



Ask, Advise, Refer

A GUIDE FOR WORKING WITH
THE LATINX COMMUNITY





Asking Latinx patients about their tobacco use can seem invasive to their personal choice. However, many Latinx smokers want to quit but often lack the appropriate guidance and resources to successfully quit smoking. In fact,

Latinx smokers are more likely to attempt to quit smoking compared to non-Latinx smokers but are less likely to receive cessation advice from physicians or to use nicotine replacement therapy (NRT)¹.

As their health care provider, communicating with your Latinx patients about their tobacco use and advising them to quit might be one of the most important things you can do for your patient. Smoking is the leading cause of preventable death² and ensuring that the patient knows about available help is a first step toward recovery. Use this simple guide to Ask, Advise and Refer!

Ask

Ask about tobacco use in every encounter.

- At every visit, in a caring manner, ask each patient or client if he or she smokes. Start by using a descriptive opening statement such as: "Please tell me about your tobacco use."

Advise

Advise patients who smoke to consider quitting using a clear, strong personalized message.

- Personalize advice to a unique situation of the tobacco user.
- Inform them about the harmful consequences of smoking including heart and lung disease, diabetes, asthma, stroke and cancer.
- Share that people who are near to the tobacco user, particularly children, are exposed to secondhand and thirdhand smoke and can also experience similar health problems.

Refer (Connect)

If the patient is interested in quitting, congratulate them on their decision. Refer patients willing to quit smoking to:

Kick It California

(formerly known as California Smoker's Helpline)

1-800-600-8191 • kickitca.org

For those who are not ready to quit or thinking about quitting, they may be ready next time. It is important to avoid being judgmental or trying to pressure the patient into quitting. Offer literature and supportive materials that emphasize the benefits of quitting.

When caring for Latinx patients, questions and advice have a higher chance of being well received by the client when asked in a culturally-sensitive way. Consider the tips below.

Key Cultural Considerations:

- Family, particularly their children is likely the tobacco user's main reason to quit. Consider providing messaging centered on how their children's health and wellbeing will benefit if they quit smoking.



Tobacco users who live with children ages 0 to 5 or a pregnant person, are eligible to receive a free 2-week nicotine patch kit.

- The decisions and behavior of individuals in the extended family are based largely on pleasing the family; decisions are not to be made by the individual without consulting the family. Consider engaging the tobacco user's family.
- The female head of the family commonly holds the greatest power in most Latino families and make health decisions for others in the family. Consider engaging the female head of the family in supporting the tobacco user during their cessation efforts. *Kick It California* provides materials for family members or proxy callers to help their significant other quit.
- Latinos often have a strong belief that uncertainty is inherent in life and each day is taken as it comes. Provide words of encouragement to empower Latino patients to understand that they have the power of influencing their health.
- Latinos as a group are religiously observant. Compared with the general public, they are more likely to claim a religious affiliation and to attend religious services more frequently, particularly among immigrant Latinos.³ Consider encouraging Latino patients to turn their religion for strengthen and guidance during their cessation efforts, particularly during setbacks.
- Healthcare providers, and doctors especially, are viewed as authority figures. Latino patients may be hesitant to ask questions or raise concerns about a doctor's recommendations, being fearful that doing so might be perceived as disrespectful. They may nod to demonstrate careful listening and respect when a doctor is talking, rather than agreement about treatment.
- The western medical model, with its focus on data gathering and tracking, and its insistence on adhering to specific appointment procedures, may seem unduly regimented to less acculturated Latinos, especially those who are new immigrants.
- Latinos expect that healthcare providers demonstrate formal friendliness. If the physician seems hurried, detached and aloof, the Latino patient/parent may experience resentment and be dissatisfied with care. This of course reduces the likelihood of compliance with the doctor's recommendations for treatment and follow-up.
- Communicate in Spanish, when possible. Physical gestures such as handshakes or even placing a hand on the shoulder help to communicate warmth.

Source: Latino Coordinating Center & Kick It California, 2021

When Asking About Tobacco Use:

When starting the conversation during the brief intervention, open-ended questions should be used when possible. Rather than start with a yes/no type question, you can develop better rapport and often gain more descriptive information with the opening statement "Please tell me about your tobacco use." You may use the questions below to guide the conversation.



English	Spanish Translation
Do you smoke?	¿Usted fuma?
Please tell me about your tobacco use.	Por favor cuénteme sobre su uso de tabaco.
What types of tobacco products have you used in the last year?	¿Cuáles productos de tabaco usted ha usado durante el año pasado?
How often do you use smoke?	¿Qué tan frecuente usted fuma?
Where do you smoke? Are there other people around?	¿Dónde fuma usted? ¿Hay gente a su alrededor cuando usted fuma?
Have you tried to quit before? How long has it been since?	¿Usted ha tratado de dejar de fumar? ¿Cuánto tiempo ha pasado desde que usted trato de dejar de fumar?
What is the longest amount of time you have ever been able to quit?	¿Cuál es la mayor cantidad de tiempo que usted pudo dejar de fumar?
What methods have you tried in the past to quit? <ul style="list-style-type: none"> ■ Cold turkey ■ Tapering off ■ Over-the-counter medications ■ Prescription medications ■ Hypnosis or acupuncture ■ Natural supplements, medications, or herbs 	¿Qué tipos de métodos usted ha tratado para dejar de fumar? <ul style="list-style-type: none"> ■ De pronto ■ Disminuyendo poquito por poquito ■ Medicamentos de venta libre ■ Medicamentos recetados ■ Hipnosis o acupuntura ■ Hierbas, medicamentos o suplementos naturales

When Advising to Quit:



Effective advice includes using the 5 R's in the conversation. The 5 R's are especially useful if the patient is unwilling to quit at this time.

Relevance

The best advice is relevant to the patient's health concerns, age, prior quitting experience, and barriers to cessation. In other words, the conversation should be crafted to fit the person's unique and individual situation.

Risks



When advising tobacco-dependent patients to quit, focus on the risks that are important to them. Consider the acute risks (shortness of breath, exacerbation of asthma or bronchitis, increased

risk of respiratory infections, harm to pregnancy, impotence, and infertility), long-term risks (heart attacks, stroke, lung and other cancers, COPD, osteoporosis, long-term disability, and need for extended care), as well as the environmental risks (increased lung cancer and heart disease risk to spouses exposed to secondhand smoke, and especially an increased risk for low birth weight, sudden infant death syndrome (SIDS), asthma, middle ear disease, and respiratory infections of children of tobacco users).

Rewards



Emphasize the rewards of quitting tobacco. These rewards might include improved health, saving money, better-tasting food, improved sense of smell, improved appearance including reduced

wrinkling/aging of skin and whiter teeth, feeling better about yourself, setting a good example for children and decreasing the likelihood that they will smoke, having a healthier baby or child, feeling better physically, and performing better in physical activities. Remember that family and children are extremely important to people with Latino culture.

Roadblocks



The patient's readiness to quit is often entangled within perceived roadblocks. These often include weight gain, fear of failure, withdrawal symptoms, depression, mood swings, limited knowledge of effective

treatment options, and many others. Make sure to ask about perceived roadblocks and address them to your best capacity in the advise.

When Advising to Quit *(continued)*

Repetition



It is important to promote effective outcomes through repetition. Let the patient know that his/her health is important and that the next time they visit the hospital or clinic, his/her respiratory

therapist will advise them about the dangers of tobacco use. Tobacco users who have failed in previous attempts to quit should understand that most tobacco users make many repeated quit attempts before they are successful and that clinicians will continue to question them about their tobacco use in the future.⁴

For those not interested in quitting (or ambivalent or resistant), use motivational interviewing techniques and probe. You may ask, "So, there's no reason for you to consider quitting?"

Because most Latinos are family oriented, reiterate how their smoking impacts their family in more ways than just health. For example, cigarettes cost a lot and it may have negative financial impacts. Additionally, convey the rewards that quitting smoking will have on their family (e.g., kids have a great role model, they'll live longer to see their kids grow up, etc.).

For those who clearly don't want to quit, don't insist—the outcome you want is to have a friendly conversation so that they will trust you in the future. Always reiterate that you will continue to inquire about their interest in quitting in future visits and that they may reach out to you when they feel ready.



When Connecting the Client to Resources:



If patient is willing to quit smoking, ask: how do you think you will have the most success? This respects their decision to first attempt to quit on their own (something Latinos would most likely prefer). If they have shared that they have tried before, it is appropriate to suggest and connect with external resources.

KICK / T California

If you do not have a tobacco dependence treatment program in your agency,

referring clients to **Kick It California** (formerly known as the California Smoker's Helpline) is a great choice. You may share the following information:

- Kick It California have experts who can help you quit.
- Educate on the following:
 - It's free
 - It's confidential
 - It's in your language
 - Helped nearly a million Californians since 1992.
 - They have been helping Spanish-speaking smokers and family members
 - Counseling has become much more common amongst Latinos and many people use this service

If client agrees to try it, you may get verbal consent to share their contact information so that Kick It California can proactively connect with them. If they have questions about confidentiality, let them know that it is a web-based system that is encrypted (meaning it is secure) and that the helpline is part of the University of California San Diego Health System. Inform the client that Kick It California does not ask any questions regarding immigration status.

If client has further questions, inform them on what will happen next:

- The helpline will call them from a 1-800 number
- They will go through an 8-10 min intake.
- If they agree to talk further, they can get into a 25-30 min conversation about what's going to help them quit.
- They will talk with a quit coach about the importance of motivation, how to make a solid quit plan to deal with smoking triggers -including quit smoking medications, setting a date, and receiving follow-up support.

Remember to follow up during their next visit or contact with you. Ask about their experience and go through the protocol once again, if necessary.



This guide was brought to you by Bay Area Strength Through Activism (BASTA) and the Latino Coordinating Center for a Tobacco-Free California. BASTA is a local initiative working in the Bay Area to help communities that are disproportionately targeted by the tobacco industry to build power and pass policies that reduce tobacco-related disparities. By ensuring that you use the Ask, Advise, Assess, Connect protocol, you are making a difference in these communities.

Sources

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