Facilitator Guide: The Epidemiology of Childhood Poverty

Learning Goals and Objectives

1. **Describe the current levels of child and family poverty in the US.**
    a. Define the federal poverty limit and its relationship to public benefits (*Knowledge*)
    b. Contrast the US child poverty rate over time to rates in other developed nations over the past 25 years (*Knowledge*)
    c. Distinguish poverty rates among US sub-populations; consider geography (rural/urban/suburban), race/ethnicity, age, immigrant status, family composition and level of education (*Knowledge*)
    d. Describe poverty rates in your own local practice (*Skill*)
2. **Work effectively across the socio-demographic gap between the physician and the child and family living in poverty.**
    a. Contrast the demographics of the physician and child health care provider workforce with the demographics of the US population (*Knowledge*)
    b. Reflect on one's personal assumptions, biases and stereotypes about impoverished populations and its potential impact on patient care (*Attitude*)
    c. Conduct culturally sensitive screening for indicators of poverty in one's own patient population (*Skill*)

This module is designed to cover the core principles of the epidemiology of childhood poverty as it relates to health and well-being. The materials for this module are divided into three sections: Pre-Work, Interactive in-classroom session and optional Dig Deeper activities and resources. The Pre-Work and Interactive session materials make up the core of the module, while the Dig Deeper activities are designed for further exploration for individuals with interest or for programs that have more time to allot to this material.

1. **Pre-Work:** This consists of a breakdown of each section of the presentation with the related materials (video clips, articles), designed to be completed by learners to prepare them for the in-class presentation and discussion. Facilitators should review the Pre-work document so as to be able to discuss the material with their learners at the onset of the presentation.
2. **Presentation:** The facilitator guide serves as a guide with background information for the presenter for the slides and the discussion. It aims to tie together the ideas and materials in the clips and articles.
3. **Dig Deeper**: This section includes possible activities and further resources for facilitators, learners or programs that would like to go further in depth into these topics.

Conceptual framework and background for module:

Poverty has been shown to have a wide range of negative physical and mental health effects in pediatric age groups. Although children are 23% of the total population in the US they represent 33% of those who are living in poverty. 2013 US census information indicates that 1 in 5 children in the United States live in poverty. As poverty is a major determinant of pediatric health outcomes, education is important tool for advocacy to train the next generation (and current) health care workers to address these prevalent issues in their clinical settings. Understanding the epidemiology of childhood poverty in the US is important as a foundation to allow health care practitioners and students to work effectively across the SES spectrum and characterize both the environment in which they care for children and identify opportunities for advocacy.

Part I – Describe the current levels of child and family poverty in the US

I-A: Define the Federal Poverty Limit and its relationship to public benefits

Facilitator's Role

Outline:

- Present slides [7-18]
- Give historical context to the federal poverty level
- Learners will watch short video to highlight the daily struggles of a family living in poverty (**NOTE: Please stop video at 3:40 prior to mention of religious affiliation)
- Provide learners with further vocabulary to discuss poverty
- Use the Federal Budget Calculator to emphasize the discrepancy between the FPL and monthly costs for a family
- Help learners understand how critical supplemental programs are in keeping children out of poverty

Guidelines:

In these slides, the learner should consider the official definition of poverty in the US. It is helpful to discuss the historical background of the Federal Poverty Level (FPL) designation to understand how it was developed in the 1960's, based on the cost of an economy food plan. At that time food costs were 1/3rd of a family's income, so the FPL was developed as 3 times the cost of an economy food plan. Today, food costs are 1/7th of a family's income, but the FPL calculation has not changed, meaning it is still 3 times the cost of food, but this only brings the family to 3/7th of their income, not accounting for the proportional increase in other expenses in 2015 (e.g. child care, transportation, medical expenses, housing).

Learners should look at the 2015 Federal Poverty Guidelines and consider that the FPL for a family of 4 in 2015 is $24,250, with a monthly income of $2021.

Watch the 4-minute video, "Life at the Poverty Line", by the Catholic Campaign for Human Development. The video should be stopped at 3:40 to avoid religious affiliation. Please emphasize that this is an anti-poverty organization, and the message is not a religious one.

Discuss the various poverty-related terms and their meaning. Studies have found that families need an income of about twice the FPL to cover the cost of basic expenses. This has led to the term "low-income" to describe families with an income less than 200% FPL. Learners should calculate the income for a family of 4 if they are at or below 200% FPL. For a family of 4, FPL in 2015 is $24,250, so 200% FPL is $48,500. Emphasize the number of children in the US living in poverty; *44% of children are low-income.*

Learners should use the Family Budget Calculator from the Economic Policy Institute (EPI) to consider the monthly costs for a family of 4 (2 adults, 2 children) in their area. The EPI's calculator was developed in 2013, when the FPL for a family of 4 was $23,550. http://www.epi.org/resources/budget

Learners should consider the costs in various parts of the country using the examples on the slides and the basic needs budget calculator (www.nccp.org/tools). Facilitators should emphasize that the FPL is NOT influenced by geographic area.

I-A Discussion Options:

1) How difficult would it be to make ends meet on this budget?
   a. For one person? For a family of 4?
2) How would you decide what financial choices to make? What would you forgo?
3) Learners can discuss their general reactions to the video.
4) What is the impact on a family at the Poverty Line when a child is sick, and someone has to bring him or her to the doctor, even for a mild illness?
   a. Learners should consider that one parent has to miss work to bring the child in to be seen, perhaps waiting 3 hours at the doctor's office. Perhaps the child can't return to school/child care until he is feeling better. Who will care for the child if the parent has to work?
   b. How do these decisions relate to the family's monthly finances? What about the additional costs to get to and from the doctor?
      1) Ask learners to name some supplemental programs that may have impacted children they have cared for, such as WIC, SNAP, Head Start,
      2) Learners can use the Budget calculator to compare hometown with current city/town. Learners can discuss what expense was most surprising to them.

I-B: Poverty in the US

Objectives covered:

- Contrast the US child poverty rate over time to rates in other developed nations over the past 25 years.
- Distinguish poverty rates among US sub-populations; consider geography (rural/urban/suburban), race/ethnicity, age, immigrant status, family composition and level of education.

Facilitator's Role

Outline:

- Present from slides [19-23]
- Learners should understand the potential of supplemental programs to impact poverty
- Have learners reflect on what subpopulations are disproportionately affected
- Help learners see potential changes to American policy that can affect childhood poverty rates in the US

Guidelines:

Use the graphs to consider poverty trends in the US over the last 60 years. Emphasize to learners that the percentage of children living below 200% FPL has not changed substantially since the 1970's.

Learners now have a sense of the levels of poverty in the US and know the terminology surrounding poverty in the US. Learners should consider global poverty trends, and the progress that has been made since 1990. Learners should compare the US to other developed countries (such as the Netherlands, Germany, and Canada) and to developing countries (such as Slovenia, Lithuania, and Romania).

Please review the Children's Defense Fund Report (included in the Pre-work for learners): http://www.childrensdefense.org/library/PovertyReport/EndingChildPovertyNow.html?referrer=https://www.google.com/

While discussing how the US compares globally you can discuss this example:

The United Kingdom provides a modern example of how a concerted effort to reduce child poverty can succeed, even during economic recession. In 1999, Prime Minister Tony Blair's government committed to ending child poverty. Through a multi-pronged approach, the British government under Blair and his successor Gordon Brown managed to reduce child poverty by more than half over 10 years, and reductions persisted during the Great Recession. Many families with children benefited, but poorer children benefited most: Average incomes for families with children increased $3,200, and incomes for families in the bottom fifth of the income range increased $7,200.

The U.K.'s Three-Pronged Approach to Ending Child Poverty (Children's Defense Fund)

1. Increased employment through a mostly voluntary welfare-to-work program, the first national minimum wage, and tax reductions and tax credits for workers and -employers.
2. Increased incomes among families with children regardless of parental employment through increases in a universal child benefit and means-tested income supports for low-income families with children and through a new child tax credit.
3. Reduced the intergenerational transmission of poverty through investments in early childhood and -primary and secondary education including improvements to maternal and paternal leave policies, the introduction of universal preschool for 3- and 4-year-olds, and expansions of child care assistance for working families.

I-B Discussion Options:

1) Discuss with learners their reaction to learning how the US fares globally with relation to children living in poverty.

2) Ask learners to consider what the US might do to improve its position compared to other countries globally.

I-C: Describe the poverty rates in your own local practice

Facilitator's Role

Outline:

- Present from slides [24-26]
- Activity: Mapping Poverty in America
- Help learners reflect on poverty rates in their local practice versus where they were raised or where they live now.

Guidelines:

This section should allow learners to explore poverty rates in their own practice areas. Guide them through reflection on the contrasting rates of poverty and have them consider the previous activities using the Basic Needs Calculator or the Family Budget Calculator when considering the differences in rates.

I-C Discussion Options:

1) Did the rates in any of those areas surprise you? Why or why not?

2) How are the rates in certain areas related to the basic needs calculations done in the earlier exercise?

Part II – Work effectively across the socio-demographic gap between the physician and the child and family living in poverty face

II-A: Contrast the demographics of the physician and child health care provider workforce with the demographics of the US population

Facilitator's Role

Outline:

- Present from slides [27-36]
- Help learners understand the importance of a workforce that reflects the makeup of the population it serves

Guidelines:

This section characterizes the physician/pediatric health care work force in the US. Highlight for learners where certain ethnic groups are either over or underrepresented in the physician workforce compared to the US population.

II-A Discussion Options:

1) How does the makeup of the pediatric workforce affect the care of children living in poverty?

II-B: Personal Biases and Perceptions around Poverty

Facilitator's Role

Outline:

- Present from slides [37-41]
- Reflect on SPENT game (http://playspent.org/)
- Reflect on Video from pre-work (http://video.pbs.org/widget/partnerplayer/2306909380/?chapterbar=false&embed=true&w=626&h=353&autoplay=false#)

Guidelines:

The description, video and subsequent reflection questions are meant to allow learners to determine what biases they may have. The facilitator should encourage learners to keep these in mind in future practice. These slides are not meant to have learners feel badly about their assumptions rather as a tool for them to identify their own potential bias so they can move towards more cultural humility in their care of patients.

II-B Discussion Options:

1. Review reflections from the SPENT game completed during pre-work
2. Review reflections from the pre-work video
3. What biases did these activities help the learner tap into? How could these be affecting the care we provide patients?
4. How can we get at those biases outside of structures activities such as these?

II-C. Cultural Sensitive Screening for Indicators of Poverty

Facilitator's Role

Outline:

- Present from slides [42-45]
- Discuss with learners current systemic versus personal efforts surrounding screening for indicators of or risk factors for poverty in their clinic
- Review the AAP policy statement on poverty and its recommendations for screening in the clinical setting

Guidelines:

Unfortunately, childhood poverty is prevalent in all geographic areas in the United States with rates in suburban areas rising the most strikingly since the Great Recession. Given the immense health impact on a child who spends even a small part of their life in poverty, it is now well-established that pediatric providers have a role in screening for indicators of poverty. Review with learners if and how this is currently being accomplished in their current clinical setting and the perceived barriers. Refer them to the AAP Policy Statement on Poverty for resources on screening and review the ones in the presentation.

The following articles will give you a background on these sources.

- AAP COUNCIL ON COMMUNITY PEDIATRICS. Poverty and Child Health in the United States. *Pediatrics*. 2016; 137(4):e20160339 http://pediatrics.aappublications.org/content/pediatrics/early/2016/03/07/peds.2016-0339.full.pdf
- Garg A, Toy S, Tripodis Y, Silverstein M, Freeman E. Addressing Social Determinants of Health at Well Child Care Visits: A Cluster RCT. *Pediatrics* Jan 2015 http://pediatrics.aappublications.org/content/pediatrics/early/2015/01/01/peds.2014-2888.full.pdf
- AAP COUNCIL ON COMMUNITY PEDIATRICS and COMMITTEE ON NUTRITION. Promoting Food Security for All Children. *Pediatrics* Oct 2015. http://pediatrics.aappublications.org/content/pediatrics/early/2015/10/20/peds.2015-3301.full.pdf

II-C Discussion Options:

1) How would you change your screening?
2) How do you think you can ask these questions in a sensitive way?
3) What assumptions or biases affect who you decide to screen?

For further information on screening techniques and existing tools please see slides 47-50

Summary Slide - Take Home Points: Slide 46

This is the moment to solidify the objectives covered and take a moment for any last reflections.

1) Remember that in your patient population, what poverty "looks like" may surprise you
2) Understand that your personal assumptions, biases and stereotypes influence how you deliver care to impoverished populations
3) Consider how you can implement or enhance screening in our clinical setting.