

Health Equity: From Evidence To Action on Poverty

HealthAchieve North ♦ November 8, 2016

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St. Michael's
Inspired Care. Inspiring Science.



Family & Community Medicine
UNIVERSITY OF TORONTO



Disclosures

- No commercial affiliations or financial conflicts of interest

I speak from a position of privilege as a health care provider. I do *not* speak on behalf of people and communities, but as an ally.

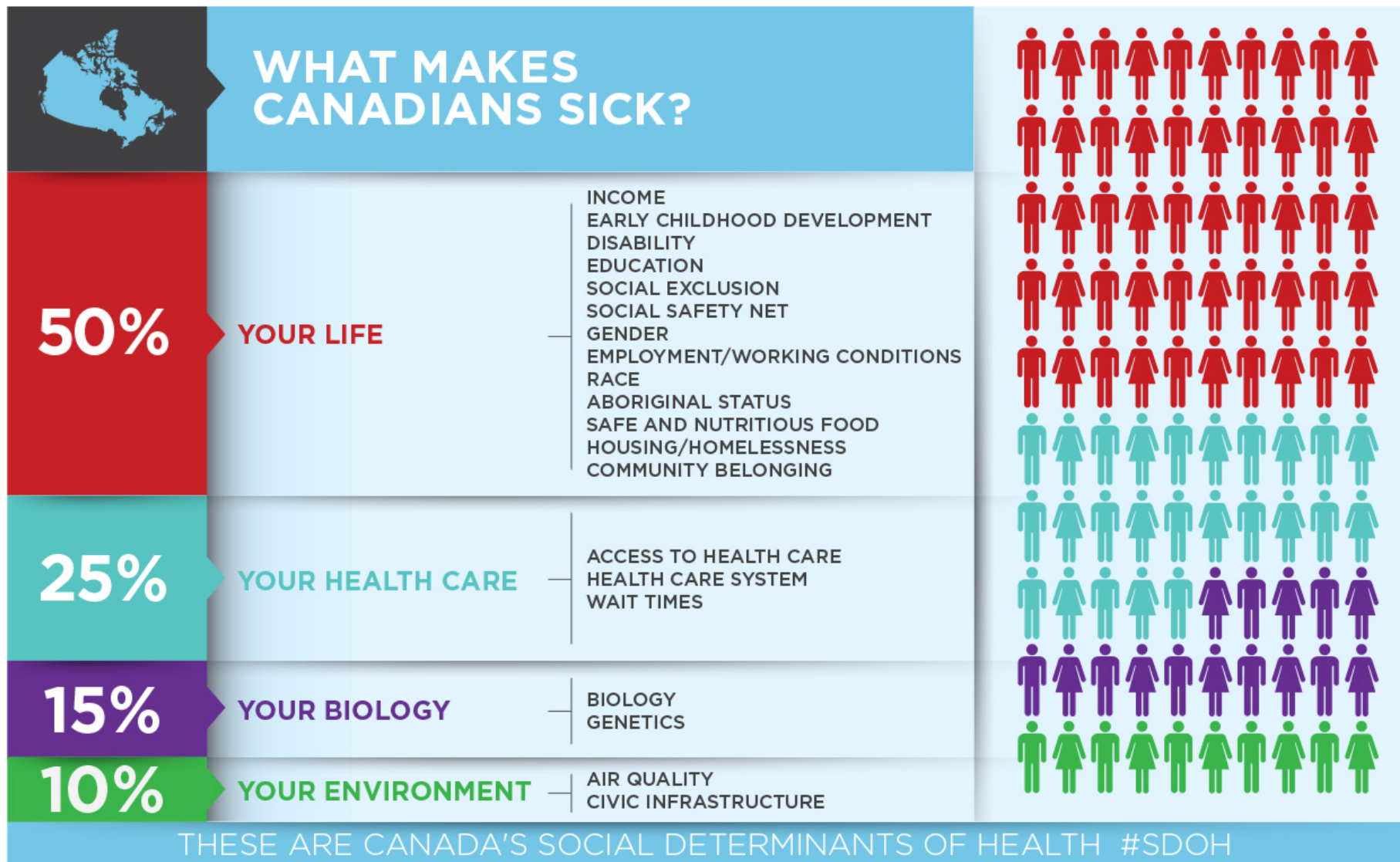
My presentation is grounded in evidence and the lived experiences of people I have encountered.

Outline

The following will be covered during this presentation:

1. Landscape of poverty in Ontario
2. Evidence for the role of poverty in health
3. Role of the health care sector in addressing the SDOH
 - a. Front-line patient-centered interventions
 - b. Employment reform within the health sector
 - c. Advocacy on provincial policy





“Sarah”



The details are not specific to a single patient, but represent the experiences of patients from different geographic locations seen over several years.

Definition of Poverty

The OECD defines poverty as

Exclusion from the standards of living that are broadly available to others in the same society, with recognition that “in order to participate fully in the social life of a community, individuals may need a level of resources that is not too inferior to the norm of that community”

Organization for Economic Co-operation and Development. OECD employment outlook 2001. Paris, France: 2001 June, Chapter 2.

The Income “Poverty Line”

- Market Basket Measure, Single Person, 2010

\$16,405 in rural regions

\$18,431 in Toronto

Annual Income for a Single Person		Annually
Ontario Works	\$681 per month	\$8,172
ODSP	\$1110 per month	\$13,320
Full-Time Work at Minimum Wage	\$11.40 per hour	\$22,230

Poverty in Ontario

- 900 000 people reliant on Ontario Works and ODSP to meet their basic needs – 28% are children¹ (2015)
- 12% of workers in Ontario earn minimum wage ² (2014)
- Precarious employment is rising – unpredictable earnings, lack of benefits, risk of job loss for days off due to illness
- Those most marginalized by the system are not reflected

¹Tiessen K. Canadian Centre For Policy Alternatives, May 2016

²Block S, Canadian Centre For Policy Alternatives, June 2015

Experiences of Poverty

- Precarious work
- Food and housing insecurity
- Geographic isolation
- Racism, structural violence, and trauma
- Reduced access to health care

Experiences of Poverty



**OW recipients
report having less
than \$1 to spend on
food per day**

**1 in 6 children in ON
face food insecurity**

Pinto et al (2010,
personal correspondance)
Tarasuk et al (2015)



**25% of people living in
Ontario do not have
medication coverage**

HQO (2016)



**There are 171,000
families in ON on
the affordable
housing wait list**

Ontario Non-Profit
Housing Association
(2015)

Income and Health

- **Low-income** is associated with **higher risk** of negative health outcomes, such as:
 - Low birth weight
 - Mental health conditions
 - Chronic diseases
 - Premature mortality

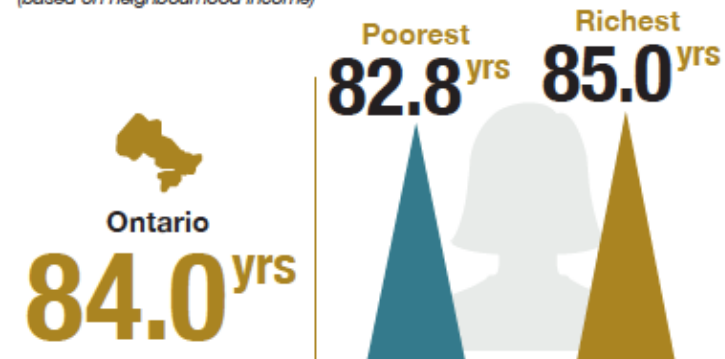
LIFE EXPECTANCY (MEN)

(based on neighbourhood income)

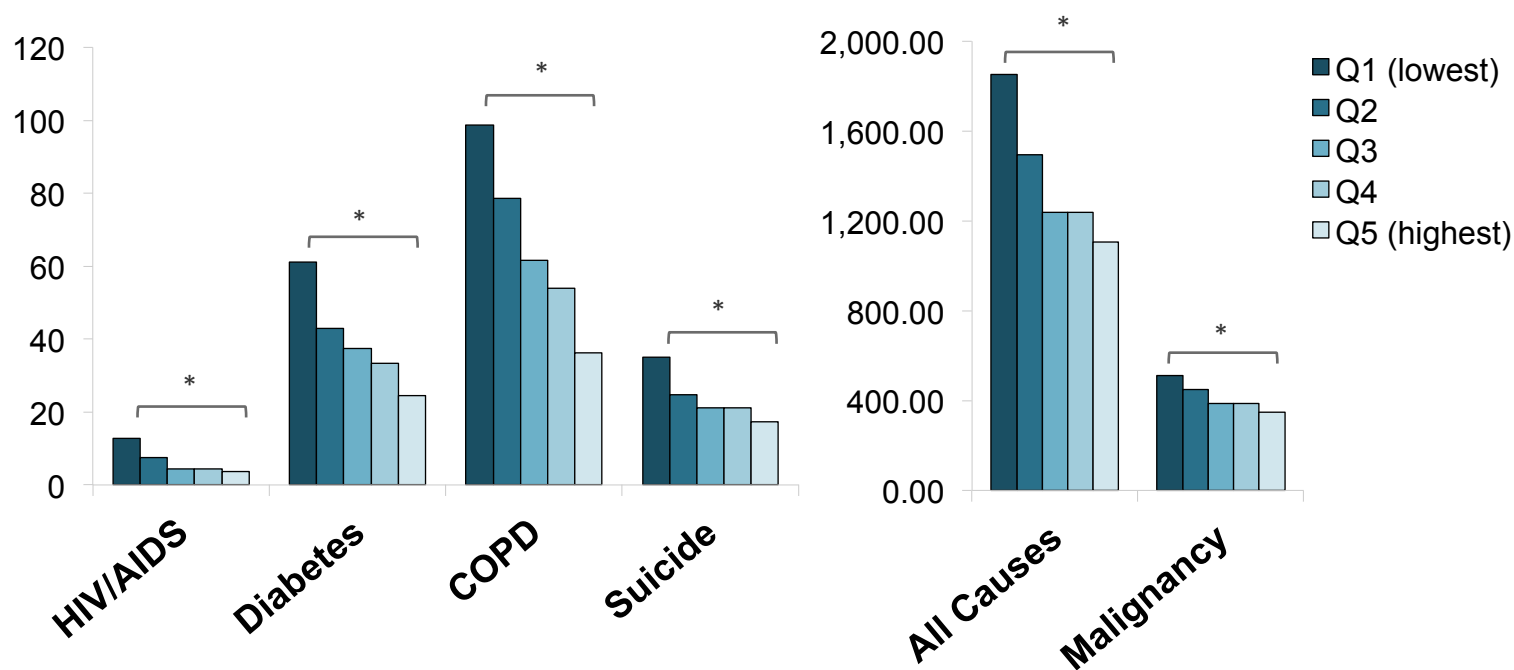


LIFE EXPECTANCY (WOMEN)

(based on neighbourhood income)



Income-Mortality Gradient



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

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

Male cohort, age > 25. * Significant interquintile rate differences (Q1-Q5)

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

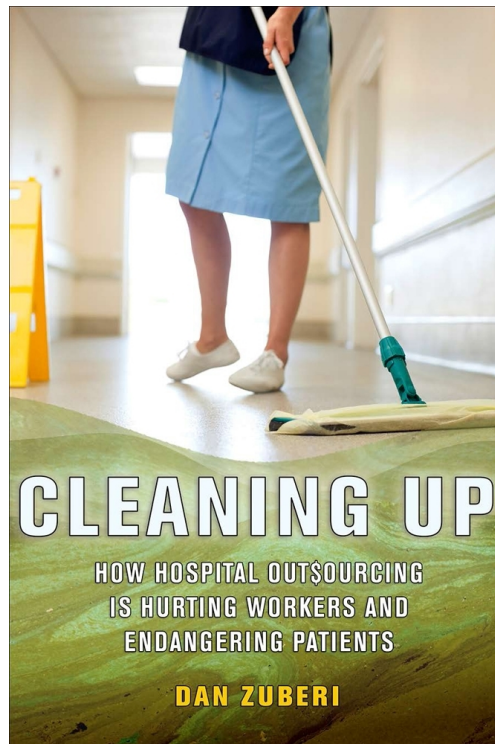
Precarious Work and Health

- Precarious work is associated with several negative health implications including;
 - Self-reported ill health
 - Absence from work due to illness
 - Depression and anxiety
 - Increased cardiovascular risk factors

Lewchuck W et al. *PEPSO Research Group*. May 2015.

Block S. Work and Health. *The Wellesley Institute*, 2010.

Hospital Outsourcing and Workers' Health



- Fall 2003: southwestern BC hospital support jobs contracted out
 - 8000 workers laid off
 - 50% wage reduction, benefits reduced
- Outsourced Hospital Workers Study (2007-2011)
 - Interviews with 70 hospital cleaners and 25 physicians, nurses, infection control workers
 - 74% earned less than \$30,000 per year
 - 51% reported often or always being too rushed to work safely
 - 63% became sick or injured on their current job

What can we do within the health sector?



**1) Front-line,
patient centered
interventions**



**2) Employment
Reform Within
the Health
Sector**



**3) Advocacy
by Health Care
Providers for
Policy Change**

Why the health sector?

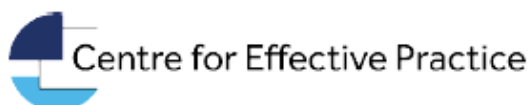
- Our goal is to **improve health**
- It makes **economic sense**
 - Income inequality is associated with rising health care costs
 - 50% of the \$200 billion spent on health care annually is used to care for 20% of Canadians with the lowest income (PHAC 2016)
 - Think about the impact that reducing income inequality within your organizations would have on employee health, absenteeism, patient safety, and quality of care

National Collaborating Centre for Determinants of Health. Economic arguments for shifting health dollars upstream. Antigonish, NS: 2016.

What can we do within the health sector?

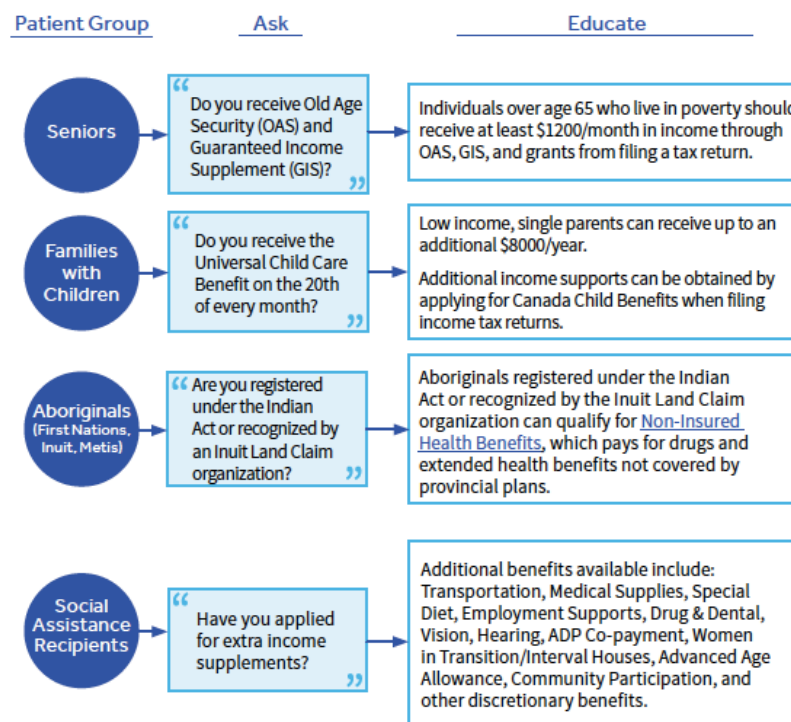


1) Front-line, patient centered interventions



Poverty: A Clinical Tool for Primary Care Providers

Poverty is not always apparent: In Ontario 20% of families live in poverty.¹



Primary Care Interventions into Poverty: <http://ocfp.on.ca/cpd/povertytool>

Filling Out Forms Helps



**ODSP
Application**

\$13,320

**Special Diet
Allowance Form**

\$ 1224

**Pregnancy and
Breast Feeding
Allowance Form**

\$ 480

Unable to work
due to severe
depression and
PTSD

Receiving OW

\$8,172 / year



\$15,024 / year

Front-Line Patient Centered Interactions

OPINION | Filing tax returns puts \$21M in pockets of low-income Winnipegggers

Canadians can boost their incomes simply by doing their taxes, anti-poverty activists write

By Gary Bloch and John Silver, for CBC News | Posted: Aug 21, 2016 4:00 AM CT | Last Updated: Aug 21, 2016 4:00 AM CT



GARY BLOCH

As a doctor, here's why I'm prescribing tax returns. Seriously

GARY BLOCH

Special to The Globe and Mail

Published Wednesday, Mar. 20, 2013 7:10AM EDT

Last updated Wednesday, Mar. 20, 2013 7:13AM EDT

Are Income Interventions Effective?

- Healthy Baby Prenatal Benefit (Manitoba)
 - \$81.41 per month for anyone with annual income < \$21,744
 - Study compared outcomes for **low-income pregnant women** who received the income supplement (n=10,738) vs. those who did not (n=3,853)
 - **HBPB reduced preterm births and low birth weight babies**

Where Do We Start?



St. Michael's Hospital DFCM

What can we do within the health sector?



2) Employment Reform Within the Health Sector

- Living wages - \$15 minimum wage
- Look critically at hospital outsourcing
- Provide stable work with benefits
- Eliminate the need for sick notes

What can we do within the health sector?



- Use your health expertise to be part of the conversation on federal and provincial policies that contribute to health in equities

3) Advocacy by Health Care Providers for Policy Change

Advocacy by Health Care Workers

Nov 2015 - Physicians at \$15 & Fairness rally near Queen's Park, calling for decent work and wages



Dec 2015 – Health care providers presenting a petition to Minister Eric Hoskins with signatures from > 900 healthcare providers calling for paid sick days

Health Providers Against Poverty : <https://healthprovidersagainstopoverty.ca>



Email: info@decentworkandhealth.org

Website: www.decentworkandhealth.org

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In Conclusion

“The health sector, and public health staff in particular, can contribute to an upstream shift by challenging assumptions about the causes of health and illness, and by contributing to work in other sectors that is focused on changing the policies that contribute to the social gradient in health.”

National Collaborating Centre for Determinants of Health. Economic arguments for shifting health dollars upstream. Antigonish, NS: 2016.

Questions?

E-mail: dormanka@smh.ca

Health Providers Against Poverty

<https://healthprovidersagainstpoverity.ca>

Decent Work and Health Network

www.decentworkandhealth.org