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INTRODUCTION

A baby is born into poverty in the United States every minute, and a baby is born into extreme poverty in the United States every two minutes.¹ Growing up in such an impoverished setting has far-reaching effects on children's physical and mental health.² Complicating this further, the COVID-19 pandemic has contributed to job loss and increasing poverty rates in the U.S. with potential long term ramifications, especially among families with children and families of color.³ These circumstances create significant barriers to health-promoting resources such as accessible recreational spaces and fresh healthy food.⁴ The federal poverty level was defined in 2019 as the income of a family of four earning below \$25,750, an amount estimated "to be about half of what is needed to afford housing, food, childcare, transportation, and health insurance."⁵ Living with a chronic paucity of resources increases accumulating stress loads in children. There is extensive research on the correlation between poverty and adverse health outcomes for children.^{2,4,6-8} Children growing up in poverty are at a disadvantage in almost every domain of development, including social, emotional, and cognitive areas.⁶

In addition to stress from financial challenges, stress from environmental inequities contributes to health disparities for children living in poverty.⁴ For example, toxic environmental exposures are more frequent for children living in impoverished areas. Furthermore, impoverished areas tend to have scarce healthy food outlets, community green spaces, and recreational spaces. These exposures and scarce resources create an accumulation of stress and chaotic patterns of stress activation that exact an incalculable toll on children's mental and physical health over a lifetime.⁷

FAMILY ADJUSTMENT AND ADAPTATION RESPONSE

Financial stress impacts parents' well-being, and in turn interferes with family dynamics, potentially leading to poor child adjustment.⁶ The Family Adjustment and Adaptation Response (FAAR) Model⁸ (see Figure 1) presents four non-linear processes that can occur when families face stress, including stressors associated with poverty.

First, families experience imposed demands (e.g., day-to-day hassles, past due bills, illness and no insurance), next they might begin to interpret circumstances in order to make meaning of what is occurring (e.g., how this might highlight family identity, or fitting/not fitting in society). They may assess and employ their existing strengths (e.g., stretching a budget, seeking close family bonds or kinship support).

Lastly, families decide how they might adapt to the circumstances (e.g., adjustment in family values, how this problem was handled in the past) in order to adapt and regain life balance.⁸ Families navigate these processes the very best that they can. Some families remain unable to adapt in successful and healthy ways, resulting in heightened levels of vulnerability and poor health outcomes. The piling up of imposed demands overwhelms their capacity for healthy adaptation.

This type of outcome is not due to family or personal shortcomings, but rather as a result of the failings of various systems that do not provide the necessary supports and resources for all families to thrive. Chronic stress exposures, like those associated with poverty, pose significant health risks for children and families. Protective mechanisms must be put in place to stop the damaging cascading health risks for children and their families.

RECOMMENDATIONS

The reduction of poverty-induced stressors can improve overall physical and mental health in the nearly 15 million children living in poverty in the U.S.^{2,4,6-7} Government assistance programs prevent negative impacts that children experience from poverty (See Table 1).⁹ Policymakers must act in two ways.

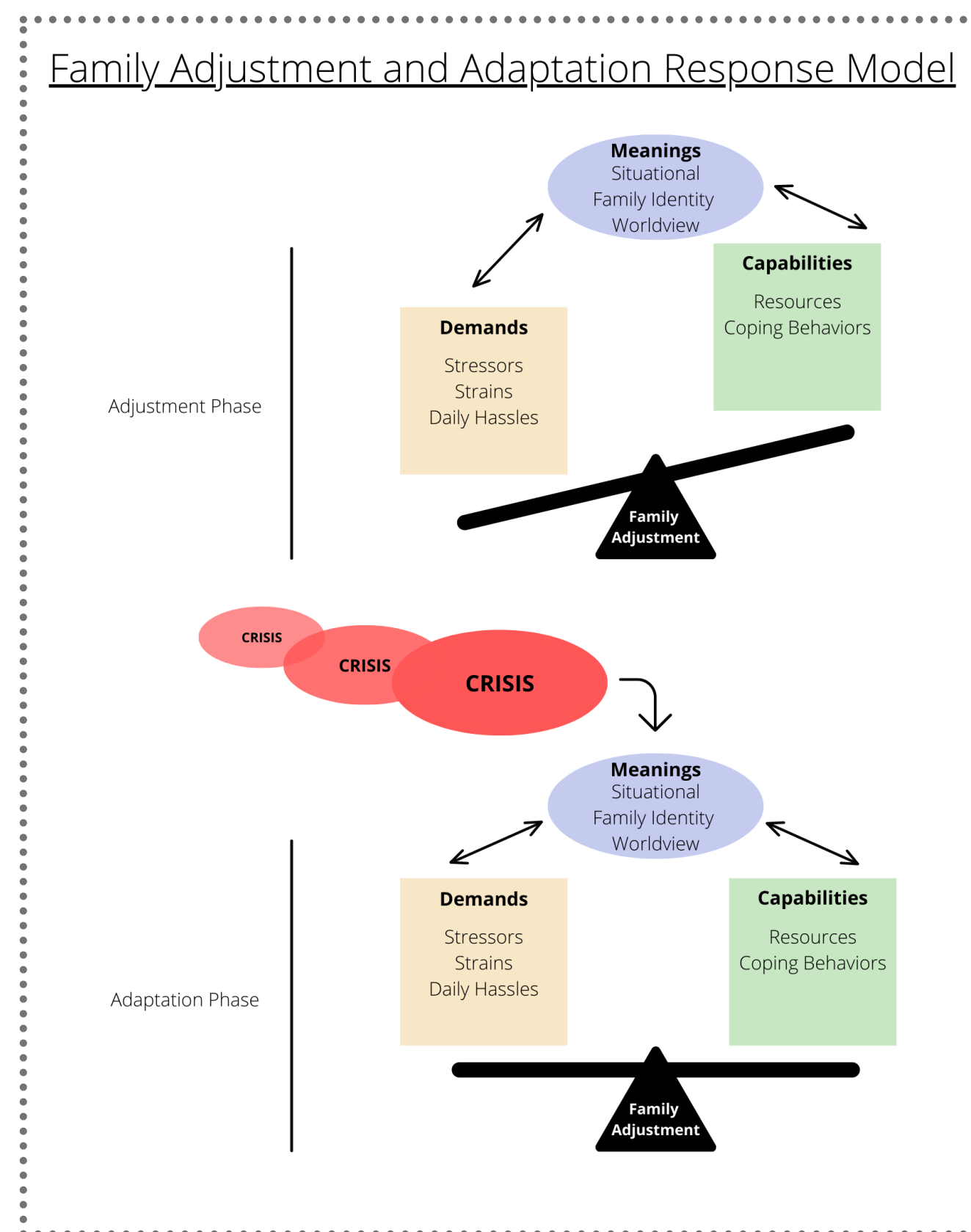


Figure 1: FAAR Model adapted from Patterson (2002)⁸

First, we need policies to support the continuation and expansion of relief measures to protect children and their families from the debilitating stressors of poverty.

SCARCITY OF RESOURCES

Healthy Food Outlets
Community Green Spaces
Recreational Spaces



TOXIC EXPOSURES

Sewage Treatment Plants
Landfills
Waste Sites
Industrial Plants
Warehouses



Government Assistance Program	How Many Were Helped *2019
Child Tax Credit/Earned Income Credit	4 million
Social Security	1.4 million
Supplemental Nutrition Assistance Program (SNAP)	1 million
Housing Subsidies	763,000

Table 1: 2019-Government Assistance Programs

Second, we need policies and programs to improve the health of the environments where families, particularly poor families, live. Areas with waste sites, landfills, or sewage facilities must be removed and placed in areas away from residential neighborhoods. This must be coupled with the development of community green spaces, parks, and recreational areas, as well as access to markets, stores or programs that offer fresh and healthy foods in impoverished neighborhoods.

The benefits of these policy efforts are two-fold. First and foremost, our children and their families struggling to manage adjustment and healthy adaptation will have the supports they need to experience resilience. When children and families are lifted out of poverty, our communities flourish. Moreover, our national economy will be strengthened. It is estimated that costs in the U.S. related to anxiety, depression, and other stress-related health issues associated with poverty, total an estimated \$247 billion annually in lost productivity and increased provision of needed services.¹⁰ Therefore, by adopting this policy approach, our nation will reduce the high-stress response of children in poverty, thus improving overall health outcomes, while demonstrating excellence in fiscal responsibility. These strategies will lead to the regeneration of a nation with stronger children, families, and communities.

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