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Social Determinants of Health and Inequality within the Canadian Health Care System for those affected by Kidney Disease

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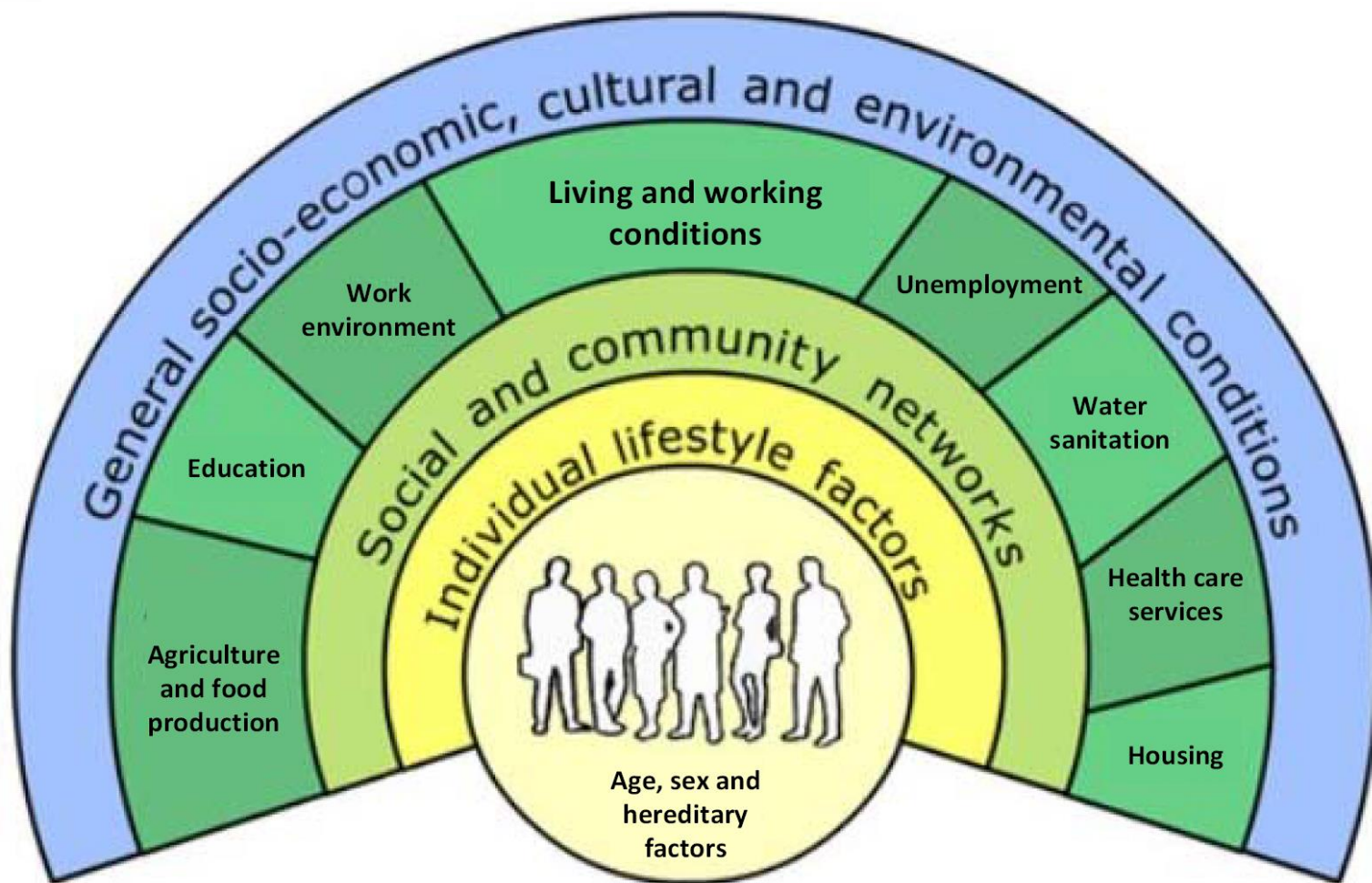
Social Determinants Of Health

Definition:

The social determinants of health (SDH) are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.

- WHO

Main Determinants Of Health





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Micro Level Social Determinants

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education		Stress	
Support	Walkability				
	Zip code / geography				

Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations



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Social Determinants Of Health – Impacts Of Chronic Kidney Disease

- Equity versus Equality
- Psycho-social and mental health
- Health Literacy

Geography

- Access to health care
- Access to resources

Poverty

- Income- as in individual or “Household”
- Affordable housing
- Food security-renal diets
- Transportation
- Insurance coverage/uninsured
- Medication



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The Canada Health Act requires provinces to provide all “medically necessary” services on a universal basis (comprehensiveness). All residents are provided access to public health-care insurance on equal terms and conditions (universality). However, provincial governments have great discretionary power because the Act does not provide a detailed list of insured services.



Equity versus Equality

Inequitable health care is most often indirect and systemic. Indirect occurs when exactly the same services are provided to everybody (so that they appear fair) but when for cultural, religious, linguistic or other reasons it is not possible for members of one or more individuals or groups to benefit from those services. Thus, what might appear to be perfectly equitable access may not be what the individual or group needs.





Comparison Chart

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Basis for Comparison	Equity	Equality
Meaning	Equity is the virtue of being just, even-handed and impartial.	Equality is described as a state, where everyone is at the same level.
What is it?	Means	End
Distribution	Fair	Even
Recognizes	Differences, and attempts to counteract unequal individual opportunities.	Sameness and treats everyone as equal.
Ensures	People have what they need.	Providing everyone, the same things.



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“The prevalent approach to managing kidney disease uses a disease model that separates the patient from the disease or problem. In this model the focus is on identifying the right strategy to solve a mechanical failure.”

***Dr. Gavril Hercz
Nephrologist/Psychotherapist Humber
River Hospital (Toronto)***



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Psycho-Social Impacts of Kidney Disease

Coping skills as a social determinant of health

- Moral distress
- Situational depression
- Impacts to self, family and community
- Loss of self, denial, grief
- Complexity and prolonging symptom burden
- Loss of independence
- Isolation and disassociation
- Impacts to self-esteem and self efficacy



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Canadian Council Defines Health Literacy:

As the ability to obtain, understand and use health information.

An International Adult Literacy and Skills Survey of 23,000 Canadians indicated that **60% of Canadians lacked the capacity to obtain, understand and act on health information and services to make appropriate health decisions.**

(Canadian Council on Learning, 2007)



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Health Literacy and Understanding The Complexities Around Self- Management

Understanding medication
management



Information is not accessible often
written in English at a higher level

Complexities of understanding treatment needs



Specialized renal and diabetic diets



Health Literacy

- Includes numeracy skills:



- Calculating blood sugar levels
- Measuring medications
- Understanding nutrition labels
- Calculating premiums, co-pays and deductibles
- Creating monthly budgets
- Managing a low fixed income



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Impacts of Health Literacy and Poverty

- Limited awareness and knowledge of what financial assistance programs exists.
- Face greater difficulties in accessing social services.
- Often have difficulty filling out forms and applications.
- Decision making on purchasing food and meal planning is often based on accessibility and affordability of foods – this has an impact health eating and specialized renal diets.
- Insured/uninsured – financial constraints.



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Illness and Household Income

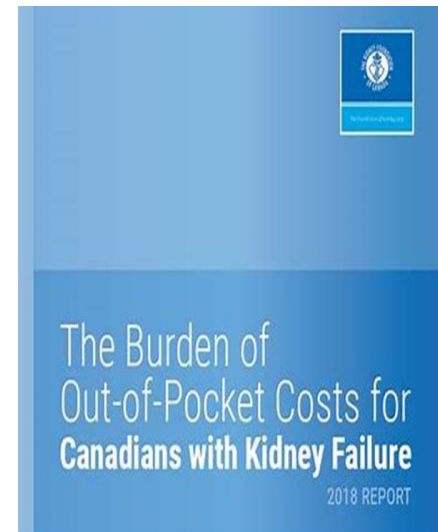
- Imposes large financial burden on individuals and families.
- Loss of income due to illness and time off from work.
- Loss of employment as a result of the frequency and time required to be off from work to accommodate medical appointments, treatment times, and time waiting for home dialysis training as well as the training itself.
- Frequent call backs to the hospitals or renal clinic to manage the treatment needs.



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2018 National Survey: The Burden of Out-Of-Pocket Costs for Canadians with Kidney Failure 2018 REPORT

The survey identified the increased cost to patients and their caregivers who complete dialysis treatments, transportation costs to and from hospital-based treatment, increased food supplements and medications needs.





Poverty is a Social Determinant Of Health

National Report.

- Nearly 50% indicated that their annual income decreased since starting dialysis.
- Of those respondents, more than half said that it decreased by 40% or more.



Of all respondents, 41% were below the Canadian Low Income Cut Off (LICO), compared to 8-14% of the general Canadian population.





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Poverty is a Social Determinant Of Health

Canada Revenue Agency / Agence du revenu du Canada

Income Tax Return Information-Regular

Federal Income Table, 2017

The following table applies to all provinces except Quebec.

Table 3 – Low Income Cut-Off (LICO)

Size of Family Unit	Minimum necessary income
1 person (the sponsor)	\$24,600
2 persons	\$30,625
3 persons	\$37,650
4 persons	\$45,712
5 persons	\$51,846
6 persons	\$58,473
7 persons	\$65,101
More than 7 persons, for each additional person, add	\$6,628

Line	Description	Reported	Processed
145	Social assistance payments		15,456
150	Total income		15,456
236	Net income		15,456
250	Other payments deduction		15,456
266	Foreign property		No
---	Balance before penalty and interest	Nil	0.00
---	Balance from this assessment	Nil	0.00
---	Final balance	Nil	0.00
***** NON-REFUNDABLE TAX CREDITS *****			
300	Basic personal amount		11,474
335	Non-refundable tax credits excluding donations		11,474
338	Net non-refundable tax credits		1,721
350	Total non-refundable tax credits		1,721
***** SCHEDULE 1 - FEDERAL TAX CALCULATION *****			
---	Total non-refundable tax credits		1,721
***** MEMO ITEMS *****			
***** ADDITIONAL INFORMATION *****			
5524	File date		16APR 2017
---	Net adjusted income		15,456



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Out-Of-Pocket Costs Related To Dialysis Treatment Are A Significant Burden

- Annual average out-of-pocket costs related to dialysis ranged from \$1,400-\$2,500 (depending on modality).
- 55% of respondents reported an annual household income less than \$35,000.
- 23% of respondents reported an annual income of less than \$20,000.



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Housing is a Social Determinate of Health

- Anna, 53 year old women receiving dialysis treatments for the past 2 years.
- Within the last year had to stop working as she could not manage her work hours with her dialysis hours.
- She is receiving a modest work disability pension and Canada Pension Plan Disability.
- She brings home \$1600 a month.

- She is afraid of being separated from her son as she knows the system will not look after him if he is in a shelter.
- She found a motel that will accept a long-term stay. She is paying \$2,000 a month - well over what she brings home. Her debt is only rising.
- There is no adequate affordable homes for her and her son.





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Barriers To Accessing Health Services

- Health services are typically located in urban centres
- Lack of availability in rural areas
- Long waiting list
- Lack of insurance coverage
- Uninsured
- Limited language access



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Consequences of Barriers to Accessing Health Systems

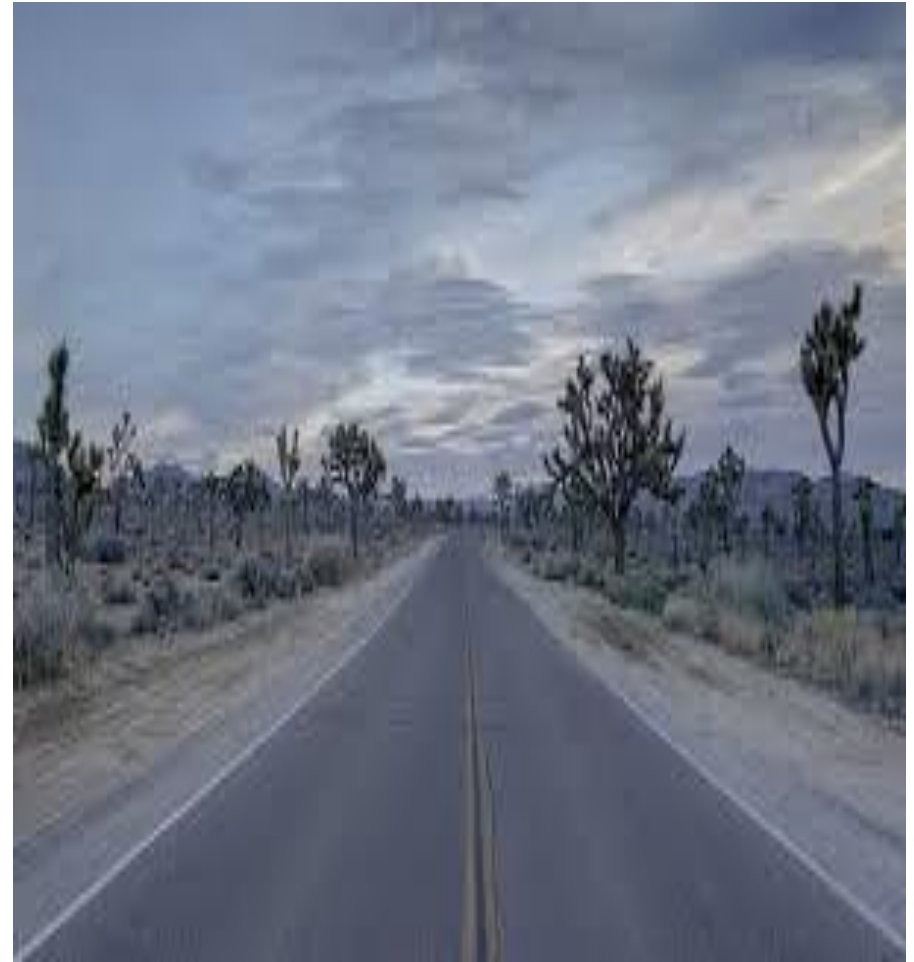
- Unmet needs
- Delays in receiving appropriate care
- Inability to access preventative service
- Preventable hospitalizations
- Systemic biases



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Geography is a Social Determinant of Health.

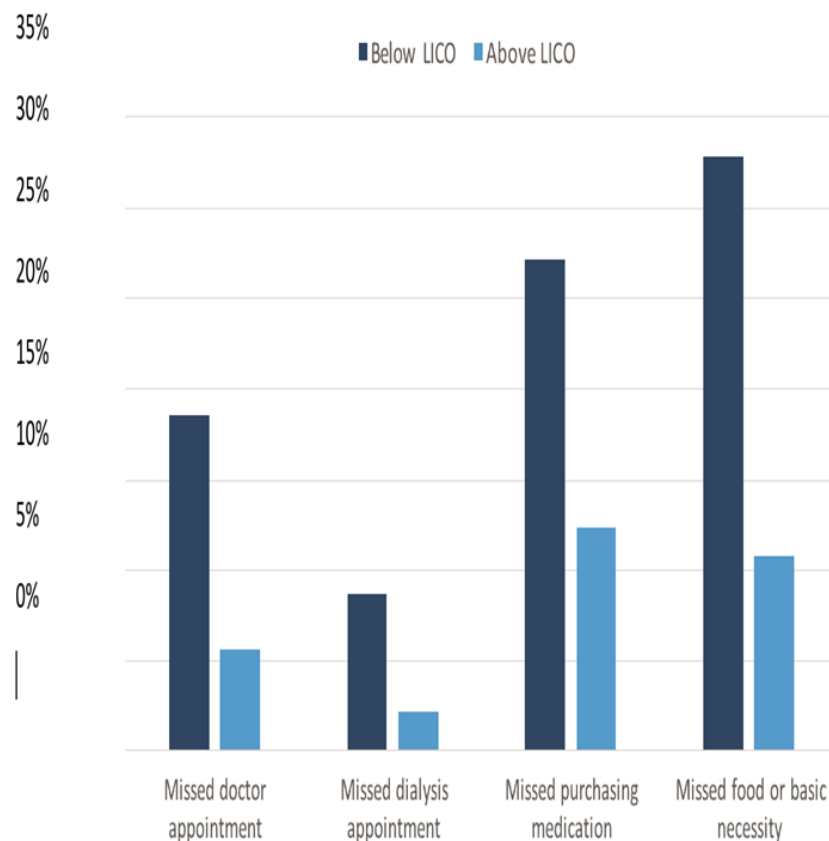
- Typically dialysis treatment centres are located in urban centers.
- Travelling can be 3-4 hours to receive treatment in many rural areas.
- Lack of access to available, accessible and affordable public transit systems, especially in rural areas.



Impacts on Medication and Food

- 33% of LICO respondents indicated that they had missed purchasing medications.
- 27% of LICO respondents reported that they had gone without food or basic necessities within the last 6 months of the survey.

Proportion of respondents who missed the following in the last six months due to financial barrier





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What Is Needed?



Improve Health Literacy

Given the complexity of the treatment needs as well as maintaining the lifestyle that is required to sustain one's health.

- Education needs to be accessible while addressing the learner's needs.
- Information needs to be diversified in media options, in multiple languages and incorporate multiple cultural and traditional practices.



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Creative Solutions

Equitable access to health care matches the need to an individuals need for care.

- Innovative ways to access health care remotely to prevent patients traveling unnecessarily (e.g. OTN, video conferencing) for follow up clinic appointments.
- Primary care/nephrologist OTN, Telehealth consultations or e-consults.
- Traveling speciality clinics whereby the specialist rotates to an area.
- Provincial Electronic system.



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Telehealth programs in BC

- TeleOncology
- TeleThoracic
- TeleHomecare
- TeleWoundcare
- First Nations TeleOphthalmology and
- First Nations Telehealth Expansion.



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Reducing financial Inequalities in Health care

- Changes in tax structures, strengthening of services, improved equity in service delivery, and increasing payments through pensions, disability and social assistance. ¹
- Changing the definition and calculation of household income to grant eligibility to subsidized programs.



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Medical Transportation

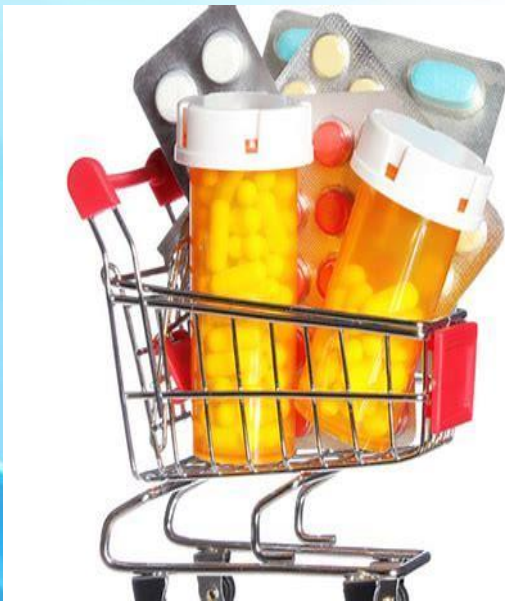
Develop a Medical Transportation Assistance Program to subsidize transportation costs to attend dialysis treatments or home dialysis training, where there is no access to available, accessible and affordable public transit systems.

For example: Rate of mileage reimbursement for attending medical treatments for all chronic illness.

National Pharmacare

New definitions and measurements to evaluate financial eligibility to access services.

- I.e. Household income.
- Out of pocket costs associated with maintaining health and wellbeing, especially in the presents of a chronic illness.
- Developing a national pharmacare system that ensures that the most vulnerable and marginalized individuals are included.



- Income assessments.
- Expanded current drug formulas which include variance in drug dosing.
- EMR system that informed physicians on the costs of medications.
- Decrease the wait times and barriers to gain access to necessary medications that are listed as exceptional use and cancer care/ nephrology treatments within the hospital and within the community.



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Minimize disparities in **accessing medications and food supplements** for people with kidney disease and develop a mechanism to offset costs equitably based on a patient's real-time income.

Develop a mechanism to provide help to patients and families who are incurring high treatment -related costs relative to their incomes.



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Additional Resources

- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4291541/>
- <http://ccsdh.ca/images/uploads/Roots of Resilience.pdf>
- <https://www.canada.ca/en/public-health/services/health-promotion/population-health/what-determines-health.html>
- <https://povertyandhumanrights.org/docs/incomeHealth.pdf>