Supporting Oregonians with Disabilities to be Tobacco Free

November 29, 2017









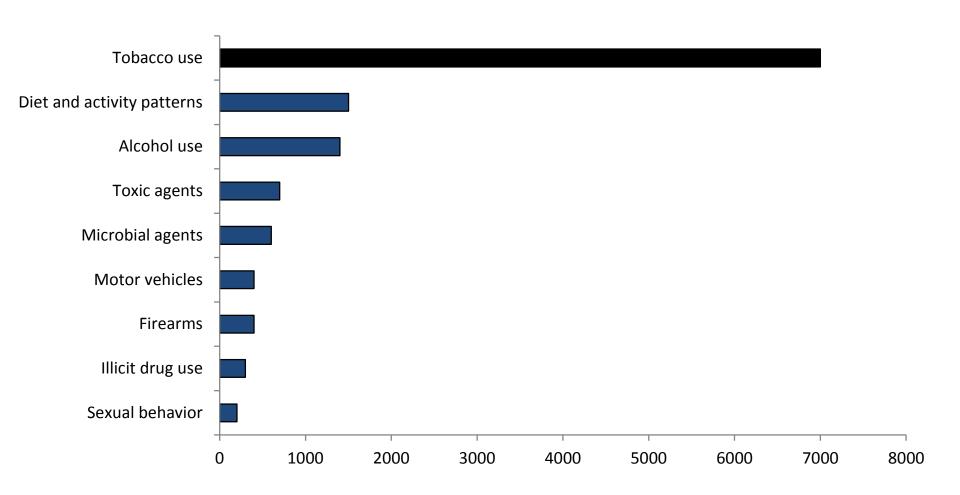




This webinar is brought to you by the Oregon Health Authority, Special Olympics Oregon, and the Oregon Office on Disability and Health. It is supported in part by Grant/cooperative Agreement # 5 U59 DD000942 from the Centers for Disease Control and Prevention's Disability and Health Program located at Health at Oregon Health and Science University. The contents of this webinar are solely the responsibility of the authors and do not necessarily represent the official views of the CDC.

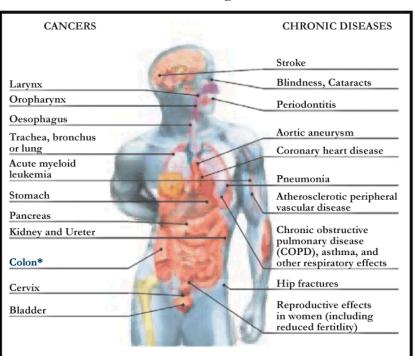
Leading causes of preventable death

Tobacco use is the leading cause of preventable death in Oregon

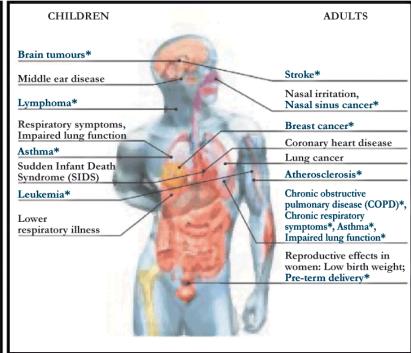


Smoking and Secondhand Smoke Damages the Entire Human Body

Smoking



Tobacco Smoke Pollution



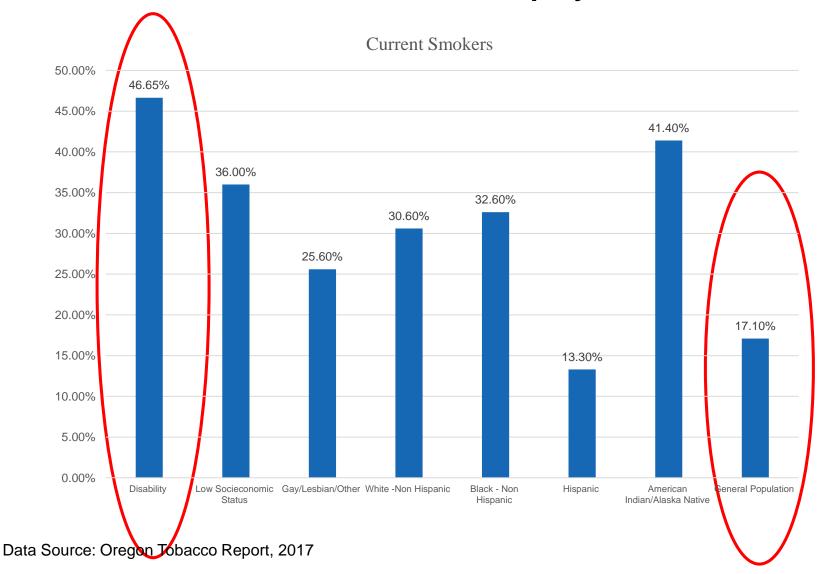
Source: Adapted from reference 9.

* Evidence of causation: suggestive Evidence of causation: sufficient



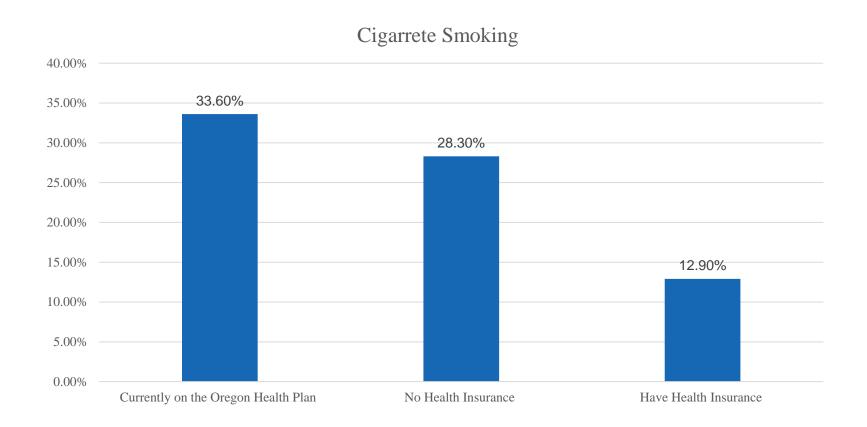
Cigarette smoking among select groups

Tobacco use is an issue of health equity



Cigarette smoking by insurance status

Oregon spends \$374 million per year through the Oregon Health Plan to treat smoking-attributable diseases



Data Source: Oregon Tobacco Report, 2017

Tobacco Education Project for People with Disabilities

 Reduce tobacco use among both Oregonians with disabilities and their service organization providers who support them



- Increase the number of disability service provider agencies and health organizations, like Special Olympics, that become referral sources for the Oregon Tobacco Quit Line
- Increase the number of agencies that become tobacco free workplaces

Vision of Special Olympics Health

 Create a world where people with intellectual disabilities have the same opportunities to be as healthy as people without intellectual disabilities.





GLOBAL STRATEGIC PLAN 2016-2020

Special Olympics aims to combine high quality sports with a wide audience, and be a driving force for social inclusion of people with intellectual disabilities (ID). For us, this means people with ID of all abilities are welcomed in their communities and join with others to learn, work, compete and play with the same rights and opportunities as others.





SPORT WILL OPEN HEARTS AND MINDS

TOWARDS PEOPLE WITH

INTELLECTUAL DISABILITIES

AND CREATE INCLUSIVE COMMUNITIES

ALL OVER THE WORLD

WE WILL CREATE 500,000

INCLUSIVE COMMUNITIES

Improve SPORTS QUALITY through coaching, programming and partnerships

- · Refine and expand coach education · Target different settings - schools, disability services, universities/colleges,
- + Develop fit, skillful athletes who are focused on improving performance

local communities

- + Promote a year-round approach that includes more training and local competitions
- · Establish partnerships at all levels to support sports programming

100 --- 100 Expand UNIFIED SPORTS and YOUNG ATHLETES to

increase inclusion, particularly in schools · Increase access to Unified Sports for all

age groups but especially in schools Create flexible ways to expand our cial Olympics Young Athletes program

2 - 7 year olds tinue to grow, especially in developing.

Improve ATHLETE **HEALTH** to support participation in sport and society

· Help athletes, families and coaches to: improve athletes' fitness and general health. through expansion of our Healthy Athletes and Healthy Convocatios initiatives

· Work with governments, non-governmental organizations, universities and the private ector to encourage them to provide better lthcare for people with ID

Build Capacity by GENERATING MORE RESOURCES and STRENGTHENING LEADERSHP SUPPORT GOAL: BUILD CAPACITY

+Increase corporate partnerships, refine and expand digital fundraising, and enhance our global development work, in particular through partnerships Improve collaborative fundraising between partners. Special Olympics Programs (countries/States) and

GENERATE MORE RESOURCES

Special Olympics International

Improve

SPORTS QUALITY

Expand

UNIFIED SPORTS and

YOUNG ATHLETES

ATHLETE HEALTH

- B

STRENGTHENING LEADERSHIP. including athlete leadership

- . Continue to enhance leadership through better succession planning, training and development opportunities
- . Ensure althlete and youth leaders get opportunities to lead at every level

Raise

AWARENESS

Connect the

MOVEMENT

external IMPACT of

SPORTS EVENTS

. Improve Program quality, including at the local level

Raise AWARENESS through PR, celebrities and government engagement

- . Work with key eviluencers to promote the Special Olympics mission
- · Highlight athletes' talents, and use athlete leaders as the voice of our movement

HILLI

. Ensure that far more people hear about, take part in or watch our activities from local communities to the global stage

Connect the MOVEMENT so we harness our power and speak with a collective voice

- · Gather data on Special Olympics members - athletes, lamilies, volunteers, etc. - so we can improve communication and coordination
- · Share messages to communicate
- externally in a consistent way · Create opportunities for athletes and
- families to tell their stories and challenge. their communities to see people with ID differently

Increase external IMPACT OF GAMES AND COMPETITIONS to showcase athletes' abilities

- . Improve how Cames and competitions are run to deliver a great athlete experience
- . From world to local levels, promote Cames and competitions as the primary Special Glympics vehicle to develop positive attitudes
- · Attract live and virtual audiences to witness. and experience the power and joy of sport

Special Olympics Healthy Athletes

Healthy Athletes

 provides free health screenings in a welcoming environment

- Special Olympics
 Healthy Athletes®
- educates athletes on healthy lifestyle choices
- identifies problems that may need additional follow-up
- has the world's largest database of health data for people with intellectual disabilities
 - Including data on tobacco use



Healthy Athletes – Results

	Global		SONA		SO Oregon	
	%	n	%	n	%	n
Health Promotion Total	100.0	125830	100.0	46304	100.0	947
Low Bone Density (adults)*	24.8	5425	25.2	3337	25.8	39
Obese (child)*	15.5	8539	31.4	3648	23.4	55
Overweight (child)*	14.8	8157	17.4	2022	19.2	45
Obese (adult)*	31.0	18213	44.8	12658	48.2	273
Overweight (adult)*	28.1	16536	28.2	7957	30.7	174
Use Tobacco Products*	8.0	8640	6.6	2416	22.3	159
Exposure to Second Hand Smoke*	38.4	37241	36.1	11450	25.6	131



We Know What Works: Evidence-Based Interventions

- 100% tobacco-free policies
- Sustained funding of comprehensive programs
- Tobacco price increases
- Hard-hitting media campaigns
- Access to self management supports
- Comprehensive point of sale restrictions





Establishing or enhancing tobacco-free campus policies for your agency

Office of the Governor State of Oregon





EXECUTIVE ORDER 12-13

TOBACCO FREE PROPERTIES

Creating tobacco-free state properties will improve the health, wellness and productivity of employees, clients, volunteers and visitors. Tobacco use remains the No. 1 preventable cause of death in Oregon.

Death and disability resulting from tobacco use costs Oregon lives, and dollars. In 2009, tobacco cost Oregonians nearly \$2.4 billion, with \$1.25 billion in direct

.15 billion in lost productivity due to early death.

that the state employees who smoke cost the state more Because taxpayers pay the bill for state employees' cies bear some responsibility for assisting those hy as possible.



Tobacco-free Property

...For a Healthier Clatsop County



For a healthier community and cleaner environment, the University of Oregon is smoke and tobacco-free.

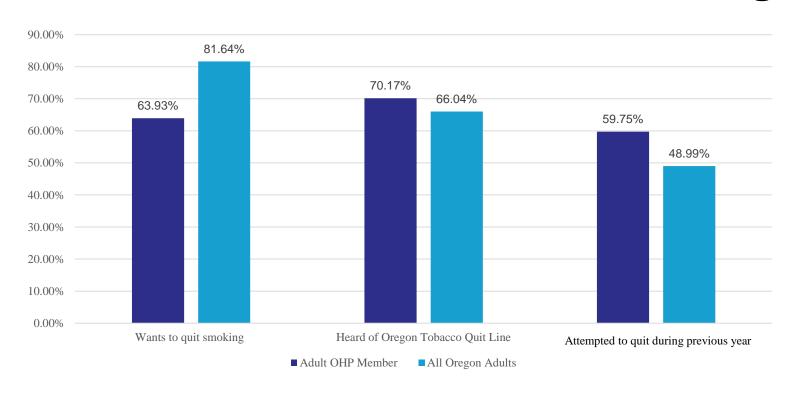
Everyone Has Access to Self Management Supports

- Employer-based health plans
- Coordinated Care
 Organization members
- The uninsured



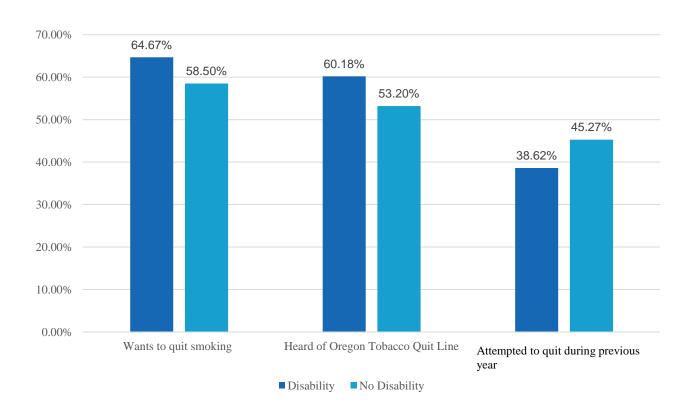


Tobacco Users Want to Quit Smoking



Source: Oregon Behavioral Risk Factors Surveillance System 2015.

Tobacco Users Want to Quit Smoking by Disability Status



64.7% of Oregonians with disabilities would like to quit smoking

Source: Oregon Behavioral Risk Factors Surveillance System 2015.

Public Health Division Health Promotion and Chronic Disease Prevention Section

People Want to Quit!

- People with disabilities are just as likely to want to quit as people without disabilities (CDC, 2013).
- Common motivators to quit:
 - Personal health, wellness and fitness
 - Children
 - Social stigma
 - Financial

Tobacco users who receive effective treatment are 2 - 3 times more likely to quit.



Supports Essential for Persons with Intellectual Disabilities

Attempting to quit requires skills that those with ID may struggle with including:

- Self-confidence
- Planning ahead
- Remaining focused
- Self-control to resist urges
- Long-term risk of smoking over instant gratification

Social support essential for success

- Role modeling is KEY!
- Having a champion for change



People Can Quit!

Counseling, Medication, and a Quit Plan help

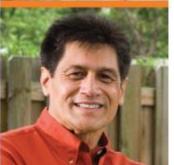
Tobacco users who receive effective treatment are 2 - 3 times more likely to quit and remain quit.

Treating Tobacco Use and Dependence: 2008 Update Clinical Practice Guideline. U.S. Department of Health and Human Services. Public Health Service. http://www.surgeongeneral.gov/tobacco/



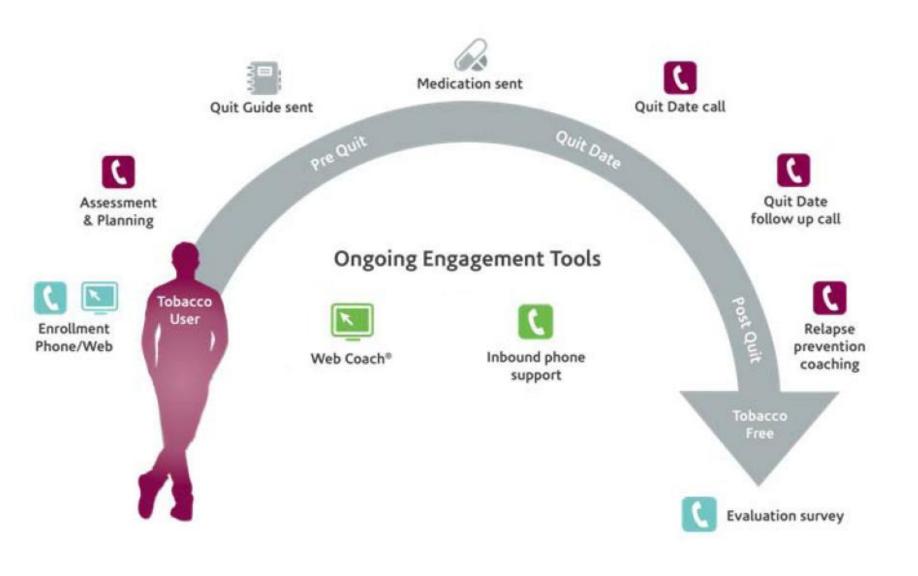






Oregon Tobacco Quit Line: One Stop for all Oregonians

- Free counseling and medication to help people quit
- Quit coaches available 24 hours a day, seven days a week
- 1-800-QUIT-NOW (784-8669) <u>www.quitnow.net/oregon/</u>
- Español: 1-855-DÉJELO-YA (3353-5692)
 www.quitnow.net/oregonsp/
- Deaf & Hard of Hearing people can call TTY line @ 1-877-777-6534 or use a relay service to connect with 1-800-QUIT-NOW



What services are available?

Uninsured

- 4 counseling calls
- 2 weeks of combined Nicotine Replacement Therapy (patch/gum)

Insured – with Quit Line benefit

 Whatever their own health plan covers, typically 4-5 counseling calls.

Insured – without Quit Line benefit

1 counseling call









Practical Counseling Tips for those with Intellectual Disabilities

Social Support

- Caregiver, coach, or champion present when calling the Quit Line
- Establish roles for the support team

Practical Counseling Tips

- Provide communication card for Quit Line staff
- Use adapted materials with appropriate language, pictures/auditory media
- Clearly define terms like 'urges' or 'cravings'
- Adjust length of counseling time
- Repetition: Allow time to reinforce key concepts
- Emphasis on 'quit date' and planning ahead



Promoting the Oregon Tobacco Quit Line

- Referral System
 - #1 way people reach the Quit Line
- Quit Line Messages
 - On your agency's website, newsletters, telephone hold message, screen savers, etc.
- Quit Line Brochure for People with Disabilities



Referral Systems

Ask. Advise. Refer...in three minutes or less.

Step 1: Ask – Systemically ask all clients if they use tobacco. "Do you use tobacco?"

Step 2: Advise - Strongly urge all tobacco users to quit. "I know quitting smoking is very difficult. Sometimes it takes more than one try. I know you can do it."

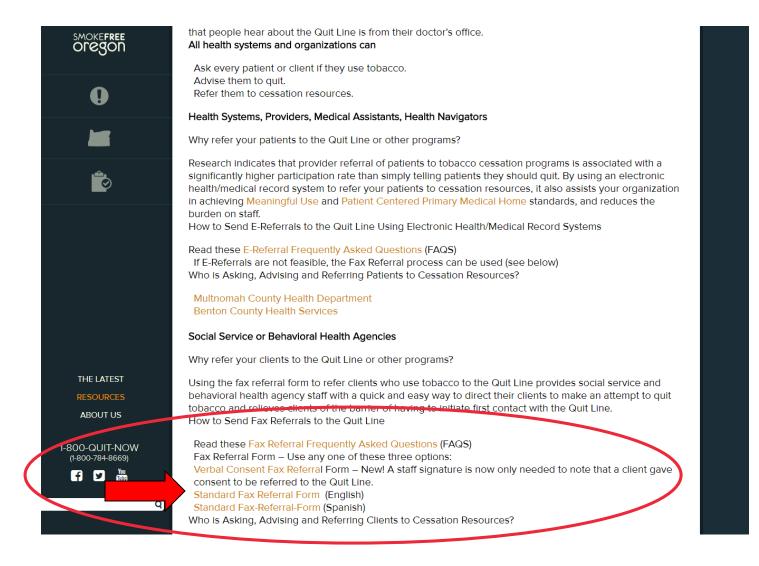
Step 3: Refer – Assist those willing to quit by referring them to the Quit Line or other programs (e.g. Living Well with Chronic Conditions). "Let me refer you to the Quit Line for assistance."

Contact us to set up an electronic referral system



Smokefree Oregon

http://smokefreeoregon.com/resources/referral-to-quit-for-health-systems-and-social-service-agencies/





Oregon Tobacco Quit Line Fax Referral Form Fax Number: 1-800-483-3114

FAX SENT DATE: Provider Information: CLINIC NAME CLINIC ZIP CODE HEALTH CARE PROVIDER CONTACT NAME FAX NUMBER PHONE NUMBER I AM A HIPAA COVERED ENTITY (PLEASE CHECK ONE) YES DON'T KNOW Patient Information: PATIENT NAME DATE OF BIRTH GENDER FEMALE ADDRESS CITY ZIP CODE PRIMARY PHONE NUMBER WK CELL SECONDARY PHONE NUMBER WK CELL LANGUAGE PREFERENCE (PLEASE CHECK ONE) SPANISH OTHER ENGLISH 1 I am ready to quit tobacco and request the Oregon Tobacco Quit Line contact me to help me with my quit plan. Verbal Consent I DO NOT give my permission to the Oregon Tobacco Quit Line to leave a message when contacting me. Verbal Consent ** By not initialing, you are giving your permission for the quitline to leave a message. PATIENT SIGNATURE: Consent obtained by: DATE: The Oregon Tobacco Quit Line will call you. Please check the BEST 3-hour time frame for them to reach you. NOTE: The Quit Line is open 7 days a week; call attempts over a weekend may be made at times other than during this 3-hour time frame.

Primary #

Secondary #

WITHIN THIS 3-HOUR TIME FRAME, PLEASE CONTACT ME AT (CHECK ONE):

Referrals to Community-Based Resources

Freedom From Smoking, American Lung Association

http://www.freedomfromsmoking.org/

Self Management Programs

http://www.oregon.gov/oha/PH/PreventionWellness/SelfManagement/Pages/index.aspx

Health education program for those with intellectual disabilities

 https://www.aap.org/en-us/advocacy-and-policy/aap-healthinitiatives/Richmond-Center/Documents/IDDQuitManual.pdf

Other Programs May Be Available Through Coordinated Care Organizations and Private Health Plans

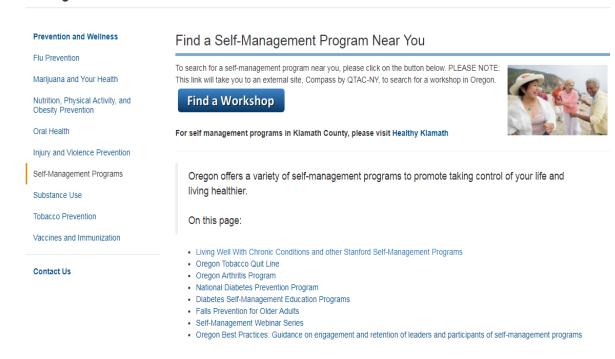


OHA – Public Health Division Self-Management Programs

http://www.oregon.gov/oha/PH/PreventionWellness/SelfManagement/Pages/index.aspx



Taking Control of Your Health



Quit Line messages for websites, newsletters & screensavers





El programa para adolescentes de "La línea 'Abandona ahora' de Oregon" es gratuito para los jóvenes de 13 años o mayor.

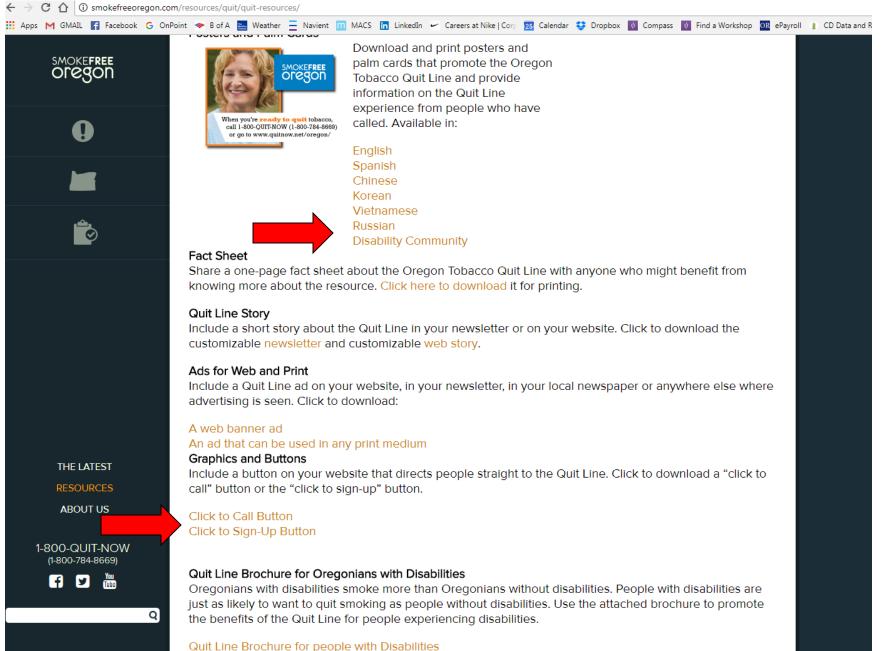


For more information:

www.smokefreeoregon.com/resources/quit/quit-resources



For a website...











THE LATEST
RESOURCES
ABOUT US

1-800-QUIT-NOW (1-800-784-8669)







CLICK TO CALL

Placing Click to Call on Your Website

Click to Call is a button that resides on a web site that initiates a telephone call into the Oregon Tobacco Quit Line. Placing a Click to Call button helps promote the Quit Line by:

Providing an easy way for participants to sign up for Quit Line services via phone

Making it easy for participants to contact their Quit Coach for any reason – whether they're dealing with a craving, have a question, or just want to talk about their quit.

Your web pages can do more than introduce the program. They can become the link between the participant and the Quit Coach.

Click to Call calls are handled just like a normal phone call to the Oregon Tobacco Quit Line.

The button can be placed on one or multiple web pages, on internet or intranet sites.

How does Click to Call work from the participant's experience? A participant simply:

- 1) clicks the button on the web page
- 2) enters the phone number of the telephone where they want to talk
- 3) clicks "submit"

Their phone will ring in mediately, and the participant is connected with the Quit Line. How do I place the braton on my site? The code needs to be implemented by someone familiar with HTML code and the code of the web pages where the Click to Call button will be placed. The following is the source code you will

need to use: CLICK TO CALL



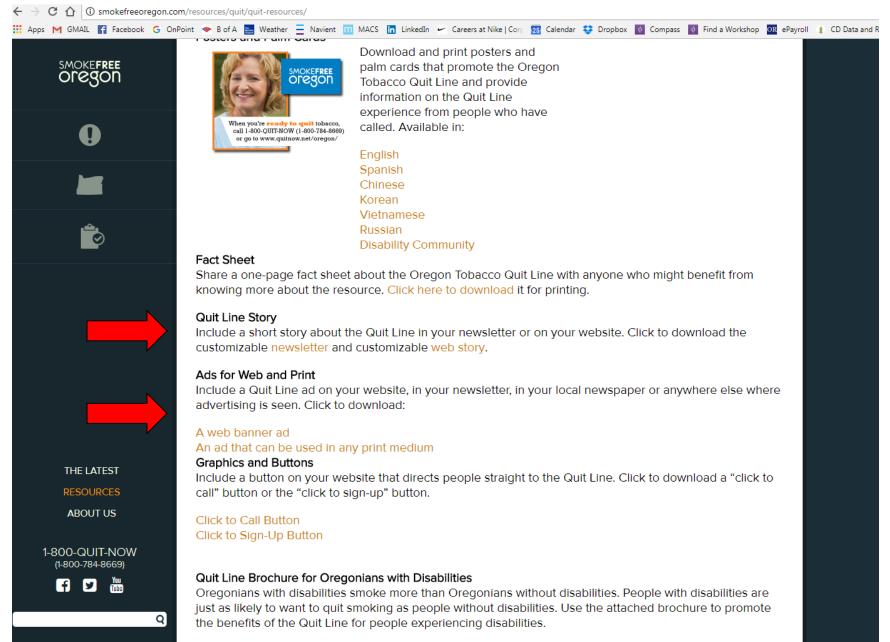
Source Code

Place the following code Letween the <HEAD> and </HEAD> tags of your web page. If you are putting multiple buttons on a single page, include this top section of code **once** per page. <script type="text/javascript" src="http://as00.estara.com/as/InitiateCall2.php?accountid=200106285895"></script> Place the following code where the Click to Call feature is desired.

Note

Implementation of Click to Call involves working with source code. The Oregon Tobacco Quit Line will support the implementation of the Click to Call button on your web site(s) if the code is implemented exactly as delivered and specified. If the source code is altered on your site, you will be responsible for any issues that arise. If you need additional support or customized code for your website(s), please contact us at 971.673.0984.

For a website or newsletter...



Ouit Line Drophure for popula with Disphilition









THE LATEST RESOURCES **ABOUT US**

1-800-QUIT-NOW (1-800-784-8669)







QUIT BANNER ADS

To download, right click on the image and "Save As" to your computer.

👯 Apps M GMAIL 👔 Facebook 💪 OnPoint 🧇 B of A 🔜 Weather 😑 Navient 🔟 MACS 🛅 LinkedIn 🛩 Careers at Nike | Corp. 🔯 Calendar 😻 Dropbox 🐧 Compass 🐧 Find a Workshop 🔯 ePayroll

The Oregon Tobacco Quit Line is free for all Oregonians. Call 1-800-QUIT-NOW (1-800-784-8669) or go to www.quitnow.net/oregon/ You make the plan. The Quit Line can help.

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or go to www.quitnow.net/oregon/

You make the plan. The Quit Line can help.

The Oregon Tobacco Quit Line's Teen Program is FREE to any Oregonian 13 years or older. Call 1-800-QUIT-NOW (1-800-784-8669) or go to www.quitnow.net/oregon/ You can quit. We can help.

El programa para adolescentes de "La línea 'Abandona ahora⁷ de Oregon es GRATUITO para los jõvenes de 13 años o mayor. Llama al 1-855-DEJELO-YA (1-855-335356-92) o visite a www.quitnow.net/oregonsp/ Puedes dejar de fumar. Te podemos ayudar.











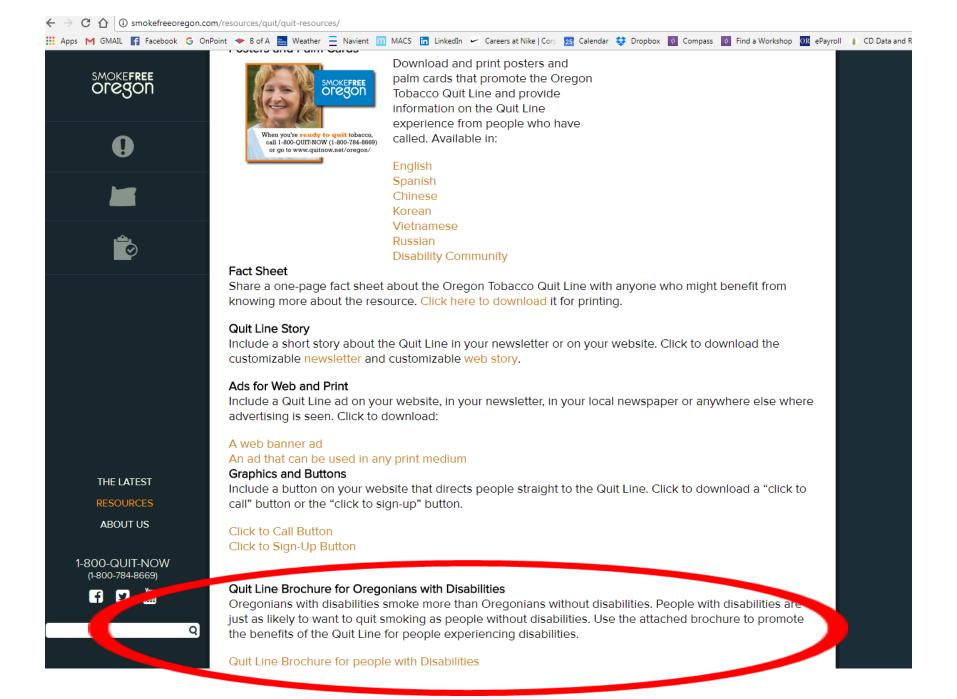














Tobacco Facts

Oregonians with disabilities smoke more than Oregonians without disabilities.

More than 60% of Oregonians who smoke have tried to quit.

Behavioral Risk Factor Surveillance System (BRFSS), 2012.

People with disabilities are **just as likely** to want to quit smoking as people without
disabilities.

Center for Disease Control (CDC)

Cancer doesn't care if you have a disability.

You can quit.
We can help.

Oregon tobacco quit line

English Call 1-800-QUIT-NOW

(1-800-784-8669) English www.quitnow.net/oregon

Español I-855-DEJELO-YA

(1-855-335356-92) Español https://www.quitnow.net/oregonsp/

TTY 1-877-777-6534

SMOKE**FREE** Oregon

Together,
we're making
Oregon
smokefree
for everyone.





We can help you succeed.



Did you know?

Quitting can save you more than \$1500 a year.

Smoking is the top cause of preventable death.

Smokers are 20 times more likely to die of lung cancer than non-smokers.

"I am free...I am healthier...
and my family is proud of me."

-Quit Line Participant

You can receive:

- Free personal coaching for up to 1 year
- All coaching available online or by phone
- Free nicotine replacement therapy
- We will help you every step of the way.



Gabrielle
began smoking
at age 14 to
combat intense
anxiety and
depression. At
age 19,
although she
continued to

deal with stress, she was also dealing with medical issues that her smoking was making worse.

"I wanted to be healthy. People did not believe I could quit, but I did! I refused to give up and found strength by focusing on the future I wanted to create for myself."

Next Steps: Tobacco Education Project for People with Disabilities

- Oregon Office on Disability and Health, Oregon Health Authority and local Tobacco Prevention and Education programs are available to provide technical assistance
- Increase the number of disability-specific selfmanagement educational and promotional materials
- Tracking monthly Quit Line reports to measure progress
- Create state survey(s) with interested state, county and local agencies

Next steps: Special Olympics' Athletes

- Incorporate Special Olympians in OODH & OHA tobacco programming
 - Provide adapted resources
- Screen athletes for smoking behaviors
 - Become a referral program
- Provide health education at competitions
- Incorporate resources in coaches' training and competition packets
- Establish champions for tobacco prevention and cessation

Questions?

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Special Olympics Oregon Healthy Communities Coordinator
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Resources

Oregon Tobacco Quit Line

www.quitnow.net/oregon/

American Lung Association's Freedom From Smoking Program

http://www.freedomfromsmoking.org/

Self Management Programs

http://www.oregon.gov/oha/PH/PreventionWellness/SelfManagement/Pages/index.aspx

Smokefree Oregon

http://smokefreeoregon.com/resources/referral-to-quit-for-healthsystems-and-social-service-agencies/

http://smokefreeoregon.com/resources/quit/quit-resources/

www.facebook.com/SmokefreeOregon

Resources

Motivational Interviewing

www.motivationalinterview.org

Disability and Health, Centers for Disease Control and Prevention

www.cdc.gov/ncbddd/disabilityandhealth/smoking-in-adults.html

Oregon Office on Disability and Health

www.ohsu.edu/oodh

Treating Tobacco Use and Dependence: 2008 Update

www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/index.html

Tobacco Free Toolkit for Community Health Facilities

http://smokingcessationleadership.ucsf.edu/tf_policy_toolkit.pdf