

# ST E P P

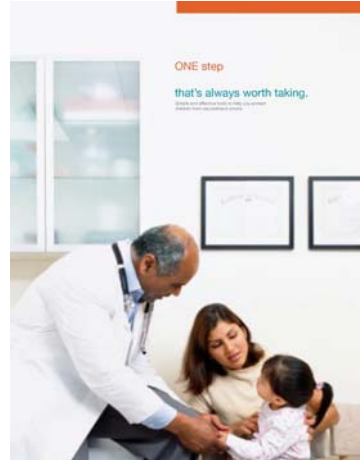
STATE TOBACCO EDUCATION  
& PREVENTION PARTNERSHIP

## SHS and Children: Healthcare Campaign

### Target Audiences:

Primary - Parents who smoke

Secondary – Healthcare providers and staff



### Research:

Two focus groups were held in metro-Denver with low-income parents who smoke and one focus group was held with healthcare providers.

Please see reverse side for methodology and key findings.

### Objective:

To encourage and support healthcare providers to talk with smoking parents as well as to ultimately decrease children's exposure to secondhand smoke.

### Campaign Tactical Plan and Strategy:

The SHS and Children toolkit for healthcare providers was re-designed to reflect the research findings and to be culturally inclusive. This kit includes information to help healthcare providers talk with parents, sample newsletter articles, free smoke-free decals and resources about the 2 A's and a R. In addition, a new 15-minute video was created to train healthcare providers and staff about the "Four Myths" and the "One Step" to protect children. Finally, a stand-up holder and brochures was created for doctor's offices and clinics. These materials will only be distributed through trainings sponsored by the American Lung Association and others.

The "Four Myths" that smoking parents believe:

- The Odor Myth – Spraying room deodorants removes SHS
- The Ventilation Myth – Opening a window or turning on a fan removes SHS
- The Distance Myth – Walking into another room will reduce their kids' exposure
- The Quit Myth – If they can't quit, they can't do anything for their kids

And the "One Step" parents can take to protect their kids:

- To step outside

A website was created at [www.raisesmokefreekids.org](http://www.raisesmokefreekids.org) as well.

### Evaluation:

- # of toolkits, posters, flyers and parent kits distributed
- Web site statistics
- Data from healthcare provider surveys at statewide trainings
- # of print ads or billboards placed and impressions of these efforts

# Research for SHS and Children: Healthcare Campaign\*\*

## Overview:

Two focus groups were held in metro-Denver with low-income parents who smoke with ten participants in each group. And one focus group was held with healthcare providers, including five physicians, three physician assistants and three registered nurses (RNs), all from family or pediatric practices.

## Key Findings:

- I. Parents who Smoke:
  - a. Smoking helps them deal with stress
  - b. They don't like the smell of cigarettes
  - c. Smoking controls what they do and don't do and nearly all the participants had partners or family who smoked
  - d. Most viewed smoking as an "all or nothing" proposition – They could either quit or not
  - e. They were generally knowledgeable about the dangers of SHS
  - f. Felt that if they can't see or smell the smoke, then it is "safe enough"
  - g. None of them want their kids to smoke
  - h. They did not see the immediate health effects of smoking around their kids
  - i. They reported that they were lazy, which is why they don't go outside to smoke
  - j. Felt that smoking is a powerful addiction
  - k. All parents reported that they minimized their kids' exposure by going into another room or opening a window – None did not try to something to protect their kids
- II. Healthcare Providers:
  - a. They felt that talking to smoking parents about SHS was a part of their job and was easy
  - b. These conversations usually began when they felt that SHS was causing the child's health problems, such as severe asthma
  - c. They did not usually include a cessation message with the information about SHS
  - d. For wellness visits, asking about smoking is usually part of the protocol
  - e. They expressed little concern about patient discomfort or loss of patients from these conversations
  - f. They did however, express how little time they have with each patient
  - g. They had very little knowledge about current statewide trainings, but interest was high for such a training
    - i. Suggested that these trainings be "piggybacked" on required staff meetings or trainings at hospitals/clinics to save time
  - h. Most felt that without some training about SHS, a toolkit would have limited value

**\*\*All research is preliminary and indicates the need for further investigation.**