Treating Social Disease: Tackling SDOH on the Frontlines of Family Medicine

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Committee on Poverty & Health
SDOH Intervention Guiding Group

Pt-Provider Encounter

Community Integration

Data for Equity

Network Creation

Front Line Health Positions

Intersectoral Partnership

Equity Front Line Health Positions

Community Integration
Poverty requires intervention like other major health risks:
The evidence shows poverty to be a risk to health equivalent
to hypertension, high cholesterol, and smoking. We devote significant energy and resources to treating these health issues. Should we treat poverty like any equivalent health condition?

Of course.

“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

Poverty accounts for 24% of person years of life lost in Canada (second only to 30% for neoplasms).

Income is a factor in the health of all but our richest patients.
Three ways to address poverty in primary care: 123

1. SCREEN

Poverty is not always apparent... we can’t make assumptions.

Poverty is everywhere... in Ontario 20% of families live in Poverty.

Poverty affects health on a gradient: There is no health poverty line. Income negatively affects the health of all but the highest income patients.

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. ADJUST RISK

Factor poverty into clinical decision-making like other risk factors.

Cardiovascular disease:
- Prevalence: 17% higher rate of circulatory conditions among lowest income quintile than Canadian average.
- Mortality: 3% higher premature mortality rates of the highest income quintile there would be 21% lower premature deaths per year due to CVD.

Diabetes:
- Prevalence: Lowest income quintile more than double highest income (10% vs. 5% in men; 8% vs. 3% in women).
- Mortality: Women 70% higher (1.7 vs. 10/105); men 58% higher (27 vs. 17/105).

Mental Illness:
- Prevalence: Consistent relationship between low SES and mental illness, e.g., depression 58% higher below the poverty line than the Canadian average.
- Suicide: Attempt rate of people on social assistance is 8 times higher than higher income individuals.

Cancer:
- Prevalence: Higher for lung, oral (OR 2.41), cervical (OR 2.08).
- Mortality: Lower 5-year survival rates for most cancers.
- Screening: Low income women are less likely to access mammograms or Pap's.

Other chronic conditions:
- Prevalence: Higher for hypertension, arthritis, COPD, asthma.
- Mortality: Increased for COPD.

Infants:
- Infant mortality: 60% higher in lowest income quintile neighborhoods.
- Low birth weight: If all babies in Toronto were born with the low birth weight rate of the highest income quintile there would be 1,300 or 20% fewer singletons and 180 babies born per year.

Highest risk groups:
- Women, First Nations, people of colour, LGBTQ.

Growing up in Poverty:

We must intervene to improve income early.

Growing up in poverty has been associated with increased adult morbidity and mortality resulting from stomach, liver, lung, cancer; cardiovascular disease; stroke; respiratory diseases; nervous system conditions; diseases of the digestive system; alcoholism, confusional states, and homicide.

Some examples of how the evidence might change your practice:

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.

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

3. INTERVENE

7 simple questions to help patients living in poverty

FOR EVERYBODY:

Have you filled out and mailed in your tax forms?
- Tax returns are essential to access many income security benefits e.g., GST/HST credits, Child Benefits, working income tax benefits, and property tax credits.
- Even people without official residency status can file returns.
- Drug Coverage: Extended Health Benefits or Billam for those without Ontario Drug Benefits.

FOR EVERYBODY:

See www.drugcoverage.ca for a guide to federal and provincial drug insurance programs.

FOR EVERYBODY:

For Aboriginals:
- Do you have Status and have you used Non-Insured Health Benefits?
  - Aboriginals with the Status designation may qualify for Non-Insured Health Benefits through the Federal government.

FOR EVERYBODY:

For social assistance recipients:
- Have you applied for extra income supplements?
  - Mandatory Special Needs Benefits (MDS bill K0554 for $25): Medical supplies and health-related transportation (includes e.g., AA, psychotherapy).
  - Limitation to Participation (MDS bill K035 for $135): Disability can exclude a recipient from mandatory job search and training programs.
  - Special Diet Allowances (MDS bill K055 for $20): Some health conditions will qualify a recipient for extra income.

FOR EVERYBODY:

For seniors living in poverty:

Do you receive Old Age Security and Guaranteed Income Supplement?
- Most people over age 65 who live in poverty should receive at least $1400/month in income through OAS, GIS and grants from filling a tax return.

FOR EVERYBODY:

For families with children:

Do you receive the Child Benefit on the 20th of every month?
- This can get some income single parents over $8000 more per year, and can lead to a number of other income supports.

FOR EVERYBODY:

For people with disabilities:

Do you receive payments for Disability?
- Eight major disability programs: ODSP, CPP Disability, EI Disability Tax Credit (DTC), Veterans benefits, WOSB, Employers’ long term protection, Registered Disability Savings Plan (RDSP).
- The DTC requires a health provider to complete the application form. It provides up to $1600 per year in tax savings (plus rebates on payments), and is required to receive other benefits including the RDSP.
- RDSP: Up to 300% matching funds. Or disability bond up to $20 000 for those without resources to save money.

If you might qualify, have you applied for ODSP?
- ODSP application (MDS bill K1050 for $100): provide as much information as possible, including about the impact of a person’s disability on their lives.
- Include all collateral, expedite necessary referrals, and write a detailed referral on the last page. Consider obtaining a detailed functional assessment, and an allied health provider assist with filling in details.
- If denied, refer to nearest legal clinic – acceptance rates on appeal vary widely.

www.cleo.on.ca/english/pub/empuk/pdf/PDP/socialAssist.pdf for a good ODSP tip sheet for health professionals.

Remember:

Health providers are not the gatekeepers for income security programs. Our job is to provide complete and detailed information that accurately portrays our patients’ health status and disability.

For references, please visit www.ocep.on.ca/cms/povertytool

Family & Community Medicine
UNIVERSITY OF TORONTO
**Example:**
Single mother, two young children, **annual income $14,000**, monthly rent $800

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

Four reasons to address poverty

1. Poverty affects health on a gradient: there is not just one health poverty line.

2. Poverty is not always apparent. We need to be pro-active.

3. According to Stats Canada, poverty is pervasive. B.C. has the highest poverty (15.3%) and child poverty (18.6%) rates.

4. People with low socio-economic status are more likely to be hospitalized for conditions where hospitalization could be avoided with early disease management.

Three steps to address poverty

1. Inquire about poverty when screening all patients.

2. Include poverty as a health risk factor.

3. Intervene to address poverty-related issues.

Despite B.C. citizens having better health behaviours than others, a recent Canadian Institute for Health Information report found a higher prevalence of illnesses among those with low incomes.

There are tangible things you can do to address the impacts of poverty and manage other social determinants of health.

- If your otherwise healthy 35-year-old patient with no diabetes risk factors is living in poverty, consider ordering a screening test for diabetes and providing contact details for community nutrition services.

- If your low-risk patient presents with chest pain and lives in poverty, this elevates pre-test probability of a cardiac source. Let this determine how aggressive you are in ordering investigations.

Read on for more ways to make your practice poverty-sensitive.
POVERTY:
A clinical tool for primary care in Manitoba

Poverty must be addressed like other major health risks.
The evidence shows poverty to be a health risk equal to hypertension, high cholesterol and smoking. We devote significant energy and resources to treating these health issues. Should we treat poverty like any equivalent health condition?

*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

Poverty accounts for 24% of person years of life lost in Canada by those aged 0-74 (second only to 30% for neoplasms).
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.

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

To get ODSP you will need to show:

- You have a disability expected to last more than one year.
- Your disability has an impact on your daily living activities.
- You have very few liquid assets.

Disability Tax Credit
You can use this tax credit to reduce your own taxes, or transfer it to your spouse, partner, or caregiver.

Registered Disability Savings Plan
This program allows you to save for your future without any ‘clawback’ from OW or ODSP. Plus, the government will match your savings up to 3000$. If you are not able to put money in your plan, the government may give you $1000 a year in savings grants.

Help for Aboriginal Peoples
Non-Insured Health Benefits: If you are Status (Status Indian) and need a health treatment that you are not covered for, you can apply to this special program. Visit www.hc-sc.gc.ca and click First Nations, Inuit & Aboriginal Health.

Extra income for social assistance recipients
People who receive Ontario Works (OW) can apply for income supplements and other supports. Ask your worker how to get:

Transportation/Medical Supplies Benefit
(Mandatory Special Needs Benefits Form)
For medical supplies and travel related to your health. Your costs must be more than $15 a month.

Special Diet Allowance
For special diets for some medical problems.

Community Participation
You can receive $100 a month for volunteering in your community.

Discretionary Benefits
If you have other needs, ask your worker about discretionary benefits available to you. These may include supports for last month’s rent, moving, furniture, clothing, and new mattresses, among many others.

Women in Transition
If you have to go to a shelter or move to escape abuse, you can get help with your new rent and moving costs.

Other benefits you should ask about:
- employment supports
- drug, dental, vision, and hearing supports
- winter clothing allowance for dependent children.
Useful Websites and Phone Numbers

3 easy to use guides to government benefits:

Service Canada
www.servicecanada.gc.ca

Canada Benefits
www.canadabenefits.gc.ca

British Columbia: Welcome
www2.gov.bc.ca

Your Legal Rights
www.justiceeducation.ca
Information on how BC law impacts you, and what your rights are. Learn about criminal, civil, family law and more.

Immigrant Legal
www.immigrantrlegal.ca
Online legal information, resources and education for newcomers to Canada. Available in different languages.

PovNet: Find an Advocate
www.povnet.org
An online community to find advocates, resources, information on applying for social assistance, housing and more.

Legal Clinics
To find a free legal clinic or to apply for legal aid, call 604-408-2172 or visit Legal Services Society
www.lss.bc.ca

2-1-1 (phone) or bc211.ca
This is a free, complete directory of supports and services in British Columbia, including housing, employment and other social supports. Service is available 24/7, in many languages. TTY: 604-875-0885

BC Ministry of Social Development and Innovation
www.gov.bc.ca/sdsi
Find links and information on applying for income assistance, supports for people with disabilities, employment programs and more.

Adapted with permission from Christine Herrera, MD Candidate, and Dr. Gary Bloch, MD CCP
St. Michael’s

Inspired Care.

Inspiring Science.
Socio-demographic data collection

We ask because we care

Language
Immigration
Race/ethnicity
Disabilities
Gender identity
Sexual orientation
Income
Housing
Measuring Health Equity

Please tell us about yourself.

We want to ask you a brief questionnaire as part of our ongoing work to improve access, quality of care for all patients and identify health inequities. It should take approximately 2-3 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
Income Security Health Promoter

• Individual Income Interventions
• Health Team Capacity
• Patient Education
• Systemic Advocacy

Research
Medical-Legal Partnership

- Individual legal services
- Health provider training
- Patient Rights education
- Systemic advocacy

Research
EMBER project - Employment as SDOH

- Environmental scan
- Advocacy network
- Individual Intervention

Research
Community Engagement Specialist

• Bringing in the Community Voice
• Bringing out the Health Team Voice
• Advocacy
Contact And Thanks

gary.bloch@utoronto.ca

www.healthprovidersagainstpoverty.ca

www.ocfp.on.ca/cme/povertytool

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