Mobile Health-Based Approaches for Smoking Cessation Resources

Sookyung Hyun, DNSc, RN, Julie Keany Hodorowski, RN, MA, OCN®, Anita Nirenberg, DNSc, RN, PNP, BC, AOCNP®, Rosemarie Slevin Perocchia, RN, M.Ed, Jo Anne Staats, MS, ANP, Olivia Velez, PhD, MS, MPH, RN, and Suzanne Bakken, RN, PhD, FAAN, FACMI

Smoking accounts for about one in five deaths in the United States, and the economic cost of smoking was estimated at $193 billion in 2004 (American Lung Association, 2011). Although the prevalence of American adult smokers has decreased by 1.6% from 2005–2011, the proportion of daily smokers smoking from one to nine cigarettes per day increased from 16% to 22% (Centers for Disease Control and Prevention [CDC], 2011). Tobacco use contributes to multiple health issues such as heart disease and cancer and is the single largest preventable cause of death and disease in the United States (CDC, 2011).

Guidelines recommend that every patient who smokes should be counseled by a healthcare provider to quit smoking (Fiore et al., 2008). The Joint Commission (2010) requires healthcare organizations to implement a smoke-free environment. Encouraging smokers to quit is one of the most effective interventions known to reduce smoking-related morbidity and mortality and to improve patients’ health. Providing advice on smoking cessation to smokers by healthcare providers improves cessation rates (Doolan & Froelicher, 2006; Lancaster & Stead, 2005; Mahon, 2005; Sarna et al., 2000). For instance, in cases in which a nurse offered smoking cessation advice, the likelihood of quitting increased by about 50% compared to smokers without nursing interventions (Doolan & Froelicher, 2006). Despite the effectiveness, the interventions are still widely underused (Cokkinides, Ward, Jemal, & Thun, 2005). Annually, about 80% of smokers are seen in primary care settings (Doolan & Froelicher, 2006); however, a low number of patients reported that they received advice on smoking cessation from healthcare providers (Lancaster & Stead, 2005).

Nursing interventions have been more focused on assessment than smoking cessation interventions (Sarna et al., 2009). In a national survey on nurses’ delivery of tobacco cessation interventions, 73% of