

A Hospital-wide Approach to Addressing Unmet Social Needs Among Children with Asthma

Background: Social risks, including unhealthy housing and financial hardships, perpetuate longstanding racial/ethnic and socioeconomic disparities in childhood asthma. Addressing patient- and family-identified social needs has the potential to improve outcomes and reduce inequities. Yet, it has not been routinely incorporated in pediatric asthma care.

Objective: To 1) evaluate the feasibility, acceptability, and sustainability of expanding routine social needs screening among children with asthma using a checklist developed by a community-based asthma program to multiple settings at a single urban pediatric medical center and 2) describe family reported social needs overall and by setting.

Methods: A multidisciplinary group developed workflows for screening and addressing needs by setting (severe asthma program, pediatric intensive care unit [PICU], and satellite emergency department [ED]). Screening was piloted from 2/1/22-5/1/22. Feasibility, acceptability, and sustainability were measured. Social needs (first screen for patients ≤ 17 years) were examined by count, category, and setting.

Results: Acceptability was high, with $>97\%$ completing the checklist in each new setting. Screening was feasible in the PICU (administered to 95.6% (44/46) eligible families). The PICU was able to sustain screening following the pilot period due to institutional support for dedicated staffing. Screening was discontinued in the severe asthma program and satellite ED. The burden of unmet social needs was high overall. 42.3% (165/390) of families requested assistance with at least one need (Median count=2, IQR=1). The most frequently reported needs were help with household asthma triggers (37.5%) and housing assistance (37.5%). The community-based asthma program demonstrated the highest proportion of families identifying one or more social need (65%), while the PICU had the highest proportion among the expanded sites (46.5%).

Conclusion: Implementation of patient- and family-centered, standardized, social needs screening among patients with asthma across multiple settings was feasible and sustainable in some settings. The overall burden of social needs was high.