## Poverty Interventions for Health

# POVERTY:

Poverty must be addressed like other major health risks.

The evidence shows poverty to

be a health risk equal to
hypertension, high cholesterol
and smoking. We devote
significant energy and
resources to treating these
health issues. Should we treat
poverty like any equivalent

Of course.

health condition?

A clinical tool for primary care in Manitoba

"There is strong and growing evidence that higher social and economic status is associated with better health. In fact, these two factors seem to be the most important determinants of health."

- Public Health Agency of Canada

Poverty accounts for 24% of person years of life lost in Canada by those aged 0-74 (second only to 30% for neoplasms).<sup>2</sup>



A CHAPTER OF THE COLLEGE OF FAMILY PHYSICIANS OF CANADA UNE SECTION DU COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA



### Three ways to address poverty in primary care:

## 1. SCREEN

Poverty is not always obvious. We can't make assumptions

Poverty affects many...9% of Manitobans and 31% of single-parent families live in poverty.<sup>3</sup>

Poverty affects health on a gradient: There is no health poverty line. Lack of income negatively affects the health of all but the highest-income patients. 4

## 2. ADJUST RISK

### Factor poverty into clinical decision-making like other risk factors. Consider the evidence:

#### Cardiovascular disease:

 Prevalence: There is a 55% higher rate of circulatory conditions among lowest-income quintile rural Manitobans than rural residents in the highest quintile; and a 33% higher rate among lowest-income urban residents compared to highest. 6

#### **Diabetes:**

- Prevalence: The lowest-income quintile has almost double the rate of the highest-income (14% vs. 7% in rural Manitoba; 10% vs. 6% in urban).
- People with diabetes in the lowest-income quintile are almost 3 times as likely to undergo amputations as those in the highest-income quintile (26% vs. 8% in rural Manitoba; 16% vs. 6% in urban).

### **Mental Illness:**

- Prevalence: Five-year cumulative mental illness rates among urban Manitobans in lowest-income quintile are 43% higher than among highest group; fewer differences among rural residents.
- Suicide: Rates of completed or attempted suicide are 5 times higher among both urban and rural lowest-income quintile Manitobans than among highest-income Manitobans.<sup>9</sup>

## Screen everyone!!! Ask:

"Do you ever have difficulty making ends meet at the end of the month?"<sup>5</sup>

### Premature Mortality (death before age 75):

 Lowest-income Manitobans are 1.9 times (rural) to 2.9 times (urban) more likely to die prematurely than are highestincome Manitobans.

#### Children:

- Mortality: Rates in children in the lowest-income quintile are 3.1 (rural) to 4.3 (urban) times as high compared with children in the highest.<sup>11</sup>
- Hospitalization: Rates are 2.4 (urban) to 3.2 (rural) times as high for children in lowest-income quintile compared to those in highest. <sup>11</sup>

#### **Growing up in Poverty:**

#### We must work to improve income early.

Growing up in poverty has been associated with increased adult illness and mortality resulting from: stomach, liver and lung cancer; diabetes; cardiovascular disease; stroke; respiratory diseases; nervous system conditions; diseases of the digestive system; alcoholic cirrhosis; unintentional injuries; and homicide. <sup>12 13</sup>

### Some examples of how the evidence might change your practice:

- 1. If an otherwise healthy 35 year old comes to your office, without risk factors for diabetes other than living in poverty, you could consider ordering a screening test for diabetes.
- 2. If an otherwise low-risk patient who lives in poverty presents with chest pain, this elevates your pre-test probability of a cardiac source and helps determine how aggressive you are in ordering investigations.

## 3. INTERVENE

### Simple questions to help patients living in poverty:

### **FOR EVERYBODY:**

### Have you filled out and mailed in your tax forms?

- Tax returns are essential to access many income security benefits ex: GST/HST credits, Child Tax Benefits.
- Even people without official residency status can file returns.
- Drug Coverage: Tax returns must be filed to determine the Pharmacare deductible. Contact 204-786-7141 or go to: www.gov.mb.ca/health/pharmacare/apply.html

Do you have benefits covered by a program?

### For seniors living in poverty:

### Do you receive Old Age Security (OAS) and Guaranteed Income Supplement (GIS)?

- Most people over age 65 who live in poverty should receive up to \$1300/month in income through OAS/GIS.
- Low-income seniors living in rental accommodations may qualify for up to \$230 per month in RentAid.

### For pregnant women (eligible at 14 weeks): Do you receive the Manitoba Prenatal Benefit?

- This benefit is provided to low-income pregnant women with a household income of less than \$32000 in order to help them meet their extra nutritional needs during pregnancy.
- Go to www.gov.mb.ca/healthychild/healthybaby/intro.html

### For families with children:

### Do you receive the Child Tax Benefit or Universal Child Care Benefit on the 20th of every month?

- Parents may be eligible to receive up to \$5000 per year, or more, depending on the number of children, children's age and family income and can lead to a number of other income supports.
- Low income families living in rental accommodations may qualify for up to \$230 per month in RentAid.

### For people with disabilities:

### Do you receive payments for a disability?

There are several major disability programs: CPP Disability, EI, EIA-Disability, Disability Tax Credit, Registered Disability Savings Plans, Worker's Compensation Board, Employer Short/Long-term disability plans, RentAid and Veteran's benefits. Health provider may be required to complete the application form.

### **For First Nations:**

#### Do you have Status or receive Medical Services?

 First Nations with treaty status designation may qualify for noninsured health benefits through the federal government. These pay for drugs and other extended health benefits. Go to: www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/index-eng.php

### For Employment and Income Assistance recipients (EIA/Welfare):

### Have you applied for all the benefits you qualify for?

- EIA provides a range of benefits to help meet needs. Benefits may include:
  - Basic assistance-to help with costs of things like food, clothing and personal/household needs
  - Income assistance for persons with disabilities-additional financial support to help offset some of the costs of living with a disability in the community.
  - Shelter benefits-to help with rental costs as well as the actual costs of your utilities
  - Health needs-one-time or ongoing help with prescription optical or dental needs
  - Medical supplies and equipment not available through another program
  - Special health-related diet allowances
  - Transportation costs for education, employment or healthrelated needs
  - Special needs-such as the costs of beds/bedding or furniture in exceptional circumstances.
- Rewarding Work Program—EIA also provides supports to help people move from income assistance to work including:
  - Job seeker's allowance-to help look for work
  - Work incentive-lets a person keep part of their pay without affecting eligibility for EIA
  - One-time payment when leaving EIA to work to help with unexpected work costs
  - Help with rent/transportation needs until first paycheque
  - People with disabilities on EIA who do volunteer work may receive an extra monthly benefit of up to \$100 per month.

For more information on EIA benefits and other supports please see: <a href="https://www.gov.mb.ca/tce/eia/eiafacts/index.html">www.gov.mb.ca/tce/eia/eiafacts/index.html</a>

Remember:

Health providers are not the gatekeepers for income security programs. Our job is to serve our complete and detailed portrays our patients' health

portrays our patients' health

status and disability.

### **Income Referral Resources**

### Patient-oriented, easy to use government websites:

**Service Canada www.servicecanada.gc.ca** catch-all site for federal programs, including newcomers, seniors (OAS, GIS), First Nations, veterans, employment (ex: SIN), EI, GST credit, and the Child Tax Benefit. Organized by population group, life events and subject. Phone contact at 1-800-O-CANADA (1-800-622-6232).

Canada Benefits <a href="www.canadabenefits.gc.ca">www.canadabenefits.gc.ca</a> provides a full listing of income and other supports, organized by personal status (ex: 'parent', 'Aboriginal') or life situation (ex: 'unemployment', 'health resources') and province with links to the relevant program websites, and to applicable forms. (A good website for health providers to explore).

**Manitoba Resources** <u>www.gov.mb.ca/residents</u> provides details on programs and services organized by personal situation (ex: 'caregiver', 'consumer') or service need (ex: 'get a health card').

Manitoba Tax Assistance Office <a href="www.gov.mb.ca/finance/tao">www.gov.mb.ca/finance/tao</a> informs and assists residents on the Manitoba income tax and tax credit programs.

Manitoba Employment and Income Assistance Program (EIA) www.gov.mb.ca/tce/eia/index.html overview of the EIA programs, coverage, eligibility requirements, application process, includes downloadable brochures and applications.

#### One-on-one services:

### **Community Financial Counselling Services (CFCS)**

www.debthelpmanitoba.com or call 1-888-573-2383. A free non-profit, United Way and Government of Manitoba funded agency providing counselling, education and options for accessing resources, managing income, debt and navigating the financial systems that impact daily life.

Community Volunteer Income Tax Program (CVITP) FREE tax preparation is available for low-income tax payers from mid-February to the end of April. At locations subject to the availability of volunteers. Browse <a href="www.cra-arc.gc.ca/volunteer">www.cra-arc.gc.ca/volunteer</a>, call the CRA general inquiries line at 1-800-959-8281, or during the tax season call the CVITP program at 204-989-1912.

Society of Manitobans with Disabilities (SMD) 1-866-282-8041 www.smd.mb.ca this organization provides programs, services and access to resources for those with disabilities.

**Contact Community Information** <u>www.contactmb.org</u> or call 1-866-266-4636 for a directory of supports and services available throughout Manitoba. Allows for searches for specific organizations by topic and location.

**Seniors Information Line i**nformation and referral line for seniors, their families, caregivers and professionals working with seniors. This resource provides access to information on services and programs for seniors in Manitoba. Contact 204-945-6565 or toll free at 1-800-665-6565.

**A & O Support Services for Older Adults** a social service agency providing information, legal clinics, housing clinics, elder abuse prevention services, meal programs and counselling services for older adults. Visit <a href="https://www.ageopportunity.mb.ca">www.ageopportunity.mb.ca</a> or call 204-956-6440.

**Seniors Abuse Support Line** a 24 hour confidential resource supported by trained counsellors who can discuss concerns and respond to questions about elder abuse. Go to <a href="https://www.seniorsabusesupport.ca">www.seniorsabusesupport.ca</a> or call 1-888-896-7183.

### **Advocacy-Oriented Organizations:**

#### Community Unemployed Help Centre (CUHC)

<u>www.cuhc.mb.ca</u> or call 1-866-942-6556 for information, assistance and advocacy with Employment Insurance (EI) and Employment and Income Assistance (EIA) problems.

#### Public Interest Law Centre (includes the Poverty Law Unit)

www.legalaid.mb.ca this office of Legal Aid Manitoba accepts eligible cases about income security and housing issues. This includes appeals to decisions by EIA, CPP, WCB, MPIC and RTB. Call 1-800-261-2960.

#### Community Legal Education Association (Manitoba) Inc.

(CLEA) <u>www.communitylegal.mb.ca</u> this charitable organization provides legal information to Manitobans and a law phone–in and Lawyer Referral Program. Call 204-943-2382.

**Consumer Protection Office** www.gov.mb.ca/cca/cpo for information on consumer rights in Manitoba or help with consumer complaints. Call 1-800-782-0067.

**Residential Tenancies Branch (RTB)** the RTB helps solve problems and provides information and assistance regarding rights and responsibilities of landlords and tenants. Go to <a href="https://www.gov.mb.ca/cca/rtb">www.gov.mb.ca/cca/rtb</a> or call 1-800-782-8403.



Adapted from a tool developed by
Dr. Gary Bloch MD CCFP with the support of
Health Providers Against Poverty and the Ontario College of Family Practitioners.
Revised October 2013 for use in Manitoba
with the support of:









- <sup>1</sup>Public Health Agency of Canada, Social Determinants of Health, http://www.phac-aspc.gc.ca/ph-sp/determinants/determinants-eng.php, last updated June 2003.
- <sup>2</sup> Wilkins R, Berthelot J-M, Ng E. Trends in mortality by neighbourhood income in urban Canada from 1971 to 1996. Health Reports (Statistics Canada). 2002:13(Supplement): 10.
- <sup>3</sup> Based on 2010 rates using the Market Basket Measure. Budget 2013, Manitoba Government. <a href="http://www.gov.mb.ca/finance/budget13/">http://www.gov.mb.ca/finance/budget13/</a> papers/poverty.pdf
- <sup>4</sup> Wilkinson, R. and Marmot, M., eds. (2003) Social determinants of health: the solid facts. 2nd edition. World Health Organization Report. www.euro.who.int/ data/assets/pdf file/0005/98438/e81384.pdf
- <sup>5</sup> (Sensitivity 98%, Specificity 64% for living below the poverty line) Brcic, Vanessa, Caroline Eberdt, and Janusz Kaczorowski (2011), "Development of a Tool to Identify Poverty in a Family Practice Setting: A Pilot Study," International Journal of Family Medicine, vol. 2011.
- <sup>6</sup> Health Inequities in Manitoba: Is the Socioeconomic Gap in Health Widening or Narrowing over Time? Sept 2010 Manitoba Centre for Health Policy, Figures 5.17; 5.18 Ischemic Heart Disease among residents aged 19+ 2005/06 2007/08. <a href="http://mchp-appserv.cpe.umanitoba.ca/">http://mchp-appserv.cpe.umanitoba.ca/</a> reference/Health Ineq final WEB.pdf
- <sup>7</sup> Health Inequities in Manitoba: Is the Socioeconomic Gap in Health Widening or Narrowing over Time? Sept 2010 Manitoba Centre for Health Policy, Figures 5.1; 5.2 Diabetes Prevalence among residents aged 19+ 2005/06 2007/08. <a href="http://mchp-appserv.cpe.umanitoba.ca/">http://mchp-appserv.cpe.umanitoba.ca/</a> reference/Health Ineq final WEB.pdf
- <sup>8</sup> Health Inequities in Manitoba: Is the Socioeconomic Gap in Health Widening or Narrowing over Time? Sept 2010 Manitoba Centre for Health Policy, Figures 7.2; 7.2 Cumulative Mental Illness among residents aged 10+ 2004/05-2008/09. "Cumulative Mental Illness" provides an overall indicator of the prevalence of mental illness, accounting for the co-occurrence among mental illnesses. Five-year period prevalence is the proportion of the population aged 10 and older that had a diagnosis for any of the following over a five year period: depression, anxiety, substance abuse, personality disorders or schizophrenia. <a href="http://mchp-appserv.cpe.umanitoba.ca/reference/Health Ineq-final-WEB.pdf">http://mchp-appserv.cpe.umanitoba.ca/reference/Health Ineq-final-WEB.pdf</a>
- <sup>9</sup> Health Inequities in Manitoba: Is the Socioeconomic Gap in Health Widening or Narrowing over Time? Sept 2010 Manitoba Centre for Health Policy, Figures 7.17; 7.18 Completed or Attempted Suicide among residents aged 10+ 2005-2007. <a href="http://mchp-appserv.cpe.umanitoba.ca/">http://mchp-appserv.cpe.umanitoba.ca/</a> reference/Health Ineq final WEB.pdf
- <sup>10</sup> Health Inequities in Manitoba: Is the Socioeconomic Gap in Health Widening or Narrowing over Time? Sept 2010 Manitoba Centre for Health Policy, Figures 3.1; 3.2 Premature Morality rate per 1,000 residents aged 0-74 2004-2007. <a href="http://mchp-appserv.cpe.umanitoba.ca/reference/Health\_Ineq\_final\_WEB.pdf">http://mchp-appserv.cpe.umanitoba.ca/reference/Health\_Ineq\_final\_WEB.pdf</a>
- How are Manitoba's Children Doing? October 2012 Manitoba Centre for Health Policy, Figures 3.5;3.6 2005-2009 Child Mortality Rates per 1000 children ages 1-19 years, Figures 3.18;3.19 Hospital Episode Rates per 1000 children ages 0-19 2009/10. http://mchp-appserv.cpe.umanitoba.ca/reference/mb\_kids\_report\_WEB.pdf
- <sup>12</sup> Emerson, E. (2009). Relative child poverty, income inequality, wealth, and health. JAMA, 301(4), 425-6.
- <sup>13</sup> Currie J, Lin W. (2007). Chipping away at health: more on the relationship between income and child health. Health Affairs, 26(2). 331-344.