

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

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Title

Validation of the SPARK Tool to collect demographic and social needs data in healthcare

Priority 1 (Research Category)

Social determinants and vulnerable populations

Presenters

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Abstract

Context: Despite evidence that social determinants (e.g. income, housing) affect health, there is no standardized tool or approach in Canada for the routine collection of demographic and social information in healthcare settings.

Objective: To validate the SPARK Tool using concurrent validity by assessing agreement between the SPARK Tool and well-established national survey questions (e.g. census) that are currently used for policy decisions and to identify health inequities.

Study Design and Analysis: We distributed an online survey across Canada that included the SPARK Tool and a post-survey questionnaire. We used contingency tables to assess agreement.

Setting or Dataset: The survey was distributed to Canadians in all provinces and territories.

Population Studies: The survey was distributed from June 2023 to October 2023 using Qualtrics, a company that maintains a large panel of individuals to engage in survey research, and through social media. We ensured representativeness of the sample to the Canadian population.

Intervention/Instrument: The SPARK Tool contains 18 questions including demographic questions and social needs questions, and the post-survey questionnaire contains 11 questions.

Outcome Measures: We assessed associations between the SPARK Tool and post-survey questionnaire using sensitivity, specificity, Positive Predictive Value and Negative Predictive Value. We assessed correct classification represented by combined True Positives and True Negatives.

Results: There were 2,222 participants that completed the SPARK Tool and post-survey questionnaire. Participants represented all provinces and territories, with the majority in Ontario (40.5%). The SPARK Tool correctly classified 74.3% of participants with or without a need. In total, 1,610 participants (72.3%) had ≥ 1 access or social need identified, with the majority (64.9%, $n=1443$) indicating at least one social need. Agreement varied within the domains of the SPARK Tool.

Conclusions: The SPARK Tool performed reasonably well with a large diverse sample, demonstrating comparable classification with well-established national survey questions. The SPARK Tool presents a validated tool which can serve as a standard for the systematic and routine collection of demographic and social needs data in health care.

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