POLICYLAB

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Socially Equitable Care by Understanding Resource Engagement (SECURE)

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LACK ACCESS TO SOCIAL RESOURCE AFFECTS HEALTH OUTCOMES

Will add text

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OUR MAIN QUESTION:

How can we best facilitate family-level engagement with social resources from the pediatric health care setting?

OUR STUDY

William T. Grant FOUNDATION

Multi-site randomized controlled trial with explanatory-sequential mixed method design to:

- **evaluate the comparative effectiveness of a resource menu and screening on acceptance, perception, and engagement with social resources**

- **inform strategies to address social risk, minimize unintended consequences for families, and improve health outcomes**

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BACKGROUND

Effects of COVID19 hastened already rapid growth of screening protocols for unmet social needs within pediatric health care

Implementation Strategies:

- PA Department of Health
- Medicaid

National Data on Social Risk Screening Underscore the Need for Implementation Research

Rachel Gold, PhD, MPH[1,2]; Laura Gottlieb, MD, MPH[3]

» Author Affiliations | Article Information

JAMA Netw Open. 2019;2(9):e1911513. doi:10.1001/jamanetworkopen.2019.11513

Is social risk screening at the point of implementation readiness?

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POTENTIAL UNINTENDED CONSEQUENCES

- **False assumptions:**
  - screening = intervening
  - positive screens = resource desire
- **Overpromises services**
- **Racial bias**
- **Lacks stakeholder involvement**
  - Community-based organizations
  - Families

Pressing need to be thoughtful in our approach

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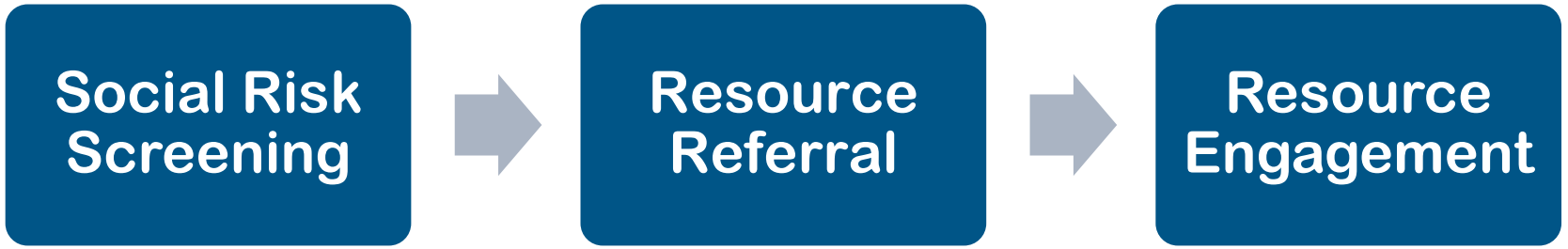
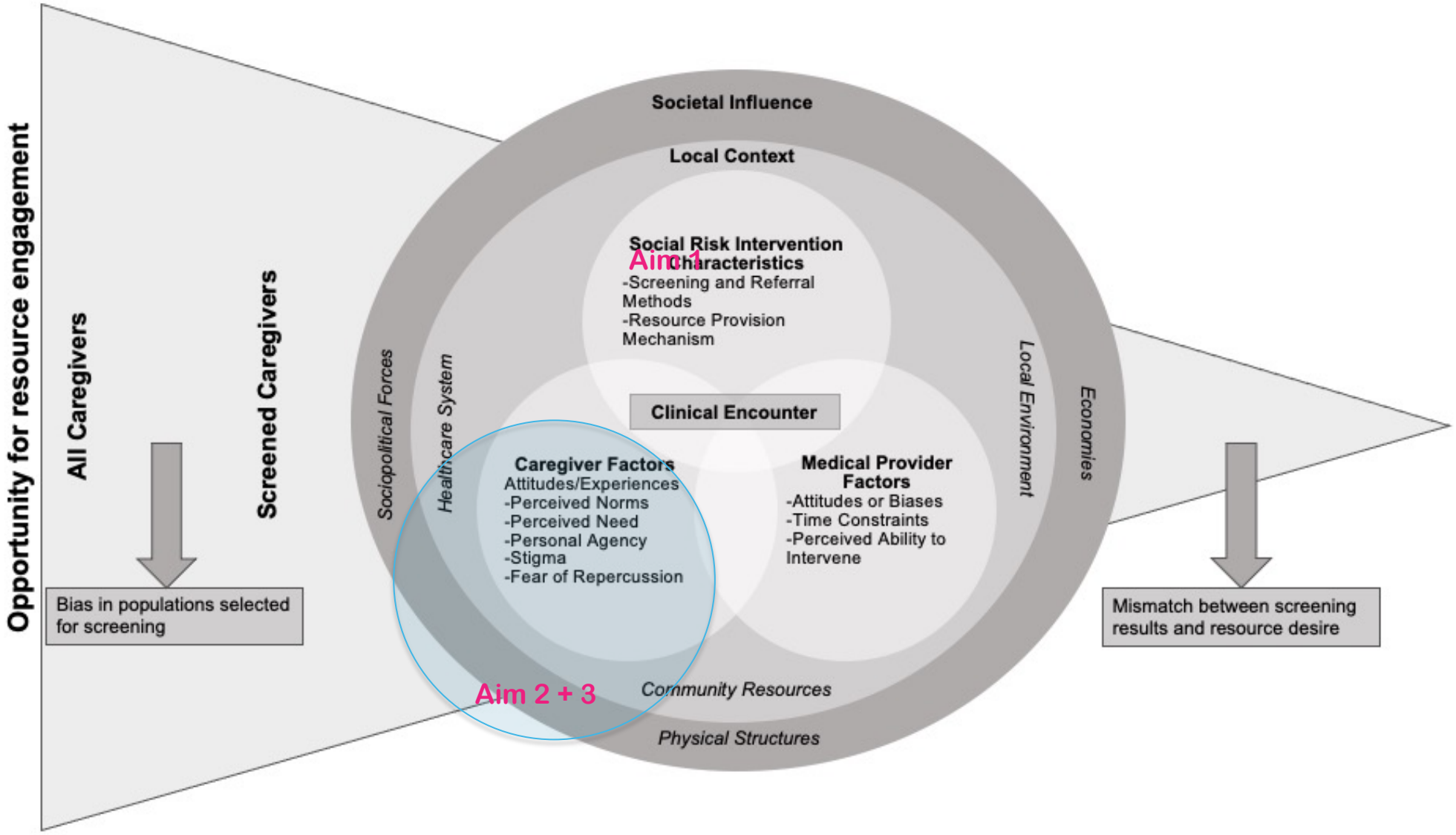
EXPECTED PROCESS FROM SCREENING TO ENGAGEMENT





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AIMS

1: Compare, through a multi-site randomized controlled trial, caregivers' acceptance of and engagement with social resource information when that information is (1) presented alone, (2) following a resource menu, or (3) following social risk screening.

2: Determine, using survey methods, rates of resource utilization and the reported change in social risk after a 30-day period between caregivers who received social resource information with or without a preceding resource menu or social risk screening.

3: Explore, using qualitative interviews, how caregiver comfort level and perception of resources is affected by preceding social risk screening

ELIGIBILITY

3 CHOP sites

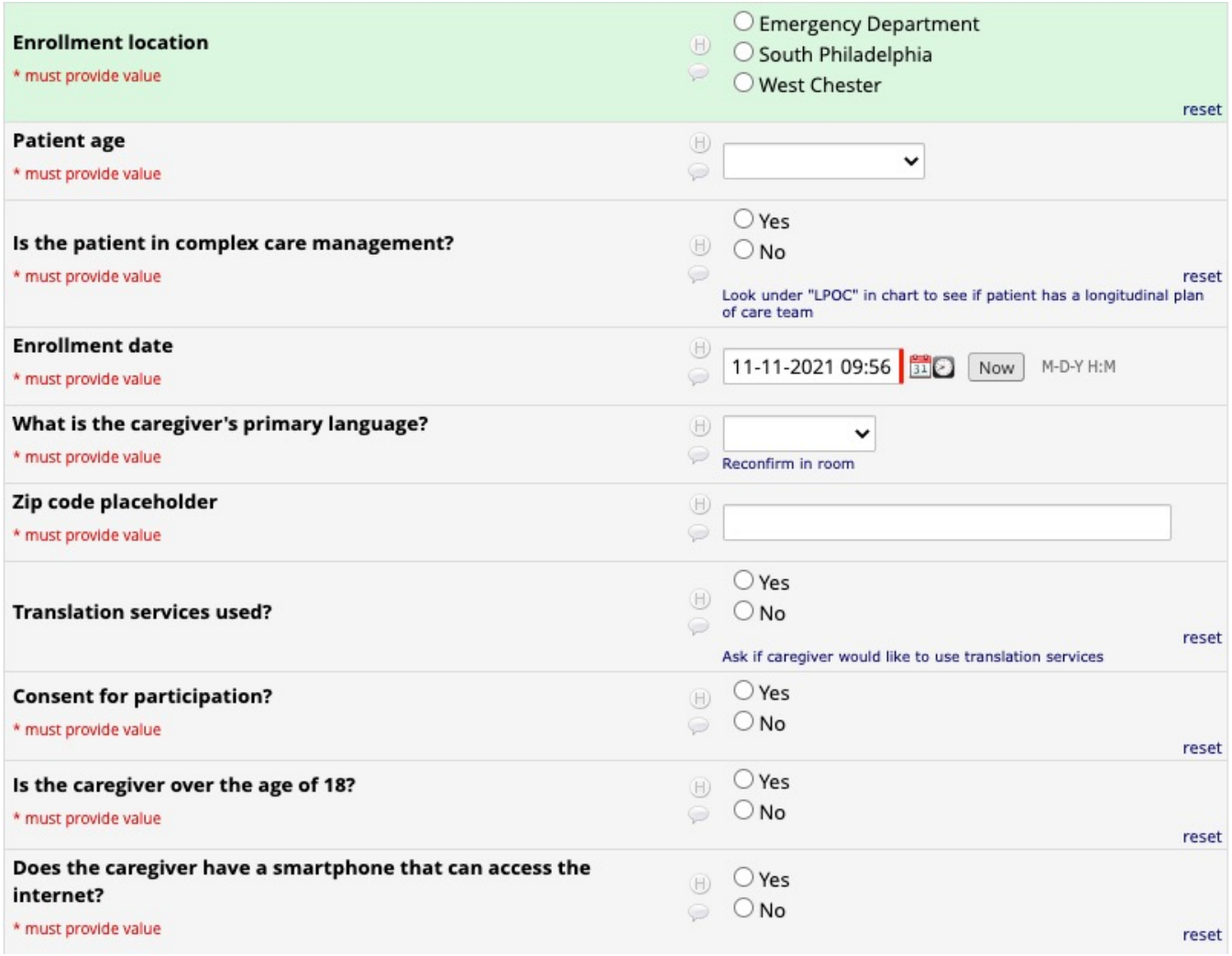
Inclusion

Caregivers of patients:

- Age 16 days*-25 years
- +Smart phone

Exclusion

- Involvement with complex care management
- Primary complaint requiring social work



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AIMS

1: Evaluate, using a randomized controlled trial, the impact of screening for social risk on caregivers' acceptance and engagement with resources from resource mapping software

2: Evaluate, using survey methods, rates of resource utilization and the ultimate impact on social risk between caregivers with or without a preceding standardized assessment of social risk

3: Explore, using qualitative interviews, how caregiver comfort level and perception of resources is affected by preceding social risk screening

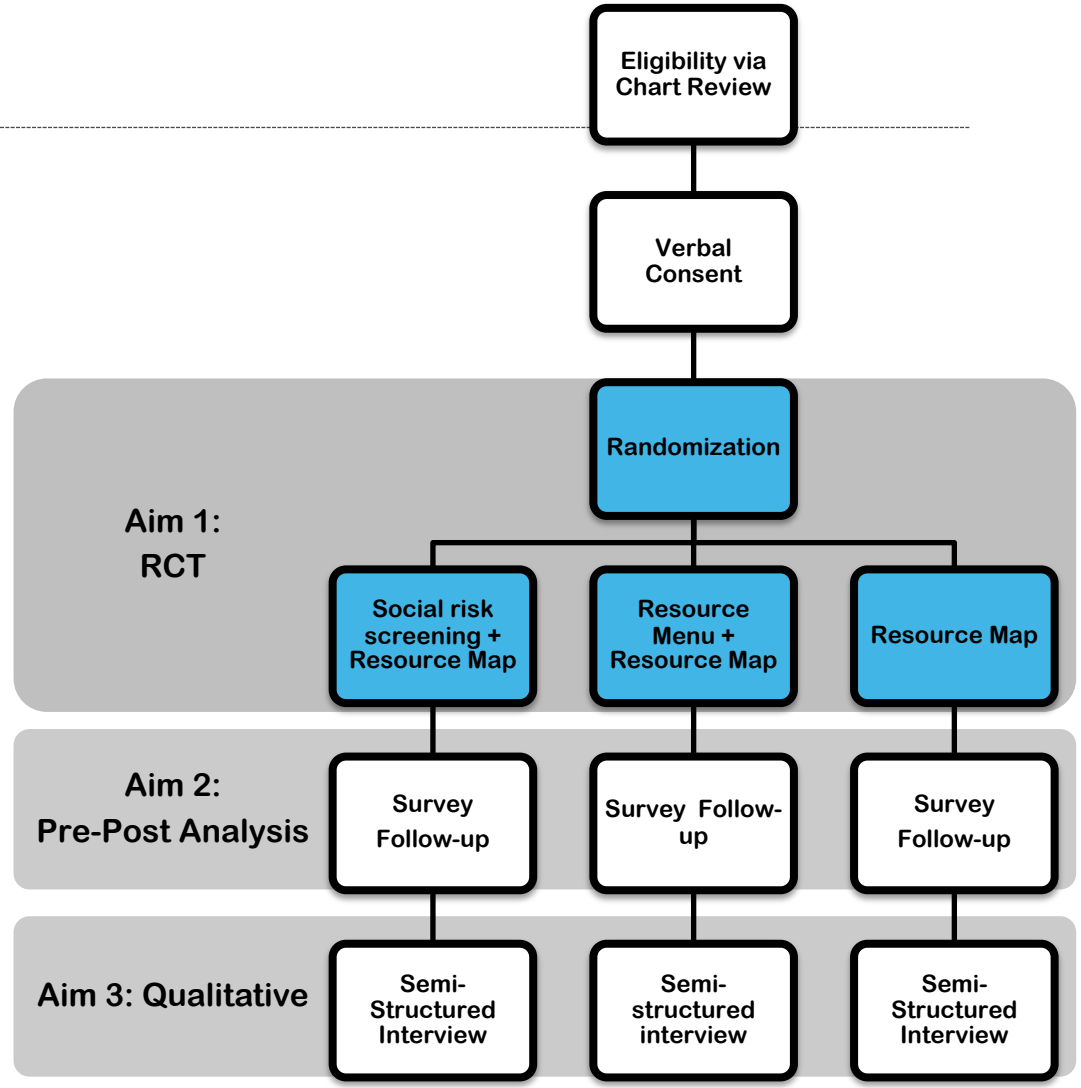

Figure 2: Study Overview

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SCREENING TOOL

Do you always have enough food for your family?

- Yes
- **No**

reset

Would you like information about community resources that may help with finding food?

- **Yes**
- No
- Maybe later

reset

Would you like help finding food for tonight?

- **Yes**
- No

reset

Emergent need ➔ Automatic alert to project-specific social worker for same-day contact

In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?

- Yes
- No
- **Already shut off**

reset

Would you like information about community resources that may help with electric, gas, oil, or water services?

- **Yes**
- No
- Maybe later

reset

Are you worried that in the next 2 months, you may not have stable housing?

- **Yes**
- No

reset

Would you like information about community resources that may help with housing?

- **Yes**
- No
- Maybe later

reset

Do you need help finding housing for tonight?

- **Yes**
- No

reset

RESOURCE MENU

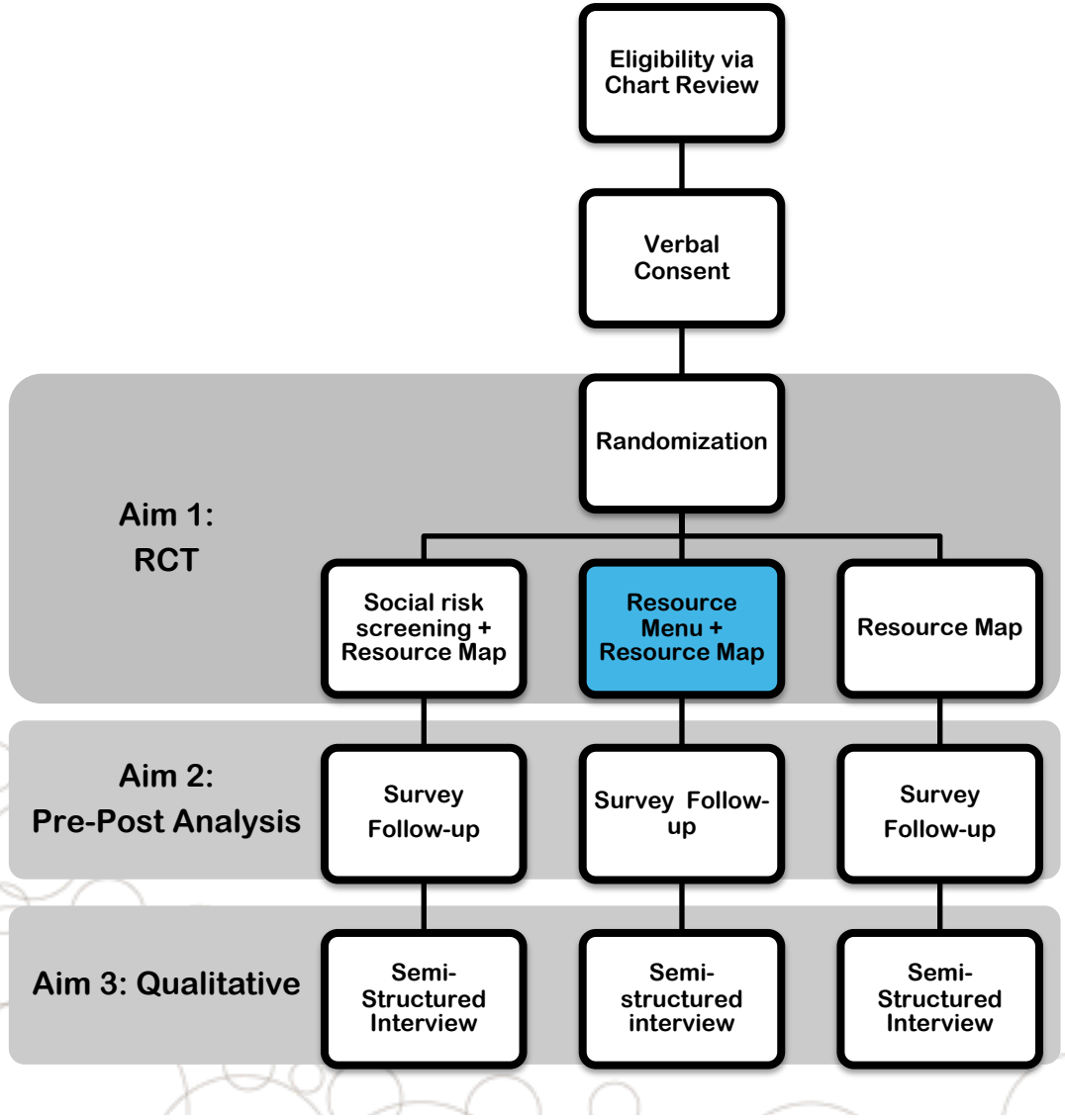
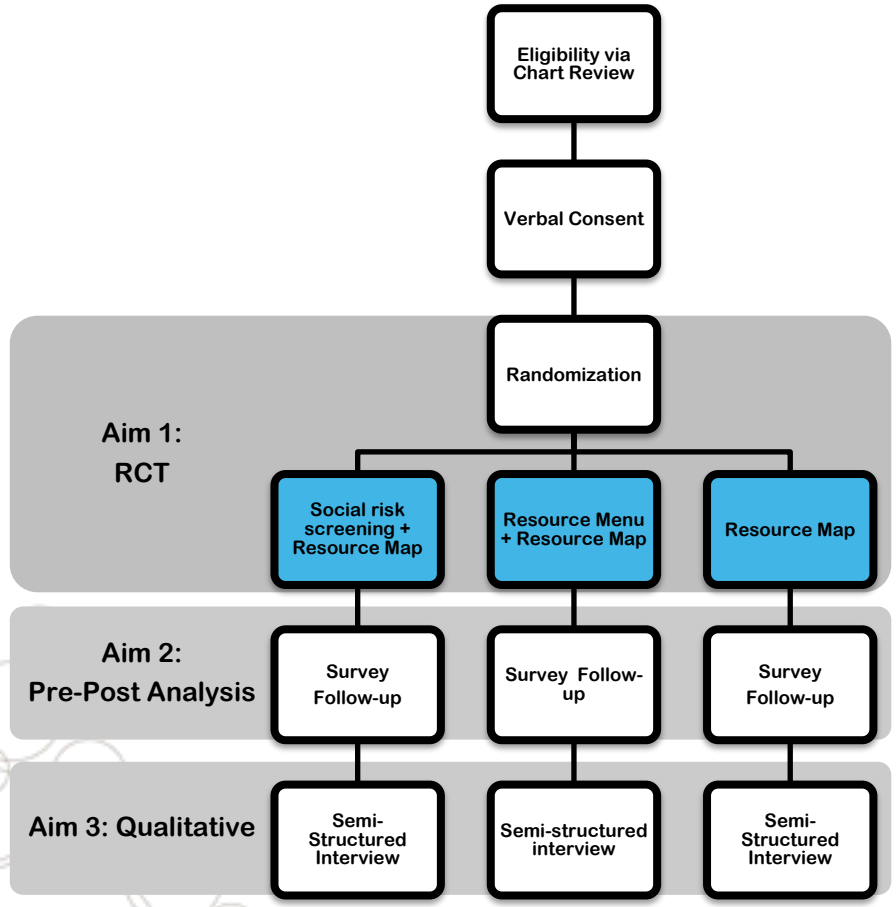


Figure 2: Study Overview

Would you like information about any of these types of programs? Check all that apply.

- Food
- SNAP
- WIC
- Income or financial assistance
- Housing
- Utilities (electric, gas, oil, or water)
- Childcare
- Legal aid
- Adult education or work
- Supplies (clothing, baby, home, etc)
- Transportation
- Other
- None of these

RESOURCE MAP



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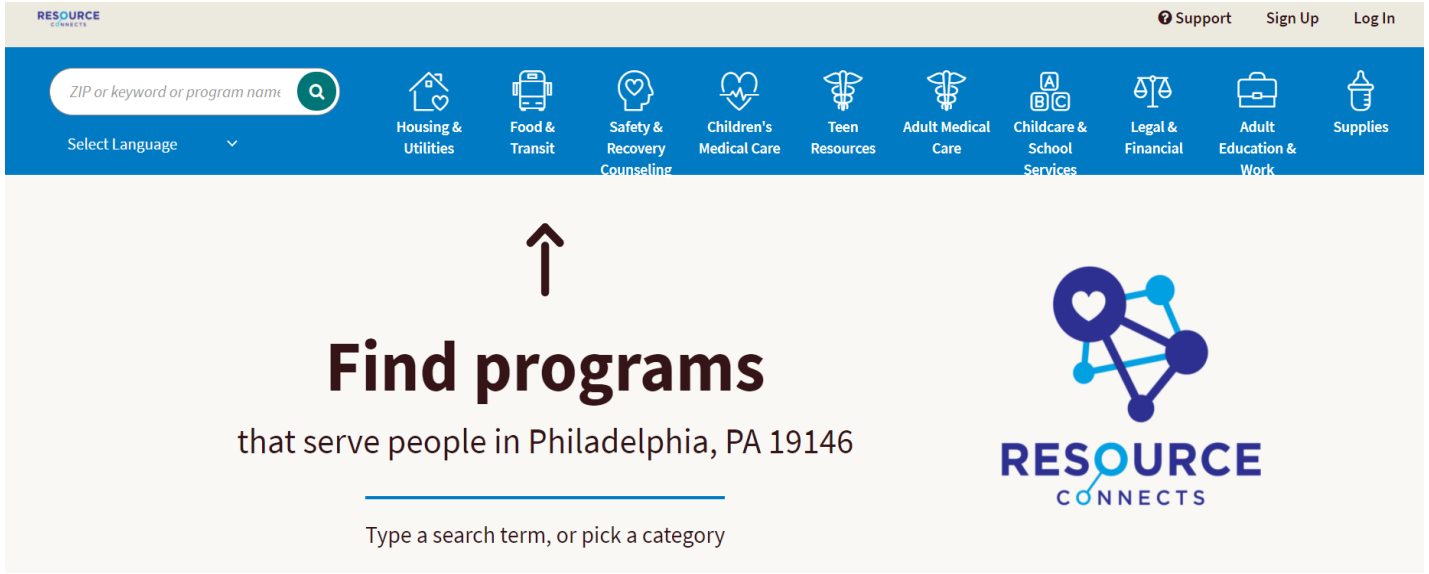

Randomization-arm specific RC site duplications

Data Collection:

Uptake

total number of searches, number of searches by domain

Engagement

time spent on site, number and domains of resources saved/emailed/texted/printed

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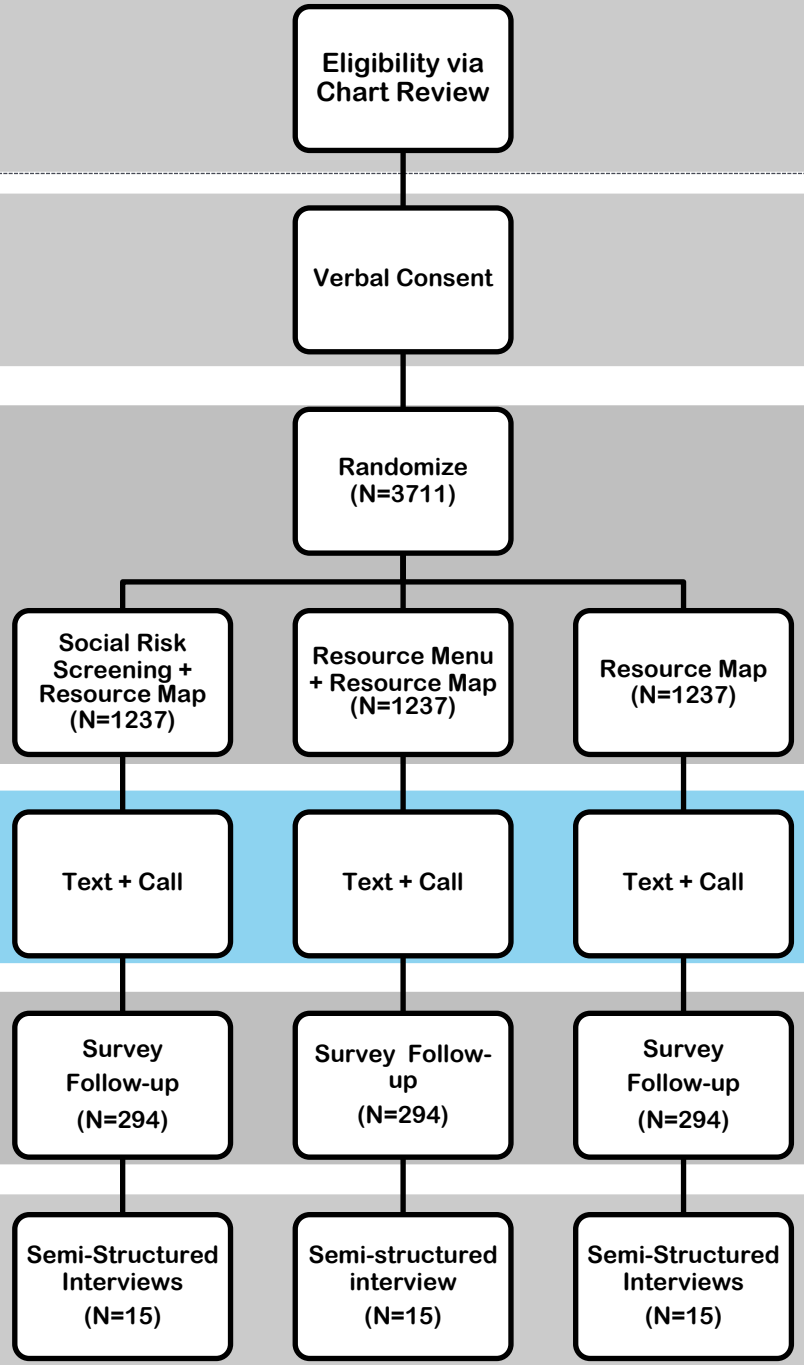
Inclusion Criteria:
Adult Caregiver with Pediatric Patient + Smart Device



Aim 1: Multi-Site RCT (Time = day 0)

Data Collection

Individual: participation in screening (yes/no), use of tablet or personal device, use of translation services (yes/no, and language), social risk screening results, caregiver and patient demographics (gender, age, insurance, 12 digit zip code, race/ethnicity, affiliation of a primary care provider, phone number), and whether a social work consultation was automatically triggered and/or requested

Resource Map: *uptake* (total number of searches, number of searches by domain), and resource *engagement* (time spent on site, number of resources saved/emailed/texted/printed, domains of resources saved/emailed/texted/printed)

Resource Navigation Option (Time = day 5)

Response to text messages (opt out vs no response), number of calls made in order to reach each participant, length of phone call, services offered, referrals made, and any other observations from the phone call

Aim 2: Pre-Post Analysis (Time = day 30)

Reported use of resources (yes/no), resources used by social domain, number of times each resource was used, perceived impact of resource use on social need, experience with healthcare discrimination, and level of trust in clinician

Aim 3: Qualitative (Time = day 35-45)

Telephone audio-recorded interviews

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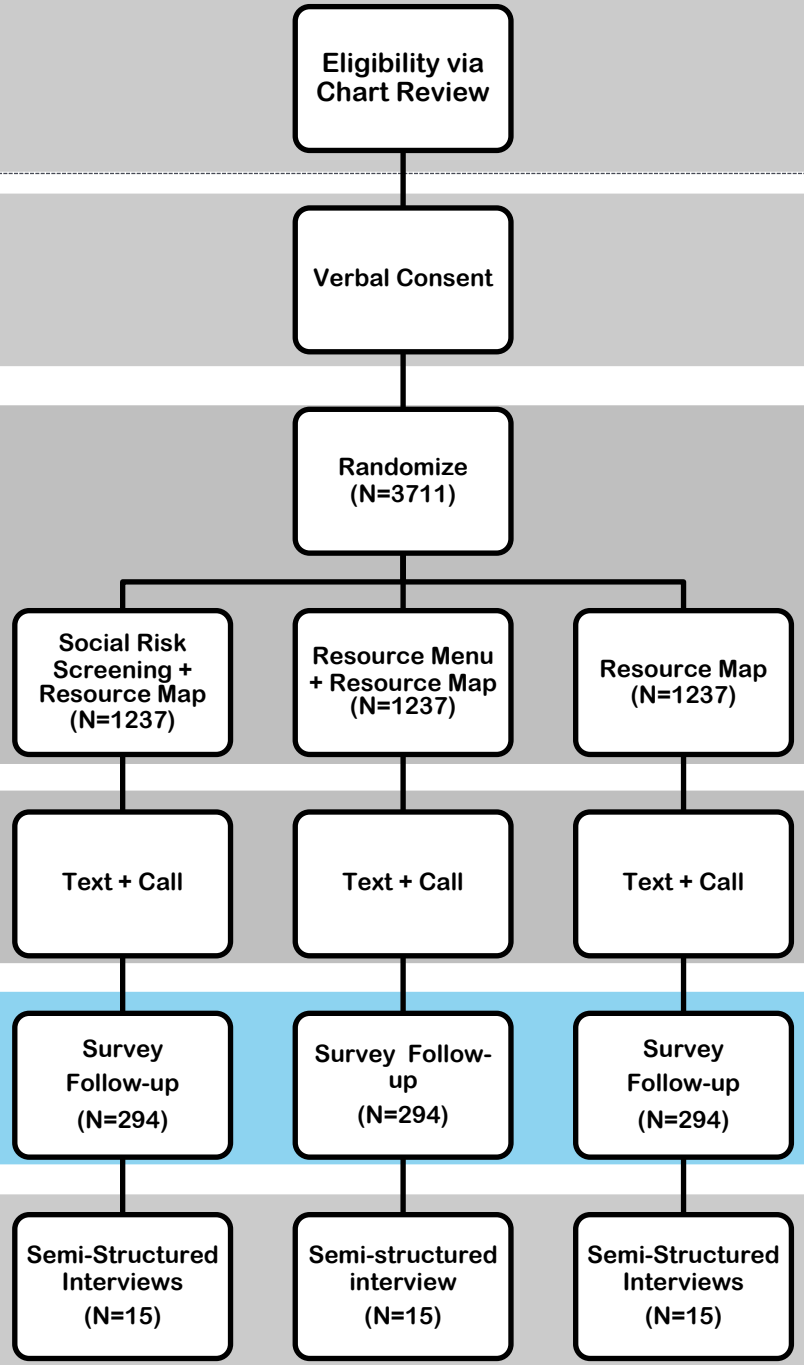

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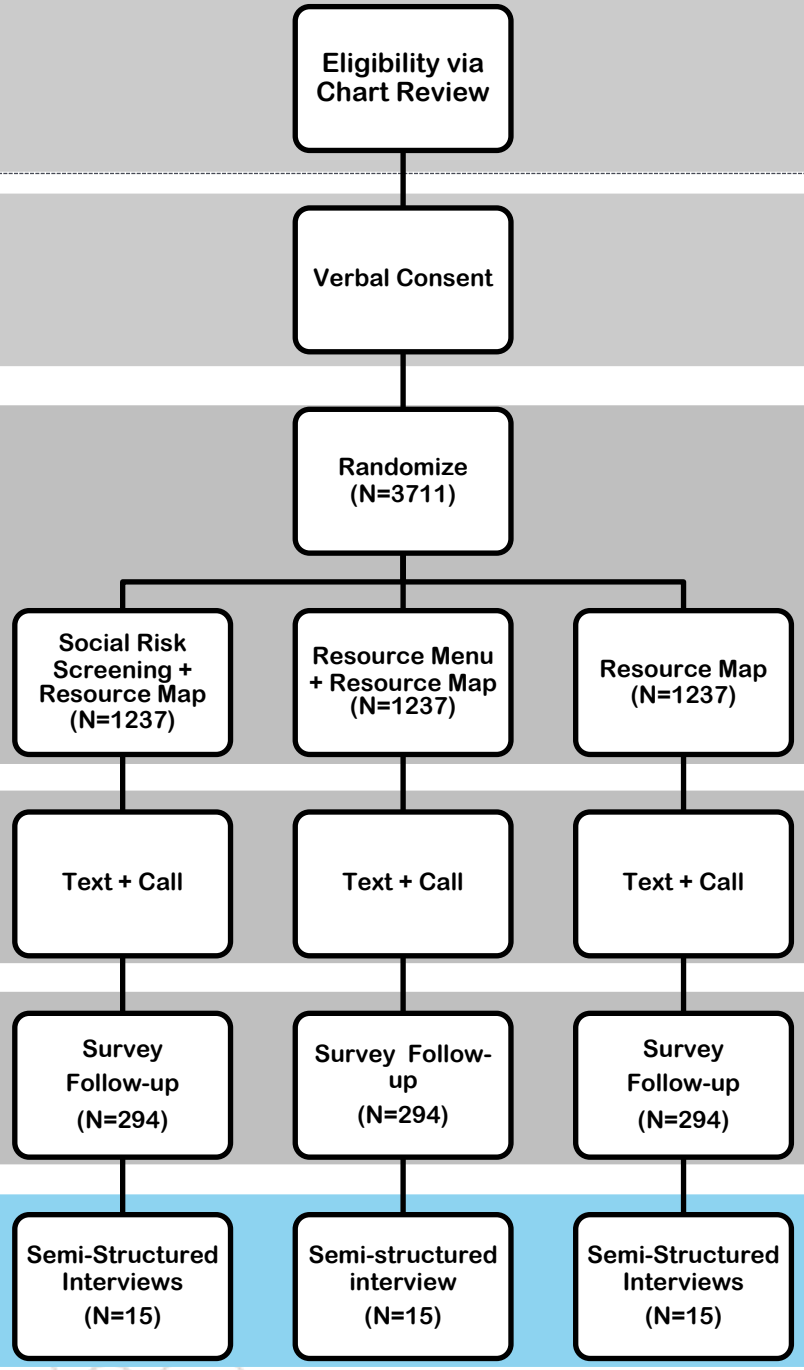

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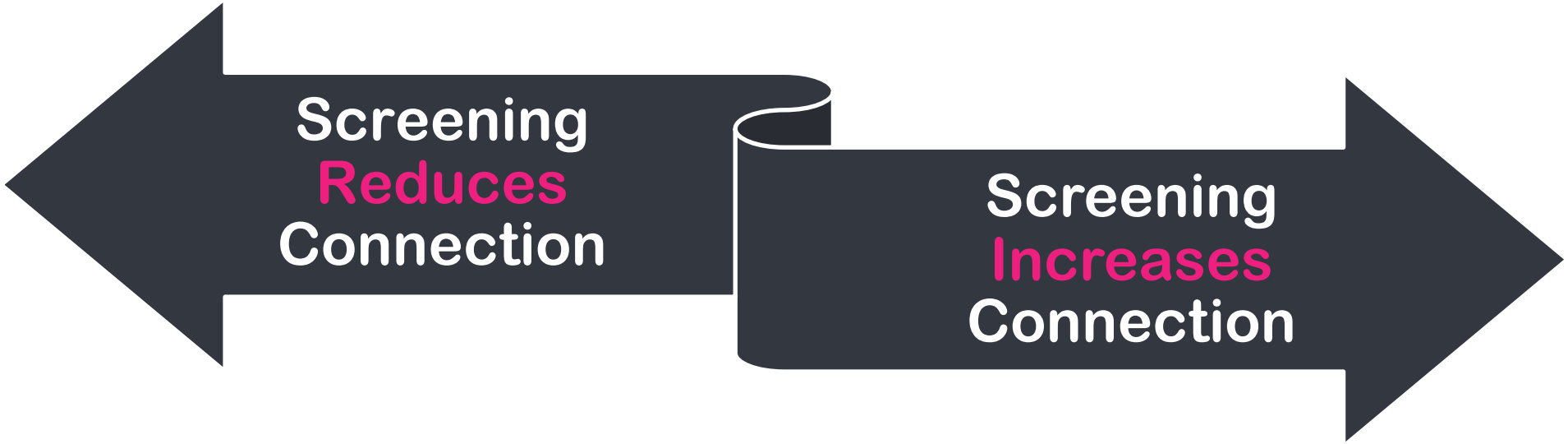
POTENTIAL OUTCOMES



- Understand mechanism
- Understand implementation context
- Develop processes for social care integration
- Center the perspectives of families with lived experience
- Plan for future implementation or de-implementation/substitution

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FINDINGS

Still enrolling and doing interviews!!

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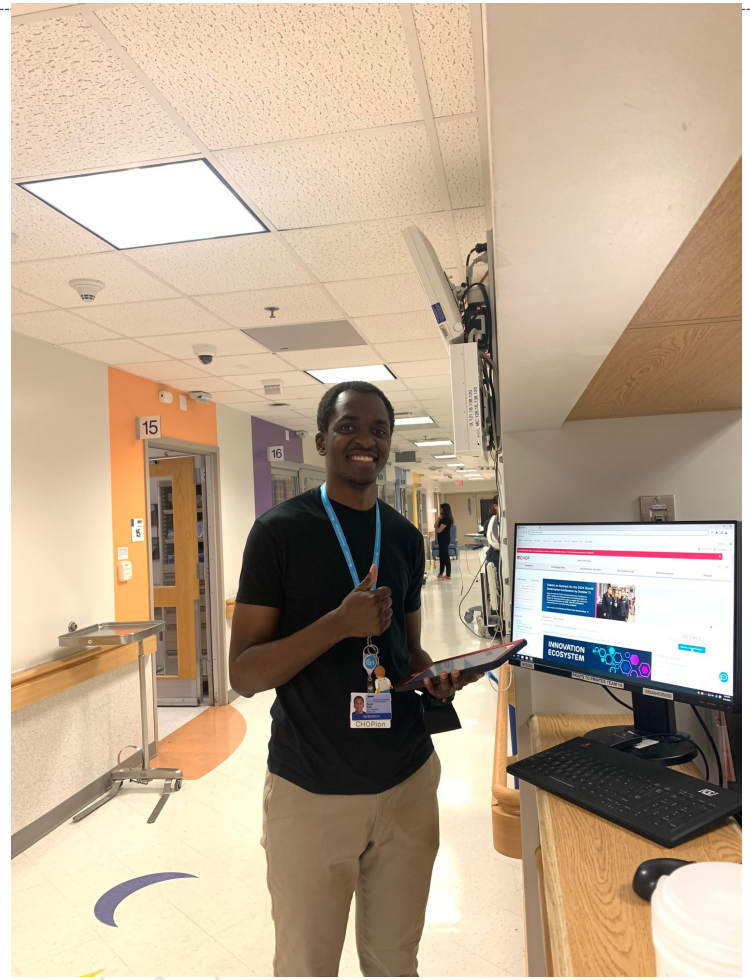
MY ROLE

Data Collector:

1. Prescreen patients for eligibility using Epic
2. Walk into patient rooms.
3. Introduce myself as a researcher
4. Explain project, obtain consent, and enroll



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LESSONS LEARNED

1. Understanding social risk: important but complex
2. Health Care continues past hospitals doors (SDOH)
3. Exposure to clinical research and clinical research tools
4. People management
5. Will add more…

ACKNOWLEDGEMENT

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Children's Hospital of Philadelphia

Rachel Brown, MPH

SECURE Clinical Research Project Manager at the Children's Hospital of Philadelphia

-The Entire SECURE TEAM
-All 2023 SUMR-GEAR UP Scholars ❤️

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THANK YOU FOR LISTENING

Questions?