



Oncology Nursing Society

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Karena Sapsis
Office on Smoking and Health
Centers for Disease Control and Prevention
4770 Buford Highway
Mail Stop S107-7
Atlanta, Georgia 30341

Submitted electronically via <http://www.regulations.gov>
Docket Number CDC-2020-0005

RE: Request for Information. Achieving Health Equity in the Advancement of Tobacco Control Practices.

Dear Ms. Sapsis,

The Oncology Nursing Society (ONS) appreciates the opportunity to provide our perspective on ways through which the Centers for Disease Control and Prevention (CDC) may support state and local health departments and their partners, including oncology nurses, to advance health equity related to tobacco use, dependency, and secondhand tobacco product emissions.

Background

The January 2020 Surgeon General's report on smoking cessation reviews and updates evidence on the importance of quitting smoking. According to the report, considerable disparities exist in the prevalence of smoking across the U.S. population, with higher prevalence in some subgroups.¹

In 2017, the prevalence of current cigarette smoking was 20.0% or higher in a variety of vulnerable or high-risk groups:²

- 36.8% among those who had obtained a General Educational Development (GED) certificate but went no further in their education;

¹ U.S. Department of Health and Human Services. *Smoking Cessation: A Report of the Surgeon General-Executive Summary*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2020.

² Ibid.

- 35.2% among persons with serious psychological distress, a proxy variable for mental illness;
- 24.7% among persons with no health insurance;
- 24.5% among Medicaid enrollees;
- 24.0% among American Indians/Alaska Natives; and
- 20.3% among lesbian, gay, and bisexual adults.

Similarly, the Surgeon General’s report also described how the prevalence of key indicators of smoking cessation—quit attempts, receiving advice to quit from a health professional, and using cessation therapies—also varies across the population, with lower prevalence in some subgroups defined by educational attainment, poverty status, age, health insurance status, race/ethnicity, and geography.³

Recommendations

To advance health equity related to tobacco use, dependency, and secondhand tobacco product emissions, ONS advocates for the adoption of several recommendations included in the Surgeon General’s January 2020 report, such as:

- Conducting research to develop and better understand smoking cessation interventions that have the potential for greater reach and/or effectiveness than existing interventions or that appeal to and are used by different populations of smokers; and,
- Adopting policies to make the provision of cessation care in health systems more routine, as well as policies that remove cost and barriers (such as educational attainment, poverty status, age, health insurance status, national origin, race/ethnicity, and geography) to access for patients to increase the delivery and utilization of tobacco dependence treatment.

With more than 225 ONS chapters across the United States, oncology nurses can have a significant impact at the state and local levels to implement evidence based smoking cessation strategies in collaboration with the CDC. As recommended in the Reversing the Youth Tobacco Epidemic Act of 2019, ONS also supports the CDC awarding grants to state, local, tribal and territorial health departments to improve:

- (1) the development of improved evidence-based strategies for smoking cessation, including cessation of the use of menthol-flavored tobacco products, and the cessation of the use of e-cigarettes and electronic nicotine delivery systems, for populations in medically underserved communities, particularly racial and ethnic minority populations;

³ Ibid.

(2) the development of improved communication and outreach tools to reach populations in medically underserved communities, particularly racial and ethnic minority populations, addicted to tobacco products, including e-cigarettes and menthol-flavored tobacco products;

and:

(3) improved coordination, access, and referrals to services for tobacco cessation and the cessation of the use of e-cigarettes and electronic nicotine delivery systems, including tobacco cessation products approved by the Food and Drug Administration and mental health and counseling services.

ONS is interested in engaging with and serving as a resource to the CDC to advance tobacco related health equity by promoting cessation, actively protecting all people against exposure to secondhand smoke, and helping to increase access to tobacco use prevention and cessation services. We appreciate the opportunity to provide our unique perspective as oncology nurses. If you have any questions about our comments, please contact Valerie Adelson, ONS Director of Government Affairs, at vadelson@ons.org.

Sincerely,

The Oncology Nursing Society

About ONS

The Oncology Nursing Society (ONS) is a professional organization of more than 35,000 registered nurses and other healthcare providers dedicated to excellence in patient care, education, research, and administration in oncology nursing. ONS members are a diverse group of professionals who represent a variety of professional roles, practice settings, and subspecialty practice areas. Oncology nurses are leaders in the healthcare arena, committed to continuous learning and leading the transformation of cancer care by advocating for high-quality care for people with cancer.