

# Poverty Intervention Tool Rounds – Nelson

## Summary and Key Pearls from Dr. MacKay's Presentation

### Rounds summary

Dr. Lee MacKay presented on the importance of considering social determinants of health in patient consults and gave a guide to using the Kootenay Boundary Division of Family Practice's [Poverty Intervention Tool](#).

The Rounds also included short presentations from a number of Nelson community groups outlining services offered to the community, including: The Nelson Food Cupboard, The Advocacy Centre, Nelson Community Services and ANKORS (Click here to download a shortlist of services offered.)



### Key Pearls

#### The Challenge:

- Social determinants of health are the economic and social conditions that shape the health of individuals, communities, and jurisdictions as a whole. Social determinants of health are the primary determinants of whether individuals stay healthy or become ill.
- Poverty is both a cause and a consequence of poor health. Poverty increases the chances of poor health. Poor health in turn traps communities in poverty.
- The rationale choice model taught to medical students overlooks the limitations in peoples choices from the Social Determinants of Health. National surveys conducted in the US and Europe have demonstrated striking gradients in smoking, diet, and physical activity by social class.
- Among a representative US sample, Lantz et al. (1998) reported statistically significantly higher rates of behavioral risk factors among those with less than a high school education than those with college education:
  - smoking 42% vs. 20%
  - excessive alcohol intake 4.4% vs. 3.7%
  - physical inactivity 37% vs. 14%,
  - obesity 28% vs. 11%.
- 24 percent of all potential years of life lost in Canada in 1996 were attributable directly to poverty compared to 31 percent for cancer and 18 percent for cardiovascular disease.
- In 1996, the infant mortality rate in Canada's poorest neighbourhoods (6.5 per 1000) was two thirds higher than that of the richest neighbourhoods (3.9 per 1000) – [Click here for source](#).
- 1 in 10 patients you see are challenged by low income

#### Screening for poverty:

- Ask all patients – Do you (ever) have difficulty making ends meet at the end of the month? (Identified as a good predictor of poverty (sensitivity 98%; specificity 60%; OR 32.3, 95% CI 5.4–191.5)

**Ask every patient:**

- Have you completed and sent in your tax forms to be considered for benefits?
- Tax forms: essential to access many income security benefits (GST/HST benefits, child benefits, working income tax benefits, and property tax credits). Even people without official residency status can file returns.

**Ask seniors living in poverty:**

- Do you receive seniors' benefits like Old Age Security (OAS) and Guaranteed Income Supplement?
- Most people over the age of 65 who live in poverty should receive about \$1,400 per month through OAS, GIS and grants from filing a tax return.
- Recommend renters get in touch with BC Housing's SAFER program to see if they qualify for rent support.

**Ask families with children:**

- Do you receive the Child tax Benefit on the 20<sup>th</sup> of every month?
- Some low income single parents can receive up to \$8000 or more per year, and can lead to other income supports.

**Ask First Nations:**

- Are you eligible for First Nations Health Benefits?
- First Nations with 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.

**Ask people with disabilities:**

- Do you receive payments for disability?
- There are nine different disability programs patients may qualify for: Persons With Disabilities (PWD), Persons with Multiple Persistent Barriers (PPMB), CPP Disability, Employment Insurance (EI), Disability Tax Credit (up to \$1100 per year), Veterans Benefits, Worker's Compensation, Employers' long term protection, Registered Disability Savings Plan (RDSP can contribute up to 300% matching funds)

**Ask social assistance recipients:**

- Have you applied for Persons with Disabilities Assistance? Have you applied for extra income supplements?
- Those already on Income Assistance may have access to supplementary benefits such as: optical, dental, special diet/supplements, pre-natal/natal care, alcohol or drug support
- Other available BC benefits: Family Bonus, Healthy kids, Employment program, Senior's Supplement, Special Transportation Subsidy

**Poverty Interventions in Family Practice ([Click here for source](#)):**

- "Accessible" care that is continuous, nonpaternalistic, and patient centered [15, 20, 21]
- Vigilance in prescription of lowest-cost generic medications [22]
- Longer appointment times facilitating identification, treatment, and referral of at-risk families [23, 24]
- Diligence around preventive and chronic illness care for low-income patients will lead them to use medical attention less often [25-27]
- Mental health screening to address the significant underidentification of mental illness in low socioeconomic groups [23, 28]
- Particular attention to adequate pain treatment for common chronic conditions for which low-income patients have reported inadequate treatment [23]
- Addressing direct health impacts of indebtedness and financial insecurity such as sleeplessness, substance use, and depression [7]
- Favourable billing schemes adjusted for income level and complex care [22]
- Interactive and incentive-based physical activity and nutrition interventions [29]
- Integrated and home-based geriatric care management [30]
- Increased coordination of interdisciplinary services to reduce use of institutional or inpatient services, and improve patient satisfaction [13, 20].

For a poignant (and humorous) take on the Wealth Gap – [Click here for 'Last Week Tonight' with John Oliver](#)