

Clinical Poverty Screening in Primary Care

Why is this project important?

- Poverty is a risk factor for many chronic conditions including cancer, diabetes, cardiovascular disease, and mental illness.
- When poverty is recognized by primary care providers, they can use social screenings and interventions to have a positive impact on their patients' health.
- Although poverty screening is not yet a standard of care in primary care, there has been research on this topic in Canada, but not yet in New Brunswick (NB).

What are we doing?

- This concurrent mixed-methods implementation study examined a clinical poverty screening tool in relation to its: 1) adherence, 2) acceptability among patients, and 3) acceptability and feasibility among providers and their reported implementation barriers and facilitators.
- Poverty screening was conducted by participating family doctors and nurse practitioners working with in-person adult patients who were receiving care at St. Joseph's Primary Care Clinic in Saint John, NB over a one-month period in 2023.
- Data was collected using a pre/post-survey with providers, a provider focus group, screening records, a patient survey, and patients' electronic health records. The quantitative data is being analyzed using descriptive statistics, and the qualitative data will undergo inductive thematic analysis.

How will this help?

- Early results suggest that poverty screening was acceptable to patients and providers, and the rate of adherence was nearly two-thirds. However, the lack of clinical resources to support social interventions after a positive screen was identified as a barrier by providers.
- Final results will be used to determine the potential of continued poverty screening at the clinic, as well as ways to improve its implementation. Findings can also be used to consider how poverty screening could be extended to other healthcare settings in NB and beyond.

Who can I contact?

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