

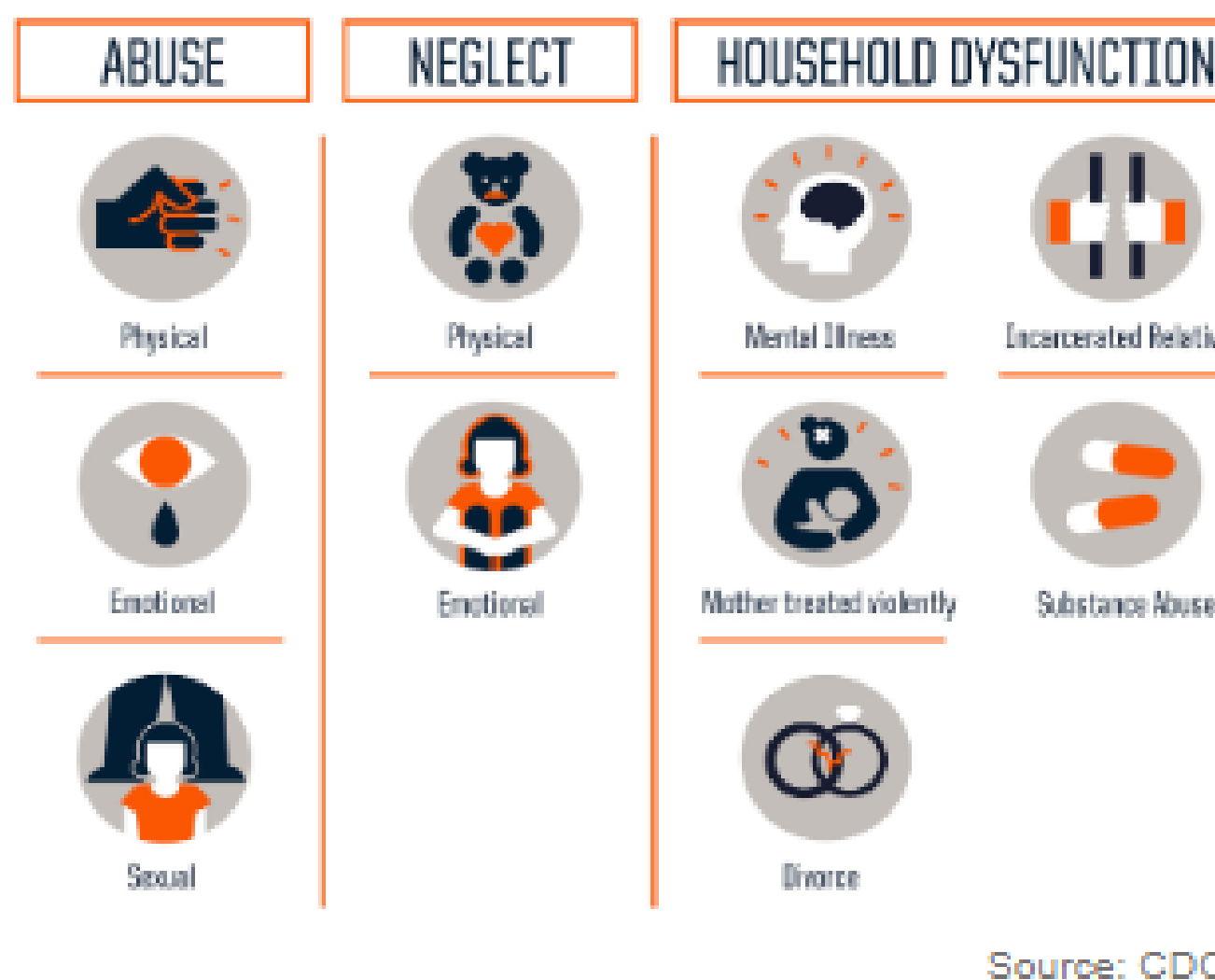
INTRODUCTION

Screening for social determinants of health (SDH) has gained traction in primary care settings including school-based health centers (SBHCs) where children and adolescents can be readily screened. Once unmet social needs are identified, challenges exist in providing a tangible, actionable community-based response. Athens Free Clinic (AFC), a mobile primary care clinic, serves the uninsured and underinsured in Athens-Clarke County and opened a school-based health center (SBHC) in September 2022.

Social Determinants of Health

HEALTH OUTCOMES Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations					
Economic Stability	Neighborhood and Physical Environment	Food	Community and Social Context	Education	Health Care System
Employment	Housing	Hunger	Social Integration	Literacy	Health Coverage
Income	Transportation	Access to Healthy Options	Language	Early Childhood Education	Provider Availability
Expenses	Safety		Support Systems	Vocational Training	Quality of Care
Debt	Parks		Community Engagement	Higher Education	Provider Linguistic and Cultural Competency
Medical Bills	Playground		Discrimination		
Support	Walkability				

Adverse Childhood Experiences



Learning Objectives

1. Evaluate medical student and physician experiences in screening for social determinants of health and assessing for adverse childhood experiences in both a free primary care mobile clinic and a school-based health center.
2. Evaluate strengths and needs related to educating and equipping health professionals on ways to screen, assess, and respond to SDH and ACEs.

BACKGROUND

Screening data collected at intake during the pilot year of the SBHC showed needs in the areas of food insecurity (13.5% of household at risk), housing instability (7.6%), utility shutoff (3.7%) and legal needs (5.5%).

Contextualization is central to care that is provided to patients and broadens the physician's role from a strictly biomedical role to one that takes the whole patient into account. Contextualization involves a four-step process:

1. Recognizing clues that patients are struggling with factors in their lives that complicate their ability to manage their care
2. asking high-yield questions
3. identifying opportunities to intervene
4. incorporate the information into an individualized care plan (Weiner S et al., 2022)

METHODS

We conducted a survey that included questions to examine current attitudes and experiences regarding the approach to screening for and responding to SDH and ACEs for pediatric patients. We used a Qualtrics survey tool completed by pre-clerkship medical students (n=120) and clinician-educators (n=12).

The survey sought to answer the following questions:

1. How often do medical students screen or assess for SDH/ACE?
2. What confidence levels do medical student have in their ability to screen or assess for SDH/ACE in patient care?
3. What confidence levels do medical student have in their ability to respond to SDH/ACE?

RESULTS

How often do medical students screen or assess for SDH?

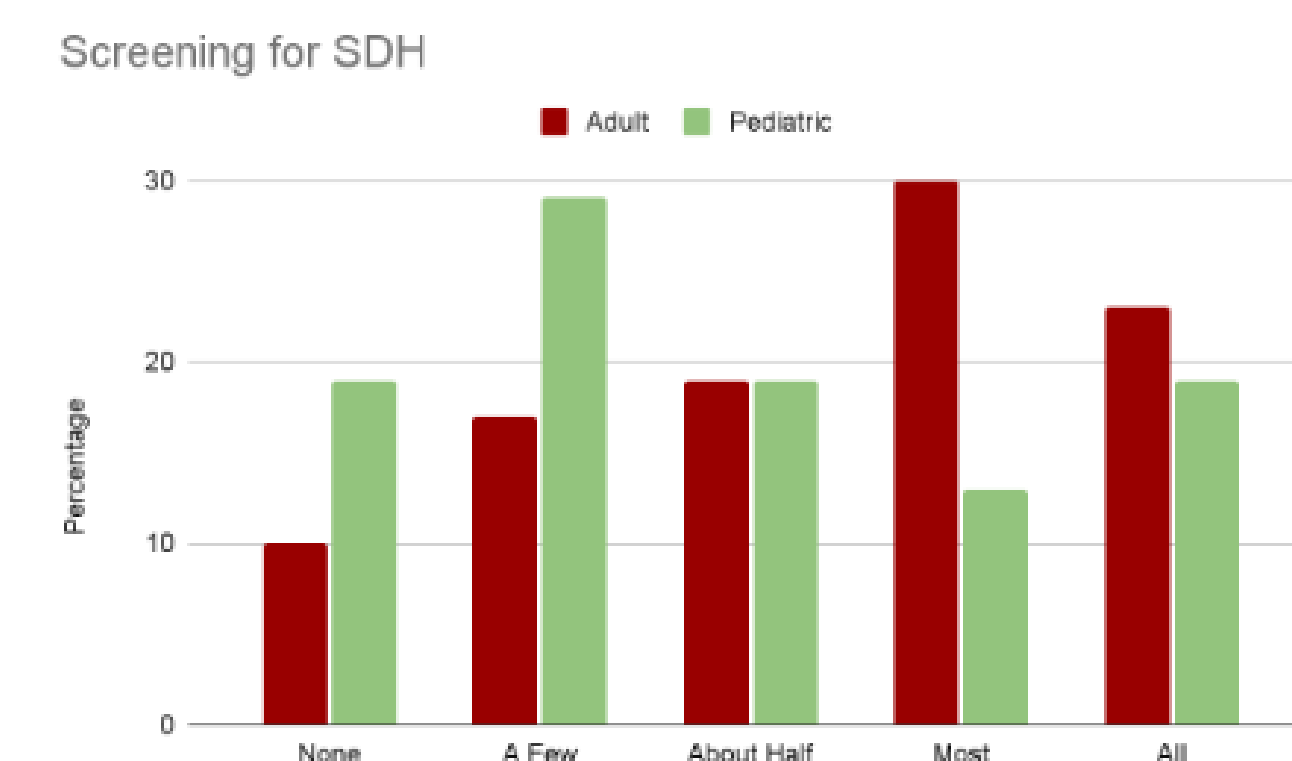
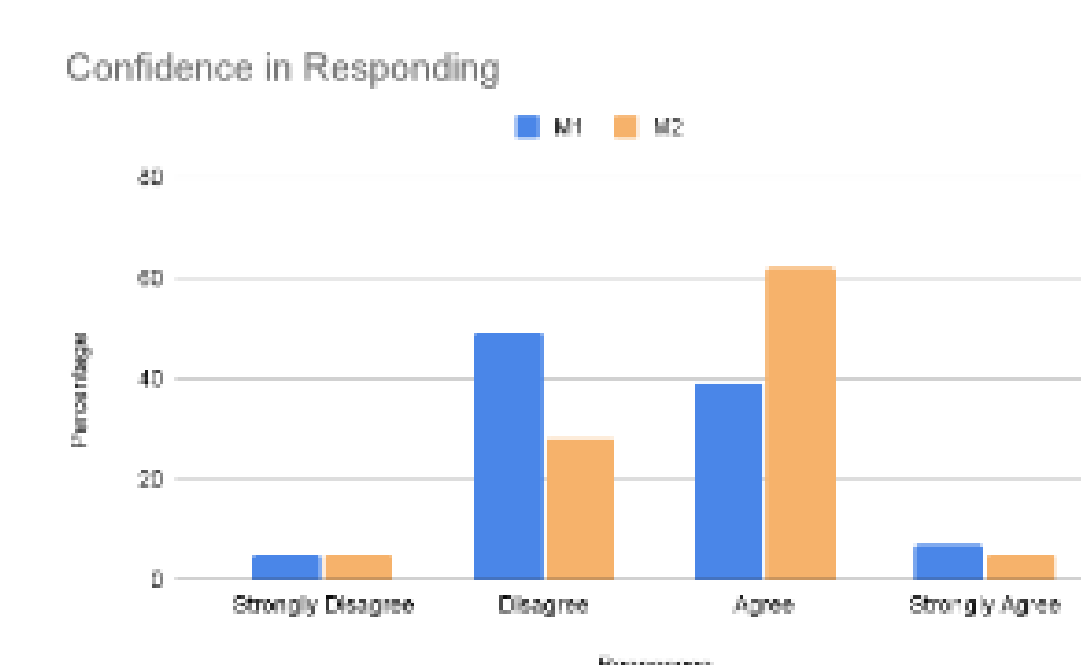
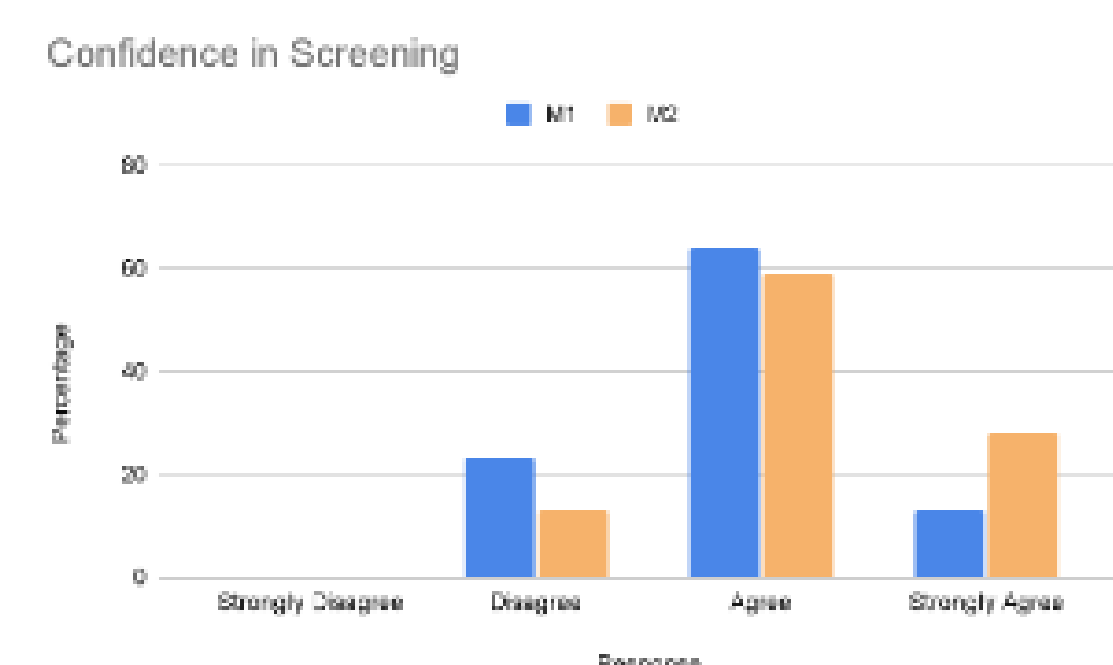


Figure 1: Students at adult-facing clinics were more likely to screen or assess for SDH more often than students at pediatric-facing clinics.

"I feel confident in my ability to **screen or assess** for SDH in patient care."

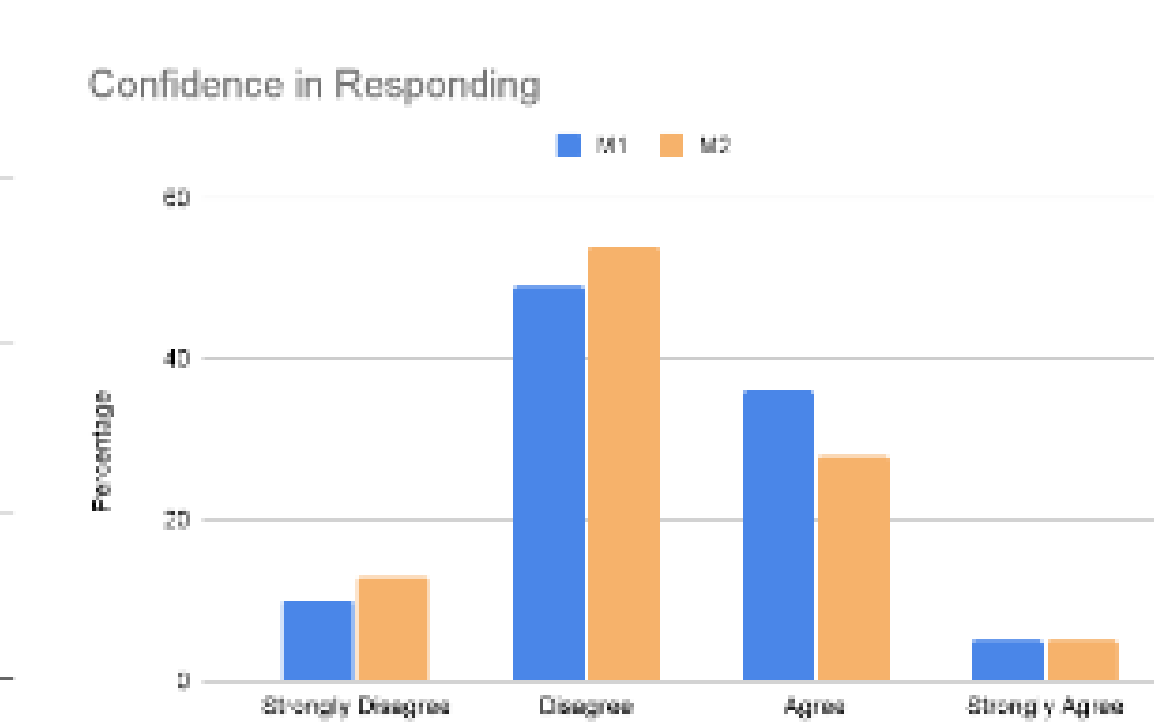
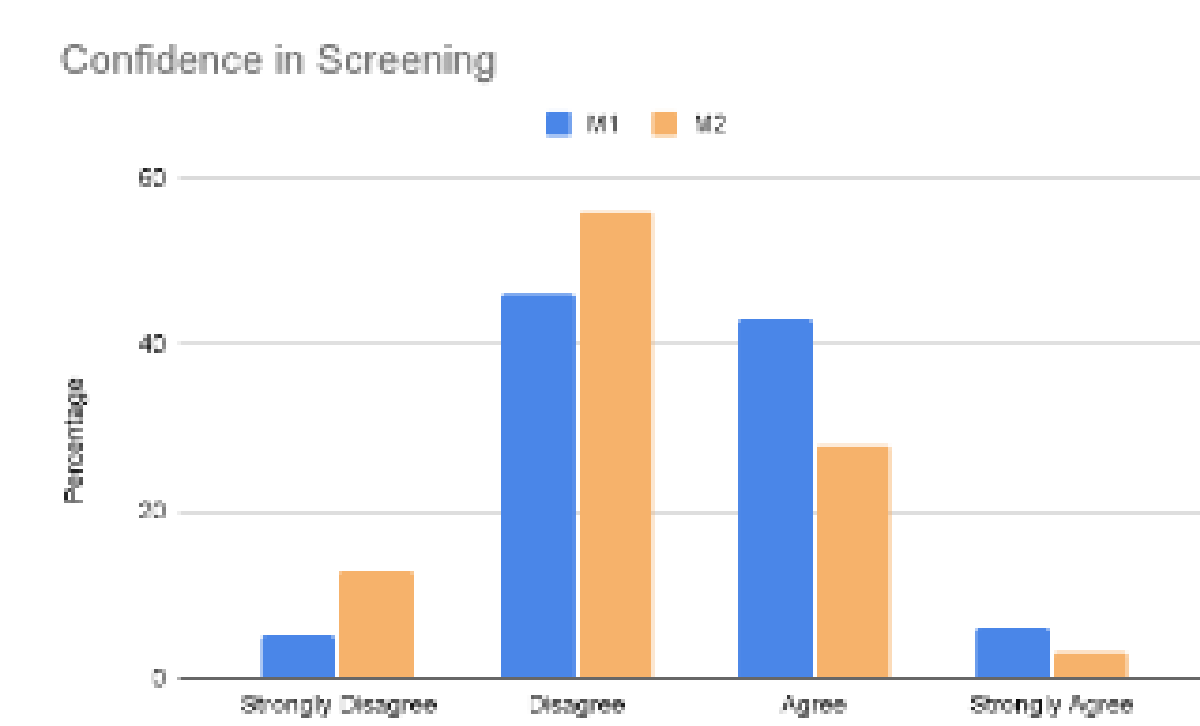
"I feel confident in my ability to **respond** to SDH (ex. providing resources, referrals, support)."



Figures 2 and 3: Although 99% of students feel it is important to address SDH, data shows confidence levels of addressing doesn't match importance of addressing.

"I feel confident in my ability to **screen or assess** for ACEs in patient care."

"I feel confident in my ability to **respond** to ACEs (ex. providing resources, referrals, support)."



Figures 4 and 5: Although 95% of students feel it is important to address ACEs, data shows confidence levels of addressing doesn't match importance of addressing.

CONCLUSION

1. "How can we improve screening and assessment?"
 1. Increased training in recognizing SDH/ACEs information gathered (or missed) during the HPI.
2. "How can we improve the response to SDH and ACEs?"
 1. Increased availability of resources accessible for medical students and clinic teams (e.g., Athens Local Resource Guide).

Discussion

- Screening for SDH using validated screening tools is on practical and widely accepted approach; it is critical to identify opportunities to refer and intervene
- Screening for ACEs using the approach of standardized tools is less widely adopted
- Our clinic does not currently use ACEs screeners, but rather imbeds recognition of ACEs and toxic stress into our contextualized approach to the patient, using trauma-informed care.
- Key considerations emphasized in teaching how to address ACEs (evaluate and respond to) include: care toward the sensitive nature of information, avoidance of re-traumatization, and mandatory reporting considerations for suspected or disclosed abuse and neglect. ACEs inform our understanding as we listen to a patient's story in context, rather than act as a "list" of questions we ask.

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Scan this QR code to be directed to Padlet to access additional SDH and ACEs screening tools referenced in this presentation.