REDUCING SOCIAL INEQUALITIES IN HEALTH IN EUROPE

Johan Mackenbach
Erasmus MC
SURVIVAL ON THE S.S. TITANIC
April 15, 1912

Hall 1986
INEQUALITIES IN THE NETHERLANDS
By education, 2011-2014

Life expectancy

Basisonderwijs | Vmbo | Havo, vwo, mbo | Hbo, universiteit
--- | --- | --- | ---
Men | Women
30 | 40 | 50 | 60
70 | 80 | 90

CBS 2016
INEQUALITIES IN THE NETHERLANDS

By education, 2011-2014

Life expectancy without disability

- Basisonderwijs
- Vmbo
- Havo, vwo, mbo
- Hbo, universiteit

CBS 2016
INEQUALITIES IN THE NETHERLANDS
By education, 2011-2014

Life expectancy in good self-assessed health

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basisonderwijs</td>
<td>50</td>
<td>55</td>
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<tr>
<td>Vmbo</td>
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<td>Havo, vwo, mbo</td>
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<td>75</td>
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<tr>
<td>Hbo, universiteit</td>
<td>80</td>
<td>85</td>
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</table>

CBS 2016
1985:
By the year 2000, the differences in health status between groups within countries should be reduced by at least 25%.
By the year 2020, the health gap between socioeconomic groups within countries should be reduced by at least one fourth.
Some countries have implemented policies

England

Norway

Finland
Are we on track in Europe?
Inequalities in mortality are still there, 2000s

Lundberg et al, in prep.
Are health inequalities going up or down?
Relative vs absolute inequalities in dental health

Schuller et al, 2013
Relative vs absolute inequalities in dental health
Mortality data by SES, 1990-2010
Changes in absolute and relative inequalities in mortality, 1990–2010, men

Mackenbach et al., 2016
Changes in absolute and relative inequalities in mortality, 1990–2010, men

Mackenbach et al., 2016
Changes in absolute and relative inequalities in mortality, 1990–2010, women

Mackenbach et al., 2016
Absolute changes in mortality, men

Relative changes in mortality, men

Changes in mortality, 1990–2010, men

Mackenbach et al., 2016
• There have been **remarkable reductions** in mortality in lower SES groups – often larger, in absolute terms, than those seen in higher SES groups

• Mortality-lowering interventions have benefited lower SES-groups – despite **lower reach and/or lower effectiveness** as indicated by smaller relative reductions

• Let’s count our blessings – is this what is feasible in the absence of the **massive redistribution of resources** necessary for achieving larger relative reductions?

What do these numbers mean in real life?
Changes in inequalities, 1990–2010, men

Mackenbach et al., 2016
Changes in inequalities, 1990–2010, men

Smaller absolute, larger relative inequalities in mortality

Mackenbach et al., 2016
Changes in inequalities, 1990–2010, men

Mackenbach et al., 2016
Changes in inequalities by cause, 1990-2010, men

Mackenbach et al., 2016
Changes in inequalities, 1990–2010, men

Mackenbach et al., 2016
Changes in all-cause mortality, 1990-2010, men

Mackenbach et al., 2016
Narrowing of absolute inequalities in all-cause mortality in England

De Gelder et al., submitted
Narrowing of absolute inequalities in all-cause mortality in England

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Narrowing of absolute inequalities in all-cause mortality in England

De Gelder et al., submitted
Narrowing of absolute inequalities in smoking-related mortality in England

De Gelder et al., submitted
England vs. Finland, 1990-2010, M

Mackenbach et al., 2016
• Strong decline of ischemic heart disease mortality in lower socioeconomic groups
• Strong decline of smoking-related mortality in lower socioeconomic groups
• Absence of strong increase of alcohol-related mortality in lower socioeconomic groups
• Strong decline of mortality from amenable conditions in lower socioeconomic groups

**Downstream drivers of narrowing absolute inequalities in mortality**
Massive declines in IHD mortality are due to behaviour change and medical care.

Population-wide prevention and treatment have been critical for decline in low SES groups.
Long-term declines in smoking are now helping to narrow absolute inequalities.

Efforts to reduce smoking in the 1970s/1980s/1990s are finally paying off.
Alcohol-related mortality has often risen dramatically in low SES groups.

Greater affordability of alcohol and relaxation of alcohol control policies.
Declines in amenable mortality are helping to narrow absolute inequalities.

Access and quality of medical care have been critical for decline in low SES groups.
In the absence of a massive redistribution of resources, reducing absolute inequalities in mortality is a more realistic policy goal than reducing relative inequalities in mortality.

Policy implications (1)
Population-wide disease prevention and treatment have greater potential for reducing inequalities in mortality than national policies aiming to reduce health inequalities.
Depending on the perspective chosen, recent trends in health inequalities are more encouraging than commonly thought.

Conclusion
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