

Poverty is not always apparent: In Ontario 20% of families live 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:

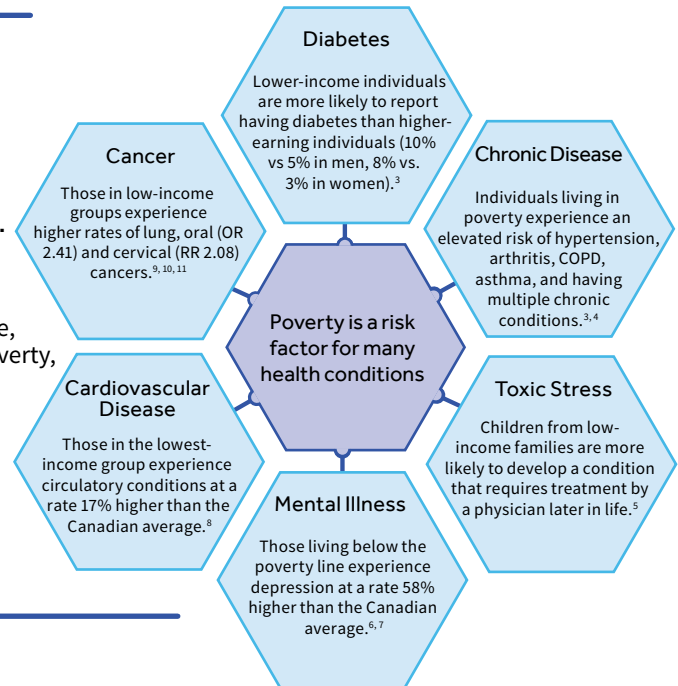
New immigrants, women, Indigenous peoples, and LGBTQ+ are among the highest risk groups.

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: up-to-date tax filing is required to access Trillium plan for those without Ontario Drug Benefits. Visit ontario.ca for more options.

Ask



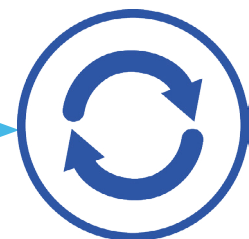
Ask questions to find out more about your patient—their living situation and the benefits they currently receive.

Educate



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

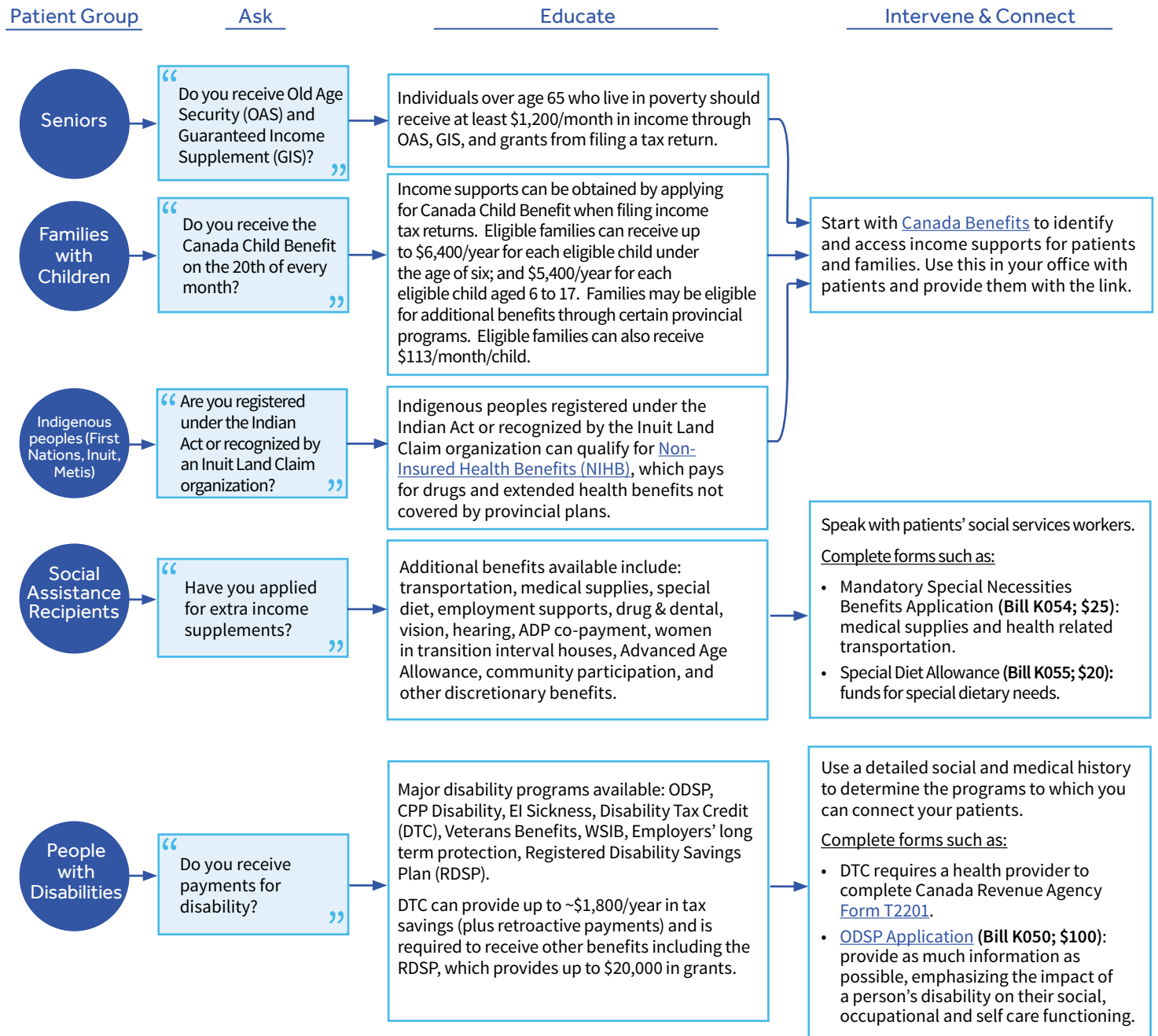
Intervene & Connect



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



For further training on interventions to address poverty, enroll in the [OCFP Treating Poverty Workshop](#).

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.211ontario.ca)</p> <p>Call 2-1-1 or browse the website to find community support and advocacy organizations, based on topic and location.</p>	<p>Your Legal Rights (www.yourlegalrights.on.ca)</p> <p>Well-organized easy-to-find legal information. If your patients are denied any of the above benefits, consider referral to nearest legal clinic - acceptance rates on appeal can be high.</p>
---	---	---

Remember: As health providers, it is our responsibility to provide complete and detailed information that accurately portrays our patients' health status and disability.
It is **NOT** our role to serve as the gatekeepers for income security.

Supporting Material*

- [i] Free Community Tax Clinics: www.cra-arc.gc.ca/tx/ndvdl/vlntr/clncs/on-eng.html
- [ii] DrugCoverage.ca: www.ontario.ca/page/get-help-high-prescription-drug-costs
- [iii] Canada Benefits: www.canadabenefits.gc.ca
- [iv] 2-1-1 Ontario: www.211ontario.ca
- [v] Non Insured Health Benefits for First Nations and Inuit: www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/index-eng.php
- [vi] OCFP Poverty Workshop: <http://ocfp.on.ca/cpd/povertytool>
- [vii] Form T2201: www.cra-arc.gc.ca/E/ptbg/tf/t2201/README.html
- [viii] ODSP Application: www.mcscs.gov.on.ca/en/mcscs/programs/social/odsp/income_support/part_one.aspx
- [ix] Additional advocacy resources: Health Providers Against Poverty: www.healthprovidersagainstpoverty.ca
- [x] To see who is an eligible Non-Insured Health Benefits Client: www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/benefit-prestataion/index-eng.php
- [xi] Canada Child Benefit - about the program: <http://www.cra-arc.gc.ca/E/pub/tg/t4114/t4114-e.html>
- [xii] Canada Child Benefit - how to calculate your CCB: <http://www.cra-arc.gc.ca/bnfts/ccb/clctyrccb-eng.html>

*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] MacDonnell S, Lim A, Dyson D. Losing ground: the persistent growth of family poverty in Canada's largest city [Internet]. Toronto: United Way of Greater Toronto; 2007 Nov [cited 2015 Aug 29]; i-68. Available from: <http://www.unitedwaytr.com/document.doc?id=62>
- [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] Bierman AS, Ahmad F, Angus J, Glazier RH, Vahabi M, Damba C, et al. Burden of illness. In: Bierman AS, editor. Project for an Ontario women's health evidence-based report: volume 1 [Internet]. Toronto, ON: Echo – Improving Women's Health in Ontario; 2009 [cited 2015 Aug 29]; 1-143. Available from: <http://powerstudy.ca/wp-content/uploads/downloads/2013/01/Chapter3-BurdenofIllness.pdf>
- [4] Lightman E, Mitchell A, Wilson B. Sick and tired: the compromised health of social assistance recipients and the working poor in Ontario [Internet]. Toronto: Wellesley Institute; 2009 Feb [cited 2015 Aug 29]; 1-33. Available from: <http://www.wellesleyinstitute.com/wp-content/uploads/2011/11/sickandtiredfinal.pdf>
- [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. Available from: <http://www.wellesleyinstitute.com/wp-content/uploads/2011/11/povertyismakingussick.pdf>
- [9] Krzyzanowska MK, Barbera L, Elit L, Kwon J, Lofters A, Saskin R, et al. Cancer. In: Bierman AS, editor. Project for an Ontario women's health evidence-based report: volume 1 [Internet]. Toronto: Echo – Improving Women's Health in Ontario; 2009 [cited 2015 Aug 29]; 1-155. Available from: <http://powerstudy.ca/wp-content/uploads/downloads/2012/10/Chapter4-Cancer.pdf>
- [10] 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.
- [11] Shack L, Jordan C, Thomson CS, Mak V, Moller 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 was developed as part of the Knowledge Translation in Primary Care Initiative which is led by CEP with collaboration from Ontario College of Family Physicians and Nurse Practitioners' Association of Ontario. Clinical leadership for the development of this tool was provided by Dr. Gary Bloch MD CCFP and was subject to external review

This Tool was developed for licensed health care professionals in Ontario 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"), Ontario College of Family Physicians, Nurse Practitioners' Association of Ontario, Government of Ontario, 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@effectivepractice.org).

For statistical and bibliographic purposes, please notify the Centre for Effective Practice (info@effectivepractice.org) 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 (November 2016). Poverty: A Clinical Tool For Primary Care Providers. Toronto: Centre for Effective Practice.

Developed by:



In collaboration with:



With support from:

St. Michael's
Inspired Care.
Inspiring Science.



Family & Community Medicine
UNIVERSITY OF TORONTO



This tool was adapted from the version created in 2013 by Dr. Gary Bloch MD CCFP, OCFP and its Poverty and Health Committee