Patient and patient caregivers’ perspectives on social screening

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What do we know about patient/caregiver perspectives on social screening?

**Rationale:** Understanding patient and patient caregiver perspectives on social screening in clinical settings should inform future healthcare policies and practices on screening.

**Aim:** We synthesized existing research and notable evidence gaps on patient and patient caregiver perspectives about multi-domain social screening in US healthcare settings.
Methods

We conducted a systematic scoping review of peer-reviewed literature
• Included studies assessed patient and/or caregiver perspectives about multi-domain social screening in United States healthcare settings

Two reviewers abstracted each included article to capture patient / caregivers’ perspectives about the following topics:

- Perceived rationale for social screening
- General acceptability of social screening
- Factors influencing social screening acceptability
- Acceptability of social screening domains
- Social screening data documentation/sharing
We identified 18 studies that explored patient and/or patient caregiver perspectives about social screening. Findings must be interpreted in light of methodological limitations of included studies:

- Descriptive study designs
- Small sample sizes
- Participant selection bias
- Different measures used to assess similar constructs across studies
Results: Perceived rationale for social screening (N=8)

Most patients believed their clinician or healthcare system should use social risk information to improve care (N=5)

- Patients who identified as Hispanic or Black (vs. White, Asian, or Pacific Islander) and females (vs. males) were more likely to agree (N=1)
Results: General acceptability of social screening (N=12)

- The majority of patients and patient caregivers thought social screening in healthcare settings was acceptable (N=8)

9 studies explored healthcare-related factors that affected acceptability

5 studies examined differences in overall acceptability by select demographic factors
Results: Healthcare factors influencing social screening acceptability (N=9)

- Primary care settings (vs. ED settings) and environments in which ≥80% of patients were publicly insured or uninsured (vs. < 80%) were associated with greater acceptability (N=1)

- Participants’ trust in their provider(s) positively influenced perceived acceptability (N=8); prior experiences of discrimination in healthcare settings negatively impacted it (N=1)

- Prior experiences with social screening increased odds of patient acceptability of screening (N=1)
Results: Demographic factors influencing social screening acceptability (N=5)

Findings about differences in acceptability of screening by race/ethnicity were inconsistent across studies (N=3)

Findings about differences in acceptability of screening by gender were inconsistent across studies (N=3)

No difference in acceptability of screening was identified by preferred language (N=1), socioeconomic status (N=2), age group (N=3), education (N=2), or high vs. low literacy status (N=1)
Results: Acceptability of screening domains (N=5)

A majority of participants across studies found it acceptable to screen for:
- Food security (N=2)
- Housing stability or quality (N=3)
- Social isolation (N=2)
- Transportation (N=1)
- Financial constraints (N=2)
- Employment status (N=1)
- Immigration (N=1)
- Human trafficking (N=1)
Results: Acceptability of social data documentation and sharing (N=9)

Participants expressed concerns about with whom their data would be shared, as well as how it would be stored and updated (N=6)

A sample of Latinx caregivers expressed concerns about oversurveillance of communities of color (N=1)
Social screening was generally considered acceptable by a majority of participants in most studies; there was less consensus about data documentation and sharing.

Methodological limitations and insubstantial information about the perspectives of diverse patient populations prevent us from generalizing these findings.

Deeper and more rigorous research is needed to better inform patient-centered approaches to social screening.
Download the full SCREEN report and executive summary on the SIREN website.

Questions about this section?
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