State of the Science on Social Screening in Healthcare Settings
Executive Summary

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Report Rationale & Summary

In response to a strong, consistent, and still growing body of evidence documenting the impacts of social factors (e.g., income and education) on health outcomes, healthcare organizations are increasingly considering their roles and responsibilities related to social determinants of health. This includes more systematic efforts to identify social and economic adversity as part of healthcare delivery. Stakeholders have reported a wide range of motivations for social screening, including:

- Catalyzing efforts to routinely bridge patients to community or government social services;
- Informing point-of-care and population management decisions;
- Improving reimbursement and risk adjustment to better support systems serving socially marginalized populations;
- Expanding healthcare data metrics that can inform policy and systems change; and
- Strengthening the quality of research on social factors that affect health.

These motivations helped to inform the 2019 National Academy of Sciences, Engineering and Medicine (NASEM) report on *Integrating Social Care into the Delivery of Health Care to Improve the Nation's Health*, which placed efforts to identify patients' social risks and assets (which the committee termed "Awareness") at the center of multiple "action strategies" that healthcare systems can take to either

address or mitigate the impacts of social adversity with the intention of improving individual and population health. (See Figure 1.)

Although health services research on social screening (and related social care interventions) continues to increase, a sufficient body of evidence has been published to justify pausing to inventory, scrutinize, and synthesize what is already known about this topic.
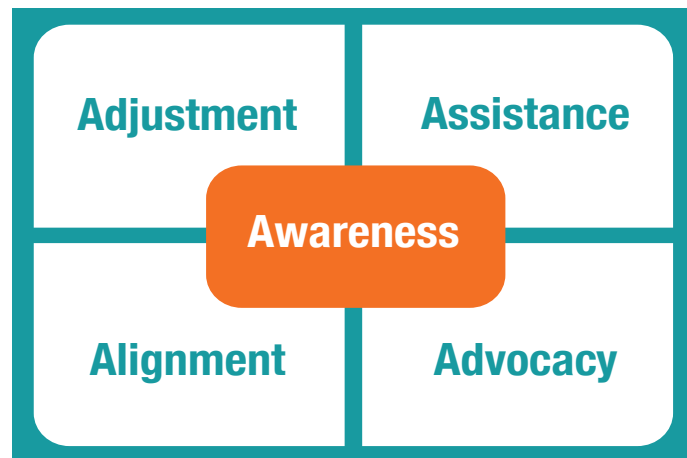

Figure 1. NASEM Social Care 5A Framework
Adapted with permission from National Academies of Sciences, Engineering, and Medicine. 2019. Integrating Social Care into the Delivery of Health Care: Moving Upstream to Improve the Nation's Health. Washington, DC: The National Academies Press.

The dual goals of this report are to **synthesize and disseminate recent research** and **surface key knowledge gaps** that should be addressed to meaningfully inform efforts to implement and scale screening practices in the US healthcare system.

What will you find in the report?

Findings from this review of the literature are divided into five main sections, each of which can be read on its own.

- Prevalence of Social Screening in US Healthcare Settings
- Psychometric and Pragmatic Properties of Social Screening Tools
- Patient and Patient Caregivers' Perspectives on Social Screening
- Healthcare Providers' Perspectives on Social Screening
- Implementation Research on Social Screening

What did we learn?

We found that while the literature on social screening covers an impressively broad range of topics and settings, it is not yet impressively rigorous. Many of the studies on social screening are purely descriptive, include small sample sizes, and/ or lack comparison groups. Heterogeneity in the programs themselves—including settings, target populations, and social screening/intervention activities— as well as in the study designs and outcomes examined make it additionally difficult to compare findings across studies and extract generalizable findings.

Though our findings must be taken in the context of these major limitations, there are nonetheless multiple interesting takeaways:

- **Screening prevalence:** We know relatively little about the prevalence of social screening across US healthcare settings and there is not yet a clear strategy for improving national prevalence estimates. Without these, it will be difficult to understand the impacts of investments intended to increase screening. Future prevalence assessments will need to address the lack of both shared prevalence measures and denominator reporting.

- **Measure validity:** The psychometric and pragmatic properties of comprehensive social screening tools, particularly in linguistically and culturally diverse populations, have not been adequately examined. Neighborhood and patient-level data on social risk are likely complementary rather than interchangeable for driving interventions.

- **Patient perspectives on screening:** Patients and patient caregivers generally find social screening to be acceptable, though relatively little research has explored the perspectives of racially, ethnically, and linguistically diverse patient populations. Several studies surface patients' concerns about the collection/storage/sharing of social data.

- **Healthcare team perspectives on screening:** Healthcare professionals generally believe activities to identify and intervene on patients' social needs are within the scope of practice of health care and can improve relationships with patients. Education/training and screening program participation help to reduce many provider concerns about implementing social screening, with the exception of concerns about clinic workflow and the availability of social services.

- **Implementation best practices:**
  - In the published literature to date, there were no consistently reported differences in screening reach by race/ethnicity; two studies found lower reach in Spanish-language speaking patients.

  - Few studies have rigorously examined differences across studies on screening disclosure by factors such as healthcare setting, workforce conducting screening, framing for screening, modality of screening (e.g., in-person interview, telehealth interview, or tablet). In work comparing different settings, workforces, or screening modalities, risk disclosure appears higher if screening is conducted by community health workers or in digital formats. Telehealth did not substantively decrease screening reach.

  - Very little research explores screening sustainability, including either actual or hypothetical opportunity costs.
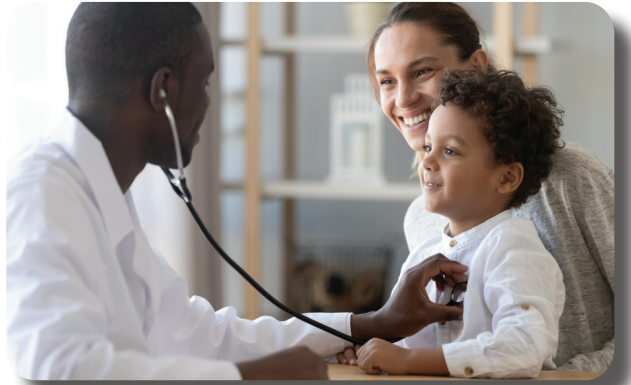
Our hope is that this synthesis will inform the healthcare sector's growing efforts to identify and meaningfully address social needs as a core part of health care delivery. A clear understanding of the relatively early-stage studies that have been published in this field to date should also accelerate more targeted and more rigorous research down the line. Our results suggest especially salient research needed to inform practice and advance equity should focus on:

- The social screening experiences of historically disadvantaged and otherwise marginalized patients and the program design and/or tailoring that takes these experiences into account to improve both engagement and outcomes for these populations; and

- Resources (e.g., screening tools, workforce, education and training, information and technology capacity) needed to launch, sustain, and study social screening in clinical settings—and the comparative impacts of different implementation approaches.

Well-designed studies on these implementation topics will tee-up a new phase of research on effectiveness that deeply examines the impacts of social care programs on patient health and population health equity.

Conclusion

The urgency of advancing health equity in the US has motivated increased attention to drivers of health. Nowhere is this more apparent than in the recent surge of attention to social screening quality measures, where a national dialogue about the roles and responsibilities of health care systems around social needs is playing out under the guise of measure development, including decisions about which social domains to include, how to measure them, in what populations, and what actions health care systems should be held accountable for when social needs are identified.

If and when state and federal policymakers opt to promote social screening as one key component of a comprehensive, multi-faceted strategy for improving health equity, however, they should be armed with strong evidence about the feasibility of screening in busy practice settings; the workforce, training, and tools needed to launch and sustain this work; and approaches that meaningfully engage diverse populations. Our findings suggest we can do more and better to learn from the proliferation of naturally occurring experiments in this area in order to inform this important national conversation.

Access the full report.