

NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

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Title

Unpacking Patient Perspectives on Social Needs Screening: A Mixed Methods Study in Western Colorado Primary Care Practices

Priority 1 (Research Category)

Social determinants and vulnerable populations

Presenters

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Abstract

Context: Recognizing that health-related social needs drive health inequities, healthcare settings are increasingly beginning to screen and refer patients for social needs. Yet, many patients who screen positive for social needs decline to be referred to resources or do not have their needs resolved. This raises the question of whether screening and assistance processes are serving patients.

Objective: To explore factors influencing patient perspectives on screening for health-related social needs.

Study Design and Analysis: We conducted a parallel mixed-methods secondary analysis of data collected by the Improving Messaging And Gaps in Needs and rEferrals (IMAGINE) study. We used logistic regression to examine effects of practice- and patient-level factors on patient perceptions of social needs screening. We applied narrative analysis to patient interview transcripts to further understand how patients' lived experiences influenced their perceptions of screening. Findings were integrated via merging results of both analyses and using qualitative data to expand on quantitative results; a joint display was constructed to facilitate integration.

Setting: Three safety-net primary care practices in western Colorado.

Population Studied: 511 adult patients screened for health-related social needs and surveyed about their perspectives on the screening; 20 adult patients interviewed about their screening experience.

Outcome Measures: Patient-reported comfort with and perceived helpfulness of social needs screening (assessed via survey items and interview questions).

Results: Receiving an explanation about screening was associated with increased odds of comfort (OR 2.1, 95% CI [1.1-4.30]) and perceived helpfulness (OR 4.7 [2.8-7.8]). Those experiencing more needs were less likely to report comfort (3+ needs vs. 0: OR 0.2 [0.1-0.5]). Narratives elucidated how a history of stigmatizing experiences increased discomfort disclosing needs and captured how relationship quality with healthcare teams influenced perceptions of screening for patients with extensive needs.

Conclusions: Practice-level (screening explanation and therapeutic rapport) and patient-level factors (history and extent of needs) are key influences on comfort with and perceived helpfulness of screening. Good communication about screening benefits all patients. Patients with extensive social needs may require additional sensitivity to their past experiences.

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