

Let's Not Be the Tin Man: Finding the Heart of Medicine Through Social Interventions

**Mt. Sinai Geriatrics Institute Education Day
June 14, 2022**

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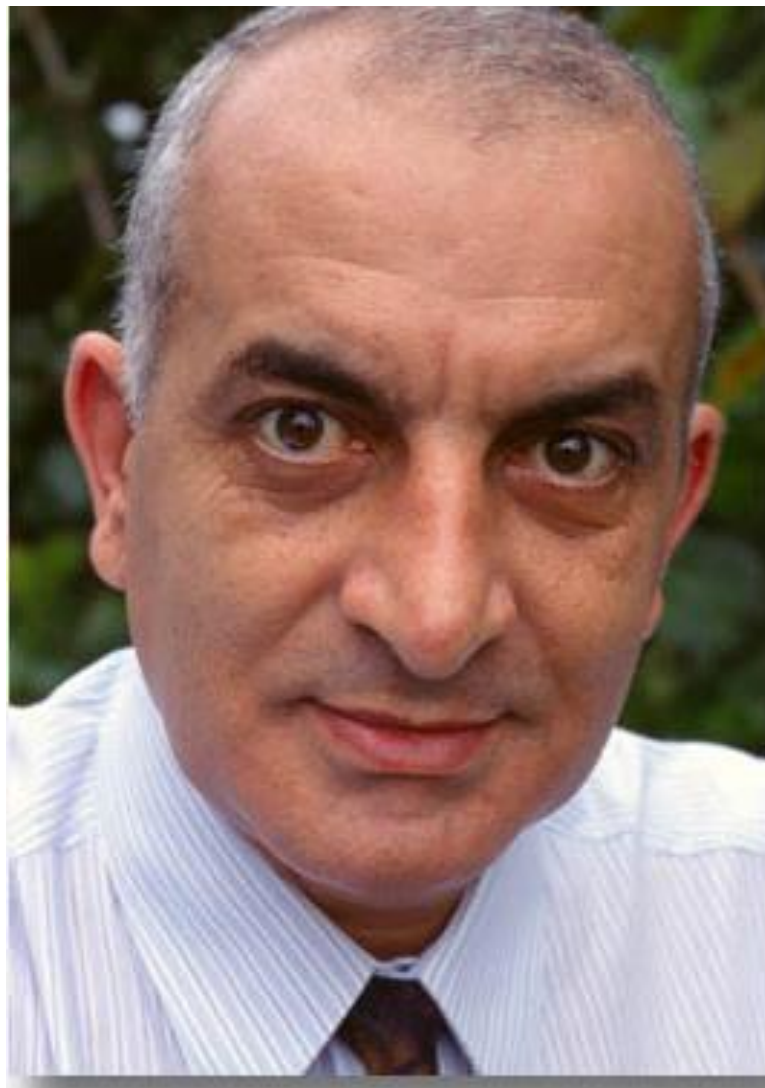
AMS Phoenix Fellow

Senior Fellow, Wellesley Institute

1. Examine an evidence-based argument for intervening in poverty and other social risks to health in front line health care.
2. Explore practical ways health care providers, including pharmacists, can intervene into social determinants of health, including a simple clinical tool on poverty.
3. Introduce health team-based interventions and advocacy interventions into poverty and other social risks to health.

“If medicine is to fulfil her great task, then she must enter the political and social life. Do we not always find the diseases of the populace traceable to defects in society?”

- Rudolph Virchow



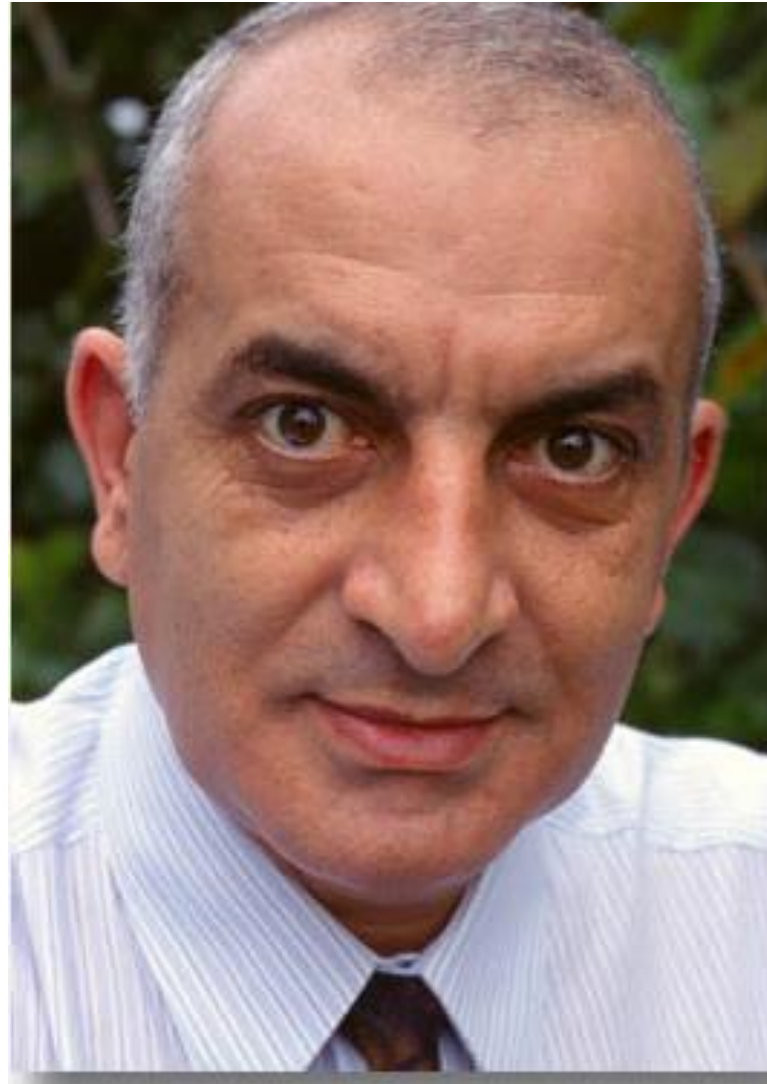
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Medical History Chart

Date	Presenting Complaint	History of Present Illness
	<ul style="list-style-type: none"> • Cognitive Status 	
	<ul style="list-style-type: none"> • Functional Status 	
	<ul style="list-style-type: none"> • Detailed Neuro Exam 	
	<ul style="list-style-type: none"> • Multidisciplinary Rehab 	
	<ul style="list-style-type: none"> • Family Meeting 	

Medical History Chart

Area	Assessment/Insurance	Notes/Status
	<ul style="list-style-type: none"> Income 	
	<ul style="list-style-type: none"> Housing 	
	<ul style="list-style-type: none"> Immigration 	
	<ul style="list-style-type: none"> MVA Insurance 	
	<ul style="list-style-type: none"> Medically Stable 	



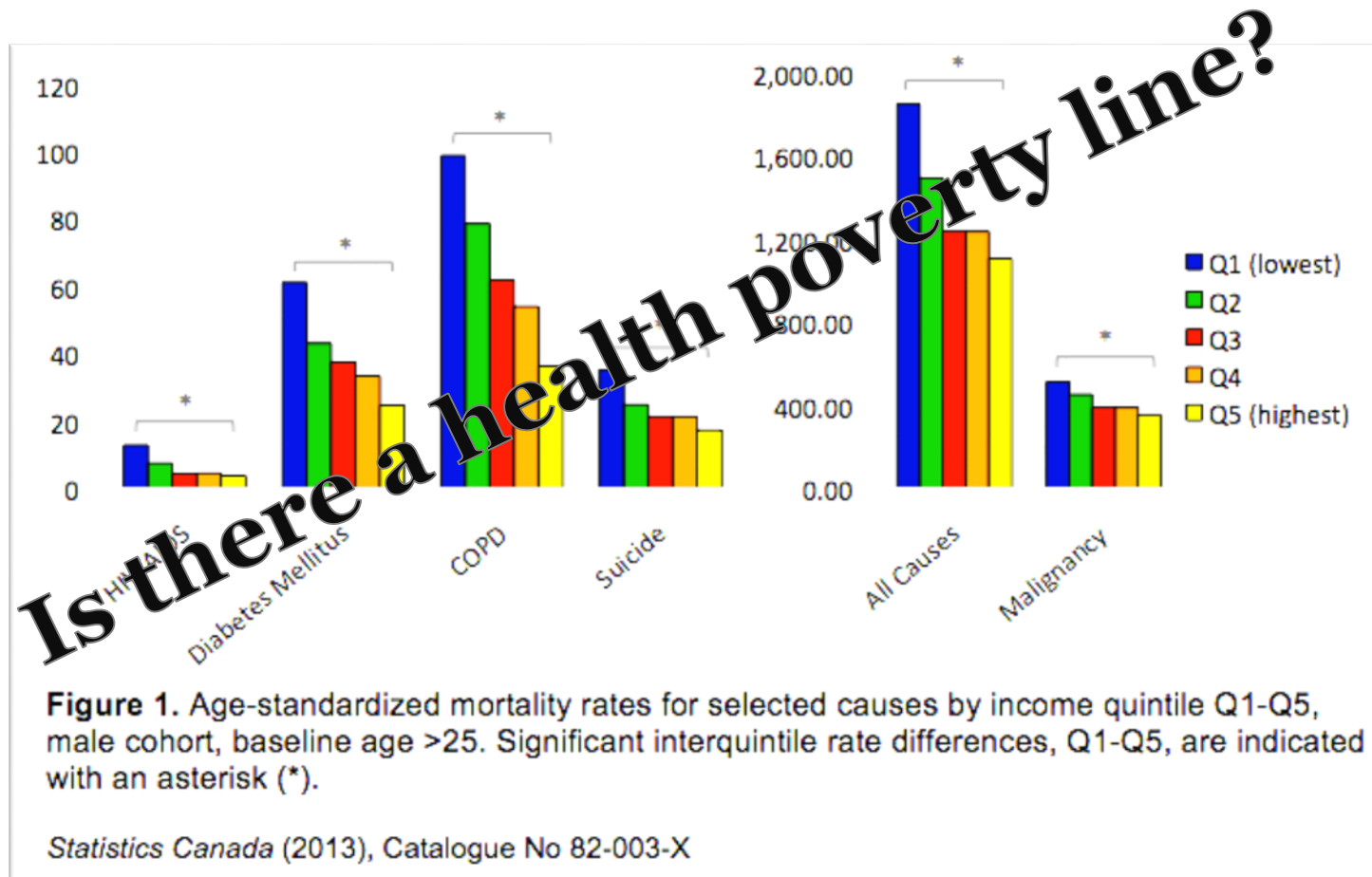
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The Evidence: Poverty and Health

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



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.

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.htm

|



45.7%

Children in lone-parent families



34.2%*

New Immigrants and Refugees



31.5%

Lone-parent families



28.8%

Single seniors¹



25.3%*

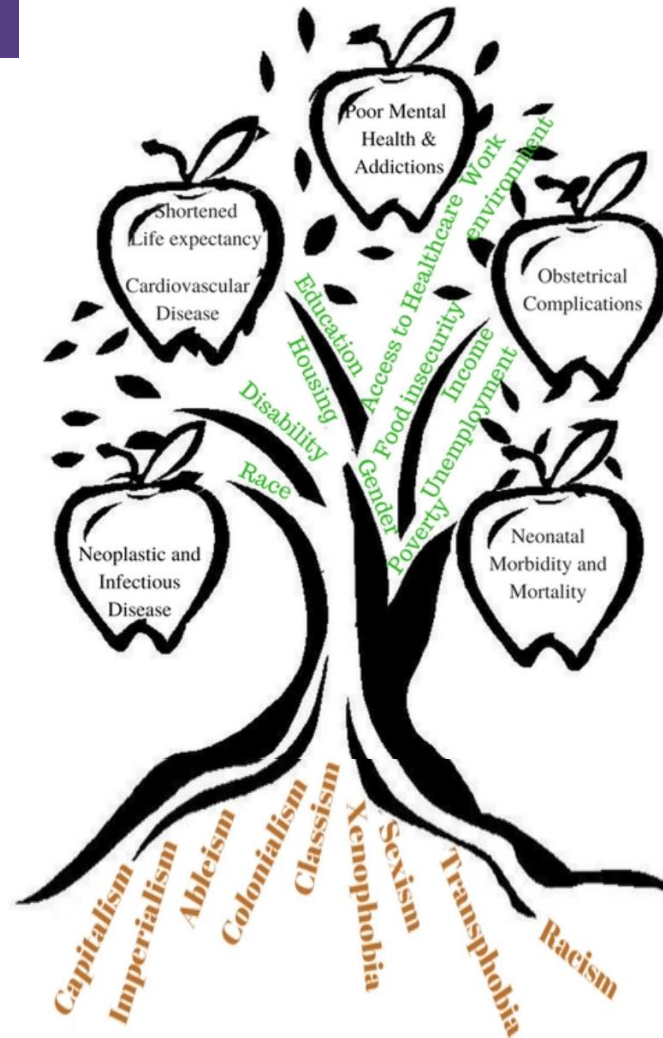
Indigenous people



18.5%

Children

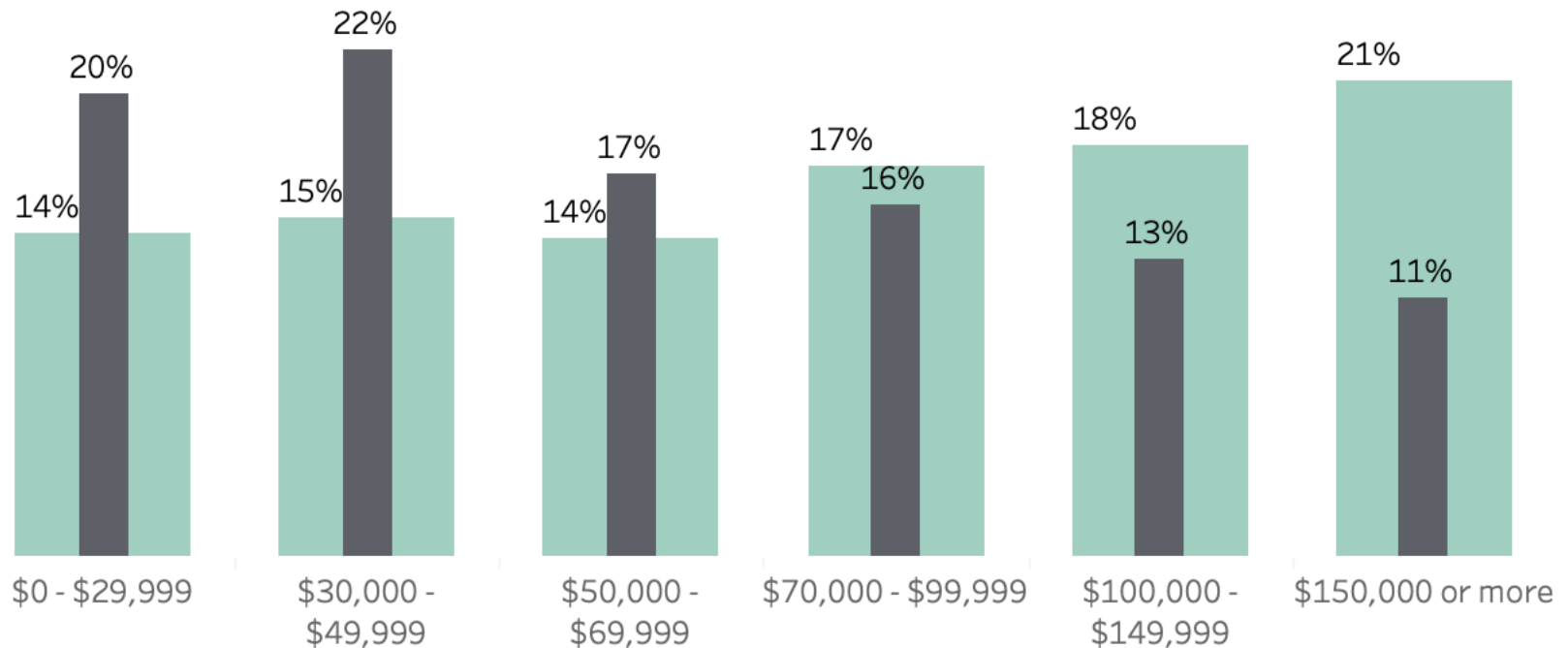
The Social Determinants of Health



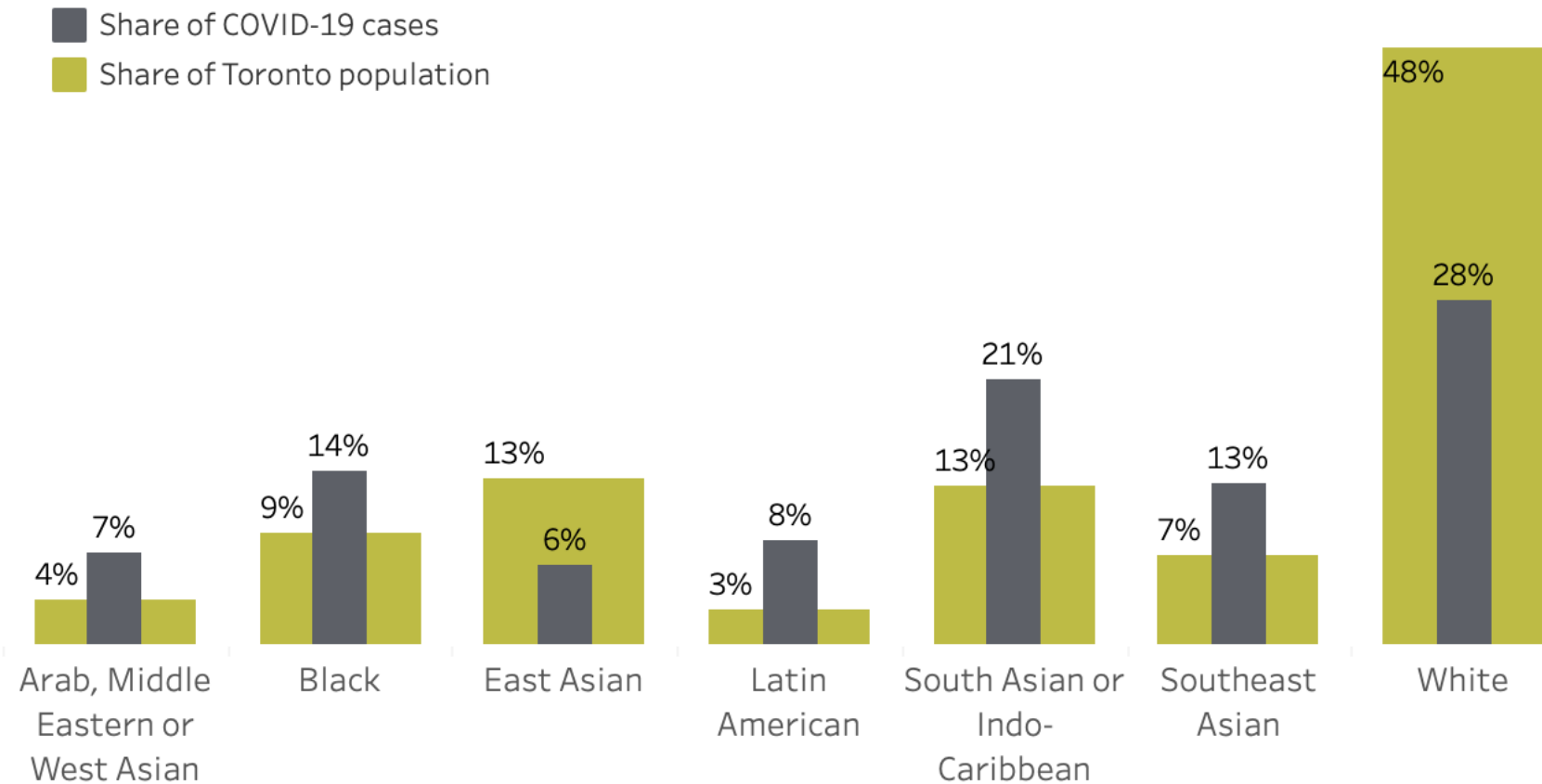
Nanky Rai, "Uprooting Medical Violence: Building An Integrated Anti-Oppression Framework for Primary Health Care," <https://goo.gl/XkZztY>

Share of COVID-19 cases by household income compared to the share of people living in Toronto by income group**, with valid data up to September 30, 2021 (N=56,549)

■ Share of COVID-19 cases
■ Share of Toronto population



Share of COVID-19 cases among ethno-racial groups compared to the share of people living in Toronto, with valid data up to September 30, 2021 (N=121,166)





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



<http://healthcaretransformation.ca/infographic-social-determinants-of-health/>

THESE ARE CANADA'S SOCIAL DETERMINANTS OF HEALTH #SDOH

Interventions





Implementing Social Interventions in Primary Care

1. Identifying Social Needs
2. Social Prescribing
3. Income Security
4. Health—Legal Partnerships
5. Literacy
6. Social Isolation
7. Employment, Housing, Food Security, Transportation
8. Community Partnerships, Community Health Workers, Community Development
9. Equity-Oriented Practice Change

Case Study: Cindy

Cindy (62) recently enrolled with a primary care team and was diagnosed with diabetes 6 months ago.

She attended diabetes education sessions and was prescribed maximal doses of first line meds.

Treatment has been minimally successful: A1c level dropped from 10.3 to 9.7.



Real Name and Image Have Not Been Used

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:

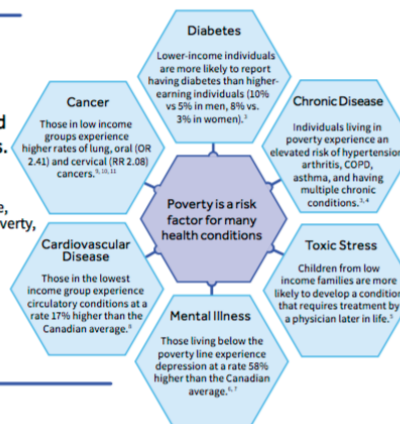
New immigrants, Women, Aboriginals, and LGBTQ are among the highest risk groups.

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)

I IDENTITY

- **Tell me about yourself.**
- Where were you born? Where did you grow up? What is your ethnic background?
- Do you have any aboriginal or indigenous heritage?
- What language are you most comfortable speaking in?
- Is faith or spirituality a big part of your life?
- How do you identify in terms of sexual orientation?
- What gender pronouns do you prefer (he/she/they, her/him/them)?

- ID clinics
- Professional interpretation
- ESL classes and settlement services
- Indigenous services
- Culturally-specific services
- LGBTQ services
- Youth services
- Seniors services

F

FAMILY AND FRIENDS

- **Are there people in your life you can count on for support?**
- Who lives with you at home?
- Do you have children? Who helps you with child care?
- What is your relationship like with your family? Your parents? Your siblings? Your children?
- Are you currently in a relationship?
- Tell me about your past relationships.
- Do you have a case manager or worker?

- Case management referral or connecting with existing case manager
- Early years or parenting centre drop-ins
- Community drop-in centres
- Seniors groups
- Parenting groups
- Potential identification of trauma or safety issues (see below)

I

INCOME

- **Do you ever have difficulty making ends meet at the end of the month?**
- What are your current sources of income?
- Do you ever run out of money to buy food?
- Do you have trouble paying for public transportation?
- Do you have access to a phone or a place to leave messages?

- Using the [Poverty Tool](#) to find benefits
- Assistance with income benefits forms
- Suggesting filing income taxes
- Referral to food banks or meal programs
- Completing transportation forms/letter

T

TRAUMA

Consider leaving the most sensitive topics to emerge naturally in conversation or for when there is good rapport.

- **Have you had any significant negative experiences in your life that have left a lasting emotional impact on you?**
- Have you ever experienced or witnessed violence of any kind?
- Did you ever feel unsafe during your childhood, or in any of your relationships?

- Using a trauma-informed approach - communicating safety
- Counselling or trauma therapy
- Assessing mental health and safety
- Understanding a patient's health risks based on Adverse Childhood Experiences



“Stories are not the end goal, they’re not a treasure we dig up, they’re not a simple repository of facts, but rather, they’re a process. And listening to them is an act of social justice.”

- Sayantani DasGupta

Case Study: Cindy

Cindy works part-time in a restaurant, earning \$14,000 per year.

She lives in a 1 bedroom apartment with her 2 young granddaughters. Monthly rent: \$800.



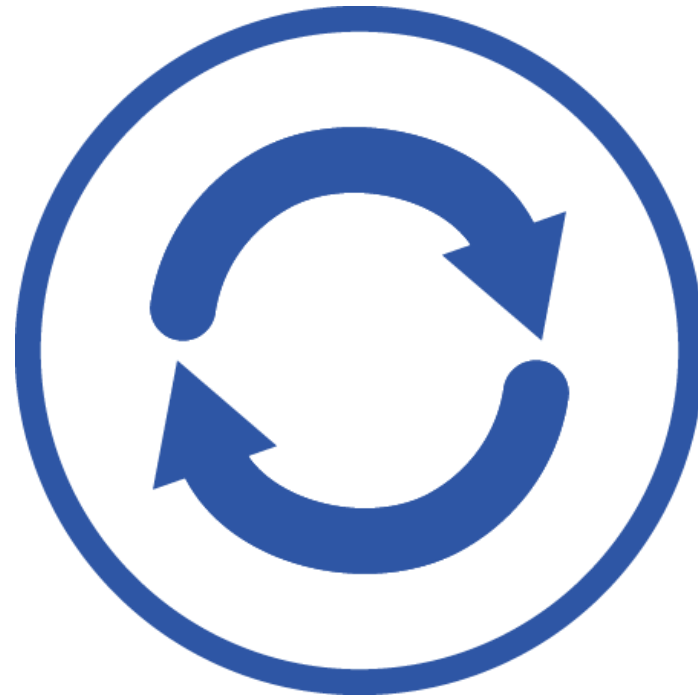
Step 2: Assess Risk and Educate



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

Should poverty similarly affect decision making?

Step 3: Intervene and Connect



3 Intervene

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



“ Do you receive Old Age Security (OAS) and Guaranteed Income Supplement (GIS)? ”



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



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



“ Have you applied for extra income supplements? ”



“ Do you receive payments for disability? ”

Case Study: Cindy

You recommend
Cindy file her taxes.

You refer her to a
community agency
which helps.



Your total estimated benefit amount is:

\$21,226.34

Tax Credits

GST/HST credit quarterly amount	\$233.50
Climate Action Incentive Payment quarterly amount	\$163.00

Child Benefits

Canada child benefit monthly amount	\$1,166.16
Ontario child benefit monthly amount	\$251.50

Ontario Benefits

Ontario trillium benefit monthly amount	\$118.91
Ontario energy and property tax credit monthly amount	\$37.91
Ontario sales tax credit monthly amount	\$81.00

Canada Workers Benefit

Basic annual amount	\$2,403.00
Total CWB refundable tax credit	\$2,403.00
CWB Advance payment annual amount	\$1,201.50
CWB Advance payment quarterly amount	\$300.37

Connect to Resources

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.



Prosper Canada

<https://benefitswayfinder.org>

Team-based interventions

Global leaders in the teaching, study and practice of equity-driven primary health care and advocacy



To improve health through advocacy, equity and world-leading primary health care, teaching and research

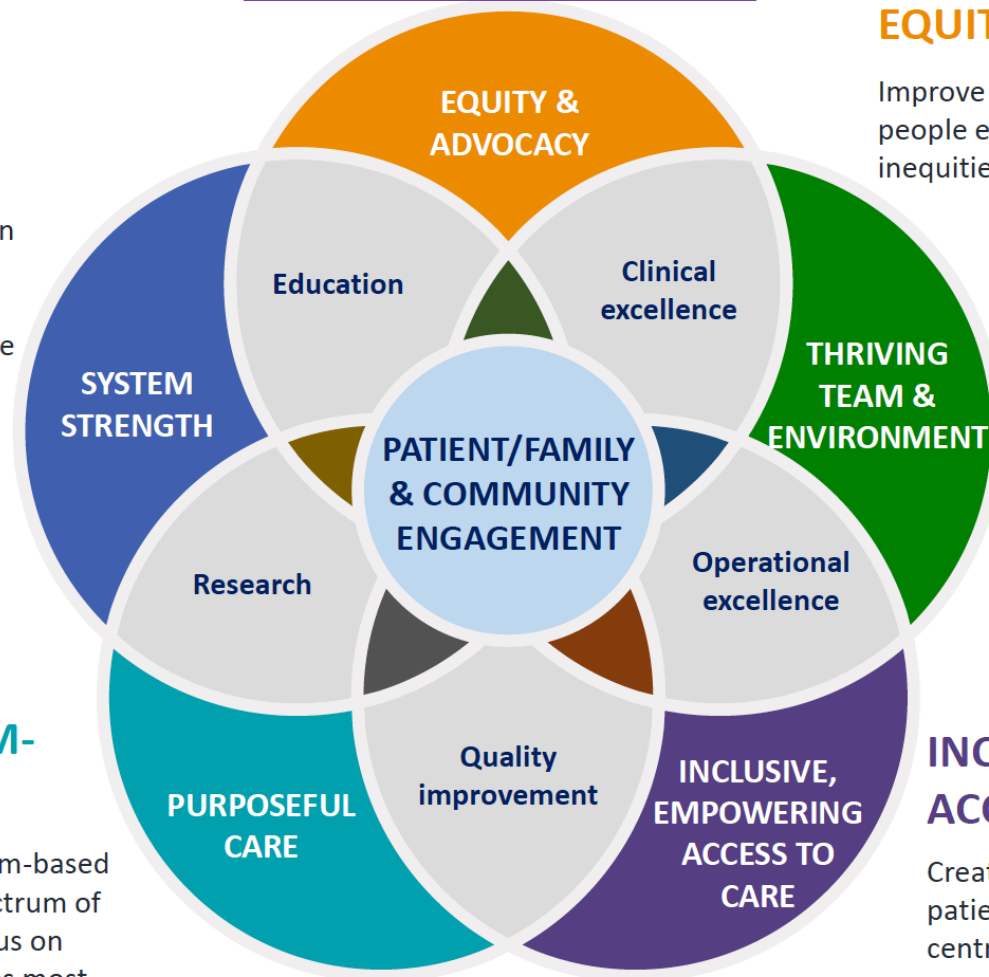
Department of Family and Community Medicine Academic Family Health Team Strategic Plan 2020-2025

SYSTEM STRENGTH

Partner with others to create an integrated healthcare system and share our knowledge and expertise, develop and innovate solutions, and collaborate on research.

PURPOSEFUL TEAM-BASED CARE

Optimize our models of team-based care to provide the full spectrum of high-quality care with a focus on those who need our services most.



EQUITY & ADVOCACY

Improve the health and lives of people experiencing structural inequities.

SUSTAINABLE THRIVING TEAM AND ENVIRONMENT

Strengthen our own wellbeing to cultivate resilience in all aspects of our work and prioritize sustainable environmental choices.

INCLUSIVE, EMPOWERING ACCESS TO CARE

Create multiple pathways to empower patients to access care through patient-centred technology and virtual care.



Practising equity- focused health care

How St. Michael's Hospital
Academic Family Health Team
works to address the social
determinants of health

Socio-demographic data collection

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

Income Security Health Promote r

1,034
referrals

95%
of patients
self-reported
an increase in
their financial
literacy

27%
received assistance
in filling out an
application
for an income
increase

46%
of patients
reported an
income increase

\$3,219
median
income increase

Health Justice Project

From April 2017 to
March 2019

50%

of patients referred to
social worker have at
least one legal issue¹

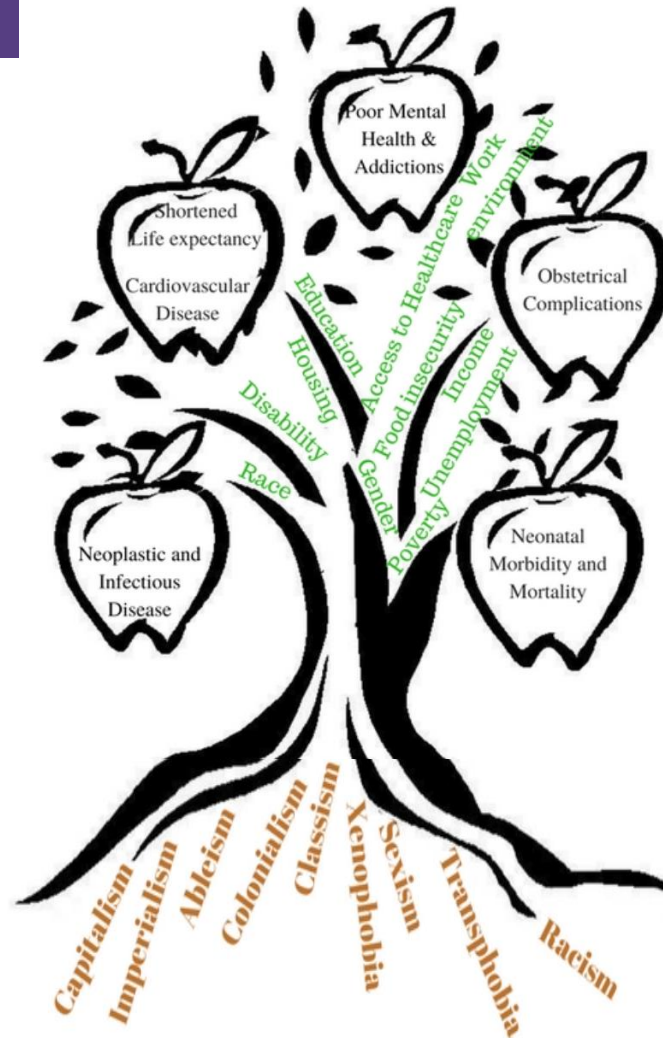
676

new case intakes,
average

28

cases per month.

The Social Determinants of Health



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



racism
makes me sick



Through an
equity lens





Honouring the Truth, Reconciling for the Future

Summary of the
Final Report of the
Truth and Reconciliation
Commission of Canada

Implementing Social Interventions in Primary Care

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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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