

Pushing Upstream: Working Together to End Poverty and Improve Health

**OMSSA Conference
May 29, 2018**

**Gary Bloch MD CCFP
Family Physician, St. Michael's Hospital
Associate Professor, University of Toronto
Inner City Health Associates
Health Providers Against Poverty**



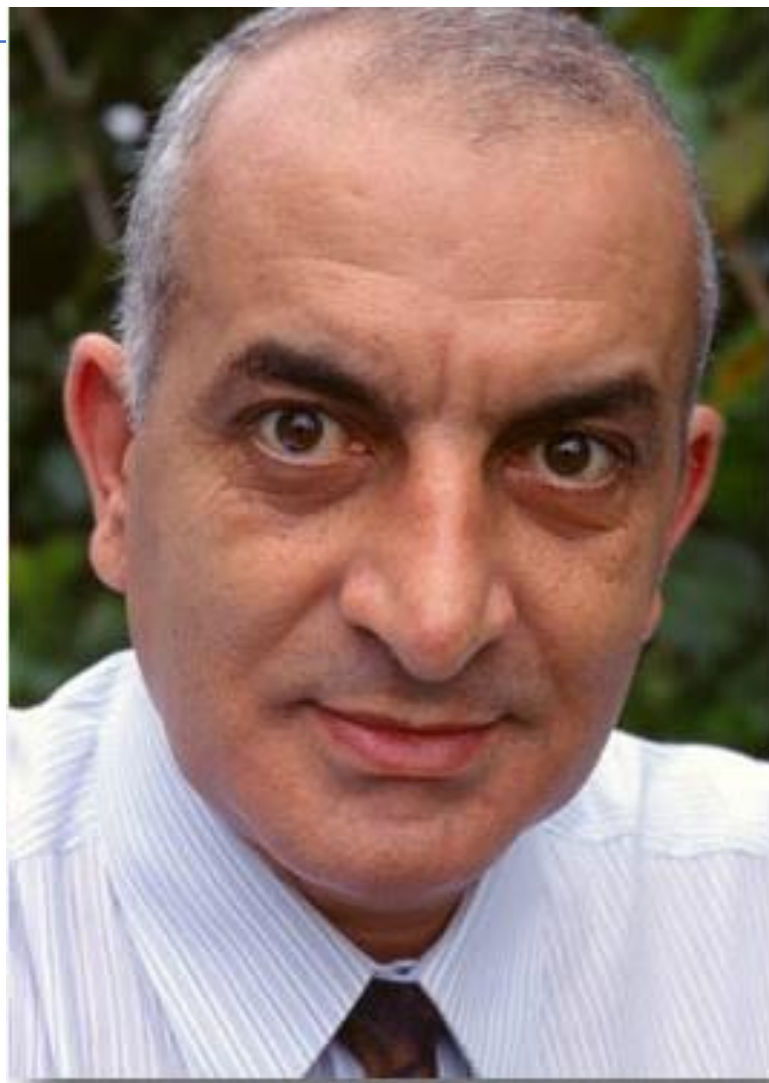
<https://throughtheireyesproject.com/community-tree/>



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Medical History Chart

- Cognitive Status
- Functional Status
- Detailed Neuro Exam
- Multidisciplinary Rehab
- Family Meeting



Medical History Chart

- Income

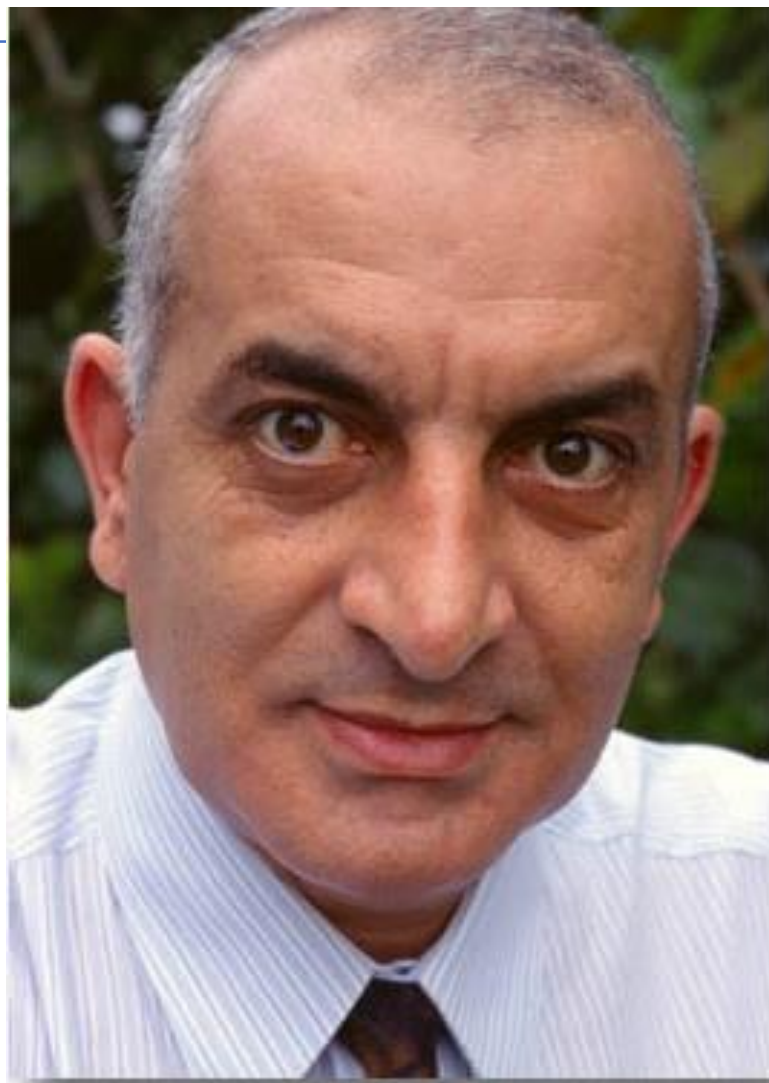
- Housing

- Immigration

- MVA Insurance

- Medically Stable





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“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.”



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Public Health Agency of Canada, 2004
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POVERTY AND HEALTH

- Poverty increases the prevalence, morbidity and mortality of many diseases
 - Cardiovascular disease
 - Diabetes
 - Cancer
 - Depression
 - Chronic Obstructive Pulmonary Disease



CHILD POVERTY AND HEALTH

Children in low-income families are at higher risk of:

- Low birth weight
- Mental health problems
- Micronutrient deficiencies
- Asthma
- Injuries
- Hospitalization



Health Across the Income Spectrum

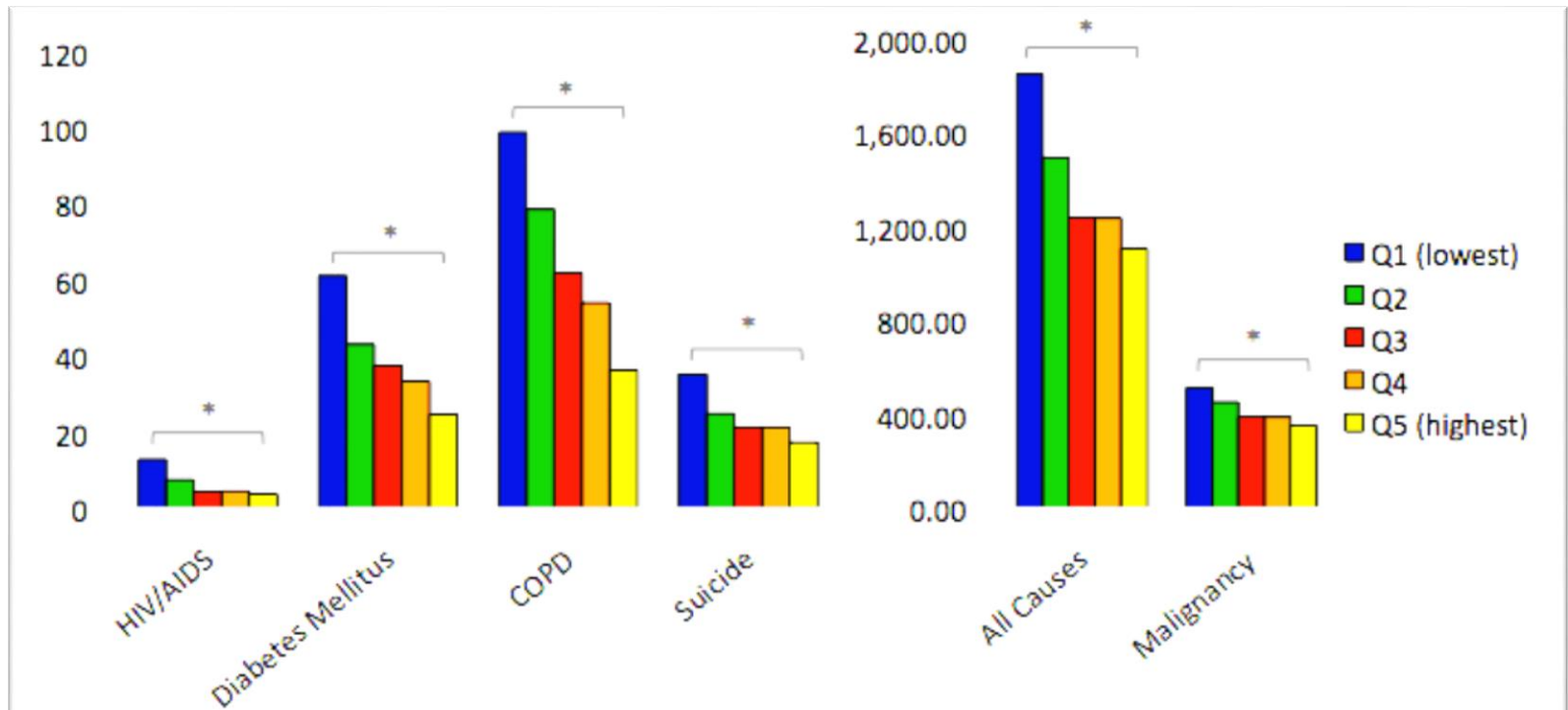


Figure 1. Age-standardized mortality rates for selected causes by income quintile Q1-Q5, male cohort, baseline age >25. Significant interquintile rate differences, Q1-Q5, are indicated with an asterisk (*).

Statistics Canada (2013), Catalogue No 82-003-X

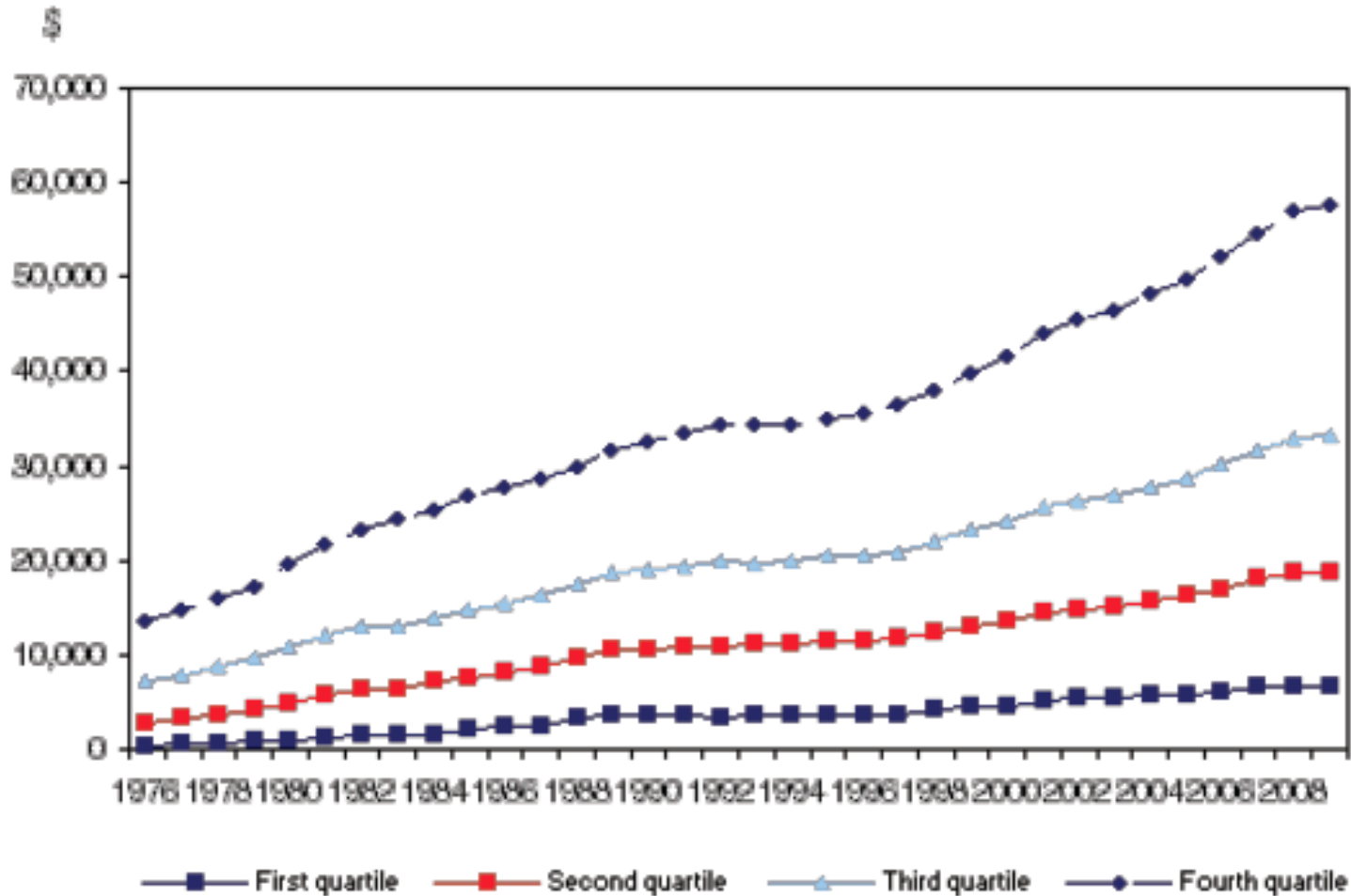


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It's also Inequality



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.

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%

Raphael, Dennis & Bryant, Toba. Income inequality is killing thousands of Canadians every year. November 23, 2014.
http://www.thestar.com/opinion/commentary/2014/11/23/income_inequality_is_killing_thousands_of_canadians_every_year.html ; Table: http://www.thinkupstream.net/health_effects_of_income_inequality

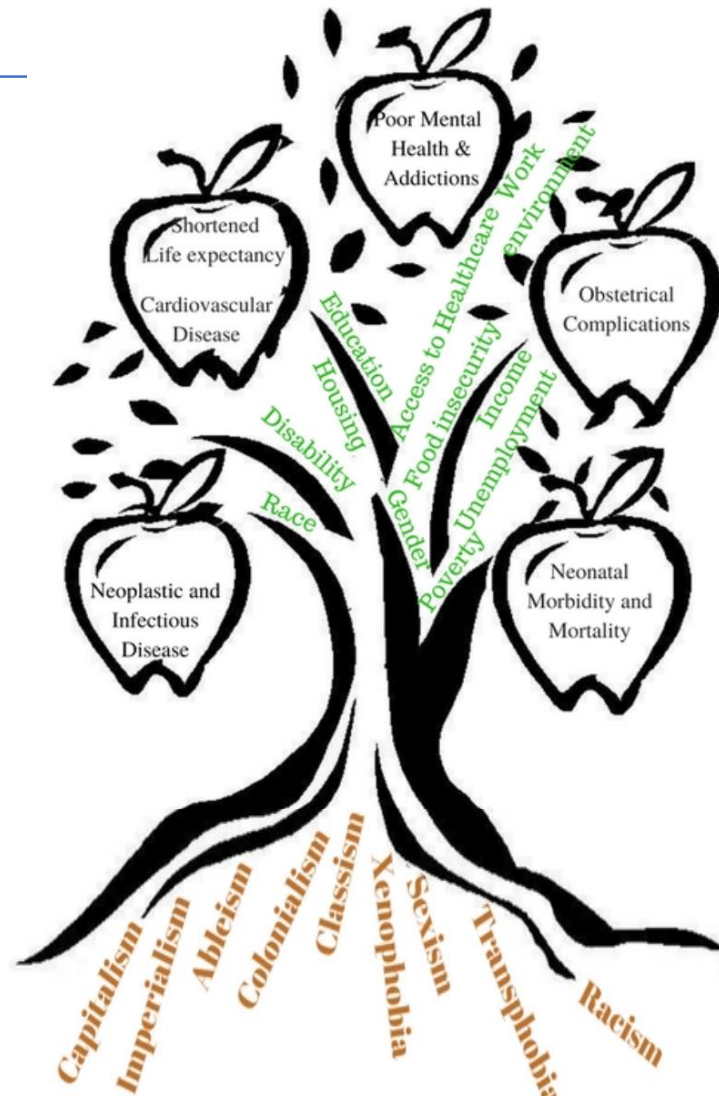


Some Are Disproportionately Affected

- Racialized Canadians
- Indigenous
- People with disabilities
- Elderly
- Women
- Children



THE SDOH



Nanky Rai, "Uprooting Medical Violence: Building An Integrated Anti-Oppression Framework for Primary Health Care," <https://goo.gl/XkZztY>





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:

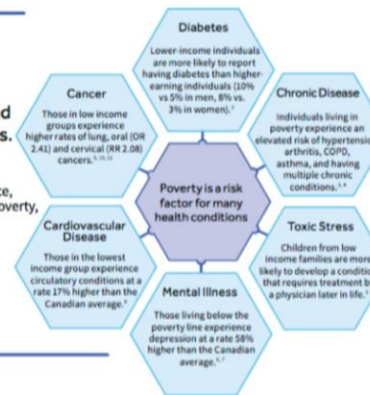
New immigrants, Women, Aboriginals, and LGBTQ are among the highest risk groups.

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



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 40% for living below the poverty line)²

2 Poverty is a Risk Factor

Consider:

New immigrants, women, Indigenous peoples, 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.



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- Even people without official residency status can file returns.
- Drug Coverage: up-to-date tax filing is required to access Trillium plan for those without Ontario Drug Benefits. Visit [ontario.ca](#) for more options.

Ask



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

Educate



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

Intervene & Connect

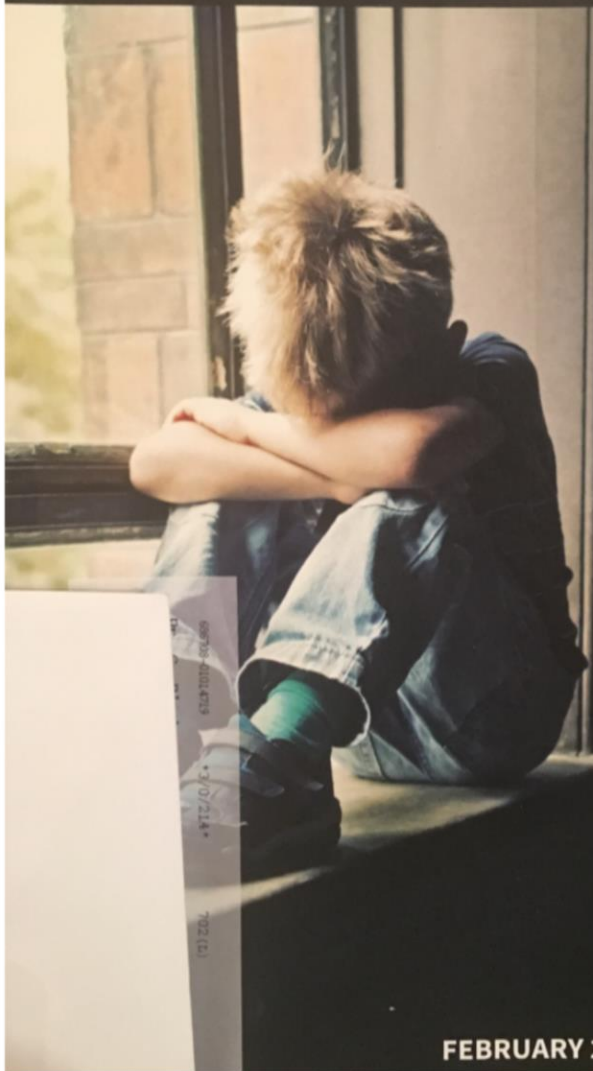


Intervene by connecting your patients and their families to benefits, resources, and services.

more interventions on reverse >

cmaaj

BEST EVIDENCE • BEST PRACTICE • BEST HEALTH



TAKING ACTION ON SOCIAL DETERMINANTS OF HEALTH

How physicians
can help
100

Cost of medical
assistance in dying
97

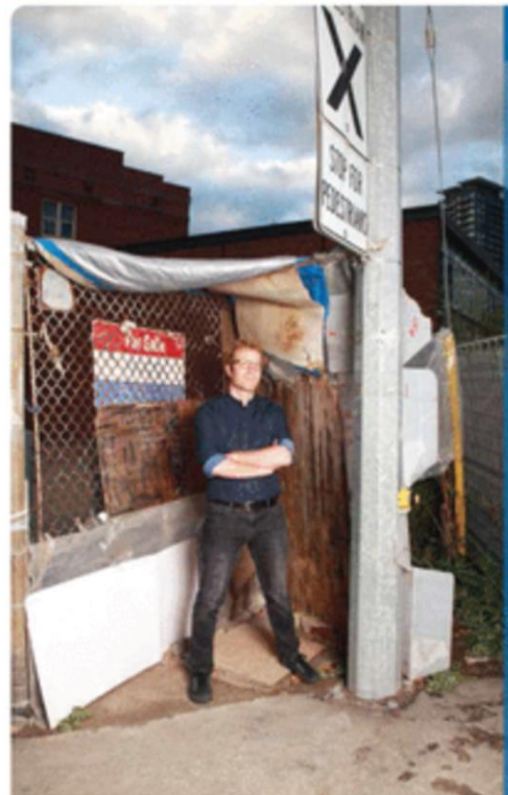
Persistent HCG after
pregnancy loss
112

FEBRUARY 2017

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POVERTY AND SOCIAL DETERMINANTS OF HEALTH
 Editorial ... 285
 Commentary ... 287, 291
 Research ... 323, 4186

PREVENTIVE CARE CHECKLIST UPDATE
 Clinical Review ... 307

ABORTION IN CANADA
 Commentary ... 287
 Research ... 4201, 4209

FROZEN GROUND
 Art of Family Medicine ... 220

LA PRÉVÉNANCE ET LES DÉTERMINANTS SOCIAUX DE LA SANTÉ
 Editorial ... 286
 Commentaire ... 288, 4181
 Recherche ... 224, 4187

LISTE DE CONTRÔLE BASÉ À JOUR DES SOINS PRÉVENTIFS
 Révision clinique ... 371

ENVOIEMENT AU CANADA
 Commentaire ... 4189
 Recherche ... 4352, 4370



PRESCRIBING AGAINST POVERTY
 Cover Story ... 332

PRESCRIPTION CONTRE LA PRÉVÉNANCE
 Texte de la page couverture ... 4218



Plus en français | Revisado por el Dr. Pablo Padilla | PubMed | PubMed Central | www.cfp.ca

Physician activism and prescribing against poverty

Story by Sarah de Leeuw

Dr Gary Bloch cycles to work. Through Regent Park, Moss Park, Alexandra Park, some of Canada's oldest and largest social housing projects, and into Toronto's downtown core. To his clinic by St Mike's Hospital and a multidisciplinary family practice that houses a unique team of people he says it would be impossible to work without. There are Karen and Gordon, the income security health promoters. There's Johanna, the lawyer. There's Cian, the community engagement specialist. There's a literacy program.

That's because doctors alone can't medicate the illness of poverty.

"It's been a decade of reframing the conversation. Of shifting the way doctors think about social determinants of health. Of understanding that the evidence is irrefutable: poverty deserves to be treated like a disease."

The work of "prescribing money," which is how—from TEDx Talks to CBC Radio, from *The Toronto Star* to *The Globe and Mail*—many Canadians have read or heard about what Gary Bloch and his team do, is in many ways beguilingly simple. The first step is just "screening everyone," says Gary. "Ask your patients if they have difficulties making ends meet at the end of the month. You would be amazed what you learn if you ask the right questions." Too often, thinks Gary, physicians just don't have a picture of their patients' social state.



PHOTOS (CLOCKWISE FROM TOP RIGHT):
 Dr Bloch cycling to work through the streets of Toronto, Ont.
 Dr Bloch with Karen Tomlinson, income security health promoter.
 Dr Bloch in front of the Good Shepherd shelter and in the community.



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.



Health Care Transformation in Canada

Physicians and Health Equity: Opportunities in Practice



ASSOCIATION
MÉDICALE
CANADIENNE



CANADIAN
MEDICAL
ASSOCIATION

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THE COLLEGE OF
FAMILY PHYSICIANS
OF CANADA



LE COLLÈGE DES
MÉDECINS DE FAMILLE
DU CANADA



BEST ADVICE

Social Determinants of Health

MARCH 2015



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Academic Family Health Team

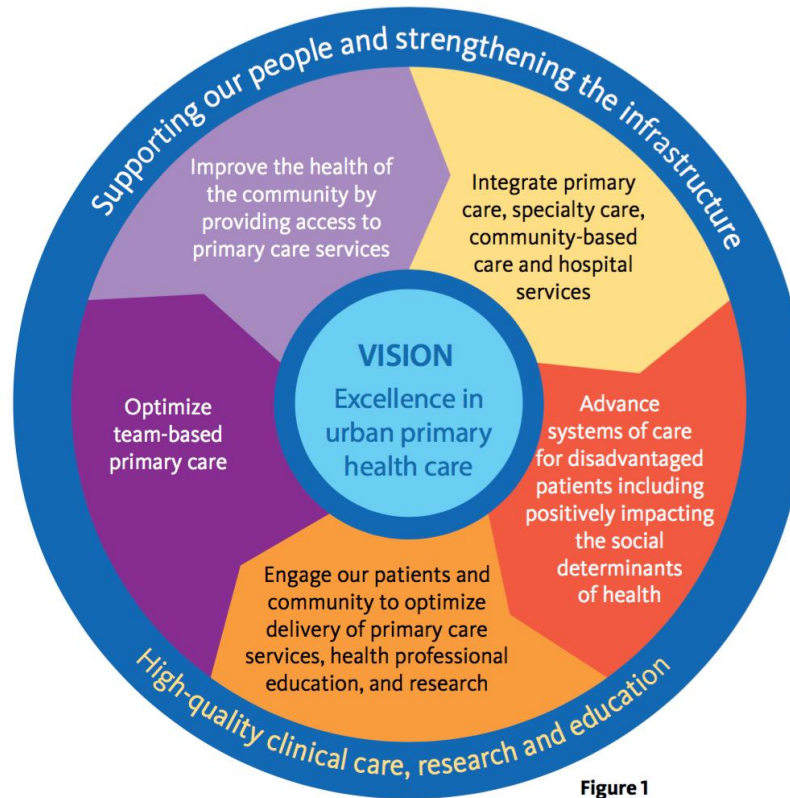


Figure 1



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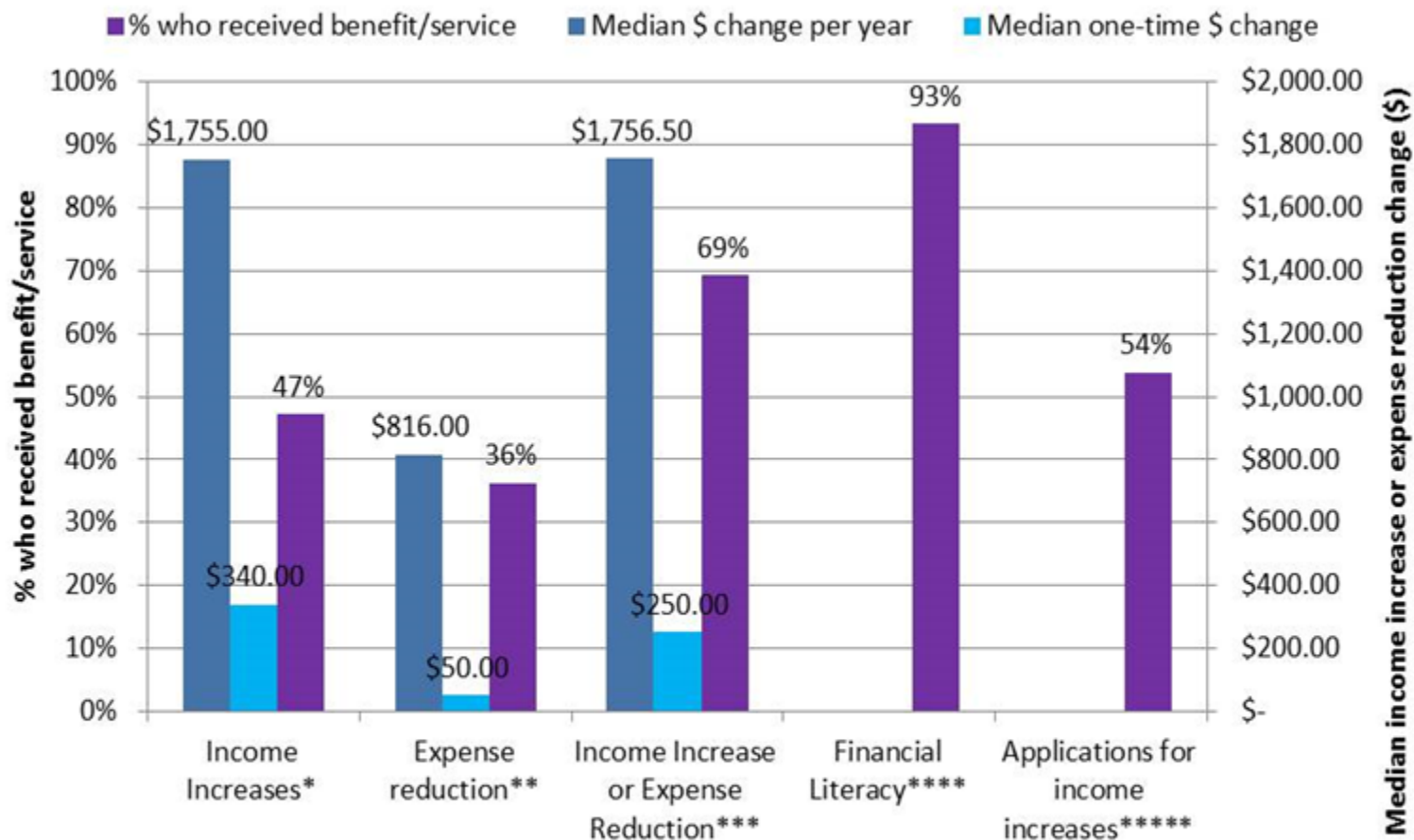
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Research & Evaluation



Income Security Health Promotion Program Measures



*% who received income increase (n=91); median income increase per year (n=37); median one-time income increases (n=9)

**% who received expense reduction (n=91); median expense reduction per year (n=9); median one-time expense reduction (n=16)

***% who received income increase or expense reduction (n=91); median expense reduction or income increase per year (n=40); median one-time expense reduction or income increase (n=23)

****% with increase in financial literacy (n=91)

*****% who received assistance applying for income increase (n=91)



SDOH Committee 2.0

1. Racism and Health
2. Advocacy
3. Using Sociodemographic Data
4. Tools for Equity in Programs and Services
5. Equitable Community Engagement



The next level?

Partnerships!



Why Should We Partner?

- **Health providers reach almost everyone**
- **None of us can do our jobs without addressing Health and the SDOH**
- **Our Skills are Complementary**



Winnipeg Integrated Services



Health Leads









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INCOME
SECURITY

A Roadmap for Change



October 2017

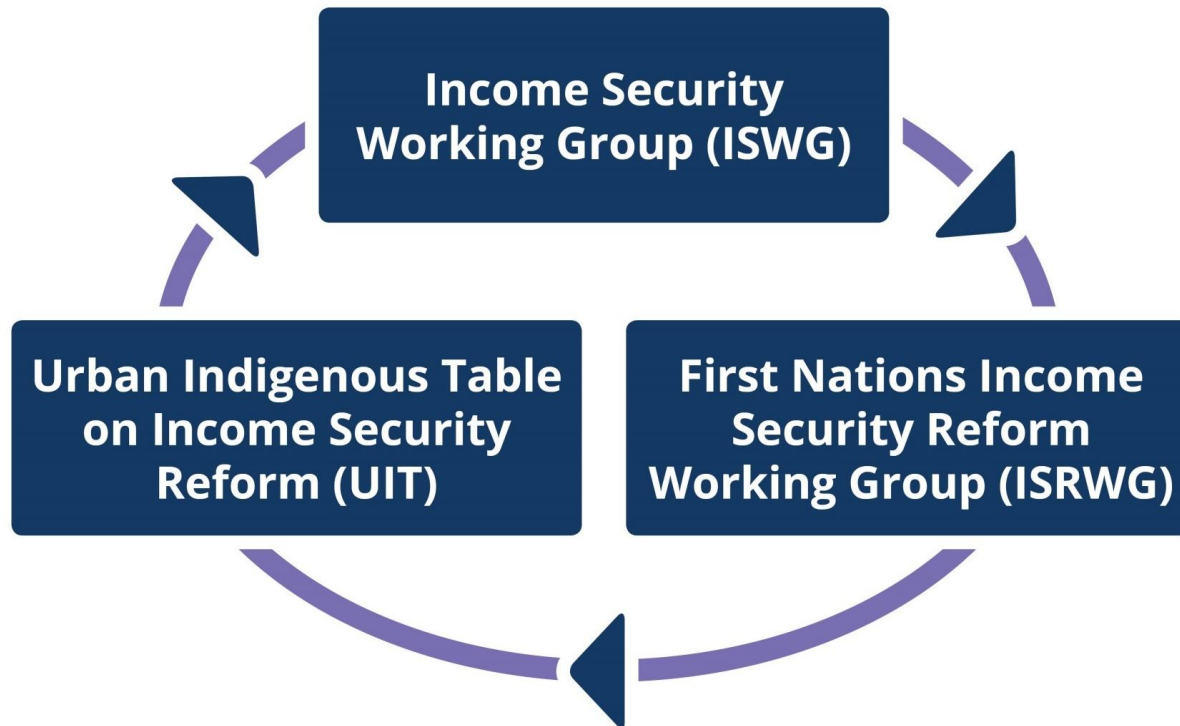


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Creating a roadmap for change



Income Security - Vision

All individuals are treated with respect and dignity and are inspired and equipped to reach their full potential. People have equitable access to a comprehensive and accountable system of income and in-kind support that provides an adequate level of financial assistance and promotes economic and social inclusion, with particular attention to the needs and experience of Indigenous peoples.



Income Security: Guiding Principles



ACHIEVING INCOME ADEQUACY

ENGAGING THE WHOLE INCOME SECURITY SYSTEM



SELF-GOVERNANCE AND RESPECT FOR FIRST NATION JURISDICTION

ADEQUATE FUNDING FOR FIRST NATIONS



TRANSFORMING SOCIAL ASSISTANCE

- Make social assistance simpler and eliminate coercive rules and policies. Create an explicit focus on helping people overcome barriers to moving out of poverty and participating in society.



HELPING THOSE IN DEEPEST POVERTY





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The Roadmap to Change – Where it Leads

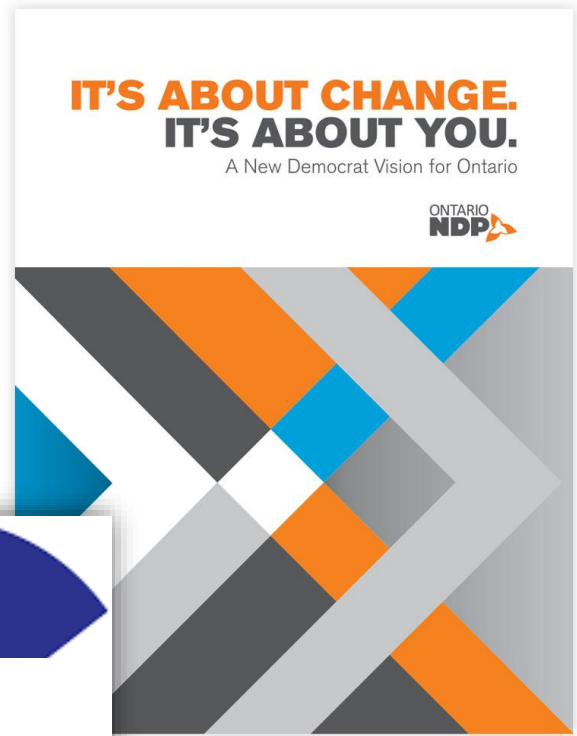
- Greater Control, Agency, Respect, Dignity
- Meet Essential Needs
- Easier to Access & Use the System

Greater social and economic inclusion



Election Ontario 2018





Can we Afford this?

- Poverty is expensive and costs us all:



Can we Afford this?

- Income security spending in Ontario: **\$65.7b per year**
- Health sector in Ontario: **\$51.8b per year**
- Planned infrastructure investments: **\$190b per year**
- Return on investment in low income:
\$1.30 per \$1





<https://throughtheireyesproject.com/community-tree/>



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