

Title

Caregiver Perceptions of Housing-related Social Risks and Pediatric Asthma Morbidity: A Qualitative Study

Abstract

Background

Housing-related social risks (HSR) (e.g., pests, mold, smoke) contribute to children's asthma health disparities, and remediation may reduce morbidity. However, caregivers' perceptions of HSR and their relationship with children's asthma health remain understudied, limiting social needs-informed and patient-centered asthma care.

Objective

Describe caregivers' perspectives of the relationship between home environment and child asthma morbidity and their experiences with housing-related social resources.

Methods

Caregivers of children 0-17 years were interviewed during their child's asthma-related hospitalization. Interview guides were developed with local experts on children's asthma and housing to assess: 1) perception of home environment (including HSR) and child's asthma; 2) exposure to in-home triggers; and 3) experience with housing-related assistance. Interviews were audio-recorded, transcribed, and analyzed using rapid qualitative analysis, in which interview content was summarized and compared across domains to identify themes.

Results

Preliminary results include 15 caregivers (12 mothers, 2 fathers, 1 grandmother) of children ranging from 20 months-17 years (mean: 6.7 (SD 3.9) years). Four themes emerged: 1) despite ongoing HSR impacting their child's asthma, caregivers were unsure how to access help; 2) families who experienced multiple, persistent HSR felt their only option was to move; 3) caregivers experiencing HSR were unaware how these impacted asthma; 4) caregivers had no/minimal exposure to HSR or did not believe their environment impacted their child's asthma.

Conclusion

Caregivers with HSR often had unsuccessful or limited experiences with housing-related assistance due to unawareness of these factors' impact on asthma, unawareness of or inability to access resources, or feeling that moving was their only option. We plan to use these data to optimize social needs-informed asthma care by improving provider assessment of families' HSR, families' knowledge of HSR, and connection to appropriate housing resources during asthma hospitalizations.