
What's New in Supporting Oregonians with Disabilities to be Tobacco Free

October 22, 2020



Oregon
Health
Authority





This webinar is brought to you by the Oregon Health Authority, 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.



Today's Presenters



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Program Manager,
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OHSU Doernbecher
Children's Hospital



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Health Promotion
Strategist, Oregon
Health Authority –
Public Health Division
Health Promotion and
Chronic Disease
Prevention Section

Behavioral Risk Factor Surveillance System (BRFSS)

- Population-based telephone survey of adults (18 & up) conducted at state level (self-reported data)
- Limitations: People living in congregated environments are not included (prisons, assistive living programs, nursing homes, etc.); people without a telephone, or those who don't speak English or Spanish
- Demographics, health status, chronic conditions, health behaviors, and health risks
- 2018 data

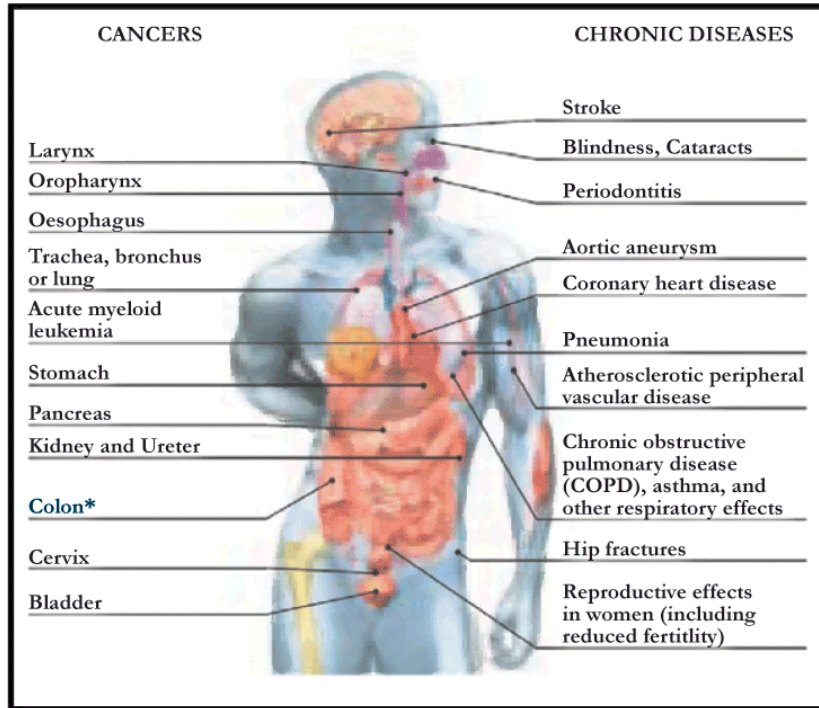
Leading causes of preventable death

Tobacco use is the leading cause of preventable death in Oregon

Cause of preventable death	Estimated number of deaths
Tobacco use	7800
Obesity, poor diet, and physical inactivity	2400
Alcohol use	2008
Illicit drug use	700
Motor vehicles*	500
Firearms	500
Influenza & pneumonia	500
*Includes alcohol-related crashes	

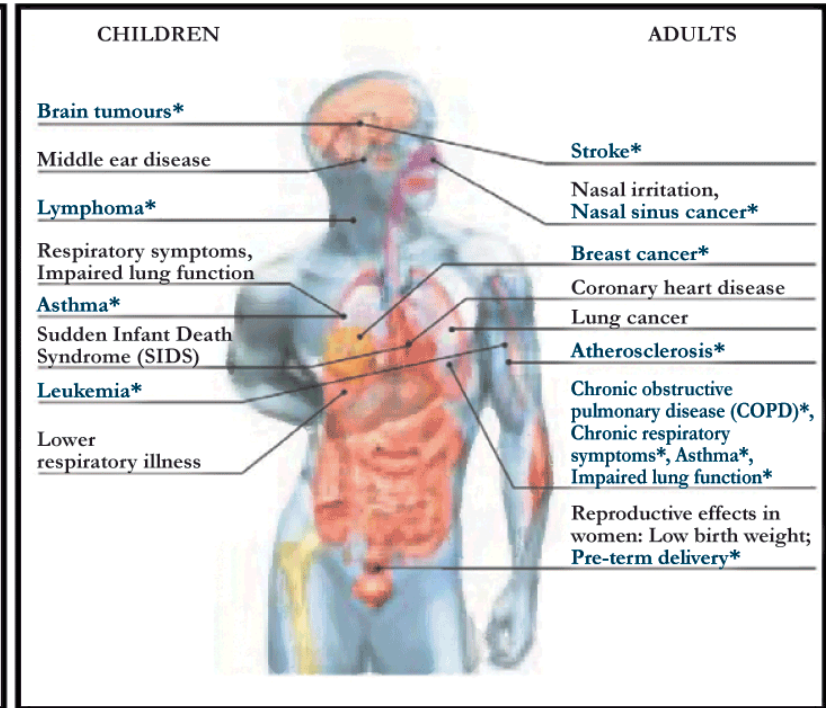
Smoking and Secondhand Smoke Damages the Entire Human Body

Smoking



Source: Adapted from reference 9.

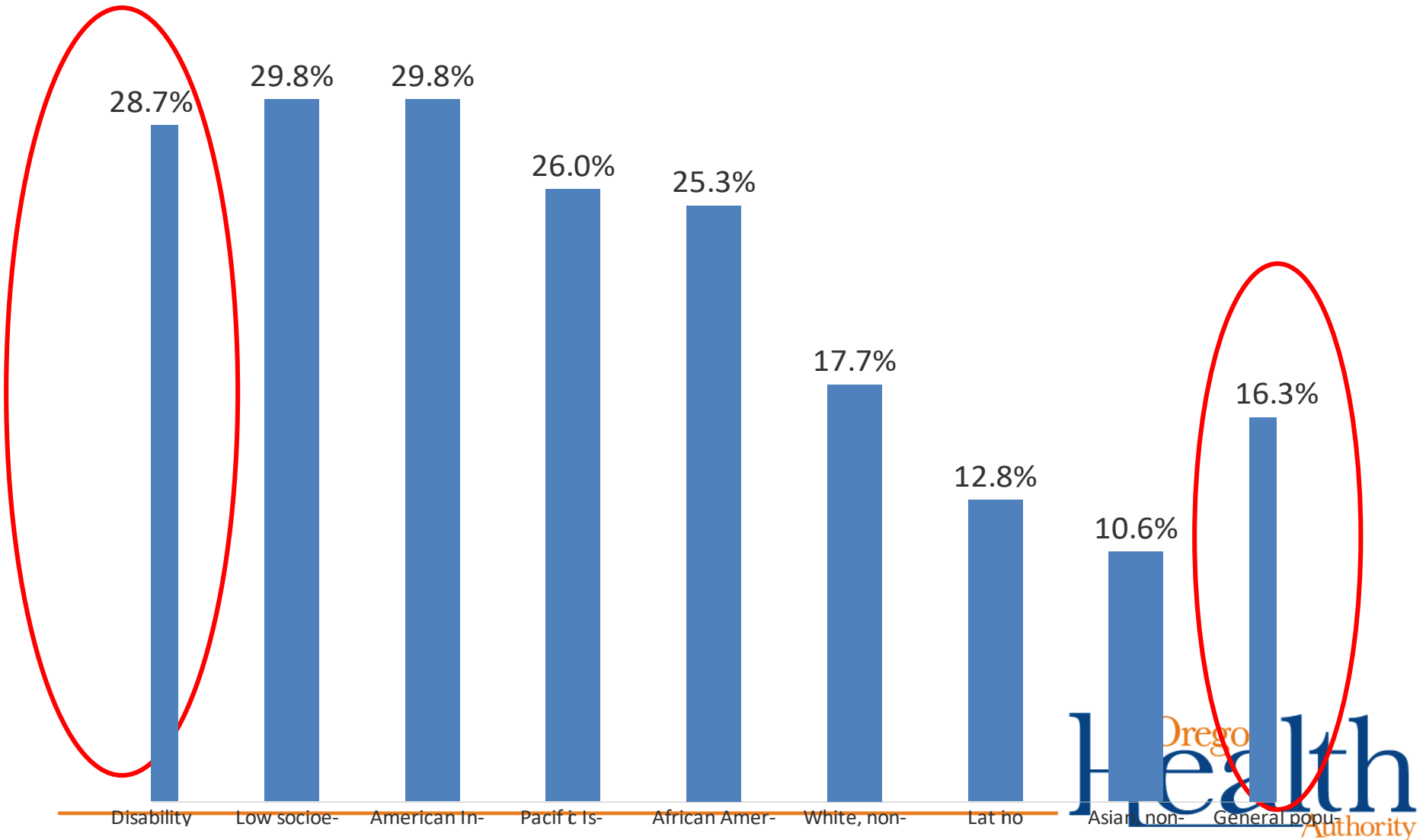
Tobacco Smoke Pollution



* Evidence of causation: suggestive
Evidence of causation: sufficient

Cigarette smoking among select groups

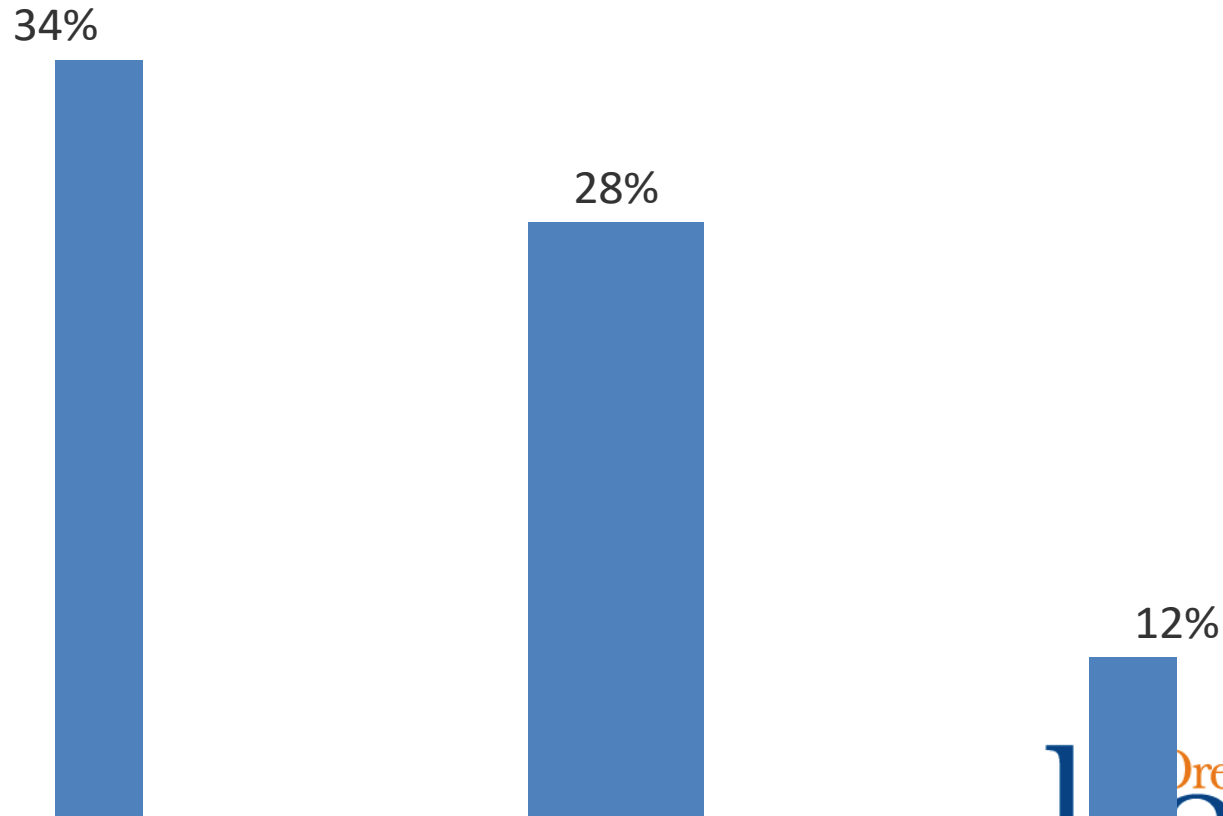
Tobacco use is an issue of health equity



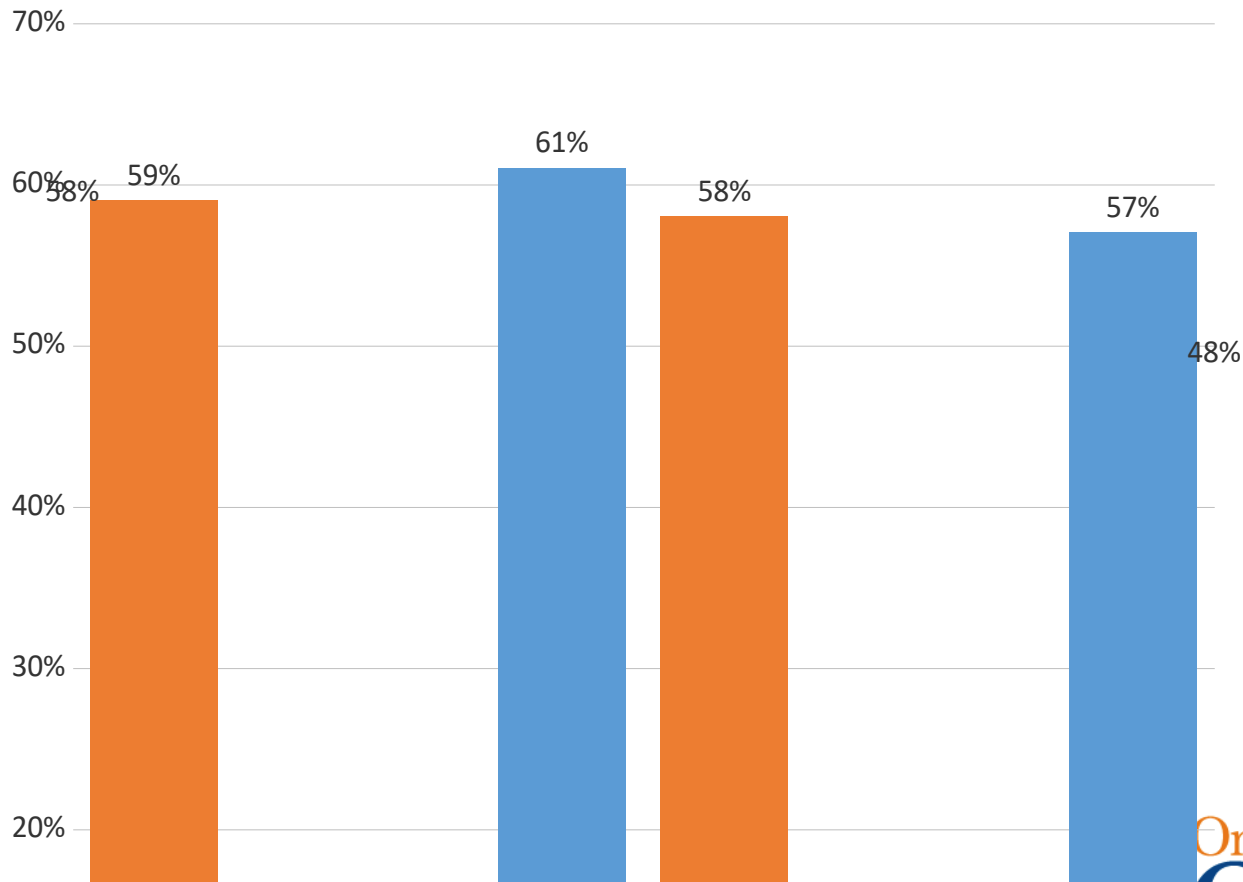
Data Source: Oregon Tobacco Facts, 2020

Cigarette smoking by insurance status

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



Tobacco User Quit Interest by Disability Status



Data Source: Oregon Behavioral Risk Factor Surveillance System, 2018

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



Smoking and Covid-19



James A. Bishara, MD, FAAP

OHSU Doernbecher Children's Hospital

Assistant Professor of Pediatric Cardiology

Disclosures

- I have no financial or other relevant disclosures related to this discussion.

Overview

- Special properties of SARS-CoV-2 Related to Smoking
- Smoking and Risk of Contracting Covid-19
- Smoking and Risk of Severe Covid-19 Disease

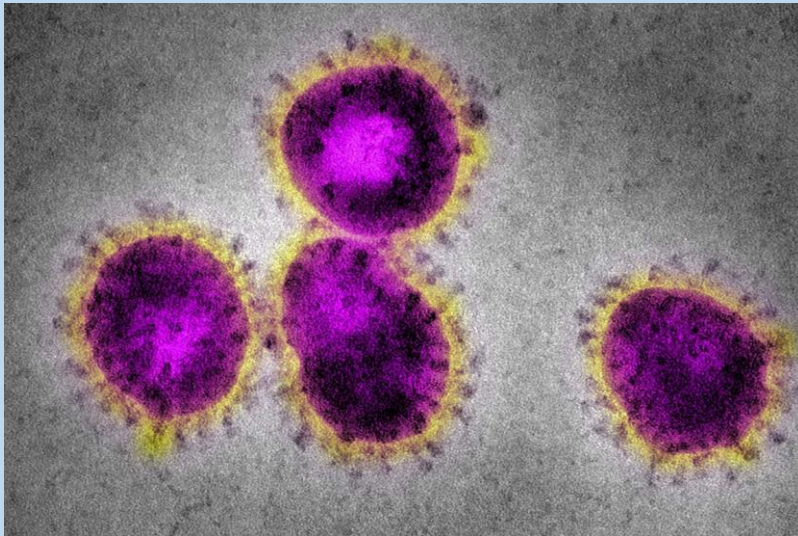
General Health Risks of Smoking

- Increases inflammation
- Impairs lung function
- Increases mucous production
- Impairs immune system

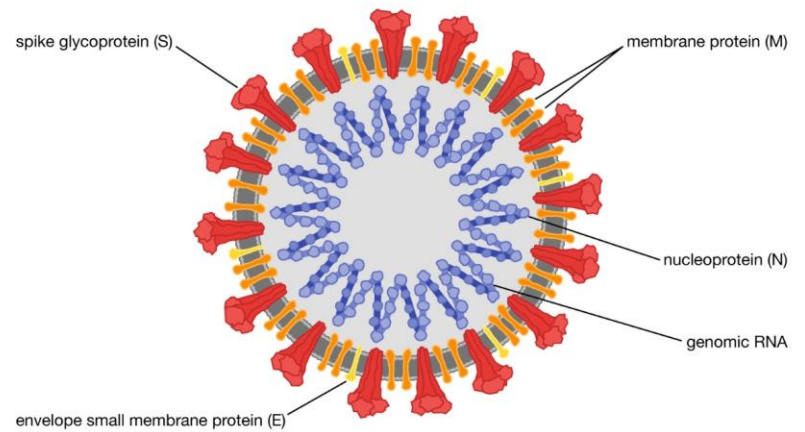
- -> Increased risk of infection, increased risk of severity of infections
- -> Increased risk from related co-morbidities: COPD, High Blood Pressure, Heart Disease, Etc.

Special Properties of
SARS-CoV-2
Related to Smoking

Basic Viral Anatomy



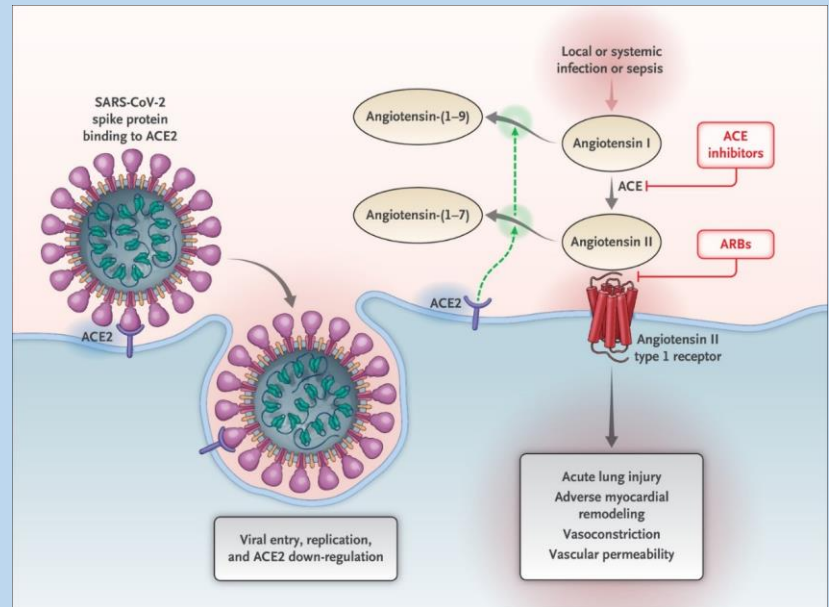
Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)



© Encyclopædia Britannica, Inc.

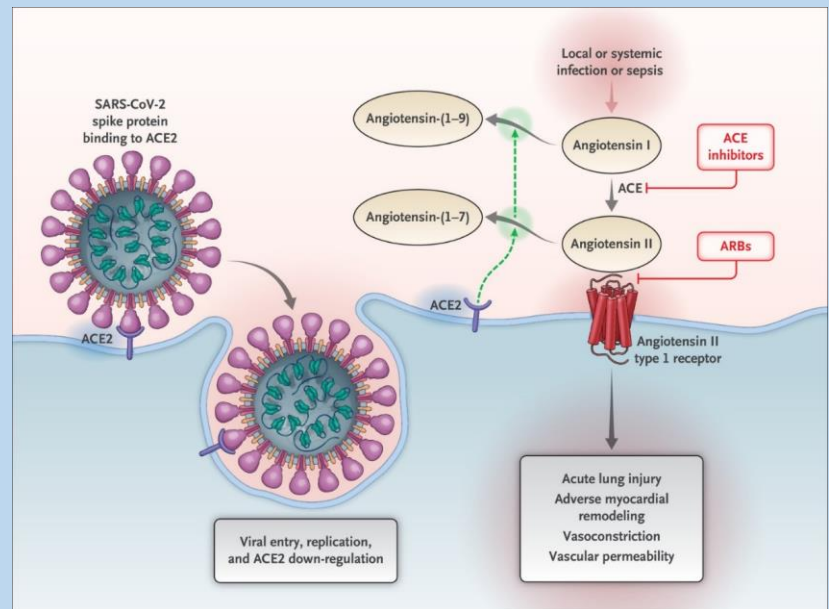
Angiotensin Converting Enzyme -2 (ACE2)

- ACE2 is the major binding site for SARS-CoV-2 in the lung ¹
- Increased ACE2 expression in males
 - Could explain gender difference in Covid
- Known genetic “normal” variants of ACE2
 - May explain some of the racial outcome variation



Angiotensin Converting Enzyme -2 (ACE2)

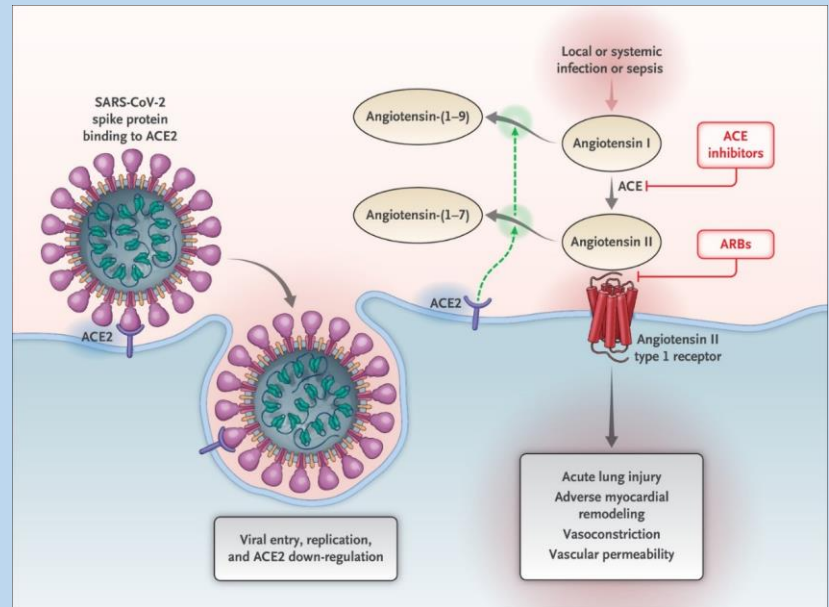
- Nicotine from smoking causes an increase in ACE2 in lung tissue²
- Studies done in smoking models
 - No studies have assessed vaping
- Could this alter the risk of contracting Covid?



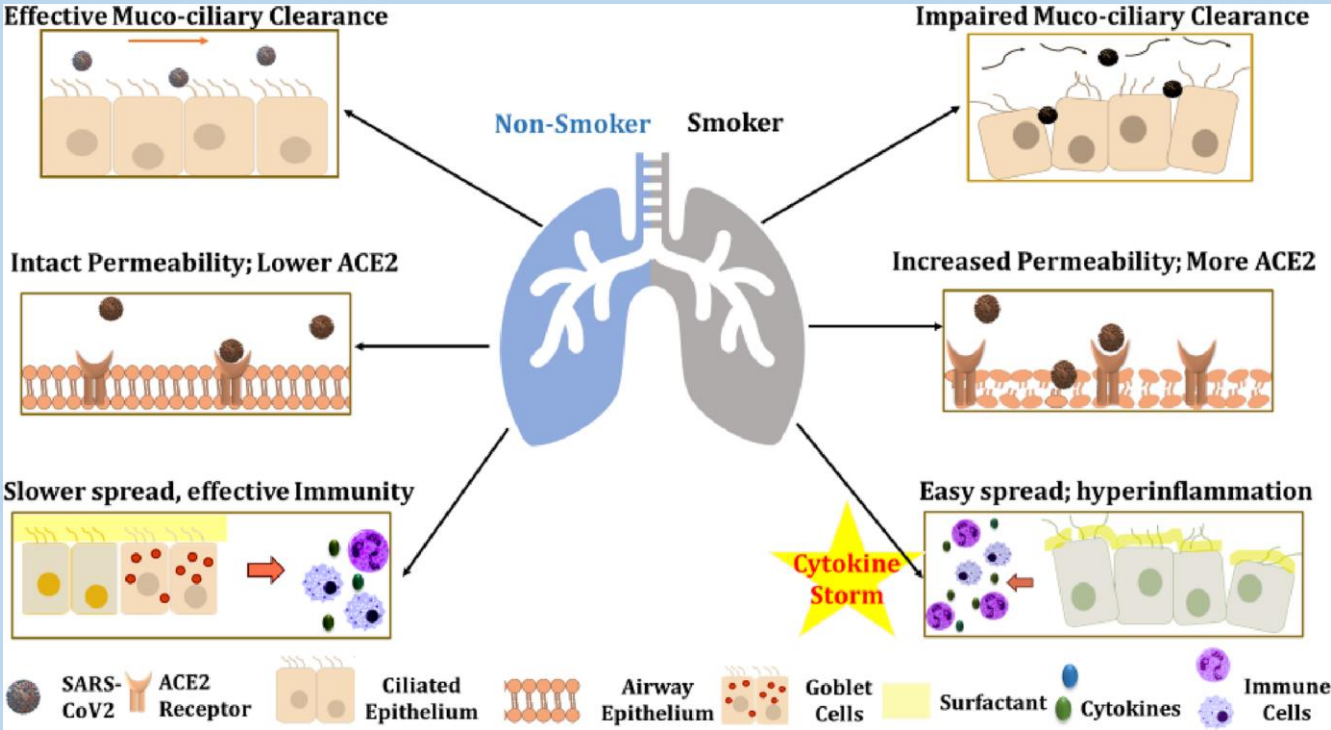
1. Image from : Vaduganathan, M et. Al. Renin Angiotensin Aldosterone System Inhibitors in Patient with Covid -19. N Engl J Med 2020; 382:1653-1659 DOI: 10.1056/NEJMSr2005760
2. Brake SJ, Barnsley K, Lu W, et al. . Smoking upregulates angiotensin-converting enzyme-2 receptor: a potential adhesion site for novel coronavirus SARS-CoV-2 (Covid-19). J Clin Med 2020; 9: 841. doi:10.3390/jcm9030841

Angiotensin Converting Enzyme -2 (ACE2)

- ACE2 has a role in blood pressure control
 - May explain why BP is a strong risk factor for worse disease
- Concern has arisen about a common group of blood pressure medications (ACE-inhibitors: Lisinopril, Enalapril, Captopril, etc)



Special Considerations for Smokers and Covid



3. Kaur, G., Lungarella, G. & Rahman, I. SARS-CoV-2 COVID-19 susceptibility and lung inflammatory storm by smoking and vaping. *J Inflamm* 17, 21 (2020). <https://doi.org/10.1186/s12950-020-00250-8>

Special Considerations for Smokers

Summary:

- There are several molecular biology hypothesis that increase the concern for smoking and Covid-19 infection
- May increase risk of infection
- May increase risk of severe infection

Smoking and Risk of Contracting Covid-19

How does smoking and e-cigarettes affect your risk of having a test for Covid and risk of contracting Covid?



Articles

Risk factors for SARS-CoV-2 among patients in the Oxford Royal College of General Practitioners Research and Surveillance Centre primary care network: a cross-sectional study

- Factors associated with increased risk were age, ethnicity, obesity and living in urban and underprivileged areas.
- Active smoking was associated with a lower odds of diagnosis.
 - Smokers had approximately half the chance of testing positive.
 - Several plausible explanations
 - Issues with study bias – is there something that was not controlled for that caused this finding?
 - Accuracy of testing?
 - Smoking is protective against infection?



Articles


Risk factors for SARS-CoV-2 among patients in the Oxford Royal College of General Practitioners Research and Surveillance Centre primary care network: a cross-sectional study

“...findings should not be used to conclude that smoking prevents SARS-CoV-2 infection, or to encourage ongoing smoking, particularly given the well documented harms to overall health from smoking, the potential for smoking to increase COVID-19 disease severity, and the possible alternative explanations for these findings.”


ORIGINAL ARTICLE | VOLUME 67, ISSUE 4, P519-523, OCTOBER 01, 2020

Association Between Youth Smoking, Electronic Cigarette Use, and COVID-19

Shivani Mathur Gaiha, Ph.D. • Jing Cheng, Ph.D. • Bonnie Halpern-Felsher, Ph.D.  

Published: August 11, 2020 • DOI: <https://doi.org/10.1016/j.jadohealth.2020.07.002> •  Check for updates

Ethnic and socioeconomic differences in SARS-CoV-2 infection: prospective cohort study using UK Biobank

[Claire L. Niedzwiedz](#), [Catherine A. O'Donnell](#), [Bhautesh Dinesh Jani](#), [Evangelia Demou](#), [Frederick K. Ho](#), [Carlos Celis-Morales](#), [Barbara I. Nicholl](#), [Frances S. Mair](#), [Paul Welsh](#), [Naveed Sattar](#), [Jill P. Pell](#) & [S. Vittal Katikireddi](#) 

BMC Medicine **18**, Article number: 160 (2020) | [Cite this article](#)

> medRxiv. 2020 Apr 14;2020.04.09.20059964. doi: 10.1101/2020.04.09.20059964. Preprint

Covid-19 Testing, Hospital Admission, and Intensive Care Among 2,026,227 United States Veterans Aged 54-75 Years

Christopher T Rentsch, Farah Kidwai-Khan, Janet P Tate, Lesley S Park, Joseph T King, Melissa Skanderson, Ronald G Hauser, Anna Schultze, Christopher I Jarvis, Mark Holodniy, Vincent Lo Re, Kathleen M Akgun, Kristina Crothers, Tamar H Taddei, Matthew S Freiberg, Amy C Justice

Research Report |  Open Access

COVID-19, smoking, vaping and quitting: A representative population survey in England

Harry Tattan-Birch , Olga Perski, Sarah Jackson, Lion Shahab, Robert West, Jamie Brown


First published: 11 September 2020 | <https://doi.org/10.1111/add.15251>

- Evaluation of risk of having a test for Covid in smokers versus non-smokers
 - Smokers are 1.5 to 9 times more likely to have a test for Covid
 - Former smokers are 1.3 to 1.4 times more likely to have a test for Covid
 - Young E-cig users (under 25) were 2.6 times more likely to have a test for Covid


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- Evaluation of risk of contracting Covid in smokers versus non-smokers
 - Young users (under 25)
 - 5 times more likely ever users of E-cigarettes users
 - 7 times more likely in ever dual users (Combustible and E-cigarettes)
 - Studies on older adults
 - One reported 1.3-1.4 times greater chance of Covid
 - Other studies did not detect a difference between groups

Smoking and Risk of contracting Covid-19

Summary

- Smoking increases the risk of contracting respiratory infections and risk of severity of most respiratory infections
 - In the absence of significant evidence to the contrary, it should be assumed that smoking and vaping increase the risk of Covid-19
- Mixed evidence on risk of contracting Covid
- Increased risk of having a Covid test in Former and Current Smokers
- Most population studies published to date have methodological flaws limiting interpretation of results

Smoking and Risk of Severe Covid-19 Disease

How does smoking status affect your risk of having a worse case of Covid or risk of dying from Covid?

Smoking and Risk of Severe Disease

- Severe disease is defined by:
 - Need for hospitalization
 - Need for ICU care
 - Mechanical Ventilation (Breathing Machine)
 - Death

> Chin Med J (Engl). 2020 May 5;133(9):1032-1038. doi: 10.1097/CM9.0000000000000775.

Analysis of factors associated with disease outcomes in hospitalized patients with 2019 novel coronavirus disease

Wei Liu ¹, Zhao-Wu Tao ², Lei Wang ¹, Ming-Li Yuan ¹, Kui Liu ³, Ling Zhou ³, Shuang Wei ³, Yan Deng ³, Jing Liu ⁴, Hui-Guo Liu ³, Ming Yang ⁵, Yi Hu ¹

- Population: Patients with Covid-19 who were admitted to hospital in China
- Smoking history with higher proportion of progression of disease versus improvement/stabilization group
 - 27% in smokers vs 3% in non-smokers
 - Relatively small study, large estimated margin of error

Article Oct 7, 2020

Qeios ID: UJR2AW.9

[Open Access](#) | [CC BY](#) | [Cite](#)

<https://doi.org/10.32388/UJR2AW.9>

The association of smoking status with SARS-CoV-2 infection, hospitalisation and mortality from COVID-19: A living rapid evidence review with Bayesian meta-analyses (version 8) Preprint v9

David Simons¹, Lion Shahab², Jamie Brown², Olga Perski²

- Former smokers were at increased risk of hospitalization, severe disease and death
- Data was inconclusive for current smokers
 - Favors small association with disease severity
- Concern for another cause for lower prevalence
 - Most collected data from hospitalized only (potential bias)
 - Possible underreporting of smoking status

Smoking Is Associated With COVID-19 Progression: A Meta-analysis FREE

Roengrudee Patanavanich, MD, LLM, PhD, Stanton A Glantz, PhD ✉

Nicotine & Tobacco Research, Volume 22, Issue 9, September 2020, Pages 1653–1656,
<https://doi.org/10.1093/ntr/ntaa082>

Impact of Smoking Status on Disease Severity and Mortality of Hospitalized Patients With COVID-19 Infection: A Systematic Review and Meta-analysis

FREE

Antonios Karanasos, MD, PhD, Konstantinos Aznaouridis, MD, PhD,
George Latsios, MD, PhD, Andreas Synetos, MD, PhD, Stella Plitaria, MSc,
Dimitrios Tousoulis, MD, PhD, Konstantinos Toutouzas, MD, PhD ✉

Nicotine & Tobacco Research, Volume 22, Issue 9, September 2020, Pages 1657–1659,
<https://doi.org/10.1093/ntr/ntaa107>

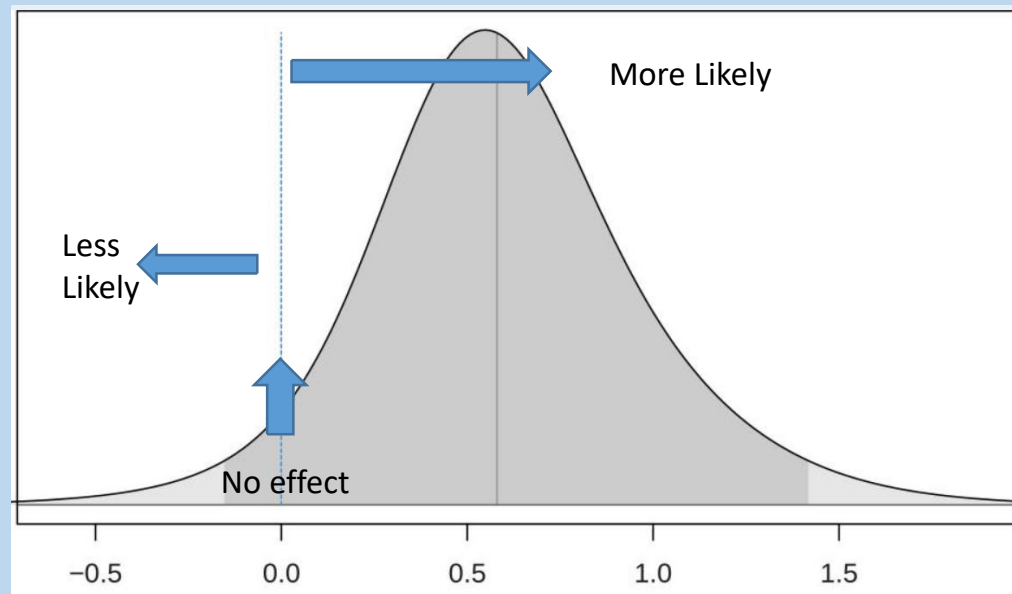
- Meta-analysis of 10 studies, 4,152 patients
 - Higher risk of severe disease in hospitalized patients
 - Unable to determine if higher mortality
- Meta-analysis of 19 studies included 11,590 cases
 - Smoking is associated with higher risk of disease progression or death

Comment > Eur J Intern Med. 2020 Jul;77:129-131. doi: 10.1016/j.ejim.2020.05.038.

Epub 2020 May 28.

Does active smoking worsen Covid-19?

Alberto Carmona-Bayonas¹, Paula Jimenez-Fonseca², Álvaro Sánchez Arraez³, Felipe Álvarez Manceñido⁴, Eduardo Castañón⁵



Smoking and Risk of Severe Disease

Summary

- Multiple studies show smoking, current or former increase the risk of severe disease

Conclusions

- Smoking increases the risk of contracting most respiratory infections, increases the risk of severe infections and death from infections
- Smoking may increase the risk of contracting Covid
 - Further investigation is needed
- Smoking likely increases the risk of severe cases of Covid
- Smoking likely increases the risk of death from Covid
- Very limited data on vaping and Covid
 - Limited studies suggest increased risk of Covid testing and infection in adolescents and young adults

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3. Kaur, G., Lungarella, G. & Rahman, I. SARS-CoV-2 COVID-19 susceptibility and lung inflammatory storm by smoking and vaping. *J Inflamm* **17**, 21 (2020). <https://doi.org/10.1186/s12950-020-00250-8>
4. de Lusignan, S., Dorward, J., Correa Mphil, A., et al. Risk Factors for SARS-CoV-2 among patients in the Oxford Royal College of General Practitioners Research and Surveillance Centre primary care network: a cross-sectional study. *The Lancet, Infect Dis.* 20(9): 1034-1042. [doi.org/10.1016/S1473-3099\(20\)30371-6](https://doi.org/10.1016/S1473-3099(20)30371-6)
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Sarah Wylie, MPH, Health Promotion Strategist, Oregon Health Authority – Public Health Division Health Promotion and Chronic Disease Prevention Section

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



What are “hard-hitting” campaigns?

Tips From Former Smokers®



[Spanish](#)



TIPS FROM FORMER SMOKERS

MEET THE AD PARTICIPANTS

FREE Tips & Tools to Help You Quit.
[READ NOW](#)

1-800-QUIT-NOW
5 Ways Quitlines Help YOU Succeed
[SEE HOW](#)



Real Stories

Hear the real stories of people living with smoking-related diseases and disabilities.



Diseases and Conditions

Learn how smoking affects illnesses and conditions



All Videos

View all commercials and videos from the *Tips*® campaign



Tips Impact and Results

Learn how more than 1 million people quit smoking because of the *Tips*® campaign.



Campaign Resources

Buttons, images, print ads, videos, podcasts, and more.



Partners

Free tools and materials for health care providers, faith-based organizations, and public health professionals to help people quit smoking.

www.cdc.gov/tips

Tobacco Cessation Campaign Goals

Primary



People in Oregon who smoke are motivated to quit, believe it is possible, and have support to quit.

Providers are ready to help people quit, proactively and reactively.

Secondary



Our campaign amplifies and is aligned with Coordinated Care Organization cessation efforts.

Campaign Outcomes of Interest

Primary



Drive calls to the Quit Line.

Deliver clicks on ads.

Increase web traffic to quit resources pages

Secondary



Increase requests to health care providers and cessation benefit access.

Increase Coordinated Care Organization use of technical assistance materials.

We've gone digital!

1 YEAR

after you quit smoking, your risk of heart disease is cut in half.

CALL: 1.800.QUIT.NOW

SMOKEFREE
oregon

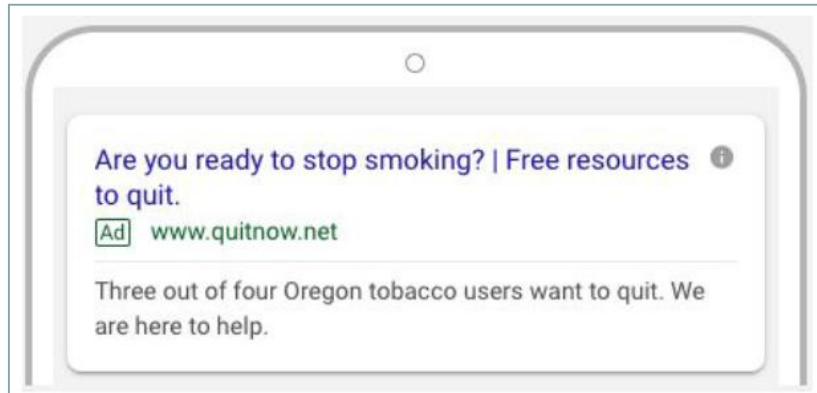
5 AÑOS

después de no fumar, tu riesgo de sufrir un derrame cerebral es el mismo que para una persona que no fuma.

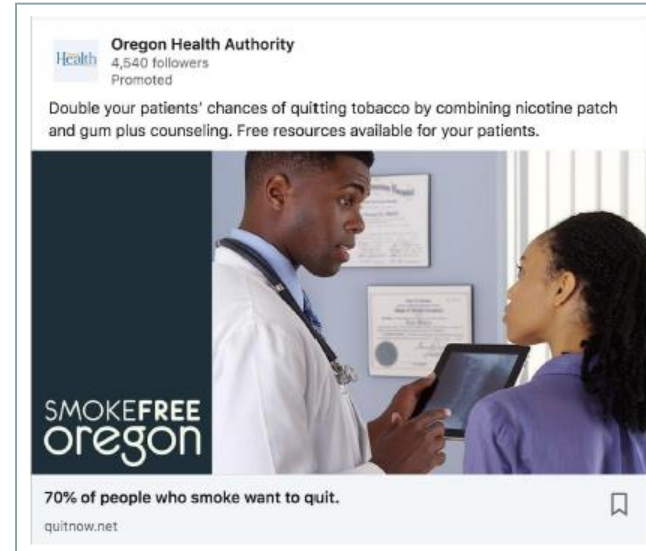
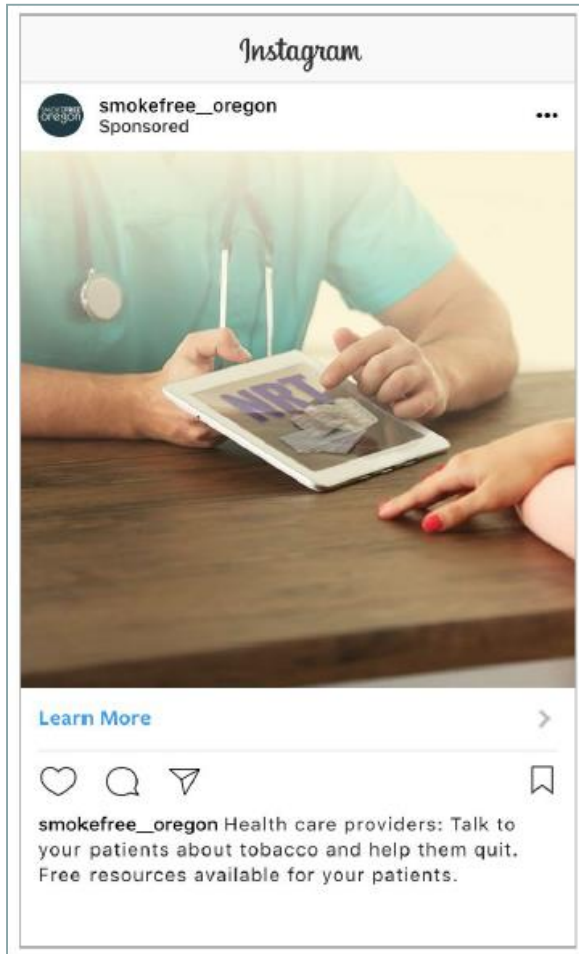
1.855.DEJELO.YA

SMOKEFREE
oregon

Example search and social ads



Advertising to health care providers



Everyone Has Access to Self Management Supports

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



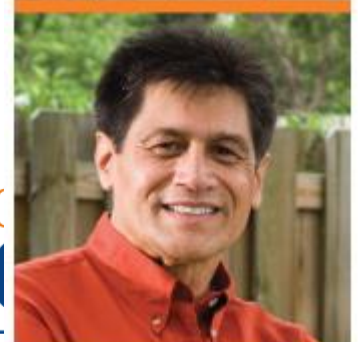
People Can Quit!

- 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/>

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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



1 YEAR

after you quit smoking, your risk of heart disease is cut in half.

TEXT **READY** to **200-400**

SMOKEFREE
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READY TO QUIT?

1. Text **READY** to 200-400
2. Answer 3 questions
(Your name, zip code, and permission for a coach to leave a message)
3. A Tobacco Quit Line Coach will call you



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Coming soon: Access to Free Quit Smoking Medication at Pharmacies



**Treatment for
nicotine addiction:**

Medications and counseling
double your patients' success rate.

**SMOKEFREE
oregon**

QUITNOW.NET/OREGON

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**

Smokefree Oregon


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

SOCIAL SERVICE OR BEHAVIORAL HEALTH AGENCIES

Why refer your clients to the Quit Line or other programs?

Using the fax referral form to refer clients who use tobacco to the Quit Line provides social service and behavioral health agency staff with a quick and easy way to direct their clients to make an attempt to quit tobacco and relieves clients of the barrier of having to initiate first contact with the Quit Line.

How to Send Fax Referrals to the Quit Line

- 
- Read these [Fax Referral Frequently Asked Questions \(FAQS\)](#)
 - Fax Referral Form – Use any one of these three options:
 - [Verbal Consent Fax Referral Form](#) – New! A staff signature is now only needed to note that a client gave consent to be referred to the Quit Line.
 - [Standard Fax Referral Form](#) (English)
 - [Standard Fax-Referral-Form](#) (Spanish)

RESOURCES

- [Treating Tobacco Use and Dependence: 2008 Update, Clinical Practice Guidelines](#)
- [Help Your Patients Quit Tobacco Use: An Implementation Guide for Community Health Centers](#)
- [Quit Line Presentation \(For Providers\)](#)
- [Quit Line Presentation \(For General Audiences\)](#)

RELATED RESOURCES

TOBACCO CONSUMPTION AMONG OREGONIANS WITH DISABILITIES

Report | Cessation



COVID-19 AND TOBACCO

Post | Cessation

Initial research shows that people who smoke may be more likely to develop serious complications from COVID-19. If you'd like to quit, free help is available a...



DISABILITY QUIT RESOURCES

Tool | Cessation

Quit Line Brochure for Oregonians with Disabilities Oregonians with disabilities smoke more than Oregonians without disabilities. People with disabilities are j...



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 NO DON'T KNOW

Patient Information:

PATIENT NAME DATE OF BIRTH GENDER MALE FEMALE

ADDRESS CITY ZIP CODE

PRIMARY PHONE NUMBER HM WK CELL SECONDARY PHONE NUMBER HM WK CELL

LANGUAGE PREFERENCE (PLEASE CHECK ONE) ENGLISH SPANISH OTHER

____ 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.

6AM – 9AM 9AM – 12PM 12PM – 3PM 3PM – 6PM 6PM – 9PM

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

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-health-initiatives/Richmond-Center/Documents/IDDQuitManual.pdf>

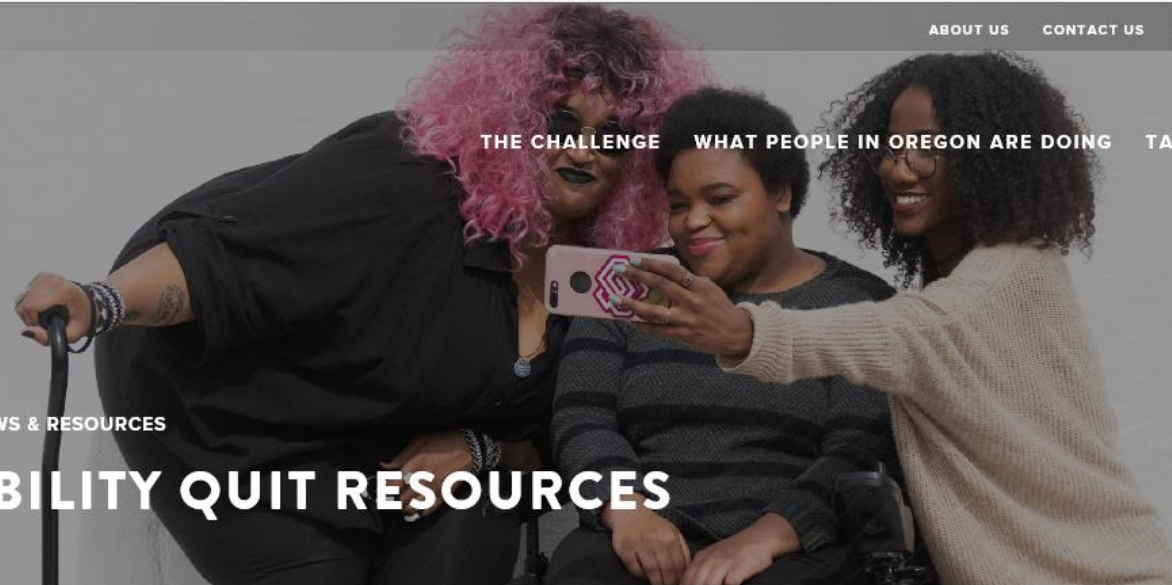
**Other Programs May Be Available Through
Coordinated Care Organizations and Private Health Plans**

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:
<https://smokefreeoregon.com/resource/disability-quit-resources/>



< BACK TO NEWS & RESOURCES

DISABILITY QUIT RESOURCES

Photo Credit: Disabled And Here

WRITTEN BY
Shakirah Hill

POSTED
3.27.2020

TOPIC
Cessation

SHARE
Twitter Facebook

Quit Line Brochure for Oregonians with Disabilities

Oregonians with disabilities smoke more than Oregonians without disabilities. People with disabilities are just as likely to want to quit smoking as people without disabilities. Use the attached brochure to promote the benefits of the Quit Line for people experiencing disabilities.

- [Quit Line Brochure for people with Disabilities](#)

Please click an image to download.

Posters

The poster files are formatted to print on 11 x 17 (tabloid size) paper. Just click on the image and it will download to your computer desktop. You should be able to print from there.



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

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

TTY

1-877-777-6534

SMOKEFREE
oregon

Together,
we're making
Oregon
smokefree
for everyone.



Are You Ready?
 Yes!

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.”

OHA – Public Health Division Self-Management Programs

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

The screenshot shows the top navigation bar of the OHA website. It includes the Oregon.gov logo, a search icon, and a menu with items: About OHA, Programs and Services, Oregon Health Plan, Health System Reform, Licenses and Certificates, and Public Health. Below the navigation is a dark blue banner with the OHA logo and the text "Self-Management Programs" and "Health Promotion and Chronic Disease Prevention". On the right side of the banner is a green outline of Oregon with the text "STAY HOME. SAVE LIVES." Below the banner is a breadcrumb trail: Home > Public Health Division > Prevention and Wellness > Self-Management Programs. A yellow notification bar contains a bell icon and the text: "OHA COVID-19 Updates: Visit our COVID-19 page for Oregon updates and community resources, or visit our healthcare partner resources page."

Taking Control of Your Health

Self-Management Programs

[Oregon Compass](#)

Find a Self-Management Program Near You

To search for a self-management program near you, click on the button below. PLEASE NOTE: This link will take you to an external site, Compass by QTAC-NY, to search for a workshop in Oregon.

[Find a Workshop](#)

For self management programs in Klamath County, please visit [Healthy Klamath](#).



Learn About Our Programs

Oregon offers a variety of self-management programs to promote taking control of your life and living healthier.

- [Living Well With Chronic Conditions and other Stanford Self-Management Programs](#)
- [Oregon Tobacco Quit Line](#)
- [Oregon Arthritis Program](#)
- [National Diabetes Prevention Program](#)
- [Diabetes Self-Management Education Programs](#)
- [Falls Prevention for Older Adults](#)

Living Well With Chronic Conditions and other Stanford Self-Management Programs

Living Well and other workshops based on the Stanford Chronic Disease Self-Management Program model are available in many counties in Oregon. These include Tomando Control de su Salud, the Spanish-language version of Living Well, the Diabetes Self-Management Program, and the Positive Self-Management Program for people living with HIV/AIDS.



Workshops are offered in most communities across Oregon.

- [Find a workshop near you](#)
- [Contact us](#)

Oregon Tobacco Quit Line

The Oregon Tobacco Quit Line is a free program offering tips, information, and one-on-one telephone counseling to anyone looking to quit tobacco or help someone quit. Available to all Oregonians regardless of income or insurance status, the Quit Line is staffed by real people who are friendly and non-judgmental.

Quit coaches will help you make your own plan to fit your own life. No pressure, no guilt. Coaches can even help you figure out if you are eligible for free nicotine gum or the patch.



And there's more...

Partner and health care provider resources

The resources below are for health care and public health partners to support tobacco cessation efforts.

Smokefree Oregon cessation campaign toolkit





This digital media toolkit is for coordinated care organizations (CCOs), health care providers and systems, and local public health authorities (LPHAs) as part of the Oregon Health Authority's Smokefree Oregon mass media campaign.

The toolkit includes template emails for providers and patients, social media posts, a PowerPoint presentation, talking points, and posters. These resources are designed to support people as they work to quit their vape or nicotine addiction for good – and to the health care providers helping them to achieve that goal.



Download the Cessation Toolkit

Please allow a few moments for the zip files to download.

-  [Toolkit for CCOs](#)
-  [Toolkit for LPHAs](#)
-  [Toolkit for Providers](#)
-  [Toolkit for Pharmacies](#)

5 A's: Ask, Advise, Assess, Assist and Arrange

Successful intervention for tobacco cessation begins with identifying tobacco users and determining the appropriate interventions based upon the patient's willingness to quit. The five major steps to tobacco cessation intervention are the "5 A's:" **ask, advise, assess, assist and arrange.**

Here are two resources that provide information on the 5 A's:



-  [Tobacco cessation counseling guide sheet: English](#)
-  [Tobacco cessation counseling guide sheet: Spanish](#)

<https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/TOBACCPREVENTION/GETHELPTOQUITTING/Pages/oregonquitline.aspx>

Support is 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 ***Social Support***

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

Questions?

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Project Coordinator

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Sarah Wylie, MPH

Health Promotion Strategist

Oregon Health Authority – Public Health Division

Health Promotion Chronic Disease Prevention

971-200-9887, sarah.a.wylie@state.or.us

Resources

Oregon Tobacco Quit Line

<https://www.quitnow.net/mve/quitnow?qnclient=oregon>

American Lung Association's Freedom From Smoking Program

<https://www.freedomfromsmoking.org/>

Self Management Programs

<https://www.oregon.gov/oha/PH/PreventionWellness/SelfManagement/Pages/index.aspx>

Smokefree Oregon

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

<https://smokefreeoregon.com/resources/quit/quit-resources/>

<https://www.facebook.com/SmokefreeOregon>

Resources

Motivational Interviewing

<https://www.motivationalinterview.org>

Disability and Health, Centers for Disease Control and Prevention

<https://www.cdc.gov/ncbddd/disabilityandhealth/smoking-in-adults.html>

Oregon Office on Disability and Health

<https://www.ohsu.edu/oregon-office-on-disability-and-health>

Treating Tobacco Use and Dependence: 2008 Update

<https://www.ahrq.gov/prevention/guidelines/tobacco/index.html>

Tobacco Free Toolkit for Community Health Facilities

https://smokingcessationleadership.ucsf.edu/sites/smokingcessationleadership.ucsf.edu/files/Downloads/Toolkits/tf_policy_toolkit.pdf