

Education policy is health policy

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Data recently released from the Nevada Department of Education reveal that the statewide high school graduation rate rose more than seven percentage points over the previous year – from 63.1 percent in 2012 to 70.7 percent in 2013. These gains are all the more impressive considering relentless hits to education budgets over the last couple of legislative biennia and stalled capital improvement projects in most Nevada school districts.

Continued progress in addressing Nevada's sorry high school dropout and graduation statistics are long-recognized pieces of the economic growth and diversification puzzle facing the state. Much less appreciated is the connection between education and a healthier Nevada.

The relationship between educational attainment and health is one of the most robust findings in the public health literature – in other words, each year of schooling is associated with improved health outcomes by almost any measure. For example, data from the Centers for Disease Control and Prevention reveal that, on average, 25-year old college graduates can expect to live eight to nine years longer than those who have not completed high school, and two to four years longer than those who have attended, but not graduated from college.

Those with less education not only die earlier than those with more education, they are more likely to suffer from major diseases like heart disease and diabetes and are more likely to have risk factors that predict disease such as smoking and obesity. Adding insult to injury, those with less education are more likely to have diminished physical abilities for health reasons or to be disabled, thus aggravating already handicapped employment and earnings prospects.

Greater education is, of course, associated with better paychecks and health-related benefits such as health insurance – both of which are associated with greater ability to purchase medical care leading to better health. Nonetheless, the education-health connection operates through numerous pathways independent of income and insurance coverage.

For instance, it is widely recognized that education leads to improved health by increasing health literacy and knowledge, as well as the adoption of healthy behaviors and medical advice. Data from the Nevada Behavioral Risk Factor Surveillance System, for example, indicate that those Nevadans without a high school diploma are consistently more likely to be obese than those with a college degree, and are nearly four times more likely to smoke compared to their college-educated counterparts.

Current debates over health reform have us justifiably focused on eliminating financial barriers to medical services. Nonetheless, all of the available evidence points to measures we should be taking to improve educational outcomes that are as important to the health of Nevadans as insurance coverage and access to care.

A better educated Nevada is not only critical for generating higher paying jobs and improving economic productivity in our state, education is important for improving health in ways that will translate into lower spending on medical care we're capable of preventing in the first place.

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