Faculty/Presenter Disclosure

- Faculty: Sharon M. Macdonald, MD, FRCPC
- Relationships with commercial interests:
 - Grants/Research Support: Not applicable
 - Speakers Bureau/Honoraria: Not applicable
 - Consulting Fees: Not applicable
 - Other: Not applicable

Mitigating Potential Bias

Not applicable

Poverty and HealthAccess to Benefits: A Clinical Intervention

Brandon Primary Care Spring Conference 2018

SUPPORTED BY THE WINNIPEG FOUNDATION



Noralou P. Roos, PhD Sharon M. Macdonald, MD, FRCPC With thanks to Gary Bloch, CFCS, SEED Winnipeg

OBJECTIVES

1. Discuss the evidence linking poverty, health and health inequities.

2. Explore practical ways primary care health providers address poverty.





RESEARCH: POVERTY AND HEALTH

"All [the studies reviewed] conclude that ... the main direction of influence is from poverty to poor(er) health."

Source: Phipps S. The impact of poverty on health: a scan of the research literature. Ottawa: CIHI; 2003.





Poverty is a reversible and preventable risk factor for poor health.

Groups that move out of poverty experience a decrease in disease effects.

These findings are consistent across time, geography, and different populations.





WHAT DOES POVERTY LOOK LIKE IN MANITOBA?

Number	146,000	22,000	16,000	17,000
Percentage	12%	41.3%	30.6%	21.6%
Who are we?	Manitobans	Lone-parent households	Single non-elderly (45-64 years old)	Youth-led economic families
Depth of low-inco	me 34.2%	25.9%	46.6%	46.4%

Depth of Low-Income:

Shortage of average disposable income to afford the cost of basket of goods and services representing a modest standard of living.

^{*} Using Market Basket Measure (MBM) low-low income threshold. Source - Statistics Canada, 2016



WHAT DOES POVERTY LOOK LIKE IN MANITOBA?

Depth Low-inco	me 38.8%	36.6%	26.1%	19.9%
Who are we?	Indigenous (off-reserve)	Persons with Disabilities	Children	Seniors (age 65+)
Percentage	21.6%	16.7%	16.4%	4.8%
Number	24,000	42,000	43,000	9,000

Depth of Low-Income:

Shortage of average disposable income to afford the cost of basket of goods and services representing a modest standard of living.

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^{*} Using Market Basket Measure (MBM) low-low income threshold. Source - Statistics Canada, 2016

Prairie Mountain Health Community Health Assessment 2015



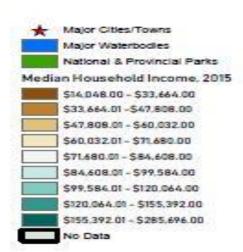
"The health gap has continued to widen..."

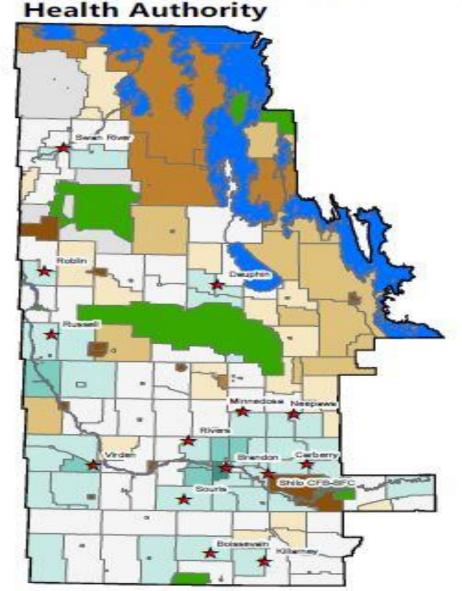
Dr. Amy Frykoda, Medical Officer of Health

2015 Community Health Assessment



2015 Before Tax Median Household Income, Prairie Mountain Health Regional







Manitoba Collaborative Data Portal www.mbcdp.ca Data Source: 2016 Canadian Census March 26, 2018

150

POINT IN TIME HOMELESS SURVEY BRANDON 2016

Total 206 homeless on April 13, 2016

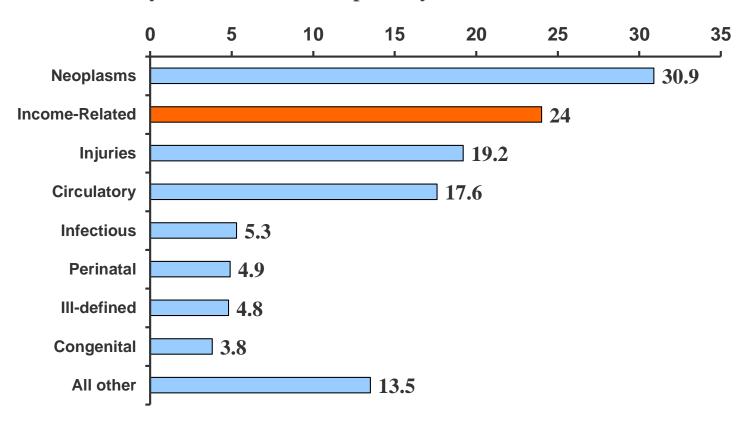
- Included 35 children and dependents
- 30% women
- 48% been in foster homes or group home

Downloaded: Manitoba Collaborative Data Portal

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MAKING THE LINK: POVERTY AND HEALTH

Poverty accounts for 24% of person years of life lost in Canada



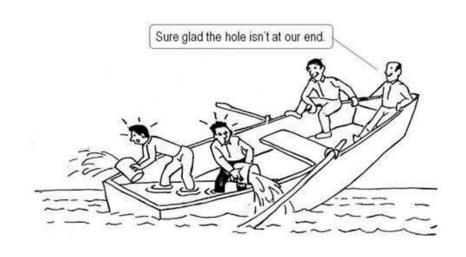






HEALTH CARE COSTS OF INEQUITY

Estimate: **15-20%** of health care expenditures are related to



preventable social and economic disadvantage





From Equality to Equity







Everyone receives the same supports. This is **equality** in action.

Assumption: everyone will benefit from the same supports.

People are given different supports according to their needs to make it possible for them to have equal access to the game.

They are being treated equitably.

All people can see the game without any supports or accommodations because the **cause** of the **inequity** was **addressed**.

The **systemic barrier** has been **removed.**

"Income is a powerful determinant of health - more so than many medications I prescribe."

Dr. Gary Bloch St. Michael's Hospital









Address Poverty in Practice

- ❖ SCREEN everyone, add to social history and ask:
 " Do you have trouble making ends meet?"
- * ADJUST RISK know patients & their community
- **❖ INTERVENE** enable access to programs and benefits



STEP 1: 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)

Vanessa Brcic et. al., "Development of a Tool to Identify Poverty in a Family Practice Setting: A Pilot Study," International Journal of Family Medicine. Volume 2011 (2011).

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STEP 2: ADJUST HEALTH RISK

 If a patient smokes, does that change your screening and diagnostic decision-making?

 Should poverty similarly affect clinical decision-making ...?







STEP 3: INTERVENE ... A FEW QUESTIONS WITH BIG IMPACT (GET YOUR BENEFITS!)

- Have you filled out & mailed your income tax forms?
- Tax returns are essential to access benefits,
 e.g. Child Tax Benefits & Pharmacare deductible
- Refer people to free income tax clinics







FILE INCOME TAXES YEARLY

Single parent

Two Children ages 2 & 4
Living in private rental market
Employed part-time

Annual employment income:

\$15,000.00









FILING TAXES - THE KEY TO BENEFITS

Single parent

Two Children ages 2 & 4, living in private rental market Employed part time

Annual employment income \$ 15,000.00

PLUS Benefits based on tax filing:

GST Refundable Credit: \$ 842.00 (\$210.50 paid quarterly)

Canada Child Benefits: \$ 12,800.00 (\$1066.66 paid monthly)

Working Income Tax Benefit: \$ 1,844.00 (with refund /part paid quarterly)

MB Rent Assist Benefits: \$ 5,586.00 (\$465.50 paid monthly)

Manitoba Child Benefit: \$ 840.00 (\$35.00 paid monthly)

Mb Personal Tax Credit: \$ 266.00 (refund upon tax filing)

TOTAL ANNUAL INCOME \$ 37,178.00







FILING TAXES – THE KEY TO BENEFITS

Widowed Senior aged 60, living with a disability in private rental market. Spouse is deceased and had been old age security recipient.

Income:

Part time job

– CPP Survivor Pension

Add: Benefits based on

tax filings

Total Income

\$ 4,800.00

3,000.00

\$11,739.00

\$19,539.00







Community Volunteer Income Tax Program (CVITP) for those with incomes under \$40,000 Norquay Building, Winnipeg

# of Tax Returns Completed	9,892
Total Taxes owed:	-\$175,853
Total Tax Refunds:	\$5,900,000
Total Annual GST Credits: Additional Benefits Accessed:	\$4,000,000 \$780,000
Total Annual Child Tax Benefits:	<u>\$19,530,000</u>
Total Net Refunds/Credits:	\$30,034,147





CANADA LEARNING BOND (CLB)

 If child in a low income family is born after 2004, they may be eligible to receive up to \$2,000 in federal benefits towards later education.

 Based on Manitoba children eligible in 2014, these CLB benefits are forgone to date:

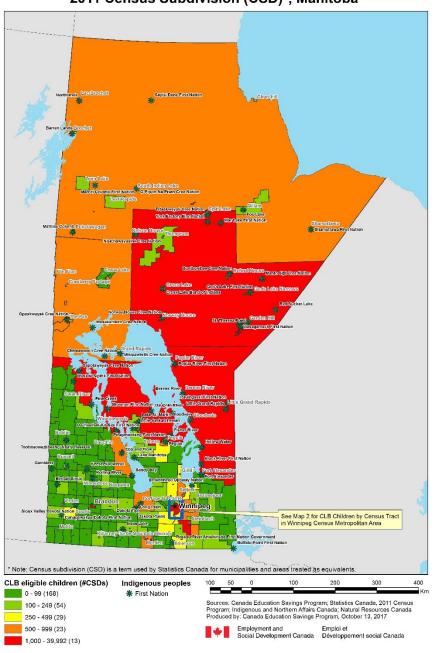
> \$26 million Northern Mb \$71 million Winnipeg \$86 million rest of Mb







Map 1: Eligible Children (0-13 years of age) Who Had Never Received the Canada Learning Bond as of March 31, 2017, 2011 Census Subdivision (CSD)*, Manitoba



70% OF ELIGIBLE FAMILIES ARE NOT RECEIVING THIS \$2000 GOVERNMENT BENEFIT!

ACORN CANADA CAN HELP

The Canada Learning Bond is a free government benefit for up to \$2,000 towards your child's education.

You may be eligible if:



You receive the National Child Benefit Supplement



Your child was born in 2004 or later

CONTACT ACORN TO REGISTER FOR THE CANADA LEARNING BOND

CALL TOLL FREE: 1-866-991-0025







40,000 plus distributed

www.getyourbenefits.ca













Evaluating the implementation and impact of an online tool used within primary care to improve the income security of patients with complex health and social needs in Ontario and Manitoba

Dr. Alexander Singer MB BAO BCh CCFP













Impacts on patients

INCOME

17% of patients
 reached at 1
 month had
 accessed a new
 financial benefit as
 a result of using
 the tool

INTENTION

 56% of patients reported an intention to apply for benefits in the future

KNOWLEDGE

 Patients who were already receiving all possible benefits reported feeling a sense of closure, knowing they had done their "due diligence"

Source: Anne Rucchetto, MPH, RucchettoA@smh.ca https://upstreamlab.org/





Findings – Provider Perspectives



- Addressing poverty should be central to primary care; address SDOH and not just behaviours
- Across professional designations, physicians are not the optimal staff to use the tool with patients
 - "I'm not sure I'm the best person to be doing this" –
 MB Physician
- Integration of a new tool into the busy workflow of clinics requires additional supports and resources to see ongoing use with clients

Source- Dr. Alexander Singer













WHAT CAN PHYSICIANS DO?

- 1. Screen everyone
- 2. Ask patients questions
- 3. Fill in forms for access to benefits
- 4. Provide information in your office
- 5. Look at hospital processes
- 6. Refer to community organizations
- 7. Work with others







OTHER INITIATIVES

Winnipeg

- Downtown My Health Team Income Security program
- Ensure newborns are registered for benefits and birth certificates
- Canadian Professional Accountants MB want to volunteer

Ontario

 Dr. Bloch's practice uses an electronic tablet to ask the income related questions and link it to office EMR

Research - Ontario and Manitoba

• SPARK- Principal investigator: Dr. Andrew Pinto





Prairie Mountain Health

PMH Staff and Care Providers

Vanessa Hamilton – Health Promotion
204-578-2195 | vhamilton@pmh-mb.ca

Community Services and Groups **Erin McDougall** – Health Promotion

204-578-2192 | emcdougall@pmh-mb.ca

Canadian Revenue Agency Office Brandon - 1039 Princess Ave.









Poverty
Represents a
Significant
and
Reversible
Risk Factor
for Poor
Health





FURTHER CONTACT & INFORMATION

Sharon.Macdonald@umanitoba.ca Noralou_Roos@cpe.umanitoba.ca

Website:

www.getyourbenefits.ca

gary.bloch@utoronto.ca www.healthprovidersagainstpoverty.ca







KEY RESOURCES

Canada Benefits

https://www.canada.ca/en/services/benefits.html

Provides a full listing of federal and provincial income and other supports, organized by personal status (i.e. parent, Indigenous peoples) or life situation (e.g. unemployment, health concerns), with links to the relevant program websites and to application forms.

Support Services

The following resources are available to

Manitobans:

- Manitoba Government Services Portal
- Winnipeg 311 City Services
- Manitoba Residents' Portal

Legal Help Centre

www.legalhelpcentre.ca

For legal information and referrals and free dropin clinics for low income individuals,

Call 204-258-3096.







Ordering Resources



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

Poverty is not always apparent: in Manitoba, approximately 12.1% of families and 29% of children live in poverty. ^{1,1}

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)!



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 five Community Tax Clinics and Community Financial
 Connecting Services.
- · Even people without official residency status can file returns.
- Drug Coverage: The patient must have up-to-date tax fillings and have a Health Card Issued by the Province of Manitoba.
 Visit drug coverage ca for more options.



Poverty Interventions for Child Health

Child Poverty

A practical tool for primary care

What can we do as primary care providers to address this risk factor and reduce inequalities?

Poverty must be addressed like other major health risks. The evidence shows that socio-economic status and child health are strongly linked.

Children living in poverty are more likely to experience low birth weight, learning difficulties, mental health problems, iron deficiency anemia, burns and injuries, obesity and hospitalization than their richer peers.

Teen girls in the lowest income quintile are 4 (rural) to 10 (urban) times as likely to become pregnant, and 6 (rural) to 19 (urban) times as likely to give birth as teen girls in the highest income group.



"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 leadths."

- Public Health Agency of Canada

ASK (once a relationship exists with a family):

- 1. Do you have trouble making ends meet?
- 2. Do you have trouble feeding your family?
- 3. Do you have trouble paying for medications?
- 4. Do you receive the child tax benefit?
- 5. Do you have legal or immigration challenges?
- 6. How is your housing?







A CHAPTER OF THE COLLEGE OF FAMILY PHYSICIANS OF CANADA UNE SECTION DU COLLÉGE DES MÉDICINS DE FAMILLE DU CANADA

Ordering Resources



Printer Friendly Français Site Map Contact Government

Search for programs and online services

SEARCH

RESIDENT AND ONLINE SERVICES

BUSINESS

GOVERNMENT

VISITORS

Manitoba Health, Seniors and Active Living

manitoba.ca > Manitoba Health, Seniors and Active Living > Primary Care

Get Started

Primary Care: Health Care Providers - Home

Primary Care Home Clinic

Advanced Access

Physician Integrated Network

My Health Teams (Primary Care Networks)

Primary Care Information Collaborative and Data Reporting

Interprofessional Toolkit

The Get Your Benefits Project

Physician Management







The Get Your Benefits Project

Income is a powerful determinant of health. Family physicians and other care providers have key roles to play in addressing poverty as a risk to their patients' health, due to their close relationships with their patients and their ability to access resources to improve patients' health.

The tools on this website have been adapted for use in Manitoba by a group of interested physicians and health care providers and to assist primary care providers and teams to integrate this approach into their practice.



Download the documents developed by partners below:



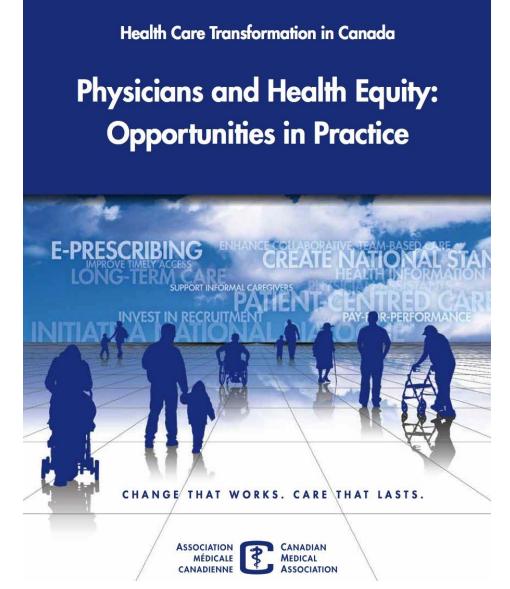




The Get Your Benefits Project







http://healthcaretransformation.ca/wp-content/uploads/2013/03/Health-Equity-Opportunities-in-Practice-Final-E.pdf





Interventions

- In order to assist families in contacting community resources program information should be available in the health care provider's office.
 - Research has shown that families are more likely to enroll in a program if they are supported by the physician's office.
 - Practitioners need to be aware of programs and interventions in their neighbourhood in order to appropriately refer patients.
- This can be challenging and overwhelming to keep up to date

Committee on Early Childhood, Adoption, and Dependent Care. The pediatrician's role in family support and family support programs. Pediatrics 2011;128(6):e1680-4.







The Manitoba Collaborative Data Portal provides a knowledge base to promote evidence informed community discussion, planning and action to maximize Health Equity, Social Justice, Public Accountability and Environmental Sustainability.

Overview Manitoba Collaborative Data Portal (MBCDP)



The Gap

Currently there is no one place where organizations/agencies can easily and inexpensively find the **wide range of detailed neighborhood and local-level information** they require to support their programs and engage the public.





What is the MBCDP?

The Manitoba Collaborative Data Portal provides a knowledge base to promote evidence informed community discussion, planning and action to maximize Health Equity, Social Justice, Public Accountability and Environmental Sustainability.

A web-based on-line portal

Interactive Dashboards



Interactive Maps



Links to Reports and Resources

Links and Reports

The City of Winnipeg: Winnipeg Housing Policy

Through its <u>Winnipeg Housing Policy</u> supports the creation of Neighbourhood Housing capacity and to undertake housing initiatives that revitalize housing in the area.

- Centennial Neighbourhood Housing Plan, 2014 2019
- Chalmers Neighborhood Housing Plan. 2015 2020
- Daniel MacIntyre/St. Matthews Housing Plan. 2013 2017
- Dufferin Neighbourhood Housing Plan, 2013 2018
- Spence Housing Pl
- St. John's Neighbourhood Housing Plan. 2015 2020
- West Broadway Community Housing Plan 2014 2019
- William Whyte Neighbourhood Housing Plan. 2013 2018

City of Winnipeg; Assessment and Taxation Data

- City of Winnipeg Assessment and Taxation. List of all Assessment Parcels
- City of Winnipeg Assessment and Taxation. Map of all Assessment Parcels
 Additional information on Assessment and Taxation
- Additional information on the Winnipeg Open Data Portal

Organized as a Collective Impact Project

(coordinated by the Social Planning Council of Winnipeg)

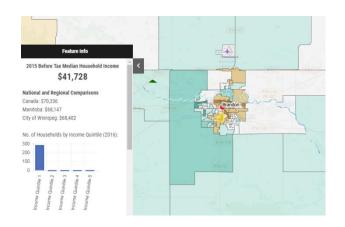


Initiating Partners:

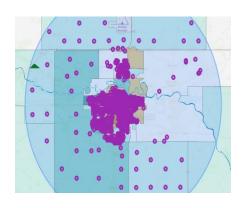
- Social Planning Council of Winnipeg (SPCW)
- Manitoba Center for Health Policy (U of M)
- Institute of Urban Studies (U of Winnipeg)
- PEG Winnipeg (United Way of Winnipeg)
- Population and Public Health Surveillance (WHRA)

What can you do with the MBCDP?

Describe the neighborhood characteristics of clients

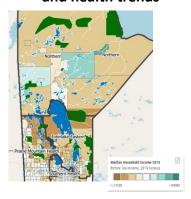


Assess population size and characteristics within a service / catchment area





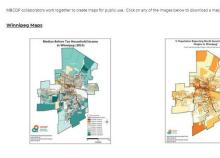
Create compelling maps of demographic and health trends



Find links to local data relevant to your practice



Download Maps from our Map Gallery



Maps Produced by the Manitoba Collaborative Data Portal



How Can I use the MBCDP



Log on at

www.mbcdp.ca

Train Yourself in how to use the MBCDP toolset:

12 Instructional Videos

This video tutorial provides an overview of the Manitoba Collaborative Data Portal velb-dite including how to access the interactive mapping applications, how to find and use the extensive on-line help materials that have been provided, and how to find other relevant information resources at both the local and national levels.

1: Tour of the MBCDP Portal



On-line instructional and support materials

