Effect of College Selectivity on Later-Life Health and Mortality: Evidence From the Wisconsin Longitudinal Study
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**Question/Hypothesis**

**Question:** Does college selectivity affect later-life health and mortality?

**Hypothesis:** Those who attend more selective colleges will rate their health as better, will have fewer health conditions, and will have lower mortality than those who attend less selective colleges.

**Motivation**

While educational attainment remains a persistent predictor of health and mortality, quality of education has been overlooked as a potentially important component in the education-health and mortality relationship.

Motives for exploring educational quality:
- School quality, and college selectivity in particular, has been shown to significantly impact post-education labor market outcomes and earnings.
- College selectivity may provide better future employment opportunities through social contacts, better jobs, and different cultural norms surrounding health behaviors.
- Research has shown that college selectivity affects health behaviors and reduces health disparities.

I improve on previous work by Fletcher and Frisvold (2014) to determine whether college selectivity matters for later-life health and mortality.

**Descriptive Results**

- **IQ Score During Freshmen Year of High School**
  - Less Selective College: 120-130
  - More Selective College: 130-140

- **High School Rank**
  - Less Selective College: 90-100
  - More Selective College: 60-70

- **Father’s Educational Attainment**
  - Less than high school: 15,000 respondents
  - Graduated high school: 10,000 respondents
  - Some college: 5,000 respondents
  - Bachelors degree+: 500 respondents

- **Family Household Income When Respondent Was in High School**
  - Less than $566: 10,000 respondents
  - $566-$1,156: 10,000 respondents
  - $1,156-$1,666: 5,000 respondents
  - $1,666+: 500 respondents

- **Estimated Effects of College Selectivity on Health**
  - Mortality
  - Diabetes
  - Heart attack or failure
  - Hypertension
  - Self-rated health status is fair or poor

**Data and Study Design**

- Used data from the Wisconsin Longitudinal Study merged with Barron’s Profile of American Colleges to determine college selectivity.
- Controlled for non-cognitive and cognitive traits in adolescence, childhood health, family background, sex, and smoking status.
- Estimated later-life health and mortality using logistic regression models for respondents who graduated from more or less selective four-year colleges.

**Findings**

There are no statistically significant relationships between college selectivity and health with the exception of hypertension. All relationships are in the expected hypothesized directions.

**Conclusions**

Factors that affect educational attainment and health—such as family socioeconomic status, cognitive ability and non-cognitive skill—also appear to affect college selectivity. College selectivity does not appear to affect health outcomes such as mortality, diabetes, heart attack or heart failure, hypertension or self-rated health.

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