

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

Poverty is not always apparent: In the Northwest Territories, 17% of residents struggle with low-income.¹

1 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)²

2 Poverty is a Risk Factor

Consider:

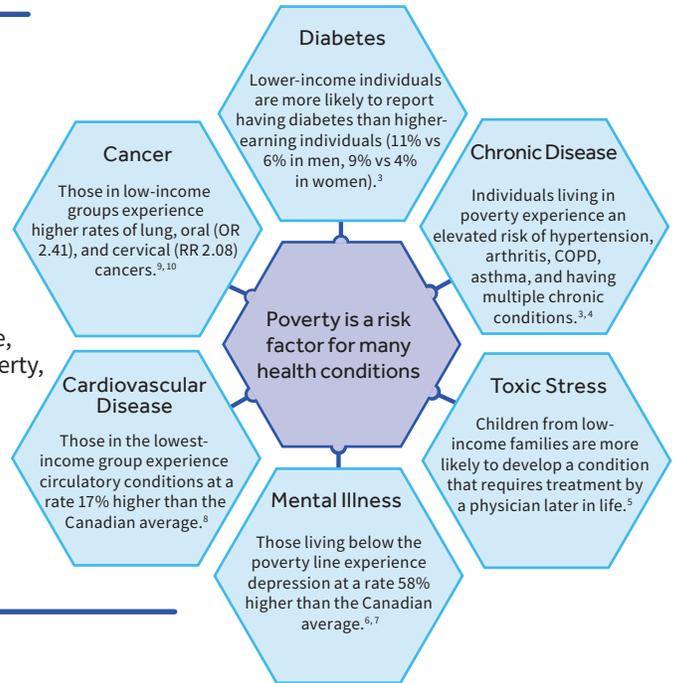
New immigrants, women, Indigenous peoples, and LGBTQ+ are among the highest risk groups.

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.



3 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. The Native Women’s Association of the NWT has partnered with the Canada Revenue Agency to provide [free tax clinic services](#) to eligible taxpayers.
- Even people without official residency status can file returns.
- Drug Coverage: Coverage for medications not available through the NWT Health Benefits Program may be covered under exceptional circumstances. Visit [drugcoverage.ca](#) for more information.

Ask



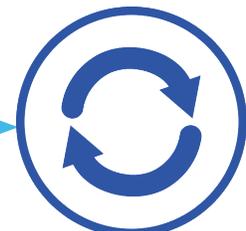
Ask questions to find out more about your patient—their living situation, and the benefits they currently receive.

Educate



Ensure you and your team are aware of resources available to patients and their families. Start with [Canada Benefits](#) and [Northwest Territories Health and Social Services](#).

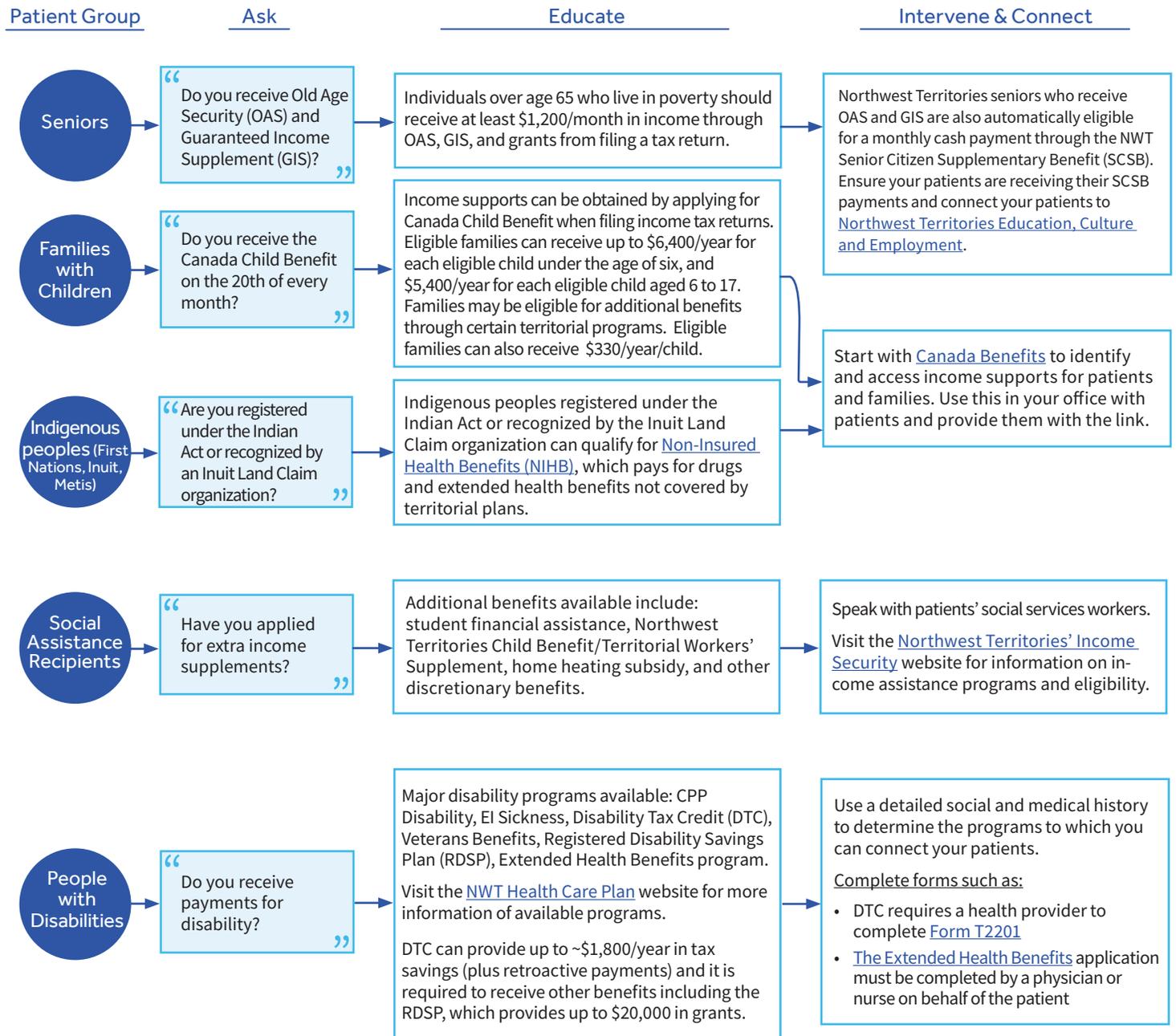
Intervene & Connect



Intervene by connecting your patients and their families to benefits, resources, and services.

more interventions on reverse

Intervening can have a profound impact on your patients' health



Key Resources

<p>Canada Benefits (www.canadabenefits.gc.ca)</p> <p>Provides a full listing of federal and territorial 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.</p>	<p>Northwest Territories Health and Social Services (www.hss.gov.nt.ca)</p> <p>Call or browse the website to find community support, social services, and continuing care, based on topic.</p>	<p>Legal Aid (www.justice.gov.nt.ca/en/legal-aid/)</p> <p>The legal aid program provides confidential legal services, advice, and representation by a lawyer for residents of the Northwest Territories who would be unable to afford these services.</p>
---	---	--

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] DrugCoverage.ca: <https://link.cep.health/pov20>
- [ii] Canada Benefits: <https://link.cep.health/pov10>
- [iii] Northwest Territories Health and Social Services: <https://link.cep.health/pov110>
- [iv] Non-Insured Health Benefits for First Nations and Inuit: <https://link.cep.health/pov111>
- [v] PovNet: <https://link.cep.health/pov112>
- [vi] Form T2201: <https://link.cep.health/pov6>
- [vii] Workers' Safety & Compensation Commission: <https://link.cep.health/pov113>
- [viii] To see who is an eligible Non-Insured Health Benefits Client: <https://link.cep.health/pov67>
- [ix] Fact Sheet on Systemic Racism on Indigenous Peoples in Canada: <https://link.cep.health/pov27>
- [x] National Collaborating Centre for Aboriginal Health's "Poverty as a Social Determinant of First Nations, Inuit, and Metis Health": <https://link.cep.health/pov28>
- [xi] Northwest Territories Housing Corporation: <https://link.cep.health/pov114>
- [xii] Native Women's Association of the NWT: <https://link.cep.health/pov115>
- [xiii] About the Canada Child Benefit program: <https://link.cep.health/pov15>
- [xiv] How to calculate your Canada Child Benefit: <https://link.cep.health/pov16>

*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.

References

- [1] Canada Without Poverty. Northwest Territories Poverty Progress Profile [Internet]. 2015 [cited 2016 Jul 29].
*Please note Statistics Canada does not collect or compile data directly measuring poverty in the Northwest Territories, such as the Low Income Cut-off (LICO), Low-Income Measurement (LIM), or Market Basket Measure (MBM).
- [2] 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.
- [3] Canadian Institute for Health Information. Health Inequalities Interactive Tool: Diabetes [Internet]. 2016[cited 2016 Jul 2]; 1-293.
- [4] Dales RE, Choi B, Chen Y, Tang M. Influence of family income on hospital visits for asthma among Canadian school children. *Thorax*. 2002 Jun; 57(6): 513-7.
- [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, Pettitrew 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 .

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 Practitioners' 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.

This Tool was developed for licensed health care professionals in the Northwest Territories as a guide only and does not constitute medical or other professional advice. Primary care providers and other health care professionals are required to exercise their own clinical judgment in using this Tool. Neither the Centre for Effective Practice ("CEP"), the College of Family Physicians of Canada (CFPC), nor any of their respective agents, appointees, directors, officers, employees, contractors, members or volunteers: (i) are providing medical, diagnostic or treatment services through this Tool; (ii) to the extent permitted by applicable law, accept any responsibility for the use or misuse of this Tool by any individual including, but not limited to, primary care providers or entity, including for any loss, damage or injury (including death) arising from or in connection with the use of this Tool, in whole or in part; or (iii) give or make any representation, warranty or endorsement of any external sources referenced in this Tool (whether specifically named or not) that are owned or operated by third parties, including any information or advice contained therein.



Poverty: A Clinical Tool For Primary Care Providers is a product of the Centre for Effective Practice. Permission to use, copy, and distribute this material for all non-commercial and research purposes is granted, provided the above disclaimer, this paragraph and the following paragraphs, and appropriate citations appear in all copies, modifications, and distributions. Use of the Poverty: A Clinical Tool For Primary Care Providers for commercial purposes or any modifications of the tool are subject to charge and use must be negotiated with Centre for Effective Practice (Email: info@cep.health).

For statistical and bibliographic purposes, please notify the Centre for Effective Practice (info@cep.health) of any use or reprinting of the tool. Please use the below citation when referencing the tool:

Reprinted with Permission from Centre for Effective Practice (October 2016). Poverty: A Clinical Tool For Primary Care Providers (NT). Toronto: Centre for Effective Practice.

Developed by:



Centre
for Effective
Practice

With support from:

