Social Screening and Beyond:
How to Create a Screening Program that Empowers Residents to Take Action

Joe Real, MD, Christine Cheston, MD, Meredith Merkley, DO,
Alex Rakowksy, MD and Melissa Klein, MD, MEd
How To Vote via texting

What is your favorite season?

Text MELISSAKLEIN003 to 37607 once to join, then A, B, C, or D

EXAMPLE
Your poll will show here

1. Install the app from pollev.com/app
2. Make sure you are in Slide Show mode

Still not working? Get help at pollev.com/app/help or Open poll in your web browser
Your poll will show here

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2. Make sure you are in Slide Show mode

Still not working? Get help at pollev.com/app/help
or
Open poll in your web browser
OBJECTIVES:

• Analyze the importance of screening for social risk factors
• Identify intervention strategies for positive social risk screening
• Develop a plan for implementation of a social screening program that empowers resident action during routine clinical care
ROADMAP:

• Background
• Examples of social screening in action
• Discussion of resources for positive screens
• Review of questionnaires
• Develop your social screening plan
BACKGROUND POVERTY:

- 16.1 million children nationwide living in poverty
- Poverty adversely impacts health outcomes
“The complex, integrated, and overlapping social structures and economic systems are responsible for most health inequities. These social structures and economic systems include the social environment, physical environment, health services, and structural and societal factors. Social determinants of health are shaped by the distribution of money, power, and resources throughout local communities, nations, and the world.”

“The range of personal, social, economic, and environmental factors that influence health status are known as determinants of health.”

**SOCIAL DETERMINANTS OF HEALTH DEFINED**
Achieving potential

Esteem & Respect

Belonging

Safety (security of body, property)

Physiologic (health, food, water, shelter)

Maslow’s Hierarchy of Needs
Achieving Potential

Esteem and Respect

Belonging

Safety and Security

Physiological

Maslow’s Hierarchy of Needs

Risk Assessment

- Unemployment
- Lack of high school degree
- Ex-offender reentry issues

- Overwhelmed new parents
- Lack of parenting role models

- Domestic violence
- Adult mental health issues
- Inadequate education services

- Food insecurity
- Denial/delay of public benefits
- Utility shut offs
- Poor housing conditions

Community-Based Intervention

A. Henize, R. Kahn (2013)
IMPORTANCE OF ADVOCACY IN TRAINING:

• ACGME requirements for Advocacy
  – Minimum of five educational units of ambulatory experiences, including elements of community pediatrics and child advocacy

• LCME requires curricula content includes:
  – Societal problems, cultural competence and health care disparities
  – Organ system and primary care content must include recognition of determinants of health, opportunities for health promotion and the potential impact of behavioral and socioeconomic factors on health
POVERTY AND CHILD HEALTH IN THE UNITED STATES
COUNCIL ON COMMUNITY PEDIATRICS

Almost half of young children in the United States live in poverty or near poverty. The American Academy of Pediatrics is committed to reducing and ultimately eliminating child poverty in the United States. Poverty and related social determinants of health can lead to adverse health outcomes in childhood and across the life course, negatively affecting physical health, socioemotional development, and educational achievement. The American Academy of Pediatrics advocates for programs and policies that have been shown to improve the quality of life and health outcomes for children and families living in poverty. With an awareness and understanding of the effects of poverty on children, pediatricians and other pediatric health practitioners in a family-centered medical home can assess the financial stability of families, link families to resources, and coordinate care with community partners. Further research, advocacy, and continuing education will improve the ability of pediatricians to address the social determinants of health when caring for children who live in poverty. Accompanying this policy statement is a technical report that describes current knowledge on child poverty and the mechanisms by which poverty influences the health and well-being of children.
IMPORTANCE OF ADVOCACY IN TRAINING:
SOCIAL SCREENING:
SOCIAL SCREENING:

APPENDIX WE CARE Survey

We want to make sure that you know all the community resources that are available to you for problems. Many of these resources are free of charge. Please answer each question with an "X" and hand it in to your child's doctor at the beginning of the visit. Thank you.

1. Do you have a high school degree?
   - YES
   - NO
   - If NO, would you like help to get a GED?
     - YES
     - NO
     - MAYBE LATER

2. Do you have a job?
   - YES
   - NO
   - If NO, would you like help finding employment?
     - YES
     - NO
     - MAYBE LATER

3. Do you need daycare for your child?
   - YES
   - NO
   - If YES, would you like help finding it?
     - YES
     - NO
     - MAYBE LATER

4. Do you think you are at risk of becoming homeless?
   - YES
   - NO
   - If YES, would you like help with this?
     - YES
     - NO
     - MAYBE LATER

5. Do you always have enough food for your family?
   - YES
   - NO
   - If NO, would you like help with this?
     - YES
     - NO
     - MAYBE LATER

6. Do you have trouble paying your heating bill for the winter?
   - YES
   - NO
   - If YES, would you like help with this?
     - YES
     - NO
     - MAYBE LATER

7. Do you have a car that needs repairs?
   - YES
   - NO
   - If YES, would you like help with this?
     - YES
     - NO
     - MAYBE LATER

8. Do you have a computer or other electronic device?
   - YES
   - NO
   - If YES, would you like help with this?
     - YES
     - NO
     - MAYBE LATER

9. Do you need help with transportation?
   - YES
   - NO
   - If YES, would you like help with this?
     - YES
     - NO
     - MAYBE LATER

PROVIDER INSTRUCTIONS: If a parent has needs and wants help, please fill out this WE CARE Information sheet for EACH indication noted. AND 2) refer the family to the Family Services office. School provides follow-up with the family and you. Also, please feel free to directly refer your client to staff support (e.g., case worker, social worker).
SMALL GROUP ACTIVITY:

• Identify three critical topics related to social screening.
YOUR SOCIAL SCREENING PLAN

1) Select a population and setting
YOUR SOCIAL SCREENING PLAN

2) Select a critical topic
3) Consider how it impacts childhood health and well-being
YOUR SOCIAL SCREENING PLAN

4) Develop a screening question

**APPENDIX WE CARE Survey**

We want to make sure that you know all the community resources that are available to you for emergencies. Many of these resources are free of charge. Here’s a quick questionnaire that will help us decide if and how it is best to make these resources available to you. Thank you!

1. Do you have a high school degree?
   - YES
   - NO
   - IF NO, would you like help to get a GED?
     - YES
     - NO
     - MAYBE LATER

2. Do you have a job?
   - YES
   - NO
   - IF NO, would you like help with finding employment?
     - YES
     - NO
     - MAYBE LATER

3. Do you need daycare for your child?
   - YES
   - NO
   - IF YES, would you like help finding it?
     - YES
     - NO
     - MAYBE LATER

4. Do you think you are at risk of becoming homeless?
   - YES
   - NO
   - IF YES, would you like help with this?
     - YES
     - NO
     - MAYBE LATER

5. Do you always have enough food for your family?
   - YES
   - NO
   - IF NO, would you like help with this?
     - YES
     - NO
     - MAYBE LATER

6. Do you have trouble paying your housing bill for the winter?
   - YES
   - NO
   - IF YES, would you like help with this?
     - YES
     - NO
     - MAYBE LATER

**PROVIDER INSTRUCTIONS:** It cannot be stressed enough that proper screening is critical. Be sure to give a PROPER & consistent message in answering the above questions. Follow-up with the client (C.A.) will provide additional help and resources you may need. Always consider how to directly refer to your clients without causing any shame or embarrassment.

**Social Screenings**

I. Income, Insurance

H. Hunger, Housing

E. Ensuring Safety

L. Legal Status

P. Power of Attorney & Guardianship

?
YOUR SOCIAL SCREENING PLAN

5) Identify a resource for positive screens
YOUR SOCIAL SCREENING PLAN

6) Determine an implementation strategy
7) Consider outcome measures
**Example: Cincinnati Children’s**

**Steps:**

1) Select a population and setting
2) Select a critical topic
3) Consider how it impacts childhood health and well-being
4) Develop a screening question
5) Identify a resource for positive screens
6) Determine an implementation strategy
7) Consider outcome measures
<table>
<thead>
<tr>
<th>Steps:</th>
<th>Infants in low-income settings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Select a population and setting</td>
<td>Outpatient setting</td>
</tr>
</tbody>
</table>
Example: Cincinnati Children’s

Steps:

2) Select a critical topic

Food insecurity

“The lack of access to enough food to fully meet basic nutritional needs at all times because of lack of resources”

- Low food security: Reports of reduced quality, variety, or desirability of diet. Little or no indication of reduced food intake.

- Very low food security: Reports of multiple indications of disrupted eating patterns and reduced food intake.
**Example: Cincinnati Children’s**

**Steps:**

2) Select a critical topic  
**Food insecurity**
EXAMPLE: CINCINNATI CHILDREN’S

Steps:

2) Select a critical topic

Food insecurity

http://map.feedingamerica.org/county/2014/overall
EXAMPLE: CINCINNATI CHILDREN’S

Steps:

3) Consider how it impacts childhood health and well-being

<table>
<thead>
<tr>
<th>Impacts nutrition, development, and behavior</th>
</tr>
</thead>
</table>

- **Malnutrition or disordered nutrition**
  - Micronutrient deficiencies, Anemia
  - Growth failure and obesity
- **Increased rates of acute infections**
  - Hospitalization 30% higher in food insecure households
- **Development**
  - Higher likelihood of repeating a grade
  - 95% more likely to have been suspended
- **Behavior and Mental Health**
  - More aggression and ADHD
  - Poor psychological functioning
- **Poorer reported general health**
  - Increased stomachaches, headaches and colds
  - Reported in children with chronic diseases
**Example: Cincinnati Children’s**

**Steps:**

| 4) Develop a screening question | Modified from validated survey |

* Do you worry that your food will run out before you get money or food stamps to get more?  

* Does the food that you buy not last and you didn’t have money to get more?
EXAMPLE: CINCINNATI CHILDREN’S

### Steps:

| 5) Identify a resource for positive screens | The KIND program |

- **KIND Program Aims**
  - Minimize food insecurity among infants cared for in primary care clinics
  - Develop a leading collaborative program that trains physicians to screen and intervene for household hunger
  - Secure critical complementary supports for families, including linkages to income stabilizing programs
**EXAMPLE: CINCINNATI CHILDREN’S**

**Steps:**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6) Determine an implementation strategy</td>
<td><strong>Educational intervention</strong></td>
</tr>
</tbody>
</table>

Two 90 minute sessions

- **Brief Didactic**
- **Trigger Videos**
- **“Day in the Life” Scenarios**
- **Social Code Cards**

Facility facilitated discussion

Facility facilitated discussion
### Example: Cincinnati Children’s

<table>
<thead>
<tr>
<th>Steps:</th>
<th>Number of cans of formula distributed</th>
</tr>
</thead>
<tbody>
<tr>
<td>7) Consider outcome measures</td>
<td></td>
</tr>
</tbody>
</table>

> 4500 cans distributed at initial site (since 2011)  
~ 80 cans/month


**Example: Cincinnati Children’s**

- Important to consider **prevalence**
- **Community partners** are key!!
- Start with **basic** outcome measures
  (Ex: is screening happening?)
## Example: Boston Medical Center

**Steps:**

1) Select a population and setting
2) Select a critical topic
3) Consider how it impacts childhood health and well-being
4) Develop a screening question
5) Identify a resource for positive screens
6) Determine an implementation strategy
7) Consider outcome measures
**EXAMPLE: BOSTON MEDICAL CENTER**

| Steps: |  
|---|---|
| 1) Select a population and setting | Children presenting for well-child care in resident primary care clinic |
EXAMPLE: BOSTON MEDICAL CENTER

Steps:

2) Select a critical topic

Parental employment

Still seeking work, in spite of low jobless levels in Mass.

The Boston Globe

Culinary innovator Sam Putnam of Arlington (right) showed Jefferson Alvarez of Lawrence how to break down a chicken at Uvec in Lowell.
**Example: Boston Medical Center**

<table>
<thead>
<tr>
<th>Steps:</th>
<th>More behavioral problems, poorer self-esteem, increased probability of binge drinking, depression, higher occurrence of physical abuse of children</th>
</tr>
</thead>
<tbody>
<tr>
<td>3) Consider how it impacts childhood health and well-being</td>
<td></td>
</tr>
</tbody>
</table>

“Children with unemployed parents are 17% more likely to be hospitalized than other children....”

- CESifo Economic Studies, June 2014

“...[E]ven after controlling for financial stress, the father’s and/or mother’s long-term unemployment was negatively associated with children’s self-rated health, occurrence of long-standing illness, and long-term well-being.”
## Example: Boston Medical Center

### Steps:

| 4) Develop a screening question | WE CARE: Well Child Care Visit, Evaluation, Community Resources, Advocacy, Referral, Education |

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### Improving the Management of Family Psychosocial Problems at Low-Income Children’s Well-Child Care Visits: The WE CARE Project

Arvin Garg, MD, MPH, Arlene M. Butz, ScD, RN, Paul H. Dworkin, MD, Rooti A. Lewis, BA, Richard E. Thompson, PhD, Janet R. Serwint, MD

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**WE CARE SURVEY**

Our goal at the visit is to provide the best possible care for your child and family. We would like to make sure that you know all the resources that are available to you for your problems. Many of these resources are free of charge. Please answer each question with an “X” and hand it in to your child’s doctor at the beginning of the visit. Thank You!

2. Do you have a job?

   - [ ] YES
   - [ ] NO

   If NO, would you like help with finding employment?

   - [ ] YES
   - [ ] NO
   - [ ] MAYBE LATER

   If NO, would you like help with finding employment?
**EXAMPLE: BOSTON MEDICAL CENTER**

**Steps:**

<table>
<thead>
<tr>
<th>Steps</th>
<th>Resource for Positive Screens</th>
</tr>
</thead>
<tbody>
<tr>
<td>5) Identify a resource for positive screens</td>
<td>WE CARE research team, <a href="http://www.211.org">www.211.org</a>, SW, support staff, verified by Health Leads</td>
</tr>
</tbody>
</table>

- JVS Career Solutions
- Boston Career Link
- Career Collaborative
- HelpSteps.com
EXAMPLE: BOSTON MEDICAL CENTER

Steps:

6) Determine an implementation strategy

<table>
<thead>
<tr>
<th>Pre-Clinic Conference Educational Session</th>
</tr>
</thead>
</table>

CA delivers WE CARE Screening Tool at presentation

CA enters responses into EPIC form

Resident inputs results using .WECARE dotphrase and identifies POSITIVE screens

Resident inputs resource-specific .WECARE dotphrase and reviews with family

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WE CARE: Employment

**JVS Career Solutions (formerly known as The Work Place)**
- Career center that offers skills training, recruitment fairs, job search help, and specialized services for homeless clients, ex-offenders, veterans, and young adults
- Helps individuals find current job openings, assess their skill levels and interests, and enter education and training programs

**Contact:** 617-737-0093 or visit [www.theworkplace.org](http://www.theworkplace.org)

**Location:** 75 Federal Street, Boston, MA 02110

**Hours:** Monday 9am-7pm; Tuesday, Wednesday, Friday 9am-5pm; Thursday 10am-5pm

**Eligibility:** Must have a Social Security Number

**Cost:** FREE

**Boston Career Link**
- Provides access to a broad range of career counseling and training services including job listings and workshops. Members can also apply for financial assistance for job training.
- Connects you directly to employers

**Contact:** 617-541-1400 or visit [www.bostoncareerlink.com](http://www.bostoncareerlink.com)

**Location:** 1010 Harrison Avenue, Roxbury, MA 02119

**Hours:** It is highly recommended that clients attend a one-hour orientation meeting
- For people not collecting unemployment: Monday and Friday at 9:30am, Tuesday at 5:30pm
- For people collecting unemployment, they should have received a letter telling them the time of a seminar specific to their situation (Tuesday, Wednesday, Thursday at 10am)

**Eligibility:** Must have a Social Security Number

**Cost:** FREE
Addressing Social Determinants of Health at Well Child Care Visits: A Cluster RCT

Arvin Garg, MD, MPH, Sarah Toy, MS, Yorgos Tripodis, PhD, Michael Silverstein, MD, MPH, Elmer Freeman, MSW

**TABLE 4** Enrollment in Community Resources Since Baseline When Child Was 12 Months of Age

<table>
<thead>
<tr>
<th>Variable</th>
<th>No. (%) in WE CARE Group</th>
<th>No. (%) in Control Group</th>
<th>ICC</th>
<th>Adjusted ICC</th>
<th>Adjusted Odds Ratio (95% CI)³</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of CHCs</td>
<td>4</td>
<td>4</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>No. of mothers</td>
<td>135</td>
<td>136</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Enrollment in community resource</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any community resource</td>
<td>53 (39)</td>
<td>33 (24)</td>
<td>.04</td>
<td>&lt;.0001</td>
<td>2.1 (1.2–3.7)</td>
</tr>
<tr>
<td>Type of need</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employment or job training center</td>
<td>11 (8)</td>
<td>2 (2)</td>
<td>&lt;.0001</td>
<td>&lt;.0001</td>
<td>44.4 (9.6–201.4)</td>
</tr>
</tbody>
</table>

GED, General Educational Development; ICC, intraclass correlation coefficient; SNAP, Supplemental Nutrition Assistance Program; WIC, Special Supplemental Nutrition Program for Women, Infants, and Children.

* Adjusted for race, marital status, maternal employment, and follow-up time.
EXAMPLE: BOSTON MEDICAL CENTER

WE CARE Screening at BMC Pediatrics - Weekly Trends

- % Positive Screens of those Entered into EPIC
- % Positive Screens who Received a Resource Guide

Week:
- #3: July 25-29
- #5: Aug 8-12
- #7: Aug 22-27
- #14 Oct 10-14
- #16 Oct 24-28
- #18 Nov 7-11
- #20 Nov 21-25
- #22 Dec 5-9
- #27 Jan 9-13
- #29 Jan 23-27
- #31 Feb 6-10

Most providers like WE CARE - fast, feasible, and pragmatic

Large uptake differences between MDs

Personal relationships and clinic culture are critical for getting buy-in

The consistent presence of trained staff (CAs) helps
**Example: Nationwide Children’s**

<table>
<thead>
<tr>
<th>Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Select a population and setting</td>
</tr>
<tr>
<td>2) Select a critical topic</td>
</tr>
<tr>
<td>3) Consider how it impacts childhood health and well-being</td>
</tr>
<tr>
<td>4) Develop a screening question</td>
</tr>
<tr>
<td>5) Identify a resource for positive screens</td>
</tr>
<tr>
<td>6) Determine an implementation strategy</td>
</tr>
<tr>
<td>7) Consider outcome measures</td>
</tr>
</tbody>
</table>
**Example: Nationwide Children’s**

<table>
<thead>
<tr>
<th>Steps:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Select a population and setting</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Homeless adolescents in Central Ohio</td>
<td></td>
</tr>
</tbody>
</table>
Steps:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2) Select a critical topic</td>
<td>Access to medical care</td>
</tr>
</tbody>
</table>

- Homeless youth most commonly use emergency departments for their healthcare.

- They seek care for **emergencies rather than maintenance** and preventative care.

- There are noted gender discrepancies amongst those who seek care. **Males ages 16-20yo seek care less than female peers.**

- Reports have shown that about **50%** of street youth and **36%** of sheltered youth **do not have a consistent source of healthcare** despite many of them reporting serious health concerns.
### EXAMPLE: NATIONWIDE CHILDREN’S

<table>
<thead>
<tr>
<th>Steps:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3) Consider how it impacts childhood health and well-being</td>
<td>Affects mental and physical well being currently and in the future</td>
</tr>
</tbody>
</table>

Compared to adolescents with stable housing these youth are at **increased risk** of:

- mental illnesses
- Pregnancy
- STIs
- Sexual exploitation
- Injury
- Dermatologic conditions
- Dental disease
- Chronic respiratory diseases (including TB and asthma)
### Example: Nationwide Children’s

**Steps:**

<table>
<thead>
<tr>
<th>Steps</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>4) Develop a screening question</td>
<td>Part of a larger survey to be administered in the Urgent Cares and Primary Care Clinics. Several questions focused on homelessness</td>
</tr>
</tbody>
</table>
Questionnaire:

1. What is your race? (check all that apply)
   A) American Indian or Alaskan
   B) Native
   C) Asian
   D) Black or African American
   E) Native Hawaiian or other pacific islander
   F) White
   G) Other-Please specify

2. What is your ethnicity?
   1. Hispanic or latino
   2. non-hispanic

3. What sex were you assigned on your birth certificate?
   A) Male
   B) Female

4. What is your gender
   A) Male
   B) Female
   C) Transgender male-to-female
   D) Transgender female-to-male
   E) Transgender do not identify as exclusively male or female
   F) Not sure
   G) None of the above

5. Do you think of yourself as
   1. Lesbian
   2. Gay
   3. Straight or heterosexual
   4. bisexual
   5. Something else (please describe)
   6. Don't know
   7. Chose not to answer

6. How old are you?
   A) ___

7. Why did you choose to come to this clinic today? (Pick the most important)
   A) Where I usually seek care
   B) Closest provider
   C) Cheapest care
   D) Other: please specify_____

8. In the past 6 months have you stayed in any of the following places for more than 3 nights because you needed a safe place to stay? (check all that apply)
   A) Shelter
   B) Drop-in center
   C) Friend's house
   D) Street
   E) Tent
   F) Someone's house other than family or friends

9. In the past year where have you sought medical care? (click all that apply)
   A) Doctor's office or clinic
   B) Emergency Room
   C) Urgent Care
   D) Mobile Clinic
   E) Planned Parenthood
   F) Public Health department
   G) Other: please specify_____

Example: Nationwide Children's
**Example: Nationwide Children’s**

<table>
<thead>
<tr>
<th>Steps</th>
<th>Details</th>
</tr>
</thead>
</table>
| 5) Identify a resource for positive screens | NCH resources: Mobile clinic or one of the other 14 NCH primary care clinics  
                                | Local resources: Star house(drop-in center), Huckleberry House(drop-in center and longer-term housing) |
EXAMPLE: NATIONWIDE CHILDREN'S

Steps:

| 6) Determine an implementation strategy | In progress. Pilot screening. |

Survey and study development → IRB approval → Survey distribution

Survey revision → Staff education and distribution → Outcome monitoring
**Example: Nationwide Children’s**

| Steps:                                                                 | 1.) At least 60% utilization of the survey in clinics and urgent cares  
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>7) Consider outcome measures</td>
<td>2.) Referrals made for resources</td>
</tr>
<tr>
<td></td>
<td>3.) Verification of adolescents attending clinics</td>
</tr>
</tbody>
</table>

![Checkmarks](images/checkmarks.png)
EXAMPLE: NATIONWIDE CHILDREN’S

• **Start the discussion** about the specific need with various departments in your hospital (i.e. medical team, social work, behavioral health, etc)

• **Have patience**! The process can take a while.

• **Be present** within the community organizations that will be useful resources.
SMALL GROUP ACTIVITY:

• What resources have you used to address positive social screens that might be helpful to the group?
SCREENING: SURVEYS

- Income, food income
- Housing conditions, eviction, utilities
- Education placement, early childhood
- Legal – immigration status
- Literacy – parent, health and child
- Personal safety – IPV, neighborhood

Kenyon, Sandel, Silverstein, Shakir and Zuckerman, Pediatrics, 2007
SCREENING: SURVEYS

Screens families for 10 psychosocial needs

1. Alcohol abuse
2. Drug abuse
3. Smoking
4. Depression
5. Domestic/Intimate partner violence
6. Homelessness risk
7. Inadequate food
8. Low education (< high school)
9. Child care
10. Unemployment

SCREENING: SURVEYS

- Self-report
- Each topic: 2 questions to screen for problem and identify child’s needs
- Examine

In case your child’s doctor cannot address all these issues at this visit, please rank the 3 items that you wish to talk about in order of importance.

1. MOST IMPORTANT
2.
3. LEAST IMPORTANT
**Small Group Activity:**

- Brainstorm a social screening plan for one of your critical topics
YOUR SOCIAL SCREENING PLAN:

1) Select a population and setting
2) Select a critical topic
3) Consider how it impacts childhood health and well-being
4) Develop a screening question
5) Identify a resource for positive screens
6) Determine an implementation strategy
7) Consider outcome measures
Large Group Report Out:

- Share your social screening plan with the group
INDIVIDUAL REFLECTION:

- Commit to Action
- Please complete your evaluation
QUESTIONS?
THANK YOU!