

## An Interprofessional Approach to Understanding the Impact of Poverty as a Social Determinant of Health

Interprofessional education (IPE) involves students from two or more professions who learn about, from and with each other to collaborate and improve health outcomes (WHO, 2010). The intent of IPE is to prepare students for Interprofessional Collaborative Practice, which involves multiple health care providers working with the most important members of the team: patients, families, and communities to deliver highest quality of care (WHO, 2010). Preparing members of the interprofessional team to better understand the realities confronting those they care for may translate to improved care.

Philadelphia is the nation's poorest largest city with 26% of the population living at or below the poverty level (Pew Charitable Trust Foundation, 2017; US Census Bureau, 2016). Healthy People 2020 noted that social determinants of health contribute to the health disparities that exist in our communities. Low income is one factor resulting in health disparities. To provide students an opportunity to experience the realities of poverty, the Interprofessional Education Committee of La Salle University School of Nursing and Health Sciences sponsored the "Poverty Simulation." The Missouri Association for Community Action Poverty Simulation Program provided students with a realistic experience of the challenges confronting persons in poverty with the purpose of sensitizing participants to the day-to-day realities of life. The program was divided into three phases: planning, implementation and evaluation.

### Planning

Developing and implementing the program was a year in the making. The planning phase addressed developing trusting relationships with local community members. The La Salle Neighborhood

Nursing Center and Community Health Fair provided a link to the community. Community members, who were recruited to participate in the simulation, provided the realities of poverty and were essential to the success of the program. To facilitate the development of a trusting relationship with the community, several meetings were held to discuss the purpose of the simulation, and address any concerns.

Community members were paired with faculty and assigned community resource roles, such as banker, teacher, pawn broker. Training that included a review of assigned roles and responsibilities and simulation logistics was provided to all. A mock Poverty Simulation served as a practice run prior to implementing the program with students.

### Implementation

Seventy-five students, 10 community members, 22 faculty and five staff participated in the three-hour Poverty Simulation. Students were introduced to the simulation and then completed the pre-survey. Students were assigned to a family dealing with the realities of poverty and provided a packet with family members' responsibilities and resources for a month. Some examples of family profiles include a head of household who is incarcerated; a 21-year old son who is taking care of his siblings while trying to attend college; and a single elderly adult who is living in a homeless shelter. Faculty and community volunteers role-played community resources. One 15-minute period during the simulation represented one week, and four 15-minute blocks represented one month of living in poverty. During the four 15-minute blocks, student teams were tasked with needing to go to work, paying their bills, keeping their family safe, and meeting the challenges of everyday living with limited

resources. Debriefing followed the "one month in poverty."

### Evaluation



Since the purpose of the simulation was to sensitize participants to the day-to-day realities of poverty, attitudes towards poverty were measured pre- and post- Poverty Simulation. With IRB approval, the Short Form of the Attitude Towards Poverty Scale (Yun & Weaver, 2010), a 21-item, five-point Likert scale survey that measures diverse attitudes toward poverty and poor people with a reported Cronbach alpha reliability of .87 was used. Two additional quantitative items were included on the post-survey: "The poverty simulation was seen as a valuable experience," and "My attitude towards poverty has changed as a result of the simulation." In addition, two open-ended questions were included on the post-survey, enabling students the ability to share their feelings about or comments on the simulation: "Please share any comments about the simulation" and "Please share any feelings about the simulation." Demographic data were also collected to describe the participants.

### Demographics

There were 75 student participants; 35 nursing students, 39 nutrition students and 1 undeclared. The majority, 65, were female, and 10 were male. All were undergraduate students with the majority being third year students.

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Students were also asked to self-identify their socioeconomic status as high, medium or low. Four students rated their socioeconomic status as "high," 39 reported their status as "medium," 30 rated their status as "low," and two did not rate their socioeconomic status.

## Debriefing

Debriefing immediately followed the simulation. Debriefing questions included:

- "What happened to your family during the month in poverty?"
- "What feelings did you experience during the month in poverty?"
- "Did your attitudes change during the simulation?"
- "What insights or conclusions have you come to?"

After the debriefing, students were asked to complete the post-survey and evaluate the program.

Debriefing provided valuable sharing between the students and the community volunteers. Most of the students found the simulation to be very stressful. One commented that they started optimistically but were unable to thrive; while another said they needed to resort to crime to survive. Some did not think about feeding their family until week three, and no one sought healthcare during the month.

## Survey Results

The Short Form of the Attitude Towards Poverty Scale was used to note changes in attitude pre- and post-Poverty Simulation. Additional analysis was also performed to note differences between nursing and nutrition students' attitudes, and students' income levels. Data

were analyzed using SPSS 24. A t-test revealed no statistically significant difference in pre- and post-test mean scores (pre-test:  $n=69$ , mean = 61.55, SD = 4.87; post-test:  $n=67$ , mean = 61.89, SD = 5.06) (t-Test = -405,  $df = 134$   $p = .686$ ). Furthermore, no statistically significant difference was seen between nursing and nutrition students on their pre- and post-test scores (pre-test: t-test 1.126,  $df = 65$ ,  $p = .264$ ; post-test: t-Test = 1.758,  $df = 65$ ,  $p = .084$ ). An ANOVA yielded no statistically significant difference noted between nursing and nutrition students, and self-identified socioeconomic status ( $F = .041$ ,  $df = 2, 63$ ,  $p = .96$ ).

## Discussion

Since many of the students self-identified as having "medium" to "low" socioeconomic status, the realities of poverty may be very real for them, and may account for the findings. As one student stated, the "system is very difficult, poverty is so much more complex than this," and the simulation "Did its best, but life realities [sic] harder than this."

Although there was no statistically significant difference on the pre- and post-surveys, students, faculty and staff comments demonstrated that the experience was very valuable. More than half of the students identified the simulation as a "real eye-opener," adding the simulation was "realistic, valuable, changed my viewpoint dramatically and should be required by all." The simulation also had a surprising serendipitous effect. It allowed the community to have a voice, dispelled misconceptions, and strengthened the relationship between the university and the community. The community volunteers were not only teaching the students a valuable lesson but also developing relationships.

In addition to drawing out community members' and students' perceptions on life in poverty, the simulation and debriefing sessions helped the students realize the challenges of poverty, appreciate the contributions of community participants and reflect on the use of available resources to families. For example, the families did not seek available healthcare services during the simulation, illustrating the overpowering need to survive. This perhaps prompted students to rethink how to best meet the healthcare needs of those living in poverty, as well as demonstrated the important role of the patient/community on interprofessional healthcare teams. Better understanding the realities facing those they care for will help these future practitioners to engage in patient-centered care that leads to improved outcomes.

## Conclusion

The purpose of the Poverty Simulation was to sensitize participants to the realities of poverty and its impact on the communities we serve. We think the Poverty Simulation did this and so much more. As members of an interprofessional healthcare team, understanding the realities and impact of poverty may translate to improving care to those communities served.

Check out this video to learn more about the Poverty Simulation conducted by the Interprofessional Education Committee of La Salle University School of Nursing and Health Sciences: [https://youtu.be/6Hb\\_XX2JUyA](https://youtu.be/6Hb_XX2JUyA)

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