

Hi Class and Dr. Shirey,

Fairfield County, Connecticut (Data.census.gov., n.d.).

There are about 957,419 people. The average median income is \$100,810, 93% of the population do have health insurance (7% do not have insurance), about 8.9% of the Fairfield County people live in poverty, and about 50.5% of people have a bachelor's degree or higher. Comparing this data to the State of Connecticut, there are about 3,605,944 people. The average median income is \$88,429, 94.8% of the population have health (5.2% do not have insurance), about 9.8% of the people live in poverty, and about 41.9% of the people have a bachelor's degree or higher.

Fairfield County (Centers for Disease Control and Prevention, 2020)

Highest life expectancy tract (0501.00 census tract) 89.1 years

Lowest life expectancy tract (0731.00 census tract) 71.0 years

Connecticut (80.9 years)

United States average (78.7 years)

In New Haven County, Connecticut, one of the census tracts (1415.00) has a life expectancy of 71.7 years (Centers for Disease Control and Prevention, 2020). About 25.3% of the population (31,900 out of 126,000 people) live below the poverty line, which is significantly higher than the national average of 12.5% (Data USA, 2022). Because 25.3% of the population in New Haven lives in poverty, their access to healthcare may be decreased. People in poverty also tend to be less educated, which affects their knowledge of health-promoting activities and when to seek healthcare. Extreme poverty negatively impacts health and limits human potential, linking poverty, hunger, and poor child health. Poor health and hunger contribute to poor school performance, leading to difficulties in securing good jobs and supporting future families, thereby continuing the cycle of poverty (Murray, 2006). A study by Habibov et al. (2019) confirms that poverty worsens health outcomes, even when accounting for individual traits, healthcare performance, and societal factors. It suggests that wealthier individuals are generally healthier, as increased household expenses are linked to improved health.

The data shows a clear connection between poverty and poor health, which is crucial for my future as a healthcare provider. Knowing that people living in poverty face challenges such as accessing healthcare, education, and overall well-being will shape how I approach patient care. I'll need to focus on health education, advocate for more accessible resources, and consider social factors that impact health when creating their care plans. It will also be essential to address health disparities and promote preventive care, especially for underserved communities, to help break the cycle of poverty-related health issues. This understanding will guide me in offering holistic and fair care to improve outcomes, particularly for those most vulnerable.

Reference: