



RURAL POLICY RESEARCH INSTITUTE

**RUPRI Health Panel**

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Office of the Assistant Secretary for Health  
Office of the Secretary  
U.S. Department of Health and Human Services  
Attention: HHS Smoking Cessation Framework 2023  
By electronic submission at: [HHSSmokingCessationFramework2023@hhs.gov](mailto:HHSSmokingCessationFramework2023@hhs.gov)

The Rural Policy Research Institute Health Panel (Panel) was established in 1993 to provide science-based, objective policy analysis to federal lawmakers. The Panel is pleased to offer comments in response to this request for information (RFI), focused on sections that fall within the scope of our expertise. We structure our response using the five questions in the RFI.

To be most impactful in rural communities, the Panel recommends a broader approach to tobacco cessation, not just smoking cessation. The prevalence of smokeless tobacco (e.g., snuff, dip, snus, and chewing tobacco) is [higher in rural areas than urban areas](#), and cessation efforts should be inclusive of strategies specific to smokeless tobacco.

**1. Are the proposed goals appropriate and relevant for addressing the needs of populations disparately affected by smoking?**

The six goals are appropriate and relevant. Nevertheless, we recommend a stated focus on addressing disparities based on geography. Interventions should adapt to the multiple cultures in each community. We recommend that interventions be *culturally competent*. This means that attention is paid to the traditions and norms of local communities in rural America, which vary not only by the demographics of the populations (race, ethnicity) but also by long-established mores in the community ([such as smokeless tobacco being most prevalent in rural communities in the Midwest and South, among those serving in the military, and employed in mining, utilities, and agriculture](#)). The diversity of rural populations calls for a variety of approaches. For example, smoking cessation efforts in American Indian and Alaska Native populations must respectfully consider the use of tobacco in ceremonial activities.

Another dimension of rural life affecting tobacco use (again, not solely smoking) is the limited access to behavioral health services. Rural populations may use substances, such as tobacco, to self-medicate as a way to mitigate the stresses brought about by economic distress (see [the Panel paper](#) on this topic). Programs to reduce tobacco use need to be integrated with programs to address the unmet behavioral health needs of rural populations.

**2. Do the broad strategies capture the key components and aspects needed to drive progress toward increasing cessation?**

We recommend specific strategies to engage critical players in health finance and delivery. As Medicare Advantage plan and Medicaid Managed Care Organization enrollment grows, research and demonstration projects should develop best practices for these payers. Likewise,

robust evaluations of tobacco cessation programs that are tailored to the communities with the highest tobacco use are needed. Specifically, we should better understand what works and what does not work so that future tobacco cessation incentives and prevention program investments can be most effective, particularly in those communities at elevated risk due to high tobacco use.

### **3. Are there additional goals or broad strategies that should be included in the Framework?**

In addition to the strategies noted in the first two responses, we recommend payment strategies that incentivize both clinical providers and health plans to address tobacco cessation. We reinforce our earlier recommendation that Medicaid Managed Care Organizations be encouraged to provide tobacco cessation programs and collaborate with state and local public health departments. Lessons learned from the Centers for Disease Control and Prevention's (CDC) [618 Initiative](#), which facilitated collaboration between state public health departments and Medicaid agencies to increase reimbursement for and uptake of evidence-based interventions related to tobacco cessation, could be leveraged in rural communities and other communities where tobacco use rates remain high. CMS Guidance letters to state Medicaid agencies should be used to disseminate best practices.

We also recommend combining tobacco cessation programs with other programs to improve the health and well-being of rural populations. Tobacco use is often linked to other substance use, such as alcohol, methamphetamines, and opioids. A comprehensive approach to expand access to behavioral health services is foundational to reducing tobacco use.

Building robust data capacity in rural and underserved communities to understand and track tobacco use, which includes data access (e.g., medical records and tobacco sales), collection, (e.g., quantitative and qualitative data) and analysis, is an important strategy to include in the Framework. Trusted local public health and healthcare professionals need data to inform their tobacco prevention and cessation efforts while policy makers and health plans need data to guide incentives, payment, and policy.

### **4. What targeted actions should HHS (Department-wide or within a specific HHS agency) take to advance these goals and strategies?**

Actions should ensure that person-centered health homes include multi-disciplinary professionals who can address the needs of local residents in the context of community culture. Community health workers and social workers are essential to assist persons and families dealing with the myriad of issues related to tobacco addiction and other substance use disorders. In addition, programs that promote health literacy will help individuals better understand how substance use disorders programs can be helpful.

### **5. What metrics and benchmarks should be included to ensure that the Framework drives progress?**

We recommend supporting research specifically focused on rural communities and populations. We acknowledge that undertaking research that collects metrics and benchmarks in rural areas presents key challenges, including accessing small populations and accounting for the diversity that characterizes all populations, including rural residents.

Respectfully submitted,

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