Approaches to Identifying Social Needs: The SECURE RCT

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Background and objectives

Despite the increase in social risk screening protocols across health care, evidence suggests that interest in resources does not necessarily correlate with positive screening results and that screening may limit acceptance of resources due to fear of negative repercussion. This study's objective is to determine the effect of social risk screening on desire for and engagement with social resources.

Methods

A multilingual sample of adult caregivers in the emergency department and 2 primary care clinics of a children's hospital were randomized to receive (1) a social risk screener, (2) a "resource menu" to indicate desired assistance, or (3) no social assessment. All arms received electronic resources and optional individualized navigation. Between-group differences in resource desire, engagement with navigation, and reported resource use at 30-day follow-up were assessed with ?2 tests and regression analysis.

Results

Among 3949 caregivers randomized, a significantly higher proportion in the resource menu arm reported desire for resources compared with the screening arm (38.4% vs 29.0%, P < .001). Caregivers who preferred a non-English language had 2.7 times greater odds of reporting desire for resources when presented with a resource menu compared with a screener (95% CI, 1.6-4.7). There was a dose-response relationship between engagement with resource navigation and number of desired resource domains (P < .001). Among 906 follow-up survey participants, 40.1% reported using and 33.4% reported sharing the resource map.

Conclusions

Caregivers' desire for social resources can best be elicited using a resource menu-focusing on prioritized domains of social need-without associated social risk screening.

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