

Inequality in Health Status: *income, gender and educational attainment*

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Key Point:

When exploring the relationship between ‘self-perceived health’ and ‘income’ and ‘educational attainment’ clear differences exist in the health status of the population. The way people perceive their health is influenced by a complex set of factors such as environmental, cultural and socio-economic conditions. In 2017, 79% of individuals aged 35-44 years on a low income (Q1) perceived their health to be very good or good compared to 96% with high income (Q5). The difference in health status increases with age – 8.5% aged 45-64 years on low income viewed their health status as bad or very bad compared to 1% on high income. Differences in self-perceived good health amongst men and women in the 35-44 years age group were minor. However, amongst the older population (45-64 years) gender differentials in self-perceived health were greater, with 66% of women in this age group perceiving their health to be very good or good, compared with 60% of men. Health status differentials are also evident between those with high and low levels of educational attainment. A greater proportion of those with high levels of education self-report very good or good health – 93% and 76% with high and low levels of educational attainment respectively perceived their health to be very good or good in 2017. The share of the population reporting long standing (chronic) health problems was also greatest amongst those on low income. This suggests a correlation exists between inequalities in health status and levels of income.

Inequality in health status

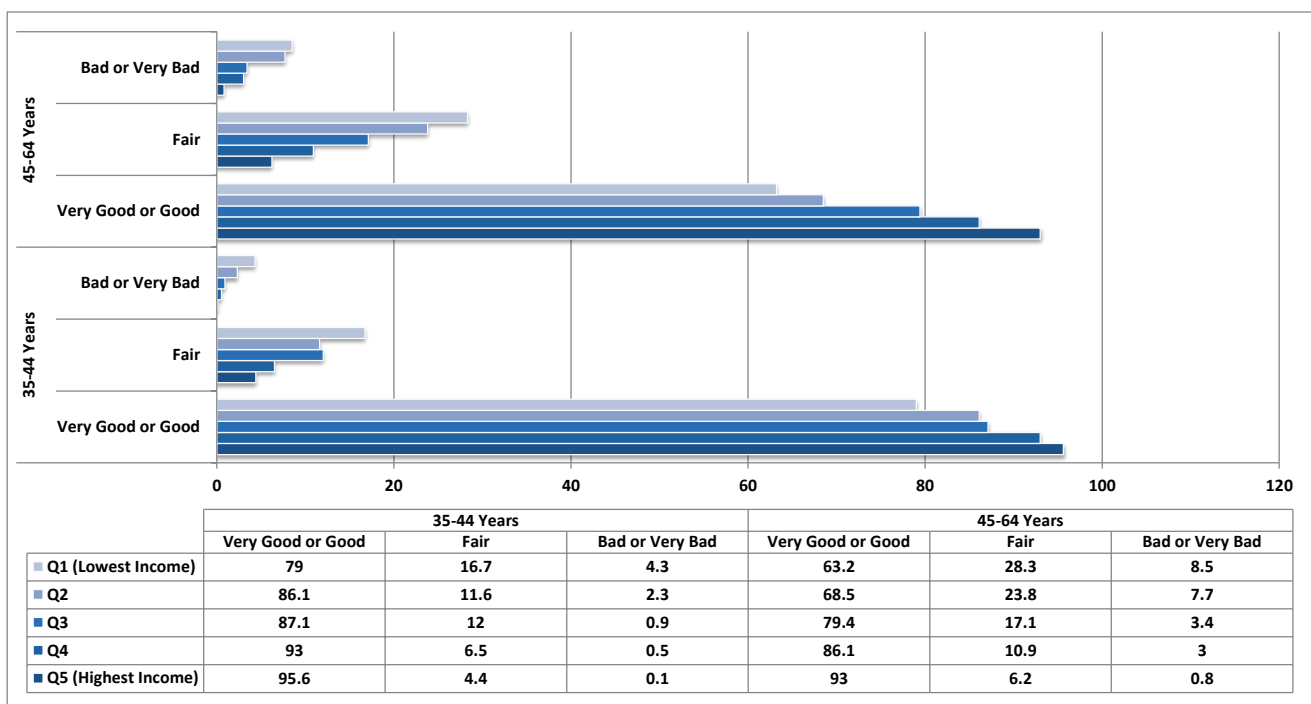
Figure 1 shows differences in self-perceived health status by age group and income quintile¹. In 2017, 79% of the 35-44 year age group in the first income quintile group (Q1) and 86% in the second quintile income group (Q2) reported their health to be “very good or good”, compared with 93% in the fourth income quintile (Q4) and 96% in the fifth income quintile group (Q5). In terms of self-reported fair health, 17% of Q1 and 12% of both Q2 and Q3 perceived their health to be “fair” by comparison to 6.5% of Q4 and 4% of Q5. A “bad or very bad” health status was more common among the lower

¹ The income quintile is computed on the basis of the total equivalised disposable income attributed to each member of the household. The data (of each person) are ordered according to the value of the total equivalised disposable income. The survey population are divided into five income groups represented by 20% of individuals each. The first income quintile represents 20% of the population with the lowest income, and the fifth quintile group represents 20% of the population with the highest income (EU-SILC, 2019).

income groups: with 4% of Q1 and 0.1% of Q5 reporting their health to be bad or very bad.

While it is clear that fewer people in the older population, aged 45-64 years, report their health as very good or good, clear differences remain in the health perceptions of the lower and higher income groups. In 2017, 63% of Q1 and 68.5% of Q2 reported their health status to be very good or good compared to 86% of Q4 and 93% of Q5. Similar to those in the younger age groups, a greater proportion of the lower income groups viewed their health to be fair: with 28% of Q1 and 6% of Q5 perceiving their health status as fair in 2017. However, the gap between those who view their health status as *bad or very bad* widens with age. In 2017, 8.5% of those in Q1 and 8% in Q2 reported their health status as bad or very bad by comparison to 3% of those in Q4 and 1% in Q5.

Figure 1: Self-Perceived Health Status by Age (35-64 Years) and Income Group, 2017

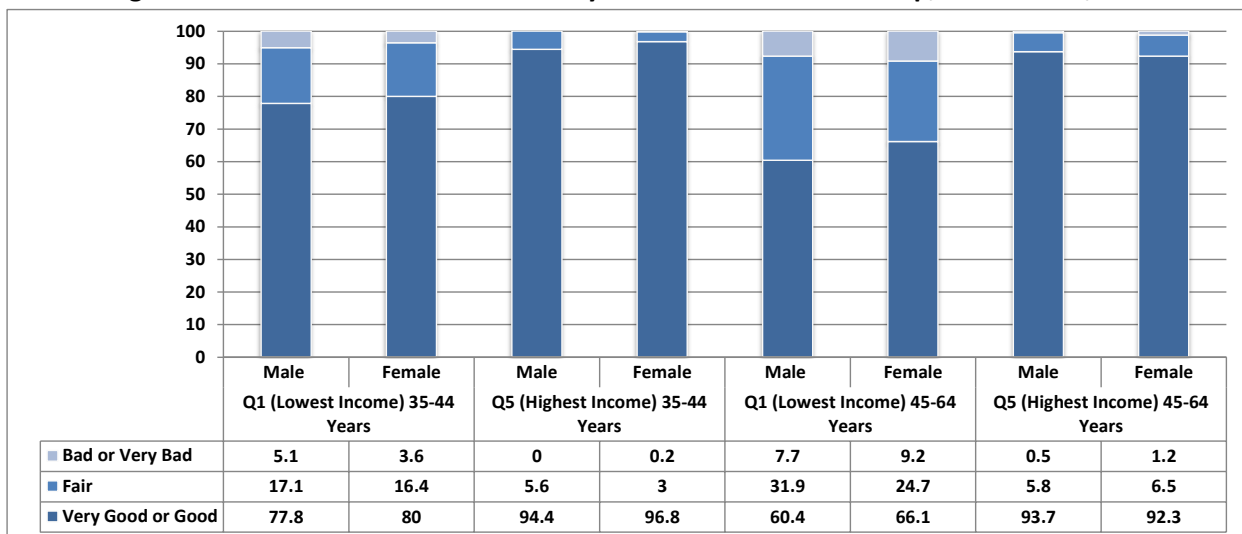


Source: EU-SILC (2019a)

Figure 2 shows differences in self-perceived health status by gender and income group. In 2017, gender differences in self-reported good health are slight: with 78% of men aged 35-44 years on low income (Q1) reported having *very good or good health* by comparison to 80% of women. Similarly, amongst those on high income (Q5) 97% of women and 94% of men perceived their health to be very good or good in 2017. In terms of self-reported *fair* health, 17% of men in Q1 and 6% of men in Q5 believed their health status to be fair by comparison to 16% of women in Q1 and 3% in Q5. Furthermore, self-reported *bad or very bad health* was more common amongst men and women in the lower income groups – with 5% of men and 4% of women in Q1 viewing their health status as bad or very bad in 2017.

The differences in self-reported *very good or good* health are greater amongst those aged 45-64 years on low income (Q1). In 2017, 66% of women in this age group perceived their health to be very good or good, as did 60% of men. A greater proportion of men at 32% perceived their health to be *fair* by comparison to 25% of women in Q1. In terms of self-reported bad health, 9% of women and 8% of men in this age group perceived their health to be *bad or very bad* in 2017. The gender differences are less evident among those in the higher income groups, with 94% of men and 92% of women viewing their health status to be *very good or good*.

Figure 2: Self-Perceived Health Status by Gender and Income Group, 35-64 Years, 2017



Source: EU-SILC (2019a)

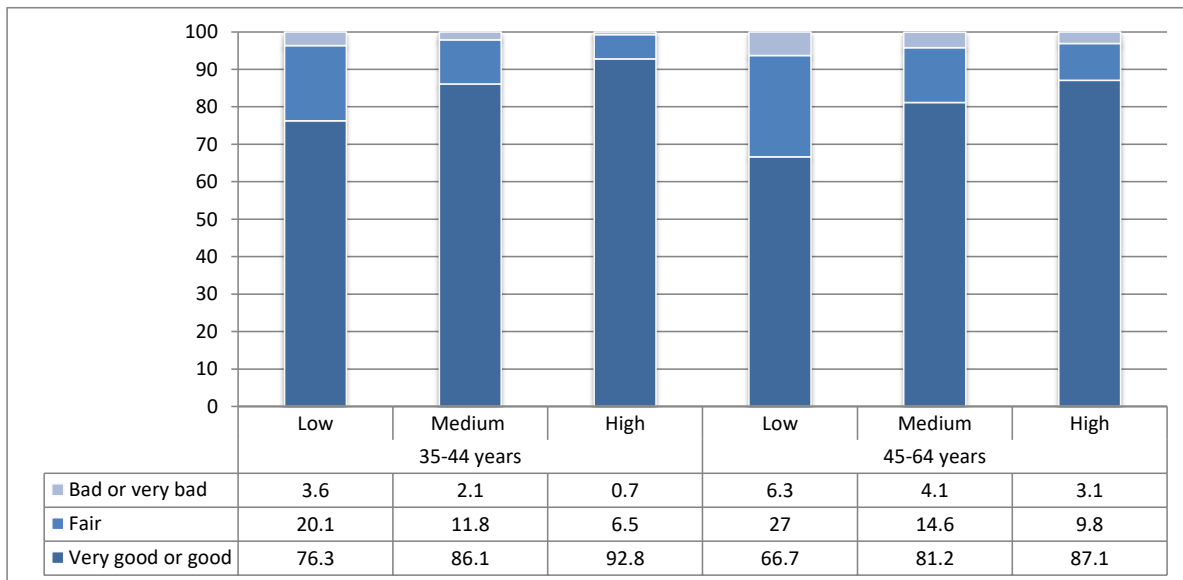
Figure 3 shows the difference in self-perceived health status by level of educational attainment². Self-reported good health is greatest amongst those with high levels of educational attainment. In 2017, 76% of adults aged 35-44 years with a low level of education perceived their health status to be *very good or good*, compared with 86% and 93% of those with medium and high levels of educational attainment respectively. The proportion of those aged 35-44 years with a *fair* health status was greatest amongst those with low educational attainment at 20%, by comparison to 6.5% of those with high educational attainment. Furthermore, a greater proportion of those with low educational attainment perceive their health to be *bad or very bad* at 4%, by comparison to 2% and 1% with medium and high levels of educational attainment respectively.

Self-reported good health is far lower for the older population aged 45-64 years across all levels of educational attainment. In 2017, 87% of those in this age group with high educational attainment perceived their health to be *very good or good* compared to 67% and 81% with low and medium levels of educational attainment respectively. Those with

² ISCED, the International Standard Classification of Education, classifies tertiary education as, levels 5-8 (High); completed secondary education and post-Leaving Certificate courses as levels 3-4 (Medium); and lower levels, including Junior Certificate as levels 0-2.

a low level of education are more inclined to perceive their health as *fair* at 27% in 2017, compared to 10% with a high level of educational attainment. Furthermore, self-reported *bad or very bad health* is higher amongst those with low educational attainment at 6%, compared to 4% with medium and 3% with high levels of education.

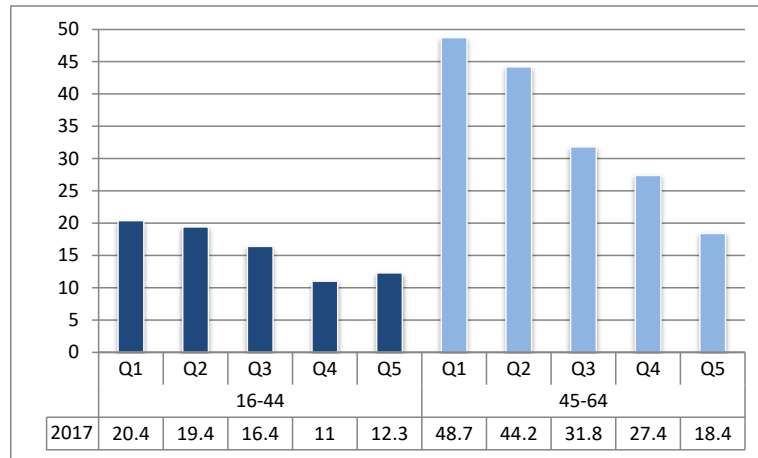
Figure 3: Self-Perceived Health Status of 35-64 year olds by level of educational attainment, 2017



Source: EU-SILC (2019a)

Figure 4 shows the share of persons' aged 16-44 and 45-64 years with long standing (chronic) health problems by income group. The proportion of those with a long-term illness or health problem is greatest for those on low income. Amongst the 16-44 years age group, 20% in Q1 reported having long-standing health problems in 2017, compared with 16% in Q3 and 12% in Q5.

Figure 4: Share of persons aged 16-44 and 45-64 years with long standing (chronic) health problems by Income Group, 2017



Source: EU-SILC (2019b)

The proportion of those with a long-term illness increases with age, particularly for those on low income. In 2017, 49% of those aged 45-64 years in Q1 reported having a long term health problems by comparison to 32% in Q3 and 18% in Q5. This suggests a correlation between inequalities in health status and levels of income. However, this data cannot tell us whether low income leads to poor health or vice versa.

References

EU Statistics on Income and Living Conditions (2019a) *Self-Perceived Health and Well-being* [Online] available at: <https://ec.europa.eu/eurostat/web/health/data/database>

EU Statistics on Income and Living Conditions (2019b) *Self-Reported Chronic Mobility* [Online] available at: <https://ec.europa.eu/eurostat/web/health/data/database>