

Education

ACCESS TO AFFORDABLE, HIGH QUALITY EDUCATION THROUGHOUT ONE’S LIFE

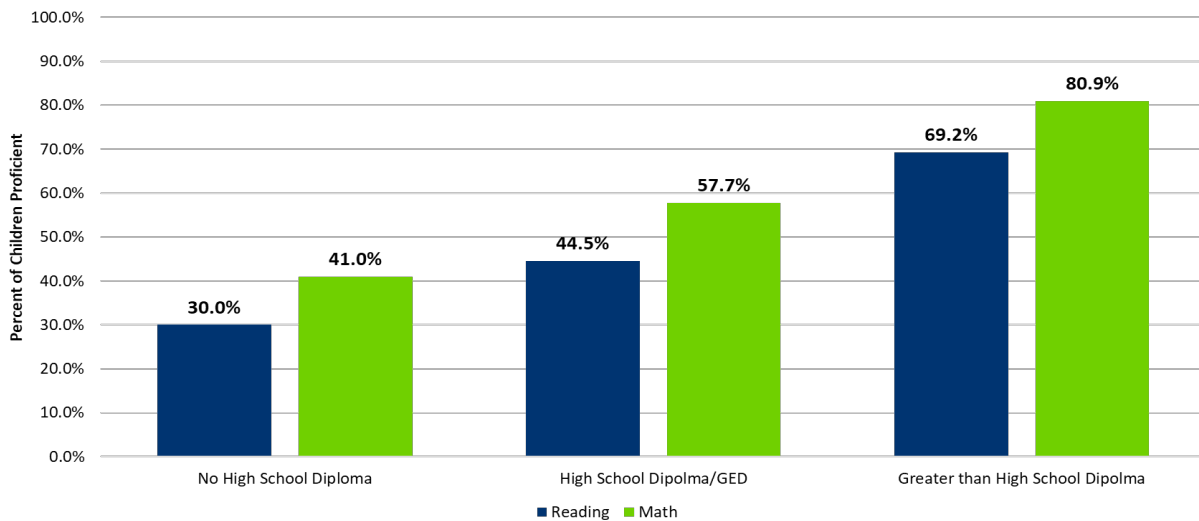
Why It’s Important

Education is critical to social development and has a profound impact on health. Education increases an individual’s access to income through better jobs and higher earnings which results in more resources for improving health. Independent of income, education increases a person’s health literacy and ability to navigate systems which can result in better health outcomes. Compared to those with a high school diploma or with no high school diploma, adults who attain a four-year college degree or more have lower unemployment, higher immediate and lifetime earnings, as well as greater employment stability, advancement potential, and likelihood of receiving benefits such as health insurance or retirement.¹ Unemployment among individuals living in Minnesota (ages 25-64) who held at least a bachelor’s degree was 2 percent during 2012–2016, compared to 6 percent for those with only a high school diploma and 10 percent for those without a high school diploma.¹ Communities benefit from having highly educated residents, experiencing higher rates of voting, civic engagement, and better health outcomes.¹

“[Women, children, and families need] equal access to affordable childcare and schools with enough funding for teachers, supplies, extracurricular [activities], and child development specialists.” – Needs Assessment Discovery Survey Respondent

Many social factors play a role in health inequities; education is consistently a leading factor. Research based on decades of work has shown that educational status, especially the status of the mother, is a major predictor of health and education outcomes for the child.² Data from Minnesota’s Early Childhood Longitudinal Data System (ECLDS) shows the relationship between maternal education and a child’s school proficiency in 3rd grade: 70 percent of children with mothers without a high school diploma at the time of their birth were not proficient in reading in third grade, compared to 31 percent of children whose mothers had greater than a high school diploma at the time of their birth (Figure 1).

Figure 1. 3rd Grade Proficiency by Maternal Education, 2016-2017



EDUCATION

Data Source: Minnesota Early Childhood Longitudinal Data System (ECLDS)

The intergenerational effects of education bring attention to the powerful connection between individuals and the historical and socioeconomic context in which their lives unfold.

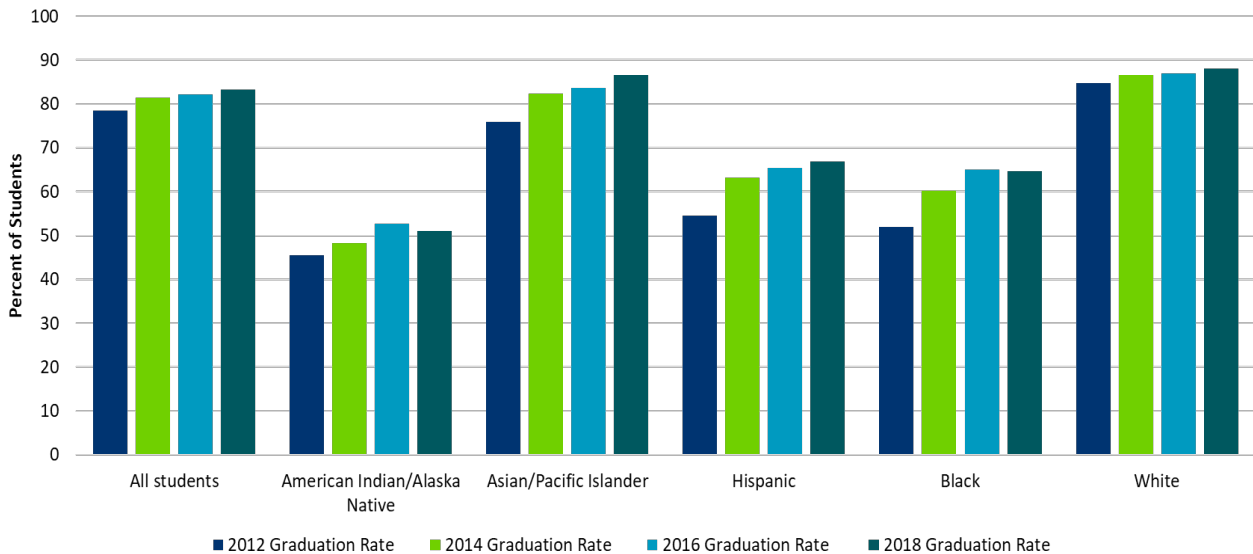
Focus on Health Equity

Achieving optimal health and well-being is strongly correlated with having access to high quality, well-funded schools. Minnesota's complex school funding system creates inequities between schools and school districts, affecting the students that attend these schools. Historical, economic, and sociopolitical factors and policies structurally and systematically contribute to Minnesota's inequities.³ Education inequities seen in Minnesota include differences in graduation rates, achievement levels, early childhood programs, dual credit (high school and college) course offerings, discipline rates, college enrollment, college persistence, college completion, and the diversity of teachers. Having access to high-quality schools is connected to economic opportunities, environmental quality, and secure housing. These social determinants of health are inequitably distributed in Minnesota, with minority populations receiving less access to what they need to be healthy. The cumulative effect of generations of social, political and economic injustices, result in larger proportions of students of color and American Indian students persistently achieving lower graduation rates than their white peers.³

The number of 'racially isolated' or segregated schools - where minority enrollment is 20 percentage points higher than comparable schools in their districts - has grown by 50 percent.³ Minnesota has more than 200 schools where students of color and American Indian students make up 90 percent or more of enrollment.³ Segregated schools of color are 8.5 times more economically impoverished than segregated white schools.³

More Minnesota seniors than ever before graduated in 2018 - 83.2 percent or 55,869 students graduating. But even as progress is being made, gaps remain between white students and students of color (see Figure 2).

Figure 2. High School Graduation Rates by Race/Ethnicity - 2012, 2014, 2016, & 2018



Data Source: Minnesota Department of Education

Additional Considerations

Early Childhood Education

Access to high quality early childhood educational programs is vital for getting our most vulnerable children ready for kindergarten. Children who participate in quality early care and education programs are more likely to be successful in school, graduate from high school, enroll in higher education and professional training, become productive adult citizens, and be less likely to enter the criminal justice system.⁴ The youngest people living in Minnesota are increasingly diverse and yet, statewide, children of color are underrepresented in early childhood education programming.⁴ Recent initiatives have begun to alter this trend with more children of color participating in early childhood education programs but gaps persist.

Postsecondary Education

Data from the 2016 Minnesota Student Survey shows nearly 80 percent of teens expect to attend postsecondary education but only 66 percent of American Indian teens plan to do so. Students of color and American Indians are more likely to enroll in state 2-year colleges and private career schools – two types of institutions with lower graduation rates than four-year colleges and universities. Further, students of color and American Indians are far more likely than their white peers to attend college part-time. Students who enroll part-time are less likely to complete their degree.

Reducing drop-out rates, especially among students of color and American Indians, is “both morally just and smart public policy,” said Andrew Nichols, senior director of higher education research at The Education Trust, a nonprofit advocacy group. “More Minnesotans with college degrees would mean higher state tax revenue, reduced spending on social services, and a citizenry better prepared for today’s jobs and the jobs of the future.”

Discovery Survey Results

In the summer of 2018, Minnesota’s Title V Maternal and Child Health Needs Assessment distributed a Discovery Survey asking people living in Minnesota, “What are the biggest unmet needs of women, children, and families in your community?” More than 2,700 people responded. Education was mentioned 303 times. Specific education-related needs identified included better access to high quality schools, affordable higher education, supports for mothers and older adults to acquire new skills, non-traditional and family friendly post-secondary education, and education for immigrants and refugees.

Important Note on Equity and Intersectionality

The Minnesota Department of Health’s Title V Needs Assessment team acknowledges that structural (social, economic, political and environmental) inequities can result in poor health outcomes across generations. They have a greater influence on health outcomes than individual choices or a person’s ability to access health care, and not all communities are impacted in the same way.

All people living in Minnesota benefit when we reduce health disparities.

We also acknowledge that the topic addressed in this data story does not exist in isolation– which is important to remember as we do needs assessments and as we start thinking about how we approach solutions. In addition to the needs themselves being intersectional, there are also intersecting processes and systems through which power and inequity are produced, reproduced, and actively resisted.

Citations

1. Minnesota State Demographic Center. (2019). The Economic Status of Minnesotans 2018. Retrieved from https://mn.gov/admin/assets/MNSDC_EconStatus_2018Report_FNL_Access.pdf_tcm36-362054.pdf.
2. IOM (Institute of Medicine). 2015. Exploring Opportunities for Collaboration between Health and Education to Improve Population Health: Workshop Summary. Washington, DC: The National Academies Press.
3. Minnesota Education Equity Partnership. (2016). 2016 State of Students of Color and American Indian Students Report. Retrieved from <https://mneep.org/wp-content/uploads/2016/04/SOSOCAI-Report-2016.pdf>.
4. Early Childhood Longitudinal Data System. (2018). Nourishing our Children for Success. Retrieved from <http://eclds.mn.gov/#/ds2>.

Child and Family Health Division
Title V Maternal and Child Health Needs Assessment
Minnesota Department of Health
PO Box 64975
St. Paul, MN 55164-0975
651-201-3589
health.cfhcommunications@state.mn.us
www.health.state.mn.us



5/1/2019

To obtain this information in a different format, call: 651-201-3589. Printed on recycled paper.