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Inspiring Science.



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Building a Framework for Health Provider Action on Poverty and other SDOH:

From individual action to population advocacy

Pathways to Health Equity Conference, Winnipeg
May 31, 2016



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Assistant Professor, University of Toronto

**HEALTH
PROVIDERS
AGAINST
POVERTY**

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. Discuss the evolution of a multi-layered framework for primary care action on poverty and other SDOH
2. Explore practical ways primary care providers and their teams can intervene into poverty and other SDOH

WHY DOCTORS SHOULDN'T TACKLE SDOH



WHY DOCTORS SHOULD PLAY A ROLE



AND ... OUR MANDATE IS HEALTH



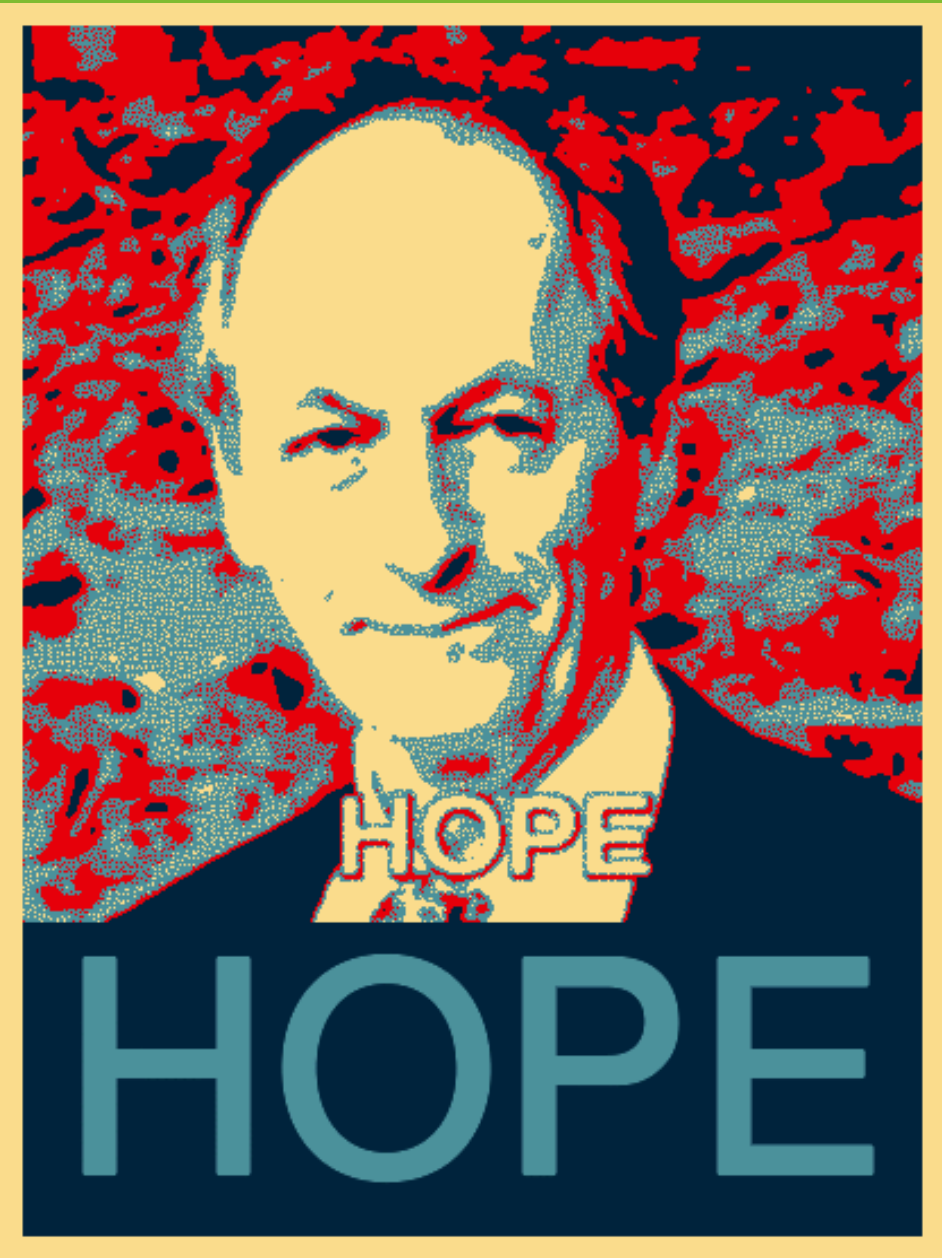


Advice to her daughter on entering Medical School:

“Remember what really makes people sick and what makes them well.
... you already know that the social determinants of health actually set the stage for all those biomedical actors.

Do your part to influence those social determinants. Speak up when you see the impact of poverty, unemployment, violence, and more”





BUT HOW TO ACT?



A FRAMEWORK FOR SDOH ACTION



THE EVOLUTION OF A FRAMEWORK



Real Name and Image Have Not Been Used



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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



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



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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:

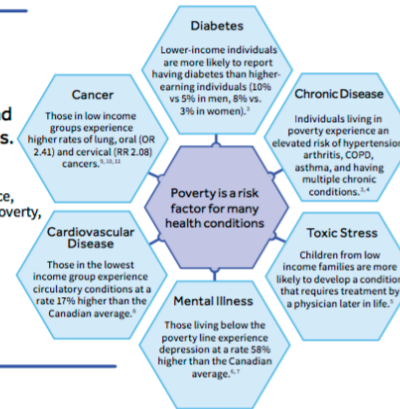
New immigrants, Women, Aboriginals, and LGBTQ are among the highest risk groups.

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 employment, 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.



more interventions on reverse

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)

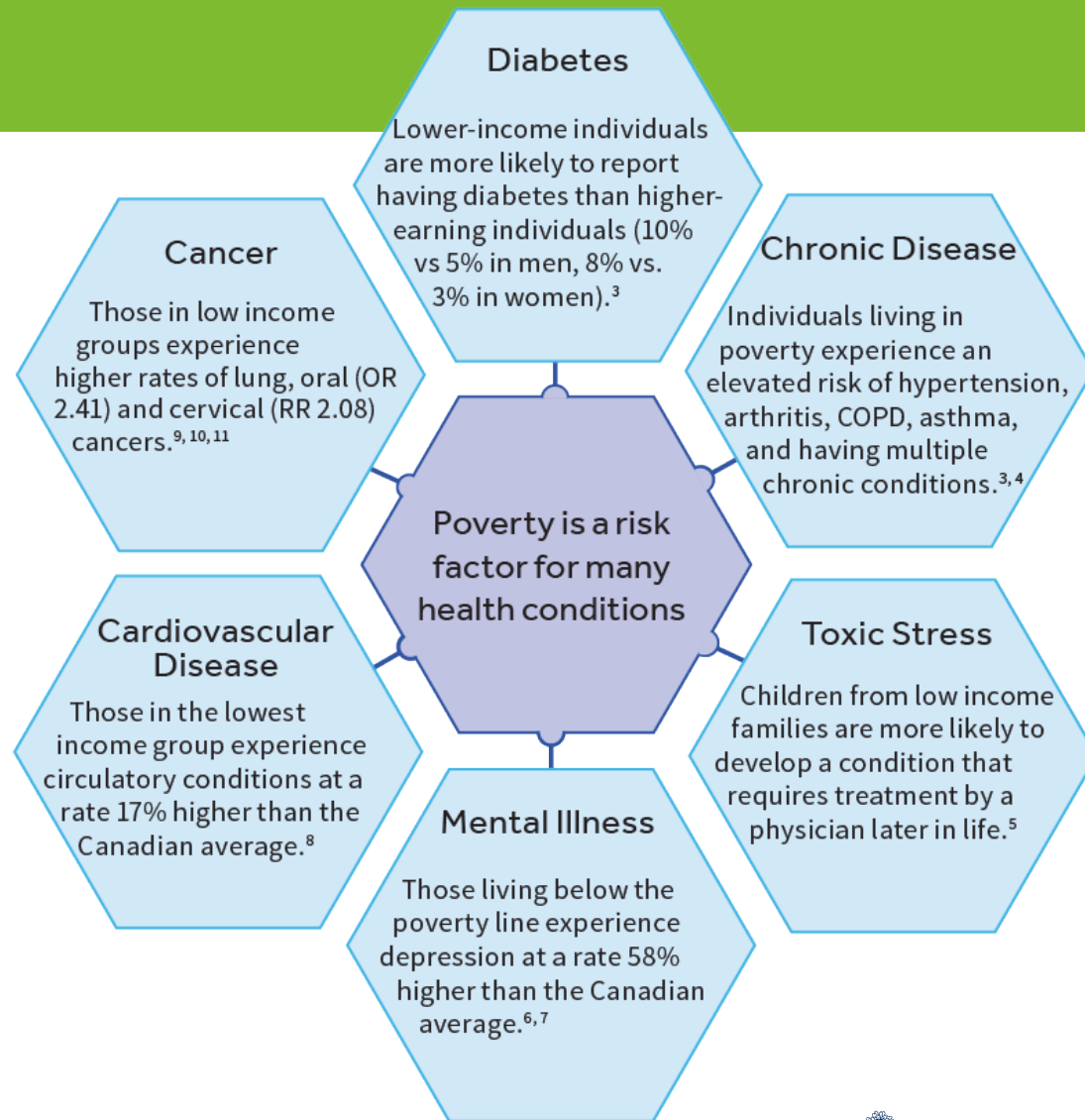
Vanessa Brcic et. al., “Development of a Tool to Identify Poverty in a Family Practice Setting: A Pilot Study,” *International Journal of Family Medicine*. Volume 2011 (2011).

STEP 2: ASSESS RISK AND EDUCATE

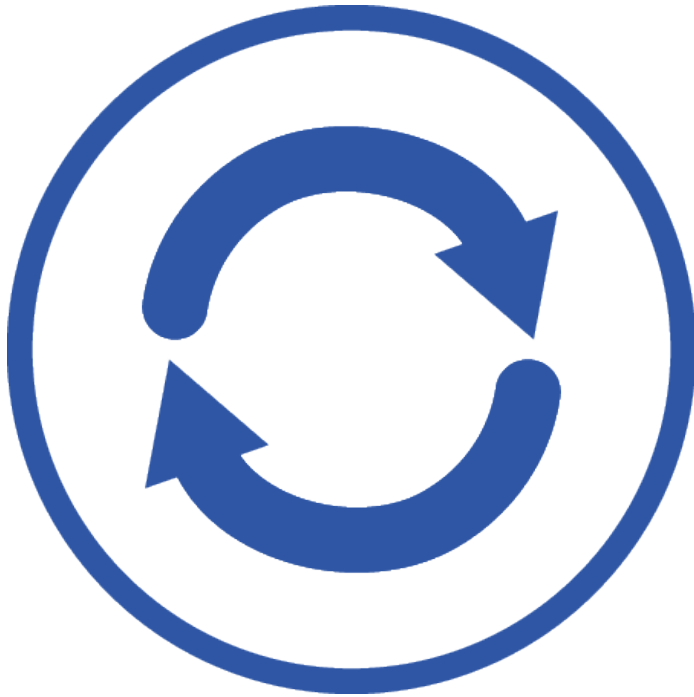


If a patient smokes, does this change your screening and diagnostic decision making?

Should poverty similarly affect decision making?



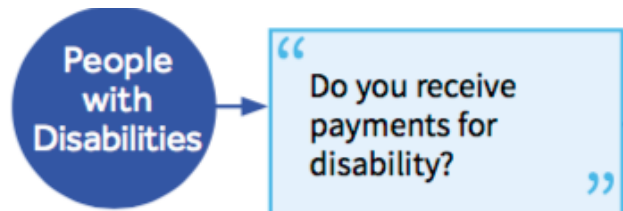
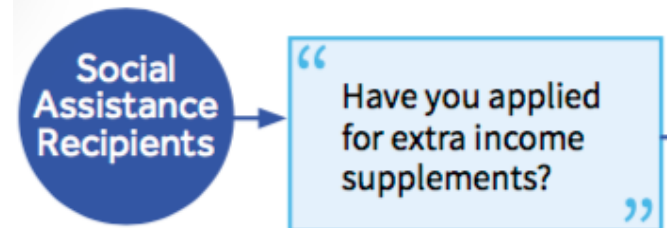
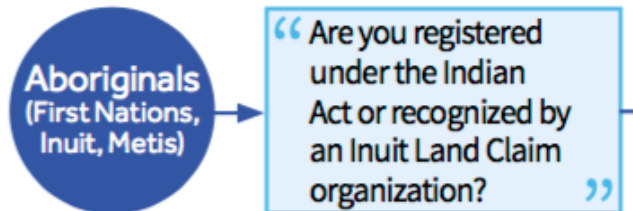
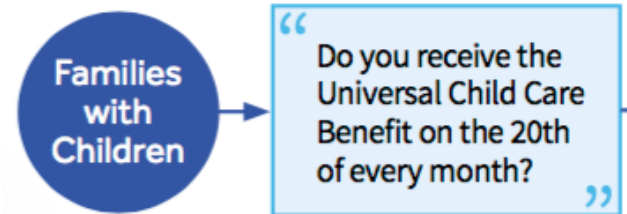
STEP 3: INTERVENE AND CONNECT



With Individual
Patients

3 Intervene

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



Filling Out A Tax Return...

Simple Intervention, Big Impact

Example:

Single mother, two young children, **annual income \$14 000**, monthly rent \$800

Canadian Child Tax Benefit	\$ 9,470
Basic Amount + National Child Benefit Supplement + Ontario Child Benefit	
Harmonized Sales Tax Credit	\$ 808
Working Income Tax Benefit	\$ 1,813
Ontario Trillium Benefit	\$ 1,305
Ontario Sales Tax Credit + Ontario Energy and Property Tax Credit	
Ontario Children's Activity Tax Credit	\$ 107
Total 2013 Tax Credits	\$13,503



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.



HOW WE USED THE POVERTY TOOL TO MOVE FORWARD



TEDx Stouffville



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CANADIAN
MEDICAL
ASSOCIATION



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FAMILY PHYSICIANS
OF CANADA



LE COLLÈGE DES
MÉDECINS DE FAMILLE
DU CANADA



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Health Care Transformation in Canada

Physicians and Health Equity: Opportunities in Practice



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BEST ADVICE

Social Determinants of Health

MARCH 2015



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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."¹

- 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).²

FOR MANITOBA HEALTH CARE PROVIDERS:
A TOOL TO ADDRESS POVERTY

IT'S A FACT: BETTER INCOME CAN LEAD TO BETTER HEALTH

GET YOUR BENEFITS!



THE MANITOBA COLLEGE OF FAMILY PHYSICIANS / LE COLLÈGE DES MÉDECINS DE FAMILLE DU MANITOBA

A CHAPTER OF THE COLLEGE OF FAMILY PHYSICIANS OF CANADA / UNE SECTION DU COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

Poverty Interventions for Child Health

Child Poverty

A practical tool for primary care

What can we do as primary care providers to address this risk factor and reduce inequalities?



Poverty must be addressed like other major health risks. The evidence shows that socio-economic 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, burns and injuries, obesity and hospitalization than their richer peers. Teen girls in the lowest income quintile are 4 (rural) to 10 (urban) times as likely to become pregnant, and 6 (rural) to 19 (urban) times as likely to give birth as teen girls in the highest income group.

"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

ASK (once a relationship exists with a family):

1. Do you have trouble making ends meet?
2. Do you have trouble feeding your family?
3. Do you have trouble paying for medications?
4. Do you receive the child tax benefit?
5. Do you have legal or immigration challenges?
6. How is your housing?



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See back for resources

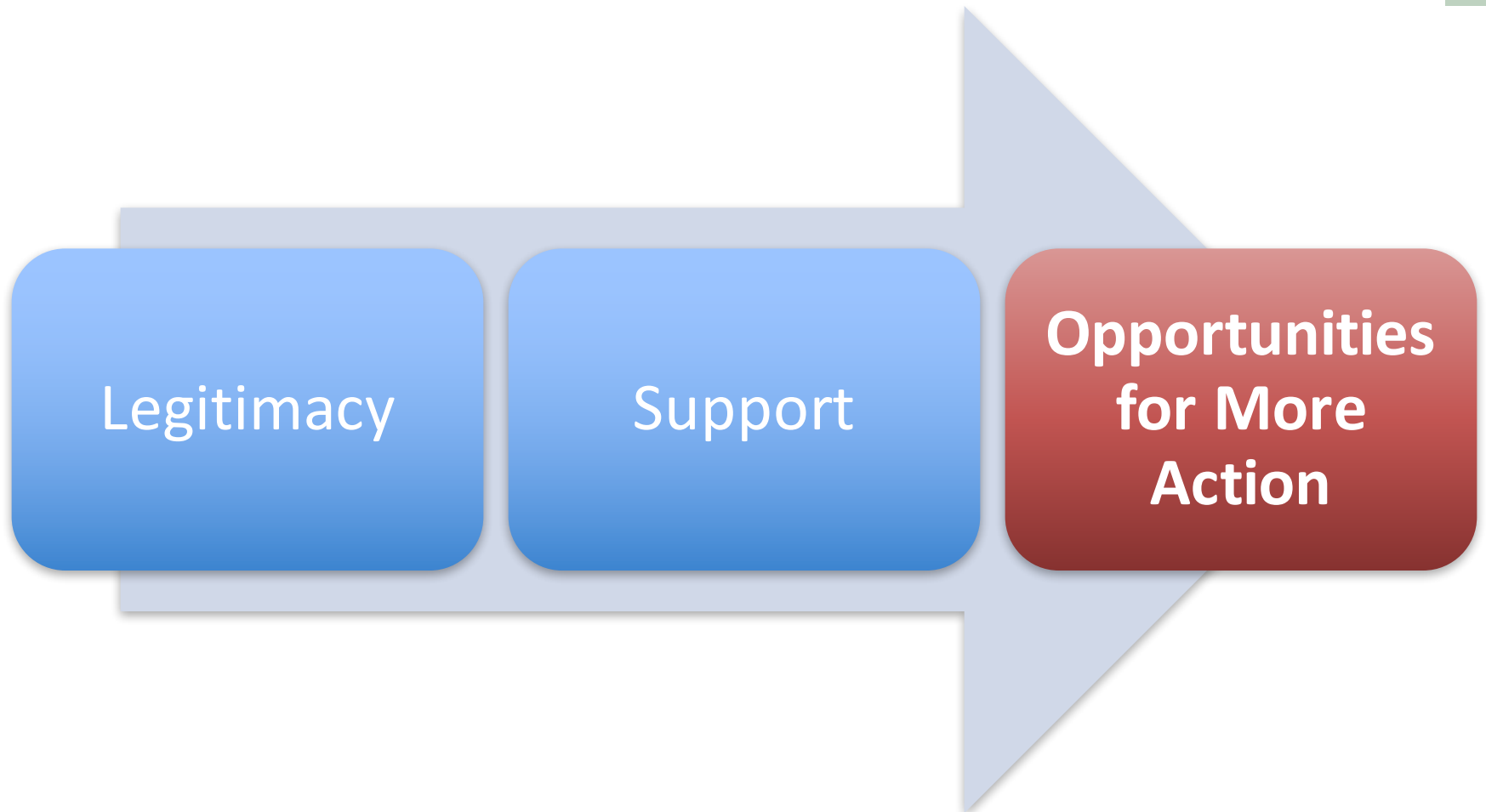


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THE TOOL AS STEPPING STONE



TEAM & COMMUNITY INTERVENTIONS; BUILDING AN EVIDENCE BASE

THE ROLE OF OTHER INTERVENTIONS & RESEARCH

Multi-Level Interventions

Evaluate, Refine & Justify Through Research

Embed in Mainstream Care



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Inspiring Science.

Academic Family Health Team

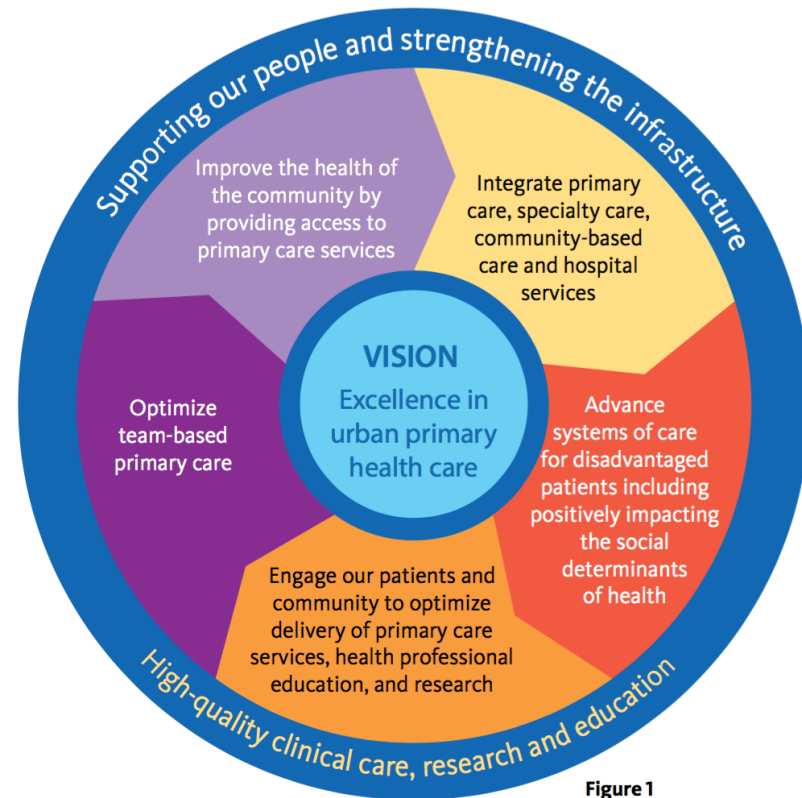
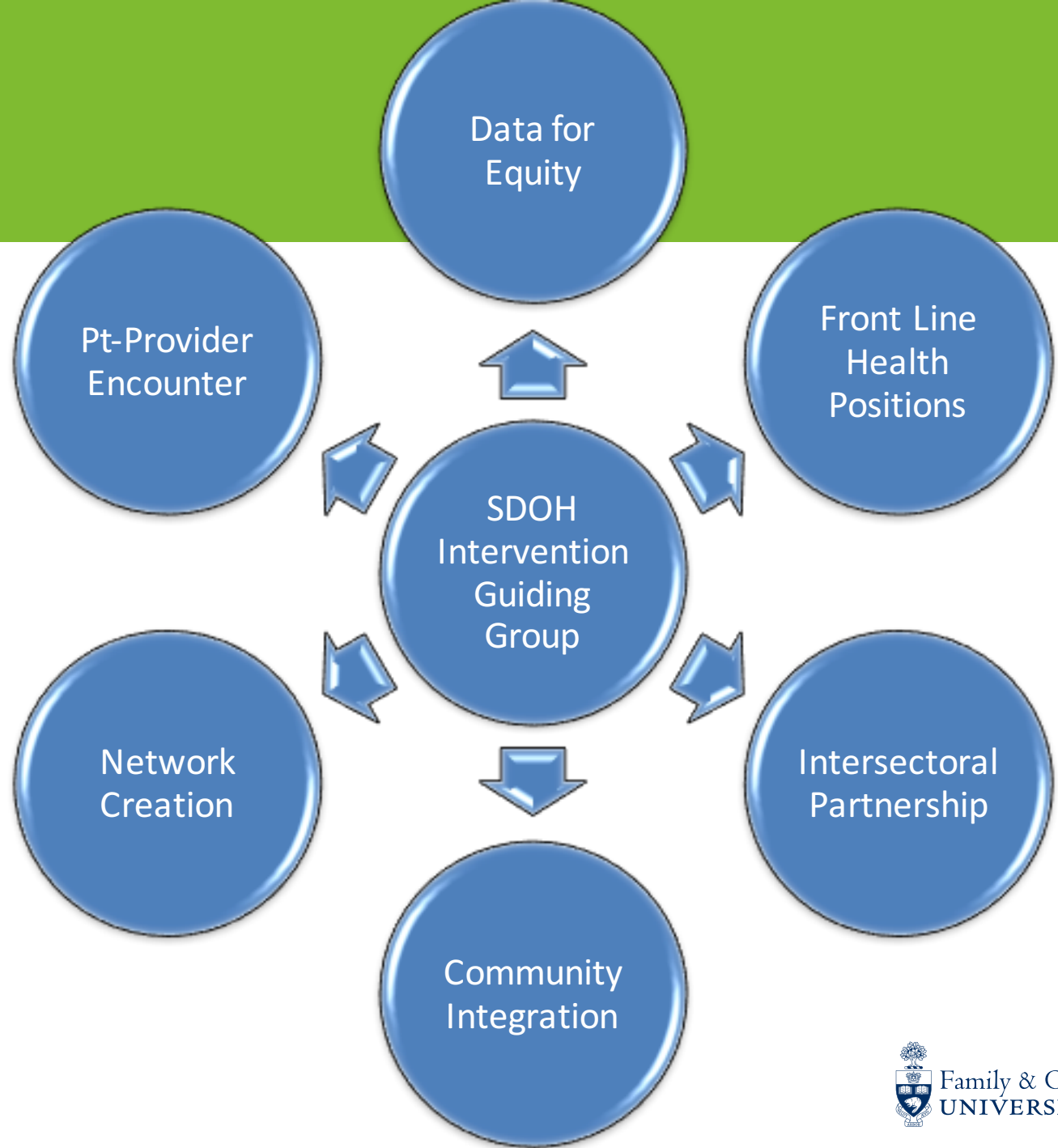


Figure 1





SOCIO-DEMOGRAPHIC DATA COLLECTION

Data for Equity

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

 TORONTO Public Health

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Centre for Addiction and Mental Health


MOUNT SINAI HOSPITAL
Joseph and Wolf Lebovic Health Complex
Bright Minds. Big Hearts. The Best Medicine.

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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

ONLINE INCOME SECURITY TOOL

Pt-Provider
Encounter

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 Prosper Canada

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Benefits Screening Tool

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



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CIHR IRSC
Canadian Institutes of Health Research
Instituts de recherche en santé du Canada

Health Justice Project

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

Decent Work and Health Network

- Advocacy network
- Individual Intervention

Community Engagement Specialist

Community
Integration

- Bringing in the Community Voice
- Bringing out the Health Team Voice
- Advocacy



SDOH COMMITTEE

The St. Michael's Hospital Academic Family Health Team Committee on the Social Determinants of Health will oversee the **development, implementation and evaluation** of interventions aimed at **directly reducing the negative impact** of social determinants on the health of our patients.

BUILDING AN EVIDENCE BASE: RESEARCH FUNDING

- CIHR
- PSI Foundation
- Atkinson Foundation
- Legal Aid Ontario
- St. Michael's Hospital Foundation
- Intuit Canada
- Research Manitoba
- TD Financial Literacy Grant
- AFP Innovation Fund



by Mike Benusic, Chantel Lutchman, Najib Safieddine & Andrew Pinto
MARCH 18, 2015

Our Stories

The power of an attorney

Toronto, November 21, 2014

By Geoff Koehler

Tweet 27 G+1 0

ing Science.



Michelle Moldofsky, general counsel for St. Michael's, and Dr. Nav Persaud, a family physician, agree that sometimes social interventions are needed to help resolve health problems. (Photo by Yuri Markarov)

News / Insight

St. Michael's Hospital health team offers prescription for poverty

Recognizing that poverty increases the risk of illness, a pioneering program at St. Mike's is offering its patients access to social workers, legal aid — and, most important, money.

Tweet 715 G+1 15 reddit this!



Doctors at St. Mike's launch project to address root causes of poor health

Do health and wealth go together? Doctors at St Michael's hospital think so and have launched an innovative project to address the root causes of poor health

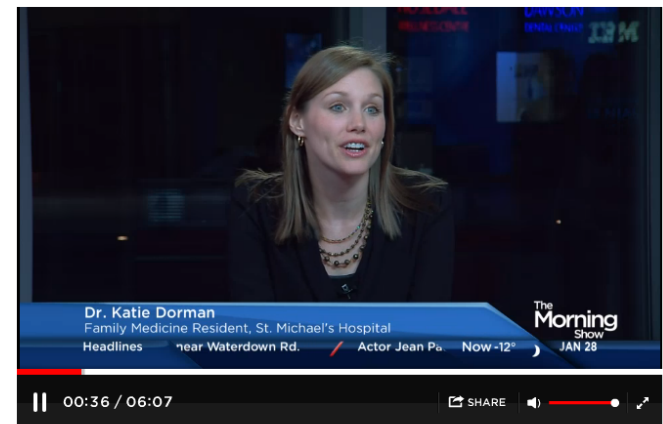
Tweet 533 G+1 12 reddit this!



SARA MOJTEHZADEH / TORONTO STAR Order this photo

Dr. Gary Bloch, Karen Tomlinson, and Dr. Andrew Pinto are part of an innovative project at St. Michael's hospital in Toronto to prescribe patients income security, after seeing the negative impact of poverty, financial stress, and precarious work at their inner city family health clinic.

By: Sara Mojtahedzadeh Work and Wealth reporter, Published on Sun Dec 14 2014



St. Michael's Hospital launches "Reach Out and Read"

SYSTEMIC AND POLICY ACTION

THE PATH TO SYSTEMS CHANGE?

Embed Action
in Mainstream
Care

Encourage
Systemic-Level
Advocacy

**Large-Scale
Engagement in
Systemic
Change**





Basic Income Canada Network
Réseau canadien pour le revenu garanti

Campaign to **RAISE** the
**Minimum
WAGE**



Doctors to Governments: Tax us. Canada is worth it!

FIGHT POVERTY NOW

RAISE THE RATES

PEOPLE DESERVE A BASIC INCOME
DIGNITY - SHELTER
THE RIGHT TO PUT
FOOD ON THE TABLE

RAISE OW & OSDP RATES NOW

55%



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**HEALTH
PROVIDERS**

**AGAINST
POVERTY**





GARY BLOCH

As a doctor, I know too well why the minimum wage needs to rise

GARY BLOCH

Special to The Globe and Mail

Published Monday, Jan. 27, 2014 8:24AM EST

Last updated Monday, Jan. 27, 2014 8:28AM EST



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Improving legislation that governs employment and working conditions in Ontario can positively impact important social determinants of health

Submission to the Changing Workplaces Review

Submitted: September 18, 2015

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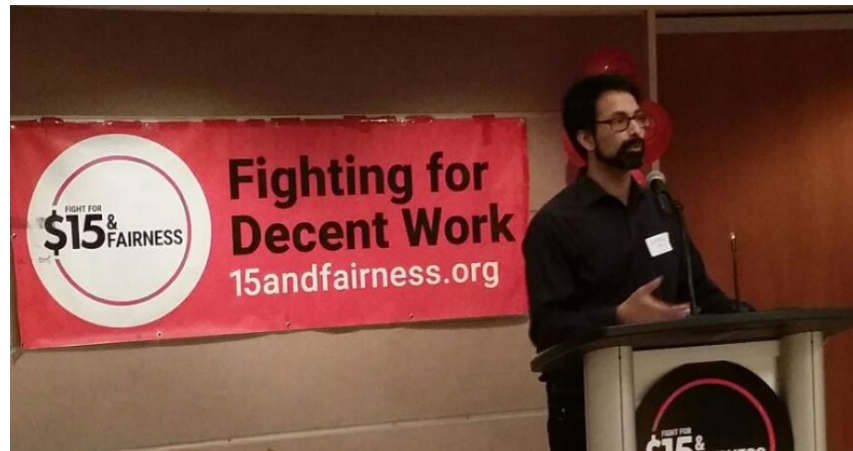
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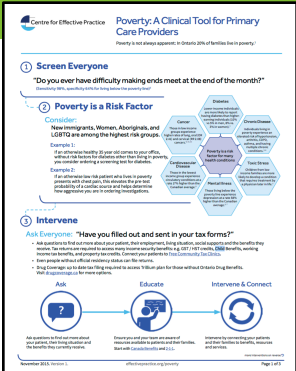
Tim O'Shea, MD FRCPC MPH

Associate Professor Department of Medicine, Division of Infectious Diseases McMaster University; Associate Medical Director Hamilton Shelter Health Network





THE EVOLUTION RECAPPED



Legitimacy

Support

Opportunities for More Action

Multi-Level Interventions

Evaluate, Refine & Justify Through Research

Embed in Mainstream Care

Embed Action in Mainstream Care

Encourage Systemic-Level Advocacy

Large-Scale Engagement in Systemic Change

A FRAMEWORK FOR SDOH ACTION



Conceptual framework for action on SDOH by primary care

(Building on DeVoe J et al. Ann Fam Med 2016; 14: 104-108)

1. Collect and triangulate data

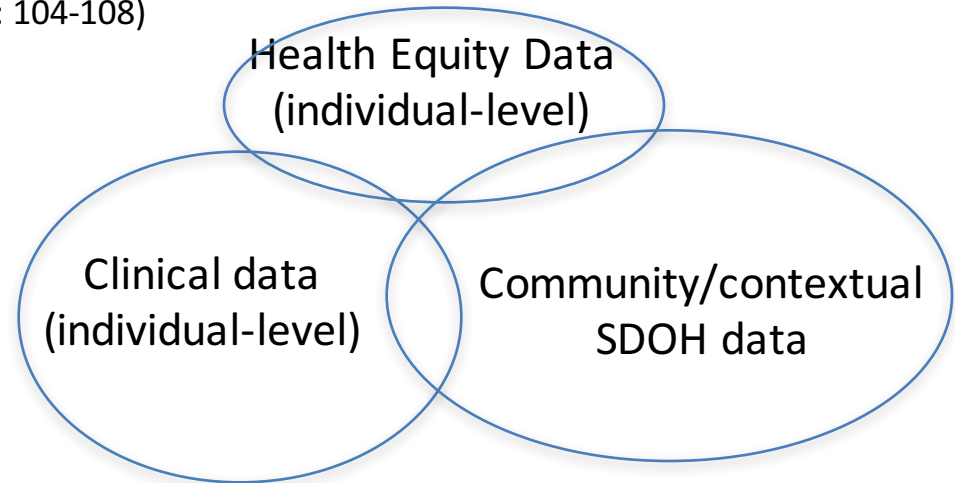
2. Present and integrate data into workflows

3. Data triggers automated support and action

4. Health system change

5. Policy change

Patient and community engagement



Actions at point-of-care

Panel management/
QI initiatives

Actions by health providers (expert advice + navigation)
Referrals to internal services (e.g. ISHP)
Referrals to community agencies

Influence medical education & CME
Novel intervention development
Relationship building

Apply advocacy
framework focused
on policy change



A FRAMEWORK FOR SDOH ACTION

