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Title

Effectiveness of Social Risk Screening in Ambulatory Clinics Indicates Potential Setting for Future Interventions

Priority 1 (Research Category)

Social determinants and vulnerable populations

Presenters

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Abstract

Context: Numerous professional societies recommend screening patients for social risk factors because unmet social needs (USNs) negatively impact health outcomes. Studies show that patients with USNs are more likely to utilize emergency care services than primary care, so the viability of primary care-based screenings and interventions targeting USNs is unknown.

Objective: This study aims to determine if primary care is a viable site for the implementation of interventions to address USNs.

Study Design and Analysis: Researchers reviewed data from screenings performed from 9/13/2021 to 5/6/2022 and calculated the prevalence of unemployment, food insecurity, low educational attainment (no GED equivalent), utilities stress, homelessness, and decreased English fluency among patients screened. These measures were compared to the state-wide prevalence of those factors between 2019 and 2021. Chi-Square Tests of Independence (p-values <0.05) were used to compare prevalences.

Population Studied: Volunteers screened adult patients in the waiting rooms of 3 ambulatory clinics in rural, suburban and urban communities in Connecticut. Of the 2,334 patients approached, 2,150 consented to screening.

Instrument: The PRAPARE screening tool was used to screen patients.

Outcome Measures: The outcome measures are sample and state prevalence of low educational attainment, utility stress, food insecurity, decreased English fluency, unemployment, and homelessness.

Results: The state-wide prevalence of low educational attainment (8.9% v. 8.7%, $p=0.79$), utility stress (5.8% v. 5.7%, $p=0.87$), food insecurity (4.5% v. 4.7%, $p=0.58$), and decreased English fluency (10.0% v. 10.3%, $p=0.61$) was not significantly different from the sample prevalence of those factors. Patients screened had a significantly higher prevalence of unemployment (9.2% v. 6.3%, $p<0.05$) and homelessness (3.0% v. 1.3%, $p<0.05$) than the state overall.

Conclusion: There was no significant difference between the state and sample prevalence of 4 of the 6 social risk factors studied, indicating that the screening in primary care can effectively identify these factors. The significantly higher prevalence of homelessness and unemployment within the sample compared to the state was unexpected as these factors often lead to decreased access to primary care and overutilization of emergency services. This result indicates that primary care is a valuable site for future interventions targeted at these social risk factors.