Why do we want to help people get their health and related benefits to improve their health?

Dr. Sharon Macdonald and Dr. Alexander Singer
CPD, College of Medicine
December 4th, 2015
Is it unethical to ignore poverty??

“On the whole, it seems that wealthy equals healthy, and wealthier means healthier. It also seems that we are mostly going in the wrong direction with too many health gaps growing and too few shrinking. Reversing these trends to achieve a more equitable distribution of health presents a challenge for Manitobans from all sectors of society.”

## Average Annual Income by Income Level and Changes From 1993 to 2011


<table>
<thead>
<tr>
<th>Level of Income</th>
<th>Average Annual Income in 1993</th>
<th>Average Annual Income in 2011</th>
<th>Increase from 1993</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lowest (Level 1)</td>
<td>$12,600</td>
<td>$16,000</td>
<td>27 %</td>
</tr>
<tr>
<td>Level 2</td>
<td>$22,000</td>
<td>$28,400</td>
<td>29 %</td>
</tr>
<tr>
<td>Middle (Level 3)</td>
<td>$29,700</td>
<td>$39,100</td>
<td>32 %</td>
</tr>
<tr>
<td>Level 4</td>
<td>$39,000</td>
<td>$52,000</td>
<td>33 %</td>
</tr>
<tr>
<td>Highest (Level 5)</td>
<td>$60,700</td>
<td>$87,100</td>
<td>44 %</td>
</tr>
</tbody>
</table>

RISK FACTORS FOR DISEASE ROUTINELY ADDRESSED BY FAMILY MEDICINE

• Diet
• Exercise
• Alcohol and drug use
• Sexual behaviour

Should poverty be treated as an equivalent risk factor, similarly warranting intervention?

Let’s look at the evidence!
OBJECTIVES OF OUR WORK

1. Put forth an evidence-based argument for intervening in poverty in primary care.
2. Explore practical ways primary care health providers can intervene into poverty, through the introduction of a simple clinical tool for use in various clinical settings.
3. Present and discuss with groups, RHAs, community agencies & clinics, university based family medicine, doctors in training, medical school curriculum.
<table>
<thead>
<tr>
<th>Category</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neoplasms</td>
<td>30.9</td>
</tr>
<tr>
<td>Injuries</td>
<td>24</td>
</tr>
<tr>
<td>Infectious</td>
<td>19.2</td>
</tr>
<tr>
<td>Ill-defined</td>
<td>17.6</td>
</tr>
<tr>
<td>All other</td>
<td>13.5</td>
</tr>
</tbody>
</table>

• “All [the studies reviewed] conclude that … the main direction of influence is *from poverty to poor(er)* health.”


• Poverty is a *preventable* and risk factor *reversible* for poor health.
DOES POVERTY WARRANT TREATMENT LIKE MEDICAL CONDITIONS?
DOES POVERTY ACT LIKE A DISEASE?

Just like hypertension, diabetes, high cholesterol:

- Puts those affected at risk of high morbidity and mortality
- 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 effects
- The finding is consistent across time, geography, and different population groups
WHY INTERVENE IN POVERTY?

• *If these arguments hold any water, we should be treating poverty.*

• We can do something about it!
Does increasing income have an effect?

Manitoba mothers who received Healthy Baby Benefit (max $81 per month) showed:

- reduced rate of low birth weight (<2500 gms)
- reduced pre term births (< 37 weeks)
- reduced small for gestational age births
HELP PEOPLE GET THEIR BENEFITS!

For everybody: Have you filled out and mailed your income tax forms?

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

TREAT POVERTY by
Working with patients and primary care providers
Teaching health sciences students

3 Steps

1. SCREEN - include more in the social history and ask “Do you have trouble making ends meet?”

2. ADJUST RISK - know patients & context in which they live

3. INTERVENE & CONNECT - enable increased income by access to programs and benefits
Poverty is often hidden ... we can’t make assumptions

Poverty and disadvantage is everywhere ... in Manitoba 31% of children were in families receiving Income Assistance, or had been taken into care or received protection services, or had a mother who was a teen when her first child was born.
STEP 1: SCREEN

Screen everyone!!!

“How do you ever have difficulty making ends meet at the end of the month?”

Sensitivity 98%, Specificity 64% for those living below the poverty line
(Note: The question may need to be changed dependent on life experience of the patient.)

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 & CONNECT
ASK A FEW QUESTIONS WITH BIG IMPACT - GET YOUR BENEFITS!

1) Everybody: Have you filled out & mailed your income tax forms?

2) Low Income Seniors: Do you receive Old Age Security and Guaranteed Income Supplement?

3) Families with Children: Do you receive the Child Benefit on the 20th of every month?

4) People with Disabilities: Do you receive Disability Benefits?
Do you receive the Child Tax Benefit or Universal Child Care Benefit on the 20th of every month?

• Parents may be eligible to receive up to $5000 per year, or more.
• Rent Assist benefit helps low income families who pay rent in the private market up to 75% of median market rate, dependent on eligibility.
For Recipients of Employment and Income Assistance (EIA) ask:

*Have you applied for all the benefits you qualify for?*

- Basic assistance – to help with costs of things like food, clothing
- Income assistance for persons with disabilities
- Help with prescription, optical or dental needs
- Medical supplies and equipment
- Special health-related diet allowances
- Transportation costs for education, employment or health-related needs
Supporting children and families

- Legal Health Centre
- Public Interest Law Centre of Legal Aid Manitoba accepts cases re: income security and housing (including appeals re EIA, CPP, WCB, MPIC and RTB.)
- Community Legal Education Association (Manitoba) Inc. (CLEA) provides legal information and a law phone-in and Lawyer Referral Program
- Community Financial Counselling Services
- First Nations Inuit Health non-insured benefits
Paper Copies and Scanned Copies

New Poverty Toolkit

Now Available for Download >
Requests for distribution:

- School Guidance Counsellors
- Child Care System
- Millennium library can ship to all in city
- Family Resource Centres
- Eagle Urban Centres – Assembly of Manitoba Chiefs
- Winnipeg Harvest
- Red River College
Ideas Discussed for Dissemination

• City of Winnipeg front page Leisure Guide
• United Way – distribute through funded agencies
• Neighborhood Renewal Centres
• Women’s Shelters & Resource Centres
• Winnipeg Harvest – make available to public
• Collaborate with local agencies like SEED and Boldness Project who are already doing community work
Ethical Considerations of Impact of Poverty

• **Non maleficence** – accessibility, affordability of treatment plan
• **Beneficence** – access to income or services that support basic needs and health
• **Justice** – equitable access to benefits
• **Autonomy** – increased income/benefits can increase individual’s choices
• **Confidentiality**
Progress to Date

• Tool on MB Health, Manitoba Education websites
• Links on EMR in progress and under investigation
  ➢ Alan Katz (co-PI) with Gary Bloch and Alex Singer (Co-I) collaborating with U of Toronto group to assess integration of on-line tool, focusing on lessons learned, problems, and assessment of impact.
• Part of medical school curriculum
• Dr. Gary Bloch, Ontario visited November 23/15
• Similar efforts in BC, Nova Scotia, Alberta
What might you do now?

• Advocate
• Would you support the effort to increase tax returns by handing out some bookmarks with a message and website in 2016?
• Understand the advantage to helping patients apply for benefits and support or continue to support their efforts.
Back from the Brink

Winnipeg woman gives back after battling loss, abuse and poverty

[Trigger warning: sexual assault]

My name is Cassandra. I am a 42-year-old single mother of five. I know what it's like to live in a single-parent family. I was five when my parents separated. It was devastating. My dad did a pretty good job but there was a lot of hurt and anger and at 13 and I went into CF5 care.

I moved around a lot after—a group home, then foster care. That wasn't a good place, for a number of reasons, but mainly because I was sexually assaulted. I lived with my mother in B.C.

I want to give back but really struggle with that...
CONTACT AND FURTHER INFO

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Websites: Poverty Tool+Manitoba

http://www.gov.mb.ca/health/primarycare/providers/povertytool.html

http://umanitoba.ca/faculties/medicine/units/community_health_sciences/communityengagement/index.html
gary.bloch@utoronto.ca
www.healthprovidersagainstpoverty.ca