

Health Outcomes of Building Resilience in Youth

“Building Dreams, Saving Lives”

Introduction

America today spends more on health per person than any other nation, yet experiences some of the worst health outcomes.¹ Of this spending, 96% is on medical care with a significant portion of these costs coming from low-income populations.² Although numerous programs currently exist to provide aid for those in need, few address the upstream factors contributing to poverty and poor health. The recent few years saw a greater push towards decreasing the ballooning costs of healthcare and identifying new methods for improving health. In attempting to cut medical costs, health initiatives like the Affordable Care Act have placed a greater emphasis on preventive care. The goal is to identify health risk factors early on and prevent them from becoming more serious and expensive.

In particular, researchers have found significant associations between early childhood impoverishment and negative health outcomes.³ Utilizing this relationship, interventions can either seek to address the numerous issues that arise from growing up in low-income families or teach the children resilience to cope with and overcome the obstacles they face. Though little has been done to promote resilience, this brief will focus on the latter.

The idea of resilience was first proposed by a group of social scientists in the 1970's. In children, resilience is defined as the ability to continue on a normal, or better, developmental trajectory thereby avoiding the typical adverse affects of exposure to negative situations. Resilience allows children to positively adapt to these negative situations through social support while

maintaining high levels self-esteem (belief of one's overall worth) and self-efficacy (belief of one's ability to accomplish tasks).⁶

This paper will highlight a handful of peer-reviewed articles that demonstrate the pathway through which resiliency can combat the negative effects of early childhood impoverishment, promote educational attainment, and lead to better health outcomes. The paper will then discuss the program and policy extensions that arise from the evidence presented.

Early Childhood Impoverishment and Child Development

Low-income parents who face greater barriers to finding and affording quality childcare are more likely to have children who are sick more often and more prone to chronic health conditions. One study reported that one out of two low-income working parents faced difficulties in getting involved with their children's education while thirty-nine percent face barriers to participating in school meetings, school trips, or school events.⁴ With the study also showing parental involvement as tightly linked to a child's physical and mental health as well as their academic growth, these difficulties in caregiving pose a serious threat to the child's future success.

Resilience and Education

One strategy to counter this threat is to build self-esteem and self-efficacy in the children. These traits can be built through task accomplishment: providing kids with positions of responsibility, ensuring social acceptance, and ensuring success in both academic and non-academic settings.⁶ Modeling this

strategy, the Perry Preschool Project—which focused on empowering children from low SES families through task accomplishment—found significant increases in academic achievement, educational attainment, and a whole range of other life outcomes (i.e. decreased delinquency, higher SES etc.). It also found a seven-fold return on investment in savings to the public.⁵

Additionally, studies of inner London secondary schools showed improved academic outcomes in students who were given many opportunities to take responsibility in school and extracurricular activities.⁶ Finally, the Chicago Longitudinal Study, conducted on African American children in high-poverty neighborhoods, found higher self efficacy to be a significant predictor for educational attainment.⁷

Education and Health Outcomes

Extensive research has shown a positive association between educational attainment and health.^{8,9} Better-educated people report better health and physical functioning in addition to lower levels of morbidity, mortality, and disability. In contrast, low educational attainment is associated with higher rates of infectious disease, many chronic noninfectious diseases, poorer self-reported health, shorter survival when sick, and shorter life expectancy.¹⁰ While the mechanism between education and health are still poorly understood, it has been suggested the increases in reading comprehension and perceived control over one's life resulting from higher education play a partial role in improving health outcomes.⁸ Thus with the low-income population at highest risk for negative health outcomes, increases in educational attainment can play an important role in addressing these risks.

Policy Implications

Combined, the aforementioned studies suggest possible avenues of intervention through which the negative health impacts of growing up in a low-income environment may be dampened, if not completely eliminated. The protective effects of resilience on a child's cognitive development and its positive impact on health through improved educational attainment indicate the need for a stronger focus on resilience development by educators of school-aged children living in under-privileged environments. However, given the huge shortage in funding for education and overworked conditions of educators, any interventions will have to be minimally intrusive and easily integrated into the educator's workflow.

One such policy could include providing students with greater ownership in their education. With small modifications to school curriculums, educators could allow students to have more input on assignment styles and topics or employ greater use of cooperative learning groups. These modifications will help the students to realize the importance of their opinions and develop higher self-esteem. An alternative to modifying the curriculum would be to provide resilience promotion training in educators serving low-income populations. This training would better equip teachers with the tools to help their students succeed regardless of their environment.

Additionally, an afterschool workshop for children in low-income neighborhoods that promotes resiliency through working with peers on problems to brainstorm and attempt solutions could serve as a proof-of-concept program for more widespread policy interventions. Resulting policies could involve funding a gradual rollout of these workshops to numerous low-income neighborhoods across the country.

More systemic policies would involve governmental recognition of the pathways between resilience and health outcomes. This, combined with further studies utilizing econometrics to calculate the expected Medicare and Medicaid savings in avoided medical bills from a decrease in chronic conditions through increased educational attainment, could result in a greater emphasis on and increased investments in the education system.

This nation was founded on the creed that everyone was guaranteed a fair shot at success regardless of birth. In adopting these policies, we can guarantee our children the means to succeed no matter the situation they were born into. Our children are the future of this nation, and in the words of Frederick Douglass: *"It is easier to build strong children than to repair broken men"*.

Links to Additional Resources

Resilience in Children: http://www.jstor.org/stable/30013020?seq=1#page_scan_tab_contents

Pathway to Resilience: <http://www.resilienceresearch.org/research/projects/pathways-to-resilience>

Resilience Interventions: <http://yas.sagepub.com/content/35/3/341.short>

Perry Preschool Curriculum: <http://www.highscope.org/Content.asp?ContentId=223>

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