

Socioeconomic Inequalities in Health and the Welfare State: A Research Synthesis



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Abstract

Research on the social determinants of health and health inequalities has drawn increasingly from the comparative social policy literature. Much of this research relies on one welfare regime typology, but there is a need to systematically review the efficacy of this and alternative approaches if we are to advance research in this area and provide state-of-the-art information to policy makers.

Our paper presents the findings of a critical review of the public health literature on socioeconomic inequalities in health and the welfare state. In addition to synthesizing existing research, we identify knowledge gaps, and address the research and policy implications of existing work.

Key words: health; SES; inequalities; welfare state; comparative

a) Search:

Databases

- 15 electronic databases were searched in May 2009 and again in August 2009 including:
 - ASSIA, EconLit, IBSS, MEDLINE, PAIS International, Political Science, psycINFO, Public Administration Abstracts, Social Science Abstracts, Social Service Abstracts, Social Science Citation Index, Sociological Abstracts, Sociology, Web of Science, and, World Wide Political Science Abstracts.

Search Terms

- 1st search** (May 2009) combined welfare state related terms with health inequality terms:
 - ("welfare state*" or "social welfare*" or "welfare theor*" or "welfare typ*" or "welfare regime*" or "welfare polic*" or "welfare nation*") AND ("health status" or "health inequal*" or "health inequit*" or "health disparit*" or health SAME socioeconomic or health SAME income or health SAME poverty or health SAME class or health SAME occupation or "health compar*")
- 2nd search** (August 2009) updated first search & used a broader health term:
 - ("welfare state*" or "social welfare*" or "welfare theor*" or "welfare typ*" or "welfare regime*" or "welfare polic*" or "welfare nation*") AND ("health")

Limits

- Years:** 1970-August 2009
- Document type:** articles or proceedings papers; empirical studies
- Language:** English

Other Search Methods

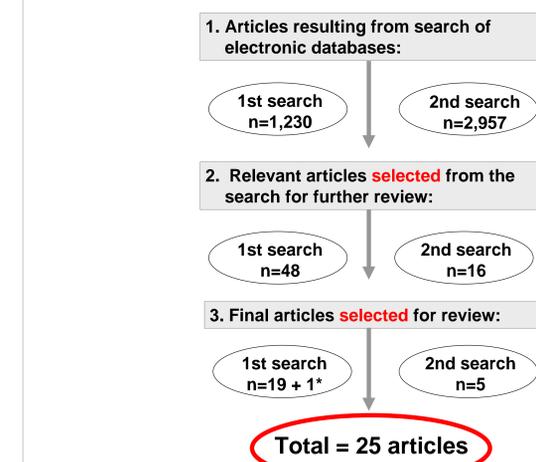
- References of selected papers found were also examined for their relevance
 - Only 1 relevant article was found using this method

Methods

b) Selection of Articles:

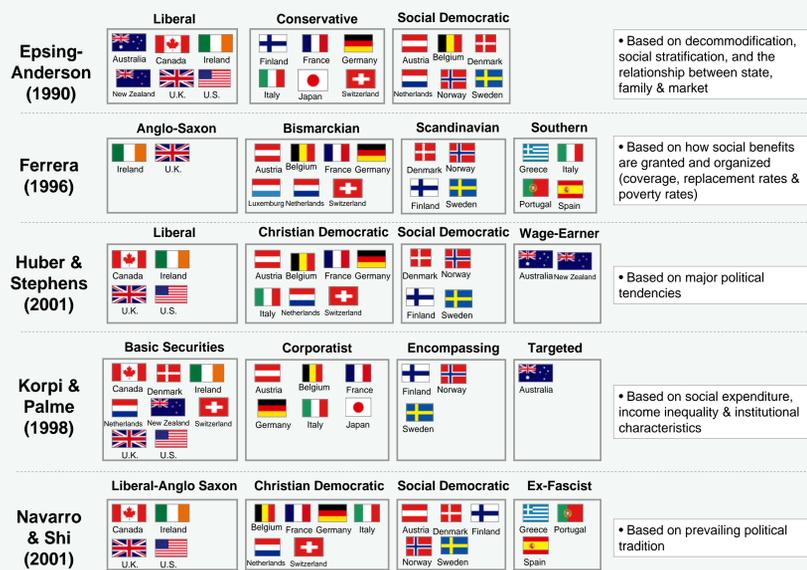
- Databases were searched and articles were selected by one author (SB)
 - Article title and abstract used for selection
- Selected articles were reviewed by the other two authors (PM & AQ-V) in order to reduce the list to only those articles that explicitly used WS theory in set up and compared health outcomes on the basis of WS regimes. This was done in two stages.
 - Full article was used for selection

Figure 2. Flow Chart Depicting Selection Process



* Article found by checking references

Figure 1. Welfare State Typologies Used in Health Literature



Adapted from Bamba, C. Going beyond the three worlds of welfare capitalism: regime theory and public health research. J Epidemiol Community Health 2007; 61: 1098-1102

Results – Bibliometrics

Article Data

- Years of publication: 1994 - 2009; majority (n=16) published in the last 5 years
- Appeared in 13 journals

- International Journal of Health Services (n=4); Social Science & Medicine (n=4); and Journal of Epidemiology and Community Health (n=3) were the most frequent sources

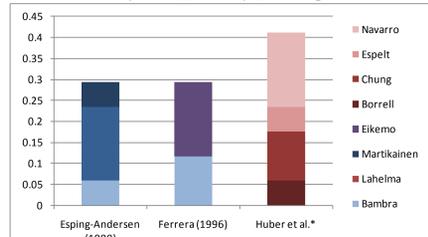
Typology Data

- Primary typology used:
 - Epsing-Anderson (n=7)
 - Ferrera (n=5)
 - Huber et al.* (n=7)
 - Korpi & Palme (n=1)
 - Navarro & Shi (n=1)
 - More than 1 primary typology (n=3)
 - Other (n=1)

- Many articles (n=16) applied typologies which were adapted by the authors and/or supplemented by additional typologies

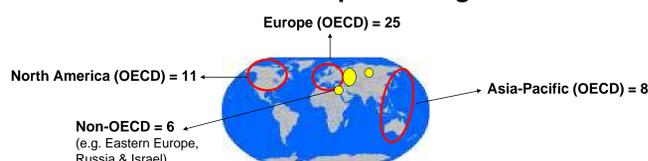
- 5/5 articles using Ferrera adapted typology to include Eastern regime
- 6/7 articles using Huber et al. adapted typology to include ex-facit regime instead of wage-earner regime (see Navarro & Shi, 2001)

Figure 3. Proportion of Most Cited First Authors by Top 3 Typologies Used



* Huber et al. includes Huber & Stephens 2001 or Huber, Ragin & Stephens 1997

Figure 4. Number of Articles Representing each Global Region



Results - Descriptive

Measures

Health

- Physical health (n=24); Mental health (n=1)
- Multiple health outcomes (n=18)
- Self-rated general health (n=11), infant mortality rates (n=9), self-reported limiting long lasting illness (n=6), and life expectancy (n=5)

Welfare state

- Compared: 4 regimes (n=9); 5 regimes (n=6); 3 regimes (n=5); 2 regimes (n=5), including:
 - Social democratic/Scandinavian/Encompassing (n=25)
 - Liberal/Anglo-Saxon/Basic security regime (n=23)
 - Conservative/Christian Democratic/Bismarckian/Corporatist regime (n=20)
 - Southern/Ex-Facit (n=12)
 - Eastern European (post-soviet) regime (n=7)

- Also used one or more direct measures of the welfare state (n=11), including:
 - % medical care coverage (n=4)
 - public health expenditures (n=3)
 - public expenditures (n=3)
 - % population level of education (n=2)
 - decommodification scores (n=2)

Methods

Design

- Cross-sectional data (n=24); longitudinal data (n=1); both (n=1)
- Data compared across nations; also compared results across time (n=4)
- Unit of analysis = nation (n=16); individual (n=5); both (n=4)

Analysis

- Most used statistical techniques: standard logistic regression (n=12); descriptives-only (n=6); time series (n=4); multi-level analysis (n=4)
- Stratified at least some of their results by gender (n=11); by class (n=5); by race (n=0)

Analysis

Do SD/Scandinavian countries have *lower health inequalities* than other regime types ?

- No (n=11); (0 used direct measures of welfare state)
- Yes (n=10); (9 used direct measures)
- Inconclusive (n=4); (2 used direct measures)

Do Liberal/Anglo-Saxon countries have the *highest health inequalities*?

- No (n=8)
- Yes (n=11)
- Inconclusive or n/a (n=6)

Is the patterning of *health inequalities* consistent across *countries within regime type*?

- Notable within-regime variation was found in majority of studies
- Countries most often acting as outliers included: Finland (SD/Scandinavian) & Ireland (Liberal/Anglo-Saxon)

Were important *moderating factors* identified?

- Relationship between regime type and health inequalities varies by gender and social class

Limitations

- Selective use of only some regime-types (n=7) may effect patterns of findings
 - For example, studies not including Conservative/Christian Democratic/Bismarckian regime (n=5) may overestimate the apparent advantage of SD/Scandinavian countries
- The role of race/ethnicity or immigration status was not considered in any of the articles
- No countries included from the economic South which likely reflects both the lack of conceptual frameworks which consider these countries, as well as data limitations

Conclusions

- ✓ Patterning of health inequalities by regime type is not always consistent with Welfare Regime Theory
- ✓ Typologies may offer limited heuristic potential for understanding the development of health inequalities
- ✓ Direct measures of the outcomes of policies appear more promising for our understanding of the pathways leading to or mitigating health inequalities
- ✓ The role of gender and class (and potentially race/ethnicity) as modifiers in the relationship between the welfare state and health and should be considered in future research