

St. Michael's

Inspired Care.
Inspiring Science.



Family & Community Medicine
UNIVERSITY OF TORONTO

Protests, Prescriptions and Practice Transformation:

*The evolution of primary care interventions into social
illness in Toronto, Canada*

Homeless & Inclusion Health Conference, London, UK
March 1, 2017



Gary Bloch MD CCFP FCFP

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Assistant Professor, University of Toronto

**HEALTH
PROVIDERS
AGAINST
POVERTY**

WHY DOCTORS SHOULDN'T TACKLE SDOH



WHY DOCTORS SHOULD PLAY A ROLE



AND ... OUR MANDATE IS HEALTH





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 are at particularly high risk

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.

Disease	RR ¹		Excess Deaths ²	
	Men	Women	Men	Women
Cardiovascular Disease	1.67	1.53	19%	18%
Cancers	1.46	1.30	16%	11%
Diabetes	2.49	2.64	36%	38%
Respiratory Disease	2.31	2.11	37%	30%
HIV - AIDS	3.57	11.1	39%	69%
Injuries	1.88	1.83	18%	17%

Risk Factors for Disease

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?

Special Diets Application Form

Diet Prescribed	Length of Time Diet is Required	Signature to Certify Person Requires a Special Diet as a Result of a Medical Condition
D <input type="checkbox"/> Diabetic Diet (includes low fat, high fibre and unsweetened products)	No Review	
<input type="checkbox"/> Gestational Diabetic Diet	During Pregnancy and Up to 3 Months Post-Delivery	
E <input type="checkbox"/> Enteral/Tube - Refer Person to the Ontario Drug Benefit Program	N/A	N/A
F <input type="checkbox"/> Fat/Cholesterol and/or High Fibre Diet	<input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years <input type="checkbox"/> Permanent	
G <input type="checkbox"/> Gluten Free	<input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years <input type="checkbox"/> Permanent	
I <input type="checkbox"/> Infant Formula		
<p>Infants with prescriptions for the following formulas should be referred to the Ontario Drug Benefit Program administered by the Ministry of Health and Long-Term Care:</p> <p>Prescription for:</p> <ul style="list-style-type: none"> -Alimentum Liquid -Neocate Powder -Nutramigen Liquid -Nutramigen Powder -PediaSure Liquid -Peptamen Junior Liquid -Portagen Powder -Pregestimil Powder -RCF Liquid -Resource Just For Kids -Vivonex Pediatric Powder <p>An amount may be paid for only one of the following formulas, A or B for up to 12 months if the formula is prescribed for therapeutic purposes or if breastfeeding is contraindicated:</p> <p>Check A or B below:</p> <p><input type="radio"/> A. Cow's milk-based formula</p> <p><input type="radio"/> B. Soy-based formula only for vegan vegetarians or infants with galactosaemia</p>	Maximum of 12 Months	Signature to certify that formula is required only for therapeutic purposes or if breastfeeding is contraindicated.
<input type="checkbox"/> Iron Rich Foods	<input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years <input type="checkbox"/> Permanent	
K <input type="checkbox"/> Ketogenic Diet	<input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years <input type="checkbox"/> Permanent	
L <input type="checkbox"/> Lactose Reduced Diet - Refer Person to the Ontario Drug Benefit Program	N/A	N/A
M <input type="checkbox"/> MCT Oil (Medium Chain Triglycerides) - Refer Person to the Ontario Drug Benefit Program	N/A	N/A
O <input type="checkbox"/> Organic Diet	<input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years <input type="checkbox"/> Permanent	
P <input type="checkbox"/> Phosphorous (Restrictions)	<input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years <input type="checkbox"/> Permanent	
<input type="checkbox"/> Pregnancy Diet Check A or B below: <input type="radio"/> A. Milk-based (Person is lactose tolerant) <input type="radio"/> B. Non-dairy (Person is lactose intolerant)	EDC Up To Deliver Date Only	
<input type="checkbox"/> Probiotics (addition of yogurt with active culture)	<input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years <input type="checkbox"/> Permanent	
<input type="checkbox"/> Protein (Restrictions) & Phosphorous (Restrictions)	<input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years <input type="checkbox"/> Permanent	
<input type="checkbox"/> Protein (High) Diet Extra calories/protein acquired through additional food sources other than prepared supplements, check one of the following: ___ less than 3000 kcal or 12600 kJ per day ___ greater than or equal to 3000 kcal or 12600 kJ per day	<input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years <input type="checkbox"/> Permanent	
<input type="checkbox"/> Prunes	<input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years <input type="checkbox"/> Permanent	
<input type="checkbox"/> Pureed Foods - One Time Amount Payable to Purchase Food Blender	N/A	N/A





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:

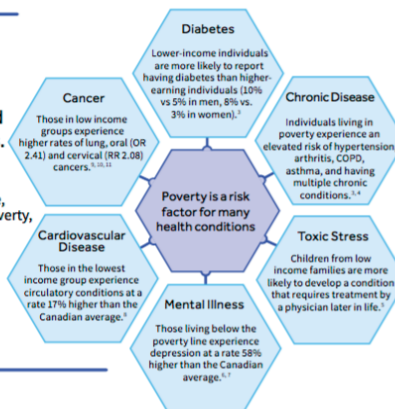
New immigrants, Women, Aboriginals, and LGBTQ are among the highest risk groups.

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

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)?”

Families with Children

“Do you receive the Canada Child Benefit on the 20th of every month?”

Indigenous peoples (First Nations, Inuit, Metis)

“Are you registered under the Indian Act or recognized by an Inuit Land Claim organization?”

Social Assistance Recipients

“Have you applied for extra income supplements?”

People with Disabilities

“Do you receive payments for disability?”



Filling Out A Tax Return...

Simple Intervention, Big Impact

Example: Single parent, two young children, **annual income \$14 000 (£8500)**, monthly rent \$800 (£485)

Your total estimated benefit amount is:

\$18,620.88
(£11350)

Tax Credits

GST/HST credit quarterly amount	\$210.50
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Child Benefits

Canada child benefit monthly amount	\$1,066.66
Ontario child benefit monthly amount	\$226.00

Ontario Benefits

Ontario trillium benefit monthly amount	\$112.08
Ontario energy and property tax credit monthly amount	\$39.33
Ontario sales tax credit monthly amount	\$72.75

Working Income Tax Benefit

Basic annual amount	\$1,844.00
Total WITB refundable tax credit	\$1,844.00
WITB Advance payment annual amount	\$922.00
WITB Advance payment quarterly amount	\$230.50



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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.





TED^x Stouffville



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 Canada¹

Four reasons to address poverty

- 1 Poverty affects health on a gradient: there is not just one health poverty line.²
- 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.²
- 4 People with low socio-economic status are more likely to be hospitalized for conditions where hospitalization could be avoided with early disease management.⁴

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.²

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).³



Take care of your income!

A better income can improve your health.



Child benefits for families with young children

You may be able to get monthly child benefit payments as well as tax breaks to help you support your children. For some families, this can add up to more than \$8000 a year. When you get your child's birth certificate, you may have consented to automatically apply for child benefits. If not, you can still apply.

1. Visit the Canada Revenue website: www.cra-arc.gc.ca.
2. Go to Forms and Publications.
3. Search for and download form RC66, Canada Child Benefits Application.
4. Fill out and return the form.
5. File your tax return every year. Canada Revenue will use the information on your return to update your benefit.

Help with saving for your child's education

The government will help you save for your child's education after high school.

1. You must get a Social Insurance Number for your child. Find out how from Service Canada: www.servicecanada.gc.ca.
2. Go to a bank and open a Registered Education Savings Program (RESP) account for each child. Even if you cannot afford to put money in the account, you still need to set it up.
3. If you have a low income, the government will put the Canada Learning Bond and Canada Education Savings Grants into your child's RESP account.

More income for people with disabilities

If you are not able to earn an income because of a disability there are government benefits and tax breaks that you may be entitled to:

Canada Pension Plan - Disability Benefits
To apply, visit www.canadabenefits.gc.ca and follow the links. When you turn 65, your CPP-Disability becomes a regular Canada Pension.

Ontario Disability Support Program (ODSP)

This program pays more than Ontario Works (OW). If you need financial support right away, you can receive OW while waiting for ODSP. To apply, call 2-1-1 to get the number for your local office. You will need to give information on your income, assets, and housing costs for the last three years. Your health provider and a legal clinic can help you to apply or appeal.

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 300%. 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.bccrg.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 Necessities Benefit 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

Child Poverty

A practical tool for primary care

Poverty Interventions for Child Health

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

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Health Care Transformation in Canada

Physicians and Health Equity: Opportunities in Practice



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DU CANADA



BEST ADVICE

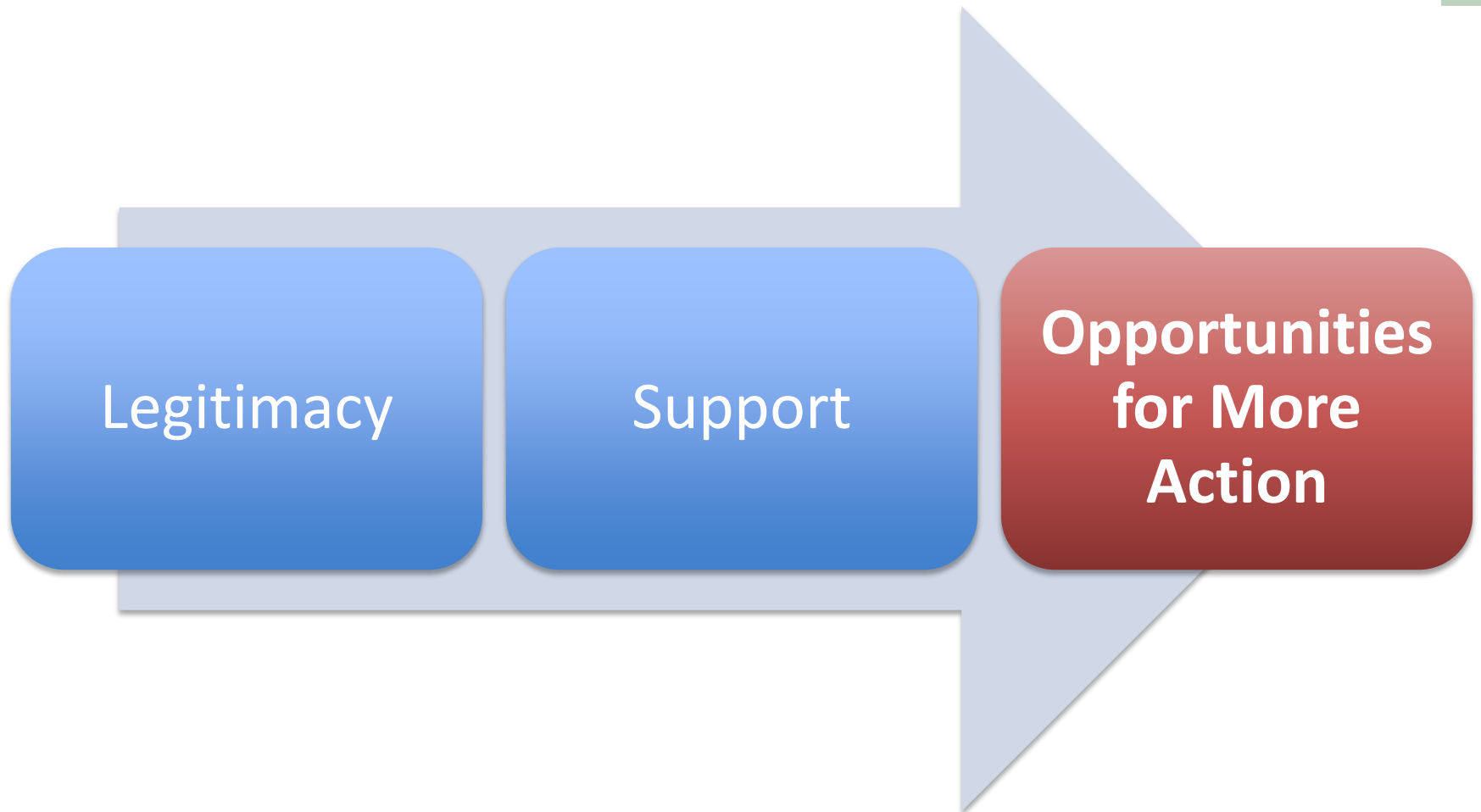
Social Determinants of Health

MARCH 2015



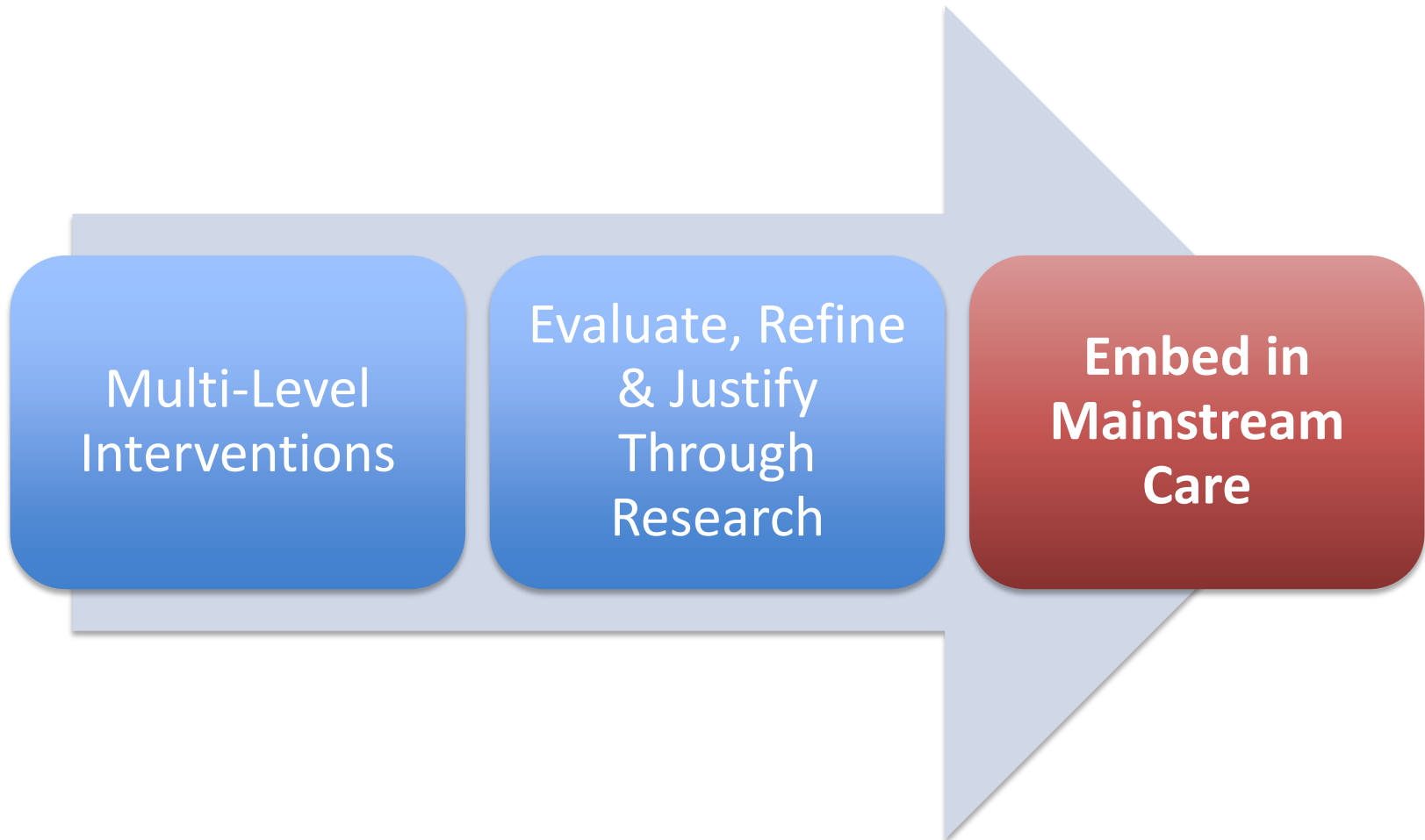
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THE TOOL AS STEPPING STONE



HEALTH TEAM INTERVENTIONS

TEAM INTERVENTIONS & RESEARCH



St. Michael's

Inspired Care.
Inspiring Science.

Academic Family
Health Team

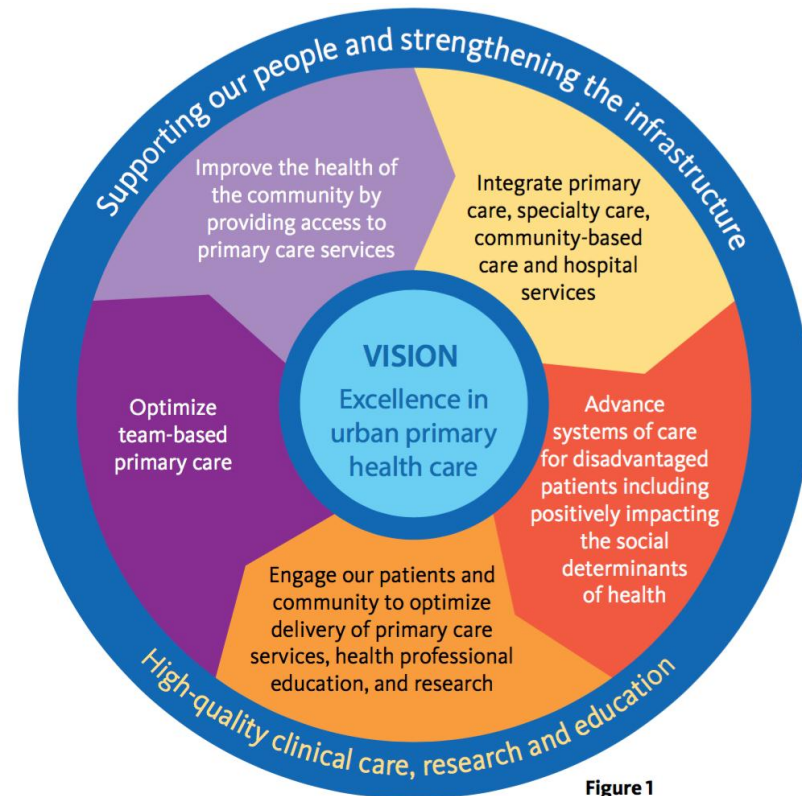


Figure 1

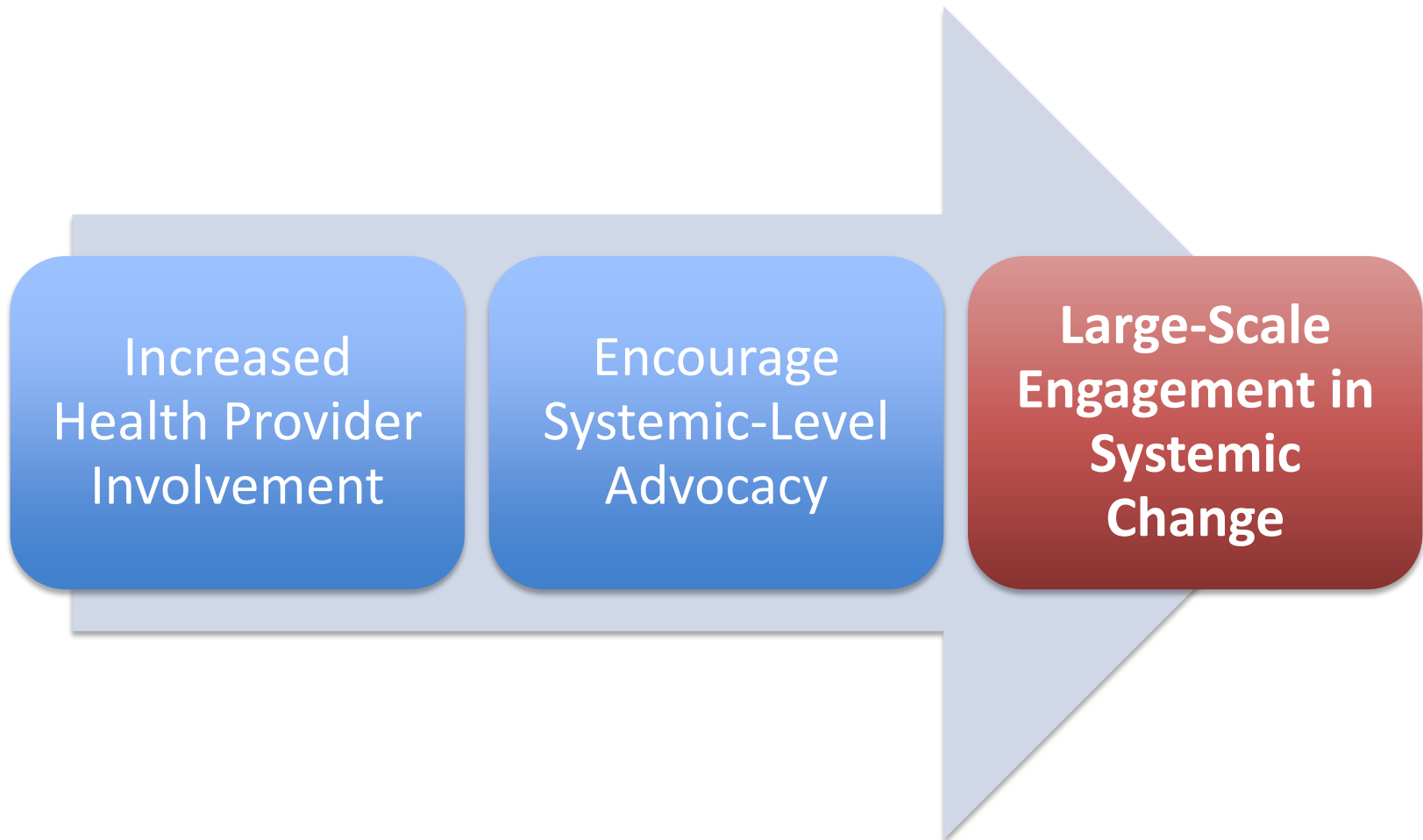


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SYSTEMIC INTERVENTIONS

THE PATH TO SYSTEMS CHANGE?

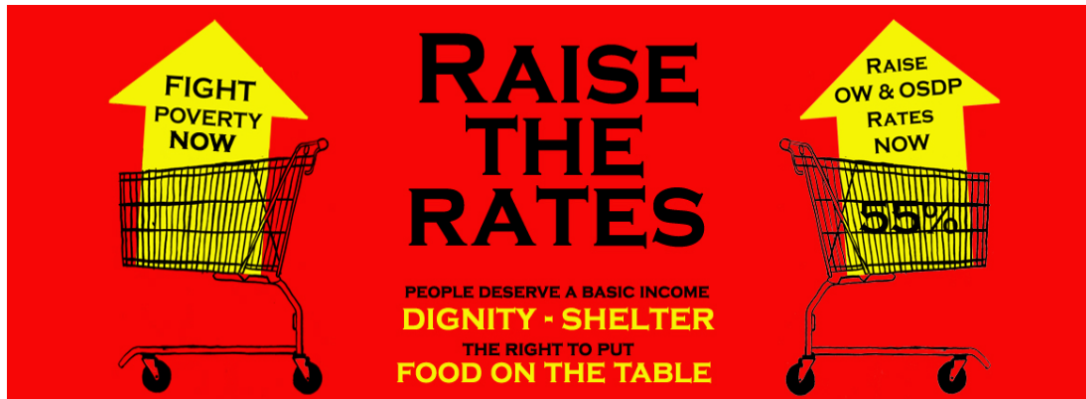




Basic Income Canada Network
Réseau canadien pour le revenu garanti



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



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OPINION: Are sick day policies making us sicker?

by Mike Bemisic, 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

+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)

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 +1 12 reddit this!



VIEW 2 PHOTOS

SARA MOJTEHEDZADEH / 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

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 +1 15 reddit this!



THE MORNING SHOW

January 29 2015 4:44pm

06:07



Dr. Katie Dorman
Family Medicine Resident, St. Michael's Hospital
Headlines near Waterdown Rd. Actor Jean Pa Now-12° JAN 28

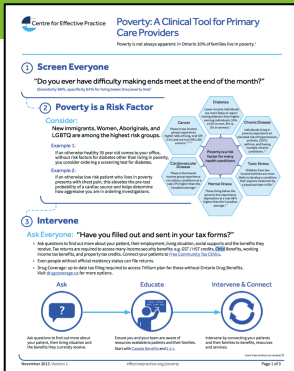
St. Michael's Hospital launches "Reach Out and Read"

HEALTH PROVIDERS

AGAINST POVERTY



THE EVOLUTION RECAPPED



Legitimacy

Support

Opportunities for More Action

Multi-Level Interventions

Evaluate, Refine & Justify Through Research

Embed in Mainstream Care

Increased Health Provider Involvement

Encourage Systemic-Level Advocacy

Large-Scale Engagement in Systemic Change



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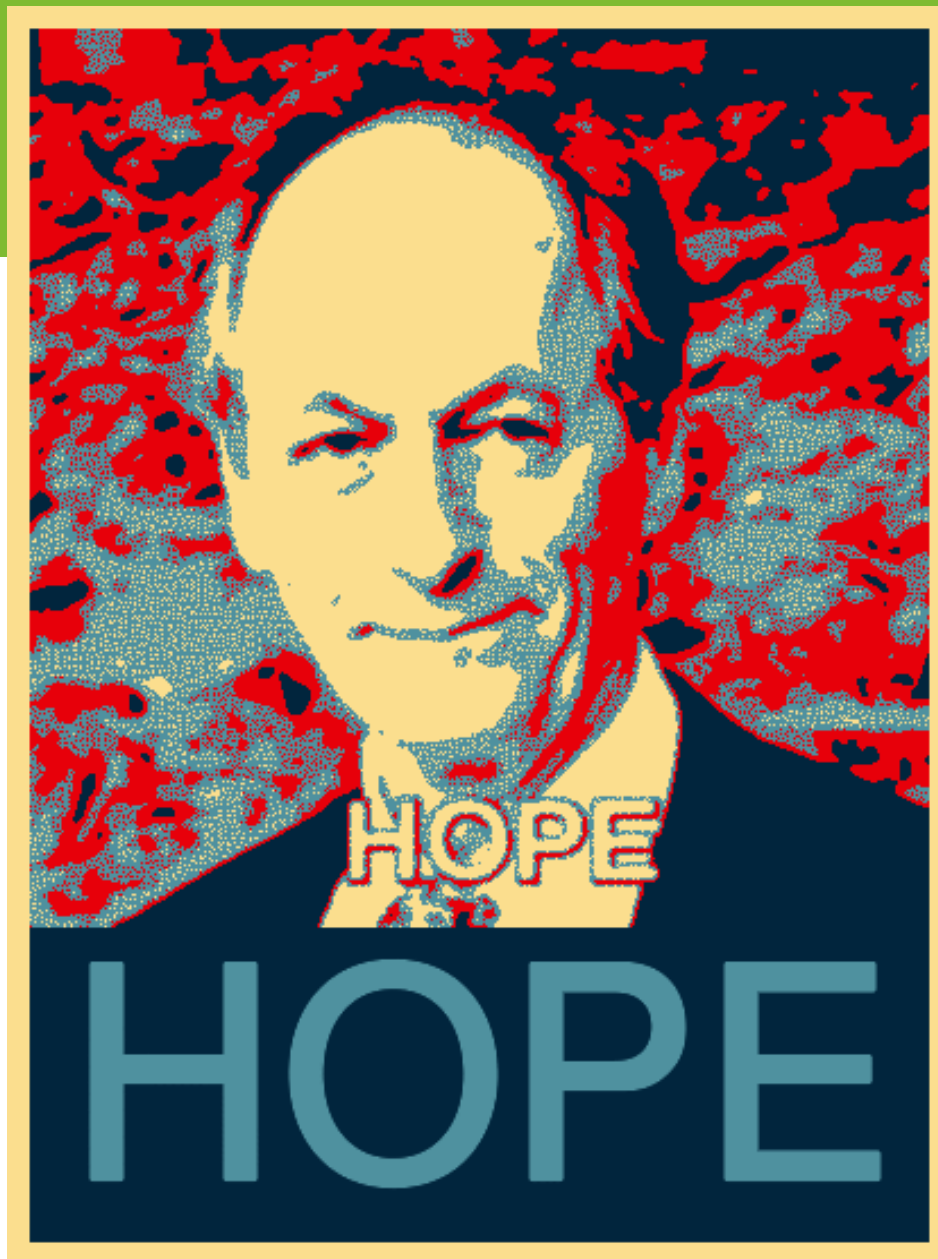


Jane Philpott MD
Family Physician
Canada's Minister of Health

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”



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Assistant Professor, University of Toronto

OCFP Committee on Poverty & Health
Health Providers Against Poverty
Inner City Health Associates

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