

# The Next Great Challenge for Health Care: Tackling the Social Determinants of Health

**INRICH Conference**  
**June 7, 2019**

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**Family Physician, St. Michael's Hospital**  
**Associate Professor, University of Toronto**



Real Name and Image Not Used



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- Detailed bloodwork and Neuro Exam
- CT scan of his head
- Intensive substance use treatment
- Individual trauma-focused counseling
- Family Meeting



Medical History Chart

- Income
- Housing
- Health/drug insurance
- Immigration
- Medically Stable





Real Name and Image Not Used



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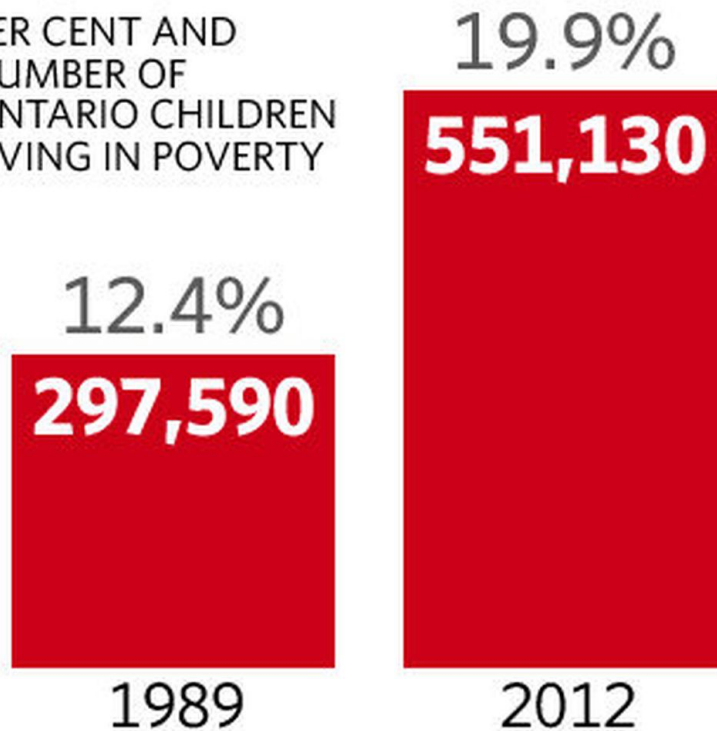
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# Tracking poverty

The 2014 report card on child and family poverty in Ontario used data collected from income tax returns and child tax benefit records to show that the child poverty rate has not improved.

PER CENT AND  
NUMBER OF  
ONTARIO CHILDREN  
LIVING IN POVERTY



SOURCE: Statistics Canada custom tabulation.  
T1 Family File, 1989 and 2012.

TORONTO STAR GRAPHIC

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**45.7%**

Children in lone-parent families



**34.2%\***

New Immigrants and Refugees



**31.5%**

Lone-parent families



**28.8%**

Single seniors<sup>1</sup>



**25.3%\***

Indigenous people



**18.5%**

Children

<https://www.cpj.ca/sites/default/files/docs/files/Break%20the%20Barriers.pdf>



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# The Evidence

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*“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





## 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)<sup>2</sup>

## 2 Poverty is a Risk Factor

**Consider:**

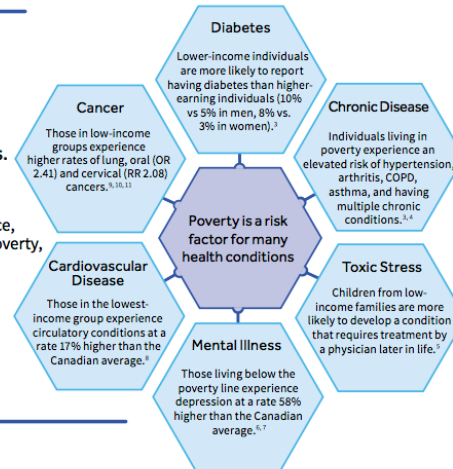
New immigrants, women, Indigenous peoples, and LGBTQ+ are among the highest risk groups.

**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.



## 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 is required to access Trillium plan for those without Ontario Drug Benefits. Visit [ontario.ca](#) for more options.



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

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

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

more interventions on reverse

# Physicians and Health Equity: Opportunities in Practice

E-PRESCRIBING  
IMPROVE TIMELY ACCESS

LONG-TERM CARE  
SUPPORT INFORMAL CAREGIVERS

PATIENT-CENTRED CARE  
PAY FOR PERFORMANCE

CHANGE THAT WORKS. CARE THAT LASTS.

ASSOCIATION MÉDICALE CANADIENNE CANADIAN MEDICAL ASSOCIATION



BEST ADVICE

## Social Determinants of Health

MARCH 2015



### DOCTORS FOR HEALTH EQUITY

The role of the World Medical Association, national medical associations and doctors in addressing the social determinants of health and health equity

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

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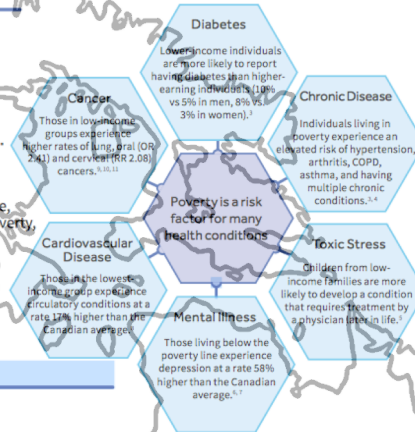
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Ask



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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



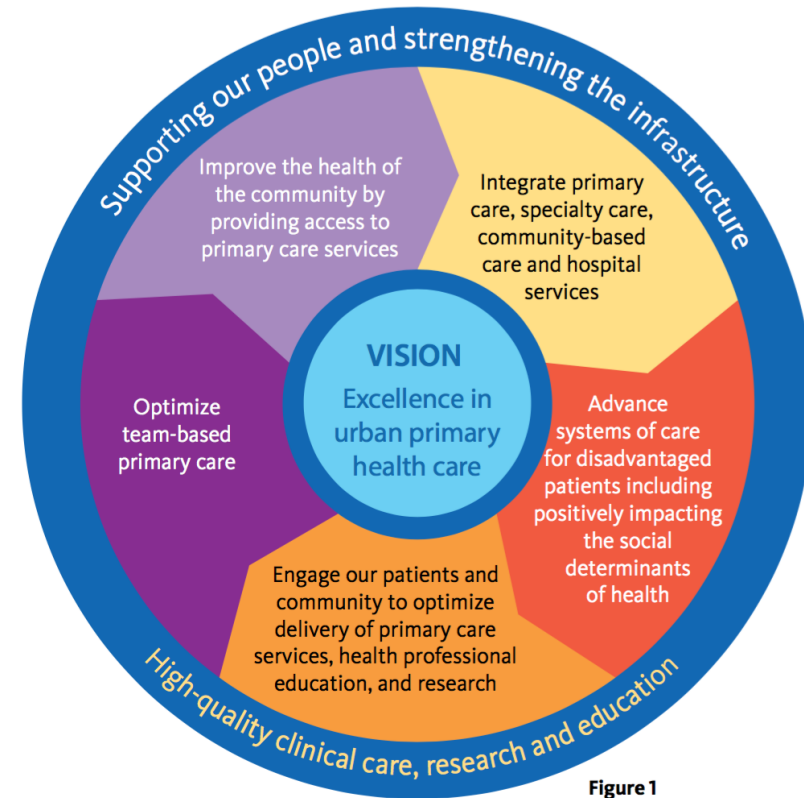
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[more interventions on reverse](#)

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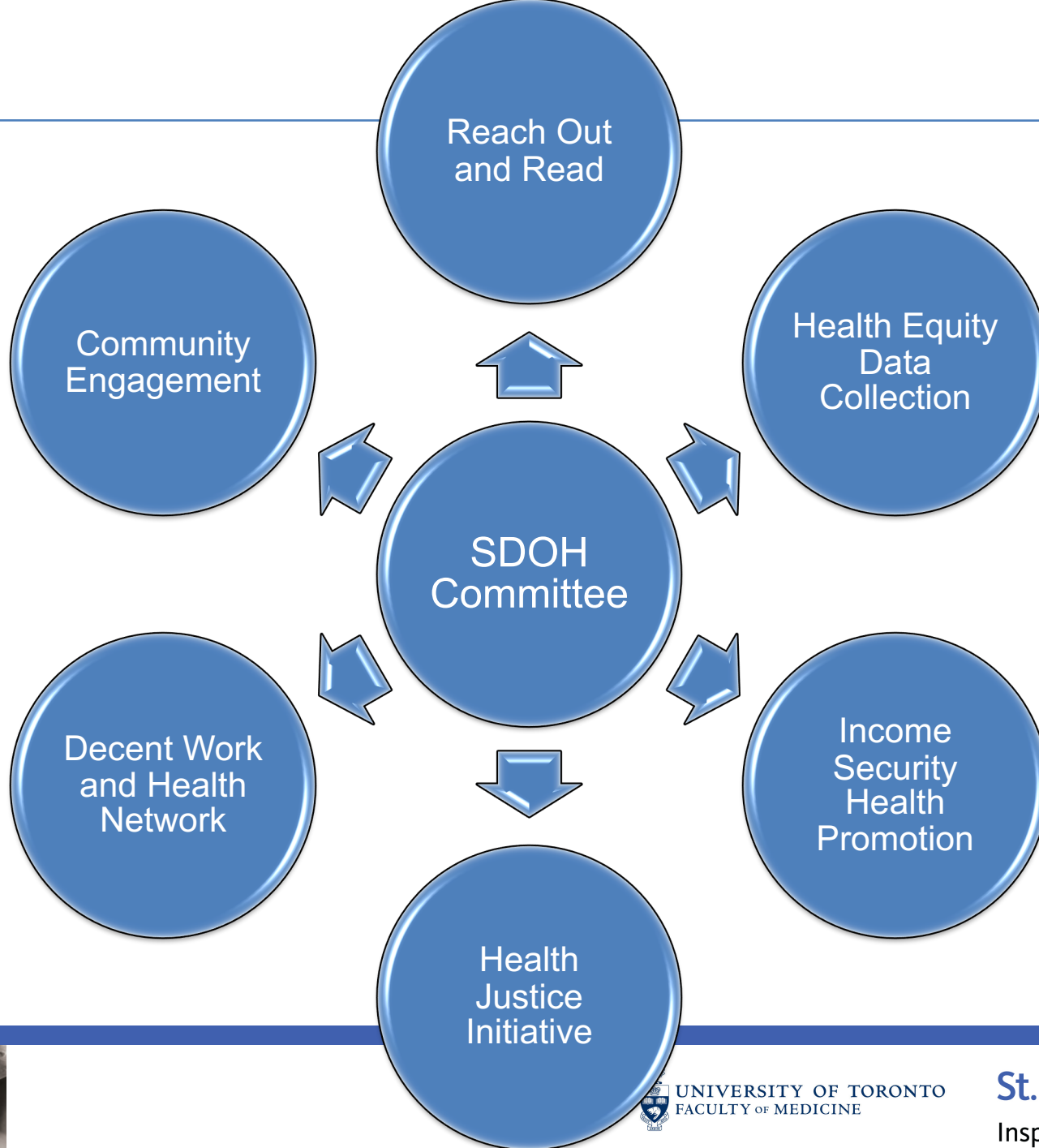
## Academic Family Health Team



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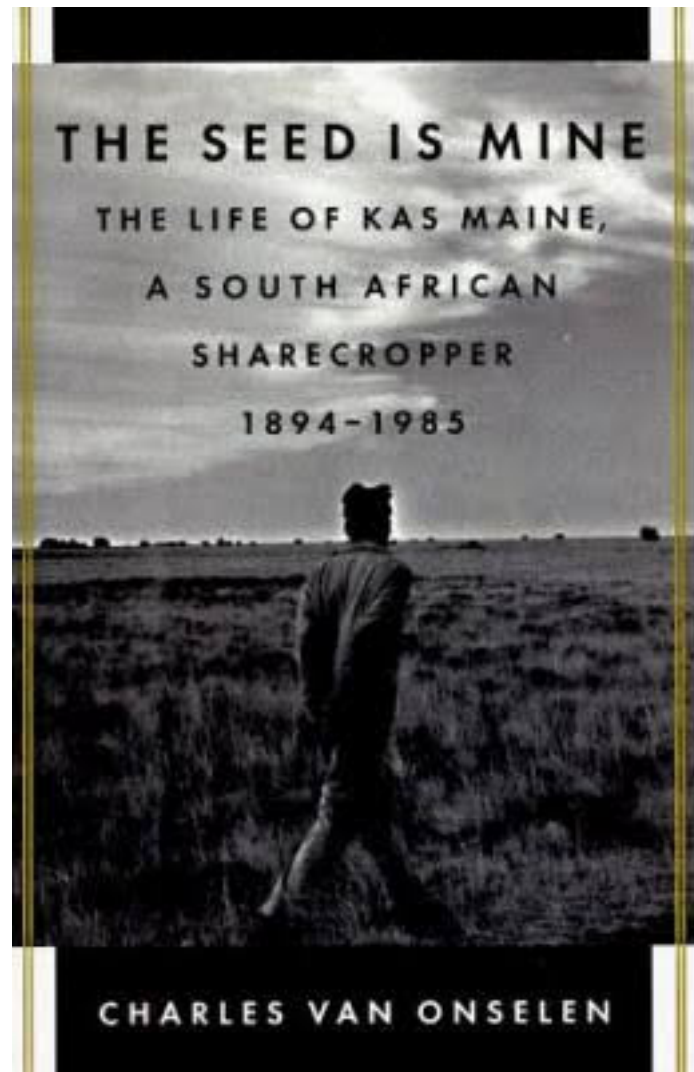
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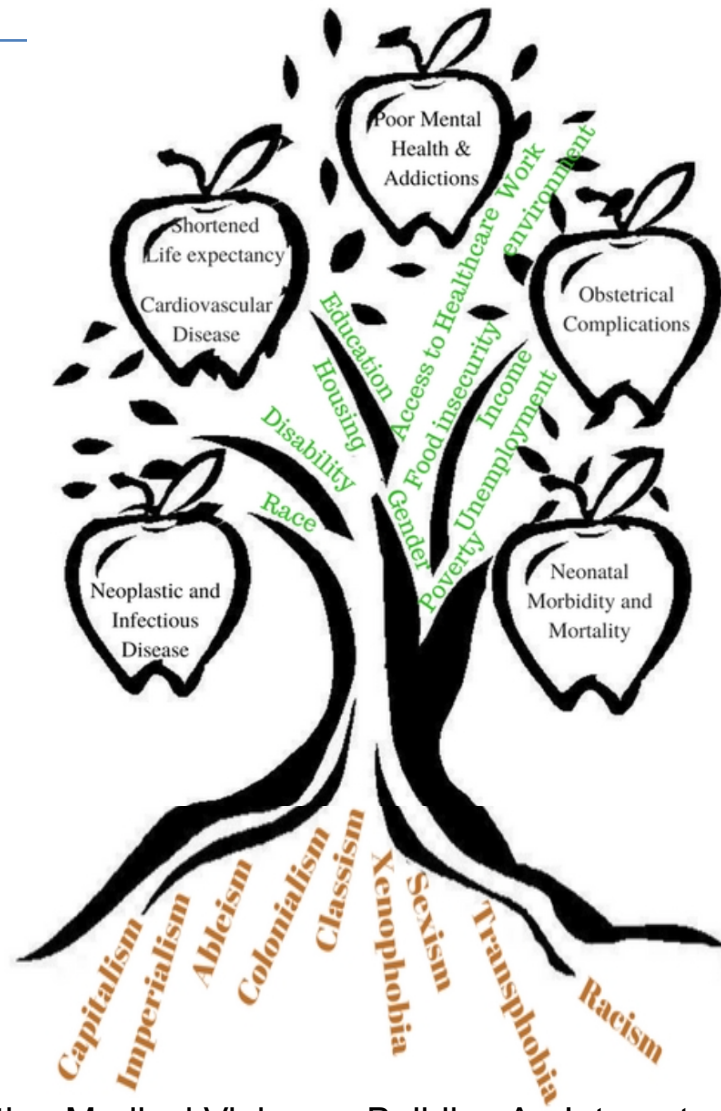
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*“Stories are not the end goal, they’re not a treasure we dig up, they’re not a simple repository of facts, but rather, they’re a process. And listening to them is an act of social justice.”*

- Sayantani DasGupta





Nanky Rai, "Uprooting Medical Violence: Building An Integrated Anti-Oppression

Framework for Primary Health Care,"

[https://docs.google.com/document/d/1fVkvW2V0SE\\_TowE3omfo\\_wM4s6\\_Yp74Lzhz2sUUj4iA/](https://docs.google.com/document/d/1fVkvW2V0SE_TowE3omfo_wM4s6_Yp74Lzhz2sUUj4iA/)

2sUUj4iA/



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WABANO CENTRE FOR ABORIGINAL HEALTH PRESENTS:

## Cultural Safety Training

Date: Thursday, September 7, 2017

Time: 1:00 – 4:00pm

Place: Wabano Centre for Aboriginal Health  
299 Montreal Road, Mamawi room (3<sup>rd</sup> floor)

Cost: \$250.00 per person

Light snacks and beverages will be served.



## ANTI-OPPRESSION 101

creative tools for healing & liberation

Sunday, December 17th  
1:30 PM - 4:30 PM  
Pay What You Can

Centre for Social Innovation - Regent Park  
3rd Floor, 585 Dundas Street East  
Toronto, M5A 2B7

register here: [www.csisocial.com/anti101](http://www.csisocial.com/anti101)  
[www.raniaurites.com](http://www.raniaurites.com)



## San'yas Indigenous Cultural Safety Training

Provincial Health Services Authority in BC

# Shut it, uncle Bob!

a workshop on addressing racism from your loved ones

SATURDAY, MARCH 11 | 1:00 PM to 4:00 PM | Centre for Social Innovation - Regent Park | 585 Dundas Street East | Third Floor  
puyc | register [shutitunclebob.eventbrite](http://shutitunclebob.eventbrite) | [www.raniaurites.com](http://www.raniaurites.com) | [t.me/raniaurites](https://t.me/raniaurites) | [ig: @blackmagicuomxn](https://www.instagram.com/blackmagicuomxn)



**LEAD**  
LEADERSHIP • EDUCATION • ACTION • TRANSFORMING  
PRESENTS

## THE ANTI-OPPRESSION SERIES

FOR PUBLIC HEALTH PRACTITIONERS

- What roles do the history and contribution of genocide, slavery, imperialism and medical experimentation play in the lives of the communities we seek to serve?
- How can an anti-oppression lens help center the lived experiences and needs of marginalized populations to achieve equitable health access and better health outcomes?

The full LEAD includes you to gain interactive workshop series that provides students, faculty, and staff with the language and tools to incorporate anti-oppression frameworks into practice. Sessions of the 3-part workshop offered take place on the following dates:

SEPTEMBER 13 & 14 | October 4 & 6 | November 8 & 10  
12:00PM - 2:00PM  
LUNCH SPONSORED BY SPARC  
ALL STUDENTS, FACULTY, & STAFF ARE WELCOME

[FACEBOOK.COM/LEADATHOPKINS](https://facebook.com/leadathopkins)  
[LEADATHOPKINS@GMAIL.COM](http://leadathopkins@gmail.com)  
[LEADATHOPKINS.EVENTBRITE.COM](http://leadathopkins.eventbrite.com)

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# SDOH Committee 2.0

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Through an  
**equity** lens







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[www.shutterstock.com](http://www.shutterstock.com)



## Your total estimated benefit amount is:

**\$18,620.88**

### Tax Credits

GST/HST credit quarterly amount	\$210.50
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### Child Benefits

Canada child benefit monthly amount	\$1,066.66
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Ontario child benefit monthly amount	\$226.00
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### Ontario Benefits

Ontario trillium benefit monthly amount	\$112.08
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Ontario energy and property tax credit monthly amount	\$39.33
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Ontario sales tax credit monthly amount	\$72.75
-----------------------------------------	---------

### Working Income Tax Benefit

Basic annual amount	\$1,844.00
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Total WITB refundable tax credit	\$1,844.00
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WITB Advance payment annual amount	\$922.00
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WITB Advance payment quarterly amount	\$230.50
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# INCOME SECURITY

A Roadmap for Change



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October 2017



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# SDOH Committee 2.0

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## Honouring the Truth, Reconciling for the Future

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





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Health Providers Against Poverty  
Inner City Health Associates

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