Health Providers Against Poverty:

Lessons Learned from a Decade of Education, Engagement, and Political Advocacy

Katie Dorman

Community Works! Discussion

December 9 2014

Presenter Disclosures

I will do my best to accurately describe the experiences of Health Providers Against Poverty over the past decade, however I have only been a member for 3 years

We approach this work from a privileged position as health care providers. We do *not* speak on behalf of people living in poverty, we speak as allies to these individuals.

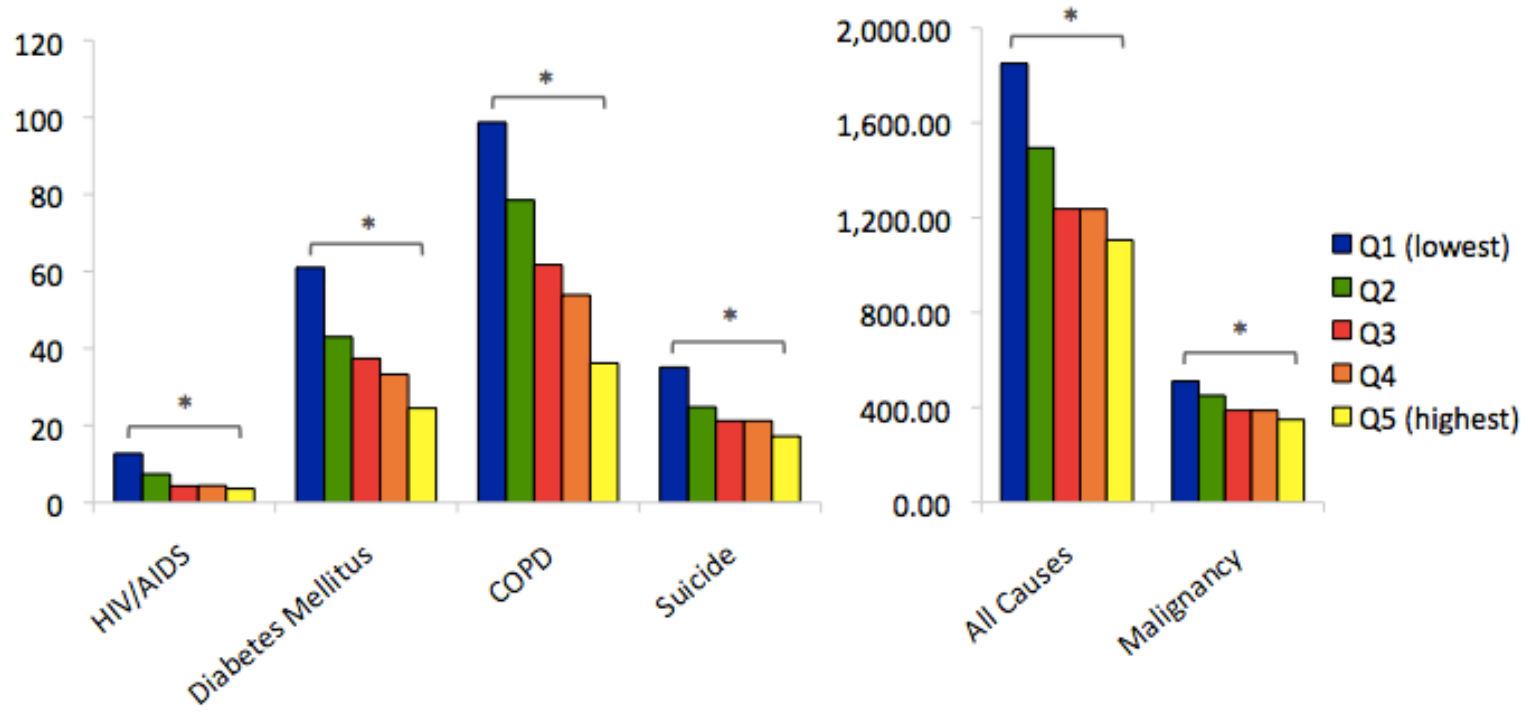
Income and Health

Income is the single most important factor which determines whether someone is healthy or not

- Canadian Population Health Initiative, 2004

Income and Health

Infants living in poverty have **60% higher mortality** before 1-yr of age



Age-Standardized Mortality Rates For Selected Causes By Income Quintile Q1-Q5

Dorman, K et al. Ontario Medical Review. October 2013: 15-19.

Gupta et al. *Pediatr Child Health* 2007; 12(8): 666-72.

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

Health Providers Against Poverty (HPAP)

- Multidisciplinary alliance of health care providers
- Started in Toronto in 2005 with the "Special Diet Campaign"
- Objectives

  We will work collaboratively to:

  1. Ensure income and social security for all
  2. Raise awareness about the health impacts of poverty
  3. Engage health providers and people with lived experience of poverty in social and political change

HPAP Membership

- Membership
  - Steering Committee: 15 members
  - E-mail Listserve: 269 members
  - Facebook Group: 223 members
- Monthly meetings attended by ~ 6-8 members and guests
- Decision making by consensus of the steering committee

Strategies

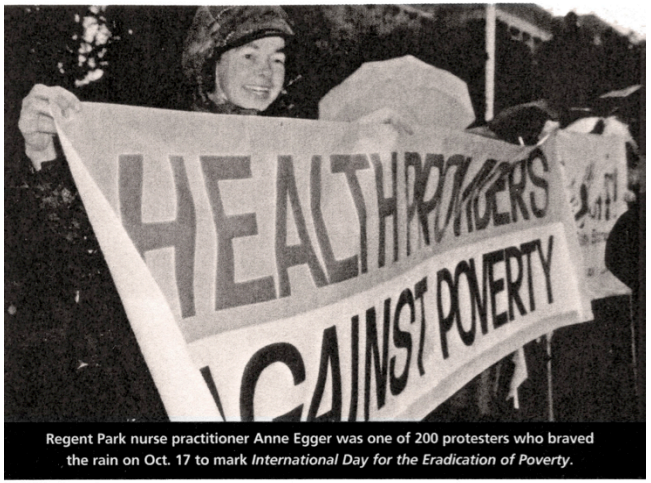
- Direct action
- Political lobbying
- Collaboration
- Public education
- Health provider education

Strategies – Direct Action

- Special Diet Campaign
  - Initiated by Ontario Coalition Against Poverty in Feb 2005
  - Part of the provincial "Raise the Rates" campaign
  - Extra funds available to people on social assistance for nutritious foods if medical conditions verified by health care provider
  - Histories taken by volunteer providers and forms completed
  - 20+ community clinics
  - Oct 2005: 'hunger' clinic at Queens Park

    - 40 health care providers
    - 1100 clients


Activists trying
o take a bite
ut of hunger



Regent Park nurse practitioner Anne Egger was one of 200 protesters who braved the rain on Oct. 17 to mark *International Day for the Eradication of Poverty*.

Strategies – Political Lobbying

- Letters to government representatives
- Pre-budget submissions
- Government consultations

Poverty Reduction Strategy Consultation

Poverty and Inequality – Blueprint For A Sicker Ontario?

Submission by Health Providers Against Poverty (HPAP) – Oct 2013

Key Messages:

- Poverty and income inequality are key determinants of health. For individuals to attain good health, they require adequate income as well as safe and secure housing.
- Ontario's Poverty Reduction Strategy (PRS) has achieved some noteworthy milestones, with expansion of the Child Tax Benefit. However, **these efforts have failed to adequately address income inequality in Ontario** and are dampened by the increasing costs of living and losses of social supports in the province.
- Adults do not appear a significant focus of the PRS. In fact, the co-occurring erosion of the Community Start Up and Maintenance Benefit and the promotion of substandard social assistance rates ensures that many more will be hoisted into and trapped in the cycle of poverty. Many of these adults are parents who are now less able to provide what their children need.
- In order to adequately reduce poverty in Ontario, activities must be directed to equitable social assistance rates, increased minimum wage, more affordable housing, and restoration of essential benefit programs. Provincial investment in these areas will save health care costs and improve health.
- In order to fund necessary social programs and reverse the erosion of social assistance, the government must explore and implement constructive solutions such as progressive taxation of the highest income earners.
- Provincial health care must evolve to reduce health disparities among low-income Ontarians. Requisite changes include expansion of equity-based health care models such as Community Health Centres and the introduction of Universal Pharmacare.

Strategies - Collaboration

- Ontario Coalition Against Poverty (OCAP)
- Put Food in the Budget (PFIB)
- 25 in 5 Network
- Raise the Rates
- Hamilton Roundtable for Poverty Reduction
- Health For All
- YWCA Hamilton

Strategies – Public Education

- Op-Eds
- Media Coverage
- Press Releases
- Lectures
- Blogs
- Interviews

Health Providers Call For 'Livable' Minimum Wage
Press Conference – January 14, 2014

TEDx Talk: If You Want To Help Me, Prescribe Me Money
Gary Bloch – July 2014

Strategies – Provider Education

- Educational initiatives for health care providers, medical students, and nursing students

  i.e. Invited Talk For RNAO Board of Directors

  Guest lectures for NP students

  U of T Medical Student Workshops

  Conference Presentations

- Ontario Medical Review Series: 2008, 2013

- Poverty Clinical Tool For Primary Care

Strategies – Provider Education

FEATURE

Part 1

Why poverty is a medical problem

by Katie Dorman, MD, MSc
Rosana Pellizzari, MD, MSc, CCFP FRCPC
Michael Rachlis, MD, FRCPC, LLD
Samantha Green, MD, CCFP

LINDA IS A 58-YEAR-OLD WOMAN WHO PRESENTS TO YOUR OFFICE WITH CHEST PAIN ON EXERTION. SHE HAS HYPERTENSION, TYPE 2 DIABETES AND OSTEOARTHRITIS IN HER KNEES. HER ONLY SOCIAL SUPPORT IS HER DAUGHTER, WHO WORKS MOST EVENINGS AT A GROCERY STORE. LINDA WORKS PART-TIME IN RETAIL BUT HAS HAD DIFFICULTY MAKING IT TO WORK LATELY DUE TO SEVERE KNEE PAIN THAT LIMITS HER MOBILITY.

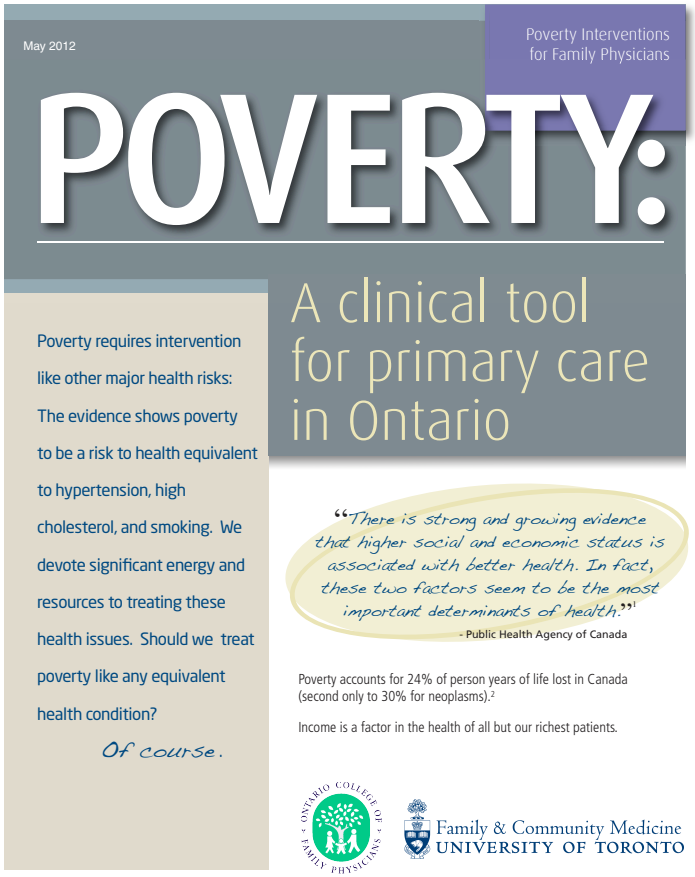
Her average annual before tax income is $16,600. Efforts to control Linda's hypertension and diabetes have been met with great difficulty. She does not take her medications regularly because she cannot afford them. She tells you that she relies on a food bank and that in between visits she buys food from the convenience store next to her apartment building. She is tearful at this visit and tells you that she has not been sleeping because she is worried about eviction and how to pay her bills. You feel frustrated because it seems impossible to address Linda's health issues without addressing her financial stress — but you're a physician, what can you do to help?

Introduction

Health follows an income gradient; individuals at the lowest income level have the poorest health. Poverty is an independent risk factor for disease, on par with traditional risk factors such as smoking or hypertension. Physicians can feel overwhelmed by the prospect of addressing this important risk factor, since the etiologies of poverty are complex and interventions for poverty are not typically taught during medical training.

There are significant costs to the health-care system attributable to poverty. As a means of determining these costs it was estimated that in 2007, increasing the income of people in the lowest income quintile in Ontario to a level comparable to those in the second quintile would reduce health-care expenditures by $2.9 billion provincially and $7.6 billion federally.[1]

In response to growing physician concerns over the impact of social determinants on their patients' health, the Canadian Medical Association (CMA) held a series of six town hall meetings throughout the past year to



May 2012

Poverty Interventions for Family Physicians

POVERTY:

A clinical tool for primary care in Ontario

Poverty requires intervention like other major health risks: The evidence shows poverty to be a risk to health equivalent 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?

Of course.

"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 (second only to 30% for neoplasms).[2]

Income is a factor in the health of all but our richest patients.

Ontario College of Family Physicians

Family & Community Medicine
University of Toronto

Successes

- Special Diet Campaign
  - Millions of dollars directly into low income pockets
    - → Effects profound at the individual level
  - Widespread awareness of the special diet allowance
    - → Although eligibility became stricter, awareness grew
  - Galvanized health provider focus on poverty and health
    - → Transformative change in the way some of us saw poverty and health; more than an intellectual construct

Successes

- Increased Recognition of Link Between Poverty & Health
  - CMA Report *What Makes Us Sick* (July 2013)
    "Poverty is the most important factor and must be addressed"
  - Ontario Medical Review (October 2013)
    "It is clear poverty represents a serious but modifiable threat to health"
  - RNAO Newsroom (August 2013)
    "Poverty reduction is one of our biggest priorities"
  - Canadian Family Physician (June 2012)

    "Further research into how primary care teams can screen for and intervene in our patients' poverty is necessary to understand how best to improve health outcomes."

Successes

- Increases in Social Assistance Rates … ?

Year	Increase	Inflation	
2005	3%	2.2%	↑
2006	2%	2.0%	
2007	2%	2.2%	↓
2008	2%	2.3%	↓
2009	2%	0.3%	↑
2010	1%	1.8%	↓
2011	1%	2.9%	↓
2012	1%	1.5%	↓
2013	1% (3%)	0.9%	↑

Challenges

- Loss of focus after special diet clinics
- Limited organizational capacity
- How to get media attention?
- How to identify, agree on, and disseminate timely media responses to ad hoc issues?
- How do we move beyond the silos of our respective disciplines?

Challenges

- College of Physicians and Surgeons of Ontario disciplinary hearing for Dr. Roland Wong
  - Then Toronto mayoral candidate Rob Ford

    "A doctor is there to be a doctor, not to advocate for the poor, or to be the official opposition in government through taxpayer's money"

    - CMAJ, April 2010
  - Lodged the complaint with CPSO
  - Fined $35K; license suspended for 6 months

    "Failed to maintain the standard of practice of the profession"

http://www.cpso.on.ca/Whatsnew/News-Releases/2014/2014-01-28-Discipline-Committee-Decisions

Challenges

"Advocacy for a patient … should not trump one's professional integrity"

- CPSO

- No patient was harmed - harsh penalty
- Dr. Philip Berger, Chief of DFCM, St. Michael's Hospital

  "The College is also sending a message …do not bother coming to us if you're poor or on welfare. We're not going to help you. We're just going to punish your doctors who are trying to help you."

- Political analysis – Dr. Wong was attacked for confronting the austerity agenda

Opportunities for Collaboration

- ODSP reviews
- Toronto Poverty Reduction Strategy
- Minimum wage campaign
- Etc …

To join the HPAP listserve, email hpagainstpoverty@gmail.com