TREATING POVERTY: CLINICAL TOOLS FOR OLDER ADULTS

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OBJECTIVES

1) Explore trends related to poverty among older adults living in Canada

2) Examine an evidence-based argument for intervening in poverty

3) Provide practical ways healthcare providers can intervene in poverty
JIMMY

- 80 yo male
- Lives alone. No family or close friends.
- Lives in one bedroom apartment, rent geared to income
- Multiple medical conditions including poorly controlled type 2 diabetes with nephropathy, neuropathy, mild cognitive impairment, right hip arthroplasty. Legally blind.
JIMMY

- Receives ODSP payments $1151/month
- Never applied for CPP although did make contributions. Not automatically enrolled to receive OAS.
- Multiple missed medical appointments due to inability to pay for transportation
- Accesses local food banks and drop in centers.
HOW DOES LOW INCOME IMPACT OLDER ADULTS LIKE JIMMY?

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Category</th>
<th>Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>50%</td>
<td>Your Life</td>
<td>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</td>
</tr>
<tr>
<td>25%</td>
<td>Your Health Care</td>
<td>Access to Health Care, Health Care System, Waiting Times</td>
</tr>
<tr>
<td>15%</td>
<td>Your Biology</td>
<td>Biology, Genetics</td>
</tr>
<tr>
<td>10%</td>
<td>Your Environment</td>
<td>Air Quality, Civic Infrastructure</td>
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These are Canada's Social Determinants of Health #SDOH
THE LINK BETWEEN BLACK FOREST CAKE AND DIABETES
THE EVIDENCE: POVERTY AND HEALTH

- Poverty increases the prevalence and mortality of many diseases:
  - Cardiovascular disease
  - Diabetes
  - Cancer
  - Depression
  - Chronic Obstructive Pulmonary Disease
Figure 1. Age-standardized mortality rates for selected causes by income quintile Q1-Q5, male cohort, baseline age >25. Significant interquintile rate differences, Q1-Q5, are indicated with an asterisk (*).

Statistics Canada (2013), Catalogue No 82-003-X
How many older adults are impacted by poverty?

Low Income Rates for People Aged 65 and older, 1976 to 2014, Statistics Canada
• ‘The percentage of Canadians aged 65 and over living in low income rose to 12.5 per cent in 2014 from 11.6 per cent a year earlier. That's down from a recent peak of 13.4 per cent in 2011, but still marks a shift from prior decades. Twenty years earlier, the percentage was 3.9 per cent.’

• ‘The trend is most acute among seniors who live on their own, as shifts in pension coverage, the labour market and government transfers put the squeeze on finances. In particular, the share of single elderly women in low income is 30 per cent, triple the level of two decades ago.’
‘The share of seniors at food banks is still smaller than among other age groups, but their numbers jumped by 27 per cent this year.’

The increase "may be due in part to the rising cost of housing and food while their incomes remain relatively stagnant," Daily Bread's Who's Hungry report said.

Most seniors in low income would qualify for the federal guaranteed income supplement, which would augment their incomes – but many are not receiving it, the annual report noted. A follow-up survey among seniors showed many thought they were already receiving it; others didn’t know about it, or they assumed they didn’t qualify.
LOW INCOME OLDER ADULTS IN KINGSTON

• Low income (LIM-AT) in 2015 is $22,133 for a one person household.
• In 2015, 13.3% of the population Kingston CMA had an income below the LIM-AT, compared to overall 14.4% in Ontario
• Highest rates in Kingston among youth aged 18-24 years (22%)
• Lowest rates in Kingston among adults over the age of 65 (9%).
AGE > 65 LIM-AT 9%

WHAT MAKES THIS GROUP UNIQUE?
SCREENING FOR POVERTY

We routinely screen for and intervene for health risk factors such as:

- Poor diet
- Lack of exercise
- Substance use
- High-risk sexual behavior

Should poverty be treated as an equivalent risk factor that warrants intervention?
POVERTY TOOL

https://ocfp.on.ca/cpd/povertytool
ASK: “Do you ever have difficulty making ends meet at the end of the month?”

- Sensitivity: 98%
- Specificity: 40%
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?
Poverty is a risk factor for many health conditions:

- **Diabetes**: Lower-income individuals are more likely to report having diabetes than higher-earning individuals (10% vs 5% in men, 8% vs 3% in women).\(^2\)

- **Cancer**: Those in low income groups experience higher rates of lung, oral (OR 2.41) and cervical (RR 2.08) cancers.\(^9,10,11\)

- **Cardiovascular Disease**: Those in the lowest income group experience circulatory conditions at a rate 17% higher than the Canadian average.\(^4\)

- **Chronic Disease**: Individuals living in poverty experience an elevated risk of hypertension, arthritis, COPD, asthma, and having multiple chronic conditions.\(^3,4\)

- **Toxic Stress**: Children from low income families are more likely to develop a condition that requires treatment by a physician later in life.\(^5\)

- **Mental Illness**: Those living below the poverty line experience depression at a rate 58% higher than the Canadian average.\(^6,7\)
INTERVENE AND CONNECT

• With Individual patients
• With communities
UNIVERSAL HIGH YIELD QUESTION TO ALL INDIVIDUALS

Have you filled out and sent in your tax forms?
Canada Revenue Agency

Individuals and families  Businesses  Charities and giving  Representatives

Home  Taxes  Income tax  Personal income tax  Community Volunteer Income Tax Program

Tax Preparation Clinics - KINGSTON ON

The Salvation Army Community & Family Services
Seniors

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

Families with Children

Do you receive the Universal Child Care Benefit on the 20th of every month?

People with Disabilities

Do you receive payments for disability?

Aboriginals (First Nations, Inuit, Metis)

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

Social Assistance Recipients

Have you applied for extra income supplements?
Canada has a public pension system to provide older adults with a modest base of retirement income (Old Age Security Program, Canada Pension Plan).

In general, most older adults should be making at least $1450/month. If they are making significantly lower than this, they may not be receiving all the income that they are entitled to.
OLD AGE SECURITY (OAS)

- **Who can receive the Old Age Security pension:**
  - age 65 or older
  - have lived in Canada for at least 10 years after turning 18 years old

- **Applying for the Old Age Security pension:** If individual does not receive a letter within six months after turning 64, they will need to complete an application form and submit it to Service Canada to receive

- OAS provides access to three additional types of income-tested benefits: **Guaranteed Income Supplement (GIS), the Allowance, the Allowance for the Survivor**
**CANADA PENSION PLAN (CPP)**

- MUST APPLY
  - Apply one month 64th birthday. May take up to 11 months for application to be approved.
  - Do not assume will get assistance applying if on Ontario Works (OW) or Ontario Disability Support Program.
  - CPP retirement pension at age 65 or receive it as early as age 60 with a reduction, or as late as age 70 with an increase in payments.
  - **Survivor’s Pension, Death Benefit, Benefits for Children under 25.**
ONTARIO DRUG BENEFIT

- In general: required to pay annual $100 deductible to pharmacy
- After deductible, pay up to $6.11 for each prescription.
LOW-INCOME SENIORS CO-PAYMENT DRUG PROGRAM

- Low income senior (less than $19,300 per year for single individual or combined annual income with spouse less than $32,300)
- No annual deductible and a co-payment of up to $2 for each prescription.
- Individual completes application and encloses Notice of Assessment (NOA) for the tax year prior
DEVELOPING COMMUNITY PARTNERSHIPS, GATHERING RESOURCES, ADVOCATING BEYOND
Multiple missed medical appointments due to inability to pay for transportation
Lives in one bedroom apartment, rent geared to income
Receives ODSP payments $1151/month
Never applied for CPP although did make contributions. Not automatically enrolled in OAS
APPLYING THE POVERTY TOOL

• **Step 1 Screen:**
  • Do you ever have difficulty making ends meet at the end of the month?

• **Step 2 Adjust the Risk:**
  • Poor glycemic control due to food insecurity, higher risk for complications

• **Step 3: Intervene**
  • You help Jimmy apply for CPP (retroactive 1 year), and OAS
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THANK YOU

• 211ontario.ca
• Free local tax clinics
• https://ocfp.on.ca/cpd/povertytool
• www.antifraudcentre.ca
• http://www.canadabenefits.gc.ca/