



ADVANCING HEALTH EDUCATION & RESEARCH

AVA Research Reviews provides AVA members with recent published, peer-reviewed articles in a broad array of violence and abuse topics. The goal is to highlight and disseminate violence and abuse research in a timely fashion, and to enhance healthcare providers' practice by fostering the educational mission of AVA

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AVA Research Review

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Review Title: Addressing Social Determinates of Health at Well Child Care Visits: A Cluster RCT

Reviewer: Robert W Block, MD, FAAP, Former President and Board Chair, AVA

Article: Arvin Garg, Sarah Toy, Yorghos Tripodis, Michael Silverstein, Elmer Freeman. *Pediatrics* 2015; 135:e296-e304
URL: www.pediatrics.org/cgi/doi/10.1542/peds.2014-2888

Article Summary:

In this article, the authors address the utility of systematically screening for unmet basic needs at well-child visits, and providing “simple” referrals and follow-up. They present their data from a cluster randomized, controlled trial (RCT) to provide an initial evidence base for the value of screening. They conclude that systematic screening leads to greater

community resources utilized to assist families.

As stated by the authors, there is considerable agreement in both the scientific and public health communities that social determinants, the “ecology” of a family, affect health. (1) In a previous study, the authors demonstrated that pediatric-based interventions led to increased discussion and referrals for family psychosocial problems by pediatrics trainees. (2) The goal of this study was to investigate the utility of systematic screening and referral for social needs as a component of primary care. There was no investigation or referral for the now universally accepted Adverse Childhood Experiences (ACE), as that level of exploration was not a component of the study.

The authors report a cluster RCT using 8 urban community health centers near Boston, Massachusetts. Families of

infants 6 months or younger were eligible. Exclusion included mothers less than 18 years old, and infants who had significant health issues. Subjects completed a self-administered questionnaire to assess unmet basic needs, maternal depression, sociodemographic characteristics, and current receipt of community-based services. Interestingly, younger mothers and information on fathers, two very significant social determinants of health for infants, was not addressed.

“WE CARE” mothers completed a designed questionnaire screening for childcare, food security, household heat, housing, parent education, and employment. During the well-child visit, clinicians reviewed the survey with the mother and made referrals via a written sheet. One month after the index visit, researchers telephoned the mothers to assess contact of resources. Control mothers received standard care, which included access to standard social work services (the details were not included in the study report). The primary measured outcome was enrollment in new community-based resources at the time of the child’s 12-month well child visit.

Reviewer’s Comments:

For those interested in statistical analysis, the authors provide a detail report and assessment of their data. They report a simple primary care screening and referral system for unmet basic needs increased families’ receipt of community-based resources. Limitations included the fact that the study was conducted in Community Health Centers (CHCs), which might limit its generalizability. This reviewer takes issues with this conclusion because any practice setting willing to invest in a screening and referral program could yield similar results. The conclusion presented is sound – systematic screening and referral for unmet needs during well child care leads to greater receipt of community resources.

Why is this study important? First and foremost, all adults once were children. We now know from the ACE studies and the inclusion of neuroscientific information into the health care setting that the conditions surrounding a child during the early years of brain and body development significantly affect lifelong health. Clinicians have a growing awareness of adversities, including continuous, unabated stress, referred to as “toxic stress,”

and the effects of that stress on brain health and health in general. Pediatricians and other clinicians have a growing awareness that a well-child visit is not complete unless we address issues such as poverty, food and housing insecurity, maternal depression, lack of affordable child care, violence in the home, drug abuse, and other adversities. The American Academy of Pediatrics is launching a new “Center on Healthy, Resilient Children, to address ways to provide clinicians with education and knowledge about adversities and social determinants, to provide more comprehensive care to families. Additionally, the curriculum developed and published by the Academy on Violence and Abuse for students, residents and other developing clinicians, enabling them to have a greater understanding of, and abilities to address adversities, traumatic stress, and toxic stressors, will be an important component of future educational efforts.

References:

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