

Mississippi's Business

September 2013

Monitoring The State's Economy

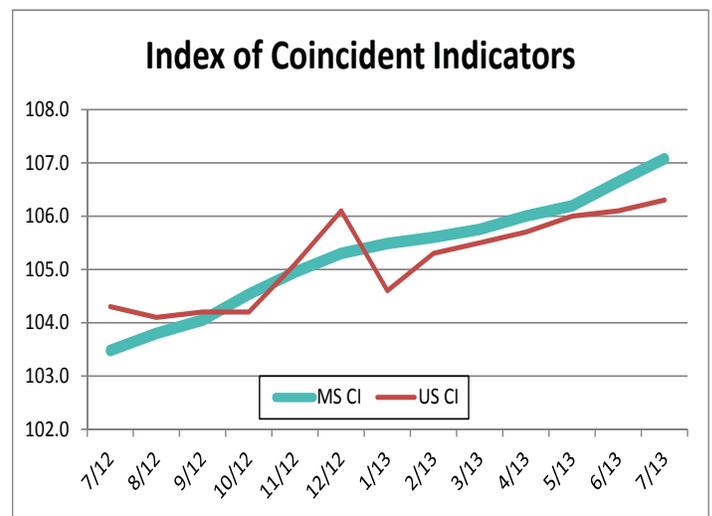
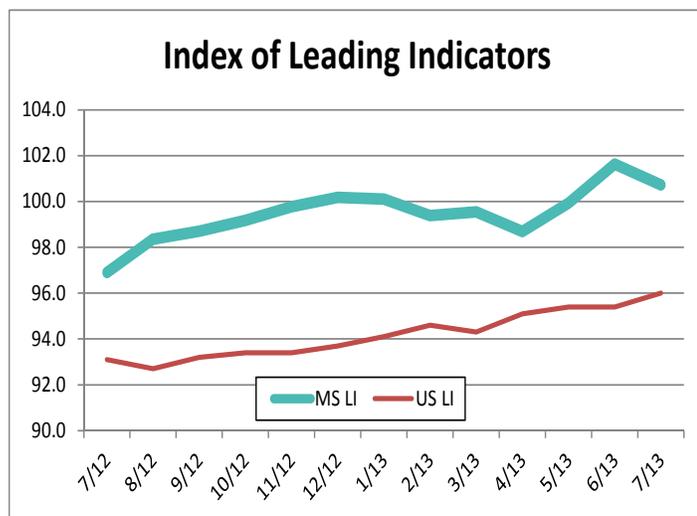
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ECONOMY AT A GLANCE

The Mississippi Index of Leading Indicators declined in July. This followed four consecutive months of gains. The decline is not surprising given the moderation of growth that has taken place nationally. Despite the dip in the Leading Index, the State is expected to continue to grow at a modest pace in the coming months. It is however doubtful that we will maintain the pace of growth observed over the past year. Indeed there are signs that growth in the State is already slowing. Withholdings growth in 2013 have been much more modest than in 2012. Manufacturing workweek length has declined and building permits have slowed. The Mississippi Coincident Index continued its upward climb in July actually reaching its pre-recession peak. The index is largely an indication of the labor market, which may overstate the general performance of the overall economy. In particular the gains in employment appear to be concentrated in lower-wage jobs and many of them may be part-time and temporary.

Nationally, the economy continues at a slow pace. Real GDP growth for the second quarter was recently revised up but growth in the third quarter appears to be slower. Job creation has been more modest, and higher interest rates have cooled the housing recovery. Increased tensions in the Middle East have led to higher oil prices. The spike may prove modest and temporary if tensions continue to subside. Washington is poised to again enter the economic equation as debates loom over the 2014 budget, the debt ceiling and a long-term solution to the sequester issue. These issues have the potential to dampen the already modest growth if it appears agreements cannot be reached.



The Mississippi Coincident Index is constructed by the Federal Reserve Bank of Philadelphia and re-indexed to 2004. The Index is based on changes in nonfarm employment, the unemployment rate, average manufacturing workweek length and wage and salary disbursements. The Mississippi Leading Index is constructed by the Mississippi University Research Center. The U.S. Indices are both from the Conference Board. All series are indexed to a base year of 2004.

IN THIS ISSUE:

Economy at a Glance	1
Index of Leading Indicators for July 2013	2
Index of Coincident Indicators for July 2013	4
National Trends	5
Mississippi Employment Trends	8
Education and Health	10

LEADING AND COINCIDENT INDICATORS, JULY 2013

The **Mississippi Index of Leading Economic Indicators** lost some of its steam in July. The index fell 1.6 percent in July bringing the index to 101.7, the highest level since February 2008. The six-month growth rate remained positive at 1.2 percent. The dip in the Index is a reminder that while the Mississippi economy has strengthened substantially over the last year, continued growth is anything but certain. This is especially the case given the softening of growth taking place Nationally.

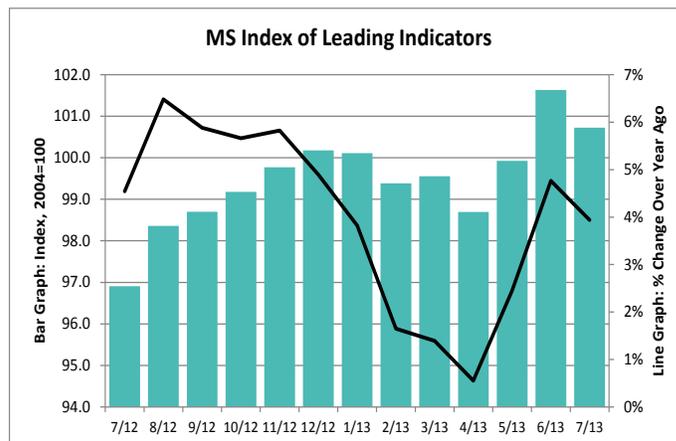
Of the eight components of the Index, three contributed positively to the July Index, while five contributed negatively. The components of the Leading Index will be discussed in order of their contributions to the July decline.

Much of the decline in the leading index is due to a 1.6 percent decline in inflation adjusted **Mississippi income tax withholdings**¹. Withholdings growth has been much slower in 2013 relative to 2012. For the first eight months of 2013, withholdings were up only 0.7 percent compared to 2.2 percent for the same period of 2012.

The **Mississippi Manufacturing Employment Intensity Index** fell 1.6 percent in July. The series has trended down since January, primarily because of a dramatic decline in workweek length. Manufacturing workweek length rose above 43 hours in the closing months of 2012, and has since fallen to just below 41 hours. Manufacturing employment has followed a similar pattern.

Mississippi's initial unemployment claims rose 8.7 percent in July relative to June. The gain followed two months of decline. The series has generally trended down for the past year. Initial claims are down 2.4 percent for the first seven months of 2013 from the same period of 2012. Continued claims fell for the month of July. The state's unemployment rate was at 8.5 percent in July, down from 9.0 percent in June.

The **U.S. Index of Consumer Expectations**¹ fell 1.3 percent in July to a level of 75.7. The decline follows five consecutive increases. Expectations remain relatively



high. The Optimism Index from the National Federation of Independent Businesses also remains relatively high for the recovery period.

The **value of Mississippi residential building permits**¹ declined 2.4 percent in July. While this series made modest upward gains in late 2012 and early 2013, it has trended down since April. Construction employment on the other hand has been relatively strong in 2013. Since January, the State has added 5,700 construction jobs, or 12.1 percent growth.

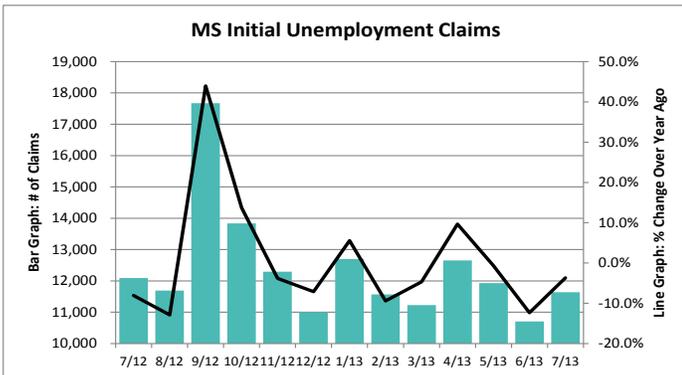
The **Institute for Supply Management Index of U.S. Manufacturing Activity** gained another 0.5 percent in August, bringing the Index to a level of 55.7. The August gain was very mild but went against expectations of a decline. The Index suggests that manufacturing activity in the Third quarter is relatively strong. There is reason for caution however as regional Fed surveys suggest slower growth. The ISM Nonmanufacturing Index rose as well.

The **Mississippi Diesel Fuel Consumption Index**¹ rose a modest 0.7 percent in July. The index has been relatively flat in 2013. The growth relative to the year ago remains negative for the series.

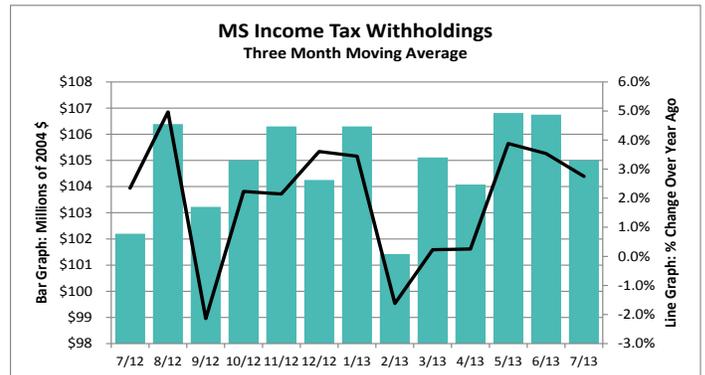
U.S. retail sales rose a very mild 0.2 percent in July. This was the weakest growth since April. The sluggishness was due to a dip in auto sales as well as declining gasoline sales. Housing related retail sales were also a drag. The wet weather may have factored in the sluggishness.

1. Three Month Moving Average

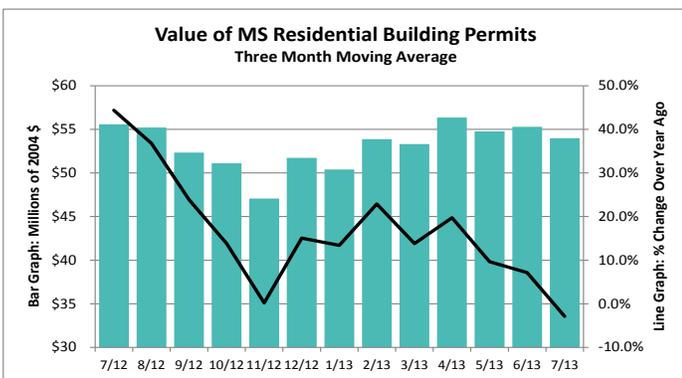
LEADING ECONOMIC INDICATORS



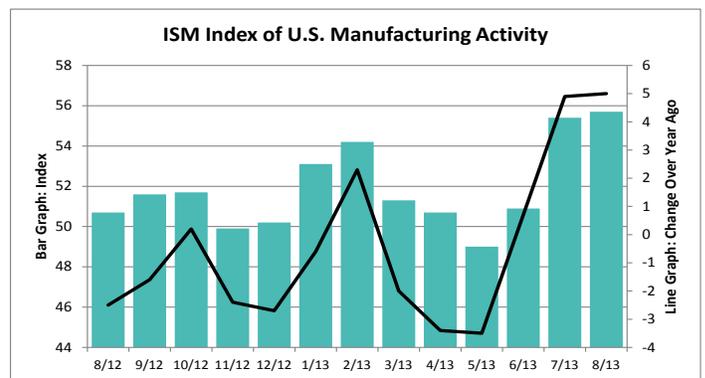
Source: Mississippi Department of Employment Security



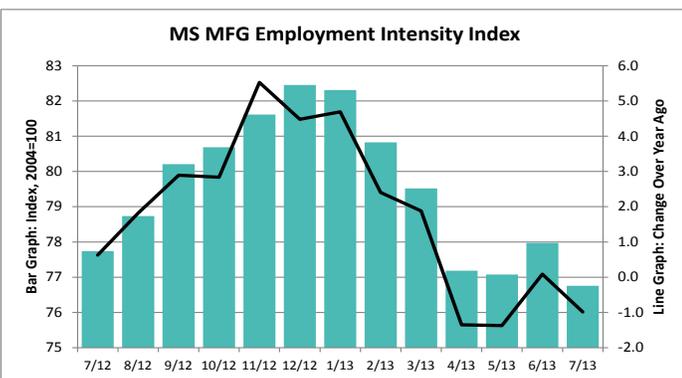
Source: Mississippi Department of Revenue



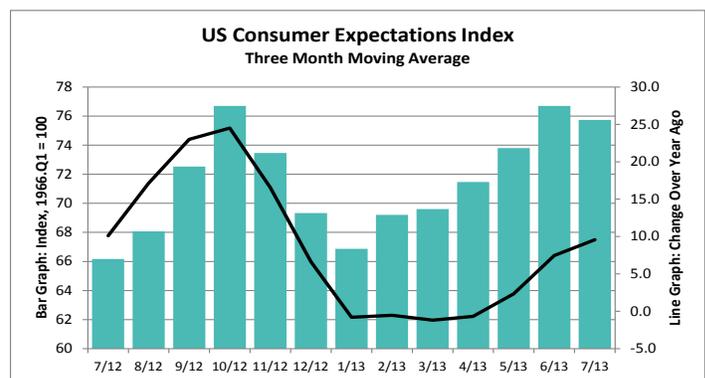
Source: Bureau of the Census



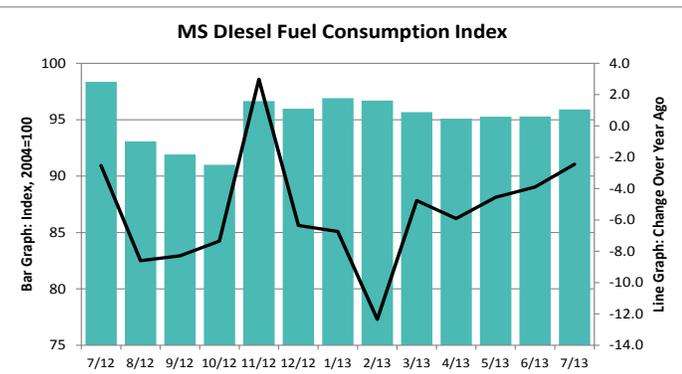
Source: Institute For Supply Management



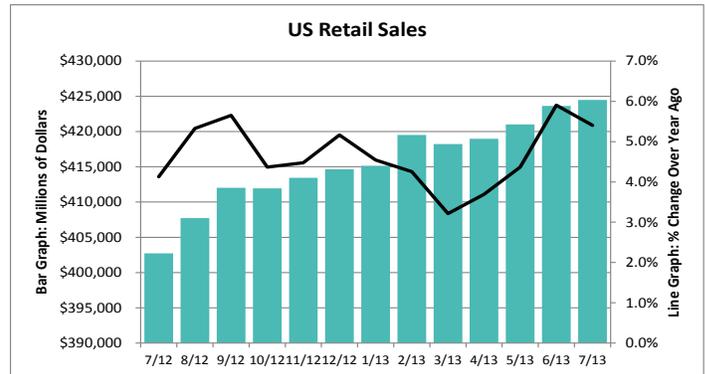
Source: URC using data from Bureau of Labor Statistics



Source: University Of Michigan



Source: URC using Data from Mississippi Department of Revenue

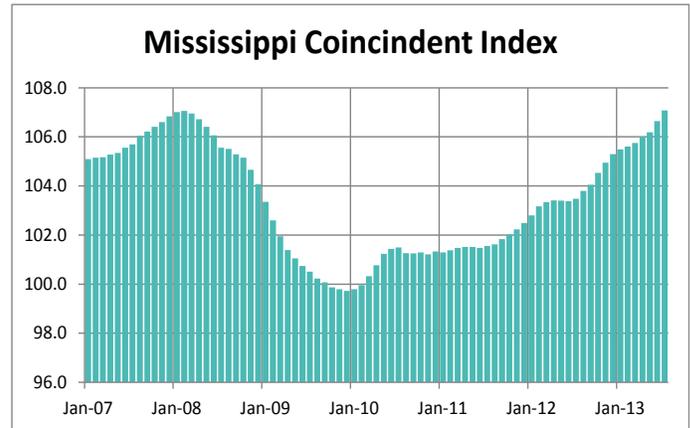
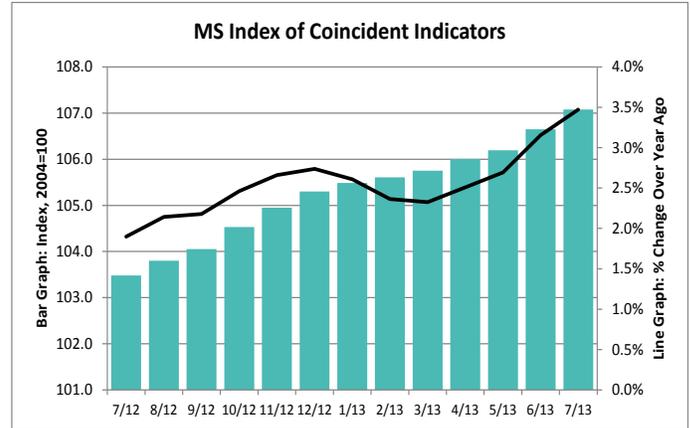


Source: Bureau of the Census

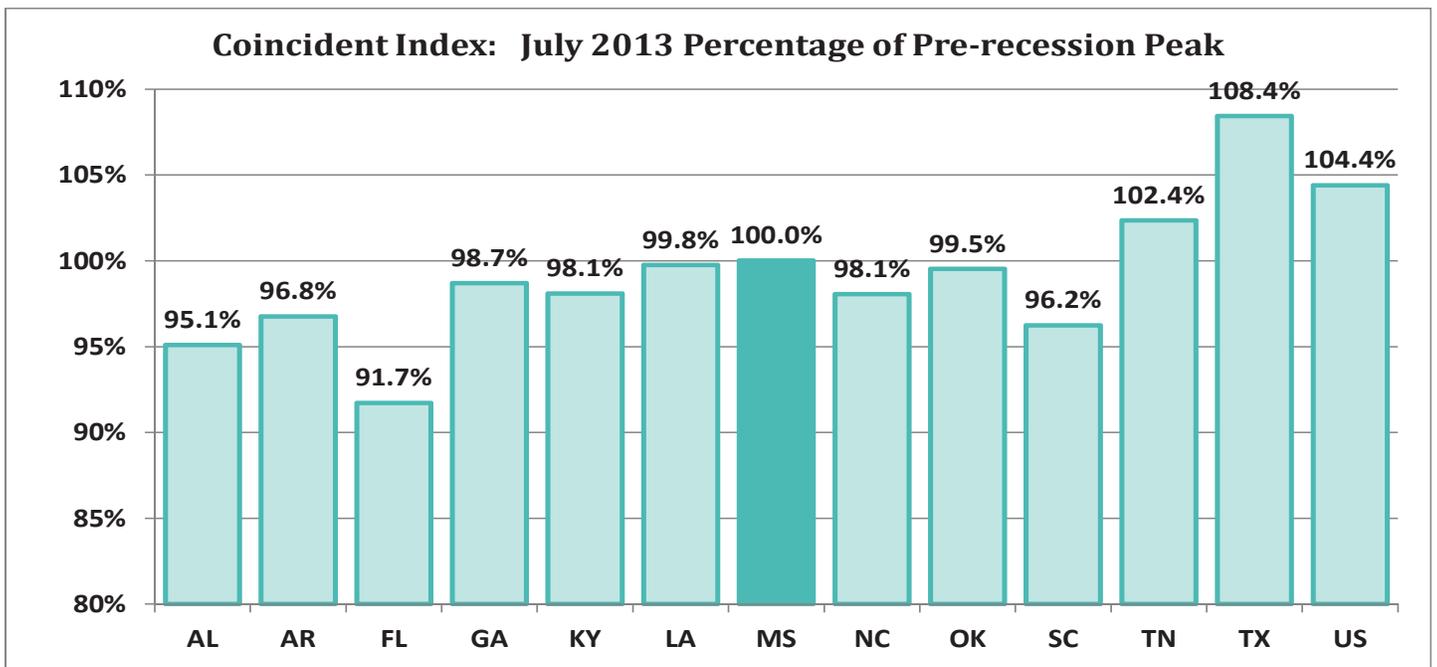
The **Mississippi Index of Coincident Indicators**, continued to climb in July reaching a level of 107.1, or 0.5 percent above the revised June index. With this gain, the Index has now reached the pre-recession peak of February 2008. The Index history back to 2007 is depicted in the lower figure to the right. It is obvious by this figure that the real recovery for Mississippi has been over the last 12-13 months.

The Index is primarily an indication of labor force trends. The components are nonfarm employment, manufacturing workweek length, the unemployment rate and wage and salary income. As mentioned last month, the employment data are subject to revision and have been significantly downwardly revised in recent history. It is then possible that the index is overstating the recovery. In fact this seems to be the case as we look at other indicators. Withholdings growth in 2012 was indeed strong, especially the latter half, but 2013 growth has been much more modest. Likewise Mississippi building permits have softened in the second quarter.

The figure below shows a comparison of the July Index to the pre-recession peak for the 12 Southeastern States and the Nation. States that reach 100 percent of peak have fully recovered from the "Great Recession" at least as measured by the Coincident Index. As already stated Mississippi has regained its peak.



The map on page 5 shows the July index for each state compared to the level three months prior. Mississippi's index rose 0.9 percent. The U.S. average growth was 0.7 percent. Most of the Southeastern States are seeing relatively strong gains.



National Trends

The U.S. Index of Leading Indicators rose 0.6 percent in July after no change in June. The financial components, building permits and ISM New Orders Index drove the gain. The Coincident Index increased 0.2 percent. The Conference Board expects growth to continue through the end of the year and could moderately increase.

The National economy appears to have lost some momentum in the third quarter. Consumer spending was sluggish in July and even slower in August. Job gains have also moderated through the year. Average job gains for July and August were only 137 thousand. This is down from 182 thousand in the second quarter and 207 thousand in the first. Not only are there fewer jobs gains, but high paying job creation is especially weak.

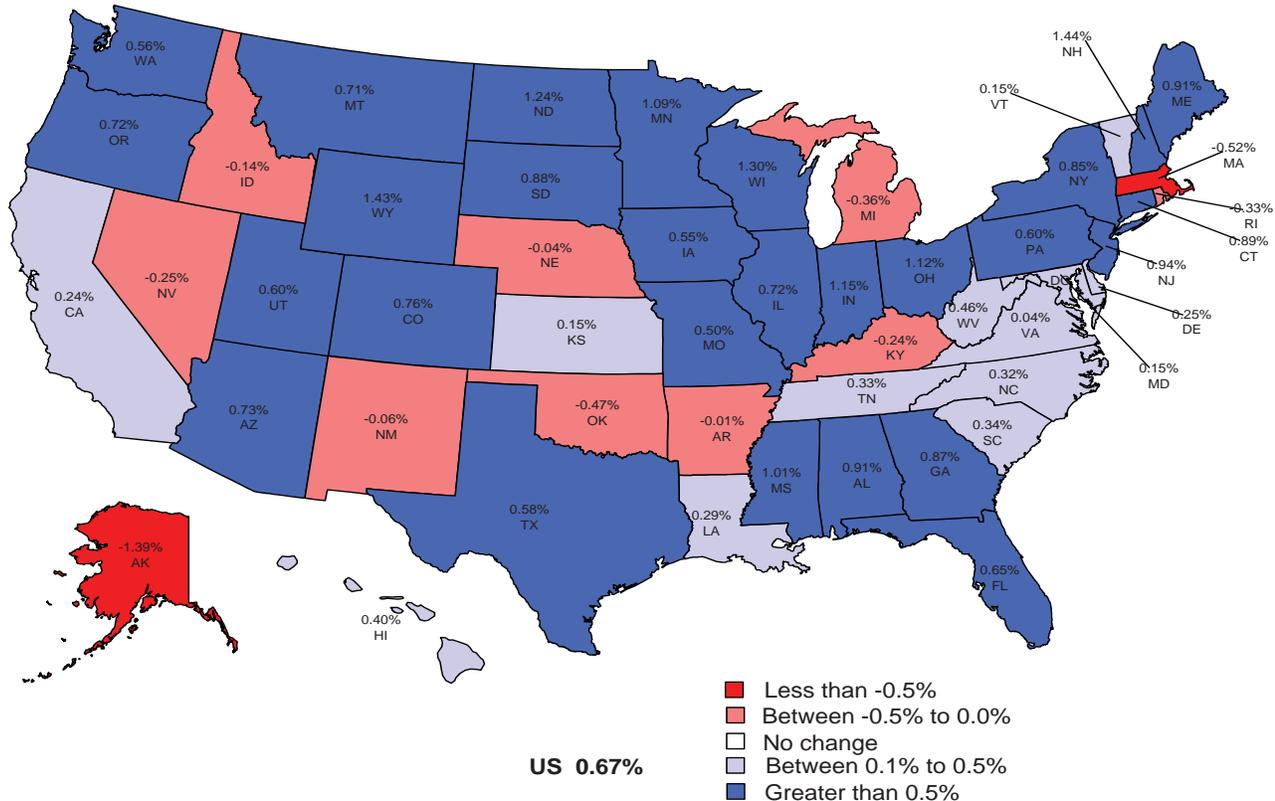
Interest rates have moved higher, which have dampened the housing recovery. Interest rates are likely to move higher still as the Fed moves to reduce quantitative easing.

The resurgence of violence in the Middle East poses a further threat to the economy through higher oil prices. If tensions subside, the spike may prove to be relatively brief and mild.

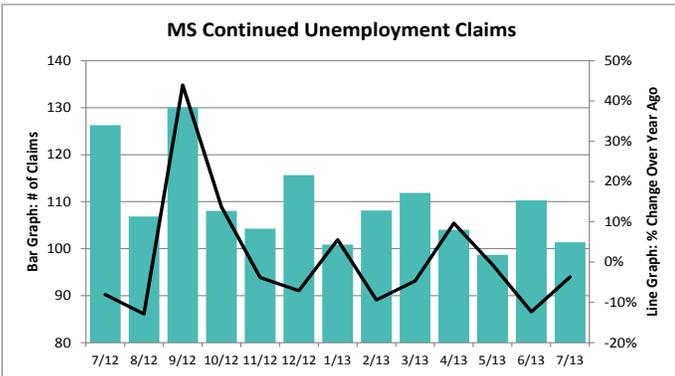
On a more positive note, the second quarter Real GDP growth was revised up to 2.5 percent from the 1.7 percent originally estimated. An improved trade balance reading drove the revision.

The outlook has not significantly changed since last month. Growth is expected to continue through the remainder of the year, and gradually improve in 2014. Besides the already mentioned threat of an oil price spike and higher interest rates, an erosion of confidence is likely if we see renewed discord in Washington in the coming months. Policy makers face negotiations over the 2014 budget, the need to raise the debt ceiling and a long-term solution over the sequester. If we continue the rancor of the past, we can expect a negative impact on growth.

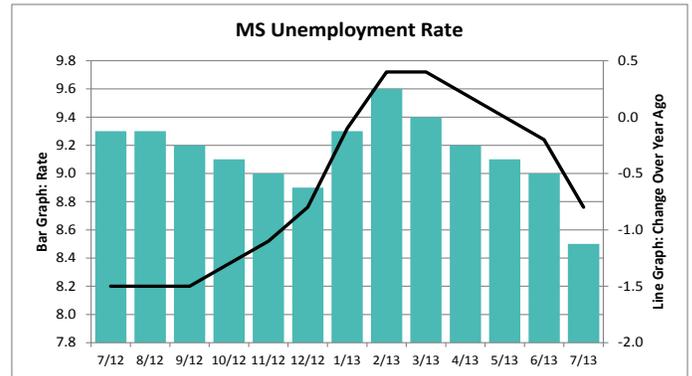
Three Month Growth in The Index of Coincident Economic Indicators, July 2013



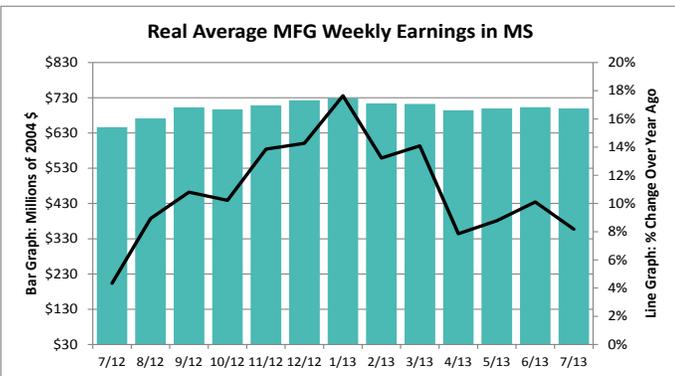
MISCELLANEOUS ECONOMIC INDICATORS



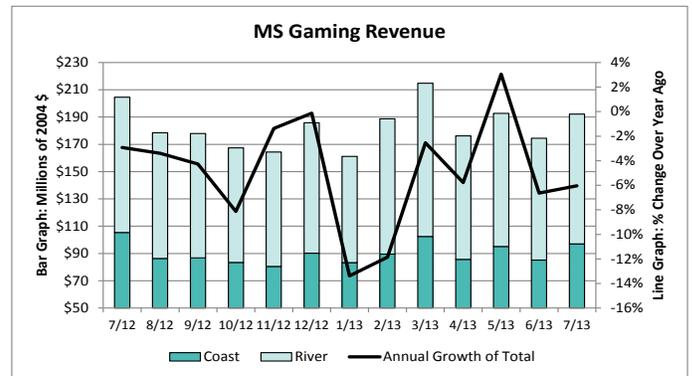
Source: Mississippi Department of Employment Security; Seasonally Adjusted



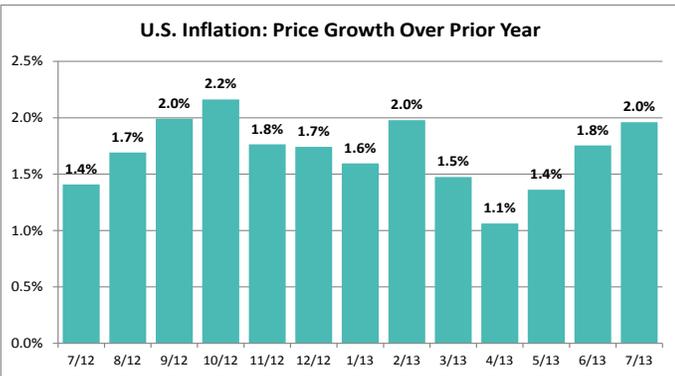
Source: U.S. Bureau of Labor Statistics; Seasonally Adjusted



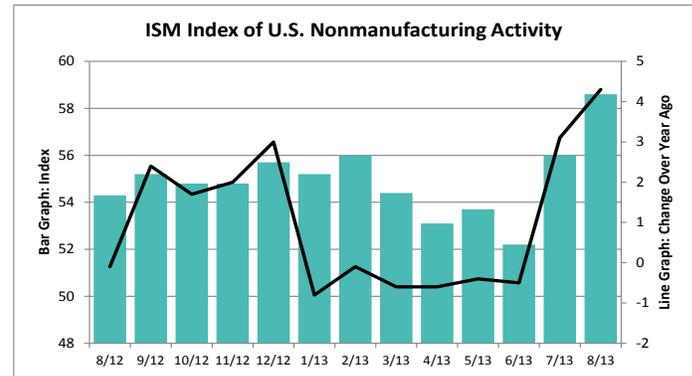
Source: U.S. Bureau of Labor Statistics; Nonseasonally Adjusted



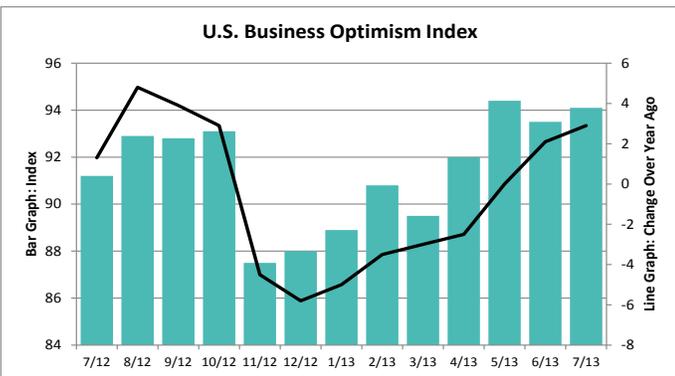
Source: MS Department of Revenue; Nonseasonally Adjusted



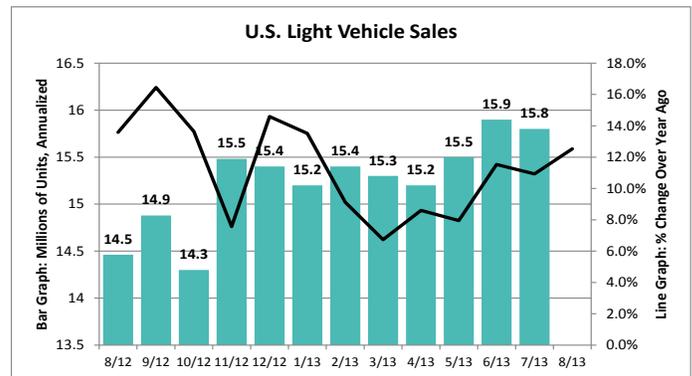
Source: U.S. Bureau of Labor Statistics



Source: Institute For Supply Management



Source: National Federation of Independent Businesses



Source: Bureau of Economic Analysis; Seasonally Adjusted Annual Rate

SELECTED ECONOMIC INDICATORS

Indicator	July 2013	June 2013	July 2012	Change from Last Mo. Last YR.	
US Index of Coincident Indicators 2004=100, Source: The Conference Board	106.3	106.1	104.3	0.2%	1.9%
MS Index of Coincident Indicators 2004=100, Source: Federal Reserve Bank of Philadelphia	107.1	106.6	103.5	0.5%	3.5%
US Index of Leading Indicators 2004=100, Source: The Conference Board	96.0	95.4	93.1	0.6%	3.1%
MS Index of Leading Indicators 2004=100, Source: University Research Center	100.7	101.6	96.9	-0.9%	3.9%
MS Initial Unemployment Claims Source: Mississippi Department of Employment Security	11,641	10,705	12,089	8.7%	-3.7%
MS Value Of Res. Building Permits 3 Mo. Moving Avg., Millions of 2004 Dollars, Source: Bureau of Census	54.0	55.3	55.6	-2.4%	-2.9%
MS Income Tax Withholdings 3 Mo. Moving Avg., Millions of 2004 Dollars, Source: MS Department of Revenue	105.0	106.7	102.2	-1.6%	2.7%
MS MFG Emp. Intensity Index Indexed 2004 =100, Source: URC using data from Bureau of Labor Statistics	76.8	78.0	77.7	-1.6%	-1.3%
MS Diesel Fuel Consumption Index 3 Mo. Moving Avg. 2004=100, Source: URC using data from MS Department of Revenue	95.9	95.3	98.4	0.7%	-2.5%
US Index of Consumer Expectations 3 Mo. Moving Avg. Index 1996 q1=100, Source: University of Michigan	75.7	76.7	66.2	-1.3%	14.5%
US ISM Index of MFG Activity Advanced 1 Month, Source: Institute For Supply Management	55.7	55.4	50.7	0.5%	9.9%
US Retail Sales Millions of Dollars, Source: Bureau of Census	424,481	423,649	402,716	0.2%	5.4%
US Consumer Price Index 2004=100, Source: URC using data from Bureau of Labor Statistics	123.7	123.6	121.3	0.0%	2.0%
MS Unemployment Rate Source: Bureau of Labor Statistics	8.5%	9.0%	9.3%	-0.5%	-0.8%
MS Continued Unemp. Claims Source: Mississippi Department of Employment Security	101,361	110,297	126,300	-8.1%	-19.7%
US Mortgage Rates 30 Yr. Conventional, Source: Federal Reserve	4.3%	4.0%	3.5%	0.3%	0.8%
MS Avg. Hourly Wage for MFG 2004 Dollars, Source: Bureau of Labor Statistics	17.21	17.04	15.85	1.0%	8.6%
MS Avg. Wkly Earnings for MFG 2004 Dollars, Source: Bureau of Labor Statistics	699.40	703.05	646.51	-0.5%	8.2%
Business Optimism Index 1986=100, Source: National Federation of Independent Businesses	94.1	93.5	91.2	0.6%	3.2%
Gaming Revenue	192.2	174.5	204.5	10.1%	-6.0%
Coast Counties	97.0	85.2	105.4	13.8%	-8.0%
River Counties	95.2	89.3	99.1	6.6%	-3.9%
Nonseasonally adjusted, Millions of Dollars, Source: MS Department of Revenue					

Economic Indicators

Components of the MS Index of Leading Indicators

Miscellaneous Indicators

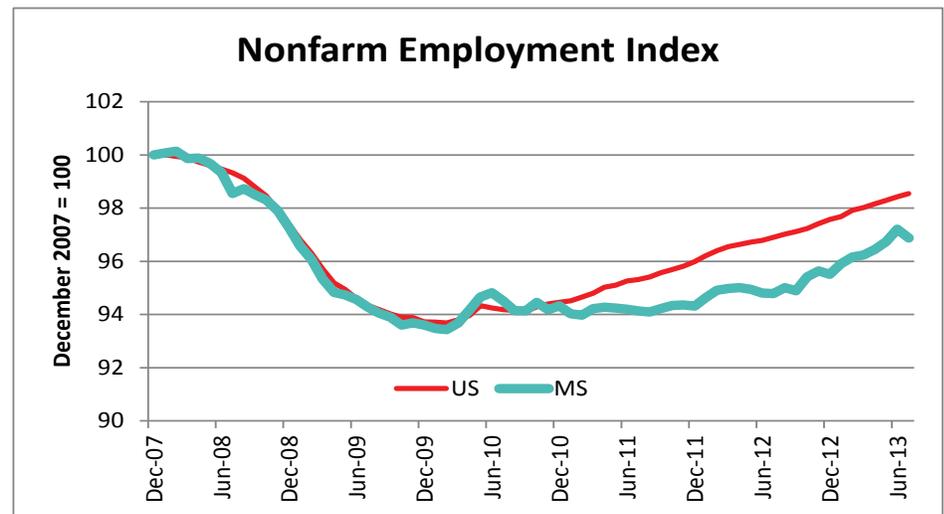
MISSISSIPPI EMPLOYMENT TRENDS

Mississippi employment growth cooled in July with a 3,900 drop in jobs or 0.3 percent. Decreases in leisure and hospitality employment led the decline. Retail trade, and manufacturing jobs also saw sizeable reductions, as did government. Construction jobs however saw a dramatic gain of 1,000 jobs in July. (See the table below and the graphs on page 9).

The figure to the right shows jobs gains in the U.S. versus the State since the recession. Employment is indexed to December 2007 for both series. Job gains have been more volatile in Mississippi than the nation. As we have pointed out previously, gains were very modest in the State until late 2012.

For the first seven months of 2013, employment was up 18,900 jobs

over the same period of 2012. This is a gain of 1.7 percent. The vast majority of the job gains have been in the private sector, which accounts for 18,000 of the 18,900 jobs added in 2013. The sector adding the most jobs has been administrative and supported services. Many of these are likely temporary jobs. The second largest supplier of jobs has been food services. Together, these two sectors account for 12,000 of the 18,000 private sector jobs added in 2013, or 67 percent. Many of these are most likely lower paying jobs and many may be part-time. This might explain why we are seeing strong job gains, but relatively modest increases in income tax withholdings.



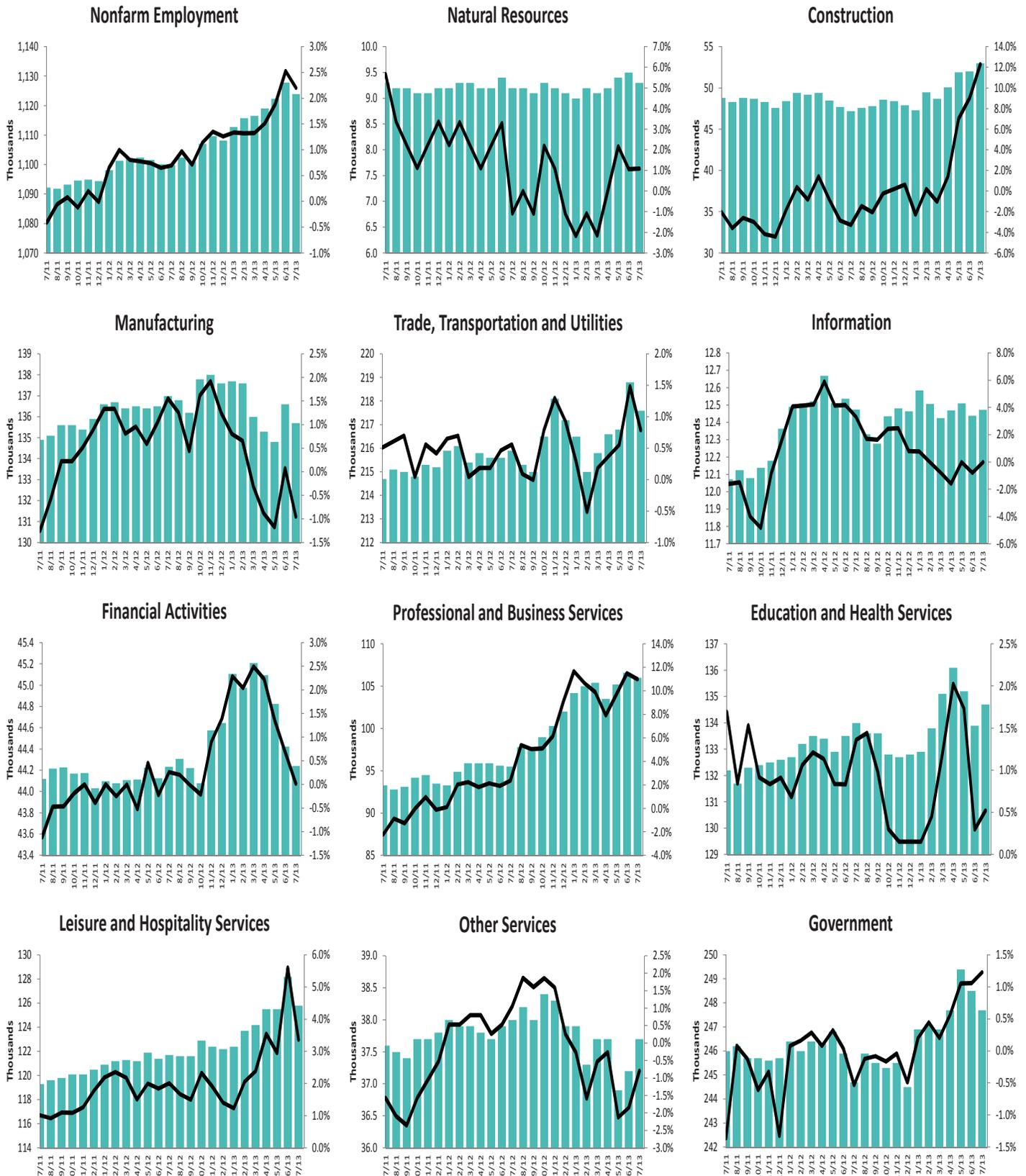
Mississippi Employment by Sector, Seasonally Adjusted

	Relative Share of Total*	July 2013	June 2013	July 2012	Change from Prior Month Level	%	Change from Prior Year Level	%
Total Nonfarm	100.0%	1,124,000	1,127,900	1,099,800	(3,900)	-0.3%	24,200	2.2%
Mining and Logging	0.8%	9,300	9,500	9,200	(200)	-2.1%	100	1.1%
Construction	4.4%	53,000	52,000	47,200	1,000	1.9%	5,800	12.3%
Manufacturing	12.3%	135,700	136,600	137,000	(900)	-0.7%	(1,300)	-0.9%
Trade, Transportation & Utilities	19.4%	217,600	218,800	215,900	(1,200)	-0.5%	1,700	0.8%
Retail Trade	12.0%	133,800	134,700	133,600	(900)	-0.7%	200	0.1%
Information	1.1%	12,473	12,440	12,474	34	0.3%	(1)	-0.0%
Financial Activities	4.0%	44,243	44,425	44,234	(182)	-0.4%	9	0.0%
Services	35.8%	404,200	405,900	389,200	(1,700)	-0.4%	15,000	3.9%
Professional & Business Serv.	9.2%	106,000	106,600	95,500	(600)	-0.6%	10,500	11.0%
Education & Health Services	12.0%	134,700	133,900	134,000	800	0.6%	700	0.5%
Leisure & Hospitality	11.1%	125,800	128,200	121,700	(2,400)	-1.9%	4,100	3.4%
Other Services	3.4%	37,700	37,200	38,000	500	1.3%	(300)	-0.8%
Government	22.2%	247,700	248,500	244,700	(800)	-0.3%	3,000	1.2%

* Relative shares are for the most recent 12 month average.

Source: U.S. Bureau of Labor Statistics

MISSISSIPPI EMPLOYMENT TRENDS



Left Axis: Bar Graphs - Employment Levels. Right Axis: Line graphs - Annual Growth. Source: U.S. Bureau of Labor Statistics.

EDUCATION AND HEALTH

by Barbara J. Logue, Ph.D.

This report explores some of the connections between selected health measures and educational attainment, using data from the 2011 round of the National Health Interview Survey (NHIS). The NHIS is a health survey conducted under the auspices of the Centers for Disease Control and Prevention. It provides national estimates for selected chronic conditions, functional limitations, health behaviors, and other measures for the U.S. civilian noninstitutionalized population of adults.¹ Children, the military, and people living in institutions such as nursing homes or prisons, thus, were excluded. The data on educational attainment refer to people aged 25 and older, most of whom have completed their formal education.

Three primary factors have been used to measure socioeconomic status in adulthood: education, occupation, and income. Of these, education is typically used in the presentation of health data. There are several reasons for this preference. First, education is more completely reported by survey respondents. Second, information on educational attainment is available for all adults, including those not in the work force. Third, for most people, education remains fixed after age 25, unlike income or occupation, which often change over time. Also, after age 25, education usually is not influenced by health, although health continues to be influenced by education.²

Health problems and lower educational attainment go hand in hand. In 2011, for example, 27.4 percent of people with less than a high school education reported that their overall health was fair or poor. In sharp contrast, only 5.5 percent of those with a Bachelor's or higher degree made that claim. The fractions reporting fair or poor health were between these extremes for people with a high school diploma/GED (17.9 percent) and those with some college experience but not a Bachelor's degree (12.6 percent).³

Health advantages for the better educated hold even within age and income categories. For example, among people aged 55 to 64, 68.0 percent of four-year college graduates reported very good or excellent health, compared to only 28.0 percent of those who failed to complete high school. People over 65 with a Bachelor's degree were more likely than high school graduates of any age to report very good or excellent health. Likewise, low-income Bachelor's degree holders were more likely than high school graduates at any income level to report their health as very good or excellent.⁴

Illnesses and disabilities present from birth and those that occur during childhood and adolescence, especially mental deficiencies, tend to limit educational attainment. Previous research has shown that nondisabled young adults (ages 18 to 34) in Mississippi were substantially more likely to be enrolled in school in 2000 – 25.6 percent versus 18.3 percent for their disabled counterparts. Among disabled young adults not currently enrolled in school, two out of three had earned a high school diploma or GED, compared to four out of five of the nondisabled. Disabled young adults were far less likely to be enrolled in college or to have earned a Bachelor's degree than their nondisabled counterparts.⁵ Thus chronic disability early in life limits educational attainment. In turn, educational deficits contribute to lifelong difficulties in getting good jobs and earning a good income.

The average Mississippian is less healthy by most measures than the average American. Mississippi leads the nation, for example, in such serious health problems as Type 2 diabetes, hypertension, and cardiovascular disease. Hence the data in this report, if available for Mississippi, would likely show higher rates than the tables indicate for all Americans.

Chronic Diseases and Conditions

Chronic diseases and conditions are long-lasting health problems that, once contracted, do not go away. In fact, they tend to get worse as a person ages. They include such problems as heart disease, hypertension, diabetes, and arthritis and “are among the most costly and common of all health conditions in the United States.” Many people suffer simultaneously from more than one chronic illness. Managing chronic illness, especially for those with

multiple chronic conditions, is often complicated, time-consuming, and expensive.⁶

Table 1 contains data on the prevalence of serious chronic conditions by educational attainment. With minor exceptions, prevalence tends to fall steadily as educational attainment rises. Clearly, such health problems diminish patients' quality of life, burden the health care system, and impact the productivity of the work force. Diabetes, for instance, is the leading cause of blindness among working-age adults.⁷ Vision impairments affect one's ability to work and conduct basic activities of daily living. One of many possible examples of the co-existence of multiple chronic conditions in the same individual is that diabetes is both a major cause of blindness and a major contributor to heart disease.

Chronic conditions often lead to activity limitations. People with arthritis or heart disease, for example, may develop mobility problems that seriously limit their daily lives and ability to hold down a job. Arthritis is the leading cause of disability, chronic pain, and personal care difficulties in the United States, and sufferers have a low rate of labor force participation. It trails only heart disease as a cause of work disability.⁸ Such interactions between chronic disease and activity limitations should be borne in mind when interpreting the data in Table 2.

Activity Limitations

Limitation of activity refers to difficulty in performing, or the inability to perform, various physical movements of daily living without the assistance of another person or the use of special equipment.⁹ People with activity limitations report more pain, depression, anxiety, and trouble sleeping than those not reporting activity limitations.¹⁰

Table 2 shows 2011 data on the extent of activity limitations for Americans age 25 and over by educational attainment. Recall that institutionalized persons, whose health status is typically worse than that of people living at home, were excluded from the survey.

The prevalence of activity limitations by highest level of education varies widely. Among people who never completed high school, for example, more than one in four experienced serious difficulty or was unable to do at least one of the everyday activities listed in the table. For people with a Bachelor's or higher degree, in contrast, the percentage was only 9.0. For intermediate levels of education – high school diploma/GED and some college – about one in five people suffered from serious activity limitations.

When it comes to specific impairments, such as finding it very difficult to sit or stand for two hours, the

Table 1. PERCENT OF CIVILIAN NONINSTITUTIONALIZED POPULATION AGED 25 AND OVER WITH SELECTED HEALTH PROBLEMS, BY EDUCATIONAL ATTAINMENT, UNITED STATES, 2011.

Health Problem	Less than High School Diploma	High School Diploma/GED	Some College	Bachelor's Degree or More
Coronary heart disease	10.2	7.5	7.4	5.4
Hypertension	32.3	30.5	27.8	22.7
Stroke	4.7	3.4	2.7	1.7
Emphysema	3.3	2.5	1.9	0.7
Chronic Bronchitis	5.1	5.2	5.0	2.3
Diabetes	15.1	10.5	9.6	6.5
Ulcers	9.8	7.4	8.0	5.0
Arthritis	26.7	27.1	27.5	20.5
Hearing Trouble	18.8	19.3	18.1	13.5
Vision Trouble ¹	14.0	10.4	9.5	6.3
No Natural Teeth	16.2	9.6	7.1	3.6

¹ Defined as trouble seeing despite the use of glasses or contact lenses.

Table 2. PERCENTAGE OF CIVILIAN NONINSTITUTIONALIZED POPULATION AGED 25 AND OVER WITH SERIOUS DIFFICULTY DOING, OR UNABLE TO DO, SELECTED ACTIVITIES OF DAILY LIVING, BY EDUCATIONAL ATTAINMENT, UNITED STATES, 2011.

Activity	Less than High School Diploma	High School Diploma/GED	Some College	Bachelor's Degree or More
Any physical difficulty	28.0	20.5	17.7	9.0
Walk a quarter of a mile	15.4	9.9	7.5	3.6
Climb up 10 steps without resting	12.0	6.8	5.5	2.3
Stand for 2 hours	18.1	12.4	9.9	5.5
Sit for 2 hours	7.0	4.4	3.5	1.1
Stoop, bend, or kneel	16.8	12.1	10.1	4.8
Reach over head	5.6	3.5	3.0	1.2
Grasp or handle small objects	3.3	2.4	1.9	0.9
Lift or carry 10 pounds	10.2	5.9	4.3	1.9
Push or pull large objects	14.1	8.9	6.9	2.9

education differentials consistently favored the better educated. Repeatedly, those lacking a high school diploma fared the worst, whereas Bachelor's degree recipients fared best.

A substantial impact on labor force participation and earnings can be surmised from the data in Table 2. We know that high school dropouts face serious obstacles in today's highly competitive job market. When these educational shortcomings are found in combination with health limitations on everyday activities, individuals are doubly disadvantaged in the workplace. Those who cannot walk, stand, bend, reach, or even sit for two hours without difficulty must obviously struggle hard to find and keep a job.

Work, schooling, and health problems may interact in other ways. Among people not disabled in childhood, the less educated are more likely to become disabled as adults. This is because they tend to hold riskier and more physically demanding jobs – as construction laborers or heavy equipment operators, for example – which are by their nature more hazardous to health. The educationally disadvantaged, especially those who are functionally illiterate or mentally retarded, may face higher risks of occupational injuries because they are less attentive to safety precautions or less compliant with safety instructions. Higher levels of education, on the other hand, tend to be associated with safer, less physically demanding “desk” jobs.

Behavioral Risk Factors

Behavioral risk factors refer to personal habits that substantially increase a person's chance of developing a serious chronic disease or long-term disability. Behaviors such as overeating, smoking, and failure to exercise explain much of the prevalence of chronic illnesses shown in Table 1 and the activity limitations listed in Table 2.

Table 3 shows national data from the 2011 NHIS on four of the most serious behavioral risk factors by educational attainment. The prevalence of smoking, obesity, and lack of physical activity all decline dramatically as educational level rises. The less education, moreover, the lower the likelihood of having seen a dentist or other dental health professional in the last five years.

Differences in the prevalence of behavioral risk factors by educational attainment are consistent with the education differences in chronic diseases and disabilities. The nation's current “epidemic” of diabetes, for instance, is largely a product of obesity and lack of exercise, whereas heart disease is one highly predictable result of a smoking habit.¹¹

Some explanation is needed for the inclusion of “no usual place of health care” as a behavioral risk factor. Lacking a medical “home” often means seeing a different practitioner on each visit, with consequent implications for continuity of care, including follow-

Table 3. PERCENTAGE OF CIVILIAN NONINSTITUTIONALIZED POPULATION AGED 25 AND OVER REPORTING SELECTED BEHAVIORAL RISK FACTORS, BY EDUCATIONAL ATTAINMENT, UNITED STATES, 2011.

Behavioral Risk Factor	Less than High School Diploma	High School Diploma/GED	Some College	Bachelor's Degree or More
Everyday smoker	22.6	22.3	16.0	5.0
Obese	34.0	34.5	32.0	21.2
Met neither aerobic nor muscle-strengthening guidelines	68.4	59.0	48.2	34.0
No usual place of health care	23.0	16.8	13.6	8.6
No dental visit in last five years	29.3	17.8	12.0	4.0

ing up chronic problems to prevent complications and worsening of the condition. In contrast, a recent review of forty studies found that “having a continuous healing relationship with a personal physician” significantly improved health outcomes.¹²

Policy Implications and Conclusion

People who invest in their own human capital by staying in school demonstrate their ability to defer immediate gratification for a more secure future, with prospects for a better job, better on-the-job benefits (such as health insurance), and higher earnings. Hence better educated people tend to have more health-influencing resources than their less educated counterparts.

Moreover, *because* they are more educated, they tend to use those resources more efficiently in the pursuit of better health. For example, they will spend money on fruits and vegetables in the grocery store, instead of cigarettes and beer. They will purchase a safer car, always fasten their seatbelt, and never drive “under the influence.” They will seek to prevent illness and disability, see a doctor early if symptoms warrant, and follow medical advice. They will apply these habits to their children. It is worth noting that such investments in health may not entail monetary costs and may actually save money, in both the short term and the longterm. It costs nothing, for example, to eat less, smoke less or not at all, fasten a seatbelt, or take a brisk walk.

Individuals can do much, at little or no cost, to invest in their own and their family's health. In the workplace, businesses and industries can enhance safety programs,

maintain equipment, educate workers to minimize accidents on the job, and offer healthy food choices in the cafeteria. Screening programs, disease prevention programs, educational campaigns, and early treatment of such problems as obesity and hypertension can prevent or postpone worse problems, such as stroke and heart disease. With concerted effort, such steps can simultaneously reduce the need for expensive health services, use scarce resources more efficiently, create a healthier workforce, and enhance the quality of life in Mississippi.

Notes

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