

Screening for poverty and loneliness in primary care

Primary care providers are regularly faced with a frustrating catch 22 situation. Treat the illness a person presents with; knowing they are returning to the conditions which led to that illness.

Such conditions have become known as the wider determinants of health. These are the circumstances in which people are born, grow up, live, work and age.

Poverty and loneliness are among the circumstances which affect health in the immediate and long term.

Poverty can often mean living in poor housing conditions. A person living in damp housing is more likely to present with cardiovascular, respiratory and rheumatoid diseases.

It is outside the remit of primary care providers to address damp conditions but within the remit of many community services. These comprise statutory, community and voluntary and private organisations who work to address and mitigate against the conditions which lead to ill health.

By addressing the factors which contribute to ill health we can improve individual and population health and reduce pressure on health and social care system. It is vital that we look to upstream interventions

in order to reduce pressure on primary care providers. Currently one in three G.P feel their work load is unmanageable and 93% feel their workload has negatively impacted quality of care.

The first step is to be proactive in identifying people in social need followed by linking them with appropriate support.

A screening tool for poverty and loneliness could provide a simple, systematic, time and cost effective way for primary health care providers to identify people in need.

Screening for wider determinants of health, such as poverty and loneliness, is happening in primary care in Ontario and is to be rolled out across all regions in Canada.

A randomised control trial looking at the outcomes from screening for social determinants for health indicate that families are more likely to access potentially helpful community resources.

Sir Michael Marmot has spoken of his support for screening for the wider determinants in primary care.

To ensure that screening leads to appropriate support and intervention effective signposting and referral needs to take place.

The building of knowledge and relationships will be key in this.

Community Development and Health Network is calling for the development of a regionally appropriate screening tool. To ensure the tool has maximum impact, by building capacity for signposting and referral, training and support should be provided for community services and G.P services.

Further Reading

Chung E, Siegel B, Garg A, et al (2016) Screening for Social Determinants of Health among children and families living in poverty;: a guide for clinicians. Current problem in paediatric and adolescent health care Volume 46, Issue 5, Pages 135–153

Garg A, Toy S, Yorghos T, Silverstein M & Freeman, E. (2015) Addressing Social Determinants of Health at Well Child Care Visits: A Cluster RCT. Paediatrics; vol 135 e296

Buchman S, (2012) Screening for poverty in family practice. Canadian Family Physician vol 58 (6)

<http://thewellhealth.ca/poverty>



Male Disability Free Life Expectancy in the most deprived areas of NI was 12.0 years lower than in the least deprived areas, and the gap for females was 12.9 years.

(DoH, 2015)

For women, obesity prevalence increases with increasing levels of deprivation, regardless of the measure used.

(Public Health England, 2014)

Self harm and suicide rates are 3 times higher in the most deprived areas compared with the least deprived.

(DoH, 2015)

Poor social relationships are associated with a 29% increase in risk of incident CHD and a 32% increase in risk of stroke.

(Valtarta et al, 2016)

Loneliness is as damaging to health as smoking 15 a day.

(Holt-Lunstad, 2010)

Lonely people are at greater risk of falls, higher medicine use and be regular visitors to their G.P

(Cohen, 2006)

Rates of respiratory disease in most deprived areas more than treble the rate in least deprived areas

(DoH, 2015)

1 in 4 adolescents living in cold homes are at risk of multiple mental health problems compared to 1 in 20 who live in warm housing.

(Royal College of Psychiatrists, 2015)

Mood disorders are 37% higher in most deprived areas.

(DoH, 2015)

**Poverty and loneliness -
Foundations for poor health**