

# Screening for Poverty And Related Social Determinants and Intervening to Improve Knowledge of and Links to Resources (SPARK) Tool: Perspectives from an Ontario Family Health Team

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## Background

- Primary care organizations and clinics are increasingly interested in collecting patient-level demographic and social needs information to tailor patient care, improve health equity, and address social determinants of health.
- The SPARK study is a CIHR-funded study that sought to address the lack of social determinants of health data in primary care settings in Canada.
- The SPARK Tool is an 18-item survey to collect patient-reported demographic and social needs such as housing status and gender identity.

## Objective

To identify and summarize the experiences of stakeholders with implementing the SPARK Tool in their clinic and provide recommendations for improving future efforts to implement the tool.

## Approach

- What?** 20 semi-structured interviews in total.
- Interview questions focused on the feasibility, acceptability, and barriers to using the SPARK Tool during a 6-month implementation pilot 2022-2023.
  - Inductive qualitative description design (Sandelowski, 2010).

- Who?** Patients, interdisciplinary primary care providers, clerical, operational, and clinic leadership staff.
- Age: 18-29 (2), 30-39 (4), 40-49 (1), 50-59 (3), 70+ (3), Not Obtained (7)
  - Gender identity: Man (6), Woman (12), Not Obtained (2)

**Where?** An urban Family Health Team in Ontario.

- Data analysis?**
- Iterative process of reading, re-reading, and note taking on interview transcripts.
  - Line-by-line coding and creation of themes.

## Findings

### Theme One: Utility and value of the tool

- Most participants reported the tool was useful, well-detailed, easy to use, and important for clinical and administrative purposes.
- Some patients expressed appreciation for the motive and care behind asking these questions to help them individually and as a community.
- Three patients highlighted the importance to act on any identified needs.



### Theme Two: Confidentiality and nature of questions of the tool

- More than half (7/10) of the patients had concerns with the confidentiality of responses or felt that some questions were too sensitive or intrusive.
- Some patients felt uncomfortable answering some questions (e.g., ethnicity) and thought that the questions could have been better worded.



### Theme Three: Barriers to using the tool

- Providers and clinic staff reported barriers to using the tool such as only English-language format, lack of access or comfort with technology, and conflicting responsibilities among providers and clinic staff.
- Providers and clinic staff felt that these barriers were the most important to address for the success of the tool.



## Recommendations

- To help encourage completion of the SPARK Tool at the clinic, dedicate a staff member to promote the tool and/or help patients complete it.
- Provide clearer explanation of how responses to the SPARK Tool will be used, their confidentiality, and their relevance to patient health.
- Bridge the existing access gaps and barriers such as language and technology access (e.g., translate the tool into French and other languages, use engaging posters, provide in-clinic support with tablets).
- Providers could actively use or make referrals using the social needs resource list (e.g., food bank).

## Conclusion

Participants emphasized the SPARK Tool's importance and ease of use. However, its future success hinges on addressing confidentiality, user comfort, and access issues by promoting transparent communication and support for both patients and providers to maximize acceptability, feasibility and impact on the social determinants of health.

## Land Acknowledgment

We gratefully acknowledge that our place of work lies on the traditional territory of many nations including the Mississaugas of the Credit, the Anishnabek, the Chippewa, the Haudenosaunee, and the Huron-Wendat peoples and is now home to many diverse First Nations, Inuit, and Métis. We also acknowledge that Toronto is covered by Treaty 13 with the Mississaugas of the Credit. In our work at Upstream Lab, we strive to incorporate the Truth and Reconciliation Commission of Canada's Calls to Action.



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**Reference:** Sandelowski M. (2010). What's in a name? Qualitative description revisited. Research in Nursing & Health, 33(1), 77-84. <https://doi.org/10.1002/nur.20362>