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

Poverty is not always apparent: In PEI, approximately 12% 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 have a health card issued by the Province of Prince Edward Island. For more information on drug coverage programs available and their eligibility criteria, visit healthpei.ca/pharmacare

Ask

Educate

Intervene & Connect

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 and 2-1-1.

Intervene by connecting your patients and their families to benefits, resources and services.

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Intervening can have a profound impact on your patients' health

<table>
<thead>
<tr>
<th>Patient Group</th>
<th>Ask</th>
<th>Educate</th>
<th>Intervene &amp; Connect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seniors</td>
<td>“Do you receive Old Age Security (OAS) and Guaranteed Income Supplement (GIS)?”</td>
<td>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.</td>
<td>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.</td>
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<td>Families with Children</td>
<td>“Do you receive the Canada Child Benefit on the 20th of every month?”</td>
<td>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.</td>
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<td>Indigenous peoples (First Nations, Inuit, Metis)</td>
<td>“Are you registered under the Indian Act or recognized by an Inuit Land Claim organization?”</td>
<td>Indigenous peoples registered under the Indian Act or recognized by the Inuit Land Claim organization can qualify for Non-Insured Health Benefits, which pays for drugs and extended health benefits not covered by provincial plans.</td>
<td>Speak with patients’ social services workers. Contact the Department of Family and Human Services for the Social Assistance Program and their eligibility criteria. • Charlottetown: 368-5338 • Summerside: 888-8397 • Montague: 838-0728 • Souris: 687-7170 • O’Leary: 859-8835</td>
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<tr>
<td>Social Assistance Recipients</td>
<td>“Have you applied for extra income supplements?”</td>
<td>Additional benefits available include: transportation, medical supplies, special diet, employment supports, drug &amp; dental, vision, hearing, women in transition/interval houses, Advanced Age Allowance, community participation, and other discretionary benefits.</td>
<td>Use a detailed social and medical history to determine the programs to which to connect your patients. Complete forms such as: • DTC requires a health provider to complete Form T2201</td>
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<td>People with Disabilities</td>
<td>“Do you receive payments for disability?”</td>
<td>Major disability programs available: CPP Disability, EI Sickness, Disability Tax Credit (DTC), Veterans Benefits, Workers Compensation Board of PEI, 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.</td>
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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.pei.211.ca) Call 2-1-1 or browse the website to find community support and advocacy organizations, based on topic and location.

- **Community Legal Information Association of PEI** (www.cliapei.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*

[ii] PEI Pharmacare: http://www.healthpei.ca/pharmacare
[iv] 2-1-1 Prince Edward Island: http://pei.211.ca/
[vi] PovNet: http://www.povnet.org/find-an-advocate/pe
[viii] Workers Compensation Board of PEI: http://www.wcb.pe.ca/

*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


*Please note that the measure used to calculate this statistic is the Low Income Measure after tax.


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 Committee. This tool is an adaptation of the Ontario tool.

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