

Introduction

- Smoking is the largest preventable cause of death in the United States (U.S.) (Centers for Disease Control and Prevention [CDC], 2019).

Background

- Clinical practice guidelines recommend a systematic approach to helping smokers quit (Fiore et al., 2008; U.S. Preventative Task Force [USPTF], 2015).
- The 5As (Ask, Advice, Assess, Assist, and Arrange follow-up) is the most recommended method (Fiore et al., 2008; USPTF, 2015).
- A shortened version of the 5As (AAR – Ask, Advise, and Refer) is easier and more appropriate to implement in some situations.

Significance

- 480,000 people die each year from smoking (Jamal et al., 2016).
- Smoking costs \$300 billion. (Jamal et al., 2016; Jamal et al., 2018).

Aim

- Increase the use of the AAR approach to tobacco cessation and ultimately decrease tobacco use.

Methodology

- Assess intent to quit among participants.
- Conduct a targeted educational intervention.
- Provide a comprehensive resource of smoking-cessation resources in the area.
- Assess intent to quit, intent to seek help to quit, referral rate to the quit resources, and quitting attempts later by telephone
- Study Population: Between ages 18-89, not pregnant, have smoked in last week.

Participants

- Three participants were included. Only one completed the two-week phone call.

Tools

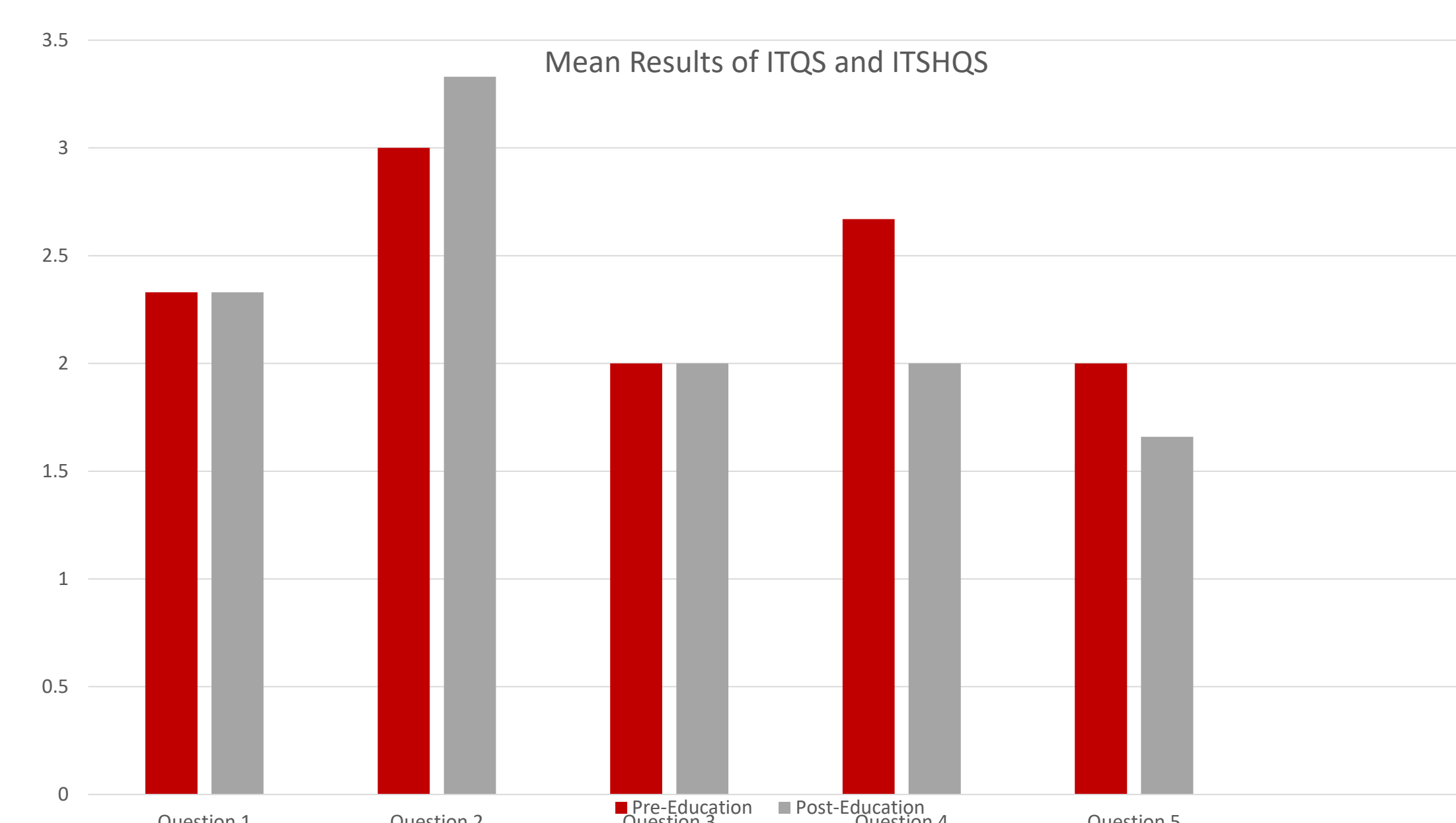
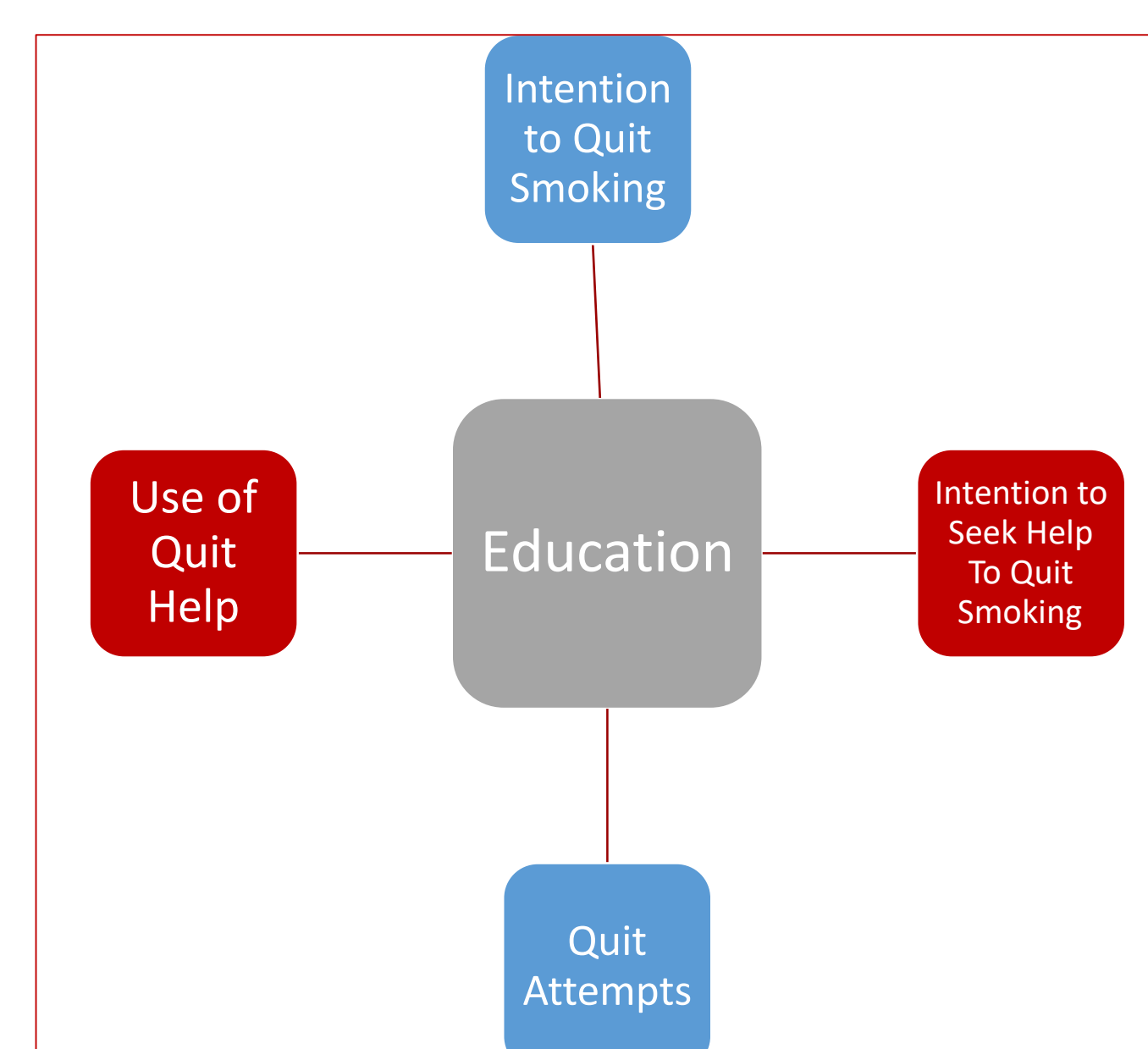
- Intent to Quit Smoking (ITQS) (Wong & Capella, 2009)
- Intent & to Seek Help to Quit Smoking (ITSHQS) (Wong & Capella, 2009)
- Scale of 1 to 4 with 1 being definitely will not and 4 being definitely will

Questions

- How likely is it that in the next 3 months you will:
 - Quit smoking completely and permanently?
 - Reduce the number of cigarettes you smoke in a day?
 - Talk to someone (friend, family member, spouse) about quitting smoking?
 - Seek counseling/support to help you quit smoking?
 - Enroll in a smoking cessation program if one were available to you at minimal cost and easy access?

Results

- The sample size was too small to complete statistical analysis
- The mean ITQS score increased from 5.3 to 7.7.
- The mean ITSHQS score decreased from 5.3 to 3.7.
- The decrease in ITSHQS was from a change in only one participant's answers.
- For the participant that was reached two weeks later, their ITQS increased
 - from 5 to 9.
- One participant decreased their smoking from 3-packs-per-day to 1 pack-per-day and set a quit date for two weeks later.



Discussion

- Prior to the start of the education, the practice moved and had a significant drop in patient visits.
- This study is a pilot study and the results should be repeated with a larger sample.
- The AAR model is feasible even in restricted practice situations.
- No statistical conclusions can be drawn because of the small sample size.

Policy Implications

- For each dollar, a state spends on smoking cessation, they can save up to \$5 in hospital expenses (Tobacco Free Kids, 2019).
- More funding for education about quit lines and quit centers should be provided to the public and healthcare workers.

Health Care Practice Implications

- This education component is easy to incorporate into even busy practice settings.

References

- See separate list for references

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