



Communities in Action

Pathways to Health Equity

Health equity is when everyone has the opportunity to attain their full health potential. Inequities in health stem from structural inequities—the systemic disadvantage of one social group compared to other groups—deeply embedded in the fabric of society and encompassing policy, law, governance, and culture. Health inequities are in large part a result of historic and ongoing poverty, structural racism, and discrimination, and they can be mitigated by policies and community action in powerful ways.

Community-wide problems such as poverty, unemployment, low educational attainment, lack of public transportation, inadequate housing, exposure to violence, and neighborhood deterioration (social or physical) all shape health and contribute to health inequities. To address the underlying conditions and root causes of health inequities, new partners in education, transportation, housing, planning, public health, business, and beyond are joining forces with community members to promote health equity.

What is the role of the education community?

Leveraging education policy

New federal legislation, the Every Student Succeeds Act (ESSA), recognizes the need for schools to embrace “whole child” strategies for improving educational attainment. The policy specifically acknowledges the importance of promoting physical and mental health and wellness as essential to reducing inequities in academic achievement. In this way, ESSA makes an important contribution to efforts to community-based work to reduce health inequities.

The law presents several opportunities to reduce health inequities through education. ESSA:

- provides opportunities for communities to reframe how they think about student success in ways that embrace health and wellness;
- calls for identifying evidence-based interventions so the field uses research as the basis for improving practice; and
- requires school districts to develop and implement evidence-based school improvement plans informed by comprehensive needs assessments, opening the door for health and wellness to be incorporated in assessments and plans.

The education–health link

There is extensive research indicating a link between educational attainment (e.g., years of schooling or number of degrees obtained) and health indicators (e.g., life expectancy or death from disease). The effect is even intergenerational, meaning that the education of parents is linked to their children’s health and well-being.

Disparities in education mirror disparities in health. Over the last 40 years, in all regions of the United States, the gap in health—specifically in life expectancy—between people with high and low education has become wider.

Improving education can improve health in a number of ways:

- Educational attainment increases health knowledge, literacy, coping, and problem-solving skills, thereby influencing health behaviors.
- Education shapes employment opportunities and related benefits, such as income—another determinant of health.
- Education affects social and psychological factors, like self-efficacy and social supports.

Educational attainment is a predictor of health and can affect health outcomes depending on level of attainment. Policies and practices proven to increase academic performance and reduce education disparities are important to reducing health disparities. Also, education outcomes are substantially affected by health. Students who have unmanaged health conditions or live in conditions that contribute to hunger or chronic stress may have trouble performing in school.

What Can the Education Sector Do to #PromoteHealthEquity?

✓ The U.S. Department of Education (ED)

can support states, localities, and their community partners with evidence and technical assistance on the impact of quality early childhood education programs, on interventions that reduce disparities in learning outcomes, and on the keys to success in school transitions (e.g., pre-K to K–12 or K–12 to postsecondary). ED can also continue to collect and make accessible comprehensive school data to inform the work of communities to improve education and reduce disparities.

✓ State departments of education

can provide guidance to schools on how to conduct assessments of student health needs and of the school health and wellness environment, including a process by which schools can identify model needs assessments, including those with a focus on student health and wellness.

✓ Schools and school districts

can take action to improve the health and well-being of students, leveraging existing policies and programs, like physical activity or air quality standards in the educational setting. These and others can be strengthened, modified, or expanded using a health lens. Schools and school systems can partner with other stakeholders within the community to assess and meet student health needs.

Did you know?

Each additional year of education leads to 11 percent more income annually, helping to secure safer working environments as well as benefits like health insurance.

Example of Action

Eastside Promise Neighborhood

A community stakeholder group in the Eastside neighborhood in San Antonio, TX, identified problems in the local school system that included inadequate access to quality early education, low-performing schools, low graduation rates, and more. A proposal to address these issues was submitted, and in 2011, a nearly \$24 million grant was awarded to launch the Eastside Promise Neighborhood (EPN), an implementation site of the U.S. Department of Education's Promise Neighborhood grant program.

EPN focuses on improving educational outcomes through many programs that provide educational and growth opportunities for children and youth—from early childhood through postsecondary education and career support. EPN coordinates with organizations from many different sectors to fund and support programs such as early childhood education centers, initiatives to promote secondary and postsecondary success, internship programs developing leadership capacity, and engagement with parents and caregivers, as well as many other initiatives in education and the physical environment.

EPN fosters a shared community vision for better educational and health outcomes, focusing on early childhood learning, health and wellness, education, and school and neighborhood safety.

Key outcome measures include nearly 76 percent of students saying they felt safe in school or traveling to school, and 82 percent of students graduating from high school.*

**2015 data reported by EPN.*

Conclusion

The education sector is a key partner in promoting health equity. Working to tackle unemployment, concentrated poverty, and school dropout rates can seem overwhelming to communities, but when actors in the community—residents, businesses, state and local government, and other local institutions—work together across multiple sectors, communities have the power to change the narrative and promote health equity through enduring community-driven interventions.

**See our resources on health equity:
nationalacademies.org/HealthEquityHub**

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