

HIGH SCHOOL COMPLETION

Education plays a critical role in the health and well-being of young adults in the United States. Previous studies have found that education is associated with better health outcomes. For example, those who graduate from high school have lower death rates and an average life expectancy 6–9 years greater than those who do not graduate from high school.^{1,2} Individuals who do not complete high school have higher rates of illness and earlier deaths.

In 2013, more than 90 percent of 18- to 24-year-olds not enrolled in high school had received a high school diploma or equivalent credential (e.g., General Educational Development certificate). High school completion was highest among non-Hispanic Asians (95.8 percent), non-Hispanic Native Hawaiians and other Pacific Islanders (95.3 percent), and non-Hispanic Whites (93.7 percent; figure 1). High school completion was lower among other racial and ethnic groups, including

non-Hispanic persons of multiple races (92.5 percent), non-Hispanic Blacks (89.3 percent), non-Hispanic American Indians and Alaska Natives (86.2 percent), and Hispanics (81.8 percent).

High school completion also varies by age and sex. In 2013, a higher percentage of females had a high school degree or equivalent than their male counterparts (91.9 versus 89.4 percent, respectively; figure 2). These differences were also evident at specific ages. High school completion was highest among females who were 23 years of age (94.5 percent), and lowest among 18-year-old males and females (76.5 and 83.6 percent, respectively). High school completion programs for students at high risk of non-completion show strong evidence of effectiveness for all students and for the subset of students at risk for non-completion because they are pregnant or have children.³

Figure 1. Young Adults Aged 18–24 Years Not Currently Enrolled in High School With a High School Degree or Equivalent, by Race/Ethnicity, 2013

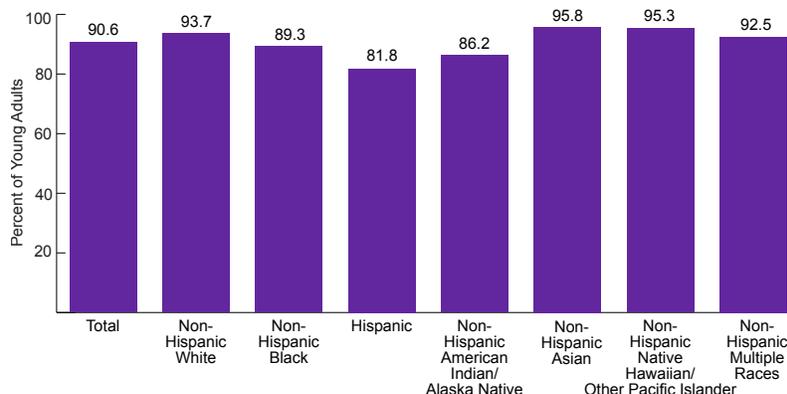
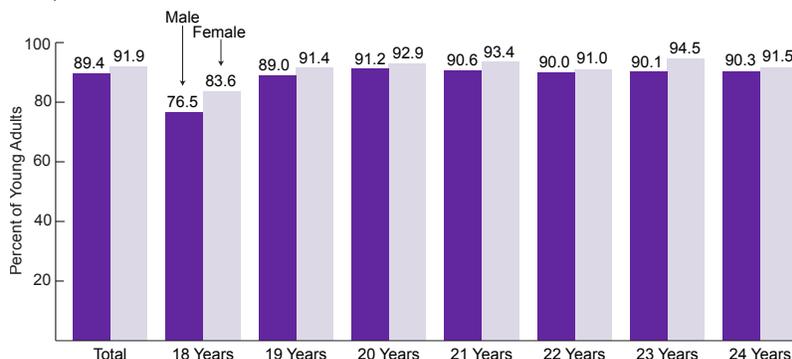


Figure 2. Young Adults Aged 18–24 Years Not Currently Enrolled in High School With a High School Degree or Equivalent, by Age and Sex, 2013



Data Sources

Figure 1 and 2. U.S. Census Bureau and Bureau of Labor Statistics, Current Population Survey, Annual Social and Economic Supplement. Analysis conducted by the Maternal and Child Health Epidemiology and Statistics Program.

Endnotes

1. Allensworth D, Lewallen TC, Stevenson B, Katz S. Addressing the needs of the whole child: what public health can do to answer the education sector's call for a stronger partnership. *Preventing Chronic Disease*. 2011;8(2):A44. Available at: http://www.cdc.gov/pcd/issues/2011/mar/10_0014.htm. Accessed September 5, 2014.
2. Wong MD, Shapiro MF, Boscardin WJ, Ettner SL. Contribution of major diseases to disparities in mortality. *New England Journal of Medicine*. 2002;347(20):1585–1592.
3. The Community Guide. Promoting Health Equity Through Education Programs and Policies: High School Completion Programs. Available at: <http://www.thecommunityguide.org/healthequity/education/highschoolcompletion.html>. Accessed March 2, 2015.

Suggested Citation

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