



Commercial Tobacco Control & Prevention and Chronic Disease Toolkit for Tribal Communities

The HealthCare Partnership at the University of Arizona developed the Basic Tobacco Intervention Skills Certification for Native Communities which builds upon the Five A's model. The HealthCare Partnership is responsible for developing the Tobacco Dependence Treatment Continuing Education Programs which have been approved by nationally-accredited health and human services boards and described as "the best evidence-based information that is simple, practical and easy to understand." The A PROMISE Partnership has worked with the HealthCare Partnership throughout the entire project period to train and certify healthcare staff that are working in tribal communities throughout the United States.

The certification program is made up of an introduction and six modules:

- Introduction-Laying the Foundation
- Module 1: The Health Consequences of Commercial Tobacco
- Module 2: Tobacco Dependence and Treatment
- Module 3: Tobacco and Culture: Working with Native People
- Module 4: Intervention Essentials: The Integrated Five A Model
- Module 5: Putting Your Skills Into Action
- Module 6: Follow-up Interventions

A powerpoint presentation that was created by ITCM to go along with the HealthCare Partnership's certification program is included in this toolkit and covers the 5 A's model and motivational interviewing. If you would like more information about the HealthCare Partnership please visit their website at <http://www.healthcarepartnership.org/>.



BASIC TOBACCO INTERVENTION SKILLS CERTIFICATION FOR NATIVE COMMUNITIES

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RED STAR INNOVATIONS

Welcome



- Name
- Tribe & Program
- Experience
- Welcome exercise

Guidebook Introduction

- Introduction
 - Pages 1-13
 - Background information
- 6 Learning Modules
 - Pages 15-98
 - Learning objectives
 - Information, learning activities, videos
- Appendices
- Materials

Unhealthy Behaviors (Introduction~15 minutes)

Learning Objectives:

- ▣ The relationship of unhealthy behaviors and chronic disease
- ▣ Chronic diseases that are prevalent among Native Communities
- ▣ Brief interventions as a technique to alter high-risk behaviors
- ▣ Five A Model

Unhealthy behaviors Cause Disease

- At least 50% of deaths in the US from the ten leading causes of death are strongly linked to lifestyle-related behaviors, such as tobacco use, poor dietary habits and inactivity, alcohol misuse, illicit drug use and risky sexual practices.

Watch & Learn

Health Risk Behaviors
DVD Chapter 1



Native Communities and Chronic Disease

- Diabetes-rates among certain tribes are among the highest in the world
- Cardiovascular Disease-heart disease is the leading cause of death among AI/AN
- Cancer-nationally, from 2003-2007, AI/AN men were 80% more likely to have liver cancer, Native women are 2.6 times more likely to have liver cancer
- Asthma-14.2% of adults and 10% children diagnosed in 2009
- Maternal & Child Health-in 2001 AI had the highest rate of Sudden Infant Death Syndrome
- Obesity-is a major health problem in AI communities

Native Communities and Chronic Disease

Rates of death from disease for American Indian and Alaska Native (AI/AN) people are as follows:

1. Heart disease
2. Cancer
3. Unintentional injuries
4. Diabetes
5. Chronic liver disease and cirrhosis
6. Stroke
7. Chronic lower respiratory disease
8. Suicide
9. Nephritis, Nephrotic syndrome, and Nephrosis
10. Influenza and pneumonia

(CDC, 2006) page 6

Brief Interventions

- A brief intervention is a low intensity, but meaningful, interaction between two or more people with the ultimate goal of assisting the individual in making a health lifestyle change to achieve optimal health outcomes
- HealthCare Partnership programs are based on the “Five A” construct-first developed by the National Cancer Institute and later expanded by the U. S. Department of Health and Human Services
- Integrating low-intensity interventions into clinical settings can help to improve and even save lives

The Five A Model

- Ask....about present and historical information related to the unhealthy behavior
- Advise....about the health hazards of current behavior using motivational interviewing techniques
- Assess....current commitment to consider changing unhealthy behavior
- Assist....in developing a healthy life plan, to self-manage change and move toward healthy behavior
- Arrange....to follow up in order to support success; refer to local and national resources



You will make a difference!

Watch & Learn

Health Consequences of Commercial Tobacco
DVD Chapter 2



Health Consequences of Commercial Tobacco (Module 1 ~ 15 minutes)

Learning Objectives:

- Know statistics related to AI/AN commercial tobacco use, health, and disease prevalence
- Understand how secondhand and thirdhand smoke endangers health
- Be able to screen and assess for tobacco use and exposure to environmental tobacco smoke

Tobacco and Disease

The bad news is....

- 1 in 5 people in the United States die each year from commercial tobacco use
- 1,215 people per day

The good news is....

- Less than 3 minutes (180 seconds) of commercial tobacco dependence counseling can increase quit rates by 60%
- The right medications can potentially double tobacco quit rates
- Multiple behavioral interventions-boost those rates even higher

Watch & Learn

Tobacco Dependence Treatment Works

DVD Chapter 3



Tobacco Use Interventions Matter

- Treatment reduces costs to the community
- People want to quit-more than 70% of those that use commercial tobacco report wanting to quit
- Treatment is effective
- We can save lives

Native Health and Tobacco (page 19)

- High prevalence rates compared to their ethnic/racial counterparts
- 36% of adult AI/AN reported smoking cigarettes (2008)
- Men 42.3%-Women 22.4%
- 17.8 % AI/AN women smoke during pregnancy
- Youth have the greatest cigarette smoking prevalence of all race/ethnic groups

Smokeless Tobacco (page 20)

- Not a safe alternative to smoking tobacco
- Nicotine absorbed from smokeless tobacco is 3-4 times the amount delivered by a cigarette
- 28 cancer-causing agents
- Native adults had the highest use of smokeless tobacco out of all race/ethnic groups (2008)
- Native youth living on reservations have the highest smokeless tobacco use of any other ethnic group

Environmental Tobacco Smoke (page 21)

- Environmental Tobacco Smoke (secondhand smoke) is dangerous at any level
- Secondhand smoke is more toxic than smoke taken in by smoking-2-3 times more nicotine, about 10 times the carbon dioxide and as much as 30 times the toxins
- Women married to men who smoke cigarettes have a 91% greater risk of heart disease
- Secondhand smoke results in hospitalization and death for children

Environmental Tobacco Smoke (page 22)

- Components of secondhand smoke
- 4,000 chemical compounds, 200 are poisons and more than 69 cause cancer
- Smoke-filled room is up to 6 times more air pollution than a busy highway
- Secondhand smoke remains in an enclosed area for approximately 2 weeks before the air is clean*
- About 60% of children ages 3-11 are exposed to environmental smoke, by age 5 each of them will have inhaled the equivalent of 102 packs of cigarettes

Watch & Learn

Environmental Tobacco Smoke
DVD Chapter 4



Health Consequences of Involuntary Exposure to Tobacco Smoke (page 23)

- Secondhand smoke causes premature death and disease in children and adults who do not smoke
- Children exposed to secondhand smoke are at an increased risk of sudden infant death syndrome (SIDS), acute respiratory infections, ear problems, and more severe asthma-slow growth in their lungs
- Exposure to secondhand smoke has immediate adverse effects on the cardiovascular system and causes coronary heart disease and lung cancer
- No risk-free level of exposure to secondhand smoke
- Millions of adults and children are exposed to secondhand smoke
- Cleaning the air or ventilating buildings cannot eliminate exposure of secondhand smoke

Thirdhand Smoke (page 24)

- Thirdhand smoke is the term given to the residual of tobacco contamination that settles into the environment and stays there after a cigarette has been put out
- Tar and nicotine (along with other chemical particles) can linger on clothes, hair, upholstery, drapes, and other items in a room
- Nicotine remains on surfaces for days and weeks- carcinogens are then created over time and can be inhaled, absorbed or ingested
- Children of caregivers/parents are at a very high risk of thirdhand smoke exposure and contamination-young children can ingest tobacco residue by putting their hands in their mouths after touching contaminated surfaces

A decorative horizontal bar at the top of the slide, consisting of an orange rectangular section on the left and a blue rectangular section on the right. The text is white and centered within the blue section.

Regina Benjamin, M.D., M.B.A, U.S. Surgeon General

“There is no safe level of exposure to tobacco smoke. Every inhalation of tobacco smoke exposes our children, our families, and our loved ones to dangerous chemicals that can damage their bodies and result in life-threatening diseases such as cancer and heart disease.”

Understanding Tobacco Dependence

(Module 2 ~ 20 minutes)

Learning objectives:

- ▣ Understand commercial tobacco dependence as a chronic disease
- ▣ Be aware of the complex nature of tobacco dependence and nicotine addiction
- ▣ Be able to cite the three links in the chain of tobacco dependence

Watch & Learn

Three-Link Chain
DVD Chapter 5



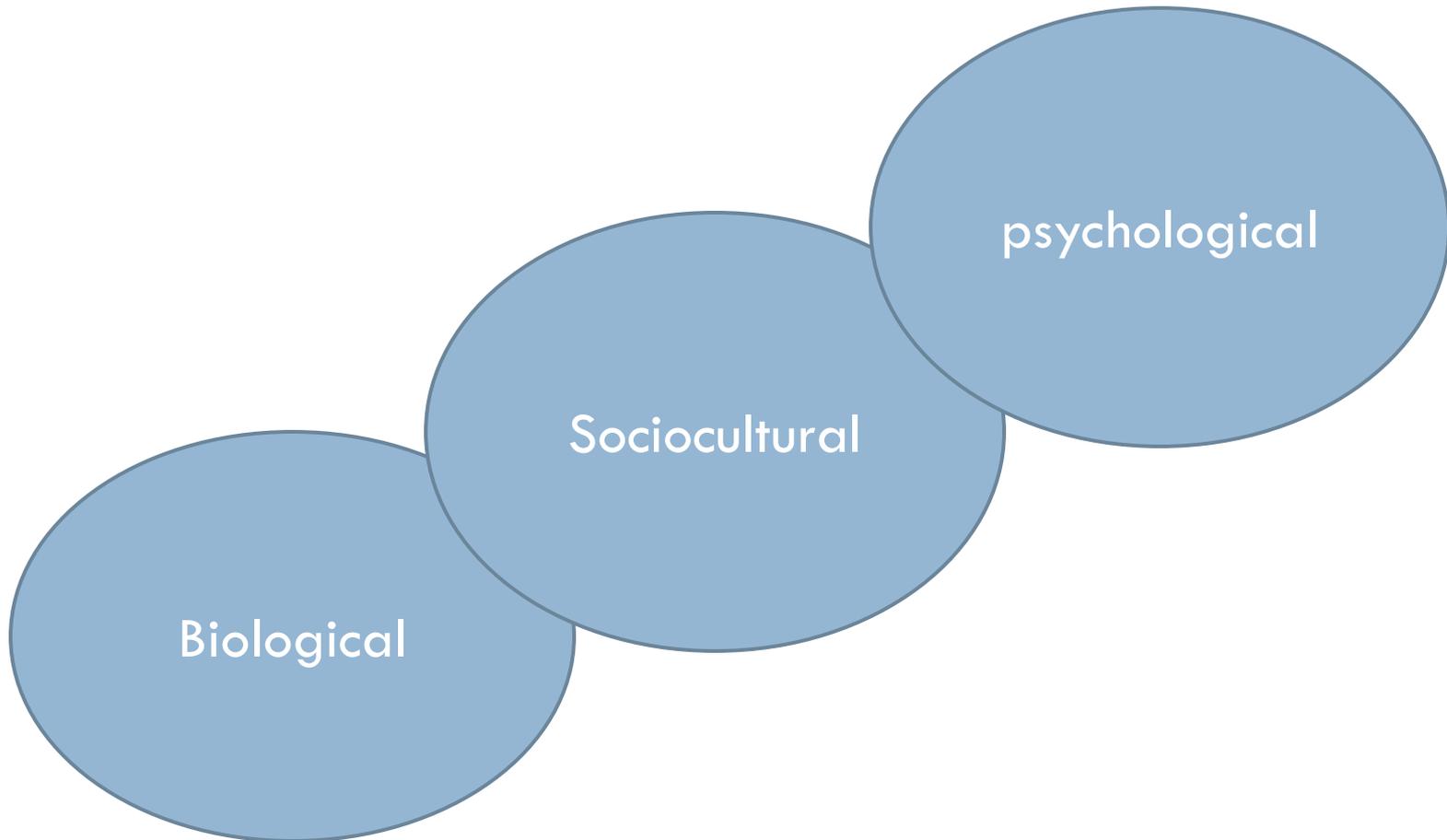
Understanding Tobacco Dependence

(page 29)

- Cigarettes and other forms of tobacco are addictive
- Nicotine is the drug in tobacco that causes addiction
- The physiological and behavioral processes that determine nicotine addiction are similar to those that determine addiction to drugs such as heroin and cocaine
- Read quote on the bottom of the page 😊

The Three-Link Chain of Dependence

(page 30)



Biological Factors of Tobacco Dependence

- Long-term tobacco use is not a simple matter of choice or habit; in fact, quitting commercial tobacco use is complicated by very real physical challenges!
- Nicotine changes brain structures associated with feelings of reward and arousal (changes persist long after a person stops using tobacco)
- Reducing or abruptly quitting tobacco causes withdrawal symptoms within hours of last use-most severe in the **first two weeks, the period of greatest risk for relapse***

Symptoms of Nicotine Withdrawal

- Depressed mood, frustration, irritability, and anger
- Restlessness, anxiety, difficulty concentrating, and insomnia
- Increased appetite and weight gain
- Decreased heart rate

Psychological Factors of Tobacco

Dependence (page 31)

- Many people associate smoking cigarettes with pleasurable activities and feelings
- Commercial tobacco use may help with relief of unpleasant feelings-to help through a stressful situation
- Used to cope with stress, loneliness, boredom or anger
- Used to self-medicate for pain or psychiatric conditions (schizophrenia, depression, anxiety, eating disorders, or attention deficit disorder)
- Some people use commercial tobacco to control weight, concentrate better, or stay awake
- Response to environmental cues (read bottom of page 31)

Sociocultural Factors of Tobacco Dependence (page 32)

- Commercial tobacco does play a role in our society which is commonly linked to social interaction
- Marketing plays a part
- Commercial tobacco can be used to identify with a group
- Traditional tobacco does have an important role in the culture

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Activity

Tobacco & Culture (Module 3~30 minutes)

Learning Objectives:

- ▣ Adapt your communication with AI/AN people to maximize effectiveness
- ▣ Demonstrate respect for the traditions of diverse communities
- ▣ Distinguish between traditional and commercial tobacco use

Watch & Learn

Commercial vs. Traditional Tobacco
DVD Chapter 6



Traditional vs. Commercial

- Commercial-harmful addictive chemicals
- Traditional-religious, ceremonial or medicinal purposes
- Different Tribes Different Uses-Group Sharing

Read pages 40-46

Share feelings and new understandings

How would you adapt this intervention to meet the needs of your clients?



~healer Anthony Lee Sr., President
of the Dine Hataalii Association

“The whole idea is to bring the patient back into harmony and balance with mother earth and father sky....[and] with the natural elements”

Indigenous Medicine and Traditional Healing

- Traditional healing
- Beliefs and culture
- Health beliefs

Traditional vs. Western Medicine

Traditional Indian Medicine

- ▣ Mind, body, spirit; holistic
- ▣ Ceremonies heal
- ▣ Ceremonies teach patient to be well
- ▣ Beliefs and family assessment included in diagnosis
- ▣ Healing and harmony emphasized
- ▣ Herbal medicines from nature

Western Medicine

- ▣ Reductionist approach
- ▣ M.D. doing the healing
- ▣ Teaches patients to depend on medical system
- ▣ History, physical and lab data used to make diagnosis
- ▣ Disease and curing emphasized
- ▣ Pharmaceuticals

Traditional Communication

- Listen
- Speak quietly
- Do not interrupt
- Be patient and respectful
- Follow cues (the person may not want to shake your hand or look directly into your eyes, this is not meant to be impolite)
- Quitting commercial tobacco is a personal choice
- Healthy living is connected with choices and behaviors
- Importance of family-community

Motivational Interviewing (MI)

- Ask permission to discuss topic
- Use reflections
- Acknowledge the person holistically
- Listen carefully
- Don't get ahead
- Explore meaning and values
- Find out what's important to them

Intervention Essentials – The Integrated

“Five A” Model (Module 4~20 minutes)

Learning Objectives:

- ▣ Distinguish between levels of intensity in tobacco dependence treatment interventions
- ▣ Understand the core elements of The Integrated Five A Model
- ▣ Assess a person’s willingness to abstain from tobacco use, using the “Willingness to Change Model”
- ▣ Identify and use the Brief Intervention Flow Chart to guide your intervention
- ▣ Understand the Motivational Interviewing technique to uncover a person’s intrinsic motivation to change
- ▣ Develop an effective Quit Plan, for those willing to set a quit date

Levels of Intensity

- Minimal Intervention
 - Information provided-brochure
 - Less than three minutes
 - Increases quit rates by 30%
- Low-Intensity Counseling (Brief Intervention)
 - Personal interaction
 - Three-ten minutes
 - Increases quit rates by 60%
- High-Intensity Counseling (Intensive Intervention)
 - Multi-session treatment program
 - More than 10 minutes
 - Increases quit rates by 130%
 - What is available in your area?

Integrated Five A Model (page 51)

The three elements of the HealthCare Partnership's Integrated Five A Model

- ▣ The basic Five A Model recommended by the Clinical Practice Guideline: Treating Tobacco Use and Dependence (2008)
- ▣ The Transtheoretical Model of Intentional Behavior Change
- ▣ Motivational Interviewing

Intervention Flow Chart (page 52)

- The flowchart outlines the recommended steps to take when providing brief interventions
- It is an easy tool to use to assist you to deliver brief interventions
- Let's review it 😊



Read pages 51-61

Core Elements of the Integrated Five A Model
Discussion

Using the Integrated Five A Model

(page 53)

- Brief tobacco intervention is summarized in five steps referred to by the U.S. Public Health Service as the “Five As”
 - Ask
 - Advise
 - Assess
 - Assist
 - Arrange
- The Five As can vary-”Assist” and “Arrange” especially depend on the person’s willingness to set a quit date
- Let’s review

1. ASK

- Asking individuals about their consumption of commercial tobacco products is the first step in providing a brief intervention
- Ask about, identify and document tobacco use at every encounter
 - ▣ May I talk to you about the use of commercial tobacco?
 - ▣ Do you now smoke or chew tobacco?
 - ▣ Have you ever used commercial tobacco?
 - ▣ Are you exposed to secondhand smoke?
- Be able to discuss the use of traditional tobacco in your community

2. ADVISE

- In a clear, concerned, respectful, and personalized manner, strongly urge all commercial tobacco users to consider quitting
- Deliver advice specific to the individual and his/her situation-read the two examples on page 54
- Rewards of quitting is also an important motivator
 - ▣ Will be healthy for children/grandchildren
 - ▣ Save money from not using commercial tobacco
 - ▣ Quality of life will be better
- Read examples on page 55

3. ASSESS

- Determine the willingness to make a quit attempt within the next 30 days
 - ▣ Are you willing to start a quit plan?
 - ▣ Are you willing to set a quit date in the next 30 days?
- The answer will determine the next step you take
- The Willingness to Change Model is an adaptation of the Transtheoretical Model of Health Behavior Change

Willingness to Change Model*

Stage (Common Term)	Research Term
Not Ready to Quit	Precontemplation (remember this)
Thinking About Quitting	Contemplation
Ready to Quit	Preparation
Quit	Action
Staying Quit	Maintenance
Living Quit	Termination
*Relapse	Relapse

*Not part of the core construct “Stages of Change”

Learning Activity page 59

Stage-Specific Characters

4. Assist

- You can assist someone whether or not they are willing to make a quit attempt

Unwilling to set a quit date

- Offer non-judgmental support and information
 - ▣ Can still assist in thinking about quitting
 - ▣ Offer information to take home
- Motivational Interviewing
 - ▣ Express empathy
 - ▣ Develop discrepancy
 - ▣ Roll with resistance
 - ▣ Support self-efficacy

5 Rs (Brief Motivational Interview)

You can move people towards willingness to quit using a brief motivational interview characterized by 5 Rs:

- ▣ Relevance
- ▣ Rewards
- ▣ Risks
- ▣ Roadblocks
- ▣ Repetition

Willing to Set a Quit Date-Quit Plan

- Setting a quit date-should be within 30 days-zero tobacco use after that
- Identifying people who can provide support
- Learning techniques to prevent slips and relapse
- Suggesting solutions to specific problems
- Offering information about recommended medications
- Providing self-management resources and educational materials
- Making referrals to intensive programs of services

Step 5. ARRANGE

- First follow-up should be soon after quit date (first week)
- Congratulate success
- Elicit commitment to abstinence
- Remind the person that slips can be used as a learning experience
- Identify problems and anticipate challenges
- Refer to more additional intensive help if necessary
- Document the visit
- Read bottom of page 65



Stay Healthy-Life Matters

Tri-fold

Before & After Quitting

Putting Your Skills Into Action

(Module 5~50 minutes)

Learning Objectives:

- ▣ Use the Integrated Five A Model intervention with people who are willing or unwilling to quit
- ▣ Conduct a motivational interview using the “5 Rs”
- ▣ Implement the six basic elements of a Quit Plan
- ▣ Identify approved medications that can assist with withdrawal symptoms and cravings
- ▣ Identify conditions that can preclude using medication aids
- ▣ Use the Native American health Clinician Provider Tool and Stay Healthy-Life Matters trifold
- ▣ Document your smoking cessation interventions

Integrated Five A Model (page 68)

- **Ask** the individual about his or her tobacco use and secondhand smoke status
- **Advise** the individual to consider a smoke-free lifestyle providing a clear, strong, and personalized message
- **Assess** the individual's willingness to make a quit attempt with the next 30 days
- **Assist** him or her in accordance with her willingness to quit (Unwilling or Willing)
- **Arrange** for follow-up

Unwilling to Make a Quit Attempt

- Remember to:
 - ▣ Avoid judgment-be respectful
 - ▣ Offer self-management resources that detail the benefits of quitting
 - ▣ Conduct a brief motivation interview
- People who are unwilling to consider quitting can still be assisted-assist them to consider making a quit attempt
- Review the Native American Health Clinician Flow Chart on page 69

Watch & Learn

Not Willing to Quit

DVD Chapter 7



Skills Development & Demonstration

- Work in pairs to practice providing a tobacco dependence treatment intervention for a person who is unwilling to quit tobacco
- Use the Native American Health Clinician Flow Chart and the Stay Healthy-Life Matters trifold
- Simulate an interaction that is representative of your professional setting or a case study
- Keep in mind that this intervention should take no more than three minutes
- Use the Skills Demonstration Observation Checklist

Nicotine Withdrawal and Medication

- Approximately 80% of people who quit using tobacco will experience nicotine withdrawal symptoms within hours, with symptoms usually peaking within 48 hours
- Understand a person's level of dependence so that you can recommend the right treatment aids
- Fagerstrom Test for Nicotine Dependence (page 73)

Pharmacotherapy

- Medications ease the discomfort of withdrawal from nicotine, either by replacing some of the nicotine and/or making withdrawal symptoms more manageable
- Nicotine replacement therapies (NRTs) deliver nicotine to the body differently than cigarettes
- There are three factors to keep in mind regarding how tobacco products and nicotine interact with the body: amount, route, and dose
- It is important to let people know that using medications will not give them the same satisfaction as smoking cigarettes

Who Should Consider Pharmacotherapy?

All people trying to quit commercial tobacco according to the U.S. Public Health Service Clinical Practice Guideline: Treating Tobacco Use and Dependence except:

- ▣ Patients under 18
- ▣ Patients with a serious medical condition
- ▣ Pregnant or breast-feeding women
- ▣ Patients using smokeless tobacco
- ▣ Patients who smoke less than 10 cigarettes a day

First-line Medication*

- Nicotine Replacement Medications
 - ▣ Nicotine Gum
 - ▣ Nicotine Patch
 - ▣ Nicotine Lozenge
 - ▣ Nicotine Nasal Spray
 - ▣ Nicotine Inhaler
- Non-Nicotine Replacement Medications
 - ▣ Bupropion SR (Zyban)
 - ▣ Varenicline (Chantix)

Medication Information Chart

- Review (back pocket)
- Chart on pages 78-81
- Combining medications-long term use
- What's available where you work?

Watch & Learn

Willing to Quit
DVD Chapter 8



Skills Development & Demonstration

- Work in pairs to practice providing a tobacco dependence treatment intervention for a person who is willing to quit tobacco
- Use the Native American Health Clinician Flow Chart and the Stay Healthy-Life Matters trifold
- Simulate an interaction that is representative of your professional setting or a case study
- Keep in mind that this intervention should take no longer than ten minutes
- Use the Skills Demonstration Observation Checklist
- Write notes in your Guidebook

Anticipatory Guidance (Module 6-20 minutes)

Learning Objectives:

- ▣ Understand the importance of anticipatory guidance throughout the process of becoming tobacco-free
- ▣ Identify status after the quit date
- ▣ Plan follow-up contact after the quit date
- ▣ Understand relapse and relapse prevention strategies
- ▣ Deliver and intervention for relapse
- ▣ Document post-quit counseling follow-up
- ▣ Use the Native American Health Clinician Provider Tool
- ▣ Document your smoking cessation interventions

Anticipatory Guidance

- Offer encouragement
- Remind
- Advise
- Review
- Refer

Immediate Health Benefits of Quitting

- 20 minutes-Blood pressure and heart rate return to normal
- 8 hours-oxygen levels return to normal and carbon monoxide levels are reduced by half
- 24 hours-Carbon is eliminate from the body
- 48 hours-Nicotine is eliminated from body and senses of taste and smell improve
- 1 year-Heart attack risk decreases by 50%

Definitions: slips and relapse

- Tobacco-Free-not using tobacco
- Slip-An instance, or several instances, of using tobacco after a period of being tobacco-free
- Relapse-A return to regular tobacco use

Follow-up Interventions

- Essential
- Timing is important
- Follow-up soon after quit date (within first week)
- Guidelines-read out loud

Watch & Learn

Slip and Relapse + Staying Quit

DVD Chapter 9



Understanding Relapse

- Tobacco dependence is a chronic disorder
- It is not uncommon for a person who uses tobacco to relapse up to 11 times
- Most relapse occurs early in quitting process but occur months or even years later
- Between 60-80% of attempts to quit commercial tobacco result in relapse-most of those are within 14 days of quit date
- Relapses should be viewed not as a failure, but as a practice

Why people relapse

- Nicotine withdrawal/level of dependence
- Anger, sadness and other negative emotions
- Loneliness or depression
- Lack of social support
- Social and environmental pressure
- Stressful situations
- Depression

Integrated Five A Model

- Ask about tobacco use
- Advise that staying tobacco-free is the best thing people can do for their health
- Assess the need for continued support
- Assist as needed by evaluating medication use
- Arrange another follow-up

Three Coping As

- **Avoid** the trigger situation
- **Alter** or change the trigger situation
- Find **Alternatives** or substitutes for tobacco use

Next time!

Any past unsuccessful attempt to quit during current treatment can be reframed in the mind of the person as a learning experience, and an opportunity to acquire new coping skills.

(Abrams et al., 2003)

Practice Skills



Case Study page 96

Watch & Learn

In Summary

DVD Chapter 10



GREAT JOB!!

Open-Book Exam 😊