MACROECONOMIC IMPLICATIONS OF HEALTH INEQUALITIES

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INTRODUCTION

- All European countries are faced with socioeconomic inequalities in health
- The societal impact of these inequalities goes beyond population health
- We want to estimate the macroeconomic implications (and gaps in knowledge)
- In order to provide better underpinning for intersectoral policies on health inequalities
WORK PLAN

• Describe health inequalities

• Assess macroeconomic implications

• Identify intervention options

• Give policy recommendations

• Identify gaps in knowledge
PROGRESS SO FAR

• New descriptive data from Eurothine

• First estimate of macroeconomic implications of health inequalities

• First estimate of impact of improved tobacco control
Educational inequalities in the prevalence of less than "good" health among men in 20 countries
# Total life expectancy and life expectancy in “good” self assessed health according educational level. Estonia, late 1990s, in the age range 25th to 80th birthday

<table>
<thead>
<tr>
<th>Life table measure</th>
<th>Number of years</th>
<th>High minus low</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High education</td>
<td>Mid education</td>
</tr>
<tr>
<td>Men</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- total life expectancy</td>
<td>47.3</td>
<td>41.0</td>
</tr>
<tr>
<td>- of which in “good”</td>
<td>44.2</td>
<td>36.9</td>
</tr>
<tr>
<td>health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- total life expectancy</td>
<td>51.0</td>
<td>48.8</td>
</tr>
<tr>
<td>- of which in “good”</td>
<td>46.7</td>
<td>42.0</td>
</tr>
<tr>
<td>health</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Prevalence of less than “good” health among middle-aged men and women in 11 European countries, according to occupational class, 1998

Rate ratio (average = 1)
Educational Inequalities in the prevalence of chronic diseases among men in 20 European countries

- Bronchitis
- Asthma
- Allergy
- Thyroid dis.
- Migraine
- Ulcera
- Back ache
- Arthritis
- Hypertension
- Diabetes
- High cholesterol

Women vs. Men
Educational inequalities in mortality by cancer site in 12 European populations

- All cancers
- Lung
- UADT
- Stomach
- Colorectal
- Liver
- Kidney-Bladder
- Pancreas
- Hole
- Prost.Brea.
- Cerv.
- Other
HEALTH AND MACRO-ECONOMICS

- Labour productivity
- Labour supply
- Savings
- Education

(Source: Suhrcke et al., 2005)
Figure 1: association between health and earnings, per educational level

- **High education**
- **Mid education**
- **Low education**

**Monthly income (euro)**

- Very poor health
- Poor
- Fair
- Good
- Very good health
Effect of health status on personal gross monthly income in 1998 (all 16-64 years, excl. students, self-employment and unpaid work; 11 countries)

<table>
<thead>
<tr>
<th>self reported health</th>
<th>very poor</th>
<th>poor</th>
<th>fair</th>
<th>good</th>
<th>very good</th>
<th>mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>education</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>low</td>
<td>64</td>
<td>99</td>
<td>217</td>
<td>439</td>
<td>530</td>
<td>331</td>
</tr>
<tr>
<td>mid</td>
<td>309</td>
<td>495</td>
<td>769</td>
<td>1023</td>
<td>1030</td>
<td>937</td>
</tr>
<tr>
<td>high</td>
<td>556</td>
<td>902</td>
<td>1344</td>
<td>1719</td>
<td>1838</td>
<td>1656</td>
</tr>
<tr>
<td>mean</td>
<td>116</td>
<td>183</td>
<td>407</td>
<td>734</td>
<td>827</td>
<td>744</td>
</tr>
</tbody>
</table>
Main results: Distribution of personal gross monthly income in 1998 (16-64 years, excl. students, self-employment and unpaid work) under different scenarios

<table>
<thead>
<tr>
<th>Education</th>
<th>Observed inequalities</th>
<th>&quot;Levelling up&quot; scenario</th>
<th>Redistribution scenario</th>
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</thead>
<tbody>
<tr>
<td>low</td>
<td>331</td>
<td>375</td>
<td>348</td>
</tr>
<tr>
<td>mid</td>
<td>937</td>
<td>952</td>
<td>910</td>
</tr>
<tr>
<td>high</td>
<td>1656</td>
<td>1656</td>
<td>1580</td>
</tr>
<tr>
<td>mean</td>
<td>726</td>
<td>754</td>
<td>715</td>
</tr>
<tr>
<td>increase</td>
<td></td>
<td>+3.9%</td>
<td>-1.5%</td>
</tr>
</tbody>
</table>
PRELIMINARY CONCLUSIONS

• “Levelling up” scenario translates into 1.50 to 2.25% increase in GDP

• Does not include all effects (e.g. health care costs)

• More work needed!
Educational differences in smoking prevalence among men and women in northern and southern European countries.
The prevalence of health problems attributable to smoking and non-smoking related health problems, by educational level.
The prevalence of health problems by educational level under two tobacco control scenarios.
The educational gap in the prevalence of health problems, for smoking-related and other health problems, under two tobacco control scenarios.
PRELIMINARY CONCLUSIONS

• Improved tobacco control may reduce tobacco-related health inequalities by 25-60%
• Inequalities in smoking currently account for about 15% of inequalities in health at working ages
• Improved tobacco control may reduce macroeconomic impact of health inequalities by 25-60% of 15% (max.)
• Further work needed!
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