

Education and Health

Graduating to a Healthier Life

FEBRUARY 2015

Getting an education is an important step toward a job, a paycheck and a decent place to live. It's also a critical ingredient for good health.

The 2013 Colorado Health Access Survey (CHAS) reveals a link between education and health. The CHAS found that Coloradans with more education reported that they were in better health than their less-educated counterparts.

Education and Health: The Evidence

Research shows an association between education and health. Studies have found, for instance, that more education tends to increase life expectancy, with a 14-year gap for males and a 10-year gap for females between the least educated and the most educated. This gap has been widening since 1990.

The education gap also differs by race and gender. For example, the gap between the least and most educated Hispanic females was 2.9 years while it was 9.7 years for black males.¹

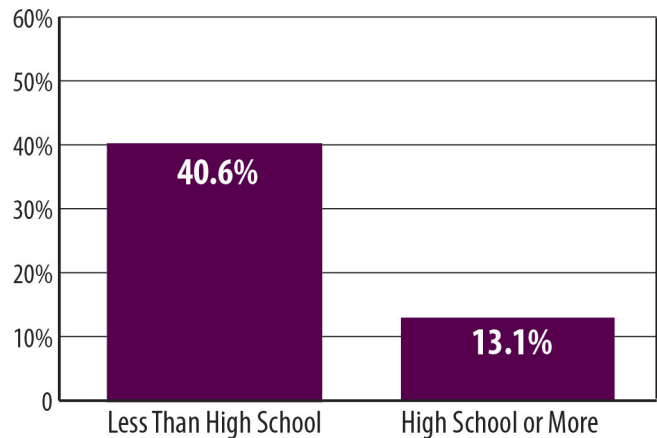
Even so, the tie between education and health is complex.

Opinions differ about whether the link between education and health is direct, or whether related factors come into play. For example, education influences employment. A person with a job often has employer-sponsored health insurance, and that coverage can lead to better health.

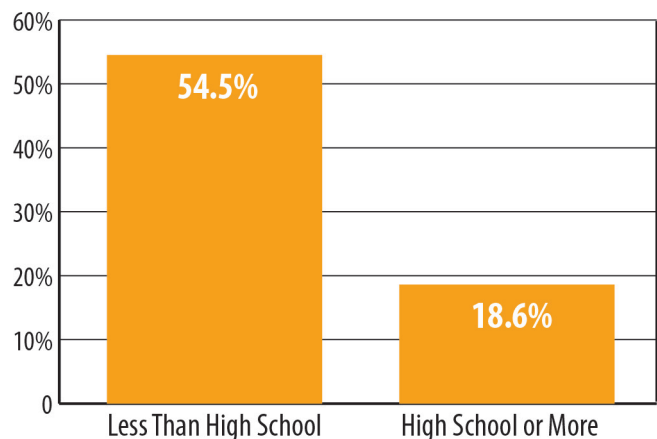
Other findings suggest that the link may be due to differences in behavior between the least and most educated. Researchers have found an association between risky behaviors such as smoking and poor eating habits and lower educational attainment.²

Most experts agree, however, that education is one of the important factors influencing health.

Fair or Poor General Health, By Education, Colorado, 2013



Fair or Poor Oral Health, By Education, Colorado, 2013



What the CHAS Tells Us

Health Status

Coloradans without a high school diploma are about three times more likely to report fair or poor health, the two lowest options, than those with a high school diploma or higher – 40.6 percent compared with 13.1 percent. That finding mirrors national survey results.³

The differences are not limited to physical health.

More than half (54.5 percent) of Coloradans without a high school diploma reported fair or poor oral health compared to 18.6 percent for Coloradans with a high school diploma or higher.

Mental health showed similar trends: 23.7 percent of those without a high school diploma reported eight or more days of poor mental health – stress, depression or problems with emotions – in the previous month. This is more than double the 11.5 percent of those with a high school diploma.

Insurance and Health

Half of Coloradans (52.8 percent) who did not graduate from high school reported being without health insurance at the time of the 2013 survey. For Coloradans with a high school diploma, the uninsured rate drops to 16.9 percent.

Employment and Health

Employment is the main source of health insurance coverage for most Coloradans. Nearly 70 percent of the state's insured received their coverage through an employer in 2013.

But the CHAS shows that education makes a difference in finding a job and getting employer-sponsored insurance. One of five Coloradans without a high school diploma (20.1 percent) was unemployed and looking for work in 2013. For those with a high school diploma, the unemployment rate was 6.1 percent.

Raising the Grade for Health

Having well-educated Coloradans may not only mean a healthier state but also a stronger workforce and a more robust economy.

Ongoing efforts by the private and public sectors, community groups and families are aimed at ensuring that all Colorado children attain the highest level of education possible. Education has also grabbed the

Colorado: Lagging in Education

Colorado's on-time graduation rate – 76.9 percent in 2013 – places it near the back of the pack. Colorado ranked 37th nationally in the 2012-13 school year. Because of the association between education and health, this is an important consideration. Iowa was first with a graduation rate of 89.7 percent and the District of Columbia was last at 62.3 percent.

One of four Coloradans do not graduate high school on time.



attention of Colorado's leadership. In his 2015-16 budget, Governor John Hickenlooper requested a significant increase in funding for K-12 education. A number of education bills have been introduced in the 2015 legislature, including proposed funding of full-day kindergarten for all children and an expansion of pre-kindergarten to 3,000 more Colorado kids.

Improvements in educational attainment take time, but the trend is in the right direction. One example of progress: Colorado's high school graduation rate is slowly improving. In 2013, the rate increased to 76.9 percent from 75.4 percent in 2012.

Endnotes

¹ Olshansky, J. et. al. Differences in Life Expectancy Due to Race and Educational Differences Are Widening, And Many May Not Catch Up (2012). Health Affairs.

² Cutler, D. and Lleras-Muney, A. (2006). Education and Health: Evaluating Theories and Evidence. National Bureau of Economic Research.

³ Centers for Disease Control and Prevention. 2013 Behavioral Risk Factor Surveillance System.

Methodology

Respondents between the ages of 19 and 64 were asked to report the highest level of school they had completed or the highest degree they had received. "Less than high school"

was defined as completing grades one through 11 without getting a diploma. "High school diploma" included those who graduated or earned a diploma equivalent such as a General Educational Development (GED) certificate.

This paper analyzes the differences between high school graduates and non-high school graduates. Research finds that health outcomes differ most between these two levels of educational attainment.

Survey Snapshots Series

The series highlights the diverse data provided by the CHAS. The reports are intended to show the range of data available, and to spur further use by stakeholders across the state.

A Strong Link: Income and Health
Understanding Poverty's Role in Well-Being

Introduction
Income matters. Research has shown that the more money you have, the better your health and well-being are. For many in Colorado, however, the link between income and health is not as strong as it should be.

What the CHAS Tells Us
Low income is a leading cause of poor health and well-being. People with lower incomes are more likely to have chronic conditions, such as heart disease, diabetes, and asthma. They are also more likely to have limited access to health care services.

Mental Health
A Critical Piece of the Health Care Puzzle

Introduction
Mental health is an essential part of overall health and well-being. It affects how we think, feel, and act, and it plays a key role in our ability to cope with stress and manage our lives.

What the CHAS Tells Us
Mental health issues are a significant barrier to good health and well-being. Many people with mental health conditions face challenges in accessing care and managing their symptoms.

Colorado's Lesbian, Gay and Bisexual Community
A Spotlight on Health Disparities

Introduction
The health of Colorado's lesbian, gay, and bisexual (LGB) community is a critical issue. LGB individuals face unique challenges and health disparities that need to be addressed.

What the CHAS Tells Us
LGB individuals experience higher rates of chronic conditions and mental health issues compared to the general population. They also face barriers to accessing care and discrimination in health care settings.

When Insurance Is Not Enough
How Underinsurance Impacts Health and Finances

Introduction
Having health insurance is important, but it doesn't always mean you're protected. Underinsurance—having coverage that doesn't cover enough costs—can lead to financial stress and worse health outcomes.

What the CHAS Tells Us
A significant portion of Colorado's population is underinsured. This leaves them vulnerable to high out-of-pocket costs and financial hardship when they need care.

The Challenge of Churn
Does Coverage Change over the Course of a Life?

Introduction
Health coverage is not always stable. Many people experience "churn"—losing and regaining coverage over their lifetime. This can be disruptive and costly.

What the CHAS Tells Us
Churn is a major barrier to continuous care. People who experience churn are more likely to have unmet health care needs and higher costs.

Are Medical Bills a Burden?
Exploring How Coloradans Cope with Medical Debt

Introduction
Medical bills can be a heavy burden for many people. Understanding how Coloradans cope with this debt is crucial for addressing the issue.

What the CHAS Tells Us
Medical debt is a significant financial stressor. Many people struggle to pay bills, leading to collections, lawsuits, and damaged credit.

Oral Health and Colorado's Children
A Healthy Mouth Now, Strong Health for Life

Introduction
Oral health is an important part of overall health. For children, it can affect their ability to learn, play, and grow.

What the CHAS Tells Us
Many Colorado children have oral health needs that go unmet. Access to dental care is a challenge for many families.

CHAS Analysis and CHAS Data can be found by clicking the buttons at the top right of the Colorado Health Institute home page:

coloradohealthinstitute.org

Research Analyst Tamara Keeney is the lead author of this report. Contact her at keeneyt@coloradohealthinstitute.org or 720.382.7088.

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