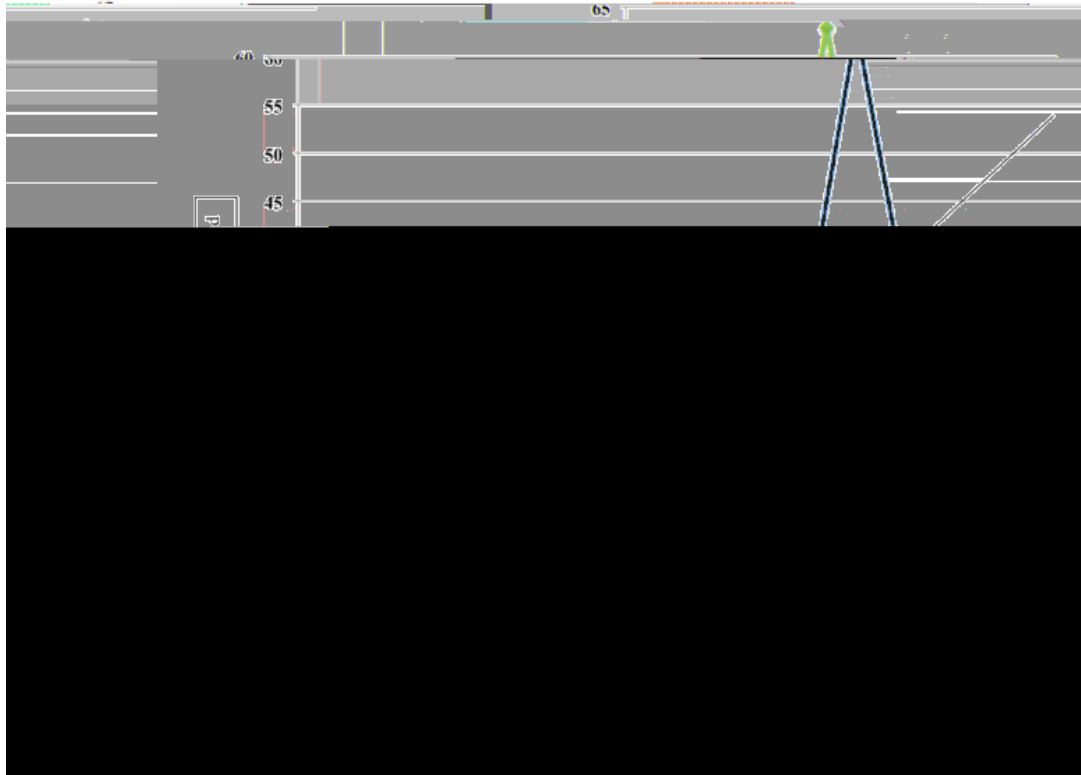


ordinal or nominal data, and subsequently analyzed using Pearson's test. Phi and Cramer's V values were used to test the strength of the association between two variables that were categorized as nominal or one nominal and one ordinal variable respectively.

All members of the clinical staff at Lakeland Community College (LCC) were invited to participate in the study.

The study primarily aimed to correlate voucher redemption with familial history of skin cancer, skin sensitivity of the caregiver and child, and the perception of caregiver's risk of developing skin cancer. Secondary outcomes correlated voucher redemption with demographic information of the child consisting of age, gender, and history of sun sensitivity of the child with ease of sunburn, and demographic information of the caregiver consisting of education of the caregivers, gender, and occupational status.

An ANOVA was conducted to examine whether already having a swim shirt or redeeming a voucher for a swim shirt differed according to parental history of skin cancer, parental perception of skin sun sensitivity, and parental perception of the child having sun sensitive skin or ease of sunburn. Correlation coefficients were used to examine the associations among the two swim shirt conditions (having a swim shirt or using a voucher to obtain a swim shirt) and the variables of parental history of skin cancer, and parental perceptions of sun sensitive skin. For all analyses, a cutoff of $P < .05$ was used to determine statistical significance.



C

Most caregivers identified their child as having skin that was sensitive to the sun (93%) and inclined to sunburns or skin irritation from the sun without the application of sunscreen (92%). The perception of sun sensitivity of the child was significantly associated with the child getting sunburns or skin irritation from the sun (Table 3).

D

Eligible subjects redeemed a total of 150 vouchers, which was 18.1% of those completing surveys. The majority of caregivers to redeem the swim shirt (84%), but 6% (63/824) already had a swim shirt and 8% (66/824) did not intend to redeem the voucher for a child with sun sensitive skin, a parental history of skin cancer, or caregiver perceiving that they had sun sensitive skin was predictive of either having a swim shirt or redeeming a voucher for a swim shirt (ANOVA, 3 conditions x 1 time, $P < .001$). Caregivers, who did not intend to redeem a swim shirt, were 8% of the respondents and were Hispanic or Black and indicated no perceived sun sensitivity of the child's skin.

The gender of the child, the mother's education with a college graduate degree, and not being Hispanic were statistically significantly correlated with caregiver voucher redemption for the swim shirt at the 0.05 level. Caregivers were more likely to redeem a swim shirt for their child if the child was male ($P = .045$); however, Cramer's V was found to be 0.070 indicating a weak relationship. Female caregivers with a higher level of education were found to be more likely to redeem a swim shirt for their child ($P = .010$; Cramer's V = 0.126).

Caregivers redemption of a voucher for a swim shirt for their child was associated positively with the UVI on the day of the swim visitation (RO.552) (Figure 1). The median daily UVI for Chicago was 8.0 with a range from 2 to 9. The monthly median UVI for June and July, 7 [15].

Caregivers were more likely to claim the voucher when the child was a boy, when the mother had a college degree or greater, v and child were not Hispanic, and during sunny weather. The primary message of this study was that the sun protection message delivered by clinicians recommending the use of swim shirts, in combination with sunscreen and other established sun protection practices, was predictive of providing an anticipatory guidance tip sheet and a voucher for a swim shirt.

A few prior studies have validated the effectiveness of sun protection strategies for young children. The Kaiser Kids Sun Care Program demonstrated small, yet significant differences in sun protection practices as well as sustained behavioral change in parents of non-Black children age 3 [16]. The Sun Sense Study, which implemented the Australian Slip! Slop! Slap! message in a multicomponent intervention for parents of children 3-10 years old, found significant improvements in sun protection practices and knowledge [17]. Implementation of a multicomponent sun protective clothing intervention for young children in the pediatrician office could help to reduce the risk of skin cancer that sunscreen use alone may not be able to achieve.

Pediatric care is oriented towards age-specific anticipatory
