
Smoking Cessation
Leadership Center



University of California
San Francisco

*Quitlines: Reducing Disparities and the
Impact of Tobacco on American Indian,
Alaska Native, and Asian Populations*

Cherrie Ng

Gary J. Tedeschi, PhD

Robert A. Vargas-Belcher, MSW, MPH

Moderator

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Deputy Director

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University of California, San Francisco

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Disclosures

This UCSF CME activity was planned and developed to uphold academic standards to ensure balance, independence, objectivity, and scientific rigor; adhere to requirements to protect health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA); and include a mechanism to inform learners when unapproved or unlabeled uses of therapeutic products or agents are discussed or referenced.

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Thank you to our funders



Robert Wood Johnson Foundation



SAMHSA

Substance Abuse and Mental Health
Services Administration

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- All participants will be in **listen only mode**.
- Please **make sure your speakers are on** and adjust the volume accordingly.
- If you do not have speakers, please request the dial-in via the chat box.
- **This webinar is being recorded** and will be available on SCLC's website, along with the slides.
- **Use the chat box to send questions** at any time for the presenters.

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Accreditation:

The University of California, San Francisco (UCSF) School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

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California Marriage & Family Therapists: University of California, San Francisco School of Medicine (UCSF) is approved by the California Association of Marriage and Family Therapists to sponsor continuing education for behavioral health providers. UCSF maintains responsibility for this program/course and its content.

Course meets the qualifications for 1.0 hour of continuing education credit for **LMFTs, LCSWs, LPCCs, and/or LEPs** as required by the California Board of Behavioral Sciences.

Respiratory Therapists: This program has been approved for a maximum of 1.0 contact hour Continuing Respiratory Care Education (CRCE) credit by the American Association for Respiratory Care, 9425 N. MacArthur Blvd. Suite 100 Irving TX 75063, Course # 182336000.

American Association for Respiratory Care (AARC)



- Free Continuing Respiratory Care Education credits (CRCEs) are available to Respiratory Therapists who attend this live webinar
- Instructions on how to claim credit will be included in our post-webinar email

New Behavioral Health Accreditation

California Association of Marriage and Family Therapists (CAMFT)

This webinar is accredited through the CAMFT for up to **1.0 CEU** for the following eligible California providers:

- Licensed Marriage and Family Therapists (LMFTs)
- Licensed Clinical Social Workers (LCSWs)
- Licensed Professional Clinical Counselors (LPCCs)
- Licensed Educational Psychologists (LEPs)

Instructions to claim credit for these CEU opportunities will be included in the post-webinar email and posted to our website.

California Behavioral Health & Wellness Initiative

For our CA residents, we are starting a new venture in CA helping behavioral health organizations go tobacco free and integrating cessation services into existing services thanks to the support of the CTCP.

Free CME/CEUs will be available for all eligible California providers, who joined this live activity. You will receive a separate post-webinar email with instructions to claim credit.

Visit CABHWI.ucsf.edu for more information.

CDC National Networks to Prevent and Control Tobacco-related Cancers in Special Populations

- **The National Native Network (Keep It Sacred)** <http://keepitsacred.itcmi.org/> is run by the Inter-Tribal Council of Michigan, Inc. to represent American Indians and Alaska Natives
- **The Aspire Network** <https://appealforhealth.org/> is run by Asian Pacific Partners for Empowerment, Advocacy, & Leadership (APPEAL) to represent Asian American/Native Hawaiian/Pacific Islanders

Tips® Campaign Overview

A TIP ABOUT SECONDHAND SMOKE

LET FUTURE GENERATIONS KNOW THE DANGERS OF SECONDHAND SMOKE.

Nathan, Age 54
Ogala Sioux
Idaho

Secondhand smoke at work triggered Nathan's severe asthma attacks and caused infections and lung damage. If you or someone you know wants free help to quit smoking, call 1-800-QUIT-NOW.

#CDCTips

A TIP FROM A FORMER SMOKER

It's easier to move forward when you're not short of breath.

Rebecca, age 57, Florida

Et qui vult, non solum vitare potest
Vid quod molare non parat, volens, actus,
sibi consuetudo evadit laboribus quanto.
Enim, et ad videri dispendium magis faga saram.
Pulsam alar, sicut, vento quocumque nitro.
You can quit.

CALL 1-800-QUIT-NOW.

U.S. Department of Health and Human Services
Center for Disease Control and Prevention
CDC.gov/tips

#CDCTips

A TIP FROM A FORMER SMOKER

BE CAREFUL NOT TO CUT YOUR STOMA.

Shawn, Age 50, Diagnosed at 46
Washington State

Smoking causes immediate damage to your body. For Shawn, it caused throat cancer. You can quit. For free help, call 1-800-QUIT-NOW.

U.S. Department of Health and Human Services
Center for Disease Control and Prevention
www.smokefree.gov

1. CDC. Current Cigarette Smoking Among Adults—United States, 2005–2014.. MMWR 2015;64(44):1233–40
2. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Atlanta: HHS,CDC, NCCDPHP, OSH, 2014

Free 1-800 QUIT NOW cards

Take Control
1-800-QUIT-NOW
Call. It's free. It works.
1-800-784-8669
For details on your state services, go to: <http://map.naquitline.org>



- ✓ Refer your clients to cessation services

Presenter

Cherrie Ng

Project Manager

Asian Smokers' Quitline
University of California, San Diego

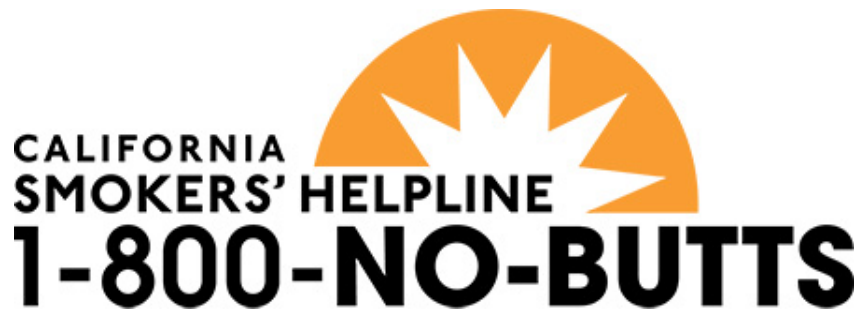


Presenter

Gary J. Tedeschi, PhD

Clinical Director

California Smokers' Helpline
University of California, San Diego



Presenter

Robert A. Vargas-Belcher, MSW, MPH

Director
Clinical Development and Support
Optum Healthcare





Optum[®] American Indian/ Alaska Native Commercial Tobacco Cessation Program

SCLC Webinar: *Quitlines: Reducing Disparities and the Impact of Tobacco on American Indian, Alaska Native, and Asian Populations*

Nov 12, 2019



Today's presenter



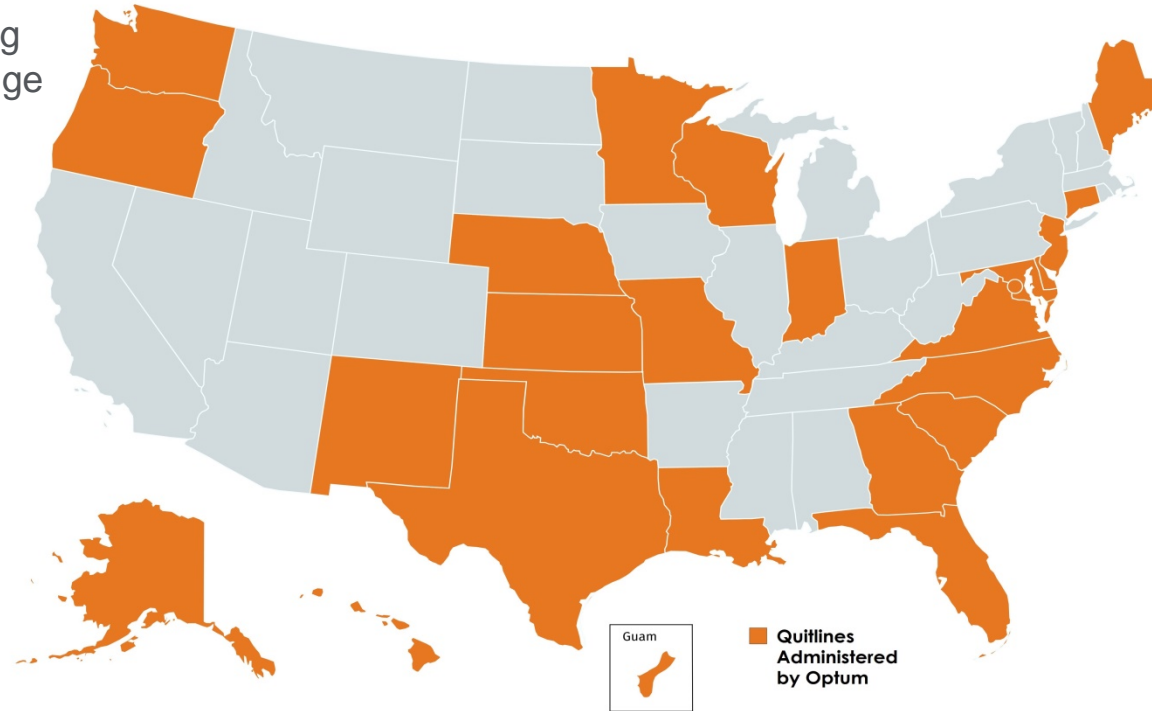
Robert Vargas-Belcher MSW, MPH

Director, Clinical Development and Treatment Support

Optum Quitline Services

Currently we operate 26 state Quitlines

30+ years providing behavior change



Alaska, Connecticut, Washington DC, Delaware, Florida, Georgia, Guam, Hawaii, Idaho, Indiana, Kansas, Louisiana, Maine, Maryland, Minnesota, Missouri, New Mexico, New Jersey, North Carolina, Nebraska, Oklahoma, Oregon, South Carolina, Texas, Virginia, Washington, Wisconsin,

From Development to Implementation

- **Phase 1 – Program Development (August 2016)**
 - Evaluate Research
 - Collaboration with experts in the community
 - Technology Enhancement
 - Coach Training
- **Phase 2 – Pilot (March 2018 - July 2019)**
 - Partnered with the States of Minnesota (Quitplan Services) and Oklahoma.
 - One year worth of enrollments
- **Phase 3 – Evaluation (Ongoing)**
 - Currently collecting evaluation for 3 & 7 month post enrollment
 - Total of 1266 participants were include in the pilot



Program Development



Program Specifics



Improved Enrollment Process



ENHANCED ASSESSMENT



Additional calls



Combination NRT



**DEDICATED SPECIALIZED
TRAINED QUIT COACH
TEAM**



Culturally Tailored Materials

Outreach to Communities



VALUE OUR TRADITION.
KEEP TOBACCO SACRED.

 QUITPLAN | quitplan.com



OUR TRADITIONS TO KEEP AND OUR WAY TO QUIT COMMERCIAL TOBACCO

THE AMERICAN INDIAN QUITLINE
CALL 1-888-7A-QUIT
AIQUIT.COM
 QUITPLAN

HEATHER DODD,
MINNESOTA CEEPPERA TRIBE,
AN AMERICAN INDIAN QUITLINE COACH

American Indian/Alaska Native Quitline Number



New Phone Number
1-888-7AI-QUITS (724-7848)
Promoted in MN

Enrollment Methods
New Phone Number
State Quitline Number
Web Enroll



Operating Hours
9 am – 9 pm CST

New Phone Greetings

- **When a participant calls the new phone number they will hear:**

Thank you for calling The American Indian and Alaskan Native Quit Line. Congratulations on taking the first step towards quitting commercial tobacco! Para espanol por favor el prima el numero ocho.

- **When a participant calls in through standard quitline number:**

Thank you for calling Minnesota QuitPlan. Congratulations on taking the first step towards quitting tobacco! If you are interested in our commercial tobacco support services for American Indians/Alaska Natives please press 7. Para espanol por favor el prima el numero ocho.

- If the participant presses 7 they will be routed to the greeting above and then directly to the one of our dedicated American Indian/Alaska Native Trained Quit Coaches.
- If the participant presses nothing, they will be routed to our trained Registration Agents. The participant will still be given an opportunity to enrolled into the AICTCP.

New Enrollment Questions

- **New Race Question:**

- Same as our standard race question, but participants will be able to provide a multi-response answer.

- **New Traditional Tobacco Use Questions:**

- In order to provide you with the best support, we would like to ask you some questions around any sacred or traditional tobacco use. Have you have ever used tobacco for ceremonial prayer or in a sacred way?
 - Yes/No/I don't Know/I'd rather not say
- In the past year, have you used commercial tobacco products that were purchased in a store, like pouch tobacco or cigarettes, for ceremonial prayer or sacred use?
 - Yes/No/I don't Know/I'd rather not say

New Enrollment Questions

- **New Traditional Tobacco Questions:**

- What type of tobacco do you usually use for ceremonial or sacred use? [multi-select]
 - Natural tobacco plant or mixture of plants/barks (not usually in stores)
 - Cigarettes (from stores)
 - Pouch or loose/commercial tobacco (from store)
 - I don't know
 - I'd rather not say

- **New Offering Scripting:**

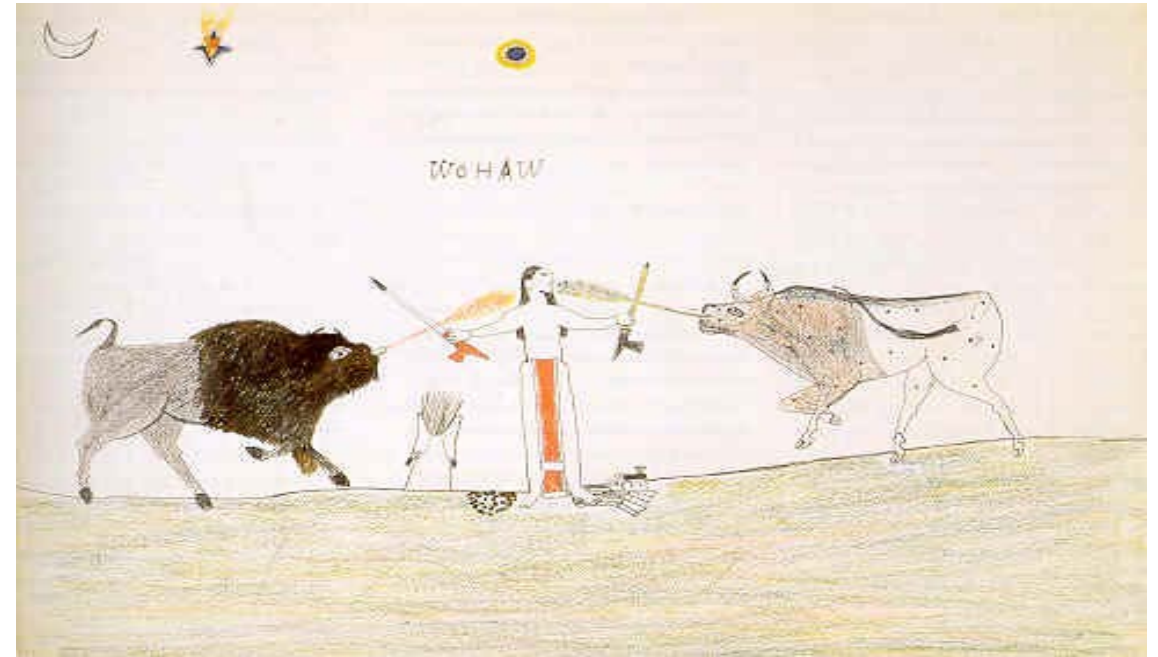
- Specialized program for American Indians and Alaska Natives
- Program Offerings: Number of Calls and NRT offerings
- Dedicated team of coaches who have been trained to support this population

Enhanced Training for Coaches



Enhanced Training for Coaches

- **Rationale**
 - Expert Stories
 - Historical Context
 - Affects of Commercial Tobacco
- **Logistics**
 - New Phone Number
 - Combined Enrollment
- **Skills Building**
 - Two-Way Tobacco Framework
 - Strategies for effective communication
- **Confidence**
 - Role Playing
 - Expert Feedback



Traditional Tobacco ≠ Commercial Tobacco

Traditional Tobacco



Commercial Tobacco



“When it is used correctly, it has the power to bring good things and, like other medicines, if it is not used correctly, it has the power to bring great harm.”

- Anishinaabe Elder

Two Tobacco Ways Principle

- The harm, death, disease and illness caused by commercial tobacco use/addiction for profit.
- The culturally diverse religious, spiritual, and restorative practices of traditional tobacco.
- Human rights of indigenous cultures that use tobacco.
- American Indian cultures, tribal members, and communities self-determine their cultural paradigms of health that include traditional tobacco protocols and practices.
- Incorporates the commercial tobacco cessation, policy, regulatory, and programming designed to improve health.



*Indigenous garden: Traditional tobacco plant National Mall outside of American Indian museum, 2006 photo by Lori New Breast

American Indian/ Alaska Native Commercial Tobacco Cessation Pilot



American Indian/Alaska Native Commercial Tobacco Cessation Program Pilot

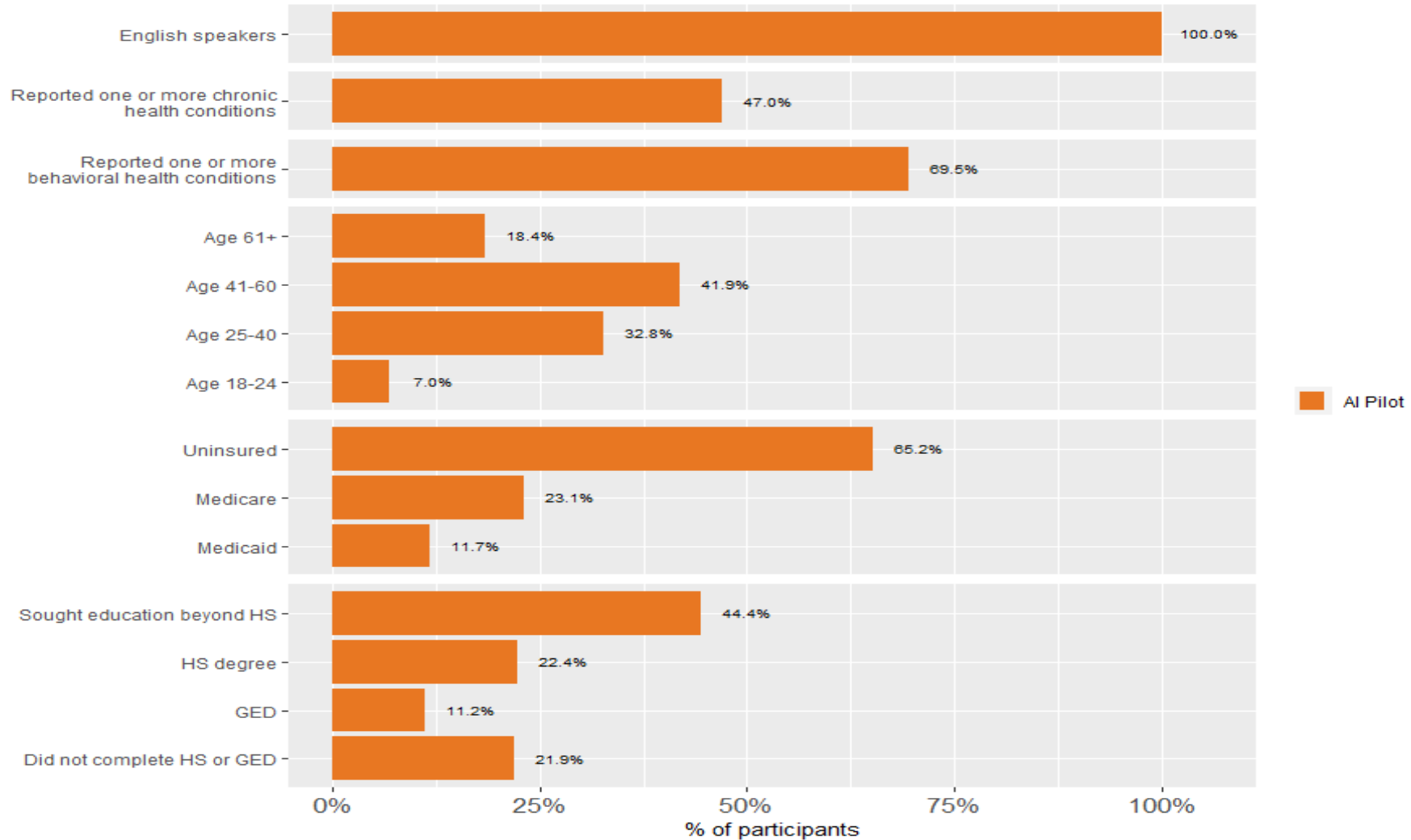
The **American Indian/Alaska Native Commercial Tobacco Cessation Pilot** was piloted with 1266 state quitline participants.

- **2 States:** Oklahoma and Minnesota
- **12 or 8 weeks** of **combination NRT** (patch + gum or lozenge)
- **7 coaching calls**
- **Specialized tailored intervention** in every call
- **Additional clinical training** for Quit Coaches
- **Culturally Tailored materials** sent to the participant
- **Web Coach[®]** and **Text2Quit[®]**

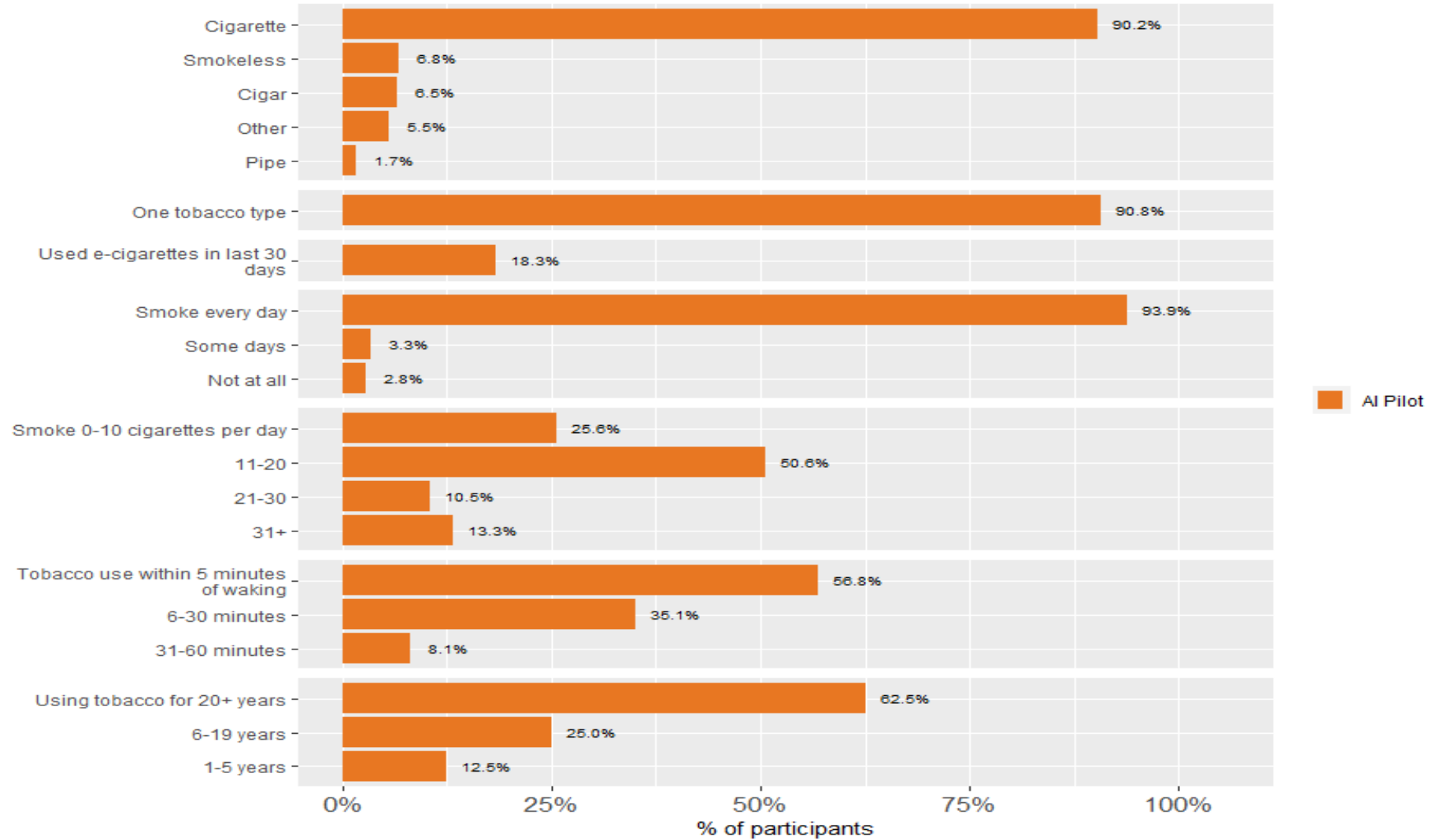
Pilot participants reported being American Indian and were **enrolled into standard multiple-call** program prior to launch.

- **Varying offering offerings** of patch, gum, or lozenge to specific groups
- **5 coaching calls**
- **Web Coach[®]** and **Text2Quit[®]**

AI Pilot Program Participant Demographics

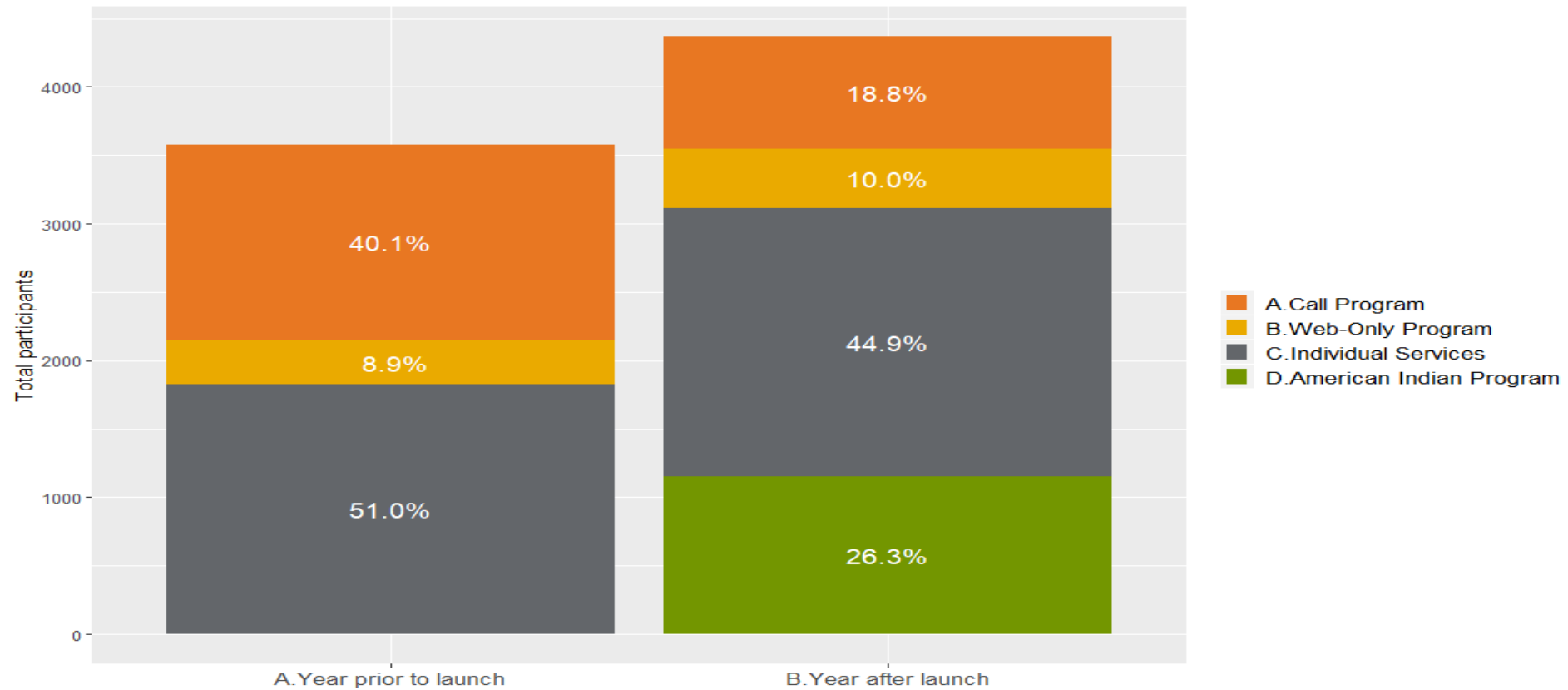


AI Pilot Program Participant Tobacco Use History



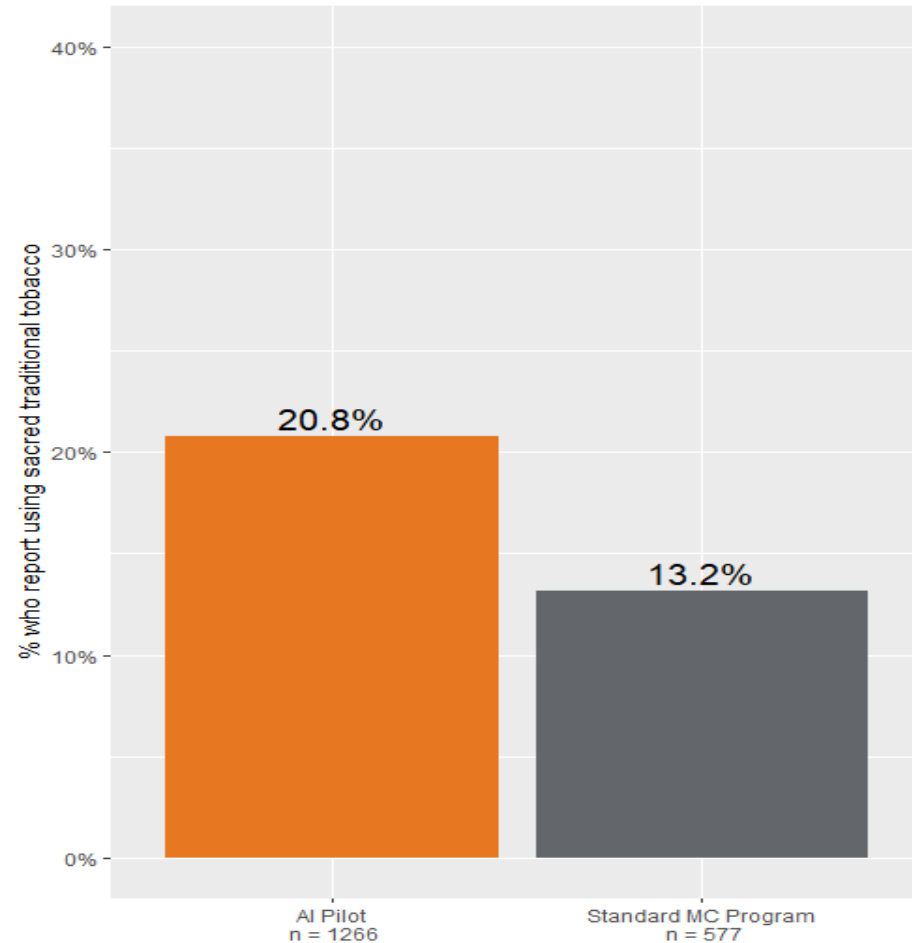
Participants Who Identify as American Indian

22% increase in enrollments from tobacco users who identify as American Indian in the first year after the launch of the AI pilot



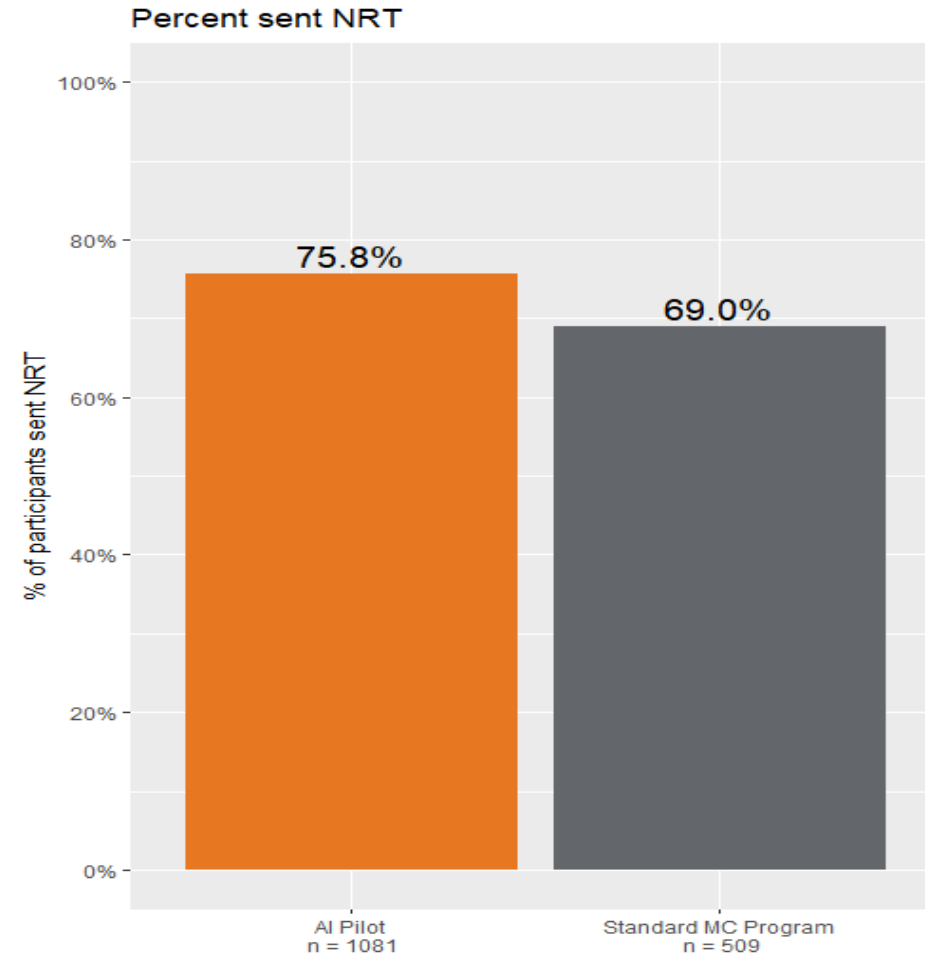
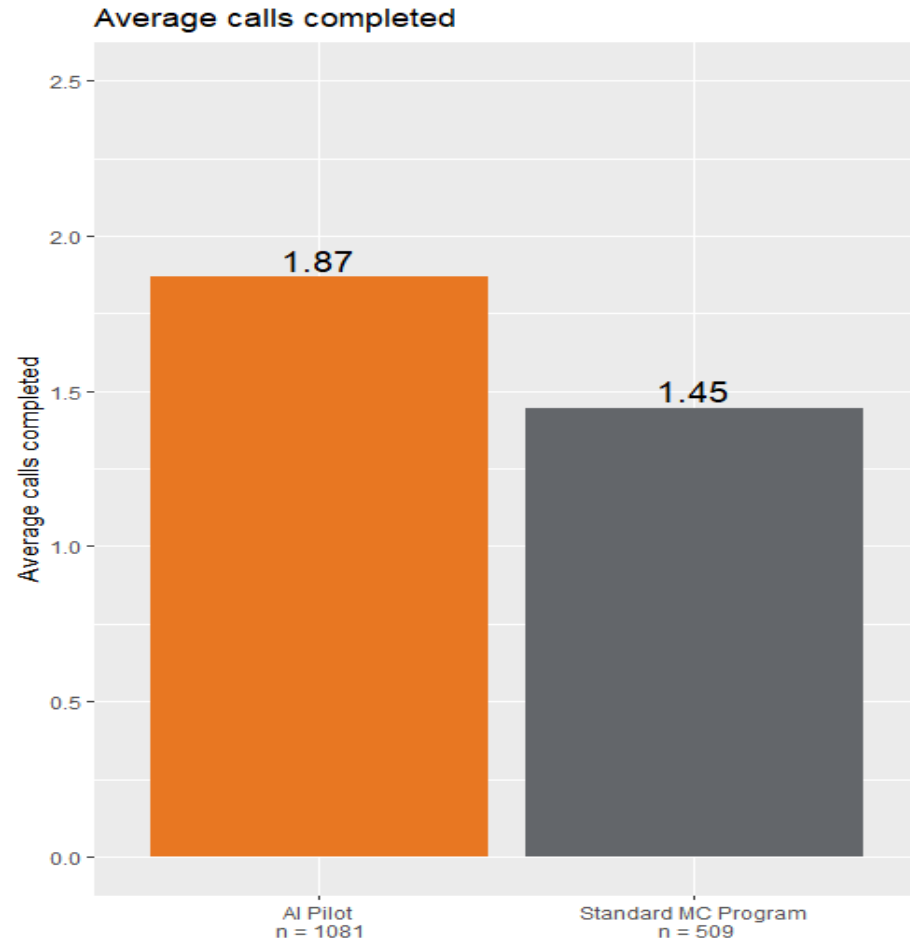
AI Participants Sacred Traditional Tobacco Use

- **21% of AI pilot participants** reported that they had used tobacco for ceremonial prayer or in a sacred traditional way
- Among those who reported that they had used tobacco for ceremonial prayer or in a sacred traditional way, **66% opted into the AI pilot program** (compared to 57% of participants who reported that they had not used tobacco for ceremonial prayer or in a sacred traditional way opting into the AI pilot program)



AI Pilot Program Engagement Overview: Launch – May 2019

AI registrants



Thank you

Robert Vargas, MSW, MPH

Director - Clinical Development and Treatment
Support, Optum Healthcare

Robert.Vargas@Optum.com

Optum
American Indian/ Alaska
Native
Commercial Tobacco
Cessation Program





Asian Smokers' Quitline

November 12, 2019

Cherrie Ng
Gary Tedeschi, PhD
University of California, San Diego

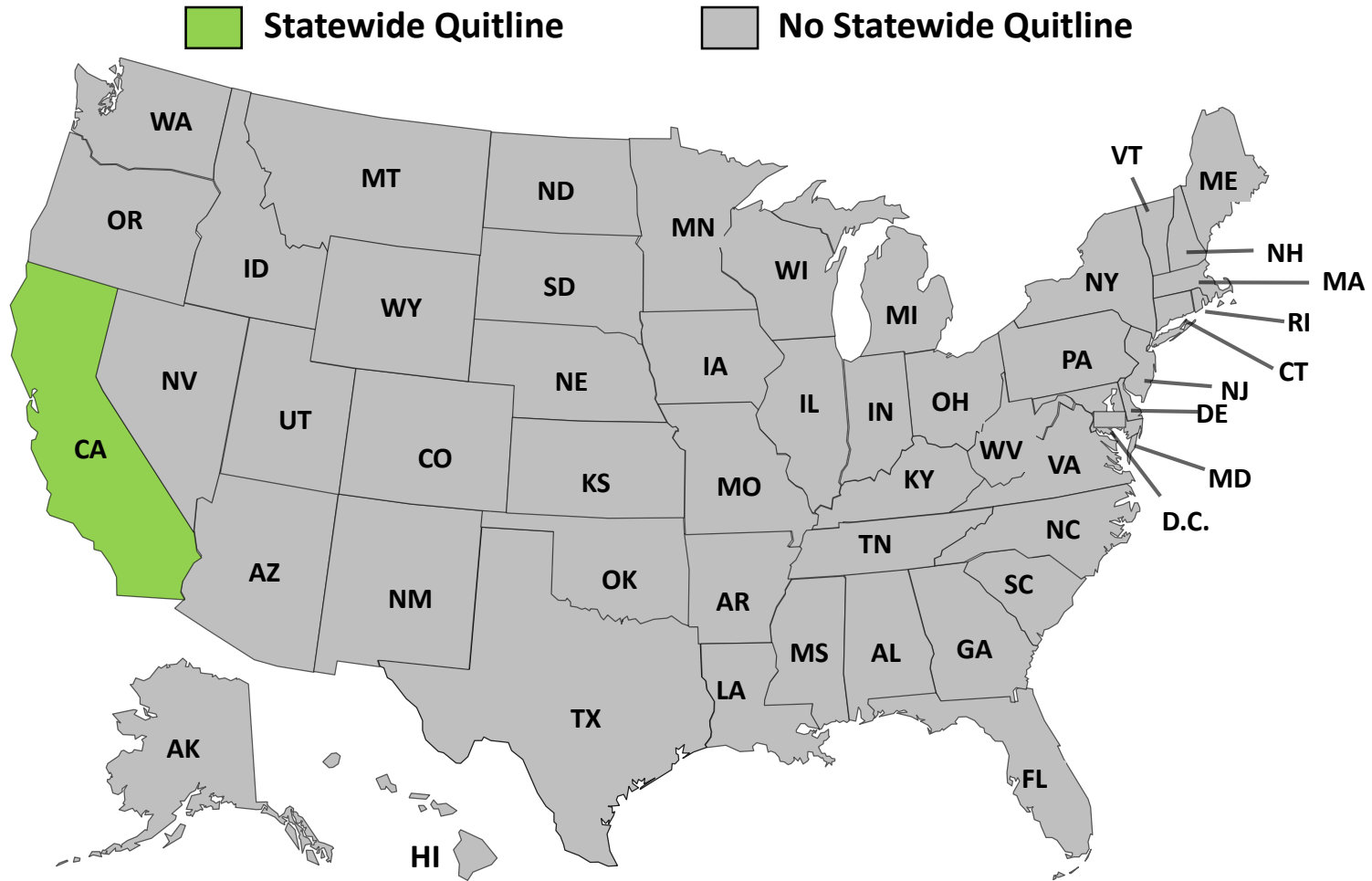
Acknowledgements

- Centers for Disease Control & Prevention
- California Department of Public Health
- University of California, San Diego
 - California Smokers' Helpline
- Asian Pacific Partners for Empowerment, Advocacy & Leadership (APPEAL)
- Multiple state tobacco control programs and community partners across the U.S.

Topics

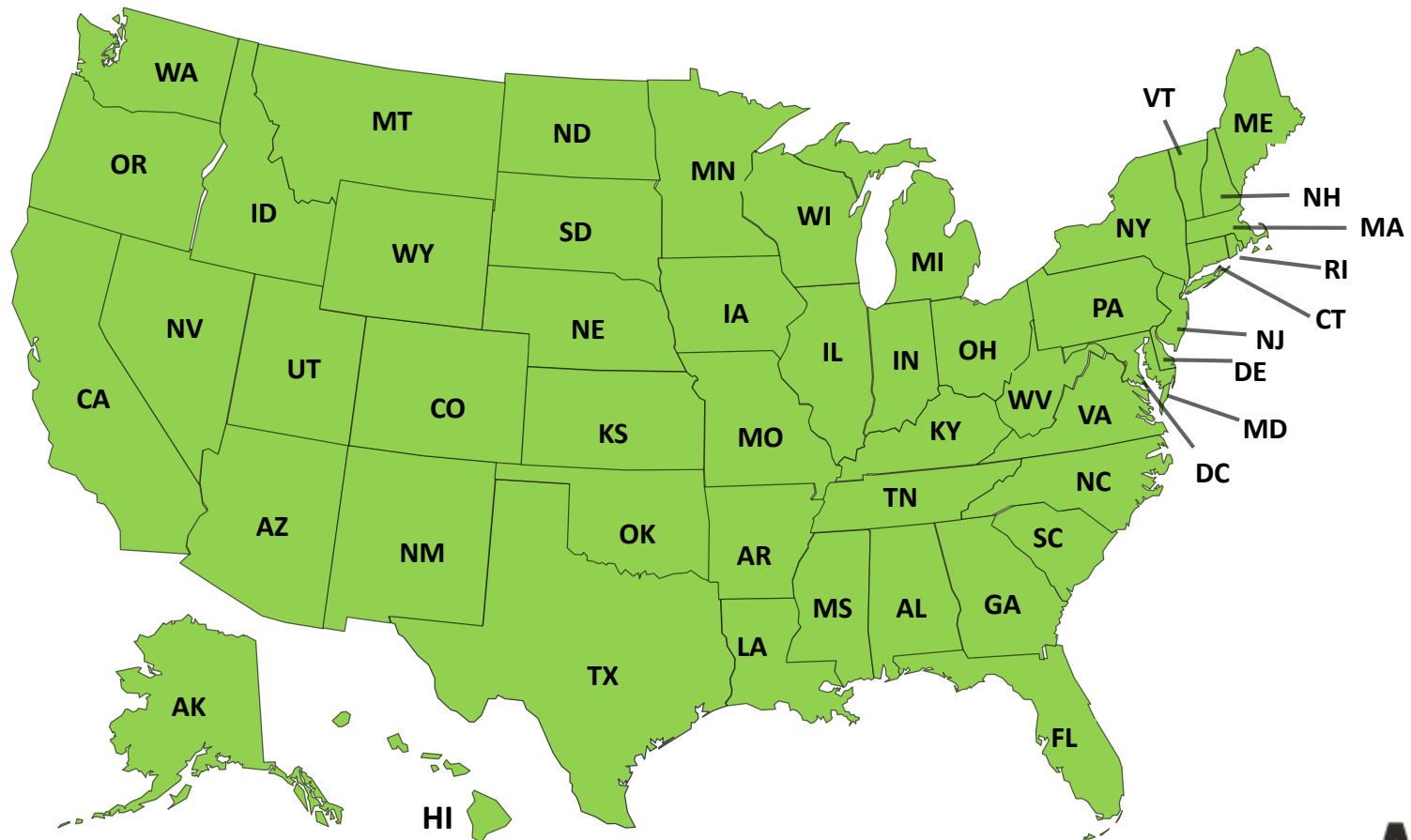
- Introduction to Asian Smokers' Quitline (ASQ)
- ASQ counseling protocol

Asian Language Quitlines in 1993



Asian Smokers' Quitline (2012-today)

 Statewide Quitline

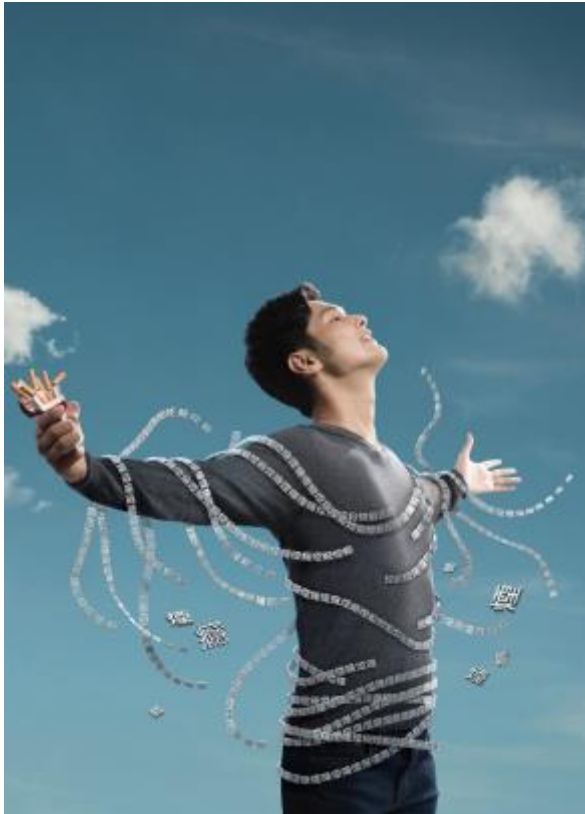


Who We Help

- Chinese, Korean & Vietnamese smokers with limited English proficiency
 - Smoking prevalence is higher in Asian countries than in the U.S.
 - Prevalence is high among some Asian American subpopulations.
 - Asian males smoke more than the general population.

Asian Smokers' Quitline

Mission - to provide accessible, evidence-based, smoking cessation services in Cantonese-, Mandarin-, Korean- and Vietnamese-speaking communities in the U.S.



What does ASQ offer?

- One-on-one cessation counseling in Chinese, Korean and Vietnamese
- In-language self-help materials
- Free nicotine patches sent directly to the smoker

ASQ is open:

- Mon – Fri, 7am – 9pm PT (10am – midnight ET)

Chinese 1-800-838-8917

Korean 1-800-556-5564

Vietnamese 1-800-778-8440

www.asiansmokersquitline.org

Nicotine Patches



你戒煙
肯煙
我們
全力支持

華語戒煙專線
ASQ

數以千計的人已致電索取
免費戒煙貼片，你可以是下一位！
立即致電華語戒煙專線，索取可直接郵寄到府
上的免費戒煙貼片，踏出成功戒煙的第一步！

華語戒煙專線服務由 Asian Smokers' Quitline (ASQ) 所提供。

華語戒煙專線
1.800
838.8917

WWW.ASQ-CHINESE.ORG

- ASQ sends two-week starter kit of nicotine patches to smokers

© 2010 University of California. Funded by the U.S. Centers for Disease Control and Prevention (CDC). 由美國疾病控制及預防中心(CDC)資助。

Self-Help Booklets

Korean



Chinese
(traditional)



Chinese
(simplified)



Vietnamese

“How to help others quit” Booklets

흡연자를 금연으로 이끄는 길



Korean

Vietnamese

Làm Thế Nào Giúp Người Khác Cai Thuốc Lá



怎样帮助吸烟者戒烟?



怎樣幫助吸煙者戒煙？



Chinese (simplified)

Chinese (traditional)

Web Referral

<https://www.asiansmokersquitline.org/web-based-referral/>

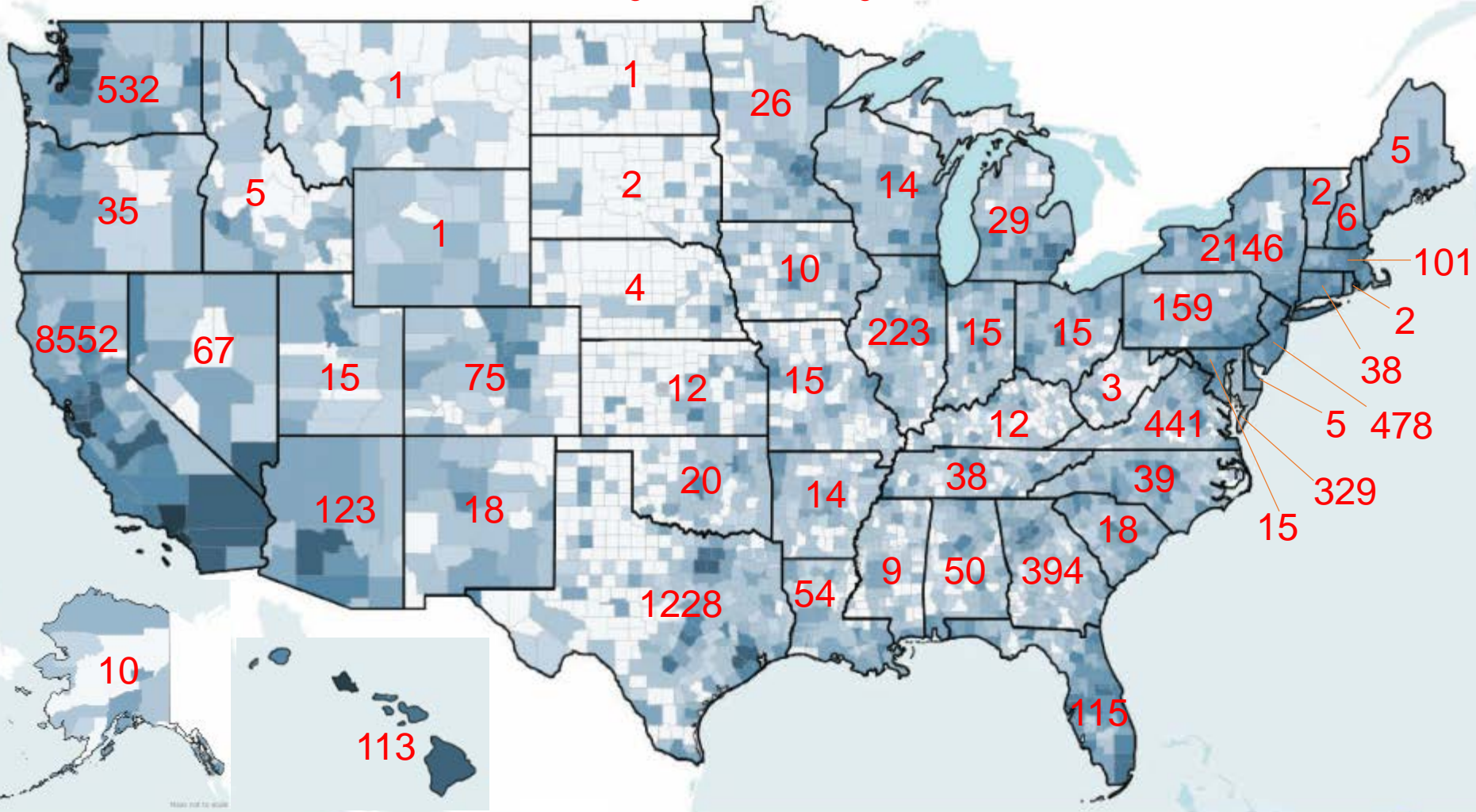
The screenshot shows the top navigation bar with an orange background and white text for language options: 简体中文 (Simplified Chinese) and 繁體中文 (Traditional Chinese). Below the navigation bar are links for HOME, QUIT TODAY, HELP SOMEONE QUIT, and AS. The main content area features the heading "Web-Based Referral" in orange, followed by a horizontal line. To the right of the heading are links for FAMILY AND FRIENDS, COMMUNITY PARTNERS, HEALTH CARE PROVIDERS, and SEND WEB REFERRAL. Below this is a note: "Translated Patient/Client Consent is available [here](#) for your patients/clients language preference." A section titled "Refer Your Patients and Clients Online" contains a text box with the following text: "The Asian Smokers' Quitline (ASQ) provides free tobacco cessation services in Chinese, Korean and Vietnamese to your patients and community members. For on the spot referral, please visit our consumer online registration page [here](#). ASQ complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex." Below the text box is a link for technical support: "For technical support, please email asq@ucsd.edu". At the bottom of the section is a link: "Search for Your Organization".

Who can refer?

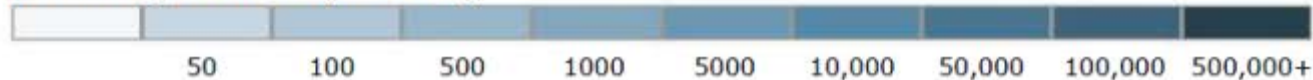
- Quitlines
- Providers
- Nurses
- Pharmacists
- Faith-based groups
- Community-based groups
- Employers
- International student offices
- Researchers, others

Geography of Asian Americans Living in the United States

Enrollments in ASQ services from August 1, 2012 – Aug 31, 2019



Asian Population by County



Source: Pew Research Center using source data from the 2010 U.S. Census (<http://www.pewsocialtrends.org/asianamericans-maps/>)

ASQ: Counseling Protocol



Intake

- Intake call
 - Approximately 5-7 minutes long
 - Assess client needs
 - Arrange for counseling session on-the-spot when possible
 - Email or mail out materials in-language

Counseling

- Initial Call
 - Approximately 30 minutes long
 - Establishing motivation
 - Creating a plan
 - Setting a quit date
- Proactive Follow-up Calls
 - Up to 4 calls, 5-10 minutes long
 - Relapse sensitive schedule
 - Relapse prevention

Standard Protocol – Summary of Topics

Help clients to:

- Identify a strong reason (Motivation)
- Bolster belief in ability (Confidence)
- Develop a solid plan (Skills)
- Adopt a new view of self (Self-image)
- Keep trying (Perseverance)

Cultural Considerations



Guiding Principles

1. Presentation of services

- Expert “advisors” who have helped others quit and who answer calls in-language

2. Key Considerations

- Capitalizing on first contact
- Managing age and gender differences
- Establishing credibility
- Assuming a more authoritative role
- Determining degree of directiveness
- Considering the role of family

Capitalizing on First Contact

- Traditional Asian values include solving one's own problems
- “Counseling” is most often unfamiliar
- First contact has to be positive and be experienced as useful

Managing Age & Gender Differences

- Most Asian-language-speaking smokers are older males
- Most counselors are younger females
- To manage differences counselors focus on:
 - Building credibility
 - Being confident & knowledgeable
 - Providing tangible suggestions

Establishing Credibility

- Counselor credibility is critical for increasing client engagement
 - Ascribed vs. achieved credibility
- Credibility through “gift giving”
 - Anxiety reduction
 - Cognitive clarity
 - Increase in knowledge
 - Skills acquisition
 - Goal setting

Assuming a More Authoritative Role

- Clients who adhere to traditional Asian values expect a hierarchical structure and expertise from the counselor
- Counselor can meet these expectations by:
 - Demonstrating confidence & maturity
 - Showing familiarity with clients cultural background
 - Using phrases that indicate expertise
 - Offering immediate guidance and solutions

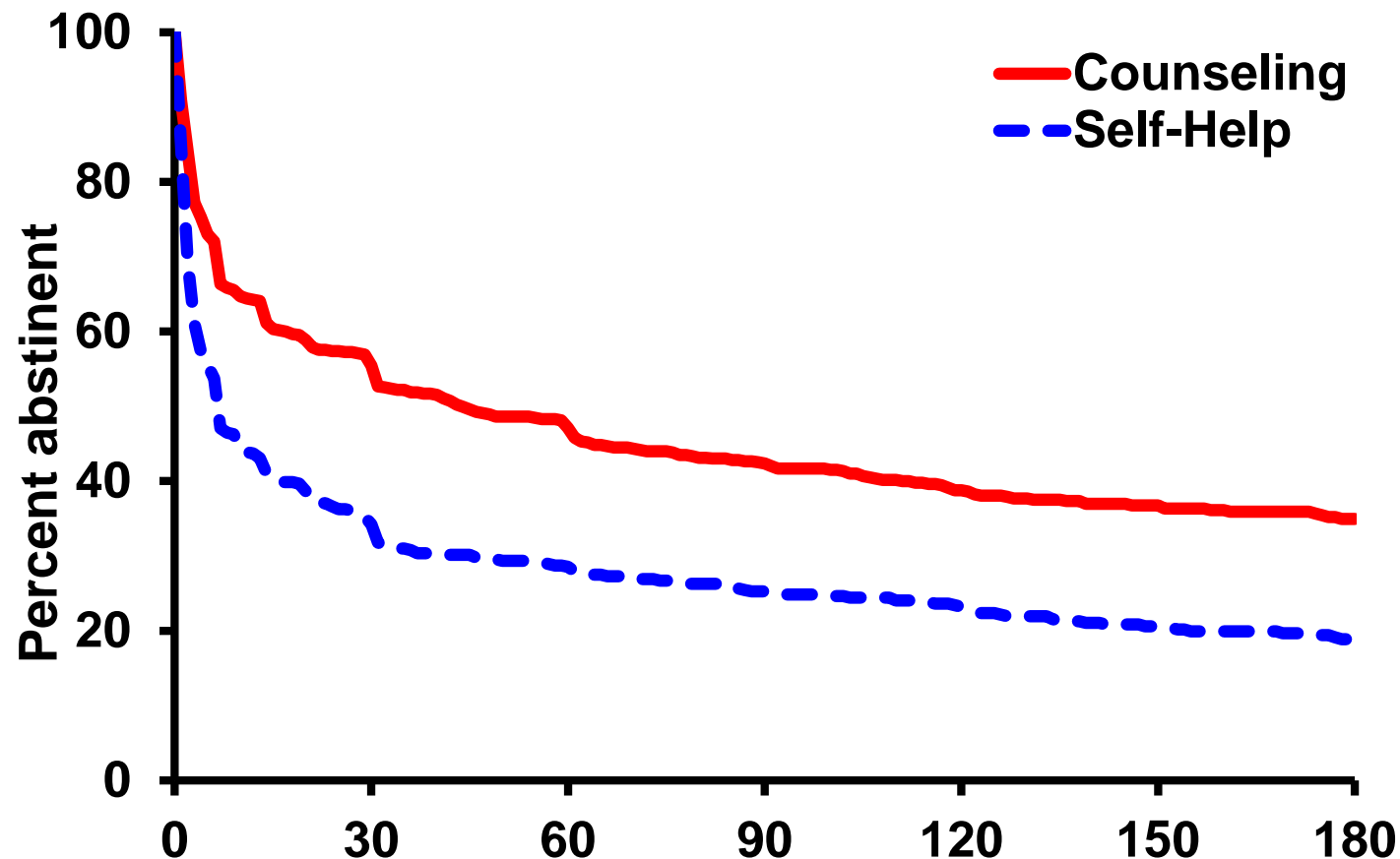
Determining Degree of Directiveness

- Asian-language-speaking clients often expect:
 - Advice
 - Education
 - Clearly recommended course of action
- Counseling aims to be:
 - Problem focused
 - Goal oriented
 - Symptom relieving

Considering the Role of Family

- Important to Asian families:
 - Collectivism
 - Family obligation
 - Placing others needs ahead of one's own
- Quit smoking themes:
 - Setting a good example for children
 - Living longer to be around for family
 - Protecting family from secondhand smoke
- Counselors also assess level of support clients want or expect from family members

Does the Counseling Work?



Tailoring to the Individual

- Behavioral change principles have broad application
- The same protocol (translated into each language) was shown to be effective
- While group-specific intervention strategies are important:
 - Recognize within-in group differences
 - Tailor counseling to the individual



华语戒烟专线
ASIAN SMOKERS' QUITLINE
1-800-838-8917



華語戒煙專線
ASIAN SMOKERS' QUITLINE
1-800-838-8917



한인금연센터
ASIAN SMOKERS' QUITLINE
1-800-556-5564



TRUNG TÂM CẢI THUỐC LÁ
ASIAN SMOKERS' QUITLINE
1-800-778-8440

Thank you!

Contact:

Cherrie Ng

asq@ucsd.edu

Gary Tedeschi

gtedeschi@ucsd.edu

Q&A

- Submit questions via the **chat box**



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Free 1-800 QUIT NOW cards

Take Control
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For details on your state services, go to: <http://map.naquitline.org>



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California Behavioral Health & Wellness Initiative

For our CA residents, we are starting a new venture in CA helping behavioral health organizations go tobacco free and integrating cessation services into existing services thanks to the support of the CTCP.

Free CME/CEUs will be available for all eligible California providers, who joined this live activity. You will receive a separate post-webinar email with instructions to claim credit.

Visit CABHWI.ucsf.edu for more information.

Post Webinar Information

- You will receive the webinar recording, presentation slides, information on certificates of attendance, and other resources, in our follow-up email. All of this information will be posted to our website.
- Instructions will be emailed after the webinar.

SCLC Recorded Webinar Promotion

SCLC is offering FREE CME/CEUs for our 2017 **and just released**, 2018 recorded webinar collections for a total of 22.5 units.

Visit SCLC's website at:

<https://smokingcessationleadership.ucsf.edu/webinar-promotion>
for more information.

Save the Date

SCLC's next live webinar

- **December 12, 2019**
- On the Health Effects of Nicotine with Dr. Neil Benowitz of UCSF
- Registration coming soon!

Contact us for technical assistance

- Visit us online at smokingcessationleadership.ucsf.edu
- Call us toll-free at **877-509-3786**
- Please complete the post-webinar survey

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