Comparing reach and engagement of a novel text message intervention between English- and Spanish-speaking caregivers

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Background: Text messaging may offer health systems a low-cost, user-friendly method to provide social resource information at hospital discharge. Assessing equitable reach and engagement is paramount prior to wide-scale implementation.

Objective: To compare reach and engagement of a novel, text message intervention to address Food Insecurity (FI) between English- and Spanish-speaking caregivers.

Methods: We conducted a one-year prospective pilot to evaluate a novel, automated text messaging system designed to deliver geographically-tailored food resource information to families with FI after hospital discharge. English- and Spanish-speaking caregivers of hospitalized children with a positive FI screen documented during routine clinical care were included. Caregivers received a food resource text message 1 day and 4 days after discharge and two interactive text message surveys. Primary outcomes were *system-collected* measures of reach and engagement. Among survey respondents, *caregiver-reported* measures of reach and engagement were also measured. We compared outcomes by language using Chi-Squared tests. We also conducted semi-structured interviews with 20 English- and 11 Spanish-speaking caregivers to understand intervention usability and acceptability.

Results: Of 190 caregivers, 134 (71%) spoke English and 56 (29%) spoke Spanish. There were no differences in system- or caregiver-reported reach by language. As compared to English-speaking caregivers, Spanish-speaking caregivers more frequently engaged by clicking the FindHelp link (49% vs. 32%, $p=0.028$) and responding to follow-up surveys (67% vs. 45%, $p=0.009$), but less frequently used the information to search for food resources (68 vs. 93%, $p=0.021$). In interviews, Spanish-speaking caregivers expressed mistrust in information received from a text message and preference for discussing resources with someone.

Conclusion: Our text message intervention for FI equitably reached English- and Spanish-speaking caregivers. Spanish-speaking caregivers may need additional interpersonal contact by phone or in person to use the resources provided.

A community-engaged approach to addressing the social care needs of birthing people in Atlanta

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Background: Recognizing the importance of social determinants of health, many perinatal healthcare providers are screening for social needs. However, little is known about the best practice for effective screening and referral for social needs during obstetric care.

Objective: To characterize the processes by which pregnant and postpartum people find and connect with needed social resources and identify barriers and facilitators to effective referral.

Methods: We conducted in-depth interviews with 15 key informants, including people in the Metro Atlanta area with either experience working at a community organization that provides social services or as a current or recently pregnant individual. We conducted a thematic analysis using a team-based coding approach.

Results: Participants described diverse processes of linkage to social resources, with word of mouth, the internet and self-referral as key information sources. Barriers to accessing social resources included: lack of information, financial hardship, childcare expenses, stigma, housing resources, and transportation barriers. Organizational representatives also described resource scarcity as a barrier to meeting community needs, particularly for housing. Several organizational representatives described the importance of active navigation of social resource linkages, including assisting with applications and calls and supporting with follow-up. Not all organizations were able to provide that level of support, and many relied on resource lists or passive referral processes. Both organizations and participants expressed a desire for healthcare providers to serve as a central source of information on social resources. A few participants identified their doula as a source of information on social resources; however, no participants described an obstetric care provider as a source of information.

Next Steps: We plan to convene a year-long working group to translate the results of the interviews into a set of best practice recommendations for social risk screening and referral to resources during obstetric care.

Barriers and facilitators to the implementation of a health-related social needs screening and referral intervention in the Bronx

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Background: Health systems are recognizing the importance of identifying social determinants by implementing health-related social needs (HRSNs) screenings in clinical care. Our institution integrated Community Health Workers (CHWs) to provide support in addressing identified needs.

Objective: This study aimed to identify barriers and facilitators to HRSNs referrals and the integration of CHWs within clinical teams.

Methods: This qualitative study explored perspectives from CHWs, program staff, and clinicians. Semi-structured interview guides were developed using the 2022 Consolidated Framework for Implementation Research. Interviews were conducted via Zoom (November 2023–February 2024), audio recorded, and transcribed. Two analysts independently coded transcripts, reconciling discrepancies using rapid qualitative methodology. Themes were identified using matrix tools and analytic memoing.

Results: CHWs report that effective framing of the CHW role by clinicians during patient visits likely led to increased patient acceptance of referrals. Clinicians believe CHW integration into the clinical space improves continuous clinician education on CHW utilization. Program staff cited strong leadership, clear role delineation, and high levels of clinician interaction with CHWs leading to successful referral workflows. Despite strong support for CHWs, clinicians experience time constraints during visits, likely leading to missed referrals and insufficient patient discussions about CHWs. Clinicians cited misunderstandings on CHW versus social worker referrals and poor clinical integration of CHWs. Clinicians admitted to missing team meetings regarding CHW communications. Program staff believe a power dynamic exists between CHWs and clinicians, likely leading to CHWs feeling unable to advocate for themselves when receiving inappropriate referrals. CHWs find that sites with high clinician turnover are challenging to continually re-educate. CHWs experience limitations in timely patient follow-up after the referral resulting in delayed patient contact possibly leading to patients declining assistance.

Conclusion: Enhancing CHW integration into clinical teams is crucial for addressing HRSNs. This study provides insights for improving CHWs' role in assisting patients with HRSNs.

Supporting adoption of enabling technologies to advance clinical-community linkages to address patient social needs: Protocol

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Background: Individuals receiving care management in safety-net primary care health centers often have complex social needs, yet current workflows and systems of care are often not optimized to address those needs. Electronic health record (EHR)-based tools (“enabling technologies”) may facilitate clinical-community linkages for social needs if implemented thoughtfully; their systematic adoption could help reduce health disparities.

Objective: The DEDICATE (Advancing Care Management Adoption in Community Health Centers) study will refine and test the effectiveness of a suite of evidence-based, stakeholder-informed implementation support strategies designed to support care management teams' sustained use of EHR functionalities meant to address unmet social needs through improved clinical-community linkages. This presentation will describe the DEDICATE protocol.

Methods: A hybrid effectiveness-implementation mixed methods design includes formative evaluation of barriers and facilitators to adopting EHR tools to support social needs activities, including semi-structured interviews and a ‘guided tour’ of enabling technologies used by care managers in safety-net health centers. A modified Delphi process will then engage community members (health center care management staff) and subject matter experts to inform the development of an intervention targeting adoption of social needs-enabling technologies. The intervention will be piloted in three health centers, refined, and then tested in a pragmatic stepped-wedge cluster-randomized trial in 20 health centers.

Results: This study was funded by the National Institute of Nursing Research in September 2023. Primary outcomes are rates of social risk screening and referring. Secondary outcomes are rates of patient receipt of social services and changes in chronic disease outcome. Results will be disseminated in 2027–2028.

Conclusion: This study is among the first to evaluate an intervention designed to increase the adoption of enabling technologies supporting clinical-community linkages for social risks in socioeconomically vulnerable, marginalized populations. Results have the potential to advance health equity for populations cared for across thousands of health centers.

Health center strategies to document and track social needs referrals in the EHR

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Background: As primary care teams increasingly provide support to patients experiencing health-related social needs, documentation is needed to track the provision of social needs referrals for appropriate communication and follow-up. Electronic health record (EHR) systems can enable these activities, but little is known about the varying ways in which they are used for these purposes.

Objective: Describe motivations, barriers, and facilitators of approaches care teams use to document social needs referrals among diverse health centers using a shared EHR.

Methods: Semi-structured interviews with clinic staff and subject matter experts; rapid analytic approach to identify cross-cutting themes and contextual factors impacting social needs referral documentation.

Results: Care teams' social needs referral documentation used free text and/or structured data fields. Reported advantages of free text fields included that they do not require EHR customization, which facilitates their uptake; barriers included the need for time-intensive chart review to extract data for longitudinal tracking/follow-up, and that free text data thus cannot support