



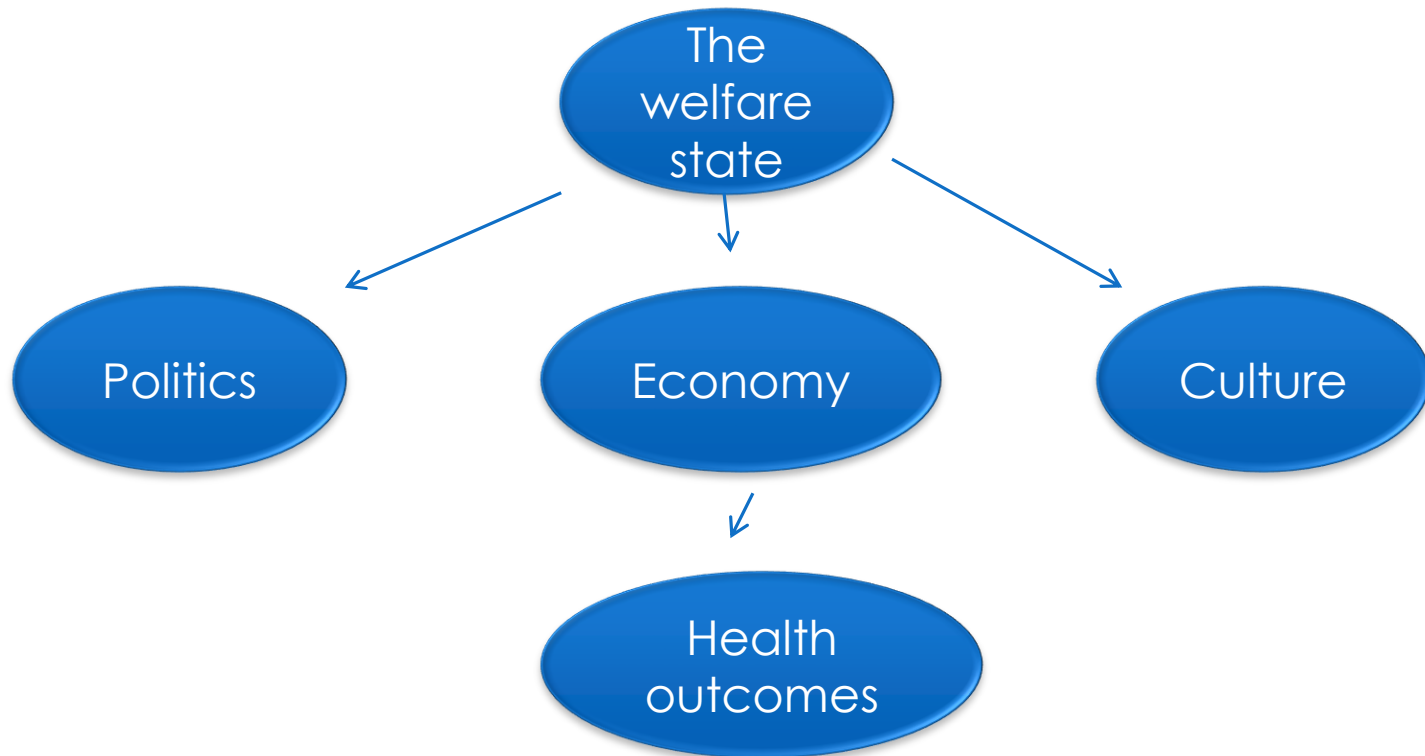
Healthy Societies, Healthy Individuals: The Impact of the Social Organization on Health Outcomes

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Research agenda

- How is health and health inequalities impacted by broader institutional arrangements, cultural traditions, and historical trajectories? (Olafsdottir 2007; Beckfield and Olafsdottir 2010; Olafsdottir and Beckfield 2011; Beckfield, Olafsdottir and Bakhtiari 2013; Beckfield, Olafsdottir and Sousnad 2013; Olafsdottir, Beckfield and Bakhtiari 2013)

Theoretical framework



Olafsdottir and Beckfield 2011

Mechanisms of the welfare state

- Level of decommodification
 - Levels of inequality
 - Exclusion/inclusion
- Health policy regime
 - Public/private provision
 - Cumulative (dis)advantage

What does the welfare state do?

- Shapes citizens life changes
- Defines the rules of society and the health care system
- Provides health care
 - Universal vs. targeted
 - How generous?
 - Citizen's experiences of access

Creating health inequalities

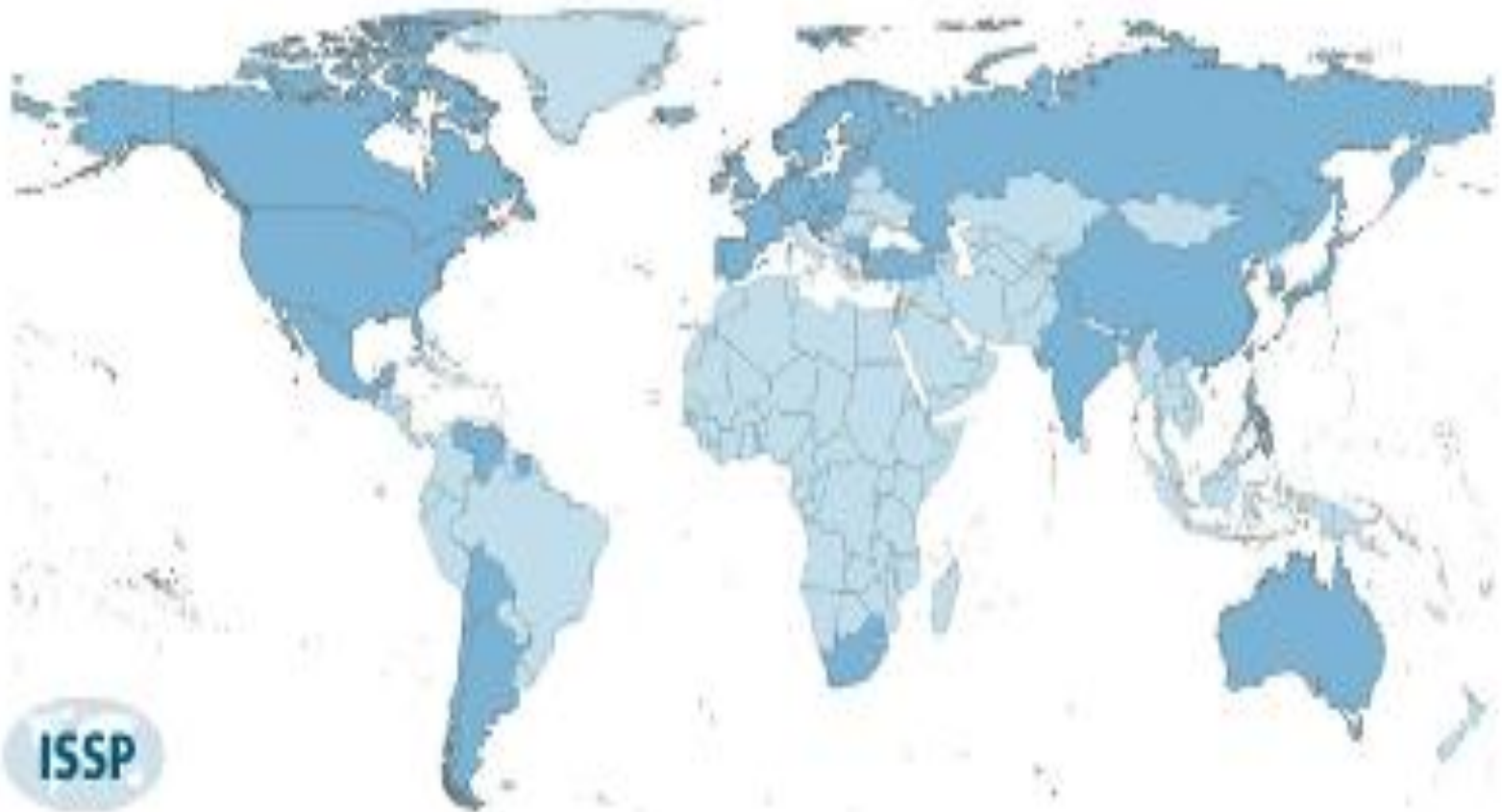
- Vulnerable groups
- Does the social organization of health care and welfare matter?
 - Macro-level indicators
 - Experiences with the health care system

Research questions

- Is there a cross-national variation in health inequalities
- Does the social organization of health and welfare impact health and health inequalities?

Data

International Social Survey Programme 2015



Data sources

- 2011 Health Module
 - 29 participating countries

Health measures

- **Self-assessed health**
- Happiness
- Difficulties with work/household activities due to health problem
- Bodily aches or pain
- Unhappy or depressed
- Lost confidence in yourself
- Could not overcome your problems

Health and welfare systems

- Concrete indicators
 - Public spending on health care (as a proportion of GDP)
 - Social expenditure
- Subjective evaluations
 - Experiences with the health care system

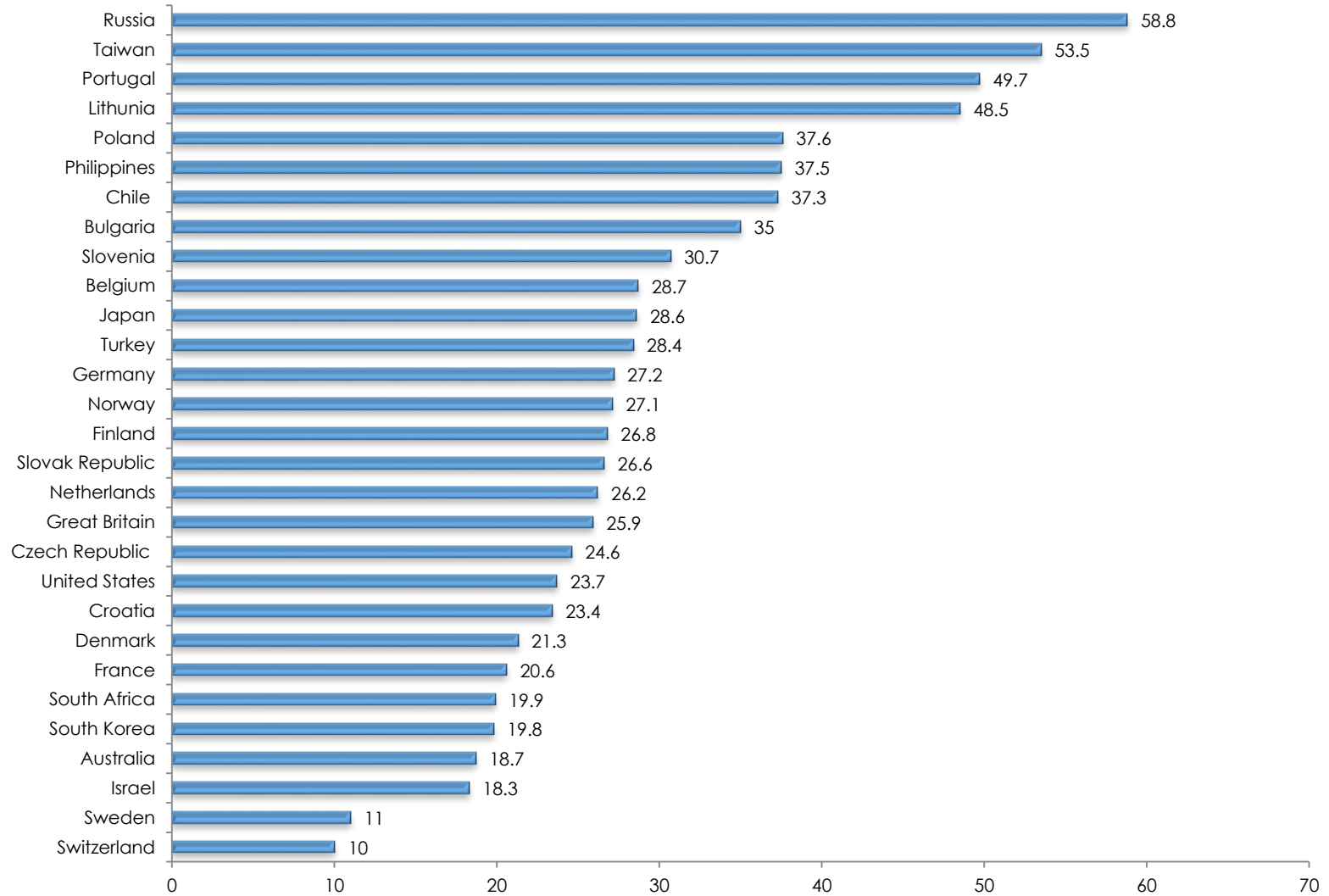
Independent variables

- Social location
 - Age
 - Gender
 - Education
 - Employment status
 - Marital status
- Lifestyle
 - Smoking
 - Alcohol consumption
 - Physical activity
 - Fruit & vegetable consumption

Analysis

- Ordered logit regressions by country
- Hierarchical linear modeling

% reporting poor or fair health



General patterns

- Women and older people report worse health
- College educated report better health
- Lifestyle matters
 - Those who smoke report worse health
 - Those who drink, exercise and consume fruits/vegetables report better health

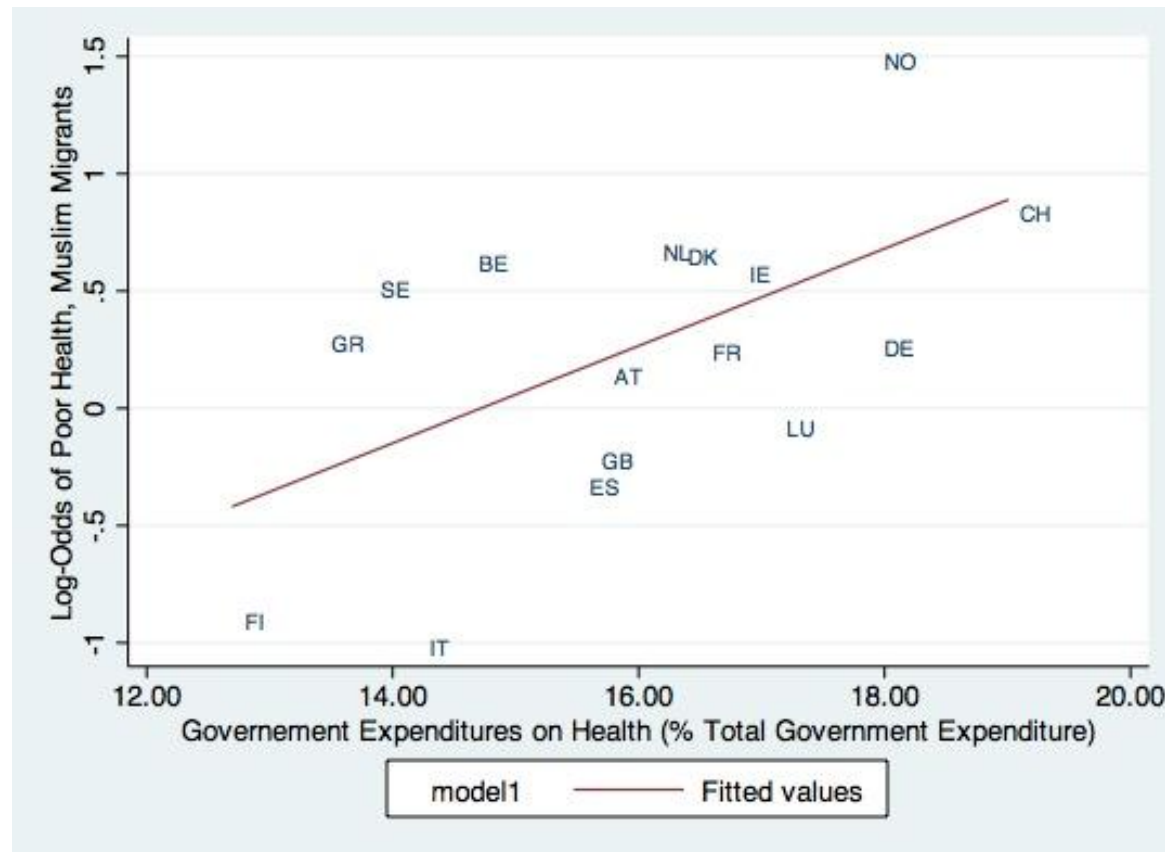
Effect of health care system

- Those who live in countries with less limitations on access to the health care system report better health in all 29 countries
- Those who live in countries that spend more on health care report better health

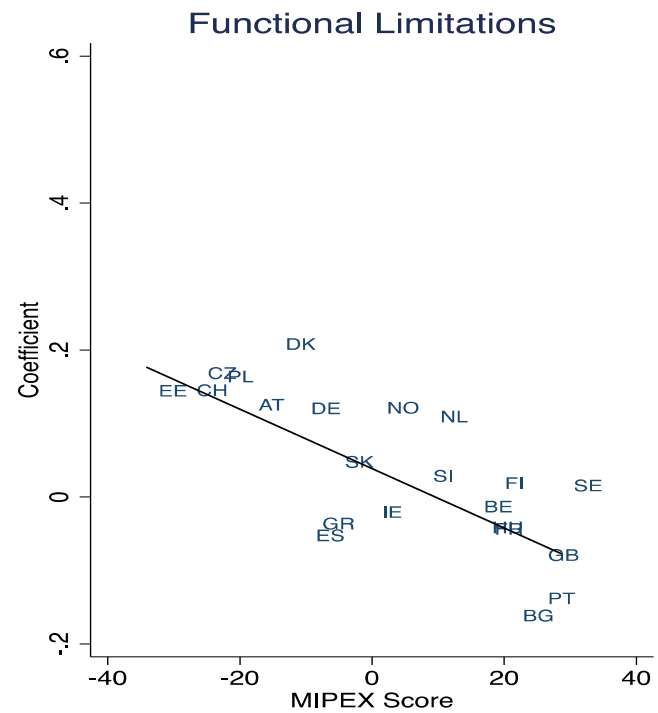
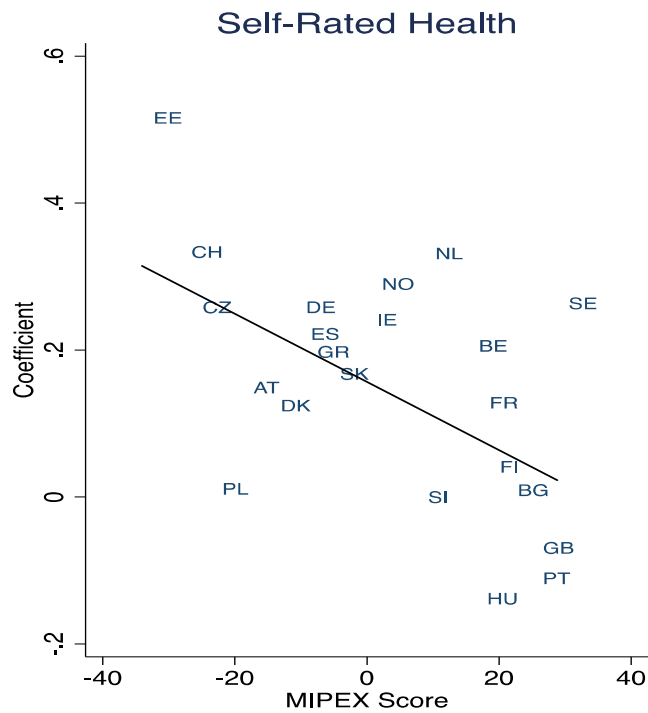
Beyond health care?

- Those who live in more encompassing welfare states report better health
 - Particularly important for mental health?
- The welfare state appears to protect the health of those vulnerable in society
 - But depends on what group

Health inequalities and government spending



Targeted policies?



Conclusion

- Health inequalities are embedded in broader societal circumstances
 - The health care system
 - Associated with better health, both in terms of spending and perceived access
 - The welfare state
 - Associated with better health, but important to understand social boundaries within and across countries