The Impact of Social Policies on Health: Reflections on the State of the Evidence

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The first proposition that animates my research: biological and behavioral mechanisms that produce health or ill health are fundamentally driven by socioeconomics.

Mcewen et. al., 2007
The second proposition that animates my research: health inequalities are produced by socioeconomic inequalities, which are produced by policies and other features of society.

One of the major recent insights (and problems) is that we not only have health inequalities, but they are either remaining stagnant or growing.
Health inequalities are stagnating or growing in Toronto, and Canada-wide.

Overall, health inequities in Toronto have not improved over time. For the first years of data analyzed, low income groups had worse health for 21 of the 34 health status indicators analyzed. Over approximately ten years, health inequities persisted for 16 indicators, became worse for four indicators and improved for one indicator.
Health inequalities are stagnating or growing in the United States.

Chetty et al., 2016
Health inequalities are stagnating or growing in the United Kingdom.

Health inequality gap ‘is still growing’ in England, new Department of Health data shows

Poor people face years of failing health and earlier death compared to the rich, despite government pledges to reduce inequality
We evaluated the health impact of ‘Welfare Reform’ in the United States.
It is a major methodological challenge to isolate the impact of policies
We evaluated the change in health status of low-income single mothers

Basu et al., 2016; American Journal of Epidemiology
We examined the impact of social assistance on health in Canada (and peer countries)

Receipt of social assistance is associated with poorer health status or, at best, no different health status, even when using many of the best available methods for controlling for alternative explanations, such as differences in the demographic and socioeconomic characteristics of recipients and non-recipients.
Our study consisted of a literature review and statistical analyses of 6 datasets from 3 countries

- We assessed the current state of the evidence on the relationship between income maintenance policies and health status in the working-age population.

- We evaluated the health status of social assistance recipients compared to matched non-recipients in Ontario, Canada-wide, the United States and England.

- We evaluated the health status of individuals as they move in and out of social assistance in Ontario, Canada-wide, the United States and the United Kingdom.
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Our systematic literature review suggested social assistance policies are not increasing the health of recipients above those not on assistance

• Most studies found that social assistance recipients have worse health than ‘comparable’ groups.

• Validity of analyses is questionable: Most studies relied on methods that are not the best-available for taking account of systematic differences between recipients and non-recipients (i.e. sources of confounding or selection bias).

• Few Canadian studies
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- We evaluated the health status of individuals as they move in and out of social assistance in Ontario, Canada-wide, the United States and, the United Kingdom.
We used propensity-score-matching to evaluate the health status of social assistance recipients compared to matched non-recipients in Ontario, Canada-wide, the United States and England.
Employed recipients of social assistance had worse (or no different) health outcomes than their non-recipient counterparts.

Employed Sub-Sample

Source: CCHS, NHIS, HSE

Siddiqi et. al., 2017
Unemployed recipients of social assistance had worse (or no different) health outcomes than their non-recipient counterparts.

Source: CCHS, NHIS, HSE

Siddiqi et al., 2017
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- We evaluated the health status of individuals as they move in and out of social assistance in Ontario, Canada-wide, the United States and, the United Kingdom.
We used Fixed effects modeling to examine how health changes as people move into social assistance.
Our own analyses suggested that moving into social assistance is associated with no change in health status, or with worse health status.

Note: Fixed effects logit regression results controlling for time invariant variables, unemployment status, household composition and income.
The three components of our study yielded consistent results: despite public health theory that suggests social assistance may be a primary way to support the health of the poor, current social assistance policies are inadequate, as evidenced by the similar or worse health status among social assistance recipients.

Most likely explanations for current inadequacy of social assistance programs:

- Insufficient income supplementation provided by social assistance
- Negative effects of work conditionalities
- Selection of the sickest individuals into social assistance
- Unaccounted-for variables leading to inaccurate conclusions
Our study suggests a need for further research on alternative models

- Which provide a greater degree of income supplementation
- Which remove work conditionalities
- Which do not represent a second-tier path to otherwise inaccessible services (e.g., many comparable systems provide universal prescription-drug and dental coverage)
Before taxes and transfers, income inequality in the two nations is rather similar.

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Siddiqi et. Al., 2013
But after taxes and transfers, the difference becomes apparent.

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Siddiqi et. Al., 2013
SINCERE THANKS TO YOU ALL!!

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