

## Manitoba EIA Health Benefits Summary

The Manitoba EIA program is a “program of last resort” for about 62,000 Manitoban’s who do not have any other financial support or income. Many of these individuals have disabilities and high health care needs. The program has a living allowance, rental allowance called Rent Assist, as well as disability benefit for those that qualify. All EIA recipients all qualify for health care coverage and benefits. This chart is a summary of those health benefits as well as commentary on the gaps between these benefits and the true costs for health care. This chart was created recognizing poverty as a determinant of health with the knowledge that the EIA program incomes are far below all poverty measures of income to meet basic needs. The poverty and limited health coverage for people relying on EIA contributes to health in equities and adds costs to government in other areas.

**“Injustice will not be destroyed until those who are not affected by it are as outraged as though who are” – Unknown**

**“While explaining our project, the recipient started to laugh. In response to the project description he said, “I apologize, I am just jaded to being optimistic for positive change in this system”. The reason being, people just do not care about poor people - not politicians, not middle class” – EIA Recipient**

Benefit	Coverage	Comment	Recommendations	Personal Experience
<b>Health Services Program:</b> <i>Waiting periods</i>	Yes	3 month waiting period for Disabled & Single Parents 6 months for General Assistance (GA) for Dental and Optical coverage (3 month waiting period for children in GA category) **Dental and optical emergencies as well as drug coverage may be approved from enrolment. See below for details.	A health manager recommends that EIA policy should allow third party referrals for people who cannot apply on their own. People struggling with significant health problems such as mental illnesses may not be able to navigate the EIA system, never mind in a timely manner. Ultimately the people who need the system most end up waiting the longest for health services that are essential to their health and survival.	“I do not think it is appropriate to make people wait so long for their needs” - EIA Recipient  An EIA recipient was bound to her wheelchair and the cushion was wearing out. She had to go through OT (Occupational Therapy) to get a prescription for a new cushion, and then give the prescription to her EIA caseworker. In response to this, the recipient explains that everything takes time with EIA and a perfect example of this is that she has been waiting 3 years to get a new cushion. From a medical perspective, you should be given a new cushion every 6 months. Ultimately, this will cost the government more money, considering the fact that her hips are now misaligned due to lack of proper cushioning.
<i>Drugs</i>	Yes	Pharmacists confirm participant and product eligibility. Essential drugs are covered. Participants may not receive Pharma-care benefits while on EIA.	The list of services and fees should be made available to the public. For example, the federal government outlines all benefits available under their NIHB (non-insured health benefits) program.  As medical professionals we believe that all prescription drugs be covered by EIA.	A Pharmacist from a downtown clinic mentioned that over the counter medications are not covered by EIA, including simple medications such as Tylenol and Lactulose. Due to the significant need for these medications, this is considered unjust. The pharmacist mentioned that she feels this is an issue that must be looked into further. In response to this statement, another staff member mentioned, “what do you do if your baby has a fever?”  While discussing over the counter medications, which are not covered by EIA, the recipient stated that it would be a “pipe dream to have everything covered”. Yet, the recipient firmly believes that all prescription medication should be covered, as they are a health necessity.  Due to a chronic heart condition, an EIA recipient has many needed prescription medications and it is important to take these medications

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				consistently and on-time. In the long run, EIA does cover his medications, but it is a lengthy process as the recipient waits to be reimbursed each month. Thankfully he has known his particular pharmacist since childhood, and therefore the pharmacist makes sure he gets the medications that are needed, whether the recipient has the money at the time or not. This is not the case for many EIA recipients and therefore he recognizes how fortunate he happens to be. He states that the amount of waiting he does depends purely on “the mood of his case worker”.
<i>Dental</i>	Yes	<p>Emergencies can be met during waiting period: must contact Health Services for authorization prior to procedure. Agreements with the Manitoba Dental Association &amp; Manitoba Denturists Association list services covered and fees, however this list is not available to the public.</p> <p>To receive benefits you must:</p> <ol style="list-style-type: none"> <li>1) see a dentist</li> <li>2) indicate that you are on EIA, and</li> <li>3) present a health services card (if they have one).</li> </ol> <p>EIA covers:</p> <ol style="list-style-type: none"> <li>1) Preventive and diagnostic services: for example teeth cleaning once year, exams and x-rays once a year</li> <li>2) Restorative care to a maximum of \$600.00 per year</li> <li>3) Dentures once every 6 years</li> <li>4) Extractions as required</li> <li>5) Root canals on front teeth only.</li> </ol>	<p>The list of services and fees should be made available to the public. For example, the federal government outlines all benefits available under their NIHB (non-insured health benefits) program.</p> <p>Waiting periods for dentures should be adjusted on a situational basis. Consider a recipient that is diagnosed with an illness where significant weight loss occurs. Depending on the time frame this can be detrimental to their health. For example, if someone were to become ill 2 years after they received new dentures, with the 6 year waiting period, they would have another 4 years to wait before they would even be considered for a new denture set. In the meantime dentures that do not fit right can affect nutrition and ability to communicate.</p>	In regards to dental and optical care, a recipient and his wife have encountered multiple problems. For example, the recipient has been waiting for a year and half to receive glasses. In addition, it took his wife 1 year to receive dentures. He feels that the wait-times are inadequate.
<i>Optical</i>	Yes	<p>Emergencies can be met during waiting period: must contact Health Services for authorization prior to procedure.</p> <p>Health services card must be presented if available.</p> <p>Service providers are aware of the services covered and fees payable. EIA has an agreement with the Opticians</p>	<p>The list of services and fees should be made available to the public. For example, the federal government outlines all benefits available under their NIHB (non-insured health benefits) program.</p> <p>A binding agreement with Opticians/Optometrists to charge an agreed upon rate.</p>	<p>An EIA recipient recalls going to receive his free glasses from the store, and was told he could chose from the “box in the corner”, which included old throw-away glasses. He said he understood that they can not receive everything because they are on social assistance, yet despite that fact he felt embarrassed and marginalized.</p> <p>A social worker at a downtown clinic mentioned that if you lose your</p>

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		<p>of Manitoba; however, this agreement does not bind practitioners to a set fee and they may charge additional (or lower) fees.</p> <p>EIA covers:</p> <ol style="list-style-type: none"> <li>1) Eye Exams: every two years for anyone not covered by Manitoba Health (Manitoba Health covers people under the age of 18, over 65, and those with medical conditions, such as diabetes.)</li> <li>2) Eye glasses: every 3 years Replacement of lenses will be covered if there is a prescription change of at least + or -.50 dioptre or a change of at least .50 change in the vertical or horizontal prism.</li> </ol>	<p>The amount of coverage available for prescription lenses should be outlined clearly, so participants know how much they can spend on a set of lenses.</p> <p>Eyeglasses for children should be provided every two years, or as required based on child's growth and development.</p> <p>"It is very important that the lenses be properly aligned. While an improper prescription or poor fit of a pair of eyeglasses can result in discomfort for adults, it can impair a child's visual development and lead to permanent visual loss." (Children's Hospital Los Angeles, 2014, para 5)</p>	<p>eyeglasses during the waiting period (which is 3 years in length) you are out of luck.</p>
<i>Test of Need</i>	Some coverage	<p>Given on an individual basis when extra funds are needed.</p> <p>Actual cost of drugs, dental, and optical must be included in test of need.</p> <p>Only the net cost to participant included in test of need.</p>	No Recommendation	
<i>General Participant Assistance</i>	Yes	<p>Participants eligible for Health Services but don't get cards</p> <p>6 month waiting period (3 months for children and other participants) during which emergency services available upon approval.</p>	No Recommendation	
<i>Participant with Alternative Health Coverage</i>	Some coverage	<p>If service covered by Health Services but not alternative source, (usually private or government for First Nations and Inuit Peoples), requests are reviewed and approved as appropriate.</p>	No Recommendation	

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Benefits	Coverage	Comment	Recommendations	Personal Experience
<i>Health Card Only</i>	Some coverage	Health Services available if resources meet all basic living costs except health care. If actual health care expenses exceed household resources and the \$10/adult/month household allowance, enrollment for Health Services Card only may be granted.	No Recommendation	
<i>Single Grant</i>	Some coverage	Applicant usually able to meet basic needs but those who need immediate Health Services may be eligible for single grants. Single grants are issued for drug, emergency dental and optical needs, and medical equipment. Eligibility decided by comparing surplus of income over the last 6 months to the cost of health service in question, if insufficient resources available single grant may be issued by field staff after checking with Health Services staff. Participant will still need to pay the Pharmacare deductible of \$100 per year.	No Recommendation	
<i>Health Services Only-Grandparented Participants</i>	Yes	Applicants enrolled as of September 1, 1980, have special treatment cases of health services only, will not be terminated. (Due to the expansion of the Manitoba Supplement for Pensioners benefits program also known as 55-Plus program)	No Recommendation	
<i>Hospital Patients</i>	Some coverage	Health services for those who reside in hospitals are provided on an item-to-item basis for things such as: dentures, emergency dental work outside of hospital, glasses, prosthetics/orthotic devices and emergency ambulance services. Physiotherapy, and Occupational therapy provided at this point are the responsibility of the hospital. Chiropody services are not covered. In the past, podiatry services were not covered by EIA for those in hospitals; however, there has been a policy change; EIA will now cover podiatry services for patients in hospital	Caseworkers should be made aware that podiatry services are covered by EIA while patient is in hospital. There is currently no circular that identifies this policy change.	

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<i>Personal Care Home Residents</i>	Some coverage	The participant's personal account must be checked prior to being authorized for health care costs not covered by Manitoba Health, so that any extra resources can be applied to the essential health need. Foot care is not covered.	Continue to promote awareness of podiatry services in personal care homes.	
<i>Extended Health Services Assistance</i>	Some coverage	Single parents and the disabled may be eligible for 12 months of extended health services if they have found employment. EIA provides a monthly allowance for Health Services costs, calculated as the greater of: <ul style="list-style-type: none"> <li>• \$50/person to a maximum of \$150/family; or</li> <li>• The average Health Services cost for the 3 months in which these costs were the highest during the past 12-month period</li> </ul>	No Recommendation	
<i>Drug Purchases by Cash</i>	Some coverage	EIA must obtain Pharmacare receipts for cash drug purchases. Field staff must call Help Desk for approval before reimbursement.	No Recommendation	
<i>Prescription Drugs-Control Procedures</i>	Yes	Basic coverage for essential drugs is provided.  EIA Director or designate may suspend automatic prescription drug authorization by the DPIN system if prescription drug abuse is suspected. (See manual for definition of drug abuse)	From a medical perspective a system should be put in place to prove that drug abuse is actually occurring so that stigma or accidental accusations cannot be the basis for discontinuing a drug. In essence we suggest incorporating a less subjective system for determining drug abuse.	An EIA recipient was experiencing horrific headaches due to the fact that he had recently experienced a grand mal seizure. He went to the doctor asking for stronger pain relief medication, such as Tylenol 3s. The doctor refused to give the recipient the prescription, because he stated that he was the type of person to become addicted to this medication. This is an example of the stigma that exists pertaining to people living in poverty. Ultimately, this hinders their ability to access adequate health care.
<i>Chiropractic Treatment</i>	Some coverage	Assistance granted for services above the maximum annual amount payable by Manitoba Health (12 visits per Manitoba resident per calendar year. The adjustment of the spinal column, pelvis and extremities are insured chiropractic services). Must apply at the Chiropractor to the Chiropractic Review Panel to determine coverage before the appointment. Coverage, if provided, is at the applicable Manitoba Health rates and the Manitoba Health authorized range of supplies.	Health care professionals practice under a Code of Ethics stating they will do no harm (non-maleficence). Lack of X-Ray coverage could result in a failure to diagnose serious conditions that require medical attention therefore resulting in harm.  Allow the chiropractor to determine if the X-Rays are required on an individual basis. Have EIA cover the X-Rays that the chiropractor determines necessary.	

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		(x-rays are not covered)		
<i>Physicians' Fees</i>	Some coverage	<p><u>Medical Assessments or Reports:</u> EIA may pay for costs not covered by the Manitoba Health's Insured Benefits Branch such as medical assessments or reports required by a third party if they meet certain criteria (See manual for criteria). EIA may give an extra \$45.00 to nurse practitioners (if in private practice) or physicians if they fill out the EIA Disability Assessment Report</p> <p><u>Transfer of Medical Files:</u> Financial hardship and ability to pay fees (which are at the discretion of the physician) must be taken into consideration and what, if any, fee is to be charged, and is not provided by EIA.</p>	<p>From a medical perspective it is suggested to have the medical professionals more involved in determining the need for disability services. As of now they fill out the medical assessment forms but the final decision to put someone on disability is at the EIA caseworkers discretion.</p> <p>EIA staff and College of Physicians should collaborate more closely to avoid charging EIA recipients extra fees.</p> <p>This may occur through the promotion of electronic records.</p>	<p>An EIA Advocate explained that In order to be eligible for disability, an EIA recipient must ask their doctor to complete a set of forms confirming their diagnosis. The subjectivity remains in the fact that there are no medical professionals to interpret the doctor's note amongst EIA staff. Therefore many people are denied disability status based on the misinterpretation of the definition.</p> <p>"Factory medicine" further inhibits people from obtaining disability status. Factory medicine refers to doctors seeing as many patients as they can in order to increase billing to Medicare. This is evidenced by clinical policies where patients are allowed to make one complaint per visit. Therefore, it becomes a significant challenge for a person on EIA to receive a thorough assessment proving disability status. For example, a person may have cardiovascular disease, diabetes, mental illness and osteoarthritis. If they are only allowed to address one of these issues in the disability assessment, the full picture is not grasped in the doctors' note provided to EIA staff. Therefore, their full need for disability coverage will not be apparent to the subjective caseworker if only one problem is addressed in the assessment. – EIA Advocate</p> <p>An EIA recipient went to his doctor and gave him the EIA disability assessment form, and the doctor ripped up the form stating, " I will be damned if I put one more person on EIA".</p>
<i>Tray Fees (also known as uninsured disposable supplies)</i>	Some coverage	EIA may approve tray fees for minor procedures at \$18.00 and major procedures or diagnostic tests at \$45.60 (If procedures performed in-hospital no fees incurred).	Tray fees for diagnostic testing should be covered fully by EIA. The reason being that they are vital in early treatment and diagnosis. Failure to administer them could result in detrimental illnesses, in turn	

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		Special circumstances may need consideration and should be brought to the Program Specialists for review and/or approval.	costing the healthcare system more than it would have to cover the test.	
<i>Medical Alert Bracelet</i>	Yes	Covered with approval from EIA	Ensure all EIA caseworkers are aware of this benefit and the full coverage offered.	
<i>Out of Province Medical Costs</i>	No	No coverage from EIA. Contact Out-of-Province Claim Department of Manitoba Health for reimbursement.	No Recommendation	
<i>Extra Billings for Physicians</i>	No	No coverage from EIA. All extra billing is out of pocket expenses for individuals that incur them.	EIA must negotiate to have a clear agreement with College of Physicians and Surgeons to take into consideration patients on EIA in order to avoid the extra fess (disclosure of fees).	
<i>Out of Province Medical Premiums for New Arrivals</i>	No	For the 90 days before Manitoba Health insurance kicks in, the EIA recipient will maintain province of origin health insurance.	No Recommendation	
<i>Transportation – Health Reasons</i>	Yes	To be considered for transportation funding evidence of appointment must be presented. Public transit will be the first option, option two is the individual's vehicle, and option three is a taxi service. A bus pass will be provided if the cost of individual bus tickets required for medical appointments exceeds the cost of a bus pass.	Develop a low cost bus pass in collaboration with the City of Winnipeg to allow participants to travel to their health care appointments efficiently. Currently, participants must travel to their caseworker prior to their medical appointment to get the bus ticket for the appointment.  Taxi or preferably an ambulance should be first priority in the case of an emergency.	An EIA recipient needed meal supplements (Ensure) and spent a significant amount of money on transportation in order to receive these supplements daily. He was using money out of his food budget to use the bus to pick up his supplements, and therefore asked if he could have the supplements delivered to his house, and EIA refused. He states that this inhibits him from having a well-balanced diet, which is especially necessary due to his heart condition. The recipient believes it would be beneficial to have a bus pass covered by EIA, as opposed to a limited number of tickets.  An EIA recipient was given a prescription for a buss pass due to mobility issues caused by osteoarthritis in both knees. The caseworker denied him this service as she argued that osteoarthritis is not a mobility issue. What gives a caseworker with no medical background, the right to deny someone a prescription written by a doctor? The recipient even stated, "If a doctor gives a prescription for transportation or nutrition, I do not see how they deny that note?"

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<i>Wheelchair Transportation – Medical Activities</i>	Yes	Attempt to book Handi-transit first, next a personal vehicle or friend’s vehicle can be used (20 cents/km), final option: a private wheelchair transportation company can be used if preauthorized consent is given.	No Recommendation	
<i>Emergency Health Transportation</i>	Yes	Northern Manitoba: covered by Northern Patient Transportation Program of Manitoba Health, Emergency Services Branch, not EIA. Southern Manitoba: Contact EIA office in your area to determine if you qualify for coverage.	A program such as the one provided for Northern Manitoba should cover ambulance services for Southern Manitoba. If this is not possible EIA should cover ambulance services.	An EIA recipient was having a heart attack, bystanders were helping as one yelled, “someone call an ambulance”. In which the EIA recipient quickly replied “No! I cannot afford one”. The fear of not being able to pay for a needed emergency service should not outweigh the impact it can have on health.
<i>Wheelchair Transportation: Social Trips</i>	Yes	24 pre-authorized trips for social activities per year.	Increase up to 36 pre-authorized social trips a year. This will mean a range of three social trips a month instead of two. This will limit the risk of social isolation and deteriorating mental health.	
<i>City of Winnipeg Ambulances</i>	Yes	Need a valid Health Services certificate otherwise the EIA recipient will be billed directly and will need to seek reimbursement from the EIA offices.	Ensure that EIA recipients are aware that ambulance services are cover in the City of Winnipeg.	In regards to emergency access, a recipient explained that he has called an ambulance once or twice due to his heart condition. He stated that he brings the receipt to his caseworker and is once again reimbursed based on a time period dependent on the mood of his caseworker. After doing so, his caseworker asked him “why take an ambulance when you can use your buss pass?” From a health care perspective, this demonstrates not only a lack of medical understanding but also the increased emphasis on cost as opposed to health.
<i>Travelling Meal Allowance</i>	Yes	Southern travel \$17.20/day, Northern travel, \$18.90/day. If only one or two meals needed cost covered ranges from \$3.60-\$8.30/meal in the south, to \$4.00-\$9.10/meal in the north.	Include a special diet travelling meal allowance for individuals in which this is necessary.	
<i>Inter-Municipal Livery Rates (ground travel)</i>	Yes	Round trip: \$1.25/km (\$2 per mile) from point of commencement to its destination and back to the point of commencement. , One Way Trip: \$2.11/km (\$3.38 per mile) from the point of commencement to the destination. Wait time: max \$25/hr. and shall be chargeable at a rate of \$6.25 for each period of 15 minutes or part of such.	Compare these rates and what was paid back to the individual with the actual costs of their travel. Provide them with equal compensation.	

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<i>Telephones for Health and Safety</i>	Yes	Need a prescription from a health care provider or approval from the individual's case worker.	Make this benefit known to the public. It could be vital in saving a life.	An EIA recipient explained that they are given \$32/month for phone services if they get a prescription. This is clearly not adequate to cover a monthly phone bill. In response the recipient states, "How do I get a job without a phone? How do I contact my caseworker? How does my caseworker contact me? How do I communicate with my EIA Advocate? How do I access emergency services?" In addition, "Why should my phone bill take away from my food budget?"
<i>Medical Equipment and Supplies</i>	Some coverage	Most supplies are covered by WRHA or Society for Manitobans with Disabilities (SMD): for example, overhead lifts, bariatric beds and latex gloves are covered by Home Care under the Regional Health Authority. Items like walkers, raised toilet seats, bath bars, urinals, bedpans, wheelchair ramps, breast prostheses, elastic stockings, and hearing aids are covered under EIA. Need to have a medical professional recommendation.	<p>The Home Care Program provides a base list of medical supplies and equipment available across the province (EIA admin manual, section 22.4.1). A list of supplies covered should be made available to the public. For example, the federal government outlines all benefits available under their NIHB (non-insured health benefits) program.</p> <p>Although these supplies may be covered have EIA staff ensure that wait times for accessing the needed equipment is reasonable. Refer to next column.</p>	An EIA recipient that is bound to a wheelchair due to multiple health reasons is residing in a house without a wheelchair ramp. Therefore it is very difficult for her to get into her home. Although EIA covers wheelchair ramps for people in need it can be extremely hard to access this benefit. For example this person has been waiting for her ramp for months. This has resulted in serious falls from her wheelchair, leaving her helpless and waiting on the ground until help happens to arrive. In one instance this was a period of 4 hours.
<i>Supplies and services for Personal Care Home (PCH) residents</i>	No	<p>The PCH has a responsibility to cover 19 broad groups of items and services.</p> <ol style="list-style-type: none"> <li>1) Mending of clothes (e.g., seam repairs, replacing buttons, etc.)</li> <li>2) Supplies required for personal hygiene and routine skin care (e.g., soap, toothpaste, denture cleaners, mouth wash, oral hygiene products, shampoo, body powder and lotion)</li> <li>3) Non-prescription biologics and related preparations such as skin care powders, lotions, creams, ointments, jells and cleansers, throat lozenges and non-prescription eye drops as approved under the personal care home drug program by the personal care home drug utilization committee (Note: it is best to contact the personal care home to</li> </ol>	No Recommendation	

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		<p>address specific requests from participants/residents for non-prescription items)</p> <ol style="list-style-type: none"> <li>4) Diabetic supplies</li> <li>5) Medical nursing supplies (e.g., wound management supplies and dressings, catheters, needles, syringes, diagnostic and testing materials, ostomy supplies and tube feeding supplies)</li> <li>6) Disinfectant and antiseptic preparations</li> <li>7) Sheepskins</li> <li>8) Dietetic supplies and nutritional aids or supplements</li> <li>9) Overhead trapeze bars</li> <li>10) Mechanical lifts</li> <li>11) Mechanical slings for occasional use</li> <li>12) Therapeutic and pressure-reducing mattresses</li> <li>13) Raised toilet seats</li> <li>14) Commodes</li> <li>15) Restraint devices</li> <li>16) Humidifiers</li> <li>17) Wheelchairs for occasional transportation</li> <li>18) Oxygen and oxygen concentrators</li> <li>19) Incontinent care aids</li> </ol> <p>Other items are not covered by the PCH. Some of these items like acupuncture are not covered by EIA while others like eyeglasses are covered by EIA. EIA will provide coverage for wheelchairs, but not for scooters.</p>		
<i>Acupuncture</i>	No		Although this service is not always considered a necessity, if it were the only option to treat severe pain, EIA should consider these individual cases and provide coverage.	

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<i>Foot Care Services</i>	Some	Need a prescription Coverage provided to prevent deterioration of a medical condition (eg. Diabetes). 9 visits/year, \$32/visit House bound: \$40/visit In the past, foot care was not covered by EIA for those in hospitals, personal care homes, chronic care facilities or mental health facilities. There has been a policy change; EIA will now cover foot care for patients in hospital.	Ensure that caseworkers are aware that podiatry is covered by EIA for patients in hospital. There is currently no circular that identifies this policy change.	
<i>Radio Isotope Material</i>	No	Covered by Health Services	No Recommendation	
<i>Hearing Aids</i>	Yes	\$500-\$1800/aid/ear, once every 4 years unless significant changes occur to hearing ability. Dispensing fee: \$250, Ear mould \$48/ear	A “significant change” requires more definition; how much change is needed to be considered significant? This could be further defined by a medical professionals diagnosis, for example.	
<i>Winter Boots</i>	Yes	Need a prescription due to a medical problem, \$100 every 3 years	Winter boots should be automatic for all those at risk for foot problems; additional funds should be available every 2 years. In our experience preventative care is optimal.	
<i>Addiction Program Supports</i>	Some	Some coverage provided to help with travel, childcare and/or shelter for a maximum of 3 months for residential programs and 6 months for community based support programs. Extended treatment requires approval from the director. EIA provides support for Methadone Maintenance Treatment for 8 months. The fees for addictions programs are not covered by EIA.	The fees for addiction programs should be covered in order to address the health of individuals with addictions. “Research has shown that comprehensive and sustained substance abuse treatment can help individuals reduce or stop using illegal or dangerous drugs, thereby greatly improving their functioning in the family, at work, and in society” (Centers for Disease Control and Prevention, 2002, p. 1). A key to successful treatment is that it be made “readily available to individuals who need it” (Centers for Disease Control and Prevention, 2002, p. 2).	

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<i>Prescription Food Supplements/ Special Diets</i>	Yes	Must be prescribed by a doctor due to a medical problem.	<p>From a medical perspective it is suggested to have the medical professionals more involved in determining if a specialized diet program is needed. As of now the doctors can fill a prescription or write a doctor's note for these special diets but the end decision of whether or not the recipient receives the additional funds are at the caseworker's discretion.</p> <p>Adjust the additional funds for special diets to consider the inflation of these healthy foods.</p>	An EIA recipient has been given three prescription notes for increased protein diet and four notes for boost supplements from his doctor due to osteoarthritis and multiple other conditions. The caseworker denied him these supplements even though the recipient had a prescription, and her reason for this was because he was "too fat to need protein". She is therefore making judgments with her own personal biases. This represents a lack of medical understanding and need, as protein and fat are very different dietary components. This affects the recipient's self-image and is also a poor and prejudiced way to address medical needs. The recipient feels that, if a doctor writes a prescription, he does not think a worker should be able to "crunch it up and put it in the garbage" because they do not possess the medical knowledge to make that decision. Therefore, although supplemental diets exist, they are not nearly as accessible as they should be.																								
<i>Prosthetics and Orthotics</i>	Yes	Covered by EIA if not covered by Manitoba Health through the Health Services Insurance Act.	No Recommendation																									
<i>Rent/Housing &amp; Basic Needs</i>	Yes	<p>Rental rates in the table below apply to all EIA participants residing in private rental accommodation. The director and designate have the authority to exceed the maximum rent guidelines under exceptional circumstances.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Family Size</th> <th style="text-align: center;">Basic Rent</th> <th style="text-align: center;">Rent including Fuel &amp; Utilities</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1 Person</td> <td style="text-align: center;">\$243</td> <td style="text-align: center;">\$285</td> </tr> <tr> <td colspan="3" style="text-align: center;">General Assistance – Rent up to \$285</td> </tr> <tr> <td style="text-align: center;">2 Persons</td> <td style="text-align: center;">\$285</td> <td style="text-align: center;">\$387</td> </tr> <tr> <td style="text-align: center;">3 Persons</td> <td style="text-align: center;">\$310</td> <td style="text-align: center;">\$430</td> </tr> <tr> <td style="text-align: center;">4 Persons</td> <td style="text-align: center;">\$351</td> <td style="text-align: center;">\$471</td> </tr> <tr> <td style="text-align: center;">5 Persons</td> <td style="text-align: center;">\$371</td> <td style="text-align: center;">\$488</td> </tr> <tr> <td style="text-align: center;">6 Persons</td> <td style="text-align: center;">\$387</td> <td style="text-align: center;">\$513</td> </tr> </tbody> </table> <p>In Winnipeg the average cost of a one-bedroom apartment is \$925.</p>	Family Size	Basic Rent	Rent including Fuel & Utilities	1 Person	\$243	\$285	General Assistance – Rent up to \$285			2 Persons	\$285	\$387	3 Persons	\$310	\$430	4 Persons	\$351	\$471	5 Persons	\$371	\$488	6 Persons	\$387	\$513	<p>Rent and basic needs allowances should be adjusted based on inflation in the current economy. At this time EIA recipients are given the same rental allowance they were given 20 years ago. This results in extremely poor living conditions that detriment their health.</p> <p>If possible, look into making a separate allowance for food and other necessities. This will confirm that there will always be a monthly allowance set aside specifically for food. Therefore, preventing recipients from rationing food money to other allowances. They should base these rates on average prices of foods listed in Canada's food guide in order to allow recipients to meet a well-balanced diet.</p> <p><b>Quote - Tie in why rent and basic needs affect health or how the rates are inadequate to meet their health needs.</b></p>	<p>EIA rates have not been adjusted due to inflation for approximately 20 years. "One of the core issues is having enough to pay the rent. You either pay the rent or feed the kids". As stated by the advocate, "the government seems to think that people living in poverty do not experience inflation".</p> <p>Basic assistance rate is \$195/month, if you budget for food, you should allot about \$120/month, which is \$3.95 for food daily, leaving \$75 for all other basic needs. People also end up taking money from this budget for rent, due to such low rent rates. "Can you see how this deteriorates health?" – EIA Advocate/Educator</p> <p>An EIA Recipient discusses struggles in regards to housing. Due to the minimal amount of rent money given to a single person on EIA, he found himself living in a rooming house for 3 years. Within that time, he encountered constant drugs, alcohol, police visits, filth, bed bugs, violence, and beatings. The recipient recalled one specific story where he went downstairs to find blood all over the kitchen, and a man was screaming for his life. While referring to the complications associated with living in a rooming house, he stated, "this is on your mind, all the time and you</p>
Family Size	Basic Rent	Rent including Fuel & Utilities																										
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## Manitoba EIA Health Benefits Summary

Benefits	Coverage	Comment	Recommendations	Personal Experience
		<p>Basic Needs Assistance provides an individual with \$195/month. This covers food expenses and all other needs such as clothing, hygiene products, and household items etc...</p>		<p>cannot relax”.</p> <p>An EIA recipient discusses his experiences living at the Salvation Army, which costs \$1100/month. When he was originally attempting to move into the Salvation Army, his caseworker refused due to the cost. In response to this dispute the recipient states, “they were going to leave me on the street “. This dispute was later solved, and the recipient states that the living conditions consist of 1 working toilet and shower for 33 people. He reports difficulty in remaining hygienic due to the high demand for bathroom facilities. While living at Salvation Army, he discusses the stress associated with retaining your spot for the following night. You are required to “sign in” by a specific time every morning or your bags are packed at the door and you are discharged. This is the same case if you just so happen to sleep-in.</p> <p>An EIA recipient currently living in a rooming house now has a chance to receive decent housing in a safer neighborhood found through the advocacy agency. He is having a challenge putting down a damage deposit. Normally EIA will cover this, but in this case they say they will only cover it within a months time. Due to the delay, the EIA recipient must use his entire EIA cheque to put down the damage deposit. Otherwise, the recipient will not obtain the new apartment due to time constraints. Therefore, the recipient is left with nothing for the month. He states he is “to the penny broke”, and does not even have enough to pay for bus fare. Despite this hardship, he is willing to “stretch his neck as far as it would go” if it meant moving to a decent home. To end, the recipient left us with this comment, “I do not want to be in a rooming house, I want to be in a home”</p> <p>Your food budget is incorporated into your basic needs allowance. This allowance is inadequate preventing them from following a well balanced diet. As evidenced by the fact that the “highest obesity rate is among the lowest 20% of income levels” due to low nutrition and high carbs. Although people in poverty in Canada do not starve, they suffer from malnutrition and obesity. This clearly has “a high impact on children” and can “inhibit growth and education abilities”. – EIA Advocate/Educator</p>

## Manitoba EIA Health Benefits Summary

Benefits	Coverage	Comment	Recommendations	Personal Experience

An EIA recipient explained that when they cannot afford to make ends meet (in terms of housing, food, basic necessities) it becomes a “desperate situation”. According to the recipient, **“desperate situations make people do desperate things”**. He provided us with the example of his friend who had recently been let out of jail, and was living in these poor conditions. This friend started to question why he would want to live in these situations, when jail provided basic necessities for him, such as shelter, a bed, food, somewhere to work out, etc. Therefore, he decided to commit armed robbery in order to return to jail. He continued to discuss the impact that poverty has on the life choices that people make. He believes that many young women have children at a young age in order to receive more support from the EIA system. **“There needs to be a more compassionate system”**. – EIA Recipient

# Manitoba EIA Health Benefits Summary

## Common Health Concerns

The following chart depicts the most common health concerns that people on EIA face, the treatments required for those health concerns and the related benefits provided by EIA. Cardiovascular disease, diabetes, and mental illness have huge effects on quality of life and are costly to the health care system. Heart disease and stroke costs the Canadian economy more than \$20.9 billion every year in physician services, hospital costs, lost wages and decreased productivity (Conference Board of Canada, 2010). According to Mikkonen & Raphael, “a host of studies show that adult-onset diabetes and heart attacks are far more common among low-income Canadians” (2010, p. 12). Poverty causes a “lack of access to material resources, such as nutrient dense food, which leads to high rates of obesity and diabetes and resultant poor cardiovascular health” (Reading & Wien, 2009, p. 9). Reading & Wien (2009) state that poverty creates a lack of control that can result in “anxiety, insecurity, low self esteem and feelings of hopelessness. The accumulation of these psychosocial stressors often leads to poor mental health and increased vulnerability to infection, as well as diabetes, high blood pressure, and depression” (p. 9-10). “People with mental illness often live in chronic poverty. Conversely, poverty can be a significant risk factor for poor physical and mental health. The relationship between poverty and mental illness is both straightforward and complex in its pervasive reach” (CMHA, 2007, para. 1). The Canadian Mental Health Association says that people with mental health problems “through no fault of their own they face extended and often lifetime unemployment, social exclusion, isolation, relationship distress, poor physical health and lack of hope for the future” (2009, p. 1). Using the prevalence data of diabetes, hypertension, heart attack and mental health in Winnipeg, we can estimate there would be approximately 16 747 people with hypertension, 140 heart attacks, 5 086 people with diabetes, and 16 499 people suffering with mental health concerns among individuals receiving EIA (Government of Manitoba, 2011, p. 21-37).

In addition, we chose to address head lice because it has been identified by the WRHA as a problem among those in poverty in Winnipeg. It is debated whether living in poverty is a risk factor for head lice, the Centers for Disease Control and Prevention state that “getting head lice is not related to cleanliness of the person or his or her environment” (2013, para. 2). In contrast, the World Health Organization says, “poverty also plays a role in the transmission dynamics of head lice” (Feldmeier & Heukelbach, 2008, para. 17). Although head lice may not be more prevalent in those in poverty, there may be a lack of education amongst low-income families that prevents them from eradicating the bug once they have head lice. In the area of finances “where there are difficulties in buying a pediculocide or in carrying out the required steps, the public health nurse may problem solve with the family” (WRHA, 2007, p. 2).

**“After a certain level of (decline in) health, if you are going to die soon, they cut you off” – EIA Recipient**

<i>Health Condition</i>	Coverage	Comment	Recommendations	Personal Experience
<b>Cardiovascular Disease: Treatment Required</b>		<b>Cardiovascular disease refers to more than one disease of the circulatory system including the heart blood vessels, whether the blood vessels are affecting the lungs, the brain, kidneys or other parts of the body. High blood pressure is one of the most common diseases in the population that can either be due to or lead to other cardiovascular diseases.</b>		

## Manitoba EIA Health Benefits Summary

Benefits	Coverage	Comment	Recommendations	Personal Experience
<p><i>Nutrition:</i> <i>Controlled Sodium (less than 2,300mg/day)</i></p> <p><i>Modified fat (24-42g of fat per day) diet.</i></p>	Yes	<p>With a physician's prescription, EIA provides an additional \$33.40 per month for this special diet.</p> <p>Compliance with this diet may not require these additional funds, depending on availability, accessibility and affordability of required nutritional choices.</p>	<p>Transportation allowance to access required food items.</p> <p>Registered Dietician consults included together with the special diet allowance.</p> <p>Accessible grocery stores in downtown area. Note: distance to grocery stores has increased by 50% since 2011.</p>	
<p><i>Physical Activity: Cardiac Rehabilitation</i></p>	None	<p>Cardiac rehabilitation costs are not covered by EIA. The Kinsmen Reh-Fit Centre provides financial assistance based upon need and available funds. An interview and application are necessary. The Wellness Centre rehabilitation program costs \$160; subsidies may be available based on income. Gym memberships are not covered, average cost \$50 per month. Running/walking shoes are not covered.</p>	<p>Cardiac Rehabilitation costs should be covered by EIA in order to prevent recurrent heart attacks and large costs to the health care system. The average heart attack patient stays in hospital 6.8 days with costs of \$383 per day = \$2605 per hospital stay (Manitoba Centre for Health Policy and Evaluation, 1999, p. 40). Using Winnipeg prevalence statistics for heart attacks in 2011, compared to the number of people on EIA we get a total of 140 heart attacks per year (Government of Manitoba, 2011, p. 21-37). We can therefore estimate a total cost of \$364 700 to the health care system (\$2605 x 140 heart attacks per year).</p>	
<p><i>Stop Smoking</i></p>	Some	<p>Medications to stop smoking are covered with a physician's prescription. Programs or counseling to stop smoking are not covered. For example the Kick Butt! Program at the Wellness Institute costs \$300 for 3 sessions.</p>	<p>As smoking is known to cause chronic diseases EIA should cover the costs of smoking cessation programs for those who are motivated to quit. By an upstream approach it will prevent the cost of these chronic conditions to the healthcare system.</p>	
<p><i>Medications</i></p>	Yes	<p>Essential medications are covered with a physician's prescription.</p>	<p>From a medical perspective, all prescriptions should be covered by EIA.</p>	<p>An EIA recipient has Atrial Fibrillation, which increases risk of clotting in the heart due to the fluttering heart valves and stagnant blood. Without prescription medication to prevent the clotting, this can lead to strokes, pulmonary embolisms, DVT, heart attack, etc. EIA covers the majority of prescription medications, but in this case, they did not cover a needed</p>

## Manitoba EIA Health Benefits Summary

Benefits	Coverage	Comment	Recommendations	Personal Experience
				medication called Warfarin. Due to the fact that the needed medication was not covered, the recipient attempted to replace it with Aspirin. Unfortunately, most over the counter medications, such as Aspirin, are not covered either. Therefore the recipient currently has no medication to control this very important aspect of her disease.
<i>Monitor Your Blood Pressure</i>	Some	Client may require a blood pressure cuff to monitor their blood pressure at home. Home Care may provide blood pressure cuffs if the client is already receiving Home Care Services. EIA does not cover the cost of a blood pressure cuff. Transportation to see the physician for blood pressure monitoring is covered by EIA if evidence of appointment can be provided.	No Recommendation	
<i>Limit Alcohol</i>	None	Free Requires personal motivation and healthy coping mechanisms	Addiction treatment programs have long waiting lists and residential programs require EIA to pay for rent during treatment.	
<b><i>Mental Illness: Treatment Required</i></b>		<b>Mental illnesses are among the major health risks in our society; one person out of five is at risk to suffer mental problems in his life time (MHCC). These involve both personal life and community in terms of productivity and social weight. The care of mental illness and disorders cost at least \$50 billion/yr. to the Canadian economy according the mental health commission of Canada. Mood disorders are the most common mental disorders, with depression leading the way. Evidence shows how lower income is strongly related to individuals' mental health through psychological distress feelings (Heather M.O et al, 2009).</b>		
<i>Adequate Income</i>	Some	Measures of poverty for an individual are the Low Income Cut Off at \$1852.42 per month, and the Acceptable Living Level at \$1285.83 per month (UNPAC, 2010, para 3) Currently, EIA provides an	Increase allowance as inflation in the cost of living increases.	

## Manitoba EIA Health Benefits Summary

Benefits	Coverage	Comment	Recommendations	Personal Experience
		allowance of \$824 per month for a person under the Disability category (Government of Manitoba, 2013, p. 6). Poverty can increase stress and anxiety and exacerbate mental illness.		
<i>Housing</i>	Some	For General Assistance participants EIA gives \$435 for rent costs. In Winnipeg the average cost of a one-bedroom apartment is \$925 and the minimum rent for a 1 one-bedroom apartment is \$395.	Refer to <i>Rent/Housing &amp; Basic Needs</i> section above.	
<i>Employment Opportunities</i>	Some	People with disabilities are not required to look for work; they are rather encouraged to use EIA's employment services. Consistent employment provides stability that is needed for many people with mental disabilities. Many employers do not want to hire people with mental illness or disability.	Close collaboration with community services that assist people with mental health concerns to find and maintain jobs, and encourage employers to hire people with mental health concerns.	According to the EIA Advocate, the number one reason people are on EIA is not because they prefer to be there, but because they lack opportunities.
<i>Medications</i>	Yes	Medications are covered with a physician's prescription.	From a medical perspective, all prescription medications should be covered.	
<i>Counseling Services</i>	None	EIA does not cover the cost of any counseling or psychiatric services.	Counseling services should be covered for people with mental illness, as this is a key part of their recovery process. If wait lists for free services exceed 30 days, alternate coverage should be provided for psychiatry or counseling services.	An EIA recipient has a multitude of mental health issues, including PTSD, anxiety, and depression. EIA does not cover counseling services or psychiatry for people with mental disorders. Not until now, at 45 years of age, has the client been able to access psychiatric services. Previously his only options were to utilize free clinics, such as those offered at the Men's Resource Centre. The problem with free clinics is the long wait times. After going to the clinic 6 weeks in a row, he was told he would have to wait 16-18 months. The recipient stated that despite one's situation, even for those who claim to be suicidal the waiting period remains the same.
<i>Brain Stimulation Treatments</i>	None	Clients with mental illness may require brain-stimulation treatments that are not covered under EIA: for example electroconvulsive therapy, trans		

## Manitoba EIA Health Benefits Summary

Benefits	Coverage	Comment	Recommendations	Personal Experience
		cranial magnetic stimulation, and vagus nerve stimulation.		
<i>Avoid Alcohol and Drug Use: Substance Abuse Treatments</i>	Some	EIA does not cover the cost of rehabilitation programs themselves. Some coverage provided to help with travel, childcare and/or shelter for a maximum of 3 months for residential programs and 6 months for community based support programs. Extended treatment requires approval from the director. EIA provides support for Methadone Maintenance Treatment for 8 months.	The fees for addiction programs should be covered in order to address the health of individuals with addictions. "Research has shown that comprehensive and sustained substance abuse treatment can help individuals reduce or stop using illegal or dangerous drugs, thereby greatly improving their functioning in the family, at work, and in society" (Centers for Disease Control and Prevention, 2002, p. 1). A key to successful treatment is that it be made "readily available to individuals who need it" (Centers for Disease Control and Prevention, 2002, p. 2).	
<i>Physical Activity</i>	None	Running/walking shoes are not covered. Gym membership not covered, average cost \$50 a month.	EIA should expand existing programs to ensure access to recreation activity for people on EIA with mental health challenges and disability.	
<b><i>Type 2 Diabetes: Treatment Required</i></b>		<b>Too often Type 2 Diabetes results from life style behaviours and family history. Low income leads to living in poverty with a relevant poor lifestyle (obesity, lack of physical activity) that could double or even triple the likelihood of developing the disease.</b>		Growth incidence in diabetes is found in all 5 income quintiles, with no significant difference between them. The only exception was Aboriginal people, but not poverty explicitly. If you look further into this issue, the poorest 20% have a significantly higher chance of suffering lower-limb amputation from diabetes. Although the incidence rates are the same, the complications differ. The government is so concerned with saving money and the cost of EIA benefits that they hold back necessities that could ultimately benefit the health, meanwhile the cost of complications is significantly higher. "It would cost much less to the system if you just feed these people properly" – EIA Advocate
<i>Nutrition: High Fibre (25-50g/day)  Controlled sodium (1500 mg – 2300 mg/day)</i>	Yes	With a physician's prescription, EIA provides an additional \$27.27 up to \$171.49 per month for this special diet. Funds are based on daily caloric recommendations by the physician.	Transportation allowance to access required food items.  Registered Dietician consults included together with the special diet allowance.	An EIA recipient reports being unaware of the diabetic allowance. She states, "why didn't they tell me about this? (Supplementary diet)...I wouldn't have had to borrow money from my friends to support myself and my children!" Recipient states this question and comment following a discussion where she mentioned that she was unaware of the

## Manitoba EIA Health Benefits Summary

Benefits	Coverage	Comment	Recommendations	Personal Experience
<i>Modified fat (24-42g/day)</i>		Compliance with this diet may or may not require these additional funds, depending on availability, accessibility and affordability of required nutritional choices.	<p>From a medical perspective everyone with Diabetes should receive the same amount of additional funds for their diet regardless of the type or severity of their illness. By allotting different amounts to clients suffering from the same illness despite differing severity we are failing to prevent progression of the disease.</p> <p>Accessible grocery stores in downtown area. Note: distance to grocery stores has increased by 50% since 2011. Transportation allowance to access required food items.</p>	<p>supplementary diet for 4 years.</p> <p>An EIA recipient requires a diabetic diet. After going through a lengthy process of paperwork in order to obtain the appropriate diet, this recipient was assigned a new caseworker. Rather than simply recognizing the paperwork he had previously completed, the recipient was once again required to do the paperwork for the next caseworker. In the meantime, the recipient did not receive his diabetic diet for 3 months.</p>
<i>Physical Activity</i>	None	Gym memberships are not covered, average cost \$50 per month Running/walking shoes are not covered	Gym memberships from places such as YMCA should be covered.	
<i>Stop Smoking</i>	Some	Medications to stop smoking are covered with a physician's prescription Programs or counseling to stop smoking are not covered. For example the Kick Butt! Program at the Wellness Institute costs \$300 for 3 sessions.	As smoking is known to cause chronic diseases EIA should cover the costs of smoking cessation programs for those who are motivated to quit. By an upstream approach it will prevent the cost of these chronic conditions to the healthcare system.	
<i>Medications</i>	Yes	Essential medications are covered with a physician's prescription.	No Recommendation	
<i>Glucose Monitoring Supplies: Monitor Lancets Test Strips</i>	Yes	All monitoring supplies are covered with a physician's prescription.	No Recommendation	

## Manitoba EIA Health Benefits Summary

Benefits	Coverage	Comment	Recommendations	Personal Experience
<i>Foot Care Services</i>	Some	Prescription required. Coverage is provided to prevent deterioration of a medical condition. 9 visits/year, \$32/visit House bound: \$40/visit Foot care was not covered by EIA for those in hospitals, personal care homes, chronic care facilities or mental health facilities. EIA has been made aware and they will now cover foot care for patients in hospital.	Ensure that caseworkers are aware that podiatry is covered by EIA for patients in hospital. There is currently no circular that identifies this policy change.	
<i>Footwear &amp; Hosiery</i>	Some	Winter Boots: need a prescription due to a medical problem, \$100 every 3 years	Provision of adequate footwear, including hosiery, year round as neuropathy (common complication of diabetes) occurs regardless of seasons.	
<i>Anti-Embolism Stockings (TEDS)</i>	Yes	Need a prescription from a physician. EIA will provide two pairs for each prescription.	No Recommendation	
<i>Monitor Your Blood Pressure (less than 130/80 mm Hg)</i>	Some	Client may require a blood pressure cuff to monitor their blood pressure at home. Home Care may provide blood pressure cuffs, if the client is already receiving Home Care services. EIA does not cover the cost of a blood pressure cuff. Transportation to see the physician for blood pressure monitoring is covered by EIA if evidence of appointment can be provided.	No Recommendation	
<i>Additional eye exams to screen for diabetic retinopathy</i>	No	Covered by Manitoba Health	No Recommendation	
<b>Head Lice: Treatment Required</b>				
<i>Lice Shampoo</i>	None	Lice shampoo costs \$10-30 per treatment. Multiple treatments may be required.	Lice shampoo costs should be covered with a teacher's note/letter from the school.	
<i>Cleaning all clothing and</i>	None	Requires laundry facilities, a freezer or placing the		

## Manitoba EIA Health Benefits Summary

Benefits	Coverage	Comment	Recommendations	Personal Experience
<i>sheets</i>		items in a sealed bag for 10 days. Note: it is recommended to vacuum the house as well.		
<i>Pick out Nits</i>	None	May require education, although there are no direct costs associated.		

**General Recommendation for all Health Benefits:** Eliminate EIA Staff Policy stating, caseworkers cannot mention available benefits unless directly asked by the recipient. In the long run this will promote health and prevent illness, saving the healthcare system money.

**“That’s just my story, I can’t imagine what other people have gone through”** – EIA Recipient

“The Health Services program includes the Rewarding Work Health Plan, and provides essential drug, dental and optical services and support to EIA participants and children in care. Supplies and services are generally provided in accordance with approved fee schedules negotiated with professional health organizations. These agreements specify the types of goods and services provided, eligibility criteria, level of payment and related billing procedures. Health Services provided benefits to an average monthly caseload of 38,226 in 2011/12. Of these cases, 9,261(24.2 per cent) were children in care.” (Manitoba Government, 2012, p. 52)

The chart below outlines the associated costs incurred from EIA participants receiving dental, drug and optical health coverage

Caseload and Expenditure	2009/10	2010/11	2011/12	2012/13	2013/14
Average Monthly Number of Cases	34,396	36,361	38,226	38,597	39,058
Average Monthly Number of Participants	53,723	56,549	58,828	58,801	59,172
Dental	\$6,295	\$6,908	\$7,178	\$7,319	\$7,332
Drugs	\$54,410	\$56,508	\$59,921	\$58,848	\$58,468
Optical	\$709	\$727	\$729	\$893	\$708
<b>Total Expenditure (\$000)</b>	<b>\$61,414</b>	<b>\$64,143</b>	<b>\$67,828</b>	<b>\$67,060</b>	<b>\$66,508</b>

**“I am trying to stay alive for my kids, because I am so proud, but the system is killing me”** – EIA Recipient

# Manitoba EIA Health Benefits Summary

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