What Title X Providers Need to Know About the Impact of Poverty

July 25, 2017

CENTER FOR
HEALTH EQUITY
PRACTICE

MPHI®

Objectives

- Understand the connection between poverty and the social determinants of health

- Explore how poverty influences individual and family decision making

- Identify how at multiple levels we can provide better service

Title X 2017 Program Priorities

Assuring the delivery of quality family planning and related preventative health services, *with priority for services for low-income families*

2017 Poverty Guidelines

Household Family Size	100%	125%	150%	175%	185%	200%	225%	250%
1	12,060	15,075	18,090	21,105	22,311	24,120	27,135	30,150
2	16,240	20,300	24,360	28,420	30,044	32,480	36,540	40,600
3	20,420	25,525	30,630	35,735	37,777	40,840	45,945	51,050
4	24,600	30,750	36,900	43,050	45,510	49,200	55,350	61,500
5	28,780	35,975	43,170	50,365	53,243	57,560	64,755	71,950

Who Is Currently Serve?

Category	Total Number	Percentage
100% and below	38,939	59%
101% - 150%	11,334	17%
151% - 200%	6,014	9%
201% - 250%	3,366	5%
Over 250%	6,494	10%

* Excludes 42 cases with unknown/not reported income that account for less than 1% of all cases

Who Is Currently Serve?

- 66,189 total served
- 91.5% Female
- 8.5% Male
- 66% were between the ages of 20 – 34 years old
- 72% White (non Hispanic)
- 20% Black (non Hispanic)

Poverty and Place

- **Concentrated Poverty**: the proportion of poor residents living in extremely poor neighborhoods
- **Extremely Poor Neighborhoods**: 40% or more of the population lives below the federal poverty line
- **High Poverty Neighborhoods**: 20 – 40% of the population lives below the federal poverty line

Poverty is highest in rural communities, but increased at a faster rate in urban areas
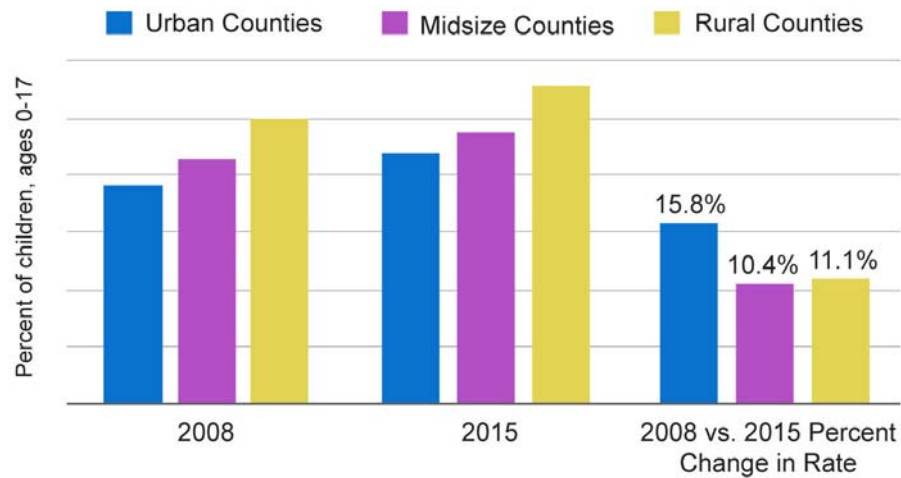
Kids Count Michigan Data Book 2017

Change in concentrated poverty by geography type

	Concentrated poverty rate		
	2000	2005-09	2010-14
100 large metro areas	11.0%	11.7%	15.1%
Small metro areas	7.4%	10.7%	13.7%
Non metro areas	4.5%	6.3%	7.1%

Source: Brookings Institution analysis of U.S. Census Bureau data

Title X 2017 Program Priorities

Identifying individuals, families, and communities in need, but not currently receiving family planning services, through outreach to **hard-to-reach and/or vulnerable populations**, and partnering with other community-based health and social services providers that provide needed services


Concentrated poverty rate by race and ethnicity
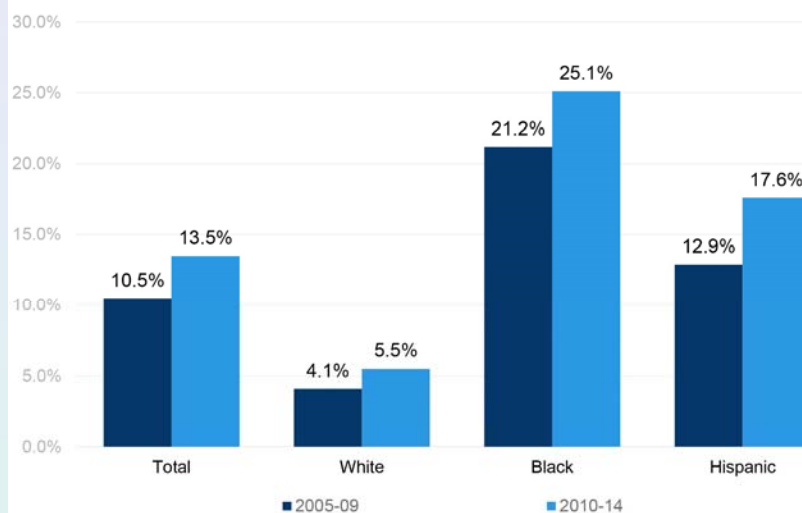
Source: Brookings Institution analysis of American Community Survey data

Metropolitan Policy Program at BROOKINGS

Significant number of families continue to struggle to make ends meet, one emergency away from financial crisis.
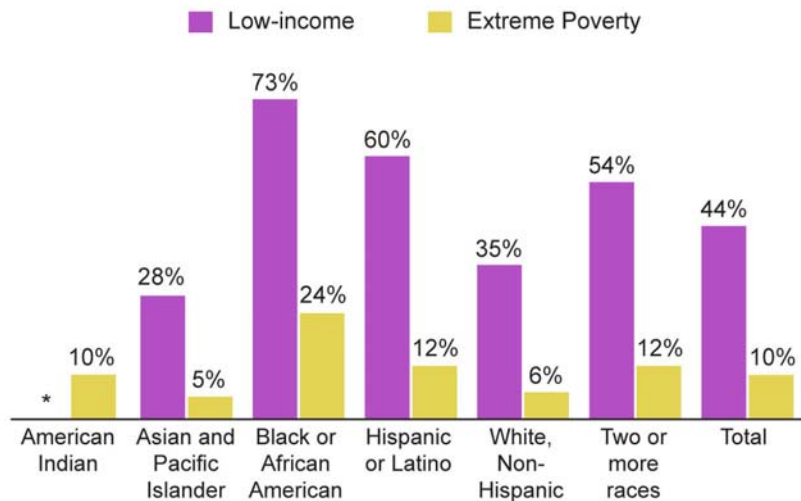
Kids Count Michigan Data Book 2017

Figure 6.
Poverty Rates by Age and Sex: 2015
(In percent)
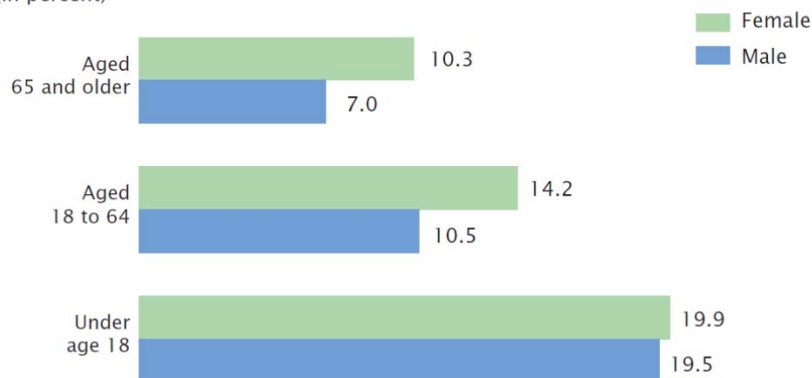
Note: For information on confidentiality protection, sampling error, nonsampling error, and definitions, see <www2.census.gov/programs-surveys/cps/techdocs/cpsmar16.pdf>.
Source: U.S. Census Bureau, Current Population Survey, 2016 Annual Social and Economic Supplement.

The Big Three

Institutional Racism

Gender Discrimination

Class Oppression

Social Justice

The absence of unfair, unjust advantage or privilege based on race, class, gender, or other forms of difference.

A world which affords individuals and groups fair treatment and an equitable share of the benefits of society.

Health Equity

A fair, just distribution of the social resources and social opportunities needed to achieve well-being.

EQUALITY | EQUITY

Social Determinants of Health

- The circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics.

- The social, economic and environmental factors that contribute to the overall health of individuals and communities.

Social Determinants of Health

*They include, **but are not** limited to:*

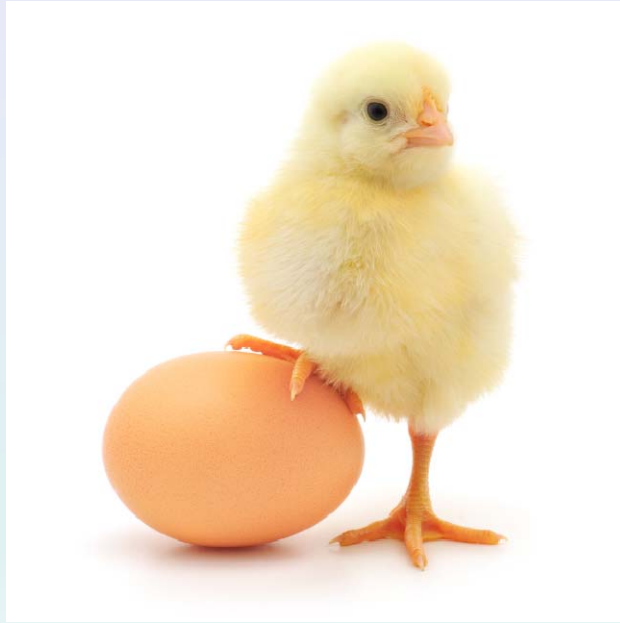|		
Safe Affordable Housing	Quality Education	Job Security
Social Connection & Safety	Living Wage	Access to Transportation
	Availability of Food	

The SDOH – Poverty Do Loop

Constrained set of choices → SDOH

SDOH → Poverty

Poverty → Social and Economic Isolation

Social and Economic Isolation → Reduced Access to Information and Resources

Reduced Access to Information and Resources → Constrained set of choices
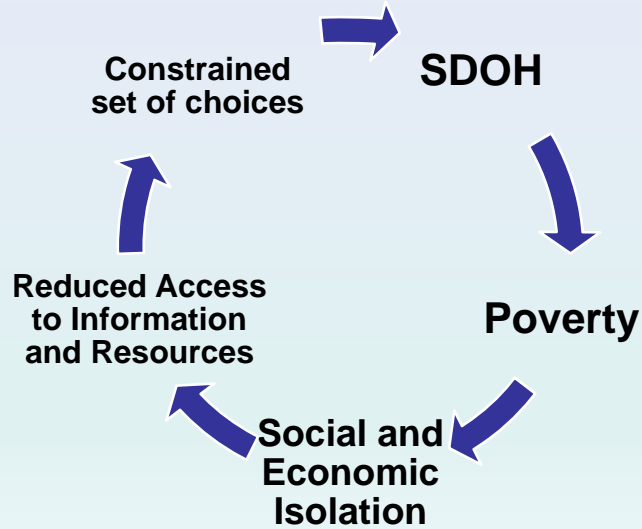
4 Levels of Oppression and Change

Personal

Feelings, beliefs, values

Interpersonal

Actions, behaviors, language

Institutional

Rules, policies, procedures

Cultural

Collective ideas about what is normal, true, right, beautiful

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Culture of poverty

The concept originated with American anthropologist, Oscar Lewis and his 1959 book

Five Families: Mexican Case Studies in the Culture of Poverty

Culture of poverty

By the time slum children are aged *six or seven*, they have usually absorbed the basic values and attitudes of their *subcutlure* and are *not psychologically geared* to take full advantage of changing conditions or increased opportunities which may occur in their lifetime.

(*emphasis* added)

1965 Moynihan Report

The Negro Family: The Case for National Action

An inescapable "*tangle of pathology*" of unmarried mothers and welfare dependency which leads to *self-perpetuating moral deficiencies* among Black people

(*emphasis* added)

Culture of poverty

- Generational – your fate is sealed before you even get to 3rd grade
- Rejection of main stream – hold fundamentally problematic values

- **Personal** and **Interpersonal** explanation for inequality – self defeating attitudes and actions

- Suggests individual responsibility that requires changing individuals and families – not contexts in which they live (SDOH)

The Structure of poverty

William Julius Wilson, Sociologist

The Declining Significance of Race (1978), *The Truly Disadvantaged* (1987)

- The cumulative effects of living in poor, racially segregated neighborhoods
- We must consider structural *and* cultural factors

- **Institutional** explanation for inequality – the policies we adopt and the ways we implement programs can perpetuate or challenge inequality

What about POWER?

Power and the Role of the Practitioner

Power is neither good nor bad. It is neutral.

Power is not given by others. It is claimed or built (with others).

Power is a product of relationship.

Power is most effective when it is focused and channeled.

Communities where people have strong relationships with one another are more powerful than communities where relationships are fragmented.

A **Strengths Based Approach**
to service delivery requires the
intentional use of a
Health Equity Framework

American Public Health Association

Successful implementation of a health equity
framework requires a focus:

➤ Within your organization
➤ Within your community
➤ Within your practice

Better Health through Equity: Case Studies in Reframing
Public Health Work (March 2015)

APHA HE Framework Domains

Within Your Organization

Acknowledge that equity is more than any one single intervention

Have an open and honest dialogue

Partner, partner, partner

Within Your Community

Be mindful of history

Let go of your agenda

Build trust

Within Your Practice

Follow the data, but…

Community ownership is paramount

Pay attention to process

Know when to step aside

INTENTIONALITY

- Challenge your own assumptions (personal)
- Trust that clients make decisions based on what they understand to be what is best for themselves/their family (interpersonal)
- Understand that the choices people make are determined by the choices available to them (institutional)
- Create systems that promote shared power (institutional)

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