Community Resource Connection for Pediatric Caregivers with Unmet Social Needs: A Qualitative Study

Aditi Vasan, MD[1,2,3], Olivia Darko, BA[4,5], Kristine Fortin, MD, MPH[4,5], Philip V. Scribano, DO, MSCE[4,5], and Chén C. Kenyon MD, MSHP[2,3,5]

[1] National Clinician Scholars Program, Perelman School of Medicine, University of Pennsylvania, [2] PolicyLab, Children's Hospital of Philadelphia, [3] Leonard Davis Institute of Health Economics, University of Pennsylvania, [4] Children's Hospital of Philadelphia, [5] Department of Pediatrics, Perelman School of Medicine, University of Pennsylvania

vasana@email.chop.edu

Background

- Pediatric health systems frequently screen caregivers for **unmet social needs**.
- Several state Medicaid agencies are **incentivizing providers to conduct social needs screening.**
- However, it remains unclear how to most effectively use the results of social needs screening to **link families to community resources.**

Objectives

We aimed to use qualitative semi-structured interviews with caregivers of pediatric patients with ≥ 1 unmet social needs to:

1. Elicit perceived **barriers to community resource connection**
2. Explore **facilitators of resource connection** and **preferences for health-system based assistance** with social needs

Methods

All caregivers admitted to one inpatient unit at a quarternary care children's hospital completed a tablet-based screen with validated questions across 5 domains:

1. **Food insecurity**
2. **Depressed mood**
3. **Transportation assistance**
4. **Assistance with utilities**
5. **Intimate partner violence**

English-speaking caregivers who screened positive for ≥ 1 social needs were invited to participate in a follow-up interview focused on (1) barriers to resource connection, (2) facilitators of resource connection, and (3) preferences for health-system based assistance with resource connection.

Interviews were recorded, transcribed, and then coded independently by two coders (A.V. and O.D.) using content analysis. We reviewed codes, identified emerging themes, and resolved discrepancies through consensus. Interviews were continued until thematic saturation was reached.

Results and Conclusions

We interviewed 28 caregivers, who had children who were predominantly Medicaid-insured (82%) and had ≥ 1 complex chronic condition (68%). We identified 4 themes:

Barriers to Resource Connection

1. Competing priorities related to caring for a medically complex child

*"**It's just as a parent, while you're dealing with a sick kid, you don't want to do this**…it's like, this is taking 30 to 40 minutes away from my son, just to tell somebody you need help and for them to tell you, "We'll let you know." it's like you're drowning, and someone is telling you that you have homework. **The homework's not getting done if you can't breathe.**" – Participant A*

2. Difficulty applying for and utilizing government benefit programs

*"Right now, I'm applying for LIHEAP, and I have to get these letters saying that my other son doesn't have any income, stupid things like that. **That makes it hard, little things that prolong the process that shouldn't.** My son is three. They should know he doesn't work." – Participant B*

Facilitators of Resource Connection

3. Appreciation for electronic resources and information about locally available programs

*"A brochure, I would lose as soon as you hand it to me. But you give me a website, and **I can go on it and search for things that I need whenever I want**." – Participant C*

*"It's nice putting in our zip code and having just our services…**it's nice to be able to go into our state, our area, and see what's out there**." – Participant D*

4. Desire for longitudinal support in establishing and maintaining connection with resources

*"It would be good **if you had somebody you could call from the hospital, so that they could help direct you**…because sometimes you get so stressed that you can't think of what to do. So it would be good to have someone who you could call and say, "Hey, I ran out of food, can you point me in the right direction?" -- Participant E*

Conclusions: Pediatric caregivers cited **competing priorities** and **burdensome application processes** as barriers to resource connection. **Electronic resource maps** may help caregivers identify available services. Health systems should also implement **longitudinal care coordination services** designed to ensure caregivers establish connections with resources that meet their needs.