

Summary

Background

Socio-economic inequalities in morbidity and mortality are an important public health problem in the European Union (EU). People from lower socio-economic groups are reported to suffer 2 or 3 times more often from disease, disability or premature death. It is important to take socio-economic factors into account in the Health Monitoring System (HMS) that is being developed by the European Commission. Their inclusion will offer a unique opportunity to monitor socio-economic inequalities in morbidity and mortality not only for single member states, but also for the EU at large.

Overall aim, objectives

This report aims to contribute to the development of a system for monitoring socio-economic differences in health indicators in the European Union. The specific objectives of this report are (1) to develop guidelines for the monitoring of trends in socio-economic inequalities in morbidity and mortality and (2) to illustrate these guidelines by analysing changes in health inequalities in several member states between the 1980's and 1990's. These illustrative analyses serve the additional purpose to explore the possibilities that the currently available data sources offer to monitor inequalities in health in the EU.

Approach

The work plan consisted of three steps. First, a preliminary set of guidelines were developed by explicitly taking into account both practical and theoretical considerations. Emphasis was laid on practical considerations. For example, the proposed data sources should be available for most member states, and analytical methods should be easy to calculate and interpret. Second, the preliminary guidelines were applied in a number of illustrative analyses that were based on data from mortality registries and health interview or multi-purpose surveys. The analyses covered a broad range of health indicators and socio-economic indicators. Nearly all EU member states were included for which nationally representative data were available. Third, based on the experiences with the illustrative analyses, the definitive series of guidelines were formulated.

Results

It was possible to develop a detailed set of guidelines that were agreed upon by all participants to the project (see part two). These guidelines were found to be applicable to both mortality registries and to interview surveys. The main guidelines are summarised in chapter 2. Guidelines are given on each of the five steps that have to be taken in order to monitor socio-economic inequalities in health. These steps are (1) the identification of data sources, (2) the measurement of socio-economic variables, (3) the tabulation of health indicators by socio-economic variables, (4) the statistical analyses of the data and (5) the evaluation and interpretation of the results. Chapters 4 to 8 discuss these steps in more detail, and give suggestions on precise methods and indicators to be used.

In the illustrative analyses, it was found possible to provide a first EU wide overview of trends in socio-economic inequalities in mortality and morbidity (see part three). Socio-economic inequalities in mortality (by cause of death) and in self-reported morbidity were demonstrated for each EU member state for which data were available. Relative inequalities in pre-mature mortality widened between the 1980s and the 1990s. The changes with respect to self-reported morbidity were less consistent. Detailed data results on both mortality and morbidity are presented in chapters 11 to 18. In each chapter, the potential effect of a number of data problems is evaluated carefully, often with numerical examples.

Conclusions

It is possible to monitor socio-economic inequalities in cause-specific mortality and/or self-reported morbidity in most EU member states. Including measures of socio-economic

inequalities in health will greatly enhance the informative value of a Health Monitoring System for the EU. Detailed guidelines are now available that are both theoretically acceptable and practically feasible.

Further work

At pages 5 and 6, a number of recommendations are given for future work that aims to contribute to monitoring socio-economic inequalities in health in the EU. It is stressed that the usefulness of the HMS to policy makers would be greatly enhanced by adding information on socio-economic inequalities in *determinants* of mortality and morbidity, such as health behaviours and health care utilisation.

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