

Do Child Healthcare Providers Use Effective Therapies to Help Parental Smokers Quit?

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Abstract

Background:

Provision of smoking cessation medications and enrollment in cessation programs can increase the chances of quitting smoking. No prior surveys have assessed national rates of smoking cessation medication prescription or referrals to cessation programs for parents in the context of their child's visit to primary care.

Objective:

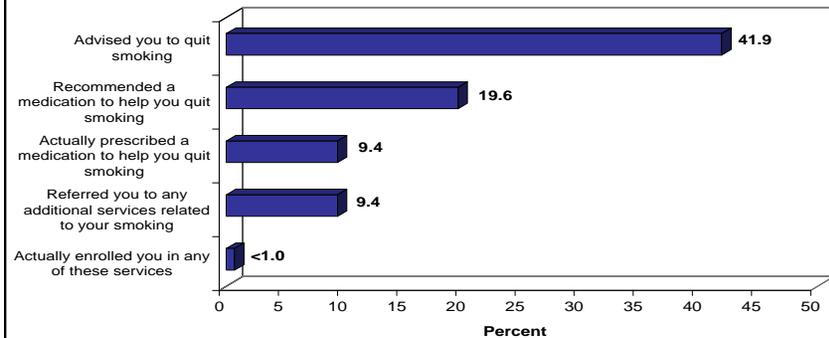
To assess rates of smoking cessation medication prescriptions and cessation program referrals for parental smokers in the context of the child's healthcare visit.

Design/Methods:

Data were collected by random digit dial telephone survey of national households from July to September 2002. The sample is weighted by race and gender based upon 2000 U.S. Census estimates to be representative of the U.S. population.

Results

In the past twelve months, has your child's pediatrician or family practitioner:



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 2002. 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.

Six items assessed cessation counseling to the parent by the child's pediatric provider. Respondents were asked which of the following things their child's pediatrician or family practitioner has done in the past 12 months: 1) advised you to quit smoking; 2) recommend medication to help you stop smoking; 3) actually prescribe medication to help you stop smoking; 4) did you actually pick up this medication; 5) refer you for any additional services related to your smoking; and 6) actually enroll you in any of these services.

Analyses

Chi-square procedures were used to examine changes from 2000 and 2002. Associations were considered significant at the $p < .05$ level.

Results & Conclusions

The study utilized a national RDD telephone survey with a sample design developed by Survey Sampling Inc of Fairfax, CT. Of the eligible respondents successfully contacted, 3,009 respondents completed the survey for a cooperation rate of 85.5% and 511 (14.5%) refused to participate. Using the formula proposed by CASRO these figures resulted in an overall response rate of 42.3%. Of those who completed the survey, 705 (24%) were parents who had a child seen by a child healthcare provider in the past year. Of these parents, 138 (20%) were self-identified smokers. One in five parents (20%) received a recommendation to use medication to help quit and fewer than one in ten (9%) received a prescription for a smoking cessation medication. A greater percentage (42%) received advice to quit, however parents reported low rates (9%) of referral for additional services related to smoking, and very low rates (<1%) of child healthcare providers actually enrolling them into smoking related services. These results did not vary by parent age, gender, race, or child age.

When dealing with parents who smoke, child healthcare providers have low rates of using cessation therapies and strategies that have proven effective in other settings.



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