

Cash rewards have a positive impact on low income families' health in New York City

March 5 2018

A conditional cash transfer program in New York City reported meaningful effects on the use of some preventive health services, especially dental care, according to a study by King's College London, Columbia University's Mailman School of Public Health and MDRC, part of LIFEPAATH, a project funded by the European Commission. The program, Opportunity NYC-Family Rewards—also had a positive impact on parents' perceptions of their health as well as their level of hope, mainly through improvements in reported financial well-being. Family Rewards is the first conditional cash transfer program for low-income families in the U.S. Findings of the study are published online in the journal *Health Affairs*.

The program, aimed at improving population [health](#) by making [cash transfers](#), is conditional on families engaging in a number of activities, including school attendance, preventive health care use and employment participation for parents. As participants in the study, 4,700 low-income families in six of New York City's most deprived communities in the Bronx, Brooklyn and Manhattan were given an average cash amount of \$8,674 per household from 2007 to 2010.

Compared with control groups that did not receive cash transfers, these families had better access to their [personal health care](#) providers (an increase of 4 percent) and dental check-ups (up to 15 percent). The program also led to modest but significant improvements in parental level of hope and well-being.

Participation in the program was associated with an increased probability of having had at least two dental check-ups in the past year—by 13 percent in adults and by almost 15 percent in children 42 months after the program started. Family Rewards also had positive effects on health insurance coverage and receiving treatment for any medical condition. Participants were also less likely to forgo medical care due to cost. These effects translated into modest improvements in health status as measured by parental self-rated health and level of hope.

"The program had shown positive effects regarding reduction in poverty and material hardship, and improvement in perceived financial well-being and graduation rates for children in communities," said Dr. Emilie Courtin, research fellow at the Department of Global Health and Social Medicine, King's College London (UK), and lead author. "In the context of New York City's existing fabric of social policies - conditional cash transfers have also led to positive, albeit modest, improvements in the health of poor families."

"A key strength of the study is its design. Family Rewards was evaluated in a randomized-controlled trial - the gold standard for finding out if a program like this works," noted Courtin.

Conditional cash transfer programs have been proven effective in reducing health inequalities in Latin America, and are becoming a prevalent policy for improving the education and health outcomes of poor children in developing countries, since their introduction in Mexico and Brazil in 1997. Interventions across Latin America have led to significant increases in the use of health services, including the number of visits to health facilities and receipt of prenatal care and pediatric examinations. Evidence shows that the interventions have also improved some health outcomes - in particular, developmental, nutritional and cognitive measures among children.

"These programs aim to break the intergenerational transmission of poverty and generate individual as well as societal benefits," said Peter Muennig, MD, MPH, professor of Health Policy and Management at Columbia's Mailman School of Public Health, and a co-author. "They work because they provide people with the financial resources and incentives to get help for themselves and their children. These resources include education and medical care, two powerful factors that make people healthier."

"Conditional [cash](#) transfer programs have been increasingly popular in low- and middle-income countries in Latin America, Africa and Asia," explained Professor Paolo Vineis, chair of Environmental Epidemiology within the School of Public Health at Imperial College London and co-ordinator of the LIFEPAATH project. "However, programs with different types of behavioral conditionality are also gaining ground in various developed countries, and our study can help to encourage their establishment in Europe."

Provided by Columbia University's Mailman School of Public Health

Citation: Cash rewards have a positive impact on low income families' health in New York City (2018, March 5) retrieved 5 May 2024 from <https://medicalxpress.com/news/2018-03-cash-rewards-positive-impact-income.html>

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