

ADDITIONAL FILE 1: SURVEY ITEMS IN ENGLISH AND DUTCH**Survey items translated to English:**What should you do?

People in socioeconomic insecurity live an average of 4 years shorter and are more often ill than people without socioeconomic insecurity. There are various measures to improve the health of people in socioeconomic insecurity. For example, policy measures for a higher income or improved housing. Or policies that make healthy living easier. Next, you will see 31 policy measures. You will see them one by one.

Each policy measure can improve the health of people living in socioeconomic insecurity. Indicate for each measure whether you think it is good for improving the health of people in socioeconomic insecurity.

[The policy measures are presented to participants in randomized order]

1. How [acceptable] do you find this policy aimed at improving the health of people in socioeconomic insecurity? Click on the answer that fits you best.

Answer options: Very good, good, somewhat good, neutral, somewhat bad, bad, very bad.

- People who receive social benefits are allowed to earn additional income through work without impacting their eligibility for social benefits.
- People earning a very low income or very low social benefits receive additional funds.
- All adults have the right to receive a basic income, allowing for the abolition of the subsidy system.
- Lower taxes for people with low incomes, higher taxes for people with high incomes.
- Increase the availability of social housing.
- Raise the income threshold for social housing, enabling people with slightly higher incomes to reside in social housing.
- Improved social benefits in case of job loss or illness for people who have flexible employment contracts or who are self-employed.
- More suitable workplaces for people who face barriers to employment.
- Lower health insurance premiums and deductibles for people with low incomes.

- Increased financial support for adults seeking education or training.
- Improved insulation in social housing rentals.
- Introduce more green space in neighborhoods with limited greenery, by, e.g., making parks and planting trees.
- Stricter regulations to reduce noise pollution.
- Stricter regulations to improve air quality.
- Residential areas become car-restricted, allowing fewer cars to pass through the neighborhood.
- Accessible and reliable public transportation throughout the Netherlands.
- Expand smoke-free zones to outdoor spaces by establishing them in places such as terraces and public transportation stops.
- Prohibit the opening of new fast food restaurants in areas where there is already an abundance of fast food options.
- Ban advertisements of unhealthy food products on streets and in public transportation.
- Improve the healthiness of prepared meals and pre-packaged foods through regulations on reduced salt, fat, and sugar content.
- Remove taxes on fruits and vegetables, making them more affordable.
- Introduce a tax on added sugar, resulting in increased prices for food products that contain added sugar.
- Increased availability of free sports facilities.
- People with low incomes receive free gym or sport club memberships.
- Quicker detection of and assistance for people experiencing financial difficulties or starting to accumulate debts.
- Offering free lessons to enhance health to everyone, such as classes on budget-friendly healthy cooking.
- Information campaign promoting healthy nutrition.
- Information campaign discouraging making purchases on credit or in installments.
- Offering consultation hours to provide advice for people starting to accumulate financial debt.
- Financial education initiatives.
- Increased local services offering assistance with letters, administration, and financial matters.

2. Did you miss a policy measure? Or would you like to add one? Please add it here:.....
3. Which five policy measures do you consider the best for improving the health of people in socioeconomic insecurity? Choose your top five.

Place the policy measure you consider most important in first place, your second preference in second place, and so on. If you do not prefer any of these measures, or if you have fewer than five preferences, you can leave spaces blank.

- a. # 1:
- b. # 2:
- c. # 3:
- d. # 4:
- e. # 5:

4. How do you identify?

- Male
- Female
- Non-binary / other
- I prefer not to say

5. What is your highest educational level attained (with diploma or certificate)?

- No education (*did not complete primary school*)
- Primary education (*primary school, special primary school*)
- Lower or preparatory vocational education (*such as vocational or household school, lower technical school, leao, lhno, vmbo-b, vmbo-k, special- or practical education*)
- General secondary education (*such as lower general secondary education, mavo, vmbo-g, vmbo-t, short-term vocational education, mbo-1*)
- Secondary vocational education (*such as vocational training for baker or hairdresser, long-term vocational education, technical school, meao, bol, bbl, mbo-2, mbo-3, mbo-4*)
- Higher general and preparatory scientific education (*such as hbs, mms, havo, vwo, atheneum, gymnasium*)

- Higher vocational education (*such as hbo, hts, heao, hbo-v, bachelor's*)
 - Academic education (*doctoral or master's degree, post-doctoral, professional master's degree*)
- 6.** What applies to you? Multiple answers are possible.
- I am employed, 20 hours or more per week
 - I am employed, between 1 and 19 hours per week
 - I do unpaid work / volunteer work
 - I am retired (AOW, pre-retirement)
 - I am unemployed / looking for work (registered with the UWV WERKbedrijf)
 - I am disabled (WAO, WAZ, WIA, Wajong)
 - I receive social assistance benefits
 - I am a homemaker
 - I am studying / I am a student
 - Other, namely ...
- 7.** What is your household's monthly income, after taxes have been deducted?
- About 0-1200 euro
 - About 1200 - 1800 euro
 - About 1800 - 2600 euro
 - About 2600 - 4000 euro
 - More than 4000 euro
 - Don't know / prefer not to say
- 8.** How many people live off this income (in and outside of your household)? ... persons.

Survey items in Dutch:Wat moet u doen?

Mensen met bestaansonzekerheid leven gemiddeld 4 jaar korter en zijn vaker ziek dan mensen zonder bestaansonzekerheid. Er bestaan verschillende maatregelen om de gezondheid van mensen met bestaansonzekerheid te verbeteren. Bijvoorbeeld maatregelen voor een hoger inkomen of betere woonsituatie. Of door gezond leven makkelijker te maken.

U ziet straks 31 maatregelen. Die krijgt u één voor één te zien.

Iedere maatregel kan de gezondheid van mensen die leven in bestaansonzekerheid verbeteren. Geef bij elke maatregel aan of u deze goed vindt om de gezondheid van mensen met bestaansonzekerheid te verbeteren.

[de beleidsmaatregelen worden gerandomiseerd voorgelegd aan participanten]

1. Wat vindt u van deze maatregel om de gezondheid van mensen met bestaansonzekerheid te verbeteren? Klik op het antwoord dat het beste bij u past.

Antwoord opties: Heel goed, goed, een beetje goed, neutraal, een beetje slecht, slecht, heel slecht

- Mensen met een uitkering mogen iets extra verdienen met werk. Ze kunnen hun uitkering dan wel houden.
- Mensen met een heel laag inkomen of met een heel lage uitkering krijgen extra geld.
- Alle volwassenen hebben recht op een basisinkomen. Hierdoor kan het toeslagenstelsel worden afgeschaft.
- Lagere belasting voor mensen met lage inkomens, hogere belasting voor mensen met hoge inkomens.
- Er komen meer sociale huurwoningen.
- De sociale huur grens gaat omhoog zodat ook mensen met een iets hoger inkomen in sociale huur kunnen wonen.
- Betere uitkeringen voor mensen in flexibele arbeidscontracten en voor zelfstandige ondernemers, bij verlies van werk of bij ziekte.
- Meer geschikte werkplekken voor mensen met een afstand tot de arbeidsmarkt.

- Mensen met een laag inkomen betalen minder voor hun zorgverzekering en een lager eigen risico voor zorg.
- Meer geld voor volwassenen die een opleiding of omscholing willen doen.
- Sociale huurwoningen krijgen betere isolatie.
- Meer groen in wijken waar nu weinig groen is, bijvoorbeeld door het aanleggen van parken en het planten van bomen.
- Strengere regels om geluidsoverlast te verminderen.
- Strengere regels om de luchtkwaliteit te verbeteren.
- Woonwijken worden autoluw, er mogen dan minder auto's door de wijk rijden.
- Goed bereikbaar en betrouwbaar openbaar vervoer in heel Nederland.
- Ook buiten komen rookvrije zones, bijvoorbeeld op terrassen en bij OV-haltes.
- Er mogen geen nieuwe fastfood restaurants openen in wijken waar al veel fastfood aanbod is.
- Geen reclame voor ongezonde producten op straat en in het OV.
- Kant-en-klaar maaltijden en voorverpakt voedsel worden gezonder, doordat fabrikanten zich moeten houden aan regels over minder zout, vet en suiker.
- De belasting gaat van groenten en fruit af. Groente en fruit worden daardoor goedkoper.
- Er komt belasting op toegevoegde suiker. Voedsel met toegevoegde suiker wordt daardoor duurder.
- Er komen meer plekken waar mensen gratis kunnen sporten.
- Mensen met lage inkomens krijgen gratis abonnementen voor sportscholen of sportclubs.
- Mensen die geldproblemen of beginnende schulden hebben worden sneller opgespoord en geholpen met hun geldzaken.
- Gratis lessen om gezondheid beter te maken voor iedereen, bijvoorbeeld lessen in goedkoop gezond koken.
- Een campagne met informatie over gezonde voeding.
- Een campagne tegen het kopen van spullen op afbetaling.
- Een spreekuur met advies voor mensen met beginnende schulden.
- Voorlichting over omgaan met geld.
- Meer contactpunten in de wijk voor hulp met brieven, administratie en geldzaken.

2. Heeft u een maatregel gemist? Of zou u iets willen toevoegen? Vul dat dan hier in:.....

3. Welke vijf maatregelen vindt u het beste om de gezondheid van mensen met bestaansonzekerheid te verbeteren. Kies uw top vijf.

Zet de maatregel die u het belangrijkste vindt op de eerste plaats, uw tweede voorkeur op de tweede plaats, en zo verder. Als u geen van deze maatregelen wilt, of minder dan vijf voorkeuren heeft, kunt u plekken leeg laten.

f. # 1:

g. # 2:

h. # 3:

i. # 4:

j. # 5:

Tot slot willen we graag nog wat meer over u weten:

4. Hoe identificeert u zich?

- Man
- Vrouw
- Non-binair / anders
- Zeg ik liever niet

5. Wat is uw hoogst afgeronde opleiding (met diploma of getuigschrift)?

- Geen opleiding (*basisschool niet afgemaakt*)
- Lager onderwijs (*basisschool, speciaal basisonderwijs*)
- Lager of voorbereidend beroepsonderwijs (*zoals ambachts- of huishoudschool, lts, leao, lhno, vmbo-b, vmbo-k, speciaal- of praktijkonderwijs*)
- Middelbaar algemeen voortgezet onderwijs (*zoals (m)ulo, mavo, vmbo-g, vmbo-t, mbo-kort, mbo-1*)
- Middelbaar beroepsonderwijs (*zoals vakopleidingen bakker of kapper, mbo-lang, mts, meao, bol, bbl, mbo-2, mbo-3, mbo-4*)

- Hoger algemeen en voorbereidend wetenschappelijk onderwijs (*zoals hbs, mms, havo, vwo, atheneum, gymnasium*)
- Hoger beroepsonderwijs (*zoals pabo/kweekschool, hbo, hts, heao, hbo-v, kandidaats of bachelor wetenschappelijk onderwijs*)
- Wetenschappelijk onderwijs (*doctoraal of master, postdoctoraal, hbo-master*)

6. Wat past bij u? Er zijn meerdere antwoorden mogelijk

- Ik werk betaald, 20 uur of meer per week
- Ik werk betaald, tussen de 1 en 19 uur per week
- Ik werk onbetaald / vrijwilligerswerk
- Ik ben met pensioen (AOW, prepensioen)
- Ik ben werkloos / werkzoekend (geregistreerd bij het UWV WERKbedrijf)
- Ik ben arbeidsongeschikt (WAO, WAZ, WIA, Wajong)
- Ik heb een bijstandsuitkering
- Ik ben huisvrouw / huisman
- Ik volg onderwijs / ik studeer
- Anders, namelijk ...

7. Wat is het inkomen van uw gezin per maand, nadat de belasting eraf is gehaald?

- Ongeveer 0-1200 euro
- Ongeveer 1200 - 1800 euro
- Ongeveer 1800 - 2600 euro
- Ongeveer 2600 - 4000 euro
- Meer dan 4000 euro
- Weet ik niet / wil ik niet zeggen

8. Hoeveel personen leven van dit inkomen (binnen en buiten uw gezin)? ... personen.

ADDITIONAL FILE 2: POLICY SELECTION

Policies were selected based on being relevant to reduce socioeconomic inequalities and socioeconomic inequalities in health, as seen from the perspectives of researchers, policymakers, municipal policy advisors, politicians, and an advisory board consisting of people with lower and insecure socioeconomic positions. The scientific perspective of was included through prior literature on suitable policies to reduce socioeconomic inequalities in health, with policies derived from (1–7). The municipal policymaker perspective was incorporated by reviewing a list of policies deemed most effective by several municipal policymakers in the Netherlands, derived from an interview study (8). The politician perspective of was included by reviewing the election plans of the 10 largest Dutch political parties for the November 2023 elections. The perspectives of those with lived experience with socioeconomic insecurity was included by inviting feedback on our list of policies of an advisory board (for more information on the advisory board, see (9)). Lastly, a policy advisor of the Council for Public Health & Society (RVS) in the Netherlands was asked to review if our list was complete and if any important policies were missed. The authors of this study divided the final list of policies into the levels of the framework.

References:

1. Backholer K, Beauchamp A, Ball K, Turrell G, Martin J, Woods J, et al. A Framework for Evaluating the Impact of Obesity Prevention Strategies on Socioeconomic Inequalities in Weight. *Am J Public Health*. 2014 Oct;104(10):e43–50.
2. Mackenbach JP, Stronks K. The development of a strategy for tackling health inequalities in the Netherlands. *Int J Equity Health*. 2004 Oct 23;3(1):11.
3. Schakel W, Van Der Pas D. Degrees of influence: Educational inequality in policy representation. *Eur J Polit Res*. 2021;60(2):418–37.
4. Scheidmeir M, Kubiak T, Luszczynska A, Wendt J, Scheller DA, Meshkovska B, et al. Acceptability of policies targeting dietary behaviours and physical activity: a systematic review of tools and outcomes. *Eur J Public Health*. 2022 Dec 1;32(Supplement_4):iv32–49.

5. Smith KE, Macintyre AK, Weakley S, Hill SE, Escobar O, Fergie G. Public understandings of potential policy responses to health inequalities: Evidence from a UK national survey and citizens' juries in three UK cities. *Soc Sci Med*. 2021 Dec 1;291:114458.
6. Smith KE, Kandlik Eltanani M. What kinds of policies to reduce health inequalities in the UK do researchers support? *J Public Health*. 2015 Mar 1;37(1):6–17.
7. Storm I, Aarts MJ, Harting J, Schuit AJ. Opportunities to reduce health inequalities by 'Health in All Policies' in the Netherlands: An explorative study on the national level. *Health Policy*. 2011 Dec 1;103(2):130–40.
8. Bennekom E van, Berkel van J, Horst H van der, Haggenburg-Mohammed M, Vet E de. Understanding the impact of social policies on health: a realist synthesis. *Manuscr Prep*. 2024;
9. Kamphuis CBM, Verra SE, van Berkel J, Baas L, van den Berg A, Blijleven P, et al. Hoe neem je ervaringskennis mee in wetenschappelijk onderzoek? [Internet]. *Sociale Vraagstukken*. 2024 [cited 2024 Apr 8]. Available from: <https://www.socialevraagstukken.nl/hoe-neem-je-ervaringskennis-mee-in-wetenschappelijk-onderzoek/>

ADDITIONAL FILE 3. REGRESSION RESULTS BASED ON UNIMPUTED SAMPLES

Outcome variable: Policy acceptability	Socioeconomic policies	Housing and neighborhood policies	Behavioral policies	Agentic policies
R²	0.08	0.07	0.06	0.07
Lower secondary educational level (reference tertiary)	-0.03(0.08)ns	-0.31(0.07)*	-0.41(0.08)*	-0.39(0.08)*
Upper secondary educational level (reference tertiary)	-0.02(0.07)ns	-0.14(0.07)*	-0.16(0.07)*	-0.12(0.07)ns
Low income tertile (reference high)	0.32(0.08)*	0.10(0.07)ns	0.06(0.08)ns	-0.00(0.08)ns
Intermediate income tertile (reference high)	0.11(0.08)ns	0.15(0.07)ns	0.14(0.08)ns	0.11(0.08)ns
Female gender	0.02(0.06)ns	0.11(0.06)ns	0.20(0.06)*	0.24(0.06)*
Age	0.01(0.00)*	0.02(0.00)*	0.01(0.00)*	0.02(0.00)*
Receiving welfare	0.13(0.07)ns	0.08(0.07)ns	0.05(0.07)ns	0.01(0.07)ns
Being in paid employment	-0.22(0.08)*	-0.11(0.07)ns	-0.07(0.08)ns	-0.02(0.08)ns

Outcome variable: Policy preference	Socioeconomic policies	Housing and neighborhood policies	Behavioral policies	Agentic policies
Lower secondary educational level (reference tertiary)	0.19(0.06)*	-0.20(0.10)*	-0.46(0.08)*	-0.44(0.13)*
Upper secondary educational level (reference tertiary)	0.07(0.05)ns	0.03(0.08)ns	-0.19(0.07)*	-0.16(0.11)ns
Low income tertile (reference high)	0.18(0.06)*	-0.07(0.09)ns	-0.17(0.08)*	-0.21(0.12)ns
Intermediate income tertile (reference high)	0.06(0.06)ns	-0.02(0.09)ns	0.10(0.08)ns	-0.14(0.12)ns
Female gender	-0.04(0.04)ns	-0.08(0.07)ns	0.22(0.06)*	0.12(0.10)ns
Age	0.00(0.00)ns	0.00(0.00)ns	0.01(0.00)*	0.00(0.00)ns
Receiving welfare	0.21(0.05)*	-0.29(0.10)*	-0.29(0.08)*	-0.60(0.14)*
Being in paid employment	-0.08(0.05)ns	0.10(0.10)ns	0.06(0.08)ns	0.24(0.13)ns

When comparing the unimputed regression estimates to the imputed regression estimates presented in Table 2 of the main paper, findings were similar, with few differences regarding socioeconomic differences in policy support standing out.

Three additional socioeconomic differences in policy support were identified in the unimputed regression estimates (Additional file 3) compared to the imputed estimates presented in the main paper. The additional socioeconomic differences are:

1. Those with an upper secondary educational level were less likely to accept housing and neighborhood policies compared to those with tertiary education.
2. Those with lower secondary education were less likely to prefer housing and neighborhood policies compared to those with tertiary education.
3. Those with the lowest incomes were less likely than those with high incomes to prefer behavioral policies.

In contrast, one significant socioeconomic effect presented in the main paper based on imputed samples was not found in unimputed data of Additional file 3. Namely, those with the lowest incomes were not less likely to prefer agentic policies compared to those with the highest incomes.