INTER-TRIBAL COUNCIL OF MICHIGAN, INC.
APROMISE PARTNERSHIP

More than the 5 A's:

Implementing a Commercial Tobacco Cessation Intervention in Tribal Communities

SEPTEMBER 2014

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Developed by:
REDSTAR INNOVATIONS
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About A PROMISE Partnership:
A PROMISE Partnership (American Indian/Alaska Native **P**romising Practices to **R**eclaim **O**ur Health, **M**ind, body and spirit, through the **I**ntegration of tobacco & chronic disease prevention & **S**ystems and **E**nvironmental change) is committed to reclaiming the health of our tribal communities through the integration of chronic disease prevention and commercial tobacco prevention/cessation. The A PROMISE Partnership includes the Inter Tribal Council of Michigan, Inc. (Reach MNO grantee) and Red Star Innovations and Hannahville Indian Community (affiliates).

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The **mission** of Red Star Innovations is to advance community wellness by supporting self-determination and public health capacity development among indigenous governments, organizations and programs through purposeful planning, action and leadership.

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Dear Participant,

According to the Centers for Disease Control and Prevention, cigarette smoking is the single largest cause of preventable death in United States, killing more than 480,000 people per year. In 2012, American Indian/Alaskan Natives had the highest smoking prevalence of any race/ethnicity group at 21.8%. Smoking commercial tobacco causes cancer, heart disease, stroke, lung diseases, and diabetes. Secondhand smoke is dangerous at any level and causes serious health risks to those exposed to it. Working with people to help them quit using commercial tobacco is a very important job!

We are delighted that you are taking time out of your busy schedule to learn about how to bring a basic commercial tobacco intervention into your community. This workbook, developed by Red Star Innovations, is part of an overall project that is funded by the Centers for Disease Control and Prevention (CDC). The Inter-Tribal Council of Michigan received funding in 2009 and partnered with Red Star Innovations, the Health Education and Promotions Council (HEAPC) and Hannahville Indian Community to achieve our program goal - to reduce the burden of commercial tobacco use in tribal communities by disseminating best and promising practices that integrate commercial tobacco prevention and control and chronic disease programming. By working with the University of Arizona HealthCare Partnership's Basic Tobacco Intervention Skills Certification (BTIS) for Native Communities we have conducted training for over 60 participants across the United States. Outcomes for the certification training include an increase in confidence to deliver a brief tobacco cessation intervention and an increase in knowledge and observation skills. This workbook is an additional resource that may supplement the University of Arizona HealthCare Partnership's BTIS program. It is intended for Tribal staff that work in Tribal communities and are interested in implementing a brief tobacco intervention into their workplace. Thank you for your interest in this workbook and in the health of tribal communities. We hope you find the information useful and the exercises helpful and relevant to your setting. If you would like to learn more about our A PROMISE Partnership program please visit our website @ www.itcmi.org/departments/health-education-and-chronic-disease/reach-mno/.

Thank you,

Stephanie Bliss

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PREFACE

The 5 A's model was first developed by the National Cancer Institute to help people quit smoking and has been further developed and promoted by the U.S Public Health Service. The 5 A's (Ask, Advise, Assess, Assist and Arrange) as recommended in the Clinical Practice Guideline *Treating Tobacco Use and Dependence: 2008 Update (Guideline)*, is an intervention that can be delivered in a minimal amount of time by one or more individuals working in a healthcare setting. *More than the 5 A's: Implementing a Commercial Tobacco Cessation Intervention in Tribal Communities (More than the 5 A's)* is a workbook designed as a resource to assist individuals develop a step-by-step plan for implementing the 5 A's into their current program, especially those who work in a community-based or health promotion program in a tribal community, or with American Indian and Alaska Native people in an urban setting.

The 5 A's intervention is not a one-size-fits-all intervention. On the contrary, the Guideline recommends the use of other resources such as quit lines, local quit programs and tailored self-help materials to further strengthen the 5 A's approach. Additionally, the Guideline specifies that the 5 A's can be delivered by a single individual or a team of staff. The *More than the 5 A's* workbook offers both a team and individual approach to delivering and implementing the 5 A's in tribal communities. It encourages the reader to think about the intervention as "more than the 5 A's" – by making the intervention one's own in a way that will help community members quit commercial tobacco!

INTRODUCTION

Commercial tobacco addiction is an epidemic in the United States and poses a major public health concern for current generations and those to come. Smoking remains the highest cause of premature and preventable death in the United States, killing nearly a half-million people a year. At this rate, estimates show that 5.6 million of the children living today will die prematurely because of a tobacco-related illness. Smoking commercial tobacco and exposure to tobacco smoke cause a range of illnesses, including but not limited to, cancer, heart disease and type 2 diabetes.[1]

Commercial tobacco use not only affects people who smoke, it impacts their families and communities too. Children of smokers who are exposed to secondhand smoke may suffer from respiratory illnesses such as asthma, and newborns who were exposed to smoke while in the womb may be at risk for sudden infant death syndrome.[2] Tobacco-related illnesses cause unnecessary physical, emotional and financial burdens on families and communities. At both the community and national levels, many financial resources for health care are directed toward commercial tobacco users. Each year millions of dollars are spent or lost on tobacco-related medical costs and loss of work and productivity. According to the American Cancer Society, after health-related costs are accounted for, the actual cost of a pack of cigarettes is $35 -- not the $6-7 that a person pays at the store.

Although smoking rates have declined over the past 50 years, men, women and young people of all backgrounds continue to die from smoking-related causes each year. Tobacco-related health consequences impact everyone, but there are alarming differences among many American Indian and Alaska Native (AI/AN) people. The two leading causes of death among AI/AN populations are heart disease and cancer, both associated with commercial tobacco use.[3] Nearly 22% of AI/AN adults smoke, while only 18% of all adults in the United States smoke.[4] High rates of smoking among AI/ANs are evidence of the need to explore additional strategies that address commercial tobacco use.

Many tribes and tribal programs implement innovative approaches for addressing public health issues such as commercial tobacco use. The "Five A's Model" is a tobacco cessation intervention recommended by the Public Health Service-sponsored Clinical Practice Guideline *Treating Tobacco Use and Dependence*.[5] Commonly referred to as the 5 A's, the intervention is delivered through person-to person interaction that aims to motivate individuals to quit commercial tobacco and stay quit. The 5 A's – Ask, Advise, Assess, Assist and Arrange – is easily integrated into routine health care practices and health promotion programs, because it can be completed in less than 10 minutes by existing staff.

Before continuing with the workbook, we want to acknowledge that tribes are culturally diverse, as are their cultural customs and traditional use of tobacco. Therefore, it is important to make the distinction between traditional and commercial tobacco use when addressing tobacco use and cessation in AI/AN communities. While not all tribes use tobacco in a traditional way, the cultural beliefs and traditional uses of those that do must be honored and respected. We will discuss this in depth in Module 2. Throughout the workbook, the words ***commercial tobacco*** and ***traditional tobacco*** will be used frequently. Commercial tobacco refers to chemically-enhanced tobacco products, such as cigarettes, chew, and snuff, all of which are produced for profit and mass consumption. Tobacco that is either grown or used for cultural and ceremonial purposes will be referred to as traditional tobacco throughout the workbook.

> *"Commercial tobacco use not only affects people who smoke, it impacts their families and communities too."*

1. U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. 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, 2014.
2. Chronic Disease Prevention and Health Promotion. (n.d.). Centers for Disease Control and Prevention. Retrieved January 23, 2014, from http://www.cdc.gov/chronicdisease/resources/publications/aag/osh.htm
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4. Adult Cigarette Smoking in the United States: Current Estimates. (n.d.). Centers for Disease Control and Prevention. Retrieved January 23, 2014, from http://www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/
5. Fiore, M.C., Jaen, C.R., Baker, T.B., Bailey, W.C., Benowitz, N.L., Curry, S.J., et al. (2008). Treating tobacco use and dependence: 2008 update. Quick Reference Guide for Clinicians, Rockville, MD: U.S. Department of health and Human Services. Public Health Service. April 2009.

ABOUT THE WORKBOOK

This workbook will help you develop a plan for implementing the 5 A's intervention in your tribal community. Guided by activities and reflections, you will explore and navigate some of the unique opportunities and challenges around tobacco cessation in tribal communities. This workbook is designed to be a companion to implementing the 5 A's brief tobacco intervention. Beyond explaining the 5 A's (**Ask**, **Advise**, **Assess**, **Assist** and **Arrange**), the workbook also illustrates a step-by-step implementation process that includes documenting and tracking the intervention. Additionally, it offers a host of hands-on activities that foster authentic engagement in, and personal ownership of, the intervention.

Workbook Aims

After completing the workbook, you will be able to:

- Better understand how a brief intervention can be used to encourage commercial tobacco cessation activities in a tribal community
- Describe the steps of the 5 A's intervention (**Ask**, **Advise**, **Assess**, **Assist** & **Arrange**)
- Identify possible opportunities and challenges unique to tribal settings, which will lead to an increased comfort level in communicating each of the steps
- Create a commercial tobacco-free culture in the program or community by becoming an advocate for promoting tobacco-free living
- Implement the 5 A's intervention to align with existing chronic disease prevention programs
- Monitor and track tobacco cessation activities in order to make continual improvements

Target Audience

The primary audience for this workbook is tribal staff working in community health programs in non-clinical settings, such as wellness centers and chronic disease prevention programs. Particularly, the workbook is designed for staff that engages directly with the community to prevent disease and promote health. This may include, but is not limited to, community health representatives (CHRs), health educators, chronic disease program staff (e.g., diabetes), tobacco prevention staff, fitness and nutrition specialists, frontline program staff and others with a role in public or community health.

Staff who coordinate community-based programs play an important role in implementing tobacco cessation interventions such as the 5 A's. You have a unique opportunity to help clients quit commercial tobacco because you often have daily or weekly interactions with the people you serve over an extended period of time. Many current training programs for the 5A's brief tobacco intervention are geared toward clinicians and nurses. While clinical staff may also find this workbook helpful, it is intended to help community-based, health promotion program staff develop a plan for implementing the intervention.

IDEALLY, INDIVIDUALS USING THIS WORKBOOK:

- Work in a community-based, health promotion program in a tribal community or with AI/AN people in an urban setting
- Have been trained in the 5 A's intervention (One training resource is the Basic Tobacco Intervention Skills (BTIS) Certification for Native Communities available through the University of Arizona's HealthCare Partnership)
- Are ready to create a plan to incorporate the intervention into their current program

USING THE WORKBOOK

The workbook is divided into five modules, each beginning with an introductory page that outlines the learning objectives, materials needed and activities.

Here is a brief description of each module:

- **Module 1** reviews the 5 A's Intervention. It assists staff in developing the foundation for respectful and effective communication when talking with clients about commercial tobacco in a tribal setting.
- **Module 2** illustrates how the 5 A's can be adapted in a tribal setting. It guides discussion on the differences between commercial and traditional tobacco unique to each community and highlights cultural resiliency as a protective factor against commercial tobacco use.
- **Module 3** builds on the first two modules and helps staff begin to plan and prepare for implementing the 5 A's. It encourages ownership of the intervention through activities designed to help communicate the 5 A's in one's own words as well as identify where the 5 A's will best fit into one's daily activities.
- **Module 4** takes implementation planning and preparing to the next level by helping staff identify an implementation process best suited for the program. Additionally, a form is developed to help document the 5 A's with each client.
- **Module 5** provides tools for tracking implementation of the 5 A's and evaluating progress. It shows how to identify successes and how to troubleshoot challenges that may arise. This module also contains tips for the office champion, or what we call the 5 A's Champion, and describes lessons learned from tribal programs that have implemented the 5 A's.

The modules contain a variety of activities. Each activity includes a description of its purpose and detailed instructions. All instructions are written for a group setting; however, suggestions for individual use are also included.

TIPS FOR GETTING STARTED

To get the most out of this workbook, it may be helpful to first review the entire workbook, so you understand the overall process. Then you can complete each module, working your way through the activities, worksheets, and implementation plan. Depending on the size of your program, you may complete this workbook on your own or with a team of staff. If you are completing it on your own, be sure to seek input from your colleagues and community members. Getting input is especially important when gathering community perspectives on commercial and traditional tobacco (Module 2) and when you begin to integrate the 5 A's into your program (Module 4).

MODULE 1: BRIEF INTERVENTIONS AND TRIBAL COMMUNITIES

LEARNING OBJECTIVES:

By the end of this module you will be able to:

1) Apply each step in the 5 A brief tobacco intervention in your setting
2) Identify communication styles most appropriate for your setting
3) Identify and use different communication skills required for motivational interviewing
4) Recognize the stages of behavior change and apply appropriate communication techniques for each stage

MATERIALS AND SUPPLIES NEEDED:

- Workbook
- Pen or pencil
- Digital Story: More Than the 5 A's - www.redstar1.org/resources

ACTIVITIES:

Activity worksheets are also available online at www.redstar1.org/resources

- Activity 1.1: More Than the 5 A's
- Activity 1.2: Communicating in Your Community
- Activity 1.3: Scenario Match-Up

MODULE 1: BRIEF INTERVENTIONS AND TRIBAL COMMUNITIES

THE 5 A'S

The 5 A's intervention is used in tobacco dependence treatment to help individuals make healthy lifestyle choices and behavior changes about quitting tobacco. The 5 A's consist of five major steps: **Ask**, **Advise**, **Assess**, **Assist** and **Arrange**. As part of routine health care visits, health care providers and tribal program staff can deliver these steps in less than 10 minutes through person-to-person interactions. A brief, low-intensity counseling intervention, such as the 5 A's, can increase quit rates by 60% compared to no contact or intervention.[6]

A QUICK REVIEW OF THE 5 A'S

The 5 A's brief tobacco intervention is aimed at motivating and assisting an individual to quit tobacco use. First, you ***Ask*** your client about tobacco use or exposure to secondhand smoke. Next, you ***Advise*** your client to quit, you ***Assess*** your client's willingness to quit, and then based on the answer (ready or not ready), you tailor how to ***Assist*** and ***Arrange*** for follow-up. Let's take a look at the 5 A's in more detail:

TABLE 1. The Five A's Model [7]

ASK	Ask the individual about his or her tobacco use and secondhand smoke status.
ADVISE	Advise the individual to consider a smoke-free lifestyle by providing a clear, strong, and personalized message.
ASSESS	Assess the individual's willingness to make a quit attempt within the next 30 days.
ASSIST	Assist the individual in accordance with his or her willingness to quit. • Ready to quit – offer help in developing a quit plan and/or refer for additional treatment or resources to help quit. • Not ready to quit – provide interventions designed to increase future quit attempts.
ARRANGE	Arrange for follow-up in response to his or her willingness to quit. • Willing to make a quit attempt – arrange for follow-up contacts starting within the first week after quit date. • Unwilling to make a quit attempt – address tobacco dependence and willingness to quit at next encounter.

LEARNING TOOL – DIGITAL STORY

Stories are powerful tools for learning and retaining new material. Take five minutes to view the digital story titled: *More Than the 5 A's* (www.redstar1.org/resources/).

- This story summarizes the process for implementing the 5 A's intervention in a tribal community.
- It offers personalized communication examples for each of the five steps.
- This is a great digital story to share with staff who are interested in learning about the 5 A's, especially those who have not attended a training.

6. Fiore, M.C., Jaen, C.R., Baker, T.B., Bailey, W.C., Benowitz, N.,L., Curry, S.J., et al. (2008). Treating tobacco use and dependence: 2008 update. Quick Reference Guide for Clinicians, Rockville, MD: U.S. Department of health and Human Services. Public Health Service. April 2009.
7. Table modified from Treating tobacco use and dependence: 2008 update.

ACTIVITY 1.1: MORE THAN THE 5 A'S

This activity is designed to help you reflect and get you thinking about the intervention on a personal level. The 5 A's require a lot of person-to-person interaction. Start thinking about what that interaction might look like for you and your community.

Instructions: After viewing the digital story *More Than the 5 A's* (available at www.redstar1.org/resources), respond to the following questions. This activity is meant to be a personal reflection and one you can look back on as you progress through the workbook.

- Why do you think the title of the digital story is *More than the 5 A's*? Is the 5 A's intervention just a matter of "going through the motions" or checking off steps? Or does it take more – like a personal investment of time and relationship building?

- In the digital story, the speaker talked about finding your own words to deliver personalized messages about tobacco cessation. Describe a time when you used personalized messages to provide advice to clients.

Through person-to-person interaction and using the 5 A's, you can be a supportive and knowledgeable resource for your clients who are thinking about quitting commercial tobacco. By thinking about the 5 A's on a deeper level, beyond just the steps, you are laying the groundwork for an effective and meaningful intervention. Keep your reflections (above) in mind as we go on to the next section; you will learn why the person-to-person connection is important.

IT'S ABOUT PEOPLE

The 5 A's is really about people; it's about "one person helping another person quit". There are different levels of intensity for tobacco cessation interventions as shown in Table 2.

TABLE 2. Types of Interventions

Intensity	Time	Description	Example	Increase in Quit Rate
Minimal Intervention	Less than 3 minutes	No significant interaction	Handing out pamphlets at a wellness event	30%
Brief Intervention	3-10 minutes	Low-intensity counseling	5 A's Intervention	60%
Intensive Intervention	More than 10 minutes	Multi-session treatment/ high-intensity counseling	Smoking cessation class	130%

The 5 A's is a brief intervention, which means it involves a short amount of time, but requires personal interaction. It's not like a minimal intervention such as offering a brochure without discussing it or interacting in any way. And it's not an intensive intervention, which requires multiple treatment sessions and a lot of time. Instead, a brief intervention like the 5 A's can be done in five quick steps, through ***person-to-person communication***.

Brief interventions are short interactions that examine a potential problem and aim to motivate a person to begin doing something about it. Brief interventions for tobacco use focus on increasing a tobacco user's motivation to change and linking that individual with resources to help him or her quit. When looking for a balance of time, cost and impact, a brief intervention such as the 5 A's is an effective and realistic option for most health promotion settings. The 5 A's takes less than 10 minutes, all staff can be trained to implement the intervention, and it is proven effective.

As an individual working in a health promotion setting, your words and actions can have a powerful impact on community members. In fact, the human brain is wired to connect and interact with other human beings.[8] This may seem like a "no brainer", but it's easy to get caught up in the day-to-day tasks and forget how important it is to connect with those around us. In today's busy and high-tech world, people sometimes think they can go it alone. Yet, our well-being, including health and healthy behaviors, can be greatly affected by our connections, relationships, and interactions with others.

Relationships and interactions with others occur daily and on different levels at work and at home. As indigenous peoples, cultivating connections and relationships is essential to who we are as individuals and communities. Cooperation and social interdependence are cultural values that have fostered resilience for centuries.[9] So why not build on this cultural strength by connecting with your clients and communicating a very important message:

IT'S POSSIBLE TO QUIT COMMERCIAL TOBACCO!

8. Lieberman, M. D. (2013) Social: Why Our Brains are Wired to Connect. New York: Crown Publishers.
9. HeavyRunner, I., & Morris, J.B. (1997). Traditional native culture and resilience. Research and Practice, 5(1). (Available from the Center for Applied Research and Educational Improvement, College of Education and Human Development, University of Minnesota, MN).

5 A's Recap

The 5 A's Intervention:

- **Is brief and low-intensity:** Time-efficient and can be integrated into daily activities
- **Focuses on behavior change:** Changing risky health behaviors can decrease illness and death from many chronic diseases, including those associated with tobacco use
- **It works:** Effective intervention for treating tobacco dependence
- **Uses person-to-person interaction:** Connecting with your clients

IT'S ABOUT COMMUNICATION

Understanding the steps to the 5 A's is fairly straightforward, but what's the best way to actually communicate them to your clients? Talking about commercial tobacco use can sometimes be a touchy and sensitive subject, and that's why it's important to first establish a person-to-person connection. If you have never worked in tobacco prevention and cessation before, talking about tobacco might seem scary or overwhelming. But remember, your words are powerful! By starting the conversation about quitting commercial tobacco, you are "planting the seed" that may eventually grow into someone's decision to quit.

Planting the seed and starting a conversation about commercial tobacco use both start with the first step in the 5 A's intervention – ***Ask***. But asking is not always easy. Each community and tribe is unique and may have different ways of saying and doing things. Also, if tobacco is traditionally used in your community, there may be ways of talking about it that are more acceptable than others. Let's explore how talking about tobacco might look in your specific setting.

Another way to describe how a group of people say and do things is by defining what is accepted or what are the cultural norms of the group. Cultural norms are a set of beliefs, values and behaviors accepted by a group of people. Examples of cultural norms include special ways we talk to our elders or how much personal space we give to people in social settings. We often follow cultural norms in our daily lives without even thinking about them because they are a reflection of how we were raised and the community we live in. Keep this mind as you go on to the next activity.

ACTIVITY 1.2: COMMUNICATING IN YOUR COMMUNITY

The purpose of this activity is to encourage you to think about and discuss how you might communicate with clients and community members about commercial tobacco.

Instructions: Take some time to complete each section and be prepared to discuss your answers. If you have experience working in tobacco cessation, draw from your previous conversations with clients and community members. If you are new to tobacco prevention, use knowledge of your community to describe what needs to be considered.

Who I talk to in my community - In your day-to-day interactions, you may change how you talk to people out of respect for the person or situation. Are there different ways of speaking with an elder, ceremonial person, or person of the opposite sex that are more acceptable or culturally appropriate than others? What about when you ask about a person's tobacco use?

ACTIVITY 1.2: COMMUNICATING IN YOUR COMMUNITY

- When I communicate about tobacco, I need to think of the following when speaking to these persons:

  - Elders: (For example, you might greet an elder in a specific way out of respect.)

  - Traditional or ceremonial leaders:

  - People of the opposite sex:

  - Young people:

  - Friends or family:

  - Others:

Formal & informal communication – Are there times when you might address clients formally instead of informally? For instance, are there times when it may be OK to use a nickname?

- I should have formal conversations when I speak with: (Example: Elders)

- It may be OK to use informal conversations when I speak with: (Example: Youth)

Non-verbal communication* – Think about facial expressions and body language. What cues will you be looking for?

- When I see these non-verbal cues, the conversation is probably going well: (Example: nodding head)

- When I see these non-verbal cues, the conversation may not be going so well: (Example: shaking head)

**Note: non-verbal communication varies from person to person. There are also cultural, generational and gender differences to consider. Use your best judgment.*

Privacy – What is your work setting like? Can you talk about commercial tobacco use without other clients overhearing?

- These are some places that are good for private conversations:

Discussion: Take some time to talk about your answers. This discussion should be open and informal. There are no wrong answers. Are there any common answers or themes? Do you think talking about tobacco use with some people in your community could be challenging? How about other considerations not mentioned above? *(When working individually, consider talking with a co-worker or community member who is known and well respected in the community.)*

Thinking about the different people you might talk to about commercial tobacco use and how you might change your approach depending on each person will help you prepare for implementing the 5 A's. In Module 2 you will have an opportunity to further explore how you might adapt your communication style when implementing the 5 A's.

HOW WILL YOU KNOW IF A PERSON IS WILLING TO QUIT?

The first step is to ***Ask*** about tobacco use. When starting a conversation about tobacco use, you will most likely find that people are at different stages. Some are willing to quit or may be thinking about quitting, while others will come straight out and say they will never quit. According to the Centers for Disease Control and Prevention, nearly 70% of smokers in the US want to quit.[10] That's a lot of people who WANT to quit but still smoke! Knowing that most smokers – nearly 7 out of 10 – WANT to quit can encourage you to ***Ask***! [11]

The second step is to ***Advise*** about the dangers of commercial tobacco, and the third step is to ***Assess*** a person's willingness to make a quit attempt in the next 30 days. Understanding how a person feels about changing the behavior will help you determine or "Assess" his or her willingness to quit. An evidence-based model used for determining a client's willingness to quit is the Stages of Change Model.

The Stages of Change Model is a way of understanding the stages a person goes through when changing a behavior. As human beings, most of us go through stages before making a change. Think about making a change such as eating better or exercising more. When we make a change like that we usually think about it first, then plan how we'll do it, and then we take action. For example, people buy healthy foods before cooking a healthy meal or they plan an exercise route before taking a walk.

When applying the stages of change to commercial tobacco cessation, you can see the stages of change a person goes through when quitting commercial tobacco.

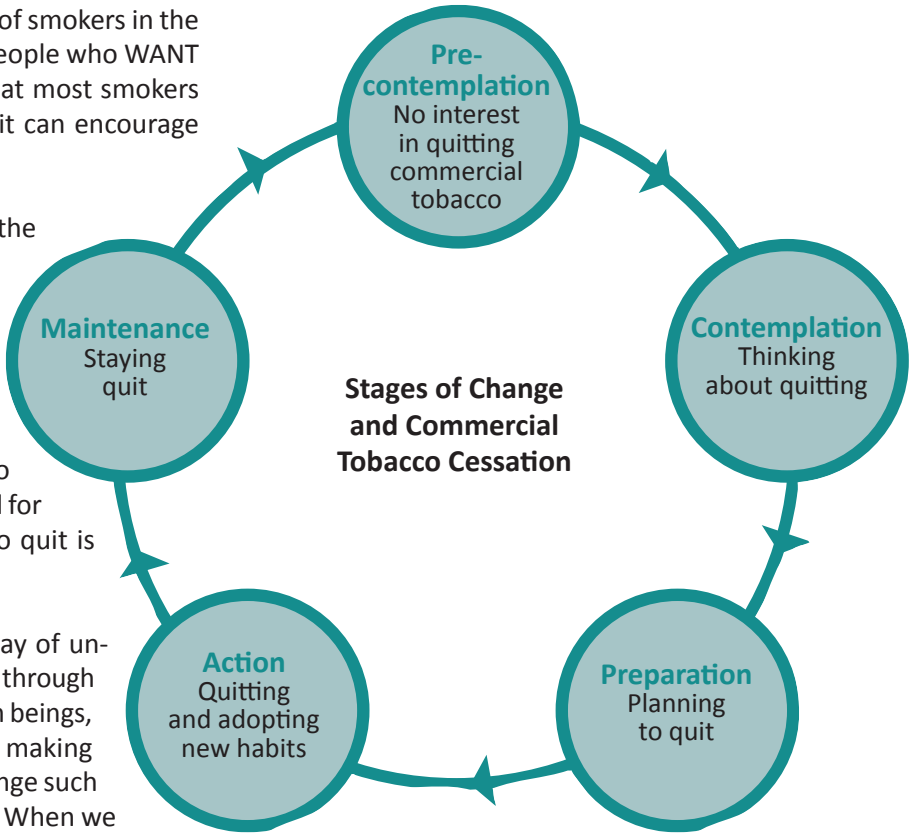


IMAGE 1. STAGES OF CHANGE AND COMMERCIAL TOBACCO CESSATION.

The Stages of Change Model has five stages:

1) Precontemption - hasn't considered changing behavior; no interest in changing behavior;
2) Contemplation - thinking about changing behavior; has made no effort to change behavior
3) Preparation - has thought about changing behavior and is planning to make a change
4) Action – actively changing behavior and adopting new habits;
5) Maintenance - incorporating new behavior and maintaining change over time; relapse prevention

"7 out of 10 Smokers WANT to quit"

10. Quitting Smoking Among Adults. (n.d.). Centers for Disease Control and Prevention. Retrieved March 5, 2014, from http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6044a2.htm
11. Prochaska JO, DiClemente CC, Norcross JC. (1992). In search of how people change. Am Psychol, 47:1102–4.

The Stages of Change Model illustrates how most individuals change a behavior gradually, going from one stage to the next before finally maintaining a new behavior. Many times an individual may stay in one stage for a very long time before moving to the next stage. Or a person may reach one stage and then go back (or relapse). For instance a person may be thinking about quitting, but then go back and decide they have no interest in quitting Most people don't change a behavior on the first try. Cycling through the stages and experiencing relapses are common and part of the process. Your role is to be there at each stage ***Asking, Advising, Assessing, Assisting and Arranging!***

IT'S IMPORTANT TO RECOGNIZE WHAT STAGE YOUR CLIENT IS IN

By identifying where a client is at in the change process, you can better tailor your intervention approach. For instance, let's look at Joe's story: Imagine that you begin the 5 A's by ***Asking*** Joe about his tobacco use. He tells you he's thinking about quitting commercial tobacco before his daughter is born – about four months from now. By understanding the Stages of Change Model, you recognize he's in the contemplation stage – thinking about quitting, but not ready to quit. Since he is not quite ready to quit, but is thinking about it, you can ***Advise*** him about his future quit attempt by offering him information that will be especially meaningful to him. You can advise him on the effects of secondhand smoke (which is harmful to his new daughter). It is through the person-to-person interaction that he shares his plans for quitting and you are better able to educate and advise him with a personalized message that could motivate him to move to the next stage (preparation) in the near future.

Table 3 shows some examples of what a client may feel or say during each stage. By recognizing which stage your client is in, you are better prepared to help him or her work toward a life-long healthy change.

TABLE 3. What the client may be feeling or saying during each of the stages

Stage	Client Reactions
Precontemplation	My job is so stressful. I will never be able to quit smoking and handle all of this stress.
Contemplation	I want to quit, but don't know if I can.
Preparation	I'm ready to quit on my son's birthday - 2 weeks from now.
Action	I haven't smoked in three weeks!
Maintenance	I haven't smoked in 8 months!

MOTIVATIONAL INTERVIEWING

Now that we have reviewed the Stages of Change, let's explore a method that strengthens your communication skills and helps you motivate your clients to quit commercial tobacco.

Motivational Interviewing (MI) is a collaborative (person-to-person) conversation that strengthens a person's own motivation for, and commitment to, change.[12] It's an approach used by practitioners that helps them better examine their client's current behavior, identify what the client wants to do, and provide support for healthy behaviors. MI has been applied to several health-related issues and behaviors, including substance abuse, mental health and tobacco cessation.

12. An Overview of Motivational Interviewing. (n.d.) Motivational interviewing. Retrieved January 22, 2014 from http://www.motivationalinterview.org/

The key elements of MI are:

- Collaboration – building relationships and connections
- Evoking – finding out your client's ideas about change, and determining what is important to your client
- Autonomy – self-efficacy (inner strength) and supporting the client's belief that he or she can change

MI connects back to two concepts discussed earlier in this workbook: it's about people and communication! The skills associated with MI are the same kinds of skills you use to establish a person-to-person connection, skills like listening and communicating effectively. It is a way of ***Assessing*** or finding out a person's beliefs and reasons for wanting to change (or not change) and supporting a healthy change in a way that is in harmony with his or her beliefs, values and goals. MI can help strengthen how you communicate each of the 5 A's – ***Asking, Advising, Assessing, Assisting*** and ***Arranging.***

HOW TO USE MOTIVATIONAL INTERVIEWING WITH THE 5 A'S

You may be wondering how to use MI with your clients. Below are some skills and strategies that you may find helpful or you may find that you are already using them in your work.

TABLE 4. Motivational Interviewing Skills & Strategies

MI Key Elements	Skills and Strategies	How it Relates to 5 A's
Collaborate (Engage)	Engage your client in an honest and open manner; create a bond and connection by talking and showing genuine concern for his or her well-being.	ASKING and ADVISING in a respectful, engaging and personal way!
Evoke (Find out)	Ask open-ended questions about your client's opinions and ideas around change. What is going on in his or her life that could help or hinder change?	ADVISING about dangers of tobacco in a relevant way and ASSESSING motivation and willingness to quit!
Autonomy (The strength within)	Come from a strength-based approach. The true power for change lies within the client. Find out what they believe about their ability to change and help them see their strengths. They CAN change in their own way and in their own time.	ASSISTING client to recognize own ability to quit and ARRANGING for follow-up to support the change!

Notice how the 5 A's overlap. Collaborating affects how you ***Ask*** and ***Advise***, because you are engaging the client and expressing genuine concern. When evoking or finding out more, it continues to help you find ways to ***Advise*** your client in a personal way and also ***Assess*** his or her willingness to quit. Finally, when you are supporting your client's autonomy (inner strength), you are better able to ***Assist*** in way that works for him or her and ***Arrange*** for follow-up.

Think about the scenario with Joe once again. First you are forming a person-to-person connection (acknowledging that you understand his circumstances). Next you are asking additional questions and finding out what's important or what motivates him (the wellness of his soon-to-be-born daughter). Then you offer information that will inspire him to think about quitting for reasons that are important to him (dangers of secondhand smoke) – all the while supporting the belief that he can change (his inner strength and reasons for quitting). Try practicing your skills in the activity on the next page!

ACTIVITY 1.3: SCENARIO MATCH-UP

The following activity gives you practice in recognizing the stages of change as well as identifying potential MI responses.

Instructions: Read each scenario; then match each scenario to the stage of change you think the individual is in (write in the number 1-5 from the list below). Once you have matched each scenario with a stage of change, choose the appropriate MI response (write in the letter a-e from the list below).

Scenario	Stage of Change	MI Response
Adriana's Scenario: Adriana has tried to quit before. She wants to quit in the next few weeks but is worried about gaining weight.		
Martin's Scenario: Martin's wife passed away a few years ago. He would like to quit, but says smoking is all he has left to "keep him company" now that his wife is gone and his children are grown and out of the house.		
Elena's Scenario: Elena works at the casino. She quit smoking two months ago but is tempted to start smoking again because she says she has to breathe other people's smoke all day anyway.		
Raul's Scenario: When you ask Raul about his tobacco use, he says it's none of your business.		
Grace's Scenario: Grace shares that she has been tobacco-free for over a year and she's hoping to help her co-worker quit too.		

Stages Of Change

1. Precontemplation – not thinking about quitting
2. Contemplation – thinking about quitting but not ready
3. Preparation – planning to quit
4. Action – ready and taking action (quit)
5. Maintenance – staying quit

MI Response

a. As a health promoter I want to respect your wishes, but at the same time let you know I care about your health. If you ever do want to talk about your tobacco use, I'm here.
b. Weight gain is a common fear. You seem pretty active – that will help keep weight off. I can give you some information on nicotine replacement options and medications that help with cravings and delay weight gain.
c. You and your children must miss your wife. How many children do you have? I'm sure they would like to see you healthy and happy. Would you like to learn about some quit options?
d. Congratulations on quitting! Would you like some information on quitting for your co-worker?
e. Quitting is hard. Congrats on staying quit! I can see how you might be tempted to start smoking. What can I do to help you stay quit?

*See answer key on page 21

How did you do with the scenario match-up? Notice how each MI response demonstrated one or more of the key elements: engaging the client on a personal level, asking a question to find out more, or acknowledging their struggle and inner strength. These are ways of communicating that you may already use when you talk with clients. Now you can apply those same skills to the 5 A's.

MODULE 1 SUMMARY

Whether Module 1 was a refresher or an introduction to the 5 A's, you should be feeling fairly comfortable with the main components that make up the 5 A's intervention. You reviewed the 5 A's – **Ask**, **Advise**, **Assess, Assist** and **Arrange**, distinguished the elements of a brief intervention from minimal or intensive interventions, and looked closely at the importance of person-to-person communication. You discussed appropriate types of communication for your setting and explored two models that can strengthen how you deliver the 5 A's: the Stages of Change Model and Motivational Interviewing.

The **next module** will compare and contrast commercial and traditional tobacco, discuss cultural resilience and help you further explore how the 5 A's could work in your community.

Answer Key for Activity 1.3

Scenario	Stage of Change	MI Response
Adriana's Scenario	(3) Preparation	B
Martin's Scenario	(2) Contemplation	C
Elena's Scenario	(4) Action*	E
Raul's Scenario	(1) Precontemplation	A
Grace's Scenario	(5) Maintenance	D

*(Once she has been quit six months or longer she will be in Maintenance stage)

MODULE 2: HOW WILL THE 5 A'S LOOK IN YOUR COMMUNITY?

LEARNING OBJECTIVES

By the end of this module you will be able to:

1) Identify some of the health consequences of using commercial tobacco
2) Differentiate between traditional tobacco and commercial tobacco and describe how and if they are used in your community
3) Identify tobacco company marketing tactics past and present, including electronic cigarettes (e-cigarettes)
4) Explore cultural resiliency as a protective factor against commercial tobacco use

MATERIALS AND SUPPLIES NEEDED:

- Workbook
- Pen or pencil
- PowerPoint Presentation "American Indian Market Overview" www.redstar1.org/resources
- 5 A's Challenge Hands-on Activity – (See Appendix A; some preparation required)

ACTIVITIES:

Activity worksheets are also available online at www.redstar1.org/resources

- Activity 2.1: Commercial Tobacco in Your Community
- Activity 2.2: Tobacco-Related Chronic Diseases/Illnesses
- Activity 2.3: Traditional Tobacco
- Activity 2.4: The 5 A's Challenge

MODULE 2: HOW WILL THE 5 A'S LOOK IN YOUR COMMUNITY?

COMMERCIAL TOBACCO

Whether or not you have been through some kind of tobacco training before, you probably already have some knowledge of commercial tobacco. Commercial tobacco comes from the tobacco plant *Nicotiana tabacum* and can be found in many forms such as cigarettes, cigars, cigarillos, chew and snuff. Commercial tobacco found in cigarettes has over 4,000 added chemicals, approximately 70 of which are known to cause cancer. But smokers aren't the only ones exposed to the dangers of commercial tobacco! Remember what we said about commercial tobacco affecting individuals AND families? Family members and friends of a smoker are exposed to secondhand smoke, which contains over 7,000 chemicals and contaminants and can cause a number of health issues and premature death. [13]

Every year, we learn more about the dangers of commercial tobacco and how it causes or is linked to chronic disease. Fortunately, many tribal communities are working to prevent chronic disease and commercial tobacco use. Later in this module, we explore the negative health effects of commercial tobacco in your community. First, however, let's discuss what you already know about commercial tobacco and if or how it is used and addressed in your community.

ACTIVITY 2.1: COMMERCIAL TOBACCO IN YOUR COMMUNITY

The purpose of this activity is to get you thinking about commercial tobacco in the context of your environment and how it affects your community. It will also help you connect information you may already know to new information presented in the workbook.

Instructions: Take a moment to think about each of the following questions. When you have answered all the questions, share your thoughts and discuss in pairs or in a group.
(When working individually, take some time to walk or take a drive through your community to help answer some of the questions.)

What does commercial tobacco use look like in your community?

- Do you, or does anyone you know, use commercial tobacco? If yes, what type? (Examples: cigarettes, cigars, chew, e-cigarettes).
- At what age or stage in their lives do people start smoking? Do you see adults smoking? What about young people?
- Where do people get the tobacco products? Where are tobacco products sold?
- Where do you see people using commercial tobacco in your community (e.g. work, home, community events)? Do you notice any places where people do not use commercial tobacco?
- Think of someone you know who uses commercial tobacco. How do you think their co-workers, friends and family are affected?
- Are there any smoke-free policies in your community? Are there places where people cannot smoke? Where are a few places you think smoking should not be allowed?

13. Smoking and Tobacco Use. (n.d.) Centers for Disease Control and Prevention. Retrieved February 5, 2014, from http://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/health_effects/index.htm

Perhaps the questions got you thinking about commercial tobacco on more of a community-wide level. What questions do you still have about commercial tobacco, or what would you like to learn more about?

- Other questions I have about commercial tobacco:
  (For example: What's in an e-cigarette?)

It's important to be informed about commercial tobacco in your community, so you can educate others on the dangers of tobacco and ***Advise*** your clients to quit. As you continue through the workbook, come back to your "other questions" above and see if they have been addressed. If not, check the resources section in this workbook to help answer any questions you might have now or later on.

COMMERCIAL TOBACCO AND CHRONIC DISEASE

Sometimes issues like commercial tobacco may seem overwhelming or too big to address. It may be hard to accept how commercial tobacco is affecting our communities, but we have to start somewhere, so let's start with learning how commercial tobacco is linked to chronic disease.

Smoking commercial tobacco is the leading cause of preventable death in this country and is a risk factor for many chronic diseases. What does that mean? It means that smoking commercial tobacco is making people sick—sick to the point that they are not fully living their lives because they are suffering and in pain. Many will live for years with a chronic disease and may pass on prematurely if they don't quit. Smoking is a cause of, or related to, many diseases in our communities. For instance, did you know that smoking causes type 2 diabetes? A person who smokes is 30-40% more likely to develop type 2 diabetes than a non-smoker. [14]

Facts like the one above about tobacco-related disease could be hard to accept. The idea that tobacco use is killing people may seem like a distant consequence – something down the road that we don't have to deal with yet. But, it's not down the road; it's affecting our people now. It may be difficult to accept, but if you can't face what commercial tobacco is doing in your communities, how can you explain it to your clients and help them quit?

The following activity helps you think about the many tobacco-related chronic diseases and illnesses you may already see with your clients or in your community.

> *"Smoking commercial tobacco is making people sick—sick to the point that they are not fully living their lives because they are suffering and in pain."*

14. Tips from Former Smokers. (n.d.). Centers for Disease Control and Prevention. Retrieved February 5, 2014, from http://www.cdc.gov/tobacco/campaign/tips/diseases/diabetes.html

ACTIVITY 2.2: TOBACCO-RELATED CHRONIC DISEASES/ILLNESSES*

The purpose of this activity is to identify some of the chronic diseases and illnesses that may be affecting your community.

Instructions: Below is a list of the most common chronic diseases and conditions. If you know someone in your community who is dealing with one of these conditions, check the appropriate box(es). For example, if your aunt has diabetes and you work in a diabetes prevention program, select all three options in the diabetes row. Complete the activity and then respond to the discussion questions below.

Do you encounter any of the following in your work, community or family? (Check all that apply)

	Community	Your Workplace	Family and Friends
Diabetes	☐	☐	☐
High blood pressure	☐	☐	☐
Heart disease	☐	☐	☐
Stroke	☐	☐	☐
Blindness, cataracts	☐	☐	☐
Cancer	☐	☐	☐
Asthma	☐	☐	☐
Complications with pregnancy	☐	☐	☐
Pneumonia	☐	☐	☐
Rheumatoid arthritis	☐	☐	☐
Other	☐	☐	☐

*For a complete list of tobacco-related chronic diseases and illnesses visit: http://www.surgeongeneral.gov/library/reports/50-years-of-progress/exec-summary.pdf

Discussion: When you look at the chronic diseases you checked off, is there one that stands out to you? How much of a role do you think tobacco plays in the illnesses you checked?

Perhaps you only selected a few boxes, or perhaps you are surprised by how many you checked off. In some cases, this list may help you identify a group of people in your community who are suffering from one type of illness – like asthma or bronchitis – that could be linked to working in an environment where they are exposed to secondhand smoke. Keep this information in mind as we continue to explore the dangers of commercial tobacco.

Consider the following startling facts and statistics attributed to smoking commercial tobacco.[15]

- 8.6 million people live with a serious illness or chronic disease caused by smoking.
- An estimated 88 million nonsmoking Americans, including 54% of children aged 3-11, are exposed to secondhand smoke.
- Exposure to secondhand smoke causes the following in NONSMOKERS:
  - Lung cancer
  - Heart disease
  - Lower respiratory tract infections
- Each year, 443,000 people die prematurely from smoking or exposure to secondhand smoke.

Take a minute to look at the first statistic again: 8.6 million people have a serious illness caused by smoking. Can you imagine what 8.6 million looks like? Think about it like this: in 2013, Arizona had an estimated population of 6.6 million[16] , which means that more people are living with a serious illness caused by smoking than are living in an entire state. But remember, you can help lower the number of people affected by smoking in your community by implementing the 5 A's and helping your clients quit commercial tobacco.

TRADITIONAL TOBACCO VS. COMMERCIAL TOBACCO

Now let's look at a different side to tobacco – traditional tobacco – and how it has been used by tribes from a cultural perspective.

Many indigenous peoples use traditional tobacco for a variety of purposes, from medicinal to sacred. When we talk about traditional tobacco in this workbook, we are referring to the species of tobacco most commonly used by AI/AN peoples for thousands of years known as *Nicotiana rustica*.[17] This form of tobacco used to grow wild over many parts of what is now called North America and was often mixed with other natural vegetation such as bark, leaves or herbs. Traditional tobacco is not processed in the same manner as commercial tobacco and does not contain added chemicals or carcinogens. Not all tribes or indigenous peoples use sacred tobacco, but for those that do, there is historical or cultural significance. Since traditional tobacco use varies from tribe to tribe, there is no single way to describe its ceremonial or sacred use.[18]

15. Chronic Disease Prevention and Health Promotion. (n.d.) Centers for Disease Control and Prevention. Retrieved February 5, 2014, from http://www.cdc.gov/chronicdisease/resources/publications/aag/osh.htm
16. Population Projections. (n.d.). US Census Bureau. Retrieved February 5, 2014, from https://www.census.gov/population/projections/
17. Pego, C., Solomon, G., Chisholm, R., & Ivey, S. (1995). Tobacco, culture, and health among American Indians: A historical review. American Indian Culture and Research Journal, 19(2), 143-164.
18. California Rural Indian Health Board, Inc. Tobacco 101 and Traditional Tobacco CTE Module. Tobacco Prevention & Technical Support Center.

Today, traditional tobacco is still used by many tribes in ways that have sacred, traditional, cultural and social importance. In many cases, using tobacco and other plants in ceremony, or for medicinal purposes, is a form of traditional healing. Traditional healing is one of many protective factors that have played a central role in wellness for indigenous peoples. However, because traditional tobacco is not as available as it once was, some people have started using commercial tobacco in place of traditional tobacco. The type of tobacco (*Nicotiana tabacum*) found in commercial cigarettes was first introduced to AI/AN peoples beginning with the French fur trade. Colonization and forced land removal contributed to the loss of traditional tobacco (*Nicotiana rustica*) for many tribes. Since commercial tobacco is processed in a way that makes it unhealthy and addictive when burned or inhaled, people who use commercial tobacco in a sacred way are at risk for negative health effects, such as heart disease and cancer.

Commercial tobacco is used and sold for very different reasons than traditional tobacco. Commercial tobacco today is sold for profit and is riddled with chemicals that make it more addictive than natural, unprocessed tobacco. Selling tobacco for money dates back to the early 1600's and the first commercial cigarettes were made in 1865.[19] However, the tobacco industry used few additives in cigarettes sold in the United States (US) before 1970.[20] Today, current US cigarettes are made up of approximately 10% additives, many of which are known to increase addictiveness.[21] See Table 5 below for a comparison of traditional and commercial tobacco.

TABLE 5. TRADITIONAL TOBACCO VS. COMMERCIAL TOBACCO

Traditional Tobacco	Commercially Prepared Tobacco
• Nicotiana rustica • Dates back thousands of years • Natural and pure • Used for cultural and/or spiritual reason • Grown or gathered for traditional use • Not bought or sold but given as gift or offering	• Nicotiana tabacum • Dates back to 1612 as the first crop grown for money in North America by European settlers [22] • Chemically enhanced • Highly addictive and abused • Grown for profit

When commercial tobacco is used in ceremony, it can blur the lines and become a sensitive area when it comes to talking about tobacco prevention and cessation in tribal communities. Some tribes have begun to reclaim the traditional way of growing and harvesting tobacco for ceremonial use. For example:

"In 2010, the Hopi Tobacco Program, along with the Hopi youth, implemented traditional tobacco farming projects throughout the Hopi reservation to establish resource outlets for each village and community to supplement their traditional tobacco resources. The goals of the project are to educate our people on the use and purpose of traditional tobacco, learn and restart the farming practice of traditional tobacco, and change the attitudes and practice of using commercial tobacco in our ceremonies. Through partnerships with various individuals and programs, we have six out of thirteen villages that have traditional tobacco gardens. This is one way to sustain our cultural practice and tradition but eliminate the use of commercial tobacco in our Tribal Nations."

- Hopi Tobacco Program

19. Jacobs, M. From the First to the Last Ash: The History, Economics & Hazards of Tobacco. Retrieved February 5, 2014 from http://healthliteracy.worlded.org/docs/tobacco/Unit1/2history_of.html
20. Bates C, Jarvis M, Connolly G. Tobacco additives: cigarette engineering and nicotine addiction. Bates no. 83452276. Retrieved February 5, 2014 from http://www.ash.org.uk/html/regulation/html/additives.html
21. Rabinoff M, Caskey N, Rissling A, Park C. Pharmacological and chemical effects of cigarette additives. Am J Public Health. 2007;14(11):1981–1991.
22. Jacobs, M. From the First to the Last Ash: The History, Economics & Hazards of Tobacco. Retrieved February 5, 2014 from http://healthliteracy.worlded.org/docs/tobacco/Unit1/2history_of.html

As stated previously, not all tribes have used, or currently use traditional tobacco. Every tribe is unique and each has its own history, traditions and cultural identity. Some tribes may have a history of using traditional tobacco, while others may have used different plants and herbs such as sage, cedar or sweet grass. Let's explore what you know about your tribe or community and its use (or non-use) of traditional tobacco. Whatever your community practices may be with the use of traditional tobacco, we strongly suggest you take this into consideration as you implement the 5 A's. Let's explore what you already know in the next activity.

ACTIVITY 2.3: TRADITIONAL TOBACCO

Before we begin, let's make it clear that ***no one has to talk about traditional tobacco or its sacred use if it is in any way inappropriate or not respectful of your traditional ways.*** The purpose of this facilitated discussion is to explore whether or not traditional tobacco is used in your community, so you can better understand what your clients and community members may be experiencing or thinking when it comes to tobacco use and cessation. Understanding the use or non-use of traditional tobacco in your community will be helpful when you are communicating the 5 A's.

Instructions: Share as little or as much as you wish with the group. Use the following questions to guide your discussion. We suggest you give each person the opportunity to respond to each question before going on to the next one. This ensures that everyone has an opportunity to share and ask questions. *(When working individually, we suggest you speak with an elder, cultural leader or community member.)*

1. What do you know about traditional tobacco and its use in your community? How is it traditionally used in your community or tribe? If it is used or not used, how do you know?
2. How do people learn about traditional tobacco in the community? Who are the teachers and at what age do people begin to learn about it?
3. Are there any stories describing how your ancestors used traditional tobacco or other sacred plants?
4. Are there certain ways of talking about tobacco? For example, are there times or places when it's appropriate or not appropriate to discuss, or are there only certain people who should talk about it?
5. How is talking about traditional tobacco different than talking about commercial tobacco?

How did the discussion go? Perhaps you were unable to answer and discuss all of the questions. That's OK. If you have a good understanding of the difference between commercial and traditional tobacco use, you will be better equipped to explain the differences between the two and promote commercial tobacco-free communities. Consider seeking out a community member with whom you can speak to find out more about the ways in which traditional tobacco is or was used in your community.

Reflecting and understanding how to discuss tobacco use in a way that is culturally respectful and appropriate can help you anticipate potential challenges you may face when talking about tobacco with different groups. Think back to when you considered cultural norms in Activity 1.2. Knowing more about traditional tobacco may help you communicate more effectively with different community members.

Resource – for stories about how Native people have used traditional tobacco, see the *Anthology of Traditional Tobacco Stories* at rtips.cancer.gov/rtips

WHAT'S THE BIG DEAL ABOUT BIG TOBACCO?

You have probably heard the term "Big Tobacco," which refers to the commercial tobacco industry. Anti-smoking campaigns such as the Campaign for Tobacco-Free Kids and TheTruth.com often refer to Big Tobacco in their messages. So what's the big deal? The big deal is that these large tobacco companies are making billions of dollars each year on a product that kills its users. And almost as quickly as it's losing its customers to tobacco-related illnesses, Big Tobacco is replacing them with new customers through aggressive mass marketing. According to the Federal Trade Commission's 2011 Cigarette Report, the top six tobacco companies spent over 8.3 billion dollars on advertising and promotions. In other words, tobacco companies spend $23 dollars to market their tobacco products for every $1 states spend on tobacco prevention.[23]

E-CIGARETTES – NEXT GENERATION FOR BIG TOBACCO?

Some of the largest tobacco companies have acquired electronic cigarette brands or are developing their own electronic cigarettes. These products, also known as e-cigarettes, are electronic devices that deliver nicotine, flavor and other chemicals through a tiny vaporizer. Many e-cigarettes are designed to look and feel like cigarettes and offer an experience similar to smoking.

Unlike regular cigarettes, however, there are no current restrictions on e-cigarette advertising. This means that companies can advertise on television, print and radio. Additionally, e-cigarettes are available in fruit and candy flavors that are considered "kid friendly" or appealing to young people. According to the Centers for Disease Control and Prevention (CDC), the number of 6th to 12th graders who said they had tried e-cigarettes more than doubled between 2011 and 2012. A study by the CDC also found that teens who tried e-cigarettes were more likely to try regular cigarettes than those who had not tried e-cigarettes.

QUICK FACTS ABOUT E-CIGARETTES: [24]

- E-cigarettes are not regulated by the Food and Drug Administration (FDA)
- Claims that E-cigarettes DO NOT emit "harmless water vapor" are NOT true
- An electronic cigarette can contain as much nicotine as a regular cigarette -- or more
- There is no evidence that e-cigarettes are an effective way to quit

BIG TOBACCO'S MARKETING TO AMERICAN INDIANS & ALASKA NATIVES

Tobacco companies spend a lot of money on marketing, advertising, and other promotional activities. Some tobacco companies directly market to AI/AN communities by sponsoring events and tailoring their advertising to appeal to Native Americans. For example, one tobacco company promotes tobacco sales by misusing an illustration of an American Indian smoking a pipe alongside words like "natural" and "spirit. These words and images may lead some people to believe that these cigarettes are less dangerous (i.e. "natural") or connected to traditional concepts.

Marketing to Native Americans is not new for tobacco companies. As part of the Master Settlement Agreement[25] reached in 1998, tobacco companies' documents and marketing practices were made public. One of the documents made public is a presentation about how to market to American Indians. At http://legacy.library.ucsf.edu/tid/stg69h00/pdf you can view slides of a presentation titled "American Indian Market Overview" developed by an advertising company for a large tobacco company.

23. Tobacco Companies Spend $23 to Market Products For Every $1 States Spend on Tobacco Prevention - Campaign for Tobacco Free Kids. (n.d.). Retrieved February 4, 2014 from http://www.tobaccofreekids.org/press_releases/post/id_0800
24. 10 Little-known Facts About E-cigarettes. How Stuff Works. Trimarchi, M., Cassidy, S. Retrieved February 5, 2014 from http://health.howstuffworks.com/wellness/smoking-cessation/10-facts-about-e-cigarettes.htm
25. The Master Settlement Agreement is an accord reached in November 1998 between the state Attorneys General of forty-six states, five U.S. territories, the District of Columbia and the five largest tobacco companies in America concerning the advertising, marketing and promotion of tobacco products.

WHAT CAN THE COMMUNITY DO?

You may be wondering what you can do to promote healthy living and commercial tobacco cessation. One way is by coming together and creating a tobacco-free community. A great example of this is the Hannahville Indian Community's anti-commercial tobacco media campaign.

IMAGE 2. COMMUNITY CALENDAR

IMAGE 3. LOCAL BILLBOARD

Project highlights include a local media campaign that was community driven and included:

- A commercial tobacco-free poster contest
- A community calendar (Image 2)
- A local billboard with a commercial tobacco-free message (Image 3)

CULTURAL RESILIENCY – RECLAIMING THE HEALTH OF OUR TRIBAL NATIONS

Cultural resilience is a relatively new term, but its meaning has been practiced by indigenous peoples for generations. Resilience is a human characteristic we all posses that allows us to adapt and overcome negative situations in our lives. Cultural resilience is a theory that proposes the use of traditional life-ways to overcome challenges in our lives and in our communities.

Cultural resilience can be fostered through many aspects of Native American traditions, values, ways of life, and beliefs. See some examples of traditional Native values on the next page.

> ...Cultural resilience is not new to our people; it is a concept that has been taught for centuries. The word is new; the meaning is old."
>
> - Iris HeavyRunner

TABLE 6. EXAMPLES OF TRADITIONAL NATIVE VALUES, BELIEFS AND BEHAVIORS [26]

• Spirituality • Child-Rearing/Extended Family • Honoring Age/Wisdom/Tradition • Respect for Nature • Generosity and Sharing • Cooperation/Communal Living	• Autonomy (self-sufficiency or belief in one's abilities) • Respect for Others • Composure/Patience • Relativity of Time • Non-verbal Communication

When you look at the list of traditional values, beliefs and behaviors you may immediately relate to one or more, or some of your own values may come to mind. While there are far more traditional values than listed here, these are some of the core values and concepts that help us understand ourselves, each other, and the world we live in. We can't talk about how we understand the world we live in without talking a little bit about the past.

Indigenous peoples have long maintained a way of life that included traditional practices that prevented disease and protected physical, mental, emotional and spiritual health. Over time, our way of life and many of our traditional practices were lost due to forced removal, relocation, and assimilation. Earlier in this module we talked about the loss of traditional tobacco, which is just one example in a long list of traditional life ways that were lost through colonization. Today, the combined hardship and grief that many indigenous peoples suffered is known as historical trauma.

Historical trauma is defined by Dr. Maria Yellow Horse Brave Heart as *"cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma."*

For some, historical trauma is believed to have led to unresolved grief and negative health outcomes. Although the purpose of this workbook is not to explore historical trauma, we felt it important and necessary to raise awareness of the impact it may have on individuals. Many people today may still experience the psychological effects of historical trauma. Some of those effects include: depression, anxiety, anger, fear, distrust, and substance abuse.[27, 28] However, by fostering cultural resilience in our communities we can create a buffer, or protective factors, that will build us up and protect us.

Protective factors are conditions or strengths found in the individual, family, or community that prevent or reduce the risks associated with stress and trauma.[29] Examples of protective factors that may help prevent or reduce a risky behavior like smoking commercial tobacco, include things like traditional healing, a strong sense of identity or the strength and support we get from family and friends. Others include ceremony, dances, music and the arts, storytelling and traditional games, as well as other healthy activities in your community that may or may not be traditional.

26. HeavyRunner, Iris & Morris, Joann. (1997) Traditional Native Culture and Resilience. Research/Practice Newsletter: University of Minnesota. http://www.cehd.umn.edu/CAREI/Reports/Rpractice/Spring97/traditional.html
27. Brave Heart, M.Y. & Daw, R. The Takini Network. Historical Trauma: An Introduction. http://historicaltrauma.com
28. Witbeck, L., Adams, G., Hoyt, D., Chen, X. (2004). Conceptualizing and measuring historical trauma among American Indian people. American journal of community psychology. 33, 119-130.
29. Snyder, C. R., & Lopez, S. J. (2002). Handbook of positive psychology. Oxford England: Oxford University Press.

Turning to traditional ways and other healthy activities in your community can foster cultural resilience – the ability to heal, survive and protect our people – by helping to cope with stress or challenges in a healthy way instead of unhealthy ways, such as smoking commercial tobacco.

When relating cultural resilience to a tobacco cessation intervention, the person-to-person communication embedded in the 5 A's is another great example of using traditional ways – sharing knowledge, respect and cooperation – to help another person quit commercial tobacco and lead a healthier life. Think back to the section in Module 1 on Motivational Interviewing (MI); one of the key elements of MI is autonomy – recognizing a person's inner strength and belief in him or herself. Autonomy is also considered a traditional value. When you are ***Assisting*** a client to quit commercial tobacco, consider drawing on their existing values like personal strength, support from family, traditional practices, or involvement in the community.

By recognizing what is important to your client and what he or she values, you will be better able to help him or her quit commercial tobacco. In the next section, we will review the 5 A's with an interactive game designed to challenge your knowledge of the 5 A's.

REVIEWING THE 5 A'S

You have already learned about the 5 A's and how and why the intervention works. It's evidence-based and can be applied in your setting with each client in under 10 minutes. Before we end this module let's do a quick review of the 5 A's.

ACTIVITY 2.4: THE 5 A'S CHALLENGE

The purpose of this activity is to give you an opportunity to review each of the steps in a fun and interactive way.

Instructions: Use the worksheets in the back of this workbook to set up the game. Then follow the detailed instructions to play. (Worksheets and instructions are in Appendix A).
Have fun! *(When working individually, try matching up the cards yourself and then check your answers with answer key.)*

Welcome back! How did the challenge go? Did you get some right? Maybe there were a few that were confusing.
Don't worry, in the next module you become even more familiar and comfortable with the 5 A's.

IMAGE 4. TRIBAL STAFF PLAYING THE 5 A'S CHALLENGE (ANTHONY AND JOSE)

MODULE 2 SUMMARY

By now you should have a good understanding of the 5 A's, including how they are communicated and how you can use them in your setting. We talked about differences between traditional and commercial tobacco and some of the chronic diseases associated with the abuse of commercial tobacco. Big Tobacco, the multi-billion dollar commercial tobacco industry, was also defined, as were some of its marketing tactics. A new commercial tobacco product called e-cigarettes is gaining popularity, especially among younger generations, so information about this product was provided. We talked about cultural resilience and how traditional ways have long supported indigenous people's existence and their ability to overcome challenges. Finally, you were given the opportunity to review and put your 5 A's knowledge to the test with an interactive game.

In the **next module:** Take your 5 A's skills to the next level by adapting the steps to your setting and the language to your own words.

MODULE 3: IMPLEMENTATION PLAN - PHASE I: YOU AND THE 5 A'S

LEARNING OBJECTIVES:
By the end of this module you will be able to:
1) Adapt and practice the 5 A's
2) Identify where the 5 A's intervention can be incorporated into your daily activities

MATERIALS AND SUPPLIES NEEDED:
- Workbook
- Pen or pencil
- Easel paper
- Sticky notes (two colors)

ACTIVITIES:
Activity worksheets are also available online at www.redstar1.org/resources
- Activity 3.1: 5 A's in Your Own Words – Role Play
- Activity 3.2: Quick Check of Current Program
- Activity 3.3: Client Interaction
- Activity 3.4: Create a Flowchart of a Daily Activity
- Activity 3.5: Fitting the 5 A's into your Daily Activities (Individual Flowchart)

MODULE 3: IMPLEMENTATION PLAN - PHASE I: YOU AND THE 5 A'S

In Modules 1 and 2 you learned about the 5 A's and explored what the intervention might look like in your community. The activities were designed to help you better understand tobacco use and cessation, as well as other important considerations for implementing the 5 A's in tribal settings. Your knowledge of commercial tobacco and the 5 A's are the foundation for implementing the intervention. Module 3 builds on what you learned in Modules 1 and 2 and helps you plan for implementing the 5 A's. Before describing what is involved in making the 5 A's your own, let's review some of the key concepts covered in the two previous modules.

Module 1: Brief Interventions and Tribal Communities

- The 5 A's intervention requires person-to-person communication in order to be effective in your community.
- There are cultural and social considerations for communicating in your community. A person's age, gender and whether they use traditional tobacco can impact how you talk about tobacco cessation.
- The Stages of Change illustrate what a person goes through when changing a behavior and can help you better understand a client's readiness to quit.
- Motivational Interviewing can make communication of the 5 A's more effective, because it helps you establish person-to-person communication and find out a person's beliefs and reasons for wanting to change (or not change). The true power of change lies within the individual.

Module 2: The 5 A's in Your Community

- Commercial tobacco and chronic disease are major contributors to illness and loss of life. That is why implementing commercial tobacco cessation interventions like the 5 A's is so important.
- Traditional and commercial tobacco are very different. Understanding the differences between the two prepares you to better communicate with your clients about the dangers of commercial tobacco, while respecting the sacredness of traditional tobacco.
- Big tobacco companies advertise to American Indian and Alaska Native peoples. Native communities can use a smoke-free media campaign to promote smoke-free healthy communities.
- Traditional life-ways and other healthy activities can foster cultural resilience – the ability to heal, survive and protect our people – by providing healthy ways to cope with challenges, instead of unhealthy ways such as smoking commercial tobacco.

You covered a lot in the last two modules! Going forward, Modules 3, 4 and 5 build on that foundation by taking you through three phases of developing a plan for implementing and maintaining the 5 A's intervention in your program: ***You and the 5 A's, The 5 A's and Your Program,*** and ***Setting Up for Success.*** Each phase has multiple tasks to help you plan, prepare and implement the 5 A's. Module 3 focuses on the first phase, where you further explore the intervention and begin making the 5 A's your own.

PHASE I: YOU AND THE 5 A'S

There are four main steps for making the 5 A's your own. Each of these steps will help you become more comfortable with the 5 A's, so you can find ways to naturally include the intervention in your daily activities:

- Step 1: Adapt the 5 A's – Make it Your Own
- Step 2: Consider Your Current Program
- Step 3: Fit the 5 A's into to Your Day
- Step 4: Check in With Your Supervisor (if needed)

STEP 1: ADAPT THE 5 A'S – MAKE IT YOUR OWN

By now you are familiar with the intervention and some of the ways you can communicate each of the 5 A's when implementing the intervention. For instance, think about the examples in the activity you completed at the end of Module 2 – The 5 A's Challenge.

TABLE 7. EXAMPLE COMMUNICATION FOR THE 5 A'S

5 A'S	EXAMPLE COMMUNICATION
ASK	Are you exposed to tobacco smoke at home or work? *(Let's assume your client says "Yes, my partner smokes in the evening when we are together.")*
ADVISE	Many cancer-causing chemicals are found in secondhand smoke. There is no safe amount of exposure to secondhand smoke.
ASSESS	Has your partner ever thought about quitting? *(Let's assume your client says "Yes, but it just seems too hard to start with all that is going on.")*
ASSIST	Here is a pamphlet with information about helping her (or him) to quit tobacco.
ARRANGE	I will check in with you in a few weeks. Is this a good number to reach you?

Because the 5 A's intervention is based on person-to-person interaction, it's important to make sure you are communicating each of the A's – ***Ask, Advise, Assess, Assist*** and ***Arrange*** – in a way that feels natural to you and your clients. By practicing the 5 A's, you're more likely to find the words and expressions that make communicating the intervention feel right to you.

TIPS FOR MAKING THE 5 A'S YOUR OWN

Below are some helpful hints for making each "A" authentic for you and your clients.

ASK

- Speak from the heart.
- Be honest and open.

ADVISE

- Think about your clients – what advice would relate to them? For instance, if you work in a diabetes prevention program, you will want to advise them on the complications of diabetes caused by smoking.

ASSESS

- Listen to your client and remember to pay attention to body language.

ASSIST

- Think about resources in your community that already exist; how can you assist your clients in accessing those resources?

ARRANGE

- Even if someone is not ready to quit, remind him or her that you will ***Ask*** about tobacco use and exposure the next time you see them.
- Keep it positive and friendly – no shaming or judging.

The following activity will help you think about what you might say for each "A" of the intervention. Remember, it's important to put the 5 A's into your own words because using words that feel natural to you will foster that genuine, personal connection with your clients. Such a connection is so important to the success of the intervention and is more likely to happen if you are speaking from the heart and using your own words. For example when ***Arranging*** for follow-up with someone you are familiar with, instead of saying "I'm going to follow up with you within a week of your quit date," you might say "Hey, can I text you at this number a couple of days after your quit date to see how you're doing?" You should feel comfortable communicating each of the 5 A's in a style that is understandable and relevant for your clients.

ACTIVITY 3.1: THE 5 A'S IN YOUR OWN WORDS – ROLE-PLAY

The purpose of this activity is to help you put the 5 A's into your own words.

Instructions: In the right column, write down how you might communicate each step of the 5 A's in your own way. Be as expressive and formal or informal as you would be with one of your clients. (It might help to picture a specific client or situation in your mind, since your words will vary depending on the person and exact situation.) Once you have completed the worksheet, role-play a scenario with a partner using the words you wrote down. *(If you are completing this workbook on your own, try practicing with a co-worker, family member or friend.)*

5 A'S	WORDS YOU WOULD USE
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 the individual in accordance with his or her willingness to quit (Unwilling or Willing)	
ARRANGE for follow-up	

Extra Practice!
Practice the 5 A's in your own words as much as possible. Think back again to Activity 1.2, when you identified whom you might talk to about their commercial tobacco use. What considerations might have to be made when using the 5 A's with an elder versus a young person or someone who uses traditional tobacco? Start thinking about how you will tailor your communication for different clients.

You can practice with co-workers or at home with family and friends. Use the 5 A's in Your Own Words worksheet to role-play different scenarios. For example, in one scenario have a person play the role of a client who is ready to quit, and in another, act like he/she is not sure or not ready. The more you practice, the more comfortable you will become.

Don't get discouraged if the 5 A's are still not coming as naturally as you would like. Continue practicing with other staff or at home with family and friends. One tribal staff member who was learning the 5 A's referred to it as "being on her 'A' game!" She practiced the steps and what she would say for each one (**Ask**, **Advise**, **Assess**, **Assist** and **Arrange**) with a coworker before going home and using the 5 A's with her husband. Keep practicing and you too will soon be on your 'A' game.

STEP 2: CONSIDER YOUR CURRENT PROGRAM

Now that you have had some additional practice with the 5 A's, let's start looking at how you could use the intervention in your setting. What is your program currently doing in regard to tobacco cessation? For instance, some programs ask about commercial tobacco use upon intake, but don't offer cessation services. Some programs promote a tobacco-free lifestyle by posting signs and handing out pamphlets, but don't directly ask clients about their tobacco use. Other programs may use other brief cessation interventions, such as *Ask, Advise* and then *Refer,*[30] where they refer clients to a specific tobacco cessation service. Whether you are in a program that already asks about tobacco use or you are embarking on this for the first time, the Quick Check activity below is one way to get an idea of existing opportunities to promote commercial tobacco cessation such as the 5 A's.

ACTIVITY 3.2: QUICK CHECK OF CURRENT PROGRAM[31]

Instructions: Answer the following questions to the best of your ability, or if you are unsure, talk to co-workers to see what they know.

1. Which of the following best describes your program?

- ☐ Chronic disease prevention
- ☐ Tobacco prevention
- ☐ Wellness Center
- ☐ Exercise and Fitness
- ☐ Nutrition
- ☐ Other _____

30. The Ask, Advise, Refer Model is a brief tobacco intervention characterized by 3 steps: Ask, Advise and Refer clients to resources that will assist the individual in quitting. For more information visit: http://www.cdc.gov/tobacco/campaign/tips/groups/health-care-providers.html.
31. Modeled after Assess Your Practice Environment And Systems from American Academy of Family Physicians Treating Tobacco Dependence Practice Manual.

2. When do you interact with clients? (Check all that apply.)

- ☐ During client check-in or sign-in
- ☐ While providing health services (all types – checking vitals to direct care)
- ☐ Out in the community (home visit or other regular community outreach)
- ☐ During nutrition class
- ☐ Teaching fitness class/coaching
- ☐ At wellness fairs/conferences
- ☐ Other _____

3. Does your program currently identify commercial tobacco users?

- ☐ Yes (continue to question #4)
- ☐ No (skip to question #6)

4. How does your program currently communicate with your clients about the importance of quitting commercial tobacco? (Check all that apply.)

- ☐ Tobacco-free signs at all entrances/exits
- ☐ Posters in visible areas (lobby, hallways, rooms)
- ☐ Quit cards or table tents
- ☐ Other _____

5. Which of the following does your program use to help patients quit commercial tobacco? (Check all that apply.)

- ☐ Give out educational materials
- ☐ Refer clients to quitline
- ☐ Refer patients to outside support groups or other tribal program
- ☐ Deliver brief tobacco cessation intervention (5 A's or Ask, Advise and Refer)
- ☐ Not sure
- ☐ Other _____

6. List some of the challenges and opportunities you face (or could face) in identifying smokers/ tobacco users and helping them quit. When listing challenges, you can also list strategies to overcome them.

_____

_____

_____

_____

_____

7. List some strengths of your program—what does your program do well? (Strengths don't have to be related to tobacco. Examples could be one-on-one time with clients, client relationships or community outreach.) How will these strengths be helpful when implementing a tobacco cessation intervention?

8. What resources are available in your community that your clients could use to help them quit and stay quit?

Your answers to the questions above help you describe your program and how your program addresses commercial tobacco use in your community. Knowing your program's strengths and identifying resources that are already available to help people quit is the first step to determining where you might fit the 5 A's into your daily activities. Even if your program does not currently offer any tobacco cessation help, the questions hopefully got you thinking about ways your program could accommodate a cessation intervention like the 5 A's.

STEP 3: FIT THE 5 A'S INTO YOUR DAY

Integrating the 5 A's into your daily activities should be as smooth and natural as possible. Keep in mind that when integrating the 5 A's into your daily work, you are NOT doing an overhaul of your activities. Instead, you are finding areas where the 5 A's can fit seamlessly into what you already do. Think about what an average day looks like in your program. Maybe you see clients in an office setting two days a week, and you go out into the community one day a week. Both settings could be ideal for implementing the intervention, because both involve person-to-person interaction with clients. Activity 3.3 will help you identify activities where you have the most client interaction. Then, you'll take one specific activity and break it down into the distinct tasks you do to complete it. Ultimately, examining your daily client interactions in this way will help you determine the best ways to fit the 5 A's into your daily routine.

Meet Jolene. She is a Community Health Representative (CHR) at a tribal chronic disease prevention program. We will use Jolene's program as an example in the following activities.

ACTIVITY 3.3: CLIENT INTERACTION

Every client interaction is an opportunity to implement the 5 A's. Remember, person-to-person interaction is what makes a brief intervention, like the 5 A's, different from a minimal intervention, where there is no significant interaction (see Module 1, Table 2). The purpose of this activity is to identify when you have the most client interaction, because it's during these moments that you will have the best opportunity to deliver the 5 A's.

Instructions: This activity has two parts.
Part A: Think about the activities you do throughout the day (in-office or out in the community) that involve person-to-person interaction with clients and start making a list. Remember to choose activities where you have the most interaction with clients. See Jolene's list of daily activities in the example below:

Jolene's list of daily activities:
- Check vitals
- Provide blood glucose screening
- Provide health education class
- Home visits
- Coordinate follow-up
- Issue referrals

Your daily activities:

Part B: Choose one activity from your list in Part A and write down every task required to complete that activity from start to finish. Use simple language and few words to describe each task. In the example below, Jolene listed all of the tasks related to blood glucose screening:

Jolene's list of tasks for blood glucose screening:
- Greet client and escort to screening area
- Wash/sterilize area (e.g., fingertip)
- Use monitoring device to test blood
- Read result to client
- Stabilize blood sugar (if needed)
- Provide health education (as needed)
- Update client file

Your list of tasks for [enter activity you chose here]

***Extra Example:** In order to show what daily activities look like in two different settings – office and out in the community – we have provided an additional example below. This list describes Jolene's tasks when conducting a home visit.

Jolene's list of tasks for a home visit:
- Confirm client is home
- Arrive at home & greet client
- Provide service (if applicable)
- Refer for additional care (if needed)
- Fill out home visit form
- Schedule next visit

After you have chosen an activity and listed all of the tasks needed to complete it, it's helpful to take a closer look at how each task flows from one to the next. One way to do this is to create a flowchart. A flowchart is a useful tool for visually mapping out tasks in the order they are completed and for honing in on additional details for an activity.

Below are two flowcharts showing Jolene's daily activities Blood Glucose Screening (Image 5.) and Home Visit (Image 6.). She used her list of tasks for each activity (above) and then developed a flowchart to illustrate how the tasks flow from one to the next to make up an activity:

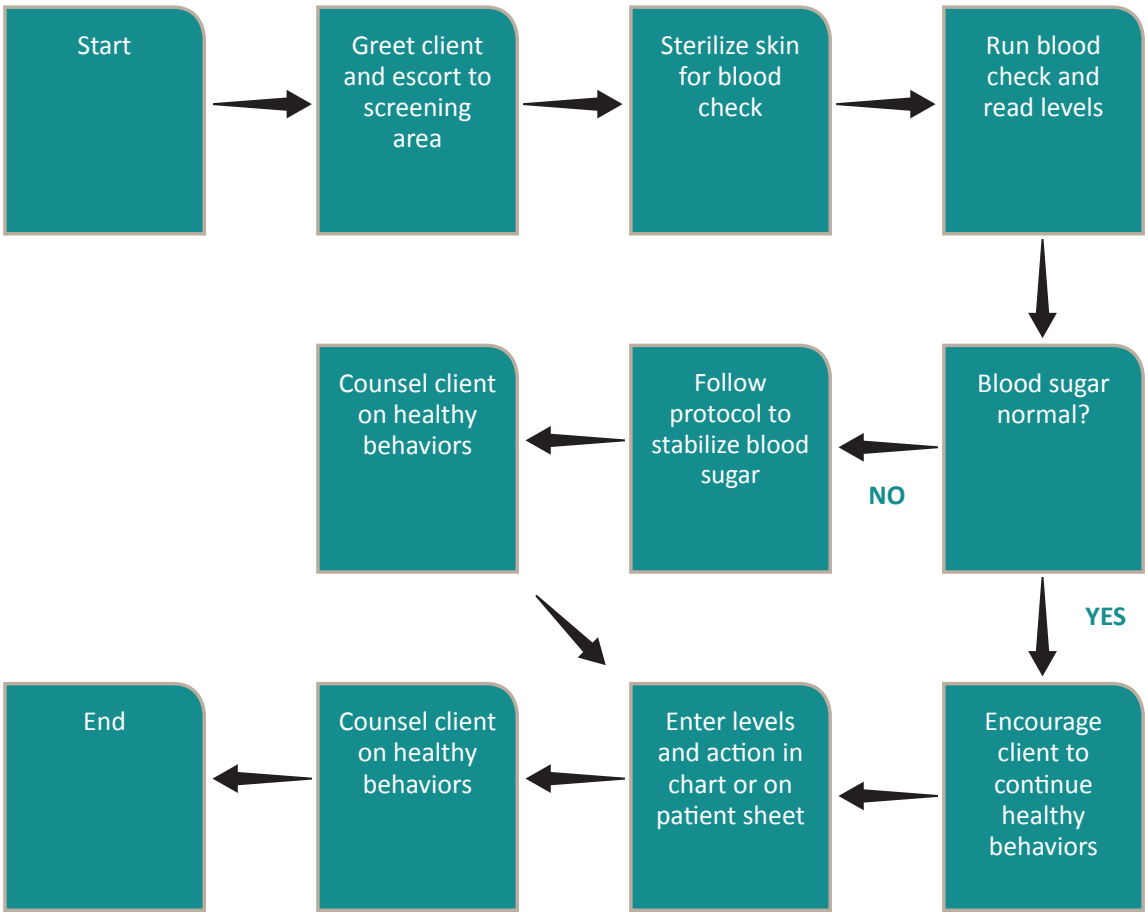


Image 5. Jolene's Flowchart for Blood Glucose Screening (Office Setting)

You'll notice that some tasks require answering a yes or no question or making a decision. Depending on the answer or decision, the flowchart will branch into two (or more) directions and have a different number of steps for completion. For instance, in Jolene's flowchart for blood glucose screening (Image 5.) one of her tasks is to determine if a client's blood sugar is stable. If the answer is no, she follows a protocol to stabilize along with some counseling on healthy behaviors. If the answer is yes, she encourages client to continue healthy behaviors.

Let's look at Jolene's second flowchart next.

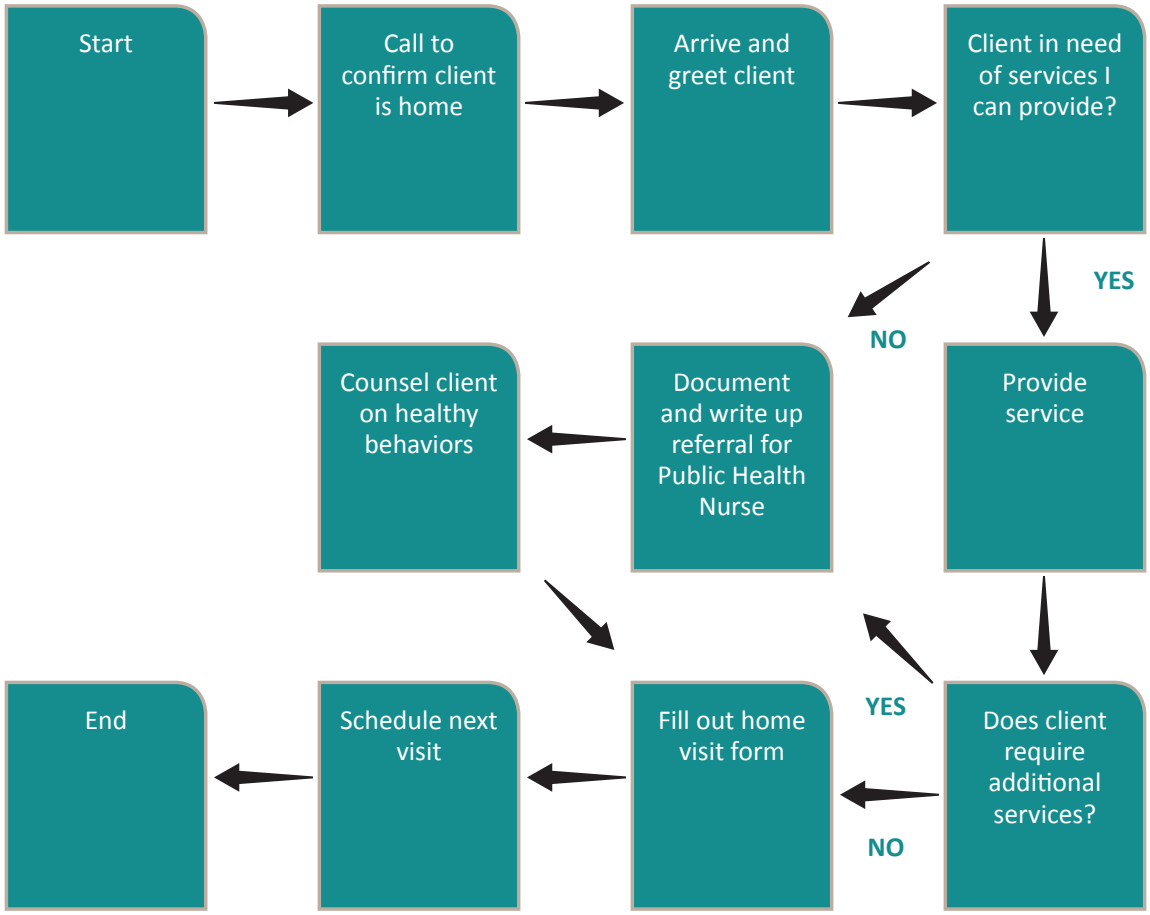


Image 6. Jolene's Flowchart for Home Visits (Community Setting)

This flowchart is a bit more complex because Jolene is required to make a decision and take action on more than one task. Additionally, depending on her answer, the amount of her client interaction will vary. For example, the question about whether or not Jolene can "provide a service" during a home visit directly affects the amount of time she will end up spending with a client. If the answer is yes, she will have more one-on-one interaction with the client, but if the answer is no, she must refer the client to the public health nurse (PHN). While we don't want you to overcomplicate your flowchart, we do want you to be aware of how your decisions affect the number and length of your client interactions.

The examples above illustrate two different settings: an office setting and a community setting. Maybe you can relate more easily to one flowchart than the other. Or perhaps, like Jolene, you provide services to clients in several different settings. Either way, you are most likely providing a number of services that include a variety of activities and tasks. When you flowchart an activity, it is easier to see all the tasks you do, the decisions you have to make, and how those decisions affect the process. Now it's time to create your own flowchart.

ACTIVITY 3.4: CREATE A FLOWCHART OF A DAILY ACTIVITY

Use the one activity you selected and its accompanying list of tasks from Activity 3.3 to create your flowchart. You will need large easel paper and sticky notes.

Instructions:

1) Double-check your list (Activity 3.3 Part B) before beginning the activity. Is each task in the right order? Are there any tasks where there is a yes/no question or decision that is made? Add any additional tasks to your list before starting the flowchart.
2) Once your list is complete, write each task on a single sticky note. There should be only one task per sticky note.
3) At the top of the easel paper, write the activity you chose to flowchart (Example: Client Check-in).
4) Write "Start" on the first sticky note.
5) Place the sticky notes in the order the tasks are completed. (The good thing about using sticky notes is that you can move them around as needed!)
6) Draw arrows to connect tasks and show the flow of tasks from one to the next (don't write in arrows until you are sure tasks are in order).
7) Write "End" on a sticky note, and place it after the last task in the process.
8) Review your flowchart and make sure it's complete. Did you include all of the tasks required to complete the activity?

You have created a flowchart of one of your daily activities! Now, you can use this flowchart to identify areas where the 5 A's could fit in to your existing process.

FITTING THE 5 A'S INTO YOUR EXISTING WORK

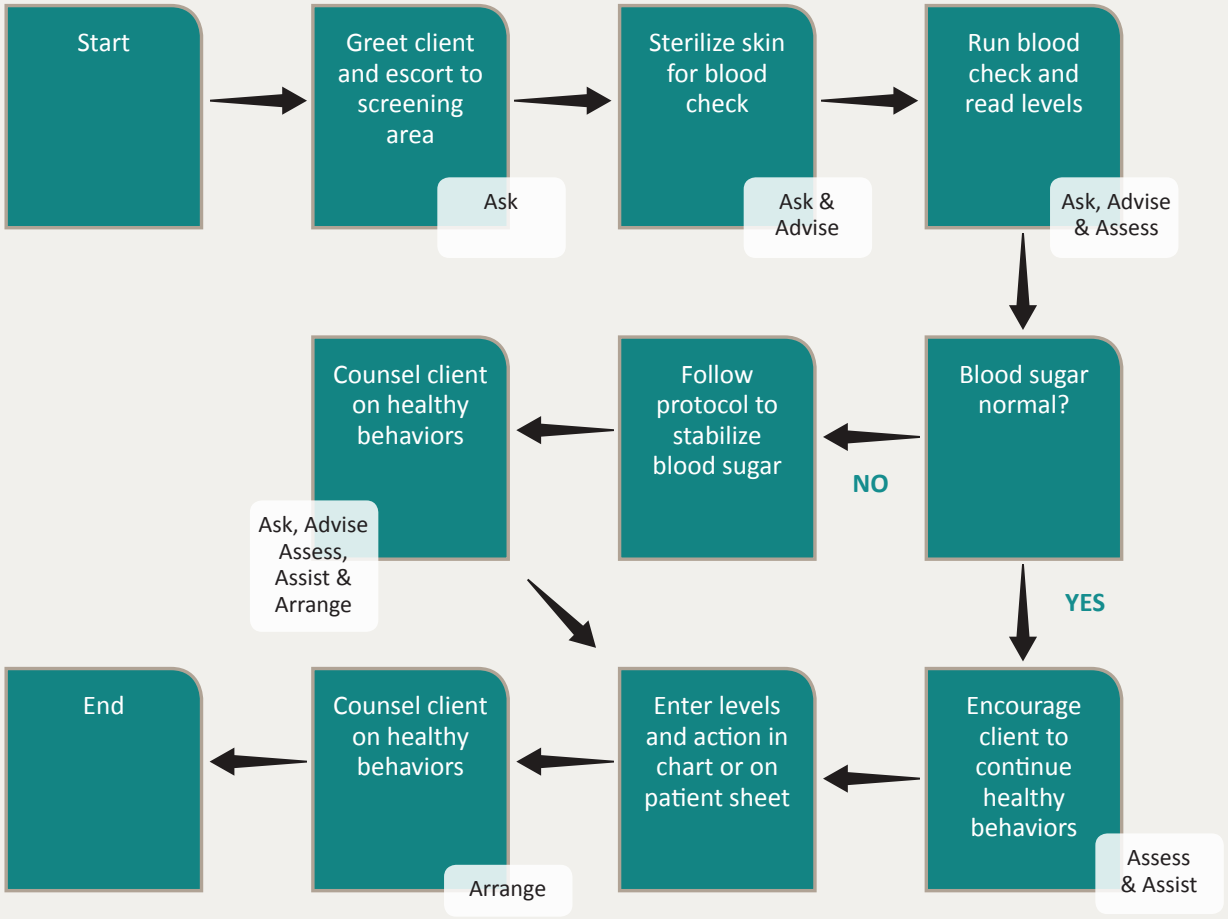
Take a minute to review the flowchart you created. You might not have realized how many tasks it takes to do one activity. Maybe you are wondering – How will I ever fit in something new? Don't worry – the following activity will help you learn how to integrate the 5 A's into your existing work.

ACTIVITY 3.5: FITTING THE 5 A'S INTO YOUR DAILY ACTIVITIES (INDIVIDUAL FLOWCHART)

The flowchart you created in Activity 3.4 gives you a clear picture of an activity and all its tasks. Your next step is to figure out where the 5 A's can best be included in the flow of your existing tasks. Think about how you put the 5 A's into your own words in Activity 3.1. You used words to communicate in an effective and genuine way. Now, you are looking at your day and deciding when you can best communicate each of the 5 A's in a way that fits naturally into what you are already doing.

Instructions: This activity has two parts.
Part A: Review your flowchart from Activity 3.4 and note where you see potential opportunities to implement one or more of the 5 A's (**Ask**, **Advise**, **Assess**, **Assist**, **Arrange**). Write the appropriate "A" (or A's) on a new sticky note (we recommend using a different color sticky note) and place it directly underneath the task. Below you can see where Jolene found areas to implement one or more of the 5 A's and where she placed her sticky note underneath the task.

Jolene's Flowchart - Fitting in the 5 A's



Notice how there is more than one opportunity to implement one or more of the 5 A's. It is up to you to figure out which areas in your flow of tasks is best for the 5 A's. Depending on the amount of client contact you have, you may be able to go through all of the 5 A's with your clients during one task, or it might be easier to break up the steps and **Ask** (or **Ask** and **Advise**) upon greeting and then continue with **Assessing, Assisting** and **Arranging** as you move through your tasks.

Perhaps you have less client contact and your flowchart looks nothing like Jolene's. That's OK too. In the next two modules we will discuss how other staff members can provide one of the 5 A's, like Asking or Arranging, or support the implementation in other ways such as ordering resources, ensuring tobacco-free signage is visible to clients, and scheduling additional trainings. All staff can be part of creating a tobacco-free community!

Now it is time to take the information from the flowchart and put it into a table that lets you quickly and easily see when you can deliver each of the 5 A's. Below are two tables: the first one (**Jolene's Possible Options**) summarizes all of Jolene's options for fitting the 5 A's into Blood Glucose Screening. The second example (**Best Options**) shows how she narrowed these options to reflect when the 5 A's could be integrated most naturally and effectively.

Jolene's Possible Options

5 A's	When
Ask	• Greeting client • Prepping for blood check • Reading levels • Counseling client
Advise	• Prepping for blood check • Reading levels • Counseling client
Assess	• Reading Levels • Counseling client
Assist	• Counseling client
Arrange	• Counseling client • Updating chart

Best Options

5 A's	When
Ask	• Greeting client
Advise	• Prepping for blood check
Assess	• Reading levels
Assist	• Counseling client
Arrange	• Updating chart

It's important to recognize that Jolene could integrate all of the 5 A's while counseling her clients. But, after considering factors like the natural flow of conversation and the appropriateness of timing, Jolene found individual tasks where she could ideally communicate each of the 5 A's to her clients (Best Options table above). When you consider timing, think about the natural flow of conversation that occurs when treating clients. Some tribal staff indicated that trying to communicate all of the 5 A's at once seemed rushed or pushy.

Part B: Look over your flowchart once again and fill in the tables below to show how your 5 A's communication is starting to develop. In the first table, be sure to indicate all options for communicating the 5 A's. In the second table, narrow your options. Remember to consider the natural flow of conversation and appropriateness of timing.

5 A's Table (Possible options first)

5 A's	When
Ask	
Advise	
Assess	
Assist	
Arrange	

5 A's Table (Best options)

5 A's	When
Ask	
Advise	
Assess	
Assist	
Arrange	

Deciding when it's best to communicate the 5 A's during your day is one of the most important pieces for developing an implementation plan. As you begin to implement the 5 A's, you may find that when and how you communicate each of the A's varies from client to client. That's perfectly normal. You will respond to the needs of your client just as you would with any other services or interventions you provide. We will continue to explore your process and the rest of your implementation plan in Module 4.

STEP 4: CHECK IN WITH YOUR SUPERVISOR (IF NEEDED)

If you completed all of the activities in this module, then you have finished Phase I of Developing an Implementation Plan. The Implementation Plan Checklist below shows each of the steps and the important tasks to complete in a format that is easy to share with others, especially your supervisor. Let your supervisor know how you see the 5 A's fitting into your daily activities. Also, and especially If you have been completing this workbook on your own, you'll want to start thinking about who else in your program could help implement the 5 A's. We will build on and add additional tasks to this checklist in the next two modules.

Table 8. Implementation Plan Checklist (Phase I only)

TASK	
Phase I: You and the 5's	
Step 1: Adapt the 5 A's – Make it Your Own	
5 A's in Your Own Words	✓
Step 2: Consider Your Current Program	
Quick Check of Current Program	✓
Step 3: Fit the 5 A's into Your Day	
Client Interaction	✓
Flowchart a Daily Activity	✓
Fitting in the 5 A's Part I (Individual flowchart)	✓
Your 5 A's Flow (Table)	✓
Step 4: Check in With Your Supervisor (if needed)	
Obtain necessary approvals from supervisor	✓

Congratulations! You have just completed Phase I of the implementation process: You and the 5 A's. Now that you have some mastery of the 5 A's, you are ready to go on to the next module where you will explore how the 5 A's can fit into your overall program.

MODULE 3 SUMMARY

Module 3 is all about you and the 5 A's – how you can make the intervention your own and where it will best fit into your daily activities. By now you should have a good understanding of the 5 A's, how they are communicated and how you can use them in your setting. After looking at how you currently do things, you created a flowchart of your client interactions and explored areas where the 5 A's might fit. Finally, a checklist was provided to help you start organizing and planning for implementation.

The **next module** will address Phase II of the Implementation Plan: The 5's and Your Program.

MODULE 4: IMPLEMENTATION PLAN – PHASE II: THE 5 A'S AND YOUR PROGRAM

LEARNING OBJECTIVES:
By the end of this module you will be able to:
1) Determine where the 5 A's intervention will best fit into your program
2) Identify a team to support the implementation of the 5 A's
3) Identify a process for implementing the 5 A's intervention

MATERIALS AND SUPPLIES NEEDED:
- Workbook
- Pen or pencil
- Easel paper
- Sticky notes (two colors)

ACTIVITIES:
Activity worksheets are also available online at www.redstar1.org/resources
- Activity 4.1: Fitting the 5 A's into Your Program (Program Flowchart)
- Activity 4.2: Implementation Process
- Activity 4.3: 5 A's Client Form

MODULE 4: IMPLEMENTATION PLAN – PHASE II: THE 5 A'S AND YOUR PROGRAM

Module 4 focuses on the second phase of the implementation plan – integrating the 5 A's into the overall structure of your program. Module 3 was about identifying where the 5 A's can be incorporated into your daily activities. In this module, you will build on your flow chart and the 5 A's table from Module 3 to further explore your approach for implementing the 5 A's intervention.

PHASE II: THE 5 A'S AND YOUR PROGRAM

This phase has three steps for developing your implementation plan:

- Step 1: Fit the 5 A's into Your Program
- Step 2: Develop an Implementation Process
- Step 3: Document Your Work

STEP 1: FIT THE 5 A'S INTO YOUR PROGRAM

Module 3 discussed how integrating the 5 A's into your program is NOT about overhauling your established activities. Rather, your aim is to find ways to fit the 5 A's into what your program already does. You already identified areas where the 5 A's can fit into daily activities, but how will this affect the overall flow of activities for your entire program? Will you need the support of other staff in your program or other programs within the department? Better yet, how can other staff support implementation of the 5 A's? Although one staff member could potentially deliver all of the 5 A's, evidence supports that having a team of staff implement the 5 A's is more effective.

Let's use Jolene's example to see how she explored fitting the 5 A's into her program. Starting with her last flowchart in Module 3 (Fitting in the Five A's), Jolene added yellow sticky notes to indicate areas where other staff might be able to support or communicate one or more of the 5 A's.

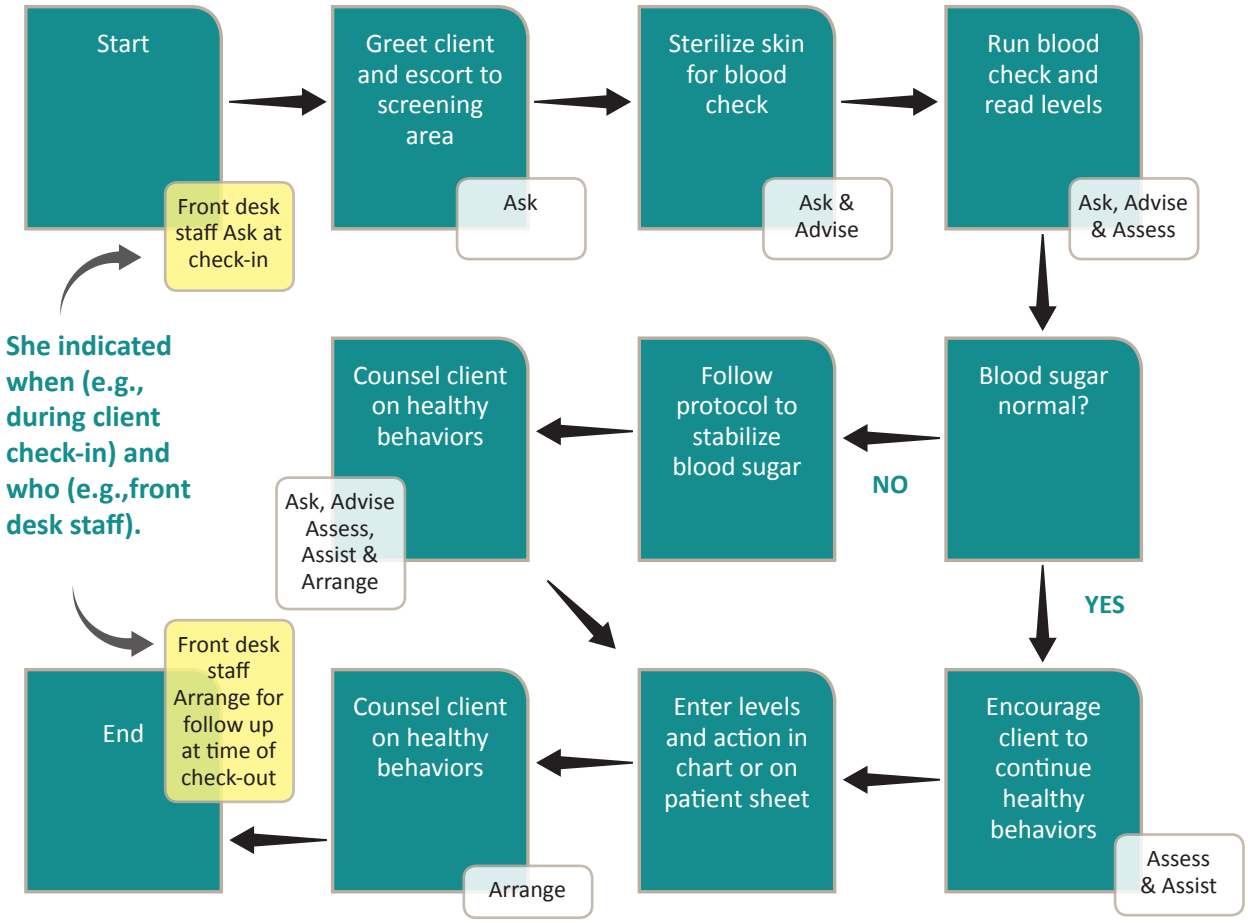


Image 7. Jolene's flowchart - Fitting the 5 A's into her Program

In Jolene's updated flowchart Image 7, she indicated areas where the front desk person could ***Ask*** during the check-in process and then ***Arrange*** for follow-up during the check-out process. The table below shows how fitting the 5 A's into a program looks in Jolene's case. Building on Jolene's table from Module 3, this updated table shows not only "When" but "Who" will implement each of the 5 A's.

Table 8. Jolene's 5 A's Table (Based on her updated flowchart)

5 A's	When	Who
Ask	Checking in client	Front Desk Staff
Advise	Prepping for blood check	Jolene
Assess	Reading levels	Jolene
Assist	Counseling client	Jolene
Arrange	During check-out	Front Desk Staff

Jolene's Program 5 A's Table didn't change much from her 5 A's table in Module 3, but including another person in the process could save time and make the process more efficient. For instance, if the front desk person in Jolene's office verifies contact information during check-out anyway, it makes sense for this staff person to ***Arrange*** for follow-up and ask how the client wishes to be contacted (for example, by phone call, text, or mail).

In the next activity, you will begin thinking about how other staff members can be involved in implementing the 5 A's into your program. When you do this, you may realize there are more opportunities to implement the 5 A's than you originally thought.

ACTIVITY 4.1: FITTING IN THE 5 A'S INTO YOUR PROGRAM (PROGRAM FLOWCHART)

The purpose of this activity is to update your flowchart and 5 A's Table (the one you created in Module 3) to now include other program staff who can help implement the 5 A's in one continuous flow.

Instructions: This activity has two parts.

Part A: Take the flowchart you created in Activity 3.4 and, using a new color sticky note, identify areas where other staff could support or communicate one or more of the 5 A's. Remember to indicate "when" and "who" (see Jolene's example - Image 7).

Part B: Once you have developed your Program Flowchart, use the information on it to update the table from Activity 3.5 to include "Who" will implement each of the 5 A's.

Program 5 A's Table

5 A's	When	Who
Ask		
Advise		
Assess		
Assist		
Arrange		

Now that you have considered the activities of other staff and identified areas where your program can accommodate the 5 A's, you have the "when" and the "who" but not the "how". How you implement the 5 A's will be determined by you and your staff. Let's go on to step 2, which will help you figure out the "how" and walk you through completing the implementation process.

HELPFUL TIP!
Once you have identified staff to support the implementation of the 5 A's, it's a good time to start thinking about bringing them on board. If these staff have not attended a 5 A's tobacco cessation training, this would be a good time to share the information and activities in Modules 1 and 2. Additional resources and suggestions for education and training can be found at the end of Module 5.

STEP 2: DEVELOP AN IMPLEMENTATION PROCESS

You will probably recognize the table on the next page - Table 9. Up until this point, it would not have been considered a complete process, because it only included the "when" and "who". Now it includes a third column: "How". The "how" describes how you and your staff will work together to make the 5 A's implementation a process that is part of your program's daily activities. See Jolene's Implementation Process on the next page.

Table 9. Jolene's Implementation Process

5 A's	When	Who	How
Ask	Checking in client	Front Desk Staff	Ask about tobacco use and exposure during check-in. If "yes" notify Jolene or indicate in client file.
Advise	Prepping for blood check	Jolene	Advise client in a personal way about the dangers of commercial tobacco.
Assess	Reading levels	Jolene	Recognize client's stage of change to find out if client is willing to quit in the next 30 days.
Assist	Counseling	Jolene	Use Motivational Interviewing to understand client's motivation for quitting or not quitting. • Willing – use quit card to create quit plan and notify front desk staff • Not willing – offer resources and arrange for follow-up by letting client know you will ask about tobacco use at next visit
Arrange	During check-out	Front Desk Staff	Arrange for follow-up by confirming quit date and contact info.

The "How" section is very important. This is where you work out details, such as your approach and communication between staff. For instance, Jolene notifies the front desk staff about the client's quit plan, so he or she can ***Arrange*** to follow-up with the client. Keep these things in mind as you create your own implementation process in the next activity.

ACTIVITY 4.2: IMPLEMENTATION PROCESS

The purpose of this activity is to create your own implementation process that includes the "when", "who" and "how". This means you are describing the following:

- **When** clients will be **Asked**, **Advised**, **Assessed**, **Assisted** and when **Arrangements** are made for follow-up; and
- **Who** will be doing the Asking, Advising, Assessing, Assisting and Arranging and;
- **How** team members will work together to make the process successful

Instructions:
Use the table provided to create your implementation process based on your program flowchart in Activity 4.1

5 A's	When	Who	How
Ask			
Advise			
Assess			
Assist			
Arrange			

In Module 3 you figured out "when" the best times for communicating the 5 A's would be, and now you have identified "who" will communicate each step and "how". In the same way that you tailor your communication approach by putting the 5 A's into your own words, you also need to tailor your implementation process to meet the needs of your clients and staff. One way to monitor whether the process is working for all involved is through documentation. When you document an intervention, or any type of process, it allows you to track the progress and effectiveness of the process, so you can make adjustments as needed.

STEP 3: DOCUMENT YOUR WORK

Now that you have established a process for implementing the 5 A's into your program, you need a way to document important information each time the intervention is provided. Ideally this will be a one-pager that staff can complete by hand or by typing the information into a computer. If using paper, keeping copies on hand can serve as a reminder to start the conversation about commercial tobacco cessation. For clinical settings that use electronic health records (EHRs), documenting the intervention could be as simple as adding notes to the patient or client's record. Regardless of which method is used, be sure to capture the essential information described below.

ESSENTIAL ELEMENTS OF A 5 A'S CLIENT FORM

- Date
- Name and Contact Information of client
- ***Ask*** – a section that prompts you to ask about commercial tobacco use and exposure and a section to write down the answer
- ***Advise*** – a section that prompts you to advise about the dangers of commercial tobacco and smoke exposure
- ***Assess*** – a section to assess the client's willingness to quit (Ready to Quit/Not Ready) and to document readiness
- ***Assist*** – a section where you write down how you assisted the client
- ***Arrange*** – a section where you write down when and how you will follow up (date and by phone or in person)

You may choose to add additional information, such as frequency of tobacco use, length of use or exposure. You may also want to add room for notes or reminders – like whether or not the client would like a follow-up via text message. Below are two examples of 5 A's Client Forms created by tribal programs.

[Place Your Logo Here]

5 A's Client Form

NAME: _____ CLIENT #_____ DATE: _____

AGE: _____ GENDER: MALE ☐ FEMALE ☐ TRIBAL: YES ☐ NO ☐

PHONE NUMBER: _____ DISTRICT #: ☐

ADDRESS: _____

FORM OF INITIAL CONTACT: _____

STAFF CONDUCTING INTERVENTION: _____

ASK: Do you or anyone in your household/place of work use tobacco? YES ☐ NO ☐ HOW LONG:

ADVISE: Clear, strong, personal message: Quitting commercial tobacco use is the single most important way to protect you and your family from tobacco-related illness.

ASSESS: Willing to set a quit date in next 30 days? YES ☐ NO ☐ QUIT DATE: _____

If YES	If NO
ASSIST: Assist by using the "Stay Healthy – Life Matters Self-Help Quit plan or Refer: Referred to: TAPP ☐ ASHLine ☐ Other: Congratulate them on setting a quit date!	**ASSIST**: Assist person to think about quitting commercial tobacco in the future. Promote motivation (without pressure) to think about the rewards of quitting and exploring possible roadblocks or challenges to quitting. Offer self-help materials or pamphlets to stimulate thinking about quitting.
ARRANGE: Arrange for follow call or visit within a week of the quit date.	**ARRANGE:** Let the person know you are there for them when they are ready to quit!

FOLLOW-UP DATE: _____ FORM OF CONTACT: _____

QUIT? YES ☐ NO ☐

NOTES:

Image 8. 5 A's Client Form A

5 A'S SMOKING FLOW SHEET Name: _____ Date:_____

Ask
Do you smoke?

☐ no, I have never smoked
☐ no, but I have smoked in the past
☐ *yes, I currently smoke

*yes Go to ADVISE

Advise
☐ Clearly and strongly urge to quit
☐ Clearly advise not to smoke in indoor environments and not to smoke around children.

Go to ASSESS

Assess
Are you ready to quit smoking?
☐ no
☐ *yes
☐ *maybe

*Go to ASSIST

Assist
Can I refer you to someone that can help you with a Quit Plan?
☐ *yes
☐ no (remind client that help is available if they change their mind)

*yes Go to ARRANGE

Arrange

☐ Provide client's contact information to Cessation Specialist

Phone: _____

Email: _____

Address: _____

Image 9. 5 A's Client Form B

These examples are available as Appendices (Appendix B1-B2) and online at www.redstar1.org/resources. They can be changed to look however you would like. Feel free to add other information your program would like to have on the form – make it your own! The next activity will guide you through creating your own 5 A's Client Form.

ACTIVITY 4.3: 5 A'S CLIENT FORM

The purpose of this activity is to explain how to create a 5 A's Client Form that your team can use to track the 5 A's intervention with clients. This is your chance to personalize how you will track the intervention with your clients.

Instructions: This activity has two parts.

Part A: Make your own form - Adapt one of the sample 5 A's Client Forms (Appendix B1 and B2 contain full-size copies) or develop your own form from scratch. Think about how you would personalize it and adapt it for your program. Write directly on the samples or use a new page to create your own. Here are some tips for creating your form:

- Remember to include the essential elements (listed on pg. 53)
- The form should be user-friendly
- Use the samples provided for ideas or extra guidance
- If you already have a form or process for asking your clients about their tobacco use and exposure, you can use it as a model or guide

Part B: Role-Playing - Use the form you created in Part A to role-play with a partner. You may want to practice with someone you identified in Activity 4.2. Refer to the 5 A's in Your Own Words worksheet (completed in Module 2) to guide your communication. Think about how the questions flow and whether or not the form is useful with helping you communicate the 5 A's effectively. Each person you identified in your implementation process should practice using the 5 A's Client Form.

Reflection: What did you notice about the flow of the intervention? How did you personalize the form? Is there anything you would add to or take out of it to make the flow better?
(If you are working individually, try adapting or creating a form and then role play with a co-worker and ask for feedback.)

Your 5 A's Client Form is a key piece of the implementation process, so remember to make it as clear and user-friendly as possible, while still incorporating all the essential components. This form may change as you begin to use it. You will have to work out the "kinks" with your staff and clients and that's OK. It's part of making the intervention your own. Once you practice with and re-work the form, finalize it by giving the new document a name like "5 A's Tobacco Cessation Client Form."

HELPFUL TIP!
Module 5 also offers tips for success, which include how to be a Champion for a tobacco-free community. The Champion helps lead program staff by educating, motivating and inspiring them to maintain a tobacco-free environment in a variety a ways, including implementing the 5 A's!

Below is an updated Implementation Plan Checklist, which now includes Phases I & II and the key tasks for each phase. In Module 5 you will have a complete checklist to use as a tool for organizing your 5 A's Implementation Plan.

Table 10. Implementation Plan Checklist (Phases I & II Only)

TASK	
Phase I: You and the 5's	
Step 1: Adapt the 5 A's – Make it Your Own	
5 A's in Your Own Words	✓
Step 2: Consider Your Current Program	
Quick Check of Current Program	✓
Step 3: Fit the 5 A's into Your Daily Activites	
Client Interaction	✓
Flowchart a Daily Activity	✓
Fitting in the 5 A's Part I (Individual flowchart)	✓
Your 5 A's Flow (Table)	✓
Step 4: Check in With Your Supervisor (if needed)	
Obtain necessary approvals from supervisor	✓
Phase II: The 5 A's and Your Program	
Step 1: Fit the 5 A's Into Your Program	
Fitting in the 5 A's Part II (Program flowchart)	✓
Program 5 A's Flow (Table)	✓
Coordinate Trainings for other Staff (as needed)	✓
Step 2: Develop an Implementation Process	
Implementation Process Table (When, Who & How)	✓
Step 3: Document Your Work	
Create a 5 A's Client Form	✓
Practice Using Form with Staff	✓

MODULE 4 SUMMARY

Module 4 is about planning and preparing to implement the 5 A's into your program. You looked at your program's activities as a whole and identified areas where other staff could support or deliver one or more of the 5 A's. Building on activities from Module 3, you created a process for implementing the 5 A's into your program. Finally, you created a form to document the intervention and then used role-play to practice communicating and documenting the 5 A's. You now have all of the tools you need to implement the 5 A's.

The **next module** offers steps that will help you set up for success as well as monitor and maintain the 5 A's intervention in your program!

MODULE 5: IMPLEMENTATION PLAN – PHASE III: SETTING UP FOR SUCCESS

LEARNING OBJECTIVES:

By the end of this module you will be able to:

1) Lead tobacco cessation efforts and promote a tobacco-free environment
2) Track progress of the 5 A's intervention
3) Use information you collect to build on strengths, address challenges and sustain the 5 A's in your program

MATERIALS AND SUPPLIES NEEDED:

- Workbook
- Pen or pencil

ACTIVITIES:

Activity worksheets are also available online at www.redstar1.org/resources

- Activity 5.1: Determine What You Want to Know (What You Will Track)
- Activity 5.2: Develop a 5 A's Tracking Form
- Activity 5.3: Review Your 5 A's Successes and Challenges

MODULE 5: IMPLEMENTATION PLAN – PHASE III: SETTING UP FOR SUCCESS

Module 5 provides you with the guidance and tools to support and sustain the 5 A's intervention. In Module 4 you outlined a plan for implementing the 5 A's, and now you will learn specific ways to set up for success and make the 5 A's a sustainable practice.

PHASE III – SETTING UP FOR SUCCESS

This phase has five steps:

- Step 1: Be the 5 A's Champion
- Step 2: Create a Tobacco-free Community
- Step 3: Track 5 A's Progress
- Step 4: Identify Successes and Challenges
- Step 5: Use Findings to Make Decisions and Maintain the 5 A's

STEP 1: BE THE 5 A'S CHAMPION

A champion is someone who is passionate about helping clients and other community members quit commercial tobacco. The 5 A's Champion is willing to ensure the successful implementation of the 5 A's intervention. You have reached the final module and have the tools to implement the 5 A's. YOU can be the 5 A's Champion! You can help others quit commercial tobacco by leading the effort to implement the 5 A's in your program and community.

Leading the implementation and being a champion for a tobacco-free community may seem like a big responsibility – it is. If you have a large program, you may consider identifying a "Co-champion" to assist you. It's up to you. You know your program and co-workers best. The most important thing is to remember why you picked up this workbook or attended a tobacco cessation training in the first place – because you want to make a positive impact in your community by helping others quit commercial tobacco.

As the 5 A's Champion, one of your tasks is to lay the groundwork for your implementation efforts. Laying the groundwork begins with making sure your workplace environment is tobacco-free and that all staff involved are prepared to implement the 5 A's.

STEP 2: CREATE A TOBACCO-FREE COMMUNITY

Your implementation plan will be even more meaningful if your clients and community members can clearly see that you and your co-workers are committed to promoting a tobacco-free lifestyle. A tobacco-free environment sets an example of healthy living and may also prevent future commercial tobacco use.

> *"YOU can be the 5 A's Champion! You can help others quit commercial tobacco by leading the effort to implement the 5 A's in your program and community."*

TO ESTABLISH A TOBACCO-FREE WORKSPACE AND COMMUNITY, CONSIDER THE FOLLOWING TIPS.

Tip 1: Spread the news about commercial tobacco cessation and the 5 A's!
Educate your colleagues and coworkers on the dangers of commercial tobacco, and equip them with information about promoting healthy lifestyles in the community. When everyone is on board with tobacco cessation, it sends a clear and consistent message to your clients: Smoking commercial tobacco is unhealthy and we can help you quit! If your program is new to commercial tobacco cessation and prevention, consider setting up an informational session for all staff.

Tip 2: Make your space tobacco-free friendly!
For your work space, put up tobacco-free posters near your desk or in your office. Keep helpful resources handy, including quit cards or table tents.
For the entire office, post signs in highly-visible places. If you don't have tobacco-free signs at every entrance and exit, find out whom to contact to get those signs up.

Tip 3: Keep at it!
Partner with other tribal programs or a state quitline to support your commercial tobacco cessation efforts. Work toward creating a tobacco-free community at a pace that is appropriate for you and your setting. You may find that taking small steps is best, or you may be ready to leap right into action as champion for a tobacco-free community. Sometimes change can be difficult for people, and you may experience resistance in implementing the 5 A's. Strategies for overcoming common challenges are discussed in Step 4 of this module. Start with the tips included here, and be mindful and considerate of others (staff and clients) as you continue to promote healthy lifestyles. Don't give up! Keep a journal of all the positive things, as well as challenges you encounter while implementing the 5 A's.

Quit cards and table tents are visual resources with specific information. In terms of smoking cessation, they may include resources for quitting, like a 1-800 number, health benefits of quitting or tips for staying quit. A quit card can be handed out, while a table tent is usually displayed on a desk or table.

After laying the foundation for a tobacco-free environment in your work space, the next step for setting up for success is to begin tracking your progress with the 5 A's intervention.

STEP 3: TRACK 5 A'S PROGRESS

Why track your progress? Tracking progress helps you keep a close eye on the intervention, so you can see whether or not you are doing what you set out to do in your plan. You may have expectations or specific goals you want to achieve with the 5 A's intervention, like 'reaching 50 people in one year.' If so, you'll want to be sure you are collecting the data you need to see whether you reached your goal. You may also want to know if the 5 A's intervention resulted in positive changes, in which case, you will want to track things like how many of your clients are using (or are exposed to) commercial tobacco, how many are ready to quit and how many have stayed quit over time. Collecting information and tracking your progress can help you:

- Answer questions about your program's impact
- Learn from experiences, so you can make continuous improvements
- Show the results of your time, effort and resources
- Make decisions and update plans about providing the 5 A's in the future

To get the information you are seeking, you first need to decide what it is you want to know, so you can ask the right questions. Some of the most helpful and valuable questions to ask when implementing the 5 A's fall into three categories:

- Category 1: What has been achieved.
- Category 2: Who you are reaching and what is known about your clients.
- Category 3: What is different from before the 5 A's intervention.

The 5 A's Client Form you created in Module 4 was originally developed to help you implement the 5 A's with each client. Now, to help you track progress, you can use this form as a tool for collecting information you want to track (you'll record the collected data on a Tracking Form, described in Activity 5.2). Revisit the sample 5 A's Client Form (Image 10.) to see how you can use it to help you collect the information you will want to keep track of and analyze.

[Your Logo Here]

5 A's
Client Form

NAME: _____ CLIENT #_____ DATE:_____

AGE:_____ TRIBAL: YES ☐ NO ☐ MALE ☐ FEMALE ☐

PHONE NUMBER:_____ ADDRESS: _____

FORM OF INITIAL CONTACT: _____ DISTRICT #: ☐

STAFF CONDUCTING INTERVENTION: _____

ASK: Do you or anyone in your household/place of work use tobacco? YES ☐ NO ☐ How Long:

ADVISE: Clear, strong, personal message: Quitting commercial tobacco use is the single most important way to protect you and your family from tobacco-related illness.

ASSESS: Willing to set a quit date in next 30 days? YES ☐ NO ☐ QUIT DATE: _____

If YES	If NO
ASSIST: Assist by using the "Stay Healthy – Life Matters Self-Help Quit plan or Refer: Referred to: TAPP ☐ ASHLine ☐ Other: Congratulate them on setting a quit date!	**ASSIST**: Assist person to think about quitting commercial tobacco in the future. Promote motivation (without pressure) to think about the rewards of quitting and exploring possible roadblocks or challenges to quitting Offer self-help materials or pamphlets to stimulate thinking about quitting.
ARRANGE: Arrange for follow call or visit within a week of the quite date.	**ARRANGE:** Let the person know you are there for them when they are ready to quit!

FOLLOW-UP DATE: _____ FORM OF CONTACT: _____

QUIT? YES ☐ NO ☐

NOTES:

Image 10. 5 A's Client Form

Category 1: What has been achieved

- How many times did staff deliver the 5 A's?
- Were the targeted numbers reached?
- How many quit plans developed?
- How many referrals were given?
- Where were clients referred (e.g., tribal tobacco program or state quitline)?
- How many clients received follow-up? How many did not?

Category 2: Who are you reaching and what is known about your clients.

- How many people were reached or served? How many communities (districts, villages, pueblos, community centers)?
- What age range and gender were reached?
- How many use commercial tobacco?
- How many are exposed to commercial tobacco?
- Where is exposure to commercial tobacco happening? (e.g., work or home)
- How many willing to set a quit date in next 30 days?
- How many not willing to quit?

Category 3: What has changed since implementation of the intervention

- How many quit commercial tobacco?
- What length of time did client stay quit? (e.g., 6+ months or longer)
- How many remain quit?

Image 11. Categories for Tracking

The images on page 60 illustrate how information collected on the 5 A's Client Form (Image 10.) can be used to answer questions about your progress implementing the 5 A's – what has been achieved, whom you have reached, and what has changed (Image 11.). Over time, you can expand the 5 A's Client Form to collect additional information that you wish to track. Most programs want to track progress for various tasks like reporting or quality improvement, and the three categories listed above will help you collect the type of information needed for such tasks.

DETERMINE WHAT INFORMATION TO TRACK

In order to develop a Tracking Form, you first have to decide what you want to keep track of. Image 10. illustrates how your Client Form will inform your Tracking Form. The 5 A's Client Form you developed in Module 4 may already contain all of the questions necessary to collect the information you need. Or, you may find that you want to track additional information that is not included in the 5 A's Client Form.

ACTIVITY 5.1: DETERMINE WHAT YOU WANT TO KNOW (WHAT YOU WILL TRACK)

The purpose of this activity is to help you determine what it is you want to know in order to track your progress with the 5 A's using the Client Form. The table below will help you organize your options for the Tracking Form as well as cross-check your 5 A's Client Form to ensure the forms are consistent.

Instructions:
In the table below, read through the first column and check off the questions you want to track. It's best to start with at least two or three questions from each category. If there are additional topics you would like to track, add them in the space provided. Then for each question you selected, see if your current 5 A's Client Form has a corresponding question or checkbox that will collect the information you want. Circle 'Yes' or 'No' for each question you selected from the first column.

WHAT YOU WANT TO KNOW		
Which questions do you want to track?	Is this on your Client Form?	Where to look (or add) on your 5 A's Client Form for information?
What has been achieved?		
☐ How many times did staff deliver the 5 A's?	Y / N	Count number of forms you have
☐ How many people reached or served?	Y / N	Count total number of client names
☐ How many quit plans developed?	Y / N	Count all boxes checked "Yes" under ***Assess*** section
☐ How many referrals given?	Y / N	Count "Referred to" boxes checked under ***Assist*** section (count all)
☐ Type of referral (e.g. Tribal tobacco program)	Y / N	Count "Referred to" boxes checked under ***Assist*** section (count each type)

WHAT YOU WANT TO KNOW		
Which questions do you want to track?	Is this on your Client Form?	Where to look (or add) on your 5 A's Client Form for information?
☐ Number of follow-ups completed	Y / N	Count number filled in with date under **Follow-Up Date**
☐ Number of follow-ups not completed (e.g. wrong phone number or no answer)	Y / N	Count blanks for **Follow-Up date** (or see "Notes" section)
Who are you reaching and what is known about clients?		
☐ How many communities were reached or served? (e.g. Districts, villages, pueblos, community centers)	Y / N	Count "District" (Specify under address, if needed.)
☐ Gender reached?	Y / N	Count boxes checked for "Male" or "Female"
☐ How many use or are exposed to commercial tobacco?	Y / N	Count "Yes" boxes checked under ***Ask*** section (see notes for whether client is smoker or exposed to smoke)
☐ Where is exposure happening? (e.g. work or home)	Y / N	***Ask*** section (Specify work or home)
☐ How many willing to set a quit date in next 30 days?	Y / N	Count "Yes" boxes checked under ***Assess*** section
☐ How many not wiling not quit?	Y / N	Count "No" boxes checked under ***Assess*** section
What has changed since implementing the intervention?		
☐ How many quit commercial tobacco?	Y / N	Count "Yes" boxes checked for **Quit** section (count "Yes" only)
☐ What length of time did client stay quit? (e.g. 6+ months or longer)	Y / N	Specify in "Notes" section or create box
☐ How many remain quit?	Y / N	Follow up with clients who indicated "Quit"
Additional category or other questions		
☐	Y / N	
☐	Y / N	
☐	Y / N	

REVISE THE CLIENT FORM

After you have decided what you will track and have determined which areas on the Client Form help you collect that information, you may see that you need to revise your 5 A's Client Form. For example, you may want to track gender but don't have that option on your Client Form. Make the necessary changes to your Client Form to ensure you are asking for the information you want to know more about. Before developing your own Tracking Form, take a look at the example below.

The example, Jolene's 5 A's Tracking Form, is based on the 5 A's Client Form A (page 60). Jolene decided to track the 5 A's intervention with the clients she sees during home visits. Since the intervention is new to her and her clients, she decided to focus on only a few specific areas. For example, Jolene wanted to track how many times the 5 A's was delivered. To do this, she recorded the number of interventions quarterly (by counting how many forms she filled out per quarter) and then she totaled the number for her year-end report. See the highlighted row below in Table 11.

TABLE 11. JOLENE'S 5 A'S TRACKING FORM

5 A's Intervention	JAN – MAR	APRIL – JUNE	JULY – SEPT	OCT – DEC	ALL YEAR (Total)
What has been achieved?					
Intervention	43	52	60	40	195
Who was reached?					
How many use commercial tobacco?	7	13	19	11	50
How many referrals were provided?	2	6	12	5	25
What has changed?					
How many were willing to quit?	1	4	7	3	15
How many quit?	0	2	4	1	7

Compare the 5 A's Client Form to Jolene's Tracking Form above. Notice how all areas on the 5 A's Tracking Form are also included on the 5 A's Client Form. You can't track it if you don't ask it! On the other hand, it's OK to collect information on your Client Form that you may not be currently tracking. For example, Jolene's 5 A's Client Form asks about gender. Jolene is not tracking how many males or females she reached, but may want to in the future.

HELPFUL TIP!
Now is a good time to look back at the Client Form you created in Module 4 and make any necessary additions or revisions.

DETERMINE HOW OFTEN YOU WILL RECORD INFORMATION

The last decision you have to make when tracking progress is how often you will record the information you are collecting. You may want to track monthly, quarterly or twice a year. How often you track is up to you and depends on how you plan to use the information you gather. Jolene's example (Table 11.) shows information recorded quarterly and at the end of each year. If you have a lot of clients, tracking monthly may prevent forms from piling up. Or if you have program reporting requirements, such as progress reports, you may choose to track as often as you have to submit a report.

DEVELOP THE TRACKING FORM

Now that you have determined what you want to track, revised your 5 A's Client Form and decided how often to record information, you are ready to develop your Tracking Form. This Tracking Form will be the tool you use to monitor your progress with the 5 A's.

ACTIVITY 5.2: DEVELOP A 5 A'S TRACKING FORM

The purpose of this activity is to develop your own 5 A's Tracking Form. There are many formats you can use for tracking 5 A's information. You could create an MS Excel spreadsheet or a table in MS Word, like the one used in this activity.
(Note: If you already have a tracking system in place, continue to use what works for your setting.)

Instructions:
Follow these steps to create your Tracking Form:

1. Write what you want to track in the first column. These are the questions you checked off (or developed) in Activity 5.1.
2. Choose how often you want to track. We recommend quarterly (Qtr. 1, Qtr. 2, Qtr. 3, Qtr. 4) or monthly.
3. In the "How Often" columns, write in the time frame desired. You may need to adjust the table and number of columns to meet your program needs. The last column is for the totals.

YOUR 5 A'S TRACKING FORM

Your 5 A's Intervention	[How Often]	[How Often]	[How Often]	[How Often]	[Total]
What has been achieved?					
Who was reached?					
What has changed?					
Additional Questions					

A Tracking Form may seem like busy work at first, but remember, you are collecting this information so you can make informed decisions that will make the program as effective as possible.

STEP 4: IDENTIFY SUCCESSES AND CHALLENGES

Once you start implementing the 5 A's and tracking progress, you will begin to see what is working well and what may need some improvement. For instance, if the implementation process is running smoothly, you may want to identify and build on the elements that are contributing to your success. On the other hand, if you and other staff are struggling with some elements of the implementation, identifying those challenging elements will empower you to make changes necessary for success. We suggest that you reflect on your successes and challenges periodically as an integral part of your implementation plan.

ACTIVITY 5.3: REVIEW YOUR 5 A'S SUCCESSES & CHALLENGES

The purpose of this activity is to brainstorm what has been working well during the implementation of the 5 A's and what could use some improvement.

Instructions: Focus on your successes first. List all successes – big and small. They all count! Then list what has been challenging. Be as specific as possible, so you can address them later.

Successes	Challenges
Example: • *We have been using the intervention with clients for two weeks.*	Example: • *Having a hard time remembering the 5 A's*

Now that you have listed your successes and challenges, identify areas that need to be worked on. Many of the challenges in using this intervention fall into one of the following categories:

- Delivering the 5 A's (Communicating each of the A's to clients)
- Implementation Process (Who, When and How)
- Documenting the 5 A's (Using the 5 A's Client Form)

The table on the next page contains strategies for addressing some common challenges in each category.

TABLE 12. ADDRESSING CHALLENGES TO IMPLEMENTATION	
Delivering the 5 A's - (Communicating each of the A's to clients)	
Challenge	**Suggestions and Strategies**
Remembering the 5 A's	• Keep the 5 A's Client Form A handy when you meet with clients – it has prompters to help you remember each of the "A"s
Delivering the 5 A's is difficult	• Revisit the 5 A's table in Module 1 • Review the examples in the 5 A's Challenge (Module 2) for ideas about communicating each of the 5 A's • See the next section **Lessons Learned from Two Tribal Chronic Disease Prevention Programs** for specific tips for each of the 5 A's
Communicating the 5 A's in a way that seems natural	• Revisit the 5 A's in Your Own Words worksheet (Activity 3.1) • Practice! Practice with colleagues, family and friends
Communicating with an elder	• Revisit Communicating in Your Community (Activity 1.2) • Talk with a colleague or community member who is familiar with cultural norms
Implementation Process - (Who, When & How)	
Challenge	**Suggestions and Strategies**
"When" to deliver the 5 A's	• Create a new flow chart to help find a better time to deliver the 5 A's (Activity 4.1, Part A)
"Who" is delivering the 5 A's	• Offer additional 5 A's training to staff who are delivering the 5 A's • Meet with your staff and find out what you or the Champion can do to assist
"How" to deliver the 5 A's	• Revisit your implementation process (Activity 4.2, Part B) • Meet with staff and make sure you are all on the same page about how to deliver the 5A's and revise the implementation process, as needed
Documenting the 5 A's - (Using the 5 A's Client Form)	
Challenge	**Suggestions and Strategies**
5 A's form takes too long to fill out	• Review your 5 A's Client Form (Activity 4.3) • Make sure form is user friendly; create areas to check off instead of having to write in information
Making sure the form gets passed on to the right staff	• Review implementation process to see if the form can be refined or altered to align with When, Who and How • Make sure you have copies or have it available electronically for all applicable staff
5 A's form is not being filed	• Designate one staff member to file forms • Make sure staff member is filing forms and flagging for follow-up as needed
5 A's Tracking Form is not being completed	• Encourage staff to catch up on inputting this data by explaining the importance of tracking your progress • Motivate staff to stay on top of the tracking form by setting a weekly or monthly goal (e.g., all data for the week or month is due on specific day)

Did any of the challenges you listed in Activity 5.3 appear in the table? Perhaps you now have ideas for how to address these challenges. The previous table does not cover all potential challenges you may experience while implementing the 5 A's. In fact, it would be nearly impossible to include all of the potential challenges, because every program is unique and will encounter different types of obstacles. However, we do have some insight from staff who have implemented the 5 A's in tribal settings.

LESSONS LEARNED FROM TWO TRIBAL CHRONIC DISEASE PREVENTION PROGRAMS

In 2013, the 5 A's were implemented by two Tribal Diabetes Prevention Programs. Staff from both programs shared some of their successes and challenges when implementing the 5 A's, and many of the workbook activities have been designed with their feedback in mind. Below are some hints for working through the 5 A's and helping clients successfully move toward quitting commercial tobacco.

ASK

- Asking is the first step and sometimes it's hard to start the conversation. We have found that if you have posters, table tents or other print materials explaining the dangers of commercial tobacco, it makes it easier to start a conversation. In fact, it may even motivate a client to bring up the subject!
- Engage your clients and speak from the heart. When they know you are asking because you care, they are less likely to be defensive.
- Practice! Try asking a friend or family member about their tobacco use. You may find that the more you ask, the easier it becomes.
- Be respectful in how you ask and be mindful of the cultural and social norms you explored in Module 1.

ADVISE

- Advising can be tricky because there is a lot to remember about the dangers of commercial tobacco. To avoid feeling overwhelmed, take what you have learned and create a "Quick Facts" sheet with facts about the health consequences of using commercial tobacco to refer to when you are advising clients.
- Consider creating cue cards with quick facts to help you advise your clients.
- Continue to look for professional development and training opportunities around commercial tobacco prevention and cessation. The more informed you are, the more prepared you will be to advise your clients about the dangers of commercial tobacco.

ASSESS

- Assessing a client's willingness to quit is not always easy. He or she may be reluctant to set a quit date.
- Think back to the stages of change (Module 1) to determine what stage your client is in.
- Remember to use your Motivational Interviewing (MI) skills from Module 1 and ask about the reasons for your client's plan to quit or not quit.

ASSIST

- Assisting can sometimes be the most inspirational step! When a client is ready and wants your help creating a quit plan, it will inspire you to keep doing what you are doing!
- Again, use your MI skills to find out what is import -ant to your client. Help your clients see that they CAN quit commercial tobacco!
- You can assist your clients one-on-one or by offering additional resources, such as a referral to a state quitline (or a doctor) for nicotine replacement or pharmaceuticals.

ARRANGE

- Arranging for follow-up can work in a couple of different ways. Make a note of your interaction in the client's chart (or other template), and use it to remind you or other team members to follow up.
- It's a good idea to make sure you have a client's current contact information on file, including phone numbers or address.
- Texting worked well for some staff when following up with their clients. Be sure to ask them if following up by text is OK.
- Pick one or two days a week to follow up with clients; that way you get into a routine.

Be sure to revisit this section as you work through the implementation process.

STEP 5: USE FINDINGS TO MAKE DECISIONS AND MAINTAIN THE 5 A'S

The last step in your implementation plan is to use what you have learned to make the appropriate changes or adaptations in order to support successful integration of the 5 A's. You can use the data collected with your 5 A's Tracking Form to make decisions around your approach and process for implementation as well as decisions around increasing the type and number of clients you reach (e.g., specific populations such as clients with type 2 diabetes). An example of using data to make decisions is described in the scenario below:

Jolene has been tracking her 5 A's intervention for about six months. When she looks at her data, she realizes that many of her diabetes patients are also commercial tobacco users. When she ***Advises*** *her clients about the dangers of smoking, she usually offers a general explanation about how smoking increases risk for heart disease and complications with diabetes. Because of the high numbers for this population (clients with type 2 diabetes), she decides to tailor her advice and give specific examples of how dangerous smoking is for a person with diabetes. For example, she explains that smoking with diabetes puts a person at a raised risk for vision problems, amputation, kidney disease and heart attack. Over the next six months, Jolene begins to see an increase in the number of clients with diabetes who are thinking about quitting or who are ready to set a quit date.*

Jolene was able to use data from her 5 A's Tracking Form to assess and revise her approach to delivering the 5 A's. The scenario explained how Jolene identified a pattern in the data (clients with diabetes who were smoking commercial tobacco) and then made a decision to change her approach in order to make improvements. Being able to look back at your progress is key to making decisions and maintaining the 5 A's in your program.

Another way to maintain the 5 A's and make it a sustainable intervention is to share your successes and challenges. Getting the word out into the community about the great work your program is doing can be beneficial for several reasons. First, when you highlight your successes with others (e.g., observing an increase in clients who quit tobacco), you are increasing awareness about healthy behavior and the resources available in the community. When you talk about the challenges and how you have addressed them, you show the community you are doing your part to ensure quality services are being provided. Other programs or tribes can learn from your experiences when you share what you've learned while implementing a tobacco cessation intervention. That is the true spirit of a champion for a tobacco-free community! Think about the benefits of sharing information in your community!

YOUR 5 A'S IMPLEMENTATION PLAN

Let's take a look at the Implementation Plan Checklist in its entirety. This checklist includes all the tasks from Phases 1-3: ***You and the 5 A's, The 5 A's and Your Program, and Setting Up for Success.***

Table 13. Implementation Plan Checklist

TASK	
Phase I: You and the 5's	
Step 1: Adapt the 5 A's – Make it Your Own	
5 A's in Your Own Words	✓
Step 2: Consider Your Current Program	
Quick Check of Current Program	✓
Step 3: Fit the 5 A's into Your Daily Activites	
Client Interaction	✓
Flowchart a Daily Activity	✓
Fitting in the 5 A's Part I (Individual flowchart)	✓
Your 5 A's Flow (Table)	✓
Step 4: Check in With Your Supervisor (if needed)	
Obtain necessary approvals from supervisor	✓
Phase II: The 5 A's and Your Program	
Step 1: Fit the 5 A's Into Your Program	
Fitting in the 5 A's Part II (Program flowchart)	✓
Program 5 A's Flow (Table)	✓
Coordinate Trainings for other Staff (as needed)	✓
Step 2: Develop an Implementation Process	
Implementation Process Table (When, Who & How)	✓
Step 3: Document Your Work	
Create a 5 A's Client Form	✓
Practice Using Form with Staff	✓

TASK	
Phase III: Setting Up for Success	
Step 1: Be the 5 A's Champion	
Identify a 5 A's Champion	✓
Step 2: Create a Tobacco-free Community	
Spread the News about the 5 A's	✓
Make Your Space Tobacco-free Friendly	✓
Step 3: Track 5 A's Progress	
Determine What Information to Track	✓
Update or revise 5 A's Client Form (if needed)	✓
Develop Your 5 A's Tracking Form	✓
Step 4: Identify Successes & Challenges	
Your Successes & Challenges	✓
Step 5: Use Findings to Make Decisions and Maintain the 5 A's	
Monitor and Use Data to Make Decisions	✓

This checklist is available for download at www.redstar1.org/resources.

Wow! This checklist shows all you have done to prepare to implement and deliver the 5 A's. In the first phase, you started by looking at how the 5 A's could fit into your daily activities. In the second phase, you looked beyond yourself, to the program, to develop an implementation process for the 5 A's that could be integrated into your program's existing services. Finally, in the last phase, you set a foundation for success by creating a tobacco-free environment and developing a form to track your progress and maintain the 5 A's.

What's left to do? Now is the time to bring together all that you have learned and achieved in this workbook and implement your plan. Use the Implementation Checklist as your guide for implementing the 5 A's. Revisit some of the activities you worked through to personalize the 5 A's, including Communicating in Your Community and the 5 A's in Your Own Words. Take your personalized approach for communicating the 5 A's and combine it with the Implementation Process you have developed. You have designed a process that considers the uniqueness of your community and works best for how your program already provides services. Be sure to use the 5 A's Client Form and the 5 A's Tracking Form when you deliver the 5 A's in your setting. All the work you do to implement the 5 A's is important because you are promoting a healthy, tobacco-free lifestyle. **You have the opportunity to be the champion for a tobacco-free community and to make this intervention More than the 5 A's!**

BRINGING EVERYTHING TOGETHER IMPLEMENTING THE 5 A'S

The 5 A's intervention is delivered through person-to person interaction that aims to motivate individuals to quit commercial tobacco. Once you have your implementation-process set up and ready to go, the 5 A's – **Ask**, **Advise**, **Assess**, **Assist** and **Arrange** – can be easily integrated into your daily activities by you and other staff in less than 10 minutes. Many times, a training or guide-book will teach about an intervention and why it works, but doesn't always clearly explain how it will work in your community. *More than the 5 A's: Implementing a Commercial Tobacco Intervention in Tribal Communities* has taken you through a step-by-step process for planning and preparing to implement the 5 A's in your community.

The journey doesn't end here; in fact, your journey with the 5 A's is just beginning. Should you experience challenges or require additional information regarding the 5 A's and commercial tobacco cessation and prevention, refer to the resources listed below.

ADDITIONAL RESOURCES

- www.apromisepartnership.org
- www.redstar1.org/resources
- www.itcmi.org
- www.healthcarepartnership.org/
- http://www.keepitsacred.org/network/
- http://smokefree.gov/
- http://www.cdc.gov/tobacco/campaign/tips/quit-smoking/
- http://www.no-smoke.org/index.php
- http://www.legacyforhealth.org/?o=4075

APPENDIX A - 5 A'S CHALLENGE

Preparation:

- Print out each set of cards and keep each set separate.
  - Set 1 contains each of the 5 A's (Ask, Advise, Assess, Assist, Arrange)
  - Set 2 contains a description of each of the 5 A's (…about commercial tobacco use at every encounter)
  - Set 3 contains example interactions for each of the 5 A's (Do you or does anyone at home or work use commercial tobacco?)
  - Set 4 contains another set of example interactions for each of the 5 A's (Are you exposed to tobacco smoke at home or work?)
- Shuffle each set so the cards are not in order. (Remember, don't mix up the sets)
- Place each set in a pile face down. There should be four piles.

Instructions:

1. Assign one person to be a timekeeper.
2. Divide the rest of the people into two teams. Each team will place all four piles of cards FACE DOWN in front of the team members.
3. Start with Set 1. When the timekeeper says "Start!" flip over all the cards in Set 1 and put the 5 A's in the correct order.
4. The first team to have the cards in the correct order should say "Done" or raise their hands. The timekeeper should make sure Set 1 is in order before going on. Pause after each round for questions or clarifications.
5. Now using Set 2, when the timekeeper says "Start!" flip over the cards and match the description to the correct "A".
6. Repeat the process with Sets 3 and 4. The goal is to match up the cards to the correct "A" and do it as quickly as possible. Good Luck!

SET 1	SET 2
ASK	… about commercial tobacco use at each encounter
ADVISE	… tobacco users to quit
ASSESS	… Has your family member or coworker ever thought about quitting?
ASSIST	… with quit attempt and/or referral
ARRANGE	… for follow up

SET 3

Do you or does anyone at home or work use commercial tobacco?

SET 4

Are you exposed to tobacco smoke at home or work?

SET 3

Quitting commercial tobacco will help reduce current and future health complications like asthma and heart disease.

SET 4

Many cancer-causing chemicals are found in secondhand smoke. There is no safe amount of exposure to secondhand smoke.

SET 3

Are you willing to set a quit date?

SET 4

… readiness to make a quit attempt

SET 3

Here is a quit card with your date and some helpful tips for preparing and staying quit.

SET 4

Here is a pamphlet with information about helping your friends or family members quit tobacco.

SET 3

Is it OK if I text you to follow up?

SET 4

I will check in with you in a few weeks; is this a good number to reach you?

Answer Key: Activity 2.4 - 5 A's Challenge

SET 1 **ASK**	SET 2 ... about tobacco commercial use at each encounter	SET 3 Do you or does anyone at home or work use commercial tobacco?	SET 4 Are you exposed to tobacco smoke at home or work?
SET 1 **ADVISE**	SET 2 ... tobacco users to quit	SET 3 Quitting commercial tobacco will help reduce current and future health complications like asthma and heart disease.	SET 4 Many cancer-causing chemicals are found in secondhand smoke. There is no safe amount of exposure to secondhand smoke.
SET 1 **ASSESS**	SET 2 ... readiness to make a quit attempt	SET 3 Are you willing to set a quit date?	SET 4 Has your family member or coworker ever thought about quitting?
SET 1 **ASSIST**	SET 2 ... with quit attempt and/or referral	SET 3 Here is a quit card with your date and some helpful tips for preparing and staying quit.	SET 4 Here is a pamphlet with information about helping your friends or family members quit tobacco.
SET 1 **ARRANGE**	SET 2 ... for follow up	SET 3 Is it OK if I text you to follow up?	SET 4 I will check in with you in a few weeks; is this a good number to reach you?

APPENDIX B1 - CLIENT FORM

[Place Your Logo Here]

5 A's Client Form

NAME: _____ CLIENT #_____ DATE: _____

AGE: _____ GENDER: MALE ☐ FEMALE ☐ TRIBAL: YES ☐ NO ☐

PHONE NUMBER: _____ DISTRICT #: ☐

ADDRESS: _____

FORM OF INITIAL CONTACT: _____

STAFF CONDUCTING INTERVENTION: _____

ASK: Do you or anyone in your household/place of work use tobacco? YES ☐ NO ☐ HOW LONG:

ADVISE: Clear, strong, personal message: Quitting commercial tobacco use is the single most important way to protect you and your family from tobacco-related illness.

ASSESS: Willing to set a quit date in next 30 days? YES ☐ NO ☐ QUIT DATE: _____

If YES	If NO
ASSIST: Assist by using the "Stay Healthy – Life Matters Self-Help Quit plan or Refer: Referred to: TAPP ☐ ASHLine ☐ Other: Congratulate them on setting a quit date!	**ASSIST**: Assist person to think about quitting commercial tobacco in the future. Promote motivation (without pressure) to think about the rewards of quitting and exploring possible roadblocks or challenges to quitting. Offer self-help materials or pamphlets to stimulate thinking about quitting.
ARRANGE: Arrange for follow call or visit within a week of the quit date.	**ARRANGE:** Let the person know you are there for them when they are ready to quit!

FOLLOW-UP DATE: _____ FORM OF CONTACT: _____

QUIT? YES ☐ NO ☐

NOTES:

APPENDIX B2 - CLIENT FORM

5 A'S SMOKING FLOW SHEET Name: _____ Date:_____

Ask
Do you smoke?

□ no, I have never smoked
□ no, but I have smoked in the past
□ *yes, I currently smoke

*yes Go to ADVISE

Advise
□ Clearly and strongly urge to quit
□ Clearly advise not to smoke in indoor environments and not to smoke around children.

Go to ASSESS

Assess
Are you ready to quit smoking?
□ no
□ *yes
□ *maybe

*Go to ASSIST

Assist
Can I refer you to someone that can help you with a Quit Plan?
□ *yes
□ no (remind client that help is available if they change their mind)

*yes Go to ARRANGE

Arrange

□ Provide client's contact information to Cessation Specialist

Phone: _____

Email: _____

Address: _____

Comments: