

Background

Disparities in access to higher levels of education may contribute to inequities in patient health. For example, one study has found that higher levels of education are associated with better health outcomes.¹ Student-Run Free Clinics (SRFCs) often serve community-facing structural barriers due to historical and current policies, yet most studies have not focused on structural factors or broader geographic patterns.² It remains unclear whether SRFCs are located in areas with lower levels of college attainment, where such barriers to higher levels of education may be greatest. There are already programs available to boost educational attainment in children and their parents, such as the Early Head Start/Head Start program, but there are not enough resources for folks to continue education beyond high school.⁴ This study focuses on whether SRFCs are in areas disproportionately affected by lower rates of educational attainment, focusing on the rate of adults with some post-secondary education, to guide the development of clinic resources.³

Methods

This cross-sectional study utilized publicly available datasets. The Society of Student-Run Free Clinics (SSRFC) master list was used to define the set of SRFCs for the study. County-level demographic and insurance coverage data were sourced from the United States Census Bureau. College matriculation data were accessed via the American Community Survey, an element of the Census Bureau's national program. "Some College" was defined as the percentage of the population aged 25-44 with any amount of post-secondary, vocational, junior college, or four-year college education, regardless of degree attainment.³ "Some College" was the highest level of educational attainment available from the SSRFC master list. Statistical analysis included descriptive statistics, Pearson correlation coefficients, and multivariable linear regression models adjusted for log-transformed county population. This study was deemed IRB exempt as non-human research under 45 CFR 46.104(d)(3).⁵

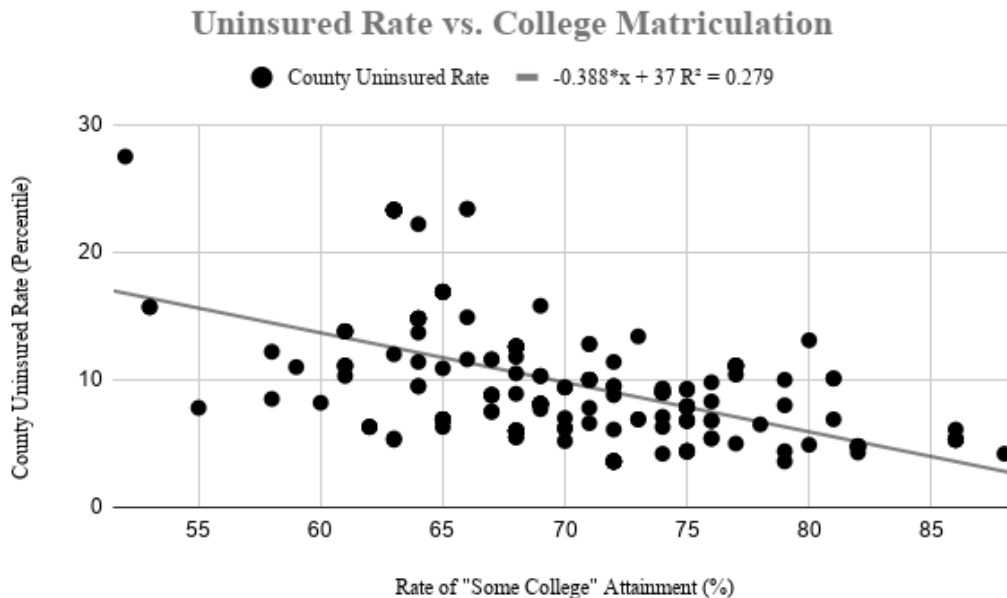
Results

County-level analysis showed a significant inverse association between educational attainment and uninsured rates. Higher county college matriculation rates were independently associated with lower uninsured rates after adjustment for log-transformed county population ($\beta = -0.36$, 95% CI -0.51 to -0.22 , $p < 0.001$). Educational attainment was negatively correlated with uninsured rate overall ($r = -0.53$). This relationship is illustrated in Figure 1. Approximately 27% of clinics were in counties within the lowest college matriculation quartile ($\leq 64\%$), 28% in the second quartile (65-69%), 24% in the third quartile (70-75%), compared with 20% found in counties within the highest quartile ($\geq 76\%$).

Conclusions

Educational attainment was a significant predictor of insurance vulnerability at the county level. Though SRFCs were present relatively equally in all counties regardless of educational attainment, these findings reinforce the importance of SRFCs as critical healthcare safety-net institutions, serving communities affected by the lack of support needed to advance to post-secondary education. SRFCs should develop evidence-informed strategies to increase collegiate rates within their patient populations through partnerships with nearby schools or partnerships promoting education, such as college access programs or Early Head Start/Head Start.

Figures



References

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