



WE ASK BECAUSE WE CARE

Acting on the Social Determinants of Health
in Client Care



Population and Public Health

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About this Manual

This document was developed as a resource for the staff at the project sites that implement 'We Ask Because We Care'. The collection of data on social determinants can be challenging because it requires that clients/patients disclose sensitive and personal information. Many social determinants are associated with stigma and discrimination and pose a risk if staff do not have positive and supportive attitudes.

This resource explains the intent and rationale for each question and provides suggestions about how to use this information to tailor care and treatment in a holistic way. The project is based on many frameworks, including the biopsychosocial model and patient-centred approaches to care. The patient/client is more than their symptoms or presenting complaints. A person's experience of illness, beliefs, and ability to follow a particular treatment plan are important facets that have a unique place in clinical consultations. While it is not possible to cover all the factors that comprise an individual's social context during screening, the factors that have been included should be considered the beginning of patient-centred conversations between client and care provider. They provide the opportunity to identify social needs and leverage existing resources to appropriately address any identified risks. In the process, the client's care experience is improved and opportunities to achieve health goals are enhanced.

The project's philosophy is that 'safe and effective care is personal'. We ask about the social dimensions because we care about the whole person and we know that non-medical determinants affect an individual's health. The resource is meant only to be used as a guide, as each client's situation and needs will be different. A person's social context is complex and dynamic with different factors interacting with each other. Two clients with the same social risks and different supports may require different approaches. The key will always be to keep the client at the centre and prioritize interventions based on shared decision making with the client.

"Equity in health care is striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions."

Braveman P. (2014). What are health disparities and health equity? We need to be clear. *Public Health Report*, 2, 5-8.

About the Screening Tool

A screening tool will be used to assess for the presence of social risks. The screening tool consists of eleven (11) items that cover the following social determinants/dimensions:

- Language ability
- Disability status
- Education
- Country of birth/Immigration status
- Gender identity
- Housing insecurity
- Indigenous/Aboriginal ancestry
- Race/ethnicity
- Sexual orientation
- Food insecurity
- Annual Family Income

Candidate items were selected from among validated questions identified in the academic literature. Through stakeholder consultations, items were locally adapted to improve clarity, comprehension and relevance to project sites. At each site, we prioritized the site's information needs. While the main goal of the project is to identify individual level health-related social risks that can be addressed through local resources, we recognized that aggregated client information could have additional uses such as for program planning and equity analysis with stratification of health outcomes by key determinants. We

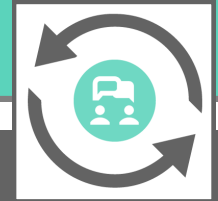
believe that there is value added by these uses and potentially supports sustainability of the intervention beyond the life of the project.

The questions are to be answered by clients during the intake process. Clients who experience difficulty can be assisted by front desk/registration personnel. In some sites, the preference may be for interviewer administration. This may be particularly important for low literacy populations. It was ideal to translate the questions however resources were not available during the pilot phase of this project.

A 'positive screen' on an item is a flag for the provider that a social need might exist. A decision to address a given need should be made based on the client's desire for assistance, (maintenance of client autonomy), availability of resources to respond and impact on the health outcome.

Click [here](#) to view the Screening Tool.

Language



CLIENTS WILL BE ASKED:

- How well do you speak English?
- What language would you feel most comfortable communicating in with your health care providers?
- Do you need an interpreter?

WHY ARE WE ASKING?

- As a group, these questions try to establish whether a language access barrier exists.
- A positive screen is indicated by a limited ability to speak English and/or client who requests an interpreter.
- In ideal circumstances, a client should receive services in the language of preference.
- It is important to recognize other forms of communication such as lip reading and sign language.

WHAT CAN I DO?

- Identify and—whenever possible—address all language access barriers:
 - Use existing interpretation services (accessed through community organizations such as Saskatchewan Deaf & Hard of Hearing Services or Saskatoon Open Door Society) or, when this is not possible, have a trusted friend or family member act as an interpreter.
 - When possible, provide care in the language preferred by the client.
 - Provide educational materials in a client's preferred language if possible.
- Be mindful of concerns regarding consent—try to make sure clients are clear about all aspects of conversation prior to giving verbal or written consent.
- Do what you can to determine whether a client feels safe with the available interpreter, particularly if they are a friend, family member, spouse, or child.

KEY RESOURCES (CTRL + click to follow links)

[Jump to the full Community Resource List](#)

- [Saskatoon Open Door Society](#) - Refugee and settlement assistance, community support, family and child support services, employment services, & translation services for 35 languages. 100-129 3rd Ave N. Phone: 306-653-4464
- [Newcomer Information Centre](#) - Information, referrals, and language interpretation. 106-129 3rd Ave N. Phone: 306-343-8303
- [Global Gathering Place](#) - English language programs, life skills development, counselling & health promotion. 100 5th Ave N. Phone: 306-665-0268
- [Saskatchewan Deaf & Hard of Hearing Services](#) - Sign language interpreting, vocational counseling, community service assistance, information and accessibility to assistive devices. #3 – 511 1st Ave. N . Phone: 306-665-6575



Connecting Language and Health

Language barriers may impede access to care and lead to lower levels of satisfaction among persons with limited English language proficiency (Flores, 2006).

Patients who face language barriers are less likely to have a usual source of medical care, receive preventive services and may have increased risk of non-adherence to medications. Such patients are also less likely to return for follow up and have higher rates of hospitalization and medication complications.

While the majority of persons in Saskatoon speak English (83%) as their primary language, 14% reported another non-official language (Statistics Canada, 2012). With a growing newcomer population, health care providers must prepare to care for persons who have limited English proficiency.

[Jump to references.](#)

Preferred Name



CLIENTS WILL BE ASKED:

- What name do you go by?

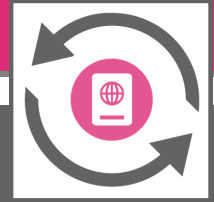
WHY ARE WE ASKING?

- This information helps to set the stage for a client-friendly , accessible, and welcoming environment. It helps to build rapport when the client is addressed in a manner that supports their identity and respects their choices.
- This question is particularly relevant for people whose preferred name is different than the name that appears on their health card or other documentation, including transgender people and newcomers. Others may prefer to be referred to by a nickname, their middle name, or another first name.

WHAT CAN I DO?

- Check the client's chart to see if they prefer a different name than that which appears on their chart.
- Remember that an individual's preferred name may change over time.
- If you're unsure, ask the person, "Is it okay if I call you _____?" or "What name do you prefer to use?"

Country of Birth & Immigration Status



CLIENTS WILL BE ASKED:

- Were you born in Canada? If no, what year did you arrive?
- What is your current immigration status?

WHY ARE WE ASKING?

- The questions attempt to screen for vulnerability among newcomers to Canada
- A client's country of birth may have several implications for health. Many developing nations have worse morbidity and mortality indicators than developed countries such as Canada and USA. Refugees are especially vulnerable because of traumatic circumstances associated with their relocation.
- We ask about length of residency because health deteriorates over time as a result of acculturation and adoption of new behaviours.

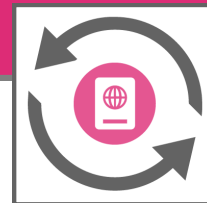
WHAT CAN I DO?

- Be mindful of possible anxiety relating to this question. Clients might be reluctant to answer questions about their citizenship status. It is important to reassure them about the policy of the facility with respect to reporting information to immigration authorities.
- A single positive screen needs to be interpreted in context with other factors. An intervention is needed if the risk has implications for health related outcomes.

KEY RESOURCES (CTRL + click to follow links)

[Jump to the full Community Resource List](#)

- [Saskatoon Open Door Society](#) - Refugee and settlement assistance, community support, family and child support services, employment services, & translation services for 35 languages. 100-129 3rd Ave N. Phone: 306-653-4464
- [Newcomer Information Centre](#) - Information, referrals, and language interpretation. 106-129 3rd Ave N. Phone: 306-343-8303
- [Global Gathering Place](#) - English language programs, life skills development, counselling & health promotion. 100 5th Ave N. Phone: 306-665-0268
- [Saskatchewan Intercultural Association](#) - Employment, language, youth, and intercultural programs. #405 - 230 Ave. R S. Phone: 306-978-1818



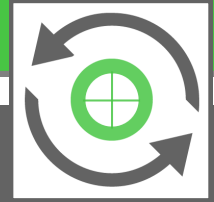
CONNECTING COUNTRY OF BIRTH, IMMIGRATION STATUS, & HEALTH

Research suggests that new immigrants are healthier than their Canadian born counterparts (McDonald & Kennedy, 2004; Hyman, 2007). However, health of immigrants declines with length of residency and approximates that of non-immigrants with time (De Maio, 2010; Ng, Wilkins, Gendron, & Berthelot, 2005; Zhao, Xue & Gilkinson, 2010). These changes in physical and mental health are evident within two to five years (Beiser 2005, Pahwa et al., 2012). This provides a compelling rationale for collection of information about immigrant status.

In 2012, there were reforms to Interim Federal Health Program that provides limited health coverage for refugees and some refugee claimants until they can get provincial health insurance (Government of Canada, 2015). This increased vulnerability of some refugee migrants who are no longer eligible to receive necessary services because of program cuts.

[Jump to references.](#)

Indigenous Ancestry



CLIENTS WILL BE ASKED:

- Do you self-identify as an Aboriginal/Indigenous person?

WHY ARE WE ASKING?

- The reasons for social and economic disadvantage of persons of Aboriginal descent are complex and inextricably linked to their history of colonization, imposition of colonial structures and disruption to traditional ways of life.
- Marked disparities occur across multiple determinants and health outcomes.

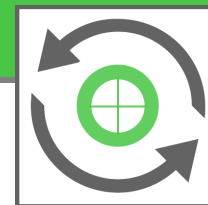
WHAT CAN I DO?

- It is important not to assign labels to any client based on any one characteristic, as each person's situation is unique.
- Incorporate Indigenous world views into treatment approaches. Ask clients if they use traditional medicines or other healing approaches.
- Self-awareness: Reflect on any implicit biases about people of Indigenous ancestry and question stereotypes about why people are socially disadvantaged.
- Address other determinants that may be present as determined by client.

KEY RESOURCES (CTRL + click to follow links)

[Jump to the full Community Resource List](#)

- [Saskatoon Tribal Council](#) – Employment training, education, family services, housing services & health care for the Aboriginal community (urban & on reserve). 200-335 Packham Ave. Phone: 306-956-6100
- [Saskatchewan Indian Cultural Centre](#) - Information & advocacy around First Nations cultures & languages. 305 - 2555 Grasswood Rd. E. (English River Business Complex on Hwy. 11 S.) Phone: 306-244-1146
- [Saskatoon Indian & Métis Friendship Centre](#) - Counselling, family violence program, elders, First Nations language classes, youth program, sports & culture programs, drop in centre. 168 Wall Street. Phone: 306-244-0174



CONNECTING INDIGENOUS ANCESTRY & HEALTH

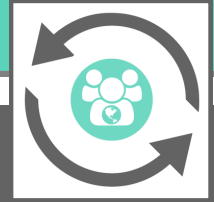
Marked disparities exist between health of Indigenous and non-Indigenous Canadians. This is manifested as lower life expectancy, higher rates of chronic non-communicable and communicable diseases (Health Council of Canada, 2005).

History of colonialism and the resulting social, economic and cultural marginalization has culminated in poor health for Indigenous peoples. The legacy of racism and discrimination entrenched in policies and practices continue to fuel disadvantage for Indigenous peoples (Billie & Smylie, 2015).

Indigenous peoples are resilient and continue to advocate and strive for wellness. Locally, an Aboriginal health strategy has articulated strategic priorities for action. Culturally competent and effective care is important to improve communication between service providers and Indigenous service users, increase awareness of the needs and experiences of Indigenous people and increase sense of safety for Indigenous people in health facilities.

[Jump to references.](#)

Race & Ethnicity



CLIENTS WILL BE ASKED:

- Which of the following [options] best describes your racial or ethnic group?

WHY ARE WE ASKING?

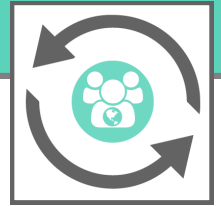
- We need to collect information about race/ethnicity in order to be able to determine if there are differences in the care received by various groups.
- Many visible minorities may be uncomfortable reporting their racial or ethnic background. This may be for fear of poor quality care. Other persons, particularly if they have not experienced discrimination, may perceive that it is not relevant and even contributes to equality by not disclosing the information. It is important to provide reassurance and to create a safe space for disclosure.

WHAT CAN I DO?

- Ensure that any language access barriers are addressed.
- Adjust risk as part of your clinical assessment accordingly based on knowledge of disparities.
- Value cultural diversity and try to understand and be aware of culturally influenced behaviors.

KEY RESOURCES (CTRL + click to follow links)

- [Saskatoon Open Door Society](#) - Available for refuge and settlement assistance, community support, family and child support services, employment services, and translation services for 35 languages. 100-129 3rd Ave N. Phone: 306-653-4464 [Jump to the full Community Resource List](#)
- [Newcomer Information Centre](#) - Provides information, referrals, & language interpretation. 106-129 3rd Ave N. Phone: 306-343-8303
- [Global Gathering Place](#) - Delivers programming such as ESL, life skills development, counselling & health promotion. 100 5th Ave N. Phone: 306-665-0268
- [Saskatchewan Intercultural Association](#) - Employment, language, intercultural, & anti-racist education programming. #405 - 230 Ave. R S. Phone: 306-978-1818
- [International Women of Saskatoon](#)—Family support, employment training, language courses for women & their families. #301—336 5th Ave. N. Phone: 306-978-6611



CONNECTING RACE, ETHNICITY, & HEALTH

Ethnicity affects health outcomes through a number of complex pathways often inextricably linked with racism and discrimination that perpetuate social exclusion of particular racialized groups (Access Alliance Multicultural Community Health Centre, 2005; LaVeist & Isaac, 2012).

Some have argued that the effects of race are mediated through the associated economic disadvantage since visible minorities receive lower incomes and experience higher unemployment and underemployment rates than persons of European descent (Pendakur & Pendakur, 2011). However the independent effect of race persists even after adjustment for socioeconomic factors suggesting that alternative explanations are implicated.

[Jump to references.](#)

Disability & Other Health Conditions



CLIENTS WILL BE ASKED:

- Do you have any conditions that limit your activities of daily living?

WHY ARE WE ASKING?

- Disability is a recognized—albeit somewhat neglected—social determinant of health.
- Persons with disabilities are not a heterogeneous group. However, regardless of the specific condition, they are more likely to experience unmet health needs and receive sub-standard care.

WHAT CAN I DO?

- Try to anticipate the needs of persons with disabilities. Provisions need to be adequate to enable physical access as well as address any language or communication barriers.
- If your space is not physically accessible for people with mobility limitations or visual impairments, consider whether it would be appropriate to suggest offering services at another site with better access (ie. OUTSaskatoon).
- Remember that many disabilities are not visible - a person may appear to be well and able to function at a high level. Many “invisible” conditions can impact a person’s activities of daily living, including their ability to access health care services.
- Use plain, clear language in written materials and verbal communication.
- Advocate for self-determination and autonomy of people with disabilities.
- Adjust risk based on knowledge of health disparities (e.g. ensure age appropriate screening recommendations are met).
- Assess for other determinants that may pose barriers to care and treatment.

KEY RESOURCES (CTRL + click to follow links)

[Jump to the full Community Resource List](#)

- [Autism Services](#) - Advocacy, support, & programming for people with autism & their families. 209 Fairmont Dr. Phone: 306-665-7013
- [FASD Network](#) - Support, training, education & resources for families, children & adults affected by FASD. 510 Cynthia St. Phone: 306-975-0886
- [Community Living Association of Saskatoon Inc. \(CLASI\)](#) - Advocacy, support, & programming to people with disabilities & their families. #102 - 135 Robin Cres. Phone: 306-652-9111
- [Canadian National Institute for the Blind \(CNIB\)](#) - Support, programming & assistance to blind people & their families. Phone: 1-800-563-2642
- [Saskatchewan Deaf & Hard of Hearing Services](#) - Sign language interpreting, vocational counseling, community service assistance, information and accessibility to assistive devices. #3 – 511 1st Ave. N . Phone: 306-665-6575



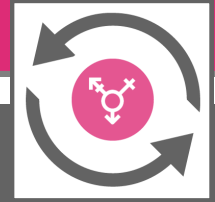
CONNECTING DISABILITY & HEALTH

Disadvantage and disability are often coupled in a dysfunctional union. Individuals who have functional limitations whether because of physical, sensory, cognitive or mental impairment are more likely to be unemployed, have lower educational attainment and live in poverty than the general population.

Some studies suggest that providers are less likely to discuss at risk behaviors such as smoking and unprotected sex with disabled patients. Lower rates of preventative health screening such as mammography and cervical cancer screening occur among persons with disabilities compared with non-disabled persons and probably accounts for increased risk for mortality from these conditions (Lezzoni, 2011).

[Jump to references.](#)

Gender Identity & Sexual Orientation



CLIENTS WILL BE ASKED:

- What is your gender?
- Have you ever been diagnosed with an intersex condition?
- What pronouns do you use?
- What is your sexual orientation?

WHY ARE WE ASKING?

- Social norms determine roles and expectations for each sex. It is important to understand and respect a person's gender identity regardless of a client's expression.
- We want to ensure that appropriate pronouns are used based on a person's preferences - not our perceptions.
- Knowing which anatomical structures are present can have implications for assessment and treatment.
- There is an emerging body of research that illuminates health disparities among people of diverse sexual/romantic orientations and gender identities.

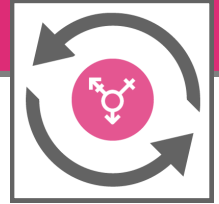
WHAT CAN I DO?

- Use gender neutral language until you identify the pronouns used by a client.
- Ask for clarification about sexual/romantic attraction, behaviour, and identity as required and avoid assumptions.
- Ensure that the clinical environment is client friendly with inclusive posters, education materials, and supplies.
- Use gender neutral and non-judgmental language with all clients.
- Adjust risk in assessments according to knowledge of health disparities.

KEY RESOURCES (CTRL + click to follow links)

[Jump to the full Community Resource List](#)

- [OUTSaskatoon](#) - Education, counselling, peer support, social events, outreach, & resources for the LGBTQ+ community. 320 21st St. W. Phone: 306-665-1224
- [TransSask Support Services](#) - Online information, education & support for LGBTQ people, their families, & service providers. Email: info@transsask.org or youth@transsask.org
- [USSU Pride Centre](#) - Peer support, safe space on campus, education, resources, & social programming for people of all sexual orientations & gender identities. Memorial Union Building, U of S. Phone: 306-966-6615
- [USSU Women's Centre](#) - Peer support, resources, safe space for female-identified people. Memorial Union Building, U of S. Phone: 306-966-6980



CONNECTING GENDER IDENTITY, SEXUAL ORIENTATION, & HEALTH

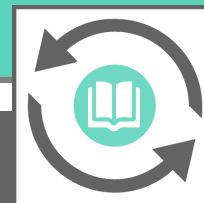
Despite advocacy from sexual and gender minorities and increasing willingness from the scientific and medical community to understand the specific needs of sexual minorities, sexual orientation is still often a taboo subject.

Obstacles faced by sexual minorities revolve around the following themes (Mayer et al. 2008):

1. Few clinical providers trained to deliver sensitive and culturally competent care to LGBT;
2. Lack of LGBT friendly prevention services;
3. Reluctance to disclose identity to providers resulting in suboptimal care and
4. Structural barriers to access health insurance and limitation of medical decision making rights for partners.

[Jump to references.](#)

Education & Health Literacy



CLIENTS WILL BE ASKED:

- What is the highest level of education that you have ever completed?

WHY ARE WE ASKING?

- Research indicates that persons who are more educated report lower morbidity from common acute and chronic conditions such as heart conditions, hypertension, diabetes, asthma and ulcer.
- Clients may be reluctant to disclose educational attainment due to embarrassment or belief that the information is not relevant to care.

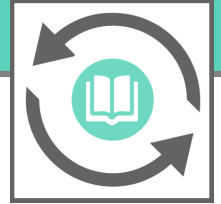
WHAT CAN I DO?

- Ensure that communication is appropriate to facilitate understanding of any procedures or treatments.
- Use plain, clear language in written materials and verbal communication.
- Use culturally appropriate education materials.
- Break treatment plans into concrete, step-by-step instructions.
- Ask patient/client to 'teach back' what has been shared to check understanding, emphasize points as needed, and identify where barriers to learning exist.
- Use a combination of verbal messaging, written documents, and visual aids (models, simple line drawings, pictograms, photos, videos).
- Refer to community resources for clients who are interested in exploring ongoing education options.

KEY RESOURCES (CTRL + click to follow links)

[Jump to the full Community Resource List](#)

- [Read Saskatoon](#) — Adult, family, and financial literacy programs, as well as literacy facilitator trainings and resources. #304-1114 22nd St. W. Phone: 306-652-5448
- [Frontier College](#) - Free 1-on-1 literacy tutoring for children & adults (adult programs offered via various community based organizations). 306-374-7323
- [Saskatoon Food Bank & Learning Centre](#) - Creating Opportunities program develops workplace literacy skills & offers employment training & experience. 202 Ave. C S. Phone: 306-664-6565, ext. 224
- [YWCA Employment & Learning Centre](#) - Employment supports & resources, employment training programs, & job finding clubs for women & men. 510 25th St. E. Phone: 306-244-0944



CONNECTING EDUCATION, HEALTH LITERACY, & HEALTH

Evidence suggests that high educational attainment is associated with better health outcomes (Cutler & Lleras-Muney, 2006; Fonseca & Zheng, 2011; Grossman, 2005).

Education influences other social determinants such as income, job security and working conditions. Higher education also increases opportunities for upward mobility and facilitates weathering the vagaries of the economic climate.

Health literacy also improves with education such that individuals are better able to access, comprehend and apply information to improve health.

[Jump to references.](#)

Housing



CLIENTS WILL BE ASKED:

- Which of the following [options] best describes your housing situation?

WHY ARE WE ASKING?

- Shelter is a basic necessity of life and impacts the health of individuals.
- Health service providers are in a position to mitigate the impact of housing vulnerability through referrals.

WHAT CAN I DO?

- A client who is homeless or inadequately/unstably housed should be considered as having complex needs and a referral to a social worker or other community support offered. It will be difficult to resolve this issue expeditiously and more intensive intervention will be necessary.
- Treatment approaches should consider client's housing circumstances, including their ability to safely store medications or follow dosing schedules.

KEY RESOURCES (CTRL + click to follow links)

[Jump to the full Community Resource List](#)

- [The Lighthouse](#) - Emergency shelter for men and women, stabilization unit for people under the influence of drugs or alcohol, supported living, mobile outreach, and assistance with affordable housing. 304 2nd Ave S. Phone: 306-653-053
- [YWCA Crisis Shelter & Residence](#) - Emergency shelter for women and children. 306-244-2844
- [Salvation Army Men's Hostel](#) - Men's shelter. Also provides meals, family programming and alternative housing options. 339 Avenue C S. Phone: 306-242-6833
- [Interval House](#) - Shelter for women and their children needing safety. 712 Victoria Ave. Phone: 306-244-0185
- [STC Safe House](#) - Shelter for youth ages 9 to 16 who have been, or are at risk of being, sexually exploited. 306-384-0004
- [Crisis Intervention Services \(Mobile Crisis\)](#) - can direct people to emergency housing resources, 24 hours a day/7 days a week. Phone: 306-933-6200
- [SHIP - Saskatoon Housing Initiatives Partnership](#) - see the "Need Housing?" tab at the top of the page for local housing resources



CONNECTING HOUSING & HEALTH

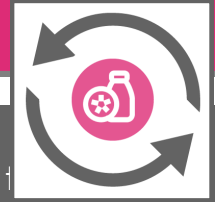
There is increasing concern about access to affordable housing in Saskatchewan. High cost of housing diverts funds from other necessities such as food and medicine. Persons of lower income are especially vulnerable and increasingly face the threat of homelessness as cost of living increases without commensurate wage increases,

Poor quality housing increases the risk of exposure to health hazards such as inadequate ventilation, poor heating and rodents. Overcrowding also increases risks of transmission of communicable diseases such as respiratory illnesses. (Acevedo-Garcia, 2004; Wellesley Institute, 2012; Moloughney, 2004).

Housing vulnerability and homelessness are also associated with higher rates of physical and mental health conditions (Hwang et al. 2009; REACH 2010).

[Jump to references.](#)

Food Security



CLIENTS WILL BE ASKED:

- In the past month, how often did you and others in your household worry that your food would run out before you got more?
- In the past month, how often did you and others in your household run out of food and you could not get more?

WHY ARE WE ASKING?

- Access to adequate quantities of safe and nutritious food is a requirement for good health.
- It is not always apparent when a client is struggling with issues of food insecurity, so providers have the opportunity to ask about this important determinant and refer to community resources for support.

WHAT CAN I DO?

- Clients with food insecurity should be offered a referral to a social worker or other community support.
- Treatment plans should consider the client's regular access to food in sufficient quantities and quality, particularly when prescribing medications that are to be taken with food or dosed in relation to meals.

KEY RESOURCES (CTRL + click to follow links)

[Jump to the full Community Resource List](#)

- [Saskatoon Food Bank & Learning Centre](#) - Food baskets, milk for children, & infant nutrition. 202 Ave. C S. Phone: 306-664-6565
- [Friendship Inn](#) - Free breakfast & lunch, 365 days a year, no questions asked; supportive counselling & programs. 619 20th St. W. Phone: 306-242-5122
- [CHEP Good Food](#) - Good Food Box, collective kitchens, mobile affordable food stores, community gardens, & nutrition education. 1120 20th St. W. (Station 20 West) Phone: 306-655-4575
- [SWITCH Clinic](#) - At-cost healthy snack bags and meal bags during clinic shifts (Mondays & Wednesdays, 5:30—8:00pm & Saturdays 12:30—3:00pm). 1528 20th St. W (Westside Community Clinic) Phone: 306-956-2518



CONNECTING FOOD SECURITY & HEALTH

Food insecurity disproportionately affects persons with low income and is highest among Aboriginal Canadians, households reliant on social assistance, single female headed households and those renting rather than owning a home (Matheson & McIntyre, 2012; McIntyre & Rondeau, 2008; Tarasuk & Vogt, 2009).

Chronic illnesses such as heart disease, high blood pressure and diabetes are more common among food insecure households even after adjusting for age, sex, income and education. These individuals are also more likely to have difficulty with dietary compliance as a critical component of self-management for their disease (Seligman, Laraia & Kushel, 2010; Smith, 2011; Tarasuk, Mitchell, McLaren, McIntyre, 2013).

[Jump to references.](#)

Income



CLIENTS WILL BE ASKED:

- What was your total family income before taxes last year?
- What was your monthly family income before taxes last year?
- How many people does this income support?

WHY ARE WE ASKING?

- Lower income is associated with other social determinants such as food insecurity, housing insecurity, education and ethnicity that also affect health outcomes.
- Research suggests that people have a lower level comfort for disclosure of individual-level information about income, and this can result in lower response rates. It is important to reassure persons that information is confidential and will only be used to link them to appropriate resources if they so choose.

WHAT CAN I DO?

- There are multiple opportunities to enable clients to achieve their personal and health goals. Clients can be offered a referral to social safety net services that they may be eligible for as well as assisted with medical access programs.

KEY RESOURCES (CTRL + click to follow links)

[Jump to the full Community Resource List](#)

- [Ministry of Social Services](#) - Various income support services for individuals & families.
 - Client Service Centre (general assistance for income support programs) 1-866-221-5200
 - Housing Programs & Finance 1-800-667-7567
 - Saskatchewan Assured Income for Disability (SAID) 1-888-567-7243
- Employment Insurance - Federal financial benefit for eligible workers. Phone 1-800-206-7216
- [Volunteer Income Tax Program](#) - provides assistance for low-income individuals and families with simple tax situations. Seasonal - call the Saskatoon Food Bank for hours & locations: 306-664-6565
- [Read Saskatoon Financial Literacy Program](#) - Free five-part workshop series for adults on financial literacy issues. Phone: 306-652-5448
- [Quint Core Neighbourhoods at Work Program](#) - Assistance with career planning, accessing training opportunities and finding employment. 1120 - 20th St. W (Station 20 West) Phone: 306-978-4041
- [Saskatoon Food Bank & Learning Centre](#) - Creating Opportunities program develops workplace literacy skills & offers employment training & experience. 202 Ave. C S. Phone: 306-664-6565, ext. 224
- [YWCA Employment & Learning Centre](#) - Employment supports & resources, employment training programs, & job finding clubs for women & men. 510 25th St. E. Phone: 306-244-0944



CONNECTING INCOME & HEALTH

Several studies reveal that persons in the lowest socioeconomic groups bear a disproportionate share of the disease burden from chronic illnesses (Fang, Kmetec, Milar & Drasic, 2009; Hayward & Colman, 2003; Wilkins, Tjpekema, Mustard & Choiniere, 2008).

Additionally, persons with the lowest socioeconomic status who also have a chronic illness are 1.4 times more likely to be hospitalized especially for ambulatory care sensitive conditions (Canadian Institute for Health Information, 2005).

Access to both insured and uninsured health services varies by income levels. Uptake of preventive screening programs such as pap tests and mammography are lower among disadvantaged groups (Mikkonen & Raphael, 2010).

[Jump to references.](#)

Community Resources

Ethnicity, Culture, Language, & Immigration

- [Saskatoon Open Door Society](#) - Refugee and settlement assistance, community support, family and child support services, employment services, & translation services for 35 languages. 100-129 3rd Ave N. Phone: 306-653-4464
- [Newcomer Information Centre](#) - Information, referrals, and language interpretation. 106-129 3rd Ave N. Phone: 306-343-8303
- [Global Gathering Place](#) - English language programs, life skills development, counselling & health promotion. 100 5th Ave N. Phone: 306-665-0268
- [Saskatchewan Deaf & Hard of Hearing Services](#) - Sign language interpreting, vocational counseling, community service assistance, information and accessibility to assistive devices. #3 – 511 1st Ave. N . Phone: 306-665-6575
- [Saskatchewan Intercultural Association](#) - Employment, language, intercultural, & anti-racist education programming. #405 - 230 Ave. R S. Phone: 306-978-1818
- [International Women of Saskatoon](#)—Family support, employment training, language courses for women & their families. #301—336 5th Ave. N. Phone: 306-978-6611

Indigenous Ancestry

- [Saskatoon Tribal Council](#)— Employment training, education, family services, housing services & health care for the Aboriginal community (urban & on reserve). 200-335 Packham Ave. Phone: 306-956-6100
- [Saskatchewan Indian Cultural Centre](#) - Information & advocacy around First Nations cultures & languages. 305 - 2555 Grasswood Rd. E. (English River Business Complex on Hwy. 11 S.) Phone: 306-244-1146
- [Saskatoon Indian & Métis Friendship Centre](#) - Counselling, family violence program, elders, First Nations language classes, youth program, sports & culture programs, drop in centre. 168 Wall Street. Phone: 306-244-0174

Disability & Health Conditions

- [Autism Services](#) - Advocacy, support, & programming for people with autism & their families. 209 Fairmont Dr. Phone: 306-665-7013
- [FASD Network](#) - Support, training, education & resources for families, children & adults affected by FASD. 510 Cynthia St. Phone: 306-975-0886
- [Community Living Association of Saskatoon Inc. \(CLASI\)](#) - Advocacy, support, & programming to people with disabilities & their families. #102 - 135 Robin Cres. Phone: 306-652-9111
- [Canadian National Institute for the Blind \(CNIB\)](#) - Support, programming & assistance to blind people & their families. Phone: 1-800-563-2642
- [Saskatchewan Deaf & Hard of Hearing Services](#) - Sign language interpreting, vocational counseling, community service assistance, information and accessibility to assistive devices. #3 – 511 1st Ave. N . Phone: 306-665-6575
- [Acquired Brain Injury Outreach & Support Team](#) - Rehab, education, programming, support, and prevention for people with brain injuries and their families. Phone: 306-655-7743
- [Canadian Deaf Blind and Rubella Association](#)- Advocates and provides services for individuals affected by hearing and seeing loss. Phone: 306-374-0022
- [Saskatchewan Association for the Rehabilitation of the Brain Injured \(SARBI\)](#) - Psychosocial rehabilitation and recreation services for acquired brain injury survivors (ABI survivors). 5 - 501 45th St. W. Phone: 306-373-3050
- [Calder Centre](#) - Inpatient program providing a safe supportive environment to help individuals with substance use/abuse through the stabilization tasks of recovery; adult and youth programs available. 2003 Arlington Ave. Phone: 306-655-4500

Community Resources

Disability & Health Conditions (continued)

- [Saskatchewan Association for Community Living](#) - Support for individuals with intellectual disabilities and their families in accessing funding supports, education, employment, guardianship and co-decision making, health, justice, parent supports, & housing. 3031 Louise St. Phone: 306-955-3344
- [Crocus Co-op](#) - Transitional employment, food, and social-recreational programs for people with mental illness. 135 Ave. B S. Phone: 306-655-4969
- [601 Outreach](#) - Drop-in Centre (M - F, 10:30am - 4:00pm) with lunch & coffee, laundry, needle exchange, phone/TV/internet access, clothing depot, resources, advocacy, and supportive counselling. Services available to all, no referral needed. 601 33rd St. W. Phone: 306-242-5005
- [Brief/Social Detox \(formerly Larson House\)](#) - Brief Detox Unit (DBU) provides a safe place to stay for a short period of time to rest and recover from intoxication or drug abuse. Following a brief stay in the BDU, clients may choose to attend the Social Detox Unit to enter a recovery focused program. 201 Ave. O S. Phone: 306-655-4195
- [Métis Addictions Services of Saskatchewan Inc. \(MACSI\)](#) - Inpatient, outpatient, and flexible day programs for Métis, First Nations and Non Aboriginal people with addictions using knowledge of Métis heritage, traditional Aboriginal teachings, the 12 step recovery model, Saskatchewan's Clinical Principles for Alcohol and Drug Misuse Services in Saskatchewan, up-to-date research and emerging trends in the field of addictions. 335 Ave. G S. Phone: 306-652-8951
- [LiveWell Chronic Disease Management Program](#) - Self-management program for individuals and their families who have a chronic disease such as bleeding disorders, diabetes, chronic obstructive pulmonary disease (COPD), cystic fibrosis, heart disease, sleep apnea, asthma, arthritis and other chronic conditions. Programs offered at various times of day and in various locations throughout Saskatoon. Phone: 306-655-5483

Gender Identity & Sexual Orientation

- [OUTSaskatoon](#) - Education, counselling, peer support, social events, outreach, & resources for the LGBTQ+ community. 320 21st St. W. Phone: 306-665-1224
- [TransSask Support Services](#) - Online information, education & support for LGBTQ people, their families, & service providers. Email: info@transsask.org or youth@transsask.org
- [USSU Pride Centre](#) - Peer support, safe space on campus, education, resources, & social programming for people of all sexual orientations & gender identities. Memorial Union Building, U of S. Phone: 306-966-6615
- [USSU Women's Centre](#) - Peer support, resources, safe space for female-identified people. Memorial Union Building, U of S. Phone: 306-966-6980

Housing

- [The Lighthouse](#) - Emergency shelter for men and women, stabilization unit for people under the influence of drugs or alcohol, supported living, mobile outreach, and assistance with affordable housing. 304 2nd Ave S. Phone: 306-653-0538
- [Interval House](#) - Shelter for women and their children needing safety. 712 Victoria Ave. Phone: 306-244-0185
- [YWCA Crisis Shelter](#) - Emergency shelter for women and children. Phone: 306-244-2844
- [Salvation Army Hostel](#) - Men's shelter. Also provides meals, family programming and alternative housing options. 339 Avenue C S. Phone: 306-242-6833
- [Infinity House](#) - Long term and emergency housing for single Aboriginal mothers (18+) and their children. Phone: 306-975-9999
- [Quint Male Youth Lodge](#) - Transitional housing for men ages 16 to 22 who are homeless or at risk of becoming homeless; referral by social service worker or young offender worker required. Phone: 306-978-4041

Community Resources

Housing (continued)

- [Pleasant Hill Place](#) - Transitional housing for mothers whose child or children are currently in the care of Ministry of Social Services or who are at risk of having their child(ren) being placed into care; referral by Ministry of Social Services family service worker required. Phone: 306-978-4041
- [STC Safe House](#) - Shelter for youth ages 9 to 16 who have been, or are at risk of being, sexually exploited. Phone: 306-384-0004
- [Saskatoon Housing Coalition](#) - Supportive (non-emergency) housing for individuals living with chronic mental illnesses. Phone: 306-655-4979
- **ROSA -Renters of Saskatoon and Area** (through CLASSIC) - Provides information and support for renters. Phone: 306-657-6100 Email: renters@classiclaw.ca
- [SHIP - Saskatoon Housing Initiatives Partnership](#) - See the “Need Housing?” tab at the top of the page for local housing resources
- [Saskatoon Crisis Intervention Service \(Mobile Crisis\)](#) can also direct clients to emergency housing resources, 24 hours a day/7 days a week: 306-933-6200
- If a client is currently homeless, [this page](#) has information about their options.

Food Security

- [Saskatoon Food Bank & Learning Centre](#) - Food baskets, milk for children, & infant nutrition. 202 Ave. C S. Phone: 306-664-6565
- [Friendship Inn](#) - Free breakfast & lunch, 365 days a year, no questions asked; supportive counselling & programs. 619 20th St. W. Phone: 306-242-5122
- [CHEP Good Food](#) - Good Food Box, collective kitchens, mobile affordable food stores, community gardens, & nutrition education. 1120 20th St. W. (Station 20 West) Phone: 306-655-4575
- [SWITCH Clinic](#) - At-cost healthy snack bags and meal bags during clinic shifts (Mondays & Wednesdays, 5:30—8:00pm & Saturdays 12:30—3:00pm). 1528 20th St. W (Westside Community Clinic) Phone: 306-956-2518
- [601 Outreach](#) - Drop-in Centre (M - F, 10:30am - 4:00pm) with lunch & coffee, laundry, needle exchange, phone/TV/internet access, clothing depot, resources, advocacy, and supportive counselling. Services available to all, no referral needed. 601 33rd St. W. Phone: 306-242-5005

Income

- [Ministry of Social Services](#) - Various income support services for individuals & families.
 - Client Service Centre (general assistance for income support programs) 1-866-221-5200
 - Housing Programs & Finance 1-800-667-7567
 - Saskatchewan Assured Income for Disability (SAID) 1-888-567-7243
- Employment Insurance - Federal financial benefit for eligible workers. Phone 1-800-206-7216
- [Volunteer Income Tax Program](#) - provides assistance for low-income individuals and families with simple tax situations. Seasonal - call the Saskatoon Food Bank for hours & locations: 306-664-6565

Community Resources

Income (continued)

- [Read Saskatoon Financial Literacy Program](#) - Free five-part workshop series for adults on financial literacy issues. Phone: 306-652-5448
- [Quint Core Neighbourhoods at Work Program](#) - Assistance with career planning, accessing training opportunities and finding employment. 1120 - 20th St. W (Station 20 West) Phone: 306-978-4041
- [Saskatoon Food Bank & Learning Centre](#) - Creating Opportunities program develops workplace literacy skills & offers employment training & experience. 202 Ave. C S. Phone: 306-664-6565, ext. 224
- [YWCA Employment & Learning Centre](#) - Employment supports & resources, employment training programs, & job finding clubs for women & men. 510 25th St. E. Phone: 306-244-0944

Glossary of Terms

Androgynous: (adj) A gender expression that has elements of both masculinity and femininity; (2) occasionally used in place of “intersex” to describe a person with both female and male anatomy.

Agender: (adj) An individual who does not identify with any gender (genderless).

Asexual: (adj) Having a lack of (or low level of) sexual attraction to others and/or a lack of interest or desire for sex or sexual partners. Asexuality exists on a spectrum from people who experience no sexual attraction or have any desire for sex to those who experience low levels and only after significant amounts of time, many of these different places on the spectrum have their own identity labels. Another term used within the asexual community is “ace,” meaning someone who is asexual

Bigender: (adj) A person who fluctuates between both traditionally identified “woman” and “man” gender-based behaviors and identities; identifying with both genders (and sometimes a third gender).

Binding: (noun) The process of flattening one's breast to have a more masculine appearance.

Cisgender: (adj) A person whose gender identity and biological sex assigned at birth align (e.g., man and male-assigned). A simple way to think about it is if a person is not transgender, they are cisgender.

Cisnormativity: (noun) The assumption, in individuals or in institutions, that everyone is cisgender, and that cisgender identities are superior to trans* identities or people. Leads to invisibility of non-cisgender identities.

Cultural competence: (noun) A set of congruent behaviors, attitudes, and policies that come together in a system, agency or among professionals and enable that system, agency or those professions to work effectively in cross-cultural situations. Five essential elements contribute to a system's institution's, or agency's ability to become more culturally competent which include: 1) valuing diversity; 2) Having the capacity for cultural self-assessment, 3) Being conscious of the dynamics inherent when cultures interact; 4) Having institutionalized cultural knowledge; 5) having developed adaptations to service delivery reflecting understanding of cultural diversity.

Demisexual: (noun) an individual who does not experience sexual attraction unless they have formed a strong emotional connection with another individual. Often within a romantic relationship.

Gay: (adj) (1) A term used to describe individuals who are primarily emotionally, physically, and/or sexually attracted to members of the same sex and/or gender. More commonly used when referring to males/men-identified people who are attracted to males/men-identified people, but can be applied to females/women-identified people as well. (2) An umbrella term used to refer to the queer community as a whole, or as an individual identity label for anyone who does not identify as heterosexual.

Glossary of Terms

Gender: (noun) The internal perception or experience of gender; (2) how they label themselves, based on how much they align or don't align with what they understand their options for gender to be. Common identity labels include man, woman, genderqueer, trans*, and more. Gender identity can be congruent or non-congruent with one's sex assigned at birth.

Gender expression: (noun) The external display of one's gender identity, through a combination of dress, demeanor, social behavior, and other factors, generally measured on scales of masculinity and femininity. Also referred to as "gender presentation".

Gender-neutral: (adj) Nondiscriminatory language to describe relationships—e.g. "spouse" and "partner" are gender-neutral alternatives to the gender-specific words "husband," "wife," "boyfriend" and "girlfriend".

Gender non-conforming: (adj) An individual whose gender presentation, whether by nature or by choice, does not align in a predicted fashion with gender-based expectations.

Gender queer: (adj) Rejection of traditional binary classification of gender.

Gynesexual/gynephilic: (adj) An individual who is attracted to woman, females, and/or femininity.

Heterosexual: (adj) a person primarily emotionally, physically, and/or sexually attracted to members of the opposite sex. Also known as **straight**.

Intersex: (noun) A term referring to someone whose combination of chromosomes, gonads, hormones, internal sex organs, and genitals differs from the two expected patterns of male or female. It replaces term such as 'hermaphrodite' that are now considered derogatory.

Sex: A biological construct referring to the genetic, hormonal, anatomical and physiological characteristics on whose basis one is labelled at birth as either male or female.

Lesbian: (noun) a term used to describe women attracted romantically, erotically, and/or emotionally to other women.

MSM: (noun) Acronym for "men who have sex with men" that is used to distinguish sexual behaviors from sexual identities (e.g., because a man is straight, it doesn't mean he's not having sex with men). Often used in the field of HIV/AIDS education, prevention, and treatment.

Mx: (typically pronounced mix) A title (e.g. Mr., Ms., etc.) that is gender neutral. It is often the option of choice for persons who do not identify within the cisgender binary.

Pansexual: (adj) A person who experiences sexual, romantic, physical, and/or spiritual attraction for members of all gender identities/expressions.

Glossary of Terms

Polyamorous/polyamory: (adj/noun) refers to the practice of, desire to, or orientation towards having ethically, honest, consensually non-monogamous relationships (i.e. relationships that may include multiple partners). This may include open relationships, polyfidelity (which involves more than two people being in romantic and/or sexual relationships which is not open to additional partners), amongst many other set ups. Some poly(amorous) people have a “primary” relationship or relationship(s) and then “secondary” relationship(s) which may indicate different allocations of resources, time, or priority.

Questioning: (adj) An individual who is unsure about or is exploring their own sexual orientation or gender identity.

Sexual orientation: (noun) Inherently this is a relational construct. It encompasses sexual attraction, behavior and identity. It refers to enduring patterns or disposition to experience sexual or romantic desires for and relationships with people of one’s same sex, the other sex or both sexes. These relationships may be actualized through behaviour or remain simply an object of desire.

Skoliosexual: (adj) A person who is attracted to genderqueer and transsexual people and expressions (people who don’t identify as cisgender).

Transgender: (adj) A family of gender variant identities and expressions. It includes transsexuals (desire to or have had hormone therapy and or gender reassignment surgery, transvestites (wear clothes or adopt presentation of another gender for emotional or sexual gratification and may live part of the time in cross gender role) and transgenderists (live full time in cross gender role, may take hormones but do not desire surgery).

Two spirit: A term used by some Native Americans for individuals who possess feminine and masculine qualities and have distinct roles in their tribes.

Ze/Hir: Alternate pronouns that are gender neutral and preferred by some trans* people. Pronounced /zee/ and /here/ they replace “he” and “she” and “his” and “hers” respectively. Alternatively some people who are not comfortable/do not embrace he/she use the plural pronoun “they/their” as a gender neutral singular pronoun.

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The Screening Tool

We are collecting social information from our clients to better understand and address your needs as well as find out who we serve. We will also use the information to plan programs and services for the community. It will only take 5 minutes to complete.

This information will be shared with your health care team and protected like your other health information. If used in research the information will be combined with that of other clients and no one will be able to identify any of the clients.

The questions are voluntary and you can choose 'prefer not to answer' for any question. This will not affect your care.

1a. How well do you speak English? Check ONE only:

- Very well Well Not well Not at all

1b. What language would you feel most comfortable communicating in with your health care providers? Check ONE only:

- | | | | |
|------------------------------------|--------------------------------------|----------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> English | <input type="checkbox"/> Michif | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> Braille | <input type="checkbox"/> Farsi | <input type="checkbox"/> Punjabi | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> French | <input type="checkbox"/> Saulteaux | <input type="checkbox"/> Other(specify) |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> German | <input type="checkbox"/> Sign Language | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Cree | <input type="checkbox"/> Hindi | <input type="checkbox"/> Spanish | |
| <input type="checkbox"/> Déne | <input type="checkbox"/> Lip reading | <input type="checkbox"/> Tagalog | |
| <input type="checkbox"/> Dutch | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Ukrainian | |

1c. Do you need an interpreter? Yes No Prefer not to answer Do not know

2. What name do you go by? _____

3a. Were you born in Canada? Check ONE only:

- Yes No* Prefer not to answer Do not know

If **NO***, what year did you arrive in Canada? _____

3b. Which option best describes your current immigration status? Check ONE only:

- | | | | |
|---------------------------------------------|---------------------------------------|--------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Canadian citizen | <input type="checkbox"/> Refugee | <input type="checkbox"/> Work Permit | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Permanent resident | <input type="checkbox"/> Study permit | <input type="checkbox"/> Visitor | <input type="checkbox"/> Prefer not to answer |
| | | | <input type="checkbox"/> Do not know |

4a. Are you an Aboriginal/Indigenous person? Check ONE only:

- Yes* No* (**GO TO 4b**) Prefer not to answer Do not know

If **YES***, please pick **ONE** of the following:

- First Nations (or Indian as defined by Indian Act) Other(specify) _____
 Non-status Indian Prefer not to answer
 Métis Do not know
 Indigenous from outside of Canada

4b. Which option best describes your racial or ethnic group? Check ONE only:

- White North American (e.g. Canadian, American) Asian – East (e.g. Chinese, Japanese, Korean)
 White European (e.g. English, Italian, Portuguese, Russian) Asian – South (e.g. Indian, Pakistani, Sri Lankan)
 Black North American (e.g. Canadian, American) Asian – South East (e.g. Malaysian, Filipino, Vietnamese)
 Black African (e.g. Nigerian, Kenyan, Somali) Mixed heritage (e.g. Black African and White – North American)(Specify) _____
 Black Carribean (e.g. Jamaican, Barbadian, Trinidadian, Guyanese) Other (specify) _____
 Latin American (e.g. Argentinian, Chilean, Salvadorean) Prefer not to answer
 Middle Eastern (e.g. Egyptian, Iranian, Lebanese) Do not know

5. Do you have any conditions that limit your activities of daily living?

- Yes* No (**GO TO 6a**)

If **YES***, is this condition? Check **ALL** that apply:

- Chronic illness Learning disability Other(specify) _____
 Drug or alcohol dependence Mental illness Prefer not to answer
 Hearing impairment Physical impairment Do not know
 Intellectual impairment Visual impairment

6a. What is your gender? Check ALL that apply:

- Female Other(specify) _____
Male Prefer not to answer
Transgender Do not know
Two Spirit

6b. Have you ever been diagnosed with an intersex condition?

- Yes (specify) _____ No Prefer not to answer

6c. Do you identify with any culturally specific third gender category (e.g. Two spirit, Hijra, Muxe)?

- Yes (specify) _____ No Prefer not to answer

6c. What pronouns do you use?

<input type="checkbox"/> He/him/his	<input type="checkbox"/> Other(specify) _____
<input type="checkbox"/> She/her/hers	<input type="checkbox"/> Prefer not to answer
<input type="checkbox"/> They/them/theirs	<input type="checkbox"/> Do not know

7. What is your sexual orientation? Check ONE only:

<input type="checkbox"/> Gay	<input type="checkbox"/> Queer	<input type="checkbox"/> Other(specify) _____
<input type="checkbox"/> Lesbian	<input type="checkbox"/> Questioning	<input type="checkbox"/> Prefer not to answer
<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Two spirit	<input type="checkbox"/> Do not know
<input type="checkbox"/> Bisexual		

8. What is the highest level of education that you have ever completed?

Check **ONE** only:

- Less than high school Some post-secondary school Trade certificate or diploma Prefer not to answer
High school diploma or equivalent Post-secondary completion Graduate or professional degree Do not know

9. Which of the following best describes your housing situation? Check ONE

only:

- | | | | |
|---------------------------------------------------------|---------------------------------------------|-----------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Home owner | <input type="checkbox"/> Supportive housing | <input type="checkbox"/> Shelter/hostel | <input type="checkbox"/> Other(specify)
_____ |
| <input type="checkbox"/> Renting | <input type="checkbox"/> Approved home | <input type="checkbox"/> Boarding home | <input type="checkbox"/> Prefer not to
answer |
| <input type="checkbox"/> Staying with
family/friends | <input type="checkbox"/> Group home | <input type="checkbox"/> Homeless | <input type="checkbox"/> Do not know |

10a. In the past month, how often did you and others worry that food would run out before you got more?

- | | | |
|-------------------------------------------|---------------------------------|--------------------------------------------|
| <input type="checkbox"/> Most of the time | <input type="checkbox"/> Rarely | <input type="checkbox"/> Prefer not answer |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never | <input type="checkbox"/> Do not know |

10b. In the past month, how often did you and others run out of food and you could not get more?

- | | | |
|-------------------------------------------|---------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Most of the time | <input type="checkbox"/> Rarely | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never | <input type="checkbox"/> Do not know |

11a. What was your total family income before taxes last year? Check ONE only:

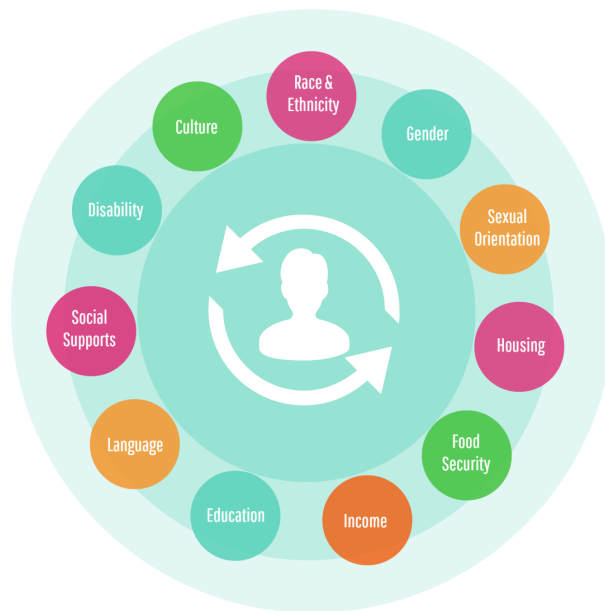
<input type="checkbox"/> Less than \$20,000	<input type="checkbox"/> \$50,000 to less than \$60,000	<input type="checkbox"/> \$90,000 to less than \$100,000
<input type="checkbox"/> \$20,000 to less than \$30,000	<input type="checkbox"/> \$60,000 to less than \$70,000	<input type="checkbox"/> \$100,000 or more
<input type="checkbox"/> \$30,000 to less than \$40,000	<input type="checkbox"/> \$70,000 to less than \$80,000	<input type="checkbox"/> Prefer not to answer
<input type="checkbox"/> \$40,000 to less than \$50,000	<input type="checkbox"/> \$80,000 to less than \$90,000	<input type="checkbox"/> Do not know (GO to 11b)

11b. What was your monthly family income before taxes last year? _____

11c. How many persons does this income support? _____

- Prefer not to answer Do not know

**Thank you for taking the time to complete the questionnaire.
This information will help us to improve the quality of care for all.**



WE ASK BECAUSE WE CARE.

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Population and Public Health