

UPSTREAM DOWNSTREAM: POVERTY, HEALTH AND NURSING

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MAY 1 2016

OVERVIEW

To review the evidence for the impacts of poverty on health

To learn what nurses can do to screen for poverty

To learn what actions nurses can take to reduce poverty

POSTSTREAM DOWNSTREAM PARABLE



Photo: Bill Hickey www.HickeyPhoto.com





• **1902** •

Celebrating Nurse Power!

Nurse-led Henry Street Settlement in New York City creates one of the first public playgrounds for children, igniting a national movement so that children living in crowded tenements could have a clean and safe place to play.







NURSING PRACTICE THROUGH A SOCIAL DETERMINANTS OF HEALTH LENS







WHAT IS POVERTY?

No official definition - various formulae, multiple factors eg community size

“Poverty Lines” for a family of four

- Low Income Measure **\$38,322**
- Low Income Cut-Off **\$36 469**
- Market Basket Measure **\$33 117**

- Research Paper: Low Income Lines, 2011-2012, Statistics Canada, 2012

POVERTY IN CANADA

15% of Canadians live in poverty

- CANISM Table 202-0802, Statistics Canada, Ottawa, Ontario: 2013

1 in 7 children live in poverty in Canada

- Innocenti Report Card 10, UNICEF Innocenti Research Centre, Florence, Italy: 2012

POVERTY IN CANADA

Disproportionate overrepresentation of some groups

- Indigenous and other racialized people
- People with disabilities
- Women; children; elders

FN infant mortality rates 1.5 x higher

- http://www.afn.ca/uploads/files/factsheets/quality_of_life_final_fe.pdf#sthash.kvxbsDSv.dpuf

Indigenous children 2.5 x as likely to live in poverty

40% of Indigenous children live in poverty

- <https://www.policyalternatives.ca/publications/reports/poverty-or-prosperity>

ONTARIO POVERTY IS NOT CONFINED TO LARGE URBAN CENTRES

50.4% Peterborough renters spend > 30% income on housing

- P'boro Social Planning Council - <http://www.pspc.on.ca/>

16.8% residents of rural Peterborough County live on low income (higher than the provincial average)

- <http://www.pspc.on.ca/pdf/Quality%20of%20Life%20report%202015%20Final.pdf>

156,000 Ontario households waiting for affordable, rent-geared-to-income housing

- Ontario Non-Profit Housing Association 2012 Ontario Non-Profit Waiting List Survey 2012. Ontario Non-Profit Housing Association, 2012

SOCIAL ASSISTANCE IN ONTARIO: SINGLE ADULT

Monthly	Yearly
Ontario Works \$656	\$ 7,872
Ontario Disability Support Program (ODSP) \$1,098	\$12,936
Low income cut off (LICO), city > 500,000 pop'n \$1,608 (Stats Can 2012)	\$19,307

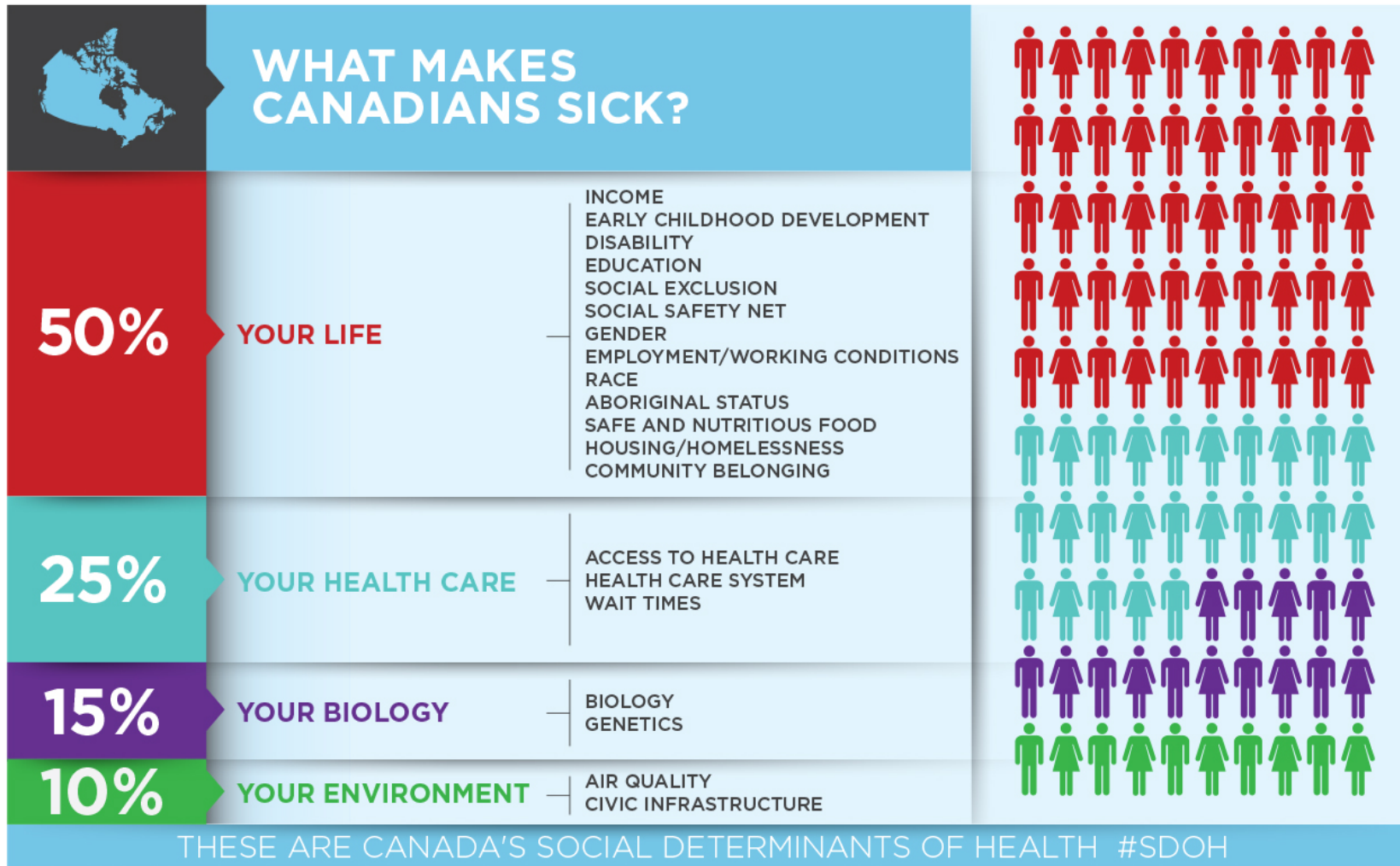
The Evidence: Poverty and Health

- Poverty increases the prevalence and mortality of many diseases:
 - Cardiovascular disease
 - Diabetes
 - Cancer
 - Depression
 - Chronic Obstructive Pulmonary Disease
- Poverty: A Clinical Tool For Primary Care in Ontario: www.effectivepractice.org/poverty

THE EVIDENCE: POVERTY AND HEALTH

Children in low-income families are at higher risk of:

- low birth weight
 - mental health problems
 - micronutrient deficiencies
 - asthma
 - injuries
 - hospitalization
- Poverty: A Clinical Tool For Primary Care in Ontario: www.effectivepractice.org/poverty



The Evidence: Poverty and Health

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



Wilkins, R, et al. Trends in mortality by neighbourhood income in urban Canada from 1971 to 1996. *Statistics Canada* 2002:13; 10 (supp). Adapted from Dennis Raphael.

THE EVIDENCE: POVERTY AND HEALTH

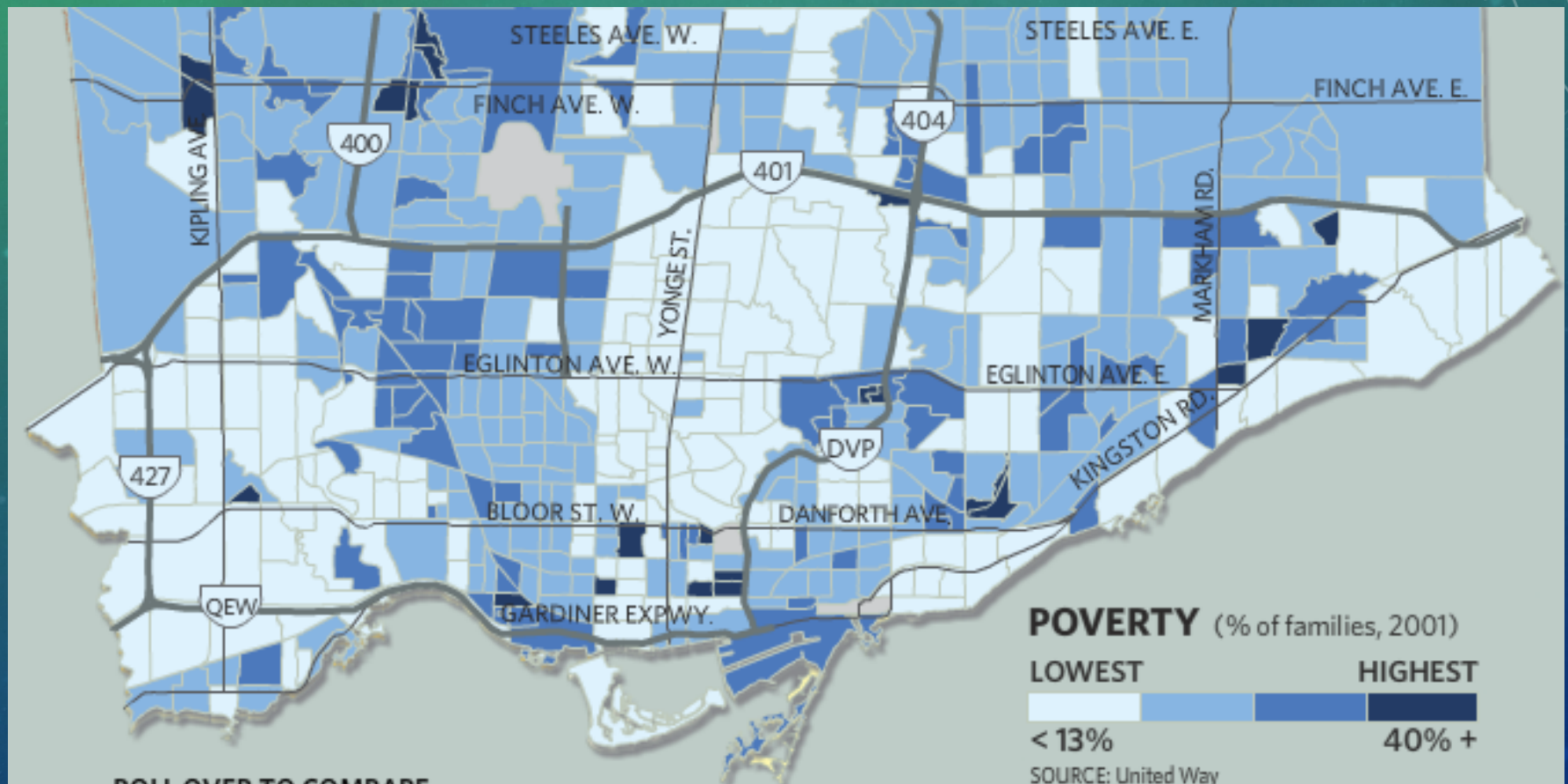
Income inequality contributes to the premature deaths of 40,000 Canadians every year

If all cohort members had experienced the age-specific mortality rates of the highest income quintile, the all cause ASMRs would have been 19% less for men and 17% less for women

Equivalent to eliminating all ischemic heart disease deaths

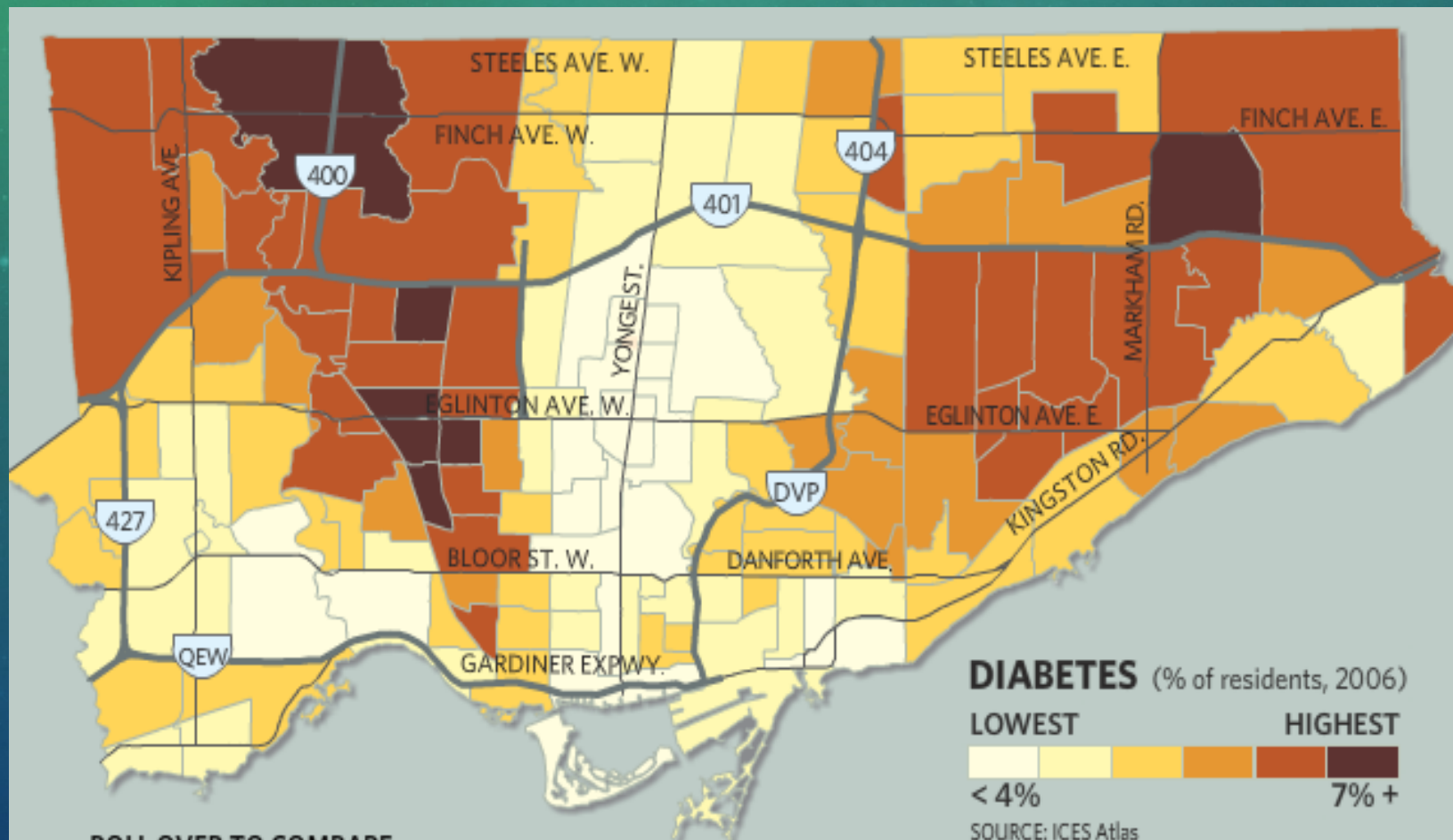
- Stats Canada, 2014 <http://www.statcan.gc.ca/pub/82-003-x/2013007/article/11852-eng.htm>

Poverty by neighbourhood in Toronto:



Prevalence of diabetes by neighbourhood in Toronto:

<http://www.thestar.com/staticcontent/772097>



Intervening in Poverty

We routinely screen for and intervene in health risk factors:

- Poor diet
- Lack of exercise
- Substance use
- High-risk sexual behaviour
- High risk alcohol use

Should poverty be treated as an equivalent risk factor?

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)²

2 Poverty is a Risk Factor

Consider:

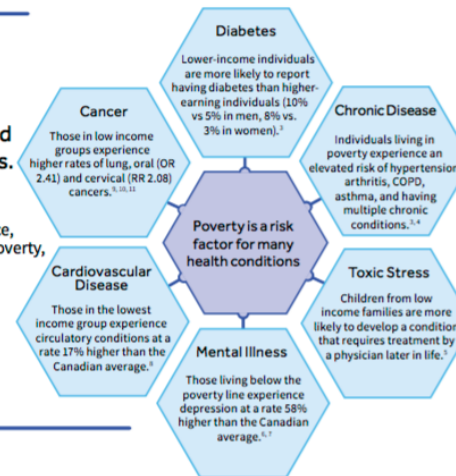
New immigrants, Women, Aboriginals, and LGBTQ are among the highest risk groups.

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: up to date tax filing required to access Trillium plan for those without Ontario Drug Benefits. Visit [drugcoverage.ca](#) for more options.



more interventions on reverse

STEP 1: ASK OR SCREEN EVERYONE



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- Screen Everyone!
- ASK: “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)

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: ASSESS RISK AND EDUCATE



- If a patient smokes, does this change your screening and diagnostic decision making?
- Should poverty similarly affect decision making?



CASE EXAMPLE

45 year old man with normal BMI; no FHx of DM2; no significant PMHx;
presents for a “general check up”

Do you think he should be screened for diabetes?

What if he only earns \$12,000/year, through part time work?

Prevalence of diabetes is double in low income

STEP 3: INTERVENE AND CONNECT



- With Individual Patients
- Don't ask if you won't act!

③ Intervene

Ask Everyone: "Have you filled out and sent in your tax forms?"

Seniors

“Do you receive Old Age Security (OAS) and Guaranteed Income Supplement (GIS)?”

Families with Children

“Do you receive the Universal Child Care Benefit on the 20th of every month?”

Aboriginals
(First Nations, Inuit, Metis)

“Are you registered under the Indian Act or recognized by an Inuit Land Claim organization?”

Social Assistance Recipients

“Have you applied for extra income supplements?”

People with Disabilities

“Do you receive payments for disability?”

BECOME FAMILIAR WITH AVAILABLE BENEFITS

Advocate for your patients with providers on your team – MD, NP

Mandatory Special Necessities Forms

- For medical supplies including diabetes supplies
- For health related transportation (includes appointments, lab visits, AA/NA meetings, groups, classes, etc. – broad definition of health related)
- RNs can complete

Filling Out A Tax Return...

Simple Intervention, Big Impact

Example:

Single mother, two young children, **annual income \$14 000**, monthly rent \$800

Canadian Child Tax Benefit	\$ 9,470
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Basic Amount + National Child Benefit Supplement + Ontario Child Benefit

Harmonized Sales Tax Credit	\$ 808
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Working Income Tax Benefit	\$ 1,813
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Ontario Trillium Benefit	\$ 1,305
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Ontario Sales Tax Credit + Ontario Energy and Property Tax Credit

Ontario Children's Activity Tax Credit	\$ 107
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Total 2013 Tax Credits	\$13,503
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PRIMARY CARE LINKS TO COMMUNITY RESOURCES

Know your local community resources – create a handout

- Who does tax returns at no cost?
- Foodbanks?
- Community garden plots?
- Legal support
- How to apply for affordable housing
- Support for newcomers

Take Care of Your Income handouts/pamphlets – available for download from www.effectivepractice.org/poverty

PRIMARY CARE WITH A HEALTH EQUITY FOCUS

"Money Matters" → monthly income assessment clinic (inspired by foundational work of St. Mike's
T)

Are you on OW? ODSP? OAS? CPP?

Are you getting all of the financial benefits you should be?

If you have questions about your income, meet with a clinic Social Worker who may be able to give you
some advice!



SYSTEMIC ADVOCACY

Health Providers Against Poverty (since 2005)

Inaugural membership drive!!

Website: www.healthprovidersagainstopoverty.ca

Nursing voices in upstream advocacy could be profoundly influential as many of us see the health effects of poverty on a daily basis



HEALTH PROVIDERS AGAINST POVERTY (HPAP)



Nurses join poor in fight to put food on the table



Regent Park nurse practitioner Anne Egger was one of 200 protesters who braved the rain on Oct. 17 to mark *International Day for the Eradication of Poverty*.









Questions?

Comments?