Socially Equitable Care by Understanding Resource Engagement (SECURE)

DAVID KATO
LACK ACCESS TO SOCIAL RESOURCE AFFECTS HEALTH OUTCOMES

Will add text
OUR MAIN QUESTION:

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

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
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

Is social risk screening at the point of implementation readiness?

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

Rachel Gold, PhD, MPH1,2; Laura Gottlieb, MD, MPH3

Author Affiliations | Article Information
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
EXPECTED PROCESS FROM SCREENING TO ENGAGEMENT

Social Risk Screening ➔ Resource Referral ➔ Resource Engagement
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
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.

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**Figure 2: Study Overview**
Emergent need ➔ Automatic alert to project-specific social worker for same-day contact
RESOURCE MENU

Aim 1: RCT
- Social risk screening + Resource Map
- Resource Menu + Resource Map
- Resource Map

Aim 2: Pre-Post Analysis
- Survey Follow-up
- Survey Follow-up
- Survey Follow-up

Aim 3: Qualitative
- Semi-Structured Interview
- Semi-structured interview
- Semi-Structured Interview

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
Aim 1: RCT
- Eligibility via Chart Review
- Verbal Consent
- Randomization
  - Social risk screening + Resource Map
  - Resource Menu + Resource Map
  - Resource Map

Aim 2: Pre-Post Analysis
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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
**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)

**Randomize (N=3711)**

- Social Risk Screening + Resource Map (N=1237)
- Resource Menu + Resource Map (N=1237)
- Resource Map (N=1237)

**Resource Navigation Option (Time = day 5)**

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

- Text + Call
- Text + Call
- Text + 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

- Survey Follow-up (N=294)
- Survey Follow-up (N=294)
- Survey Follow-up (N=294)

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

- Telephone audio-recorded interviews

- Semi-Structured Interviews (N=15)
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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

Screening Reduces Connection

Screening Increases Connection
FINDINGS

Still enrolling and doing interviews!!
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
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…
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THANK YOU FOR LISTENING

Questions?