



CHA SMOKING CESSATION MANUAL



UAB CENTER
FOR HEALTH
PROMOTION

ACKNOWLEDGEMENTS

Purpose: The purpose of this manual is to provide information on brief Smoking Cessation Training to those interested in helping friends, family, and neighbors quit smoking.

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INTRODUCTION

This program, called “Flying Sparks,” is part of a project of the Center for Health Promotion designed to train Community Health Advisors. Just as a spark can start a huge fire, we are hoping the sparks of health research we have done for the last 10 years will spread the benefits of Community Health Advisors across the state and nation. To get the most out of CHA training, we suggest you do the General Training before the three special trainings: Physical Activity, Smoking Cessation, and Nutrition. **If you would like more information on the programs offered in Flying Sparks, call the Center for Health Promotion at the number on the back cover of this manual.**



This manual will train you on smoking cessation. During the training sessions, you will learn skills that will help you:

- (1) share information with your friends and neighbors about the health effects of smoking and
- (2) help smokers begin the process of quitting

At a glance: Each session will state the **Goals** for the session, outline **Information** that will be discussed, and give a **Tie It Together** summary. We are glad you are interested in the CHA Smoking Cessation Training and hope you enjoy this program!

Session 1:

Introduction

Goals:

During this session you will:

1. Introduce each other
2. Review training location, day, and time
3. Learn the roles of a CHA
4. Complete a brief survey
5. Learn about the three levels of smoking intervention

1. Introduce Each Other.

List the names of other members on your team:



2. Training Location, Day, and Time

Location: _____

Day: _____

Time: _____ to _____

ROLES OF A CHA

Community Health Advisors (CHAs) are natural helpers in their community—people who others can turn to for advice, assistance, or referrals to appropriate resources. Being a CHA includes 3 roles:



1. Providing **Advice**
2. Offering **Assistance**
3. Making **Action Plans**

Advice (to educate, counsel, and inform) is helping people with new health information or community information, either by answering a question, telling them something, or helping them figure something out themselves. For example: telling a smoker about the health risks of smoking and counseling them on the need to quit.

Assistance (to help by doing something) is providing a needed service or referring someone to a person or organization who can provide the service. For example: telling a smoker about a local smoking cessation class or giving them the number to a quit smoking line such as the QUIT NOW line.

Action Planning (planning to do something as a group) is working with others to build a lasting solution to a community problem or need. For example: starting a program in schools to teach children about the dangers of smoking.

For more information on the roles of a CHA, please see the General CHA Training Manual. At the end of the session an exercise is available to help you start practicing the 3 roles of a CHA.

SMOKING CESSATION SURVEY

Before training starts, we would like for you to fill out this survey so that you can come back at the end of training to see how much you have learned. Please circle the best answer. Do not worry if you do not know the correct answer, just pick the best one. We will cover all this information during the training.

1. Providing material about how to quit smoking at a health fair is an example of
 - a. a minimal intervention
 - b. a brief intervention
 - c. an intensive intervention
2. An 8-session group stop smoking class is an example of:
 - a. a minimal intervention
 - b. a brief intervention
 - c. an intensive intervention
3. Each year more African Americans die from smoking-related diseases than from AIDS, car crashes, and drug problems all put together.
 - a. true
 - b. false
4. More African American women die from...
 - a. lung cancer
 - b. breast cancer
5. Which of the following is caused by smoking?
 - a. poor circulation
 - b. hardening of the arteries
 - c. lung disease
 - d. all of the above
6. Quitting smoking can lead to improvements in breathing and blood pressure.
 - a. true
 - b. false

7. People will quit smoking when their reasons to quit are more important to them than their reasons to smoke.
- a. true
 - b. false
8. Most people quit for good after _____ tries.
- a. one
 - b. two
 - c. three or four
 - d. five or six
9. Smokers go through two stages: getting ready to quit and quitting.
- a. true
 - b. false
10. When a person quits smoking but then starts again, that is called
- a. backpedaling
 - b. relapsing
 - c. resmoking
 - d. messing up
11. Check the words below that are included in the “5 A’s” for smoking cessation
- a. Admit _____
 - b. Ask _____
 - c. Affect _____
 - d. Advise _____
 - e. Assess _____
 - f. Assist _____
 - g. Alter _____
 - h. Arrange _____

THREE LEVELS OF INTERVENTION

There are three levels of smoking intervention: minimal, brief, and intensive.

Minimal Intervention

A minimal intervention gives people information about smoking and quitting, but there is little or no interaction between you and the smoker.

It does not cost much and may help some people, but success can be limited.

Examples of minimal interventions are:

- Giving out material about smoking at a health fair
- Placing pamphlets in a clinic or hospital waiting area
- Posting information in a busy area like a community center or church

Brief Intervention

A brief intervention is based on the “5 A’s Model”. This model was developed by the National Cancer Institute and later expanded by the U.S. Department of Health and Human Services in the Treating Tobacco Use and Dependence: Clinical Practice Guideline*. Personal interaction between you and the smoker is a vital part of this intervention. This is the intervention that you will use with the Brief Smoking Cessation Training.

*U.S. Surgeon General Report “Treating Tobacco Use and Dependence” 2000
www.surgeongeneral.gov/tobacco/smokesum.htm

Intensive Intervention

An intensive intervention is done by a facilitator with specialized training and usually is several sessions.

Examples of intensive interventions are: The American Cancer Society's Fresh Start Program and the American Lung Association's Quitting for Life Program. Community hospitals may also offer intensive programs.



SAMPLE CHA ROLES

ADVISE: Educate, Counsel, and Inform

ASSIST: Help by doing something
(ex. Make a phone call, sit with someone, give a ride)

ACTION PLAN: As a group, plan to do something
(ex. Plan an event, agree in a group that everyone will do something)

SITUATION:

You have a neighbor who is interested in quitting smoking. What are some ways you could help them?

Advice You Could Give

1. Tell the smoker about the risks of smoking to their health.
2. Counsel about the importance of quitting.

Assistance You Could Give

1. Offer various smoking related pamphlets.
2. Give out sample coupons for nicotine replacement products.
3. Help the smoker come up with a quit plan.

Action Plans that Could Be Developed

1. Organization an informational session at a local church
2. Host a smoke free day in the community on the Great American Smoke-out day.

ADVISE: Educate, Counsel, and Inform

ASSIST: Help by doing something
(ex. Make a phone call, sit with someone, give a ride)

ACTION PLAN: As a group, plan to do something
(ex. Plan an event, agree in a group that everyone will do something)

SITUATION:

Many members of your community smoke. You are worried about their health. What are some ways you could help them?

Advice You Could Give

Assistance You Could Give

Action Plans that Could Be Developed

In Session 1:

1. You have been introduced to the team. You will be working closely with one another. Your talents are needed!!
2. You have been given the location, day, and time for the meetings. Please, let your team leader know if you will *not* be able to attend one of the training sessions.
3. You have learned the 3 roles of a CHA: providing advise, offering assistance, and making action plans. You will use these roles over the course of the CHA Smoking Cessation training.
4. You have learned about three levels of intervention. In future modules, you will be learning more about the 5A's Brief Intervention.

Session 2: Tobacco Use and Health

Goals:

By the end of this session you will have covered:

1. Tobacco related deaths
2. The health effects of smoking
3. Chemicals found in tobacco
4. The benefits of quitting

A good resource to consult during the
Brief Smoking Cessation Training
is Pathways to Freedom.

1. Tobacco-Related Deaths

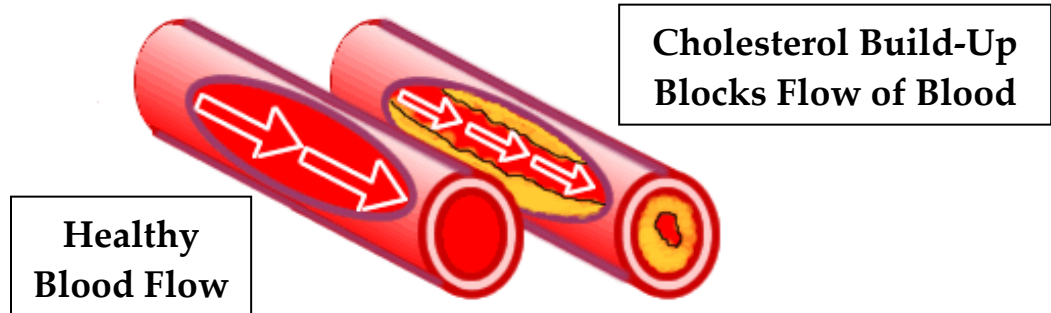
Each year more African Americans die from diseases caused by smoking than from car crashes, AIDS, homicide, cocaine, heroine and other drugs put together.

- Lung cancer is now taking the lives of more African American women than breast cancer
- Cigarettes are the main cause of heart problems, lung diseases, and deaths among African Americans
- Smokers who quit live longer than those who do not quit

2. Health Effects of Smoking

- **Poor Circulation-** Nicotine in tobacco causes the arteries in a smoker's legs and arms to squeeze tight and become narrow. It also increases the smoker's blood pressure and heart rate. Carbon monoxide in tobacco smoke gets in the smoker's blood and reduces the amount of oxygen that gets to the heart which can lead to many other health problems.
- **Hardening of the Arteries (Atherosclerosis)-** Smoking causes fatty deposits, called cholesterol, to build up on the inner walls of the arteries. Smoking also causes platelets in the blood to get sticky and form clots.
 - A heart attack occurs when a blood clot clogs an artery leading to the heart. A stroke occurs when a blood clot clogs an artery to the brain.

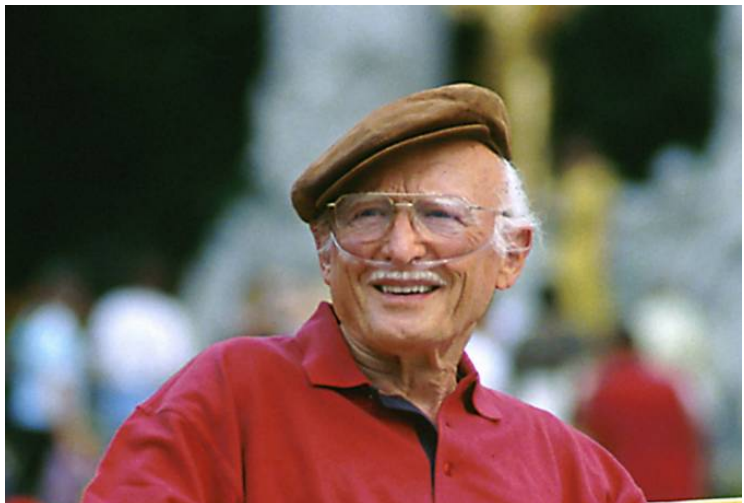
- The clot keeps cells in the heart or brain from getting the blood they need, and they begin to die.



- **Lung Disease-** Nicotine, tar, and carbon monoxide in cigarette smoke damage the walls of a smoker's lungs. These chemicals cause the airways in a smoker's lungs to swell and produce mucus.

This condition, called bronchitis, is the reason for smoker's cough.

Chronic bronchitis can lead to emphysema, a condition in which the smallest airways in a smoker's lungs begin to collapse so that air can



not flow through them. Both of these conditions make it hard for the smoker to breathe. Some people with emphysema need to carry an oxygen tank with them.

- **Second-hand Smoke-** Second-hand smoke is harmful to others around a smoker. Children and adults who are exposed to second-hand smoke are at a higher risk of heart disease and cancer. Children who are exposed to cigarette smoke have more colds, ear infections, and allergies than children of non-smokers.
- **Pregnancy Complications-** If you smoke during pregnancy, your baby may be born premature, and the baby's lungs may not be fully developed.

SURGEON GENERAL'S WARNING: Smoking by pregnant women may result in fetal injury, premature birth and low birth weight.

- **Cancer-** Cigarette smoke contains more than 4,000 chemicals. Many of these chemicals are poisonous and 43 are known to cause cancer. Smoking can lead to many forms of cancer, such as, lung cancer, mouth cancer, and cervical cancer.

Chemicals Found in Tobacco

Acetone	Used in nail polish
Arsenic	Used in insecticides and glass
Ammonia	Used to clean bathrooms
Cadmium	Found in batteries
Carbon Monoxide	Found in car exhaust
Cyanide	Used in the gas chamber
Ethanol	Used in rubbing alcohol
Formaldehyde	Used to preserve animal tissue
Methanol	Used in rocket fuels
Nicotine	Used as an insecticide
Phosphorus	Found in matches and fertilizers

**Match the following chemicals that are found
in tobacco with their common uses.**

- | | |
|-------------------------|-----------------------------------|
| ____ 1. Acetone | A. Used in the gas chamber |
| ____ 2. Nicotine | B. Used in nail polish remover |
| ____ 3. Ammonia | C. Used to clean bathrooms |
| ____ 4. Formaldehyde | D. Used as an insecticide |
| ____ 5. Carbon Monoxide | E. Used to preserve animal tissue |
| ____ 6. Cyanide | F. Found in car exhaust |

For more information, see Pathways to Freedom, Page: 13

Answers:

1.B 2.D 3.C 4.E 5.F 6.A

THE BENEFITS OF QUITTING

Most smokers who quit will have quick improvements with blood pressure, circulation, and breathing.

ALSO, smokers need to know that when they quit they will:

- Decrease their risk of heart disease and cancer
- Eliminate second-hand smoke and reduce health risk for family and friends
- Smell better (and their house and car too)
- Save money
- Have better health which means a better quality of life

Additional benefits _____



Finally, I can run without getting out of breath!!

ADVISE: Educate, Counsel, and Inform

ASSIST: Help by doing something
(ex. Make a phone call, sit with someone, give a ride)

ACTION PLAN: As a group, plan to do something
(ex. Plan an event, agree in a group that everyone will do something)

SITUATION:

Your neighbor has a new grandchild. She is a smoker. The neighbor asks you what will happen if she smokes around her grandchild.

Advice You Could Give

Assistance You Could Give

Action Plans that Could Be Developed

In Session 2:

1. You have learned that smoking is the number one cause of death for many African Americans
2. You have learned the health effects of smoking such as:
 - Poor circulation
 - Hardening of the Arteries (which can cause a heart attack or stroke)
 - Lung disease (which can cause bronchitis and emphysema)
 - Pregnancy Complications
 - Many types of cancer
3. You have learned secondhand smoke puts non-smokers at a higher risk for smoking related diseases like colds, ear infections, allergies, heart disease, and cancer.
4. You have learned ways smokers can benefit from quitting smoking such as:
 - Improved blood pressure
 - Improved circulation
 - Improved breathing
 - Reduced risk of heart disease and cancer
 - More money
 - Improved family health
 - Smelling better
 - Better overall health

Session 3:

The Process of Quitting

Goals:

By the end of this session you will have covered:

1. Reasons to smoke and reasons to quit
2. Decisional balance
3. Process of becoming a non-smoker
4. "Stages of Change"

1. Reasons to Smoke

There are many reasons why smokers choose to smoke. A few of these reasons are:

- Smoking quickly becomes a habit that many people enjoy.
- Most people who smoke everyday are addicted to nicotine.
- Stress makes it difficult for many smokers to quit.
- Children learn to smoke by watching family and friends.
- Tobacco ads make smoking seem sexy and fun.

For more information, see Pathways to Freedom, Pages: 10- 13.

2. Reasons to Quit

Most smokers have reasons to quit smoking.

- Better health – please list possible health improvements below:

- Better health for their family – please list possible health improvements below:

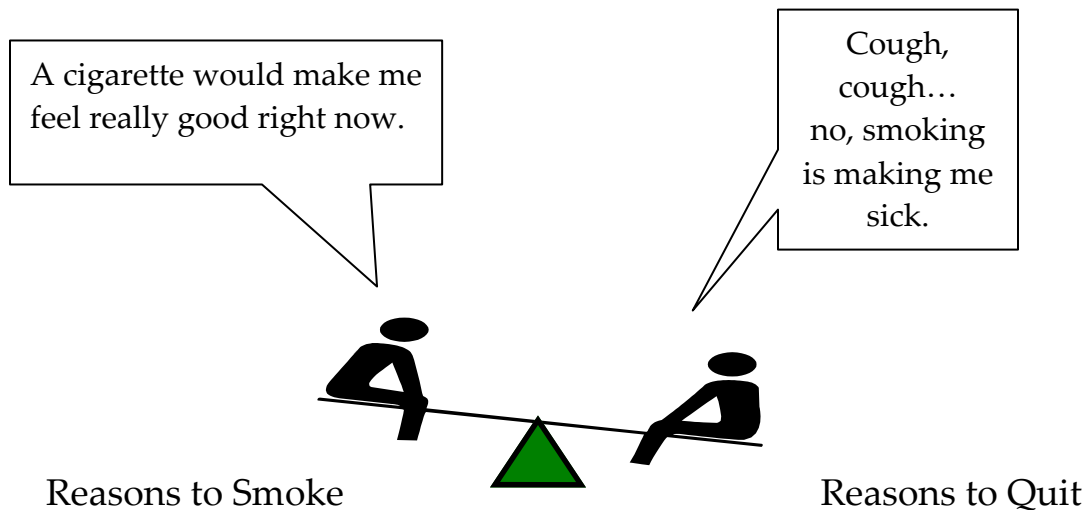
- Food will taste better.
- They will smell better.
- They will save money. Often lots of money!
- Family and friends will be happy.

More reasons to quit smoking can be found in:
When Smokers Quit (American Cancer Society)

3. Decisional Balance

Decisional balance means people will quit smoking when their reasons to quit are more important to them than their reasons to smoke. Helping smokers identify their own personal reasons to smoke and reasons to quit can increase their desire to change smoking habits and help them get ready to quit.

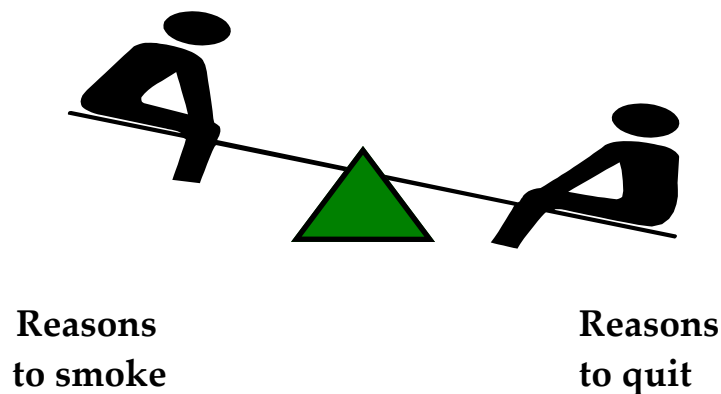
It sounds simple, but many smokers find it hard to get their “decisional balance” to stay tipped in favor of quitting.



DECISIONAL BALANCE WORKSHEET

This is Stan's decisional balance.
He is a 52 year old father of three.
Help this smoker identify reasons to quit.

1. _____
2. _____
3. _____
4. _____



CONGRATULATIONS!!! You have tipped the balance!

4. Process of Becoming a Non-Smoker

- Most smokers are not ready to quit smoking. Telling them smoking is bad for their health is not enough to make them quit.
- People go through several **“Stages of Change”** before they are ready to quit. That is to say, they change their thoughts and behaviors as they get ready to quit.
- Many smokers stop smoking, then start again, five or six times before they quit for good. Each quit attempt and each relapse can help a smoker learn how to quit for good.
- To assess a person’s “Stage of Change,” the following questions may be used. The boxes explain how each question applies to each stage.
 - “Are you a smoker?”
 - “Are you thinking about quitting in the next month?”
 - “Are you thinking about quitting in the next 6 months?”
 - “Did you quit 6 months ago or more?”

It is important to understand the “Stages of Change” covered on the next page. Please ask questions if the process is not clear to you. Be sure to notice time periods and decisional balance in each

“Stage of Change.”

STAGES OF CHANGE

Not ready to quit

The smoker answers “No” when asked if they are thinking about quitting in the next 6 months.

Decisional Balance: Weak reasons to quit and strong reasons to smoke

Thinking about quitting

The smoker answers “Yes” when asked if they are thinking about quitting in the next 6 months and “No” when asked if they are thinking about quitting in the next month.

Decisional Balance: Reasons to quit equal reasons to smoke

Preparing to quit

The smoker answers “Yes” when asked if they are thinking about quitting in the next month.

Decisional Balance: Reasons to quit get stronger and reasons to smoke weaker

Action

The person answers “I have quit smoking” when asked about their smoking status. (Quit for at least 24 hours and up to 6 months.)

Decisional Balance: Strong reasons to quit and weak reasons to smoke

Maintenance

The person answers “Yes” when asked if they quit 6 months ago or more.

Decisional Balance: Strong reasons to quit and weak reasons to smoke

Relapse

The quitter has started smoking again and the “Stages of Change” begin again.

Decisional Balance: Reasons to quit get weaker and reasons to smoke stronger

ADVISE: Educate, Counsel, and Inform

ASSIST: Help by doing something
(ex. Make a phone call, sit with someone, give a ride)

ACTION PLAN: As a group, plan to do something
(ex. Plan an event, agree in a group that everyone will do something)

SITUATION:

You have a friend who recently tried to stop smoking but has felt stressed lately and started smoking again. She is very upset that her quit attempt did not work. What could you tell her?

Advice You Could Give

Assistance You Could Give

Action Plans that Could Be Developed

In Session 3:

1. You have learned that smokers have many reasons to smoke and many reasons to quit.
2. You have learned that decisional balance means weighing which is more important: reasons to smoke or reasons to quit. When the smoker's reasons to quit become more important than their reasons to smoke, their decisional balance has moved in favor of quitting.
3. You have learned as the decisional balance shifts, the smoker begins to move through "Stages of Change". Identifying the Stage of Change of the smoker allows you to determine the smoker's readiness to quit.

Session 4:

The 5 A's

Goals:

By the end of this session you will be able:

1. To define the 5 A's
2. To practice using the 5 A's through role play

The U.S. Department of Health and Human Services, Treating Tobacco Use and Dependence: Clinical Practice Guideline recommends using the 5 A's each time a smoker seeks health care. Today the 5 A's are used by many community volunteers as they share health information with a smoker. In this session you will learn how to use the 5 A's to talk to members of your community about quitting smoking.

The 5 A's are:

1. **Ask**
2. **Advice**
3. **Assess**
4. **Assist**
5. **Arrange**

Treating Tobacco Use and Dependence: Clinical Practice Guideline

The following is taken from the 2000 Clinical Practice Guideline:

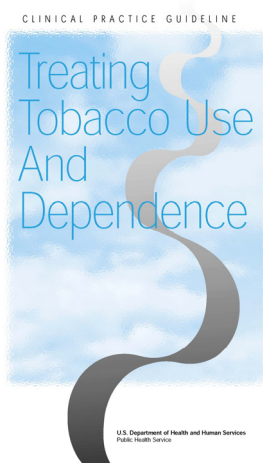
Five Major Steps to Intervention (The "5A's")

Successful intervention begins with identifying users [smokers] and appropriate interventions based upon the patient's willingness to quit. The five major steps to intervention are the "5 A's": Ask, Advise, Assess, Assist, and Arrange.

Tobacco is the single greatest preventable cause of disease and premature death in America today.

"Starting today, every doctor, nurse, health plan, purchaser, and medical school in America should make treating tobacco dependence a top priority."

—David Satcher, MD, Ph.D.
Former U.S. Surgeon General
Director, National Center for Primary
Care, Morehouse School of Medicine

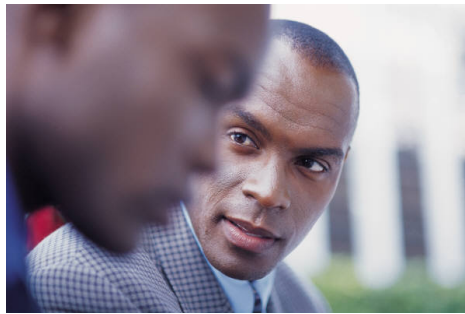


If you would like more information regarding the practice guideline and the 5 A's intervention please see the following website:

U.S. Surgeon General's Report-
Treating Tobacco Use and Dependence:
Clinical Practice Guideline

www.surgeongeneral.gov/tobacco/smokesum.htm

1. ASK



Are you a smoker?

Ask members of your community if they smoke.

“I am a Community Health Advisor. I am concerned about your health. Do you smoke cigarettes?”

If they answer yes, continue with the 5 A’s. If they answer no, stop here.

2. ADVISE

The purpose of “Advise” is to provide clear, supportive advice about the health risks of smoking in order to stress the importance of quitting.

Examples of “Advise” can be seen on the next page.

Remember, **you are not telling them to quit**. You are giving advice that focuses on their risks from smoking and the benefits of quitting.

Example:

Community Health Advisor:



“Smoking cigarettes raises your risk for cancer and heart disease. The most important thing that you can do for your health is to quit smoking.”

*If you are aware of personal health concerns of the smoker, it would be helpful to *personalize* this message.

Example:



Smoker:

“I am having trouble breathing these days.”

Community Health Advisor:

“The most important thing that you can do for your breathing is to quit smoking. I’m here to help you quit smoking.”



3. ASSESS

Use the “**Stages of Change**” information to assess the smoker’s current readiness to quit smoking.

Example:



Community Health Advisor

Are you
planning on
quitting
smoking in the
next month?

Yes, I
am!



Smoker

This is an example of the stage : “Preparing to Quit”

Knowing the person’s readiness to quit or Stage of Change will help you in your discussion. Decisional Balance on page 30 talks about the importance of personal reasons to smoke or reasons to quit. It is important to talk to the smoker about these personal reasons to quit smoking so you can help the smoker identify strong reasons to quit, such as saving more money or giving their family a smoke-free environment. You will use these reasons during the next step - “Assist.”

STAGES OF CHANGE

Not ready to quit

Not ready to stop smoking within the next 6 months

The smoker answers “No” when asked if they are thinking about quitting in the next 6 months.

Thinking about quitting

Thinking about quitting in the next 6 months

The smoker answers “Yes” when asked if they are thinking about quitting in the next 6 months and “No” when asked if they are thinking about quitting in the next month.

Preparing to quit

Ready to quit in the next month

The smoker answers “Yes” when asked if they are thinking about quitting in the next month.

Action

Smoke-free

The person answers “I have quit smoking” when asked about their smoking.

Maintenance

Smoke free for more than 6 months

The person answers “Yes” when asked if they have quit 6 months ago or more.

Relapse


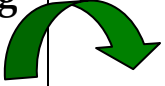
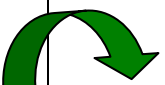
Using tobacco again

The smoker answers “No” when asked if they are still tobacco free.
The process begins again.

* For more information on decisional balance and the “Stages of Change” see page 33

4. ASSIST

Help each smoker move to the next Stage of Change by giving them information from When Smokers Quit and other publications you may have available:

<p>Not ready to quit</p> 	<p>Thinking about quitting</p>	<p>The smoker is not ready to quit. Give them a copy of publications you may have available for them to read at home. You do not need to do anything else.</p>
<p>Thinking about quitting</p> 	<p>Preparing to quit</p>	<p>Talk to them about their personal reasons for quitting and give them a copy of publications you may have available.</p>
<p>Preparing to quit</p> 	<p>Action</p>	<p>Help them find small changes they can make with their smoking habits such as those mentioned in <u>When Smokers Quit</u>. Also, talk to them about their personal reasons to quit. Refer the smoker to the Quit Line at 1-800-QUIT NOW (1-800-784-8669) and other smoking cessation programs.</p>
<p>A person in the Action or Maintenance stage has quit smoking.</p>		<p>Congratulate them and give them information about the benefits of quitting and a copy of publications you may have.</p>
<p>A person in the Relapse stage has started smoking again.</p>		<p>The cycle begins again. Reassess their readiness to quit by asking if they are planning on quitting again in the next six months.</p>

5. ARRANGE

If possible, **arrange for a follow-up visit with the smoker.** If you can not arrange for a follow-up visit, and the smoker wants additional assistance, you can encourage the smoker to call the toll-free number of the Alabama Quit Line at 1-800-QUIT NOW (1-800-784-8669) for free self-help materials, information about smoking cessation medications, and support.

Congratulate the person for being ready to quit smoking or for quitting.

Follow-Up

Follow-up with the smoker in two weeks to a month. Reassess their Stage of Change, then provide them with information and assistance related to the stage listed on page 44.

Okay – Let's start practicing the 5 A's !

Use the "Stages of Change" Check-list on the next page while role playing. Because this check-list only applies to current smokers, the action and maintenance stages are not included. The facilitator will now demonstrate with a volunteer how to perform the 5 A's using the check-list. You will then be divided into pairs and practice the 5A's using this check-list. During the next meeting, your facilitator will observe you while you role play with each other. The check-list will help you prepare for the role play. Also, try to practice at home with your friends and family before the next meeting.

Important to remember!!!! Many smokers quit smoking 5 or 6 times before they quit for good. A relapse is a learning experience, not a failure. Each time a smoker quits, he or she learns a little more about nicotine dependence and smoking habits. Smokers can learn to recognize situations that make it hard for them to resist the urge to smoke and how to prepare for those situations.

STAGES OF CHANGE CHECK-LIST

	Not Ready to Quit	Thinking about Quitting	Preparing to Quit
Ask	State a clear reason for asking about tobacco use <input type="checkbox"/> <i>I am a Community Health Advisor.</i> <input type="checkbox"/> <i>I care about your health; and, therefore, I would like to ask if you smoke?(Yes)</i>	State a clear reason for asking about tobacco use <input type="checkbox"/> <i>I am a Community Health Advisor.</i> <input type="checkbox"/> <i>I care about your health; and, therefore, I would like to ask if you smoke?(Yes)</i>	State a clear reason for asking about tobacco use <input type="checkbox"/> <i>I am a Community Health Advisor.</i> <input type="checkbox"/> <i>I care about your health; and, therefore, I would like to ask if you smoke?(Yes)</i>
Advise	Give a clear message of advice. <input type="checkbox"/> <i>Quitting smoking is the most important thing you can do to protect your health.</i>	Give a clear message of advice. <input type="checkbox"/> <i>Quitting smoking is the most important thing you can do to protect your health.</i>	Give a clear message of advice. <input type="checkbox"/> <i>Quitting smoking is the most important thing you can do to protect your health.</i>
Assess	Assess Stage of Change <input type="checkbox"/> <i>Do you plan to quit smoking in the next 6 months? (No)</i>	Assess Stage of Change <input type="checkbox"/> <i>Do you plan to quit smoking in the next 6 months? (Yes)</i> <input type="checkbox"/> <i>Do you plan to quit smoking in the next month? (No)</i>	Assess Stage of Change <input type="checkbox"/> <i>Do you plan to quit smoking in the next 6 months? (Yes)</i> <input type="checkbox"/> <i>Do you plan to quit smoking in the next month? (Yes)</i>
Assist	Provide information about tobacco use <input type="checkbox"/> <i>I would like to give you this information to encourage you to <u>think</u> about the benefits of quitting smoking.</i>	Provide information about tobacco use <input type="checkbox"/> <i>I would like to give you this information about the benefits of quitting smoking to encourage you to <u>begin</u> making changes in your smoking habits.</i>	Provide information about tobacco use <input type="checkbox"/> <i>I would like to give you this information about the benefits of quitting smoking to encourage you to <u>look at the calendar and plan for a quit day.</u></i>
Arrange	Arrange for follow-up <input type="checkbox"/> <i>Because your health is important to me, the next time I see you I would like to ask about your tobacco use.</i> <input type="checkbox"/> <i>Is that alright with you?</i>	Arrange for follow-up <input type="checkbox"/> <i>Because your health is important to me, the next time I see you I would like to ask about your tobacco use.</i> <input type="checkbox"/> <i>Is that alright with you?</i>	Arrange for follow-up <input type="checkbox"/> <i>Because your health is important to me, the next time I see you I would like to ask about your tobacco use.</i> <input type="checkbox"/> <i>Is that alright with you?</i>

NAME: _____

DATE: _____

COMPLETION: Yes or No

FACILITATOR'S SIGNATURE _____

ADVISE: Educate, Counsel, and Inform

ASSIST: Help by doing something
(ex. Make a phone call, sit with someone, give a ride)

ACTION PLAN: As a group, plan to do something
(ex. Plan an event, agree in a group that everyone will do something)

SITUATION:

Many of the teenagers in your community smoke. This will cause many different health problems as they grow older. What are some different ways you could talk to them about their smoking?

Advice You Could Give

Assistance You Could Give

Action Plans that Could Be Developed

In Session 4:

1. You have learned the 5A's - Ask, Advise, Assess, Assist and Arrange.
2. You have learned how to talk with a smoker through role play using the 5 A's.

Session 5:

Wrap-Up

Goals:

By the end of this session you will:

1. Demonstrate the 5A's intervention through role play
2. Receive a certificate for completing the 5A's Brief Smoking Cessation training

Congratulations!

You are ready for the final session of the 5A's Brief Smoking Cessation Training. You have learned many interesting facts about talking to people who smoke.



You are now ready to demonstrate the 5A's!

1. The 5 A's!

- Ask members of your community if they smoke.
- Advise smoker to quit smoking.
- Assess smoker to determine Stage of Change.
- Assist smoker to move from one stage to the next.
- Arrange for smoker to receive additional information and a follow-up visit or call.

2. **Role play:** Your facilitator will assign you a partner. You and your partner will take turns role playing. One of you will be the CHA, and the other will role play the smoker. The CHA will talk to the smoker using the 5 A's model. It may be helpful to use the "Stages of Change" Check-list to guide you through role play. Your facilitator will observe the role play and give you feedback using the Stage of Change Check-list on page 47.

Action Planning is working with others to build a lasting solution to a community problem or concern.

Discuss the different concerns of your community and, as a group, write an action plan below to address those concerns.

Goal:

To place informational materials about quitting smoking around the community where people will see them.

Who might help us?

Convenience store owners, local churches, local community centers, and grocery stores.

What is the timeline for this project?

Collect and order materials for a month. Contact stores, etc. to see if they are willing to post the materials. Call the stores once a month to check if they need more materials.

List specific tasks and who is responsible:

1. Call organizations to order materials (Martha and Tymekia)
2. Contact local businesses about posting materials (Shauntice)
3. Post the materials (Shauntice and Michael)
4. Call stores to see if they need additional materials (Deborah)

Action Planning is working with others to build a lasting solution to a community problem or concern.

Action Plan Examples:

1. Conduct a smoking cessation session in your Sunday school class
2. Ask to present at a school assembly about smoking cessation
3. Place smoking cessation materials in different locations around town, i.e. laundromats, beauty salons, grocery stores, drug stores.

Discuss the different concerns of your community and, as a group, write an action plan below to address those concerns.

Goal:

Who might help us?

What is the timeline for this project?

List specific tasks and who is responsible:

SMOKING CESSATION SURVEY

The following survey is meant to help you see how much you have learned over the course of Smoking Cessation Training. Please circle your answer

1. Providing material about how to quit smoking at a health fair is an example of
 - a. a minimal intervention
 - b. a brief intervention
 - c. an intensive intervention
2. An 8-session group stop smoking class is an example of:
 - a. a minimal intervention
 - b. a brief intervention
 - c. an intensive intervention
3. Each year more African Americans die from smoking-related diseases than from AIDS, car crashes, and drug problems all put together.
 - a. true
 - b. false
4. More African American women die from...
 - a. lung cancer
 - b. breast cancer
5. Which of the following is caused by smoking?
 - a. poor circulation
 - b. hardening of the arteries
 - c. lung disease
 - d. all of the above
6. Quitting smoking can lead to improvements in breathing and blood pressure.
 - a. true
 - b. false

7. People will quit smoking when their reasons to quit are more important to them than their reasons to smoke.
- a. true
 - b. false
8. Most people quit for good after _____ tries.
- a. one
 - b. two
 - c. three or four
 - d. five or six
9. Smokers go through two stages: getting ready to quit and quitting.
- a. true
 - b. false
10. When a person quits smoking but then starts again, that is called
- a. backpedaling
 - b. relapsing
 - c. resmoking
 - d. messing up
11. Check the words below that are included in the “5 A’s” for smoking cessation
- a. Admit _____
 - b. Ask _____
 - c. Affect _____
 - d. Advise _____
 - e. Assess _____
 - f. Assist _____
 - g. Alter _____
 - h. Arrange _____

EVALUATION OF BRIEF SMOKING CESSATION TRAINING

How helpful were the following in helping you understand more about smoking cessation? (please circle your response)

1. Presentations and discussions:

4	3	2	1	0
very helpful		helpful		not helpful

2. Smoking Cessation Training manual:

4	3	2	1	0
very helpful		helpful		not helpful

3. Participating in Smoking Cessation Training Classes:

4	3	2	1	0
very helpful		helpful		not helpful

4. How confident do you feel in your ability to promote smoking cessation in your community?

4	3	2	1	0
very confident		confident		not confident

5. What did you like best about the training?

6. What did you like least about the training?

7. How would you rate the overall Smoking Cessation Training?

4	3	2	1	0
excellent		good		poor

8. What other training would be useful to you in promoting Smoking Cessation in your community?

If you have any additional comments, please use the back of this sheet.

In Session 5:

1. You have successfully demonstrated the 5A's Brief Smoking Cessation intervention.

2. Follow- up meetings will be held for the next _____ months. Each meeting will be held on the _____ of the months _____ from _____ to _____.

3. Receive your certificates.

ORGANIZATIONS TO CONTRACT FOR MORE INFORMATION

American Cancer Society

Tel: 1-800-227-2345

www.cancer.org

American Lung Association

Tel: 1-800-586-4862

www.lungusa.org

Alabama Tobacco Quit-line

Tel: 1-800-784-8669

Smoking Quit Line of the National Cancer Institute:

Tel: 1-877-448-7848

Available in English or Spanish

Facilitator's Manual

HOW TO IDENTIFY NATURAL HELPERS WHO MAY BECOME CHAs

One of the key components of a CHA program is to identify people in your community who are “natural helpers” and invite them to go through CHA Training. A “natural helper” is a trusted neighbor, friend, or relative who others in your community go to for help and advice. It may take several months to recruit a group of people interested in becoming CHAs.

You can start by working with the Advisory Council to identify one or two people in your community who are well respected and trusted. Ask each person identified to name two other “natural helpers” in the community who have similar interests and characteristics. It is a good idea to keep a list of people who are identified as potential CHAs (see the next page for the Potential CHA List form). This list will be helpful when you need to make follow-up and reminder calls. Remember, your local Advisory Council should also help to identify people in the community who may want to participate in CHA Training.



When the group has identified 15 – 25 names (depending on the size of your community), you are ready to begin preparations for CHA Training!

**For more information on the Advisory Council, see the
General CHA Facilitator Training Manual.**

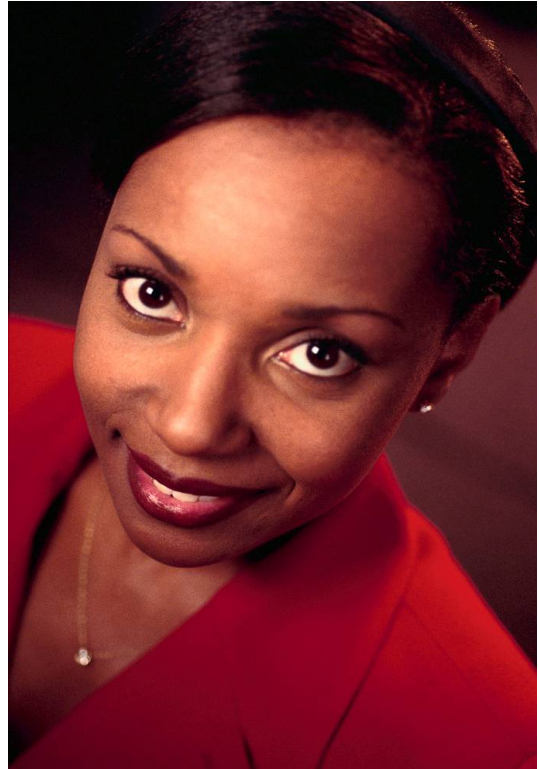
POTENTIAL CHA LIST

Please fill in the names and phone numbers of members of your community who may be interested in being a CHA or serving on the Advisory Council.

[illegible]

CONGRATULATIONS on volunteering to start a Community Health Advisor (CHA) Program for your community! The following hints may help you to prepare for CHA Training:

1. You have probably invited people who may not know each other. Be sure to greet each person as he or she arrives to make them feel welcome and comfortable. This will set a friendly tone for the meeting.
2. Be aware of the nonverbal and the verbal communication of participants in the group and guide the group accordingly.
3. Keep in mind that some people are reluctant to speak out in a group. Be sensitive when you ask people to speak out on an issue or to tell about themselves. One of the goals of the meetings is for the members to bond to the point where all will be comfortable enough to talk in the group.
4. Some people have trouble reading. It is a good idea to read the forms out loud to help anyone who may have trouble. Observe carefully when forms are to be filled out so that you may offer assistance without drawing attention. If you have an assistant who is working with you, this is a good task for him or her.
5. Acknowledge everything people say. Every response is important no matter how “off topic” it may seem—it is important to that person or he or she would not have said it.
6. Remember that each group has dominant members—those who speak out freely and often. Guard against them taking over and “shutting down” others from talking. Their leadership skills may be needed in the later sessions of CHA Training, particularly during Community Action Planning.



MATERIALS NEEDED

The following materials are needed to conduct the CHA Brief Smoking Cessation Training sessions. If you do not have any of these materials or they are not included in the toolbox, please call the Center for Health Promotion for more information on what materials are available for your use.

- CHA Smoking Cessation Training manuals for each CHA
- Nametags
- Copies of the Sign-In sheet for each training session (pg. 81)
- Flip Chart
- Markers
- Pathways to Freedom
- When Smokers Quit
- Assorted Booklets on Smoking
- Video
- VCR/TV
- Extra copies of the “Stages of Change” Check-list (pg. 47)
- Certificates for completion of program (pg. 80)

GENERAL INFORMATION

Each person has a different style of teaching. The following outlines are meant only as a general guide. Please feel free to change the information covered to better fit with your teaching style. If detailed descriptions are not given about information to cover, choose what you feel will work best for your group.

See page 85 for a list of which forms to save through the course of the training sessions to return to the Center for Health Promotion.

Be sure to have the CHAs call the Quit Now number (1-800-784-8669) for homework after Session 4 so they can become familiar with the number and quit line information. This will help them prepare for questions community members may ask. Also, if time is available have the CHAs practice what they have learned in each session by pairing off and practicing the “CHA Roles” situations.

There may be CHAs who are smokers themselves and are interested in helping others quit. You may want to encourage these CHAs to share their experiences with quitting and to continue trying to quit so they can better help others.

Do not forget to read over each session before your group meets. This will help you make sure you have all the materials needed to conduct the training session.

If you need more information, please call the Center for Health Promotion.

SESSION 1- INTRODUCTION

- I. **Welcome participants**
- II. **Have each CHA sign the Sign-In Sheet (pg. 81) and also put on a nametag if they do not know each other already**
- III. **Introduce Each Other (pg. 7)**
 - a. As CHAs are introduced, have them **fill in the names of other team members** in their manual
 - b. **Have CHAs discuss their interest in the Smoking Cessation Training**
- IV. **Give a brief overview of the CHA Brief Smoking Cessation Training (See the Introduction page 3)**
- V. **Introduce Session 1 by giving the title**
 - a. Goals (pg. 6)
 - i. **Open the manual to the goals** for this session
 - ii. **Read the goals** out loud to the group
 - b. Information (pg. 7)
 - i. **Review training location, day, and time (pg. 7)**
 1. **Ask everyone to fill in the day in their manuals**
 2. **Ask if anyone knows a date that they have a conflict**
 3. **Ask them to call you if they can not attend a session**
 - ii. **Discuss the 3 roles of a CHA (page 8):** providing advice, offering assistance, and action planning. Discuss examples of each role.
 - iii. **Ask each CHA to complete the Smoking Cessation Survey (pg. 9).** Explain that this information will be covered during the training and the CHAs will complete the survey again at the end of training to see how much they have learned from the program. Answers are given on page 83. If the group has questions about the survey, use the answer sheet.
 - iv. **Three Levels of Intervention (pg. 11)**
 1. **Divide into 3 groups**

2. **Assign each group one of the interventions:** brief, minimal, and intensive
3. **Give each group a sheet of flip chart paper**
 - a. **Ask each group to write information** found in the manual about the assigned intervention
 - b. Ask a spokesperson from each group to explain the intervention
 - c. **Post the paper** on the wall for all to see
4. **Give additional information** as needed
- v. **Discuss the Sample CHA Roles** on page 13. For more information see page 8.
- vi. **Divide CHAs into pairs** to practice the CHA Roles activity on page 14. **Discuss the situation** as a group after CHAs have time to practice in pairs.
- c. Tie It Together (pg. 15)
 - i. **Review what the CHAs have learned in this session**
 - ii. **Ask for any questions.**
 - iii. **Remind everyone to sign the Sign-In Sheet.**
 - iv. **Ask if anyone has any community announcements** they wish to make to the group (e.g. events taking place in other groups with which they are involved).

- I. **Welcome participants**
- II. **Make sure each CHA signed the Sign-In Sheet (pg. 81)**
- III. **Introduce Session 2 by giving the title**
 - a. **Goals (pg. 18)**
 - i. **Open the manual to the goals** for this session
 - ii. **Read the goals** out loud to the group
 - iii. **Give each participant a copy of Pathways to Freedom**
 - b. **Information (pg. 19)**
 - i. **We recommend showing the CHAs a video.** Please call the organizations listed on page 62 for information on videos available, or you can call the Center for Health Promotion.
 - ii. **Lead the group in a discussion** of the following points
 1. Tobacco-Related Deaths (pg. 19)
 2. Health Effects of Smoking (pg. 19)
 - a. Poor circulation
 - b. Hardening of the arteries
 - c. Lung disease
 - d. Second-hand smoke
 - e. Pregnancy complications
 - f. Cancer
 3. Chemicals Found in Tobacco (pg. 21). After discussing, **complete the worksheet** on page 22 a group
 - iii. **Benefits of Quitting (pg. 23)**
 1. **Discuss the benefits of quitting** from health to personal reasons
 2. **Ask the CHAs to write about additional benefits** of quitting in the spaces available in the manuals
 - iv. **Divide into 2 groups** for activities
 1. **Assign one group the health effects of smoking and the other the benefits of quitting**
 2. **Give each pair a sheet of flip chart paper**

3. **Give the groups assorted booklets** about the health effects of smoking and benefits of quitting smoking
4. **Have them write information** from the booklets or from personal experiences about the health effects of smoking and the benefits of quitting on the flip chart
5. **Post the paper on the wall**
6. **Give additional information** as needed
- v. **Divide CHAs into pairs** to practice the CHA Roles activity on page 24. **Discuss the situation** as a group after CHAs have time to practice in pairs.
- c. Tie It Together (pg. 25)
 - i. **Review what the CHAs have learned in this session**
 - ii. **Ask for any questions.**
 - iii. **Remind everyone to sign the Sign-In Sheet.**
 - iv. **Ask for announcements** (e.g. any community events taking place in other groups with which they are involved).

SESSION 3- THE PROCESS OF QUITTING

- I. **Welcome participants**
- II. **Make sure each CHA signed the Sign-In Sheet (pg. 81)**
- III. **Introduce Session 3 by giving the title.**
 - a. **Goals (pg. 28)**
 - i. **Open the manual to the goals** for this session
 - ii. **Read the goals** out loud to the group
 - b. **Information (pg. 29)**
 - i. **Reasons to Smoke and Reasons to Quit (pg. 29)**
 1. **Ask the CHAs to give reasons to smoke and reasons to quit**
 2. **Write their responses on a flip chart and ask the CHAs to fill in the spaces in their book**
 - ii. **Decisional Balance (pg. 30)**
 1. **Lead a discussion** on how reasons to smoke and reasons to quit affect decisional balance
 2. **Have the CHAs complete the Decisional Balance Worksheet on page 31 by writing in the reasons Stan may quit smoking (ex. the health of his children due to second-hand smoke, etc.)**
 3. **Discuss the reasons as a group**
 - iii. **Process of Becoming a Non-Smoker (pg. 32)**
 1. **Introduce the “Stages of Change”**
 2. **Discuss the process** many people go through before quitting smoking
 - iv. **“Stages of Change” (pg. 33)**
 1. **Discuss the “Stages of Change”**
 2. **Ask if there are any questions**
 - v. **Divide into 6 groups**
 1. **Give each group a sheet of flip chart paper**
 2. **Assign each group a Stage of Change**
 - a. **Ask each group to write information** about their assigned Stage of Change on the paper
 - b. **Ask a spokesperson from each group to explain the stage**

- c. **Post the paper** on the wall for all to see
 - d. Give additional information as needed
- vi. **Divide CHAs into pairs** to practice the CHA Roles activity on page 34. **Discuss the situation** as a group after CHAs have time to practice in pairs.
- c. Tie It Together (pg. 35)
 - i. **Review what the CHAs have learned in this session**
 - ii. **Ask for any questions.**
 - iii. **Remind everyone to sign the Sign-In Sheet.**
 - iv. **Ask for community announcements**

- I. **Welcome participants**
- II. **Make sure each CHA signed the Sign-In Sheet (pg. 81)**
- III. **Introduce Session 4 by giving the title.**
 - a. **Goals (pg. 38)**
 - i. **Open the manual to the goals** for this session
 - ii. **Read the goals** out loud to the group
 - b. **Information (pg. 39)**
 - i. **Define the 5 A's**
 1. **Briefly point out the origin** of the 5 A's (pg. 40)
 2. **Briefly discuss each of the 5 A's** (pgs 41-46)
 3. **Discuss 5 A's as they relate to "Stages of Change"**
 - ii. **Divide into 5 groups**
 1. **Give each group** a sheet of flip chart paper and markers
 2. **Assign each group** one of the 5 A's
 - a. **Ask each group** to write information about their "A"
 - b. **Ask a spokesperson** from each group to explain the "A"
 - c. **Post the paper** on the wall
 - d. **Give additional information** as needed
 - e. **Discuss when to follow-up** and stress that it often takes several attempts for a person to quit
 - iii. **Explain the "Stages of Change" Check-list (pg. 47)**
 1. **Demonstrate 5 A's intervention** using the check-list with a volunteer
 2. **Ask if there are any questions**
 - iv. **Practice using the 5 A's through role play**
 1. **Divide the group into pairs**
 2. **Assign each pair a Stage of Change**
 3. **Have each CHA practice the 5 A's** with the assigned Stage of Change
 4. **Rotate listening to each group practice**

5. **Help CHAs as needed**
 6. **Ask the CHAs to practice** with friends and family before the next session
 7. **Ask the CHAs to call** and become familiar with the “Quit-Now” number mentioned on pages 45 and 46 for homework
- v. **Divide CHAs into pairs** to practice the CHA Roles activity on page 48. **Discuss the situation** as a group after CHAs have time to practice in pairs.
- c. Tie It Together (pg. 49)
 - i. **Review what the CHAs have learned in this session**
 - ii. **Ask for any questions.**
 - iii. **Remind everyone to sign the Sign-In Sheet**
 - iv. **Ask for community announcements**

- I. **Welcome participants**
- II. **Make sure each CHA signed the Sign-In Sheet (pg. 81)**
- III. **Introduce Session 5 by giving the title.**
 - a. **Goals (pg. 52)**
 - i. **Open the manual to the goals** for this session
 - ii. **Read the goals** out loud to the group
 - b. **Have the CHAs report** on their experiences calling the “Quit Now” line
 - c. **Information (pg. 53)**
 - i. **Review the 5 A’s**
 - ii. **Demonstrate the 5 A’s** intervention with a volunteer.
 - iii. **Divide the CHAs into pairs (pg. 54)**
 1. **Give each CHA a check-list** and a different Stage of Change to practice
 2. **Use the check-list** to assure the CHA is using the 5 A’s technique
 3. **Assist** as needed
 4. **Ask each pair to demonstrate** their assigned stage in front of the group
 5. **Ask the group for feedback**
 - iv. **Discuss the Sample Action Plan** on page 55.
 - v. As a group, **complete the Let’s Make a Plan** action planning worksheet on page 56
 - vi. **Ask each CHA to complete the Smoking Cessation Survey (pg. 57).** This is the same worksheet they completed in Session 1. After they have finished, **refer them to page 83 and ask them to compare their answers** from Session 1 (page 9) to Session 6 (page 57) to see how much they learned. **Ask if anyone has any questions about the surveys.**
 - vii. **Make sure each CHA completes the Evaluation of the Smoking Cessation Training (pg. 59) Collect the forms.**
 - viii. **Refer the CHAs to the list of organizations (page 62) for more information.**

- d. Tie It Together (pg. 61)
 - i. **Review what the CHAs have learned in this session**
 - ii. **Ask for any questions.**
 - iii. **Remind everyone to sign the Sign-In Sheet.**
 - iv. **Give location, date, and time for follow-up meetings**
 - v. **Discuss future community activities**
 - vi. **Ask for community announcements**
- e. **Award certificates** (See example on the next page).
- f. Be sure to **return all forms necessary** to the Center for Health Promotion. A checklist is included on page 85 with instructions on where to send the forms and which forms to include



Certificate of Training *in* **Brief Smoking Cessation**

Awarded to:

For attending Brief Smoking Cessation Training and demonstrating knowledge of the 5 A's Brief Intervention skills. This training will enable you to take a leadership role in promoting tobacco control within the community.

Facilitator



Date

SMOKING CESSATION SIGN-IN SHEET

**Flying Sparks Community Health Advisors (CHA)
Sign-In Sheet**

Date:_____ Session(s):_____ Community:_____

NAME:

1. Providing material about how to quit smoking at a health fair is an example of
 - a. *a minimal intervention*See Session 1, Page 11 Minimal Intervention
2. An 8-session group stop smoking class is an example of:
 - a. *an intensive intervention*See Session 1, Page 12 Intensive Intervention
3. Each year more African Americans die from smoking-related diseases than from AIDS, car crashes, and drug problems all put together.
 - a. *True*See Session 2, Page 19: Tobacco Related Deaths
4. More African American women die from...
 - a. *lung cancer*See Session 2, Page 19: Tobacco Related Deaths
5. Which of the following is caused by smoking?
 - a. poor circulation
 - b. hardening of the arteries
 - c. lung disease
 - d. *all of the above*See Session 2, Pages 19-20: Health Effects of Smoking
6. Quitting smoking can lead to improvements in breathing and blood pressure.
 - a. *true*See Session 2, Pages 19-20: Health Effects of Smoking
7. People will quit smoking when their reasons to quit are more important to them than their reasons to smoke.
 - a. *true*See Session 3, Page 30: Decisional Balance

8. Most people quit for good after _____ tries.

a. five or six

See Session 3, Page 32: Process of Becoming a Non-Smoker

9. Smokers go through two stages: getting ready to quit and quitting.

a. False

See Session 3, Page 32: Process of Becoming a Non-Smoker

10. When a person quits smoking but then starts again, that is called

a. Relapsing

See Session 3, Page 33: "Stages of Change" (Relapse)

11. Check the words below that are included in the "5 A's" for smoking cessation

b. Ask X

d. Advise X

e. Assess X

f. Assist X

h. Arrange X

See Session 4, Page 39: Information

FORMS TO RETURN TO THE CENTER FOR HEALTH PROMOTION

At the end of the training sessions, please return the following forms to the Center for Health Promotion.

	Form Name
<input type="checkbox"/>	Sign-In Sheets for all sessions
<input type="checkbox"/>	Training Session Evaluation Forms (One from each CHA)

