

# STRONG CHILDREN'S RESEARCH CENTER

## Summer 2016 Research Scholar

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### ABSTRACT

**Title:** A Pilot Study to Address Behavioral Concerns for Young Children in Primary Care

**Background:** Pediatric practices provide anticipatory guidance to address the educational needs of parents and caregivers with respect to child behavioral health. These resources may be particularly valuable for underserved families. However, it has not been well-tested which information is most helpful to parents, or which format is most conducive to parental satisfaction and retention of information.

**Objective:** To pilot test the feasibility and effectiveness of providing information to parents in various forms, to determine which method is best for communicating about child behavior and development.

**Design / Methods: Preliminary Survey:** We surveyed parents of children <6 years old in a large, urban pediatric clinic. Regarding the delivery of education information, we asked parents to prioritize one of five topics (behavior / discipline, learning, sleep, nutrition, or toilet training), choose a preferred format (paper, video, or email/text), and endorse whether they would be willing to receive additional information via text, email, or MyChart (patient portal). **Education:** All parents received an After-Visit Summary (AVS) from a provider, with information on age appropriate milestones and expectations. Some parents received additional education in one or more of the following modalities: a video in the waiting room developed by the pediatric clinic (discussing cognitive development and other health topics) (n = 26); a parenting tip on learning or behavior sent via text message (n = 11) and/or email (n = 13); and/or a <3 minute age-specific video sent via MyChart containing information similar to the AVS (n = 14). **Follow-up Interview:** A subsample of the parents who completed surveys in the clinic also completed a follow-up phone interview. This interview identified parent preferences for information received.

**Results: Preliminary Survey:** Among parents who completed the clinic survey (N = 59), parents reported particular need for information about how to encourage learning (32%) and behavior / discipline (29%) for their child. Information source preferences were: AVS (39%), text messaging (20%), waiting room video (17%), emails (14%), and MyChart education (10%). **Follow-up Interview:** Parents interviewed by phone (N = 29) recalled information from: AVS (72% of parents), email (54%), text (50%), waiting room video (40%), MyChart video (7%). Information sent was found to be useful by: AVS (59% of parents), email (38%), text (36%), MyChart video (7%) (no data for waiting room video).

**Conclusion:** The AVS was the most effective way to communicate with parents. In preliminary survey, more than twice as many parents preferred AVS to any other modality. After receiving information from a variety of modalities, over two thirds of parents reported that they read and remembered specific content from the AVS, and over half found this information useful. This appears a particularly useful modality in this difficult-to-contact patient population, where over one third were unable to be reached even after providing consent to contact and a preferred phone number. Further work could investigate how to make best use of the AVS, to include more guidance on learning and behavior. It is also clear that a combination of information delivery methods is the best way to reach as many parents as possible. While no one method reached all parents, email and text may be useful for those interested and a consistently shown waiting room video can increase information retention. Although content delivered by MyChart appeared ineffective, patients expressed positive feedback for the age-specific video when shown in person, and this could be shown routinely as parents wait for the provider in the exam room.