Improving the Nation’s Health Through Higher Education

Woolf, Johnson, Phillips, & Philipsen (or WJPP) recently completed a study that drew a profound conclusion regarding the potential for higher education to improve the nation’s health. WJPP made the following points, among others:

1. “…The basic notion that more lives would be saved by eliminating education-associated excess mortality than by medical advances is sufficiently robust to justify a change in policy priorities without awaiting further calculations. Our data suggest that correcting the conditions that cause people with inadequate education to die in greater numbers will do far more to save lives than making incremental improvements in the technology of medical care…” [p. 682]

2. “Each year, an average of 195,619 deaths would have been averted if mortality rates among adults with an inadequate education had been the same as mortality rates among college-educated adults…Cumulatively during 1996 through 2002, 1,369,335 deaths would have been averted, a ratio of 8:1 relative to the number of lives potentially saved by medical advances…” [p. 680]

3. “It makes sense that better education would enhance health outcomes. An educated population is better positioned to access information and understand the implications of lifestyle (e.g., smoking, physical inactivity) and health care options, to make choices that optimize individual health as well as that of one’s children, and to navigate the health care system and manage their illnesses. Educated individuals have better jobs that provide the resources for health insurance coverage, access to care, and out-of-pocket expenses and the means to climb out of social conditions and neighborhoods that compromise health…Educational attainment also helps the economy by offsetting health care needs and improving earnings. The international development community has long focused on education as a strategy to raise a country’s health status and wealth…” [p. 681]

4. “The causal pathway linking education to mortality is complex. Income represents an important confounding variable…Income is both a consequence and a mediator of education, as in the case of affluent applicants having better prospects for college admission. Influences other than income are also cofactors (mediators) on the causal pathway linking education and mortality…It seems likely, therefore, that the amelioration of education-associated excess mortality requires more extensive social change than simply ensuring that all adults complete college or even eliminating educational disparities…” [p. 681]

5. “We [WJPP] examined mortality data for 1996 through 2002 reported by the National Center for Health Statistics (NCHS). We compared (1) the maximum number of deaths averted by the downward secular trend in mortality…and (2) the number of deaths that would have been avoided had mortality rates among adults
Policy analysts and advocates for higher education may find this study helpful in their work. The study bolsters the argument for an increase of resources for higher education. The health improvement outcome complements the frequently cited benefits that higher education produces for economic welfare (for both communities and individuals). The study also seems to support the point that even some college education (not necessarily completion of a bachelor’s degree) will on average benefit people.

Steven H. Woolf, MD, MPH; Robert E. Johnson, PhD; Robert L. Phillips, Jr., MD, MSPH, and Maike Philipsen, PhD. document their study, including its limitations, in an article (“Giving Everyone the Health of the Educated: An Examination of Whether Social Change Would Save More Than Medical Advances”) in the peer-reviewed American Journal of Public Health (the issue of April 2007, Vol. 97. No.4, pages 679-683). The affiliations of the authors are as follows: Woolf (Department of Family Medicine, Epidemiology, and Community Health, Virginia Commonwealth University, Richmond); Johnson (Department of Biostatistics and Family Medicine, Virginia Commonwealth University); Phillips (Robert Graham Center of the American Academy of Family Physicians, Washington, D.C.); and Philipsen (Department of Foundations of Education, Virginia Commonwealth University).

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[Abstract by Willard Horn, Director of Research & Planning, Chancellor’s Office, California Community Colleges, 1/10/08]