

Treating Poverty As A Medical Problem

Quality Improvement & Patient Safety Conference

May 30, 2014

Katie Dorman

Slides adapted from Dr. Gary Bloch and the MainPro C Workshop Treating Poverty

Contributions



Presenter Disclosures

- None

Workshop Goals

- To explore the relationship between income and health
- To establish tools for treating poverty in a primary care setting

Objectives

By the end of the workshop, participants will have:

1. Explored the evidence for poverty as an important risk factor for disease
2. Learned a simple, 3-step approach to intervening in individual patients' poverty
3. Practiced using online tools to navigate the income support system in clinical practice

The Case Of Harriett

Harriett is a 58 yo woman who immigrated to Canada from Jamaica in her 20s. She worked in construction until 15 years ago when a back injury put her out of work. Harriett has an extensive medical history, including diabetes, hypertension, depression, and a prior heart attack.

Your team has done its best to optimize treatment for her physical and mental health conditions, however you do not feel that Harriett's health has really improved.

You decide to develop a more complete picture of the factors than may be impacting Harriett's health by taking a comprehensive social history.

What else do you want to know?

What Is Poverty?

“Poverty Lines” for a Family of Four

Low Income Cut Off (LICO)	\$30,945
Market Basket Measure (MBM)	\$31,939

Is there a health poverty line?

Poverty in Canada

- 1 in 7 children live in poverty in Canada¹
- 12% of Ontarians live in poverty²
- As of 2012, there were over 156,000 Ontario households waiting for affordable, rent-geared-to-income housing³
- The number of Canadians assisted by food banks increased by 39% between 2002 and 2012⁴



Campaign 2000 Report
(2012)

¹ Innocenti Report Card 10. *UNICEF Innocenti Research Centre*. Florence, Italy: 2012.

² CANISM Table 202-0802. *Statistics Canada*. Ottawa, Ontario: 2013.

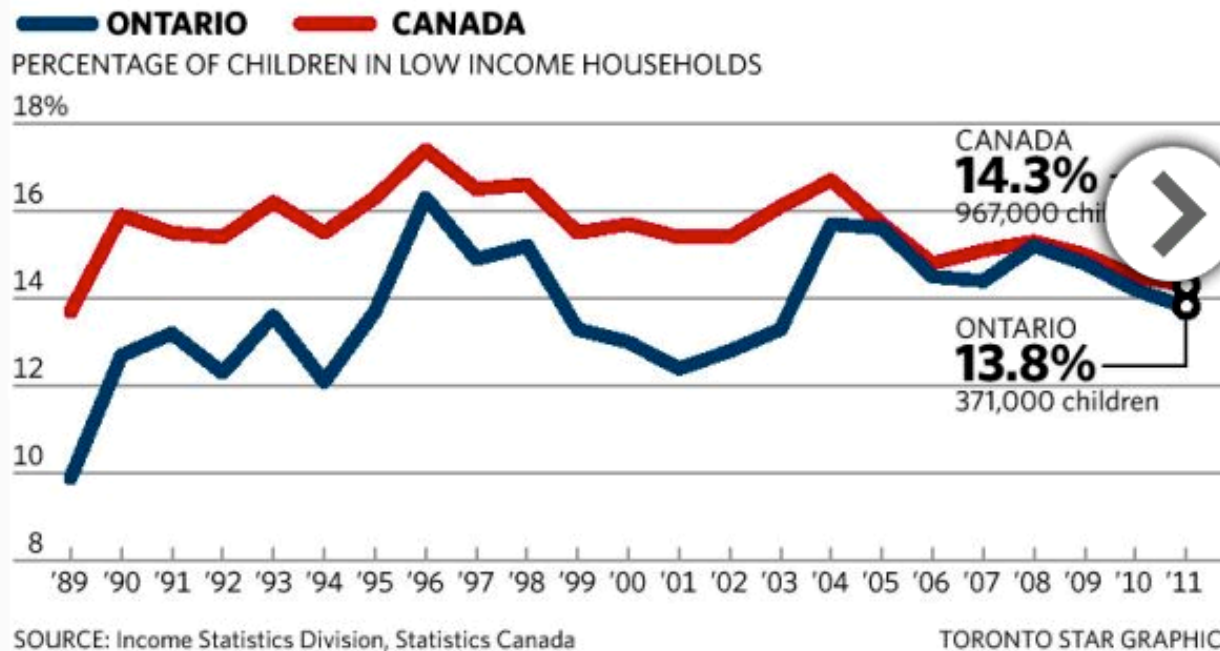
³ Ontario Non-Profit Waiting List Survey 2012. Ontario Non-Profit Housing Association, 2012.

⁴ Hunger Count 2012. Food Banks Canada. Toronto, Ontario: 2012.

Poverty in Canada

Child poverty in Canada and Ontario since 1989

The percentage of children living in low-income families is lower in Ontario than in the rest of Canada, but continues to be higher than in 1989 when Ottawa pledged to end child poverty by 2000.



Income Inequality

- Income inequality is growing in Canada
- The average CEO took home 250 times the income of the average Canadian in 2011¹

Salary



¹ McQuaig L, Brooks N. The Trouble With Billionaires. Penguin Canada. Toronto, Ontario: 2012.

How much does an individual on social assistance receive through Ontario Works monthly?

A. \$626

B. \$714

C. \$832

D. \$1048

What does that mean for a daily budget?

- OW recipients report having **less than \$1 per day** to spend on food
- ODSP recipients report having **less than \$4 per day** to spend on food



¹ Pinto, A., G. Bloch, J. Polsky, T. Svoboda. Survey. Toronto, Ontario: 2010.

Making the Link: Poverty and Health

- **Poverty increases the prevalence and mortality of many diseases¹**
 - Cardiovascular disease
 - Diabetes
 - Cancer
 - Depression
 - Chronic Obstructive Pulmonary Disease

¹ References in Poverty: A Clinical Tool For Primary Care in Ontario (available online)

Making the Link: Poverty and Health

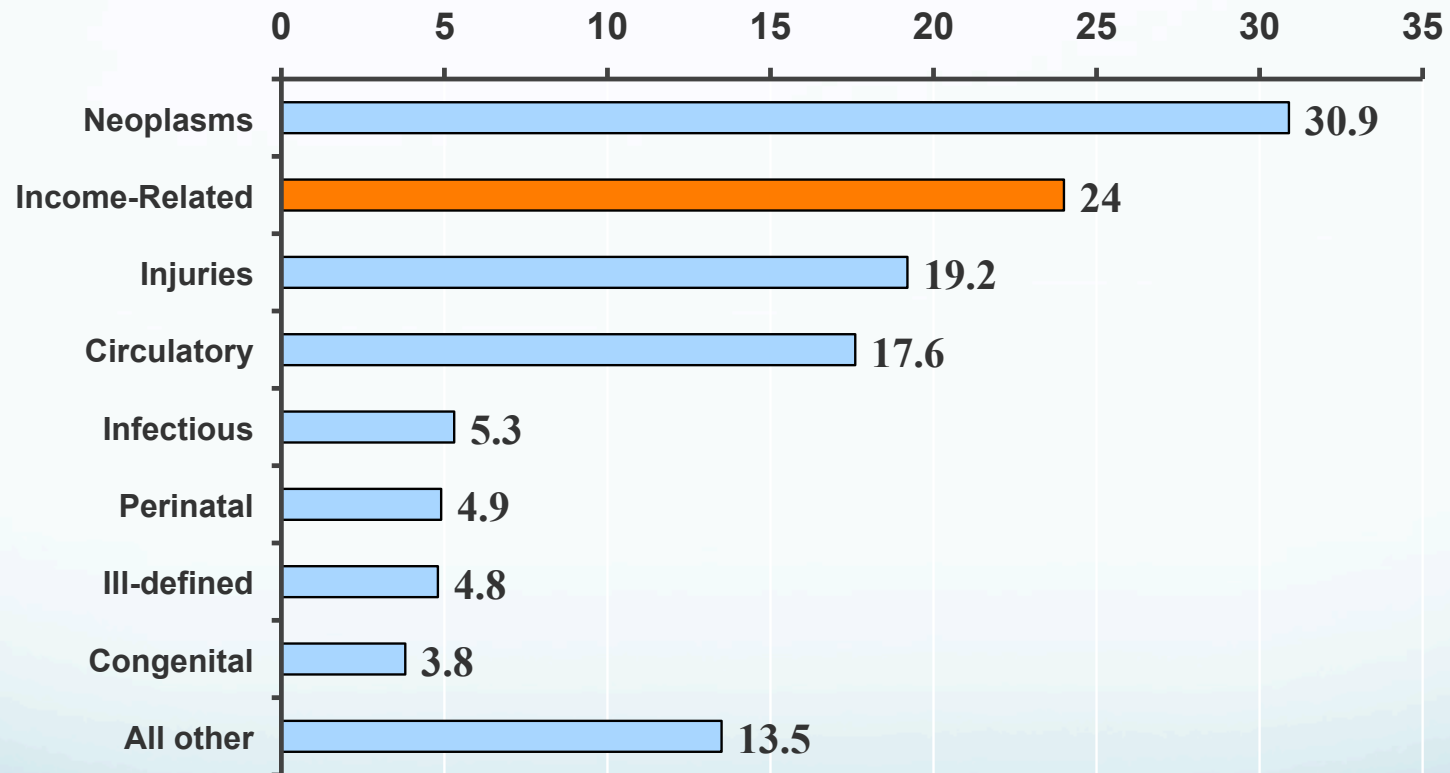
- **Childhood Poverty**

- Infants living in poverty have a **60% higher mortality** rate before the age of 1-year¹
- Children from low-income families are at higher risk of low birth weight, learning difficulties, mental health problems, micronutrient deficiencies, asthma, injuries, and hospitalization
- Early childhood exposure to poverty leads to adult chronic disease through epigenetic changes, stress deregulation, altered brain development

¹ Gupta et al. *Pediatr Child Health* 2007; 12(8): 666-72.

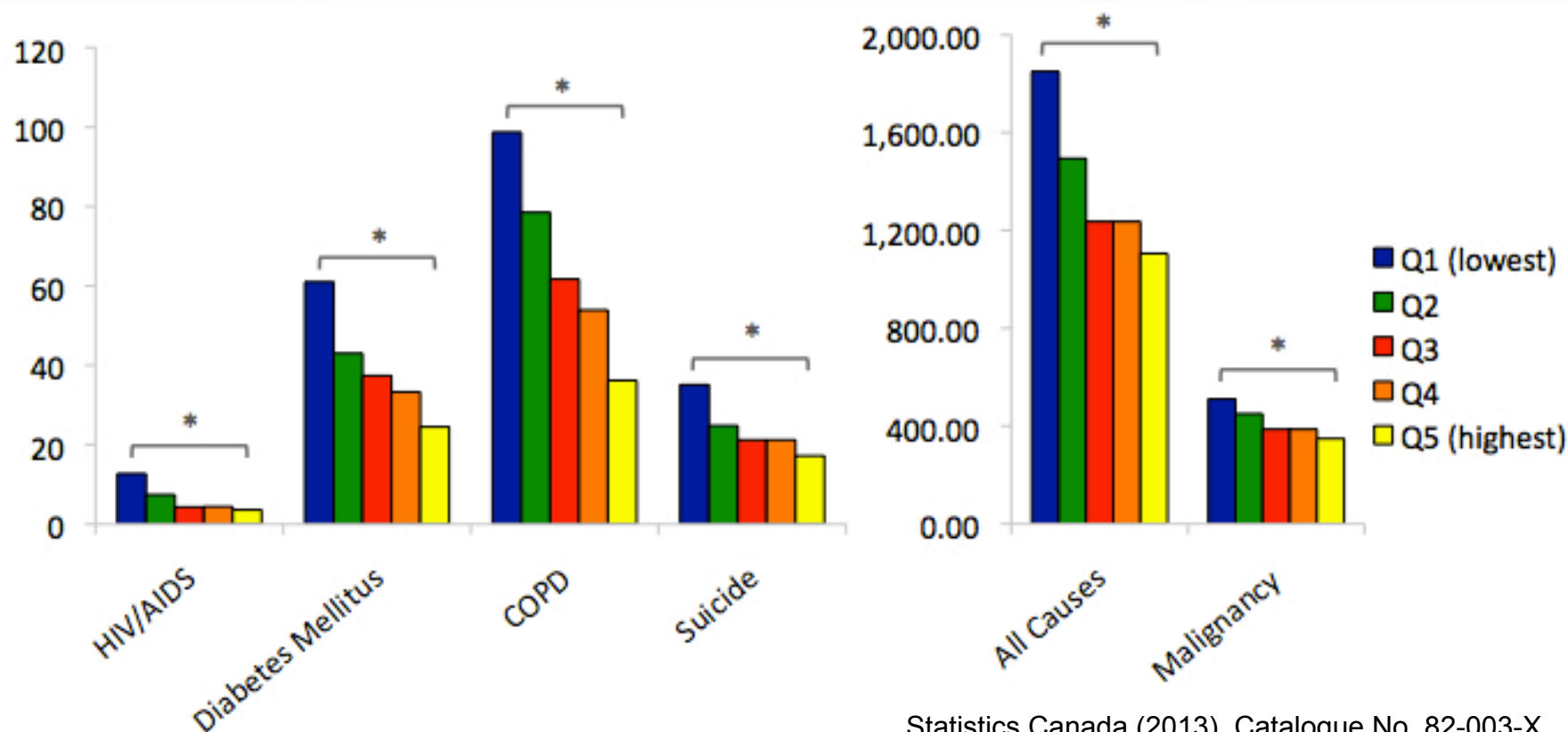
Making the Link: Poverty and Health

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



¹ 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.

Making the Link: Poverty and Health



Age-Standardized Mortality Rates For Selected Causes By Income Quintile Q1-Q5

Male cohort, age > 25. Significant interquintile rate differences (Q1-Q5) indicated by *

So ... is there a health poverty line?

¹ Dorman, K et al. Ontario Medical Review. October 2013: 15-19.

Making the Link: Poverty and Health

“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 health.”

Public Health Agency of Canada, 2004

Three Steps To Addressing Poverty in Primary Care



1. Screen
2. Adjust Risk
3. Intervene

Available for download at <http://www.healthprovidersagainstpoverty.ca/>

STEP 1: Screen

Three ways to address poverty in primary care: 123

1. SCREEN

Poverty is not always apparent... we can't make assumptions

Poverty is everywhere ... In Ontario 20% of families live in Poverty.³

Poverty affects health on a gradient: There is no health poverty line. Income negatively affects the health of all but the highest income patients.⁴

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)⁵

2. ADJUST RISK

Factor poverty into clinical decision-making like other risk factors. Consider the evidence:

Cardiovascular disease:

- Prevalence: **17% higher** rate of circulatory conditions among lowest income quintile than Canadian average.⁶
- Mortality: If everyone had the premature mortality rates of the highest income quintile there would be **21% fewer** premature deaths per year due to CVD.⁷

Diabetes:

- Prevalence: Lowest income quintile **more than double** highest income (10% vs. 5% in men, 8% vs. 3% in women).⁸
- Mortality: Women **70% higher** (17 vs. 10/105); men **58% higher** (27 vs. 17/105).⁹

Mental Illness

- Prevalence: Consistent relationship between low SES and mental illness, e.g. depression **58% higher** below the poverty line than the Canadian average.^{10,11}
- Suicide: Attempt rate of people on social assistance is **18 times higher** than higher income individuals.¹²

Cancer:

- Prevalence: **Higher** for lung, oral (OR 2.41), cervical (RR 2.08).^{13,14,15}
- Mortality: **Lower 5-year survival** rates for most cancers.¹⁶
- Screening: Low income women are **less likely to access** mammograms or Paps.¹⁷

Other chronic conditions:

- Prevalence: **Higher** for hypertension, arthritis, COPD, asthma, higher risk of having multiple chronic conditions.^{18,19}
- Mortality: **Increased** for COPD.²⁰

Infants:

- Infant mortality: **60% higher** in lowest income quintile neighbourhoods.²¹
- Low birth weight: If all babies in Toronto were born with the low birth weight rate of the highest income quintile there would be **1,300 or 20% fewer** singleton LBW babies born per year.²²

Highest risk groups:

Women, First Nations, people of colour, LGBT

Growing up in Poverty:

We must intervene to improve income early.

Growing up in poverty has been associated with increased adult morbidity and mortality resulting from: stomach, liver, and lung cancer; diabetes; cardiovascular disease; stroke; respiratory diseases; nervous system conditions; diseases of the digestive system; alcoholic cirrhosis; unintentional injuries; and homicide.^{23,24}

Some examples of how the evidence might change your practice:

- 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.
- If an otherwise low risk patient who lives in poverty presents with chest pain, this elevates your pre-test probability of a cardiac source and helps determine how aggressive you are in ordering investigations

Screen everyone!

Poverty is often hidden, but affects 1 in 9 individuals in Ontario.

ASK: "Do you ever have difficulty making ends meet at the end of the month?"

Sensitivity 98%, Specificity 60% for those living below poverty line

STEP 2: Adjust The Risk

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

Should poverty similarly affect clinical decision-making?

STEP 2: Adjust The Risk

Case

A 41-year-old woman who is a non-smoker, with no past medical history or family history of disease, presents with occasional chest pain on exertion, which is variably reproducible on chest palpation.

- Should she have a stress test?
- What if she were a smoker or had high cholesterol?
- What if she has no traditional risk factors but has lived on social assistance for 10 years?

STEP 3: Income Interventions

3. INTERVENE

7 simple questions to help patients living in poverty

FOR EVERYBODY:

Have you filled out and mailed in your tax forms?

- Tax returns are essential to access many income security benefits e.g. GST / HST credits, Child Benefits, working income tax benefits, and property tax credits.
- Even people without official residency status can file returns.
- **Drug Coverage:** Extended Health Benefits or Trillium for those without an Ontario Drug Benefits.

For seniors living in poverty:

Do you receive Old Age Security and Guaranteed Income Supplement?

- Most people over age 65 who live in poverty should receive at least **\$1400/month** in income through OAS, GIS and grants from filing a tax return.

For families with children:

Do you receive the Child Benefit on the 20th of every month?

- This can get some low income single parents over **\$8000 more per year**, and can lead to a number of other income supports.

For people with disabilities:

Do you receive payments for Disability?

- Eight major disability programs: ODSP, CPP Disability, EI, Disability Tax Credit (DTC), Veterans benefits, WSIB, Employers' long term protection, Registered Disability Savings Plan (RDSP).
- The DTC requires a health provider to complete the application form. It provides **up to \$1100 per year** in tax savings (plus retroactive payments), and is required to receive other benefits including the RDSP.
- RDSP: **Up to 300%** matching funds. Or disability bonds **up to \$20 000** for those without resources to save money.

For First Nations: Are you Status Indian?

- First Nations with the 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

For social assistance recipients:

Have you applied for extra income supplements?

- Mandatory Special Necessities Benefits (MDs bill K054 for \$25):
 - Medical supplies and health-related transportation (includes e.g. AA, psychotherapy).
- Limitation to Participation (MDs bill K053 for \$15): Disability can exclude a recipient from mandatory job search and training programs.
- Special Diet Allowance (MDs bill K055 for \$20): some health conditions will qualify a recipient for extra income.
- Other benefits available: Employment supports, Drug & Dental, Vision, Hearing, ADP Co-payment, Community Start Up & Maintenance, Women in Transition/Interval Houses, Advanced age allowance, Community Participation (\$100 per month extra for volunteering), "Discretionary Benefits".

Applications and benefits available through a patient's OW/ODSP worker

If you might qualify, have you applied for ODSP?

- ODSP application (MDs bill K050 for \$100): provide as much information as possible, including about the impact of a person's disability on their lives.
 - Include all collateral, expedite necessary referrals, and write a detailed narrative on the last page. Consider obtaining a detailed functional assessment, and having an allied health provider assist with filling in details.
- If denied, refer to nearest legal clinic – acceptance rates on appeal are very high.

www.cleo.on.ca/english/pub/onpub/PDF/socialAsst/ods-prot.pdf for a good ODSP tip sheet for health professionals.

Remember:

Health providers are not the gatekeepers for income security programs. Our job is to provide complete and detailed information that accurately portrays our patients' health status and disability.

For references, please visit
www.ocfp.on.ca/cme/povertytool

- With individual patients
- Within our communities

STEP 3: Income Interventions

Easy Questions, Big Impact

1. For Everyone

Have you filled out and mailed your income tax forms?

2. For Low Income Seniors

Do you receive Old Age Security and Guaranteed Income Supplement?

3. For Families With Children

Do you receive the Child Benefit on the 20th of every month?

4. For People With Disabilities

Do you receive Disability Benefits? Have you applied for ODSP?

5. For Aboriginal People

Are you registered as a “Status Indian” / “Registered Indian”?

6. For people on OW/ODSP

Have you applied for extra income supplements?

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
Basic Amount + National Child Benefit Supplement + Ontario Child Benefit	
Harmonized Sales Tax Credit	\$ 808
Working Income Tax Benefit	\$ 1,813
Ontario Trillium Benefit	\$ 1,305
Ontario Sales Tax Credit + Ontario Energy and Property Tax Credit	
Ontario Children's Activity Tax Credit	\$ 107
Total 2013 Tax Credits	\$13,503

Ontario Refundable Tax Credit Calculator: <http://www.fin.gov.on.ca/en/taxcredits/CalculatorQuestions.asp>
CRA Child and Family Benefits Calculator: <http://www.cra-arc.gc.ca/bnfts/clcltr/menu-eng.html>

Know Where To Refer

Income Referral Resources

Patient-oriented, easy to use government websites:

Service Canada: www.servicecanada.gc.ca: Catch-all site for federal programs, including for Newcomers, Seniors (OAS, GIS), First Nations, Veterans, Employment (e.g. SIN), EI, GST Credit, Canada Child Tax Benefit, - organized by population group, life events, and subject.

Canada Benefits: www.canadabenefits.gc.ca: Provides a full listing of income and other supports, organized by personal status (e.g. "parent," "Aboriginal") or life situation (e.g. "unemployment," "health resources"), and province with links to the relevant program websites, and to application forms. (A good website for health providers to explore.)

Service Ontario: www.ontario.ca/en/services_for_residents: Access to provincially run information and online services, e.g. for EI, CPP, birth certificates.

Ontario Ministry of Community and Social Services social assistance: www.mcscs.gov.on.ca/en/mcscs/programs/social: Overview of Ontario Works and ODSP – application process, details about all benefits and supports available and eligibility requirements.

Local Employment and Social Services: e.g. www.toronto.ca/socialservices for Toronto: Links to employment assistance services, benefits available for Ontario Works recipients, housing supports, Direct online application for Ontario Works.

One-on-one services:

Free Community Income Tax Clinics: *diverse locations*. Call or browse www.211ontario.ca or local 2-1-1 service: Call CRA to set up an appointment: 1-800-959-8281; www.cra-arc.gc.ca/tx/indvcls/vlntr/dmcs/on-eng.html

Local organizations with support and social workers: Call or browse www.211ontario.ca or local 2-1-1 service: Allows searches for specific advocacy organizations, based on topic and location.

Legal Clinics: www.legalaids.on.ca or 1-800-668-8258 to find the closest Legal Aid Clinic or for a guide to Legal Aid supports by specific need.

Local Direct Income Advocacy Organizations: e.g.: www.ocap.ca: Advocacy with social assistance or subsidized housing.

St. Christopher House: www.stchristopherhouse.org. 416-848-7980: Gold standard for financial advice ... Excellent for complicated income support situations.

Disease-specific individual financial advice: Wellspring, www.wellspring.ca, for individuals with cancer. Persons with AIDS Foundation, www.pwatoronto.org, for individuals with HIV.

Advocacy-Oriented Organizations:

Community Legal Education Ontario (CLEO): www.cleo.on.ca: Excellent plain language materials on legal and social issues. Available in multiple languages.

CLEONet: www.cleonet.ca: Well-organized, comprehensive clearinghouse for educational materials on legal and social issues, gathered from organizations across Ontario.

Income Security Advocacy Centre (ISAC): www.incomesecurity.org: Frequently updated information sheets and backgrounders on issues regarding income security, including rapidly produced guides to changes in major income supports.

ARCH Disability Law Centre: www.archdisabilitylaw.ca: legal clinic advocating for the rights of disabled people, Excellent links.

Advocacy Centre for the elderly (ACE): www.advocacycentreelderly.org: legal clinic advocating for the rights of seniors. Good links and basic information.

Aboriginal Legal Services of Toronto (ISAC): www.aboriginallegal.ca: legal clinic advocating for the rights of aboriginal people. Good links to support and information organizations.

A handout is available for your patients, with these references and more.
This can be ordered through the Ontario College of Family Physicians.

Developed by Dr. Gary Bloch MD CCFP,
with support from:

St. Michael's
Inspired Care. Inspiring Science.



St. Michael's Hospital
Family Medicine Associates
Broden Giambrone MHSc,
Research Assistant

For more information and references visit:
www.ocfp.on.ca/cme/povertytool

- Work in a team or network with services in the community
 - Social workers
 - Health promoters
 - Medical-legal partnerships
 - Community Agencies
 - Volunteer Tax Clinics
- Know online resources
 - 211 Ontario
 - Online Tax Credit Calculators
 - Canada Benefits
- Clinical Tool or Patient Brochure

Back To Harriett

In order to help Harriett you realize you must look into whether she might qualify for more money through the income security system. You realize however, that you have no idea how to help her navigate this system.

Look it up! Groups of 3-4

What benefits or credits might Harriett be eligible for?

Harriett

- 58 yo, divorced, 1 adult daughter, rents apartment for \$500/month
- \$626/month through Ontario Works, stopped work due to back injury
- Hypertension, diabetes, previous heart attack, depression

Canada Benefits: Benefits Finder
<http://www.canadabenefits.gc.ca/>

Ontario Taxes and Benefit: Tax Credit Calculator, For People, By Topic
<http://www.ontario.ca/taxes-and-benefits/taxes-and-benefits>

Canada Revenue Agency: Child and Family Benefits Calculators
<http://www.cra-arc.gc.ca/benefits-calculator/>

Case Review

Harriett May Qualify For:

- ODSP \$ 1086 per month
- Special Diet Allowance \$180 per month
- Transportation Allowance \$105 Metropass per month
- Ontario Trillium Benefit \$56 per month

Total = \$1427 per month

Other

- Disability Tax Credit **\$7546** *Through her daughter*
- Registered Disability Savings Plan *If able to contribute*
- WSIB *For workplace injury*

* Benefits for July 2013 - June 2014

Income Supports

Adults 18-65 yo	<ul style="list-style-type: none">- Asset-Tested- Tax-Based- Contribution-Based
Children	<ul style="list-style-type: none">- Tax-Based- Disability-Related- Education Support
Seniors > 65 yo	<ul style="list-style-type: none">- Universal- Low Income- Contribution-Based
People With Disabilities	<ul style="list-style-type: none">- Asset-Tested- Tax-Based- Contribution-Based- Employer-Based- Military / RCMP
All	<ul style="list-style-type: none">- Tax Free Savings Account- Registered Retirement Savings Plan

Forms Requiring Health Care Provider Input

Ontario Disability Support Program

Health Status Report:

1. Please provide factual objective information for all answers.

Last Name		First Name	
Height	Weight	How long have you known this patient?	Indicate the number of visits in the last year by checking the most appropriate box.
			<input type="checkbox"/> 0 - 5 <input type="checkbox"/> 6 - 10 <input type="checkbox"/> 11 - 20 <input type="checkbox"/> Greater than 20

2. Please complete the chart below, listing the current and ongoing medical, surgical and/or psychiatric condition(s) of the patient, and the impairment(s) resulting from those conditions. Do not list conditions that have been resolved or are not current or not ongoing within the last year.


NOTE: For each condition listed below, you must complete all the columns listed (A-F). This section must be completed or the application cannot be processed.

	(A) Condition(s)	(B) Impairment(s)
	Lung Cancer	Shortness of breath
	example	
1.		
2.		
3.		
4.		
5.		

- Eligibility
 - 18 years or older, financial need
 - Substantial physical or mental disability that is
 - Expected to **last at least 1 year**
 - Makes it hard for you to care for yourself, take part in community life or work
- Health care providers must complete 2 parts
 - Health Status Report
 - Activities of Daily Living Index
- Provider can bill OHIP for this

Forms Requiring Health Care Provider Input

Special Diet Form

 Ministry of Community and Social Services
Ontario Disability Support Program
Ontario Works

Application for
☐ Special Diet Allowance
☐ Pregnancy/Breast-feeding Nutritional Allowance

OHIP Fee Code
K055 (\$20.00)

Date Application Issued to Applicant: _____

Local ODS/OW Office Stamp

Section I - To be completed by Ontario Works or Ontario Disability Support Program local office staff

Applicant Information

Last Name: _____ First Name: _____ Initial: _____

Date of Birth: D / M / Y Member ID: _____ Relationship to recipient: ☐ self ☐ spouse ☐ dependent child or dependent adult

Section II - To be completed by an approved health professional [see list below]

This application must be completed by one of the following approved health professionals:

- A Physician
- A Registered Nurse in the Extended Class
- A Registered Dietitian
- A Registered Midwife or a Traditional Aboriginal Midwife recognized and accredited by her or his Aboriginal community

(Note: a Registered Midwife or a Traditional Aboriginal Midwife, who is recognized and accredited by her or his Aboriginal community, may only confirm that a special diet is required for the medical conditions Inadequate lactation to sustain breast-feeding or breast-feeding is contraindicated and for the Pregnancy/Breast-feeding Nutritional Allowance.)

Instructions:

1. Complete Section III if the applicant requires a special diet as a result of a medical condition or Section IV if the applicant requires a Pregnancy/Breast-feeding Nutritional Allowance.
2. If completing Section III, place a check mark next to the applicant's medical condition that requires a special diet (first column), indicate the length of time the diet is required (second column) and initial to confirm that the special diet is required (third column).
3. Complete the information below, including your signature, to confirm that the applicant requires a special diet(s) for the medical condition(s) you have indicated on the application form or for a Pregnancy/Breast-feeding Nutritional Allowance.

Last Name: _____ First Name: _____

Street Number: _____ Unit/Suite/Apt: _____ Street Name: _____

City/Town/Municipality: _____ Province: _____ Postal Code: _____

Telephone Number: _____ Stamp: _____

I am a legally qualified:

☐ Physician

☐ Registered Nurse in the Extended Class

☐ Registered Dietitian

☐ Registered Midwife or a Traditional Aboriginal Midwife recognized and accredited by her or his Aboriginal community

and I confirm that _____ requires _____

a special diet for each medical condition I have indicated for a total of _____ special diet(s) [i.e., the number of boxes checked] and/or the Pregnancy/Breast-feeding Nutritional Allowance I have indicated.

[Signature of Approved Health Professional]

[Date]


Payment - If you are a Registered Nurse in the Extended Class, a Registered Dietitian, a Registered Midwife or a Traditional Aboriginal Midwife recognized and accredited by her or his Aboriginal community, please forward your invoice in the amount of \$20.00 to the appropriate local Ontario Works office or ODS/OW office noted at the top of the application form. Please be sure to include the applicant's name and Member ID on the invoice.

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- MD, NP, Dietician, Midwife
- Patients receive additional income for qualifying medical conditions
- Renewed every 6-12 months
- Pregnancy/Breastfeeding allowance on separate form

Forms Requiring Health Care Provider Input

Mandatory Special Necessities Benefit

 Ministry of Community and Social Services Ontario Disability Support Program

Mandatory Special Necessities Benefit Request

Initials _____
OHIP fee code _____
K054

The Ontario Disability Support Program (ODSP) may provide funding for medical transportation, diabetic supplies, and surgical supplies and dressings.

Medical Transportation - This section can only be completed by Ontario licensed physicians, Registered Nurses in the Extended Class and psychologists (for addition related travel only). If you are authorizing travel under this benefit, please note that the benefit is only available for: (a) travel to treatment provided by a medical professional designated under the Regulated Health Professions Act (RHPA); (b) travel to alcohol and drug recovery groups such as Alcoholics Anonymous or Narcotics Anonymous; (c) travel to mental health therapy and mental health counselling programs if the treatment has been prescribed by a physician, psychiatrist or psychologist and the program is provided under the supervision of a physician, psychiatrist or psychologist.

Please indicate the number of appointments required to attend each location (e.g. your office, other physicians/psychologists, physiotherapy, chemotherapy, dialysis). Please do not state the diagnosis being treated.

Visit Location Facility Name/Address/City or Town	Telephone No.	Number of Visits per Month	Required From (mm/yy)	Required Until (mm/yy)	Can Attend Alone?	Overnight Stay Required?
				<input type="checkbox"/> Ongoing <input type="checkbox"/> Until (m/y)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Ongoing <input type="checkbox"/> Until (m/y)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Ongoing <input type="checkbox"/> Until (m/y)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Ongoing <input type="checkbox"/> Until (m/y)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Ongoing <input type="checkbox"/> Until (m/y)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please indicate with (x) the type of transportation the person's condition enables him/her to use to attend appointments. Please check all types the person can use.

☐ Public transportation (e.g. buses, subways, highway coaches) ☐ Train ☐ Taxi Service ☐ Ambulance only
☐ Wheelchair Accessible Public Transportation (where available) ☐ Drive him/herself ☐ Alternate Driver

Additional Details _____

Diabetic Supplies - This section can only be completed by Ontario licensed physicians, Registered Nurses in the Extended Class and Registered Nurses (where a physician has assessed the need).

Type of Supply	Health Professional's Initials
Blood Glucose Monitor* Is a new/replacement Monitor required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Lancets Number Required per day <input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> Other, please specify: _____	
Insulin Syringe Number Required per day <input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> Other, please specify: _____	
Needle Tips Number Required per day <input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> Other, please specify: _____	
Wipes (Alcohol/Betadine) Number Required per day <input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> Other, please specify: _____	
Insulin Pump Supplies: Specify quantity and frequency where applicable - batteries - tubing - other	

*Only Blood Glucose Monitors that use test strips covered under the Ontario Drug Benefit plan will be approved for reimbursement.

If being completed by a Registered Nurse, has a physician assessed the need for diabetic supplies? ☐ Yes ☐ No

Is condition permanent? ☐ Yes ☐ No If not permanent, for how long?: _____ months.

For the above, is the requirement expected to: ☐ remain stable ☐ increase in _____ months ☐ decrease in _____ months.

2957 (2010/07) © Queen's Printer for Ontario, 2010 Transits form 2955 1 of 3 7730-2957

- MD, NP, RN, Psychologist
- Diabetic supplies
- Surgical supplies, dressings
- Transportation for medical treatment, if the cost exceeds \$15 per month

Forms Requiring Health Care Provider Input

EI Sick Benefits

Service Canada **MEDICAL CERTIFICATE** **PROTECTED ONCE COMPLETED**
FOR EMPLOYMENT INSURANCE (SERIES 115)

SECTION 1 The claimant must complete this section to authorize the release of the information requested in Section 2 to the insurer.

Social Insurance Number: Date of Birth (year, month, day):

Last Name: First Name: Initial:

Full Postal Address:

Number and Street, Concession, Other: Apt. No.: Area Code: Telephone Number:

City or Town:

Province or Territory: Postal Code:

I hereby authorize the release of all information related to my present illness and/or my incapacity to the insurer and to the insurer's medical examiner. Any change to providing this information is my personal responsibility.

Signature of claimant, representative or next of kin: Year Month Day:

The information you provide on this form is collected under the authority of the E.I. Act and will be used to determine your eligibility for income benefits. The information will be retained in the personal information bank entitled "E.I. Claim File" (registration number: PR50C PPU 150). Instructions for accessing your personal information are provided in **RECEIVED**, a copy of which is available at Service Canada Centres. Your personal information is protected and accessible under the Privacy Act.

SECTION 2 Must be completed by a medical doctor or other health professional acceptable to the commission

INCAPACITY Year Month Day: **INCAPACITY** Year Month Day:

What is the expected date of confinement? Year Month Day:

What was the actual date of confinement? Year Month Day:

COMMENTS:

Name of Medical Doctor (Print): Specialty: Area Code: Telephone Number:

Address: Signature of Medical Doctor: Date: Year Month Day:

Service Canada delivers Human Resources and Skills Development Canada programs and services for the Government of Canada

Page 1 of 1

SC #P50140 (2012-04-04) GIVE THE COMPLETED FORM TO THE EMPLOYER

Canada

- Eligibility
 - Paid EI premiums
 - Meet medical criteria
 - 40% earnings reduction
 - 600 work hrs in previous 52 wks
- MD indicates expected duration off work on form
- Max pay period is 15 weeks

Forms Requiring Health Care Provider Input

CPP-Disability

Service Canada **PROTECTED B (when completed)**
Personal Information Bank (R.S.D.C. PPI 146)

MEDICAL REPORT

SECTION A: To be completed by Applicant

Patient Name and Initial		Family Name	
Home Address (No., Street, Apt. No., R.R.)			
City, Town or Village		Province or Territory	Postal Code
Telephone Number	Date of Birth - (Year Month Day)	Social Insurance Number	

SECTION B: To be completed by Physician

Please provide factual objective opinions:

1. Height	2a. How long have you known the patient?	b. When did you start treating the patient for the main medical condition? Year Month	c. Date of last visit Year Month Day
Weight			

3. Diagnosis(es):

4. Relevant/significant medical history relating to the main medical condition:

Please write legibly:
Service Canada de l'Éducation, des Ressources et du Développement Canada
programs and services for the Government of Canada.

SC SP-2519 (2011-11-15) E 2 of 6 **Canada**

- Eligibility
 - Worked for the minimum # of years and made the minimum CPP contribution
 - Disability is severe & prolonged
- Two Part Application
 - Patient Form
 - Physician Form
- Higher threshold for disability than for ODSP

Forms Requiring Health Care Provider Input

Disability Tax Credits

- Non-refundable tax credit used to reduce income tax payable on tax return
- May be transferred to a “supporting relative”
- 2012 DTC = \$7,546.00
- Stringent definition of disability focused on ADLs and sensory function
- Allows individuals to qualify for other tax benefits
 - Registered Disability Savings Plan
 - Canada Disability Savings Grant
 - Canada Disability Savings Bond

Forms Requiring Health Care Provider Input

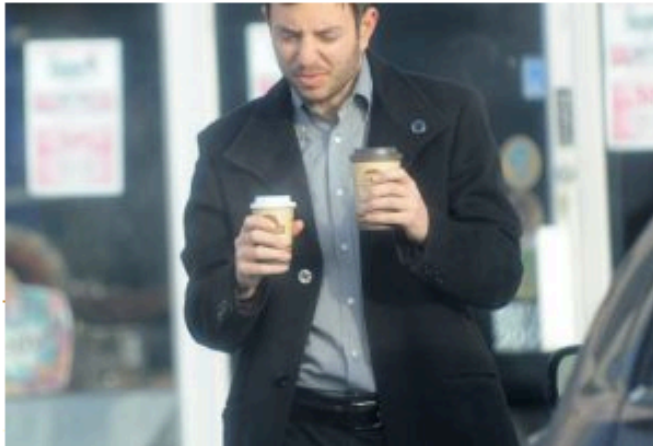
Disability Tax Credits



News / GTA

Company using unqualified doctors to cash in on tax relief

A joint Toronto Star/CBC investigation reveals a Toronto company filing dubious tax credit claims.



DALE BRAZAO

National Benefit Authority President Akiva Medjuck.

**Caution
your
patients!**

By: David Bruser and Chloé Fedio Staff Reporters, Published on Wed Feb 09 2011

Another Case

A 27 year-old mother and her 7 year-old daughter live in Ontario. The mother works part time and earns a net income of \$22,000 per year. She pays \$800 per month in rent. Her daughter has been having difficulty in school and a few supports have been put in place.

The mother becomes tearful in your clinic due to her financial and parenting stress.

Look it up! Groups of 3-4

What benefits or credits might this family be eligible for?

Mother and Daughter

- 27 yo mother, 7 yo daughter, diagnosed with Asperger's syndrome
- Rent apartment for \$800 per month
- Mother earns \$22,000 per year working part time

Canada Benefits: Benefits Finder
<http://www.canadabenefits.gc.ca/>

Ontario Taxes and Benefit: Tax Credit Calculator, For People, By Topic
<http://www.ontario.ca/taxes-and-benefits/taxes-and-benefits>

Canada Revenue Agency: Child and Family Benefits Calculators
<http://www.cra-arc.gc.ca/benefits-calculator/>

Case Review

This Family Might Qualify For:

- Canadian Child Tax Benefit \$ 610.82 per month
- GST/HST Credit \$167.25 quarterly
- Ontario Trillium Benefit \$84.66 per month

Total = \$9014.76 annually

* Benefits for July 2013 - June 2014



Questions? Comments? Ideas?

Review of Objectives

By the end of the workshop, participants will have:

1. Explored the evidence for poverty as an important risk factor for disease
2. Learned a simple, 3-step approach to intervening in individual patients' poverty
3. Practiced using online tools to navigate the income support system in clinical practice