

The Potential Long-Term Economic and Health Impacts of Direct Instruction

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Students taught with Direct Instruction (DI) can have advantages that persist throughout their lifetimes. Students exposed to DI in the early grades are more likely to complete high school and enter college. In turn, people with higher levels of educational attainment have better employment opportunities, higher earnings and better health, a causal chain illustrated in Figure 1.

Figure 1:

Exposure to DI \longrightarrow Higher Educational Attainment \longrightarrow Higher Earnings and Better Health

This logical conclusion is based on decades of research. Longitudinal studies have shown that students exposed to DI in the early grades are significantly more likely than other students to complete high school, to enter higher education and less likely to be retained or to dropout (Figures 2 and 3). Decades of work in the social sciences have documented the multitude of advantages that accrue to those with more education and, correspondingly, the disadvantages that accrue to those with lower levels of education. These, of course, include large differences in unemployment and annual income (Figures 4 and 5). They also, however, include more hidden advantages including substantial differences in health and life expectancy, most easily seen in comparisons of death rates (Figure 6). All of these differences in well-being of those with different levels of education appear across racial-ethnic and sex groups and cross-culturally. The pattern has been documented for many years.



Note: All figures are percentages. Source: Meyer, L.A. (1984). Long-term academic effects of the direct instruction project follow through. The Elementary School Journal, 84(4), 380-394.



Note: All figures are percentages. Source: NIFDI Technical Report 2015-2



Source: Fast Facts, National Center for Education Statistics, http://nces.ed.gov/fastfacts/display.asp?id=77



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Note: Death rates reflect the number of deaths per 100,000 population and are age=adjusted. Source: National Vital Statistics Reports, Vol. 61, No. 4, May 8, 2013, Table I-8.