

CALIFORNIA  
SMOKERS' HELPLINE

**1-800-NO-BUTTS**

## Tobacco Helpline for First 5 California

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# Overview

- What we have done—a brief history
- What we do currently—services and innovations
  - New interventions
  - New modalities of intervention
- What we are learning from our work with the First 5 California (F5CA) population

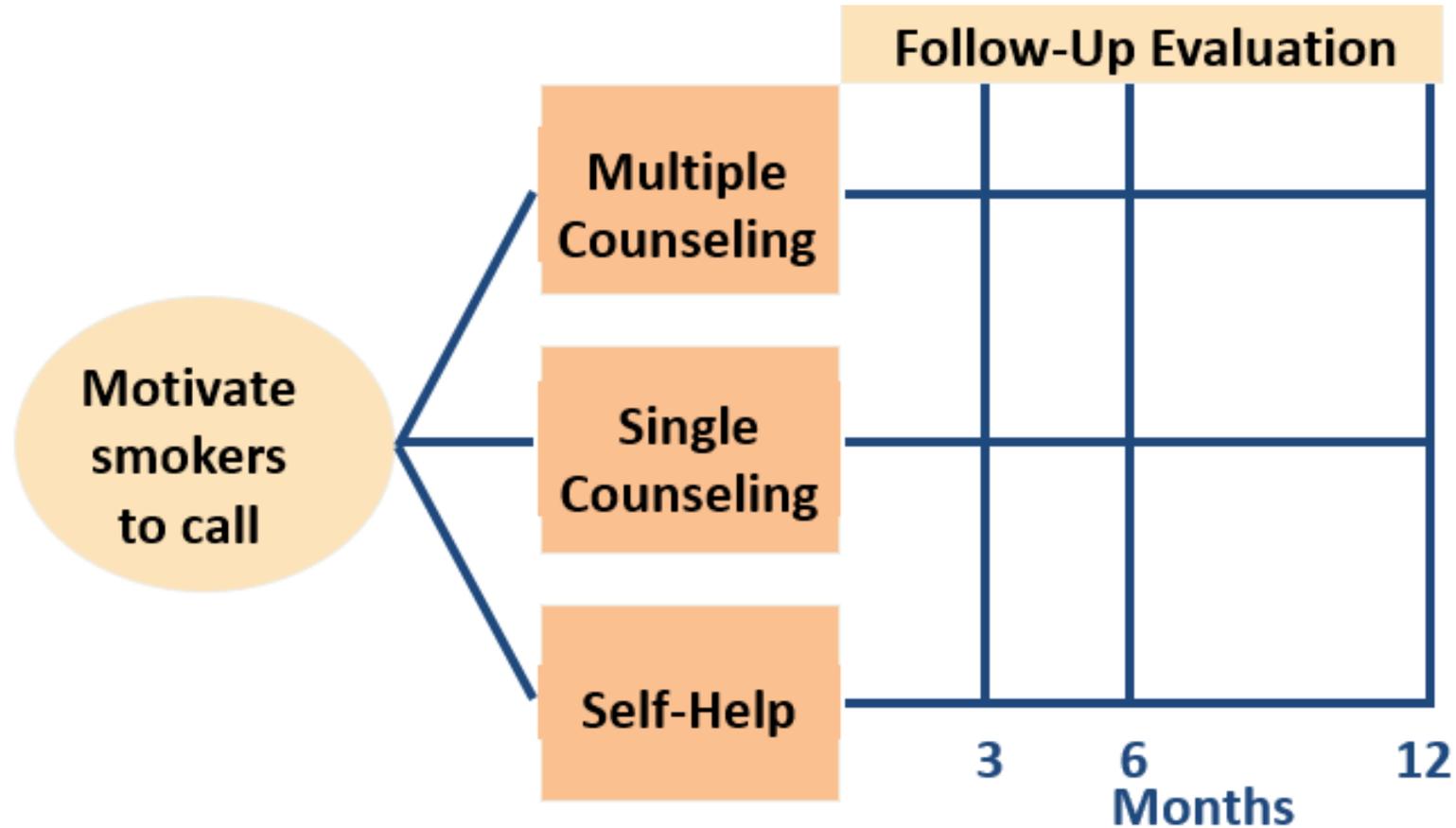
# What makes the Helpline a good service model?

- Accessible
  - No childcare or transportation issues--parents, rural
  - Flexible scheduling starting straight away when motivation is high
  - Proactive
- Broader appeal than traditional clinic-based programs
  - Low income
  - Ethnic and gender minorities
- Individualized support—personalized, “tailored”
- Ongoing assessment of effectiveness

# Groundbreaking work

- The California Smokers' Helpline started as a research study at UCSD
- Definitively established helplines as effective smoking cessation treatment
- Now listed in the Clinical Practice Guidelines on Treating Tobacco Use
- Proactive counseling is the key

# The first large randomized controlled trial



# Establishment of the first state helpline in the U.S.

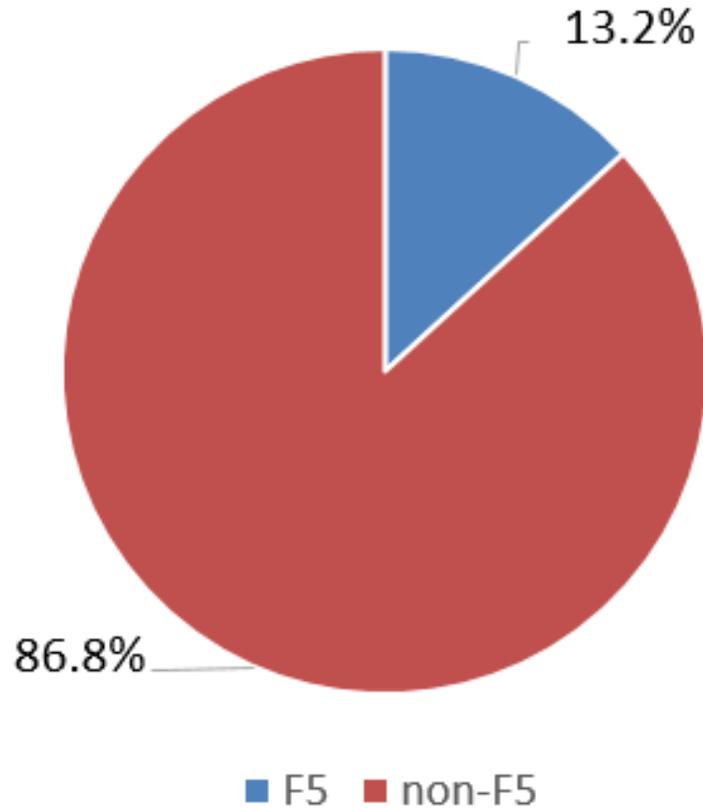
- Started in 1992 with funds from the California Department of Public Health (CDPH)
  - F5CA funding started in 2001
- Telephone counseling
  - 6 languages—English, Spanish, Cantonese, Mandarin, Korean, Vietnamese
  - Proactive—counselor calls
- Specialized counseling protocol for pregnant women

# Traditionally underserved tobacco users

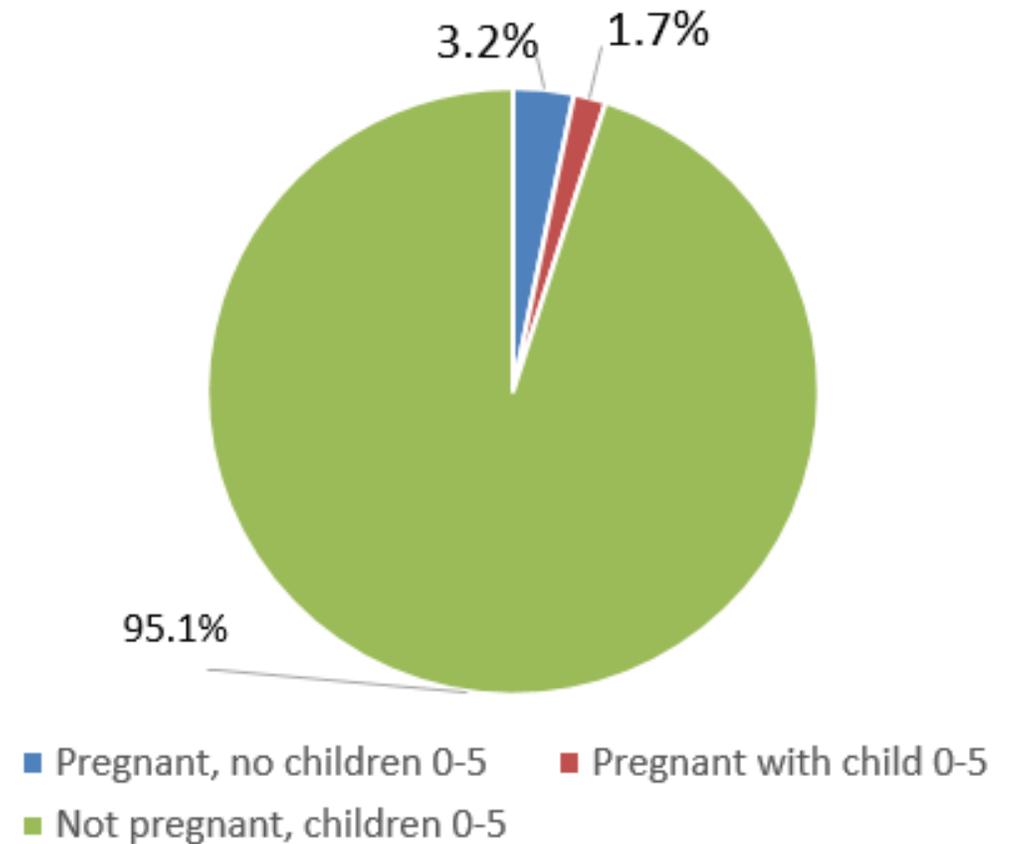
- African American smokers: higher participation rate than White
- American Indians: equally likely to participate as White
- Rural smokers more likely to participate
- Low-income population (e.g., Medi-Cal) more likely to participate

# F5CA Helpline clients (FY 2018–2019)

Among all Helpline callers, N=22,731



Among F5CA Helpline callers, N=3,040



# Demographics of F5CA Helpline clients (July 2016–June 2020)

	%
Median age (years)	38
Female	60
High school or less	53
Low income (Medi-Cal)	74
Ethnicity	
White	40
Black/African American	16
Hispanic/Latinx	25
Asian	7
Multi-ethnic/other	12

# Smoking (July 2016–June 2020)

	First 5 Helpline Clients %	California Smokers in General (CHIS 2018) %
Smoke daily	97	59
Cigarettes per day		
<=5	11	24
6–10	32	39
11–15	16	11
16+	41	25

# What we provide to F5CA clients

- Individualized telephone counseling—rich clinical behavioral intervention
- Self-help materials
- 2-week transition kit of nicotine patches
- Expanded services
- For providers—on-line trainings, educational materials

# Expanded services

- Vaping protocol
  - Developed over time with support from F5CA
  - Adapted our proven model
  - Tapped into our research on vaping
  - Fully integrated into our workflow
- Technology—for both smoking and vaping
  - Chat
  - Texting programs
  - Mobile apps

# What we've learned

- Smoking prevalence is decreasing—vaping is increasing
- Media campaigns do not always get to hard-to-reach populations.
- Proactively reaching out to tobacco users is better than waiting for them to find you
- It is important to have a range of services that meet our changing times—new product and new modalities

# Current efforts to increase participation

- Working with organizations that work with smokers and vapers
  - Healthcare
  - Women, Infants & Children (WIC)
  - Maternal, Child, Adolescent Health programs (MCAH)
  - County Tobacco Control Local Lead Agencies (LLAs)—connect safety net system patients to community-based cessation treatment
- Including materials in the F5CA Kit for New Parents
- Adding the Helpline prominently into the F5CA website for parents

# Summary

- Maintain effective services
  - Nicotine patch transitional kit
  - Telephone counseling including the pregnancy-specific protocol
- Conduct a sustained, intentional outreach
- Use our existing infrastructure but add more features for the First 5 CA population
  - Web and materials offerings
  - Texting and mobile app (for smoking and vaping)
  - Materials related to secondhand vape exposure

Questions?

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