>>> All right, we are going to

go ahead and get started.

Thank you, everybody for joining

for webinar today, supporting

Oregonians with disabilities to

be tobacco-free.

This is a reminder to everyone

to mute your phones, unless you

are a presenter.

We will be recording this

webinar so that this link will

be sent out after the webinar is

over.

It might take a week to do that

on our end, but we will make

sure we get that out to all the

appropriate attendees.

And for questions at the end, we

will ask that folks unmute your

phone if you have a question,

but we will make sure to prompt

that at the end.

And then there will be a survey

link that goes out at the end of

this webinar in a follow-up

e-mail from go to webinar that

we would appreciate everyone to

complete.

All right, so I will hand it

over to Angela Weaver.

>> Good morning everyone and

thank you so much for joining us

today for the webinar supporting

Oregonians with disabilities to

be tobacco-free.

My name is Angela Weaver, and

I'm the project coordinator for

the Oregon office on disability

and health and we are housed in

Portland at Oregon health and

science university and we're

funded by the centers for

disease control and prevention.

We're trying to get our

captioning to come back up here.

So this webinar is brought to

you today by the Oregon health

authority special Olympics

Oregon and the Oregon office on

disability and health.

And it is funded in part by the

centers for disease control and

prevention and the contents of

the webinar is the sole

responsibility of the authors

and does not necessarily

represent the official views of

the CDC.

I'll just keep going.

>> We're trying to pull up the

caption really quickly.

>> So I'm going to start the

webinar by sharing with you some

data and information regarding

tobacco use.

So this chart clearly indicates

that the number one leading

cause of preventable death in

Oregon is tobacco use.

And this chart is from a public

health report summary from 2012

and is sharing 2009 data and we

see that the tobacco use

accounted for approximately

7,000 fatalities in 2009 and the

good news is that the smoking

rates have decreased over the

years.

However, tobacco use still

remains the number one cause of

preventable deaths in Oregon.

So this next slide, it has a lot

of information and I'm not going

to cover everything, but

basically, what this slide

details is that it shows both

the direct effects of smoking on

the body as well as the impacts

of second-hand smoke and the

takeaway from this slide is that

smoking and second-hand smoke

impacts the entire body.

And new research is coming out

all the time that just shows

more and more how tobacco use

and second-hand smoke affects

the body and a lot of people

don't realize that.

So this next slide is sharing

data.

This slide shows the number of

current smokers in Oregon using

2015 data, and it's delineated

into selected groups, including

people with disabilities.

And as we see, about 47% of

people with disabilities

indicated that they are

currently smoking compared to

just 17% of the general

population.

It's important also to point out

that people with disabilities

have the highest prevalence of

smoking of all the groups, and

lastly, this slide also shows

how tobacco use is a health

equity issue.

So the next slide we are looking

at cigarette smoking by

insurance status.

And this shows us that 34% of

people currently on the Oregon

health plan indicate they are

currently smoking versus 28% of

people with no health insurance.

And lastly, 13% of those who

have insurance indicate they

currently smoke.

In addition, the Oregon health

plan spends approximately $374

million per year to treat

smoking-attributable diseases

and again, this also reiterates

the point of tobacco use being a

health equity issue.

So because, you know -- the

information and data that I

shared with you and that tobacco

use is a health equity issue for

people with disabilities, the

Oregon health authority, the

Oregon office on disability and

health, and special Olympics

Oregon, we have all come

together and partnered to create

the tobacco education project

for people with disabilities.

And the goals for our project

are the following: To reduce

tobacco use among both

Oregonians with disabilities and

their service organization

providers who provide support to

them, increase the number of

disability service provider

agencies and health

organizations like special

Olympics to become referral

resources for the continue quit

line here in Oregon.

And then lastly to increase the

number of agencies that become

tobacco-free workplaces.

And now, I would like to pass

the presentation on to Alicia.

>> And so hello, I am Alicia.

And I am the healthy communities

coordinator for special Olympics

Oregon and my job is to support

the vision of special Olympics

health, which is to create a

world where people with

intellectual disabilities have

the same opportunities to be

healthy as people without

intellectual disabilities.

So basically, my role is to

infuse opportunities for health

promotion and quality healthcare

for people with intellectual

disabilities throughout special

Olympics Oregon programming and

events and competition.

Next slide.

So the focus on health is

actually an international

priority for special Olympics

and has been incorporated in

their 2016-2020 global strategic

plan and as you can see here on

this slide in goal one, special

Olympics wants to improve the

opportunities for athletes to

perform at their very best and,

of course, what that would

involve is a strategy that I

circled here at the bottom, to

improve athlete health to not

only support their participation

in sports, because you need to

be healthy enough to participate

in sports, but also to be

healthy in society, as well.

Next slide.

So the special Olympics healthy

athletes program is an essential

part of that strategic plan to

improve health.

The healthy athletes program

provides free health screenings

in a very welcoming environment

so these are health screenings

that are provided at local,

state, national and even world

games and they're just held

right at the sports competition

so it's a fun, welcoming

environment.

We bring clinical directors in

from different disciplines like

optometry and podiatry, physical

therapy, doctors, they come to

the competitions for these

screenings.

The program educates athletes on

healthy lifestyle choices

including tobacco use.

It identifies problems that need

additional follow-up, including

tobacco use.

We when we ask athletes if they

use tobacco products we are

going to be now talking to them

about the risks and asking them

if they want to quit, and now we

are going to be providing them

resources and access to the

Oregon Quit Line so we're going

to be providing follow-up care

related to that.

Also, the healthy athletes

program has the world's largest

database on health for people

with intellectual disabilities

so we collect all the data from

all the health screenings and

they're put into a large

database and this includes data

on tobacco use.

There's actually not a lot of

data out there in this

population related to tobacco

use and the healthy athletes

program is actually one of the

largest data sources on this

particular health behavior.

Next slide.

I'm going to talk a little bit

about that data and particularly

as it relates to Oregon

athletes.

So on the far right you can see

special Olympics Oregon.

So these are athletes that were

screened at our healthy athletes

event at this past summer state

games.

As you can see, the use of

tobacco products in Oregon

athletes is 22%.

If we compare that to our

national special Olympics

athletes and our global

athletes, you see that it's 22%

compared to 6% and 8%.

So we see there's a big

discrepancy there with Oregon

athletes having a higher

percentage.

And you might be thinking that

okay 22%, we just heard Angela

say people with disabilities,

42%, over 40% of people with

disabilities are using tobacco

products.

I do want to note that this

could be a potential biased

sample.

We are actually thinking this is

an underestimation of tobacco

use in this population because

the way that we run the healthy

athletes screenings is that

athletes have to attend, they

want to attend the screenings,

they are included in sports and

athletes so we would think

they're a little more on the

healthy side, and they're

voluntarily reporting that

they're using tobacco products.

So we would think that this is

an underestimation and if you

were to ask a coach or special

Olympics staff they would also

confirm that this is a highly

prevalent issue in this

population.

And I also want to note on that

second statistic there that over

a quarter of our athletes are

saying they're exposed to

second-hand smoke so this is

extremely important to target

since our population, for this

population since caregivers and

coaches and peers are modeling

and exposing our athletes to

smoke, which we know is

detrimental to our health.

Next slide.

>> All right, thank you, Alicia.

This is Shira Pope, I'm a health

system policy specialist in the

health promotion and chronic

disease prevention section at

the public health division under

the Oregon health authority.

And now, moving on to what we

know works, and thinking about

tobacco prevention as a

comprehensive program.

So there's robust evidence to

tell us what works and the

tobacco use epidemic.

The interventions that have the

biggest impact, as you can see,

include tobacco-free policies,

the same funding of statewide

comprehensive tobacco prevention

programs, increasing the price

of tobacco products,

hard-hitting media campaigns,

access to self-management

support, and comprehensive point

of sale restrictions.

So in this project we are

focusing on tobacco-free

policies and access to

self-management supports because

these are strategies that are

the most relevant for direct

service settings.

We will tell you later how a

disability provider agency can

support all of these strategies

through getting in touch with a

local tobacco prevention and

education program in your county

or tribe.

So the centers for disease

control and prevention

recommends tobacco-free policies

as one of the most effective

ways to reduce tobacco use.

Not only do these policies help

prevent exposure to second-hand

smoke, but they also promote a

supportive environment to help

folks quit.

Based on a survey we know that

40% of providers said that their

organization has a tobacco-free

campus or grounds policy that

helps or encourages employees

and people with disabilities to

quit.

However, 35% said that they

didn't have such a policy and

23% said they didn't know.

So for those of you working in

residential settings who do not

have a tobacco-free policy that

applies to staff, clients and

visitors, establishing such a

policy can have a great impact

on encouraging staff, residents

and visitors to live

tobacco-free.

So for people with disabilities,

these policies are very

important.

Nonsmoking residents have their

right to smoke-free homes so

this is a great opportunity for

you to work with your local

tobacco prevention and education

program coordinator to establish

these policies in your

community.

A few agencies indicated in the

survey that they have

comprehensive tobacco-free

policies that go above and

beyond the indoor clean air act

and additionally, the center for

independent living as well as

two local county developmental

disability programs provided

feedback about tobacco-free

policies.

The center for independent

living said they have a sign

that informs people that the

campus is perfume, drug, alcohol

and tobacco-free.

New staff and clients are

reminded of this as these things

directly impact the health of

everyone in the establishment.

And so I want to remind everyone

to put your phone on mute if you

are not currently presenting,

thank you.

I can hear some background noise

so that would be helpful if

everyone could put their phone

on mute.

Great.

So according to the CDC,

promoting self-management

benefits through employee and

client health plans is an

important strategy to support

people to get help to quit.

So by benefits I mean access to

the Oregon tobacco Quit Line,

medications, such as the patch

or gum, as well as programs like

living well with chronic

conditions, or walk with ease.

So for those of you involved in

work site wellness this is a key

strategy you already know is

important.

So for those who are state

employees, the public employees

benefits board offers a robust

benefit -- and several

self-management programs.

If you work for brokerages and

have a private health plan it's

worthwhile to check with the

plan about what they cover.

For the people who serve Oregon

health plan members there's a

standard minimum level of

cessation coverage available and

cessation benefits do vary by

coordinated care organization.

So for information about what

those benefits are we would

encourage you to reach out to

the CCO in your area.

Regardless of insurance status,

all Oregonians do have access to

the Oregon tobacco Quit Line.

It's about finding out what

self-management benefits are

available to staff and clients

based on their health and

promoting these benefits as a

way to support them to take care

of themselves.

So the good news is that among

adult current smokers in Oregon,

two out of three would like to

quit smoking and 53% have tried

to quit in the past year.

So tobacco use is a chronic

relapsing condition.

Quitting is not easy and may

take several attempts.

Studies show that tobacco users

are two times more likely to

quit successfully if they

receive help, a combination of

counseling and medication.

And specifically, for what we're

talking about today, 64.7% of

Oregonians with disabilities who

use tobacco would like to quit

smoking.

So this is definitely a

population that we want to focus

on and provide as many of the

supports both in the environment

and the cessation supports as

possible.

So once you're oriented to what

insurance based benefits

employees and clients have

access to this will be helpful

since we know that most tobacco

users do want to quit.

So as mentioned earlier people

with disabilities are just as

likely to want to quit compared

to those without disabilities

and tobacco users are twice as

likely to successfully quit if

they use an effective treatment.

>> And I also want to emphasize,

too, that for people with

intellectual disabilities, they

also want to quit and they can

quit.

I mentioned earlier there's not

a lot of resources and research

out there as it relates to

tobacco use for people with

intellectual disabilities, but

in some of those smaller samples

of 20 to 30 people living

independently, there are

statistics to show that people

want to quit and they have quit

in the past so that's really

important to highlight.

So in order for adults with

intellectual disabilities to

quit, there does need to be

additional supports in place.

So attempting to quit and

accessing resources requires

skills that those with

intellectual disabilities may

struggle with.

And that includes things like

self-confidence, planning ahead,

remaining focused, having the

self-control to resist urges and

truly understanding the

long-term risks of tobacco use,

what that looks like for their

health in the future, and making

sure that they understand that

that outweighs that instant

gratification of smoking or

using tobacco products to either

overcome an urge or craving or

just the instant gratification

of those products.

So social support is essential

for success, particularly as it

relates to role modeling.

If an individual with an

intellectual disability is

around other people who are

using tobacco products, they

will be more likely to model

those behaviors.

So I strongly encourage you if

you're a caregiver that uses

tobacco products, it could be a

good opportunity to quit

together and really support each

other on that journey.

Also that last note about a

champion for change, just making

sure that there's at least one

support person for someone with

an intellectual disability as

they're going through the

process of quitting, because

overcoming some of the

challenges that I mentioned by

yourself or alone could lead to

failure or frustration for that

individual.

Next slide.

>> Great thank you.

So sometimes, it takes several

attempts, but each attempt is

important and valuable.

And options to help people quit,

it's not just, you know, one

option for the Oregon tobacco

Quit Line, but that there are

also other cessation supports

that could help someone quit,

such as community based

cessation programs and online

cessation resources.

So about half of disability

service providers said they had

heard of the Oregon tobacco quit

line, which is one of many

available self-management

programs that's available 24/7

and over 170 languages both over

the phone and on the web.

So for people who are deaf and

hard of hearing, there is a TTY

line or they use the relay

service to connect with

1-800-quit-now.

You can also see there's an

option available in Spanish, as

well.

So regardless of whether someone

is insured or not, they will

receive a basic Quit Line

service as long as they are over

the age of 13, live in Oregon,

and are ready to quit in the

next 30 days.

If they aren't ready to quit yet

they can still receive materials

in the mail that will help them

make that decision and they can

still ask questions about the

Quit Line and available

services.

So how does the Quit Line work

once you self-refer?

When someone is connected

through a referral agency?

So, for example, if you're

already a referral agency or if

you want to become one the

person you refer will get a call

from the Quit Line to register

and are asked about their

tobacco use.

If they have any chronic

conditions, mental health or

substance use conditions, as

well as if they have a physical

disability or a developmental

difference.

So these questions are asked in

order to establish an

individually tailored quit plan.

Then depending on the person's

insurance status they are either

triaged to their own health

insurance plan's Quit Line or

they remain with the state

funded Quit Line.

Everyone who contacts the quit

line receives at least one

counseling call and the quit

line tries to connect them to

community-based resources, such

as living well with chronic

conditions.

After that, they begin

counseling with quit coaches who

use motivational interviewing

techniques to help each person

create a personalized quit plan.

Quit coaches are trained to work

with people with cognitive

and/or physical disabilities and

with those with sensory

disabilities including deaf and

hard of hearing.

And services are available in

over 170 languages.

The Quit Line provides

reenrollment in the program once

every six months so for tobacco

users eligible for the multiple

call program this is a regimen

of four calls scheduled around

their quit date.

Of course, inbound calls to the

Quit Line are unlimited.

Lastly, if the person is visible

for nicotine replacement

therapy, which are patches

and/or gums, they will receive

it in the mail along with a quit

guide directly to their house or

place of residence.

So Quit Line benefits are based

on insurance status.

We ask about insurance status

and insurance plan during

registration.

Many people with insurance

including many covered by

Medicaid plans have Quit Line

benefits through their own

health plans and are not covered

under the state Quit Line.

So insurance status is tricky.

We try to ensure that everyone

who calls the Quit Line receives

at least one counseling call and

we try to connect them with

resources in their area.

So, for example, the Quit Line

refers veteran callers to the

vet hot line and to tricare.

So the state does cover that

first call for anybody despite

their insurance status and

depending on as you can see on

this slide if they are insured

with a Quit Line benefit, then

their health plan has negotiated

their own benefit with the quit

line directly, or if they're

insured without a Quit Line

benefit then the state will

provide one counseling call and

the Quit Line will provide

resources in their area and

direct them back to their

insurance for more information

on what they're getting in their

coverage.

>> And just to emphasize some

potential counseling tips,

social support for those with

intellectual disabilities really

focusing in on that population,

again coming back to the idea of

social support, and really

having a caregiver, a coach or a

champion present whenever that

person calls the Quit Line so

that after that call they can

reiterate or repeat information

that's really important for them

and help them stay and plan

ahead.

Also having more than one person

on that team is important, as

well.

Giving a person a role of if

that individual is having a

craving or an urge for that

tobacco product that they can

call that person or another

person could be someone that

goes to the grocery store with

them whenever they buy these

products.

Just establishing clear roles

for a support team.

Some practical counseling tips,

this is -- some of this is more

on our end at special Olympics

Oregon, but the first one here

providing a communication card

for Quit Line staff.

Although Quit Line staff might

be trained in the area of

working with cognitive

impairments and hearing

impairments, really providing

just a clear communication card

is something we're working on at

special Olympics so they can

clearly identify, if they're

speaking to someone with an

intellectual disability and just

some practical tips on how to

communicate with that population

when they call in.

Using adaptive materials is

another thing we're going to be

working on at special Olympics,

making sure that the Oregon

office on disability and health

has appropriate tools and

resources based on language,

including pictures and auditory

media.

Some other tips that might be

useful, just making sure that

terms are clearly defined during

counseling, like urges and

cravings so people know exactly

what that might look like or how

that might feel or who they

should call if those things come

up.

Adjusting the length of

counseling time can also be done

during the Quit Line counseling

sessions so if they need more

time for repetition or if they

need less time if they have

issues with attention span so

that adjustment of time, making

sure that things are repeated,

and allowing time at the end of

sessions to reinforce key

concepts and then finally just

emphasizing that quit date and

planning ahead.

I mentioned earlier that these

might be a struggle for this

population.

So making sure that there are

supports in place and there is

some repetition there as to what

the quit date means and how they

can plan ahead for that.

And I provide a citation here,

these are some tips that were

found in the literature if you

would like to look that article

up.

Next slide.

>> So now, that you know a

little bit about how the quit

line works, I'm going to talk

about how to get employees and

clients connected to quit

resources.

We know this topic is what a lot

of you are interested in

learning about, based on what

was indicated in the past survey

and general interest that's come

through.

The next few slides we will

explain three ways of promoting

the Quit Line including becoming

a referral agency, sharing quit

messages throughout your agency

and promoting a new Quit Line

brochure for people with

disabilities.

So the first step is to develop

a system where during peer

support or case management

appointments, staff are asking

clients if they use tobacco,

advising them to quit and if

they're interested in quitting,

referring them to resources,

such as the Oregon tobacco quit

line.

This intervention is highly

effective and can be structured

in a way that is client centered

using motivational interviewing

techniques, such as the ask

advise refer method.

On this slide you can see an

example script for how to use

motivational interviewing when

engaging a client about tobacco

use.

For those on this call who work

in health systems, it's the same

idea with patient visits or

client meetings.

It's important to ensure that

this intervention is an agreed

upon protocol that is

implemented by all staff in your

agency.

One example of how this can be

done is to embed these three

questions into intake forms or

in other routine times when

you're interacting with clients.

In terms of actually making the

referral for a client who is

ready to quit, referrals to the

Quit Line can be made

electronically through

electronic health records if

your system is built to support

that function or through online

forms.

This is the most proactive way

to connect someone with support.

Once the Quit Line receives your

referral, a quit coach will call

your client directly and ask if

they would like to enroll in

services.

If they accept, they can begin

counseling immediately.

This form of referral is much

more effective in getting people

to quit than handing them a quit

card.

So an option for your agency to

send referrals to the Quit Line

is through fax referrals as I

mentioned, and so I've pulled up

the smoke-free Oregon website

and am pointing to where this

fax referral form is located.

So again, this PowerPoint will

go out with the recording as

well so that you can all have

access to this information.

So this is the fax referral form

that allows you to send a fax to

the Quit Line without requiring

the patient to sign their

consent as long as they have

provided verbal consent to be

referred.

All you would have to do is

complete this information in the

form and fax it directly to the

Quit Line and they will call

your client to enroll them in

services.

This form is geared towards a

health system, but also works

well for disability provider

agencies and as I mentioned,

we're really encouraging health

system partners to move towards

an electronic health record

referral system so that that

would create more efficiencies

for the clinic processes.

>> Okay.

Thanks.

I'm going to be sharing with you

some more information and

resources that can help people

quit.

So on your screen here you see

several other resources and one

of them is the freedom from

smoking which is from the

American lung association as

well as self-management programs

and those are both available for

group classes and group support,

which have been shown to be very

effective in helping people make

healthy behavior choices and

changes and especially with the

self-management programs,

tobacco is addressed in there as

well and we'll look at those in

a minute.

You see there's a curriculum

that's specific for people with

intellectual and developmental

disabilities.

It's a curriculum that can be

implemented.

It looks really good.

I haven't implemented it myself,

but it is free and available to

download at the link there and

then lastly to always think

about what could be available

through the coordinated care

organizations or your private

health.

So this is a snap shot of the

Oregon health authority

self-management program's front

page and when you go here, what

you can do is you can find a

workshop, a self-management

workshop, which is an

evidence-based workshop that is

promoted and supported by

Oregon.

And so right there you see with

the blue button you can click on

that to find a workshop, and

then likewise you can also click

on the links down below and

learn about the different

evidence-based self-management

programs that are available

throughout the state and those

are listed on the bottom there.

So this is an example of some of

the smoke-free Oregon materials

that we developed in partnership

with the Oregon health

authority, we being the Oregon

office on disability and health,

over the years, and what you see

here are some posters that are

available at the smoke-free

Oregon website there.

And you also see the call to

click button there, which I'll

talk about both of those.

So when you go to smoke-free

Oregon, what you'll find is you

can download posters, palm cards

and counter cards in a variety

of languages that you see there

as well as the disability

community which has images of

individuals with disabilities.

So you have those available, as

well as we see here with the

second red arrow, the click to

call button and the click to

call button, you can download

and put on your website to give

easy access for people to access

the Quit Lines individually like

on their own.

So this is another slide that

helps demonstrate that.

So it gives you the directions

there on how to take that icon

or that button and place it on

your website and again to give

easy access to anyone who would

like to quit.

Okay.

Also at smoke-free Oregon, they

have Quit Line stories and this

is a word document that gives

you some language and text, like

a template, for writing

newsletters or a web story or

anything that you would like to

help promote the Quit Line

through your agency.

So that's very easily accessible

there.

And then also there are web

banners that you can put on your

website or newsletters or

anywhere else that you want to

advertise those as well and this

is what those Quit Line banners

look like.

You can download a variety of

options there.

And then lastly, we also have a

Quit Line brochure for

Oregonians with disabilities and

I'll share that with you so this

is the front and back of that

brochure.

It gives statistics and data, as

well as all the information for

the Quit Line.

And then inside a little more

information and then highlights

a success story by Gabby.

So the next step for our tobacco

education project for people

with disabilities is the Oregon

office on disability, Oregon

health authority, will be

working with local tobacco

prevention and education

programs that are throughout the

state to see if there's ways

they can provide technical

assistance, it's at the

community level for disability

organizations interested in

getting some technical

assistance on maybe being a

tobacco-free campus, access to

some materials or how to access

those and any other types of

support that the tobacco

prevention education

coordinators can provide.

We're also going to increase the

number of disability-specific

management educational and

promotional materials.

You saw some already developed

through smoke-free Oregon that

we have available there.

We're going to continue to

develop any other materials that

we see necessary as this project

moves forward.

We're also going to continue to

track the monthly Quit Line

reports to measure progress on

how many disability agencies

become a referral agency.

We're able to do that.

And then also track how many

people with disabilities, we

have a few different indicators

for people with disabilities,

how many quit each month.

Or access the Quit Line I should

say.

And then lastly, we're going to

create surveys with interested

state, county or local agencies.

So if you have an interest in

this project and would like some

more information or to help be

part of gathering information

that could be helpful for you,

for the population you serve

statewide, that is something

we're going to be looking at

doing as well and Shira had

shared with you some of the

survey data results from our

2014 survey so we're hoping to

do another similar survey and

compare the results of those to

our 2014 survey.

>> Yeah, and some of our next

steps that we'll be doing with

special Olympics is trying to

incorporate special Olympians in

the Oregon office on disability

and health and the Oregon health

authority tobacco programming

and providing adapted resources,

including the communication

cards, staff --

>> I want to remind everyone to

mute your phone, please.

We can hear some background

noise.

Thank you.

>> Yeah, so we'll just continue

to support the Oregon office on

disability and health and

provide adapted resources

through the communication cards

for the Oregon Quit Line staff

and providing health education

programs like the I can quit

program that Angela mentioned a

few slides ago, and also just

supporting any kind of resources

that they would like to focus on

for special Olympian athletes

and those with intellectual

disabilities.

We also plan to continue to

screen our athletes at our

healthy athletes events for

smoking and tobacco use and

become a referral program.

So if an athlete states that

they use tobacco products, we

will follow up with advising and

referring them to the Oregon

Quit Line or to other resources

with OODH or the Oregon health

authority.

We will continue to provide

health education competitions

through our healthy athlete

programs, but also have other

pop-up events at local

competitions that help athletes

understand the health risks of

smoking and tobacco products.

We'll incorporate resources in

coaches' training and

competition packets so our

coaches are really important.

They have the most contact with

our athletes, the one-on-one

time, they likely know who uses

tobacco products and will likely

be the most successful at

providing resources and

connecting them to the quit

line.

And then finally we're

establishing champions for

tobacco prevention and

cessation.

We're creating healthy habits

coordinators and these are our

athletes and families who we're

training to be our health

coordinators or our health

champions and they are going to

go into our local special

Olympics communities and really

champion health and part of that

will be to help with tobacco use

and connecting them to

resources, as well.

Next slide.

>> Thank you, Alicia.

All right, so that concludes our

presentation portion of the

webinar and if you do have a

question, please feel free to

unmute your phone.

I'm hoping that folks won't be

speaking over each other, but

possibly we can facilitate some

of these questions.

We have a few minutes to do so.

>> I'm wondering when somebody

calls the Quit Line, you showed

on that one slide that OHA has a

self-management program you can

look at online and you can find

a workshop.

Will they get referred to that

when they call the Quit Line or

is that something separate we

need to do with them?

>> So the Quit Line does have a

list of community resources

including that information for

the find a workshop feature on

the Oregon health authority web

page.

So if they've collected

information to see that folks

have tobacco use and also other

chronic conditions, they would

definitely refer them to that

web page directly.

They have that information, quit

line coaches do.

>> Great thank you.

>> Obviously, people need to

hear information more than once

so if you want to provide that

information from your direction

as well we definitely encourage

that.

>> Got it.

>> Are there any other

questions?

>> Sorry, there's also a chat

box if anyone wants to type out

a question we can answer.

>> I had a couple more

questions.

Your slide said that those who

are insured and have a Quit Line

benefit, they get referred to

their own insurance Quit Line

benefit.

Did you say all Oregon health

plan CCOs through the Oregon

health plan do have some kind of

Quit Line benefit, is that true?

>> They are all not contracting

with the Oregon tobacco quit

line, so if they are not

contracting with the Quit Line,

they do have to provide some

form of a telephonic counseling

option for their members.

So not every CCO is currently

contracting with the Quit Line.

>> But they would have a

comparable program or something

else that the person could go

through?

>> As required by the Affordable

Care Act, that is part of the

comprehensive cessation benefit.

>> Got it.

My last question is you had put

a website up that was

www.quitnow.net/Oregon.

Is that the same as the

smoke-free Oregon?

>> That is different.

You can access -- so that is the

web -- that is the web option to

access Quit Line services and

enroll directly into Quit Line

services through that website.

The smoke-free Oregon website is

just a connector to quit

resources and how to help people

quit.

>> Got it.

Thank you.

>> Yeah.

>> There was another question

someone had.

All right.

Well, if there are no more

questions, we will plan to send

out this recording.

We will also plan to send out

the PowerPoint and for those of

you that are interested in

captioning for this webinar, you

can see the stream text link.

We will send that out to anyone

who needs captioning as well so

we want to thank everyone again

for participating on this

webinar and please complete the

survey that you'll receive the

link to in your follow-up

e-mail.

Thanks so much.

And there are some additional

resources that we have listed on

the PowerPoint as well for folks

that are interested in resources

in your area.

Great thank you.