Treating Poverty
Clinical Tools for Primary Care Providers

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Disclosure

- Relevant relationships with commercial entities
  None
- Potential for conflicts of interest within this presentation
  None
- Steps taken to review and mitigate potential bias
  N/A
Objectives

1. Examine an evidence-based argument for intervening in poverty in primary care.

2. Explore practical ways primary health care providers can intervene into poverty, through the examination of a simple clinical tool.

3. Introduce health care team-based interventions and advocacy interventions into poverty and other social risks to health.
Real Name and Image Have Not Been Used
The Evidence: Poverty and Health

Poverty increases the prevalence and mortality of many diseases

- Cardiovascular disease
- Diabetes
- Cancer
- Depression
- Chronic Obstructive Pulmonary Disease

Children in low-income families are at higher risk of low birth weight, mental health problems, micronutrient deficiencies, asthma, injuries, and hospitalization
Poverty accounts for 24% of person years of life lost in Canada

- Neoplasms: 30.9
- Income-Related: 24
- Injuries: 19.2
- Circulatory: 17.6
- Infectious: 5.3
- Perinatal: 4.9
- Ill-defined: 4.8
- Congenital: 3.8
- All other: 13.5

Making The Link: Poverty & Health
Health Across the Income Spectrum

Figure 1. Age-standardized mortality rates for selected causes by income quintile Q1-Q5, male cohort, baseline age >25. Significant interquintile rate differences, Q1-Q5, are indicated with an asterisk (*).

Statistics Canada (2013), Catalogue No 82-003-X
It’s also Inequality
Income inequality is killing thousands of Canadians every year

A new study from Statistics Canada shows that income inequality is associated with the premature death of 40,000 Canadians per year.

<table>
<thead>
<tr>
<th>Disease</th>
<th>$RR^1$</th>
<th>Excess Deaths $^2$</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Men</td>
<td>Women</td>
</tr>
<tr>
<td>Cardiovascular Disease</td>
<td>1.67</td>
<td>1.53</td>
</tr>
<tr>
<td>Cancers</td>
<td>1.46</td>
<td>1.30</td>
</tr>
<tr>
<td>Diabetes</td>
<td>2.49</td>
<td>2.64</td>
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<td>Respiratory Disease</td>
<td>2.31</td>
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<tr>
<td>HIV - AIDS</td>
<td>3.57</td>
<td>11.1</td>
</tr>
<tr>
<td>Injuries</td>
<td>1.88</td>
<td>1.83</td>
</tr>
</tbody>
</table>

WHAT MAKES CANADIANS SICK?

50% YOUR LIFE
- INCOME
- EARLY CHILDHOOD DEVELOPMENT
- DISABILITY
- EDUCATION
- SOCIAL EXCLUSION
- SOCIAL SAFETY NET
- GENDER
- EMPLOYMENT/WORKING CONDITIONS
- RACE
- ABORIGINAL STATUS
- SAFE AND NUTRITIOUS FOOD
- HOUSING/HOMELESSNESS
- COMMUNITY BELONGING

25% YOUR HEALTH CARE
- ACCESS TO HEALTH CARE
- HEALTH CARE SYSTEM
- WAIT TIMES

15% YOUR BIOLOGY
- BIOLOGY
- GENETICS

10% YOUR ENVIRONMENT
- AIR QUALITY
- CIVIC INFRASTRUCTURE

THESE ARE CANADA’S SOCIAL DETERMINANTS OF HEALTH #SDOH
Some Are Disproportionately Affected

- Racialized Canadians
- Aboriginals
- People with disabilities
- Elderly
- Women
- Children
Poverty by neighbourhood in Toronto:

http://www.thestar.com/staticcontent/772097
Prevalence of diabetes by neighbourhood in Toronto:

http://www.thestar.com/staticcontent/772097
So Why Treat Poverty?

We routinely screen for and intervene in health risk factors:

- Poor diet
- Lack of exercise
- Substance use
- High-risk sexual behaviour

Should poverty be treated as an equivalent risk factor that warrants intervention?
Poverty: A Clinical Tool for Primary Care Providers

Poverty is not always apparent. In Ontario 20% of families live in poverty.1

1 Screen Everyone

“Do you ever have difficulty making ends meet at the end of the month?”
(Sensitivity 98%, specificity 64% for living below the poverty line)2

2 Poverty is a Risk Factor

Consider:
New immigrants, Women, Aboriginals, and LGBTQ are among the highest risk groups.

Example 1:
If an otherwise healthy 35 year old comes to your office, without risk factors for diabetes other than living in poverty, you consider ordering a screening test for diabetes.

Example 2:
If an otherwise low risk patient who lives in poverty presents with chest pain, this elevates the pre-test probability of a cardiac source and helps determine how aggressive you are in ordering investigations.

3 Intervene

Ask Everyone: “Have you filled out and sent in your tax forms?”

- Ask questions to find out more about your patient, their living situation, social supports and the benefits they receive. Tax returns are required to access many income security benefits: e.g. GST/HST credits, Child Benefits, working income tax benefits, and property tax credits. Connect your patients to Free Community Tax Clinics.
- Even people without official residency status can file returns.
- Drug coverage: up to date tax filing required to access Trillium plan for those without Ontario Drug Benefits. Visit drugcoverage.ca for more options.

Ask

Educate

Intervene & Connect

Ask questions to find out more about your patient, their living situation and the benefits they currently receive.

Ensure you and your team are aware of resources available to patients and their families. Start with Canada Benefits and 2-1-1.

Intervene by connecting your patients and their families to benefits, resources and services.
Step 1: Ask, or Screen Everyone

• **ASK:** “Do you ever have difficulty making ends meet at the end of the month?”

• **Sensitivity:** 98% **Specificity:** 40% (for those living below the poverty line)

Step 2: Assess Risk and Educate

- If a patient smokes, does this change your screening and diagnostic decision making?
- Should poverty similarly affect decision making?
Poverty is a risk factor for many health conditions.

- **Diabetes**: Lower-income individuals are more likely to report having diabetes than higher-earning individuals (10% vs 5% in men, 8% vs. 3% in women).\(^3\)
- **Cancer**: Those in low income groups experience higher rates of lung, oral (OR 2.41) and cervical (RR 2.08) cancers.\(^9,10,11\)
- **Cardiovascular Disease**: Those in the lowest income group experience circulatory conditions at a rate 17% higher than the Canadian average.\(^8\)
- **Mental Illness**: Those living below the poverty line experience depression at a rate 58% higher than the Canadian average.\(^6,7\)
- **Chronic Disease**: Individuals living in poverty experience an elevated risk of hypertension, arthritis, COPD, asthma, and having multiple chronic conditions.\(^3,4\)
- **Toxic Stress**: Children from low income families are more likely to develop a condition that requires treatment by a physician later in life.\(^5\)
Case 1

- 41 year old woman with no relevant medical or family history
- Non-smoker, normal lipids, normal BP
- Occasional mild right side chest pain with exercise
- Sometimes reproducible when squeezing her ribs

1. Would you order an exercise stress test?
2. What if she were a smoker?
3. What if she has lived on social assistance for 5 years?

*Prevalence of CVD 17% higher for low income*
Case 2

• 38 year old man with normal BMI;
• No FHx of DM2;
• No significant PMHx;
• Presents for a “general check up”

1. Would you order a FBS?
2. What if he only earns $12,000/year, through part time work?

*Prevalence of diabetes is double in low income*
Step 3: Intervene and Connect

- With Individual Patients
3. Intervene

Ask Everyone: “Have you filled out and sent in your tax forms?”

- Seniors: Do you receive Old Age Security (OAS) and Guaranteed Income Supplement (GIS)?
- Aboriginals (First Nations, Inuit, Metis): Are you registered under the Indian Act or recognized by an Inuit Land Claim organization?
- Families with Children: Do you receive the Universal Child Care Benefit on the 20th of every month?
- Social Assistance Recipients: Have you applied for extra income supplements?
- People with Disabilities: Do you receive payments for disability?
### Example:
The single mother, with two young children, has an **annual income $14,000**, and monthly rent of $800.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canadian Child Tax Benefit</td>
<td>$9,470</td>
</tr>
<tr>
<td>Harmonized Sales Tax Credit</td>
<td>$808</td>
</tr>
<tr>
<td>Working Income Tax Benefit</td>
<td>$1,813</td>
</tr>
<tr>
<td>Ontario Trillium Benefit</td>
<td>$1,305</td>
</tr>
<tr>
<td>Ontario Children’s Activity Tax Credit</td>
<td>$107</td>
</tr>
<tr>
<td><strong>Total 2013 Tax Credits</strong></td>
<td><strong>$13,503</strong></td>
</tr>
</tbody>
</table>

Are Income Interventions Effective?

• Healthy Baby Prenatal Benefit (Manitoba)
  - $81.41 per month for anyone with annual income < $21,744
  - Study compared outcomes for low-income pregnant women who received the income supplement (n=10,738) vs. those who did not (n=3,853)
  - HBPP reduced preterm births and low birth weight babies

Connect to Resources

Key Resources

**Canada Benefits**
(www.canadabenefits.gc.ca)
Provides a full listing of federal and provincial income and other supports, organized by personal status (e.g. “parent,” “Aboriginals”) or life situation (e.g. “unemployment,” “health concerns”), with links to the relevant program websites and to application forms.

**2-1-1**
(www.211ontario.ca)
Call 2-1-1 or browse the website to find community support and advocacy organizations, based on topic and location.

**Your Legal Rights**
(www.yourlegalrights.on.ca)
Well-organized easy-to-find legal information. If your patients are denied any of the above benefits, consider referral to nearest legal clinic - acceptance rates on appeal can be high.
Poverty Intervention Tool

Put patient poverty on your radar...

"There is strong and growing evidence that higher social and economic status is associated with better health. In fact, these two factors seem to be the most important determinants of health."

- Public Health Agency of Canada

Three steps to address poverty
1. Identify the key area where poverty affects a patient.
2. Look for any existing supporting programs.
3. Encourage the patient to apply for any potential programs.

There are a few different ways to address poverty while also addressing the unique needs of each patient.

- Health Canada

Three reasons why poverty affects health:
1. Poverty affects health on a gradient: there is not just one health poverty line.
2. Poverty is not always easy to identify.
3. According to Stats Canada, poverty in 2016 was high in all provinces.
4. People with lower incomes are more likely to experience health issues.

Take care of your income! A better income can improve your health.

Child Benefit for families with young children
You may be eligible for monthly child benefits, or as a means to help support your family. For more information, please contact your local family practice.

Help with your child's education
By providing help to your children, you can help them become more successful in school.

Help with your child's transportation
By providing help to your children, you can help them get to school safely.

Help with your child's clothing
By providing help to your children, you can help them look their best.

Help with your child's health
By providing help to your children, you can help them stay healthy.

Help with your child's nutrition
By providing help to your children, you can help them eat healthy food.

Help with your child's entertainment
By providing help to your children, you can help them have fun.

Help with your child's social activity
By providing help to your children, you can help them make friends.

Help with your child's extra-curricular activity
By providing help to your children, you can help them develop new skills.

Help with your child's travel
By providing help to your children, you can help them travel to new places.

Help with your child's emergency
By providing help to your children, you can help them stay safe.

Help with your child's other needs
By providing help to your children, you can help them with anything else they need.

Poverty accounts for 34% of persons aged 0-24 in Canada.

Poverty: A clinical tool for primary care in Manitoba

"There is strong and growing evidence that higher social and economic status is associated with better health. In fact, these factors seem to be the most important determinants of health."

- Public Health Agency of Canada

Child Poverty: A practical tool for primary care

What can we do as physicians to address this potentially modifiable risk factor and reduce disparities?

Poverty requires intervention like other major health risks. The evidence shows that socioeconomic status and child health are strongly linked.

Children living in poverty are more likely to experience low birth weight, learning difficulties, mental health problems, iron deficiency anemia, asthma, burns and injuries, obesity and hospitalization than their more affluent peers. Infant mortality is 60% higher in lowest income quintile neighbourhoods.

- Public Health Agency of Canada

Poverty Interventions for Child Health

Other factors that may contribute to poverty:
- unemployment
- inadequate housing
- mental health issues
- substance abuse
- lack of education and training
- lack of access to healthcare

There is strong and growing evidence that higher social and economic status is associated with better health. In fact, these two factors seem to be the most important determinants of health.

- Public Health Agency of Canada
Team-based interventions
St. Michael’s
Inspired Care. Inspiring Science.

Academic Family Health Team

VISION
Excellence in urban primary health care

Supporting our people and strengthening the infrastructure

Integrate primary care, specialty care, community-based care and hospital services

Improve the health of the community by providing access to primary care services

Optimize team-based primary care

Advance systems of care for disadvantaged patients including positively impacting the social determinants of health

Engage our patients and community to optimize delivery of primary care services, health professional education, and research

High-quality clinical care, research and education

Figure 1
Socio-demographic data collection

We ask because we care

The Tri-Hospital + TPH Health Equity Data Collection Research Project Report

Language
Immigration
Race/ethnicity
Disabilities
Gender identity
Sexual orientation
Income
Housing
St. Michael's
Inspired Care. Inspiring Science.

Measuring Health Equity
Please tell us about yourself.

We want to ask you brief questions as part of our ongoing work to improve access, quality of care for all patients and identify health inequities. It should take approximately 2-5 minutes to complete.

Your participation is VOLUNTARY and you can stop at any time.

You do not have to complete the survey if you don’t want to. You can skip questions.

The information you share with us will be safely kept with your medical file.

This will not affect your access to care.

For more information about the Health Equity project, please click here:

[Health Equity Project Overview]

Back  Next
Income Security Health Promoter

- Individual Income Interventions
- Health Team Capacity
- Patient Education
- Systemic Advocacy
Reach Out & Read

- 7 Books over 5 years
- Evidence based: highest impact on most vulnerable
- Provincial spread
Health Justice Project

- Individual legal services
- Health provider training
- Patient Rights education
- Systemic advocacy
Decent Work and Health Network

Employment as SDOH

• Advocacy network

• Individual Intervention
Community Engagement Specialist

- Bringing in the Community Voice
- Bringing out the Health Team Voice
- Advocacy
SDOH Intervention Guiding Group

- Data for Equity
- Front Line Health Positions
- Intersectoral Partnership
- Community Integration
- Network Creation
- Pt-Provider Encounter

Research & Evaluation

Ontario College of Family Physicians
Education | Leadership | Research | Advocacy
Benefits Screening Tool

Supporting primary health-care providers in improving the health and income security of patients living in poverty

The Benefits Screening Tool can help you as a health-care provider in recommending income assistance benefits to your patients living on a low income. By asking a series of questions, the tool will generate a list of benefits and resources that your patient might be eligible for but may not yet be receiving including more information about how they can qualify and apply.
Higher level advocacy
Doctors to Governments: Tax us. Canada is worth it!
Advocacy – an Example

Health Status Report and Activities of Daily Living Index

Note: If the person is in receipt of a Canada Pension Plan (CPP) Disability Pension, this form does not need to be completed. CPP Disability Pension recipients should contact their local Ontario Disability Support Program (ODSP) office with the CPP disability information.

Instructions:

The Health Status Report (HSR) is intended to gather information about the applicant’s diagnosis(es), impairment(s) and restrictions that give rise to their application for income Support under the Ontario Disability Support Program Act, 1997. The HSR includes an Intellectual and Emotional Wellness Scale and Activities of Daily Living Index. The Intellectual and Emotional Wellness Scale must be completed if the principal diagnosis(es) relates to mental health or intellectual development. This scale is not required for diagnosis(es) that are of a physical nature only. In addition, there is a section for those with visual and/or auditory impairments and should be completed where either of these conditions need to be considered.

Who may complete the form(s):

The Health Status Report may be completed by physicians, psychologists, psychological associates, ophthalmologists, optometrists and registered nurses in the extended class (RNEC), licensed to practice in the Province of Ontario. The Activities of Daily Living Index may be completed by physicians, psychologists, ophthalmologists, optometrists, occupational therapists, physiotherapists, psychological associates, audiologists, chiropractors, registered nurses in the extended class, registered nurses, speech language pathologists and social workers, licensed to practice in the Province of Ontario. The Activities of Daily Living Index can be detached if it is being completed by a different approved professional than the one who completed the Health Status Report.

How to complete the form:

Please answer all the questions as completely as possible in order to provide the adjudicator with comprehensive information. For applicants whose diagnosis(es) relate to mental health or intellectual development, complete the intellectual and emotional wellness scale in addition to the main portion of the Health Status Report.
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