

#### **Benefits Screening Tool Project: Phase 1 report**

August 5, 2016

### Acknowledgements

The Benefits Screening Tool was designed through an ongoing partnership between a research team based at the Centre for Urban Health Solutions, Li Ka Shing Knowledge Institute, St. Michael's Hospital and Prosper Canada; additional collaborators included health providers and academics based at Inner City Family Health Team and Michael Garron Hospital. Funding for this project was from the Intuit Financial Freedom Foundation, the Canadian Institutes of Health Research and St. Michael's Hospital Foundation.



Intuit Financial Freedom Foundation



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# Executive summary

This report provides information on the results of Phase 1 of the Benefits Screening Tool project. Details on Phase 2 of the project (July 2016 to March 2018) are also included.



### **Executive summary**

The online Benefits Screening Tool (BST) enables health practitioners to screen patients for poverty and suggest additional income benefits they may be eligible for, but not receiving.

In Phase 1, a prototype BST was developed and piloted in three Toronto primary health-care sites, generating the following insights:

- Doctors see a role for themselves in poverty/benefits screening but lack of time is a barrier
- Benefits screening and support tasks can be shared across health teams
- Information and complexity of benefits are barriers for patients
- Benefits screening requires a follow-up process that directs patients to next steps
- Not all physicians are comfortable asking patients about their income.

Phase 2 will use these insights to enhance the BST, develop additional training and follow-up supports, pilot the BST in more Toronto and Winnipeg sites, and evaluate the impact on patients.





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# Project overview

This section outlines the project's objectives, background, and key activities, and describes the Benefit Screening Tool.



### Phase 1 objectives

- Build a prototype online Benefits Screening Tool that health-care professionals can use to assess patients for poverty and eligibility for benefits they may not be receiving.
- Pilot and evaluate implementation of the Benefits Screening Tool in several primary health-care sites.



### Background

Canadians living in poverty are more likely to suffer from illnesses and chronic conditions than other Canadians<sup>1</sup>

There is growing interest in poverty reduction interventions as a way to reduce health disparities. Research shows that a guaranteed annual income reduces hospital visits and hospitalizations for mental illness, accidents, and injuries.<sup>2</sup>

Screening patients to see if they have low incomes and, if so, have tax filed or may be eligible for other government benefits, can be an effective and rapid means of boosting their incomes and, thereby, improving their health. Health professionals\* developed a paper-based clinical tool to enable doctors to:

- Screen patients for low income
- Adjust their health risk assessment accordingly
- Identify income benefits their patient may be eligible for but not getting
- Refer patients to community and online supports and resources to help them access these benefits

However, a paper-based tool has limitations that prevent widespread uptake and impact. An online tool can overcome these limitations and facilitate scaling.

\*Dr. Gary Bloch, Dr. Andrew Pinto, Dr. Ritika Goel (St. Michael's Academic Family Health Team) and Dr. John Ihnat (Family Medicine Residency Program, Michael Garron Hospital)

#### Phase 1 activities

Inventory income benefits for people with low incomes with eligibility criteria

Design and create Benefits Screening Tool mock-up

**Obtain expert feedback on benefits short-listed for prototype BST** 

Build and validate a working prototype

Pilot prototype with physicians in three Toronto primary care sites

Evaluate BST use and identify improvements to tool and implementation

Funding permitting, make recommended changes to tool

Create roadmap for next phase

### **Benefit Screening Tool**

#### The Benefit Screening Tool has all features of the paper-based version but also:

- Permits regular, centralized updating to ensure content accuracy
- Provides individuals with personalized benefits based on their profile and circumstances
- Directly connects users to online benefit application processes
- Includes data analytics to track information and benefits suggested to individuals
- Offers an easy-to-use interface that does not require knowledge of benefit programs

#### **The Screening Process:**

 Health-care professional administers short quiz to assess patient ability to make ends meet and current benefits uptake 2. Tool acts like an expert, assessing options to provide patient with tailored info on benefits they may be eligible for but not receiving 3. Tool provides patient and their doctor with a personalized action plan, including info on relevant benefits, links to programs and applications, and tips to help them apply

# Project findings

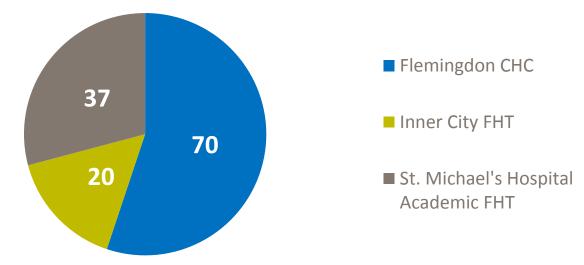
The tool was piloted by physicians at three sites (Inner City Health Team, St. Michael's Academic Family Health Team, and Flemingdon Health Centre) with 127 patients. Patient data and tool output on benefits suggested to patients is presented here.

## We piloted the tool in three sites

#### All were interdisciplinary primary care sites serving vulnerable populations

| Community Health Centre<br>(CHC)   | Family Health Team<br>(FHT)  | Pilot sites   |
|--|--|---|
| <ul> <li>Community governed</li> <li>Mandate to improve</li> </ul>   | <ul> <li>Internally governed</li> <li>Programs and services</li> </ul>                               | Flemingdon Health Centre (CHC)<br>Patients include newcomers and<br>refugees  |
| <ul> <li>access for patients at risk<br/>of barriers to care</li> <li>Focus on addressing<br/>underlying conditions</li> </ul> | <ul> <li>are geared towards a particular population</li> <li>Average appointment: 15 min.</li> </ul> | St. Michael's Academic Family<br>Health Team (FHT)<br>30 per cent of patients are in<br>lowest income quintile      |
| <ul><li>affecting patient health</li><li>Average appointment:<br/>30 min.</li></ul>  |  | Inner City Health Team (FHT)<br>Patients are current/former clients<br>of Seaton House, a men's<br>homeless shelter |

### Number of times tool used at each site



- Health-care providers used the Tool with 127 patients.
- Screening process was *completed* 83 times (resulting in personalized PDF printout).
- Screening process was not completed (no printout) with 44 patients for unknown reasons.
- Uptake varied across sites due to the following:
  - One site introduced patients to the BST through an information letter handed out in the waiting area(s). Only patients who expressed interest in participating were screened during their appointment.
    In the other two sites, doctors introduced the tool within their appointment time with the patient.
    One site had a strong internal champion of the BST project in addition to longer appointment times

which may have facilitated increased uptake.

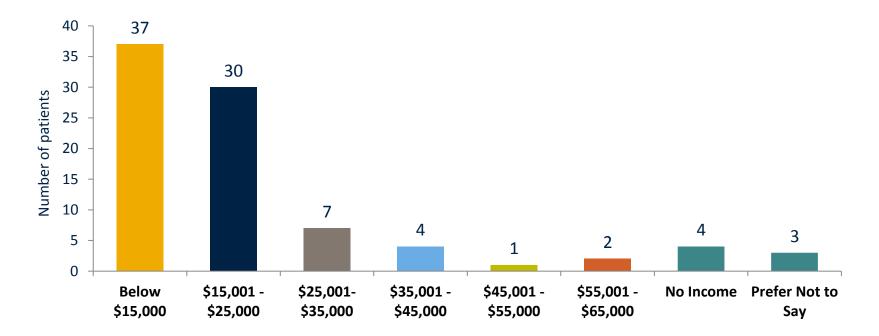
# **68 per cent of patients** indicated they had difficulty making ends meet at the end of the month\*

\*N=135 patients

92 responded 'yes' to the question "Do you have difficulty making ends meet?"

### Patient income

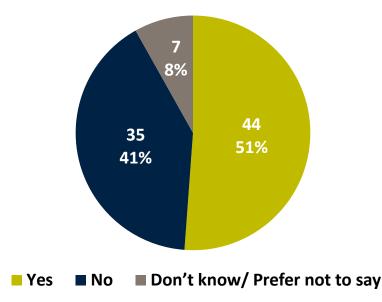
#### Annual total household income



- 88 responses captured by Tool
- 87 per cent of responding patients indicated they were earning less than \$25,000 annually
- Average LICO after tax amount for a CMA single-person household is \$18,605 (2014)<sup>3</sup>

## Patients affected by disability

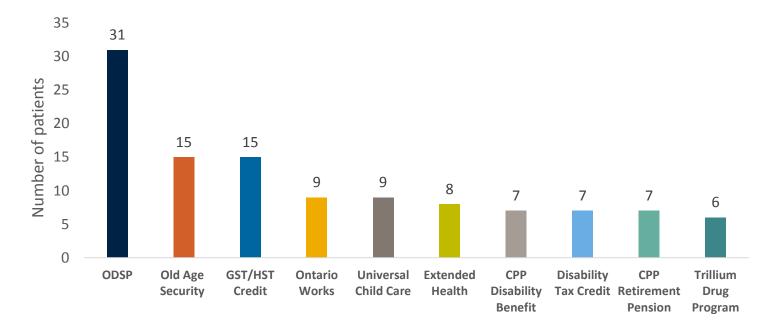
Number of patients who have, or live with someone with, a physical or mental disability



- 86 responses to question captured by Tool
- 51 per cent of responding patients indicated life was affected by physical/mental disability

## Benefits patients already accessing

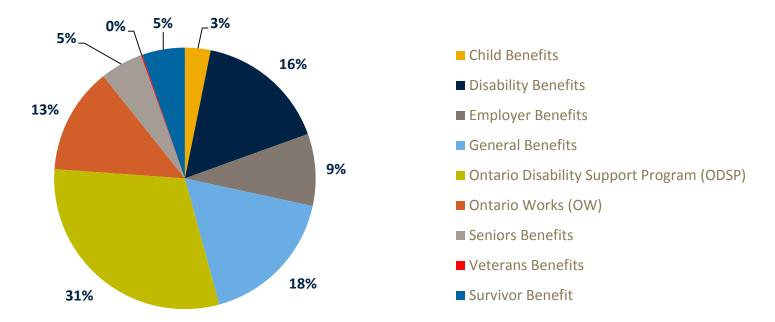
Top 10 government benefits accessed by patients prior to pilot participation, by individual benefit



Note: Doctors posed this question orally to patients. To simplify the question and its 23 possible responses, some benefits were grouped into above categories. See Appendix 2 for all 23 benefits accessed by patients prior to pilot participation.

# Benefits recommended by the Tool

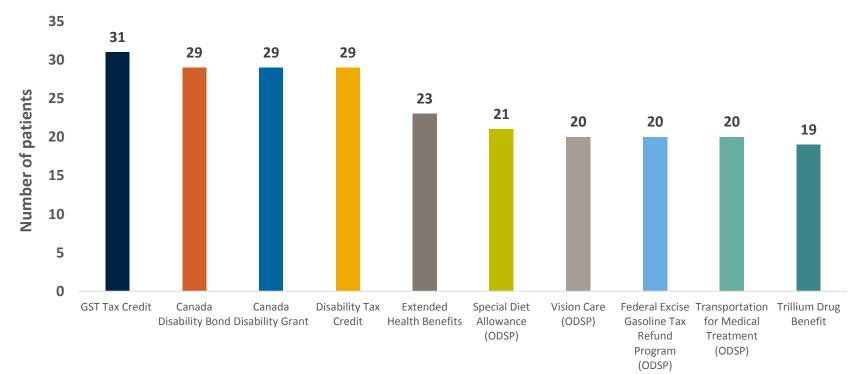
Benefits recommended through screening process, by category



- 61 benefits in nine categories were recommended to patients who were eligible for, but not receiving them.
- Over 47 per cent of recommended benefits were related to disability support.
- See Appendix 3 for complete list of benefits in each category.

### Benefits most recommended by Tool

Top 10 benefits recommended by BST, by individual benefit



- Seven of top 10 benefits recommended by BST were disability related
- See Appendix 3 for complete list of benefits within their categories.

# Key evaluation insights

This section outlines key insights derived from:

- Focus groups with participating physicians
- A survey of physicians at Flemingdon Health Centre
- Data analytics from the online tool.

Physicians see a role for themselves in screening for poverty to improve patient health. When asked to rate the importance of physician-led screening on a scale from 1-10, they rated it at 7 on average.\*

\*Based on survey administered to the 13 Flemingdon physicians who participated in the pilot

#### Doctors see a role for themselves in poverty/ benefits screening but lack of time is a barrier

Lack of time during patient appointments was one of the biggest obstacles physicians faced in administering the BST. It takes 5-10 minutes to administer the tool. Doctors told us this poses challenges when the typical patient appointment can be only 15 minutes long and patients typically come to discuss a specific health concern.

ACTION ITEM Screen for low income at intake to alert doctors to potential povertyrelated health risks and health management considerations.

|        | Book ap  |
|--------|----------|
| ACTION | screenir |
| ITEM   | assessm  |
|        | pressure |

Book appointments for incomescreening (as part of health riskassessment) to relieve time pressure on doctors.

# Benefit screening and support tasks can be shared across health teams

To optimize patient outcomes, tasks involved in screening patients for poverty and benefits, connecting them to help applying for benefits, and modifying health assessments, can be shared across interdisciplinary health teams. This allows for different team members to get involved at specific points in the patient care flow, when they will have the most impact.

#### Tasks can be divided based on time, expertise and position in the intake and care process:

Intake personnel | Screen for lowincome and eligibility for government benefits

**Physicians** Fill out forms for patients who need a Health Status Report or other medical documentation

**Social workers** | Assist patients interested in applying for new benefits with the application process

**Nurses** | Incorporate income status into a patient's risk-assessment

## ACTION ITEM Pilot the tool with more diverse administrators – e.g. social workers, case managers, intake personnel, nurses, dieticians and doctors.

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# Information is not the only barrier to accessing benefits – complexity is also an issue.

Patients are frequently aware of benefits, but deterred by the complexity of application processes, as well as the belief that they are ineligible. Many doctors found that their patients were aware of BST-recommended government benefits, but had not applied for them because they didn't think they were eligible or they needed help to tax file or complete the applications. This suggests that, to be effective, BST users must also be able to offer patients easy access to support to apply for government benefits they may be eligible for, but not receiving.

**ACTION ITEM** 

Help patients access support to tax file and/or apply for benefits to achieve maximum impact.

# Benefit screening requires a follow-up process that directs patients to next steps.

Physicians lacked the detailed knowledge needed to answer patient questions about the benefits information they received and were concerned that the volume of information provided might be overwhelming. They also didn't know where to direct patients for more help. for patients. They indicated they need a clear follow-up process to direct patients to the resources and expertise they need to take action.

|                | Simplify the PDF printout and have it                                       |
|----------------|---|
| ACTION<br>ITEM | available in multiple languages so it is easier for patients to understand. |
|                |   |

|        | Identify 'next steps' and a referral  |
|--------|---------------------------------------|
| ACTION | process to guide patients who want to |
| ITEM   | apply for recommended benefits.       |

|               | Ask patients for their postal code to<br>connect them to local supports and |
|---------------|---|
| CTION<br>ITEM | resources, including non-financial (e.g. food banks).                       |

# 5 Not all physicians are comfortable talking to patients about their income.

Many doctors felt uncomfortable asking their patients direct questions about their income, although few reported that patients expressed discomfort answering questions. Doctors are not typically trained to address income and benefits as part of their work. The resulting discomfort they feel can be addressed by a robust training process that includes background information on the benefits they are screening for and explains the rationale for the screening questions so that they can explain the utility of each question to patients if asked.

| ACTION ITEM | Provide online tutorials and other resources for each benefit that can be accessed by patients and health-care professionals |
|-------------|--|
|             | Build doctors' confidence by providing a training process and a  |
| ACTION ITEM | tested script they can use to introduce the tool to patients and<br>that explains the connection between income and health   |

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# Next steps

Phase 1 insights will be used to refine the BST and develop user information and training resources in Phase 2. The tool will also be updated and expanded to include Manitoba benefits, and then piloted in Toronto and Winnipeg, with process and impact evaluations over the next two years.



### Benefits Screening Tool: Phase 2

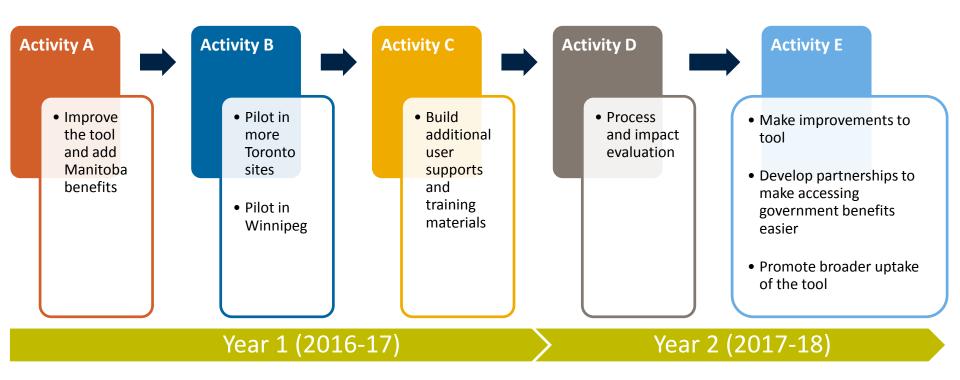
#### Prosper Canada has received funding for two years from the Maytree Foundation for Phase 2 of this project.

Building on insights from Phase 1, Phase 2 will:

- Update the BST benefits content
- Add Manitoba benefits to the BST
- Develop user info and training resources
- Conduct pilots in Toronto and Winnipeg
- Evaluate BST impact on ability of patients to access additional benefits through tax filing and other means
- Promote uptake of tool by health and other service systems



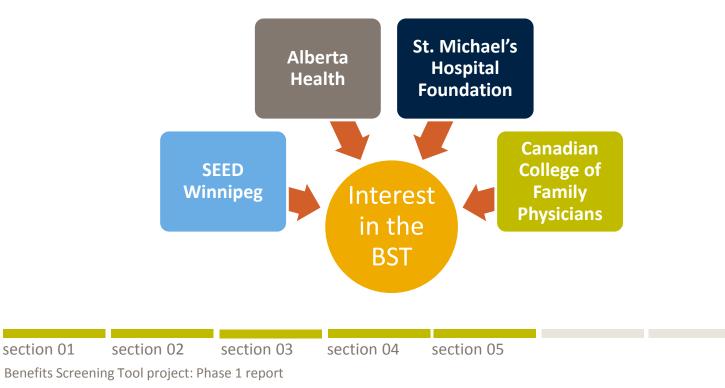
### Phase 2 activities





## Growth of this project

A successful Phase 2 will result in a Benefits Screening Tool that can be adapted for use in other large scale, frontline services accessed by people living on low incomes. It will also help support thousands of other vulnerable Canadians to boost their incomes by accessing government benefits that they are eligible for but not yet receiving.

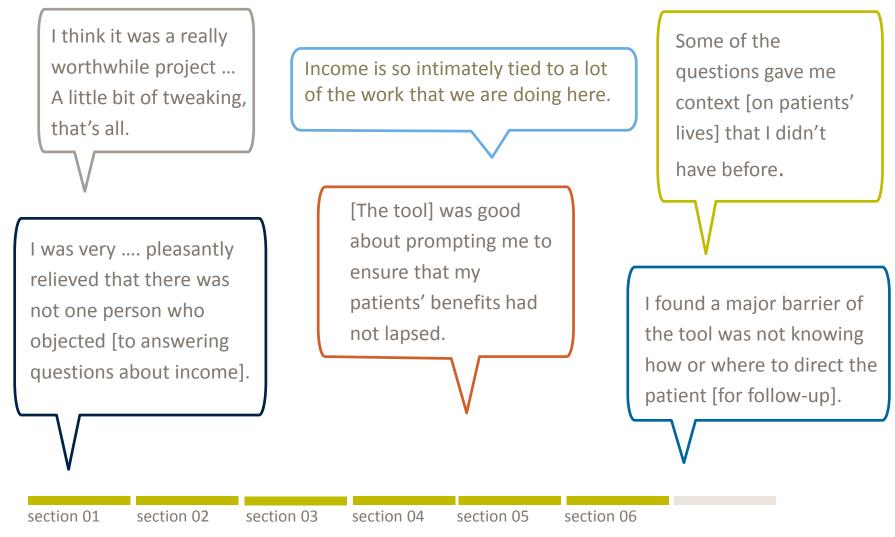


# Conclusion

Phase 1 of the BST project was successful. Tool data analytics, qualitative insights from pilot testing and physicians' feedback will all inform refinements to the tool in Phase 2 and plans for additional pilot testing.



#### Quotes from participating doctors



### Conclusion

# The most effective prescription for many patients living on low incomes is more income

Phase 1 of the Benefits Screening Tool project was successful in demonstrating the feasibility and value of doctors using the BST to help patients with low incomes identify benefits they may be eligible for, but not receiving.

Feedback from participating doctors suggests that they see value in screening patients for low income and benefits, but they require additional supports and the involvement of other health team members to optimize their contribution and effectively enable patients to take action to obtain benefits they identify.

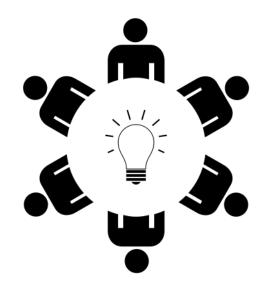
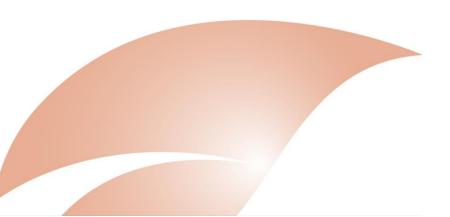


Image courtesy of https://thenounproject.com/

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# Appendices



### Appendix 1 BST question set

#### 1. What clinic are you visiting?

Flemingdon Health Centre St. Michael's Hospital Inner City Family Health Team

No

#### 2. Do you ever have difficulty making ends meet at the end of the month?

Yes

Don't know/Prefer not to answer

#### 3. What is your citizenship or immigration status? I will read you a list of options and I'd like you to tell me which status best applies to you.

| Canadian citizen, born in Canada | Canadian citizen, immigrated to Canada |
|----------------------------------|--|
| Permanent resident               | Legal resident                         |
| Temporary resident, living in    | Temporary foreign worker               |
| Canada for last 18 months with   |  |
| valid permit                     |  |
| Sponsored immigrant              | Refugee claimant                       |
| Government-assisted refugee      | Privately-sponsored refugee            |
| Protected person                 | Nonstatus/Other                        |
| Don't know/Prefer not to answer  |  |

#### 4. How old are you?

 Under 18
 18-58

 59-64
 65+

 Don't know/Prefer not to answer

#### 5. What is your employment status? I will read you a list of options and I'd like you to tell me which status best applies to you.

| Employed   | S                       | elf-employed                    |
|--|-------------------------|---------------------------------|
| Lost my job thro   | ugh no fault of your (  | own, looking for work           |
| Left my job volu   | ntarily, looking for we | ork                             |
| Working part-time or unable to work due to health/disability issues or injur |                         |                                 |
| Working part-tin   | ne or unable to work    | to care for ill family member   |
| Retired  | Never worked            | Don't know/Prefer not to answer |

#### 6. Are you or anyone in your household living with a physical or mental health disability?

#### 7. How many people live in your household?

| 1 | 2 | 3         | 4                        |
|---|---|-----------|--------------------------|
| 5 | 6 | 7 or more | Don't know/Prefer not to |
|   |   |           | answer                   |

#### 8. What is your total annual household income? I will read you a list of options and I'd like you to tell me which range best applies to you.

| No income                       | Below \$15,000      |
|---------------------------------|---------------------|
| \$15,001 - \$25,000             | \$25,001 - \$35,000 |
| \$35,001 - \$45,000             | \$45,001 - \$55,000 |
| \$55,001 - \$65,000             | \$65,001+           |
| Don't know/Prefer not to answer |                     |

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section 02

# Appendix 1 (cont.)

9. Do you have full or shared custody of any children under the age of 18 living with you or are you expecting a child?

Yes No Don't know/Prefer not to answer

#### 10. Next, I will read a list of benefit programs and types of support and I'd like you to tell me whether you or someone in your home gets this (select all that apply)?

| ODSP                     |
|--------------------------|
| Old Age Security         |
| GST/HST Credit           |
| Ontario Works            |
| Universal Child Care     |
| Extended Health          |
| CPP Disability Benefit   |
| Disability Tax Credit    |
| CPP Retirement Pension   |
| Emergency Energy Fund    |
| Trillium Drug Program    |
| Assistive Device Program |

section 01

LEAP GIS GAINS EI Compassionate Care WITB WISB EI Regular EI Sickness Co-payment for seniors Employers Long-term Disability Survivor Benefit Veterans Benefits

section 03

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#### 11. Are you a Veteran?

| Yes        | No              | Don't know/Prefer not to answer       |
|------------|-----------------|---------------------------------------|
| 12. Do you | have a deceased | parent, spouse or common-law partner? |
| Yes        | No              | Don't know/Prefer not to answer       |
| 10.15      |                 |                                       |

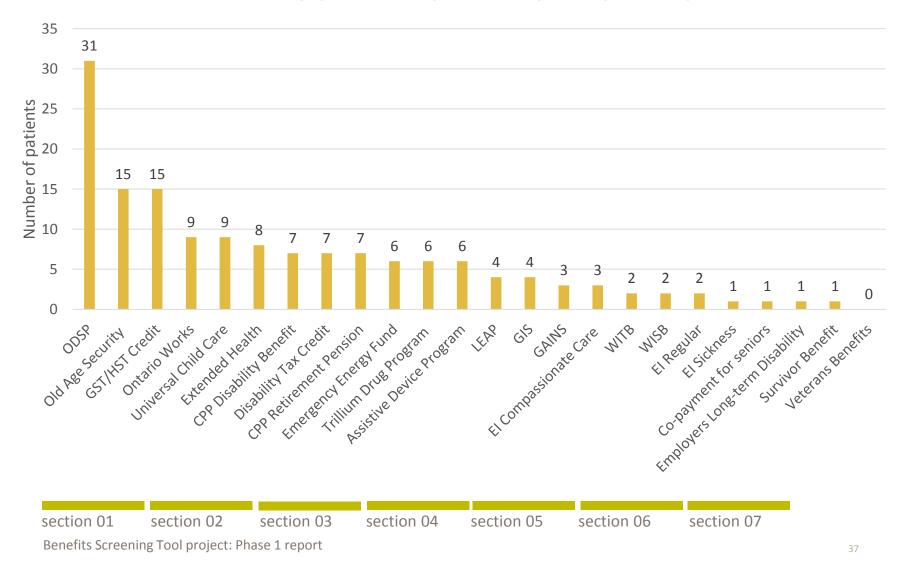
#### 13. If you are a Canadian citizen or permanent resident who was born outside of Canada, how many years have you lived in Canada as an adult (since age 18)?

| Less than 10 years | Between 10 and 39 years | 40 |
|--------------------|-------------------------|----|
| years or more      |                         |    |

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#### Appendix 2 Benefits accessed by patients prior to pilot participation



# Appendix 3

#### Benefits recommended to patients after BST screening process

| Child Benefits # of pa                                    | tients |
|---|--------|
| Canada Education Savings Grant (CESG)                     | 7      |
| Ontario Child Benefit (OCB)                               | 7      |
| Universal Child Care Benefit                              | 7      |
| Disability Benefits # of pa                               | tients |
| Assistance with Children with Severe Disabilities Program | 7      |
| Canada Disability Bond (CDB)                              | 29     |
| Canada Disability Grant (CDG)                             | 29     |
| Canada Pension Plan (CPP) Disability Benefit              | 14     |
| Disability Tax Credit (DTC)                               | 29     |
| Employment Benefits # of pa                               | tients |
| Employers' Long Term Disability Insurance Protection      | 13     |
| Employment Insurance (EI) Regular Benefits                | 6      |
| Employment Insurance Compassionate Care Benefit           | 4      |
| Employment Insurance Sickness Benefit                     | 14     |
| Working Income Tax Benefit (WITB)                         | 9      |
| Workplace Safety Insurance Board (WSIB) Benefits          | 13     |

| Ontario Works # of pat  | tients              |
|---|---------------------|
| Dental Care for Children  | 12                  |
| Hardship Applications   | 12                  |
| Housing Stabilization Fund (HSF)  | 13                  |
| Ontario Drug Benefit Program (ODB)  | 12                  |
| Ontario Works   | 12                  |
| Transportation for Medical Treatment  | 14                  |
| Vision Care   | 12                  |
| General Benefits # of pat   | ionte               |
|   | lents               |
| Coverage for Assistive Devices  | 16                  |
|   | -                   |
| Coverage for Assistive Devices  | 16                  |
| Coverage for Assistive Devices<br>Emergency Energy Fund (EEF)   | 16<br>9             |
| Coverage for Assistive Devices<br>Emergency Energy Fund (EEF)<br>Extended Health Benefits                       | 16<br>9<br>23       |
| Coverage for Assistive Devices<br>Emergency Energy Fund (EEF)<br>Extended Health Benefits<br>GST/HST Tax Credit | 16<br>9<br>23<br>31 |

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# Appendix 3 (cont.)

| Ontario Disability Support Program # of pat    | ients |
|--|-------|
| Dental Care for Children                       | 17    |
| Diabetic and Surgical Supplies                 | 16    |
| Federal Excise Gasoline Tax Refund Program     | 20    |
| Hardship Applications                          | 19    |
| Housing Stabilization Fund (HSF)               | 17    |
| Ontario Disability Support Program (ODSP)      | 18    |
| Ontario Drug Benefit Program (ODB)             | 18    |
| Pregnancy/Breast-Feeding Nutritional Allowance | 15    |
| Special Diet Allowance                         | 21    |
| Transportation for Medical Treatment           | 20    |
| Vision Care                                    | 20    |

| Senior Benefits # of pati  | ents             |
|--|------------------|
| Canada Pension Plan (CPP) Retirement Pension   | 6                |
| Co-payment Application for Seniors   | 6                |
| Guaranteed Income Supplement (GIS)   | 5                |
| Old Age Security (OAS)   | 6                |
| Ontario Guaranteed Annual Income System  | 6                |
| Senior Home Owner Property Tax Grant   | 6                |
|  |                  |
| Survivor Benefits # of pati  | ents             |
| Survivor Benefits# of patiAllowance for the Survivor   | ents<br>8        |
|  |                  |
| Allowance for the Survivor   | 8                |
| Allowance for the Survivor<br>Canada Pension Plan Health Benefit   | 8<br>9           |
| Allowance for the Survivor<br>Canada Pension Plan Health Benefit<br>Canada Pension Plan Survivor's Pension | 8<br>9<br>9<br>9 |

Note: The Canadian Child Tax Benefit was erroneously omitted from the tool for Phase 1 and will be added to the tool for data collection and analysis in Phase 2.

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