

# Social Risk Information as Sensitive Information: Privacy Considerations

**SIREN 2025 National Research Meeting** 

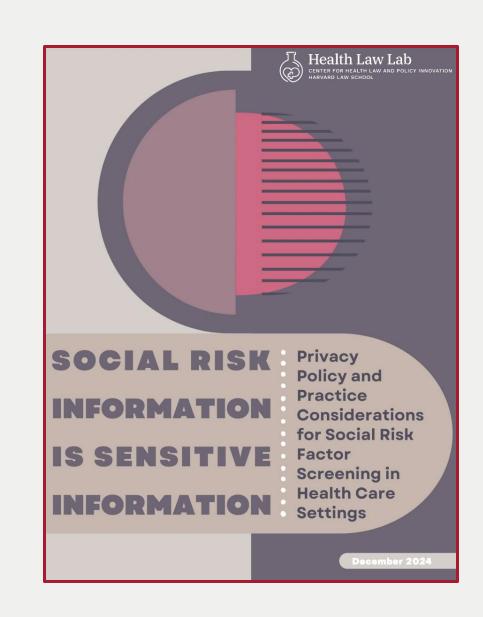
Social Risk Screening & Documentation February 4, 2025

9:15-10:30 am PT

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- 1. Existing research highlights patient and provider concerns about screening, including disclosures to third parties. How does law permit or protect against such unsafe or otherwise unwanted disclosures?
- 2. In the event that we identify vulnerabilities, what are "Big P" and "little p" policy interventions to minimize risk of harm?
- **3.** Create an <u>educational/informational tool</u> with practical strategies to minimize risks of harm.



Legal Research: Federal information privacy and information blocking rules

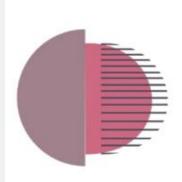
**Semi-Structured Interviews:** Broad range of stakeholders working / researching at the intersection of health care and social care interventions; stakeholders working with populations of interest (individuals experiencing domestic violence, children, older adults)

Request for Review: Re-engaged key stakeholders to review recommendations and offer additional, targeted resources and tips



#### Scenario 1

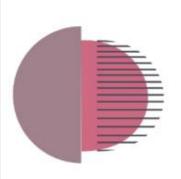
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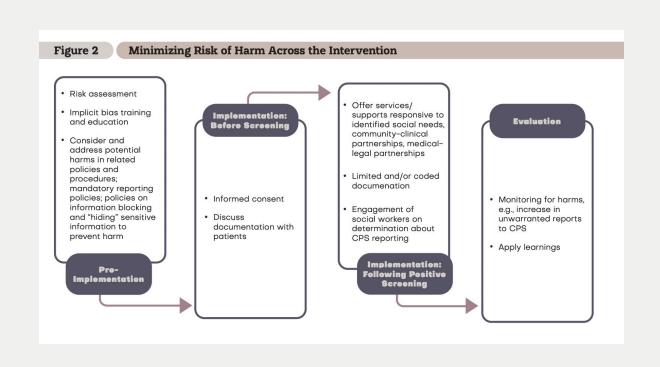


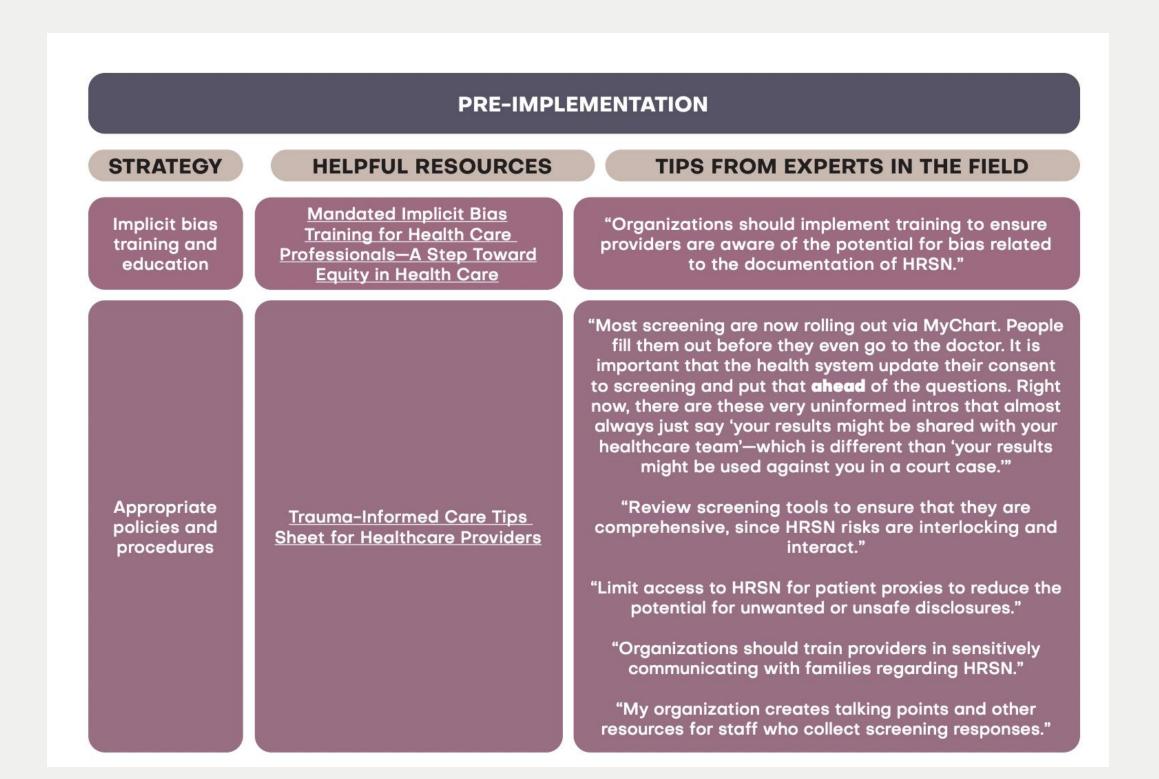
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#### Figure 2 Minimizing Risk of Harm Across the Intervention Risk assessment Offer services/ · Implicit bias training Implementation: supports responsive to Evaluation and education identified social needs, **Before Screening** community-clinical Consider and partnerships, medicaladdress potential legal partnerships harms in related policies and • Limited and/or coded procedures; documenation mandatory reporting policies; policies on Informed consent · Monitoring for harms, information blocking Engagement of e.g., increase in and "hiding" sensitive Discuss social workers on unwarranted reports information to documentation with to CPS determination about prevent harm patients **CPS** reporting Apply learnings Implementation: Pre-**Following Positive** Implementation Screening

### **CONSIDERATIONS: "SMALL P" POLICY**





- 1. When advancing requirements or incentives to drive social risk factor screening in health care settings, *policymakers should consider whether the design of the policy introduces the potential for harm*.
- 2. Policymakers should take advantage of the growing array of tools at their disposal to **ensure that** identification of HRSN consistently results in meaningful connection to responsive services and supports.
- 3. Policymakers shape mandatory reporting obligations and can advance the critical distinction between poverty and neglect.

E.g., Massachusetts Department of Children and Families has an explicit policy that "poverty or homelessness are not per se indicative of child abuse or neglect; and that children should never be removed from their parents and placed into substitute care on the sole basis of homelessness of a family"



## THANK YOU

**QUESTIONS?**