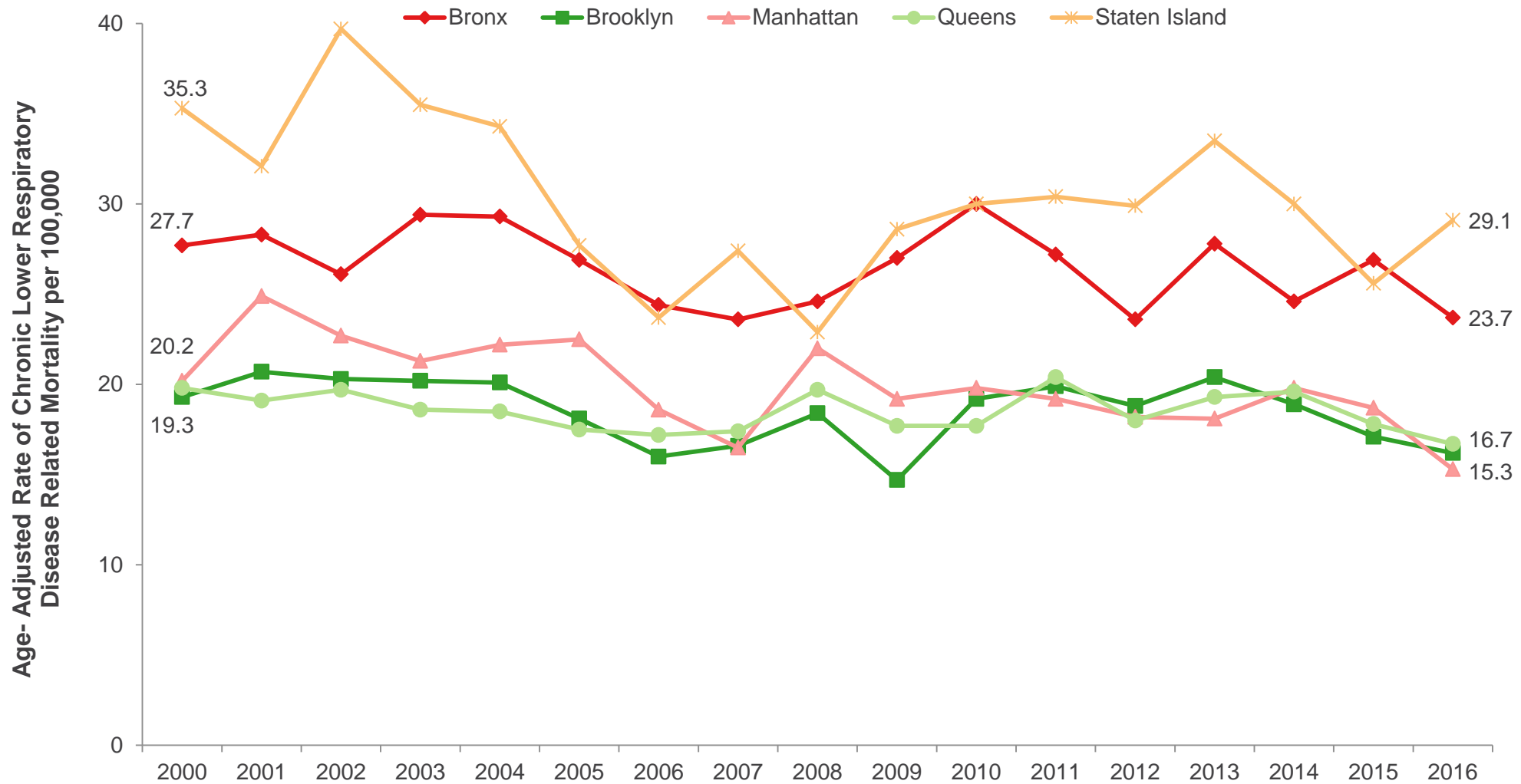


Chronic Lower Respiratory Disease

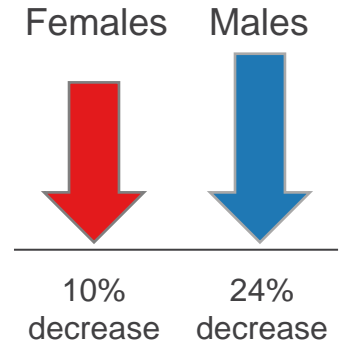
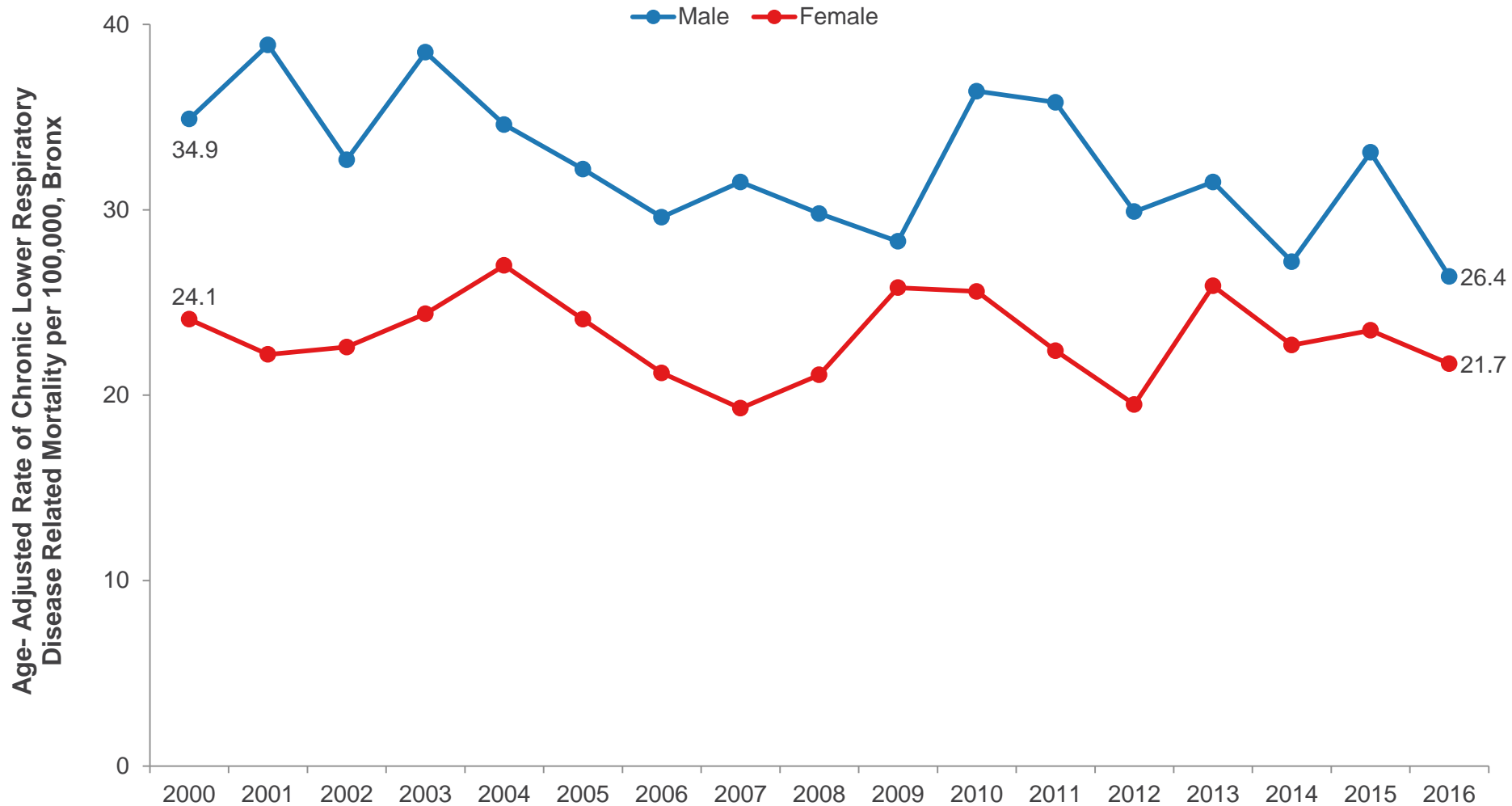
Chronic obstructive pulmonary disease (COPD) is the largest contributor to chronic lower respiratory disease (CLRD) mortality in the Bronx



The Bronx has the second highest CLRD mortality rate of all boroughs

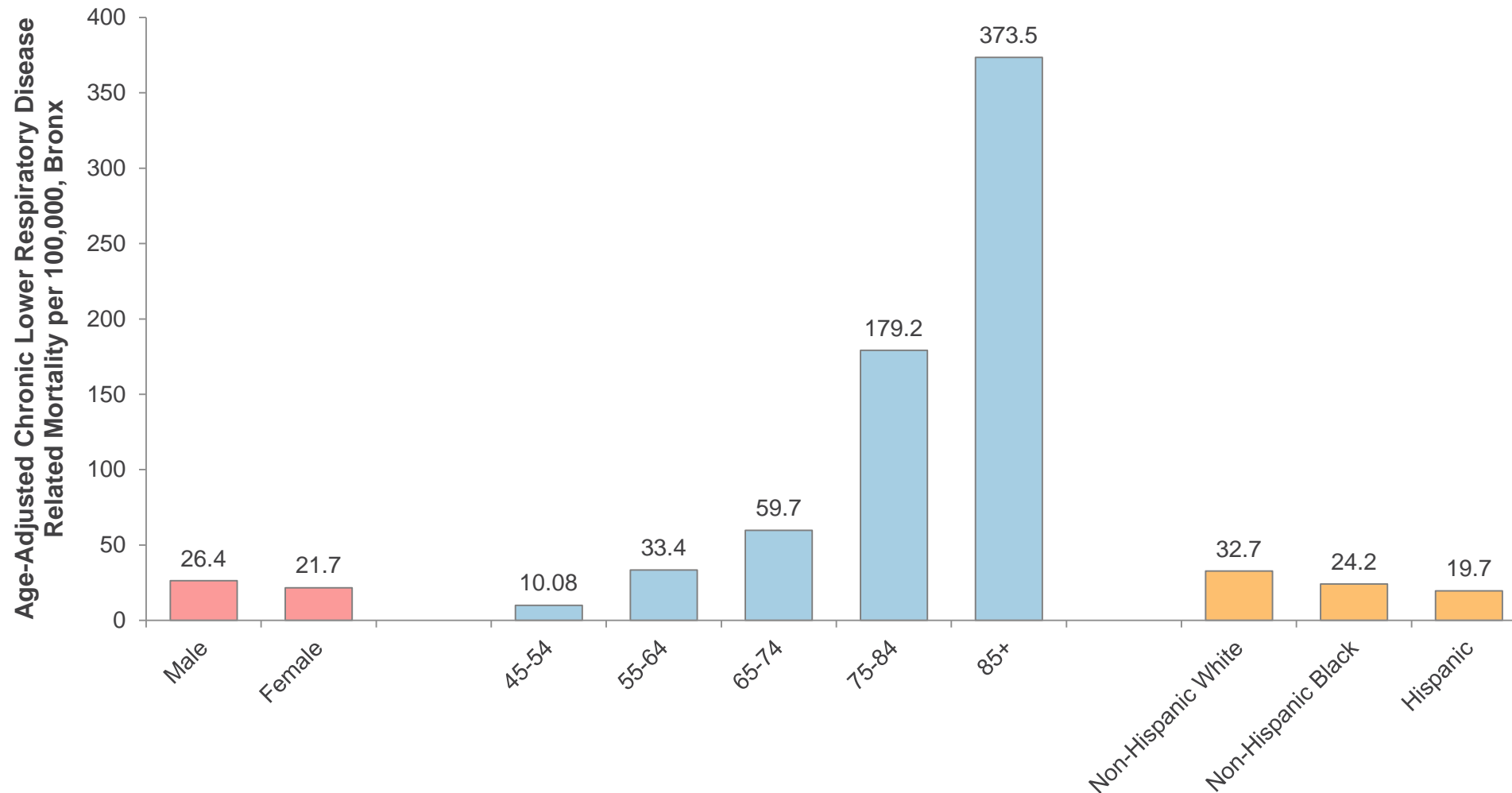


Men in the Bronx have higher rates of CLRD mortality, but rates have fallen 24%

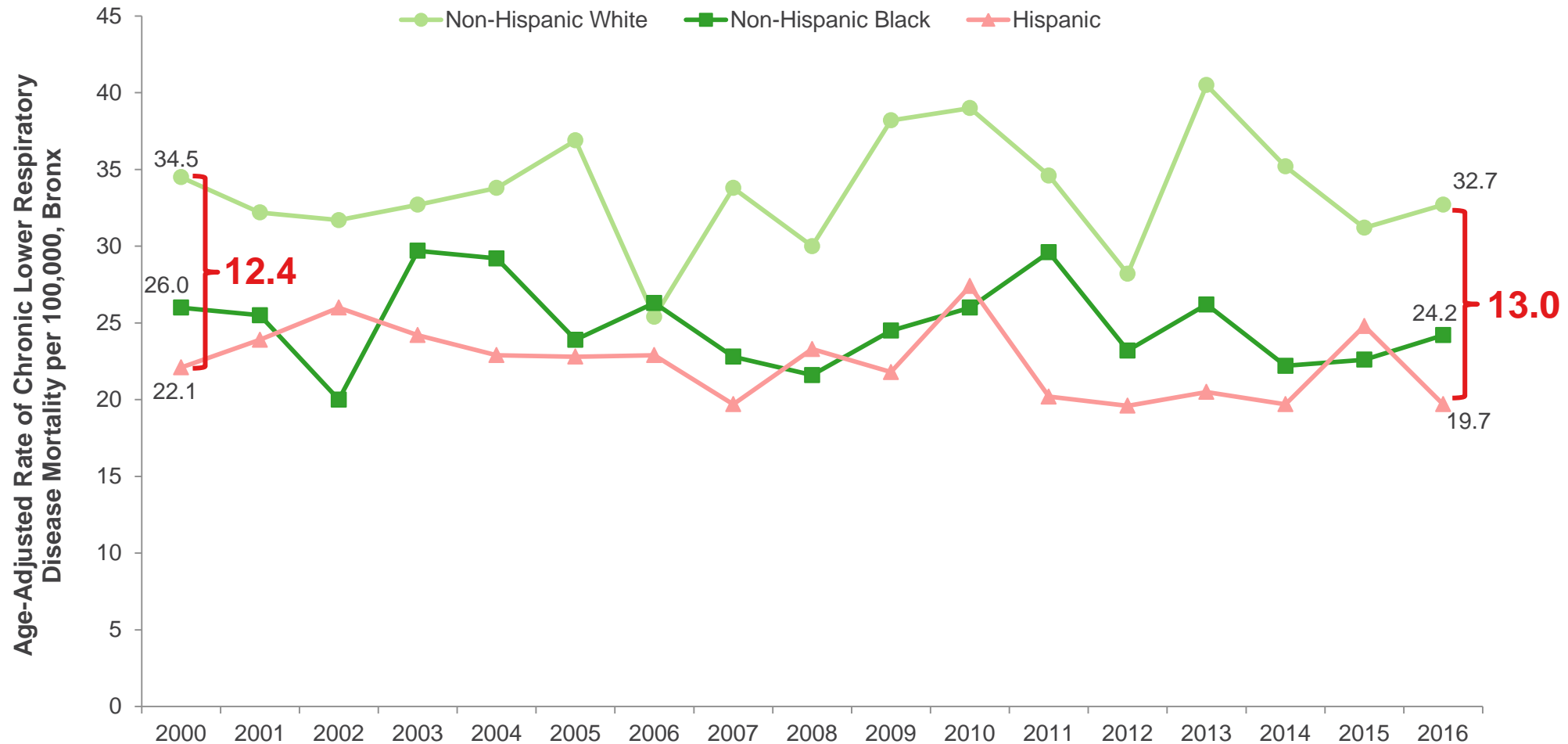


Data source: CDC WONDER Database, Underlying Cause of Death, 2000-2016.
Data is age-adjusted.

In the Bronx, CLRD mortality rates are highest amongst males, those 85 years and older, and non-Hispanic white populations



Racial and ethnic disparities in CLRD mortality have remained constant over the past 16 years

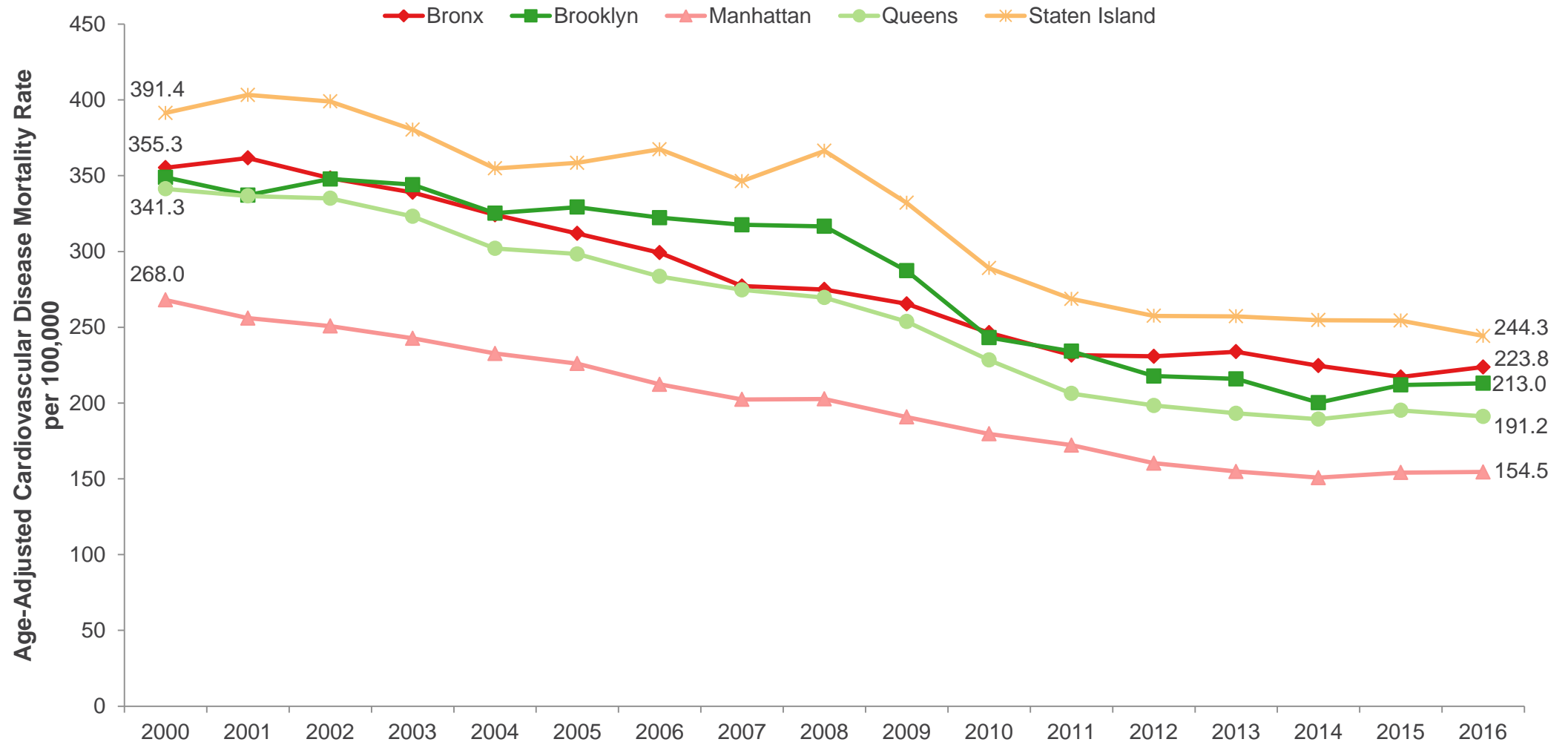


Cardiovascular Disease

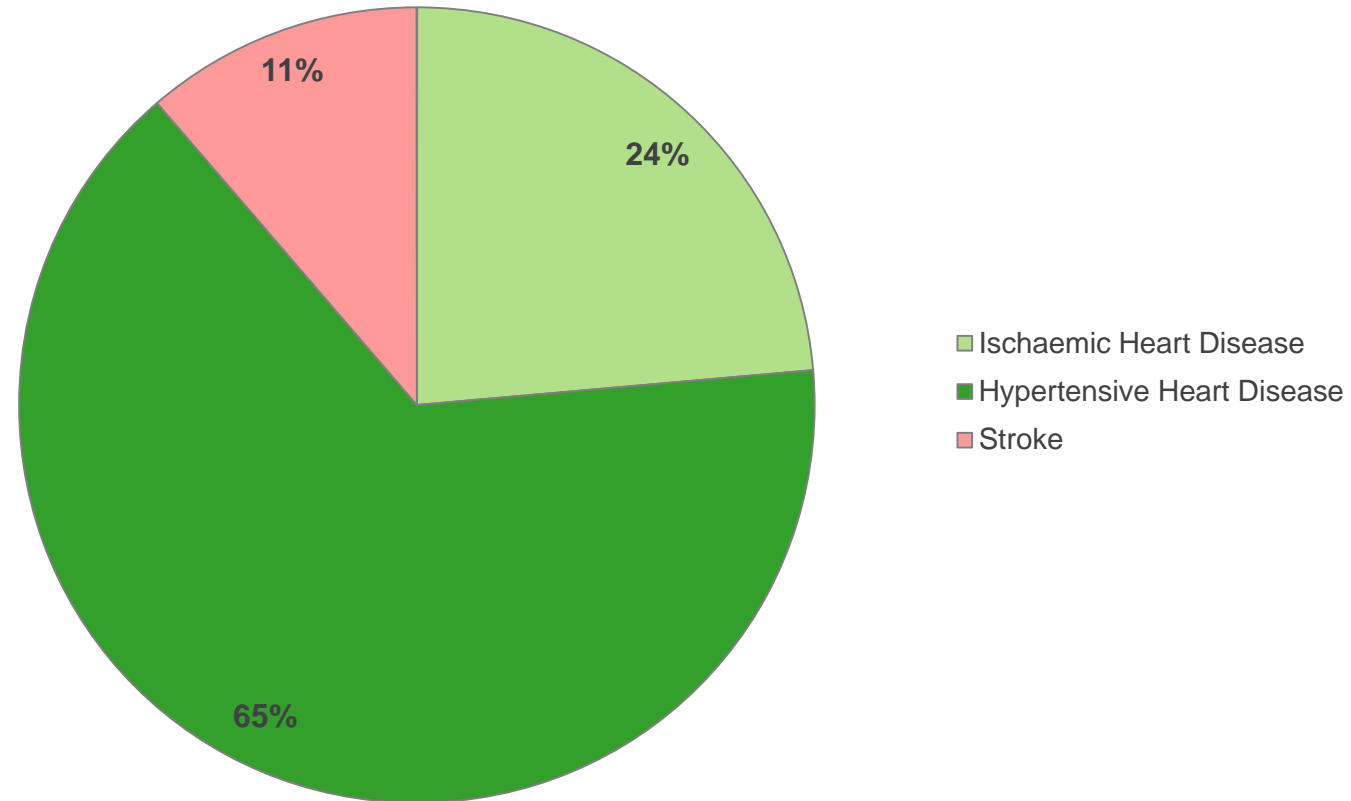
Chronic Heart Disease includes:

- Ischaemic heart disease
- Hypertensive heart disease
- Stroke

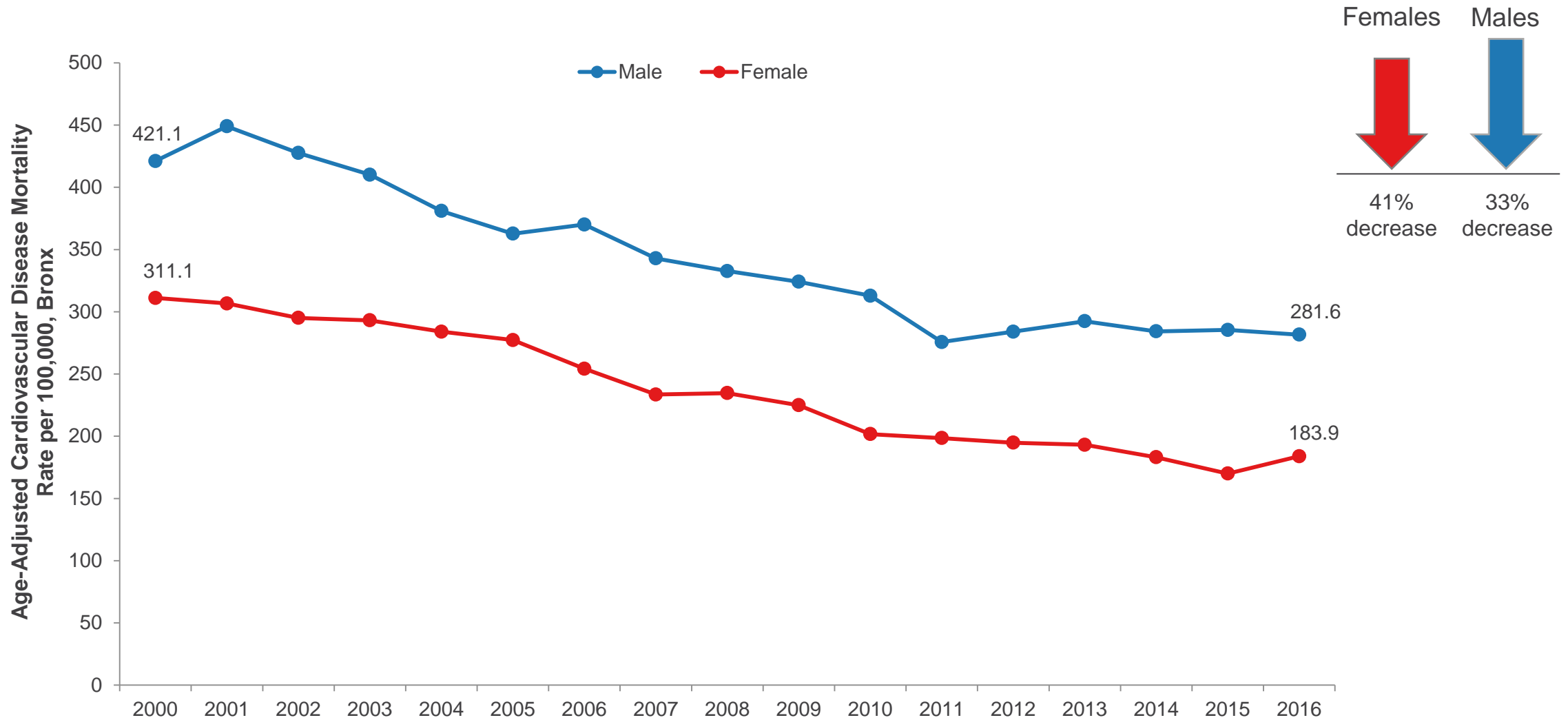
Cardiovascular disease (CVD) mortality rates have declined across all five boroughs over the past 16 years



In the Bronx, hypertensive disease is the largest contributor to CVD mortality

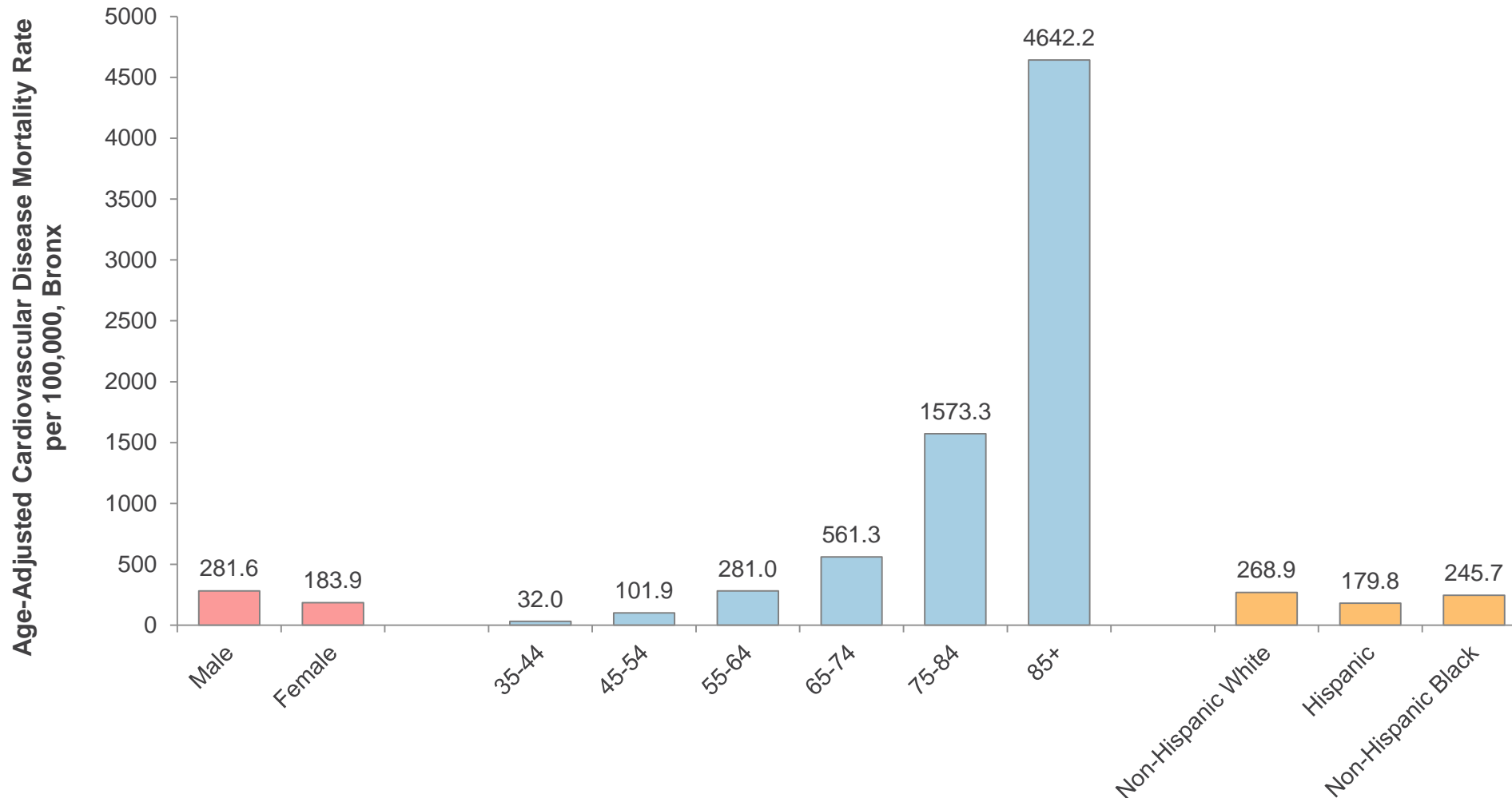


Males in the Bronx consistently have higher CVD mortality rates than females

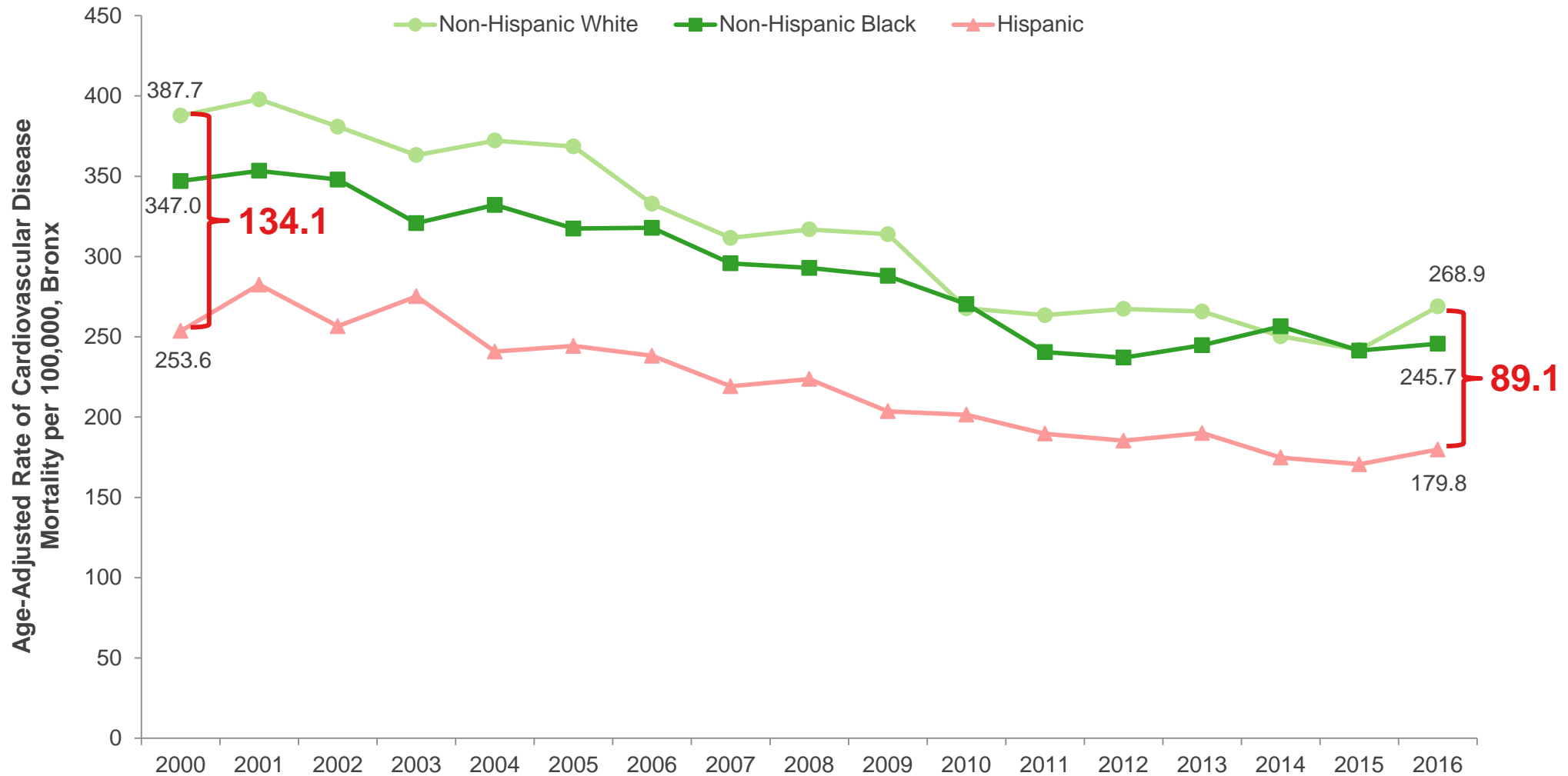


Data source: CDC WONDER Database, Underlying Cause of Death, 2000-2016.
Data is age-adjusted.

CVD mortality rates are highest in the Bronx amongst males, those 85 years and older, and non-Hispanic white populations



Racial and ethnic disparities in CVD mortality have fallen 45 points in the past 16 years



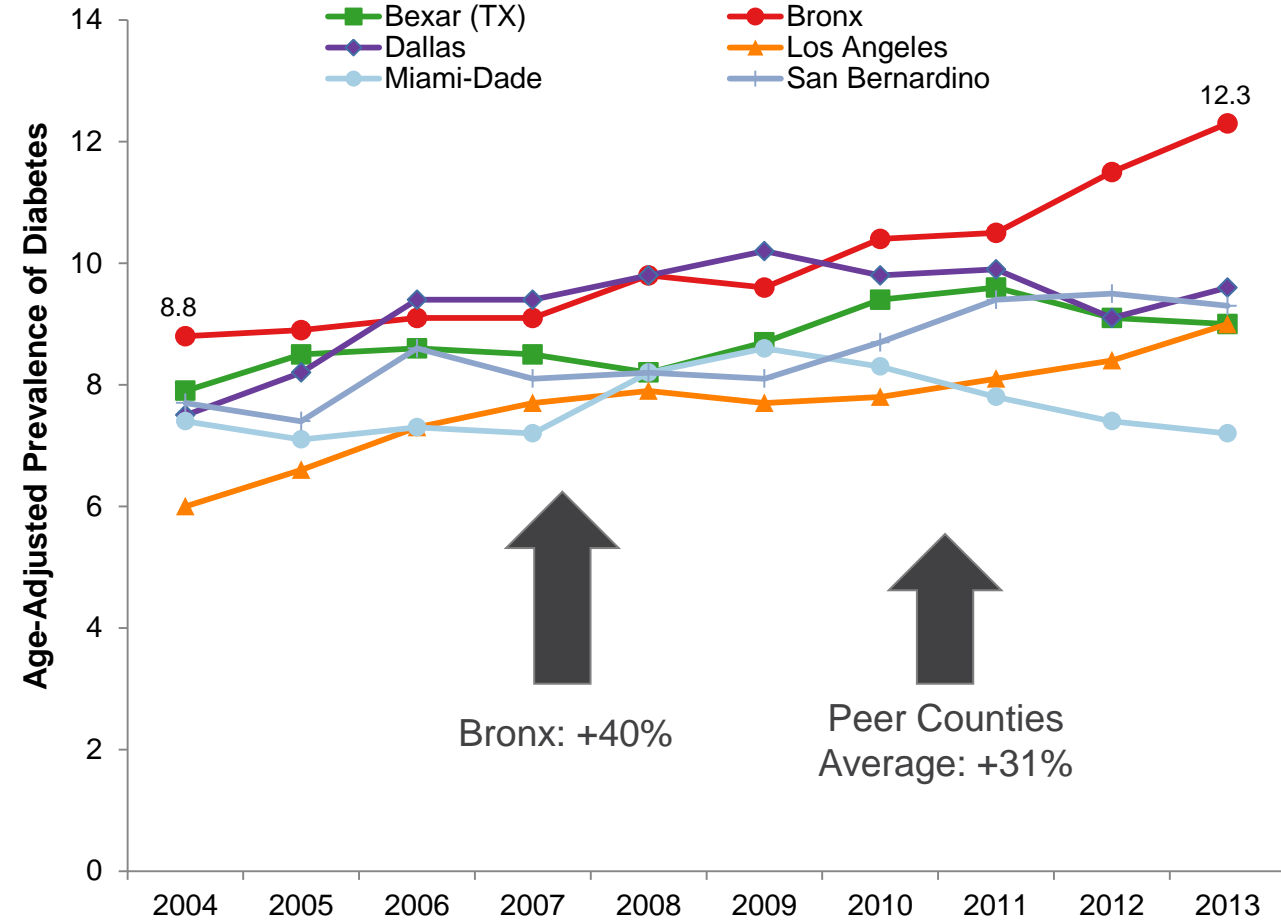
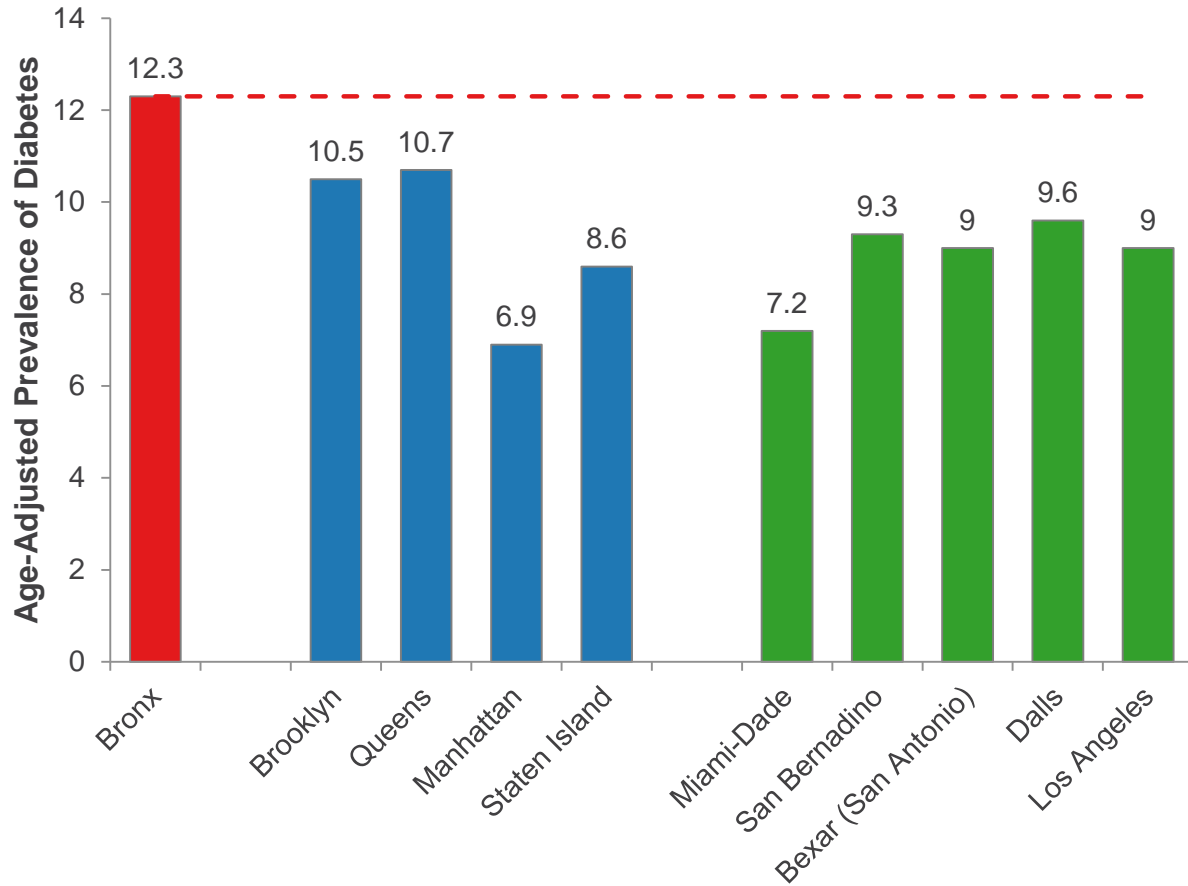
Data source: CDC WONDER Database, Underlying Cause of Death, 2000-2016.
Data is age-adjusted.

Diabetes

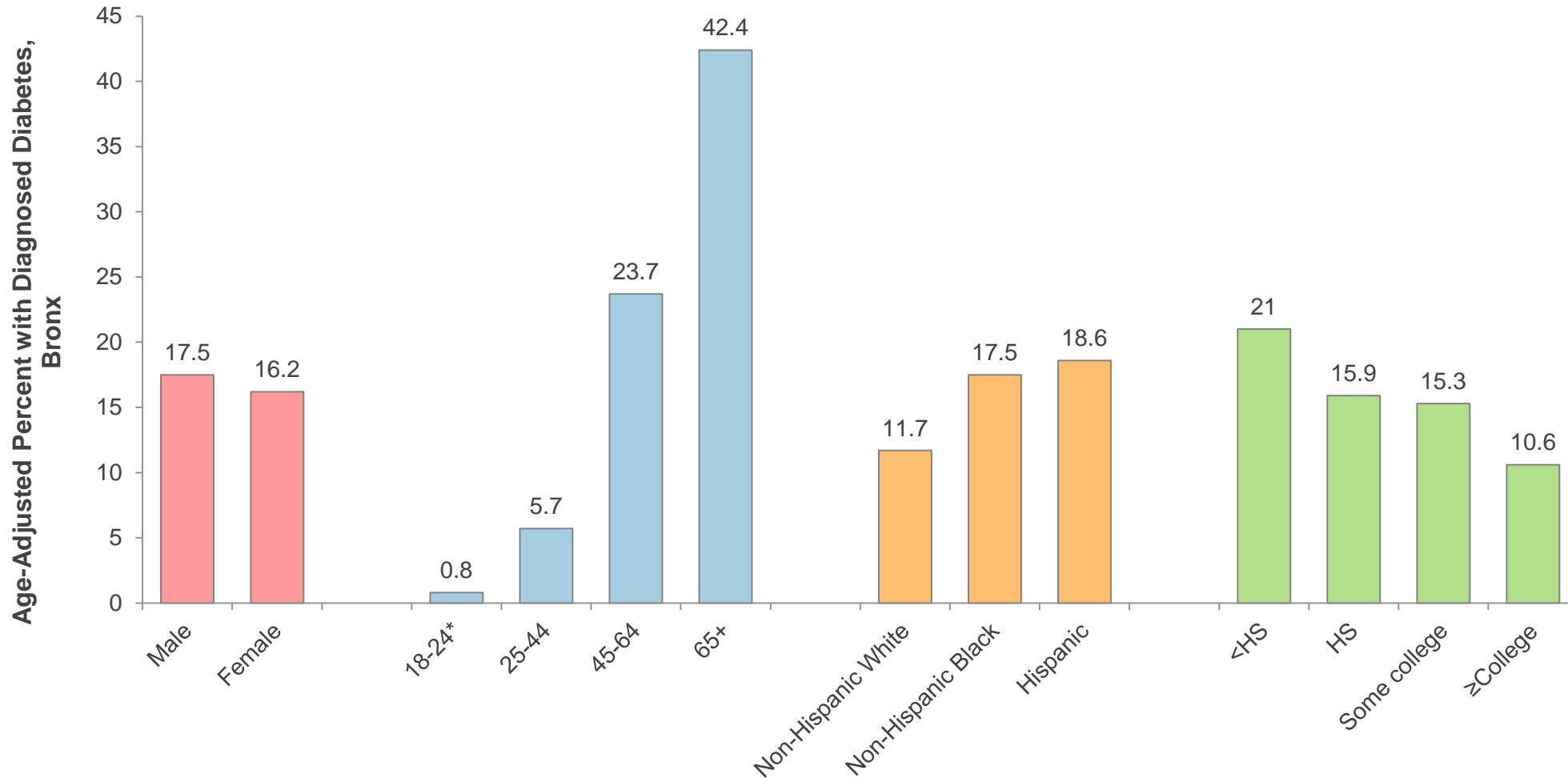
While many factors including weight status are associated with diabetes, there is a strong relationship between smoking and diabetes.

Sources: Pan et al., 2015; Willi et al., 2007

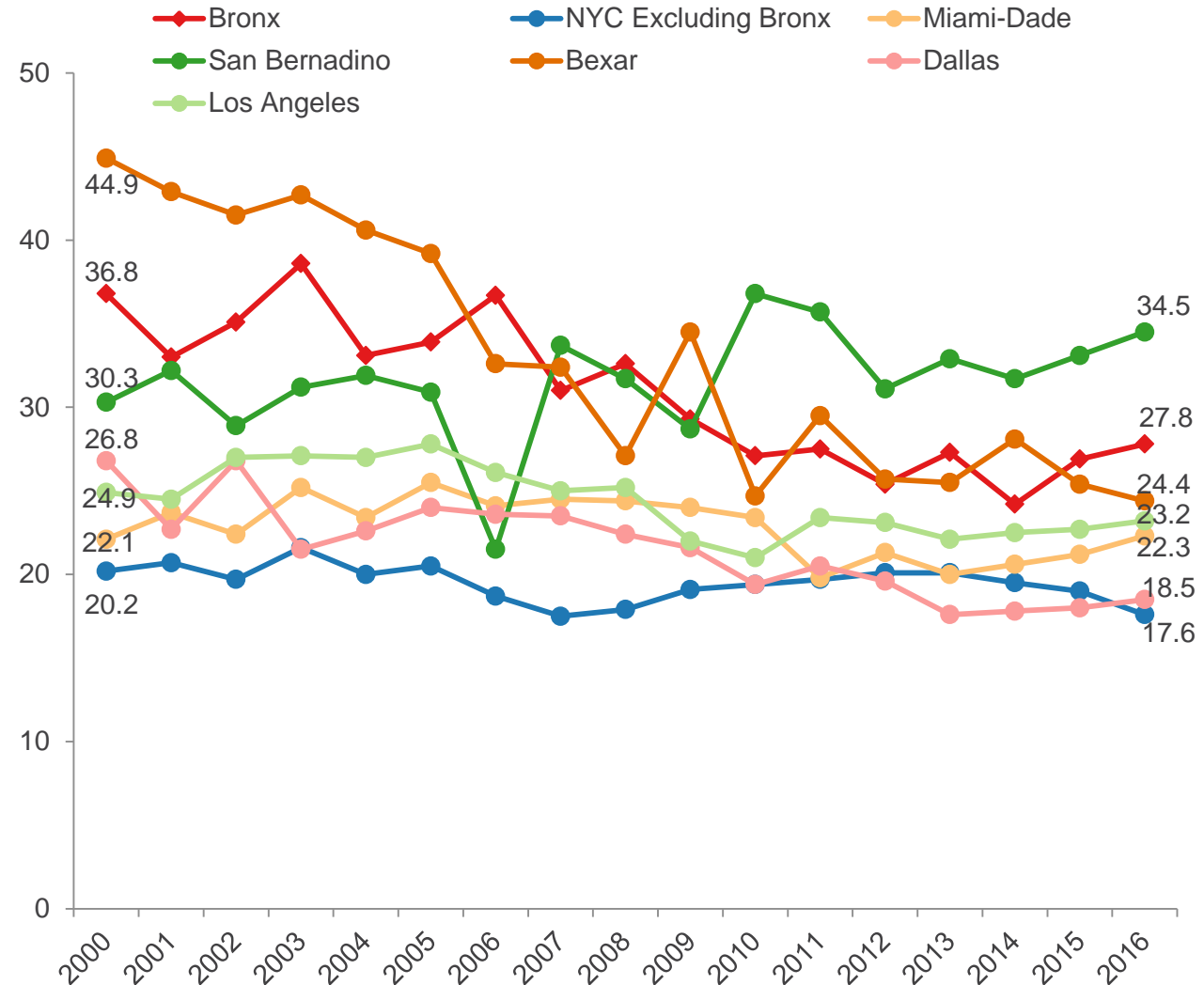
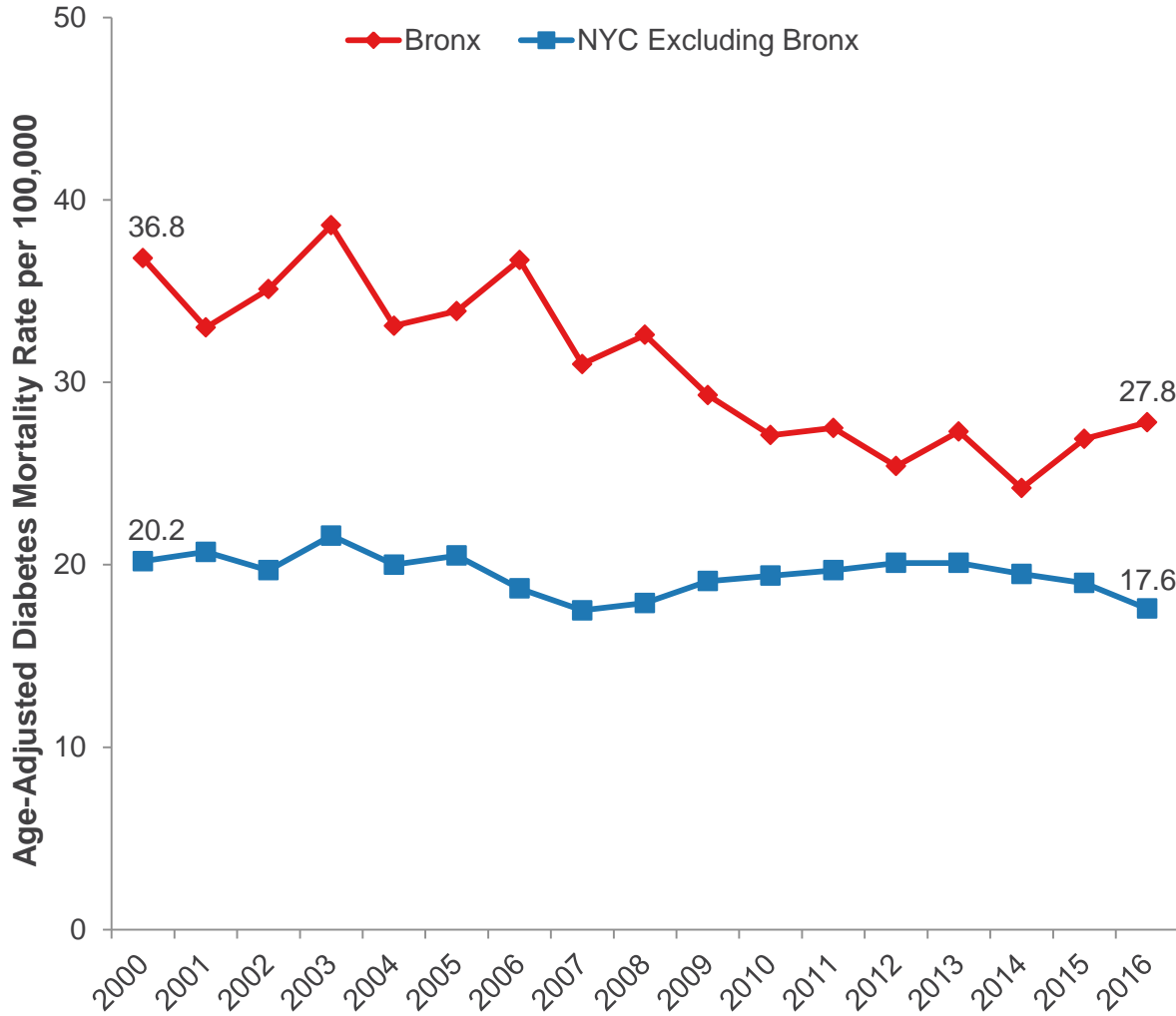
The Bronx has a higher prevalence of diabetes than all other NYC boroughs and peer counties



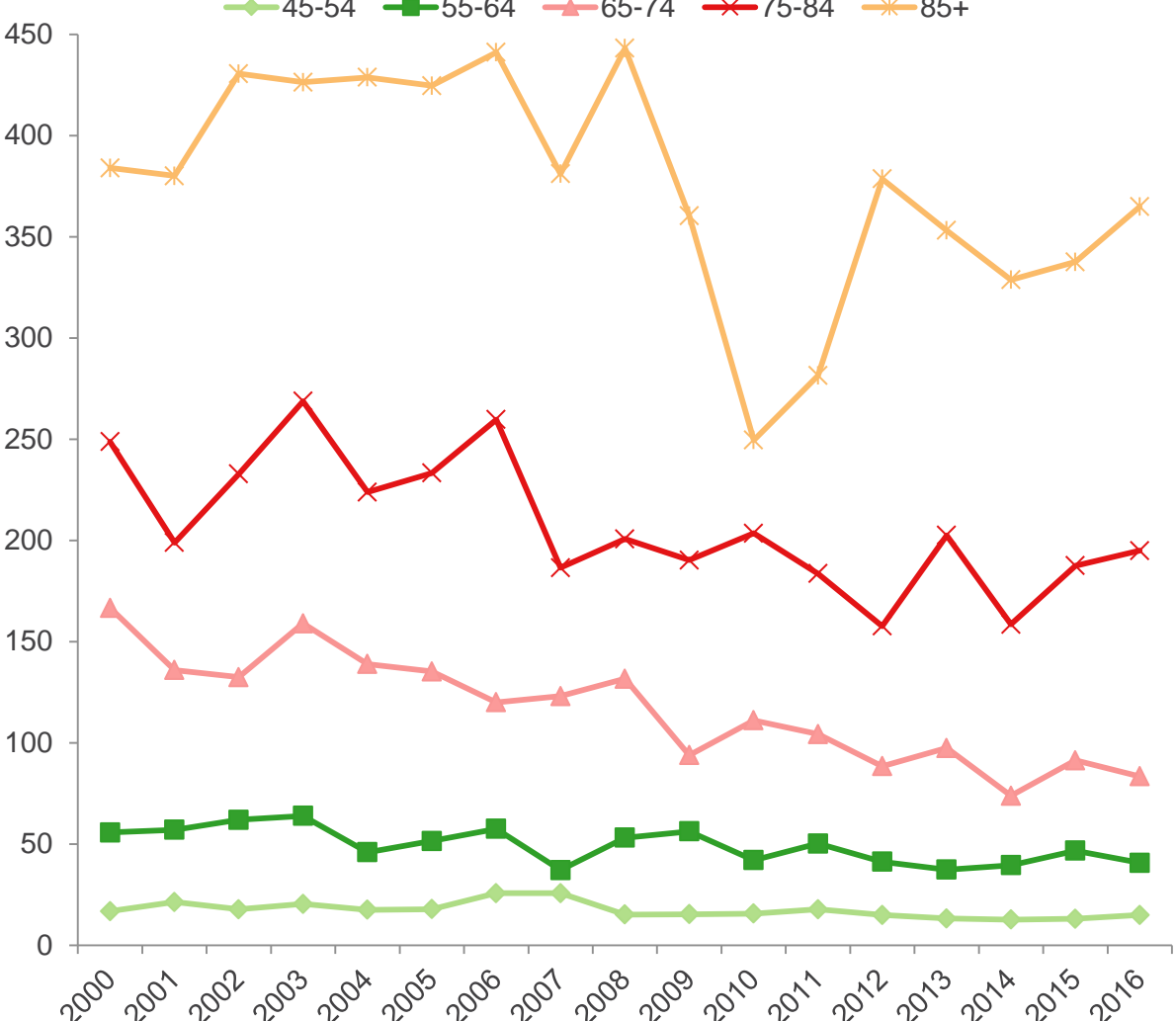
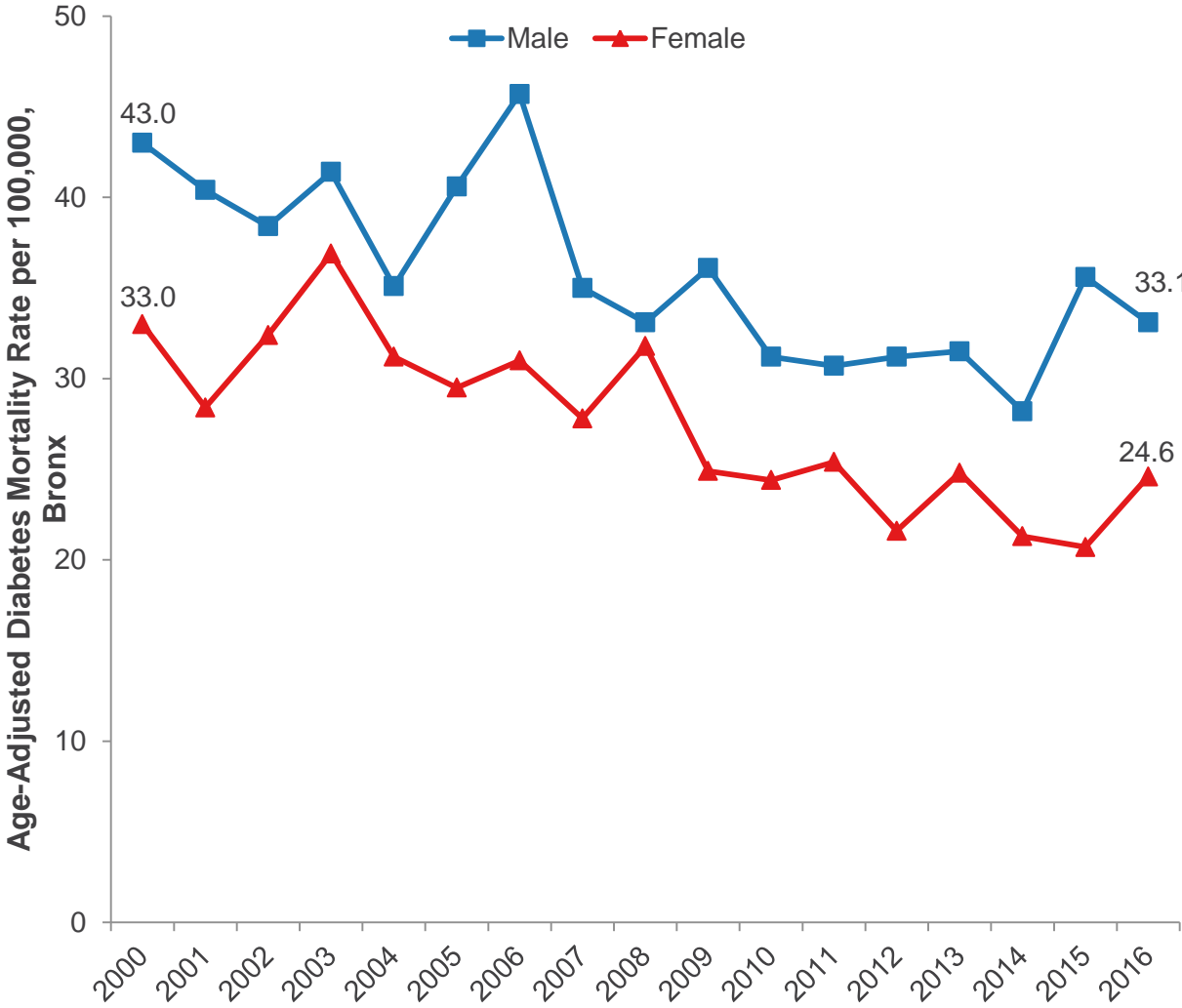
Those 65 years and older, male, and Hispanic have the highest rates of diabetes in the Bronx



The diabetes mortality rate has fallen by 9 percentage points over the last 16 years in the Bronx



Males have a higher diabetes mortality rate and rates vary dramatically by age



Data source: CDC WONDER Database, Underlying Cause of Death, 2000-2016. Age-group data is not age-adjusted.

About the Community Health Dashboard Project

- The goal of the project is to provide Bronx-specific data on risk factors and health outcomes with an emphasis on presenting data on trends, socio-demographic differences (e.g., by age, sex, race/ethnicity, etc.) and sub-county/neighborhood level data
- Data will be periodically updated as new data becomes available.
- Produced by Montefiore's Office of Community & Population Health using publicly-available data sources
- For more information please contact us OCPHDept@montefiore.org

Sources

Links to Data Sources:

CDC Wonder Database, Underlying Cause of Death, <https://wonder.cdc.gov/ucd-icd10.html>

NYC Community Health Survey, <https://a816-healthpsi.nyc.gov/epiquery/CHS/CHSXIndex.html>

Global Burden of Disease Project, <https://vizhub.healthdata.org/tobacco/>

NYC Community Health Profiles, <https://www1.nyc.gov/site/doh/data/data-publications/profiles.page#bx>

NYC Youth Risk Behavior Survey, <https://nccd.cdc.gov/youthonline/app/Results.aspx?LID=XX>

New York State Cancer Registry, <https://www.health.ny.gov/statistics/cancer/registry/>

US Diabetes Surveillance System, Division of Diabetes Transition,
<https://www.cdc.gov/diabetes/data/countydata/countydataindicators.html>

Literature

Pan, A., Wang, Y., Talaei, M., Hu, F. B., & Wu, T. (2015). Relation of active, passive, and quitting smoking with incident type 2 diabetes: a systematic review and meta-analysis. *The lancet Diabetes & endocrinology*, 3(12), 958-967.

Willi, C., Bodenmann, P., Ghali, W. A., Faris, P. D., & Cornuz, J. (2007). Active smoking and the risk of type 2 diabetes: a systematic review and meta-analysis. *Jama*, 298(22), 2654-2664.