Examination of the Impact of a Poverty Simulation on Interdisciplinary Healthcare Professionals' Attitudes Towards Patients of Low Socioeconomic Status

Alyssa Barnes, Social Work Graduate Student, Julia Ganda, Social Work Graduate Student and Angeleah Whitlatch, LMSW

Research Mentor: Angeleah Whitlatch, LMSW

Objective
To better identify the gap in research on poverty and socioeconomic education for interdisciplinary healthcare professionals.

Hypothesis
Participation in an active poverty simulation creates more empathetic attitudes of interdisciplinary healthcare professionals towards patients of low socioeconomic status

Methods
- The Simulation was a predesigned kit purchased from The Missouri Community Action Network.
- IRB approval was obtained.
- Participants included LEND faculty, LEND students, and Medical Residents (N=48).
- Survey of 20 questions was given prior to and post simulation exposure.
- Attitudes towards poverty were measured using a 5 item Likert Scale:

   5 = strongly agree   4 = agree   3 = I don't know   2 = disagree   1 = strongly disagree
- Participants completed a two-hour uninterrupted poverty simulation. Participants were assigned a family identity with differing socioeconomic status struggles: transportation, food insecurity, unemployment, housing and education

Data Analysis
- (N=45) matched surveys were analyzed.
- Responses were matched based on a unique identifier for each participant.
- Paired t-test was run for each question to assess significance of empathetic change.

Results
- 10 out of the 20 questions revealed clinically significant change.
- The following four questions revealed the most clinically significant change:
  - "People on welfare should be made to work for their benefits."
  - "If I were poor, I would accept welfare benefits."
  - "The government spends too much money on poverty programs."
  - "People get enough money to survive from welfare, food stamps and other social programs."

Question #		Pre-test Mean	Post-test Mean	p-value
1	Anyone can get ahead in this country	2.51	2.18	.0096
2	An able-bodied person using food stamps is ripping off the system	1.82	1.58	.0200
3	If poor people worked harder, they could escape poverty	2.18	2.02	.1280
4	People are poor due to circumstances beyond their control	3.6	4.02	.0088
5	Society has the responsibility to help poor people	4.2	4.53	.0075
6	People on welfare should be made to work for their benefits	2.82	2.33	.0001
7	Unemployed poor people could find jobs if they tried harder	2.33	2.13	.1726
8	Being poor is a choice	1.51	1.36	.1969
9	Poor people are discriminated against	4.4	4.44	.7496
10	People who are poor should not be blamed for their misfortune	3.87	4.04	.3646
11	If I were poor, I would accept welfare benefits	3.8	4.29	.0001
12	The government spends too much money on poverty programs	1.89	1.62	.0001
13	I believe poor people create their own difficulties	1.96	1.84	.4295
14	The community provides effective and efficient services to help families with low income live	2.49	2.24	.0261
15	People with low income do not have to work as hard because of all the services available to them	1.58	1.4	.1321
16	People get enough money to survive from welfare, food stamps, and other social programs	2.04	1.56	.0001
17	There are additional emotional costs associated with being poor in America	4.31	4.71	.0093
18	The social service system in America only has a positive impact on those it serves the financial pressures faced by other Americans	2.07	2.16	.5612
19	The financial pressures faced by people with low income are no different than the financial pressures faced by other Americans	1.91	1.64	.1031
20	People with low income just need more budgeting skills–how to stretch a dollar	1.87	1.69	.1321

Limitations

- Only one year of data were available, so the sample size is limited.
- This study only measured short term changes in understanding and beliefs of interdisciplinary healthcare professional towards poverty. Whether these changes will be sustained in the long run has not been studied.

Conclusions

Participation in a poverty simulation creates more empathetic attitudes of interdisciplinary healthcare professionals towards individuals of low socioeconomic status.

References:

1. Frist. W. (2005). Overcoming Disparities in U.S. Health Care. Health Affairs

2. Hitchcock, L., Peterson, D., Debiasi,L.,Shipman, S., Varley, A., White, M. (2018). Learning About Poverty Through Simulation: A Pilot Evaluation, Journal of Social Work Education, 54:3, 517-531, DOI: https://www.tandfonline.com/doi/full/10.1080/10437797.2018.1434427

3. Kenney, A., Hohman, M., Bergaman, E. (2019). Interprofessional Education: A Poverty Simulation with Elementary Teachers and Social Work Students, Journal of Teaching in Social Work, 39:2, 148-162, DOI: https://www.tandfonline.com/doi/full/10.1080/08841233.2019.1586808

4. Mejia-Downs, A., Gahimer, J. (2017). Pre-planning for Service Learning: Creative Strategies through the Lens of Poverty. Universal Journal of Educational Research. 5. 1777-1781. 10.13189/ujer.2017.051016.

5. Smith-Carrier, T., Leacy, K., Bouck, M., Justrabo, J., Pierce, B. (2019). Living with Poverty: A Simulation. Journal of Social Work, Vol. 19(5), 642-663, DOI:10.1177/1468017318766429

6. Steck, L., Engler, J., Ligon, M., Druen, P., Cosgrove, E. (2011). Doing Poverty: Learning Outcomes among Students Participating in the Community Action Poverty Simulation Program. Teaching Sociology. https://doi.org/10.1177/0092055X11407347

7. Strasser, S., Smith, M., Denney, D., Jackson, M., Buckmaster, P. (2013). A Poverty Simulation to Inform Public Health Practice, American Journal of Health Education, 44:5, 259-264, DOI: https://www.tandfonline.com/doi/full/10.1080/19325037.2013.811366

8. Poverty simulation image: https://www.barry.edu/newsroom/news/article.html?id=26605