

What Does Higher Education Funding Have to Do With Health Disparities?

[Health Equity](#)

Date Posted:

Jul 06, 2017

The White House recently released its FY2018 budget proposal, including its funding priorities for [higher education](#). While much has been [written](#) about the proposed cuts in spending, one area that hasn't received much attention is what the budget would do to health disparities. *Health disparities? What does education funding have to do with health disparities?*

Disparities in health and health care remain a persistent and pervasive concern. Since the seminal publication of [Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare](#) in 2002, we have continued to observe differences in the quality of health care and health outcomes based on an individual's race or ethnicity. Disparities in access to care and care delivery contribute to [excess morbidity and higher rates of death](#) for minority children compared to their white peers. As a health care community, we continue to strive to understand and implement interventions to address such disparities.

To that end, one of the primary strategies in ameliorating health disparities and improving minority health outcomes identified to date is [recruiting a diverse staff into health professions and into leadership positions](#). The health workforce should ideally represent the demographics of the area served, including reflecting the racial, ethnic, linguistic, and economic features of the surrounding community. A representative workforce has a deeper understanding of the particular community's challenges and strengths, and is able to provide culturally competent care. Additionally, diversifying the physician workforce improves access, as [doctors from minority racial and ethnic backgrounds are more likely to practice in underserved areas](#).

However, the president's proposed education budget, through its dramatic cuts to programs aimed at making college more affordable for low-income families (including cuts to Pell grants, work study programs, and the Public Service Loan Forgiveness program), would threaten our ability to recruit and celebrate a diverse health care workforce.

The proposed education budget, if passed, would:

- drastically impact low-income families who want their children to receive higher education, and who need to borrow money to do so, and
- disproportionately harm low-income [Black and Latino students](#), who are more likely to have higher loan balances and leave school before obtaining a degree because of unaffordability.

Given that successful completion of two- or four-year-degree programs is a pre-requisite step to becoming a health care provider, decreased access to higher education limits the ability of these students to join the health care workforce.

Well-funded programs that alleviate the cost of higher education (such as through scholarships or loan forgiveness programs) or that expand access to financial aid allow low-income Black and Latino children to graduate from higher education and enter the health care workforce more equitably. The potential contribution of those individual students to the communities in which they work cannot be overstated.

Some states have taken the lead in making higher education more accessible. For example, [New York](#) recently passed a bill to provide tuition-free community college to residents. We should laud these proposals, not only for what they will do for the individuals, but also for the wider community. Others can follow their example by actively pursuing innovative ways to make higher education more affordable and accessible in order to strengthen the diversity of our workforce and improve the health and well-being of communities across the country. Expanding access to affordable higher education is not only fair and just, it is good for our health.

Kate Wallis **MD, MPH**

Faculty Member



Kate Wallis
MD, MPH

Email: WALLISK@chop.edu