Screening and Referral Strategies to Address Poverty in Practice

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Disclosure Statement

- I have no relevant commercial relationships to disclose and I do not plan to reference an unlabeled or unapproved uses of drugs or products in my presentation.
The Case: Screening & Referring
#1. Poverty **Negatively** Impacts Health.

- Child poverty increases the risk of unemployment and adult poverty.
- By age 4, poor children have heard 30 million fewer words than well-off children.
- Poor children are more likely to be hungry and less likely to have affordable quality health coverage.
- Poor children are less likely to graduate from high school.

Children’s Defense Fund.
Impact on Child Health & Development

- Growing up in poverty has detrimental consequences on:
  - Birth outcomes (e.g., infant mortality, LBW)
  - Child health- every outcome
  - Behavior and development
  - School achievement

Poverty Grown Up

- Childhood poverty is associated with increased (independent of adult SES)
  - Risk of coronary heart disease
  - Risk of stroke
  - Earlier mortality

Poverty is a key social determinant of health* and contributor to child health disparities.

*Social determinants = the circumstances in which people live and work

How?

Scene from SLUMDOG MILLIONAIRE
Possible Life Course Mechanisms

- Cumulative exposures to stressful experiences—"breakdown" of physiological steady state
- Biological embedding of disease—experiences are programmed into structure and functioning of biological systems
- Sensitive time periods—developing brain receptive to environmental signals changes behavioral responses

#2. Child Poverty is Everywhere.

1 IN 5 CHILDREN LIVES IN POVERTY
Suburbs fastest growing area for poverty
Low-Income Definition

- 19.7% of children live below the federal poverty level (e.g., $24,300 for family of 4 in 2016) (Census Bureau, 2016)

- Research: income at least 200% of federal poverty level needed (e.g. $48,600 for family of 4) to make ends meet

- Defined as low-income

Low-Income Children

42% = 30.7 million children

Poverty is one of the most significant non-communicable diseases children are suffering from today.

Courtesy of Dr. Benard Dreyer
#3. It’s in our DNA.
Abraham Jacobi (1830-1919)

- Father of Pediatrics
- Motivated by issues of social justice
- Fought to ensure clean water and decent housing for poor urban children

“It is not enough to work at the individual bedside at the hospital.”
AAP Agenda for Children 2015-2016
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Health Equity

Medial Home

Profession of Pediatrics

Poverty and Child Health
- Early Brain and Child Development
- Epigenetics

Access
Quality
Finance

Planning
Implementing
Integration/Integrated
Guidelines for Health Supervision (1994): importance of viewing the child in the context of the family & community

Children’s Health Charter: guiding principles
- “Every child and adolescent deserves satisfactory housing, good nutrition, a quality education, an adequate family income, a supportive social network, and access to community resources.
- “The charter states unequivocally the explicit connection between a wide range of social determinants and the health of children and youth”
AAP Recommendations on SDH Screening

POLICY STATEMENT Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of all Children

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN

Poverty and Child Health in the United States
COUNCIL ON COMMUNITY PEDIATRICS
AAP Recommendations

- Screen for risk factors within **social determinants of health** during patient encounters.
- Either brief written screener or verbally ask family member questions about basic needs.
- As patient-centered medical homes develop, care coordinators may connect families in poverty with resources.

Pediatricians Should ‘Screen’ Kids for Poverty, Says Group

The Child Poverty Prescription
Raising the minimum wage and investing in programs like WIC and SNAP can and will cure child poverty.

Doctors should screen for poverty during child-wellness visits, American Academy of Pediatrics recommends
What Can a General Pediatrician Do?
Well-Child Care Visit

AKA:

- Health Supervision visit
- Preventative care visit
- Check-up
Why the Well-Child Care Visit?

- Health-promoting and disease-preventing services
- Family-driven: addressing parent and child concerns
- Surveillance and screening
- Anticipatory guidance
- 10 WCC visits recommended before child is 2 yrs of age
What Can a General Pediatrician Do?
Barriers for Pediatricians
Barriers for Pediatricians

- **Time**
  - Average well-child care visit\(^\dagger\) = 18 minutes
  - Many anticipatory guidance topics to discuss
  - Discussing unmet social needs may lengthen the visit

\(^\dagger\)AAP Periodic Survey of Fellows #56, 2004.
Barriers for Pediatricians

- Lack of Professional Training
  - AAP recommends that residency training programs should “include in their curriculum psychosocial issues that affect children and their families” (2001)
  - ? ACGME requirements
  - Most programs do not have a structured curriculum for teaching residents how to address families’ social needs
Barriers for Pediatricians

- **Unsure of effectiveness**
  - Limited evidence for anticipatory guidance recommendations\(^1\)

- **Negatively impact therapeutic alliance**
  - 25% pediatricians believe parents would react negatively to discussion of smoking cessation\(^2\)

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\(^2\)Perez-Stable et al. *Arch Pediatr Adolesc Med*. 
Barriers for Pediatricians

- Time
- Lack of professional training
- Unsure of effectiveness
- Negatively impact therapeutic alliance
- Lack of knowledge of community resources
Screening
Barriers for Pediatricians

- Time
- Lack of professional training
- Unsure of effectiveness
- Negatively impact therapeutic alliance
- Lack of knowledge of community resources
- Reimbursement
What Can a General Pediatrician Do?
Institute of Medicine (IOM)

“[H]igher level of quality cannot be achieved by further stressing current systems of care. Members of the health care workforce are already trying hard to do their jobs well. **Trying harder will not work. Changing systems of care will.**”

Ask Screening Questions
1 Question

- “Do you have difficulty making ends meet at the end of the month?”
- Sensitivity: 98%
- Specificity: 60%

IHE LLP

I - income
H - housing, utilities
E - education
L - legal status
L - literacy
P - personal safety

Embedding SDH questions into EMR

Institute of Medicine. 2014.
<table>
<thead>
<tr>
<th>Domain</th>
<th>Measure</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race or ethnic group↑</td>
<td>1. What is your race?</td>
<td>At entry</td>
</tr>
<tr>
<td></td>
<td>2. Are you of Hispanic, Latino, or Spanish origin?</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>1. What is the highest level of school you have completed?</td>
<td>At entry</td>
</tr>
<tr>
<td></td>
<td>2. What is the highest degree you earned?</td>
<td></td>
</tr>
<tr>
<td>Financial-resource strain</td>
<td>How hard is it for you to pay for the very basics like food, housing,</td>
<td>Screen and follow up</td>
</tr>
<tr>
<td></td>
<td>medical care, and heat?</td>
<td></td>
</tr>
<tr>
<td>Stress</td>
<td>Stress means a situation in which a person feels tense, restless,</td>
<td>Screen and follow up</td>
</tr>
<tr>
<td></td>
<td>nervous, or anxious, or is unable to sleep at night because his or her</td>
<td></td>
</tr>
<tr>
<td></td>
<td>mind is troubled all the time. Do you feel this kind of stress these</td>
<td></td>
</tr>
<tr>
<td></td>
<td>days?</td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td>Over the past 2 weeks, how often have you been bothered by</td>
<td>Screen and follow up</td>
</tr>
<tr>
<td></td>
<td>1. Little interest or pleasure in doing things?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Feeling down, depressed, or hopeless?</td>
<td></td>
</tr>
<tr>
<td>Physical activity</td>
<td>1. On average, how many days per week do you engage in moderate to</td>
<td>Screen and follow up</td>
</tr>
<tr>
<td></td>
<td>strenuous exercise (like walking fast, running, jogging, dancing,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>swimming, biking, or other activities that cause a light or heavy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>sweat)?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. On average, how many minutes do you engage in exercise at this level?</td>
<td></td>
</tr>
<tr>
<td>Tobacco use↑</td>
<td>1. Have you smoked at least 100 cigarettes in your entire life?</td>
<td>Screen and follow up</td>
</tr>
<tr>
<td></td>
<td>If yes:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Do you now smoke cigarettes every day, some days, or not at all?</td>
<td></td>
</tr>
<tr>
<td>Alcohol use↑</td>
<td>1. How often do you have a drink containing alcohol?</td>
<td>Screen and follow up</td>
</tr>
<tr>
<td></td>
<td>2. How many standard drinks containing alcohol do you have on a typical</td>
<td></td>
</tr>
<tr>
<td></td>
<td>day?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. How often do you have six or more drinks on one occasion?</td>
<td></td>
</tr>
<tr>
<td>Social connection or isolation</td>
<td>1. In a typical week, how many times do you talk on the telephone</td>
<td>Screen and follow up</td>
</tr>
<tr>
<td></td>
<td>with family, friends, or neighbors?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. How often do you get together with friends or relatives?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. How often do you attend church or religious services?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. How often do you attend meetings of the clubs or organizations you</td>
<td></td>
</tr>
<tr>
<td></td>
<td>belong to?</td>
<td></td>
</tr>
<tr>
<td>Intimate-partner violence</td>
<td>1. Within the last year, have you been humiliated or emotionally</td>
<td>Screen and follow up</td>
</tr>
<tr>
<td></td>
<td>abused in other ways by your partner or ex-partner?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Within the last year, have you been afraid of your partner or ex-</td>
<td></td>
</tr>
<tr>
<td></td>
<td>partner?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Within the last year, have you been raped or forced to have any kind</td>
<td></td>
</tr>
<tr>
<td></td>
<td>of sexual activity by your partner or ex-partner?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. Within the last year, have you been kicked, hit, slapped, or</td>
<td></td>
</tr>
<tr>
<td></td>
<td>otherwise physically hurt by your partner or ex-partner?</td>
<td></td>
</tr>
<tr>
<td>Residential address↑</td>
<td>What is your current address?</td>
<td>Verify at every visit</td>
</tr>
<tr>
<td>Census-tract median income</td>
<td>Geocoded</td>
<td>Update on address change</td>
</tr>
</tbody>
</table>

* Wording is taken from existing measures; standard response categories are available. Psychometric testing of the full panel, including ordering and wording, has not yet been conducted.
↑ This domain is already widely included in clinical practice.
Referral Mechanisms

- Case workers, social workers, patient navigators, care coordinators
- Health Leads: College volunteers staff Help Desk
- Integral part of the Clinical Care Team
Screening & Referral Mechanisms

- HelpSteps (www.helpsteps.com)
- Created by Dr. Eric Fleegler, pediatric ED physician
- Computer-based screening tool which matches community resources by family’s zip code
- Study at 2 urban pediatric clinics (n=205):
  - 70% screened positive
  - 63% contacted resource agency

WE CARE Project


**Funded by:** The Commonwealth Fund
The **WE CARE** project

**W**ell-child care visit  
**E**valuation  
**C**ommunity resources  
**A**dvocacy  
**R**eferral  
**E**ducation
Methods: Urban Hospital-Based Clinic

- Study Design: Randomized controlled trial
- Setting: Harriet Lane Clinic, Baltimore MD
  - Medical Home for low-income children
  - Primary site for Johns Hopkins residents’ continuity clinics
- Population: Low-income African-American children
- >90% Medicaid coverage
**WE CARE** Intervention

- **3 Components:**
  1) Survey Instrument
  2) Family Resource Book
  3) Provider Training
Component 1: WE CARE Survey

- Self-administered questionnaire
- Parents completed prior to visit
- Screened for 10 SDH
- Readability: 3rd grade level
10 Social Determinants of Health

- Alcohol abuse
- Childcare
- Depression
- Domestic violence
- Drug abuse
- Homelessness risk

- Inadequate food supply
- Low education (< high school)
- Smoking
- Unemployment
Introduction:

“Our goal at the Harriet Lane Clinic is to provide the best possible care for your child and family. We would like to make sure that you know all the resources that are available to you for your problems. Many of these resources are free of charge. Please answer each question with an “X” and hand it in to your child’s doctor at the beginning of the visit. Thank You!”
**WE CARE** Survey Instrument

- Self-report
- Each topic: 2 questions to screen for problem and identify motivation to address it

**Example:** Unemployment

- **Do you have a job?**
  - Yes
  - No
  - If No, Do you want help?

  - Yes
  - No
  - Maybe later
Based on Family's Priorities

In case your child’s doctor cannot address all these issues at this visit, please rank the 3 items that you wish to talk about in order of importance.

1. MOST IMPORTANT
2. 
3. LEAST IMPORTANT
Community Resources?
Community Resources?

- Head Start
- Ripkin Learning Center
- Turnaround, Inc.
- Eastside Career Center
- Echo House
- Beans and Bread
- Fresh Start
- JHH Community psychiatry
- Baltimore Crisis Hotline
- Rental Allowance Program
- House of Ruth
- Pro Bono Counseling
- Locate Childcare
- WIC
- First Call for Help
- Baltimore Homeless Services
Component 2: Family Resource Book

- Contained 1 page tear-out information sheets for each family psychosocial problem
- Lists 2-4 community resources
- Available in continuity exam rooms
Education

Program Name: Baltimore Reads, Inc.- *Ripkin Learning Program*

Program Description: This program offers services for the following:
- GED classes
- Adult Basic Education (ABE)

Contact Information: Marlene McLaurin, 1010 Park Ave, Baltimore, MD

Phone Number: 410-752-3595

Program Hours: Monday – Thursday 8:30am-5pm & 5:30pm-8:30pm
Fridays 8:30-5pm; Saturday 10am-2pm

Eligibility: All Adults and teenagers over the age of 16

Payment Source: Pre-GED and Adult Basic Education classes are FREE.
GED classes are $100- but this fee will be waived.

Referral Source: Self-referral
Component 3: Provider Training

- Teaching session 1 week prior to study
  - Introduced the *WE CARE* survey and Family Resource book
  - Instructed to make a referral if parent indicates wants help
Results: Discussion of Family Psychosocial Topics at WCC visit

<table>
<thead>
<tr>
<th></th>
<th>Intervention (n=98)</th>
<th>Control (n=95)</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean # of Topics Discussed</td>
<td>2.9</td>
<td>1.8</td>
<td>&lt;0.01</td>
</tr>
</tbody>
</table>
## Unmet Desires for Discussion

<table>
<thead>
<tr>
<th>% Desired Discussion</th>
<th>Intervention</th>
<th>Control</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homelessness risk</td>
<td>4%</td>
<td>23%</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Drug exposure</td>
<td>3%</td>
<td>20%</td>
<td>&lt;.01</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>4%</td>
<td>16%</td>
<td>&lt;.01</td>
</tr>
<tr>
<td>Childcare needs</td>
<td>13%</td>
<td>34%</td>
<td>&lt;.01</td>
</tr>
<tr>
<td>Depression</td>
<td>4%</td>
<td>12%</td>
<td>.06</td>
</tr>
<tr>
<td>Employment</td>
<td>4%</td>
<td>12%</td>
<td>.09</td>
</tr>
</tbody>
</table>
Referrals Received

P < .001

% Received Referral

Intervention: 51%
Control: 12%
Referred Intervention Parents

- 58% received ≥ 2 referrals
## Referral Types (n=137)

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Training</td>
<td>22%</td>
</tr>
<tr>
<td>GED classes</td>
<td>15%</td>
</tr>
<tr>
<td>Smoking cessation classes</td>
<td>15%</td>
</tr>
<tr>
<td>Homeless shelters/Rental assistance programs</td>
<td>13%</td>
</tr>
<tr>
<td>Food pantries/WIC/food stamps</td>
<td>10%</td>
</tr>
<tr>
<td>Other (substance abuse/domestic violence programs/counseling)</td>
<td>13%</td>
</tr>
</tbody>
</table>
### Community Resources Contacted

<table>
<thead>
<tr>
<th></th>
<th>Intervention (n=85)</th>
<th>Control (n=89)</th>
<th>P value</th>
<th>Adjusted OR** (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contacted Referred Community Resource (1 mo)</td>
<td>20%</td>
<td>2%</td>
<td>&lt;0.001</td>
<td>17.5 (4-78)†</td>
</tr>
</tbody>
</table>

**Adjusted for child age, Medicaid, race, education, food stamps

†P<.05
## Referred Parents Subset

<table>
<thead>
<tr>
<th></th>
<th>Intervention</th>
<th>Control</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contacted community agency</td>
<td>38%</td>
<td>&lt;1%</td>
<td>&lt;.05</td>
</tr>
</tbody>
</table>
Intervention Residents’ Attitudes (n=22)

- 0% felt uncomfortable with parents handing them the **WE CARE** survey
- 77% reported intervention did not slow down the visit
Conclusions

- *WE CARE* intervention increased the discussion and referral of family psychosocial problems at low-income children’s WCC visits.

- Can serve as a model for medical homes which care for low-income children.
Next Study Question

- Does an enhanced screening/referral model “WE CARE 2.0” increase actual parental receipt of resources for unmet basic needs in the 1st year of their children’s life?
Methods

- **Study Design**: Cluster randomized controlled trial (RCT)
- **Setting**: 8 health centers (CHCs) in Boston
- **Randomization Unit** = CHCs
- **Study Period**: January 2011-June 2013
Abbreviated **WE CARE** Survey

- Self-administered questionnaire
- Completed prior to WCC visits
- Screened for 6 basic needs
Six Basic Needs

- Childcare
- Education (< high school)
- Employment
- Food security
- Household heat
- Housing
## Prevalence of Unmet Basic Needs

<table>
<thead>
<tr>
<th>Basic Needs</th>
<th>Total (n=336)</th>
<th>WE CARE (n=168)</th>
<th>Control (n=168)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment</td>
<td>57%</td>
<td>56%</td>
<td>57%</td>
</tr>
<tr>
<td>Housing stability</td>
<td>43%</td>
<td>45%</td>
<td>42%</td>
</tr>
<tr>
<td>Childcare</td>
<td>29%</td>
<td>28%</td>
<td>31%</td>
</tr>
<tr>
<td>Food security</td>
<td>20%</td>
<td>28%</td>
<td>17%</td>
</tr>
<tr>
<td>GED degree</td>
<td>17%</td>
<td>16%</td>
<td>18%</td>
</tr>
<tr>
<td>Home heating</td>
<td>9%</td>
<td>7%</td>
<td>12%</td>
</tr>
</tbody>
</table>

*No statistically significant differences between 2 groups*
Participants

- Mothers of infants between ages of birth and 6 months presented for WCC visit
Referrals Received at WCC Visit

% Received Referral

- WE CARE: 70%
- Control: 7%

P < .001
## Types of Referrals

<table>
<thead>
<tr>
<th>Type of Need</th>
<th>WE CARE (n=168)</th>
<th>Control (n=168)</th>
<th>aOR (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any</td>
<td>70%</td>
<td>7%</td>
<td>29.6 (14.7-59.6)</td>
</tr>
<tr>
<td>Childcare</td>
<td>46%</td>
<td>3%</td>
<td>31.3 (9.0-109)</td>
</tr>
<tr>
<td>Food</td>
<td>18%</td>
<td>6%</td>
<td>3.0 (1.7-5.5)</td>
</tr>
<tr>
<td>GED degree</td>
<td>12%</td>
<td>2%</td>
<td>5.8 (2.2-15.5)</td>
</tr>
<tr>
<td>Employment</td>
<td>27%</td>
<td>1%</td>
<td>41.5 (9.2-210)</td>
</tr>
<tr>
<td>Home heating</td>
<td>26%</td>
<td>1%</td>
<td>52.4 (8.1-338)</td>
</tr>
<tr>
<td>Housing</td>
<td>17%</td>
<td>2%</td>
<td>10.5 (3.7-29.8)</td>
</tr>
</tbody>
</table>

Adjusted for race, marital status, and maternal employment
Adjusted ICC = 0.004
Enrollment in Resources at f/u

% Received Referral

- WE CARE: 39%
- Control: 24%

P < .05
## Enrollment in Resources

<table>
<thead>
<tr>
<th>Resources</th>
<th>WE CARE (n=136)</th>
<th>Control (n=135)</th>
<th>aOR (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any new resource</td>
<td>39%</td>
<td>24%</td>
<td>1.6 (1.1-2.5)</td>
</tr>
<tr>
<td>Childcare</td>
<td>15%</td>
<td>7%</td>
<td>3.3 (1.1-9.3)</td>
</tr>
<tr>
<td>Food assistance</td>
<td>11%</td>
<td>9%</td>
<td>0.8 (0.4-1.7)</td>
</tr>
<tr>
<td>GED degree</td>
<td>2%</td>
<td>1%</td>
<td>2.0 (0.5-8.8)</td>
</tr>
<tr>
<td>Employment/job training</td>
<td>8%</td>
<td>2%</td>
<td>7.9 (1.3-49.7)</td>
</tr>
<tr>
<td>Fuel assistance</td>
<td>7%</td>
<td>1%</td>
<td>11.1 (1.6-75.4)</td>
</tr>
<tr>
<td>Homeless shelter</td>
<td>2%</td>
<td>5%</td>
<td>0.3 (0.1-0.7)</td>
</tr>
<tr>
<td>Rental assistance</td>
<td>4%</td>
<td>7%</td>
<td>0.7 (0.3-1.3)</td>
</tr>
</tbody>
</table>

Adjusted for race, marital status, and maternal employment
Adjusted ICC <0.001
Conclusions

- **WE CARE** intervention increased provider referrals and families’ receipt of community-based resources for unmet basic needs.
Current Standard of Care at BMC

- WE CARE survey given to parents at check-in
- Completed prior to provider encounter
- Medical Assistants enter results into EPIC
- Provider reviews survey
- If need, provider uses smart phrases to populate AVS with resource information
- Providers can refer to ancillary clinic staff as deemed appropriate
Create a System that Works for Your Practice
Step 1. Needs Assessment

- Determine the needs for your patients and families
Step 2. Identifying Community Resources

- Critical Step
- Talk to colleagues, support staff
2-1-1 Infoline

- 50 States maintain a toll-free 2-1-1 Infoline
- Link families to human service resources (e.g., food banks, job training, Head Start)
- 2012: 15.8 million calls were received nationally
Step 3. Screening & Referral

- Screening for unmet social needs pre-visit
- Develop resource books or EMR-based handouts to give to families in need
Integrated Care Model

Families seek pediatric primary care

Pediatric provider identifies family in need

Care-coordinator assists the family in linking to resources

Parent or care-coordinator calls Infoline

Infoline identifies appropriate resources

Updates to provider

Feedback on resources

Family utilizes community resources

Innovative Referral Systems

- Direct referrals to community-based agencies
- “e-referrals”
Health Neighborhood

Accountable Health Communities Model

- Centers for Medicare & Medicaid Services (CMS) $157 million pilot project
- **Aim**: test whether screening for health-related social needs and associated referrals and navigation of community-based services will improve quality and affordability in Medicare and Medicaid beneficiaries
- 44 grantees to be awarded in 2017
Guiding Principles for SDH Screening

- Ensure screening is **family-centered**
- **Integrate** Screening with Referrals and Linkage to Community-based Resources
- Use a **Strength-based Approach** to Support Patients and their Families
- Do **not** Limit Screening Practices on Apparent Social Status
