Three Ways To Address Poverty

The Ontario College of Family Physicians (OCFP) framework outlined in “Poverty: a clinical tool for primary care in Ontario,” suggests a simple, three-step approach to address poverty: screen, adjust risk, and intervene.1

1. Screen

Income inequality is not always apparent and interacts with health in a complex fashion. Physicians can use a variety of techniques to identify patients whose health is threatened by inadequate income.

The clinical encounter represents the most direct moment for poverty identification. The simple question, “Do you have difficulty making ends meet at the end of the month?” can effectively identify those living below the poverty line, with a sensitivity of 98% and specificity of 64%.2 Some physicians have begun to incorporate this question into routine clinical encounters, and the College of Family Physicians of Canada has included an “Income Below the Poverty Line” checkbox in its periodic health exam template to encourage providers to do so.3

However, relying on a periodic health exam to screen for income inequality may limit the identification of low-income patients. Incorporating routine, standardized collection of social determinants of health-related data such as income, education, housing, and employment status, into patient records, with regular updates, will also help to identify patients living at low income. Some groups have begun to study ways to use standardized clinical notation, postal codes or administrative data to identify patients living at low income.4,5
Screening for income, if not carried out with care, could result in harm. An appropriate screen requires a plan for followup intervention or supports. Patients may perceive questions about their financial situation as inappropriate or an invasion of their privacy, and a label of low income as stigmatizing. It is important that the relevance of income inequality screening to patients’ health be clearly explained, and that a positive screen is followed by intervention. The more integrated income inequality screening is into regular care pathways, the more acceptable it is likely to be for patients.

2. Adjust Risk
As outlined in the first article in this series, low income increases risks for acute and chronic disease. This increased risk should be integrated into clinical decision-making just as physicians now do with smoking and hypertension.

Adjusting risk becomes important when addressing some of the downstream effects of income on health. For example, a physician might consider more frequent screening for diabetes in low-income patients. Similarly, a physician should consider a young patient with atypical chest pain to be at higher baseline risk for cardiac disease, and factor this risk into determining appropriate management.

3. Intervene
When developing treatment plans for low-income patients, special attention should be paid to tailoring therapy to constrained income and benefit plans.

For example, if the patient has access to a drug plan, selecting appropriate medication that is also covered by the plan or using prescriptions for over-the-counter medication may be called for. If no drug plan is available, selecting inexpensive alternatives is prudent. Referring to free or low-cost physiotherapy, massage therapy or other allied health services will also ensure low-income patients achieve optimal outcomes.

In addition to addressing income’s impact on health and access to care, it is important to directly mitigate its effects by acting on income itself. “Poverty: a clinical tool for primary care in Ontario” proposes seven questions to assist in increasing patients’ income (see Table 1 below). These questions are simple enough to incorporate into a busy clinical practice, and are intended to serve as entry points to more detailed conversations or appropriate referrals. Depending on entitlement eligibility, the impact on patients’ income can be significant. Full details are outlined in the tool, accessible at: www.ocfp.on.ca/cme/povertytool.

In addition to prompting patients to explore specific income security benefits, physicians play an important role in helping patients navigate social services and income support programs. Patients may require physician endorsements for disability applications, letters of support to facilitate access to affordable housing or subsidized public transit. Some of these activities are reimbursed through the OHIP fee schedule (see Table 2, p. 23).

Not every physician can be (or desires to be) an expert on government assistance programs. As such, it is important to identify community partners to whom patients can be referred. Table 3 (see p. 23) includes a list of resources to help identify local partners.

St. Christopher’s House in Toronto and Entraide Budgetaire in Ottawa are examples of agencies that offer free one-on-one financial advice and assistance with tax preparation for low-income patients.

Developing An Approach
A comprehensive approach to the health risks posed by living at low income requires a team-based approach. Social workers have particular training to ensure that people get all the assistance to which they are entitled. They also know the community agencies and organizations, e.g., churches that can provide informal support. But, all team members should strive to become aware of patients’ income issues and should be able to refer to someone who has particular expertise in these matters.

For example, the St. Michael’s Family Health Team in Toronto has begun to develop and evaluate a specific position focused on improving individual patients’ income security. For those physicians not in multidisciplinary teams, a place to start is to call 211, check 211 online, or have patients or an assistant check 211 to get the local number for Ontario Works, Legal Aid or other local agencies focused on income security.

Good primary health-care design

---

Table 1
Seven Questions To Help Patients Living In Poverty And Potential Income Changes

1. Have you filled out and mailed in your tax forms?
2. If you are a senior, do you receive Old Age Security and Guaranteed Income Supplement?
3. If you have children, do you receive the Child Benefit on the 20th of every month?
4. If you are a person with a disability, do you receive Disability payments?
5. If you are First Nations, are you a Status Indian?
6. If you are on social assistance, have you applied for extra income supplements (e.g., special diet or medical transportation supplements)?
7. If you might qualify, have you applied for the Ontario Disability Support Program (ODSP)?
can also facilitate low-income patients getting care. Flexible hours, same-day appointments, home care, targeted outreach, and interpretation services can greatly enhance access for those with low incomes. Engaging with patients and families can enhance therapeutic relationships and improve quality of care.7 Because of their generally higher risks, lower income patients can particularly benefit from a more patient-centred approach.

What Does This Mean For Linda?
At the beginning of the first article in this series (see p. 15) we described a woman who might be seen clinically in family practice, many specialty practices, and a variety of community settings.

Linda is 58 years of age, and in summary: she suffers from hypertension, Type 2 diabetes, and osteoarthritis in her knees. 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. 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?

You, or someone on your team, and Linda research the income supports for which she may qualify. If she continues working, she can apply to Legal Aid for help with her eviction notice, and to the Trillium Drug Program for help with medication costs. If she is First Nations and a Status Indian, she may qualify for non-insured health benefits, including physiotherapy, to help with her knee pain. If she continues to be unable to work, she may be eligible for disability programs, including Employment Insurance-Sickness Benefits, WSIB (if her disability is related to a workplace injury), CPP-Disability, or ODSP (if her assets fall below the financial threshold for the program).

Using the governments’ online calculators, and based on her current income, you discover she could qualify for a number of provincial and federal non-insured health benefits, including physiotherapy, to help with her knee pain. If she continues to be unable to work, she may be eligible for disability programs, including Employment Insurance-Sickness Benefits, WSIB (if her disability is related to a workplace injury), CPP-Disability, or ODSP (if her assets fall below the financial threshold for the program).
In need of medical-legal advice?

OMA Legal Services can provide advice to members on the following issues relating to practice:

- general medical-legal matters
- health legislation
- group practice agreements for FHNs, FHTs, FHGs, CCMs and fee-for-service arrangements
- unincorporated associations, partnerships and practice plan development and support
- alternative funding and payment plan negotiation assistance
- advice on contracts with hospitals, universities, clinics or other institutions as employees or independent contractors
- incorporation and annual renewal for physicians
- incorporation of Family Health Teams and other physician structures

Inquiries should be directed to OMA Legal Services:

Jim Simpson
Tel. 416.340.2940 or 1.800.268.7215, ext. 2940
Email: jim.simpson@oma.org

Robert Lee
Tel. 416.340.2934 or 1.800.268.7215, ext. 2934
Email: robert.lee@oma.org

Adam Farber
Tel. 416.340.2894 or 1.800.268.7215, ext. 2894
Email: adam.farber@oma.org

Jennifer Gold
Tel. 416.340.2889 or 1.800.268.7215, ext. 2889
Email: jennifer.gold@oma.org

---

tax benefits, including the GST/HST Tax Credit, the Ontario Trillium Benefit, the Working Income Tax Benefit, to a total of approximately $1,326 this year. A team social worker, other team member, or a social worker or other resource in the community can assess her eligibility for subsidized housing and also assist in co-ordinating the above benefits programs.

See Table 3 (p. 23) for help with finding resources in your community.

Overall series editor: Dr. Andrea Feller. Series editorial committee: Dr. Andrea Feller, Dr. Gary Bloch, Dr. Michael Rachlis. The editors would like to thank Kathryn MacKay, Ontario Medical Association, for assistance with the final preparation of the articles.

Dr. Danyaal Raza is a family physician, and Master of Public Health candidate at the Harvard School of Public Health; Dr. Gary Bloch is a family physician, St. Michael’s Hospital. He is Chair of the Ontario College of Family Physicians’ Committee on Poverty and Health, and a founding member of Health Providers Against Poverty; Dr. Sonia ter Kulie is a family physician who has worked with the Village FHT and Inner City FHT, and is currently providing locum coverage throughout Ontario.

References
3. Dubey V, Mathew R, Kaytal S, Iglar K. Preventative care checklist forms. [Internet].