

HOW SERIOUS IS THE HEALTH DIVIDE IN THE WHO EUROPEAN REGION?

Are Europeans living long and healthy lives?

The WHO European Region is regarded as one of the healthiest and most prosperous regions in the world. Steadily increasing life expectancies across most of its 53 Member States averaged 82.0 years for women and 76.2 years for men in 2016. However, these country averages obscure substantial inequities within countries.

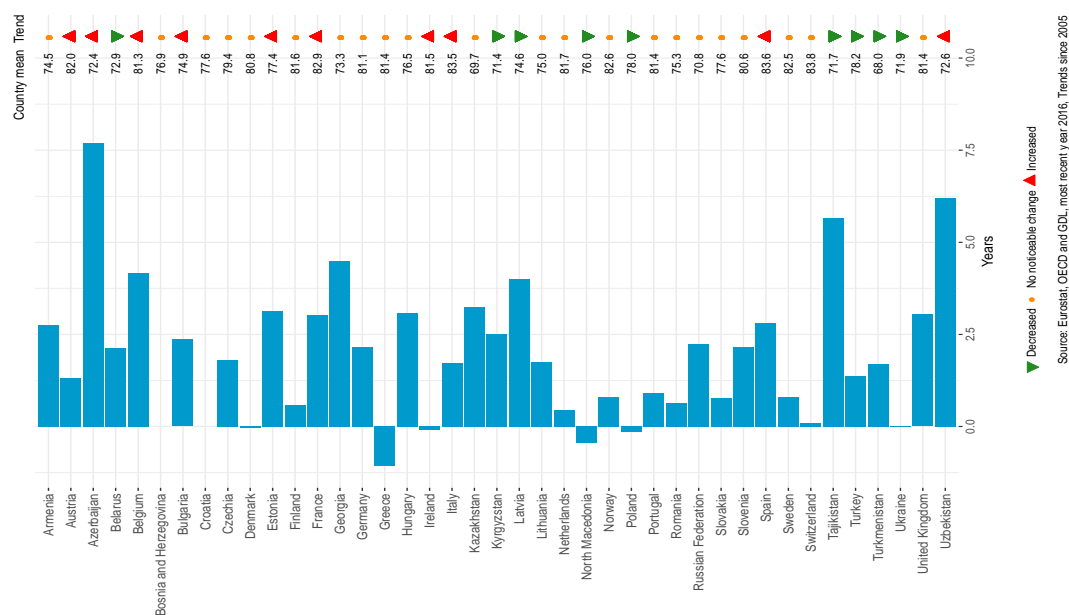
Table 1. Average regional life expectancy and average gaps in life expectancy within countries

| | Average life expectancy across the Region (years) | Average gaps in life expectancy within countries (years) |
|---------------|---|--|
| Female | 82.0 | 3.9 |
| Male | 76.2 | 7.6 |

Gaps in length of life across the Region

Inequities in life expectancy between social groups are substantial. In countries across the Region, a woman's life expectancy is cut by an average of 3.9 years and a maximum of 7.4 years if she is in the most disadvantaged social group; a man's life expectancy is cut by an average of 7.6 years and a maximum of 15.5 years if he is in the most disadvantaged social group.

Fig. 1. Life expectancy differences between the most disadvantaged and the most advantaged subnational regions, 2016 (and trends since 2005)



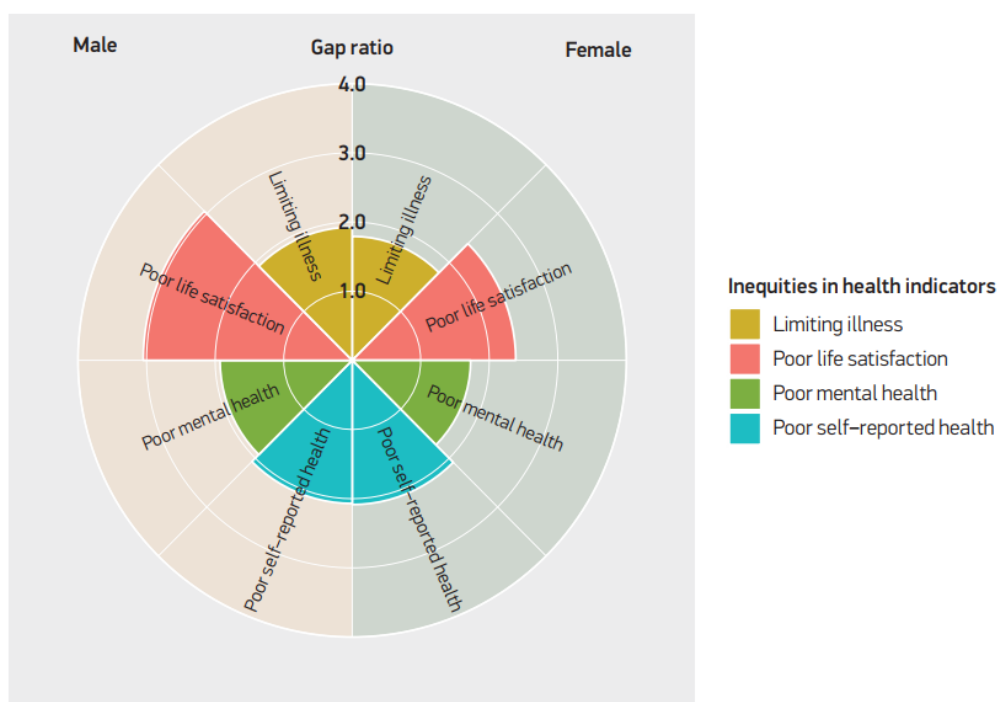
Where a person lives also influences how long they live: trends show that in almost 75% of countries surveyed, the differences in life expectancy between the most and least disadvantaged areas have not changed in over a decade, and in some cases have worsened.

Inequities in mortality begin at the start of life. In the most deprived areas, 4% more babies do not survive their first year compared to babies born in the more affluent areas. In 23 out of 35 countries with available data, infant mortality rates between the most and least disadvantaged areas have stayed the same or widened over the last decade.

Gaps in health and quality of years lived

Almost twice as many women and men with the fewest social and economic resources report poor health and illnesses that limit their daily activities compared to their counterparts with abundant social and economic resources. The fewer the social and economic resources, the higher the reported rates of both general poor health and limiting illness, reflecting a socioeconomic gradient for each. Trends over the last decade show that the gaps in these rates have remained largely unchanged.

Fig. 2. Average within-country gaps in health and well-being indicators between the poorest and richest 20% (gap ratio = number of times more at risk)



Source: authors' own compilation based on the Health Equity Dataset.

Health gaps start in childhood and widen over the life course

The accumulated poor health of those with fewer social and economic resources when entering adulthood and later life predicts their higher risk of poverty and social exclusion, loss of independent living, and more rapidly declining health. Looking at different age groups, **the health gap between the most and least advantaged 20% becomes wider at subsequent stages of the life course, from childhood to later life.**

- During childhood, **6% more girls and 5% more boys in the poorest families report poor health** compared to girls and boys in the richest families.
- During the working years, this gap in self-reported poor health widens to **19% more women and 17% more men in the poorest groups** compared to the richest groups.
- By the time adults reach 65 years and over, **22% more women and 21% more men in the poorest groups report poor health** compared to the richest groups; this is of increasing concern given the demographic shifts towards ageing societies across the Region.

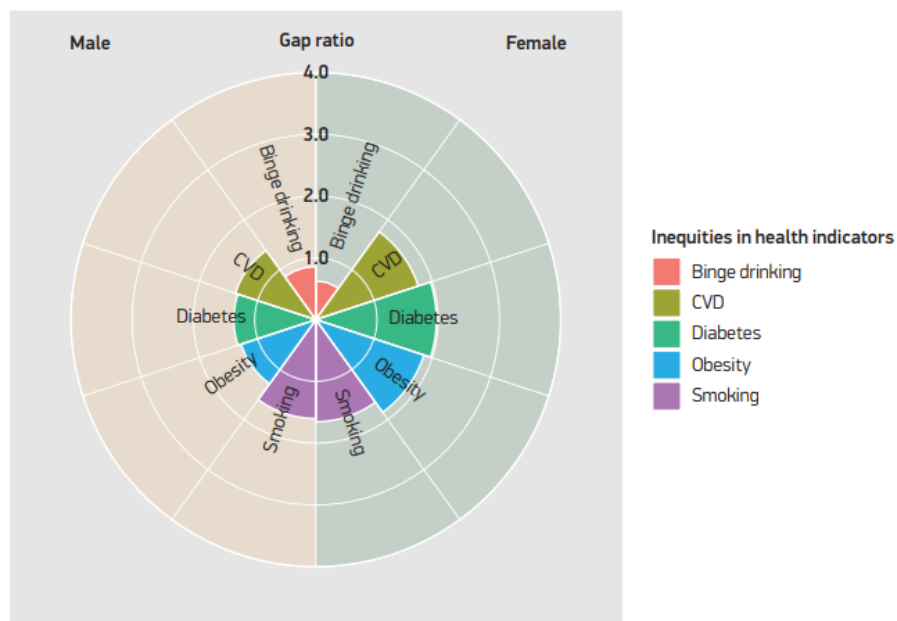
Table 2. Health gap between most and least advantaged 20% throughout the life course

| | Childhood | Working years | Later life |
|--------|-----------|---------------|------------|
| Female | 6% gap | 19% gap | 22% gap |
| Male | 5% gap | 17% gap | 21% gap |

Specific illnesses

- **Diabetes is almost 2 times as likely** among women with fewer years of education, and almost 1.5 times for men.
- **Cardiovascular diseases (CVDs) are around 1.5 times more likely** among women and men with fewer years of education.
- Examining self-reported general health, **over twice as many women and men in the poorest 20% report poor health** compared to the richest 20%.

Fig. 3. Average within-country gaps in indicators of illnesses and risk factors between the poorest and richest 20% (gap ratio = number of times more at risk)



Source: authors' own compilation based on the Health Equity Dataset.

Gaps in mental health and well-being rising in western European countries

Depression and anxiety disorders are among the top 5 contributors to the overall disease burden in the Region. They often go hand in hand with the development of physical illness, such as CVDs and

tuberculosis. As such, gaps in self-reported health, mental health and well-being are also early warning signs of unequal risks of becoming ill.

- **Rates of poor mental health are 2 times higher** among men in the lowest-earning 20% of households compared to men in the highest-earning 20%, and **rates of poor life satisfaction are 3 times higher.**
- **Rates of poor mental health are over 1.5 times higher** and **rates of poor life satisfaction are almost 2.5 times higher** among women in the lowest-earning 20% of households compared to women in the highest-earning 20%.

These **gaps have not been narrowing** across most of the Region over the last decade and have increased within western European countries.

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

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