

The SEEK Newsletter

Winter 2020

SEEK's Mission

Strengthen families
Support parents and parenting,
Promote children's health,
development and safety, and
Prevent child maltreatment

www.SEEKwellbeing.org

Please visit our new and improved website!

The National SEEK Study

We're still recruiting pediatric and family medicine practices. Please refer possible practices to unwosu@som.umaryland.edu

Social Determinants of Health: Screening in Primary Care

In the past several years there has been a rediscovery of the importance of social determinants of health (SDH) in influencing children's (and adults') health, development and safety. For example, the potential harm associated with poverty and food insecurity or living with a depressed parent is clear. The Adverse Childhood Experiences (ACEs) studies have added valuable evidence showing the possibly lifelong physical, psychological and social harms related to early adversities. Thus, the health care system is challenged to better address SDH and help set individuals and families on healthier trajectories.

Pediatric primary care, including that provided by those in family medicine, offers an excellent opportunity to help address SDH. This system of care is institutionalized; most parents know they should bring their children in for scheduled checkups, so there's no need to build a new infrastructure. Also, there are many visits in the first five years of life, a critical period. Through these visits, there typically develops a close trusting relationship between primary care professionals (PCPs) and parents; this positions us well to know how the child, parent and family are functioning. It's humbling to reflect on the father of American pediatrics, Dr. Jacobi, stating in 1905 that it's not enough to focus narrowly on the child; one needs to also be concerned with what's around that child. Finally, prevention is at the heart of primary care. Helping address SDH is central to its mission.

With an emerging consensus regarding the importance of SDH, questions arise as to how best to address these. It can be said that no one approach has been found to be optimal. However, certain conceptual issues seem clear. It's easy to dish out a questionnaire—it's more difficult responding well to problems. PCPs need to be trained to feel competent and comfortable assuming this role, while recognizing that training continues with ongoing experience. Ideally, PCPS have good access to a behavioral health professional such as a social worker to assist with addressing problems. The value of integrated behavioral health in primary care is being increasingly recognized with more practices, including such professionals. It's naturally important that there's help to offer parents with a problem; this requires being savvy of community resources and a way to help connect parents with these. Parent Handouts with local info are a useful adjunct to what's conveyed in the visit. In addition, motivational interviewing is an exciting advance in health care instead of the traditional approach simply telling folks what they need to do. We've learned the latter often doesn't work well.

Introducing or expanding screening for SDH in a practice raises several practical issues. There's a long list of SDH; what reasonably should be the scope of practice? This is critical because there are real time constraints in a busy practice. Understandably, some with big hearts are inclined to tackle many problems. In SEEK, we have instead viewed it as practical to prioritize certain problems that are prevalent, associated with child maltreatment, and where there are usually resources, at least in metro areas. The nature of the screener matters. The SEEK Parent Questionnaire-R (PQ-R) is introduced with some key points, such as starting on an empathic note, making clear the screening is universal, conveying that these are problems facing many families, and expressing an interest in helping and keeping kids safe. Framing it this way should help parents disclose potentially embarrassing information.

There are other considerations in screening. Ideally, questions have been tested and have supporting evidence. The best examples pertain to depression and food insecurity. SEEK is based on evidence from two randomized controlled trials, expert guidance and experience in the field. Still, for problems such as domestic violence, the best ways to screen remain unclear. On a practical level, it helps if the screen is brief and easy to read for parents and PCPs and in different languages. It also helps to be able to complete the screener electronically, at one's convenience, in a way where responses integrated with the child's EHR is becoming more common.

Finally, it seems optimal that screening approaches for SDH be standardized within practices and healthcare systems so that this is implemented in a systematic and structured way. Resources to help practices do this well and live up to the goals of a "medical home" are needed. Given the added effort and time involved, supplementary reimbursement via CPT code 96161 will surely help enhance primary care to better address SDH and promote children's health, development and safety.

This **recent article** reviews the current state of SDH tools and analyzes their psychometric properties and effectiveness: Sokol R, Austin A, Chandler C, et al. Screening Children for Social Determinants of Health: A Systematic Review. *Pediatrics*. 2019;144(4):e20191622