

WHAT IS DRIVING THE HEALTH DIVIDE?

The usual suspects are not necessarily driving health inequities

In considering the systematic factors that contribute to critical health gaps, issues with health systems and low-quality health services are often cited first. Analysis in the Health Equity Status Report shows, however, that while health services do indeed play an important role in health inequities, and therefore in achieving health equity, other critical factors are also at play.

The Report identifies the following **5 critical factors** driving health inequity, and assigns each a percentage contribution to the overall burden of inequity:

1. access to and quality of health care;
2. income security and social protection;
3. living conditions;
4. social and human capital; and
5. employment and working conditions.

While these factors are interdependent, inequities and deficiencies in each one contribute to the health gap. Currently, in every country of the WHO European Region, the conditions needed for equity in each factor are not being sufficiently met.

In the Report, a key statistical model analysing European data shows that inequity in **income security and social protection** and inequity in **living conditions** are the largest contributors to the gaps in self-reported health status, mental health and life satisfaction.

Looking closer at what drives health inequities

The Report disaggregates the burden of inequity, assigning a percentage to each of the causal factors. The following are listed in descending order.

- **Inequity in income security and social protection: 35%**
Across the Region, inequity in income security between the richest and poorest in a country accounts for 35% of the gap in self-reported health. For individuals and families, this is experienced as the “struggle to make ends meet” and includes difficulties in affording the goods and services essential to living a dignified, decent and independent life. Barriers to social protection, including stigmatizing social support, compound income inequalities. Experiencing stigmatization, not having the same opportunities as others and living in a chronic state of financial insecurity increases stress and anxiety, taking a toll on mental as well

as physical health and reducing the sense of trust and belonging in society. This has impacts on all of society.

- **Inequity in living conditions: 29%**

Inequity in living conditions, including quality and security of food, fuel, homes and neighbourhoods, accounts for 29% of the gap in self-reported health. Shelter and safety are fundamental human needs, providing a sense of belonging, peace and security. Damp, unsanitary, overcrowded or insecure housing, unaffordable heating or other housing costs, unsafe neighbourhoods or fear of violence in the home, and exposure to polluted communal spaces are all barriers to meeting these fundamental needs.

Along with hunger and not being able to afford nutritious food, these conditions put the individuals and families exposed to them at disproportionate risk of adverse health conditions and premature death.

- **Inequity in social and human capital: 19%**

Low social and human capital, which accounts for 19% of the gap in self-reported health, refers to feelings of isolation, low levels of trust in others and a

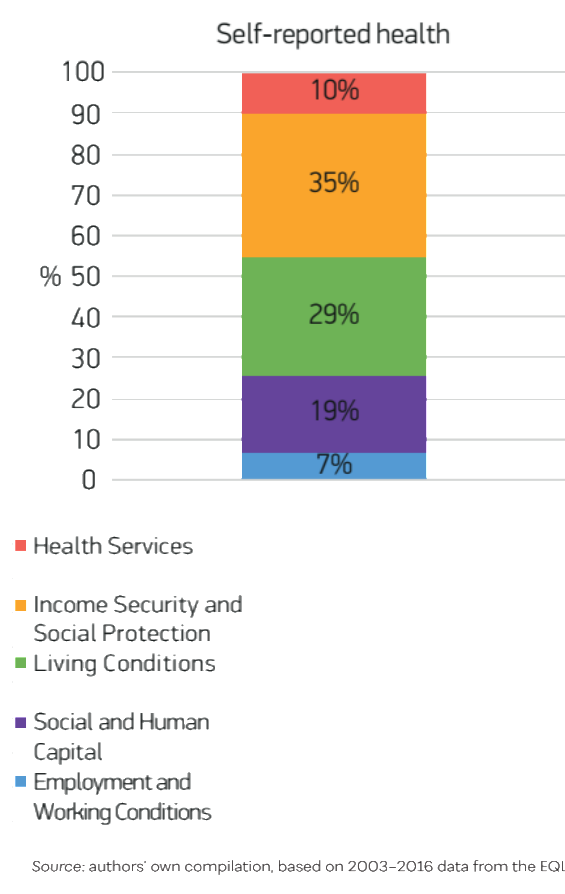
sense of having no one to ask for help, and to feelings of being less able to influence politics and change things for the better. This also includes gender-based violence against women, which remains one of the most common human rights violations in the Region. The Region also shows mixed trends in differences in quality and accessibility of and participation in education and learning in the early years and throughout the life course.

Meaningful participation in society, trust in others and the ability to influence decisions contribute to stronger individual and social resilience and lower levels of morbidity and poor mental health. All these issues have an impact on a person's opportunities and choices in life that are critical to health and well-being.

- **Inequity in health services: 10%**

Inequity in the quality, availability and affordability of health services accounts for 10% of the gap in self-reported health. Where health systems fail to provide universal access to good-quality health services and adequate financial protection against prohibitive health costs, people may be forced to choose between using essential health services and meeting other basic needs. As well as having an impact on health and well-being, this in turn impacts the risk of social and economic vulnerability and exclusion.

Fig. 1. Percentage of the health gap explained by 5 essential underlying conditions



- **Inequity in employment and working conditions: 7%**

Inequities in employment opportunities and secure and decent work account for 7% of the gap in self-reported health. Being out of employment, training or education when aged between 18 and 28 years is a risk factor for poor mental health and early-onset cardiovascular diseases in later life.

Productive participation in the labour market has a health equity impact through its effect on day-to-day life and long-term life chances. The quality of that participation is just as important, as insecure or temporary employment and poor working conditions are associated with adverse mental and physical health effects, including fatal and non-fatal cardiovascular events, depression and burnout.

For more information, please visit: www.euro.who.int

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