Poverty Post Pandemic, Lapsed Public Policy, and Rising Rates: A Call to Action for Nursing

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Article

Abstract

Poverty is a pressing societal problem, adversely affecting the lives and livelihoods of millions of people in the United States and beyond. During this period of pandemic recovery, nurses, as the largest health workforce, are well positioned for action with the potential to improve health outcomes for many experiencing poverty. An actionable plan begins with an understanding of poverty and how poverty is experienced. It builds on nursing's disciplinary perspective, patterns of knowing and a new model of professional nursing education advanced by the American Association of Colleges of Nursing. Finally, a feasible and sustainable plan is responsive to the challenges of a contemporary and complex health care delivery system.

Key Words: poverty, nursing, multidimensional, social risks, health disparities, human wholeness, pandemic

"On the problem of poverty, … there has been no real improvement — just a long stasis."

Matthew Desmond, March 2023

Historically, rates of poverty in the United States (U.S.) go up and down, a pattern Desmond (2023) described as "gently rolling hills." For example, the US experienced a twenty year high of 15.1% in 2010 following the Great Recession and a decade later, in 2019, a record low of 10.5% (Bishaw, 2011; Creamer, 2020). Post pandemic, the US is again on an upward swing, with poverty rates rising as government-funded pandemic aid ceases. Recognizing that poverty is associated with poor health outcomes, more people experiencing poverty at a time when the healthcare delivery system itself is recovering from the pandemic presents unique challenges for the health work force charged with providing care for those in need.

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During this period of pandemic recovery, nursing, the largest health workforce, is well positioned for action with the potential to improve health outcomes for many experiencing poverty and, at the same time, contribute to poverty reduction. This article is intended as a call to action for the nursing profession. The hypothesis is that meaningful action is possible when informed by an understanding of how poverty is defined and experienced and guided by an approach to nursing that is grounded in disciplinary perspective, human wholeness and a delivery model that reaches the individual, engages the family, considers the community and recognizes policy as a path to sustainability.

Measurement of Poverty

U.S. Poverty Measures

In the United States, the official poverty measure developed in the mid-1960s uses family income to determine a poverty threshold that is assigned annually by the U.S. Census Bureau (2023). The poverty threshold varies by family size and age of family members. According to the Census Bureau, it should be used as a "statistical yardstick, not as a complete description of what people and families need to live." (2023, Poverty Thresholds: Measure of Need Section). Herein lies the problem. What

families need to live extends well beyond income and age and number of family members. Factors, such as limited life expectancy, healthcare debt, education level, employment status and the wages earned, and access to affordable housing and childcare contribute to poverty risk and are not accounted for in the official poverty measure.

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In response to criticism, in 2011, the Census Bureau developed the supplemental poverty measure (SPM) to provide an 'improved statistical picture of poverty' (Assistant Secretary for Planning and Evaluation [ASPE], 2021). In addition to income, the SPM considers noncash government benefits, subtracts certain living expenses, such as taxes, childcare, and some medical expenses, and includes an adjustment based on geography. The SPM does not replace the official poverty measure nor is it intended to be used to assess eligibility for government assistance (Burns & Fox, 2021). Both are reported annually and poverty rates are usually different across measures.

When considering poverty rates, it is also important to know who is not counted. According to the U.S. Census Bureau (2023), poverty status cannot be determined for persons living in institutional group quarters (i.e., prisons or nursing homes), college dormitories, military barracks, living situations without conventional housing (and who are not in shelters) and unrelated children under age 15 living in a home (i.e., foster children). No doubt, among those not counted, many are likely living in poverty conditions.

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In the United States, poverty thresholds inform policy guidelines that are issued and updated annually by the U.S. Department of Health and Human Services (U.S. DHHS). The HHS guidelines, or percentage multiples of the guidelines (such as 125%, 150%, or 185%), are used to determine eligibility for many federal programs (U.S DHHS, 2019). A short list of programs that use the HHS guidelines include Medicaid, Head Start, National School Lunch Program, Supplemental Nutrition Assistance Program (SNAP), Health Insurance Premium Tax Credits and Low-income Home Energy Assistance. These same guidelines are also used to determine eligibility for many state and local government programs, such as eligibility for cash assistance under the Temporary Assistance for Needy Families (TANF) program, as well as services provided for low-income persons by nonprofit agencies and private companies, such as utilities and telephone companies.

Global Measures of Poverty

Compared to the U.S. poverty measures, global measures of poverty look beyond monetary poverty and are considered more comprehensive. The Multidimensional Poverty Index (MPI) developed in 2010 by the Oxford Poverty & Human Development Initiative and the United Nations Development Program ([OPHDI & UNDP], 2023) measures deprivation across three dimensions using 10 indicators that include health (nutrition and child mortality), education (years of schooling and school attendance) and living standards (cooking fuel, sanitation, drinking water, electricity, housing, assets). The World Bank (2022) uses monetary poverty to define an international poverty line to measure extreme poverty, which was last updated in 2022 to an income less than $2.15 per person per day, based on 2017 prices. In 2022, following precedent set by the UNDP, the World Bank (2023) also developed the Multidimensional Poverty Measure (MPM) that includes income, but also indicators of education and basic infrastructure similar to the MPI. A World Bank report comparing monetary poverty to the MPM based on data collected through 2018 found rates of 8.8% and 14.5%, respectively. This demonstrates how many more persons living in poverty are identified when a multidimensional measure is used.

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A few in the United States have explored multidimensional poverty using Census Bureau data, most notably Dhongde and Haveman (2022). Analyzing data from 2011 to 2019, they created six quality of life indicators: health, education, economic security, standard of living, social connections and housing quality. They found that, on average, 13% of nonelderly adults were living in multidimensional poverty, which represented deprivation in two or more indicators. Rates of monetary poverty were similar at 12.5%. Only 5.5% experienced both monetary and multidimensional poverty. Importantly, among those who did not qualify as income poor, deprivation was highest when incomes were just above the poverty threshold. Similar to the global multidimensional measures, the work done by Dhongde and Haveman (2022) exemplifies the complexity of poverty and the need to consider indicators beyond income when counting who is living in poverty.

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Current Poverty Rates: National and Worldwide Counts

In 2022, the official U.S. poverty rate was 11.5%, or 37.9 million people, which was not significantly different from 2021, but notably higher than the 2019 (pre-pandemic) rate of 10.5% (Shrider & Creamer, 2023). In comparison, the SPM was 12.4%, up from 7.8% in 2021 and the first increase in the SPM-calculated poverty rate since 2010. The SPM child poverty rate more than

doubled during this period, from 5.2% to 12.4%. Worldwide, the global poverty rate using the MPI identified 1.1 billion or 18% of the 6.1 billion people across 110 developing countries as living in poverty, which included 566 million children under 18 years of age (OPHDI & UNDP, 2023). Deprivation in all three dimensions (health, education, living standards) was experienced by 99 million persons. In most countries more people live in multidimensional poverty than monetary poverty. As of September 2023, the World Bank (Baah et al., 2023) reported 9% or more than 700 million worldwide lived in extreme poverty.

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Altogether, whether national or international or based on an income-only or multidimensional measure, there should be no doubt that poverty is a pressing problem. Poverty adversely affects the lives and livelihoods of millions of people in America, and billions worldwide.

The Experience of Poverty in America

Most of us have seen poverty and in our nursing practices have cared for children, adults, and families who live in poverty conditions. Yet, how often have we not looked or looked and have not seen someone who is struggling to meet basic needs? It is well known that poverty disproportionately impacts women, children, those less educated, female-led households, and in the US, populations who identify as Black, American Indian/Alaskan Native and Hispanic (U.S. Census Bureau, 2023). Less is known about the dynamics of poverty, i.e., how economic circumstances and family structure can change in the short term and result in poverty, while for others poverty is a persistent condition. Another underappreciated or 'hidden' aspect of poverty, is a somewhat recent and persistent shift in the geography of poverty and rapidly rising rates of suburban poverty relative to urban and rural poverty.

Episodic versus Chronic Poverty

Job loss, divorce, and severe illness and death can result in large changes in poverty and month to month shifts. Recognizing these short-term dynamics, the Census Bureau used data collected between 2017 and 2019 to define episodic poverty (i.e., family income below the poverty threshold for two consecutive months) and chronic poverty (i.e., family income of less than the poverty threshold for all 36 months); the data indicated that 27.1% of individuals experienced episodic poverty, while 3.3% of individuals experienced chronic poverty (Warren & Tetterhorst, 2022). Children, categorized as age 18 years and younger, were more likely than any other age group to experience both episodic and chronic poverty, with rates of 35.1% and 5.5%, respectively. Educational attainment was associated with some of the largest differences in poverty, with individuals without a high school degree the most likely to experience both episodic (47.0%) and chronic poverty (9.5%). Having a bachelor's degree or higher afforded the greatest protection against poverty, with 13.4% experiencing episodic poverty and 0.5% chronic poverty.

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Intergenerational Poverty

For some, poverty is not short term but persistent or intergenerational, present in childhood and difficult to step away from as an adult. A recently published report from the National Academies of Science, Engineering and Medicine ([NASEM], 2023), indicated that among U.S. children born around 1980 who grew up in families with incomes below or near the poverty line, 34% remained in low-income households in adulthood. Persistence of low-income status across generations disproportionately affects Native American (46%) and Black (37%) children relative to White (29%), Latino (25%) and Asian (17%) children (NASEM, 2023). Key drivers of intergenerational poverty mirror components of both the multidimensional poverty index and the multidimensional poverty measure; they include education; child health; family income, wealth, parental earning, and employment; and housing, residential mobility, and neighborhood conditions.

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Geography of Poverty

Most of the increase in persons living in poverty following onset of the pandemic occurred in U.S. suburbs (Kneebone & Nerube, 2023). As of 2022, nearly one in 10 suburban residents lived in poverty conditions (9.6%), compared to about one in six in primary cities (16.2%) The growth of suburban poverty has occurred in almost every major metro area, from inner-ring suburbs to those farther out, bedroom communities, and exurban communities on the metropolitan fringe (Kneebone, 2017).

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While the experience of poverty at the individual level is generally similar regardless of geography, there are systemic challenges faced by suburban poor. These include limited transportation options and fewer nearby jobs, fewer nonprofit safety nets, limited capacity among local governments, and less philanthropic resources. Moreover, suburbs are typically comprised of multiple jurisdictions, which contributes to a fragmented response to the growing needs of those living in poverty and competition for limited resources (Kneebone, 2017).

Key Drivers of Poverty Following the Pandemic

While key drivers of poverty in the United States tend to be chronic, most were made worse by the pandemic. A few bear mentioning during this critical period of post pandemic recovery.

Pandemic Learning Losses

Recognizing the robust association between education and poverty, the pandemic learning losses that occurred among children and youth have been described as 'historic.' A 2023 analysis found losses larger in lower income and minority school districts and in districts that spent more time in remote and hybrid instruction during the 2020-2021 school year (Fahle et al., 2023). An additional exploratory analysis suggested a persistence of learning deficits without ongoing investment in student learning. Notably, the final infusion of federal funding earmarked for schools and student learning expires in September 2024. Further complicating the pandemic learning loss are rising rates of chronic absenteeism, with some studies suggesting a near doubling of rates from 15% during the 2018-2019 school year to about 30% in 2021-2022 and widening disparities by race, ethnicity, and socioeconomic status (The White House, 2023).

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Availability of Affordable Childcare

Other federal funding that provided stabilization support to childcare programs expired on September 30, 2023. As a result, about one-third of the 70,000 funded child care programs are expected to close, resulting in an estimated 3.2 million children losing their child care spots. This also results in a loss of over 200,000 jobs from the child care workforce, with millions of parents also projected to leave the workforce or reduce hours, costing families $9 billion annually in lost earnings (Kashen et al., 2023).

Availability of Affordable Housing

The shortage of affordable housing in America is a longstanding problem, made worse by the pandemic. The National Low Income Housing Coalition (2023) has estimated a post pandemic nationwide shortage of 7.3 million rental homes that are affordable and available to renters with extremely low incomes (who number about 11 million households that spend more than half of their income on rent and utilities). The shortage affects every state and major metropolitan area, with Black, Latino, and Indigenous households disproportionately impacted. A related issue is homelessness, which according to the National Alliance to End Homelessness (2023), reached a record high in 2022 of 582,462 people across America. While mostly impacting men, 28% of the unhoused are families with children.

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Food Insecurity

As of May 2023, the temporary increase in SNAP benefits included as part of the pandemic response ended for all recipients. The Urban Institute estimated that the emergency allotments kept 4.2 million people above the poverty line in the last quarter of 2021, reducing overall poverty by 10% and child poverty by 14%, with the largest benefit experienced by Black and Latino people (Wheaton & Kwon, 2022). Food insecurity was stabilized during the pandemic at slightly over 10%, a rate that was not statistically different from 2019 (Rosenbaum et al., 2023). The return to pre-pandemic SNAP allotments comes at a time of increasing food cost. Combined with the loss of other pandemic benefits, this reduction is likely to place those more vulnerable to government shifts in assistance at increased risk for food insecurity and worsening poverty.

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Healthcare Debt

The rising cost of healthcare in the United States is an ongoing concern that often leads to debt for many, disproportionately affecting uninsured adults, women, Black and Hispanic adults, parents, and those with lower incomes (Lopes et al., 2022). Households experiencing medical debt, and those at risk of debt, have less income to spend on food and housing and often skip medical care which can result in worsening health (Bennett et al., 2021). One nationally representative survey administered in February/March 2022 found that 40% of adults in the United States reported current healthcare debt, with another 16% reporting debt in the prior five years that had been paid (Lopes et al., 2022). Another report from the U.S. Census Bureau highlighted disparities in high medical debt burden (i.e., debt that exceeds 20% of annual household income) with

prevalence higher among households below the poverty line (11.3%) compared to those above this line (3%) and higher among households experiencing trouble paying rent or mortgage (12.4%) compared to other households (3.5%) (Bennett et al., 2021).

Shortened Life Expectancy

It is well known that poverty is associated with poor health and shortened life expectancy (Khullar & Chokshi, 2018). A recent study found that current poverty was associated with a 42% excess risk for death and cumulative poverty (i.e., 10 continuous years of poverty) with a 71% excess risk for death (Brady et al., 2023). Using 2019 data, study authors compared deaths associated with poverty to other major causes and risk factors of death; they found that among persons 15 years and older, current poverty ranked as the seventh leading cause of death and cumulative poverty ranked as the fourth leading cause of death. The excess mortality associated with poverty comes with appreciable economic cost which is borne disproportionately by populations at greater risk for poverty.

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A Call to Action for Nursing

In this post pandemic time, what does a meaningful plan of action to address poverty look like? Foundational to an actionable plan is the understanding that poverty is multidimensional; dynamic for some while persistent for others; and experienced by many, some who are readily identified, others who are not. An awareness of the interconnectedness of key drivers of poverty to one another and to whole person health, inclusive of biological, behavioral, social, and environmental components that are also interconnected, is equally important. An actionable plan for nursing will be informed by these foundational aspects, considerate of the disciplinary perspective of nursing, consistent with a new model of professional nursing education advanced by the American Association of Colleges of Nursing (AACN) and aligned with contemporary nursing practice that reflects today's healthcare delivery environment and key health challenges.

Disciplinary Perspective and Poverty

Inherent in the disciplinary perspective of nursing are key concepts that underpin meaningful action to address poverty. This 'constellation of concepts' includes a focus on human wholeness and the bio-psycho-social-spiritual being; a view of health as a dynamic and subjective experience of well-being and healing occurring throughout life; the interconnectedness of health and environment (i.e., physical, social, cultural, political and economic factors); and caring that encompasses a range of expressions that are 'grounded in a moral-ethical-spiritual foundation [and] nurture humanization, health, healing and well-being' (Smith, 2019, p. 11). Effective action also requires us to revisit our values, beliefs and 'patterns of knowing' as nurses that span the empirical, the aesthetic, the ethical, the personal, and especially our emancipatory and sociopolitical knowing that empowers us to confront inequities and seek social justice for all, everywhere (Lindell & Chinn, 2022).

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In practice settings, whether hospital, clinic, community or policy environments, addressing health needs and providing nursing care to persons living in poverty is often challenging. In the same way that poverty is complex and multidimensional, the healthcare needs of people living in poverty are complex and multidimensional. Delivery of nursing care often requires a focus on medical management of the presenting condition and use of empirical evidence, whether acute illness, exacerbation of a known disease or a traumatic event. However, nursing care that prioritizes empirical knowledge and minimizes or excludes consideration of the patient's psychosocial health and environmental support is not best care, particularly for those who live in poverty and experience multiple complex risks.

In this way, nursing is present for those living in poverty..

Recognizing that poverty is dynamic, and persons living in poverty are not always visible, nurses must bring their disciplinary perspective and 'whole of knowing' to every learning opportunity, every nurse-patient encounter, every patient care conference, every healthcare team meeting, and every opportunity to advance policy in support of those in need. In this way, the unique contribution of nurses to healthcare delivery becomes normative practice. In this way, the profession is better equipped to address barriers to best nursing practice, such as time constraints, high patient volumes, and limited staffing. In this way, nurses advance health-promoting policies that support whole person health for all. In this way, nursing is present for those living in poverty.

21st Century Nursing and Poverty

In 2021, AACN published *The Essentials: Core Competencies for Professional Nursing Education* (hereafter referred to as *Essentials*), providing a framework for 21st century nursing education in a single document that spans entry level to advanced practice (AACN, 2021). Included among several key factors that served as 'design influencers' were concepts and trends particularly relevant to poverty reduction and improving health and health outcomes for those living in poverty. These

include diversity, equity, and inclusion, and the related concept of social determinants of health (SDOH); the expansion of primary care into communities; and establishment of academic practice partnerships inclusive of non-academic partners. A more detailed discussion of each follows.

Social Determinants of Health, Social Risks and Social Needs

It is not by chance that multidimensional measures of poverty and the key drivers of poverty align with the SDOH. The definition of the social determinants of health is well known, 'the conditions in the environment where people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning and quality-of-life outcomes and risk" (Healthy People 2030, n.d., para. 1). These conditions are further operationalized as five domains that include economic stability; education access and quality; healthcare access and quality; neighborhood and built environment; and social and community context. Key points to teach and reinforce in the classroom and in practice are that the SDOH occur at the environmental level, not the individual level, and they are experienced by all, although not experienced by all equally (Alderwick & Gottlieb, 2019). Addressing inequalities in the SDOH requires interventions that target 'root causes and conditions,' such as policy actions or advocacy at a population level.

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Social risks are shaped by the SDOH but occur at the individual level and are measurable and amenable to interventions. Food insecurity and housing instability are examples of social risk (Alderwick & Gottlieb, 2019). Persons living in poverty are likely to experience multiple social risks. However, what may be needed is based on personal preference and priorities. Determining social needs requires respectful engagement in order to identify what an individual and/or a family most needs and an understanding that willingness to express need may be tempered by concerns of stigma, discrimination, legal repercussions, and mistrust (Alderwick & Gottlieb, 2019).

Persons living in poverty are likely to experience multiple social risks.

Community Nursing Care

With the updated *Essentials* (2021), AACN has called for increasing student engagement in the community and among diverse populations, acknowledging that nursing education has historically emphasized clinical education that was acute care focused. Meaningful exposure to community, the setting where people are "*born, live, learn, work, play, worship and age*" (Healthy People 2030, n.d., para. 1). will afford students, both entry-level and those pursuing advanced degrees, opportunities to develop a more personal understanding of how the unequal distribution of SDOH are linked to the social risks faced by individuals and the mix of factors that influence a person's health, health-related choices and social needs. With community engagement, students gain insight about community norms and values, strengths and resiliency, trust and mistrust, threats and challenges, as well as the importance of shared decision making done in partnership with community members to identify and prioritize what is needed to improve health outcomes. With community engagement, we can literally open doors to schools, senior centers, police stations, churches, worksites and libraries and gain access to students, older adults, officers of the law, the faith community, employers and employees, and the newly arrived in the country who often find safety and support in public libraries.

With community engagement recognized as an integral component of nursing curricula on par with hospital- and clinic-based experiences, students, whether future nurses or advanced practice nurses, will have a more informed understanding of human wholeness and whole-person nursing care. They will be better positioned to provide what is needed to improve health and wellbeing for those living in poverty.

Academic-Practice Partnerships

Relevant practice experiences are integral to nursing education and central to the preparation of a practice-ready workforce. Key among the functions served by academic-practice partnerships are support of the practice and academic enterprise of the nursing program. A visit to the AACN Academic-Practice Partnership Resources website (2023) provides access to an impressive listing of nursing school partnership exemplars. Many are hospital- and clinic-based, fewer are partnerships with community organizations such as senior centers, day care facilities and homeless shelters that provide services to local populations with limited resources and often in neighborhood locations that are more easily accessed by participants.

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Partnership models that place groups of nursing students, supervised by a nursing faculty, at community sites hold great potential for shared learning between a student and community participant about life experiences and collaboration with transdisciplinary partners. Community sites are unique learning environments where students can practice emerging skills in a real-world setting. Such skills might include refining motivational interviewing skills as students re-evaluate progress

made by a community participant with behavior change; problem-solving medication management under real life circumstances; and supporting a community participant in self-care of chronic disease management considerate of the living situation and community resources.

Systems-Based Practice and Poverty

AACN (2021) identified systems-based practice as one of the ten domains of professional competence, recognizing that 'complex systems of health care' require nurses to 'effectively and proactively coordinate resources to provide safe, quality, and equitable care to diverse populations' (p. 44). When considering healthcare for the millions living in poverty, and the many with complex health needs who experience multiple barriers within traditional healthcare, it is critical to acknowledge the contribution of community-based agencies. For many who live in poverty, the ability to implement a treatment plan for a health condition is often contingent on addressing social risks, such as locating safe housing, a free healthy meal, mental health services, and/or reliable transportation. These are critical tasks that often fall to community organizations such as community service boards, homeless shelters, and food banks, and the community-based staff they employ.

For many who live in poverty, the ability to implement a treatment plan for a health condition is often contingent on addressing social risks...

Problem solving for populations experiencing social risks often occurs one health visit and one patient at a time, which is not efficient and often not effective. Formal recognition of community organizations as key partners in the delivery of healthcare to vulnerable populations with complex health needs and multiple social risks is essential. This recognition will likely require new processes and procedures and policy actions at a systems level to establish roles and responsibilities, as well as funding streams. The profession of nursing, with its disciplinary focus, is uniquely positioned to contribute to such policy efforts. Changing policy at the level of healthcare delivery will benefit from engagement across the range of nursing roles, inclusive of practice, research, and leadership. Attention to nurse-driven policy action to improve healthcare for those living in poverty, and nurse-driven research to evaluate health outcomes, should be a professional priority.

Attention to nurse-driven policy action to improve healthcare for those living in poverty...should be a professional priority.

Conclusion

Poverty is real for far too many people and a risk for many more, especially children and youth. There are no quick or easy solutions to the problem of poverty. However, nurses are uniquely positioned to improve the health and wellbeing of many of the millions in America who currently live in poverty and to contribute to poverty reduction. An action plan that begins with an understanding of poverty and how poverty is experienced, builds on nursing's disciplinary perspective, patterns of knowing and a new model of professional nursing education advanced by AACN and is responsive to challenges of a contemporary and complex health care delivery system, is potentially feasible and perhaps as importantly, sustainable.

"Overcoming poverty is not a gesture of charity. It is an act of justice. It is the protection of a fundamental human right, the right to dignity and a decent life."

Nelson Mandela

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References

Alderwick, H., & Gottlieb, L. M. (2019). Meanings and misunderstandings: A social determinants of health lexicon for health care systems. *Milbank Quarterly, 97*(2), 407-419. https://doi.org/10.1111/1468-0009.12390

American Association of the Colleges of Nursing. (2021). *The essentials: Core competencies for professional nursing education.* https://www.aacnnursing.org/essentials

American Association of the Colleges of Nursing. (2023). *Academic-practice partnership resources.* Education & Practice. https://www.aacnnursing.org/our-initiatives/education-practice/academic-practice-partnerships

Assistant Secretary for Planning and Evaluation (ASPE). (2021). *U.S. federal guidelines used to determine financial eligibility for certain federal programs*. Poverty & Economic Mobility. https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines

Baah, S. K. T., Andres Castaneda, R., Diaz-Bonilla, C., Fujs, T., Lakner, C., Nguyen, M. C., & Viveros, M. (2023, September 20). September 2023 global poverty update from the World Bank: New data on poverty during the pandemic in Asia. *Data Blog.* https://blogs.worldbank.org/opendata/september-2023-global-poverty-update-world-bank-new-data-poverty-during-pandemic-asia#:~:text=For%20example%2C%20the%20rate%20of,%25%20for%20Sub%2DSaharan%20

Bennett, N., Eggleston, J., Mykyta, L., & Sullivan, B. (2021, April 7). *Who had medical debt in the United States?* America Counts: Stories. https://www.census.gov/library/stories/2021/04/who-had-medical-debt-in-united-states.html

Bishaw, A. (2011). *Poverty: 2009 and 2010*. Publications. https://www.census.gov/library/publications/2011/acs/acsbr10-01.html

Brady, D., Kohler, U., & Zheng, H. (2023). Novel estimates of mortality associated with poverty in the US. *Journal of the American Medical Association Internal Medicine*, *86*(6), 619-619. https://doi.org/10.1001/jamainternmed.2023.0276

Burns, K., & Fox, L. E. (2021, September 8). Improvements to supplemental poverty measure for 2021.Census Working Papers. https://www.census.gov/library/working-papers/2021/demo/SEHSD-WP2021-17.html

Creamer, J. (2020, September 15). *Poverty rates for Black and Hispanics reached historic lows in 2019*. America Counts: Stories. https://www.census.gov/library/stories/2020/09/poverty-rates-for-blacks-and-hispanics-reached-historic-lows-in-2019.html

Desmond, M. (2023, April 3). Why poverty persists in America: A Pulitzer Prize-winning sociologist offers a new explanation for intractable problem. *New York Times Magazine*. https://www.nytimes.com/2023/03/09/magazine/poverty-by-america-matthew-desmond.html

Dhongde, S., & Haveman, R. (2022). Spatial and temporal trends in multidimensional poverty in the United States over the last decade. *Social Indicators Research, 163*(1), 447-472. https://doi.org/10.1007/s11205-022-02902-z

Fahle, E. M., Kane, T. J., Patterson, T., Reardon, S. F., Staiger, D. O., & Stuart, E. A. (2023). *School district and community factors associated with learning loss during the COVID-19 pandemic.* https://cepr.harvard.edu/sites/hwpi.harvard.edu/files/cepr/files/explaining_covid_losses_5.23.pdf

Healthy People 2030. Office of Disease Prevention and Health Promotion. (n.d.). *Social determinants of health*. Priority Areas. https://health.gov/healthypeople/priority-areas/social-determinants-health

Kashen, J., Valle Gutierrez, L., Woods, L., Millli, J. (2023). *Childcare cliff: 3.2 million children likely to lose spots with end of federal funds*. Care Economy. https://tcf.org/content/report/child-care-cliff/

Khullar, D., & Chokshi, D.A. (2018, October 4). *Health, income, & poverty: Where we are & what could help*. Culture of Health. https://www.healthaffairs.org/do/10.1377/hpb20180817.901935/

Kneebone, E. (2017, February 15). *The changing geography of US poverty* [commentary]. Brookings Articles. https://www.brookings.edu/articles/the-changing-geography-of-us-poverty/

Kneebone, E., & Nerube, A. (2023, October 11). *Post-pandemic poverty is rising in America's suburbs*. Brookings Articles. https://www.brookings.edu/articles/post-pandemic-poverty-is-rising-in-americas-suburbs/

Lindell, D., & Chinn, P. (2022). Overview--patterns of knowing in nursing. Patterns of Knowing. *https://nursology.net/patterns-of-knowing-in-nursing/*

Lopes, L., Kearney, A., Montero, A., Hamel, L., Brodie, M. (2022). *Health care debt in the U.S.: The broad consequences of medical and dental bills.* Health Costs. https://www.kff.org/report-section/kff-health-care-debt-survey-main-findings/

National Academies of Sciences, Engineering & Medicine. (2023). *Reducing intergenerational poverty*. Resources. https://nap.nationalacademies.org/resource/27058/Highlights-ReducingIntergenerationalPoverty.pdf

National Alliance to End Homelessness. (2023). *State of homelessness: 2023 edition*. Homelessness in America. https://endhomelessness.org/homelessness-in-america/homelessness-statistics/state-of-homelessness/

National Low Income Housing Coalition. (2023). *A shortage of affordable homes*. The GAP. https://nlihc.org/gap

Oxford Poverty & Human Development Initiative and United Nations Development Program. (2023). *Global Multidimensional Poverty Index 2023: Unstacking global poverty*. https://hdr.undp.org/system/files/documents/hdp-

document/2023mpireportenpdf.pdf

Rosenbaum, D., Bergh, K., & Hall, L. (2023, February 6). *Temporary pandemic SNAP benefits will end in remaining 35 states in March 2023*. Food Assistance. https://www.cbpp.org/research/food-assistance/temporary-pandemic-snap-benefits-will-end-in-remaining-35-states-in-march#:~:text=%22SNAP's%20emergency%20allotments%20(EAs),hunger%20and%20hardship%20during%20COVID

Shrider, E. A., & Creamer, J. (2023, September 12). Poverty in the United States: 2022. https://www.census.gov/library/publications/2023/demo/p60-280.html

Smith, M. C. (2019). Regenerating nursing's disciplinary perspective. *Advances in Nursing Science, 42*(1), 3-16. https://doi.org/10.1097/ans.0000000000000241

United Nations Development Program. (2023). *MP1 2022 FAQs*. Home. https://hdr.undp.org/mpi-2022-faqs

United States Census Bureau. (2023). *How the Census Bureau measures poverty*. Income and Poverty. https://www.census.gov/topics/income-poverty/poverty/guidance/poverty-measures.html

U.S. Department of Health and Human Services. (2019). *Programs that use the poverty guidelines as a part of eligibility determination*. HHS Administrative. https://www.hhs.gov/answers/hhs-administrative/what-programs-use-the-poverty-guidelines/index.html

Warren, L., & Tettenhorst, A. (2022, September 29). *Poverty dynamics: 2017-2019*. Publications. https://www.census.gov/library/publications/2022/demo/p70br-179.html

Wheaton, L., & Kwon, D. (2022, August 1). *Effect of the reevaluated Thrifty Food Plan and emergency allotments on Supplemental Nutrition Assistance Program benefits and poverty*. Research. https://www.urban.org/research/publication/effect-reevaluated-thrifty-food-plan-and-emergency-allotments-supplemental

The White House. (2023, September 13). *Chronic absenteeism and disrupted learning require an all-hands-on-deck approach*. Council on Economic Advisors. https://www.whitehouse.gov/cea/written-materials/2023/09/13/chronic-absenteeism-and-disrupted-learning-require-an-all-hands-on-deck-approach/

World Bank. (2022, September 22). *Fact Sheet: An adjustment to global poverty lines*. Who We Are. https://www.worldbank.org/en/news/factsheet/2022/05/02/fact-sheet-an-adjustment-to-global-poverty-lines#7

World Bank. (2023). *Multidimensional poverty measure*. Understanding Poverty. https://www.worldbank.org/en/topic/poverty/brief/multidimensional-poverty-measure

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