

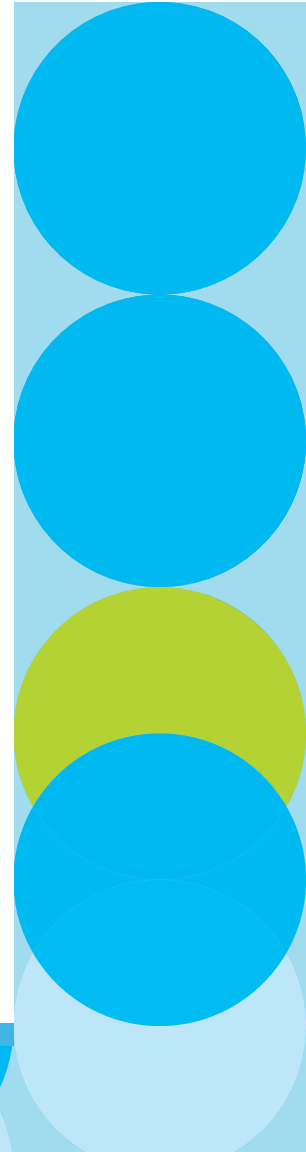
POLICYLAB

12/3/25

Socially Equitable Care by Understanding Resource Engagement (SECURE)

LESSONS FROM A PRAGMATIC, MULTILINGUAL, MIXED-METHODS RCT

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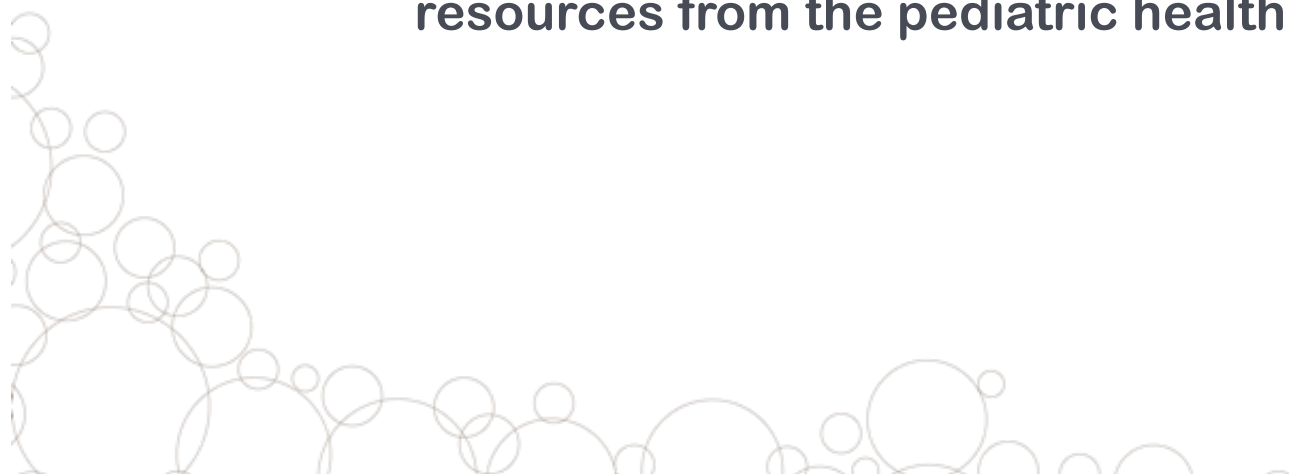
The authors have
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OUR MAIN QUESTIONS:

How does **screening for social risk impact** resource desire?

How can we best **facilitate family-level engagement** with social resources from the pediatric health care setting?



SECURE STUDY

Multi-site randomized controlled trial with mixed methods design to:

Evaluate the **impact of social risk screening on engagement with resources**

- Trial utility of electronic resource map
- Trial tele-resource navigation and opt-out process
- Multi-lingual methods

Center family autonomy and perspectives

Co-developed, collecting data to inform implementation



SECURE STUDY

3 sites

- ED + Primary Care

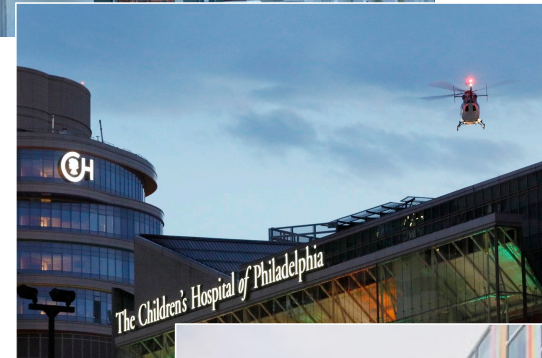
Inclusion

Caregivers of patients:

- +Smart phone
- 6 study languages
- Patient age 0-25 years

Exclusion

- Complex care management
- CC requiring social work



Inclusion Criteria:
Adult Caregiver with Pediatric Patient +
Smart Device



Randomized

**Social Risk
Screening +
Resource Map**

**Resource Menu +
Resource Map**

Resource Map

Text + Call

Text + Call

Text + Call

**Survey
Follow-up**

**Survey
Follow-up**

**Survey
Follow-up**

**Semi-Structured
Interviews**


**Semi-structured
interview**

**Semi-Structured
Interviews**

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MULTILINGUAL TECHNOLOGY



Spanish    AAA

Arabic

Chinese

English

Portuguese

✓ Spanish

Vietnamese

¡Gracias por participar en el proyecto SECURE!

Responda las siguientes preguntas sobre USTED, no sobre el niño que trajo hoy.

¿Cuál es SU edad?

Menos de 18

18 a 24

25 a 34



SCREENING TOOL

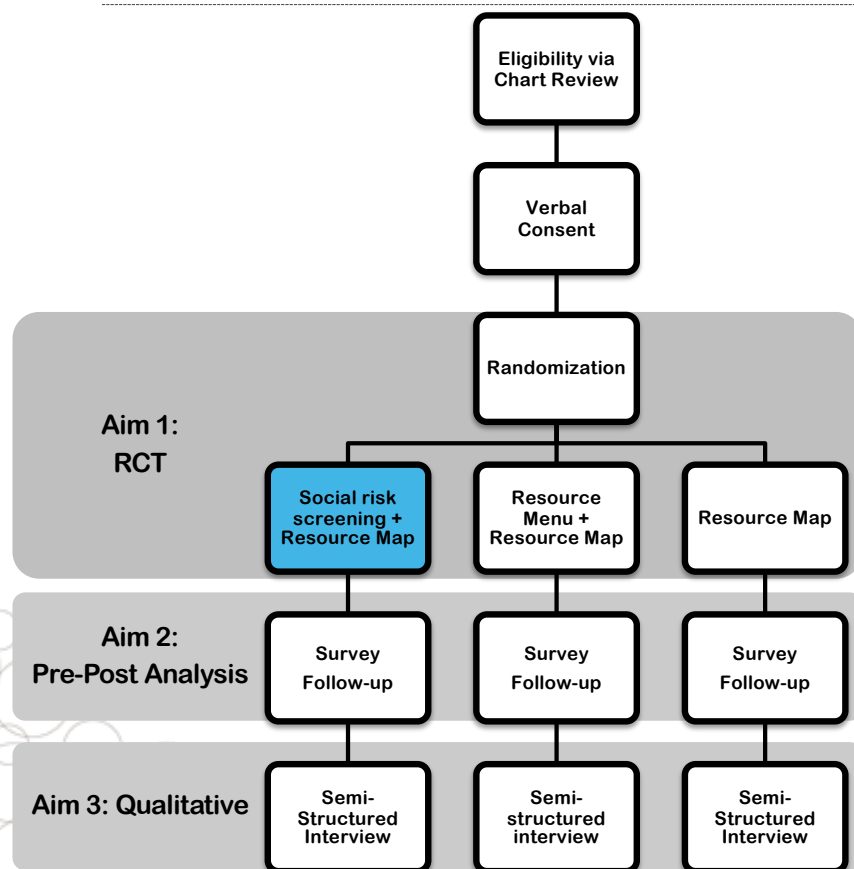


Figure 2: Study Overview

We want to make sure that you know about the community resources that are available to you and your family. Many of these resources are free of charge!

After you finish this survey, you will be directed to resourcefinder.findhelp.com, a website with community services to support your family such as help with food, utilities, transportation and more.

Do you need childcare for your child?

Yes

reset

Do you always have enough food for your family?

No

reset

In the past 12 months, has lack of transportation kept you from attending meetings, work or from your daily living?

Yes

No

reset

In the past 12 months, has lack of electricity, gas, oil, or water kept you from your home?

Yes

No

Already shut off

reset

Are you worried that in the next 2 months, you may not have stable housing?

Yes

No

reset

Emergent risk → Automatic alert to project-specific social worker for same-day contact

RESOURCE MENU

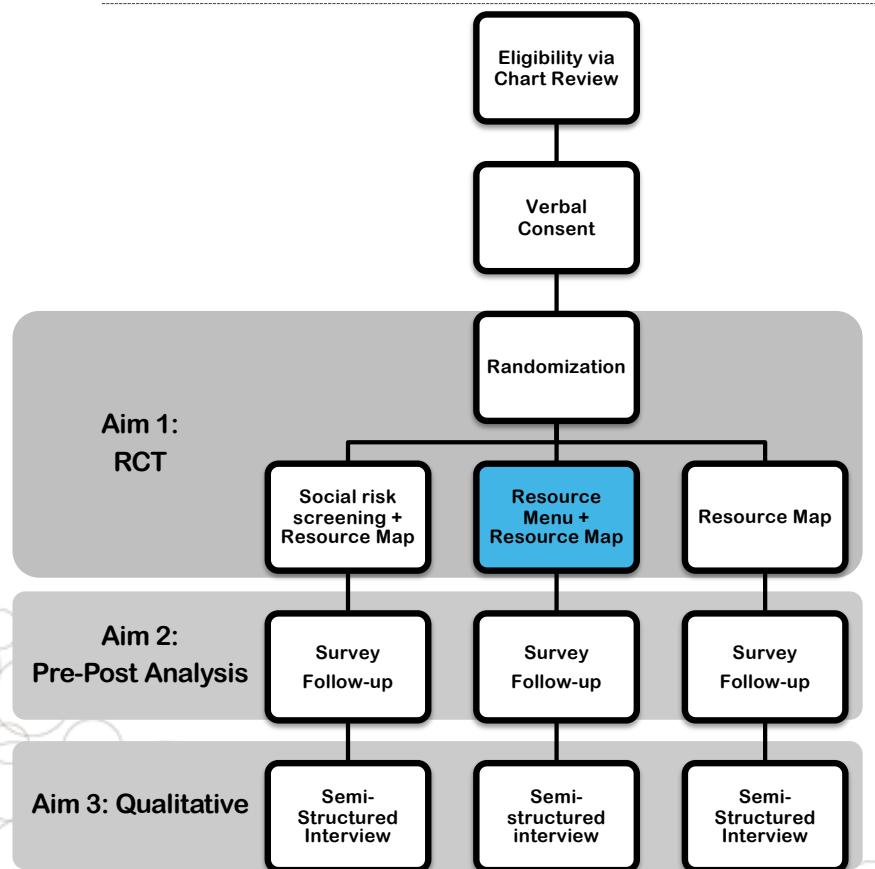


Figure 2: Study Overview

Would you like information about any of these types of programs? Check all that apply.

☐ Food

☐ SNAP

☐ WIC

☐ Income or financial assistance

☐ Housing

☐ Utilities (electric, gas, oil, or water)

☐ Childcare

☐ Legal aid

☐ Adult education or work

☐ Supplies (clothing, baby, home, etc)

☐ Transportation

☐ Other

☐ None of these

SELF NAVIGATION

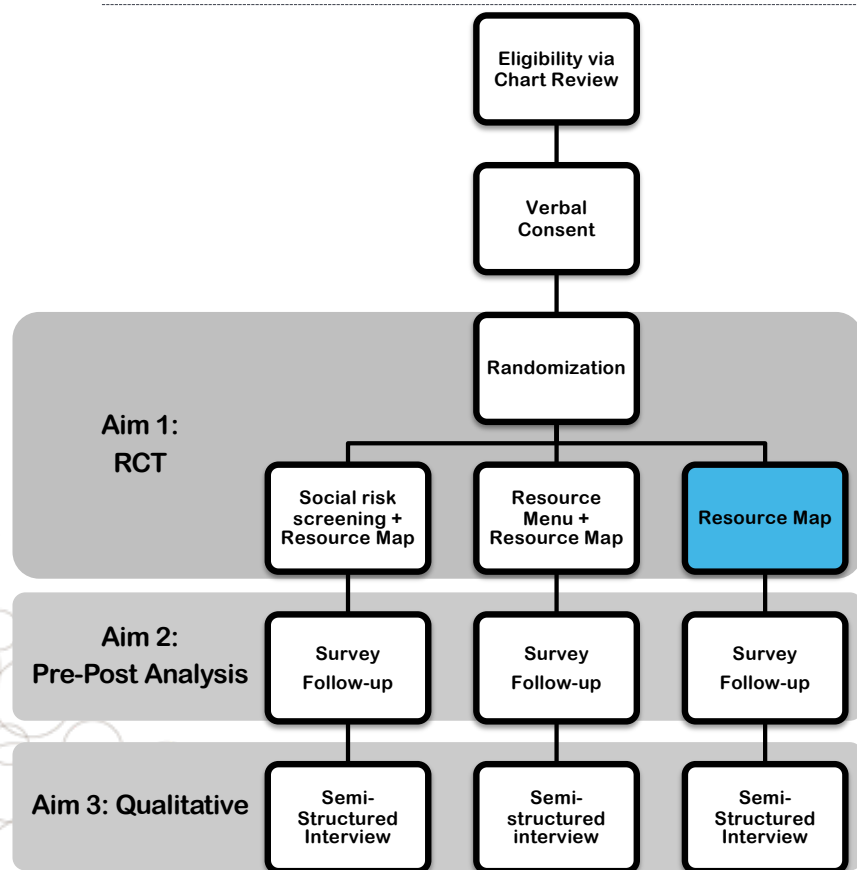


Figure 2: Study Overview

RESOURCE MAP

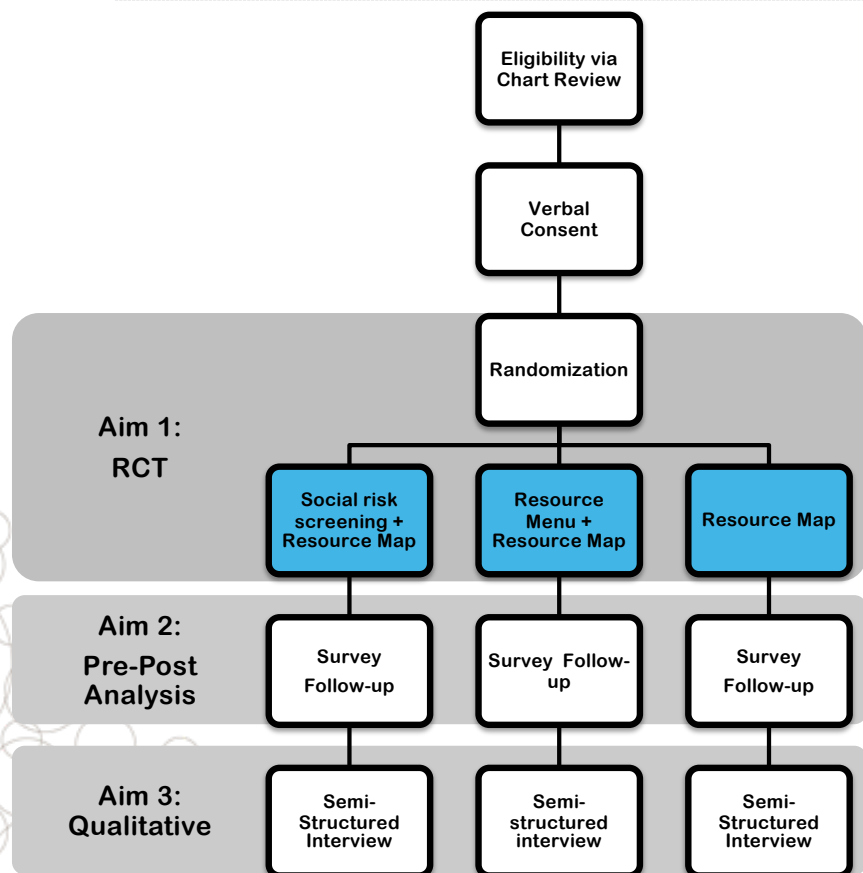
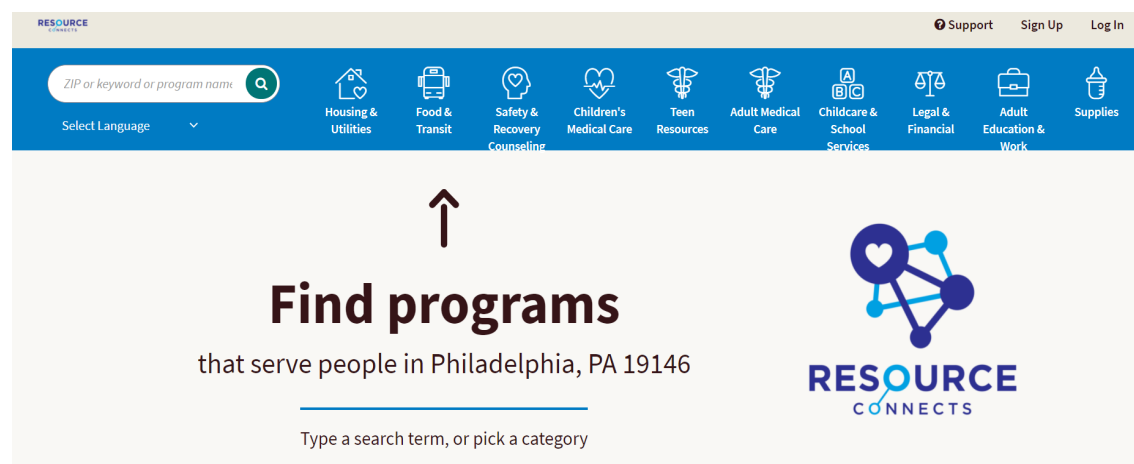


Figure 2: Study Overview



→ Randomization-arm specific RC site duplications

→ Option for same-day social work consultation

Inclusion Criteria:
Adult Caregiver with Pediatric Patient +
Smart Device

Randomized

Aim 1: Multi-Site RCT (Time = day 0)

Social Risk
Screening +
Resource Map

Resource Menu +
Resource Map

Resource Map

Resource Navigation (Time = day 5)

Text + Call

Text + Call

Text + Call

Aim 2: Pre-Post Analysis (Time = day 30)

Survey
Follow-up

Survey
Follow-up

Survey
Follow-up

Aim 3: Qualitative (Time = day 35-45)

Semi-Structured
Interviews

Semi-structured
interview

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ospital
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QUANTITATIVE RESULTS

3949 Caregivers randomized

60.5% Medicaid

91.3% English

8.7%: Non-English (representative by study site)

77.5% Caregiver age 25-44

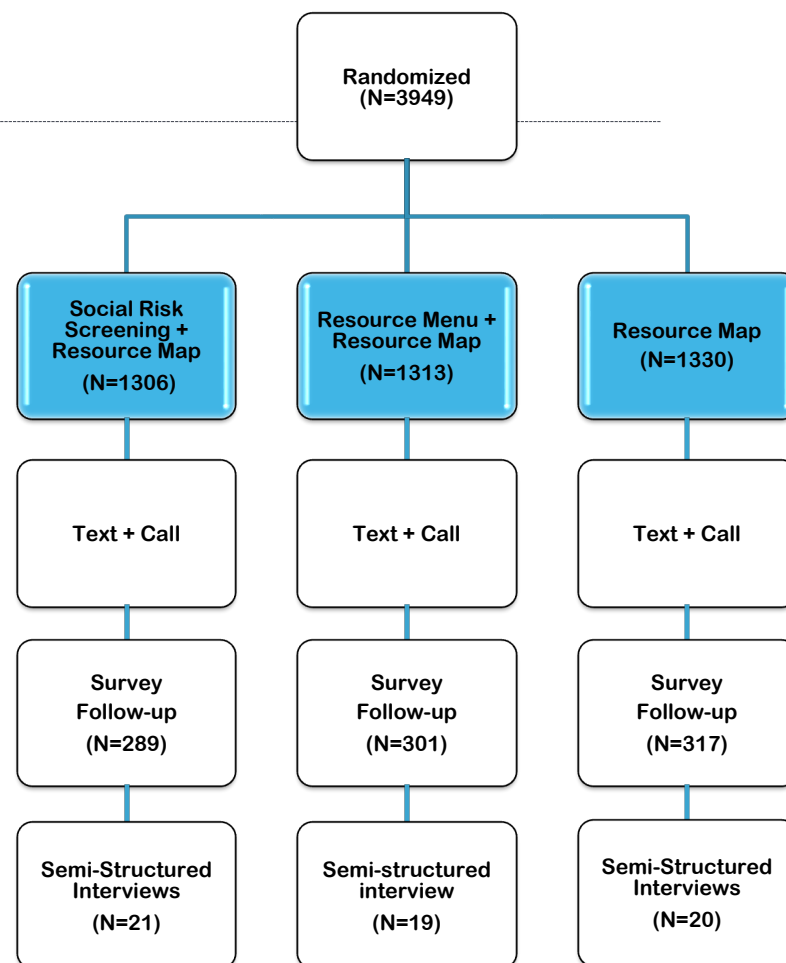
82.3% Female

35.5% Black/African American

42.0% White

16.8% Hispanic/Latinx

66.8% Previous resource use



HOW IS RESOURCE DESIRE AFFECTED BY SCREENING?

| Desire for Resources | | | | | |
|-------------------------|----------------------|---------|------------------|---------|---------|
| | screener (n=1306) | | menu (n=1311) | | P-value |
| Childcare | 186 | (14.2%) | 164 | (12.5%) | 0.19 |
| Food | 128 | (9.8%) | 269 | (20.5%) | <0.001 |
| Housing | 107 | (8.2%) | 225 | (17.2%) | <0.001 |
| Utilities | 133 | (10.2%) | 179 | (13.7%) | 0.006 |
| Transportation | 119 | (9.1%) | 89 | (6.8%) | 0.02 |
| Any of the five domains | 379 | (29.0%) | 504 | (38.4%) | <0.001 |

Significance by preferred language:

Non-English (OR=2.7, 95% CI=1.6-4.7)
English (OR=1.5, 95% CI=1.2-1.7)
All (OR=1.5, 95% CI=1.3-1.8)

WITHOUT SCREENING, WOULD WE MISS THOSE WITH EMERGENT RISK?

Screening Positive for Social Risk (n=1306)

| | | |
|----------------|-----|---------|
| Childcare | 270 | (20.8%) |
| Food | 171 | (13.2%) |
| Housing | 118 | (9.1%) |
| Utilities | 185 | (14.3%) |
| Transportation | 183 | (14.1%) |



Emergent Risk

| | | |
|-----------|----|------|
| Food | 32 | 2.5% |
| Housing | 8 | 0.6% |
| Utilities | 5 | 0.4% |

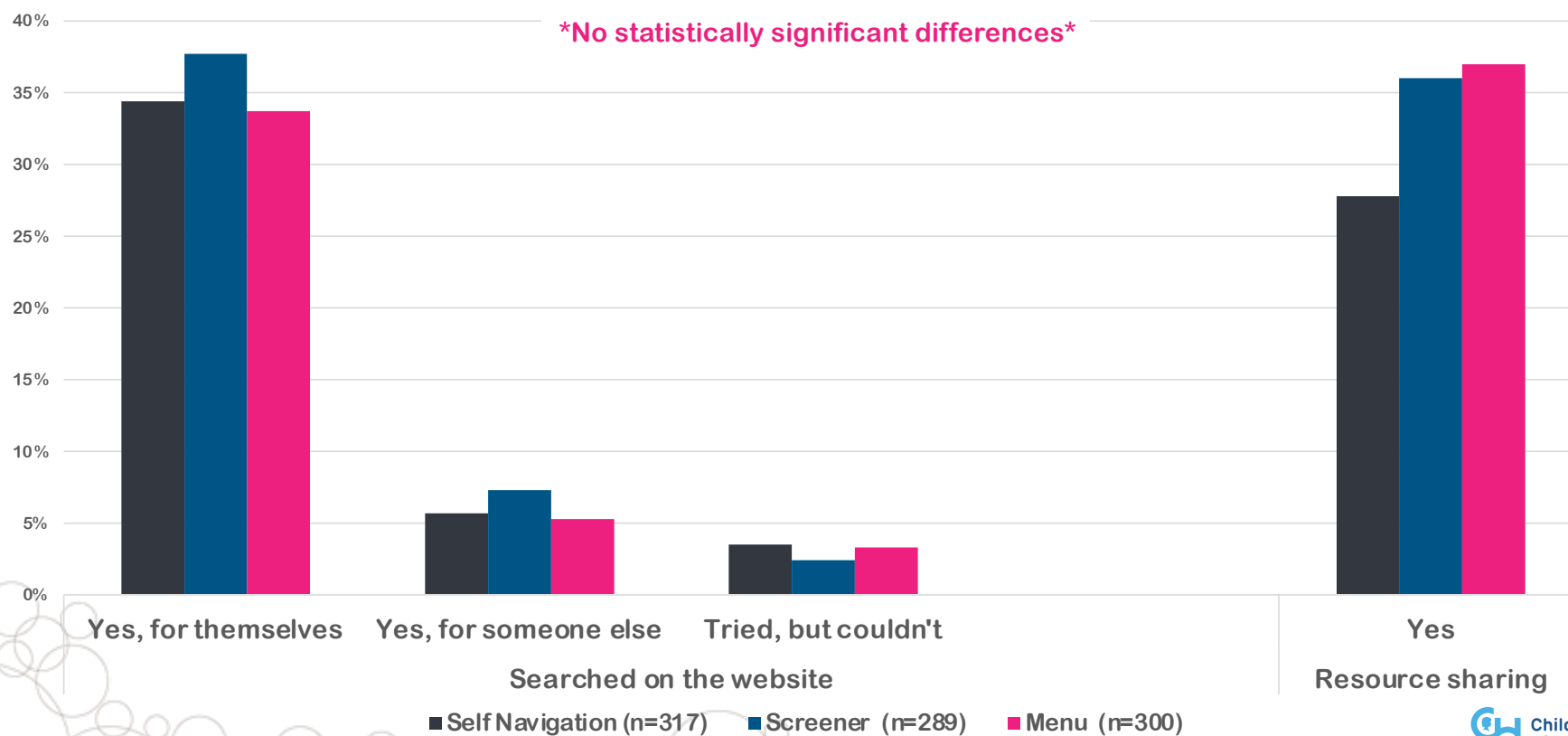
Requested Same Day Social Work

| | screener (n=1,306) | menu (n=1,313) | self navigation (n=1,330) |
|-----|-----------------------|-------------------|---------------------------------|
| yes | 71 (5.4%) | 93 (7.1%) | 122 (9.2%) |

Adjusted: 116 (8.8%)

HOW DID SCREENING AFFECT USE OF THE RESOURCE MAP?

Self-Reported Resource Map Usage by Randomization Arm



WHAT INFLUENCES ENGAGEMENT WITH INDIVIDUAL NAVIGATION?

Across randomization arms:

- **Dose-response relationship** between engagement with resource navigation and the number of desired resource domains ($p < 0.001$)

Lowest engagement in resource navigation:

- **no desire** for resources in the menu group
- **screened negative**
- **screened positive but reported no desire** for resources

QUALITATIVE RESULTS

60 Caregivers interviewed

11 in Spanish

49 in English

70% Medicaid

81.7% Caregiver age 25-44

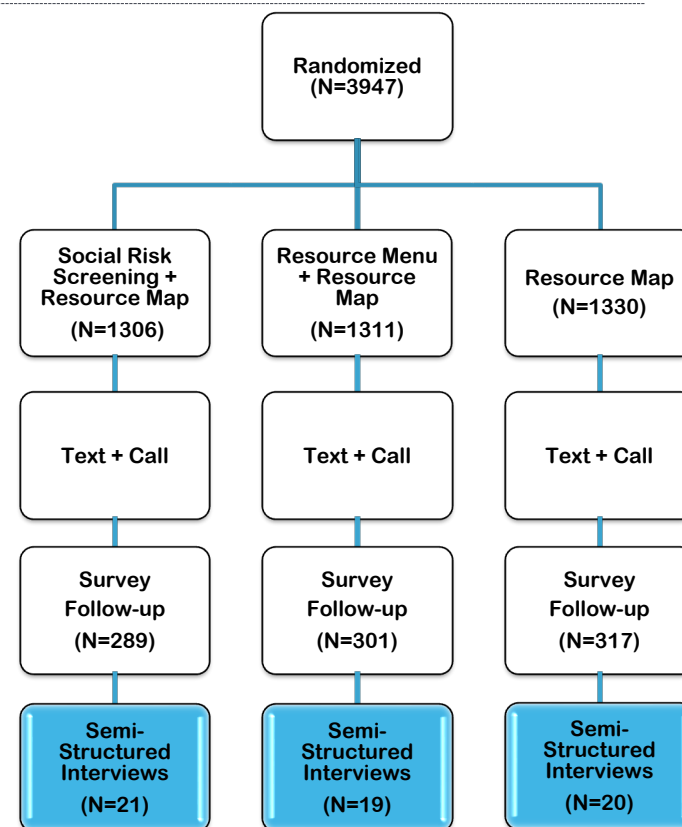
86.7% Female

38.3% Black/African American

33.3% White

33.3% Hispanic/Latinx

75% Previous use of social resources



...kind of uncomfortable, especially if you like kind of want your doctor to think of you one way and your answer might make them think of you a different way.

...I think that's only for a little point in time. Now, that's gonna be a forever thing. I feel like once they've typed something in the baby's chart that's a forever thing.

Visibility and
Stigma

Permanency

Concerns with
Documentation
of Social Risk

Anchoring Bias

Data Sharing with
Insurers

Because I could be in there for something like constipation and then you see something like I couldn't afford food and think I'm feeding my son bricks and then they got constipation.

"I just feel like that's another way for insurance companies to like not cover and not help patients. I don't know. That's being shady to me"

“If there’s a serious medical diagnosis, nobody wants to talk about community resources unless they’re about to be affected...You know, if someone just literally received like a life changing diagnosis, you wanna sort of calibrate or recalibrate whether or not that meeting even needs to take place.”

Situational Awareness

“I think it could be somebody that has had some form of training in talking to people and understanding...it shouldn’t be something that’s just like thrown around and asked just to be something that’s asked. The thing is you wouldn’t want people to feel like, oh, they don’t actually care.”

Training

Strategies to Increase Comfort

Communication & Consent

Autonomy

“So, the more communication is better, like, when people know what’s going on. ‘...I’m gonna ask these questions, would you like me to include the answers in the chart?’”

“Because we have the option to answer or don’t answer so it’s not like we’re forced, you know... I don’t think it should be a requirement... I feel like that’s getting too personal, you know.”

CONCLUSIONS

Resource menu > screening in identifying social need

Utility of electronic resources loaded on smart-device

Engagement is predicted by desire for resource support

Proportional representation with use of multi-lingual approaches

SECURE STUDY RECOMMENDATIONS: TIERED INTERVENTION

Electronic, caregiver-facing, need-based assessments

Tiered model of social care:

1. Electronic resources for all
2. Tailored referrals for identified needs
3. Individualized navigation for those who desire it

SECURE RECOMMENDATIONS: DOCUMENTATION

Prioritize caregiver concerns and preferences

Considerations:

- Clearly communicate procedures with families
- Caregiver ability to opt-out of assessment and/or documentation
- Limit visibility of documentation
- Update or remove documented social risk/need



THANKS TO THE SECURE TEAM!



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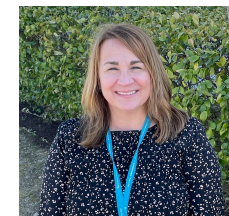
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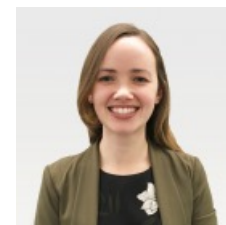
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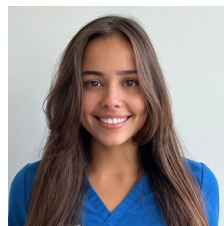
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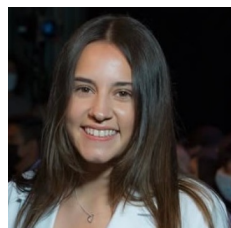
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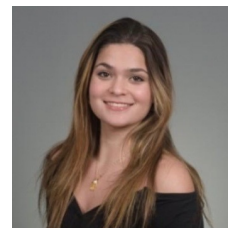
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