

We are Called

TO HEAL. TO UNITE. TO JUSTICE.



Team Reflection

No. 20: Education and Health

Entering the U.S. at the age of four, Santiago Potes used to dream of higher education. As a DACA recipient, or “Dreamer,” this graduate of Columbia University saw his name in headlines in November 2020, when he was awarded the prestigious Rhodes Scholarship. Like Potes, many individuals among historically marginalized populations may be the first in their families to break educational barriers.

Education and health are intertwining factors that impact both individual and population well-being. Hundreds of studies in the past forty years document a type of causal “gradient” that reflects how more schooling links to better health and longer life. Education plays a key factor in health disparities, which are the preventable differences in the burden of disease, injury, violence or other opportunities to achieve human flourishing and optimal health. The CDC reports that good health is associated with academic success while dropping out of school is associated with health and social problems. [20.1]

This linkage involves a constellation of factors. The most prominent are economic factors accounting for approximately one-third of the correlation. Health behaviors is a second factor, and include things such as exercise, a healthy diet and avoiding smoking. Social-psychological pathways are a third and include successful long-term marriages and other social supports that aid in coping with stressors in life. Lastly, researchers find access to health care plays a modest role in the correlation. [20.2]

Racial and ethnic disparities in education mirror the disparities in socioeconomic status, as well as those in health outcomes and health care. [20.3] African Americans and Latinos are more likely to attend high-poverty schools than whites and Asians. High school dropout rates are highest among Latinos, followed by African Americans and then whites. [20.4]

The inequities in both health and education are difficult to overcome and have a lasting impact. The previously discussed systemic inequities in mortgage lending and the impact to public school education are significant here. Research published by the Kaiser Family Foundation in 2021 reports Black and Hispanic Medicare beneficiaries overall have fewer years of formal education and lower median per capita income, savings and

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home equity than white beneficiaries. Some gaps are narrowing. For example, differences in median per capita income among White, Black and Hispanic adults ages 65 and older are narrower among people with similar levels of education. [20.5]

While matters of health and education are complex, they show that comprehensive health equity and population health strategies merit collaborations with education leaders. A century ago, communities of religious women and men ran schools and hospitals. The American saint known affectionately as Mother Cabrini (1850-1917) established schools, hospitals and housing, with dozens dotting the American landscape from New York to the Rockies. There was an implicit sense that education and caring for the sick are both essential to the unfolding of justice and peace in society. As professional specialization and credentialing necessarily took hold in 1900s, this drove a wedge between these ministries.

Remnants remain, however. Resurrection Sister Donna Wolowicki, a former hospital CEO and later president of her congregation's all-girls high school across the street, inspired students by founding the Scrub Club. Today it is part of a job shadowing program. The young women meet with women physicians, executives and other health and science professionals. Elsewhere, the Felician Sisters sponsor and manage ministries spanning early childhood and higher education, to social services and senior living. Most sponsors of health ministries no longer span such vast differences across education and health together, but rather, pursue a holistic vision of human flourishing by cross-sector alignment and collaborative partnerships to advance health and education well-being in our communities.

Consider

- Where might you see gaps between health outcomes and education in the people you serve or in your community?
- Are there initiatives and partnerships between my hospital or health system and educational institutions that support equitable strategies in the community?
- How does my own educational attainment impact my opportunities for human flourishing?

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Let us pray together,

Divine Teacher and Source of health and life,

Fill us with a deep affection and concern to more fully care for one another.

May we walk with mercy alongside those entrusted to our care,

so that we may be sources of your healing presence in our communities today. Amen.

[20.1] <https://www.cdc.gov/healthyyouth/disparities/index.htm>

[20.2] Zajacova A, Lawrence EM. The Relationship Between Education and Health: Reducing Disparities Through a Contextual Approach. *Annu Rev Public Health*. 2018;39:273-289. doi:10.1146/annurev-publhealth-031816-044628, and <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5880718/>

[20.3] <https://www.apa.org/ed/resources/racial-disparities>

[20.4] <https://www.apa.org/pi/ses/resources/publications/minorities>

[20.5] <https://www.kff.org/report-section/racial-and-ethnic-health-inequities-and-medicare-education-poverty-and-wealth/>