

The Besroux Centre for Global Family Medicine
Dr. Patrick Chege Memorial Research Award Poster Presentation

**Evaluating screening and intervention for poverty in Family Practice
settings in Saskatchewan during COVID-19**

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Context:

Poverty is a major driver of health outcomes. The Clinical Poverty Screening Tool has been recommended to screen all patients for poverty, and to be used to assist patients in accessing resources and benefits. Pandemics such as COVID-19 can emphasize social and health inequalities, placing economical strains on a large portion of the population. With this in mind, screening for poverty during the pandemic may be more relevant and helpful for patients.

Objective:

Determine the practices, barriers, comfort-levels and knowledge of poverty screening and intervention amongst family physicians (FPs), family medicine residents (FMRs) and family nurse practitioners (NPs) in Saskatchewan during the COVID-19 pandemic.

Design:

A cross-sectional survey on SurveyMonkey was developed and distributed by email and newsletters to FPs, FMRs and NPs in Saskatchewan from January-March 2022. The project was reviewed and approved by the University of Saskatchewan's Behavioural Research Ethics Board. IBM SPSS version 28 was used to perform descriptive statistics and intergroup comparisons using Kruskal-Wallis test, Likelihood ratio and Pearson Chi-squared tests.

Results:

Eighty-three FPs, 35 FMRs and 25 NPs participated in the survey. Participants generally agreed that time, patient factors, practitioner knowledge and availability of community resources and services were barriers to screening. Comfort discussing government benefits with patients was generally low, with slight differences amongst provider groups ($p=.042$). Thirty-one (40.3%) of FPs, 7 (20.6%) of FMRs and 17 (68.0%) of NPs had referred a patient to a government benefit. However, this was rare as NPs 'rarely' and physicians 'very rarely' referred patient to tax clinics and income support ($p=0.001$). Only eight (6%) of participant had used the Poverty Screening Tool.

Discussion:

The results are consistent with similar studies that primary health providers face many barriers in screening for poverty, including time constraints and lack of training. This demonstrates a need for further research and training to integrate poverty screening and intervention in primary care.

Conclusions:

FPs, FMRs and NPs in Saskatchewan do not routinely screen for poverty, despite the impact of the COVID-19 pandemic, due to several barriers including time, comfort, and knowledge surrounding access to government benefits and resources.