



Are We Asking the Right Questions About Secondhand Smoke?

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Abstract

Background: The Surgeon Generals report states that there is no safe level of tobacco smoke yet millions of children are exposed to smoke in public and private places. As state by state smoke-free workplace legislation protects an increasing number of adults, these laws fail to protect millions of children exposed to smoke in homes and cars. Establishing a strict no smoking policy in the home and car can help reduce secondhand smoke exposure of all individuals in the household.

Objective: To assess national rates of counseling about Secondhand Smoke (SHS) exposure, in child/doctor encounters and adults own encounters with primary care providers.

Design/Methods: A random digit dial telephone survey of 1532 households was administered to households between October and November 2008. The sample is weighted to be representative of the U.S. population based upon 2007 U.S. Census estimates.

Results: Of 1490 respondents, 533 had children under the age of 18 living in their home. Of all respondents, 1082 had visited their own primary care provider and 359 parents had accompanied their child to a primary care provider in the past 12 months. Although 23.2% percent of adults were asked if any household members smoke, only 17.3% were advised to keep home smoke-free and 15.5% were advised to keep car smoke-free. Among parents who accompanied their child to the doctor, almost twice as many were asked if any household members smoke (43.6%). Far fewer of the children's doctor advised to keep home smoke-free (20.8%) and to keep car smoke-free (18.2%). However, within households with a smoker, 39.6% of those households were advised to keep a smoke-free home and 33.6% were advised to keep a smoke-free car. Regarding advice to quit smoking, 66.7% of smokers were advised by their primary care provider to quit and 49.6% of smoking parents were advised by their child's primary care provider to quit.

Conclusions: An opportunity exists to protect household members from SHS exposure by helping adults establish strict no-smoking policies in their home and car. Clearly, clinicians of both adults and children are not asking often enough questions about smoking and exposure to SHS and we are missing many opportunities to inform individuals about the dangers of SHS and smoking.

Detailed Methods

Social Climate Survey of Tobacco Control: The Social Climate Survey of Tobacco Control (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.

Respondents: The 2008 SCS-TC was administered to a representative sample of U.S. adults in September-November 2008. Households were selected using random digit dialing procedures. Once a household was reached, an adult to be interviewed was selected by asking for the person in the household 18 years of age or older who has the next birthday. The sample was weighted by age, race and gender within each census region, based on current US Census estimates.

Measures: Two items assessed utilization of primary care: 1) Do you have your own primary care provider?, and 2) During the past 12 months, how many times have you visited your primary care provider?

Respondents with at least one person under 18 years of age in the house were asked: 1) In the past 12 months, have you accompanied your child(ren) to a pediatrician or a family practitioner?, and 2) Did this child visit a pediatrician or a family practitioner? Two questions from the Behavior Risk Factor Surveillance System (BRFSS) and the National Health Interview Survey (NHIS) were used to assess current smoking status. Respondents were asked, "Have you smoked at least 100 cigarettes in your entire life?" and if yes, were then asked, "Do you now smoke cigarettes every day, some days, or not at all?" Respondents who reported that they smoke every day or some days were categorized as current smokers.

Respondents who had visited a primary care provider at least once in the past year were asked if their doctor had asked the following things in the past 12 months:

- 1)asked you if any of your household members smoke?
- 2)advised you to keep your home smoke free?
- 3)advised you to keep your car smoke free?
- 4)advised you to quit smoking (asked to current smokers)?

Respondents who had accompanied a child to a primary care provider in the past year were asked if the following things were done in the past 12 months:

- 1)asked you if any of your household members smoke?
- 2)asked if smoking is allowed in the house?
- 3)asked if smoking is allowed in the family vehicle?
- 4)advised you to keep your home smoke free?
- 5)advised you to keep your car smoke free?
- 6)advised you to quit smoking (asked to current smokers)?

Results

Weighted Sample Characteristics

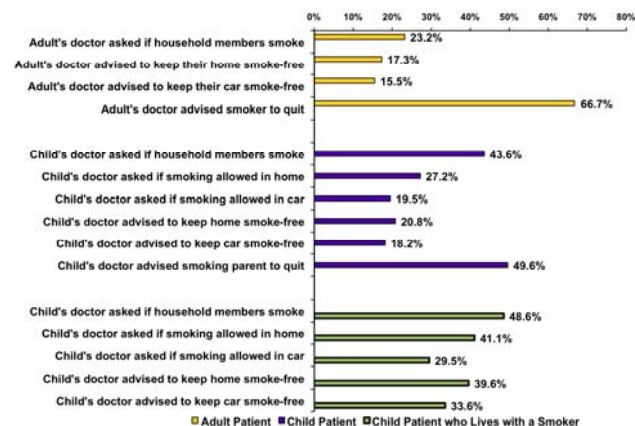
Demographics	Statistics (%)	Demographics	Statistics (%)
Gender		Education	
Male	48.3	Diploma or less	31.3
Female	51.7	At least some college	68.7
Age		Child in Home	
18-24	12.5	Yes	35.9
25-44	36.6	No	64.1
45-64	34.0	Primary Care Provider	
65 and older	16.9	Yes	88.6
Race		No	11.2
White	83.5	Visit Doctor in Past Year	
African-American	10.5	Yes	83.9
Other	5.9	No	16.1
Current Smoker		Child Visit MD Past Year	
Yes	15.3	Yes	73.0
No	84.7	No	25.8
Region		Child's Doctor:	
Northwest	17.8	Pediatrician	69.8
Midwest	21.8	Family Care Provider	28.2
South	37.7		
West	22.7		

Screening

Although pediatricians were more likely than family physicians to ask respondents who were parents whether anyone in the household smokes (45.1% vs. 40.7%), this difference was not statistically significant. However, adults' own primary care physicians were less likely to ask whether anyone in the household smokes (23.2%). Physicians often suspect that children have been exposed. Thus, smokers were slightly more likely to be counseled; for example, 52.1% of smoking parents and only 23.1% of nonsmoking parents were asked if smoking was allowed in their house ($p < 0.001$).

Tobacco control efforts in health care should include interventions to eliminate secondhand smoke exposure. Rates of counseling about SHS in primary care are low. Strategies to increase primary care SHS screening and counseling are needed. Even as smoking bans protect a greater number of individuals in workplaces, bars, restaurants, and public locations across the U.S., they do nothing to eliminate the most prevalent and intense source of SHS exposure occurring in homes and cars. Strategies to increase primary care SHS screening and counseling are needed to eliminate SHS exposure of all individuals. Our prior work has shown that with a doctor's advice, the majority of individuals say they would be able to set a strict no smoking policy in their home and car. The present study highlights the extent of this missed opportunity throughout primary care medicine.

Screening



Discussion

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