

Screening for Social Determinants of Health to Improve Care in Pediatric Patients with Recurrent Urinary Tract Infections: A Scoping Review

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Purpose

To describe what is known about how SDoH screening impacts adherence to treatment in pediatric patients with recurrent UTIs.

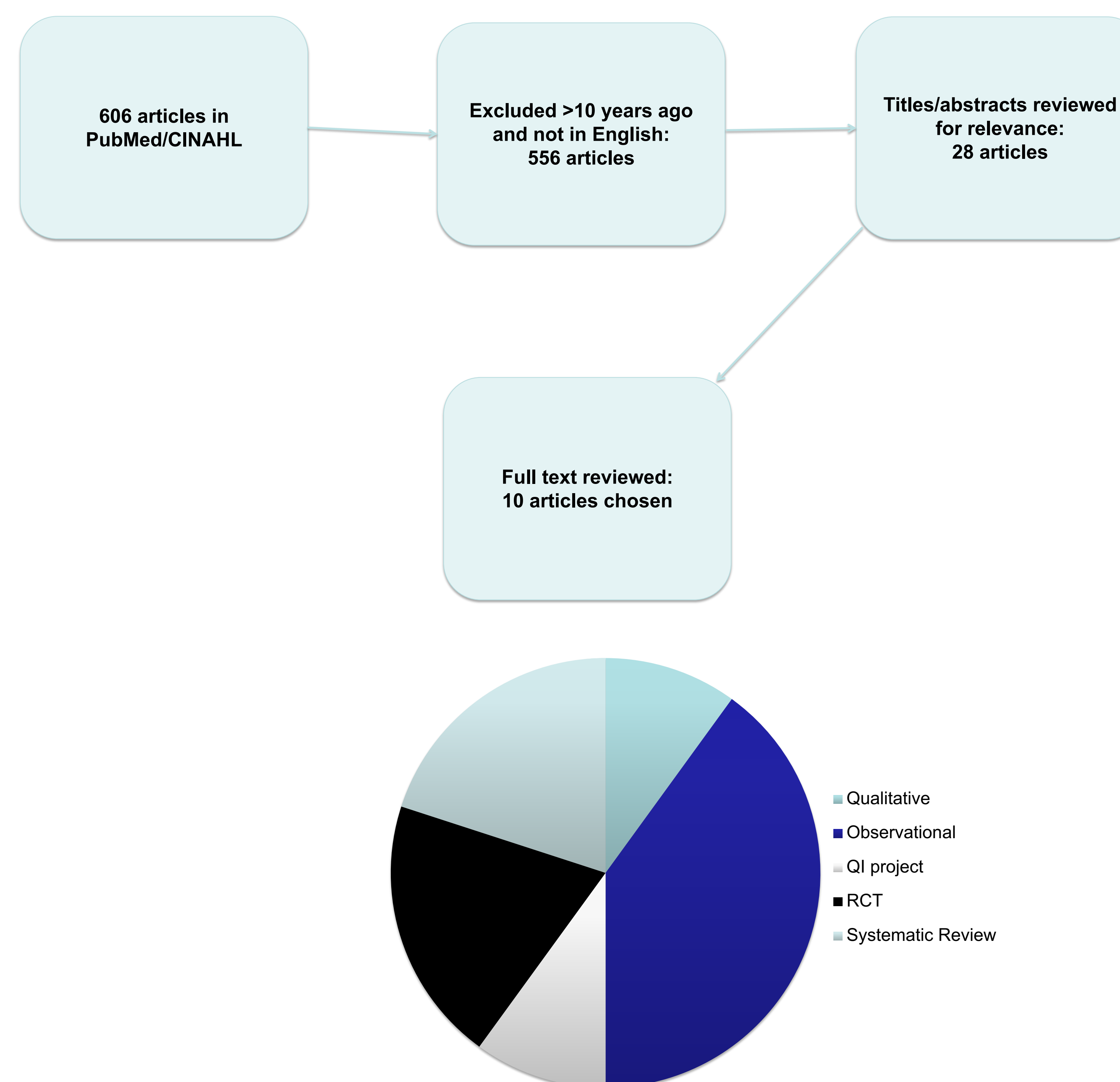
Background

- SDoH affect numerous health outcomes (Sokol et al., 2021)
- Race, low income, & public health insurance are associated with inferior outcomes (Atkins et al., 2020).
- SDoH screening is recommended by AAP
 - Screening increases connection to resources, improving health
 - Best practices are not well known
- UTIs are one of most common childhood infections
 - Infection rates vary by race and ethnicity
 - SDoH screening could provide support to families resulting in fewer barriers to access care and improved treatment adherence

Methods

- PubMed and CINAHL databases were searched for eligible articles as well as the reference lists of relevant articles.
- Titles and abstracts were assessed for relevance to the scoping review's objectives and quality of evidence.
- 10 articles that most closely aligned with the aims of the review were chosen and included a wide range of study designs.
- Key findings were charted in a Microsoft Excel Spreadsheet, including SDoH screening practices and recommendations, adherence to treatment, and the relationship between health outcomes and SDoH screening.

Results



Results of individual sources of evidence

- SDoH screening most often occurs in the clinical setting (Sokol et al., 2019)
- Providers say screening is important but reported barriers (time, difficulty connecting with resources) (Sokol et al., 2021)
- SDoH associated with worse outcomes in patients with CHD (Davy et al., 2020)
- Environmental variables associated with worse bladder/bowel dysfunction symptoms (Martins et al., 2016)
- Significant decrease in ED visits for asthma exacerbations in a severe asthma clinic where SDoH screening occurred (Leibel et al., 2020)
- SDoH affects clinic visit attendance (Bailey et al., 2021)
- 4+ contacts with community health workers and contact within 30 days was associated with higher connection to resources after SDoH screening (Power Hays et al., 2020)
- Families aided by patient navigator had a decrease in unmet needs (Gottlieb et al., 2016)

Implications for Practice

- Incorporate SDoH screening/referral
 - Unmet social needs are common
 - Screening can lead to referrals
- Involve patient navigator role in SDoH screening
 - Higher chance of connection to resources if patient navigator is involved or follow up call with clinic staff/social worker occurs

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