

Documenting and Sharing Social Needs Information in Pediatric Care Settings

Social Determinants of Health (SDOH) Social Needs Screening &
Referral Measure Webinar

Zoom Meeting Tips

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- It will be shared on the [OHA Transformation Center Webpage](#) after the event

For **live captioning**

- Click the "**cc**" button located at the bottom of your screen

For **zoom troubleshooting**

- Chat **Claire Londagin**



Learning Objectives

Audience will...

- Understand the unique challenges of screening the pediatric population for social needs.
- Learn new research and practice-based approaches to address these challenges and incorporate into screening and referral workflows.

Today's Agenda

- Context: SDOH metric specifications and pediatric populations
- Documenting and Sharing Social Needs Information in Pediatric Health Care Settings: Dr. Aditi Vasan, University of Pennsylvania & Children's Hospital of Philadelphia (CHOP)
- Questions & Answers
- Resources & Next Steps

Approved screening tools

To count for the metric, all CCO members of all ages must be screened for food, housing, and transportation needs with an [OHA-approved screening tool](#).

- Most OHA approved screening tools are intended for an adult caregiver, which counts as screening the child. For example, the Accountable Health Communities (AHC) tool can be given to a caregiver to identify unmet need in the household.
- Approved tools are not separated by adult and pediatric to prevent potential confusion and over-screening within the same household.



Meeting metric requirements

Understanding the unique considerations for social needs screening in pediatric care settings can help you to...

- Develop responsive guidance on screening and data collection procedures that are responsive to caregivers concerns and reduces duplicative screening both in pediatric care settings and in other settings where children and adolescents may be present.
 - (Metric element 8) establish written protocols to prevent over-screening.
- Assess the training of staff in pediatric care settings or any setting where they may be screening a child or family for social needs and develop responsive guidance on screening, referral, and data collection procedures for all ages in clinical, community and CCO care coordination settings.
 - (Metric element 2) Establish written policies on training and (metric element 4) assess training of staff who conduct screening.



Aditi Vasan, MD, MSHP (she/her)

Assistant Professor of Pediatrics, University of Pennsylvania
Pediatric Hospitalist, Children's Hospital of Philadelphia

Documenting and Sharing Social Needs Information in Pediatric Health Care Settings

Aditi Vasan, MD, MSHP

Assistant Professor of Pediatrics, Perelman School
of Medicine at the University of Pennsylvania

Faculty Lead, Health Equity Portfolio, PolicyLab at
Children's Hospital of Philadelphia (CHOP)

Outline

Why identify and address social needs?

Documentation challenges in pediatric settings

Family-centered approaches to documentation and information sharing

Our experience at CHOP: lessons learned

BIOMEDICAL FACTORS

HOUSING CONDITIONS

FOOD INSECURITY

CHILDHOOD
TRAUMA

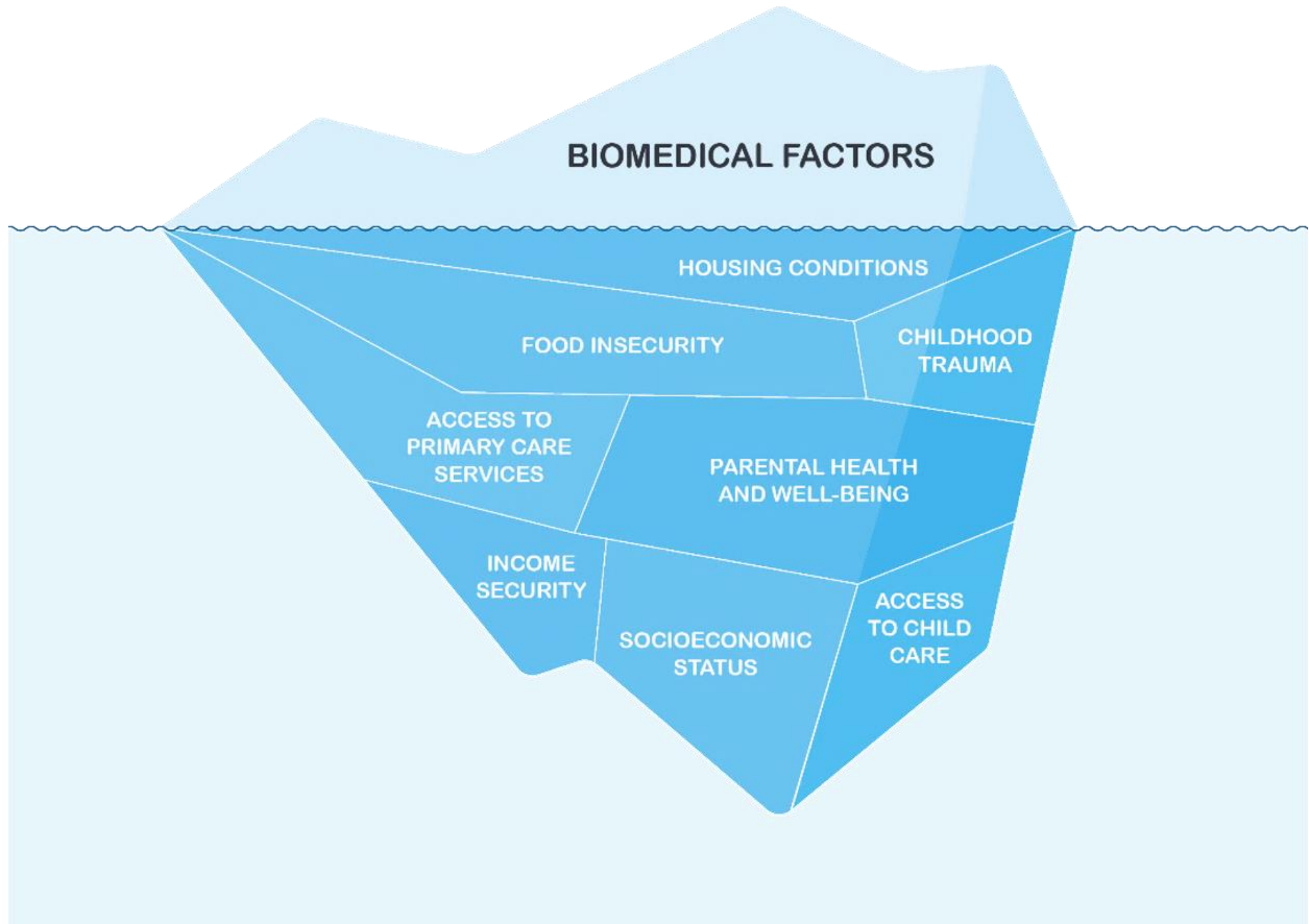
ACCESS TO
PRIMARY CARE
SERVICES

PARENTAL HEALTH
AND WELL-BEING

INCOME
SECURITY

SOCIOECONOMIC
STATUS

ACCESS
TO CHILD
CARE



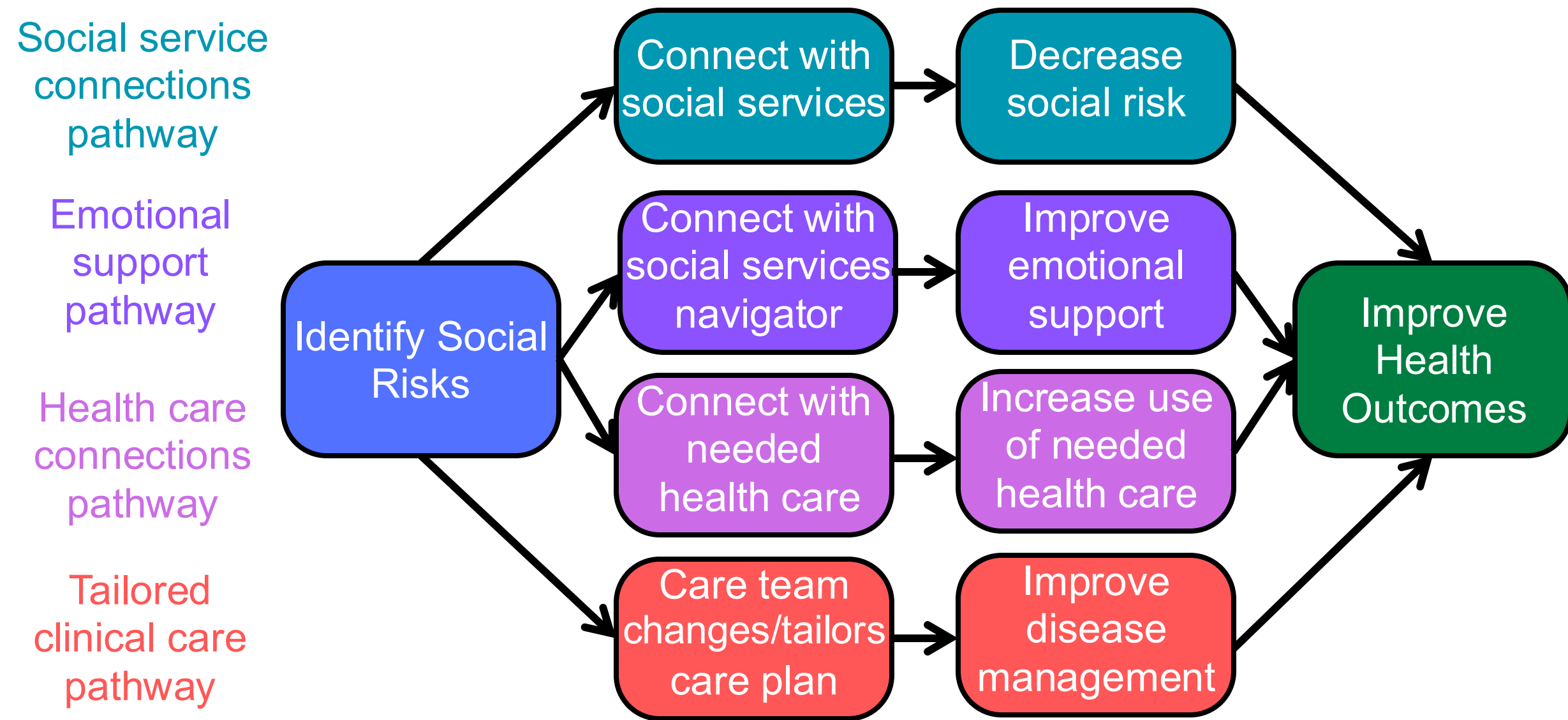
Some key definitions

Social determinants of health: *Population-level* factors that influence health and well-being, e.g. access to education and employment, neighborhood conditions, transportation systems

Social risks: *Individual- or household-level* factors that influence health and well-being, e.g. food insecurity, housing instability, difficulty paying for utilities, transportation, or medications

Social needs: Social risks that families need support with – prioritizes families' role in identifying which resources & interventions are right for them

SIREN's Social Care Logic Model



Mandates and incentives supporting social needs screening



Mandates and incentives supporting social needs screening: challenges



Under-developed incentives to support resource connection



Redundancy in screening across care settings & families



Need for documentation and data sharing standards

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POLICYLAB ISSUE BRIEF | SPRING 2025

policylab.chop.edu

EXPERT PERSPECTIVES ON CHILD HEALTH POLICY ISSUES

CONSIDERATIONS FOR DOCUMENTING AND SHARING HEALTH-RELATED SOCIAL NEEDS INFORMATION IN PEDIATRIC CARE SETTINGS

Find the issue brief here: <https://policylab.chop.edu/issue-briefs/considerations-documenting-and-sharing-health-related-social-needs-information>

Benefits of documenting social needs in the electronic health record



Supporting provision of resources and social service navigation



Allows tailoring of care plan to identified needs



Minimize redundancy in screening (ideally)



Collect and measure individual- and population-level data over time

Risks of documenting social needs in the electronic health record



Challenges related to patient privacy, proxy access



Perpetuating bias and discrimination



Data sharing with third parties

What do parents & caregivers think?

Understand purpose of screening and benefits of documentation, but want to minimize risks

Social needs data should not be documented without providing families with support

Concerns about bias, discrimination, confidentiality

Want transparency regarding how social needs information will be shared

Understand purpose of screening and benefits of documentation, but want to minimize risks

“[Social needs] are all kind of related to health...**what a person has access to and doesn't is gonna kind of relate to their health.** And a doctor just looking at this...just knowing to ask questions, could be really helpful.”

Social needs data should not be documented without providing families with support

“If it was on my child’s chart, I would be like, okay, well, **how are you all gonna alleviate those problems?** If your job is to fix things, and this is on the chart, how are you fixing it? Are you just gonna leave this problem on my child’s problem list? That’s how I look at it.”

Concerns about bias, discrimination, confidentiality

“If I say any of these issues, will CPS be called? You know what I mean? Are my kids in jeopardy of being taken away? Or stuff like that. What if I answered one of these questions wrong and they make a complaint to CPS, but it’s not really needed? Because I’m just going through this at this particular time.”

Want transparency regarding how social needs information will be shared

“I think it makes sense if someone was to need any of the services that I assume would be offered if they were needed from that questionnaire, that it would go to a social worker. So **maybe getting people's permission before sharing [this information]**, and not just automatically sharing it.”

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Maximize transparency in documentation



Explain purpose of identifying & documenting social needs



Clarify where information will appear in a patient or child's chart



Discuss how social needs data will be shared

Center caregiver autonomy and shared decision-making



Allow families the option to opt out of screening after disclosing how information will be documented and shared



Opt-out could also minimize repetitive re-screening



Provide opportunities to update social needs documentation

Carefully consider how social needs data will be shared



Train all care team members on appropriate response to social needs documented in EHR, minimizing bias & discrimination



Restrict pediatric patient and proxy access where possible, consider whether to include in HIEs (e.g. CareEverywhere)



Share minimum information required with payers

Considerations for adolescents

1

Balance parental involvement, adolescent autonomy

2

Consider confidentiality requirements for sensitive topics

3

Recognize that approved screening tools may not be age appropriate for adolescents

4

Follow state-specific minor consent laws

Considerations for adolescents: our approach

Primary social needs screener (WE CARE) is provided to caregivers, not to adolescent patients

Disclosure that adolescents with MyChart access may see documented needs and response

Adolescent Health Questionnaire in primary care includes questions regarding strengths, safety, substance use, sexual activity, sexual orientation and gender identity

Considerations for families

Limited options
for linking
parent and
child, sibling
EHR records

Documentation
of parental
needs (e.g.
mental health,
IPV) in child's
chart

Minimizing
repeated
screening and
re-
traumatization

Tracking
support and
referrals across
families, across
households

Considerations for families: our approach

Unable to link family EHR records except in OB/Newborn Nursery/NICU context

Did not include IPV or mental health screening; do offer universal education and option to opt-in to social work support

Screening is done 1x/year in primary care but with every inpatient admission

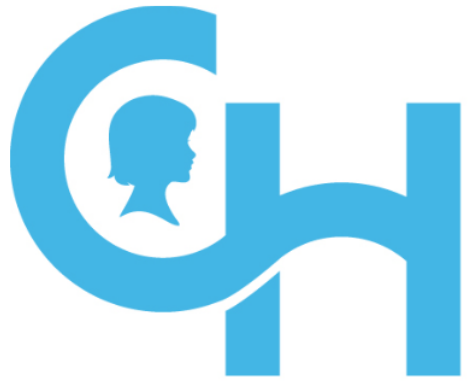
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**Children's Hospital
of Philadelphia[®] (CHOP)**

Linking Families to Support (LiFTs)

Developing a screening tool & process

Preference for tablet-based rather than verbal screening

- Qualitative studies at CHOP & elsewhere have found that families often find it easier to disclose needs in writing vs. in conversation

Choose domains based on requirements, resource availability

- We chose food, housing, transportation, utilities, difficulty paying for medications or medical equipment (WE CARE/THRIVE and AHC for transportation)

Can customize domains based on context

- Input: food insecurity during hospitalization, place to live when discharged

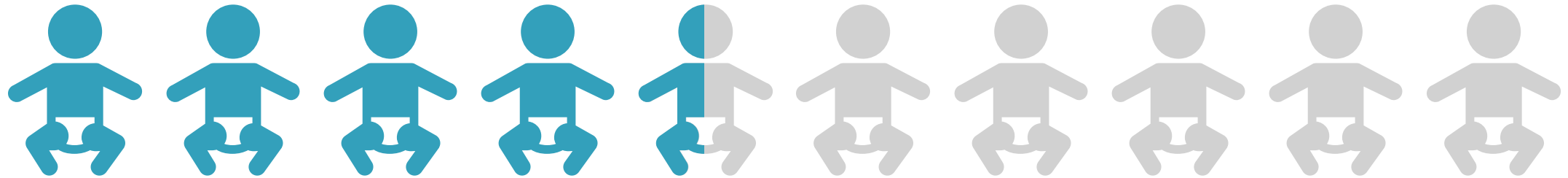
Introducing the screener to families

Key points to remember when introducing the questionnaire (FAMILY):

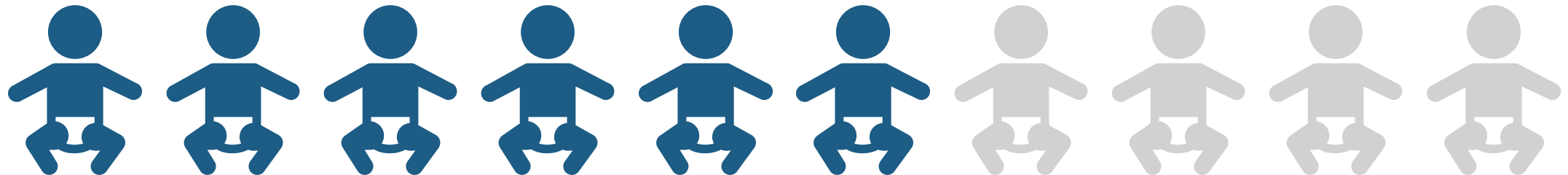
- **Family wellbeing questionnaire** to see if we can **help with needs at home**
- Given to **All families** [at our healthcare facility]
- Takes **<5 Minutes**
- **Information** will only be shared with your **care team**
- **Link to resource connects**
- If you respond **Yes** to one of more questions, a member of our social care team will follow-up with you

Many hospitalized families experience social needs





45% of all CHOP families report 1+ needs



60% of all Medicaid-insured families report 1+ needs



Most common needs include help with food, paying for utilities, transportation to appointments

Domain		All families
Food		19%
Utilities		17%
Transportation		11%
Housing		11%

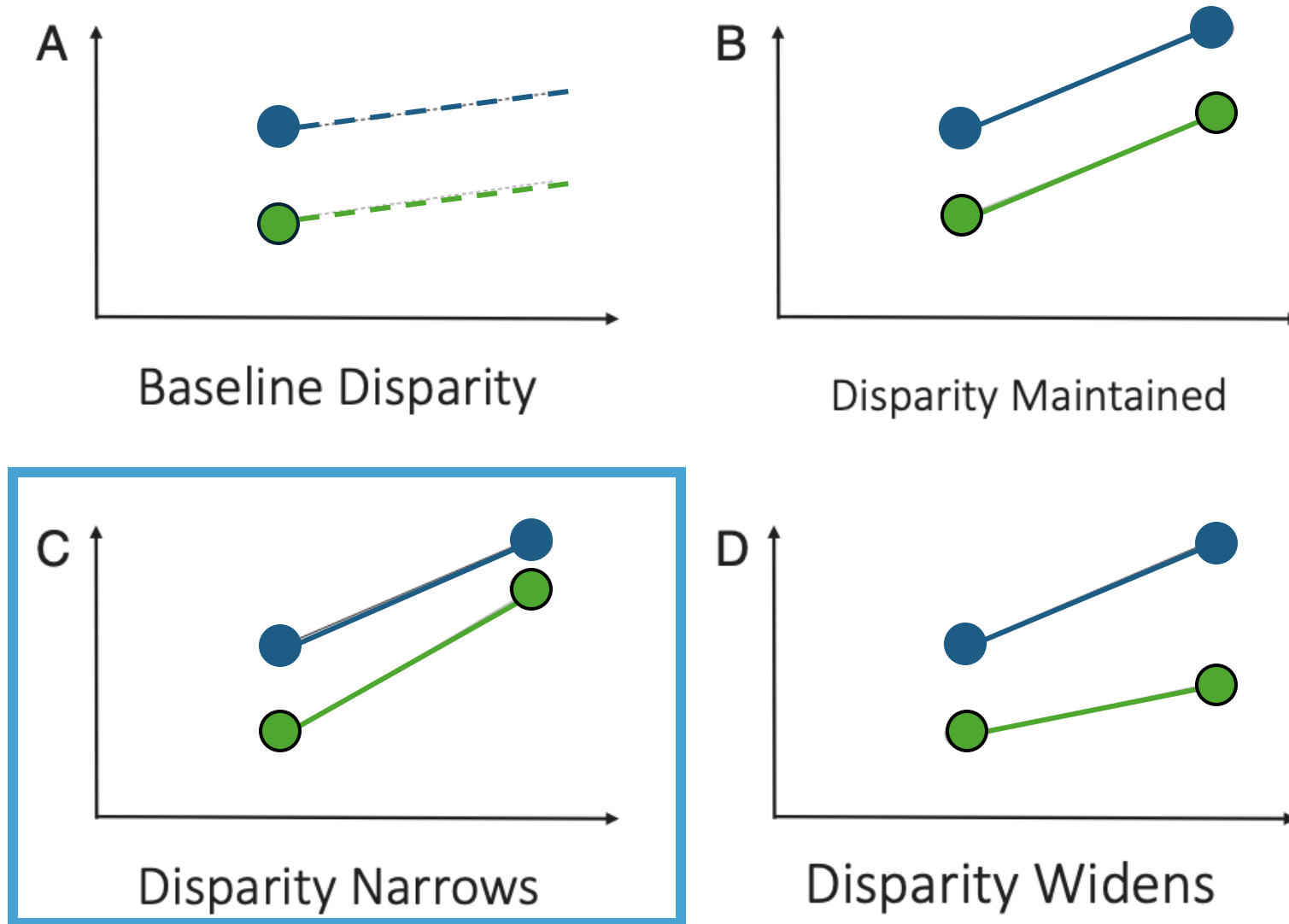
Families describe hospitalization as a source of financial strain & appreciate being asked about needs

"Being in the hospital is expensive – You might have to pay for parking and transportation to get home and back for other kids. You might have to pay a lot for food, because the hospital cafeteria is expensive. And you might be losing out on income if you have to miss work while your child is admitted. **It can be a lot."**

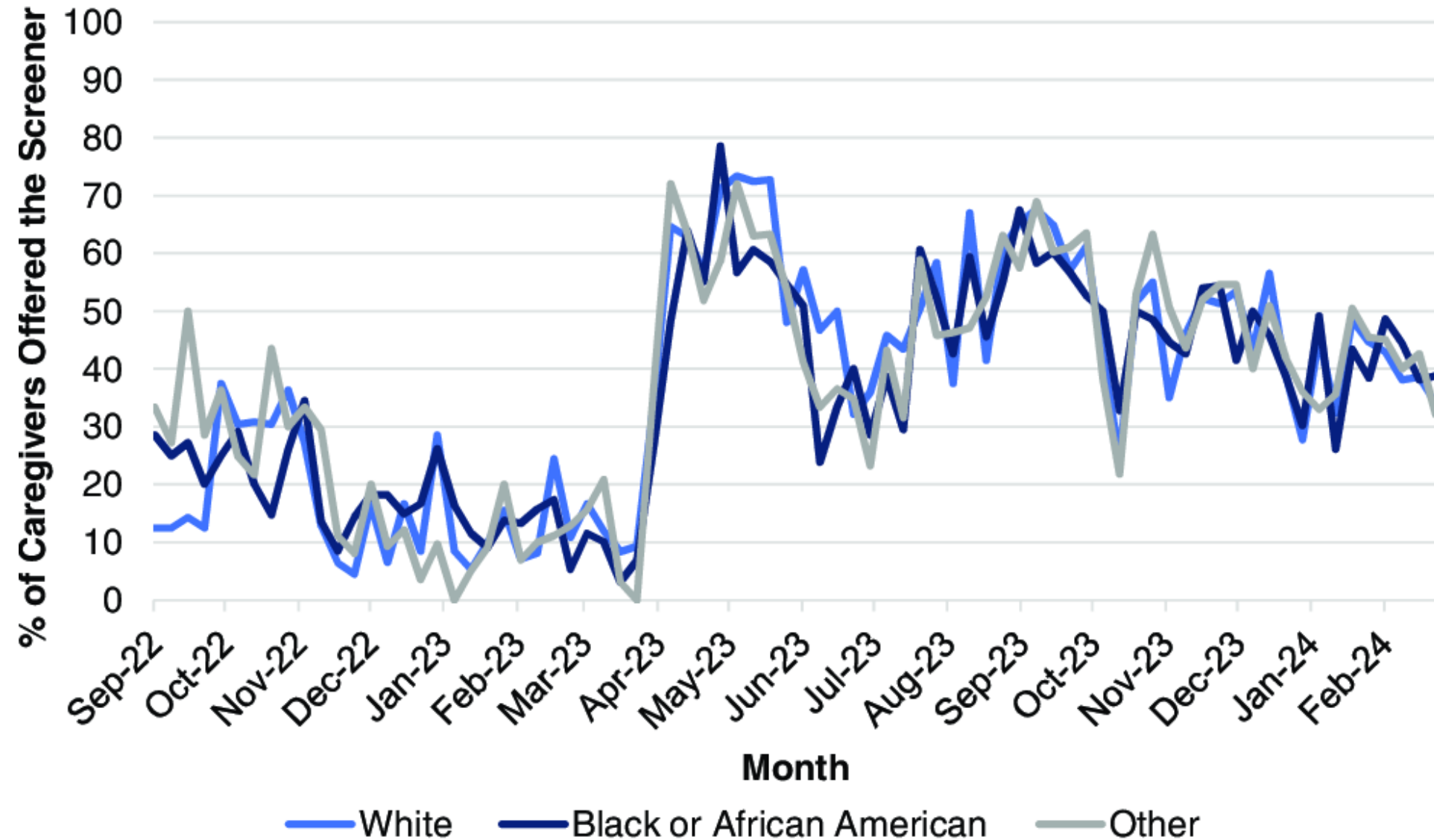
- Caregiver of CHOP Patient

"This is the first time someone at a hospital has ever asked me if I can pay my bills. It just felt good to know that you guys actually care about that." – Caregiver of CHOP Patient

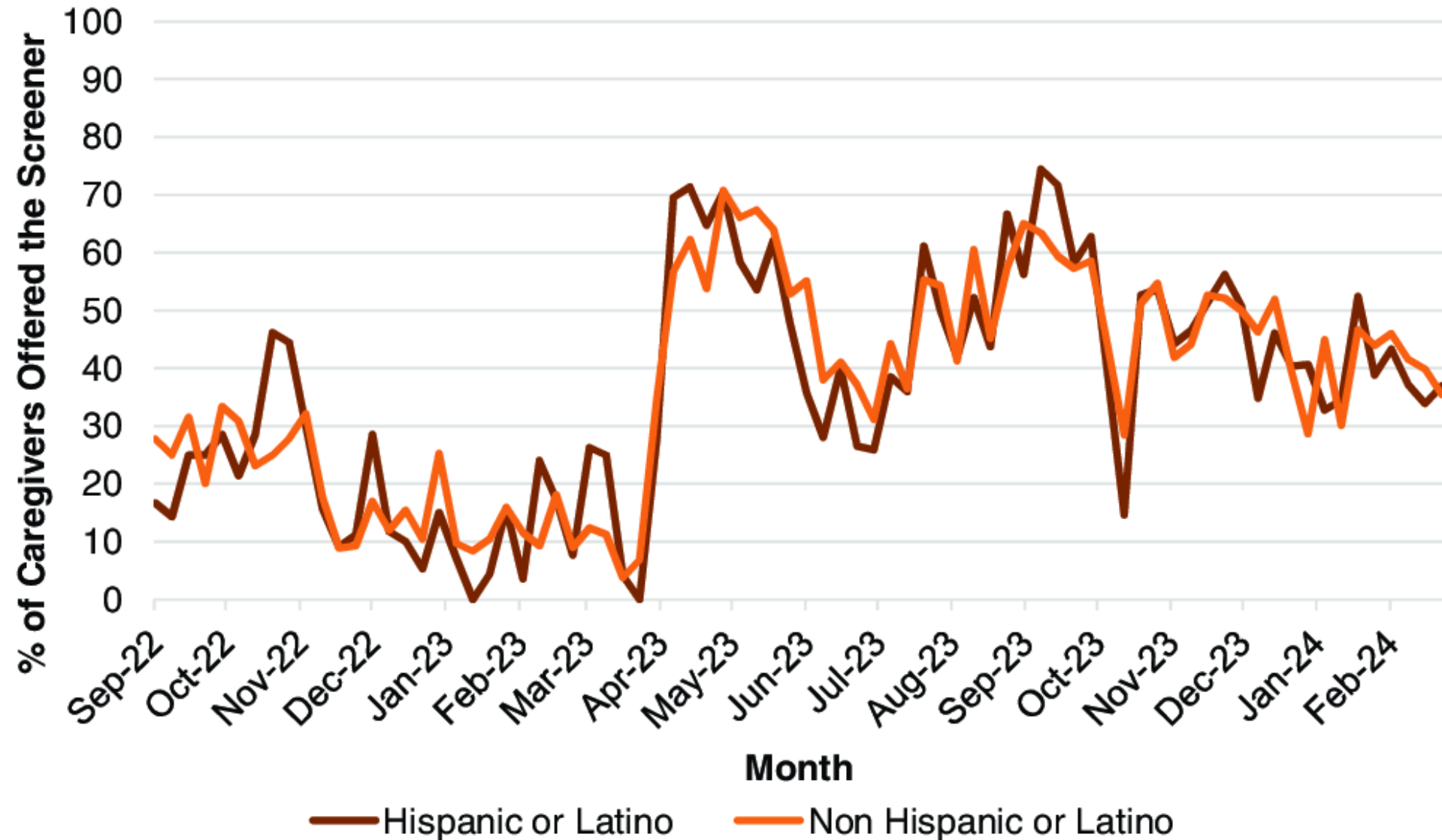
All Quality Improvement is Health Equity Work



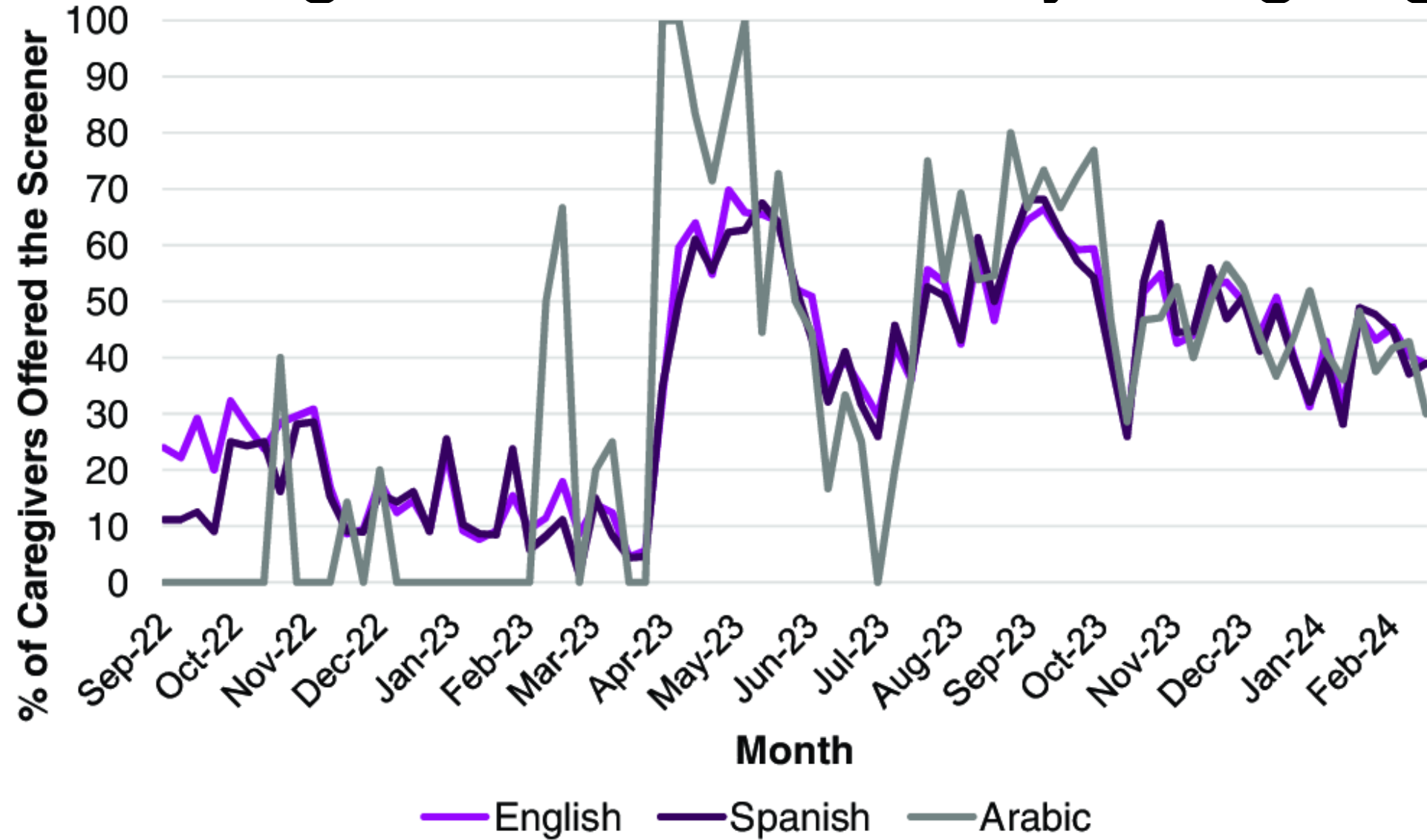
Screening Rates Stratified by Race



Screening Rates Stratified by Ethnicity

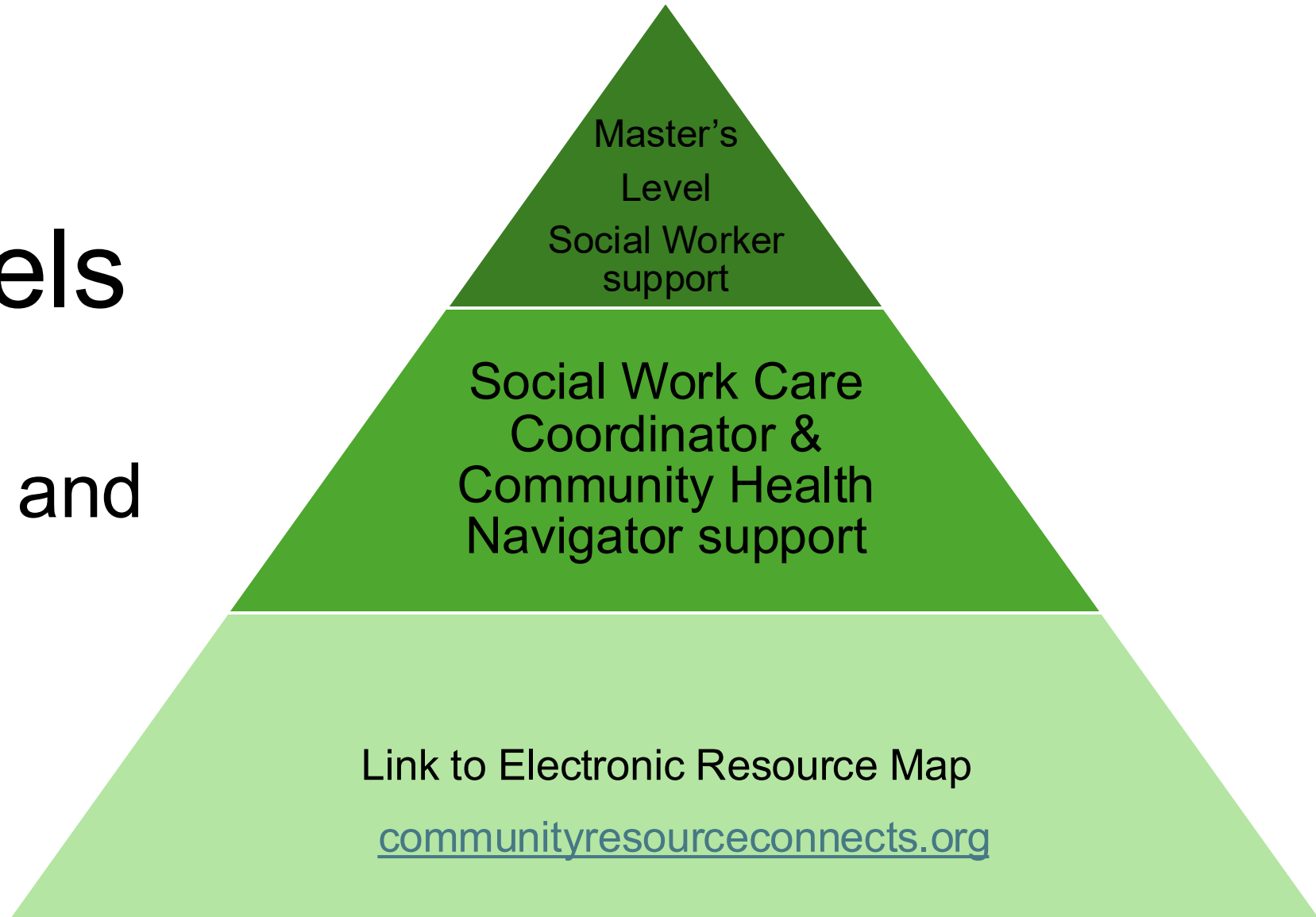


Screening Rates Stratified by Language

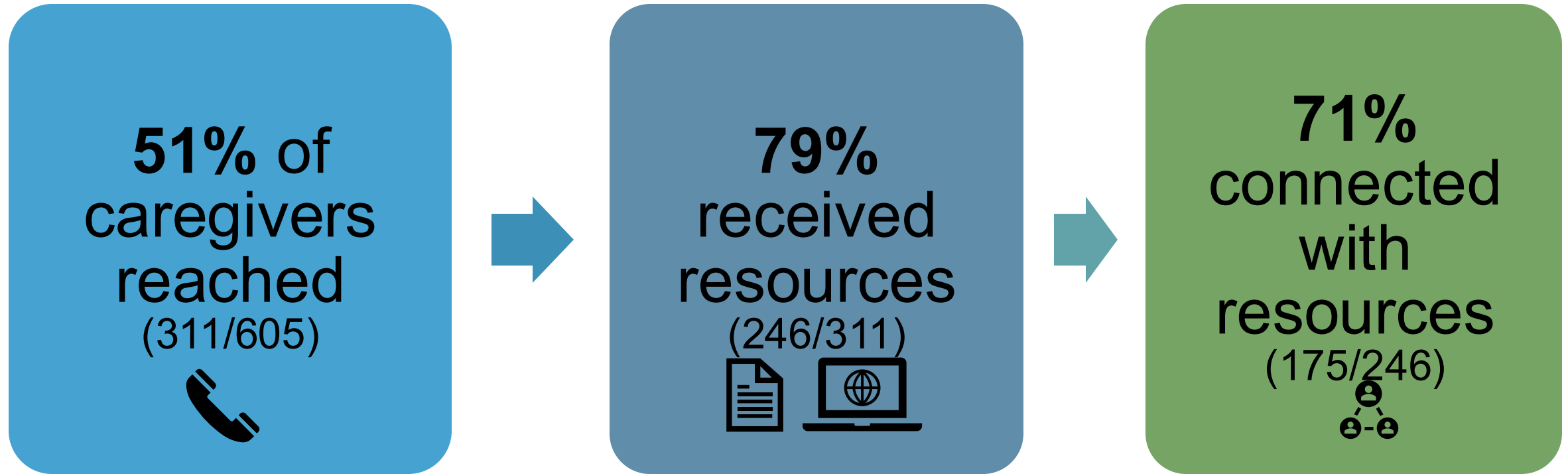


Tiered Levels of Support

Based on Need and
Caregiver
Preferences



With our tiered system of support, many families were able to connect to resources



- *Most common needs addressed:* food, transportation, mental health support while in the hospital, help paying utility bills

Resource connection helps build trust

"This program was extremely helpful in addressing our need for help with utility bills. **CHOP staff created the most positive experience for our family despite it being one of the worst times of our life.**" – Caregiver of CHOP Patient

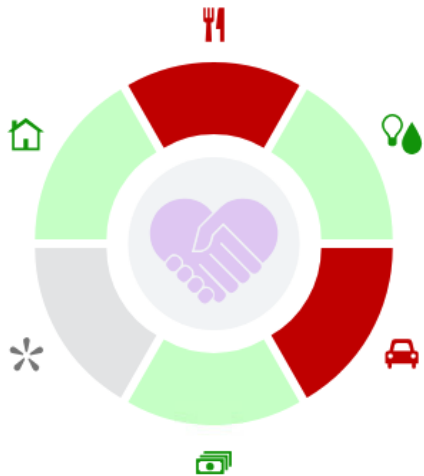
"I love the food that we have been getting so far. **It's great that I don't have to worry about cooking and can just focus on my child.** This is a big step that CHOP is taking in helping out the community." – Caregiver of CHOP Patient

Providers appreciate knowing that families have been connected with support

♥ Resource Connects

🔗 [Resource Connects Website](#)

♥ Social Drivers of Health



👤 Follow-Up Interventions

**Only follow-ups within the past 90 days for domains that are currently high risk are shown*

Transportation

Provided Information on Medical Assistance Transportation (5/19/2025 11:04 AM)

Access to Food

Provided information about Food Banks/Pantry assistance in the family's area (5/19/25 11:04 AM)

CHOP LiFTS: Key lessons learned

Implementing social needs screening starts with thoughtfully designing a screening tool & process.

Implementing screening equitably is feasible but requires intentionally designing interventions with equity in mind.

By building a tiered system of support, in partnership with SW, we have been able to connect many families to new resources.

Thank you!

vasana@chop.edu



Questions?



Aditi Vasan, MD, MSHP (she/her)

Assistant Professor of Pediatrics, University of Pennsylvania
Pediatric Hospitalist, Children's Hospital of Philadelphia

References and Resources

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CHOP Questionnaire, modified from WE CARE

Domain	Screening Question
Transportation ¹	Has a lack of transportation kept your child from medical appointments?
	<i>Inpatient only:</i> Do you need help with transportation home when your child is discharged?
Food	Are you worried about not having enough food for your family?
	<i>Inpatient only:</i> Are you worried about having enough food for yourself and your family while your child is in the hospital?
Utilities	Do you have trouble paying for utilities like electricity, gas, oil, or heating?
	<i>Inpatient only:</i> Are you at risk of having your utilities shut off?
Resource Strain	Do you have any concerns about paying for medical care such as: medical bills, prescriptions, or medical equipment?
Housing	Do you have any concerns about your housing situation?
	<i>Inpatient only:</i> Are you worried about having a place to live when you are discharged?
Child Care	<i>Primary Care only:</i> Would you like to receive information/resources about how to find or pay for childcare?
Mental Health	Universal Education
IPV	Universal Education
Social Worker	Would you like to speak with someone about these or any other needs?
Resource Menu	Would you like electronic information about resources (for which you may be eligible) in you community? (select all that apply) – Food, Housing, Utilities, Transportation

1. This transportation screening question does not meet the Oregon SDOH Social Needs Screening CCO Incentive Metric requirements. Transportation screening questions must ask about both transportation needs for daily activities and transportation needs for medical appointments

Resources & Next Steps

- ★ [2025 SDOH Metric Playbook](#)
- ★ Coming up, June 2025 FAQ release!
- ★ [OHA/Transformation Center's SDOH Metric Webpage](#)

Upcoming Metric TA Opportunities

Webinar: Aligning Systems for Social Needs Screening and Referral in Oregon

- June 17, 2025 – [Register Here](#)

For 1:1 technical assistance inquiries, reach out to **Claire Londagin** at londagin@ohsu.edu

Measure Contacts

Technical Assistance Team

- Kate Wells, MPH (she/her)
katemcwells@gmail.com
- Claire Londagin, MPH (she/her)
londagin@ohsu.edu
- Kristina Giordano (she/her)
giordank@ohsu.edu

Oregon Health Authority Team

- Rachel Burdon, MPH (she/her)
Rachel.E.Burdon@oha.oregon.gov
- Katie Howard, MPH (she/they)
Katie.Howard@oha.oregon.gov