

Pediatric Secondhand Smoke Exposure: Interventions for a Busy Pediatric Practice

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- Therefore, I have no relationships to report.



American Academy of Pediatrics
Utah Chapter



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Objectives

- Burden of pediatric secondhand smoke
- Your role as a clinician
- Effective intervention techniques
 - The 5 A's model
 - Stages of change model
 - Motivational interviewing
- Know your resources



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Prevalence

- Secondhand smoke (SHS)
 - 126 million children and adults exposed
 - 22 million (60%) US children 2-11 yrs are exposed
- Underserved populations are disproportionately affected
- About 175,000 Utah adults and 14,000 youth use tobacco.
- 15,000 Utah children live in homes where smoking is present

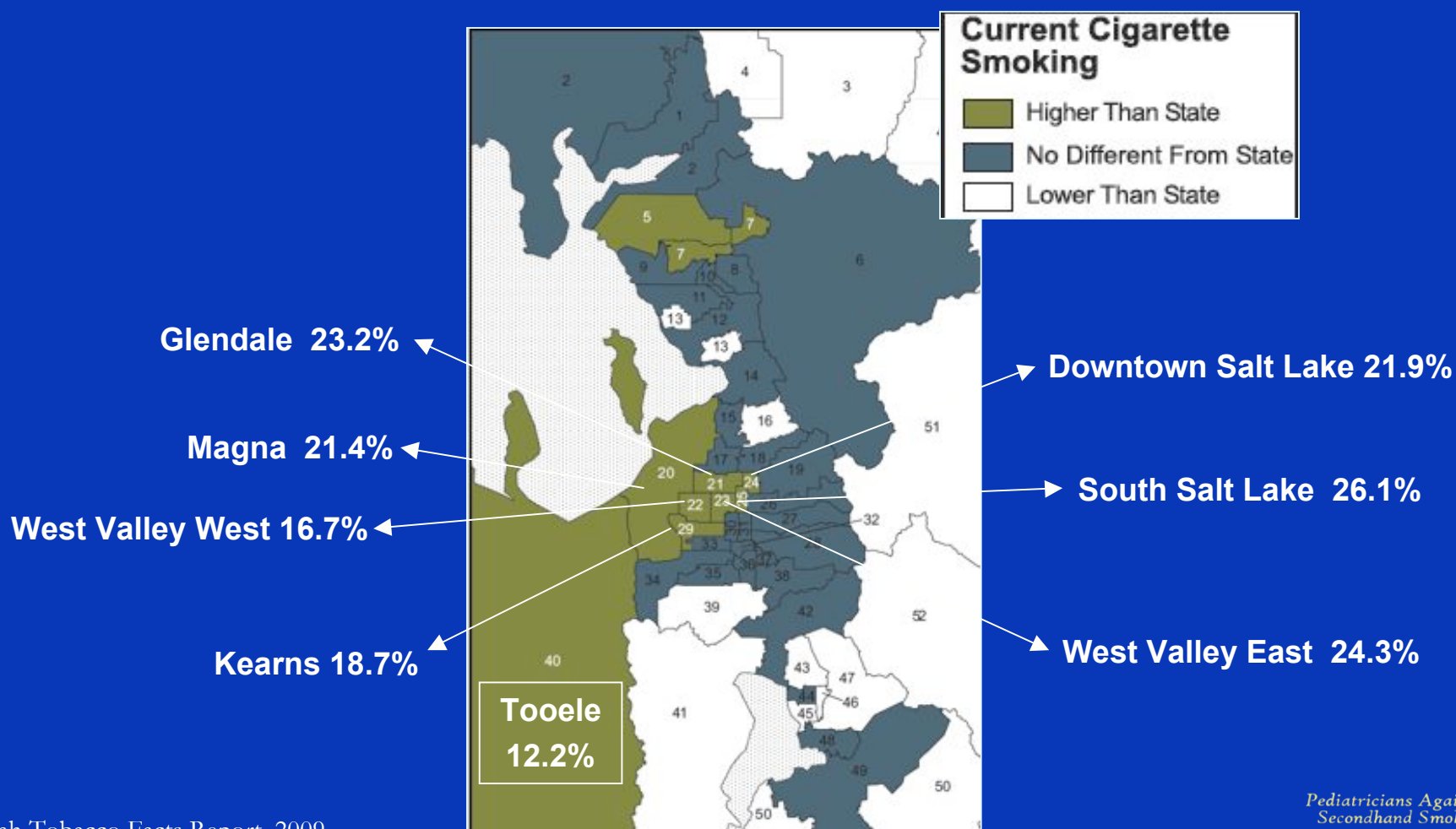
Burden of Disease

- SHS Morbidity/Mortality
 - ~6000 tobacco related deaths in children <5 yrs
 - Risk of hospitalization is increased four-fold in children exposed to SHS
 - SHS exposure linked to common pediatric disorders, particularly ENT and respiratory disease.
- Cost
 - Smoking a pack/day costs over \$2000/year
 - \$663 million per year in Utah
 - Exceeds 10 billion dollars per year in the US



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Adult Cigarette Smoking Rate by Small Area, Salt Lake Valley Health District



Utah Tobacco Facts Report, 2009
 Courtesy of the SLVHD
 UDOH BRFSS, 2001-2005

Utah's Average Overall Smoking Rate 9.1%





Barriers

Pediatrician perceptions

- Patients
 - Ignore advice, offended or disinterested
- Tobacco cessation counseling
 - Time consuming
 - Ineffective
 - Not their role
 - Inadequate training and preparation



You Can Make a Difference!

- Pediatricians see their patients frequently.
 - Most patients **want** and **expect** healthcare professionals to **provide cessation advice**.
 - Over half want to quit and have attempted in the past.
- Patients counseled by healthcare providers are more likely to be successful in quitting.
- Brief interventions have been shown to be effective.
- Success increases when adding pharmacotherapy to provider interventions.

Fiore et al., 2008 Clinical Practice Guideline: Treating Tobacco Use and Dependence.



Knowing Your Role

- AAP clinical practice guidelines:
 - “Helping parents quit smoking is now a recognized priority of child health care clinicians.”
 - “Repeated nonjudgmental efforts to encourage the parent to quit smoking.”
 - “Pediatricians play a crucial role in reducing... exposure to tobacco smoke and should rank this among their highest health prevention priorities.”
 - “Discussion and anticipatory guidance.”

AAP Guidelines 2001, 2003, 2007.



Systems Change

- Change occurs most consistently when there are systems in place
- Cooperative Approach
 - Including all members of the medical team
- Expectations
 - Defining what your practice's expectations are
 - Providing adequate training
- Feedback and Quality Improvement

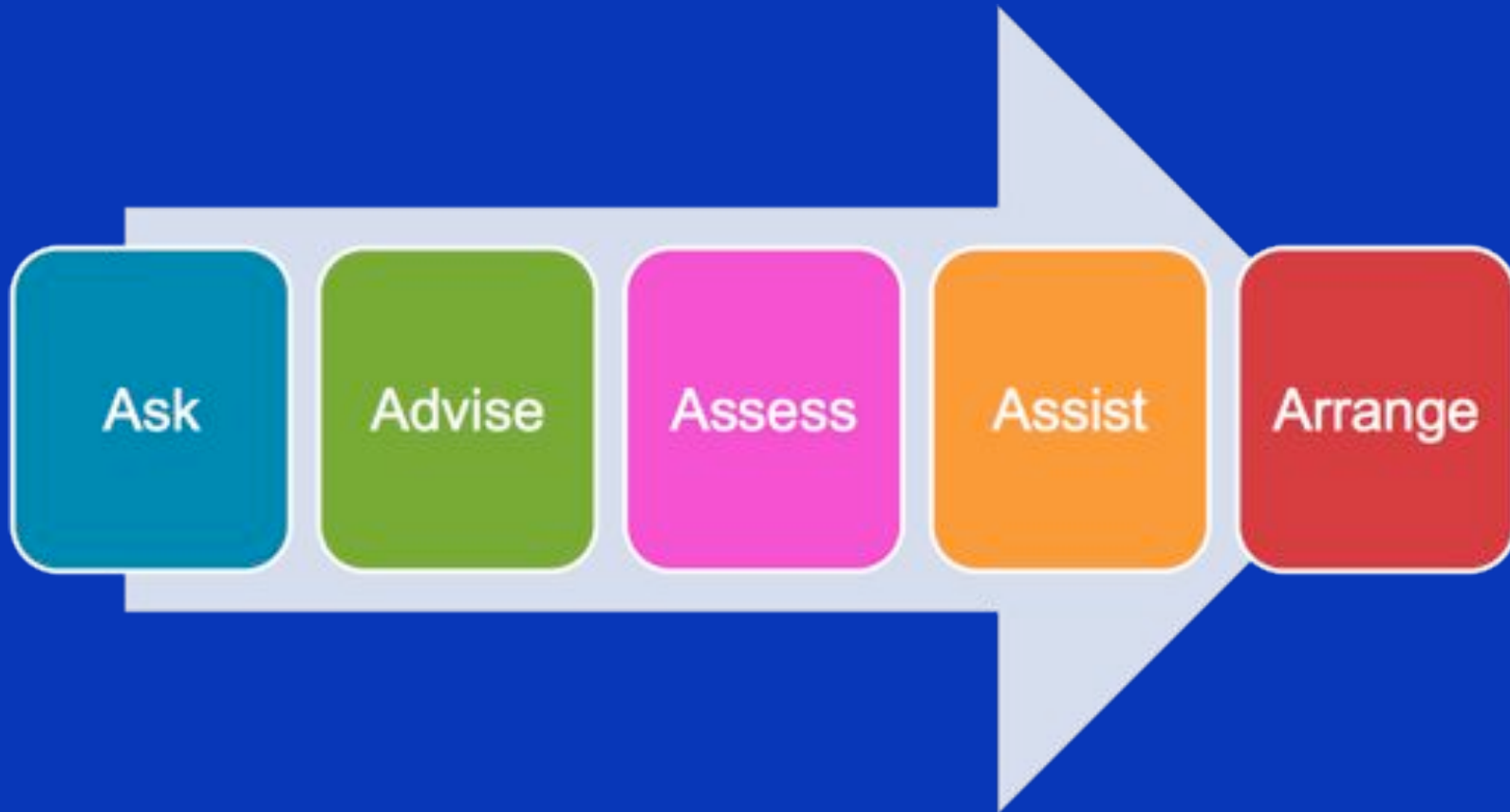
The Five A's

- **Ask:** identify tobacco users
- **Advise:** encourage tobacco users to quit
- **Assess:** determine willingness to quit
- **Assist:** help make a plan for quitting
- **Arrange:** schedule follow-up

Fiore et al., 2008.



The PASS Intervention



Ask

- Screen all patients with evidence-based questions
 - “How much does the child’s primary caregiver smoke?”
 - “What are the smoking rules in the child’s home?”
 - “Does your child live or spend time with anyone who uses tobacco?”
- Performed by medical assistant/office staff
- Incorporate as “the fifth vital sign”

The 5th Vital sign

Action	Strategies for implementation
Implement an office wide system that ensures that, for EVERY patient at EVERY clinic visit, tobacco-use status is queried and documented.*	Expand the vital signs to include tobacco use or use an alternative universal identification system. VITAL SIGNS Blood Pressure: _____ Pulse: _____ Weight: _____ Temperature: _____ Respiratory Rate: _____ Tobacco Use: Current Former Never (circle one)

Repeated assessment is *not* necessary in the case of the adult who has never used tobacco or not used tobacco for many years, and for whom this information is clearly documented in the medical record.

Ask

- Chart identification
 - Paper charts: chart sticker, circle or check box, standard patient history sheet
 - EMR:
 - Part of vital signs/social history,
 - Program cues/tickler for future visits
 - List SHS exposure on the problem list

Secondhand Smoke is dangerous to children



Smoking around children can cause sudden infant death syndrome (SIDS), lung problems, ear infections, and more severe asthma.



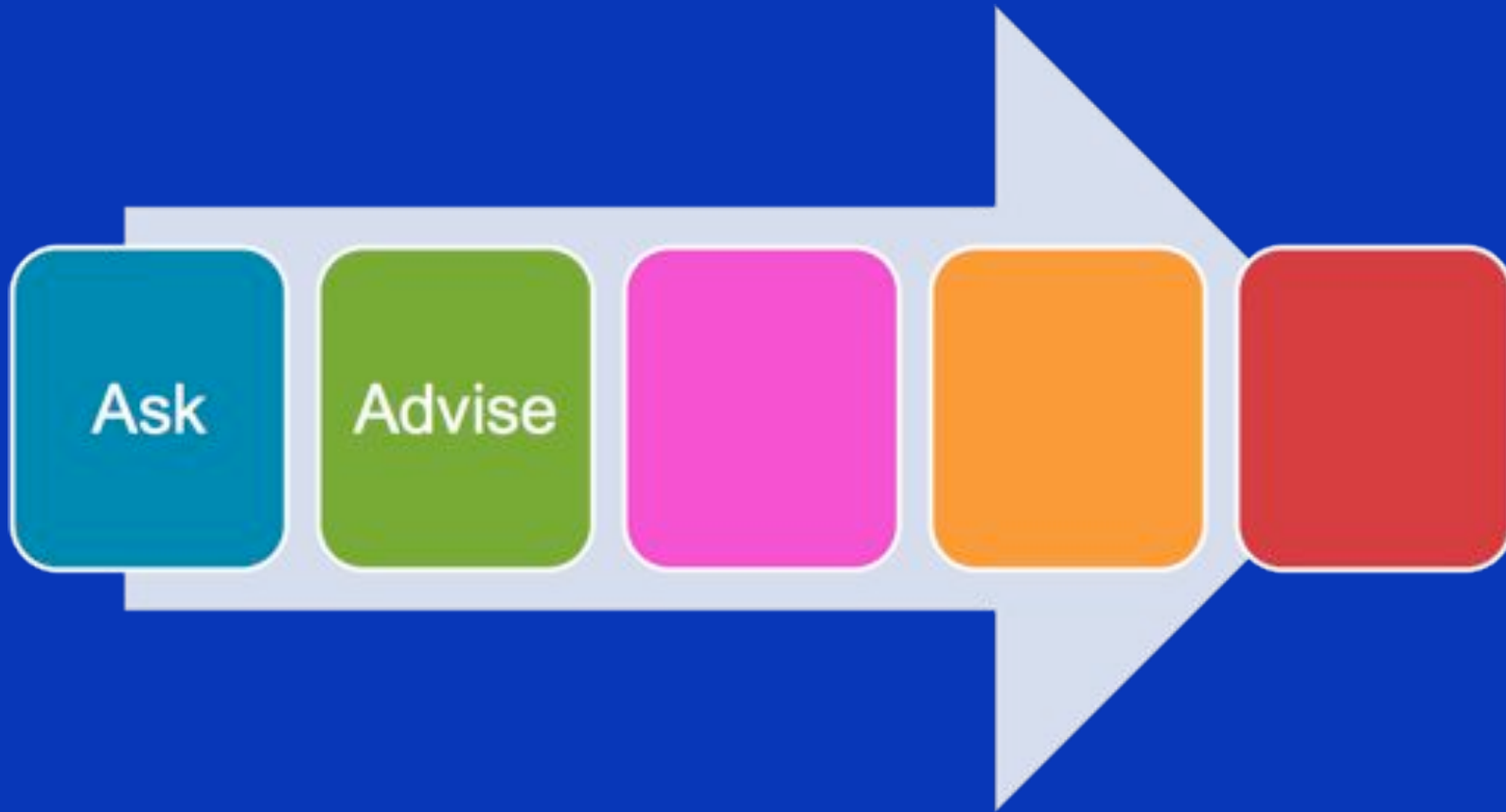
Secondhand smoke

It kills you. It kills your kids too. It doesn't discriminate.



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Advise

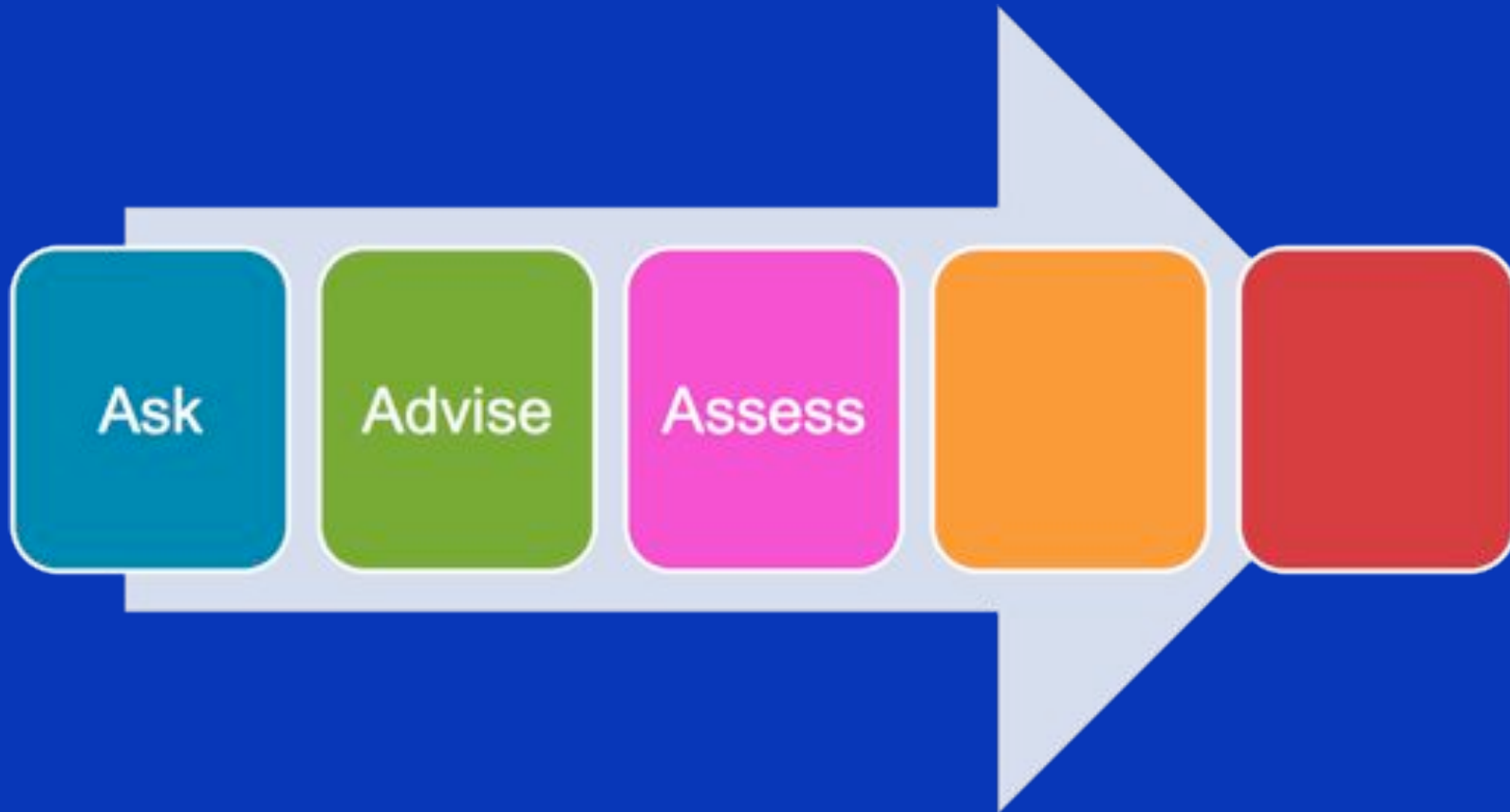
- Encourage all household members to quit smoking
 - Simple, clear, and personalized message
 - Provide information about the dangers of SHS exposure
- Tobacco screening and cessation counseling
 - **positively** associated with patient satisfaction

Advise

- Give them something to take home:
 - *Secondhand Tobacco Smoke and the Health of Your Family*
 - *You Can Quit Smoking: Support and Advice From Your Clinician.*
- Incorporate into anticipatory guidance

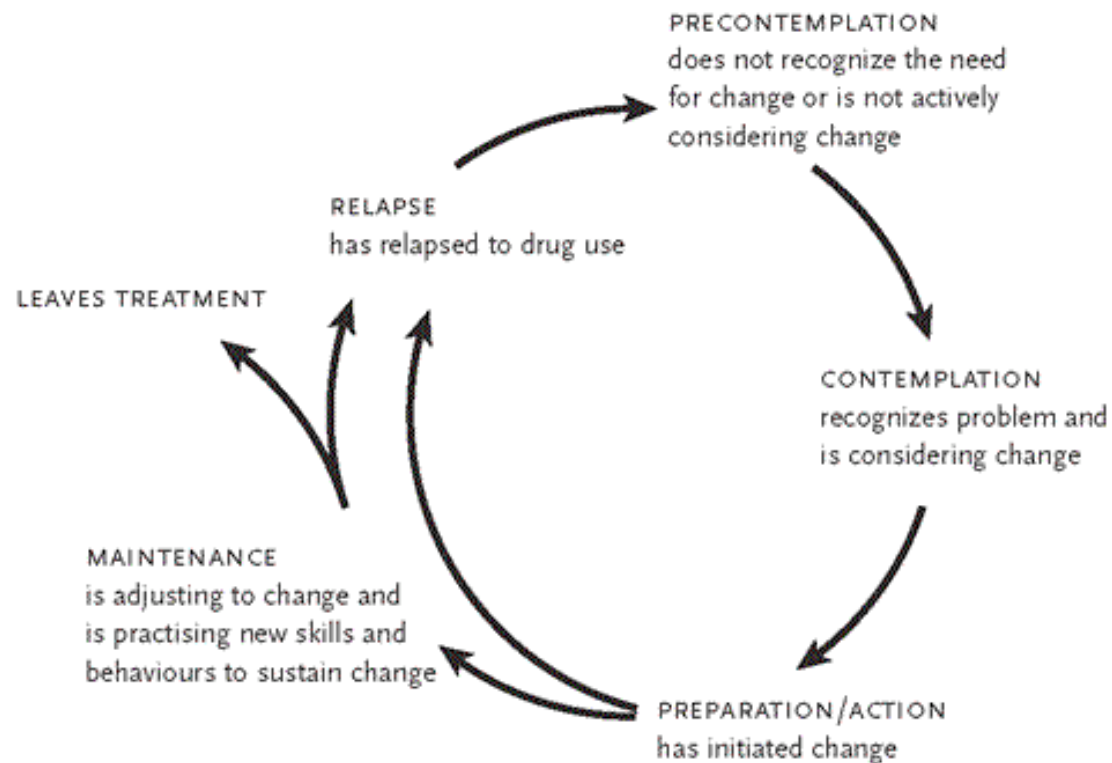


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Assess

Stages of change



Source: Prochaska, J., Norcross, J. & DiClemente, C. (1995). *Changing for Good: A Revolutionary Six-Stage Program for Overcoming Bad Habits and Moving Your Life Positively Forward*. New York: Avon Books.

Stages of Change

Provider focus



- Raise awareness
- Resolve ambivalence
- Choose positive change
- Identify/Implement change strategies
- Learn to avoid/limit relapse
- Develop new skills to maintain recovery

Relapse

- Recover quickly
- Resume change process

Stages of Change Screening Tool

Parent

- ▶ I am not ready to quit
- ▶ I have thought about quitting, but am not quite ready
- ▶ I am ready to quit
- ▶ I have taken steps to quit
- ▶ I have quit!

2

4

6

8

10

Provider



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Sitting in a 28-metre sea
kayak and watching
a four-metre great
white approach you is
a fairly tense experience.

MOTIVATION

If there is a better reason to paddle, I don't know what it is.

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Motivational Interviewing: Five Principles

- Generate a Gap
 - What does change look like to you?
 - Current behavior vs. what you want to be doing
- Roll with Resistance
 - Not everyone wants to change
- Avoid Argumentation/Conflict
 - It's ok to not be ready
- Can Do
 - Inspire self confidence
- Express Empathy

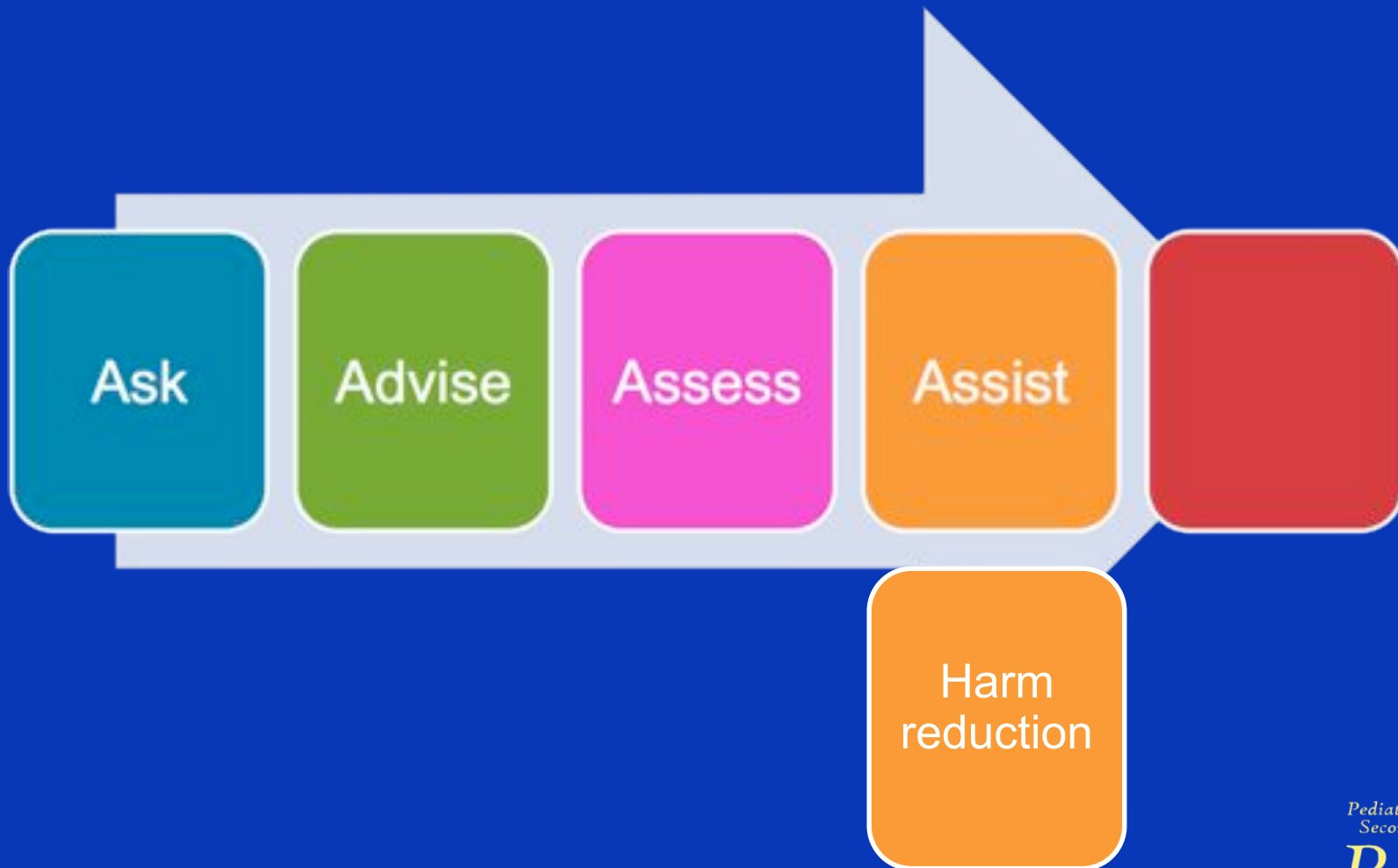
Motivational Interviewing: Five Skills

- Open-ended Questions
 - “How would you like things to be different?”
 - “What does change look like to you?”
- Affirmations
 - Statements of recognition of client strengths
- Reflective Listening
 - Repeating, rephrasing, paraphrasing, emotional aspect of statements
- Summaries
 - “It sounds like you are saying...”
- Elicit self-motivational statements
 - Emphasizing Personal Choice and Control

Motivational Interviewing: Five Tools

- Pros and Cons Exercise
- Assess Importance and Confidence
 - “On a scale of 1-10 how important is this to you?”
 - “What would it take to get you to a ___?”
- Looking Back
 - Reflects on effective strategies used with past successes
- Looking Forward
 - “What are the best possible results if you make this change?”
- Exploring Goals
 - Assess (mis)match between current behavior and future goals
 - Explore how realistic goals are

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Assist

- Make a plan
- Write it down
 - Provide Rx plan/quit plan sheet
- Set a quit date
 - Most effective if
 - Within 2 weeks
 - Associated with important event (birthday, pregnancy, etc.)

Assist

- Decide how going to quit
 - Cold turkey vs. nicotine replacement vs. Rx meds
- Anticipate challenges
 - Get family and friends involved
 - Give ideas for alternate activities when temptation inevitably arises
 - Exercise, chewing gum, hobbies, etc.
- Record on Rx plan/quit plan sheet

Harm Reduction

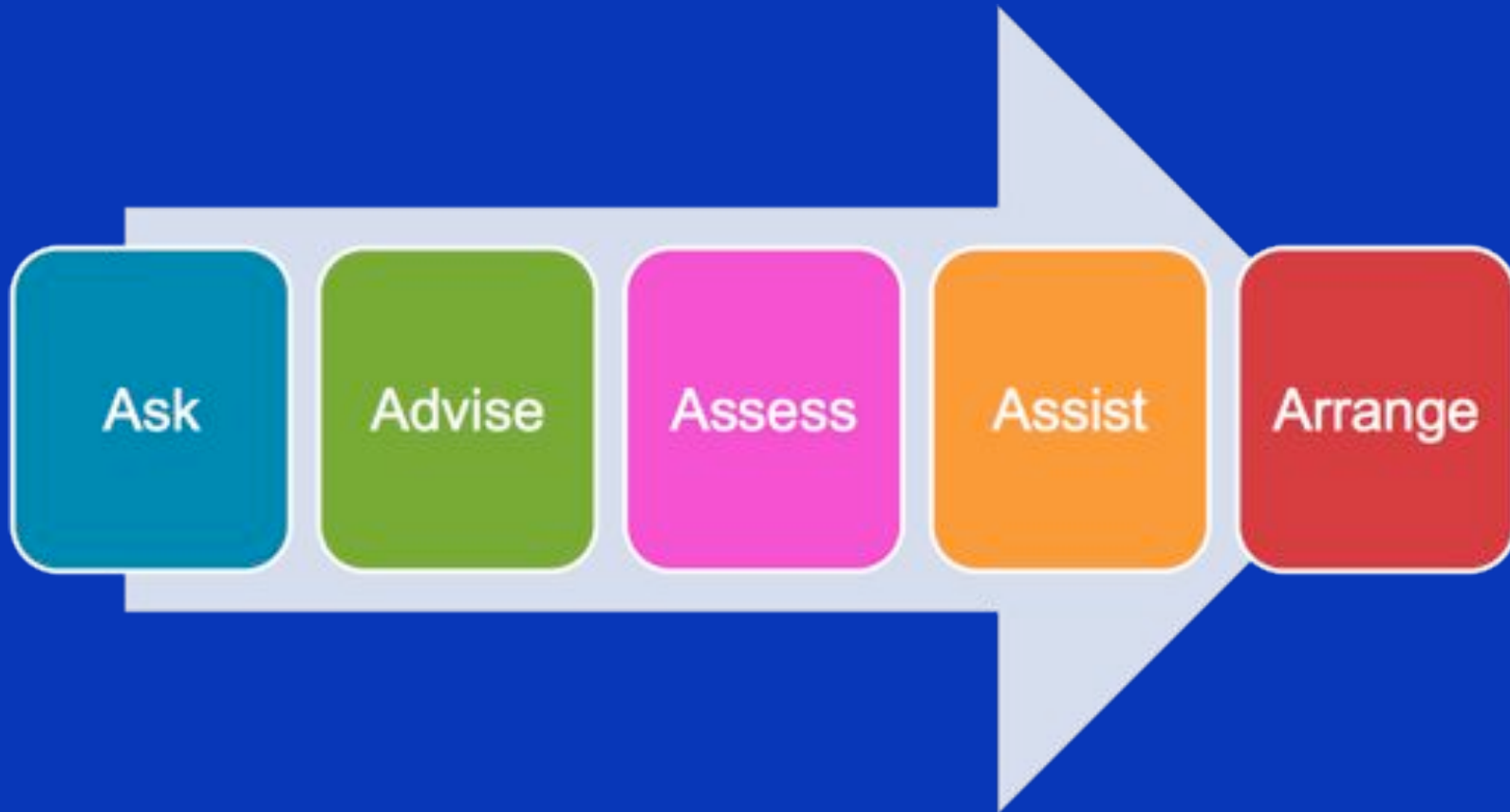
- Strategies
 - Smoking in car or indoors
 - Smoke exposure in the workplace or other public places
 - Smoking while pregnant
 - Smoker's jacket, hand washing
 - There is no safe level of SHS exposure

Harm Reduction

- Harm reduction is decreasing SHS exposure to the child
- Parental agreement to harm reduction strategies is a positive but not ideal outcome



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Arrange

- Follow-up with Pediatrician or Adult Provider
 - Pediatrician
 - Follow up for an acute visit
 - Ex. – follow up for asthma/pneumonia/AOM, etc.
 - Well child visits - birth to 36 months
 - Adult Primary Care Provider
 - Establish PCP if necessary
 - Utah Quit Line
- Record on Rx plan/quit plan sheet

Arrange

Keep in mind:

- Tobacco use is a chronic disease
- More frequent follow-up = more chance for success
- Recognize relapses as common and expected
- The average smoker will try to quit smoking 4-9 times before they are successful

Even Small Change Can Lead to Big Rewards



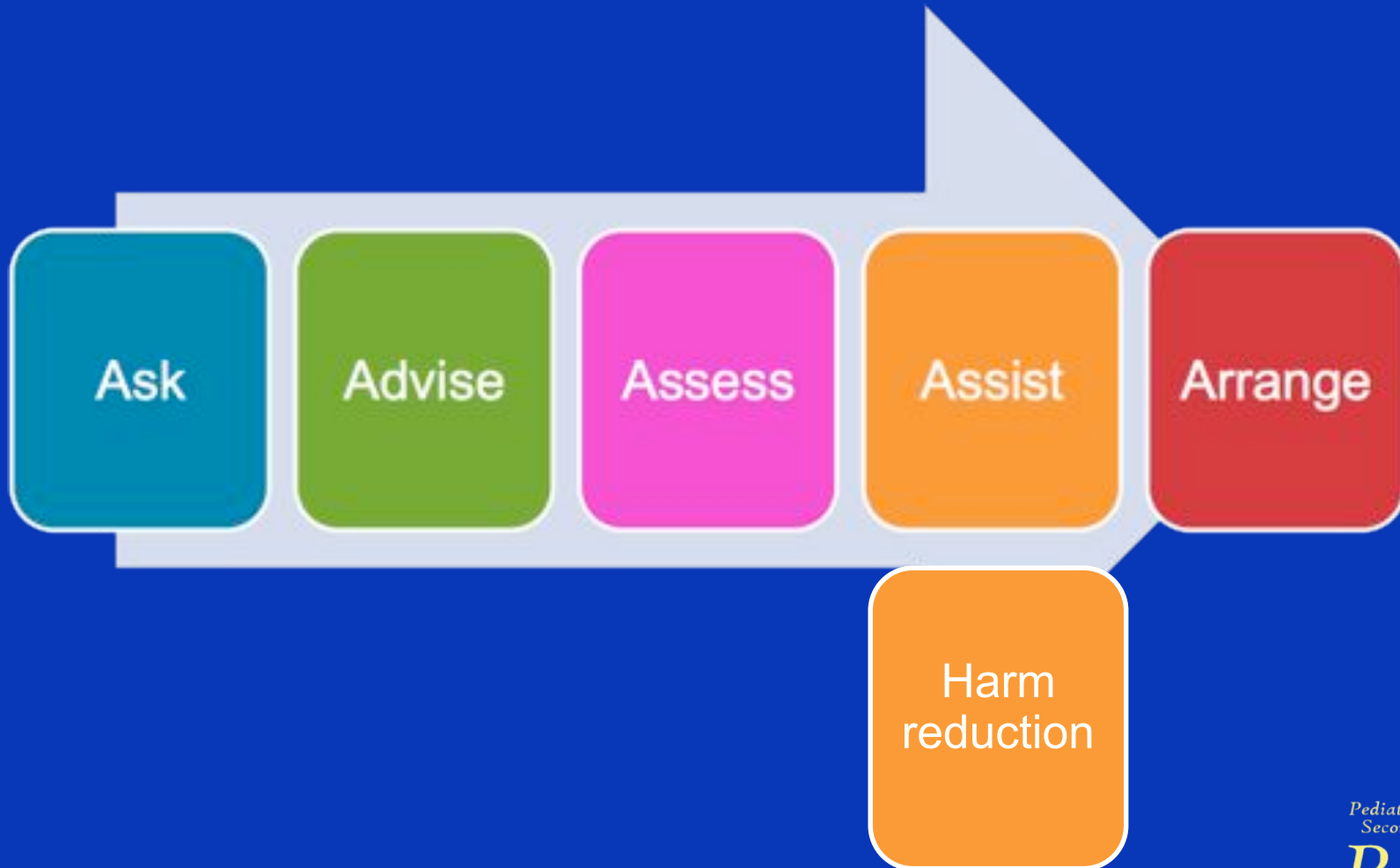
Resources

- The Utah Tobacco Quit Line
 - 1.888.567.TRUTH
 - 1.877.629.1585 for Spanish
- Utah Quitnet - www.utahquitnet.com
- Health Department - www.tobaccofreeutah.org
- 1.800.QUIT.NOW
- CDC - www.cdc.gov/tobacco
- Surgeon General - www.surgeongeneral.gov
- AAP Richmond Center - www.aap.org/richmondcenter/
- Other local, practice, hospital specific

Incorporating into a busy practice

- Other ideas
 - Posters and signs in waiting room and exam rooms
 - Available from several sources
 - www.tobaccofreeutah.org
 - www.epa.gov
 - www.surgeongeneral.gov
 - www.cdc.gov/tobacco
 - Have copies of handouts readily available
 - Office brochure rack or file cabinet
 - Make a SHS and smoking cessation file/registry
 - Keep updated with useful handouts, practice guidelines, training material (see above websites)

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Ask

- Screen all patients using the fifth vital sign.

Advise

- Encourage parents to quit smoking.

Assess

- Use the “Stages of Change” and Motivational Interviewing techniques to determine readiness.

Assist

- Make a plan, set a date and identify obstacles.

Arrange

- Follow up and refer to adult/community providers.

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Community Partners

American Heart Association
American Lung Association
Comunidades Unidas
PASS Coalition members
Utah Latino Network
Salt Lake Valley Health
Department
Utah Department of Health
Utah Tobacco Prevention &
Control Project
Utah Chapter of the AAP
Weber-Morgan Health
Department



**Thank you for your commitment to
protecting children from SHS!**



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