

BACKGROUND

Unmet social needs, such as stable housing, reliable access to food and treatment of parental depression are associated with childhood overweight. Little information exists on parental perception of addressing these needs as part of a child's healthcare visit.

Objective: To understand the perspective of parents of overweight children aged 2-5 on how to best address the family's social needs in the pediatric primary care setting.

METHODS

- We conducted a mixed-methods study.
- Survey data was collected using an online REDCap survey, and completed on a tablet computer.
- 3 validated surveys were used to assess for social needs:
 - WE CARE survey (endorsement of 11 social needs and desire for help with those needs)
 - PHQ-2 (report of how frequently 2 depression symptoms are experienced)
 - Food insecurity screener (report of how frequently 2 indicators of food insecurity are experienced)
- Semi-structured interviews were conducted with parents of children 2-5 years of age with BMI > 85% and public insurance attending an urban primary care clinic.
- Interviews assessed parental perception about addressing social needs in the primary care setting.

Quantitative Analysis

- Compared frequency of needs endorsed and resources desired across categories; responses on WE CARE survey compared to validated PHQ-2 and 2-Item FI screening tool.

Qualitative Analysis

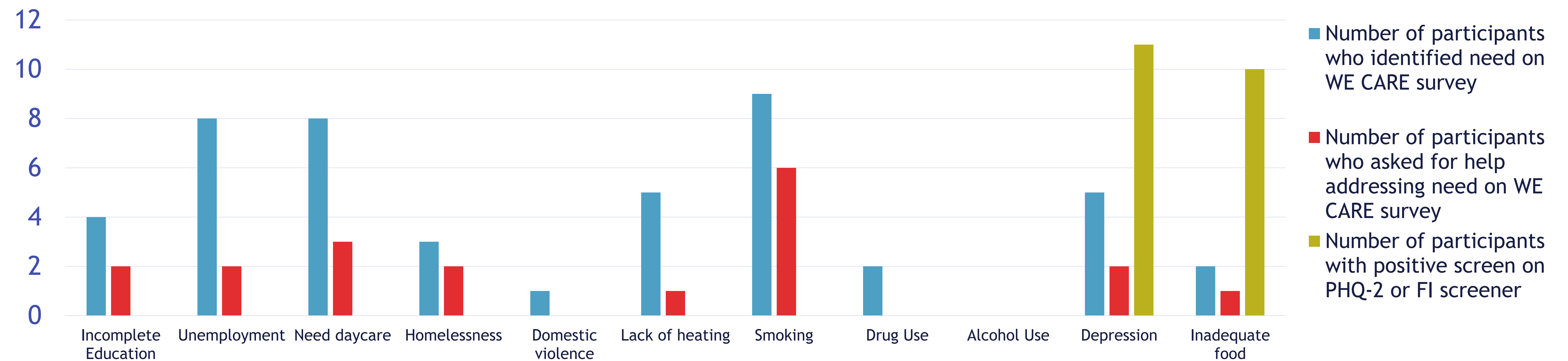
- We performed Directed Content Analysis. Dedoose web application was used to manage mixed-methods data.
- 3 coders used a constant comparative method to refine code book.
- Each interview was coded independently by 2 researchers.
- Discrepancies were resolved through consensus.

Participant Characteristics (n=22)

Relation to Child:	Race:
▪ 82% mother, 18% father	▪ 41% White, 50% Black, 9% Hispanic
Mean age (years):	Highest level of education:
▪ 31 y (range 25-44)	▪ 13% did not finish high school
Annual household income:	▪ 68% finished high school or received GED
▪ 54% <\$20,000	▪ 13% graduated college
▪ 41% \$20,000-\$40,000	▪ 4% preferred not to answer
▪ 5% >\$ 40,000	

RESULTS

Count (n=22) of Needs Identified and Desire for Resources at time of PCP Visit



Interview Themes: The majority of parents had positive feelings toward the screening tool and it's potential to help families. Two salient themes arose that influence asking for support: 1) level of comfort disclosing social needs and 2) family resourcefulness and resiliency. Discomfort was often associated with fear of being considered neglectful and involvement of child protective services. Suggestions for survey improvement centered around reframing questions to highlight the resources and support available, with an emphasis on how resources would benefit the child.

Level of Comfort Disclosing Social Needs

• *We really don't like that outside eyes - like, well, why is she going through that? She could do so much better. And a lot of times, it's not that we don't know we can do better, it's just that that's what we have to deal with at the time. So, we have to cope and deal with that. And, a lot of times, it's embarrassing to tell people what you're really going through in life.*

Family Resourcefulness and Resiliency

• *We get by without - and I always like, I've seen around where I live, I've seen people giving out food for free and stuff, and I tend to not do it because I feel like they only have so much and there is people actually starving out there with no food. So - You know what I mean? - if we're getting by, I'm not gonna take from somebody who actually is starving.*

Reframing Survey

• *Put some resources in the survey. Like, if you need more services - If you want more resources, just hit this button, and maybe list them. A lot of times, people won't ask for stuff, but if they see the resources with phone numbers at the bottom of it ... they'll do the resource.*

DISCUSSION AND LIMITATIONS

Parents were less likely to directly endorse depression and food insecurity on the WE CARE survey than to report symptoms suggestive of depression and food insecurity on the PHQ-2 and 2-item food insecurity screener. The majority of families did not endorse wanting help for identified needs at the time of their child's primary care appointment. Qualitative data suggests that social needs screeners used in primary care settings should be reframed for families who do not feel comfortable asking for support or who are resourceful at meeting their needs. Including strength-based questions, emphasizing the non-punitive nature of the screener, and providing information about resources upfront may increase the usefulness of social needs screeners in getting families with young children who are overweight to needed resources.

CORE COMPETENCIES

- 1) Collects valid and reliable quantitative and qualitative data
- 2) Informs the public about policies, programs, and resources that improve health in a community
- 3) Contributes to the public health evidence base
- 4) Describes the ways public health, health care, and other organizations can work together or individually to impact the health of a community

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