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

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Abstract

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:

- Advised you to quit smoking
- Recommended a medication to help you quit smoking
- Actually prescribed a medication to help you quit smoking
- Referred you to any additional services related to your smoking
- Actually enrolled you in any of these services

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, 3,099 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.