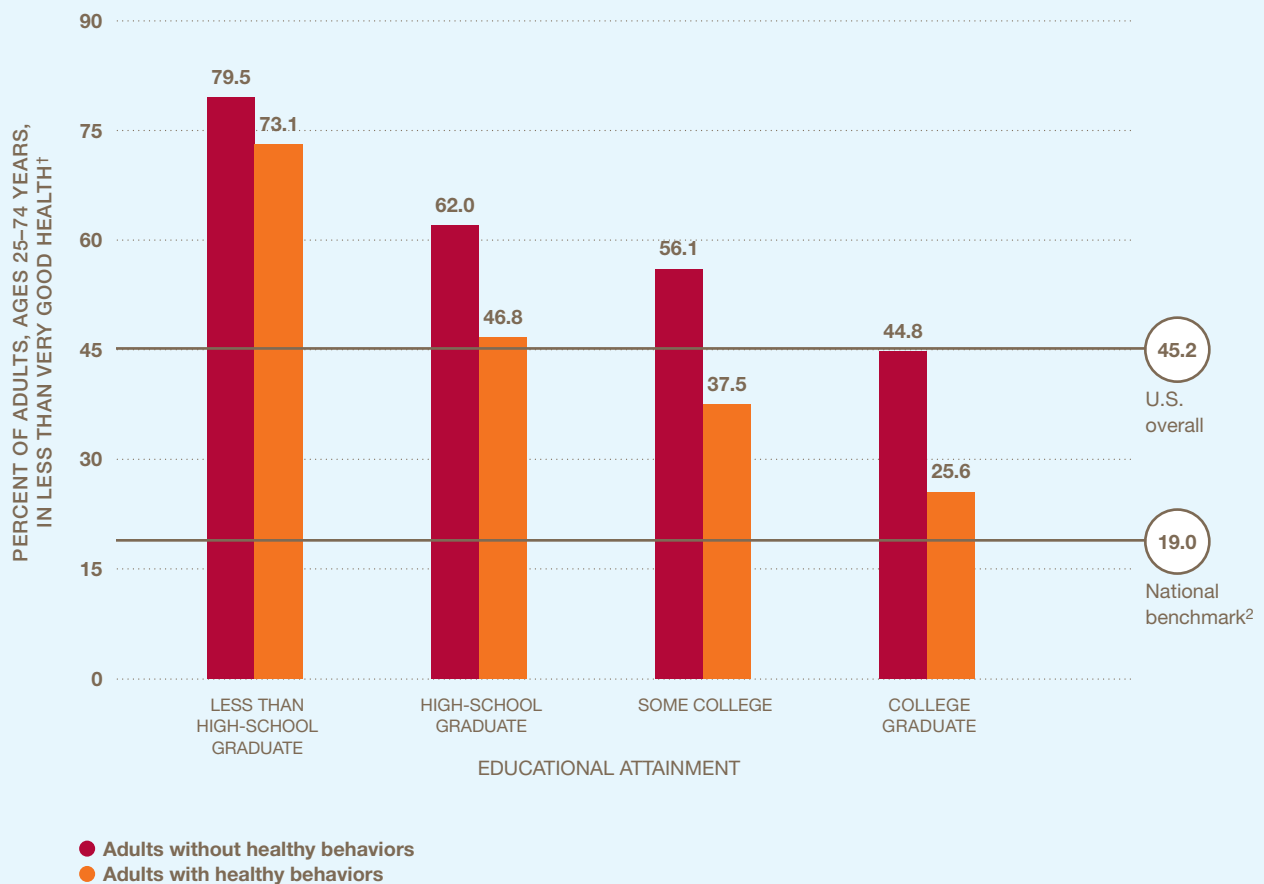


Health-Related Behaviors and Education Both Affect Health

Differences in adult health status¹ are evident not only across racial or ethnic and education groups but also with respect to individuals' health-related behaviors. At every level of educational attainment, for example, adults who do not smoke and get leisure-time physical exercise are less likely to be in less than very good health than adults without these healthy behaviors.

The national benchmark² for adult health status reflects the best (in this case, lowest) statistically reliable rate of less than very good health observed in any state among adults who both had graduated from college and practiced healthy behaviors. This benchmark rate—19.0 percent of adults in less than very good health, seen in Vermont—reflects a level of good health that should be attainable for all adults nationally and in every state.



Prepared for the RWJF Commission to Build a Healthier America by the Center on Social Disparities in Health at the University of California, San Francisco.
 Source: 2005-2007 Behavioral Risk Factor Surveillance System Survey Data.

1 Based on self-report and measured as poor, fair, good, very good or excellent.

2 The national benchmark for adult health status represents the level of health that should be attainable for all adults in every state. The benchmark used here—19.0 percent of adults in less than very good health, seen in Vermont—is the lowest statistically reliable rate observed in any state among college graduates with healthy behaviors (i.e., non-smokers with recent leisure-time physical exercise). Rates with relative standard errors of 30 percent or less were considered to be statistically reliable.

† Age-adjusted.