

## **IMAGINE: A trial of messaging strategies for social needs screening and referral**

### **Abstract:**

Introduction: Health-related social needs are associated with poor health outcomes.

Many primary care practices now screen and refer patients with health-related social needs to assistance organizations, but some patients decline screening or assistance.

Improving communication about health-related social needs screening and referral could increase screening response and assistance acceptance rates.

Study Design: This is a pragmatic, nonrandomized 3-stage trial of messages and communication strategies for health-related social needs screening and referral.

Messages and strategies were informed by qualitative analysis of stakeholder interviews and were developed through an iterative, patient-, and stakeholder-engaged process.

Setting/Participants: Settings included 3 primary care clinics serving primarily low-income patients in western Colorado. Intervention: Stage 1 includes usual clinic processes for health-related social needs screening (form given to patients at the front desk without additional explanation), Stage 2 includes adding written patient-friendly messages regarding the purpose of health-related social needs screening and referral to usual clinic processes, and Stage 3 includes adding verbal messages delivered by a medical assistant (form given to patients by a medical assistant during the rooming process).

Main Outcome Measures: Primary outcomes include (1) screening form response rate and (2) acceptance of referral for assistance rate among patients with health-related

social needs. Secondary outcomes include (1) comfort with screening, (2) perceived helpfulness of screening, and (3) receipt of explanation about screening.

Results: All data collection and analysis occurred in 2021. Study Stage 2 was not associated with significant changes in any outcomes. Stage 3 was associated with decreased odds of screening form response at 2 of the 3 clinics relative to those of Stage 1 (OR=0.1, 95% CI=0.1, 0.3; OR=0.4, 95% CI=0.2, 0.7) but with increased odds of assistance acceptance (OR=2.1, 95% CI=1.1, 4.0) among patients with needs who responded to the screening form. Stage 3 was also associated with higher odds of patients perceiving screening as helpful and receiving an explanation about screening.

Conclusions: Altering practice workflows to provide verbal explanations of health-related social needs screening may reduce response rates but may encourage responders to accept assistance.