Educational Success and Adult Health: Findings from the Chicago Longitudinal Study

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Research Questions

- What are the educational predictors of health and mental health in the Chicago Longitudinal Study (CLS)?
- · What are the mediators of the observed effects?

Sample Description

- · Adult survey of CLS participants
- Administered from 2002-2004
- Study participants were 22-24 years old
- 76.4% recovery rate of eligible, original sample members: N = 1,142
- Supplemental public aid data for the health insurance outcome: N = 1,277

Measures

Covariates:

- Gender
- Race
- Child Abuse/Neglect, ages 0-3
- 8 Environmental Risk Factors, ages 0-3
- Missing Risk Factor Dummy
- CPC Program Sites
- Chicago Child Parent Center (CPC) Program Measures
 - CPC Preschool Program Participation
 - CPC School-Age Program Participation
- Educational Achievement Factors
 - Kindergarten Achievement
 - Grade 8 Reading Achievement. Low achievement = 1 Std. Dev. below mean, High achievement = 1 Std. Dev. above mean.
 - High School Completion by May, 2002

Measures (cont'd)

Classroom Adjustment Factors:

- Socioemotional Classroom Adjustment, grades 1-6:
 - Number of years teacher rated child's adjustment above average
 - "High" group defined as 5-6 years of above average ratings
 - "Low" group defined as 0-1 years of above average ratings
- Troublemaking Behavior, grades 3-6
 - Student perceived tendency to break rules, fight, and get into trouble
 - "High" group defined as 1 standard deviation above mean
 - "Low" group defined as 1 standard deviation below mean

• Perceived Competence, grades 3-6

- Student perceived academic and social competence
- Dichotomized variable, scores of 1 or more std. dev. above mean coded 1

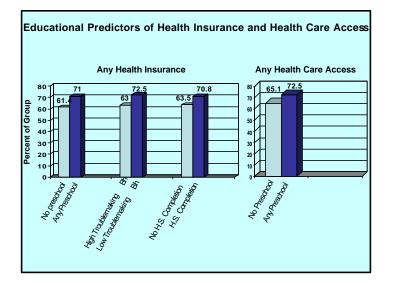
Outcome Measures Outcome Value of 1 = Source of Data Health Insurance Coverage Public or private health insurance Self -report supplemented by coverage administrative Access to Health Care Has doctor or regular place to go for Self -report health care Daily Tobacco Use Uses tobacco daily, e.g., cigarettes Self-report Any Substance Use/misuse Present alcohol use more than once/day, Self-report present marijuana use almost daily, present hard drug use few times/week or more, personal problem with substance abuse age 16+, or substance abuse treatment age 16+ Future Optimism Score of 20 on 5 item future optimism Self -report scale Range 5-20. Depression Yes on any one of 5-items indicating Self -report symptomatic response, e.g., sadness & hopelessness, in past month

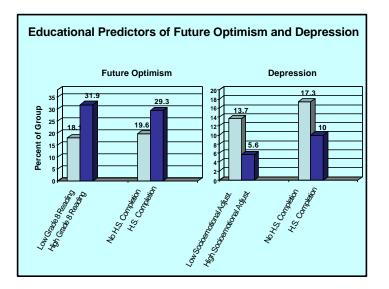
Statistical Analysis Strategies

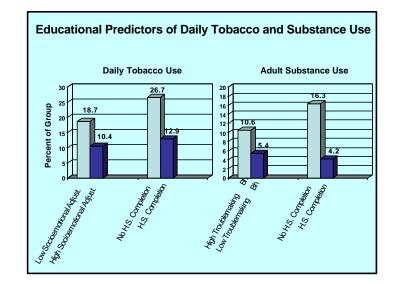
Question 1: predictor models were estimated in Probit regression for each health outcome

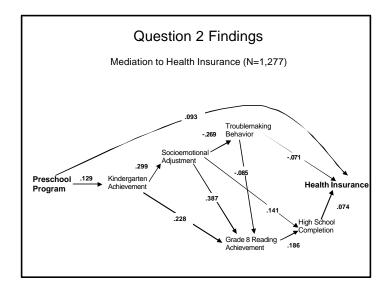
Question 2: mediation models were estimated using sequential OLS linear regression runs

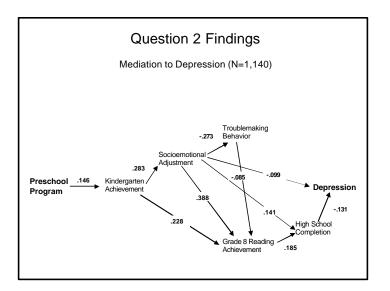
Question 1 Findings						
	Health Insurance	Health-care Access	Tobacco Use	Substance Use	Optimism	Depression
Educational Predictors						
CPC Preschool Program Participation	9.6**	7.4*	-	-	-	-
Yrs. Classroom Adjustment > Avg. (grades 1-6)	-	-	-2.4*	-	-	-2.6**
Troublemaking Behavior (grades 3-6)	-8.6*	-	-	2.5*	-	-
Grade 8 Reading Achievement	-	-	-	-	0.3**	-
High School Completion	7.3*	-	-13.7**	-12.1**	9.7**	-7.3**
**p < .01 *p < .05						











Summary of Findings

Question 1: Both early and late educational experiences predict positive health and mental health outcomes in the CLS.

Question 2: Observed effects of early and later educational factors on at least 2 health-related outcomes appear to be mediated through several distinct pathways.

Limitations

- Exploratory study
- Correlational versus causal findings
- Limited range of predictors explored

Implications

- Promoting early educational success can have effects on adult health and mental outcomes.
- Early intervention strategies ought to target both achievement and adjustment domains.
- All efforts to promote high school completion, both early in development and later, ought to be pursued.