

VIEWPOINT

Avoiding the Unintended Consequences of Screening for Social Determinants of Health

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Screening for social determinants of health, which are the health-related social circumstances (eg, food insecurity and inadequate or unstable housing) in which people live and work, has gained momentum as evidenced by the recent Centers for Medicare & Medicaid Services innovation initiative of \$157 million toward creation of accountable health communities.¹ Funding will allow grantees to test a novel model of health care that includes identifying and addressing social determinants of health for Centers for Medicare & Medicaid Services beneficiaries. The initiative promotes collaboration between the clinical realm and the community through screening of beneficiaries to (1) identify unmet health-related social needs and (2) assist high-risk beneficiaries (ie, >2 emergency department visits and a health-related social need) with accessing available community services.

Some health policy makers have embraced screening of social determinants as the next hope for achieving the triple aim of better health, improved health care delivery, and reduced costs because social and environmental factors are thought to contribute half

(ment) requires effective care coordination and cross-sector collaboration. The relatively few exemplary, evidence-based models (eg, WE CARE, Health Leads, Project DULCE, Safe Environment for Every Kid, Help Me Grow) that use such strategies are limited in scope and reach and must be expanded to address the needs of diverse patient populations.⁶

The sensitive nature of such issues as food insecurity, unemployment, and interpersonal violence also poses unique challenges. Physicians may be uncomfortable routinely inquiring about adverse social circumstances, given their lack of personal experience with such needs and inadequate training on how to respectfully elicit and respond to patients' concerns. In addition, the absence of available services means that needs are often difficult to address, given the tenuous capacity of community resources such as affordable housing, behavioral health services, workforce development and employment, and public transportation.

Thus, despite the potential benefits of identifying and addressing adverse social determinants, there is the potential for unintended harm. Such screening could yield expectations that, if unfulfilled, could lead to frustration for patients and physicians alike. Furthermore, patients' perceptions of physicians as judgmental, presumptuous, or even callous could erode the patient-physician relationship. However, several key principles could guide physicians on how to effectively incorporate screening for social determinants into their practice.

Ensure Patient- and Family-Centered Screening for Social Determinants of Health

Many validated screening tools for unmet material needs, such as food and housing, were created for research purposes. For clinical use, such tools should always be interpreted in the context of what is known about the patient and family. In 1 study,⁷ even though 106 of 340 families (31%) screened positive for food insecurity and 107 (31%) requested food assistance, there was only a 36% overlap (ie, 57 in both groups) between the 2 groups. Clinicians should avoid recommending risk-stratification models that automatically refer patients who meet a specific threshold or severity of unmet material needs either directly to community services or via embedded support staff such as patient navigators without elicitation of patients' opinions, concerns, and priorities and shared decision making. Furthermore, the use of screening tools should emphasize a patient's desire for assistance for material needs.

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of the modifiable factors that influence health.² Examples of policy statements supporting screening for social determinants include the Institute of Medicine's *Capturing Social and Behavioral Domains and Measures in Electronic Health Records*³ and the American Academy of Pediatrics' *Poverty and Child Health in the United States*.⁴

However, screening for patients' health-related social circumstances is fundamentally different from screening for traditional medical problems for which screening tools, diagnostic methods (eg, laboratory testing, imaging), and interventions are accessed within the health services sector. In contrast, screening for social determinants can detect adverse exposures and conditions that typically require resources well beyond the scope of clinical care. Screening for any condition in isolation without the capacity to ensure referral and linkage to appropriate treatment is ineffective and, arguably, unethical.⁵

Ensuring linkage to the many sectors critical for addressing adverse social determinants (eg, housing, food and nutrition, transportation, mental health, human welfare, education, workforce development, and employ-

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Integrate Screening With Referral and Linkage to Community-Based Resources

Screening for social determinants of health should not occur in isolation, especially because most of the remedies for social determinants lie beyond the health sector. Generating referrals could involve strategies ranging from providing patients with resource information to electronic referrals made directly to community agencies. Dedicated medical home support staff, such as community health workers, patient navigators, and case managers, may facilitate linkage with available community programs if desired by patients. When available, strategies such as centralized access (eg, 2-1-1, which is a free and confidential US helpline and website⁸ that connects people to essential health and human services), care coordination, home visiting, and mechanisms for interagency collaboration and communication could also be applied.

Perform Screening Within the Context of a Comprehensive Systems Approach

The Centers for Medicare & Medicaid Services accountable health communities model encourages alignment between clinical and community services.¹ Although such system building is admittedly beyond the purview of most individual practices and practitioners, the medical home should be aware of community system-building efforts and take full advantage of evolving mechanisms to link patients and their families to the wide array of services and sectors necessary to promote health and well-being. One conceptual model could involve the evolution of medical homes to so-called health neighborhoods, whereby strong partnerships between primary care practices and community-based nonmedical services promote the health of both patients and families.⁹

Use a Strength-Based Approach to Support Patients and Their Families

Effectively addressing social determinants requires an approach that strengthens patients and their families, thereby better enabling them to mitigate the effects of adverse influences on their health and well-being. Strengthening family-level protective factors while addressing social determinants of health is especially important for promoting the optimal healthy development of vulnerable children and their families. The presence of such

family-level protective factors as specific support in times of need, social connections, and resiliency correlates with positive long-term outcomes.¹⁰ Screening for adverse social determinants should therefore be accompanied by identifying the strengths and assets of patients and families. Awareness of assets and opportunities related to the built and social environment within communities is an additional resource for health promotion.

Do Not Limit Screening Practices Based on Apparent Social Status

Societal trends such as the shrinking middle class and the volatility in employment rates with unpredictable gaps in job stability complicate predictions as to which families are at increased risk of exposure to adverse social determinants. Furthermore, targeting families based on such characteristics as residence, age, education, or underrepresented minority status may only reinforce stereotypes and prejudicial presumptions as well as stigmatize the screening process. If clinicians and office staff deem screening for social determinants to be feasible and desirable, then all patients in the practice should be considered for participation.

Conclusions

Increased understanding of the biology of adversity includes evidence of the extraordinary influence of social determinants on health outcomes over the life course. An important consideration is how to reliably identify such adverse factors to inform timely intervention. However, screening for social determinants of health is fundamentally different than more traditional medical screening. As a result, application of key principles could help ensure the benefits of such screening and minimize unintended consequences. Social determinants screening should (1) be patient- and family-centered and involve shared decision making; (2) be conducted within a comprehensive process and system that supports early detection, referral, and linkage to a wide array of community-based services; (3) engage the entire practice population rather than targeted subgroups; and (4) acknowledge and build on the strengths of patients, families, and communities. With attention to these key tenets, screening for social determinants of health has the potential to significantly improve the health and well-being of all patients.

ARTICLE INFORMATION

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