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Title

“If they're going to ask the questions, they need to address concerns”: Clinical screening for social determinants of health

Priority 1 (Research Category)

Social determinants and vulnerable populations

Presenters

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Abstract

Context: The National Academy of Medicine endorses screening for social determinants of health (SDoH); however, questions remain on how providers and/or hospitals should address SDoH once collected. Objective: To gather patient perspectives on provider obligations when collecting SDoH data in cancer treatment settings. Study design: For this mixed-methods study, participants reviewed the Protocol for Responding to and Assessing Patients’ Assets, Risk, and Experiences (PRAPARE) and completed individual qualitative interviews that were recorded, transcribed verbatim, and coded by 3 coders (Cohen’s Kappa > 0.85). Population studied: Cancer patients (n=21) in the Penn State Cancer Institute catchment area. Outcome measures: Primary outcome included clinical obligations after collecting SDoH data. Results: Participants were 50% F, 86% white, with a mean age of 52.5. 33% were in current cancer treatment. Collectively, gathering SDoH was considered beneficial to cancer treatment outcomes but clinicians should acknowledge individual circumstances. They stated, “...I just think if they're going to ask the questions, they need to address concerns. Yeah. That's my biggest thing. If you're going to ask the question, then you need to acknowledge it with the patient... And don't just do it to put it in the chart and never talk about it.” Resources advocated for included access to food, housing, and transportation. “...Find out what resources they would be eligible for, what can help them get back and forth to appointments, co-pay issues....because they're out there... we need to pull them and implement them.” This emphasizes the need for clinicians to act on information shared by patients. Participants also noted that stress and emotional well-being are critical considerations while undergoing cancer treatment. They noted, “I would feel more comfortable if they would acknowledge my emotional status.” Further, “It's been proven that stress can bring on cancer and it can make the cancers worse... If you're stressed because you don't have food or you don't have transportation or you can't pay your bills, it's hurting your treatment.” Conclusions: The presence of SDoH, such as elevated levels of stress and compromised emotional well-being, reinforce the value of access to supportive care services during cancer treatment. Well-designed SDoH surveys should include questions that are both actionable and tied to resources that address a patient’s most pressing social needs.

