

Clinician & staff perspectives on addressing tobacco use among racially- & ethnically-minoritized parents in pediatric primary care



UNIVERSITY OF MINNESOTA

Driven to DiscoverSM

April Wilhelm, MD, MPH
Karen Bauer, PhD, MA
Michele Allen, MD, MA
Steven Fu, MD, MS
Junia de Brito, PhD, MPH, MBA
Rebekah Pratt, PhD

Disclosures

- No external funding was received for this study
- Investigators have not received any industry funding in the past 5 years
- This presentation does not discuss any off-label medication uses

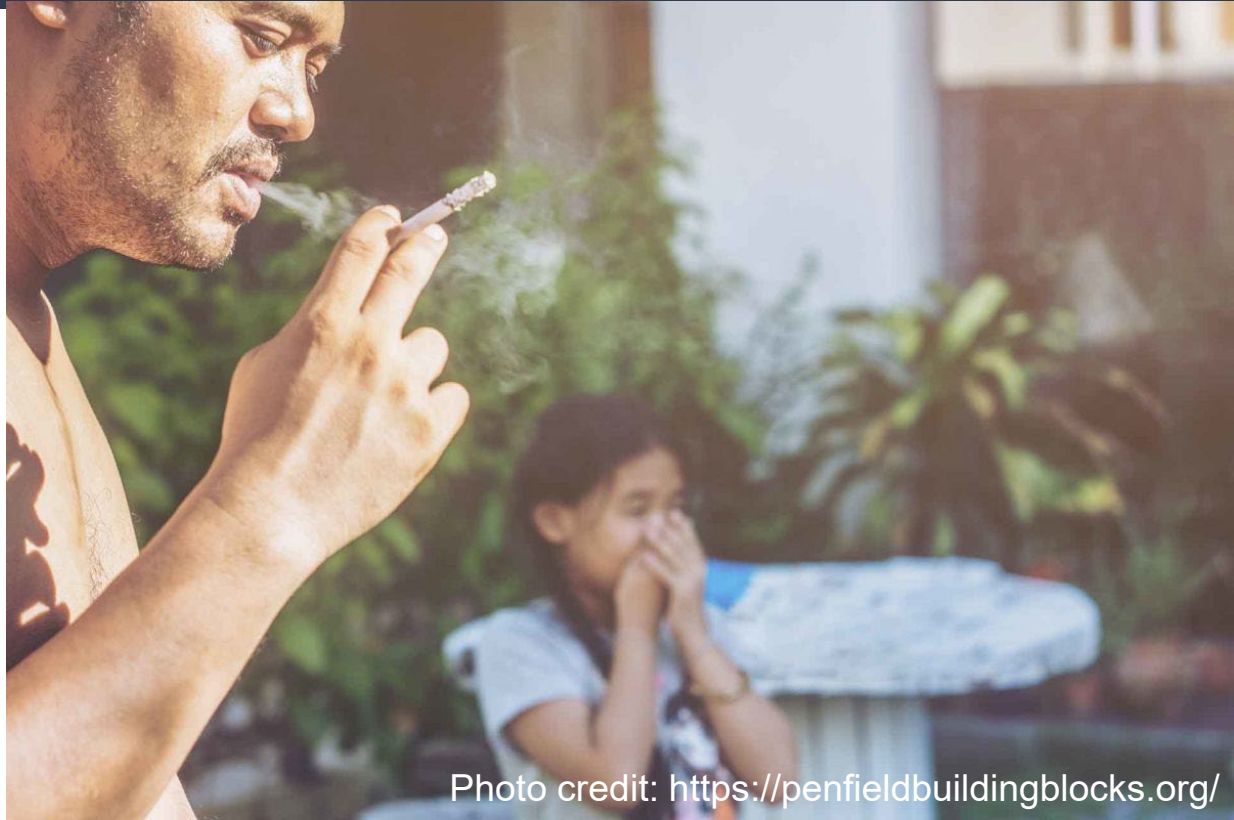
Pediatric secondhand smoke (SHS) exposure

**1 in 4 Minnesota
fifth graders are
still exposed to
toxic secondhand
smoke indoors.**



Pediatric SHS disparities

- SHS exposure remains high for many U.S. **children of color & those with lower socioeconomic status**
- Black middle & HS students reported 1.7x more home/car SHS exposure relative to white students in 2016*



*Agaku IT, Odani S, et al. *Prev Med.* 2019.

Parental tobacco treatment during pediatric visits may reduce disparities

- Delivering tobacco counseling & treatment during pediatric visits is highly acceptable to parents
- Parental tobacco treatment during pediatric visits increases parental access to cessation resources & tobacco cessation
- Parental tobacco screening & treatment rates in pediatric settings remain low
 - Screening: 17 - 52%
 - Cessation counseling: 9 - 56%
 - Quitline referrals: 9 - 18%
 - Nicotine replacement therapy: 6 - 20%

Barriers & facilitators to addressing parental tobacco use in pediatric clinics

Barriers

- Low levels of clinician knowledge, skills, & confidence
- Clinician perceptions of ineffectiveness
- Time constraints
- Lack of resources

Facilitators

- Clinical decision support systems
- Electronic referrals

Study purpose



1. To better understand current practices in parental tobacco screening & treatment during pediatric visits in one diverse health system
2. To identify multilevel factors that influence how clinics address parental tobacco use during pediatric visits among racially & ethnically minoritized parents

Approach: Data collection

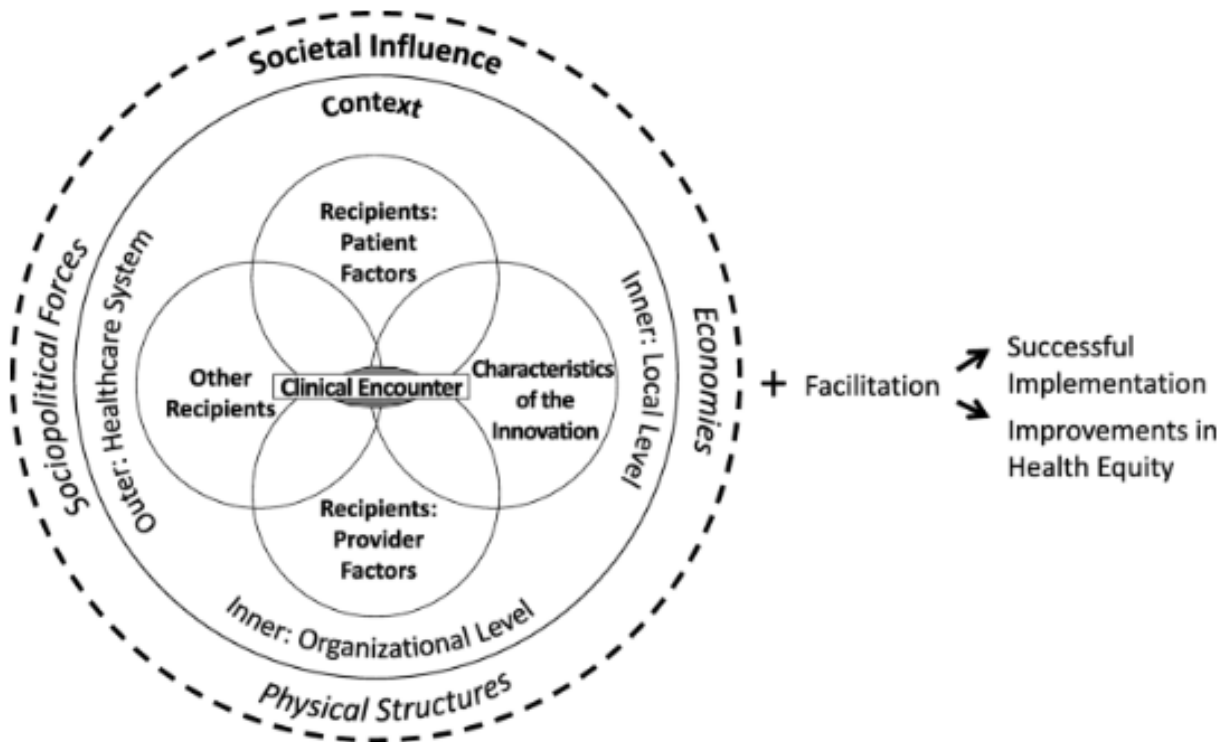
Electronic health record (EHR) data

- De-identified aggregate EHR data on documented household tobacco screening
- November 2021 - October 2022

Interviews

- 25 participants from 5 clinics
- Clinicians, rooming staff, & health system leaders
- Individual, Zoom-based interviews
- November 2022 - March 2023

Health Equity Implementation Framework



Approach: Analysis

Electronic health record (EHR) data

- Pediatric patients with documented household tobacco screening / Total # who attended ≥ 1 visits over 12 months

Interviews

- Recorded in Zoom & transcribed verbatim
- Analysis using a combination of content analysis informed by the HEIF & Grounded Theory

Participants

5 primary care clinics

- 1 Pediatric
- 2 Family Medicine (FM)
- 2 mixed (Pediatrics & FM)

	N	%
Age (years)		
20-30	15	60
40-50	9	36
60+	1	4
Gender		
Male	4	16
Female	21	84
Race/Ethnicity		
Asian	3	12
Black or African	6	24
White	16	64
U.S. Born		
Yes	21	84
No	4	16
Profession^a		
Physician ^b	9	36
APRN/PA ^c	2	8
Clinic rooming staff ^d	13	52
Health system leader ^e	4	16
Personal smoking history		
Current use	1	4
Previous use	5	20
Never use	19	76

RESULTS

Current parental tobacco screening/treatment practices

- Documented parental tobacco screening levels:
 - Health system: 75%
 - Participating clinics: 69-80%
- Clinicians across clinics did not know whether screening routinely occurred & where to find this information
- Only a small number of clinicians, mostly clinic leaders, were aware of processes to collect & document parental tobacco use

Facilitators & barriers to parental tobacco screening & treatment

Clinical encounter

- Time
- Clinician & staff knowledge, skills, & confidence
- Health literacy
- Language & culture



Photo credit: ©iStock

Health system

- Alignment with external metrics
- Clinician agency
- Prompts & resources
- Building off prior system change

Facilitators & barriers to parental tobacco screening & treatment

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Photo credit: ©iStock

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Barriers in the clinical encounter: Time

- Clinician pressure for efficiency & too many competing demands
- Health care across linguistic & cultural differences takes more time
- Time pressure disrupts trust building

“When you recognize that you have to build up that trust a little bit more, it’s not as easy [as] hey I’m going to insert this quick [...] there’s more of [...] maybe I do need to see this family a couple more times for me to then have that trust to then say hey let me ask about this a little bit more.”

- Physician 01

Facilitators in the clinical encounter: Language & cultural resources

Interpreters as valued cultural brokers

“I’ve had a few interpreters laugh because they explained to me culturally so I was aware [...] a lot of females in the Hmong culture don’t smoke. So like when we’re asking the moms, like hey do you smoke? I always get the chuckle...”

- Staff 01

Culturally-congruent clinicians & staff

“Obviously, because they can see I speak the same language and all those things. They open up to me. But again, they still see me as part of the system [...] and all the things that they say go into the computer. So, I mean again, I am one of them. But [...] it does not mean they can open up completely to me.”

- Physician 04

Barriers in the health system: Alignment with external metrics

- Household tobacco exposure screening during pediatric visits is:
 - Not a required metric in value-based contracts with insurers
 - Not mandated as a part of MN Child & Teen Check-Ups

“So, around here if something is important, we measure it [...] And I think it would probably lump into all these other things we ask about that people say yeah they’re important but I don’t know that we spend as much time on them.”

- Physician 03

Facilitators in the health system: Prompts & Resources

- EHR integration
 - Best practice alerts
 - Care gaps
- Readily-available cessation resources that are linguistically & culturally relevant

“It’s not as easy to give [parents] those resources when it’s the kid because it’s built into the patient record [...] In order to give the parent other resources like the Get Quit program and those other things we talked about, we actually would have to open a chart for them and there’s not time for that.”

- Physician 02

Key Takeaways

- Pediatric office visits present a unique opportunity to address parental tobacco use & may help to reduce tobacco-related health disparities
- To better equip health care teams to address parental tobacco use across cultural & linguistic difference, we must:
 - **Address health system barriers:** adequate time, integration of prompts & decision support tools, advocacy for importance of parental tobacco treatment
 - **Enhance clinician & staff training**
 - **Leverage existing resources:** interpreters, culturally-congruent staff & clinicians
 - **Develop new resources:** linguistically & culturally-relevant

Next steps

- Sharing results with **health system leadership** to advocate for parental tobacco treatment in pediatric visits
- Seeking **parental perspectives** through focus groups to guide practice changes for local immigrant patient populations



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Questions?

April Wilhelm, MD, MPH

University of Minnesota

Program in Health Disparities Research

Department of Family Medicine &

Community Health

awilhelm@umn.edu

