

The logo for ASHLINE, featuring the word "ASHLINE" in a bold, green, sans-serif font with a white outline, set against a dark blue background. A small white circle is positioned above the letter 'H'.

Arizona Smokers' Helpline

# Health Systems Strategies to Reduce Tobacco Disparities

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THE UNIVERSITY  
OF ARIZONA

MEL AND ENID  
ZUCKERMAN COLLEGE  
OF PUBLIC HEALTH

Improving the Health of Arizonans

# Session Overview

**Goal:** Identify health systems strategies to reduce tobacco disparities and promote health equity

## Topical Progression

- Overview of tobacco disparities
- Theoretical frameworks and contributing factors
- Links between tobacco control and other priority issues
- Health systems strategies to reduce disparities

# Bottom Line

- **Tobacco use is the leading preventable cause of morbidity and mortality**
- **Significant tobacco-related health disparities exist**
- **Collective, committed, and systematic efforts are needed to reduce and eliminate tobacco-related disparities and promote health equity**



# Achieving Health Equity in Tobacco Prevention and Control

- Eliminate differences in tobacco use and exposure to environmental tobacco smoke (ETS)
- Implement policies that have the potential to influence and change social norms related to tobacco initiation, use and ETS
- Ensure the opportunity for everyone to live a healthy, tobacco-free life

# Making the Case for Health Equity in Tobacco Control

- Comprehensive tobacco control policies
  - Reduce disparities
  - Address factors that influence tobacco-related disparities
  - Create a return on investment
  - Build diverse support for tobacco control

# Overview of Tobacco Disparities

# Tobacco Disparities

- **Age**
  - Initiation (87% daily users start < 18)
  - Adults  $\geq$  65 years less likely to try to quit
- **Disability/limitation**
  - Higher prevalence among people living with disabilities
- **Education**
  - $\downarrow$  education =  $\uparrow$  smoking prevalence
  - 32% of adults < HS vs. 10% w/at least college degree
- **Income**
  - $\downarrow$  income = higher prevalence of smoking and OTP,  $\downarrow$  to successfully quit,  $\uparrow$  to lack access to affordable, evidence-based services to quit

# Tobacco Disparities

- **Geographic location**
  - Rural vs. urban prevalence (26% vs. 18%)
- **Mental/behavioral health disorders**
  - Twice as likely to smoke (higher among SMI)
- **Occupation**
  - ↑ among construction, food preparation, service, transportation
- **Race and ethnicity**
  - ↑ among AI/AN, Black/African American

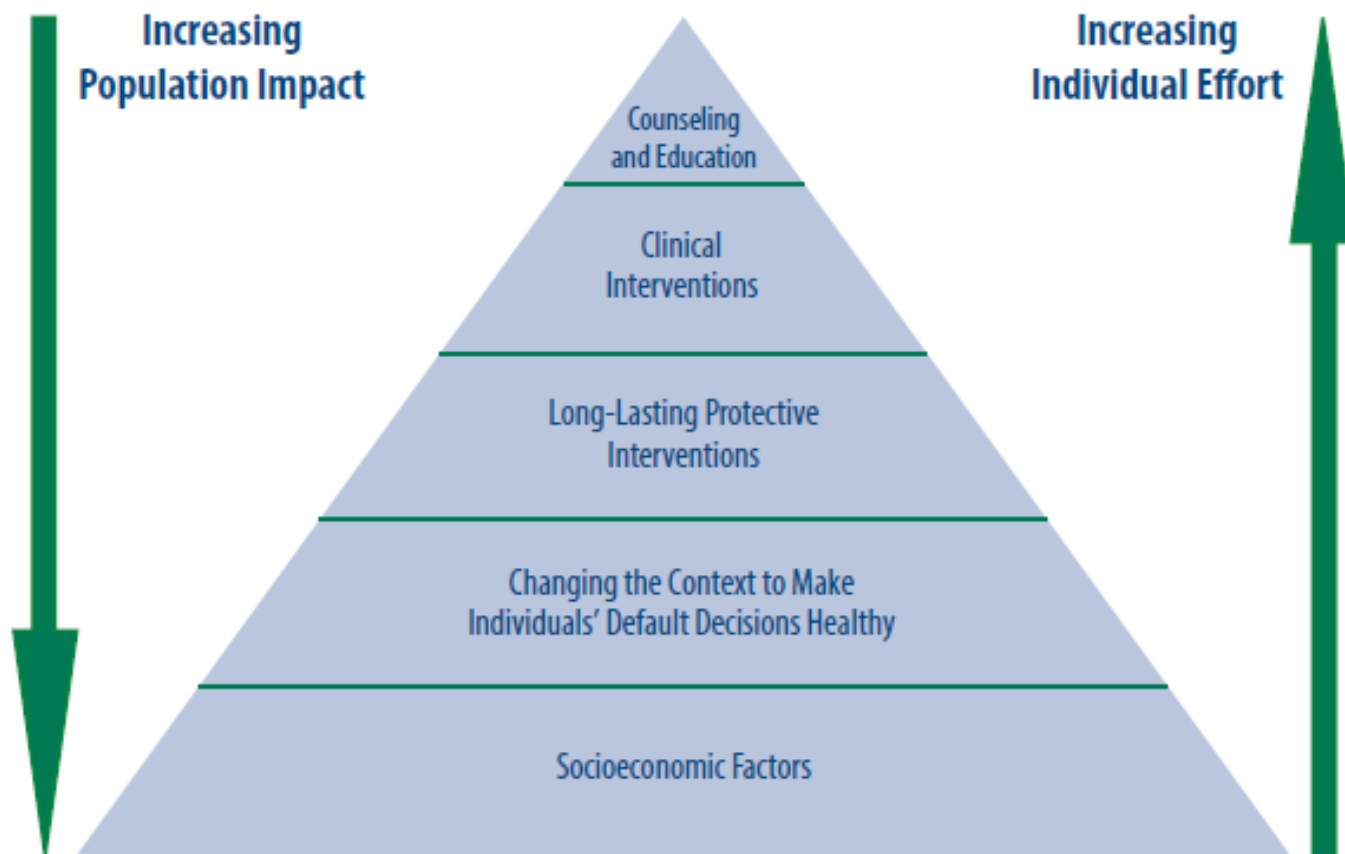


# Tobacco Disparities

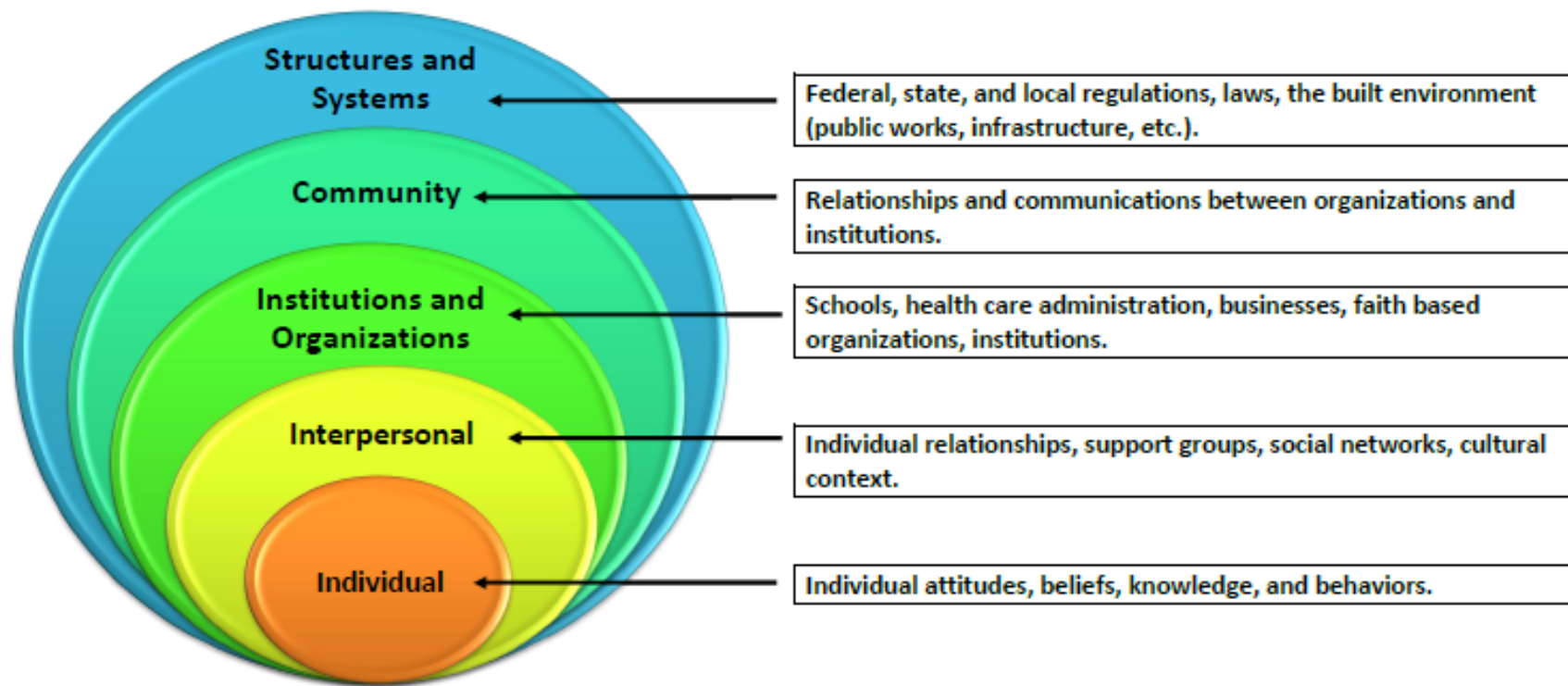
- **Sex**
  - ↑ among males vs. females (gap decreasing)
- **Sexual orientation and gender identity**
  - ↑ among GSM, especially youth
- **Substance abuse conditions**
  - ↑ among SU/SA
  - Significant contributor to mortality (> drug in Tx)
- **Veteran and military status**
  - ↑ among active duty and veterans

# Theoretical Frameworks and Contributing Factors

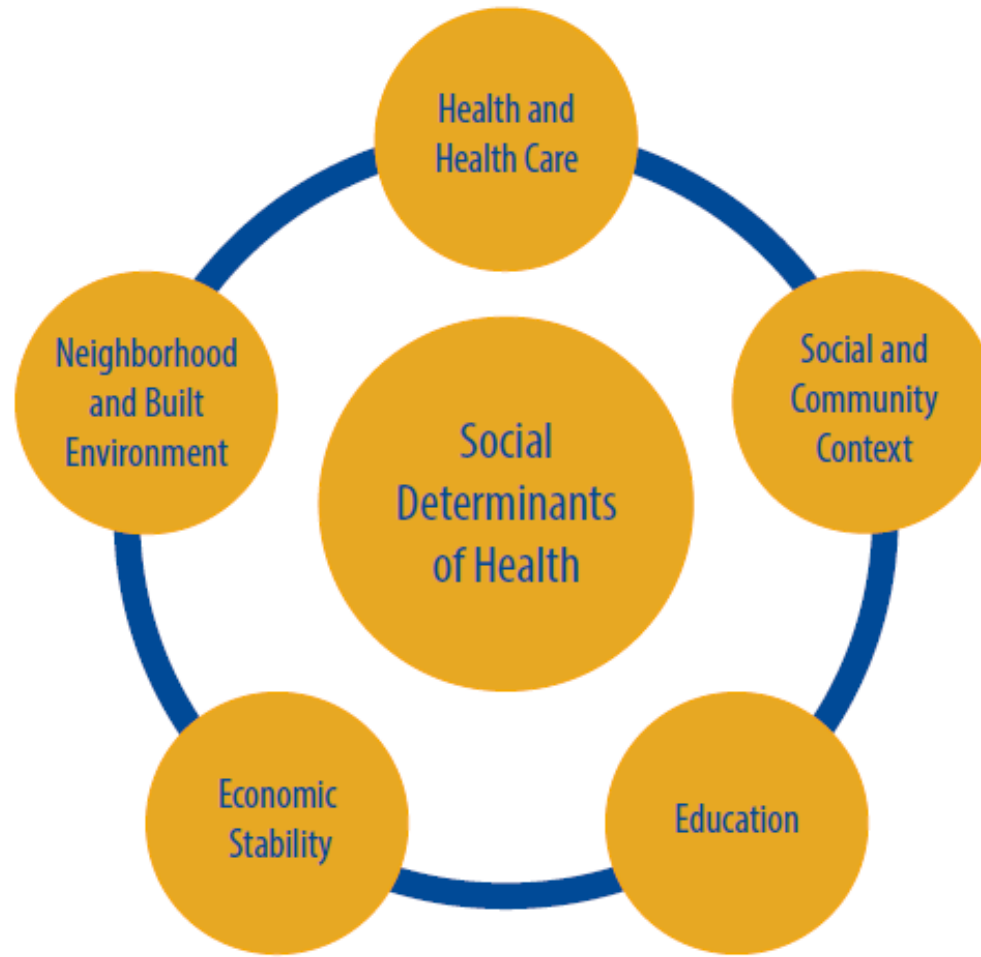
# Health Impact Pyramid



# Social Ecological Model



# Social Determinants of Health



# Factors Influencing Tobacco-Related Disparities

- Social determinants of health
- Tobacco industry influence
  - Marketing, advertising + promotional strategies
  - Funding/sponsorship of advocacy groups

WHENEVER SOMEONE YELLS, "DUDE, THAT'S SO GAY," WE'LL BE THERE.

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to choose. to marry.  
to participate. to be.  
to disagree. to inhale.  
to believe. to love.  
to live. **it's all good.**



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# Factors Influencing Tobacco-Related Disparities

- Lack of comprehensive policies
  - Smoke-free laws
  - Tobacco taxes
  - Tobacco control funding
- Changing U.S. population
  - Increasing poverty + income inequality
  - Increasing racial + ethnic diversity



# Links Between Tobacco Control and Other Priority Issues

# Links to Other Priority Issues

- Asthma
- Cancer
- Cardiovascular disease
- Diabetes
- HIV
- Mental/behavioral health + substance use disorders
- Obesity
- Oral health
- Prenatal and child health
- Poverty
- Quality housing
- Youth violence prevention

# Health Systems Strategies to Reduce Disparities

# Recommended Health Systems Strategies to Reduce Disparities

- Implement a tobacco user identification system in every clinic

## What should be included in a tobacco cessation EHR template?

Including tobacco use status as a vital sign provides an opportunity for office staff to begin the process. Status can be documented as:

- Current every day smoker
- Current some day smoker
- Former smoker
- Never smoker
- Smoker, current status unknown
- Unknown if ever smoked

A complementary field can document secondhand smoke exposure: current, former, or never, and work, home, or social.

## HISTORY

### Type of tobacco:

- Cigarettes Packs per day/week (20 cigarettes/pack): \_\_\_\_\_
- Pipe Bowls per day/week: \_\_\_\_\_
- Cigars Number per week: \_\_\_\_\_
- Smokeless Cans/pouches per day/week: \_\_\_\_\_
- Other tobacco products (orbs, strips, sticks, hookah, etc)  
Amount per day/week: \_\_\_\_\_
- E-Cigarettes Cartridges per day/week or  
mg/mL liquid nicotine: \_\_\_\_\_

Approximate date of last quit attempt: \_\_\_\_\_

a) How long did you quit that time? \_\_\_\_\_

Longest period of time quit in past: \_\_\_\_\_

a) How long ago? \_\_\_\_\_

b) What caused relapse? \_\_\_\_\_

# Recommended Health Systems Strategies to Reduce Disparities

- Provide education, resources, and feedback to promote provider intervention
- Dedicate staff to provide tobacco dependence treatment and assess its delivery in staff performance evaluations
- Promote policies that support and provide tobacco dependence services

# Recommended Health Systems Strategies to Reduce Disparities

- Include tobacco dependence treatments as covered services in all health insurance plans

Action	Strategies for implementation
Provide all insurance subscribers, including those covered by managed care organizations (MCOs), workplace health plans, Medicaid, Medicare, and other government insurance programs, with comprehensive coverage for effective tobacco dependence treatments, including medication and counseling.	<p><i>Cover</i> effective tobacco dependence treatments (counseling and medication) as part of the basic benefits package for all health insurance packages.</p> <p><i>Remove</i> barriers to tobacco treatment benefits (e.g., co-pays, utilization restrictions).</p> <p><i>Educate</i> all subscribers and clinicians about the availability of covered tobacco dependence treatments (both counseling and medication) and encourage patients to use these services.</p>

# Free Support for Tobacco-Related Health Systems Initiatives

- ASHLine Community Development
  - Provider training
    - Brief interventions (Ask, Advise, Refer)
    - Electronic Nicotine Delivery Systems (ENDS)
  - Customized referral forms
  - Consultation + technical assistance
    - Health systems change
    - Policy (tobacco-free campus, patient, employee, etc.)

# Thank you! Questions?

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