

## Poverty: A Clinical Tool for Primary Care Providers (BC)

Poverty is not always apparent: In British Columbia, 14% of the population lives in poverty.<sup>1</sup>

## **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)<sup>2</sup>

## 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.

# Cancer Those in low-income groups experience groups experience Per state of lung or of (OP) Individuals in the lowest-income quintile (Q1) are more likely to report having diabetes than those in the highest income quintile (Q5) (8.6% vs 3.9% respectively). 3

Diabetes

Poverty is a risk

factor for many

Mental Illness

Those living below the

poverty line experience depression at a rate 58% higher than the Canadian average.<sup>6,7</sup>

Those in low-income groups experience higher rates of lung, oral (OR 2.41), and cervical (RR 2.08) cancers. 9,10

#### Cardiovascular Disease

Those in the lowestincome group experience circulatory conditions at a rate 17% higher than the Canadian average.8

## Chronic Disease

COPD hospitalizations in the lowest-income quintile (Q1) were 185/100,000 people versus 50/100,000 people in the highest income quintile (Q5). 3.4

## health conditions Toxic Stress

Children from lowincome families are more likely to develop a condition that requires treatment by a physician later in life.<sup>5</sup>

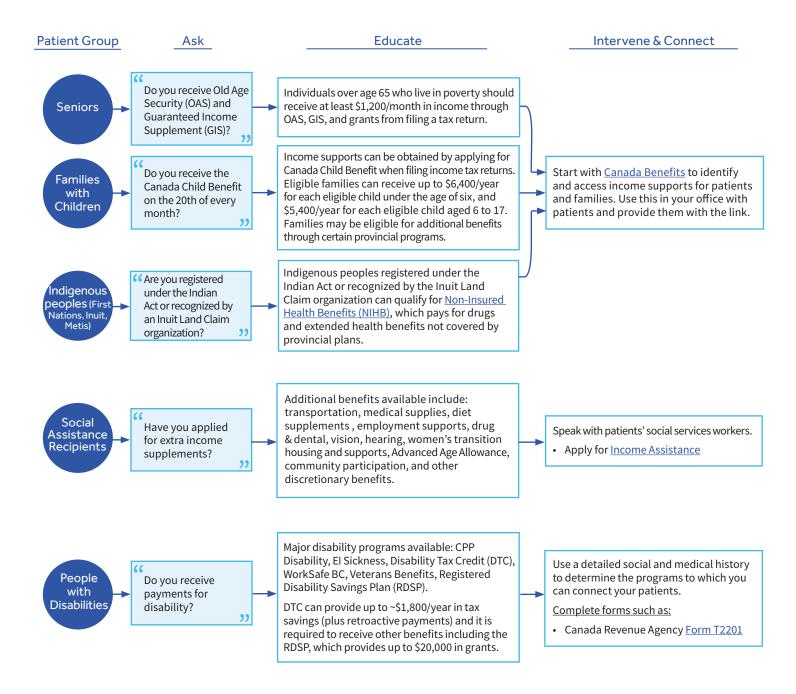
## (3) Intervene

## 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 be registered with the Medical Services Plan and have a BC Services Card or Care Card. Visit <a href="mailto:drugcoverage.ca">drugcoverage.ca</a> 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.

## 2-1-1

(www.bc211.ca)

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

#### Clicklaw (www.clicklaw.bc.ca)

This site provides legal information, education, and help for British Columbians.

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: <a href="https://link.cep.health/pov20">https://link.cep.health/pov20</a>
- [iii] Canada Benefits: https://link.cep.health/pov10
- [iv] 2-1-1 British Columbia: https://link.cep.health/pov37
- [v] Non-Insured Health Benefits for First Nations and Inuit: https://link.cep.health/pov12
- [vi] PovNet: https://link.cep.health/pov40
- [vii] Form T2201: https://link.cep.health/pov6
- [viii] Ministry of Health British Columbia: https://link.cep.health/pov41
- [ix] Work Safe BC: <a href="https://link.cep.health/pov42">https://link.cep.health/pov42</a>
- [x] To see who is an eligible Non-Insured Health Benefits Client: https://link.cep.health/pov12
- [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": <a href="https://creativecommons.org/linearing/bases/bases/bases/">https://creativecommons.org/<a href="https://creativecommons.org/">https://creativecommons.org/<a href="https://creativecommons.org/">https://creativecommons.org/<a href="https://creativecommons.org/">https://creativecommons.org/<a href="https://creativecommons.org/">https://creativecommons.org/<a href="https://creativecommons.org/">https://creativecommons.org/<a href="https://creativecommons.org/">https://creativecommons.org/<a href="https://creativecommons.org/">https://creativecommons.org/</a></a>

link.cep.health/pov28

- [xiii] BC Housing: <a href="https://link.cep.health/pov43">https://link.cep.health/pov43</a>
- [xiv] Clicklaw: https://link.cep.health/pov44
- [xv] Aboriginal Patient Navigators (APN): <a href="https://link.cep.health/pov45">https://link.cep.health/pov45</a>
- [xvi] InclusionBC: https://link.cep.health/pov46
- [xvii] Parent Support Services Society of BC: <a href="https://link.cep.health/pov47">https://link.cep.health/pov47</a>
- [xviii] BC Centre for Elder Advocacy and Support: https://link.cep.health/pov48
- [xix] B.C. Association of Family Resource Programs: https://link.cep.health/pov49
- [xx] Supporting Affordability for BC Families: https://link.cep.health/pov50
- [xxi] B.C. Child Care Subsidy Program: <a href="https://link.cep.health/pov51">https://link.cep.health/pov51</a>
- [xxii] B.C. Healthy Kids Program: https://link.cep.health/pov52
- [xxiii] B.C. Dental Coverage: https://link.cep.health/pov53
- [xxiv] B.C. Housing Rental Assistance Program: https://link.cep.health/pov54
- [xxv] B.C. Bus Pass Program: https://link.cep.health/pov55
- [xxvi] About the Canada Child Benefit program: https://link.cep.health/pov15
- [xxvii] How to calculate your Canada Child Benefit: https://link.cep.health/pov16

## References

- [1] Statistics Canada. Table 206-0003 Canadian Income Survey (CIS), persons in low income, Canada and provinces [Internet]. 2012 [cited 2016 June 10].
  - $^{\star}$ 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 [Internet]. 2015 Sep 21 [cited 2016 Apr 22]; 1-7. doi: 10.1155/2015/418125
- [3] Canadian Institute for Health Information. Trends in income-related health inequalities in Canada [Internet]. 2015 Nov [cited 2016 May 11]; 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, 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

<sup>\*</sup>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 Providers Committee. This tool is an adaptation of the Ontario tool.

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