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

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Title

Poverty screening implementation in a Canadian primary care clinic: acceptability and feasibility for patients and providers

Priority 1 (Research Category)

Social determinants and vulnerable populations

Presenters

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Abstract

Context – While poverty is a risk factor for many chronic conditions, when it is recognized by care providers social screening can be used to positively impact patients' health. Although there has been Canadian research on this topic, there have been no such studies in New Brunswick (NB). Objective – This study fills a knowledge gap by asking: What is the adherence, acceptability, and feasibility of poverty screening administered by providers to patients of an NB primary care clinic? Study Design and Analysis – The study is a concurrent mixed-methods implementation study. The quantitative data was analyzed using descriptive statistics and the qualitative data using inductive thematic analysis. Setting – The study was set at St. Joseph's Primary Care Clinic in Saint John, NB, Canada in 2023. Population Studied – The study collected data from family physicians, nurse practitioners, and adult patients of the clinic. Intervention/Instrument – Using an NB-specific clinical poverty screening tool, poverty screening was conducted by providers with in-person adult patients over a one-month period. Data was collected from patients following their primary care visit using a survey and medical records, and from providers using a pre- and post-intervention survey, a focus group, and screening records. Outcome Measures – Key outcome measures included screening adherence, screening acceptability among patients, and screening acceptability and feasibility among providers as well as willingness to continue screening. Results – Screening data was collected from n = 467 patient visits, medical records were pulled from n = 246 patient charts, survey data was collected from n = 59 patients, and survey and focus group data was collected from n = 4 practitioners. Three quarters (78.5%) of eligible patients were screened for poverty, and of these a third (35.8%) screened positive. Nearly all missed screens were attributed to forgetfulness (94.4%). Of screened patients, 94.4% reported feeling "very comfortable" or "comfortable." The post-intervention survey showed a shift in provider's willingness to continue poverty screening. Conclusions – Poverty screening was seen as acceptable among patients and providers.

Providers, however, have feasibility concerns in a clinical setting with limited resources for social interventions. Results are being used to determine the potential for continued and expanded screening as well as to inform changes to screening protocols.