

Privilege, Policy, and Deep Poverty

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SCSP 511: Lifespan Development

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November 6th, 2022

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Deep Poverty

Despite the United States being the richest country in the world, 18.5 million people in this country live in deep poverty (American Psychological Association, 2019). Poverty can impact physical, cognitive, and emotional development which can have lifelong implications. Children living in extreme poverty can experience cognitive delays and have demonstrated significantly lower vocabulary, and reading comprehension (Santrock, 2020). People living in poverty also experience a higher risk of stress, anxiety, and depression and are more likely to experience violence, and homelessness(American Psychological Association, 2019).

Still, the effects of poverty can be mitigated by social safety nets and support systems. It is important to make efforts to disrupt the cycle of poverty because it can often be generational (American Psychological Association, 2019). Organizations like the American Psychological Association advocate for raising awareness to shift public perspectives and change policies to implement change at the systemic level.

A highly effective way to combat the effects of deep poverty is to provide access to quality food. This can be achieved by setting aside funding for food or supplying the food itself through free meal programs. Public programs like SNAP, which provide food assistance for individuals and families, have reduced the number of children and families living in deep poverty (Brady & Parolin, 2020). Access to quality nutrition increases overall health, and cognitive functioning reduces vulnerability to obesity and disease, and optimizes physical development (Santrock, 2020).

Personal Identity

Structural injustice is created and upheld by overarching social structures which have built systemic disadvantages for specific groups of people (Kapelner, 2021). This encompasses

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various social identity categories such as gender, race, sex, sexual orientation, income, education, religion, ability, and more. According to Kapelner (2021), it is the duty of all, but especially the privileged, to replace unjust social structures with just ones to create a more equitable society.

In the United States, the most privileged groups include wealthy, adult, white, Christian, able body and minded, cis-gendered men. They are citizens of this country, speak English as a first language, and have higher education. These are the same social groups that established our country and helped create systems to uphold their positions of power.

By examining our own privileges, we can consider the role we must play in the fight for equity, both as an individual and a member of privileged groups. First, I will explore the social structures where I am privileged or was able to move into privileged groups. I am a white, English-speaking citizen of the United States. I am currently able-bodied and able-minded and have never faced discrimination because of my ability. I grew up in a Catholic household, a mainstream religion in our country. I am an adult and have not been discriminated against because of my age.

I am currently thin-bodied, gender-conforming, and fit into the mainstream standard of white beauty. I experienced genderism and discrimination when my gender was more ambiguous, and this subsequently impacted how I expressed myself. While some privileges are granted for life, like whiteness, while some can be acquired, relinquished or lost because of life circumstances. For example, I was able to move from a disadvantaged group, gender non-conforming, to a privileged group, gender conforming. Individuals with able bodies have many privileges in our society, but if an accident resulted in physical disabilities, the individual would have to navigate the disadvantages and oppression people with disabled bodies face.

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While we examine privileges and disadvantages, we should also consider border social groups, who do not fit in the binary system of privilege and disadvantage and may experience both (University of Rhode Island, 2022). For example, I am bisexual, but I can disclose this information, and if I am not making it visibly or verbally apparent, I can choose to pass as heterosexual. In my experience, it is also less controversial in our society for women to engage in same-sex relationships than it is for men, creating a spectrum between disadvantage and privilege in sexual orientation.

Most disadvantages I have faced were experienced during my youth. My immediate family unit was unstable, and at times, raised by only one parent. My family experienced poverty exacerbated by displacement and homelessness and we relied on public assistance for housing, healthcare, and food. As I aged and gained access to publicly funded education, I was able to move up into a higher socioeconomic group. I face disadvantages because I am a female, this is reflected in social interactions, as well as systemic issues such as receiving lower wages than male counterparts. I am divorced which is a disadvantage that carries social stigmas.

Some “privileges” are dependent on context. I was raised in a diverse, predominantly immigrant community, where being a white English person was the exception and not a privilege in that setting because many marginalized communities are skeptical of whiteness. I was often the only white person, Catholicism was not the norm, and most people learned English as a second language and were born in other countries. Store signs were often in other languages and I was denied employment or service at establishments because I did not speak the preferred language.

My experiences of poverty, homelessness and food insecurity exposed me to individuals in more systemically disadvantaged groups and raised my awareness of the compounding

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struggles created by the intersectionality of xenophobia, racism, homophobia, and ableism. I understood that while I faced certain disadvantages, I still had privileges regarding my race, language, and ability.

Policy Proposal

According to Santrock (2020), malnutrition is a problem for many children in the United States, and poverty places youth at especially high risk. Malnutrition can lead to a variety of health risks, one of the most prevalent being iron-deficient anemia, a disease that is prominent in youth in low-income families. Eating habits also impact skeletal growth, body shape, and vulnerability to disease.

Free breakfast programs for inner city youth were pioneered in 1969 by community activists like the Black Panther Party (BPP) and Young Lords during the civil rights movements (Spencer, 2016). Black and Puerto Rican community organizers saw the impact of poverty and food insecurity impacting their youngest citizens and began providing free meals to children in impoverished inner-city communities, originating in Oakland and spreading to 45 cities across the country through local chapters. Meals were cooked daily by volunteers and many local businesses donated ingredients. Hearty meals often consisted of eggs, bacon, grits, toast, orange juice, and milk (Heynen, 2009).

According to Fernández (2021), the programs established by these radical organizations established the model for what is now the federal school breakfast programs. By 1975, the success and political pressure of BPP's Free Breakfast for Children led Congress to grant permanent authorization for federally funded school breakfasts under an amendment to the National School Lunch Act and the Child Nutrition Act of 1966.

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Regularly eating breakfast not only helps students focus but has been associated with higher grade point averages for college students (Santrock, 2020). Many children can enjoy quality meals at home, but children who lack resources must rely on food assistance programs to foster this beneficial practice.

According to the School District of Philadelphia, all foods are offered in consideration for “promoting student health and reducing childhood obesity” in an effort to improve student achievement. However, federal food programs vary in freshness, quality, and nutritional value. For example, the School District of Philadelphia (2020) mandates that children receive two fruit components, but these components can consist of highly processed items like fruit juice, fruit bars, and canned fruit. Fruit juice is often marketed as being healthy for children, but it lacks fiber and its high sugar content can cause dental cavities. (Heyman et al., 2017) While guidelines stipulate no artificial sweeteners may be used, sweeteners like high fructose corn syrup xylitol, sorbitol, mannitol, galactose, fructose, and Splenda are allowable. The American Academy of Pediatrics even advises replacing the intake of juice with whole fruit, especially concerning low-income families who report the highest rate of juice intake (Saxe-Custack, et al., 2019).

Programs like the Fresh Fruit and Vegetable Program (FFVP) are already in place in selected schools across the United States (USDA, 2022). The pilot program in 2002 was an overwhelming success and received such a positive response from families, students, and schools, it has expanded several times. The program offers a sampling menu of fresh fruits and vegetables three days a week to participating schools, offering children an expanding menu of fresh fruits and vegetables. Teachers are also provided with nutritional lessons to increase awareness about the foods being served and the positive impacts of healthy eating.

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I propose the FFVP should be expanded to include all schools within high-poverty areas, with 75%-100% of students receiving free school meals given the highest priority and funding. Children in these schools are most at risk for malnutrition and childhood obesity, because of a lack of access to healthy meal options, and would receive the greatest benefit from increased fruit and vegetable intake (USDA, 2013). Programs should be funded 5 days a week, instead of the current 3-day model, to increase exposure.

To expand the program, I propose a federal grant allowing school districts to employ a community liaison for an initial 1-year period, with potential retainment based on funding and effectiveness. They will establish partnerships with local organizations that can commit to volunteering time or resources to supplement the implementation and operation of the program, ultimately reducing costs. Currently, individual schools, already stretched thin, are responsible for community outreach, so only 19% of schools utilize community resources (USDA, 2013). Potential community partners can include supermarkets, food distributors, food banks, farmers' markets, and produce associations as resources for acquiring food. Teachers implementing curriculum content and nutritional information could utilize local health associations, universities, health care providers, nutrition trade associations (School Nutrition Association), and vocational clubs (4-H, urban farming groups) to provide content, field trips or guest lectures.

Studies have shown that students and their families partaking in FFVP expressed more positive attitudes toward whole fruits and vegetables than those who were not (USDA, 2013). These attitudes and exposure to new foods can create lifelong eating habits that change trajectories toward obesity, disease, and developmental growth. We know that systemic structures place youth living in poverty at a disadvantage but if individuals create change within their communities, we can create systemic change.

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