



THE ROLE OF THREAT VIGILANCE IN SCREENING AND ADDRESSING UNMET SOCIAL CARE IN THE EMERGENCY DEPARTMENT

SARA BYBEE, PHD, LCSW

FEBRUARY 3, 2025

siren
2025 NATIONAL
RESEARCH MEETING
Advancing the science of social care.



DISCLOSURES

We have no conflicts of interest to report.

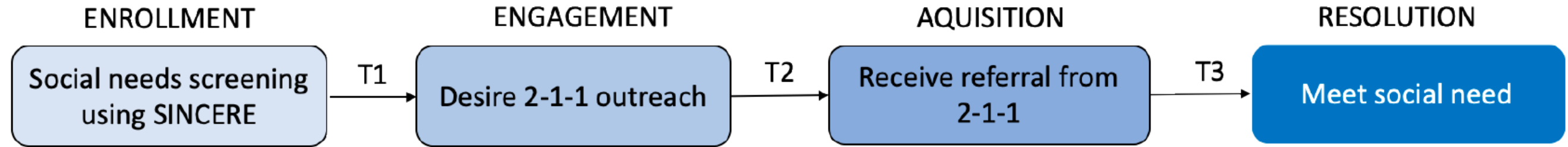
ACKNOWLEDGEMENTS

- Research Team
 - Natalie Tedford, Brenda Luther, Jia-Wen Guo, Lisa Diamond, Andrea Wallace
- Funding
 - NIH 1R01NR019944 (PI: Wallace)
 - American Academy of Pediatrics Access to Child Health Implementation Grant (award # 2688)

BACKGROUND



PRELIMINARY WORK



JOURNAL ARTICLE

Implementation of collaborative goal setting for diabetes in community primary care [Get access >](#)

Andrea S. Wallace, PhD, RN ✉, Yelena Perkhounkova, PhD,
Andrew L. Sussman, PhD, MCRP, Maria Hein, MSW, Sophia Jihey Chung, PhD, RN,
Toni Tripp-Reimer, PhD, RN, FAAN

Translational Behavioral Medicine, Volume 6, Issue 2, June 2016, Pages 202–211,
<https://doi.org/10.1007/s13142-016-0389-5>

Published: 22 February 2016

AJPM FOCUS

INCLUSIVITY IN PEOPLE, METHODS, AND OUTCOMES

RESEARCH ARTICLE

A Secondary Data Analysis of Technology Access as a Determinant of Health and Impediment in Social Needs Screening and Referral Processes

Sara G. Bybee, PhD,¹ Nasser Sharareh, PhD,² Jia-Wen Guo, PhD,¹ Brenda Luther, PhD,¹
Ernest Grigorian, BS,¹ Ching-Yu Wang, MSN,¹ Bob Wong, PhD,¹ Andrea S. Wallace, PhD¹

Introduction: Although health systems increasingly integrate social needs screening and referrals into routine care, the effectiveness of these interventions and for whom they work remains unclear.

Methods: Patients (N=4,608) seen in the emergency department were screened for social needs (e.g., transportation, housing, food) and offered an opportunity to receive outreach from community service specialists.

Results: Among 453 patients with 1 or more social needs who requested assistance, outreach specialists connected with 95 (21.0%). Patients preferred to be contacted through their telephone (n=21, 60.2%), email (n=126, 28.0%), someone else's telephone (n=30, 6.7%), or first by telephone followed by email (n=23, 5.1%). Preferred contact method varied by patient age, endorsement of

PURPOSE



CURRENT STUDY

Aim 1: Explore the barriers to participation and engagement in social needs screening and referral processes experienced by patients in medical settings.

Aim 2: Explore the facilitators of participation and engagement in social needs screening and referral processes experienced by patients in medical settings.

THEORETICAL FRAMEWORKS

General Unsafety Theory of Stress (GUTS)¹
Social Safety Theory²



Implication 1: Default state is to expect social threats

Implication 2: Social safety cues can disengage social threats

Context:
Screening for
social needs

¹Brosschot et al., 2018 ²Slavich, 2022

METHODS



STUDY DESIGN & SAMPLE

- Focus group time frame: December 2022 – March 2023
- 4 focus groups
 - 10 English-speakers
 - 22 Spanish-speakers
- Discussion of SINCERE screening questions

Social Needs Screener

It takes a lot to be healthy. I'm going to ask you questions about things everyone needs to care for themselves at home, like food, housing, or transportation.

We have a partnership with [United Way 2-1-1](#), a free service, to give you information related to your needs. There is **no cost** for this. These questions are **not a part of your medical records**. Here are the questions:

In the last month...

1. Have you not seen a doctor because you didn't have a way to get to the clinic or hospital? Yes
 No
 Prefer Not To Answer
* must provide value [reset](#)

2. Have you needed to see a doctor but could not because it costs too much? Yes
 No
 Prefer Not To Answer
* must provide value [reset](#)

3. Did you not take medications to save money? Yes
 No
 Prefer Not To Answer
* must provide value [reset](#)

4. Did you feel there was not enough money for food? Yes
 No
 Prefer Not To Answer
* must provide value [reset](#)

5. Did you feel there was not enough money for items like clothing or furniture? Yes
 No
 Prefer Not To Answer
* must provide value [reset](#)

(Continue Screening Questions)

In the last month...

6. Was there a time when you were not able to pay your utility bills? Yes
 No
 Prefer Not To Answer
* must provide value [reset](#)

7. Was there a time when you were not able to pay your mortgage or rent? Yes
 No
 Prefer Not To Answer
* must provide value [reset](#)

8. Have you slept outside, in a shelter, in a car, or any place not meant for sleeping? Yes
 No
 Prefer Not To Answer
* must provide value [reset](#)

9. Have you been unemployed and looking for work? Yes
 No
 Prefer Not To Answer
* must provide value [reset](#)

10. Have problems getting child care or elder care made it difficult for you to work or get to appointments? Yes
 No
 Prefer Not To Answer
* must provide value [reset](#)

(Guo et al., 2022)

MEASURES & PROCEDURE

Table 1. Focus Group Questions

#	Question
1.	What do you like about the introduction? What do you not like about the introduction?
1a.	What additional information would be helpful to include?
2.	In your own words, what is this question asking?
2a.	How would you ask this question differently?
3.	Why would you not want to answer this question?
4.	If you were to answer “YES” why would you not be interested in assistance from an information specialist?
4a.	If you were to answer “YES” to being contacted by an information specialist, what would make you answer the phone when they called? What would make you not answer the phone when they call?
5.	Why might you answer “prefer not to answer”?
6.	After going through the screening questions, do you feel that the information specialists are trustworthy?
6a.	Would you want these questions as part of your child’s medical record? Why or why not?
6b.	What questions do you think should be added?

- Electronic consent
- Focus groups conducted using videoconferencing software
 - Audio-recorded
 - Translated to English if conducted in Spanish
 - Transcribed Verbatim
 - Imported into NVivo qualitative analysis software

ANALYTIC PLAN

- Focus group transcripts
 - Deductive coding: Social safety & social threats
 - Inductive coding as needed
 - Unitization
 - Double-coded one transcript (Cohen's kappa = 0.66)



RESULTS



DEMOGRAPHIC CHARACTERISTICS

N = 32

Age = 35.3
years
(SD = 6.8)

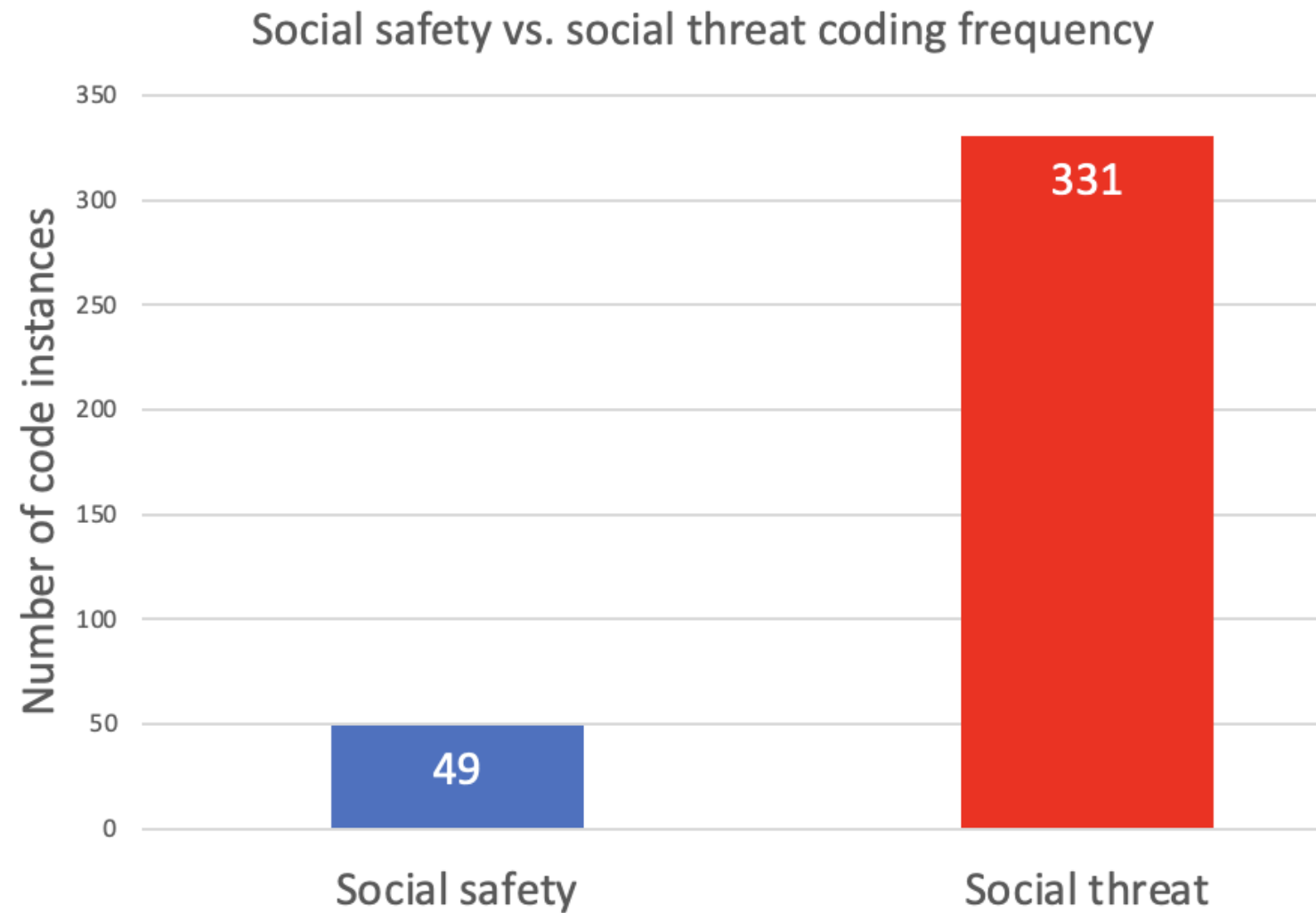
Female
N = 25
(78.1%)

Hispanic/Latino
N = 25 (78.1%)

Urban (14, 43.8%)
Suburban (n=13, 40.6%)
Rural (n=5, 15.6%)

No prior
contact w/
information
specialist
(n=21, 65.6%)

CODING FREQUENCY BY CATEGORY



CODING HIERARCHY

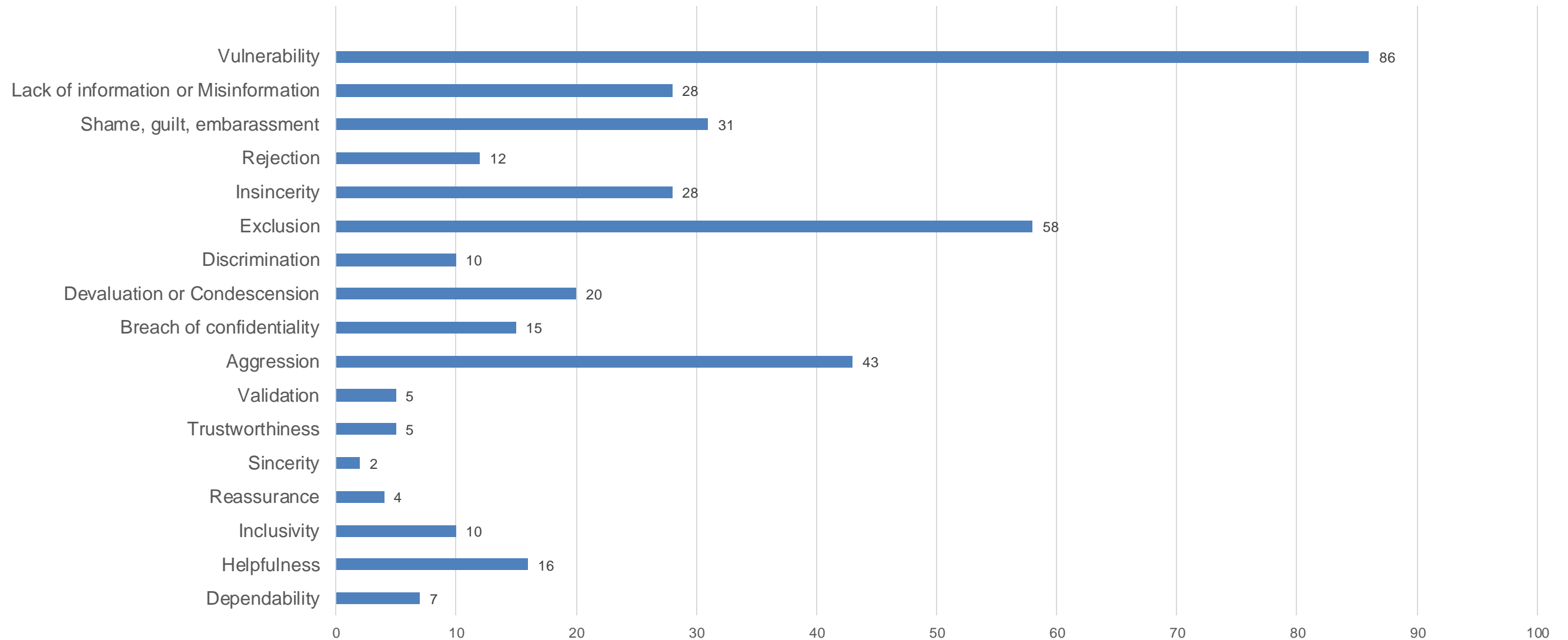
Social Safety:

Predictability
Helpfulness
Inclusivity
Reassurance
Sincerity
Authenticity
Validation

Social Threats:

Aggression
Breach of confidentiality
Devaluation/condescension
Discrimination
Exclusion
Insincerity
Rejection
Shame/guilt/embarrassment
Lack of info/misinformation
Vulnerability

CODING FREQUENCY BY CODE



HELPFULNESS, INCLUSIVITY, PREDICTABILITY

“Connected me to what I was looking for, so I thought it was awesome.”

“Found me a free program so I could get a tutor.”

“It was finally available in [city]. So that seemed really great to me.”

“They called me. And that was really comforting for me and it was easier to connect and have them follow through by calling you, instead of giving you a piece of paper with the information.”

VULNERABILITY, EXCLUSION, AGGRESSION

“It’s just a very hard and vulnerable situation to put yourself in and to ask for help.”

“This question is more invasive, I’m not saying that it’s bad, but it’s more invasive, it’s more private. I don’t have to answer if I’ve got food in my house or not, I came here to get treated.”

“A lot of undocumented people can say, ‘Well, these services are provided, but are they provided for me?’”

“Families don’t answer questions because they’re worried it will lead to repercussions of child protective services being contacted for neglect. So they refuse to answer.”

“Some people may worry that answering this could affect their living situation; if it were reported to their apartments, they would get kicked out.”

CONCLUSIONS



PERCEIVED SOCIAL THREATS AND REMEDIES

Aggression → Assurance re contact with authorities; ask permission re Q's

Breach of confidentiality → Information will not be documented/shared

Devaluation/condescension → Speak to person at the same level, assure them their time is valuable, ask if it is an okay time

Discrimination → State that all patients are being screening; non-judgmental

PERCEIVED SOCIAL THREATS AND REMEDIES

Exclusion → Services are for all, regardless of legal status; remain curious about other needs

Insincerity → Build rapport; warm, trustworthy; community gatekeeper; show concern for addressing needs

Rejection → Other resources will be provided; information on stringent eligibility criteria

LIMITATIONS

- Small sample size
- Primarily Hispanic/Latino participants
- Consecutively enrolled
- Geographic limitations



IMPLICATIONS



IMPLICATIONS



- Establish a climate of safety and trust prior to social care screening/referrals
- Individual administering screening: warm, authentic, sincere
- Higher patient engagement → better health

THANK YOU!

QUESTIONS?

sara.bybee@nurs.utah.edu

REFERENCES

- Brosschot, J. F., Verkuil, B., & Thayer, J. F. (2018). Generalized Unsafety Theory of Stress: Unsafe Environments and Conditions, and the Default Stress Response. *Int J Environ Res Public Health*, 15(3). <https://doi.org/10.3390/ijerph15030464>
- Bybee, S. G., Sharareh, N., Guo, J.-W., Luther, B., Grigorian, E., Wang, C.-Y., Wong, B., & Wallace, A. S. (2024). A Secondary Data Analysis of Technology Access as a Determinant of Health and Impediment in Social Needs Screening and Referral Processes. *AJPM Focus*, 3(2), 100189. <https://doi.org/https://doi.org/10.1016/j.focus.2024.100189>
- Hood, C. M., Gennuso, K. P., Swain, G. R., & Catlin, B. B. (2016). County Health Rankings: Relationships between Determinant Factors and Health Outcomes. *Am J Prev Med*, 50(2), 129-135. <https://doi.org/10.1016/j.amepre.2015.08.024>
- Guo, J. W., Wallace, A. S., Luther, B. L., & Wong, B. (2022). Psychometric Evaluation of the Screener for Intensifying Community Referrals for Health. *Eval Health Prof*, 45(3), 270-276. <https://doi.org/10.1177/01632787211029360>
- Slavich, G. M. (2022). Social Safety Theory: Understanding social stress, disease risk, resilience, and behavior during the COVID-19 pandemic and beyond.
- Wallace, A. S., Perkhounkova, Y., Sussman, A. L., Hein, M., Chung, S. J., & Tripp-Reimer, T. (2016). Implementation of collaborative goal setting for diabetes in community primary care. *Translational Behavioral Medicine*, 6(2), 202-211. <https://doi.org/10.1007/s13142-016-0389-5>
- World Health Organization. *Social determinants of health*. Retrieved December 18 from https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1