To Screen or not to Screen: Assessing Caregiver Comfort with Social Determinants of Health Screening

Padma Swamy MD, MPH; Ana C. Monterrey MD, MPH; Cassandra Garcia DNP, MSN, RN FNP-BC; Lynda Arriguzo MD; Margaret S. Wood MD, MPH; Aditi Gupta DO;
Academic General Pediatrics, Department of Pediatrics, Baylor College of Medicine, Houston, TX

Background
• The AAP recommends screening all children for social determinants of health (SDOH), defined as social circumstances affecting patient health
• Research has shown that SDOH screening can improve health, but ethical considerations of screening must be addressed.
• Patients’ comfort with SDOH screening, specifically how, by whom and where is unclear.

Objectives
• To develop and pilot a survey asking caregivers how, by whom and where they would like to be screened for SDOH.

Study Design
1. Developed survey goals and objectives
2. Formulated survey questions and responses based on objectives
3. Cognitive interviewing done with 20 caregivers focusing on caregivers’ understanding of questions and how they arrived at a particular answer choice
4. Survey modified based on cognitive interviewing results
5. Expert validation done by sending survey out to 5 SDOH experts, including statistician for feedback
6. Survey piloted

Results
• 88 surveys were returned during the pilot (December 4, 2018-December 13, 2018).

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<tr>
<th>Caregiver Demographics</th>
<th>N (%)</th>
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<tr>
<td>Age (median)</td>
<td>33 years IQR (26-39)</td>
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<tr>
<td>Gender</td>
<td>Female: 73 (83.0%)</td>
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<tr>
<td>Child’s Health Insurance Status</td>
<td>No insurance: 59 (67.1%)</td>
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<td>Country of birth</td>
<td>Not born in the USA: 72 (82.8%)</td>
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<td>Time in the USA (median)</td>
<td>0.65 years ± 3.29 years</td>
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<td>Ethnicity</td>
<td>Hispanic: 67 (85.9%)</td>
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Conclusions
• A majority of caregivers prefer to be asked SDOH questions in the clinical setting, on paper, by the doctor.
• Along with clinics, schools and churches are the locations that people feel most comfortable being screened for SDOH. This could be because people feel safe in these locations.
• Low literacy level of caregivers may have affected results by preventing some caregivers from completing the survey.
• Despite limitations, caregivers had preferences for how, by whom, and where they would like to be screened.

Next Steps
• Refine survey tool based on pilot data. Utilize cognitive interviewing in both English/Spanish to ensure survey validity.
• Implement revised survey in 3 different Houston clinical sites that serve different populations.
• Conduct further exploration of best practices for SDOH screening through qualitative means.

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Padma Swamy: swamy@bcm.edu

Preferred Method of Asking SDOH Questions (N=66)
- Paper: 61%
- Electronically: In the Home: 7%
- Verbally: 32%

Preferred Person Asking SDOH Questions (N=63)
- Doctor: 60%
- Social Worker: 21%
- Nurse or Medical Assistant: 11%
- Community Health Worker: 2%
- Front Desk: 6%

Caregiver SDOH Screening Location Preferences
- YMCA: 45% Yes, 55% No
- Library: 43% Yes, 52% No
- Women, Infant, Children’s: 43% Yes, 57% No
- Apartment Complex: 51% Yes, 49% No
- Food Bank: 45% Yes, 55% No
- Doctor’s Office: 28% Yes, 72% No
- Church/Temple: 42% Yes, 58% No
- School: 46% Yes, 54% No
To screen or not to screen: Assessing caregiver comfort with social determinants of health screening

Background:

Screening for social determinants of health (SDOH), defined as social circumstances affecting patient health, is recommended by the AAP for all children. While research has shown that SDOH screening can improve health, ethical considerations of screening must also be addressed. In particular, caregiver comfort with SDOH screening specifically where, how, and by whom screening occurs is unclear.

Objective:

To develop and pilot a survey asking caregivers where, how, and by whom they would like to be screened for SDOH.

Methods:

The survey was created using a rigorous survey design method. Questions were written and response choices were determined in order to avoid common survey design pitfalls. Cognitive interviewing was done with ~20 caregivers and survey was edited accordingly. The survey was then sent to 5 experts on SDOH screening, including a statistician, for expert validation. The revised survey was piloted December 4, 2018 through December 13, 2018 on the Texas Children’s Mobile Clinics. These clinics are mobile coaches that park at schools and community centers to provide care for those that lack access.

Statistical analysis involved calculating frequencies, means, and medians.

Results:

88 surveys were returned with mean caregiver age of 32.6 ±10.2, 85.9% female (n=73/85), and 82.8% not born in the US (n=72/87). Each possible location for SDOH screening was asked as yes/no. A majority of caregivers marked yes for clinics (72.5%, n=50/69), schools (54.2%, n=39/72), and religious institutions (57.5%, n=42/73). Caregivers mainly chose screening on paper (60.6%, n=40/66) versus verbal or electronically. In the clinical setting, caregivers preferred screening by the physician (60.3%, n=38/63) versus social worker, receptionist or medical assistant/nurse.

Conclusion

A majority of caregivers prefer to be asked SDOH questions in the clinical setting, on paper, by the physician. Along with clinics, schools and churches are the locations that people feel most comfortable being screened for SDOH. This could be because people feel safe in these locations. Further exploration through qualitative methods will enhance understanding of caregiver preferences and help develop best practices for screening in a patient-centered manner that best promotes the health of children and families while minimizing the risk of harm from screening.