

Age 37 Economic Returns to Physical Health in the CPC Preschool Program

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Abstract

- Although high quality early childhood programs have been found to reduce achievement and health gaps, effects on adult physical health are understudied. In this study, we examine recently-collected survey responses from a cohort of adults at ages 35-37 in the Chicago Longitudinal Study of the **Child-Parent Centers (CPC)**.
- Two previous cost-benefit analyses of the CPC Program at age 21 (Reynolds et al., 2002) and age 26 (Reynolds et al., 2011) reported benefit-cost ratios ranging from **\$7 to \$11 of benefits per \$1 of costs**.
- While health benefits due to reduced substance abuse and depression treatment were included, cardiovascular risks were not considered. Many of these benefits occur in mid-life, which was beyond the scope of prior studies.
- This study examines the health benefits of preschool on obesity, diabetes, hypertension, smoking, and substance abuse.
- We also present a comparison of health benefits versus intervention costs as a partial **cost-benefit analysis**.



Cost Benefit Analysis

Estimates are converted to **2019 dollars** using the Bureau of Labor Statistics' Consumer Price Index

Annual **discount rate of 3%** is used to calculate the Present Value (PV) at age 3.

Benefits are projected through **age 65** for lifetime outcomes.

Program Cost

The present-value average cost per child of the CPC preschool program was estimated to be **\$10,585** for an average of 1.5 years of program.

Benefits (Physical Health)

Benefits from reduced diabetes

- Savings in direct medical costs and lost productivity due to diabetes are estimated to be **\$5,618** per participant.

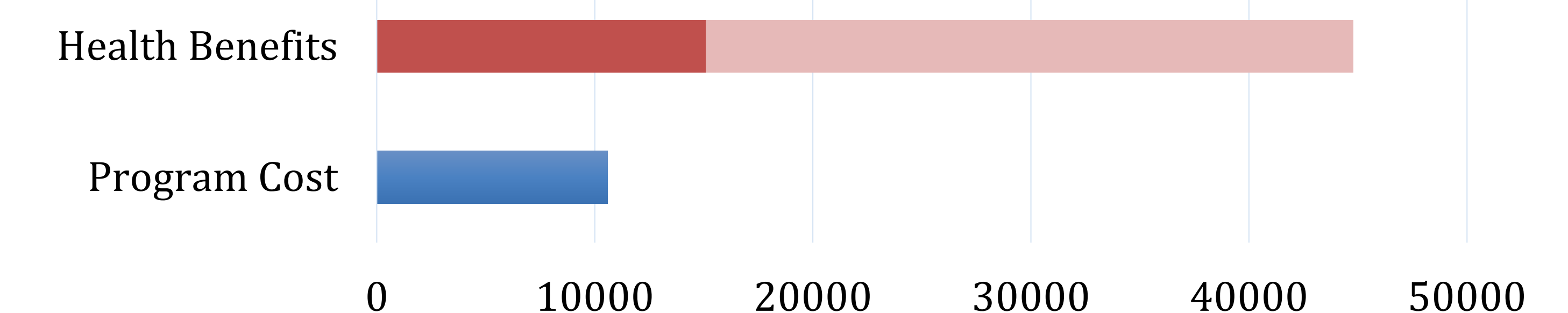
Benefits from reduced smoking

- Savings in direct medical costs and lost productivity due to smoking are estimated to be **\$5,895** per participant.
- Savings from reduced mortality costs related to smoking are estimated to be between **\$3,580 to \$33,272** per participant.

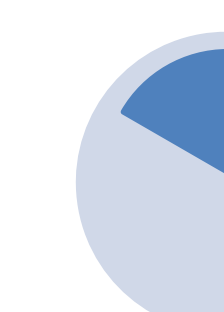
Total Health Benefits

- \$15,093 to \$44,785** per participant

Benefit-Cost Ratio = 1.43 to 4.23



Conclusion



Novelty

Most studies of the benefits of early intervention do not utilize data on these outcomes.



Benefits > Cost

Health impacts of early educational intervention are significant and may by themselves **offset the costs of the intervention**, even if no other benefits were observed.



Advocacy

The existence of these additional benefits are likely to further amplify the rationale for government investments in early education.

Data

Sample Size

Age 3	Age 37
Total: 1539	Total: 1125
Program: 989	Program: 741
Comparison: 550	Comparison: 384

Program

Center-based early childhood intervention that provides comprehensive, continuous educational and family-support services from **preschool through third grade**.

Comparison

Kids enrolled in publicly funded all-day kindergarten in a matched set of similar high-poverty schools.

Estimation Methodology

Inverse Probability Weighting (IPW)

- Adjusted for **treatment** and **attrition** using **probit**. As a double adjustment, weights were multiplied together. Standard errors were clustered at school level.

Linear Regression with IPW weights

- Adjusted for risk indicators, race/ethnicity, gender, and participation in school-age program

Summary of Impact on Health Outcomes

Self-Reported Health Outcome	Sample Mean (Sample Size)	Unadjusted group difference (Standard Error)	IPW adjusted Regression estimate (Robust SE)
Smoking (Current)	0.215 (n=1100)	-0.052** (0.026)	-0.058* (0.031)
Hypertension	0.169 (n=1096)	-0.004 (0.024)	-0.0001 (0.027)
Body Mass Index	30.37 (n=1042)	-0.575 (0.444)	-1.071** (0.533)
Obesity	0.449 (n=1042)	-0.028 (0.033)	-0.044 (0.036)
Diabetes	0.054 (n=1097)	-0.036** (0.014)	-0.037** (0.017)
Drug Use	0.058 (n=1097)	-0.025* (0.015)	-0.025 (0.018)
Depression	0.067 (n=1098)	0.001 (0.016)	0.002 (0.020)

*Significant at 10% level; **Significant at 5% level

Next Steps

Sensitivity analysis

- Using a range of discount rates

Uncertainty

- Model for uncertainty using Monte Carlo simulations

Full CBA

- Complete age-37 CBA including all outcome measures



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