

"Economic growth without social progress lets the great majority of people remain in poverty, while a privileged few reap the benefits of rising abundance."

~ John F. Kennedy

A Framework for Understanding Poverty & Culture

Taalibah A. Kariem-White

Manager of Training & Performance Improvement

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Understanding Poverty

- Poorer people die younger and experience less adequate health care than the wealthy
- Poor people tend to have jobs or occupations that are physically hazardous
- Infant mortality rates are higher
- People in lower socioeconomic groups tend to suffer more illness during their lifetime.
- Delay seeking needed medical care due to costs
- Tend not to be able to afford prescription drugs.
- Substandard housing can cause health problems
- Intersection traffic more dangerous for children
- Children growing up in violent, urban settings

Indicators of Health and their Determinants

“In the United States, SES varies markedly by race and ethnicity. Asian persons and white persons are disproportionately represented among the higher SES groups, and black and Hispanic persons are disproportionately represented among the lower SES groups. “

*Health, United States, 2011, National Center for Health Statistics
DHHS/CDC*

“Paycheck to Paycheck”

- 1 in 3 adult women are living in poverty or “on the brink”.
- Women represent 47% of workforce holding 62% of minimum wage jobs.
- $\frac{1}{4}$ of single mothers spend more than $\frac{1}{2}$ of income on housing.
- $\frac{2}{3}$'s of single mothers work in low-income retail, service or administrative jobs.



According to The Shriver Report

Housing is a basic need

- US estimates vary from 230,000 to 3 million homeless
- Women are the fastest growing segment of homeless population
- Protection from the elements and health hazards
- Secure place to eat and sleep
- Place to keep one's possessions
- Raise a family
- Become part of a community

Contributing Factors

- Lack of affordable housing
- Illiteracy
- Changes in the industrial economy which led to unemployment
- Immigration
- Inadequate income supports
- Deinstitutionalization of patients with mental health problems
- Substance abuse
- Domestic violence
- Job loss
- Prison-industrial complex
- Erosion of family and social supports

MD has an overall rank of 24th

- Violent Crime 43rd
- Teen Birth Rate 13th
- Obesity 28th
- Infectious disease 35th
- Children in Poverty 11th
- Cholesterol Check 3rd
- High School Grad 15th
- Infant Mortality 43rd
- Smoking 10th
- Primary Care Physicians 2nd

Health Effects of Living Below Poverty

Higher rates of:

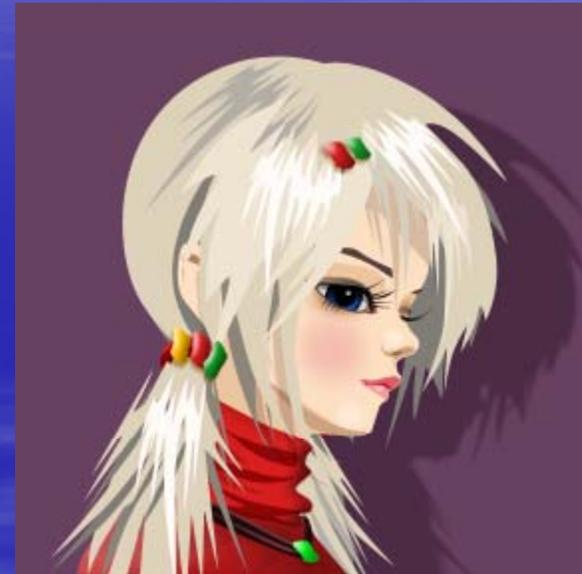
- Infectious diseases
- Mental health problems
- Drug-resistant TB
- Poor nutrition
- Obesity prevalence higher for those without a Bachelor's Degree
- Lack of immunization
- Children with Asthma
- Involvement in drug abuse and prostitution
- Prevalence of HIV/AIDS
- Receive less preventative health testing
- Physical disorders
- Disabilities
- Victimization and assaults
- Premature death
- Depression
- Suicide
- Exposure to environmental risks
- Incarceration
- Shorter Life Expectancy

“If this were true...”

Missed

Opportunities:

- Employment
- Healthcare
- Marriage partner
- Education
- Neighborhood
- Associates
- Ill-informed judgments
- Degraded
- Self-blame, internalized hatred...



“All blondes are dumb!”

“I’m blonde so I must be a stupid ditz.”

Stereotypes

Stereotypes are well-known generalizations or images of particular groups based on assumptions and may evolve over time.

Create allusions of white superiority

Stereotypes help determine how people treat marginal groups and how they think of them.

Examples:

Uneducable

Incapable of self care

Prolific breeders

Gospel singing (always in church)

Gender stereotypes

Stereotypes play the role of determining who gets what, goes where in society.

About Black People

- Sambo – Lazy, irresponsible, carefree
- Jezebel- sexually promiscuous
- Uncontrolled lust
- Mandigo – Oversexed, subservient to the sexual instinct
- Sapphire – domineering, masculinized, dominance
- The Angry Black Woman – irate, berate Black men, exaggerated body language
- Criminal –portraying people of color in more sinister light, violent and harmful, living in slums, more likely to be seen as suspects

Poverty Misunderstood

41% of
US poor
are
White

“Inner city”

Multi-racial

POOR ≠ BLACK

Racial resentments

Welfare programs

About 60% of
poor people
shown on
network news
are black

Inherent Medical Values and Beliefs

- Patients who do not practice healthy behaviors “do not care about their health”.
- Biomedicine is “right”.
- Personal health is the most important priority for every family member.
- Science is the only acceptable basis for practice.
- Traditional beliefs should be changed rather than built upon.
- Everyone understands the concepts of “chronic illness”.
- People should and will follow directions given by health practitioners
- Adherence failure is the patients problem.
- Patients have autonomy – except with regard to adherence.
- Healthcare is available and accessible to all.

Cultural Barriers to Care: Inverting the Problem

Toni Tripp-Reimer, PhD, RN, FAAN for the American Diabetes Association

Overcoming Barriers to Healthcare

What barriers to care have you noticed?

- Cultural perceptions of health, sickness and medical care
- Lack of interpreters
- Low health literacy
- Lack of insurance
- Long appointment wait times
- Wheelchair accessibility
- Implication of religion on healthcare
- Shortage of professional staff from community

Continuum of Culturally Responsive Interventions

- 1. Culturally neutral** — represent standard of care (generally developed by and tested with Anglo patients).
- 2. Culturally sensitive** — modify standards by incorporating ethnic preferences and using bilingual/bicultural materials.
- 3. Culturally innovative** — intentional and active use of cultural elements to construct interventions.
- 4. Culturally transformative** — based on principles of social activism and address changes in structural elements involving power and oppression, partnering with communities to alter aspects of the basic social structure.

“Not poor, not broke...”

“...just having a temporary
cash flow problem!”

- Lived in public housing
- Received food stamps
- Owned a car
- Bargain shopping
- Utilities covered in rent
- Attending college
- Children attended White school for *better education*
- Taught evening GED classes for residents
- Children enrolled in extracurricular activities

