Poverty: A Clinical Tool for Primary Care Providers (NL)

Poverty is not always apparent: In Newfoundland and Labrador, 14.8% of families live in poverty.¹,¹¹

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 have a Medical Care Plan (MCP) Card provided by the Department of Health and Community Services. Visit drugcoverage.ca for more options.

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.
Intervening can have a profound impact on your patients’ health

**Patient Group**  |  **Ask** |  **Educate** |  **Intervene & Connect**
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**Seniors**  | “Do you receive Old Age Security (OAS) and Guaranteed Income Supplement (GIS)?” | Individuals over age 65 who live in poverty should receive at least $1,200/month in income through OAS, GIS, and grants from filing a tax return. | Start with Canada Benefits to identify and access income supports for patients and families. Use this in your office with patients and provide them with the link.

**Families with Children**  | “Do you receive the Canada Child Benefit on the 20th of every month?” | Income supports can be obtained by applying for Canada Child Benefit when filing income tax returns. Eligible families can receive up to $6,400/year for each eligible child under the age of six, and $5,400/year for each eligible child aged 6 to 17. Families may be eligible for additional benefits through certain provincial programs. Eligible families can also receive $378.96/year for the first child. Additional benefits are available for additional children. |

**Indigenous peoples (First Nations, Inuit, Metis)**  | “Are you registered under the Indian Act or recognized by an Inuit Land Claim organization?” | Indigenous peoples registered under the Indian Act or recognized by the Inuit Land Claim organization can qualify for Non-Insured Health Benefits (NIHB), which pays for drugs and extended health benefits not covered by provincial plans. | Speak with patients’ social services workers. Complete forms such as:
- Income Support Application
- Rights, Responsibilities and Client Consent Form
Available on the [Department of Advanced Education and Skills website](https://www.gov.nl.ca/education/).

**Social Assistance Recipients**  | “Have you applied for extra income supplements?” | Additional benefits available include: transportation, medical supplies, special diet, employment supports, drug & dental, vision, hearing, services for victims of violence, Advanced Age Allowance, community participation, and other discretionary benefits. | Use a detailed social and medical history to determine the programs to which you can connect your patients. Complete forms such as:
- Canada Revenue Agency Form T2201

**People with Disabilities**  | “Do you receive payments for disability?” | Major disability programs available: CPP Disability, EI Sickness, Disability Tax Credit (DTC), Workplace Health, Safety & Compensation Commission of Newfoundland and Labrador, Veterans Benefits, Registered Disability Savings Plan (RDSP).

DTC can provide up to ~$1,800/year in tax savings (plus retroactive payments) and it is required to receive other benefits including the RDSP, which provides up to $20,000 in grants. |

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**Key Resources**

- **Canada Benefits** ([www.canadabenefits.gc.ca](http://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.

- **Public Legal Information Association of Newfoundland and Labrador (PLIAN)** ([www.publiclegalinfo.com](http://www.publiclegalinfo.com))

  Provides general information and education about the law to all Newfoundlanders and Labradorians, with the intent of increasing access to justice.

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**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

[ii] DrugCoverage.ca: http://www.drugcoverage.ca
[iv] Social Housing in Newfoundland: http://www.nlhc.nf.ca/programs/programsRental.html
[vi] PovNet: http://www.povnet.org/regional/newfoundland
[xii] Directory of Services for Youth (St. John’s): http://www.thrivecyn.ca/directory-of-services

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


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 (NPACO). 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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