

# Tobacco Cessation Resource Toolkit for Dental Providers



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## Acknowledgements

The Smoking & Tobacco Outreach / Prevention Program (STOPP) compiled the Tobacco Cessation Resource Toolkit in partnership with the Local Oral Health Program of San Joaquin County Public Health Services. For additional information on local tobacco cessation resources, please contact STOPP at (209)468-2415. The UCSF School of Dentistry California Oral Health Technical Assistance Center also contributed to this Toolkit. For more resources visit <https://oralhealthsupport.ucsf.edu/tobacco-cessation>.

We hope that you find the tools and information in this toolkit helpful. Comments, questions, and requests for information may be directed to (209)468-2415 or [stopp@sjcphs.org](mailto:stopp@sjcphs.org).

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## Introduction

The purpose of this toolkit is to prepare dental providers in San Joaquin County with the tools and resources necessary to guide their patients' journey to a smoke and tobacco-free life.

### Tobacco Use by the Numbers

- San Joaquin County has a higher adult smoking prevalence when compared to California (12% vs. 11%).
- Compared to statewide, in San Joaquin County, a greater percentage of tobacco retailers are near schools (32.9% county vs. 30.6% state) or in low-income neighborhoods (48.2% county vs. 31.2% state).<sup>1</sup>
- Youth are engaging in new forms of tobacco use. Data show that 27.5% of high school age youth nationwide were using e-cigarettes in 2019, more than double since 2017 (13.2%).<sup>2</sup>
- Tobacco use causes numerous chronic health conditions and kills > 35,000 Californians annually.<sup>3</sup>

### Health Equity and Tobacco Use

Tobacco use disproportionately affects the health and wellbeing of vulnerable populations, such as LGBT persons, racial minorities, those suffering from mental illness and substance use disorders, the homeless, low-income earners, and rural communities.<sup>4</sup> These health inequities are avoidable, unfair, and unjust.

- The tobacco industry has used advertising and marketing tactics that disproportionately target communities of color resulting in higher smoking rates and greater smoking-related health disparities.
- Youth are vulnerable to tobacco marketing. Flavors and menthol tobacco products, like mint, bubblegum, or strawberry entice young non-tobacco users.<sup>5</sup>
- It is important to keep health equity in mind when working with patients who use tobacco products.
- Health Equity** means that all people have full and equal access to opportunities that enable them to lead healthy lives – including tobacco cessation services.

### Dental Professionals' Role in Tobacco Cessation

- The California Dental Association (CDA) and the American Dental Hygienists' Association (ADHA), recognize that dental providers play a pivotal role in providing tobacco cessation support to their patients. The CDA states that dentists have a **professional responsibility** to educate and advise patients regarding tobacco-related health risks and support cessation of all tobacco products.
- Your practice** can play an important role in preventing chronic disease related to tobacco use by incorporating tobacco cessation into your daily patient routine.

<sup>1</sup> San Joaquin County. (2016). Healthy stores for a healthy community. Retrieved from [www.healthystoreshealthycommunity.com/counties/san-joaquin/](http://www.healthystoreshealthycommunity.com/counties/san-joaquin/)

<sup>2</sup> U.S. Food and Drug Administration. (2019). National Youth Tobacco Survey.

<sup>3</sup> Centers for Disease Control and Prevention. (2009). *MMWR Morbidity and Mortality Weekly Report*, 58(2):29-33.










<sup>4</sup> Centers for Disease Control and Prevention. (2019). Burden of cigarette use in the U.S. Retrieved from <https://www.cdc.gov/tobacco/campaign/tips/resources/data/cigarette-smoking-in-united-states.html>

<sup>5</sup> California Department of Public Health. (2019). Tobacco Free California. Retrieved from <https://www.flavorshookkids.org/>

# Tobacco Use Matters

**Dental professionals are well positioned to reduce tobacco use among their patients** and decrease their patient’s risk of negative health outcomes. Tobacco use matters for dental care and you and your dental team can do something about it!

**Tobacco use negatively affects nearly every aspect of oral health**, from gingivitis to implant failure. Dental professionals see the first physical effects of tobacco in the oral cavity, including:

-  Stained teeth
-  Halitosis
-  Periodontal disease
-  Tongue discoloration
-  Oral cancer
-  Soft tissue changes (dysplasia/oral leukoplakia)
-  Reduced response to periodontal therapy
-  Delayed wound healing
-  Implant failure
-  Increased risk of caries due to dry mouth



**Smokers are 2-4 times more likely to develop heart disease than non-smokers.<sup>6</sup>**



**Life Expectancy for smokers is at least 10 years shorter than non-smokers.**



**Hispanic adults are less likely to receive health advice from a provider to quit smoking than Non-Hispanic Whites.**

The systemic effects of tobacco use are also significant. Tobacco use and exposure to secondhand smoke is associated with an increased risk of cardiovascular disease, respiratory disease, cancer, reproductive infertility, delayed wound healing, osteoporosis, cataracts, and more.<sup>6</sup> These conditions are preventable.

## Benefits of Quitting<sup>7</sup>

Short term	Long term	Oral health
<ul style="list-style-type: none"> <li>• Decreased blood pressure</li> <li>• Heartbeat stabilizes</li> <li>• Increased circulation</li> <li>• Increased oxygen in blood</li> <li>• Decreased carbon monoxide in blood</li> <li>• Increased sense of smell/taste</li> <li>• Risk of heart attack decreases (within 24 hours)</li> <li>• Increased tactile sensation</li> </ul>	<ul style="list-style-type: none"> <li>• Circulation, lung function, and immune systems improves</li> <li>• Walking becomes easier</li> <li>• Respiratory symptoms decrease</li> <li>• Decreased risk of stroke and cardiovascular disease</li> <li>• Risk of cancer decreased</li> <li>• Risk of death returns to similar level to those who have never smoked (within 15 years)</li> </ul>	<ul style="list-style-type: none"> <li>• Risk of periodontal disease decreases</li> <li>• Rapid improvement in periodontal health</li> <li>• Improved response to therapy and wound healing</li> <li>• Decreased risk of oral lesions, including leukoplakia</li> <li>• Decreased risk of oral and esophageal cancer</li> <li>• Decreased stain (post treatment)</li> </ul>

<sup>6</sup> Health Equity Institute for Research, Practice & Policy. (2019). *What is Health Equity*.



<sup>7</sup> U.S. Department of Health and Human Services. (2004). *The Health Consequences of Smoking: A Report of the Surgeon General*. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.

# Tobacco Cessation Intervention in Dental Settings

**Every point of contact with a dental team member is an opportunity.** Every member of a dental team can play a role in a patient’s journey to being smoke and tobacco-free. Patients interact with the different members of a dental team from the moment they check-in with the receptionist, speak with the dental hygienist, and are seen by a dentist. Dental teams can be trained on evidence-based tobacco cessation interventions. A comprehensive list of Provider Interventions can be found in [Appendix A](#). Similarly, dental teams can pursue adopting an internal policy or protocols that would establish a workflow to support and sustain tobacco cessation interventions in dental offices. Dental providers and staff should each understand the workflow and their personal role in providing tobacco cessation support.

**Ask about tobacco use at every visit.** Dental providers should ask all patients about tobacco use and document it in their chart. Many people who smoke occasionally do not consider themselves “smokers”.

The **5 A’s Approach** is the evidence-based framework and gold standard used by health professionals for tobacco use interventions.<sup>3</sup>

-  Be compassionate, caring, and empowering. Prepare for “push-back”.
-  If the patient is unwilling to quit, document the patient's expressed

## **CDT Code D1320: Tobacco counseling for the control and prevention of oral disease**

Using D1320 allows for better evaluation of practices and sends a message to dental insurers that tobacco cessation is an integral part of oral health care.

Medi-Cal dental providers can now be reimbursed for providing tobacco cessation support to their patients (effective June 1, 2019).

For more information, visit:  
[https://www.denti-cal.ca.gov/DC\\_documents/providers/provider\\_bulletins/Volume\\_35\\_Number\\_15.pdf](https://www.denti-cal.ca.gov/DC_documents/providers/provider_bulletins/Volume_35_Number_15.pdf)

barriers.

## The 5 A’s are:

### **1. ASK – Ask about all forms of tobacco use at every visit and document patient response.**

Ask about tobacco use status (current, former, never) and amount used (daily/weekly). Ask patients specifically about e-cigarettes when screening.

### **2. ADVISE – Advise users to quit.**

Give clear, non-judgmental, strong, personalized advice to quit. Connect advice with oral findings. Explain how patients’ health conditions are linked to tobacco use.

### **3. ASSESS – Assess their willingness to quit.**

Is the tobacco user willing to make a quit attempt at this time?

### **4. ASSIST – Assist with a quit plan.**

For patients who are ready to consider quitting:

- Help set a quit date within 30 days
- Review past quit attempts, including counseling and medication used
- Discuss potential triggers and coping strategies
- Recommend or prescribe pharmacotherapy (See [Pharmacological Product Guide: FDA Approved Medicals for Smoking Cessation](#))
- Make a referral to comprehensive tobacco cessation counseling

### **5. ARRANGE – Arrange follow-up contact.**

Document in their chart and schedule a follow-up appointment to review progress and provide additional tobacco cessation counseling.

# Brief Intervention

For busy clinicians who may not have time to provide in-depth cessation services, there is an alternative approach to the 5 A's called **Ask-Advise-Refer**. *This shortened approach takes just 3 minutes!*

## ASK

**Ask about all forms of tobacco use at every visit and document patient response.**

Ask about tobacco use status (current, former, never) and amount used (daily/weekly). Ask patients specifically about e-cigarettes when screening.

## ADVISE

**Advise users to quit.**

Give clear, non-judgmental, strong, personalized advice to quit. Connect advice with oral findings. Explain how patients' health conditions are linked to tobacco use.

## REFER

**Refer tobacco users to cessation services.** Referral options include:

- Patient's doctor or other healthcare professional
- Local/community tobacco cessation program. To find a list of local programs in your area, visit: [www.nobutts.org/county-listing](http://www.nobutts.org/county-listing)
- Tobacco telephone quitline. There are several ways to refer patients to the quitline:
  - Provide patients with the telephone number **1-800-NO-BUTTS (California)** where they can schedule a call with a trained professional (Passive referral)
  - **Directly refer** patients via the web portal. Patients will receive a phone call from a trained counselor within 48 hours. To register your practice for direct referrals through the web portal, visit [www.nobutts.org/referral/register](http://www.nobutts.org/referral/register).

“Let me put you in contact with a **local cessation program** that can help as you get ready to quit.”

“You can call **1-800-QUIT-NOW** any time for free telephone support while you are quitting. We can connect you, and they will call you. May I sign you up with the helpline today?”

For more information about tobacco cessation interventions and evidence-based curricula, see [Appendix A](#).

For a full list of pharmacotherapies for Nicotine Replacement Therapies (NRT), visit

[https://www.aafp.org/dam/AAFP/documents/patient\\_care/tobacco/pharmacologic-guide.pdf](https://www.aafp.org/dam/AAFP/documents/patient_care/tobacco/pharmacologic-guide.pdf).

For a local and statewide cessation resources list for local and statewide cessation resources [Appendix B](#).



All services are FREE

### English

1-800-NO-BUTTS  
(1-800-662-8887)

### Spanish

1-800-45-NO-FUME  
(1-800-456-6386)

### Mandarin & Cantonese

1-800-838-8917

### Korean

1-800-556-5564

### Vietnamese

1-800-778-8440

### Chewing Tobacco

1-800-844-CHEW  
(1-800-844-2439)

### TDD: Deaf or Hard of Hearing

1-800-933-4TDD  
(1-800-933-4833)

### Hours of Operation

Monday–Friday: 7am–9pm  
Saturday – Sunday: 9am–5pm

ORDER FREE PATIENT MATERIALS AT

[WWW.NO BUTTS.ORG](http://WWW.NO BUTTS.ORG)

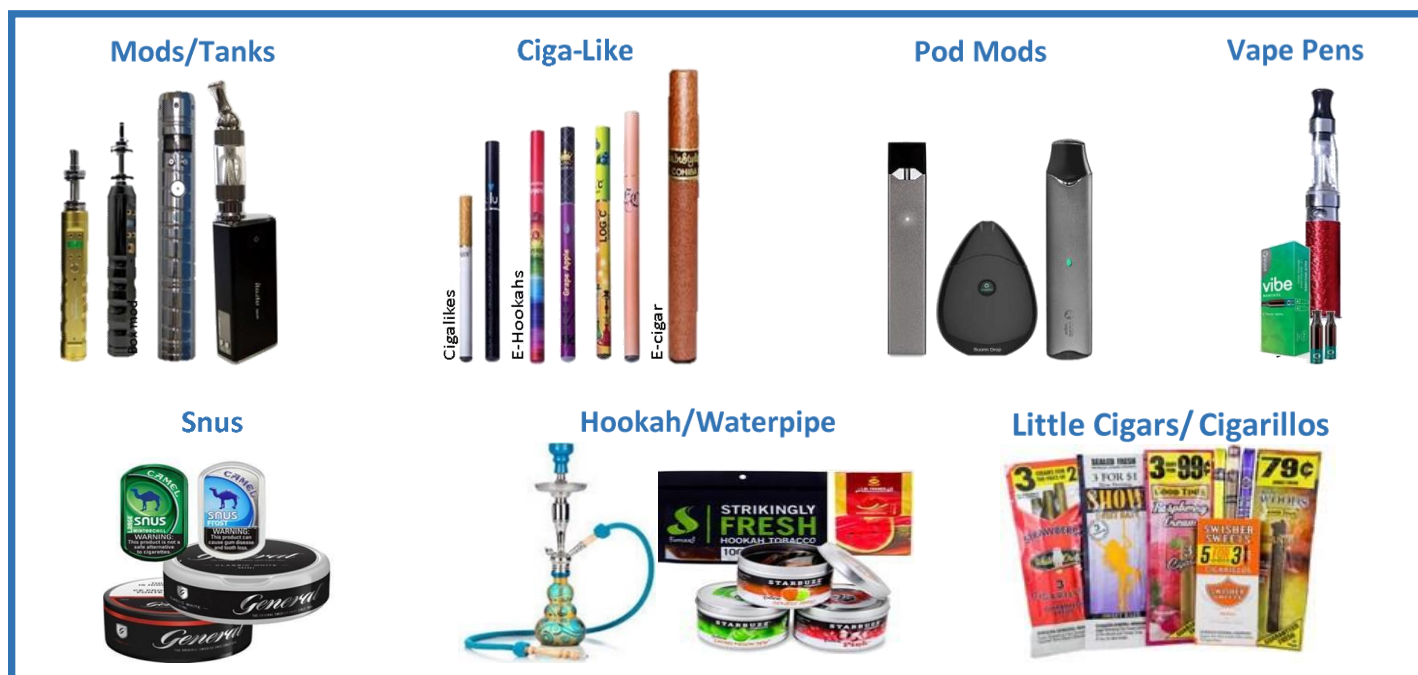


# Emerging Tobacco Products

Dental professionals are likely to encounter patients who are using, or thinking about using, alternative tobacco products, such as electronic cigarettes (e-cigarettes, vaping). E-cigarettes are devices that heat a liquid solution to produce an inhaled aerosol.<sup>6</sup> E-cigarette liquids generally contain nicotine, flavorings, propylene glycol, and glycerin. These products are sometimes presented as less dangerous than conventional cigarettes.<sup>8</sup>

- 🌿 E-cigarette aerosol contains fewer toxic chemicals than traditional cigarettes. Although e-cigarettes may appear to be harmless, they can contain harmful substances, including nicotine, heavy metals, volatile organic compounds, and respiratory irritants.
- 🌿 Flavored additives in e-cigarette products can irritate gingiva and promote bacterial attachment in pits and fissures, increasing caries risk.<sup>9</sup>
- 🌿 E-cigarettes **are not** approved as tobacco cessation aids, and the little evidence that suggests they are safe or effective for quitting smoking is mixed.
- 🌿 Many e-cigarette users are dual users of combustible tobacco and/or cannabis. Ask patients about use of all tobacco products and cannabis. Studies suggest cannabis use can lead to memory problems, mood changes, lung infections, decreased fertility, xerostomia, and periodontal disease.<sup>10</sup>

There is an array of new and emerging tobacco products, varying by shape, size, color, smell, and nicotine potency. These products are sold in local retail stores, corner stores, and chain stores within San Joaquin County. Below is a range of new tobacco products by category.<sup>3,6</sup>



Learn about the different shapes and types of e-cigarettes and the risks of all forms of e-cigarette use, including JUUL, for young people at <https://e-cigarettes.surgeongeneral.gov/>.

<sup>8</sup> Yang, J.S., Wood, M.M., & Peirce, K. (2017). In-person marketing claims in tobacco and E-cigarette shops in southern California. *Tobacco Induced Diseases*, 15(28), 1-7.

<sup>9</sup> Kim *et al.*, PLOS ONE. (2018). 13(9): e0203717

<sup>10</sup> Couch, E.T., Chaffee, B.W. (2018). New and emerging tobacco products and counseling patients in a new tobacco landscape.





## The Role of the Dental Team

Each dental team member plays a critical role in supporting patients' interest in quitting. One team member should adopt the role of “Tobacco Cessation Champion” in their office and help motivate team members to perform their respective duties. These duties will vary by dental practice and level of staff training, but can include the following:

Dentist	Dental Hygienist	Dental Assistant	Front Office Staff
<ul style="list-style-type: none"> <li>• Initiate discussion</li> <li>• Advise patients to quit</li> <li>• Link oral health with tobacco use</li> <li>• Recommend and prescribe medications</li> </ul>	<ul style="list-style-type: none"> <li>• 5A's and A-A-R</li> <li>• Link oral health with tobacco use</li> <li>• Educate/motivate patients unwilling to quit</li> <li>• Provide resources to patients</li> </ul>	<ul style="list-style-type: none"> <li>• Ask patients about tobacco use status</li> <li>• Follow up phone calls</li> <li>• Arrange/track follow up</li> <li>• Order cessation resources (e.g., fact sheets, quit cards)</li> </ul>	<ul style="list-style-type: none"> <li>• Schedule follow up appointments</li> <li>• Complete electronic referral with patient</li> <li>• Set up alerts in EHRs</li> <li>• Display educational materials in waiting room</li> </ul>

The ultimate goal of every dental team is to restore and promote the oral and overall health of their patients. Implementing a “Tobacco Cessation Counseling Program” in practice to standardize the tobacco cessation services that are provided to patients is the responsibility of the entire dental team. Some practices will have programs that include only brief interventions (Ask-Advise-Refer), while others may incorporate treatment that is more comprehensive (5 A's). ***Regardless of level of intervention, any program that increases the engagement of dental professionals in tobacco cessation makes a difference and improves health!***

### Three Levels of Tobacco Cessation Support (Intensity of Provider Involvement)

#### 1. Brief Intervention: ASK - ADVISE - REFER

A great place to start!

Make a difference in patients' lives in just 1-3 minutes

Identify patients willing to consider a quit attempt and connect them with external resources

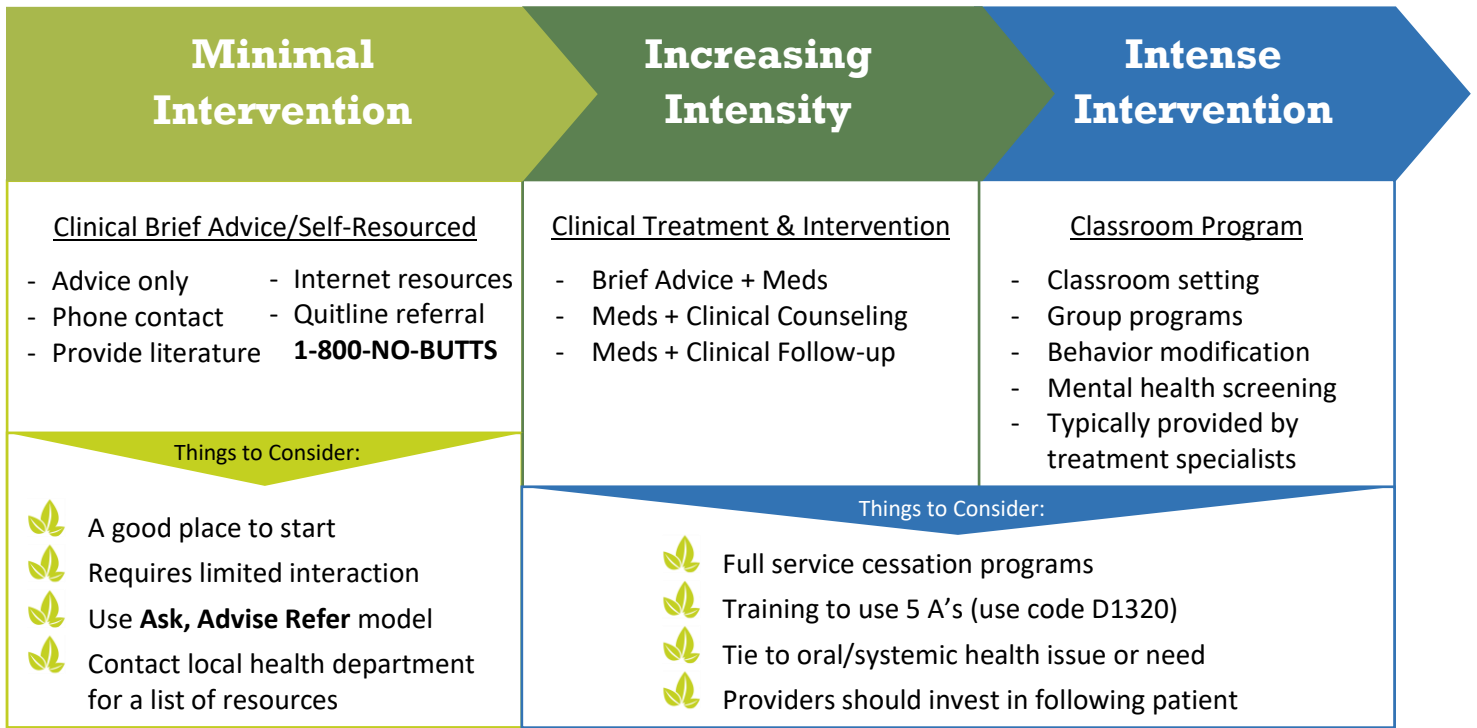
- Refer to a telephone quitline (1-800-NO-BUTTS), local program, or other provider
- Furnish information, encouragement, and self-help guides

**2. Comprehensive Intervention: BE A TOBACCO CESSATION CAREGIVER**

- Follow the 5A's model
- Discuss and/or provide prescription or over the counter medications
- Use motivational interviewing techniques
- Requires additional time and training, as well as buy-in from patient and healthcare team
- Can be effectively delivered in a dental setting

**3. Local Tobacco Cessation Program: INTENSIVE, PERSONALIZED SUPPORT**

- Intensive treatment provided by treatment specialist
- Classroom and/or group program outside the dental setting in a community program
- Often includes mental health support and other social support services
- Find a program in your county: [San Joaquin County Tobacco Cessation Resource List](#)



**External Links**

If you are interested in learning more about what you can do in your practice, visit:

- American Dental Association (ADA): [Smoking and Tobacco Cessation](#)
- American Dental Hygienists' Association (ADHA): <https://adhaquittobacco.org/>
- CA Smokers'™ Helpline: [How Health Care Providers Can Help Patients Quit](#)
- CDC Tips from Former Smokers®: [Dental Professionals: Help Your Patients Quit Smoking](#)
- CDC A Million Hearts Action Guide: [Identifying and Treating Patients Who Use Tobacco - ACTION STEPS for Clinicians](#)
- *Rx for Change*: [rxforchange.ucsf.edu](http://rxforchange.ucsf.edu)
- [Pharmacological Product Guide: FDA Approved Medicals for Smoking Cessation](#)

# Appendix A: Provider Interventions

## The 5 A's

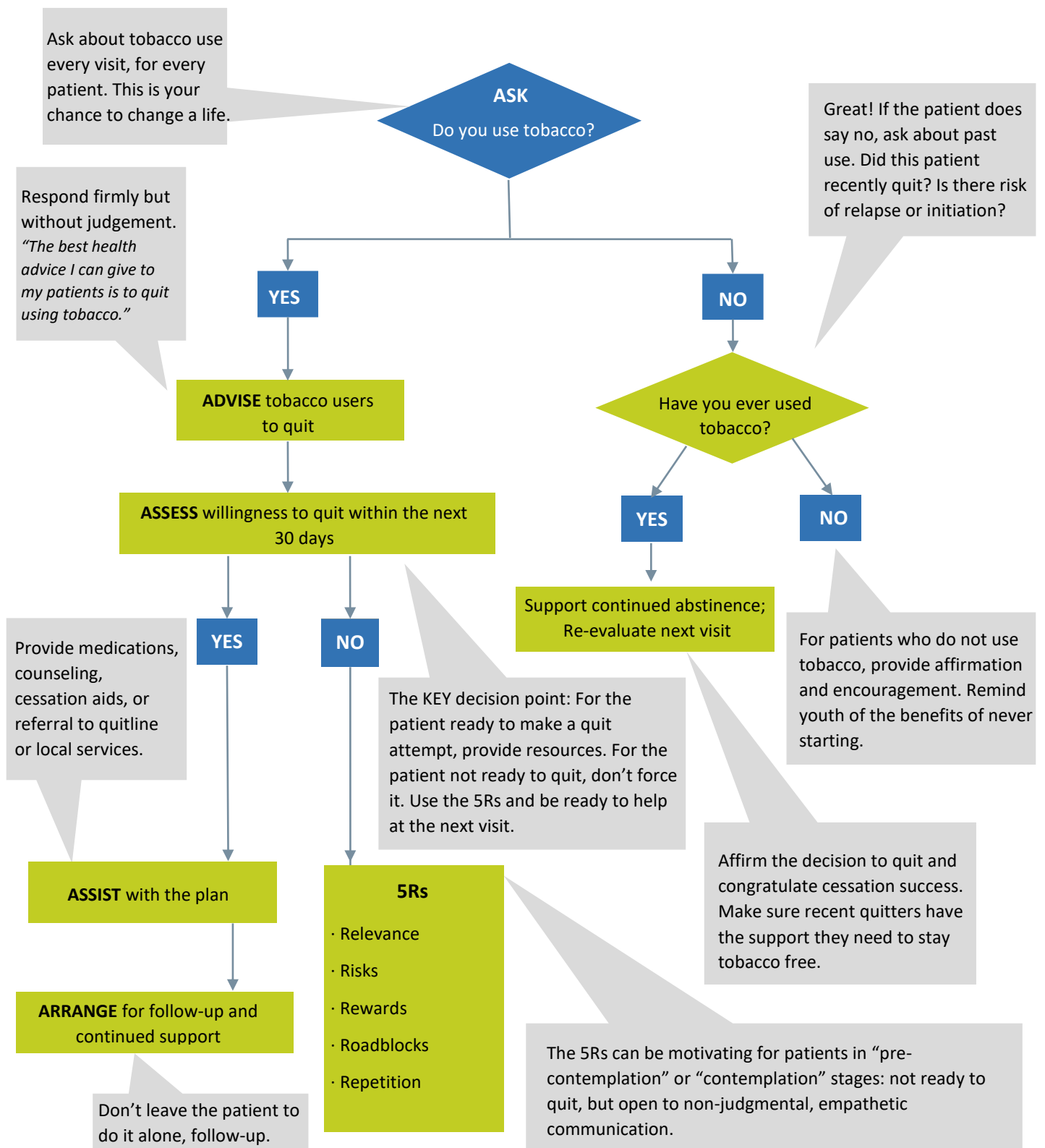
The **5 A's Approach** is the evidence-based framework and gold standard used by health professionals for tobacco use intervention.

The Five A's Approach to Tobacco Cessation<sup>11</sup>

Approach	Suggested Actions and/or Language
<p><b>ASK: Ask about tobacco use at every visit</b> Tobacco use status (current, former, never) Amount used (daily/weekly) Document patient response</p>	<p>“Do you ever smoke or use any type of tobacco product?” “How often do you use [tobacco product]?” “I take time to ask all of our clients about tobacco use because it is important.”</p>
<p><b>ADVISE: Advise users to quit</b> Give clear, non-judgmental, strong, personalized advice to quit. Connect advice with oral findings.</p>	<p>“There have been some tissue changes in your mouth, and your gum health is getting worse since your last visit. Your use of [tobacco product] is affecting your health.” “The best thing that I can do for you today to protect your current and future health is to advise you to stop using [tobacco product].”</p>
<p><b>ASSESS: Assess their willingness to quit</b> Is the tobacco user willing to make a quit attempt at this time?</p>	<p>“Would you like to try to quit tobacco in the next month/ year?” “On a scale of 0-10 (0 being not at all important and 10 being very important), how important is it for you to quit using [tobacco product]?” “What would it take for you to give quitting a try?”</p>
<p><b>ASSIST: Assist with a quit plan</b> Work with the patient on a quit plan: - Set a quit date within two weeks - Review past quit attempts - Avoid other tobacco users &amp; alcohol - Tell family and friends - Remove tobacco from home, work, &amp; car - Recommend or prescribe pharmacotherapy</p>	<p><i>For patients who are ready to quit:</i> “Would you like to create a quit plan with me today?” <i>For patients who are not ready to quit:</i> Provide a brief intervention or motivational interview using Motivational Interviewing strategies and the 5 R's approach.</p>
<p><b>ARRANGE: Arrange follow-up contact</b> Document in their chart and schedule a follow-up appointment to review progress and provide additional tobacco cessation counseling.</p>	<p><i>For patients not ready to quit:</i> “If it is okay with you, I'd like to check in with you at your next appointment to see where you are in your decision making.” <i>For patients who are ready to quit:</i> “If it's okay with you, I'd like to schedule a follow-up appointment or phone call to discuss your progress.” “You can call 1-800-QUIT-NOW for free telephone support.” (Refer)</p>

<sup>11</sup> Modified from American Dental Association (ADA), [www.ada.org/goto/quitsmoking](http://www.ada.org/goto/quitsmoking); and U.S. Public Health Service, Clinical Practice Guideline: Treating Tobacco Use and Dependence, [www.surgeongeneral.gov/tobacco/](http://www.surgeongeneral.gov/tobacco/).

## 5 A's Flow Chart: A Systematic Approach to a Brief Patient Conversation<sup>12</sup>



<sup>12</sup> Adapted from CDA Presents Tobacco Cessation Counseling, 2018. Retrieved from [https://oralhealthsupport.ucsf.edu/sites/g/files/tksra861/f/wysiwyg/CDA%20Presents%20SF%20-%20HANDOUT%209\\_24\\_2018.pdf](https://oralhealthsupport.ucsf.edu/sites/g/files/tksra861/f/wysiwyg/CDA%20Presents%20SF%20-%20HANDOUT%209_24_2018.pdf).

## Ask, Advise, and Refer

**Ask-Advise-Refer** is a simplified version that allows clinicians to Ask, Advise, and Refer patients to a quitline or cessation services that will Assess, Assist, and Arrange follow-up. ***This shortened approach takes less than 3 minutes!***<sup>12</sup>

Ask-Advise-Refer Approach to Tobacco Cessation <sup>10</sup>	
Approach	Suggested Actions and/or Language
<p><b>ASK: Ask about tobacco use</b> Tobacco use status should be updated for all patients on a regular basis Understand tobacco habits (type of product, dose, frequency, duration of use)</p>	<p>“Do you ever smoke or use other types of tobacco or nicotine, such as e-cigarettes?” “I take time to ask all of my patients about tobacco use—because it’s important.” “Condition X often is caused or worsened by smoking. Do you, or does someone in your household smoke?”</p>
<p><b>ADVISE: Advise tobacco users to quit</b> Message should be clear, strong, and personalized</p>	<p>“It’s important that you quit as soon as possible, and I can help you.” “Occasional or light smoking is still harmful.” “Quitting is the most important thing you can do to protect your health now and in the future.”</p>
<p><b>REFER: Refer tobacco users to cessation services</b> Refer to CA Smoker’s Helpline, Peer-to-peer counselor, and/or other program</p>	<p>“Let me put you in contact with a local cessation program that can offer you assistance as you get ready to quit.” “You can call 1-800-QUIT-NOW any time for free telephone support while you are quitting. Can I sign you up with the helpline today?”</p>

## The 5R's Approach to Tobacco Cessation

The **5 R's Approach** is intended to increase the *motivation* to quit among patients who are not yet ready to make a quit attempt.<sup>12</sup>

The Five R's Approach to Tobacco Cessation <sup>10</sup>	
Approach	Suggested Actions and/or Language
<p><b>RELEVANCE</b> Encourage patient to indicate why quitting is personally relevant</p>	<p>“Why is quitting tobacco personally relevant to you?”</p>
<p><b>RISKS</b> Ask the patient to identify potential negative consequences of tobacco use</p>	<p>“What do you think are the negative consequences of tobacco use?”</p>
<p><b>REWARDS</b> Ask the patient to identify potential benefits of stopping</p>	<p>“What do you think are the benefits of quitting tobacco?”</p>
<p><b>ROADBLOCKS</b> Ask the patient to identify barriers or impediments to quitting</p>	<p>“What do you think are the barriers preventing you from quitting tobacco?” “Can you think of any ways to circumvent these barriers?”</p>
<p><b>REPETITION</b> The motivational intervention should be repeated every time an unmotivated patient has an interaction with a clinician. Tobacco users who have failed in previous quit attempts should be encouraged to continue trying to quit.</p>	<p>“Most people make repeated quit attempts before they are successful.” “Would it be OK with you if we revisit this conversation at your next visit?”</p>

## Motivational Interviewing Strategies

**Motivational Interviewing** (MI) is a collaborative, goal-oriented communication style designed to strengthen a person’s own motivation and commitment to change. The spirit of MI incorporates four key elements: **partnership** (not confrontation), **acceptance** (not judgement), **compassion** (not in difference) and **evocation** (not advice). The following MI strategies can be used to assist providers in helping patients explore and enhance their motivation to quit using tobacco.<sup>12</sup>

Patient-Centered Communication Methods (O-A-R-S) <sup>13</sup>	
Approach	Suggested Actions and/or Language
<p><b>Open-ended questions</b></p> <p><i>Patient benefits</i></p> <ul style="list-style-type: none"> <li>Allows patient to express him or herself</li> <li>The patient verbalizes what is important to them</li> </ul> <p><i>Provider benefits</i></p> <ul style="list-style-type: none"> <li>Learn more about the patient</li> <li>Sets a positive tone for the session</li> </ul>	<p>“How would you do that?”</p> <p>“What do you see being your biggest challenge?”</p> <p>“Can you tell me more about that?”</p> <p>“What are your thoughts about quitting smoking?”</p> <p>“What do you know about the health consequences of smokeless tobacco use?”</p> <p>“What worries you about your cigarette use?”</p>
<p><b>Affirmations</b></p> <ul style="list-style-type: none"> <li>Statements of appreciation to nurture strengths</li> <li>Strategically designed to anchor clients in their strengths, values, and resources despite difficulties/challenges</li> <li>Authentic observations about the person</li> <li>Focused on non-problem areas</li> <li>Focused on behaviors vs. attitudes/goals</li> </ul>	<p><i>Patient:</i> “I tried sixteen times to stop smoking.”</p> <p><i>Provider:</i> “Wow, you’ve already showed your commitment to trying to stop smoking several times. That’s great! More importantly, you’re willing to try again.”</p>
<p><b>Reflections</b></p> <p><i>Reflections from the provider convey:</i></p> <ul style="list-style-type: none"> <li>That they are interested</li> <li>That it’s important to understand the patient</li> <li>That they want to hear more</li> <li>What the patient says is important</li> </ul>	<p><i>Patient:</i> “I’m afraid that my daughter is going to smoke because she sees me smoke.”</p> <p><i>Provider reflection:</i> “You’re worried about how the things that you do like smoking, might impact your daughter.”</p>
<p><b>Summaries</b></p> <ul style="list-style-type: none"> <li>Reflecting elements that will aid the patient in moving forward</li> <li>Selective judgement on what to include and exclude</li> <li>Can be used to gather more information</li> <li>Can be used to move into a new direction</li> <li>Can be used to link both sides of ambivalence</li> </ul>	<p>“So, it sounds like on one hand you love smoking and it helps relax you, but on the other hand it is starting to affect your health and you would like to quit.”</p> <p>“What I hear you saying is that it is very important for you to quit, but you are worried that you may not have the tools to be successful. What worries you the most about quitting?” (Open-ended question)</p>

<sup>13</sup> Source: Miller, W. R., & Rollnick, S. (2012). Motivational interviewing: Helping people change. Guilford press.

## Elicit-Provide-Elicit Model

The **Elicit-Provide-Elicit model** is a brief **Motivational Interviewing** intervention promoted by the Mayo Clinic for tobacco cessation. It is based on the provider’s ability to elicit the patient’s perspective, provide information about tobacco products and cessation strategies, and elicit a patient’s thoughts about the information shared and their ideas about next steps.<sup>14</sup>

Elicit-Provide-Elicit Model for Brief Interventions <sup>14</sup>	
Approach	Appropriate/Inappropriate Language
<p><b>ELICIT</b> Ask what the patient knows or would like to know</p>	<p>“What do you know about the health effects of secondhand smoke?” (A) “What worries you about your cigarette use?” (A)</p>
<p><b>PROVIDE</b> Information in a neutral and non-judgmental fashion</p>	<p>“Research suggests that...” (A) “What we know is...” (A) <b>INSTEAD OF...</b> “You’re putting your family at risk every time you smoke in your house or car.” (I)</p>
<p><b>ELICIT</b> Elicit the patient’s interpretation Avoid sentences with “I” or “you”</p>	<p>“What does this mean to you?” (A) <b>INSTEAD OF...</b> “It’s obvious from this information that you need to quit smoking today.” (I)</p>

<sup>14</sup> Miller, W. R. & Rollnick, S. (2013) *Motivational interviewing: Helping people change* (3<sup>rd</sup> ed.). Mayo Clinic Nicotine Dependence Center Education Program. Rochester, MN; Guilford Press: New York.



# Appendix B: San Joaquin County Cessation Resource List

Agency/ Contact	Times	Language	Registration	Cost
<b>Phone Counseling Services</b>				
<b>California Smokers Helpline ( State funded program)</b> 1-800- NO-BUTTS or 1 (800)662-8887 Cantonese: 1-800-838-8917 Korean: 1-800-556-5564 Mandarin: 1-800-838-8917 Spanish: 1-800-456-6386 Vietnamese: 1-800-778-8440 TDD/TTY: 1-800-933-4833	Mon-Fri 7am-9:30pm Sat/Sun 9am-5pm	English Spanish Korean Chinese Vietnamese (Other languages available through a translation services)	Free material by mail; free counseling session by phone	No cost
<b>American Cancer Society</b> 1-800-227-2345	Available 24 hours/day 7 days/week	English and Spanish Other languages available through translation services	Resource for referrals to programs, educational materials, and free counseling session by phone	No Cost
<b>California Smokers' Helpline: Quit Vaping</b> 1-844-8 NO VAPE or 1-844-8273	Mon-Fri 7am-9:30pm Sat/Sun 9am-5pm	English Spanish Korean Chinese Vietnamese (Other languages available through a translation services)	Free material by mail; free counseling session by phone	No Cost
<b>American Lung Association</b> 1-800-548-8252	Helpline: 7am-7pm 24/7 Free online classes	English Spanish	Resource for referrals to programs and provide training to led programs	No Cost
<b>Smokefree.gov</b> 1-877-44U-QUIT (1-877-448-7848) 1-800-QUIT-NOW (1-800-784-8669)	Call for information on class time	English and Spanish Other languages available through translation services	Visit website or call for counseling and educational materials Text QUIT to 47848	No Cost
<b>Kaiser Permanente: APPT Wellness Smoking</b> 1-866-251-4514	Call for information	English and Spanish Other languages available through translation services	Call for more information on services	Members only
<b>Local in-person Services</b>				
<b>Sutter Gould Health Education</b> 209-952-1455 2505 W. Hammer Lane, Stockton	Call for information	English	Call to sign-up and receive information on class dates. Classes offered only in Modesto.	Members only
<b>Sutter Tracy Community Hospital</b> 209-832-6047 1420 N. Tracy Blvd., Tracy	Call for information	English	Call to sign-up for classes	No Cost
<b>Adventist Health Lodi Memorial Hospital</b> 209-832-6047 975 S. Fairmont Ave., Lodi	Call for information	English	Call to sign-up for classes. This service is only provided to adults	No Cost
<b>Easy Key to Life</b> 866-326-3279	Call for information	English Spanish	Call to schedule a session	\$160 per person
<b>School Services</b>				
<b>Stockton Unified School District</b> Jennifer Robles 209-933-7130 ext. 2617	Call for information	English	Students are referred to services	No Cost
<b>Manteca Unified School District</b> Francisca Montes 209-858-0782	Call for information	English	Students receive educational materials and referral to services	No Cost

Smart Phone Users					
App	Agency	Language	Description	iPhone	Android
<b>No Butts</b> 	University of California, San Diego & California Smokers' Helpline	English	This mobile app offers quick and tailored help, right from the palm of your hand. Created by the California Smokers' Helpline, No Butts uses proven methods to help you quit, like a personalized quit plan and information on effective quitting aids. The app also has other helpful information features like logging your smoking triggers, reminders to keep you motivated, and pointers on all kinds of quit smoking topics.	Free	N/A
<b>QuickStart/Smokefree Teen</b> 	National Cancer Institute	English	This app is a product of Smokefree Teen (SFT), a smoking cessation resource for teens. It was created by the Tobacco Control Research Branch at the National Cancer Institute in collaboration with tobacco control professionals, smoking cessation experts, and suggestions from former smokers.	Free	Free
<b>QuitGuide</b> 	National Cancer Institute	English	This free app helps you understand your smoking patterns and build the skills you need to quit smoking. The app has the ability to track cravings by time of day and location. You also get inspirational messages for each craving you track, helping you stay focused and motivated on your journey to a smoke-free life.	Free	Free
<b>Smoke Free</b> 	David Crane	English	This evidence-based app allows you to track your health improvements; money saved, track cigarette cravings, and provides interactive ways to keep you on track to becoming smoke-free.	\$4.99 (one-time app purchase fee)	\$4.99 (one-time app purchase fee)
Internet Users					
Website	Agency	Language	Information	Audience	Cost
<b>Nobutts.org</b>	University of California, San Diego & California Smokers' Helpline	English	Find your reason to quit. The No Butts website serves as a hub with many resources available to help you quit smoking and/or vaping.	Youth & Adults	Free
<b>BecomeAnEx.org</b>	American Legacy Foundation	English	The EX Plan is a free quitting smoking program. It is based on personal experiences from former smokers as well as uses the latest scientific research from the experts at the Mayo Clinic.	Youth & Adults	Free
<b>Smokefree.gov</b>	Tobacco Control Research Branch of the National Cancer Institute	English	Smokefree.gov helps you or a loved one quit smoking. The information and professional assistance available can help to support your immediate and long-term needs as you become and remain smoke-free.	Youth & Adults	Free
<b>Freedomfromsmoking.org</b>	American Lung Association	English	Freedom from Smoking Online (FFS Online) is a program specifically designed for adults, like you who want to quit smoking. It is an adaptation of the American Lung Association's gold standard, group clinic that has helped thousands of smokers to quit for good.	Youth & Adults	Free

For more information please visit: [http://www.sicphs.org/healthed/health\\_education\\_community\\_resources.aspx](http://www.sicphs.org/healthed/health_education_community_resources.aspx) or call (209) 468 2415 (Updated 7/22/20)

**Quitting has never felt so good!**