



OVERVIEW

BIG IDEA

Poverty creates many barriers for healthy living.

OBJECTIVE

6.3: Examine poverty-related barriers that can hinder healthy living.

AGENDA

1. Cost of Living Estimate
2. Extreme Poverty
3. How is Poverty Defined?
4. Audio Interview: Rural Poverty
5. Barriers to Health
6. Short Story

HOMEWORK

Find a representation of poverty and its impact on health on the Internet and reflect upon the barriers poverty creates and impact on health.

LESSON 6.3

Rural Poverty

SUMMARY:

Students will calculate their estimated daily cost of living and learn about the definition of extreme poverty. They will examine how poverty is defined and listen to an audio interview from a man who works to bring strategies to the rural poor and has given politicians tours of his rural community. Then students will examine barriers to health caused by poverty through the lens of basic human rights. Finally, students will write a short story about a fictitious character who is living in poverty in a rural community.

STANDARDS:

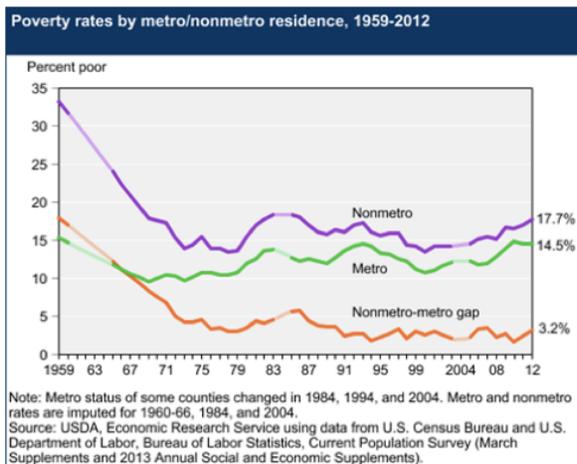
NHES 5.12.1: Examine barriers that can hinder healthy decision making.



How is Poverty Defined?

Any individual with total income less than an amount deemed to be sufficient to purchase basic needs of food, shelter, clothing, and other essential goods and services is classified as poor. The amount of income necessary to purchase these basic needs is the poverty line or threshold and is set by the Office of Management and Budget (OMB). The 2012 poverty line for an individual under 65 years of age is \$11,945. The poverty line for a three-person family with one child and two adults is \$18,480. For a family with two adults and three children the poverty line is \$27,400. Income includes cash income (pretax income and cash welfare assistance), but excludes in-kind welfare assistance, such as food stamps and Medicaid. Poverty thresholds are set for families by size and composition, and they are updated annually to correct for inflation.

"Geography of Poverty." U.S. Department of Agriculture. <http://www.ers.usda.gov/topics/rural-economy-population/rural-poverty-well-being/geography-of-poverty.aspx#.Uu16O3ewKk>



1. What has happened to Nonmetro (rural) poverty since 2004?
2. What overall trend do you notice about the Nonmetro-metro gap?

NEW INFO: Ask students, how might the same income result in differences in lifestyle for someone living in a rural vs. urban setting.

Source: <http://www.ers.usda.gov/topics/rural-economy-population/rural-poverty-well-being/geography-of-poverty.aspx#.Uu16O3ewKk>

THINK:

Answers:

1. Nonmetro poverty has risen, approximately 3-4 percent, since 2004.
2. The nonmetro-metro gap has made small fluctuations over time, but has remained between 2-5% since the 70's. Ultimately, this means that 2-5% more nonmetro (rural) residents are living in poverty.



In Rural Poverty, Showing Up Is the First Step.

Listen to the audio recording as you read the following transcript:

STEVE INSKEEP, host: So that city gets a visit from John Edwards today, and tomorrow he visits Kentucky, which is where writer and rural advocate Dee Davis has witnessed the visits of politicians past.

Mr. DEE DAVIS (Director, Center for Rural Strategies): My corner of rural America is the Kentucky coalfields. When Bobby Kennedy came in '68, I was a high school Republican but rushed home to brush my hair so it flipped across my forehead just like his. And that afternoon, I found myself walking alongside him as he toured a street of ramshackle houses in my town.

He stepped into one home that I knew. I'd played ball, even had fistfights with the boys in that house. And as I stood there looking through the window, me and the national press corps, I realized not just that those boys were poor but that the whole country was going to see it.

A short time later, Kennedy was gone and so were those rough houses, replaced by sturdy subsidized homes. Big yards. And the kids we watched through that window all grew up good.

In 1998, Minnesota Senator Paul Wellstone came to make the same tour. His wife Sheila had family all up in here and they asked me to drive the van. We talked about the RFK trip, schools, health, the joys of rural life. Wellstone was a big cut-up. He challenged his wife's uncle to a wrestling match and explained to a room full of dinner guests that he had converted - he had become a hillbilly Jew.

The last place I took Senator Wellstone was a meeting of young miners on respirators. Over the soft hiss of oxygen tanks, these men pulled down their masks, smothering to explain in coarse whispers how coal dust health and safety laws were routinely disregarded.

Afterwards he asked me: Where is the Kentucky delegation? He went back to Washington and dedicated himself to fixing our coal dust issues. Paul was a senator from somewhere far bigger than Minnesota.

This week, presidential candidate John Edwards is coming to retrace the RFK visit. I wish they were all coming. These things matter. It is not about party; it's about eyeballs. And there are sights that need seeing.

When no one shows up to witness the obliteration of mountaintops - vast hillsides being shoved into creek beds - then desperate mining practices flourish.

When the rest of the country never sees the broken families and children cut adrift from addiction, then a pharmaceutical company can get off with a fine and a pat on the rump for years of dumping pain drugs like OxyContin into these rural communities.

People will tell you government doesn't work. But I've seen it work. It starts with somebody showing up and making an effort. I have also seen it fail. Mostly that happens when no one's paying attention.

*Source: "In Rural Poverty, Showing Up Is a First Step." Dee Davis. NPR. 7/17/2007.
<http://www.npr.org/templates/story/story.php?storyId=12017456>*

DISCUSS

How do you think Dee Davis would describe the effect of poverty on health?

READ: Play the audio of the interview for the students, as it captures the emotion, tone, and character of the narrator. Consider having students just listen the first time through, then re-read the transcript a second time in their workbook, marking it up with active reading notes as they go. Audio clip can be found at: <http://www.npr.org/templates/story/story.php?storyId=12017456>



Barriers to Health

Poverty is linked to many health disparities. In some cases, poverty is a direct cause of the health effect. For example, if one does not have enough money to purchase food, hunger and malnutrition will result. In other cases, poverty may contribute to a problem or the relationship may be difficult to determine. We might say that these types of negative health effects are correlated with poverty. For example, a person in poverty may be more likely to consume more sugary beverages. This could be due to a number of factors, but one contributor might be that poverty in their neighborhood left their school system struggling, which led to poor education in health, which leaves them unaware of the health dangers of high levels of sugary beverages in the diet.

Those in poverty often lack access to basic rights of shelter, sanitation, water, information, nutrition, health, and education. A few of these, like sanitation and water, are less of a concern in the United States than they are in other countries, especially developing ones. Those ones are done as an example in the table below. For each basic right, list the barriers and the possible effects on health.

Human Right	Barrier related to poverty	Possible effect on health
Water	<i>Example: Lack of infrastructure for clean water</i>	<ul style="list-style-type: none"> -Exposure to waterborne diseases (bacteria, parasites, etc.) -Dehydration, diarrhea, etc.
Sanitation	<i>Example: Lack of infrastructure for waste removal (human waste, garbage, etc.), bathing, and hand washing</i>	<ul style="list-style-type: none"> -Exposure to infectious diseases -Lack of privacy, difficulty maintaining hygiene & cleanliness
Shelter		
Information		
Nutrition		
Health		
Education		

THINK: Causation vs. correlation is a high level, but essential concept to teach. It will be explored more in other modules. In studying poverty and its relation to health, it is very important to stress the myriad ways that poverty creates health problems. Some results of poverty may be direct causes of health problems, others may be indirect or play some unknown role. All in all, there are thousands of studies of how it does indeed lead to poorer health outcomes.

THINK: Students can work in pairs or teams to fill in the chart. The barriers can be any specific effect that poverty creates. For example, in the information category, students may list the following as barriers: -Lack of computers/technology/internet in the home, -Lack of adequate education/health ed; -Lack of parental guidance in decision-making; -Lack of books in the home, etc. These barriers may be linked to many effects. Students may need more paper and can use additional sheets, or even butcher paper in groups to display on the wall.



Short Story

Write a **short story** about one day in the life of a fictitious character growing up in **poverty** in a **rural community**. In the story, include at least **three poverty-related barriers** and their **effect on the health** of your character.



Representations of Poverty & Health

Find a representation of poverty and its impact on health on the Internet. This could be a news article, blog post, poem, short story, book, film, political cartoon, or work of art. You are not limited to those options, but those resources can all be accessed through google searches online.

1. Describe your representation of poverty.
2. What barriers did it represent?
3. How does poverty impact the health of the subject?

ASSESS: Have students peer-evaluate their stories, looking for three barriers and their effects on health. This will allow students to learn from one another and share viewpoints.

HOMEWORK: The purpose of this homework is to give students a chance to explore others' stories, new perspectives, and different barriers/effects than those discussed in class.