

The Effects of Poverty on Child Health —

A. Knowledge

The relationship between socioeconomic status and child health outcomes is explored here. In this section the preceptor presents the basic relationships between poverty and ill health.

This initial introduction to the problem in large measure is intended to frame the statistical relationships between poverty and ill health and present the extent of the problem. Poverty can then be related to problems such as infant mortality, childhood malnutrition, HIV infection, child abuse, family violence, teen pregnancy, substance abuse, homelessness, sexual abuse, STDs, gang violence, neighborhood violence, injuries, mental illness, and lead poisoning.

Currently (4/92), fully 23% of all children under age six live below the federal poverty level. This figure includes 50% of African American children and 39% of Hispanic children. This section will provide some basic facts on the impact of poverty on child health.

Federal poverty level \$13,200/annum for a family of 4

Lack of adequate participation in entitlement programs

59% of eligible children receive WIC

Only 55% of eligible families receive Aid for Families with Dependent Children (AFDC), the main cash benefit

provided to indigent children

51% of eligible children receive food stamps

Physicians' Task Force on Hunger in the US reported that 750,000 children in the US are chronically malnourished

27% of inner city children in US have lead levels >15ugm/dl

68% of inner city children with income <\$6000/annum have Pb levels >15ugm/dl

500,000 homeless children in the US

Federal housing subsidies declined by 90% during the 1980's

33% of homeless are families with children

25% of homeless neonates are born LBW

Substance abuse

375,000 infants/annum born addicted

2.8% of high school students actively use cocaine

Average first time user of illicit drugs is 12.6 years old

44% of HIV patients are minority

One million teenagers become pregnant/annum

550,000 teen births/annum

Violence

Leading cause of death among black teens

500% increased homicide rate in black vs. White teens

Black teens living in Harlem, inner city Detroit, Cleveland etc. are less likely to survive to age 40 than Bangladeshi teens

Health insurance

9 million children without coverage

37% of children between 100% and 130% of poverty level

Lack of insurance

Immunization rates are falling

e.g., polio vaccination rate at age 1 in US is worse than

Botswana

Impact of poverty on child health

300% increase in asthma mortality in blacks

200% increase in blindness in poor children

200% increase in low birth weight

B. Skills

The requisite skills and attitudes will be developed as each curricular topic is explored in detail in the curriculum, e.g., assessing how poverty affects the health status of homeless children.

C. Attitudes

Develop sensitivity to the relationship of poverty to child health.

D. Barriers

Overwhelming nature of addressing the problem, e.g., financial implications for society

Lack of knowledge concerning the impact of poverty on health

Physicians may feel overwhelmed by problems of poverty and may seek to avoid working with poor patients

E. Advocacy

Health providers should bring these relationships to public attention

Work actively with political organizations interested in improving child health on local, state and national levels

References

Klerman, L. Alive and Well? A Research and Policy Review of Health Programs for Poor Young Children. National Center for Children in Poverty, Columbia University, New York, NY 1991.

The State of America's Children 1991. The Children's Defense Fund.
Washington, DC, 1991.

Beyond Rhetoric: A New American Agenda for Children and Families.
Final Report by The National Commission on Children.