


Employment/income support

▶ Intervention in brief

<p>High risk:</p>	<p>Employment/income support includes a range of interventions (e.g., income supplements, career and financial coaching, job connection, job training, and safety-net benefit connection) that support the financial security of low-income or unemployed patients. The goal is to increase vulnerable patients' buying potential of health-related goods (e.g., healthy food, medication, bills) to avoid clinical escalation and acute utilization.</p>
<p>Strength of evidence</p>	<p> Medium Although studies include a number of systematic reviews, few are US- or hospital-based. Data mostly indicates improved quality and clinical outcomes, but impact on cost and utilization is limited.</p>
<p>Impact</p>	<ul style="list-style-type: none"> • Decreased cost: Not demonstrated • Decreased utilization: 6% shortened length of stay for vaginal births • Improved quality, clinical outcomes: <ul style="list-style-type: none"> • <i>Behavioral health:</i> Insignificant to 0.3 point reduced depression scores on the Hopkins Symptom Checklist 90; 5.33 point reduced psychological distress on the General Health Questionnaire; improved role and emotional functioning • <i>Maternal/infant health:</i> 21% reduced low birth weight; 17.5% reduced preterm births; 4% increased breastfeeding • <i>Economic security:</i> 62 percentage points improved competitive employment; 8-15 percentage point improved reemployment; increased income for 77.4% of participants; reduced expenses for 58.6% of participants; improved financial literacy for 26.5% of participants • Increased access: Not demonstrated • Improved stakeholder satisfaction: 0.28 pooled effect size of improve quality of life
<p>How to succeed</p>	<p>To offer effective employment/income support:</p> <ul style="list-style-type: none"> • Collect quantitative data and community input to determine the root causes of community-wide economic insecurity and determine optimal interventions • Identify gaps in existing community services (e.g., job training programs) to determine how to best support high quality organizations (e.g., additional funding, solidified referral protocols). Consider offering support in a health care setting to reduce stigma of economic insecurity. • Supplement employment/income support with behavioral health support (e.g., stress-reduction skills, therapy) to reduce risk of economic-related mental distress (e.g., low self-esteem, feelings of guilt). In addition, cognitive behavioral therapy can improve a patient's likelihood of becoming employed. • Pair individual-level support that meets immediate, urgent needs with structural advocacy around expanding social services and investing in economic equality. <p>To learn more about developing an evidence-based approach, check out page 31 in our Integrating Psychosocial Risk Factors into Ongoing Care whitepaper here and a profile of Boston Medical Center's StreetCred program here.</p>

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▶ Demonstrated impact

Literature review summary

Title: Unconditional Prenatal Income Supplement and Birth Outcomes

Publication: Pediatrics

Date: 2016

Type: Cohort study

Study population: 14,591 low-income mothers (annual income below \$32,000) and newborns receiving prenatal social assistance in Manitoba, Canada

Major findings: Compared to the control, mothers who received the Health Baby Prenatal Benefit (up to \$81.41 of income assistance monthly) experienced:

- Shortened length of stay for vaginal births (6% or .02 days)
- Reduction in low birth weight (21%)
- Reduction in preterm births (17.5%)
- Increased breastfeeding (4%)

Source: Full article [here](#).

Title: Interventions to Reduce The Impact of Unemployment and Economic Hardship on Mental Health in the General Population: A Systematic Review

Publication: Psychological Medicine

Date: 2017

Type: Systematic review

Study population: 5,303 unemployed participants across 11 randomized controlled trials measuring the impact of “job clubs,” cognitive behavioral therapy, and debt advice

Major findings: “Job club” interventions (including support groups, job search skills workshops, and resilience training) resulted in reduced levels of depression up to two years post-intervention, especially for those at increased risk of depression (0.2-0.3 point improvements in depression scores on the Hopkins Symptom Checklist 90).

Source: Full article [here](#).

Title: Work as Treatment? The Effectiveness of Re-employment Programmes for Unemployed Persons with Severe Mental Health Problems on Health and Quality of Life: A Systematic Review and Meta-Analysis

Publication: Occupational and Environmental Medicine

Date: 2015

Type: Systematic review and meta-analysis

Study population: Participants across 16 studies receiving re-employment support services

Major findings: Re-employment programs included Individual Placement and Support (integration of vocational and health care services, rapid job finding, obtaining employment, and follow-along support at the job), Compensated Work Therapy, Assertive Community Treatment with Individual Placement Support, or work-related social skills training. Interventions resulted in:

- Improved quality of life (measured with the Manchester Short Assessment of Quality of Life, Lancashire Quality of Life Profile, Lehman’s Quality of Life Interview, Wisconsin Quality of Life Index, and WHO Quality of Life Measure) with a pooled effect size of 0.28 standard deviations above the mean (relatively small difference between intervention and control groups)
- Improved competitive employment (13-74% in intervention groups compared to 2-68% in control groups)
- Insignificant findings on improved functioning or mental health

Source: Full article [here](#).

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Title: Vocational Interventions for Unemployed: Effects on Work Participation and Mental Distress. A Systematic Review

Publication: Journal of Occupational Medicine

Date: 2010

Type: Systematic review

Study population: Participants across six articles based on five intervention studies, including two randomized trials

Major findings: Group training with the goal of re-employment and/or improving mental health, including job search skills training, maintaining work, and personal development, resulted in:

- Reduced psychological distress using the General Health Questionnaire (10.47 vs. 15.80 in the control group)
- Improved reemployment among low-risk participants after two months (40% vs. 35% in the control group) and high-risk participants after two (44% vs. 35% in the control group) and six months (62% vs. 54% in the control group)
- Improved role and emotional functioning (results not presented)
- Reduced psychological stress (results not presented)

Source: Full article [here](#).

Title: A Novel Income Security Intervention to Address Poverty in a Primary Care Setting: A Retrospective Chart Review

Publication: BMJ Open

Date: 2017

Type: Retrospective cohort study

Study population: 181 patients (53% female, mean age of 48 years) referred to the Income Security Health Promotion service in Toronto, Canada

Major findings: The Income Security Health Promotion service, including expert advice and case management from a health promoter (e.g., tax assistance, community service navigation, budgeting support, clinical navigation), resulted in:

- Increased income, including applying to welfare and filing taxes (77.4% of participants)
- Reduced expenses, including housing, food, and medications (58.6% of participants)
- Improved financial literacy, including budgeting and eligibility benefits (26.5% of participants)

Source: Full article [here](#).

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Appendix

- Brownell M, et al., “Unconditional Prenatal Income Supplement and Birth Outcomes,” *Pediatrics*, 137, no. 6 (2016), <https://pediatrics.aappublications.org/content/137/6/e20152992>.
- Moore T, et al., “Interventions to Reduce The Impact of Unemployment and Economic Hardship on Mental Health in the General Population: A Systematic Review,” *Psychological Medicine*, 41, (2017), https://www.cambridge.org/core/services/aop-cambridge-core/content/view/24EE648D86B589DEE23DF4FF94ACF685/S0033291716002944a.pdf/interventions_to_reduce_the_impact_of_unemployment_and_economic_hardship_on_mental_health_in_the_general_population_a_systematic_review.pdf.
- Van Rijn R, et al., “Work as Treatment? The Effectiveness of Re-employment Programmes for Unemployed Persons with Severe Mental Health Problems on Health and Quality of Life: A Systematic Review and Meta-Analysis,” *Occupational and Environmental Medicine*, 73, no. 4 (2016), https://www.researchgate.net/publication/289535471_Work_as_treatment_The_effectiveness_of_re-employment_programmes_for_unemployed_persons_with_severe_mental_health_problems_on_health_and_quality_of_life_a_systematic_review_and_meta-analysis.
- Audhoe S, et al., “Vocational Interventions for Unemployed: Effects on Work Participation and Mental Distress. A Systematic Review,” *Journal of Occupational Rehabilitation*, 20, no. 1 (2010), https://www.researchgate.net/publication/40806051_Vocational_Interventions_for_Unemployed_Effects_on_Work_Participation_and_Mental_Distress_A_Systematic_Review
- Jones M, et al., “A Novel Income Security Intervention to Address Poverty in a Primary Care Setting: A Retrospective Chart Review,” *BMJ Open*, 7, no. 8 (2017), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5724129/>.