

Research shows General Education Development recipients have worse health outcomes than high school graduates

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Research published in the *International Journal of Aging and Human Development* has highlighted the significant health disparities among older adults with a General Education Development (GED) certificate

compared to their peers with a high school diploma.

Researchers from the University of Toronto examined health outcomes among approximately 400,000 [older adults](#) from the American Community Survey, a representative sample of community-dwelling and institutionalized older Americans. They found that when compared to high school graduates, GED recipients had higher odds of all five disability measures used in the study: [cognitive impairment](#), vision impairment, hearing impairment, limitations in activities of daily living, and ambulation limitations.

"Although a large body of research has demonstrated that high school graduates generally have better health outcomes than high school dropouts, less research has examined health outcomes specifically among GED recipients," said lead author Esme Fuller-Thomson, Professor at the University of Toronto's Factor-Inwentash Faculty of Social Work (FIFSW) and director of the Institute for Life Course & Aging.

"There is often an underlying assumption that a GED is equivalent to a high school diploma, but a growing body of research has shown that these groups may not be comparable in [health status](#) as previously assumed."

Previous studies investigating differential health outcomes among GED recipients compared to high school graduates have largely focused on health outcomes among young and middle-aged adults, with much less research examining how disparities may unfold across the lifespan into older adulthood.

The authors proposed several possible explanations for health disparities observed in older adulthood. For example, the cognitive reserve hypothesis posits that each year of education increases cognitive reserve,

ultimately allowing the brain to better tolerate age-related changes and reducing the likelihood of dementia in early older adulthood.

Since GED recipients often spend fewer years in [formal education](#), this may partially explain their increased odds of cognitive impairment. Other research has found that when compared to high school graduates, GED recipients are less likely to use preventive health care services and have access to health insurance, which may in turn increase their risk of hearing and vision impairment.

"The assumed equivalency between a GED and a [high school diploma](#) often fails to consider the broader contextual factors that influence [educational attainment](#)," said co-author Robin Grossman, MSW graduate of the FIFSW.

"Even if a GED recipient has approximately the same level of knowledge as a high school graduate, there may still be critical differences such as years spent in school and time spent socializing with other [high school students](#) and educators. There are countless factors that can make the experiences of GED recipients and [high school graduates](#) fundamentally different."

The researchers found similar patterns when the analysis was broken down by into different sex and age cohorts. The only exception was among those aged 85 and older. Co-author Andie MacNeil, a research assistant at the FIFSW, hypothesized an explanation for this pattern.

"The oldest cohort in our study were those who were born in 1932 or earlier. Many of these individuals grew up during the Great Depression and may have served in the Second World War," MacNeil said.

"As a result, they may have left school prior to receiving a diploma in order to serve in the military. In these situations, their reasons for

obtaining a GED might be quite different from younger cohorts who were unable to complete high school due to challenging home life or other life circumstances."

The study's authors say more research is needed.

"It's important that we better understand the mechanisms that may impact the relationship between educational attainment and [health outcomes](#) in older adulthood" said Fuller-Thomson. "We hope our findings will encourage more research to examine health differences between different levels of educational attainment, with particular consideration for those with a GED."

More information: Esme Fuller-Thomson et al, Is the Health of Older Americans With a GED Equivalent to Their Peers With a High School Diploma?, *The International Journal of Aging and Human Development* (2023). [DOI: 10.1177/00914150231208685](https://doi.org/10.1177/00914150231208685)

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