Health Equity Issue

Make it a Healthy Day!
Sudbury & District Health Unit
Service de santé publique de Sudbury et du district

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THE Advisory

What's Inside

> Health Equity happens when everyone is able to attain their full health potential [...]

Message from the Medical Officer of Health

Colleagues, I am very pleased to share with you the Spring 2014 issue of *The Advisory*. We have dedicated this issue of our newsletter to the topic of social determinants of health and health equity. The social determinants of health are the conditions that affect the health of the individuals in our community, such as income and social status, social supports, education, physical environments, gender and culture, as well as access to health services. These conditions are shaped by the distribution of money, power, and resources within our communities.

Health equity happens when everyone is able to attain their full health potential unhindered by any of the social determinants of health.

In this publication, you will find various articles to assist you when directing patients towards affordable dental care, healthier eating, and free programs to help patients quit smoking. These are just a few of the things health care providers can do to mitigate the conditions in our community that create health inequities and support patient access to great health and well-being.

Please enjoy the warmer weather and share this valuable perspective with your colleagues, patients, and fellow health care professionals.

Sincerely,

Dr. Penny Sutcliffe
Medical Officer of Health

Opportunity for All—The Path to Health Equity

Miranda Berardelli, Health Equity Knowledge Exchange and Resource Team

We know that our health is influenced by many factors—genetics, individual lifestyles and behaviours, and the physical, social, and economic environments in which we live.

To help paint a clearer picture of health in the City of Greater Sudbury, the Sudbury & District Health Unit (SDHU) looked at health outcomes and their relationship with our social and economic environments.

The analysis

Areas across the City of Greater Sudbury were grouped according to their social and economic characteristics (for example, household income, employment, and education) and classified as most or least deprived.

We then looked at health outcomes experienced by residents in these areas.

The results

Our analysis revealed significant differences in 15 health outcomes when we compared the most and least deprived areas. Among the differences, residents of the most deprived areas were found to have higher rates and visits.

Complete descriptions of the methods, results, and the interpretation of results can be found in the report, *Opportunity for All: The Path to Health Equity.*

If everyone in the City of Greater Sudbury had the same opportunities for health as those living in its least deprived areas, each year in the City there would be:

14 077 fewer emergency department visits for all causes

1 783 fewer hospitalizations for all causes

11 231 fewer people who are obese

Most deprived areas had:

1.9 times higher rate of premature mortality

2.0 times higher rate of obesity

1.7 times higher ED visits (all causes)

3.3 times higher ED visits (internal self-harm)

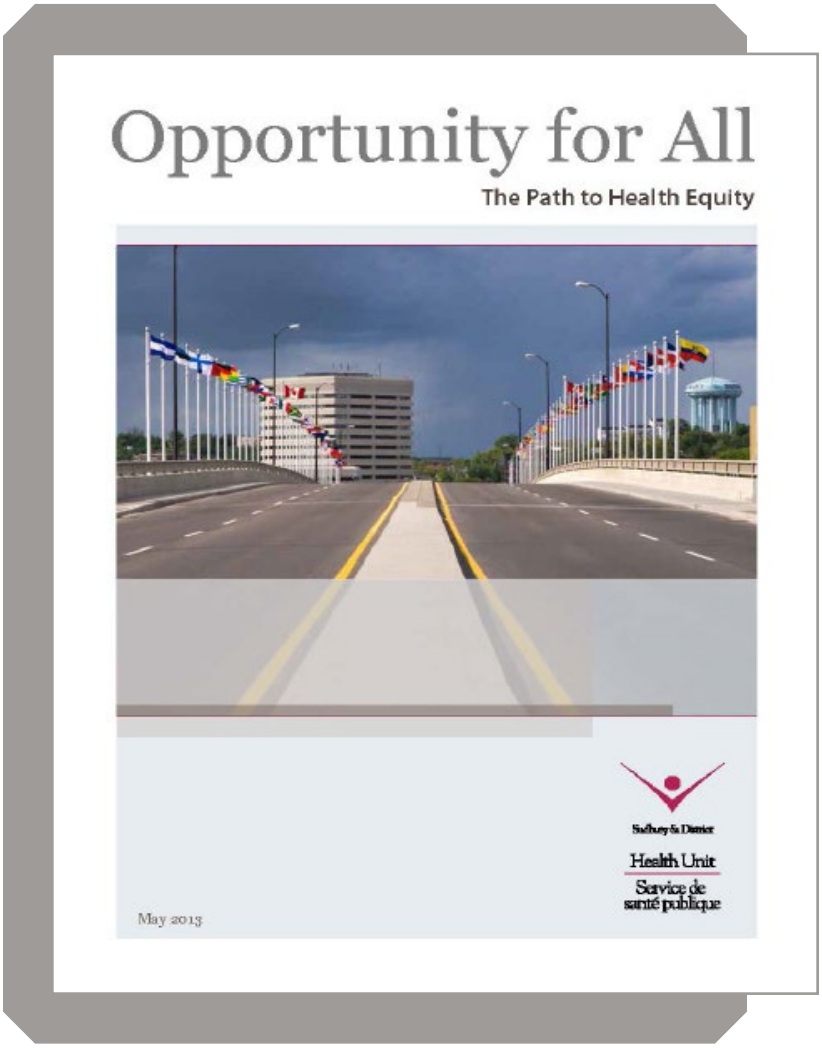
4.4 times higher ED visits (mental health)

Why is this information important?

You can start thinking, talking, and asking your own questions. It's startling to see that there are real health differences in Greater Sudbury based on the area's social and economic characteristics.

It can motivate you to ask questions such as, "Are these differences acceptable?", "Why do they exist?", and "What can I do to make a difference?"

The good news is that the more we talk about health equity, the less hidden it is and the more we can define our own role in making things better.



READ the report
www.sdhu.com

LEARN more about the conditions

FIND OUT about our efforts

FOLLOW US
@equitysdhu

Together we can build a community in which there is *Opportunity for All.*

Opportunities in Practice—Primary Care Providers and Health Equity

Amanda Hey, MD, CCFP, FCFP and Public Health Physician

Health equity is created when individuals have the opportunity to achieve their full health potential. Health equity is undermined when the social determinants of health prevent or constrain a person from taking action or making decisions that would promote health[1]. Social determinants of health include conditions of childhood, income, availability and quality of education, food, housing, employment, working conditions, and health and social services[2]. Social determinants of health are linked to the utilization of health care services, as demonstrated in *Opportunity for All: The Path to Health Equity*.

Many of the social determinants of health that undermine health equity are influenced by policy and fall outside the traditional role or influence of primary care providers (PCPs), whose expertise is the biomedical and behavioural risk factor model. However, there are simple interventions applied in an office setting that can assist in addressing health equity, and specifically income, for an individual patient.

The Ontario College of Family Physicians (OCFP) endorses a simple three-step approach to assist PCPs in mitigating the effects of income inequality on their patients[3].

Three ways to address poverty in primary care:

1 SCREEN

ASK: Do you ever have difficulty making ends meet at the end of the month?

In Ontario, about 20% of families live in poverty

But poverty is not always obvious. Routinely incorporating the following standardized screening question into patient encounters can effectively identify those living below the poverty line; with a sensitivity of 98% and specificity of 64%:

"Do you ever have difficulty making ends meet at the end of the month?"

Patients may perceive inquiries about their financial situation as an invasion of their privacy, therefore the relevance of the question to the patient's health and the ability to offer intervention need to be clearly explained beforehand.

2 ADJUST RISK

The evidence shows poverty to be a health risk factor equivalent to smoking or hypertension[4].

Most major diseases including cardiovascular disease and mental health follow an income gradient, with those in the lowest socio-economic groups having the greatest burden of illness. The following are examples[3] of how this evidence may change your practice:

An otherwise healthy 35-year-old comes to your office, without risk factors for diabetes other than living in poverty. ***You might consider screening for diabetes.***

A low-risk patient who lives in poverty presents with chest pain. ***This elevates your pre-test probability of a cardiac source and helps determine how aggressive you are in ordering tests.***

3 INTERVENE

For low-income patients, the following interventions can be of assistance:

1. **DEVELOP** a treatment plan that is tailored to a low-income or the patient's benefit plan, for example, for those on Ontario Works or Ontario Disability Support Plan (ODSP); prescribe drugs on the Ontario Drug Benefit Plan.
2. **FOLLOW** the *Seven Simple Questions to Ask Patients Living in Poverty*. These may identify areas of eligibility for income support that patients may not have realized, and prompt a referral to the appropriate agency. To download the OCFP patient pamphlet with a listing of agency contacts, go to **www.ocfp.on.ca/cme/povertytool.**
3. **PROVIDE** complete and detailed information that accurately portrays the patient's health status and disability on appropriate applications that may improve income. The table below lists service codes that designated health care providers can use when completing patient-income focused reports.
4. **ADVISE** the patient of the local 2-1-1 helpline, **www.211ontario.ca**, and **www.northeasthealthline.ca**—online databases of Ontario's community health and social services.

PATIENT-INCOME FOCUSED REPORTS[5]

CODE	DESCRIPTION
K050	ODSP Health Status Report Plus Activities of Daily Living Index
K051	ODSP Health Status Report
K052	ODSP Activities of Daily Living Report
K053	Ontario Works (OW) Limitation to Participation Form
K054	ODSP Mandatory Special Necessities Benefit Request Form
K055	ODSP Application for Special Diet Allowance
K056	ODSP Application for Pregnancy/Breastfeeding Nutritional Allowance

Seven Simple Questions to Ask Patients Living in Poverty

1. Have you filled out and mailed in your tax forms? (For everybody)
2. Do you receive Old Age Security and Guaranteed Income Supplement? (For seniors)
3. Do you receive the Child Benefit on the 20th of every month? (For families with children)
4. Do you receive payments for Disability? (For people with disabilities)
5. Do you have Status and have you used Non-Insured Health Benefits? (For Aboriginals)
6. Have you applied for extra income supplements? (For social assistance recipients)
7. If you might qualify, have you applied for ODSP?

Source: www.ocfp.on.ca/cme/povertytool

SAVE THE DATE

TREATING POVERTY:
A Workshop for Family Physicians

Tuesday, October 28, 2014
1 to 4 p.m., Sudbury
Facilitator:
Gary Bloch, MD, CCFP

This program meets the accreditation criteria of The College of Family Physicians of Canada and is accredited for 3.5 Mainpro-C credits.

The Heat Is On

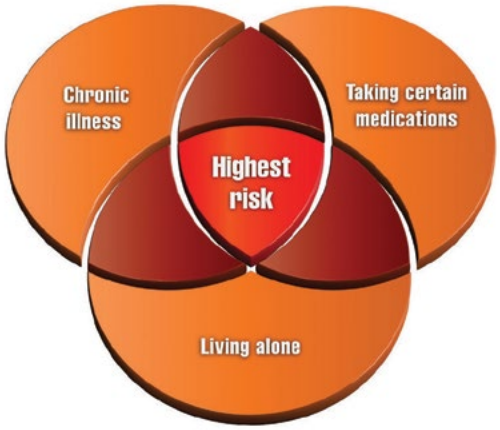
Burgess Hawkins, Manager, Environmental Health

Extreme heat events are an increasing concern in Ontario. Since 2010, eight Heat Advisories and one Heat Alert have been issued in the City of Greater Sudbury.

As the climate changes, the frequency, intensity, and duration of these events are expected to increase.

Exposure to extreme heat can lead to illnesses such as heat exhaustion and heat stroke. Individuals at greatest risk for heat-related illness include those with chronic and pre-existing conditions, the elderly, infants and children, those who exercise vigorously or work outdoors, people on certain medications, and those who live in social isolation, are marginally housed, or are homeless. Very frequently, conditions that contribute to vulnerability overlap and place those affected at higher risk for heat-related illness.

Exposure to Heat



Source: Health Canada, Extreme Heat Events Guidelines: User Guide for Health Care Workers and Health Administrators, 2011.

Access to cooling is needed to prevent heat-related illness

For some, finding the opportunity to keep cool during an extreme heat event is not difficult. For many others, however, barriers exist related to low-income, age (that is, the elderly), and social isolation. This can be associated with a lack of air conditioning, lack of shelter, fewer options to keep hydrated, and limited access to cooling centres.

The City of Greater Sudbury and the SDHU have collaborated to develop a Hot Weather Response Plan (HWRP). The HWRP is intended to alert those most at risk of heat-related illness when hot weather conditions are either imminent or currently exist and to take precautions to prevent illness. At predetermined thresholds, the HWRP is activated, which in turn triggers community supports and public education related to prevention of heat-related illness.

For more information on how to prevent a heat-related illness, please visit the SDHU or Health Canada websites.

Prepare for the upcoming summer season by completing the web-based program, "Extreme Heat Events" at www.extremeheat.ca.

This program is accredited by The College of Family Physicians of Canada and the Ontario Chapter for up to 2 Mainpro-M1 credits.

The HWRP is triggered based on the following criteria:

1 **HEAT ADVISORY**
Humidex of 36°C for two days

2 **HEAT ALERT**
Humidex of 40°C for two days or 36°C with Smog Alert

3 **EXTREME HEAT ALERT**
Humidex of 45°C for two days or 40°C with Smog Alert

Reducing the Inequities—Smoking Cessation Services

Cheryl Harvey, Public Health Nurse

When using a wide scope lens, there is great news in the world of tobacco control. Programs and policies have been eroding the rates of tobacco use across the country over the past decades. However, when you apply a social justice lens, the news is not as positive. Smoking rates are highest among the poor, uneducated, mentally ill, and those with addictions. These disadvantaged groups carry the burden of tobacco-related disease, disability, and death.

There is a need to address the barriers to smoking cessation treatment. Two common barriers are unequal access to clinic-based services and the cost of purchasing cessation medications.

In your practice, it's important that you advise all smokers to quit smoking, assist by offering pharmacotherapy and counselling if appropriate, and inform them of the services and resources available, encouraging them to access as many as needed. Recent data from the Ontario Tobacco Research Unit shows that, over time, users of six or more cessation services or resources are more likely to be confident in staying smoke-free and be further along in their cessation journey[6].

Resources for patients

Tobacco Treatment Clinic, Sudbury & District Health Unit

- FREE personal cessation support
- Clients may be eiligible to receive $15 vouchers for nicotine replacement therapy (NRT)
- Locations: Main Office, Rainbow Centre, Gore Bay (Via OTN)
- Call the Tobacco Information Line at 705.522.3433 or toll-free 1.866.522.3433

Smokers' Helpline, Canadian Cancer Society

- FREE telephone support with a Quit Coach; Call 1.877.513.5333
- Online Quit Program at **www.smokershelpline.ca** with optional interactive text messaging support

Ontario Drug Benefit Program

- NOW AVAILABLE! Varenicline and bupropion

Pharmacy Smoking Cessation Program

- One-on-one pharmacist support for Ontario Drug Benefit Program recipients

Non-Insured Health Benefits (NHIB), Health Canada

- Provides coverage for varenicline, bupropion, and NRT for eligible First Nations people and Inuit

Centre for Addiction and Mental Health's STOP (Smoking Treatment for Ontario Patients) Program

- FREE NRT and cessation counselling for patients
- Has partnered with many Ontario Family Health Teams (FHT), Community Health Centres (CHC), and Addictions Agencies; providing free NRT and cessation counselling for its patients

Testing and Treatment of Gonorrhea Infections Among Priority Populations

Stephanie Hastie, Public Health Nurse, Clinical and Family Health Services

Despite prevention efforts, there are individuals and groups in our community who are more affected by sexually transmitted infections as a result of their physical, social, and economic environments. Evidence shows that the rates of many Sexually Transmitted Infections (STIs) are disproportionately higher among females compared to the rate among males; are higher among younger age groups as compared to older age groups; and are higher among men who have sex with men[7]. There may be other socially derived factors that may impact the increase in prevalence among these groups. This is of particular concern for bacterial infections such as gonorrhea, where multi-drug resistance in Neisseria gonorrhoea is rapidly evolving and is threatening the effectiveness of all currently available single-dose antibiotics in common use. Current research shows a relatively high rate of failure using current therapeutic options[7]. Inadequate treatment of antibiotic-resistant gonorrhea can lead to sequelae in the individual as well as to the selection of drug-resistant strains, increasing the risk of untreatable gonorrhea spreading more broadly in the population[7].

See the enclosed quick reference guide: Guidelines for Testing and Treatment of Gonorrhea in Ontario (2013)

The recommended first-line therapy of individuals with confirmed or suspected uncomplicated urogenital, rectal, or pharyngeal gonorrhea and their sex partners is ceftriaxone 250 mg x 1 intramuscular injection plus azithromycin 1 g x 1 orally[7].

Gonorrhea is a reportable disease under the health protection and promotion act. Cases and their sexual contacts must be reported promptly to the Health Unit, as must any suspected or confirmed gonorrhea treatment failures.

In an effort to control the spread of multi-drug resistant gonorrhea, health care providers are asked to test all sexually active persons who have signs and symptoms of gonorrhea infection as well as in asymptomatic individuals with risk factors for infection[7].

RISK FACTORS FOR INFECTION

- Sexually active youth less than 25 years of age with multiple partners
- Men who have sex with men
- Contacts of cases of gonorrhea infection
- Sex workers and their sexual partners
- Street-involved youth
- Individuals with a history of gonorrhea or other STIs

Second-line therapeutic options are less effective than combination ceftriaxone and azithromycin in the treatment of gonorrhea. Second-line therapies are only to be considered if first-line therapy is not possible, and must be followed by a test of cure.

Publicly funded drugs for the treatment of gonorrhea or other sexually transmitted infections are available to health care providers by contacting the Healt Unit's Sexual Health Program at ext. 482.

For FREE treatment, cases and contacts can be referred to the Sexual Health Clinic located in the Rainbow Centre or to the Health Unit's district offices.

Addressing Food Insecurity in Primary Care

Bridget King, Registered Dietitian

Nutritious Food Basket

Everyone should have access to healthy food, however each year the results from the Nutritious Food Basket (NFB) survey demonstrate that for many individuals and families healthy eating is not within reach.

The NFB costing tool is a survey that all Ontario health units must complete each year. The NFB survey monitors the cost of healthy eating and includes 67 food items that are based on Canada's Food Guide and actual purchasing patterns of Canadians. The lowest available price for each food item is recorded from a range of grocery stores throughout a Health Unit's catchment area.

Food Insecurity

The enclosed "scenarios" created from the NFB data demonstrate the financial difficulties individual and families on a limited income may experience in accessing healthy food. Data from the Canadian Community Health Survey indicate 11.7% of Ontarians experience some level of food insecurity. Food insecurity is the experience of inadequate or insecure access to food because of financial constraints and it is a significant social and health problem.

For more information on the NFB survey or community based food programs, call the Nutrition and Physical Activity Action Team at ext. 257.

1 SCREEN

ASK: Are you ever worried that food will run out before you get to buy more?

2 ADJUST RISK

The prevalance of food insecurity[8] is:

11.4% in households without children

15.8% in households with children under the age of 18

34.4% in lone-parent families headed by women

69.5% in households reliant on social assistance

3 INTERVENE

Special Diet Allowance

The Ministry of Community and Social Services' Special Diet Allowance can help eligible social assistance recipients with the extra costs of a special diet when they have a qualified medical condition.

The Good Food Box

The Good Food Box is a non-profit community initiative that allows individuals and families to purchase a variety of nutritious, delicious, and fresh vegetables and fruit at wholesale prices.

Each month, customers pre-pay $17 (large) or $8 (small) for a box of fresh fruits and vegetables.

ADVISE patients about the **Sudbury & District Good Food Box** program or the **Manitoulin Island Good Food Box** program

Equitable Access to Dental Health

Stephanie Bale, Health Promoter

Dental health is more than just prevention and treatment of dental caries. In addition to the structural damage to the tooth, untreated dental caries can lead to infection, pain, poor nutritional status and gastrointestinal disorders[9]. As a result of the physiological damage, significant psychological damage may ensue in serious cases, affecting the child's social and educational well-being[10]. Contrary to the publicly funded health care system, dental health is still primarily privately funded, and not every Ontarian has access to preventative or restorative care[10]. This creates unequal access to dental health care, most often amongst children of low-income families.

> Dental health is an important part of overall health and well-being, and it is about more–much more–than cavities[9].

In the Sudbury and Manitoulin Districts, a much lower percentage (45%) of low-income individuals reported having dental insurance compared to middle/upper income individuals (72%)[11]. This continues to be a primary barrier to dental care for low-income groups, placing children in low-income households at a higher risk for poor dental health[12].

To assist low-income families with dental care, the Health Unit administers two Ministry of Health and Long-Term Care funded programs:

To ensure that children and adolescents do not fall through the cracks and to provide equitable access to dental care, publicly funded dental health programs have been developed to improve access.

If you encounter any patients who are in need of and may qualify for dental health assistance, please direct them to the Dental Health Team at ext. 236.

PROGRAM	Healthy Smiles Ontario (HSO)	Children in Need of Treatment Program (CINOT)
CLINICAL FOCUS	Preventive and early treatment services	Urgent dental treatment as identified during screening by the Dental Health Team (for example, tooth pain, infection, large cavities, bleeding gums, or mouth injuries)
ELIGIBILITY	1. Children 17 years of age and younger 2. Resident of Ontario 3. No access to any other form of dental coverage, that is, Ontario Works (OW) or Ontario Disability Support Program (ODSP)	
	Household must meet the Adjusted Family Net Income (AFNI) eligibility requirement (requires documentation). For example, AFNI of household with one child is $21,513.	Parent/legal guardian must sign a declaration confirming that no other dental insurance and treatment would create financial hardship. May be required to provide documentation.
DENTAL SERVICES	Oral exams, x-rays, cleaning, scaling, fillings, and more	Oral exams, x-rays, topical fluoride, cleaning, fillings, root canals, extractions, and more

The Dental Health Team provides dental screening in all publicly funded elementary schools annually by way of a quick (30-60 sec.) visual assessment. Parents/legal guardians are notified of any detected problem. Parents/legal guardians can also call the Health Unit to arrange for dental screening.

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Opportunities in Practice—Primary Care Providers and Health Equity (page 4-5)

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Testing and Treatment of Gonorrhea Infections Among Priority Populations (page 8)

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