



## PROS PEARLS

### PROS Clinical Effort Against Secondhand Smoke Exposure (CEASE) Study

#### Implementation of a Parental Tobacco Control Intervention in Pediatric Practice

- This was a cluster randomized controlled trial of 20 pediatric practices in 16 states that received either CEASE intervention or usual care. The intervention gave practices training and materials to change their care delivery systems to provide evidence-based assistance to parents who smoke. This assistance included motivational messaging; proactive referral to quitlines; and pharmacologic treatment of tobacco dependence. The primary outcome, assessed at an exit interview after an office visit, was provision of meaningful tobacco control assistance, defined as counseling beyond simple advice (discussing various strategies to quit smoking), prescription of medication, or referral to the state quitline, at that office visit.
- Thirty-two RAs screened 8,598 parents exiting the intervention practices and 10,009 parents exiting the control practices. Self-reported smoking rates were 20% in the intervention and 17% in the control condition, respectively. Among 18,607 parents screened after their child's office visit between June 2009 and March 2011, 3228 were eligible smokers and 1980 enrolled (999 in 10 intervention practices and 981 in 10 control practices).
- Practices' mean rate of delivering meaningful assistance for parental cigarette smoking was 42.5% (range 34%–66%) in the intervention group and 3.5% (range 0%–8%) in the control group ( $P < .0001$ ).
- The intervention group, compared with control group, had a higher rate of providing counseling beyond simple advice by discussing various methods and strategies to quit smoking (24% vs 2%,  $P \leq .001$ ), prescribing nicotine replacement medication (12% vs 0%,  $P \leq .001$ ), and enrolling parents in the quitline (10% vs 0%,  $P \leq .001$ ).
- This study demonstrates that an intervention, including routine screening for parents who smoke, NRT medication prescription for parents, and enrollment in free state tobacco quitlines, can be implemented as part of routine child health care outpatient practice nationally. The findings suggest that a system-level intervention implemented in 20 outpatient pediatric practices led to 12-fold higher rates of delivering tobacco control assistance to parents in the context of the pediatric office visit.

These preliminary findings are from the AAP's practice-based research network - Pediatric Research in Office Settings (PROS). Funding for the Clinical Effort Against Secondhand Smoke Exposure (CEASE) Study was received from the National Institutes of Health NCI (R01-CA127127), the National Institute on Drug Abuse, and the Agency for Healthcare Research and Quality. This study was also partially supported by a grant from the Flight Attendant Medical Research Institute to the AAP Julius B. Richmond Center, and the Pediatric Research in Office Settings (PROS) Network, which receives core funding from the HRSA MCHB (HRSA 5-UA6-10-001UA6MC15585) and the AAP.

The following article based on study results appeared in the *Pediatrics*:

Winickoff JP, Nabi-Burza E, Chang Y, Finch S, Regan S, Wasserman M, Woo H, Ossip D, Klein J, Dempsey J, Drehmer J, Hipple B, Slora E, Weiley V, Murphy S, Rigotti N. Implementation of a Parental Tobacco Control Intervention in Pediatric Practice. *Pediatrics*. 2013; 132(1):109-117.