

# SOUTH DAKOTA GOOD & HEALTHY TOOLKIT AND CHECKLIST GLOSSARY



This resource is an expansive glossary of terms and words for specific use with the *South Dakota Good & Healthy Community Checklist* and *The South Dakota Good & Healthy Community Health Needs Assessment and Improvement Planning Toolkit*, which may help explain or define key terms, phrases, and criterion throughout.

**Active Transportation:** Any method of travel that is human powered. Examples include walking or biking.

**Body Mass Index (BMI):** The Body Mass Index estimates the ideal weight of a person based on height/size and weight for an adult man or woman (18 to 65 years).

**Built Environment:** References the man-made surroundings that provide the setting for human activity, from large scale surroundings to small personal places.

**Chronic Diseases:** Heart disease, stroke, cancer, diabetes, and arthritis are long-lasting conditions, typically lasting more than three months, that can be controlled but not cured, and are among the most common, costly, and preventable of all health problems in the U.S. Most are caused by lifestyle choices and might be prevented and effectively controlled by behavioral changes, such as quitting smoking, adopting a healthy diet, and increasing physical activity.

**Chronic Disease Risk Factors:** The most common chronic diseases shared risk factors.

Modifiable Behavioral Risk Factors	Biological Risk Factors
<ul style="list-style-type: none"> <li>• Tobacco use</li> <li>• Alcohol use</li> <li>• Unhealthful diet</li> <li>• Physical inactivity</li> </ul>	<ul style="list-style-type: none"> <li>• Overweight</li> <li>• Obesity</li> <li>• High blood pressure</li> <li>• Elevated blood glucose</li> <li>• Elevated lipids</li> <li>• Total cholesterol</li> </ul>
<p>Social determinants such as income, education and poverty status are also important risk factors for chronic diseases.</p>	

**Chronic Disease Management:** Changes to lifestyle and/or the environment to improve care and outcomes for people with chronic disease(s). A structured chronic disease management program may include: regular monitoring, coordination of care between multiple providers and/or settings, medication management, evidence-based care, measuring care quality and outcomes, and support for patient self-management through education or tools.

**Chronic Disease Self-Management Program:** An effective self-management education program for people with chronic health problems. The program specifically addresses arthritis, diabetes, lung and heart disease, but teaches skills useful for managing a variety of chronic diseases. More information can be found at:

<http://patienteducation.stanford.edu/programs/cdsmp.html>

**Coalition:** Group of persons (individuals or organizations) representing diverse public- or private-sector organizations or constituencies working together in a common effort to achieve a shared goal through coordinated use of resources, leadership, and action.

**Collaborating:** Exchanging information, altering activities, sharing resources (i.e., staff, funding, technical) and enhancing the capacity of another for mutual benefit and to achieve a common purpose.

**Communication Channels:** Includes the following:

- **Written Communication** – e-mail, social media, posters, brochures, newsletters, magazines
- **Oral Communication** – public address system announcements, in-person
- **Broadcast Communication** – radio, television, public service announcements

**Community:** Specific group of people that dwell in the same type of environment, live in the same area or neighborhood/town/city, share common government, cultures, values, beliefs, and/or norms, that live, work, and/or socialize together in a social structure according to relationships developed over a period of time.

**Community Assets:** *Anything that can be used to improve the quality of community life.* These can be **organizations, coalitions, people** (stay-at-home mom or dad who organizes a playgroup; church member who starts a discussion group on spirituality; firefighter who's willing to risk his life to keep the community safe), **partnerships, a physical structure or facility** (school, hospital, church, library, recreation center), **a public place** (park, a wetland, or other open space), **funding and/or financial support, policies and/or regulations, businesses** (provides jobs and supports the local economy), **community services** (public transportation, early childhood education center, recycling facilities), and a community's collective experience. These are all community assets.

**Community Health Needs Assessment (CHNA):** A community health needs assessment is a process that uses quantitative and qualitative methods to systematically collect and analyze data to understand health within a specific community. An ideal assessment includes information on risk factors, quality of life, mortality, morbidity, community assets, forces of change, social determinants of health and health inequity, and information on how well the public health system provides essential services.

**Community Needs:** The gap between what a situation is and what it should be. Community needs can affect families, individuals, seniors, parents, businesses, community organizations, faith-based groups, or essentially anyone who claims membership in a community.

**Community-Wide Interventions to Restrict Minor Access to Tobacco Products:** These are community-wide interventions aimed at focusing public attention on the issue of youth access to tobacco products and mobilizing community support for additional efforts to reduce that access. More information can be found at:

<http://www.thecommunityguide.org/tobacco/restrictingaccess/communityinterventions.html>

**Competitive Foods:** Foods offered at school other than meals served through the US Department of Agriculture's school lunch, school breakfast and after-school snack programs. These foods can often be obtained from a la carte cafeteria sales, vending machines, and school stores.

**Complete Streets:** Streets that are designed and operated to enable safe access along and across the street for all users, including pedestrians, bicyclists, motorists, and transit riders of all ages and abilities. (Defined by the National Complete Streets Coalition <http://www.smartgrowthamerica.org/complete-streets>)

**Coordinated School Health Program:** Recommended by CDC, an integrated set of planned, sequential, and school-affiliated strategies, activities, resources, and services designed to promote the optimal physical, emotional, social, and educational development of students to help schools, districts, and states improve their students' health and learning.

**Coordinating:** Exchanging information and altering activities for mutual benefit and to achieve a common purpose.

**Culturally Appropriate:** Unbiased attitude and organizational policy that values cultural diversity in the population served; reflects an understanding of diverse attitudes, beliefs, behaviors, practices, and communication patterns that could be attributed to race, ethnicity, religion, socioeconomic status, historical and social context, physical or mental ability, age, gender, sexual orientation, or generations and acculturation status.

**Education and Awareness:** Knowledge obtained or developed by a learning process, understanding of, appreciation of, recognition of, attention to, perception of, consciousness of, or realization of an intended strategy, activity, policy, or project.

**Electronic Health Record (EHR):** Official digitized health record for an individual that can be accessed online by multiple facilities and agencies.

**Environmental Change:** An alteration or change to physical, social, cultural, political, or economic environments designed to influence people's practices and behaviors at the community level; can be changes in practices or policy.

**Environmental Tobacco Smoke (ETS) (secondhand smoke):** A mixture of the smoke exhaled by smokers and the smoke that comes from the burning end of the tobacco product.

**Evidence-Based Practices:** Agreed-upon standards of evidence in making decisions about public health policies and practices to protect or improve the health of populations. Used by sustainable, replicable programs that have demonstrated health improvements and/or a positive impact on costs or other stated outcomes.

**Federally Qualified Health Center (FQHC):** Federally-funded community health center available to all community members, however, functioning as a healthcare safety net by providing services on a sliding-scale fee.

**fitCare:** A program for child caregivers to encourage young children to develop healthy lifestyle habits through their child care experience. A collaborative program provided by the South Dakota Department of Health, South Dakota Department of Social Services Division of Child Care Services, Sanford Children's and the Sanford fit Initiative. More information can be found at: <http://healthysd.gov/ChildCare/PDF/fit-CareBestPractice.pdf>

**Food Deserts:** A geographic region that lacks the financial means or has no close access to healthy foods; generally the area is large and isolated.

**Frontier:** Rural areas with a population density of six people or less per square mile.

**Fully Implemented:** The action or activity has been fully implemented. At this point, all elements are in place. This stage also involves determining to what extent the policy has been enforced or education and awareness has been provided, as well as what occurred as a result of the policy, regulations, and environmental change and/or education and awareness. Based on the evaluation results, adjustments can be made to ensure effectiveness.

**Greenways:** Linear open spaces that link parks and communities around the city, such as paths or trails. They provide public access to green spaces and opportunities for residents of all ages and abilities to be physically active.

**Health:** State of complete physical, mental, and social well-being and not just the absence of sickness or frailty.

**Health Disparity:** Type of difference in health that is closely linked with social or economic disadvantage that negatively affect groups of people who have systematically experienced greater social or economic obstacles to health. These obstacles stem from characteristics historically linked to discrimination or exclusion such as race or ethnicity, religion, socioeconomic status, gender, mental health, sexual orientation, or geographic location.

**Health Education:** Promotes healthy behaviors by informing and educating students through the use of materials and structured activities.

**Health Equity:** All people have “the opportunity to ‘attain their full health potential’ and no one is disadvantaged from achieving this potential because of their social position or other socially determined circumstance.”

**Health Improvement Planning:** A community health improvement process uses community health needs assessment data to identify priority issues, develop and implement strategies for action, and establish structures to ensure measurable health improvement, which are often outlined in a community health action plan.

<http://www.co.walla-walla.wa.us/departments/phd/documents/11.12.22CHIPfinal.pdf>

**Health Inequity:** Difference or disparity in health outcomes that is systematic, avoidable, and unjust.

**Health Organizations:** Healthcare facilities, including hospitals, medical and dental clinics, and offices.

**Healthy Community:** A community that is continuously creating and improving those physical and social environments and expanding those community resources that enable people to mutually support each other in performing all the functions of life and in developing to their maximum potential.

**Healthy Public Policy:** Aims to create a supportive environment to enable people to lead healthy lives by making healthy choices possible and easier for citizens.

**Health Screening:** Using tests or other methods of diagnosis to help diagnose whether a person has a specific disease or condition before it causes symptoms or serious health consequences (i.e. blood pressure screening, BMI measurements, blood glucose screening).

**Individually-Adapted Health Behavior Change Programs (Community-Based):** Teaching behavioral skills to help participants incorporate and increase physical activity into their daily routines. The programs are tailored to each individual’s specific interests, preferences, and readiness for change. These programs teach behavioral skills such as:

- Goal-setting and self-monitoring of progress toward those goals
- Building social support for new behaviors
- Behavioral reinforcement through self-reward and positive self-talk
- Structured problem solving to maintain the behavior change
- Prevention of relapse into sedentary behavior

More information can be found at: <http://www.thecommunityguide.org/pa/behavioral-social/individuallyadapted.html>

**Joint-Use Agreements:** Agreements between a school district and another entity, such as a city, county, non-profit or private organization, regarding the sharing of capital, operating costs and responsibilities for a facility.

**Kids Walk-to-School:** Guide that encourages individuals and organizations to work together to identify and create safe walking routes to school. [www.cdc.gov/nccdphp/dnpa/kidswalk/index.htm](http://www.cdc.gov/nccdphp/dnpa/kidswalk/index.htm)

**Lifetime Physical Activity:** Physical activity to increase skill-related fitness (balance, agility, power, reaction time, speed, and coordination) that will persist into and throughout adulthood.

**Local Food Procurement:** The purchasing (by institutions) of fruits and vegetables that were grown by local farmers, often for nutritional and economic benefits.

**Local Government Facilities:** Facilities owned, leased, or operated by a local government (including facilities that might be owned or leased by a local government but operated by contracted employees.) Local government facilities might include firehouses, women’s shelters, group housing facilities for children and seniors, general office buildings, court buildings, social service intake centers, day care/preschool facilities, historical buildings, detention facilities, health care facilities, community centers, public parks and fields, as well as the concession stands located at these facilities, airports, etc.

**Master Plan for Walking and Biking:** Network of quality bicycle and pedestrian facilities for both transportation and recreation in their community.

**Media Outlets:** Communication channels through which news, education, data, or promotional messages are disseminated, including newspapers, magazines, TV, radio, billboards, direct mail, telephone, and online.

**Mixed-Use Neighborhoods:** Communities that include buildings or a set of buildings that are zoned for a variety of uses. They can include some combination of residential, commercial, industrial, office, institutional or other land uses.

**Munch Code:** A color coded labeling program for use in concession items. GREEN foods/beverages are the healthiest options and can be enjoyed often (60-100%); YELLOW foods/beverages have added sugar, fat and calories and should be eaten occasionally (30% or less); and RED foods/beverages are the highest in sugar, fat, and calories and the least healthy, and should be eaten sparingly (10% or less).

**Networking:** Exchanging information for mutual benefit.

**Non-Motorized Transportation:** Any form of transportation that does not involve the use of a motorized vehicle such as walking and biking.

**Not Applicable:** This type of strategy is not appropriate for this community and cannot be scored.

**Not in Place:** At this point, no elements are in place in the community. For example there are no brochures and other information about possible programs; no policy, regulations or environmental changes regarding reduced-price or sliding scale fees to participate in programs; no programs at various locations in the community; and no programs provided at various and flexible hours to encourage attendance.

**Nutrition:** The intake of food, considered in relation to the body's dietary needs. Good nutrition – an adequate, well balanced diet combined with regular physical activity – is a cornerstone of good health. Poor nutrition can lead to reduced immunity, increased susceptibility to disease, impaired physical and mental development, and reduced productivity.

<http://www.who.int/topics/nutrition/en>

**Nutrition Standards:** Criteria that determine which foods and beverages may be offered in a particular setting (e.g., schools or local government facilities). Nutrition standards may be defined locally or adopted from national standards.

**Obese:** In adults a body mass index of 30 or greater.

**Overweight:** In adults a body mass index of 25 to 29.9.

**Partially Implemented:** At this point, some elements are in place. The action or activity has been started, but policy, regulations and environmental change and/or education and awareness strategies have not been fully implemented.

**Patient Education:** Promotes healthy behaviors by informing patients through the use of materials and counseling.

**Physical Activity:** Exercise or bodily movement that is produced by the contraction of skeletal muscle and uses energy. Some of your daily life activities—doing active chores around the house, yard work, walking the dog—are examples.

**Physical Activity Guidelines:** Issued by the federal government, a guide to help Americans understand the types and amounts of physical activity that offer important health benefits. Recommendations for physical aerobic activity include:

- 60 minutes daily for children ages 6-17
- 150 minutes/week of moderate-intensity physical activity (e.g. brisk walking, biking) or 75 minutes/week of vigorous-intensity physical activity (e.g. running, high-intensity aerobics) for adults ages 18-64
- There are no specifications for those five and under.

**Physical Fitness:** A set of attributes (body composition, cardiovascular fitness, flexibility, muscular strength, and endurance) that people have or achieve that relates to the ability to perform physical activity.

**Planning Stage:** This stage involves getting a problem onto the radar screen of the authoritative body that must deal with the issue. The action or activity is being planned. This is usually done when the issue or problem is categorized as a social or public problem. For example the city or county government discusses instituting a policy to ensure access to chronic disease self-management programs after complaints are filed by residents with chronic diseases who do not have access to appropriate educational or health behavior programs; policy implications and issues are being considered.

**Point-of-Decision:** Point-of-decision prompts are motivational signs placed in or near stairwells or at the base of elevators and escalators to encourage individuals to increase stair use.

Reference: <http://www.thecommunityguide.org/pa/environmental-policy/podp.html>

**Policy Adoption:** Steps taken or facilitated by program staff to bring about development or change of policy. Policy can be informal or formal.

**Policy:** Plan, principle, protocol, procedure, or course of action designed to guide or influence conduct or behavior that is intended to influence and determine decisions, actions, and other matters. A policy may be *formal* (a planned policy document that has been discussed, written, reviewed, approved, published, and implemented) or *informal* (an ad hoc, general, unwritten but widely recognized practice or understanding that a course of action is to be followed; even though this policy may not be made explicit in writing it still exists in practice).

**Population Based Interventions:** Planned and systematic activities that create change in social systems and environmental conditions at the community level that will support individual behavior change.

**Poverty:** Lacking human needs (clean water, nutrition, healthcare, education, clothing, and shelter) because people cannot afford them. Those with income below a certain limit are considered to be below the federal poverty level.

**Pricing Strategies:** Intentional adjustment to the unit cost of an item (e.g., offering a discount on a food item, selling a food item at a lower profit margin, etc.).

**Promising Practices:** There is some evidence that the intervention works. These types of programs have some documented success, but did not have the entire information needed to determine their full impact.

**Public Service Venues:** Facilities and settings open to the public that are managed under the authority of government entities (e.g., schools, child care centers, community recreational facilities, city and county buildings, prisons, and juvenile detention centers).

**Qualitative Information:** Gathers information that is not in numerical form and is often descriptive or subjective. Qualitative data seeks to answer questions concerning the *how* and *why* of a particular topic. Examples of qualitative data collection include:

- Open-Ended Questionnaires
- Interviews
- Sharing of Observations, Attitudes, Perceptions or Intentions in a group setting

**Quantitative Information:** Can be measured such as length, height, area, volume, weight, time, speed, temperature, humidity, sound levels, cost, members, ages, etc. Examples of quantitative data collection include:

- Demographic characteristics of the population
- Identification of size and type of group at risk for unmet needs
- Prevalence of chronic disease
- Disease specific mortality rates
- Personal health behaviors
- Health screenings
- Access to primary care
- Relation to disease management and cost of care

**Regulation:** Principle, law, or rule designed to control or regulate the conduct or behavior (with or without the power of law) of those directing, managing, or participating in an activity.

**Rural:** Areas which are less populated often have agricultural activity, and usually lack resources found in more urban or densely populated areas. For this toolkit's purpose, following the guidance of the municipalities' code, Class III size populations under 500 are classified as rural.

**Safe Routes to School Program:** Safe Routes to School (SRTS) is a reimbursement program sustained by the efforts of parents, schools, community leaders and local, state, and federal governments to improve the health and well-being of children by enabling and encouraging them to walk and bicycle to school. More information can be found at: <http://www.saferoutesinfo.org> or <http://www.sddot.com/services/school>

**School Health:** A healthful environment that includes the following:

- Nursing and other health services that students need to stay in school
- Nutritious and appealing school meals
- Opportunities for physical activity that include physical education
- Health education that covers a range of developmentally appropriate topics taught by knowledgeable teachers
- Programs that promote the health of school faculty and staff
- Counseling, psychological and social services that promote healthy social and emotional development and remove barriers to students' learning

<http://www.ashaweb.org/i4a/pages/index.cfm?pageid=3278>

**School Health Index:** Created and promoted by the Centers for Disease Control and Prevention (CDC), the School Health Index is a tool that examines the policies and programs of a school for the health issues of nutrition, physical activity, tobacco use, injury, and sun safety.

**Sector:** A distinct subset of a community, industry, or economy, whose components share similar characteristics. The Checklist and Toolkit sector is used to signify various groups in the community, comprised of people/organizations that are divided into specific categories - i.e. healthcare, schools, worksites, community (at large) - for reasons of common social, employment, political, economic, cultural, or religious interests. In some cases, membership in a sector may be conscious (business people as part of the "business sector," for example.) In others, people may not think about their membership (parents may not think of themselves as helping to make up the "education sector.") Many individuals may belong to, or have contact with several sectors.

**Sedentary Behavior:** Describes time spent doing physically inactive tasks that do not require a lot of energy.

**Settings:** When using the Checklist, major social structures that provide channels and mechanisms of influence for reaching defined populations and for intervening at the policy level to facilitate healthful choices and address quality of life issues. (Worksites, schools, healthcare sites, and community)

**Smoke-Free Policy 24/7 for Indoor and Outdoor Public Places:** Prohibits smoking (cigarettes, pipes, etc.) in all indoor and outdoor areas 24 hours a day, 7 days a week by anyone. Smoke-free policy can be extended to private residences used to provide childcare, foster care, adult care, and similar social services. The policy does not apply to the use of tobacco for cultural or traditional purposes. More information can be found at:

<http://www.tobaccofreekids.org/research/factsheets/pdf/0144.pdf>

[http://www.cdc.gov/tobacco/basic\\_information/secondhand\\_smoke/guides/business/index.htm](http://www.cdc.gov/tobacco/basic_information/secondhand_smoke/guides/business/index.htm)

<http://www.surgeongeneral.gov/library/secondhandsmoke/factsheets/factsheet4.html>

**Social Determinants of Health:** Factors, overlapping social structures, and economic systems that influence conditions (those in which people are born, grow, live, work, and age) and contribute to a person's current state of health at local, state, and national levels. Examples of social determinants of health include race/ethnicity, education, geographic isolation, and poverty status.

**South Dakota Harvest of the Month:** Harvest of the Month is an educational program designed to encourage adding more fruit and vegetables to your daily routine more often - at home, at work, at school, and everywhere in between! More information can be found at: <http://sdharvestofthemonth.org>

**South Dakota (SD) QuitLine:** The South Dakota QuitLine offers free written materials to assist tobacco users who are ready to quit, free telephone counseling delivered by trained health coaches, access to free cessation medication, and referrals to other cessation services (if interested). To enroll, South Dakota residents may call 1-866 SD-QUITS (1-866-737-8487). Another resource can be found online at SDQuitLine.com, a comprehensive web-based program with the latest information and research-based tools to help tobacco users in their efforts to quit. SDQuitLine.com is available 24 hours a day/7 days a week and provides access to tailored motivational messages, step-by-step guides to cutting down and quitting tobacco as well as online support from other quitters and quitting specialists.

**Suburban:** Smaller community, supporting a municipality, and typically adjacent to or within commuting distance of a city or more largely populated area. For this toolkit's purpose, following the guidance of the municipalities' code, Class II sized city-populations 5,000-500.

**Supplemental Nutrition Assistance Program (SNAP):** Federal food stamp program that offers nutrition assistance to millions of eligible, low income individuals and families and provides economic benefits to communities.

**Tobacco-Free Policy 24/7 for Indoor and Outdoor Public Places:** Prohibits the use of all tobacco products in all indoor and outdoor areas 24 hours a day, 7 days a week by anyone. Tobacco-free policy can be extended to private residences used to provide childcare, foster care, adult care, and similar social services. The policy does not apply to the use of tobacco for traditional or cultural purposes. More information can be found at:

<http://www.cdc.gov/nccdphp/dnpao/hwi/toolkits/tobacco/index.htm>

**Tobacco Product:** Any item made of tobacco intended for human consumption, including cigarettes, cigars, pipe tobacco, and smokeless tobacco. Cigarette lighters and paper for rolling cigarettes are not tobacco products.

<http://dev.sdra.org/article.asp?ty=NEWS-LETTER&action2=showArticle&id=6058>

**Tobacco Use:** Tobacco use may be defined as any habitual use of the tobacco plant leaf and its products. The predominant use of tobacco is by smoke inhalation of cigarettes, pipes, and cigars. Smokeless tobacco refers to a variety of tobacco products that are sniffed, sucked, or chewed. <http://www.ncbi.nlm.nih.gov/books/NBK362>

**Traffic Calming Measures:** The combination of principally physical measures that reduce the negative effects of motor vehicle use and improve conditions for nonmotorized street users. More information can be found at:

[http://www.fhwa.dot.gov/environment/traffic\\_calming/index.cfm](http://www.fhwa.dot.gov/environment/traffic_calming/index.cfm)

**United States Clinical Preventive Services Task Force (USPSTF):** The USPSTF is an independent panel of non-Federal experts in prevention and evidence-based medicine and is composed of primary care providers (such as internists, pediatricians, family physicians, nurses, and health behavior specialists). Recommendations for preventative measures from the USPSTF include screening tests, counseling, immunizations, and preventive medications. More information can be found at: <http://www.uspreventiveservicestaskforce.org/recommendations.htm>

**Urban:** Densely populated areas that often include a municipality. For this toolkit's purpose, following the guidance of the municipalities' code, Class I size populations 5,000 and over are classified as urban.

**Urban (City/Regional) Planning:** a multidisciplinary field in which professionals work to improve the welfare of persons and communities by creating more convenient, equitable, healthful, efficient, and attractive places now and for the future. The centerpiece of urban planning activities is a "master plan," which can take many forms, including comprehensive plans, neighborhood plans, community action plans, regulatory and incentive strategies, economic development plans, and disaster preparedness plans. Traditionally, these plans include assessing and planning for community needs in some or all of the following areas: transportation, housing, commercial/office buildings, natural resource utilization, environmental protection, and healthcare infrastructure.

**Walkability Assessment:** Unbiased examination/evaluation of the walking environment to identify concerns for pedestrians related to the safety, access, comfort, and convenience of the walking environment.

**Walk Audit:** A walkability audit tool is designed to broadly assess pedestrian facilities, destinations, and surroundings along and near a walking route and identify specific improvements that would make the route more attractive and useful to pedestrians. The audit helps you map out the most commonly used walking routes, and helps you identify the most common safety hazards and inconveniences that can keep employees from walking at work.  
Reference: <http://www.cdc.gov/nccdphp/dnpao/hwi/toolkits/walkability/index.htm>

**Walkable Communities:** Communities that facilitate pedestrian transportation by locating homes, businesses, schools, shops, and other services, which are connected by sidewalks, bicycle lanes and trails, within an easy and safe walk from each other.

**Walking School Bus:** A walking school bus is a group of children walking to school with one or more adults.  
Reference: [http://guide.saferoutesinfo.org/walking\\_school\\_bus/pdf/wsb\\_guide.pdf](http://guide.saferoutesinfo.org/walking_school_bus/pdf/wsb_guide.pdf)

**2 A's + R:** ASK-ADVISE-REFER (2As+R), a modified version of the 5-A's protocol recommended in the U.S. Public Health Service (PHS) Clinical Practice Guideline for the general population of tobacco users. More information can be found at: <http://www.uspreventiveservicestaskforce.org/3rduspstf/tobaccoun/tobcounrs.htm>