2015 Community Tobacco Survey of Adult Residents of Monroe County (New York)

Opinions, Behaviors, and Perceptions Related to Exposure to Secondhand Smoke, Tobacco Marketing, Tobacco Sales, and Tobacco Use

Conducted for
Smoking and Health Action Coalition of Monroe County
Rochester, New York

Prepared by
Joel LaLone Consulting
Watertown, New York

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Contact Information

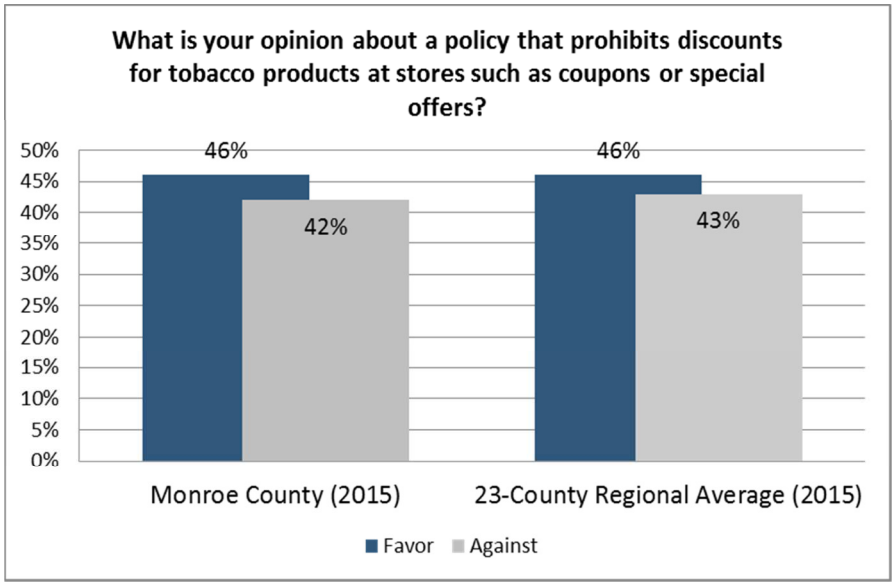
Smoking and Health Action Coalition of Monroe County
Cassie Gratton, Director
American Lung Association of the Northeast
1595 Elmwood Ave, Rochester, NY 14620
Phone number: 585-666-1399
Email: cgratton@LungNE.org
Website: *www.LungNE.org*

Joel LaLone Consulting
Mr. Joel LaLone, Owner
428 Flower Avenue West
Watertown, New York 13601
(315)-408-9214
joel@joellaloneconsulting.com
www.joellaloneconsulting.com

Executive Summary of Study Findings

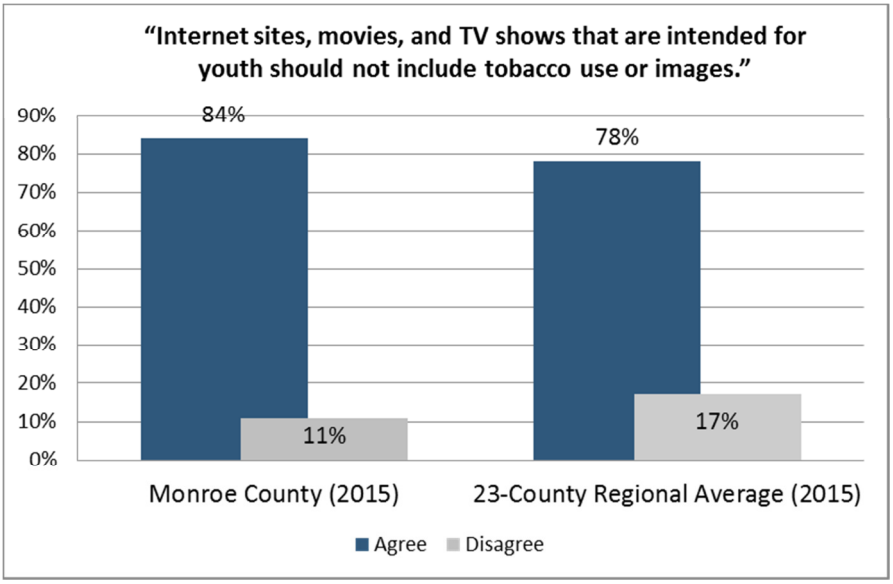
A survey using both landline and cellular phone random sampling of adult residents of Monroe County, New York is completed once every one-to-two years with a goal of collecting tobacco-related information on behalf of the Smoking and Health Action Coalition (SHAC) of Monroe County. The data are intended to be used by SHAC to plan and advocate for future initiatives, as well as used to evaluate and assess impact and effectiveness of past initiatives. In 2015 the study included 800 adults. The survey instrument was constructed with approximately 25 survey questions, organized in six separate sections of tobacco-related attitude, opinion, and behavior survey items. This executive summary provides brief noteworthy highlighted findings in 2015 for each of the six areas of study.

Tobacco Marketing – *Tobacco Discounts and Coupons*



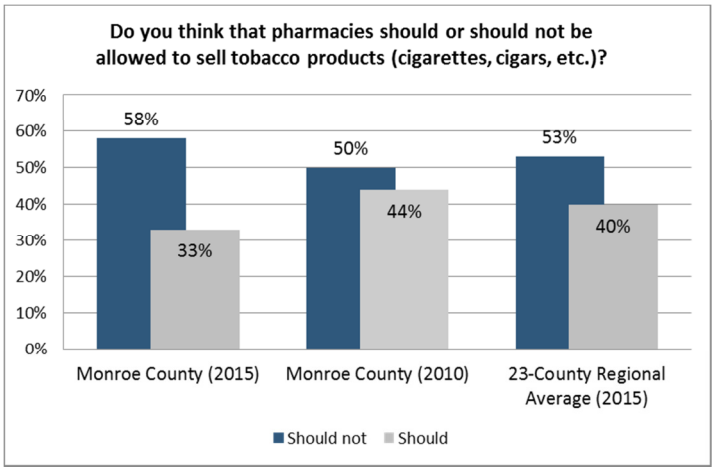
1. When asked their opinion about **a policy that prohibits discounts for tobacco products at stores such as coupons or special offers** over 46% of Monroe County adults (46.3%, not significantly different from the current regional average rate of 45.7%) are in favor, while only 41.5% of Monroe County residents are currently opposed to this type of policy. Among *current smokers* in Monroe County in 2015 only 25.8% are in favor of a policy that prohibits discounts for tobacco products at stores such as coupons or special offers. (Table 5)

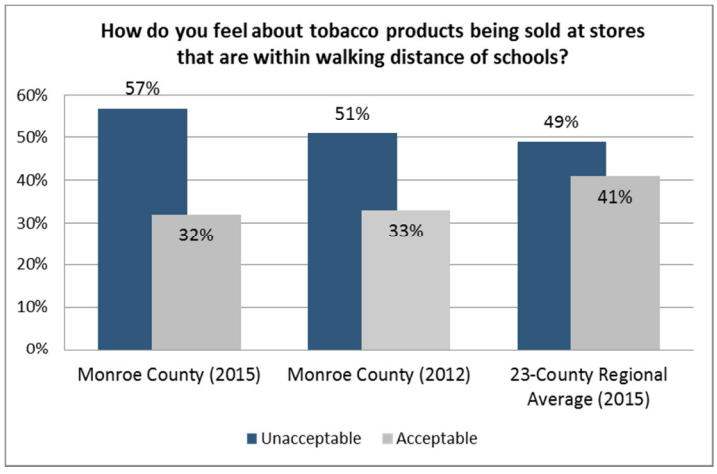
Tobacco Marketing – *Protecting Youth From Tobacco On Screen*



2. When asked their opinion about whether one agrees with the following statement, **"Internet sites, movies, and TV shows that are intended for youth should not include tobacco use or images"** an overwhelming majority of Monroe County adults (84.1%) agree, while only 11.0% of participants disagree. The likelihood that Monroe County adults agree with this statement is significantly higher than the current regional average of 78.2%. Among those residents who do have at least one child under the age of 18 living in the household the rate of agreement increases to 90.7%. Among *current smokers* in Monroe County in 2015, a very large 88.4% agree that "Internet sites, movies, and TV shows that are intended for youth should not include tobacco use or images". (Table 6)

Tobacco Point of Sale





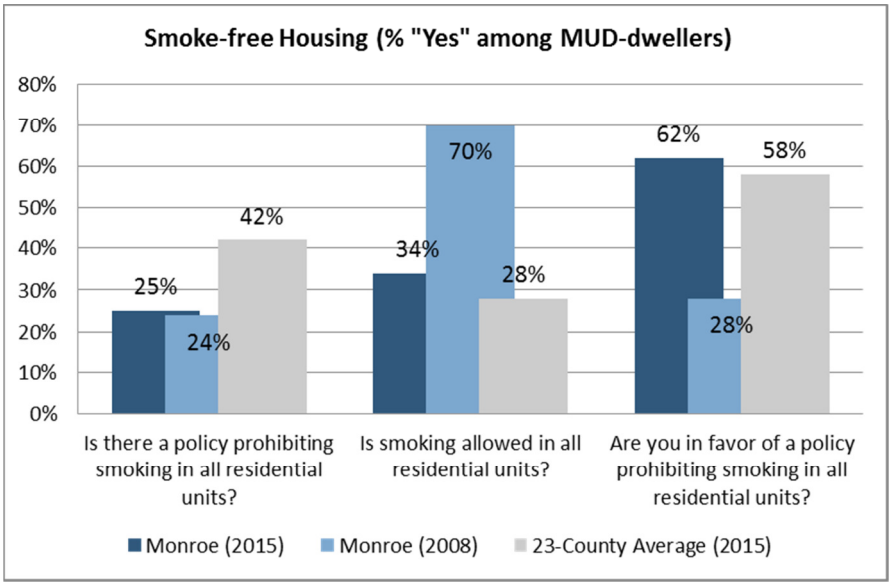
3. Monroe County adults strongly **believe that pharmacies should not be allowed to sell tobacco products** (57.7% indicate "Should not," while only 32.5% indicate "Should"). Level of opposition in Monroe County to selling tobacco products at pharmacies is significantly higher than current regional average (52.7% respond "Should not"), and has increased significantly from the results found in the county in 2010 ("Should not" in 2010 was 49.9%). Belief that pharmacies *should not* be allowed to sell tobacco products is even somewhat evident among *current cigarette smokers* in the county in 2015 with 39.6% of *current smokers* responding "Should not". (Table 7)

4. When asked "**How do you feel about tobacco products being sold in stores that are located within walking distance of schools?**", a majority of adults in Monroe County indicate that this location is "unacceptable" (56.9%) while less than one-third feel that it is "acceptable" (32.3%). This rate of 56.9% in Monroe County feeling that the sale

of tobacco products near schools is unacceptable is significantly higher than the current regional average of 49.1%, and has increased significantly from result found in the county in 2014 (47.5%). Even among *current smokers* in Monroe County in 2015, 40.7% respond with "unacceptable." (Table 8)

5. Monroe County adults show support for a policy that would **limit the maximum number of tobacco retailers allowed in a neighborhood or area** (more than one-half – 54.4% – voice support to this type of potential policy, while only 39.5% voice opposition). The Monroe County level of support is significantly higher than the current regional average result (Monroe County level of support is 54.4%, regional average is currently 46.6% support), and has increased significantly from levels found in the county between 2010 and 2014 (support was only 42.1% in Monroe County in 2014). Among *current smokers* in the county in 2015, 33.4% currently indicate support, which represents approximately one-in-three *current smokers* who support having a maximum number of tobacco retailers allowed in a neighborhood or area. (Table 9)

Smoke Free Housing

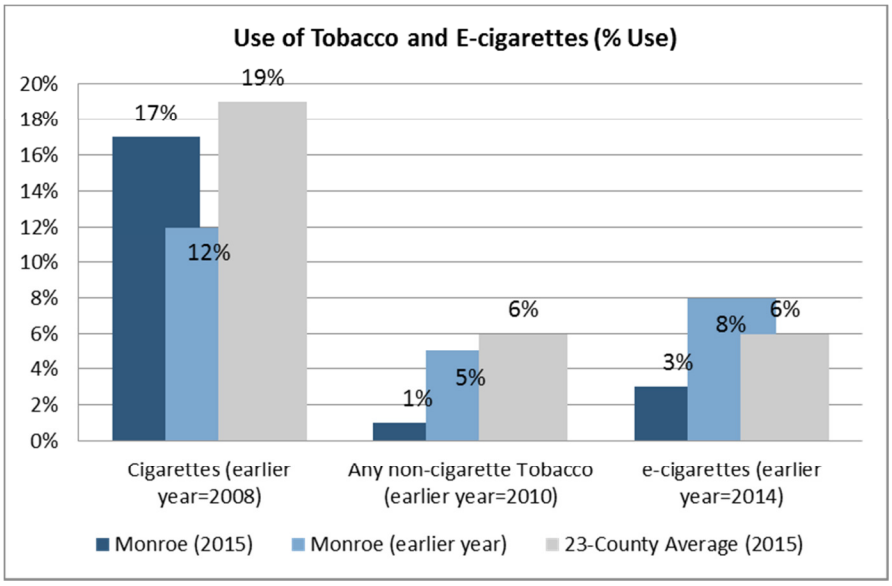


6. Approximately one-in-three adults in Monroe County are residents of a multi-unit dwelling or apartment. A minority among residents in Monroe County who live in multiple-unit dwellings (apartments) indicate that **there is a policy in their building that prohibits indoor smoking and that smoking is not allowed inside any residential units –** 25.1% report this to be true. The 25.1% no-smoking-allowed-in-any-residential-units rate in Monroe County in 2015 is significantly lower than the current regional average rate of 41.8% living in smoke-free housing. However, the rate of "smoking is *allowed in all* residential units" that has been reported since first measured in the county in 2008 has made an incredible transformation – 70% was found in 2008, 68% was found in 2010, and 51% was found in 2012, while the current 2015 rate is only 34%. However, in 2015 in Monroe County there is a difference in whether smoking is not allowed in any units based upon whether or not the rental units are public housing – 45.1% of MUD-dwellers who live in public housing report that smoking is not allowed in any residential units, while only 16.8% of those not in public housing report that this is the case. (Table 10)

7. **Very strong support for policies that prohibit indoor smoking everywhere inside a residential building, including living areas** has been found in Monroe County **–** approximately 62% of the adults who currently live in MUDs (61.5%) indicate that they are in favor of not allowing smoking anywhere in their building (steadily, dramatically, and significantly increased from both of 28.3% in favor in the county in 2008, and 53.4% in favor in 2014). Current (2015) level of support for prohibiting smoking in MUDs among Monroe County residents is not significantly different from the current regional average support level (average=58.4% "prohibit indoors", Monroe County rate is 61.5%). Notably**,** 28.3% of the *MUD-dwelling current smokers* in Monroe County in 2015 favor a smoking prohibition policy inside their residence/apartment. Additionally, it has been found that MUD-dwellers who report that their residence is public housing are more likely to support a smoking prohibition policy than those who do not live in public housing, with 77.2% versus 57.0% indicating support, respectively. (Table 11)

8. **Very strong support has been voiced in Monroe County by current multi-unit dwelling residents that rental leases should be required to have a statement that describes whether smoking is prohibited on the premises.** More than eight-tenths of MUD-dwellers support this requirement of a smoking policy statement on leases (81.2%, not significantly different from the current regional average level of support of 80.3%), while only 14.5% are opposed. Notably, among *current smokers who live in MUDS* in Monroe County in 2015, a large 69.3% are in favor of requiring this type of statement in leases. MUD-dwellers who report that their residence is public housing are less likely to support this lease-requirement policy than those who do not live in public housing, with 76.5% versus 83.1% indicating support, respectively. (Table 12)

Tobacco Use



9. Approximately two-fifths of the adults in Monroe County (40.7%) have **smoked at least 100 cigarettes in their lifetime**, a rate that has not changed significantly from the rates found in the county between 2008 and 2014, and a rate that is significantly lower than the current regional average rate of 46.0%. This 40.7% who have smoked at least 100 cigarettes in their lifetime is not equally distributed between "former" and "current" smokers – 23.9% of the adult population in Monroe County are former smokers, and 16.7% are current smokers. (Tables 13 and 15)

10. The **current cigarette smoking rate found in Monroe County is**: a total estimate of **16.7% current smokers**, with 11.8% smoking every day and 4.9% smoking on only some days. This cigarette smoking rate has not changed significantly from the rates found in Monroe County in 2010 through 2014. The current 16.7% smoking rate in Monroe County is not significantly different from the current regional average rate of 19.4% current cigarette smokers found among twenty-three Northern, Central, and Western New York counties studied between January 2014 and January 2015. The New York State Department of Health published the results for the Expanded Behavioral Risk Factor Surveillance System (BRFSS) in December 2009. This overall health study includes an estimate of adult current cigarette smoking prevalence. The methodology utilized in the BRFSS is very similar to that used in this current January 2015 Monroe County adult tobacco community assessment (both studies used a random telephone survey, sample sizes were n=665 vs. n=800, weighting algorithms were similar while not identical, the BRFSS interviews spanned July 2008-June 2009; for more details regarding this BRFSS study, visit: http://www.nyhealth.gov/statistics/brfss/expanded/2009/county/). The adult smoking prevalence rate reported for Monroe County in the 2009 Expanded BRFSS was 19.1%. The Center for Disease Control (CDC) also published an adult smoking rate estimate for Monroe County in 2012 of 16.9% (http://www.pophealthmetrics.com/content/12/1/5). The 16.7% smoking rate found in Monroe County in this January 2015 Monroe County adult tobacco community assessment is not significantly different from either the finding in the 2009 Expanded BRFSS or the 2012 County-specific BRFSS Report by the CDC. (Tables 14 and 15)

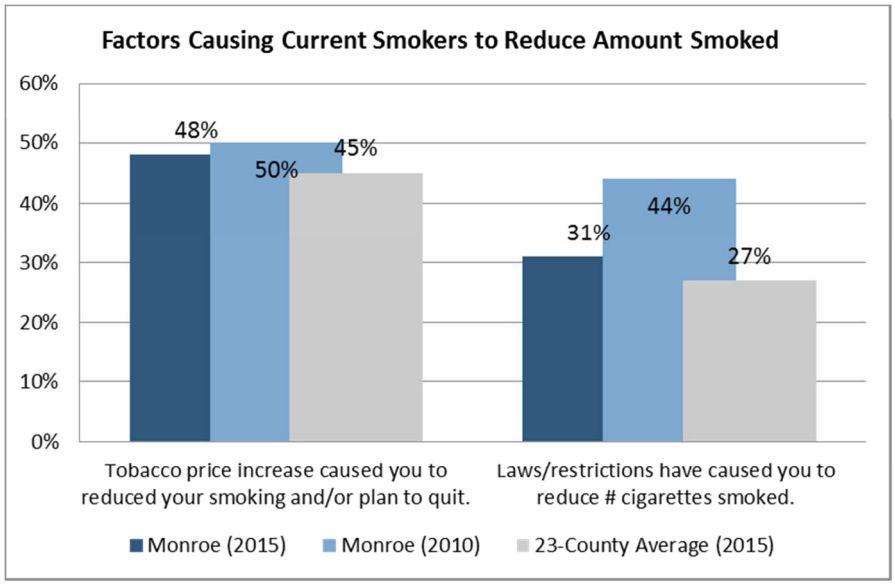
11. Significant **correlations with cigarette smoking – potential explanatory factors that are related with the likelihood that a Monroe County adult resident will be a current cigarette smoker** – that were discovered include that residents between the ages of 18-34 (≈27% are smokers), residents with no college coursework in their educational background (≈25% of those with no college coursework are smokers), those from lower annual income households (≈20% of those from households with annual incomes of under $50,000 are smokers), and those residents who self-identify their race or ethnicity as Black or African American (≈23% are smokers) are most likely to be current cigarette smokers. (Table 15)

12. **Use of other tobacco products (those other than cigarettes)** among Monroe County residents is far less common than cigarette smoking with a current estimate of 1.4% of adult residents using non-cigarette tobacco products, a rate that has decreased significantly in the past year (5.8% used non-cigarette tobacco in 2014). The current non-cigarette tobacco product use rate in Monroe County is significantly below the current regional average of 5.6%. A strong link is apparent between cigarette smoking and use of other non-cigarette tobacco products – 4.4% of *current cigarette smokers* also use other tobacco products, while only 0.8% of *non-cigarette-smokers* report to do so. (Table 16)

13. The current **overall tobacco-use rate** among Monroe County residents is 17.4% (use at least one type of tobacco product), which is not significantly different from results in the county between 2010 and 2014 (when the rates varied between 13.7% and 22.0%). The current 17.4% overall tobacco use rate among Monroe County residents is significantly lower than the current regional average of 22.1% using at least one type of tobacco product. Residents between the ages of 18-34 (≈27% use tobacco), residents with no college coursework in their educational background (≈26% use tobacco), those from lower annual income households (≈22% of those from households with annual incomes of under $50,000 use tobacco) and those residents who self-identify their race or ethnicity as Black or African American (≈23% use tobacco) are most likely to be current users of at least one type of tobacco product in Monroe County. (Table 17)

14. Use of **e-cigarettes (or, vapor cigarettes)** among Monroe County residents as tobacco alternatives was measured for the first time in 2014. Between 2014 and 2015 use of e-cigarettes *at least rarely* in the county decreased significantly from 8.2% to 2.8%, and currently the rate of e-cigarette use in Monroe County is significantly lower than the current regional average (Monroe County = 2.8% use *at least rarely*; regional average = 6.4% use *at least rarely*). A connection between smoking cigarettes and e-cigarette use is evident – approximately 7% of *current smokers* in Monroe County also use e-cigarettes at least rarely, while only 2% of non-smokers report to do so. (Table 18)

Further Tobacco Purchase, Use, and Cessation Issues – *Among Current Smokers*



15. The **price of tobacco is cited by 42.6% of current Monroe County smokers** as having caused them to **smoke fewer cigarettes**, with 25.4% indicating that the price of tobacco is causing them to **plan to quit smoking**. Approximately one-half of smokers – 47.5% – reported *at least one* of these two positive impacts (reducing smoking and/or planning to quit), a rate that is not significantly different from the current regional average rate of 45.4% having at least one positive impact, and a rate that has not changed significantly from rates found in the county between 2008 and 2014. (Table 19)

16. Among current smokers in Monroe County, approximately one-in-three (31.3%) indicate that **recent laws or restrictions on outdoor smoking influenced them to smoke fewer cigarettes** (a rate that has not changed significantly in the county between 2010-2015, and a rate that is not significantly different from the current regional average of 26.9% indicating this influence). (Table 20)

Section 1

Introduction and Description of the Study

1.1 PURPOSE AND GOALS FOR THIS STUDY

The *Prevention Agenda 2013-17: New York State's Health Improvement Plan* is the blueprint for state and local action to improve the health of New Yorkers in five priority areas and to reduce health disparities for racial, ethnic, disability, socioeconomic and other groups who experience them. One of the five priority areas included in the Prevention Agenda is: "Focus Area 2: Reduce Illness, Disability and Death Related to Tobacco Use and Secondhand Smoke Exposure." The goals that have been identified in the Prevention Agenda associated with this focus area are:

Goal #2.1: Prevent initiation of tobacco use by New York youth and young adults, especially among low socioeconomic status (SES) populations.

Goal #2.2: Promote tobacco use cessation, especially among low SES populations and those with poor mental health.

Goal #2.3: Eliminate exposure to secondhand smoke.

The Smoking and Health Action Coalition (SHAC) of Monroe County is a tobacco coalition located in Rochester, New York that is affiliated with the New York Tobacco Control Program, a program of the New York State Department of Health. The NYSDOH grant for SHAC is administered the American Lung Association of the Northeast, located in Rochester, New York. The goals of SHAC include advocating, initiating, funding, and supporting activities and interventions that promote the prevention and cessation of tobacco use, and elimination of exposure to secondhand smoke, among residents of Monroe County (New York). (Source: www.health.ny.gov/prevention/prevention_ agenda /2013-2017/index.htm)

To attain these goals in Western New York, the Smoking and Health Action Coalition has a need for current and accurate information regarding tobacco-related behaviors and attitudes among Monroe County residents. To measure the necessary attitudes and behaviors regarding tobacco issues in the county, SHAC contracted with *Joel LaLone Consulting*, Watertown, New York, to complete a community adult tobacco study in the county. The study involved completion of a random telephone survey of a sample of 800 adult residents of the county.

This study was designed with the following three primary goals:

Study Goal #1

Planning – There is a goal to collect current tobacco-related attitude and behavior information via surveying local adult residents to provide data that will be useful to Western New York health professionals to best make data-driven decisions about future health-related goals, objectives, programs, services, initiatives, interventions, promotions, and/or potential policies in the region. In summary, the collected data will provide current measurements of public opinion and behavior to help support and plan future activities for the Smoking and Health Action Coalition.

Study Goal #2

Advocacy – There is a goal to collect current tobacco-related attitude and behavior information via surveying local adult residents to provide data that will be useful to Western New York health professionals to best demonstrate and explain local residents' opinions regarding potential future tobacco-related policy and/or law changes in the region. In summary, the collected data will provide current measurements of public opinion and behavior to help local leaders, decision-makers, and elected officials make tobacco-related policy decisions in the future. The data assists Tobacco Control experts in shedding light upon local decision-maker questions such as "What does the public think about this possible tobacco-related change in policy or law in their community?"

Study Goal #3

Evaluation – The second goal involves using the adult survey data to allow for evaluation of the impact of past initiatives and activities provided by the Smoking and Health Action Coalition. Previous similar tobacco-related surveys have been completed in 2008, 2010, 2012, and 2014 in Monroe County. Comparison of the current (2015) survey results to these earlier survey results with

identification of any statistically significant trends is useful to Western New York health professionals to attempt to identify which initiatives have been most effective, most successful. Essentially this goal is to answer the questions: "Has SHAC been successful in attaining their goals as outlined in its workplan?" and "Has there been any impact among the local population?"

The variables recorded in this study (survey questions) were developed with a focus of accomplishing these three study goals. The survey instrument included approximately 25 survey questions relating to the following six primary sections of questions/information regarding attitudes and behaviors related to tobacco. The specific tobacco-related topics that are studied and reported in the remainder of this document are:

1. **Tobacco Marketing – *Tobacco Discounts and Coupons***
2. **Tobacco Marketing – *Protecting Youth From Tobacco On Screen***
3. **Tobacco Point of Sale**
4. **Smoke Free Housing**
5. **Tobacco Use**
6. **Further Tobacco Purchase, Use, and Cessation Issues – *Among Current Smokers***

This report is a summary and explanation of the findings of the Monroe County community tobacco study completed for the Smoking and Health Action Coalition in 2015. When possible, comparisons of the current results are made to the results of previous community tobacco surveys completed in Monroe County in 2008, 2010, 2012, and 2014. Additionally, the current Monroe County results are compared to current regional average results. The current regional average results are derived using the findings from twenty-three separate Central, Northern, and Western New York county-wide tobacco-related studies that were completed by tobacco community partnerships during the period of January 2014 through January 2015 (including Monroe County). Each of these twenty-three studies is similar to the current SHAC study in methodology, sample size, goals, and scope. Finally, the current Monroe County results are cross-tabulated by the possible explanatory factors of Gender, Age, Education Level, Household Income Level, Race/Ethnicity, and Current Cigarette Smoking Status. It is standard methodology with professional surveys to provide this more detailed information to the reader – information that may assist in explaining the overall findings – by reporting the results for all subgroups within these key demographic variables. The results provide important current information about contemporary thinking and behaviors of citizens; and, over time, will continue to provide important baseline and comparative information as well for healthcare leadership.

1.2 METHODOLOGY – HOW THESE DATA WERE COLLECTED

The survey instrument used in this study was developed through the collective efforts of the evaluation specialists at the New York State Department of Health Tobacco Control Program, together with the local tobacco coalition coordinator at SHAC. The instrument, the introductory script used by interviewers on the telephone, and the required methodology to collect the data (complete interviews) were each approved by the Institutional Review Board of the New York State Department of Health in December of 2014. The survey included approximately twenty-five items (questions) regarding the six sets of tobacco issues outlined in the preceding introductory section of this report. Copies of the script and survey instrument are attached as an appendix.

The study included completing interviews of 800 adult residents of Monroe County. All interviews were completed via telephone. To be eligible to complete the survey, the resident was required to be at least 18 years of age. To complete the landline portion of the sampling, personal residence telephone numbers were randomly selected from the population of approximately 150,000 household landline telephone numbers in service in Monroe County. These landline telephone numbers were obtained from *Accudata America*, a subsidiary of Primis, Inc. *Accudata America* is a firm that specializes in providing contact information for residents of the United States. The telephone numbers were obtained from an unscrubbed list, ensuring that individuals whose households are included in the "telemarketing do-not-call list" would be represented in this study. After receiving the randomly selected landline telephone numbers, the list was randomly sorted a second time and a group of residential landline numbers was attempted for interviews in the county. To complete the cellular phone portion of the sampling, a random-digit generation process with manual dialing was utilized where common area codes and three-digit prefixes for cellular phones in use in the Monroe County region were identified, and random sets of four-digit telephone number endings after these common prefixes were generated to be attempted. Before a survey was completed with a participant who was speaking on their cellular phone it was queried and established that the participant was not driving a motor vehicle at that time, and that he or she was in a safe and private location at that time. Interviews were completed on the cellular phone of the participants for 280 of the 800 completed interviews (35% of all completed interviews), and interviews were completed on the landline telephone of the participants for 520 of the 800 completed interviews (65% of all completed interviews).

All telephone calls were made between 3:30 p.m. and 9:00 p.m. on evenings between December 16, 2014 and January 8, 2015, from a call center in Watertown, New York. The staff of *Joel LaLone Consulting*, who completed the interviews, has extensive experience and training in human subject research methodology and effective interviewing techniques. It was necessary to attempt to contact 6,551 households before completing the contracted 800 interviews (cellular phones and landline telephone results combined). When each of the 6,551 telephone numbers was attempted, one of four results occurred: Completion of an interview; a Decline to be interviewed; No Answer/Busy; or an Invalid Number (includes those cellular phone numbers contacted for which the persons lived outside of Monroe County). As required within the research protocol provided by the New York State Department of Health, voluntary informed consent was obtained from each resident before the interview was completed. This protocol included informing each resident that it was his or her right to decline to answer any and all individual questions within the interview. To be categorized as a completed interview, at least one-half (50%) of the questions in the survey were required to be completed. The resident's refusal to answer more than one-half of the questions was considered a decline to be interviewed. The typical length of a completed survey was approximately ten minutes. Declines to be interviewed (refusals) were not called back with an attempt to convince the resident to reconsider the interview. If no contact was made at a telephone number (No Answer/Busy), callbacks were made to the phone number. Telephone numbers that were not successfully contacted and, as a result, were ultimately categorized as No Answer/Busy, were attempted a minimum of four times (three callbacks). When no person answered the telephone no messages were left by interviewers, neither on answering machines at homes nor as voicemail to cellular phones. No rewards or gifts were offered to contacted adults to encourage their participation. The response rate results for the study are summarized below.

Table 1 Response Rates for the 2015 Monroe County Community Tobacco Survey

Response rates for **LANDLINES & CELL PHONES COMBINED** attempted in this study: (≈35% of interviews were completed on cell phones, with 25% of participants indicating "cell-only" phone ownership)	Complete Interview	Decline to be Interviewed	Not Valid Telephone Number	No Answer/ Busy	TOTALS
Frequency	800	1224	484	4,043	6,551
% of Numbers Attempted	12%	19%	7%	62%	100%
% of Valid Numbers	13%	20%		67%	100%
% of Contacted Residents	40%	60%			100%

Within the fields of social science and community-based research, when using a hybrid sampling design including both landline telephone interview and cellular phone interview methodology, a response rate of approximately 40% of all successful contacts where a potential participant is actually talking on the phone is considered very successful.

1.3 DEMOGRAPHICS OF THE SAMPLE – WHO WAS INTERVIEWED?

This section of the final report of study findings includes a description of the results for the demographic variables included in the survey sample. The demographic characteristics of the sampled adult residents can be used to attain the following three separate objectives. Initially, this information adds to the knowledge and awareness about the true characteristics of the population of adult residents in the sampled county (i.e. What is the current typical household size, educational profile, and/or annual household income level in Monroe County?). Secondly, this demographic information facilitates the ability for the data to be sorted or partitioned to investigate for significant relationships – relationships between demographic characteristics of people and their attitudes and behaviors regarding tobacco. Identification of significant relationships allows tobacco community partnerships to use the data more effectively to identify specific subgroups of the county population for programming and interventions, and ultimately, measure impact and change within these subgroups. Finally, the demographic information also serves an important purpose when compared to established facts regarding the population demographics among adults in Monroe County – to analyze the representativeness of the sample that was randomly selected in this study. The results for the demographic questions in the survey are summarized in the following table. The estimated demographic characteristics of the entire adult population residing in Monroe County that were reported by the U.S. Census Bureau in 2014 are also summarized for each demographic variable and provided for comparison.

Table 2 Demographics of the Sample Compared to U.S. Census Estimates for Monroe County (sample results weighted for Gender, Age, Education Level, Residence Type, Race, and Phone Ownership)

Demographic Characteristics:	Monroe County (2015 Study Sample)	Monroe County (U.S. Census Estimates)
Gender (US Census %'s are among those age 18 or older)		
Male	48%	48%
Female	52%	52%
Age Group (US Census %'s are among those age 18 or older)		
18-24	14%	14%
25-34	16%	16%
35-44	16%	16%
45-54	20%	20%
55-64	16%	16%
65+	18%	18%
Education Level (US Census reports for those over age of 25)		
HS Graduate or less	36%	36%
Some College	29%	29%
College Graduate (4+years)	36%	36%
Annual Household Income		
Less than $25,000	18%	24%
$25,000-$50,000	35%	24%
$50,000-$75,000	17%	18%
More than $75,000	30%	34%
Type of Residence		
Multi-unit Dwelling or Apartment	30%	30% "housing units in multi-unit structures"
Single-family home	69%	
Don't know/Not sure	1%	

Table 2 (cont.) Demographics of the Sample Compared to U.S. Census Estimates for Monroe County (sample results weighted for Gender, Age, Education Level, Residence Type, Race, and Phone Ownership)

Demographic Characteristics:	Monroe County (2015 Study Sample)	Monroe County (U.S. Census Estimates)
Public Housing (*among MUD-dwellers*)		
Live in Public Housing	30%	No comparable statistics are available.
Do not live in Public Housing	67%	
Don't know/Not sure	4%	
Race/Ethnicity		
White	71%	73%
Black or African American	11%	14%
Hispanic or Latino	10%	8%
Asian	3%	3%
Native Hawaiian or Pacific Islander	0%	0%
American Indian, Alaska Native	0%	2%
Don't Know, Prefer Not to Answer	5%	–
Employment Status (US Census reports for those over age of 15)		
Currently Employed	54%	59% employed 5% unemployed 36% "not in labor force"
Not Currently Employed	38%	
Not sure	8%	
Children in the Household		
No persons under age 18 in home.	66%	30% have "1+ child under age of 18 in household"
1 person under age 18 in home.	15%	
2 persons under age 18 in home.	10%	
3 persons under age 18 in home.	7%	
4+ persons under age 18 in home.	1%	
Health Insuredness		
Currently have Health Insurance	89%	93% have coverage among "civilian noninstitutionalized"
Do not have Health Insurance	6%	
Don't know/Not sure	5%	

In general, Table 2 demonstrates that after weighting the data collected in this study for Gender, Age, Education, Residence Type, Race/Ethnicity, and Phone Ownership, the responses to the demographic questions for the Monroe County residents who are included in the survey (those who actually answered the telephone and completed the survey) appear to closely parallel that which is true for the entire adult population of the county. The postal zip code for each participant was recorded, and the geographic distribution of this sample represents Monroe County accurately, as well. The targets for demographic characteristics were drawn from the most recent U.S. Census updates for Monroe County (http://quickfacts.census.gov/qfd/states/36000.html).

The primary exceptions when comparing the raw (unweighted) demographics of this Monroe County sample to U.S. Census estimates for the entire county adult population are that women are overrepresented in the unweighted sample (women are more likely than men to answer the telephone and/or agree to a survey, whereas the distribution of men and women in the Monroe County adult population is essentially equal), older residents are also overrepresented in the unweighted sample (again, older residents are more likely than younger adult residents to participate in a telephone survey), those adult residents with lower formal education levels are underrepresented in the unweighted sample (less likely to participate in a survey than those with higher formal education levels), adult residents of multiple-unit dwellings are underrepresented in the unweighted sample (due to less likelihood that renters purchase a landline in their unit), individuals who self-identify race/ethnicity as "white" are overrepresented in the unweighted sample, and residents who are only accessible via cell phone (they have no landline in their home) are slightly underrepresented in the unweighted sample. These types of sampling error are inherent in telephone methodology: females, older persons, those with higher formal education levels, those who live in single-family homes, individuals who self-identify race/ethnicity as "white", and those who are not "cell-phone only" are typically overrepresented – regardless of the subject of the survey, not just in the instance when the survey relates to tobacco issues. To compensate for this overrepresentation in the unweighted sample of females, older residents, the highly-educated, homeowners, non-minorities, and those who have no cell phone, post-stratification weightings by gender, age, education level, residence type, race/ethnicity, and telephone ownership have been applied in any further analysis of the tobacco issues included in this report. All subsequent statistics that will be reported in this document are weighted by gender, age, education level, residence type, race/ethnicity, and telephone ownership. Again, the gender, age, education level, race/ethnicity, and residence type targets that are used for these weighting algorithms are derived from the 2014 U.S. Census updates for the Monroe County adult population, and the

telephone ownership population estimates are derived from a combination of participant phone ownership responses along with recent estimates for U.S. households published by the Center for Disease Control (www.cdc.gov/nchs/data/nhsr/nhsr039.pdf).

Given the emphasis placed on scientific sampling design and protocol utilized in this study, and the high response rates; after application of post-stratification weightings by gender, age, education level, residence type, race/ethnicity, and phone ownership, it is felt that this weighted sample of Monroe County adults does accurately represent the population of all Monroe County adults. Therefore, the findings of this study may be generalized to the population of all adults of at least 18 years of age living in Monroe County.

In survey research, the exact margin of error when estimating for an entire population is question-specific, with the margin of error for each survey question depending upon the sample size for each question and sample statistics that result for each question. Sample sizes tend to vary for each question on the survey, since some questions are only appropriate for certain subgroups (i.e. only *current cigarette smokers* might then be further asked if they would like to quit smoking now) and/or as a result of persons refusing to answer survey questions (which is their right to do so, of course, according to human subject research law). In general, the results of this survey for any questions that were answered by the entire sample of 800 interviewed Monroe County adults may be generalized to the population of all adults at least 18 years of age residing in the county with a 95% confidence level to within a **margin of error of *approximately* ±3 percentage points** (there is an *average* margin of error of ±2.8% with a sample size of n=800). For results that are investigated for certain specific subgroups in Monroe County, such as results specifically for current cigarette smokers, the resulting smaller sample sizes allow generalization to the specific subpopulation of all adults at least 18 years of age residing in Monroe County (i.e. generalization of some specific characteristics of *sampled smokers* in Monroe County to *all cigarette smokers in Monroe County)* with a 95% confidence level to within a margin of error that will be larger than ±3 percentage points.

A bit more of an explanation regarding the meaning of a margin of error may be helpful at this point. The utility of a margin of error is: one can be 95% confident that any sample statistic presented in the remainder of this report for the entire sample of n=800 adults from the county would/could only deviate from the true value that would be found if all 575,000 adults in the county were in fact interviewed, by at most 3 percentage points. Note that the preceding statement regarding 95% confidence that the statistics in this study are at the most only 3 percentage points away from the true population values if all 575,000 adults in the counties were interviewed is based upon the fundamental proven mathematical, probability, and sampling theory facts and theorems that are proven in any first-semester college statistics course. Often-times to the non-statistician these statements could appear counter-intuitive, and one might assume that the accuracy of a survey would somehow be related to the small portion of the entire population that is actually sampled … in other words, those who have not studied statistics coursework and/or theory at times pose some question such as "why would I ever believe the results from only surveying 800 adults from Monroe County, when that means that approximately 574,200 of the approximately 575,000 Monroe County adult residents have not been interviewed?" While this observation of such a small proportional sample size is absolutely true (800 out of 575,000 is only 0.0014, or 0.14%, which is approximately one out of every 700 adult residents) the suggestion that it is too small, or that the 574,200 not sampled is even relevant, is incorrect, no less incorrect than it would be to state that 2+2=5.

In summary, the size of the margin of error when sampling (surveying) is independent of the size of the population from which one is sampling. The size of the margin of error is directly a function of sample size (the 800 in Monroe County) not population size (the 575,000 in Monroe County). These same folks who question whether n=800 in Monroe County is "large enough" might question why the sample size in Monroe County is n=800, while in a much larger county in New York State which might have an adult population size of almost 1,000,000 (such as Westchester County, New York), the same sample size of n=800 would be appropriate to use. Again, the reader is reminded that the size of the sampled population rarely, if ever, is related to the size of the sample selected from that population. If *Joel LaLone Consulting* were to survey the adult residents of Monroe County (N≈575,000 in the population) a sample size of n=800 would be recommended/implemented. Likewise, if *Joel LaLone Consulting* were to survey the adult residents of the entirety of New York State (N≈15,000,000 in the population) a sample size of n=800 would also be recommended/implemented. And, these two studies, one of smaller Monroe County and one of larger New York State, using the same sample sizes of n=800, would have the same resulting margins of error of approximately ±3 percentage points.

Enough with all of that statistical theory – now an example illustrating the appropriate use of the margin of error for this study will be shown. If one has a goal to use this survey data to estimate the percentage of the entire adult population of Monroe County who feels that "pharmacies *should not* be allowed to sell tobacco", then reference to Table 7 later in this report shows that 57.7% of the sampled adults respond with *should not*. Using a margin of error of *approximately* ±3 percentage points, the result is that we are 95% confident that if all 575,000 adults in the county were interviewed and asked their preference regarding tobacco sales allowed at pharmacies, the resulting percentage who would respond with *should not* will be contained in the interval 57.7%±3%, somewhere between 54.7% and 60.7%. This resulting interval is called a **confidence interval** (much more explanation of confidence intervals is provided in Section 1.4 of this report for interested readers).

Throughout this report the key participant demographic characteristics of Gender, Age, Education Level, Household Income Level, Race/Ethnicity, and Cigarette Smoking Status are investigated as potential explanatory

variables that may be correlated with tobacco-related attitudes and behaviors for the county. It is standard methodology with professional surveys to provide this further rich information to the reader – information that may assist in explaining the overall findings – by reporting the cross-tabulated results for all subgroups within key demographic variables. For more specific detail regarding the margin of error for this survey and the elements of statistical tests of significance, please continue to Section 1.4 – Technical Comments and/or contact the professional staff at *Joel LaLone Consulting*. All data compilation and statistical analyses within this study have been completed using *SPSS, Release 22.*

1.4 TECHNICAL COMMENTS TO ASSIST INTERPRETATION OF THE DATA

The results of this study will be disseminated to, and utilized in decision-making by, a very wide array of readers – who, no doubt, have a very wide array of statistical backgrounds. The following comments are provided to give guidance for interpretation of the presented findings so that readers with less-than-current statistical training might maximize the use of the information contained in this community tobacco assessment survey.

Margin of Error – More Detail for Those Interested in Maximizing Precision and Accuracy of Estimates

When data is collected, of course, it is only possible for the researcher to analyze the results of the *sample* data, the data from the group of individuals actually sampled, or in this case, actually interviewed. However, it is typically the goal of the researcher to use this *sample* data to draw a conclusion, or estimate, which they are confident is true for the entire *population* from which the sample was selected. To complete this estimation the standard statistical technique is to construct a ***confidence interval*** – an interval of values between which one can be 95% certain, or confident, that the true population value will fall. For example, if a researcher interviews n=500 randomly selected participants from some population (i.e. a county) of total size N=100,000 individuals, and the researcher finds that x=200 of the 500 sampled participants indicate that they "agree" with some posed statement (200 out of 500 would be 40%), then the researcher can never be 100% certain that if all 100,000 population members were, in fact, interviewed that the result for this entire population investigation would be that exactly 40% (that would be exactly 40,000 out of the 100,000 in the population) would "agree." In general, one can never guarantee with 100% certainty that a statistic for some random sample will perfectly, exactly, result the same as the population value that describes the entire population (this value is called a "parameter"). Fortunately, considering the types of variables and resulting data that typically are generated in survey research, use of the statistical tools of probability distributions and sampling distributions allows the determination of a very important distance – the distance within which one would expect 95% of the samples of size n to fall either above or below the true population value. This distance is commonly referred to as the ***margin of error***. Once this distance (margin of error) is measured, there is a 95% probability that the sample result (the result of the n=500 sampled participants in the illustration above) will fall within that distance of the true population value. Therefore, to construct the very useful and easily-interpreted statistical estimation tool known as a ***confidence interval***, all one must do is calculate the margin of error and add-and-subtract it to-and-from the sample result (statistic) and the outcome is that there is a 95% chance that the resulting interval does, in fact, include the true population value within the interval.

To illustrate the above-described concepts of margin of error and confidence intervals, recall that the margin of error for this survey has been earlier stated in the Demographics section in this report as *approximately* ±3 percentage points. Therefore, when a percentage is observed in one of the following Monroe County "2015 Results" tables (recall, n=800 participants), the appropriate interpretation is that we are 95% confident that if *all* adult residents of Monroe County were surveyed (rather than just the 800 that were actually surveyed), the percentage that would result for all residents would be within ±3 percentage points of the *sample* percentage that has been calculated and reported in this study. Again, as an example, since 56.9% of the sample of Monroe County adults in 2015 reported that they believe that *tobacco products being sold in stores that are located within walking distance of schools is unacceptable* (please refer to Table 8 later in this report to verify this statistic), with this sample result, one can infer with 95% confidence (only a 5% chance that it will not be true) that if *all* Monroe County adults were asked, somewhere between 53.9% and 59.9% of the population of approximately 575,000 adults over the age of 18 in Monroe County would indicate that they believe that *tobacco products being sold in stores that are located within walking distance of schools is unacceptable* (using a margin of error of ±3%). This resulting interval (53.9%-59.9%) is known as a 95% Confidence Interval.

The preceding introductory example used a margin of error of ±3%, as a result of an illustration that used all 800 participants in this study. However, the margin of error when using the sample results in this study to construct a

confidence interval to estimate a population percentage will not always be ±3%. There is not one universal value of a margin of error that can be precisely calculated and used for the results for every question included in this survey, or for that matter, any multiple-question survey. Calculation methods used in this study for generating the margin of error depend upon the following three factors, which include two factors in addition to the sample-size factor that has been mentioned earlier in Section 1.3.

1. The ***sample size*** is the number of adults who validly answered the survey question. The sample size will not always be n=800 since individuals have a right to omit any question. Additionally, some survey questions were only posed after screening questions. In general, the smaller the sample size then the larger the margin of error, and conversely, the larger the sample size then the smaller the margin of error.

2. The ***sample proportion or percentage*** is the calculated percentage of the sample who responded with the answer or category of interest (i.e. responded "Agree"). This percentage can vary from 0%-100%, and, of course, will change from question to question throughout the survey. In general, the further that a sample percentage varies from 50%, in either direction (approaching either 0% or 100%), the smaller the margin of error, and conversely, the closer that the actual sample percentage is to 50% then the larger the resulting margin of error. As an example, if 160 out of 800 sampled residents "Agree" with some posed statement, then the sample proportion would be (160÷800=0.20=20%)

3. The ***confidence level*** is used in generalizing the results of the sample to the population that the sample represented. In this study, the standard confidence level used in survey research, 95% confidence level, will be used for all survey questions.

In mathematical notation, the margin of error for each sample result for this study would be represented as:

$$ME = 1.96 \cdot \sqrt{\frac{p(100-p)}{n}}$$

Where n=sample size = # valid responses to the survey question
p=sample percentage for the survey question (between 0%-100%)
1.96 = the standard normal score associated with the 95% confidence level

Since the sample size varies (in fact, is conceivably different for each question on the survey) and the sample percentage varies (also, conceivably different for each question on the survey) the following table (Table 3) has been provided for the reader to determine the correct margin of error to use whenever constructing a confidence interval using the sample data presented in this study. This table was generated using the ME formula shown above. Likewise, for any sample size that is not included in Table 3, and any sample proportion that is not included in Table 3 (2% increments were used), the reader could use the ME formula shown above to directly calculate a most-precise margin of error.

Table 3 Margins of Error for Varying Sample Sizes and Varying Sample Proportions

Varying Sample %'s:	Varying Sample Sizes (n=…):															
	50	75	100	150	200	250	300	350	400	450	500	550	600	650	700	800
2%	3.9%	3.2%	2.7%	2.2%	1.9%	1.7%	1.6%	1.5%	1.4%	1.3%	1.2%	1.2%	1.1%	1.1%	1.0%	1.0%
4%	5.4%	4.4%	3.8%	3.1%	2.7%	2.4%	2.2%	2.1%	1.9%	1.8%	1.7%	1.6%	1.6%	1.5%	1.5%	1.4%
6%	6.6%	5.4%	4.7%	3.8%	3.3%	2.9%	2.7%	2.5%	2.3%	2.2%	2.1%	2.0%	1.9%	1.8%	1.8%	1.6%
8%	7.5%	6.1%	5.3%	4.3%	3.8%	3.4%	3.1%	2.8%	2.7%	2.5%	2.4%	2.3%	2.2%	2.1%	2.0%	1.9%
10%	8.3%	6.8%	5.9%	4.8%	4.2%	3.7%	3.4%	3.1%	2.9%	2.8%	2.6%	2.5%	2.4%	2.3%	2.2%	2.1%
12%	9.0%	7.4%	6.4%	5.2%	4.5%	4.0%	3.7%	3.4%	3.2%	3.0%	2.8%	2.7%	2.6%	2.5%	2.4%	2.3%
14%	9.6%	7.9%	6.8%	5.6%	4.8%	4.3%	3.9%	3.6%	3.4%	3.2%	3.0%	2.9%	2.8%	2.7%	2.6%	2.4%
16%	10.2%	8.3%	7.2%	5.9%	5.1%	4.5%	4.1%	3.8%	3.6%	3.4%	3.2%	3.1%	2.9%	2.8%	2.7%	2.5%
18%	10.6%	8.7%	7.5%	6.1%	5.3%	4.8%	4.3%	4.0%	3.8%	3.5%	3.4%	3.2%	3.1%	3.0%	2.8%	2.7%
20%	11.1%	9.1%	7.8%	6.4%	5.5%	5.0%	4.5%	4.2%	3.9%	3.7%	3.5%	3.3%	3.2%	3.1%	3.0%	2.8%
22%	11.5%	9.4%	8.1%	6.6%	5.7%	5.1%	4.7%	4.3%	4.1%	3.8%	3.6%	3.5%	3.3%	3.2%	3.1%	2.9%
24%	11.8%	9.7%	8.4%	6.8%	5.9%	5.3%	4.8%	4.5%	4.2%	3.9%	3.7%	3.6%	3.4%	3.3%	3.2%	3.0%
26%	12.2%	9.9%	8.6%	7.0%	6.1%	5.4%	5.0%	4.6%	4.3%	4.1%	3.8%	3.7%	3.5%	3.4%	3.2%	3.0%
28%	12.4%	10.2%	8.8%	7.2%	6.2%	5.6%	5.1%	4.7%	4.4%	4.1%	3.9%	3.8%	3.6%	3.5%	3.3%	3.1%
30%	12.7%	10.4%	9.0%	7.3%	6.4%	5.7%	5.2%	4.8%	4.5%	4.2%	4.0%	3.8%	3.7%	3.5%	3.4%	3.2%
32%	12.9%	10.6%	9.1%	7.5%	6.5%	5.8%	5.3%	4.9%	4.6%	4.3%	4.1%	3.9%	3.7%	3.6%	3.5%	3.2%
34%	13.1%	10.7%	9.3%	7.6%	6.6%	5.9%	5.4%	5.0%	4.6%	4.4%	4.2%	4.0%	3.8%	3.6%	3.5%	3.3%
36%	13.3%	10.9%	9.4%	7.7%	6.7%	6.0%	5.4%	5.0%	4.7%	4.4%	4.2%	4.0%	3.8%	3.7%	3.6%	3.3%
38%	13.5%	11.0%	9.5%	7.8%	6.7%	6.0%	5.5%	5.1%	4.8%	4.5%	4.3%	4.1%	3.9%	3.7%	3.6%	3.4%
40%	13.6%	11.1%	9.6%	7.8%	6.8%	6.1%	5.5%	5.1%	4.8%	4.5%	4.3%	4.1%	3.9%	3.8%	3.6%	3.4%
42%	13.7%	11.2%	9.7%	7.9%	6.8%	6.1%	5.6%	5.2%	4.8%	4.6%	4.3%	4.1%	3.9%	3.8%	3.7%	3.4%
44%	13.8%	11.2%	9.7%	7.9%	6.9%	6.2%	5.6%	5.2%	4.9%	4.6%	4.4%	4.1%	4.0%	3.8%	3.7%	3.4%
46%	13.8%	11.3%	9.8%	8.0%	6.9%	6.2%	5.6%	5.2%	4.9%	4.6%	4.4%	4.2%	4.0%	3.8%	3.7%	3.5%
48%	13.8%	11.3%	9.8%	8.0%	6.9%	6.2%	5.7%	5.2%	4.9%	4.6%	4.4%	4.2%	4.0%	3.8%	3.7%	3.5%
50%	13.9%	11.3%	9.8%	8.0%	6.9%	6.2%	5.7%	5.2%	4.9%	4.6%	4.4%	4.2%	4.0%	3.8%	3.7%	3.5%
52%	13.8%	11.3%	9.8%	8.0%	6.9%	6.2%	5.7%	5.2%	4.9%	4.6%	4.4%	4.2%	4.0%	3.8%	3.7%	3.5%
54%	13.8%	11.3%	9.8%	8.0%	6.9%	6.2%	5.6%	5.2%	4.9%	4.6%	4.4%	4.2%	4.0%	3.8%	3.7%	3.5%
56%	13.8%	11.2%	9.7%	7.9%	6.9%	6.2%	5.6%	5.2%	4.9%	4.6%	4.4%	4.1%	4.0%	3.8%	3.7%	3.4%
58%	13.7%	11.2%	9.7%	7.9%	6.8%	6.1%	5.6%	5.2%	4.8%	4.6%	4.3%	4.1%	3.9%	3.8%	3.7%	3.4%
60%	13.6%	11.1%	9.6%	7.8%	6.8%	6.1%	5.5%	5.1%	4.8%	4.5%	4.3%	4.1%	3.9%	3.8%	3.6%	3.4%
62%	13.5%	11.0%	9.5%	7.8%	6.7%	6.0%	5.5%	5.1%	4.8%	4.5%	4.3%	4.1%	3.9%	3.7%	3.6%	3.4%
64%	13.3%	10.9%	9.4%	7.7%	6.7%	6.0%	5.4%	5.0%	4.7%	4.4%	4.2%	4.0%	3.8%	3.7%	3.6%	3.3%
66%	13.1%	10.7%	9.3%	7.6%	6.6%	5.9%	5.4%	5.0%	4.6%	4.4%	4.2%	4.0%	3.8%	3.6%	3.5%	3.3%
68%	12.9%	10.6%	9.1%	7.5%	6.5%	5.8%	5.3%	4.9%	4.6%	4.3%	4.1%	3.9%	3.7%	3.6%	3.5%	3.2%
70%	12.7%	10.4%	9.0%	7.3%	6.4%	5.7%	5.2%	4.8%	4.5%	4.2%	4.0%	3.8%	3.7%	3.5%	3.4%	3.2%
72%	12.4%	10.2%	8.8%	7.2%	6.2%	5.6%	5.1%	4.7%	4.4%	4.1%	3.9%	3.8%	3.6%	3.5%	3.3%	3.1%
74%	12.2%	9.9%	8.6%	7.0%	6.1%	5.4%	5.0%	4.6%	4.3%	4.1%	3.8%	3.7%	3.5%	3.4%	3.2%	3.0%
76%	11.8%	9.7%	8.4%	6.8%	5.9%	5.3%	4.8%	4.5%	4.2%	3.9%	3.7%	3.6%	3.4%	3.3%	3.2%	3.0%
78%	11.5%	9.4%	8.1%	6.6%	5.7%	5.1%	4.7%	4.3%	4.1%	3.8%	3.6%	3.5%	3.3%	3.2%	3.1%	2.9%
80%	11.1%	9.1%	7.8%	6.4%	5.5%	5.0%	4.5%	4.2%	3.9%	3.7%	3.5%	3.3%	3.2%	3.1%	3.0%	2.8%
82%	10.6%	8.7%	7.5%	6.1%	5.3%	4.8%	4.3%	4.0%	3.8%	3.5%	3.4%	3.2%	3.1%	3.0%	2.8%	2.7%
84%	10.2%	8.3%	7.2%	5.9%	5.1%	4.5%	4.1%	3.8%	3.6%	3.4%	3.2%	3.1%	2.9%	2.8%	2.7%	2.5%
86%	9.6%	7.9%	6.8%	5.6%	4.8%	4.3%	3.9%	3.6%	3.4%	3.2%	3.0%	2.9%	2.8%	2.7%	2.6%	2.4%
88%	9.0%	7.4%	6.4%	5.2%	4.5%	4.0%	3.7%	3.4%	3.2%	3.0%	2.8%	2.7%	2.6%	2.5%	2.4%	2.3%
90%	8.3%	6.8%	5.9%	4.8%	4.2%	3.7%	3.4%	3.1%	2.9%	2.8%	2.6%	2.5%	2.4%	2.3%	2.2%	2.1%
92%	7.5%	6.1%	5.3%	4.3%	3.8%	3.4%	3.1%	2.8%	2.7%	2.5%	2.4%	2.3%	2.2%	2.1%	2.0%	1.9%
94%	6.6%	5.4%	4.7%	3.8%	3.3%	2.9%	2.7%	2.5%	2.3%	2.2%	2.1%	2.0%	1.9%	1.8%	1.8%	1.6%
96%	5.4%	4.4%	3.8%	3.1%	2.7%	2.4%	2.2%	2.1%	1.9%	1.8%	1.7%	1.6%	1.6%	1.5%	1.5%	1.4%
98%	3.9%	3.2%	2.7%	2.2%	1.9%	1.7%	1.6%	1.5%	1.4%	1.3%	1.2%	1.2%	1.1%	1.1%	1.0%	1.0%
Average	11.1%	9.0%	7.8%	6.4%	5.5%	5.0%	4.5%	4.2%	3.9%	3.7%	3.5%	3.3%	3.2%	3.1%	3.0%	2.8%

Illustration of how to use Table 3: To estimate the percentage in the entire population of Monroe County adults who would respond to "Would you support a local or state policy limiting the maximum number of tobacco retailers

allowed in a neighborhood or area?" with "Yes", one must simply refer to Table 9 to determine the sample size and percentage of this sample of Monroe County adults who respond with "Yes". From Table 9 it is found that 54.4% of the sampled Monroe County adults indicate that they would support this type of policy, and the sample size is n=789. Reference to Table 3 on the preceding page indicates that the appropriate margin of error would be ±3.5% (used n=800, the closest entry to n=789 in the table, and used p=54%, the closest entry to p=54.4% in the table). Therefore, we can be 95% confident that if all Monroe County adults were asked, the resulting percentage who would indicate that they support a local or state policy limiting the maximum number of tobacco retailers allowed in a neighborhood or area among this population of adults would be within ±3.5% of the 54.4% found in our sample. The interpretation of this would be that we are 95% confident that among all Monroe County adults the percentage who support a local or state policy limiting the maximum number of tobacco retailers allowed in a neighborhood or area would be somewhere between 50.9% and 57.9%. Note that this margin of error of 3.5 percentage points is larger than the earlier-cited study margin of error of 3 percentage points as a result of the sample proportion (54.4%) being very close to 50%.

As a second example of using Table 3, consider if n=113 persons *who are age 18-24* in Monroe County validly answered a survey question (a question such as "Do you think that *pharmacies* should or should not be allowed to sell tobacco products?", later described in detail in Table 7), and p=52.0% of these younger adults responded with *should not*, then the interpretation would be that the margin of error for estimating that which would be expected to be true for the entire Monroe County *18-24 years of age* adult population would be ±9.8% (used the margin of error from Table 3 for the sample proportion included in the table that was closest to our actual sample proportion – 52% in the table, and sample size closest to our actual sample size – n=100 in the table). Finally, one could then state with 95% confidence that among *all Monroe County adults age 18-24,* somewhere in the interval 52.0%±9.8%, or in other words, between 42.2% and 61.8%, think that pharmacies *should not* be allowed to sell tobacco products. Note that this margin of error of ±9.8% is larger than the earlier-cited margin of error of approximately ±3%, predominately a result of having a sample of only 113 adults age 18-24 included in the sample. Again, this resulting interval (42.2%-61.8%) is known as a ***95% Confidence Interval***.

It should be noted that the margin of error is a measurement of random error, error due to simply the random chance of sampling. For example, if one were to flip a fair coin n=800 times, the population percentage for the percentage of the time that the coin would result with a head is, of course, 50%. Use of Table 3 indicates that with a margin of error of ±3.5%, one would determine that there is a 95% chance that a sample of n=800 flips would fall with ±3.5% of this real population value of 50%. In other words, there is a 95% chance that the sample result will be between 50%±3.5%, between 46.5% and 53.5%. Only 5% of the time would a sample of n=800 flips result with either less than 46.5% heads, or greater than 53.5% heads.

However, in survey research, it is not coins that are being flipped; it is humans who are being interviewed. When surveying humans there are other potential sources of error, sources of error in addition to random error (which is the only error encompassed by the margin of error). Response error, nonresponse error, process error, bias in sample selection, bias in question-phrasing, lack of clarity in question-phrasing, and undercoverage are common sources of other-than-random error. Methods that should be, and have been in this Monroe County study, employed to minimize these other sources of error are: maximum effort to select the sample randomly, piloting and testing of utilized survey questions, extensive training of all data collectors (interviewers), and application of post-stratification algorithms. Hence, when using this study data to make estimates to the entire Monroe County adult population, as is the case in standard survey research practices, the margin of error will be the only error measurement cited and interpreted.

Significance Testing – Testing for Statistically Significant Differences, Trends, and Relationships

The technical discussion of statistical techniques above has focused on the statistical inference referred to as *estimation* – construction of confidence intervals using the margins of error described in Table 3. To take full advantage of the data collected in this study, other statistical techniques are of value. Tests for significant trends over time, tests to compare to regional averages, and tests for significantly correlated factors with measured variables, are all presented as well.

A comment or two regarding "statistical significance" could help readers of varying quantitative backgrounds most appropriately interpret the results of what has been statistically analyzed. Again, because the data for the Monroe County tobacco survey is based on a *sample* of 800 adult residents, as opposed to obtaining information from every single adult resident in Monroe County, there must be a method of determining whether an observed relationship or difference in the *sample* survey data is likely to continue to hold true if *every* adult resident of the county were, in fact, interviewed. To make this determination, ***tests of statistical significance*** are standard practice in evaluating sample survey data.

For example, if the *sample* data shows that Monroe County residents appear to think that pharmacies *should not* be allowed to sell tobacco products more commonly than those residents in neighboring counties (57.7% of Monroe County adults think pharmacies *should not*, while the regional average rate is 52.7%, please refer to Table 7), the researcher would want to know if this higher proportion would still be present if they interviewed *every* Monroe County adult rather than just the sample of 800 adults who were actually interviewed. To answer this question, the researcher

uses a test of statistical significance. The outcome of a **test of statistical significance** will be that the result is either "not statistically significant" or the result is "statistically significant."

In this illustration, the meaning of "not statistically significant" is that if the sample were repeated many more times (in this case, that would mean many more different groups of n=800 randomly selected adults from the approximately 575,000 adults in Monroe County), then the results of these samples would *not* consistently show that the Monroe County adults believe that pharmacies *should not* be allowed to sell tobacco products more commonly than those residents in neighboring counties; some Monroe County samples of 800 adults might be higher and some lower than the neighboring county average rate of 52.7%. In this case, the researcher could **not** report *with high levels of confidence* that the Monroe County rate is statistically significantly different from the regional average. Rather, the difference found between the one actually-selected sample of size n=800 Monroe County residents and the aggregate results of the neighboring counties would be interpreted as small enough that it could be due simply to the random chance of sampling when interviewing only 800 residents – *not statistically significant*.

Conversely, the meaning of "statistically significant" in this example is that if the sample were repeated many more times, then the results of these samples would consistently show that Monroe County adults are more likely to believe that pharmacies *should not* be allowed to sell tobacco products than those adults in neighboring counties. Furthermore, if *every* adult in Monroe County were interviewed, we are confident that this population opposed-to-tobacco-sales-at-pharmacies rate in the county would be higher than the average rate in neighboring counties. One can never be 100% certain (or confident) that the result of a sample will indicate appropriately whether the population value (in this illustration that would be: the results for *all* Monroe County residents) is, in fact, different from some hypothesized value (in this illustration that would be: the regional average rate) or not. However, using the standard confidence level of 95%, an interpretation of "not statistically significant" means that the size of the observed sample difference would naturally be expected to be found in 95 out of 100 random samples of similar size n. The interpretation of a "statistically significant" difference is that the sample difference is so large that there is a probability of less than 5% that this difference occurred simply due to the random chance of sampling; instead, it is considered a "real" difference. In this study, when completing significance tests, the 95% confidence level will be used. In statistical vocabulary and notation, this would be represented as a p-value of less than 5% ($p<0.05$).

Note, this "belief that pharmacies *should not* be allowed to sell tobacco products" survey question is described in detail in Table 7, and the 2015 Monroe County rate of 57.7% believing that pharmacies *should not* be allowed to sell tobacco products is significantly higher than the current regional average rate of 52.7%, this is a large enough difference to be considered statistically significant, which is what is indicated by the ("Should not" in Monroe is significantly higher than the current regional average) comment that is directly above the Regional Comparison table for Monroe County's Table 7. In other words, 57.7% as a sample result, from a sample of n=800 random adults, is extremely unlikely to occur when selected from a larger population for which the overall population rate is 52.7%.

Correlated Explanatory Variables – How does one decide if there is a "statistically significant" correlation?

Throughout this report, comparisons for "relationships between collected variables" have been completed. The theory when completing these comparisons is similar to that which was described in the illustration above – the comparison of the Monroe County "believe that pharmacies *should not* be allowed to sell tobacco products" rate to the current regional average. However, with investigations for *relationships between variables*, the focus becomes the identification of correlations *between* variables – is the result for some survey question different when looking at various subgroups (or, levels) of some other variable? Again, referring to the "pharmacies *should not* be allowed to sell tobacco products" scenario, one could observe in Table 7 that the rate *among males is 49.9% believe that pharmacies should not be allowed to sell tobacco*, and compare this to the rate *among females (which is 64.9%).* A very small difference between these within-subgroup rates (or, proportions) could be small enough to quite likely occur simply due to the random chance of sampling when the real population values for all males and all females in the county are equal – found to be not a statistically significant difference ($p>0.05$). Conversely, a very large difference between these within-subgroup proportions could be large enough to be quite *un*likely to occur simply due to the random chance of sampling when the real population values for all males and all females in the county are equal – found to be a statistically significant difference ($p<0.05$).

How does one determine if the observed difference in rates (or, percentages) when comparing subgroups is large enough to be statistically significant, or so small that it is not statistically significant? Commonly a traditional Chi Square Test is used to answer the question posed above (the question: "Is belief that pharmacies *should not* be allowed to sell tobacco products significantly related to gender in Monroe County … i.e. males and females differ significantly in their attitudes toward this tobacco sales issue), however, an alternative and more user-friendly and versatile statistical approach will be used throughout this study, rather than using Chi Square Tests.

The following few paragraphs will explain to the reader of this report in clear terminology, and with clear instructions, the "why?" and "how?" regarding the determination of which observed differences in rates (or, percentages) when comparing subgroups are large enough to be statistically significant.

Each correlational investigation in this report is presented in its own cross-tabulation table (i.e. an investigation for a relationship between "Age" and "How do you feel about tobacco products being sold in stores that are located near schools?" would be presented in its own table). As a result of approximately 20-25 outcome tobacco-related variables in this study, each cross-tabulated by all five of the potential explanatory variables of Gender, Age, Smoking Status, Education, and Household Income, there are approximately 100-150 cross-tabulation correlational investigation tables included in the following Detailed Statistical Results section of this report. This large number of cross-tabulation tables, combined with the variety of ways that the response distribution to many survey questions could be collapsed (very important limiting factor), suggests that an alternative, more versatile, approach to testing for significance in the cross-tabulation tables be utilized in place of the standard Chi Square Test. Therefore, rather than calculating and reporting the results for each of the ≈100-150 cross-tabulation tables included in this report, the following method is recommended.

When the reader wishes to determine whether or not an observed difference in a cross-tabulation table is statistically significant or not (i.e. "Does the 49.9% of the 386 sampled *males* in Monroe County believing that pharmacies *should not* be allowed to sell tobacco products differ significantly from the 64.9% of the 414 sampled *females* in the county who expressed this belief?"), the method that has been recommended by the New York State Department of Health in its presentation of the 2009 Expanded Behavioral Risk Factor Surveillance System (BRFSS) results is also recommended for this 2015 Monroe County study. The NYSDOH 2009 Expanded BRFSS (on page 12 of 151 in that report) cites the following:

> **"When the confidence intervals of two estimates of the same indicator from different areas (or, subgroups) do not overlap, they may be said to be statistically significantly different, i.e., these differences are unlikely related to chance and are considered true differences. If there is any value that is included in both intervals, the two estimates are not statistically significantly different."**

In other words, first the reader must identify the specific response choice of interest … is one interested in only investigating "Do Not Allow At All", or more interested in collapsing the two possible response choices "Do Not Allow At All" and "Restrict to Certain Areas" together … or, does one want to only investigate "Strongly Favor", or does one want to collapse "Strongly Favor" and "Somewhat Favor" together? Then, after observing the sample sizes at the bottom of the cross-tabulation tables, one may again refer to Table 3 in this study to identify the correct margins of error if estimating proportions (or, "percentages" or "rates") for subgroups. With these margins of error, two separate confidence intervals may be constructed, one for each subgroup, and the overlap-vs.-non-overlap rule recommended above by the NYSDOH may be applied to determine whether or not the observed sample difference between demographic subgroups should be considered statistically significant.

Correlated Explanatory Variables – An example of determining if there is a "statistically significant" correlation?

To illustrate this BRFSS-recommended decision process with the potential relationship between the "gender" and "attitude about pharmacies *not* selling tobacco" variables that has been described earlier:

For Males: n=386, p=49.9%, therefore from Table 3 the approximate margin of error is ±4.9%
The resulting confidence interval is: 49.9%±4.9%, or **(45.0%,54.8%).**

For Females: n=414, p=64.9%, therefore from Table 3 the approximate margin of error is ±4.7%
The resulting confidence interval is: 64.9%±4.7%, or **(60.2%,69.6%).**

Since these two confidence intervals do not overlap, the difference between males and females is considered statistically significant. In other words, based upon the sample data collected in this survey, attitude about whether pharmacies *should not* be allowed to sell tobacco products is significantly related to gender in Monroe County – males and females do differ significantly in their level of opposition to the sale of tobacco in pharmacies. The 49.9% among males is far enough away from (below) the 64.9% among females to be a statistically significant difference.

It should be noted that the method of determining statistical significance in this study (the NYSDOH/BRFSS-recommended method) is less powerful than other mathematical hypothesis testing methods available. In other words, the overlapping-confidence-intervals method is more susceptible to erring with a "false-negative", rather than a "false-positive" … a real difference that exists in the populations being compared (i.e. males vs. females) is more likely to not be detected when using the overlapping-confidence-intervals method than is the case when using the alternative mathematical hypothesis testing methods available. However, the overlapping-confidence-intervals method is very, very unlikely to generate a "false-positive" … in other words; a difference that does not actually exist in the entire populations is very, very unlikely to be identified as a statistically significant difference when the overlapping-confidence-intervals method is utilized. Any questions about statistical tests of significance, power of tests, margins of error, and any other analyses should be directed to the professional staff at *Joel LaLone Consulting*.

The above-described process is the appropriate process to use whenever comparing subgroups within the data set that has been collected and analyzed within this study. The level of precision that is provided in the margins of error

that are presented in Table 3 is the level of precision that is necessary to validly test for a statistically significant difference between subgroups (or, alternatively described – "test for a statistically significant relationship with some potential explanatory variable"). However, at times the results in this report will (and should be) presented to an audience that has less technical/statistical background than the typical members of a tobacco control community partnership. In this instance, it could be beneficial to explain the margins of error that are appropriate to use for smaller subgroups of the entire sample that has been collected in more general (or, *approximate*) terms. Therefore, the following Table 4 is provided with sample sizes and resulting *approximate* margins of error for the common demographic subgroups that will be compared throughout the remainder of this report. Again, caution should be used in not over-interpreting the approximate margins of error presented in Table 4; these reported margins of error are "average" margins of error, averaging across varying sample proportions that could conceivably be the actual sample proportion for any survey question at each selected sample size. Table 4 is provided for explanation to some audience, for example, of the "typical margin of error when investigating results for only males." Note that the margin of error results recorded in Table 4 were directly calculated using the mathematical formula shown on page 19.

Table 4 Sample Sizes and Approximate Margins of Error Within Demographic Subgroups (weighted by gender, age, education, race, residence type, and phone ownership)

Sample Sizes (within commonly-compared demographic subgroups)

By Gender	
Male	n=386
Female	n=414

By Age	
18-24	n=113
25-34	n=128
35-44	n=130
45-54	n=156
55-64	n=128
65+	n=146

By Education	
HSG or less	n=287
Some College	n=229
4+ YD	n=284

By Income	
<$25,000	n=80
$25-$50k	n=155
$50-$75k	n=75
$75,000+	n=134

By Cigarette Use	
Smoker	n=134
Non-smoker	n=666

By Race	
White	n=568
African Am.	n=87
Hispanic	n=78
Asian	n=20

Margins of Error (approximate, average across all possible values of sample proportions)

By Gender	
Male	±4.0%
Female	±3.9%

By Age	
18-24	±7.4%
25-34	±6.9%
35-44	±6.9%
45-54	±6.3%
55-64	±6.9%
65+	±6.5%

By Education	
HSG or less	±4.6%
Some College	±5.2%
4+ YD	±4.6%

By Income	
<$25,000	±8.7%
$25-$50k	±6.3%
$50-$75k	±9.0%
$75,000+	±6.8%

By Cigarette Use	
Smoker	±6.8%
Non-smoker	±3.0%

By Race	
White	±3.3%
African Am.	±8.4%
Hispanic	±8.9%
Asian	NA

Regional Comparisons – How does one decide if Monroe County is "statistically significantly" different?

A table is provided for each survey question in this study that includes the summarized overall results for a group of twenty-three county-wide studies in Central, Northern, and Western New York that were completed by tobacco community partnerships between January 2014 and January 2015 (each of the twenty-three studies has been completed by *Joel LaLone Consulting,* using similar methodology to that which has been used in 2015 in Monroe County). These summarized results include the minimum, maximum, and average values found for each survey question among the twenty-three studies. The research question that is being investigated in these comparisons is: "Is Monroe County statistically significantly different from the typical current result for the region regarding some tobacco-related attribute?" In this instance, the statistical approach that is used to determine if the difference between the observed sample percentage in Monroe County and the overall regional average percentage is "statistically significant" necessitates the use of only one confidence interval. One must only use Table 3 once, with the appropriate sample percentage and sample size for Monroe County, construct the appropriate confidence interval, and the decision is made as follows: if the constructed confidence interval *does* include the regional average result then Monroe County is *not* statistically significantly different from the current regional average; conversely, if the constructed confidence interval *does not* include the regional average result then Monroe County *is* statistically significantly different from the current regional average. Since there is only one of these comparison-to-regional-average analyses required for each survey question in the study, all comparisons for all survey questions have been calculated and reported for the reader throughout the Detailed

Statistical Results section of this report. A comment is made above each regional comparison table that describes whether or not any difference that can be observed between Monroe County and the current regional average is statistically significant.

To illustrate a regional comparison, again consider the "attitude about pharmacies *not* being allowed to sell tobacco" variable. Reference to Table 7 shows that:

In Monroe County: n=800 participants, and p=57.7% respond with *should not*; therefore from Table 3 the approximate margin of error is ±3.4%. The resulting confidence interval is: 57.7%±3.4%, or **(54.3%,61.1%).**

Since this confidence interval does not contain the estimated regional average of 52.7%, the difference between Monroe County and the current regional average is considered statistically significant. In other words, based upon the sample data collected in this survey, attitude in Monroe County about whether pharmacies *should not* be allowed to sell tobacco products is significantly different from the current regional average attitude distribution – Monroe County adults are more likely to be against the sale of tobacco in pharmacies than is the typical situation in upstate New York counties.

Trend Analysis – How does one decide if Monroe County has "statistically significantly" changed over time?

Whenever possible in this report, comparisons are made between the current results and the results in earlier tobacco community assessment studies completed in Monroe County (in 2008, 2010, 2012, and 2014). The research question that is being investigated in these comparisons is, "Has there been any statistically significant change in tobacco-related attributes among the Monroe County residents between 2008 and 2015?"

When interpreting the comparisons that have been provided, the reader should consider the following factors. *Joel LaLone Consulting* also completed the earlier Monroe County studies. The earlier studies used telephone-interviewing methodology that was virtually identical to that which was utilized in the present 2015 Monroe County study, as well as similar post-stratification weighting procedures. However, the earlier survey instruments that were used are not exactly the same instrument that has been used in 2015. Therefore, only the questions/items that were also measured in earlier studies are available for trend analysis to compare with the current 2015 results. With the similar methodologies and weighting procedures that have been applied, it is valid to make comparisons between the studies – observe changes or trends.

The same concept of statistical significance that was described in the preceding pages regarding "Correlational Analyses" is also applied when a researcher attempts to investigate whether or not results in Monroe County have changed significantly over the past seven years; however, the focus now becomes the comparison of the 2015 Monroe County result to the earlier Monroe County results (rather than comparing males to females, for example, in a correlational analysis), and the same *overlap-vs.-non-overlap* rule recommended by the NYSDOH may be applied to determine whether or not the observed sample difference between years should be considered statistically significant.

To illustrate a trend analysis, once more please consider the "attitude about pharmacies *not* selling tobacco" variable. Reference to Table 7 shows that:

In 2010: n=800 participants, and p=49.9% respond *should not*; therefore from Table 3 the approximate margin of error is ±3.5%. The resulting confidence interval for 2010 is: 49.9%±3.5%, or **(46.4%,53.4%).**

In 2015: n=800 participants, and p=57.7% respond with *should not*; therefore from Table 3 the approximate margin of error is ±3.4%. The resulting confidence interval for 2015 is: 57.7%±3.4%, or **(54.3%,61.1%).**

Since these two confidence intervals do not overlap, the difference between 2010 and 2015 (the 5-year trend) is considered statistically significant. In other words, based upon the sample data collected in this survey, attitude about whether pharmacies *should not* be allowed to sell tobacco products in Monroe County has significantly changed between 2010 and 2015, which is what is described in the ("Should not" has increased significantly between 2010 and 2015) comment directly above the trend analysis table with Table 7.

Finally, the preceding comments regarding statistically significant differences between subgroups, statistically significant differences between Monroe County and the current regional average, and statistically significant differences or changes between study years, are comments addressing ***statistical* significance** … which, of course, is not one-and-the-same as ***practical* significance**. The reader should be reminded that statistical significance with respect to sample differences found addresses the concept of *probability*, as follows – "is this difference likely to occur in a sample(s) of size n=800 (or, in the case of subgroups, samples of less than 800, at times) if there is no difference in the entire sampled populations… could the result simply be due to chance?" However, practical significance is an interpretation that is left to the subject area expert, since practical significance addresses the concept of *usefulness*, as follows – "is this difference identified in the collected data useful in the real world?" A *difference* identified in a sample (or, samples) may be statistically significant without being practically significant, however, a *difference* identified in a sample (or, samples) may

not be practically significant without being statistically significant. To summarize, readers are warned not to over-interpret some practical significance or meaning for a difference in this study data that is mathematically deemed to be *not* statistically significant.

We now begin the presentation of the detailed quantitative results of the 2015 Monroe County Tobacco Study, including results for each of the following six sets of survey questions:

1. Tobacco Marketing – *Tobacco Discounts and Coupons*
2. Tobacco Marketing – *Protecting Youth From Tobacco On Screen*
3. Tobacco Point of Sale
4. Smoke Free Housing
5. Tobacco Use
6. Further Tobacco Purchase, Use, and Cessation Issues – *Among Current Smokers*

Section 2 Detailed Statistical Results

This section of the final report of study findings provides a detailed presentation of the results for each of the questions in the survey. There are six separate sections of presentation of detailed statistical results to follow (2.1-2.6). Each section is comprised of an analysis of a set of related tobacco attitude and/or behavior questions. The survey questions included in this study and analyzed in this report have been organized into the following sections:

1. **Tobacco Marketing – *Tobacco Discounts and Coupons* (Table 5)**
2. **Tobacco Marketing – *Protecting Youth From Tobacco On Screen* (Table 6)**
3. **Tobacco Point of Sale (Tables 7-9)**
4. **Smoke Free Housing (Tables 10-12)**
5. **Tobacco Use (Tables 13-18)**
6. **Further Tobacco Purchase, Use, and Cessation Issues – *Among Current Smokers* (Tables 19-20)**

The most detailed statistical results are presented within the next six sections of this report on an *individual-question* basis. Whenever possible, the results for *each* of the approximately 20-25 individual tobacco-related survey questions are presented in this section of the report with the following organizational structure, each typically organized including the following four reporting components, as its own one page of this report:

(1) The **Monroe County results of the current study** (2015), are presented in a table for each survey question that was included in this study – including sample percentages, sample frequencies or counts, and the sample size (all weighted by gender, age, education level, residence type, race/ethnicity, and phone ownership). The benefit of this table is to provide county-specific prevalence estimate data.

(2) When possible, directly below each of the "2015 Results" tables, **a trend analysis comparison** of the current study results to the results from the previous 2008, 2010, 2012, and 2014 Monroe County tobacco studies is provided. These "comparison for a trend" tables are only possible when the same survey questions have been asked in earlier studies, as well as in the current 2015 study. If the question phrasing and/or possible response distribution (choices, or answers) have been altered between earlier studies and the 2015 study, to an extent that it is likely that the actual variable or phenomena being measured has changed in definition or description, then no trend table is presented. These trend analysis tables provide information for an analysis of changes over the past seven years – an opportunity to attempt to identify community member attitude and behavior change,

and potentially identify SHAC impact. Statistically significant changes or trends, or lack of a change or trend, are highlighted throughout the report (directly above each trend table).

(3) **Regional Comparative results are provided**, reporting the summarized outcomes for each survey question for a group of twenty-three Central, Northern, and Western New York tobacco-related studies completed between January 2014 and January 2015. Each of these twenty-three studies had adults as the target population, investigated tobacco-related issues, used telephone methodology, and used similar sample sizes. The summarized results include the minimum, maximum, and average result among the twenty-three studied counties. The twenty-three studied counties combined for an overall sample size of 9,558 interviewed upstate New York adult residents. The twenty-three participating counties are Allegany, Broome, Cayuga, Chemung, Cortland, Genesee, Herkimer, Lewis, Madison, Monroe (twice), Oneida, Onondaga (twice), Ontario, Orleans, Oswego (twice), Schuyler, Steuben, Tioga, Wyoming, and Yates Counties. To ease the interpretation of regional comparison results (as well as to satisfy requirements of statistical tests of significance that are applied), responses to survey questions that have a multinomial response distribution have typically been collapsed. For example, a survey question with possible responses of: "Use Every Day", "Use Some Days", "Do Not Use", and "Don't Know" would typically be collapsed to: "Use at least some" (Every Day + Some Days) versus "Do not indicate use" (Do Not Use + Don't Know) before displaying regional comparison data and applying statistical tests of significance. These tables provide information for an analysis of the current relative magnitude of the result found in Monroe County – is the rate in Monroe County statistically significantly higher or lower than the typical rate in upstate New York? Statistical significance of comparative results, whether or not any Monroe County current result differs significantly from the current regional average, are highlighted throughout (again, directly above each regional comparison table).

(4) Finally, the Monroe County 2015 results for each of the survey questions are **cross-tabulated by each of the demographic factors of Gender, Age, Education Level, Race/Ethnicity, and Household Income Level, as well as by Cigarette Smoking Status** (this report includes over 100 cross-tabulation tables of results). The results for these correlational investigations are provided in tables along with the "current", "trend", and "regional comparison" tables for each survey item. Note that at times, for survey questions that were only posed to smaller subgroups, such as those only posed for current cigarette smokers, or only posed for those participants who are currently employed, the sample sizes are not sufficiently large to complete valid tests of statistical significance with the cross-tabulation data – the resulting sample sizes within demographic subgroups are at times well less than 50 (minimum cell size required by NYSDOH standards). Readers are reminded that the method to determine which observed sample differences between subgroups (e.g. comparing males to females, or smokers to non-smokers, in Monroe County) are *statistically significant* differences is explained in detail in the "Technical Comments" section earlier in this report, Section 1.4. The statistics reported in the correlative tables (the cross-tabulations by Cigarette Smoking, Gender, Age, Education, Race/Ethnicity, and Income) are percentages within the sampled subgroups. To determine the sample size for each subgroup – to avoid over-interpretation – the reader should refer to the bottom row in each cross-tabulation table. Again, findings should be considered with sample sizes in mind. Statistical tests of significance take into consideration these varying sample sizes.

2.0 "FRAMING A STATISTIC" – *PROVIDING PERSPECTIVE TO BETTER UNDERSTAND, INTERPRET, AND USE SURVEY DATA*

The rationale behind providing so many analyses (statistics) for every survey question included in this study is that one never fully understands the information contained in a reported statistic without "framing" that statistic. Framing involves adding a more rich perspective to the value, or size, of some reported statistic. For example, when Monroe County residents were asked the survey question: "Would you support a local or state policy limiting the maximum number of tobacco retailers allowed in a neighborhood or area?", the result in the current 2015 community study is that 54.4% of the participants responded with "Yes" (reported later in Table 9). So …. what does this 54.4% really mean? Often-times community-based researchers will describe the process of framing a statistic as completing as many as possible of the five following comparisons (frames) to better understand a reported statistic from a sample:

- **Within *Response Distribution***
  (Is it a majority? 4:1 ratio? "Three times more likely to support …. than to oppose?)
- ***Trend* Across Time**
  (Has it increased? Decreased?)
- **Compare to *Target*/Benchmark**
  (Compare to 23-county regional average? Compare to the coalition's workplan goal or target?)
- ***Ranking* Among Similar Variables**
  (Among many different similar locations or attributes that all use the same response scale, is this specific item ranked first? Last?)
- ***Cross-tabulations* by Potential Explanatory Variables**
  (Smokers and non-smokers differ? Age-dependent? Gender-dependent? Education-dependent? Income-dependent?)

The design of this final study report of findings includes all of the various types of tables that are explained in the preceding three pages precisely to allow community leaders to best frame the statistics included in this report, best understand the statistics included, and make best decisions in the future regarding how to use the statistics. As has been mentioned several times previously, if one has further questions about "framing a statistic" please contact the professional staff at *Joel LaLone Consulting*.

2.1 TOBACCO MARKETING FINDINGS – *TOBACCO DISCOUNTS AND COUPONS*

Table 5 What is your opinion about a policy that prohibits discounts for tobacco products at stores such as coupons or special offers? Are you in favor or against this type of policy?

2015 Results:

		Frequency	Percentage
Policy that prohibits discounts for tobacco products at stores such as coupons or special offers?	Favor	370	46.3%
	Against	331	41.5%
	Neither	45	5.7%
	Don't know	52	6.5%
	Totals	799	100.0%

Trend Analysis: (Not measured in earlier Monroe County tobacco studies.)

Regional Comparison: ("Favor" in Monroe is not significantly different from the current regional average)

Among 23 Central, Western, and Northern New York Counties Surveyed between January 2014 and January 2015 (includes only those counties that used this question in their version of the survey)	Minimum in Any County	Regional Average	Maximum in Any County
"Favor"	30.8%	45.7%	53.7%

Cross-tabulations (Using 2015 Results): (To identify which observed differences in the tables below are *statistically significant differences,* refer to the instructions and illustrations on pages 21-24 of this report)

	Gender		Age					
	Male	Female	18-24	25-34	35-44	45-54	55-64	65+
Favor	43.7%	48.8%	32.1%	47.7%	59.9%	48.0%	46.3%	42.1%
Against	44.7%	38.5%	46.1%	44.3%	36.4%	43.5%	41.3%	38.1%
Neither	7.0%	4.4%	1.6%	8.0%	3.1%	5.1%	8.2%	7.3%
Don't know	4.7%	8.3%	20.2%	0.0%	0.5%	3.4%	4.3%	12.5%
Sample Size	386	412	113	128	130	156	127	146

	Cigarette Smoking Status		Education Level			Annual Household Income			
	Smoker	Non-smoker	No College	Some College	4+ Year Degree	<$25,000	$25,000-$50,000	$50,000-$75,000	$75,000+
Favor	25.8%	50.4%	35.9%	49.3%	54.3%	51.7%	38.5%	64.3%	63.4%
Against	70.2%	35.8%	42.7%	43.7%	38.5%	38.9%	51.4%	30.8%	31.8%
Neither	2.9%	6.2%	7.8%	4.0%	4.8%	3.7%	5.7%	1.5%	4.0%
Don't know	1.1%	7.6%	13.6%	2.9%	2.3%	5.7%	4.3%	3.4%	0.8%
Sample Size	132	666	286	229	284	80	155	75	134

	Race/Ethnicity						
	White	Black or African American	Hispanic or Latino	Asian	Native Hawaiian or Pacific Islander	American Indian	Prefer not to answer.
Favor	44.3%	60.1%	41.5%	62.3%	47.9%	56.3%	45.8%
Against	44.6%	33.6%	35.4%	32.7%	52.1%	0.0%	33.5%
Neither	6.9%	2.2%	0.0%	5.1%	0.0%	0.0%	6.9%
Don't know	4.2%	4.1%	23.1%	0.0%	0.0%	43.7%	13.8%
Sample Size	568	87	78	20	1	3	41

2.2 TOBACCO MARKETING FINDINGS – *PROTECTING YOUTH FROM TOBACCO ON SCREEN*

Table 6 — Do you agree or disagree with the following statement? "Internet sites, movies, and TV shows that are intended for youth should not include tobacco use or images."

2015 Results:

		Frequency	Percentage
"Internet sites, movies, and TV shows that are intended for youth should not include tobacco use or images."	Agree	672	84.1%
	Disagree	88	11.0%
	Neither	23	2.9%
	Don't know	16	2.0%
	Totals	799	100.0%

Trend Analysis: (Not measured in earlier Monroe County tobacco studies.)

Regional Comparison: ("Agree" in Monroe is significantly higher than the current regional average)

Among 23 Central, Western, and Northern New York Counties Surveyed between January 2014 and January 2015 (includes only those counties that used this question in their version of the survey)	Minimum in Any County	Regional Average	Maximum in Any County
"Agree"	67.0%	78.2%	88.8%

Cross-tabulations (Using 2015 Results): (To identify which observed differences in the tables below are *statistically significant differences,* refer to the instructions and illustrations on pages 21-24 of this report)

	Gender		Age					
	Male	Female	18-24	25-34	35-44	45-54	55-64	65+
Agree	81.5%	86.6%	81.0%	87.7%	91.3%	81.5%	87.0%	77.4%
Disagree	13.9%	8.2%	19.0%	8.2%	6.7%	9.9%	7.7%	15.1%
Neither	1.8%	4.0%	0.0%	4.1%	2.0%	4.1%	2.3%	4.0%
Don't know	2.8%	1.2%	0.0%	0.0%	0.0%	4.5%	3.0%	3.4%
Sample Size	386	412	113	128	130	156	127	146

	Cigarette Smoking Status		Education Level			Annual Household Income			
	Smoker	Non-smoker	No College	Some College	4+ Year Degree	<$25,000	$25,000-$50,000	$50,000-$75,000	$75,000+
Agree	88.4%	83.3%	83.4%	81.0%	87.4%	84.1%	89.7%	84.4%	81.0%
Disagree	8.3%	11.5%	11.0%	13.5%	8.9%	13.1%	6.7%	8.9%	17.1%
Neither	3.3%	2.8%	3.1%	3.1%	2.5%	2.8%	3.5%	5.7%	0.8%
Don't know	0.0%	2.4%	2.5%	2.4%	1.1%	0.0%	0.0%	1.0%	1.2%
Sample Size	132	666	286	229	284	80	155	75	134

	Race/Ethnicity						
	White	Black or African American	Hispanic or Latino	Asian	Native Hawaiian or Pacific Islander	American Indian	Prefer not to answer.
Agree	81.5%	93.3%	97.9%	90.3%	100.0%	56.3%	73.5%
Disagree	13.5%	6.7%	0.0%	9.7%	0.0%	43.7%	5.5%
Neither	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	7.9%
Don't know	1.6%	0.0%	2.1%	0.0%	0.0%	0.0%	13.0%
Sample Size	568	87	78	20	1	3	41

	Children in Household	
	No children in home.	Yes, at least one.
Agree	80.2%	90.7%
Disagree	13.9%	6.0%
Neither	2.8%	3.3%
Don't know	3.1%	0.0%
Sample Size	517	261

2.3 TOBACCO POINT OF SALE FINDINGS

Table 7 Do you think that pharmacies should or should not be allowed to sell tobacco products (cigarettes, cigars, etc.)?

2015 Results:

		Frequency	Percentage
Pharmacies should or should not be allowed to sell tobacco products?	Should	260	32.5%
	Should not	461	57.7%
	Don't know	79	9.9%
	Totals	800	100.0%

Trend Analysis: ("Should not" has increased significantly between 2010 and 2015)

Trend Analysis	2008	2010	2012	2014	2015
Should	--	44.1%	37.3%	40.9%	32.5%
Should not	--	49.9%	56.4%	53.6%	57.7%
Don't know	--	6.0%	6.3%	5.6%	9.9%

Regional Comparison: ("Should not" in Monroe is significantly higher than the current regional average)

Among 23 Central, Western, and Northern New York Counties Surveyed between January 2014 and January 2015 (includes only those counties that used this question in their version of the survey)	Minimum in Any County	Regional Average	Maximum in Any County
"Should not"	40.7%	52.7%	63.4%

Cross-tabulations (Using 2015 Results): (To identify which observed differences in the tables below are *statistically significant differences,* refer to the instructions and illustrations on pages 21-24 of this report)

	Gender		Age					
	Male	Female	18-24	25-34	35-44	45-54	55-64	65+
Should	38.4%	26.9%	46.4%	39.1%	28.9%	33.5%	26.0%	23.7%
Should not	49.9%	64.9%	52.0%	57.2%	67.5%	55.3%	56.5%	57.1%
Don't know	11.7%	8.2%	1.6%	3.7%	3.6%	11.2%	17.5%	19.1%
Sample Size	386	414	113	128	130	156	128	146

	Cigarette Smoking Status		Education Level			Annual Household Income			
	Smoker	Non-smoker	No College	Some College	4+ Year Degree	<$25,000	$25,000-$50,000	$50,000-$75,000	$75,000+
Should	58.6%	27.2%	31.7%	38.6%	28.4%	31.2%	31.8%	29.8%	21.4%
Should not	39.6%	61.3%	60.4%	49.8%	61.2%	59.5%	60.8%	60.6%	67.6%
Don't know	1.8%	11.5%	7.9%	11.5%	10.5%	9.3%	7.4%	9.6%	11.1%
Sample Size	134	666	287	229	284	80	155	75	134

	Race/Ethnicity						
	White	Black or African American	Hispanic or Latino	Asian	Native Hawaiian or Pacific Islander	American Indian	Prefer not to answer.
Should	34.4%	39.6%	11.5%	28.1%	0.0%	43.7%	33.6%
Should not	54.6%	53.6%	84.8%	62.7%	100.0%	56.3%	53.4%
Don't know	11.0%	6.9%	3.7%	9.2%	0.0%	0.0%	13.0%
Sample Size	568	87	78	20	1	3	42

Table 8 How do you feel about tobacco products being sold at stores that are within walking distance of schools? Do feel it is acceptable or unacceptable?

2015 Results:

		Frequency	Percentage
Tobacco products being sold in stores that are within walking distance of schools?	Acceptable	258	32.3%
	Unacceptable	454	56.9%
	Neither	58	7.2%
	Don't know	29	3.6%
	Totals	799	100.0%

Trend Analysis: ("Unacceptable" in Monroe increased significantly between 2014 and 2015)

Trend Analysis	2008	2010	2012	2014	2015
Acceptable	--	--	33.3%	38.9%	32.3%
Unacceptable	--	--	51.1%	47.5%	56.9%
Neither	--	--	13.9%	11.8%	7.2%
Don't Know	--	--	1.7%	1.8%	3.6%

Regional Comparison: ("Unacceptable" in Monroe is significantly higher than the current regional average)

Among 23 Central, Western, and Northern New York Counties Surveyed between January 2014 and January 2015 (includes only those counties that used this question in their version of the survey)	Minimum in Any County	Regional Average	Maximum in Any County
"Unacceptable"	41.1%	49.1%	57.4%

Cross-tabulations (Using 2015 Results): (To identify which observed differences in the tables below are *statistically significant differences,* refer to the instructions and illustrations on pages 21-24 of this report)

	Gender		Age					
	Male	Female	18-24	25-34	35-44	45-54	55-64	65+
Acceptable	36.8%	28.1%	40.1%	40.7%	33.2%	31.8%	30.3%	20.4%
Unacceptable	50.3%	63.0%	57.8%	43.7%	58.6%	53.6%	59.0%	67.9%
Neither	9.4%	5.2%	0.0%	13.5%	7.4%	9.1%	7.0%	5.3%
Don't know	3.6%	3.7%	2.1%	2.2%	0.9%	5.5%	3.7%	6.4%
Sample Size	386	412	113	128	130	156	127	146

	Cigarette Smoking Status		Education Level			Annual Household Income			
	Smoker	Non-smoker	No College	Some College	4+ Year Degree	<$25,000	$25,000-$50,000	$50,000-$75,000	$75,000+
Acceptable	53.7%	28.0%	26.5%	41.8%	30.5%	32.5%	35.1%	30.7%	26.9%
Unacceptable	40.7%	60.1%	61.8%	48.9%	58.4%	57.0%	49.6%	58.6%	66.8%
Neither	5.6%	7.5%	8.2%	5.2%	7.9%	3.8%	13.8%	4.7%	5.2%
Don't know	0.0%	4.3%	3.5%	4.2%	3.3%	6.6%	1.5%	6.1%	1.0%
Sample Size	132	666	286	229	284	80	155	75	134

	Race/Ethnicity						
	White	Black or African American	Hispanic or Latino	Asian	Native Hawaiian or Pacific Islander	American Indian	Prefer not to answer.
Acceptable	34.2%	43.3%	13.7%	33.2%	0.0%	43.7%	18.1%
Unacceptable	54.5%	46.0%	82.6%	66.8%	100.0%	56.3%	57.5%
Neither	7.8%	6.8%	3.7%	0.0%	0.0%	0.0%	10.7%
Don't know	3.5%	3.9%	0.0%	0.0%	0.0%	0.0%	13.7%
Sample Size	568	87	78	20	1	3	41

	Children in Household	
	No children in home.	Yes, at least one.
Acceptable	31.9%	35.0%
Unacceptable	58.2%	51.4%
Neither	5.6%	10.9%
Don't know	4.2%	2.7%
Sample Size	517	261

Table 9 Would you support a policy limiting the maximum number of tobacco retailers allowed in a neighborhood or area?

2015 Results:

		Frequency	Percentage
Would you support a local or state policy limiting the maximum number of tobacco retailers allowed in a neighborhood or area?	Yes	429	54.4%
	No	311	39.5%
	Not sure/No opinion	49	6.2%
	Totals	789	100.0%

Trend Analysis: ("Yes" in Monroe increased significantly in 2015)

Trend Analysis	2008	2010	2012	2014	2015
Yes	--	43.9%	39.8%	42.1%	54.4%
No	--	50.3%	54.7%	53.0%	39.5%
Not sure/No opinion	--	5.8%	5.4%	4.9%	6.2%

Regional Comparison: ("Yes" in Monroe is significantly higher than the current regional average)

Among 23 Central, Western, and Northern New York Counties Surveyed between January 2014 and January 2015 (includes only those counties that used this question in their version of the survey)	Minimum in Any County	Regional Average	Maximum in Any County
"Yes, support."	34.3%	46.6%	61.3%

Cross-tabulations (Using 2015 Results): (To identify which observed differences in the tables below are *statistically significant differences,* refer to the instructions and illustrations on pages 21-24 of this report)

	Gender		Age					
	Male	Female	18-24	25-34	35-44	45-54	55-64	65+
Yes	54.0%	54.7%	44.7%	54.0%	69.0%	54.4%	51.6%	51.5%
No	41.1%	38.0%	55.3%	39.3%	28.1%	41.3%	40.5%	34.6%
Not sure/No opinion	4.9%	7.3%	0.0%	6.6%	2.9%	4.3%	7.9%	13.9%
Sample Size	379	410	113	122	130	152	127	146

	Cigarette Smoking Status		Education Level			Annual Household Income			
	Smoker	Non-smoker	No College	Some College	4+ Year Degree	<$25,000	$25,000-$50,000	$50,000-$75,000	$75,000+
Yes	33.4%	58.4%	49.3%	49.2%	63.5%	49.9%	63.1%	55.9%	63.4%
No	66.1%	34.4%	42.6%	44.5%	32.4%	46.1%	34.1%	35.4%	29.2%
Not sure/No opinion	0.6%	7.2%	8.1%	6.4%	4.1%	4.0%	2.9%	8.7%	7.4%
Sample Size	126	662	276	229	284	80	155	75	131

	Race/Ethnicity						
	White	Black or African American	Hispanic or Latino	Asian	Native Hawaiian or Pacific Islander	American Indian	Prefer not to answer.
Yes	52.2%	72.2%	60.5%	90.8%	0.0%	0.0%	21.5%
No	41.2%	23.9%	39.5%	9.2%	52.1%	30.7%	63.6%
Not sure/No opinion	6.5%	3.9%	0.0%	0.0%	47.9%	69.3%	14.8%
Sample Size	558	87	78	20	1	3	41

2.4 SMOKE FREE HOUSING FINDINGS

Table 10 Which statement best describes the rules regarding smoking tobacco inside the residential units in your building?

2015 Results:

		Frequency	Percentage
Rules inside your rental residential unit	Allowed in all residential units	83	34.4%
	Allowed in some residential units	57	23.6%
	Not allowed in any residential units	60	25.1%
	Don't know/Not sure	41	16.9%
	Totals	240	100.0%

Trend Analysis: ("Allowed In All" has increased significantly between 2014 and 2015, but remains significantly lower than results found in 2008-2012)

Trend Analysis	2008	2010	2012	2014	2015
Smoking is allowed in all residential units	70.2%	68.0%	51.2%	18.7%	34.4%
Smoking is only allowed in some residential units	1.0%	5.6%	7.3%	21.2%	23.6%
Smoking is not allowed in any residential units	23.7%	18.2%	32.7%	53.7%	25.1%
Don't Know/Not Sure	0.1%	0.0%	8.9%	6.4%	16.9%

Regional Comparison: ("Not Allowed At All" in Monroe is significantly lower than the current regional average)

Among 23 Central, Western, and Northern New York Counties Surveyed between January 2014 and January 2015 (includes only those counties that used this question in their version of the survey)	Minimum in Any County	Regional Average	Maximum in Any County
"Smoking is not allowed in any residential units"	16.9%	41.8%	68.6%
"Smoking is allowed in all residential units"	6.7%	28.4%	41.1%

Cross-tabulations (Using 2015 Results): (To identify which observed differences in the tables below are *statistically significant differences,* refer to the instructions and illustrations on pages 21-24 of this report)

	Gender		Age					
	Male	Female	18-24	25-34	35-44	45-54	55-64	65+
Allowed in all residential units	39.4%	31.1%	16.4%	37.4%	42.6%	26.8%	49.6%	35.0%
Allowed in some residential units	30.1%	19.3%	49.6%	25.9%	5.0%	26.8%	25.4%	3.0%
Not allowed in any residential units	21.0%	27.8%	0.0%	21.7%	40.0%	46.5%	20.2%	47.1%
Don't know/Not sure	9.4%	21.8%	34.0%	15.1%	12.4%	0.0%	4.8%	14.9%
Sample Size	94	146	53	65	41	9	31	42

	Cigarette Smoking Status		Education Level			Annual Household Income			
	Smoker	Non-smoker	No College	Some College	4+ Year Degree	<$25,000	$25,000-$50,000	$50,000-$75,000	$75,000+
Allowed in all residential units	53.1%	27.5%	40.2%	30.8%	28.6%	60.2%	32.9%	39.6%	9.9%
Allowed in some residential units	35.9%	19.0%	10.7%	29.0%	38.8%	2.3%	34.6%	0.0%	75.5%
Not allowed in any residential units	4.7%	32.6%	15.9%	37.4%	28.6%	31.1%	18.3%	41.7%	14.6%
Don't know/Not sure	6.4%	20.8%	33.3%	2.8%	4.0%	6.4%	14.1%	18.7%	0.0%
Sample Size	64	176	108	62	69	31	84	12	5

	Race/Ethnicity						
	White	Black or African American	Hispanic or Latino	Asian	Native Hawaiian or Pacific Islander	American Indian	Prefer not to answer.
Allowed in all residential units	27.2%	25.1%	59.0%	0.0%	0.0%	0.0%	41.5%
Allowed in some residential units	32.7%	27.8%	0.0%	0.0%	0.0%	0.0%	6.5%
Not allowed in any residential units	27.8%	47.1%	6.2%	0.0%	0.0%	0.0%	0.0%
Don't know/Not sure	12.3%	0.0%	34.8%	0.0%	0.0%	0.0%	52.0%
Sample Size	136	41	52	0	0	0	11

	Live in public housing?		
	Yes	No	DK/NS
Allowed in all residential units	43.3%	31.5%	15.7%
Allowed in some residential units	10.2%	27.0%	66.8%
Not allowed in any residential units	45.1%	16.8%	17.4%
Don't know/Not sure	1.4%	24.8%	0.0%
Sample Size	71	160	9

Table 11 Would you be (or, "Are you") in favor of a (or "the") policy that prohibits smoking everywhere inside your building, including residential units and living areas?

2015 Results:

		Frequency	Percentage
Favor a policy that prohibits smoking everywhere inside your building?	Yes	148	61.5%
	No	60	24.9%
	Don't know/Not sure	33	13.6%
	Totals	240	100.0%

Trend Analysis: ("Yes" has increased steadily, dramatically, and significantly between 2008 and 2015, from 28.3% in 2008 to 61.5% in 2015)

Trend Analysis	2008	2010	2012	2014	2015
Yes	28.3%	--	--	53.4%	61.5%
No	59.9%	--	--	36.4%	24.9%
Don't Know/Not Sure	11.8%	--	--	10.3%	13.6%

Regional Comparison: ("Yes" in Monroe is not significantly different from the current regional average)

Among 23 Central, Western, and Northern New York Counties Surveyed between January 2014 and January 2015 (includes only those counties that used this question in their version of the survey)	Minimum in Any County	Regional Average	Maximum in Any County
"Favor a smoke-free policy"	34.0%	58.4%	84.8%

Cross-tabulations (Using 2015 Results): (To identify which observed differences in the tables below are *statistically significant differences,* refer to the instructions and illustrations on pages 21-24 of this report)

	Gender		Age					
	Male	Female	18-24	25-34	35-44	45-54	55-64	65+
Yes	55.4%	65.5%	50.4%	48.5%	95.0%	73.2%	54.3%	65.8%
No	24.1%	25.5%	16.4%	45.2%	5.0%	26.8%	26.8%	22.3%
Don't know/Not sure	20.6%	9.0%	33.2%	6.4%	0.0%	0.0%	18.9%	11.9%
Sample Size	94	146	53	65	41	9	31	42

	Cigarette Smoking Status		Education Level			Annual Household Income			
	Smoker	Non-smoker	No College	Some College	4+ Year Degree	<$25,000	$25,000-$50,000	$50,000-$75,000	$75,000+
Yes	28.3%	73.6%	65.2%	64.4%	53.1%	81.6%	49.1%	60.4%	90.1%
No	57.8%	12.9%	29.2%	31.2%	12.7%	18.4%	22.7%	0.0%	0.0%
Don't know/Not sure	13.8%	13.5%	5.6%	4.5%	34.2%	0.0%	28.2%	39.6%	9.9%
Sample Size	64	176	108	62	69	31	84	12	5

	Race/Ethnicity						
	White	Black or African American	Hispanic or Latino	Asian	Native Hawaiian or Pacific Islander	American Indian	Prefer not to answer.
Yes	46.3%	64.9%	100.0%	0.0%	0.0%	0.0%	53.9%
No	34.7%	23.4%	0.0%	0.0%	0.0%	0.0%	28.2%
Don't know/Not sure	19.0%	11.6%	0.0%	0.0%	0.0%	0.0%	17.8%
Sample Size	136	41	52	0	0	0	11

	Live in public housing?		
	Yes	No	DK/NS
Yes	77.2%	57.0%	17.4%
No	12.2%	27.3%	82.6%
Don't know/Not sure	10.6%	15.6%	0.0%
Sample Size	71	160	9

Table 12 Do you think that rental leases should be required to have a statement that describes whether smoking is prohibited on the premises?

2015 Results:

		Frequency	Percentage
Leases should be required to have a statement that describes whether smoking is prohibited on the premises?	Yes	195	81.2%
	No	35	14.5%
	Not sure	10	4.3%
	Totals	240	100.0%

Trend Analysis: (Not measured in earlier Monroe County tobacco studies.)

Regional Comparison: ("Yes" in Monroe is not significantly different from the current regional average)

Among 23 Central, Western, and Northern New York Counties Surveyed between January 2014 and January 2015 (includes only those counties that used this question in their version of the survey) "Yes, should have statement."	Minimum in Any County	Regional Average	Maximum in Any County
	65.7%	80.3%	95.5%

Cross-tabulations (Using 2015 Results): (To identify which observed differences in the tables below are *statistically significant differences*, refer to the instructions and illustrations on pages 21-24 of this report)

	Gender		Age					
	Male	Female	18-24	25-34	35-44	45-54	55-64	65+
Yes	91.2%	74.7%	100.0%	76.8%	70.9%	73.2%	82.3%	75.1%
No	5.2%	20.5%	0.0%	16.9%	29.1%	26.8%	14.2%	12.6%
Not sure	3.7%	4.7%	0.0%	6.4%	0.0%	0.0%	3.5%	12.3%
Sample Size	94	146	53	65	41	9	31	42

	Cigarette Smoking Status		Education Level			Annual Household Income			
	Smoker	Non-smoker	No College	Some College	4+ Year Degree	<$25,000	$25,000-$50,000	$50,000-$75,000	$75,000+
Yes	69.3%	85.5%	74.2%	74.6%	98.0%	95.4%	91.1%	100.0%	100.0%
No	22.6%	11.5%	19.8%	19.2%	2.0%	4.6%	2.3%	0.0%	0.0%
Not sure	8.1%	2.9%	6.0%	6.2%	0.0%	0.0%	6.6%	0.0%	0.0%
Sample Size	64	176	108	62	69	31	84	12	5

	Race/Ethnicity						
	White	Black or African American	Hispanic or Latino	Asian	Native Hawaiian or Pacific Islander	American Indian	Prefer not to answer.
Yes	77.9%	71.0%	100.0%	0.0%	0.0%	0.0%	72.1%
No	15.3%	29.0%	0.0%	0.0%	0.0%	0.0%	18.9%
Not sure	6.9%	0.0%	0.0%	0.0%	0.0%	0.0%	9.0%
Sample Size	136	41	52	0	0	0	11

	Live in public housing?		
	Yes	No	DK/NS
Yes	76.5%	83.1%	84.3%
No	21.2%	11.5%	15.7%
Not sure	2.4%	5.4%	0.0%
Sample Size	71	160	9

2.5 TOBACCO USE FINDINGS

Table 13 Have you smoked at least 100 cigarettes in your entire life?

2015 Results:

		Frequency	Percentage
Smoked 100+ cigarettes in your entire life?	Yes	325	40.7%
	No	475	59.3%
	Don't know/Not sure	0	0.0%
	Totals	800	100.0%

Trend Analysis: ("Smoked 100+" has not changed significantly between 2008 and 2015)

Trend Analysis	2008	2010	2012	2014	2015
Yes	38.4%	40.0%	38.4%	44.9%	40.7%
No	61.0%	60.0%	61.6%	55.1%	59.3%
Don't Know/Not Sure	0.5%	0.0%	0.0%	0.0%	0.0%

Regional Comparison: ("Smoked 100+" in Monroe is significantly lower than the current regional average)

Among 23 Central, Western, and Northern New York Counties Surveyed between January 2014 and January 2015 (includes only those counties that used this question in their version of the survey) "Yes, should have statement."	Minimum in Any County	Regional Average	Maximum in Any County
	37.4%	46.0%	54.4%

Cross-tabulations (Using 2015 Results): (To identify which observed differences in the tables below are *statistically significant differences,* refer to the instructions and illustrations on pages 21-24 of this report)

	Gender		Age					
	Male	Female	18-24	25-34	35-44	45-54	55-64	65+
Yes	41.6%	39.8%	28.5%	43.4%	30.5%	30.4%	59.9%	50.8%
No	58.4%	60.2%	71.5%	56.6%	69.5%	69.6%	40.1%	49.2%
Don't know/Not sure	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Sample Size	386	414	113	128	130	156	128	146

	Cigarette Smoking Status		Education Level			Annual Household Income			
	Smoker	Non-smoker	No College	Some College	4+ Year Degree	<$25,000	$25,000-$50,000	$50,000-$75,000	$75,000+
Yes	100.0%	28.7%	55.9%	39.1%	26.5%	55.0%	46.1%	29.3%	34.6%
No	0.0%	71.3%	44.1%	60.9%	73.5%	45.0%	53.9%	70.7%	65.4%
Don't know/Not sure	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Sample Size	134	666	287	229	284	80	155	75	134

	Race/Ethnicity						
	White	Black or African American	Hispanic or Latino	Asian	Native Hawaiian or Pacific Islander	American Indian	Prefer not to answer.
Yes	43.2%	35.4%	33.8%	0.0%	0.0%	30.7%	51.4%
No	56.8%	64.6%	66.2%	100.0%	100.0%	69.3%	48.6%
Don't know/Not sure	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Sample Size	568	87	78	20	1	3	42

Table 14 Do you now smoke cigarettes every day, some days, or not at all?

2015 Results:

		Frequency	Percentage
Current cigarette smoking frequency	Smoke Every Day	95	11.8%
	Smoke Some Days	39	4.9%
	Do Not Smoke At All	666	83.3%
	Don't Know/Not Sure	0	0.0%
	Totals	800	100.0%

Trend Analysis: ("Every Day" has not changed significantly between 2008 and 2015)

Trend Analysis	2008	2010	2012	2014	2015
Every day	8.7%	8.8%	9.9%	11.9%	11.8%
Some days	3.4%	2.6%	3.8%	8.0%	4.9%
Not at all	87.4%	88.5%	86.3%	80.2%	83.3%
Don't Know/Not Sure	0.5%	0.0%	0.0%	0.0%	0.0%

Regional Comparison: ("Every Day" in Monroe is not significantly different from the current regional average)

Among 23 Central, Western, and Northern New York Counties Surveyed between January 2014 and January 2015 (includes only those counties that used this question in their version of the survey)	Minimum in Any County	Regional Average	Maximum in Any County
"Every day"	6.8%	13.9%	22.4%
"Some days"	2.2%	5.5%	11.8%

Cross-tabulations (Using 2015 Results): (To identify which observed differences in the tables below are *statistically significant differences,* refer to the instructions and illustrations on pages 21-24 of this report)

	Gender		Age					
	Male	Female	18-24	25-34	35-44	45-54	55-64	65+
Smoke Every Day	12.3%	11.4%	15.8%	19.1%	12.9%	6.7%	13.5%	5.5%
Smoke Some Days	3.1%	6.5%	8.6%	10.4%	1.2%	3.2%	6.9%	0.6%
Do Not Smoke At All	84.6%	82.0%	75.6%	70.5%	85.9%	90.1%	79.6%	93.9%
Don't Know/Not Sure	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Sample Size	386	414	113	128	130	156	128	146

	Cigarette Smoking Status		Education Level			Annual Household Income			
	Smoker	Non-smoker	No College	Some College	4+ Year Degree	<$25,000	$25,000-$50,000	$50,000-$75,000	$75,000+
Smoke Every Day	70.8%	0.0%	15.8%	14.7%	5.6%	19.4%	12.6%	11.1%	3.2%
Smoke Some Days	29.2%	0.0%	8.9%	5.3%	0.5%	0.0%	9.8%	0.6%	2.3%
Do Not Smoke At All	0.0%	100.0%	75.3%	80.1%	93.9%	80.6%	77.7%	88.3%	94.6%
Don't Know/Not Sure	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Sample Size	134	666	287	229	284	80	155	75	134

	Race/Ethnicity						
	White	Black or African American	Hispanic or Latino	Asian	Native Hawaiian or Pacific Islander	American Indian	Prefer not to answer.
Smoke Every Day	9.9%	19.4%	14.4%	0.0%	0.0%	0.0%	24.9%
Smoke Some Days	5.7%	3.6%	2.5%	0.0%	0.0%	0.0%	3.5%
Do Not Smoke At All	84.4%	77.0%	83.1%	100.0%	100.0%	100.0%	71.6%
Don't Know/Not Sure	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Sample Size	568	87	78	20	1	3	42

Table 15 Cigarette Smoking Status – Current, Former, or Never Smoker

2015 Results:

		Frequency	Percentage
Cigarette Smoking Status	Current smoker	134	16.7%
	Former smoker	191	23.9%
	Never a smoker	475	59.3%
	Don't know/Not sure	0	0.0%
	Totals	800	100.0%

Trend Analysis: ("Current Smokers" has not changed significantly between 2008 and 2015)

Trend Analysis	2008	2010	2012	2014	2015
Current smoker	12.0%	11.5%	13.7%	19.8%	16.7%
Former smoker	26.4%	28.5%	24.7%	25.1%	23.9%
Never a smoker	61.0%	60.0%	61.6%	55.1%	59.3%
Don't Know/Not Sure	0.5%	0.0%	0.0%	0.0%	0.0%

Regional Comparison: ("Current Smokers" in Monroe is not significantly different from the current regional average)

Among 23 Central, Western, and Northern New York Counties Surveyed between January 2014 and January 2015 (includes only those counties that used this question in their version of the survey)	Minimum in Any County	Regional Average	Maximum in Any County
"Current smoker"	12.0%	19.4%	26.4%
"Former smoker"	22.0%	26.6%	32.2%

Cross-tabulations (Using 2015 Results): (To identify which observed differences in the tables below are *statistically significant differences,* refer to the instructions and illustrations on pages 21-24 of this report)

	Gender		Age					
	Male	Female	18-24	25-34	35-44	45-54	55-64	65+
Current smoker	15.4%	18.0%	24.4%	29.5%	14.1%	9.9%	20.4%	6.1%
Former smoker	26.2%	21.8%	4.2%	13.9%	16.3%	20.6%	39.5%	44.7%
Never a smoker	58.4%	60.2%	71.5%	56.6%	69.5%	69.6%	40.1%	49.2%
Don't know/Not sure	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Sample Size	386	414	113	128	130	156	128	146

	Cigarette Smoking Status		Education Level			Annual Household Income			
	Smoker	Non-smoker	No College	Some College	4+ Year Degree	<$25,000	$25,000-$50,000	$50,000-$75,000	$75,000+
Current smoker	100.0%	0.0%	24.7%	19.9%	6.1%	19.4%	22.3%	11.7%	5.4%
Former smoker	0.0%	28.7%	31.2%	19.2%	20.4%	35.6%	23.8%	17.6%	29.2%
Never a smoker	0.0%	71.3%	44.1%	60.9%	73.5%	45.0%	53.9%	70.7%	65.4%
Don't know/Not sure	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Sample Size	134	666	287	229	284	80	155	75	134

	Race/Ethnicity						
	White	Black or African American	Hispanic or Latino	Asian	Native Hawaiian or Pacific Islander	American Indian	Prefer not to answer.
Current smoker	15.6%	23.0%	16.9%	0.0%	0.0%	0.0%	28.4%
Former smoker	27.6%	12.4%	16.9%	0.0%	0.0%	30.7%	23.0%
Never a smoker	56.8%	64.6%	66.2%	100.0%	100.0%	69.3%	48.6%
Don't know/Not sure	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Sample Size	568	87	78	20	1	3	42

Table 16 Non-cigarette Tobacco Use – Do you currently use any other types of tobacco products? (other than cigarettes)

2015 Results:

		Frequency	Percentage
Do you currently use any other types of tobacco products? (other than cigarettes)	Yes	11	1.4%
	No	789	98.6%
	Don't know/Not sure	0	0.0%
	Totals	800	100.0%

Trend Analysis: (In 2015, the "non-cigarette tobacco use" rate is significantly lower than was found in 2014.)

Trend Analysis	2008	2010	2012	2014	2015
Yes	--	4.9%	2.7%	5.8%	1.4%
No	--	95.1%	97.3%	94.2%	98.6%
Don't Know/Not Sure	--	0.0%	0.0%	0.0%	0.0%

Regional Comparison: ("Non-cigarette tobacco use" in Monroe is significantly lower than the current regional average)

Among 23 Central, Western, and Northern New York Counties Surveyed between January 2014 and January 2015 (includes only those counties that used this question in their version of the survey)	Minimum in Any County	Regional Average	Maximum in Any County
"Yes, use non-cigarette tobacco."	1.4%	5.6%	13.0%

Cross-tabulations (Using 2015 Results): (To identify which observed differences in the tables below are *statistically significant differences,* refer to the instructions and illustrations on pages 21-24 of this report)

	Gender		Age					
	Male	Female	18-24	25-34	35-44	45-54	55-64	65+
Yes	1.5%	1.3%	0.0%	4.3%	0.7%	2.7%	0.4%	0.2%
No	98.5%	98.7%	100.0%	95.7%	99.3%	97.3%	99.6%	99.8%
Don't know/Not sure	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Sample Size	386	414	113	128	130	156	128	146

	Cigarette Smoking Status		Education Level			Annual Household Income			
	Smoker	Non-smoker	No College	Some College	4+ Year Degree	<$25,000	$25,000-$50,000	$50,000-$75,000	$75,000+
Yes	4.4%	0.8%	1.5%	2.4%	0.6%	0.0%	5.4%	0.6%	0.7%
No	95.6%	99.2%	98.5%	97.6%	99.4%	100.0%	94.6%	99.4%	99.3%
Don't know/Not sure	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Sample Size	134	666	287	229	284	80	155	75	134

	Race/Ethnicity						
	White	Black or African American	Hispanic or Latino	Asian	Native Hawaiian or Pacific Islander	American Indian	Prefer not to answer.
Yes	1.1%	0.0%	6.9%	0.0%	0.0%	0.0%	0.0%
No	98.9%	100.0%	93.1%	100.0%	100.0%	100.0%	100.0%
Don't know/Not sure	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Sample Size	568	87	78	20	1	3	42

Table 17 Overall Tobacco Use

2015 Results:

		Frequency	Percentage
Overall Tobacco Use	Use No Tobacco Products	661	82.6%
	Other Tobacco Only	5	0.7%
	Cigarettes Only	128	16.0%
	Both Cigarettes and Other Tobacco	6	0.7%
	Not Sure	0	0.0%
	Totals	800	100.0%

(17.4% "Use At Least One Type of Tobacco Product")

Trend Analysis: ("Use Tobacco" has not changed significantly between 2010 and 2015)

Trend Analysis	2008	2010	2012	2014	2015
Use no tobacco products	--	86.3%	84.9%	78.0%	82.6%
Use only non-cigarette tobacco products	--	2.2%	1.4%	2.2%	0.7%
Use only cigarettes	--	8.8%	12.5%	16.1%	16.0%
Use both cigarettes and non-cigarette tobacco products	--	2.7%	1.3%	3.7%	0.7%
Don't Know/Not Sure	--	0.0%	0.0%	0.0%	0.0%

Regional Comparison: ("Use At Least One Type of Tobacco Product" in Monroe is significantly lower than the current regional average)

Among 23 Central, Western, and Northern New York Counties Surveyed between January 2014 and January 2015 (includes only those counties that used this question in their version of the survey)	Minimum in Any County	Regional Average	Maximum in Any County
"Use some type of tobacco products"	14.3%	22.1%	31.1%

Cross-tabulations (Using 2015 Results): (To identify which observed differences in the tables below are *statistically significant differences,* refer to the instructions and illustrations on pages 21-24 of this report)

	Gender		Age					
	Male	Female	18-24	25-34	35-44	45-54	55-64	65+
Use No Tobacco Products	83.2%	82.0%	75.6%	70.5%	85.2%	87.4%	79.6%	93.7%
Other Tobacco Only	1.4%	0.0%	0.0%	0.0%	0.7%	2.7%	0.0%	0.2%
Cigarettes Only	15.3%	16.6%	24.4%	25.2%	14.1%	9.9%	20.0%	6.1%
Both Cigarettes and Other Tobacco	0.1%	1.3%	0.0%	4.3%	0.0%	0.0%	0.4%	0.0%
Not Sure	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Sample Size	386	414	113	128	130	156	128	146

	Cigarette Smoking Status		Education Level			Annual Household Income			
	Smoker	Non-smoker	No College	Some College	4+ Year Degree	<$25,000	$25,000-$50,000	$50,000-$75,000	$75,000+
Use No Tobacco Products	0.0%	99.2%	73.8%	80.1%	93.5%	80.6%	75.8%	88.3%	93.9%
Other Tobacco Only	0.0%	0.8%	1.5%	0.0%	0.4%	0.0%	1.9%	0.0%	0.7%
Cigarettes Only	95.6%	0.0%	24.7%	17.5%	5.9%	19.4%	18.8%	11.1%	5.4%
Both Cigarettes and Other Tobacco	4.4%	0.0%	0.0%	2.4%	0.2%	0.0%	3.5%	0.6%	0.0%
Not Sure	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Sample Size	134	666	287	229	284	80	155	75	134

	Race/Ethnicity						
	White	Black or African American	Hispanic or Latino	Asian	Native Hawaiian or Pacific Islander	American Indian	Prefer not to answer.
Use No Tobacco Products	84.0%	77.0%	79.4%	100.0%	100.0%	100.0%	71.6%
Other Tobacco Only	0.4%	0.0%	3.7%	0.0%	0.0%	0.0%	0.0%
Cigarettes Only	15.0%	23.0%	13.7%	0.0%	0.0%	0.0%	28.4%
Both Cigarettes and Other Tobacco	0.6%	0.0%	3.2%	0.0%	0.0%	0.0%	0.0%
Not Sure	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Sample Size	568	87	78	20	1	3	42

Table 18 Do you now use Vapor or Electronic Cigarettes (E-cigarettes) every day, some days, rarely, or not at all?

2015 Results:

		Frequency	Percentage
Use Ecigarettes?	Every day	4	0.5%
	Some days	4	0.5%
	Rarely	14	1.8%
	Not at all	772	96.8%
	Don't know	3	0.4%
	Totals	798	100.0%

(2.8% "Use *at least* rarely")

Trend Analysis: ("Use at least rarely" decreased significantly in Monroe between 2014 and 2015.)

Trend Analysis	2008	2010	2012	2014	2015
Every day	--	--	--	2.9%	0.5%
Some days	--	--	--	2.5%	0.5%
Rarely	--	--	--	2.8%	1.8%
Not at all	--	--	--	91.6%	96.8%
Don't Know/Not Sure	--	--	--	0.2%	0.4%

Regional Comparison: ("Use e-cigarettes at least rarely" in Monroe is significantly lower than the current regional average)

Among 23 Central, Western, and Northern New York Counties Surveyed between January 2014 and January 2015 (includes only those counties that used this question in their version of the survey)	Minimum in Any County	Regional Average	Maximum in Any County
"Use *at least* some." (E+S+R)	1.1%	6.4%	16.2%

Cross-tabulations (Using 2015 Results): (To identify which observed differences in the tables below are *statistically significant differences,* refer to the instructions and illustrations on pages 21-24 of this report)

	Gender		Age					
	Male	Female	18-24	25-34	35-44	45-54	55-64	65+
Every day	0.6%	0.3%	0.0%	0.0%	1.9%	0.0%	0.8%	0.3%
Some days	0.2%	0.7%	0.0%	0.0%	0.0%	1.5%	1.4%	0.0%
Rarely	1.1%	2.4%	0.0%	1.3%	4.0%	0.6%	2.5%	2.1%
Not at all	97.6%	96.1%	100.0%	98.7%	94.1%	97.9%	94.2%	96.3%
Don't know	0.4%	0.5%	0.0%	0.0%	0.0%	0.0%	1.1%	1.4%
Sample Size	386	411	113	128	130	154	128	146

	Cigarette Smoking Status		Education Level			Annual Household Income			
	Smoker	Non-smoker	No College	Some College	4+ Year Degree	<$25,000	$25,000-$50,000	$50,000-$75,000	$75,000+
Every day	1.7%	0.3%	0.9%	0.2%	0.3%	0.0%	0.3%	0.0%	1.8%
Some days	1.8%	0.2%	0.0%	0.3%	1.2%	0.0%	0.3%	1.3%	0.9%
Rarely	3.3%	1.5%	3.1%	0.8%	1.2%	4.1%	2.8%	0.0%	0.0%
Not at all	93.3%	97.5%	95.1%	98.4%	97.3%	95.9%	96.7%	98.7%	97.3%
Don't know	0.0%	0.5%	1.0%	0.3%	0.0%	0.0%	0.0%	0.0%	0.0%
Sample Size	132	666	285	229	284	78	155	75	134

	Race/Ethnicity						
	White	Black or African American	Hispanic or Latino	Asian	Native Hawaiian or Pacific Islander	American Indian	Prefer not to answer.
Every day	0.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Some days	0.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Rarely	0.9%	3.8%	4.1%	0.0%	0.0%	0.0%	6.2%
Not at all	97.6%	96.2%	95.9%	100.0%	100.0%	100.0%	87.1%
Don't know	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	6.6%
Sample Size	566	87	78	20	1	3	42

2.6 FURTHER TOBACCO PURCHASE, USE, AND CESSATION ISSUES FINDINGS – *AMONG CURRENT SMOKERS*

Table 19 Has the price of tobacco had an effect on your tobacco use? Which of the following best describes the effect?

2015 Results:

		Frequency	Percentage
Has the price of tobacco had an effect on your tobacco use?	Plan to quit	6	4.9%
	Reduce # cigs.	29	22.1%
	Both plan to quit and reduce # cigs.	27	20.5%
	No effect	63	47.7%
	Refused	5	3.6%
	Don't know/Not sure	2	1.3%
	Totals	132	100.0%

(47.5% "At least one positive impact.")

Trend Analysis: (No significant change in "At least one positive impact" between 2008 and 2015)

Trend Analysis	2008	2010	2012	2014	2015
The high price has caused me to plan to quit (or, consider more strongly).	6.8%	4.4%	3.6%	5.3%	4.9%
The high price has caused me to reduce the # of cigarettes that I smoke.	53.1%	9.7%	42.5%	24.6%	22.1%
The high price has BOTH caused me to plan to quit AND reduce the # cigs that I smoke.	0.0%	35.6%	16.9%	17.4%	20.5%
The high price has had no effect on my tobacco use (still smoking at same rate and no greater plans to quit).	34.0%	49.7%	36.3%	51.7%	47.7%
Refused	0.0%	0.0%	0.0%	1.1%	3.6%
Don't Know/Not Sure	6.2%	0.6%	0.8%	0.0%	1.3%

Regional Comparison: ("At least one positive impact" in Monroe is not significantly different from the current regional average)

Among 23 Central, Western, and Northern New York Counties Surveyed between January 2014 and January 2015 (includes only those counties that used this question in their version of the survey)	Minimum in Any County	Regional Average	Maximum in Any County
"Some positive impact, reduce the # cigs and/or plan to quit."	31.6%	45.4%	58.1%

Cross-tabulations (Using 2015 Results): (To identify which observed differences in the tables below are *statistically significant differences,* refer to the instructions and illustrations on pages 21-24 of this report)

	Gender		Age					
	Male	Female	18-24	25-34	35-44	45-54	55-64	65+
Plan to quit	0.0%	8.8%	23.3%	0.0%	0.0%	0.0%	0.0%	0.0%
Reduce # cigs.	18.4%	25.2%	31.6%	17.3%	0.0%	20.5%	33.4%	30.4%
Both plan to quit and reduce # cigs.	28.2%	14.2%	0.0%	14.6%	51.0%	23.0%	28.6%	19.7%
No effect	48.6%	46.9%	33.1%	64.8%	44.1%	56.5%	38.0%	38.8%
Refused	2.0%	4.8%	12.0%	0.0%	4.9%	0.0%	0.0%	6.2%
Don't know/Not sure	2.9%	0.0%	0.0%	3.4%	0.0%	0.0%	0.0%	4.9%
Sample Size	60	72	27	38	18	15	25	8

	Cigarette Smoking Status		Education Level			Annual Household Income			
	Smoker	Non-smoker	No College	Some College	4+ Year Degree	<$25,000	$25,000-$50,000	$50,000-$75,000	$75,000+
Plan to quit	4.9%	0.0%	0.0%	14.1%	0.0%	0.0%	0.0%	0.0%	0.0%
Reduce # cigs.	22.1%	0.0%	7.7%	35.7%	43.8%	12.6%	7.1%	59.7%	7.1%
Both plan to quit and reduce # cigs.	20.5%	0.0%	26.7%	17.1%	4.9%	0.0%	57.9%	7.1%	11.4%
No effect	47.7%	0.0%	60.9%	32.2%	35.7%	87.4%	35.0%	33.2%	56.6%
Refused	3.6%	0.0%	4.8%	0.0%	8.2%	0.0%	0.0%	0.0%	7.2%
Don't know/Not sure	1.3%	0.0%	0.0%	0.9%	7.5%	0.0%	0.0%	0.0%	17.6%
Sample Size	132	0	69	46	17	16	35	9	7

	Race/Ethnicity						
	White	Black or African American	Hispanic or Latino	Asian	Native Hawaiian or Pacific Islander	American Indian	Prefer not to answer.
Plan to quit	7.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Reduce # cigs.	15.5%	74.8%	0.0%	0.0%	0.0%	0.0%	3.9%
Both plan to quit and reduce # cigs.	13.3%	15.5%	85.1%	0.0%	0.0%	0.0%	9.8%
No effect	56.6%	9.8%	14.9%	0.0%	0.0%	0.0%	86.3%
Refused	5.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Don't know/Not sure	1.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Sample Size	88	20	13	0	0	0	11

Table 20 Have recent local laws or restrictions on outdoor smoking at all influenced you to decrease the amount that you smoke?

2015 Results:

		Frequency	Percentage
Recent local laws or restrictions on outdoor smoking at all influenced you to decrease the amount that you smoke?	Yes	41	31.3%
	No	82	62.1%
	Don't know/Not sure	9	6.6%
	Totals	132	100.0%

Trend Analysis: (No significant changes between 2010 and 2015.)

Trend Analysis	2008	2010	2012	2014	2015
Yes	--	43.7%	32.6%	36.1%	31.3%
No	--	55.9%	67.4%	63.9%	62.1%
Don't Know/Not Sure	--	0.4%	0.0%	0.0%	6.6%

Regional Comparison: ("Yes" in Monroe is not significantly different from the current regional average)

Among 23 Central, Western, and Northern New York Counties Surveyed between January 2014 and January 2015 (includes only those counties that used this question in their version of the survey)	Minimum in Any County	Regional Average	Maximum in Any County
"Yes, influenced a decrease."	14.4%	26.9%	41.7%

Cross-tabulations (Using 2015 Results): (To identify which observed differences in the tables below are *statistically significant differences,* refer to the instructions and illustrations on pages 21-24 of this report)

	Gender		Age					
	Male	Female	18-24	25-34	35-44	45-54	55-64	65+
Yes	24.0%	37.3%	23.3%	19.8%	62.0%	17.0%	50.5%	12.8%
No	61.4%	62.7%	45.1%	80.2%	38.0%	83.0%	49.5%	87.2%
Don't know/Not sure	14.6%	0.0%	31.6%	0.0%	0.0%	0.0%	0.0%	0.0%
Sample Size	60	73	27	38	18	15	25	9

	Cigarette Smoking Status		Education Level			Annual Household Income			
	Smoker	Non-smoker	No College	Some College	4+ Year Degree	<$25,000	$25,000-$50,000	$50,000-$75,000	$75,000+
Yes	31.3%	0.0%	26.7%	30.3%	52.2%	26.9%	51.5%	89.2%	4.3%
No	62.1%	0.0%	73.3%	50.7%	47.8%	73.1%	48.5%	10.8%	95.7%
Don't know/Not sure	6.6%	0.0%	0.0%	19.1%	0.0%	0.0%	0.0%	0.0%	0.0%
Sample Size	132	0	69	46	17	16	35	9	7

	Race/Ethnicity						
	White	Black or African American	Hispanic or Latino	Asian	Native Hawaiian or Pacific Islander	American Indian	Prefer not to answer.
Yes	20.8%	58.7%	85.1%	0.0%	0.0%	0.0%	0.0%
No	69.4%	41.3%	14.9%	0.0%	0.0%	0.0%	100.0%
Don't know/Not sure	9.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Sample Size	89	20	13	0	0	0	11

Section 3
Concluding Comments

This report is a summary of the data collected in a community tobacco survey completed in Monroe County, New York on behalf of the Smoking and Health Action Coalition of Monroe County during 2015. The data provides a tremendous amount of rich information that can be used to plan future programs and services offered by the agency, as well as current data against which past and future performance may be measured and evaluated. To accomplish this program and/or agency evaluation component, it is recommended that a comparable study to the one described in this report be repeated in Monroe County in 2016. To maximize comparability and minimize the possibility of the introduction of confounding factors, it is recommended that the methodology, survey instrument, and data analysis be implemented in a manner similar to that which was used and described in this report for 2015. The only significant changes recommended for 2016 (and similarly, limitations to the current study) would be the slight rephrasing and reordering of a small number of the questions used in the interview, and the continued emphasis on survey questions that relate directly to the current community partnership workplan.

Finally, if further investigation of the data presented in this report is desired, for example, if any further sorts, cross-tabulations, or correlations to further investigate specific Monroe County subpopulations is of interest, please contact *Joel LaLone Consulting*.

Appendix
The Survey Instrument

Monroe County Tobacco Survey - January 2015

Introductory Script

Hello, this is _____ calling on behalf of the New York State Department of Health. We are not selling anything, we are conducting a very short survey about health-related issues in Monroe County. The survey should only take about 3 minutes; would you be willing to help us out tonight?

If YES- "Great, thanks."

If NO-try to arrange a CALL BACK time.

NOTE: As you start the interview: "I would like to speak to a member of the household who is age 18 or older. Your help is voluntary, but important. If we come to a question you don't want to answer, we will skip over it. You can end the interview at any time. The information you provide will be kept strictly confidential."

Are you speaking on a cell phone or a landline?

READ ONLY IF NECESSARY: "By cell phone, we mean a telephone that is mobile and usable outside of your neighborhood."

- ◯ Cell
- ◯ Landline

If on a cell phone:

Are you driving a vehicle at this moment? Are you in a safe and private place to use your cell phone?

- ◯ If not driving, and in a safe and private place.
- ◯ If driving or in an unsafe or not private place.

If driving or in an unsafe place:

"I'm sorry, but for your safety we're not able to talk to you at this time. We will call you back another time. Thank you."
SECURE CALL-BACK TIME, TERMINATE CALL, USE "PREVIOUS BUTTONS" TO RETURN TO BEGINNING FOR NEXT INTERVIEW.

Smoke Free Housing

Our first few questions are about smoking in multiple-unit dwellings or apartments.

Q9: Do you live in a multiple-unit dwelling (apartment) or a single family home?

- ◯ MUD/Apartment
- ◯ Single
- ◯ Don't Know/Not Sure

Monroe County Tobacco Survey - January 2015

Further questions for MUD-dwellers

Q10: Do you live in public housing? (if asked: "government subsidized")

◯ Yes ◯ No ◯ Don't Know/Not Sure

Q11: Which statement best describes the rules regarding smoking tobacco inside the residential units in your building? (read choices)

◯ Smoking is allowed in all residential units

◯ Smoking is allowed in some residential units

◯ Smoking is not allowed in any residential units

◯ Don't know/Not sure

Q12: "Would you be"/"Are you" in favor of a/the policy that prohibits smoking everywhere inside your building, including residential units and living areas?

◯ Yes ◯ No ◯ Don't Know/Not Sure

Q13: Do you think that rental leases should be required to have a statement that describes whether smoking is prohibited on the premises?

◯ Yes ◯ No ◯ Not sure

Tobacco Point of Sale

Our next questions relate to Tobacco Sales.

Q15: Do you think that pharmacies should or should not be allowed to sell tobacco products (cigarettes, cigars, etc)?

◯ Should be allowed ◯ Should not be allowed ◯ Don't know/Not sure

Q16: How do you feel about tobacco products being sold in stores that are located within walking distance of schools? Do you feel it is acceptable or unacceptable?

◯ Acceptable ◯ Unacceptable ◯ Neither ◯ Don't know

Q18: Would you support a policy limiting the maximum number of tobacco retailers allowed in a neighborhood or area?

◯ Yes ◯ No ◯ Not Sure/No Opinion

Q19: What is your opinion about a policy that prohibits discounts for tobacco products at stores such as coupons or special offers? Are you in favor or against this type of policy?

◯ Favor ◯ Against ◯ Neither ◯ Don't know

Protecting Youth from Tobacco On Screen

Our next question deals with tobacco portrayed on screen in the media and movies.

Q20: Do you agree or disagree with the following statement, "Internet sites, movies, and TV shows that are intended for youth should NOT include tobacco use or images."

◯ Agree ◯ Disagree ◯ Neither ◯ Don't know

TOBACCO USE

Our last section of questions deals with Tobacco Use.

Q21: Have you smoked at least 100 cigarettes in your entire life?

◯ Yes ◯ No ◯ Don't Know/Not Sure

***Q22: Do you now smoke cigarettes everyday, some days, or not at all?**

◯ Every day ◯ Some days ◯ Not at all

Q24: Do you now use Vapor or Electronic Cigarettes (E-cigarettes) every day, some days, rarely, or not at all?

◯ Every day ◯ Some days ◯ Rarely ◯ Not at all ◯ Don't know/Not sure

Q25: Do you currently use any other types of tobacco products? (other than cigarettes)

◯ Yes ◯ No ◯ Don't know/Not sure

CURRENT SMOKERS - FURTHER QUESTIONS START HERE

Q28: Has the price of tobacco had an effect on your tobacco use? Which of the following best describes the effect?

- ◯ The high price has caused me to plan to quit (or, consider more strongly).
- ◯ The high price has caused me to reduce the # of cigarettes that I smoke.
- ◯ The high price has BOTH caused me to plan to quit AND reduce the # cigarettes that I smoke.
- ◯ No effect on my tobacco use (still smoking at same rate and no greater plans to quit).
- ◯ Refused
- ◯ Don't Know/Not Sure

Q29: Have recent local laws or restrictions on outdoor smoking at all influenced you to decrease the amount that you smoke?

- ◯ Yes
- ◯ No
- ◯ Don't know/Not sure

Demographics Start Here (all participants)

Finally, to better understand the many factors that may be related to adult health status and beliefs about health conditions, we have a few demographic questions for you.

***Q31: If you don't mind me asking, what is your age (read intervals...)?**

- ◯ 18-24
- ◯ 25-34
- ◯ 35-44
- ◯ 45-54
- ◯ 55-64
- ◯ 65-74
- ◯ 75-84
- ◯ 85+

Q32: What is your current employment status?

- ◯ Employed for wages
- ◯ Self-employed
- ◯ Out of work (1 year or MORE)
- ◯ Out of work (LESS than 1 year)
- ◯ Homemaker
- ◯ Student (even if part-time employed)
- ◯ Retired
- ◯ Unable to work (disabled)
- ◯ Don't Know/Not Sure

Q33: How many children live in your household who are under 18 years old?

- ◯ None
- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4
- ◯ 5+

***Q34: What is the highest level of school you completed or the highest degree you received?**

- ◯ Never attended school or only attended kind.
- ◯ Grades 1 through 8 (Elementary)
- ◯ Grades 9 through 12 (Some high school)
- ◯ Grade 12 (High school graduate)
- ◯ G.E.D.
- ◯ Some technical or vocational school
- ◯ Some college, no degree
- ◯ AA; technical or vocational school
- ◯ AA; academic
- ◯ BA, BS (College graduate)
- ◯ At least some grad or prof school
- ◯ Graduate or professional degree

Q35: Which of these groups would you say best represents your race or ethnicity?

- ◯ White
- ◯ Black or African American
- ◯ Hispanic or Latino
- ◯ Asian
- ◯ Native Hawaiian or other Pacific Islander
- ◯ American Indian, Alaska Native
- ◯ Prefer not to answer
- ◯ Don't know/Not sure

Other (please specify)

Q36: What is your annual household income from all sources ... you can stop me when I get to your interval. READ INTERVALS. (Reason why asked: to allow determining whether the sample we select accurately represents the whole population that lives in _____ County)

- ◯ Less than $10,000
- ◯ $10,000 to less than $25,000
- ◯ $25,000 to less than $50,000
- ◯ $50,000 to less than $75,000
- ◯ $75,000 to less than $100,000
- ◯ $100,000 or more
- ◯ Refused

Q37: Are you currently covered by any kind of health insurance, that is, any policy or program that provides or pays for medical care?

- ◯ Yes
- ◯ No
- ◯ Don't Know/Not Sure

***Q38: If you don't mind me asking, what is your gender?**

- ◯ Male
- ◯ Female

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*Which of the following best describes your phone ownership?

- ◯ You have both a CELL phone and a LANDLINE
- ◯ You only have a CELL phone
- ◯ You only have a LANDLINE
- ◯ Refused

*In what county do you reside?

◯ Madison ◯ Monroe ◯ Chemung ◯ Ontario ◯ Schuyler ◯ Steuben ◯ Cayuga ◯ Onondaga ◯ Os

◯ Other County

NOTE:
If calling a CELL PHONE, you must ask the following two questions.
You may hang up now and not ask them the next two questions if calling a LANDLINE. (if on a landline, just refer to the call sheet for ZIP and TOWN)

Monroe County Tobacco Survey - January 2015

***What is your postal Zip code?**

- ◯ 14416
- ◯ 14420
- ◯ 14423
- ◯ 14428
- ◯ 14445
- ◯ 14450
- ◯ 14464
- ◯ 14467
- ◯ 14468
- ◯ 14470
- ◯ 14472
- ◯ 14476
- ◯ 14482
- ◯ 14502
- ◯ 14506
- ◯ 14511
- ◯ 14514
- ◯ 14519
- ◯ 14526
- ◯ 14534
- ◯ 14543
- ◯ 14546
- ◯ 14559
- ◯ 14564
- ◯ 14580
- ◯ 14586
- ◯ 14604
- ◯ 14605
- ◯ 14606
- ◯ 14607
- ◯ 14608
- ◯ 14609
- ◯ 14610
- ◯ 14611
- ◯ 14612
- ◯ 14613
- ◯ 14614
- ◯ 14615
- ◯ 14616
- ◯ 14617
- ◯ 14618
- ◯ 14619
- ◯ 14620
- ◯ 14621
- ◯ 14622
- ◯ 14623
- ◯ 14624
- ◯ 14625
- ◯ 14626
- ◯ 14692

◯ Other (please specify)

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***Finally, in what town do you reside?**

- ◯ BERGEN
- ◯ BROCKPORT
- ◯ CALEDONIA
- ◯ CHURCHVILLE
- ◯ E ROCHESTER
- ◯ FAIRPORT
- ◯ HAMLIN
- ◯ HENRIETTA
- ◯ HILTON
- ◯ HOLLEY
- ◯ HONEOYE FALLS
- ◯ KENDALL
- ◯ LE ROY
- ◯ MACEDON
- ◯ MENDON
- ◯ MUMFORD
- ◯ NORTH CHILI
- ◯ ONTARIO
- ◯ PENFIELD
- ◯ PITTSFORD
- ◯ ROCHESTER
- ◯ RUSH
- ◯ SCOTTSVILLE
- ◯ SPENCERPORT
- ◯ VICTOR
- ◯ W HENRIETTA
- ◯ WEBSTER
- ◯ Other (please specify)

THE SURVEY IS COMPLETE: thank you for taking the time to help out with this important study, if you have any questions please contact ..... (refer to FAQ sheet for correct contact information).