Predictors of **Tobacco Counseling** Among *Mississippi Pediatricians*

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Robert C. McMillen, PhD, Social Science Research Center, Mississippi State University & American Academy of Pediatrics' Julius B. Richmond Center of Excellence; ***Gretchen Mahan, BS***, Mississippi Chapter, American Academy of Pediatrics

ABSTRACT

Purpose: Parental smoking has been associated with increased rates of sudden infant death syndrome, low birth weight, otitis media, asthma, and decreased lung growth. Our purpose is to assess rates of screening and counseling for parental tobacco use in the context of their child's visit to primary care providers in Mississippi.

Methods: Cross-sectional surveys representing probability samples of Mississippi adults were administered in 2012. The mixed-mode design includes an RDD frame and an address-based frame to reduce bias due to wireless substitution.

Results: 2266 Mississippi adults completed surveys; 523 were parents and 352 were parents who had a child seen by a pediatrician (61.3%), family practitioner (36.1%), or some other type of primary care provider (2.6%) in the past year. Among parents, 94.0% agreed that it is appropriate for a child's doctor to encourage smoking parents to quit smoking, 53.1% reported that their child's doctor had asked if anyone in the household smokes, 38.2% had been asked if smoking is allowed inside the home, and 24.5% had been advised to enforce a strict rule about no one smoking inside the home. More than half (58.9%) of smoking parents reported that their child's doctor had advised them to quit smoking during their most recent visit.

Conclusion: Despite almost all parents reporting an openness to tobacco counseling, many parents did not receive advice about tobacco smoke or cessation. Significant opportunities exist to improve tobacco control activities in primary care settings that serve children. To address this need the Mississippi Chapter of the AAP and the Mississippi State Department of Health have initiated a program in a set of champion clinics to address tobacco counseling.

METHODS

Random Digit Dialing (RDD) methods have been the most efficient and cost-effective means for administering surveys to a representative sample of adults for several decades. However, data from the National Health Interview Survey highlight the growing problem of wireless substitution of landline telephones for survey researchers. Approximately 38.2% of the U.S. population live in a household with only wireless telephone service (Blumberg and Luke, 2013). The 2012 Mississippi Social Climate Survey of Tobacco Control reduces noncoverage bias due to wireless substitution by including two sampling frames, an RDD frame of households with a landline telephone and an address-based frame that includes all households that receive deliveries from the U.S. Postal Service. Both sample frames represent the civilian, non-institutionalized adult population over age 18. The overall sample (N=2,266) was weighted by race, gender, and age based on the most current U.S. Census estimates.

CONCLUSION

Despite almost all parents reporting an openness to tobacco counseling, many parents did not receive advice about tobacco smoke or cessation. Significant opportunities exist to improve tobacco control activities in primary care settings that serve children. To address this need the Mississippi Chapter of the AAP and the Mississippi State Department of Health have initiated a program in a set of champion clinics to address tobacco counseling.

With funding from the Mississippi State Department of Health's Office of Tobacco Control, the Mississippi Chapter of the AAP is working with several pediatric primary care "champion clinics". Clinics are identified through several methods, including responses to a chapter survey, participation in tobacco-related CME programs, and via a general invitation to our membership. The purpose of this project is to help a pediatric clinic augment their involvement in asking about tobacco exposure and helping users to quit, ultimately reducing the risk of second- and third-hand smoke exposure to children. Each clinic receives training about the 2 As and a R (Ask, Advise, Refer), how to inquire about tobacco use and why, and learns about statewide tobacco cessation resources and services. In addition, the champion clinics receive community recognition as well as prevention and cessation materials for distribution through the clinic. Access to the state's Tobacco Quitline is provided via a fax referral or online referral form, and a monetary stipend is also provided to defray administrative expenses.

Each clinic also provides a snapshot of the prevalence of tobacco use and also the current practices of the clinic in regard to tobacco counseling and referral services via the completion of two survey instruments: the administration of a brief questionnaire to a portion of their patient base and another to all clinic physicians and staff.

While this project is in its infancy, similar projects with other organizations have shown increases in queries to patients about tobacco exposure intervention, increased referrals to the state's Quitline, and increased knowledge on the part of physicians and clinic staff in regard to cessation services and treatments. These clinics will serve as models for other clinics in the state.

RESULTS//SAMPLE CHARACTERISTICS

	Unweighted N	Unweighted %	Weighted %
Child in Home			
Yes	523	23.5%	35.1%
No	1,698	76.5%	64.9%
Age			
18-29	64	12.7%	19.8%
30-44	226	44.9%	56.1%
45+	213	42.3%	24.1%
Sex			
Male	172	33.3%	44.5%
Female	345	66.7%	55.5%
Race			
Black	202	40.2%	44.8%
White	300	59.8%	55.2%
Education			
Less than HS	46	8.9%	7.6%
High School	132	25.6%	27.0%
Some College	152	29.5%	30.0%
College Degree	185	35.9%	35.4%
Current Smoker			
Yes	88	17.0%	18.3%
No	431	83.0%	81.7%
Rural/Urban			
Rural	229	46.5%	45.1%
Urban	263	53.5%	54.9%
Income			
Less than $20K	122	27.2%	25.5%
More than $20K	327	72.8%	74.5%

RESULTS//CHILD HEALTH CARE PROVIDER COUNSELING

	It is appropriate for a child's doctor to encourage smoking parents to quit smoking.	Child's doctor asked if anyone in the household smokes	Child's doctor asked if smoking is allowed inside the home	Child's doctor advised to enforce a strict rule about no one smoking inside the home	Smoking parents reported that their child's doctor had advised them to quit smoking
Overall	94.0% (91.9%, 96.1%)	53.1% (47.9%, 58.3%)	38.2% (33.1%, 43.3%)	24.5% (20.0%, 29.0%)	58.9% (45.9%, 71.9%)
Smoking Status					
Nonsmoker	95.0% (92.9%, 97.1%)	50.1% (44.4%, 55.8%)	34.9% (29.4%, 40.4%)	21.5% (16.8%, 26.2%)	NA
Current Smoker	89.1% (82.6%, 95.6%)	68.8% (56.3%, 81.3%)	57.5% (44.2%, 70.8%)	42.5% (29.2%, 55.8%)	NA
Race					
White	95.7% (93.4%, 98.0%)	50.5% (43.7%, 57.3%)	37.5% (31.0%, 44.0%)	22.5% (16.9%, 28.1%)	59.0% (44.3%, 73.7%)
Black	91.3% (87.4%, 95.2%)	54.3% (45.6%, 63.0%)	38.8% (30.3%, 47.3%)	24.4% (16.9%, 31.9%)	40.0% (11.0%, 69.0%)
Age					
18-29	92.5% (86.0%, 99.0%)	75.8% (63.4%, 88.2%)	59.3% (45.1%, 73.5%)	28.6% (15.5%, 41.7%)	75.0% (48.2%, 101.8%)
30-44	94.0% (90.9%, 97.1%)	52.0% (44.8%, 59.2%)	37.0% (30.0%, 44.0%)	24.5% (18.3%, 30.7%)	60.5% (40.9%, 80.1%)
45+	94.8% (91.8%, 97.8%)	34.0% (25.2%, 42.8%)	21.3% (13.7%, 28.9%)	20.0% (12.6%, 27.4%)	43.8% (21.5%, 66.1%)
Sex					
Male	93.7% (90.0%, 97.4%)	44.3% (34.3%, 54.3%)	31.2% (21.9%, 40.5%)	22.1% (13.8%, 30.4%)	62.5% (36.2%, 88.8%)
Female	94.3% (91.8%, 96.8%)	58.4% (52.3%, 64.5%)	42.2% (36.1%, 48.3%)	25.8% (20.4%, 31.2%)	56.9% (41.9%, 71.9%)
Education					
Less than HS	87.5% (77.8%, 97.2%)	57.7% (37.1%, 78.3%)	40.7% (20.2%, 61.2%)	23.1% (5.5%, 40.7%)	57.1% (27.9%, 86.3%)
High School	94.1% (90.0%, 98.2%)	57.0% (45.9%, 68.1%)	46.7% (35.4%, 58.0%)	33.1% (22.5%, 43.7%)	65.5% (40.6%, 90.4%)
Some College	92.4% (88.2%, 96.6%)	61.0% (51.7%, 70.3%)	38.2% (28.9%, 47.5%)	25.3% (17.0%, 33.6%)	40.9% (18.8%, 63.0%)
College Degree	96.2% (93.4%, 99.0%)	45.0% (36.9%, 53.1%)	32.6% (25.0%, 40.2%)	19.5% (13.1%, 25.9%)	68.8% (40.1%, 97.5%)
Rural/Urban					
Rural	93.5% (90.3%, 96.7%)	59.5% (51.6%, 67.4%)	46.5% (38.5%, 54.5%)	28.4% (21.2%, 35.6%)	59.1% (41.2%, 77.0%)
Urban	93.9% (91.0%, 96.8%)	48.1% (40.9%, 55.3%)	32.3% (25.6%, 39.0%)	21.8% (15.9%, 27.7%)	55.6% (36.1%, 75.1%)
Income					
Less than $20K	93.3% (88.8%, 97.8%)	61.2% (49.9%, 72.5%)	45.9% (34.3%, 57.5%)	37.1% (25.9%, 48.3%)	60.7% (39.3%, 82.1%)
More than $20K	95.0% (92.6%, 97.4%)	49.9% (43.6%, 56.2%)	35.1% (29.1%, 41.1%)	21.4% (16.3%, 26.5%)	60.9% (43.4%, 78.4%)

RESULTS

	It is appropriate for a child's doctor to encourage smoking parents to quit smoking.	Child's doctor asked if anyone in the household smokes	Child's doctor asked if smoking is allowed inside the home	Child's doctor advised to enforce a strict rule about no one smoking inside the home
Smoking Status				
Nonsmoker	REF	REF	REF	REF
Current Smoker	0.4 (0.2, 1.0)	**2.5 (1.3, 4.8)**	**2.4 (1.3, 4.6)**	**2.3 (1.2, 4.4)**
Race				
White	**2.0 (1.0, 4.4)**	0.7 (0.4, 1.2)	0.9 (0.5, 1.5)	1.1 (0.6, 1.9)
Black	REF	REF	REF	REF
Age				
18-29	0.6 (0.2, 2.0)	**6.3 (3.0, 13.3)**	**6.0 (2.8, 12.8)**	1.9 (0.9, 4.2)
30-44	0.7 (0.3, 1.6)	**2.0 (1.1, 3.4)**	**2.3 (1.2, 4.2)**	1.4 (0.7, 2.6)
45+	REF	REF	REF	REF
Sex				
Male	REF	REF	REF	REF
Female	1.5 (0.7, 3.0)	1.4 (0.9, 2.2)	**1.5 (1.0, 2.4)**	1.0 (0.6, 1.7)
Education				
Less than HS	REF	REF	REF	REF
High School	2.6 (0.8, 9.0)	0.9 (0.3, 2.5)	1.3 (0.5, 3.5)	2.4 (0.7, 7.5)
Some College	1.3 (0.4, 4.2)	1.0 (0.4, 2.8)	0.8 (0.3, 2.2)	1.5 (0.5, 5.0)
College Degree	2.5 (0.7, 9.7)	1.0 (0.3, 2.6)	1.0 (0.3, 2.8)	2.1 (0.6, 6.8)
Rural/Urban				
Rural	0.8 (0.4, 1.7)	**1.5 (1.0, 2.3)**	**1.6 (1.0, 2.4)**	1.0 (0.6, 1.6)
Urban	REF	REF	REF	REF
Income				
Less than $20K	1.2 (0.5, 3.0)	1.0 (0.5, 1.8)	1.1 (0.6, 2.1)	**2.5 (1.3, 4.8)**
More than $20K	REF	REF	REF	REF

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