

Title: A Screening and Brief Intervention tool Based in Behavioural Sciences to Improve Health Behaviours in Pediatric Care: Tool Development and Feasibility Testing

Authors: Tamara Perez¹ MSc, Trevor van Mierlo² MSc CH, MBA, GEMBA, MSc BMR, DBA, Alice Moyne³ MSc, Maryam Kebbe⁴ PhD, *Olivier Drouin^{1,5,6,7} MD, MSc, MPH

Affiliations:

1. Centre de recherche Azrieli du CHU Sainte Justine, Montréal, QC, Canada
2. Evolution Health, Torrance, California, USA
3. Centre Léon Bérard, Lyon, France
4. Faculty of Kinesiology, University of New Brunswick, Fredericton, New Brunswick
5. Division of General Pediatrics, Department of Pediatrics, CHU Sainte-Justine, Montréal, QC, Canada
6. Department of Pediatrics, Faculty of Medicine, Université de Montréal, Montreal, QC, Canada
7. Department of Social and Preventive Medicine, School of Public Health, Université de Montréal, Montreal, QC, Canada

Background: Unhealthy lifestyle behaviours track through the life course and contribute to multiple chronic conditions. Screening and brief intervention in primary care is a promising, underused avenue to support behaviour change. Our team is developing a brief screening tool addressing screen time, sleep habits, nutrition and physical activity to integrate into pediatric primary care.

Objectives:

1. Describe the development of a health behaviour screening tool for children aged 2-12
2. Outline and obtain feedback on the use of behavioural sciences for tailored nudges to support behaviour change

Methods: The tool is being co-developed iteratively. Its structure is informed by the approach of RIPPLE (Resource Information Program for Parents on Lifestyle & Education) and validated screening questions. It was pilot tested in a family medicine clinic in Montreal, Canada. Parent and clinician partners provided feedback through 3 rounds of interviews and focus groups. The updated version is being feasibility & acceptability tested.

The tool generates a brief report of parent-reported health behaviours. Using nudges, social comparisons and feedback, we aim to guide understanding of their child's health behaviour relative to others and the guidelines.

Results: Families and clinicians provided critical feedback to guide tool refinement. The current work serves to present the behavioural sciences strategies used and obtain input on our tool.

Conclusion: Through our pilot and focus-group testing, we have early evidence of the feasibility of a co-developed digital tool to promote healthy behaviors in pediatric primary care. This iterative process, including stakeholder insights, will guide subsequent iterations, to be tested for efficacy in supporting health behaviour change.

Corresponding Author: Olivier Drouin MD, MSc, MPH