

DOWNLOAD PDF POPULATION EDUCATION HEALTH EMPLOYMENT POVERTY

Chapter 1 : USDA ERS - Rural Education

Population Education Health Employment Poverty TnpSC Group Objective Question Answer are listed in details, most of the question have been asked in Group 1 2 2a 4 Exams.

Its effects reach deeper. Uniquely connected to different causes, the effects of poverty are revolving – one result leads to another source leads to another consequence. To fully understand the effects of poverty, the causes have to be rooted out to develop strategies to end hunger and starvation for good. Poor Health Globally, millions suffer from poverty-related health conditions as infectious diseases ravage the lives of an estimated 14 million people a year and are of the top effects of poverty. These diseases are contracted through sources like contaminated water, the absence of water and sanitation, and lack of access to proper healthcare. The list is broad and long. Here are the top diseases commonly linked to poverty. Caused by a parasite, malaria is contracted through mosquito bites. Most prevalent in sub-Saharan Africa, malaria affects the lives of many in 97 countries worldwide. Often referred to as TB, tuberculosis is a bacteria-borne disease. The bacterium, *Mycobacterium tuberculosis*, targets the lungs. It also affects the kidneys, brain, and spine. When discussing the effects of TB worldwide, it must be broken down by burden – high burden TB and low burden TB – all of which has to do with the number of cases that impact a country. High burden TB affects more than 22 countries, as low burden TB accounts for 10 cases per , people in a geographical location. HIV stands for human immunodeficiency virus. This infection attacks the immune system and is contracted by contact with certain fluids in the body. Continuing the fight against poverty through economic expansion will help eliminate poverty-related illnesses and raise the value of health in poor communities. Lack of economic opportunity leads to impoverishment which then leads to crime. Global unemployment is at a high point. One hundred ninety-two million people around the world are jobless. In some parts of the world, mainly poor parts, unemployment standings will drive this number higher. In a study done on youth in the Caribbean, it was determined that joblessness fueled criminal activity in those aged 15 through . Because of the struggles in the Caribbean job market, the murder rates are higher there than in any other region in the world. The crime rate affects 6. Lack of Education There is a direct correlation between low academic performance and poverty. Children who are exposed to extreme levels of poverty have difficulty with cognitive development, speech, and managing stress, which leads to adverse behavior. In the country of Niger – the most illiterate nation in the world – only 15 percent of adults have the ability to read and write. Eritrea follows on the heels of Niger: In these poor locations, young adults and children have to leave school to work to help provide additional income for their families. The key to destroying the top effects of poverty is to attack the causes. More funding is needed for programs such as Child Fund International – a program that brings resources to children in poor communities. The International Economic Development Council supports economic developers by helping them create, retain, and expand jobs in their communities. And then there are the international efforts of the World Health Organization that fights to bring vaccinations and health-related resources to impoverished communities suffering from the infectious diseases of poverty. With these efforts along with other strategies, we can continue making strides to end the effects of poverty.

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Chapter 2 : How does level of education relate to poverty? - UC Davis Center for Poverty Research

Population Education Health Employment Poverty Tnpsc Group Online Quiz are listed in details, most of the questions have been asked in Group 1 2 2a 4 Exams.

Background A large and persistent association between education and health has been well-documented in many countries and time periods and for a wide variety of health measures. In their paper, "Education and Health: Cutler and Adriana Lleras-Muney review literature and conduct statistical analyses on the relationship between education and health. They find a clear association between education and health that cannot be fully explained by income, the labor market, or family background indicators. The authors note that the relationship between health and education is a complicated one, with a range of potential mechanisms shaping the connection between education and health. What is the Relationship between Education and Health? To test the relationship between education and health, Cutler and Lleras-Muney analyze data from the National Health Interview Survey NHIS , which includes a large number of health outcomes and behaviors. They restrict their analysis to respondents who are at least twenty-five years or older, since most of these individuals have completed their education. By matching respondents with death certificates obtained through the National Death Index, they find that individuals with higher levels of education are less likely to die within five years of the interview. An additional four years of education lowers five year mortality by 1. They also find that better educated individuals are less likely to self-report a past diagnosis of an acute or chronic disease, less likely to die from the most common acute and chronic diseases, and are less likely to report anxiety or depression. The magnitude of the relationship between education and health varies across conditions, but it is generally large. More education reduces the risk of heart disease by 2. An additional four more years of schooling lowers the probability of reporting being in fair or poor health by 6 percentage points the mean is 12 percent , and reduces lost days of work to sickness by 2. Figure 1 presents these results. Individuals with an additional four years of education also report more positive health behaviors. As shown in Figure 2, they are less likely to smoke 11 percentage points relative to a mean of 23 percent , to drink a lot 7 fewer days of 5 or more drinks in a year, among those who drink, from a base of 11 , to be overweight or obese 5 percentage points lower obesity, compared to an average of 23 percent , or to use illegal drugs 0. Despite the difference in health behaviors between better educated and less educated individuals, health behaviors alone can not explain all of the disparities in health outcomes between these two groups. Differential Impact of Education: Level of Schooling, Age, Gender, Race, and Poverty For many health outcomes, there are positive health consequences related to increased education. For some health outcomes, such as functional limitations and obesity, the impact of education appears to be even more positive once individuals have obtained education beyond a high school degree. The effects of education on health vary by age, with the education effect falling between the ages of 50 and There are several possible reasons for this: The effect of education seems to be the same for both men and women across most outcomes, with a few exceptions such as depression. Where the effect of education does differ by gender, it is unclear whether these differences are caused by biological sex differences or differences in the behavior of men and women. Similarly, there are few racial differences in the impact of education on health. For outcomes that do reveal differences between Whites and Blacks, such as being in fair or poor health, Whites tend to experience more positive health benefits from educational advancement, compared to Blacks with the same level of education. Lastly, the authors find that additional years of education have a larger impact on health for those not living in poverty compared to those who are poor. Explaining the Relationship between Education and Health Cutler and Lleras-Muney suggest three broad explanations for the association between health and education, although they recognize that these do not represent an exhaustive list. The first is that poor health leads to lower levels of schooling, since poor health in childhood is linked to poor health in adulthood. However, it is unlikely that the correlation between child health and adult health fully explains the relationship between adult health and completed education. Because

few children in the U. However, this relationship has strengthened, suggesting that poor health alone cannot explain the relationship between education and health. The second potential explanation is that additional factors, such as family background or individual differences, both increase schooling and improve health. Some researchers suggest that the relationship between education and health can be explained by unobserved factors and skills, such as the ability to delay gratification, that make better educated individuals healthier. Cutler and Lleras-Muney, however, assert that evidence related to this explanation has been mixed at best. In their own models, adding family background factors decreases the effect of education, although it does not explain all of the association between health and education. The third potential explanation for the link between education and health is that increased education directly improves health. However these natural experiments have not considered the quality of schooling. Furthermore, experiments tend to use study participants whose characteristics differ from those of the rest of the population, making it difficult to generalize the findings beyond the research samples. The authors conclude that one should apply caution when considering this account as the full explanation for the relationship between health and education. Cutler and Lleras-Muney also explore potential mechanisms that could affect the relationship between health and education. One important mechanism is income, as greater financial resources may enable more access to health care. The authors note, however, that while this may partially explain the relationship between health and education, when they hold income constant, the impact of education on health does not disappear. Another possible mechanism is differential access to the health care system. Again, this cannot fully account for the relationship between education and health because there are differences in health outcomes across education groups in both the incidence of disease and in risk factors, such as smoking, which occur even before the health system becomes a factor in shaping health. Cutler and Lleras-Muney also find that better jobs, higher incomes, opportunities for health insurance, safer work environments and other job attributes cannot fully explain the relationship. The authors also evaluate group differences in valuing the future, access to health information, general cognitive skills, individual characteristics, rank in society, and social networks. They conclude that each factor alone insufficiently explains the relationship between education and health. For example, although better educated people tend to be more informed about health issues, it is unlikely that group differences in access to information can sufficiently explain the impact of education on health. Similarly, there is little empirical evidence on the impact of cognitive skills on the relationship between education and health, nor is there evidence that social networks or individual differences in psychological factors such as risk aversion explain a sizeable proportion of the health differentials by education. Cutler and Lleras-Muney conclude that more complex models are needed to explore potential mechanisms for the association between education and health. Policy Implications There is a direct relationship between education and health—better educated individuals have more positive health outcomes. This association remains substantial and significant even after controlling for job characteristics, income, and family background. This suggests that educational policies have the potential to substantially improve health. Cutler and Lleras-Muney suggest that policies that promote college attendance would be particularly beneficial. They also suggest a role for improving the quality of schools. The NPC encourages the dissemination of this publication and grants full reproduction right to any party so long as proper credit is granted the NPC. Department of Health and Human Services. Any opinions, findings, conclusions, or recommendations expressed in this material are those of the author s and do not necessarily reflect the view of the National Poverty Center or any sponsoring agency. Joan and Sanford Weill hall Suite

Chapter 3 : Top Effects of Poverty | The Borgen Project

Income, Poverty and Health Insurance Coverage in the U.S.: Real median household income increased by percent between and , while the official poverty rate decreased percentage points.

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Chapter 4 : Research Publications | Poverty Solutions at The University of Michigan

Census tract map showing data on employment, recent moves, Medicaid, health insurance, foreign-born population, foreign languages, poverty, income, education, housing affordability / quality, & commute mode, King County (average).

Chapter 5 : CommunitiesCount

ERS research in this area focuses on labor market conditions and educational attainment in rural (nonmetropolitan) America. Indicators of labor market conditions include the unemployment rate, employment growth, and earnings levels.

Chapter 6 : Commitment to Privacy - Virginia Commonwealth University

Poverty rates for subgroups of the population differ widely. While White Americans comprise the largest number of people in poverty, the poverty rate for Hispanics and Blacks is significantly higher.

Chapter 7 : Japan - OECD Data

According to the Population Estimates, there are 49,, people age 65 years and over in the U.S. out of a total population of ,, or %.

Chapter 8 : USDA ERS - Employment & Education

From health stand point, it is the inadequacy of required amount of food consumption, self health, and access to health care system which determines poverty. Income poverty can be circumvented to some extent in welfare economy where health and education (the other human capability measure) are free.

Chapter 9 : Statistics | Iran, Islamic Republic of | UNICEF

The community researchers, echoing the fundamental importance of the pathway between education and health via employment, discussed multiple pathways by which employment may impact health, including exposure to work-related stress, effects on motivation and outlook, ability to build social networks, and economic impact on the environment where one lives.