National Organization of
State Offices of Rural Health

July 27, 2023

Comments – RFI on Draft 2023 Framework to Support and Accelerate Smoking Cessation

Introduction

On June 30, 2023, the Department of Health and Human Services released a Request for Information (RFI) on its *Draft 2023 Framework to Support and Accelerate Smoking Cessation*. In this communication, the National Organization of State Offices of Rural Health (NOSORH) provides input for that RFI. The comments provide a perspective on how the Framework could better address serious rural smoking-related health disparities. They also include specific recommendations about possible rural-focused provisions to be included in the Framework.

NOSORH was established in 1995 to assist State Offices of Rural Health (SORHs) in their efforts to improve access to, and the quality of, health care for over 60 million rural Americans. All 50 states have a SORH, and each SORH helps their state's rural communities to build effective health care delivery systems. NOSORH and its members work closely with rural providers nationwide, including Rural Health Clinics, Federally Qualified Health Centers, and rural hospitals. NOSORH brings its knowledge of rural health issues and the rural health system to the questions raised in this RFI.

Overview

NOSORH believes that the proposed Framework provides a basic schematic for improving smoking cessation activities in the nation. NOSORH finds that the proposed Framework's Goals are appropriate, and in particular, that the goal targeting the *elimination of disparities* is essential. This is a crucial health outcome that should be considered in the development of nationwide smoking cessation efforts.

NOSORH supports the other proposed Framework Goals, recognizing them as *process goals* needed to reduce smoking and tobacco use in the nation and to eliminate disparities. NOSORH similarly finds that the *broad strategies* identified for the Framework's Goals provide reasonable guidance for actions needed to make progress toward the Goals.

NOSORH feels that the Framework can best be implemented by emphasizing *targeted actions* designed to address several major disparities that currently exist. These targeted actions would focus attention on populations suffering the most from smoking related illness, disability, and mortality. NOSORH believes that targeted actions and supporting *data collection, program metrics and program performance benchmarking* can lead to significant progress in health improvement for these populations.

NOSORH would like to emphasize that smoking-related health disparities for rural and frontier populations are a significant and longstanding issue. NOSORH's subsequent RFI comments and recommendations address these disparities. NOSORH believes that it would be appropriate for the Framework to recognize rural disparities and include special strategies for addressing them.

Background

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Rural areas have higher smoking rates than urban areas, believed to be the result of the demographic and psychosocial factors that are typically associated with rural areas, such as lower income and education levels and higher unemployment. While urban populations have evidenced declining rates of smoking, rural populations have not experienced similar declines. Rural populations have higher age-adjusted death rates than urban areas, a disparity that can be attributed, in part, to tobacco use. See a review of studies related to these disparities here:

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6613179/

Other indicators provide evidence of important smoking-related disparities in rural and frontier populations:

- Rural residents are more likely to be exposed to secondhand smoke both at work and at home;
- Teenagers living in rural regions smoke more and at earlier ages than their urban peers;
- Patients living in rural areas have higher rates of smokeless tobacco use, particularly rural residents aged 26-49;
- Pregnant women who reside in rural areas are more likely to smoke than their urban counterparts; and
- Unemployed rural residents are more likely to smoke.

See a comprehensive review of this disparity data here:

https://www.apa.org/pi/health-equity/resources/smoking-rural-populations.pdf

This review suggests that the rural health disparities have resulted from aggressive marketing by the tobacco industry of products to rural populations. This includes marketing of cigarettes, smokeless tobacco products, and more recently, e-cigarette and vaping products. Historically, before Federal bans, tobacco companies were major sponsors of sporting events in rural areas, including rodeos and car racing. At the same time, access to smoking cessation services and supports for rural populations are substantially lower than for urban populations. Given this reality, it should come as no surprise that the American Lung Association identifies rural adults as the population most at risk for smoking-related disease and mortality:

https://www.lung.org/research/sotc/by-the-numbers/top-10-populations-affected

NOSORH has a particular concern about the increase in e-cigarette and vaping by rural adolescent and young adult populations. A recent study indicated that rural population use of e-cigarettes increased significantly between 2018 and 2019 – doubling from 6.7% of the rural population to 13.4%. An additional troubling finding was a substantial increase in the number of rural middle school students reporting e-cigarette use. This increase in use by the rural young sets the baseline for lifelong tobacco use and associated health problems. A summary of this study can be found at this link:

https://publications.aap.org/pediatrics/article/147/5/e2020020651/180807/Rural-Urban-Differences-in-Changes-and-Effects-of

NOSORH believes that the seriousness of the rural population smoking-related health disparities deserves special attention. NOSORH suggests that the special needs of this population should be referenced in the proposed Framework, and that activities targeted to this population be included among the broad strategies set out in the plan.

NOSORH's recommendations for rural-targeted strategies are delineated in the next section of these comments.

Recommendations

In this section of its comments NOSORH makes recommendations for *targeted actions* as well as suggested *metrics and benchmarks* to be included in the 2023 Framework to Support and Accelerate Smoking Cessation:

- **Recommendation – Special focus on rural populations:** NOSORH recommends that the Framework include reference to rural population smoking-related health disparities. NOSORH also recommends that the Framework highlight the need for special programs specifically targeting rural populations.

  NOSORH suggests that the Framework recognize that not all rural populations are the same and that the risks of rural smoking-related health problems differ:
  - between regions – with greater problems in areas that are tobacco producers,
  - among racial/ethnic minority populations, and
  - between types of rural areas – such as micropolitan and non-Core Based Statistical Areas.

  NOSORH's provides a separate recommendation below on the metrics and benchmarks needed for assessing special rural needs and evaluating the success of rural-focused initiatives.

- **Recommendation – Expanded engagement with rural health system**: NOSORH recommends that the Framework include specific reference to the need for expanded smoking cessation efforts within the rural health system. This should include the implementation of routine smoking cessation activities as part of screening, clinical protocols, and patient education.

  These efforts should involve all rural providers, including community health centers, private medical practices, school-based health centers, Rural Health Clinics, rural long-term care facilities, rural home health services, rural acute care hospitals, Rural Emergency Hospitals, and Critical Access Hospitals.

- **Recommendation – Expanded use of rural partners for smoking cessation outreach and education**: NOSORH recommends that the Framework include specific reference to the need to expand engagement of local rural partners for smoking cessation outreach and education. These partners could include rural:

  - Schools,
  - Rural public health agencies,
  - Houses of worship and faith-based organizations,
  - 4H, FFA, and county extension programs,
  - County fairs and rodeos,
  - Car racetracks, and
  - Merchants, including dollar stores, liquor stores, and convenience stores.

  NOSORH notes that some of these partners were formerly channels for tobacco marketing to rural populations. The use of the same channels for the social marketing of smoking prevention and cessation is a logical response.

- **Recommendation – Rural-specific data, program metrics and benchmarks**: NOSORH recommends that the Framework include direction for the development of rural-specific data, program metrics, and program performance benchmarks for smoking-related health and smoking cessation. This should include consideration of smoking-related standards such as those proposed by the National Quality Forum. NOSORH further recommends that rural data and measurements differentiate between different types of rural areas, different regions, and different racial/ethnic populations. This differentiation will permit finer targeting of rural smoking cessation initiatives.

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