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*Rural Health*  
**INFORMATION**



## 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

Alycia Bayne, MPA  
NORC Walsh Center for Rural Health Analysis

## Rural Health Outreach Tracking and Evaluation Program

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- Funded by the Federal Office of Rural Health Policy (FORHP)
- NORC Walsh Center for Rural Health Analysis
  - Michael Meit, MA, MPH
  - 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

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## Rural Health Outreach Tracking and Evaluation Program

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- 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

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## Overview of 330A Outreach Authority Grant Programs

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- 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

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## Evidence-Based Toolkit on Tobacco

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- 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

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## Goals of the Tobacco Toolkit

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- 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

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## Project Activities

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- 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>

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## Rural Tobacco Control and Prevention Toolkit



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Rural Health Information Hub  
*Formerly the Rural Assistance Center*

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**IN THIS TOOLKIT**

**Modules**

- 1: Introduction
- 2: Program Models
- 3: Program Clearinghouse
- 4: Implementation
- 5: Evaluation
- 6: Sustainability
- 7: Dissemination
- About this Toolkit

Rural Health > Community Health Gateway > Evidence-Based Toolkits > Rural Tobacco Control and Prevention Toolkit

### Rural Tobacco Control and Prevention Toolkit



Welcome to the Rural Tobacco Control and Prevention Toolkit. This toolkit provides evidence-based examples, promising models, best practices, and resources that your organization can use to implement programs for tobacco control and prevention.

There are seven modules in this toolkit. Each module contains information and links to resources that your organization can use to design, implement, evaluate, sustain, and disseminate rural programs for tobacco control and prevention. There are more resources on general community health strategies available in the [Rural Community Health Toolkit](#).

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## Organization of the Toolkit

### 1: Introduction

- o Tobacco Use in Rural Areas
- o Rates by Population
- o Master Settlement Agreement
- o Barriers to Programs in Rural
- o National Resources
- 2: Program Models
- 3: Program Clearinghouse
- 4: Implementation
- 5: Evaluation
- 6: Sustainability
- 7: Dissemination



### 2: Program Models

- o Models for State and Local Governments
- o Models for Communities
- o Models for Worksites
- o Models for Healthcare Providers
- o Models for Schools

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## 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



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## Models for Communities

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



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## 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



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## 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

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## 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



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## 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

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## Contact Information

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The Walsh Center for Rural Health Analysis  
NORC AT THE UNIVERSITY OF CHICAGO



## Embracing Rural Values in Tobacco Control



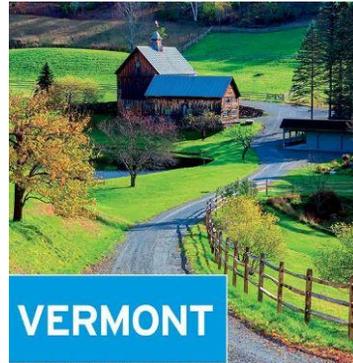
Rhonda Williams  
 Rebecca Brookes

## 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.



Vermont Department of Health

## 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 Department of Health

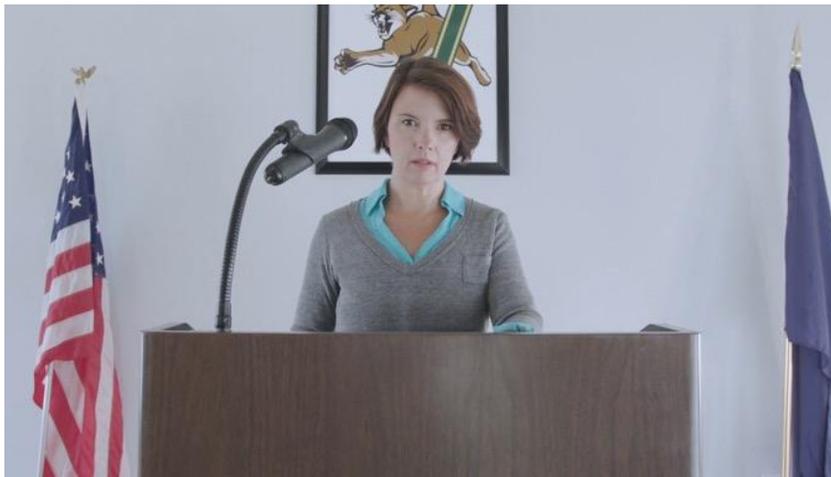
## Vermont's Comprehensive TCP components

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



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CounterBalanceVT.com



Vermont Department of Health

## 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)

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# 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=5AGoEWCRBbk>

<https://youtu.be/5AGoEWCRBbk>

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## PROVIDERS RESOURCES FOR YOU

We have compiled a number of easy to use tools and resources to help you support your patients in their effort to quit tobacco and e-cigarettes.

**A Brief Tobacco Intervention Tool: 2 A's & R and 5 A's**

If you think your patient is ready to take the next step in quitting, we have compiled a quick and easy guide to help you with a brief intervention. Remember, you are the most important resource to help your patient quit smoking.



### Guides and Information

 **Updated NRT Guidelines** Vermont Cessation Resources and Nicotine Replacement Therapy Support. Nicotine replacement therapy offerings for Vermont residents through 800Quit.

 **Clinical Practice Guidelines**

 **Combination Pharmacotherapy for Stopping Smoking**

- YOU**
- RESOURCES FOR YOUR PATIENT**
- WEBINARS**
- HELPFUL LINKS**
- VIDEOS**

**CPT Code Information**  
Streamline Vermont Medicaid Coverage with the proper CPT code. >

**Help Pregnant Smokers Quit**  
Visit the CDC's Virtual Clinic and get insight and guidance on how to talk with patients. >



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## 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

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## 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

### HELP BY PHONE

Call toll-free 1-800-QUIT-NOW to connect with a Quit Coach.

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## 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

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## 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"



Vermont Department of Health

## Contact

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## Spit It Out - Reaching Rural Populations in Nontraditional Ways

A Case Study Review of Tobacco Education and Cessation

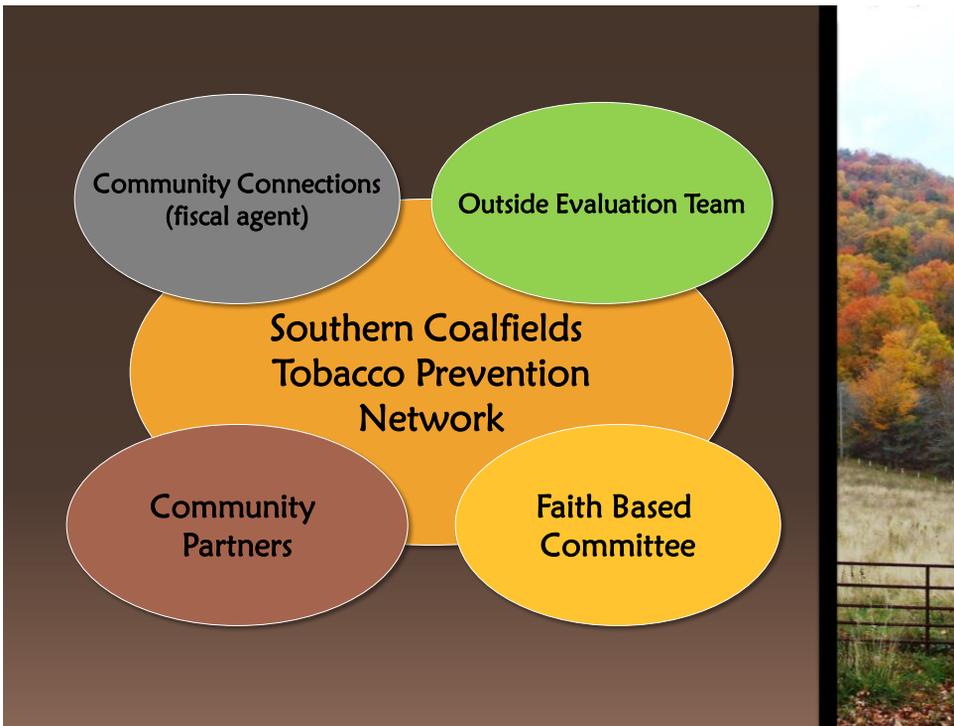


**Donald Reed Jr.**

*West Virginia University Extension Service*

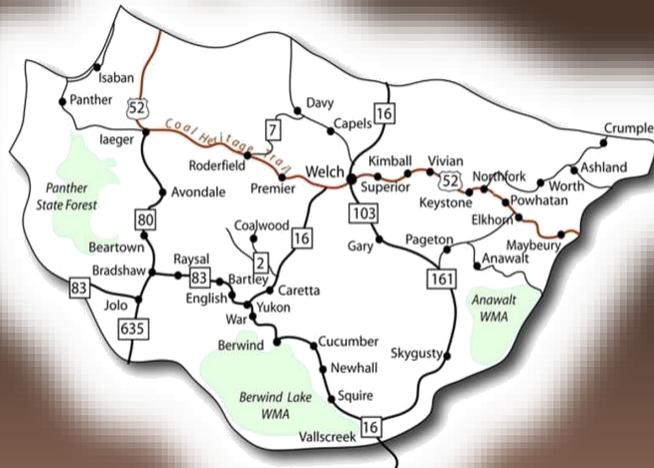


# Spit It Out- WV Video





## McDowell County, WV Needs Assessment



## McDowell County, WV

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:

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

## 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 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





## Preliminary Brooks Run Mining Data Results

- 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

	Percent Who Agreed or Strongly Agreed	
	Pre-Workshop	Post-Workshop
I want to quit using tobacco	89.5%	95.0%
I understand nicotine addiction	83.3%	85.0%
I understand the steps to quitting	33.3%	80.0%
I know how a body responds to nicotine withdrawal	57.9%	85.0%
I know about medications that can help me quit	47.4%	100.0%
I am confident I can stop using tobacco	52.6%	63.2%
I am confident I can control my urges to use tobacco	33.3%	45.0%
I know how to deal with the stress of quitting tobacco	10.5%	65.0%
My friends and family will support my efforts to quit	84.2%	90.0%

## 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 withdraw (100% increase).



## Media Components

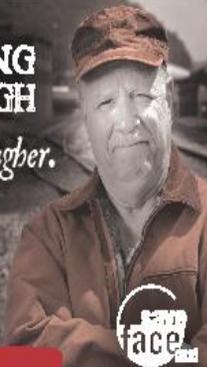
- WELC 102.9 FM
  - “Some Traditions Die Hard” Ads
  - RLD: “Save Face, Stop Spit Tobacco, Call 877-966-8784”
  - Point of Issue Radio Program
- Billboards/Banners
  - Blue-collar Workers
  - Coal Miner Billboard
- Direct Mail
  - 1000 Households in the small communities



# WELC 102.9 FM "The Voice of the Nation's Coal Bin"



**QUITTING**  
was **TOUGH**  
*but I'm tougher.*



*I took a stand.*

Contact the West Virginia Tobacco Quitline and quit today. The Quitline offers:

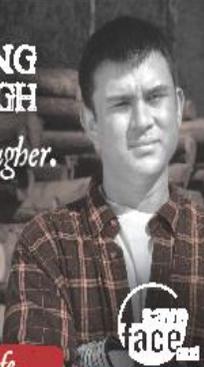
- A **FREE** or low-cost program with personal advice
- **FREE** educational materials
- Four **FREE** calls with a phone coach

Take a stand—call the Quitline today.

**THE WEST VIRGINIA TOBACCO QUITLINE**  
**1-877-800-0764**  
West Virginia Department of Health & Human Resources



**QUITTING**  
was **TOUGH**  
*but I'm tougher.*



*I quit—for my life.*

With strong support from the West Virginia Tobacco Quitline, you can quit for good. The Quitline offers:

- A **FREE** or low-cost program with personal advice
- **FREE** educational materials
- Four **FREE** calls with a phone coach

Take a stand—call the Quitline today.

**THE WEST VIRGINIA TOBACCO QUITLINE**  
**1-877-800-0764**  
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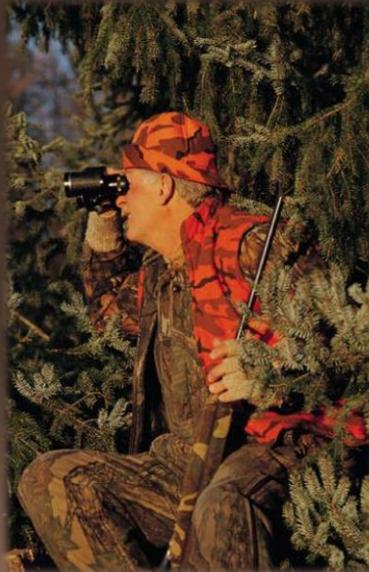




- 15,000 Bank Statement Stuffer at MCNB & Pioneer Community Banks
- A cost savings of \$6,300



## Hunter Education Courses



## Faith-Based Partnerships

- 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



Kimball Location



# 800 Families Served



# Faith-Based Volunteers



## Minor League Team Partnerships



## Cessation Attempts

- 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 use is the number one cause of preventable death in West Virginia. To help create a healthier workplace, S. Louisa and Two Rivers Power Plant property in Ross & Boone counties joined Valley Health regional quit tobacco prevention coordinator, is pictured with Linda McInerney, director of the Fossil-Bank, Quality Health, Linda and the local team are so much to our community - this is an awesome step to set the healthy example!



## Tobacco Control is a Local Issue



## Special Insights

- 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.



## Lessons Learned

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





**ex** re-learn life without cigarettes

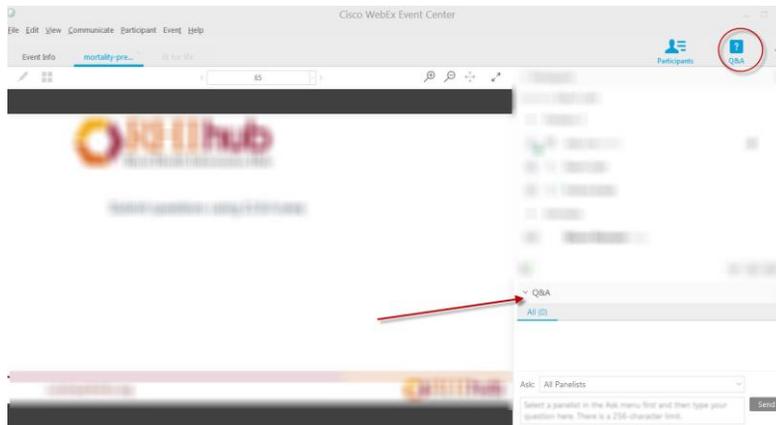
McDowell  
**HOPE**  
Coalition

Division of  
**TOBACCO PREVENTION**

West Virginia Department of Health and Human Resources  
Bureau for Public Health



## Questions?





- Contact us at [ruralhealthinfo.org](http://ruralhealthinfo.org) with any questions
- Please complete webinar survey
- Recording and transcript will be available on RHIhub website

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