

The SPARK Registered Pharmacist Public Engagement Project – Citizens’ Perspectives on The Role of Pharmacists in Screening for the Social Determinants of Health

Objective

To determine needs, gaps, and opportunities related to screening for the social determinants of health (SDH) by community pharmacists in Newfoundland and Labrador (NL), and to identify considerations for the implementation of the SPARK tool in pharmacies.

Practice Points

1. The health care system has very limited SDH data to support targeted interventions.
2. The SPARK Tool, which stands for Screening for Poverty And Related Social Determinants and Intervening to Improve Knowledge of and Links to Resources, is a validated questionnaire that can be used by providers to collect SDH data, enhance care delivery, and improve health outcomes¹.
3. The public-facing role of community pharmacists presents a unique opportunity to identify social needs at the patient and community levels and to link patients with community resources.
4. The role of community pharmacists in screening for social needs has not been clearly defined in Canada; however, there are examples in other countries.
5. If SDH screening is to be implemented by pharmacists, public perspectives should inform the role and future implementation strategies.

Methods (PI: T Lee)

- Guided by the deliberative dialogue framework developed by the McMaster Health Forum^{2,3}, two virtual citizen panels were convened in Fall 2024 to gather input from individuals in NL with diverse backgrounds and lived experiences (see Table 1 for demographics of participants).
- A semi-structured discussion guide was developed and used by the project team, which included two patient partners and the College of Pharmacy of NL.
- Audio recordings were transcribed and qualitatively analyzed using the RADaR technique⁴ and CoLoop was used to facilitate data coding and organization.

- Themes were developed through team discussions, in which the two patient partners played an important role in data analysis and interpretation.
- Findings were integrated into an evidence brief and presented to participants (researchers, clinicians, citizens, educators, decision-makers, etc.) of a knowledge user dialogue in Jun 2025.

Table 1. Characteristics of Citizen Panel Participants (N=11)*

	Frequency (n)	Proportion (%)
Female Sex	5	45.5
Age		
<30 years	4	36.4
30-49 years	2	18.2
50-69 years	1	9.1
70+ years	1	9.1
Born and Raised in NL	6	54.5
Urban Residence	6	54.5

*Demographic details were not available for three participants.

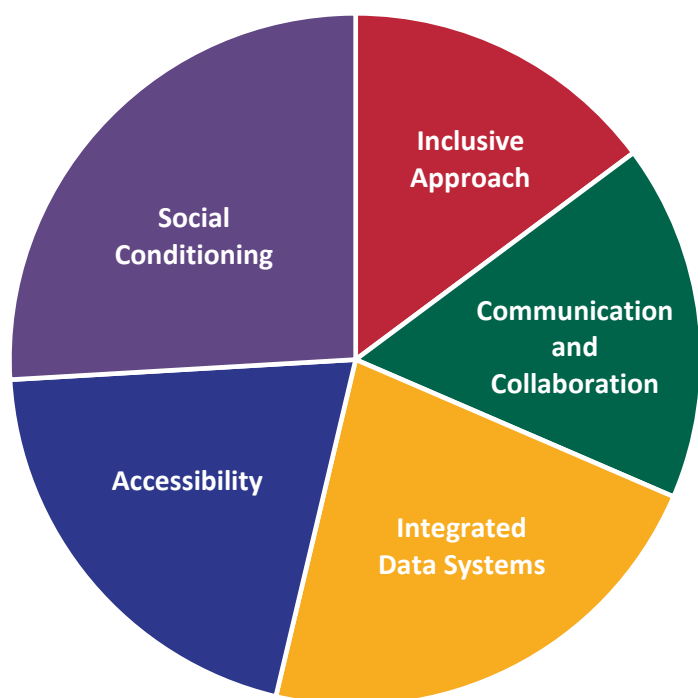
Results

- Three rounds of data reduction resulted in 49 codes and 15 categories (Figure 1).
- A common sentiment expressed by many citizens was that patient-centered care requires consideration of SDH and social needs.
- Five themes were developed and characterized citizens’ perspectives about social needs screening by community pharmacists (Figure 2).
- Within each theme, citizens’ perspectives regarding the pharmacist’s role, as well as needs, gaps, and opportunities were identified and characterized, where applicable (Table 2). Furthermore, some citizens acknowledged that established roles address social needs in a limited capacity, focusing primarily on medication use and access. Opportunities to adjust existing roles were suggested.



*HCP=health care professional

Figure 1. Thematic Analysis Structure and Findings: Codes (Outer Ring); Categories (Middle Ring); Themes (Summarized; Inner Ring)



Five Themes
The accessibility of pharmacists was viewed positively and with great potential to tackle SDH.
Integrated data systems and expansions to MyHealthNL to allow for self-reporting of SDH are necessary.
Communication and collaboration are key roles for pharmacists.
Social conditioning may negatively impact public acceptance and/or uptake of the pharmacist's role in screening and offering support for SDH.
Inclusive and trauma-informed approaches to care are necessary.

Figure 2. Thematic Analysis Findings

- The size of the themes in Figure 2 directly correspond to the number of codes within each theme (see Figure 1).

Table 2: Summary of Findings

Theme	The accessibility of pharmacists was viewed positively and with great potential to tackle SDH
Illustrative Quote(s)	<p>"So, I think that would be an incredible value to all patients or people who are accessing that care. [...] we know that most people don't have access to a social worker. But which health care professional do most people have access to? Pharmacists!" (Citizen 4)</p> <p>"There's lots of times going to see a family doctor is hard [...] an appointment takes...at least a week. So, I've always went to the pharmacist and just said, I'm experiencing this, and this. Is there something you can recommend?" (Citizen 9)</p>
Actions	<ul style="list-style-type: none"> ◇ Maintain accessibility in care delivery ◇ Identify and maintain a list of social care providers and/or community supports available to patients of your pharmacy ◇ Identify and refer patients with social needs to community supports ◇ Assess need for medication delivery services at each encounter ◇ Engage in community outreach to ensure those with the greatest social needs can access pharmacy programs and services
Needs, Gaps, & Opportunities	<ul style="list-style-type: none"> • Need: training and education for pharmacists re: SDH (when needed) • Need: an integrated health data system which supports information sharing and collaboration between providers, including community pharmacists • Opportunity: one-on-one appointments (private consultations) with pharmacists

Theme	Integrated data systems and expansions to MyHealthNL to allow for self-reporting of SDH are necessary
Illustrative Quote(s)	"We now have the [MyHealthNL] app. You know there could be a self-populated questionnaire [to collect SDH data]" (Citizen 7)
Actions	<ul style="list-style-type: none"> ◇ Support patients with low health and/or digital literacy to complete a SDH questionnaire, if implemented
Needs, Gaps, & Opportunities	<ul style="list-style-type: none"> • Need: improvements to internet connectivity province-wide • Need: an integrated health data system which supports information sharing and collaboration between providers, including community pharmacists • Need: a mix of social needs data collection methods (direct, self-report, virtual, private) to accommodate different needs and preferences • Opportunity: the MyHealthNL app and self-reporting would promote individual agency and allow individuals to update their social data in real-time
Theme	Communication and collaboration are key roles for pharmacists
Illustrative Quote(s)	<p>"I really wish that pharmacists could [communicate directly] with our social worker and have that become part of the support plan as a standard" (Citizen 6)</p> <p>"It's not just [the patient] communicating with the pharmacist. It's also the pharmacist communicating with the patient and [other providers]" (Citizen 10)</p>
Actions	<ul style="list-style-type: none"> ◇ Educate patients and other members of the public about how social needs can impact the successful implementation of care plans ◇ Collaborate with other providers and patients to develop care plans which integrate social needs
Needs, Gaps, & Opportunities	<ul style="list-style-type: none"> • Need: lay summaries communicating changes to Registered Pharmacist (RPh) scope of practice • Need: publicly accessible information about RPh scope of practice
Theme	Social condition may negatively impact public acceptance and uptake
Illustrative Quote(s)	"I'm from [country], and a pharmacist we call a dispenser. I would never dare trust my dispenser back home to open up and tell him I can't make ends meet [...], that would be a big no-no in our culture" (Citizen 11)
Actions	<ul style="list-style-type: none"> ◇ Prioritize patient choice, privacy, and explicit consent when addressing social needs ◇ Provide medication counselling that is comprehensive and patient-centered
Needs, Gaps, & Opportunities	<ul style="list-style-type: none"> • Need: more frequent use of private counselling rooms in pharmacies for routine pharmacist-patient interactions • Need: clear and frequent messaging from government officials about the role of pharmacists in health care delivery (similar to messaging about expansions to nurses' scope of practice) • Opportunities: engaged citizens; expansions to RPh scope of practice

Theme	Inclusive and trauma-informed approaches to care are necessary
Illustrative Quote(s)	<p>"It would be immensely helpful if [health and social care strategies, education, forms, etc.] actually came with a lens of disability processing" (Citizen 6)</p> <p>"I don't know how I would feel if I go to my [health record] and see some stories, some housing crisis that I encountered? I don't know how am I going to react to that?" (Citizen 2)</p>
Actions	<ul style="list-style-type: none"> ◇ Engage in empathetic, honest, and non-judgmental conversations about social needs to reduce stigma and foster trust ◇ Understand and adapt to diverse cultural backgrounds, neurodiversity, and lived experiences to provide inclusive, trauma-informed care ◇ Collaborate with social workers and other providers to ensure comprehensive, coordinated, and effective support for patients' social and trauma-related needs
Needs, Gaps, & Opportunities	<ul style="list-style-type: none"> • Need: training and education for pharmacists re: caring for patients with disabilities, including those who are neurodivergent (where needed) • Need: policies and technology that support the use of assistive devices in pharmacies and as part of the provincial personal health record • Need: interpretation and translation services in pharmacies

Sources

1. Pinto, A., Kosowan, L., Abaga, E., O'Rourke, J., Zsager, A., Aubrey-Bassler, K., Marshall, E. G., & Gill, B. (2024). Validation of the SPARK Tool to collect demographic and social needs data in healthcare. *Annals of Family Medicine*, 22(Suppl 1), 6465. <https://doi.org/10.1370/afm.22.s1.6465>
2. Boyko, J. A., Lavis, J. N., & Dobbins, M. (2014). Deliberative dialogues as a strategy for system-level knowledge translation and exchange. *Healthcare policy*, 9(4), 122–131. <https://pubmed.ncbi.nlm.nih.gov/24973488/>
3. Lavis, J. N. (2019). Stakeholder Dialogues Program. McMaster Health Forum. Hamilton, Canada.
4. *International Journal of Qualitative Methods*, vol. 16, 2017, pp. 1-9.
5. Pharmacists can play a key role in supporting individuals with low literacy/without access to technology and connecting them to relevant resources/providers.
6. Increased communication opportunities for citizens and pharmacists, as well as collaboration between pharmacists and other providers (e.g. social workers, social support workers), are important facilitators to this work.
7. Education for the public on the role of community pharmacists in delivering primary health care is likely needed to support public acceptance of pharmacists' screening and offering support for the SDH.
8. Any implementation of this initiative must take an inclusive approach, particularly considering the needs of those who experience the greatest social exclusion.

Conclusions

1. Pharmacists are accessible health care providers and are generally viewed as well positioned to engage in discussions with citizens about their social needs.
2. Social needs data should be collected through various means, including via existing digital health data systems like MyHealthNL, to support individual agency in updating this information.

The research team wishes to acknowledge support from Memorial University's Public Engagement Accelerator Grant, as well as project partners including the College of Pharmacy of NL, Upstream Lab, NL Centre for Applied Health Research, Memorial University, and NL SUPPORT.

For more information, please contact Dr. Tiffany Lee at tiffany.lee@mun.ca

