Acknowledgements

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Table of contents

1 Executive summary
2 Project overview
3 Project findings
4 Key evaluation insights
5 Next steps
6 Conclusion
7 Appendices
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.
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\(^1\)

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.\(^2\)

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

1. Inventory income benefits for people with low incomes with eligibility criteria
2. Design and create Benefits Screening Tool mock-up
3. Obtain expert feedback on benefits short-listed for prototype BST
4. Build and validate a working prototype
5. Pilot prototype with physicians in three Toronto primary care sites
6. Evaluate BST use and identify improvements to tool and implementation
7. Funding permitting, make recommended changes to tool
8. 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:

1. 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
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

<table>
<thead>
<tr>
<th>Community Health Centre (CHC)</th>
<th>Family Health Team (FHT)</th>
<th>Pilot sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Community governed</td>
<td>• Internally governed</td>
<td>Flemingdon Health Centre (CHC)</td>
</tr>
<tr>
<td>• Mandate to improve access for patients at risk of barriers to care</td>
<td>• Programs and services are geared towards a particular population</td>
<td>Patients include newcomers and refugees</td>
</tr>
<tr>
<td>• Focus on addressing underlying conditions affecting patient health</td>
<td>• Average appointment: 15 min.</td>
<td>St. Michael’s Academic Family Health Team (FHT)</td>
</tr>
<tr>
<td>• Average appointment: 30 min.</td>
<td></td>
<td>30 per cent of patients are in lowest income quintile</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Inner City Health Team (FHT)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Patients are current/former clients of Seaton House, a men’s homeless shelter</td>
</tr>
</tbody>
</table>
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)\(^3\)
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
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 poverty-related health risks and health management considerations.

**ACTION ITEM**

Book appointments for income-screening (as part of health risk-assessment) to relieve time pressure on doctors.

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1 Doctors see a role for themselves in poverty/benefits screening but lack of time is a barrier
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 low income 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.
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.

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. They indicated they need a clear follow-up process to direct patients to the resources and expertise they need to take action.

**ACTION ITEM**
Simplify the PDF printout and have it available in multiple languages so it is easier for patients to understand.

**ACTION ITEM**
Identify ‘next steps’ and a referral process to guide patients who want to apply for recommended benefits.

**ACTION ITEM**
Ask patients for their postal code to connect them to local supports and resources, including non-financial (e.g. food banks).
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.

**ACTION ITEM**

Build doctors’ confidence by providing a training process and a tested script they can use to introduce the tool to patients and that explains the connection between income and health.
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

**Activity A**
- Improve the tool and add Manitoba benefits

**Activity B**
- Pilot in more Toronto sites
- Pilot in Winnipeg

**Activity C**
- Build additional user supports and training materials

**Activity D**
- Process and impact evaluation
- Make improvements to tool
- Develop partnerships to make accessing government benefits easier
- Promote broader uptake of the tool

**Year 1 (2016-17)**

**Year 2 (2017-18)**
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.
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

I think it was a really worthwhile project ... A little bit of tweaking, that’s all.

Income is so intimately tied to a lot of the work that we are doing here.

[The tool] was good about prompting me to ensure that my patients’ benefits had not lapsed.

I found a major barrier of the tool was not knowing how or where to direct the patient [for follow-up].

Some of the questions gave me context [on patients’ lives] that I didn’t have before.

I was very .... pleasantly relieved that there was not one person who objected [to answering questions about income].

Benefits Screening Tool project: Phase 1 report
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.
Appendices
Appendix 1

BST question set

1. What clinic are you visiting?
   Flemingdon Health Centre
   St. Michael’s Hospital
   Inner City Family Health Team

2. Do you ever have difficulty making ends meet at the end of the month?
   Yes   No   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
   Permanent resident
   Temporary resident, living in Canada for last 18 months with valid permit
   Sponsored immigrant
   Government-assisted refugee
   Protected person
   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
   Self-employed
   Lost my job through no fault of your own, looking for work
   Left my job voluntarily, looking for work
   Working part-time or unable to work due to health/disability issues or injury
   Working part-time 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?
   Yes   No   Don’t know/Prefer not to answer

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
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):

<table>
<thead>
<tr>
<th>Program</th>
<th>Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>ODSP</td>
<td>LEAP</td>
</tr>
<tr>
<td>Old Age Security</td>
<td>GIS</td>
</tr>
<tr>
<td>GST/HST Credit</td>
<td>GAINS</td>
</tr>
<tr>
<td>Ontario Works</td>
<td>El Compassionate Care</td>
</tr>
<tr>
<td>Universal Child Care</td>
<td>WITB</td>
</tr>
<tr>
<td>Extended Health</td>
<td>WISB</td>
</tr>
<tr>
<td>CPP Disability Benefit</td>
<td>El Regular</td>
</tr>
<tr>
<td>Disability Tax Credit</td>
<td>El Sickness</td>
</tr>
<tr>
<td>CPP Retirement Pension</td>
<td>Co-payment for seniors</td>
</tr>
<tr>
<td>Emergency Energy Fund</td>
<td>Employers Long-term Disability</td>
</tr>
<tr>
<td>Trillium Drug Program</td>
<td>Survivor Benefit</td>
</tr>
<tr>
<td>Assistive Device Program</td>
<td>Veterans Benefits</td>
</tr>
</tbody>
</table>

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

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
Appendix 2

Benefits accessed by patients prior to pilot participation

![Bar chart showing benefits accessed by patients](chart.png)
Appendix 3
Benefits recommended to patients after BST screening process

<table>
<thead>
<tr>
<th>Child Benefits</th>
<th># of patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canada Education Savings Grant (CESG)</td>
<td>7</td>
</tr>
<tr>
<td>Ontario Child Benefit (OCB)</td>
<td>7</td>
</tr>
<tr>
<td>Universal Child Care Benefit</td>
<td>7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disability Benefits</th>
<th># of patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistance with Children with Severe Disabilities Program</td>
<td>7</td>
</tr>
<tr>
<td>Canada Disability Bond (CDB)</td>
<td>29</td>
</tr>
<tr>
<td>Canada Disability Grant (CDG)</td>
<td>29</td>
</tr>
<tr>
<td>Canada Pension Plan (CPP) Disability Benefit</td>
<td>14</td>
</tr>
<tr>
<td>Disability Tax Credit (DTC)</td>
<td>29</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employment Benefits</th>
<th># of patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employers' Long Term Disability Insurance Protection</td>
<td>13</td>
</tr>
<tr>
<td>Employment Insurance (EI) Regular Benefits</td>
<td>6</td>
</tr>
<tr>
<td>Employment Insurance Compassionate Care Benefit</td>
<td>4</td>
</tr>
<tr>
<td>Employment Insurance Sickness Benefit</td>
<td>14</td>
</tr>
<tr>
<td>Working Income Tax Benefit (WITB)</td>
<td>9</td>
</tr>
<tr>
<td>Workplace Safety Insurance Board (WSIB) Benefits</td>
<td>13</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ontario Works</th>
<th># of patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental Care for Children</td>
<td>12</td>
</tr>
<tr>
<td>Hardship Applications</td>
<td>12</td>
</tr>
<tr>
<td>Housing Stabilization Fund (HSF)</td>
<td>13</td>
</tr>
<tr>
<td>Ontario Drug Benefit Program (ODB)</td>
<td>12</td>
</tr>
<tr>
<td>Ontario Works</td>
<td>12</td>
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<tr>
<td>Transportation for Medical Treatment</td>
<td>14</td>
</tr>
<tr>
<td>Vision Care</td>
<td>12</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>General Benefits</th>
<th># of patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coverage for Assistive Devices</td>
<td>16</td>
</tr>
<tr>
<td>Emergency Energy Fund (EEF)</td>
<td>9</td>
</tr>
<tr>
<td>Extended Health Benefits</td>
<td>23</td>
</tr>
<tr>
<td>GST/HST Tax Credit</td>
<td>31</td>
</tr>
<tr>
<td>Low-Income Energy Assistance Program (LEAP)</td>
<td>8</td>
</tr>
<tr>
<td>Ontario Trillium Benefit (OTB)</td>
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<td>Trillium Drug Program (TDP)</td>
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## Appendix 3 (cont.)

<table>
<thead>
<tr>
<th>Ontario Disability Support Program</th>
<th># of patients</th>
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</thead>
<tbody>
<tr>
<td>Dental Care for Children</td>
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<tr>
<td>Diabetic and Surgical Supplies</td>
<td>16</td>
</tr>
<tr>
<td>Federal Excise Gasoline Tax Refund Program</td>
<td>20</td>
</tr>
<tr>
<td>Hardship Applications</td>
<td>19</td>
</tr>
<tr>
<td>Housing Stabilization Fund (HSF)</td>
<td>17</td>
</tr>
<tr>
<td>Ontario Disability Support Program (ODSP)</td>
<td>18</td>
</tr>
<tr>
<td>Ontario Drug Benefit Program (ODB)</td>
<td>18</td>
</tr>
<tr>
<td>Pregnancy/Breast-Feeding Nutritional Allowance</td>
<td>15</td>
</tr>
<tr>
<td>Special Diet Allowance</td>
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<td>Transportation for Medical Treatment</td>
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<tr>
<td>Vision Care</td>
<td>20</td>
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</table>

<table>
<thead>
<tr>
<th>Senior Benefits</th>
<th># of patients</th>
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</thead>
<tbody>
<tr>
<td>Canada Pension Plan (CPP) Retirement Pension</td>
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<tr>
<td>Co-payment Application for Seniors</td>
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</tr>
<tr>
<td>Guaranteed Income Supplement (GIS)</td>
<td>5</td>
</tr>
<tr>
<td>Old Age Security (OAS)</td>
<td>6</td>
</tr>
<tr>
<td>Ontario Guaranteed Annual Income System</td>
<td>6</td>
</tr>
<tr>
<td>Senior Home Owner Property Tax Grant</td>
<td>6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Survivor Benefits</th>
<th># of patients</th>
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</thead>
<tbody>
<tr>
<td>Allowance for the Survivor</td>
<td>8</td>
</tr>
<tr>
<td>Canada Pension Plan Health Benefit</td>
<td>9</td>
</tr>
<tr>
<td>Canada Pension Plan Survivor's Pension</td>
<td>9</td>
</tr>
<tr>
<td>Veterans Affairs Canada - Death Benefit</td>
<td>9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Veteran Benefits</th>
<th># of patients</th>
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<tbody>
<tr>
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<td>1</td>
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</tbody>
</table>

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.
References


