

Poverty is not always apparent: In Saskatchewan, approximately 12% of the population lives in poverty.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:

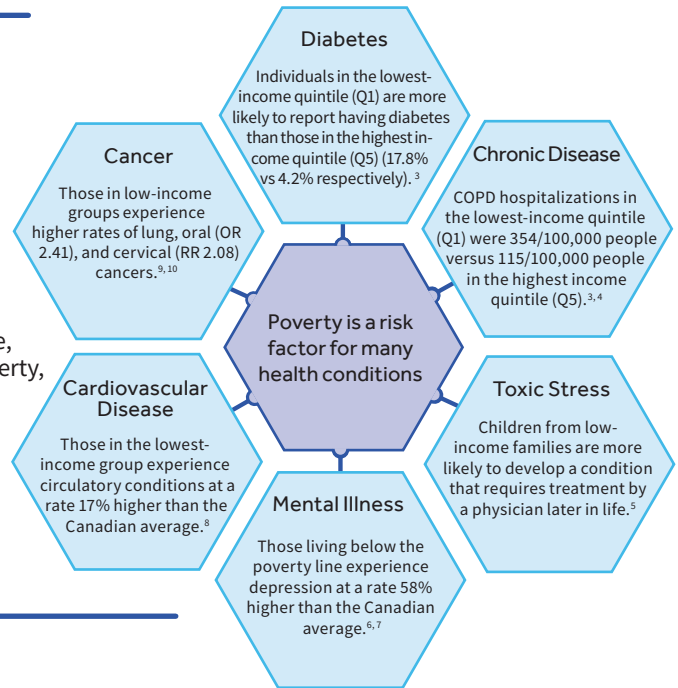
New immigrants, women, Indigenous peoples, and LGBTQ+ are among the highest risk groups.

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:

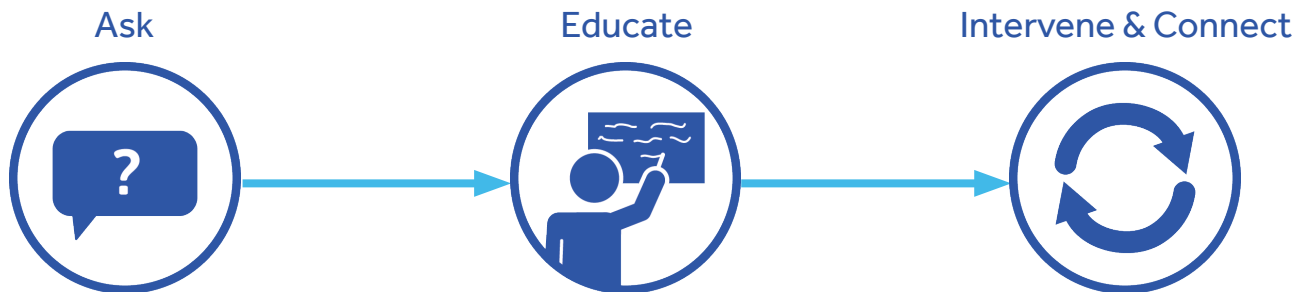
If an otherwise low-risk patient who lives in poverty presents with chest pain, this elevates the pre-test probability of a cardiac source and helps determine how aggressive you are in ordering investigations.



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. Connect your patients to [Free Community Tax Clinics](#).
- Even people without official residency status can file returns.
- Drug Coverage: The patient must have up-to-date tax filings and a Saskatchewan Health Services Card. Visit [drugcoverage.ca](#) for more options.



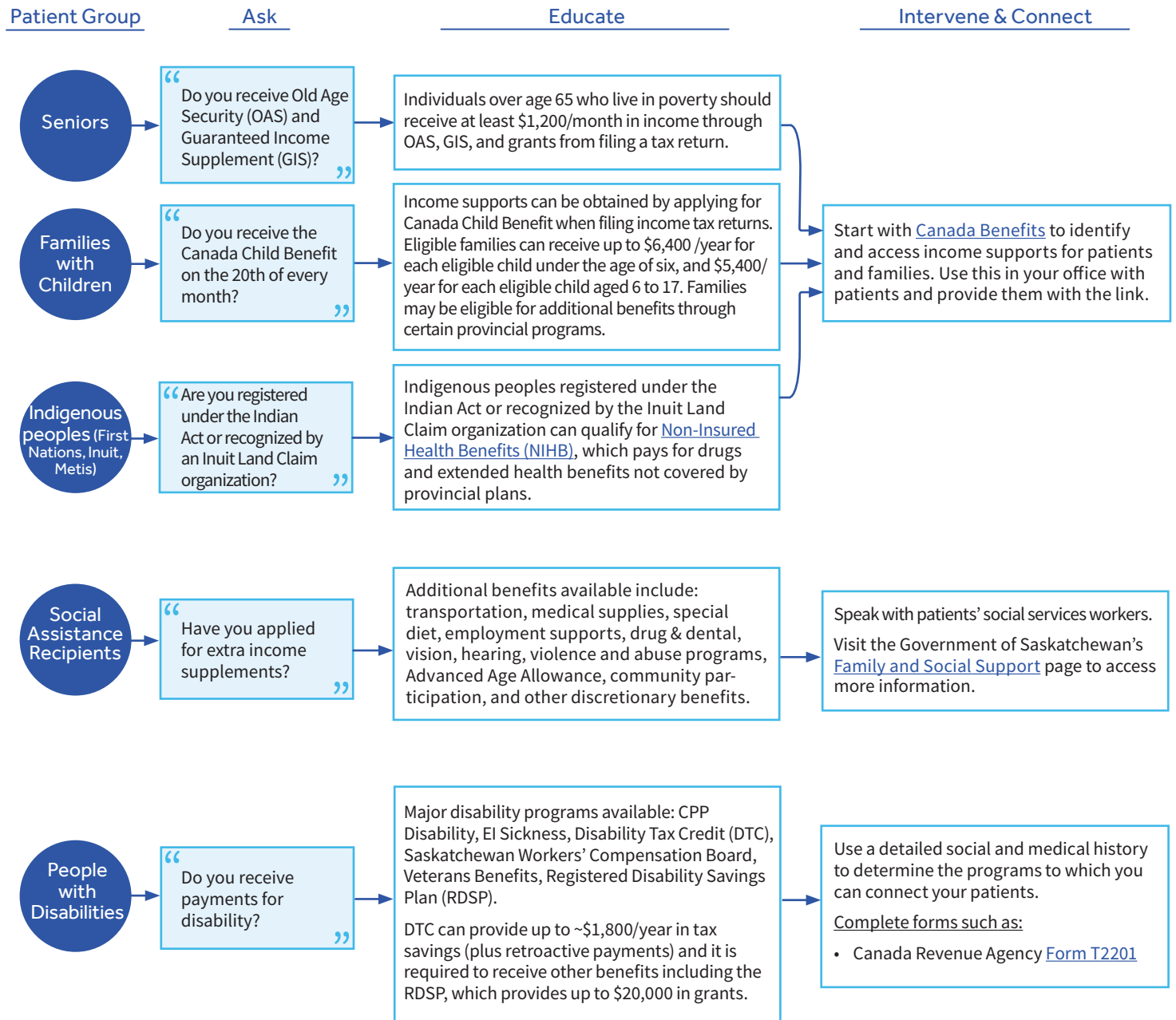
Ask questions to find out more about your patient—their living situation, and the benefits they currently receive.

Ensure you and your team are aware of resources available to patients and their families. Start with [Canada Benefits](#) and [2-1-1](#).

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 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.</p>	<p>2-1-1 (www.sk.211.ca)</p> <p>Call or browse the website to find community support, social services, and continuing care, based on topic.</p>	<p>Legal Information for Everyone (www.plea.org)</p> <p>Provides education and information for the people of Saskatchewan about the law and the legal system.</p>
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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] 2-1-1 Saskatchewan: <https://link.cep.health/pov149>
- [v] Non-Insured Health Benefits for First Nations and Inuit: <https://link.cep.health/pov67>
- [vi] PovNet: <https://link.cep.health/pov150>
- [vii] Form T2201: <https://link.cep.health/pov6>
- [viii] Government of Saskatchewan Health: <https://link.cep.health/pov151>
- [ix] Saskatchewan Workers' Compensation Board: <https://link.cep.health/pov152>
- [x] To see who is an eligible Non-Insured Health Benefits Client: <https://link.cep.health/pov5>
- [xi] Fact Sheet on Systemic Racism on Indigenous Peoples in Canada: <https://link.cep.health/pov27>
- [xii] National Collaborating Centre for Aboriginal Health's "Poverty as a Social Determinant of First Nations, Inuit, and Metis Health": <https://link.cep.health/pov28>
- [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] University of Regina. Child and family poverty in Saskatchewan: November 2012. 2012 Nov [cited 2016 May 10]; 1-12.
*Please note that the measure used to calculate this statistic is the Low Income Measure after tax.
- [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* 2015.
- [3] Canadian Institute for Health Information. Trends in income-related health inequalities in Canada [Internet]. 2015 Nov [cited 2016 May 2]; 1-293.
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- [5] Chen E, Martin AD, Matthews KA. Trajectories of socioeconomic status across children's lifetime predict health. *Pediatrics*. 2007 Aug; 120(2): e297-303.
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- [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.
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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 Providers Committee. This tool is an adaptation of the Ontario tool.

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