Children's Hospital of Philadelphia
PolicyLab

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 research on this approach has been limited.

Utilizing a mixed-method approach, our study answered the major research question: does offering social resources without preceding social risk screening improve acceptance, perception and engagement with social resources among families with children? Furthermore, by introducing **resource mapping technology** as the method of resource referral, this study provided insight regarding its effectiveness as a social needs assistance strategy. We also offered personalized resource navigation to all study participants and evaluated predictors to engagement with resource navigation.

Description

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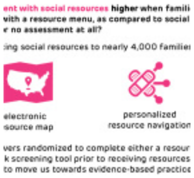

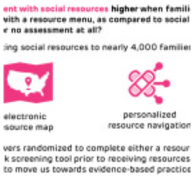

Eliminating screening processes may help reduce inequality in the distribution of social resources—resources that can, in turn, decrease disparities in health and behavioral outcomes for children.

Our study enrolled 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.

We first conducted a multi-site randomized controlled trial comparing caregiver desire for and acceptance of resources introduced with or without a preceding resource menu or standardized social risk screening tool. Caregivers were randomized to one of three groups: the first and second groups completed a resource menu or standardized social risk screening tool, respectively, prior to receiving resources, while the third group received resources without completing a prior social assessment.

We found that significantly more caregivers who received the resource menu reported interest in social resources compared to the group that received the screener (38.4% vs 29.0%). These results demonstrate that the standard practice of using a caregiver's response to a social risk screener as the criterion for providing resources may exclude a significant proportion of families who desire assistance.

Furthermore, we found that engagement in social care was predicted by caregiver reported desire for assistance and number of social domains (for example, food, housing, and transportation) in which caregivers desire assistance. These findings suggest a more feasible tiered structure of support in social care programming that eliminates the need for screening: electronic resources provided to all, tailored resource information and referrals for those requesting assistance, and individualized resource navigation for those who desire it. This "SECURE Protocol" enhances equity by centering caregiver autonomy to self-identify desired supports.

We also interviewed 60 caregivers to explore their views on the collection of social care data in the pediatric health care setting. Caregivers shared several main concerns:

1. Stigmatization by providers and medical staff and risk of child protective services involvement
2. Providers presuming connections between documented social needs or risks and medical complaints
3. Permanency of documented social needs/risks in the patient's medical record
4. Visibility of social needs data by pediatric patients and other caregivers in the patient's medical record
5. Fear that documented social needs or risks could negatively impact future insurance cost and coverage.

We also identified several factors that increase caregiver comfort with social care:

1. Clear communication regarding the purpose of social care data collection and use

2. Respect for caregiver autonomy, for example by providing the option to decline participation

3. Training of data collection personnel to ensure privacy and compassionate care

4. Consideration of timing within the medical visit, delaying assessment until medical concerns are addressed

Next Steps

While addressing social risk may be considered a moral imperative, this contribution moves the work toward evidence-based practice by carefully examining the comparative impact of social assessments. Furthermore, integrating these caregiver-identified factors into the implementation of future social care programs could increase caregiver comfort and equitable participation. 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, such as replacing social risk screening with a resource menu approach.

We'll build on the findings from this research in a new project, SECURE Implementation Trial (SECURE IT): Studying Implementation and Effectiveness of Social Care in the Emergency Department.

*For more information on the SECURE project, click **here**.*

This project page was last updated in September 2025.

Suggested Citation

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PolicyLab Leads

Danielle Cullen
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Faculty Member

Danielle Cullen (she/her) is a faculty member at PolicyLab at Children's Hospital of Philadelphia (CHOP) and assistant professor of pediatrics and pediatric emergency medicine at CHOP and the Perelman School of Medicine at the University of Pennsylvania. She is also a senior fellow of the University of Pennsylvania Leonard Davis Institute of Health Economics and co-course director for Master Level Introduction to Implementation Science at the University of Pennsylvania.

Dr. Cullen’s research focuses on socio-economic health disparities, in particular childhood food insecurity. Her long-term goal is to improve health equity among socially disadvantaged children through the development of effective, acceptable, and feasible strategies to identify social risk and improve family engagement with resources. She is dedicated to community involvement in research and programmatic design, and leveraging methods from Community-Based Participatory Research and Implementation Science to enhance reach and sustainability of developed programs. Her current interdisciplinary research portfolio includes: mixed-methods evaluations of social determinant screening modalities, locations and referral processes; a hybrid implementation-effectiveness study of the USDA’s summer food service program across five CHOP clinical settings; and a qualitative evaluation of low-income families’ experiences with a clinically-based subsidized organic produce box program.

In addition to her research, Dr. Cullen is a member of the advisory board for the hunger pillar of CHOP’s Healthier Together initiative and CHOP’s social risk screening and resource map sponsorship board. She serves on multiple city-wide committees, including as co-chair of the food insecurity workgroup for the multi-institutional COACH (Collaborative Opportunities to Advance Community Health) initiative to address social determinants of health in southeastern Pennsylvania.

Dr. Cullen earned her Master of Public Health in Maternal and Child Health at the Johns Hopkins Bloomberg School of Public Health and her medical degree from Jefferson Medical College. She completed residency in General Pediatrics at the Children’s Hospital of Pittsburgh of UPMC. There, with support from the American Academy of Pediatrics, she developed a screening and intervention protocol for food insecurity in the Children’s Hospital of Pittsburgh Emergency Department. This protocol was integrated into the electronic medical record system as the standard of care and has now been expanded to the hospital’s inpatient and outpatient settings. She completed Pediatric Emergency Medicine fellowship at CHOP while also serving as a T32 research scholar, earning her Master of Health Policy Research from the University of Pennsylvania.

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Team

Katie McPeak
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Faculty Scholar

Katie McPeak (she/her) is a faculty scholar at PolicyLab at Children's Hospital of Philadelphia (CHOP), a primary care pediatrician and medical director for health equity of the CHOP Primary Care Network, as well as a consulting physician on the Possibilities Project, an initiative to innovate primary care delivery. Dr. McPeak has over a decade of experience in quality improvement, system redesign and primary care management in predominantly Medicaid-insured/underserved communities. She previously served as the medical director of the Center for the Urban Child at St. Christopher's Hospital for Children, and prior to that served as the director of pediatric quality and associate chief of pediatrics at San Francisco General Hospital/University of California, San Francisco.

Dr. McPeak is a certified Spanish-speaking provider. Her goals are to reduce disparities in care for children and to put the family and patient at the center of care redesign and innovation. She has a strong interest in improving care of limited English proficient patients, children with special health care needs and strengthening care teams. She trained at University of Colorado/Children's Hospital of Colorado where she completed her pediatric residency and chief residency.

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Clinical Research Program Manager

Rachel Brown (she/her) is a clinical research program manager at PolicyLab at Children's Hospital of Philadelphia. Ms. Brown works with Dr. Danielle Cullen on a mixed-methods research portfolio aimed at reducing health disparities by addressing unmet social need among children and their families. She also supports the implementation and evaluation of several clinically based food programs.

Ms. Brown received her Master of Public Health in Community Health and Prevention from Drexel University. While completing her graduate degree, she was an Urban Health Collaborative fellow in the Policy & Community Engagement Core as well as a graduate intern at PolicyLab. She also worked with Drexel's Center for Public Health Readiness and Communication as a crisis communications associate, developing strategic outreach plans and content to support the university's pandemic response.

Prior to pursuing her master's degree, Ms. Brown held several communications and community engagement roles at organizations including the Federal Reserve Bank of Philadelphia and SteegeThomson Communications. She earned her bachelor's degree in media & communications from Ursinus College.

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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
  Article
  Dec 2024
- Multilingual Research Strategies to Enhance Equity
  Article
  Dec 2024
- Considerations for Documenting and Sharing Health-related Social Needs Information in Pediatric Care Settings
  Issue Briefs
  Jan 2025

Related Projects

SECURE Implementation Trial (SECURE IT): Studying Implementation and Effectiveness of Social Care in the Emergency Department
Population Health Sciences