

Poverty: A Clinical Tool for Primary Care Providers (MB)

circulatory conditions at a

rate 17% higher than the

Canadian average.8

Poverty is not always apparent: In Manitoba, approximately 12.1% of families and 29% of children live in poverty. 1,2

Screen Everyone

"Do you ever have difficulty making ends meet at the end of the month?"

(Sensitivity 98%, specificity 40% for living below the poverty line)³

Poverty is a Risk Factor

Consider:

New immigrants, women, Indigenous peoples, and LGBTQ+ are among the highest risk groups.

Example 1:

If an otherwise healthy 35-year-old comes to your office, without risk factors for diabetes other than living in poverty, you consider ordering a screening test for diabetes.

Example 2:

If an otherwise low-risk patient who lives in poverty presents with chest pain, this elevates the pre-test probability of a cardiac source and helps determine how aggressive you are in ordering investigations.

Diabetes prevalence in 2013 was 11.1% in the lowest-income quintile (Q1) compared to 4.2% in Chronic Disease Cancer the highest income quintile (Q5). Those in low-income COPD hospitalizations in groups experience higher rates of lung, oral (OR 2013 were 289/100,000 people in the lowest-income quintile 2.41), and cervical (RR 2.08) (Q1) compared to 77/100,00 cancers.9.10 people in the highest income quintile (Q5). Poverty is a risk factor for many health conditions Cardiovascular **Toxic Stress** Disease Children from low-Those in the lowestincome group experience

Diabetes

Mental Illness

Those living below the poverty line experience depression at a rate 58% higher than the Canadian average.6,

income families are more likely to develop a condition that requires treatment by a physician later in life.5

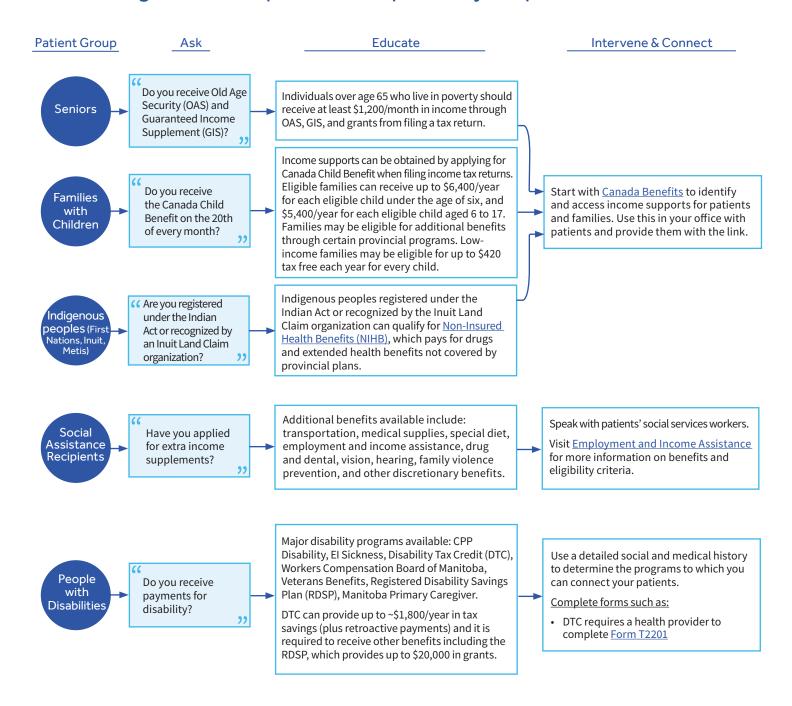
Intervene

Ask Everyone: "Have you filled out and sent in your tax forms?"

- · Ask questions to find out more about your patient—their employment, living situation, social supports, and the benefits they receive. Tax returns are required to access many income security benefits: e.g., GST / HST credits, child benefits, working income tax benefits, and property tax credits. Connect your patients to Free Community Tax Clinics and Community Financial Counselling Services.
- Even people without official residency status can file returns.
- Drug Coverage: The patient must have up-to-date tax filings and have a Health Card issued by the Province of Manitoba. Visit drugcoverage.ca for more options.



Intervening can have a profound impact on your patients' health



Key Resources

Canada Benefits

(www.canadabenefits.gc.ca)

Provides a full listing of federal and provincial income and other supports, organized by personal status (e.g., "parent," "Indigenous peoples") or life situation (e.g., "unemployment," "health concerns"), with links to the relevant program websites and to application forms.

Support Services

The following resources are available to Manitobans:

Manitoba Government Services Portal Winnipeg 311 City Services

Manitoba Residents' Portal

<u>Legal Help Centre</u> (www.legalhelpcentre.ca)

For legal information and referrals and free drop-in clinics for low income individuals, call 204-258-3096.

Remember: As health care providers, it is our responsibility to provide complete and detailed information that accurately portrays our patients' health status and disabilities.

It is **NOT** our role to serve as the gatekeepers for income security.

Supporting Material*

- [i] Free Community Tax Clinics: https://link.cep.health/pov1
- [ii] DrugCoverage.ca: https://link.cep.health/pov20
- [iii] Canada Benefits: https://link.cep.health/pov10
- [iv] Winnipeg 311 city services: https://link.cep.health/pov60
- [v] Manitoba Residents' Portal: https://link.cep.health/pov61
- [vi] Manitoba government services portal: https://link.cep.health/pov61
- [vii] Non-Insured Health Benefits for First Nations and Inuit: https://link.cep.health/pov12
- [viii] PovNet: https://link.cep.health/pov64
- [ix] Form T2201: https://link.cep.health/pov6
- [x] Manitoba Health, Seniors and Active Living: https://link.cep.health/pov65
- [xi] Workers Compensation Board of Manitoba: https://link.cep.health/pov66
- [xii] To see who is an eligible Non-Insured Health Benefits Client: https://link.cep.health/pov67
- [xiii] Fact Sheet on Systemic Racism on Indigenous Peoples in Canada: https://link.cep.health/pov27
- [xiv] National Collaborating Centre for Aboriginal Health's "Poverty as a Social Determinant of First Nations, Inuit, and Metis Health": https://link.cep.health/pov28
- [xv] Get Your Benefits! booklet: https://link.cep.health/pov68
- [xvi] Community Unemployed Help Centre: https://link.cep.health/pov69
- [xvii] Manitoba Child Benefit: https://link.cep.health/pov70
- [xviii] 55 Plus Program: https://link.cep.health/pov71
- [xix] Directory of Addiction Services: https://link.cep.health/pov72
- [xx] Native Addictions Council of Manitoba: https://link.cep.health/pov73
- [xxi] Assembly Manitoba Chiefs/Eagle Urban Transition Centre: https://link.cep.health/pov74
- [xxii] Immigrant Centre of Manitoba: https://link.cep.health/pov75
- [xxiii] Winnipeg Harvest: https://link.cep.health/pov76
- [xxiv] Manitoba Housing: https://link.cep.health/pov77
- [xxv] Manitoba Association of Women's Shelters: https://link.cep.health/pov78
- [xxvi]Employment Manitoba: https://link.cep.health/pov79
- [xxvii] About the Canada Child Benefit program: https://link.cep.health/pov15
- [xxxiii] How to calculate your Canada Child Benefit: https://link.cep.health/pov16

References

- [1] CANSIM 111-0015 Family characteristics, Low Income Measures (LIM), by family type and family type composition [Internet]. ww5.statcan.gc.ca. 2016 [cited 2016 May 2].
- [2] Lewycky D, Ladd A. Social Planning Council of Winnipeg. SPCW Review: ALLAboard Annual Report 2013-2014. 2014.
- [3] Brcic V, Eberdt C, Kaczorowski J. Corrigendum to Development of a tool to identify poverty in a family practice setting: A pilot study. Int J Family Med [Internet]. 2015 Sep 21 [cited 2016 Apr 22]; 1-7. doi: 10.1155/2015/418125
- [4] Canadian Institute for Health Information. Trends in income-related health inequalities in Canada [Internet]. 2015 Nov [cited 2016 May 4]; 1-293.
- [5] Chen E, Martin AD, Matthews KA. Trajectories of socioeconomic status across children's lifetime predict health. Pediatrics. 2007 Aug; 120(2): e297-303.
- [6] Fryers T, Melzer D, Jenkins R. Social inequalities and the common mental disorders: a systematic review of the evidence. Soc Psychiatry Psychiatr Epidemiol. 2003 May; 38(5): 229-237.
- [7] Smith KL, Matheson FI, Moineddin R, Glazier RH. Gender, income and immigration differences in depression in Canadian urban centres. Can J Public Health. 2007 Mar-Apr; 98(2): 149-153.
- [8] Lightman E, Mitchell A, Wilson B. Poverty is making us sick: a comprehensive survey of income and health in Canada [Internet]. Toronto: Wellesley Institute; 2008 Dec [cited 2015 Aug 29]; 1-38.
- [9] Conway DI, Petticrew M, Marlborough H, Berthiller J, Hashibe M, Macpherson LMD. Socioeconomic inequalities and oral cancer risk: a systematic review and meta-analysis of case-control studies. Int J Cancer. 2008; 122: 2811-2819.
- [10] Shack L, Jordan C, Thomson CS, Mak V, Møller H. Variation in incidence of breast, lung and cervical cancer and malignant melanoma of skin by socioeconomic group in England. BMC Cancer [Internet]. 26 Sep 2008 [cited 2015 Aug 29]; 1-10. doi: 10.1186/1471-2407-8-271
- [11] The Daily Canada's total population estimates, 2013 [Internet]. Statcan.gc.ca. 2013 [cited 2 May 2016].

^{*}These supporting materials are hosted by external organizations, and as such the accuracy and accessibility of their links are not guaranteed. CEP will make every effort to keep these links up to date.

This Tool has been modified from the Ontario version that was originally developed as part of the Knowledge Translation in Primary Care Initiative which is led by CEP with collaboration from the Ontario College of Family Physicians (OCFP) and the Nurse Practioners' Association of Ontario (NPAO). Clinical leadership for the development of this tool was provided by Dr. Gary Bloch MD CCFP and was subject to external review by primary care providers and other relevant stakeholders. This modified Tool was funded by the College of Family Physicians of Canada. The Ontario version of this tool was adapted from the version created in 2013 by Dr. Gary Bloch MD CCFP, Ontario College of Family Physicians and its Poverty and Health Committee. This tool is an adaptation of the Ontario tool.

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