

Evaluation of Brief Advise for Smoking Cessation (BASiC) Training for Pediatric Healthcare Providers in the Philippines

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IN PHILIPPINES (17.8 MILLION) 28% OF THE POPULATION AGED 15 YEARS OLD AND OVER SMOKE TOBACCO

48% (29 MILLION) ALLOWED SMOKING IN THEIR HOME AND 39.6% WERE EXPOSED IN THEIR HOMES DAILY

EXPOSURE TO SECOND HAND SMOKE WAS 53.0% IN PUBLIC TRANSPORTATION 33.6% IN RESTAURANTS 25.0% IN GOVERNMENT BUILDINGS

BACKGROUND

Tobacco use is the leading preventable cause of death worldwide. In the Philippines, 28.3% (17.3 million) of the population aged 15 years old and over currently smoke tobacco (2009 Global Adult Tobacco Survey). In the same survey, 48.8% (29.8 million) allow smoking in their homes; and 39.6% were exposed to smoke in their homes daily. Exposure to second hand smoke was 55.3% in public transportation, 33.6% in restaurants, and 25.5% in government buildings.

In response to this, the Philippine Ambulatory Pediatric Association developed a training module on brief advise for smoking cessation (BASiC) for child healthcare providers (HCP) for use with parents/guardians of pediatric patients at risk for second hand smoke exposure, as well as with patient-smokers.

OBJECTIVES AND METHODOLOGY

The objective of this proposal is to evaluate the impact of Brief Advise for Smoking Cessation Training on the clinical practice of healthcare advocates in the public and private sectors. Specific Objectives are

1. To evaluate self-perceived change in practice of the healthcare providers in terms of using the 5A's in their clinical practice after the training on brief advice
2. To evaluate importance of issues that prevent the healthcare provider to use the 5A's in their clinical practice
3. To evaluate self-perceived confidence change regarding use of the 5 A's in the practice of the healthcare providers after the training on brief advice
4. To obtain additional insights from selected trainees on their practice of the 5 A's and on their involvement in tobacco cessation advocacy activities

From 29 May 2012 to 29 June 2012

- Survey forms sent to all listed participants
- Key informant interviews with selected participants representing the areas covered by the trainings



RESULTS

416 HCP from across the Philippines have been trained of which. 256 responded to the survey. Of these, 84 returned the survey form, giving a response rate of 32.8%. Furthermore, sixteen (16) of those who responded were selected by convenience for in-depth interview regarding their survey answers.

DISCUSSION

The results of the study showed that in terms of self-perceived change in practice in the use of the 5 A's, there was a significant increase across all questionnaire items. The greatest differences noted were in the practices regarding advice not to smoke in public places and regarding arranging follow-up. However, it can also be noted that these two were the least practiced pre-training, and even post-training, particularly the practice of arranging follow-up to discuss smoking cessation.

On probing by interview with various participants, the increase in practice of advising against public smoking was attributed to increased knowledge of second hand and third-hand smoke, as well as increased concern of the parents/clients for the health of children. The top 3 factors hindering delivery of brief advice as reported by respondents were patient non-interest, patient non-compliance, and lack of a referral system for patients who required more intensive intervention.

An interesting anecdotal finding is that a number of practitioners found focusing on the detrimental effects of smoking on child health, was a useful method of influencing parents to quit smoking.

CONCLUSIONS AND RECOMMENDATIONS

A structured training on brief advise for smoking cessation specific for healthcare providers like the BASiC can significantly result in a self-perceived increase in the use of brief advise for smoking cessation in the practices of healthcare providers.

In particular, the training puts the pediatric patient as well as children of smokers in the forefront by focusing the brief advice on protecting the children and adolescents from the harmful effects of smoking and second hand smoke.

Factors which hinder a healthcare provider's practice of brief advice the most include frustrations arising from a perceived lack of interest and compliance on the part of their patients and lack of a formal referral system in their community.



TRAINING MODULE

DEMOGRAPHICS OF RESPONDENTS

Figure 1. Distribution of respondents by age group

Age Group	Number	Percentage
20 - 29	5	5.9
30 - 39	16	19.0
40 - 49	35	41.6
50 - 59	22	26.2
60 - 69	4	4.8
70 - 79	2	2.4
Total	84	

Figure 2. Distribution of respondents by group

Sex	Number	Percentage
Male	20	23.8
Female	64	76.2
Total	84	

Figure 3. Distribution according to Field of Expertise

Other	4% (03)
Psychologist	1% (01)
Pharmacist	1% (01)
Nurses	20% (17)
Medical Doctors	74% (64)

Majority of the respondents were medical doctors (74%), primarily pediatricians (50%), followed by nurses (20%). "Other" refers to a pastor, a teacher and a local government official.

PRACTICES ON BRIEF ADVISE BEFORE AND AFTER TRAINING

	Mean before	Mean after	Mean difference	Standard deviation	CI(95%)	p value
Practice 1 Ask smoking status	3.56	4.44	0.875	0.919	0.67-1.08	<0.0005
Practice 2 Ask about SHS	36.1	4.46	0.85	0.873	0.656-1.044	<0.0005
Practice 3 Advise to quit smoking	3.79	4.56	0.775	0.993	0.554-0.996	<0.0005
Practice 4 Advise to not smoke in presence of children	4.06	4.66	0.6	0.88	0.404-0.796	<0.0005
Practice 5 Advise to not smoke in public places	3.38	3.31	0.938	1.035	0.707-1.168	<0.0005
Practice 6 Arrange follow up	2.06	3	0.938	1.035	0.707-1.168	<0.0005

FACTORS AFFECTING DELIVERY OF BRIEF ADVISE

	Weighted mean
Non interest	7.73
Non compliance	7.54
Lack of referral system	7.13
lack of IECs	6.65
Lack of support personnel	6.36
Lack of time	5.88
Inadequate training	4.91
Complicated algorithm	4.45
Cultural Barriers	2.43
Others	0.23

CONFIDENCE ASSESSMENT IN FIVING BRIEF ADVISE

	Valid Answers	Mean Before	Mean After	Mean Difference	SD	CI (95%)	P-Value
Confidence Assessment 1 (Assess client's motivation to quit)	83	2.16	3.72	1.566	1.566	1.382 - 1.751	<0.0005
Confidence Assessment 2 (Exposure issues related to smoking)	83	2.24	3.87	1.627	1.627	1.450 - 1.803	<0.0005
Confidence Assessment 3 (Assess dependence level of client)	82	2.10	3.54	1.439	1.439	1.246 - 1.632	<0.0005
Confidence Assessment 4 (Provide accurate information on benefits of quitting)	83	2.90	4.35	1.446	1.446	1.258 - 1.633	<0.0005
Confidence Assessment 5 (Personalize benefits of quitting in each client)	83	2.53	3.95	1.422	1.422	1.235 - 1.609	<0.0005
Confidence Assessment 6 (Provide simple advice and instructions on quitting)	83	2.93	4.39	1.458	1.458	1.267 - 1.649	<0.0005
Confidence Assessment 7 (Develop personalized quit plan)	83	2.11	3.71	1.602	1.602	1.416 - 1.789	<0.0005
Confidence Assessment 8 (Arrange for follow up for clients)	81	2.06	3.44	1.383	1.383	1.157 - 1.608	<0.0005