

## Income Referral Resources

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

**Service Canada:** [www.servicecanada.gc.ca](http://www.servicecanada.gc.ca): Catch-all site for federal programs, including for Newcomers, Seniors (OAS, GIS), First Nations, Veterans, Employment (e.g. SIN), EI, GST Credit, Canada Child Tax Benefit. - organized by population group, life events, and subject.

**Canada Benefits:** [www.canadabenefits.gc.ca](http://www.canadabenefits.gc.ca): Provides a full listing of income and other supports, organized by personal status (e.g. "parent," "Aboriginal") or life situation (e.g. "unemployment," "health resources"), and province with links to the relevant program websites, and to application forms. (A good website for health providers to explore.)

**Service Ontario:** [www.ontario.ca/en/services\\_for\\_residents](http://www.ontario.ca/en/services_for_residents): Access to provincially run information and online services, e.g. for EI, CPP, birth certificates.

### Ontario Ministry of Community and Social Services social assistance:

[www.mcscs.gov.on.ca/en/mcscs/programs/social](http://www.mcscs.gov.on.ca/en/mcscs/programs/social): Overview of Ontario Works and ODSP – application process, details about all benefits and supports available and eligibility requirements.

### Local Employment and Social Services:

e.g. [www.toronto.ca/socialservices](http://www.toronto.ca/socialservices) for Toronto: links to employment assistance services, benefits available to Ontario Works recipients, housing supports. Direct online application for Ontario Works.

### One-on-one services:

**Free Community Income Tax Clinics:** *diverse locations.*

**Call or browse** [www.211ontario.ca](http://www.211ontario.ca) or local 2-1-1 service:

Call CRA to set up an appointment: 1-800-959-8281;

[www.cra-arc.gc.ca/tx/ndvds/vlntr/clncs/on-eng.html](http://www.cra-arc.gc.ca/tx/ndvds/vlntr/clncs/on-eng.html)

**Local organizations with support and social workers:** Call or browse [www.211ontario.ca](http://www.211ontario.ca) or local 2-1-1 service: Allows searches for specific advocacy organizations, based on topic and location.

**Legal Clinics:** [www.legalaid.on.ca](http://www.legalaid.on.ca) or 1-800-668-8258 to find the closest Legal Aid Clinic or for a guide to Legal Aid supports by specific need.

**Local Direct Income Advocacy Organizations:** e.g.: [www.ocap.ca](http://www.ocap.ca) Advocacy with social assistance or subsidized housing.

**St. Christopher House:** [www.stchrishouse.org](http://www.stchrishouse.org). 416-848-7980: Gold standard for financial advice ... Excellent for complicated income support situations.

### Disease-specific individual financial advice:

Wellspring, [www.wellspring.ca](http://www.wellspring.ca), for individuals with cancer.

Persons with AIDS Foundation, [www.pwatoronto.org](http://www.pwatoronto.org), for individuals with HIV.

### Advocacy-Oriented Organizations:

**Community Legal Education Ontario (CLEO):** [www.cleo.on.ca](http://www.cleo.on.ca): Excellent plain language materials on legal and social issues. Available in multiple languages.

**CLEONet:** [www.cleonet.ca](http://www.cleonet.ca): Well-organized, comprehensive clearinghouse for educational materials on legal and social issues, gathered from organizations across Ontario.

### Income Security Advocacy Centre (ISAC):

[www.incomesecurity.org](http://www.incomesecurity.org): Frequently updated information sheets and backgrounders on issues regarding income security, including rapidly produced guides to changes in major income supports.

**ARCH Disability Law Centre:** [www.archdisabilitylaw.ca](http://www.archdisabilitylaw.ca): legal clinic advocating for the rights of disabled people. Excellent links.

### Advocacy Centre for the elderly (ACE):

[www.advocacycentreelderly.org](http://www.advocacycentreelderly.org): legal clinic advocating for the rights of seniors. Good links and basic information.

### Aboriginal Legal Services of Toronto (ISAC)

[www.aboriginallegal.ca](http://www.aboriginallegal.ca): legal clinic advocating for the rights of aboriginal people. Good links to support and information organizations.

A handout is available for your patients, with these references and more. This can be ordered through the Ontario College of Family Physicians.

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Developed by Dr. Gary Bloch MD CCFP,  
with support from:

**St. Michael's**  
Inspired Care. Inspiring Science.



St. Michael's Hospital  
Family Medicine Associates

Broden Giambrone MHSoc,  
Research Assistant

For more information and references visit:  
[www.ocfp.on.ca/cme/povertytool](http://www.ocfp.on.ca/cme/povertytool)

Poverty Interventions  
for Family Physicians

# POVERTY:

## A clinical tool for primary care in Ontario

Poverty requires intervention  
like other major health risks:  
The evidence shows poverty  
to be a risk to health equivalent  
to hypertension, high  
cholesterol, and smoking. We  
devote significant energy and  
resources to treating these  
health issues. Should we treat  
poverty like any equivalent  
health condition?

*Of course.*

*“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 (second only to 30% for neoplasms).

Income is a factor in the health of all but our richest patients.



 Family & Community Medicine  
UNIVERSITY OF TORONTO

# Three ways to address poverty in primary care: 123

## 1. SCREEN

Poverty is not always apparent... we can't make assumptions

Poverty is everywhere ... In Ontario 20% of families live in Poverty.

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

*Screen everyone!!!*

*"Do you ever have difficulty making ends meet at the end of the month?"*

*(Sensitivity 98%, Specificity 64% for living below the poverty line)*

## 2. ADJUST RISK

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

### Cardiovascular disease:

- Prevalence: **17% higher** rate of circulatory conditions among lowest income quintile than Canadian average.
- Mortality: If everyone had the premature mortality rates of the highest income quintile there would be **21%** fewer premature deaths per year due to CVD.

### Diabetes:

- Prevalence: Lowest income quintile **more than double** highest income (10% vs. 5% in men, 8% vs. 3% in women).
- Mortality: Women **70% higher** (17 vs. 10/105); men **58% higher** (27 vs. 17/105).

### Mental Illness

- Prevalence: Consistent relationship between low SES and mental illness, e.g. depression **58% higher** below the poverty line than the Canadian average.
- Suicide: Attempt rate of people on social assistance is **18 times higher** than higher income individuals.

### Cancer:

- Prevalence: **Higher** for lung, oral (OR 2.41), cervical (RR 2.08).
- Mortality: **Lower 5-year survival** rates for most cancers.
- Screening: Low income women are **less likely to access** mammograms or Paps.

### Other chronic conditions:

- Prevalence: **Higher** for hypertension, arthritis, COPD, asthma. higher risk of having multiple chronic conditions.
- Mortality: **Increased** for COPD.

### Infants:

- Infant mortality: **60% higher** in lowest income quintile neighbourhoods
- Low birth weight: If all babies in Toronto were born with the low birth weight rate of the highest income quintile there would be **1,300** or **20%** fewer singleton LBW babies born per year.

### Highest risk groups:

Women, First Nations, people of colour, LGBT.

### Growing up in Poverty:

**We must intervene to improve income early.**

Growing up in poverty has been associated with increased adult morbidity 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.

### 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 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

7 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 e.g. GST / HST credits, Child Benefits, working income tax benefits, and property tax credits.
  - Even people without official residency status can file returns.
  - **Drug Coverage:** Extended Health Benefits or Trillium for those without Ontario Drug Benefits.
- See [www.drugcoverage.ca](http://www.drugcoverage.ca) for a guide to federal and provincial drug insurance programs.

For seniors living in poverty:

Do you receive Old Age Security and Guaranteed Income Supplement?

- Most people over age 65 who live in poverty should receive at least **\$1400/month** in income through OAS, GIS and grants from filing a tax return.

For families with children:

Do you receive the Child Benefit on the 20th of every month?

- This can get some low income single parents over **\$8000 more per year**, and can lead to a number of other income supports.

For people with disabilities:

Do you receive payments for Disability?

- Eight major disability programs: ODSP, CPP Disability, EI, Disability Tax Credit (DTC), Veterans benefits, WSIB, Employers' long term protection, Registered Disability Savings Plan (RDSP).
- The DTC requires a health provider to complete the application form. It provides **up to \$1100 per year** in tax savings (plus retroactive payments), and is required to receive other benefits including the RDSP.
- RDSP: **Up to 300%** matching funds. Or disability bonds **up to \$20 000** for those without resources to save money.

For First Nations:

Are you Status Indian?

- First Nations with the Status designation may qualify for Non-Insured Health Benefits through the federal government. These pay for drugs and other extended health benefits not covered by provincial plans

For social assistance recipients:

Have you applied for extra income supplements?

- Mandatory Special Necessities Benefits (MDs bill K054 for \$25):
  - Medical supplies and health-related transportation (includes e.g. AA, psychotherapy).
- Limitation to Participation (MDs bill K053 for \$15): Disability can exclude a recipient from mandatory job search and training programs.
- Special Diet Allowance (MDs bill K055 for \$20): some health conditions will qualify a recipient for extra income.
- Other benefits available: Employment supports, Drug & Dental, Vision, Hearing, ADP Co-payment, Community Start Up & Maintenance, Women in Transition/Interval Houses, Advanced age allowance, Community Participation (\$100 per month extra for volunteering). "Discretionary Benefits".

Applications and benefits available through a patient's OW/ODSP worker

If you might qualify, have you applied for ODSP?

- ODSP application (MDs bill K050 for \$100): provide as much information as possible, including about the impact of a person's disability on their lives.
  - Include all collateral, expedite necessary referrals, and write a detailed narrative on the last page. Consider obtaining a detailed functional assessment, and having an allied health provider assist with filling in details.
- If denied, refer to nearest legal clinic – acceptance rates on appeal are very high.

[www.cleo.on.ca/english/pub/onpub/PDF/socialAsst/ods-prof.pdf](http://www.cleo.on.ca/english/pub/onpub/PDF/socialAsst/ods-prof.pdf) for a good ODSP tip sheet for health professionals.

*Remember:*

*Health providers are not the gatekeepers for income security programs. Our job is to provide complete and detailed information that accurately portrays our patients' health status and disability.*

For references, please visit [www.ocfp.on.ca/cme/povertytool](http://www.ocfp.on.ca/cme/povertytool)