



Developing a Social Welfare Policy Environment via Service Users : Using Life Expectancy as an Example

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Abstract

The life expectancy of men and women in the United States and around the world reflects the impact of social welfare policies on the quality of life. A recent report and webinar presentation by the National Academies of Sciences, Engineering and Medicine, (NASEM) "Longer American Lives? Understanding Trends in Life Expectancy" (2026) involved several experts discussing how these statistics compare. The intent of this descriptive narrative review is to recommend this source as a credible one for use in developing policy summaries and translating research for information sharing with service consumers. It aims to present the report's findings and highlight its place within a social welfare framework that must assess the social determinants of health and advocate the need for social investments for policy formulation that addresses structural inequality.

The policy environment of state and local communities can make it easier or more difficult for people to make positive health choices. The NASEM report and similar research can be shared with service consumers in ways that can encourage their participation in local planning. Clients can progress from their consumer roles to civic engagement through service agency leadership.

Recognizing important scientific information through major academic and social resources and translating it for consumer consumption will benefit the social welfare of our communities and hence our quality of life, well-being, and life expectancy. This mini review discusses key points of the discussion and advances implications for social workers and others working in communities with well-being goals in mind.

Keywords: Life Expectancy, Social Welfare Policies, Scientific Evidence, Cultural Knowledge, Consumer Participation

Introduction

The Life Expectancy report is a set of statistics compiled by the National Health Centre for Statistics and other data gathering enterprises. This center is part of the Centers for Disease Control and Prevention [1]. The collected health data provides a picture of how citizens are surviving or thriving in our communities. Life expectancy around the world was impacted by COVID. Between 2010 and 2019, life expectancy in the U.S. only grew by 0.1 years compared to an average increase of 1.2 years in peer countries, partially due to higher mortality rates for suicides and overdoses, as well as the increasing burden of chronic diseases like diabetes, kidney, and liver disease. Although the USA has shown some recent improvements, the U.S. has the lowest life expectancy at birth for both women and men among peer countries [2, 3].

This recent report and webinar presentation by the National Academies of Sciences, Engineering and Medicine, (NASEM) "Longer American Lives? Understanding Trends in Life Expectancy" [4] involved several experts discussing how these statistics compare within the states and with other countries around the world. Overall, they reported that people without college degrees have shorter life spans [5] unless state and local policies provide adequate support. The U.S. in comparison with other Organisation for Economic Co-operation and Development (OECD) countries lags behind in life expectancy. The OECD is an international forum of 38 democracies with market-based economies (oecd.org). The United States has lower life expectancy than the OECD average (by roughly 3–4 years in recent reports) and ranks near the bottom of high-income OECD countries [6, 7]. The differences that hold us back are associated with human and social constraints which appear to be connected to social determinants often associated with disparities in population groups.

Policy Framework

The review methodology follows a consideration of the NASEM report from its relevance to sharing policy information with service consumers and encouraging their participation in local advocacy [8]. We suggest that considering an institutional frame that points to social determinants, and educates the community around the role of policy development and advocacy assists in community building and leads to active social welfare environments. Social welfare frameworks include three approaches: welfare regime, institutional, and expenditure [9]. We could consider the relevance of the NASEM report from either of these. However, there are limitations in each. Therefore, we offer that the life expectancy research can be evaluated using each of these for reflection.

Considering the NASEM report using a welfare regime framework is difficult. According to a 2021 OECD report there are five welfare regime categories: Liberal / Anglo-American regimes, Conservative / Corporatist / Christian Democratic regimes, Social Democratic / Nordic regimes, Social Democratic / Nordic regimes, Southern European / Mediterranean regimes, East Asian / Confucian / Productivist regimes [10]. Other countries have been categorized by their post socialist status or via some hybrid descriptions. The US would fit into the Liberal/Anglo-American regime where markets and individual responsibility are key characteristics. The health disparities and outcomes are more apparent in this category which uses means tests. Better outcomes are more often observed in countries that have universal or near universal health access and strong income supports. Cross country variations are complex and consumers may not be interested in that level of analysis.

Using the institutional approach frame for the relevance of the NASEM report is more useful. This approach illustrates that policies and benefits provided via institutions tend to be associated with positive health for all people in a population rather than minimizing application to target persons who may be more vulnerable [9]. This approach applies as it addresses our aim to inform consumers of local policies and encourage their participation in advocating for those to benefit all. Within this approach, knowledge of social determinants of health [11] is also required. The Office of Disease Prevention and Health Promotion [12] refers to the social determinants of health as income stability, quality education access, quality health access, neighborhood environments and social and community context. Local policies that support these areas are likely to move communities toward a better health environment. Our concept of building community within or through the service centers relies on sharing credible information and providing opportunities for citizens to participate. Several of the countries across the world with longer lives promote policies that support nutrition and strong family and community support networks.

The expenditure approach is also relevant. The countries with longer life expectancy tend to show that social rights and health spending or social investments are associated with better outcomes.

Science and Health

Public Law No: 115-435 (01/14/2019) [13] established the foundations for the Evidence-Based Policymaking Act of 2018 [14]. This fairly recent law highlighted the need for federal evidence-building activities. Evidence-based policies are more likely to achieve their goals. Organizations like the National Academies of Sciences, Engineering and Medicine, Brookings Institution, Urban Institute, Kaiser Family Foundation (KFF), Rand Corporation, Pew Research, the Agency for Health Care Research & Quality, and the American Public Health Association produce research that analyzes health policies and legislation. These agencies advocate evidence based strategies that produce better health outcomes and efficient resource use. Sharing these resources with the community helps inform them of information that can be useful to families.

There are several significant references that provide high quality data regarding life expectancy and behaviors that can improve health outcomes [15]. Many believe life expectancy is influenced by individual and family behaviors. While this may be true to some extent, the policy decisions within states can compel individual and community behaviors for positive outcomes. The NASEM webinar indicated that policies in Connecticut resulted in better life expectancy than policies in Louisiana. Laws that reduced the use of tobacco have shown a decrease in mortality rates. Traffic safety laws, seat belt laws, alcohol check points, and pollution control also demonstrate effectiveness in reducing mortality [16-18]. Guaranteed income (GI) is increasingly studied not just as an economic policy, but as a public health intervention because the conditions it improves, income stability and access to basics, are directly tied to life expectancy [19, 20].

Policy Environment

The policy environment of state and local communities can make it easier or more difficult for people to make positive health choices. It is noted that policies regarding food, minimum wage, family planning, maternal health, paid family leave, education, firearms, substance use, traffic safety, public transportation, and access to health and mental health services [21-23] are critical to providing citizens with a sense of security and encouragement. Policies in these areas can prevent people from using unhealthy coping behaviors. Pappas (2026) notes that since 2020 there has been an uptick in overall mental health issues, PTSD experiences, grief and sadness. Political and social divisions in the U.S have obstructed the capacity of many elected officials to negotiate better social welfare policy decisions.

Social welfare can refer to a system of government designed programs and services. Social welfare can also be perceived as the dynamics within individuals, families, and communities that support and encourage one another and that assess and address the suffering that humans experience. These dynamics may be enhanced by the development and implementation of policy choices that understand and appreciate human behavior and that culminate in shaping daily life in ways that prevent traumas and problem behaviors. As many positive steps as possible in this direction are desired by most people [24].

How can policies affect people over time and circumstances? Policies that address social welfare concerns help inform citizens of the policy ecosystems in which we live and their influence on environmental realities. Policies can enhance the social dynamics that prevent traumatic situations for children and families. The way different beliefs within families and communities impact children's development must be acknowledged in evaluating the policy issues that affect humans in their environments.

Impact of Policy Implementation

There is evidence that the countries around the world that have higher life expectancy tend to have policies in the following areas that benefit human life:

- Universal health coverage and strong primary care [25-27]
- Tobacco, alcohol, and unhealthy-food control [18, 28]
- Preventive public health programs, immunization, screening, hypertension control [15]
- Injury and road-safety policies — Speed management, seat-belt/helmet laws, enforcement, and safe infrastructure [17, 27, 29]
- Social determinants and income-inequality reduction — Social protection, education, housing, and policies reducing inequality [19, 20, 30]
- Environmental health (air quality, water, pollution control [16]
- Substance-harm reduction and mental-health services [31]

- Healthy built environment and active transport, policies that promote walking [32]

Further research through the NASEM [4] reports that science communication is critical to translating scientific discoveries for societal impact. The pathways of effective communication across different sectors within and outside the U.S. research enterprise present challenges due to differences in institutional cultures and perspectives. Yet, when this communication occurs scientific evidence based policies are implemented with results that are beneficial for public health. In countries that apply science based policies, improvements in health outcomes have been observed. Countries with higher life expectancies include Monaco, San Marino, Hong Kong, Japan, and Switzerland [33]. They have advanced healthcare systems, healthy diets, and high living standards.

Within the US, there are several states that report better outcomes as results of evidence based policy making [15]. These states invest in education, pass legislation that provides food access, and have increased Medicaid access [22].

According to 2022 data [34], the top five states with higher life expectancy are Hawaii, California, Washington, Minnesota, and Massachusetts. They have higher earnings, education, and stronger safety-net programs. The states with the lowest life expectancy have fewer safety net programs: Tennessee, Kentucky, Alabama, Mississippi, and West Virginia.

Some states are working on other methods of improving life quality. Oregon is a state that is working on implementing its own single payer health insurance to enhance the safety net for its citizens [22]. More than 70 pilot programs across 25-30 states, California, New York, Illinois, Texas, Washington, Michigan, and North Carolina have provided basic income to low income families which results in more financial resilience and increased employment [35].

Implications for Social Work Interventions

Social workers are trained to look at the big picture of social welfare concerns and the long view, the impact of policy assistance over several years. A primary concern is that the U.S. is composed of many citizens of different racial, ethnic, and cultural backgrounds. Some of the higher life expectancy countries are somewhat homogeneous - composed of culturally similar folks. Traditional beliefs and racism that assumes negative things about different people get in the way of engaging people around mutual life and survival issues. Heather McGee [36] spells out very clearly that racism costs everyone. Policies that some white people think would benefit people of color actually replicate the policies that the more successful countries implement. Social welfare policies would benefit all of us [36]. The National Partnership for Women and Families (nationalpartnership.org) is another resource that social workers can share with consumers that values collaboration and advocates for policies that can benefit all the people.

The big picture is that we need to unlearn racism and learn to understand and appreciate one another. Following the directives of racist, misogynist, uninformed people perpetuates gender based violence, lower educational ranks, stressors, and health problems [6]. Information from academic institutions, non profit think tanks, grassroots organizations, and most importantly, from our community citizens offer many strategies to work with one another to prevent negative and unsafe behaviors and improve human rights and human lives.

It is unfortunate that in these contemporary times, leadership by someone who has committed illegal sexual offenses and aggressions against women, members of diverse cultural groups, others, and countries demonstrates that the U.S. has taken the low road. Bennis [37] points out that war against another country is illegal unless that country has actually assaulted the U.S. Many of our current national

leadership demonstrate questionable ethics, limited empathy, and exhibit mean and hateful exchanges. Social welfare benefits from leadership that gives hope, encourages learning, and helps develop opportunities for all.

Social workers are in positions to advocate for policy directives that can assist humans to do better and be better. Social workers can help consumers become more informed of accurate information regarding global issues. Many social workers are in political roles or are running for local and state offices to share policy information and encourage civic engagement to promote policies that are demonstrating the capacity to make improvement for humans.

Examples of social workers in office include Sylvia Garcia, TX-29, Hillary Scholten, MI-03, Karen Bass, Mayor of Los Angeles, Katie Hobbs, Governor of Arizona, and Debbie Stabenow, U.S. Senator for Michigan. Several are running for office in their communities. Dr. Melissa Birdi [38] is running for U.S. House to represent Oregon's 4th Congressional District. She is a clinical social worker and community advocate. Gouveia [39] proposes that more social workers should run. "Social workers empathize with people's lived experiences, financial struggles, and stress that affects health and well being."

These are some ideas for implementing steps to assist communities and individuals to be heard regarding the development of more humane policy ecosystems:

Macro advocacy -

- Sharing information with community members about relevant policy legislation that can benefit communities must be integrated in local service programs. Field learning students can compile Fact Sheets of local legislation that provides safety and access and point out laws that could improve communities.
- Social workers in libraries can help community residents become aware of local services and offer local policy information.
- Community forums co-sponsored by service agencies can help share information about needed policies in spaces like libraries or community centers. Policies that provide resources for housing and food help minimize the neglect that is often determined to be reasons for removing children from families.
- Community surveys or community needs assessments could be implemented to determine the kinds of policy information residents are interested in. A survey several years ago revealed resident interests in tax preparation more than anything else. The agency staff had not considered this as a need at all. "Community-engagement and municipal-governance literature shows that residents in economically stressed communities frequently prioritize practical financial supports — such as free tax preparation and tax-credit access — sometimes more than planners or agency staff initially anticipate" [40]. People need opportunities to speak and ask questions.
- Advocating for affordability is needed as the impact of rising costs of energy and transportation as well as food and housing creates more stress on working families [41]
- More can be done by distributing research and communicating the science [4] in basic ways for people to be informed and to encourage them to write to or speak with legislators and local officials.

People need to understand that legislation includes many parts, some of which may sound ok but other parts may be damaging. The SAVE Act is an example of this. Voter suppression is part of that legislative package [42].

Micro advocacy -

Social workers and other community helpers:

- Facilitate techniques and therapeutic sessions to address the grief of experiences, living with these aggressions, and how to move forward.

- Provide care in many forms from established techniques, CBT, DBT, Trauma informed etc, to recommending books, book clubs, other clubs, and other group activities.
- Share information about child development science that contributes to healthy family relationships
- Share nutritional and exercise data that addresses chronic disease prevention
- Recommend specific scientific evidence for healthy outcomes as well as cultural literature, music, art, poetry, and movies to expand perspectives, support, and engagement for individuals and families navigating stressors.
- Propose learning to appreciate the big picture. Propose book club development or participation. This could include recommending the book *A Lesson Before Dying* by Ernest J. Gaines. Set in Louisiana in the 1940s, it is a reminder of how awful life has been for so many people and illustrates the oppressive history that we must be aware of.
- Can help communities become more informed and participate in community building. Despite the challenging situations we all face, we can also encourage taking time to feel positive and share positive art and music. We all might benefit from taking a break, doing some deep breathing, and listening to “Happy Feelings” by Maze!

Social workers must be informed through cultural knowledge and major scientific evidence of what helps and what hinders individual and community development. We must be engaged with the literature of all our diverse people in order to ameliorate the environment for more of us. Recognizing important scientific information through major academic and social resources and translating it for consumer consumption will benefit the social welfare of our communities and hence our well-being, life expectancy, and quality of life.

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References

1. CDC.gov (2026). Mortality in the US. 2023. MCHS Data Brief No 548 Provisional Life Mortality in the United States, 2024 Expectancy Estimates for 2021–2022. Centers for Disease Control and Prevention.
2. Rakshit, S. & McGough, M. (2025). How does U.S. life expectancy compare to other countries? *Peterson KFF Health System Tracker*
3. Sanderson, L. (2026). UTMB researchers delve into troubling trends in US life expectancy. The University of Texas Medical Branch. <https://www.utmb.edu/utmb/news-article/utmb-news/2026/03/09/utmb-researchers-delve-into-troubling-trends-in-us-life-expectancy>
4. National Academies of Sciences, Engineering, and Medicine. 2026. Bolstering National Science and Technology Competitiveness Through Effective Science Communication: Proceedings of a Workshop—in Brief. Washington, DC: The National Academies Press (a)
5. Cutler, D. M., & Lleras-Muney, A. (2006). Education and health: Evaluating theories and evidence. *National Bureau of Economic Research Working Paper No. 12352*. <https://doi.org/10.3386/w12352>
6. Case, A., & Deaton, A. (2015). Rising morbidity and mortality in midlife among white non-Hispanic Americans in the 21st century. *Proceedings of the National Academy of Sciences of the United States of America*, 112(49), 15078–15083. <https://doi.org/10.1073/pnas.1518393112>
7. OECD. Health at a Glance 2023: OECD Indicators. Paris: OECD Publishing, 2023. <https://www.oecd.org/health/health-at-a-glance/> — compares life expectancy across OECD countries and shows the US below the OECD average.
8. Dunlop, J. M. & Holosko, M.J. (2016). *Increasing Service User Participation in Local Planning: A How to Manual for Macro Practitioners*. Chicago, IL: Lyceum Books, Inc.
9. Bergqvist K, Yngwe MA, Lundberg O. (2013). Understanding the role of welfare state characteristics for health and inequalities - an analytical review. *BMC Public Health*. 2013 Dec 27;13:1234. doi: 10.1186/1471-2458-13-1234. PMID: 24369852; PMCID: PMC3909317.
10. OECD, Delivering Quality Education and Health Care to All: Preparing Regions for Demographic Change (2021). OECD Rural Studies. https://www.oecd.org/en/publications/delivering-quality-education-and-health-care-to-all_83025c02-en/full-report/setting-the-scene_52c47f8b.html?utm_source=chatgpt.com
11. WHO Commission on Social Determinants of Health (2008)
12. Office of Disease Prevention and Health Promotion (2026). Social Determinants of Health. Healthy People 2030. <https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health>
13. Congress.gov, Public Law No: 115-435 (01/14/2019) Foundations for Evidence-Based Policymaking Act of 2018
14. Gaines, E.J. (1993). *A lesson before dying*. Vintage
15. Montez, J. K., Beckfield, J., Cooney, J. K., Grumbach, J. M., Hayward, M. D., Koytak, H. Z., Woolf, S. H., & Zajacova, A. (2020). U.S. state policies, politics, and life expectancy. *Milbank Quarterly*, 98(3), 668–699. <https://doi.org/10.1111/1468-0009.12469>
16. Dockery, D. W., Pope, C. A., Xu, X., Spengler, J. D., Ware, J. H., Fay, M. E., Ferris, B. G., & Speizer, F. E. (1993). An association between air pollution and mortality in six U.S. cities. *New England Journal of Medicine*, 329(24), 1753–1759. <https://doi.org/10.1056/NEJM199312093292401>
17. National Highway Traffic Safety Administration. <https://www.nhtsa.gov>
18. Wagenaar, A. C., Tobler, A. L., & Komro, K. A. (2009). Effects of alcohol tax and price policies on morbidity and mortality. *Addiction*, 104(2), 179–190. <https://doi.org/10.1111/j.1360-0443.2008.02438.x>
19. West, S., & Castro, A. (2023). Impact of Guaranteed Income on Health, Finances, and Agency: Findings from the Stockton Randomized Controlled Trial. *J Urban Health* 100, 227–244 (2023). <https://doi.org/10.1007/s11524-023-00723-0>
20. Chetty, R., Stepner, M., Abraham, S., Lin, S., Scuderi, B., Turner, N., & Cutler, D. (2016). The association between income and life expectancy in the United States, 2001–2014. *Jama*, 315(16), 1750–1766.
21. National Academies of Sciences, Engineering, and Medicine. Longer American Lives? 2.25.2026. Health in the Headlines. Understanding Trends in Life Expectancy (2026)2026. Washington, DC: The National Academies Press (b)
22. Sommers, B. D., Baicker, K., & Epstein, A. M. (2012). Mortality and access to care among adults after state Medicaid expansions. *New England Journal of Medicine*, 367(11), 1025–1034. <https://doi.org/10.1056/NEJMs1202099>
23. Sommers, B. D., Long, S. K., & Baicker, K. (2014). Changes in mortality after Massachusetts health care reform. *Annals of Internal Medicine*, 160(9), 585–593. <https://doi.org/10.7326/M13-2275>

24. Unnever, J.D., Cullen, F.T., & Jones, J.D. (2008). Public Support for Attacking the "Root Causes" of Crime: The Impact of Egalitarian and Racial Beliefs February 2008 *Sociological Focus*, 41(1):1-33 DOI:10.1080/00380237.2008.10571321
25. Proceedings of the National Academy of Sciences (PNAS), (2022). "Universal healthcare as pandemic preparedness: The lives and costs that could have been saved during the COVID-19 pandemic".
26. Kruk ME, Gage AD, Joseph NT, Danaei G, García-Saisó S, Salomon JA. (2018). Mortality due to low-quality health systems in the universal health coverage era: a systematic analysis of amenable deaths in 137 countries. *Lancet*. 2018 Nov 17;392(10160):2203-2212. doi: 10.1016/S0140-6736(18)31668-4. Epub 2018 Sep 5. Erratum in: *Lancet*. 2018 Nov 17;392(10160):2170. doi: 10.1016/S0140-6736(18)32337-7. PMID: 30195398; PMCID: PMC6238021.
27. World Health Organization. (2010). World health report 2010: Health systems financing — the path to universal coverage. World Health Organization. <https://www.who.int/publications/i/item/9789241564021>
28. World Health Organization. (2019). WHO global report on trends in tobacco smoking 2000–2025 (2nd ed.). World Health Organization. <https://www.who.int/publications/i/item/9789240000032>
29. World Health Organization. (2018). Global status report on road safety 2018. World Health Organization. <https://www.who.int/publications/i/item/9789241565684>
30. Hoynes, H., Miller, D., & Simon, D. (2015). Income, the earned income tax credit, and infant health. *American Economic Review*, 105(5), 186–190. <https://doi.org/10.1257/aer.p20151039>
31. Dow, W. H., Godøy, A., Lowenstein, C., & Reich, M. (2020). Can economic policies reduce deaths of despair? *American Journal of Public Health*, 110(6), 864–866. <https://doi.org/10.2105/AJPH.2020.305607>
32. Young, D.R., Craddock, A.L., Eyler, A.A., Fenton, M., Pedrasso, M., Sallis, J.F., & Whitsel, L.P. (2020). Creating Built Environments That Expand Active Transportation and Active Living Across the United States: A Policy Statement From the American Heart Association. *Circulation*, 142(11). <https://doi.org/10.1161/CIR.0000000000000878>
33. Conte, N. & Bhutada, G. (2025). Mapped: Life expectancy around the world in 2025. visualcapitalist.com
34. Arias, E., Tejada-Vera, B., & Bastian, B. (2025). U.S. State Life Tables, 2022. *National Vital Statistics Reports (NVSR)*, CDC/NCHS
35. Edmonds, L. (1.1.2026). Nearly 30,000 Americans have received about \$335 million in basic income. Here are 5 takeaways. [Businessinsider.com](https://www.businessinsider.com)
36. McGee, H. (2021). *The sum of us. What racism costs everyone and how we can prosper together*. New York: One World..
37. Bennis, P. (2026). End the U.S. war on Iran now. *Institute for Policy Studies*.
38. Dr. Melissa Birdi (<https://www.drmelissabird.com>)
39. Gouvveia, T. (2026). Why more social workers should run for office. *Social Work Today*
40. Hain, P. (11-6-2025). *What You Can Do Now to Make Sure Your Residents Get Their Money Back This Tax Season*. National League of Cities. https://www.nlc.org/article/2025/11/06/what-you-can-do-now-to-make-sure-your-residents-get-their-money-back-this-tax-season/?utm_source=chatgpt.com
41. Urban Institute (2026). Urban Institute 2025 Impact Report. [urban.org](https://www.urban.org)
42. Orey, W., Well, M., & Lempert, J. (2026). *Five things to know about the SAVE Act*. <https://bipartisanpolicy.org/article/five-things-to-know-about-the-save-act/>