



# ISSUE BRIEF JAN2021

Using research to build better public policy for families

## Evidence-Based Policy Options to Improve the Health of Wisconsin Families

Healthy families are the cornerstone for thriving communities and a strong economy. State policymakers play a significant role in improving the health of Wisconsin families and addressing health disparities. This issue brief discusses evidence-based policy options that improve social and economic conditions, which in turn can improve health. It concludes with takeaways from seminar speaker Dr. Peter Muennig. Policymakers will gain a greater understanding of where to invest limited resources to improve the health of Wisconsin families.

This issue brief is one of four for the 39th Wisconsin Family Impact Seminar, *Beyond Healthcare Policy: Building the Foundation of Health for Wisconsin Families*, held January 13, 2021.

### KEY TAKEAWAYS

- Research indicates that improving socioeconomic circumstances among families—the aim of many social policies—also improves their health. In this way, evidence-based social policies provide double benefits to individuals, families, and communities and a return on investment.
- Social policies with the most evidence of their impact on health include income support, early childhood and K-12 education, and housing programs. Other policies also show promise.
- Social policies can alleviate some health disparities; however, racial health disparities require targeted policies and approaches that address racism directly.

### Social Policies Can Improve Health Outcomes

Policymakers play a key role in creating the conditions for all Wisconsin families to achieve good health and well-being. Policies can address conditions “upstream,” before health problems take root, or “downstream,” after they have already started.

Policies focused on the healthcare system include prevention programs (e.g., immunizations, screenings), efforts to improve disease management, and payment reforms to improve healthcare quality and reduce costs. Many of these programs and policies address downstream health problems.

Another avenue is through social policies, which invest upstream by helping to create the conditions that promote overall health and well-being. Studies indicate that improving socioeconomic circumstances—the aim of most social policies—also improves health.<sup>1,2,3</sup> In this way, evidence-based social policies provide double benefits to individuals, families, and communities.

The allocation of state dollars can have a large impact on population health. Research suggests that greater upstream investments in social policies translates into better population health. Residents of states with a higher ratio of spending on social programs to healthcare have better health outcomes on measures such as asthma, mentally unhealthy days, and death due to Type 2 diabetes.<sup>4</sup>

### **Social Policies Can Improve the Health of People at Any Age and Benefit the Whole Family**

Evidence-based social policies can help people experience better health and well-being, no matter their age. Not only does the individual benefit, their whole family benefits because the functioning and well-being of one member affects every other member in tangible and intangible ways.<sup>5</sup>

- Because they are undergoing a rapid phase of development, children's bodies are more susceptible than adults' to the physiological effects of adverse experiences (e.g., abuse, neglect, household challenges).<sup>6</sup> For children, the focus of policies and programs is prevention. For example, children with low socioeconomic status are likely to have poorer educational opportunities, which increase the odds of economic disadvantages in adulthood.<sup>7</sup> Programs and policies that increase children's socioeconomic resources can improve their educational opportunities and prevent financial instability and poor health in the future.
- Adolescents experiencing social, economic, or family stressors may already show signs of physiological harm that, if not addressed, can worsen over time. Similar to young children, adolescents' brains and bodies are also rapidly developing; therefore, interventions at this age can change the trajectory of their lives. Effective interventions include improving the environment inside and outside the home, addressing negative health behaviors, and mitigating the impact of any physiological changes.
- Adults exposed to chronic, toxic stress are more likely to have markers of advanced wear and tear on their bodies, show clinical signs of accelerated aging, and engage in unhealthy coping behaviors. At the same time, many adults are raising children or caring for others. Effective interventions for adults can lessen the negative physiological impacts of past and present stressors, improve their health behaviors, and prevent the intergenerational transmission of negative health factors to their children.

## Which Social Policies Have the Strongest Evidence?

Poor health has multiple, interacting causes and solutions must be multi-faceted. A “health in all policies” approach can be an effective starting point. Policymakers have increasingly applied a health lens to all policies, even those seemingly disconnected from health (e.g., transportation, income), in recognition of the profound impact of these policies on health.<sup>8</sup> This approach entails the collaboration of multiple partners in government, the private sector, and the community to improve population health.

Policymakers can make the greatest impact with limited resources by implementing a mix of evidence-based social programs and policies. The policy options presented below are broad categories that reflect the consensus of researchers who study the impacts of social policies on health. These categories provide general guidance about which social policies are most likely to improve health and produce a return on investment. *(The fourth issue brief for this Family Impact Seminar presents specific programs and policies that have been shown to improve health or to improve the socioeconomic factors that are known to improve health.)*

The policy options are based on:

- (1) A meta-analysis and a review conducted on more than 40 programs and policies.<sup>9,10</sup> Many of the programs and policies improved health outcomes even though their primary goal was to improve socioeconomic circumstances. *Thus, these programs provide double benefits to individuals, families, communities, and the state.*
- (2) Large-scale studies of individual programs and policies that improved participants’ health or self-ratings of their health.

### ***Income support for low-income households***

Policies and programs that boost household income are among the most effective ways to improve family well-being and health outcomes. These programs provide families with supplemental income that helps them meet their daily living needs, retain their housing, access medical care, and purchase nutritious food. In 2018, nearly one in four Wisconsin households earned more than the poverty level, but could not afford basic household necessities.<sup>11</sup>

Income support programs provide particularly valuable assistance to workers who lose their jobs or have a reduction in work hours during economic downturns and recessions. Economic downturns are known to negatively affect the mental health of adolescents and adults, and worsen stress markers and the physical health of children and adolescents.<sup>12</sup>

A comprehensive review of income support programs such as conditional cash transfers and self-sufficiency programs showed that most programs increased participants’ self-reported health, while meeting their intended program goals to increase participants’ income and employment levels.

Example: The earned income tax credit (EITC) is a federal program that effectively and efficiently increases family income for low-wage workers. The program increases infant birth weights, likely due to more prenatal care and fewer negative maternal health behaviors (e.g., smoking).<sup>13</sup> Infant birth weight is a factor in later educational attainment, income, and health outcomes. State supplements to EITC are cost effective and increase health-related quality of life measures and longevity for poor workers and their families.<sup>14</sup>

### **Early childhood education and K-12 education**

Quality educational settings provide nurturing learning environments for children and adolescents. Researchers have reviewed outcomes across a range of programs, including intensive preschool and early education programs, Head Start, support programs for youth who drop out of school, smaller class sizes, alternative schools, and vocational training. The programs improved non-health outcomes such as IQ scores, educational attainment, employment, and earnings.

Remarkably, the pooled results from these studies showed that children who participated were significantly less likely to smoke as adults. This finding is particularly powerful because smoking is an indicator of other risk-taking behaviors, such as seatbelt use, and predicts poor health and early death. For this reason, researchers point to early childhood and K-12 education as strong investments in children's future socioeconomic status and health.

Example: High-quality early childhood programs allow children to develop their skills early and build on them over time.<sup>15</sup> Two well-known programs, High/Scope Perry Preschool Project and North Carolina Abecedarian Project, decreased the children's health risk factors even into adulthood.<sup>16,17</sup> Participants in the Abecedarian Project had lower mean systolic blood pressure in adulthood and avoided metabolic syndrome compared to the control group.

### **Housing and neighborhood changes**

Stable, safe housing and good neighborhoods make a significant difference for health. Children who experience stress related to homelessness or housing instability can experience developmental delays and sleep problems, as well as lifelong physical and mental health challenges.<sup>18</sup> Effective policies and programs include:

*Vouchers to improve housing and/or change neighborhoods:* Housing vouchers offset part of a family's rental costs, effectively increasing their income and allowing them to improve their housing and/or neighborhood quality. Vouchers also can move a family experiencing homelessness into stable housing. Long-term housing vouchers reduce family homelessness by half, improve children's school mobility and absences, and increase food security.<sup>19</sup> By comparison, families in transitional housing experience modest improvements on these measures and those in rapid re-housing had few improvements.

*Emergency rental assistance and eviction prevention:* Rental assistance programs can prevent homelessness, which has been shown to cause health problems and make existing health conditions harder to treat.<sup>20</sup> For example, mothers and their children evicted from their housing report a decline in their health, and the mothers are more likely to suffer from depression.<sup>21</sup>

*Housing quality:* Improvements in a home's ventilation and heating systems lead to better respiratory health and well-being of children and adults in the household.<sup>22</sup>

*Neighborhood quality:* Neighborhood development—such as new parks, shopping centers, better traffic regulations, and landscaping and lighting—can improve the mental health of families who live there.<sup>23</sup>

Example: The U.S. Housing and Urban Development's Moving to Opportunity program moved families out of public housing and into higher income neighborhoods with greater educational, employment, and social opportunities. The move produced improvements in both parents' and children's mental health.<sup>24</sup> Children, especially boys, had reductions in depression, anxiety, and dependency problems.

(See the 2017 Wisconsin Family Impact Seminar, [A Place to Call Home: Evidence-Based Strategies for Addressing Homelessness Across Wisconsin](#), for additional information on housing policies.)

### **Maternal and child health**

Research suggests that high-quality programs to improve maternal and child health have lasting effects for both the mother and child. Although these programs have a defined health focus, we include them here because many programs also address the family's social and economic needs. Program staff assist parents with employment and educational opportunities, facilitate connections with family members and community supports, and offer guidance to improve parenting skills.

Example: The Nurse-Family Partnership is a cost-effective home visiting program that addresses the health, social, and economic needs of low-income, first-time mothers and their families. Participating mothers smoke less while pregnant and have fewer preterm deliveries. At a 20-year follow up, participating mothers were eight times less likely to die from external causes, including suicide and drug overdose, than nonparticipating mothers. Participating children had lower rates of preventable mortality through age 20.<sup>25</sup> Other home visiting programs improved children's overall level of health, improved management of children's asthma, and increased the number of child visits to a healthcare provider.<sup>26</sup> Non-health changes for parents include having fewer months on income support programs, better practices of reading to children, and improved language development and math achievement.

## **Employment programs**

The evidence on these programs is mixed, with some showing improvements in their intended goals and health, and others showing negative effects. For this category, it is important to review the research and select strategies that have been shown to improve health. (See Dr. Peter Muennig's takeaways below.)

The meta-analysis examined various employment and welfare-to-work interventions for people with mental health problems or who were eligible for welfare benefits. In many of these programs, earnings and employment increased modestly and reliance on welfare decreased. However, health was harmed in a number of the time-limited, welfare-to-work interventions. It is possible participants were unable to work when they exhausted their benefits (e.g., due to large family sizes or poor health), which in turn led to financial deprivation, increased death among adults, and decreases in children's self-reported health. Studies suggest that addressing the mental health status, particularly depression, of low-income parents participating in welfare-to-work programs might increase their earnings and alleviate negative mental health outcomes.<sup>27</sup>

## **Addressing Racism**

Social policies can alleviate some health disparities; however, eliminating racial health disparities requires targeted policies and approaches that address structural racism. Racism has been shown to harm health in two ways: indirectly by systematically limiting the resources and opportunities afforded to specific racial and ethnic subgroups, and directly by exerting chronic stress that can change the physiology of the body and harm physical and psychological health. Policymakers can pursue numerous approaches to address racism. A few are included in this issue brief as a discussion starter.

Within the healthcare system, policy options include increasing access to healthcare and reducing the likelihood patients will experience discrimination.<sup>28</sup>

- Incentives programs (e.g., scholarships, loan programs) for healthcare practitioners, including non-physician practitioners, can increase the healthcare workforce in underserved communities.
- Pipeline programs can increase workforce diversity by encouraging students from racial and ethnic minority groups to pursue careers in healthcare.
- Education and training in implicit bias and cultural competence can help healthcare providers better communicate with their patients and respond to their needs in a culturally appropriate manner.

More broadly, policymakers can address structural racism by applying a racial equity lens to their efforts for improving social conditions.<sup>29</sup> Policymakers might consider prioritizing two policy areas for evidence-based improvements: housing and criminal justice.

- The effects of discriminatory housing policies and practices (e.g., “redlining”) from the last century continue to have significant, wide-ranging effects. For example, fewer Black families own homes (40% compared to 73% for White families) and their homes appreciate more slowly.<sup>30</sup>
- Criminal justice practices have created racial disparities at every juncture in the criminal justice system, from initial contact with law enforcement to sentencing. For example, Black people make up 41% of Wisconsin’s prison population but only 7% of the state population.<sup>31</sup>

Policymakers can use formal tools to explicitly incorporate racial equity into policies, programs, and budgets. Policymakers also can convene multi-stakeholder groups to develop racial equity plans, identify metrics, collect data, and develop strategies and actions to meet shared goals. For example, the City of Madison applies a racial equity lens to their decisions, policies, and functions through its Racial Equity and Social Justice Initiative.<sup>32</sup>

## Conclusion

Good health for everyone is possible because some in our society are achieving it. To close the gap, policymakers can implement evidence-based social policies that improve social and economic conditions for those at lower socioeconomic levels, and can take steps to address structural racism. These actions can help policymakers build a strong foundation of health from which all families can experience well-being, fuel the economy, and raise the next generation of children to be healthy, productive members of their families and communities.



This issue brief was written by Heidi Normandin, Director of the Wisconsin Family Impact Seminars, and is the second in a series of four for the 39th seminar, *Beyond Healthcare Policy: Building the Foundation of Health for Wisconsin Families*. The Family Impact Seminars are an initiative of the UW–Madison La Follette School of Public Affairs, with generous support from the UW–Madison Chancellor’s Office and Phyllis M. Northway Fund. Visit our website at [wisfamilyimpact.org](http://wisfamilyimpact.org).

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## **Peter Muennig's takeaways for legislators and other state policymakers:**

**The health and well-being of a state's residents is determined by its social policy environment.** For example, one indicator of poor health is smoking. While tobacco taxes and advertising laws play a role in adult Americans' tendency to smoke, research indicates that chronic stress, such as stress due to financial instability and poor job opportunities, predicts future smoking in children.<sup>1</sup> Chronic stress also is the reason poverty leads to more disease and death than smoking and obesity combined.<sup>2</sup> Some social policies have been shown to reduce chronic stress and enhance family health and well-being. This is remarkable because social policies typically have non-health-related goals such as improving the quality of schools, expanding opportunities for well-paid and meaningful work, and offering income and nutrition support for those who lose their jobs or are permanently disabled. In this way, they offer double benefits to the state and to families: economic well-being as the main course and health on the side.

**Social policies improve health and well-being because they reduce or eliminate a person's chronic stress, which protects their body from the biological changes that lead to disease.** The stress response was designed to help us run away from predators with help from a class of hormones called glucocorticoids. Their role is to divert sugar from organs like the brain and put it to our leg muscles. This helps us escape prey, but long-term exposure to these hormones can damage the brain, change the biology of the body, and produce chronic diseases. People with few social and economic resources or who live in poor physical environments experience chronic stressors that expose their bodies to these hormones over long periods of time. Social policies have been shown in randomized-controlled trials (the gold standard

in research) to reduce stress and improve health, including reducing blood pressure, diabetes, and other markers of premature aging.<sup>3</sup> One example is Moving to Opportunity, a U.S. Housing and Urban Development (HUD) program that requires housing choice voucher recipients to move from low-income neighborhoods to higher income neighborhoods with fewer stressors.<sup>4,5</sup>

**Research findings can help state policymakers choose effective policy and program options that reduce chronic stressors, improve the health of families, and save money in the long run.** It is more cost-effective to prevent disease than to treat it after it has occurred. Most attention is paid to research on the healthcare system or medical treatments, yet effective social policies and programs can provide policymakers with powerful tools to improve the health of families in their communities.

- **Two programs that consistently offer large returns on their investments are early childhood education and income support programs.** High-quality early childhood education programs can expose low-income children living in environments with household and neighborhood stressors to nurturing and productive learning environments with more educational resources and fewer stressors. These programs tend to be hugely cost-saving, and their positive effects often extend to the parents and future generations.<sup>6,7</sup> Income support programs and policies include the Earned Income Tax Credit (EITC), increasing the minimum wage, and nutrition programs like Supplemental Nutrition for Assistance Program (SNAP). These programs produce sizable health gains that offset their costs by reducing health expenditures.<sup>8-10</sup>

- **Other popular programs and policies have been shown to harm health or must be implemented in a strategic way to maximize their benefits.**

For example, Temporary Assistance to Needy Families (TANF) boosts income and employment for the average recipient. Yet it also increases mortality for people with certain limitations (e.g., not having a car or having a large family) or with physical disabilities who do not qualify for Supplemental Security Income (SSI).<sup>11-13</sup> This is

because TANF imposes time limits, after which people are ineligible for benefits. When people who cannot not work reach that time limit, they tend to become homeless, leading to an increase in mortality. TANF has been shown to work best when coupled with other supportive programs or participant screening. In the absence of these supports, participants shift to other programs, including SSI, to obtain the resources they need to live.<sup>14</sup>

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