A Poverty Simulation for Health Care Professions Students

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Learner Objectives

- The learner will be able to:
 - 1) State two purposes of conducting a poverty simulation for health care professionals
 - 2) Identify at least two important considerations in conducting research measuring effectiveness of educational interventions

Poverty Facts

The data presented here are from the Current Population Survey (CPS), 2015 Annual Social and Economic Supplement (ASEC), the source of official poverty estimates. The CPS ASEC is a sample survey of approximately 100,000 household nationwide. These data reflect conditions in calendar year 2014. (http://www.census.gov/hhes/www/poverty/data/incpovhlth/2014/highlights.html)

- Poverty rate in 2014 was 14.8%. This equates to 46.7 million people.
 - Children under age 18= 21.1%
 - Individuals aged 18-64%= 13.5%
 - Individuals 65 and older= 10%
- This rate was 2.3% higher than in 2007, the year before the most recent recession.
- The 2014 poverty rates for most demographic groups were not statistically different from 2013 rates. Poverty rates went up between 2013 and 2014 for two groups: people with a bachelor's degree or more, and marriedcouple families.

Significance to Healthcare Professions

- Poverty is a significant social determinant of health
 - Impacts mental illness, obesity, cardiovascular health and other acute and chronic illnesses
- Essential for nurses and other health care providers to develop empathic understanding for the complexity of poverty and related health outcomes
- Few undergraduate students may have real life experience or exposure with this vulnerable population
 - (Patterson & Hulton, 2011; Yang, Woomer, Agbemenu, & Williams, 2014).

Brief Description of Simulation

- Participants assume roles of 26 families living in poverty
- The "task" of the families is to provide the basic necessities and shelter during the course of the simulation.
- Simulation is divided into four "15-minute" weeks

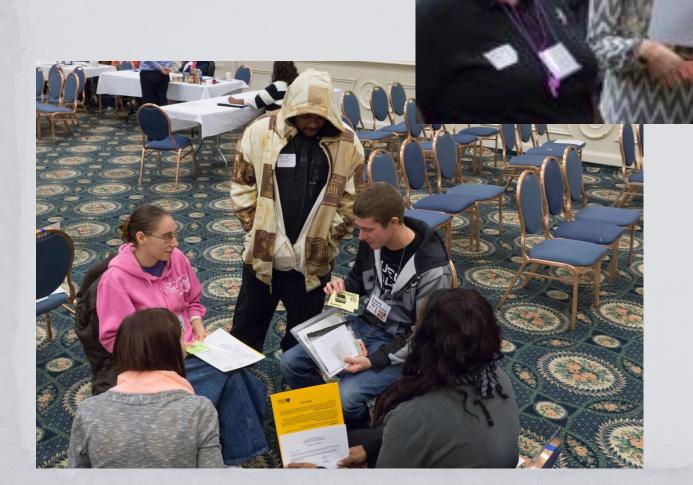


Brief Description of Simulation

- The perimeter of the room consists of resources
 - Bank
 - Supermarket
 - Interfaith services/
 Homeless shelter
 - Pawn Shop
 - Jail
 - Utility company
 - Social Services
 - School
 - Community Health Center
 - Child care center
 - Community Action Agency
 - Mortgage company



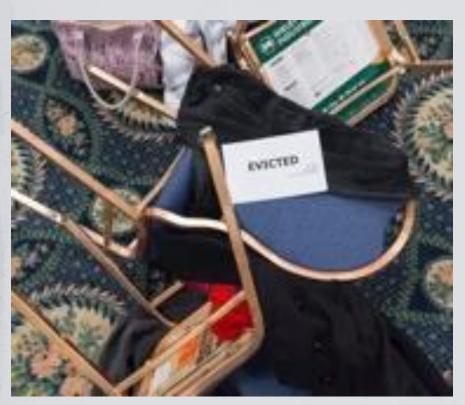
Criminal Activity....



Long Lines..... Emotions Get Heated....



Unable to Pay Mortgage/Rent....





Debrief



- Concludes with small and large group debrief.
- Entire simulation including introduction and debriefing takes about 3 hours.

Participants

- Number of Students= 78
- Students from several disciplines:
 - Nursing
 - Child Life
 - Nutrition
 - Social Work
- Community volunteers staffed the community resources
 - 25-30 volunteers. All had personal experience with poverty.



Methods

- *** Missouri Community Action Poverty Simulation (CAPS) kit was used and took approximately 3 hours to complete.
- Students role played being part of a low income family for a month
- Short Form of the Attitude Toward Poverty Scale (ATP; Yun & Weaver, 2010) used to assess attitudes towards those living in poverty.
- Small groups debrief led by volunteers who are or had been persons with low income.
- Open ended questions on evaluation form

Short Form of the Attitude Toward Poverty Scale (ATP; Yun & Weaver, 2010). Used by permission. **Not shown in its entirety.**

Attitudes Toward Poverty Short Form

Pre-Test

Please respond to the following items using the scale below based on how you feel about each statement.

D#:		

Poverty Simulation EVALUATION FORM

Inter-Professional Poverty Simulation

	rongly Agree A = Agree D = Disagree SD = Strongly Disagree Poor people are different from the rest of society.	SA	Α	D	SD		
							Were the fol
2.	Poor people are dishonest.	SA	Α	D	SD		
3.	Most poor people are dirty.	SA	Α	D	SD		Increase awa poverty
4.	Poor people act differently.	SA	A	D	SD		2. Change in att
5.	Children raised on welfare will never amount to anything.	SA	Α	D	SD		3. Identify compliving in pove
6.	I believe poor people have a different set of values than do other people.	SA	A	D	SD		4. Increase awar differences of
7.	Poor people generally have lower intelligence than nonpoor people.	SA	Α	D	SD		through an inte
8.	There is a lot of fraud among welfare recipients.	SA	A	D	SD		
9.	Some "poor" people live better than I do, considering all their benefits.	SA	Α	D	SD	1.	For this topic, were the If no, please commer
10	. Poor people think they deserve to be supported.	SA	Α	D	SD		
11	. Welfare mothers have babies to get more money.	SA	Α	D	SD	2.	Were the facilities co If no, please commer
12	. An able-bodied person collecting welfare is ripping off the system.	SA	A	D	SD		
13	. Unemployed poor people could find jobs if they tried harder.	SA	Α	D	SD	3.	Did the objectives re
14	. Welfare makes people lazy.	SA	A	D	SD		If no, please commer
15	. Benefits for poor people consume a major part of the federal budget.	SA	A	D	SD		0.1
16	People are poor due to circumstances beyond their control	SΔ	Δ	D	SD	4.	Other comments:

Were the following objectives met?

	YES	NO
Increase awareness about experiences of those living in poverty		
2. Change in attitudes towards those living in poverty .		
3. Identify community resources available to assist those living in poverty		
4. Increase awareness of cultural diversity and individual differences of persons living in poverty experienced through an inter-professional simulation		

Yes No

Yes No

- For this topic, were the teaching methods effective/appropriate? Yes No
 If no, please comment.
- Were the facilities conducive to learning?
 If no, please comment.
 - Did the objectives relate to the overall purpose/goal(s)? If no, please comment.

Analysis

- Paired sample t-tests were used to determine differences in attitude toward those living in poverty pre and post simulation.
 - Analysis was performed on questionnaires that were fully completed (n=37), and contained
 <10% missing data (n=58).

Results (Quantitative)

 There was no significant overall change in attitudes pre and post simulation for fully completed questionnaires (n =37)

• There was a significant change in attitudes pre and post simulation for questionnaires with <10% missing data. (M =-1.966, SD =6.023); t(57) = -2.485, p = .016)



Results (Quantitative) cont...



- Multiple items on the ATP scale also demonstrated significance (p<.05)
- Students stating increased awareness about living in poverty (96%); change in attitude towards those living in poverty (88%)
- Subjective comments about the experience were positive.

Results (Qualitative)

- ..."I learned poverty is not easy. It's something very real and it's almost a full-time job to survive being impoverished."
- ... "Kept getting referred to different places and riding buses and couldn't get anything done"
- ..."It taught me a lot about how other people live and really what I can try and do to change that and make it better for others."
- ... "I feel now that we aren't doing enough to support people living in poverty."
- ... "I went through weeks where I didn't eat in order to let my child eat."
- ... "Vicious circle \rightarrow as a child how else can you get help? Get streetwise and figure out on own"
- ..."Very eye opening...Awesome! This should be a CHP [College of Health Professions] core course."

Discussion

 A poverty simulation is an effective tool to increase awareness and change attitudes towards people living in poverty.





Challenges

- Obtaining community volunteers to act as resource personnel during the simulation
- Recruiting faculty to assist with set-up and tear down of simulation, as well as assist throughout the simulation
- Finding days and times to meet the diverse schedules of the interprofessional simulation participants

Future Recommendations

- Incorporating various disciplines into future simulations
 - Pharmacy
 - Medical students
- Eliminate or better manage missing data



Acknowledgements

- ARI-AHEC (Akron-Region Interprofessional Area Health Education Center)
 - Mission: To enhance access to quality health care, particularly primary and preventive care, by improving the supply and distribution of healthcare professionals through community/academic educational partnerships.
 - Focus on facilitating and supporting interprofessional education and practical experiences
 - Provided resources for community volunteers, professional support and funding for our poverty simulations
 - Many thanks to Greta Lax, Director of ARI-AHEC, AMHA staff and their volunteers for their time and support.

Acknowledgements

 Missouri Community Action Poverty Simulation Kit (adapted).





THANK YOU

