

Tania Black

Rhetoric 105

Professor Hays

11/3/2016

Poverty and Its Effects on People's Health

So many people today live in poverty especially here in the U.S. A lot of times we focus more on other countries in poverty and forget about our own people. We don't realize how people in our country are affected by poverty. One main way that people are affected is through their health. A lot of people living in poverty have a lot of health problems. As a country, we need to focus more on decreasing the poverty rate in our country because more people will have more health complications and may cause mortality if we don't.

The Census Bureau reports 43.1 million people live in poverty in the U.S which is 13.5% (Proctor). It has decreased since 2014 but it is still 1% higher than the poverty rate in 2007 (Proctor). You are considered to be living in poverty based on the size of your family and the amount you make in a year. For example, a family of four would be considered to be living in poverty if they make \$24,257 (Proctor). Income differences between rich and poor now is as wide as it was in the late 1920's. (Conway).

A book written in 1968 by Warner Bloomberg and Henry Schmandt compares the health of lower income families and higher income families. They found that in 1964, 79% of families that made \$7,000 and over in annual income were affected by chronic disorders that caused serious limitation of normal activity compared to 28.6% of families that made under \$2,000 in annual income (Bloomberg). Poverty has affected people's health in the past and it still affects

people today. People continue to face health problems because of their incomes. Living in poverty not only effects children and adult's physical health but it also effects their mental health. It is stated by Tom Boyce that "Socioeconomic status is the most powerful predictor of diseases, disorders, injuries and mortalities we have" (Conway).

Duncan claims that children that are brought up in poverty have an increase allostatic load (Duncan 30). Allostatic load is a biological index of the cumulative wear and tear on the body. A higher allostatic load can increase stress-related impairments like cardiovascular diseases, chronic diseases, blood pressure, and more (Duncan 30). So, as children living in poverty, they already have possible health problems before they reach adults and when they become adults it doesn't always get better. Professor Greg Duncan did a study where he took information about children that grew up in poverty and the outcomes by poverty status as adults. 13% of children that were poor had poor health as adults compared to 5% of children that were brought up two times above the poverty line (Duncan 31). 45% were obese compared to 26% (Duncan 31). If poverty doesn't affect them as children, it could possibly affect them in the long run as we can see from the data.

Poverty has increased the risks of death by 75% for people that are 25 to 64 (Kindig 255). Adults living in poverty live seven to eight years less than those who have incomes four or more times than the federal poverty level (Conway). Chronic disease accounts for 70% of deaths in the United States (Conway). Too many people are dying because they don't have the necessities to stay healthy. As the statistic above shows, poverty is increasing the risk of death because people don't have access to the right foods or don't have healthcare. In 2011, 50 million people didn't have any health insurance and basic needs were becoming unaffordable (Last Week, the Census Bureau).

“42.1% of households with income levels below the official poverty line were likely to be food insecure compared to only 6.7% of those with income levels above 185% of the poverty line” (Lombe 442). People living in poverty are more common to be food insecure compared to people who are not. These food insecurities are seen to be related to physical illnesses like obesity, hypertension, osteoporosis, cardiovascular diseases, and many other things (Lombe 442). These illnesses can contribute to the risk of death. According to an Economic Research Service report for the U.S. Department of Agriculture, 11.5 million Americans are both poor and live in low-income areas over a mile away from a supermarket that offers healthier food varieties (Mukherjee).

Dr. Benard Dreyer, who is the director of developmental-behavioral pediatrics at the New York University School of Medicine, explains that “The cheapest food you can buy is usually empty calories- high calorie, high fast food” (Esposito). Poor people chose high-calorie and unhealthy food instead of healthy because they live too far to commute to a grocery store (Mukherjee). Regions where poor people can’t get to supermarkets have higher recorded rates of obesity and diabetes (Mukherjee). 1 in 4 kids have prediabetes (Conway) which is 25% of kids in America. Even with there being cheap food available, there are still times where people don’t have enough food. In a video created by the Census Bureau, it shows how people depend on food pantries to feed their families (Census Bureau Video) because they don’t have enough food and when people don’t have food pantries, Dr. James Duffee says “...most of the time parents are fore going their meal to feed their kids” (Esposito).

A study from Duke Medicine illustrated that smokers tend to be lower-income and less educated Americans (Mukherjee). When people smoke, it puts them at a higher risk for lung cancer and respiratory conditions (Esposito). Those who grow up in poverty may be prone to

picking up that unhealthy habit (Mukherjee). This is a result of economic stresses that prevents American's ability to self-regulate healthy behaviors (Mukherjee). Dr. Bernard Fuemmeler, an associate professor in Community and Family Medicine at Duke University of School of Medicine, states "Economic strains may shape an individual's capacity for self-control by diminishing opportunities for self-regulation, or affecting important brain structures" (Mukherjee).

"If a child is exposed to constant stress in childhood, essentially their stress mechanism is never turned off. So, it resets at a higher level, a higher heart rate, higher blood pressure" said Duffee (Esposito). Duffee also claims that living in poverty, among the stresses, are much more likely to have inflammatory disease with an increased risk for heart attacks and strokes (Esposito). A new research has shown that the mental stress of being poor is a major reason that low-income people are more likely to have high blood pressure, cholesterol, and become obese or diabetic, since long-term stress creates hormones that compromise the immune system and promote weight gain (Mukherjee).

Duffee addresses that "Almost half of children who live in poverty have mothers with at least some symptoms of depression, because of the stresses of raising a family in these circumstances" (Esposito). He points out that those mothers who are depressed interact with their children differently (Esposito). He claims that "Those interactions- the lack of stimulation and socio-emotional connections, what we call attachment- also have long-term effects, if not lifelong effects on children" (Esposito). Duffe believes that those kids respond to those adversities in two ways: either with outward behavior or becoming depressed and internalizing reaction (Esposito).

Tom Boyce, Chief of UCSF's Division of Developmental Medicine, has a similar argument to Dr. Fuelmmer. Boyce believes that being born into a poor family contributes to brain development. Boyce and his colleagues found from his study of 8 to 12-year-old kids from low-income and wealthy families that "Kids from poor families had lower IQ's and less effective executive functioning, which takes place in the prefrontal part of the brain- things like memory, semantic fluency and cognitive flexibility, the capacity to readily switch tasks" (Conway). He argues that all of those things are essential for academic achievement and advancement.

Socioeconomic disparities in childhood health persist and magnify as the child develops (Kaminski e1). Adolescents and adults with low socioeconomic childhoods have poorer dental health, engage in more risk behaviors, and have lower academic performance (Kaminski e1). Poverty is associated with the decrease in parents' ability to provide health and development promoting environments (Kaminski e1). Some causes of that include higher levels of neighborhood chaos and violence, lower community social capital, higher exposure to pollutants and toxins, greater material hardships and challenges to caregiver mental health (Kaminski e1). However, some parents are able to provide those things despite the circumstances their in. Kaminski states that some parents exhibit healthy parenting and those positive parenting behaviors serve as protective factors for children in low-income families and neighborhoods (Kaminski e1).

Boyce also believes that children growing up in poverty are more exposed to toxins, noise, turmoil, and violence (Conway). Boyce emphasizes that "These exposures damage the capacity of the brain to develop optimally. They provoke the body to produce the hormone cortisol, which sets the body on high alert so that people can maximize their capacity to escape a threat" (Conway). Cortisol shuts down functions you don't need in a moment of extreme stress,

like reproduction or digestion (Conway). “Your blood pressure goes up, it mobilizes glucose, so you have energy for the escape,” says Adler (Conway). When you encounter stress every day it begins to take a toll on your body.

Kaminski states “Children living below the poverty line are at increased risk for poor health and developmental outcomes, including lower vaccinations rates, higher rates of severe chronic diseases and conditions that require medical condition and more cognitive and behavioral difficulties” (Kaminski e1). Poverty associated stress in childhood can also contribute to dysregulated cardiovascular stress responses, which have been connected to depressed immune function and the etiology of chronic diseases (Kaminski e1).

Esposito argues that “Poverty’s harsh effects on health start before babies are born and pile up throughout their adult lives” (Esposito). Low income has been linked to lower birth weight, which increases the risk of a number of health and educational problems (Esposito). Dr. James Duffee, who’s been a community pediatrician for more than 20 years, states “Through the science of toxic stress, we understand that early childhood adversity and poverty is a factor that affects not only brain architecture and neurologic, but affects the probability of lifelong illness, including cardiac disease and diabetes” (Esposito).

A video about poverty in the U.S. displayed people’s stories that were living in poverty and how challenging it was for them. Some people had to worry about having rats in their house while others had to cope with their babies dying from bone disease because of their poor living conditions (Poverty USA). We see all of the effects that poverty can do to people’s health but we can’t just talk about the effects and not discuss some possible solutions to this major problem. The CDC developed a primary prevention program for low-income parents of infants and young children, using group-based implementation in community settings to faster wide-spread

dissemination and sustainability (Kaminski e2). The program was called Legacy for Children which was designed to support mothers' ability to engage in positive parenting behaviors and positive mother-child interactions by improving parenting efficacy and mothers' sense of supportive community (Kaminski e2). The results of the program decreased the risk for behavioral concerns and socioemotional problems for children living in low-income families (Kaminski e1). This shows that investing in parent-focused prevention programs can help resolve the problem.

Another study done by Suhyun Jung evaluated what would happen if we increased funding in Education programs in poor communities. He and his team found that education funding reduced poverty rates within poverty hot-spots and confirmed findings of other researchers that education expenditures are correlated with earnings and can decrease the poverty rate (Jung 666). A \$1 increase in per capita funding in a hot-spot county decreases poverty rates by 0.0018 per cent and 0.0022 per cent within the county and within all hot-spot counties (Jung 666). This illustrates that if we fund our education systems, it could decrease the poverty rate.

We have to focus on decreasing the poverty rate because there are so many bad outcomes that happen if we don't. Some people may think that some of these people have control on their health but many times they don't have control on certain things. Many people don't have the time or the money to try to stay healthy. In 2014, the U.S. Department of Health and Human Service came out with statics that show the percentage of adults that were 18 and older who met the federal guidelines for aerobic physical activity based on poverty status. About 35% of people who lived under 100% of the poverty threshold met federal guidelines compared to about 55% of people who live between 400%-599% of the poverty threshold (Hawkins 459). A lot of people

living in poverty don't have the time to stay active and healthy because they are working trying to provide for their family.

This research has enlightened me on the multiple ways poverty can affect people. Before I started this research, I knew that poverty affected people's health, but I didn't know how it affected them. I see that this really is an important issue because people develop diseases and disorders that could affect the rest of their lives. We have to start working on this problem now because more and more children are born into poverty and they have a harder time trying to get out of it. If we start now, we can help those people that live-in poverty now and prevent their babies in the future from being born into poverty which could save their lives from those diseases and disorders that you could get from living in poverty.

Work Cited

- Bloomberg, Warner, and Henry J. Schmandt. *Power, Poverty, and Urban Policy*. Beverly Hills, CA: Sage Publications, 1968. Print
- Conway, Claire. "Poor Health: When Poverty Becomes Disease." *UC San Francisco*. University of California San Francisco, 06 Jan. 2016. Web. 9 Nov. 2016.
- Duncan, Greg J., Ariel Kalil, and Kathleen M. Ziol-Guest. "Early Childhood Poverty And Adult Achievement, Employment And Health." *Family Matters* 93 (2013): 27-35. *Academic Search Complete*. Web. 9 Oct. 2016.
- Hawkins, LaJeana. "Percentage Of Adults Who Met Federal Guidelines For Aerobic Physical Activity, By Poverty Status -- National Health Interview Survey, United States, 2014." *MMWR: Morbidity & Mortality Weekly Report* 65.17 (2016): 459-460. *Academic Search Complete*. Web. 30 Sept. 2016.
- Jung, Suhyun, Seong-Hoon Cho, and Roland K. Roberts. "The Impact Of Government Funding Of Poverty Reduction Programs." *Papers In Regional Science* 94.3 (2015): 653-675. *Academic Search Complete*. Web. 13 Nov. 2016.
- Kaminski, J. W., Perou, R., Visser, S. N., Scott, K. G., Beckwith, L., Howard, J., & ... Danielson, M. L. (2013). Behavioral and Socioemotional Outcomes Through Age 5 Years of the Legacy for Children Public Health Approach to Improving Developmental Outcomes Among Children Born Into Poverty. *American Journal Of Public Health*, 103(6), 1058-1066. doi:10.2105/AJPH.2012. 300996
- KINDIG, DAVID A. "Improving Our Children's Health Is An Investment Priority." *Milbank Quarterly* 93.2 (2015): 255-258. *Academic Search Complete*. Web. 29 Sept. 2016.

Last week, the Census Bureau released new figures showing that nearly one in six Americans lives in poverty _ a record 46.2 million people. The poverty rate, pegged at 15.1 percent, is the highest of any major industrialized nation. Associated Press, 2011. Associated Press Video Collection. Web. Oct 24 2016.

Lombe, Margaret, et al. "Examining Effects Of Food Insecurity And Food Choices On Health Outcomes In Households In Poverty. " *Social Work In Health Care* 55.6 (2016): 440-460. *Academic Search Complete*. Web. 10 Oct. 2016.

Mukherjee, Sy. "Four Ways That Poverty Hurts Americans' Long-Term Health." *Think Progress*. Think Progress, 30 July 2013. Web. 9 Nov. 2016.

Poverty USA - Healthcare - Nov 15 2007. Al Jazeera, 2007. Video. Al Jazeera, 15 Nov. 2007. Web. 24 Oct. 2016.

Proctor, Bernadette D., Jessica L. Semega, and Melissa A. Kollar. "Income and Poverty in the United States: 2015." *United States Census Bureau*. The Census Bureau, 13 Sept. 2016. Web. 3 Nov. 2016.