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## Purpose

The purpose of this project was to implement the use of the WE CARE social determinants of health (SDoH) screening tool for patients with attention deficit hyperactivity disorder (ADHD) at follow-up visits.

### Specific Aims

- To implement a validated SDoH screening tool in at least 60% of follow-up patients with a confirmed diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) in a 6 week period.
- To characterize patient and family social needs for children with ADHD between the ages of 5 and 12 and to describe the frequency of social work referrals or referral to other community resources.

## Background

- SDoH are factors that may impact health outcomes including socioeconomic status, neighborhood of residence, homelessness, access to food, health insurance status, employment status, drug/alcohol use, educational level, and experience with racism.
- Increased SDoH are associated with poorer health outcomes and decreased treatment compliance.
- Addressing SDoH can be associated with increased treatment compliance, although currently there is no standard for completing SDoH screening.
- Use of the WE CARE screening tool has been associated with a higher likelihood of connecting with a community resource compared to families who are not screened
- The WE CARE screening tool is a validated screen that asks about 6 SDoH and whether the family is interested in assistance if the screen is positive.
- Attention deficit hyperactivity disorder is a neurodevelopmental disorder characterized by significant inattention, distractibility, hyperactivity, and impulsivity which causes functional impairment in multiple areas (Marcdante et al., 2023). ADHD can significantly impact social interactions, academic performance, and mood
- Inadequate treatment of ADHD can have long-term effects such as reduced likelihood of graduating from college and impaired relationships with others. Since treatment of ADHD often includes the use of daily medications and we know that addressing SDoH can be associated with increased treatment compliance, I decided to start implementation of the screening tool with families of children with ADHD.

## Methods

### Study Design

- Quality improvement project.

### Setting

- Developmental pediatrics specialty clinic in Memphis, TN

### Duration

- October 17, 2022– November 22, 2022

### Population

- Children ages 5-12 years old with a confirmed history of ADHD who were seen for follow-up with Sarah Carter, APRN, Ronald Espinal, MD, or Toni Whitaker, MD
- English speaking families

### IRB

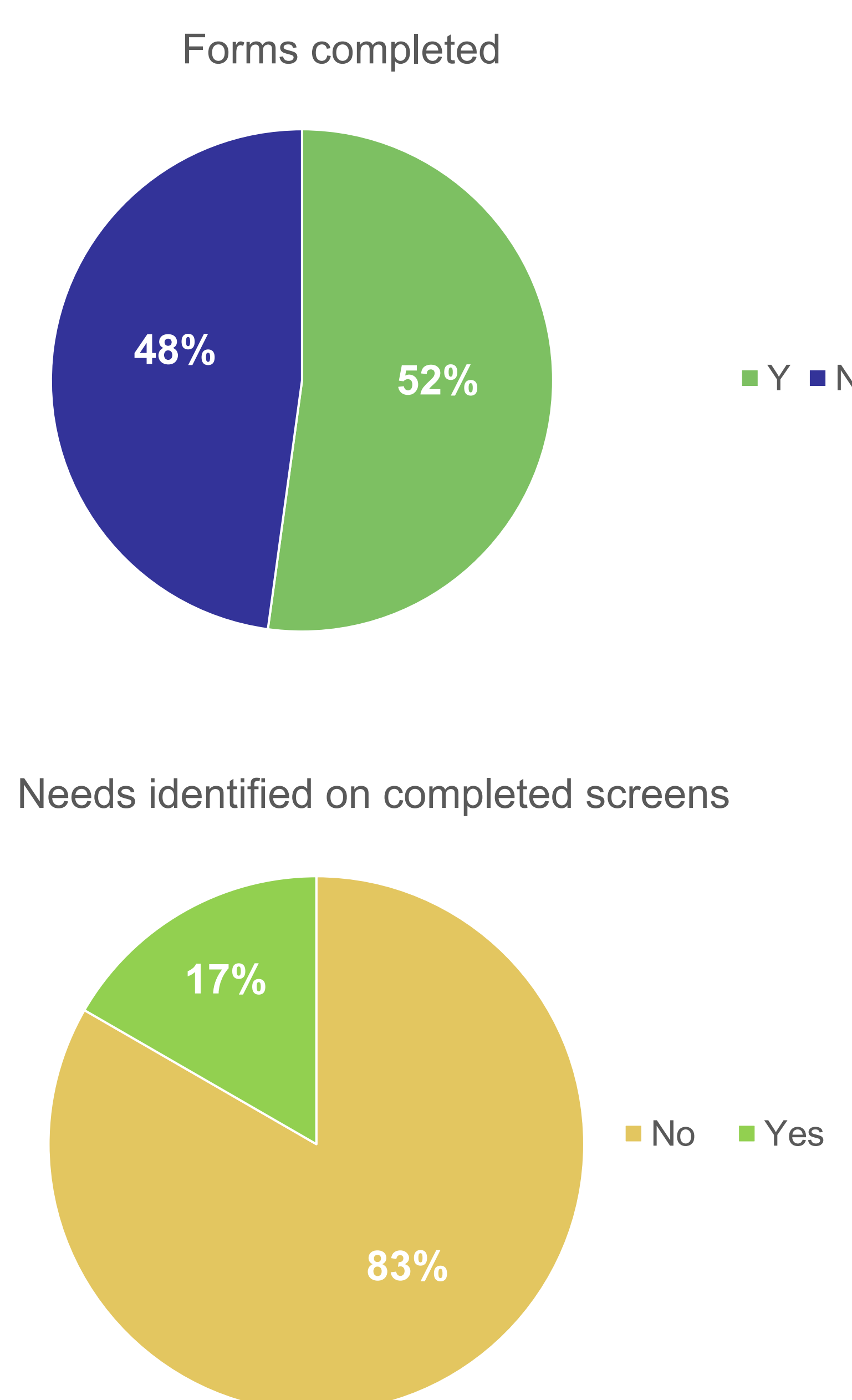
- UTHSC Institutional Review Board has determined this project to be exempt

## Implications for Practice

- The results of the current project do not yet support a change in practice by implementing this tool.
- Less than 60% of eligible families (52%) completed a WE CARE screening form.
- Form may not have been filled out either because the parent refused or because it was overlooked physician or nurse practitioner.
- Before implementing the use of this tool, more information is needed from the participating healthcare providers their level of comfort using the screen, perceived helpfulness of the screen, and if there were other factors impacting the rate of form completion.
- In the future, may consider using this screening tool with new patients first instead of follow-ups

## Results

- Following chart review, 23 patients met eligibility criteria, and of these 12 (52%) completed a WE CARE form.
- Needs were identified on 2 of the completed forms (17 %), and no referrals were made to social work.



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