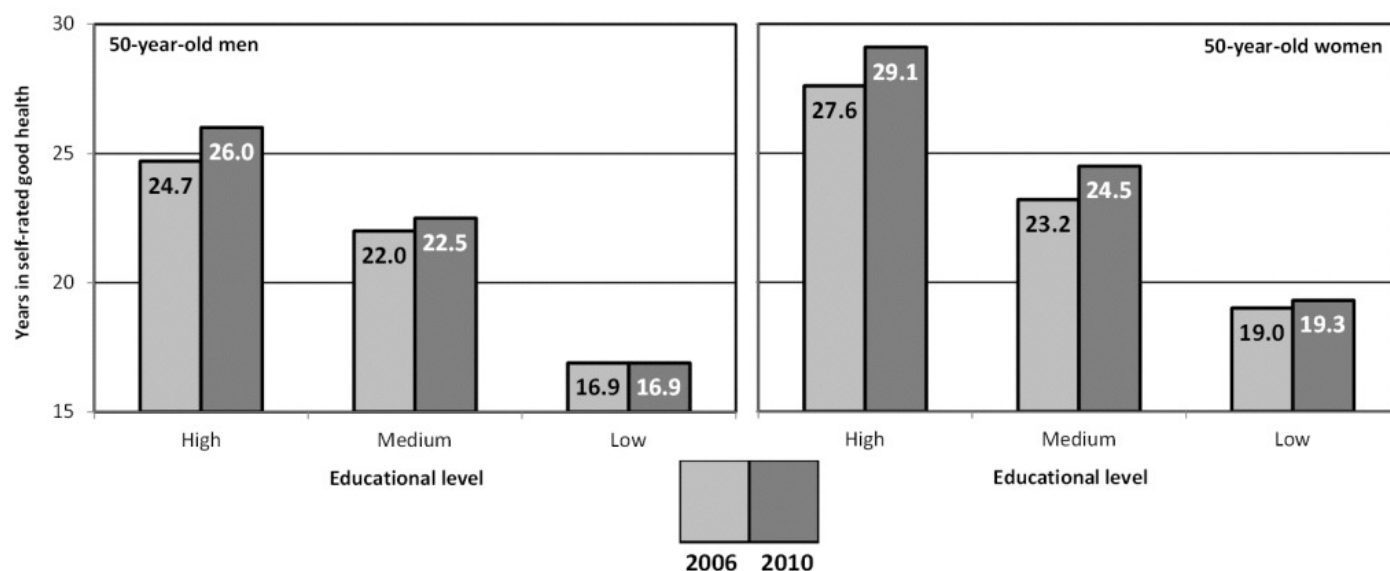


The social gap in lifetime in good health increased during the financial crisis in Denmark

The trend of increasing social health inequality persisted during the financial crisis in Denmark. In addition to about 4 extra years of life 50-year-old Danes with a high educational level could expect to live more than 9 years longer in self-rated good health than 50-year-olds with a low educational level. During the period 2006-2010 this social gap increased by more than 1 year for both genders.

It is well known fact that the free market forces create social inequality. Also, the impact of the continual economic downturns step up the surplus value to the benefit of the most favoured social groups. The association between wealth and health has been demonstrated in many studies worldwide. The difference in life expectancy between Danish men in the highest and lowest income quartile increased from 5.5 years in 1987 to 9.8 years in 2011. Among women the increase was modest, as expected years of life differed by 5.3 years in 1987 and by 5.8 years in 2011. Also the social gap in years lived in good health have increased for decades and it is not likely that the recent financial crisis has had a negative effect on the well-off part of the population. But worrying about diminishing pension and savings might induce worse health among those who have retired or are close to retirement age. Furthermore, the budget deficits and cutback in the public sector put a strain on those who lost their jobs and those with high risk of losing their jobs.



Expected lifetime in self-rated good health at age 50 in Denmark, 2006 and 2010, divided by educational level

The purpose of the study was to estimate how much the average lifetime in good health among 50-year-old Danes differed between educational groups before and after the financial crisis. By use of nationwide register data on mortality combined with data from the Survey of Health, Ageing and Retirement on self-reported health status expected lifetime without activity limitations or in good health was quantified.

Educational level was divided into low, medium and high level and the difference in life expectancy at age 50 between the high and low educational groups increased by 0.3 years for men and 0.8 years for women during the period 2006-2010.

A widespread measure of general health status is that of self-rated health based on answers to the question "Would you say your health is excellent, very good, good, fair or poor?" We used this information to observe whether the educational disparity in expected lifetime in self-rated good health had changed during the financial crisis. The figure shows that the difference between high and low educated 50-year-old Danes increased by more than 1 year (from 7.8 to 9.1 years for men, and from 8.6 to 9.8 years for women). Accordingly, the educational gap in expected lifetime in self-rated fair and poor health widened as the difference between low and high educated increased from 3.5 to 4.5 years for men and from 5.4 to 5.8 years for women.

To avoid increasing social inequality in health primary health care should offer more attention to low educated people who lost their job or are confronted with the risk of losing their job. Furthermore, efforts to avoid marginalization of low educated and unemployed persons should be enhanced.

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