



# SOCIAL NEEDS SCREENING AND RESOURCE CONNECTIONS:

## The Case for In-Person Patient Navigation

As understanding deepened of the direct link between children’s lack of access to essentials – from healthy food to safe, stable housing – and socioemotional challenges, developmental delays and early morbidity, the American Academy of Pediatrics in 2013 recommended that pediatricians intensify their focus on social needs interventions.

Many screening and resource connection interventions have emerged since this recommendation, however, assessments to date have typically focused on measuring the impact of individual interventions. Laura Gottlieb, Danielle Hessler,

Dayna Long and colleagues research, [Effects of Social Needs Screening and In-Person Service Navigation on Child Health](#), compared two approaches and showed that active patient navigation can significantly improve results of existing initiatives focused on screening and resource connection.

Gottlieb, et. al. evaluated two approaches to addressing social needs: distributing printed materials on local resources; and connecting patients directly with navigators to provide resource information and follow-up assistance.

Among their key findings:



### Screening and Resource Connections Reduce Families’ Social Needs

Demand is growing for interventions that successfully bridge social and medical care in pediatric clinical settings. In-person screening and resource connection interventions have shown a significant decrease in families’ reported social needs.



### Reducing Social Needs Improves Child Health

As the number of unmet essential needs increases, so do children’s odds of experiencing poor short- and long-term health outcomes. Despite the known association between essential needs and health, less than one in five families participating in this study reported ever being asked about non-medical health needs previously. In just four months after enrollment, caregiver-reported child health saw a statistically significant improvement.



### In-Person Patient Navigation is More Effective than Resource Printouts

In-person navigation outperformed the written resource connection in both measures, reducing social needs while improving child health. Even with an average of fewer than two follow-up contacts per patient, the addition of navigators was enough to yield a significantly greater effect on children’s health.

Broadly speaking, the study’s findings make a strong case for in-person patient navigation in pediatric settings. Even relatively low-intensity screening and resource referral initiatives can have a significant impact on child health—reducing the odds of detrimental short- and long-term health challenges.

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