Which Came First—Better Education or Better Health?

By Rubén Hernández-Murillo and Christopher J. Martinck

T

The more you learn, the more you earn! This phrase has been used by education proponents to encourage young students to stay in school or pursue higher education. But higher lifetime earnings are not the only positive outcome from increased schooling. As it turns out, the more you learn, the more you live in good health. For example, in 2007, the age-adjusted mortality rate (measured in deaths per 100,000 people) among American males between 25 and 64 years was 665.2 for individuals without a high school diploma, 600.9 for individuals who completed high school and 238.9 for individuals with some college or higher.1 In terms of healthy behaviors, the estimated incidence of smoking among American males over the age of 25 with a bachelor’s degree or higher was 10.4 percent, while this figure among males with a high school degree or less was about 30 percent.2 Similar differences exist for smoking among females. If more education can lead to better health, addressing the processes by which differences in education translate into differences in health can be useful to public policymakers. Identifying a causal relationship is of crucial importance in the design of policy. For example, if more education causes better health, then policies to increase education might also be effective at improving health in the population.

However, if the association (often called correlation) between education and health exists because better health allows individuals to attain a better education (reverse causality), then the correlation between education and health results from the correlation of education with other factors that also improve health (such as income of the parents), then education-improving policies might not be effective at improving health.

Better Education–Better Behaviors

Economists David Cutler and Adriana Lleras-Muney are among those analyzing the education-related health disparities.3 The authors examine responses to the National Health Interview Survey in the United States in 2007. In 2007, the age-adjusted mortality rate (measured in deaths per 100,000 people) among American males ...