
Smoking Cessation
Leadership Center



University of California
San Francisco

Changing the Habit: State & Community Approaches to Tobacco Control

Margaret A. Jaco, MSSW
Marilyn J. Carter, PhD
Judy A. Ochs
Susan McLain, MPH
Joanna Stoms, MPA, RRT

Tuesday, March 7, 2017 | 2pm ET (90 minutes)

Disclosures

Margaret A. Jaco, MSSW, Marilyn J. Carter, PhD, Susan McLain, MPH, Judy A. Ochs, Joanna Stoms, MPA, RRT, Christine Cheng, Brian Clark, Jennifer Matekuare, Roxana Said, MPH, Catherine Saucedo, and Steven A. Schroeder, MD have disclosed no financial interest/arrangement or affiliation with any commercial companies who have provided products or services relating to their presentation or commercial support for this continuing medical education activity.

Moderator

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Thank you to our funders



Robert Wood Johnson Foundation



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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.

Presenter

Margaret Jaco, MSSW

Senior Associate, Policy & Practice
Improvement, National Council for Behavioral
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Project Manager, National Behavioral Health
Network for Tobacco & Cancer Control



Presenter

Marilyn J. Carter, PhD.

Health Education Director,
Adapt/SouthRiver Community Health
Center



Presenter

Judy A. Ochs

Director, Division of Tobacco Prevention and Control Bureau of Health Promotion and Risk Reduction, Pennsylvania Department of Health



Presenter

Susan McLain, MPH

Public Health Program Administrator, Division of
Tobacco Prevention and Control, Pennsylvania
Department of Health



Presenter

Joanna Stoms, MPA, RRT

Cancer Plan Manager, Pennsylvania
Department of Health





National Behavioral Health Network for Tobacco & Cancer Control

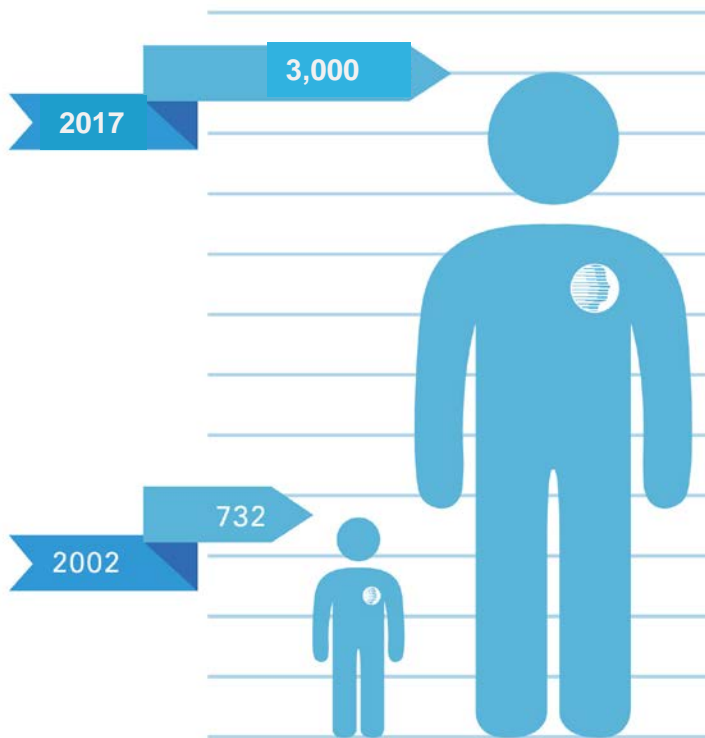


Margaret A. Jaco, MSSW

Senior Associate, Policy & Practice Improvement
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National Council for Behavioral Health



- **3,000** members
- Employing **750,000** staff
- Serving **10 million** adults, children and families living with mental illnesses and addictions



Tobacco & Behavioral Health

- Approximately **1 in 4** US adults has either a mental illness, substance use disorder, or both.
- **~50%** of people with behavioral health conditions smoke.
- People with mental illnesses and addictions smoke more than **40%** of all cigarettes produced.
- Anti-smoking efforts have not been directed toward people with mental illnesses as they have toward the general population.



Why is this important?

Tobacco & Behavioral Health Messaging: What Resonates?

- > Tobacco can be built into a whole health initiative and **marketed to agencies' advantage.**
- > Tobacco cessation and tobacco free environments are **critical to recovery.**
- > If you are doing **addictions**, you can **easily do tobacco.**
- > **Integration is the new norm** and tobacco services are a mandated component of integrated health services.
- > You don't have to re-invent anything; there are **ample resources** for training, etc.
- > Workflow **examples exist** for integrating tobacco into screening, assessment, and daily practice.
- > Even though there is anticipatory implementation anxiety, tobacco free policies **lead to more attractive treatment environments** for both clients and employees.



National Behavioral Health Network

For Tobacco & Cancer Control

- Jointly funded by CDC's *Office on Smoking & Health & Division of Cancer Prevention & Control*
- Provides resources and tools to help organizations reduce tobacco use and cancer among people with mental illness and addictions
- 1 of 8 CDC National Networks to eliminate cancer and tobacco disparities in priority populations

Visit www.BHtheChange.org and
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Toolkits, training opportunities, virtual communities and other resources

Webinars & Presentations

State Strategy Sessions



Community of Practice



#BHtheChange



NBHN Activities

- Webinars
- Training, Technical Assistance, & Consultation
- State Strategy Sessions
- BHtheChange.org website
- Social media (#BHtheChange)
- Success Stories
- Member Listserve
- Communities of Practice



Webinars

*Implementing **Tobacco-Free Policies** in Community Behavioral Health Organizations*

“Until I participated in this webinar today, I was not remotely aware of the correlation between excessive alcohol consumption and various types of cancers. I currently work in a behavioral health agency, which provides services to co-occurring clients...I will offer copies of the handouts I received today.”

*Cancer – What’s Alcohol Use Got to Do With it?
Webinar Participant*



National Behavioral Health Network

Cancer – What’s Alcohol Use Got to Do With It?

*Get the 4-1-1 on **Cancer Survivorship***

***Cancer Screening & Referrals** within Behavioral Health Settings*

*Tips & Tools for Transforming the **Tobacco Conversation***

State Strategy Sessions

National Behavioral Health Network for Tobacco & Cancer Control: **State Strategy Sessions**

REQUEST FORM: State Strategy Session & Financial Assistance

Please complete the form below and email to BHtheChange@thenationalcouncil.org for state strategy session consideration. If funding support is being requested, please respond to question #8 below.

1. Requesting State:
2. Applicant Organization:
3. Organization Representative First & Last Name:
4. My state would like to be considered a state strategy session? Yes/No
5. Session Proposed Dates:
If dates have not been set yet, please indicate desired timeframe (e.g., Spring 2016).
6. Short Answer. Why should we consider your state as a strategy session state? Responses should include agency's capacity to carry out this project and plans for sustaining progress following the strategy session. Responses may also include how hosting a state strategy session aligns with agency's mission.
7. My state will be requesting funding assistance for the state strategy session? Yes/No
If yes, please read and respond to question #8 below. If no funding assistance being requested, please submit form.

BHtheChange.org

Operated by the National Council for Behavioral Health

Home About Share Your Story Contact

National Behavioral Health Network
For Tobacco & Cancer Control

Highlights Topics Events **Join**

WELCOME

The National Behavioral Health Network for Tobacco & Cancer Control is 1 of 8 CDC National Networks that ignite action to eliminate tobacco use and cancer disparities. NBHN serves as a resource hub for organizations, healthcare providers, and public health professionals seeking to combat these disparities among individuals with mental illnesses and addictions.

[Learn more →](#)

QUICK LINKS

- [View all topics](#)
- [View all resources](#)
- [View events calendar](#)

Search the entire site ...

JOIN TODAY

Become a Member
of the National

UPCOMING EVENTS

Webinar:
Changing the
Habit: State &
Community
Approaches to

DID YOU KNOW?

Treating tobacco addiction while
simultaneously treating drug or
alcohol addiction increases the

Social Media - #BHtheChange



My tip for being tobacco-free is...
I help the people I serve be tobacco-free by...

#BHtheChange #CDCTIPS



Success Stories

Share Your Story

Successes from the Field: Way Station, Inc.

A 2015 [Tobacco & Cancer Control Community of Practice \(CoP\)](#) member, Way Station Outpatient Mental Health Clinic went Tobacco-Free in May of 2016. Way Station is a behavioral health organization that provides a broad range of services to four different counties in Maryland. Four months after they implemented their Tobacco Free Policy Station has some important tips and lessons to share with other behavioral health organizations who are looking to go tobacco free.



Inaugural 2015 Community of Practice: 10 CBHOs





My experience with this CoP has been **invaluable**.

To be able to get perspectives from likeminded professionals across the country, as well as through the expertise from NBHN and all the providers brought in to contribute and guide us has been a tremendous experience.

*2015 Tobacco & Cancer Control
Community of Practice Participant*



National Behavioral Health Network
For Tobacco & Cancer Control

2016 Communities of Practice





Additional Opportunities

- Apply for a 2017 Community of Practice!
- Share Your Story!
- State Strategy Sessions
- Webinar - Tuesday, April 18th, 2:00pm ET: *Cancer Prevention Strategies for Youth Living with Behavioral Health Conditions*

Join TODAY at BHtheChange.org!

From Policy to Practice: Making Tobacco Dependence Treatment the Clinical Standard of Care

Umpqua River, Southern Oregon

Marilyn Carter, Ph.D.

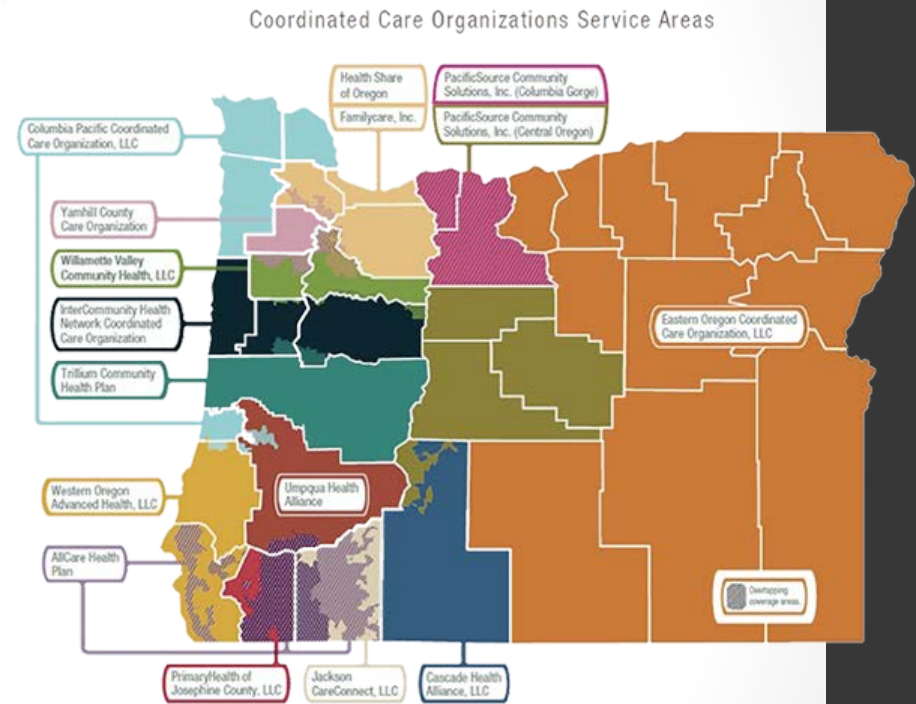
Health Education Director

Adapt/SouthRiver Community Health Center



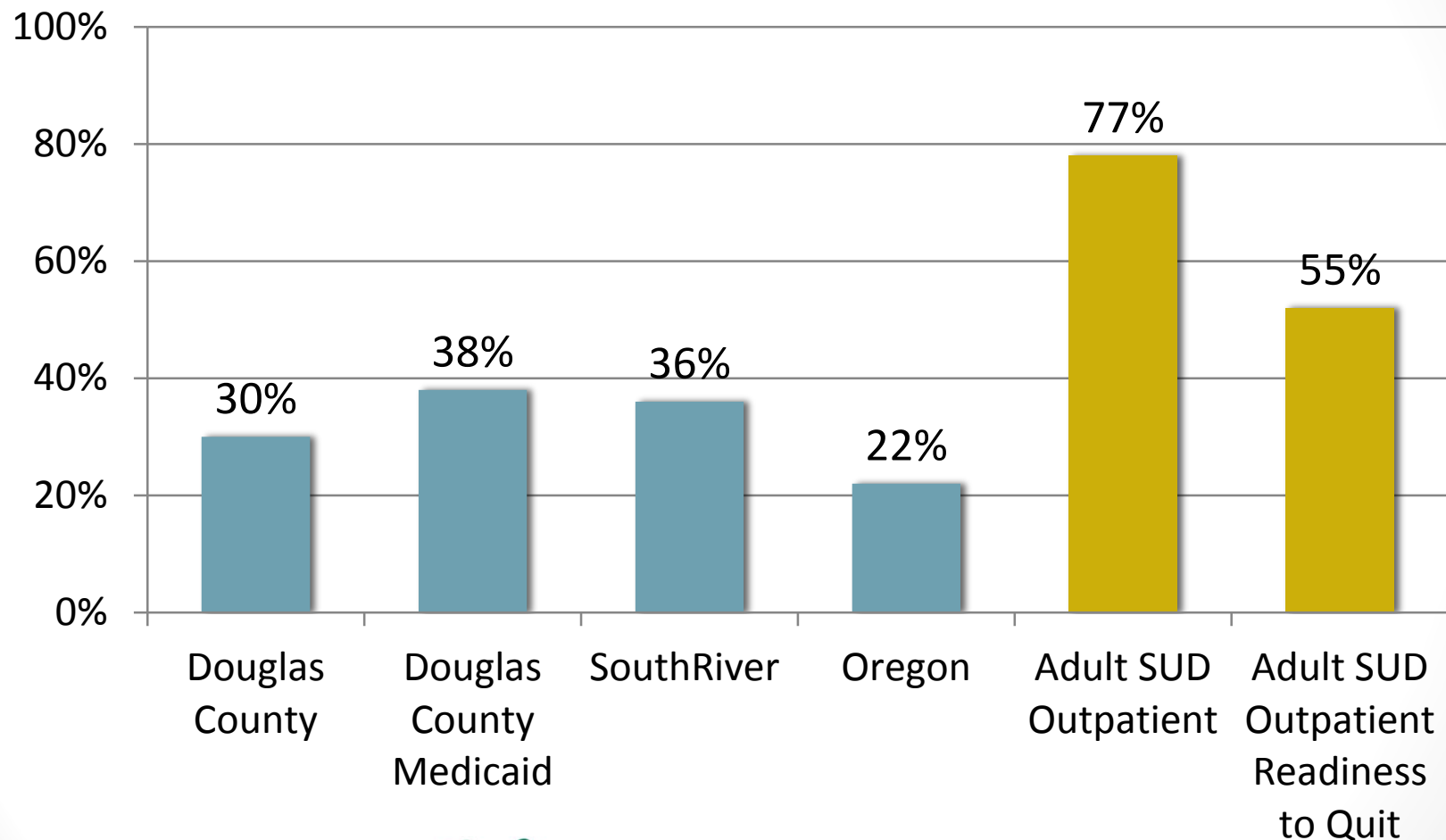
Oregon's Call to Action

- Adult Medicaid clients more than 3 times as likely to use tobacco as non-Medicaid Oregon adults
- \$374 million per year -- direct Medicaid costs related to smoking estimated (6% of Medicaid expenditures)
- New performance metrics to address tobacco use rates



Our Call to Action

Any tobacco use every day or some days + readiness



Oregon Health Authority Tobacco Facts, 2014
SouthRiver EMR, 2016

Adult Outpatient Intake Assessment, Jan16-Jan17, N=611

Building Momentum

BH 2013 Oregon Tobacco Freedom Policy

PC 2014 SouthRiver Systems Change Initiative

BH 2015 Dimensions Trainings OHA, NBHN, UC BHW Program

BH 2015 Oregon Council of Clinical Innovators

IC 2016 CBHO Tobacco & Cancer Control CoP

IC 2017 OHSU Knight Cancer Institute Partnership

System Change Groundwork

- 100% Tobacco-Free policy for all properties
- Intake Assessment of tobacco use and readiness to quit
- In-house NRT (residential care)
- Investment in Staff Training
 - 5 Mayo Clinic trained TTS
 - Annual in-house staff training
 - Onboarding training (Rx for Change in progress)
- Provider & Community Outreach
 - Community-based classes
 - Provider education and outreach
 - Online provider and public resources

**YOU CAN QUIT!
WE CAN HELP.**

If you're like most people, you know you should quit smoking — you just aren't sure how to do it. We can help. Adapt and the Umquoy Health Alliance have teamed up to provide FREE classes designed to help you on your path to a healthy, tobacco-free life.

- Classes meet weekly for 4 weeks
- There is no cost to attend
- Open to adults age 18 and over
- Led by Mayo Clinic certified tobacco treatment specialists and addiction counselors
- 2-week nicotine replacement starter-kit while supplies last

River's Edge (at Harvard Medical Park)
1815 W. Harvard Ave, Ste 422, Roseburg

Day	4-Week Session	Time
Thurs	Feb. 4, 11, 18, 25	3-4:30PM
Thurs	May 3, 12, 19, 26	3-4:30PM
Thurs	Aug. 4, 11, 18, 25	3-4:30PM
Thurs	Oct. 6, 13, 20, 27	3-4:30PM

SouthRiver Comm. Health Center
671 S. Main Street, Winston

Day	4-Week Session	Time
Wed	Mar. 9, 16, 23, 30	2:30-4PM
Thurs	Dec. 1, 8, 15, 29	2-3:30PM

If you're unable to attend a class time, please call 541-492-0152.

Adapt: Tobacco & Nicotine
RECOVERY PROGRAM



Rx for Change Onboarding

1. To assure core competencies, all employees with direct client or patient care responsibilities are expected to:
 - a. Online training within 3 months of hire; and/or
 - b. In-person training within 3 months of hire

STEP 1

Register and log-in for Rx for Change

Log in and register at

<http://rxforchange.ucsf.edu/>

STEP 2

Complete Psychiatry Curriculum

Knowledge, skills and confidence necessary to assess and treat tobacco dependence in smokers with co-occurring psychiatric or addictive disorders.

STEP 3

Complete Quiz in Litmos

I completed the required Rx for Change training online before taking this quiz? A. True B. False

CBHO CoP Primary Project Focus

Normalize nicotine dependence treatment as a standard and expected part of clinical care at SouthRiver Community Health Center . . . at the time of patient's first visit

- **Objective 1** Increase engagement among SouthRiver patients with tobacco use disorders (def. as at least one visit with Behavioral Health Consultant)
- **Objective 2** Develop and implement a clinical intervention for patients who screen positive for tobacco use

You Can Quit. We Can Help

The Primary Care Appointment

- Ask about tobacco use every visit
- Advise patient to quit
- Assess using Fagerström for patients who screen positive for use tobacco
- Assist with pharmacological options
- Arrange warm hand-off to Behavioral Health Consultant for same-day brief intervention



Warm Hand-Off

Focus on Tobacco

At the time of first patient visit . .

*I'm concerned about the effect that
smoking has on your health.*

*I work with someone who specializes in
helping our patients who use tobacco.*

*If it's okay with you,
I'd like to introduce you to her.*



adapt

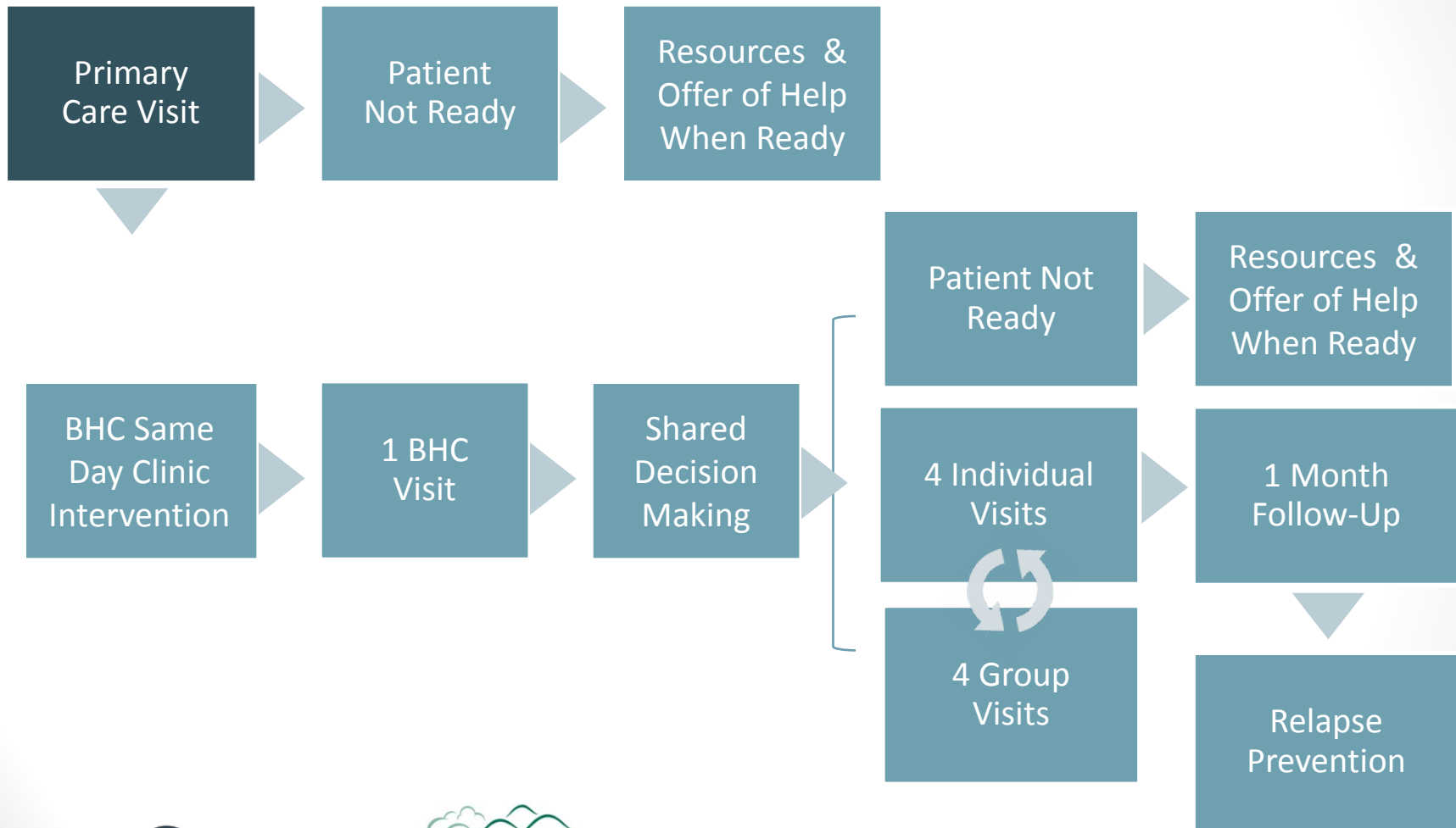


Clinical Intervention

Focus on Patient Care, Patient Experience

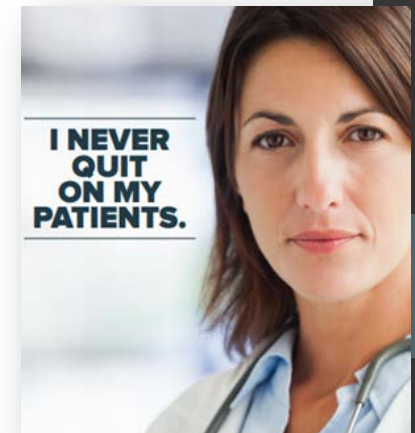
- All patients who use tobacco receive basic intervention
- Matches treatment to patient's readiness, motivation and ability to follow-through (e.g., transportation, childcare)
- Engages patient in shared decision-making about intervention level
- Utilizes Mayo Clinic Curriculum + supplements

From 1 to 4 Step Protocol



Sustaining the Quit

- Patients who quit successfully, offer support and relapse prevention visits
- Patients who are unable to quit after 4 group or individual visits:
 - Offer continuation or alternate protocol
 - Assess pharmacotherapy in coordination with PCP
- Evaluation follow-up at 1-month



Challenges . . .

- Systems change takes time—*difference between objectives and deliverables*
- Competing priorities—patient care priorities, health transformation priorities, organizational changes
- Job *creep* adds work for busy clinic staff
- Need to prioritize billing and reimbursement for nicotine dependence treatment on par with any other addiction

CBHO CoP Moving the Dial

- Focused attention on our project
- Access to experts and resources we've used and shared with others
- Inspired successful grant application to OHSU Knight Cancer Institute Community Partnership Program
- Strengthened local, state, national collaboration
 - American Lung Association in Oregon (cancer prevention, treatment and radon education)
 - Community Cancer Center (improving cancer screening and care for individuals with behavioral health disorders)

There is still a big gap between what we know and what we do, and that gap is lethal. When it comes to the health of our communities, we must never be guilty of low aim.

David Satcher, M.D.
Former U.S. Surgeon General

Referenced in *Prevention is Primary*
www.preventioninstitute.org

Toolkits & Resources

- University of Colorado, Behavioral Health & Wellness Program
www.bhwellness.org/resources/toolkits
- National Council, Tobacco Cessation
www.thenationalcouncil.org/topics/tobacco-cessation/
- Smoking Cessation Leadership Center – Behavioral Health
smokingcessationleadership.ucsf.edu/behavioral-health
- Tobacco Treatment for Persons with Substance Use Disorders
www.adaptoregon.org/wp-content/uploads/COTobaccoToolkit.pdf
- Smoking Cessation for Persons with Mental Illness
www.integration.samhsa.gov/Smoking_Cessation_for_Persons_with_MI.pdf

Pennsylvania

Communities of Practice (CoP) 2016
project successes and challenges

Judy Ochs, Sue McLain, Joanna Stoms



Before CoP

Bureau of Health Promotion and Risk Reduction

- ▀ Division of Cancer Prevention and Control (DCPC)
- ▀ Division of Nutrition and Physical Activity
- ▀ Division of Health Risk Reduction
- ▀ Division of Tobacco Prevention and Control (DTPC)

DTPC Structure – Division created in 2001

- ▀ *CDC's Best Practices for Comprehensive Tobacco Control Program*
- ▀ 4 CDC Goals – Prevent initiation, promote quitting, eliminate exposure, address disparities
- ▀ 8 Regional Primary Contractors cover 67 counties – standardized work statement – required to have a coalition representative of service area

Before CoP - Collaborations

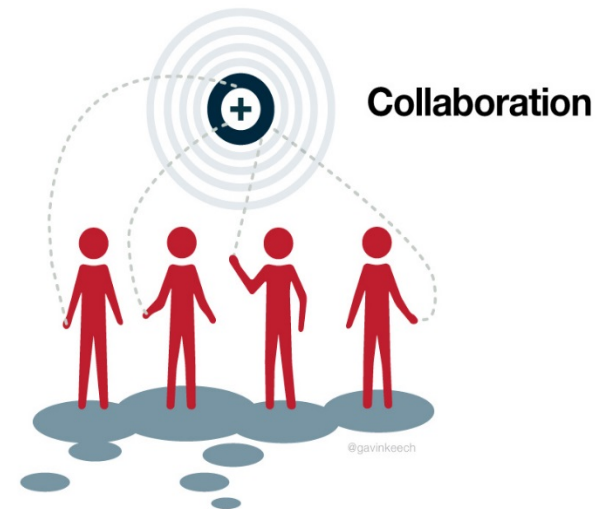
Collaborations started within the Bureau – quickly expanded to other Bureaus and Agencies

Chronic Disease programs - asthma, diabetes, heart disease, cancer, arthritis

Helped us come out of our silos and engage with new community-based organizations, agencies, health care systems, business sector and local government

Bureaus – Family Health, Communicable Disease, Health Planning, Community Health

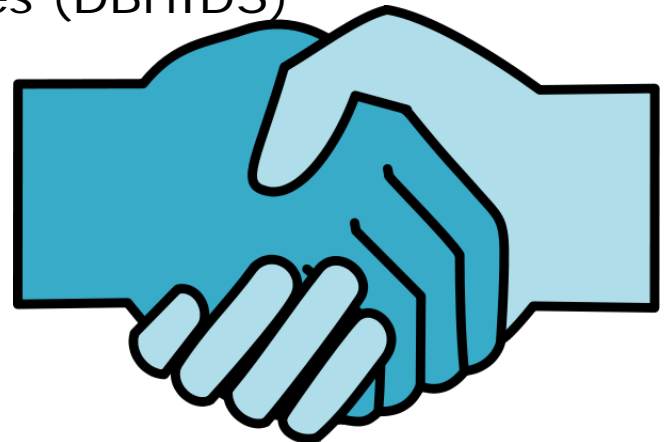
Agencies – Education, Environmental Protection, Drug and Alcohol, Revenue



Before CoP – 2013-15 MH/BH

Initiatives addressing tobacco use in MH/BH began in 2013.

- The most successful initiative took 2 years to complete – Tobacco Recovery & Wellness Initiative (TRWI)
- Partnership established by our Regional Primary Contractor – Philadelphia Department of Public Health with the University of Pennsylvania's Comprehensive Smoking Treatment Program and Philadelphia's Department of Behavioral Health and Intellectual disAbilities Services (DBHIDS)



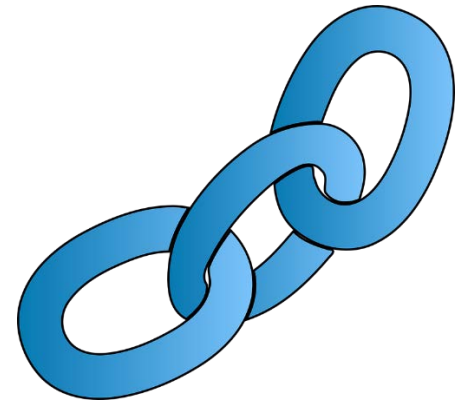
Tobacco Recovery & Wellness Initiative Outcomes

- As of December 14, 2015, all Community Behavioral Health (CBH) - contracted acute inpatient psychiatric (AIP) and extended acute inpatient (EAC) providers successfully implemented tobacco-free policies.
- Individuals admitted to either of these levels of care are not permitted to smoke cigarettes or use any other tobacco-related products during their stay.
- Individuals are provided with access to various, evidence-based tobacco-cessation treatments, including FDA-approved medication for treating tobacco withdrawal and tobacco use disorder.

Tobacco Free Policies

Tobacco Recovery & Wellness Initiative Next Steps

- On January 1, 2018, all CBH-contracted residential drug and alcohol facilities will implement tobacco-free policies across all their treatment settings.
- To prepare residential drug and alcohol treatment providers for this systemic culture change, the TRWI will continue to promote Public Health Detailing to providers within the CBH network, promote staff recovery and training, support providers to integrate tobacco treatment into substance abuse treatment services and evaluate TRWI outcomes.



Before CoP – 2013-15 MH/BH

DTPC –long standing partnership with Department of Human Services

- 2002 – Requested guidance from DTPC and increased Medicaid coverage to cover
 - 70 fifteen minute units of counseling
 - All nicotine replacement therapy products
 - One prescription and six refills of all FDA approved pharmacotherapies per calendar year
- 2015 – DHS assisted DTPC in allowing behavioral health providers to bill for services on the medical side.

▶ Before CoP – 2013 -15 MH/BH

New partnership with Department of Human Services Office on Mental Health and Substance Abuse Services (OMHSAS).

- Dr. Dale Adair, OMHSAS Director secured a 2015 Communities of Excellence grant (one of 24 states). Embraced tobacco cessation and cancer and included us on steering committee.
- Pa OMHSAS was one of 19 states to submit a proposal for a 2 year demonstration grant and one of 8 states funded.

Communities of Practice (CoP)

- ▼ Gather team
- ▼ Stakeholder group
- ▼ Colorado meeting
- ▼ Action Plan
- ▼ Expand thru stakeholder group
- ▼ TA and Webinars



PA FREE QUITLINE

Since 2002, the Pennsylvania Department of Health has provided effective telephone-based cessation counseling through the PA Free Quitline.

- Free counseling, quit support, and nicotine replacement therapy (NRT) to tobacco users in the state.
- Demographic information, including three mental health questions, is collected at intake.
- 6-month quit rates (proportion of callers reporting being quit for at least 30 days) for all callers is 34%
- Quit Rates for callers in poor mental health are significantly lower.

In fiscal year 2015, 65.4% (n=9,229) of PA Free Quitline callers reported being in poor mental health.

PA FREE QUITLINE

Callers with poor mental health are equally as likely to receive services after completing intake as those without.

Callers with mental health issues (MHI) were less likely to be quit at 6-month follow-up than those without MHIs (30.4% vs. 40.5%, respectively).

As with the full population of Quitline callers, use of NRT and two or more counseling calls improved quit rates among those with poor mental health.

NRT use and multiple counseling calls positively impact quit rates for all groups, including those with poor mental health; however, even with these supports, callers with poor mental health are significantly less likely to quit.

DURING CoP

PARTNERSHIPS

Department of Corrections (existing)

Existing partnership

2015 Pilot: Cessation services for female inmates (NRT – patches) and direct counseling by PA Free Quitline

Berks Counseling Center (new)

CoP participant –discussion about pilot project

- Tobacco cessation training and resources
- Cancer screenings
- Radon testing in inpatient facilities
- HPV vaccination in the adolescent and young adult population

Comprehensive Cancer Control Plan

- Mental Health/Behavioral Health identified as a disparate population in recent CDC Comprehensive Cancer grant
- Will include Mental Health/Behavioral Health in the Comprehensive Cancer Control plan.

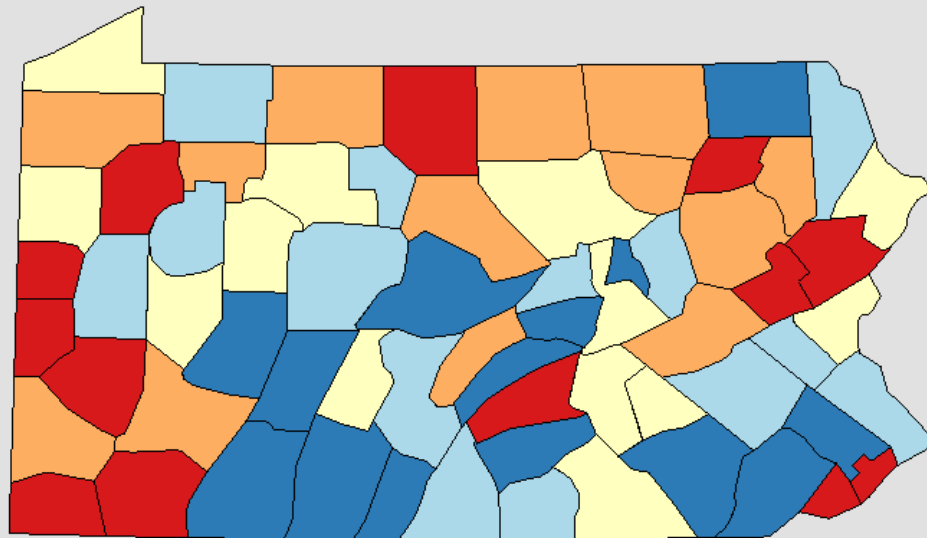
Comprehensive Cancer Control

Lung Cancer in PA

- ▼ 2nd most common cancer diagnosed
- ▼ Most common cause of cancer death
- ▼ 75% diagnosed at late stage
- ▼ 18% of PA adults smoke tobacco
- ▼ 38.8% of PA adults with AMI smoke

Lung Cancer Incidence in PA 2009-2013

Incidence Rates[†] for Pennsylvania Lung & Bronchus, 2009 - 2013 All Races (includes Hispanic), Both Sexes, All Ages



Age-Adjusted
Annual Incidence Rate
(Cases per 100,000)

[Quantile Interval](#)

- 48.5 to 56.8
- 56.8 to 64.4
- 64.4 to 67.2
- 67.2 to 70.7
- 70.7 to 84.2

US (SEER + NPCR)
Rate (95% C.I.)
62.4 (62.3 - 62.6)

Pennsylvania
Rate (95% C.I.)
66.3 (65.8 - 66.9)

Notes:

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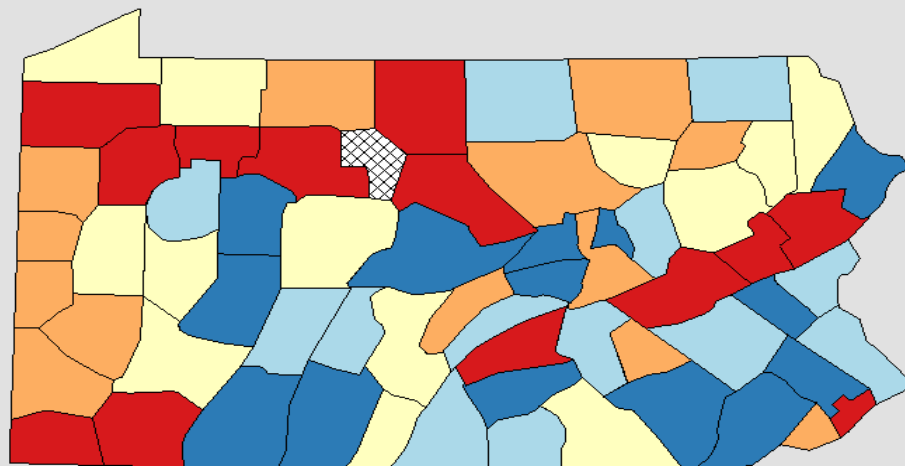
[State Cancer Registries](#) may provide more current or more local data.

Data presented on the State Cancer Profiles Web Site may differ from statistics reported by the State Cancer Registries ([for more information](#)).

[†] Incidence rates (cases per 100,000 population per year) are age-adjusted to the [2000 US standard population](#) (19 age groups: <1, 1-4, 5-9, ..., 80-84, 85+). Rates are for invasive cancer only (except for bladder which is invasive and in situ) or unless otherwise specified. Rates calculated using SEER*Stat. Population counts for denominators are based on Census populations as modified by NCI. The [1969-2014 US Population Data](#) File is used for SEER and NPCR incidence rates.

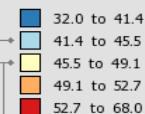
Lung Cancer Mortality in PA 2009-13

Death Rates for Pennsylvania Lung & Bronchus, 2009 - 2013 All Races (includes Hispanic), Both Sexes, All Ages



Age-Adjusted
Annual Death Rate
(Deaths per 100,000)

[Quantile Interval](#)



▨ Suppressed*

United States
Rate (95% C.I.)
46.0 (45.9 - 46.1)

Pennsylvania
Rate (95% C.I.)
47.5 (47.0 - 48.0)

Healthy People 2020
Goal C-2
45.5

Notes:

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[State Cancer Registries](#) may provide more current or more local data.

Data presented on the State Cancer Profiles Web Site may differ from statistics reported by the State Cancer Registries ([for more information](#)).

Source: Death data provided by the [National Vital Statistics System](#) public use data file. Death rates calculated by the National Cancer Institute using [SEER*Stat](#). Death rates (deaths per 100,000 population per year) are age-adjusted to the [2000 US standard population](#) (19 age groups: <1, 1-4, 5-9, ..., 80-84, 85+). The Healthy People 2020 goals are based on rates adjusted using different methods but the differences should be minimal.

Population counts for denominators are based on the Census [1969-2014 US Population Data](#) File as modified by NCI.

* Data have been [suppressed](#) to ensure confidentiality and stability of rate estimates. Data is currently being suppressed if there are fewer than 16 counts for the time period.

** Data have been [suppressed](#) for states with a population below 50,000 per sex combination for American Indian/Alaska Native or Asian/Pacific Islanders because of concerns regarding the relatively small size of these populations in some states.

Healthy People 2020 Goal C-2: Reduce the lung cancer death rate to 45.5.
[Healthy People 2020](#) Objectives provided by the [Centers for Disease Control and Prevention](#).

Partner with Tobacco Prevention & Control

Tobacco Prevention and Cancer Prevention and Control Divisions reside in the Bureau

Established partnership to address smoking and lung cancer

CoP strengthened partnership - better alignment of goals

Successes

Co-sponsored five
American Lung Association
Lung Force EXPOS



Developed a Lung Cancer
Screening Toolkit

Integrated lung cancer screening in oncology
practices/cessation programs

Successes

Aligned tobacco/cancer control goals

Identified MH/BH as disparate population

Leveraged funds



Challenges

- ▀ Navigating the diverse Pennsylvania BH/MH landscape
- ▀ Determining needs of county behavioral health/mental health providers
- ▀ Breaking down “old notions”

Ongoing and Next Steps

Policy and systems change through collaboration with *Certified Community Behavioral Health Clinics* participating in Centers of Excellence initiative:

- ▀ Smoke free campus
- ▀ Tobacco cessation for staff and clients
- ▀ Cancer prevention and early detection through low dose CT screenings



Next Steps



- ▣ Assess needs of rural BH/MH providers
- ▣ Utilize pilot programs – best practices
- ▣ PA Free Quitline – evaluation of MH protocol and data

Message from Dr. Leone

“For so long, it seemed like it would be too hard. We were frozen in place... ineffective, despite recognizing how important change could be. It felt like compromise was the only option, and tobacco would always be part of Behavioral Health and Substance Abuse services.

But I think we're at a tipping point now... There are lots of providers in the community who are looking to make a change. In Philadelphia, we were able to successfully harness this energy and coordinate a provider-centered strategy for tobacco integration. Despite the variety of settings, all inpatient organizations are now smoke-free and offer tobacco treatment services.

Two short years later, and it's like tobacco never existed in these places. Our current focus is on replicating this success in substance abuse treatment facilities across the city. We definitely feel like this is our time.”

Frank T. Leone, MD, MS

Director, Comprehensive Smoking Treatment Program

University of Pennsylvania

Penn Lung Center

▶ Thank you!

Judy Ochs jochs@pa.gov

Sue McLain susmclain@pa.gov

Joanna Stoms jstoms@pa.gov



Q&A

- Submit questions via the **chat box**

Contact us for technical assistance

- CME/CEUs of up to 1.5 credits are available to all attendees of this live session. Instructions will be emailed after the webinar.
- Visit us online at smokingcessationleadership.ucsf.edu
- Call us toll-free at **877-509-3786**
- Please complete the post-webinar survey

American Association for Respiratory Care (AARC)



- Free Continuing Respiratory Care Education credit (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

CDC's *Tips from Former Smokers*TM



- Visit [cdc.gov/tips](https://www.cdc.gov/tips) for information and resources on the 2017 campaign



National Behavioral Health Network

For Tobacco & Cancer Control

- Jointly funded by CDC's *Office on Smoking & Health & Division of Cancer Prevention & Control*
- Provides resources and tools to help organizations reduce tobacco use and cancer among people with mental illness and addictions
- 1 of 8 CDC National Networks to eliminate cancer and tobacco disparities in priority populations

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Community of Practice



#BHtheChange

LGBT HealthLink: The Network for Health Equity

- We link people with wellness information. We promote adoption of best practices in health departments and community organizations to reduce tobacco and cancer disparities.
- We are one of eight CDC-funded national networks addressing cancer and tobacco disparities.
- LGBT HealthLink members have access to:
 - Weekly LGBT Health News Roundup
 - Scholarships to help support and promote leadership in the LGBT health arena
 - Members-only online networking groups
 - Exclusive webinars and resources



www.mylgbthealthlink.org



Save the date

- Our next webinar will be on **Tuesday, April 12th at 1pm ET** and will evaluate quitline utilization, service use, and quit success for callers with mental illnesses and addictions

CME/CEU Statement

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.

UCSF designates this live activity for a maximum of *1.5 AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the webinar activity.

Advance Practice Registered Nurses and Registered Nurses: For the purpose of recertification, the American Nurses Credentialing Center accepts *AMA PRA Category 1 Credit™* issued by organizations accredited by the ACCME.

Physician Assistants: The National Commission on Certification of Physician Assistants (NCCPA) states that the *AMA PRA Category 1 Credits™* are acceptable for continuing medical education requirements for recertification.

California Pharmacists: The California Board of Pharmacy accepts as continuing professional education those courses that meet the standard of relevance to pharmacy practice and have been approved for *AMA PRA category 1 credit™*. If you are a pharmacist in another state, you should check with your state board for approval of this credit.

Respiratory Therapists: This program has been approved for a maximum of 1.50 contact hours Continuing Respiratory Care Education (CRCE) credit by the American Association for Respiratory Care, 9425 N. MacArthur Blvd. Suite 100 Irving TX 75063, Course # 148432000

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