



© Annette Bonnier. Used with permission from the Robert Wood Johnson Foundation.

© 2014 Robert Wood Johnson Foundation/Mike Bellemé.

Health Care: Necessary But Not Sufficient

Health care alone cannot counter the effects of an inadequate education

More education means better health—in part because more education brings better jobs, improved access to health insurance, and higher earnings that can help pay for medical expenses and a healthier lifestyle. Conversely, people with less education tend to have more challenges accessing health services—lower rates of health insurance coverage and less money to afford copayments and prescription drugs; they are also more likely to live in low-income neighborhoods with limited access to primary care providers.¹

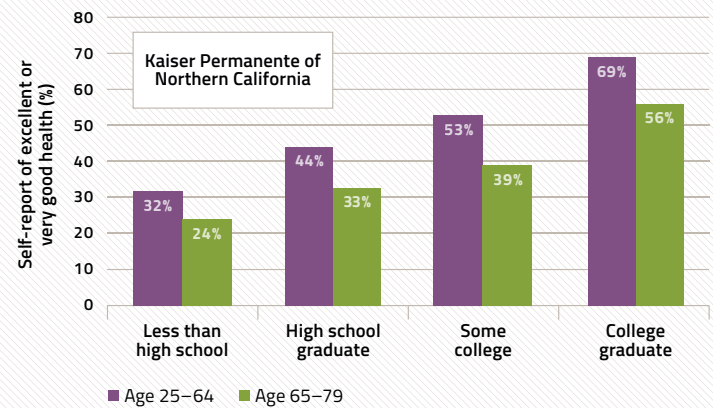
Will improved access to health care remove the health disadvantage that exists for people with less education? Will health care reform make high school dropouts as healthy as college graduates?

Not necessarily. Health care is necessary but not sufficient for improved health; in fact, health care accounts for only about 10–20 percent of health outcomes, according to some experts.² Having access to good doctors and medicines is certainly important. And health care has a bigger impact for people with limited education than for those with more education,³ but access to health care by itself doesn't eliminate the relationship between education and health. **People with fewer years of education have worse health than those with more education—even when they have the same access to health care.**

Consider data from Kaiser Permanente, one of the nation's oldest health systems, where all members of the plan have access to a similar level of care and network of providers. In a 2011 survey of members of Kaiser Permanente of Northern California, 69 percent of adults aged 25–64 with a college education described their health as “very good” or “excellent,” compared to only 32 percent of those lacking a high school diploma (Figure 1).

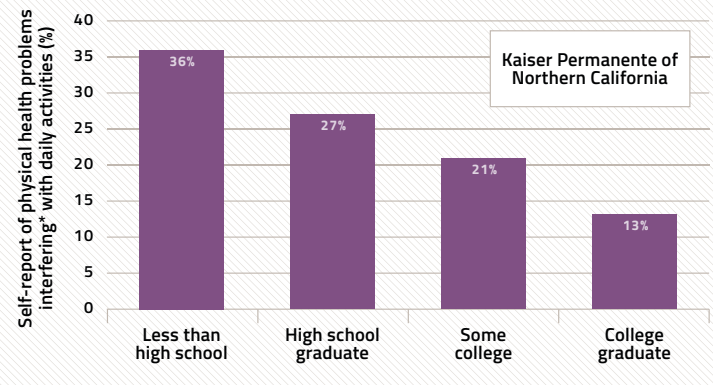
A similar trend is found among Kaiser members reporting physical health problems that interfere with daily activities: among adults aged 25–64, such physical health problems were reported by 36 percent of those with less than a high school education, but by only 13 percent of college graduates (Figure 2).

Figure 1. Even with the same access to care, adults with more education report better health.



Unpublished data from Nancy Gordon (Member Health Survey, 2011), Kaiser Permanente Division of Research.

Figure 2. The same health care doesn't mean the same health. Education matters.

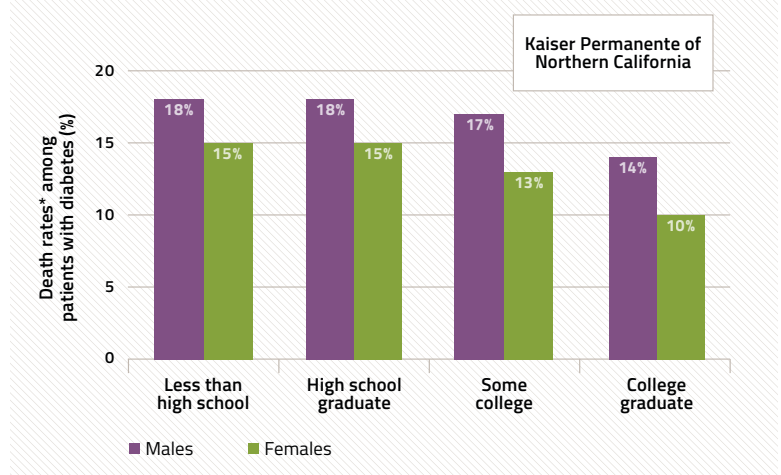


* Interfering at least moderately. Unpublished data from Nancy Gordon (Member Health Survey, 2011), Kaiser Permanente Division of Research.

And it's not true just for self-reports of problems—it's also true for verifiable health outcomes, like mortality. For example, Kaiser data also show that the risk of death is lower among diabetes patients with more education (Figure 3), despite the fact that members at all education levels have access to the same health system for diabetes care. The Kaiser data offer a reminder that medical care is not everything: people with less education lack access to other resources (financial resources, community resources such as access to healthy food, and others) that affect the management of diabetes and its progression to early death.

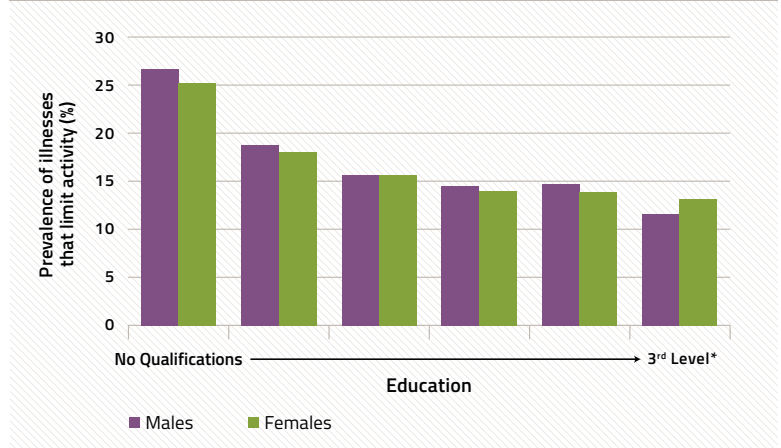
Even in countries where the entire population has access to a single health system, this same pattern is seen. For example, in the United Kingdom, where there is universal access to the National Health Service, illness rates climb for people with less education (Figure 4).⁴

Figure 3. Among diabetes patients with the same health plan, the risk of death is lower for those with more education.



* Deaths from all causes (per 1000 person-years) among adults aged 30–75 years, standardized to the age and sex distribution of the 2000 U.S. Census. Unpublished data from Andy Karter (Diabetes Registry, 1996–2005), Kaiser Permanente Division of Research.

Figure 4. Even with universal access to the National Health Service, illness rates in Britain are higher for those with less education.



* 3rd level: equivalent to receipt of a bachelor's degree or higher. Data (standardized) for participants aged 16–74, National Statistics Longitudinal Study, 2001. Source: adapted from Figure 7 in *Fair Society, Healthy Lives: The Marmot Review*.⁴

What's the takeaway?

HEALTH CARE IS NECESSARY

Our nation needs to improve access to quality health care for the disadvantaged, including adopting reforms that widen access to health insurance coverage, improve the quality of care, and reduce health disparities.

BUT IT'S NOT SUFFICIENT

Eliminating the adverse health consequences of a limited education will require other **policies that target factors outside of health care** that cause people with less education to experience greater illness despite access to health care.

Reforms are needed to improve access to a good education—better education from early childhood through college—but also to address related problems: *diplomas alone will not solve everything*. See our [issue brief](#) about the factors outside of education—from neighborhood conditions to job quality—that cause poor health among people with less education. Health care reform must be accompanied by changes in social and economic policies that are a “win-win”: creating economic opportunity for families while also saving lives (and costs) from medical illnesses.

References

1. Centers for Disease Control, Office of Surveillance, Epidemiology, and Laboratory Services. Behavioral Risk Factor Surveillance System, 2010 BRFSS Data. Accessed 2-2-14 at http://www.cdc.gov/brfss/data_tools.htm
2. Booske BC, Athens JK, Kindig DA, Park H, Remington PL. Different Perspectives for Assigning Weights to Determinants of Health. County Health Rankings Working Paper, 2010. Accessed 8-8-14 at <http://uwphi.pophealth.wisc.edu/publications/other/different-perspectives-for-assigning-weights-to-determinants-of-health.pdf>
3. Zimmerman E, Woolf SH. Understanding the relationship between education and health. Discussion paper for Roundtable on Population Health, Institute of Medicine. Washington, DC: National Academy of Sciences, June 2014.
4. Strategic Review of Health Inequalities in England post-2010. *Fair Society, Healthy Lives. The Marmot Review: Executive Summary*. Accessed 8-29-14 at <http://www.instituteoftheequity.org/projects/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-executive-summary.pdf>

Other issue briefs from the Education and Health Initiative

HOW BIG OF AN ISSUE IS THIS?

ISSUE BRIEF 1: The Growing

Importance of Education: Education matters more to health now than it ever has before. Today, people with less education live shorter lives with worse health and greater disability than their more educated peers. Education is important not only for higher paying jobs and economic productivity, but also for saving lives and saving dollars. Policies that address early child care, housing, transportation, food security, unemployment, and economic development are important to improving the deteriorating health of Americans with fewer years of education.

WHAT'S CAUSING THIS?

ISSUE BRIEF 2: Exploring the Causes:

The full “back story” on the links between education and health are complex. This issue brief expands upon the interconnections between education and health alongside the perspectives of residents of a disadvantaged urban community in Richmond, Virginia.

DOES CUTTING EDUCATION SPENDING SAVE MONEY?

ISSUE BRIEF 4 (FORTHCOMING): The Return on Investment: In an era of fiscal austerity and spiraling health care costs, policymakers are often forced to make difficult decisions on funding for education, social programs, and public health services. How does disinvestment in education connect to illness and medical care costs? This issue brief will examine the return on investment, exploring how higher educational attainment relates to costs for medical care.

THE EDUCATION AND HEALTH INITIATIVE

This issue brief is a product of the Education and Health Initiative (EHI), a program of the Virginia Commonwealth University Center on Society and Health, supported by the Robert Wood Johnson Foundation.

- Launched in September 2012, the aim of the EHI is to raise awareness about the important connections between education and health.
- We “connect the dots” between distinct education and health policy spaces.
- We meet with leaders in government and the private sector—at the national, state, and local level—to explore the ties between education and better health.
- We produce online media and issue briefs to explore specific themes and stimulate discussion.

THE CENTER ON SOCIETY AND HEALTH

The VCU Center on Society and Health is an academic research center that studies the health implications of social factors—such as education, income, neighborhood and community environmental conditions, and public policy. Its mission is to answer relevant questions that can “move the needle” to improve the health of Americans. We present our work in formats and venues that are useful to decision-makers and change agents. The Center pursues these goals through collaboration with scholars in different disciplines at VCU and other institutions, and by nurturing partnerships with community, government, and private-sector stakeholders.

830 East Main Street, Suite 5035
P.O. Box 980212
Richmond, Virginia 23298-0212

Phone: (804) 628-2462
Email: societyhealth@vcu.edu
Web: www.societyhealth.vcu.edu