

## Enhancing social policy outcomes: How important are structural factors?



FACULTY OF ARTS THE UNIVERSITY OF AUCKLAND

Whare Wānanga o Tāmaki Makaurau

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## Enhancing social policy outcomes



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- Social policy goal to improve outcomes for disadvantaged
- Need to know most influential factors, i.e. best policy levers
- An influential perspective is social determinants framework (WHO Commission 2008, Marmot Review 2010) - applied to health – argues primacy of structural factors - sociological
- How do we show if structural factors are most important?
- Further, how do we show if efforts to tackle disparities will make a difference to the most disadvantaged?



Model developed in health but applicable to other domains



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#### Rationale

- Social determinants of health
- Data source
- Our conceptual model
- Research questions
- Method
  - Microsimulation
- Policy application
  - Scenario testing answering 'what if' questions
- Conclusions

### Social determinants (SDs) of health



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- Health disparities are rooted in SDs that confer differential vulnerability to poor health or exposure to conditions that produce poor health
- Structural factors comprise SDs of health disparities (that are also SDs of health) while *intermediary* factors comprise other SDs of health (only)
- Debate as to relative importance, as effective policy levers, of structural or intermediary factors

### Social determinants of health framework

Solar & Irwin, 2010 (WHO)





#### Our model of social determinants of child well-being





- disadvantaged groups?
- Q3. Do the same mechanisms operate for outcomes in a range of domains: GP visits, reading ability or conduct problems?

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• Change the original settings to pose 'what if' scenarios

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## Virtual versus real cohort: family doctor visits, reading ability, and conduct problems, by year of age

Year	Real cohort (CHDS)	Virtual cohort (simulated)	Absolute error	Absolute error /		
	n=1017	n=1017		CHDS mean		
Family doctor visits (mean (95% CI))						
1	5.82	5.82	-	-		
2	5.34	5.28	0.06	-		
3	3.31	3.18	0.13	-		
4	3.13	3.15	0.02	-		
5	3.22	3.12	0.10	-		
6	3.35	3.32	0.03	-		
7	2.43	2.41	0.02	-		
8	2.14	2.15	0.01	-		
9	1.96	1.90	0.06	-		
10	1.65	1.68	0.03			
All years	3.24	3.20 (3.15-3.25)	0.04	1.2%		
Reading ability: BURT score (mean (95% CI))						
8	45.3	45.3	-			
9	54.4	54.7	0.3	-		
10	64.1	63.7	0.4	-		
11	72.8	71.9	0.9	-		
12	79.5	78.9	0.6	-		
13	85.2	84.6	0.6			
All years	66.9	66.5 (65.7-67.4)	0.4	0.6%		
Conduct problems (mean (95% CI))						
6	10.6	10.6	-	<u> </u>		
7	24.6	24.8	0.2	-		
8	24.4	25.0	0.6	-		
9	24.7	25.3	0.6	-		
10	24.9	25.6	0.7			
All years	21.8	22.3 (22.1-22.4)	0.5	2.3%		

	What is microsimulation?	COMPASS RESEARCH CENTRE FACULTY OF ARTS THE UNIVERSITY OF AUCKLAND Whare Wānanga o Tāmaki Makaurau			
	<ul> <li>Begin with a starting sample of children</li> <li>Based on Christchurch Health &amp; Development Study (CHDS)</li> </ul>				
Ð	Derive statistical equations from CHDS				
	<ul> <li>Apply equations to starting sample to reproduce original CHDS patterns</li> <li>A sample of children with typical synthetic biographies</li> </ul>				
Ð	We have created a virtual world				
Þ	<ul> <li>Predict what might happen if condition</li> <li>Change the original settings to pose 'v</li> </ul>	ns were to change what if' scenarios			

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## Scenario testing



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- What if there was a policy intervention that changed social determinants? What would be its impact on outcome?
- Base simulation (no change) vs. 'improvement' simulation (modifying factors in a direction expected to advantage people, e.g. father employed, family not welfare dependent)

Scenario testing procedure		COMPASS RESEARCH CENTRE FACULTY OF ARTS THE UNIVERSITY OF AUCKLAND Whare Wānanga o Tāmaki Makaurau		
1.	We 'improved' <i>single</i> factors and assess impact on outcome (little effect)	sed the degree of		
2.	We 'improved' <i>multiple</i> factors simultaneously (bigger effect)			
3.	We compared the relative effects of 'improving' structural and intermediary factors			
4.	. We posed 'best case scenarios' by 'improving' structural and intermediary factors <i>simultaneously</i>			

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## **Outcome: GP visits**



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#### Increasing the number of visits per year – i.e. increasing access to GP care – is interpreted as an improvement in outcome











## **Outcome: Reading ability**



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## Increasing the reading score is interpreted as an improvement in outcome





# Outcome: Conduct problems



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#### Reducing the number of conduct problems per year is interpreted as an improvement in outcome

#### **Conduct Problems. Disparities: absolute change** 24.0 Watch this 23.5 Conduct problems (mean) 23.0 space 22.5 22.0 Base 21.5 + Structural factors + Intermediary factors 21.0 20.5 Pacific <20 20-24 25-29 30+ Maori Un/semi-skilled Euro/ Other Skilled/ clerical/ technical Professional/managerial No formal quals. Secondary quals. Tertiary quals Socioeconomic status Maternal education Ethnicity Maternal age

#### **Conduct Problems. Disparities: absolute change**





