

Program delivers healthy behaviors door-todoor

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In underserved areas like North Philadelphia, existing research shows a nearly 10 percent higher smoking rate than in the general population, with a lower quit rate to boot. The consequences of this public health problem are magnified for new mothers that smoke, as they also expose their babies to the ill effects of second-hand smoke.

Brad Collins, an assistant professor of public health at the College of Health Professions and Social Work, has been testing ways to improve smoking treatments in underserved populations for several years, and in previous research found that 40 percent of new moms in North Philadelphia were either currently smoking or had smoked late into their pregnancies.

"The high rates of postpartum smoking we found in North and West Philadelphia are consistent with other low-income, urban communities across the country. It's alarming when considering the consequences children bear," he said.

Second-hand smoke can lead to a host of problems for young children, including a higher risk of <u>sudden infant death syndrome</u> (SIDS), asthma, and lung or ear infections.

Behavioral interventions can help improve quit rates; however, Collins says areas like North Philadelphia suffer some unique barriers in regard to this type of treatment.



"High participant drop out rates, challenges maintaining contact with individuals that may not have phone service, or who live in crime-ridden areas, low existing levels of health knowledge and similar challenges do make it difficult to implement such a program," he said. "But these challenges should motivate intervention researchers to find creative ways to tailor and implement evidence-based prevention and health care."

It was that motivation that drove Collins and his team directly into the community, going door to door to provide intensive, yet tailored smoking cessation treatments to new mothers who needed them the most.

The project, called Philadelphia FRESH (Family Rules for Establishing Smoke-free Homes), was directed by Collins and looked at whether an intensive, individualized approach to smoking cessation — given right in the homes of smokers with young children — would be as feasible and effective as the current standard of simply providing self-help materials through community pediatric and WIC clinics.

"Our counselors explicitly demonstrated the steps one can take to create a smoke-free home and coached smokers through those steps taking into account individual and family-level factors that could either facilitate or undermine the behavior change process," Collins said.

His research, presented at the Society for Nicotine and Tobacco Research's annual meeting on Feb 27, looked at the second smoke exposure rates of 229 mothers with young children. All participants received self-help materials, the standard of care in many underserved communities, but about half the group was randomly assigned to receive intensive behavioral counseling through FRESH's 16-week intervention. Counseling focused on enhancing motivation for smoking behavior change, coaching smokers through the steps of creating a smoke-free home, preparing mothers to quit smoking through skills training to



manage urges to smoke, and reinforcing social contingencies that support a smoke-free environment.

The group that had the intensive, one-on-one interventions in their homes reported smoking an average of two cigarettes per day indoors (versus five cigarettes per day among those in the self help group), exposing their children to less second-hand smoke. Further, children of women in this group had lower levels of urine cotinine, a biomarker used to determine second-hand smoke exposure.

"Proactive behavioral interventions within the community, like Philadelphia FRESH, can be effective by providing health education, skills training to help smokers learn to manage stress without smoking, coaching to motivate and guide smokers to create a smoke-free home and social support to maintain health behavior change," said Collins.

Given emerging research, Collins hopes to incorporate interventions for reducing third-hand smoke exposure into future iterations of Philadelphia FRESH by educating families about the importance of decontaminating — washing upholstery, carpets, drapes, clothes and wiping down surfaces — once they create a smoke-free home. He is also working with other Temple faculty on grant applications that will blend the FRESH intervention with other modes of intervention to improve its sustainability.

"The postpartum period offers a unique opportunity to educate and coach maternal smokers about protecting their children from second-hand smoke and to help them quit smoking," said Collins. "By blending approaches similar to FRESH with more general health promotion information, and by merging the approach within existing health systems, we can figure out new, creative ways to address this public health problem."



Provided by Temple University

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