PEER REVIEW HISTORY

ARTICLE DETAILS

TITLE (PROVISIONAL)	A novel income security intervention to address poverty in a primary care setting: A retrospective chart review
AUTHORS	Jones, Marcella; Bloch, Gary; Pinto, Andrew

VERSION 1 - REVIEW

REVIEWER	Dr. Timo-Kolja Pfoertner Institute of Medical Sociology, Health Services Research, and Rehabilitation Science (IMVR), University of Cologne, Germany
REVIEW RETURNED	23-Nov-2016

GENERAL COMMENTS	I really like to thank you for this brilliant work. I think this really adds much to the literature and to the practice tackling inequalities in health. We still are in the dark in the tackling of inequalities in health and this might be one light switch. I'm really interested reading your results on implementation and effectivenes. Therefore, you might think about referring to concepts of implementation and effectiveness in the discussion (see page 37/38, line 5/6). I think for science and practice, it is of high relevance to know, whether this intervention could be implemented in other contexts. Therefore, evaluation of implementation would be of high relevance in another paper. However, I would also argue that this is a limitation of your paper as it only provide a first "explanatory" insight into this intervention without having a strong concept on implementation and measures of effectiveness. For example, do you have any information about the reach of this intervention; what is the participation rate. A second issue for the limitation section might be that you have no information on specific diseases, which might also have a strong impact on participation rate and success (as well as other factors such as family status, employment status etc.). A third issue you might discuss is the low number of observations, which might decrease the chance of finding significant differences. Finally, it is a little bit sad to see this little references to the case descriptions. You might make this point stronger as it gives a realistic insight into problems and issues of the aim group. However, as I already wrote, I really like this manuscript and do not have any strong concerns. I'm interested reading the final manuscipt and follow-up papers regarding this intervention.

REVIEWER	Prof Dr Alex Burdorf Department of Public Health Erasmus MC Rotterdam The Netherlands
REVIEW RETURNED	21-Dec-2016

GENERAL COMMENTS	1. Abstract: The title is confusing, why inclusion of the health promotion? Even if the service is given that particular name, I still advise to focus on income security as this is what is reported. I am similarly confused about the terms patients and medical charts; what is the study population? 2. Abstract: What are the results that will advance our knowledge? As describes, it seems a process evaluation of a particular service, without any link or implication for health. 3. Introduction: linked to remark 1, some terminology is confusing for the reader, such as clinical intervention. It is a social intervention in a clinical setting. 4. Introduction: the rationale of the new service is explained well, but interestingly the only RCT finds no effect on health, i.e. the increase in benefits had no effect on health. Thus, I would expect that the author would present more information on: (i) how large is the effect of income insecurity on health, (ii) how large is the positive effect of better income security on health, and (iii) will the intervention introduce a sufficiently large effect on income and have a sufficiently large impact on health. Interestingly, the aims of the study are also not very well defined. Is this a process evaluation? was any structured model used for this? 5. Methods: Details about the actual selection and referral process to the service are lacking. The intro states that approx. 50% of the population is regarded as low income, so, how were the subjects involved selected? 6. Methods: an analysis without any reference group is difficult to interpret. a comparison at baseline is fine, but this does give very little information as to whether the new service has any beneficial effects. 7. Methods: Overall, I would think that the study population is also rather small to analyse dichotomize factors cq endpoints. Hence, it is almost not possible to conduct a meaningful analyses whether an increased exposure to the new service has led to better income security. 8. Results/discussion: see remarks above. I find it very difficult to understand whether this new service is going to make an impact or not.

REVIEWER	Dula Pacquiao Rutgers University School of Nursing Newark, NJ USA
REVIEW RETURNED	17-Jan-2017

GENERAL COMMENTS	This article is significant as it shows an concerted effort by a multidisciplinary team to address poverty in one healthcare setting. The study is primarily descriptive in nature but offers rich information about patients' needs and range of interventions offered. The description of the team's composition and sequence of actions are informative. Please, identify the study as descriptive in addition to being retrospective in the abstract , purpose and limitations.

REVIEWER	Nathalie Huguet Oregon Health and Science University
REVIEW RETURNED	14-Apr-2017

GENERAL COMMENTS	This paper is well written and provide an interesting description of an income assistance program. Though the functionality of the program is described in the method, some details are missing. It would be helpful to get a historical perspective on the program, to put into context. How long as it been implemented? In any settings? Is this program use across Canada? Since when? How is this program funded at the clinic level, provincial, federally? who developed the program? P 11, Line 24-32, please clarify that 69 and 76 excluded patients were not part of the 181, which is clear in the table but not in the text. It is not clear what Figure 1 adds.

VERSION 1 – AUTHOR RESPONSE

Reviewer 1:

We appreciate the Reviewer's comments, that this paper contributes to the literature on tackling inequalities in health. This is indeed an area where we need further research.

1. The Reviewer suggests that we refer to "concepts of implementation and effectiveness in the discussion" and that "it is of high relevance to know, whether this intervention could be implemented in other contexts. Therefore, evaluation of implementation would be of high relevance in another paper." We have added a new section to the Discussion on the issue of implementation and effectiveness research. We have also added thoughts on how the context impacts on the effectiveness of the intervention and how this could be studied in the future.

2. The Reviewer notes that this paper provides "a first 'explanatory' insight into this intervention" without providing substantial details on implementation and effectiveness results. We agree with this point and have noted that this paper is a preliminary look at the program and does not report on

outcomes that measure impact. We have added this point to the limitations section.

3. The Reviewer notes that we do not know about the “reach of this intervention; what is the participation rate”. We have added a point about the reach of the service to the Discussion section and noted this in the limitations as well.

4. The Reviewer notes that we have “no information on specific diseases, which might also have a strong impact on participation rate and success (as well as other factors such as family status, employment status etc.)”. We agree that a patient’s medical conditions, family status, employment status or other characteristics could impact on the work of the income security health promoters. We have noted this in our limitations.

5. The Reviewer notes that “the low number of observations, which might decrease the chance of finding significant differences.” We have added the following to the limitations: “We were able to capture information on all patients referred and seen during the study period and we detected no significant differences between these groups. However, the small numbers in each category may mean that we lacked the power to detect small but important differences between these groups.”

6. The Reviewer appreciated the inclusion of the case descriptions and suggested emphasizing these more strongly. However, the Editor has requested that these cases be removed. We have opted to modify the cases by removing some specific details and provide them as illustrative examples of common cases seen by the service.

Reviewer 2:

1. The Reviewer recommended that we change the title to remove “health promotion”. We have edited the title accordingly. In terms of describing the study population further in the Abstract, we have edited this section and the Methods. We are limited by the word count allowed for the Abstract. We have clarified that the study population consists of all patients who were referred and seen by the ISHP during the first year of the service. Since the service is located within a clinical setting, we use the term “patients” and all of our data was extracted from electronic medical records, hence we use the term “medical charts”.

2. The Reviewer noted that our study did not measure the impact on health. Our study was designed as an initial explanatory look at a new service. We have reemphasized this point in the conclusion of the Abstract. The logic model (Figure 1) proposes outcomes that will be measured in future research to determine impact on health.

3. The Reviewer recommends that we clarify how we describe the intervention in our Introduction. We agree with the Reviewer, and have clarified our language in the Introduction by calling the service a “social intervention in a clinical setting”.

4. The Reviewer notes, “I would expect that the author would present more information on: (i) how large is the effect of income insecurity on health, (ii) how large is the positive effect of better income security on health, and (iii) will the intervention introduce a sufficiently large effect on income and have a sufficiently large impact on health.” We have added to Introduction what is known about how similar interventions positively impact on income insecurity. In our Discussion, we have added a section on the expected impact on income and the expected impact on health. We note that likely this intervention would have the greatest impact on children in families that receive it. We go on to describe how future research will explore these aspects. The Reviewer is correct in identifying the study as being similar to a process evaluation, though it does include some very proximal impact

information. The logic model (Figure 1) is an abbreviated version of the framework we used to approach our evaluation of the service.

5. The Review notes, “Details about the actual selection and referral process to the service are lacking”. We have clarified the Intervention paragraph so it now reads: “Patients are referred to the Income Security Health Promotion service by any member of the primary care team, at their discretion. Any individual who could benefit from financial advice and services was eligible for the service. There was no minimum income threshold required for referral, but health professionals are encouraged to use a simple, validated screening question to identify patients living at low income: “Do you have trouble making ends meet at the end of the month?”

6. The Reviewer notes, “an analysis without any reference group is difficult to interpret. a comparison at baseline is fine, but this does give very little information as to whether the new service has any beneficial effects. We agree with the Reviewer, and have clarified that our intention of showing this comparison at baseline (Table 1) was simply to look at the entire population referred to the service to see if we detected any differences in the group who was seen by the ISHP vs. not seen by the ISHP. We found that those accessing the service are quite similar to the group not accessing the service. The remainder of our analysis is descriptive in nature and seeks to understand how the service is functioning, not what impact it is having.

7. The Reviewer notes, “the study population is also rather small to analyse dichotomize factors cq endpoints”. We agree with the Reviewer’s comment. As this study is a retrospective descriptive chart review, we are not able to determine whether increased exposure to the service has led to better income security, nor do we attempt to.

8. The Reviewer notes that it will be difficult at this time to see whether the service will make an impact. We have emphasized the fact that this study is a preliminary look at a new service using a retrospective, descriptive method throughout the paper, including the Discussion section. There is a need for further research on impact and effectiveness of the service as outlined in the Discussion.

Reviewer 3:

We appreciated the Reviewer’s kind comments about richness of our descriptive results in understanding the intervention.

1. As per the Reviewer’s request, we have identified the study as descriptive in addition to being retrospective in the abstract, purpose and limitations.

Reviewer 4:

We thank the Reviewer for their interest in our paper.

1. The Reviewer thought that a historical perspective on the service would be helpful for understanding its context. We agree, and note that we’ve already provided some of these details in the Introduction and Methods sections. We’ve added some additional details in the Settings paragraph of our Methods.

2. The Reviewer states “P 11, Line 24-32, please clarify that 69 and 76 excluded patients were not part of the 181, which is clear in the table but not in the text.” We have added a sentence for clarification.

3. The Reviewer was unsure about what Figure 1 contributed to our paper. As this is a preliminary study of a new innovative service, we thought it would be helpful to present our program's logic model to help conceptualize the objectives, inputs, and outcome measures of the service. We have added an additional sentence in the Intervention section to explain our intent behind including the figure.

VERSION 2 – REVIEW

REVIEWER	Timo-Kolja Pförtner IMVR, University of Cologne, Germany
REVIEW RETURNED	09-Jun-2017

GENERAL COMMENTS	I would like to thank you for considering my points. I really like your research and manuscript! In the current version, I suggest your paper for publication, and I'm looking forward to read further papers on your very interisting research.

REVIEWER	Dula F. Pacquiao Rutgers University School of Nursing,USA University of Hawaii School of Nursing, USA
REVIEW RETURNED	06-Jun-2017

GENERAL COMMENTS	Thank you for the revisions -you have sufficiently addressed the reviewers' suggestions. This is a significant contribution to efforts to address poverty as a social determinant of health. You may want to consider doing a qualitative study in the future to determine ongoing and emerging impact of the intervention. It would be instructive to include ISHP perspectives. Income assistance and facilitation results are difficult to appreciate in a short term retrospective study.