

# The Pediatrician's Role in Social Determinants of Health: A National Survey of Chief Residents

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## Background

- AAP recommends "surveillance for risk factors related to Social Determinants of Health (SDH) for all patient encounters"<sup>1</sup>.
- Pediatric resident physicians often care for underserved populations and are expected to address social determinants of health (SDH); however, training varies in the identification of and referral to appropriate local resources.<sup>2,3</sup>
- Pediatric physicians have reported insufficient knowledge and confidence as reasons for not addressing SDH, but report higher satisfaction when they do address SDH factors in the care of their patients.<sup>4,5</sup>
- While screening for social needs is becoming more commonplace in pediatric practice setting, knowledge gaps on the individual social determinants has not been measured.

## Methods

- National cross-sectional web-based survey of pediatric Chief Residents during the 2019-2020 academic year.
- Participants were sent an email with a survey link via the APPD Chief Resident Listserv. We included all surveys with five or more questions completed in the analysis.
- Survey questions measured:
  - Attitudes towards the pediatrician's role in, knowledge of, and referral to community resources for specific social determinants of health.
  - Practices around referral to community resources for specific social determinants of health.
  - Barriers for screening for SDH and referring patients to community resources
- SDH resources included:
  - Development & Early Childhood Services
  - Education Resources
  - Dental Services
  - Mental Health
  - Housing
  - Parental Employment & Financial Support
  - Food Insecurity Support
  - Recreational/Physical Activity Needs
  - Legal Aid
  - Transportation Access
  - Domestic Violence
  - Parental Substance Use
  - Parental Literacy Support.

## Results

- Response rate: 38% (57 chief residents out of 150 APPD residency programs)

**Table 1: Ratings for General Pediatrician's SDH Resource Referral Knowledge, Responsibility, Personal Practice and Personal Confidence**

	Should have knowledge (Strongly Agree, Agree)	Agree should refer (Strongly Agree, Agree)	Practice in Referring (Often, Always)	Confidence in referring (Strongly Agree, Agree)
<b>SDH Community Resource:</b>				
Child Development & Early Childhood Services	100%	100%	100%	100%
Dental Services	96%	98%	93%	98%
Mental Health Resources	98%	100%	95%	95%
Food insecurity support	96%	98%	38%	84%
Recreation and Physical Activity	82%	77%	53%	56%
Education Resources	84%	88%	82%	44%
Parental Substance Use	88%	86%	35%	44%
Domestic Violence Services	93%	93%	49%	42%
Housing Resources	84%	86%	45%	36%
Transportation	72%	68%	24%	31%
Legal aid	72%	63%	15%	24%
Parental employment & Financial Support	58%	63%	73%	18%
Parental literacy	56%	53%	9%	11%

**Box 1: Which of the following factors most influence how often you refer patients with social needs to community resources?**

### Top ranked factors (in order of influence):

1. Lack of knowledge of resources (96%)
1. Time constraints (96%)
2. Lack of available resources (87%)
4. Lack of confidence in referring to community resources (82%)
5. Lack of on-site social work support (78%)

**Box 2: Open comment quotes about residency education for SDH referrals and resources**

*"We have food insecurity and depression screenings as a routine part of our visit. Other than "refer to social work", I do not believe we are trained to do anything more, which can make us feel helpless."*

*"[We have] three advocacy rotations throughout residency where we went on visits to places like shelters, legal-educational support center, WIC center, early head start site."*

*"My clinic is at a safety-net inner-city hospital in a well-funded state and the resources are quite impressive... Our efforts that we address in every well child visit and most acute visits, have been on food insecurity, mental health, dental health, gun access, and housing stability. The other areas of concern mentioned here are important too, we just are already covering a lot in a pan-positive population, and have picked the ones that we have well established resources for to actually improve outcomes. We could do better though..."*

## Conclusions

- Chief residents agreed they must have knowledge of and hold responsibility to refer to many social determinant factors; however, practices and confidence levels in referring to resources were often low.
- In general, respondents had concordance between when they "should have knowledge" and have a "responsibility to refer"
- Respondents felt that pediatricians should have knowledge and refer patients to **housing, food security, legal aid**, but did not have high rates of referrals or confidence in referring
- Chief residents reported **lack of knowledge of resources** and **time constraints** as the top factors influencing referral to social needs resources.
- Understanding the attitudes and practices of pediatricians as well as the specific resources that many lack knowledge of and confidence in referring to, can help develop and tailor residency curriculum in SDH screening, referral, and community resources.

## Acknowledgements

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