HEALTH INEQUALITIES

- Contributors
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- Narrowing health inequalities has been a key health policy objective over the last decades, yet inequalities in health related to people's socioeconomic background have hardly declined.
- The levels of education and/or income are linked with several aspects of health, such as alcohol mortality, dietary habits, sporting activity, coping at work, experience of physical ability to work, sick leaves, invalidity pensions, long-term illnesses, health expectancy and mental health problems.
- Child poverty has increased and become more persistent.
- The differences in mortality and life expectancy between income groups are usually slightly greater than differences based on employment status or education.
- There are more health inequalities between men than there are between women.

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Figure 2.1 Life expectancy of a 25-year-old (in years) in 1996–2014 by income quintile (bottom and top ones) and by educational group for men and women. Source: Suomalaisten kuolleisuuserot tulo- ja koulutusryhmittäin [Report on the differences in mortality of Finns by income and educational group]. Terveytemme.fi website, Finnish institute for health and welfare.

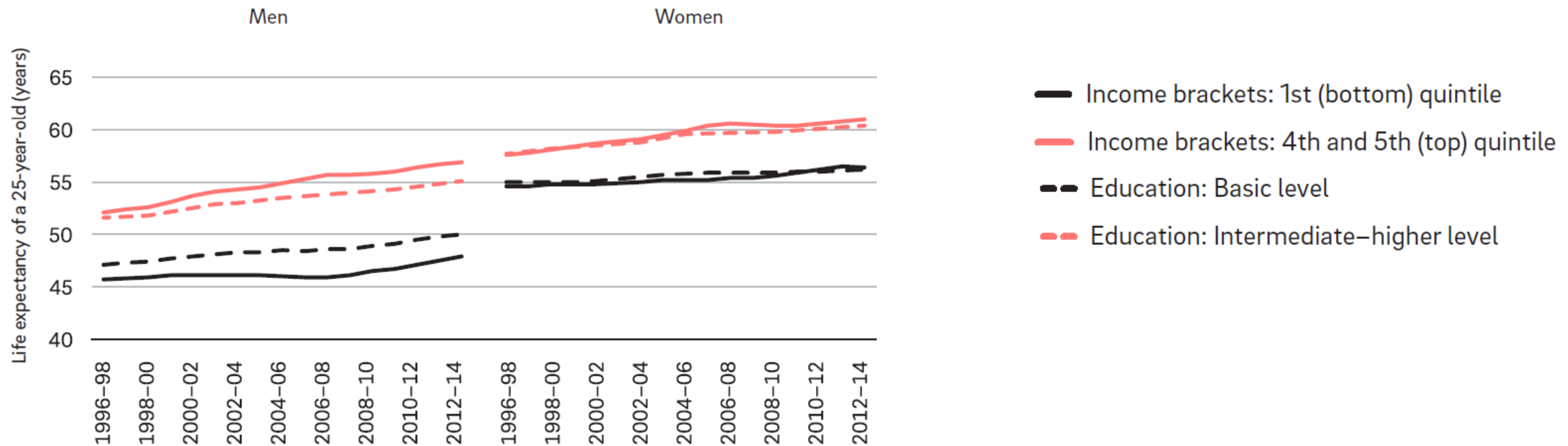

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Figure 2.2 The share (%) of those whose experienced health was average or below average by gender and education at ages 20–63 in 1979–2018.

Sources: Finnish institute for health and welfare: Health Behaviour and Health among the Finnish Adult Population AVTK (1979–2012), Regional Health and Well-being Study ATH (2013–2017) and FinSote (2018). The relative education level has been calculated for each decade of age based on the years of education indicated by the respondents to the study.

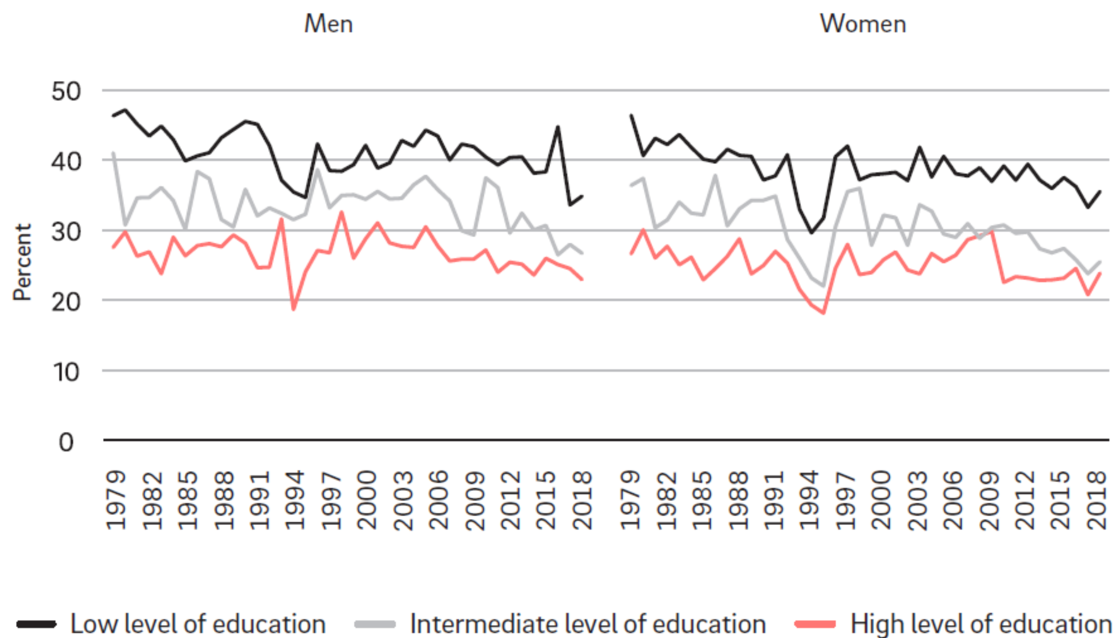

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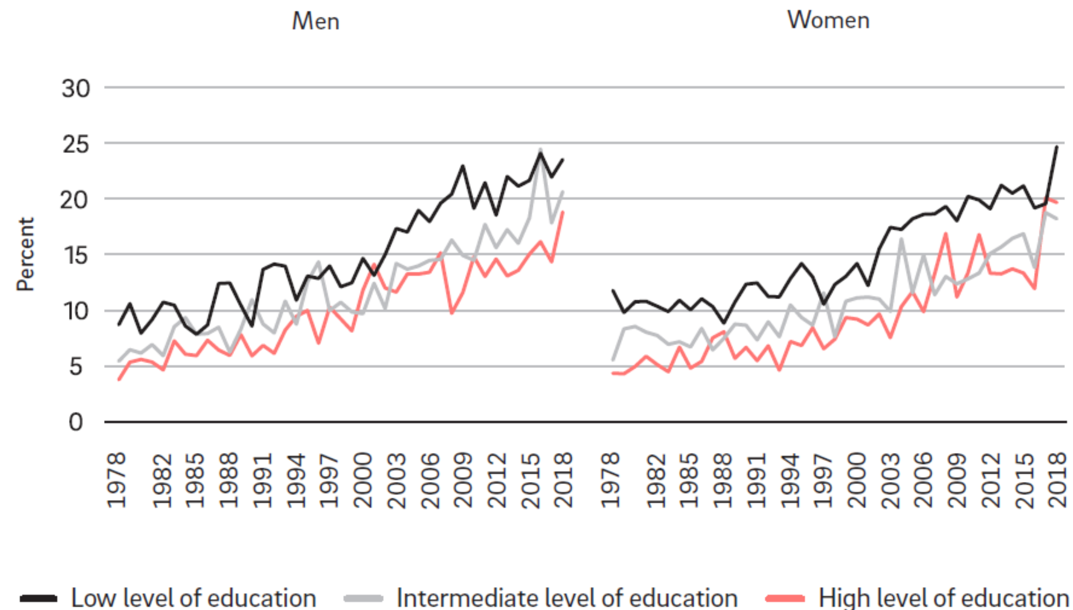
Figure 2.5 The share (%) of overweight (body mass index, BMI ≥ 0 kg/m²) people by gender and education at ages 20–64 in 1978–2018.

Source: Finnish institute for health and welfare: Health Behaviour and Health among the Finnish Adult Population AVTK (1979-2012), Regional Health and Well-being Study ATH (2013–2017) and FinSote (2018). The relative education level has been calculated for each decade of age based on the years of education indicated by the respondents to the study.



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- Conclusions and recommendations
  - The underlying causes of health inequality stem from broader social inequality. Health impacts should therefore be estimated and considered when making any decisions that affect inequality. These include, for example, decisions that affect housing, working and living conditions, employment, wage differences, poverty, and the persistence and inheritance of deprivation.
  - It is important to support childhood by investing in families, early childhood education and schools, as health inequalities stem from childhood.
  - Universal actions have enhanced the health of the population in general. If the society also wants to narrow health inequalities, targeted measures to enhance the health of the most vulnerable are needed.
  - The system of services that contribute to the well-being, employment and ability to work of the unemployed as well as the availability of health services must be enhanced.
  - Addressing health inequalities with more information only has been proven to be ineffective. Healthy lifestyles can be socially supported, for example, by influencing the price, availability or marketing of tobacco, alcohol and food.