



SCREENING FOR SOCIAL NEEDS IN PEDIATRICS

HOW CAN WE ENSURE IT IS FAMILY- CENTERED AND EFFECTIVE?

Over the past few years, identifying and addressing patients' social needs has garnered increased focus within health care systems. With the COVID-19 pandemic disproportionately impacting low-income families and *racial and ethnic minorities* [↗](#), developing upstream interventions in partnership with communities to address social determinants of health has become more important than ever to improving patient and family well-being.

Yet health care systems, particularly pediatric ones, still lack robust, evidence-based means of identifying and addressing *patients' immediate social needs* [↗](#) at the point of care. This gap creates risk for social needs screening policies, or mandates, that get ahead of the evidence and has the potential to lead to a number of *unintended consequences* [↗](#).

National institutions, including the *American Academy of Pediatrics* [↗](#) and the *Centers for Medicare & Medicaid Services (CMS)* [↗](#), as well as state health agencies have released guidance recommending social needs screening in health care settings. According to a *Kaiser Family Foundation 2019 survey* [↗](#), 25 states require Medicaid plans to screen for and/or provide referrals for social needs. In Pennsylvania, providers taking part in the PA HealthChoices Patient Centered Medical Home model are required to conduct social needs screenings with Medicaid patients.



Bianca Constant, MSW, LSW

Danielle Cullen, MD, MPH, MSHP

George Dalembert, MD, MSHP

JoAnn Duffy, MSW, LSW

Katie McPeak, MD

Philip Scribano, DO, MSCE

Aditi Vasani, MD

Leigh Wilson-Hall, MSW, LSW

CONSIDERATIONS WHEN SCREENING FOR SOCIAL NEEDS IN PEDIATRICS

The pediatric setting has often been overlooked in the development and implementation of social needs screening policies. In this brief, our group of pediatricians and social workers summarize reflections based on our shared experience in working with families, reviewing literature on social needs screening in pediatrics and working toward the PA HealthChoices Patient Centered Medical Home screening requirement. We offer guidance on strategies that health care systems and providers could adopt, and that payers and regulating bodies should consider, to effectively meet families' needs.

1. Focus first on sustainable social needs interventions.

Treating screening as an intervention in and of itself can overshadow the equal need for investment in services that address unmet social needs.

Screening is an important tool for identifying families who could benefit from targeted support, but health care systems must have the in-house infrastructure to facilitate strong connections within the community and with community-based organizations (CBOs) to address needs once they are identified. This requires sustainable funding methods for social needs interventions both within health care systems and CBOs.

For social workers, community health workers, and many medical staff, screening patients and families for social needs is not new, and these groups have long recognized that families' social needs—such as their housing conditions, food access, employment options and safe environments—have an enormous **impact on health**. Universal screening can be a powerful tool to identify families who could benefit from support, and mitigates biases and assumptions about who needs help. However, this approach must be weighed against staff capacity and resource availability to respond to identified social needs.

Typically, medical screening within a health care setting is used when there is a known clinical intervention (e.g., diabetes, anemia and lead poisoning). The same should apply for social needs screening. By identifying a need without the capacity for meaningful follow up, we risk **exacerbating existing mistrust** between patients and families, contributing to an individual's trauma from unmet needs, **negatively impacting the patient-provider relationship**, and **overburdening staff** who do not have the time nor the training to provide meaningful follow up.

While multiple studies have demonstrated the **feasibility** and **acceptability** of screening, research has also demonstrated **low reported engagement** with **"screen and refer" programs**. In **one study**, one-quarter of the families who requested assistance with unmet social needs required four or more encounters with a community health worker or social work team member to be successfully connected with resources.



If our goal is to address patients' and families' social needs, our focus should be on sustainable funding channels for a workforce that includes social work support, community health workers, and community-based services, to partner with families and connect them to long-term support programs. These critical resources and connection points in addressing the complex reality of unmet social needs are paramount to effective interventions. Furthermore, this planning for successful implementation requires working outside of the health care system, in partnership with community organizations, to better understand their preferred referral practices and capacity for addressing families' needs.

2. Recognize the potential for trauma and mistrust when screening for social needs, and prioritize families' preferences when offering assistance. Screening and referral must be conducted in a way that is family-centered, trauma-informed, and acknowledges families' potential wariness of the health care system and social support services.

Health care providers and systems must do more to alleviate any perception of harm or stigma when conducting social needs screening. Studies have found that asking questions about social needs is **acceptable to families**, especially if those asking **acknowledge fears and frustration**, and give **clear instructions on how to connect with local community services**. Parents **have reported** that they are willing to talk about challenges such as minor behavioral problems, access to child care and **food insecurity** with their pediatricians. Yet, **they still worry** about being judged and fear discrimination, particularly for sensitive issues that could, due to bias, trigger increased risk of involving child protective services. Using focus groups and qualitative research to bring in the family perspective, as well as motivational interviewing and a patient-centered approach at the point of care, is critical to involving families in the conversation and adapting interventions to individual needs.

The most common social needs screening tools, such as CMS's Accountable Health Communities tool, do not offer families an opportunity to communicate their priority needs. As the evidence base for social needs screening continues to develop, we must be thoughtful with adaptations to these screening tools by involving families in the creation of screening processes.

A number of *commonly used social needs screening tools* have been studied, yet the *evidence for their reliability and validity is still limited*, particularly when applied to diverse patient populations and the pediatric setting. The *tools that have been studied in pediatric settings* often cover only a limited number of domains and do not necessarily align with what states and payers are requiring health care systems to ask. These tools are largely designed to identify social need, but not what a patient or family would like help with.

Multiple studies have shown that *families may screen positive in a certain domain, but not request assistance*, and alternatively, some families may desire assistance, but may not be comfortable reporting a need. A *recent study* found that interest in receiving assistance was higher among those who were asked about their interest before answering questions about specific social needs, and among those who had a greater number of identified social needs and other characteristics.

If the goal of screening is to connect families with the support they desire, we must ask for their input. We need more studies not just about the most effective way to ask families about the prevalence of need, but also the most effective way to connect families with services.

It is important for health care systems to be thoughtful both about what questions to ask and about how they are asked. Many lessons can translate from adult to pediatric settings, but in this case, family context is critical. For example, in pediatrics, it is crucial to honor parents' privacy and confidentiality, which can be done by privately asking parents questions, *rather than in front of their children*, and utilizing technology interfaces such as *electronic*, *tablet-based* or smart phone formats.

3. Consider privacy, confidentiality and potential bias when documenting social needs in a child's medical chart. By using electronic medical record systems to record patients' social needs, health care systems risk perpetuating and increasing existing racial disparities.

Generally, documenting social needs in the patient's electronic health record is a best practice to ensure information relevant to the patient's health is accessible to the whole care team. However, there are important ethical considerations when systematically capturing social needs screening results in a child's chart.

Electronic health records are crucial to streamlining communication across teams. However, capturing sensitive information about a family's life in the child's chart creates a problem-focused permanent record that could put them at substantial risk if that information is not carefully managed. There is the potential for provider biases based on preconceived notions from reviewing past notes. This can be particularly true for families already marginalized by poverty, systemic racism, literacy and unconscious bias. It is critical that clinical teams have the information they need to advance the care of a patient, and to take a strengths-based approach to care, in an already busy clinical environment. We must work toward providing holistic, interdisciplinary care for families, while being mindful of addressing the potential bias created by permanently recording a family's point-in-time need in their child's chart.

There is another layer of complexity when parental social needs, such as financial insecurity or housing needs, are documented in their child's chart. More work needs to be done to understand the consequences (intended and otherwise) of this documentation on practice, especially interventions such as referrals to child protective services. We must ensure that documentation of needs (e.g., housing, mental health, domestic violence or food) in a child's chart will not result in disproportionate punitive action against racial and ethnic minorities due to bias. Complementary actions, such as documenting not just need but resources endorsed and provided, could help systems actively advance racial justice in light of systemic disparities.

4. Continue testing the use of technology to assist interdisciplinary teams in screening and referral. In developing models for addressing social needs, we must identify the appropriate workforce and technologies responsible for administering and responding to screens.

Technology can help streamline communication across teams (e.g., electronic social needs screening, the electronic health record) and identify and connect families with the right resources (e.g., online digital resource maps). We should explore technology to add efficiency and capacity to teams, while not replacing the support of interdisciplinary interventions.

Research has shown that electronic screening is *acceptable to families*, and *makes it more likely that an individual will disclose social need*. On average, a provider spends just over *15 minutes* with a patient during a pediatric visit. As we think about integrating social needs interventions into existing workflows, we have to consider methods that do not additionally burden already overworked clinical teams.

While technology such as resource mapping tools cannot replace support provided by interdisciplinary teams, it has the potential to help add efficiency to the work through centralized databases

of accurate community services, improved electronic referral mechanisms and bi-directional communication with CBOs.

At Children’s Hospital of Philadelphia (CHOP), we built and are maintaining the use of an *electronic resource mapping website* [↗](#) to serve as a centralized community resource directory for staff and patients. The main purpose of the website is to provide accurate and easily searchable information on community services, and eventually to make direct referrals through the site. Our utilization numbers reflect a clear need for such a tool. Still, there remains a great deal of work to be done in supporting the capacity of community organizations and learning more about how digital health technologies can be effectively leveraged to help identify and connect families with the right resources.

As we continue to develop models for addressing social need, we must also work to identify the appropriate workforce and technologies responsible for administering and responding to screens. This includes continued advocacy for funding models that allow for investment in social workers, community health workers, patient navigators, and new solutions and technologies at the point of care.

LOOKING AHEAD: PEDIATRIC SOCIAL NEEDS SCREENING AND HEALTH CARE SYSTEM-DRIVEN INTERVENTIONS

As health care systems, policymakers, and payers move toward implementing—and in some cases mandating—point-of-care social needs screening and referral, they should consider the most ethical, patient-centered approach for ensuring patients and families can be connected to the services they need. The current focus on screening obscures the difference between detection of social needs and recognizing social determinants of health, and complicates health care systems’ ability to plan for meaningful interventions beyond asking the required questions.

As we implement and examine the impact that screening for social needs in a pediatric health care setting has on health and social outcomes, we recommend the following to avoid unintended consequences:

- **Clinically based social needs screening should only be done when one or more appropriate interventions to address the social need are available.**
- **Health care systems should leverage their required community health needs assessments to obtain a population-level view of the prevalence of social need among their patients, families and surrounding communities, in order to prioritize partnerships with CBOs.**
- **Efforts to address families’ unmet social needs should focus on ensuring sustainable funding for interventions,**

such as community health workers and partnerships with CBOs. Social needs screening can be leveraged once sustainably funded interventions are in place.

- **Health care systems could consider a multi-tiered response to increasing social need in light of the COVID-19 pandemic through which technology is leveraged for lower-acuity resource referrals, while more intensive interventions such as community health workers and social work support could be concentrated on higher-level and intensive need. This tiered approach can be cost-efficient and effective with appropriate cross-collaborations between health care systems, CBOs and other support systems in the community.**
- **Community voices and perspectives are essential for inclusion in the work of health care systems to address social needs in order to ensure interventions are family-centered and sensitive to diverse needs, including existing systemic racism and bias. In addition, health care systems must be thoughtful about streamlining screening efforts to minimize patient burden and ensure that multiple areas (e.g., primary care, specialty care and emergency departments) avoid redundancies in screening efforts.**



With the shift toward value-based care, there may be an opportunity to think beyond social needs screening and referral to the *role of health care systems* [↗](#) in partnering with CBOs to address underlying social determinants of health for the populations they serve. Better integration of these siloed systems could provide a powerful catalyst in achieving equitable health in the U.S. In the meantime, we need to focus on creating family-centered and effective interventions for addressing social need, which may include but are not limited to social needs screening.

FOR QUESTIONS OR FURTHER DISCUSSION, CONTACT:

Leigh Wilson-Hall, MSW, LSW wilsonhall@chop.edu

THE AUTHORS

Bianca Constant, MSW, LSW, is a community implementation specialist at CHOP who works on the organization's resource mapping tool.

Danielle Cullen, MD, MPH, MSHP, is a pediatric emergency medicine physician at CHOP and a faculty member at PolicyLab whose research focuses on socio-economic health disparities, particularly childhood food insecurity.

George Dalembert, MD, MSHP, is a pediatric primary care physician at CHOP and a faculty scholar at PolicyLab who is focused on quality improvement and innovation in primary care service delivery.

JoAnn Duffy, MSW, LSW, is the director of the Division of Social Work at CHOP.

Katie McPeak, MD, is a pediatric primary care physician, a faculty scholar at PolicyLab and the medical director for health equity of the CHOP Primary Care Network.

Philip Scribano, DO, MSCE, is a pediatric hospitalist and section chief of Safe Place: The Center for Child Protection and Health at CHOP.

Aditi Vasan, MD, is a pediatric hospitalist at CHOP and an affiliate trainee at PolicyLab whose research focuses on evaluating programs and policies addressing unmet social needs.

Leigh Wilson-Hall, MSW, LSW, is an improvement advisor for the Population Health Innovation Team and Division of Social Work at CHOP who focuses on social risk and community-linked interventions.

ACKNOWLEDGEMENTS

Lisa Biggs, MD

Shawna Dandridge, LCSW

Rebecka Rosenquist, MSc

SUGGESTED CITATION

Wilson-Hall, L, McPeak K, Constant B, Dalembert G, Duffy J, Vasan A, Scribano P, Cullen D. *Screening for Social Needs in Pediatrics: How Can We Ensure it is Family-Centered and Effective?* PolicyLab at Children's Hospital of Philadelphia; 2020. Retrieved from <https://bit.ly/ScreeningSocialNeeds-Pediatrics>.

 **VISIT [POLICYLAB.CHOP.EDU/POLICY-TOOLS](https://policylab.chop.edu/policy-tools)** for useful information for policymakers, program developers and other stakeholders.



The mission of PolicyLab at Children's Hospital of Philadelphia (CHOP) is to achieve optimal child health and well-being by informing program and policy changes through interdisciplinary research.

PolicyLab is a Center of Emphasis within Children's Hospital of Philadelphia's Research Institute, one of the largest pediatric research institutes in the country.

PolicyLab

Children's Hospital of Philadelphia
2716 South Street
Roberts Center for Pediatric Research,
10th Floor
Philadelphia, PA 19146

P 267-426-5300

F 267-426-0380

PolicyLab@email.chop.edu

policylab.chop.edu

 [@PolicyLabCHOP](https://twitter.com/PolicyLabCHOP)