Welcome
Please stand by. We will begin shortly.

Tobacco Use in the LGBT Community:
Preconceptions, Challenges & Experiences

Tuesday, June 30, 2015 · 2pm ET (90 minutes)
Disclosure

Dr. Scout and Catherine Saucedo have disclosed no financial interest/arrangement or affiliation with any commercial companies who have provided products or services relating to their presentation or commercial support for this continuing medical education activity.
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Thank you to our funders

Robert Wood Johnson Foundation

LEGACY
FOR LONGER HEALTHIER LIVES

NATIONAL BEHAVIORAL
HEALTH NETWORK
FOR TOBACCO & CANCER CONTROL
Housekeeping

• All participants will be in **listen only mode**.
• Please **make sure your speakers are on** and adjust the volume accordingly.
• If you do not have speakers, please request the dial-in via the chat box.
• **This webinar is being recorded** and will be available on SCLC’s website, along with the slides.
• **Use the chat box to send questions** at any time for the presenters.
Today’s Speaker

Scout, PhD

• Director, LGBT HealthLink at CenterLink

• blog.lgbthealthlink.org
Tobacco Use in the LGBT Communities: Preconceptions, Challenges & Experiences

Smoking Cessation Leadership Center
June 30, 2015
Dr. Scout has been training state Departments of Health in LGBT engagement for nine years. He is the Director of the LGBT HealthLink at CenterLink and an Adjunct Assistant Clinical Professor at Boston University School of Public Health. He specializes in tobacco, wellness, transgender health, social determinants, health disparities, and surveillance.
LG BT HealthLink...

... links people and information to spread LGBT wellness best practices across state health departments, federal policymakers, and community organizations. We are one of eight CDC-funded tobacco and cancer disparity networks and a project of CenterLink. www.lgbthealthlink.org
CenterLink... is a member-based coalition of over 160 LGBT community centers in the United States and beyond. CenterLink helps these vital hubs of community services improve their organizational capacity, access public resources, and engage their regional communities in the grassroots social justice movement.

www.lgbtcenters.org
Our aim for tobacco?
Your name

Where you work, and your role.

Have you ever participated in a training on LGBT issues before?

One hope for this training.
Your name
Where you work and your role.
Have you ever participated in a training on LGBT issues before?
One hope for this training.
We have one hope for this training too.
We have one hope for this training too.
Our 1 hope?

We have one hope for this training too.

That you change your practices as a result of something you learned here.
1. Language 101
2. LGBT Health
   LGBT Health Disparities
   Misconceptions
   Preconceptions
   Challenge: LGBT Health Concerns
   Tobacco; Mental Health; Alcohol; HIV; Cancer
   Special Populations: bisexual; transgender
3. Reaching & Serving LGBT People
   Challenge: The Landscape
   Enhancing Welcome Through Your Programs
   Provider Strategies
4. Additional Resources
Section 1

Language 101
Defining Our Terms

Categories

- SEX
- GENDER/GENDER ROLE
- SEXUAL ORIENTATION
- GENDER IDENTITY

Descriptors

- Lesbian
- Gay
- Bisexual
- Transgender
- Transsexual
- Heterosexual
- Queer
- Male
- Female
- Masculine
- Feminine
- Intersex
- Genderqueer
Defining Our Terms

**SEX**
- Male
- Female

**SEXUAL ORIENTATION**
- Lesbian
- Gay
- Bisexual
- Heterosexual
- Queer

**GENDER/GENDER ROLE**
- Male
- Female
- Masculine
- Feminine

**GENDER IDENTITY**
- Transgender
- Transsexual
- Male
- Female
- Queer or Genderqueer
Section 2

LGBT Health
Discrimination

Uneducated providers

Barriers to care
Section 2.1

LGBT Health Disparities
Lack of Knowledge

2011 survey of medical school deans

- Less than 5 hours teaching LGBT-related health content.

- 33% provided no LGBT-related instruction during students' clinical years, which is when students receive the most hands-on training.

- 4% of schools reported not covering LGBT health at all.
WHY THE LGBT COMMUNITY NEEDS THE AFFORDABLE CARE ACT
THE DEADLINE TO ENROLL IS MARCH 31

ONE

in three low- and middle-income LGBT people are uninsured.

FOUR

in ten uninsured LGBT people face medical debt.

44%

of all LGBT people reported putting off medical care because they cannot afford it.

HELP IS HERE:
OUT2ENROLL.ORG

• You can find a plan that fits your budget.
• You may be able to get financial help to pay for your plan.
• You cannot be discriminated against based on your sexual orientation or gender identity.

Out2Enroll.org
Discrimination ≠ Health

• LGB respondents in states without protective policies were 5X more likely than those in other states to have 2 or more mental disorders.

• A study found that LGB people who had experienced “prejudice-related major life events” were 3x more likely to have suffered a serious physical health problem over the next year than people who had not experienced such events. This held true regardless of other factors, like age, gender, employment and even health history.

• In another study, after adjusting for age and race, lesbians/gays who were in physical fights or were physically assaulted had higher odds of being current smokers than their lesbian/gay counterparts who did not experience those stressors.
Question

- In most states, is it legal to fire someone for being LGBT?
It’s legal to discriminate

State Nondiscrimination Laws in the U.S.
This map was last updated on May 21, 2014

- States banning discrimination based on sexual orientation and gender identity/expression (18 states and the District of Columbia):

- Laws banning discrimination based on sexual orientation (3 states):

Note: No further updates as of June 2015
Transgender Discrimination in Healthcare

Refusal of care:
19% were refused care due to their transgender or gender non-conforming status, even higher numbers among people of color

Harassment & violence in medical settings:
28% were subjected to harassment in medical settings and 2% were victims of violence in doctor’s offices

Lack of provider knowledge:
50% of the sample reported having to teach their medical providers about transgender care
Section 2.2

LGBT Health Concerns
LG BT Health Concerns

- Tobacco
- Alcohol
- Drugs
- Mental Health
- HIV
- Cancer
LGBT tobacco disparities have been established by a series of studies over the last decade. The studies consistently show LGBT smoking prevalence is 35-200% higher than the general population. New general population data show LGBT people smoke cigarettes at rates 50% higher than others.
Too little data collection, more research is needed here.

Limited available data show being a member of multiple stigmatized groups likely creates an additive effect.

2005

- 60% of poor lesbians of color in the Bronx were current smokers.

2002

- Lesbians of color had higher rates of smoking and alcohol use than their heterosexual counterparts for all three ethnic groups: African American, Latina, and Asian-American.
2007 study from CA

- Sample sizes too small to achieve statistical significance
- Latino/as - smoke at rates 152% higher
- Black/AA - smoke 110% higher
- Asian Am/Pacific Islander - 330% higher
Too little data collection!

National Trans Discrimination Survey - rates 50% higher than general population.

Smoking rates higher if a trans person does not pass
In the 2001-9 Youth Risk Behavior Surveillance System MMWR report, current smoking for lesbian/gay/bisexual students was at a median rate of 31%, for heterosexual students it was 14%.

The NATS data showed 18-24 year old LGBT people had a prevalence rate of 35.8%, v. 23.2% for others.

Legacy’s recent young adult cohort study showed: L/G current use 35%, B current use 31%, non LGB use 22%. This study also shows us dual use is much higher for LGB people versus others. This concurs with yet another study showing a higher level of flavored cigar use for LGBT populations.
There is a long documented history of tobacco industry targeting LGBT communities.

- This started in the 1990s, continues today.
- They are good at twisting our civil rights messages to look like pro-tobacco messages.
Targeting
Whenever someone yells, “Dude, that’s so gay,” we’ll be there.
Freedom. To speak. To choose. To marry. To participate. To be. To disagree. To inhale. To believe. To love. To live. It’s all good.
Across available research, population-based studies, large cohort studies, and convenience samples, the findings stay consistent: **LGBT people have significantly higher smoking rates than the general population.**

In short, LGBT youth are smoking at the same rate the full population was in the 1980s—the tobacco control movement is 30 years behind the times in reaching LGBT people.

Unless this is countered aggressively, this disparity is poised to continue for decades to come.
IT’S TIME FOR SMOKING TO COME OUT OF THE CLOSET

1964
FIRST SURGEON GENERAL’S REPORT:
Smoking & Health establishes that smoking causes higher death rates from lung cancer, chronic bronchitis, emphysema, and cardiovascular diseases

24 additional Surgeon General’s Reports on smoking are released,

2001
Surgeon General’s report
Women & Smoking mentions LGB SMOKING DISPARITY for the first time

as a population experiencing tobacco disparities in the 50th Anniversary Surgeon General’s Report

3 MENTION LGB AND/OR T

SMOKING IS THE LGBT COMMUNITY’S BIGGEST HEALTH BURDEN

33% LGBT Population

20% U.S. Population

LGBT people smoke cigarettes at rates that are 68% HIGHER than the rest of the population.

12.3 smokers with HIV vs 5.1 non-smokers with HIV
So, few of us even understand... it’s killing us.

According to CDC, 1 million LGBT lives could be saved if we eradicated smoking from our communities.
Mental Health

Prevalence of Psychiatric Disorders in Past 12 Months

- Any psychiatric disorder
- Mood disorder
- Anxiety disorder
- Substance disorder

LGB vs. Heterosexual
Alcohol/Drugs

It is estimated that between 20-30% of LGBT people abuse substances, compared to about 9% of the general population.

Approximately 25% of LGBT people abuse alcohol, compared to 5-10% of the general population.
HIV Prevalence Estimates among Trans People

- The average prevalence for transwomen is **28%**
  - (lab-confirmed)
- 12% (self report)

- African American transwomen have the highest prevalence (56%), compared to other racial/ethnic groups.

(Herbst, et.al, 2008; Nemoto, Operario, Keatley, et.al, 2004)
Transgender Health Concerns

Snapshots of transgender life

The National Transgender Center for Equality surveyed 6,450 transgender individuals in the U.S. Full results are available at transequality.org.

- 41% can’t change their gender on their IDs
- 57% were rejected by families
- 19% have experienced homelessness
- 19% were refused medical care
- 47% have attempted suicide
Bisexual Health Concerns

45% bisexual women have considered/attempted suicide, vs. 35% bisexual men, 30% lesbians, 25% gay men, and much lower rates for heterosexual women and men.

Bisexual women 2X more likely to have an eating disorder than lesbians. Bisexual women report the highest rates of alcohol use, heavy drinking, and alcohol-related problems when compared to heterosexual and lesbian women.

Bisexual men and women report the highest rates of smoking of all orientations.
LGBT Cancer

disparities across the continuum

risk
screening
survivorship
Increased Risks

- Tobacco
- Alcohol
- Obesity
- Nulliparity
- HPV
- HIV
Decreased Screening

Mammograms
Cervical pap smears
Anal pap smears
Colonoscopies
Incidence/Prevalence
Does it matter
Why or why not?
Survivorship

LGBT PATIENT-CENTERED OUTCOMES

Cancer survivors teach us how to improve care for all

Liz Margolies, NFN SCOUT
Survivorship

THEMES

1. The history of stigma plays a role in LGBT cancer care
2. The Local Healthcare Environment Determines Our Experience
3. Disclosure is Related to Our Perceived Safety
4. Respecting Us Means Respecting Our Support Teams
5. The Pervasive Expectation of Gender Conformity Can Be Alienating To Us
6. We Need More Culturally Appropriate Support & Information
LGBT people consistently rank tobacco as 10th or 11th top health issue to affect LGBT people, yet...

- It takes more years off our lives than any other health issue.
- Approx 30% of us smoke, or 2.7M, losing an average of 10 years of each life, or 27 million years.
- We often do not understand we have a smoking disparity
- We do not understand how discrimination leads to this disparity
- We have few community resources which fight this health disparity
Preconceptions

Treating everyone the same will work for LGBT people.
Preconceptions

Treating everyone the same will work for LGBT people.

This disparity wasn’t built with equal treatment, it won’t be fixed with it.
Section 3

Reaching & Serving LGBT People
Section 3.1

LGBT Landscape
4% of U.S. population est to be LGB BT.
Which is...
There are an estimated minimum of 9 million lesbian, gay, bisexual, and trans persons in the U.S.

This is roughly equivalent to the population of the state of New Jersey.

The Census does not count LGBT people, but does count same sex couples, if we use these couples as a proxy for all LGBTs, we then know:

- LGBT people are found in all Congressional districts in the U.S.
- The number of LGBT people generally even across racial and ethnic groups.
LGBT people are racially/ethnically diverse

<table>
<thead>
<tr>
<th></th>
<th>Heterosexual</th>
<th>LGB</th>
<th>Heterosexual</th>
<th>LGB</th>
<th>Individuals in DS couples</th>
<th>Individuals in SS couples</th>
<th>Transgender</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Social Survey, 2008-2010</td>
<td>70.9% 12.4%</td>
<td>66.3% 16.9%</td>
<td>44.8% 5.3%</td>
<td>50.4% 5.3%</td>
<td>73.4% 6.6%</td>
<td>76.5% 5.0%</td>
<td>76.0%</td>
</tr>
<tr>
<td>CA Health Interview Survey, 2009</td>
<td>14.7% 35.1%</td>
<td>12.5% 7.3%</td>
<td>6.8% 7.3%</td>
<td>11.9% 6.6%</td>
<td></td>
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</tbody>
</table>

- White
- African-American
- Latino/a
- Other
- National Transgender Discrimination Survey
Section 3.2

Enhancing Welcome Through Your Programs
Best Practices

MPOWERED BEST PRACTICES

MPOWERED: Best and Promising Practices for LGBT Tobacco Prevention and Control

Identifying and Eliminating LGBT Tobacco Disparities
Promising Practices for Comprehensive Tobacco Control Programs
Sample Tobacco Report Card

<table>
<thead>
<tr>
<th>Points</th>
<th>Task Description</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.5/20</td>
<td>Needs Improvement</td>
<td>C</td>
</tr>
</tbody>
</table>

- Include LGBT community members in policy and planning for tobacco control: 1/2 points
- Monitor impact of tobacco on the LGBT population: 2/7 points
- Establish cultural competency standards for statewide tobacco control programs: 1/4 points
- Fund community-based tobacco control programs: 0/4 points
- Routinely integrate LGBT tailored efforts into larger campaigns for tobacco control: 0/2 points
- Disseminate findings and lessons learned about LGBT tobacco control: 0/1 point
- Utilize LGBT HealthLink resources in the last year: 0.5 EXTRA CREDIT POINT(S)
Is it safe for LG BT employees?

- First step in creating welcome is to get your house in order to the best of your abilities.
- Do LG BT employees feel safe coming out?
- Do LG BT employees feel safe including LG BT focus in their work?
- Do you have a mechanism for using your LG BT employees as in-house experts on this subpopulation?
- Examples: NIH, CDC
- NYC Pride
What community advisory bodies exist for DOH?

Are LGBT leadership routinely solicited for participation?

It’s important to make sure this is beyond tobacco/cancer. The higher up LGBT reps are on advisory groups, the more likely they are to want to participate.

This helps LGBT leadership identify collaboration opportunities & help enhance your programs for welcome.
Do you collect LGBT data?

- BRFSS
- YRBS
- Quitline intake
- Grantee program
- Evaluation data (grantee & internal)
- Impression data on ads
- Satisfaction surveys
- Electronic Health Records
- Cancer registry/SEER
Do you consider yourself to be gay, lesbian, bisexual, and/or transgender?

***NOTE: If respondents show concern about this question, feel free to add the following sentence: “LGBT people experience health disparities; we ask this to ensure we're serving all people equally.”

If Yes: Thanks, indicate all of the following which apply to you:

- Bisexual,
- Gay or [for a woman] lesbian,
- Queer,
- Transgender or gender variant and assigned male at birth,
- Transgender or gender variant and assigned female at birth.
Cognitive testing

- Original version cognitively tested and 100% successful.
- Has been in use and fielded by quitlines for many years now.
- After quitline feedback, we have now compensated for issues by creating this enhanced version.
- It is currently undergoing field testing at National Jewish Quitline.
According to the Gay and Lesbian Medical Association Guidelines for the Care of LGBT Patients...

“Filling out the intake form gives patients one of their first and most important impressions of your office. The experience sets the tone for how comfortable a patient feels being open about their sexual orientation or gender identity/expression.”
Do you and your grantees have guidance on how to be culturally competent for LGBT inclusion?

Do they have access to resources? (ideas in our resource section)

Here’s the simplest most elegant way to build LGBT work into all existing grantee activity:

- Ask for LGBT tailored activities in the scored section of proposals.

- Example of SAMHSA with youth suicide grants.
- Example of OSH recent RFA.
A brand new resource

HEALTH STARTS HERE.
FOR EVERYONE.

This office is proud to be LGBT-welcoming and inclusive.

Any concerns about LGBT equality at this location? Please let us know at bit.ly/lgbtwelcome

SPONSORED BY LGBT HEALTHLINK THE NETWORK FOR HEALTH-EQUITY
LGBT CBOs have invested decades into influencing local behavior change.

Accessing this expertise comes very cheap for health departments.

It’s much more efficient than trying to build new expertise in county health departments.

States have started programs with as little as $10k.
Fund community based programs?

Did you know?
LGBT people smoke at rates over 50% higher than non-LGBT people, and up to 1/2 of people who smoke die early as a result.

LGBT health matters
Learn how tobacco impacts the LGBT community.
Do your health promotional materials routinely include LGBT imagery?
Do you co-brand with LGBT trusted groups?
Do you promote through LGBT media channels?
Do you include LGBT goals in your action plans?
Do you ask your grantees for same?
Is there an LGBT needs assessment?
Does your evaluation include LGBT measures?
Routinely integrate LGBT into larger campaigns.

SMOKING OUT THE TRUTH:
TOBACCO IS DESTROYING THE LGBT COMMUNITY

In California:
- Lesbians smoke almost 3x as much as straight women.
- Gay men smoke nearly 2x as much as straight men.

More than 400,000 people die from smoking every year in the U.S.

Tobacco kills more people than other causes...combined.

LGBT Californians are exposed to secondhand smoke nearly 25% more than straight people.*

FREE nicotine patches, lozenges, and gum.
1-800-quit-now | projectfilter.org

VERMONT DEPARTMENT OF HEALTH
Customized Tips posters

We’ve taken the #Tips campaign electronic ads, made them into posters we can send you.
A TIP ABOUT SECONDHAND SMOKE

IF YOU WANT A SINGING CAREER, STAY AWAY FROM SECONDHAND SMOKE.

Ellie, Age 57
Her partner, Karen
Florida

Ellie’s severe asthma attacks were triggered by secondhand smoke at work. She and her partner have to live with its effects forever. If you or someone you know wants free help to quit smoking, call 1-800-QUIT-NOW.

CDCTips

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
www.cdc.gov/fhp

LGBT HEALTHLINK
The Network for Health Equity
www.lgbthlink.org

UN CONSEJO SOBRE EL HUMO DE SEGUNDA MANO

SI QUIERES TENER UNA CARRERA COMO CANTANTE, ALEJATE DEL HUMO DE SEGUNDA MANO.

Ellie, 57 años
Su pareja, Karen
Florida

Los graves ataques de asma de Ellie fueron provocados por el humo de segunda mano en el trabajo. Ella y su pareja deben vivir para siempre con sus efectos. Si usted o alguien que conoce necesita ayuda gratuita para dejar de fumar, llame al 1-855-DEJELO-YA.

#CDCConsejos

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
www.cdc.gov/neswsr

LGBT HEALTHLINK
The Network for Health Equity
www.lgbthlink.org
HIV alone didn’t cause the clogged artery in my neck. Smoking with HIV did.

Brian, age 45, California
And our new debut…

My Greatest Enemy Redux
And our new debut...
My Greatest Enemy Redux
And our new debut…

My Greatest Enemy Redux
Have Resources + Be Safe Haven

- Are you asking your grantees to collect LGBT resources for referrals?
- Are direct care grantees showing they are a safe haven for LGBT people, esp youth?
Are you disseminating findings?

- Example of Chicago: LGBT HP2020
- Example of Arizona: LGBT data report
- Example of New Mexico: multiple LGBT reports
- Example of CDC: including LGBT in disparity reporting routinely.

Want to splash it? Do a press release, let us help.

- Do not underestimate the value of putting the DOH imprint on a report as one way to build bridges to LGBT leadership.
Are you disseminating findings?
Section 3.3

Sample Individual Provider Strategies
Provider Strategies

1. Look to see if they are LGBT
2. Be careful with your language choices
3. Challenge your own biases, to ensure you can remain supportive
4. Watch for “scanning” or avoidance from clients
5. Do not dismiss LGBT-related stressors as being unrelated to tobacco cessation
6. Be aware of how LGBT cessation may differ from the norm
1. Look to see if they are LG BT
“Even after all these years, I know it’s still a risk every time I come out to someone, so yes, it still makes me nervous.”

Don’t make them come out repeatedly, just check the chart so you’re prepared.
2. Be careful with your language choices
Language Tips

**Do**
- Use Lesbian, gay, bisexual, or transgender
- Try to use the words they identify with (unless they make you uncomfortable)
- Use the same pronoun someone refers to themselves with
- If you mess that up, apologize quickly and move on
- Ask if you don’t know which pronoun someone prefers

**Don’t**
- Use queer or fag or dyke unless someone indicates they want it
- Forget queer started as a pejorative, but is changing for some younger people into an affirmation statement of identity.
- Forget to ask if you are unsure of anything.
- Get paralyzed with fear, jumping in with good intentions is a very powerful action!
3. Challenge your own biases, to ensure you can remain supportive.
I opened the file right as the person came in, the file listed him as Robert Cartwright, but when I asked Robert how he was doing today, he paused for a long time… then finally he said that he preferred the name “Nancy” and it would help if I could call him Nancy.
4. Watch for “scanning” or avoidance from clients
When I talked with Paula, I knew she was dating someone, but she didn’t seem to talk about that much. I asked if he smoked too and she just said yes and moved onto some other point. I knew being around smokers would impact her own smoking but she seemed unwilling to talk about who she was dating.
5. Do not dismiss LG BT-related stressors as being unrelated to health care.
While I was in the counseling session with Mark, he told me he was smoking and using drugs. He also said he’s gay and thinks some people have found out about it.
6. Be aware of how LG BT wellness & care
Evidence shows LGBT people are MORE likely to:

- Have triggers/stressors related to LGBT discrimination
- Delay/avoid/have poor healthcare
- Have lots of friends who smoke
- Get needed social support from people with additional health risk behaviors
- Feel social isolation
- Have related addictions
- Face bullying
- Be struggling with mental health problems
Evidence shows LGBT people are **LESS** likely to:

- Have school-based support
- Have birth-family support

And **NOT** likely to:

- Understand how being LGBT relates to health problems
Are your providers asking and educating about these related issues?
Section 4

Resources
Brand new resource:

healthcare
BILL OF RIGHTS
HealthcareBillOfRights.org
Brand new resource:
Weekly roundup of top LGBT health/tobacco/cancer stories in Huffington Post & YouTube.
Our Resources

- Best practices for tobacco
- Countermarketing posters
- Needs assessment model
- Sample nondiscrimination policies
- LGBT Welcoming Posters
- Coming soon: LGBT quit motivational pamphlet
- Coming soon: Cancer Action Plan
- Coming soon: Best practices for Cancer
Link with Us

Web:
http://www.lgbthealthlink.org/

Blog:
http://blog.lgbthealthlink.org/

Facebook:
LG BT HealthLink

Twitter:
@LGBTHealthLink

Youtube:
NFN Scout (I know, odd, eh?)
Questions and Answers

• Submit questions via the chat box
Save the Date

“An Introduction to Motivational Interviewing: Focus on Tobacco Use and Dependence” on Wednesday, July 22nd at 2pm ET.

CME/CEUs of up to 1.5 credits are available to all attendees of this live session. Instructions will be emailed after the webinar.

Contact SCLC for technical assistance
Contact SCLC for technical assistance

Visit us online
• http://smokingcessationleadership.ucsf.edu

Call us toll-free
• 1-877-509-3786
CME/CEU Statement

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**Nurse Practitioners 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 Credits*™ 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.

**Social Workers:** This course meets the qualifications for 1.5 hours of continuing education credit for MFTs and/or LCSWs as required by the California Board of Behavioral Sciences. If you a social worker in another state, you should check with your state board for approval of this credit.