

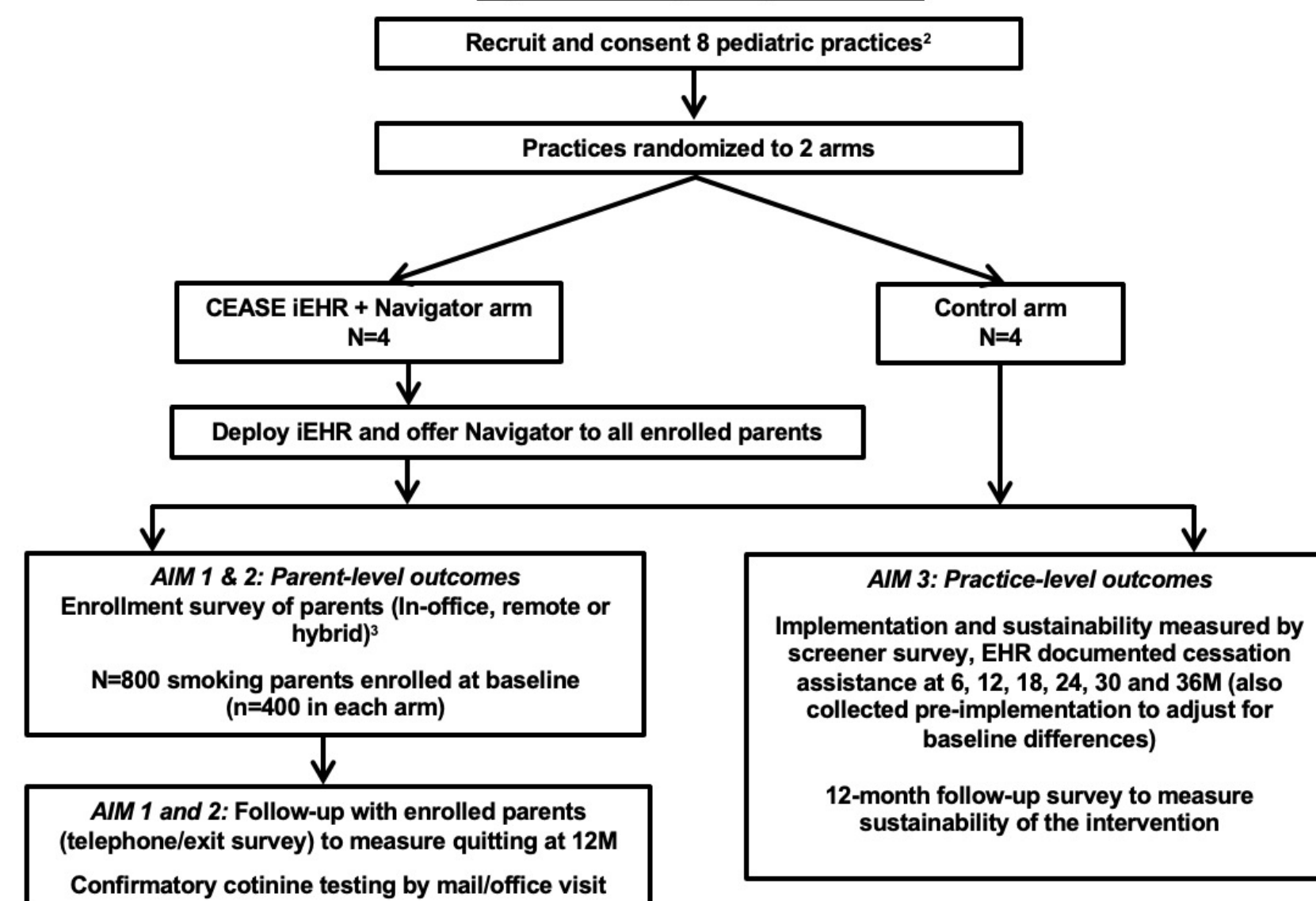
## BACKGROUND

- Smoking is an extremely prevalent issue in our Philadelphia community, and it not only affects the individuals who smoke, but also in the people around them. Secondhand smoke is especially harmful to young children.
- The Electronic Pediatric Office Systems to Support Treatment for Parental Tobacco Use study (eCEASE) started recruiting parents in the summer of 2021. This summer, we conducted the 1 year follow-ups with parents to collect data regarding their smoking statuses.

## OBJECTIVES

- To protect children from secondhand smoke exposure and tobacco use. The study does so by using the iEHR platform for tobacco screening for parents and referring parents to smoking cessation resources and treatment.

Figure 1: Study Design Schema<sup>1</sup>



<sup>1</sup>Practices will be randomized to 2 arms, with 4 sites in each arm. Approximately 800 parent subjects across 8 sites (~400 per arm) will be enrolled. Enrolled parents will be followed up at approximately 12 months (could be sooner or later depending on the visit schedule/parent availability).

<sup>2</sup>In the event the enrollment is slower than projected, we will add additional practices from the CHOP network, with practices matched in pairs based on practice size and Medicaid rate, from the pool of unassigned and interested practices.

<sup>3</sup>Parent screening and enrollment procedures may be modified to the kiosk/telephone/remote screening and enrollment due to procedures that may be in place at CHOP to protect people from COVID-19 risks.

## METHODS

The eCEASE study is a randomized controlled trial with two arms.

- INTERVENTION:** Primary care sites designated as intervention sites provided eCEASE participants with **delivery of nicotine replacement therapy (NRT)**, access to national cessation resources (**Quitline, SmokefreeTXT**), and the support of a **community health navigator**
- CONTROL:** Participants from control sites were not given any resources. Intervention support will become available to them after the data collection is complete.
- 817 total participants** were recruited into the eCEASE trial through in-person or remote (phone, text or email) recruitment
- Participants were recruited from **12 total primary care sites**

PURM research assistants worked on the follow-up portion of eCEASE

- Parents were due for follow-up surveys 12 months following their enrollment in the study. RAs contacted participants and completed follow-up surveys through remote and in-person follow-up.
- For participants who quit smoking, RAs confirmed their quitting by obtaining **cotinine (left) and carbon monoxide samples (right), both of which evaluate tobacco use or exposure to tobacco smoke.**
- We expect cotinine levels less than 10 ng/mL and carbon monoxide levels of less than 5ppm to indicate smoking cessation.



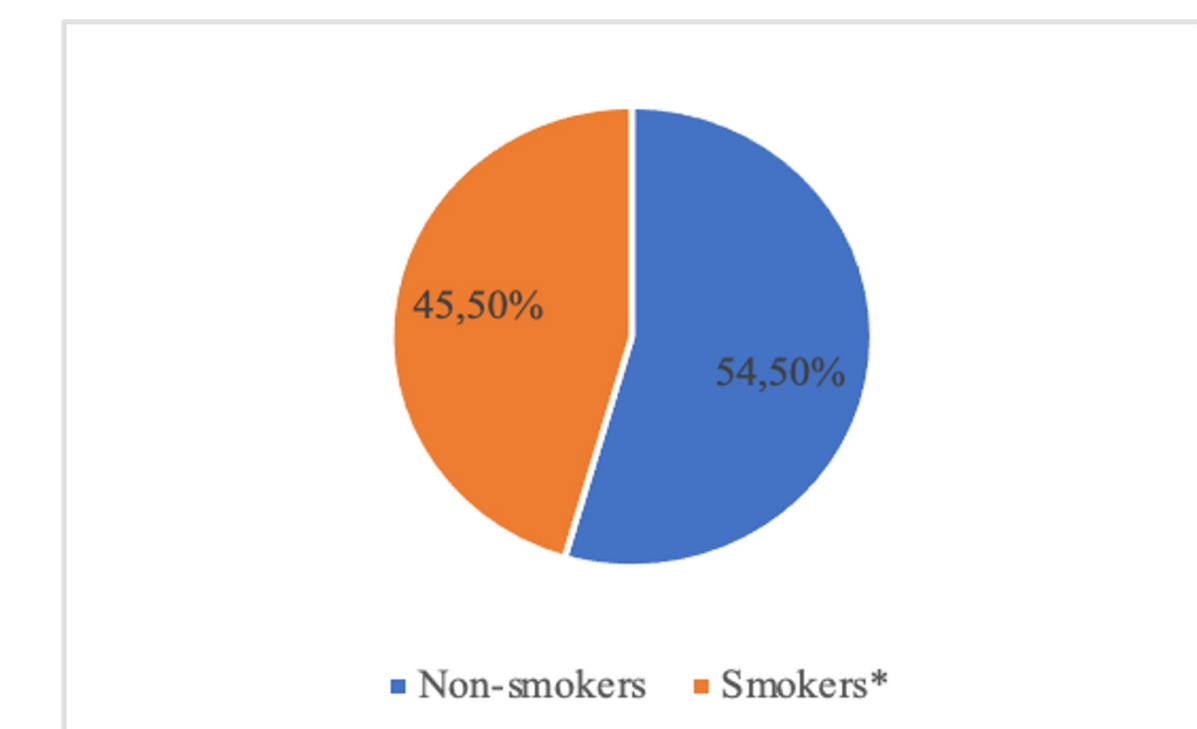
## RESULTS

Over the course of the internship, we helped to complete over 100 follow up assessments- the results of which can be found in the following table. The final study results will be available after the end of the data collection, in May 2023.

### Follow Up Data

Arm	Practice	Enrolled (N)	Eligible (N)	Eligible (%)	In Process (N)	In Process (%)	Complete (N)	Complete (%)	Self Report Quit (N)	Self Report Quit (%)
<b>Overall</b>		<b>817</b>	<b>139</b>	<b>17%</b>	<b>39</b>	<b>28%</b>	<b>100</b>	<b>72%</b>	<b>19*</b>	<b>19</b>
<b>Control</b>	<b>Total</b>	<b>409</b>	<b>67</b>	<b>16%</b>	<b>20</b>	<b>30%</b>	<b>47</b>	<b>70%</b>		
Control	A	145	37	25.52	13	35.14	24	64.86		
Control	B	31	5	16.13	0	0	5	100		
Control	C	48	11	22.92	4	36.36	7	63.64		
Control	D	79	14	17.72	3	21.43	11	78.57		
Control	E	46	0	0	0	-	0	-		
Control	F	60	0	0	0	-	0	-		
<b>Intervention</b>	<b>Total</b>	<b>408</b>	<b>72</b>	<b>18%</b>	<b>19</b>	<b>26%</b>	<b>53</b>	<b>74%</b>		
Intervention	A	147	30	20.41	9	30	21	70		
Intervention	B	90	22	24.44	4	18.18	18	81.82		
Intervention	C	67	17	25.37	5	29.41	12	70.59		
Intervention	D	23	3	13.04	1	33.33	2	66.67		
Intervention	E	50	0	0	0	-	0	-		
Intervention	F	31	0	0	0	-	0	-		

We were able to receive the cotinine lab results for 11 out of 19 samples.



\*Smokers refer to participants with cotinine levels >10ng/mL.

## NEXT STEPS

While the initial goal of this study was to promote smoking cessation of parents at pediatric clinics, the harmful effects of second-hand smoking and third-hand smoking do not stop there. Refer2Quit, another project initiated by the eCEASE team allow for family members to refer other family members and guardians who spend time with a child to treatment options. The goal is to see increased quit rates using the resources provided by the team.