The effect of social protection and income maintenance policies on health and health inequalities

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Command over resources

- The starting point: welfare as command over resources
  - The welfare resources necessary to lead a good life are also the key social determinants of health
- Here focus on economic resources
  - Can easily be transformed into a range of other resources
  - Are clearly linked to health through material, social and psychological factors
  - Are directly affected by social and economic policies

Individual and collective resources

- Economic resources from different sources
  - Individual and family generated through e.g. gainful work
  - Collective resources provided through the welfare state
- Collective resources of two kinds
  - Social insurances and income transfers (’Cash’)
  - Health and welfare services subsidised or free of charge (‘Care’)

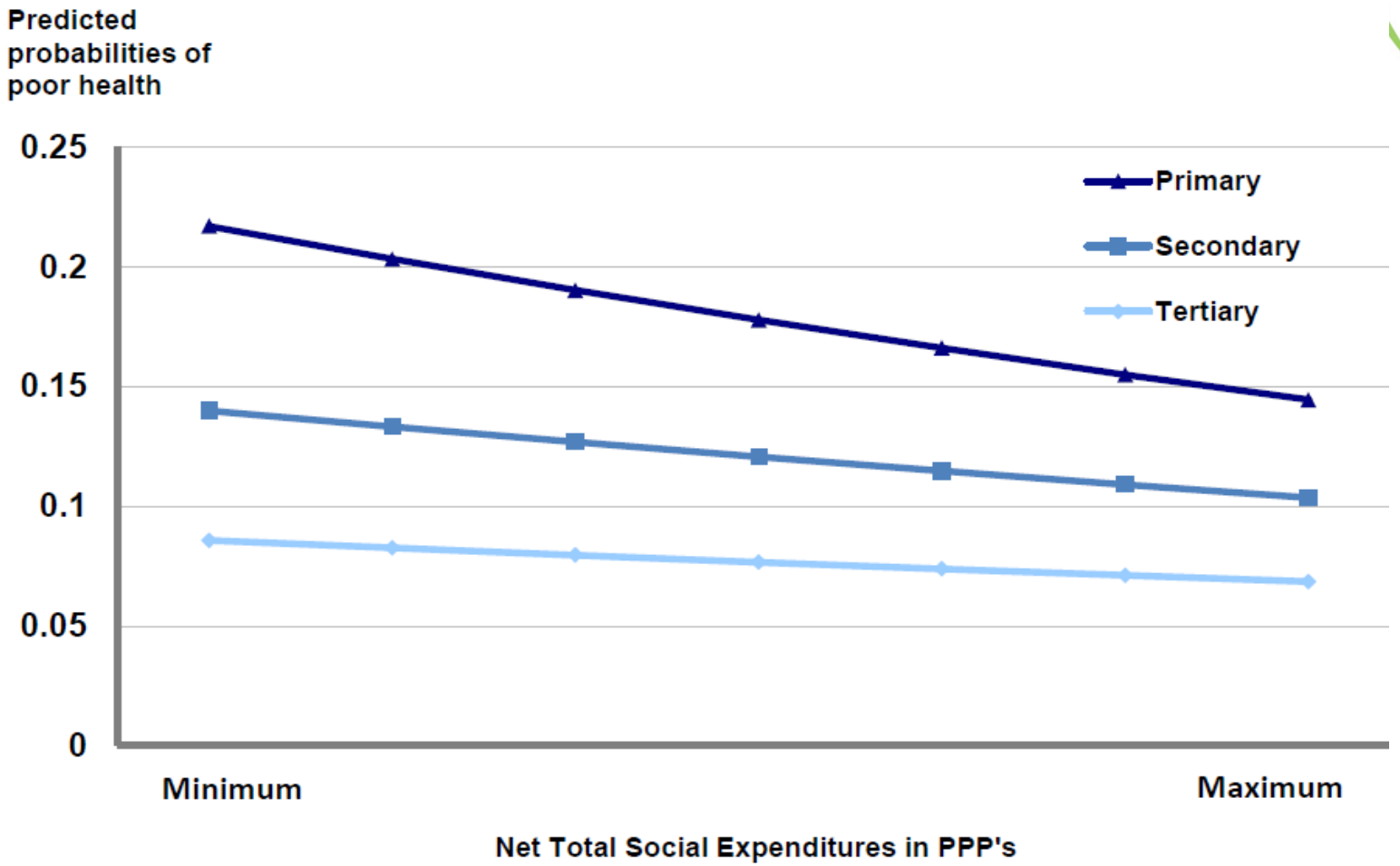
Collective resources and health inequalities

- The supply and quality of collective resources are likely to influence people's ability to sustain their health and well-being
- The less people have in terms of individual resources, the more important it is that they can draw on collective resources

Some key starting points for our work

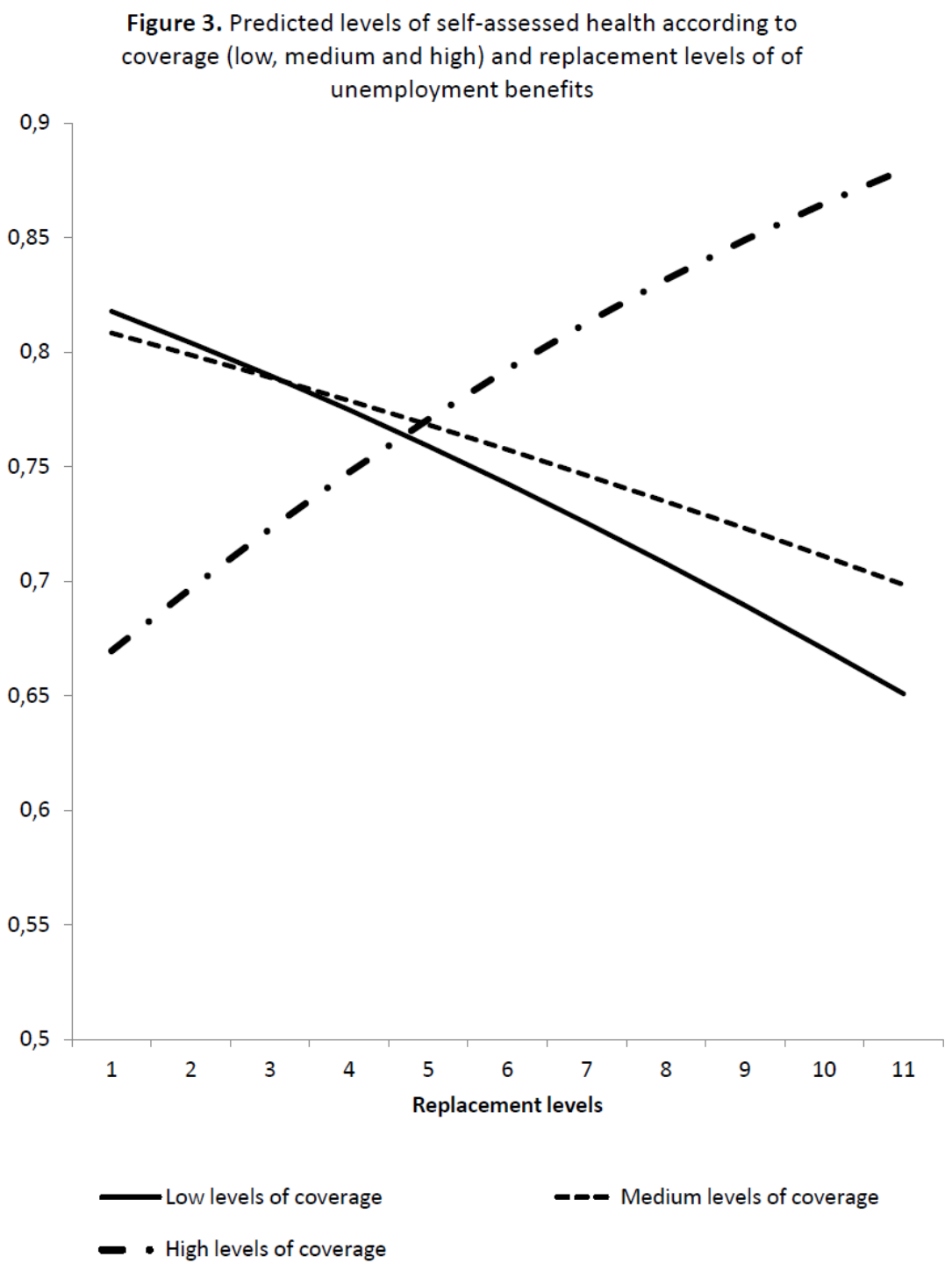
- It is important to study general policy areas, like social protection policies, and not only specific interventions
- It is important to look at what welfare states *do*, not what they are called
  - Welfare regimes / clusters are too imprecise for analytical purposes
  - Social rights and/or Social expenditures are more promising

Social spending is linked with better health and smaller inequalities



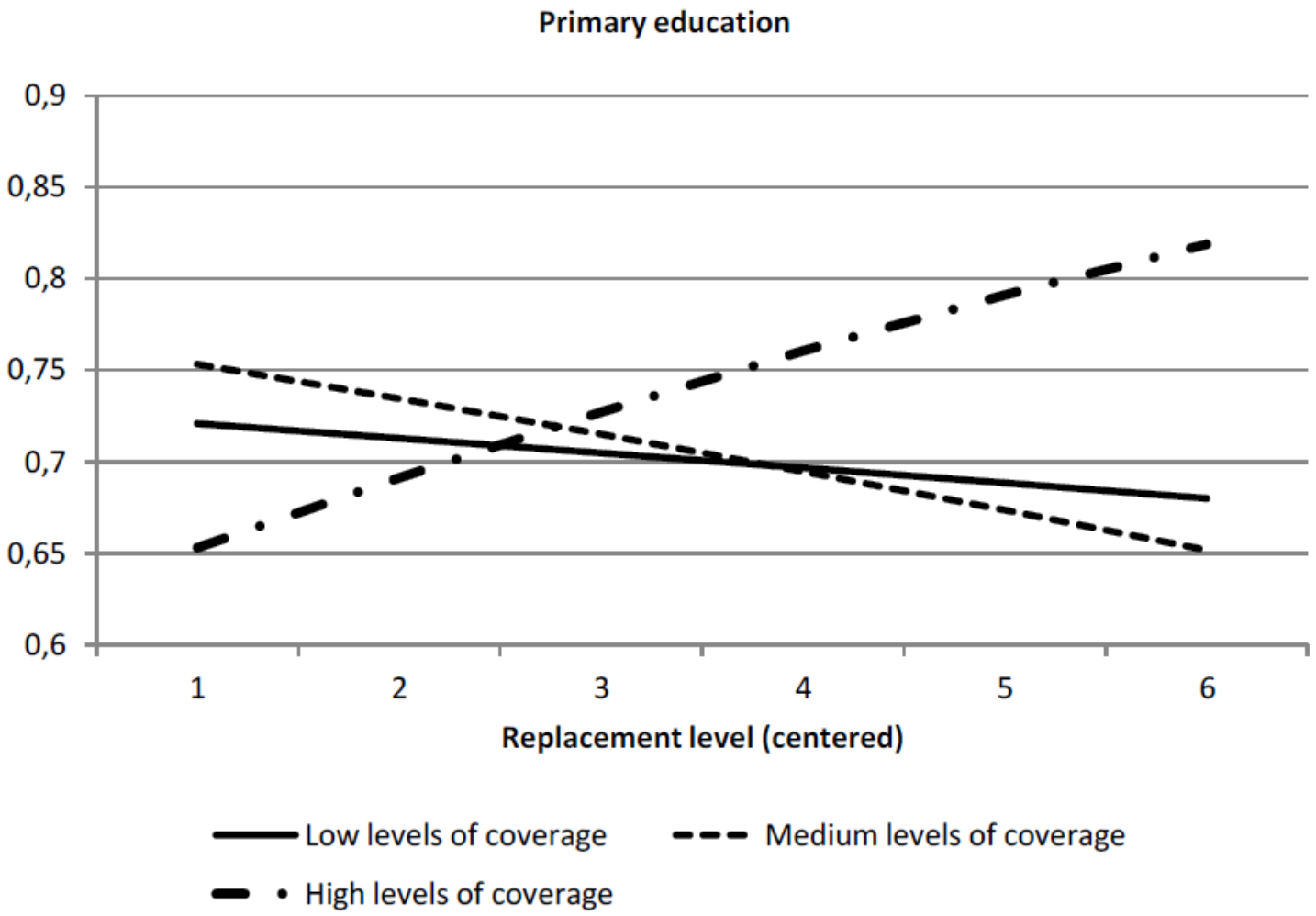
Source: Dahl & van der Wel, Soc Sci Med 2013;81:60-69

Un-employment benefits and health



Source: Ferrarini, Nelson, Sjöberg (2013) Social rights and subjective health in Europe. DRIVERS paper

Unempl. replacement and coverage, low ed.



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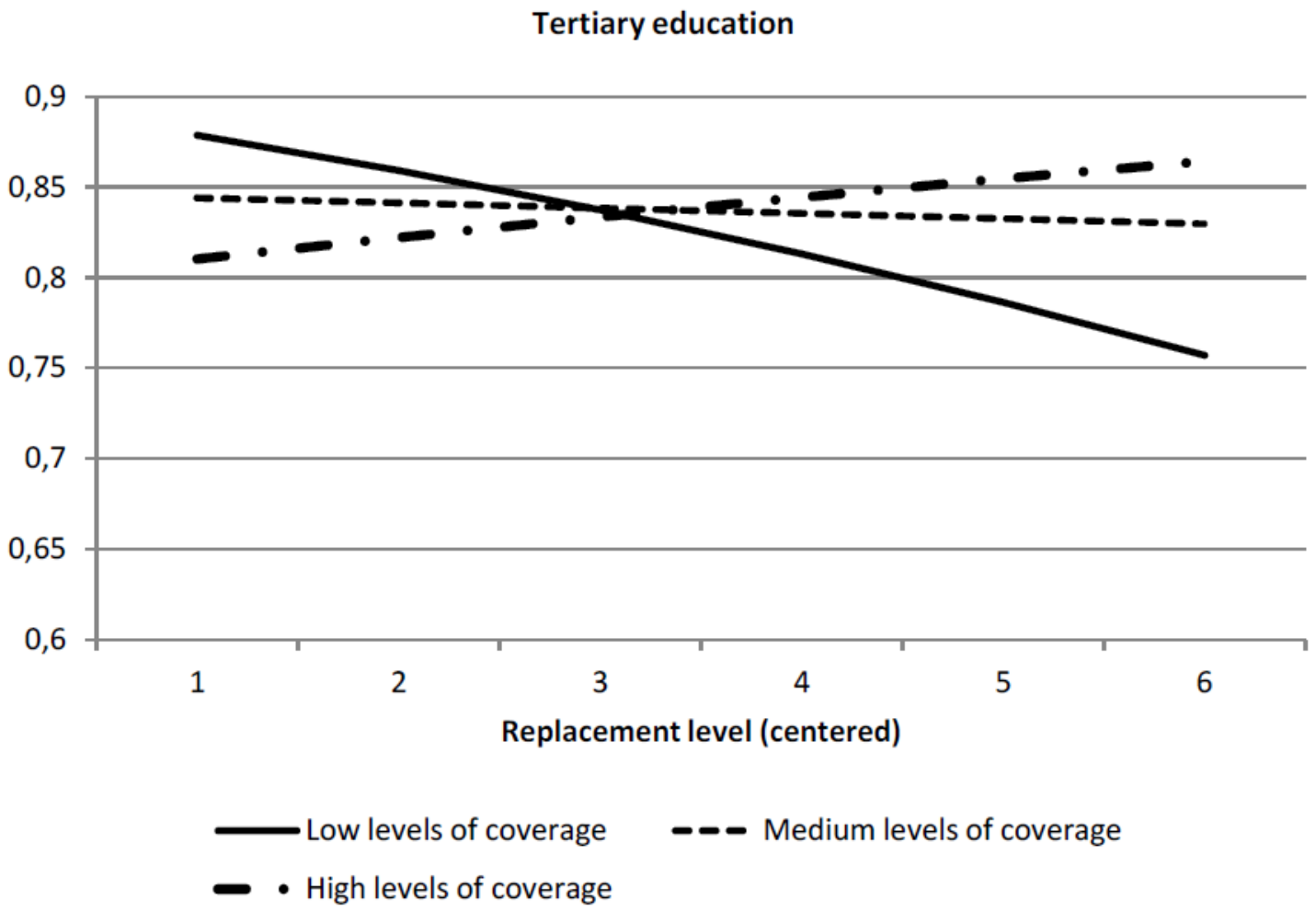
Unempl. replacement and coverage, high ed.



Source: Ferrarini, Nelson, Sjöberg (2013) Social rights and subjective health in Europe. DRIVERS paper

Some key findings from these and earlier studies

- A relationship between social protection (social rights and social expenditure), health **and** health inequalities
- The relationship is (often) curvilinear, indicating larger impact of improved social protection at lower levels
- Specific programmes (such as unemployment benefits) have a measurable and positive effect, but more extensive social protection in a range of programmes appear to be most important

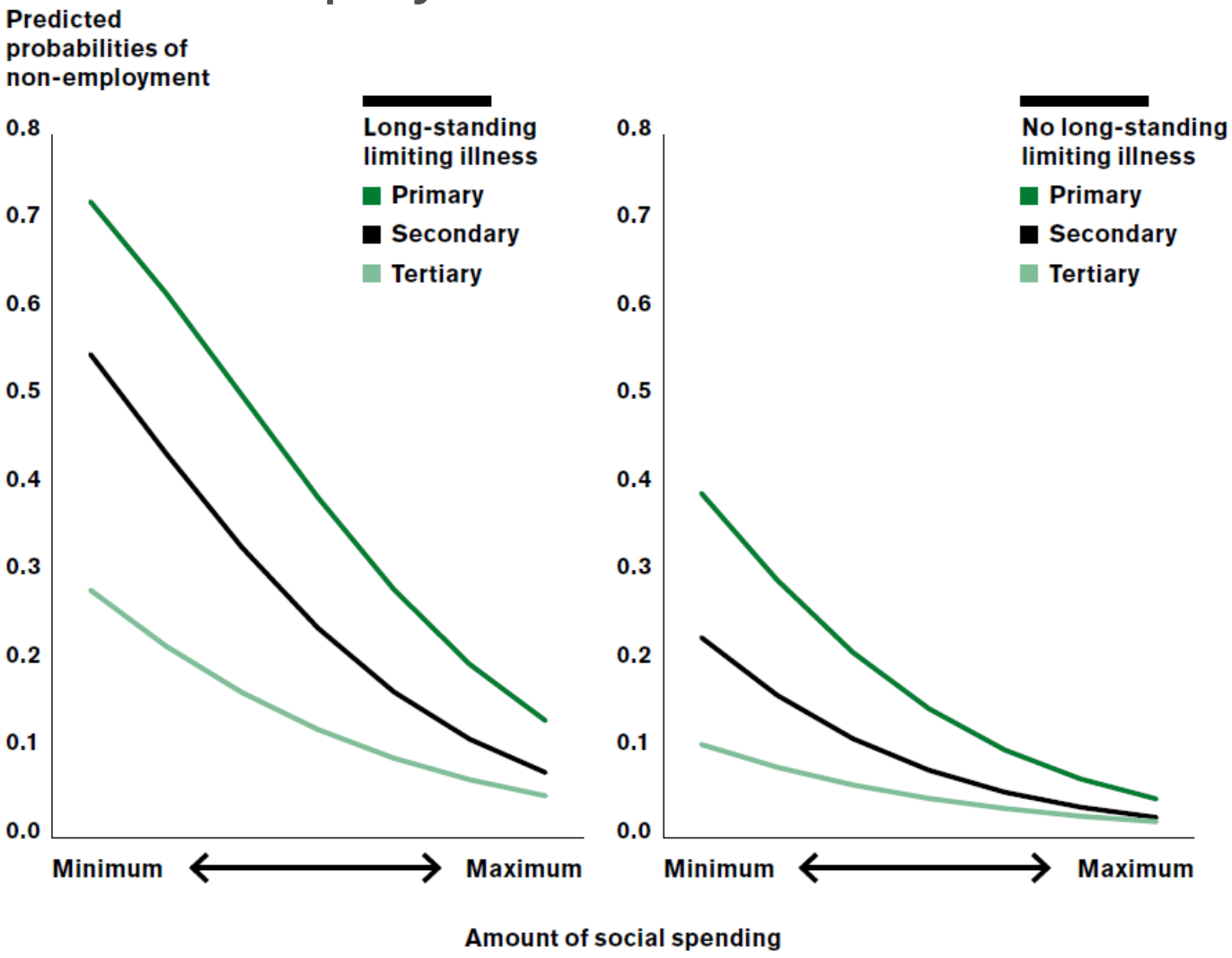
What can we achieve?

But how can we achieve that?

- Do something:
  - In countries who have little social protection some efforts will be important and contribute to better health and smaller health inequalities
- Do more:
  - In countries where social protection is established, there is room for increased coverage and generosity
- Do better:
  - In the countries that spend most there may still be room for increases, but in particular room for improvements of programmes and services

Thank you!

Social spending is linked with employment



Source: van der Wel et al, Soc Sci Med 2011;73:1608-17