

**Implementation of NYS Opt-to-Quit™
Program at a Children's Hospital and
Preliminary Results of a Survey of
Parents**

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Rachel Boykan, MD



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I have no real or perceived vested interests that relate to this presentation nor do I have any relationships with pharmaceutical companies, and/or other corporations whose products or services are related to pertinent therapeutic areas.



Objectives

1. To review harmful effects of second- and third-hand smoke on children
2. To describe the implementation of the NYS Opt-to-Quit™ program at Stony Brook Long Island Children's Hospital
3. To share preliminary data from a survey of smoking parents of newborns

Overview



Smoking Stats

- In NYS (2012): 16.2% of adults smoke
- Approx 11% of parents of babies admitted to our NICU smoke
- Parents reported to have lower baseline quit rates (2 – 5%) than the general population (7 – 10%)
- Up to 50% of women who have quit or cut back may restart postpartum

Behavioral Risk Factor Surveillance System (BRFSS), 2012
Shah, S, Journal of Neonatal-Perinatal Medicine 4, 2012
Ralston S, Roohi, Pediatric Pulmonology, 2008
Levine MD, Womens Health Issues, 2008

Our population



Secondhand Smoke

- 11% of children exposed to SHS
 - 90% due to parents, in the home
- Effects of SHS on children:
 - Increased risk of Sudden Infant Death Syndrome (SIDS)
 - Asthma exacerbations
 - Ear infections, pneumonia
 - Significant effects on premature infants
- “There is no risk-free level of exposure to SHS”

<http://www.nySmokefree.com>
www.cdc.gov
<http://www2.aap.org/richmondcenter>
US Department of Health and Human Services, 2006



Thirdhand Smoke

- What remains in an environment after the cigarette is extinguished
 - Toxic and carcinogenic components in tobacco smoke
 - Remains in dust, on surfaces for long time
 - Children particularly at risk!

<http://www2.aap.org/richmondcenter>
Matt et al, Thirdhand Tobacco Smoke: Emerging Evidence and Arguments for a Multidisciplinary Research Agenda, Environmental Health Perspectives, 2011

Our population



Smoking Cessation in the Inpatient Setting

- Information, referral to Quitline
- More focused or intense interventions may work better
 - Inpatient counseling sessions
 - Target populations
 - Faxed referrals to the Quitline

Smoking Cessation in the
Inpatient Setting

Rigotti et al, 2012
Winickoff et al, NEWS study, Pediatrics 2010
Ralston and Ruchti, 2003
Winickoff et al, STOP, Pediatrics 2003



Opt-to-Quit™

- Program of NYS Smokers' Quitline
- Systematizes referral to NYS Quitline
 - Smokers opt out
 - Referral can be done through EMR, via fax or other data sharing, streamlining the process
- We are first (and only) Children's Hospital to participate

Partnering with NYS
Opt to Quit™



Help Create the Healthiest Environment Possible for Your Child

Because they are still developing, children are particularly vulnerable to secondhand smoke. Exposure to secondhand smoke causes respiratory problems, asthma, ear infections and increases the risk of Sudden Infant Death Syndrome (SIDS).

If you smoke, we have a safe program to help you stop. Every time you visit the hospital, we'll ask you to join the program. In just a few minutes, you'll be able to quit smoking. We'll provide you with the support and resources you need to stay smoke-free.

How is it possible? We have a safe program to help you quit. We'll provide you with the support and resources you need to stay smoke-free. They will help you on the way. We'll be there.

We thank you. But more important, your healthy children will thank you.

ASK ME ABOUT
OPT-TO-QUIT™
PREGUNTEME ACERCA DE

OPT-to-Quit - Caring Referral

Parent/Caregiver: ☒ Individual ☐ Family Member ☐ Father/Caregiver 2 ☐ Family Friend ☐ Grandparent ☐ Other ☐ Sibling

Does Parent/Caregiver Smoke: ☐ Yes ☐ No ☐ Unknown

Exposure to Smoke from Other Caregivers: ☐ Yes ☐ No ☐ Unknown

Parent/Caregiver Smoked in Past 12 Months: ☐ Yes ☐ No ☐ Unknown

What is Your Primary Language: ☐ English ☐ Spanish ☐ American Sign Language ☐ Other

Date Offered to: Opt to Quit Mother Opt to Quit Father/Caregiver 2 Date Date

Implementation of Opt to Quit™

Stony Brook Children's

OPT-to-Quit

At Stony Brook Long Island Children's Hospital we believe the best thing you can do for your child's health and your own health is to stop smoking. As a service to you, if you agree, we will forward your contact information to the New York State Smokers' Quitline, so they can contact you to describe and offer you their free stop smoking services. By providing the information to us, you consent and permit Stony Brook Long Island Children's Hospital and its staff to share your name, phone number and contact information with the State Opt-to-Quit line who will contact you. If at any time you wish to opt out of the service you simply have to notify the Opt-to-Quit representative.

Referral to Opt-to-Quit Offered: ☒ Yes ☐ No

Accepts Opt-to-Quit Referral: ☐ Yes ☐ No

Parent/Caregiver Name:

Date of Birth:

Address:

Preferred Phone:

Alternate Phone:

Best Time to Call:

E-Mail Address:

Comments:

Implementation of Opt to Quit™

Stony Brook Children's

Challenges in Implementation

- Opt-to-Quit™ and the EMR
- Tasks vs. forced functions
- Challenges of a Children's Hospital
- HIPPA
- Legal issues
- Data transfer
- Staff commitment to a new process
- Referring *all* smokers in a family

Challenges in Implementation



A Comparison of Parents/Caregivers of Healthy vs. Sick Neonates:

Is There a Difference in Readiness and/or Success in Quitting?

- Study supported through a New Investigator Award from the American Academy of Pediatrics Julius B. Richmond Center of Excellence, through a grant from the Flight Attendant Medical Research Institute (FAMRI)
- Survey of smoking parents of newborns in well-baby nursery and NICU over a one year period

Overview of
Study Methodology



Preliminary Results – Demographics



Preliminary Results



Preliminary Results – Referral Acceptance

53% (18/34) of smoking caregivers in the NICU accepted referral through Opt-to-Quit™ vs. 78.9% (93/118) of smoking caregivers in the newborn nursery ($p = 0.003$).

Preliminary Results



Preliminary Results – Smoking Characteristics

- 86.4% of parents had tried to quit upon learning of pregnancy (91.3% of mothers; 69% of fathers)
 - 43.1% cut back
 - 27.6% quit completely
 - 10.3% quit later in pregnancy

Preliminary Results



Preliminary Results – Smoking Characteristics

- More mothers (68%) than fathers (28%) quit or cut back for pregnancy or child-related reasons
- More mothers (65.9%) than fathers (38.5%) were counseled regarding smoking cessation during pre-natal visits by a physician

Preliminary Results



Preliminary Results: E-Cigarettes

- 51% of all surveyed had tried e-cigarettes
 - 58% for the purposes of smoking cessation
 - 82.6% in place of regular cigarettes

Preliminary Results



Future Plans

- Compare quit data from NYS Quitline with questionnaire results in order to identify relevant factors for future study and intervention
- Continue to improve referrals through nurse and physician education; process improvement
- Expand Opt-to-Quit™ referral to OB, outpatient and ED
- Initiate smoking-cessation services directly in the inpatient setting to work in conjunction with referrals to Opt-to-Quit™

Moving Forward



Questions?

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Accessed February 26, 2014
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Thank you!

Questions?

