PRACTICE BRIEF - APRIL 2014

IMPLEMENTING AN EVIDENCE-BASED TOBACCO INTERVENTION

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Many public health concerns, such as preventable chronic disease, are the result of complex interactions among individuals, the community, and environmental factors. Commercial tobacco use is a major public health concern and is a key risk factor for multiple chronic diseases, such as heart disease, diabetes and cancer. In fact, one in five persons -- approximately a half-million -- die prematurely each year from commercial tobacco use.[1] The concern is even greater for American Indian/Alaska Native (AI/AN) people, whose smoking rates exceed those of the U.S. general population.[2] Disproportionately high rates of chronic disease and smoking among many American Indians and Alaska Natives may be a call to explore alternative strategies that use an integrated public health approach to address commercial tobacco use.

THE 5 A'S MODEL

An integrated approach currently being explored nationwide is an evidence-based tobacco cessation intervention called the "Five A's Model". The 5 A's, as referred to by the U.S. Public Health Service, is characterized by five steps that are integrated into routine healthcare visits: Ask, Advise, Assess, Assist and Arrange (Table 1.).

Health care providers and program staff deliver these steps through person-to-person interactions of approximately three to five minutes at each client encounter. A brief, low-intensity counseling intervention, such as the 5 A's, can increase quit rates by 60% compared to no contact or intervention.[3]

TABLE 1. The Five A's Model

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. • 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.

1 Centers for Disease Control and Prevention. Annual Smoking-Attributable Mortality, Years of Potential Life Lost, and Productivity Losses—United States, 2000–2004. Morbidity and Mortality Weekly Report 2008;57(45):1226–8.

2 Nicotine & Tobacco Research, Volume 12 (July 2010)

3 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.

A PROMISE PARTNERSHIP AND THE 5 A'S

In 2012, the Inter Tribal Council of Michigan (ITCM) received a grant from the Centers for Disease Control and Prevention (CDC). The goal of the grant is to share evidence-based information and provide capacity-building opportunities by integrating commercial tobacco abuse and prevention strategies into chronic disease programs through partnerships with AI/AN Tribes, organizations and service providers.[4] To achieve this goal, ITCM partnered with Red Star Innovations (Red Star) and Hannahville Indian Community to form the *A PROMISE Partnership* (American Indian/Alaska Native Promising Practices to Reclaim Our Health, Mind, Body and Spirit through the Integration of tobacco & chronic disease prevention & Systems and Environmental change).

As part of A PROMISE Partnership, Red Star partnered with two Tribal diabetes prevention programs in the southwest United States to implement the 5 A's intervention into their existing activities. Red Star developed a Tribally-specific 5 A's Training And Technical Assistance Program (TTAP) that prepares program staff to successfully implement and integrate commercial tobacco cessation into daily program activities. This practice brief summarizes the training and technical assistance provided; discusses the successes, challenges and barriers Tribal programs experienced while implementing the intervention; and concludes with important considerations for Tribal programs interested in implementing the 5 A's in their communities.

5 A'S TRAINING AND TECHNICAL ASSISTANCE PROGRAM

Prior to beginning the 5 A's TTAP, Tribal program staff took a brief questionnaire to assess their knowledge of, and experience with, commercial tobacco. Information collected in the questionnaire provided valuable insights for developing the 5 A's, including the amount of time spent on providing education on the effects of commercial tobacco use. The 5 A's TTAP took place over a 9-month span and included the following activities:

- 2-day 5 A's Certification and Implementation Training
- 1-day Community Site Visits
- 1-day Capacity-Building Forum
- Ongoing Technical Assistance via Phone Calls, Text, Email and Webinars
- 3-day Digital Storytelling Workshop

5 A's Certification and Implementation Training

The first day of the 2-day 5 A's Certification and Implementation Training included the Basic Tobacco Intervention Skills Certification Training (BTIS) for Native Communities,[5] a certification program that provides participants with the basis for understanding commercial tobacco dependence as a chronic condition. A certified trainer from ITCM delivered the training, which included supplemental interactive activities developed by Red Star, that addressed diverse learning styles.[6]

During day two of the training, participants focused on crating a systematic plan for implementing the new intervention into their current programs. To develop this implementation plan, training participants worked together and engaged in small and large-group activities, reflection and discussions. To further develop the plan, training participants worked together to map out their average workday activities and identify areas where the 5 A's intervention might work best. Their resulting flow charts were then used to discuss potential challenges to implementing the intervention, to brainstorm possible solutions and to identify other key staff that would be needed to support the implementation of the intervention.

4 A PROMISE Partnership is facilitated by ITCM through funding from CDC's Racial and Ethnic Approaches to Community Health (REACH), Minority Serving Organizations.

5 University of Arizona HealthCare Partnership Tobacco Dependence Treatment Certification Program

6 Gay, G. (2002). Preparing for culturally responsive teaching. Journal of Teacher Education, 53(2), 106-116.

Participants engaged in role-play and practiced implementing the 5 A's using their own words. They discussed which 5 A steps they felt the most confident implementing and which steps were the most difficult and why. Because participants indicated some challenges in "advising" about the dangers of commercial tobacco, facilitators tailored the discussion to include more education about the effects of commercial tobacco. Facilitators also guided peer-to-peer learning and sharing and helped participates strategize ways of overcoming challenges. Training participants updated their flow charts and created a process map as part of the implementation plan. They then finalized their plans with a detailed process for implementing the 5 A's, which included: a list of key staff needed for successful implementation, a 5 A's script, and a list of resources to support implementation, such as quit cards and quit plan pamphlets. Participants found the process of developing an implementation plan to be extremely useful.

The training wrapped up with the development of a program-specific tracking template designed to help document the intervention and track numbers of clients reached. Attendees left the 5 A's Certification and Implementation Training equipped with an implementation plan and a template for tracking the number of community members reached by the intervention.

Site Visits

Program staff returned to their communities and integrated the 5 A's intervention into their existing chronic disease programs. Approximately eight weeks after the training, Red Star conducted site visits with each Tribal program to ensure the intervention was being implemented as intended and discuss successes and challenges experienced by staff thus far. Program staff in both communities identified the following issues with implementation: 1) Asking about tobacco use "at every encounter", as recommended in the intervention, seemed intrusive, because staff often see the same clients on a weekly, if not daily, basis; 2) More education and quick facts on the health effects of commercial tobacco, including e-cigarettes, was needed to increase confidence in advising clients to quit; and 3) More information was needed on how to assist clients who wanted to learn more about how to quit their commercial tobacco use. Information and training was provided at the site visit to address many of these concerns. What could not be addressed at the site visit was used to inform topics covered in the Tribe-to-Tribe Capacity Building Forum scheduled eight weeks later.

Tribe-to-Tribe Capacity-Building Forum – Learning from Each Other

A key component of the 5 A's TTAP's strength-based approach to technical assistance was to provide a platform and opportunity for Tribes to learn from each other through interactive discussions and activities. This type of capacity building occurred throughout the TTAP, through in-person meetings, group check-in calls and webinars. The 1-day Capacity-Building Forum, conducted halfway through the project, seemed particularly helpful because it allowed staff to reconvene, revisit their implementation plans and talk about what was or was not working. Staff engaged in several activities that fostered an environment of participatory learning and collaboration. These activities included guided reflections, open dialogue/feedback sessions, a hands-on 5 A's "challenge", and teambuilding exercises. As experts in their communities, staff provided first-hand knowledge about how the 5 A's intervention was implemented and shared successes and challenges they experienced along the way.

> *"The Five A's fit in nicely with what I already do at work, so I definitely see it being continued."*
>
> ~ Tribal program staff

Communication with clients continued to emerge as a key theme at the Capacity-Building Forum. Program staff found that engaging a client in conversation about his or her tobacco use often felt abrupt and unnatural; other issues associated with social and cultural norms arose when discussing tobacco use with elders, ceremonial leaders and clients of the opposite sex. For example, one staff member shared that he felt it was disrespectful to ask a ceremonial leader about his tobacco use. Another staff member expressed her concern about asking to follow up with a male client via text or call to his cell phone, as it could be perceived as inappropriate.

Red Star provided staff members with a "5 A's in Your Community" template to assist them in wording the steps in a more community-friendly format. In response to the cultural and social implications of talking about tobacco use, Red Star facilitator advised participants to continue consulting with program managers, directors, elders and others to find the most effective, appropriate and respectful approach to discussing the use of commercial tobacco in their communities. Program staff also had time to develop sample informational table toppers that included images and quick facts relevant to their unique community. Table toppers are a good way to offer information on commercial tobacco using an image, fact and story before directly asking a community member about his or her tobacco use. As one staff member described, the table topper is a tool that can be used to "plant the seed."

Storytelling: Sharing the Experience

The 5 A's TTAP concluded with a digital storytelling workshop provided by nDigiDreams[7] to synthesize and "bring home" all that participants had learned through the process of implementing the 5 A's intervention. Program staff members participated in the workshop and each developed a 3-5 minute digital story using pictures, video clips, music and narration. Each story is told from the individual's perspective and describes how implementing the 5 A's impacted his or her life, program and community. The stories serve to increase awareness about commercial tobacco in Tribal communities in a format that is personalized, accessible and culturally relevant.

The storytelling process allowed participants to reflect on and share what they had learned over the course of the training program. Program staff shared that participation in the program increased their personal involvement in, and ownership of, the 5 A's intervention, both in their community and with their own family. Red Star facilitators recommended that staff practice the 5 A's with family members and friends to develop confidence and accuracy in delivering the steps. Three participants shared personal stories of how they practiced the 5 A's on family members and how they were able to help others outside of work to reduce or quit their commercial tobacco use. As of the release of this practice brief, one staff member's husband had been tobacco free for over two months!

Digital stories are available for viewing at www.redstar1.org/resources.

> *"I feel that with this knowledge, it's my responsibility to touch people's lives, to be a part of a positive change, and to help people. It's exciting! […] Sharing this information is a life-long commitment."*
>
> *~ Tribal program staff*

7 nDigiDreams is a woman-owned and indigenous-focused consulting and training company that specializes in media production, instructional technology and digital storytelling with a focus on health, education, policy, and cultural preservation. www.ndigidreams.com

LESSONS LEARNED

Commercial tobacco use is a risk factor for many chronic diseases. Efforts to reduce its use among AI/AN people is an important part of reclaiming the health of AI/AN communities. This practice brief was written in the hope that Tribal chronic disease prevention programs interested in implementing the 5 A's in a non-clinical setting will benefit from the many lessons learned through Red Star 5 A's Training and Technical Assistance Program. The following is a summary of lessons learned along the way.

Adequate Education

A valuable lesson learned through the 5 A's TTAP was the importance of adequately educating staff about the effects of tobacco and ensuring that they were confident with their knowledge of the facts. We also found it very important that staff trusted their ability to offer appropriate resources and information to those ready to quit. Adapting the recommended language for each step of the 5 A's and practicing with other program staff and family members proved to be effective ways to increase confidence and comfort with implementing the intervention and sharing information about commercial tobacco use.

Communication and Cultural Values

Tribes are culturally diverse, as are their cultural customs and sacred use of tobacco. Tribal program staff identified challenges early on and stressed the importance of being able to understand and navigate cultural and social norms in their communities. Program staff raised concerns about the appropriateness of asking cultural or ceremonial leaders, elders or someone of the opposite gender questions about their commercial tobacco use. They learned the importance of being aware of attitudes and beliefs about the sacred use of tobacco in their communities and understanding the difference between sacred and recreational tobacco use. While the 5 A's TTAP did not address many of these issues directly, it did provide a forum for discussion and opportunities for program staff to work together to identify solutions. An important insight was recognizing that the 5 A's may not be the most appropriate intervention in all cases, with all people or in all settings.

Training and Technical Assistance

The 5 A's TTAP was effective at improving staff knowledge and confidence, and at supporting Tribal programs that wanted to integrate the 5 A's into a chronic disease program at the community level. Participants found the most useful elements of the training to be the development of a practical and systematic plan for implementing the 5 A's, the tracking template, and the information and education provided about commercial tobacco cessation.

The 5 A's TTAP provided a safe forum to discuss challenges and opportunities, engage in peer-to-peer learning, participate in ongoing communication and seek additional resources for technical assistance and referral. The variety of technical assistance, such as the site visits, monthly webinars, one-on-one conversations and forums, provided unique opportunities for learning, growth and sustained implementation. Because staff were given time to not only learn the content, but to practice it in a safe and culturally responsive setting, their confidence in their ability to implement the intervention increased over time. Personal ownership for implementing the 5 A's and for promoting tobacco cessation in their communities, as well as in their personal lives, increased throughout their participation in the program. While some staff indicated that they continued to face ongoing challenges with implementing the 5 A's, all staff agreed that their knowledge of the effects of commercial tobacco, sense of confidence in communicating the information and implementing the intervention increased as a result of the technical assistance provided.

Overall, participants reported that the development of an implementation plan and the technical assistance was effective. Over the 6-month implementation period, the two Tribal diabetes prevention programs implemented the Five A's Intervention 256 times. Of the 256 interviews, 37 individuals reported using commercial tobacco. Of the 37 who used commercial tobacco, 7 were willing to set quit dates and 4 individuals reported to have stayed quit. All program staff indicated that more face-to-face technical assistance and program meetings would have helped increase knowledge and confidence. Evaluation results indicated that the 5 A's TTAP played a key role in successfully implementing the intervention.

NEXT STEPS

A PROMISE Partnership is committed to supporting and respecting Tribal sovereignty and its role in protecting and promoting the health and well-being of Tribal communities. A PROMISE Partnership will continue to support the 5 A's TTAP through supplemental training and by developing a workbook geared toward Tribal programs interested in implementing the 5 A's Intervention in their communities. The 5 A's implementation workbook will help guide Tribal programs in developing their own implementation plans and will include many of the activities used in the 5 A's TTAP such as: guiding questions for reflecting, planning, and identifying potential challenges and solutions; role-play activities and templates and worksheets to support planning and implementation. The implementation workbook will offer guidance and culturally relevant activities for developing an implementation plan to integrate commercial tobacco cessation and chronic disease prevention programs, while respecting cultural diversity and the traditional practices of Tribal communities.

For more information about A PROMISE Partnership please visit: www.apromisepartnership.org or contact:

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