

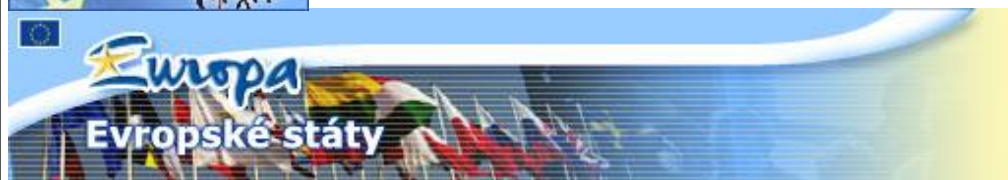
Inequalities in the EU New Member States

Brief Overview

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Aims of the presentation

- **To remind**
that health is not just absence of illness
- **To demonstrate**
How available EU data can be used for national inequalities profiles
- **To challenge**
Stereotypes in interpretation of inequalities in „East“ and „West“ EU countries



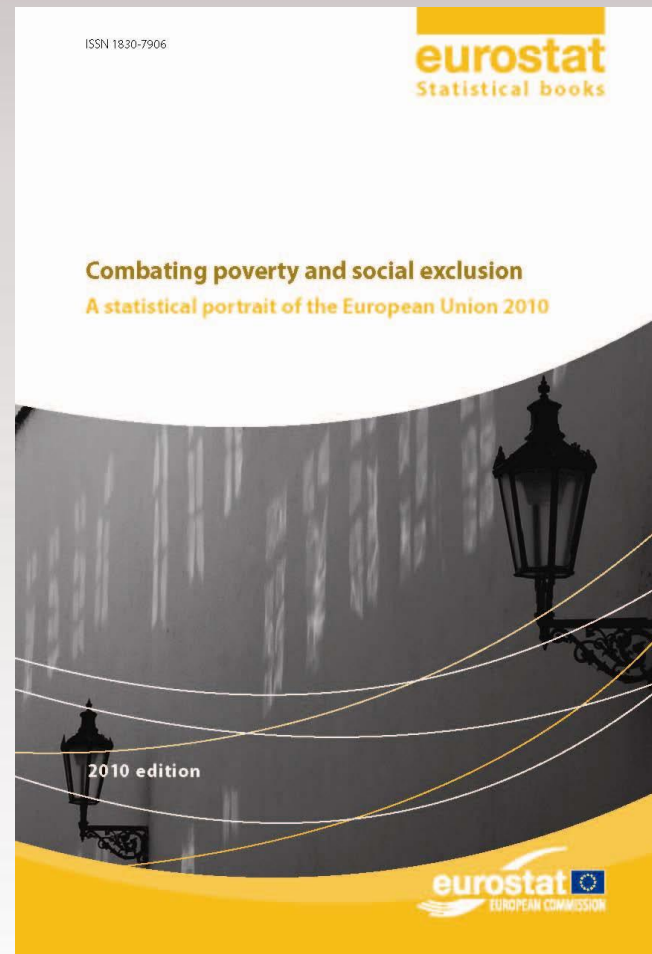
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Zvolte zemi, o níž se chcete dozvědět více



Main Source of data



**Eurobarometer
WHO, OECD: Health
Working Paper No.
58: Income related
inequalities in health
service utilisation in
19 OECD Countries,
2008-09**

**Eurostat: Statistics in
focus, Population and
Social Condition**
[www.eurohealhtnet.e
u](http://www.eurohealhtnet.eu), Equity Channel



Selected indicators of HI

- Risk of poverty
- Income distribution
- Education attainment
- Risk of poverty among elderly
- Risk of poverty among children (under 18 years) in different types of household
- Gender wages gap
- Health care utilisation

Poverty risk

- **Indicator linking together some economical characteristics**
- **Estimated percentage of population living on different level of a national average income, most frequently 60%, also 75% and 50% and 40% - different level of poverty**
- **EU 17%** level 60 (**6 %** at level 40)
- **Highest risk : RO 25%, LT 21%, BG 23%, EL 20%, ES 20%**
- **Lowest risk: CZ 10% (2%), SE 11 (4), SK 11 (2), SI 12 (3), A 12 (3),**

Income distribution

- Ratio between incomes of most and less affluent population (highest and lowest 20%)
- **EU 5** – the highest income is 5 times higher than the lowest (similar DE, PL, IR)
- Highest inequality : RO 7,8, LT, PT 6, IT, UK 5,5
- Lowest: SI 3,3, SE, CR, SK 3,5

Poverty and Age

- **Elderly 65+ EU 22% women, 17% men**
- **Highest risk : CY 53/47%, EE, LV 39/21%, UK 31/28%, RO 25/32%**
- **Lowest: CZ 8/2%, HU 8/3%, SK 11/3%, PL 9/5%, LU 7/6%**

High gender gap in the most of countries
Only women in MT are in a smaller risk of being poor if 65+

Poverty risk and type of household

Single parents with children

EU 34%

- Highest: MT 54%, LU 45, UK 44%..CZ 37%
- Lowest: DK 17%, FI 22%, FR 27%

Two adults + 3 and more children:

EU 25%

- Highest: **BG 71%, RO 55%, LV 46%, PT 43%, IT 41%**
- Lowest: DE 12%, SE , FI 13%, DK 15%, CY 16%

In some countries : **single living persons** are in higher risk of poverty than household with children (**EE, CY, BG, FI, SI, LT, LV**)

Education I – Early school leavers

- Children who do not finish lower secondary education
- More boys than girls
- EU 15%
- **Highest** PT(36%), **MT**, ES,IT, **EE** (but the one of highest % of University edu.)
- **Lowest** : **CZ 5%** and narrow gender gap), **PL, SK**, FI, SE (**under 10%**, the only countries fulfilling **Lisbon Target 2010**)

Education II Youth education attainment in 20-24 years

- Completed upper secondary education
- EU 77%
- Highest **SK, CZ (95%), PL, SI, LT, SE, IE** (fulfilled Lisbon target 85% for both sexes)
- Lowest MT (52%), PT, ES, DK, LU

Education and life expectancy

Life expectancy gaps between high and low educational attainment : men

Wide: **EE (19years), RO, BG,SL,CZ, HU, PL** Women: EE (9 years)

Narrow: SE (4 years), NO, MT, DK

Mortality advantage of women over men: the life expectancy of men with higher education is lower than life expectancy of women with the lowest education (IT, **MT,PL, RO, SL**, FI, SE, NO)

Gender wage gap

Indicator : percentage of gross hour wage of men

EU 17,5 %

Highest Gap: **EE (30%)**, A (26%) **CZ (24%)**

Lowest : **MT (5 %)** a IT (4%)

Correlation with education seems negative for gender and wages in EU

CZ: The higher job position, the bigger difference

Health care utilisation I

- In most countries high- income people are more likely to visit a doctor than low-income people. **CZ**, **UK**, **DK**, **SL** – reversed
- Pro-rich inequities not at high level
- Frequency of utilisation not significantly different. **PL**, **ES**, **FI** highest level of pro-rich inequity

Health Care Utilisation II

- **Financing** of health care services can have the important effect on equity in health care utilisation (public and private health insurance, share of out of pocket payments)
- Some of inequalities cannot be explain by financial barriers (**culture, norms, values**)

Analysis and conclusion I

Population in New MS at higher risk of poverty (and HI) then in Old MS

- **Members of households with 3 and more children**
- **Single living persons**
- **People 65+, especially women**
- **Men, esp. low educated**

Analysis and Conclusion II

Determinants of health (and HI) better in New MS than Old MS

- **Smaller percentage of early school leavers**
- **Higher youth education attainment**

Messages

- **Health is not absence of illness.**
- **Existing and available EU data** could be use to describe inequalities at national levels and help to target real population groups at risk
- **Do not widen inequalities gap** beetween „old“ and „new“ EU countries by stereopypes and by absolute GDPs.



Thank you

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