Inequalities in health and health care

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Why health equity?

- health is a vital constituent of human capabilities
- health is crucial for a fair and efficient formation and distribution of human capabilities
- health must figure as a major concern in discussions about equity and social justice
- unprevented or untreated disease: personal choice or social arrangements (e.g. poverty)
- opportunity in health and achieved health
- most individuals will give priority to good health if really given a choice

Equity and equality are not always the same

- equality is not necessarily equitable
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- inequalities that originate from health-related factors may be equitable
  - → poorer health among the elderly is inevitable, more intense health services utilization by the ill seems desirable
- inequalities that originate from non-health-related factors considered inequitable
  - → socio-economic inequalities in health, regional inequalities in access to care, ...
- concepts of equity usually based on avoidable inequalities

Equity is difficult to measure

- avoidable inequalities in health should be avoided
- inequalities based on unequal needs may be desirable
- two concepts of equity in health care
- horizontal equity: individuals with equal needs receive equal care
- vertical equity: individuals with unequal needs receive adequately unequal care
- less obvious for equity in health
- How much may health depend on socio-economic status?
- social inequalities in opportunities in health obviously inequitable
- But: Is there a difference between opportunity in health and realized health?

Health in all policies

- health policy and health systems important to maintain and foster population health
- however, health system may have only little opportunity to improve population health in many contexts
- many determinants of health lie outside the health system
- common demand for *health in all policies*
- economic, political and societal framework conditions important for health
- social policies may affect formation and distribution of health

An empirical example from Germany

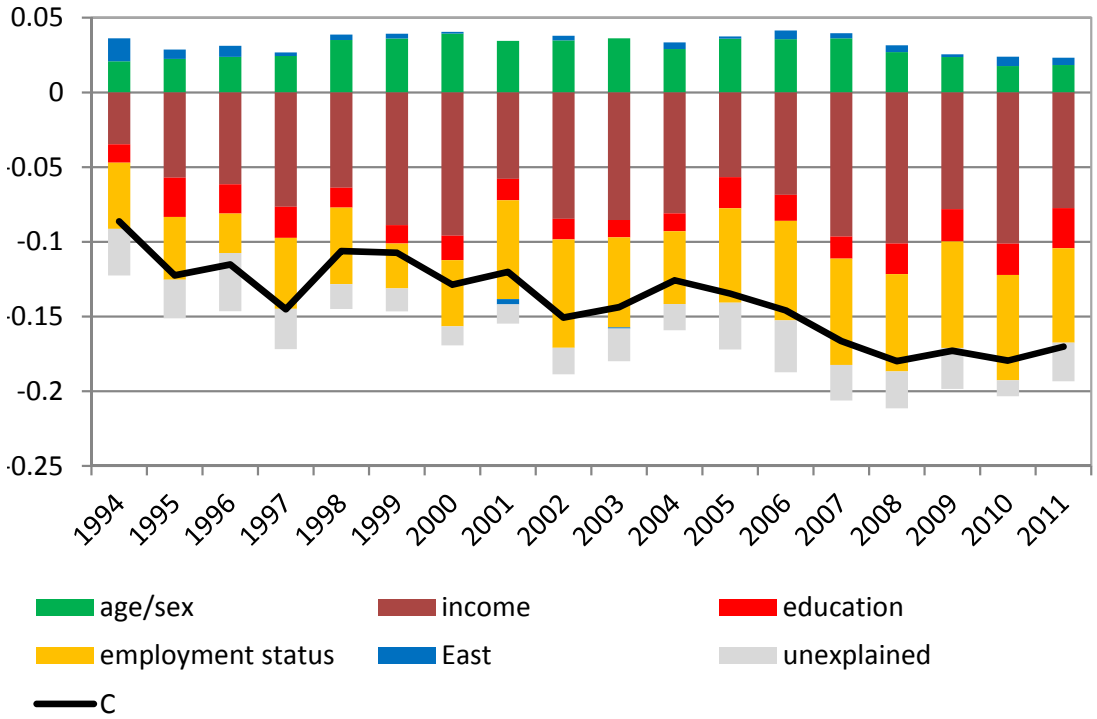
- recent study by Siegel et al.:
  From a conservative to a liberal welfare state: Decomposing changes in income-related health inequalities in Germany, 1994–2011. *Social Science & Medicine* **108**:10–19
- background: Germany liberalized its welfare state between 1998 and 2004
- Questions were:

1. How did the health gradient evolve over time?
2. Did the contributions of social determinants to health inequalities change over time?
3. Can any of this potentially be attributed to the welfare state liberalization?

Health inequalities doubled over time

- *negative contributions:* a factor "draws" prevalence towards the poor
- *positive contributions:* a factor "draws" prevalence towards the rich
- socio-economic determinants of health contribute to inequalities
- contribution of socio-economic determinants of health increased over time
- age and sex mediate inequalities

contributions to inequalities in unsatisfactory health



(annual estimates)

Concluding remarks and my two urgent requests

- a well-functioning health care system is inevitable to maintain and foster population health
- social determinants of health play an important role in the achievement and distribution of population health
- socio-economic inequalities in health exist in Germany despite its fairly equitable health care system
- potential factors outside the health care system should be involved

Two urgent requests:

1. Consider the health dimension in all policies.
2. Consider the socio-economic dimensions of health.

Thank you for your attention!