CLINICAL APPLICATIONS

Welfare, Women, and Families: Implications for Clinicians

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Although the 1996 welfare reform law signaled a most profound shift in US social policy, clinicians do not fully appreciate the potential impact this legislation could have on patterns of health and the provision of health services to millions of American women and children. The data presented in this issue of *JAMWA* point to definitive steps clinicians can take to provide optimal care for their patients. First, we must commit to educating ourselves and others who care for patients about the nature and potential impact of welfare reform. Second, we must devise efficient and effective ways of identifying and addressing these needs in our clinical settings. Third, clinicians should use their experience to effectively advocate for their patients on individual and population levels. As clinicians, we have no choice but to respond to the social forces that so profoundly affect the health of the families we serve; we must take advantage of our capacity to make substantial contributions to the health and well-being of our patients.

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Although the 1996 welfare reform law signaled one of the most profound shifts in US social policy of the past half century, there remains a striking lack of appreciation for the potential impact this legislation could have on patterns of health and the provision of health services to millions of American women and children. Policy makers have focused evaluations on economic and demographic outcomes. Clinicians have been left to figure it out for themselves. The work of Earle and Heymann, Raphael, Lennon et al, Zedlewski, and Nakashian among others[1-5] in this issue of *JAMWA,* as well as other recent work,[6,7] is beginning to address this gap in knowledge. However, this research will ultimately mean nothing unless it changes how we think and what we do.

Simply put, we have no choice but to respond more comprehensively to the social forces that so profoundly affect the health of the families we serve. This response must overcome the traditional discomfort many clinicians feel in discussing social issues and take advantage of our capacity to take ameliorative action. The work outlined in this issue of *JAMWA* makes a compelling case that we must not only expand and modify our usual approaches to taking a "social history," to learn critical information about our patients' social circumstances, but also understand and improve the systems available to address the needs we uncover. In this manner, we can extend the impact of what we do for our patients—before, during, and after their visits to our offices, clinics, emergency departments, and inpatient wards.

Clinicians can take definitive steps in 3 areas to provide optimal care for their patients: education, responding to unmet social and health needs, and advocacy. First, we must commit to educating ourselves and others who care for patients about the nature and potential impact of welfare reform. We should begin with how the welfare legislation is implemented in our own communities. A growing literature can help clinicians understand the implications of such policy changes for their patients' health.[8-11] Without an understanding of local and state policies, we will not be able to provide accurate information to our patients. This includes understanding how our patients might be eligible for key safety net programs, such as Food Stamps, Medicaid, and child care benefits. Zedlewski indicates that women who leave welfare are likely to lose their food stamps even though they remain eligible for this program.[4] Clearly the loss of food stamps could affect both the nutritional and overall health status of these families and their ability to meet other pressing needs.[12,13] Research has also shown that women leaving welfare often do not take advantage of other important benefits, such as transitional Medicaid or child care assistance.[14] We must also educate ourselves in the area of mental health, substance abuse, and other acute social needs. Raphael, Lennon et al, and Nakashian describe how domestic violence, depression, and substance abuse are prevalent among welfare recipients and that often 2 or more of these conditions exist concurrently.[2,3,5] Clearly, these conditions have immediate health consequences for women and their children. They also act as barriers to successful employment and the transition off welfare, adversely affecting women's ability to improve the economic situation of their families. When clinicians fail to identify women with such needs, they miss the opportunity to intervene and prevent long-range effects on women's health and the well-being of their families.

Second, we must devise efficient and effective ways of identifying women and children in need in our own clinical settings. Because of the stigma associated with mental health conditions, domestic violence, and substance abuse, it is quite likely that women will not spontaneously mention these problems during the medical encounter. Pediatric providers must also incorporate such screening into their practices because women will generally seek care for their children while ignoring their own needs.[15] Several brief mental health screening tools could even be self-administered,[16,17] although Raphael indicates that women seem more likely to disclose concerns about domestic violence through direct questioning than through self-identification.[2]

Once issues are identified, they must be addressed. Ideally, clinicians can work

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collaboratively with other health professionals, such as nurses and social workers, to intervene and refer families to appropriate resources. One urban pediatric clinic used volunteers to provide routine screening regarding health insurance, food availability, and welfare receipt, followed by referrals to help families obtain needed services.[18] Providers should develop linkages with social service agencies and community-based organizations that can offer provider training and may be able to provide staff for on-site patient assistance. Providers can also work with clinical staff to streamline referrals so patients will not be deterred by fragmented or inaccessible services. Nakashian, for example, makes a strong case that substance abuse treatment providers should work with other agencies that have the capability to provide the diverse services needed by poor families with substance abuse and other social needs.[5] Providers should also consider how accessible all their services are to working women and their families. Evening and weekend office hours will help low-income working women without the job flexibility that would allow them to schedule appointments during the day to maintain their connections with providers.

Finally, clinicians should use their experience to effectively advocate for their patients on individual and population levels. Because providers have numerous demands on their time, the creative use of collaboration with other disciplines is very important. Clinicians may not have the time or skills to confront the bureaucratic obstacles that patients may face in getting needed safety net benefits for which they are eligible. In addition to social workers who are often part of multidisciplinary provider teams, providers could consider the addition of lawyers who can effectively advocate for patients' legal rights, as is done in a few sites across the country.[19] Incorporating legal advocates into clinical practice is a method of efficient "preventive care" in maintaining a family's health and well-being.

On a population level, clinicians can use collaborations with community-based organizations and advocacy groups to advise lawmakers and public officials about the impact of welfare reform. The influence of powerful, illustrative stories about real patients should not be underestimated. The articles in this issue of *JAMWA* make it abundantly clear that as clinicians caring for women and their families, we have a responsibility to protect our patients from threats to their health and well-being, whether medical or social. Our patients trust us to act with their best interest in mind. Our job is to make sure that we do.

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