

Acceptability & Feasibility of a pediatric care provider led social determinants of health screening tool

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INTRODUCTION

Background: Social Determinants of Health (SDH) have been closely linked to health outcomes, well-being in later life, patients’ abilities to comply with recommended treatments & resource utilization. The pediatric population poses a unique challenge. However, complex SDHs may not be easily recognized by healthcare providers & can be difficult to describe. Multiple tools to screen for SDH have been suggested &/or developed but they tend to be detailed & too long for use in busy clinical settings.

Objective: To better understand the acceptability & feasibility to the use of an integrated brief pediatric screening tool by health care providers in primary care settings & hospital clinics.

RESULTS

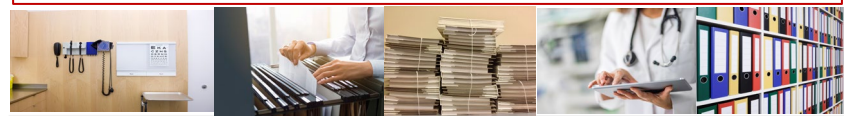
- 92% identified the need to understand the impact of SDH on their pediatric population.
- 84.6% commented on the acceptability & benefits of having SDH screening tool while 46.15% commented on its feasibility.
- While 61.5% would be comfortable using such tool, 76.9% expressed that logistical issues need to be addressed before: time & method of administration & choice & training of who administers the tools.
- 92.3% cautioned about associated risks: privacy & confidentiality 76%, judgment & stigmatization 62%, lack of health literacy 23%, fear of using outdated data 23% & stirring previous traumas 23%.

DISCUSSION

Healthcare providers expressed good understanding of SDH’s impact on their populations & were interested in collecting data to positively impact patients. Although very few routinely screened for SDH, they agreed it is acceptable.

They also identified caveats that would need to be resolved:

- 1) How to integrate the tool into the visit, avoiding risk of bias or stigma & how would such potential risks be addressed?
- 2) How would the provider ensure the patient appreciates why the data is being collected, respecting language and culture understandings?
- 3) How long for the data collection & how would it be updated?
- 4) What training would be provided to the interviewer to ensure questions were asked in a patient & caregiver centered way?



METHODS

- 1-Literature review (2010-2020) and team consultation led to identification of Child Youth/Adolescent Strengths and Needs (CANS) & Pediatric Intermed as the most closely aligned existing screening tool.
- 2-Development of CANS-Pediatric Complexity Indicator (CANS-PCI) screening tool, consisting of 9 items in biologic, psychological & social domains.
- 3-Semi-structured interviews conducted with 13 health care providers, recruited by purposive convenience sampling.
- 4-All interviews’ transcripts were independently analyzed by two study members in an inductive thematic analysis fashion using NVivo12.

Profile of participants	PR	
Profession	Gender	
Registered Nurse	1 Male	2
Nurse Practitioner	4 Female	11
Family Physician	Number of years in practice	
Social Worker	1 0-5	1
Pediatrician	3 5-10	4
Surgeon	1 10+	8
Scope of Practice	Time Spent with Client	
Community Health Centre	7 20 minutes	6
Adolescent Health Clinic	1 60 minutes	3
Academic Teaching Centre (2 nd post)	2 Other	3
Tertiary Hospital	5	
Outpatient (secondary post)	2	

Population Served	
Child welfare system	13
Poverty	13
First Nations Children	11
Metis Children	7
Inuit Children	8
Immigration /refugee status	12
Complex medical needs	12
Caregiver substance use	12
Substance use/addiction	12
Inconsistent access to care	11
Legal /Criminal issues	12
Language barriers	13
Family/Domestic violence	12
Single parent household	13
Food insecurity	12
Inadequate housing	12
Caregiver medical problems	12

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CONCLUSIONS

Health care providers agreed that a routine provider-led integrated pediatric care tool to screen for SDH is important & would be both **acceptable & feasible**. What matters more than “*what*” tool is used is “*how*” it is used, & by “*whom*”.

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