
Smoking Cessation
Leadership Center



University of California
San Francisco

*One Hour Power Break Webinar:
Year of Cessation—2019: An Update
from CDC's Office on Smoking and
Health*

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Moderator

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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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Corinne M. Graffunder, DrPH, MPH, Christine Cheng, Brian Clark, Jennifer Lucero, Jennifer Matekuare, Jessica Safier, Catherine Saucedo, and Steven A. Schroeder, MD

Thank you to our funders



Robert Wood Johnson Foundation



<https://smokingcessationleadership.ucsf.edu>

CME/CEU Statement

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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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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 # 180713000.

Housekeeping

- 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.

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 CEUs** 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.

Presenter

Corinne M. Graffunder, DrPH, MPH

Director, of the Office on Smoking and Health

Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion



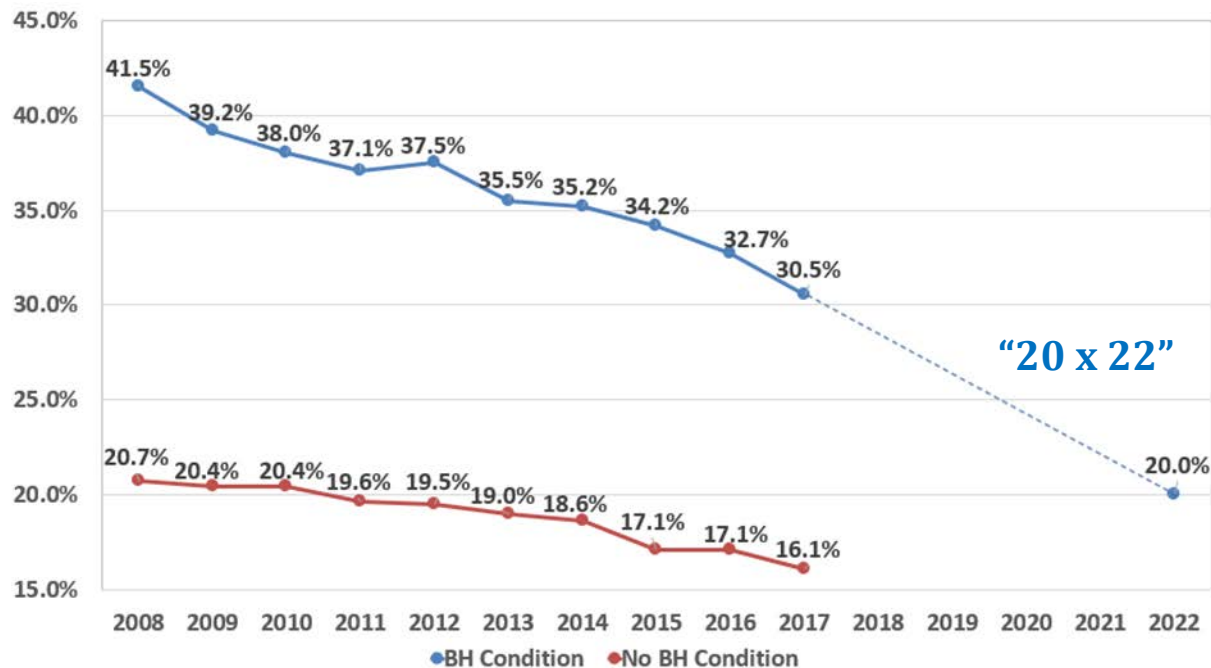
Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Office on Smoking and Health

National Partnership on Behavioral Health & Tobacco Use

- American Academy of Family Physicians (AAFP)
- American Cancer Society (ACS)
- American Cancer Society Cancer Action Network (ACS CAN)
- American Cancer Society National Lung Cancer Roundtable (NLCRT)
- American Lung Association (ALA)
- American Psychiatric Association (APA)
- American Psychiatric Nurses Association (APNA)
- American Psychological Association
- Centers for Disease Control and Prevention (CDC)
- National Alliance on Mental Illness (NAMI)
- National Association of Social Workers (NASW)
- National Association of State Mental Health Program Directors (NASMHPD)
- National Council for Behavioral Health
- North American Quitline Consortium (NAQC)
- Optum
- Pfizer
- Robert Wood Johnson Foundation (RWJF)
- Smoking Cessation Leadership Center (SCLC)
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- Tobacco Control Legal Consortium (TCLC)
- Truth Initiative
- United Health Group
- University of Wisconsin — Center for Tobacco Research and Intervention
- Veterans Administration

National Partnership on Behavioral Health & Tobacco Use: Target

Current Smoking among Adults (age > 18) With Past Year Behavioral Health (BH) Condition



Source: National Survey on Drug Use and Health (NSDUH), Substance Abuse and Mental Health Services Administration (SAMHSA), 2008-2017

2019 Year of Cessation: An Update from CDC's Office on Smoking and Health

CORINNE GRAFFUNDER, DRPH, MPH
DIRECTOR, CDC'S OFFICE ON SMOKING AND HEALTH



**“Life will go on
without cigarettes.”**
—Smokefree Dave

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Tobacco Use

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Prevention and
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Reimagining
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Office on
Smoking and Health's
Year of Cessation

1



Tobacco Use

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Reimagining
Cessation

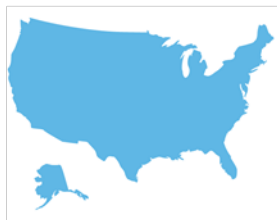
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Office on
Smoking and Health's
Year of Cessation

Tobacco use is the leading preventable cause of disease, disability, and death.

34M

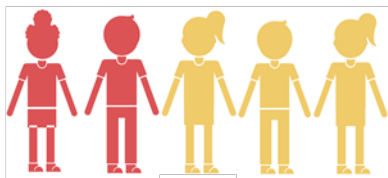


An estimated **34.3 million** U.S. adults smoked in 2017.¹



480,000

Cigarette smoking and secondhand smoke exposure kill about **480,000** people in the U.S. each year.¹



2 in 5

About **two in every five children** are exposed to secondhand smoke.³



1 vs. 30

For every one smoking-related death, **at least 30** people live with a serious smoking-related illness.²

\$300B

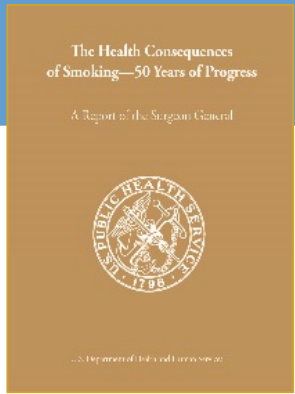
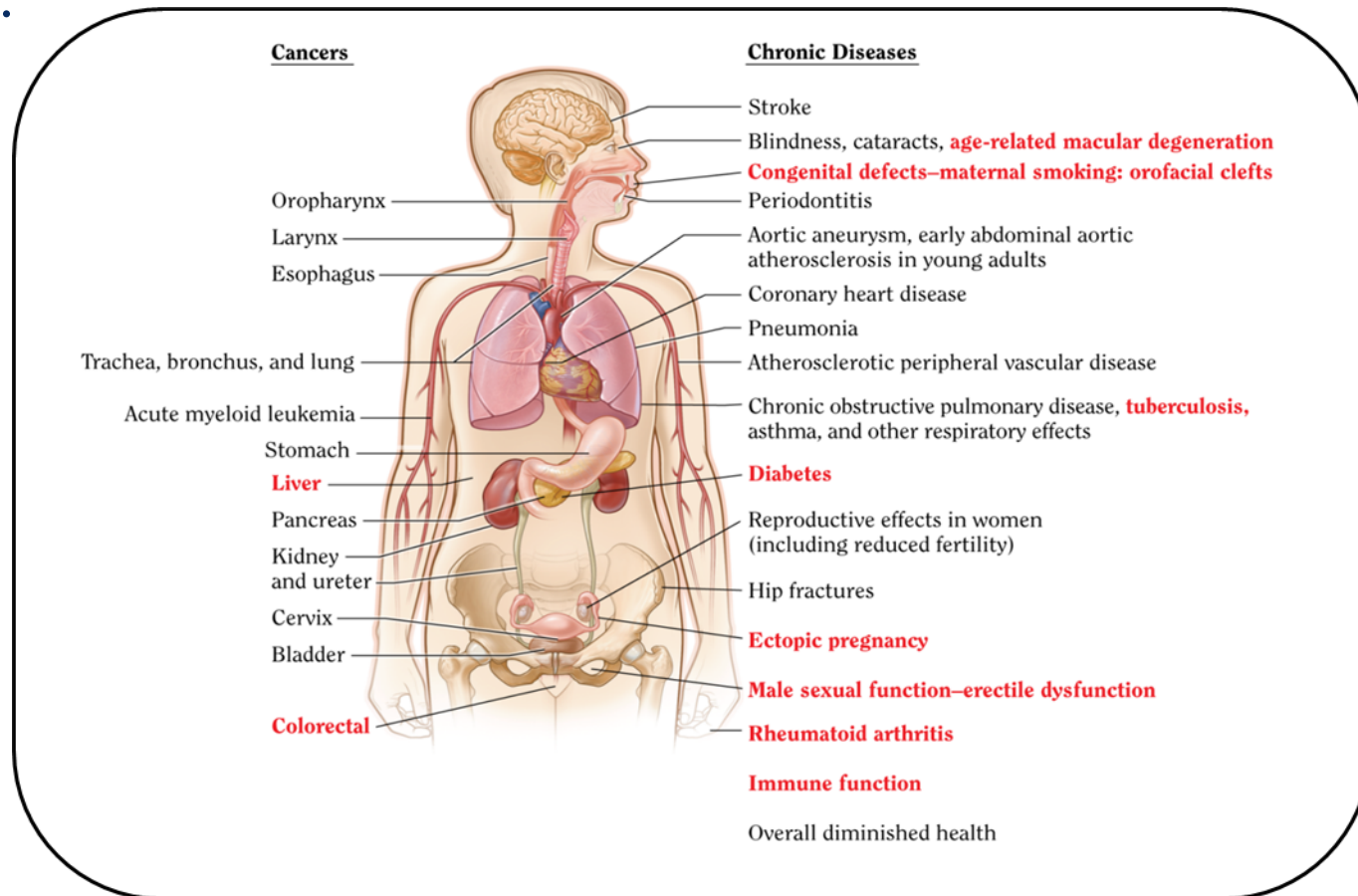


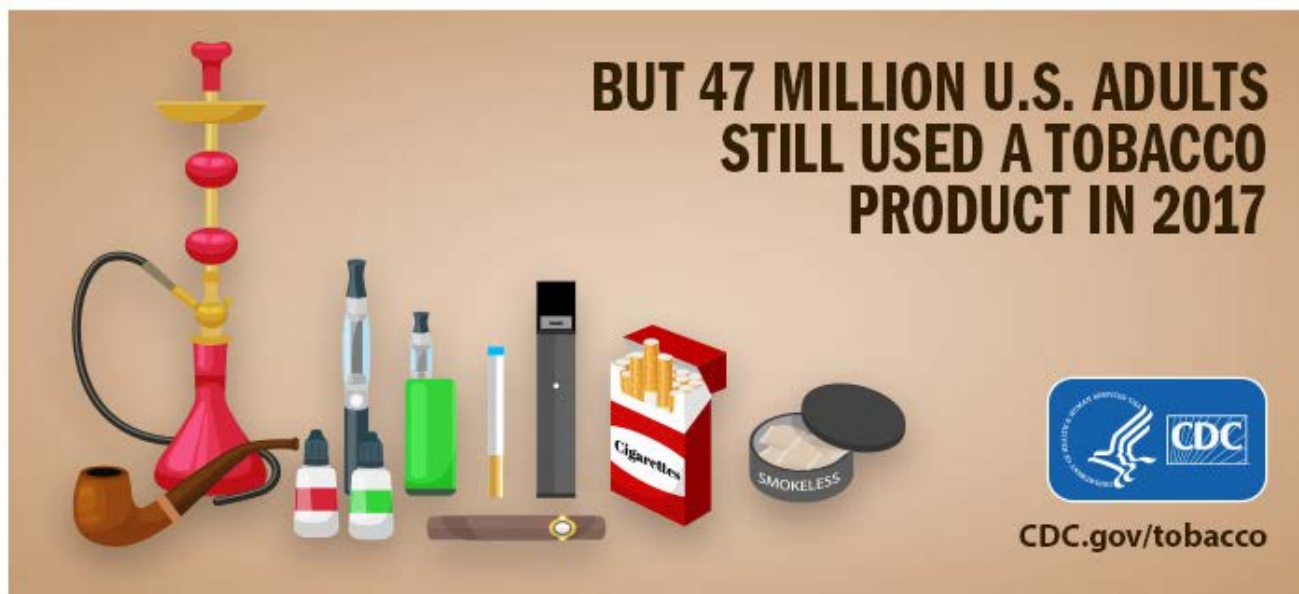
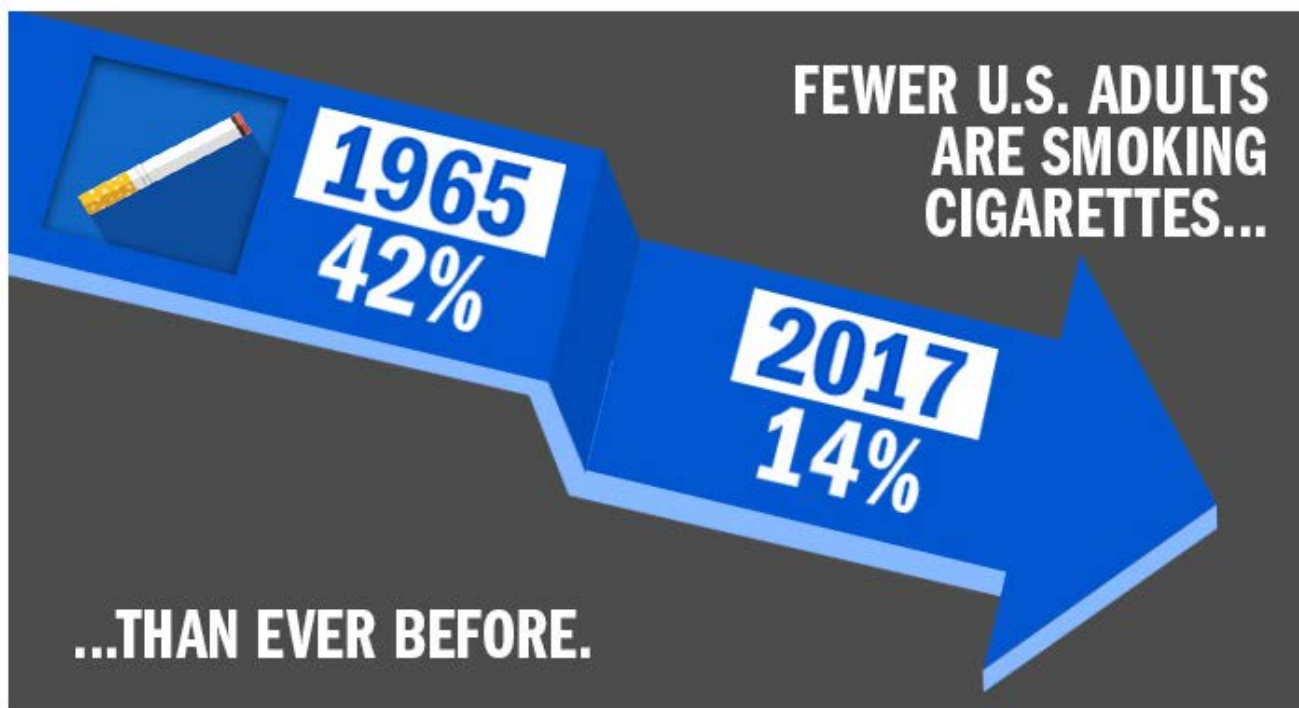
Each year, cigarette smoking costs the US more than **\$300 billion**, including \$170 billion in direct medical costs and \$156 billion in lost productivity.^{2,4}

1. Wang TW, Asman K, Gentzke AS, et al. Tobacco Product Use Among Adults — U.S., 2017. MMWR Morb Mortal Wkly Rep 2018;67:1225–1232. DOI: <http://dx.doi.org/10.15585/mmwr.mm6744a2>.
2. U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. (https://www.cdc.gov/tobacco/data_statistics/sg/50th-anniversary/index.htm) Atlanta, 2014.
3. Tsai J, Homa DM, Gentzke AS, et al. Exposure to Secondhand Smoke Among Nonsmokers — U.S., 1988–2014. MMWR Morb Mortal Wkly Rep 2018;67:1342–1346. DOI: <http://dx.doi.org/10.15585/mmwr.mm6748a3>
4. Xu X, Bishop EE, Kennedy SM, Simpson SA, Pechacek TF. Annual healthcare spending attributable to cigarette smoking: an update. Am J Prev Med 2015; 48(3):326–33.

MAJOR CONCLUSION #3

“Even 50 years after the first Surgeon General’s Report, research continues to newly identify diseases caused by smoking, including such common diseases as diabetes mellitus, rheumatoid arthritis, and colorectal cancer.”





Source: Wang TW, Asman K, Gentzke AS, Cullen KA, Holder-Hayes E, Reyes-Guzman C, Jamal A, Neff L, King BA. Tobacco product use among adults—United States, 2017. *Morbidity and Mortality Weekly Report*. 2018 Nov 9;67(44):1225.



IN 2016, NEARLY
4 MILLION
U.S. MIDDLE & HIGH SCHOOL
STUDENTS CURRENTLY USED
TOBACCO PRODUCTS



ABOUT **HALF** USED **TWO OR MORE**
TOBACCO PRODUCTS



Disparities Persist

Current cigarette smoking among U.S. Adults – NHIS, 2017



Race/Ethnicity

24.0% American Indians/
Alaska Natives
15.2% White



Education level

36.8% GED
4.1% Graduate
degree



Annual household income

21.4% <\$35,000
7.6% ≥\$100,000



Health insurance coverage

24.7% Uninsured
24.5% Medicaid
10.5% Private
8.7% Medicare



Disability/Limitation

20.7% Yes
13.3% No



Sexual orientation

20.3% Lesbian/Gay/Bisexual
13.7% Heterosexual



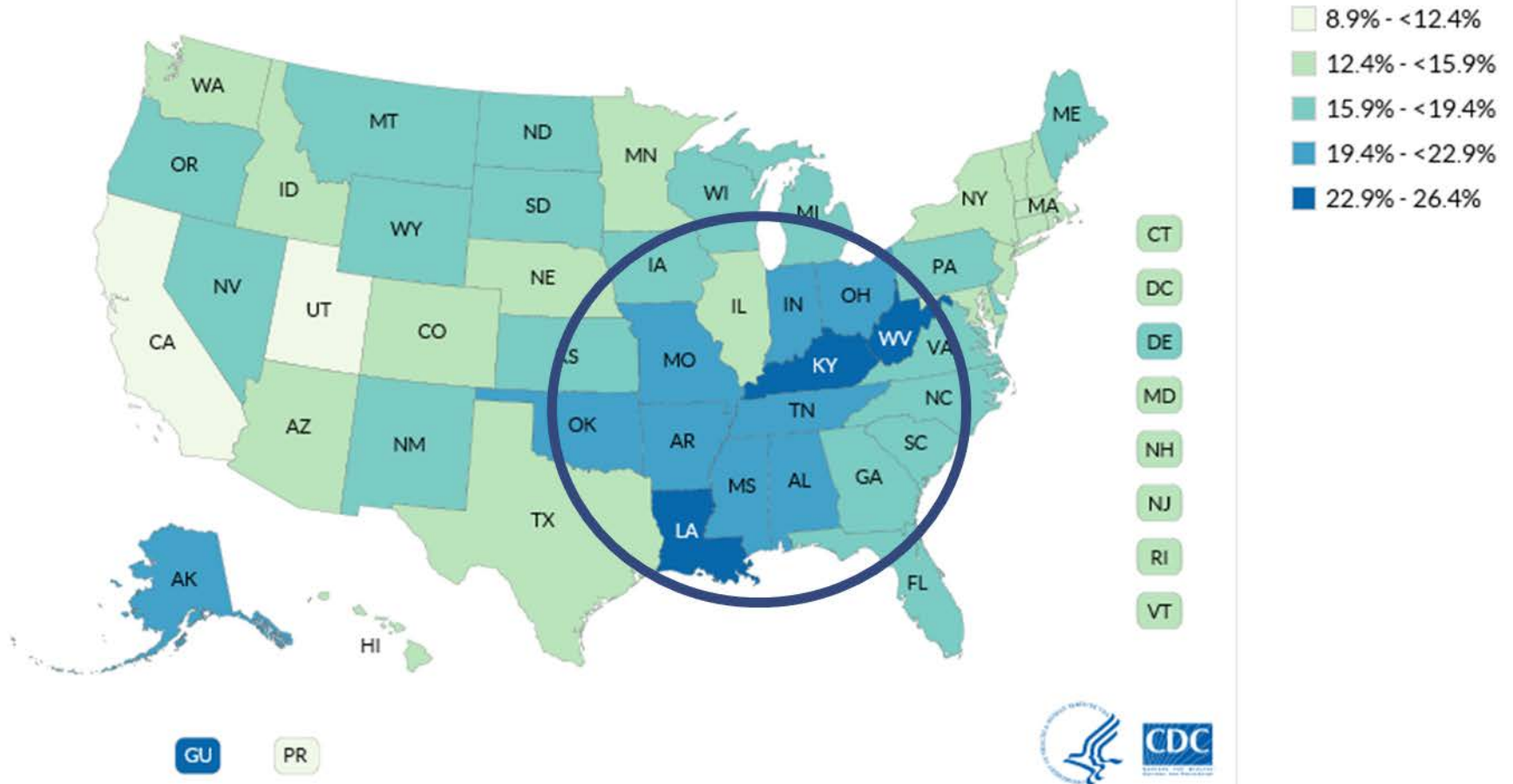
Serious psychological distress

35.2% Yes
13.2% No

Geographic Disparities Exist

Current Cigarette Use Among Adults (Behavior Risk Factor Surveillance System) 2017

About This Map



1



Tobacco Use

2



Prevention and
Control

3



Reimagining
Cessation

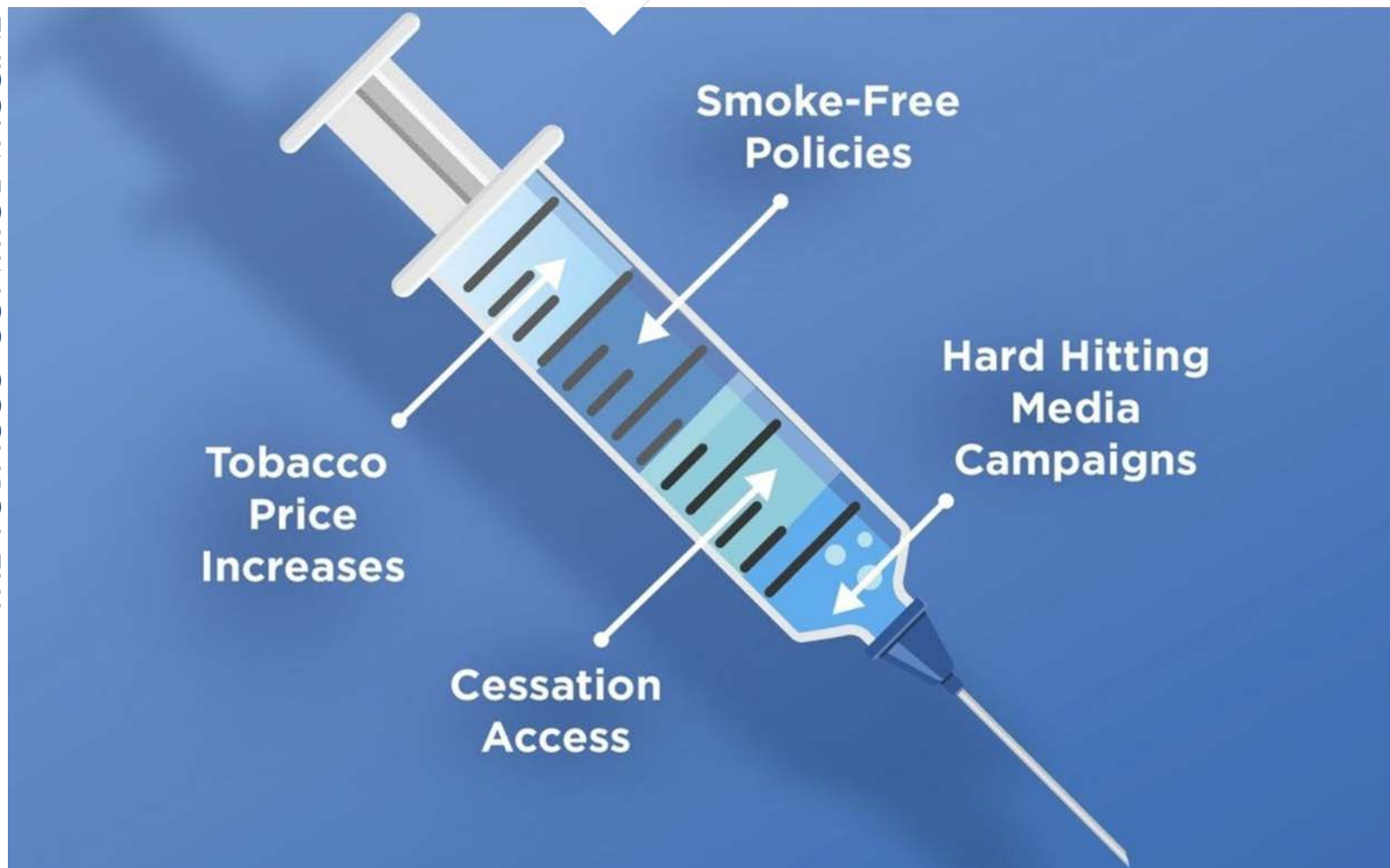
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Office on
Smoking and Health's
Year of Cessation

Good News: We Know What Works to Prevent and Reduce Tobacco Use

THE TOBACCO CONTROL VACCINE



Federal Support



Office on Smoking and Health:

Funding and technical assistance to state, local, tribal, and territorial tobacco control programs; quitlines; and national NGOs

Media campaign to inspire quit attempts among adult smokers

CDC Tobacco Laboratory:

Monitor health impact of tobacco products



Center for Tobacco Products:

Tobacco product regulation and enforcement

Media campaigns to prevent youth tobacco initiation and encourage repeat quit attempts among adults

Support for regulatory science



Division of Cancer Control and Population Sciences:

Funding and direction for extramural research

Cessation resources for the public, including smokefree.gov and the quitline portal

Collaboration with sister agencies with key roles (e.g., SAMHSA, CMS, OSG, HUD)

Major Areas of Collaboration

① Behavioral surveillance

CDC/FDA National Youth Tobacco Survey

FDA/NIDA Population Assessment of Tobacco and Health

②

High-impact research and publications

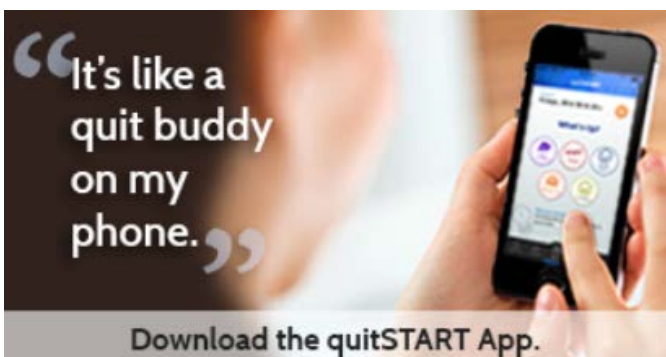
Peer-reviewed publications and MMWRs (CDC, FDA, and NCI)

Surgeon General's Reports (CDC)

Tobacco and Cancer Monographs (NCI)

③

Coordination of complementary media campaigns and cessation resources





OSHS

CDC's OFFICE ON
SMOKING AND HEALTH

VISION & MISSION

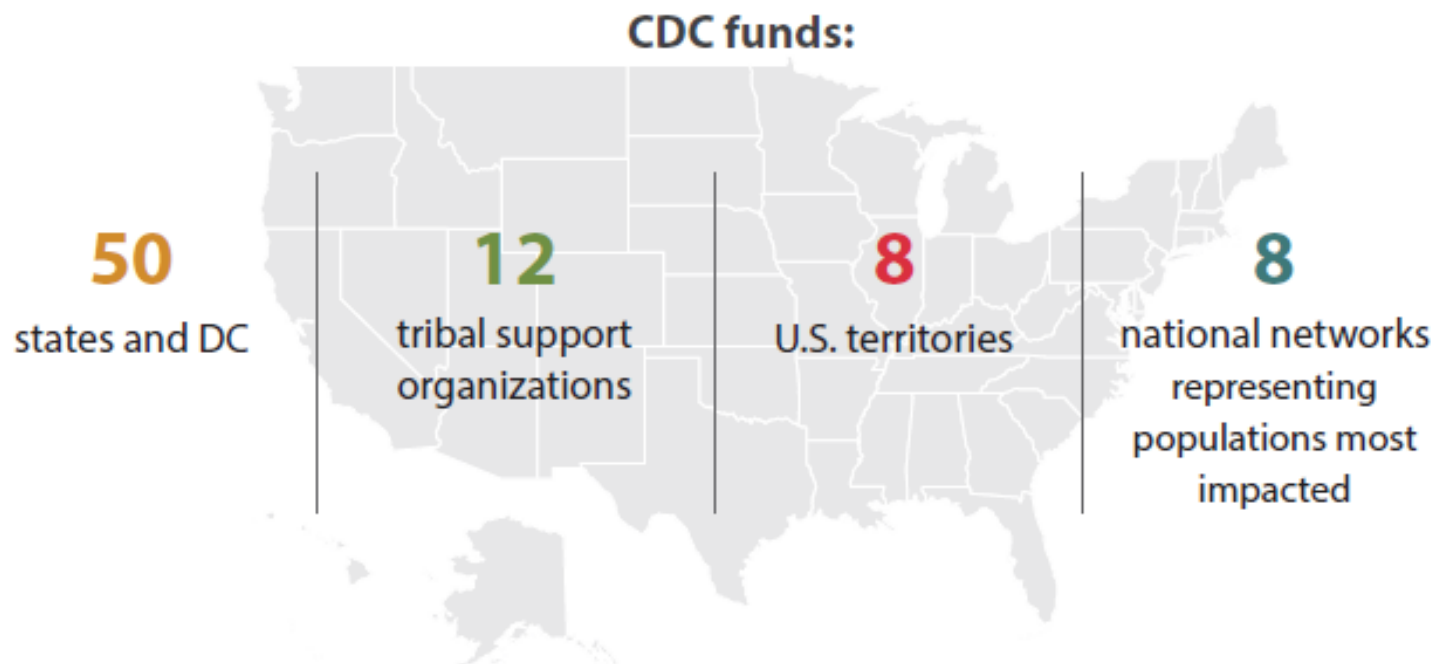
VISION: A world free of tobacco-related death and disease

MISSION: To develop, conduct, and support strategic efforts to protect the public's health from the harmful effects of tobacco use

OFFICE ON SMOKING AND HEALTH



CDC is the lead federal agency for comprehensive tobacco prevention and control efforts. CDC's National Tobacco Control Program (NTCP) provides coordinated, national efforts to reduce tobacco-related disease and death. CDC's funding helps support comprehensive tobacco control efforts.



Key Overarching Impact Areas



Prevent
INITIATION of
tobacco use
among youth
and young
adults



Eliminate
exposure to
**SECONDHAND
SMOKE**



Increase
Successful
CESSATION in
adults and youth



Identify and
eliminate
tobacco-related
DISPARITIES

PRINCIPLES: CLEAR, CONSISTENT, AND CONTEMPORARY

Prevent Initiation of Tobacco Use Among Youth and Young Adults



1. Prevent initiation of all tobacco products among high-risk youth and young adults.
2. Prevent initiation of e-cigarettes and other emerging products among youth and young adults.



Eliminate Secondhand Smoke Exposure



1. Protect populations experiencing health disparities or at risk of experiencing health disparities from secondhand smoke exposure.
2. Ensure that all communities are protected from exposure to secondhand smoke in workplaces, restaurants, and bars.
3. Protect people from secondhand exposure to all tobacco products, including combustible, electronic and other emerging products.



Increase Successful Cessation



1. Increase quit attempts among people who use tobacco products.
2. Increase the use of evidence-based cessation interventions.
3. Increase reach of evidence-based cessation interventions.



Identify and Eliminate Tobacco-Related Disparities

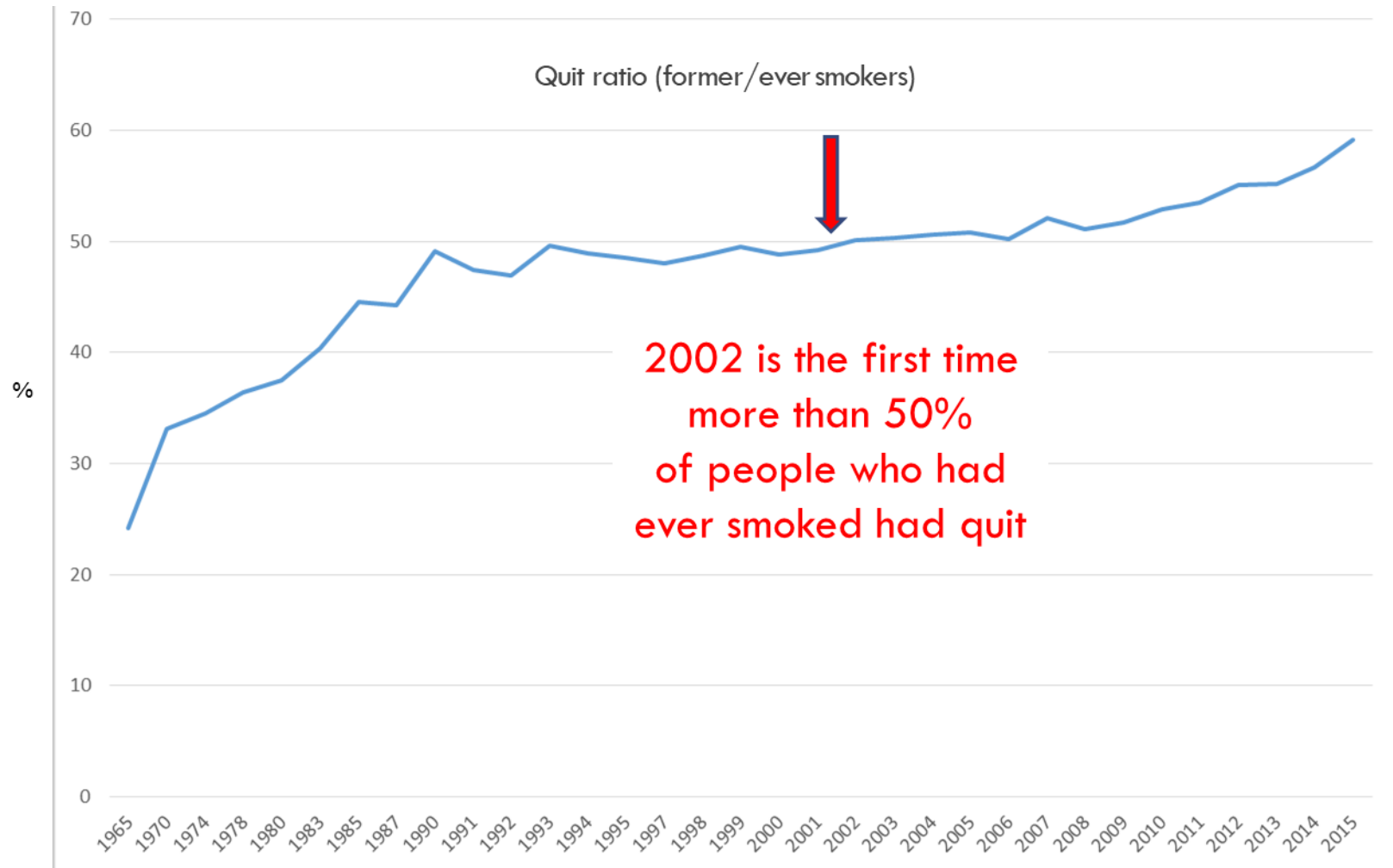


1. Continue to address disparities as a critical area that is core to the other impact areas.
2. Focus on achieving health equity in tobacco control and prevention.



Most U.S. Adults Who Ever Smoked Have Quit

Proportion of ever smokers who have quit



Most Adults Want to Quit

U.S. Adults

Interest in quitting – 68.0%

Past-year quit attempts – 55.4%

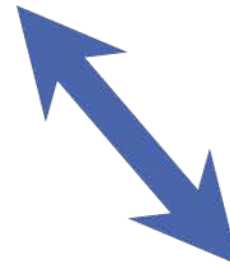
Recent successful cessation – 7.4%

Why Is Quitting So Hard?

Physical
Addiction



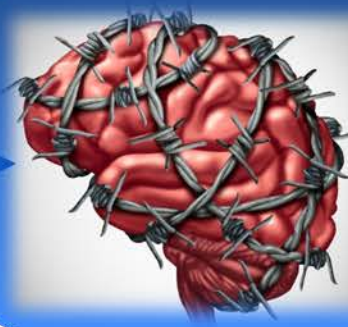
**Nicotine
dependence
is a chronic,
relapsing
condition.**



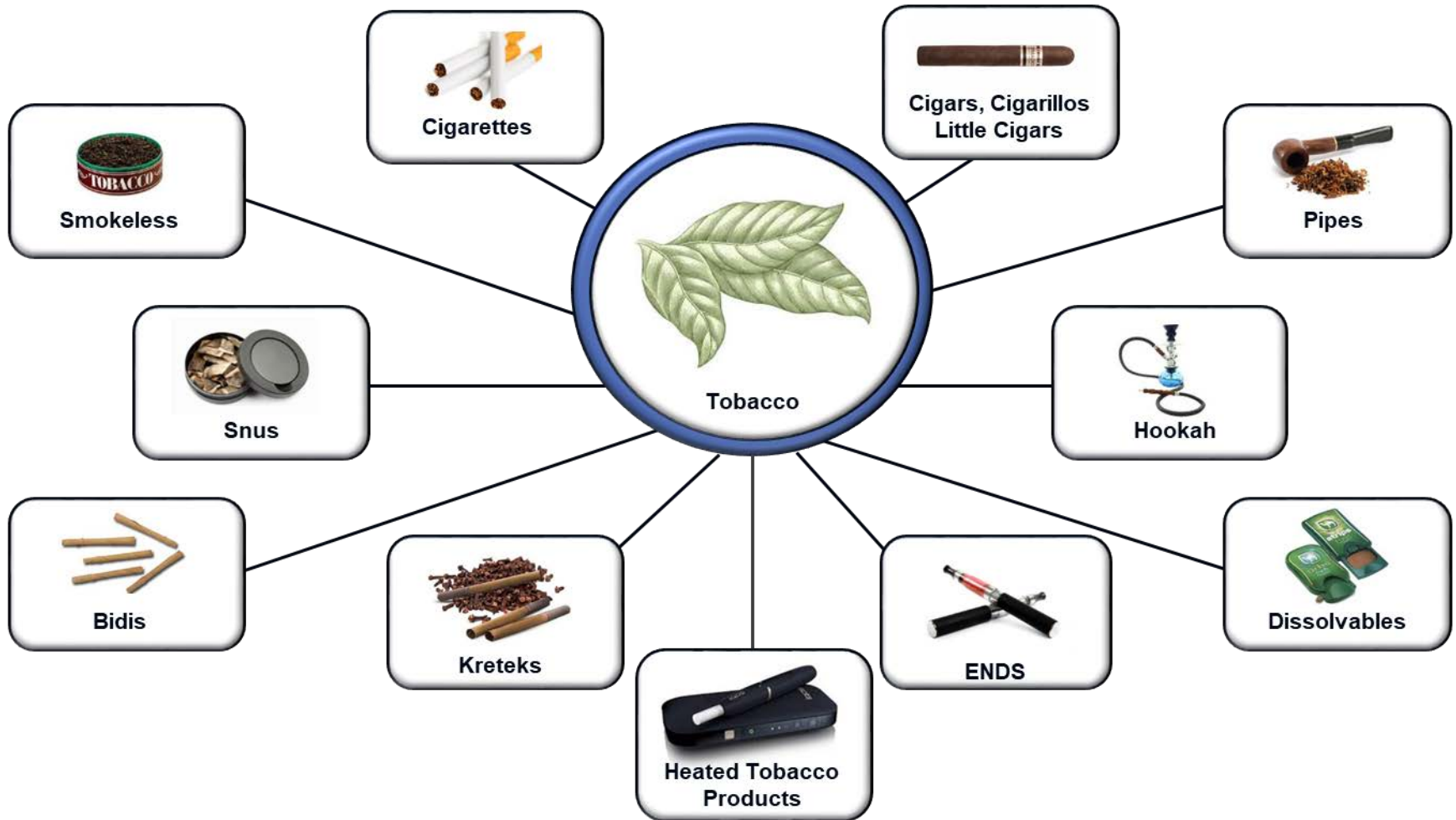
Behavioral
Addiction



Psychological
Addiction



The Landscape Is Evolving



The Times Are Changing, and So Must We



Tobacco 21



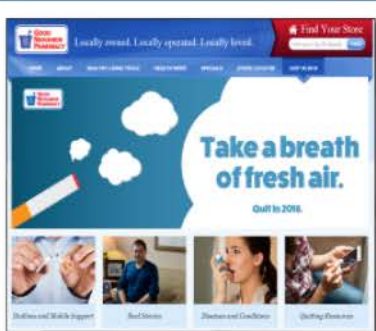
**Smoke-free
Multiunit
Housing**



**Tobacco-free
College**



E-cigarettes



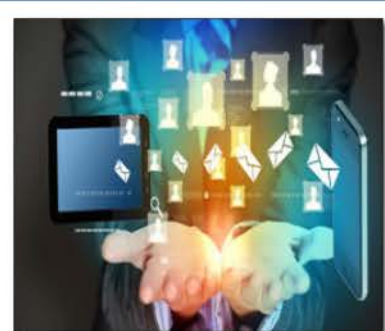
**Tobacco-free
Pharmacies**



e-Referrals



**Tobacco-free
Sports**



Digital Media

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Prevention and
Control

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Reimagining
Cessation

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Office on
Smoking and Health's
Year of Cessation

Reimagining Cessation Purpose

To gather, synthesize, and create recommendations for a clear and contemporary vision for cessation support that takes advantage of research, practice and lessons learned and considers a range of contextual factors.

➔ What **should** we be doing? (not what **are** we doing)

➔ How can we have the **greatest impact** in helping tobacco users to quit?



Reimagining Cessation Phases

(2017) Phase 1

- Listening Sessions
- Federal Register Notice
- Literature Review
- Case Study Development
- Resources Compiled

(2018) Phase 2

- Additional Interviews
- Formation of OSH Steering Committee
- Review and Synthesis
- Strategic Planning

PRIORITIES FOR CESSATION



1. Increase quit attempts among people who use tobacco products.

STRATEGIES

- 1.1 Expand the CDC National Tobacco Education Campaign (*Tips From Former Smokers*®) to encompass a broader cessation support system.
- 1.2 Build health system capacity to conduct tobacco cessation interventions as part of standard clinical practice.
- 1.3 Incorporate cessation support into the implementation of evidence-based tobacco prevention and control policies.
- 1.4 Monitor quit attempts



PRIORITIES FOR CESSATION



2. Increase the use of evidence-based cessation interventions.

STRATEGIES

- 2.1 Expand tailored cessation support options for high prevalence populations.*
- 2.2 Support increased availability and accessibility of evidence-based cessation treatments.*
- 2.3 Advance appropriate use of FDA-approved cessation medications.



* Strategy also supports the Impact Area: Identify and Eliminate Tobacco-Related Disparities

PRIORITIES FOR CESSATION



3. Increase reach of evidence-based cessation interventions.

STRATEGIES

- 3.1 Advance the evidence for cessation intervention delivery.
- 3.2 Expand the use of new, emerging, and practice-based technologies for cessation intervention delivery.
- 3.3 Advance the utility of National Quitline Data Warehouse (NQDW) data.



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Select Examples of Activities (Under Discussion)

Launch new initiatives with health systems and clinical partners to improve cessation intervention delivery and quit attempts

Work with one or two high-prevalence populations to tailor cessation support and increase reach

Engage experts to evaluate, synthesize, and disseminate the evidence on mHealth (web, text, and app) interventions

Employ new approaches to reach clinicians and smokers to advance appropriate use of cessation medications

Develop new resources and/or a toolkit incorporating cessation support into other tobacco control policy work

Explore new and improved ways to connect smokers to mHealth cessation resources.

2019: OSH'S YEAR OF CESSATION



FOCUS: People who smoke and quit attempts

OPPORTUNITY: New Year's Resolutions

FOCUS: Quitlines; Cessation interventions; Linkage with broader tobacco control policies

OPPORTUNITY: National Conference on Tobacco or Health

Q1

Q2

Q3

Q4

FOCUS: Health conditions improved by quitting; Health systems

OPPORTUNITY: *Tips From Former Smokers*® 2019 Launch

FOCUS: Clinicians and real-world use of evidence-based cessation interventions

OPPORTUNITIES: Great American Smokeout; Pharmacy Month; Health Literacy Month

2019: OSH'S YEAR OF CESSATION LAUNCH



CDC Features

CDC Features

Data & Statistics

Diseases & Conditions

Emergency Preparedness & Response

Environmental Health

Healthy Living

It's Never Too Early to Quit Smoking

Injury, Violence & Safety

Life Stages & Populations

[CDC](#) > [CDC Features](#) > [Healthy Living](#)

It's Never Too Early to Quit Smoking



Quitting smoking can be challenging, but you can find support for your quit journey where and when you need it, to raise your chances of quitting for good.

"I'm sick of this addiction." Clay A. left that comment on the [CDC Tobacco Free Facebook page](#). "I quit for a year and four months and came back," he went on to say. "Quitting is not easy."

CDC's [Office on Smoking and Health \(OSH\)](#) knows that it may take a number of tries before you're able to quit for good, but we also know that it can be done. In fact, so many people have quit that there are now more former smokers than current smokers in the United States. Quitting can save lives. Find support for your quit journey where and when you need it. This year,

**857,000
page
likes**



Corinne Graffunder, DrPH, MPH,

What You Can Do

- Send “Dear Colleague” letters
- Share social media posts
- Adopt Year of Cessation messaging
- Stay tuned/stay engaged



Dear Colleagues:

Happy 2019!

The New Year is a pivotal moment for many. It's a time when we often pause and take stock—thinking back on all that has happened within the past year and looking forward to what lies ahead in the coming 12 months. The New Year is an important time for people who smoke and are interested in starting a healthier lifestyle by resolving prominently feature our cessation work as an integral part of our tobacco...
Across the United States, 34 million adults continue to... more than half will try to quit each year. We... and double down on our effort...



Alda Maria Gonzaga @MedPedsRox · Jan 4
Excited to hear Esa Davis present the first @PittGIM Grand Rounds on “Now is the time to quit: Tobacco Treatment Update”!! #excellenceindiversity #cdcyearofsmokingcessation #yearofcessation @PittHealthSci @PittDeptofMed @MedEdPGH @liebschutz

Natl LGBT Cancer Net @cancerLGBT · Jan 2
Our #newyearsresolution is to stand by you and support you in yours to #quitsmoking. #2019 is the #yearofcessation.



It's Never Too Early to Quit Smoking
Quitting smoking can be challenging, but you can find support for your quit... and when you need it, to raise your chances of quitting for...

It's never too early to

quit smoking.

You can quit smoking. For free help: 1-800-QUIT-NOW.

LOOKING AHEAD: OPPORTUNITIES



2019

First Surgeon General's Report on
Cessation in 30 Years

National Conference on
Tobacco or Health

National Tobacco Control Program
20th Anniversary

Quitline Funding 15th Anniversary

2020

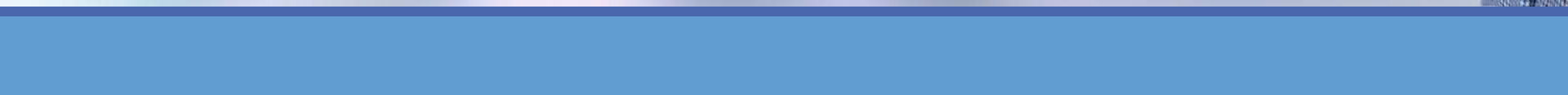
Notice of Funding Opportunity

2022

10th Anniversary of
Tips From Former Smokers[®]



RESOURCES





A TIP FROM A
**FORMER
SMOKER**

**I didn't think
I smoked that
much either.**

*Christine, age 55, Pennsylvania
Diagnosed with cancer at age 44*



A TIP FROM A
**FORMER
SMOKER**

**BE CAREFUL
NOT TO CUT
YOUR STOMA.**

*Shawn, Age 50, Diagnosed at 46
Washington State*

Tips From Former Smokers[®]

She felt healthy. So she didn't think the amount she smoked would hurt her. But, at 44, she was diagnosed with oral cancer. And it came back twice. Now she has no teeth and only half of her jaw.

You can quit smoking.

For free help, call
1-800-QUIT-NOW.



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
Centers for Disease Control and Prevention
CDC.gov/tips

#CDCTips

Print Only Document



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

Ways to Use *Tips*® Materials and Resources



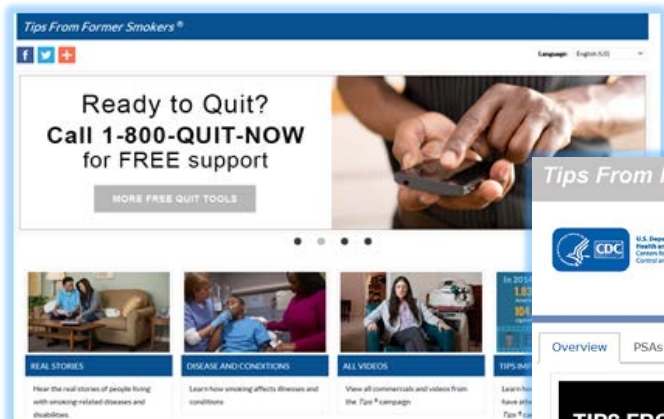
Use *Tips*® to raise awareness
and promote quitting.

Use free *Tips*® materials:

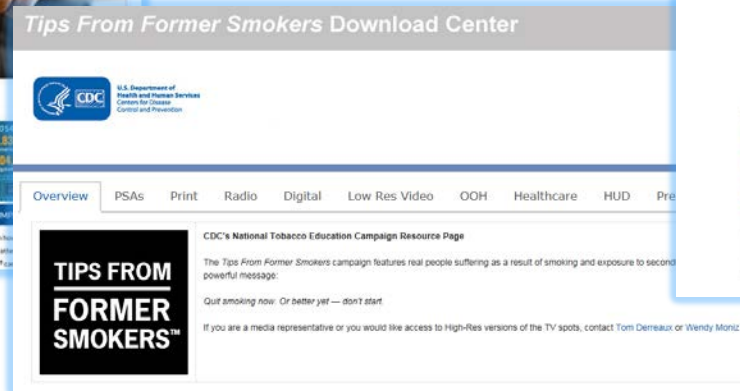
- in partner outreach
- for your website and other communications
- for national observances
- in community and health care settings
- for cessation efforts in smokefree housing
- in paid media



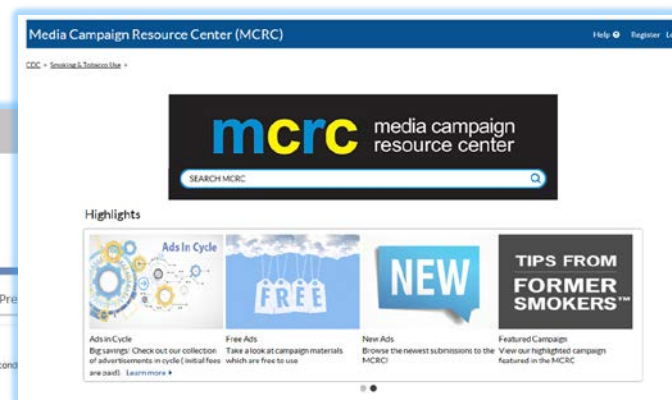
Accessing Free and Low-cost *Tips*® Materials



OSH *Tips*® Website
www.cdc.gov/tips



Tips® Download Center
www.plowsharegroup.com/cdctips



Media Campaign Resource Center
www.cdc.gov/tobacco/mrcrc



@CDCTobaccoFree



State Tobacco Activities Tracking and Evaluation (STATE) System

STATE System
Report Guide -
Cessation Coverage
Funding
Health Consequences and Costs
Legislation +
Policy
Quitline
Smokefree Rules/Policies
Tobacco Use - Survey Data
Custom Reports
State H
Interac
Tobacco
Quick
Fact Sh
Slide D
Glossa
Latest Updates
FAQs +
Contact Us

CDC > STATE System > Report Guide > Cessation Coverage

Cessation Coverage



Cessation Coverage



[Custom Reports](#)



[State Highlights](#)



[Interactive Maps](#)



[Tobacco Use Data Portal](#)



[Glossary/Methodology](#)

Topic	Sources	Custom Reports	State Highlights	Interactive Maps	Tobacco Use Data Portal	Glossary/Methodology
Cessation Coverage						
Medicaid Coverage of Cessation Treatments	Lung Association	●	●		●	●
Summary Medicaid Barriers to Treatments	Lung Association	●	●		●	●
Medicaid Barriers to Treatments	Lung Association	●	●		●	●

OSH STATE System
<https://www.cdc.gov/statesystem/cessation-coverage.html>



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Tobacco Use

Clinician-led interventions are proven treatments that can help smokers quit and reduce their risk for heart disease and stroke.

- [Tobacco Use and Heart Health](#)
- [Featured Tools](#)
- [References and Resources](#)

Tobacco Use and Heart Health

Tobacco smokers are at greater risk for diseases that affect the heart and blood vessels, including heart disease and stroke. Even people who smoke fewer than five cigarettes a day are at increased risk for these diseases. The risk increases with the number of cigarettes smoked per day and the number of years that smoking continues. Exposure to secondhand tobacco smoke also increases the risk for heart disease and stroke.

Million Hearts Website

<https://millionhearts.hhs.gov/tools-protocols/tools/tobacco-use.html>



I Want to Quit

My Quit Day

I Recently Quit

Staying Quit

Smokefree.gov Website

<https://smokefree.gov/>

On this site you'll find support, tips, tools, and expert advice to help you or someone you love quit smoking.

prepare to quit and boost your chances of becoming and staying smokefree.

Build Yours

Tools & Tips

Learn about different tools to help you quit and how to use them.



Smokefree Texting Programs



Using Nicotine Replacement Therapy



Smokefree Social Media



Smokefree Apps



Build Your Quit Plan

Collaboration Is Key

- What do you see as the biggest opportunities for your organization to leverage the YOC?
- What tools or resources would be needed to support your organization in leveraging this opportunity?
- What tools and resources does your organization currently have that could support efforts among other organizations?
- What other partners should be engaged in the work moving forward?



Takeaways

EVERY DAY IS A NEW OPPORTUNITY TO BECOME SMOKEFREE.

1 Cigarette smoking remains the leading cause of preventable disease, disability, and death in the United States.

2 Tobacco control and prevention efforts have been successful in reducing cigarette smoking nationally, but disparities persist across population groups.

3 Cessation matters now as much as ever, and a changing environment demands innovation to expand and improve what we do to help people quit.

4 OSH's Year of Cessation identifies opportunities throughout 2019 to support and highlight cessation efforts and resources.

Questions or Comments?



THANK YOU!



www.cdc.gov/tobacco



For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



Q&A

- Submit questions via the **chat box**



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 *1.0 AMA PRA Category 1 Credit™*. Physicians should claim only the credit commensurate with the extent of their participation in the webinar activity.

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Physician Assistants: The National Commission on Certification of Physician Assistants (NCCPA) states that the *AMA PRA Category 1 Credit™* 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.

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 # 180713000.

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.

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 CEUs** 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.

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.
- FREE CME/CEUs of up to 1.0 credit are available to all attendees who participate in this live session. Instructions will be emailed after the webinar.

SCLC Recorded Webinar Promotion

SCLC is offering CME/CEUs for our 2016 and 2017 recorded webinar collections for FREE. Each collection includes up to 14 CEUs and up to 10 webinars!

Visit SCLC's website at:

<https://smokingcessationleadership.ucsf.edu/celebrating-15-years>
for more information.

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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