MINNESOTA
EARLY CHILDHOOD
LONGITUDINAL DATA SYSTEM

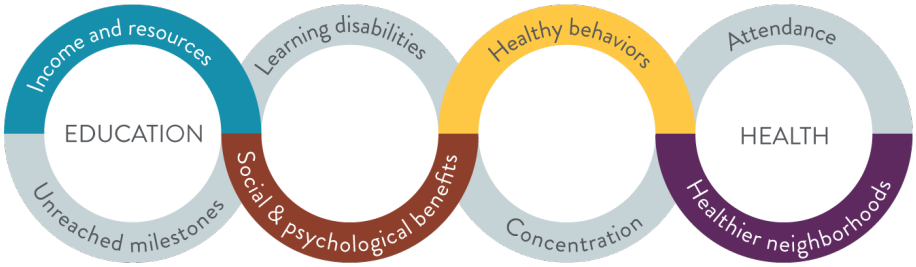
The Intersection of Health & Education

COLLABORATION IN EARLY CHILDHOOD

Health and Education are linked

Education is critical to social and economic development and has a profound impact on health. The health benefits of education accrue at many levels - at the individual level (e.g. skills development, healthy behaviors, and higher incomes); the community level (e.g. improved living environments and increased social and civic engagement); and the larger social/cultural context (e.g. social policies and reduced residential segregation).[1]

Education can create opportunities for better health.
Poor health can put education at risk.



Contextual factors Conditions through people's lives can affect both education and health.

Research has found that education leads to improved health and well-being. Conversely, health impacts the ability for students to learn and contributes to the achievement gap.[1]

Health Benefits of Education

Income and Resources

Better jobs
Higher earnings
Resources for good health

Social and Psychological Benefits

Reduced stress
Social and psychological skills
Social networks

Healthier Behaviors

Knowledge and skills
Opportunity to implement healthy behaviors

Healthier Neighborhoods

Civic engagement
Community and green space
Social and economic opportunity

Life Course Perspective

Life course perspective is a theoretical model that takes a holistic look at the full spectrum of factors that impact an individual's health, examining wellbeing not just at one stage of life (e.g. childhood), but all stages of life (e.g. infancy, childhood, adolescence, childbearing age, elderly age).[2] Life course theory highlights broad social, economic and environmental factors as underlying causes of the persistent inequalities in health.[3]

Many social factors play a role in health disparities – 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 outcomes for the child. Over time, the gradient in the relationship between health and educational attainment has only become steeper in the United States.[1] Optimal

health requires access to excellent schools, which leads to economic opportunities, environmental quality, secure housing, good transportation, safe neighborhoods and a childhood without poverty, racism, abuse or violence. These social determinants of health are inequitably distributed, with minority populations disproportionately receiving less access to what they need to be healthy.

The life course perspective highlights the intergenerational effects of health, bringing attention to the powerful connection between individuals and the historical and socioeconomic context in which our lives unfold.

One example from Minnesota's Early Childhood Longitudinal Data System (ECLDS) is the impact of maternal education on the child's proficiency in 3rd grade. Children of mothers who had greater than a high school degree at the time of their birth were over 2 times more likely to be proficient in reading in 3rd grade, compared to the children of mothers who didn't have a high school diploma at the time of that child's birth.

A mother's level of education has shown to have impact on her child's educational outcomes.

3rd Grade Proficiency by Maternal Education

NOTE: Maternal Education is mother's educational attainment at the time of child's birth.

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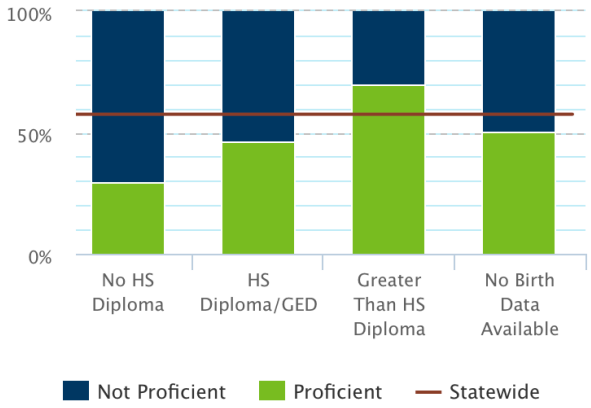

How Partnerships are Enhancing our Knowledge

Minnesota's ECLDS is an innovative tool that combines data collected by the Department of Education, Department of Human Services, and Department of Health into one online, interactive database. ECLDS studies outcomes over the life course, and enhances the state's ability to answer broad and meaningful questions about outcomes for Minnesota's young children.

It is highly likely that many parents go on to receive additional education over time. Current parental education information in the ECLDS is "frozen in time" reported in relation to the mother's education level at the time of the child's birth. In the near future ECLDS will be testing the addition of linking additional parental data. Understanding these changes will provide Minnesota with a more accurate picture of the outcomes of these families and will inform multi-generation planning aimed at improving outcomes for both children and parents.

Down the road ECLDS is envisioned to link to Minnesota's Statewide Longitudinal Education Data System (SLEDS). Once this occurs Minnesota will have the capacity to follow individuals throughout the life course to answer questions of long-term outcomes related to public investments in early childhood programs, systems and communities.

References

1. 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.

2. Fine, et. al., Contra Costa Health Services, Policy Brief: A New Agenda for MCH Policy and Programs: Integrating a Life Course Perspective, October 2009.

3. US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, Rethinking MCH: The Life Course Model as an Organizing Framework, Concept Paper, November 2010.

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