

Social Assistance Clients and Health: Use of Health Care Services and Pharmaceuticals in Helsinki

Social Assistance Clients in Helsinki 2006-2011: Register-Based Study

The study analyses the association between social assistance receipt and the use of health care services and pharmaceuticals. A comprehensive combination of several registers is used providing information on the use of social assistance, prescribed medicine, primary and specialised health care and social services.

Social assistance is the Finnish last-resort welfare benefit. The use is designed to be temporary, but it has transformed increasingly into a long-term source of income. Many of the clients are the worst off of the Finnish society.

The Traditional Chicken-Egg Conundrum: Causation or Selection?

The results aim at providing information for social workers and policy-makers alike on the health status of social assistance clients and the complex relations between ill health, low income and high health care use (and costs): to what extent bad health leads to social assistance receipt and to what extent welfare dependency predicts worse health? Some of the results will provide insights about the social causation and social selection theories.

Greater Use of All Public Health Care Services

It is obvious from the preliminary descriptive analyses that social assistance clients use public services significantly more than others.

Looking at the use of medicine confirms the expectation that many social assistance clients suffer from health problems – especially mental ones.

Long-term Social Assistance Receipt and Increased Use of Services

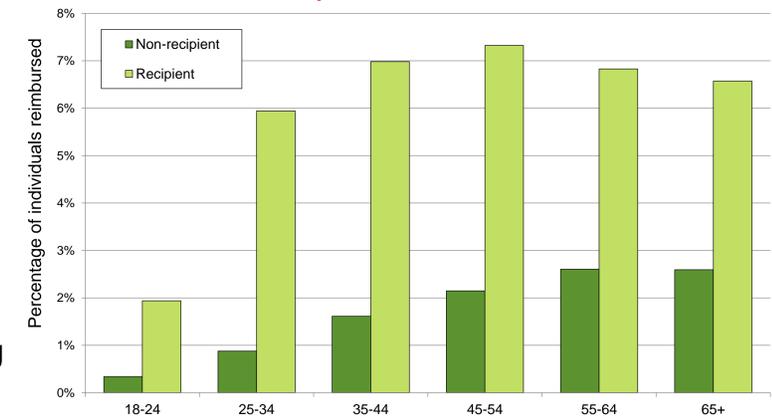
Use of various health services and medicine is remarkably higher for people who have been dependent on social assistance for long periods. This may mean that 1) people with deteriorated health situation are efficiently excluded from the labour market, and/or 2) long-term welfare dependency is connected to worse health status and worsening health habits. It also means that policy interventions should be made at an early stage.

Conclusions: Health Capital

Some of the results of this study indicate that health is not only an end, but it is also a resource needed for the integration in the labour market. It is necessary to support the health of the long-term unemployed especially. At the same time, the results show that some of the most disadvantaged welfare clients will not be able to enter the job market: therefore, the active labour market policies should focus on those who can.

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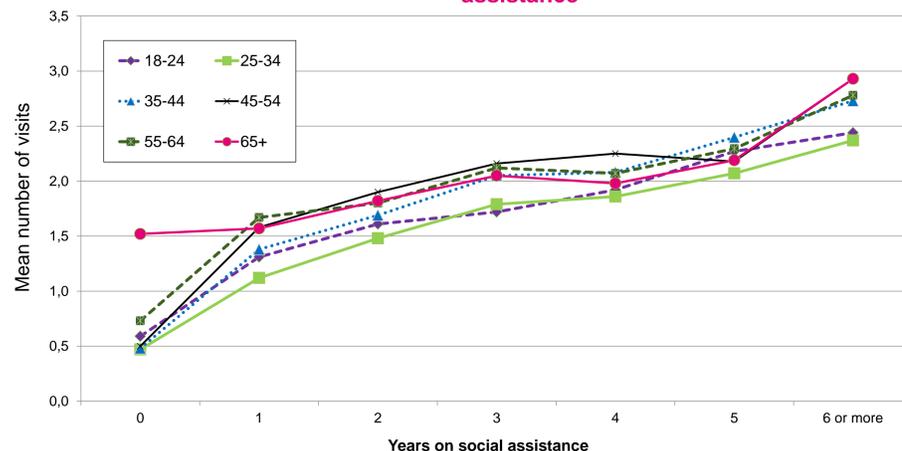
Medicine for psychosis and other severe mental problems, 2011



The table below illustrates how health may lead some people to resort to social assistance. The 3-month periods I-IV show health care use before social assistance and the following periods V-VI during social assistance. Health problems may hinder job opportunities and decrease income while increasing expenses connected to health care.

Service use before social assistance and during social assistance	12 months before social assistance				6 months in social assistance	
	I	II	III	IV	V	VI
Out-patient care, specialised health care	2307	2457	2462	2833	3080	3042
---share of all	21,8 %	23,2 %	23,2 %	26,7 %	29,1 %	28,7 %
Out-patient care, psychiatric care	759	797	838	1009	1196	1147
---share of all	7,2 %	7,5 %	7,9 %	9,5 %	11,3 %	10,8 %
Doctor in primary care	2918	3005	3076	3416	4286	4091
---share of all	27,6 %	28,4 %	29,0 %	32,3 %	40,5 %	38,6 %
Stays in in-patient care	532	592	578	767	876	751
---share of all	5,0 %	5,6 %	5,5 %	7,2 %	8,3 %	7,1 %

Visits to a doctor in primary care increase with the length of social assistance



As the time on social assistance prolongs, the use of health services increases. It is necessary to study further to what extent this is caused by social selection. This result however offers clues about the problems connected to re-employment of people who have been dependent on social assistance for several years.

