

Poverty Simulation Online Activity

Based on income, family size, and income considering the current inflation rate, poverty changes lives. Children who are born into and remain poverty with poor living conditions are at risk for many on-going health and developmental challenges. Poverty causes many missed opportunities as compared to those who are more economically privileged. Poverty can change a person's whole psyche – the whole self-concept, frame of mind, and beliefs about what is possible. Poverty doesn't have to affect people in such a way, but it often does because poverty makes life difficult, which, in turn, can alter whole lives because of the circumstances that result from the despair that poverty can bring.

Poor children are more likely to be exposed to violence abuse, and illness. The toxic stress of persistent poverty can alter a child's brain development. This can also lead to extenuating affects such as: substance abuse, teen pregnancy, higher crime rate, and lower educational achievement. Poverty also specifically affects children in lowering birthweight, having a higher infant mortality rate, lowering the rate of immunizations, lessening good nutrition, and hampering social and language development.

In 2016, thirteen percent of Americans and eighteen percent of American children lived in poverty, with the majority of those being minorities. Non-citizens living here had the highest poverty rates. Without the many governmental programs in place to assist the poor, the poverty rate of children would be one in three children instead of the current one in five.

Scientific data strongly suggests that early adversity dramatically affects health across a lifetime. Exposure to early childhood adversity affects the developing brains and bodies of young children. Childhood trauma is not something that a person simply gets over as they mature. It affects them for a lifetime because of the body's stress response system. This stress response system is in place to help deal with crisis situations, but when crisis situations arise on a regular, frequent basis, it changes the whole DNA of a person. This is when health issues begin to arise. Children who are repeatedly exposed to high levels of adversity are much more

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likely to have worse health outcomes than children who have idyllic childhoods, and the more adversity a child faces, the worse his health and emotional issues typically are in adulthood.

Adverse childhood experiences are said to be the single greatest unaddressed public health threat facing our nation today. Adverse Childhood Experiences can be measured by taking a quiz as to what difficulties were faced during one's lifetime. These difficulties are also known as ACEs. They are a tally of different types of abuse, neglect and other hallmarks that indicate a rough childhood. They include: Abuse (physical, emotional, or sexual); Neglect (physical or emotional); Dysfunction Within the Home (mental illness of a parent or caretaker, an incarcerated parent, exposure to domestic abuse, substance abuse in the home, or parental separation or divorce). Having one or more ACEs does not necessarily mean your life will be filled with heartache and health problems. The impact of these negative experiences can be lessened by positive experiences, the most important of which are strong, close relationships and calming things that can be therapeutic such as therapy, yoga, and art.

Using such strategies are beneficial to one's mental and physical health and help to lessen the impact of past traumas. I plan on encouraging my future patients to participate in these types of therapeutic regimens. I will keep my eyes open and make sure to thoroughly assess my patients to search for any warning signs of all kinds of abuse and neglect. If signs of abuse and neglect are suspected or observed, I will then report my findings. Furthermore, depending on my observations and assessment of my patient's history and physical examination, I will formulate an individualized plan for my patient. I will ensure that my patients are equipped with necessary knowledge of the available resources in their communities. Prior to discharge, I want to verify that my patients know the proper steps of how to care for themselves and their children by teaching them how to perform certain appropriate skills and having them teach them back to me. Doing so, establishes a routine and ensures no shortcuts are taken in providing the proper care of the patient. It is my duty to arm my patients with all of the

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fundamental skills, resources, and knowledge that they could possibly need. I plan on carrying my duties to the best of my ability.