

Welcome to the SFPH ECHO



- You will be muted with your video turned off when you join the call. Use the buttons in the black menu bar to unmute your line and turn on your video.
- Type the name and email address of all attendees joining with you in the Chat window.
- Slides, forms, and additional materials referenced today will be available on the SFPH Partner Hub.
- This call will be recorded.
- Remember, avoid PHI/PII on this SFPH ECHO session.
- Questions about Zoom during the call? Just chat with Rich Killewald.



Housekeeping

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Public Housing:

**HELPING
SMOKERS
QUIT**

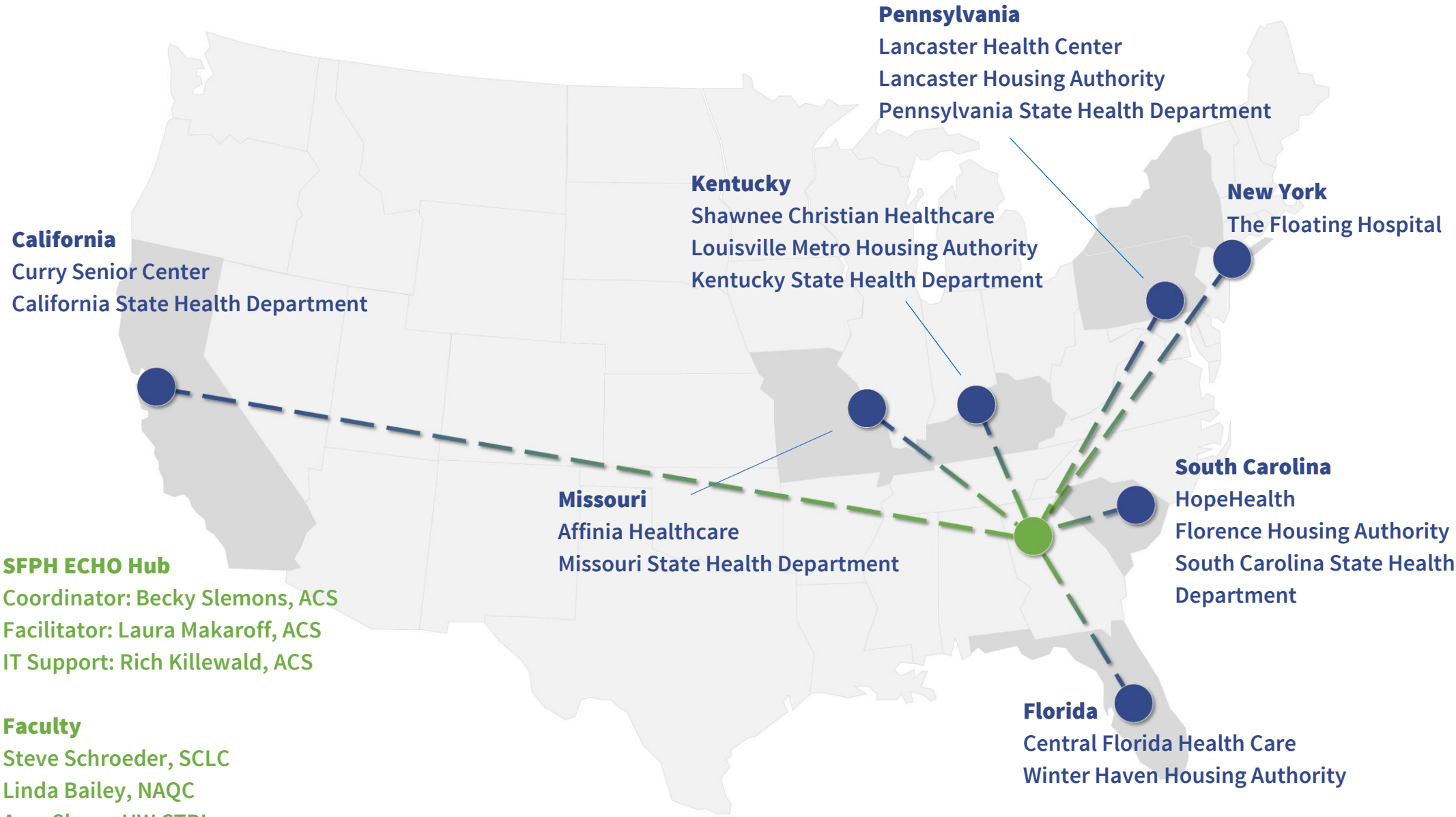
- Please turn on video
- Please mute your line if you're not talking
- You'll be asked to do a brief survey after this session; please return it within 48 hours – even if you're not asking for CE credits
- **Please enter your name and the names of everyone in the room with you in the chat box.**
 - If someone is new to these ECHO sessions, please enter their email address as well.
 - If you are requesting CE credits, this is an essential step for receiving them.
- Roll call!





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SFPH ECHO Hub
 Coordinator: Becky Slemons, ACS
 Facilitator: Laura Makaroff, ACS
 IT Support: Rich Killewald, ACS

Faculty
 Steve Schroeder, SCLC
 Linda Bailey, NAQC
 Amy Skora, UW CTRI
 Frank Vitale, Pharmacy Partnership for Tobacco Cessation

Quitline service providers: Optum and National Jewish

More Housekeeping

- Progress Reports Due August 31
 - Templates available in the Partner Hub
 - Contact Becky or your staff partner if you have any questions or concerns
- **Early Lessons Learned webinar was FANTASTIC! Thank you, Sharon, Humberto, Lindsay, and Heath**
 - **Thanks to those who attended!**
- On screen are the disclosures for our presentation

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Disclosures

This UCSF CME activity was planned and developed to uphold academic standards to ensure balance, independence, objectivity, and scientific rigor; adhere to requirements to protect health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA); and include a mechanism to inform learners when unapproved or unlabeled uses of therapeutic products or agents are discussed or referenced.

The following faculty speakers, moderators, and planning committee members have disclosed they have no financial interest/arrangement or affiliation with any commercial companies who have provided products or services relating to their presentation(s) or commercial support for this continuing medical education activity:

Amy D. Skora, BS, Frank Vitale, MA, Steven A. Schroeder, MD, Linda Bailey, JD, Laura Makaroff, DO, Rebecca Slemmons, MNPO, Rich Killewald, MNM, Richard C. Wender, MD



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Agenda

Intros and housekeeping	7 min.
Didactic presentation	10 min.
Didactic Q&A	5 min.
Case presentation and discussion	20 min.
CAP Progress Update (FL)	10 min.
CAP Progress Update Q&A	3 min.
Wrap up	5 min.





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Didactic Presentation: How Quitting Improves Wellness, by Richard C. Wender, MD

At the end of this live session, you will be able to:

- Identify three of the physical benefits of quitting smoking
- Describe two of the financial benefits of quitting smoking
- Explain two of the social benefits of quitting smoking
- Describe one way tobacco use affects the global economy



How Quitting Smoking Improves Wellness

Richard C. Wender, MD

Chief Cancer Control Officer, American Cancer Society

Encourage People to Think About Reasons to Quit

- Ask them to list reasons to quit that matter to them.
- The more reasons they can think of, the closer they will come to quitting.
- Break down the list into specific benefits:
- Not just quitting for their health – quitting for their heart, their lungs, their brain ...



4 Reasons to Quit Smoking

1

The physical benefits of quitting are significant.

Health Benefits of Quitting

20 minutes after quitting	Heart rate and blood pressure drop
12 hours	Carbon monoxide level in your blood drops to normal
2-3 weeks	Circulation improves and lung function increases
1-9 months	Coughing and shortness of breath decrease



 @RichWender

<https://www.cancer.org/healthy/stay-away-from-tobacco/benefits-of-quitting-smoking-over-time.html>

Health Benefits of Quitting

1 year	Excess risk of coronary heart disease is half that of someone who still smokes
5 years	Risk of cancers of the mouth, throat, esophagus, and bladder is cut in half
10 years	Risk of dying from lung cancer is about half that of someone who still smokes
15 years	Risk of coronary heart disease is that of a non-smoker's

Physical Benefits of Quitting

- Food tastes better.
- Sense of smell returns to normal.
- Breath, hair, and clothes smell better.
- Teeth and fingernails stop yellowing.
- Ordinary activities leave people less out of breath (climbing stairs or light housework).
- People can be in smoke-free buildings without having to go outside to smoke.

Physical Benefits of Quitting

- Quitting also helps stop the damaging effects of tobacco on how you look, including:
 - Premature wrinkling of your skin
 - Gum disease
 - Tooth loss

2

The financial benefits of quitting over time are great.

Financial Benefits of Quitting

- The average cost of a pack of cigarettes is \$6.36.
- At one pack a day, quitting would equal:
 - \$191/month
 - \$2,300/year
 - \$23,000 over ten years

Quitting Could Impact Insurance Premiums

- Smokers insured by the ACA exchange may have to pay more in premiums if they declare their smoking status.
 - This depends on the state.
 - These surcharges aren't an effective way to reduce tobacco use.
- Some smokers may choose not to disclose their status, but then do not want to use cessation services and risk getting caught.

Global Costs of Smoking

- The economic cost of smoking globally is nearly \$2 trillion each year.
 - Majority of these costs are related to lost productivity.
 - 30% are healthcare-related costs associated with treatment of smoking-related diseases.
- The economic burden falls disproportionately on poor people.
 - Poor people who smoke spend a larger share of their income on tobacco, leaving less for necessities.
 - Tobacco-related illnesses contribute to catastrophic health expenses that compete with basic needs in poor households.

Cost of Smoking in the US

- In the US, smoking-related health care costs range from 6% to 18% across different states.
- Community pharmacist-based smoking cessation programs yield cost savings to the health system of \$500 to \$614 per life year gained on average.

3

There are also real social benefits of quitting.

Social Benefits of Quitting

- Avoids smoking stigma
- People can avoid going outside in bad weather, etc.
- No smell, yellow teeth, other cosmetic reasons
- Improved sense of smell and taste, making eating more enjoyable
- Keeps kids and communities healthier

4

It's vital for cancer survivors
to quit.

Cancer Survivors Should Quit

- About 1 in 10 survivors still smoke nine years after a diagnosis.
- Smoking can lead to worse treatment outcomes and poorer health outlook, including getting cancer again.
- 1 in 3 survivors who currently smoke said they intend to quit.

Cessation Cases from my Practice

1. From pre-contemplative to action in one giant leap.
2. Nicotine: the final addiction. And then there were none.



Questions/Discussion



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Case Presentation and Discussion

Curry Senior Center (follow up)



Collaborative Action Plan Progress Update

Florida

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Collaborative Action Plan Progress Update Q&A

(3 min.)

Wrap-up

- Next ECHO session August 20:
 - Didactic topic: Legal/Resident Concerns about the Smoke-free Rule, by Bridgett Simmons, JD, from the National Housing Law Project
 - Case presentation: TBD
 - CAP update: Back to Kentucky!
- Take a moment now to click on the ECHO survey link in the chat box. It will also come to you in the session follow-up email. PLEASE take 3 min. to complete it – even if you don't need CE credits.
- Don't forget to request CEs if you want them!

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Wrap-up : CE

- FREE CMEs/CEUs of up to 1.0 credit are available for a limited time, for those who attend this LIVE session.
- To clarify: you MUST request the CE credits after each ECHO session; they will be awarded after the last ECHO session
 - If you need it earlier, the CME office could award it on a case-by-case basis
- Please email Jennifer Matekuare at jennifer.matekuare@ucsf.edu for instructions to claim credit

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CME/CEU Statement

FREE CME/CEUs of up to 1.0 credit are available to all attendees who participate in this live session. Please email Jennifer Matekuare at jennifer.matekuare@ucsf.edu for instructions to claim credit.

Accreditation:

The University of California, San Francisco (UCSF) School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

UCSF designates this live activity for a maximum of *1.0 AMA PRA Category 1 Credit™*. Physicians should claim only the credit commensurate with the extent of their participation in the webinar activity.

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

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

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

California Marriage & Family Therapists: University of California, San Francisco School of Medicine (UCSF) is approved by the California Association of Marriage and Family Therapists to sponsor continuing education for behavioral health providers. UCSF maintains responsibility for this program/course and its content.

Course meets the qualifications for 1.0 hour of continuing education credit for **LMFTs, LCSWs, LPCCs, and/or LEPs** as required by the California Board of Behavioral Sciences.