FACULDADE DE MEDICINA DA UNIVERSIDADE DE COIMBRA

MESTRADO INTEGRADO EM MEDICINA – TRABALHO FINAL

MADALENA MELO FRAGOSO DE CARVALHO JORGE

Cross-cultural adaptation and validation of the "Social Needs: Patient Questionnaire" to Portuguese European language

ARTIGO CIENTÍFICO ORIGINAL

ÁREA CIENTÍFICA DE MEDICINA GERAL E FAMILIAR

Trabalho realizado sob a orientação de:
LUIZ MIGUEL SANTIAGO, MD, PHD
JOANA RITA BRITO MATOS, MD

FEVEREIRO DE 2024

CROSS-CULTURAL ADAPTATION AND VALIDATION OF THE "SOCIAL NEEDS: PATIENT QUESTIONNAIRE" TO PORTUGUESE EUROPEAN LANGUAGE

MADALENA MELO FRAGOSO DE CARVALHO JORGE (*)

JOANA RITA BRITO MATOS (**)

LUIZ MIGUEL SANTIAGO (***)

(*) Faculdade de Medicina da Universidade de Coimbra

(**) MD, Clínica Universitária de Medicina Geral e Familiar da Faculdade de Medicina da Universidade de Coimbra, USF Fernando Namora, Condeixa a Nova, ULS Coimbra

(***) PhD. Faculdade de Medicina da Universidade de Coimbra. Clínica Universitária de Medicina Geral e Familiar da Faculdade de Medicina da Universidade de Coimbra.

Autor responsável:

Madalena Melo Fragoso de Carvalho Jorge

Faculdade de Medicina da Universidade de Coimbra, Azinhaga de Santa Comba, 3000- 548, Coimbra.

Email: madalenamj@live.com.pt

Index

Tables' Index

Abstract

Introduction: Addressing socioeconomic factors and personalizing interventions can enhance patient-centered care and promote health equity in primary care practices. The study aimed to adapt and validate the "Social Needs: Patient Questionnaire" into European Portuguese for individuals under 65, considering the significant impact of social determinants of health on healthcare outcomes.

Methods: In a two-phase observational study, the questionnaire underwent cross-cultural adaptation following best practices outlined by RAND Health Care. Translation, debriefing, and back-translation were conducted. A preliminary study involving 19 individuals aged 18 to 65 at USF Coimbra Sul evaluated the questionnaire's internal consistency and cross-cultural suitability. The validation stage utilized a Google Forms version of the questionnaire distributed via social networks.

Results: The correlation between SEDI and the questionnaire score is positive, weak and non-significant ($\rho=0.079$, p=0530) between the growth in socio-economic class and the best index. Women more frequently show concern about food and medical care expenses, p=0.027 and p=0.007 respectively. People of a higher socio-economic stratum show more confidence in dealing with health problems, p=0.010.

Discussion: This is the first Portuguese study to address these social determinants of health. It is worth stressing the pertinence of further research to have a better understanding of their demographic distribution and the impact of these factors on the country's context.

Conclusion: In our sample, 69.9% reported at least one struggle, more frequently concerns about expenses. Social needs must be part of the patient approach in primary health care in order to achieve better outcomes.

Keywords: Social Needs, Patient, Health, Socioeconomic Factors

Introduction

Patients' well-being cannot be addressed without knowing their context.[1] Twenty percent of health-related problems are solved with medical care, medicines, or other medical manoeuvres, leaving the remaining eighty percent by the social context of each patient.(1) If social needs are not addressed, healthcare providers will struggle to improve outcomes.(2) Therefore, we meet the urge to study the impact of these social factors on patients.

Non-medical factors that impact health outcomes are known as social determinants of health (SDH), as stated by the World Health Organization.(1) SDH encompasses various conditions that affect people from birth to old age, including the place(s) where they live, their work, and how they grow. Additionally, SDHs are influenced by wider forces and systems such as economic policies, social norms, development agendas, political systems, and social policies.(3)

The social factors that affect health are the root cause of many of today's major health problems, including obesity, heart diseases, diabetes, arterial hypertension and depression. (4) SDHs are interconnected. Poor health or lack of education can reduce employment opportunities, limiting income. Low income reduces access to healthcare and healthy food, leading to hardship. Hardship causes stress, which can lead to unhealthy coping mechanisms such as substance abuse or overeating unhealthy foods and excess neuro-endocrine release of stress hormones and hence arterial hypertension, leading to cardiovascular outcomes.(4)

The cultural adaptation of the existing social health needs screening developed by the American Academy of Family Physicians, "Social Needs: Patient Questionnaire" was deemed important for the European Portuguese context. The survey focuses on lack of transportation, social isolation, food insecurity, financial strain, housing problems, and household violence.(5) According to nationwide studies, in 2023 4,9% of the Portuguese population was considered to be in economic and social deprivation, such as lack of money to pay bills, heat the house, or hang with family or friends.(6) In 2022, the poverty risk rate was 17%, taking into account pensions and other social transfers received.(6) Some of the determinants are yet to be studied and linked to multimorbidity in Portugal.[6,7] The covid19 pandemic followed by the war in Ukraine, and increasing interest rates have made it very difficult to pay monthly bills.

Multimorbidity is commonly defined as the co-occurrence of at least two chronic conditions in the same individual (7), although its actual definition is much more complex.(8) Approximately 72,7% of Portugal's population experiences two or more chronic illnesses, according to a previous nationwide study.(9) These numbers rise to 80% when patients are older than 65 years old.(10)

Certain vulnerable groups, such as the elderly, less educated, and pensioners/retirees, were found to have the highest levels of multimorbidity, which highlights the need for consideration

of these groups in public policies related to health promotion and disease prevention.(9) To improve the quality of life of multimorbid patients, within primary care practices and health delivery systems, one should take into special account some factors. These being: their gender, the perceived family support, and the self-perceived economic status because of their relationship with both physical and mental health.(11)

By examining factors such as educational level, family living and monthly income, a socioeconomic status can be encountered, the Socio-economic Deprivation Index (SEDI).(12) Still access to healthcare and quality of ambiance living are key determinants that significantly impact health outcomes, far beyond the objective examination in a medical appointment.[1-3] This knowledge allows professionals to personalize interventions, address social barriers, and promote health equity while making it more patient-centered. (13–16)

The aim of the present study was to cross-culturally adapt and then validate the "Social Needs: Patient Questionnaire" to European-spoken Portuguese, for such an evaluation instrument did not exist in this context for those under 65 years of age.

Methods

This was a two-phase observational study. Cross-cultural adaptation was made by translation, debriefing, and back-translation, according to best practice, following the specifications provided by RAND Health Care.(17)

The translation was performed by two Portuguese natives, English fluents, and not aware of the original questionnaire. Then a set of four, two PhD doctors, one PhD nurse, and one lay person found the best Portuguese wording for the English questionnaire. The shortest number of words per sentence, and of syllables per word was demanded as a choosing factor. Then it was back-translated by an English native but Portuguese fluent translator, to check for differences in wording. Then on two days apart occasions, it was applied to 15 persons: firstly by self-fulfilling and secondly orally the investigator writing down the answers. The purpose was to compare the written and oral answers and look for differences.

To increase the quality of cross-adaptation and to evaluate the internal consistency of the survey, an initial study of 19 persons was conducted. These first inquiries took place in USF Coimbra Sul, on the 18th of October and the 8th of November of 2023. The participants were selected in the facilities' waiting room using a convenience sample on random days for intervention. Inclusion criteria were to be over 18 and under 65 years of age, to be able to understand and answer a questionnaire, to accept answering and to sign an informed consent form.

This sample's task consisted of 9 persons under 45 years of age (5 women and 2 men) and 10 between 45 and 65 years of age (6 women and 2 men). The author timed the filing-in, after which criticism and suggestions were asked for.

At the validation stage, answers were obtained via a Google Forms version of the questionnaire. The online link was shared in the authors' social networks. The Forms was available online from December 8th 2023 to January 6th 2024. It was assumed that despite being to some extent advanced in age, this group of people was not info-excluded.

Context variables like the SEDI model, gender and number of diseases were gathered. The socioeconomic index (SEDI) of the sample population was calculated by attributing a score based on: the living status (alone – 1 point; accompanied – 2 points); educational level (illiterate – 1; primary school – 1; middle school - 1; high school – 2; college education – 2); and monthly income (less than minimum wage – 1; minimum wage or higher – 2), being that the total score ranged from 3 to 6.

SPSS 27th version was used for descriptive and for inferentiation statistics, namely χ^2, and Mann-Whitney U.

Consent was obtained by the Ethical Commission of "Administração Regional de Saúde do Centro" as well as the author of the original questionnaire.

Results

In the cross-cultural adaptation phase the test re-test questionnaires responses showed no significant difference, p>0.05.

The average questionnaire time-length response was 2'46'', the longest one 3'58'', and the shortest 50''. There were no critiques to the questionnaire. When asked about inputs, one participant suggested an intermediate option between 'Yes' and 'No' answers in some questions.

According to Table I, in the validation study, the questionnaire was submitted by a total of n=123 respondents, 62 (50.4%) were men, of which 23 (37.1%) were younger than 45 years. Of the 61 (49,6%) women surveyed, 36 (59.0%) were younger than 45 years. Women were significantly younger than men, p=0.012. As for the academic degree, 86.3% had an educational level higher than 6th grade, not different by sex., p=0.289.

Table I – Variables according to Gender

		Gender			
		Male	Female	Total	p
		n (%)	n (%)		
Do you live alone?	Alone	11 (17.7)	6 (9.8)	17 (13.8)	0.157
	Accompanied	51 (82.3)	55 (90.2)	106 (86.2)	
Do you have a 6th grade degree?	Until 6th grade	7 (11.3)	10 (16.4)	17(13.8)	0.289
	6th grade or higher	55 (88,7)	51 (83.6)	106 (86.3)	
Is your income lower than the national minimum wage?	Lower than NMW	10 (16.1)	5 (8.2)	15 (12.2)	0.143
	NMW or higher	52 (83.9)	56 (91.8)	108 (87.8)	
How many chronic illnesses do you suffer from?	Less than two	22 (75.9)	19 (95.0)	41 (83.7)	0.079
	Two or more	7 (24.1)	1 (5.0)	8(16.3)	
Age group	Up to 45 years old	23 (37.1)	36 (59.0)	59 (48.9)	0.012
	[46 to 64] years old	39 (62.9)	25 (41.0)	64 (52.0)	

NMW - National Minimum Wage

According to Table II, concerning age, there was only a significant difference when it came to the chronic illnesses suffered by the participants. However, the answer "two or more" was more frequent among older people.

Table II – Variables according to Age

		Up to 45 years old	[46 to 64] years old	Total	p
		Age			
		n (%)	n (%)		
Do you live alone?	Alone	8 (13.6)	9 (14.1)	17 (13.8)	0.572
	Accompanied	51 (86.4)	55 (85.9)	106 (86.2)	
Do you have a 6th grade degree?	Until 6th grade	7 (11.9)	10 (15.6)	17 (13.8)	0.367
	6th grade or higher	52 (88.1)	54 (84.4)	106 (6.2)	
Is your income lower than the national minimum wage?	Lower than NMW	9 (15.3)	6 (9.4)	15 (12.2)	0.236
	NMW or higher	50 (84.7)	58 (90.6)	108 (87.8)	
How many chronic illnesses do you suffer from?	Less than two	16 (100)	25 (75.8)	41 (83.7)	0.031
	Two or more	0 (0.0)	8 (24.2)	8 (16.3)	

Table III shows the gender distribution of the answers to the questionnaire items. There were only significant differences concerning two items. Regarding the question "In the last 12 months, did you ever worry that your food would run out before you had money to buy more?", women more often answered yes, p=0.027. Regarding the question "In the last 12 months, did you ever feel stressed about making ends meet?" about "Medical Care", women were also more likely to answer yes, p=0.007.

Table III – Questionnaire's answers according to gender

		Male	Female	Total	p
		Gender			
		n (%)	n (%)		
Is it difficult to get transportation to or from your medical appointments?	Yes	14 (22.6)	11 (18.0)	25 (20.3)	0.344
	No	48 (77.4)	50 (82.0)	98 (79.7)	
Is there someone you can rely on when you have a problem?	Yes	62 (100)	60 (98.4)	122 (99.2)	0.496
	No	0 (0.0)	1 (1.6)	1 (0.8)	
Are there enough people you feel close to?	Yes	60 (96.8)	56 (91.8)	116 (94.3)	0.213
	No	2 (3.2)	5 (8.2)	7 (5.7)	
In the last 12 months, did you ever worry that your food would run out before you had money to buy more?	Yes	4 (6.5)	12 (19.7)	16 (13.0)	0.027
	No	58 (93.5)	49 (80.3)	107 (87.0)	

In the last 12 months, did your food ever not last and you didn't have money to get more?	Yes	2 (3.2)	2 (3.3)	4 (3.3)	0.684
	No	60 (96.8)	59 (96.7)	119 (96.7)	
What is it that you have trouble paying for?					
Food	Yes	27 (43.5)	32 (52.5)	59 (48.0)	0.209
	No	35 (56.5)	29 (47.5)	64 (52.0)	
Rent/mortgage	Yes	3 (4.8)	4 (6.6)	7 (5.7)	0.491
	No	59 (95.2)	57 (93.4)	116 (94.3)	
Medical Care	Yes	11 (17.7)	24 (39.3)	35 (28.5)	0.007
	No	51 (82.3)	37 (60.7)	88 (71.5)	
Prescriptions	Yes	9 (14.5)	13 (21.3)	22 (17.9)	0.227
	No	53 (85.5)	48 (78.7)	101 (82.1)	
Insurance	Yes	4 (6.6)	9 (14.8)	13 (10.7)	0.120
	No	57 (93.4)	52 (85.2)	109 (89.3)	
Gas/Electricity	Yes	9 (15.0)	17 (27.9)	26 (21.5)	0.066
	No	51 (85.0)	44 (72.1)	95 (78.5)	
Childcare	Yes	5 (8.5)	10 (16.4)	15 (12.2)	0.128
	No	57 (91.9)	51 (83.6)	108 (87.8)	
Do you have any problems with your housing, such as unsafe/ unclean conditions, temporary living, or no place to live?	Yes	6 (9.7)	4 (6.6)	10 (8.1)	0.382
	No	56 (90.3)	57 (93.4)	113 (91.9)	
Unsafe conditions	Yes	2 (3.2)	7 (11.5)	9 (7.3)	0.078
	No	60 (96.8)	54 (88.5)	114 (92.7)	
Unclean conditions	Yes	4 (6.5)	4 (6.6)	8 (6.5)	0.632
	No	58 (93.5)	57 (93.4)	115 (93.5)	
Temporary housing	Yes	3 (4.8)	7 (11.5)	10 (8.1)	0.155
	No	59 (95.2)	54 (88.5)	113 (91.9)	
No place to live or living on street	Yes	1 (1.6)	1 (1.6)	2 (1.6)	0.748
	No	61 (98.4)	60 (98.4)	121 (98.4)	
Does a partner, or anyone at home, hurt, hit, or threaten you?	Yes	0 (0)	3 (4.9)	3 (2.4)	0.119
	No	62 (100)	58 (95.1)	120 (97.6)	
How confident are you filling out forms by yourself?	Not at all	6 (9.7)	5 (8.2)	11 (8.9)	
	Somewhat	3 (4.8)	8 (13.1)	11 (8.9)	
	Extremely	53 (85.5)	48 (78.7)	101 (82.1)	
How confidente are you that you can control and manage most of your health problems?	2	1 (1.6)	0 (0.0)	1 (0.8)	
	4	1 (1.6)	3 (4.9)	4 (3.3.)	
	5	1 (1.6)	2 (3.3)	3 (2.4)	
	6	4 (6.5)	1 (1.6)	5 (4.1)	
	7	4 (6.5)	2 (3.3)	6 (4.9)	
	8	24 (38.7)	18 (29.5)	42 (34.1)	
	9	11 (17.7)	11 (18.0)	22 (17.9)	
	10	16 (25.8)	24 (39.3)	40 (32.5)	

Table IV shows the distribution of responses to the questionnaire according to age group. The only significant differences found were in "In the last 12 months, did you ever worry that your food would run out before you had money to buy more?", to which participants aged "up to 45 years old" answered yes more often (p=0.050) and to the question "Do you have any problems with your housing, such as unsafe/ unclean conditions, temporary living or no place to be?" on "Temporary living" also the younger group of participants answered positively, p=0.036.

As for the answers to the SEDI, there was no significant difference by gender (male 5.6±0.1 vs. female 5.7±0.1, p=0.342).

The correlation between SEDI and the questionnaire score, was a positive, weak and non-significant one, ρ=0.079, p=0530.

Table IV – Questionnaire's answers according to age

		Up to 45 years old	[46 to 64] years old	Total	p
		n (%)	n (%)		
Is it difficult to get transportation to or from your medical appointments?	Yes	11 (18.6)	14 (21.9)	25 (20.3)	0.414
	No	48 (81.4)	50 (78.1)	98 (79.7)	
Is there someone you can rely on when you have a problem?	Yes	58 (98.3)	64 (100)	122 (99.2)	0.480
	No	1 (1.7)	0 (0.0)	1 (0.8)	
Are there enough people you feel close to?	Yes	54 (91.5)	62 (96.9)	116 (94.3)	0.188
	No	5 (8.5)	2 (3.1)	7 (5.7)	
In the last 12 months, did you ever worry that your food would run out before you had money to buy more?	Yes	9 (15.3)	7 (10.9)	16 (13.0)	0.329
	No	50 (84.7)	57 (89.1)	107 (87.0)	
In the last 12 months, did your food ever not last and you didn't have money to get more?	Yes	4 (6.8)	0 (0.0)	4 (3.3)	0.050
	No	55 (93.2)	64 (100)	119 (96.7)	
What is it that you have trouble paying for?					
Food	Yes	30 (50.8)	29 (45.3)	59 (48.0)	0.332
	No	29 (49.2)	35 (54.7)	64 (52.0)	
Rent/mortgage	Yes	5 (8.5)	2 (3.1)	7 (5.7)	0.188
	No	54 (91.5)	62 (96.9)	116 (94.3)	
Medical Care	Yes	21 (35.6)	14 (21.9)	35 (28.5)	0.069
	No	38 (64.4)	50 (78.1)	88 (71.5)	
Prescriptions	Yes	14 (23.7)	8 (12.5)	22 (17.9)	0.082
	No	45 (76.3)	56 (87.5)	101 (82.1)	
Insurance	Yes	7 (12.1)	6 (9.4)	13 (10.7)	0.424
	No	51 (87.9)	58 (90.6)	109 (89.3)	

Gas/Electricity	Yes	14 (24.1)	12 (19.0)	26 (21.5)	0.323
	No	44 (75.9)	51 (81.0)	95 (78.5)	
Childcare	Yes	8 (13.6)	7 (10.9)	15 (12.2)	0.432
	No	51 (86.4)	57 (89.1)	108 (87.8)	
Do you have any problems with your housing, such as unsafe/ unclean conditions, temporary living, or no place to live?	Yes	6 (10.2)	4 (6.3)	10 (8.1)	0.321
	No	53 (89.8)	60 (93.8)	113 (91.9)	
Unsafe conditions	Yes	3 (5.1)	6 (9.4)	9 (7.3)	0.288
	No	56 (94.9)	58 (90.6)	114 (92.7)	
Unclean conditions	Yes	2 (3.4)	6 (9.4)	8 (6.5)	0.164
	No	57 (96.6)	58 (90.6)	115 (93.5)	
Temporary housing	Yes	8 (13.6)	2 (3.1)	10 (8.1)	0.036
	No	51 (86.4)	62 (96.9)	113 (91.9)	
No place to live or living on street	Yes	1 (1.7)	1 (1.6)	2 (1.6)	0.731
	No	58 (98.3)	63 (98.4)	121 (98.4)	
Does a partner, or anyone at home, hurt, hit, or threaten you?	Yes	1 (1.7)	2 (3.1)	3 (2.4)	0.531
	No	58 (98.3)	62 (96.9)	120 (97.6)	
How confident are you filling out forms by yourself?	Not at all	4 (6.8)	7 (10.9)	11 (8.9)	
	Somewhat	5 (8.5)	6 (9.4)	11 (8.9)	
	Extremely	50 (84.7)	51 (79.7)	101 (82.1)	
How confident are you that you can control and manage most of your health problems?	2	1 (1.7)	0 (0.0.)	1 (0.8)	
	4	2 (3.4)	2 (3.1)	4 (3.3)	
	5	2 (3.4)	1 (1.6)	3 (2.4)	
	6	1 (1.7)	4 (6.3)	5 (4.1)	
	7	2 (3.4)	4 (6.3)	6 (4.9)	
	8	19 (32.2)	23 (35.9)	42 (34.1)	
	9	10 (16.9)	12 (18.8)	22 (17.9)	
	10	22 (37.3)	18 (28.1)	40 (32.5)	

The responses to the questionnaire by SEDI's score (median, 1.0 and 2.0) revealed (Table V) for housing issues, that those who answered positively were more likely to have a lower socioeconomic status, p=0.001. As for their confidence in completing documents alone, those who have total confidence are more likely to be in a higher socio-economic stratum, p=0.006. As for confidence in managing their health problems, those who answered higher were more likely to be from a higher socio-economic stratum, p=0.010.

Not significantly, SEDI's score in non-multimorbidity respondents was higher and in those with multimorbidity was lower.

For 87 (69.9%) respondents there was at least one problem and the most common needs were concern about expenses (49.6%), namely rent/mortgage and insurance, and transport to and from medical appointments (20.3%), according to Table V.

Table V: Answers according to the median of SEDI

		SEDI according to median		Total	p
		Lower	**Higher**		
		n (%)			
Do you have any problems with your housing, such as unsafe/ unclean conditions, temporary living, or no place to live?	Sim	8 (20.0)	2 (2.4)	10 (8.0)	0.001
	Não	32 (80.0)	83 (97.6)	115 (92.0)	
How confident are you filling out forms by yourself?	Not at all	4 (10.0)	7 (8.2)	11 (8.8)	0.006
	Somewhat	9 (67.5)	2 (2.4)	11 (8.8)	
	Extemely	27 (67.5)	76 (89.4)	103 (82.4)	
How confident are you that you can control and manage most of your health problems?	2	0 (0.0)	1 (1.2)	1 (0.8)	0.010
	4	2 (5.0)	2 (2.4)	4 (3.4)	
	5	2 (5.0)	1 (1.2)	3 (2.4)	
	6	3 (7.5)	2 (2.4)	5 (4.0)	
	7	1 (2.5)	6 (7.1)	7 (5.6)	
	8	19 (47.5)	24 (28.2)	43 (34.4)	
	9	6 (15.0)	16 (18.8)	22 (17.6)	
	10	7 (17.5)	33 (38.8)	40 (32.0)	

Discussion

This study aimed to analyse patients' social needs according to sex, age, multimorbidity and socio-economic class, using a standard questionnaire adapted to European spoken portuguese language in a trial of validation. It was hypothesised that women, older ones, those living in worse socioeconomic class and those with multimorbidity would have more SDH needs.

SDHs had not yet been studied in the Portuguese population using this methodology, nor their association with gender, age and multimorbidity and socio-economic class were known.

The correlation between SEDI and the SDH questionnaire score was positive, weak, and non-significant. In a young sample (up to 65 years old) SDHs are transversal, meaning that General Practice/Family Doctors must be aware of this population problem, classifying it in the e-registration program.

Women showed more concern than men on some matters: providing food and supporting medical care expenses. This might mean they are responsible for this task at home or that men are careless about this subject.

To the question "In the last 12 months, have you ever run out of food and had no money to buy more?", the younger group scored higher, probably because women were predominant in this age group sample.

Although the difference between genders about housing problems was not statistically significant, 8.1% of our sample was in a 'Temporary Housing' situation, younger ones significantly more responding. This question needs further understanding for "Temporary Home" might mean living with parents, or a kind of a nomadic lifestyle, for instance when having labour instability.

Men showed more independence in filling-in documents by themselves, women scored higher in their ability to find solutions to health struggles and patients from a lower socio-economic background also revealed less confidence in filling-in documents independently and in overseeing and dealing with their health problems. This can then lead to lower adherence to medication and to a lesser ability in therapeutics maintenance, resulting in poorer outcomes.(18)

There is evidence suggesting overall positive perceptions towards implementing a Social Prescribing Link Worker Service (SPLS), with recognized benefits for patients, health services, community development, and professional satisfaction.(19) Patients don't benefit from social prescribing only because they have a lower socio-economic status, but also because it keeps them more connected with each other and actively engaged in their community. However, attention to identified barriers and challenges will be crucial for successful implementation.(19)

For this research, we used the "Social Needs: Patient Questionnaire" created by the American Academy of Family Physicians.(5) The original questionnaire underwent a rigorous method of cross-cultural adaptation, with no difficulties being encountered in this process, a test-retest methodology revealing no significant differences. The questionnaire was also easy to understand. And it revealed a reality that General Practice /Family Doctors in Portugal must attend for better health results and out-comes.

Although the Graffar index is currently used as a tool to assess the patient's socio-economic status in Portuguese Family Practice appointments, as it is the instrument in use in the e.registration health program used in the Portuguese National Health Service, it was decided to use the SEDI, due to less time of filling-in. A high correlation between these two instruments has been perceived, the latter is easier and faster to apply (20) – 3 questions with a final score from 3 to 6 points.

The fact that the questionnaire was presented to the participants in an online form, prevented the occurrence of some biases like the social desirability and response momentum bias. Had it been presented to the participants in person, they might not have been able to accurately state their characteristics to the SEDI calculation. Electronically they are more assured of their anonymity. If it had been distributed at the end of appointments, it is possible that they would have been in a hurry to leave and would not have been truly available to answer the questionnaire carefully. To overcome these bias it was decided to distribute the questionnaire online. A greater convenience sample was also believed to be reached.

Although this study fulfilled its objectives, its continuous validation and even contrast with health results and out-comes is desired.

Conclusion

It was possible to perform the cross-cultural adaptation and validation the "Social Needs: Patient Questionnaire" for the under 65 years population.

There seems to be a need to integrate social determinants into healthcare strategies to improve patient outcomes and overall well-being.

By promoting a more inclusive and patient-centered approach to care, healthcare practitioners and policymakers ensure that healthcare services meet the diverse needs of individuals across the wide socioeconomic circumstances.

References

1.   Magnan S. Social Determinants of Health 101 for Health Care Five plus Five [Internet]. 2017. Available from: http://www.countyhealthrankings.

2.   FPM, Aafp. Screening for Social Determinants of Health in Daily Practice [Internet]. 2022 [cited 2023 Dec 27]. Available from: https://www.aafp.org/pubs/fpm/issues/2022/0300/p6.html

3.   World Health Organization. Social determinants of health [Internet]. [cited 2023 Dec 27]. Available from: https://www.who.int/social_determinants/sdh_definition/en/

4.   null null. Social Determinants of Health (SDOH) . Catalyst Carryover [Internet]. 2017;3(6). Available from: https://catalyst.nejm.org/doi/abs/10.1056/CAT.17.0312

5.   Heather Bleacher C, Lyon C DO, Mims L, Cebuhar K, Begum A. The Feasibility of Screening for Social Determinants of Health: Seven Lessons Learned [Internet]. Available from: www.aafp.org/fpm

6.   PORDATA. Estatísticas sobre Portugal e Europa [Internet]. [cited 2024 Jan 4]. Available from: https://www.pordata.pt/portugal

7.   Skou ST, Mair FS, Fortin M, Guthrie B, Nunes BP, Miranda JJ, et al. Multimorbidity. Nat Rev Dis Primers. 2022 Dec 1;8(1).

8.   Prazeres F, Santiago LM, Simões JA. Defining Multimorbidity: From English to Portuguese Using a Delphi Technique. Biomed Res Int. 2015;2015.

9.   Prazeres F, Santiago L. Prevalence of multimorbidity in the adult population attending primary care in Portugal: a cross-sectional study. 2015;5:9287. Available from: http://bmjopen.bmj.com/

10.   Santiago LM, Prazeres F, Boto T, Maurício K, Rosendo I, Simões JA. Multimorbidity daily life activities and socio-economic classification in the central Portugal primary health care setting: An observational study. Family Medicine and Primary Care Review. 2020;22(1):54–8.

11.   Prazeres F, Santiago L. Relationship between health-related quality of life, perceived family support and unmet health needs in adult patients with multimorbidity attending primary care in Portugal: A multicentre cross-sectional study. Health Qual Life Outcomes. 2016 Nov 11;14(1).

12.   Ribeiro AI, Launay L, Guillaume E, Launoy G, Barros H. The Portuguese version of the European deprivation index: Development and association with all-cause mortality. PLoS One. 2018 Dec 1;13(12).

13.   Stewart M, Brown JB, Donner A, McWhinney IR, Oates J, Weston WW, et al. The impact of patient-centered care on outcomes. J Fam Pract. 2000 Sep;49(9):796–804.

14. Biscaia AR, Heleno LCV. A reforma dos cuidados de saúde primários em Portugal: Portuguesa, moderna e inovadora. Ciencia e Saude Coletiva. 2017;22(3):701–11.

15. Regatia R, Santiago LM. Multimorbilidade: impacto no exercício da medicina centrada na pessoa e no distress médico em medicina geral e familiar. Revista Portuguesa de Clínica Geral [Internet]. 2023 Jan 31;39(1):37–44. Available from: https://www.rpmgf.pt/ojs/index.php/rpmgf/article/view/13418

16. Coelho BM, Santiago LM. Medicina centrada na pessoa: validação populacional de um instrumento de medida pela pessoa. Revista Portuguesa de Clínica Geral [Internet]. 2022 Jun 30;38(3):247–56. Available from: https://www.rpmgf.pt/ojs/index.php/rpmgf/article/view/13218

17. RAND Corporation Health Care. Basic Guidelines for Translating Surveys [Internet]. [cited 2023 Dec 30]. Available from: https://www.rand.org/health-care/surveys_tools/about_translations.html

18. Brown MT, Bussell JK. Medication adherence: WHO cares? Vol. 86, Mayo Clinic Proceedings. Elsevier Ltd; 2011. p. 304–14.

19. Costa A, Lopes J, Sousa CJ, Santos O, Virgolino A, Nogueira P, et al. Developing a social prescribing local system in a European Mediterranean country: a feasibility study to promote active and healthy aging. BMC Health Serv Res. 2021 Dec 1;21(1).

20. Miranda MR. Classificação socioeconómica familiar em Medicina Geral e Familiar. A comparação de dois modelos [Artigo Científico Original]. Faculdade de Medicina da Universidade de Coimbra; 2020. [Accessed in 30th december 2023]

Attachement I - Questionnaire

É difícil conseguir transporte para ir ou voltar das suas consultas médicas?

[ ] Sim   [ ] Não

Há alguém em quem possa confiar quando tem problemas?

[ ] Sim   [ ] Não

3. Julga ter um número suficiente de pessoas de quem se sinta próxima(o)?

[ ] Sim   [ ] Não

4. Nos últimos 12 meses, alguma vez se preocupou com o facto de a sua comida poder esgotar-se antes de ter dinheiro para comprar mais?

[ ] Sim   [ ] Não

5. Nos últimos 12 meses, alguma vez ficou sem comida e não tinha dinheiro para comprar mais?

[ ] Sim   [ ] Não

6. Nos últimos 12 meses, alguma vez se sentiu preocupada(o) por ter de pagar as suas despesas?

[ ] Sim   [ ] Não

Assinale o assunto em que tem dificuldade em pagar:

Alimentos

[ ] Sim   [ ] Não

Assinale o assunto em que tem dificuldade em pagar:

Renda/Prestação da casa

[ ] Sim   [ ] Não

Assinale o assunto em que tem dificuldade em pagar:

Cuidados médicos

[ ] Sim   [ ] Não

Assinale o assunto em que tem dificuldade em pagar:

Receitas médicas

[ ] Sim   [ ] Não

Assinale o assunto em que tem dificuldade em pagar:

Seguro

[ ] Sim   [ ] Não

Assinale o assunto em que tem dificuldade em pagar:

Gás/Eletricidade

[ ] Sim   [ ] Não

Assinale o assunto em que tem dificuldade em pagar:

Cuidados com crianças

[ ] Sim   [ ] Não

Outro assunto em que tem dificuldade em pagar:

7. Tem alguns problemas com a sua habitação, como condições de insegurança/falta de limpeza, estar em habitação temporária ou não ter onde viver?

[ ] Sim   [ ] Não

Assinale o assunto correspondente aos problemas de alojamento com que se depara:

Insegurança

[ ] Sim   [ ] Não

Assinale o assunto correspondente aos problemas de alojamento com que se depara:

Falta de limpeza

[ ] Sim   [ ] Não

Assinale o assunto correspondente aos problemas de alojamento com que se depara:

Casa temporária

[ ] Sim   [ ] Não

Assinale o assunto correspondente aos problemas de alojamento com que se depara:

Sem lugar para viver ou a viver na rua

[ ] Sim   [ ] Não

Outro assunto correspondente aos problemas de alojamento com que se depara:

8. Quem vive consigo, ou alguém em casa, magoa-a(o) bate-lhe ou ameaça-a(o)?

[ ] Sim   [ ] Não

9. Qual é o seu grau de confiança para preencher documentos sozinha(o)?

[ ] Nenhum   [ ] Algum   [ ] Total

10. Qual é a sua confiança em conseguir controlar e orientar a maior parte dos seus problemas de saúde?

(Selecione um número de 1 a 10; 1 = nada confiante, 10 = muito confiante.)

11. Vive só?

[ ] Sim   [ ] Não

12. Tem a 6ª classe?

[ ] Sim [ ] Não

13. O seu rendimento é menor que o ordenado mínimo nacional?

[ ] Sim [ ] Não

14. De quantas doenças crónicas sofre?

[ ] 0   [ ] 1   [ ] 2 ou mais

15. Sexo:

[ ] Feminino   [ ] Masculino

16. Quantos anos tem?

[ ] Até 45 anos [ ] 46 a 64 anos