



# Tobacco Cessation and Health Literacy

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## About AED and NTCC

- AED is a DC-based non-profit focusing on health, environment, and education issues around the world
- NTCC is a coalition of leading tobacco control organizations working together to advance tobacco cessation efforts



# Today's Agenda

- What Is Health Literacy?
- Health Literacy Checklist
- Exercise 1: Assessing Readability
- Exercise 2: Assessing Design
- Q&A



# Workshop Objectives

After this workshop, you will be able to:

- Describe the importance of incorporating health literacy principles into tobacco cessation materials
- Incorporate health literacy principles to cessation materials



## What Are They Saying?

- Lithodial fragments ought not to be forcibly projected by inhabitants of vitreous abodes
- Pulchritude does not penetrate below the dermal plane
- A perissodactyl ungulate may be propelled toward a body of aqueous fluid, but such ungulate cannot be compelled or forcibly induced to imbibe such fluid



# What Are We Saying?

NDC 0067-5080-14

**RITE AID**

HABITROL TAKE CONTROL SUPPORT PROGRAM

# Nicotine Transdermal System

21 mg delivered over 24 hours  
STOP SMOKING AID

## 21 mg patch

STEP ONE

includes Behavior Support Program  
with self-help guide and CD

14 patches

If You Smoke More Than 10 Cigarettes Per Day: Start With Step 1  
If You Smoke 10 Or Less Cigarettes Per Day: Start With Step 2



## HHS Definition of Health Literacy

- "...the degree to which individuals have the capacity to **obtain**, **process** and **understand** basic health information and services needed to make appropriate health decisions."
- Health literacy is the ability to:
  - Read information
  - Process information
  - Do appropriate health behaviors



# Why Create Easier to Understand Cessation Materials?

- Smokers with Limited Health-Literacy Skills
  - Need cessation materials written at a lower level
- Highly Health-Literate Smokers
  - Prefer easy-to-understand materials
- Cessation Providers
  - Potential for better outcomes from smokers using their services





NATIONAL TOBACCO CESSATION COLLABORATIVE



# Institute of Medicine Health Literacy Video



# National Assessment of Adult Literacy (NAAL)



U.S. Department of Education  
NCES 2005-463

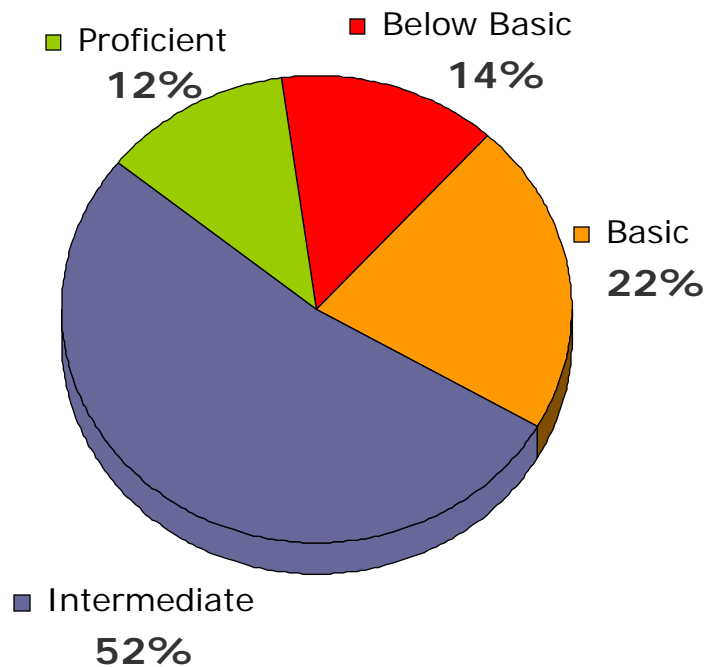
The Health Literacy of  
America's Adults  
Results From the 2003  
National Assessment  
of Adult Literacy



- First conducted in 1992
- Again in 2003 with health literacy component
- Report released September 2006
- 77 million people have basic skills or below



# Adult Health Literacy Levels



N – 19,000

**Below Basic:** Circle date on doctor's appointment slip

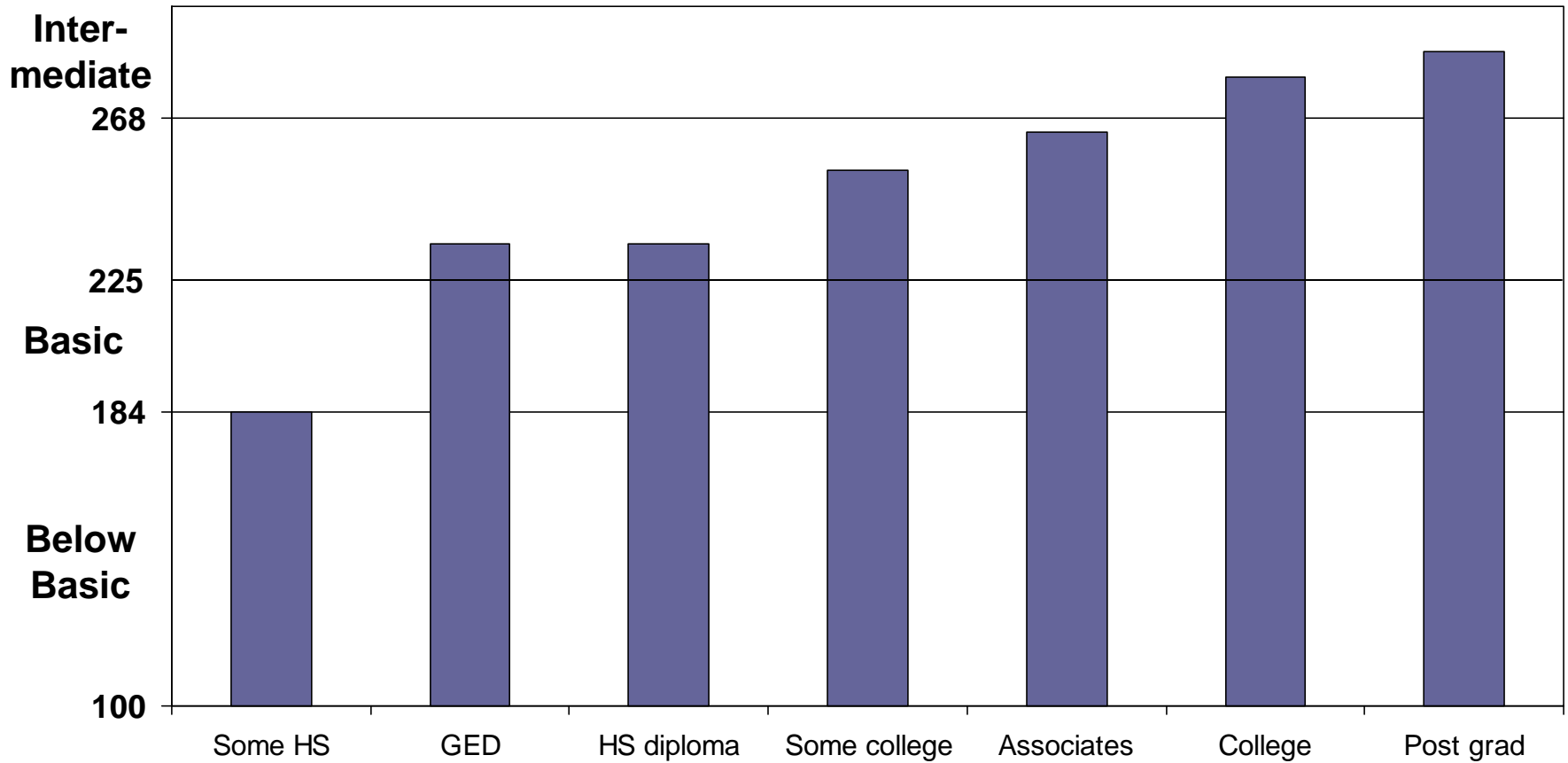
**Basic:** Give 2 reasons a person w/ no symptoms should get tested for cancer based on clearly written pamphlet

**Intermediate:** Determine what time to take Rx medicine based on label

**Proficient:** Calculate employee share of health insurance costs using table



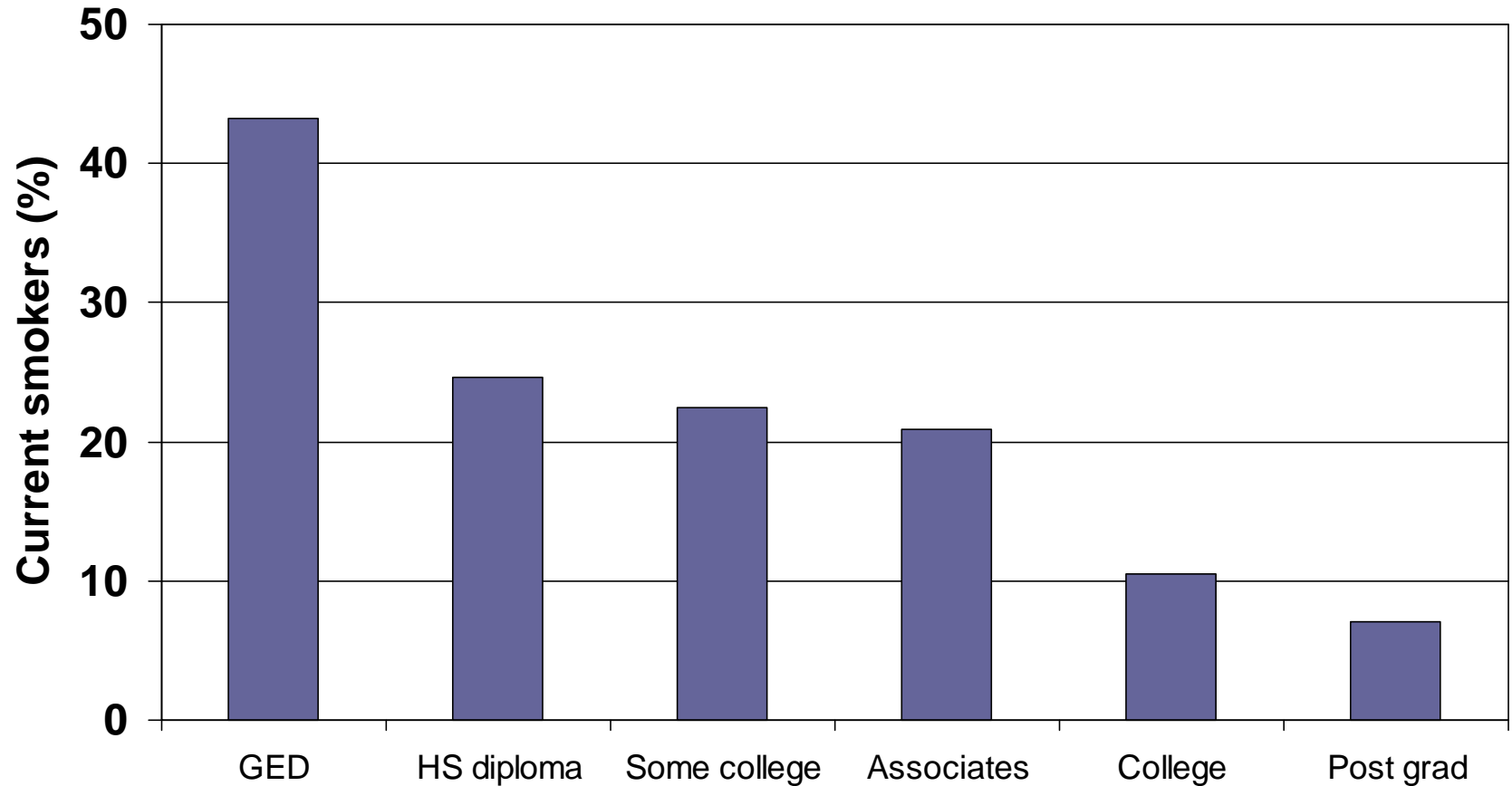
# Health Literacy Scores by Education



Source: National Assessment of Adult Literacy 2003, The Health Literacy of American Adults, September 2006.



# Smoking by Education Level



Source: CDC, MMWR Tobacco Use Among Adults—United States, 2005. October 27, 2006.



## What Does This Tell Us

- Millions of smokers may lack the skills to correctly use evidence-based cessation products and services
- May partially explain the appeal of “cold turkey” and the use of non-evidence-based products (“Smoke Away,” herbal supplements, hypnosis, etc.)



# NTCC Health Literacy Checklist

## Assessing Tobacco Cessation Materials for Health Literacy

When assessing a printed piece for health literacy principles, evaluate the material using the criteria described below. This review will create a critical assessment to determine how well the piece incorporates health literacy principles.

### Health Content

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*Having a clear goal for your materials will help focus the content and clarify your messages. Your materials should aim to persuade the reader to adopt a quitting behavior or take a specific action.*

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#### Purpose

Is the purpose of the material clear from the title, cover and introduction?

#### Quitting Behaviors

Are the desired quitting behaviors or specific action steps clearly identified for the reader?

#### Health Benefits

Are the specific health benefits of quitting smoking described (from the reader's point of view)?

Are these health benefits proven to spur behavior?

#### Scope

Is the content limited to 3 to 5 key messages?

Is information that is "nice to know" – but not necessary – left out?

#### Health Language

Has jargon and technical language been removed?

Are the remaining health terms clearly defined and explained?

#### Use of Illustrations/Photos

Are key quitting behaviors and benefits shown with illustrations/photos next to relevant text?

#### Reader Interaction

Are there opportunities to engage readers (checklists, etc.)?

Are there opportunities for readers to tailor the material to their situation?

### Organization

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*Low-level and busy readers give up reading more easily, and need guidance to read longer sections.*

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- A tool for developing and revising tobacco cessation materials
- Download from NTCC website



## Health Content: Focus on the “Do”

- There is something you want the reader to do
- Clearly define the action or behavior
- Include the benefit to the reader





## Assessing Readability

- Readability is a key component of health literacy:
  - 75% of Americans can read at 6<sup>th</sup> grade level
  - 90% can read at the 3<sup>rd</sup> grade level
- Readers at lower levels:
  - Read slowly
  - Read each word separately; skip unfamiliar words
  - Take meaning literally; miss context
  - Get tired quickly; may not finish reading long text

Aim to write at 3<sup>rd</sup>- to 5<sup>th</sup>-grade level



## Assessing Readability

- Evaluation of “smoking education” materials (1989):
  - 10 written below 9<sup>th</sup>-grade reading level
  - 27 written between 9<sup>th</sup>-12<sup>th</sup> grade level
  - 12 written at 12<sup>th</sup>-grade level and above
- Review of OTC NRT product instructions (2007)
  - Mean readability between 10<sup>th</sup>-11<sup>th</sup> grade

Source: Meade, CD, and Byrd, JC. 1989. Patient literacy and the readability of smoking education literature. *American Journal of Public Health* 79(2):204-6.

Source: Stevens, A., McDaniel, K.S., Glover, E., and Wallace, J.C. 2007. Are instructions for over-the-counter nicotine replacement therapy products readable? *American Journal of Health Behavior* 31(Supp 1):S79-S84.



## Assessing Readability

- NTCC scan of cessation materials
  - 100+ materials collected (2007)
  - Reading levels ranging from 7<sup>th</sup>-16<sup>th</sup> grade
- RWJF review of cessation product directions, packaging, labeling (2007)
  - FDA-approved and non-FDA approved products
  - Wide range of reading levels
  - Much room for improvement



**Drug Facts**

**Active ingredient (in each patch)**

Nicotine, 21 mg delivered over 24 hours.....

**Purpose**

Stop smoking aid

**Use** reduces withdrawal symptoms, including nicotine craving, associated with quitting smoking

**Warnings**

If you are pregnant or breast-feeding, only use this medicine on the advice of your health care provider. Smoking can seriously harm your child. Try to stop smoking without using any nicotine replacement medicine. This medicine is believed to be safer than smoking. However, the risks to your child from this medicine are not fully known.

**Do not use**

- if you continue to smoke, chew tobacco, use snuff, use nicotine gum, or use nicotine patch or other nicotine containing products

**Ask a doctor before use if you have**

- heart disease, recent heart attack, or irregular heartbeat. Nicotine can increase your heart rate.
- high blood pressure not controlled with medication. Nicotine can increase your blood pressure.
- an allergy to adhesive tape or have skin problems, because you are more likely to get rashes

**Ask a doctor or pharmacist before use if you are**

- using a non-nicotine stop smoking drug
- taking a prescription medicine for depression or asthma. Your prescription dose may need to be adjusted.

**When using this product**

- do not smoke even when not wearing the patch. The nicotine in your skin will still be entering your bloodstream for several hours after you take off the patch.
- if you have vivid dreams or other sleep disturbances remove this patch at bedtime

**Stop use and ask a doctor if**

- skin redness caused by the patch does not go away after four days, or if your skin swells, or you get a rash
- irregular heartbeat or palpitations occur
- you get symptoms of nicotine overdose, such as nausea, vomiting, dizziness, weakness and rapid heartbeat

**Keep out of reach of children and pets.** Used patches have enough nicotine to poison children and pets. If swallowed, get medical help or contact a Poison Control Center right away. Discard used patches in disposal tray. If disposal tray is not enclosed, save pouch to use for patch disposal. Dispose of the used patch by folding sticky ends together and putting in pouch.

**Directions**

- If you are under 18 years of age, ask a doctor before use
- before using this product, read the enclosed self-help guide for complete directions and other information
- stop smoking completely when you begin using the patch
- if you smoke **more than 10 cigarettes per day**, use the following schedule below:

Weeks 1 thru 4	Weeks 5 and 6	Weeks 7 and 8
<b>STEP 1</b> use one 21 mg patch/day	<b>STEP 2</b> use one 14 mg patch/day	<b>STEP 3</b> use one 7 mg patch/day

- if you smoke **10 or less cigarettes per day**, start with **Step 2** for 6 weeks, then **Step 3** for 2 weeks and then stop
- apply one new patch every 24 hours on skin that is dry, clean and hairless
- remove backing from patch and immediately press onto skin. Hold for 10 seconds.
- wash hands after applying or removing patch. Discard used patches in disposal tray. If disposal tray is not enclosed, save pouch to use for patch disposal. Dispose of the used patch by folding sticky ends together and putting in pouch.
- the used patch should be removed and a new one applied to a different skin site at the same time each day
- if you have vivid dreams, you may remove the patch at bedtime and apply a new one in the morning
- do not wear more than one patch at a time
- do not cut patch in half or into smaller pieces
- do not leave patch on for more than 24 hours because it may irritate your skin and loses strength after 24 hours
- **remove patch prior to undergoing any MRI (magnetic resonance imaging) procedures**
- stop using the patch at the end of 8 weeks. If you still feel the need to use the patch talk to your doctor





A Program of Wheeler Clinic

800.232.4424 (Voice/TTY) 860.793.9813 (fax)  
www.ctclearinghouse.org



A Library and Resource Center on Alcohol, Tobacco, Other Drugs, Mental Health and Wellness

## Questions and Answers About Smoking Cessation

### How important is it to stop smoking?

It is very important. Tobacco use remains the single most preventable cause of death in the United States. Cigarette smoking accounts for nearly one-third of all cancer deaths in this country each year.

Smoking is the most common risk factor for the development of lung cancer, which is the leading cause of cancer death. It is also associated with many other types of cancer, including cancers of the esophagus, larynx, kidney, pancreas, and cervix. Smoking also increases the risk of other health problems, such as chronic lung disease and heart disease. Smoking during pregnancy can have adverse effects on the unborn child, such as premature delivery and low birth weight.

### What are the immediate benefits of stopping smoking?

The health benefits of smoking cessation (quitting) are immediate and substantial. Almost immediately, a person's circulation begins to improve and the level of carbon monoxide in the blood begins to decline. Carbon monoxide, a colorless, odorless gas found in cigarette smoke, reduces the blood's ability to carry oxygen. A person's pulse rate and blood pressure, which may be abnormally high while smoking, begin to return to normal. Within a few days of quitting, a person's sense of taste and smell return, and breathing becomes increasingly easier.

### What are the long-term benefits of stopping smoking?

People who quit smoking live longer than those who continue to smoke. After 10 to 15 years, a previous tobacco user's risk of premature death approaches that of a person who has never smoked. About 10 years after quitting, an ex-smoker's risk of dying from lung cancer is 30 percent to 50 percent less than the risk for those who continue to smoke. Women who stop smoking before becoming pregnant or who quit in the first 3 months of pregnancy can reverse the risk of low birth weight for the baby and reduce other pregnancy-associated risks. Quitting also reduces the risk of other smoking-related diseases, including heart disease and chronic lung disease. There are also many benefits to smoking cessation for people who are sick or who have already developed cancer.

Smoking cessation reduces the risk for developing infections, such as pneumonia, which often causes death in patients with other existing diseases.

### Does cancer risk change after quitting smoking?

Quitting smoking reduces the risk for developing cancer, and this benefit increases the longer a person remains "smoke free." People who quit smoking reduce their risk of developing and dying from lung cancer. They also reduce their risk of other types of cancer. The risk of premature death and the chance of developing cancer due to cigarettes depends on the number of years of smoking, the number of cigarettes smoked per day, the age at which smoking began, and the presence or absence of illness at the time of quitting. For people who have already developed cancer, quitting smoking reduces the risk of developing another primary cancer.

### At what age is smoking cessation the most beneficial?

Smoking cessation benefits men and women at any age. Some older adults may not perceive the benefits of quitting smoking; however, smokers who quit before age 50 have half the risk of dying in the next 16 years compared with people who continue to smoke. By age 64, their overall chance of dying is similar to that of people the same age who have never smoked. Older adults who quit smoking also have a reduced risk of dying from coronary heart disease and lung cancer. Additional, immediate benefits (such as improved circulation, and increased energy and breathing capacity) are other good reasons for older adults to become smoke free.

### What are some of the difficulties associated with quitting smoking?

Quitting smoking may cause short-term after-effects, especially for those who have smoked a large number of cigarettes for a long period of time. People who quit smoking are likely to feel anxious, irritable, hungry, more tired, and have difficulty sleeping. They may also have difficulty concentrating. Many tobacco users gain weight when they quit, but usually less than 10 pounds. These changes do subside. People who kick the habit have the opportunity for a healthier future.

*(continued)*



An office worker subjected to eight hours of secondhand smoke inhales the equivalent of having smoked six cigarettes. Secondhand smoke levels in restaurants are approximately 160%-200% higher than in office workplaces; levels in bars are 400%-600% higher than in office workplaces.

*Source: New York State Smokers' Quitline  
Fact Sheet: *The Truth About Secondhand  
Smoke**



## Assessing Readability

- Readability is measured by assessing multi-syllable words and sentence length
- Two common methods:
  - Word processing tools (automated)
  - Fry (by hand)
- Assessing readability by hand helps you see where problems are



# Assessing Readability

## Word Processing Tools

- Give quick, overall score
- Not “diagnostic”
- Upper limit is 12<sup>th</sup> grade level

Readability Statistics	
Counts	
Words	85
Characters	483
Paragraphs	3
Sentences	4
Averages	
Sentences per Paragraph	2.0
Words per Sentence	20.2
Characters per Word	5.5
Readability	
Passive Sentences	0%
Flesch Reading Ease	35.8
Flesch-Kincaid Grade Level	12.0

OK





# Exercise 1: Assessing Readability

## The Fry Method

1. Requires 3 **text sections** of exactly 100 words
  - Abbreviations and numbers count as one “word” each
2. Count the number of **sentences** in each section
  - For the last sentence, estimate to the nearest 1/10 what portion of the sentence is completed
3. Count the number of **syllables** in each section
  - For abbreviations and numbers, each character is counted as a syllable. For example:
    - 10,000 = 5 syllables
    - NTCC = 4 syllables



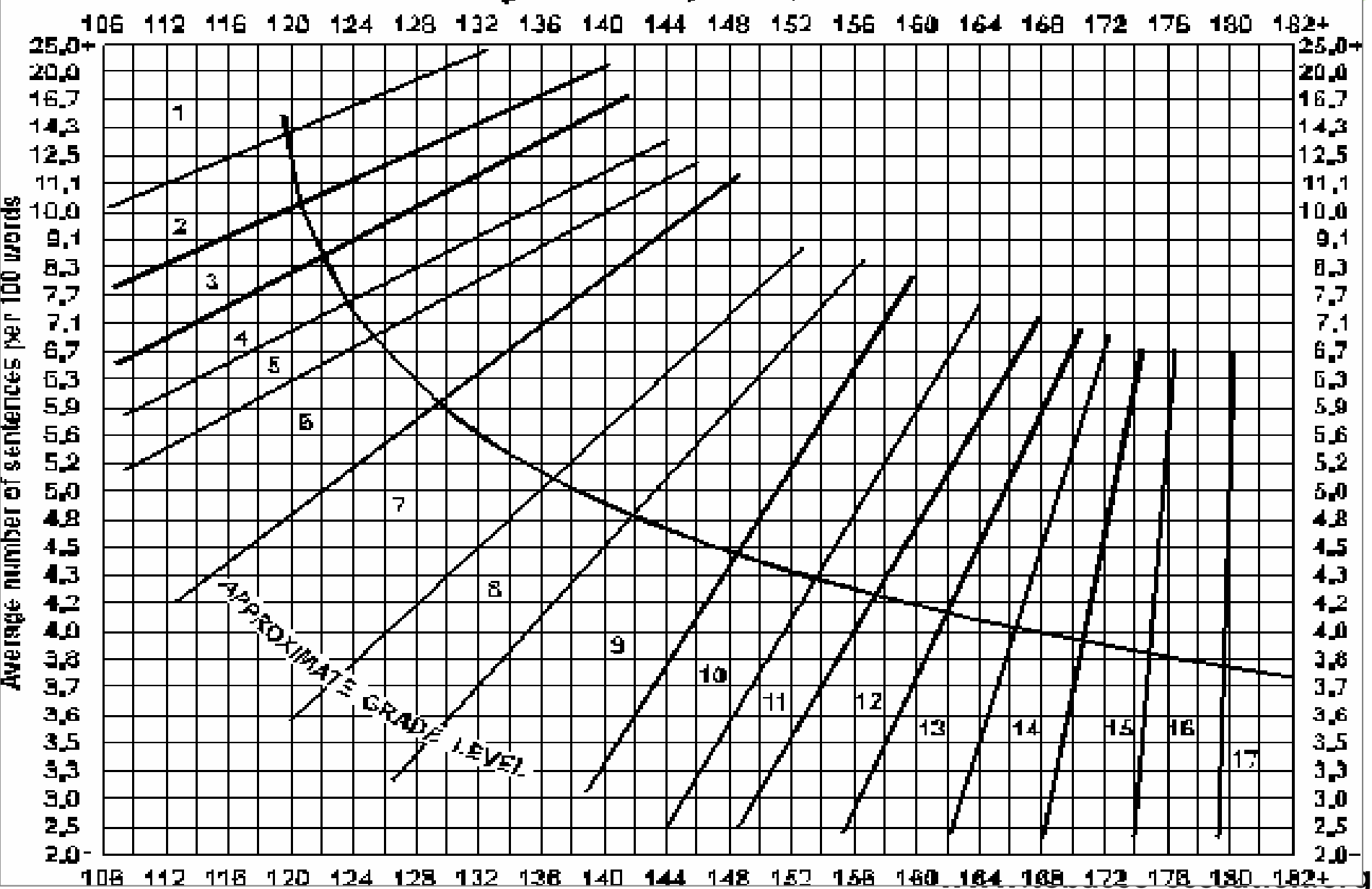
# Exercise 1: Assessing Readability

## The Fry Method

4. Calculate the average number of sentences
5. Calculate the average number of syllables
6. Refer to the Fry graph
  - Plot the average number of syllables and sentences on the graph. The intersection is the reading grade-level.

# Fry Graph

Average number of syllables per 100 words





# Exercise 1: Report Back



## Sample Rewrite

- **Before:** “There is evidence that combining the nicotine patch with nicotine gum or nicotine nasal spray increases long-term quit rates compared with using a single type of nicotine replacement therapy.”
- **After:** “Using nicotine gum or nose spray along with the patch may help you stay quit longer.”



# Assessing Design Elements

- Use design, layout, and color to aid comprehension
- Ask *“Does this design element make it easier or harder to get the message?”*



# Key Design Elements

- Typography
- Layout
- Design Organizers
- Color
- Illustrations



# Typography

- Is the font big enough to read easily?
- Is a serif font used for body text?
- Are ALL CAPs and other type treatments avoided?
- Is line spacing adequate?





## Font Style

- **Times New Roman**
  - This is a serif font. It has little “feet” that connect the letters, making it easier to read, especially in large blocks of text.
- **Arial**
  - This is a sans serif font. While it may look “cleaner,” it requires the reader’s eyes to work harder, especially in large blocks of text.



# Layout

- Is there adequate white space?
- Is the right margin unjustified?
- Is the line length 40-50 characters?



# What Time Do You Have?

Take A Look.

**Taste and Smell**

Smoking dulls the senses. Smoke blocks air from reaching pungency receptors (nerve endings), so the sense of smell and taste are lessened.

**Hair and Nails**

Smoke stains fingers and nails yellow. Cigarettes also slow the circulation of nutrients to hair and nails, making them dry and brittle.

**Skin**

Tobacco smoke slows down the flow of nutrients to the skin, reducing elasticity and softness. The result can be thick, leathery skin and wrinkles.

**Teeth**

Tobacco stains the teeth a yellowish brown and also increases the amount of plaque. This can lead to cavities, receding gums, gum disease, and tooth loss.

**Physical Fitness**

Smoking robs the blood of oxygen by replacing it with carbon monoxide, making the heart work harder. The result can be shortness of breath and poor endurance during physical activities.

**Phlegm and Cough**

The lungs produce mucous to defend against the tar and chemicals in cigarette smoke. Too much phlegm causes coughing and breathing problems.

**Immune System**

Immune cells are busy fighting off the damage of cigarette toxins and are less available to fight off disease and infection.

**Respiratory Morbidity**

Smokers get more colds, and other respiratory infections. These are more likely to develop into bronchitis and pneumonia.

**Asthma**

Asthma can be caused by any of these allergens: dust mites, pets, smoke, cockroaches, etc. Airways narrow and fill with mucous, causing tightness in the chest and even suffocation. Smokers with asthma produce even more mucous and are more susceptible to immediate asthma attacks, infection, and lung damage.



Asthmatics who smoke are two times more likely to die from asthma attacks than asthmatics who don't smoke. **COPD** (Chronic Obstructive Pulmonary Disease) COPD, also known as a constant blockage of the lungs, is the obstruction of airflow into the lungs and requires artificial breathing assistance. It includes chronic bronchitis and emphysema. Damage begins years before it's noticed.

**Chronic Bronchitis**

Over time, cigarette irritants entering the airways can cause attacks of obstructed breathing, leaving airways inflamed and clogged with mucous. The result can be continuous production of heavy mucous, chronic coughing, and severe shortness of breath.

**Emphysema**

Cigarette smoke destroys lung tissue, tearing and stretching air sacs. The lungs are unable to hold fresh air and can't fully release oxygen to the body. Over time, simple breathing suffers and it becomes impossible to exhale completely. This can lead to oxygen tank dependency. Damage is not reversible and eventually leads to death.

**Heart Disease**

Carbon monoxide robs the heart of oxygen, keeping it from functioning effectively. Nicotine is a stimulant that increases the heart rate and blood pressure and narrows blood vessels.

Smoking causes cholesterol levels to increase, and blood vessels to become more susceptible to plaque. Smoking also causes blood cells to become stickier and more likely to clot. Any combination of these factors (among others) can lead to a heart attack.

**Lung Cancer**

Constant irritation by cigarette smoke destroys cilia, leaving lungs unable to get rid of toxins. Mucous acts as a substitute for missing cilia, trapping toxins, which can lead to the uncontrolled growth of abnormal, cancerous cells. Early stages may be without symptoms; often when the disease is discovered, it is far advanced.

## Quitting smoking does make a difference

*The moment a body becomes smoke-free it starts to repair any damage that it can. Appearance improves, breathing is easier, the heart and lungs work more efficiently. Remaining smoke free substantially decreases the risk of developing cancer and heart disease. Most importantly, by quitting smoking you can have a positive impact on the quality of your life.*



Forever  
Free

## Seven Facts About Smoking and Quitting

### Fact 1: Nicotine is addicting.

We now know that most smokers are physically addicted to nicotine. If you smoked a half a pack or more per day, chances are that you were addicted to nicotine. This means that your body tried to get used to having nicotine in it. Your body became used to the effects of nicotine, and as this happened, you slowly smoked more and more. Also, when you stopped smoking, your body had to get used to not having nicotine in it. This often feels bad. It is called **nicotine withdrawal**. Common withdrawal feelings that you may have felt when you quit were:



- lightheadedness
- headache
- sleep problems
- nausea (sick to your stomach)
- decreased heart rate
- depression (feeling sad)
- craving for cigarettes
- irritability
- increased appetite
- anxiety (feeling tense)
- difficulty thinking
- constipation

As your body gets used to having no nicotine, these feelings do go away, so that after a week or so of not smoking most of the feelings have stopped. Having cigarettes—even one—during this time only makes withdrawal longer and harder.

Physical addiction, like nicotine withdrawal, is an important reason that many smokers have trouble quitting. Withdrawal does not feel good. Smoking a cigarette may help, but only for a short time. Thus, it is very tempting to smoke to reduce withdrawal feelings. Some smokers say that they enjoy the taste of a cigarette. Although the taste of cigarettes does vary based on the cigarette brand, studies show that when nicotine is taken out of cigarettes, smokers no longer like the **taste**. So even taste is related to nicotine addiction.



## WHY QUIT?

### BENEFITS FOR YOUR BABY

Quitting smoking during your pregnancy:

- Increases the amount of oxygen your baby will get
- Increases the chances your baby's lungs will work well
- Lowers the risk that your baby will be born too early
- Increases your chances of having a normal weight, healthy baby
- Increases the chances your baby will come home from the hospital with you

Carbon monoxide and other chemicals from cigarettes get into the baby's blood. They can harm the baby and limit the baby's growth.

*"I didn't think it [quitting smoking] was that difficult once I set my mind to it and said 'O.K., I'm going to set them down'. Before I'd never really had a reason, and being pregnant really gave me a reason to want to quit because I didn't want [my son] to be low birth weight and I sure didn't want him to be born early." — Emily, who quit smoking during pregnancy.*



## Design Organizers

- Are visual cuing devices used?
- Are bullets used effectively?





# ARE YOU READY TO QUIT SMOKING?

**START**

Have you smoked 100 cigarettes or more?

YES → Are you intending to quit in the next month?

NO → Do you think that you'll be smoking 1 year from now?

Are you intending to quit in the next month?

NO → Do you ever tried to quit?

YES → Do you have a plan for how you will quit?

YES → You're Ready—Go for it.

NO → Do you think that you'll be smoking 1 year from now?

Do you think that you'll be smoking 1 year from now?

Absolutely not  
Probably not  
Probably yes  
Absolutely yes

If you answered yes, you're not ready to quit smoking yet. Don't read BUTTSOUT Issue#2 until you are.

If you answered probably not, you could be one of the 3,000 teens a year recruited by the tobacco companies to spend up to \$70,000 in your lifetime on cigarettes.

If you answered absolutely not you are one of the few who is wise enough to get out early. Congratulations.

**Why Not? (CIRCLE ALL THAT APPLY)**

	YES	NO
It's very hard to quit	1	0
Worried about withdrawal symptoms	1	0
All of my friends smoke	1	0
I need cigarettes to cope with stress	1	0
I don't want to gain weight	1	0
I enjoy smoking	-1	0
I don't smoke that much	-1	0
I don't believe smoking is harming me	-1	0
I'm not addicted	-1	0
I can quit anytime	-1	0

Now add up your score

Score equal to 0 or greater → Are you confident that you can quit?

Score less than 0. Think more about your reasons to quit. **Game Over.**

Are you confident that you can quit?

NO → Would you receive support from your family and friends if you told them you were quitting?

YES → Tell your family and friends that you're going to quit and use BUTTSOUT #2 to make a plan.

NO → READ BUTTSOUT Issue#2

You may be worried about how difficult it is to quit smoking. Actually, it's no harder than many other things you've done in your life. Think about what it took to ride a hike or drive a car. It took the right attitude, education, planning, and persistence. People quit smoking everyday without gaining weight, losing friends, or dying from withdrawal symptoms or stress. You can do it too.



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## Color

- Is color used to aid readability?
- Is reverse type avoided?



# Understanding your Addiction

NICOTINE LEVELS OF SELECTED BRANDS

HIGHEST TO  
LOWEST

- ▶ Kodiak Wintergreen
- ▶ Skoal Longcut  
Straight
- ▶ Copenhagen Snuff
- ▶ Copenhagen Long  
Cut
- ▶ Skoal Bandits Mint
- ▶ Hawken  
Wintergreen

This list is provided  
for information only.  
NIDCR and NCI do  
not endorse the use  
of any tobacco product.

Hard to believe you're  
a nicotine addict?

Believe it.

Nicotine, found in all tobacco products, is a highly addictive drug which acts in the brain and throughout the body.

Dip and chew contain more nicotine than cigarettes.

Some facts:

Holding an average-size dip in your mouth for 30 minutes gives you as much nicotine as smoking three cigarettes. A 2-can-a-week snuff dipper gets as much nicotine as a 1-1/2 pack-a-day smoker does.

To the left is a chart comparing the nicotine levels of some selected snuff brands.

Think about your own habit. Check how many of the following apply to you. The more items you check, the more likely that you are addicted.



# Illustrations

- Are illustrations used?
- Are captions used?
- Are multi-step illustrations used for processes?



## Need a Few More Reasons to Stop?

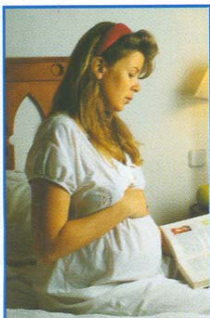


**Smokers are more likely to...**

- ... get colds and flu
- ... have shortness of breath and wheezing
- ... get cataracts in your eyes
- ... have gum disease and yellow teeth
- ... have problems getting pregnant
- ... become impotent



## Think Smoking Affects Only You?



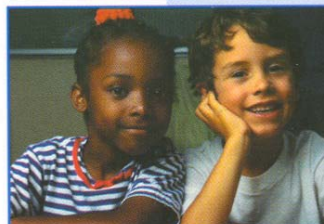
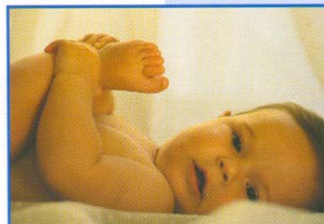
**A pregnant woman who smokes** can make her baby be born too soon or too small.

**Children exposed to secondhand smoke...** are more likely to get...

- Pneumonia
- Ear Infections
- Bronchitis
- Severe Asthma

**Adults exposed to secondhand smoke** are more likely to have.....

- Heart Disease
- Lung Cancer





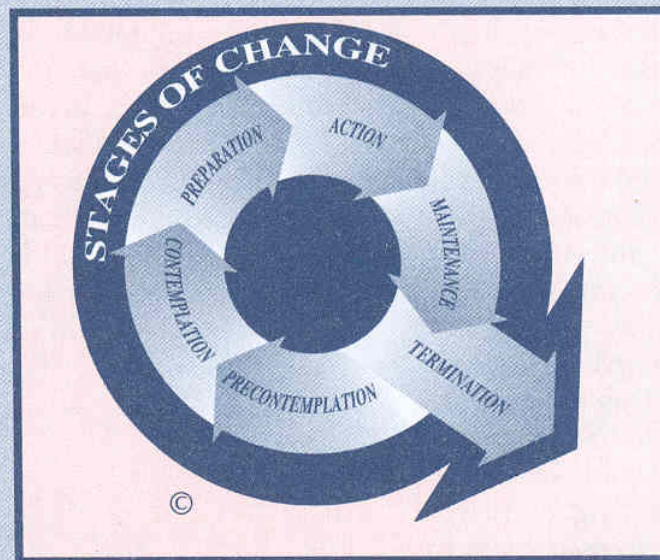


*Working Towards Success  
— The Stages of Change*

Quitting smoking is a process that begins long before your quit day. Researchers have determined that smokers go through the following six “Stages of Change” while on the road to becoming smoke-free.

**Pre-Contemplation Stage:**

If you are in this stage, you don't have any intention to quit smoking in the near future (i.e., within the next 6 months). You feel that the benefits you receive from smoking outweigh the costs and risks of smoking. This is called the *Pre-Contemplation Stage*. If you are in this stage right now, you are not ready to use the patch.





HOW TO QUIT

# Ending the Tobacco Addiction

**“We must learn to respect ourselves.”**

– Audre Lorde

Why do most smokers have trouble quitting? It is because they are addicted to the nicotine in their cigarettes.

Smoking cigarettes gives a smoker regular jolts of nicotine. After a while, the body gets used to it. For an addicted smoker, being without nicotine brings on feelings of withdrawal.

But the nicotine is NOT what causes the major health risks of smoking. Cigarettes are filled with thousands of other chemicals. Doctors believe the deadly chemicals in cigarettes and tobacco smoke cause the bad health effects of smoking. For example, most brands that Blacks smoke are high in tar. Tar in cigarettes causes lung cancer. Cigarettes also have carbon monoxide, which takes oxygen from the blood and can lead to strokes.

Studies show that Black smokers actually want to quit more than most other groups. Hundreds of thousands of Black smokers have quit smoking already. More try and succeed every day. So can you.



Sam’s doctor talks to him about using a nicotine patch.





HOW TO QUIT

## Set a Quit Day: Take the First Step

**“Take the first step in faith.”**

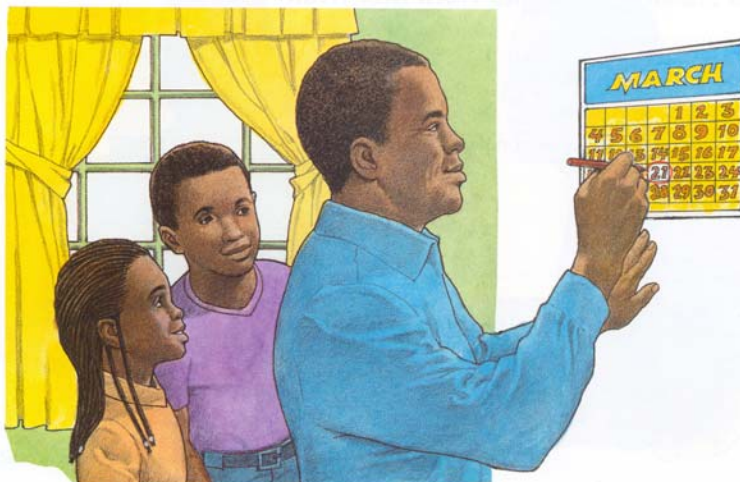
— *Dr. Martin Luther King, Jr.*

Doctors say you should choose a specific Quit Day. Having a Quit Day gives you a goal to reach. It is a promise to keep to yourself and your loved ones. Setting a Quit Day 2 to 3 weeks in advance gives you time to get ready.

There is no “perfect” time to quit. But some times are better than others. It is much harder to quit when you face a family crisis or a big problem at work. Pick a time when things are going well. You may pick a day that is celebrated by the community, such as Dr. Martin Luther King, Jr., Day.

Circle your Quit Day on the calendar. Write it down. Carry it with you. Tell your family and friends. Share the *Pathways to Freedom* guide with them so they can help you succeed. Check to see if your doctor can tell you about any medicines that can help you quit.

If you know people who used to smoke, ask them how they quit. If you live or work with other smokers, ask them not to offer you a cigarette, even if you ask. And don't be surprised if a friend or family member wants to quit smoking along with you.



Sam: “I’m ready to quit. Setting a Quit Day is my first step.”



## Benefits of Visuals – A Study of 234 Patients Given Trauma Care at Home

(Academic Emergency Medicine, March 1996)

	<b>Text Only</b>	<b>Text + Visuals</b>
<b>Read</b> the material	79%	98%
<b>Recall</b> the material	6%	46%
<b>Adherence</b> to instructions	45%	<b>86%</b>





# Exercise 2: Design Elements Review



# Key Strategies for Incorporating Health Literacy Principles

- Write text at a 5<sup>th</sup>-grade level
- Use visuals to support your message
- Use the health literacy checklist to review drafts
- Test with low-literacy audiences when possible



# Q&A

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