Education Is Linked With Health Regardless of Racial or Ethnic Group

Differences in adult health status\(^1\) by education do not simply reflect differences by racial or ethnic group; nor do they simply reflect differences between the least-educated and most-educated groups. Both educational attainment and racial or ethnic group matter for a person’s health.

* Within each racial or ethnic group, a steep education gradient is evident. Adult health status improves as educational attainment increases. Among non-Hispanic whites, for example, adults who have not graduated from high school, those who have only completed high school and those who have some college education are 2.6, 1.9 and 1.6 times as likely to be in less than very good health as college graduates.

* At nearly every level of education, non-Hispanic white adults fare better than adults in any other racial or ethnic group.

Health shortfalls are even more dramatic when considering the level of adult health that should be attainable. At every level of education in every racial or ethnic group, the percentage of adults in less than very good health exceeds the national benchmark.\(^2\)

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\(^1\) Based on self-report and measured as poor, fair, good, very good or excellent.

\(^2\) The national benchmark for adult health status represents the level of health that should be attainable for all adults in every state. The benchmark used here—19.0 percent of adults in less than very good health, seen in Vermont—is the lowest statistically reliable rate observed in any state among college graduates who were non-smokers with recent leisure-time physical exercise. Rates with relative standard errors of 30 percent or less were considered to be statistically reliable.

\(^\dagger\) Defined as any other or more than one racial or ethnic group, including any group with fewer than 3 percent of surveyed adults nationally in 2005–2007.

\(^\ddagger\) Age-adjusted.