

TRAILBLAZER ADVENTURER  
INNOVATOR DEFENDER CHALLENGER

# HOW TO REALLY MAKE A DIFFERENCE TO MANITOBA CHILDREN'S HEALTH AND WELL- BEING

Through medical practice and advocacy

website: [www.getyourbenefits.ca](http://www.getyourbenefits.ca)

Noralou P. Roos, PhD  
Sharon M. Macdonald, MD, FRCPC  
*With thanks to Lee Ford Jones, MD and  
Gary Bloch, MD*



UNIVERSITY  
OF MANITOBA

# “The Burning Platform for Canada”

## 2013: Child Well Being in Rich Countries

### Canada

- 17<sup>th</sup> of 29 countries
- 27<sup>th</sup> in childhood obesity
- 22<sup>nd</sup> in infant mortality
- 21<sup>st</sup> in child poverty

Family income correlates with 80% of key factors in child development

*Source: According to the Public Health Agency of Canada*

*Reported by Chairs of Pediatrics across Canada, Pediatrics and Child Health, the official journal of the Canadian Pediatric Society, Sept. 2013*



# Objectives of the Get Your Benefits! Project

Dissemination of how :

- **Poverty** can improve the health of children.
- You can **identify, assess and address the effects of** poverty in your patients.
- You **can make a difference** by helping patients gain access to benefits.
- You can **advocate** to reduce the health effects of childhood poverty.



# Is Poverty Like a Disease?

Just like living with diabetes or asthma:

- It puts child at risk of high morbidity
- No other cause accounts for all the elevated risk
- At extremes, it can cause direct harm!
- Groups that move out of poverty experience a decrease in disease

**These findings are consistent across time, geography, and different population groups**



# And Providing Income to Families Reduced Conduct Disorders & Obesity

- *Heckman, Ann NY Acad Sci 2008; 1136:307, Costello, JAMA 2003; 290:2023*  
Cherokee Nation: casino profits \$500- \$10,000 per family made a difference:
  - ↓ child disruptive behaviour
  - ↑ parental supervision of children
  - ↑ parental engagement
  - ↓ conduct/oppositional disorders by ↓ poverty
- ... *Jones-Smith, JAMA March 5, 2014*  
American Indians and income intervention of opening casino:
  - Economic resources up
  - Risk of childhood overweight, obesity down



# What happens when pregnant mothers can increase their income?

Manitoba Mothers who received Healthy Baby Benefit (max \$81 per month) prenatally had:

- reduced rate of low birth weight (LBW <2500 grams)
- reduced pre term birth (< 37 weeks)
- reduced small for gestational age (SGA)



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# It is recommended that doctors & primary care providers address poverty by .....

**1. SCREENING**

**2. ADJUSTING RISK**

**3. INTERVENING**

during a clinical interaction.

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# Why Screen?

Poverty & disadvantage is often hidden.  
We cannot make assumptions.

In Manitoba **31%** of children:

- live in families receiving Income Assistance or;
- had been taken into care or received protection services or;
- had a mother who was a teen when 1<sup>st</sup> child was born.





# STEP 1: SCREEN / ASK

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

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

*Source: 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)*



## STEP 2: ADJUST HEALTH RISK

- If a child has a high body weight, does that change your screening and diagnostic decision-making?
- ***Should poverty also affect clinical decision-making?***



## STEP 3: INTERVENE ...

**Ask a few questions with big impact:  
Get Access to your Benefits!**

1. *For Families with Children:*

Do you receive the Child Benefit on the 20<sup>th</sup> of every month?

2. *For families with children with disabilities:*

Do you receive the Disability Benefits available?

# HELP CHILDREN AND FAMILIES GET THEIR BENEFITS!

*You ask about allergies, vaccinations.*

*Why not : “Have you filled out and mailed your  
income tax forms?”*

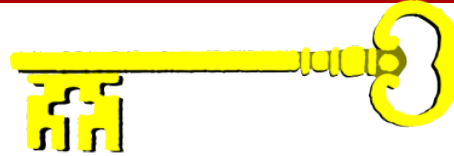
- Tax returns are essential to many benefits, e.g. Child Tax Benefits
- Tax returns must be filed to determine the Pharmacare deductible
- Even people without official residency status can file returns



# Community Volunteer Income Tax Program (CVITP)

## 2016 Tax Preparation Data - Norquay Bldg. Tax Preparation Site:

<b># of Tax Returns Completed</b>	<b>9,108</b>
<i>Total Taxes owed:</i>	<i>-\$169,704.00</i>
<i>Total Tax Refunds:</i>	<i>\$3,917,729.00</i>
<i>Total Annual GST Rebates:</i>	<i>\$3,829,989.00</i>
<i>Total Annual Child Tax Benefits:</i>	<i><u>\$13,423,735.00</u></i>
<b>Total Net Refunds/Credits:</b>	<b>\$21,001,749.00</b>



## FILING TAXES – THE KEY TO BENEFITS

### Single parent

Two Children ages 2 & 4

Living in private rental market

Employed part time

Annual employment income **\$15000.00**

#### **PLUS** Benefits based on tax filing:

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

Canada Child Benefits: \$12800.00 (\$1066.66 paid monthly)

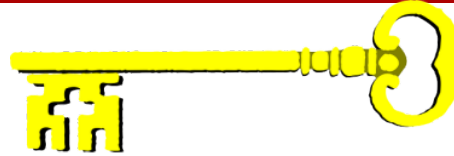
Working Income Tax Benefit: \$ 1844.00 (with refund OR part paid quarterly)

MB Rent Assist Benefits: \$ 5586.00 (\$465.50 paid monthly)

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

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

**TOTAL ADDITIONAL BENEFITS \$22176.00**



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**TOTAL ANNUAL INCOME \$37178.00**

**IT'S A FACT:**  
**BETTER INCOME**  
**CAN LEAD TO**  
**BETTER HEALTH**

**GET YOUR**  
**BENEFITS!**

**Poverty Represents  
a Significant and  
Reversible Risk  
Factor for Poor  
Health**

**Website:**

**[www.getyourbenefits.ca](http://www.getyourbenefits.ca)**



A CHAPTER OF THE COLLEGE OF FAMILY PHYSICIANS OF CANADA  
UNE SECTION DU COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA



**UNIVERSITY  
OF MANITOBA**



# CONTACT AND FURTHER INFO

[Sharon.Macdonald@umanitoba.ca](mailto:Sharon.Macdonald@umanitoba.ca)

[Noralou\\_Roos@cpe.umanitoba.ca](mailto:Noralou_Roos@cpe.umanitoba.ca)

[www.getyourbenefits.ca](http://www.getyourbenefits.ca)

[\*\*gary.bloch@utoronto.ca\*\*](mailto:gary.bloch@utoronto.ca)

[\*\*www.healthprovidersagainstpoverity.ca\*\*](http://www.healthprovidersagainstpoverity.ca)

