

Socially Equitable Care by Understanding Resource Engagement (SECURE): Leveraging Research to Ensure Equity

Statement of Problem

Economic hardships can significantly impede a child's development, overall health and well-being, and ability to succeed in school and in life. The economic recession and racial disparities underscored by COVID-19 magnified this impact on children and hastened the already rapid growth of screening protocols for social risk factors—such as food and housing insecurity, financial strain and unsafe environments—within pediatric health care.

Although screening is generally the first step in social risk interventions, this may lead to inequality in the distribution and utilization of social resources through three major mechanisms: 1) discordance between screening results and desire for services; 2) discomfort with screening and fear of negative repercussions; and 3) racial biases in screening. Identifying an alternative to screening processes may help to improve connection with desired resources and in turn, decrease disparities in health and behavioral outcomes for children and families.

Resource menus, which are structured lists of resources from which caregivers can self-select the types of programs and services they are interested in without prerequisite disclosure of need, have emerged as a strengths-based approach to providing social resources. [Early evidence suggests](#) that resource menus could be an effective and less stigmatizing substitute for screening, but whether this approach increases engagement with resources has not yet been studied.

Description

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Image

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By distributing social resources to nearly 4,000 families via



electronic
resource map



personalized
resource navigation

with caregivers randomized to complete either a resource menu or social risk screening tool prior to receiving resources, this study aims to move us towards evidence-based practices.

Image

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Eliminating screening processes may help reduce inequality in the distribution of social resources—resources that can, in turn, decrease disparities in health and behavioral outcomes for children.

Utilizing a mixed-method approach, our study will answer the major research question: is resource use higher when families are presented with a resource menu, as compared to social risk screening or no assessment at all? Furthermore, by introducing [resource mapping technology](#) as the method of resource referral, this study will provide insight regarding its effectiveness as a social needs assistance strategy. We will also offer personalized resource navigation to our study participants.

Our study will involve nearly 4,000 parents or caregivers of patients ages 0-21 years receiving care at Children's Hospital of Philadelphia's (CHOP) Emergency Department and two CHOP Primary Care practices.

First, we will conduct a multi-site randomized controlled trial comparing caregiver acceptance of resources, defined by use of a searchable electronic resource map, introduced with or without a preceding resource menu or standardized social risk screening tool. Caregivers will be randomized to one of three groups: the first and second groups will complete a resource menu or standardized social risk screening tool, respectively, prior to receiving resources, while the third group will receive resources without completing a prior social assessment.

Among the screening group, we will use an adapted version of the evidence-based WE CARE screening tool, which assesses need in the five domains most frequently requested by our patient population: housing, transportation, child care, food security, and household heat and electricity.

We will then conduct a pre-post analysis of the impact of social assessment type on resource engagement and utilization as well as resulting change in social risk. Finally, we will explore, using qualitative methods, how caregiver comfort levels and interest in services is affected by social risk screening.

Next Steps

While addressing social risk may be considered a moral imperative, this contribution will move the work toward evidence-based practice by carefully examining the comparative impact of social assessments. We hope that the findings of this study will be directly applied to institutional and regional interventions that address social risk, and will inform adjustments to current policies and practices, including potential de-implementation of social risk screening and replacement with a resource menu approach.

For more information on the SECURE project, click [here](#).

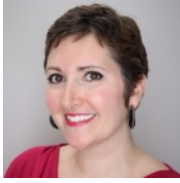
This project page was last updated in November 2023.

Suggested Citation

Children's Hospital of Philadelphia, PolicyLab. *Evaluating the Impact of Social Risk Screening on Uptake of Social Assistance: Leveraging*

Research to Ensure Equity [online]. Available at: <http://www.policylab.chop.edu>. [Accessed: plug in date accessed here].

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Funders of Project

William T. Grant Foundation

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Related Tools & Publications

- [Screening for Social Needs in Pediatrics: How Can We Ensure it is Family-centered and Effective?](#)
[Issue Briefs](#)
Jan 2021
- [State Policy Considerations for Addressing Unmet Social Needs in the Pediatric Setting](#)
[Tools and Memos](#)
Aug 2021
- [Pediatric Social Risk Screening: Leveraging Research to Ensure Equity](#)
[Article](#)
Sep 2021
- [Centering Caregiver Perspectives in Social Care Integration](#)
[Article](#)

Jun 2023

- [Pennsylvania Department of Human Services Request for Public Comment: Section 1115 Medicaid Demonstration Waiver Application “Bridges to Success: Keystones of Health for Pennsylvania”
Tools and Memos](#)
Dec 2023
- [Policy and Social Care Move Fast: How Rapid Qualitative Methods Can Help Researchers Match Their Pace
Blog Post](#)
Apr 25, 2024
- [Barriers and Facilitators to Caregiver Comfort With Health-related Social Needs Data Collection in the Pediatric Clinical Setting
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