

Considering Approaches to Screening for Social Determinants of Health

Paul H. Dworkin, MD,^{a,b} Arvin Garg, MD, MPH^c

Profound advances in our understanding of the importance of the biology of adversity, including social determinants of health (SDoHs) and adverse childhood experiences, have led to an important reexamination of deterrents and promoters of children's optimal health, development, and wellbeing. The critical impact of these social, environmental, and behavioral determinants has informed the development of SDoH screening tools as well as the debate on the utility of such an approach.¹

In a timely and well-written article, Sokol et al² and a team of interdisciplinary colleagues cite the interest in addressing SDoHs but appropriately lament the "...deficit in understanding the present state of the science." They undertake a systematic review of SDoH screening tools and examine their psychometric properties, their efficacy in detecting early indicators of risk, and the extent to which they are shown to inform care. Their comprehensive search yields only 17 studies encompassing 11 screeners and highlights the disappointing but perhaps not surprising limitations in assessing psychometric properties and the inability to answer the question as to whether referrals and interventions after screening address SDoHs and, most importantly, improve child wellbeing. The authors' conclusions and implications add to growing literature on the caveats and nuances associated with screening for SDoHs, suggesting important implications for research, clinical practice, and policy.

As authors of several commentaries citing the potential risks and dangers of unrequited reliance on screening tools, we commend the authors for anchoring the science gap in the proper context and for raising key questions. We have previously stressed the imperatives that the screening process for SDoHs be patient- and family-centered in emphasizing shared decision-making and respect for family autonomy; that screening results be interpreted in the context of all that is known of the family and their circumstances; that screening employs a universal and strength-based approach; that tools be embedded within a comprehensive, integrated process of ongoing and timely assessments through surveillance and screening; and that early detection and screening include the capacity to refer and link families to community-based programs and services to address their priorities and needs.³⁻⁵

Sokol et al's² findings, including the limited attention to psychometric properties of screeners; the lack of a clearly defined referent period; limited emphasis on protective factors and family and community strengths; and sparse attention to discussion of screening results, referrals, and intervention, reinforce the need for continued emphasis on our screening imperatives. They also suggest the need to carefully consider slowing the well-intentioned drive by policymakers, health care institutions, and professional organizations to implement screening in practices despite limited consideration of its

^aOffice for Community Child Health, Connecticut Children's Medical Center, Hartford, Connecticut; ^bDepartment of Pediatrics, School of Medicine, University of Connecticut, Farmington, Connecticut; and ^cDivision of General Academic Pediatrics, Department of Pediatrics, School of Medicine, Boston University and Boston Medical Center, Boston, Massachusetts

Opinions expressed in these commentaries are those of the authors and not necessarily those of the American Academy of Pediatrics or its Committees.

DOI: <https://doi.org/10.1542/peds.2019-2395>

Accepted for publication Jul 24, 2019

Address correspondence to Paul H. Dworkin, MD, Office for Community Child Health, Connecticut Children's Medical Center, 282 Washington St, Hartford, CT 06106. E-mail: pdworki@connecticutchildrens.org

PEDIATRICS (ISSN Numbers: Print, 0031-4005; Online, 1098-4275).

Copyright © 2019 by the American Academy of Pediatrics

FINANCIAL DISCLOSURE: The authors have indicated they have no financial relationships relevant to this article to disclose.

FUNDING: No external funding.

POTENTIAL CONFLICT OF INTEREST: Dr Dworkin is founding director of the Help Me Grow National Center; Dr Garg is lead researcher of the WE CARE project.

COMPANION PAPER: A companion to this article can be found online at www.pediatrics.org/cgi/doi/10.1542/peds.2019-1622.

To cite: Dworkin PH and Garg A. Considering Approaches to Screening for Social Determinants of Health. *Pediatrics*. 2019;144(4):e20192395

context, process, and impact. Many state affiliates of the Help Me Grow National Affiliate Network (founding director, P.H.D.), which focus on the early detection, referral, and linkage of vulnerable children and families to community-based programs and services, are eager to consider the merits of SDoH screening.⁶ Our discussions invariably reinforce the importance of considering the efficacy and validity of SDoH screening tools and the extent to which screening is but 1 element in a comprehensive, integrated approach to family and patient engagement, early detection, and referral and linkage in response to families' priorities and needs. In fact, the deployment of such screening tools in the context of such an integrated, comprehensive approach assuages the implications of the limited evidence for their psychometric soundness. In several of the studies cited by the authors (eg, WE CARE project; lead researcher, A.G.), the tools are not employed as simple "screen-and-refer" measures but rather are used to initiate a discussion with families to solicit their priorities and concerns and connect them to community resources to meet their needs.⁷ This is analogous to the use of developmental screening tools as 1 component of the early detection process of surveillance and screening and linkage to early intervention services.⁸

Despite Sokol et al's² call for greater attention to screening tools' reliability and validity, screening for SDoHs is unlikely to ideally fulfill the well-established criteria by which conditions are judged amenable to the screening process and tools are considered psychometrically sound.⁹ We have, for example, noted that positive scores on SDoH screening tools reflect different degrees of

absolute risk for specific problems depending on their prevalence in the population and, therefore, are inherently fallible.¹⁰ Furthermore, a family's positive screen result on a psychometrically validated tool for such issues as food insecurity may be discordant with the family's desire for assistance.¹¹ Developmental concerns pose comparable challenges to early detection. However, despite their inherent limitations, developmental screening tools are endorsed as best practice for the early detection of developmentally vulnerable children.⁸ Similarly, the well-described and acknowledged limitations of SDoH screening tools should not ultimately undermine their value or discourage their application. Rather, Sokol et al's² findings strengthen the call for ensuring that detection of SDoH is embedded within a comprehensive, integrated approach to early detection, referral, and linkage, all in the context of respecting families' needs, priorities, and autonomy.

ACKNOWLEDGMENT

The authors thank Lisa Honigfeld, PhD, for her review of the article.

ABBREVIATION

SDoH: social determinant of health

REFERENCES

1. Krist AH, Davidson KW, Ngo-Metzger Q. What evidence do we need before recommending routine screening for social determinants of health? *Am Fam Physician*. 2019;99(10):602–605
2. Sokol R, Austin A, Chandler C, et al. Screening children for social determinants of health: a systematic review. *Pediatrics*. 2019;144(4):e20191622

3. Garg A, Dworkin PH. Surveillance and screening for social determinants of health: the medical home and beyond. *JAMA Pediatr*. 2016;170(3):189–190
4. Garg A, Boynton-Jarrett R, Dworkin PH. Avoiding the unintended consequences of screening for social determinants of health. *JAMA*. 2016;316(8):813–814
5. Garg A, Homer CJ, Dworkin PH. Addressing social determinants of health: challenges and opportunities in a value-based model. *Pediatrics*. 2019; 143(4):e20182355
6. Help Me Grow National Center. Leading a national network that ensures all children reach their full potential. Available at: <https://helpmegrwnational.org/>. Accessed July 2, 2019
7. Garg A, Butz AM, Dworkin PH, et al. Improving the management of family psychosocial problems at low-income children's well-child care visits: the WE CARE Project. *Pediatrics*. 2007;120(3): 547–558
8. Council on Children With Disabilities; Section on Developmental Behavioral Pediatrics; Bright Futures Steering Committee; Medical Home Initiatives for Children With Special Needs Project Advisory Committee. Identifying infants and young children with developmental disorders in the medical home: an algorithm for developmental surveillance and screening [published correction appears in *Pediatrics*. 2006; 118(4):1808–1809]. *Pediatrics*. 2006; 118(1):405–420
9. Dworkin PH. British and American recommendations for developmental monitoring: the role of surveillance. *Pediatrics*. 1989;84(6):1000–1010
10. Garg A, Sheldrick RC, Dworkin PH. The inherent fallibility of validated screening tools for social determinants of health. *Acad Pediatr*. 2018;18(2): 123–124
11. Bottino CJ, Rhodes ET, Kreatsoulas C, Cox JE, Fleegele EW. Food insecurity screening in pediatric primary care: can offering referrals help identify families in need? *Acad Pediatr*. 2017; 17(5):497–503

Considering Approaches to Screening for Social Determinants of Health

Paul H. Dworkin and Arvin Garg

Pediatrics 2019;144;

DOI: 10.1542/peds.2019-2395 originally published online September 23, 2019;

Updated Information & Services	including high resolution figures, can be found at: http://pediatrics.aappublications.org/content/144/4/e20192395
References	This article cites 10 articles, 5 of which you can access for free at: http://pediatrics.aappublications.org/content/144/4/e20192395#BIBL
Subspecialty Collections	This article, along with others on similar topics, appears in the following collection(s): Community Pediatrics http://www.aappublications.org/cgi/collection/community_pediatrics_sub Medical Home http://www.aappublications.org/cgi/collection/medical_home_sub Developmental/Behavioral Pediatrics http://www.aappublications.org/cgi/collection/development:behavioral_issues_sub Psychosocial Issues http://www.aappublications.org/cgi/collection/psychosocial_issues_sub
Permissions & Licensing	Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at: http://www.aappublications.org/site/misc/Permissions.xhtml
Reprints	Information about ordering reprints can be found online: http://www.aappublications.org/site/misc/reprints.xhtml

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



PEDIATRICS[®]

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

Considering Approaches to Screening for Social Determinants of Health

Paul H. Dworkin and Arvin Garg

Pediatrics 2019;144;

DOI: 10.1542/peds.2019-2395 originally published online September 23, 2019;

The online version of this article, along with updated information and services, is located on the World Wide Web at:

<http://pediatrics.aappublications.org/content/144/4/e20192395>

Pediatrics is the official journal of the American Academy of Pediatrics. A monthly publication, it has been published continuously since 1948. Pediatrics is owned, published, and trademarked by the American Academy of Pediatrics, 345 Park Avenue, Itasca, Illinois, 60143. Copyright © 2019 by the American Academy of Pediatrics. All rights reserved. Print ISSN: 1073-0397.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN[®]

