

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

Economic hardship can significantly impede a child’s development, overall health and well-being, and the ability to succeed in school and in life. The intersecting economic and racial disparities exacerbated by COVID-19 have 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. Concurrently, the Pennsylvania Department of Health issued a statewide mandate for initiation of social risk screening in patient-centered medical homes, and PA Medicaid is tying reimbursement to documentation of screening outcomes.

Momentum for implementing screening protocols is outpacing research and raising concern among patient advocates for unintended harm. Although screening is generally the first step in social risk interventions, this can lead to inequity 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; 3) racial biases in screening.

Challenging the practice of screening before resource referral by rigorously evaluating this approach compared to other emerging social risk intervention models may be a key lever to ensuring equity in the distribution of resources. Identifying the most effective, family-centered approach to resource referral, in turn, may decrease disparities in health and behavioral outcomes for children when families receive and engage with social resources.

Research to Inform Policy

Our [study](#) seeks to answer the question: how can we best facilitate family-level engagement with social resources from the pediatric health care setting? In addition to evaluating the impact of screening on uptake of social resources, we’ll explore a promising alternative: the use of a “resource menu” in which caregivers self-select from a structured list of resources without prerequisite disclosure of need. **We hypothesize that the resource menu may be a more effective and strengths-based substitute for social risk screening—increasing our ability to identify caregiver interest in social resources, maximizing engagement with these resources and ultimately reducing unmet social need.** Furthermore, by introducing resource mapping technology as the method of resource referral, and an opt-out process for personalized resource navigation by phone, this study will provide insight regarding the effectiveness of these social needs’ assistance strategies.

Our study includes nearly 4,000 caregivers of patients ages 0-21 years receiving care at two Children’s Hospital of Philadelphia Primary Care practices as well as the main hospital’s Emergency Department. We will compare caregivers’ acceptance of and engagement with social resources when information through an electronic resource map and personalized resource navigation is presented (1) alone, (2) following a resource menu or (3) following social risk screening. Caregivers can opt-in to a 30-day follow-up survey as well as a qualitative interview to further explore how caregiver comfort level and perception of resources is affected by the resource menu or social risk screening.

Next Steps

While addressing social risk may be considered a moral imperative, this research will move the work toward evidence-based practice by systematically examining three models of resource provision. We intend for the findings of this study to be directly applied to institutional and regional interventions that address social risk, and to inform adjustments to current policies and practices, including potential de-implementation of social risk screening. The knowledge gained will provide guidance for other health care systems that are developing and refining social risk interventions to maximize the benefit to patients and families.