



Health at a Glance report: Europe 2016 – State of health in the EU CYCLE Main findings on health inequalities

DG SANTE- C4

**14-15 March Expert group meeting of
social determinants and Health
inequalities**

Key findings

- Large inequalities in health still persist
- Gap continues to widen
- Mainly due to different exposures to health risks & disparities in access to high-quality care
- Although quality of care has improved, disparities remain
- Fundamental drivers relate to between-countries, lifestyle and chronic diseases, social status, education and gender differences

Health inequalities between countries

- Premature mortality rates from NCDs among working-age population are **twice as high** in BG, HU & LV compared to the EU average
- **10%** of people in LV, EE and GR reported unmet needs while this is **less than 1%** in LU, ES, NL, SV and AT
- There is an **eight-fold** difference between LT and CY, the countries with the highest and lowest death rates from suicide
- **27%** of patients in the EU reported going to an ED due to lack of primary care availability, compared to **15%** of patients in DK, BE, GR & RO
- Colorectal cancer incidence rates are **double as high** in SK, HU, DK and NL compared to GR
- Cancer mortality rates are **10% higher** in Eastern Europe than the EU average
- Diabetes prevalence has risen faster in low-income countries than high-income countries
- In BG, out-of-pocket medical spending as a share of financial household spending is almost **three times** as high as the EU average
- Life expectancy in Central and Eastern Europe is **8 years lower** than the EU average

Lifestyle & chronic illnesses at work

- **62%** of current smokers were employed in 2013 vs **73%** of non-smokers
- **70%** of heavy drinkers were employed in 2013 vs **77%** of light drinkers
- Among white collar workers in DE, obese women earn **10% less** p/h than non-obese women. In SE, the wage penalty associated with obesity is **18%**
- Employment rate of people aged 50-59 who have 1 or more chronic diseases is lower than that of people who do not suffer from any disease
- Mental illness reduces workers' marginal productivity and increases absenteeism
- Public expenditure on disability and paid sick leave represents **1.7% of GDP** in Europe vs **1.3%** in 2013

Social status

- Negative labour market consequences of chronic diseases are more prevalent in individuals with less education and lower SES
- In 2014, poor people were **10 times** more likely to report unmet medical needs for financial reasons than rich people
- Many countries experience a **growing** uneven distribution of doctors, with people living in rural and remote areas often under-served
- In IT and FR, proportion of people reporting unmet needs due to financial reasons among low-income populations **increased by more than 50%** between 2008 and 2014. In GR, the proportion more than **doubled** between 2008 and 2014, and **tripled** in PT
- In the UK, people from the most deprived fifth of neighbourhoods are nearly **two and a half times** more likely to be admitted to an ED as people living in the most affluent fifth

Social status

- In SK, Latvia, HU, EE and CZ, 65-year-old men with a high level of education can expect to live **more than four years** longer than those with a low education level
- **80%** of people in the highest income quintile report being in good health, compared with just over **60%** for people in the lowest income quintile. The gap between the two income groups is highest in EE, LV and CZ
- In RO, the proportion of the population covered by social insurance was **95%** in urban areas than **76% in** rural areas
- After the financial crisis, **10%** of people in GR reported having unmet care needs for financial reasons compared to **4%** before the crisis
 - Additionally, the absolute number of deaths due to suicides increased by over 60% from 2007 to 2013 (328 to 532)

Impact of education

- Negative labour market consequences of chronic diseases are more prevalent in individuals with less education and lower SES
- **20%** of adults with a lower level of education smoke daily compared to **14%** of those with a higher level of education on average across EU countries
- People with the lowest level of education are **more than twice as likely** to report having diabetes or COPD as those with the highest level of education
- **21%** of adults with lower levels of education are obese compared to **11%** of those with higher levels of education
- **14%** of adults with higher levels of education consume at least 5 fruits and vegetables per day vs **10%** of those with lower levels of education

Gender and health inequalities

- **63%** of women vs. **79%** of men that were heavy drinkers were employed (vs. 73% and 82% of non-heavy drinkers, respectively)
- Alcohol accounts for **twice as many** deaths for males than for females
- Death rates from lung cancer are almost **three times** higher among men than among women in the EU
- High suicide rates in LT are driven by exceptionally high rates among men, which are **six times** higher than among women
- CVD accounts for **40%** of all deaths in women vs **34%** for men
- In the EU as a whole, almost **twice as many** men die from respiratory diseases than women
- **18%** of women vs **10%** of men over age 60 have symptomatic osteoarthritis