Issue Analysis: The Care of People in Poverty

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Abstract

Socioeconomic status and health literacy is associated with poor health outcomes and high-risk behaviors. Poverty affects 15% of the United States population. People living poverty are confronted with many health disparities. Educational attainment is correlated with poverty and can reduce many of these disparities. Nurses have a significant role in the fight against poverty. Nurses provide health education and promotional activities to vulnerable populations to improve their health and well-being.

Keywords: poverty, health outcomes, educational attainment
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Poverty has been identified as the greatest risk to one’s health. Low socio-economic status and low health literacy is associated with high risk behaviors such as smoking, alcohol and drug abuse, poor nutrition, and risky sexual practices. Research has shown that poverty is associated with poor health outcomes such as “low-birth weight, childhood asthma, cardiovascular disease, breast cancer mortality, and osteoporosis” (Kaplan, Everson, & Lynch, 2000). Educational attainment is a foremost cause of poverty in the United States (Pettit & Nienhaus, 2010).

Poverty is a condition that involves the inability to provide for one’s basic needs such as food, clothing, and shelter that is measured according to socioeconomic status. According to the United States Census Bureau in 2011, 15% of the population or 46.2 million people in the United States where living in poverty. In 2011, the poverty rate for children 18 & under was 21.9%. In adults 18 to 64 years of age, the poverty rate was 13.7% and for elderly adults 65 years and older was 8.7%. The poverty index is a standard measurement established by the United States government to determine a set standard of living. This measurement system does not include in-kind governmental payments such as: housing assistance, food stamps, and vouchers offered by Women, Infant, and Children (WIC). Persons that have an inadequate standard of living are considered to be poor and live in poverty (Maurer & Smith, 2009).

From the 1970’s through the mid-1980’s, the poverty level remained constant. Since then, the United States has faced episodes of recession, high inflation, and high unemployment which have caused more families to move closer and closer to the poverty threshold. According to the U.S. Census Bureau, the 2010 Poverty Threshold for a family of four (including two adults and two children) is $22,113.
Health status can be measured by examining morbidity and mortality rates. Hadley (2005) suggests that poverty is correlated with poor health and premature death (Maurer & Smith, 2009). The National Health Care for the Homeless Council (2004) states that selected diseases are more prevalent among people in poverty; “these include anemia, arthritis, asthma, diabetes, hearing impairments, influenza, pneumonia, tuberculosis, and certain eye abnormalities” (Maurer & Smith, 2009, p.535). Poorer people also have a higher incidence of coronary heart disease, obesity, lower participation in physical activity and cancer screenings (Pettit & Nienhaus, 2010). “Low socioeconomic status has been linked to risky behaviors such as tobacco use, sedentary lifestyles, poor dietary habits, unintentional and intentional injuries, risky sexual practices resulting in unintended pregnancy, alcohol use, and drug use” (Pettit & Smith, 2010, p.47).

Race and ethnicity have a direct relationship to socioeconomic status. “Some racial/ethnic groups have greater rates of poverty than the white population, and most experience health disparities” (Maurer & Smith, 2009). According to the U. S. Census Bureau in 2006, “Blacks, Hispanics, and American Indians have a three times greater risk for poverty than white Americans” (p.537). Low-quality health care is problem among minorities. “Research indicates that racial and ethnic minorities receive a lower quality of health care than non-minorities” (p.537). Cultural influences and language barriers also impact health status. Healthcare for racial/ethnic groups is often culturally insensitive, technology driven, and demonstrates language barriers due to low health literacy levels of the clients they serve.

Health care costs have a huge impact on the economy of our nation. According to the National Center for Health Statistics (2010) “$1.9 trillion, or 16% of the U.S. gross domestic product was spent for personal health care in 2007, and at that time, approximately 43 million
people were uninsured” (Petit & Nienhaus, 2010, p.51). When the uninsured seek medical treatment, they are more likely to be hospitalized for preventive illness. The uninsured delay care and when they pursue healthcare it is often more expensive. The American Medical Association (2006) states, “The estimated cost of uncompensated care provided to the uninsured by hospitals and other service providers is between $28.8 and $40.7 billion per year” (Maurer & Smith, 2009, p.539).

The U.S. Department of Health and Human Services (2000) states that “education is one of the leading mediators of health disparities” in the United States (Petit & Nienhaus, 2010, p.48). Socioeconomic status is influenced by education and it guides job placement, income and access to health resources. Educational attainment is associated with health. Persons with minimal education are more likely to partake in high-risk behaviors such as tobacco and alcohol abuse (Adler & Newman, 2002). According to Freudenberg and Ruglis (2007), educational attainment is correlated to health, as this relationship was demonstrated among high school dropouts. This study showed that high school dropouts were more likely to abuse substances, become pregnant, and have mental health problems. “They also have limited access to employment opportunities, quality housing, and health care coverage” (Petit & Nienhaus, 2010, p.48).

Educational attainment is also associated with abolishing health risk behaviors. In a longitudinal study conducted by Wetter et al. (2005) to determine the correlation between educational attainment and smoking cessation, it was found that persons that were high school and/or college graduates were more likely to stop smoking than high school dropouts. Obesity is correlated with educational attainment. “Among students identified as obese, students in families with less than a high school education have increased odds of 1.65 times being obese
over those families with an education beyond high school” (Adams et al., 2008, p.385). Not only does educational attainment influence obesity, but predicts levels of physical activity. Persons with lower education levels are less likely to participate in physical activity. Educational attainment influences dietary practices. Persons with lower education may not realize the importance of dietary recommendations and may purchase low cost foods to meet to their budget. They also do not participate in preventive habits such as using seatbelts and bicycle helmets.

Nurses can make a difference in the lives of people stricken by poverty. Nurses are compassionate and committed to provide high, quality, accessible health care, especially to disadvantaged populations. Nurses can facilitate health education and health promotional activities in poverty-stricken populations by targeting specific sub-groups. Nurses are not only health care providers, but teachers, that can provide evidence-based knowledge to our patients and improve the lives of others.

**Theory Base**

**Nursing Theory**

Nursing theorists, Madeleine Leininger, supports the theory of Transcultural Nursing. This nursing theory, also known as Cultural Care Theory “is a comparative study of cultures to understand similarities (culture universal) and difference (culture-specific) across human groups” (Current Nursing, 2012). This theory is “based on the belief that people of different cultures can inform and best determine most of the kind of care they desire or need from professional caregivers” (Marriner-Tomey 1993, p.427). “The practice of nursing today demands that the nurse identify and meet the cultural needs of diverse groups, understand the social and cultural reality of the client, family, and community, develop expertise to implement culturally
acceptable strategies to provide nursing care, and identify and use resources acceptable to the client” (Andrews & Boyle, 2002).

**Interdisciplinary Theory**

Two interdisciplinary theories that support the issue of poverty include the Social Learning Theory by Bandura and the Family Stress Model by Glenn Elder. Bandura (1977) states, “children who are born into families of low socioeconomic status inherently are disadvantaged” (Pettit & Nienhaus, 2010, p.47). This theory describes the influence of socioeconomic status on families. Bandura (1977) states, “parents of low socioeconomic status lack education and resources equated with prosperous employment and quality of life” (p.47). Children that are born to families of low socioeconomic status are inclined to replicated behaviors of their parents; thus making it difficult to break the cycle of poverty (p.47).

The Family Stress Model was developed by Glenn Elder to verify the effect of financial loss during the Great Depression. This theory states that when low socioeconomic families struggle to meet economic demands, they are forced to cut back on the costs of daily living and this creates stress which is manifested in depression and hostility. These behaviors are reflective on marital and parenting relationships which may be detrimental to their children’s development. “Studies in cognitive neuroscience provide evidence to suggest that this type of stress exposure may affect children by influencing the development on brain structure, such as the hippocampus, which is of central importance for memory” (Magnuson & Votruba-Drzal, 2009, p.33).

**Assessment of the Healthcare Environment**

**Systems Framework**

A root cause analysis identified that 46.2 million people in the United States live in poverty and have increased risk for health disparities. Many different types of people are
affected by poverty: men, women, young, old, of various race, ethnicity, and culture. The causes have been linked to poverty include low socioeconomic status, low-paying jobs, unemployment, and cultural and language barriers; with the identified root cause being a lack of education. A solution for poverty includes health education and promotion activities for people of low socioeconomic status because they are at increased health risks.

Health education is one of the most important goals of poverty reduction. Health education instructs people to value their health and well-being. Community involvement through churches, child care centers, recreational centers, shelters, and cultural centers can be an opportunity for the fight against poverty locally. The Community Guide is a web-based source of “evidence-based community-based interventions designed to address social determinants of health” (Anderson, Scrimshaw, Fullilove, Fielding, & the Task Force on Community Preventive Services, 2003). Community involvement has promising interventions for addressing health disparities in relation to poverty.

Programs and policies may successfully reduce poverty among the United States population. Preventive poverty programs focus on families and their children. Approaches focus on improving the lives of children by providing economic resources to families by increasing in-kind benefits such as WIC, food stamps, housing assistance, and health insurance which in-turn increase family income. “The child tax credit, a partially refundable tax credit; and the Earned Income Tax Credit (EITC), a fully refundable tax credit; are two mechanisms that direct economic resources to working poor families with children” (Magnuson & Votruba-Drzal, 2009, p.35). Policy analysts also suggest that raising the minimum wage is another way to increase family income. Early intervention programs, such as Head Start, provide high-quality, education for low-income preschoolers have proven to be effective in the fight against poverty.
Parenting programs have also revealed their relevance in poverty reduction. These programs can enhance parenting skills to provide stimulating environments for children in poverty by enhancing cognitive development. One such intervention is the Incredible Years program that is explicitly aimed at children with behavioral problems. Another interventional program for poverty reduction in poor families includes strategies such as the Harlem Children’s Zone (HCZ). This program, which is supported by the Obama administration, provides comprehensive interventions to families in low-income urban neighborhoods. Services for this program include parenting education to new and expectant parents, and college and career decision-making support to adolescents (Magnusin & Votruba-Drzal, 2009).

Nurse home-visitation programs have also been successful in poverty reduction. “The Nurse-Family Partnership (NFP) is a cost-effective, evidence-based program that aims to improve the lives of at-risk, first-time mothers and their infants” (Dawley, Loch, & Bindrich, 2007, p.60). This program provides supportive education, goal setting, and economic planning for new mothers. Visiting nurses make home visits for two and a half years to the mothers before the birth of their baby. The NFP program has been implemented in 23 states and has shown to be effective in the reduction of childhood abuse and neglect rates, and unintended pregnancies of the mothers. NFP outcomes have also shown to be effective in increasing maternal employment and improve the outcomes of children (Dawley, et al, 2007).

**Challenges and/or Entities Involved**

Nursing is the foremost entity serving populations effected by poverty. Nurses work in various healthcare settings with an array of people affected by poverty. They are often the first healthcare provider that discovers a patient’s disparities and wear a variety of hats to implement the care and access resources that patients need. Knowledge of local resources and
governmental assistance programs is beneficial for every nurse that works with the poor. Advocating for improved services for the poor identifies the issue of poverty and generates public awareness.

“Nurses should take every opportunity to screen for potential problems and provide health education on appropriate health issues” (Maurer & Smith, 2009, p.549). Nursing services to the poor should include both primary and secondary services. Services should include: immunization screenings, nutrition education, and the need for well-child exams including dental and vision. Nurses should educate patients on the importance and whereabouts of screening exams. “If early screening and treatment improve a person’s health so that the person can work, not only is the cost of care reduced, but the family’s financial resources are also improved” (Maurer & Smith, 2009, p.549).

Nurses also face challenges in working with the poor. Since many of the poor population are minorities, the nurse needs to assess his/her attitudes towards ethnicity and culture. Health behaviors and cultural beliefs influence how people carry out health practices. “Research indicates that racial and ethnic minorities receive a lower quality of health care than non-minorities, even when conditions are comparable” (Maurer & Smith, 2009, p.537). Many migrant workers may have difficulty understanding English. Interpreter services and appropriate health literacy levels should be made available when needed. Nurses should remain supportive to culturally sensitive healthcare.

Poverty is seen in both rural and inner-city areas. Nurses may have challenges related to delivering care due to location of persons living in poverty. Many rural areas may have limited accessibility because of treacherous roadways and geographic placement. Many rural areas may
have limited medical facilities and qualified medical personnel. Nurses may also face dangerous situations of inner-city areas due to violence and crime.

**Inferences, Implications & Consequences**

Poverty has been identified as the greatest risk to one’s health. Low-socioeconomic status has been correlated to poor health and high-risk behaviors. Educational attainment, health literacy and access to care are barriers to improving one’s health. Nurses can make a difference in the lives of people stricken by poverty. Nurses are compassionate and committed to providing high quality, accessible health care, especially to disadvantaged populations. “Nurses are accustomed to identifying risks associated with poor health and devastating interventions to improve health status. Working with vulnerable populations, nurses must become adept at identifying risks that are amendable to intervention as well as those that require greater effort to overcome and those that are not alterable” (Maurer & Smith, 2009, p.533).

Research suggests that enhancements in health and education in those living in poverty could improve the economic welfare of our nation (United States Government Accountability Office, 2007). Further education to reduce health disparities and high-risk behaviors may produce citizens with lessened risk of poverty. Educational attainment will lessen poor nutrition, high-risk sexual behaviors, and drug and alcohol abuse. Children will face less health disparities and stressful environments in the home. Poverty reduction can be viewed as a “public or social investment, which generate returns to society over time in the form of higher real gross domestic product (GDP), reduced expenditures on crime or health care problems, reduced costs borne by crime victims or those in poor health, and improvements in everyone’s quality of life in a wide variety of other ways as well” (Institute for Research on Poverty, 2007).
Recommendations for Quality & Safety Improvements

Nursing intervention strategies are effective in improving quality and safety by reducing health disparities in low-socioeconomic populations. These standards of care are demonstrated in the Scope and Standards of Practice: Nursing and the Quality and Safety Education for Nurses guidelines.

Nursing Interventions, ANA Standards & QSEN

The Scope and Standards of Practice: Nursing (2010) demonstrates the nursing standards of care: health teaching and health promotion, and evidence-based practice and research. Standard 5b states, “The registered nurse employs strategies to promote health and a safe environment.” The registered nurse is competent in providing “health teaching that addresses such topics as healthy life-styles, risk-reducing behaviors, developmental needs, activities of daily living, and preventive self-care” (p.41). Standard 9 states, “The registered nurse integrates evidence and research findings into practice. Patient-centered care “recognizes the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient's preferences, values, and needs.” Evidence-based practice ensures that the nurse “integrates best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care” (Quality and Safety Education for Nurses, 2012).

This quality of nursing can be exemplified in a school based health center (SBHC). School based health centers are primary health care centers located within the school that provide: primary medical, mental health and dental care, nutrition counseling, immunizations, and health education and promotion. SBHCs have been targeted to provide easy access to low-income areas (U.S. Department of Health and Human Services, 2012). Research states that
pregnancy prevention and sexually transmitted disease (STD) programs, such as *Healthy Relationships* and *Reducing the Risk*, evidence-based programs, are commonly taught in SBHCs and have been effective in reducing the rates of unintended pregnancies and STDs (Center for Disease Control, 2011). Another evidence-based program that supports quality and safety is the Nurse-Family Partnership (NFP). This program provides support and education to at-risk, first-time mothers and their babies. Research indicates that the NFP, a home-based interventional program, reduces the “rates of abuse, neglect, and injury in children, as well as in the numbers of pregnancies in mothers” (Dawley et al., 2007).

Nurses are resourceful in providing care. Standard 15 of the *Scope and Standards of Practice: Nursing* (2010) states, “the registered nurse utilizes appropriate resources to plan and provide nursing services that are safe, effective, and financially responsible.” The nurse is competent in “assisting the healthcare consumer and family in factoring costs, risks, and benefits in decisions about treatment and care” (p.60). Teamwork and collaboration is needed in accessing resources for the poor. This involves the nurse to “function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care” (QSEN, 2012).

According to Healthy People 2010, an objective relevant to vulnerable populations is to “reduce hospitalization rates for three ambulatory care-sensitive conditions”; one of these being immunization-preventable pneumonia or influenza in adults 65 years or older (Maurer & Smith, 2009, p.533). Immunization screenings and clinics need to be made available to the poor. School-based health centers are an excellent venue for immunizations screenings for poor children and adolescents. Nurses need to be aware of community screening events and inform poor patients about these opportunities. These events offer communities, at low or no cost,
screenings for hypertension, diabetes, obesity, hyperlipidemia, poor nutrition, and dental caries. Secondary prevention, through local screenings events, improves the overall health of the family. Maurer and Smith (2009) state, “If early screening and treatment improve a person’s health so that the person can work, not only is the cost of care reduced, but the family’s financial resources are also improved” (p.549).

Nurses can demonstrate their leadership skills by advocating for improved services for disadvantaged populations. Standard 12 of the Scope and Standards of Practice: Nursing (2010) states, “The registered nurse demonstrates leadership in the professional practice setting and the profession.” The RN may reveal this competency by “participating in efforts to influence healthcare policy involving healthcare consumers and the profession” (p.55).

The Quality Safety Education for Nurses (QSEN) emphasizes quality improvement. QSEN defines quality improvement as “using data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems.” The registered nurse demonstrates this skill by “seeking information about outcomes of care for populations served in care settings” (QSEN, 2012). “Many of the improvements in our care of patients have come through the vigilance and advocacy of nurses who understand that women and children in poverty are marginalized and who have the courage to communicate the human and economic consequences of that marginalization to those in power” (Hill, Uris, & Bauer, 2007).

“Research examining policies aimed at reducing poverty-related material hardship may provide additional information about poverty’s influence on health” (Magnuson & Votruba-Drzal, 2009, p.34). For example, the food stamp program which was designed to reduce hunger has shown to improve birth weights and decrease premature births. Another example is the
Women, Infant, and Children (WIC) program which has revealed improved birth outcomes and reduced the incidence of childhood obesity (Magnuson & Votruba-Drzal, 2009). Advocacy at local, state, and federal levels demonstrate that nurses can improve the lives of vulnerable populations.

**Conclusion**

Poverty has been identified as the greatest risk to one’s health. Low-socioeconomic status has been correlated with poor health and high-risk behaviors. Educational attainment is the leading cause of poverty in the United States. Nurses are key facilitators in educating patients to improve their health, health literacy, and ultimately reducing poverty. Nurses demonstrate their leadership and dedication to vulnerable populations by educating patients about health promotional activities, offering screening events, and advocating for the fight against poverty.
References


http://www.irp.wisc.edu/index.htm


Marriner-Tomey, A. (1993). *Nursing theorists and their work.* St. Louis, MO; Mosby


