Tobacco in Rural America: Reports from the Field

August 6th from 2:00-3:00 pm ET

National Association of County and City Health Officials  
National Network of Public Health Institutes  
Muskie School at the University of Southern Maine
Logistics

• Webinar audio will be available through your computer speakers and via phone.
  • Dial: US: +1 929 205 6099
  • Webinar ID: 953 5397 4199

• This webinar is being recorded and the recording will be shared.

• Please submit questions through the chat option.
Agenda

Welcome

Melanie Ruhe, NACCHO

Chris Kinabrew, NNPHI

Martha Elbaum, Muskie School at the University of Southern Maine

Erika Ziller, Muskie School at the University of Southern Maine

Questions and Answers
Learning Objectives

1. Understand the landscape of tobacco use in rural America;

2. Have increased knowledge of rural LHD initiatives relating to tobacco, electronic nicotine delivery devices, and increased prevention and cessation methods;

3. Have increased knowledge about the resources and tools needed by rural LHDs to support the facilitation of evidence-informed tobacco control interventions now and in the future.
NACCHO is comprised of nearly 3,000 local health departments across the United States. Our mission is to serve as a leader, partner, catalyst, and voice with local health departments.

There’s value in belonging

Learn more by viewing a short video available on our website.
LHDs play a crucial role in strengthening tobacco control efforts in areas of the U.S. with the highest tobacco use prevalence within rural America.

The total population of rural counties stood at 46.2 million in 2015, representing 15% of the US residents living in 72% of the Nation’s land area.

Rural populations report more health-related disparities than those in urban areas, including poorer health, more health risk behaviors, and less access to health resources.
Survey Results and Analysis
Please indicate in which of the following tobacco control areas your health department engages. (N=87)

<table>
<thead>
<tr>
<th>Area</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Tobacco prevention and cessation methods</td>
<td>90%</td>
</tr>
<tr>
<td>Smoke-free air</td>
<td>75%</td>
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<tr>
<td>Electronic nicotine delivery devices (E-cigarettes)</td>
<td>64%</td>
</tr>
<tr>
<td>Reducing sale of tobacco to minors</td>
<td>56%</td>
</tr>
<tr>
<td>Tobacco and opioid connections (i.e., coordination of tobacco and opioid programs,...)</td>
<td>34%</td>
</tr>
<tr>
<td>Regulations on tobacco products</td>
<td>31%</td>
</tr>
<tr>
<td>Raising cigarette taxes</td>
<td>16%</td>
</tr>
<tr>
<td>Tobacco 21</td>
<td>15%</td>
</tr>
<tr>
<td>Other</td>
<td>5%</td>
</tr>
</tbody>
</table>
For each area you selected, please indicate how your health department engages in the work. (N=85)

- **Program implementation**
- **Policy development or implementation**
- **Other**

**Smoke-Free Air**
- Program implementation: 59%
- Policy development or implementation: 56%
- Other: 16%

**Tobacco and Opioid Connections (i.e., Coordination of Tobacco and Opioid Programs, Funding, and/or Resources)**
- Program implementation: 78%
- Policy development or implementation: 19%
- Other: 22%

**Electronic Nicotine Delivery Devices (e-Cigarettes)**
- Program implementation: 59%
- Policy development or implementation: 55%
- Other: 16%

**Tobacco Prevention and Cessation Methods**
- Program implementation: 83%
- Policy development or implementation: 33%
- Other: 12%
Does your health department measure the impact of tobacco programs or policies? (n=85)

- Yes: 51%
- No: 36%
- Don't know: 13%
Are e-cigarettes a threat in your jurisdiction? (N=87)

- Yes: 93%
- No: 7%
- Don't know:
Who are your key partners in your work to advance tobacco policy and programs? (n=87)

- State Health Department: 86%
- Schools: 82%
- Local or state government agencies (other...): 70%
- Secular non-profits or community organizations: 56%
- Healthcare providers or hospitals: 54%
- Media: 40%
- Businesses: 39%
- Faith communities: 31%
- Other (please specify): 8%
- Insurers: 3%
- None: 1%
Barriers to advancing tobacco policy and program work in rural jurisdictions. (n=84)
Recommendations

1. Expand type of programs and policies that LHDs champion in rural communities.
2. Connect LHDs to existing resources on tobacco and rural health.
3. Support evaluation efforts to help measure success of tobacco control initiatives.
4. Celebrate success and foster dissemination of rural tobacco programs and policies.
REVIEW COMMITTEE

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HRSA Federal Office of Rural Health Policy
Tiffany Netters
Louisiana Primary Care Association
Andrew Romero, Leah Farchmin, and Keith Vensey
Community Anti-Drug Coalitions, Geographic Health Equity Alliance
Save the Date!

National Conference on Tobacco or Health

June 28-30, 2022
New Orleans, Louisiana

Registration launching in June 2021

Visit nctoh.org and click “Sign up for our mailing list” to make sure you don’t miss registration launch, conference call for abstracts, and more announcements!
Resources:

www.nnphi.org/ruraltobacco
www.nctoh.org

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PURPOSE & APPROACH
Project Objectives

- Explore rural context for commercial tobacco prevention and control (TPC)
- Scan rural TPC activities 2008-2018
- Offer recommendations for research and practice
Approach

- Literature review
- Case examples:
  ~Acknowledgement
  Paula Clayton, NACDD
- Advisory panel feedback health
- Secondary data analysis
FINDINGS
The Rural Context for Tobacco Prevention and Control
Rural-Urban Disparities in Commercial Tobacco Use

- Affect adults and youth
- Vary across regions
- Found in many adult subgroups
Past-Month Tobacco Use in Rural & Urban U.S. Adults by Race/Ethnicity, 2015-16

Estimates weighted to population level. Tobacco use includes cigarettes, cigars, smokeless tobacco, or pipes. NHW = Non-Hispanic White. NHB = Non-Hispanic Black. AI/AN = American Indian/Alaska Native.

* Chi-square test of rural-urban difference significant at p <0.01
Past-Month Tobacco Use in Rural & Urban U.S. Adults by Characteristic, 2015-16

Data source: National Survey of Drug Use and Health. Estimates weighted to population level. Tobacco use includes cigarettes, cigars, smokeless tobacco, or pipes. AMI = any mental illness. SUD = any substance use disorder. LGB = lesbian, gay, or bisexual.

* Chi-square test of rural-urban difference significant at p <0.01
Rural-Urban Disparities in Commercial Tobacco Use

- Only *partly* explained by sociodemographic risk factors
- Need to explore other aspects of rural context—infrastructure, cultures, and policy
Rural Infrastructure for TPC

- Challenges to TPC: chronic and acute
- Health sector & communities build local TPC capacity
- Distance technologies provide access to remote TPC resources
Rural Cultures and Tobacco

- No single rural culture
- Rural norms of tobacco use
- Tobacco industry targets rural residents
- Rural cultural assets
- Sacred traditional vs. commercial tobacco in AI/AN communities
Rural Policy Context for TPC

- Lower levels of policy protection for rural/tribal populations
- Challenges to strengthening protection
- Tribal sovereignty
Tobacco Control and Prevention Interventions in Rural Areas
TPC Interventions in Rural Areas

- Promotion of Smoke-Free Air
- Prevention of Initiation
- Cessation Treatment
TPC Interventions in Rural Areas: Smoke-free Air

- Policy interventions
- Building capacity
TPC Interventions in Rural Areas: Prevention

Policy interventions
- Advertising restrictions
- Raising the unit price of products
- Raising the minimum legal sales age

Mass media campaigns
- *Tips from Former Smokers®*: rural-focused efforts
TPC Interventions in Rural Areas: Treatment/Cessation

- **Policy**
  - Increasing unit cost
  - Smoking restrictions

- **Mass Media Countermarketing**
  - *Tips from Former Smokers®*: rural-focused efforts

- **Programs**
  - Health care
  - Non-clinical settings
RECOMMENDATIONS
Recommendations to Federal and State Agencies

- Allocate resources by epidemiological burden as well as population impact
- Support service provision by non-physicians and lay health advisors; ensure state licensing regulations & Medicaid reimbursement policies accommodate such practices
- Purchase additional advertising for counter-marketing in rural markets
Recommendations to Local Stakeholders, Tribes, Communities

- Invest in policy approaches
- Leverage cultural assets
- Enlist health/public health system leadership
- Engage trusted local leaders outside health/public health sectors
- Stress need to protect youth
Directions for Future Research

- Clarify stakeholder perspectives on rural tobacco control, including LHDs: challenges, assets, needs
- Community-based participatory research and evaluations of culturally-informed TPC initiatives
- Influence of federal-state policy on local policy
Links

Full report

Executive summary:
NACCHO Tobacco Webpage

NACCHO Stories From the Field: We’d love to hear from you!

CDC-Office on Smoking and Health Resources

Rural Health Information Hub

NNPHI report Advancing Tobacco Prevention and Control in Rural America
THANK YOU!

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