

Making the link: health, education, and inequality

POLICY
PRÉCIS

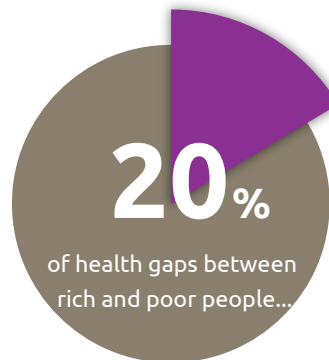


The Situation

Education and health influence each other, both at the individual and population level.² The number of years of formal schooling completed is one of the most important determinants of health; in turn, health status greatly affects a person's ability to engage in formal education.³ **The number one factor that determines both health and educational outcomes is socio-economic status.**

Health status during childhood and negative health conditions, such as chronic diseases or disabilities, affect school attendance, educational achievements, and the ability to perform well in class. Children's mental health, and social and emotional resilience influence academic performance. Anxieties, depression and other forms of mental ill-health are crucial factors undermining motivation and acquiring skills to learn, impacting educational success.⁴ Smoking, other emerging addictions, and poor nutrition and lack of physical activity have particularly strong negative impacts on educational outcomes.⁵

Inequalities in health outcomes – such as life expectancy and healthy life years – strongly relate to childhood experiences in the earliest years. They are evident by the time children start school and extend through education.⁶ The academic performance gap between advantaged and disadvantaged children develops from as early as 10 years old and widens throughout students' lives.⁷ In Europe, **by age 30, people with the lowest education levels can expect to live 4-8 years less than people with the highest.**⁸



are due to **differences** in
education, learning and literacy¹

**Healthier children
become healthier
and better-
educated adults.**

Education has a positive lifelong effect on health through increased employment opportunities and income, better living conditions, positive mental health and resilience, and (health) literacy. A well-educated population is better equipped with skills to adapt to the changing world of work, as well as the digital transformation. People with lower educational attainment have higher rates of premature mortality, morbidity, and functional and cognitive limitations, making healthy and active ageing difficult.⁹ Additionally, people with less- and low-quality schooling are more likely to experience employment difficulties, (in-work) poverty and social exclusion, and to receive insufficient and inadequate health support.

These health-education inequalities do not just affect the most disadvantaged people. They form a gradient across populations from all social classes. **Investing in accessible and affordable quality education throughout the life-course, especially in early years, is an enabler to reduce inequalities across the gradient and break the cycle of poverty and its subsequent harmful effect on health and wellbeing.**¹⁰

However, average government education spending represents only 4.6% of GDP in EU states and has declined this century.¹¹

Evidence shows that investments in improved education also benefit healthier behaviours.¹²

School settings are important for promoting healthy behaviours and attitudes. The **Health Promoting Schools**¹³ approach, for instance, has demonstrated reduced population rates of smoking and obesity, improved learning outcomes and wellbeing, plus reduced school absenteeism and drop-out.

EU Policies and Programmes Linking Health and Education

- The **European Pillar of Social Rights (EPSR)** and a forthcoming implementation action plan feature a '*Social Scoreboard*'. This is a key instrument to monitor progress on 20 principles that all EU countries committed to.¹⁴ It tracks rights to equal opportunities for inclusive education, lifelong learning and quality universal healthcare, including preventive services.¹⁵ It now influences both the **European Semester** (Europe's fiscal, economic and social policy coordination mechanism) and **EU budget priorities**.
- The **EU Child Guarantee** under the **European Social Fund Plus (ESF+)**¹⁶ sets out recommended actions in early childhood education and care, inclusive education, and healthcare including access, affordability, and cross-sector services to address children's health needs and potential. Similarly, the **EU Youth Employment Initiative and Guarantee**¹⁷ aim to provide good quality employment, continued education or traineeships. The **Erasmus+** vocational training and volunteering schemes can support this.¹⁸
- The **EU Framework of Cooperation on Education and Training**¹⁹, and the **EU Quality Framework for early childhood education and care**²⁰ target early learning opportunities, preventing school drop-outs and young people Not in Education, Employment nor Training ('*NEETs*'). The **Council Recommendation on Key Competences for Lifelong Learning**²¹ and the Commission's work with EU Member States support development of key competences and basic skills for all.
- The **EU Youth Strategy 2019-2027** is the framework for EU youth policy cooperation to "*improve policy decisions with regard to their impact on young people across all sectors, notably employment, education, health and social inclusion*". Mental health and wellbeing, quality learning, space and participation for all are prioritised.²²
- The Commission's **Communication on enabling the digital transformation of health and care in the Digital Single Market**²³, and the Council's **Conclusions on Digital**



Health²⁴ support education and health in a context of information and awareness campaigns on healthy lifestyles. Investing in (digital) skills through **Digital Europe** and a forthcoming **Digital Education Action Plan** could improve young people's digital and health literacy.²⁵ The **Audiovisual Media Services Directive (AVMSD)** aims to protect children from advertising of unhealthy lifestyles, although it is weak in digital powers.²⁶

- The **EU School Fruit, Vegetables and Milk Scheme**²⁷, the **EU Action Plan on Childhood Obesity**²⁸, the **Council Recommendation on promoting health-enhancing physical activity across sectors**²⁹, as well as the **EU Workplan for Sport**³⁰ each address educational impacts of relevant policies on the health of children and young people.
- To collect evidence and data, the EU supports the **European Knowledge Centre for Youth Policy** and the **Health Behaviour of School Children Study (HBSC)** on health and living conditions. Other initiatives include the **SHE Network**, **European SchoolNet** and **EU2020 Working Group on Early Childhood Education and Care**. The **EU Horizon2020 programme** supported the launch of a **EuroCohort framework** for the first Europe-wide longitudinal child wellbeing study³¹, as well as research on early years preventive interventions (e.g. building social and emotional skills).

UN and International Approaches

The **2030 Agenda for Sustainable Development** and its **Goals (SDGs)** includes **SDG3: Ensure healthy lives, promote wellbeing for all at all ages** and **SDG4: Ensure inclusive, equitable quality education and promote lifelong learning opportunities for all**. Other goals are relevant for addressing systemic issues of poverty and hunger, (gender) inequalities, and inclusive societies, to name but a few.³²



and learning, and policies that improve the social capital of individuals and communities in a way that protects and promotes health and well-being'

The **UNESCO Chair and WHO Collaborating Centre Global Health & Education**³⁴ promote intersectoral work to promote the health of children and young people, whilst contributing to the SDGs. The Chair addresses social change through practising health promotion, prevention and education, and combines knowledge of health determinants with socio-cultural practices.

The **WHO Europe Health Equity Policy Tool**, launched in 2019³³, recommends investing in '*Policies that improve human capital for health through education*



Making it Happen

Sweden



Region Västra Götaland has committed to reducing school failures as a means to improve health and boost sustainable regional development. By linking different strategies and stakeholders³⁵, the regional public institution offers a roadmap for a whole-of-society approach based on the established link between education, health, wellbeing, and sustainability. The roadmap features cross-sectoral and participative strategies to positively influence both individual wellbeing and regional growth, while aligning to the SDGs.

Scotland

Since 2010, the **Scottish Curriculum for Excellence** helps pupils develop resilience and learning-to-learn skills rather than knowledge. Literacy, numeracy and health and wellbeing are the three central areas. In the national improvement framework ('the **Scottish Attainment Challenge**')³⁸, the focus is on reducing the attainment gap between the most and least disadvantaged children. In addition, '**Getting it Right for Every Child**'³⁹, is the national approach to improving outcomes and supporting the wellbeing of Scottish children and young people by offering the right help at the right time from the right people.

Wales



Public Health Wales promotes the Welsh Network of Healthy School Schemes (WNHSS)³⁶, which supports the development of health promoting schools that '*actively promote, protect and embed the physical, mental and social health and wellbeing of their communities through positive action*'. Participating schools focus on food and fitness, mental and emotional health, (inter)personal development, substance (mis) use and environment. Also, the **Welsh Well-being of Future Generations Act** (2015) gives strong legislative base to mutually boost the health, wellbeing and education links in early years and adolescence.³⁷

Finland

Finland is progressing its cross-sectoral and integrated **National Strategy for Children 2040**. It will support the realisation of rights of children, promote people-centred approaches and seek to reduce inequalities in health and education. Informed by robust evidence, the main areas of children's wellbeing were defined as relationships, learning, inclusion, safety and health.⁴⁰ The strategic objectives are defined as measures for public leadership through child wellbeing impact assessments and allocated resources (child budgeting).

Pathways to Progress

EuroHealthNet works for health equity and social inclusion throughout life, via participation in EU programmes such as Employment and Social Innovation (EaSI), Horizon 2020 Research and the Health Programme, plus preparations for the next Multiannual Financial Framework 2021-27 and beyond. **We recommend:**

- ▶ The evidence and practices identified by our EU co-funded studies **GRADIENT**⁴¹, **DRIVERS**⁴² and **VulnerABLE**⁴³ should be implemented. This includes:
 - ▶ ensuring that **early years education and care are universal** and provided at levels tailored to social needs. This will improve the numbers of children attending preschool activities and boost social and cognitive development. It can also support mothers to re-enter employment which positively impacts their income and career prospects, leading to improved health outcomes for the entire family.
 - ▶ improving **health and digital health literacy** in both formal and informal education, through EU and (sub)national investments in digital skills and health promoting school settings;
 - ▶ applying a **holistic integrated approach** to address structural and systemic determinants that affect access to both quality healthcare and education;
 - ▶ making schools **health promoting settings** that support students' and teachers' physical, social and mental health and wellbeing (school meals, fruit and vegetable schemes, anti-bullying, diversity-friendly).
- ▶ Health professionals should advance health equity outcomes by addressing underlying determinants of health including through education, for example by extending social prescriptions, community health and health promotion approaches, and improved training. **EuroHealthNet's 2019 Seminar and General Council Statement** suggests how to do this.⁴⁴
- ▶ Invest in human resources in education along the entire academic pathway of a child from early years to adulthood. Quality school management is essential. Educational inequalities can be best addressed at the earliest stages of the learning process, but support at later stages is also crucial.
- ▶ **Data on children** - including access to resources, services and outcomes - should be disaggregated and integrated across sectors to capture the diversity of the child population, and reflect the social gradient in policies and practice.
- ▶ The EU Council Conclusions on **the 'Economy of Wellbeing'** should be proactively taken forward. This can be an important new dimension for the strategic direction of EU priorities 2020 – 2030 and support implementation of social progress, including better integrated health and education.⁴⁵
- ▶ This can also influence EU Investment programmes in health-enhancing integrated services through **InvestEU** and **Cohesion Policy Funds**. The renewed European Commission's **Structural Reform Service Support (SRSS)** can be improved to help develop national and regional health and education resources, and links.
- ▶ The new European Commission's **Communication on a Strong Social Europe for Just Transition** and accompanying initiatives offers reinforced and new paths to help tackle educational inequalities, lack of skills, and early drop-outs among young people.
- ▶ A forthcoming **EU Action Plan to implement the European Pillar of Social Rights** plus integrating SDG metrics within the **European Semester**, as part of the broadened **Annual Sustainable Growth Strategy** linked to the European **Green Deal**, offers potential opportunities for enhanced child-focused benefits.⁴⁶

For more information, visit www.EuroHealthNet.eu

EuroHealthNet is the European Partnership for Health, Equity and Wellbeing. We are active in policy, practice and research. Our unique focus is on reducing health inequalities through action on the social determinants of health, integrating sustainable development goals, and contributing to the transformation of health systems. The main members of the partnership are authorities and statutory bodies responsible for public health, health promotion and disease prevention at national, regional and local level. For further information and references visit www.EuroHealthNet.eu.

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FOOTNOTES

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