How We Know Our Clients – Understanding the Impact of Poverty on Public Health Service Delivery

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EXECUTIVE SUMMARY

The pioneering public health workers in this country, Lillian Wald, Margaret Sanger and Mary Breckenridge recognized the impact of poverty on public health and public health service delivery. Now more than a century later, populations both urban and rural are still facing great health disparities related to socioeconomic status and class.

There currently exists a wealth of information regarding the subject of persons in poverty, those individuals and families without, or with less, than those of a more robust economic status. National and state statistics (with accompanying maps) keep advocates, concerned citizens and politicians informed with dry, flat tables and bureaucratic definitions. In more salient terms, the number of people living below the poverty level continues to rise steadily each year. The official United States (U.S.) poverty rate was higher in 2002 than 200l, and the number of Americans living below the official poverty thresholds increased by 1.7 million. Kentucky fares much worse than the U.S. with considerably higher percentages of families (12.7%) and individuals (15.8%) living below the poverty level. According to U.S. Census data, Kentucky's median household income ranked 45th in the nation in 2004.[1,2]

The Knocking Out Poverty's Stigma (KOPS) Change Master Team chose to examine and investigate poverty from a different angle – a more humanistic perspective. Writer Su Ann Aday eloquently encapsulated this perspective in her book, *At Risk in America*, writing "As members of human communities, we are all potentially vulnerable."[3] Our team hypothesized that the more ways we as providers can understand our clients, and they with us, the more effective we will be. The facet of understanding we chose to explore towards this end was that of socioeconomic class.

We proceeded by building on the work of Dr. Ruby K. Payne, a leading force in facilitating understanding between economic classes, by investigating the pervasive and prevalent problem of poverty in Kentucky, its impact on the delivery of public health services, and the knowledge base of public health workers who facilitate those services to some of the state's most vulnerable citizens.[4, 5]

The KOPS team was initially confronted with perplexing findings. A high proportion of persons seeking health care services through the state network of health departments are living in poverty. Nevertheless, there are no courses, programs or trainings offered by the Kentucky Department for Public Health (KDPH) on poverty issues for the public health workforce. Research conducted by this group also indicates a lack of public health training courses on the impact of poverty available nationally. Therefore, public health workers are likely to have limited knowledge regarding the "hidden rules" of poverty and their ramifications for the delivery of services, even though a majority (60%) of clients seen in public health department clinics are living in poverty.

Dr. Payne defines "hidden rules" as the "unspoken cues and habits of a group" and there are distinct rules for the lower-, middle-, and upper-class.[5] This is clearly demonstrated in a quiz testing your knowledge of the hidden rules of class (Appendix A). People from

different economic classes live by “hidden rules” not necessarily known by others outside that group. Many rules serve as useful coping strategies, but may put someone from the lower-class at a disadvantage when interacting with institutions based on middle-class rules, such as health departments.

During 2005-2006, four KOPS Team members administered an assessment instrument to public health employees from four different geographic regions in the state – east, west, north and central. The assessment instrument consisted of six statements about poverty, and staffers were asked to indicate whether a statement was true or false. Results of the assessment indicate that the public health workforce in Kentucky demonstrates some misconceptions, and/or lack of knowledge, regarding poverty and its impact on clients seeking health care services.

The KOPS Team recognized that health care workers often do not share the same ethnic and/or class background and lived experiences as the people they serve. Such differences have the potential to create misunderstanding and frustration for both parties. Often the results are health interventions incongruent with clients’ experiences, needs or perceptions. An example might be a piece of health literature not written at the appropriate level, or services offered at inappropriate times for the clients they aim to reach. The cultural competence of providers and institutions is important in encouraging utilization of the health care resources available in an area.[6] The goal of this project is to increase public health workers awareness and knowledge of poverty related issues and, ultimately, increase program effectiveness and efficiency, as well as satisfaction of public health workers and clients.

With survey data supporting initial perceptions, the KOPS Team developed a training module focusing on the culture of poverty for the state’s public health workforce. Much of the module’s content and direction was adapted from the text “Bridges Out of Poverty,” by Ruby Payne.[5] The adaptation was necessary to make the information salient to our intended health department audience. The module focuses on three important aspects of poverty that may impact the interaction between patients and health department personnel: *use of language, importance of relationships, and the “hidden rules” of poverty.*

The module is intended for all members of the health department. KOPS Team members anticipate a high degree of participation in the program based on its practicality (including length of the module, relevance of the content) and its accessibility via Kentucky TRAIN. Moreover, the increased knowledge base of the public health workforce regarding the dynamics of poverty will significantly enhance the “provider-client relationship” and ultimately contribute to both improved care delivery and health outcomes for persons seeking care through the health department system.

INTRODUCTION:

“The poverty of our century is unlike that of any other. It is not, as poverty was before, the result of natural scarcity, but of a set of priorities imposed upon the rest of the world

by the rich. Consequently, the modern poor are not pitied ....but written off as trash. The twentieth-century consumer economy has produced the first culture for which a beggar is a reminder of nothing." ~John Berger [7]

The scope of poverty is increasing in this nation. Over the past five years local health departments within the state of Kentucky have experienced a steady rise in the number of patients served. Therefore it is not surprising that the majority of this increase in services has been to people living at or below the poverty level. People living in poverty have their own unique culture of values and beliefs. Many of the present public health employees have acquired valuable knowledge working with people from a lower-income status. This practical experience has been "learned on the job" over many years of service. There is a genuine concern that this education will be lost with the projected 30% to 50% retirement of public health employees by 2008.

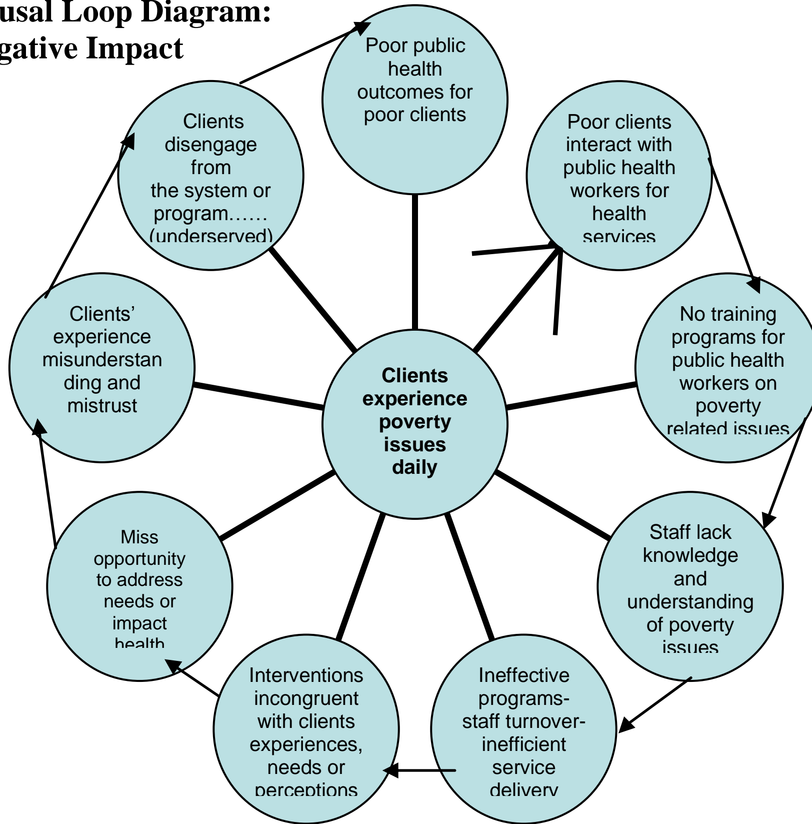
The KOPS Team took upon the task of increasing public health employees' awareness about poverty and its' effect on the daily life of our clients. This project was crucial as there are no training programs currently available which address the issue or raise the employee's awareness on this subject matter. Also, as previously alluded to, this project should be implemented immediately as we anticipate the impending retirement of seasoned employees. It was decided that the end product would be the development of a TRAIN module that focuses on educating public health employees on various aspects of poverty.

The ultimate goal of this project is to provide an improved knowledge base of three crucial aspects of poverty: *use of language, importance of relationships, and the "hidden rules" of poverty.* As a preparatory measure, the group conducted an assessment in four different public health department settings to assess employee's self-reported knowledge of poverty. The feedback from the assessments, along with poverty-specific literature, was utilized by the group to create a module. The module utilizes visual as well as audio components to enhance the learning experience for the trainee.

Problem Statement:

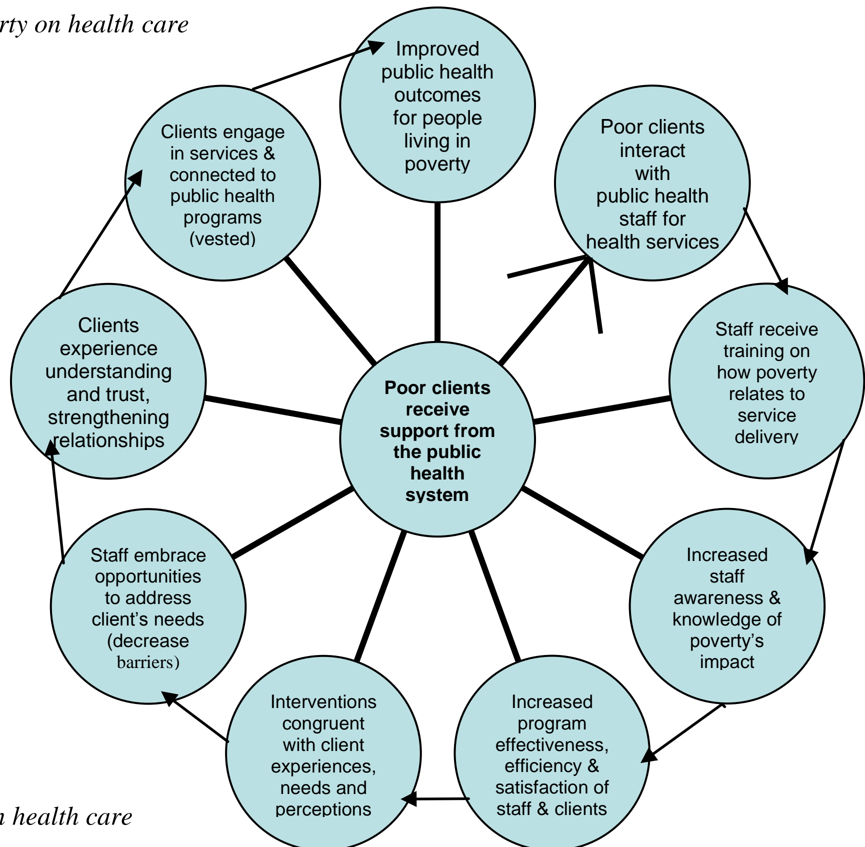
The Public Health workforce serves a high proportion of persons from poverty. However, in Kentucky, and many other states, no training programs are offered to increase public health employees' awareness of poverty's effect on providing services.

Causal Loop Diagram: Negative Impact



Lack awareness of influence of poverty on health care

Causal Loop Diagram: Positive Impact



Awareness of influence of poverty on health care

PROJECT OBJECTIVES, DESCRIPTION, AND DELIVERABLES:

The group believes that a large percentage of public health employees working with people from poverty do not have a working knowledge of the effects of poverty on their everyday life. These beliefs are based upon our personal observations as well as individual interaction with public health employees working with people from poverty. To confirm or dispute these beliefs a short assessment was conducted on public health employees from four health department districts. The public health districts assessed were located in various areas of our state - central, eastern, northern, and western - to achieve a varied social and economic sampling.

The assessment consisted of six true or false questions on issues related to poverty (see appendix B). The results of the assessment confirmed our rationale – that a large percentage of public health employees do not have ample knowledge of the effects of poverty – effects that the majority of our clients deal with daily. In other words, they are potentially "out of touch" with the clients they serve. A total of 176 state employees were assessed for their knowledge of issues related to poverty. Sixty-nine percent of the state employees assessed answered incorrectly to at least one of the assessment questions related to poverty. The findings of the assessment confirmed our belief that an educational tool needed to be developed to increase the competency level of state employees related to the "culture" of poverty.

Culture can be understood as "integrated patterns of human behavior that include the language, thoughts, actions, customs, and beliefs, and institutions of racial, ethnic, social, or religious groups."[8] It includes styles of communicating, ways of interacting, views on roles and relationships. Culture is shaped by multiple influences, including race, ethnicity, nationality, language, and gender, but it is also formed by socioeconomic status, physical and mental ability, sexual orientation, and occupation, among other factors. In other words, "sociocultural" factors, which shape our values, form our belief systems, and motivate our behaviors.[9]

Patients may have very different socioculturally-based health beliefs, such as medical practices that may include use of home remedies, attitudes toward medical care, and levels of trust in doctors and the health care system. A "culturally competent" health care system is therefore one that "acknowledges and incorporates – at all levels – the importance of culture, assessment of cross-cultural relations, vigilance toward the dynamics that result from cultural differences, expansion of cultural knowledge, and adaptation of services to meet culturally unique needs."[9] Cultural competence in health care describes the ability of systems to provide care to patients with diverse values, beliefs and behaviors, including tailoring delivery to meet patients' social, cultural, and linguistic needs.

Upon researching whether any type of training programs were available or mandated to educate public health employees about the culture of poverty, we discovered that at present no such educational module exists. It is also of note that this subject matter is not required course material for completion of a degree in any field of higher education,

either in public health or the medical profession within this state. We contacted two other states, North Carolina and Texas, to inquire if they had any type of educational program related to poverty for their state employees. Neither state offers any such type of educational program at this time.

Our health departments are built around a middle class way of living, believing, and functioning. However, not every individual who enters our doors comes from a middle class background. Often people of the middle-class have misunderstandings of people of a lower socioeconomic status. This is evident when we hear generalized statements made by employees concerning clients of poverty. It would seem that the employees do not see the rationality in clients' reported reasons for missing appointments, for example, or being chronically late. Employees must recognize and acknowledge how their own personal beliefs and values form their views and influence their behavior toward others. Each person should self reflect, "What do I personally know about poverty?"

Understanding poverty requires that we look beyond its physical effects and become aware of the many ways it impacts a person's daily way of life. Every social class has a certain culture or set of "hidden rules" that come with it. That culture affects the way that people view life, their priorities, their relationships, their work, and more. Culture must be understood broadly to mean the shared way of living of a group of people, including their accumulated knowledge and understandings, skills and values, and what is perceived by them to be unique and meaningful. The majority of public health staff are well-educated, middle-class people serving the poor. Many lack the knowledge to fully understand the "culture" of the lower-income class individuals whom they serve.

Another concern is the 'graying of government employees'. It is projected that the state government will lose an estimated 30% to 50% of its' experienced workforce between 2006 and 2008 due to retirement and changes in the Kentucky State Retirement System per the Kentucky Department of Public Health statistical data. Currently, the average age of the Public Health state employee is 45 and older. We could conclude that these individuals may come from families who have experienced some type of poverty in their lifetime. Such employees would be better able to incorporate similar life experiences into their working knowledge base. As these employees retire, this knowledge base will diminish and be replaced with those who have a more limited awareness of the effects of poverty.

In the 1990's, healthcare became aware of the need to enhance interpersonal skills to better serve clients from different ethnic and racial groups.[10] Learning interpersonal skills has increased the ability of healthcare workers to create a better rapport with clients and has raised the cultural awareness of employees. Healthcare now realizes that increased knowledge of the differences in human experiences and perspectives is crucial to meeting the needs of the client. Health care services have begun to educate providers on how to improve cross-cultural communication with ethnic groups different than their own, but has fallen short in educating its' workforce on how to communicate more effectively across socioeconomic lines. Healthcare, as well as other industries, now need to take on

the responsibility of educating themselves on a more humanistic level – regarding the different daily realities that exist for people based upon their socioeconomic status.

The Kentucky Department for Public Health defines Public Health as, "The art and science of preventing disease, prolonging life, and promoting physical health and efficiency through organized community effort". The Kentucky Department for Public Health is working to achieve this goal through the initiatives of Healthy People 2010, and the Ten Essential Public Health Services. There are objectives in both of these initiatives assuring a competent public health care workforce. Objective 23.8 of Healthy People 2010 states: *Increase the proportion of Federal, Tribal, State, and local agencies that incorporate specific competencies in the essential public health services into personnel systems.* Objective number eight of the Ten Essential Public Health Services states: *Assure a competent public health care workforce.*

Our Change Master Group developed a training module to educate all levels of state employees, assisting them in gaining knowledge of the "culture of poverty." This module has been placed on the TRAIN educational system and can be easily accessed**.** The educational material is presented in differing formats to accommodate different levels of learning capability. Upon completion of this course, the participant will have an increased understanding of how poverty influences lifestyle choices and impacts the health status of populations served by the public health system. Additionally, strategies for improving practice will be provided for workers who provide public health services for populations affected by poverty.

TRAIN lists the following Core Competencies addressed by the module:

1. ***Analytic / Assessment Skills***
   - Defines a problem
   - Identifies data
   - Applies ethical principles to data sources
2. ***Communication Skills***
   - Communicates effectively
   - Advocates for public health and resources
3. ***Cultural Competency Skills***
   - Interacts appropriately towards all persons
   - Identifies factors that determine public health delivery
   - Develops and adapts approaches inclusive to culture
   - Understands cultural diversity
4. ***Basic Public Health Sciences Skills***
   - Defines health status, determinants and factors influencing prevention and use of health services
   - Applies basic health sciences
5. ***Financial Planning and Management Skills***
   - Applies human relation skills to program management
6. ***Leadership and Systems Thinking Skills***
   - Creates a culture of ethical standards
   - Helps create key values and shared vision to guide action

- Identifies internal and external issues that impact delivery of essential public health services
- Promotes team and organizational learning
- Contributes to organizational performance standards

RESULTS/OUTCOMES:

The historical data we collected, and the projections by American economists**,** show poverty is on the rise. The increase of people living in poverty is not limited solely to the lower-income class of America; it is also expanding into the working class. More and more employers are unable to provide health insurance to employees as a fringe benefit. Insurance plans which split the cost between employee and employer are also becoming scarcer. This uninsured workforce is populating a "new" class of poverty. As the number of individuals living in poverty continues to increase, the more essential public health will become for these individuals. In order to adapt to these changes, we, the public health workforce, must acquire the knowledge needed to handle and incorporate these changes in our scope of practice.

Our preliminary assessment of staff's perception of the "culture of poverty" exposed misconceptions held by public health workers from across the state about individuals living in poverty. Sixty-eight percent of the 176 employees assessed answered incorrectly on at least one of six questions on the assessment. This data gave credence to our theory that a lack of knowledge related to poverty exists within the public health workforce. In an effort to address this identified gap in knowledge, our group set about the task of providing an educational opportunity related to the "culture of poverty." We determined that the deliverable would need to be accessible and understandable by every public health employee and at a reasonable cost to the employer.

To this end, our group has created an educational module to be accessed through the Kentucky TRAIN educational system. Using both audio and visual mediums, the module was developed to engage multiple senses in an effort to maximize learning opportunities during the program. Multiple choice questions have been placed throughout the module, challenging the "viewer" to think about issues related to poverty. The program content was developed to take full advantage of the learning experience by focusing on three clear objectives: *Language and Communication Styles, Importance of Relationships, and the Hidden Rules of Class.* These objectives are presented in a timely manner – just thirty minutes for the viewer.

Placing our module on the on-line educational system, TRAIN, is a cost saving measure to the employer. The Distant Learning Center within the Kentucky Department for Public Health projected that utilization of the TRAIN system will result in a cost savings of approximately $600.00 per nurse. Nurses able to view the module on TRAIN versus traveling to a location off site to receive a comparable training, is an obvious cost savings. The TRAIN system will also appeal to a larger audience for an extended period of time due to its flexibility.

Currently, the module is being developed for TRAIN by staff at the Distant Learning Center. It will first be piloted by a test group of approximately five individuals from a variety of disciplines within public health. This test group will provide evaluations and feedback of the module and changes will be made before it is "rolled out" to all public health employees. We expect the module to be operational by end of fiscal year 2006. Our future goal is to further specialize the training module for particular health department occupations, thus allowing for continuing educational units to be offered upon completion.

CONCLUSIONS:

All the members of the KOPS team have gained an invaluable education about poverty and the "hidden rules" of class throughout the process of this Change Master Project. As we have become more educated on this subject we realized how little information exists to assist public health workers in acquiring knowledge related to poverty. Therefore, our Change Master Project goal became to develop a quality educational tool related to poverty that could be utilized by all public health employees to increase their awareness and knowledge related to poverty.

Endorsement of the training module has been received from the Kentucky Department for Public Health staff and will be implemented by fiscal year end. The module has been placed on the educational system TRAIN. The KOPS team will review the module and make any needed changes before it is presented to an outside review team. With the evaluation capabilities on TRAIN, we will be able to get feedback from users and continue to modify the module to meet the needs of health department personnel. The educational materials incorporated into the TRAIN module will give each public health employee the opportunity to broaden their awareness in relation to poverty.

LEADERSHIP OPPORTUNITIES:

Melanie Adams-Johnson

Since my first experiences as a student, I have been fascinated with and drawn to public health. From that first assignment of researching Lillian Wald to the trip to Frontier Nursing Services, I knew I was hooked. Two very different public health pioneers, with very similar professional commitments. How the influence of one can impact so many…sounds like a book I remember reading!! Most all of my professional practice has been focused in public health and I cannot imagine myself doing anything else, but every day I realize there is still much to learn. During my experience with the Kentucky Public Health Leadership Institute, I have learned a great deal. Some of what I expected, but so much more of what I did not expect. For me, it has been those unexpected "aha" moments of re-discovering what brought me into this work and self-reflection about how I can do it better that have been the most rewarding!! By exploring personal self-expectations, I have been able to ask others for feedback and hopefully, use it more constructively. By learning to be aware of common strengths and nurturing individual talents, I've found a renewed treasure in teamwork. Though a better understanding of

how others view their experiences with me, I will work to make interactions more meaningful. Most of all I've learned that the journey is the most fulfilling prize! I have so much admiration for my public health colleagues and mentors. The talents they have demonstrated over the last year have encouraged me to find and use skills I didn't even realize I had! The KOPS group has been remarkable and I am so fortunate to have been able to work and learn with them. Thanks also to my team at the Madison County Health Department for always being so willing to represent public health leadership and innovation at work. It is a pleasure to make the journey with them.

Katie Bathje

KPHLI has been a challenge, a stretch, and a joy over the past year. A challenge to find enough time, a stretch as I poured myself into assignments, and a joy as I got to know new and wonderful colleagues. I have always been eager to find opportunities for professional development, and the Institute has provided both professional *and* personal development in very practical ways. Professionally, I have learned a great deal from the required texts – and the speakers chosen to expound upon them. Scheduling this learning dialogue and small group interaction in a retreat setting is ingenious – it allowed me to literally "step away" from my day-to-day tasks and be intentional about growing within the Public Health field. Our small group project, "Understanding the Impact of Poverty", challenged me to think differently about how one's socioeconomic status could potentially effect the delivery of public health services. Our exploration of poverty has also increased my ability to empathize ("walk alongside" clients), and thus hopefully be more effective in my work. Personally, I have been particularly encouraged by a newfound focus on developing my strengths, as opposed to magnifying weaknesses. As a result I feel freer to explore how I can incorporate more of my strengths in my future career path. Working interactions and growing friendships within our small group served as even more opportunities to apply what we learned – about shared leadership, effective communication, delegation, and team building. It has been a great year!

Margaret Mahaffey (Mar-g-a-r--e--t M--a--h--a--f--f--e—y)

The word STRETCH has 17 definitions and three grammatical functions – adjective, transitive verb, and intransitive verb. As the later, it means "to spread or be spread out to full extent or beyond normal limits", and as such, is a word that aptly describes my 2005-2006 KPHLI experience.

Participation in KPHLI led me to S-T-R-E-T-C-H professionally, emotionally, intellectually, and, even physically with morning and late afternoon energizers! Lectures and required readings brought new information/knowledge, and in turn, new ways of perceiving organizational dynamics, social contexts, and ingrained beliefs. Working side-by-side in teams with new and interesting people from across the state enhanced/enlarged my professional/social network. Self-directed, on-line assessments provided results that challenged inadequate and/or inflated self-perceptions. Group activities/assignments and luncheon discussions pushed me to extend myself to others and to acknowledge different perspectives and positions.

Participation in KPHLI offered me the opportunity to S—T—R—E—T—C—H, to extend myself beyond my habitual beliefs, behaviors and boundaries. And it was rewarding!

Michelle Malicote

KPHLI has been an invaluable experience for me. The problem our group identified was that public health workers really did not understand issues our clients living in poverty have. We translated that into developing a training module that would help all our staff here at the Madison County Health Department and other health departments learn about this population that we serve. My team has been wonderful to work with. We all have unique personalities and gifts to bring to the team. KPHLI has given me the tools to get to better know and understand myself to equip me to work better within a group of other leaders!

KPHLI has verified that I am a complicated person who is easily misunderstood! I have also enjoyed the time I have spent with my co-worker and our mentors and learned the value of having someone who has gone thru KPHLI help us along the way. I want to extend a special thank-you to James Rousey, Director and Carla Baumann, Director of Nursing on allowing me to participate in such a great learning experience.

J.A.T. Mountjoy

Being a part of the 2005/2006 KPHLI class has truly been a wonderful experience. The high quality lectures and readings in conjunction with feedback from personal assessments have provided me with an abundance of tools and strategies to be a more effective leader. My fellow KPHLI scholars have also made this past year a great success, having the ability to talk and learn from people who have been in public health for a while, really eased my transition into this new healthcare arena.

Pam Pfister

Kentucky Public Health Leadership Institute has been a rewarding experience from many perspectives for me. It has been a learning opportunity for me both professionally and personally. I have enjoyed the learning experience offered of listening and learning from the speakers, individual assignments and group assignments. This program provides a true learning environment to thrive in. KPHLI has provided me with the opportunity to enhance my leadership skills and public health knowledge. Not only has it enhanced my leadership skills but has given me new insight into my own personal development. To truly become a great leader one must first understand yourself before one can lead others. I would like to thank my supervisor for allowing me the opportunity to invest in my own professional growth and development as a public health professional. Secondly I would like to thank Cynthia Lamberth, for her enthusiasm and commitment to this program.

Working on the Change Master Project that our group developed I believe to be one of the most rewarding and learning experiences of my life. The friendships and professional relationships that our group has developed will stay with us for many years to come. Each of us brought to the table different strengths and knowledge that incorporated into a great working team. It was the teamwork of the seven members of the group that brought this project into reality. I feel we have created a valuable tool that will have a positive impact on public health workers and the communities we serve. My hope is that this project can be continued and built upon in the future by us and other KPHLI fellows to follow. Lastly, I would like to thank Randy Gooch our mentor for his advice, guidance and patience that kept us on track and focused.

Andrea Tapia

I actually started the process of entering KPHLI two years ago. At that time I had just started in a new position and my boss didn't think it was a good idea to take on added responsibilities while learning a new job. The decision was a good one and I was grateful (if not somewhat relieved).

The next year I again found myself in a new job, but this time it was my new boss who strongly recommended I enroll in KPHLI. I am even more grateful to her. The learning experience has enhanced my ability to understand my work within the broader context of public health. The summits were intense learning experiences and working with my change master group has been an invaluable experience. Additionally, our two mentors were highly involved and always supportive. I can finally lay to rest the nagging thought that I need to go back to graduate school for a MPH. I won't be doing that, but I will continue be a life-long learner. KPHLI has given me the skills and direction to learn more about public health and to continue growing both professionally and personally.

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APPENDIX A

Test Your Knowledge of the Hidden Rules of Class

How well could you survive? People who grow up in poverty learn different thing from people who grow up wealthy or middle class.

Could you survive in poverty? Check each item that applies.
I know how to...

_____ find the best rummage sales.
_____ locate grocery stores' garbage bins that have thrown-away food.
_____ bail someone out of jail.
_____ physically fight and defend myself.
_____ get a gun, even if I have a police record.
_____ keep my clothes from being stolen at the laundromat.
_____ sniff out problems in a used car.
_____ live without a checking account.
_____ manage without electricity and a phone.
_____ entertain friends with just my personality and stories.
_____ get by when I don't have money to pay the bills.
_____ move in half a day.
_____ get and use food stamps.
_____ find free medical clinics.
_____ get around without a car.
_____ use a knife as scissors

Could you survive in middle class? Check each item that applies.
I know how to ...

_____ get my children into Little League, piano lessons, and soccer.
_____ set a table properly.
_____ find stores that sell the clothing brands my family wears.
_____ order comfortably in a nice restaurant.
_____ use a credit card, checking and/or savings account.
_____ evaluate insurance: life, disability, 20/80
medical, homeowners, and personal-property.
_____ talk to my children about going to college.
_____ get the best interest rate on my car loan.
_____ explain the differences among the principal,
interest, and escrow statements on my house payment.
_____ help my children with homework and don't
hesitate make a call if I need more information.
_____ decorate the house for each holiday.
_____ get a library card.
_____ use the different tools in the garage.
_____ repair items in my house almost immediately after they break,
or I know a repair service and call it.

Test Your Knowledge of the Hidden Rules of Class (continued)

How well could you survive?

Could you survive in wealth? Check each item that applies.
I know how to ...

_____ can read a menu in French, English and another language.
_____ have favorite restaurants in different countries around the world.
_____ know how to hire a professional decorator to help
decorate your home during the holidays.
_____ can name your preferred financial advisor, lawyer,
designer, hairdresser and domestic- employment service.
_____ have at least two homes that are staffed and maintained.
_____ know how to ensure confidentiality and loyalty with domestic staff.
_____ use two or three "screens" that keep people whom
you don't wish to see away from you.
_____ fly in your own plane, the company plane, or the Concorde.
_____ know how to enroll your children in the preferred private schools.
_____ are on the boards of at least two charities.
_____ know the hidden rules of the Junior League.
_____ support or buy the work of a particular artist.
_____ know how to read a corporate balance sheet and
analyze your own financial statements.

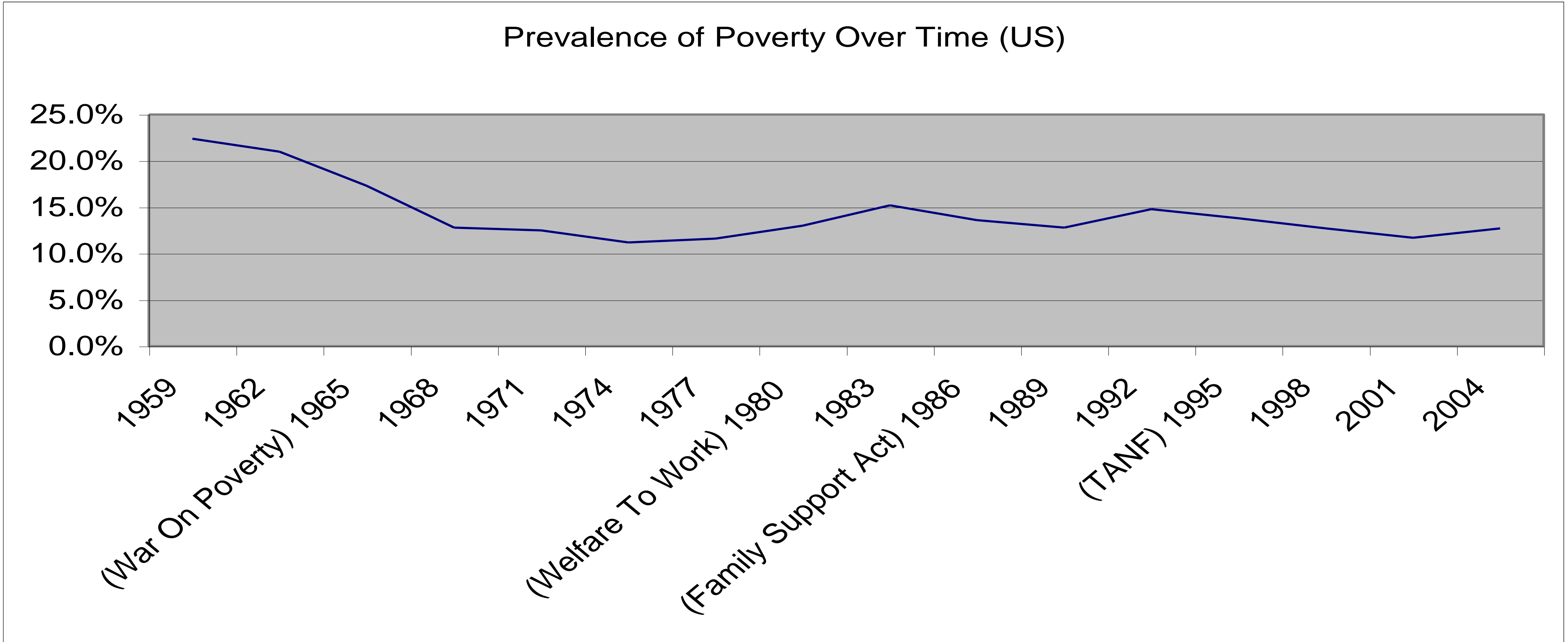
QUIZ – TAKEN FROM aha! Process.com website/aha! Process Inc. P.O. Box 727 Highlands, TX

APPENDIX B

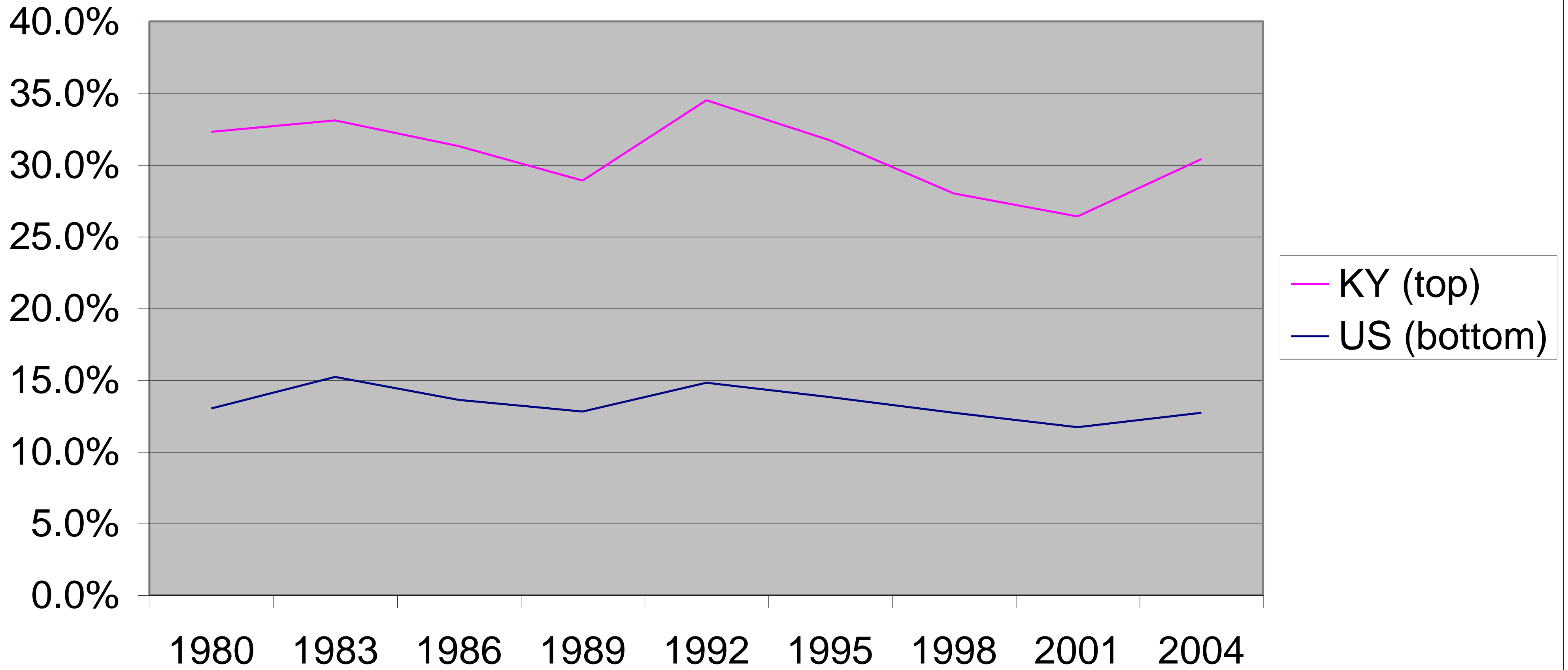
Assessment of Health Department Employee's Attitude Toward Poverty

Statement	% TRUE	% FALSE
The definition of poverty is the extent to which an individual does w/o resources	*56.3%*	*43.7%*
People of poverty who fail to show for appointments or come late are irresponsible	*37.9%*	*62.1%*
People of poverty waste money on non-essential items like soda & cigarettes that they should be saving for food and medicine	*50.9%*	*49.1%*
People in poverty lack intelligence	*3.4%*	*96.6%*
Parents of poverty do not teach their children how to behave	*8.0%*	*92.0%*
People of poverty take forever to tell you something. They fail to get the point across quickly.	*1.7%*	*98.3%*

APPENDIX C



APPENDIX D



APPENDIX E