Spring/Summer 2005

Helpline Wire

The Newsletter of the California Smokers' Helpline

California Smokers' Helpline
1-800-NO-BUTTS

New Resources & Activities

SAMHSA Award of Excellence A California Smokers' Helpline paper published in the *New England Journal of Medicine* caught the attention of SAMHSA, the Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services. After a lengthy review process, the Helpline received an Award of Excellence as a SAMHSA Model Program. This award honors well implemented, well evaluated programs proven to prevent or reduce substance abuse and approved by the National Registry of Evidence-based Programs and Practices (NREPP).

New Website The Helpline's new, improved website features a "Quitting Info" side for those seeking cessation assistance and a "Health Care Provider" side for professionals. Users can access and download resource listings by county, and health care providers can view promotional materials and download order forms. Helpline newsletters can also be viewed and downloaded. Visit our new website at www.nobutts.org.

Enhanced Phone Service The Helpline has added an Automated Phone Facts Line to its after-hours voice mail service. The 250 recorded messages cover a variety of topics, from tips on quitting to information about Medi-Cal coverage of NRT. An 8-week randomized study shows that callers use the Phone Facts Line and continue to leave voice mail messages as well.

Partnerships In an exciting partnership with the ***Oakland Berkeley Asthma Coalition (OBAC)***, the Helpline is piloting materials among Alameda county pediatric service providers. The partnership mailed out packets of educational resources on secondhand smoke and asthma during Asthma Awareness Month (May). Packets contained smokefree pledge cards and order forms for more materials. A chance to order and evaluate a child asthma/smokefree homes poster is in the works.

In March, the Helpline partnered with ***MedPoint Management*** to send patient cessation resources to over 2,500 physicians in Los Angeles County. MedPoint Management is a consulting group specializing in independent physician practices. The joint mailing included a customized letter with logos from both organizations, sample Helpline materials, and an order form. This effort is an excellent example of how, with minimal expenditures, a partnership can get the word out about tobacco cessation resources.

The ongoing partnership between the Helpline and the ***California Diabetes Program*** has begun a **"Be Proactive" campaign**, encouraging health care providers to bring up tobacco use issues with all patients who have diabetes. To facilitate this exchange, the partnership has created various FREE tools that are available for download at www.caldiabetes.org.

CURRENT PERSPECTIVES

Motivation: A Mainstay of the Quitting Process

by Susan Hian & Abbe Long

"Could you just send me some gory photos of diseased lungs?" Helpline counselors sometimes hear this request from clients who hope to bolster their motivation to quit smoking. Though we stock few photos, our counselors are well equipped to assist these clients. Scare tactics are one way to boost motivation, but we choose a different approach, guiding clients to identify their own personally meaningful motivators. Our counselors' role is not to give clients the motivation to change, but to help them find and strengthen the motivation they already have.

Helpline counselors may begin by asking clients what they like and dislike about smoking. Weighing pros and cons lets the client begin to identify personal reasons for quitting. These may relate to the client's health, to the well-being and future of the client's family, to the expense of smoking, to the discomfort of going against social norms and dealing with legal restrictions, or simply to the desire to be free of a tyrannical habit. As the client examines and clarifies reasons, building his or her own argument against smoking, motivation grows.

Still, clients' ambivalence about quitting may threaten to undermine their motivation. To counter ambivalence,

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CALLER PROFILE

California recently announced an all time low adult smoking prevalence: 15.4%. While this ranks as one of the lowest in the nation, not all California populations share in this success. The cause for concern is not immediately apparent. For example, according to 2002 California Tobacco Survey data, the average smoking rate for Hispanics/Latinos (H/L) is only 13.4%—lower than for the general California population. However, when the data are aggregated by gender and language preference, a very different picture emerges. The smoking prevalence rate for Hispanic/Latino men who speak English is actually alarmingly high: 19%. For those who speak Spanish, it is higher still: 21.3%.

Hispanic/Latino smoking prevalence (California Tobacco Survey, 2002)

	Spanish-speaking H/L	English-speaking H/L
Male	21.3%	19.0%
Female	3.6%	10.9%

These data demonstrate the urgent need for linguistically appropriate and effective cessation services.

Since its 1992 inception, the Helpline has provided cessation services in both English and Spanish. The data below profile Hispanic/Latino Helpline clients from May 2002-April 2005 (21,588 callers). The bar graphs address Hispanic/Latino clients' age, language preference, services requested, education level, and use of home smoking bans. The graphs show that:

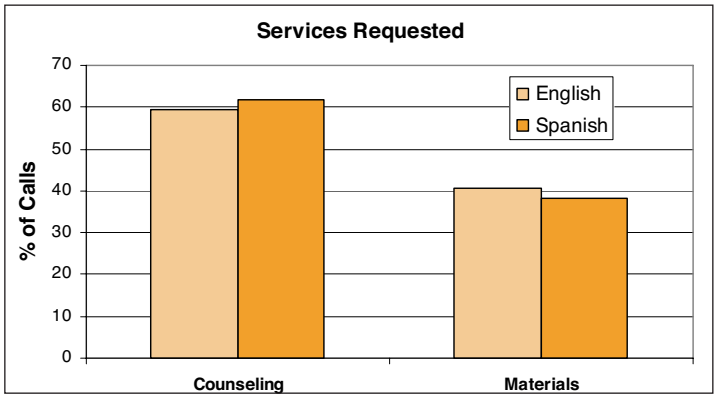
- Most H/L callers are 25-44 years old.
- Home smoking bans are in effect in most H/L households.
- Services requested by Spanish-speaking and English-speaking H/L callers do not differ significantly.
- English-speaking H/L callers have a higher level of education.

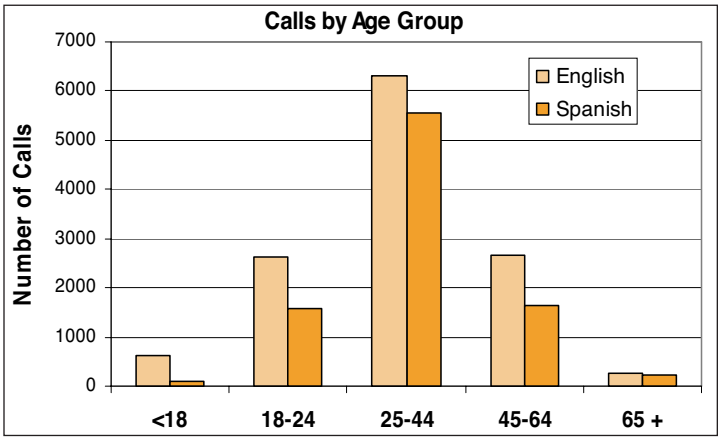
Referral sources for Hispanic/Latino callers differ by language preference:

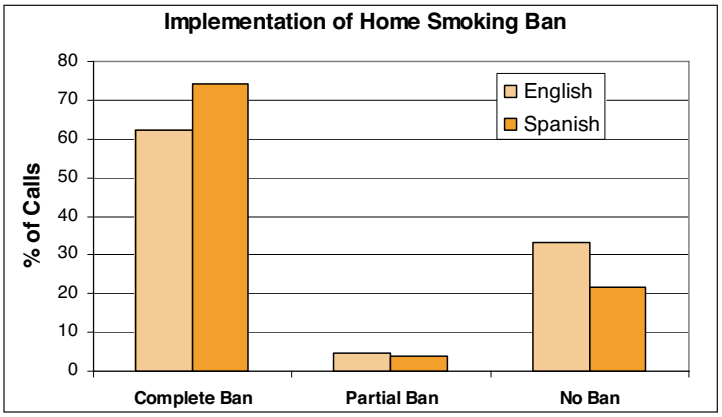
	Media	Health Care Provider	Family/Friend	Other
English	56%	16%	10%	18%
Spanish	71%	8%	7%	14%

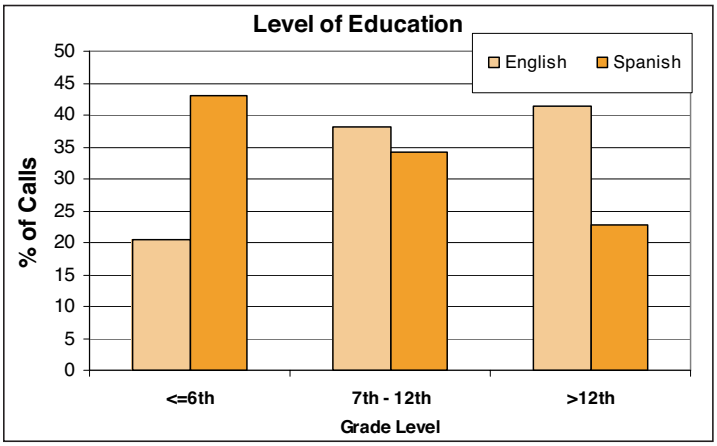
These data can help to guide future program decisions impacting the smoking prevalence of the Hispanic/Latino community. For more details about the data, please contact Judi Mills: jamills@ucsd.edu or (858)300-1012.

HISPANIC/LATINO CALLERS









CURIOUS QUERIES

Q. Do you still offer special services for pregnant women?

A. Yes. Our pregnancy-specific services include five counseling sessions plus several mailings throughout the client's pregnancy.

Q. What about your free, proactive referral tool "Want to Help Yourself and Your Baby?"

A. This is still available and in use. Helpline counselors attempt proactive phone contact with every client referred via this brochure, and the Helpline mails materials to each one as well.

Q. Do you offer services in Armenian, Russian, Samoan, Laotian, or Khmer?

A. The California Department of Health Services has not yet designated statewide quitline numbers or services for speakers of these languages. Currently, the Helpline offers services in English, Spanish, Mandarin, Cantonese, Korean, and Vietnamese. However, other groups offer resources in more languages:

Armenian
Krikorian Marketing Group
(818) 240-7987
Brochures and information

Russian
Sunset Russian Tobacco Education Project
Bay Area Community Resources
(415) 682-1972
Self-help materials, counseling, education

Samoan, Laotian, Khmer, Russian
Tobacco Education Clearinghouse of California (TECC)
(831) 438-4822, www.tecc.org/public
Written materials, posters, cards, videos

For resources in your area, visit www.nobutts.org.

ADDRESSING DISPARITIES IN HEALTH

MOVING FORWARD TO PARITY IN THE HISPANIC/LATINO COMMUNITY

By Lourdes Baezconde-Garbanati, Ph.D., M.P.H., Cecilia Portugal, M.P.H., Rosa Barahona, and Cynthia Carrasco

For almost 15 years, the California Hispanic/Latino Tobacco Education Partnership has worked to eliminate tobacco-related disparities in the Hispanic-Latino (H/L) population. Our goals include achieving parity in all aspects of tobacco control; increasing diversity of tobacco control coalitions and programs; and building and promoting inclusiveness and leadership among Hispanics/Latinos in tobacco control decision making. We have developed a useful model for the elimination of disparities. It focuses on defining our community (including history and culture), ensuring cultural competency in programs and materials, and working toward diversity and inclusivity. To reach our goals, we compile and disseminate the latest scientific information, provide training and technical assistance, do capacity building, and help build infrastructure in projects funded by the Tobacco Control Section of the California Department of Health Services. We also offer mini-grants for innovative grass roots efforts promoting smoke-free communities, workplaces, and housing.

Achieving parity is much more than the elimination of disparities. *Parity*, as defined by our 2002 Parity Task Force, refers to a healthy process involving equity in how decisions are made, how funding and resources are allocated, and which programs are implemented. One example is our Regale Salud campaign against secondhand smoke. This campaign empowers H/L community leaders who in turn promote voluntary smoking restrictions in AB13 exempted workplaces and multi-housing units. We provide a culturally and linguistically appropriate tool kit for those who wish to work in this area. This process will sustain true tobacco control parity in years to come.

Achieving parity also involves working toward tobacco cessation. Many H/L populations lack health insurance and access to health care, which translates to lack of cessation support. With this in mind, we collaborate with several groups in a Cessation Advocacy campaign to help increase the participation of Hispanics/Latinos in cessation programs, including the California Smokers' Helpline (1-800-45-NO-FUME), the California Latino Medical Association (CaLMA) and Care 1st Health Plan. To facilitate these efforts, the H/L Partnership has produced a new tool to help health care providers offer culturally appropriate cessation assistance to their patients.

According to the U.S. Census Bureau, Hispanics/Latinos are now the largest ethnic group in the state (32%), and the H/L population is expected to grow in the next decades. Eliminating disparities in tobacco control in our H/L community is increasingly crucial. We invite all concerned groups to join our efforts.

For more information, contact the Hispanic/Latino Tobacco Education Partnership, Institute for Prevention Research at the University of Southern California, Los Angeles, CA at (626) 457-6611 or find out more about the H/LTEP at www.hlpartnership.org. The H/LTEP is funded by the Tobacco Control Section, CA Department of Health Services.

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Don't Miss the Next Edition of the Helpline Wire

Send Us Your Email Address

In an effort to save trees and money, the Helpline Wire is transitioning to an electronic version of the newsletter. To continue or start receiving the Helpline Wire, simply send your email address to **cshoutreach@ucsd.edu.**

THANK YOU!

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Helpline counselors find motivational interviewing techniques particularly useful. These techniques, as explained in Miller and Rollnick's 2002 *Motivational Interviewing*, help people recognize and solve problems. They combine key concepts from existential-humanistic and cognitive-behavioral theory, integrating non-directive (client-centered interpersonal relationship, empathic listening skills) and directive approaches (problem-solving and goals-focused). The relationship between client and counselor is collaborative. The counselor does not take the role of expert, use labels (addictive personality, nicotine addiction), or tell the client what to do. Five clinical principles underlie motivational interviewing:

1. *Express empathy.* Show understanding of the client's perspective; don't judge or blame.

2. *Develop discrepancy.* Help the client note discrepancies between current behavior and personal goals.

3. *Avoid argumentation.* Don't argue or disagree with the client. Arguing elicits defensiveness and opposition.

4. *Roll with resistance.* Accept resistance as understandable. View and treat it as an interpersonal problem influenced by your own behavior, to be met with reflection rather than confrontation.

5. *Support self-efficacy.* Emphasize personal responsibility and choice; instill confidence and hope; increase the client's sense of ability to cope.

The interplay between motivation and self-efficacy is highlighted in an excerpt adapted from the California Smokers' Helpline Counselor Training Manual:

"A client with strong motivation to change may nevertheless feel unable to do so. Low self-efficacy can sabotage a quit attempt. In fact, a lack of confidence about staying abstinent is highly predictive of relapse. For this reason, Helpline counselors work to boost clients' self-efficacy while downplaying its importance in quitting smoking. The motto *'Motivation + Preparation = Success'* conveys the idea that a strong reason to quit can compensate for low self-efficacy. The client must come to believe that lack of confidence is not necessarily fatal. To shift the client's focus from confidence to motivation, the counselor may ask the client to imagine being offered $100 to refuse a cigarette. Most likely the client can imagine taking the money and refusing the cigarette. This illustrates how motivation (in this case the hypothetical money) can overcome low confidence."

Thus, for many reasons, strengthening motivation is important in helping clients create a solid plan to quit smoking. Through the combination of motivation, support, and skill building, Helpline counselors assist Californians who want to commit to a healthier, smoke-free lifestyle.

Susan Hian and Abbe Long are both Couselor Supervisors at the California Smokers' Helpline.

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