

A Case Study in Health Disparities: How the Past, Present, and Future Use of Tobacco Fuel Disparate Health Outcomes

Tobacco Free Nebraska
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Agenda

- Tobacco Use in Nebraska
- Why Do People Use Tobacco?
 - Social Determinants of Health
- Population Case Studies
- Nebraska Tobacco Quitline

Social Determinants of Health



Social Determinants of Health
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Smoking-Related Deaths

2,500 DEATHS

were attributed to smoking in 2022.⁴



That's more than the entire population of St. Paul.⁵

Of those who died, 1,450 were men and 1,050 were women.⁶



Men were more likely to die from smoking-related cancers.



Women were more likely to die from respiratory diseases.

These Nebraskans lost

»———— on average —————>

10 YEARS OF LIFE.⁶



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Smoking-Related Illnesses

Nationwide, for every person who dies from a smoking-attributable cause,



30 more are living with a smoking-attributable illness.⁷

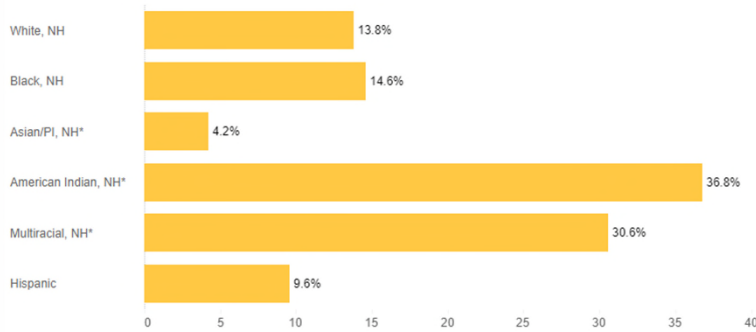
————— In other words —————

75,000 Nebraskans suffered from smoking-attributable illnesses in 2022.

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Health Disparities = Unequal Progress

- Current Cigarette Smoking, Adults 18 and Older, by Race/Ethnicity, Age-Adjusted, 2022



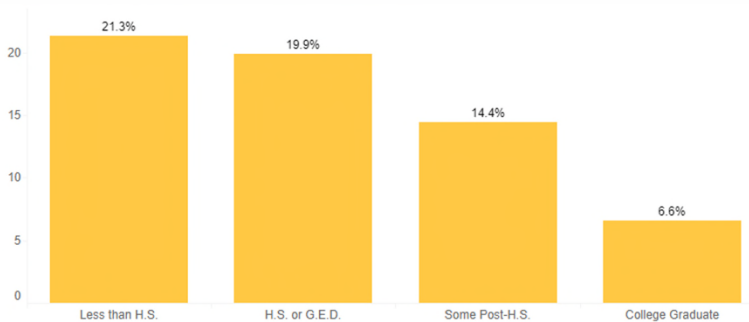
Nebraska Behavioral Risk Factor Surveillance System (BRFSS) Dashboard 2022



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Current cigarette smoking, Adults 18 and older, by Education Attained, Age-Adjusted, 2022

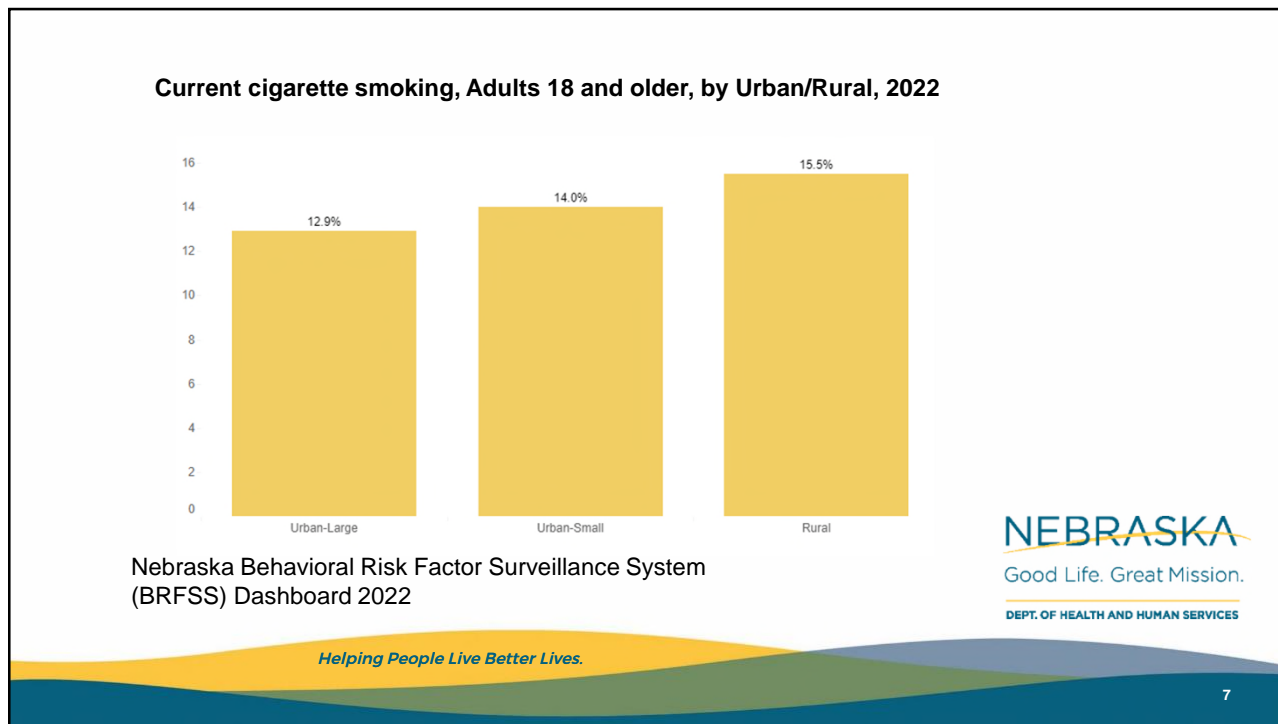


Nebraska Behavioral Risk Factor Surveillance System (BRFSS) Dashboard 2022

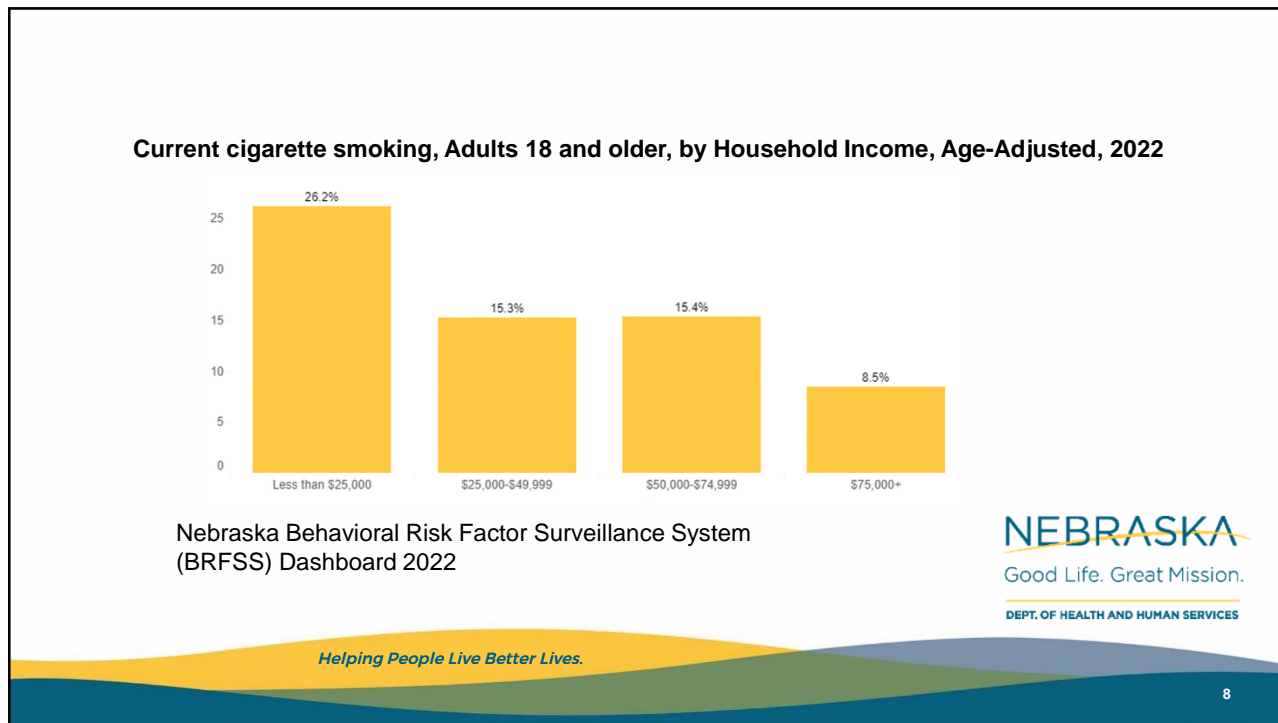


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Why do people use tobacco?

Nearly 9 out of 10 adults who smoke cigarettes daily first try smoking by age 18, and 99% first try smoking by age 26.

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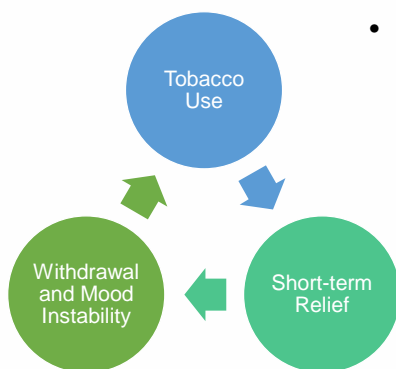
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Nicotine Addiction



- Tobacco dependence is a **chronic, relapsing condition** driven by an addiction to nicotine
 - Nicotine is the addictive drug found in all tobacco products
 - Menthol and flavoring make it harder to quit
 - Nicotine is highly addictive
 - **Emotional** -> **Behavioral** -> **Physical**
 - Nicotine dependence makes it hard to quit smoking
 - People with behavioral health or substance use conditions are significantly more susceptible to withdrawal symptoms
 - Most people try to quit several times before succeeding

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Social Determinants of Health

Education Access and Quality

Health Care Access and Quality

Neighborhood and Built Environment

Economic Stability

Social and Community Context

Tobacco Use Affects ALL These Factors!

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Social Determinants of Health
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Tobacco use is a primary contributor to health disparities in the United States.

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Discrimination, poverty, and other social conditions are associated with commercial tobacco use and can **make it harder to quit.**



Learn more: [CDC.gov/tobacco/features](https://www.cdc.gov/tobacco/features)



[CDC.gov/quit](https://www.cdc.gov/quit)

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Indicators of Low Socioeconomic Status

- Food Insecurity
- Housing Instability
- Unemployment
- Poverty/Economic Stability
- Educational Attainment
- Geographic Location
- Health Insurance Status
- Internet Access

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Tobacco Companies Target Vulnerable Communities

- ▶ Low income communities often are disproportionately targeted by tobacco companies and have fewer protections against tobacco related diseases!
 - Neighborhoods where people have lower incomes tend to have more stores selling and advertising commercial tobacco.
 - In neighborhoods with a lower income there are a significantly higher weekly unit sales of tobacco products per tobacco retail store.
 - Tobacco companies target communities with low incomes by using price promotions to increase sales, such as discounts, coupons, and special sales.
 - Tobacco companies promote flavored products—like menthol—in neighborhoods where people of low SES live.



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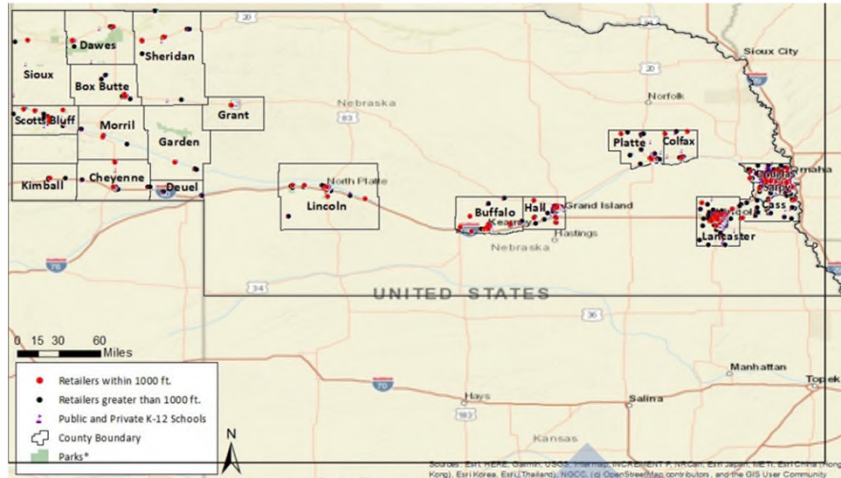
Health & \$\$\$ - The Cost of Tobacco Use

- In the United States, heart disease and cancer are the two most common causes of death, causing more than 1.2 million deaths in 2020 alone.
- Commercial tobacco use is a common link between these two conditions-it is a major contributor to both cardiovascular disease and cancer and is the leading cause of preventable death in the U.S.
- In addition to costing the U.S. more that \$430 billion per year, tobacco-related diseases disproportionately affect people and communities with low SES characteristics.

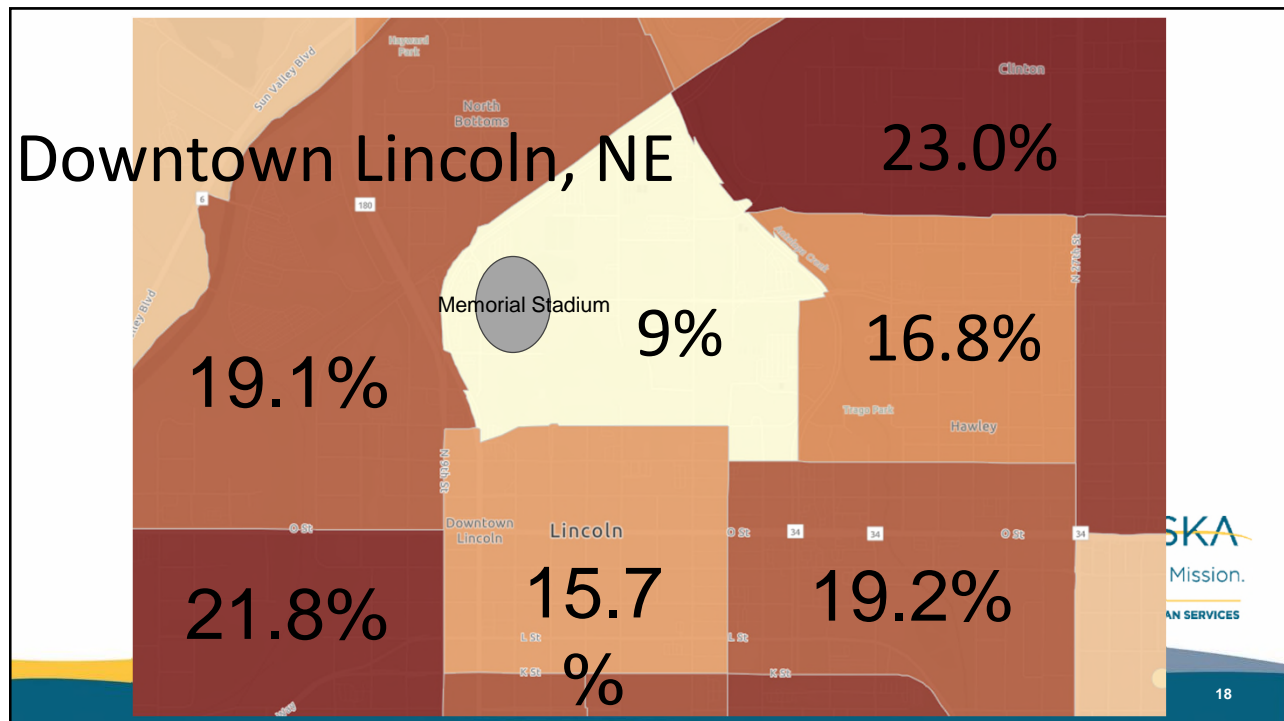
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Community and Environment

- ▶ The neighborhood a person lives in can influence their likelihood of using tobacco.



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Let's Talk About Commercial Tobacco Use In Populations We Serve

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Targeted Campaigns



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Behavioral Health and Tobacco Use

People with mental health and substance use disorders are more likely to use tobacco, use it more frequently, and suffer greater health effects compared to the general population.

THE VICIOUS CYCLE



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Tobacco Myths and Facts for Providers

Myth

False: Self-Medication Hypothesis posits that individuals with mental illnesses smoke to lessen their symptoms. Therefore, tobacco users need tobacco to manage their mental health.

False: If a person with mental health or substance use disorder tries to quit tobacco, their depression, anxiety, psychosis, or substance use will worsen.

False: Quitting tobacco interferes with behavioral health treatment.

Facts

True: Smoking is associated with worse symptoms and outcomes, including greater depressive symptoms, greater likelihood of psychiatric hospitalization, increased suicidal behavior, and drug- and alcohol-use relapse. Therefore, tobacco cessation is an important aspect of treatment and recovery.

True: Quitting tobacco is associated with improvements in mental health, including reductions in depression, anxiety, and PTSD symptoms.

True: People who quit are less likely to relapse and are more likely to have improved mood.

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African Americans and Tobacco Use

- Tobacco companies disproportionately and purposely advertise to African American communities.
- Increased use of menthol products.
- FDA committee report concluded that rejected menthol ban in 2010 could have saved 17,000 lives by 2020. Another study projected 250,000 black lives could be saved by 2050



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Native Americans and Tobacco Use

- Sacred tobacco and commercial tobacco are not the same and are used differently.
- Sacred tobacco was banned for 100 years.



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What can we do to help people quit?

Nearly 70% of adults who smoke report wanting to quit.

More than 50% make a quit attempt each year.

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Policy Solutions to Address Social Determinants of Health

- Affordable housing initiatives
- Healthcare reforms (Medicaid expansion, ACA)
- Community-based intervention (food security programs, etc)
- Expanding access to quality education

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Evidence-Base Cessation Treatments

Tobacco use and dependence often require repeated intervention and long-term support to help patients quit.

7 FDA-approved Tobacco Cessation Medications

- Over-the-Counter Nicotine Replacement Therapy (NRT): Patch, Gum, Lozenge
- By Prescription: Bupropion, Varenicline, and NRTs: Nicotine Inhaler and Nicotine Nasal Spray

Counseling and Medication

- Each is effective when used alone
- Using them together can more than **double the chances of quitting**

Tobacco Quitlines

- Proactive counseling from quitlines increases the chances of quitting when used alone or together with cessation medication. Text messaging and web-based cessation interventions can also help people successfully quit smoking.

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Help new and expecting mothers quit tobacco for a healthier future!

Prevent Bias in Tobacco Counseling.

DID YOU KNOW? Among adults without health insurance who smoke, non-Hispanic Blacks are **65% less likely** to receive quitting advice than non-Hispanic Whites. Remember: **Every person. Every time.**

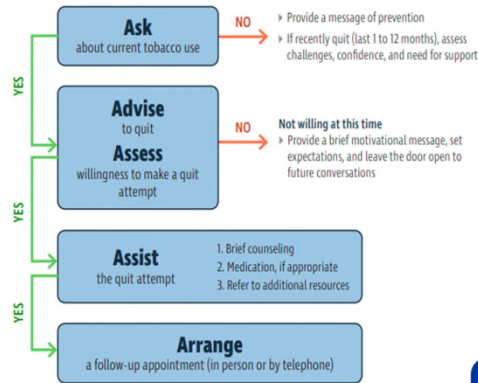


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Ask Every Person, Every Time



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Nebraska Tobacco Quitline Statistics



Users are **60% more likely to quit for good** when they use the Quitline than if they try to quit on their own



Among phone participants who received quit medications, **94% expressed satisfaction with the overall program.**

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How do I use Quitline resources?

CDC Best Practice

Broad Reach

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QUITLINE

Reduce Barriers

Cost-effective

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Nebraska Tobacco Quitline: 1-800-QUIT-NOW

- Hours of Operation
 - 24 hours a day
 - 7 days a week*
- 200+ Languages
 - **English:** 1-800-QUIT-NOW (784-8669)
 - **Spanish:** 1-855-DÉJELO-YA (335-3569)
- Certified Tobacco Cessation Coaches
 - 5 counseling sessions
 - Nicotine replacement therapy (NRT) / quit medication
 - Self-help materials
 - Digital workbook and chat features
 - Free to all Nebraskans

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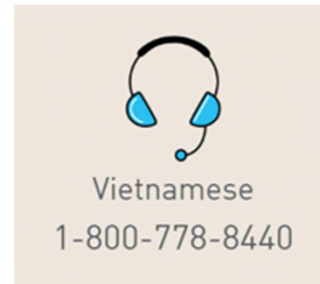
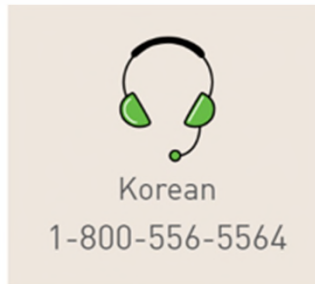
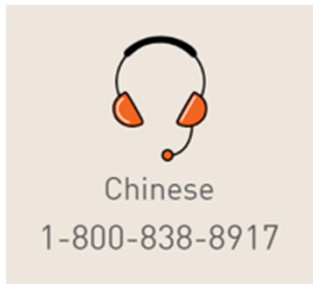
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Language Lines

- ▶ 1. Participants can call language lines (Spanish, Cantonese, Mandarin, Korean, Vietnamese) to be connected to fluent speakers.
- ▶ 2. Based on language marked on referral, Nebraska Tobacco Quitline will call participant with a translator.
- ▶ 3. Nebraskan can call Quitline and be connected to a translator.



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Standard Coaching

Participants can enroll online or on the phone. If referred, the Quitline will contact the person.

During enrollment, the participant qualifies for relevant coaching and a welcome package.

- ~15 MINUTES
- Ex: Native American services, pregnancy

Coaching includes five coaching sessions and unlimited encouragement calls.

- ~30 MINUTE FIRST SESSION, ~20 MINUTE FOLLOW-UPS
- Coaches have Bachelor's degree or above with 2+ years of experience
- Talk therapy with online workbook
- Provide advice about triggers, concerns, and plan of action
- Quit medication selection

Opt-in for reminders and motivational texts/emails.

- Quit date countdown
- Motivation to continue the quit
- Key-word support
- Reminders to re-enroll

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Special Programs to Address Health Disparities

- ▶ Pregnancy and Post-Partum Program
 - Dedicated female PPP coach specialist
 - Five coaching sessions during pregnancy and four coaching sessions postpartum
- ▶ Behavioral Health Program
 - More than 50% of participants report a behavioral health condition
 - Five coaching sessions followed by two sessions 30 and 60 days after the fifth call to help prevent relapse
- ▶ American Indian Program
 - Up to 10 coaching calls with a dedicated American Indian Tobacco Cessation Coach.
- ▶ Youth Smoking and Vaping Cessation Program
 - A youth-oriented cessation website, online enrollment form, and coach (mylifemyquit.com).
 - Tailored, developmentally appropriate educational and self-help materials for teens.

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Youth Texting!

- Youth can text “Start My Quit” to 36072 for coaching over text messaging

CLEAR THE AIR: TALK TO TEENS ABOUT QUITTING VAPING

E-cigarettes are battery-powered devices that usually contain a nicotine-based liquid that is vaporized and inhaled. You may also know them as vapes, e-cigs, vape-pens, e-hookahs or mods. Although “e-cigarette” is used here, the term refers to all of these devices.

How to talk about quitting.

Before the talk:

- Go to dhs.ne.gov/E-Cigarettes for helpful resources.
- Be patient and ready to listen.
- Set a positive example by being tobacco-free.
- Consider coming to other experts for support, like a healthcare provider, school counselor, coach, faith leader, etc.

Have the conversation:

- Choose a moment when the teen will be relaxed and receptive.
- Open the conversation in a friendly way.
- Ask how you can help them succeed.
- Offer support, such as a healthcare professional or the Nebraska Tobacco Quitline and dhs.ne.gov/E-Cigarettes.
- Check in and provide encouragement.

For free help quitting, connect with the Nebraska Tobacco Quitline:

Call 1-888-QUIT-NOW (784-8669) | 1-855-DEJEO-YA (335-3549) | Text QUITNOW to 333888 | DEJEOYA to 333888 | Visit QuitNow.ne.gov

Please note that participants under the age of 18 require parental consent to participate in coaching services through the Nebraska Tobacco Quitline.

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Nicotine Replacement Therapy Starter Kits

- **No insurance required. Participants qualify by completing at least one counseling session.**
- Any Nebraskan resident over the age of 18
- Participants will be screened for medical eligibility. Callers with health conditions impacted by nicotine could require a healthcare provider signature
- After finishing first counseling session, caller qualifies for 2-week supply of nicotine gum, patches, or lozenges
- Insurance/Medicaid may cover additional quit medication

Nicotine Patches



Nicotine Gum



Lozenges



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How to Refer to the Nebraska Tobacco Quitline

Website

- Provider Web Referral
- Online Registration

Fax

- Fax Referral Form
- Provider or CHW

Telephone

- Live Referral
- Patient self Referral

Provider Website: www.QuitNow.ne.gov/providers

Participant

- Website: www.QuitNow.ne.gov - click "Quitline Services"
- Phone: 1-800-QUIT-NOW or 1-855-DÉJELO-YA (335-3569)

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FAX REFERRAL FORM
Web referral option at: Quitline.nes.gov/quitline

NEBRASKA TOBACCO QUITLINE

Step one of this form can be filled out online and printed for the patient to fill out the remainder.

1 Provider Information

CLINIC NAME: _____ CLINIC ZIP CODE: _____

HEALTH CARE PROVIDER: _____ CONTACT NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____

FAX NUMBER (XXX) XXX-XXXX: _____ PHONE NUMBER (XXX) XXX-XXXX: _____

I AM A HIPAA COVERED ENTITY (PLEASE CHECK ONE):
 YES NO DON'T KNOW

EMAIL FOR HIPAA COVERED ENTITY: _____

A HIPAA covered entity is authorized to receive personal health information for the individual being referred. An entity not covered under HIPAA is not authorized to receive personal health information for the individual being referred.

Provider authorization is required to provide nicotine replacement therapy (NRT) to individuals who are pregnant or breastfeeding.

CHECK IF PATIENT IS CURRENTLY: PREGNANT BREASTFEEDING

I authorize the Quitline to send the patient over-the-counter nicotine replacement therapy.

PROVIDER SIGNATURE: _____ DATE: _____
Please sign here if patient may use NRT.

Patient Information

PATIENT NAME: _____ DATE OF BIRTH (MM-DD-YYYY): _____ ZIP CODE: _____

PHONE NUMBER (XXX) XXX-XXXX: _____ HOME WORK CELL

LANGUAGE PREFERENCE (PLEASE CHECK ONE):
 ENGLISH SPANISH OTHER _____

DO YOU REQUIRE ACCOMMODATION WHILE PARTICIPATING IN THE PROGRAM (SUCH AS TTY, TRANSLATOR OR RELAY SERVICE)?
 NO YES. IF YES, PLEASE SPECIFY: _____

2 YES NO I give my permission to the Nebraska Tobacco Quitline to leave a message when contacting me at the number(s) provided above.
 YES NO I consent to receiving text messages with motivational messages, appointment reminders, medication shipments, quit announcements, and other program events. Messages and data rates may apply.

I give my permission to the Nebraska Tobacco Quitline to share information with my provider for the purposes of my health care treatment.


SIGNATURE: _____ PATIENT GUARDIAN PARENT DATE: _____

3 Fax to the Quitline: 1-800-261-6259 DATE SENT: _____

Confidentiality Notice: This form contains confidential information. If you have received this form in an e-mail, please notify the sender immediately by telephone and confidentially inspect the material. We do not review, discuss, copy, or distribute. UPDATED FEBRUARY 2022

Referrals speed up getting Nebraskans the care they need.

- Quitline will call the participant.
- HIPAA-certified agencies can receive patient updates if they refer the patient.
 - Finish enrollment
 - Coaching sessions
 - Quit medication updates



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Reasons to use a Quitline

1. Help to quit tobacco—free, with no judgment.
2. Quit coaches help create a personalized quit plan.
3. Quit coaches can help get quit-smoking medication.
4. Can get helpful tips on cravings
5. More likely to stay quit!

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Tools and Resources

LIVING WITH DIABETES
Quitting Tobacco Can Improve Your Health

Tobacco dragging you down?
There're reasons why you're not alone.

NEBRASKA TOBACCO QUITLINE

Are you ready to quit tobacco?

my why.
Focus on your why. Reach out for help.
Free support resources:
1-800-QUIT-NOW (784-8669)
QuitNow.ne.gov

1-800-QUIT-NOW (784-8669)

YOU CONTROL THE CAN.
The can doesn't control you.

You know you **WANT** to quit.
You know you **CAN** quit.
Now it's time to **DO IT**.

The Nebraska Tobacco Quitline has your back with a how-to checklist that'll help you get the job done.

- Set your chew quit date.
- Switch up your routine a bit to avoid triggers.
- Put something better for you in your truck and back pocket, like gum or sunflower seeds.
- Tell your buddies you're quitting and better off for it.
- Buy something cool for yourself with the money you're saving as a non-chewer.
- Toss every chew can and spit cup outta your life once your quit date hits.
- Call the Quitline any time, 24/7, for useful tips.

Tackle your quit today.
You can do this!
1-800-QUIT-NOW (784-8669)
QuitNow.ne.gov/chew

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www.QuitNow.ne.gov/providers

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How to reach the Quitline

English: 1-800-QUIT-NOW (784-8669)
Spanish: 1-855-DÉJELO-YA (335-3569)

Website: www.QuitNow.ne.gov

Provider Resources, Referrals, Training, and More: www.QuitNow.ne.gov/providers

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Help people with low incomes in your state, county or community quit commercial tobacco by:

Promoting tobacco-related disease screening, prevention, and treatment resources;

Nebraska Tobacco Quitline; <https://dhhs.ne.gov/Pages/Get-Help-to-Quit.aspx>

Community Tobacco Cessation Treatment; information is available at:

https://dhhs.ne.gov/Tobacco%20Free%20Nebraska%20Documents/Nebraska_Tobacco_Cessation_Programs.pdf

Tobacco Free Nebraska Resources available at:

<https://dhhs.ne.gov/pages/QuitlineOrderForm.aspx>

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Questions?

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