Delivering a SHS Intervention to Families of Patients attending a Children’s Hospital

Dr Denise Hinton¹
Dr Jude Robinson¹
Dr Matthew Peak²

¹ University of Liverpool
² Alder Hey Children’s NHS Foundation Trust
Acknowledgements

This research would not have been possible without the involvement and support of:

• Liverpool PCT

• The Roy Castle Lung Cancer Foundation and FagEnds Stop Smoking Service

• Staff and families at Alder Hey Children’s NHS Trust

• Members of the Public Health Steering Group at Alder Hey Children’s NHS Foundation Trust
10 Reasons to (continue to) promote smokefree homes

1. Two million children still exposed to SHS in their own home [1-2]
2. Many more children are exposed to SHS in other people’s homes [1, 3]
3. SHS exposure causes and/or exacerbates a range of health conditions [1, 4-14]
4. Estimated to cost the NHS approximately £12.1 million in hospital admissions [1]
5. Advice not routinely delivered to all families
6. Families are not always aware of the specific effects on child health
7. Families can misinterpret the risk to children’s health [15-16]
8. Families do not implement or misinterpret harm reduction strategies [17-19]
9. Parents may find it difficult to (stay) quit [20-24]
10. Parents may find it difficult to implement effective harm reduction strategies [25]
Delivering Advice in a Children’s Hospital

Why?

• Opportunity to directly engage families in a discussion about SHS

• Considerable scope to develop tobacco control activities in healthcare settings that serve children [26-27]

• Evidence suggests smoking programmes delivered in healthcare settings can have a positive influence on parents’ attitudes towards SHS exposure and their smoking behaviour [28-31]
The Study

Feasibility and acceptability pilot study

- Clinicians delivered key messages about the harmful effects of SHS to families of patients attending select out-patient clinics
  - 12 clinical staff (4 clinical specialties)
  - 130 families
- Follow-up interviews with clinicians and families
Findings

KEY FIGURES

• 30% of families said their child(ren) lived in a household with one or more adult smokers

• 26% of families said their child(ren) visited grandparents who smoked

• 22% of families said their child(ren) were exposed to SHS in home settings
Findings

PARENTS’ VIEWS

• SHS is an appropriate issue to address during a hospital appointment

• Families emphasised the need to raise and maintain awareness

• A clinician-led SHS intervention can help parents to teach their children about the dangers of smoking

• Discussing SHS with parents may encourage and facilitate behaviour change
Concluding Comments

• Children’s exposure to SHS is still an important health issue

• There is considerable scope for healthcare professionals to encourage and support families to create smoke-free environments for their children.

• Clinicians are able to accommodate a brief intervention during routine out-patient clinic appointments

• Families are receptive to advice delivered by healthcare professionals
Recommendations

• Healthcare professionals could routinely deliver a brief SHS intervention to the families of patients attending out-patient appointments

• Clinicians could deliver SHS advice to ALL families

• Exposure to SHS could be recorded in the child’s medical record and revisited on a regular basis

• Written materials may facilitate the delivery of key SHS messages to families
Future Directions

• Developing a clinician-led SHS intervention package for use in child healthcare settings

• Examining the effectiveness of SHS intervention(s) on children’s exposure to SHS
References


