



AGENDA ITEM: 14  
DATE OF MEETING: April 21, 2010  
ACTION:   X    
INFORMATION: \_\_\_\_\_

## **SMOKING CESSATION CONTRACT AND FUNDING APPROVAL**

### **SUMMARY OF REQUEST**

Staff requests approval to continue co-funding tobacco cessation services with the University of California, San Diego (UCSD), over three years from July 1, 2010, through June 30, 2013, for up to \$3 million. This contract will support and promote the services of the California Smokers' Helpline for pregnant women and smoking parents or caregivers of children ages 0 to 5 throughout the state.

### **BACKGROUND**

UCSD operates the California Smokers' Helpline and provides cessation counseling services in six languages at no cost to smokers throughout the state. First 5 California began its co-funding of the Helpline (with the California Department of Public Health) in February 2001 by supporting the expansion of the Helpline operations to focus on pregnant women, smoking parents, and caregivers of young children. First 5 California's target population now accounts for close to 20 percent of the Helpline's total annual call volume of approximately 40,000 with over 7,200 pregnant smokers, smoking parents, and caregivers of young children served in 2008-09.

Over the past nine years, the Smokers' Helpline has accomplished the following:

- Responded last year to approximately 40,000 calls that included over 7,200 calls from households with young children (0 to 5);
- Completed a pilot project resulting in the development and evaluation of a counseling protocol specific to the smoking parents of young children;
- Provided outreach to service providers of pregnant smokers and smoking parents of young children;
- Maintained an updated database of tobacco cessation resources in California;
- Developed prerecorded tobacco cessation messages accessible to callers when the Helpline is closed;
- Maintained the California Smokers' Helpline Web site; and
- Conducted ongoing evaluation of Helpline services used to develop appropriate and effective intervention protocols.

Over 7,200 pregnant smokers and smoking parents or caregivers of children 0 to 5 utilized the California Smokers' Helpline in 2008-09. These callers consisted of the following groups or categories:

- 4,078 callers, or 56%, received proactive, multi-session counseling.
- 58% of callers were enrolled in Medi-Cal.
- 21% had no insurance.
- 38% of callers were referred through the health care delivery system.
- 52% were of ethnic minority backgrounds.
- 15.3% of callers used one of the five non-English lines:
  - 13.7% Spanish
  - 1.6% one of four Asian language lines
- 95.4% had a child 0-5 in the household.
- 61.8% were female.
- 60.4% had a high school education or less.

### **Authority**

The California Children and Families Act (Health and Safety Code section 130105(d)) specifies that funds [tobacco tax revenues] are for expenditures for communications to the general public on subjects relating to and furthering the goals and purposes of the Act, including **the prevention and cessation of tobacco, alcohol, and drug use by pregnant women, and the detrimental effects of secondhand smoke on early childhood development (emphasis added).**

According to the Act, the State Commission shall adopt guidelines for an integrated and comprehensive statewide program that addresses the provision of prenatal and postnatal maternal health care services that emphasize prevention, immunizations, nutrition, **treatment of tobacco and other substance abuse**, and general health screenings. (Health and Safety Code section 130125 [emphasis added]).

### Strategic Plan

First 5 California's current Strategic Plan goals and objectives impacted by this request are:

#### *Goal 3* – Broaden Public Awareness

*Strategy 3.2* – Share information and messages with California's diverse populations through partnerships.

*Objective 3.2.3* – Enlist the support of at least two additional partners to increase education about the health benefits of smoking cessation.

## STAFF RECOMMENDATION

Staff recommends the Commission enter into an agreement with UCSD for up to \$3 million to fund tobacco cessation services, including the California Smokers' Helpline, for a period of three years, from July 1, 2010, through June 30, 2013.

- Research confirms that helping pregnant women quit smoking has resounding health benefits, including reducing the incidence of low-birth weight infants, premature delivery, long-term problems in infant development, and admissions to neonatal intensive care units.
- The California Children and Families Act explicitly authorizes the expenditure of Proposition 10 funds for the prevention and cessation of tobacco, alcohol, and drug use by pregnant women, and for preventing the detrimental effects of secondhand smoke on early childhood development.
- This agreement will allow the Commission to continue supporting tobacco cessation services while considering how to integrate tobacco cessation activities in the design of its new Signature Programs.

## DISCUSSION

### Adverse Smoking Outcomes

Cigarette smoking during pregnancy leads to adverse health outcomes for the child, increases the risk of health problems in newborns, and leads to negative consequences for child health and development. The California Center for Health Improvement identifies close to 1 in 11 California infants as being prenatally exposed to the danger of tobacco smoke and in California more than 1.1 million children are exposed to the dangers of secondhand smoke.<sup>1</sup>

Children exposed to secondhand smoke are at an increased risk for sudden infant death syndrome (SIDS), acute respiratory infections, ear problems, and more severe asthma. Smoking by parents causes respiratory symptoms and slows lung growth in their children. Because their bodies are developing, infants and young children are especially vulnerable to the poisons in secondhand smoke. The U.S. Surgeon General has determined there is no safe level of secondhand smoke. Exposure of nonsmokers to environmental tobacco smoke is another entirely preventable cause of significant morbidity and mortality associated with tobacco use.<sup>2</sup>

Recent studies have focused on the existence and impact of "thirdhand smoke." These studies are recognizing that tobacco smoke contamination lingers on indoor surfaces after

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<sup>1</sup> California Department of Public Health, Tobacco Control Section. *Smoking During Pregnancy*, August 2006.

<sup>2</sup> U.S. Department of Health and Human Services, A Report of the Surgeon General. *The Health Consequences of Involuntary Exposure to Tobacco Smoke*. 2006.

a cigarette is extinguished. Particulate matter from smoke, with its toxic residue of chemicals including compounds classified as Group 1 carcinogens, can then be transferred to clothing, hair, or be ingested by children playing with toys. Similar to low-level lead exposure, low levels of tobacco particulates have been associated with cognitive deficits among children, and the higher the exposure level, the lower the reading score.<sup>3</sup>

UCSD strongly encourages Helpline callers to maintain a smoke-free home environment. They also stay abreast of the scientific evidence on secondhand and thirdhand smoke to help callers make informed, healthy choices for themselves and their families. Behavioral changes, such as implementing an indoor home smoking ban or simply changing clothing, can reduce or eliminate the exposure of children to secondhand and thirdhand smoke.

### An Evidence-based Approach

Citing the implementation of a national network of quitlines, the U.S. Public Health Service's Clinical Practice Guideline recommends quitlines as a chief strategy for helping smokers quit. Quitlines significantly increase abstinence rates compared to minimal or no counseling interventions.<sup>4</sup> California's Smokers' Helpline has served as a model for quitlines that are now operating in all 50 states and Canadian provinces, most European countries, Australia, New Zealand, and parts of Asia and Latin America.<sup>5</sup>

The California Smokers' Helpline provides an evidence-based approach to tobacco cessation that includes individual assistance to callers wanting to quit smoking or using other tobacco products. Helpline services include telephone intake conducted by counselors trained to assess the caller's intention and readiness to quit tobacco use. Counselors receive extensive training on Helpline protocols, ongoing supervision, and continuing education on new developments in smoking cessation research.

Callers not ready to quit receive motivational materials, referrals to local cessation services, and encouragement to call back when ready to quit. Callers ready to quit choose a self-help kit or the kit and counseling. The counseling provided is a modified version of the structured protocol effective in a previous randomized trial on telephone counseling for smoking cessation. The protocol includes motivational interviewing for inducing behavior change and covers preparing to quit and maintaining abstinence. Each caller receives one call prior to quitting and up to three calls afterward. Follow-up calls are scheduled in a relapse-sensitive manner that provides smokers with help when they are most likely to relapse.

### Evaluation Results

The following graph shows the relapse curves for callers who receive counseling versus callers who do not receive counseling. As noted above, approximately 55 percent (4,078)

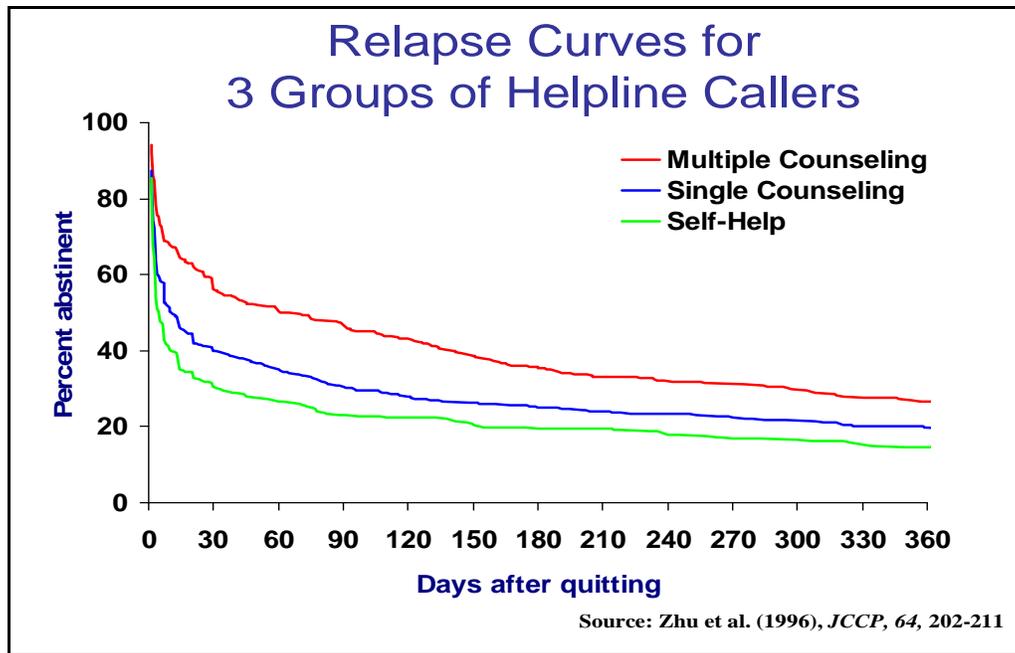
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<sup>3</sup> Winickoff, MD, Jonathan P., MPH, Friebely, Joan, EdD, et.al. "Beliefs About the Health Effects of 'Thirdhand' Smoke and Home Smoking Bans." *Pediatrics*, January 2009.

<sup>4</sup> U.S. Department of Health and Human Services, Public Health Service. *Treating Tobacco Use and Dependence, Clinical Practice Guideline, 2008 Update*, p. 91.

<sup>5</sup> U.S. Department of Health and Human Services, Center for Disease Control and Prevention, *Telephone Quitlines: A Resource for Development, Implementation, and Evaluation*, Appendix I, September 2004.

of the callers from the First 5 California target population agreed to a quit attempt and took part in the multi-session counseling protocol.



In 2003, UCSD completed a study on pregnant smokers to determine whether telephone counseling would lead to the success achieved in a prior study on the general adult smoking population.

Of those who made quit attempts, the abstinence rates of the counseling group compared to the self-help group over key time periods are highlighted below. These data provide strong evidence of the success of the Helpline’s pregnancy-specific telephone counseling.

	<u>3<sup>rd</sup> Trimester</u>	<u>2 mo. postpartum</u>	<u>6 mo. Postpartum</u>
Counseling group	30.4%	30.7%	29.8%
Self-help group	18.0%	13.8%	18.5%

Conclusion

The proposed UCSD contract would continue providing effective, evidence-based assistance to pregnant smokers, smoking parents, and caregivers of young children. Currently, the Helpline is the only ongoing tobacco cessation activity funded by First 5 California.

**FISCAL HISTORY**

First 5 California originally funded the California Smokers’ Helpline in January 2001 for 3.5 years (1/1/01 - 6/30/04) in the amount of \$3 million. Subsequently, the Helpline agreement has been amended several times to reflect the time period of January 1, 2001, through June 30, 2010, with the maximum agreement amount of \$8.1 million (approximately \$1 million each year).

Each amendment extended the term of the agreement and/or augmented funding to continue delivery of tobacco cessation services for pregnant smokers, smoking parents, and caregivers of young children throughout the state and other related services, or made revisions to the budget with no increase in cost.

## **FISCAL IMPACT**

This \$3 million request is to continue funding at the existing level of service for a three-year period. The Helpline is a cost-effective approach to providing tobacco cessation services in multiple languages to a variety of ethnic groups from diverse and underserved populations and socio-economic levels. The Helpline approach provides services to residents in all 58 counties at no cost to the individual.

The Helpline is currently at capacity, and demand for service in 2010 and beyond is projected to be at least as great as current demand. A funding decrease will result in cuts to staffing which would preclude callers from receiving tobacco cessation services. Similarly, if there were an increase in tobacco cessation media campaigns or outreach to smokers and referrals to the Helpline, call volume would increase, further impacting the Helpline's ability to serve callers.

## **ALTERNATIVE CONSIDERED**

**Alternative: Allow the UCSD Smokers' Helpline agreement to expire.**

### **Pros**

- Would result in an annual cost savings of \$1 million.
- Would allow First 5 California staff additional time to develop Signature Programs that integrate Helpline assistance with public outreach and education services in early learning environments and systems of care.

### **Cons**

- Would cause a gap in continuity of the implementation of Proposition 10 specific to tobacco cessation pending completion of Signature Program development.
- Would reduce the capacity of the Helpline to serve pregnant smokers and smoking parents of young children, of which over 7,200 were served in the last fiscal year alone.
- Would cause the Helpline to lay off counseling staff who are trained to assess and counsel smokers to quit and who could not easily be recalled at a later date if First 5 California were to elect to enter into a new agreement for Smokers' Helpline services.

**FUNDING REQUEST FISCAL DETAIL**

Title of Request:	Smoking Cessation Contract Renewal and Funding Approval				<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Program Disbursement <input type="checkbox"/> Special Disbursement	
Amount of Current Agreement:	Up to	\$8,100,000	Expenditures to Date:	\$7,800,226		
Current Term of Agreement:	1-01-01	Through	6-30-10			
		Fiscal Year Detail				
		FY09-10	FY 10-11	FY 11-12	FY 12-13	
New Amount Requested:	Up to	\$3,000,000	\$1,000,000	\$1,000,000	\$1,000,000	
Total Amount of Agreement:	Up to	\$3,000,000				
Proposed Funding Term:	7-1-10	Through	06-30-13			
First 5 California Account Name:	Unallocated	Account Number	0639	Fund Availability Confirmed	<input type="checkbox"/> Yes By: _____	
Statutory Purpose: Health and Safety Code 130105(d)(1)(F)	Expenditure by State Commission for tobacco cessation as described in Health and Safety Code sections 130105 and 130125.					
Do our funds leverage others?	<input type="checkbox"/> Yes (explain) <input checked="" type="checkbox"/> No	Commission Funds	Leveraged Funds	Total Funds		
Explanation:						
Key Deliverable Descriptions					Deliverable Date	
Semi-Annual report detailing efforts at targeting education and outreach to pregnant women and smoking parents and caregivers of young children, and increasing referrals to the Helpline. Identifies the number of targeted callers who receive intake services and of those, how many were ready to quit, were not ready to quit, received a self-help quit kit and/or counseling and past quit attempts.					One month after the end of each six-month period. (1/31/11, 7/31/11, etc.)	
Monthly call volume report summarizes information on the characteristics of callers, including demographic information, referral source, insurance status, pregnancy status, presence of children ages 0-5 in the home, County of residence, language, ethnicity, education, gender, age, etc.					Two weeks after the end of each month.	