

## CYFC Theme Evolves to The Interaction of Education & Health Disparities

**Cathy Jordan, CYFC Director**  
*Consortium Connections, Fall 2009*

The Children, Youth, and Family Consortium (CYFC) organizes much of its work around themes in order to address children, youth and family issues in more depth. We have recently ended our focus on educational disparities—the differences in educational opportunities and outcomes among various groups of people, often defined by race, ethnicity, socio-economic status, or geography. As we explored this issue and interacted with our University, policymaker and practitioner constituents, it became clear that to treat educational disparities independent of other inequities was an artificial distinction. Children who experience unequal educational opportunities and poor learning outcomes are the same children who experience issues such as limited access to health care, mental health issues, dental caries, obesity, poor nutrition, substandard housing, community violence, and other issues. The interaction between health and educational outcomes is where it's at.

There is a complex interplay between education and health. For children of color and disadvantaged children, this mixture often results in a “double whammy” of poor outcomes. For White or more advantaged children, health and education may influence each other in positive ways that set the child up for a healthy, productive and long life. CYFC will focus the next several years exploring how health and education interact in children of color and disadvantaged children versus their White or more advantaged peers. We believe this interaction takes five forms:



- Early health status influences later educational success, and vice versa.
- Health and educational performance may influence each other concurrently.
- Common root causes may result in both poor educational and health outcomes.
- Prevention and intervention strategies to address one may also be appropriate for the other.
- The health or educational status of one generation may influence the health or educational status of another generation within a family.

CYFC approaches its work from developmental and ecological perspectives. The developmental perspective recognizes that human development begins at birth, and continues throughout the lifespan. Events that occur at one stage of development have a profound effect on future development. The developmental perspective is particularly relevant to understanding the interaction of education and health. For example, considerable research suggests that a healthy start to life is critical for later learning and

school success. Individual educational attainment (such as earning a high school diploma or graduating from college) predicts whether an individual will experience chronic health conditions in later life. And new research suggests that exposure to significant stress in early childhood—such as that experienced by children already prone to negative outcomes—can actually alter brain structures and increase children’s risk for disease in adulthood. These examples also illustrate the first of the five ways that health and education interact—one predicts the later occurrence of the other.

The ecological perspective recognizes that children and families do not operate in a vacuum. Rather, their development is affected by interactions between the many parts of the world around them, from the immediate family to larger systems, policies and societal influences (for an illustration of the ecological model as it applies to our previous area of focus, educational disparities, see [www.cyfc.umn.edu](http://www.cyfc.umn.edu)). Our theme of the interaction of educational and health disparities is an excellent illustration of the ecological perspective. For example, a child who arrives at school each day hungry or with untreated dental caries or an ear infection is likely to have problems learning. Children who are struggling in school are likely to suffer mental health issues that are frequently expressed in disruptive behavior. And children who witness domestic violence in their homes often have difficulty with social relationships, including those in school. These examples illustrate the second way that health and education interact—health status and educational success influence each other at any given time.

The children most likely to feel the double whammy of educational and health disparities are children who experience, or whose parents experienced, the profound but sometimes unrecognized influences of injustices such as racism and poverty. To take one example, for decades families of color faced discrimination

in the housing market. As a result, they found themselves segregated within communities that had few resources such as good schools and access to fresh and nutritious food as well as considerable risks associated with crowding, environmental toxins, community violence, and other safety concerns. The community context has profound influence on health and educational success and these disparities can be sustained for generations. Although there have been policy advances that prohibit discrimination by real estate professionals, housing segregation persists, as will its health and educational impacts. This example illustrates the third way that health and education interact—common root factors may influence both education and health.

Both educational and health outcomes might improve if all individuals and families had access to quality educational opportunities, good health care, a safe and walkable neighborhood environment and nutritious food, regardless of place. Public and private policies could also make a difference. If workplaces provided opportunities (optimally paid opportunities) for working parents to be involved in their children’s early childhood experiences, and if workplaces provided health care that allowed parents to make sure their children receive the best care from birth on, children would start school healthier and more ready to learn. Public policies that support the family system in its ability to provide quality health care and early childhood experiences would result in better outcomes for both education and health. This represents our fourth way that health and education interact—given that education and health outcomes may be influenced by similar factors and variables, they may respond to similar prevention and intervention efforts.

Children of parents who achieve higher levels of education tend to be better educated and in better health. The health of parents also influences the educational and health outcomes of children. The reverse is also true. For

instance, the stress related to caring for a child with significant health or school-related problems can cause mental and physical health issues for parents. In addition, when families experience generational poverty, the negative impacts are also passed from one generation to the next, and it is very difficult to break the cycle. CYFC's family focus is reflected in this fifth way that health and education interact—educational and health outcomes in one generation can influence the health and educational outcomes of another generation in the family.

As CYFC begins its exploration of the interaction of health and educational disparities, we will look more deeply at each of the above five areas of interaction, and how those play out in various communities. We will also highlight our own and other research on this topic, and provide translation of research for practitioners and policymakers.