Children's Hospital of Philadelphia PolicyLab

Helping Parents Quit Smoking at the Pediatrician's Office

Family & Community Health

Date Posted:

Apr 14, 2016



Secondhand smoke exposure is a significant public health problem. More than 40% of U.S. children are exposed to secondhand smoke, increasing their risk of respiratory infections, asthma flare-ups and premature death. When parents quit smoking, they not only increase their own life expectancy by an average of 10 years and eliminate the majority of their child's secondhand smoke exposure, they also decrease the risk of their children becoming smokers later in life.

Pediatricians are uniquely positioned to educate and motivate parents to protect their children from secondhand smoke. Although interventions through pediatric settings are effective in helping parents quit, various system-level barriers have limited adoption and sustainability. Both nationally and in Pennsylvania, very few parents who smoke and accompany their child to the pediatrician's office are offered treatment or given advice to help them quit.

Provider tools embedded in electronic health records can overcome barriers to pediatricians providing smoking cessation treatment for parents. Our recent study in *Pediatrics* describes the development and evaluation of a clinical decision support tool that prompts clinicians to ask about secondhand smoke exposure at all visits, prescribe nicotine replacement therapy and coordinate referral to an adult tobacco treatment program for parents who smoke. Our intervention more than doubled rates of smoking cessation counseling and led clinicians to provide treatment for parents interested in quitting.

In developing the clinical decision support tool, we focused on usability, ensuring that it fit within clinical workflows and complemented communication between doctors and families around secondhand smoke exposure and tobacco treatment. When we evaluated the use of the tool, we found that the majority of pediatric clinicians used it at the majority of visits. More importantly, in follow-up surveys, the majority of parents were advised to quit and offered nicotine replacement therapy, and 25% of parents were using medication to help them quit.

Based on these promising results, we plan to more rigorously evaluate this approach, including expanding use of the tools in additional clinics and collecting information about actual quitting rates among parents. In the meantime, this study shows that simple electronic tools embedded in electronic health records can empower pediatricians to help children and families lead tobacco-free lives.

Brian Jenssen
Brian Jenssen
MD, MSHP
Faculty Member