

Education & Health

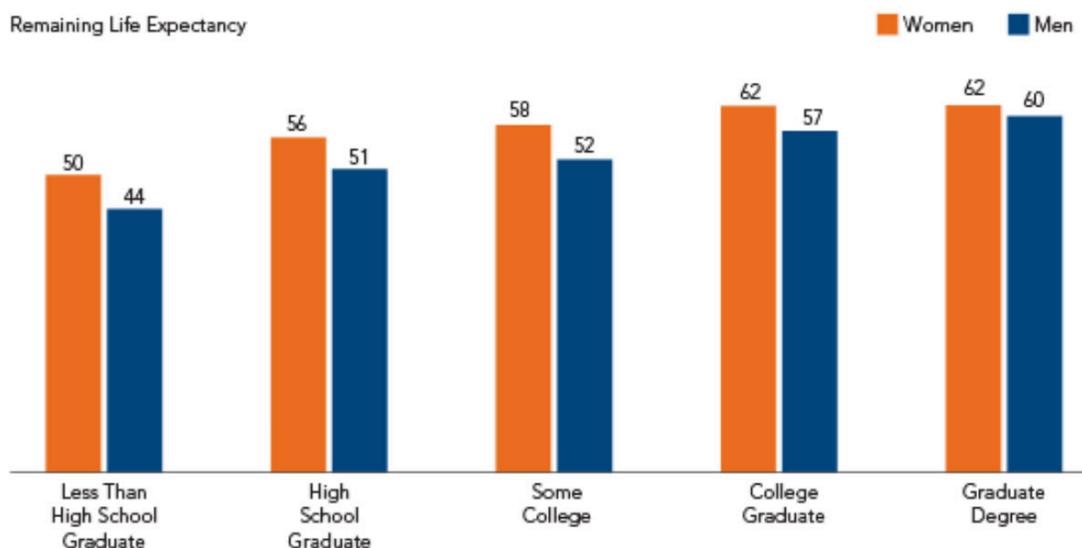
Finishing college has a huge impact on future health. According to the [CDC](#)¹, college graduate who is currently 25 years old will live 60 additional years on average, as opposed to 48 years for a 25 year old who didn't finish high school (Figure 1) In any given year, a college graduate is less than half as likely to die than someone who never attended college.

College graduates also have lower rates of many chronic conditions:

- A college graduate is 60% less likely to be obese than someone with some college education.
- A college graduate is 40% less likely to smoke than someone with some college education, and 70% less likely to smoke than a high school graduate.
- College graduates have a 20-30% higher rate of completing age-appropriate medical screening tests than those with some college education.
- College graduates have a 65% lower rate of problem drinking than high school graduates.
- College graduates have 70-80% lower rates of lung cancer than high school graduates and 50-60% lower rates than those with some college education.
- College graduates have less than half the rate of depressive symptoms than high school graduates.
- College graduates get are 70-80% less likely to get diagnosed with dementia by age 75 compared to high school graduates.
- College graduates have a 20-40% lower risk of developing type 2 diabetes than high school graduates, and they tend to have fewer complications.

¹ Rostron BL, Boies JL, Arias E. Education reporting and classification on death certificates in the United States. National Center for Health Statistics. Vital Health Stat 2(151). 2010.

Figure 1:
Remaining Years of Life for U.S. Adults at Age 25 by Educational Attainment, 2005



Hummer, Robert A., And Elaine M. Hernandez. "The Effect of Educational Attainment on Adult Mortality in the U.S. – Population Reference Bureau." Population Reference Bureau, Population Reference Bureau, 18 July 2013, www.prb.org/us-educational-attainment-mortality.

Many people assume that health care is the main determinant of life expectancy and health in general. This is actually not the case. Public health research has shown time and again that health care is just one of many determinants of health and longevity. The University of Wisconsin has developed a model that examines the various factors that impact health. According to their [County Health Rankings model](#)², 30% of health outcomes are determined by health behaviors such as tobacco use, diet and exercise, 40% by social and economic factors such as education, employment and income, 10% by physical environment, such as environmental quality and 20% by medical care itself (Figure 2).

A major socioeconomic factor that impacts health is education. A multitude of studies have shown that the more education one has, the longer one lives, and the healthier that life is as well. These studies have shown that while the greatest difference in health and life expectancy are between those who have completed college and those that didn't finish high school, there is a significant difference in life expectancy between those who completed college and those who started but didn't finish college. Some [studies](#)³ have suggested that education may be more important than income in determining future health. A [New York University study](#)⁴ published in 2015 showed that finishing college has a greater effect on future mortality than quitting cigarette usage.

2 Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. "How Healthy Is Your County? | County Health Rankings." County Health Rankings & Roadmaps, The County Health Rankings & Roadmaps, 2020, www.countyhealthrankings.org.

3 Cutler, David M. and Adriana Lleras-Muney. 2010. Understanding differences in health behaviors by education. *Journal of Health Economics* 29(1): 1-28. <http://nrs.harvard.edu/urn-3:HUL.InstRepos:5344195>

4 Krueger PM, Tran MK, Hummer RA, Chang VW (2015) Mortality Attributable to Low Levels of Education in the United States. *PLoS ONE* 10(7): e0131809. <https://doi.org/10.1371/journal.pone.0131809>

Education impacts health in numerous ways, some obvious, others less so. The rate of [cigarette smoking](#)⁵ in college graduates is less than half that of high school graduates. College graduates have much higher [incomes](#)⁶ than high school graduates. Self-reported [stress levels](#)⁷ are lower in college graduates than those who didn't finish college. Exercise levels and fresh food consumption are both higher in college graduates. It is evident that education improves health through improvement of socioeconomic status and improved health habits.

There is evidence that education also lowers health care spending. Studies involving people receiving Medicare and Medicaid benefits show that those with more education have lower health expenditures over a several year period. In a [Rand Corporation study](#)⁸; the average lifetime Medicare expenditure for a college-educated woman was \$2300 less per year than for a woman who didn't finish high school. Other studies have shown that having risk factors for chronic diseases such as heart disease and cancer lead to more health care expenditures in the future than those without these risk factors. People with higher education levels have fewer risk factors for chronic diseases, and thus should have lower health expenditures.

Health care becomes better at treating individual diseases with each passing decade but has also become much more expensive. At the same time, the value of preventive care was neglected for years, but has become a central feature of the Affordable Care Act. This makes the function of health care and of health insurance as well, more equally split between preventive care and care for health conditions. It also makes health insurance in America far more essential and desirable than before. While the rise of health care spending nationally has slowed in recent years, it is predicted to increase again. By 2025, health care spending may account for 20% of America's gross domestic product. Increases in prevalence in chronic health conditions accounts for a lot of this expected increase.

There is ample evidence that education, especially completing college, reduces health risk factors, improve overall health and longevity, and reduces health care spending. Promoting education can be looked at a major part of a sound strategy for improving the health of the American populace. It would be both socially and economically beneficial to health insurers to participate in programs that attempt to improve the education level of our nation's young people. It can be looked at as a preventive health benefit that has been proven to improve health, like cancer screening tests and diabetes screening.

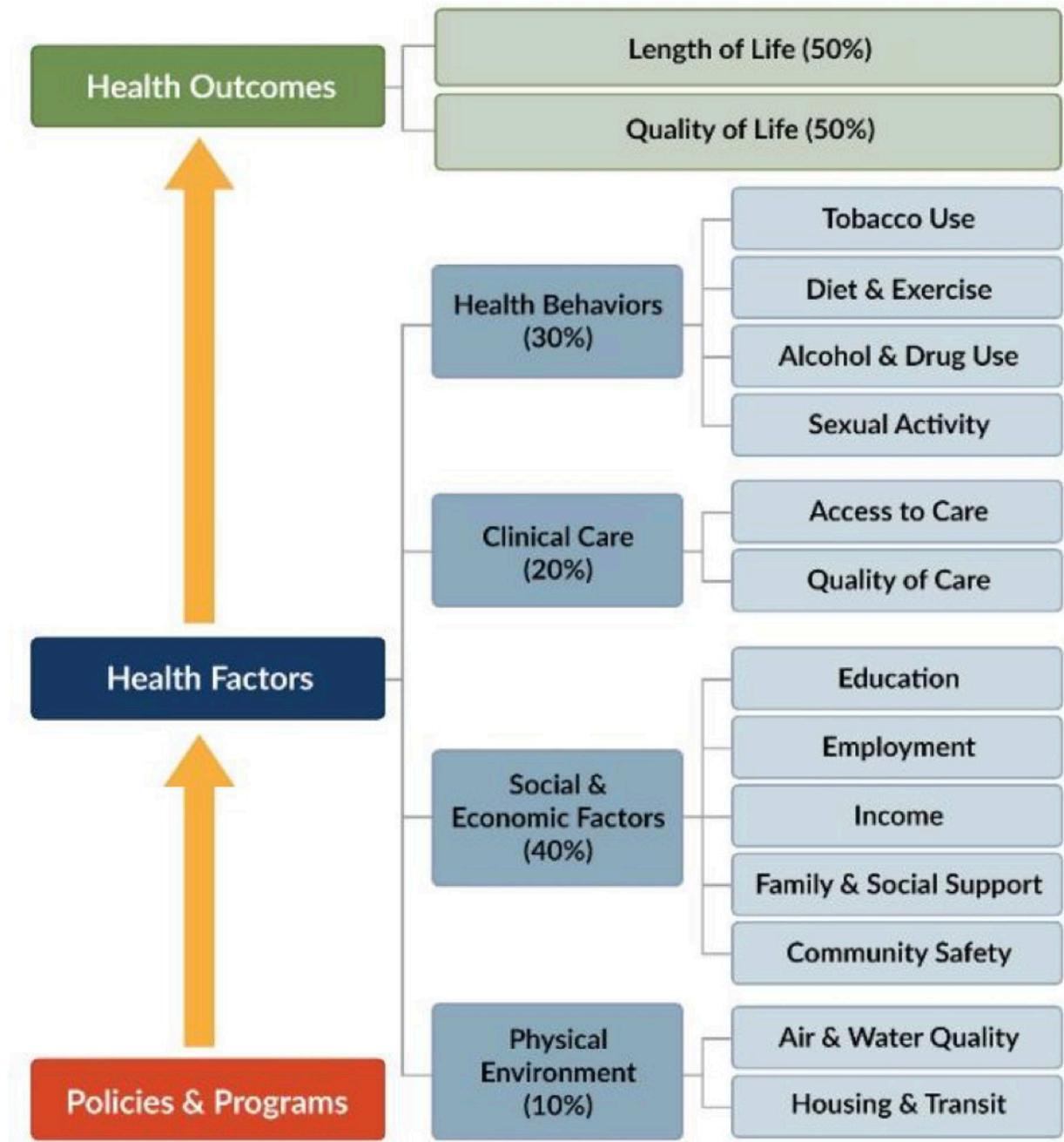
5 "Current Cigarette Smoking Among Adults in the United States." Centers for Disease Control and Prevention, 15 Dec. 2020, www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/index.htm.

6 "Unemployment Rates and Earnings by Educational Attainment : U.S. Bureau of Labor Statistics." U.S. BUREAU OF LABOR STATISTICS - Office of Occupational Statistics and Employment Projections, 4 Sept. 2019, www.bls.gov/emp/chart-unemployment-earnings-education.htm.

7 Thorsten Lunau, Johannes Siegrist, Nico Dragano, Morten Wahrendorf. "The Association between Education and Work Stress: Does the Policy Context Matter?" PubMed Central (PMC), 2015, www.ncbi.nlm.nih.gov/pmc/articles/PMC4374794.

8 Carroll, Stephen J. and Emre Erkut, The Benefits to Taxpayers from Increases in Students' Educational Attainment. Santa Monica, CA: RAND Corporation, 2009. <https://www.rand.org/pubs/monographs/MG686.html>. Also available in print form.

Figure 2:
Wisconsin County Health Rankings Model



Blomme, Courtney, et al. "Measures & Data Sources | County Health Rankings Model." University of Wisconsin Population Health Institute, County Health Rankings State Report, 2020, www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model.