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Title

Clinic views on tobacco screening and treatment for racially and ethnically minoritized parents in pediatric primary care

Priority 1 (Research Category)

Child and adolescent health

Presenters

April Wilhelm, MD, MPH, Junia de Brito, PhD, MBA, MPH, Michele Allen, MD, MS, MS, Rebekah Pratt, PhD

Abstract

Context: Household tobacco exposure remains a significant health issue for many racially and ethnically minoritized children living in the United States. Structural barriers, such as high levels of targeting of these groups by the tobacco industry and barriers to accessing tobacco treatment, have contributed to and perpetuated commercial tobacco-related inequities. Delivering parental tobacco treatment during pediatric primary care visits may help to reduce the effects of these structural barriers, thereby increasing the likelihood of parental tobacco cessation and reducing children's tobacco exposure in these populations. Objective: This study examined current tobacco screening practices and clinician, staff, and health system leaders' perceptions of facilitators and barriers to addressing parental tobacco use during pediatric visits among racially and ethnically minoritized parents in one health system. Study Design and Analysis: We conducted 25 semi-structured interviews informed by the Health Equity Implementation Framework. Interviews were transcribed and then analyzed using a combination of content and thematic analysis. Setting: Primary care clinics in the Minneapolis-St. Paul, MN, metropolitan area. Population Studied: Clinicians, staff, and health system leaders in 5 primary care clinics from one health system. Results: Participants identified multilevel barriers and facilitators to addressing parental tobacco use in racially and ethnically minoritized families in primary care. Key barriers included: 1) limited clinician knowledge, skills, and confidence, 2) medical mistrust and the stigmatization of tobacco use, 3) time constraints that impede trust-building with parents, 4) lack of alignment with external policy drivers/priorities, and 5) health system navigation challenges. Participants described facilitators including how 1) leveraging the cultural knowledge of interpreters, 2) engaging culturally congruent clinicians and staff, 3) providing linguistically and culturally relevant resources, 4) integrating prompts and resources within the electronic health record, and 5) building off previous health system change mechanisms. Conclusions: Addressing health systems, training and

resources, and linguistic and cultural barriers among clinicians and staff is essential to strengthen their capacity to address household tobacco exposure among racially and ethnically minoritized patient populations as a component of pediatric preventive care.

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