Episode: *Author Interview: “How Should Clinical Teams Integrate Findings From Social Needs Screenings Into Children’s Care Plans?”*

Guests: Stephanie G. Menko, MD
Host: Tim Hoff
Transcript: Cheryl Green

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[mellow theme music]

[00:00:04] HOFF: Welcome to another episode of the Author Interview series from the American Medical Association Journal of Ethics. I’m your host, Tim Hoff. This series provides an alternative way to access the interesting and important work being done by journal contributors each month. Joining me on this episode is Dr Stephanie Menko, a clinical assistant professor of pediatrics at the University of Pennsylvania Perelman School of Medicine and a pediatric hospitalist at the Children’s Hospital of Philadelphia. She’s here to discuss her article, coauthored with Drs Michael Luke and Aditi Vasan, “*How Should Clinical Teams Integrate Findings From Social Need Screenings Into Children’s Care Plans*,” in the September 2025 issue of the Journal, *Screening Children for Structural Drivers of Health*. Dr Menko, thank you so much for being here.

[00:00:52] DR STEPHANIE MENKO: Thanks so much for having me. Great to be here. [music fades]

[00:00:54] HOFF: So, what’s the main ethics point of your article?

[00:00:57] MENKO: So, really, overall our article is about how to ethically respond to positive screenings in a health-related social needs screening program. Overall, there’s been a huge increase in health-related social needs screening programs in recent years as the Joint Commission and CMS have created incentives to complete screening. But there’s been less guidance about how to respond to screens. So we kind of thought through how we can maximize benefits and minimize harms of screening programs. Which some of the big benefits that we hope can be maximized would be resource referrals, which we think should really be the cornerstone of screening programs to be able to provide families with tangible resources. But we also highlight many less tangible benefits to screening, primarily allowing for shared decision making with families and tailoring management plans to address social needs and create plans that are going to be feasible for families based on a family’s social circumstances.

[00:01:54] One major harm that we hope to minimize is related to this phenomenon called double loss, where families feel like they’ve disclosed or given up sensitive information about their family and are expecting to receive help in return, but fear that perhaps their health care providers won’t be able to provide them with help or might not have the resources to help them. Another big harm to try to minimize is stigma and bias in screening. And our paper talks through some ways to try to mitigate bias, like provider education in responding to screens and trying to reduce stigma, such as by letting families know that we're offering universal screening, so they don't feel targeted or stigmatized in responding to these questions.

[00:02:40] HOFF: And so, what should health professions students and trainees specifically be taking from this article?

[00:02:46] MENKO: Yeah, I think in school and in training, we learn so much about the biology of disease and medical treatments, but in reality, health-related social needs and sociodemographic factors, physical environment, all sorts of social circumstance really plays up such a big role in overall health. And it's, I think it's important for students and trainees to learn about the importance of providing holistic care and really understanding the environment that patients are coming to us from. And I think really important for students and trainees to learn about the importance of working in interdisciplinary teams to provide this holistic care. I think the patient and family should be considered really the most important member of the team. And then I'm also always really humbled by the input I get from nurses, social workers, case managers, primary care physicians when coming up with feasible discharge plans.

[00:03:49] HOFF: And finally, if you could add a point to your article that you didn't have the time or the space to fully explore, what would that be?

[00:03:57] MENKO: I think since we wrote this article, something that has been weighing on me, and I'm sure many others who are interested in this kind of work, is that there's been major changes in the political landscape that, if not already could, in the future, affect funding for hospital programs or community resources or research related to health-related social needs. And we have been thinking about if it's still ethical to provide screening when maybe we might not have as many of those community resources that might be able to help families with their health-related social needs. But we do think that there is a lot of good evidence that those less tangible benefits, like relationships with providers and being able to tailor care plans is still really important.
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[00:04:44] HOFF: Dr Menko, thank you so much for your time on the podcast today, and thanks to you and your coauthors for your contribution to the Journal this month.

[00:04:52] MENKO: Thanks so much for having us.

[00:04:54] HOFF: To read the full article, as well as the rest of this month's issue for free, visit our site journal.org. We'll be back soon with more ethics talk from the *American Medical Association Journal of Ethics*.