

Summary

# Education Policy for Health Equality

Lessons for the  
Nordic Region



Nordic Welfare  
Centre

This publication is based on the report Education Policy for Health Equality: Lessons for the Nordic Region (2019), written by Gabriel Heller-Sahlgren (London School of Economics, Centre for Education Economics, Research Institute of Industrial Economics) for the Nordic Welfare Centre. All quotes are by Gabriel Heller-Sahlgren.

# Introduction

The report *Education Policy for Health Equality: Lessons for the Nordic Region (2019)*, analyses how education policy is likely to affect health equality in the Nordic countries. This summary includes recommendations and conclusions from the report.

Despite having the most munificent welfare states and the lowest levels of income inequality worldwide, Nordic countries do not generally achieve higher health equality than other nations. This conundrum has become known as the “Nordic health equality paradox” in the public-health debate.

The educational health dividend in Nordic countries may partly reflect the countries’ knowledge-intensive labour markets, which demand knowledge and skills that lower-educated individuals do not possess. This is supported by a comparatively strong relationship between literacy and numeracy scores in the Programme for the International Assessment of Adult Competencies (PIAAC) and the probability of being in full-time employment in the Nordic region.

## Education and health

Education is potentially related to health through several mechanisms:

- It may raise the productivity of inputs in health production.
- It may improve ability to process health-related information and make decisions concerning health.
- It may increase life-time earnings.
- It may decrease stress via increased sense of control and other personality changes.

More equal distributions of education should lead to more equal distributions of health outcomes in the population. But it is not just the number of years spent in the education system that should matter, but also more specifically what one learns and what skills one develop during those years. Inducing more people to attain higher levels of education is therefore unlikely to be a sufficient strategy from a health equality perspective.

**“The rigorous evidence on whether education is causally related to health is mixed, but several studies do indicate a positive impact either directly or in an intergenerational perspective.”** Gabriel Heller-Sahlgren

Education is correlated with health in essentially all settings, but it is not clear whether the relationship is causal.

- Health may affect investments in education rather than the other way around.
- Third variables may explain both health and education levels (e.g. genes).

In the Nordic region, the evidence is also mixed but generally the same conclusion is applicable:

It is reasonable to assume that education has the potential to affect health, but the exact benefits are likely to depend on the context and the type of education.

## An education paradigm for health equality?

**"The evidence does not support the idea that progressive, child-centred educational methods improve the type of achievement, that we found to be strongly related to self-assessed health." G H-S**

- Existing research suggests that traditional teaching methods are clearly preferable to progressive ones from an overall learning perspective.
- Overall, the evidence base indicates that more traditional methods and hierarchical school environments are especially good for improving performance among disadvantaged pupils.
- Still, there is little evidence that progressive methods are good at improving pupil achievement more generally either, apart from among gifted and very high-achieving pupils.
- Yet progressive methods appear to raise wellbeing at school.
- In contrast to what progressive educational theory predicts, there appears to be a trade-off between achievement and wellbeing at school.

## Recommendations

To decrease health disparities in the future, Nordic governments should consider altering their current education-policy trajectories in a more evidence-based direction.

**"Existing research suggests that traditional teaching methods are preferable to progressive, child-centred ones from an overall learning perspective. Overall, the evidence base indicates that more traditional methods and hierarchical school environments are especially good for improving performance among disadvantaged pupils." G H-S**

### **Traditional methods – preferable**

Nordic education policy is unlikely to be fit for purpose from a public-health perspective. While the progressive philosophy induces more positive immediate school experiences, it also decreases pupils' academic performance – which in turn is likely to have consequences for their health in a longer-term perspective. The fact that both PISA scores and youth mental health have declined or stagnated, while school enjoyment has increased in the Nordic countries, offers further suggestive evidence in favour of this argument.

Still, there is little evidence that progressive methods are good at improving pupil achievement more generally either, apart from among gifted and very high-achieving pupils.

**“To decrease health disparities in the future, I therefore suggest that the Nordic governments to some extent alter their current education-policy trajectories.”** G H-S

### **“Mental health move in tandem with performance”**

There is little doubt that Denmark, Iceland, Norway, and Sweden have implemented progressive, child-centred practices to quite a large extent, while Finland stands out as the country with the most traditional practices, despite official policy having increasingly come to push in a progressive direction. Yet progressive methods appear to raise wellbeing at school. In contrast to what progressive educational theory predicts, there appears to be a trade-off between achievement and wellbeing at school.

**“This is important since the evidence does not support the idea that progressive educational methods improve the type of achievement, which we found to be related to self-assessed health. We see mental health move in tandem with performance, not school enjoyment.”** G H-S

### **An education paradigm for health equality?**

Rather than pushing forward in the same direction – toward more pupil influence and child-centred methods – it would be more reasonable to move in a more evidence-based direction. This includes reviewing and adapting curricula, policy documents, material in teacher-education programmes, school-inspection guidelines, and other key features of the education systems in line with what the research suggests works for promoting pupil performance.

**"Certainly, it is far from easy to accomplish the desired changes; there is no direct link between policy and the methods adopted in schools. Still, ensuring that policy encourages moves in the right direction, or at least does not encourage further moves in the wrong direction, would be a step towards creating education systems that advance more equal health outcomes in the long run." G H-S**

## Summary

**“Having highlighted the importance of cognitive and non-cognitive skills for increasing health equality, the question is whether current education policies in the Nordic countries align with this goal.” G H-5**

- Despite having the most munificent welfare states and the lowest levels of income inequality worldwide, Nordic countries do not generally achieve higher health equality than other nations. This conundrum has become known as the “Nordic health equality paradox” in the public-health debate.
- Since education is often a more important correlate of health than income, part of the explanation may be sought in the countries’ education systems.
- The educational health dividend in Nordic countries may partly reflect the countries’ knowledge-intensive labour markets, which demand knowledge and skills that lower-educated individuals do not possess. This is supported by a comparatively strong relationship between literacy and numeracy scores in the Programme for the International Assessment of Adult Competencies (PIAAC) and the probability of being in full-time employment in the Nordic region.
- Overall, research suggests a causal role for education in health production in many, but not all, contexts. Importantly, PIAAC scores are relatively strongly related to differences in self-assessed health in the Nordic countries, and adjusting for such scores eradicates the relationship between parental education/immigrant status and self-assessed health in the region.
- Given the importance of skills reflected in test scores, it is noteworthy that Nordic education policy has come to de-emphasise traditional education – in which subject knowledge and non-cognitive skills, such as grit, were key goals



– in favour of more progressive, child-centred ideas focused more on school enjoyment, both as an end in itself and as a means for higher achievement.

- Yet there are differences between the countries in terms of the extent to which the progressive philosophy has translated into actual practice: overall, there is little doubt that Denmark, Iceland, Norway, and Sweden have implemented progressive practices to quite a large extent, while Finland stands out as the country with the most traditional practices, despite official policy having increasingly come to push in a progressive direction. Still, there have been changes in a progressive direction also in Finland in the past decade or so.
- Existing research and new evidence from the Programme for International Student Assessments (PISA) suggest that while pupil-centred methods induce more positive school experiences, they decrease pupils' academic performance – which in turn is likely to have consequences for their health in a longer-term perspective. The fact that PISA scores and youth mental health have declined or stagnated, while school enjoyment has increased, in the Nordic region offers further suggestive evidence in this respect.
- To decrease health disparities in the future, Nordic governments should consider altering their current education-policy trajectories in a more evidence-based direction.

