

# First 5 Community Guide for Supporting Effective Tobacco Cessation Services

*This publication was prepared for:*  
First 5 Association of California

*by*

The Center for Health Improvement

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## About the First 5 Association of California

The First 5 Association of California works to improve the lives of California's youngest children and their families through an effective, coordinated, and inclusive implementation of the California Children and Families Act at the local and state levels. The Association is a nonprofit membership organization comprised of county children and families commissions throughout the state, along with other groups that are also dedicated to making a difference in the lives of children and families.

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## About the Guide

The *First 5 Community Guide for Supporting Effective Tobacco Cessation Services (Guide)* responds to county children and families commissions' request for assistance on how to best support tobacco cessation efforts for pregnant women and parents with children zero to five in their local communities. The *Guide*:

- Reviews best practices in tobacco cessation.
- Highlights innovative and effective tobacco cessation strategies and programs in California.
- Provides recommendations for how commissions can support tobacco cessation efforts, with an emphasis on the importance of local partnerships and within the context of ongoing initiatives, such as school readiness and health care access for children.
- Provides resources, case studies, and sample documents.

While this *Guide* focuses mainly on tobacco cessation, we know that multiple strategies aimed at preventing and reducing the use of tobacco products are needed to control tobacco usage. Specifically, the Centers for Disease Control and Prevention (CDC) recommends that community programs focus on four goals: 1) prevention of tobacco use, 2) tobacco cessation, 3) protection from secondhand smoke, and 4) elimination of disparities in tobacco use among populations.<sup>1</sup> All four CDC goals are touched on in some way in the recommendations section of this document. Below is a summary of the recommendations, which begin on p. 15.

- Communicate and collaborate with local tobacco control agencies.
- Ensure that priority populations are included in discussions, activities, and decision-making processes.
- Partner with colleges and universities to educate on-campus child care providers about the dangers of smoking.
- Incorporate tobacco cessation services into school readiness programs.
- Include a tobacco cessation component in home visiting programs.

- Encourage providers to refer parents and pregnant smokers to the California Smokers' Helpline and local resources.
- Provide funding to develop needed cessation services where gaps exist.
- Reduce parents' logistical barriers to accessing tobacco cessation services, such as lack of childcare.
- Continue efforts to get health insurance for all children and families, including coverage for tobacco cessation counseling and treatments.
- Ensure that grantees provide services in a smoke-free environment.
- Prohibit grantees from accepting funds from or investing in tobacco companies.
- Educate policymakers about key issues in tobacco cessation.
- Educate commissions about new tobacco cessation innovations.
- Incorporate anti-tobacco messages and tobacco cessation resources into outreach activities.

We hope commissions will find that this *Guide* serves as a useful tool in implementing many of these recommendations.

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# Introduction

An effort is underway in California and the nation to reduce the harmful effects of smoking on our children's health. California has made remarkable strides in creating tobacco-free environments throughout the state. In 1988, California voters passed Proposition 99, which increased the price of cigarettes by 25 cents a pack. Tax revenues fund a variety of anti-tobacco services, including health education and research. Since the passage of Proposition 99, the adult smoking prevalence in California has declined by more than 27%—from 22.8% in 1988 to 16.6% in 2002.<sup>2</sup> A model for the nation, California smokers are smoking less frequently, and an increasing number are trying to quit. In addition, Californians are protected from secondhand smoke in public places more than anywhere else in the country.<sup>3</sup> At the same time, the tobacco industry continues to increase spending on tobacco promotion, and program cuts threaten to slow progress in reducing smoking rates.<sup>4</sup>

## **Smoking: Still a Threat to the Health of California's Children and Pregnant Women**

Smoking still presents a serious threat to the health of California's youngest children. Close to 1 in 10 infants in California is exposed to the danger of tobacco smoke before birth.<sup>5</sup> In addition, there are still some public places that allow smoking, such as some parts of parks, which expose children to secondhand smoke.<sup>6</sup>

Pregnant smokers and children exposed to secondhand smoke experience numerous health risks. For example, pregnant smokers have more miscarriages and stillbirths, and their babies experience a higher rate of sudden infant death syndrome. Infants born to smokers are at higher risk for brain damage, low birth weight, and respiratory disorders.<sup>7</sup> Children exposed to secondhand smoke are more likely to suffer from health problems, including pneumonia, bronchitis, ear infections, and asthma.<sup>8</sup>

Moreover, while smoking costs California billions of dollars per year,<sup>9</sup> effective cessation programs have the potential to realize significant costs savings for families, employers, health care insurers, and local, state, and federal governments. For example, research findings show that counseling interventions and self-help cessation programs can save an average of three dollars in newborn hospital costs for every dollar spent on cessation treatment. When costs of pediatric care are considered over the first five years of life, six dollars will be saved for every dollar spent.<sup>10</sup> And research shows that the use of effective tobacco cessation treatments will double or triple quit rates<sup>11</sup>—which can lead to substantial future savings.

## Find Out What Smoking Costs Your County

The California Department of Health Services, Tobacco Control Section, has created at-a-glance county profiles on smoking costs, including attributable health care expenditures.

To access the document go to <http://www.dhs.ca.gov/tobacco/documents/CostOfSmoking1999.pdf> The county profiles start on p. 71.

## A First 5 Opportunity

All county children and families commissions (commissions) are creating, expanding, and supporting services to improve the overall health of young children—whether by initiating school readiness programs, increasing child care services, expanding health care access, or developing other services. These initiatives offer a natural foundation to enhance commission efforts to help pregnant women and parents of young children quit smoking. In addition, because smoking is more prevalent among many of the priority populations supported by commission services, such as communities of color, low socioeconomic groups, and 18-24-year-olds (who may have young children),<sup>12</sup> integrating tobacco cessation services into commission programs can be particularly effective in improving the health status of young children.

Based on best practices, this *Guide* includes recommendations, case studies, and sample documents to inform commissions that want to enhance their existing smoking cessation efforts. By partnering with state and local leaders in tobacco control, such as Prop. 99 coalitions, commissions have an opportunity to decrease exposure of pregnant women and children 0-5 to the harmful effects of smoking.

# Best Practices

## for Encouraging Smoke-Free Families and Helping Pregnant Smokers Quit

Consensus is growing about how to help adults quit smoking. The strategies described in this section have been scientifically proven to facilitate tobacco cessation and are based largely on the following best practice documents: the Public Health Services' *Treating Tobacco Use and Dependence* (2000), a Clinical Practice Guideline that provides recommendations on how to ensure that every tobacco user seen in a health care setting is identified, treated, and monitored for follow-up; the Centers for Disease Control and Prevention's *Guide to Community Preventive Services* (2003), which addresses effective community-based strategies to increase tobacco cessation; and the U.S. Surgeon General's Reports, *Tobacco Use Among U.S. Racial/Ethnic Minority Groups: A Report of the Surgeon General, 1998* and *Women and Smoking: A Report of the Surgeon General, 2001*. Though there are many documents that highlight promising practices in tobacco cessation, we focus mainly on these best practice documents because they have been recommended by experts as seminal works on the topic of tobacco cessation.

This section provides a snapshot of best practices. For practical ideas on how county children and families commissions can support these best practices at the local level, see pp. 15-23.

### Best Practices At-A-Glance

1. Support the "5As" in health care settings.
2. Link with the California Smokers' Helpline and other counseling resources.
3. Provide benefit coverage for counseling and pharmacologic therapies.
4. Design culturally appropriate services.
5. Institute smoking bans and restrictions.
6. Increase the price of tobacco products.
7. Support media efforts.

### Supporting Use of the "5As" in Health Care Settings

The 5As is an evidence-based model for health care providers to use when intervening with smokers, including pregnant women. The 5As can help health care providers deliver smoking cessation interventions more easily and takes only a few minutes to implement. The intervention is intended to prompt the physician and other staff to identify smokers and offer them resources, services, and programs to help in the smoker's quitting process.

### The 5As Intervention

1. Ask about tobacco use.
2. Advise to quit.
3. Assess willingness to quit.
4. Assist patients in quit attempt, using counseling and pharmacotherapy.
5. Arrange follow up.

The 5As is also recommended for pregnant smokers and can be enhanced by providing referrals to pregnancy-specific programs or self-help materials. Using the 5As with pregnant smokers has been found to double or triple quit rates and takes only slightly longer to implement (5-15 minutes).<sup>13</sup>

Implementing the 5As requires changes to the way health care systems operate. For example, processes must be instituted to routinely identify tobacco users and track patient smoking status (e.g., by adding tobacco-use status stickers to patient charts or adding “tobacco-use” to the regular vital signs data collected from patients). Unfortunately, there are many barriers to implementing such “systems changes.” For example, many times health care organizations lack the time and resources to change office systems to track tobacco users. In California, only about half of health maintenance organizations (HMOs) and MediCal managed care (MMC) plans require providers to document tobacco-use status in the medical record for every patient at every visit.<sup>14</sup> In addition, health care providers may feel ill-equipped to deliver smoking cessation interventions due to limited time, lack of training, and reimbursement concerns.

*In 1999, less than a third of California smokers reported that they were advised to quit smoking by their health care provider and referred to a cessation program in the previous 12 months.*<sup>15</sup>

### Linking with the California Smokers’ Helpline and Other Counseling Resources

Intensive interventions, such as individual, group, or telephone counseling that provide social support and training in problem-solving skills have been found to be extremely effective to help smokers quit.<sup>16</sup> For example, a recent randomized, controlled trial using the California Smokers’ Helpline (1-800-NO-BUTTS) found strong evidence that telephone counseling is an effective means of helping smokers quit.<sup>17</sup> In a study of pregnant callers, almost 30% of subjects in the counseling group who made a quit attempt were continuously abstinent for at least a year, compared to 20% of the self-help group.<sup>18</sup>

Moreover, pregnancy-specific programs have been found to increase smoking cessation rates during pregnancy.<sup>19</sup> In addition to the Helpline, there are a variety of counseling services available for pregnant women, as well as others in need in California, including the American Lung Association’s Freedom from Smoking Program, the American Cancer Society’s Make Yours a Fresh Start Family, and local programs, such as those provided by Prop. 99 Local Lead Agencies.

### Providing Benefit Coverage for Counseling and Pharmacologic Therapies\*

Studies show that reducing out-of-pocket costs for tobacco cessation counseling or pharmacologic therapies increases the number of people who attempt to quit and who quit successfully.<sup>20</sup> A 1999 survey of California HMOs and MMC plans found that 69% of HMOs cover at least one form of pharmacotherapy and one type of counseling to treat tobacco dependence. However, only 23% cover treatments that have been approved for sale over the counter, such as the nicotine patch or gum, which are quite costly to pay for out of pocket.<sup>21</sup> In addition, of those HMOs that do offer coverage, the types of services offered, costs to patients, and reimbursement levels to providers vary widely.<sup>22</sup> Currently, the Next Generation California Tobacco Control Alliance, a non-profit coalition working to prevent tobacco use, is leading efforts to design a model cessation health

\*pharmacotherapies are only recommended for pregnant smokers who are not able to quit through counseling and who smoke heavily, and only when health care providers determine that the probability of quitting and potential benefits are estimated to outweigh the risks.

benefit for all Californians enrolled in HMOs. The model benefit includes two main components—pharmaceutical aides and behavioral counseling.<sup>23</sup> (See page 21 for more information.)

### Designing Culturally Appropriate Services

The 1998 Surgeon General’s Report, *Tobacco Use Among U.S. Racial/Ethnic Minority Groups*, finds that tobacco control programs must reflect the cultural values of the racial/ethnic group receiving the intervention. It also recommends that tobacco programs use strategies that are credible and acceptable to members of the ethnic/racial group.<sup>24</sup> In order to design culturally appropriate services, priority populations must be included in program design and decision making.

### Instituting Smoking Bans and Restrictions

Policies, regulations, and laws that prohibit or limit smoking in public places can reduce the exposure of tobacco smoke and the amount of tobacco smoked. To this end, the *Guide to Community Preventive Services* strongly recommends instituting smoking bans (which prohibit smoking entirely) and smoking restrictions (which limit smoking). Smoking *bans* have been proven most effective, though smoking restrictions are also effective.<sup>25</sup> In California, smoking is banned in many, but not all, public places.

#### Get the Facts on Smoking Bans in California

- Smoking is banned in workplaces, schools, restaurants, playgrounds, and tot lots.
- There are still several places that families visit that do not ban smoking. For example, smoking is allowed in parks (except playgrounds and tot lots) and at fairs.

### Increasing the Price of Tobacco Products

The *Guide to Community Preventive Services* strongly recommends increasing the unit price of tobacco products as an effective tobacco cessation strategy. Taxes on cigarettes and other tobacco products have been raised intermittently over the last two decades in California. Currently, each pack of cigarettes contains a \$.87 cent tax. Compared with other U.S. states, California ranks 18<sup>th</sup> in price of cigarette taxes/pack (1=high).<sup>26</sup>

### Supporting Media Efforts

When combined with other interventions, mass media campaigns are an effective tobacco cessation strategy.<sup>27</sup> Since 1990, the California Department of Health Services, Tobacco Control Section has funded an extensive, nationally recognized anti-smoking media campaign. An independent evaluation of the media campaign found several positive results, including an increase in adults that are aware of the harm to health of secondhand smoke. Since January 2000, First 5 California has administered a public education media campaign about the dangers of secondhand smoke to young children and the harmful effects of smoking and secondhand smoke on pregnant women. Through television, radio, and newspaper ads, the campaign has reached every county in the state. The campaign is conducted in several languages, including English and Spanish. First 5 California’s hotline, 1-800-KIDS-025, is included as part of each ad, and through a partnership with the California Smokers’ Helpline, callers referred from First 5 anti-tobacco ads are directly transferred to the Helpline.

# Case Studies:

## What Commissions Are Doing

The case studies included in this section offer examples of how county children and families (commissions) are currently implementing many of the best practices described in this *Guide*.

### **Case Study #1: Child Care Helps Parents Attend Smoking Cessation Classes**

Lack of child care can often be a barrier for parents who want to attend smoking cessation classes. In order to meet this need, and to encourage cooperation among various county organizations, First 5 Amador provides funding to the Professional RITES Childcare Provider Association of Amador County. The funding allows free child care services to be offered during cessation classes conducted by Tobacco Reduction of Amador County (TRAC), the local Prop. 99 lead agency. In order to ensure a sufficient number of providers, parents inform TRAC that they will need child care in advance of scheduled classes.

TRAC advertises the child care services on flyers about the tobacco cessation classes. As TRAC's classes fill up quickly, staff were initially concerned that they would not be able to enroll all interested families. However, they found that they *were* able to meet the demand, and child care is now a standard component offered with the cessation classes.

TRAC fills out and submits a form to the commission so that providers can be paid directly for their services. In addition, First 5 Amador staff attend all TRAC coalition meetings and encourage TRAC to send information about the cessation classes to the county's resource and referral agency to include in their newsletters. For more information, contact Nina Machado, Executive Director, First 5 Amador, at (209) 257-1092.

### **Case Study #2: Policy Links Public Health Clinics to Baby's First Breath Program—Systems Change Results**

For the past two years, the First 5 San Luis Obispo Children and Families Commission has funded the Baby's First Breath (BFB) program, which provides tobacco cessation interventions for pregnant women. Initially, program staff faced a challenge getting pregnant mothers to enroll in the program. To overcome this challenge, several steps were taken which ultimately resulted in countywide changes in the way services were delivered.

First, program staff conducted outreach to public health clinics to inform them about the BFB program and raise awareness about the importance of tobacco cessation among pregnant smokers. Over time, clinicians began referring pregnant mothers to the BFB program. In order to streamline the process, staff then championed and later

## Efforts Already Underway: Commissions Support Tobacco Cessation

State and county commissions in California support tobacco use prevention, education, and cessation in a variety of ways. For example:

- County commissions estimate they will have spent more than \$10 million for tobacco prevention or cessation projects during FY 2001/02 and FY 2002/03, serving more than 160,000 children and families.
- Seventy-six percent of county commissions require grantees to have adopted tobacco control policies.
- Seventy-one percent of county commissions work directly with their local Prop. 99 coalitions.
- First 5 California is funding a demonstration project to train health care providers in seven counties to implement the American Cancer Society's program, Make Yours a Fresh Start Family.
- Since January 2000, First 5 California has spent more than \$37 million on anti-tobacco public education and outreach.
- First 5 California has provided funding to the California Smokers' Helpline since January 2001.

For more information about state and local efforts, see the Appendix on p. 31.

Sources: Social Entrepreneurs Inc. (2003, March). *California children and families association: 2003 tobacco prevention and cessation assessment report*. First 5 Association of California. Available online at <http://www.ccafa.org>; Kasabian, N. (2003, June). Personal communication with the Center for Health Improvement; Rickards, S. (2003, April 25). First 5 California Conference presentation.

instituted a county public health department policy to help inform and guide all clinic staff to implement the 5As intervention. Clinicians are responsible for the first three As: "Ask," "Advise," and "Assess." The BFB program completes the "Assist" and "Arrange" components. Clinicians were also provided with a tool to facilitate referral—a prescription pad to refer mothers to the BFB program. The policy and the prescription pad help to formally tie together systems (i.e., the BFB program and public health clinics) that previously were not well connected.

For more information, contact Susan Hughes, Executive Director, First 5 San Luis Obispo Children and Families Commission at (805) 781-4058. To download a copy of the prescription pad and policy, see Resource 21 on p. 27.

### Case Study #3: Advocacy Efforts Secure County MSA Funding for Health Services

The First 5 San Luis Obispo Children and Families Commission, along with more than 50 local organizations successfully advocated to direct part of their county's federal tobacco litigation settlement dollars to support health care in their community. A coalition of local organizations cosigned a letter to the San Luis Obispo County Board of Supervisors with recommendations based on county-specific data (see Resource 26 on p. 27 for a copy of the "Tobacco Settlement Coalition Letter"). The county expected to receive approximately \$2 million each year from the settlement award. The board established a \$1 million endowment fund in 2000, called the Preventive Health Care Endowment. The purpose of the fund was to provide sustainability to the Preventive Health Care Grant Program, which funds health education and prevention services in the community. The board also outlined future spending to the program: \$750,000 in grants and \$250,000 to be added to the endowment every year. A later county initiative delineated the fund allocation across seven health-related categories, including tobacco cessation (see Resource 27, "Tobacco Settlement Fund Allocation", on p. 27 for the full text of the county code, which describes in detail how the funds are allocated).

Susan Hughes, Executive Director of the First 5 San Luis Obispo Children and Families Commission, recommends that other county children and families commissions rely on their unique role as a cross-cutting organization to convene other interested local groups. Convening a broad-based coalition of support

with key community stakeholders was a critical element of success in San Luis Obispo County. She also advises using county-specific data to make clear, specific recommendations. For more information, contact Susan Hughes, Executive Director, First 5 San Luis Obispo Children and Families Commission at (805) 781-4058.

#### **Case Study #4: Home visiting Program Incorporates Smoking Cessation Intervention**

Welcome Every Baby is a postpartum home visiting program developed by a group of public and private organizations in Santa Barbara County and funded by the Children and Families Commission First 5 Santa Barbara County. The program began offering services in January 2002. This home visiting program is the result of collaborative efforts of many Santa Barbara County organizations including Sojourn Services, Child Abuse Listening and Mediation (CALM), Santa Barbara Public Health Department, and area hospitals.

At the time of delivery, all women under the age of 26 in Santa Barbara County are informed of the program and are given a consent form to sign if they are interested in participating. Soon thereafter, a nurse and an early childhood specialist visit the mother in her home. The program is primarily designed to educate new mothers and fathers on a number of aspects of parenthood including bonding, breastfeeding, and child development. Smoking cessation elements are incorporated as necessary. For example, if the mother or someone in the household is a smoker, a number of items are given to her to inform her of the risks of smoking and to remind her of the importance of a smoke-free household for the health of her baby. These items include a refrigerator magnet with a picture of her and her baby and stickers stating that her home is smoke-free. The nurse and specialist also educate the mother and any other relatives that spend time with the baby about the dangers of secondhand smoke. The early childhood specialists also provide copies of the American Lung Association video, *Baby's First Breath*, an instructional video on the importance of not smoking around the baby.

This first visit is followed by two others at the fourth and ninth months after birth and is complemented by two phone calls, one at the second month and one at the sixth month after birth. All interactions use Dr. T.

Berry Brazelton's model of "Touchpoints" incorporating empathic support and child development guidance.

It is estimated that this program has reached over 1600 mothers and babies since its inception. All staff note the importance of the home as the location for service delivery—as mothers feel most comfortable in their own homes.

Sojourn will be expanding services to all new mothers, not only those under the age of 26, in August 2003, which will double the number of families and babies served in the county. For more information, contact Mary Bucher, Welcome Every Baby Program Coordinator, at (805) 614-9535.

#### **Case Study #5: Providers Trained on the 5As Better Able to Help Pregnant Smokers**

The First 5 Commission of San Diego (Commission) provides funding to the Partnership for Smoke-Free Families Program (PSF), a tobacco control initiative of three large integrated healthcare systems in San Diego County. PSF provides training and resources to obstetricians, hospital postpartum staff, and pediatricians throughout San Diego to implement the 5As outlined in the US Public Health Services' Clinical Practice Guideline for Treating Tobacco Use by systematically:

- Asking about the smoking status of all prenatal patients and new parents.
- Advising prenatal patients and new parents to quit smoking by incorporating appropriate messages into prenatal and well-child visits.
- Assessing smokers' readiness to make a quit attempt.
- Assisting smokers and family members by referring them for cessation counseling.
- Arranging follow-up with patients by discussing progress made toward quitting at subsequent visits.

The PSF First 5 grant program includes a prenatal and a postpartum component. As part of the prenatal component, obstetric providers screen women for tobacco exposure and PSF staff proactively link women with a smoking history and those reporting secondhand smoke exposure with appropriate interventions. Women screened and found to be smokers are contacted by the California Smokers' Helpline and provided pregnancy-specific telephone counseling. Spontaneous quitters (women who quit

smoking after learning they are pregnant and before their first prenatal visit) or women exposed to secondhand smoke receive mail-based interventions. During the 2002-2003 grant cycle, PSF has targeted 3,000 women for screening with Commission funding.

For the pediatric component of the program, PSF surveys up to 70% of women at the time of delivery, in order to track those still smoking. PSF staff then sends the pediatricians of the babies with mothers with a smoking history or secondhand smoke exposure individualized postcards informing them of the mothers' smoking status. PSF also works with pediatricians to train them on the 5As, and gives them handouts on secondhand smoke and publications on the relationship between smoking and SIDS to give to parents at the two- and six-month visits.

For additional program information, or literature produced by PSF, please contact the Project Program Specialist, Nicole Howard at (858) 576-1700 x3547.

possible, is critical. For more information, contact Sally Sheehan-Brown at (707) 257-1410.

### **Case Study #6: Grantees Encouraged to Deliver Services in a Smoke-Free Environment**

The Napa County Children and Families Commission (Commission) collaborated with local organizations to develop a smoke-free policy as a requirement for grantees (beginning in 2003). Though there are state laws prohibiting secondhand smoke in the workplace, the Napa Commission felt it was important to establish a special policy for their grantees that was more stringent. The Commission was able to borrow a policy already developed by the County Board of Supervisors to guide agencies funded through Master Settlement Agreement funds. (See Resource 31 on p. 28 for a copy of the policy.) To assist agencies in implementing this policy, the Commission collaborated with the local Tobacco Control Program to provide technical assistance, staff education, and signage. Technical assistance included a group workshop, as well as additional one-on-one technical assistance that individual organizations might require in order to institute the policy. Sally Sheehan-Brown, Executive Director for the Commission, suggests that developing relationships with the local Prop. 99 programs and working closely with them, where

# Recommendations:

## What Commissions Can Do

Promoting smoke-free family lifestyles is an important step towards improving child health and supporting optimal child development. The efforts of health care professionals, communities, and policymakers are all vital to delivering and making available tobacco cessation services. The following recommendations are offered as a starting point to county children and families commissions (commissions) and their community providers who wish to bolster efforts to support tobacco cessation efforts in their local communities.

### **Establish Partnerships with Key Organizations and Individuals**

The following recommendations focus on partnering with key tobacco control agencies, priority populations, and others whose input is important to designing and linking with effective tobacco cessation services.

**Communicate and collaborate with local agencies coordinating tobacco control and tobacco cessation services, such as Prop. 99 Local Lead Agencies.** There may be several organizations working at the community level to provide tobacco cessation services. By building and fostering a relationship with key tobacco control agencies, commissions can obtain the most current information about the tobacco cessation services in their county, determine how to best supplement or support tobacco cessation activities, and prevent duplication of services. A good point of entry is the county Prop. 99 Local Lead Agency (LLA) project director, housed in the 58 county and 3 city health departments. The LLA is charged with fostering each city/county's tobacco coalition, which spearheads grassroots community mobilization activities that educate the public about health issues related to tobacco use.

One method for establishing ongoing communication with local tobacco control agencies is to become a member of the county tobacco control coalition. In addition, commissions can invite key tobacco control staff to attend commission meetings regularly to discuss their activities and learn more about the commission's strategic direction and funding priorities. School readiness collaboratives can add tobacco control experts to their advisory committees.

Commissions may also want to expand their infrastructure in order to follow and respond to pertinent tobacco control issues. This can be accomplished in part by dedicating a full- or part-time staff person to tracking tobacco control issues and/or establishing a Technical Advisory Committee to review all tobacco control policies.

## RESOURCE SPOTLIGHT

Selected resources to help commissions implement these recommendations are highlighted in the “Resource Spotlight” boxes in this section. More information on these and other resources is found on pp. 24-28. Resources are numbered for easy reference.

- Roster of County Prop. 99 Local Lead Agencies (see Resource 3, p. 24)
- Statewide Resources for Community-Based Cessation Programs (see Resource 4, p. 24)

## Recommendations for Commissions: A Snapshot

The recommendations listed below are expanded upon in this section.

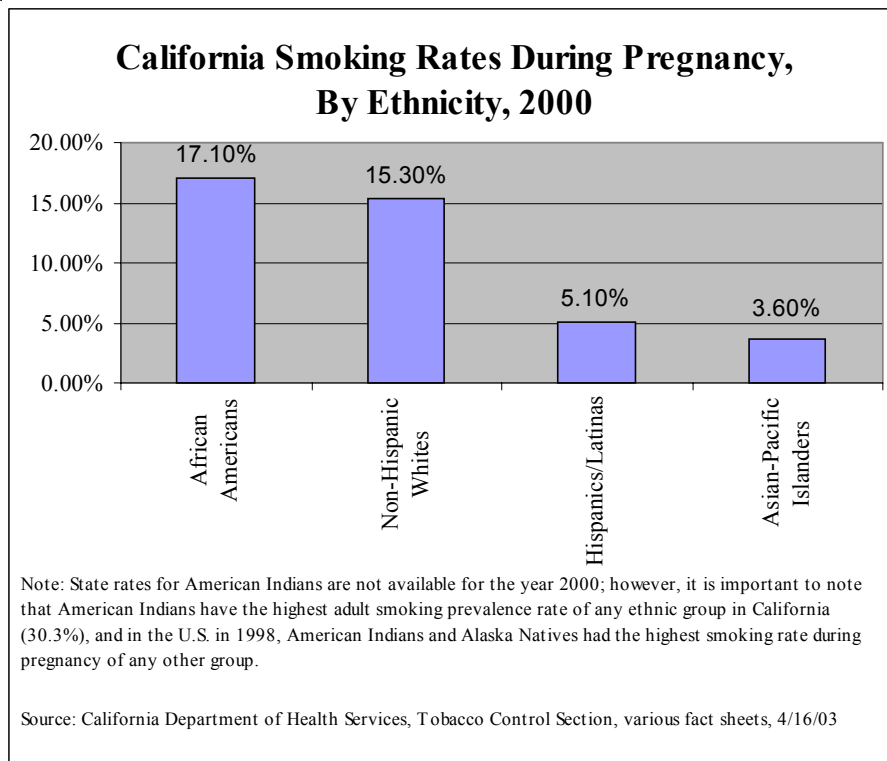
1. Communicate and collaborate with local tobacco control agencies.
2. Ensure that priority populations are included in discussions, activities, and decision-making processes.
3. Partner with colleges and universities to educate on-campus child care providers about the dangers of smoking.
4. Incorporate tobacco cessation services into school readiness programs.
5. Include a tobacco cessation component in home visiting programs.
6. Encourage providers to refer parents and pregnant smokers to the California Smokers’ Helpline.
7. Provide funding to develop needed cessation services where gaps exist.
8. Reduce parents’ logistical barriers to accessing tobacco cessation services, such as lack of childcare.
9. Continue efforts to get health insurance for all children and families, including coverage for tobacco cessation counseling and treatments.
10. Ensure that grantees provide services in a smoke-free environment.
11. Prohibit grantees from accepting funds from or investing in tobacco companies.
12. Educate policymakers about key issues in tobacco cessation.
13. Educate commissions about new tobacco cessation innovations.
14. Incorporate anti-tobacco messages and tobacco cessation resources into outreach activities.

Ensure that priority populations are included throughout tobacco cessation discussions, activities, and decision-making processes.

Communities of color, low socioeconomic status groups, 18-24-year-olds, and lesbian, gay, bisexual, and transgender populations (LGBTs) experience a higher prevalence of tobacco use. Historically, the tobacco industry has more heavily targeted many of these groups, yet funding and resources for tobacco cessation have been unequally and inadequately distributed to them.<sup>28</sup> Including priority populations in decision-making about appropriate tobacco cessation interventions is critical to ensuring that services are culturally competent, presented appropriately, and effective. Commissions can link with priority groups in a number of ways. For example, continue to work towards ensuring that the needs of priority populations are reflected in strategic planning and development. Guarantee that populations that reflect the demographics of the county are represented on advisory committees and decision-making bodies. Help ensure that services and outreach materials provided to priority populations are culturally and linguistically competent. To link with communities of color, consider joining the Joint Ethnic Tobacco Education Networks of California.

### Engaging Communities of Color Through the Joint Ethnic Tobacco Education Networks

In California, there is an effort to engage communities of color in eliminating existing health disparities around tobacco use. The California Department of Health Services, Tobacco Control Section (TCS), which administers Prop. 99 funds, has funded four statewide ethnic networks to address these disparities among California's African American, American Indian, Asian & Pacific Islander, and Hispanic/Latino populations. These networks conduct culturally specific educational and advocacy campaigns, help to create systems changes, administer a mini-grant program, and provide technical assistance to TCS-funded projects, including 61 Prop. 99 Local Lead Agencies and a variety of community-based organizations. Together, these networks form the Joint Ethnic Tobacco Education Networks of California (JETEN), which works on issues related to policy, advocacy, and youth.



**Partner with colleges and universities to educate on-campus childcare providers and parents about the dangers of smoking to child health and the availability of smoking cessation services.** Young adults aged 18-24 are smoking at an alarming rate. They are the only adult population group in California to have experienced an *increase* in smoking prevalence rates since 1998.<sup>29</sup> An easy way for commissions to target parenting smokers in this age group is to partner with on-campus childcare centers and provide funding for parent and provider trainings about the dangers of smoking, as well as the availability of smoking cessation services. For example, Los Rios Community College Childcare Centers in Sacramento County coordinates training for child care providers and parents on the dangers of secondhand smoke, as well as other issues such as asthma and sudden infant death syndrome. Trainings are provided by the American Lung Association (ALA) of Sacramento-Emigrant Trails and are based on the curriculum “Fresh Air for Little Noses”, which was developed by the ALA of the East Bay. These trainings are inserted into mandatory orientation meetings for parents so that all parents have to participate. Parents are provided tips on how to make homes smoke free and are given packets of information to take home. In addition, ALA staff provide follow-up with parents interested in tobacco cessation. Child care providers are also trained to perform interventions with parenting smokers.

### **Ensure Access to Comprehensive Tobacco Cessation Services**

Effective smoking cessation programs have been established at the state and local level but may not be accessible or available in all communities. Commissions can help to increase access to these services by following the recommendations below.

**Incorporate tobacco cessation services into school readiness programs.** School readiness programs serve many low-income communities in California—the same communities that are likely to experience higher smoking rates. Therefore, school readiness programs provide a natural opportunity to access those populations most in need of smoking cessation interventions. Consider requiring all school readiness partners to adopt smoke-free policies as part of their commitment to the collaborative. Require family resource centers or similar school readiness hubs to routinely disseminate the California Smokers’

Helpline’s “Pregnant and Smoking” brochure to families with smoking adults. Incorporate smoking cessation interventions into home visits conducted as part of the school readiness program.

**Include a tobacco cessation component in home visiting programs.** Studies have found that home visits conducted for the *specific purpose* of assisting pregnant women to quit smoking are effective. In addition, home visits conducted for other purposes that include tobacco cessation as a *component* of the home visit are also effective, especially when conducted repeatedly during the prenatal period by nurses trained in smoking cessation counseling.<sup>30</sup>

### **Smoking Cessation Treatments Are Cost Effective**

- For every dollar spent on smoking cessation for pregnant women, \$3 in neonatal intensive care costs are saved.
- A single percentage point decline in smoking prevalence among pregnant women saves \$21 million in direct medical costs (based on 1995 U.S. dollars).

Source: Centers for Disease Control and Prevention. (2002, July). *Health & economic impact: Smoking cessation for pregnant women*. Retrieved July 8, 2003, from [http://www.cdc.gov/tobacco/research\\_data/economics/health\\_econ\\_impact.htm](http://www.cdc.gov/tobacco/research_data/economics/health_econ_impact.htm)

**Encourage providers to refer parents of young children and pregnant smokers to the California Smokers' Helpline. Consider using the Helpline's "Pregnant and Smoking" brochure to conduct outreach to pregnant smokers.** The California Smokers' Helpline (1-800-NO-BUTTS) is a free statewide telephone program funded by Prop. 99 and First 5 California that offers a choice of services: self-help materials, a referral list of other tobacco cessation programs in the county, and confidential, one-on-one counseling services over the phone.

The Helpline has developed a special brochure for conducting outreach to pregnant women. The brochure, titled, "Pregnant and Smoking: Want to help yourself and your baby?", reviews the harms of smoking to pregnant mothers, the benefits of quitting, and information about the Helpline. Importantly, the brochure also includes a pre-addressed "survey", or short questionnaire, which provides the Helpline with information and gives them permission to contact pregnant smokers to enroll in the Helpline pregnancy services.

Research has found that, when simply provided the brochure, only 3-4% of pregnant women enroll in the Helpline's free prenatal smoking cessation service. In contrast, 45% will receive Helpline services when proactively contacted by the Helpline.<sup>31</sup> Therefore, this outreach tool is most effective when health care providers assist their pregnant clients/patients in completing and mailing back the survey. Commissions can encourage their providers, including Women, Infants, and Children (WIC) clinics, physicians, nurses, dentists, nutritionists, health educators, and others who work directly with pregnant women to provide this brochure to pregnant smokers and help them fill out and mail back the

enclosed survey. Helpline services for pregnant mothers are offered in English and Spanish. Helpline services to general callers, including parents, are offered in English, Spanish, Mandarin, Cantonese, Vietnamese, Korean, and a TDD/TTY line for the hearing impaired.

**Help ensure that pregnant women and parents of young children in your community are aware of effective tobacco cessation counseling resources. If gaps exist, provide funding to develop needed cessation services based on current research.** There are a variety of tobacco cessation resources provided at the local level. Commissions can assess the availability of resources in their county by obtaining a copy of their county's "Tobacco Cessation and Education" resource sheet (see Resource Spotlight below). Importantly, assessing the effectiveness and quality of these programs will assure referrals to appropriate services.

Statewide, there are three primary tobacco cessation counseling sessions available to adults who want to quit smoking—The California Smokers' Helpline, the American Cancer Society's Make Yours a Fresh Start Family (MYFSF) program, and the American Lung Association's Freedom From Smoking program. These programs are in various stages of evaluation for their effectiveness; however, tobacco control experts strongly support their services.

## RESOURCE SPOTLIGHT

Order Form: "Pregnant and Smoking: Want to help yourself and your baby?" (see Resource 14, p. 26)

## RESOURCE SPOTLIGHT

County Tobacco Cessation and Education Resources (see Resource 8, p. 25)

The California Smokers' Helpline (described previously on p. 19) offers free tobacco cessation telephone counseling to smokers in a variety of languages. MYFSF is a professional training program that teaches providers how to help pregnant smokers quit by using a five-step approach based on the 5As. Offered through the physician's office, this program is also free and offers the only comprehensive approach to cessation that assists a woman throughout pregnancy and after delivery through her child's pediatric provider. Finally, the American Lung Association's Freedom from Smoking program is offered in four formats—a guide, an audiocassette program, a series of eight group sessions, and an online support program, all of which cover the key “stop-smoking” issues such as weight control, building a support system, addiction, and coping with urges to smoke. Though there is generally a cost to attend the Freedom From Smoking in-person group counseling sessions, at least one copy of the self-help materials is available to smokers free of charge. Commissions can encourage their providers to provide referrals to these programs. Where services are not provided, inadequately promoted, or inaccessible, commissions can help to fill the gap. For example, funding may be needed to train Freedom From Smoking facilitators or to assist parents to attend the program. In addition, commissions can work with their local American Cancer Society office to coordinate train-the-trainer sessions with providers interested in implementing MYFSF in their offices. Commissions can also identify providers trained in MYFSF and share this information with their grantees.

**Reduce parents' logistical barriers to accessing tobacco cessation services.** Logistical barriers can impede parents' ability to attend group counseling sessions or to access a pharmacy or health care provider. Commissions can provide funding to grantees to arrange transportation and child care so that parents can more easily attend counseling sessions.

*Where tobacco cessation services are not provided, inadequately promoted, or inaccessible, commissions can help fill the gap.*

## Expand Access to Health Care

Without health insurance, families are not able to access important tobacco cessation counseling and pharmacological aides, such as the patch. And though health insurance is provided for some families, coverage for tobacco cessation treatments is not always included. These gaps must be addressed if tobacco cessation efforts are to be successful. In the meantime, families that do not have health insurance but are in need of tobacco cessation counseling can call the California Smokers' Helpline.

**Continue efforts to get health insurance for all children and families and ensure that the benefit is comprehensive, including coverage for tobacco cessation counseling and pharmacological aides.** Many commissions are working on expansion of health care access—ranging from funding universal health care access plans to conducting targeted access programs for children zero to five. Because many new plans are in development, commissions have the opportunity to ensure that they include a comprehensive tobacco cessation benefit. The Next Generation California Tobacco Control Alliance (NGA) has developed a model benefit for tobacco cessation that can be used as a guide (see box, this page).

In addition, commissions can join NGA's efforts to ensure that health plans adopt the model benefit. NGA is currently developing a public action campaign to encourage the major health plans in the state to make the benefit available to all plan members. Campaign tactics and strategies include working with commissions. Commissions can play an important role in demonstrating the need and demand for covering services that will help families and children lead smoke-free lives. For more information, or to get involved with the campaign, call (916) 554-0390.

Tobacco cessation services are also covered through a variety of public health care programs. The Access for Infants and Mothers Program (AIM) provides low-cost health insurance coverage to uninsured, low-income pregnant women and their infants. A pregnant woman and her infant(s) enrolled in AIM receive their care from one of nine health plans participating in the program. Each health plan is required to provide some type of tobacco cessation counseling for pregnant women, based upon guidelines developed by the California Department of Health Services.<sup>32</sup>

The Healthy Families Program (HFP) provides low cost health, dental, and vision coverage to uninsured children in low wage families. Health plans participating in HFP must follow the American Academy of Pediatrics guidelines, which highly recommend that physicians counsel young teens and pre-teens about the dangers of smoking. In addition, parents of children enrolled in HFP may be counseled about the dangers of secondhand smoke during their child's visit if they are smokers, though there is no requirement to refer parents to a tobacco cessation program.<sup>33</sup>

## NGA Model Benefit Proposal

- Medications and behavioral treatment linked
- Regular co-pays apply
- Use of these services do not count against mental health benefits

### Pharmaceuticals – 2 treatment courses annually

Gum	OTC covered, copay applies
Patch	Prescription & OTC covered, copay applies
Spray	Prescription covered, copay applies
Inhaler	Prescription covered, copay applies
Zyban	Prescription covered, copay applies
Clonidine	Prescription covered, copay applies
Nortriptyline	Prescription covered, copay applies

### Counseling – unlimited number of covered sessions

Telephone	
Group	Copay applies
Individual	Copay applies

Source: Verardo, Traci. (2002, November). *Designing a Model Cessation Benefit for Managed Care Coverage*. Sacramento: Next Generation California Tobacco Control Alliance.

California’s Medi-Cal Managed Care Program provides comprehensive tobacco cessation benefits at no charge to Medi-Cal members. Contracting health plans administer tobacco cessation benefits that include a broad scope of pharmacological aides and coverage for tobacco cessation programs providing counseling, classes, and self-help materials. Contracting primary care providers administer an age-appropriate, health education behavioral assessment that addresses tobacco use and exposure to secondhand smoke, as well as counseling, referral, and follow-up.<sup>34</sup>

Under the Medi-Cal fee-for-service system, beneficiaries who are eligible for full scope Medi-Cal benefits and who have successfully completed a smoking cessation program, can receive coverage for pharmacotherapies. In order to receive smoking cessation coverage, patients must obtain and submit a physician prescription to a Medi-Cal-certified pharmacy, as well as show proof of enrollment in a behavior modification smoking program. Under the Medi-Cal Comprehensive Perinatal Services program, eligible low-income pregnant and postpartum women receive smoking assessment of tobacco usage, interventions, and support services.<sup>35</sup>

### **Institute Policies that Support Smoke-Free Environments**

Policy interventions are an essential part of an overall tobacco cessation strategy. Policies are effective in part because of their long-lasting and far-reaching effects on population health<sup>36</sup>—be it the population of a school, a community, or the entire state. Sustainable by their very nature, policies are difficult to remove once instated. Therefore, establishing policies that support tobacco cessation is just as important as ensuring the policies that may promote smoking are not instituted.

**Ensure that grantees provide services in a smoke-free environment.** California law stipulates that smoking must be prohibited in workplaces and that “no smoking” signage must be posted. When developing RFPs/RFAs and contracts with grantees, include a provision that requires them to have a written policy indicating that services will be provided in a smoke-free environment. Offer technical assistance to assist providers develop this policy and obtain official “no smoking” signage. Your LLA may be willing to provide this technical assistance.

### **Establish policies to prohibit commissions and grantees from accepting funding from tobacco companies or investing in tobacco companies.**

Before awarding funding to any applicant, include a provision that requires grantees to stipulate that they are not benefiting financially from tobacco profits or receiving funding from tobacco companies or their parent corporate organizations. In addition, create a policy that commission reserve funds cannot be invested in tobacco-related financial products.

### **Conduct Education, Advocacy, and Outreach**

There are several ways to keep commissioners, local elected officials, parents, and the general public informed about the dangers of smoking to child health. Below are a few recommendations.

**Educate policymakers about key issues in tobacco cessation.** Though every commission may not be able to lobby, they can certainly educate their local elected officials about important tobacco cessation issues and encourage their grantees to do so, as well. For example, commissions can advocate for smoke-free environments where children gather, such as parks, fairs, and boardwalks. Commissions can support efforts to pass a local ordinance that would require tobacco retailers to keep tobacco products out of customer reach and reduce tobacco advertising in storefront windows. Commissions can also join Next Generation California Tobacco Control Alliance’s statewide advocacy efforts to secure mandated, comprehensive coverage for smoking cessation counseling and pharmaceutical aides. On a local level, commissions can advocate for increased health care access, including health benefit coverage that includes a comprehensive tobacco cessation benefit.

Also, in some counties, Master Settlement Agreement (MSA) monies have not yet been dedicated. In order to ensure that a portion of the dollars are dedicated to health services (including tobacco control programs),

commissions can work to encourage the Board of Supervisors to earmark MSA monies for health services for pregnant women and parents of young children, paying particular attention to tobacco cessation services needed for priority populations. Commissions can also conduct educational visits with their local or state legislators in district offices, letting them know about the positive impact of commission activities in the community and why tobacco control programs are necessary for the health of young children.

Finally, commissions can call on their local tobacco partners, such as the American Cancer Society, American Lung Association, and American Heart Association, who have the ability to lobby through their action networks, to advocate for other state and local policy changes important to commissions.

### How Much Does Your County Receive in MSA Payments?

The MSA is a contract established between 46 states, including California, and participating tobacco manufacturers. As part of several provisions, the MSA requires tobacco industry payments to the states totaling about \$206 billion through the year 2025. Each eligible county's or city's share of the payments is based on population information from the most recent official U.S. Census. Each local government entity decides how to spend its tobacco settlement payments. County-by-county payment information is available at <http://caag.state.ca.us/tobacco/settlements.htm>

## RESOURCE SPOTLIGHT

First 5 California Clearinghouse: includes poster, "He's/She's Not the Only One Smoking. His/Her Baby's Smoking Too" and booklet, "Your Healthy Baby: To Have A Healthy Pregnancy". (see Resource 23, p. 27)

**Educate commissioners about the importance of new tobacco cessation innovations, including policy and systems changes in support of reducing tobacco use.** Consider devoting a special meeting to discussing opportunities for commissions to become involved in fostering policy and systems changes in the community and within their own organization. Topics that might be discussed include the importance of (1) instituting systems in health care settings that allow health care providers to routinely identify, track, and treat smokers using the 5As; (2) working with local health systems to include cessation as a priority in delivering health care services; (3) passing policies to prohibit smoking in all public places and prohibiting tobacco companies and retailers from marketing themselves; and (4) ensuring that all families have access to health care, including health benefit coverage that includes a comprehensive tobacco cessation benefit.

**Incorporate anti-tobacco messages and tobacco cessation resources into outreach activities conducted by the commission.** There are several simple ways that tobacco cessation resources can be integrated into outreach services that commissions are already conducting. For example, when sending out the "Kit for New Parents," include a listing of your county's tobacco cessation resources. Encourage providers to make this information available to their clients, as well. Provide each grantee with a copy of First 5 California's poster on the harms of secondhand smoke to pregnant women, and ask them to post it in their waiting room or another location where families gather. Provide grantees with copies of First 5 California's "Healthy Pregnancy" brochure, which also contains smoking cessation information.

# Resources

The following resources are meant to be a starting point for commissions to obtain more information on the topics presented in this *Guide*. Each resource references a website link if it is available online. Website links are current as of July 2003. Commissions can access PDF versions of the documents by visiting the First 5 Association of California's website at <http://www.ccafa.org/doc.asp?ID=1585>. Other parties can access PDF versions of the documents by visiting the Center for Health Improvement's website at <http://www.cchi.org/doc.asp?id=5248>

## **Partnerships**

- 1 Joint Ethnic Tobacco Education Networks of California Brochure.** The Joint Ethnic Tobacco Education Networks of California (JETEN) is comprised of four smaller networks—the African American Tobacco Education Network, the American Indian Tobacco Education Network, the Asian & Pacific Islander Tobacco Education Network, and the Hispanic/Latino Tobacco Education Network. This brochure describes the activities of the networks and contains information on how to contact the networks.
- 2 Next Generation California Tobacco Control Alliance.** The Next Generation California Tobacco Control Alliance (NGA) is a statewide coalition working to reduce tobacco use in California. NGA accomplishes this through collaboration between traditional tobacco control constituencies and inclusion of new partners not traditionally associated with tobacco control. Founded in 1997, the Alliance has convened representatives of public, private, nonprofit, and academic interests in pursuit of a comprehensive statewide tobacco control strategy, which complements the statewide tobacco control program. NGA's main website is: <http://www.tobaccofreealliance.org/> NGA also has an online cessation resource center for health care providers at <http://www.cessationcenter.org/>
- 3 Roster of County Prop. 99 Local Lead Agencies.** Contains full contact information for 58 county and 3 city LLA Project Directors. Please note that this list is updated frequently. To ensure that you have the most recent version, check the state Tobacco Control Section website, <http://www.dhs.ca.gov/tobacco/>
- 4 Statewide Resources for Community-Based Cessation Programs.** Developed by the Next Generation California Tobacco Control Alliance as part of their *Health Care Provider's Tool Kit for Delivering Smoking Cessation Services*, this two-page document includes a listing of phone numbers for each county health department, American Cancer Society, and American Lung Association office.

## Tobacco Cessation

- 5 **California Smokers' Helpline (1-800-NO-BUTTS).** Administered by the University of California, San Diego, the California Smokers' Helpline is a free telephone counseling program funded by Prop. 99 and First 5 California that can help pregnant women and parenting adults quit smoking. Services are available in English and Spanish for pregnant callers. Services are available to all other callers in English, Spanish, Mandarin, Cantonese, Vietnamese, Korean, and a TDD/TTY line for the hearing impaired. To visit the Helpline website, go to <http://www.nobutts.org> To reach the Helpline's Outreach Department call (858) 300-1010 or send an e-mail to [cshoutreach@ucsd.edu](mailto:cshoutreach@ucsd.edu)
- 6 **Center for Tobacco Cessation.** The Center for Tobacco Cessation (CTC) is an organization focused solely on tobacco cessation issues. CTC serves as the source for the best available science on cessation and works with national partners to expand the use of effective tobacco dependence treatments and activities. To visit CTC's website, go to <http://www.ctcinfo.org/>
- 7 **Cessation Services for Asian-Americans & Pacific Islanders (APIs) in California.** These spreadsheets contain contact information and details about 15 agencies in California that offer cessation services for APIs.
- 8 **County Tobacco Cessation and Education Resources.** Disseminated by the California Smokers' Helpline, these resource sheets are developed by each county's tobacco control agency and include a local listing of tobacco cessation and education resources. The resource sheets are typically updated on an annual basis. To ensure you have the most recent copy of your county's resource list, contact the California Smokers' Helpline Outreach Department at (858) 300-1010 or [cshoutreach@ucsd.edu](mailto:cshoutreach@ucsd.edu)
- 9 **Freedom From Smoking.** This smoking cessation program of the American Lung Association is designed to fit the specific cessation needs of every individual. The program comes in four formats—a guide, an audiocassette program, a series of eight group sessions, and an online support program, all of which cover the key stop-smoking issues such as weight control, building a support system, addiction, and coping with urges to smoke. Individuals also learn to develop a quitting plan, deal with recovery symptoms, and manage stress through relaxation techniques that work. They also offer smoking cessation facilitator training. For more information on the program, visit <http://www.lungusa.org/tobacco/>
- 10 **Guide to Community Preventive Services.** Produced by the Centers for Disease Control and Prevention, this online resource provides effective community-based strategies on a variety of public health and health promotion topics, including tobacco cessation. Best practice recommendations are based on scientific evidence. Available online at <http://www.thecommunityguide.org/>
- 11 **Health Care Provider's Tool Kit for Delivering Smoking Cessation Services.** Developed by the Next Generation California Tobacco Control Alliance, this toolkit provides information on tracking patients' smoking status, service delivery models for implementing the 5As, a prescribing guide for cessation pharmacotherapies, and treatment recommendations for special populations. To access the toolkit online, visit <http://www.cessationcenter.org/>
- 12 **Here's How You Can Help Your Pregnant Patient Quit Smoking.** Developed by Smoke-Free Families, a program of the Robert Wood Johnson Foundation, this seven-page document contains information on programs, services, and products to help health care providers incorporate the 5As into their routine care of pregnant women. To access this document online, visit <http://www.helppregnant smokersquit.org/documents/SmokeFree.pdf>

- 13 **Make Yours a Fresh Start Family.** This smoking cessation program is designed expressly for health care professionals and community-based organizations working with pregnant women and parents of pediatric patients. The program trains providers to counsel smokers effectively in five minutes or less; offers self-help materials, posters, and handouts; and provides a guide to help integrate the program into the practice setting. The program is free to interested providers. To learn more about future trainings and how this program can work with you and/or your community-based grantees, contact your local office of the American Cancer Society at 1(800) ACS-2345.
- 14 **Order Form: *Pregnant and Smoking: Want to help yourself and your baby?*** This brochure, produced by the California Smokers' Helpline, reviews the harms of smoking to pregnant mothers, the benefits of quitting, and information about the Helpline. Importantly, this pamphlet is meant to be used by providers one-on-one with pregnant smokers, and contains a survey that pregnant smokers can mail back, which provides permission for Helpline counselors to contact them to offer free cessation services. Providers are encouraged to fill out the survey with the client and assist her with mailing it back. To receive free copies of this brochure, simply fill out and return this order form. The brochure comes in English and Spanish.
- 15 **Treating Tobacco Use and Dependence.** Developed by the U.S. Public Health Service, this Clinical Practice Guideline provides recommendations on how to ensure that every tobacco user seen in a health care setting is identified, treated, and monitored for follow-up. Information on how to implement the 5As is included. The guideline can be downloaded from the Internet at <http://www.ahrq.org/path/tobacco.htm>

#### Access to Health Care

- 16 **Designing a Model Cessation Benefit for Managed Care Coverage.** Developed by the Next Generation California Tobacco Control Alliance (NGA), this short policy brief describes NGA's plan to make cessation treatments more accessible and available to Californians. The brief describes the proposed coverage and co-pays for pharmaceuticals (e.g., the patch) and counseling. To download this brief online, go to <http://www.tobaccofreealliance.org/scfinal.pdf>

#### Policy

- 17 **The Cost of Smoking in California, 1999.** The California Department of Health Services, Tobacco Control Section has created at-a-glance county profiles on smoking costs, including attributable health care expenditures. This document can be used as a tool to educate policymakers through advocacy efforts. To access the document go to <http://www.dhs.ca.gov/tobacco/documents/CostOfSmoking1999.pdf> The county profiles start on p. 71.
- 18 **Health Policy Coach.** Health Policy Coach is an award-winning website developed by the Center for Health Improvement that takes users step-by-step through the policy advocacy process. The site also contains one-page "policy profiles" with information on effective, evidence-based policies on several topics, including tobacco cessation. To visit the website, go to <http://www.healthpolicycoach.org>
- 19 **State Cigarette Taxes and Projected Benefits from Increasing Them.** The Campaign for Tobacco-Free Kids has projected the benefits for California of raising the price of tobacco products. To access this one-page document, visit <http://www.tobaccofreekids.org/research/factsheets/pdf/0148.pdf>
- 20 **Ten Ways to Limit Tobacco in Your Community.** Developed by the Technical Assistance Legal Center (TALC), this four-page document describes ten policy options that a local government can take to limit tobacco in its community. This is not currently available online. To receive free copies by mail, contact TALC at (510) 444-8252.

## Education, Advocacy, and Outreach

- 21 **Baby's First Breath Prescription Pad and Referral Form.** This sample prescription pad and referral form are used by physicians and providers in San Luis Obispo County to refer new mothers to the county's "Baby's First Breath" program for more information and support in quitting.
- 22 **California's Tobacco Education Media Campaign.** This three-page fact sheet provides background information on the media campaign, including funding and evaluation results. To download the document online, visit <http://www.dhs.cahwnet.gov/tobacco/documents/FSMediaCamp.pdf>
- 23 **First 5 California Clearinghouse.** Several resources related to the dangers of smoking are available through the clearinghouse. For example, copies of the poster, "He's/She's Not the Only One Smoking. His/Her Baby's Smoking Too" can be ordered for \$.60 each in English, Spanish, Cambodian, Chinese, Filipino, Korean, Thai, and Vietnamese. Copies of the booklet, "Your Healthy Baby: To Have A Healthy Pregnancy" can also be ordered through the Clearinghouse for \$.30 each. The booklet offers tips for mothers-to-be on how to keep themselves and their babies healthy during pregnancy, including a section on the dangers of smoking and strategies and resources for quitting. To visit the First 5 California Clearinghouse, visit <http://www.cfcclearinghouse.org/> or call 1(800) 245-1512.
- 24 **Sample Tobacco Use Questionnaire Policy.** The First 5 Children and Families Commission of San Luis Obispo County's Prop 10-funded cessation program worked with county clinic staff to establish this policy in order to help formalize the referral process from clinics to the county tobacco program. The policy requires that public health department staff survey pregnant and postpartum clients on tobacco usage, tobacco history or exposure to secondhand smoke, and make appropriate referrals to tobacco cessation programs. This policy is still in draft form. The survey/questionnaire itself is also included.
- 25 **A Statewide Strategy for Smoking Cessation in California.** This one-page document describes the Next Generation California Tobacco Control Alliance's statewide strategy for smoking cessation, which includes making cessation services and treatments more consistently available through managed care organizations. To download the document online, visit <http://www.tobaccofreealliance.org/NGA.pdf>
- 26 **Tobacco Settlement Coalition Letter.** This letter was sent by a coalition of organizations to the San Luis Obispo County Board of Supervisors urging them to use the county's tobacco settlement monies to support the health of the community through increasing access to care and for health education/prevention programs.
- 27 **Tobacco Settlement Fund Allocation.** This document contains the section of San Luis Obispo County's Code that describes the allocation of tobacco settlement funds, including funds for tobacco cessation.

## Secondhand Smoke

- 28 **The ABC's of Secondhand Smoke.** Produced by the Environmental Health Center, a Division of the National Safety Council, this guide is designed to serve as a resource for reducing children's exposure to secondhand smoke in the home. To access the guide, go to <http://www.nsc.org/ehc/indoor/smokemod.htm>
- 29 **Harm Caused by Pregnant Women Smoking or Being Exposed to Secondhand Smoke.** The Campaign for Tobacco-Free Kids has created a four-page fact sheet on the adverse effects of smoking on the health of pregnant women and their newborns. To download the fact sheet, go to <http://tobaccofreekids.org/research/factsheets/pdf/0007.pdf>

- 30 **Poisoning Our Children: The Unknown Dangers of Secondhand Smoke.** Compiled by Prescription for Change, a project of the California Medical Association Foundation, this two-page fact sheet provides a concise overview on the affect of secondhand smoke on children. To download the document, go to <http://www.rxforchange.org/pdfs/otherpdfs/ETSfacts.pdf>
- 31 **Sample Comprehensive Tobacco Control Policy.** This policy has been developed by the Napa County Children and Families Commission and requires each agency, organization, or business that applies for funding for year 2003 to adhere to certain smoke-free guidelines.
- 32 **Taking Action Against Secondhand Smoke.** This online toolkit, hosted by the Centers for Disease Control, provides background information on secondhand smoke; offers action steps to guide you or your coalition to successfully work for a clean air policy for enclosed public facilities in your community; and includes tools that can be modified for your community, such as model ordinances. To visit the toolkit, go to [http://www.cdc.gov/tobacco/ETS\\_Toolkit/index.htm](http://www.cdc.gov/tobacco/ETS_Toolkit/index.htm)
- 33 **U.S. Environmental Protection Agency.** The Environmental Protection Agency’s website has a section dedicated to smoke-free homes. The site includes a community action toolkit, speaker’s toolkit, related studies, and the “smoke-free home pledge”, which provides helpful information on making your home and car smoke-free. Go to <http://www.epa.gov/iaq/ets/> to visit the site.
- 34 **Riverside County Sample Comprehensive Tobacco Control Policy.** Adopted by First 5 Riverside, this policy prohibits grantees from accepting or soliciting financial contributions, sponsorships, gifts, or services from any tobacco company, executive, or tobacco-related function. The policy also contains other provisions that grantees must adhere to that are related to tobacco control.

# References

- <sup>1</sup> Centers for Disease Control and Prevention. (1999, August). *Best practices for comprehensive tobacco control programs—August 1999*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.
- <sup>2</sup> Tobacco Education and Research Oversight Committee. (2003, January). *Toward a tobacco-free California: The Myth of Victory*. Retrieved May 16, 2003, from <http://www.dhs.ca.gov/tobacco/documents/TobaccoMasterPlan2003.pdf> and Office of the Governor. (2003, April). Press Release. "Governor Davis Announces Adult, Teen Smoking Rates Decline to Historic Lows, 4/4/2003."
- <sup>3</sup> California Department of Health Services, Tobacco Control Section. (2002, November). *California tobacco control update*. Retrieved May 16, 2003, from <http://www.dhs.ca.gov/tobacco/documents/TCSupdate.PDF>
- <sup>4</sup> Tobacco Education and Research Oversight Committee. (2003, January). *Toward a tobacco-free California: The Myth of Victory*. Retrieved May 16, 2003, from <http://www.dhs.ca.gov/tobacco/documents/TobaccoMasterPlan2003.pdf>
- <sup>5</sup> California Department of Health Services, Tobacco Control Section. (n.d.). *Smoking during pregnancy*. Retrieved May 16, 2003, from <http://www.dhs.ca.gov/tobacco/documents/Pregnancy.pdf>
- <sup>6</sup> Bradley-Hart, J. (2003, May 5). Personal communication with the Center for Health Improvement.
- <sup>7</sup> Campaign for Tobacco Free Kids. (2001, October 30). *Harm caused by pregnant women smoking or being exposed to secondhand smoke*. Retrieved May 16, 2003, from <http://tobaccofreekids.org/research/factsheets/pdf/0007.pdf>
- <sup>8</sup> American Lung Association (2002, June). *Secondhand smoke and your family*. Retrieved April 6, 2003, from <http://www.lungusa.org/tobacco/smosecondha.html>
- <sup>9</sup> Max, W., Rice, D.P., Zhang, X., Sung, H., & Miller, L. (2002, December). *The cost of smoking in California*. Retrieved May 16, 2003 from, <http://www.dhs.ca.gov/tobacco/documents/CostOfSmoking1999.pdf>
- <sup>10</sup> Marks JS, Koplan JP, Hogue CJ, Dalmat ME. A cost-benefit/cost-effectiveness analysis of smoking cessation for pregnant women. *American Journal of Preventive Medicine* 1990; 6(5): 282-9, as cited in Quinn, V. (1999, December). *Millions of California children still exposed to tobacco smoke; harms to health, higher costs result*. Sacramento, CA: Center for Health Improvement.
- <sup>11</sup> Bailey, L. (2003, June 4). Communication with the Center for Health Improvement.
- <sup>12</sup> Task Force on Advancing Parity and Leadership for Priority Populations. (n.d.). *Everyone counts: Achieving Parity Through Tobacco Control for All Communities*. Oakland, CA: Asian Pacific Partners for Empowerment and Leadership.
- <sup>13</sup> National Partnership to Help Pregnant Smokers Quit. (2002, May). *Action plan*. Chapel Hill, NC: Author.
- <sup>14</sup> Schauffler H.H., Mordavsky J, McMenamin S. (2001). Adoption of the AHCPR *Clinical Practice Guidelines for Smoking Cessation*: a survey of California's HMOs. *American Journal of Preventive Medicine*, 21(3), 153-161.
- <sup>15</sup> Gilpin, E.A., Emery S.L., Farkas A.J., Distefan J.M., White M.M., Pierce J.P. (2001). *The California tobacco control program: A decade of progress, results from the California tobacco surveys, 1990-1998*. La Jolla, CA: University of California, San Diego.

- <sup>16</sup> Centers for Disease Control and Prevention. (1999, August). *Best Practices for Comprehensive Tobacco Control Programs—August 1999*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.
- <sup>17</sup> Zhu, S., Anderson, C.M., Tedeschi, G.J., Rosbrook, B., et al. (2002, October). Evidence of Real-World Effectiveness of a Telephone Quitline for Smokers. *New England Journal of Medicine*, 347(14), 1087-1093.
- <sup>18</sup> Cummins, S. (2003, June 6). Personal communication with the Center for Health Improvement.
- <sup>19</sup> Centers for Disease Control (2001). *Women and smoking: a report of the Surgeon General-2001*. Retrieved May 19, 2003, from [http://www.cdc.gov/tobacco/sgr/sgr\\_forwomen/sgr\\_women\\_chapters.htm](http://www.cdc.gov/tobacco/sgr/sgr_forwomen/sgr_women_chapters.htm)
- <sup>20</sup> Centers for Disease Control and Prevention. *Guide to community preventive services*. Retrieved May 16, 2003 from, <http://www.thecommunityguide.org/>
- <sup>21</sup> Schauffler H.H., Mordavsky J, McMenamin S. (2001). Adoption of the AHCPR *Clinical Practice Guidelines for Smoking Cessation*: a survey of California's HMOs. *American Journal of Preventive Medicine*, 21(3), 153-161.
- <sup>22</sup> Next Generation California Tobacco Control Alliance. (2002, March). *A statewide strategy for smoking cessation in California*. Sacramento, CA: Author.
- <sup>23</sup> Note that pharmacotherapies are only recommended for pregnant smokers who are not able to quit through counseling and who smoke heavily, and only when health care providers determine that the probability of quitting and potential benefits are estimated to outweigh the risks. Source: Fiore, M.C., Bailey, W.C., Cohen, S.J., et. al. (2000, June). *Treating Tobacco Use and Dependence*. Clinical Practice Guideline. Rockville, MD, U.S. Department of Health and Human Services. Public Health Service in National Partnership to Help Pregnant Smokers Quit. (2002, May). *Action plan*. Chapel Hill, NC: Author.
- <sup>24</sup> Centers for Disease Control and Prevention. (1998). *Tobacco use among U.S. racial/ethnic minority groups: A Report of the Surgeon General, 1998*. Atlanta, GA: Author.
- <sup>25</sup> Centers for Disease Control and Prevention. *Guide to community preventive services*. Retrieved May 16, 2003 from <http://www.thecommunityguide.org/>
- <sup>26</sup> Campaign for Tobacco Free Kids. (2003, February 27). *State cigarette taxes and projected benefits from increasing them*. Retrieved May 16, 2003, from <http://tobaccofreekids.org/research/factsheets/pdf/0148.pdf>
- <sup>27</sup> Centers for Disease Control and Prevention. *Guide to community preventive services*. Retrieved May 16, 2003 from, <http://www.thecommunityguide.org/>
- <sup>28</sup> Task Force on Advancing Parity and Leadership for Priority Populations. (n.d.). *Everyone counts: Achieving Parity Through Tobacco Control for All Communities*. Oakland, CA: Asian Pacific Partners for Empowerment and Leadership.
- <sup>29</sup> California Department of Health Services, Tobacco Control Section. (n.d.). *Adult smoking*. Retrieved June 6, 2003, from <http://www.dhs.ca.gov/tobacco/documents/AdultSmoking.pdf>
- <sup>30</sup> Quinn, V. (1999, December). *What Works? Community-based Support Services Enhance Smoking Cessation Programs*. Sacramento, CA: Center for Health Improvement.
- <sup>31</sup> Mills, J. (2003, May 20). Personal communication with the Center for Health Improvement.
- <sup>32</sup> Brown, L. (2003, July 28). Personal communication with the Center for Health Improvement.
- <sup>33</sup> Brown, L. (2003, July 28). Personal communication with the Center for Health Improvement.
- <sup>34</sup> Schuyler, M. (2003, August 8). Personal communication with the Center for Health Improvement.
- <sup>35</sup> Machado-Derdowski, J. (2003, August 7). Personal communication with the Center for Health Improvement.
- <sup>36</sup> Institute of Medicine. (1988). *The Future of Public Health*. Washington, DC: National Academy Press.

# Appendix

## Attachment 1: Efforts Already Underway: County Children and Families Commissions Support Tobacco Cessation

### *Local Efforts*

A recent survey found that county children and families commissions (commissions) throughout California support tobacco use prevention, education, and cessation—with a focus on educating pregnant or parenting women and their families about the risks of tobacco use and secondhand smoke. Conducted in 2003, the survey received a 95% response rate and found that commissions support tobacco control efforts in a variety of ways, including providing funding for tobacco prevention and cessation programs, establishing policies related to tobacco, linking with Prop. 99 and other partners, and collecting data on the use of tobacco products. Based on the survey, the following is a snapshot of commission activities in these areas:

- *Funding.* Thirty-eight percent provided funding for tobacco prevention or cessation projects during FY 2001/02 or FY 2002/03. Commissions estimate they will have spent more than \$10 million during this time period, serving more than 160,000 children and families. In addition, 97% of all counties fund programs—such as homevisiting programs, child care programs, and family resource centers—that provide tobacco prevention, education, and/or cessation services.
- *Tobacco Policies.* Fifty-seven percent have one or more tobacco policies in place. Seventy-six percent require funded programs to have adopted tobacco control policies, such as avoiding client exposure to secondhand smoke. Fifty-two percent will not fund an agency invested in tobacco companies or related products.
- *Partnerships.* Seventy-two percent are linked with tobacco education, prevention, and/or cessation groups and organizations either directly or through their grantees. Seventy-one percent of those counties work directly with their local Prop. 99 coalitions. Commissions partner with Prop. 99 in various ways, including: distributing or using materials and trainings sponsored by Prop. 99; sharing data; and serving as a member of the coalition. Commissions are also linked to the American Cancer Society, American Lung Association, and other local organizations' tobacco control efforts.
- *Data Collection.* More than 25% of commissions collect data on the use of tobacco products. Most of these counties collect data related to the exposure of children aged 0-5 to tobacco smoke, including prenatal exposure. Commissions also collect data on tobacco use (e.g., use at initial contact, success at quitting, and relapse).

### *Statewide Efforts*

At the state level, First 5 California is investing in the Make Yours a Fresh Start Family Program, media efforts, and the California Smokers' Helpline.

First 5 California is funding a demonstration project in collaboration with the American Cancer Society's program, Make Yours a Fresh Start Family. Make Yours a Fresh Start Family is a free, comprehensive program based on the 5As that trains health care providers to counsel pregnant women and mothers to stop smoking. The demonstration project, which started in 2002, provides services in seven counties in California—Riverside, San Bernardino, Imperial, Sacramento, Stanislaus, Alameda, and Monterey. These counties were chosen because they represent a variety of urban and rural counties and a diverse ethnic makeup. The goals of the demonstration project include building community capacity to implement the program; training 600 doctors and 1,200 health care professionals to implement the program; expanding the program to reach out to

household members who smoke; evaluating the program for English-speaking and Spanish-speaking participants; and establishing best practices for what works best in California. As of April 2003, 20 trainings have been held and 403 providers have been trained. As this is a current project of First 5 California, there are no completed evaluations of the effectiveness of the program; however, the demonstration project contains an evaluation component that will be fully developed after the project's conclusion.

Since January 2000, First 5 California has spent more than \$37 million on anti-tobacco public education and outreach. The public education media campaign focuses on the dangers of secondhand smoke to young children and the harmful effects of smoking and secondhand smoke on pregnant women. First 5 California's media efforts include television, newspaper, radio. The "Kit for New Parents" also contains a series of informational brochures, including one on Healthy Pregnancy that covers smoking cessation information.

First 5 California's hotline, 1-800-KIDS-025, is included as part of each ad. Through a \$3 million contract with the California Smokers' Helpline, First 5 callers who dial 1-800-KIDS-025 and request information on smoking cessation, are directly transferred to the Smokers' Helpline. First 5 California has provided funding to the Helpline since January 2001.

Sources: Social Entrepreneurs Inc. (2003, March). *California children and families association: 2003 tobacco prevention and cessation assessment report*. First 5 Association of California. Available online at <http://www.ccafa.org>

Kasabian, N. (2003, June). Personal communication with the Center for Health Improvement.

Rickards, S. (2003, April 25). First 5 California Conference presentation.

## Attachment 2: Secondhand Smoke Threatens the Health of Pregnant Women and Children

### What Is Secondhand Smoke?

Secondhand smoke, also called Environmental Tobacco Smoke (ETS), is a mixture of the smoke given off by the burning end of a cigarette or other tobacco products and the smoke exhaled from smokers. Secondhand smoke contains chemicals known to be toxic or cause cancer in humans.

### What Are the Health Risks to Pregnant Women and Children?

Secondhand smoke poses serious health risks to all individuals, especially pregnant women and children. Exposure to secondhand smoke among pregnant women is a major cause of spontaneous abortions, stillbirths, and sudden infant death syndrome (SIDS) after birth. Children exposed to secondhand smoke are more likely to suffer from bronchitis, pneumonia, and asthma, and experience more ear infections.<sup>1</sup> A recent study found that infants whose mothers smoke are 50% more likely to be hospitalized for a respiratory infection than infants of nonsmokers.<sup>2</sup>

### How Can Commissions Help?

Research shows that the most effective method to reduce exposure to secondhand smoke is through smoking bans and restrictions. Smoking bans and restrictions are policies, regulations, and laws that limit smoking in workplaces, restaurants, child care centers, schools, and other public places. Smoking bans are most effective, as they prohibit smoking entirely; however, smoking restrictions, which limit smoking in designated areas, have also been proven effective.

Providing information about the dangers of secondhand smoke to parents and others living in or visiting the home has also been found to be effective in some studies, though researchers have not yet gathered enough evidence to label it a “best practice.” In California, smoking is banned in many public places, including workplaces, schools, restaurants, playgrounds, and tot lots (i.e., a play area in a park designated for use by children under five years old). However, there are still places that families visit that do not ban smoking, such as parks (except playgrounds and tot lots) and fairs. Commissions can consider the following steps for reducing secondhand smoke exposure among young children:

1. Ensure that all community-based grantees follow state smoke-free workplace laws.
2. Join advocacy efforts in your community to advocate for smoke-free environments where children gather, such as parks, fairs, and boardwalks.
3. Encourage grantees to educate families about the harmful effects of secondhand smoke on the health and well-being of their children.

Sources: American Lung Association (2002, June). *Secondhand smoke and your family*. Retrieved April 6, 2003, from <http://www.lungusa.org/tobacco/smosecondha.html>

California Department of Health Services, Tobacco Control Section. (2002, November). *California tobacco control update*. Retrieved May 16, 2003, from <http://www.dhs.ca.gov/tobacco/documents/TCSupdate.PDF>

Centers for Disease Control and Prevention. *Taking Action Against Secondhand Smoke: An Online Toolkit*. Retrieved May 1, 2003, from [http://www.cdc.gov/tobacco/ETS\\_Toolkit/index.htm#1](http://www.cdc.gov/tobacco/ETS_Toolkit/index.htm#1)

Centers for Disease Control and Prevention. *Guide to community preventive services*. Retrieved May 16, 2003 from, <http://www.thecommunityguide.org/>

Quinn, V. (1999, December). *Millions of California children still exposed to tobacco smoke; harms to health, higher costs result*. Sacramento, CA: Center for Health Improvement.

### **Attachment 3: Comprehensive Tobacco Control Policy**

As a material condition of the agreement, the Recipient shall agree that the Recipient and the Recipient's employees, while receiving funding from the Commission:

1. Shall not use/possess tobacco products while using the Recipient's property e.g. vehicle, equipment;
2. Shall not sell, offer or provide tobacco products on Recipient 's premises;
3. Shall participate in Commission sponsored in-service trainings on tobacco education and cessation and will have tobacco education and cessation materials visibly available and accessible to clients participating in activities funded by the Commission;
4. Shall assure that the Recipient and its employees have no current business association or relationship with the tobacco industry, and further agrees to neither accept nor solicit financial contributions, sponsorships, gifts, or services from any tobacco company, executive, or tobacco-related function; and
5. Shall make a reasonable effort to divest of all investments in companies that derive 15% or more of their revenues from tobacco.

The Commission may terminate for default or breach of this Agreement and any other Agreement the Recipient has with the Commission, if the Recipient or Recipient 's employees, are determined by the Executive Director, or designee, not to be in compliance with the conditions set forth herein.