Social Needs Screening in Critically-III Pediatric Patients with Asthma

Scott Call, MD; Gwynne Latimer, MD; Amanda Jepson BS; Mercedes Tate, MSW; Terry Dean, MD, PhD

THE PROBLEM

The contexts in which people live and work determine up to **50%** of health outcomes¹

Communities with unmet social needs experience:2-4

- 1. Increased mortality
- 2. More chronic disease
- 3. Higher ICU admission rates related to asthma

THE QUESTION

Do social needs result in:

- More complicated ICU courses for asthmatics?
- 2. Lower follow-up rates?
- 3. More readmissions?

METHODS

Study design:

- Type: Prospective cohort Inclusion: Children (2-18y) in the ICU with asthma (Feb, 2022 - Jan, 2023)
- Exclusion: Transferred, deceased, home BiPAP

Screener:





6	My family is having issues with household asthma triggers (pests, dust, mold, unresponsive Landlord)	0
	I have concerns about my child's asthma at school (strong smells, dust, pests, access to medications, etc.)	
101	I need help finding job training or employment programs	
# 100-	I want to apply for public benefits (food stamps, cash benefits, WIC, SSI/SSDI)	
4	I would like help to provide food for my family Emergency food or government food benefits Food pantry assistance	
**	I would like to receive help with my housing Finding housing (long term or short term) Foreclosure assistance and counseling Paying my utility bills (gas, electricity, and phone)	
8	I would like help with Childcare or baby supplies Providing clothes and/or personal items for my family Health care (finding insurance, prescription assistance)	
Other	I would like to receive help with	0

Patients admitted to the PICU with asthma exacerbations (n = 305) Eligible Patients (n = 155) Ineligible Patients (n = 64) Screened (n = 158) Screened (n = 17) Screened (n = 17) Not screened (n = 17)

DISCUSSION

- Average duration of screening time directly correlated with the number of unmet social needs.
- While the average (1) duration of BiPAP use, (2) ICU days, and (3) hospital days increased with unmet social needs, the difference was not statistically significant.
- (1) Follow-up rates and (2) ED visits were significantly higher in patients with unmet social needs, though (3) readmissions were not significantly different.

RESULTS

Social Needs

29%

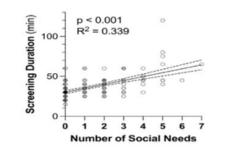
Food Insecurity Housing Needs



Job Assistance



Screening



	BiPAP Duration (hours)
Positive Screens	33.73
Negative Screens	30.71
Difference	3.03 (Cl = -1.29 - 7.34, p = 0.991)

BiPAP, F/U, & ED Visits

36 60 37.5%	35 23
	23
37.5%	
07.070	60.3%
Positive Screen	Negative Screen
14	23

Co-Host







Hood CM, Gennuso KP, Swain GR, et al. County Health Rankings: Relationships Between Determinant Factors and Health Outcomes. American Journal of Preventive Medicine. February 2: 50 [2]:129-135. doi:10.1016/j.amepre.2015.08.024

Tyris J., Gourshankar A., Ward MC, Kachroo N., Teach SJ., Parikh K. Social Determinants of Health and At-Risk Rates for Pediatric Asthma Morbidity. Pediatrics. 2022 Aug 1:150(2):e2021055:

Grunwell JR, Opolka C, Mason C, Filzpatrick AM. Geospatial Analysis of Social Determinants of Health Identifies Neighborhood Hot Spots Associated With Pediatric Intensive Care Use for Life Threatening Asthma. J Allergy Clin Immunol Pract. 2022 Apr;10(4):981-991.e1. doi: 10.1016/j.jaip.2021.10.065. Epub 2021 Nov 11. PMID: 34775118; PMCID: PMC9007839.

Schickedanz A, Hamity C, Rogers A, Sharp AL, Jackson A. Clinician Experiences and Attitudes Regarding Screening for Social Determinants of Health in a Large Integrated Health Standard Care 2019 Jun 57 Supplies Supplies Supplies 21:5197-5201 doi: 10.1097/MIR.000000000001051 PMID: 31095061: PMCID: PMCA721844