



AGENDA ITEM: 10
DATE OF MEETING: April 25, 2013
ACTION: X
INFORMATION: _____

SMOKING CESSATION CONTRACT AND FUNDING APPROVAL

SUMMARY OF REQUEST

Staff requests approval to fund the University of California, San Diego (UCSD) to continue providing tobacco cessation services and related outreach over a 3-year period from July 1, 2013, to June 30, 2016, for up to \$4.2 million, through the California Smokers' Helpline. This contract will support continued Helpline services for pregnant smokers, smoking parents, and caregivers of children ages 0 to 5 throughout the state.

BACKGROUND

UCSD has continuously operated the California Smokers' Helpline since 1992, providing evidence-based tobacco cessation services in six languages at no cost to smokers throughout the state. First 5 California began co-funding the Helpline with the California Department of Public Health in January 2001 by supporting the expansion of Helpline operations to the First 5 California-targeted population: pregnant women and smoking parents and caregivers of young children.

The first UCSD contract was amended several times and finally ended June 30, 2010. The current contract, for \$1 million each year, began July 1, 2010, and is set to end June 30, 2013.

UCSD operates the California Smokers' Helpline, a leading edge telephone-based tobacco cessation program. It is open Monday through Friday, 7 am to 9 pm, and Saturdays and Sundays, 9 am to 5 pm. Its services are available at no cost to callers in English, Spanish, Mandarin, Cantonese, Korean, and Vietnamese. Most callers are smokers or other tobacco users who want help to quit. Services begin with a brief, approximately 7-minute intake interview in which contact, demographic, and insurance information are collected, along with the basic facts about the caller's use of tobacco and choice of services. Also, during this call, based on answers to questions about age and family makeup, the caller is identified as falling within the First 5 California-targeted population.

Following intake, callers participate in a pre-quit counseling session with a trained tobacco cessation counselor that typically lasts about 30 minutes and helps them prepare to quit. Subsequent counseling sessions are initiated by counselors and are usually shorter, about 10 minutes each. These sessions help participants to avoid relapse or, if they have relapsed, to make a new quit attempt.

Other services may include a mailed packet of self-help materials, referral to local cessation programs, or an extensive menu of recorded, supportive messages available to after-hours callers. The Smokers' Helpline may also provide callers with a certification of participation in Helpline services to help them obtain quitting aids through their health insurance. For certain groups of callers, but not yet including First 5 California-targeted callers, the Helpline has also made arrangements to deliver free nicotine patches to their homes as an adjunct to telephone counseling.

In the first 2.5 years of the current contract, UCSD has:

1. Maintained staffing and telecommunications infrastructure to operate a multilingual Helpline, currently open 86 hours a week.
2. Provided intake services, including mailed materials and referral to local programs, for 15,639 pregnant smokers and tobacco-using parents or caregivers of children ages 0-5, or about 521 per month on average.
3. Provided further evidence-based, multi-session counseling to 10,739 participants, or about 358 per month on average.
4. Conducted 7-month follow-up evaluation calls with 1,414 participants selected at random; outcome data have shown high levels of satisfaction with services received and quit rates comparable to previously published results of randomized, controlled trials demonstrating the efficacy of the Helpline's protocols.
5. Developed an online training module on tobacco and secondhand smoke for child care providers and pre-school teachers, available in English and Spanish; during this period the training was taken by 5,224 participants in the CARES Plus Program and others.
6. Collaborated with many organizations to promote Helpline services, including the American Academy of Pediatrics; Women, Infants, and Children (WIC) Program; California WIC Association, California Teratogen Information Service, Partnership for Smoke-Free Families, Children's Hospital Oakland, Sutter Health, and First 5 Commissions in Alameda, Alpine, Butte, Lassen, Mono, Nevada, San Benito, San Bernardino, San Diego, San Joaquin, San Mateo, Santa Barbara, Shasta, Sutter, Tehama, Yolo, and Yuba Counties. The Smokers' Helpline received 3,021 fax referrals from partners.
7. Exhibited and/or presented at numerous meetings and conferences, including the Annual California SIDS Program Conference, First 5 Association Staff Development Summit, California Head Start Association Annual Education Conference, March of Dimes Statewide Annual Conference, and others.
8. Launched a print and digital marketing campaign targeting children's and women's health providers, with an estimated 300,000 gross impressions throughout the state.

Of the 15,639 First 5 California-targeted callers who used Helpline services during this 2.5-year period:

- 6.1% were pregnant, and 96.2% had a child 0-5 in the household; 2.3% were both pregnant *and* had a child age 0-5.
- 61.2% were female.
- 78.3% were under 45 years old.

Helpline services are reaching many groups who are disproportionately affected by tobacco use or who are underserved by other cessation programs. In the same 2.5-year period:

- Over half of First 5 callers were of ethnic minority backgrounds, including 21.4% Hispanic/Latino, 17.4% African American, 2.8% Asian American/Pacific Islander, 1.1% American Indian, and 9.6% who considered themselves multiracial.
- 9.2% used one of the Helpline's non-English lines to access service, including 7.9% who used the Spanish line and 1.3% who used one of the Asian lines.
- 60.0% were Medi-Cal members and 5.6% had other government insurance; 10.9% had private insurance, and 20.9% had no insurance at all.
- 57.0% had a high school education or less; only 6.3% had a college degree.

First 5 California-targeted callers during this period came from all over California, including 57 of the state's 58 counties.

As a sign of the Helpline's success in developing referral relationships with providers and others in the community, over half of First 5 California-targeted participants were personally encouraged to use the Helpline by others, including 42.0% who were referred by a health care provider. Referrals by pediatricians, obstetricians, and other health care providers indicate continuing engagement by the health care delivery system. This is a strong foundation on which to build a more comprehensive campaign to reach First 5 California-targeted families through the health care providers who treat them.

AUTHORITY

The California Children and Families Act of 1998 (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, nutrition, **treatment of tobacco and other substance abuse**, and general health screenings, and treatment services not covered by other programs. (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.

Objective 3.2.4. – Enlist the support of at least two partners to increase parent education.

STAFF RECOMMENDATION

Staff recommends that the Commission enter into a new agreement with UCSD for up to \$4.2 million over three years to continue providing tobacco cessation services through the California Smokers' Helpline. This contract would augment its service offerings to the First 5 California-targeted population with no-cost nicotine patches for eligible callers (those for whom nicotine replacement therapy is deemed appropriate), and to expand upon its current outreach campaign for a period of three years, from July 1, 2013, through June 30, 2016.

- 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 recommended enhanced services will support the research showing that the most effective smoking cessation services and therapy include the provision of nicotine patches to increase the quitters' success rate.
- Research also indicates that eliminating childhood exposure to secondhand smoke reduces the risk of Sudden Infant Death Syndrome (SIDS), acute respiratory infections, ear problems, and severe asthma.
- 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 critical infrastructure for providing evidence-based tobacco cessation services and outreach, as well as for online training on tobacco and secondhand smoke for CARES Plus and Child Signature Program (CSP) participants, including a parent education component.

DISCUSSION

Adverse Smoking Outcomes

Cigarette smoking during pregnancy increases the risk of health problems in newborns and leads to negative consequences for child health and development. The California Center for Health Improvement reports that about 1 in 11 California infants are exposed to tobacco prenatally, and that more than 1.1 million California children are exposed to secondhand smoke.¹

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 an entirely preventable cause of significant morbidity and mortality.²

Recent studies have focused on the existence of, and impact from, “thirdhand smoke.” These studies recognize that tobacco smoke contamination lingers on indoor surfaces after cigarettes are extinguished. Particulate matter from smoke contains a toxic residue of chemicals, including compounds classified as Group 1 carcinogens. These toxins can then be transferred to clothing and hair or be ingested by children playing with contaminated 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.³

The Helpline strongly encourages 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.

An Evidence-based Approach

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 they are ready to quit. Callers prepared to quit choose a self-help kit or the kit and counseling. Each caller receives one call prior to quitting and up to four calls afterward. Follow-up calls are scheduled in a relapse-sensitive manner that provides smokers with help when they are most likely to relapse. Counselors

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

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

³ 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.

employ strategies of Motivational Interviewing for inducing behavior change and maintaining abstinence.⁴

The Helpline's counseling protocols have been validated in large, randomized controlled trials with various populations, including English and Spanish speaking adult smokers,⁵ a similar real world sample,⁶ pregnant smokers,⁷ and Asian language speaking smokers.⁸ These trials have consistently demonstrated that Helpline counseling roughly doubles the odds of successful long-term quitting. Participants in a more recent Helpline trial were randomly assigned to receive either counseling or self-help materials, and to have active nicotine patches, placebo patches, or no patches sent to their home. The trial demonstrated that Helpline counseling, the act of sending patches (whether active or placebo), and the active patches themselves all increase the odds of success (unpublished).

Citing the Helpline's work, the U.S. Public Health Service Clinical Practice Guideline, *Treating Tobacco Use and Dependence*, recommends quitlines (the generic term for smokers' helplines) as a chief strategy for helping smokers quit, concluding that they significantly increase abstinence rates compared to minimal or no counseling interventions.⁹ The California Smokers' Helpline has served as a model for quitlines that are now operating in all states and Canadian provinces, most European countries, Australia, New Zealand, and parts of Asia and Latin America.¹⁰

Treatment for tobacco cessation provides a strong return on investment (ROI). According to the National Business Group on Health (NBGH), "Tobacco treatment is one of the most cost-effective preventive services. If brief counseling and therapy (including over-the-counter cessation aids) were offered to all smokers, it could save \$3 billion in medical care costs annually in the United States."^{11,12,13} *The Smoking Prevalence, Savings, and Treatment (SmokingPaST) Framework* describes the mathematical relationships among several factors contributing to the rates of smoking and cessation and the associated costs and benefits. According to the developers of the *SmokingPaST*, "Given that the medical

⁴ Zhu S-H, Tedeschi G, Anderson CM, Pierce JP (1996). Telephone counseling for smoking cessation: what's in a call? *Journal of Counseling and Development*, 75, 93-102.

⁵ Zhu SH, Stretch V, Balabanis M, et al. 1996. Telephone counseling for smoking cessation: Effects of single-session and multiple-session intervention. *Journal of Consulting and Clinical Psychology*, 64, 202-211.

⁶ Zhu SH, Anderson CM, Tedeschi G, et al. 2002. Evidence of real-world effectiveness of a telephone quitline for smokers. *New England Journal of Medicine*, 347, 1087-1093.

⁷ Zhu S-H, Cummins SE, Anderson CM, Tedeschi GJ. 2003. Telephone-based cessation intervention for pregnant smokers: results of a large randomized trial. Presented at the 12th World Conference on Tobacco or Health. Helsinki.

⁸ Zhu SH, Cummins SE, Wong S, Gamst, et al. 2012. The effects of a multi-lingual quitline for Asian smokers: a randomized trial. *Journal of the National Cancer Institute*, 104, 299-310. doi: 10.1093/jnci/djr530.

⁹ U.S. Department of Health and Human Services, Public Health Service. *Treating Tobacco Use and Dependence, Clinical Practice Guideline, 2008 Update*, p. 91.

¹⁰ 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.

¹¹ National Business Group on Health. Tobacco: the business of quitting--an employer's website for tobacco cessation. Available at <http://www.businessgrouphealth.org/tobacco/return/index.cfm>. Accessed Feb. 28, 2013.

¹² Campbell KP, Lanza A, Dixon R, Chattopadhyay S, Molinari N, Finch RA, editors. *A purchaser's guide to clinical preventive services: moving science into coverage*. Washington, DC: National Business Group on Health; 2006.

¹³ Partnership for Prevention. *Priorities for America's health: capitalizing on life-saving, cost-effective preventive services*, 2006. Summary available at: <http://www.prevent.org/data/files/initiatives/summaryofthe2006studyforthemedial.pdf>. Accessed Feb. 28, 2013.

cost savings secured by employers and state and federal governments far exceeds the cost of treatment, it makes fiscal sense for these entities to cover the cost of the most effective treatment services.”¹⁴

Evaluation Results

In 2003, UCSD conducted a study with pregnant smokers to determine whether telephone counseling would lead to the same success achieved in other Helpline studies, in which counseling roughly doubled the rate of quitting success. The abstinence rates of the counseling group compared to the self-help group over key time periods are highlighted below.

This data provides strong evidence of the success of the Helpline’s pregnancy-specific telephone counseling:

	<u>3rd 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%

As stated earlier, a more recent Helpline trial has demonstrated that Helpline counseling and nicotine patches independently increase the odds of success (unpublished). Interestingly, it has also shown that the act of sending patches directly to participants improves outcomes, even if they are placebo patches. This shows the power of removing barriers to treatment in motivating smokers to make a quit attempt (e.g., the expense and effort of obtain quitting aids through local channels). As expected, those in the study who were randomly assigned to the condition of telephone counseling plus active patches did the best of all. In fact, compared to those who received telephone counseling but no patches, their outcomes were about 35% better.

With these important findings, First 5 California staff propose to augment the Helpline’s service offerings by screening all First 5 California-targeted callers for eligibility to receive a free four-week kit of nicotine patches. Through its activities funded by other agencies, the Helpline has acquired ample experience in screening callers for possible contraindications to nicotine replacement therapy (e.g., pregnancy) and coordinating with their physicians to obtain MD approval for patch use. The Helpline also follows established protocols for dosing patches correctly. All patches are OTC (over-the-counter), are purchased in bulk at competitive prices, and are stored in a climate controlled, secure environment. By providing funding for patches, the Commission will ensure that First 5 California-targeted callers have access to the same high level of service that has been shown to lead to improved outcomes for other groups of Helpline callers that already enjoy this benefit.

Reaching Smokers Through Pediatricians

The Clinical Effort Against Secondhand Smoke Exposure (CEASE) program offers cutting-edge strategies for integrating evidence-based tobacco screening and cessation

¹⁴ O’Donnell MP, Roizen MF. 2011. The SmokingPaST Framework: illustrating the impact of quit attempts, quit methods, and new smokers on smoking prevalence, years of life saved, medical costs saved, programming costs, cost effectiveness, and return on investment. *American Journal of Health Promotion*, 26, e11-e23.

assistance into pediatric practice.¹⁵ Developed by Jonathan Winickoff, MD, MPH, a national expert on methods for reducing childhood exposure to secondhand smoke, CEASE offers a set of demonstrated strategies for engaging smoking parents. Video demonstrations of these techniques are available at www.ceasetobacco.org.

In partnership with the Helpline, the CEASE program has already been implemented by Childrens' Hospital Oakland, which in recent years has made this hospital the most productive organization in the state with respect to generating fax-referrals to the Helpline, with over 500 to date. Based in part on this success, the American Academy of Pediatrics (AAP) has funded a pilot project to expand the program to five additional practices in Alameda County. Leadership of AAP-California are enthusiastic about the possibility of making CEASE available to children's hospitals and pediatric practices statewide. If funded at the requested level, this agreement will allow First 5 California staff and the Helpline to build upon their successful past efforts to engage health care providers. This would increase their coordination with pediatricians, who have a unique opportunity to address family smoking and can be most effective by adapting evidence-based tobacco cessation counseling strategies for visits in the pediatric setting.

Conclusion

The proposed UCSD contract would ensure that effective, evidence-based help to quit smoking continues to be available to pregnant smokers and smoking parents and caregivers of young children. Currently, the Helpline is the only ongoing tobacco cessation activity funded by First 5 California. Adding nicotine patches to the menu of Helpline services will significantly improve outcomes for eligible First 5 California-targeted callers, and additional coordination with pediatricians statewide will help to reduce the problem of childhood exposure to secondhand smoke, increase awareness of Helpline services, and generate referrals.

FISCAL IMPACT

This \$4.2 million request is to continue funding UCSD to provide services through the California Smokers' Helpline for a three-year period. The Helpline is a cost-effective approach to providing tobacco cessation services in multiple languages to diverse and underserved populations, especially the most vulnerable, those of low socio-economic status. The Helpline approach makes evidence-based services available to all California residents at no cost to the individual.

Services to be provided in the proposed agreement include intake and proactive, multi-session telephone counseling per existing protocols. The Helpline will also continue to assist the First 5 Signature Programs by providing online training on tobacco and secondhand smoke to program participants, and will continue to partner with First 5 county commissions and other organizations to promote tobacco cessation and referrals to the Helpline. New services to be provided include assessing callers for eligibility to receive nicotine patches as an enhancement to telephone counseling, and systematic engagement

¹⁵ Hall N, Hipple B, Friebely J, Ossip DJ, Winickoff JP. Addressing Family Smoking in Child Health Care Settings. *J Clin Outcomes Manag.* 2009 Aug;16(8):367-373.

with pediatricians statewide to proactively refer the smoking parents and caregivers of their pediatric patients ages 0-5 to the Helpline.

The proposed increase in the Helpline's annual budget relative to the budget in the current contract, is earmarked primarily for these new activities, including \$600,000 over three years to provide nicotine patches to approximately 10,300 members of the First 5 California target audience. It would also provide \$600,000 over three years for a coordinated campaign of engagement with five children's hospitals and multiple pediatric practices statewide, following the CEASE model described above.

Operating costs have increased since the current contract was executed in 2010. For example, the Helpline has experienced modest salary increases and more substantial increases in the cost of health insurance and other staff benefits. However, each year the Helpline implements new measures to increase productivity and efficiency. Counselors now spend more time with clients, serve a greater number of clients, and complete more sessions per client. Continuous process improvements help to mitigate the effect of inflation on Helpline operating costs.

The current request does not allocate additional funds for existing services, or to serve a larger number of the First 5 target audience. Rather, it allocates additional funds for the new service of providing nicotine patches, and for the new outreach campaign targeting pediatricians. It is anticipated that these new activities will indeed increase demand for service by the First 5 California target audience. However, it is also anticipated that the increase in demand will be offset by the diversification of the Helpline's funding sources.

Demand for Helpline services in 2013 and beyond is projected to be at least as great as recent demand. A funding decrease would result in cuts to staffing which would preclude callers from receiving tobacco cessation services. Continued funding with no increase would preclude the expansion of Helpline services and outreach.

Summary of implementation costs:

- \$1.2 million annually for direct services to pregnant smokers and smoking parents or caregivers of children 0-5, including intake, mailed materials, referral to local programs, behavioral counseling, and nicotine patches for eligible callers.
- \$200,000 annually for outreach to health care and social service organizations, including First 5 county commissions, First 5 Signature Program participants, and children's hospitals and pediatric practices statewide, in partnership with the American Academy of Pediatrics-California.

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	\$3,000,000	Expenditures to Date:	\$2,373,303		
Current Term of Agreement:	7-01-10	Through	6-30-13			
		Fiscal Year Detail				
		FY12-13	FY 13-14	FY 14-15	FY 15-16	
New Amount Requested:	Up to	\$4,200,000	\$1,400,000	\$1,400,000	\$1,400,000	
Total Amount of Agreement:	Up to	\$4,200,000				
Proposed Funding Term:	7-1-13	Through	6-30-16			
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: This contract will support the California Children and Families Commission duties and responsibilities under the California Health and Safety Code to provide smoking cessation education and services in partnership with the California Department of Public Health.						
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.	