Physicians and Health Equity: Opportunities in Practice

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Presentation Outline

- Brief overview of health equity and the social determinants of health
- Overview of CMA activities
- Results from interviews with health equity physician champions
- Discussion of strategies to support health equity work in clinical practice in Ontario Family Health Teams

Presenter Disclosure

- **Presenters:** Jenny Buckley
- **Relationships with commercial interests:**
  - **No relationships with commercial interests**
- **No commercial support to disclose**
- **Potential for conflict(s) of interest:**
  - No conflicts to report

What is Health Equity

- Health equity exists when all individuals have the opportunity to achieve their full health potential. Equity is undermined when preventable and avoidable systematic conditions limit life choices.

What causes inequity?

- Differences are due not to biological factors but to differences in social advantage i.e. social and economic factors known as the social determinants of health

Social Determinants of Health

In 2002 researchers decided on the following list:

- Aboriginal status
- Disability
- Early life
- Education
- Employment and working conditions
- Food insecurity
- Health services
- Gender
- Housing
- Income and income distribution
- Race
- Social exclusion
- Social safety net, and
- Unemployment and job security

Health Consequences of Health Inequity

- In all societies there is a social gradient of health- those with higher income etc. experience greater health status. The steeper the gradient, the lower the overall health of the population.

- Those in the lowest income group are 50% less likely than those in the highest income group to see a specialist or get care in the evenings or on weekends, and 40% more likely to wait longer for a doctor's appointment.

- Research suggests that those in the lowest income groups are three times less likely to fill prescriptions, and 60% less able to get needed tests because of cost

Financial cost of health inequity

- Utilization of health services follows a reverse social gradient with those in the lowest income brackets utilizing more health services
- Lower grade workers have higher rates of absence and sickness than higher-grade workers
- Those living in the most disadvantaged neighborhoods experience almost 20 years less disability-free life than those in the highest income neighborhoods

What needs to be done?

The World Health Organization has identified four categories for action on the social determinants:

- Reducing social stratification by reducing inequalities in power, prestige, and income linked to socioeconomic position;
- Decreasing the exposure of individuals and populations to the health-damaging factors they may face;
- Reducing the vulnerability of people to the health damaging conditions they face; and
- Intervening through healthcare to reduce the consequences of ill-health caused by the underlying determinants.

Health Equity: CMA Actions

- The concept of equity is reflected in principles developed by CMA and the Canadian Nurses Association, and adopted by stakeholders across the country.

- It is these principles (patient-centred, quality, health promotion and illness prevention, sustainable, accountable and ***equitable***) that will guide the health care transformation agenda in Canada

- CMA has developed a policy statement on the role of physicians in addressing health equity, and is currently finalizing a paper on equitable access to health care.

CMA Actions (Cont'd)

- CMA is supporting work to develop clinical health equity tools for physicians
  - CME on poverty in practice
  - CME on ECD in practice

- CMA conducted a series of town hall meetings on the social determinants of health- the report was released July 30th

The Physician and Health Equity: Opportunities in Practice

- In developing the original policy paper it became clear that there was limited published evidence on clinical interventions
- Pilot interview was conducted with physicians at Sandy Hill CHC in Ottawa in November 2011 to test interview protocol
- Between February 2012 and April 2012, interviews were conducted with 30 additional physicians. 29 sites in total spanning 8 Provinces and 2 Territories

The Physician and Health Equity: Opportunities in Practice

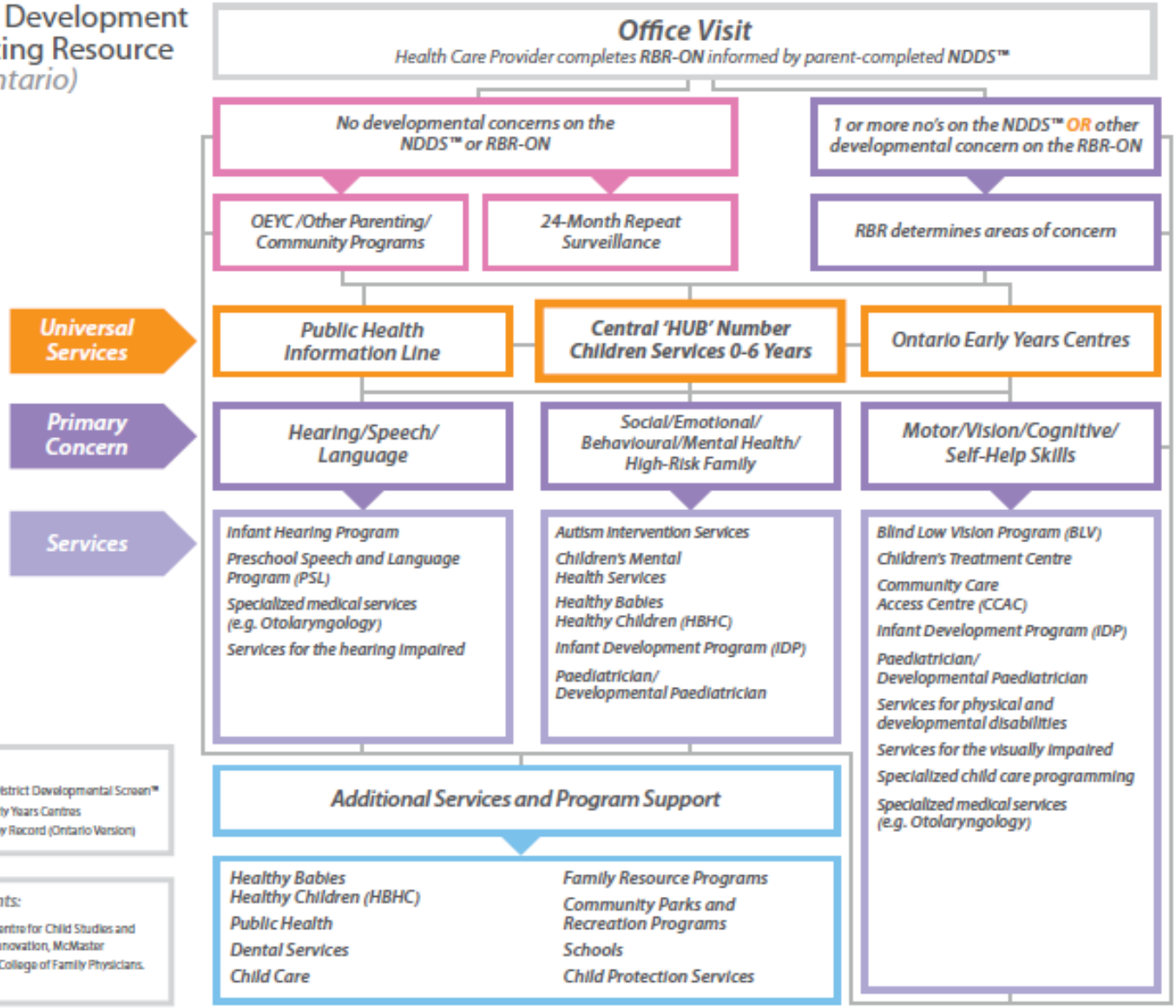
- Physicians interviewed were predominately family physicians but ER physicians, pediatricians, psychiatrists, public health, and hospital based practitioners were interviewed as well

- Practice populations included rural and urban, inner city, Aboriginal, child and youth, mental health, women's health and northern health

Most Common Interventions Identified

1. Linking patients with supportive community programs and services

Early Child Development and Parenting Resource System *(Ontario)*



Abbreviations

NDDS™	Nipissing District Developmental Screen™
OEYC	Ontario Early Years Centres
RBR-ON	Rourke Baby Record (Ontario Version)

Acknowledgements:

2010 revisions: Offord Centre for Child Studies and Division of e-Learning Innovation, McMaster University; and Ontario College of Family Physicians. Version 2.0 - May 2010

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Most Common Interventions Identified

2. Asking questions about a patient's social and economic circumstances

3. Integrating considerations of social and economic conditions into treatment planning (i.e. cost of medications)

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. Consider the evidence:

Cardiovascular disease:

- Prevalence: **17% higher** rate of circulatory conditions among lowest income quintile than Canadian average.
- Mortality: If everyone had the premature mortality rates of the highest income quintile there would be **21%** fewer 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** (17 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 **18 times higher** than higher income individuals.

Cancer:

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

Other chronic conditions:

- Prevalence: **Higher** for hypertension, arthritis, COPD, asthma, higher risk of having multiple chronic conditions.
- Mortality: **Increased** for COPD.

Infants:

- Infant mortality: **60% higher** in lowest income quintile neighbourhoods
- 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 singleton LBW babies born per year.

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

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, and lung cancer; diabetes; cardiovascular disease; stroke; respiratory diseases; nervous system conditions; diseases of the digestive system; alcoholic cirrhosis; unintentional injuries; 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 Trillium for those without Ontario Drug Benefits.

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

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 filing a tax return.

For families with children:

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

- This can get some low income single parents over **$8000 more per year**, and can lead to a number of other income supports.

For people with disabilities:

Do you receive payments for Disability?

- Eight major disability programs: ODSP, CPP Disability, EI, Disability Tax Credit (DTC), Veterans benefits, WSIB, Employers' long term protection, Registered Disability Savings Plan (RDSP).
- The DTC requires a health provider to complete the application form. It provides **up to $1100 per year** in tax savings (plus retroactive payments), and is required to receive other benefits including the RDSP.
- RDSP: **Up to 300%** matching funds. Or disability bonds **up to $20 000** for those without resources to save money.

For First Nations:

Are you Status Indian?

- First Nations with the Status designation may qualify for Non-Insured Health Benefits through the federal government. These pay for drugs and other extended health benefits not covered by provincial plans

For social assistance recipients:

Have you applied for extra income supplements?

- Mandatory Special Necessities Benefits (*MDs bill K054 for $25*):
  - Medical supplies and health-related transportation (includes e.g. AA, psychotherapy).
- Limitation to Participation (*MDs bill K053 for $15*): Disability can exclude a recipient from mandatory job search and training programs.
- Special Diet Allowance (*MDs bill K055 for $20*): some health conditions will qualify a recipient for extra income.
- Other benefits available: Employment supports, Drug & Dental, Vision, Hearing, ADP Co-payment, Community Start Up & Maintenance, Women in Transition/Interval Houses, Advanced age allowance, Community Participation ($100 per month extra for volunteering). "Discretionary Benefits".

Applications and benefits available through a patient's OW/ODSP worker

If you might qualify, have you applied for ODSP?

- ODSP application (MDs bill K050 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 narrative on the last page. Consider obtaining a detailed functional assessment, and having an allied health provider assist with filling in details.
- If denied, refer to nearest legal clinic – acceptance rates on appeal are very high.

www.cleo.on.ca/english/pub/onpub/PDF/socialAsst/ods-prof.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.ocfp.on.ca/cme/povertytool

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Most Common Interventions Identified (Cont'd)

4. Advocating for changes to support improvements in the social and economic circumstances of the community (i.e., advocating for reductions in child poverty)

Association Médicale Canadienne
Canadian Medical Association

Most Common Interventions Identified (Cont'd)

5. Undertaking advocacy on behalf of individual patients (i.e.; letters about the need for safer housing)

6. Adopting equitable practice design (i.e., flexible office hours, convenient practice location)

Most Common Interventions Identified (Cont'd)

7. Providing practical support to patients to access the federal and provincial/territorial programs for which they qualify

Have you filed your tax return?

Even if you made no money, you should file a return each year. This is how you can get many government benefits, such as:

GST/HST Credit
The Government pays you back some of the sales tax you paid.

Working Income Tax Benefits
This is a tax credit for working people with low incomes.

Child Benefits
These payments help you support your children.

If you do not have your resident status yet, you can still file a tax return. You may be able to get some of these benefits.

Get advice at a free income tax clinic
To find one where you live, go to 211ontario.ca or call 2-1-1.

More income for older people
If you file a tax return, the government will tell you how to apply for these benefits.

Canadian Pension Plan – Retirement (CPP-R)
If you worked in Canada and paid into CPP, you can start getting pension at age 60. If you are still working, you can wait as long as age 70 and collect a larger pension. CPP is paid monthly, based on how much you paid into the plan.

Old Age Security (OAS)
Anyone who has lived in Canada at least 10 years can get some OAS. If you have lived here most of your life, you can get full OAS. This monthly payment goes up with the cost of living. Apply 6 months before you turn 65.

Guaranteed Income Supplement (GIS)
This income supplement is for low-income seniors. To get an application form, call 1-800-277-9914 (TTY: 1-800-255-4786). Once you are getting the supplement, you re-apply each year by filing your tax return.

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

Ontario Benefits Directory
www.ontario.ca/benefitsdirectory

Your Legal Rights
www.yourlegalrights.on.ca Plain-language information on social assistance, housing, health, family law and more, in many languages.

Income Security Advocacy Centre
www.incomesecurity.org. This website can tell you about recent changes in major income supports.

St. Christopher House
www.stchrishouse.org or call 416-848-7980. This community centre in Toronto gives free, personal financial advice.

Legal Clinics
To find a free legal clinic near you, visit **www.legalaid.on.ca** or call 1-800-668-8258.

2-1-1 (phone) or 211ontario.ca
This is a free, complete directory of supports and services in Ontario, including housing, employment and other social supports.

Toronto People With Aids (PWA) Foundation
www.pwatoronto.org or call 416-506-1400. People living with HIV/AIDS can contact a case manager for financial counseling and help with applying to income support programs.

Wellspring Money Matters Resource Centre
www.wellspring.ca or call 416-961-1493. Cancer patients can access financial consultation and clinics.

Developed by Christine Herrera, MD Candidate, and Dr. Gary Bloch, MD CCFP (Revised February 2013)

Take care of your income!

A better income can improve your health.

ONTARIO COLLEGE OF FAMILY PHYSICIANS

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Most Common Barriers Identified

1. Payment models (in particular 100% fee-for-service)
2. Attitudes that lead to stigmatized environments and prevent public action
3. Absence or lack of clinically-oriented information about the programs and services available for patients
4. Ability to find the time necessary to address these issues within practice
5. Lack of integration between health and community-based services

Most Common Barriers (Cont'd)

6. Lack of knowledge and skills to undertake this type of work
7. Practice design
8. Lack of services and supports in the community (in particular in rural and remote communities)
9. Lack of evidence and research on effective interventions for physicians
10. Personal attitudes that include powerlessness in the face of patients' social and economic barriers

Most Common Facilitators Identified

1. Clinical training about how to do this type of work (i.e., service learning programs in medical school and residency)

   - Making the Links Program University of Saskatchewan
   - Community Oriented Primary Care Residency McGill University
   - Queen's University Family Medicine Residency Program

The importance of teams

2. Interdisciplinary team-based practice settings

   - Markham Family Medicine Teaching Unit- Health for All- Family Health Team
   - North End Community Health Centre Halifax

3. A relationship with community services and programs

   - Les centres de pediatrie sociale
   - Ottawa Inner City Health

Most Common Facilitators Identified (Cont'd)

4. Clinically relevant resources about the programs and services that were available for patients

   - The Mobile Outreach Street Health program
   - University of Alberta addictions program pathway
   - McGill University community resource guide

5. Supportive compensation models (i.e., salary, billing codes for complex patients)

   - Inner City Health program in Toronto.
   - Equity measures for immunization are now part of pay-for-performance in Saskatoon.
   - Funding for physicians to hire social workers or community practice nurses could also facilitate this work.

Most Common Facilitators (Cont'd)

6. Continued research that demonstrates efficacy in the clinical environment

   - Research at the University of Alberta on improving services for homeless and street involved people;
   - work in Saskatoon and Toronto to conduct health equity assessments and needs based planning;
   - assessments of interventions such as the enhanced 18-month well-baby assessment, and the social paediatrics model;
   - reviews of the impact on attitudes of medical students and residents who had participated in service learning programs,
   - and ongoing research at the Centre for Research on Inner City Health at St. Michael's Hospital in Toronto.

7. Finding a like-minded community of practice

Possible Areas for Action

CMA and National Level Initiatives

Advocacy and Communications	• Develop a national network of health equity physicians • Develop an advocacy strategy for health equity in Canada • Develop an advocacy map/tool for clinicians • Explore the development of health equity leadership and advocacy training resources for physicians
Compensation	• Identification of effective compensation models for health equity practice in Canada • Development of these models for other jurisdictions and practice settings

Possible Areas for Action (Cont'd)

Education	• Support and encouragement of the integration of the social determinants and health equity in medical schools • Support and encouragement of service learning in medical schools and residency training • Development of an accredited continuing medical education programs for practicing physicians
Research	• Support of continued research on physician interventions in health equity • Help to assemble the evidence base and best practices and facilitate knowledge translation across Canada and internationally

Possible Areas for Action (Cont'd)

Clinical Practice	• Development/refinement of health equity/social determinants of health assessment tool • Development/modification of clinical practice guidelines to integrate social and economic factors into medical care • Development of resources for physicians on programs and services for patients • Development of resources for physicians on accessing provincial/territorial and federal programs including forms and referral pathways, etc. • Development/consolidation and dissemination of plain language resources for patients on chronic disease management

Questions for Discussion

1. What do you think about the interventions that were identified? Would you be able to integrate some of these into your FHT?

2. Other than the barriers identified, are there other issues that could prevent you from undertaking this work in your FHT?

Questions for Discussion (Cont'd)

3. How relevant are the facilitators to your work? Are there additional supports you would require?

4. Are there any additional areas for action that you can identify?

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