

Poverty is not always apparent: In New Brunswick, 7.6% 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:

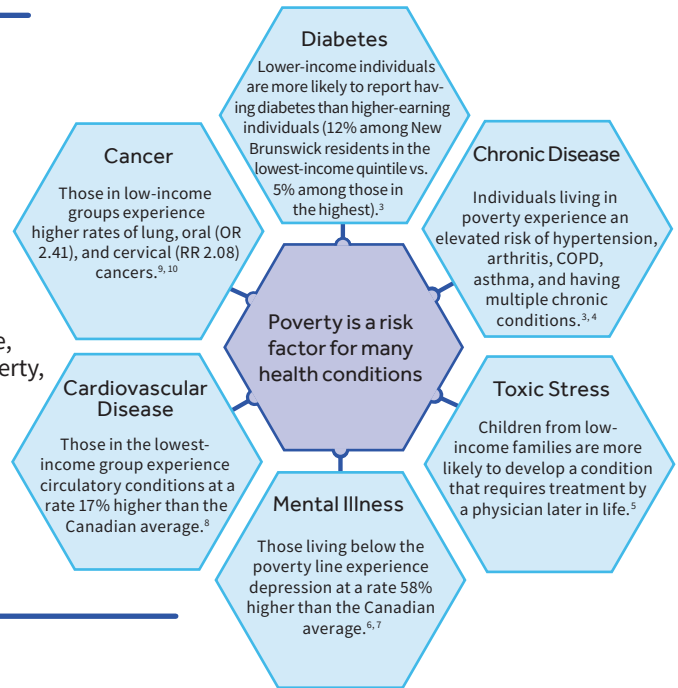
New immigrants, women, Indigenous peoples, and LGBTQ+ are among the highest risk groups.

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:

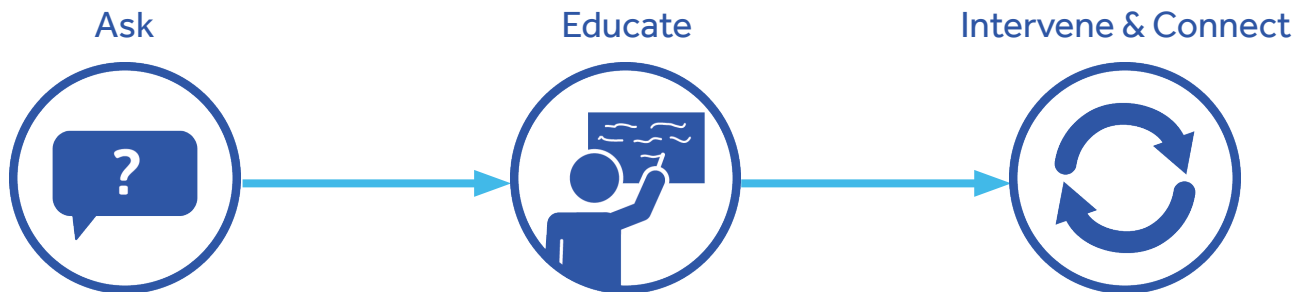
If an otherwise low-risk patient who lives in poverty presents with chest pain, this elevates the pre-test probability of a cardiac source and helps determine how aggressive you are in ordering investigations.



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 must also be a client of the Department of Social Development in order to access the New Brunswick Prescription Drug Program and the Health Service Program. Visit the [website](#) for more information.



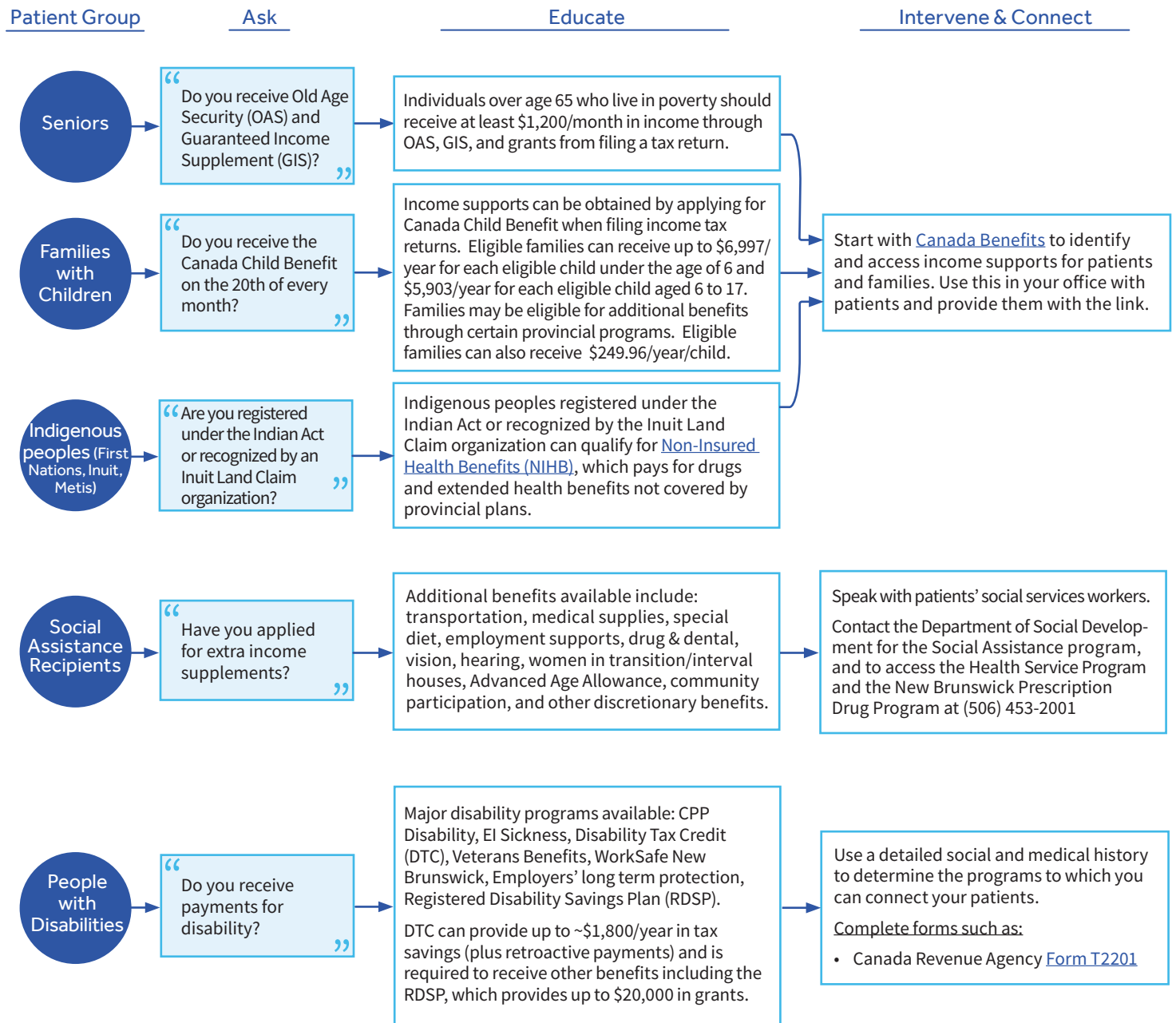
Ask questions to find out more about your patient—their living situation, and the benefits they currently receive.

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

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

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.

2-1-1

(www.nb.211.ca)

Call 2-1-1 or browse the website to find community support and advocacy organizations, based on topic and location.

Public Legal Education and

Information Service of New Brunswick

(www.legal-info-legale.nb.ca)

A non-profit, charitable organization offering free law information products and services to the entire province.

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] Prescription drug insurance coverage: <https://link.cep.health/pov20>
- [iii] Canada Benefits: <https://link.cep.health/pov10>
- [iv] Non-Insured Health Benefits for First Nations and Inuit: <https://link.cep.health/pov12>
- [v] PovNet: <https://link.cep.health/pov86>
- [vii] Form T2201: <https://link.cep.health/pov6>
- [viii] New Brunswick Social Assistance Program: <https://link.cep.health/pov87>
- [ix] Human Development Council: <https://link.cep.health/pov88>
- [x] To see who is an eligible Non-Insured Health Benefits Client: <https://link.cep.health/pov67>
- [xi] About the Canada Child Benefit program: <https://link.cep.health/pov15>
- [xii] 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] Statistics Canada. Percentage of persons in low income by sex [Internet]. 2022-03. [cited 2022 Oct 7].
- [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] Department of Health, Government of New Brunswick. Health inequities in New Brunswick: A report from the Office of the Chief Medical Officer of Health [Internet]. 2016 Feb [cited 2016 Apr 08].
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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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