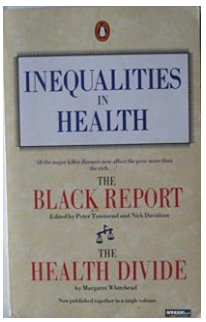
Materials that accompany lectures in Social medicine

Lecture 06 – Socioeconomic inequalities in health

The link between social status and health is widely known, ever since the times of kings and peasants. However, the real nature of this relationship is complex and not easy to disentangle. The term socioeconomic inequalities in health refers to the existence of different health status and outcomes in people of different social status, most commonly suggesting that better social status is linked to better health. Two important terms in this regards are equality (sameness, two of the same) and equity (equal outcomes, despite obvious differences). Any attempt to reduce inequalities in health must aim for equity and equitable actions, since we cannot ensure equality (as all people are different). It should also be noted that numerous examples from animals suggest that social structure is a natural order of things, therefore making all of our efforts to increase equality actually *unnatural*.



Assessment of socioeconomic inequalities is based on several variables, most common ones being education, employment, material status, marital status etc. Although race and ethnicity are also sometimes used, they are only a generalizable proxy and not the cause for inequalities themselves. The true magnitude of inequalities became apparent in the Black report, which uncovered their strong impact on health and widespread nature, pointing to strong socioeconomic gradient – gradual increase of health in people of better social status. However, it must be pointed out that direct comparisons of social status might not be possible across countries and societies, and that social status is a local feature.

The mechanism how social status affects health resides in four theories: material (more money means more opportunities for health), social (greater social support and network means more stress sharing), educational (more education equals better life control and adherence to healthier behaviour patterns) and life-long (incorporates all, but also adds parental dimension to an individual assessment). Low social mobility indicates the likeliness of a child remaining in the parental social status, in contrast to developed countries that aim to provide equal opportunities to all children. Inverse care rule says that the groups of population that have the greatest health demands are often the least served, due to their financial, geographical, linguistic or cultural barriers. On the other hand, downward drift denotes the vicious spiral, in which health and social status are linked. If a person gets depression, he or she is most likely to lose good paid job, which in turn reduces social status that further potentiates the symptoms of depression.

The assessment of social status on the population level is also lined with methodological problems. The example of Croatia suggests that an average salary in September 2017 was 5,624 kn, but the deeper insight shows that 42% of all salaries are below 3,500 Kn (equal to nearly 500 EUR). Therefore, number of collateral activities are in place, further obscuring research and collection of meaningful data. Lastly, individual social status assessment is also affected by the collection process, which must be taken into account in any type of such studies.