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Awareness of the Poison Control Center

By Dr. Murray Frost

Poison control centers perform several health-care functions. In addition to providing poisoning treatment facilities, they play a vital role in providing information to individuals and health professionals for treating poisoning victims. They play a preventative role by providing professional and public educational programs, and they also serve an advocacy role.

The Poison Control Center (PCC) at Children's Memorial Hospital in Omaha was established in 1957 to serve the Omaha metropolitan area and the entire state of Nebraska.

Surveys Conducted

In order to provide baseline data and an initial evaluation of the Center's educational efforts, two surveys were conducted.* The first was a random sample of residents of the Omaha metropolitan area. A total of 610 respondents randomly selected from telephone directories covering Douglas and Sarpy Counties was interviewed in November, 1979. The second survey, in November, 1980, covered the remaining counties of Nebraska and involved 600 respondents.

The results of the two surveys should not be combined to form a single statewide survey since the two samples were not drawn proportional to population in the state. (The Omaha and outstate samples were approximately the same size, even though Douglas and Sarpy Counties have only 31 percent of the state's population).

Would Call PCC

When respondents were asked what they would do if a family member accidentally swallowed something harmful, more than a third (37 percent) of those residing in the Omaha area (Douglas and Sarpy Counties) said they would call the Poison Control Center located at Children's Memorial Hospital in Omaha. Respondents living elsewhere in the state were less likely to call the Poison Control Center; only 20 percent said they would call a poison control center. See Table 1.

Calling or rushing to a doctor or hospital was the response of 29 percent of the respondents in the Omaha area, but this response was mentioned by 42 percent of other Nebraskans. In the Omaha area approximately 10 percent said they would call the 911 emergency number; this option was named by 7 percent of the respondents in the rest of the state.

Although inducing vomiting is not the best antidote for all accidental poisonings, 7 percent of the Omaha respondents and 13 percent of the non-Omaha residents indicated this would be their first measure. An additional 6 percent in each population group would give the victims other fluids to drink.

Another sizable group of respondents would first turn to the label or to a poison chart to learn about the appropriate counter-measure; approximately 7 percent of the respondents in the Omaha area and 10 percent elsewhere in Nebraska indicated these actions in their answers.

Reliance upon the PCC in Omaha as the first response in a poisoning incident varied with the demographic characteristics of the respondents. In both the Omaha and outstate Nebraska samples those with children under six years old were more likely to turn to the PCC than those without young children (35 percent of those in Omaha with children under six said they would call the PCC compared to 31 percent of those without children under six; elsewhere in Nebraska those with children under six were almost twice as likely to call the PCC as those without children under six—31 percent and 16 percent, respectively).

In both the Omaha and outstate samples the proportion calling the PCC in a poisoning incident declined with age. In both samples those over 60 were less likely to call, 18 percent in Omaha and 13 percent among non-Omaha residents; in contrast 45 percent of those under 35 in the Omaha area said they would call the PCC, and 26 percent of those under 35 elsewhere in Nebraska said so.

The proportion saying they would call the PCC in a poisoning incident increased with education. In Omaha only 19 percent of those with less than a high school education said they would call compared to 39 percent of high school graduates and 42 percent of those with at least some college education. Similarly, in outstate Nebraska the proportion who would call rose from 14 percent to 19 percent to 21 percent in the three respective groups.

Females were more likely than males to call the PCC. In Omaha the difference was quite large—40 percent of the females but only 26 percent of the males, but elsewhere in Nebraska the difference was less marked with 20 percent of the females and 14 percent of the males saying they would call the PCC in Omaha.

Awareness Measured

Although one objective of a poison control center is to have the public call them as a first response to a poisoning incident, the success of a poison control center may also be measured by awareness of its existence and its other educational efforts. Awareness of the PCC at Children's Memorial Hospital is not
limited to the 19 percent–37 percent who would call them first in a poisoning incident. Respondents who did not volunteer the PCC in response to the first question were asked if they were aware of the PCC in Omaha; more than 60 percent said they were aware of it (43 percent in Omaha and 41 percent elsewhere in Nebraska). Therefore, the PCC was known to approximately four-fifths (79 percent) of the respondents in Omaha and three-fifths (60 percent) of the respondents elsewhere in Nebraska. See Table 2.

Younger persons, those with more education, and females, and those with children under six were more likely to be aware of the PCC (e.g., calling or seeing a local doctor or hospital or consulting the label or a poison chart) was their preferred action (23 percent), others didn’t think of the Center (16 percent) or couldn’t give a reason (14 percent). The reasons given by some indicate a need for further education by the PCC; 15 percent said they didn’t know the number, 12 percent thought it was too far away, 5 percent said they had no children (apparently misled by the location at the Children’s Memorial Hospital), and 2 percent felt that calling the Center would be too time-consuming.

Educational Campaign

Another measure of the success of the PCC educational campaigns concerned knowledge of where to obtain the telephone number of the Center if needed. Those who said they would call the PCC were asked if they knew the number and if not how they would obtain it. Few of these respondents claimed they knew the number (19 percent in the Omaha area and 9 percent elsewhere in Nebraska). However, many said they had the Center's number listed on their phones. In Omaha, 34 percent of those who would call but who did not know the number said it was listed on the phone, and another 14 percent said it was on the wall—presumably near the phone (in outstate Nebraska, those proportions were 29 percent and 10 percent, respectively). In Omaha 37 percent said they would consult their pharmacist, and elsewhere in Nebraska 21 percent gave this response. A follow-up question in the second survey (of non-Omaha area residents) indicated that only 12 percent would rely on the alphabetical listings while the remainder said they would look for the number among the emergency numbers either at the front or back of the white or yellow pages. Some respondents, however, would use such time-consuming sources as directory assistance (6 percent in Omaha and 16 percent outstate) or 911 (2 percent in Omaha and outstate).

Synop of Ipecac

A major educational effort by the PCC concerns synop of ipecac—an emetic or stomach-cleansing substance. Respondents in the two surveys were asked if they knew what it was. Approximately 36 percent of the respondents in the Omaha area indicated they did while 23 percent of those living elsewhere in Nebraska said they did. See Table 3.

The patterns noted earlier generally were observed in the data on ipecac knowledge varied sharply with education, in Omaha almost half (48 percent) of those with some college education knew about synop of ipecac, but this proportion declined to 32 percent among those who completed high school and to 18 percent of those who had not completed high school. Respondents living elsewhere in Nebraska had a similar pattern with 36 percent of those declining from 38 percent of those with some college to 17 percent among high school graduates. The decrease was more noticeable with those under 12 years of age and with less than 12 years of formal education.

Those with children under six years old were more likely to be aware of synop of ipecac than those without young children. In Omaha 47 percent of those with children under six were aware of it, while 23 percent of those without such children knew about it. In Nebraska those proportions were 37 percent and 10 percent, respectively.

Women More Aware

Women were more aware of synop of ipecac than men (41 percent and 22 percent, respectively, in Omaha, and 25 percent and 12 percent, respectively, in outstate Nebraska).

The relationship between age and knowledge of synop of ipecac generally held; e.g., those 60 years or older were least knowledgeable in both samples. Sources of knowledge about synop of ipecac varied widely. Medical personnel were frequently cited. In Omaha, 13 percent said a doctor was their chief source of information while another 4 percent said a hospital and 4 percent a pharmacy. In outstate respondents, sources were cited by 9 percent, 4 percent, and 2 percent respectively. The PCC educational program was specifically cited by 4 percent of the respondents in Omaha and by 1 percent of those living elsewhere in Nebraska. The next two sources were other people, with 11 percent of those under 12 years of age and 11 percent of those with less than 12 years of formal education.

Table 2 shows that only 9 percent of those with children under six years old were aware of the PCC’s educational program. The PCC educational program was included in 5 percent of homes with children under six years old (compared to 3 percent of homes without such young children). It is clear that availability of synop of ipecac also varied directly with education and inversely with age of the resident.

Summary

Several measures testing the effectiveness of the Poison Control Center's educational programs were included in the survey of residents in the Omaha area and in the remainder of the state. The Center's informational program was most successful in the Omaha area than outstate. For example, 37 percent of respondents in Omaha knew about synop of ipecac, while in outstate Nebraska only 19 percent knew about it. A follow-up question in the second survey (of non-Omaha area residents) indicated that only 12 percent would rely on the alphabetical listings while the remainder said they would look for the number among the emergency numbers either at the front or back of the white or yellow pages. Some respondents, however, would use such time-consuming sources as directory assistance (6 percent in Omaha and 16 percent outstate) or 911 (2 percent in Omaha and outstate).
elsewhere in Nebraska said they would call. Respondents who were younger, more educated, women, or with children under six years old were more likely to turn to the Poison Control Center than their counterparts.

Awareness of the Poison Control Center, however, was much greater with 79 percent of the Omaha area respondents indicating their awareness of the Center. This proportion was 60 percent in the remainder of the state.

Of those who said they would call the Poison Control Center, only 19 percent in Omaha said they knew the number (9 percent elsewhere in Nebraska). Many of those who would call but didn’t know the number indicated it was posted on the phones or a wall. Of those who said they would consult a telephone directory, most said they would use the listing of emergency numbers at the front or back of their directories, and few said they would use the alphabetical listings.

The listing of the Poison Control Center among these emergency numbers is a consequence of the Center’s advocacy efforts. Relatively few of those who said they would call the Poison Control Center indicated they would rely on such time-consuming sources as directory assistance or the 911 emergency number.

The Poison Control Center has not conducted extensive educational campaigns concerning the emetic, syrup of ipecac. Nevertheless, 36 percent of the respondents in Omaha and 23 percent of those elsewhere in Nebraska knew about it. This proportion varied, ranging in Omaha from 18 percent of those with less than a high school degree to 48 percent of those with some college; 47 percent of those with children under six years old knew about syrup of ipecac. The range was from 11 percent to 38 percent in outstate Nebraska, with 37 percent of those with children under six.

The proportion having this emetic at home, however, was smaller. Only 9 percent of all households surveyed in Omaha and 5 percent elsewhere in the state had it at home. Only 21 percent of Omaha households with children under six years old had syrup of ipecac available and only 14 percent of such households elsewhere in Nebraska. These findings suggest the need for a more extensive educational awareness campaign concerning the use of syrup of ipecac. Since medical personnel, mass media, and friends were the most frequently cited sources for this information, a campaign involving these communication channels should prove helpful.

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<th>TABLE 4</th>
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<tr>
<td>SOURCE OF KNOWLEDGE ABOUT SYRUP OF IPECAC</td>
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<td>Omaha Area</td>
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<td>Doctor</td>
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<td>Family/friend</td>
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<td>Own training*</td>
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<td>Total</td>
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*Coding of Omaha data did not use this category.
**Totals do not add to 100% because of rounding.

Question: "How did you learn about it?"

*These studies conducted by the Center for Applied Urban Research for the Poison Control Center, were funded by grants from Midlands Emergency Medical Service Council and the Division of Emergency Medical Services of the Nebraska Department of Health. CAUR personnel involved in the studies included: Dr. Murray Frost, Peggy Hein, Jason Chen, and Frank Flatowicz. PCC personnel involved were Dr. Matilda McIntire, Daniel Hirteman, Michael Montwell, James O'Donnell, and Margaret Nelson.