



## Using the USA Framework to Meet the Needs of the Poor in our Communities

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### Introduction

Within the United States, the number of people living in poverty continues to grow [1] and despite improvements in health care access due to the Affordable Care Act, those living in poor households continue to have disparities in access and health outcomes [2]. Although lack of education and insurance benefits may play a small part in these statistics, the working poor report more barriers to accessing preventative care and are less likely to receive care than those living above the poverty line [3,4]. Sadly, Bloch et al. [5] also found that primary care providers “lack...understanding of the lived reality of poverty” and have “prejudicial attitudes” which lead to “a failure to collect adequate data about patients’ social circumstances and to the development of inappropriate plans of care” (p. 1).

It is essential that primary care providers and community health nurses work to understand poverty and its effect on patients’ daily lives and then be ready to critically evaluate whether there are unmet needs that should be addressed when patients visit our community clinic. Dr. Debonis et al. [6] recently piloted a two-part study in a small primary care clinic in the Midwest United States. The study was undertaken in an effort to better understand the needs of patients in the community and to determine whether using a single screening question (“Do you ever have difficulty making ends meet at the end of the month?”) could be used to identify unmet needs in patients during a clinic visit. Part one of the pilot provided education to primary care providers about poverty and the needs of those living in poor households. Part two of the study included the implementation of a Social Determinants Survey (SDS) during each patient intake. The results of the pilot study demonstrated that (1) both knowledge and attitudes of the providers significantly changed following the educational session and (2) of the 147 patients screened using the SDS, 44.89% responded positively to the poverty question.

During the pilot, Debonis has seen a new framework develop, one she fondly calls USA (Understand poverty, Screen for poverty, Adjust the plan of care based on risks and resources). The new framework appears to be effective and efficient for use in the clinic setting. With more research, Debonis hopes more providers will use the framework as they work with the poor and that its use will improve health outcomes for those living in poverty.

For those having trouble ‘making ends meet’ each month, multiple barriers exist. However, provider “failure to respond to the social determinants of health as a lived reality” of the poor should not be one of these barriers [5]. It is believed that the new framework being developed by Debonis and colleagues has the potential to address and reduce health disparities in our communities [7,8].

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