Caregiver Preferences for Primary Care Clinic-based Food Assistance: A Discrete Choice Experiment

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American Academy of Pediatrics recommends that pediatric providers screen families for food insecurity and connect them to appropriate resources. However, it is unclear how clinics can best provide families with resources consistent with their needs and preferences. In this study, we elicited caregiver preferences for clinic-based food assistance. We conducted a cross-sectional discrete choice experiment in which caregivers at two pediatric primary care clinics were asked to choose between hypothetical food programs. Programs varied across four categories: (1) resources provided (e.g., food delivery, food in clinic, assistance enrolling in benefits); (2) support staff providing resources (e.g., social worker, community health worker, physician or nurse); (3) outreach modality (e.g., phone, email, text); and (4) outreach frequency. Multinomial logistic regression was used to assess caregiver preferences within each category and the relative importance of each category to caregiver decisions. We surveyed 142 caregivers who were predominantly Black (87%) and Medicaid-insured (90%). Caregiver preferences for food programs were most strongly influenced by the food resources provided. Caregivers preferred food delivery over other forms of food supports, such as food provided in clinic. They preferred assistance from a benefits enrollment specialist, community health worker, or social worker to assistance from a physician or nurse. Pediatric clinics serving families at risk of food insecurity should use caregiver preferences to inform the design of family-centered interventions. Clinics should consider connecting caregivers with food delivery programs, and pediatric payors should adopt reimbursement models that support multidisciplinary team-based care to address food insecurity. In this discrete choice experiment, Medicaid-insured caregivers preferred home food delivery to other types of food assistance resources. They preferred support from a benefits enrollment specialist, community health worker, or social worker to support from a physician or nurse.

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Authors: Aditi Vasan, Mishaal Yazdani, Senbagam Virudachalam, Chén Kenyon, Alexander Fiks

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