Welcome
Continuing Medical Education Credit

• The American Academy of Pediatrics (AAP) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

• The AAP designates this live activity for a maximum of 1.00 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

• This activity is acceptable for a maximum of 1.00 AAP credits. These credits can be applied toward the AAP CME/CPD Award available to Fellows and Candidate Members of the American Academy of Pediatrics.

• The American Academy of Physician Assistants (AAPA) accepts certificates of participation for educational activities certified for AMA PRA Category 1 Credit™ from organizations accredited by ACCME. Physician assistants may receive a maximum of 1.00 hours of Category 1 credit for completing this program.

• This program is accredited for 1.00 NAPNAP CE contact hours of which 0 contain pharmacology (Rx) content, (0 related to psychopharmacology), per the National Association of Pediatric Nurse Practitioners (NAPNAP) Continuing Education Guidelines.
At the conclusion of this activity, participants should be able to:

• articulate ways to discuss the importance of smoke-free places with parents and families in a pediatric practice setting.

• explain how to advocate for smoke-free places in their community.

• discuss ways to utilize policy techniques to protect children from secondhand smoke exposure.
Disclosure of Financial Relationships and Resolution of Conflicts of Interest for AAP CME Activities

The AAP CME program aims to develop, maintain, and improve the competence, skills, and professional performance of pediatricians and pediatric healthcare professionals by providing quality, relevant, accessible, and effective educational experiences that address gaps in professional practice. The AAP CME program strives to meet participants' educational needs and support their life-long learning with a goal of improving care for children and families. *(AAP CME Program Mission Statement, September 2010)*

The AAP recognizes that there are a variety of financial relationships between individuals and commercial interests that require review to identify possible conflicts of interest in a CME activity. The AAP Policy on Disclosure of Financial Relationships and Resolution of Conflicts of Interest for AAP CME Activities is designed to ensure quality, objective, balanced, and scientifically rigorous AAP sponsored or jointly sponsored Continuing Medical Education (CME) activities by identifying and resolving all potential conflicts of interest prior to the confirmation of service of those in a position to influence and/or control CME content.

All AAP CME activities will strictly adhere to the *Accreditation Council for Continuing Medical Education (ACCME) Standards for Commercial Support: Standards to Ensure the Independence of CME Activities*. In accordance with these Standards, the following decisions will be made free of the control of a commercial interest: identification of CME needs, determination of educational objectives, selection and presentation of content, selection of all persons and organizations that will be in a position to control the content, selection of educational methods, and evaluation of the CME activity *(ACCME Standard 1.1)*.

The purpose of this policy and its associated procedures is to ensure all potential conflicts of interest are identified and mechanisms to resolve them prior to the CME activity are implemented in ways that are consistent with the public good.
Disclosure of Financial Relationships

All individuals in a position to influence and/or control the content of AAP CME activities are required to disclose to the AAP and subsequently to learners that the individual either has no relevant financial relationships or any financial relationships with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in CME activities. *Commercial interest is defined as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

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<th>Name of Commercial Interest(s)* (Please list name(s) of entity) AND Nature of Relevant Financial Relationship(s) (Please list: Research Grant, Speaker’s Bureau, Stock/Bonds excluding mutual funds, Consultant, Other - identify)</th>
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Activity Location
This activity is hosted through the GoToWebinar and not hosted via a Web site owned or controlled by a commercial interest.

Product-Specific Advertising
No product-specific advertising of any type appears in this course. This webinar does not link to any product web sites.

List of Principal Faculty and Credentials
Carla Berg, PhD
Gary Wheeler, MD, FAAP
Cynthia Hallett, MPH

Name of Medium or Combination of Media Used
Live webinar course via Go To Webinar.

Estimated time to complete the educational activity
The webinar is scheduled to last 1 hour.

Method of Participation
Watch the webinar, complete the entire survey immediately after the webinar, and we will email you a certificate of participation. If you want a certificate of completion, you must enter your information on the survey. If you wish to only give feedback (no certificate), you can remain anonymous.

Commercial Supporters
There is no commercial support associated with this course. However we gratefully acknowledge Legacy for the grant they provided on this activity.

Dates of original release
Wednesday, January 29, 2014

List of Hardware/Software Requirements
Recommended browsers:
Internet Explorer 6.0 and above; Firefox 2.0 and above; Safari 1.3.2 and above; or Opera 7.5 and above

Recommended browser settings:
JavaScript enabled; Cookies enabled; SSL 2.0 & SSL 3.0 enabled; Flash Player Plug-in (version 7.0 +); Adobe Reader Plug-in (version 6.0 +)

Provider Contact Information
If you have questions about this course or encounter technical problems, please contact Richmond Center staff at richmondcenter@aap.org.

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The slide sets for this educational activity were developed specifically for this course. All presenters are aware this event will be recorded and archived on the Richmond Center Web site.

Instructions on how to claim credit
*AAP Members- To record your AMA PRA Category 1 Credit(s)™, within a year of this event, you must:
1. Log on to PediaLink at www.pedialink.org with your AAP login
2. Click on the CME tab
3. Click the CME Transcript button
4. Click Claim Your Credit
5. *Date Earned = Transcript Year
6. Enter the total number of credits you are claiming
7. Check Confirm Claim box
8. Click Submit to finish
You may click the 'Certificate' link next to the activity to print an individual certificate or select ‘Print Transcript’ at the top of the screen to print a transcript.

*Non-members & other attendees- Submit a copy of the certificate of attendance, AAP ID number & total number of credits you are claiming to the AAP office with payment of $25.00. Your credits will be recorded and a transcript mailed. Please mail check payments to:
American Academy of Pediatrics
37925 Eagle Way
Chicago, IL 60678

AMERICAN ACADEMY OF PEDIATRICS
Julius B. Richmond Center of Excellence
Purpose of Course:

This webinar will focus on smoke-free places including the home, car, health care facilities, outdoor areas, and workplaces.
Disclosure Statement

• Neither I nor any member of my immediate family has a financial relationship or interest (currently or within the past 12 months) with any entity producing health care goods or services consumed by, or used on, patients related to the content of this CME activity.

• *I do not intend* to discuss an unapproved/investigative use of a commercial product/device.
If someone smokes in an outdoor place, it won't harm another person.

- Strongly Agree: 140
- Agree: 80
- Disagree: 5
- Strongly Disagree: 3

N = 228
Clinicians are a good resource to discuss smoke-free places with parents and families.
Pediatric Providers as Tobacco Control Advocates

J. Gary Wheeler, MD, MPS, FAAP
University of Arkansas for Medical Sciences
Arkansas Dept. of Health
Disclosure Statement

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Objectives

• Promote smoke free in an office setting
• Advocate in the community
• Implement policy that can promote child health
Social change
In the office- waiting room

• Create a tobacco-free environment
  – Art
  – Smoke free signage and posters (including pregnancy)
  – Ban all tobacco use on your worksite
  – Tobacco free magazines
  – Quit information (flyers, posters, fax systems)
In the office- exam room

• Make tobacco-free a priority for your clinic
• Include tobacco exposure in your history
• Give advice
• Develop a referral process to quit line or other resource
• Provide anticipatory guidance for all children
Advice that works

• Acknowledge difficulty in quitting; *pivot to tobacco industry*

• Personal-
  – Why I don’t smoke or breathe smoke
  – People I know who have died or been harmed by tobacco
  – Role model

• Topical items- (Lung cancer report, 50th SG announcement, e-cigs)

• Key points from science-
  – Pregnancy-impact on baby’s brain (size, ADHD, etc), birth defects, lung development
  – Infants- infection rate (2-3 x normal), SIDS
  – Teens/pre-teens- smoke free movies (1/3 of initiation effect)
  – Parent- your child as an orphan
The Problem: the industry

- At the outset it should be said that we are presently, and I believe unfairly constrained from directly promoting cigarettes to the youth market; that is, to those in the approximately 21 and under group...realistically if our company is to survive and prosper over the long term, we must get our share of the youth market...approached by consideration of factors influencing pre-smokers to try smoking, learn to smoke and become confirmed smokers. RJR 1973

—Arch Pediatr Adolesc Med 153: 1999; 935
Nicotine and the Developing Lung
Exposure to Movies vs. Initiation

- 6522 US adolescents aged 10 to 14 years
- Exposure to movie smoking, in 532 recent hits
- Random dial surveys

Tools for the Office

- Smoke free pledge
- Handouts
- Quitline enrollment forms
Smoke Free Homes and Cars

- http://www.cdc.gov/tobacco/
- http://www.epa.gov/smokefree/
- AAP Richmond Center
Within 20 minutes of quitting...

Within 20 minutes after you smoke that last cigarette, your body begins a series of changes that continue for years.

20 Minutes After Quitting
Your heart rate drops.

12 Hours After Quitting
Carbon monoxide level in your blood drops to normal.

2 Weeks to 3 Months After Quitting
Your heart attack risk begins to drop.
Your lung function begins to improve.

1 to 9 Months After Quitting
Your coughing and shortness of breath decrease.

1 Year After Quitting
Your added risk of coronary heart disease is half that of a smoker's.

5 Years After Quitting
Your stroke risk is reduced to that of a nonsmoker's 5-15 years after quitting.

10 Years After Quitting
Your lung cancer death rate is about half that of a smoker's.
Your risk of cancers of the mouth, throat, esophagus, bladder, kidney, and pancreas decreases.

15 Years After Quitting
Your risk of coronary heart disease is back to that of a nonsmoker's.
## CEASE Implementation Guide
### Three Easy Steps

<table>
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<th>What</th>
<th>When</th>
<th>Who</th>
<th>How</th>
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<tr>
<td><strong>Step 1</strong></td>
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| **ASK** about smoking status of family members and household smoking rules. With leadership support, use:  
- CEASE Action Sheet, Step One | At the front desk  
- During vital signs  
- During the visit  
- Through a mailing | Primary:  
The receptionist, medical assistant, or nurse:  
Facilitators: |  
- Every year, give families a CEASE Action Sheet to ask about household members’ smoking status and interest in cessation services.  
- Use the CEASE Sticker or Stamp to document family smoking status on the problem list.  
- Place the CEASE Action Sheet in the child’s medical record. |
| **Step 2** |  |  |  |
| **ASSIST** in quitting smoking and establishing a completely smoke-free home and car. Prescribe or recommend appropriate medication. With leadership support, use:  
- CEASE Action Sheet, Step Two  
- CEASE handout | During the visit | Primary:  
A physician, nurse, or health educator:  
Facilitators: |  
- In households where tobacco use occurs, address tobacco use and SHS exposure at every visit using the CEASE Action Sheet.  
- Use the responses on Step One of the CEASE Action Sheet to guide how you assist with addressing tobacco use.  
- Document services delivered on Step Two of the CEASE Action Sheet. |
| **Step 3** |  |  |  |
| **REFER** those who use tobacco to the quitline. Make a follow-up plan. With leadership support, use:  
- CEASE Action Sheet, Step Three | During the visit  
- In consultation with a nurse or health educator | Primary:  
A physician or nurse practitioner:  
Facilitators: |  
- Using Step Three of the CEASE Action Sheet, refer tobacco users to QuitWorks.  
- Fax the completed Step Three of the CEASE Action Sheet to QuitWorks at 1-866-560-9113.  
- Arrange follow-up with tobacco users.  
- File the CEASE Action Sheet in the child’s medical record. |
Advocating in the Community

• Align with a tobacco-free group in your community or state (non-profits, health departments, Medicaid, academics)

• Research: Richmond Center, ANR, CFTK, ALA, AHA, ACS, Legacy, CDC—*know local data*

• Support/mentor youth

• Start small, think quality improvement
  – Your building, the space around your building, your child’s school, your government/community/public housing buildings, parks, restaurants, bars, casinos
  – Cigarettes, alternative products, flavorings
  – Tobacco free laws, taxes
  – Populations: LGBT, women, African-Americans
Role of Pediatrician in Implementing Policy

• Content expert

• Earned media— AAP chapter
  – Local media
  – Responsive to news events
  – Adopting/Crafting messages
    • Enough is Enough
    • Tobacco products- guilty ‘til proven innocent

• Legislative Testimony
Public Policy Impacted by Pediatric Providers in Arkansas

Done

- Taxes (state)
  - 2 excise tax bills
- Clean indoor air (municipal and state)
  - Public spaces with some exemptions
  - Cars
- Clean outdoor air (municipal and state)
  - Parks
  - Hospital campuses
  - Public college campuses
- E-cigs (state)
  - Sales to minors
  - Prohibitions on school campuses

To be done

- Taxes
  - Cigars, e-cigs
- Clean indoor air
  - Complete including bars
- Clean outdoor air
  - Restaurant decks
  - Buffer zones
  - All college campuses
- E-cigs
  - Ban on indoor use
- Other
  - Ban menthol
  - State no hire rules for tobacco
Health Policies Designed to Protect Children From Exposure to Smoking and Other Tobacco Use

Cynthia Hallett, MPH
Executive Director
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Why Work on Smokefree Issues?

“There is no risk-free level of exposure to secondhand smoke.”

U.S. Surgeon General Richard Carmona, June 2006

Secondhand smoke is a toxic air contaminant, an air pollutant which may cause or contribute to an increase in deaths or in serious illness, or which may pose a present or potential hazard to human health.

California Air Resources Board, January 2006
WARNING: SMOKING DURING PREGNANCY CAN HARM YOUR BABY.

1-800-QUIT-NOW

© U.S. HHS

BRAND
20 Class A Cigarettes
How to Combat This Public Health Epidemic: Tobacco Control Policies

• We have Best Practices and Model Ordinances for Smokefree workplaces, public places, and homes; tobacco taxes; tobacco prevention programs

• We have smoking cessation hotlines, programs, and medications

• We need to reinvigorate public demand and policy action. You can help!
From Sections to smokefree

- 1970’s/80’s = Nonsmoking Sections
- 1990’s = Clean Indoor Air Policies
  - Separately enclosed, separately ventilated rooms were acceptable
- 2000 = 100% Smokefree Indoor Environments
  - No separation, ventilation, exemptions for small businesses, etc.
  - 2002, smokefree gambling provisions more common.

*These shifts toward stronger provisions were supported by a combination of public demand and the science on the health effects of secondhand smoke.*
What about Thirdhand Smoke?

• The contamination from tobacco smoke that lingers in rooms long after smoking stops or an “invisible yet toxic brew of gases and particles clinging to smokers' hair and clothing."

• Sticky, highly toxic particulates, like nicotine, can cling to walls and ceilings; gases can be absorbed into carpets, draperies, clothing, and other upholsteries.

• Can remain for days and even weeks after smoking ceases.
Policy Continuum:
Greatest Public Health Benefit

• What other policies can and should the movement focus on after workplaces?
  – Work from the inside to the outside
  – Homes and cars
  – Universities and Hospitals
Good for Health

• Exposure in multi-unit housing can be very high
  – 84% of kids living in apartments with nonsmokers still exposed

• 63% of CA Latino renters report exposure from neighboring unit

• Up to 65% of air comes from other units

• Studies demonstrate smoke drift in buildings

• Landlords report drifting smoke is 2nd most common complaint
Important Reminder

• Laws that protect adults also protect children.
  – Adults more likely to adopt voluntary smokefree home policies if work in smokefree workplace.

• The Tobacco Industry loves to say “we don’t want kids to smoke” or to be harmed by tobacco, so they craft language to look like tobacco control laws, but really protect its interests and NOT public health.
  – Applies to Smokefree, e-cigarette, and tobacco control funding laws
Richmond, CA adopted a smokefree ordinance for all multi-family buildings in the city, effective January 1, 2011
Smokefree Cars

Arkansas, Louisiana

Puerto Rico, California, Maine, and Utah

Healthy Kids!

Smokers in California can be fined up to $100 for smoking in a vehicle while any youth younger than the age of 18 are present.

Well, at least the car won't get cancer. 1-800-NO-BUTTS
Policy Accomplishments

At least 184 communities have enacted 100% smokefree beach laws.

At least 272 communities and 6 states/commonwealths have enacted a 100% smokefree outdoor dining law.

At least 901 communities and OK & Puerto Rico have enacted a 100% smokefree parks law.
Policy Accomplishments

At least **3,810** local and/or state/territory/commonwealth hospitals, healthcare systems, and clinics, along with Mayo, Kaiser, SSM, and CIGNA, have adopted **100% smokefree campus grounds** policies that protect all employees, visitors, and patients from secondhand smoke exposure within their campuses.

At least **1,182** 100% smokefree campuses with no exemptions. Residential housing facilities are included, where they exist; **811** campuses are tobacco-free.
How to Get Involved & Resources

• Your voice matters: with parents, the public, and those with the power to adopt or enact policies

• Collaborate with other partners and identify your role in communicating the benefits of tobacco policies with these audiences
  – AAP can connect you with contacts in your state or community, or with a group like ANR to identify existing coalitions or its members

• www.no-smoke.org
Putting a Face on the Issue

Nonsmokers’ Rights

It’s about worker health and the right to breathe smokefree air

AND

It’s about preventing another generation addicted to nicotine

Tobacco Industry

It’s about money and maintaining the social acceptability of smoking

“Financial impact of smoking bans will be tremendous – three to five fewer cigarettes per day per smoker will reduce annual manufacturer profits a billion dollars plus per year.” A Smokers’ Alliance: draft. Bates Nos. 2025771934-2025771937

The industry knowingly and willing created a product it knew was addictive and harmful to the smoker and nonsmoker.

Judge Gladys Kessler,
August 17, 2006
Thank you!

Cynthia Hallett, MPH
Cynthia.Hallett@no-smoke.org
(510) 841-3045
www.no-smoke.org
ANRandANRF - YouTube
What can you do about it?
Stay Informed

- Join listservs (RCE, ANR, CDC, national Smoke-free Housing listserv)
- Read reports from organizations with the same goals as you
- Attend/listen/read about your city council meetings to know the landscape of potential smoke-free legislation in your town
- Keep up on the news from neighboring towns to see what practices you can apply to your advocacy efforts
- Visit organization Web sites (RCE, ANR, CDC, etc)
- Join AAP Provisional Section on Tobacco Control (AAP members or allied health)- www.aap.org/psotco
Changes You can Make in your Community...

- Health Care setting
  - Counseling, treating, documenting tobacco use
  - Tobacco-free campus

- Expand smoke-free places
  - Indoor public places
  - Outdoor public places
  - Vehicles

- Focus on policies related to purchasing
  - Tobacco-free pharmacies
    - San Francisco, Richmond CA, parts of Santa Clara county (CA), Boston, MA towns
  - Raising purchase age
    - Alaska, Alabama, Utah and New Jersey- 19
    - New York City- 21 (takes effect in May)
    - Brookline, Belmont, Needham, Sharon, Watertown, Westwood, Walpole and Sudbury, MA- 21
    - Canton, Ashland, Dedham and Arlington, MA- 19
...And Beyond

- **State**
  - Work with AAP Chapter
  - Work with local advocates

- **National**
  - Respond to requests for information and comment on regulations
    - Web site: Regulations.gov
    - Twitter: @RegulationsGov
Questions?

Submit questions into the box in the control panel. If we aren’t able to answer your question live, we will send a response to you after the webinar ends.
AAP Richmond Center

• Visit us: www.aap.org/richmondcenter
  – State-specific resources
  – Downloadable PowerPoint presentations
  – Funding opportunities
  – Tobacco control listserv

• Tobacco Prevention Policy Tool

• Learn more: 2014 Clinical Trainings

• Contact us: richmondcenter@aap.org

www.facebook.com/aaprichmondcenter
Link to post-webinar evaluation:

- https://www.surveymonkey.com/s/smokefreplaces