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THE IMPACT OF A POVERTY SIMULATION ON PRACTICAL NURSING STUDENTS' ATTITUDES TOWARDS POVERTY

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THE IMPACT OF A POVERTY SIMULATION ON PRACTICAL NURSING
STUDENTS' ATTITUDES TOWARDS POVERTY

By

Jaime Lyn Crabb

SCHOLARLY PROJECT

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Northern Michigan University
In partial fulfillment of the requirements
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School of Nursing

August 14, 2018

PRACTICAL NURSING AND POVERTY

SIGNATURE APPROVAL FORM

THE IMPACT OF A POVERTY SIMULATION ON PRACTICAL NURSING STUDENTS' ATTITUDES TOWARDS POVERTY

This DNP Scholarly Project by Jaime Lyn Crabb is recommended for approval by the student's Faculty Chair, Committee and Department Head in the School of Nursing.

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ABSTRACT

THE IMPACT OF A POVERTY SIMULATION ON PRACTICAL NURSING
STUDENTS' ATTITUDES TOWARDS POVERTY

By

Jaime Lyn Crabb

Poverty is a multi-faceted global problem. Nurses and providers are front-line caregivers for this vulnerable population. In order to provide effective care, individuals must understand their own attitudes towards poverty. There is no research evaluating attitudes towards poverty using practical nursing students. The purpose of this study was to evaluate for changes in Practical Nursing students' attitudes towards poverty with the use of a poverty simulation. Participants were surveyed at two separate intervals using the Yun and Weaver's Short Form Attitudes towards Poverty (SFATP) tool in an online survey platform. The theoretical framework for this research study was based upon the Experiential Learning Theory (ELT), created by David Kolb, which emphasizes valuing the experiences that an individual brings to the classroom as a foundation in the educational process. The ELT espouses that the best learning occurs when students actively engage in an experience, reflect upon it, and then apply that learning to future experiences. Results from the surveys of the Short Form Attitudes towards Poverty were analyzed based on three factors: personal deficiency, stigma, and structural perspective. Independent sample *t*-test analysis revealed no statistical difference in the areas of stigma and structural perspective between a control group who did not participate in the learning experience and an experimental group who did. Statistical significance was found in the factor of personal deficiency ($p=.046$), which indicated the control group had higher levels of positive attitude in this area than the experimental group. However, a pre- and post-analysis of the experimental group demonstrated no significant differences in all

PRACTICAL NURSING AND POVERTY

three factors between a pre-intervention survey and post-intervention survey. There was a non-significant improvement in the areas of stigma and structural perspective. The results of this scholarly project were impeded by the timeframe and number of participants. Recommendations include ongoing data collection for a larger project, which will include examining attitudinal changes of learners from multiple areas of studies after participating in a poverty simulation as well as examining correlations between multiple variables i.e. financial status, religion, political affiliation, experience with poverty with attitudinal scores on the SFATP factors. More information is needed about the effect of this learning strategy in assisting, Practical Nursing students, to learn about the experience of living in poverty.

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PRACTICAL NURSING AND POVERTY

DEDICATION

This scholarly project is dedicated to the students of the Practical Nursing profession and those afflicted by poverty.

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A special thank you to Dr. Kristen Smith, the path was difficult and long, but we were able to weather it! Congratulations and thank you to all those in our DNP cohort.

With love to my husband, Charlie, thank you for being by my side. To my son, Michael, who pushed me to strive for the stars. To my daughter, Cassidy, thank you for always having a smile and a hug for mom. To my daughter, Macie, your spirit inspires me.
Love you all.

PRACTICAL NURSING AND POVERTY

PREFACE

The costs incurred in this project were underwritten by an institutional grant from Northern Michigan University.

TABLE OF CONTENTS

List of Tables	ix
List of Figures	x
Symbols and Abbreviations	xi
List of Appendices	xii
Chapter 1	1
Chapter 2	12
Chapter 3	23
Chapter 4	33
References	50
Appendix A	57
Appendix B	59
Appendix C	71
Appendix D	74
Appendix E	79

LIST OF TABLES

Table 1: Complete listing of 2017 poverty guidelines for households in the U.S.

Table 2: Monthly bills

Table 3: ATP (37 items) and SFATP (21 items) Comparison

Table 4: Comparison of Participant's Ratings of Financial Stability

Table 5. Control versus Experimental Groups

Table 6. Independent Samples Tests between Control and Experimental Groups

Table 7. Comparison of Means between Pre-intervention survey and Post-intervention survey groups.

Table 8. Independent Samples Test Results Comparing Pre-intervention Survey and Post-intervention Survey Groups

LIST OF FIGURES

Figure 1. Bar chart comparing participant's class standing

Figure 2. Vertical bar chart comparing participant's ages

Figure 3. Bar chart comparing participant's political affiliation

Figure 4. Vertical bar chart comparing participant's living situation

PRACTICAL NURSING AND POVERTY

SYMBOLS AND ABBREVIATIONS

Licensed Practical Nurse (also known as Licensed Vocational Nurse).....	LPN
United States.....	U.S.
Centers for Disease Control and Prevention.....	CDC
Institute of Medicine.....	IOM
Human Immunodeficiency Virus.....	HIV
Associate Degree in Nursing.....	ADN
Bachelor Degree in Nursing.....	BSN
Master Degree in Nursing.....	MSN
Doctor of Philosophy.....	PhD
Doctor of Nurse Practice.....	DNP
Registered Nurse.....	RN
Advanced Practice Registered Nurse.....	APRN
Experiential Learning Theory.....	ELT
Reform Organization of Welfare.....	ROWEL
Social Determinants of Health.....	SDOH
Education Resources Information Center.....	ERIC
Cumulative Index to Nursing and Allied Health Literature.....	CINAHL
Medical Literature Analysis and Retrieval System Online.....	Medline
Attitudes towards Poverty.....	ATP
Short Form Attitudes towards Poverty.....	SFATP
Undergraduate Perceptions of Poverty Tracking Survey.....	UPPTS
Patient Protection and Affordable Care Act.....	ACA
Internal Review Board.....	IRB
Practical Nursing course.....	PN
Learning Management System.....	LMS

PRACTICAL NURSING AND POVERTY

Appendices

Appendix A: IRB approval

Appendix B: Survey Tool and permission to use tool

Appendix C: Room Setup

Appendix D: Demographic results

Appendix E: Qualitative Box from Survey Answers

Chapter One: Introduction

“The Impact of a Poverty Simulation on Practical Nursing (LPN) Students’ Attitudes towards Poverty” project evaluated the use of a poverty simulation experience to analyze for changes of LPN nursing students towards those afflicted by poverty. Chapter One will demonstrate why poverty is a concern, the significance of poverty within the United States, and how nurses’ attitudes can impact care given to those who live in poverty. This chapter will also briefly describe the theoretical framework along with the Poverty Simulation, which were the basis of this research study.

Poverty and Its Significance

Poverty is a problem in the United States and has many potential consequences (Moffitt, 2015). Persons living at the lower end of the socioeconomic spectrum for poverty are more likely to feel a greater impact than those persons living at the upper end of the spectrum. The United States (U.S.) Census Bureau reports over 40 million people living in poverty (Proctor, Semega, & Kollar, 2016; Semega, Fontenot, & Kollar, 2017). Numerous resources use income level to determine a household’s level of poverty (CDC, 2014; Pickett & Wilkinson, 2015; Proctor et al., 2016; Semega et al., 2017). The Center for Disease Control and Prevention [CDC] (2014), however, defines people living in poverty as those who do not possess basic human needs (such as water, dietary needs, shelter, and healthcare). Typically, all assistance provided by social service organizations is based upon need and the federal poverty guidelines.

For the purpose of this study, poverty would refer to those earning incomes below \$12,060 for a single income or with a nuclear family of four (two income-earning adults

and two children) who earn incomes below \$24,600 [See Table 1 for complete listing of 2017 Poverty Guidelines for household in the U.S.] (FamiliesUSA, 2018; Semega et al., 2017). This definition also includes those who may earn income that is considered above the federal poverty line, but still struggle to maintain stable housing, food on the table, and other necessities that are required to sustain life. All assistance provided by social service organizations are based upon need and the federal poverty guidelines.

Table 1

2017 Poverty Guidelines

Household size	100%	133%	150%	200%	250%	300%	400%
1	\$12,060	\$16,040	\$18,090	\$24,120	\$30,150	\$36,180	\$48,240
2	16,240	21,599	24,360	32,480	40,600	48,720	64,960
3	20,420	27,159	30,630	40,840	51,050	61,260	81,680
4	24,600	32,718	36,900	49,200	61,500	73,800	98,400
5	28,780	38,277	43,170	57,560	71,950	86,340	115,120
6	32,960	43,837	49,440	65,920	82,400	98,880	131,840
7	37,140	49,396	55,710	74,280	92,850	111,420	148,560
8	41,320	54,956	61,980	82,640	103,300	123,960	165,280

Note. Reprinted from Annual update of the HHS Poverty Guidelines, by FamiliesUSA based on Department of Health and Human Services. Retrieved from <https://familiesusa.org/product/federal-poverty-guidelines>. 2017 by FamiliesUSA (U.S. Department of Health and Human Services, 2018).

One example, using the guidelines, would be a nuclear family with two (2) children. Both adults work full-time (40 hours) at a minimum wage hourly rate. Each income-earning adult would bring in \$15,080 into the household, for a total yearly income of \$30,160, or \$1,658.80 per month, with 34% subtracted for taxes. The couple's income would fall within 250% of the poverty level. The couples' bills include (See Table 2).

Table 2

Monthly Bills

Car payment	\$400
Car insurance	\$200
Rent	\$500
Utilities	\$150
Daycare	\$250
Groceries	\$250
Gas	\$200
Total	\$1,950

The example in Table 2 demonstrates the total of the monthly expenditures, which leaves the family with a deficit of \$291.20. This example does not include any of the costs associated with medical insurance, prescription medications needs, routine medical care, or any other needs, such as clothing.

How does poverty influence well-being? Poverty affects everything in an individual's life, but especially health and life expectancy (Chetty et al., 2016; Esposito, 2016). Life expectancy gaps between the highest and lower incomes were identified in the amount of "14.6 years" (Chetty et al., 2016, p. 2). The impact of poverty has also

been recognized at a global level. This negative impact has been acknowledged by the World Health Organization (2018), a non-profit that strives to reduce poverty as an investment in each nation's health with the belief that this will increase productivity and life expectancy. In the United States, despite increasing benefits for those covered under the Medicare expansion with the Patient Protection and Affordable Care Act (ACA) "wide disparities in health care access and outcomes persist" (Allen, Wright, Harding, & Broffman, 2014, p. 290).

Barriers to Seeking Care

Impoverished individuals have an increased risk of illness due to impaired nutritional status, lack of health maintenance or proper medical management of existing conditions, and may not be able to get any assistance or access to care for any number of reasons. Some of the barriers include: lack of transportation, knowledge deficits, and/or having income levels just above the poverty line (Institute of Medicine [IOM], 2011). In a study that focused on poverty in the United States, Strasser, Smith, Denney, Jackson, and Buckmaster (2013) emphasized that poverty has been linked to "increased risk of uncontrolled hypertension, cardiovascular disease, stroke, ...poor mental health and health related quality of life" (p. 1). These barriers to health affect every aspect of the lives of individuals and families struggling with poverty, which in some situations, is a problem that spans over many generations (Douthit, Kiv, Dwolatzky, & Biswas, 2015; Gans, 2011).

Nurses must understand barriers that their patients may encounter. The Missouri Community Action Network (n.d.) highlights that families living in poverty struggle, and that adding children into the mix can make it even more difficult to navigate the

bureaucracy of available social services. This organization adds lack of child care, difficulty understanding paperwork, or lack of self-confidence or support to the list of roadblocks. Research by Allen et al. (2014) highlighted that those who struggled with mental illness, human immunodeficiency virus (HIV), as well as inability to afford healthcare coverage felt stigmatized when seeking care, which in turn caused them to avoid this. Nurses have an opportunity to facilitate therapeutic relationships that allow their patients to overcome obstacles and seek the healthcare that they need.

Nursing and Poverty

The IOM (2011) along with the Robert Johnson Wood Foundation have emphasized the need for nurses who are able to deliver safe, high-quality, and patient centered-care (IOM, 2011). In order to meet the expectations of the Institute of Medicine, nurses must learn to combine both critical and clinical thinking.

Data released from the US Census Bureau (Semega et al., 2017) report that poverty levels are consistently around 14 percent. Given the consistency of the poverty level, while accepting the fact that the general population continues to grow each year, it could be inferred that the numbers are not getting better, and the problem continues to persist. With this in mind, it is safe to assume that nurses are likely to encounter individuals coming from varied levels of impoverishment.

Those in the nursing profession encounter a diverse range of patients and must have an understanding of how race, religion, ethnicity, and socioeconomic status may impact patient-provider interaction. For the purpose of this research study, those in the nursing profession will be termed “nurses.” In order to do this, nurses must have an awareness of their feelings towards people in poverty and what it entails in order to

provide patient-centered care. Specifically, nurses must be aware that stigma and prejudices due to socioeconomic status may perpetuate a lack of appropriate care, or care seeking behaviors, for proper health maintenance within this population. A research study by Allen et al. (2014) with 216 respondents highlighted that “38% reported at least one episode of unsatisfactory care” (p. 300). By supporting a heightened awareness of poverty and its impact on daily life, the nurse is then better able to provide individualized patient care.

It is difficult for individuals who have never lived in poverty to understand it (Payne, 2013). Richardson, Percy, and Hughes (2015) evaluated research on caring, compassion, and empathy, preferred qualities of today’s healthcare providers. They demonstrated that patients who struggle with poverty and who use healthcare services are able to easily identify healthcare providers, specifically nurses, who lack these qualities. An article by Allen et al. (2014) highlighted that stigma results from demeaning medical interactions, lack of responsiveness to concerns, lack of quality medical care, as well as a lack of care-seeking behaviors (p. 289). With the changes in current federal insurance initiatives, such as the ACA, those who previously did not qualify for medical insurance coverage may now be eligible for coverage (Allen et al., 2014). Many of these individuals feel disincentivized to seek health promotion or maintain any health-related regimens. Nurses possess the knowledge and skills to overcome these stigmas, thereby helping the health of those who are impoverished.

Allen et al. (2014) discussed that, in situations where financial barriers were taken away, impoverished individuals still faced barriers when seeking care and this impacted their health outcomes. Setbacks included: the provider’s failure to accept insurance,

patient-consumer dissatisfaction, and/or negative attitudes of providers/healthcare personnel regarding the extension of insurance coverage (Allen et al., 2014). Providers may be less willing to accept those who are socioeconomically challenged due to their insurance coverage and perceptions that this vulnerable population is of a litigious nature (Allen et al., 2014, p. 292). Eighty (80%) of the participants in the Allen et al. (2014) research study experienced stigma when seeking medical care (p. 299). To put this figure into perspective, using the above number of those living in poverty, this would equate to 32 million people who have experienced stigmas while trying to seek care. Such a number substantially affects the health of the nation, especially if such an experience disincentivizes individuals from seeking care.

Nursing Education

There is a spectrum of education in the nursing profession and access to a higher level of knowledge (in the form of a certification or degree) can be heavily influenced by socioeconomic status. The IOM (2011) highlights the need for nursing education to provide opportunities “for seamless transition to higher degree programs—from licensed practical nurse (LPN)/licensed vocational nurse (LVN) degrees, to the associate’s degree in nursing (ADN) and bachelor’s of science in nursing (BSN), to master’s of science in nursing (MSN), and to the PhD and doctor of nursing practice (DNP)” (p.

7). Socioeconomic status can impact both the path and the time it takes for a nurse to find their chosen career.

There are also many ways to pursue the various certifications and/or degrees, far beyond the traditional student who enters college and pursues a Bachelor of Science in Nursing (BSN) to become an RN. Many in the nursing profession have followed a non-

traditional approach, initially pursuing training to become a Licensed Practical Nurse (LPN) before furthering their education. The LPN students are often non-traditional and come from a varied background. Many of these individuals, unlike the traditional RN track students, need to continue to work while pursuing their education. Some of these individuals enter the LPN program having already started a family, then after working in the LPN role for varying amounts of time, decide to further their education.

For nursing personnel, the shortage of primary healthcare providers is a daily reality and a strong motivator to advance in the healthcare field. Some RNs pursue advanced education to become an Advanced Practice Registered Nurses (APRN), and take on the role of being a primary care provider (Swan, Ferguson, Chang, Larson, & Smaldone, 2015). This higher level of education, and the responsibility that comes with being a care provider, is yet another reason that it is necessary for those in the nursing profession to be aware of poverty and what to do when faced with it.

One teaching methodology that could encourage increased self-awareness towards working with those living in poverty involves simulation. “Simulations are a type of interactive group educational exercise that promotes experiential learning as learners live through a 'real-life' situation” (Pankow, 2006). Simulations are an effective learning method that has been shown to be very useful, in some cases, in terms of retention of knowledge and attitude change (Pankow, 2006). This project evaluated the use of the Poverty Simulation, specifically how it impacted LPN student perceptions of those who live in poverty.

Theoretical Framework

The experiential learning theory (ELT) provides the framework for this research project. Kolb, Boyatzis, and Mainemelis (1999) highlights that the use of “experiential” with the name of the framework, emphasizing that the experience is an essential component of the learning process. Students are always learning, but not all learning occurs in the traditional classroom (Caulfield & Woods, 2013). Some students retain information better when experiencing the learning material first-hand, especially adult learners (Itin, 1999; Kolb et al., 1999; Kolb & Kolb, 2005). The research completed by Caulfield and Wood (2013) was able to demonstrate that use of ELT can guide socially responsible behaviors. Pugsley and Clayton (2003) used ELT to demonstrate a change in attitudes toward evidence-based research in nursing. The empathy that is necessary in the nursing field can be enhanced with the use of ELT (Bas-Sarmiento, Fernández-Gutiérrez, Baena-Baños, & Romero-Sánchez, 2017). First-hand experiences with poverty heightens the nurses’ awareness with issues surrounding poverty while allowing them to respond to their patient’s needs.

Poverty Simulation Intervention Approach

“Poverty simulations are a promising approach to engaging college students in learning about poverty because they provide direct experience with this critical social issue” (Browne & Roll, 2016, p. 264). During the mid-1960s, with the big-government administrations of John F. Kennedy, then Lyndon B. Johnson, a “War on Poverty” began. The “War on Poverty” created the Economic Opportunity Act, bringing about legislation for Medicare/Medicaid, Social Security/welfare benefits and employment/training programs, also bringing the problem of poverty to the forefront of the nation’s attention

(Bailey & Duquette, 2014). These programs caused an increase in federal spending, which may have also produced negative changes in attitudes towards poor people in the U.S. (Bailey & Duquette, 2014). To counteract these negative attitudes, some advocacy groups began to focus on creating a tool to enhance awareness on the realities of living in poverty. For example, the state of Missouri which has been ranked one of the poorer states in the U.S, created the Reform Organization of Welfare in 1989 (The State Historical Society of Missouri, 1998). The ROWEL group evolved initially into the Missouri Association for Community Action and later into the Missouri Community Action Network (The State Historical Society of Missouri, 1998). In this role as an advocacy group for those in poverty, ROWEL was instrumental in the development of the Poverty Simulation (The State Historical Society of Missouri, 1998).

The poverty simulation is designed to allow students to experience aspects of poverty in a safe, controlled environment. The students are placed in family units upon entering the environment and then navigate a simulation involving having to problem solve how to get basic needs met for four weeks in the footsteps of their assigned family. Students are able to experience the trials and tribulations of being impoverished (Missouri Community Action Network, n.d.).

This project examined the attitudes of LPN students using the Poverty Simulation as an intervention. The design approach was intended to evaluate the attitudes of two separate groups of LPN students. The control group of LPN students did not participate in any intervention, they just completed traditional coursework. The experimental group participated in the Poverty Simulation along with traditional coursework.

Conclusion

This chapter has examined the barriers that limit an impoverished individual from seeking care and how a single negative experience can affect an individual's health maintenance. Chapter Two will evaluate the current literature regarding poverty, the use of simulation in nursing education as well as the tools used for measuring changes in attitudes. Chapter Two will also further lay out the theoretical framework of the ELT.

Chapter Two: Literature Review

Chapter Two will explore the current literature about poverty, the use of simulation as a teaching strategy, and attitudes of nursing students towards poverty. Along with the literature review, Chapter Two will further investigate the theoretical framework used for this research study, including an overview of the history and effectiveness of previous applications of the poverty simulation. All of this information will better illustrate the purpose of this research study, which was to evaluate the changes in the attitudes of nursing students after undergoing a poverty simulation.

Poverty

Poverty is a multi-faceted societal problem, which affects every aspect of life for those struggling under its weight. As stated in Chapter One, poverty stricken people have to focus on day-to-day struggles, making it all but impossible to spend time, energy, and money on the preventative and long term practices often required for health maintenance. Maslow's Hierarchy of Needs suggests that an individual cannot advance towards self-actualization without first having their basic needs met (Maslow, 1943). Individuals will struggle to meet the basic demands for food, water, shelter, and safety before focusing on any other aspect of life.

Poverty is closely linked to the social determinants of health (SDOH). The CDC defines SDOH as "conditions in the places where people live, learn, work, and play" (2014, n.p.). There are five main categories of SDOHs (CDC, 2014; Cole & Fielding, 2007):

- Economic stability
- Education

- Social and Community Context
- Health and Health Care
- Neighborhood and Built Environment

For this project a literature search was conducted through the following databases:

Education Resources Information Center (ERIC), Cumulative Index to Nursing and Allied Health Literature (CINAHL), Medical Literature Analysis and Retrieval System Online, or MEDLARS Online (Medline), and PubMed using the keywords: poverty, poverty simulation, attitudes towards poverty and practical nursing. The literature search failed to yield a single research study related to poverty simulation use with Practical Nursing students.

An essay by Meyers (2014) evaluated three different literature works written about poverty. Poverty has been a consistent problem in the United States. Meyers (2014) highlighted that the literature has failed to impact the current economic and systemic approaches to the issue of poverty. Part of this disconnect relates to American beliefs around the welfare state and social responsibility. In fact, Meyers (2014) suggested that “Americans hold contradictory and generally negative views about social responsibility and the government's capacity to address poverty” (p. 731). This negative view about social responsibility limits foresight and makes it difficult to implement socially-conscious programs on a state or federal level.

The United States (U.S.) Census Bureau releases annual reports on the Current Population Survey that include comprehensive census data, however there is a limitation to this data secondary to a lack of reporting for the following groups: individuals living in Puerto Rico and U.S. Island Areas, those who are institutionalized, military households

that only contain one adult, and finally for those who lack homes (Proctor et al., 2016). In 2016, there was an increase in poverty among those who are aged 65 and older (Semega, et al., 2017). The family type that has exhibited the highest level of poverty is a female householder with no husband present (Semega et al., 2017). Individuals possessing a bachelor's degree represented 34.2% of those living in poverty (Semega et al, 2017, p. 12), which is contradictory to current societal beliefs. There are many variations presented in the U.S. Census Bureau data. An article by Goldrick-Rab (2017) highlighted when pursuing higher education, students may face some challenges that keep them in poverty after completing their degree. However, it is important to see that poverty affects a variety of people and there is no one specific demographic that can predict the chances of being affected by poverty.

Research has demonstrated that poverty is detrimental to health. An article by Chetty et al. (2016) compared income and life expectancy. Life expectancy continued to decline the longer an individual stayed 'in poverty' (Chetty et al., 2016). Individuals in poverty face a lot of stress as they navigate the day-to-day responsibilities, which leads to a heightened awareness state at all times from consistently high stress levels.

The health care reform initiative, known as The Patient Protection and Affordable Care Act, has increased awareness of gaps within rural settings (Douthit et al., 2015). An article by Douthit et al. (2015) examined barriers to health care in the rural setting, defining rural as a population that is spread out and not densely concentrated. This research examined 34 articles that met inclusion criteria, and identified the following barriers: culture, inability to get to provider, financial concerns for providers, as well as a lack of opportunity for providers (Douthit et al., 2015). "Patients in rural areas were

concerned about stigma, discrimination and the extent to which their clinical information is kept confidential” (Douthit et al., 2015, p. 614). Areas of rural health contain fewer providers, increasing the likelihood that a patient will be cared by someone they know, which could cause additional stress for the patient. Stress may cause individuals to have weakened immune systems, which could predispose the individual to illness.

Poverty can be a generational issue; if a family has experienced multiple generations living in poverty, it further limits any of its members from being able to rise out of poverty (Haushofer & Fehr, 2014). Many of those living in poverty learn to function at a dysfunctional level, and experience high levels of violence and crime (Haushofer & Fehr, 2014). The chronic and high stress situations brought on by living in poverty often lead to negative health effects and unhealthy stress levels. If an individual is able to emerge from poverty, these detrimental effects can be altered or even reversed. However, the dysfunctional level that impoverished individuals must function at on a daily basis makes recovery from poverty very challenging.

Use of Simulation

Simulation has been a creative approach to bringing real-life situations that nursing students may encounter to fruition, the student is immersed into a situation in which they must critically think and perform in the role of a nurse. This approach to nursing education has become invaluable, evolving into its own pedagogy (Moule, 2011). The use of simulation provides a safe environment for students to learn (Moule, 2011). Nursing educators can vary the range of difficulty needed by tweaking the scenario, meaning that educators have an unprecedented amount of control over the material and the amount of critical thinking skills students need in order to master the situation. There

are also a variation of interactive tools that can be used in simulations, such as high-fidelity simulators that mimic real movement and give students a physical understanding of what to expect during wound care or other situations.

An article by Howard, Englert, Kameg, and Perozzi (2011) highlighted the struggle in nursing education to be able to provide appropriate experiences to facilitate critical thinking skills. Critical thinking skills are a requirement to be a nurse, and include being mindful of patient safety. Within nursing education, patient safety is considered paramount and recently there has been an additional call for nurses to assess and address social determinants of health, as illustrated in the Healthy People 2020 initiatives (Office of Disease Prevention and Health Promotion, 2018).

Literature Regarding Poverty Simulation

Literature concerning the Poverty Simulation supports its use for influencing attitudes towards poverty. Research completed by Schwartz and Robinson (1991) evaluated attitudes towards poverty from a social work perspective, specifically looking for how and why individuals ended up in poverty. The study was performed at the Midwestern university and grouped students based on their level of progression within the Social Work program [$n=119$] (Schwartz & Robinson, 1991). The survey tool used to obtain data was the Feagin Poverty Scale, which characterized poverty into one of three dimensions: 'structural, fatalistic, and individualistic' (Schwartz & Robinson, 1991, p. 293). Results from this research failed to identify any significance. It did, however, highlight the importance of exposing students to potential real-life situations (Schwartz & Robinson, 1991). The study concluded that, overall, this experience proved to be helpful

to the students (Schwartz & Robinson, 1991). This was one of the first research studies to explore the effects of the poverty simulation on student attitudes.

A dissertation by Pankow (2006) evaluated participants, from professional organizations around the state of North Dakota, attitudes ($n=402$) after a poverty simulation. A larger sample size gave the data greater power and statistical significance. The study also evaluated the effects of a poverty simulation longitudinally, which evaluated for retention of learning from the simulation experience. Survey data was collected at two time periods: six months and three years post intervention. Pankow (2006) reported significant changes in attitudes after the intervention. This supports a positive change in participants' attitudes after the use of the poverty simulation.

A study by Strasser et al. (2013) sought to evaluate the impact of the poverty simulation on providers and students in public health services ($n=91$). The research used the poverty simulation outside of 'lecture' to supplement student learning and to explore students understanding of poverty. The research completed on poverty by Strasser et al. (2013) used a survey with questions derived from the Poverty Simulation which had participants rate their perception of twelve (12) barriers seen with impoverished individuals using a 4-point Likert scale. This research failed to show a correlation, however, cited the need for further replication of this research project in order to explore the importance of incorporating multiple approaches for educating students about poverty.

Crumley (2013) evaluated "relationships between attitudes, attributions, and beliefs held towards poverty and individuals living in poverty by undergraduate and graduate students" (p.ii) using a correlational design. This research was targeted at

examining students in counseling professions and found that student socioeconomic status, race and level of education influenced beliefs about poverty which then translated into student interactions with those in poverty (Crumley, 2013). This study was important in that it examined students entering a helping profession. Likewise, nurses need to have an awareness of their personal beliefs to ensure that these beliefs do not influence the care that they provide.

An article by Noone, Sideras, Gubrud-Howe, Voss, and Mathews (2012) evaluated the use of the poverty simulation with baccalaureate nursing students' ($n=178$) attitudes towards poverty, using Yun and Weaver's (2010) Short Form of Attitudes towards Poverty (SFATP) survey. Noone et al. (2012) concluded that the poverty simulation was an appropriate intervention to gain knowledge about this vulnerable population. The experience that an individual came to school with may or may not contain/ include experience with poverty. Students were better able to make connections when actively participating in a poverty simulation to gain understanding of the barriers present.

Research conducted by Yang, Woomeer, Agbemenu and Williams (2014) also used the SFATP to investigate BSN nursing student ($n=137$) attitudes following a poverty simulation including debriefing. Findings included that the use of simulation built self-confidence after having participated in the experience and raised feelings associated with living in poverty, such as: frustration, stress, worthlessness, anxiety and helplessness (Yang et al., 2014). This research promoted the use of a poverty simulation when attempting to explore attitudes regarding poverty and was the first poverty simulation for nursing that used the SFATP (Yang et al., 2014).

The review of literature on simulation supports the use of a poverty simulation for teaching in higher education environments. However, at the time of this scholarly project, there were no studies found that examined the attitudes amongst LPN students after experiencing a poverty simulation. This project sought to examine the use of a poverty simulation with students studying to become practical nurses.

Measuring Tool for Attitudes of Poverty

Several tools have been developed that have been used to measure attitudes towards poverty. The literature review highlighted the use of several main tools: the Atherton et al.'s (1993) ATP scale, Yun and Weaver's (2010) SFATP, Feagin scale (Schwartz & Robinson, 1991), the Undergraduate Perceptions of Poverty Tracking Survey (Blair, Brown, Schoepflin, and Taylor, 2013), or a hybrid using pieces of the above tools.

The tool used for this research study was Yun and Weaver's SFATP (2010). Yun and Weaver's (2010) SFATP tool was preferred over Atherton's (1993) ATP and UPPTS (Blair et al., 2013) for its more realistic length. It was felt that college students would be more apt to complete a shorter survey. Atherton's ATP (1993) also focused around one factor, whereas the SFATP focuses on three aspects: personal deficiency, stigma, and structural perspective (Yun & Weaver, 2010). Feagin's scale included 11-items, however the SFATP tool had been a little more widely used with nursing students and the poverty simulation (Yun & Weaver, 2010).

Theoretical Framework

Education supports and values the learning that can evolve from having an 'experience.' How does one learn? Kolb (1984) defined learning as "the process

whereby knowledge is created through the transformation of experience” (p.38). Kolb’s Experiential learning theory [ELT] (1984) builds the theoretical framework for this research project. Kolb’s ELT (1984) is an evolutionary theory built on the premise that learners have previous experiences that influence their learning. The ELT was enhanced by works of noted scholars such as Dewey, Lewin, James, and Piaget (Kolb, 1984). ELT has been extensively used in nursing research as it helps to facilitate a multi-modal approach found to be successful in nursing education (Kolb et al., 1999). Kolb (2015) discussed the flexibility of using the ELT with any discipline due to the foundation being based on experience, which also influenced the choice for using this theoretical framework.

The basis for Kolb’s ELT (1984) rests on six (6) propositions:

1. Learning is best conceived a process, not in terms of outcomes.
2. All learning is relearning.
3. Learning requires the resolution of conflicts between dialectically opposed modes of adaptation to the world.
4. Learning is a holistic process of adaptation to the world.
5. Learning results from synergetic transactions between the person and the environment.
6. Learning is the process of creating knowledge (Kolb & Kolb, 2005, p. 194).

Kolb’s ELT (Kolb et al., 1999) highlighted that learning grew from experience and the connections made from those experiences. The first step involves learners having a “concrete experience,” which allows them to bring forth their experiences to work

towards making new connections to information (Kolb et al., 1999). In the second step, the learner must participate in a process of “reflective observation.” This allows the individual to review what they previously experienced, again working towards connecting new experiences to experiences that they have already had. The third step of ELT is “abstract conceptualization,” which allows the individual to evaluate what was learned from the experience. The fourth step of ELT is “active experimentation,” which allows the learner to apply what they have learned from this process to new experiences. This process helps to solidify the experience for the learner as they have made the connections from previous experience to the ‘new’ experience and they are able to apply it to other new encounters.

Caulfield and Woods (2013) used Kolb’s ELT (1984) in a 2013 qualitative longitudinal study that explored the potential of teaching outside of the traditional brick and mortar classroom for experiential learning, particularly when examining social issues. The participants consisted of graduate students and alumni from social sciences. The first group, or experimental group, were given false identities and were then instructed to explore the community social support organizations to avoid becoming homeless (Caulfield & Woods, 2013). Data was gathered from journal entries, a film documentary (in control group), discussion boards and a sustainability proposal [in experimental group] (Caulfield & Woods, 2013). Participants demonstrated sustainable behaviors while having heightened awareness of social issues (Caulfield & Woods, 2013). The researchers found that using experiential teaching techniques contributed to more substantive learning that persisted over time as compared to a more traditional teaching approach (Caulfield & Woods, 2013).

Conclusion

The literature review highlights that one of the purposes of higher learning is to produce socially conscious graduates. ELT is a teaching methodology used to achieve this outcome. Research in the literature review supports the effectiveness of using simulation for teaching. This scholarly project used an ELT approach to examine if a poverty simulation experience impacted LPN student attitudes towards those living in poverty. Upon reviewing the tools available to evaluate attitudes towards poverty, the SFATP was chosen as it has been previously studied in nursing. Chapter Three will examine the methodologies used for this research study including participant selection, project design, and description of statistical tests utilized.

Chapter Three: Methods

Chapter Three explores the methodology behind the implementation of the project, “The Impact of a Poverty Simulation on Practical Nursing Students’ Attitudes towards Poverty.” Specifically, this chapter will describe the selection process of participants involved in this research along with how participation was encouraged. The implementation of the poverty simulation will be examined, including the application of an independent-samples *t*-test for research analysis. Examining this methodology is essential to this project because it allows researchers to evaluate and understand the results obtained from the poverty simulation.

IRB Protection, Participants, and Recruitment

After an expedited review, the research project received IRB approval from a remote and rural Midwestern university (HS16-716, Appendix A). Participants were recruited based on current enrollment in a Midwestern university and acceptance into the PN certificate nursing program. Participants were initially enrolled in the introductory fundamental nursing course, the first semester theory course of the PN certificate program. To promote the study and recruit as many participants as possible, this class was visited by one of the principal investigators, who discussed the project and encouraged participation. Furthermore, during the last two weeks of the fall semester, these same students received three separate emails that included a link to the evaluation and an invitation to voluntarily participate. The email specifically estimated the completion time for the survey to be ten minutes or less. There was no compensation given to participants or non-participants of this research study. However, students who were part of the intervention group received extra credit for completing a reflective,

written homework assignment related to their experience after the poverty simulation experience. The writing component was not linked with an individual's survey results due to the setting of anonymous on the survey. The inclusion criteria for this study included acceptance into the Licensed Practical Nursing (LPN) certificate program. The participants had completed at least 15 liberal studies college-level courses for admittance into this PN certificate program. All participants were at least 18 years of age. Exclusion criteria for the study included anyone who had been admitted into the university's PN certification program, but did not complete the survey.

Sixty students were invited to participate in this research study. These LPN students were then further categorized by their grouping, or class cohort. The 2015-2016 cohort contained 32 students and the 2016-2017 cohort contained 28 students. A sample size calculator was used with a confidence level of 95%, allowing for a 5% margin of error. The projected minimum sample size was identified as 52 (Creative Research Systems, 2012), and the final total for the research project was 33.

Survey Tool

During the last two weeks of the fall and winter semesters, participants received invitations to participate in the survey and multiple emails with a link to the survey. The survey completed at the end of the fall semester was designated as the pre-survey, whereas the survey completed at the end of the winter semester was designated post-survey. The link brought the participants to a commonly used survey engine, specific to the university they attended. The use of the survey engine maintained the security of the data obtained and the survey settings were set to anonymous. After participants read this information regarding data security and clicked on the link, the first page provided

information on informed consent, emphasizing again that this survey was both voluntary and anonymous. Participants created their own unique identifier upon entering the survey domain. The survey tool contained demographic questions, the SFATP items (n=21 questions), and seven questions that were designed to elicit questions on experiences that could alter attitudes towards poverty (See Appendix B for Sample of the Survey and Permission to use Yun and Weaver's SFATP survey (2010)).

Participant demographics included questions designed to collect basic information such as:

- Class standing,
- Gender,
- Age,
- Ethnicity,
- Marital status,
- Religious preference, and
- Political beliefs.

The survey also included questions designed to assess the student's understanding of their own socioeconomic status including:

- Home life and perceived financial demographics of neighborhood,
- Perceived financial stability and estimated income,
- Inclusion in social service benefit programs,
- Experience with or knowledge of someone who experienced hunger due to inability to pay for food,
- Travel to a developing or underdeveloped country,

- Previous participation in a poverty simulation, and
- Option to provide a written statement explaining personal experiences with poverty.

The tool used for this study was the Short Form of Attitudes towards Poverty (SFATP) scale (Yun & Weaver, 2010), a 21-item scale adapted from the 37-item Attitude Toward Poverty scale (ATP), developed by Atherton et al. (1993). The SFATP uses a 5-point Likert scale, from Strongly Agree [SA=1] to Strongly Disagree [SD=5] (Yun & Weaver, 2010). Factor One evaluates for “Personal Deficiency” and consists of items designed to elicit participants’ beliefs regarding if individuals living in poverty are ‘deficient’ in some aspect that leads to their impoverished state. Factor One includes the following items:

- Poor people are different from the rest of society.
- Poor people are dishonest.
- Most poor people are dirty.
- Poor people act differently.
- Children raised on welfare will never amount to anything.
- I believe poor people have a different set of values than do other people.
- Poor people generally have lower intelligence than non-poor people (Yun & Weaver, 2010, p. 181).

Factor Two items evaluates for “Stigma” associated with poverty and consists of the following eight questions from the survey:

- There is a lot of fraud among welfare recipients.
- Some "poor" people live better than I do, considering all their benefits

- Poor people think they deserve to be supported.
- Welfare mothers have babies to get more money.
- An able-bodied person collecting welfare is ripping off the system.
- Unemployed poor people could find jobs if they tried harder.
- Welfare makes people lazy.
- Benefits for poor people consume a major part of the federal budget (Yun & Weaver, 2010, p. 181).

Factor Three evaluates for “Structural Perspective” consisting of the following six questions from the survey:

- People are poor due to circumstances beyond their control.
- I would support a program that resulted in higher taxes to support social programs for poor people.
- If I were poor, I would accept welfare benefits.
- People who are poor should not be blamed for their misfortune.
- Society has the responsibility to help poor people.
- Poor people are discriminated against (Yun & Weaver, 2010, p. 181).

Of note, Factor Three questions are reverse scored which means strongly agreeing is associated with a more favorable attitude towards people in poverty. In contrast, strongly disagreeing with items in Factor one and two are associated with more favorable attitudes. The SFATP tool was validated using a cross-sectional research design (Yun & Weaver, 2010). The alpha coefficient, also known as internal consistency; including all three (3) factors was 0.87 (p. 182). Validity for the SFATP

survey was completed with correlational analyses and independent samples *t*-tests (Yun & Weaver, 2010). Table 3 illustrates factor analysis results of the survey.

Table 3

SFATP tool Factor Analysis

Scale	Number of items	Correlations
ATP Short Form	21	.83
Personal deficiency	7 (Factor 1)	.85
Stigma	8 (Factor 2)	.76
Structural perspective	6 (Factor 3)	-.30a

Note. ATP (37 items) and SFATP (21 items) Comparison
a Factor 3 reverse response scoring (Yun and Weaver, 2010).

Intervention: The Poverty Simulation

There was a formation of the idea to bring the poverty simulation to the Midwestern university and recruitment of other disciplines within the university setting. The poverty simulation was an interprofessional collaboration that included five different departments: Business; School of Education; Nursing (LPN and BSN); and Speech, Language, and Hearing. This scholarly project focused on the experience of LPN students after the first semester the poverty simulation was implemented.

The Poverty Simulation involved volunteer faculty from Nursing (LPN and BSN Programs); Speech, Language, and Hearing; Education; and Business. Each of these faculty members had assigned areas of responsibility in regards to set-up, oversight of specific community service agencies, and facilitating the small and large group debriefings at the end of the simulation experience. The Poverty Simulation was run with a kit purchased from the Missouri Community Action Coalition (n.d.). The initial costs

of the Poverty Simulation kit were covered by an institutional grant. The Poverty Simulation kit included the following:

- 26 different family units (with many variations-families including homelessness, disability, incarceration, or having children)
- Community Service Agencies (Social Services, Utility Collector, Mortgage Collector, Quick Cash, Pawn Shop, Community Healthcare Provider, Police [Juvenile Hall, Jail], Community Service Agency, Employer, Bank, Supermarket, Homeless Shelter, Interfaith Services, Day Care Center, School)
- Instructions and all printable materials provided in CD format for the entire simulation and a script for the facilitator to use in leading the simulation.
- Portable wheeled cases with locks for secure storage of poverty simulation kit.

The Poverty Simulation sessions were held in a large room at the University. There was a strategic setup included in the Poverty Simulation Kit that placed families together in small cluster of chairs, in the center of the room and the community service agencies were on the perimeter of the room (See Appendix C for Setup Design). The Poverty Simulation required a total of 20-30 volunteers to run each session. Volunteers arrived one hour early to familiarize themselves with their Community Service Agency roles with faculty supervision. For the purposes of this research, volunteers consisted of fourth semester community health nursing students and social work students.

The Poverty Simulation is designed to simulate four weeks of living in near poverty. The time frame allotted for each week is 15-minutes, with a five-minute weekend in between. During each 15-minute week segment, participants must prioritize

meeting any obligations or challenges found in their family unit packet. Upon completion of the four weeks in near poverty, the participants engaged in small, instructor-led group debriefings followed by one large group, instructor-led debriefing.

The Poverty Simulation kit is designed to include 40 to 88 participants in each session; each person is assigned an identity and a story of that person and their family unit. Each session was scheduled to be 3 hours long. Students chose the session option that best fit into their schedule. To accommodate the number of students, the Poverty Simulation was held in three different sessions during the winter semester. Students slated to participate in the poverty simulation experience registered using the learning management system (LMS) of Moodle. The dates for the poverty simulation were determined before the start of the winter semester based upon investigator's schedules. The cohort 2015-2016 was considered the control group. They did not participate in the poverty simulation experience; however, the participants in cohort 2016-2017 did.

Participants of the LPN Certificate Program who were part of the intervention group were also given a qualitative reflection to complete. The qualitative reflection was not mandatory to be completed, so there was no benefit or loss to the student if the document was not submitted. Students were asked to complete the reflective assignment within two weeks after participating in the poverty simulation.

Project Design

This research project utilized a quasi-experimental design. This quasi-experimental approach utilized quantitative data provided by the SFATP survey tool. When using a quasi-experimental design, the researcher alters the treatments to

determine effectiveness (Shadish & Galindo, 2010). For this research study, the treatment is the participation in a poverty simulation.

The quasi-experimental design approach evolved as health research grew, initially identified by Cook and Campbell in 1979 (Fitzpatrick, 2012). Advantages to use include potential to gain high internal and external validity, but not as comprehensive as a randomized control trial (Bärnighausen, Røttingen, Rockers, Shemilt, & Tugwell, 2017). This design is used in health science research often in association with a comparison of pre-intervention and post-intervention data (Fitzpatrick, 2012; Harris et al, 2006). Therefore, an advantage of this type of quantitative research is the comparison of different treatment modalities while maintaining medical ethics (Fitzpatrick, 2012). An article by Harris et al. (2006) discussed one disadvantage to using a quasi-experimental design, which entailed the possibility of bias. This research study maintained awareness of this disadvantage throughout the process. The opportunity to compare cohorts in this research study using a poverty simulation as the intervention outweighed the possibility of bias.

Data Analysis

The use of SPSS 25 software was used for descriptive and inferential analysis of the data collected. Baseline and post-intervention surveys were completed anonymously through the Midwestern university's survey engine server. After the surveys were completed, the demographic information was populated numerically and by percentage. The data was analyzed to answer: what is the effect of a poverty simulation on the attitudes of LPN students towards people who live in poverty? Demographic categorical data was analyzed through frequency checks. Interval level data gleaned from post-

surveys from the control and intervention groups was analyzed using independent-samples *t*-tests.

Conclusion

Chapter Three discussed the methodology used to complete the Poverty Simulation and statistical analysis to be done on the results from the data collected. Chapter Four will directly address the data collected from the Poverty Simulation and interpretation of that data. Chapter Four will also discuss strengths and limitations of the research and what bearing that will have on the nurses and APRNs of the future.

Chapter Four: Results

Chapter Four reports the results from this research study including the demographic characteristics of participants and statistical analysis of data. This chapter will also identify strengths and limitations of this research project, implications for nursing practice, and explore recommendations for future research.

Project Summary

This research study was designed to evaluate LPN student attitudes' towards poverty after the use of a poverty simulation in a rural, Midwestern university. The literature review in Chapter Two supported the use of the poverty simulation as an effective intervention as well as the use of Yun and Weaver's (2010) SFATP tool as a reliable and valid survey to measure attitudes towards poverty. For data analysis, question items in the tool were summed individually for each factor and means derived. A higher mean in the areas of Personal Deficiency and Stigma represented a more accepting and empathic attitude towards people living in poverty. For the factor of Structural Perspective, items were reversed, therefore a lower mean represented more of an accepting attitude towards people living in poverty.

Participants from two cohorts of LPN classes were recruited to voluntarily complete the SFATP. The first cohort served as the control group and filled out the SFATP survey via an email link at the end of winter semester. The second cohort was the experimental group who completed the SFATP survey, also via an email link, at the end of fall (pre-survey) and winter semesters (post-survey after intervention). Data were collected using a survey platform supported by the Midwestern University.

Data Analysis

The data collected for this research study were from a convenience sampling of LPN students enrolled in a nursing school at a rural, Midwestern university. The curriculum for the LPN program, included three semesters of nursing school once admitted to the program. A control cohort group ($n=12$) was composed of second semester students who completed the measuring tool survey, which included questions from the SFATP, without experiencing the intervention. The experimental group ($n=21$) participated in the poverty simulation experience, and then completed the survey, also during their second semester of nursing school. Statistical analysis was completed using SPSS 25.0 software and included descriptive analysis as well as the use of an independent t -test. Categorical variables were presented using frequency distributions. A comparison of the participant responses for the control group (Cohort 2015-2016) and the experimental group (Cohort 2016-2017) was completed by using independent samples t -tests. All statistical tests were performed at a 0.05 level of significance.

Results

The population was primarily female in gender (See Appendix D for full results of demographic frequencies). All of the control group participants were female. In the experimental group, 95% ($n=20$) of participants were female, while the remaining 5% identified as male ($n=1$).

The most frequently reported class standing in the experimental group was Junior. The control group contained comparable participants that were ranked at Junior and Senior class standing. Within the participants for both the control and experimental groups, there were the same numbers of sophomore standing level ($n=2$) and both groups

had one participant that had already obtained an undergraduate degree or higher. See Figure 1.

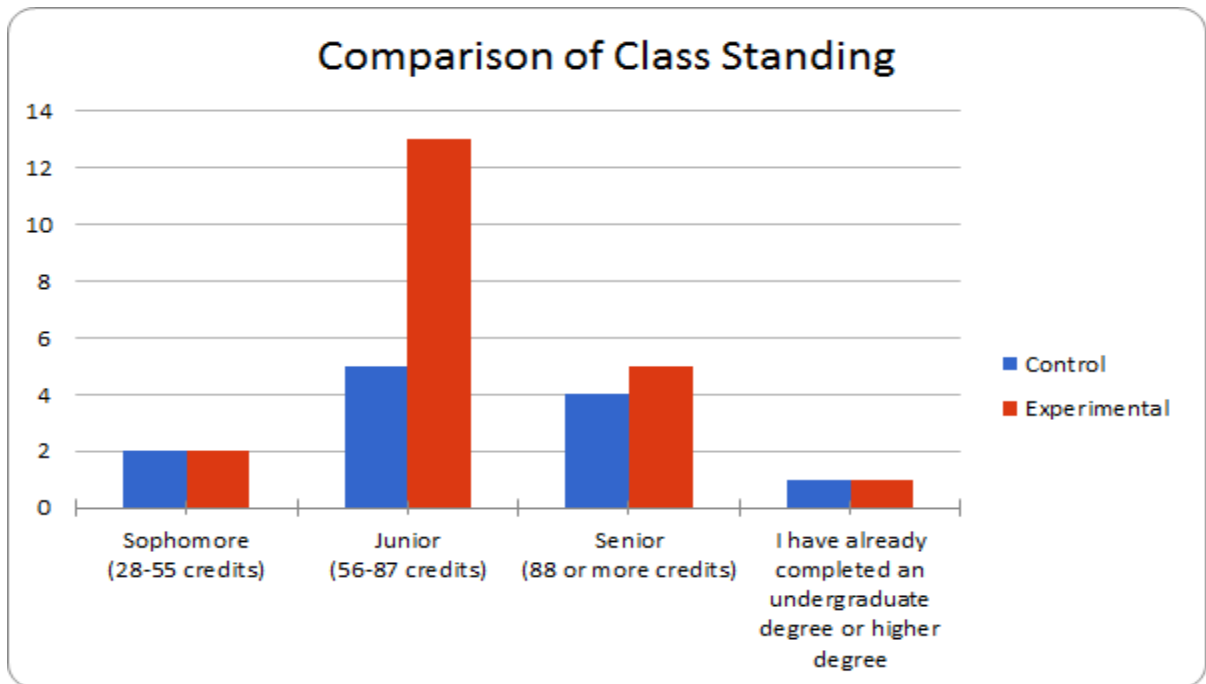


Figure 1. Bar chart comparing participant’s class standing

The most frequently chosen age category was 18-24 years in both, the control and experimental groups, with the range of participant ages from 18-54 years. In the Comparison of Age Figure 2, the age ranges that did not contain any results were omitted.

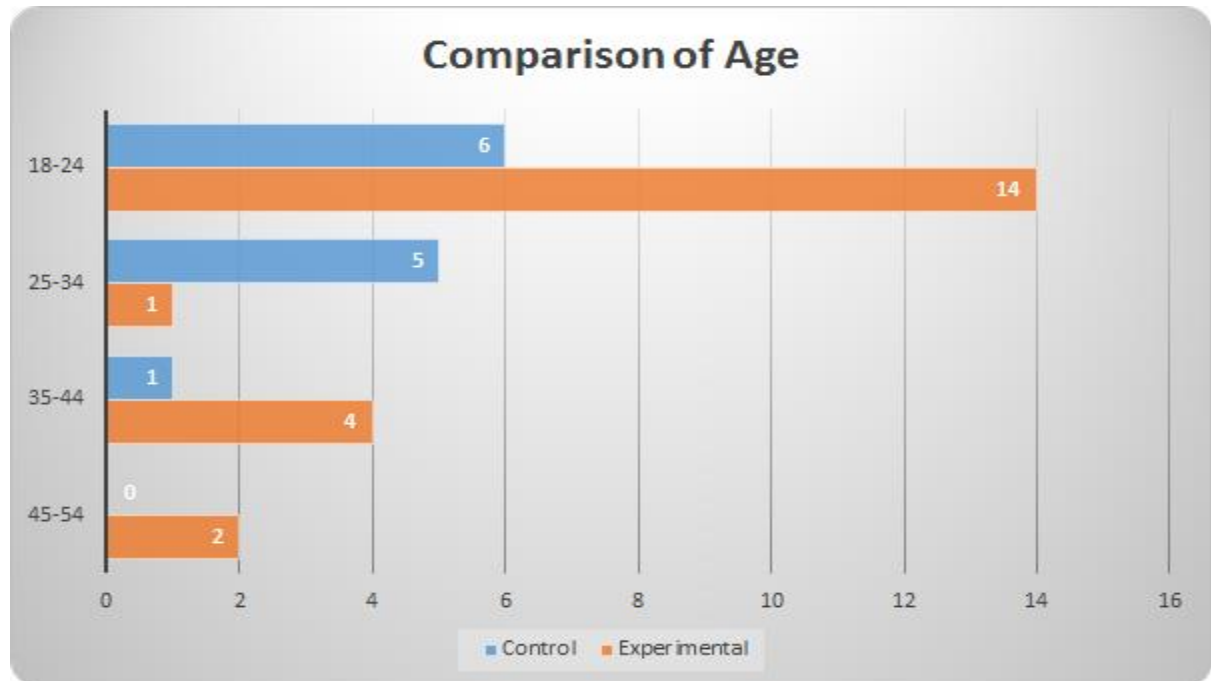


Figure 2. Vertical bar chart comparing participant's ages

The participants of the study were largely homogeneous by race. Of the participants, 79% ($n=26/33$), were White. Other races identified were Black ($n=2/33$), Native Hawaiian/Pacific Islander ($n=2/33$), Native American/American Indian/Alaskan Native ($n=2/33$). The sample participants were predominantly single, representing greater than 50% of each group. The most frequent religious characteristic of the sample population was 'Christianity,' representing 60% of the total sample. Two other categories identified by participants were: Religiously unaffiliated ($n=8$) and Traditional religion ($n=2$). In regards to political affiliation, 12 participants identified as conservative, eight (8) as liberal, and 13 as independent. Although the affiliations are fairly even in numbers, they were more unequal between the two cohorts. The control group had more individuals self-identified as liberal, while the experimental group was primarily independent, followed by conservative (see Figure 3).

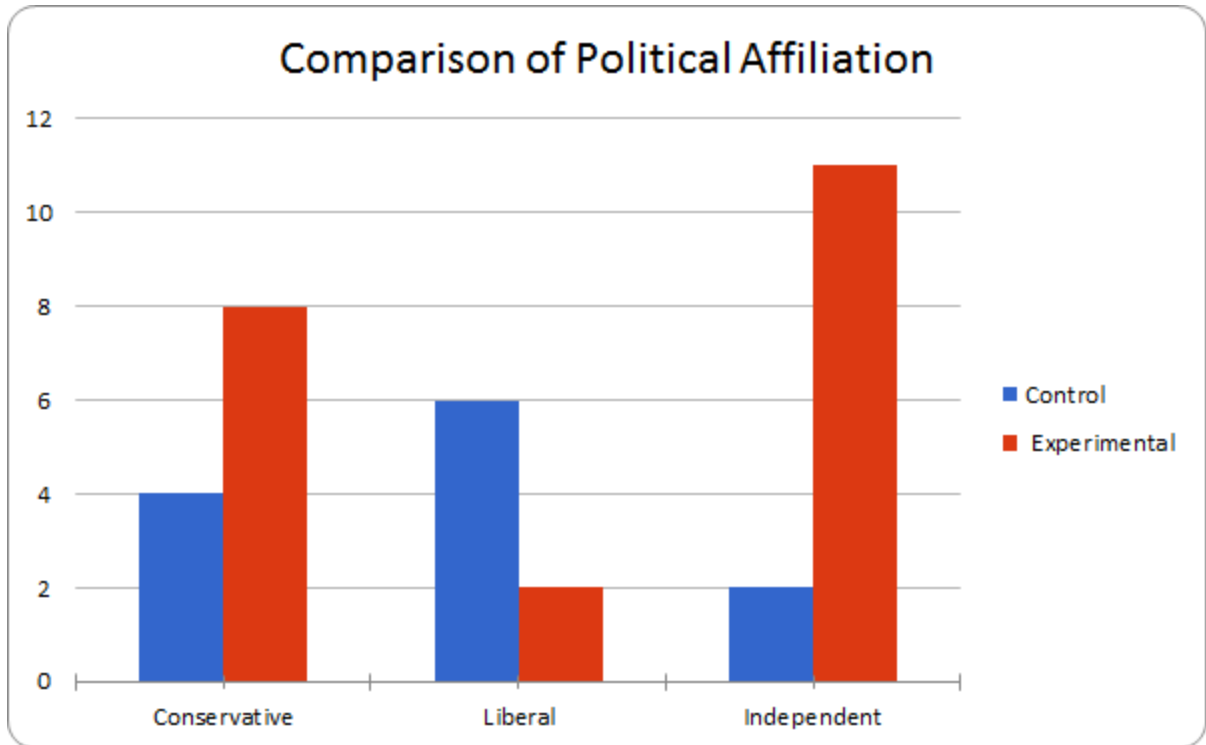


Figure 3. Bar chart comparing participant's political affiliation

Response to home location showed that all participants were equally representative of urban ($n=12$), suburban ($n=10$), and rural ($n=11$). In the control group more students identified as coming from rural home locations ($n=6$). See Figure 4 for comparison of home location by group.

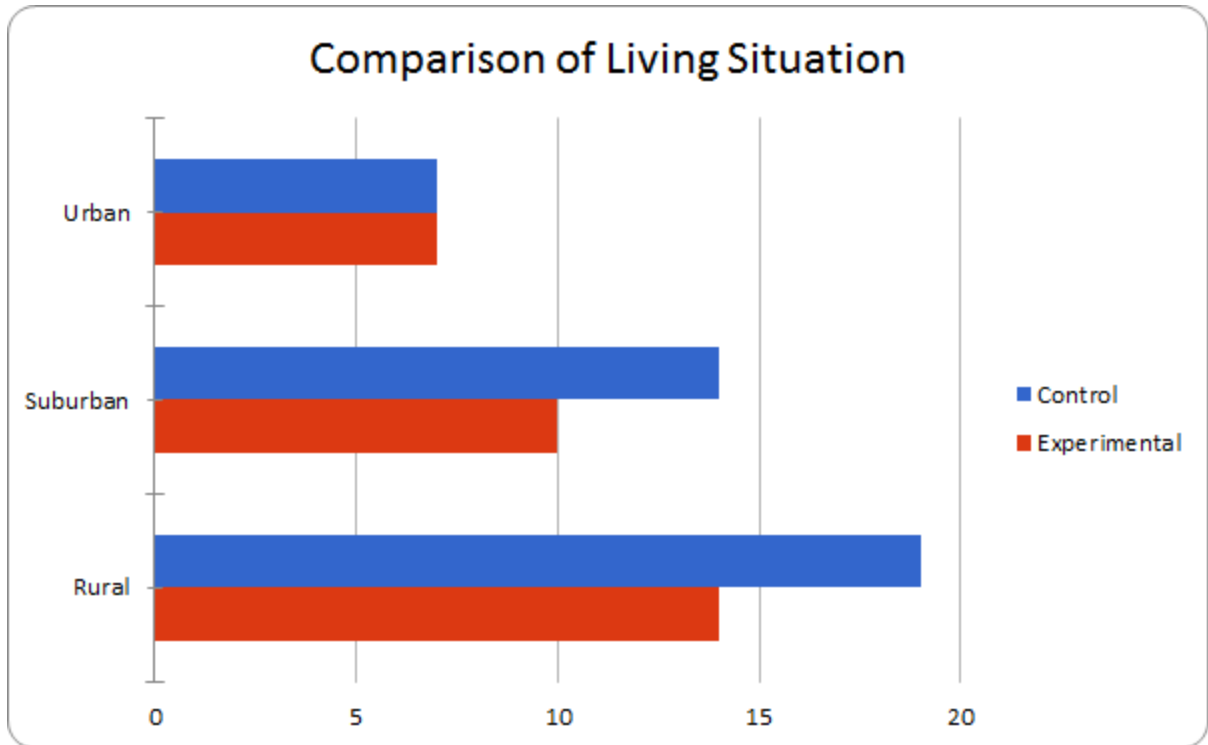


Figure 4. Vertical bar chart comparing participant's living situation

Table 4 depicts the tabulations from the question, 'Which of the following best describes your financial stability?' The control group and the experimental group had equal numbers of "secure" respondents. Eight (8) of all the participants or 24% of the total participants described their financial stability as 'somewhat secure' or below. Whereas 55% of all participants ($n=6/12$ for control, $n=12/31$ for experimental) described their financial stability as 'somewhat secure.' One very troubling response was one participant listed their financial stability as very insecure.

Table 4

Comparison of Participant's Ratings of Financial Stability

Personal rating of financial stability	Control group (n=12)	Experimental group (n=21)
Very secure	0	1
Secure	3	3
Somewhat secure	6	12
Somewhat insecure	1	4
Insecure	1	2
Very insecure	0	1
No response	1	0

Equal number of participants ($n=7$) in both, the control and experimental groups, indicated that they or their parents received social assistance, representing 64% of the control group and 33% of the experimental group. Those living in an economically-challenged neighborhood representing 33% ($n=4$) of the control group and 43% ($n=9$) of the experimental group. When asked '*Have you ever been hungry because you or your family did not have enough money for food?*' The experimental group reported 24% ($n=5$) whereas the control group reports 9% ($n=1$). Participants were asked if they knew of friends or family that were ever in one of these situations: needed to use social services, been hungry due to lack of money, or lived in an economically challenged area. 73% ($n=8$) of the control group and 48% ($n=10$) of the experimental group responded affirmatively. A total of 48% ($n=15$) of all participants indicated they had never been exposed to friends or family under those situations.

The incomes for participants of this sample ranged from under 20,000 to 119,999. The range of incomes for the control group was from under 20,000 to 59,999. The range of income for the experimental group was under 20,000 to 119,999. The most frequent income in the control and experimental group was under 20,000 ($n=5, 11$). Of the total sample population, 35% ($n=11$) had travelled abroad. Finally, the distribution of home location was relatively equally split between urban, suburban, and rural, which provided good representation of each census classification.

Statistical Analysis

An independent samples *t*-test was conducted to compare the factors of personal deficiency, stigma, and structural deficit scores between the control group and the experimental group. Results of the difference in means are presented in Table 5. In the area of Personal Deficiency, mean scores went down between the control group ($M=4.07, SD=.41$) and the experimental group ($M=3.73, SD=.46$). For Stigma, scores increased from the control group ($M=2.94, SD=.68$) to the experimental group ($M=3.08, SD=.68$). Finally, for the factor of Structural Perspective, the scores decreased from the control group ($M=3.00, SD=.76$) to the experimental group ($M=2.75, SD=.54$). Higher scores for Personal Deficiency and Stigma are associated with a more favorable attitude towards poverty wherein a lower score for Structural Perspective represents a more positive attitude due to reverse scoring.

Table 5

Comparison of Post Survey Results of Control versus Experimental Groups

Factor	LPN Class	N	M	SD	SEM
Personal deficiency	Winter 2016	12	4.0714	.41089	.11861
	Winter 2017	21	3.7347	.46792	.10211
Stigma	Winter 2016	12	2.9375	.68153	.19674
	Winter 2017	21	3.0799	.67729	.14780
Structural perspective	Winter 2016	12	3.0000	.75879	.21904
	Winter 2017	21	2.7460	.54165	.11820

Next, the control group and experimental group were analyzed using an independent-samples *t*-test. Table 6 reports the results of the analysis.

Table 6

Independent Samples Tests between Control and Experimental Groups

Levine's test for equality of variances		F	Significance	t	df	Significance (two tailed)
Personal deficiency	Equal variances assumed	.018	.893	2.075	31	.046
	Equal variances not assumed			2.152	25.609	.041
Stigma	Equal variances assumed	.010	.923	-.580	31	.566
	Equal variances not assumed			-.579	22.906	.568
Structural perspective	Equal variances assumed	.563	.459	1.119	31	.272
	Equal variances not assumed			1.020	17.522	.321

<i>t</i> -test for equality of means		Mean difference	Std. error difference	95% Confidence interval of the differences	
				Lower	Upper
Personal deficiency	Equal variances assumed	.33673	.16231	.00571	.66776
	Equal variances not assumed	.33673	.15651	.01478	.65869
Stigma	Equal variances assumed	-.14243	.24564	-.64342	.35855
	Equal variances not assumed	-.14243	.24607	.65159	.36672
Structural perspective	Equal variances assumed	.25397	.22703	-.20905	.71699
	Equal variances not assumed	.25397	.24890	.26997	.77791

Levene's test for equality of variance was completed and not significant for all factors indicating equal variance could be assumed. Statistical significance was noted in the factor Personal Deficiency between the control ($M=4.70$, $SD=.41$) and experimental groups ($M=3.73$, $SD=.47$; $t(31)=2.075$, $p=.046$ two-tailed). Using an online calculator at: <https://www.uccs.edu/lbecker/>, it was determined that the effect size for this significance was large (Cohen's $d=1.75$).

There was no significant difference in scores for the Factor 2: Stigma between the control ($M=2.94$, $SD=.68$) and experimental groups ($M=3.07$, $SD=.67$; $t(31)=-.580$, $p=.566$ two-tailed). Factor 3: Structural Perspective also had no significant difference between the control ($M=3.00$, $SD=.76$) and experimental groups ($M=2.74$, $SD=.54$;

$t(31)=1.119, p=.272$ two -tailed). As a reminder, Factor 3 includes reversal response scores.

In order to further explore if this difference for Personal Deficiency was between the control and experimental group or perhaps within the experimental group, another independent-samples t -test was conducted to compare the factors of personal deficiency, stigma, and structural deficit scores between pre-surveys given to the experimental group prior to the poverty simulation and the post-surveys collected after experimental group participants had experienced the simulation. Though participants used a unique identifier with each survey to maintain confidentiality, there was difficulty matching pairs, so it was decided to compare a pre-survey versus post-survey group using the independent t -test analysis. Table 7 compares the means between the two groups.

Table 7

Comparison of Means between Pre-intervention survey and Post-intervention survey groups

		<i>N</i>	<i>M</i>	<i>SD</i>	<i>SEM</i>
Personal deficiency	Fall 2017 presurvey	19	3.9323	.41340	.09484
	Winter 2017 postsurvey	21	3.7347	.46792	.10211
Stigma	Fall 2017 presurvey	19	2.8224	.83678	.19197
	Winter 2017 postsurvey	21	3.0799	.67729	.14780
Structural perspective	Fall 2017 presurvey	19	2.7368	.58351	.13387
	Winter 2017 postsurvey	21	2.7460	.54165	.11820

Table 7 indicates that the mean score for Personal Deficiency decreased from pre-intervention survey ($M=3.93$, $SD= .413$) to post-survey (3.73 , $SD= .468$). The mean score for Stigma increased from pre-intervention survey ($M=2.82$, $SD= .837$) to post-intervention survey ($M=3.08$, $SD= .677$). For Structural Perspective the scores remained essentially equivalent between pre-intervention survey ($M=2.74$, $SD= .677$) to post-intervention survey ($M=2.75$, $SD=.542$). The results of the independent t -test between the pre-intervention survey and post-intervention survey groups were indicated in Table 8.

Table 8

Independent Samples Test Results Comparing Pre-intervention Survey and Post-intervention Survey Groups

Levine's test for equality of variances		F	Significance	t	df	Significance (two tailed)
Personal deficiency	Equal variances assumed	.126	.725	1.409	38	.167
	Equal variances not assumed			1.418	37.983	.164
Stigma	Equal variances assumed	1.527	.224	-1.075	38	.289
	Equal variances not assumed			-1.063	34.693	.295
Structural perspective	Equal variances assumed	.001	.973	-.052	38	.959
	Equal variances not assumed			-.051	36.849	.959

<i>t</i> -test for equality of means		95% Confidence interval of the differences			
		Mean difference	Std. error difference	Lower	Upper
Personal deficiency	Equal variances assumed	.19764	.14024	-.08627	.48155
	Equal variances not assumed	.19764	.13936	-.08449	.47975
Stigma	Equal variances assumed	-.25756	.23970	-.74280	.22769
	Equal variances not assumed	-.25756	.24227	-.74956	.23443
Structural perspective	Equal variances assumed	-.00919	.17790	-.36933	.35095
	Equal variances not assumed	-.00919	.17858	-.37108	.35270

Levene's test for equality of variances was not significant in any factor, indicating equal variances could be assumed.

Discussion

The purpose of this research study sought to explore what was the effect of a poverty simulation on the attitudes of LPN students towards people who live in poverty? A review of the data analysis and discussion of possible meanings seeks to answer these questions. The hypothesis was attitudes of LPN students will change towards those living in poverty after the intervention of a poverty simulation.

Data regarding the attitudes of LPN students towards people in poverty was collected using the Yun and Weaver's (2010) SFATP, which examines three factors: personal deficiency, stigma, and structural deficiency. For the factor of Personal

deficiency, statistical significance between the means of the control and experimental groups went in a direction opposite than expected. The mean for the control group was 4.07 which decreased to 3.73 in the experimental group, indicating a more negative view of those in poverty. This might reflect a fundamental difference in the control and experimental group in terms of starting levels of attitudes towards those in poverty.

Further analysis of the experimental group, comparing pre and post-tests revealed no significant change in scores for the factor of Personal deficiency between pre survey data collected prior to the simulation experience ($M=3.93$, $SD=.41$) and post survey data collected after the simulation experience ($M=3.73$, $SD=.46$; $t(38)=1.4$, $p=.167$). Finding no difference in the experimental group pre and post was unexpected. A decrease in the post-intervention test mean results for Factor 1 Personal deficiency, when compared to both pretest and the control group though non-significant, indicated a more negative attitude after the Poverty simulation. Further investigation is warranted with a larger sample size.

Replication with other groups and more LPN participants would be necessary to explore the effectiveness of the poverty simulation for attitudinal change in this population. As the use of the Poverty Simulation was found to be effective in research by Yun and Weaver (2010), more data is needed to make any assumptions or generalizations for the population of LPN students.

Another important point is that the participants of this study were highly educated, only seven (14%) of the participants fell into the 'Sophomore (28-55 credits)' category out of the total 50 participants. This might be unusual for a population of LPN students. The setting for this project was a university which offers both certificates and

degree granting programs. LPN programs are typically housed in community college settings. This might explain the higher levels of education that possibly could alter study results. Looking at the results of the study, one possibility for lack of significant findings might be the possibility that it is more difficult to change attitudes with age and experience. With a high number of students having had previous experience with poverty (as reported by the other survey items), they potentially may not be as likely to have changes in attitudes.

Strengths of Research

The study was completed at a rural, Midwestern university, capturing a unique population that is not often reflected in academic research. Although this was a quasi-experimental quantitative study, students were allowed to submit reflective comments to open-ended dialogue boxes (See Appendix E for those comments). Furthermore, the review of literature failed to yield any reports or analyses using a population of LPN students. This scholarly project attempted to provide quantitative data regarding LPN students' attitudes towards people living in poverty.

Another strength of this study was that it was based on Kolb's Experiential Learning Theory [ELT] (1984). Adult learners benefit from a cycle of experiences, reflections, and application of new knowledge from experience, the foundation of ELT theory. This study allowed LPN students to participate in an active learning environment that simulated living in near poverty, which in turn might assist them to potentially be more empathetic and provide higher-quality patient-centered care.

Limitations of Research

Limitations to this research study include its inability to account for participants who switched between groups. Two students from the experimental cohort (those who participated in the poverty simulation) were originally in the control cohort (those that did not participate in the poverty simulation). Their data could not be excluded because the survey settings maintained their anonymity.

Another limitation of this research corresponded to the homogenous population of participants who were mostly White. There was no representation of students of Asian descent within the sample. Populations such as those who identify as Hispanic, African American/Black, Native American/American Indian, and Native Hawaiian/Pacific Islander represented only 15% of the sample ($n=5$). Six percent (6%) of participants ($n=2$) designated themselves as 'Mixed,' which were not included in any of the other categories. This variation, however, only accounts for 21% within the sample population. Therefore, the study is not generalizable to other groups.

Only 9% of the sample population classified their marital status as divorced, which may have also had an impact on the results of this study. There was a lack of religious representation in the sample with no participants identifying as followers of 'Buddhism, Hinduism, Folk Religion, Judaism, or Islam.' Once again, findings cannot be generalized beyond this sample.

Due to the small sample size ($n=33$), the only significant statistic was personal deficiency ($p=.05$). Furthermore, there were students who chose not to answer some of the demographic questions. A larger sample size might reveal more statistical significance and power.

Finally, another limitation to be considered was the expectation that those who choose to pursue the nursing profession may possess a better understanding of empathy, a personal drive to care for and about individuals, and a want to understand particular circumstances. In other words, it is unclear whether a poverty simulation may impact those pursuing a caring profession differently than other disciplines.

Recommendations towards Poverty

The LPN students are often non-traditional and come from a variety of backgrounds. Many of these individuals have an understanding of poverty through its impact on relatives or friends. Some have even battled with the difficulties associated with poverty themselves, and these students may offer a unique perspective that may increase other students' understanding of poverty when it can be shared in this interprofessional approach.

Poverty continues to be a hot-button issue within the United States, but the lack of understanding about poverty in those who do not have first-hand experience with its difficulties, supports further research in this area. The poverty simulation experience offers an intervention to enhance awareness of attitudes. However, the impact of this experience remains dependent upon the individual student's commitment to fully engaging with the simulation. When students choose to engage in the activities of the simulation and the discussion it creates, it has the potential to affect their future decisions and positively shape their encounters with patients.

Further research is needed to evaluate provider understanding of poverty. Exploring how a provider interacts with individuals who are impoverished along with specifics regarding how they treat conditions with cost-effectiveness in mind. Treatments

are important; however, an investigation into provider perspective of stigma might also be beneficial and start the conversation amongst providers. Finally, another limitation that students in nursing may already have a foundation of empathy and participation in a Poverty Simulation may not significantly change their attitudes. This is also possibly true with older, more experienced students; it may be harder to move the needle.

This scholarly project represented a segment of a larger ongoing study. Further study is necessary that includes: a larger sample size; comparison of LPN students to students from other majors; and examining correlations between variables such as previous exposure to poverty, travel to a third world country, political affiliation, religion, income, financial stability, economically challenged neighborhood, been hungry before due to no money, received social services, classification of home setting, marital status, education level, gender, as well as age to attitudes regarding people living in property.

Implications for Practice

People who live in poverty are a vulnerable population who would benefit from nonjudgmental health care providers. All providers need to be knowledgeable about poverty, known as the most influential social determinant (Wise & Dreussi-Smith, 2018). Furthermore, research regarding the impact of simulations needs to be expanded within the healthcare setting throughout all disciplines. These experiences could translate into the care that nurses provide to their patients. Continued research using nursing students, especially LPNs, would add to the body of knowledge.

Providers may benefit from training that heightens their awareness surrounding barriers to health maintenance, specifically to address stigma (Allen et al., 2014).

Providers have a large impact on stigma and the culture of care given to the patients that

seek care within their doors. Providers (physician, physician assistant, APRNs, as well as those in training) need to be cognizant about their attitudes towards poverty.

Conclusion

The purpose of this scholarly project was to evaluate the use of a poverty simulation to elicit a change in attitude towards poverty in practical nursing population. The results of this study are only representative of the sample size. This project is part of an ongoing study that could result in larger sample sizes as well as qualitative findings. With little known about the attitudes of LPN students towards those living in poverty, ongoing data collection has potential to add to the literature.

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Appendix A

From: Amanda Wigand
To: tdelpier@nmu.edu
Cc: "Derek L. Anderson"
Subject: IRB Approval HS16-716
Date: Tuesday, January 26, 2016 8:57:14 AM

Signed copies to follow via campus mail.

Memorandum

TO: Terry Delpier
 Nursing Department

DATE: January 26, 2016

FROM: Rob Winn, Ph.D.
 Assistant Provost/IRB Administrator

SUBJECT: IRB Proposal HS16-716
 IRB Approval Dates: 1/25/2016-1/25/2017**
 Proposed Project Dates: 1/25/2015-1/25/2016
 "Undergraduate Student Attitudes Towards Poverty"

The Institutional Review Board (IRB) has reviewed your proposal and has given it final approval. To maintain permission from the Federal government to use human subjects in research, certain reporting processes are required.

- A. You must include the statement "Approved by IRB: Project # HS16-716" on all research materials you distribute, as well as on any correspondence concerning this project.
- B. If a subject suffers an injury during research, or if there is an incident of non-compliance with IRB policies and procedures, you must take immediate action to assist the subject and notify the IRB chair (dereande@nmu.edu) and NMU's IRB administrator (rwinn@nmu.edu) within 48 hours. Additionally, you must complete an Unanticipated Problem or Adverse Event Form for Research Involving Human Subjects
- C. Please remember that informed consent is a process beginning with a description of the project and insurance of participant understanding. Informed consent must continue throughout the project via a dialogue between the researcher and research participant.
- D. If you find that modifications of methods or procedures are necessary, you must submit a Project Modification Form for Research Involving Human Subjects before collecting data.
- E. **If you complete your project within 12 months from the date of your approval notification, you must submit a Project Completion Form for Research Involving Human Subjects. If you do not complete your project within 12 months from the date of your approval notification, you must submit a Project Renewal Form for Research Involving Human Subjects. You may apply for a one-year project renewal up to four times.

NOTE: Failure to submit a Project Completion Form or Project Renewal Form within 12 months from the date of your approval notification will result in a suspension of Human Subjects Research privileges for all investigators listed on the application until the form is submitted and approved.

All forms can be found at the NMU Grants and Research website:
<http://www.nmu.edu/grantsandresearch/node/102>

Amanda Wigand
 Graduate Assistant
 Grants and Contracts Office
 Northern Michigan University
 906-227-2437

From: Taylor, Janelle N
To: tdelpier@nmu.edu
Cc: [Derek L. Anderson; krsmith@nmu.edu](mailto:krsmith@nmu.edu); jcrabb@nmu.edu; lnelson@nmu.edu; jpuncoch@nmu.edu; mcrum@nmu.edu; alvande@nmu.edu; rborges@nmu.edu
Subject: IRB Modification Approval HS16-716
Date: Thursday, March 24, 2016 10:25:32 AM

MEMORANDUM

TO: Terry Delpier
 Nursing Department

CC: Kristen Smith, Jaime Crabb, Ally Vander Klok, Ryan Borges
 Nursing Department

Judith Puncochar
 Education, Leadership, and Public Service

Michael Crum
 School of Business

Lori Nelson
 Speech, Language, and Hearing Sciences

FROM: Robert Winn, Ph.D.
 Assistant Provost/IRB Administrator

DATE: March 24, 2016

RE: Modification to HS16-716
 IRB Approval Dates: 1/25/2016-3/24/2017**
 Proposed Project Dates: 1/26/2016-3/23/2017
 "Undergraduate Student Attitudes toward Poverty"

Your modification for the project "Undergraduate Attitudes toward Poverty" has been approved under the administrative review process. Please include your proposal number (HS16-716) on all research materials and on any correspondence regarding this project.

Any additional changes or revisions to your approved research plan must be approved by the IRB prior to implementation. Unless specified otherwise, all previous requirements included in your original approval notice remain in effect.

If you complete your project within 12 months from the date of your approval notification, you must submit a Project Completion Form for Research Involving Human Subjects. If you do not complete your project within 12 months from the date of your approval notification, you must submit a Project Renewal Form for Research Involving Human Subjects. You may apply for a one-year project renewal up to four times.

NOTE: Failure to submit a Project Completion Form or Project Renewal Form within 12 months from the date of your approval notification will result in a suspension of Human Subjects Research privileges for all investigators listed on the application, until the form is submitted and approved.

If you have any questions, please contact me.

Appendix B

Qualtrics: Consent and Yun and Weaver (2010) Survey Form

Block 1:**Attitudes Toward Poverty Survey****Informed Consent Form****Hello,**

Thank you for considering participation in this research study. You are being asked to participate because you are taking an undergraduate course at Northern Michigan University.

The purpose of this study is to learn more about students' perceptions and beliefs about poverty. This study is planned to be conducted by a group of faculty from different disciplines (nursing; education; speech, hearing, and language; and business) at Northern Michigan University.

If you agree to participate, you will be asked to complete three brief sections of an on-line Qualtrics-created survey.

- The first section will allow you to pick a Unique ID number.
- The second section will contain the Poverty survey.
- The third section will contain demographic questions.

Participation

Taking part in this research is completely voluntary. If you decide not to be in this study, or if you decide to stop participating at any time, you will not be penalized in any way. There will be no impact on your academic standing or your GPA. If you desire to withdraw at any time during the survey, please close your browser window to exit the survey.

Risks and Benefits

There are no known risks from being in this study, other than perhaps mild discomfort associated with identifying your beliefs. The entire survey should take no more than 10 to 15 minutes. Other than this amount of time, you should have no cost for participating in the study.

You will not be paid for participating in this study and there are no direct benefits from participating in this study. However, we hope that others may benefit from what is learned as a result of this study.

Confidentiality

All data obtained from participants will be anonymous. The results will only be reported in an aggregate format (by reporting only combined results). The data collected will be stored in the Qualtrics-secure database until it has been deleted by the primary investigator after the completion of the study.

Questions about the Research

If you have any further questions regarding your rights as a participant in a research project you may contact Dr. Robb Winn of the Human Subjects Research Review Committee of Northern Michigan University at 906-227-2300 (Office of Graduate Education and Research) rwinn@nmu.edu.

Any questions you have regarding the nature of this research project will be answered by the principal researcher who can be contacted as follows: Dr. Terry Delpier at 906-227-1676; or tdelpier@nmu.edu

Thank you very much for your consideration. Your continuation with completing this survey will indicate your willingness to participate in the study.

Terry Delpier
Professor, Nursing
tdelpier@nmu.edu
(906) 227-1676

Block 2

Your anonymity is an important part of this study. There will be no attempt to identify you as an individual and no attempt to identify your individual responses.

Part of the method to keep your identity anonymous is the procedure by which you will construct a personal ID number by answering the next three sets of questions. This process is known as a "unique identifier" and it will allow us to track some student responses over time while maintaining anonymity for all.

Thank you for your assistance!

Q2.2 Please list the first letter of the month you were born in.

First Letter of Birthday Month (2)	<input type="radio"/> A (1)	<input type="radio"/> D (2)	<input type="radio"/> F (3)	<input type="radio"/> J (4)	<input type="radio"/> M (5)	<input type="radio"/> N (6)	<input type="radio"/> O (7)	<input type="radio"/> S (8)
--	--------------------------------	--------------------------------	--------------------------------	--------------------------------	--------------------------------	--------------------------------	--------------------------------	--------------------------------

Q2.3 Please list the last 4 numbers of your cell phone number (or home phone number). Use 0000 if you have no phone. Example of Phone Number: (906) 123-4567. Question = #4567]

Phone number: 4th number (2)	<input type="radio"/> 0 (1)	<input type="radio"/> 1 (2)	<input type="radio"/> 2 (3)	<input type="radio"/> 3 (4)	<input type="radio"/> 4 (5)	<input type="radio"/> 5 (6)	<input type="radio"/> 6 (7)	<input type="radio"/> 7 (8)	<input type="radio"/> 8 (9)	<input type="radio"/> 9 (0)
Phone number: 5th number (3)	<input type="radio"/> 0 (1)	<input type="radio"/> 1 (2)	<input type="radio"/> 2 (3)	<input type="radio"/> 3 (4)	<input type="radio"/> 4 (5)	<input type="radio"/> 5 (6)	<input type="radio"/> 6 (7)	<input type="radio"/> 7 (8)	<input type="radio"/> 8 (9)	<input type="radio"/> 9 (0)
Phone number: 6th number (4)	<input type="radio"/> 0 (1)	<input type="radio"/> 1 (2)	<input type="radio"/> 2 (3)	<input type="radio"/> 3 (4)	<input type="radio"/> 4 (5)	<input type="radio"/> 5 (6)	<input type="radio"/> 6 (7)	<input type="radio"/> 7 (8)	<input type="radio"/> 8 (9)	<input type="radio"/> 9 (0)
Phone number: 7th number (5)	<input type="radio"/> 0 (1)	<input type="radio"/> 1 (2)	<input type="radio"/> 2 (3)	<input type="radio"/> 3 (4)	<input type="radio"/> 4 (5)	<input type="radio"/> 5 (6)	<input type="radio"/> 6 (7)	<input type="radio"/> 7 (8)	<input type="radio"/> 8 (9)	<input type="radio"/> 9 (0)

Q2.4 Please list the number of older siblings (living and deceased) in your family.

Numb er of Older Sisters (2)	<input type="radio"/> 0 (1)	<input type="radio"/> 1 (2)	<input type="radio"/> 2 (3)	<input type="radio"/> 3 (4)	<input type="radio"/> 4 (5)	<input type="radio"/> 5 (6)	<input type="radio"/> 6 (7)	<input type="radio"/> 7 (8)	<input type="radio"/> 8 (9)	<input type="radio"/> 9 (0)
Numb er of Older Brothe rs (3)	<input type="radio"/> 0 (1)	<input type="radio"/> 1 (2)	<input type="radio"/> 2 (3)	<input type="radio"/> 3 (4)	<input type="radio"/> 4 (5)	<input type="radio"/> 5 (6)	<input type="radio"/> 6 (7)	<input type="radio"/> 7 (8)	<input type="radio"/> 8 (9)	<input type="radio"/> 9 (0)

Block 3

Q3.1 Please select your level of agreement to the following statements using the following scale:

	Strongly Agree (1)	Agree (2)	Neutral (3)	Disagree (4)	Strongly Disagree (5)
Welfare makes people lazy (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An able-bodied person collecting welfare is ripping off the system (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor people are dishonest (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People are poor due to circumstances beyond their control (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Society has the responsibility to help poor people (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unemployed poor people could find jobs if they tried harder (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor people are different from the rest of society (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor people think they deserve to be supported (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Welfare mothers have babies to get more money. (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children raised on welfare will never amount to anything (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor people act differently (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Agree (1)	Agree (2)	Neutral (3)	Disagree (4)	Strongly Disagree (5)
Poor people are discriminated against (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most poor people are dirty (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People who are poor should not be blamed for their misfortune (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I were poor, I would accept welfare benefits (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Some "poor" people live better than I do, considering all their benefits (16)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a lot of fraud among welfare recipients (17)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Benefits for poor people consume a major part of the federal budget (18)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor people generally have lower intelligence than nonpoor people (19)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe poor people have a different set of values than do other people (20)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Agree (1)	Agree (2)	Neutral (3)	Disagree (4)	Strongly Disagree (5)
I would support a program that resulted in higher taxes to support social programs for poor people (21)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Block 4

Q4.1 Which program are you a student in?

- BSN Nursing (1)
- Practical Nursing (3)
- Education (4)
- Social Work (5)
- Speech, Language, and Hearing (6)
- Business (7)

Answer If: Which program are you a student in? BSN Nursing Is Selected

Q4.2 Which BSN nursing courses are you currently enrolled in?

- One or both: NU201, NU211 (1)
- One or both: NU301, NU302 (2)
- One or both: NU321, NU331 (3)
- One or both: NU401, NU411 (4)
- One or both: NU431, NU452 (5)

NOTE: The above question is only seen by students who select the BSN Nursing option. This is so that nursing students can be sorted into different levels of the program. (This box is not included in the survey)

Answer If: Which program are you a student in? Education Is Selected

Q4.3 Which education course are you currently enrolled in?

- ED 230 Teaching for Learning in the Elementary Classroom (1)
- ED 231 Teaching for Learning in the Secondary Classroom (2)
- ED 495 Assessment in Middle School (3)

NOTE: The above question is only seen by students who select the Education option. This is so that education students can be sorted into different programs. (This box is not included in the survey)

Answer If: Which program are you a student in? Business Is Selected

Q4.4 Which business course are you currently enrolled in?

- MGT 215 Entrepreneurship (1)
- MGT 425 Business Research (2)
- Both MGT 215 and MGT 425 (3)

NOTE: The above question is only seen by students who select the Business option. This is so that Business students can be sorted into different courses. (This box is not included in the survey)

Block 5

Q5.1 Which of the following best describes your class standing?

- Freshman (1-27 credits completed) (1)
- Sophomore (28-55 credits completed) (2)
- Junior (55-87 credits completed) (3)
- Senior (88 or more credits completed) (4)
- I have already completed an undergraduate degree or higher degree (5)

Q5.2 What is your gender?

- Male (1)
- Female (2)

Q5.3 What is your age? [drop-down box]

- 18 to 24 years (2)
- 25 to 34 years (3)
- 35 to 44 years (4)
- 45 to 54 years (5)
- 55 to 64 years (6)
- 65 years and over (7)

Q5.4 Which of the following best describes your ethnicity?

- African American / Black (2)
- Asian (4)
- Caucasian / White (1)
- Hispanic (3)
- Native American / American Indian / Alaskan Native (5)
- Native Hawaiian / Pacific Islander (6)
- Mixed (7)

Q5.5 Please indicate your marital status: [drop-down box]

- Single (1)
- Married (2)
- Separated (3)
- Divorced (4)
- Widowed (5)

Q5.6 Which of the following best describes your religious affiliation?

- Buddhism (1)
- Christianity (5)
- Folk Religion (3)
- Hinduism (2)
- Islamic Religion (7)
- Judaism (4)
- Traditional Religion (10)
- Religiously Unaffiliated (6)
- Other, please specify (9)

Q5.7 On social issues, which of the following, best describes your political beliefs?

- Consistently or mostly Conservative (1)
- Consistently or mostly Independent (3)
- Consistently or mostly Liberal (2)

Q5.8 Which of the following best describes your home?

- Urban (1)
- Suburban (2)
- Rural (3)

Block 6

Q6.2 Which of the following best describes your financial stability?

- Very Secure (1)
- Secure (2)
- Somewhat Secure (3)
- Somewhat Insecure (4)
- Insecure (5)
- Very Insecure (6)

Q6.3 Please answer each of the following questions:

	No (1)	Yes (2)
Have you or your parents received social assistance? (1)	<input type="radio"/>	<input type="radio"/>
Have you ever lived in an economically challenged neighborhood? (2)	<input type="radio"/>	<input type="radio"/>
Have you ever been hungry because you or your family did not have enough money for food? (3)	<input type="radio"/>	<input type="radio"/>
Do you have friends or family members who have experienced any of the above? (4)	<input type="radio"/>	<input type="radio"/>

Q6.4 What is your estimated annual household income (including all sources of assistance)? [drop-down box]

- under \$20,000 (1)
- 20,000-29,999 (2)
- 30,000-39,999 (3)
- 40,000-49,999 (4)
- 50,000-59,999 (5)
- 60,000-69,999 (6)
- 70,000-79,999 (7)
- 80,000-89,999 (8)
- 90,000-99,999 (9)
- 100,000-109,999 (10)
- 110,000-119,999 (11)
- 120,000-129,999 (12)
- 130,000-139,999 (13)
- 140,000-149,999 (14)
- 150,000+ (15)

Q6.5 Have you ever traveled to a developing and/or underdeveloped country?

- No (1)
- Yes (2)

Q6.6 Have you ever participated in a “Poverty Simulation” (a structured 2-3 hours experience for large groups of people)?

- No (1)
- Yes (2)

Q6.7 Please describe your previous experience with poverty [text box]

Permission to use Short Form of Attitudes towards Poverty

Terry Delpier

From: Sung Hyun Yun <yshhsy@uwindsor.ca>
Sent: Monday, March 9, 2015 9:34 AM
To: tdelpier@nmu.edu
Subject: Re: Request to use Poverty Scale
Attachments: ATP Short Form 10-31-2011.pdf; published article.pdf

Flag Status: Flagged

Categories: CTL Event

Dear Dr. Delpier,

I give you my permission to use the short form ATP scale.
 Good luck,

Sincerely,

Sung Hyun Yun, Ph.D., MSW
 Associate Professor
 School of Social Work
 University of Windsor
 401 Sunset Avenue
 Windsor, Ontario N9B 3P4
 (519) 253-3000 ext. 3076
 yshhsy@uwindsor.ca

The information in this email is directed in confidence solely to the person(s) named above and may contain confidential and/or privileged material. This information shall not otherwise be distributed, copied or disclosed. If you have received this email in error, please notify the sender immediately via return email and destroy the original message. Thank you.

From: "Terry Delpier" <tdelpier@nmu.edu>
To: "yshhsy@uwindsor.ca", "tdelweaver@uwindsor.ca"
Date: 2015-02-09 08:45 AM
Subject: Request to use Poverty Scale

[Dr.](#) Yun and Weaver

I believe the ATP would be a valuable component of my research and I am writing to ask permission to use your tool in my research.

I am in the process of designing a research study about the attitudes of nursing students towards poverty. In my review of the literature, I learned of your work to develop the Attitude Toward Poverty (ATP) Short form. My long term plan is to conduct a series of studies on student attitudes. Another goal is to have an interdisciplinary component to a later study, which would potentially include other departments such as Social Work, Education, and Speech and Hearing.

Thank you for your consideration.

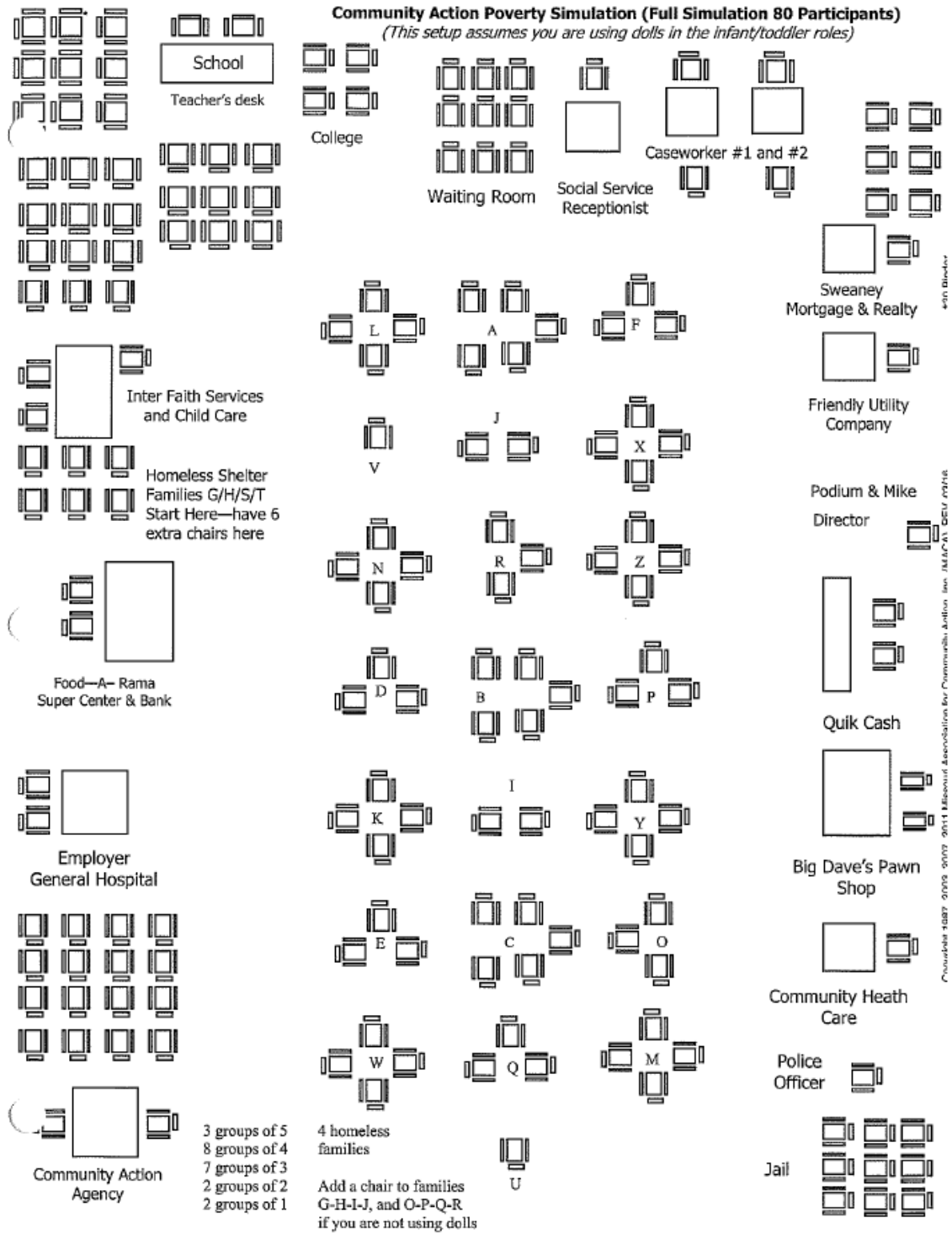
1

Terry Delpier

Terry Delpier, DNP, RN, CPNP
 Professor
 School of Nursing
 Northern Michigan University
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 Marquette, MI 49855
tdelpier@nmu.edu

Appendix C

Room Design for the Poverty Simulation



Appendix D

Demographic Characteristics of Participants

<i>Characteristics</i>	<i>Selection Choices</i>	<i>Post-Survey Control</i>	<i>Pre-Intervention Experimental</i>	<i>Post-Intervention Experimental</i>
Educational Level	Freshman (1-27 credits)	0	0	0
	Sophomore (28-55 credits)	2	3	2
	Junior (56-87 credits)	5	12	13
	Senior (88 or more credits)	4	2	5
	I have already completed an undergraduate degree or higher degree	1	2	1
Gender	Female	12	17	20
	Male	0	2	1
Age	18-24	6	11	14
	25-34	5	2	1
	35-44	1	5	4
	45-54	0	1	2
	55-64	0	0	0
	65 years and over	0	0	0
Race	Caucasian/White	7	16	19
	African American/Black	2	1	0

<i>Characteristics</i>	<i>Selection Choices</i>	<i>Post-Survey Control</i>	<i>Pre-Intervention Experimental</i>	<i>Post-Intervention Experimental</i>
	Hispanic	0	1	0
	Asian	0	0	0
	Native American/ American Indian	1	1	1
	Native Hawaiian/Pacific Islander	1	0	0
	Mixed	1	0	1
Marital Status	Single	7	14	14
	Married	5	3	5
	Separated	0	0	0
	Divorced	0	2	3
	Widowed	0	0	0
Religious Preference	Buddhism	0	0	0
	Hinduism	0	0	0
	Folk Religion	0	0	0
	Judaism	0	0	0
	Christianity	6	11	14
	Religiously Unaffiliated	4	4	4
	Islamic Religion	0	0	0
	Other please specify	1	1	1
	Traditional Religion	1	2	1
	No Response	0	1	1
Political Views	Conservative	4	6	8

<i>Characteristics</i>	<i>Selection Choices</i>	<i>Post-Survey Control</i>	<i>Pre-Intervention Experimental</i>	<i>Post-Intervention Experimental</i>
	Liberal	6	2	2
	Independent	2	10	11
	No Response	0	1	0
Home Location	Urban	4	6	8
	Suburban	2	8	8
	Rural	6	5	5
Financial Stability	Very Secure	0	1	1
	Secure	3	3	3
	Somewhat Secure	6	8	12
	Somewhat Insecure	1	5	4
	Insecure	1	1	2
	Very Insecure	0	1	1
	No Response	1	0	0
Self or parents received social assistance	Yes	7	8	7
	No	4	11	14
	No Response	1	0	0
Economically challenged neighborhood	Yes	4	7	9
	No	7	12	12
	No Response	1	0	0
Been hungry for lack of money for food	Yes	1	7	5

<i>Characteristics</i>	<i>Selection Choices</i>	<i>Post-Survey Control</i>	<i>Pre-Intervention Experimental</i>	<i>Post-Intervention Experimental</i>
	No	10	12	16
	No Response	1	0	0
Friends of family members that have	Yes	8	17	10
	No	3	2	11
	No Response	1	0	0
Income	Under 20,000	5	13	11
	20,000-29,999	1	3	5
	30,000-39,999	1	1	0
	40,000-49,999	2	0	1
	50,000-59,999	2	1	0
	60,000-69,999	0	0	0
	70,000-79,999	0	0	2
	80,000-89,999	0	1	0
	90,000-99,999	0	0	0
	100,000-109,999	0	0	1
	110,000-119,999	0	0	1
	120,000-129,999	0	0	0
	130,000-139,999	0	0	0
	140,000-149,999	0	0	0
	150,000+	0	9	0
	No Response	1	0	0
Travel Abroad	No	9	9	12

<i>Characteristics</i>	<i>Selection Choices</i>	<i>Post-Survey Control</i>	<i>Pre-Intervention Experimental</i>	<i>Post-Intervention Experimental</i>
	Yes	2	10	9
	No Response	1	0	0

Appendix E

Q6.7 Please describe your previous experience with Poverty

None

I've been around it when I volunteer at several soup kitchens but I haven't dealt with poverty much.

Experiencing the poverty simulation was kind of how my family is. Bring able to hear "wealthy" students talk about their experience and how it opened there eyes was heartwarming. Not everybody knows what it's like to be homeless, have no money, and live on a budget.

N/A

I thought it was a very good experience and I believe I have a better understanding of poverty. I also believe I'll be able to help people more who are in these situations.

I've been so poor that after all bills were paid, I just had enough money for a bag of rice and some milk to last an entire month.

Prefer not to answer

we had to sleep over night in materials we could find, for example boxes and plastic bags and news paper

I've been in situations due to certain circumstances where I had next to no money to buy food after paying bills. I survived on a large bag of rice and milk. At other times, I have been discriminated against due to my ethnicity based on prejudice of a member of the military. I've been to Cuba and witnessed slums and the desperation of people to do absolutely anything to make some money, and it is an eye-opening experience to see richer, more privileged white-people complain about issues they face as being 'terrible' and 'unbearable' when they have clothes, a cell phone, a roof over their heads, an education and never have to worry about going hungry. I think society and the media are very quick to assume, especially conservative media here and overseas that poor people are lazy, unmotivated leeches that suck off the tit of society while giving nothing back in return. I have lived in countries with extended welfare options, and I will admit I have seen people who exploit the system. However, I think that welfare programs, done correctly, can be a huge benefit to society. If unemployment programs are organized by the right, hardworking people, then you can create jobs that have mobility and teach skills to incentivise people to want to work rather than commit crime and build a future for themselves.

1991- Single mother of 2 children, no education, waiting on tables for a job. No child support. Living with parents and no help with childcare or bills for children. Went to school, a certificate business school, got a job that gave my family health benefits and paid the bills, kept my waitressing job to pay for day care for my full time job.

2009 - Single mother of 6 children, at the time had a waitressing job at a casino in CT, during the divorce, the economy took a major hit and tips were about 1/2 of what I was used to making. I was finding that working 6 days a week and overtime 3 days a week barely paid for bare minimal of bills. Lost my job in 2014, my house in 2014 and started over in MI in 2014. I found in both times of my struggle, if I could have had help with childcare or utilities, I could have made it financially, to have actually lived my life, not just grind it out to tread water..

I grew up in a less fortunate neighborhood on the north side of Chicago. My parents have taught me to work for what I want as well as my friends around me. I've had a job since I was 14 years old.

I traveled with my church as a teenager to the Appalachian mountain area twice to help people less fortunate to improve their homes.

I have visited Jamaica, Grand Caymen, and Mexico. Yes, these were for vacations. No, I didn't stay in "safe" places the whole time, or on resort property the whole time. My family went on a ride with a native in Jamaica and we saw where Bob Marley grew up, and we saw the way most Jamaicans live. They don't have money to fix roads, or drive nice cars (or any car for that matter). They have small shops built into the side of cliffs, and homes that some kids would consider a fort in the backyard here. We saw where a family started to build a home and they got as far as the foundation slab and couldn't afford anymore. I grew up with two parents who had good jobs, and I'm thankful for that. But my family has also given me experiences such as the ones above as I grew up, to be thankful for the things I am lucky enough to have. I think there's a lot of people now who take things for granted what they have and never even get to step in those peoples shoes for a bit. I'm thankful I have. And someday I hope I'm fortunate enough to do the same kind of trips with my kids too to show them how to be thankful for things in a way that I did. We have fun on our vacations, but we also try to get a piece of the locals too, and how they live.

Not a good experience. It could either make you stronger or down and depressed depending on how you handle the situation.

I do know people who misuse the assistance programs, which, at times, has skewed my view of those participating in programs. I also, know that there are many individuals who work very hard and can't get ahead to save their lives. I, myself have been there and know firsthand how frustrating it is to work hard and find in futile. So, to say all individuals who are on assistance programs abuse them is a very prejudice view, some do and some don't, just like anything else in life.

We had to stay outside I a city overnight and eat what we could find without money and sleep in things that we found, all in a legal fashion.

I was a teen mom so I struggled but worked 2 jobs to make it work
I don't have much experience at all.

I have used food stamps for my family but my husband completed college and I am almost done so hopefully we will be off of everything in the next few months.

Friends having help from welfare

I've witnessed many people who have used and abused the system. I lived with a roommate who was on welfare (and her family) but yet had the money so buy and use pot on a daily basis.