



AGENDA ITEM: 9
DATE OF MEETING: January 28, 2016
ACTION: X
INFORMATION: _____

CALIFORNIA SMOKERS' HELPLINE

SUMMARY OF REQUEST

Staff requests authorization of funds up to \$5,600,000 over a four-year period to continue providing tobacco cessation services and related outreach 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 California. The four-year period will begin July 1, 2016, and end June 30, 2020.

BACKGROUND

Secondhand and thirdhand smoke can lead to adverse health outcomes for children. 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 tobacco in utero are at increased risk for adverse health outcomes, such as low birth weight, sudden infant death syndrome (SIDS), childhood obesity, and childhood leukemia. Exposure of young children to parental smoking causes acute respiratory infections, ear problems, and more severe asthma. 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 exposure to secondhand smoke. Exposure of nonsmokers to environmental tobacco smoke is an entirely preventable cause of significant morbidity and mortality.²

Recent studies also have focused on "thirdhand smoke," or the contamination from smoke that 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

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.

tobacco particulates have been associated with cognitive deficits among children and the higher the exposure level, the lower the reading score.³

In an effort to combat the ill effects of smoking, the University of California San Diego (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 California Smokers' Helpline is a leading edge telephone-based tobacco cessation program operated seven days a week. Callers receive evidenced-based, multi-session counseling, self-help materials, encouragement to access the Helpline website's extensive supportive quit materials, an automated text messaging program, and a menu of recorded, supportive messages available after-hours to callers. During the current contract period (Fiscal Years (FY) 2013–16), First 5 California-targeted callers came from all over the state, including 57 of 58 counties.

During the current contract, First 5 California began funding two new strategies: nicotine replacement therapy (NRT) and reaching smokers through pediatricians. The Helpline began providing NRT as an adjunct to telephone counseling to the First 5 California targeted population. Eligible callers receive a free four-week kit of NRT, with refills available for those who are actively making progress with quitting. Additionally, outreach targeting pediatricians to disseminate the Clinical Effort Against Secondhand Smoke Exposure (CEASE) intervention was initiated. CEASE offers a set of demonstrated strategies for engaging smoking parents. In the current contract, the Helpline has expanded CEASE to 130 additional sites in southern and central California. As a result of the CEASE intervention, the rate of prescribing NRT to smoking parents of pediatric patients doubled at participating sites, and 518 parents accepted a direct referral to the Helpline (plus an additional 176 through AAP-funded sites in Northern California).

An Evidence-based Approach

The Helpline's counseling protocols have been validated in large, randomized controlled trials with various populations, including English and Spanish speaking adult smokers,⁴ a similar real world sample,⁵ pregnant smokers,⁶ and Asian language speaking smokers.⁷ These trials have consistently demonstrated that Helpline counseling roughly doubles the odds of successful long-term quitting. In the trial with pregnant smokers specifically, the

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.

⁴ 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.

⁵ 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.

⁶ 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.

⁷ 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.

smoking abstinence rate at six months postpartum was 30.7 percent in the counseling group compared to 13.8 percent in the self-help group. These results, and the Helpline's ongoing evaluation of a random sample of all participants, give confidence that Helpline services remain effective.

Participants in another Helpline trial conducted from 2009 to 2010 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 homes. This trial demonstrated that Helpline counseling, the act of sending patches (whether active or placebo), and the active patches themselves all increased the odds of quitting success. As expected, participants who were randomly assigned to the condition of telephone counseling plus active patches were most successful. In fact, compared to those who received telephone counseling but no patches, their outcomes were about 35% better (unpublished). These results confirm that sending NRT to Helpline participants confers an additional benefit above and beyond that of counseling.

In addition to conducting its own tobacco cessation research, the Helpline also stays abreast of scientific developments in the field, including emerging evidence on secondhand and thirdhand smoke, e-cigarettes, and other new tobacco products to help callers make informed, healthy choices for themselves and their families.

Authority

Financial support of the California Smokers' Helpline falls within the intent of the California Children and Families Act of 1998 and First 5 California's Strategic Plan:

- 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.**

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.

- First 5 California's Strategic Plan, adopted by the Commission at its January 2014 meeting, supports the System and Network Strategic Priority Area. Objective 2.2 directs staff to "Provide increased support to service providers with the dissemination of resources to support children prenatal through age 5 and their families."

PROPOSAL

This \$5.6 million request is to continue funding UCSD to provide services through the California Smokers' Helpline for a four-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 of low socio-economic status (SES). 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; assessing callers for eligibility to receive nicotine patches as an adjunct to telephone counseling; and systematic engagement with children's hospital providers statewide to intervene with smoking parents and caregivers of patients ages 0 to 5 with referrals to the Helpline. The Helpline also will assist First 5 IMPACT (Improve and Maximize Programs so All Children Thrive) by making its online training on tobacco and secondhand smoke available, and will continue to partner with First 5 county commissions, the First 5 Association, and related organizations to promote tobacco cessation and referrals to the Helpline.

Funding at the requested level will allow the Helpline to build upon its current efforts to engage healthcare providers by focusing CEASE outreach on children's hospitals with large, diverse, and low-SES patient populations. By targeting children's hospitals, outpatient pediatric practices associated with the hospitals as well as inpatient families with children 0 to 5 will be reached. For this effort, the Helpline will target children's hospitals associated with the University of California health systems, which already have adopted bidirectional, fully electronic referral to the Helpline, with the goals of:

- Incorporating screening for childhood secondhand smoke exposure into the electronic health record (EHR)
- Enabling e-referral of household smokers to the Helpline
- Training pediatric providers in inpatient, outpatient, and emergency settings on its use

Building secondhand smoke exposure screening and e-referral of household smokers directly into the EHR may provide the best opportunity to achieve sustainable systems change in pediatric settings.

Electronic cigarette (e-cigarette) use by Helpline callers has increased dramatically in recent years. The Helpline has been carefully monitoring the developing scientific evidence and gathering data from all callers on their experimentation with these products. Most callers who have tried e-cigarettes are either dual users (frequently using both cigarettes and e-cigarettes) or primarily smokers. A small subset of callers use the Helpline specifically for help to quit "vaping" (i.e., using e-cigarettes rather than combustible tobacco). The Helpline's counseling protocols have not yet been scientifically validated with participants who wish to quit vaping. Given the similarity in nicotine delivery between the two products, and the behavioral similarity between smoking and vaping, it is likely that

telephone counseling, already proven to double the quit rates of smokers, would also benefit e-cigarette users who want to quit. For that reason, the Helpline uses an adapted version of its smoking cessation protocol to serve this population.

In the proposed new contract, the Helpline will continue to monitor the evidence on e-cigarettes, assess callers' use of these products, and help users who want to quit with an adapted version of the smoking cessation protocol. The availability of free counseling for this population will be posted on the Helpline website.

The Helpline also will develop materials to educate parents and caregivers on the danger to young children of e-cigarette cartridges and "e-juice" (liquid nicotine), and the importance of storing and discarding them in a safe manner. These materials will be posted on the Helpline website and disseminated as part of its outreach to healthcare providers.

STAFF RECOMMENDATION

Staff recommends the Commission authorize funding of up to \$5,600,000 over a four-year period to continue support of the California Smokers' Helpline, which includes funding of NRT directed to the First 5 California target population, and continuation of the CEASE model targeted to pediatricians. Continued funding would maintain Helpline service offerings to the First 5 California-targeted population, including intake, mailed materials, multi-session counseling, and nicotine replacement therapy for eligible callers (those for whom NRT is deemed appropriate). It also will build upon its current outreach campaign directed to pediatricians. Funding will come from the Unallocated Account.

The current request does not allocate additional funds for existing services, or serve a larger First 5 target audience. Rather, it allocates funding at the current level to ensure First 5 California-targeted callers continue to have access to the same high level of service shown to lead to improved outcomes by Helpline callers. The proposed UCSD contract would ensure 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. Sustained funding of the Helpline to provide nicotine patches will continue to 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. Demand for Helpline services in 2016 and beyond is projected to be at least as great as in recent years.

ATTACHMENT

A. California Smokers' Helpline Funding Request



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California Smokers' Helpline Funding Request



What are the Dangers of Smoke Exposure on Children?

Exposure to tobacco smoke can lead to negative consequences for child health and development.

Cigarette smoking during pregnancy causes pregnancy complications and increases the risk of health problems in newborns.

- One in 11 California infants are exposed to tobacco prenatally.

Exposure to low levels of tobacco particulates are associated with cognitive deficits and lower reading scores in children.

- More than 1.1 million California children are exposed to secondhand smoke.

What are the Dangers of Smoke Exposure on Children?

Exposure to tobacco can have devastating effects on children's health.

- Exposure in utero increases the risk of:
 - Low birth weight
 - Sudden Infant Death Syndrome (SIDS)
 - Childhood obesity
 - Childhood leukemia
- Exposure during childhood can cause:
 - Acute respiratory infections
 - Ear problems
 - Increased severity of asthma



History of the California Smokers' Helpline

The California Smokers' Helpline has been in existence since 1992 through funding from the California Department of Health Services. (now the CA Department of Public Health)

Evidence-based tobacco cessation services are provided in six of the most prevalent languages spoken in California.

Live service is provided seven days a week with a web-portal available 24 hours a day.

All tobacco cessation services are provided at no cost to smokers.

Currently 50 states, District of Columbia and some US territories operate Helplines.

History of the California Smokers' Helpline

In 2001, First 5 California (F5CA) approved funding to increase the capacity of the Helpline.

The funding served to:

1. Expand cessation services to pregnant smokers, and smoking parents and caregivers of young children
2. Enhance outreach efforts directed to the First 5 target population
3. Establish partnerships with First 5 county commissions to promote local tobacco cessation efforts
4. CDPH funded 80% and F5CA funded 20% of Helpline services

Who Funds the California Smokers' Helpline?

There are three funders of Helpline Services:

1. California Department of Public Health (CDPH)
2. F5CA
3. Centers for Disease Control (CDC)

CDPH and F5CA are the Helpline's principal funders.

CDC provides modest funding to augment quitline capacity as they do with all 50 states.

CDPH and CDC combined fund 80% and F5CA funds approximately 20% of basic Helpline services.

What Services do Helpline Callers Receive?

Helpline callers complete an intake interview and then select a self-help kit or kit and counseling services.

Callers who are not ready to quit receive motivational materials and encouragement to call back.

Callers ready to quit receive counseling. Follow-up calls are scheduled in a relapse-sensitive manner.

Other services include:

- A mailed packet of self-help materials
- A comprehensive website (www.nobutts.org) with quitting information
- An automated text-messaging program
- A menu of recorded, supportive messages

An Evidence-Based Approach

The Helpline's counseling protocols have been validated with English, Spanish, and Asian language speaking adult smokers, as well as pregnant smokers.

Clinical trials have demonstrated that Helpline counseling roughly doubles the odds of successful long-term quitting.

In a randomized trial with pregnant smokers, the smoking abstinence rate for pregnant smokers at 6 months postpartum was 30.7% in the counseling group compared to 13.8% in the self-help group.

The trials completed by UCSD provide strong evidence of the efficacy of the Helpline's telephone counseling.



Nicotine Replacement Therapy for F5CA's Targeted Callers

Eligible First 5 callers are offered nicotine replacement therapy (NRT) as an adjunct to counseling.

First 5 callers are screened at intake to make sure NRT use is appropriate.

- If NRT use is contraindicated, the Helpline coordinates medical approval from the callers physician before dispensing.

An Evidence-Based Approach

In 2010, the Helpline completed a trial that demonstrated:

- Helpline counseling and nicotine patches independently increase the odds of successfully quitting.
- Participants randomly assigned to the condition of telephone counseling plus active patches did the best.
- When this group was compared to those who received telephone counseling but no patches, their outcomes were about 35% better.

Reaching Smokers Through Pediatricians

Helpline outreach targets pediatricians through the Clinical Effort Against Secondhand Smoke (CEASE) intervention.

CEASE offers:

- A set of demonstrated strategies for engaging smoking parents
- Strategies that integrate evidence-based tobacco screening and cessation assistance into pediatric practices

CEASE was first implemented in Oakland, California by UCSF Benioff Children's Hospital.

In 2012, the American Academy of Pediatrics funded a project to disseminate CEASE to practices in northern California.

Reaching Smokers Through Pediatricians

In 2013, F5CA began funding the Helpline to expand CEASE, and has now been implemented in 130 sites.

CEASE sites receive:

- One hour of training
- Evaluation/technical assistance at one and six months
- Quarterly webinars

A volunteer statewide advisory committee was established.

CEASE efforts doubled the practice of prescribing NRT to smoking parents of pediatric patients and also increased referrals to the Helpline.

Cost-Effective Approach to Tobacco Cessation

Quitlines have been recommended by the U.S. Public Health Service Clinical Practice Guide (2008) as a chief strategy to help smokers quit.

The Helpline has served as a model for quitlines that are now operating in all states and Canadian provinces, most European countries, and parts of Asia and Latin America.

First 5 California-targeted callers throughout the state have access to the Helpline at no cost for services.

Treatment of tobacco cessation by the Helpline provides a strong return on investment.

Who Does the Helpline Reach?

From July 2013 to June 2015, UCSD has:

- Provided intake services for 13,181 pregnant smokers and tobacco-using parents or caregivers of children ages 0 to 5
- Provided multi-session counseling to 7,670 First 5-targeted participants
- Provided CEASE training to 130 sites in southern and central California
- Filled 8,743 four-week patch kit orders

Who Does the Helpline Reach?

Helpline services reach groups who are disproportionately affected by tobacco use or underserved by other cessation programs. Caller data shows:

- Over half of callers were of ethnic minority backgrounds
- 9.2% used the Helpline's non-English lines to access service
- 75% were Medi-Cal members, and 12.6% had no insurance
- 57.7% had a high school education or less
- Over half were personally encouraged to use the Helpline by someone else, including 38.3% who were referred by a health care provider

How Will the Helpline Address Electronic-Cigarette Use?

The Helpline will continue to:

- Gather data from all callers on e-cigarette use
- Monitor the emerging scientific evidence on e-cigarettes
- Use an adapted version of its smoking cessation protocol with e-cigarette users who want help to quit vaping

New activities will include:

- Development of materials to educate parents and caregivers on the dangers of e-cigarette cartridges and “e-juice”
- Posting of newly developed educational materials on the Helpline website
- Dissemination of outreach materials to healthcare providers serving the First 5 target population

What is the Staff Request?

In anticipation of the CA Smokers' Helpline end date of June 2016, F5CA staff request \$5.6 million over four years to fund Helpline services from July 1, 2016, through June 30, 2020.

Services will include:

- Continuation of tobacco cessation services through the Helpline
- Funding to provide F5CA-targeted callers with no-cost nicotine patches
- Outreach to pediatric practices associated with children's hospitals to screen parents for smoking and intervention
- Support e-cigarette users in their attempts to quit
- Develop and disseminate educational materials on dangers of e-cigarette cartridges and "e-juice"
- Partner with First 5 county commissions to promote tobacco cessation

Funding Availability and Status

Funds requested for the Helpline will come from the F5CA Unallocated account.

The Unallocated account currently has set aside \$5.6 million for the Helpline for 4 years (FY 2016–17 through 2019–20).

Approval of this request at the projected sustained level of effort would result in a projected fund balance of \$21.9 million for FY 2019–20.