

**Highlighting New
Poverty Research****by Gunnar Almgren and
Taryn Lindhorst**

The Safety-Net Health Care System: Health Care at the Margins. 2012. New York, NY: Springer Publishing Company.

Gunnar Almgren and Taryn Lindhorst are Associate Professors of Social Work at the University of Washington.

The West Coast Poverty Center's **POVERTY RESEARCH FLASH** highlights new research by Center faculty affiliates and others on causes, consequences, and effective policy responses to poverty, with an emphasis on changing labor markets, demographic shifts, family structure, and social and economic inequality. More information about the West Coast Poverty Center is available from our website: wpc.washington.edu

May 2012**The Safety-Net Health Care System: Health Care at the Margins**

Although there have been a number of programs and policies implemented over the years to provide health insurance for low-income and poor individuals and families, the basic model of health insurance coverage in the U.S. remains based in employment. Individuals with insurance or the means to purchase care have access to the mainstream health care system. However, the millions of poor and low-income Americans who are uninsured, using Medicaid, or are underinsured must rely on the safety-net of public, community, religious, and teaching hospitals and community clinics to get health care.

In *The Safety-Net Health Care System: Health Care at the Margins*, WCPC faculty affiliates Gunnar Almgren and Taryn Lindhorst trace the evolution of the U.S. health care system and the emergence of its fragmented, two-tier nature, which often results in substandard health care delivery to – and worse outcomes for – poor and vulnerable populations.

In addition to their role as a major source of health care for the poor, the public teaching hospitals that are at the core of the health care safety net are responsible for training the majority of the nation's health care labor force. As a result of this institutional arrangement, these safety net teaching hospitals and clinics are often where the nation's future physicians, nurses, social workers and other health care providers encounter and learn about the poor.

Almgren and Lindhorst argue that this early career intensive exposure to high poverty communities *in the absence of an informed understanding of the causes and consequences of poverty* contributes to the generation and maintenance of health care disparities. The researchers draw attention to various practices that can lead to poor health outcomes for patients in safety-net health care settings. For example, providers' tendency to label certain patients as "difficult" can reduce the quality of the care those individuals receive. Alternatively, providers who are overworked and overwhelmed may try to limit their exposure to their patients' needs or suffering as a strategy of self-preservation.

In the latter part of the book, the authors examine the various populations that are served by safety-net health care hospitals and clinics and discuss some of the health-related issues that are both causes and consequences of poverty. They note that the populations served by the safety-net health care system may have experienced homelessness, substance abuse, or violence. Health care providers who are not aware of how to screen for and treat these issues (or who refuse to do so) may perpetuate or exacerbate patients' health problems.

In spite of the multifaceted nature of the problems they identify in the safety-net health care system and the challenges facing the populations it serves, the authors believe there are ways to disrupt this cycle of substandard care and professional indifference. Almgren and Lindhorst draw on their experiences as social workers in health care settings to suggest ways to adapt training in these settings to better prepare health care providers for serving the poor and addressing their needs. They hope that the background knowledge provided in the book, when linked to discussions in the classroom and field, will foster better preparation for clinical encounters with the poor, leave early career health care professionals less vulnerable to despair and indifference toward their poor clients, and ultimately strengthen providers' commitment to the health care safety-net.

Poverty Research Flash

The West Coast Poverty Center

at the University of Washington serves as a hub for research, education, and policy analysis leading to greater understanding of the causes and consequences of poverty and effective approaches to reducing it in the west coast states.

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Poverty Research Flash 2012-02

The Safety-Net Health Care System: Health Care at the Margins

New research from Gunnar Almgren and Taryn Lindhorst

Key Findings

- Millions of poor and low-income Americans who are uninsured, using Medicaid, or are underinsured must rely on the safety-net of public, community, religious, and teaching hospitals and community clinics to get health care.
- In addition to their role as a major source of health care for the poor, the public teaching hospitals that are at the core of the health care safety net are responsible for training the majority of the nation's health care labor force.
- The authors argue that this early career intensive exposure to high poverty communities in the absence of an informed understanding of the causes and consequences of poverty contributes to the generation and maintenance of health care disparities.
- The populations served by the safety-net health care system may have experienced homelessness, substance abuse, or violence. Health care providers who are not aware of how to screen for and treat these issues (or who refuse to do so) may perpetuate or exacerbate patients' health problems.