

Helping parents quit smoking with available resources outside the office: A national survey of acceptability and use of telephone counseling programs (quitlines)

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Abstract

Background: Provision of telephonic smoking cessation counseling can increase the rate of quitting smoking. No prior surveys have assessed the acceptability to parents of enrollment in quitline counseling in the context of their child's primary care visits. A free national quitline has been established by the U.S. Public Health Service.

Objective: To assess acceptability to parents of enrollment in quitline counseling and to compare that to the reported rate of actually being enrolled in quitline counseling in the context of the child's healthcare visit.

Methods: Data were collected by a national random digit dial telephone survey of households from September to November 2004. The sample is weighted by race and gender based upon the current U.S. Census to be representative of the U.S. population.

Results: 3011 eligible respondents completed surveys (cooperation rate was 83.3%), and 688 who completed the survey (23.5%) were parents who had a child seen by a child healthcare provider during the past year. Of these parents, 187 (19.7%) were self-identified smokers. 113 (64.2%) said they would accept enrollment in a telephone cessation program if the child's doctor offered it to them. In contrast, of the 122 smoking parents who accompanied their child to the doctor, only 11 (9.5%) had any counseling program recommended and only one was actually enrolled. These results did not vary by parent age, gender, race, or child age.

Results: Demographics

Variable	Total Sample (N=958) Valid %
Region	
Northeast	18.5
Midwest	22.9
South	37.1
West	21.5
Smoking Status	
Nonsmoker	80.3
Smoker	19.7
Gender	
Male	46.7
Female	53.3
Race	
White	73.7
Non-white	26.3
Age	
18-24 years	13.2
25-44 years	59.8
45-64 years	25.3
≥65 years	1.7
Education	
<12 y	6.3
High school graduate	30.5
Some college	26.1
College graduate	37.1
Residence	
Urban	72.9
Rural	27.1
Physician	
Family Practitioner	23.3
Pediatrician	47.3
No visit to child's clinician in past year	29.5

Results: Responses from Smokers Surveyed

Tobacco control service delivery to smokers who accompanied child to healthcare setting*

Ask and Advise - Smokers (N = 122)	Valid %**
Child's doctor asked if anyone in the house smokes	47.1%
Child's doctor asked if smoking is allowed in the house	39.8%
Child's doctor asked if smoking is allowed in the family vehicle	28.2%
Child's doctor discussed the dangers of second hand smoke	37.3%
Child's doctor discussed the increased risk that children of smokers will become smokers	28.6%
Child's doctor advised you to quit smoking	37.8%
Would accept enrollment in telephone cessation program if child's doctor offered it ***	64.2%
Child's doctor recommended medication to help you quit smoking	11.8%
Child's doctor actually prescribed medication to help you quit smoking	6.6%
Did you actually pick up this medication	4.9%
Child's doctor referred you for any additional services related to your smoking	9.5%
Child's doctor actually enrolled you in any of these services	0.8%

*Includes all smokers who accompanied child to child healthcare setting in the past year
** Percentage of questions in this question set answered by the 122 parents ranged from 98 - 100%.
*** Asked to all smoking parents

Detailed Methods

Respondents

The Social Climate Survey of Tobacco Control (SCS-TC) was administered to a representative sample of U.S. adults on July-September of 2004. Households were selected using random digit dialing procedures. Once a household was reached, the adult to be interviewed was selected by asking to speak with the person in the household who is 18 years of age or older, and who will have the next birthday. The sample was weighted by race and gender within each census region, based on the most current US Census estimates.

Social Climate Survey of Tobacco Control

The SCS-TC is an annual cross-sectional survey designed to operationalize the concept of social climate into a comprehensive set of quantifiable social and environmental indicators across the social institutions that characterize society. These social institutions include: 1) family and friendship groups; 2) education; 3) workplace; 4) government and political order; 5) health and medical care; 6) recreation, leisure and sports; and 7) mass culture and communication.

Measures

Two questions from the Behavior Risk Factor Surveillance System (BRFSS) and the National Health Interview Survey (NHIS) were used to assess the current smoking status of respondents. Respondents were asked, "Have you smoked at least 100 cigarettes in your entire life?" Respondents who reported that they had were then asked, "Do you now smoke cigarettes every day, some days, or not at all?" Respondents who reported that they now smoke every day or some days were categorized as current smokers. Four questions were asked to all parents who had accompanied their child to a pediatrician or family practitioner in the past year. Parents were asked which of the following things this physician had done in the past 12 months: 1) asked if anyone in the house smokes, 2) asked if smoking is allowed in the house, 3) asked if smoking is allowed in the family vehicle, and 4) discussed the dangers of secondhand smoke. Parents who smoked were also asked which of the following things this physician had done in the past 12 months: 1) discussed the increased risk that children of smokers will become smokers, 2) advised you to quit smoking, 3) recommend medication to help you stop smoking, 4) actually prescribe medication to help you stop smoking, 5) refer you for any additional services related to your smoking, and 6) actually enroll you in these programs. Two additional questions were asked to smoking parents: 1) would you accept enrollment in a cessation program if your child's doctor offered it, and 2) did you actually pick up the medication that their child's doctor had prescribed (asked to parents who reported that their child's doctor had prescribed medication).

Results: All Parents

Tobacco control service delivery to parents who accompanied child to healthcare setting *

General Screening and Counseling (N=688)	Valid %**
Child's doctor asked if anyone in the house smokes	47.8%
Child's doctor asked if smoking is allowed in the house	33.5%
Child's doctor asked if smoking is allowed in the family vehicle	26.9%
Child's doctor discussed the dangers of second hand smoke	29.4%

*Includes all smokers and non-smokers who accompanied child to child healthcare setting in the past year
**Percentage of questions in this question set answered by the 688 parents ranged from 96 -97%.

Conclusions

- Other studies have shown that quitlines are effective at helping smokers quit and a national quitline is now available.
- When dealing with parents who smoke, child healthcare providers have low rates of referring and enrolling parents in any services related to smoking.
- Enrollment in quitlines would be acceptable to the majority of parents in the context of their child's healthcare visit.
- Tobacco control efforts in the child healthcare setting should include implementation of office systems that will facilitate enrollment of parental smokers in the quitline.

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