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## Screening for Social Determinants of Health: A Work in Progress

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Ever since the publication of the American Academy of Pediatrics [Policy Report on Poverty](#) in 2016, pediatricians have increasingly started screening for social determinants of health (SDOH) and providing families with resources to optimize child health and wellbeing. And while a majority of pediatricians are [comfortable with screening](#) and understand the importance, there are many unanswered questions around the entire practice. For example, what is the best screening tool? What is the best way to implement it? Does screening impact health outcomes?

Dr. Arvin Garg and colleagues at Boston University have been trying to answer some of these questions for years. As early adopters of SDOH screening using the WE CARE tool, they have in the past looked at [implementation considerations](#) for screening as well as avoiding the [unintended consequences](#) of screening. In this month's *Pediatrics*, "A Social Care System Implemented in Pediatric Primary Care: A Cluster RCT," Garg et al publish a real-world implementation randomized trial of the WE CARE model in community health centers (CHCs) ([10.1542/peds.2023-061513](#)). And it turns out, they did not find particularly favorable results. First, it was difficult to implement, and subsequently health outcomes were not improved. Fortunately, their article is accompanied by a very helpful commentary ([10.1542/peds.2023-062376](#)) by Drs. Sokol and Miller. They highlight the importance of supporting implementation of SDOH screening in CHCs and that more research is needed to understand the intermediary steps between referrals and health outcomes. Just increasing referrals to services might not be enough.

The bottom line is that SDOH screening is complicated. I would encourage pediatricians to not give up on the practice, but to make sure that everyone is treating SDOH screening as a quality improvement project. There will always be room for improvement – on the tool being used, the process to get parents to complete

it without bogging down office flow, the connection to resources families need, and eventually the health outcomes. By continually improving and tweaking the process using site-specific data, we can work towards improving the health and wellbeing of children regardless of socioeconomic status. We all must commit to providing equitable care for all of our populations and to giving all children the opportunity to thrive.

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