

## Poverty and its Correlation to Today's Nursing

Poverty in America is a very serious problem. Poverty not only plays a part in the emotional development of children, but it also plays a part in the physical health of the child. Recent studies have shown that poverty has been attributed to such diseases as suicide, heart disease, obesity, and depression to name a few. In the long run poverty is a problem that should be looked at from many different angles. By addressing poverty in families, this will help the family as well as the child in later adulthood. As a nurse it is imperative to assess the child for any poverty associated issues at each contact. By addressing these issues, we may not only be saving a child's life, but we may as well be preventing future health problems. The CDC has recognized a program by the name of ACES. Aces actually stands for adverse childhood experiences. It has been documented that adverse childhood experiences can cause changes in the brain that could lead to health problems later on in life. Researchers found that adverse childhood experiences can cause a decreased immune system, hormonal changes, changes in brain function, and the way the that our DNA is read and transcribed. These changes have been documented to cause health problems later on in life. The emotional suffering and worrying that a child goes through whose family is suffering from poverty, has shown to be detrimental to that child. Adverse childhood experiences causes a child's flight or flight instinct to always be used. The constant use of this instinct causes the instinct to become maladaptive which leads to risky behavior later in life by some of the children that experienced this constant behavior. The CDC has recognized three types of adverse childhood experiences. The three types of adverse childhood experiences are abuse, neglect, and household dysfunction. When in contact with children, the nurse should look for visible signs of stress to see what may have happened to the child. This in turn will help the nurse to figure out the best way to intervene. By doing this the nurse could recognize a child who is actually suffering from adverse childhood experiences, and develop an intervention that best suits that child. According to Hilit Kettler, of Stanford University School of Medicine, some children may present

with nightmares, seem distracted or withdrawn, or reenact the traumatic event. Children who suffer from adverse childhood experiences may present as impulsive and be misdiagnosed as attention deficit disorder. Children who suffer from adverse childhood experiences or poverty can benefit from early interaction from the parents. This type of interaction has been shown to help with learning and literacy later on in life. It is imperative that any child who suffer from adverse childhood experiences to be taught resiliency in order to help combat health problems later on in life. Learning about adverse childhood experiences is imperative not only economically but mentally for any child who not only suffers from poverty, but also suffers from abuse, neglect, or household dysfunction. To some people, poverty may seem like a political issue, but in reality it is so much more. Poverty affects the children who suffers from it negatively and could possibly lead to health problems that could help contribute to an ongoing cycle of poverty. My takeaway from this lecture is that poverty affects so many areas of our lives as well as the children's lives that we encounter. We as nurses must step up and be an advocate for those children who suffer from adverse childhood experiences or and poverty. This can be done through a thorough assessment and active listening with the child you are treating. For the child that suffers from poverty it is imperative that the nurse educate the parents on interventions such as babbling, using sounds and facial expressions. These are actions that will teach resiliency later on in life by building a secure attachment with an caring adult. In conclusion poverty is a great problem, but we as nurses can help combat this problem through teaching, active listening, and intervention.