

Health Providers Against Poverty

POVERTY AND HEALTH ARE CONNECTED!

This information sheet will show you, as a healthcare provider, what you can do to address the poverty that results in the poor health of your clients. You will see that poverty is a risk factor for health problems just as hypertension, smoking, and lack of exercise are. You will be provided with tools to help you tackle poverty as a health issue in a population where many are at the highest risk of ill health.

Healthcare Providers Against Poverty also welcomes any suggestions you may have to decrease levels of poverty and improve the health of our clients.

Some Facts

- Poverty is associated with a higher incidence of morbidity and mortality.
- Populations living in poverty have lower life expectancies up to 5 years, 61% higher infant mortality and 43% higher rates of lower birth weights.
- In 1996 24% of potential years of life lost in Canada were directly attributable to poverty

Specific conditions

- Poverty is one of the major risk factors for **diabetes**, with an increased prevalence of 40% of men and 280% for women when comparing low to high-income populations
- Low income is estimated to be responsible for 25-30% of the total mortality from **cardiovascular disease**
- The prevalence of **depression** is 1.6 times higher in low-income people than the Canadian average
- Children living in poverty are more likely to develop certain **illnesses, injuries, and developmental difficulties**

WHAT YOU CAN DO!

Alleviating the health effects of poverty is something that you can do. Here are some strategies you can use with individuals or at the community level. The approaches were developed through research and interviews with people working in the field. You

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are encouraged to apply and adapt interventions you are comfortable with and that you feel are useful.

1. Approach clients' situations from their perspective. Limitations should be acknowledged and realistic priorities set.
2. Help clients increase their social assistance incomes. For example, welfare supplements like special diet forms, transportation coverage, extra medical supplies.
3. Be an advocate for accessing social assistance programs for your clients, such as disability benefits or medical exemptions.
4. Encourage clients to be strong advocates for themselves. You can empower your clients.
5. Incorporate questions about social determinants of health into your clinical assessment. These include income, social assistance, housing, social supports, education, nutrition, status in Canada.
6. Use the periodic health exam as an opportunity to alleviate poverty by asking about social assistance or disability eligibility and referring to other professionals (social worker, employment counselor, legal clinic, anti-poverty groups).
7. Consider earlier screening for high prevalence conditions such as cardiovascular disease, diabetes, respiratory illnesses, liver disease, mental illness and addictions.
8. Have resources in your clinic such as information on social assistance, housing offices, social workers, legal aid clinics, food banks and anti-poverty organizations.
9. Use form letters (examples on the HPAP website) to support clients accessing services such as affordable housing and income supplements.
10. Provide information to clients regarding the health effects of poverty.
11. **Be an advocate for broader change!** This can include holding clinics focused on groups who may have trouble accessing services, providing expert opinions, doing presentations, speaking with elected representatives, participating in public events, and conducting research into poverty and health.