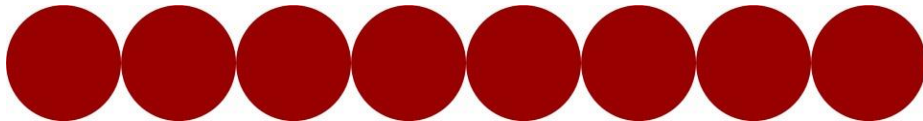




NEWFOUNDLAND AND LABRADOR
MEDICAL ASSOCIATION

Social Determinants



Submitted to:
Health Accord NL

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The Newfoundland and Labrador Medical Association (NLMA) represents the interests of the medical profession and advocates on behalf of all patients for quality improvements to the health care system. We serve as the voice of almost 1,500 practicing physicians who work in hospitals, community clinics, long-term care facilities and academic settings. Our mission is to represent and support a united medical profession and to provide leadership in the provision of excellent health care in Newfoundland and Labrador. Consequently, we focus on the largest systemic issues facing health care and consult with government on problems with the broadest possible impact on patients throughout the province.

1.0 Themes

1	Address the impacts of poverty across public policy and programming.
2	Expand community-based mental health services by increasing publicly-funded options to reduce wait lists and to support early intervention for children, youth and young adults.
3	Increase health education and health promotion to support healthy eating, active living and smoking cessation.

2.0 Introduction

The social determinants of health are the most important contributors to health and wellness, outweighing such factors as the health system, genetic inheritance and the physical environment. In Canada, contributing factors break down as follows:

- 50% are social determinants of health: income, early childhood development, disability, education, social exclusion, social safety net, gender, employment, working conditions, race, indigenous status, safe and nutritious food (food security), housing and homelessness, and community belonging.
- 25% are factors connected to health care: access, the system, and wait times.
- 15% are factors connected to biology and genetics, factors you cannot control but for which you can reduce the risk by dealing with your life factors
- 10% are factors connected to physical environment, specifically air quality and civic infrastructure. (Parfrey, 2018)

Over the past decade and longer, the NLMA has identified issues relating to the determinants of health and the health of Newfoundlanders and Labradorians. The association has developed position papers and engaged in coalition work to:

- Advocate for increased breastfeeding support,
- Promote bicycle helmet use and advocate for provincial legislation and regulations re: helmet use,
- Promote healthy eating and active living in school settings to prevent obesity,
- Promote harm reduction strategies as part of the legalization of cannabis,
- Increase support for smoking cessation programs, and
- Advocate for a tax on sugar sweetened beverages, given its connection to increased obesity and rates of chronic diseases such as diabetes, and to support the *Count Your Cubes Challenge* to educate the public regarding the benefits of reducing sugar consumption

Recent research by NLMA (2019) found the shortage of family doctors had the greatest burden on people in the lowest income brackets. The NLMA noted income precarity also had the potential to lead to greater difficulty in accessing affordable transportation to travel to doctors in different locations, along with food insecurity, inadequate living conditions or inability to navigate the health system.

The NLMA has also protested federal cuts to refugee health care (2013) and advocated for international medical graduates (2016). In their submission to the provincial government's proposed immigration strategy, the NLMA recommended government support immigrants and their families to become integrated into the local community with basic administrative and bureaucratic procedures such as attaining a driver's license or MCP card and assisting families who experience difficulty communicating in English by providing a list of English as a Second Language (ESL) resources.

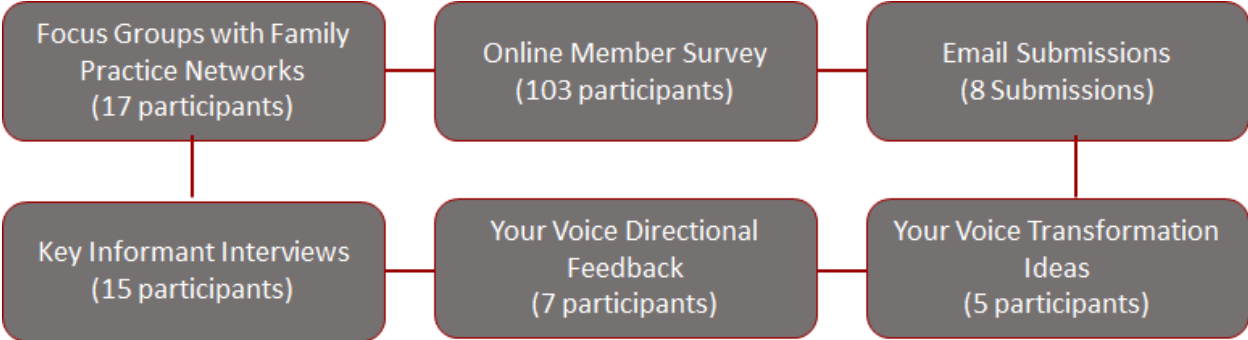
The social determinants of health, which have the greatest impact on individual and population health, are linked to social spending. The provincial government in Newfoundland and Labrador spends an average of \$5,087 per person on health care, which is \$1,127 more than the Canadian average. We also have the poorest health care value (outcomes/costs) in Canada (Parfrey, 2018).

According to Dutton et al., (CMAJ, 2018), their review of health care spending and impact on population health, showed “increased social spending was positively associated with population health measures in Canada at the provincial level.” The researchers concluded that social spending is “a form of preventive health spending and changes the risk distribution for the entire population rather than treating those who present with disease. Redirecting resources from health to social services, at the margin, is an efficient way to improve health outcomes.”

The key themes put forth are determined from the comments from the recent physician consultations and previous submissions to Government by the NLMA.

2.1 Overall Background/Context

To ensure the perspective and experiences of NLMA members are reflected in the brief, an extensive consultation process with physicians was undertaken in February and March 2021. It included multiple components to allow physicians to engage in various ways.



2.2 Response to Position Statement

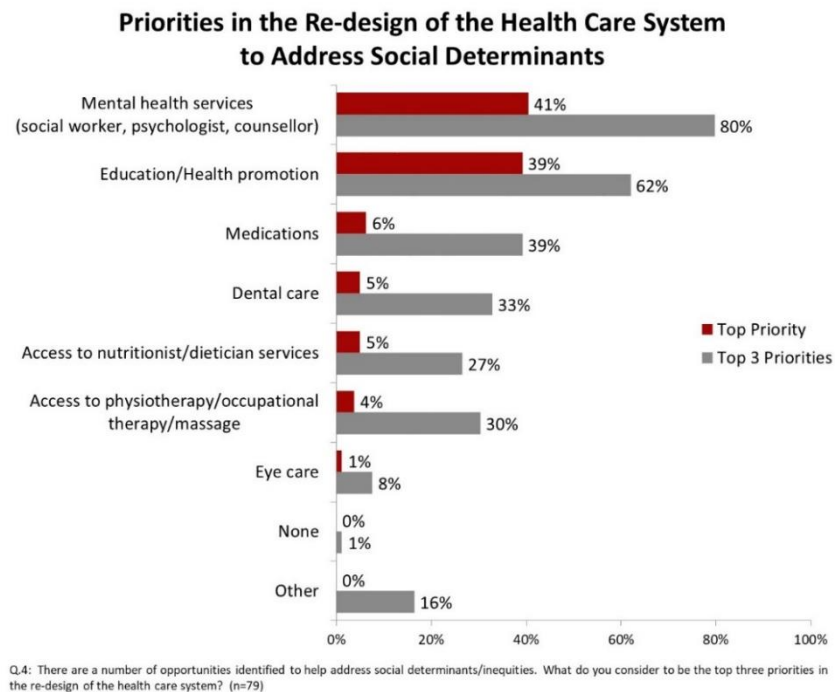
The consultation with physicians did not reveal any disagreement with the Direction Statement on Social Determinants. As the discussion below indicates, the views and perspectives of physicians support the concepts outlined in the Direction Statement.

3.0 Themes

Physicians clearly see the link between the social determinants of health and the health status of their patients. They readily identified low income/unemployment as a significant barrier to improved health outcomes. They identify lack of income, limits on funding supports for medication and transportation, lower education levels, and inadequate nutrition, housing, and community support, as barriers to acting on recommended health behaviours such as smoking cessation, healthier eating, increased physical activity, and/or accessing recommended interventions.

Proposed solutions encompassed a broad range of options but can be summarized within three broad categories: addressing poverty, increasing access to complementary treatments and services in the community outside of the hospital, along with a greater focus on primary health care and collaborative interdisciplinary teams, and advocating personal behaviour changes.

The consultation process used by the NLMA confirmed earlier directions for advocacy and change. Physicians were asked to identify priorities for change in the health system (red bars) and then to rank their top three choices (grey bars). Mental health services, education/health promotion and medications (pharmacare) were the top three in both questions.



Physicians emphasized early intervention and prevention as critical in mitigating increased challenges to good health in later years, particularly as we grow older. While they valued health education leading to behaviour change supporting healthy eating, active living and being smoke free, physicians also recognized the barriers that low income, limited education, and underemployment presented to maintaining health. Physicians also recognized the impact that culture, race and gender have on health, as well as early childhood experiences. One physician said: “Racism and geographic isolation are concerns for many indigenous patients. Ensuring cultural safety is of the utmost importance for all healthcare providers, new-to-practice AND nearing retirement.”

Theme 1: Address the impacts of poverty across public policy and programming

Many of the issues physicians identified – inadequate/insufficient food, limited transportation, inadequate housing, limited (or no) community supports – often arise from low incomes stemming from underemployment, unemployment or limited access to income support programs. As well, the province’s geographic isolation, dwindling rural communities, and declining population pose challenges to developing appropriate and flexible solutions. Physicians also noted the impact poor mental health, addictions and violence had on individual resilience/coping skills and income stability. The lack of affordable, appropriate and safe housing was also a concern.

Physicians said they had patients who:

- could not afford to buy good quality food
- reported the food available to them was of poor quality and limited in variety
- could not follow through with tests or specialist visits because they could not afford transportation costs
- could not afford to pay for allied health services such as dietitians, physio/OT during the long waits for referrals to hospital-based services, with the result they could not maintain recovery or undertake behaviour changes to support recovery
- could not pay for medications or were denied access to coverage through the NLPDP because they earned more than the threshold or the preferred medication was not included in the plan, and
- could not pay for assistive aids.

“People cannot be healthy or focus on health issues when they are preoccupied with day to day practical issues of where the next meal is going to come from or if they can afford the heat in their homes or the clothes for their children. Economic hurdles seem to always trump the other issues that may simmer under the surface so to speak. We need to address again a holistic approach to well-being that involves more of social components than just medicine.”

Physicians said the NL Drug Plan was in need of review. One physician said they had patients who did not qualify for program coverage because of the income cut off and yet they were unable to afford medications because of their other expenses and they did not have access to an employment-based drug/health plan. Other physicians said they were limited in what they could prescribe even though there were other more appropriate medications. One physician said: *“Better access to proven medication options is another area that requires work. I have many diabetics unable to afford the best medical*

options and must use insulin. This causes weight gain worsening their disease. Access to better medications would be a cost savings to help reduce complications down the road.”

Another example given was Warfarin. It is covered by the NLDP; however, it requires frequent bloodwork to monitor patient response. Another, more expensive medication could be used but it is not on the list of allowable medications. The physician said with that medication, the patient would only require laboratory work every three to six months. This would be a reduction in the physician’s time, the lab work required and also be a convenience for the patient.

Physicians stressed the value of early intervention, prevention and recovery as a means of reducing the burden of cost in health care. Government investment in community support was seen as a positive for patients as well as the provincial budget because it offset the costs arising from extended hospital stays or transfers to long-term care. Physicians said the lack of timely access to home care/long-term care and other social work services in the community contributed to "social admissions" to acute care from the emergency department. Providing physiotherapy and other non-medical health services would help patients with pain management, support recovery and reduce medical issues such as drug dependence and side effects.

“Poverty, mental illness, lack of education, family relationship dysfunction and genetic predispositions are big factors at play. A grass roots approach for primary prevention of many diseases is needed.”

Physicians also highlighted gaps in dental and vision care. While this ranked fourth in terms of priority, physicians said dental care should be reviewed. One said they were seeing many more dental infections due to financial and pandemic related barriers, while another noted that patients were coming for pain management for an unaddressed dental issue. The provincial government had set up an adult dental

program in 2012 for low-income earners and seniors. The program was capped in 2013, reduced further in 2015, and was eliminated in 2016 with some services moved to the NLDP. Currently, the province¹ offers the following:

- o Universal children’s program (under 12) offers dental check ups six month intervals, Cleanings at 12 month intervals, Fluoride applications for children aged six to twelve years at 12 month intervals (except where the School Rinse Program is in place), Routine fillings and extractions and Sealants.
- o Adult program includes general examination, fillings/extractions, and dentures for clients eligible and enrolled in the NLDP

¹ <https://www.gov.nl.ca/hcs/dentalservices/general-info/>

Up until December 2020, vision care was not offered under the provincial medical plan except for vision screening carried out as part of the provincial preschool health check. A new program, Eye See Eye Learn², now offers one comprehensive vision examination and one set of prescription glasses to kindergarten aged children.

Solutions proposed by physicians:

1. The Newfoundland and Labrador Drug Plan (NLPDP) should offer universal prescription coverage and permit the prescribing discretion in the choice of drug needed for the patient.
2. The transportation fund should be expanded for appointments as required, particularly for those in rural and remote areas who require specialist consults.
3. More blood and sample collection services should be provided on a community basis to ensure effective monitoring and increase access for seniors and people needing assistance.
4. Hospital-based services such as occupational therapy, physiotherapy and dietetics should be moved to the community to increase access. Further, the province should include coverage of such services through a program similar to the NLPDP.
5. Expansion of dental coverage for adults including preventative programs.

Theme 2: Expand community-based mental health services by increasing publicly funded options to reduce wait lists and to support early intervention for children, youth and young adults.

Physicians reported significant concerns regarding access to early intervention and ongoing treatment for mental health and addictions. They raised concerns regarding the impact of the pandemic and highlighted the need for better coping skills, reducing stigma, and increasing resilience beginning in childhood. The pandemic has reduced opportunities for socialization, causing more isolation and increased depression and anxiety. Physicians also noted the province has high rates of alcohol use, and there are issues with prescription drug misuse and substance abuse.

Physicians said patients are:

- o unable to access mental health services -- psychiatry, psychology and clinical counselling – in a timely fashion due to wait lists and costs

“I have patients who have difficulty making decisions day to day about hygiene, scheduling, medications, acquaintances (vulnerable individuals for example, who may be easily influenced) and who on a daily basis slip through the cracks – with no 24/7 care unless we specifically take away their rights to make decisions.”

² <https://www.gov.nl.ca/hcs/childreneyouthfamilies/eye-see-eye-learn/>

- o unable to engage in regular follow-up because of challenges arising from low income, inadequate housing, limited or no transportation, food insecurity.

Physicians also identified concerns with seniors and mental health, particularly patients with dementia and individuals with developmental disabilities. One physician said patients with dementia who need a different environment or distraction are often sedated instead because there are no resources available to manage their behaviour. Several described the impact psychological traumas in childhood had on physical health of adults including arthritis, disabilities and poor mental health generally. Again, early intervention through community supports or timely access to mental health diagnostics and treatment were seen as essential.

Another noted that adults with developmental disabilities are at a huge disadvantage in this current system. They said family physicians are not equipped to see these complex patients in clinics. A specific suggestion was to use a program for adults built along the lines of the Janeway developmental team. It was noted: “(This) may actually help keep these patients out of the ER and out of acute care.” Another noted that coping skills and social supports are necessary, but these patients may face increased difficulty getting the supports they need.

Theme 3: Increase health education and health promotion to support healthy eating, active living and smoking cessation

Physicians linked health outcomes to increased education and health promotion regarding lifestyle changes and practices, beginning in childhood and through the school years. Many physicians emphasized the need to support a shift in culture from dependency and illness to self reliance and wellness. They spoke of the need to change attitudes and behaviours regarding healthy lifestyle choices, such as reducing alcohol use and junk food consumption, addressing sedentary lifestyles, and increasing knowledge and practice around healthy eating and living smoke free.³

“(…) The education system needs to value physical activity as much as math and reading. We need to advocate that children going to school in this province have daily physical activity x60 minutes. Students will be better mentally and physically to learn in the classroom. Healthy children grow up to be healthy adults.”

Physicians recognized that patients living on low incomes and experiencing food insecurity have limited opportunities to make healthier choices. Nonetheless, physicians emphasized the importance of continuing education, awareness and promotion of the benefits a healthier lifestyle brought to individual and community health outcomes. Along with health promotion initiatives, physicians recommended

³ In 2016, the NLCHI reported 18% of NL over the age of 12 smoke and 83.5% of NL over the age of 12 drink alcohol.

looking at community infrastructure that would support healthy living such as community trails, clean sidewalks in winter, and increased access to community resources (schools providing community access to gyms in off hours).

4.0 Conclusion

The contributions of physicians in the NLMA's consultation process echo the issues and challenges heard by the Health Accord in its town hall process with respect to the social determinants of health: low income, education, access to health services outside the hospital, location of services, and quality of care. Physicians see the impact of social inequities on health every day and have identified a number of approaches to improve health outcomes by focusing on the social determinants of health of their patients. While there will be continuing needs for acute care due to our aging population, physicians said prevention, early intervention, and appropriate social supports dealing with poverty reduction, income precarity, housing quality, and food insecurity for example would mitigate the long-term and costly impacts of untreated and undermanaged situations.

5.0 References

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