

New Special Diet Forms – Tips for Health Providers
Compiled by Health Providers Against Poverty (HPAP) – November 2006

Epidemiologic Rationale:

Poverty is the single most important modifiable risk factor for poor health. Health research consistently shows a robust relationship between low income and poor health. Poor people are at higher risk of developing, and experiencing higher morbidity from, heart disease, diabetes, and nutritional deficiencies, to name a few. A significant contributor to this relationship is the inability of low income people to eat nutritiously because they cannot afford the cost of healthy food. The problem is especially bad for Ontarians struggling to survive on inadequate social assistance rates.

What is the Special Diet Supplement?:

Historically, Ontario health providers were able to assess the health risks faced by people on social assistance and prescribe extra money for healthy diets including iron and calcium rich food, high fibre and low cholesterol diets, and vitamins. Social assistance recipients could get up to \$250 in extra funds every month to begin to feed themselves and their families healthier food.

When the Ontario Liberal government cut the benefit in November 2005, many health providers were devastated that they could no longer prescribe this high impact preventive health intervention. Under strict new rules, a person can only receive the benefit *once she or he has developed a health problem*. No longer can people get extra money for nutritious food to *prevent* illness. The list of eligible conditions is extremely restricted, and the amounts assigned are pitifully low. For example, if you have heart disease, you now qualify for a mere \$10 extra per month.

What Health Providers Against Poverty (HPAP) is doing:

Since the cuts to the special diet supplement, HPAP members have been lobbying to increase social assistance rates by highlighting the research linking poverty and health to government officials and bureaucrats, to the public through the media and to health provider colleagues and professional bodies. We have also been lobbying for the special diet policy to be opened up to include diets for prevention and a wider range of conditions.

What health providers can do – the focused health history:

In the meantime, health providers need to be able to assist our low income clients to obtain the maximum amount of money possible (up to the \$250/month allowed) given the stringent new rules. We are suggesting the following:

→ *take a few minutes and go through the form meticulously to look for diets that apply to your clients*

→ *in addition to using your usual health history or cumulative patient profile, add the following focused set of queries to your assessment when filling out special diet forms: [corresponding diet form wording follows]*

- chronic constipation (consider medication side effect eg opiates?) [**Chronic Constipation**]
- pre-diabetes/IGT? [**Diabetes, Prediabetes**]
- problems with swallowing? problems chewing? loose or missing teeth? [**Dysphagia/Swallowing or Mastication Difficulties**]
- allergies to eggs, soya or wheat products? [**Food Allergy – Eggs/Soya/Wheat**]
- problems digesting milk/dairy products, lactose intolerance? [**Food Allergy – Milk/Dairy or Lactose Intolerance**]
- liver problems (incl. eg. asymptomatic hepatitis? cirrhosis?) [**Hepatic Disorders, Liver Failure**]
- microcytic anemia in reproductive age women or in children? [**Microcytic Anemia**]
- wasting/weight loss (see listed conditions + advice on non-listed conditions OVER)
- pregnancy? breastfeeding? [**Section IV – Pregnancy Nutritional Allowance**]
- gestational diabetes? (can receive for 3 months postpartum) [**Gestational Diabetes**]

What to do if social services calls you: Sometimes your patient's welfare worker will call to verify that you completed the form or if there is confusing or missing information. Please remember – PHIPA legislation allows you only to confirm the person is your patient and that you prescribed the diets you marked on the form; you cannot answer questions about any other aspects of care including how long you have known the patient, frequency of visits, or diagnostic specifics (eg type of hepatic disorder, nature of chewing difficulties, which condition is responsible for weight loss, etc).

Special Diet Allowance Monetary Amounts Per Month

****weight based diets are permanent (may select previous % weight loss even if weight has been regained to ensure continued weight maintenance); all other diets are reviewed every 12 months**

Cardiovascular Disease (\$10)
Celiac Disease → select age (< 2 years \$58/>2-10 years old \$115/11-18 years old \$147/≥ 19 years \$131)
Chronic Constipation (\$10)
Chronic wounds requiring protein (\$10)
Congenital abnormalities of the metabolic type (adult, infant/child) (\$10)
Congestive Heart Failure (\$44)
Diabetes (\$42)
Diverticulum/Diverticulitis (\$10)
Dysphagia/Swallowing or Mastication Difficulties (\$75 one time for blender, \$25/mo)
Extreme Obesity Class III BMI>40 (\$20)
Food Allergy – Eggs (\$10)
Food Allergy: Milk/dairy/lactose intolerance → select age (<2 years \$95/2-10 years \$97/11-18 years \$55/≥ 19 years \$35)
Food Allergy – Soya (\$83)
Food Allergy – Wheat → select age (< 2 years \$38/2-10 years \$77/11-18 years \$98/≥ 19 years \$57)
Gestational Diabetes (avail up to 3 mos pp) (\$44)
Gout (\$32)
Hepatic Disorders/Liver Failure (\$10)
Hyperlipidemia (\$10)
Hypertension (\$10)
Hypertension + Congestive Heart Failure with Grade 1-2 Left Ventricular Function (\$44)
Hypercholesterolemia (\$22)
Inadequate lactation to sustain breastfeeding/breastfeeding contraindicated during first 12 months: lactose tolerant____ (\$75) lactose intolerant ____ (\$83)
Macrocytic anemia (\$10)
Malabsorption (\$20)
Microcytic Anemia (\$30)
Osteoporosis/osteomalacia/osteopenia (\$10)
Post-gastric surgery (\$10)
Prediabetes (Impaired Glucose Tolerance or Impaired Fasting Glucose) (\$42)
Renal Failure – dialysis or pre-dialysis (\$44)

Wasting/weight loss d/t: ALS, Crohn's Disease, HIV/AIDS, malignancy, ostomies, pancreatic insufficiency, short bowel syndrome, ulcerative colitis:

≤ 2% usual body weight (incl 0 %) (\$75)
> 2% and ≤ 5% (\$150)
> 5% and ≤ 10% (\$180)
> 10% (\$240)

Wasting/weight loss d/t: anorexia nervosa, cystic fibrosis, Kwashiorkor, Marasmus:

≤ 2% usual body weight (incl 0 %) (\$75)
> 2% usual body weight (\$150)

Pregnancy/breastfeeding nutritional allowance (until delivery and/or up to age of 12 months)

Lactose tolerant (\$40)/Lactose intolerant (\$50)

(please note – pregnancy allowance is not subject to the \$250 maximum ie can be provided in addition to the \$250)

What to do if your patient's condition is not on this list: This list includes a limited number of conditions. If your patient has a condition which requires additional funds for nutrition, a number of legal clinics are suggesting you write it in on the forms to allow social assistance recipients to pursue an appeal via the social benefits tribunal and potentially be granted the funds. Examples include developmental delay which precludes independent food preparation and requires the client purchase more expensive prepared food, weight loss due to depression, anxiety, or psychosis, etc.

If you wish more information about Health Providers Against Poverty, contact us at hpagainstpoverty@gmail.com