Rural Tobacco Control and Prevention

- Q & A to follow – Submit questions using Q&A area
- Slides are available at https://www.ruralhealthinfo.org/webinars/tobacco-control-prevention
- Technical difficulties please call 866-229-3239
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Rural Tobacco Control and Prevention Toolkit

September 26, 2017

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NORC Walsh Center for Rural Health Analysis
Rural Health Outreach Tracking and Evaluation Program

• Funded by the Federal Office of Rural Health Policy (FORHP)
• NORC Walsh Center for Rural Health Analysis
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  – Alana Knudson, PhD
  – Alycia Bayne, MPA
• University of Minnesota Rural Health Research Center
  – Ira Moscovice, PhD
  – Amanda Corbett, MPH
  – Carrie Henning-Smith, PhD, MSW, MPH
• National Organization of State Offices of Rural Health
• National Rural Health Association

Rural Health Outreach Tracking and Evaluation Program

• Rural Health Outreach and Tracking Evaluation is designed to monitor and evaluate the effectiveness of federal grant programs under the Outreach Authority of Section 330A of the Public Health Service Act
• Outreach Authority grantees have sought to expand rural health care access, coordinate resources, and improve quality
Overview of 330A Outreach Authority Grant Programs

• Grant programs operate under the authority of Section 330A
  – Delta State Rural Development Network Grant Program
  – Rural Opioid Overdose Reversal Grant Program
  – Rural Benefits Counseling Program
  – Rural Health Care Coordination Network Partnership
  – Rural Health Care Services Outreach Grant Program
  – Rural Health Network Development Planning Grant Program
  – Rural Health Network Development Program
  – Rural Health Information Technology Workforce Program
  – Rural Network Allied Health Training Program

Evidence-Based Toolkit on Tobacco

• Rural communities are implementing programs to control and prevent tobacco use

• These programs aim to:
  – Prevent initiation of tobacco use
  – Promote the use of quit lines and tobacco cessation services
  – Provide education and counseling
  – Collaborate with other organizations to address tobacco use
  – Support tobacco-free policies

• Toolkit is designed to disseminate promising and evidence-based practices and resources
Goals of the Tobacco Toolkit

• Project Team
  – Alycia Bayne, Luciana Rocha, Alana Knudson

• Project Goals
  – Identify evidence-based and promising models that may benefit grantees, future applicants, and rural communities
  – Document the scope of their use
  – Build the toolkit

Project Activities

• Reviewed FORHP grantees’ applications and literature to identify evidence-based and promising models
• Conducted telephone interviews with four FORHP grantees; five other rural communities; and 5 experts in the field
• Developed a toolkit with resources about how to plan, implement, and sustain programs
• Toolkit is available on the Rural Health Information Hub Community Health Gateway:
  
  https://www.ruralhealthinfo.org/community-health/tobacco
Organization of the Toolkit

1: Introduction
- Tobacco Use in Rural Areas
- Rates by Population
- Master Settlement Agreement
- Barriers to Programs in Rural Areas
- National Resources

2: Program Models
- Models for State and Local Governments
- Models for Communities
- Models for Worksites
- Models for Healthcare Providers
- Models for Schools
Models for State and Local Governments

• Comprehensive tobacco control programs
• Quitline interventions
• Interventions to increase the unit price for tobacco products
• Reducing out-of-pocket costs for evidence-based cessation treatments
• Tobacco-free policies
• Raising the minimum age

Models for Communities

• Mass-reach health communication interventions
• Community mobilization to restrict minors' access to tobacco products
• Faith-based interventions
• Community health worker interventions
Models for Worksites

• Offering workplace wellness programs
• Promoting tobacco-free worksites
• Increasing access to counseling and tobacco cessation
• Promoting quitlines
• Providing coverage for evidence-based tobacco treatments or reducing the out-of-pocket costs for these services

Models for Healthcare Providers

Hospitals, clinics, and healthcare practices are implementing strategies for tobacco control and prevention:

• Systems change interventions to support clinicians
• Tobacco dependence treatment, including health coaching or counseling
Models for Schools

Tobacco cessation and prevention programs in schools include:

• Information about the effects of tobacco use
• Media literacy training
• Peer education programs
• Social support and resources

Lessons Learned

• Instead of trying to reach the most people, focus on specific populations: Who is using tobacco and how and where can you reach them?
• Partnerships are critical to success
• The importance of designing culturally-tailored tobacco cessation programs
• Outreach makes a difference
Contact Information

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Embracing Rural Values in Tobacco Control
Rural population served

Across VT counties, the smoking prevalence ranges from 13% to 26% among adults.

Smoking rate in Chittenden County was significantly lower (13%) than the statewide average, while the smoking rate in two of the rural counties was significantly higher than the statewide average (24% and 26%).

Source: BRFSS, 2015-2016 for county-level data
All data are age-adjusted to the U.S. 2000 population.

Shifting a social norm

Tobacco use deeply embedded in the social environment. Rural VT youth more likely to perceive anti-tobacco policies as violation of individual rights/personal freedoms. Tobacco industry has capitalized on this argument by establishing an image of rugged individualism associated with tobacco use.

Vermont’s teen prevention initiative, Down and Dirty, directly addresses this.

https://www.youtube.com/watch?v=VT3hF8cRG2M
https://youtu.be/VT3hF8cRG2M
Vermont’s Comprehensive TCP components

Community programs
Advocacy and policy change
Cessation programs
Mass-reach communications
School-based programs
Surveillance and evaluation programs
Community mobilization to restrict minors’ access

CounterBalanceVT.com
VTCP cessation focus since 2012: addressing disparate tobacco burden among Medicaid

Adults with less education and lower annual household incomes have higher smoking rates than those with more education and income.

32% of those with a high school education or less smoke cigarettes compared to 16% of those with some college and 6% of those with a college degree or more (all differences by education are statistically significant).

34% of those with the lowest annual household incomes (<$25K) smoke cigarettes compared to 21% of those with incomes between $25K - <$50K, 13% of those with incomes between $50K - <$75K, and 7% of those with incomes greater than $75K (all differences by income are statistically significant).

Source: BRFSS, 2016
All data are age-adjusted to the U.S. 2000 population.

Vermont Department of Health

Partners

Medicaid leadership
Maternal and Child Health
Tobacco Partner Grantees
Behavioral Health Champions in our Designated Agencies
Tobacco Advocates who supported our program dedicating resources to prioritize populations (Medicaid, rural teens) and trying new behavior change strategies (segmentation)

Vermont Department of Health
Expanding Medicaid cessation benefit and raising awareness

Activating three CPT codes for tobacco counseling
Moving from single-acting NRT to dual

Inter-department collaboration
Data sharing
Research-informed strategic communication to both beneficiaries and providers

https://www.youtube.com/watch?v=5AGoEWCR8bk
https://youtu.be/5AGoEWCR8bk

Vermont Department of Health
Research informed communications

Ongoing primary research 2012-2017

Customized cessation resources for audience of low SES
Humanized cessation resources
Engaged providers as crucial partners in cessation

Results

An increase in proportion of Medicaid insured registrants to the Quitline in the last few years

Between 2013 and 2014, 52% increase in # of Medicaid registrants to Quitline

The # of Medicaid registrants has remained stable from 2014-2016

A different trend for non-Medicaid registrants to Quitline: from 2014 to 2015, a 22% decline
Lessons learned

A health systems approach requires time and patience

Understand intended audience and their values (Research is critical)

Create promotion/outreach appropriate for audience

Next steps

Implementation of provider research findings
Revamp website to reflect customer journeys
Publication of article “A Framework for Implementing Tobacco Control Program Best Practice for Cessation Interventions”
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**Spit It Out - Reaching Rural Populations in Nontraditional Ways**

A Case Study Review of Tobacco Education and Cessation

**Donald Reed Jr.**  
*West Virginia University Extension Service*
Spit It Out- WV Video

Community Connections (fiscal agent)
Outside Evaluation Team
Southern Coalfields Tobacco Prevention Network
Community Partners
Faith Based Committee
McDowell County, WV Needs Assessment
According to the WV County Profiles, McDowell County is worse than the United States in disease of the heart, Cancer of all causes, Diabetes, Chronic Obstructive Pulmonary Diseases, Physical Inactivity, Obesity, Diabetes Awareness and Difficulty seeing a Doctor because of Cost. According to the 2012 McDowell County Behavior Health County Profile, provided by the WV Bureau for Behavior Health and Facilities:

<table>
<thead>
<tr>
<th>Indicator</th>
<th>McDowell</th>
<th>Rank in WV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fair or poor health</td>
<td>40.0%</td>
<td>1</td>
</tr>
<tr>
<td>No health insurance (ages 18-64)</td>
<td>25.0%</td>
<td>8</td>
</tr>
<tr>
<td>No leisure exercise</td>
<td>44.0%</td>
<td>1</td>
</tr>
<tr>
<td>Obesity</td>
<td>36.1%</td>
<td>5</td>
</tr>
<tr>
<td>Diabetes</td>
<td>14.9%</td>
<td>3</td>
</tr>
<tr>
<td>Hypertension</td>
<td>42.4%</td>
<td>1</td>
</tr>
<tr>
<td>High Cholesterol</td>
<td>49.7%</td>
<td>1</td>
</tr>
<tr>
<td>Heart attack, angina, or stroke</td>
<td>17.4%</td>
<td>4</td>
</tr>
<tr>
<td>Current Asthma</td>
<td>14.3%</td>
<td>4</td>
</tr>
<tr>
<td>Arthritis</td>
<td>47.1%</td>
<td>1</td>
</tr>
<tr>
<td>Cigarette smoking</td>
<td>34.3%</td>
<td>4</td>
</tr>
<tr>
<td>Smokeless Tobacco Use</td>
<td>11.9%</td>
<td>7</td>
</tr>
<tr>
<td>Binge Drinking</td>
<td>5.5%</td>
<td>32</td>
</tr>
</tbody>
</table>

McDowell County, WV

Tobacco Use & Poverty

“There are several ways in which tobacco increases poverty at the individual, household, and national levels. At the individual level and household level, money spent on tobacco can have a very high opportunity cost. For the poor, money spent on tobacco is money not spent on basic necessities, such as food, shelter, education, and health care.

Tobacco also contributes to the poverty of individuals and families since tobacco users are at much higher risk of falling ill and dying prematurely of cancers, heart attacks, respiratory diseases or other tobacco-related diseases, thus depriving families of much-needed income and imposing additional health-care cost.”

(World Health Organization, 2000)
McDowell County Culture

Isolation = better control of consistent messages

McDowell County Culture

Multi-Generational = One person can affect 20 more
McDowell County Culture

Coal Camp Mentality = Community Level Change

McDowell County Culture

Religion = gateway to communities and change
Spit Tobacco Cessation

Brooks Run Mining Partnership

- WVDTP covered miners and spouses with WV Quit Line
- Crew-Based Cessation Workshops
- BRM paid the men to attend
- NRT & Company Doctor on mining site
- Mayo Clinic Resources

BRM Spit Cessation Partnership
Community-Based Workshop

- Welch WV
- Anawalt WV
- Iaeger WV
- Kimball WV
- Bradshaw WV
- Pageton WV
72% of participants were male
participants ranged from 12 – 58 years old (mean age of 36 years)

Use of Tobacco Products
60% smoked cigarettes
35% used smokeless tobacco
25% were poly-tobacco users (used both cigarettes and smokeless tobacco products)
smokeless tobacco users averaged 2.6 cans or pouches of tobacco per day (range was ½ can to 4 cans per day)
75% had previously tried to quit (average of 2.3 quit attempts per participant)
BRM Pre and Post-Workshop Comparisons

<table>
<thead>
<tr>
<th></th>
<th>Percent Who Agreed or Strongly Agreed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre-Workshop</td>
</tr>
<tr>
<td>I want to quit using tobacco</td>
<td>89.5%</td>
</tr>
<tr>
<td>I understand nicotine addiction</td>
<td>83.3%</td>
</tr>
<tr>
<td>I understand the steps to quitting</td>
<td>33.3%</td>
</tr>
<tr>
<td>I know how a body responds to nicotine withdrawal</td>
<td>57.9%</td>
</tr>
<tr>
<td>I know about medications that can help me quit</td>
<td>47.4%</td>
</tr>
<tr>
<td>I am confident I can stop using tobacco</td>
<td>52.6%</td>
</tr>
<tr>
<td>I am confident I can control my urges to use tobacco</td>
<td>33.3%</td>
</tr>
<tr>
<td>I know how to deal with the stress of quitting tobacco</td>
<td>10.5%</td>
</tr>
<tr>
<td>My friends and family will support my efforts to quit</td>
<td>84.2%</td>
</tr>
</tbody>
</table>

Evaluation Comments

The workshops had a positive impact on all areas measured, with pronounced positive increases in dealing with the stress of quitting (300% increase), knowing about medications to help quitters succeed (172% increase), understanding the steps to quitting (137% increase), confidence in controlling urges to use tobacco (133% increase), understanding nicotine withdrawal (100% increase).
Media Components

- WELC 102.9 FM
  - “Some Traditions Die Hard” Ads
  - RLD: “Save Face, Stop Spit Tobacco, Call 877-966-8784”
  - Point of Issue Radio Program

- Billboards/Banners
  - Blue-collar Workers
  - Coal Miner Billboard

- Direct Mail
  - 1000 Households in the small communities
WELC 102.9 FM
“The Voice of the Nation’s Coal Bin”
• 15,000 Bank Statement Stuffer at MCNB & Pioneer Community Banks
• A cost savings of $6,300
Hunter Education Courses

- Trinity Temple: Welch, WV
- War Advent Church: War, WV
- Hands of Hope: Yukon, Iaeger, & Welch
- McDowell Mission
- Catholic Charities, West Virginia
- 5 Loaves and 2 Fishes Food Bank
Minor League Team Partnerships

- WV Tobacco Quit line:
  - Year Before Project: 25 enrollments
  - During the Project: 226 enrollments

- Workshop Attendees/Individual Counseling
  - Year Before the Project: 35 citizens
  - During the Project: 254 citizens
Other Strategies:

Tobacco Control is a Local Issue
Join forces with established local organizations and projects to determine shared goals and possible collaboration;

Guide the local community (don’t push or tug) as they will not respect you and you will lose your effectiveness; and

Share your progress with regional, state, and national tobacco control organizations, policy makers, colleagues, and community leaders.

Special Insights

Extreme Poverty
Delivery of Cessation Services
Power of the Pulpit or Religion
Culturally Competent Strategies
Quit line Referrals
Staff
Direct Mail
Radio
Billboards

Lessons Learned
Thank You!

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Questions?

ruralhealthinfo.org
• Contact us at ruralhealthinfo.org with any questions

• Please complete webinar survey

• Recording and transcript will be available on RHIIhub website