

CORRELATION OF PARENTAL SMOKERS' HEALTH BELIEFS ABOUT THE PARENT-CHILD DYAD AND ASSOCIATION WITH READINESS TO QUIT

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Background: The health belief (HB) model has helped shape many interventions for health behavior change. No prior studies have investigated the role of parental smokers' health beliefs regarding themselves (HB-self) or their child (HB-child) as they might influence parental smoking cessation.

Objective: We hypothesized that HB-self and HB-child would be highly correlated and that both would be associated with the parent's readiness to quit smoking.

Design/Methods: Parents of children aged 0-6 years were enrolled during well visits with their pediatricians in a pilot study on the efficacy of an intervention to address parental smoking in the pediatric outpatient setting. Baseline self-reports assessed HB-self and HB-child regarding the harms of continuing smoking, and the benefits and importance of quitting, as well as whether parents were planning to quit in the next 30 days (preparation stage of change). We collapsed HB responses to 1 (if "very") or 0 (if "not at all," "a little," or "somewhat") for each of the 3 elements of each HB construct to create a single composite score 0-3 for HB-self and for HB-child.

Results: Fifty-four parents at five pediatric practices completed surveys. Overall, high scores on HB-self and HB-child were significantly correlated ($r=0.638$; $p=0.01$). Higher scores on HB-self and HB-child were associated with preparing to quit smoking in the next 30 days (test for trend $p<0.01$ for HB-self and HB-child). Of parents scoring 3, 2, 1, and 0 on HB-self and HB-child, percents of parents in preparation for quitting ($N=24$) were 79.2 and 87.5, 8.3 and 4.2, 12.5 and 8.3, and 0 and 0. We created ratios of HB-self to HB-child scores, and found that 16.7% of parents who held stronger health beliefs for themselves than their children about the harms, benefits, and importance of quitting were in preparation, and 36% of parents who held stronger health beliefs for their children than themselves were in preparation ($p=ns$).

Conclusions: These data suggest that for parents, the health belief model applies not only to oneself but also to one's children and is associated with quit readiness. The results give theoretical support for interventions that address parental concerns for both self and child regarding smoking. The pediatric office may be an optimal venue to employ interventions that address the health beliefs intrinsic to the parent-child dyad.