Schrunder-Gomez S,Hanna B, Dietrich MS, Scholer SJ. Associations of Sociodemographic Characteristics with a Brief Parenting Assessment. Poster session. Pediatric Academic Societies Meeting. Philadelphia, PA, May 1-5, 2020 (meeting canceled due to COVID-19 outbreak).

TITLE: Associations of Sociodemographic Characteristics with a Brief Parenting Assessment

ROLE TYPE: Abstract

CURRENT CATEGORY: Health Services Research

CURRENT SUBCATEGORY: None

KEYWORDS: Population health, Parenting, Child abuse prevention.

AUTHORS (LAST NAME, FIRST NAME): Hanna, Benjamin G.¹; Schrunder-Gomez, Scherly N.²; Dietrich, Mary S.³; Scholer, Seth J.¹

INSTITUTIONS (ALL): 1. Pediatrics, Vanderbilt University Medical Center, Nashville, TN, United States.

- 2. Meharry Medical College, Nashville, TN, United States.
- 3. Vanderbilt University, Nashville, TN, United States.

TITLE: Associations of Sociodemographic Characteristics with a Brief Parenting Assessment

Background: To prevent child abuse efforts are needed to screen for unhealthy parenting. C

Background: To prevent child abuse, efforts are needed to screen for unhealthy parenting. One option is the 12-item Quick Parenting Assessment (QPA) as it is scalable to primary care and demonstrates promising psychometric properties; the QPA is internally consistent (Cronbach's alpha =0.79) and elevated QPA scores are associated with a 9-fold increase in childhood behavior problems (manuscript under review). It is unknown whether parenting assessment tools such as the QPA are more suitable for a population-based approach or a targeted approach based upon sociodemographic characteristics (e.g. low education).

Objective: The objective was to assess associations of sociodemographic characteristics with QPA scores. **Design/Methods:** In a clinic serving low-income, parents presenting with children ages 6 months to 10 years completed the QPA and information about sociodemographic characteristics. The QPA includes five items that screen for unhealthy parenting for the presenting parent: 1) excessive use of punitive discipline, 2) speaking angrily, 3) threatening to spank, 4) spanking, and 5) humiliating language. One point was assigned for each at-risk response (i.e. "Yes"; range 0-5). Simple (unadjusted) and multiple (adjusted) linear regressions were used to assess the associations of sociodemographic variables with the QPA.

Results: 985 parents provided data for these analyses. Caregiver race, education level, marital status, number of other children, and child age were associated with the QPA scores in the unadjusted analyses (all p < .05). After controlling for the correlations among the variables, younger caregiver age (b = -0.12, p=.002), increased number of other children (b = 0.08, p=.023) and increased child age (b = 0.34, p < .001) were associated with elevated QPA scores. In the adjusted analysis, caregiver race (p=.394) and education (p=.625) were no longer statistically significantly associated with QPA scores.

Conclusion(s): Parents' sociodemographic characteristics were associated with elevated scores on a brief parenting assessment, but the associations were low to modest in strength and results were mixed, depending upon the type of analysis. To identify children exposed to unhealthy parenting, these data suggest that a population-based screening approach may be better than screening based upon sociodemographic characteristics. The data have implications for improving pediatric primary care services, population health, and the prevention of child abuse.