

Lost in translation? Evidence on social needs screening and intervention in clinical care

Laura Gottlieb, MD, MPH

Director, Social Interventions Research and Evaluation Network

University of California, San Francisco

A photograph of a library bookshelf with many colorful books. The books are arranged on wooden shelves, and the colors of the spines are varied, including red, green, blue, and yellow. The perspective is from a low angle, looking down the length of the shelf, which creates a sense of depth and repetition.

SIRENetwork.ucsf.edu

Goal

1. Share findings from two randomized trials conducted in pediatric care settings;
2. Think together about what could have/should have/might have happened next....

Study 1: iScreen Study

Goal: Examine and compare disclosure rates of families' social, economic, and safety needs in an urban emergency room using two different survey formats

Gottlieb L, Hessler D, Long D et al.. *Pediatrics* 2014.

Study design



VS.



Study findings



What happened next?



A. The ED started routinely conducting social needs screening with all patients.

B. The ED started using tablets for screening.

C. None of the above

Study 2: Navigator Intervention Trial

Goal: Examine the effectiveness of a navigator intervention designed to address families' social needs.

Examine the *comparative* effectiveness of *two* interventions designed to address families' social needs.

Gottlieb L, Hessler D, Long D, et al. *JAMA Pediatrics* 2016.

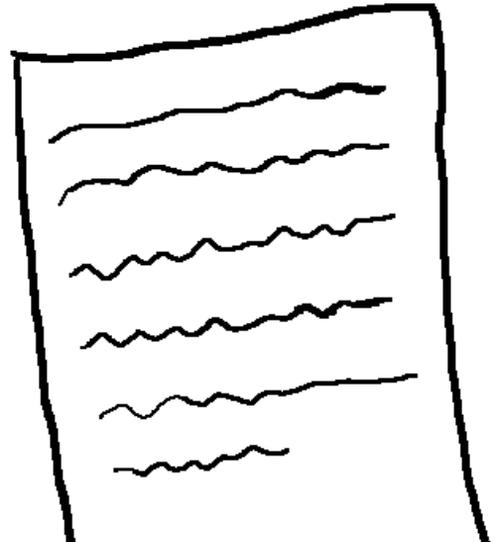
Social Intervention RCT: Study Design

Active Control: Social screening + written resources
(Exceeds standard of care, inexpensive, easily disseminated)

Social Screening

Do you need...?

- Food
- Housing
- Help with benefits
- Legal services
- Utilities assistance



Social Intervention RCT: Study Design

Navigation arm: Social screening + in-person resource navigation (*More time-consuming and expensive*)

Social Screening

Do you need...?

- Food
- Housing
- Help with benefits
- Legal services
- Utilities assistance



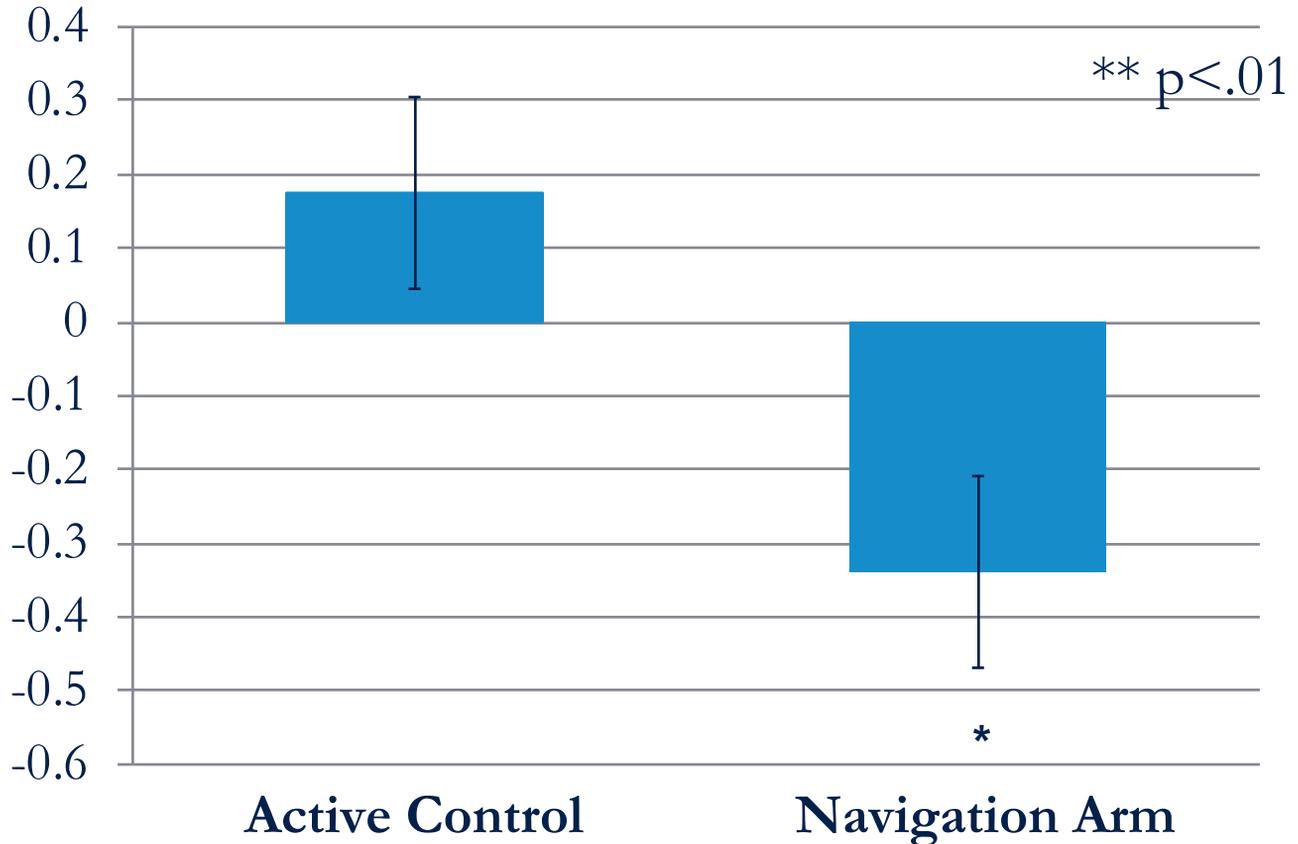
Rigor vs. Reality

- Changed control to a low-intensity intervention
- Randomized by day instead of by patient

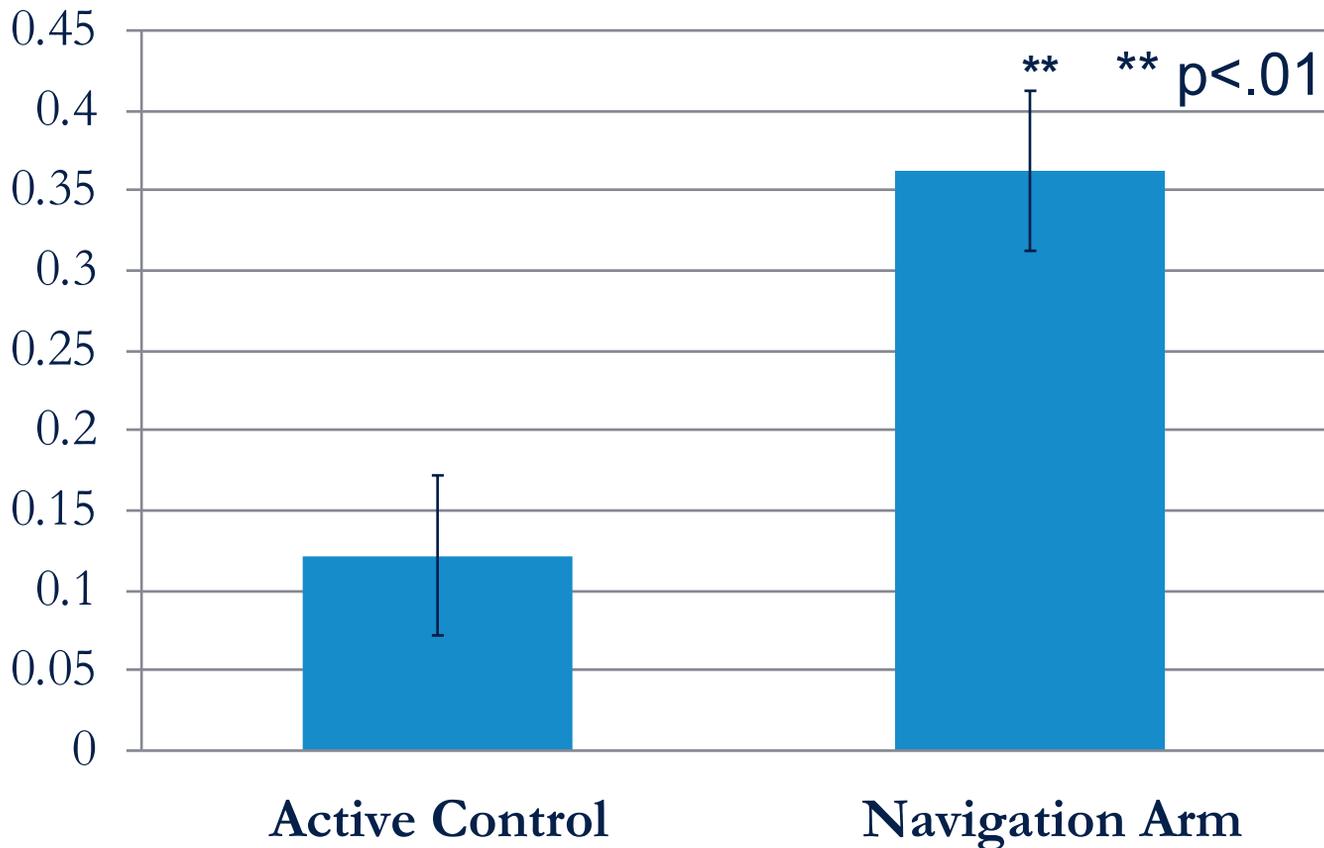
Results: Prevalence of social needs (% of total sample)



Change in total number of social needs



Change in parent-reported child health



What happened next?

- A. The health system fully funded our navigator program and it's been smooth sailing ever since.
- B. The health system fully funded our navigator program and decided to give us tablets so we could also do electronic screening.
- C. The health system decided to run with the active control intervention, which was lower intensity but still impactful.
- D. **None of the above.**

What did we learn?

- We can do high quality research on social needs screening and interventions in clinical settings—even on effectiveness;
- Designing these studies requires close collaboration between partners—and researchers who can make changes in design to accommodate clinical barriers;
- In many cases, effectiveness studies have to be followed by more pragmatic research;
- Research needs to get into the hands of policy makers and funders to change practice.

Acknowledgements

- All our study participants;
- All our research partners: SFGH-UCSF Benioff Children's Hospital Oakland iScreen and Help Desk Study Research Teams, incl. all co-authors and Telly Cheung, Lisa Brindley, Frank Harrison, and Stephanie Chernitskiy;
- 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.



University of California
San Francisco