Educated, healthy and happy – how?

As a "can do" country we have hit a rut. Survey after survey, study after study shows a decline in health status, educational achievement and happiness.

The recent decline in US life expectancy in certain sub-populations is traced to poverty and other "socioeconomic determinants of health". The January 2018 **American Journal of Preventive Medicine** contains an article entitled *Social Policy Expenditures and Life Expectancy in High-Income Countries* by Megan M. Reynolds PhD and Mauricio Avendano, PhD. They assert statistical comparisons affirm the decline in life expectancy is due to the paucity of social spending attributable to US governmental policy

A recent Washington Post article made similar claims that infant mortality began to increase in the 1970s when the US government allegedly began to spend less on poverty and social determinants compared statistically to other rich industrialized nations. This is despite the fact that under President Johnson such US social and health spending began a steep increase.

In the opinion of many – including myself – 80% of health status is indeed tied to socioeconomic and cultural factors. However, what is not clear is how – and how much - these determinants are the product of social expenditures by government. The fact is that educational and health indices have declined in many instances despite increased government expenditures.

To add to the confusion many note that factors such as substance abuse, violence, limited education, influx of immigrants are also associated with poverty, low indices and, often, each other. Again, true, but logically redundant and circular. Others blame automation and lack of employment. Yet, there are locations where jobs go unfilled.

All these factors may have an impact on health and educational achievement. However, to sort it all out we need to separate "association" from "causation" for each factor. In the era of "big data" there is a proclivity to create "causal inferences" from mere associations - such as in the references noted above – even if the data needed is missing or ideal research methodologies unavailable for ethical or other reasons.

Immigration of poor individuals with limited educations will likely decrease various health and social indices. Limit it and indices will likely improve. That is easy. However, there is little valid evidence that the thousands of federal "spending" programs intended to improve educational and health status are effective.

Reducing substance abuse, low educational achievement and violence will also greatly improve these indices but how do we achieve that, especially as involves government resource expenditures? That is where we are in a rut. We will never get out of it if we reduce everything to an ideological battle of unlimited government spending versus controlled spending.

In each community we need to go beyond generalized associations to specific proven, not inferred, causations that we can address with our limited resources.

Published in February 16, 2018 Gazette-Mail.