

# Rural Tobacco Control and Prevention Toolkit



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# 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](#).



## [Module 1: Introduction](#)

Overview and description of unique challenges for tobacco control and prevention in rural communities in the U.S.



## [Module 2: Program Models](#)

Evidence-based and promising program models for tobacco control and prevention.



## [Module 3: Program Clearinghouse](#)

Examples of promising programs for tobacco control and prevention that have been implemented in rural communities.



## [Module 4: Implementation](#)

Important issues to consider and address when implementing a rural program for tobacco control and prevention.



## [Module 5: Evaluation](#)

Tools that can help with the evaluation of a tobacco control and prevention program.



## [Module 6: Funding & Sustainability](#)

Resources to help with planning for program sustainability in a rural community.



## [Module 7: Dissemination](#)

Ideas and resources for disseminating findings from tobacco control and prevention programs.

# Module 1: Introduction to Tobacco in Rural Communities



This module highlights the demographics of tobacco use in rural areas along with populations that may benefit from successful tobacco cessation efforts.

For general information on what to consider as you start your program, see [Creating a Program: Where to Begin](#) in the Rural Community Health Toolkit.

## In this module:

- [Tobacco Use in Rural Areas](#)
- [Rural Populations with High Rates of Tobacco Use](#)
- [The Master Settlement Agreement](#)
- [Barriers to Establishing Tobacco Control and Prevention Programs in Rural Communities](#)
- [National Tobacco Prevention and Control Resources](#)

## Tobacco Use in Rural Areas

Tobacco use is the [leading cause](#) of preventable mortality and morbidity in the United States and is responsible for over [400,000 deaths](#) each year. Smoking causes about [90% of all lung cancer deaths](#) in the United States. Those who smoke regularly are more likely than nonsmokers to develop heart disease, stroke, and lung cancer. About [50% of smokers](#) develop chronic obstructive pulmonary disease. On average, there is a [6.5 year loss in life expectancy](#) for smokers as compared to non-smokers.

As of 2015, tobacco has cost the nation approximately [\\$289 billion](#) in medical costs and productivity loss. Rural residency is associated with higher rates of smoking and smokeless tobacco use nationwide. Rural residency has also been linked to an earlier age of onset for smoking and a disproportionately high rate of smoking among [pregnant women](#).

## Cigarette Use

Overall, the prevalence of cigarette smoking is in decline among adults in the United States. However, adults in rural areas continue to smoke cigarettes more frequently than other individuals. Data from the National Survey on Drug Use and Health in 2021 indicate [cigarette use](#) was 20.3% among the general adult population and 28.9% among rural adults.

## Smokeless Tobacco

While the rate of smoking among Americans has [declined](#) from 20.9% of adults in 2005 to 14% of adults in 2017, smokeless tobacco use among rural adults has increased and remains higher in rural populations than in non-rural populations. [Smokeless tobacco](#) is any type of tobacco that is not burned. Common terms for this form of tobacco are chewing tobacco, spitting tobacco, dip, chew, and snuff.

In 2021, the prevalence of [smokeless tobacco use](#) was 3.7% among American adults and 7.5% among rural adults (an increase from 7.1% in 2012). Rural youth in nonmetropolitan areas also [use smokeless tobacco at higher rates](#) (4.4%) than youth in metropolitan (1.2%) and small metropolitan (2.4%) areas.

## Electronic Cigarettes

Also known as electronic nicotine delivery systems (ENDS), e-cigarettes are a relatively new method for nicotine delivery. Data from the [HealthStyles Survey](#) found that between 2010 and 2013, the percentage of adults who had used an e-cigarette at least once rose from 3.3% to 8.5% and the percentage of adults aware of e-cigarettes almost doubled from 40.9% to 79.7%.

E-cigarettes have been promoted as [safer alternatives](#) to traditional cigarettes or as smoking cessation aids. However, while these products do not produce smoke, they do expose others to

secondhand emissions. ENDS also contain nicotine, a [highly addictive drug](#) that can lead to negative birth outcomes and is shown to [increase adolescents' risk](#) of developing mental and behavioral disorders later in life. There has also been recent evidence of increased [poisonings](#) in both users and non-users resulting from the ingestion of the liquid nicotine, absorption through the skin, and inhalation.

## **Secondhand Smoke**

The Centers for Disease Control and Prevention (CDC) defines [secondhand smoke](#) as “smoke from burning tobacco products.” Common sources of secondhand smoke are cigarettes and cigars. Tobacco smoke contains several toxic chemicals that are linked to [cancer](#). Among children, [exposure to secondhand smoke](#) may lead to sudden infant death syndrome (SIDS), ear infections, asthma attacks, and other respiratory symptoms and infections. Secondhand smoke exposure also has profound impacts on adults. For nonsmokers, breathing secondhand smoke can increase the likelihood of [developing heart disease and lung cancer](#), as well as having a heart attack or stroke.

Children who live in rural communities are more likely to live in a house with a smoker, and may consequently have a higher risk of secondhand smoke exposure than children who live in other areas. The [National Survey of Children's Health](#) reports that while 24.4% of children in urban areas live with a smoker, 33.1% of children in large rural areas and 35% of children in small rural areas live with a smoker. The survey also found that rural residents are more likely to allow smoking in the presence of their children in comparison to urban areas.

## **Resources to Learn More**

### [The 2014 Update of the Rural-Urban Chartbook](#)

Document

This chartbook includes demographics and statistics on various health-related topics, including rates of cigarette use in rural and urban areas and risk factors.

Author(s): Meit, M., Knudson, A., Gilbert, T., Tzy-Chi Yu, A., Tanenbaum, E., Ormson, E., TenBroeck, S., Bayne, A., & Popat, S.

Organization(s): Rural Health Reform Policy Research Center

Date: 10/2014

### [Combustible and Smokeless Tobacco Use Among High School Athletes – United States, 2001-2013](#)

Document

Reports recent YRBSS findings related to increased smokeless tobacco use among high school athletes and discusses possible reasons for the increased rates.

Author(s): Agaku, I.K., Singh, T., Everett Jones, S., King, B.A., Jamal, A., Neff, L., & Caraballo, R.S.

Citation: Morbidity and Mortality Weekly Report (MMWR), 64(34), 935-939

Date: 9/2015

### Culture in Evaluation #2: Rural - Tobacco Control Evaluation with Rural Populations

#### Document

This brief provides an overview of cultural competency when working with issues of tobacco control among rural populations.

Author(s): Treiber, J. & Satterlund, T.

Organization(s): Tobacco Control Evaluation Center

Date: 2010

### Current Cigarette Smoking Among Adults – United States, 2005-2014

#### Document

Summarizes findings from the 2014 National Health Interview Survey (NHIS) related to prevalence of cigarette smoking among adults in the United States as well as prevalence by age, race, education, poverty status, health insurance coverage, disability, and sexual orientation.

Author(s): Jamal, A., Homa, D., O'Connor, E., Babb, S.D., Caraballo, R.S., Singh, T., Hu, S.S., & King, B.A.

Citation: Morbidity and Mortality Weekly Report (MMWR), 64 (44), 1233-1240

Date: 11/2015

### DrugFacts: Electronic Cigarettes (E-Cigarettes)

#### Document

This fact sheet answers questions about how e-cigarettes work, their safety, and their effectiveness as a smoking cessation aid.

Organization(s): National Institute on Drug Abuse

Date: 5/2016

### E-Cigarettes: A Review of the Literature

#### Document

This summary of peer-reviewed literature about e-cigarettes provides an overall introduction to cigarettes and discusses secondhand aerosol, marketing, dual use with tobacco, tobacco cessation, harm reduction, and policy recommendations.

Author(s): Bushore, C. & Pizacani, B.

Organization(s): Alaska Department of Health and Human Services

Date: 1/2015

### The Health Consequences of Smoking – 50 Years of Progress. A Report of the Surgeon General

#### Document

This comprehensive report provides a history of tobacco use in the United States for the past 50 years.

Organization(s): U.S. Department of Health and Human Services

Date: 2014



Notes from the Field: Calls to Poison Centers for Exposures to Electronic Cigarettes – United States, September 2010 – February 2014

Document

Analyzes the number of calls involving e-cigarettes to poison centers with regard to age and exposure.

Author(s): Chatham-Stephens, K., Law, R., Taylor, E., Melstrom, P., Bunnell, R., Wang, B., Apelberg, B., & Schier, J.G.

Citation: Morbidity and Mortality Weekly Report (MMWR), 63 (13), 292-293

Date: 4/2014

State-Specific Prevalence of Current Cigarette Smoking and Smokeless Tobacco Use Among Adults Aged ≥18 Years – United States, 2011–2013

Document

Summarizes findings from the Behavioral Risk Factor Surveillance System (BRFSS) related to adults tobacco use by state.

Author(s): Nguyen, K., Marshall, L., Hu, S., & Neff, L.

Citation: Morbidity and Mortality Weekly Report (MMWR), 64 (19), 532-536

Date: 5/2015

Statement on E-Cigarettes

Document

This position statement from the American Lung Association provides a brief overview of early research related to the components of e-cigarettes and the effects of nicotine.

Organization(s): American Lung Association

Date: 3/2015

Supporting Regulation of Electronic Cigarettes

Document

This policy statement from the American Public Health Association discusses e-cigarettes in terms of secondhand exposure, children and youth, cessation research, and advertising and marketing. The statement also lists action steps for organizations to take in addressing the issue.

Organization(s): American Public Health Association

Date: 11/2014

### Tobacco Use in Rural America

#### Document

This chapter of *Rural Healthy People 2020, Volume 1* discusses the scope of tobacco use in rural areas as it relates to the Health People 2020 objectives. The chapter discusses tobacco use differences by ethnicity, barriers, and proposed interventions.

Author(s): Geletko, K. & Bellamy, G.

Organization(s): Texas A&M University Health Science Center, School of Public Health, Southwest Rural Health Research Center

Date: 2015

### Trends in Awareness and Use of Electronic Cigarettes among U.S. Adults, 2010-2013

#### Document

This article reviews data from the 2010-2013 HealthStyles Survey, describing emerging trends in the use of electronic cigarettes among adults in the U.S.

Author(s): King, B.A., Patel, R., Nguyen, K.H., & Dube, S.R.

Citation: *Nicotine and Tobacco Research*, 17 (2), 219-227

Date: 2/2015

### Urban and Rural Disparities in Tobacco Use

#### Presentation Slides

This presentation from the 2012 National Conference on Health Statistics explores significant predictors of tobacco use among rural and urban areas and determines areas where programs and advocacy could be useful.

Author(s): Shan, M., Jump, Z., & Lancet, E.

Organization(s): American Lung Association

Date: 8/2012

## Rural Populations with High Rates of Tobacco Use

While all populations are negatively impacted by tobacco, several population groups have particularly high rates of tobacco use and may benefit from tobacco prevention and control programs.

### African American Populations

Research indicates that while African American populations take up smoking later in life, they still suffer from [more smoking-related diseases](#) when compared to White populations. Based on the 2021 National Survey on Drug Use and Health, [24.8%](#) of Black or African American adults aged 18 years or older reported use of any tobacco product in the past month, compared to 23.1% of White adults.

Peer influences and parents are two [social factors](#) that appear to have a significant impact on rural African American children who take an interest in smoking. In addition, media advertisements may play a large role in the smoking activity of rural African Americans. Studies show that some media venues aggressively target the [marketing of menthol cigarettes](#) within African American communities. Factors such as social support, employment, and private health insurance may also be significant factors that affect smoking cessation within rural African American communities. Despite more quit attempts, African Americans have [lower success rates](#) of smoking cessation than Latino and White cigarette smokers. Lower rates of [utilization of cessation treatments](#) such as counseling and medication may contribute to the limited success of quit attempts among African Americans.

### American Indian/Alaska Native Populations

Research indicates that smoking rates are highest among American Indian/Alaska Native populations. In 2021, [35.6%](#) of American Indian or Alaska Native persons aged 18 years or older reported tobacco product use (cigarettes, smokeless tobacco, cigars, or pipe tobacco) in the past year. When discussing smoking rates among this community, it is important to note the distinction between commercial and traditional tobacco use due to possible tobacco use for ceremonial, religious, traditional, or medicinal purposes within the American Indian/Alaska Native population. See [Module 4: Implementation Considerations](#) for additional information about tobacco use among American Indian/Alaska Native populations.

### Asian Americans, Pacific Islanders, and Native Hawaiians

Among racial and ethnic minority groups, Asian American, Pacific Islanders, and Native Hawaiians report the [lowest use](#) of cigarettes. However, there is wide variation in the prevalence of tobacco use among subgroups of Asian Americans/ Pacific Islanders/Native Hawaiians. Based on data from the 2019 [National Survey on Drug Use and Health](#), 20.9% of

Native Hawaiian/Pacific Islander adults aged 18 or older used tobacco in the past month, compared to 10.3% of Asian Americans. Among Asian Americans, cigarette use may vary significantly among specific populations. One Centers for Disease Control and Prevention (CDC) study found that between 2002 and 2005, [past-month cigarette use](#) among Asian Americans ranged from 8.8% among Chinese respondents to 26.6% among Korean respondents.

Tobacco use affects health outcomes among Asian Americans, Native Hawaiians, and Pacific Islanders. Among this population, cancer is the [leading cause of death](#) and lung cancer is the leading cause of cancer death.

## **Hispanic and Latino Populations**

Similar to Asian American and Pacific Islander populations, there are variations in the prevalence of tobacco use among Hispanic and Latino subgroups. One CDC study found that between 2002 and 2005, [past month cigarette use](#) among Central or South American populations was 20.2%, compared to 31.5% among Puerto Rican populations.

Tobacco use is also known to contribute to the development of cancer and heart disease, the [top two leading causes](#) of death among Hispanic and Latino populations. The [majority of cancer deaths](#) among Hispanic men are due to lung cancer, which is also the second leading cause of cancer death among Hispanic women.

## **Lesbian, Gay, Bisexual, and Transgender Persons**

According to the [2014 National Health Interview Survey](#), lesbian, gay, and bisexual (LGB) individuals are more likely to use cigarettes daily than heterosexual individuals (23.9% versus 16.6%). LGB individuals may also have limited access to healthcare resources that could aid in tobacco cessation. For example, LGB and transgender individuals are [less likely](#) to be insured than heterosexual individuals and may feel uncomfortable about seeking healthcare in rural areas due to [perceived stigmas](#). While the [CDC reports](#) that there is little available information about tobacco use among individuals who are transgender, researchers believe that individuals who are transgender may be at risk for high levels of cigarette smoking. This may be due to a high prevalence of conditions that are associated with smoking among individuals who are transgender, including substance use disorder and depression.

## **People of Low Socioeconomic Status**

[Poverty and low educational attainment](#) are associated with higher rates of cigarette use. For example, among adults with only a GED certificate, [smoking prevalence](#) was approximately 43% in 2014, compared to 16.8% among all adults. Data also indicates that individuals living in poverty smoke cigarettes for a [longer duration](#) than those who are three times above the poverty level.

According to 2018-2022 data from the American Community Survey (ACS), the [poverty rate](#) was 12.5% nationwide but 15.2% in micropolitan areas and 15.7% in nonmetropolitan areas. Also according to ACS 2018-2022 data, [educational attainment](#) of people living in nonmetro and micropolitan areas lagged, with 34.3% of people 25 and older having a bachelor's degree or higher nationwide, compared to 23.1% in micropolitan and 19.3% in nonmetro areas.

The greater use of tobacco among those of lower socioeconomic status has profound impacts on tobacco-related disease incidence. Findings suggest that, among cigarette smokers, [individuals with lower incomes](#) are more likely to be affected by diseases caused by smoking and less likely to have successful quit attempts than individuals of higher socioeconomic status.

## **Adults with Mental Illness and Substance Use Disorders**

[Mental illness](#) and substance use disorders are often comorbid with tobacco use. [Nearly one in five](#) rural adults 18 and older report experiencing any mental illness, compared to 17.8% of urban adults. For example, research indicates that as many as 70-85% of [patients with schizophrenia](#) smoke cigarettes. The 2013 National Survey on Drug Use and Health found that those with mental illness and substance use disorders were responsible for [40%](#) of all the cigarettes smoked by the sample of adults.

## **Children and Youth**

Data indicate that 37.4% of rural adolescents smoke on a daily basis. Research has shown that a larger percentage of [adolescents in rural areas](#) smoke cigarettes than youth in urban areas (9% versus 5.6% in 2012) and that rural youth typically start using tobacco at an earlier age than urban youth. Children in rural areas who experimented with tobacco at an early age are more likely to become regular smokers. Therefore, preventing children from smoking is critical.

## **Pregnant Women**

Women in rural areas are more likely to smoke during their pregnancies than those living in urban communities. According to the American Lung Association, 27.4% of pregnant women in rural communities smoke throughout the duration of their pregnancy. In comparison, only 11.2% of pregnant women in urban communities report smoking during this time frame. This disparity may affect health outcomes for children in rural areas, as pregnant women who smoke are [more likely](#) to have children born with a low birthweight, impaired physical and mental development, and other birth defects and behavioral disorders. Sudden Infant Death Syndrome (SIDS) is also associated with maternal prenatal smoking.

## **Veterans**

Veterans in rural areas are disproportionately high users of tobacco products. One study by the Department of Veteran's Affairs (VA) found that [rural veterans](#) were more likely to report a

lifetime history of cigarette use, current cigarette use, and a lifetime history of smokeless tobacco use than veterans living in urban or suburban areas. Another study by the VA also found that rural veterans were [regularly exposed](#) to harmful environmental tobacco smoke. Veterans in rural areas were more likely to report that someone at home and at work smoked in their presence in the past week than veterans in suburban areas.

## Working Adults

The National Institute for Occupational Safety and Health recommends that [employers take actions](#) to eliminate tobacco use in the workplace and ensure that tobacco cessation programs are available to workers. Tobacco use among working adults is a problem that varies by industry. According to the CDC, the [age-adjusted cigarette smoking prevalence](#) among working adults ranged from 9.7% in education services to 30.0% in mining. As of July 2017, [24 states](#) have enacted smoke-free laws restricting tobacco smoking in non-hospitality workplaces, restaurants, and bars. The American Lung Association has created a [comprehensive toolkit](#) to assist employers in developing and implementing work place policies to promote a tobacco-free environment.

## Resources to Learn More

### [African American People and Commercial Tobacco: Health Disparities and Ways to Advance Health Equity](#)

Website

Access to important statistics, references, and resources regarding tobacco use and prevalence among African Americans.

Organization(s): Centers for Disease Control and Prevention

### [American Indian and Alaska Native People and Commercial Tobacco: Health Disparities and Ways to Advance Health Equity](#)

Website

Access to important statistics, references, and resources regarding tobacco use and prevalence among the American Indian/Alaska Native populations.

Organization(s): Centers for Disease Control and Prevention

### [Veterans' Environmental Tobacco Smoke \(ETS\) Exposure](#)

Document

Provides insight regarding veterans' exposure to secondhand smoke.

Author(s): Vander Weg, M., & Cunningham, C.

Organization(s): Veterans Rural Health Resource Center - Central Region, U.S. Department of Veterans Affairs

Date: 2011

## The Master Settlement Agreement (MSA)

As evidence of the harmful effects of tobacco use mounted in the 1990s, states began filing lawsuits against tobacco companies that were responsible for manufacturing and marketing cigarettes. The plaintiffs sought payment for damages related to the effects of smoking and costs associated with treating tobacco-related illnesses within state healthcare systems. In 1998, 46 states and six U.S. jurisdictions agreed to the terms of the [Master Settlement Agreement](#) (MSA) with the leading cigarette manufacturers in the U.S. The MSA requires major tobacco companies to make annual payments to state governments that can help cover [current and future costs](#) of treating individuals for tobacco-related illnesses.

The MSA also [places restrictions](#) on tobacco manufacturers related to advertising tobacco and suppressing negative information about tobacco use. In addition, the MSA established the American Legacy Foundation (now known as the [Truth Initiative](#)) in order to promote tobacco cessation and prevent initiation of tobacco use among teens.

While the MSA was negotiated in response to the costs of treating tobacco-related illnesses, it [does not require](#) states to use the funds to implement and maintain tobacco prevention and control activities. The [Public Health Law Center](#) reports that in 2015, only 1.9% of the \$25.6 billion that states received from the MSA were reserved for tobacco control programs.

# Barriers to Establishing Tobacco Prevention and Control Programs in Rural Communities

This section provides an overview of barriers to establishing tobacco prevention and control programs in rural communities.

## Access to Tobacco Cessation Services

Studies have shown that brief tobacco cessation counseling sessions can have a significant impact on influencing individuals to quit smoking. However, rural community members may face [barriers in accessing healthcare services](#) that are designed to help them quit tobacco use. For example, patients may have to travel long distances to receive in-person cessation services. In addition, while practitioners may advise their patients to quit smoking, they may [not always provide resources](#) that help ensure successful tobacco cessation (for example, referrals to counseling or access to low-cost nicotine replacement therapy). Inadequate health insurance coverage or high out-of-pocket costs may also deter rural individuals from accessing or seeking tobacco cessation services.

## Social Attitudes and Personal Beliefs

Tobacco use is deeply embedded in the social environment of many rural communities. Youth are likely to be surrounded by tobacco-using role models and unlikely to receive anti-tobacco messages through available media channels. Rural community members may also be more likely to perceive anti-tobacco policies as a violation of their individual rights or their personal freedoms. The tobacco industry has capitalized on this argument by establishing an image of rugged individualism that is associated with tobacco use.

## Tobacco-Free Policies

Rural communities may face [barriers](#) to enacting tobacco-free policies. State and local governments in rural areas have been less likely to enact policies that have successfully reduced tobacco use in other areas. For example, [policymakers](#) in rural areas are less likely to increase excise taxes or eliminate exposure to secondhand smoke in the workplace or other publicly frequented areas. In addition, rural schools are much less likely to have tobacco-free campus policies. A study found that only [28%](#) of schools in Kentucky reported adhering to a 100% tobacco-free policy.

Additionally, local businesses may have concerns about the economic impacts of smoke-free policies. For example, one study found that some [business owners involved in tourism](#) feared that visitors from areas with fewer smoke-free policies would not return. Restaurant and bar owners may also view smoke-free policies as detrimental to business revenue.



## Media

Anti-tobacco media campaigns that advertise the dangers of tobacco use and expose the deceptive marketing tactics of tobacco companies can effectively decrease tobacco use and initiation. However, many of these mass media campaigns are broadcast in metropolitan areas and may not have a large presence in rural communities.

## National Tobacco Prevention and Control Resources

Several federal agencies provide resources for and information about tobacco cessation and prevention. Rural communities may benefit from these free materials when implementing their own tobacco cessation and prevention activities.

### [Be Tobacco Free](#)

Be Tobacco Free provides information about tobacco prevention and cessation from various HHS operating and staff divisions.

Organization(s): U.S. Department of Health & Human Services

### [1-800-QUIT NOW](#)

This national toll-free number connects callers to their state-based quit lines.

Organization(s): U.S. Department of Health & Human Services

### [Smokefree.gov](#)

Smokefree.gov provides key resources and tools for tobacco cessation. The program offers [SmokefreeTXT](#), a text messaging service that motivates and encourages users in their attempt to quit tobacco. [SmokefreeMOM](#) is a text messaging service for pregnant women seeking to quit smoking. The National Cancer Institute also offers tailored programs for specific groups of tobacco users, including [SmokefreeVET](#), [SmokefreeWomen](#), [SmokefreeTeen](#), and [SmokefreeEspañol](#).

Organization(s): National Cancer Institute, National Institutes of Health

### [How to Quit Smoking](#)

Provides several important resources for tobacco users seeking to quit and communities that want to support tobacco users in their efforts to quit. The [Tips from Former Smokers](#) campaign also has a helpful [How to Quit Smoking](#) for current tobacco users.

Organization(s): Centers for Disease Control and Prevention

### [Tobacco Free Living](#)

The U.S. Surgeon General has published a series of reports on tobacco use and health.

Organization(s): U.S. Surgeon General

### [Want to Quit Smoking? FDA-Approved Products Can Help](#)

This page provides an overview of FDA-approved tobacco cessation products.

Organization(s): U.S. Food and Drug Administration

### [Treating Tobacco Use and Dependence: 2008 Update](#)

The Public Health Service sponsored this update to the Clinical Practice Guideline, which describes clinically effective treatments for tobacco dependence.

Organization(s): Agency for Healthcare Research and Quality

## Module 2: Evidence-Based and Promising Tobacco Control and Prevention Program Models

### Program Models



Rural communities are implementing different types of program models to prevent tobacco initiation and control tobacco. Implementing a rural tobacco prevention and control program involves careful planning, buy-in, and commitment from partners at all levels. The most appropriate program model may depend on the rural community's needs, the target population, available funding, and community characteristics.

This toolkit describes 14 evidence-based and promising program models for tobacco prevention and control, organized by implementation setting:

- [Models for State and Local Governments](#)
- [Models for Communities](#)
- [Models for Worksites](#)
- [Models for Healthcare Providers](#)
- [Models for Schools](#)

Rural programs may choose to implement multiple tobacco prevention and control models. Many rural programs combine different evidence-based and promising models and implement more than one model at the same time to meet their needs.

To learn how identify and adapt interventions, see [Developing a Rural Community Health Program](#) in the Rural Community Health Toolkit.

## Models for State and Local Governments

State and local governments are implementing programs that range from single interventions to multi-component interventions to control and prevent tobacco use. Models for state and local governments include policies, regulations, quitline interventions, and comprehensive tobacco control programs.

### Models in this section:

- [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 of Legal Access to Tobacco Products](#)

## Comprehensive Tobacco Control Programs

Comprehensive tobacco control programs are wide-reaching, coordinated efforts to prevent and reduce the use of tobacco. The Centers for Disease Control and Prevention (CDC) describes key components of comprehensive tobacco control programs including [state and community-level interventions](#), [mass-reach health communications interventions](#), and [cessation interventions](#).

Comprehensive tobacco control programs have been effective in increasing tobacco cessation and decreasing the prevalence of tobacco use and the incidence of tobacco-related diseases. This model is recommended by the [Guide to Community Preventive Services](#).

The CDC developed [Best Practices for Comprehensive Tobacco Control Programs](#), a resource for communities implementing this model. CDC lists the following goals for a comprehensive tobacco control program:

- “Prevent initiation among youth and young adults.
- Promote quitting among adults and youth.
- Eliminate exposure to secondhand smoke.
- Identify and eliminate tobacco-related disparities among population groups.”

Communities seeking to design a comprehensive tobacco control program may need to consider implementing the following components:

- **Community programs.** While comprehensive tobacco control programs are often managed at the state level, they require strong support at the community level in order to reach individuals in rural settings. Community engagement is essential to supporting tobacco-free norms and making meaningful changes to the way that tobacco is marketed and sold in local jurisdictions.
- **Advocacy and policy changes.** Program planners may need to advocate for policy changes in order to achieve the goals of a comprehensive tobacco control program. This could include smoke-free policies in schools, businesses, and other organizations or taxes on cigarette sales.
- **Cessation programs.** In order to promote quitting among adults and youth, program planners should incorporate cessation activities into their comprehensive program. This could involve working with insurers to increase coverage of cessation services and nicotine replacement therapies, working with healthcare organizations to ensure that physicians are conducting screenings and providing counseling for tobacco use, and referring tobacco users to a quitline.
- **Mass-reach communications campaigns.** Communications campaigns may focus on a wide-range of tobacco-related issues, including preventing initiation of tobacco

products, promoting quitting among active users, and educating users about the importance of screening for tobacco-related diseases.

- **School-based programs.** School-based programs ensure that children and young adults receive anti-tobacco messaging, education about the risks of tobacco use, and information about tobacco cessation.
- **Point of retail sale and enforcement programs.** These programs may focus on stopping the sale of tobacco in certain businesses, such as pharmacies, and enforcing existing laws that prohibit the sale of tobacco to minors.
- **Surveillance and evaluation programs.** The CDC states that surveillance and evaluation are critical components of a comprehensive tobacco control program. These activities will help program planners determine whether the program is achieving its goals.

## Examples of Comprehensive Tobacco Control Programs

- **Baby & Me - Tobacco Free Program** addresses the need to reduce smoking among pregnant women. The Chautauqua County Department of Health provided Baby & Me – Tobacco Free to pregnant women in Chautauqua County, New York and two other rural counties, Cattaraugus and Allegany. The Chautauqua County Coordinator partnered with the New York State Tobacco Control program in order to offer this program to 17 other New York State counties.
- **Tobacco Free Florida** is a comprehensive tobacco education and prevention program that is administered by the Florida Department of Health's Bureau of Tobacco Free Florida. The state program provides funding to counties to implement evidence-based practices from the [Guide to Community Preventive Services](#) and the CDC's [Best Practices for Comprehensive Tobacco Control Programs](#).

The health departments in [rural Jefferson and Madison County](#) in Florida elected to implement community mobilization interventions (which involved establishing community-wide advisory committees); developed policies to increase the price of tobacco products and require that retailers move tobacco products behind the counter; and developed mass anti-tobacco media campaigns directed at teens and adults.

- **Montana Tobacco Use Prevention Program (MTUPP)** has implemented programs to reduce tobacco use in Montana. These include an [American Indian Commercial Tobacco Quit Line](#) where American Indian populations can connect with Native Coaches and receive cessation counseling, the [Montana Tobacco Retail Mapper](#) that provides information about point-of-sale strategies that retailers use to advertise tobacco and maps the distance between schools and tobacco retailers, and a partnership with the Montana High School Rodeo Association to promote tobacco-free rodeo events. MTUPP has a [YouTube page](#) with videos that describe its programs and anti-tobacco advertising.

- [California Tobacco Control Program](#) has a long history of success utilizing several different types of initiatives to achieve their goals. These include the [Tobacco Tax and Health Protection Act](#) which allocated 20% of the tobacco tax to go towards funding tobacco control efforts. Other programs include a statewide media campaign bringing awareness to deceptive marketing strategies used by tobacco companies, local prevention programs targeting specific demographics, and a data-driven surveillance and evaluation component.

## Considerations for Implementation

Comprehensive tobacco control programs **require substantial funding** to carry out program activities. [The Community Guide](#) states that “increases in program funding are associated with increases in program effectiveness.” The CDC describes [the minimum and recommended funding levels](#) for comprehensive tobacco control programs in Best Practices for Comprehensive Tobacco Control Programs. The minimum level describes the amount required to allow a state to fund and sustain a program (\$2.3 billion across all states), while the recommended level also accounts for funds needed to attain resources that will have the greatest impact on reducing the use of tobacco (\$3.3 billion across all states). For information about funding individual tobacco control and prevention programs, see [Module 5](#).

Due to their wide-reaching and comprehensive scope, comprehensive tobacco control programs **require extensive collaborations** with partners at the state, community, and local level. Depending on the focus of the program, communities may need to form partnerships with national research organizations, business owners, schools, advocacy groups, local and state health departments, healthcare providers, and media organizations. Coalition building across sectors is particularly important when trying to create policy changes.

## Program Clearinghouse Examples

- [Alaska Tobacco Prevention and Control Program](#)
- [Vermont Department of Health Tobacco Control Program](#)

## Resources to Learn More

### [Texas Tobacco Prevention Pilot Initiative: Processes and Effects](#)

Document

This article describes a study on the effects of an anti-smoking comprehensive community program and media campaign on teen tobacco use and attitudes toward smoking.

Author(s): Meshack, A.F., Hu, S., Pallonen U.E., McAlister, A.L., Gottlieb, N. & Huang, P.

Citation: Health Education Research, 19(6), 657-68

Date: 6/2004

## Quitline Interventions

Quitlines are toll-free telephone numbers staffed by counselors that provide or refer callers to tobacco cessation services. Quitlines are often implemented at the state level and some states offer community-based quitlines or refer callers to community resources. [Quitlines are effective in increasing tobacco cessation](#) among interested participants and recommended by the Community Preventive Services Task Force (CPSTF).

The Community Guide notes that three interventions are successful in increasing the use of quitlines:

- **Promotion through mass-reach health communications campaigns.** Rural communities often promote quitlines through mass-reach tobacco cessation media campaigns. For example, the [Alaska Tobacco Quitline](#) has developed [several videos that advertise their services](#), including messages from Quit Coaches and tobacco prevention ads that encourage users to call the quitline.
- **Provision of tobacco cessation medications, such as nicotine-replacement therapies.** Several quitlines provide tobacco cessation medications at no or reduced cost to clients in rural communities. For example, the [Nevada Tobacco Quitline](#) offers free nicotine replacement therapy, including nicotine patches, gum, and lozenges, to eligible callers. [802Quits](#), the tobacco cessation service offered by the Vermont Department of Health Tobacco Control Program, mails free nicotine replacement therapies to eligible callers. The North American Quitline Consortium lists all the state quitlines that offer [free and discounted cessation medication](#).
- **Referral interventions for healthcare providers and organizations.** The majority of state quitlines, including [Colorado](#) and [New York](#), have developed fax-to-quit referral forms for providers. Many also provide e-referral services that allow providers to complete an online form. The North American Quitline Consortium has [developed a map](#) that provides a quitline profile for each state, which lists information about their provider referral programs.

## Examples of Quitline Interventions

- Several states, including Alabama, Arkansas, Colorado, Michigan, Nevada, Montana, Pennsylvania, and Wyoming, offer American Indians/Native Americans access to tailored tobacco cessation services through the [American Indian Commercial Tobacco Program](#). This program features a quitline where callers receive tobacco cessation counseling from American Indian/Alaska Native coaches. Eligible callers can also receive free nicotine patches, gum, or lozenges.
- [North American Quitline Consortium](#) provides information about quitlines across the United States, including quitline webpages and contact information for program coordinators.



- **Helping Alaskans Quit** is a training that describes [Alaska's Tobacco Quit Line](#). It also focuses on the brief tobacco intervention, shows provider demonstrations, and offers information about referral resources. The training shows video demonstrations of the brief tobacco intervention delivered in different types of healthcare settings by the family practice provider, substance abuse counselor, inpatient treatment provider, dentist, [community health aide](#), and pharmacist. The training also includes information about the pharmacotherapy options available for people who use tobacco.

## Considerations for Implementation

State quitlines may need to offer training on community-specific **cultural factors** that affect tobacco use. In addition, some state quitlines, like the [Hawaii Tobacco Quitline](#), also promote community quitlines and cessation services for tobacco users who prefer to use a local program.

While many quitlines offer a **fax-to-quit** referral program, this system may pose barriers for providers who do not have sufficient time to complete paper referrals. **E-referrals** using electronic health records can help to address this barrier and [increase the rate of referrals](#). For example, the [Indiana Rural Health Association](#) used a grant from the Indiana State Department of Health to implement a health information exchange technology platform in rural hospitals and clinics that enables primary care providers to refer their patients to the state's tobacco quitline. The North American Quitline Consortium offers a [comprehensive guide](#) for healthcare providers and systems that are seeking to implement e-referrals using electronic health records.

## Program Clearinghouse Examples

- [Alaska Tobacco Prevention and Control Program](#)
- [Vermont Department of Health Tobacco Control Program](#)

## Resources to Learn More

### [Guide for Implementing eReferral Using Certified EHRs](#)

Document

This guide provides recommendations to healthcare systems about implementing e-referrals to tobacco cessation services, especially quitlines, through electronic health records.

Organization(s): North American Quitline Consortium

Date: 9/2015

### The North American Quitline Consortium

#### Website

The North American Quitline Consortium (NAQC) is a crucial resource for state governments. The Centers for Disease Control and Prevention funds NAQC to provide technical assistance to state tobacco control programs in order to help improve the scope and sustainability of their quitlines.

## Interventions to Increase the Unit Price for Tobacco Products

The Guide to Community Preventive Services reports that [increasing the unit price of tobacco products](#) increases the number of people who stop using tobacco, reduces the amount of tobacco used, and reduces the use of tobacco among adolescents and young adults. Evidence also suggests that this intervention may reduce tobacco-related disparities by income, race, and ethnic group. [Healthy People 2030 Tobacco Use objectives](#) include a combined federal and state excise tax increase of at least \$2.60 for cigarettes.

Governments can increase the cost of tobacco products by means of taxation, which can be earmarked for specific public use spending. In 2015, the [average excise tax](#) per pack of cigarettes across all states was \$1.60. In addition to state tax laws, local tax laws at the city level can also add a significant cost per pack of cigarettes. However, some states prohibit local cigarette taxes or may limit the maximum tax rates.

### Examples of Programs that Increase Taxation

- The [Raise it for Health-ND Coalition](#), which included over 40 different businesses and healthcare organizations, aimed to raise the state's tobacco tax during the 2015 North Dakota legislative session. North Dakota's tobacco tax is currently one of the lowest in the nation at \$0.44 per pack. The coalition, led by [Tobacco Free North Dakota](#) and the state's [American Lung Association](#), launched a statewide education campaign in 2014. The coalition found that a large percentage of residents in the state were unaware of how low the tobacco tax was and supported an increase in the state's tobacco tax.
- In 2012, the [Bethel City Council](#) in rural Alaska passed a new tobacco excise tax that increased the price of cigarettes by \$2.21 per pack. The council also increased the tax of all other tobacco products, such as smokeless tobacco, by 45%. Between April 2013, when the tax went into effect, and July 2013, the tax provided over \$100,000 in revenue for the city.

### Considerations for Implementation

According to [The Community Guide](#), it is important to expand access to cessation services following adoption of increased taxation policies. Revenue from taxes can be used to support tobacco control and prevention programs and services. Another important consideration is if state preemption laws will impact local tobacco tax policies. Despite this barrier, many community members show [support for large increases](#) in tobacco tax. Public health coalitions may be useful in supporting in the unit price for tobacco products. Other political and economic considerations are described in The Community Guide Preventive Services Task Force's [finding and rationale statement](#) on this topic.

## Resources to Learn More

### [Higher Tobacco Taxes Can Improve Health and Raise Revenue](#)

Document

This research shows that when tobacco taxes are raised, fewer people are likely to smoke. This effect is particularly pronounced among young and low-income people.

Author(s): Marr, C. & Huang, C.

Organization(s): Center on Budget and Policy Priorities

Date: 3/2014

### [Public Health Law Center](#)

Website

Provides resources for various tobacco control issues, including taxation and product pricing, preemption, and sales restrictions.

### [State Cigarette Excise Tax Rates & Rankings](#)

Document

This fact sheet includes a table listing all state cigarette tax rates as of October 1, 2015.

Author(s): Boonn, A.

Organization(s): Campaign for Tobacco-Free Kids

Date: 9/2015

### [Tobacco Tax Revenue by State 1977-2017](#)

Document

A fact sheet produced by the Tax Policy Center that shows a chart of “State and Local Tobacco Tax Revenue, Selected Years 1977-2017.” The chart provides tax revenue amounts for the United States, eight regions of the country, and each state.

Organization(s): The Urban Institute-Brookings Institution Tax Policy Center

Date: 6/2020

## Reducing Out-Of-Pocket Costs for Evidence-Based Cessation Treatments

Reducing out-of-pocket costs for evidence-based cessation treatment involves implementing policies to offer new benefits or change the level of benefits offered (for example, reduced copayments). Rural residents, especially those with lower incomes, are more likely to be [uninsured or underinsured](#) and to rely on public sources of health insurance. One study found that focus group participants in a rural, Appalachian Kentucky community reported wanting to use pharmaceutical aids during their quit attempts, but [found the costs prohibitive](#). These participants reported that they would be more likely to use medications if insurance covered the cost.

Currently, federal laws and rules require almost all types of health insurance plans to [cover tobacco use counseling and interventions](#) without cost-sharing. These services may include screening for tobacco use, tobacco counseling sessions, and all tobacco cessation medications (including both prescription and over-the-counter medications) that are approved by the Food and Drug Administration (FDA).

### Examples of Programs that Reduce Out-Of-Pocket Costs

- Implemented in January 2011, [the cessation benefits for federal employees](#) serves as a model of comprehensive, evidence-based coverage for tobacco users. Services with lifetime coverage include counseling, FDA-approved tobacco cessation medications, and 2 quit attempts per year. Beneficiaries do not pay copays and coinsurance costs for covered cessation services.
- The [Massachusetts Medicaid Cessation Benefit](#) has led to an increase in use of cessation treatments, reduced smoking rates, improved health outcomes, and decreased medical costs among beneficiaries. These benefits were especially effective at improving outcomes among vulnerable, underserved, and hard-to-reach populations.
- Oklahoma's Medicaid program, [SoonerCare](#), identified the cost of medication copayments and the burden of prior authorization as barriers that prevented Medicaid enrollees from accessing tobacco cessation treatments. The Oklahoma Health Care Authority, the Oklahoma State Department of Health, and the Oklahoma Tobacco Settlement Endowment Trust worked together to make a case for decreasing these barriers to treatment. On September 1, 2014, SoonerCare eliminated tobacco cessation medication copayments and prior authorization requirements.
- The [Vermont Department of Health Tobacco Control Program](#) conducted research that found rural Vermonters of low socioeconomic status were more likely to use tobacco products than the overall population. In order to help increase access to effective tobacco cessation services for this population, the program worked with the Vermont

Medicaid office to activate CPT codes for tobacco counseling for individuals and groups, and engages in outreach to providers to increase the code use.

## Considerations for Implementation

Rural program planners may need to **raise awareness** of tobacco cessation benefits among tobacco users and healthcare providers in their communities. Many people are unaware of their options and cessation benefits are consistently underused. Proactive **promotion of cessation coverage** will increase the chances that tobacco users and health providers access these benefits.

The Centers for Disease Control and Prevention funded the American Lung Association to provide technical assistance to state tobacco control programs in their efforts to promote comprehensive coverage of cessation treatments among private and public insurers. The American Lung Association maintains a [database](#) that demonstrates smoking cessation coverage per state.

## Program Clearinghouse Examples

- [Vermont Department of Health Tobacco Control Program](#)

## Resources to Learn More

[Cessation Interventions, Best Practices for Comprehensive Tobacco Control Programs – 2014](#)  
Document

Cessation interventions are one component of comprehensive tobacco control programs. This chapter, from CDC's evidence-based guide on comprehensive, population-based approaches to tobacco control, presents information, examples, and resources to guide cessation activities with the goals of promoting systems change, expanding insurance coverage and use of cessation services, and supporting quitlines.

Organization(s): Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health

Date: 2014

[An Evidence-based Cessation Strategy Using Rural Smokers' Experiences with Tobacco](#)

Document

This article focuses on the experiences of current and former smokers living in an economically disadvantaged area of rural Kentucky.

Author(s): Butler, K., Hedgecock, S., Record, R., Derifield, S., McGinn, C., Murray, D., & Hahn, E.J.

Citation: The Nursing Clinics of North America, 47(1), 31–43

Date: 3/2012

[Reimbursement for Smoking Cessation Therapy: A Healthcare Practitioner's Guide, 3rd Edition](#)

Document

This guide gives an overview of tobacco cessation treatments, public and private sector initiatives, and information on obtaining reimbursement.

Organization(s): Professional Assisted Cessation Therapy (PACT)

[State Medicaid Coverage for Tobacco Cessation Treatments and Barriers to Coverage — United States, 2014–2015](#)

Document

This article describes the state of Medicaid tobacco cessation coverage in the United States and barriers to accessing treatments.

Citation: Morbidity and Mortality Weekly Report (MMWR), 64(42),1194-9

Organization(s): Centers for Disease Control and Prevention

Date: 10/2015

[Treating Tobacco Use and Dependence: 2008 Update](#)

Document

These resources are geared toward clinicians, system decision-makers, and tobacco users.

Organization(s): Agency for Healthcare Research and Quality

Date: 6/2015

[You Can Afford to Quit Smoking](#)

Document

This case study provides an overview of federal employees' health benefits for tobacco cessation. Experiences related to program implementation, communication, and next steps are discussed.

Organization(s): U.S. Office of Personnel Management, Partnership for Prevention

Date: 6/2014

## Tobacco-Free Policies

Tobacco- and smoke-free policies are an effective strategy for reducing secondhand smoke exposure. These policies can consist of voluntary business/organization policies, regulations from boards of health or other health advisory organizations, and laws enacted by local governments. There is strong evidence that [smoke-free policies improve health](#) by reducing heart attacks, asthma attacks, and hospitalizations, and other outcomes; reduce secondhand smoke exposure, and reduce smoking.

While many tobacco- or smoke-free ordinances are enacted by state and local governments, rural communities may also rely on businesses and organizations in the community to implement their own voluntary policies. Rural program planners may consider working with community partners to implement tobacco-free policies in a range of settings, including:

- [Schools](#)
- [Hospitals and healthcare facilities](#)
- [Outdoor areas](#)
- [Multi-unit housing](#)

## Examples of Smoke-Free Policies

- On August 1, 2008, after seven years of advocacy, all public schools in North Carolina became 100% tobacco-free. The policy prohibits use of any tobacco products by anyone, including staff, students, and visitors on school grounds at all times. The [North Carolina Tobacco-Free Schools](#) website provides information on assessing readiness as well as adopting, implementing, and enforcing policies.
- The [Fresno Economic Opportunities Commission Rural Tobacco Education Program](#) provides presentations on implementing smoke-free policies to housing owners, farmers markets, residents, and child care providers, among many other groups in rural Fresno County, California. The Rural Tobacco Education Program is funded by revenue resulting from the California Tobacco Health Protection Act of 1988, which increased the state cigarette tax.
- In January 2014, the [Baker City Council](#) in rural Baker County, Oregon passed a law to make all Baker City parks tobacco-free. This ordinance was championed by community members who expressed their support for creating healthier public spaces, the Parks and Recreation Advisory Board, the Baker County Prevention Coalition, and the local Tobacco Prevention and Education Program (TPEP). The TPEP conducted an observational assessment at a park event six months after the law was enacted and reported high compliance with the tobacco-free ordinance.
- The [North Dakota Center for Tobacco Prevention and Control Policy \(BreatheND\)](#) supported smoke-free policies at the state and local level. The Center educated citizens



on the health benefits of smoke-free air, which led to garnered support for North Dakota's 2012 smoke-free law. The law prohibits smoking in enclosed public places and places of employment. The Center also worked with the [Public Health Law Center](#) to develop [model smoke-free policies](#) for other spaces, such as multi-unit housing facilities, that local public health units can adopt in communities across the state.

## Considerations for Implementation

Rural program planners should **consider state laws** when developing local smoke-free ordinances. State laws and policies on tobacco can preempt local ordinances, board of health rules, and other types of local laws. Preemption occurs when a higher level of government limits the authority of a lower level of government to regulate a certain issue. [Healthy People 2030 objectives](#) aim to eliminate state laws that preempt stronger local tobacco control laws.

Rural communities may need to consider their **ability to enforce** smoke-free policies. Smoke-free policies should be communicated clearly through signage and documentation (for example, lease agreements and employment contracts). Some organizations, including workplaces and schools, may already have clear policies in place to enforce smoke-free policies through disciplinary actions. However, these organizations may need to consider **offering and promoting cessation** services to tobacco users in order to increase compliance with smoke-and tobacco-free policies.

Many communities that implement smoke-free policies in public spaces, such as parks, rely on the community members to self-enforce these rules. In these cases, rural communities should ensure that “No Tobacco/No Smoking” signs are clearly posted throughout public spaces. Rural communities may also choose to **promote awareness** about new smoke-free ordinances through media campaigns and by connecting with community partners such as schools.

## Program Clearinghouse Examples

- [Southern Coalfields Tobacco Prevention Network](#)
- [North Dakota Center for Tobacco Prevention and Control Policy](#)
- [Alaska Tobacco Prevention and Control Program](#)
- [National Native Network](#)

## Resources to Learn More

### [Americans for Nonsmokers' Rights](#)

Website

This website provides multiple resources for implementing a smoke-free air law in your community. Resources include a readiness assessment, model ordinances, media opportunities, enforcement, and implementation information.

### Smoke-Free Laws Do Not Harm Business at Restaurants and Bars

#### Document

This fact sheet provides examples and evidence of outcomes of the passage of smoke-free laws in various states and localities in the U.S. The evidence shows that smoke-free laws are important for public health and do not negatively impact businesses.

Organization(s): Campaign for Tobacco-Free Kids

Date: 1/2014

### Smoke-Free Multifamily Housing Toolkits

#### Website

This website is the U.S. Department of Housing and Urban Development's (HUD) portal to various smoke-free toolkits.

Organization(s): HUD, American Academy of Pediatrics, American Lung Association, U.S. Department of Health and Human Services

### Smokefree Policies Can Protect Everyone

#### Website

This page includes scientific studies compiled by the CDC about smoke-free policies and their effect on health. The studies include a section on the effect of smoke-free policies specifically on hospitality workers, who are susceptible to unwanted secondhand smoke when their workplaces do not ban smoking in and around their establishment.

Organization(s): Center for Disease Control and Prevention

### Smokefree Multi-Unit Housing

#### Website

This website provides multiple resources on creating and implementing smoke-free housing regulations in various settings.

Organization(s): ChangeLab Solutions

### Treating Tobacco Dependence as a Standard of Care: A Health Systems Approach

#### Document

This Health Systems Change Manual is part of Mission 100, an effort to disseminate Tobacco Prevention and Control efforts in Alaska. It includes step-by-step guidelines for implementing smoke-free policies in healthcare settings.

Organization(s): State of Alaska Department of Health and Social Services

Date: 11/2012

## Raising the Minimum Age of Legal Access to Tobacco Products

[Several states and municipalities](#) across the United States are advocating for and implementing regulations that raise the minimum age of legal (MLA) access to tobacco products to 21 years of age. In June 2015, [Hawaii](#) became the first U.S. state to raise the MLA to 21 and, in March 2016, [California](#) became the second.

In 2009, the [Family Smoking Prevention and Tobacco Control Act](#) authorized the U.S. Food and Drug Administration (FDA) to regulate certain aspects of the tobacco industry. The act also mandated that the FDA convene an expert panel to review the public health implications of raising the MLA. In 2015, the Institute of Medicine (IOM) released its report, [Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products](#), which reviews the literature on tobacco use initiation and models the public health outcomes of raising the MLA to 21 and 25 years of age. The [IOM report](#) found that raising the MLA was likely to reduce tobacco initiation among youths, improve health across the lifespan, and save lives.

In particular, the IOM report highlighted that underage tobacco users typically rely on “social sources,” such as friends, to obtain tobacco. While raising the MLA to 19 may not reduce social sources of tobacco for high school-aged teenagers, raising it to 21 could mean that legal tobacco users will be less likely to share social networks with teenagers. The report also noted that raising the age from 21 to 25 is not likely to significantly decrease the amount of social sources of tobacco for young teenagers. In addition, the report found that increasing the MLA to 21 or 25 could significantly decrease the prevalence of tobacco users by the time current teenagers reach adulthood. These findings and [other recent data](#) indicate that an MLA of 21 significantly reduces smoking rates among high schoolers have contributed to the evidence base for raising the MLA.

## Examples of Rural Communities that Raised the Minimum Age of Legal Access to Tobacco Products

- [City of Iola, Kansas](#): Although the state of Kansas restricts tobacco sales to adults who are 18 years of age or older, state law does not prohibit local governments from enacting regulations that further limit youth access to tobacco. Since 2015, several municipalities in Kansas have passed ordinances to raise the minimum age to purchase tobacco products to 21, including the city of [Iola](#) in rural Allen County. The ordinance received support from several local organizations and businesses, such as [Thrive Allen County](#).
- [Chautauqua County, New York](#): In April 2016, the Chautauqua County Legislature increased the minimum age for tobacco sales to 21. The ordinance [received support](#) from Tobacco-Free Western New York and the Roswell Park Cancer Institute.

## Considerations for Implementation

The [Tobacco Control Legal Consortium](#) (TCLC) has developed a [technical assistance guide](#) that describes policy considerations for raising the minimum legal sales age for tobacco. For example, several states have [preemption laws](#) that prohibit local governments from raising the MLA in their municipalities.

TCLC also offers a [sample ordinance](#) for creating and a [sample resolution](#) supporting a minimum legal sales age of 21 for tobacco products. The Preventing Tobacco Addiction Foundation has [a toolkit](#) that offers talking points for communities that seeking to raise the MLA to 21.

## Resources to Learn More

### [Public Health Implications of Raising the Minimum Age for Purchasing Tobacco Products Document](#)

This Institute of Medicine Report describes the potential public health outcomes of raising the minimum legal age of access to tobacco products.

Organization(s): Institute of Medicine (Currently the National Academies of Sciences, Engineering, and Medicine)

Date: 3/2015

## **Models for Communities**

Community-based programs in rural communities involve different components, such as communication strategies, efforts to increase community support, religious institutions, and community health workers. The models for community-based tobacco control and prevention programs are presented below.

### **Models in this section:**

- [Mass-Reach Health Communication Interventions](#)
- [Community Mobilization to Restrict Minors' Access to Tobacco Products](#)
- [Faith-Based Interventions](#)
- [Community Health Worker Interventions](#)

## Mass-Reach Health Communication Interventions

Mass-reach health communication interventions aim to disseminate tobacco prevention and cessation messages to communities in different ways. Communication channels can include:

- Broadcast media (for example, television and radio) print media (for example, newspapers and magazines)
- Social and digital media (for example, internet and mobile)
- Outdoor media (for example, billboards and advertising on public transit)

This model is recommended by [The Community Guide](#), which reports that mass-reach health communication interventions have been effective in decreasing the prevalence and initiation of tobacco use and increasing tobacco cessation.

Mass-reach anti-tobacco communications can be especially important in reducing the initiation of tobacco products by children and teenagers. The [2012 Report of the Surgeon General](#) on preventing tobacco use among youth and young adults notes that pro-tobacco marketing and media have a significant impact on the odds of youth holding positive views of tobacco use. [Effective anti-tobacco messaging](#) strives to elicit negative emotional responses for viewers, including anger or disgust. Communications campaigns that focus on prevention typically focus on one or more of the following themes:

- **Health and/or cosmetic effects:** Illustrate long-term effects, including emphysema and cancer, or short-term effects, including negative impacts on the appearance of skin and teeth
- **Marketing practices of the tobacco industry:** Focus on exposing deceptive practices of tobacco companies, particularly those targeting adolescents and youth
- **Secondhand smoke:** Describe the harmful effects of tobacco smoke on other people
- **Refusal skills:** Refute the social acceptability of using tobacco products
- **Addiction:** Depict the harmful effects of tobacco dependence
- **Athletic performance:** Describe how tobacco products can negatively impact athletic performance (for example, smoking can cause breathing issues)
- **Celebrity or athlete spokesperson:** Encouragement from respected and well-known figures in society speaking against tobacco use

## Examples of Mass-Reach Health Communication Interventions

- **Spit It Out:** One anti-smokeless tobacco program in West Virginia, Spit It Out, engaged in mass-reach communication efforts to promote tobacco cessation and prevention. The program placed billboards across McDowell County to educate residents about the harmful effects of smokeless tobacco and aired three hundred radio ads during hunting season on the local radio station.

- **Down and Dirty**: The Vermont Department of Health Tobacco Control Program developed Down and Dirty, a tailored social branding tobacco prevention program that targets high risk rural teens who identify with “Country” lifestyles. This peer group is known to have a high risk of using cigarettes and chewing tobacco. This social branding initiative appeals to the cultural interests of these teens, which include hunting, off-roading, and mudding. The campaign includes video ads, social media outreach, and sponsored events. The Vermont Department of Health and Rescue Social Change Group have collaborated with the Virginia Foundation for Healthy Youth and the Mississippi Department of Health to implement Down and Dirty campaigns in their states.
- **The Real Cost: Smokeless Doesn't Mean Harmless**: The Food and Drug Administration (FDA) recently expanded their Real Cost Campaign, a mass media effort that educates consumers about the dangers of tobacco, to focus on the use of smokeless tobacco among rural teens. The FDA is targeting rural, White males between the ages of 12 and 17, a demographic that is more likely to be using smokeless tobacco than other youths. The campaign's partner, Minor League Baseball, will run television ads on stadium monitors, place print ads in stadiums, and raise awareness about smokeless tobacco prevention. The “Smokeless Doesn't Mean Harmless” television ads are available on The Real Cost's YouTube page.
- **Tips from Former Smokers**: The Centers for Disease Control and Prevention (CDC)'s national tobacco education campaign is called *Tips from Former Smokers (Tips)*. The *Tips* campaign features testimonies from former smokers who have incurred smoking-related conditions and disabilities. The CDC has tailored several video ads and materials for specific populations affected by tobacco, including racial and ethnic minority groups, people with HIV, the LGBTQ+ community, military service members and veterans, people with mental health conditions, and pregnant women. Some tobacco programs brand *Tips* ads with their own information in an effort to better reach people in their communities.
- The **North Dakota Center for Tobacco Prevention and Control Policy (BreatheND)**: Implemented a mass-reach communications campaign based on the CDC Best Practices for Comprehensive Tobacco Control Programs. The comprehensive media plan focused on the denormalization of tobacco, reducing secondhand smoke exposure, and helping tobacco users quit. The program developed mass media messages and tests the messages with their target market: people ages 24 to 54. The center also used the CDC Tips from Former Smokers video ads to reach populations across the state.

BreatheND provided grants to local public health units to provide tobacco prevention work on a local level, which included a budget for implementing a local public relations campaign. The public relations campaigns were tailored to each community's needs, and included local print media, radio advertising, and news releases.

## Considerations for Implementation

Mass-reach health communications efforts require formative research to **identify the messages and communication channels** that will most effectively reach community members. This formative research may involve surveys, focus groups or interviews where community members provide feedback on messages. One study, [Creating Effective Media Messaging for Rural Smoke-Free Policy](#), conducted focus groups with rural adults to identify important themes for a smoke-free policy campaign. For example, participants noted that business owners in rural locations may be concerned that smoke-free policies in bars and restaurants will deter community members from patronizing their establishments. To address this issue, campaign planners could emphasize the [business opportunities that smoke-free policies](#) can create.

In addition, program planners may need to conduct a **community needs assessment** to determine which population (for example, children, teens, or adults) and form of tobacco use (for example, cigarettes, smokeless tobacco, or secondhand smoke) to target.

Some health communication interventions may **require significant resources**. Some communication channels, such as television ad placements, may be more expensive than others, such as social media platforms and local radio segments. The [University of North Dakota Center for Rural Health's Communication Toolkit](#) provides an overview of the resources associated with each communication tool. **Building strong relationships** with community partners can help program planners disseminate communications materials, such as posters or brochures, at a low cost. Creating partnerships with gatekeepers can also be a critical step in achieving buy-in from the targeted community members. Potential community partners could include local businesses, healthcare organizations, schools, community- and faith-based organizations, media entities, and local government representatives.

Integrating [cultural considerations](#) into the development of mass-reach health communication interventions can increase the effectiveness of the communication. It is also important to consider the [language](#) and [health literacy](#) of the intended audience when implementing these interventions.

## Program Clearinghouse Examples

- [Southern Coalfields Tobacco Prevention Network](#)
- [Vermont Department of Health Tobacco Control Program](#)
- [North Dakota Center for Tobacco Prevention and Control Policy](#)
- [Alaska Tobacco Prevention and Control Program](#)



## Resources to Learn More

### [Communication Toolkit](#)

Website

This toolkit provides rural healthcare facilities with strategies for communicating with the media.

Organization(s): University of North Dakota Center for Rural Health

### [Implementing a Social Marketing Effort](#)

Website

This toolkit is designed to help create successful social marketing initiatives, which may be used to promote healthy living.

Organization(s): Community Tool Box

### [Tips from Former Smokers](#)

Website

The Centers for Disease Control and Prevention's national tobacco education campaign is called *Tips from Former Smokers (Tips)*. The *Tips* campaign features testimonies from former smokers who have incurred smoking-related conditions and disabilities. [Tips provides materials](#) that you can include as part of your anti-smoking media campaign.

Organization(s): Centers for Disease Control and Prevention

## Community Mobilization to Restrict Minors' Access to Tobacco Products

This model includes interventions that promote community-wide support for restricting minors' access to tobacco products. Interventions can include promoting community-wide education on tobacco issues, providing education to retailers about restricting the sale of tobacco to minors, and supporting policy changes that encourage tobacco sale enforcement and tobacco-free environments.

### Examples of Community Mobilization Interventions

- **Communities that Care (CTC)** is an evidence-based program that provides communities with tools and frameworks to identify and address behavioral health issues among adolescents. CTC involves assessing the readiness of the community to change, identifying champions and forming a board to lead the process, developing a community profile to assess community risks and strengths, creating a community action plan, and finally implementing and evaluating the plan. Extensive research demonstrates that CTC can reduce the incidence of cigarette use and smokeless tobacco initiation among adolescents. The [Communities that Care Coalition](#) in rural Franklin County and the North Quabbin region in Massachusetts reports that CTC has [decreased rates of cigarette smoking](#) among teens since the inception of the project in 2012.
- **CounterBalanceVT** is an initiative of the Vermont Department of Health that seeks to address the influence of point-of-sale tobacco promotions on youth. The campaign is raising awareness about the negative impacts of point-of-sale advertising and increasing the capacity of communities to create healthier retail environments through community design and policy change.
- **Promoting School-Community-University Partnerships to Enhance Resilience (PROSPER)** is a model for delivering evidence-based interventions (EBIs) that focuses on community-level collaboration and capacity building. PROSPER communities select and implement school- and family-based interventions from a list of approved EBIs. Community teams receive support from their state university's Cooperative Extension System, which provides technical assistance throughout the process of program selection, implementation, and evaluation. A study showed that the PROSPER intervention group displayed [significantly lower use of cigarettes](#) in the past month than their peers in the control group.
- **REACT Montana Campaign** is centered on a “teen-led, adult-guided” approach to prevent tobacco use among Montana youth. Teens are empowered to spread messages on point-of-sale marketing tactics and corporate tobacco to peers in their community. Adults support youth by advocating for youth at community events and to local organizations. A strong focus of the campaign is targeting electronic-cigarette marketing

by spreading awareness of the adverse health effects of this new form of tobacco use. A helpful tool used by the group is the Montana Tobacco Retailer Mapper, a mobile application developed by the Montana Department of Health, which illustrates proximity of tobacco retailers to schools and tobacco retailer's compliance rates on youth tobacco sales. Youth involved in the program also have the opportunity to discuss tobacco control policies with local legislators in Washington, D.C.

## Considerations for Implementation

This model requires the **collaboration** of several community partners, including local governments, community- and faith-based organizations, businesses, civic groups, and schools. Program planners may need to hold regular meetings for key partners and regularly update other stakeholders through email, newsletters, or presentations. Planners may also need to organize stakeholders into separate workgroups that focus on meeting certain objectives.

The Centers for Disease Control and Prevention's [Best Practices for Comprehensive Tobacco Control Programs User Guide](#) is an important resource for communities establishing coalitions for community mobilization. The guide describes four key aspects of an effective coalition:

- “A formalized structure, including formalized rules, expectations, vision, and mission;
- A diverse membership with clearly defined roles;
- Organized and strong leadership; and
- A plan for sustainability”

## Program Clearinghouse Examples

- [Southern Coalfields Tobacco Prevention Network](#)
- [Vermont Department of Health Tobacco Control Program](#)

## Resources to Learn More

[Best Practices for Comprehensive Tobacco Control Programs User Guide: Coalitions Document](#)

This guide provides information about building and using coalitions as a part of a comprehensive tobacco control program.

Organization(s): Centers for Disease Control and Prevention

Date: 7/2009

The Long-Term Effect of Local Policies to Restrict Retail Sale of Tobacco to Youth

Document

This article reports on the outcomes of a multi-site intervention that mobilized rural communities to promote local laws that restricted youth's access to retail tobacco access.

Author(s): Chen, V. & Forster, J.L.

Citation: Nicotine and Tobacco Research, 8(3), 371-7

Date: 6/2006

Reducing Underage Cigarette Sales in An Isolated Community: The Effect on Adolescent Cigarette Supplies

Document

This article describes an intervention that evaluated the impact of enforcing retail sales of cigarettes to adolescents in a rural community. The authors report that enforcement reduces access to cigarettes and may reduce adolescent smoking rates.

Author(s): Levinson, A.H. & Mickiewicz, T.

Citation: Preventive Medicine, 45(6), 447-53

Date: 12/2007

## Faith-Based Interventions

Religious institutions provide social welfare services in communities. Rural program planners may leverage the social networks and capacity of faith-based organizations in designing tobacco cessation and prevention programs. For example, rural communities may develop a culturally-tailored smoking cessation program that can be delivered in faith-based organizations, or collaborate with faith-based organization leaders to provide congregants with cessation education materials.

The Centers for Disease Control and Prevention (CDC) includes [faith-based organizations as a key partner](#) in their *Tips from Former Smokers* communications campaign.

## Examples of Faith-Based Interventions

- The University of Kentucky School of Medicine worked with 26 rural churches in Appalachian Kentucky to implement a faith-oriented smoking cessation program, [Faith Moves Mountains](#), with over 590 smokers. Participants appreciated the program's ability to reduce the costs of smoking cessation and increase peer accountability.
- The [Southern Coalfields Tobacco Prevention Network](#) works with faith-based organizations to conduct education about tobacco cessation. Local churches allow tobacco cessation counselors from the network to staff their food-delivery program. When the counselors deliver the food into homes, they have conversations about tobacco use with members of the community. Counselors are able to deliver brief interventions on the spot, and refer community members to the quitline or local cessation classes.
- Churches and other faith-based organizations can connect their members to local [“Freedom from Smoking”](#) group clinics. A program of the National Lung Association, “Freedom from Smoking” uses trained facilitators to walk participants through the process of quitting. In 8 sessions, participants learn to manage stress, make lifestyle changes, avoid weight gain, and prepare for quit day, among other topics.

## Considerations for Implementation

[Partnerships with faith-based communities](#) for tobacco cessation and prevention efforts can occur on a continuum. At a low level of engagement, program planners may connect with faith-based partners to discuss how to involve their congregants in a community program. Planners may also wish to ask faith-based organizations if they would be interested in disseminating or sharing information about their intervention.

Higher levels of engagement can involve holding tobacco cessation education classes at faith-based organizations, training faith leaders to provide education about tobacco cessation and

prevention, and partnering with a faith-based program to conduct outreach to community members.

Program planners should engage faith-based partners from the outset of the program to begin building trust and determine the best way to involve the faith-based community in their tobacco cessation and prevention efforts.

## **Program Clearinghouse Example**

- [Southern Coalfields Tobacco Prevention Network](#)

## **Resources to Learn More**

### [Partnerships with Faith-based & Community-Based Organizations: Engaging America's Grassroots Organizations in Promoting Public Health](#)

Document

This report describes how the Centers for Disease Control and Prevention have successfully worked with faith- and community-based organizations to address public health concerns.

Organization(s): Centers for Disease Control and Prevention

Date: 6/2008

### [A Rural Appalachian Faith-Placed Smoking Cessation Intervention](#)

Document

This journal article describes the implementation of a smoking cessation program called Faith Moves Mountains program that the University of Kentucky School of Medicine implemented in rural Appalachia.

Author(s): Schoenberg, N.E., Bundy, H.E., Baeker Bispo, J.A., Studts, C.R., Shelton, B.J., & Fields, N.

Citation: Journal of Religion and Health, 54(2), 598–611

Date: 4/2015

## Community Health Worker Interventions

This model uses [community health workers](#) (CHWs) or [promotores](#) to conduct community-wide smoking cessation classes or link tobacco users to local cessation resources. CHW interventions can provide important cessation services to low-income populations in rural areas who cannot otherwise access individual cessation classes or services in clinical settings.

### Examples of Community Health Worker Interventions

- [Campeños Sin Fronteras](#), a community health education center in Yuma County, Arizona, implemented a two-year program that used *promotores* to promote smoking prevention and cessation among Hispanic farmworkers and other young adults. The program featured peer educators that offered culturally-tailored tobacco prevention and cessation information to farmworkers at convenient locations, including worksites and bus pickup locations. The program also facilitated peer support groups for tobacco cessation, referred community members to cessation services, and helped to enforce smoke-free policies on buses.
- The [Mississippi Delta Health Collaborative](#) (MDHC) at the Mississippi State Department of Health is working toward decreasing the incidence of heart disease and stroke through initiatives that emphasize the ABCS (**A**spirin therapy, **B**lood pressure control, **C**holesterol control, and **S**moking cessation). The MDHC helps implement the [Clinical-Community Health Worker Initiative](#) in the Delta region, which connects patients to CHWs to promote chronic disease self-management. As part of this initiative, CHWs offer informal tobacco cessation counseling to patients and provide information about the state's quitline.
- [Altura Centers for Health](#) employs *promotoras* to provide outreach and education to community members, including migrant farm workers. Altura trains *promotoras* to provide information about disease conditions and behaviors, including tobacco use.

### Considerations for Implementation

The Community Health Workers Toolkit provides additional information about [implementation considerations for CHW programs](#) in rural communities.

### Program Clearinghouse Example

- [Altura Centers for Health](#)

## **Models for Worksites**

Worksites in rural communities are implementing interventions for tobacco control and prevention. Worksite programs may include policies, tobacco cessation counseling, education, treatment services, and other strategies.

### **Models in this section:**

- [Tobacco Cessation Services Provided by Worksites](#)



## Tobacco Cessation Services Provided by Worksites

Some employers provide employees with access to tobacco cessation counseling or education classes in the workplace. This model can be especially important for rural workers who may lack time or transportation options to access these resources outside of the workplace.

Many employers include this cessation treatment as part of a larger workplace wellness program. Workplace wellness programs are offered by employers to their employees to promote positive health habits. Programs may provide incentives to attend no-cost health education seminars or reimburse employees for fitness center memberships. Some employers may also support employees' attempts to quit using tobacco by providing coverage for evidence-based tobacco treatments or reducing the out-of-pocket costs for these services.

There are many advantages to providing employees with tobacco cessation services. The Centers for Disease Control and Prevention (CDC) reports that employers break even when implementing a tobacco cessation program within three years and begin saving money within five years. In addition, employees who quit smoking can reduce costs associated with cardiovascular disease and other smoking-related conditions. Workers who use tobacco products may also be [less productive](#) than those who do not.

The CDC, the Agency for Healthcare Research and Quality (AHRQ), and the National Business Group on Health prepared [A Purchaser's Guide to Clinical Preventive Services: Moving Science into Coverage](#). The Guide informs employers that are designing health benefits about recommended clinical preventive services. For employers seeking to support employees' tobacco cessation efforts, the guide recommends the following evidence-based guidelines:

- Promoting smoke-free (or tobacco-free) worksites.
- Increasing access to several counseling options (such as individual and group) and [FDA-approved tobacco cessation medications](#) by providing coverage or reducing copays for these services.
- Informing employees if nicotine replacement therapy is an eligible expense under their [flexible spending account](#) (FSA).
- Promoting state tobacco quitlines among employees or contracting with quitline vendors. Some state quitlines have [Healthy Businesses Programs](#) that provide free education materials for employees or offer individual contracts to businesses that allow employers to track employees' progress.

### Incentives and Competitions to Increase Smoking Cessation among Workers

In this model, worksites sponsor competitions for employees that promote smoking cessation, or provide incentives for abstaining from tobacco use. A competition could involve a contest that rewards a worker who abstains from tobacco for the greatest number of days abstinent. Incentives, such as a monetary reward, may be provided. This model is effective when

combined with other evidence-based interventions, including cessation groups, education, self-help materials, telephone support, smoke-free policies, and social support networks. This model is effective in urban and suburban settings, but has not been rigorously evaluated in rural communities.

## **Examples of Tobacco Cessation Programs Provided by Rural Worksites**

- The [West Florida Area Health Education Center](#)—which serves rural populations in Escambia, Okaloosa, Santa Rosa, and Walton Counties—offers to hold [tobacco cessation classes](#) at local businesses. Employers can select either a one-time education session, Tools to Quit, or a comprehensive tobacco cessation program, Quit Smoking Now. All classes are led by a Certified Tobacco Treatment Specialist and program participants receive free Nicotine Replacement Therapy to support their efforts to quit.
- [Union Pacific Railroad \(UPRR\)](#) has offered tobacco cessation benefits to its employees, many of whom live in rural areas, since 1990. UPRR has provided a range of educational services that include information about smoking behavior such as [Know Your Health Numbers](#) trainings and peer support programs. In addition, the company offers cessation services that include access to telephone, in-person, and internet counseling, as well as coverage for tobacco cessation medication.
- In 2005, three businesses in rural Wisconsin implemented a worksite wellness initiative called the [proACTIVE Wellness Initiative](#). At one worksite, six of 53 participating employees quit smoking during the nine-week program.

## **Considerations for Implementation**

The Tobacco Control Legal Consortium fact sheet, [Legal Considerations in Implementing a Tobacco Cessation Program in the Workplace](#), suggests that employers seeking to establish a tobacco cessation program should first consult with a legal professional to discuss liabilities and legal implications. In particular, employers may need to familiarize themselves with [HIPAA nondiscrimination regulations](#) when designing tobacco cessation programs. This is particularly important for employers seeking to implement policies that increase health insurance premiums (in other words, impose penalties) for employees who smoke.

## **Program Clearinghouse Examples**

- [Southern Coalfields Tobacco Prevention Network](#)

## Resources to Learn More

### [Quit Your Way Worksite Toolkit: Strategies for Creating a Healthier Work Force and Bottom Line](#)

Document

This toolkit aims to provide employers with strategies to adopt tobacco-related insurance benefits in order to help their employees quit tobacco use.

Organization(s): Tobacco Free Florida, Florida Department of Health

Date: 2020

### [An Employer Guide to Tobacco](#)

Document

This toolkit examines the healthcare costs related to smoking, shows advantages of having a smoke-free workplace, provides information on the legal issues involved, and gives suggestions for helping employees quit smoking.

Organization(s): WorkSHIFTS, Public Health Law Center

Date: 2004

### [Guidelines for the Development of Effective Agency Tobacco Cessation Programs](#)

Document

This guide provides recommendations to government agencies that are developing tobacco cessation programs for employees.

Organization(s): Office of Personnel Management

### [How the Affordable Care Act Affects Tobacco Use and Control](#)

Document

This fact sheet lists and explains the main sections of the Affordable Care Act (ACA) that relate to insurance coverage for tobacco cessation programs.

Organization(s): Tobacco Control Legal Consortium

Date: 12/2015

### [Incentives for Smoking Cessation](#)

Document

This Cochrane Review examines the impact of incentives and contingency management programs on long-term quit rates.

Author(s): Cahill, K., Hartmann-Boyce, J., & Perera, R.

Citation: Cochrane Library

Date: 5/2015

### Quit and Win Contests for Smoking Cessation

#### Document

This Cochrane Review examines whether quit and win contests contribute to higher long-term quit rates than baseline community quit rates.

Author(s): Cahill, K. & Perera, R.

Citation: Cochrane Library

Date: 5/2015

### Workplace Health Strategies: Tobacco-Use

#### Website

The CDC provides information and compiled resources for employers seeking to implement tobacco cessation programs and policies.

Organization(s): Centers for Disease Control and Prevention

### Workplace Interventions for Smoking Cessation

#### Document

This Cochrane Review examines the outcomes of controlled studies for workplace smoking cessation interventions.

Author(s): Cahill, K. & Lancaster, T.

Citation: Cochrane Library

Date: 2/2014

## **Models for Healthcare Providers**

In rural communities, hospitals, clinics, and healthcare practices may implement strategies for tobacco control and prevention. Models for healthcare providers may target overarching organizational changes, or they may include more targeted interventions for tobacco cessation or treatment.

### **Models in this section:**

- [Systems Change Interventions to Support Clinicians](#)
- [Tobacco Dependence Treatment, Including Health Coaching or Counseling](#)

## Systems Change Interventions to Support Clinicians

Rural communities are conducting systems change interventions to support tobacco cessation. Systems changes in a hospital, clinic, or healthcare practice refer to the organization's goals, administrative processes, workflow, technology, staff development, and training. Systems change interventions can support clinicians in screening patients about tobacco use and providing options for evidence-based treatments.

This model may involve implementing [tobacco use screening](#), promoting the capacity of clinicians to treat tobacco dependence, and designating staff in hospitals or clinics to coordinate and assess the delivery of tobacco dependence treatment. Systems interventions to support clinicians are recommended by the Public Health Service in the [Clinical Practice Guidelines for Treating Tobacco Use and Dependence](#).

The Centers for Disease Control and Prevention (CDC) [Best Practices for Comprehensive Tobacco Control Programs](#) recommends that states implement health systems changes to reduce tobacco use. The guidelines describe major components that health systems may choose to address:

- **Delivery System Design.** Health systems can change the healthcare delivery system to ensure that care is structured in a way that integrates tobacco use screening and cessation treatment. This can involve identifying members of the care team who will conduct screening and counseling, redesigning and implementing a clinical workflow that supports tobacco interventions, and providing feedback to clinicians about their performance and other metrics associated with tobacco screening and cessation. [The SAMHSA-HRSA Center for Integrated Health Solutions](#) offers resources for better integration of behavioral health services within a primary care provider setting.
- **Clinical Information Systems and Electronic Health Records.** Health systems can develop functionalities in their clinical information systems and electronic health records (EHR) that facilitate tobacco screening and cessation interventions. This can involve adding a reminder to the EHR that prompts the provider to screen for tobacco at each visit. Health systems may also choose to use EHRs to compile data and track metrics associated with tobacco use among their patients. There are several measures related to tobacco that have been endorsed by the [National Quality Forum](#) (NQF), the organization that advises the government and other payers on measures that should be used in payment and accountability programs. NQF-endorsed measures include adult current smoking prevalence; children who are exposed to secondhand smoke inside the home; and medical assistance with smoking and tobacco use cessation, among others.
- **Decision Support Systems.** These systems are designed to increase the use of evidence-based guidelines. Implementing decision support systems may involve training staff on evidence-based tobacco screening and treatment guidelines and tailoring EHR systems to facilitate the delivery of evidence-based interventions.

## Examples of Systems Change Interventions to Support Clinicians

- The [Upper Peninsula Health Care Network \(UPHCN\)](#) is providing quality improvement activities for primary care provider offices and rural health clinics through the Lean for Clinical Redesign Clinical Process Initiative. This involves working with office staff to help map their workflows and incorporate tobacco cessation metrics into their EHR. Through increased screening of tobacco use for improved follow-up of quit attempts, UPHCN is aiming to increase access to tobacco cessation counseling and reduce tobacco use among patients.
- [Altura Centers for Health](#) implemented a quality improvement intervention to better identify tobacco users and promote cessation attempts. Altura providers are prompted to ask each patient about tobacco use by the EHR and linked electronic disease registry system. Providers then direct tobacco users to cessation services, such as the California Smoker's Helpline ([1-800-300-8086](tel:1-800-300-8086)) and clinic-provided counseling services and health education.

## Considerations for Implementation

Widespread systems change is a challenging endeavor. It requires significant **investments of funding, effort, and time**. In particular, rural communities may need to secure additional resources to implement or adapt EHR systems. The Rural Health Information Hub's [Telehealth and Health Information Technology in Rural Healthcare](#) topic guide provides additional information about funding opportunities for rural providers. Additionally, [Rural Health Information Technology Workforce Curriculum Resources](#) are available on RHIhub's website.

Systems changes are often instituted and supported at the health-system level. Rural clinics and providers will need to **coordinate** with health system leadership on systems change initiatives. Additionally, gaining the **support and buy-in** of clinic leadership and staff is critical to successfully implementing systems changes. Clinics implementing systems change will likely need to identify a lead or **champion**. This can be especially difficult in rural clinics with limited resources, or in clinics where providers practice intermittently. Clinic managers may need to **redesign workflow** to ensure that key members can lead tobacco screening and treatment activities.

## Program Clearinghouse Examples

- [Upper Peninsula Health Care Network](#)
- [Altura Centers for Health](#)
- [Na Pu'uwai](#)

## Resources to Learn More

### [Chapter 6: Department Of Veterans Affairs Tobacco-Control Activities](#)

#### Document

This extensive report discusses changes the Veterans Affairs health system has implemented to attempt to reduce tobacco use among veterans.

Organization(s): Institute of Medicine (US) Committee on Smoking Cessation in Military and Veteran Populations, Department Of Veterans Affairs Tobacco-Control Activities

Date: 2009

### [Facilitators of Health Systems Change for Tobacco Dependence Treatment: A Qualitative Study of Stakeholders' Perceptions](#)

#### Document

This research article describes interviews with representatives of health systems, funders, and technical assistance providers that discuss facilitators to success for tobacco dependence programs.

Author(s): Jansen, A., Capesius, T., Lachter, R., Greenesid, L., & Keller, P.

Journal: BMC Health Services Research

Date: 11/2014

### [A Practical Guide to Working with Health-Care Systems on Tobacco-Use Treatment](#)

#### Document

This guide describes ways in which healthcare facilities have successfully implemented tobacco control programs, and gives examples of ways in which business owners, public health agencies, and healthcare facilities have collaborated to initiate programs.

Organization(s): Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health

Date: 2006

### [Treating Tobacco Use and Dependence: 2008 Update](#)

#### Document

This report is an update to the 2000 Clinical Practice Guideline was published that describes new and effective clinical treatments for tobacco.

Organization(s): Tobacco Use and Dependence Guideline Panel, U.S. Department of Health and Human Services

Date: 5/2008



## Tobacco Dependence Treatment, Including Health Coaching or Counseling

In this model, clinicians provide patients with or refer patients to cessation treatments. The 2008 update of the [Clinical Practice Guidelines for Treating Tobacco Use and Dependence](#) strongly recommends that providers offer effective tobacco dependence counseling and cessation medication to patients who use tobacco. The guidelines state that the combination of medication and counseling is more effective than using tobacco cessation medication or receiving counseling alone. The U.S. Preventive Services Task Force also [recommends screening](#) for tobacco use and offering behavioral interventions in addition to pharmacotherapy.

The recommended counseling framework for tobacco cessation is called the “5 As” and involves:

- Asking about tobacco use
- Advising patients to quit through clear personalized messages
- Assessing their willingness to quit
- Assisting them to quit
- Arranging follow-up and support

The [Quick Reference Guide for Clinicians](#) summarizes the recommendations of the Clinical Practice Guidelines and is organized around the 5As. In addition, the Guidelines state that seven medications have been shown to promote long-term tobacco abstinence:

- Non-nicotine-based medications:
  - [Bupropion SR](#)
  - [Varenicline](#)
- Nicotine-based medications:
  - [Nicotine gum](#)
  - [Nicotine inhaler](#)
  - [Nicotine lozenge](#)
  - [Nicotine nasal spray](#)
  - [Nicotine patch](#)

## Examples of Tobacco Dependence Treatment Programs

- The [Mississippi Rural Health Association \(MRHA\)](#) and the [Community Health Center Association of Mississippi](#) are both conducting tobacco cessation projects in collaboration with the Mississippi State Department of Health Office of Tobacco Control. Both projects are training providers in rural areas to deliver brief, evidence-based tobacco screening and assessment to their patients using a curriculum based on the 5As.

- **Na Pu`uwai**, a Native Hawaiian organization on the island of Molokai, offers evidence-based tobacco cessation services to patients. The behavioral health staff provides brief interventions based on the 5As model, as well as more intensive tobacco cessation interventions for patients that require additional support. In addition, Na Pu`uwai provides patients with nicotine replacement therapy free of charge and helps facilitate access to other medications for smoking cessation. As access to transportation can be limited in this rural community, Na Pu`uwai offers telephone counseling and provides culturally-tailored “quick kits” during the first counseling session to encourage long-term cessation efforts. These kits include materials that support exercise, including water bottles and pedometers, and oral alternatives to tobacco, such as sunflower seeds.
- The **Iowa City Veterans Affairs (VA) Healthcare System**, through support from the VA Office of Rural Health, is developing a tobacco treatment model for rural veterans who have issues accessing care. While state quitlines can be beneficial to many rural tobacco users, outside quitline providers cannot access VA records and some veterans prefer to receive services directly from the VA.

In this program, electronic health records are reviewed to identify current or recent tobacco users, who are then contacted by mail and offered access to the program. VA nurses review and summarize patients' health history for a physician, clinical pharmacist, or nurse practitioner, who makes a decision about appropriate smoking cessation medication options. An interventionist then engages the patient in shared decision making over the telephone to identify an appropriate medication to treat tobacco dependence.

The VA pharmacy further facilitates access to tobacco cessation services by mailing the medication to the patient. In addition, an interventionist provides participants with six telephone-based counseling sessions based on the recommendations of the U.S. Public Health Service's Clinical Practice Guidelines. Finally, the project team screens patients for comorbid conditions including elevated depressive symptoms, risky alcohol use, and concerns about post-cessation weight gain and offers concomitant behavioral counseling to address these issues. Patients requiring more extensive assistance for these issues are linked to appropriate treatment programs within the VA.

- The **Smoking Cessation and Reduction in Pregnancy Treatment (SCRIPT) Program** is an evidence-based intervention that prenatal providers can use to help pregnant women decrease or eliminate tobacco use.

## Considerations for Implementation

The most recent update of the U.S. Preventive Services Task Force also recommends that providers offer tobacco counseling [services to adolescents](#). The CDC has prepared [a fact sheet](#) that describes special considerations for treating adolescent patients. Specifically, providers should offer interventions that are **developmentally appropriate** and that respect the **confidentiality** of the patient.

In addition, the U.S. Preventive Services Task Force recommends that providers [screen and counsel all pregnant women](#) who use tobacco, preferably with tailored materials that discuss the effects of tobacco on maternal and fetal health.

Rural providers who cannot access tobacco counseling training or have staffing constraints may wish to explore the option of contracting with a **certified tobacco counselor via telemedicine**. Medicare covers telehealth for both brief and intensive tobacco cessation counseling sessions. However, because [best practices](#) recommend consistently identifying and treating every tobacco user, this option may only be feasible for small practices that do not have significant counseling demands. Some rural clinics also **collaborate with local partners** to provide patients with access to tobacco cessation services. For example, the [Upper Peninsula Health Care Network](#) in Michigan encourages patient referrals to group counseling sessions at local health departments.

Many rural providers find that they need to **address comorbid conditions** while treating patients for tobacco use. Comorbid conditions can include depression, mood disorders, cancer, heart disease, and chronic obstructive pulmonary disease, among others. The [Clinical Practice Guidelines](#) indicate that integrating tobacco dependence treatment into chronic disease management programs may be an effective way to provide cessation services to populations with comorbid conditions.

Rural providers should consider **educating staff members** about the importance of providing tobacco cessation treatment to every identified tobacco user. Provider's offices may need to designate one staff member to coordinate referral or treatment plans for patients. Rural primary care providers should be aware that non-physician personnel may be able to directly provide tobacco counseling to patients as well. [Medicare covers smoking cessation counseling](#) services for qualified smokers, as long as these services are provided by a [Medicare-recognized practitioner](#) (for example, clinical nurse specialists and clinical psychologists, among others).

Providers may need to assess which **type of counseling** will best benefit their patients. Some rural practices report that patients are reluctant to join group counseling sessions due to a perceived lack of privacy or confidentiality in small communities. However, some community members may appreciate the support of their peers in their efforts to quit. Rural providers may also consider offering telephone counseling sessions to accommodate patients with limited access to transportation.

## Program Clearinghouse Examples

- [Altura Centers for Health](#)
- [Na Pu'uwai](#)

## Resources to Learn More

### [Comparative and Cost Effectiveness of Telemedicine Versus Telephone Counseling for Smoking Cessation](#)

Document

This article describes a study conducted in rural Kansas that compares the cost effectiveness of an integrated telemedicine counseling intervention to telephone counseling.

Author(s): Richter, K.P., Shireman, T.I., Ellerbeck, E.F., Cupertino, A.P., Cox, L.S., Preacher, K.J., et al.

Citation: Journal of Medical Internet Research, 17(5), e113

Date: 5/2015

### [Helping Smokers Quit: A Guide for Clinicians](#)

Document

This brief pocket guide for clinicians summarizes the 5As and suggested medications for tobacco dependence treatment.

Organization(s): U.S. Department of Health and Human Services, Public Health Service

Date: 5/2008

### [Strengthening Health Systems for Treating Tobacco Dependence in Primary Care: Part III – Training for Primary Care Providers](#)

Document

This training guide includes guidance for developing and implementing tobacco-focused health systems policies, systems changes, and interventions. The audiences include policy makers, primary care service managers, primary care providers, and future trainers.

Organization(s): World Health Organization

Date: 2013

### [Treating Tobacco Use and Dependence: 2008 Update](#)

Document

This report is an update to the 2000 Clinical Practice Guideline was published that describes new and effective clinical treatments for tobacco.

Organization(s): Tobacco Use and Dependence Guideline Panel, U.S. Department of Health and Human Services

Date: 5/2008

## **Models for Schools**

Tobacco cessation and prevention programs that target young people are often implemented in schools. Rural school-based programs address tobacco prevention through education and training, or they address tobacco cessation by providing resources and social support.

### **Models in this section:**

- [School-Based Tobacco Prevention and Cessation Programs](#)

## School-Based Tobacco Prevention and Cessation Programs

The goal of school-based tobacco prevention and cessation programs is to keep young people tobacco free so that they remain tobacco free for the rest of their lives. In 2000, the [Surgeon General's Report](#) stated that school-based interventions can reduce or postpone the onset of smoking among youth by 20 to 40%. In addition, the 2012 [Surgeon General's Report](#) reviewed the literature on school-based programs and determined that many can be effective in preventing and decreasing tobacco use in the short-term, and that certain programs demonstrated long-term prevention effects as well. The report emphasized that effective programs are integrated into [community-wide prevention efforts](#).

**School-based prevention programs:** School-based prevention programs are often in the form of age-specific classroom curricula, but are also implemented as special school programs, media literacy training, and peer education programs. These programs can inform participants about the dangers of secondhand smoke, build participants' capacity to identify and resist the influence of peers and tobacco marketers, and teach refusal skills.

**School-based cessation programs:** School-based cessation programs focus on supporting students in their efforts to quit using tobacco products. These programs can teach students refusal skills and avoidance techniques, provide social support from peers and counselors, and link participants to resources in the community.

## Examples of School-Based Tobacco Prevention and Cessation Programs

Several federal agencies have compiled information about evidence-based tobacco prevention and cessation programs in rural schools. Rural program planners should review the evaluation criteria and program content to determine if these programs can address the needs of their students.

- [The Narconon® Truth About Drugs Video Program](#) is a multimedia intervention that addresses the social motives that influence the use of drugs among middle and high school students.

The **National Institute of Justice's** [CrimeSolutions.gov](#) database lists several school-based programs in rural settings that have evidence of preventing or decreasing tobacco use:

- *Effective programs:*
  - [LifeSkills® Training](#) is a classroom-based drug prevention program that focuses on building self-management, social, and refusal skills to upper elementary and middle school-aged children.

- [Linking the Interests of Families and Teachers](#) (LIFT) is a preventive intervention that seeks to prevent antisocial and aggressive behaviors and promote positive development among elementary school children.
- The [Midwestern Prevention Project](#) (MPP) involves implementing community-wide strategies that reinforce anti-drug messaging among middle schoolers.
- *Promising programs:*
  - The [Minnesota Smoking Prevention Program](#) promotes awareness of the negative effects of tobacco use among school-aged children.
  - [Project Toward No Tobacco Use](#) (Project TNT) addresses multiple risk factors associated with tobacco use for students in fifth through ninth grade.
  - [Project Venture](#) is a substance use prevention program for at-risk American Indian youth that focuses on outdoor experiential learning.
  - [Spit Tobacco Intervention for Athletes](#) promotes awareness about the effects of smokeless tobacco among young male athletes.

The **National Cancer Institute's** [Evidence-Based Cancer Control Programs](#) database lists two school-based programs that have promising outcomes for decreasing tobacco use:

- [Not-on-Tobacco Program](#) (NOT) is a group cessation program for daily smokers between the ages of 14 and 19.
- [A Smoking Prevention Interactive Experience](#) (ASPIRE) is a multimedia smoking prevention and cessation intervention for middle and high school students.

## Considerations for Implementation

In 1994, the Centers for Disease Control and Prevention (CDC) released [Guidelines for School Health Programs to Prevent Tobacco Use and Addiction](#). These guidelines suggested that schools implement seven recommendations to effectively prevent tobacco use among youth:

1. **Create school policies around tobacco use.** There are several resources dedicated to promoting tobacco-free school policies, including North Carolina's [Assessment Tool for Becoming a 100% Tobacco Free School District](#) and Maine's guide to [Implementing School Policies](#). For more information about tobacco-free policies, see [Module 2](#).
2. **Educate students on the negative physiological and social effects of tobacco use.** Rural school administrators should carefully review the content of their tobacco prevention and/or cessation programs to ensure that they meet the needs of their student population.
3. **Integrate tobacco prevention education for all students, with a focus on junior high and middle school grades.** Program planners should tailor the content of their school-based prevention or cessation program to ensure it is appropriate for the target age group.

4. **Offer special training to educators and other program facilitators.** Many school-based tobacco prevention and cessation programs provide self-led training materials to teachers and other facilitators. School administrators in rural communities may also seek to implement programs that enable teachers to receive training online or via video conferencing.
5. **Engage parents in tobacco prevention efforts.** Some rural communities may choose to involve advisory councils or groups in their tobacco prevention and cessation efforts. Advisory councils can include school district personnel, students' family members, and other stakeholders. School administrators may need to seek permission from parents and guardians before providing a tobacco prevention or cessation intervention to students.

Rural communities may also choose to involve students in the advisory group to ensure that programs will be well accepted and meet their needs. One **school system** in a county with a largely rural population that served high school students expanded an existing tobacco use prevention program to include information about cessation. The school system established a workgroup that included student representatives who solicited feedback from their peers about important components for a cessation curriculum.

6. **Offer tobacco cessation support to students and staff.** School administrators may consider building partnerships with local providers in order to strengthen the efficacy of school-based cessation programs. Students may need referrals to a provider in order to receive tobacco cessation medication or more intensive tobacco cessation counseling.
7. **Consistently evaluate tobacco prevention programs.** See [Module 5](#) for evaluation considerations for a rural tobacco prevention and cessation program.

School based health centers (SBHC) provide another setting to reach students and promote tobacco prevention and cessation. [The Rural Health and Schools Topic Guide](#) outlines how SBHCs can be utilized to make positive health behavior changes in students. Further information on how to integrate health services within rural SBHCs can also be found in the [Rural Services Integration Toolkit](#).

State and local health departments can be valuable resources to rural school districts seeking to implement a tobacco prevention program. For example, the Utah Department of Health Tobacco Prevention and Control Program has prepared [School Resource Guide: Utah Comprehensive Tobacco-Free School Policy Toolkit](#) to help school districts implement the CDC's recommendations listed above. The South Dakota Department of Health developed a [K-12 Tobacco Prevention Toolkit](#) that discusses best practices for tobacco use prevention in school and provides several implementation examples from rural schools. The Colorado Department of Public Health and Environment offers [Second Chance](#), a free online program for youth who have violated their school's tobacco policy that [serves as an alternative to suspension](#).



## **Program Clearinghouse Examples**

- [Southern Coalfields Tobacco Prevention Network](#)

## **Resources to Learn More**

### [Wisconsin School Tobacco Prevention Resources](#)

#### Website

This collection of resources is hosted by the Wisconsin Department of Public Instruction. It contains resources for school districts and others working with youth in tobacco prevention. Resources include training for adults, education for youth, policy resources on other tobacco products (OTP), tobacco assessment tools, and school resources.

Organization(s): Wisconsin Department of Public Instruction

## Module 3: Program Clearinghouse



The HRSA Federal Office of Rural Health Policy funded rural communities to implement tobacco cessation and prevention activities as part of the 330A Outreach Authority program. This program focuses on expanding access to healthcare services in rural areas.

Examples of current 330A Outreach Authority grantees and other promising programs that developed a tobacco prevention or cessation program in a rural community are provided below. Evidence-based and promising service models for improving tobacco cessation and prevention are available in [Module 2](#).

- [Alaska Tobacco Prevention and Control Program](#)  
**Project:** Alaska's Tobacco Quit Line, TPC Community Based Grant Program, Alaska Native Workgroup  
**Synopsis:** This comprehensive tobacco control program seeks to decrease tobacco use in Alaska by providing funding for local tobacco strategies to support tobacco-free policies and promoting the state tobacco quitline and local cessation resources.
- [Altura Centers for Health](#)  
**Project:** Small Health Care Provider Quality Improvement Grant Program  
**Synopsis:** This health clinic uses a quality improvement intervention to improve tobacco use screening and increase tobacco cessation referrals for patients.
- [Na Pu`uwai](#)  
**Project:** Tobacco Cessation Program  
**Synopsis:** This healthcare organization offers culturally-appropriate and evidence-based tobacco cessation services to Native Hawaiian patients on the island of Molokai.
- [National Native Network](#)  
**Project:** Keep it Sacred  
**Synopsis:** This national network of tribal organizations seeks to decrease commercial tobacco use by linking tribal communities to culturally-tailored tobacco control tools and resources.

- [North Dakota Center for Tobacco Prevention and Control Policy \(BreatheND\)](#)  
**Project:** North Dakota's Comprehensive Tobacco Prevention Program  
**Synopsis:** BreatheND worked with the North Dakota Department of Health and local public health units across the state to reduce tobacco use through policy change and tobacco prevention messaging.
- [Southern Coalfields Tobacco Prevention Network](#)  
**Project:** Spit it Out  
**Synopsis:** This network focuses on promoting tobacco-free policies, reducing tobacco use among dual tobacco users, and preventing initiation of tobacco use among elementary school students.
- [Upper Peninsula Health Care Network](#)  
**Project:** Small Health Care Provider Quality Improvement Grant Program  
**Synopsis:** This healthcare network provides support to rural clinicians in order to improve screening and treatment of tobacco users.
- [Vermont Department of Health Tobacco Control Program](#)  
**Projects:** 802Quits, Down and Dirty, and CounterBalanceVT  
**Synopsis:** The Vermont Department of Health Tobacco Control Program promotes tobacco cessation through online, in-person, or phone tobacco cessation counseling services and free tobacco cessation medication. They also have a tobacco prevention social branding campaign for teens identifying as “Country” and a community education campaign that addresses the influence of point-of-sale tobacco advertising on youth.

## Alaska Tobacco Prevention and Control Program

- **Project Title:** Alaska's Tobacco Quit Line, TPC Community Based Grant Program, Alaska Native Workgroup
- **Program Representative Interviewed:** Eliza Muse, Program Coordinator
- **Location:** Anchorage, AK
- **Program Overview:** The [Alaska Tobacco Prevention and Control Program](#) (TPCP) funds communities to implement their own comprehensive tobacco programs, providing support for the adoption of tobacco-free policies across the state, and promotes the use of Alaska's Tobacco Quit Line and other local cessation resources.

The TPCP also works to ensure that tobacco outreach efforts are tailored to address cultural considerations for Alaskans. For example, the program partnered with the state's quitline contractor to develop a training for quitline coaches about special considerations for serving Alaska Natives. TPCP also focuses on decreasing disparities related to tobacco use among Alaska Native populations. The program partners with tribal and non-tribal programs in an effort to support tobacco-free workplace resolutions in tribal communities.

### Models represented by this program:

- [Comprehensive Tobacco Control Programs](#)
- [Quitline Interventions](#)
- [Tobacco-Free Policies](#)
- [Mass-Reach Health Communication Interventions](#)

## Altura Centers for Health

- **Project Title:** Small Health Care Provider Quality Improvement Grant Program
- **Grant Period:** 2013-2016
- **Program Representative Interviewed:** Brittany Lizardo, Director of Nursing
- **Location:** Tulare, CA
- **Program Overview:** [Altura Centers for Health](#) (Altura) implemented a quality improvement intervention to better identify tobacco users and promote cessation attempts. Altura providers are prompted to ask each patient about tobacco use by an electronic health record system and linked electronic disease registry system. Providers then direct tobacco users to cessation services, such as the California Smoker's Helpline (1-800-No-Butts) and clinic-provided counseling services and health education.

Altura also employs *promotoras* (community health workers) to provide outreach and education to community members, including migrant farm workers. Altura trains *promotoras* to provide information about disease conditions and behaviors, including tobacco use.

### Models represented by this program:

- [Systems Change Interventions to Support Clinicians](#)
- [Community Health Worker Interventions](#)

## Na Pu`uwai

- **Project Title:** Tobacco Cessation Program
- **Program Representative Interviewed:** Nicole Robello, Behavioral Health Program Director
- **Location:** Kaunakakai, HI
- **Program Overview:** [Na Pu`uwai](#), a Native Hawaiian organization on the island of Molokai, offers evidence-based tobacco cessation services to patients. The behavioral health staff provides brief interventions based on the 5As model, as well as more intensive tobacco cessation interventions for patients that require additional support. In addition, Na Pu`uwai provides patients with nicotine replacement therapy free of charge and helps facilitate access to other medications for smoking cessation.

As access to transportation can be limited in this rural community, Na Pu`uwai offers telephone counseling and provides culturally-tailored “quick kits” during the first counseling session to encourage long-term cessation efforts. These kits include materials that support exercise, including water bottles and pedometers, and oral alternatives to tobacco, such as sunflower seeds.

### **Models represented by this program:**

- [Systems Change Interventions to Support Clinicians](#)
- [Tobacco Dependence Treatment, Including Health Coaching or Counseling](#)

## National Native Network

- **Project Title:** [Keep it Sacred](#)
- **Program Representative Interviewed:** Joshua Hudson, Program Manager
- **Location:** Sault Sainte Marie, MI
- **Program Overview:** The National Native Network (NNN) is a multifaceted network of tribal organizations that offers resources and technical assistance to tribal communities that are implementing tobacco and cancer prevention and control activities. NNN focuses on decreasing the use of commercial tobacco use among American Indian/Alaska Native populations while acknowledging the importance of the sacred or traditional use of tobacco in many tribal communities.

NNN is jointly funded by the Centers for Disease Control and Prevention's Office on Smoking and Health and their Division of Cancer Prevention and Control. It is administered by the [Inter-Tribal Council of Michigan](#). The [California Rural Indian Health Board](#), the [Great Plains Tribal Leaders' Health Board](#), and the [Southeast Alaska Regional Health Consortium](#) are also represented on NNN's board of directors.

### Models represented by this program:

- [Tobacco-Free Policies](#)

## North Dakota Center for Tobacco Prevention and Control Policy (BreatheND)

- **Project Title:** North Dakota's Comprehensive Tobacco Prevention Program
- **Program Representative Interviewed:** No contact; program ended in 2017
- **Location:** Bismarck, ND
- **Program Overview:** The North Dakota Center for Tobacco Prevention and Control Policy, also known as [BreatheND](#), was created in 2008 after voters passed a ballot measure to fund tobacco control and prevention programs with a portion of revenue from the Master Settlement Agreement (a portion called the Strategic Contribution Fund). BreatheND was successful in disseminating tobacco prevention media messages and promoting tobacco-free policies throughout the state.

BreatheND also supported tobacco cessation and prevention in rural communities by working closely with local public health units. For example, BreatheND developed model smoke-free policies and anti-tobacco messaging. This program ended in 2017.

### Models represented by this program:

- [Tobacco-Free Policies](#)
- [Mass-Reach Health Communication Interventions](#)



## Southern Coalfields Tobacco Prevention Network

- **Project Title:** Spit it Out
- **Program Representative Interviewed:** Donald Reed, 4-H Extension Agent, West Virginia University Extension Service
- **Location:** Welch, West Virginia
- **Program Overview:** The [Southern Coalfields Tobacco Prevention Network](#) is a network of six county coalitions in rural West Virginia. The network provides individual county coalitions with policy guidance and presents a unified effort for tobacco control and prevention in the region. The network focuses on promoting tobacco-free policies, reducing tobacco use among dual tobacco users (users of cigarettes and smokeless tobacco), and preventing initiation of tobacco use among elementary school students. The network also provides outreach to special populations in the region that are disproportionately affected by tobacco use, such as coal miners and pregnant women who smoke. A recent anti-smokeless tobacco program, Spit it Out, was successful in providing tobacco cessation services to hundreds of community members and facilitating the adoption of tobacco-free policies in five workplaces.

### Models represented by this program:

- [Smoke-Free Policies](#)
- [Mass-Reach Health Communication Interventions](#)
- [Community Mobilization to Restrict Minors' Access to Tobacco Products](#)
- [Faith-Based Interventions](#)
- [Tobacco Cessation Services Provided by Worksites](#)
- [School-Based Tobacco Prevention and Cessation Programs](#)

## Upper Peninsula Health Care Network

- **Project Title:** Small Health Care Provider Quality Improvement Grant Program
- **Grant Period:** 2013-2016
- **Program Representative Interviewed:** Dennis Smith, Executive Director
- **Location:** Marquette, Michigan
- **Program Overview:** The Upper Peninsula Health Care Network (UPHCN) is conducting quality improvement activities for primary care provider offices and Rural Health Clinics through the Lean for Clinical Redesign Clinical Process Initiative. This involves working with office staff to help map their workflows and incorporate tobacco cessation metrics into their electronic health record. Through increased screening for tobacco use for improved follow-up of quit attempts, UPHCN is aiming to increase access to tobacco cessation counseling and reduce tobacco use among patients.

### **Models represented by this program:**

- [Systems Change Interventions to Support Clinicians](#)

# Vermont Department of Health Tobacco Control Program

- **Project Titles:** [802Quits](#), [Down and Dirty](#), and [CounterBalanceVT](#)
- **Program Representative Interviewed:** Rebecca Brookes, Chronic Disease Information Director
- **Location:** Burlington, VT
- **Program Overview:** The [Vermont Department of Health Tobacco Control Program](#) is implementing a comprehensive tobacco control and cessation program that features three key initiatives:
  - **802Quits** is an adult tobacco cessation counseling service accessed online, on the phone, or in person. Eligible participants receive guidance from tobacco treatment specialists referred to as “Vermont Quit Partners,” and access to free nicotine gum, patches or lozenges. 802Quits includes a provider engagement program to encourage referrals. 802Quits uses mass-media and [digital promotion](#).
  - **Down and Dirty** is a tobacco prevention social branding campaign for rural teens who identify with a “Country” lifestyle: hunting, off-roading, and mudding. Down and Dirty strives to shift the perception that to be Country is to use tobacco. The campaign uses [digital engagement](#), event sponsorships, and brand ambassadors.
  - **CounterBalanceVT** educates parents and raises awareness at a community level about tobacco advertising in the retail environment. The goal is to reduce the influence of point-of-sale tobacco advertising on youth by supporting community partners and a network of community coalitions. The initiative uses mass-media, [digital promotion](#), and community/youth engagement.

## Models represented by this program:

- [Comprehensive Tobacco Control Programs](#)
- [Mass-Reach Health Communication Interventions](#)
- [Quitline Interventions](#)
- [Reducing Out-Of-Pocket Costs for Evidence-Based Cessation Treatments](#)
- [Community Mobilization to Restrict Minors' Access to Tobacco Products](#)

## Module 4: Implementation Considerations for Rural Tobacco Control and Prevention Programs

### Implementation



Each rural community has different needs and faces different challenges; there is no one-size-fits-all implementation strategy for rural tobacco cessation and prevention programs. This module describes cross-cutting issues to consider prior to implementing a tobacco program in a rural community.

For a broad overview of rural program implementation, see [Implementing a Rural Community Health Program](#) in the Rural Community Health Toolkit.

#### **In this module:**

- [Formative Research and Needs Assessments](#)
- [Resources Needed for Implementation](#)
- [Access to Technology](#)
- [Partnerships](#)
- [Considerations for Populations](#)
- [Implementation Challenges](#)

## Formative Research and Needs Assessments

Formative research is conducted before a program begins in order to answer important questions about key issues, such as the needs and values of the target population. Formative research is important when developing tobacco prevention and control programs because it can help to guide strategies for reaching at-risk populations.

A [needs assessment](#), which is required of not-for-profit hospitals by law, is a formative research activity that can identify the priorities of community members regarding a particular issue. They are also important tools for identifying available community resources, gaps in resources, and barriers to accessing those resources. The University of Kansas' [Community Tool Box](#) offers a comprehensive overview of needs assessments. The National Association of County and City Health Officials (NACCHO) has also developed a [partnership building and planning tool](#) for community health programming.

Conducting a needs assessment is an important first step in developing a tobacco control and prevention program because it can increase **understanding about how tobacco** is used in the community and how and where to target limited resources. Needs assessments can also highlight **cultural considerations** for tobacco cessation and prevention programs — such as the difference between commercial and traditional uses of tobacco in tribal communities, strategies that can best reach limited English proficient populations, and any special ties to the tobacco industry in the community (see [Cultural Ties to Tobacco](#) in Implementation Challenges).

Needs assessments can help to answer the following questions, among many others:

- How many people in the community are using tobacco?
- Who is using tobacco in the community? Are there any specific populations that have a disproportionately high percentage of use?
- What kind of tobacco is being used in the community? (For example, smokeless, cigarettes, e-cigarettes)
- If youth are using tobacco, how are they accessing it?
- What organizations are focusing on tobacco prevention and cessation in the community and may be potential partners?
- What local tobacco- or smoke-free policies are in place?
- Are there any national or state data sources on tobacco in the community?

## Resources Needed for Implementation

Tobacco cessation and prevention interventions can require **significant funds** and **dedicated staff**. For example, in order to reach rural communities through mass-reach media interventions, program planners may need to purchase television and radio ad space or outdoor bulletins and other signage.

While social media may be a less costly alternative to print and broadcast media, program planners should investigate whether they can effectively reach their target population through less traditional communication channels.

In addition, implementing systems changes in rural healthcare facilities can be a costly endeavor. Rural clinicians may not have sufficient time to offer counseling to every tobacco user. Support staff, such as nurses, health educators, or [tobacco treatment specialists](#), may be able to offer cessation services onsite. Support staff may also facilitate tracking, referrals, and follow-ups with tobacco users.

The Rural Health Information Hub provides information about recent [funding announcements](#) for rural communities, including opportunities that focus on [tobacco use](#). The Federal Office of Rural Health Policy also shares [funding opportunities](#) for rural community health organizations.

## **Access to Technology**

Access to technology can be critical to the success of certain tobacco cessation activities, particularly healthcare interventions that seek to improve screening and treatment rates for tobacco users. Providers and clinical staff often use electronic health records (EHR) to help identify tobacco users and track their cessation attempts. EHRs may also help increase referrals to state tobacco quitlines (see [Quitline Interventions](#)).

The Office of the National Coordinator for Health Information Technology compiled several [resources](#) that may support critical access and small rural hospitals in their efforts to implement EHR systems. Several of these tools may also apply to smaller rural clinics.

# Partnerships

## Partnerships with Local Stakeholders

Local partnerships can be critical to effectively decreasing rates of tobacco use and preventing initiation of tobacco use in a rural community. It is important to secure buy-in from respected leaders and existing networks of local stakeholders in the community who may be interested in supporting tobacco prevention and cessation efforts.

**Local businesses** can be especially important partners in tobacco cessation efforts, as many people are exposed to secondhand smoke in the workplace, and tobacco use can [reduce productivity](#). Research suggests that consumers may be unaware of tobacco cessation services that are covered by their insurance. Employers can play a role by providing information to employees about their health plan's coverage for tobacco cessation counseling and pharmacotherapy.

Program planners may also ask local businesses and **community-and faith-based organizations** to display educational information about the state quitline, details about cessation resources in the community, or messaging about tobacco prevention.

Some rural communities form or join formal tobacco control coalitions in order to share limited resources, build support, and create united strategies for policy. The Centers for Disease Control and Prevention developed [a guide about tobacco coalitions](#) that describes characteristics of effective coalitions.

## Partnerships with State Tobacco Control Programs and Public Health Agencies

Local tobacco cessation and prevention programs may choose to partner with state-wide tobacco control programs in order to capitalize on existing resources and share consistent messaging. For example, rural communities have found that mass-reach communications efforts are most effective when there is a “united voice” across the state.

Through a joint effort, North Dakota was successful in implementing tobacco prevention media messages through TV and radio advertisements, press releases, and event participation. [The North Dakota Center for Tobacco Prevention and Control Policy \(BreatheND\)](#) worked with local public health units across the state to focus on the denormalization of tobacco through mass media to meet the goal of changing the social norm of tobacco use. While each local public health unit had different priorities, such as tobacco-free parks or tobacco-free multi-unit housing, the center provided tools and resources to the local public health units to address these priorities. Mass media efforts were co-branded with the local public health unit and BreatheND.



Program planners may also attempt to facilitate relationships between state quitlines and local healthcare providers. Rural clinics with limited resources to provide tobacco cessation services may benefit from referring patients to quitlines that can provide telephone counseling and assistance with accessing tobacco cessation medication. However, some rural providers may be hesitant to refer their patients to services outside of the community. Additional information about the quitline's services and medications that they can offer may help address the concerns of rural providers.

## **Partnerships with National Organizations**

National organizations focused on tobacco issues—including the [American Lung Association](#) and the [American Cancer Society](#) can partner with rural communities to promote tobacco prevention and cessation activities. Local chapters of these organizations can provide resources and tools to rural communities with limited funding for tobacco control activities.

# Implementation Considerations for Different Populations

When implementing a rural tobacco control and prevention program, it is important to remember that some populations have unique considerations and may require special attention.

## Populations:

- [Young Adults](#)
- [Lesbian, Gay, Bisexual, Transgender, and Questioning/Queer Persons](#)
- [African American Populations](#)
- [Hispanic/Latino Populations](#)
- [Tribal Populations](#)

## Considerations for Tobacco Programs for Young Adults

Many rural communities not only provide tobacco prevention and cessation programming to youth, but also actively involve young adults in tobacco control efforts. Young adults can offer program planners special insight into tobacco-related issues that affect their peers in the community. Some states, such as [Maine](#), support state or regional networks of youth activists in their mission to decrease tobacco use among their peer groups. The Truth Initiative offers a [youth activism toolkit](#) that provides guidance and resources to youth who are interested in getting involved in tobacco cessation and prevention in their schools and communities.

Parents and guardians are critical partners for schools that are seeking to provide tobacco cessation and prevention programming to students. School-based programs may need to seek permission from parents and guardians to provide anti-tobacco interventions to students. Schools also need to ask parents and guardians for consent to provide students with tobacco cessation counseling through school-based health centers. Some program planners actively involve parents in tobacco prevention and cessation efforts through advisory councils and community coalitions.

In addition, programs that focus on youth may choose to partner with local stakeholders in order to promote tobacco-free environments in all settings. Potential partners include:

- Schools, which can pass tobacco-free policies on school grounds
- Tobacco retailers, who can make a commitment to restricting minors from accessing tobacco
- Healthcare providers, who can provide tobacco screening and cessation services to school-aged youths

## Considerations for Lesbian, Gay, Bisexual, Transgender, Questioning/Queer, and Intersex Persons

Lesbian, gay, bisexual, transgender, and questioning/queer (LGBTQ+) people are an important population for tobacco control efforts given this population's [high prevalence](#) of tobacco use. Many factors may contribute to tobacco use among LGBTQI+ people including stigma, discrimination, and social norms. Additionally, commercial tobacco companies have conducted strategic advertising campaigns focused on LGBTQI+ people, particularly gay men, since the 1990s.

A [2014 systematic review](#) of clinical, community, and policy-focused tobacco cessation interventions for LGBTQI+ people found that many interventions have limited reach. The review also found few effective community, policy, and media interventions for tobacco cessation for LGBTQI+ people. The cessation research is most limited for transgender populations. The study found that further research is needed to explore if community interventions can improve tobacco cessation outcomes for this population. There is also a need for research that explores the impacts of policy interventions on tobacco cessation and identifies optimal strategies for messaging in media campaigns for LGBTQI+ people.

There are promising practices available to guide the development of tobacco cessation interventions for LGBTQI+ people. The American Lung Association emphasizes the need for [multiple strategies](#) such as targeted interventions that focus on prevention and cessation, the expansion and improvement of data collection and reporting on tobacco use in the LGBTQI+ population, and the need for tobacco control programs in LGBTQI+ organizations.

## Considerations for Tobacco Programs for African American Populations

The tobacco industry has long focused on African American populations as an important market segment. This history is important when considering African American populations' attitudes towards tobacco and interventions focused on cessation. Today, African American people are more likely to die from smoking-related illnesses such as heart disease, cancer, and stroke than White people.

**Menthol tobacco** products, in particular, are heavily marketed in African American communities and sold at a lower price point in those areas. Menthol is associated with folk medicine, and thus some people believe menthol tobacco is less harmful. Tobacco control programs and policies targeting menthol tobacco products are needed.

Additionally, African American children and adults are more likely to be exposed to secondhand smoke than other populations, identifying an important opportunity for interventions focused on secondhand smoke exposure. Contributing to this, African Americans are less likely to be covered under smoke-free workplace policies.

## Considerations for Tobacco Programs for Hispanic/Latino Populations

When designing and implementing tobacco cessation programs in Hispanic/Latino populations, it is important to consider the [unique challenges](#), which contribute to tobacco use, including limited English proficiency, less exposure to anti-tobacco messages, and high workplace exposure to secondhand smoke, among others. Other factors that should be considered when developing programs for this population include an [increased risk for using menthol cigarettes](#) and a pattern of [light and intermittent smoking](#).

The [Community Outreach Tool Kit for Parenting Healthy, Tobacco-free Hispanic/Latino Youth](#) is a toolkit designed to help community leaders to develop a multimedia campaign to increase awareness of the impact of secondhand smoke exposure among Hispanic/Latino parents who recently arrived in the U.S.

It is also important to disseminate messages through communication channels in Spanish. The California Department of Public Health has developed an [fact sheet on the health benefits of quitting smoking](#) for Spanish language speakers.

# Considerations for Tobacco Programs for Tribal Populations

In some tribal communities, tobacco has sacred or traditional connotations and is used for **ceremonial or medicinal purposes**. Rural program planners that serve American Indian/Alaska Native populations should be aware of the distinction between traditional and commercial tobacco use.

The [National Native Network](#) (NNN), jointly funded by the Centers for Disease Control and Prevention (CDC)'s [Office on Smoking and Health](#) and [Division of Cancer Prevention and Control](#), is a key source of information about decreasing commercial tobacco use and related illnesses among American Indian/Alaska Native populations. NNN offers information about differences between [traditional](#) and [commercial](#) uses of tobacco, [success stories](#) of tribal communities that are implementing commercial tobacco prevention and cessation activities, and a [toolkit](#) that includes examples of commercial tobacco-free policies.

All tribes are different and no single approach to commercial tobacco prevention and cessation will fully meet the needs of all American Indian/Alaska Native populations. Conducting a community tobacco needs assessment or policy scan can help program planners understand the unique context of the population they serve. NNN offers sample tobacco policy readiness assessments for:

- [Tribal leaders](#)
- [Tribes and tribal organizations](#)
- [Schools](#)

## Culturally Tailored Smoking Cessation for Tribal Populations

Rural healthcare providers that serve American Indian/Alaska Native populations may consider tailoring their tobacco cessation materials to address cultural considerations about tobacco use. The University of Arizona HealthCare Partnership developed several tobacco cessation resources for Native communities, including a [brochure](#) for providers that is based on the [5As](#) and the [Basic Tobacco Intervention Skills Certification for Native Communities](#). Red Star Innovations, in collaboration the Inter-Tribal Council of Michigan, also developed a [workbook](#) that provides suggestions for tailoring the 5As for tribal communities. As described in the [Quitline Model](#), providers in some states can also refer eligible patients to the [American Indian Commercial Tobacco Program](#).

## Tribal Smoke-Free Policies

As sovereign government entities, tribal governments are exempt from state- and local-level tobacco-free laws. However, several tribal governments have enacted their own policies in

order to protect community members from the harmful effects of commercial tobacco. NNN's [Commercial Tobacco Smoke-Free Tribal Policy Toolkit](#) is an important resource for tribal communities seeking to implement a smoke-free policy. Americans for Nonsmokers' Rights has also compiled resources related to [smoke-free policies in tribal communities](#).

The Alaska Department of Public Health and Social Services [Tobacco-Free Alaska](#) offers resources and information about tribal resolutions to support tobacco-free policies. These include [resources](#) focused on tobacco-free colleges, schools, multi-unit housing, workplaces, and behavioral health.

## **Multigenerational Considerations**

Program planners may need to consider addressing or involving multiple generations of tribal communities in tobacco cessation and prevention efforts. For example, tobacco cessation and prevention programs that are tailored for multiple generations in the community can help emphasize the importance of living a commercial tobacco-free life at every age. In addition, elders and older community members may help emphasize the sacred role of tobacco in their Tribe, while educating youths about the dangers of commercial tobacco use. The American Indian Cancer Foundation developed a [report that describes how elders](#) may be able to engage youth in tobacco control efforts.

## **Resources to Learn More**

### [The Alaska Native Community Evaluation Project: An Equity Lens Review of Tobacco Prevention & Control in Alaska](#)

Document

This report describes disparities in tobacco use and cessation among Alaska Natives and provides recommendations for decreasing tobacco use in this population.

Organization(s): State of Alaska Tobacco Prevention & Control Program

Date: 2015

### [Breathe Easy Casino Workers: Smoke-free Casino Model Policy & Implementation Toolkit](#)

Document

This model policy and implementation toolkit includes considerations for tribal casinos.

Organization(s): American Nonsmokers' Rights Foundation

Date: 2013

### [Breathe Easy: Tobacco-Free Policies](#)

Website

The Alaska Department of Public Health and Social Services offers smoke-free and tobacco-free policies and information. Resources are available for implementing policies for tobacco-free colleges, schools, multi-unit housing, workplaces, and behavioral health

Organization(s): The Alaska Department of Public Health and Social Services



### [Gambling with Our Health: Smoke-Free Policy Would Not Reduce Tribal Casino Patronage](#)

#### Document

This study describes the results of a survey that indicate that casino patronage would not be adversely affected by a smoke-free policy.

Authors: Brokenleg, I.S., Barber, T.K., Bennett, N.L., Peart Boyce, S., & Blue Bird Jernigan, V.

Citation: American Journal of Preventive Medicine, 47(3),290-9

Date: 2014

### [National Native Network TA Webinar: Smoking Cessation in the Clinical Setting](#)

#### Video/Multimedia

This webinar presents information about developing smoke-free policies, tailoring smoking cessation curricula with cultural considerations, and implementing clinical tools and resources for smoking cessation.

Organization(s): National Native Network

Date: 9/2015

### [National Native Network Webinar Series: Tobacco Control and American Indian Cancer Policy](#)

#### Video/Multimedia

This webinar provides suggestions for how healthcare professionals and tribal leadership can collaborate to develop tobacco control policies.

Organization(s): National Native Network

Date: 2/2016

### [Smoke Free Event Toolkit: Primary Event Planning](#) and [Communication and Advertising](#)

#### Documents

The Native American Rehabilitation Association of the Northwest funded the development of the Smoke-Free Event Toolkit, which provides planning recommendations and sample communications materials for smoke-free tribal events.

Organization(s): The Native American Rehabilitation Association of the Northwest

### [Tobacco in Native American Communities | A Smoke Free Powwow](#)

#### Video/Multimedia

This short video describes how the Confederated Tribes of Warm Springs made the Simnasho Pow Wow a commercial tobacco-free event.

Organization(s): Smoke Free Oregon and the Confederated Tribes of Warm Springs

Date: 4/2015

### [Tobacco Prevention](#)

#### Website

The Indian Health Service has compiled resources related to tobacco use among American Indian/Alaska Natives.

Organization(s): Indian Health Service, Division of Health Promotion/Disease Prevention

### Tobacco-Free Tribal Resolutions

#### Document

This document provides talking points and a resolution that support tobacco-free workplace policies in Alaska.

Organization(s): Alaska Tobacco Control Alliance, Southeast Alaska Regional Health Consortium, and Alaska Native Tribal Health Consortium

## Implementation Challenges

Rural communities may face unique challenges when implementing a tobacco cessation and prevention intervention.

### Lack of Anonymity

Some rural tobacco cessation programs report that individuals decline group counseling because they are hesitant to share their experiences with other community members. Maintaining anonymity is especially challenging in small rural communities. One rural program addressed this issue by offering smoking cessation counseling over the phone. Other programs offer in-person individual counseling or refer community members to state quitlines and online cessation services. Some rural clinics find that [integrating primary and behavioral care](#) helps address the stigma that may be associated with seeking services for tobacco dependence.

### Transportation

Telephone counseling and quitlines can also help rural communities overcome transportation barriers that limit access to in-person cessation services in healthcare facilities. In addition, some state quitlines send nicotine replacement therapy via mail, which allows rural residents to receive cessation medication without traveling to a prescriber and pharmacy. Cessation services offered through the workplace and community-based organizations can also help eliminate access barriers related to travel.

### Preemption

State-level laws can [preempt](#) local governments from passing laws that regulate the sale and use of tobacco, including ordinances that regulate tobacco advertising, mandate tobacco- and smoke-free spaces, restrict youth access to tobacco, and tobacco retailer licensure. The American Medical Association and the Robert Wood Johnson Foundation's SmokeLess States National Tobacco Policy Initiative developed a [report](#) that describes how some local governments have addressed preemption in their states.

### Cultural Ties to Tobacco

Rural communities may have deep cultural ties to tobacco use and production. Some activities linked to rural culture, such as rodeos, hunting, and mining, [are associated](#) with tobacco sponsorship or disproportionately high levels of tobacco use. Several rural communities have created tailored tobacco prevention and cessation materials that specifically address the cultural implications of tobacco use:

- One of many of the cultural-based videos for [Down and Dirty](#) focuses on [tobacco-free hunting](#). Other approaches, based on primary research, include strong family ties and the effect of tobacco on younger siblings.
- As part of the communications effort for the Montana State Quitline, the Department of Health and Human Services created advertisements ([Rodeo Carson](#), [Rodeo Charley](#)) that feature rodeo riders promoting tobacco-free living.
- The [Southern Coalfields Tobacco Prevention Network](#) in West Virginia provided tobacco cessation classes at mining sites and creating advertisements promoting tobacco cessation that highlighted the support of local mining companies.

In addition, some rural community members who live in tobacco-producing regions or are involved in raising tobacco themselves may have concerns about the effects of tobacco control on the local economy.

## Module 5: Evaluation Considerations for Tobacco Prevention and Control Programs

### Evaluation



Conducting an evaluation can help demonstrate a tobacco prevention and control program's impact and outcomes. Evaluation findings may be used to assess the effectiveness of a tobacco prevention and control program, determine return on investment, and identify future programmatic needs. Rural tobacco prevention and control programs conduct evaluations to track process and outcome measures to determine how well the program achieves its goals.

This module discusses considerations for program evaluation and presents steps that may be followed in the evaluation of rural tobacco prevention and control programs.

For a detailed overview of program evaluation, see [Evaluating Rural Programs](#) in the Rural Community Health Toolkit.

#### **In this module:**

- [Evaluation Frameworks](#)
- [Stakeholders Involved in Evaluation](#)
- [Evaluation Questions](#)
- [Data Collection Methods](#)
- [Examples of Evaluation Measures](#)

## Evaluation Frameworks

Rural communities use many different frameworks to evaluate tobacco cessation and prevention programs. Some key resources that may help rural program planners include the Centers for Disease Control and Prevention's (CDC) [Introduction to Program Evaluation for Comprehensive Tobacco Control Programs](#) and the University of Wisconsin-Extension's [Planning a Program Evaluation](#).

Additional information on evaluation designs and questions can be found in the Rural Community Health Toolkit [Module 4: Evaluation Design](#) and in the resources listed below.

## Resources to Learn More

### [Cigarette Restitution Fund Program Tobacco Use Prevention and Cessation Program: Logic Model](#)

Document

This report from the Maryland Department of Health and Mental Hygiene explains the state's plan for its Cigarette Restitution Fund Program, laying out all steps in its logic model. This serves as a good example of how to utilize a logic model in the context of a tobacco cessation program.

Author(s): Kanamori, M., Randolph, S., Carter-Pokras, O., & Wallen, J.

Organization(s): Maryland Department of Health and Mental Hygiene

Date: 2008

### [Conducting Quitline Evaluations: A Workbook for Tobacco Control Professionals](#)

Document

This workbook is a guide to help develop an evaluation for a quitline. The included tools and resources, which can all be downloaded in Word, should be adapted to meet specific program's evaluation needs.

Organization(s): Centers for Disease Control and Prevention

Date: 2015

### [Introduction to Program Evaluation for Comprehensive Tobacco Control Programs](#)

Document

This report is a guide for planning and implementing an evaluation specifically for state tobacco control program staff. It covers planning, design, implementation, and use of practical and comprehensive evaluation strategies.

Author(s): MacDonald, G., Starr, G., Schooley, M., Yee, S.L., Klimowski, K., & Turner, K.

Organization(s): Centers for Disease Control and Prevention

Date: 11/2001

### Surveillance and Evaluation Data Resources for Comprehensive Tobacco Control Programs

#### Document

This resource is warehouse of evaluation resources for comprehensive tobacco control programs. It is designed for program staff and evaluators to use when planning their evaluation to think about the kinds of data to collect for the evaluation.

Organization(s): Centers for Disease Control and Prevention

Date: 6/2014

### Tobacco Control Evaluation Center

#### Website

The toolkit includes evaluation-related resources to help build the evaluation capacity of tobacco prevention programs. There are sections focusing on evaluation planning, data collection, analysis and reporting, and samples of their published reports.

Organization(s): Tobacco Control Evaluation Center at UC Davis

## Stakeholders Involved in the Evaluation

Stakeholders and community partners are critical to the success of rural tobacco cessation and prevention activities. Stakeholders are also often the intended audience for the evaluation results, so their input in the evaluation process is important. Stakeholders can include individuals or organizations with a vested interest in the program and its outcomes, such as:

- Those already engaged with the program (for example, healthcare providers, health educators, departments of health, program managers and staff, coalition members and partners, funders)
- Those who have benefited from the program (for example, patients, family members, local organizations and businesses, elected officials, advocacy groups)
- Those who would use the evaluation results to take action (for example, healthcare providers, clinics, health systems, and federal, state, tribal or territorial government agencies and departments)

## Resources to Learn More

[Introduction to Program Evaluation for Comprehensive Tobacco Control Programs, Chapter 1: Engage Stakeholders](#)

Document

This guide teaches how to evaluate comprehensive tobacco control programs. In this first chapter, easy-to-follow steps to engage stakeholders in the program and evaluation are explained.

Author(s): MacDonald G., Starr G., Schooley M., Yee S.L., Klimowski K., & Turner K.

Organization: Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion

Date: 2001



## Evaluation Questions

A key part of designing an evaluation is determining what questions should be discussed throughout the evaluation. Examples of evaluation questions for tobacco prevention and control programs are provided below.

### Questions for a Process Evaluation

- What tobacco prevention and control services are delivered and to whom? (for example, nicotine replacement therapy, individual counseling, group counseling)
- What were the barriers and challenges that affected implementation of the tobacco cessation and prevention activities? What facilitated implementation?
- How did community members, patients, or clients perceive the program?
- How did staff members perceive the program?
- How many people were exposed to anti-tobacco messaging?

### Questions for an Outcome Evaluation

- Did community members, patients, or clients report any changes in their tobacco use? Were there changes in their knowledge of the effects of tobacco?
- What programmatic or policy changes have occurred in state or local jurisdictions as a result of the tobacco program?
- Has the program helped reduce tobacco-related death and disability in the target population?
- Was the intervention cost effective? That is, did it save the health system money?

## Resources to Learn More

### [The Evaluation Life Cycle](#)

Website

Connects to a variety of different guides that can be helpful for communities developing a tobacco prevention and control program. Topics covered include evaluation types, needs assessments, defining goals, and evaluation planning, among many others.

Organization(s): Tobacco Control Evaluation Center

### [Introduction to Program Evaluation for Comprehensive Tobacco Control Programs, Chapter 3: Focus the Evaluation Design](#)

Document

This chapter focuses specifically on refining the evaluation design, such as developing the evaluation objectives, questions, and design structure. The chapter also includes links to other guides and resources to assist with tobacco program evaluation.

Author(s): MacDonald G., Starr G., Schooley M., Yee S.L., Klimowski K., & Turner K.

Organization(s): Centers for Disease Control and Prevention

Date: 2001

## OTIS Evaluation Guide

### Document

This resource includes an extensive section on defining evaluation objectives and purpose. The focus is on developing the evaluation plan and thinking about the whole composed evaluation design.

Organization(s): California Department of Public Health

Date: 2007

## Data Collection Methods

Program planners will need to select the appropriate data sources to address their evaluation goals and questions. More information about data collection can be found in the Rural Community Health Toolkit section, [Collect and Analyze Quantitative and Qualitative Data](#). Tobacco prevention and control program leaders may use a range of different data sources, including:

- **Surveys and questionnaires:** Rural tobacco prevention and control program staff conduct surveys with individuals receiving services and other key stakeholders and partner organizations. Some programs also conduct satisfaction surveys with patients as well as referring agencies to evaluate the value of the program. The Tobacco Control Evaluation Center at the University of California, Davis offers a [sample tobacco survey](#) for researchers.
- **Focus groups and interviews:** Rural tobacco prevention and control programs may conduct focus groups with members of the public to identify needs in a community or discuss satisfaction with a program. The Tobacco Control Evaluation Center at the University of California, Davis offers [sample interview questions](#) for evaluation researchers.
- **Observations:** Rural program planners may use observation methods to record behaviors, situations, and events related to tobacco. For example, one rural tobacco program used observation techniques to assess the number of community members smoking in a park before and after the enactment of a tobacco-free park ordinance.
- **Documents:** Program leaders may review program data, electronic health record data, administrative data, and other information to understand the outcomes of the tobacco program.
- **Policies:** Program planners may choose to track tobacco-related policies that are enacted or in development throughout the course of the program.

## Examples of Evaluation Measures

Rural tobacco prevention and control programs have found that having a common set of [evaluation measures](#) can help to keep the project team working towards the same goals. Baseline and interval measures can be used to monitor the effectiveness of program activities and document changes in the target population. It is important to link each measure to a particular question in the evaluation to ensure that the data answers the question. The measures used to evaluate tobacco prevention and control programs vary depending on the [program model](#) and the goal of the evaluation. For example:

- **Process Measures** focus on measuring how services are provided. Examples include the number of:
  - Staff trained
  - Educational sessions held
  - Calls to the quitline
  - Quit attempts by participants
  - Partnerships the program has formed with other stakeholder organizations
  - Meetings held with partners to assess progress and make changes
  - Staff trained in program practices
  - Patients enrolled in and/or served by the program
  - Referrals to other services
  - News stories covering tobacco control issues in the target area.
- **Outcome Measures** focus on measuring the results or overall achievements of the program. The Centers for Disease Control and Prevention (CDC) developed a [list of outcome variables](#) for comprehensive tobacco control programs. Other examples include:
  - Change in availability of health and social services in the community (for example, locations for tobacco cessation classes, providers regularly counseling patients on tobacco usage)
  - Change in health behaviors over time (for example, number of cigarettes smoked in the last week, or number of quit attempts)
  - Change in awareness of health topics (for example, lung cancer, hypertension)
  - Change in policies and legislation related to health (for example, school policy change to ban/limit smoking on the property)
  - Return on investment (ROI) in program examining social and healthcare cost savings

## Resources to Learn More

### Analyze Data

#### Website

Includes instructional videos and tip sheets on analyzing, visualizing, and reporting data from tobacco program evaluations.

Organization(s): The Tobacco Control Evaluation Center at UC Davis

### Comprehensive Evaluation Plan for the New York Tobacco Control Program

#### Document

RTI conducted an evaluation of the New York State Department of Health's Tobacco Control Program. This report explains the program evaluation, challenges encountered, and methods.

Author(s): Austin, W.D., Crankshaw, E., Donoghue, S., Farrelly, M.C., Holden, D., Loomis, B., & St. Claire, A.

Organization(s): RTI International

Date: 10/2003

### Collect Data

#### Website

The Tobacco Control Evaluation Center compiled a variety of resources to help communities decide what kind of data to collect, develop instruments, and collect data. There are many examples of tobacco program data collection tools, as well as guides and resources to inform program implementers.

Organization(s): Tobacco Control Evaluation Center

### Question Inventory on Tobacco (QIT)

#### Website

A tool that categorizes more than 1,000 tobacco-related questions that can be used in questionnaires for programs to help collect data on program participants' health, behavior, and attitude changes

Organization(s): Centers for Disease Control and Prevention

## Module 6: Funding and Sustainability Considerations for Tobacco Programs

### Funding & Sustainability



Sustainability is important to consider early in the planning and implementation stages of a tobacco program. For general information on sustaining programs in rural communities, see [Planning for Funding and Sustainability](#) in the Rural Community Health Toolkit.

This module discusses key considerations for sustainability and highlights sustainability strategies, particularly those related to tobacco prevention and control programs.

#### **In this module:**

- [Importance of Sustainability Planning](#)
- [Sustainability Strategies](#)

## Importance of Sustainability Planning

A sustainability plan outlines strategies to continue a tobacco prevention and control program. The most effective tobacco prevention and control programs are those that are able to be sustained long-term, so that they can continue to promote tobacco-free behaviors among community members. Sustainability can involve maintaining program services, staff members, and relationships among participating organizations. Tobacco prevention and control programs should tailor sustainability plans to their specific needs, goals, and resources.

Key issues to consider when planning for sustainability include:

- What parts of the tobacco program will be sustained?
- How will partners and stakeholders stay engaged and invested?
- What contributions can partners and stakeholders provide?
- What impact did the program have? How can cost-savings or other metrics associated with tobacco prevention and control program activities be documented?
- How can human, financial, and in-kind resources from the community be leveraged to help continue the tobacco program?
- What are short-term and long-term funding and/or reimbursement options?

In addition to sustainability plans, rural tobacco prevention and control programs may need a risk management plan to help prepare for unexpected events, such as the loss of a partner or changes in federal and state policies.

The Rural Health Information Hub provides [Sustainability Planning Tools](#) to help rural organizations plan for sustainability and information about recent [funding opportunities](#) for rural communities.

# Tobacco Prevention and Control Program Sustainability Strategies

Rural tobacco prevention and control programs sustain program funding through:

- **Contributions from partner organizations** – Partner organizations can contribute funding, in-kind time, staff/volunteers, or space for meetings and classes
- **Funding from grants and contracts** – For example, The [Truth Initiative](#) or the [Foundation for Rural Service](#), and the [W.K. Kellogg Foundation](#)
- **Funding from state agencies** – For example, state departments of human services and departments of health
- **Funding from the [Master Settlement Agreement \(MSA\)](#)**
  - In 2008, North Dakota voters passed a measure to use MSA dollars to fund and administer the [Center for Tobacco Control Policy](#) (BreatheND), which conducted tobacco prevention and control activities. This program ended in 2017.
  - More information on state tobacco prevention spending and state tobacco revenues is available through the [Campaign for Tobacco-Free Kids](#).
- **Funding from federal agencies**
  - The Centers for Disease Control and Prevention's Office on Smoking and Health administers the [National and State Tobacco Control Program](#) (NTCP), which funds state and territorial health departments to achieve the goals set out in [Best Practices for Comprehensive Tobacco Control Programs](#). The NTCP's Tobacco Control Map provides links to the NTCP-funded state programs.
  - [The Federal Office of Rural Health Policy](#) funds more than 400 grantees impacting the lives of 400,000 rural community residents. Some of these grantees have conducted tobacco prevention and cessation activities.
- **Reimbursement from insurance programs** – The American Lung Association [describes](#) how different insurance plans cover tobacco cessation services for beneficiaries. States may be able to secure [Medicaid funding](#) for services provided through tobacco quitlines. Program planners should determine which non-physician personnel are eligible to provide tobacco counseling in their state and which major insurance programs will cover counseling.

The Rural Community Health Toolkit also provides information about general [Sustainability Strategies](#).



## Resources to Learn More

### [Reimbursement for Smoking Cessation Therapy: A Healthcare Practitioner's Guide](#)

Document

Reimbursement is a complicated process and this guide walks through many of those considerations and understand the regulating legislation. The guide explains different payers and stakeholders, available resources, and coding for billing. This was produced before the Affordable Care Act, so users should verify current legislation in addition to the information included.

Organization(s): Professional Assisted Cessation Therapy (PACT)

## Module 7: Dissemination Considerations for Rural Tobacco Control and Prevention Best Practices

### Dissemination



Disseminating program results can help rural tobacco control and prevention programs to develop relationships with stakeholders, share the business case for their program with funders, demonstrate need for federal grant funding, and increase awareness of the services they provide.

For more information on general dissemination best practices, see [Disseminating Best Practices](#) of the Rural Community Health Toolkit.

#### **In this module:**

- [Dissemination Audiences](#)
- [Dissemination Methods](#)

## Dissemination Audiences

One key consideration for the dissemination of tobacco control and prevention best practices is the target audience for the project findings or products. Key audiences may include:

- [Association of State and Territorial Health Officials](#)
- [National Association of County and City Health Officials](#)
- [State Offices of Rural Health](#)
- Non-governmental organizations
  - [American Lung Association](#)
  - [American Heart Association](#)
  - [American Cancer Society](#)
  - [The Truth Initiative](#)
  - [Americans for Nonsmokers' Rights](#)
  - [Campaign for Tobacco-Free Kids](#)
- [Rural health associations](#)
- [Public health associations](#)
- [Law enforcement agencies](#)
- [Cooperative Extension System](#)
- Local policymakers, including legislatures or city council members
- Community-based organizations
- Business owners/employers
- Healthcare providers
- Schools
- Parents
- Youth

## Dissemination Methods

The most appropriate communication channels and events for disseminating findings, products, or best practices for a tobacco program will depend on the objective. Common methods of dissemination include:

- Public service announcements
  - See [Mass-Reach Health Communication Interventions](#) in Module 2 for additional information and considerations
- National tobacco control events
  - [The Great American Smoke Out](#)
  - [Take Down Tobacco Day](#)
  - [World No Tobacco Day](#)
- Health fairs and other community events (for example, farmer's markets or flea markets)
- Social media platforms (for example, Facebook or X)
- Program email newsletters
- Peer-reviewed journals and newsletters, such as:
  - [Addiction](#)
  - [American Journal of Preventive Medicine](#)
  - [American Journal of Public Health](#)
  - [Cancer Causes and Control](#)
  - [Journal of Ambulatory Care Management](#)
  - [Journal of Healthcare Management](#)
  - [Journal of Health Disparities Research and Practice](#)
  - [Journal of Primary Care and Community Health](#)
  - [Journal of Rural Health](#)
  - [Journal of Rural Mental Health](#)
  - [Tobacco Control](#)
- Articles in local print media
- Conferences
- Presentations
- Webinars

## Resources to Learn More

### [Dissemination of Rural Health Research: A Toolkit](#)

Document

This toolkit aims to help rural researchers develop dissemination products.

Author(s): Schroeder, S. & Bauman, S.

Organization(s): Rural Health Research Gateway, University of North Dakota Center for Rural Health

Date: 2019

### [Tobacco](#)

Website

Provides interventions reviewed by The Community Guide along with a summary of the Task Force finding.

Organization(s): Community Preventive Services Task Force

### [Tobacco Prevention and Evaluation Program Reports](#)

Website

The Tobacco Prevention and Evaluation Program conducts evaluations for tobacco control, prevention, and cessation initiatives. Their website includes descriptions of their evaluation projects, as well as the reports from those projects which can provide guidance for others developing their own evaluation reports and presentations.

Organization(s): The University of North Carolina at Chapel Hill, Tobacco Prevention and Evaluation Program

# About this Toolkit

## Toolkit Development

The *Rural Tobacco Control and Prevention Toolkit* was first published on 7/14/17.

Toolkits are developed based on a review of FORHP grantees' applications, foundation-funded projects, and an extensive literature review, to identify evidence-based and promising models. Programs featured in the toolkit are interviewed to provide insights about their work and guidance for other rural communities interested in undertaking a similar project.

## Credits

This toolkit was produced by the NORC Walsh Center for Rural Health Analysis in collaboration with the Rural Health Information Hub (RHIfhub).

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## Contact

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- RHIfhub at 1-800-230-1898 or email [info@ruralhealthinfo.org](mailto:info@ruralhealthinfo.org)

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