

REDUCTION OF SECONDHAND SMOKE EXPOSURE IN THE PEDIATRIC CLEFT & CRANIOFACIAL CLINIC

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Background

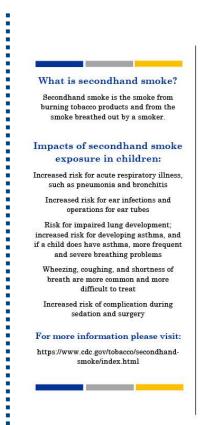
- Children exposed to secondhand smoke (SSE) are at an increased risk for SIDS, acute respiratory infections, middle ear disease, asthma, and slowed lung growth (CDC, 2023)
- Effects of SSE on surgery outcomes:
 - Increased risk of anesthetic complications (Chiswell & Ankram, 2017)
 - Increased risk for adverse airway events during procedures (Chiswell & Ankram, 2017)
 - More likely to experience respiratory adverse events during postoperative recovery (Chiswell & Ankram, 2017; Mamaril, 2020)
 - May have longer recovery times (Thikkurissy et al.,
- Up to 70% of children with cleft and/or craniofacial differences have associated airway impairment (Cielo et al., 2017) and often undergo multiple surgeries (ACPA, 2023)

The RISE Project:

The Reduction of Secondhand Smoke Exposure

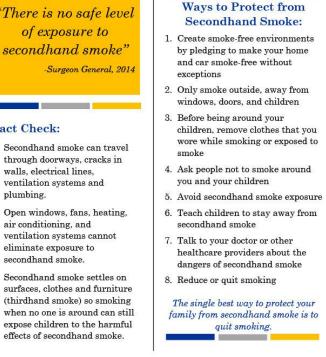
- The purpose of this program is to reduce SSE through a brief intervention based on CEASE
 - CEASE (Clinical Effort Against Secondhand Smoke Exposure) is a widely used program to reduce SSE in pediatrics (Winickoff et al., 2012)
- CEASE three step model: Ask, Assist, Refer
- Modified CEASE intervention (Bunik et al., 2013)
 - Not prescribing medications
 - Focus on reduction rather than quitting

Program Brochure (English)



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Intervention and Pilot Study Protocol

- Setting: Pediatric Cleft and Craniofacial Clinic annual team visit
- Interventionist: Team Psychologist or Social Worker
- Step One: Inquiry
 - Ask all caregivers about SSE
 - Complete survey on REDCap
 - Provide Brochure
- Step Two: Intervention
 - Provide psychoeducation on ways to reduce SSE
 - Complete goal sheet with action steps to reduce SSE
- Step Three: Follow Up
 - Call family approximately one month after team visit
 - Inquire about progress towards goal
 - Complete post-intervention survey



Ongoing Pilot Study

- 37 patients currently screened during team visits (March-May; 5 team clinics)
- 92% (n=34) felt it was okay for the provider to speak to them about SSE
- 35% (n=13) of patients had current SSE
 - 77% (n=10) were parents
 - 85% (n=11) reported smoking outside

Conclusion

- Over 1/3 of patients endorsed SSE, suggesting this is an important setting for continued initiatives in the reduction of SSE
- The majority of patients indicated it was okay for providers to ask about SSE
- Providers reported the screening and intervention were feasible to deliver within the team visit

Future Directions

- Conduct follow-up calls to caregivers to assess response to SSE action plan
- Adapt materials to other languages (currently only have brochure in English and Spanish)
- Address firsthand smoke exposure in teens
- Identify when families are most receptive to behavior change (e.g., pregnancy, pre-surgery)
- Train other providers (e.g., RN, NP, surgeons) on the team on screening methods for SSE

Acknowledgements

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