Health Inequalities in Europe: Setting the Stage for Progressive Policy Action

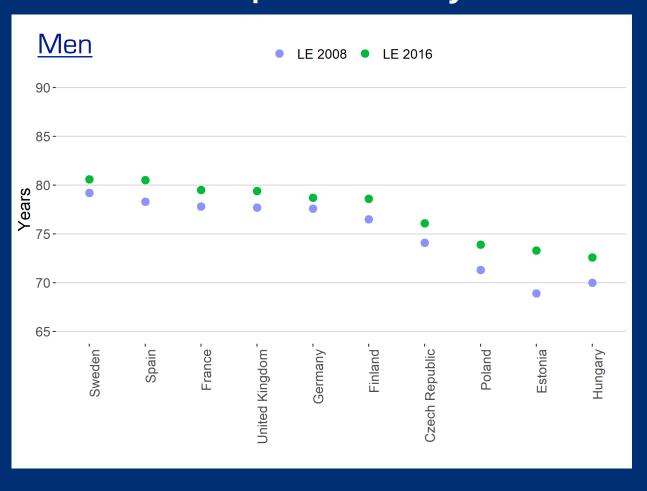
Timon Forster

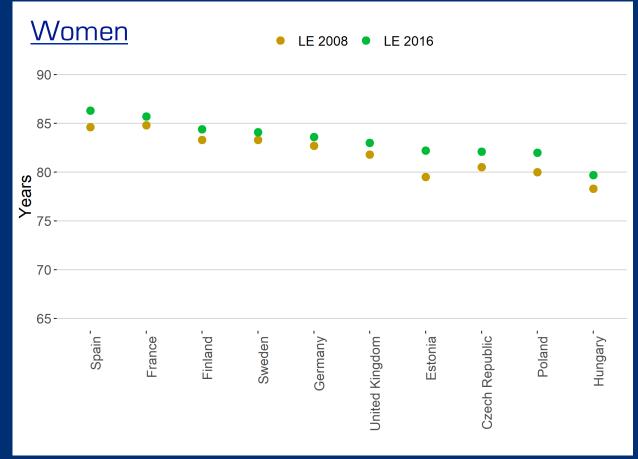
Alexander Kentikelenis

Clare Bambra

In some ways, the health of Europeans is better than ever

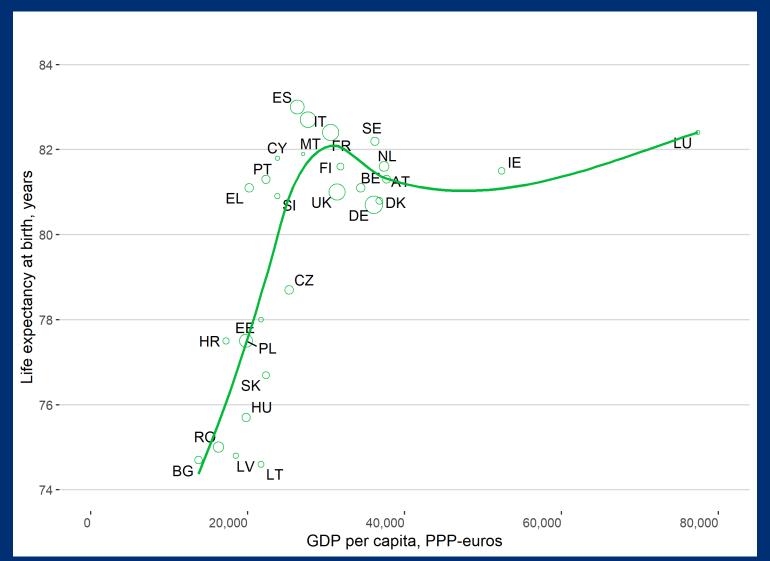
Life expectancy at birth





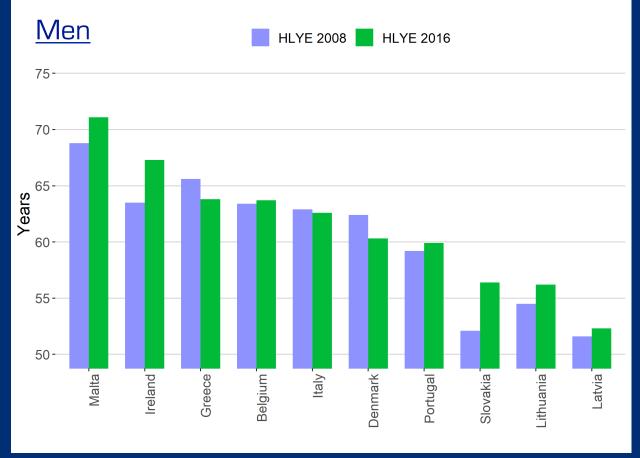
But substantial inequalities in health persist

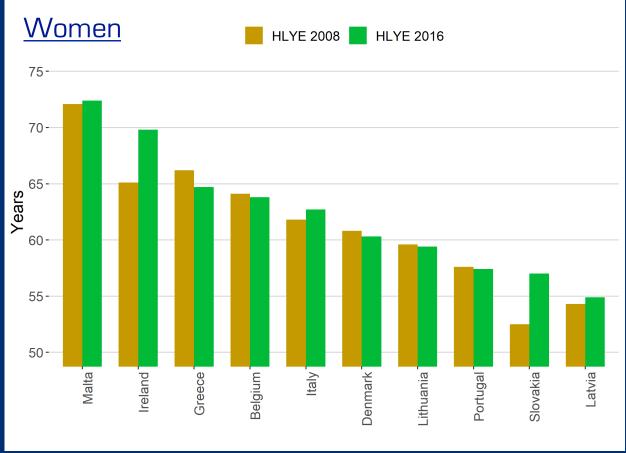
Between country inequalities



Note: Data refer to 2015. Observations are weighted by the relative population size, indicated by circle size.

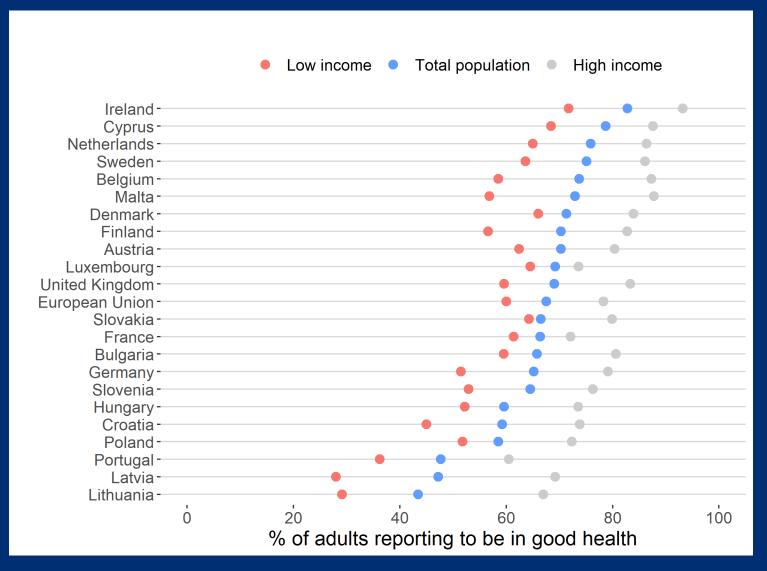
Between country inequalities (continued)





Note: 2016 values for Italy refer to 2015.

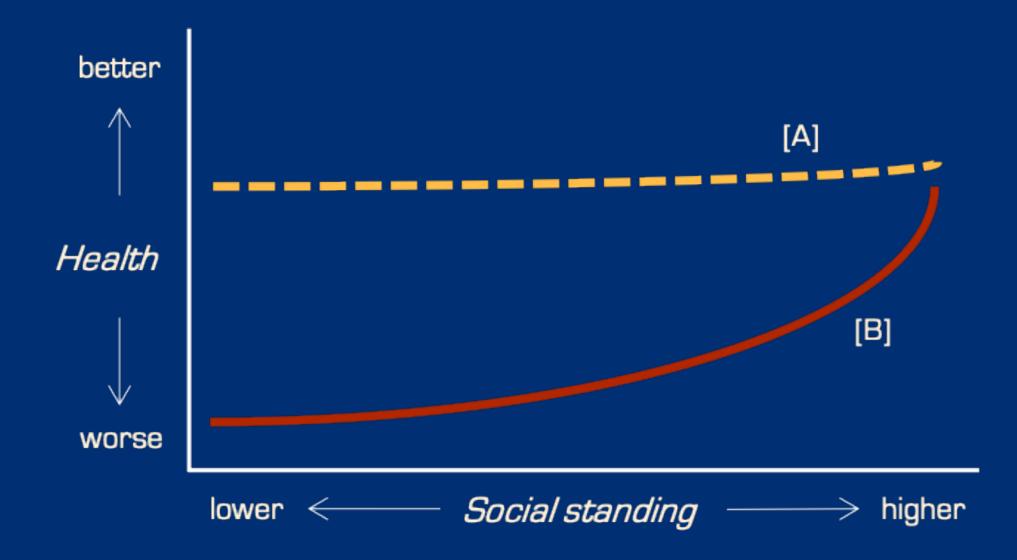
Within country inequalities



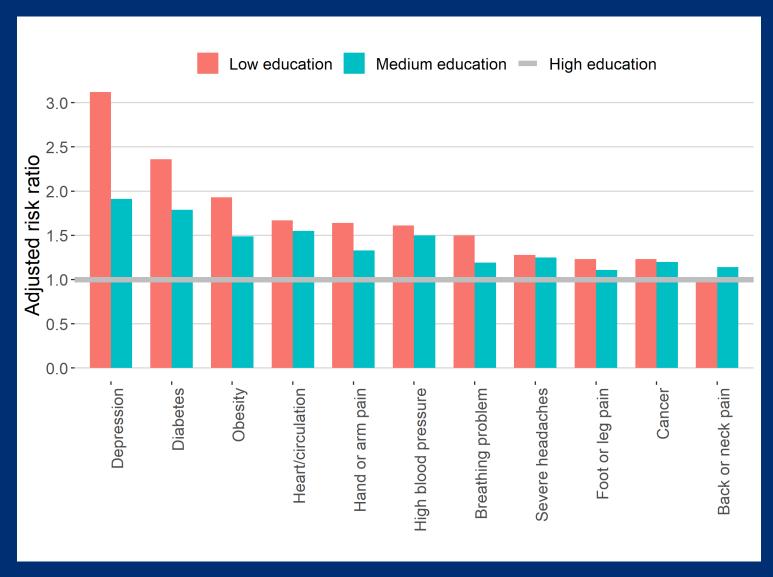
Note: Data refer to 2016.

How to understand health inequalities?

Social gradients in health



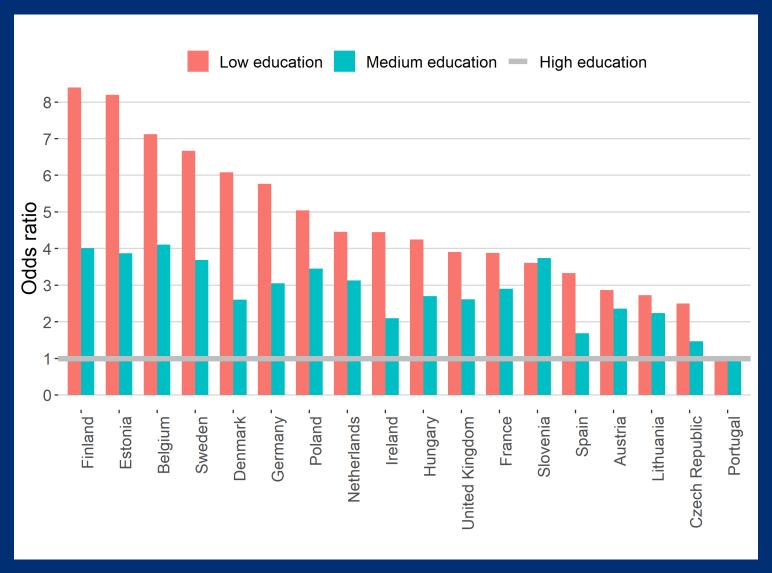
Non-communicable diseases in Europe



Note: Data refer to 2014.

Source: Authors, based on data by McNamara et al. [2017] from the European Social Survey 2014.

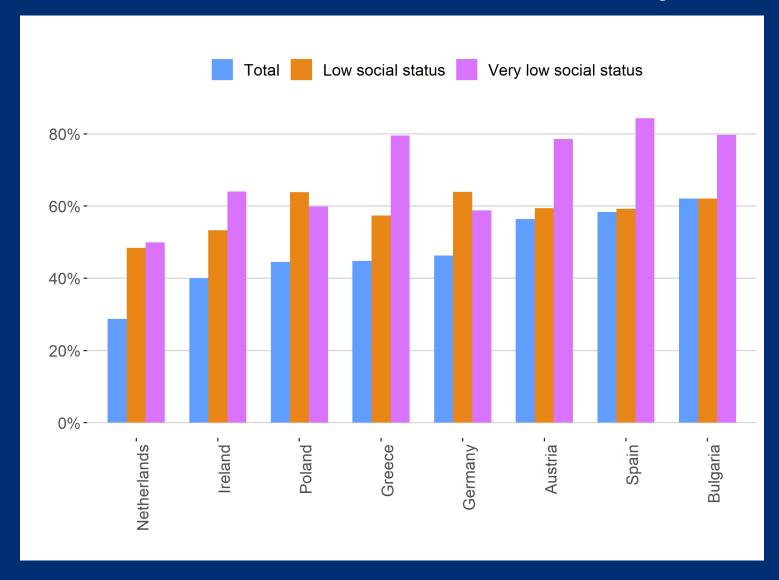
Risk of being a daily smoker by education



Note: Data refer to 2014.

Source: Authors, based on data by Huijts et al. (2017) from the European Social Survey 2014.

Problematic health literacy

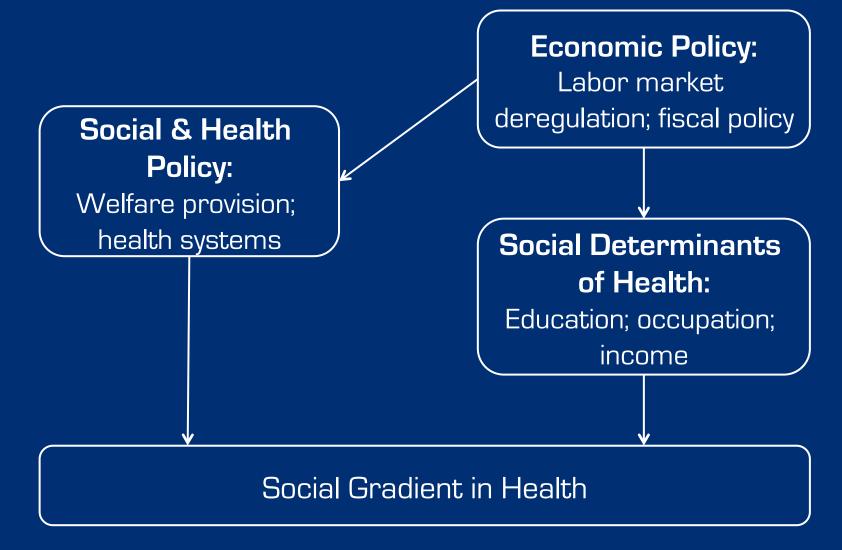


Note: Data refer to 2015. Social status is self-assessed.

Source: Authors, based on data by Sørensen et al. (2015).

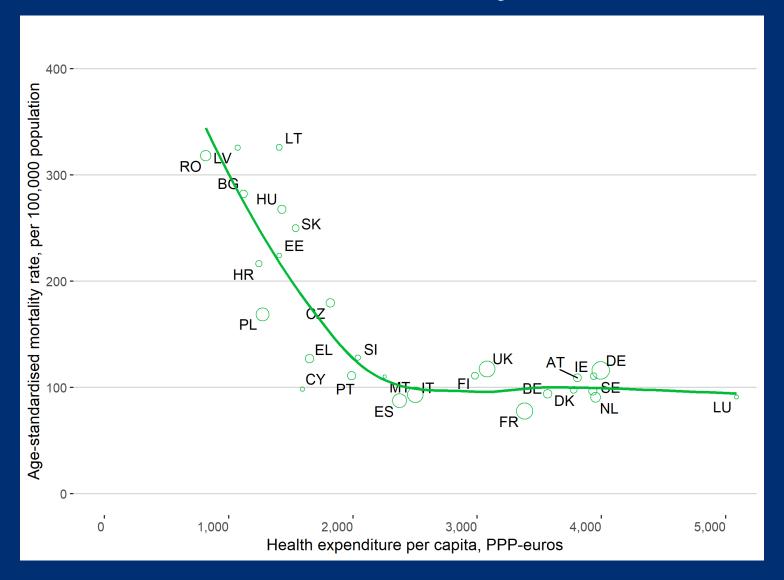
What determines health inequalities?

Institutions matter!



The role of health systems

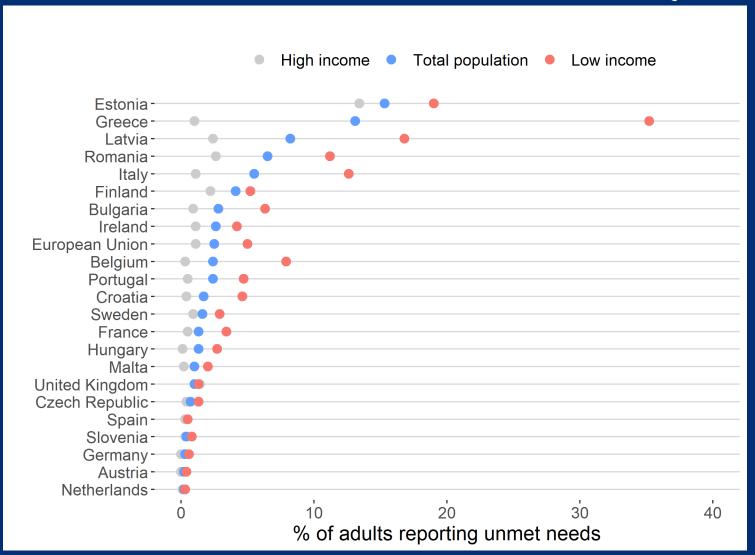
The role of health systems



Note: Data refer to 2015. Observations are weighted by the relative population size, indicated by circle size.

Source: Authors, based on data by Eurostat (2018), OECD/European Observatory on Health Systems & Policies (2017).

The role of health systems (continued)



Note: Unmet needs for a medical examination due to costs, distance to travel, or waiting times. Data refer to 2016.

The role of health systems (continued)

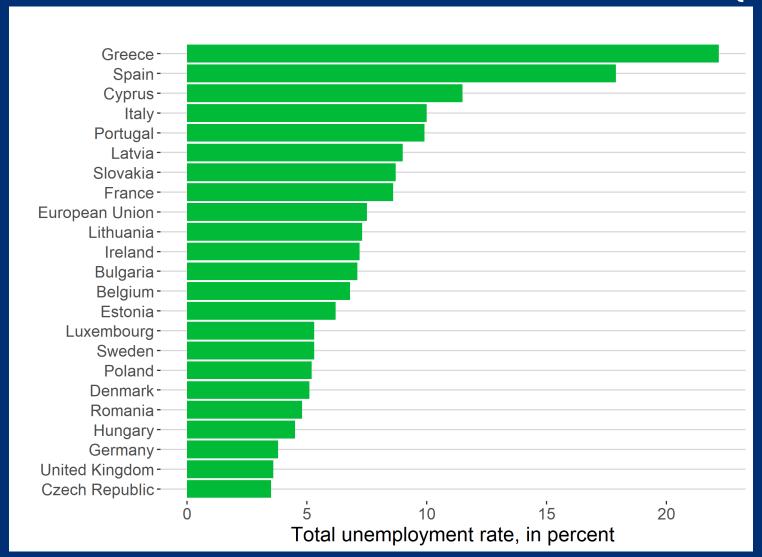
- Various health system arrangements in Europe result in differential population coverage, but high in most countries
- Even so, higher socioeconomic status may carry benefits in terms of accessing health services (e.g., due to income, health literacy, social support, or personal networks)
- Individuals in particularly vulnerable situations:
 - Unemployed or atypical forms of work
 - Lacking citizenship, e.g., migrants
 - Ethnic minorities, e.g., Roma populations
- Unmet needs socially patterned across the entire population

The role of economic policies

The role of economic policies

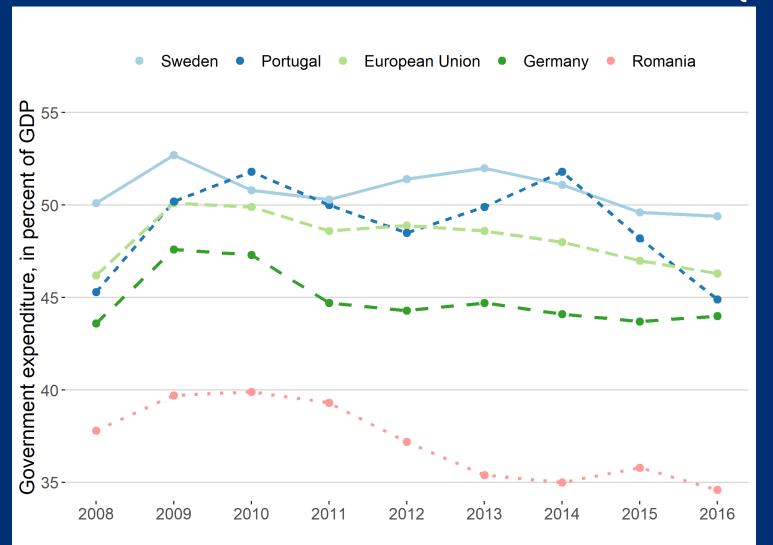
- Institutional complementarities: different policy elements (e.g., health and social policy, economic regulation, and allocation of resources) fit together
- The link between economic policies and health systems varies across the EU: Social health insurance-based health systems rely more heavily on employment contributions; tax-based health systems depend on fiscal policy.

The role of economic policies (continued)



Note: Total unemployment rate is the annual average as a share of the active population, from 25 to 74 years. Data refer to 2016.

The role of economic policies (continued)

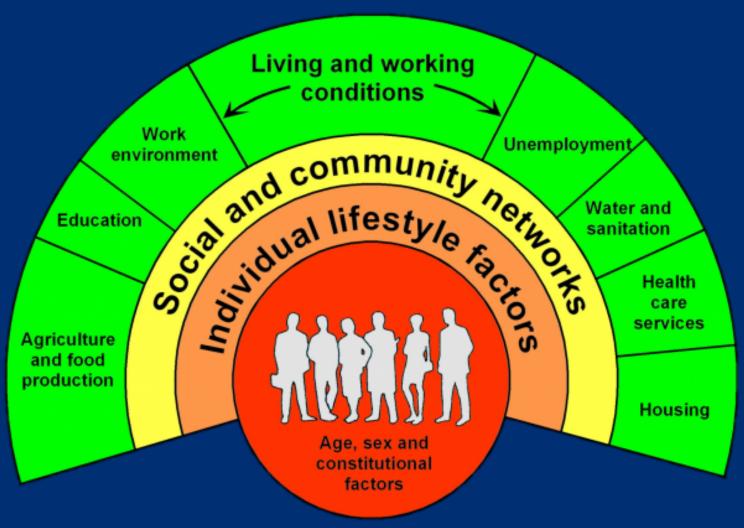


Note: Government expenditure refers to total general government spending.

The role of social determinants of health

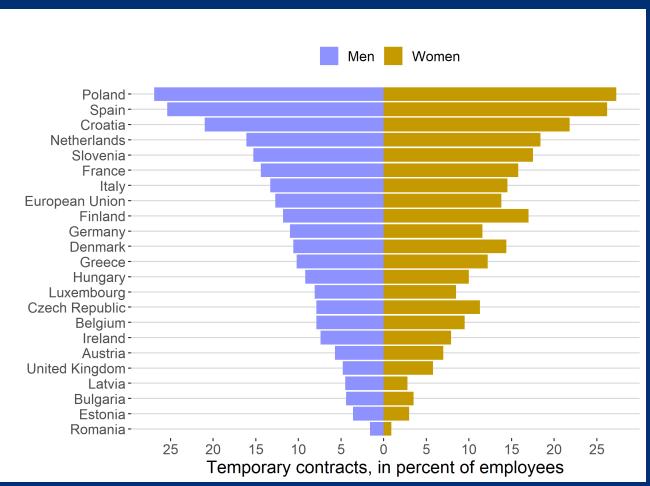
The role of social determinants of health

The conditions in which people are born, grow, live, work, and age have important implications for population health and health inequalities.



Source: Dahlgren & Whitehead (1991).

The role of social determinants of health [cont'd]



Good work

- Higher wages
- Self-worth
- Social networks

Precarious Employment

- Stress and Insecurity
- Long working hours
- X Lower wages

Note: Percentage of employees aged 20 to 64. Data refer to 2016.

What is the impact of health inequalities?

The cost of health inequalities

- Good health empowers individuals by allowing them to make better, informed choices regarding their lifestyle and health service access and utilisation.
- III-health associated with
 - a) substantial welfare costs; and
 - b) sizeable economic costs, due to absenteeism, unemployment, and lower productivity.

A word of caution:
We know a lot,
but we could know more

Future research

- Better document the human, social and economic consequences of health inequalities.
- Focus on systematic analyses on what can be done to reduce health inequalities, rather than merely documenting the extent of health inequalities.
- Adopt an intersectional approach in research: study populations at the intersection of different demographic elements (e.g., gender, migrant status, or ethnicity).

A progressive agenda for action



Thank you!

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Think-tank for action on social change

