Social determinant screening useful for families with pediatric sickle cell disease

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Individuals with sickle cell disease (SCD) face the burdens of chronic illness and often racial disparities, both of which may increase vulnerability to adverse social determinants of health (SDoH). For children with SCD, living in poverty is associated with lower quality of life, higher healthcare utilization and higher complication rates. However, a new study from Boston Medical Center (BMC) demonstrates that hematologists can uncover the needs of families and connect them to local resources within a clinic visit with the hope of improving quality of life and clinical outcomes for their patients.

Published in *Pediatric Blood and Cancer*, this study provides insight into the feasibility of improving quality of care for patients diagnosed with SCD through universal screening to identify the specific needs of patients, mitigating the role of provider perception, and facilitating referrals with community organizations using low touch interventions.The prospective study followed 156 patients diagnosed with SCD who were universally screened for SDoH between August 2017 and November 2018 in the pediatric hematology clinic. Using WECARE, the one-page, self-reporting paper screener addressed patients' security of housing, food, medication, transportation, utilities, daycare, and employment, while also requesting information related to interest in education and connection to relevant resources. For each screener administered to a patient, 1.2 SDoH needs were identified. Two thirds of patients screened positive for at least one unmet socioeconomic need, most commonly food insecurity and difficulty paying utilities.

Once identified, clinical staff referred patients to assistance programs based on the identified needs. Forty-five percent of those patients reported reaching out to a community organization, and 69 percent found the assistance of the organization to be helpful. If the family was in imminent need of assistance, families were also scheduled to meet with a social worker.

"As pediatricians and hematologists, we want to improve the well-being of the whole patient, not just their blood disorder," said lead author Alexandra Power-Hays, MD, a pediatrician at BMC. "Now that we've demonstrated that a simple method can begin addressing socioeconomic needs, we hope that pediatric hematologists across the country will also adopt this model for more long-term healing solutions."

In a follow-up from the clinic, patients were asked on a 5-point Likert scale how likely they were to continue discussing socioeconomic matters with the clinic. The average response was 4.1, representing a positive experience with the service. The authors note that this study was designed to overcome barriers to physicians pro-actively asking patients about SDoH, and addressing these may be a cost-effective preventative measure through reducing recurrent hospitalizations and emergency room visits.

More information: Alexandra Power-Hays et al, Universal screening for social determinants of health in pediatric sickle cell disease: A quality-improvement initiative, *Pediatric Blood & Cancer* (2019). DOI: 10.1002/pbc.28006

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