
TOBACCO USE AND CANCER PREVENTION FOR PEOPLE WITH DISABILITIES

Community of Practice (CoP)

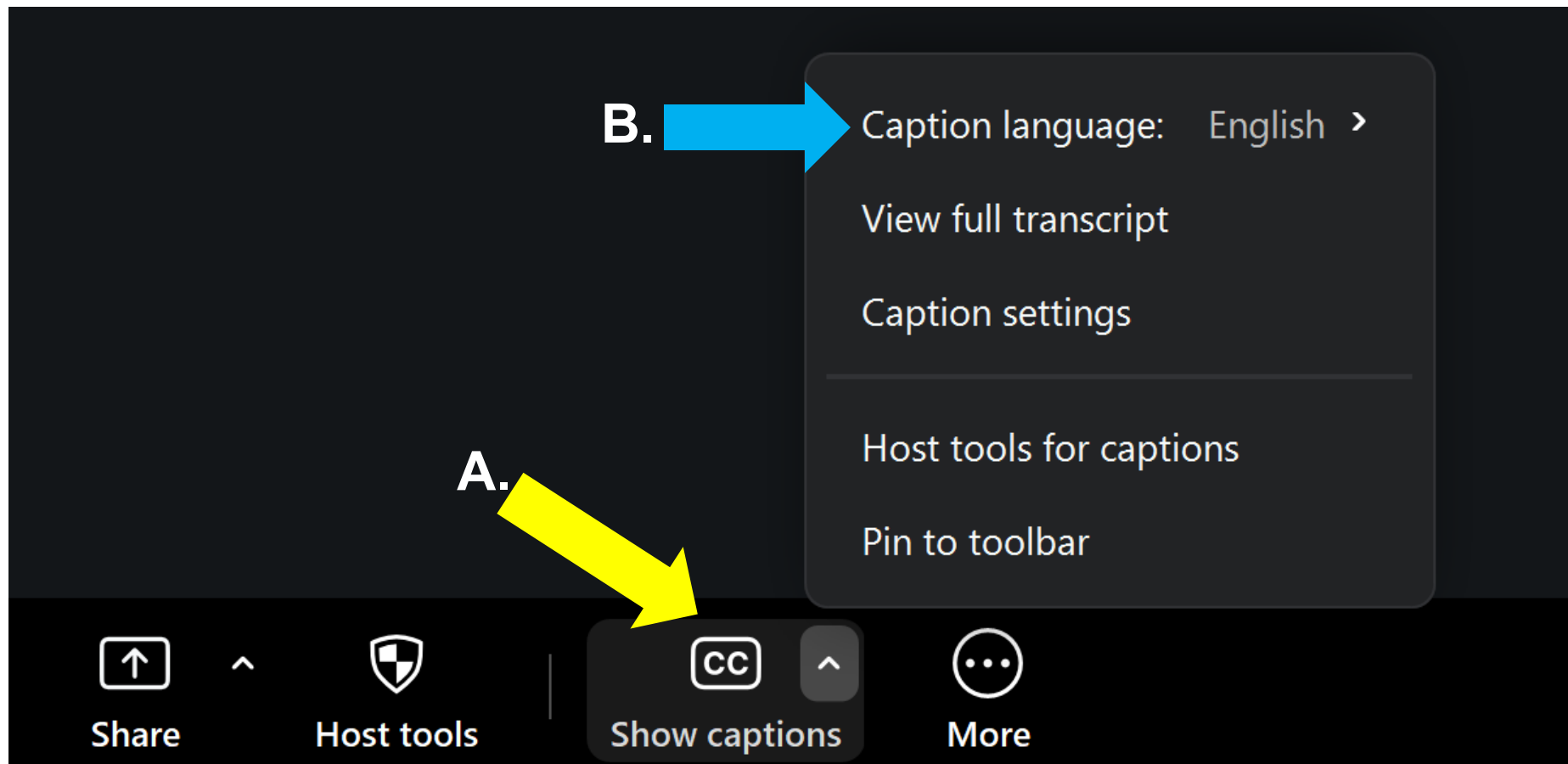
Session 3: Implementing Accessible Tobacco Cessation and Cancer Prevention Interventions



Disability Network
FOR TOBACCO CONTROL
AND CANCER PREVENTION

Enabling Closed Captioning

- **(A)** Click on the “Show captions” button on your Zoom toolbar.
- **(B)** Select “Caption language” to English if necessary.



Housekeeping Items

- All participants muted upon entry
- Engage in chat
- Raise virtual hand if you would like to unmute
- Meeting is being recorded
- Slides and recording link will be sent via email
- *Let us know about you!*
 - State
 - Organization name
 - Title
 - What brings you here today



Pre-session Evaluation



Moderators



Olajumoke Oladipo, MPH
Health Communications
and Research Analyst

Speakers



Katherine Stone, MPH
Senior Program Manager,
National Association of
Chronic Disease Directors



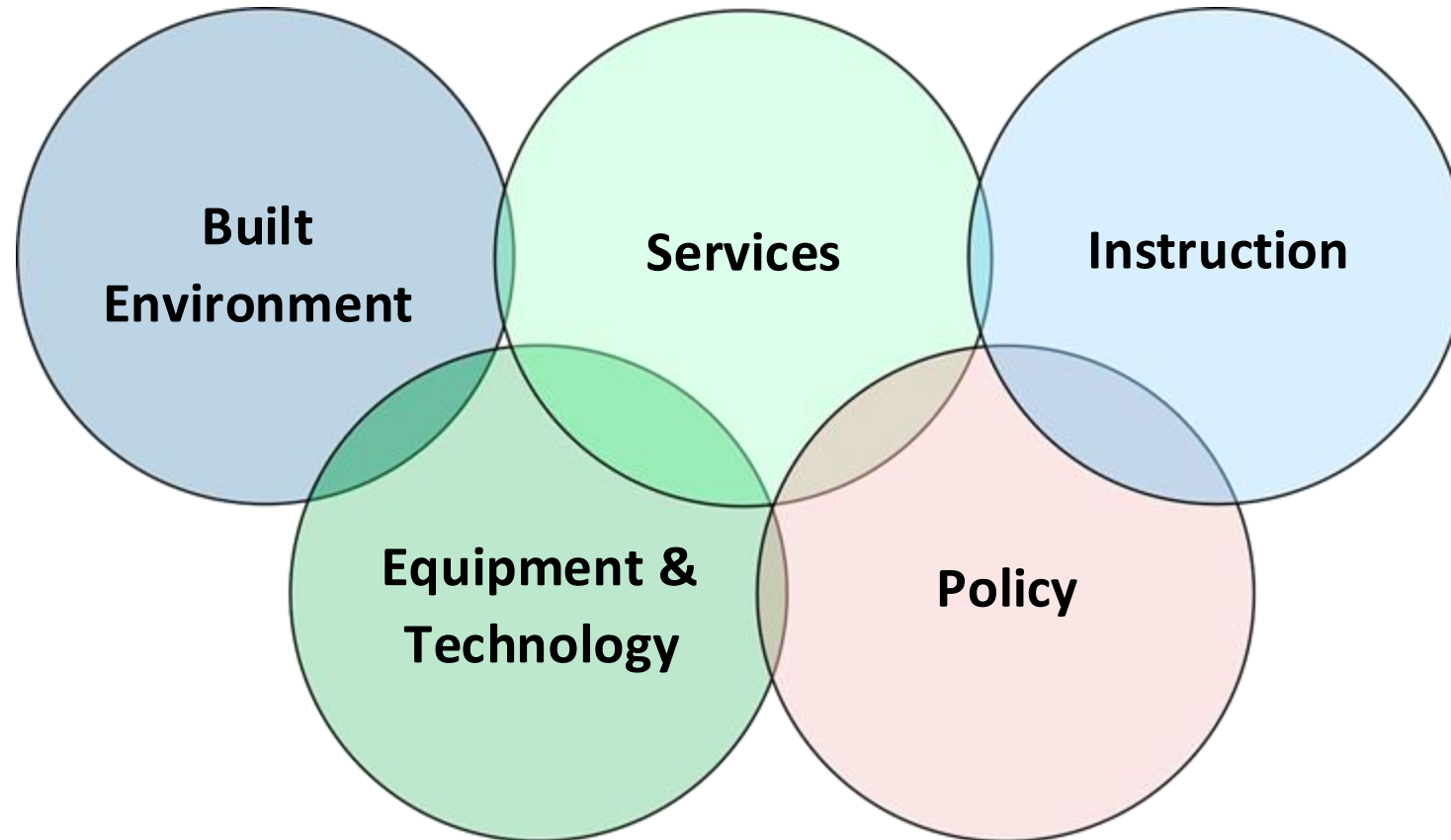
Chris Mackey
Senior Project Coordinator,
Lakeshore Foundation

Implementing Accessible Tobacco Cessation and Cancer Prevention Interventions

Chris Mackey
Lakeshore Foundation

Katie Stone, MPH
National Association of Chronic Disease Directors

Accessibility Domains



Source: Rimmer, J.H., Vanderbom, K.A., Bandini, L.G. et al. GRAIDs: a framework for closing the gap in the availability of health promotion programs and interventions for people with disabilities. *Implementation Sci* 9, 100 (2014). <https://doi.org/10.1186/s13012-014-0100-5>

Remember: Think Simple First!

Most changes you make to increase access cost little to nothing but planning ahead is critical!

Accessible Tobacco Cessation Examples

1. Screening & Referral



- Ask about accessibility needs
- Offer phone & Online referrals
- Ensure accessible questions

2. Behavioral Counseling



- Telehealth or Text Options
- ASL & Captioning Available
- Use Plain Language

3. Quit Medications



- Clear Instructions
- Easy-Open Packaging
- Medication Support

4. Ongoing Support



- Flexible Follow-Up
- Text & Email Reminders
- Extended Check-Ins

Screening and Referral

- Policy that requires asking about needed accommodations during all screening and intake processes
- Understand how to use the National Telecommunications Relay Service
- Ensure your website meets the most current Section 508 accessibility standards or Web Content Accessibility Guidelines (WCAG) version 2.1, AA

Screening & Referral Accessibility Resources

- National Telecommunications Relay Service:
<https://www.fcc.gov/consumers/guides/telecommunications-relay-service-trs>
- Web Accessibility in Mind (WebAIM) at Utah State University
 - Web Content Accessibility Guidelines 2.0 Checklist:
<https://webaim.org/standards/wcag/checklist>
- World Wide Web Consortium on Accessibility (W3C)
 - Web Content Accessibility Guidelines overview:
<https://www.w3.org/WAI/standards-guidelines/wcag/#versions>
- Section 508 Guidance (federally funded organizations) www.section508.gov

Behavioral Counseling

In Person

- Accessible entrances
- Restrooms with wheelchair accessible stalls
- Minimum 3-foot-wide pathway throughout all spaces
- Educational materials that use plain language, are written at a 5th grade reading level, and incorporate imagery and limited text
- Awareness of local accessible transportation options, including time and connectivity to your location (via sidewalks and accessible bus stop)

Behavioral Counseling

Telehealth

- Must provide effective communication for participants with disabilities
- Providers must make reasonable modifications to typical practices to ensure participants with disabilities can fully access services

Telehealth Examples (<https://www.ada.gov/topics/telehealth/>)

Patient or Client	Solutions & Accommodations
A Deaf person	<ul style="list-style-type: none">• Intake should ask about needed accommodations• Provide qualified interpreters• Platform should allow for accurate real-time captioning
A person with blindness	<ul style="list-style-type: none">• Platform should be compatible with screen readers• Videos you use should have audio descriptions, or audio tracks to give context• Give visual descriptions of what you are showing (e.g., describe what the medications will look like)
A person with limited stamina or mobility	<ul style="list-style-type: none">• Allow an aide to attend telehealth appointment• Shorten appointments when fatigue occurs
A person with an intellectual disability	<ul style="list-style-type: none">• Schedule longer appointments and allow time to become familiar with platform• The platform should allow support personnel - sometimes multiple participants in different locations - to participate.

Look at this image. How would you accommodate:

- Someone with vision loss or blindness
- Someone with hearing loss
- Someone with an intellectual disability
- Someone with a mobility disability

Answer in the chat



Resource: Stay Smoke Free and Take Control of Your Health



STAY SMOKE-FREE AND TAKE CONTROL OF YOUR HEALTH TODAY.

CHOOSE HEALTH, AVOID TOBACCO AND SECONDHAND SMOKE



WHY TOBACCO AVOIDANCE IS IMPORTANT

- Staying tobacco free helps you breathe better.
- Tobacco use affects your lungs, heart, bones, teeth and causes cancer.
- Tobacco use is an expensive habit – Save money and use it on things that help you live healthy.
- Breathing in secondhand smoke is also harmful to your health



What is Secondhand Smoke?

- Smoke from a cigarette or tobacco product
- Smoke breathed out by a smoker



AVOID TOBACCO IN ALL FORMS



Avoid cigarettes, e-cigarettes, vaping, chew, and all tobacco products.

ALMOST 30% OF INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES ARE AFFECTED BY SECONDHAND SMOKE¹.

HOW TO AVOID SECONDHAND SMOKE?

- Decide to have a smoke free home and car
- Choose to go to places that are smoke-free or leave the room
- Say "I want to stay healthy and fresh air helps me stay strong" so you can stop smoking or go elsewhere
- Call a friend and join them to do something outside
- Support friends and family as they quit smoking

CHOOSE HEALTH, NOT TOBACCO

Here are things I can choose to do:

- If I do not use tobacco, I choose not to start
- If I smoke, I will ask to my doctor to help me quit
- If I chew tobacco, I will ask my doctor to help me quit
- If I smoke or chew tobacco, I will ask my friends and family to support me to quit



IF YOU AVOID TOBACCO, YOU CAN...



Live a long and healthy life

Stay active with a positive mind

1 - Special Olympics Inc. "NAS Database 2023", Internal, October 2023

This resource was supported by cooperative agreement #46271D0000021 from the U.S. Centers for Disease Control and Prevention (CDC); its contents are the responsibility of Special Olympics and do not necessarily represent the views of CDC.

Barriers to Medications

Instructions and understanding

- Instructions not in plain language or accessible formats
- Providers not trained in accessible communication strategies

Access and cost

- Limited insurance coverage or high out-of-pocket costs
- Transportation barriers to pick up medications

Packaging and physical use

- Packaging difficult to open (e.g., due to dexterity limitations)
- Labels not readable (e.g., small print, low contrast)
- Challenges applying or using products (e.g., patches, inhalers, gum)

Other Resources

- www.accessiblepharmacy.com provides accessible medication services and other supports to patients with disabilities with an emphasis on those with vision loss
- ScripTalk from Envision America, <https://www.envisionamerica.com/scriptalk-station-for-patients>
- <https://www.wayaround.com> is an app that has both pharmacy labels and a home labeling solution. QR codes can be used with certain medications.
- <https://www.bemyeyes.com/> Patients can contact a 3rd party for support or use its AI tool to read the label
- Meta Glasses - Can use AI to read a label
- [Drugs, Herbs and Supplements: MedlinePlus](#) has all medical prescription details in screen reader compatible formats. The links can be texted or emailed to patients.
- There are hundreds of accessible & free OCR (optical character recognition) apps that can convert text to speech.

Ongoing Support

Barrier → Real Example

Barrier: Limited follow-up options

→ Example: Only email follow-up offered

Barrier: Inflexible communication

→ Example: No option for text or phone support

Barrier: Lack of long-term support

→ Example: No check-ins after program completion

Ongoing Support Considerations

- **Include an individual's support personnel included in communications as appropriate. Often caregivers can benefit from cessation services too.**
- **Text-based messaging**
 - Keep it simple, sans serif font
 - Avoid fancy fonts
 - No images or emojis. Use text only
 - Keep links short by using link shortening service
- **Email Messaging**
 - Simple, sans serif font
 - Put alternative text (alt-text or alt-tags) on images
 - Use descriptive links instead of vague or non-informative link text.

Do Not Forget an Action Plan!

Barrier	Strategy for Removal	Partner	Person(s) Responsible	Timeline	Action Steps
Cessation education materials not accessible to patients with blindness	Create selected materials in Braille and large print	Local Center for Independent Living, School for the Blind	Clinical Director, operations manager	3 months	<ol style="list-style-type: none"> 1. Decide materials to be created in alternate formats in collaboration with a disability partner 2. Meet with partners to obtain estimate and discuss timeline 3. Submit selected materials for modification 4. Notify public of availability on website, Quit Line and in clinic spaces, and social media

National Association of Chronic Disease Directors (NACDD) Tobacco Resource Library

- A new digital hub to support public health professionals in their efforts to reduce tobacco use and improve health outcomes.
- Offers a curated collection of tools and resources focused on several critical areas of tobacco prevention and cessation:
 - **General Resources**
 - **Disability Inclusion**
 - **Health Systems Change**
 - **Insurance Coverage**



<https://tobaccoresources.chronicdisease.org>

Q & A SESSION



COMPLETE OUR POST EVALUATION



CONTACT INFORMATION

Robert Burns

Program Director

Bobburns@namgt.com

Jose Leon, M.D.

Manager of Clinical Quality

jose.leon@namgt.com

Kevin Lombardi, M.D., M.P.H.

Manager of Policy, Research, and Health Promotion

Kevin.lombardi@namgt.com

Fide Pineda Sandoval, MPH, C.H.E.S.

Training and Technical Assistance Manager

Fide@namgt.com

Olajumoke Oladipo, MPH

Health Communications and Research Analyst

Olajumoke@namgt.com

Please contact our team for Training and Technical Support

703-812-8822

THANK YOU!

