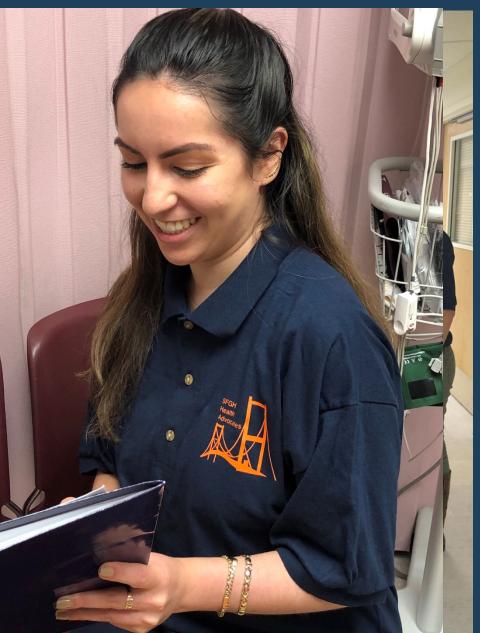
Addressing Social Risk in Pediatric Health Care Settings: A Tale of Two Interventions

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Resource Navigation Intervention



- Assessed family social risks
- Used algorithms to provide targeted resource referrals
- Connected to resources
- Created intervention plans
- Provided case management
- Followed-up (phone, text or in-person) every 2 weeks

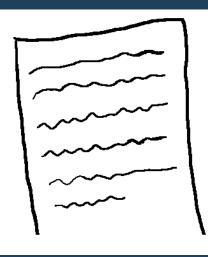
Interventions

SCREENING

Do you need...?

- Given Food
- □ Housing
- □ Help with benefits
- **L**egal services

Written Community Resources



Resource Navigation & Follow-up







Methods: Study Design

- Two hospitals serving low-income, diverse patients
- Primary Care and Urgent Care settings
- Randomization by day: Navigation vs. written resources
- Caregivers: English/Spanish, ≥ 18 yrs., no acute illness

Key Question: Can addressing social issues during pediatric care visits decrease social risks and improve children's health?

Participant Characteristics

1809 Families 872 Navigation Services 937 Written Resources

68% Urgent Care 32% Primary Care

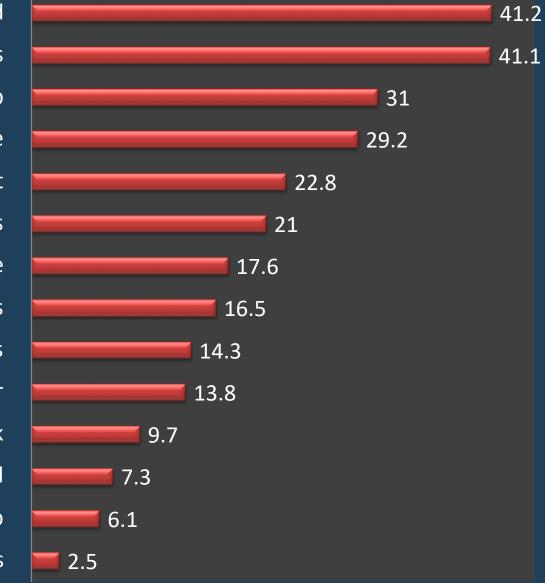
Children

- 5 years (SD 5 years)
- 51% Female
- 51% Hispanic, 26% Black

Caregivers

- 84% Mother
- 35% Primary language Spanish
- 34% > High school education
- 75% Household income <35k

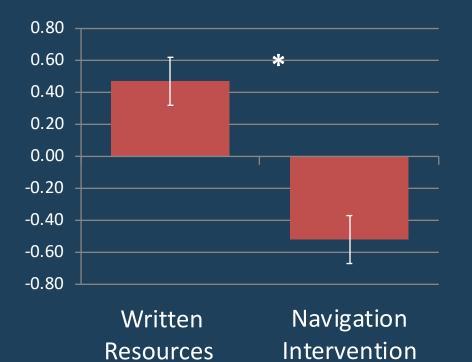
Prevalence of social risks (% of total sample)



Running out of food Difficulty paying utility bills Difficulty finding a job Not having a place to live Unhealthy living environment Medical bills No health insurance Other housing concerns Cut off or denied from benefits programs No primary care or regular doctor Disability interfering with ability to work Mental health care for adult in household Problems with a current or former job Pregnancy-related work benefits

Results

Change in total number of social risks



Gottlieb, Hessler, Long et al., 2016

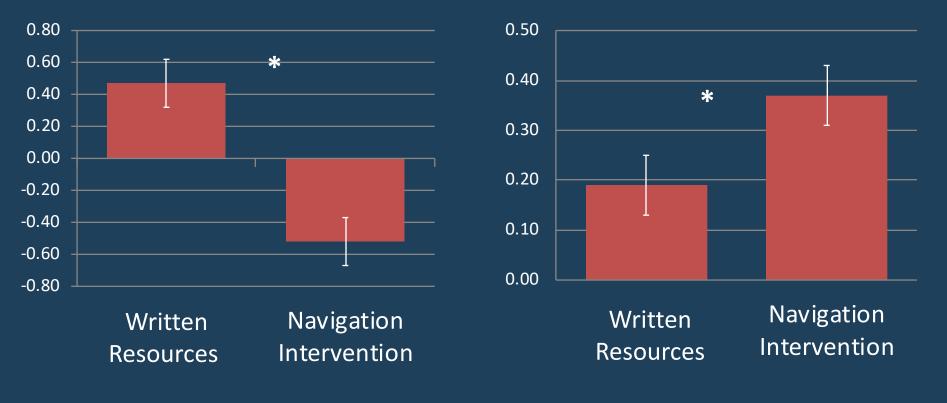
* p < .05

Results

Change in total number of social risks

* p < .05

Change in caregiver - reported child health



Gottlieb, Hessler, Long et al., 2016





Methods: Study Design

- Urgent care setting
- Randomization by family: Navigation vs. written resource
- Broadened health outcomes and process measures

Key Question: Can addressing social issues during pediatric urgent care visits decrease social risks and improve child and caregiver health?

Participant Characteristics



Children

- 6 years (SD 5 years)
- 51% Female
- 79% Hispanic, 8% Black

Caregivers

- 88% Mother
- 70% Primary language Spanish
- 51% > High school education
- 88% Household income <35k

Preliminary Results: First Look!



Preliminary Results: First Look!

- 92% reported ≥ 1 social risk area
- 4.2 social risks (from 18) reported on average

Change in total number of social risks



Preliminary Results: First Look!

	Written Resources	Navigation
Food insecurity	X	X
Unstable housing	X	X
Bills (utility)	X	X
Housing Quality		X
Difficulty finding job	X	X
Denied income support		
programs		X
Medical bills		X
Childcare	X	X
Transportation	X	X
Legal issues		X
Primary care provider		X

Pending analyses

Self-reported health outcomes

- Child health (general health, PedsQL)
- Caregiver health (PROMIS, PHQ-8, Perceived Stress)

Biomarkers (intermediate health outcome)

- Hair cortisol
- Salivary Inflammatory markers (IL-6, CRP)
- DNA methylation and genotyping

Health Care Utilization

Process measures (dose, resource connections)

Qualitative study of resource navigation

Discussion



Summary & Significance

- Social health outcomes
 - Navigation intervention in both studies led to decrease in social risk factors.
 - Findings for written resources are less clear.

- Physical health Outcomes
 - Improved general health on single item measure
 - Pending analyses will deepen our understanding of the impact of both interventions on a range of health outcomes and mechanisms.

Acknowledgements

- Our study participants, whose resilience in the face of social adversity is humbling.
- SFGH-Children's Hospital Oakland Help Desk Study Research Team
- Bay Area Regional Help Desk Consortium (BARHC), including SFGH Health Advocates, UCSF Benioff Children's Hospital Oakland FIND, Alameda Medical System/Highland Medical Center Health Advocates
- Lisa and John Pritzker Family Fund

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Thank you!