



## How Health Disparities Can be Reduced through Educational Gains and Improved Coordination of Community Services

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Health and educational outcomes for Americans are closely linked to each other. People with less education live shorter and less healthy lives compared to people with higher education. Inequalities in health and education are linked for several reasons. Education can provide opportunities for people to earn higher incomes, which in turn give them social and psychological benefits, encourage healthier lifestyles, and provide them access to good health care. On the other side, poor health can put educational attainment at risk – a process that affects people from early childhood throughout their lives.

As wage gaps continue to widen in the United States, differences in health and educational attainment are also likely to increase. But policymakers can make a difference, working through networks that tie together federal agencies, local officials, and nonprofit partners. Together, public-private partnerships can provide comprehensive community-based services to help vulnerable residents, including children with emotional or behavioral disorders.

### Indicators of Healthy Communities

Education and income are primary indicators of the health status of a community's residents. Often, efforts to eliminate health disparities among various groups of Americans have focused on fighting specific diseases and illnesses through health care services. But this approach may overlook the broader social context. A 2013 National Research Council report cites educational and income gaps as leading causes for health disparities within the United States. Researchers have found similar health disparities affecting various kinds of illness across different age groups, sexes, racial and ethnic groups, and social classes.

Underlying many kinds of health disparities are educational inequalities, and available data show that higher levels of educational attainment for currently disadvantaged groups could reduce the incidence of diseases by one-third to one-half the current rates. In turn, reduced disease would lower health care costs. In short, education can be a powerful lever for controlling health care costs and moving toward eliminating health disparities. Wielding this lever, in turn, requires attention to local areas because dramatic educational and health disparities are observable in small geographic locales.

### Public-Private Partnerships

In low-income areas, localized efforts can help better coordinate community resources and improve the impact of social and health programs. To encourage such coordination, the Department of Education and the Department of Health and Human Services should create programming to support needs-based resource centers in high-risk communities. The program should require partnerships linking local city or municipal governments, public school districts, and non-profit coalitions. Working together, they could plan resource centers that provide support for community members throughout their life course from "cradle to coffin," aiming to address specific community needs for education enhancement, quality health care access, and workforce training.

High-quality proposals for resource centers should include well-formulated steps to create sustainable partnership structures, engage community members, and ensure accessible services. Once community resource centers are established, their effectiveness should be assessed by metrics such as the percentage of community served, improvements in high school graduation rates, reductions in chronic disease indices, and improvements in local employment rates. Milestones for federal programs should apply to at least 15 inner city programs and aim for 10% increases in overall education attainment, 15% reductions in unemployment,

and 5% improvement in community health over 20 years.

## **Alabama as a State Where Rapid Improvements are Possible**

During the 2016-2017 school year, 45% of school children in the state of Alabama were members of underrepresented minorities and 66% of all students were poor enough to qualify for free and reduced lunches. Meanwhile, according to the Alabama Department of Education, the state “report card” shows overall student proficiency in reading at 39%, mathematics at 44%, and science at 35%. Given these worrisome statistics, Alabama could dramatically improve its residents’ health by ensuring statewide educational improvements.

With proficiencies below 50% across the board and a large proportion of its students living in or close to poverty, Alabama can revamp social services for vulnerable groups and communities. New commitments through “partnerships with purpose” could potentially reduce the achievement gaps between affluent and historically disadvantaged students. Statewide encouragement of public-private partnerships could create needs-based resource centers in high-risk communities, which in turn could make Alabama a leader in accelerating educational improvements in the South.