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An Integrative Review of Social Determinants of Health Assessment and Screening Tools Used in Pediatrics

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ABSTRACT

Problem: Social and physical contexts which make up social determinants of health (SDOH) have tremendous impacts on youth development, health and well-being. Despite knowledge and evidence of these impacts, few pediatric SDOH screening tools are known. The purpose of this review was to identify and evaluate available pediatric SDOH screening tools.

Eligibility Criteria: Articles were limited to studies in the English language, with pediatric populations, conducted in the United States, and were peer-reviewed, primary studies.

Sample: Search of 3 databases (PsychInfo, CINAHL and PubMed) yielded 499 articles, 486 were excluded. Total of 13 articles were appraised and synthesized using the SDOH framework outlined by Healthy People 2020.

Results: Thirteen articles relevant to the assessment of SDOH domains were evaluated. Majority of studies were limited in both the number of SDOH domains screened and the depth of screening. Tools were heterogeneous in methods used to assess SDOH risks and few were validated. Limited number of studies included youth or families in the initial development of tools.

Conclusions: Despite growing recognition across healthcare that SDOH greatly influence pediatric health risks, management and outcomes, there is a dearth of available high quality, multidimensional, comprehensive screening tools for pediatric care professionals.

Implications: This review emphasizes the need for the continued development of effective, comprehensive and practical tools for assessing pediatric SDOH risk factors. Pediatric nursing care includes the assessment of the youth and family context to effectively evaluate resource needs. Pediatric nurses are well poised to address this knowledge and resource gap.

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Clinical Problem

Social Determinants of Health

Social determinants of health (SDOH) are described as “the circumstances in which people are born, grow up, live, work, and age and the systems put in place to deal with illness” (Marmot et al., 2008, p. 1661). Collectively, they contribute significantly “to the social patterning of health, disease, and illness” (CDC, 2014, para. 4). Examples of SDOH risks include poor environmental conditions, housing instability, poverty, neighborhood violence, and inadequate health insurance. These aspects of an individual's life are typically “shaped by economics, social policies and politics” (CDC, 2014, para. 1).

To date, there have been limited published reviews of SDOH screening tools used in pediatric settings for assessing “social risks” of children (Pai, Kandasamy, Uleryk, & Maguire, 2016). A single 2016 review, by Pai et al., focused solely on identifying tools used among hospitalized children, non-inclusive of those appropriate for ambulatory pediatric care and included measures focused on individual or single domains of social risk rather than comprehensive multi-domain screening tools. Therefore, the purpose of this review is to identify available SDOH screening tools used across pediatric settings and to evaluate their comprehensiveness and validity in assessing multiple SDOH. To our knowledge, this is the first review of existing multidimensional pediatric SDOH risk screening tools used in the United States.

Context Matters: SDOH Impact on Health

For decades researchers and clinicians have known that the context and social circumstances in which youth live have a tremendous impact on youth development, health and overall well-being (Frank et al., 2010; Garg et al., 2007; Larson, Russ, Crall, & Halfon, 2008). This impact often precludes birth, in that the SDOH of mothers during pregnancy have been shown to affect infant development in utero (Tarazi, Skeer, Fiscella, Dean, & Dammann, 2016), and SDOH risks of childhood often persist into adulthood (Shonkoff et al., 2012). Furthermore, as SDOH risks increase, health and development have been shown to worsen (Frank et al., 2010; Larson et al., 2008). In total, it is estimated that the social, environmental and behavioral factors that make up the SDOH account for nearly 75% of one's health (CDC, 2014). Additionally, poor SDOH are risk factors for costly hospital readmission rates (Sills et al., 2016).

Accumulation of Multiple Social Risks

Resource issues often do not exist in isolation (Beck et al., 2014); many youth and families who are affected by SDOH also experience significant overlap of multiple health related social problems (Baer, Scherer, Fleegler, & Hassan, 2015). For example, if a family is experiencing poverty, they are also likely to be at high risk for experiencing food insecurity, poor transportation and housing issues. As a result, they may have trouble paying for medications, getting to medical appointments or seeking appropriate care. Furthermore, the stress of these SDOH can exacerbate existing chronic conditions, or precipitate additional health related conditions. Without assessing the multiple layers of risks, clinical teams often inadvertently develop treatment or care

plans that are practically and materially infeasible for families to follow, despite a family's desire and willingness to follow care regimens.

Professional and Practice Guidelines

The growing awareness of the significant impact that SDOH have on health outcomes has prompted many leaders in the field of national and pediatric health to develop professional practice guidelines that take into consideration addressing SDOH during clinical encounters and recommend routine screening for SDOH in primary care settings (American Academy of Pediatrics-Bright Futures (Hagan, Shaw, & Duncan, 2008); Healthy People 2020 (HHS, 2017); Institutes of Medicine Committee on Recommended Social and Behavioral Domains and Measures for Electronic Records (IOM, 2014); National Prevention Strategy under the Affordable Care Act (USDHHS, 2011)).

Barriers to Screening SDOH

Despite consistent research and knowledge documenting the negative impact that SDOH have on youth health outcomes and the positive effects addressing SDOH has on reducing health disparities (Gilbert & Downs, 2015), clinicians rarely screen for, or address, SDOH in pediatric clinical care settings (Kogan et al., 2004). This is due in part to healthcare provider behaviors, attitudes and perceptions. Clinician barriers such as time constraints, inadequate risk assessment training and a lack of knowledge of available community resources for addressing SDOH (Beck, Klein, & Kahn, 2012), in addition to concern or discomfort discussing sensitive topics such as income or domestic violence with patients and families (Beaune et al., 2014; Beck et al., 2012) have been reported. Other barriers to screening include the belief that assessing SDOH is outside the purview of clinical medical care (DeJong et al., 2016), or that it is a task that is better handled by trained social work teams (Pai et al., 2016). Finally, clinicians may also have the perception that SDOH are not remediable and therefore, assessment serves no purpose (Klein et al., 2013).

Other major reasons for the lack of routine screening of SDOH in pediatric clinical settings are the limited available screening resources to address risks and little evidence to guide screening practices for identifying SDOH needs (Baer et al., 2015). Furthermore, current screening tools tend to focus on high risk behaviors or activities, thereby ignoring or neglecting to assess basic unmet material needs (Klein et al., 2013). They also narrowly focus on single domains or a single cause, such as poverty, food insecurity or domestic violence. As a result, families are often unable to access resources due to underrecognition of needs by clinical teams (Baer et al., 2015). Research in the area of SDOH screening tools and behaviors is still quite limited and in need of expanded development.

To date, there have been limited published reviews of SDOH screening tools used in pediatric settings for assessing “social risks” of children (Pai, Kandasamy, Uleryk, & Maguire, 2016). A single 2016 review, by Pai et al., focused solely on identifying tools used among hospitalized children, non-inclusive of those appropriate for ambulatory pediatric care, and included measures focused on individual or single domains of social risk rather than comprehensive multi-domain screening tools. Therefore, the purpose of this review is to identify available SDOH screening tools used across pediatric settings and to evaluate their

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