

Social and environmental determinants of health and health inequalities in Europe: fact sheet

Social and environmental determinants of health are the full set of social and physical conditions in which people live and work, including socioeconomic, demographic, environmental and cultural factors, along with the health system.

Socioeconomic and demographic determinants

- Income level and security, employment, gender and years in education are four of the most important socioeconomic health determinants.
- Although levels of annual income in the WHO European Region have been increasing since 1990, they are still highly inequitable. Data from 50 of the 53 countries in the European Region indicate that the highest level (over US\$ 105 000) is 150 times the lowest (US\$ 700) (Fig. 1).
- Improvements in income levels and security are challenged by the current economic downturn affecting many European countries, with most effects still having to be assessed.

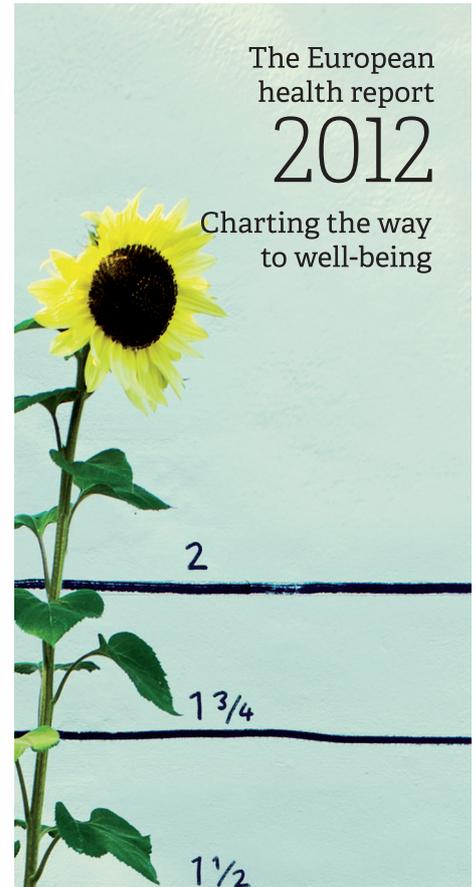
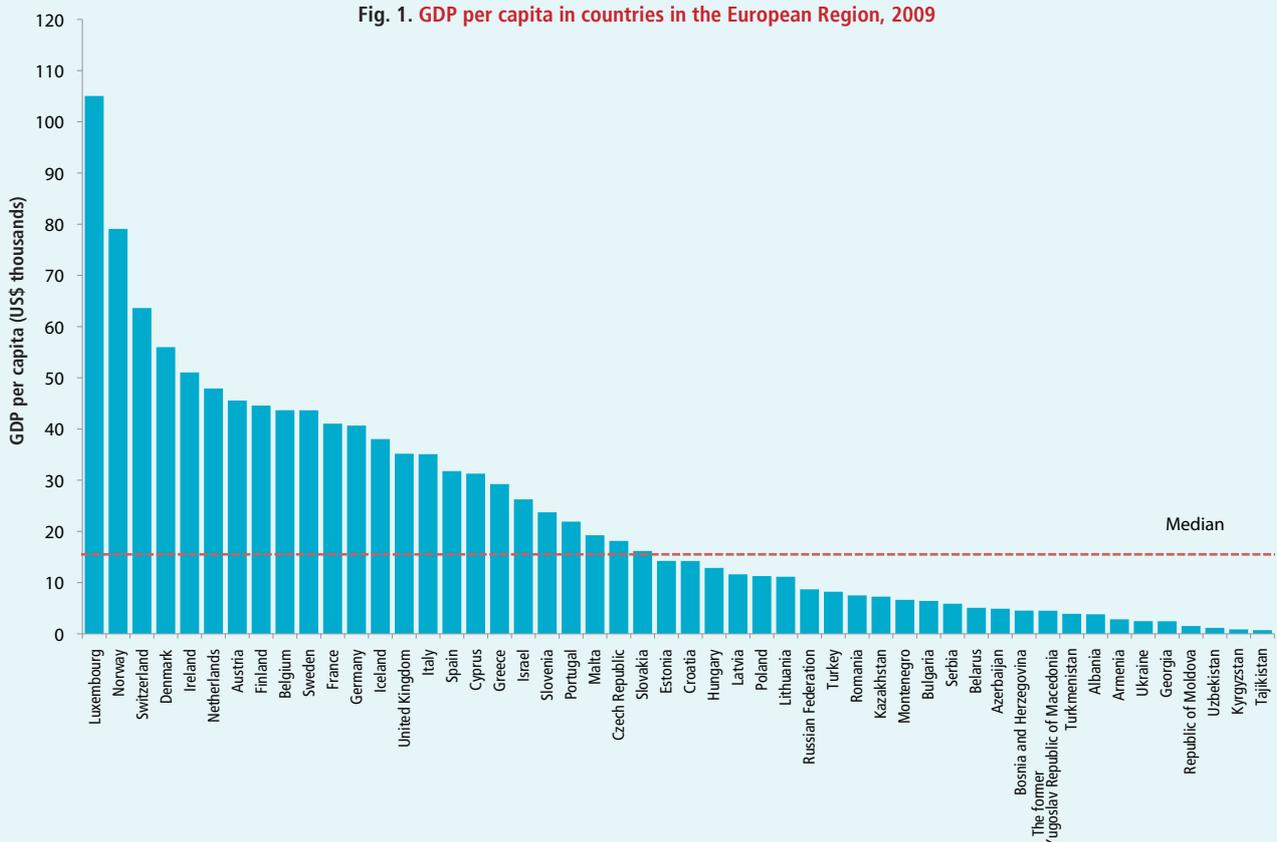


Fig. 1. GDP per capita in countries in the European Region, 2009



- Average per capita income is strongly associated with mortality levels. In countries with income levels below US\$ 20 000, mortality from diseases of the circulatory system exceeds the European average, and rates tend to increase rapidly with lower income.
- Disposable income (the amount of money an individual or household has available to spend or save) is also associated with mortality: the lower the disposable income, the higher the mortality.
- Unemployment, an important social determinant of poor health, increased during the recent economic downturn, reaching an average level of 8.7% of the economically active population in the Region in 2009. Across 45 countries in the Region, the highest rate is 35 times the lowest.
- Increases in unemployment of over 3% in a relatively short time have been associated with an increase of nearly 5% in suicide and self-inflicted injuries among people younger than 65 years. Between 2007 and 2009, the average unemployment rate in the European Region increased by nearly 1%, with significant variation across the 38 countries reporting data.
- Gender inequalities are strongly associated with injury and poisoning rates; deaths in males are often three or more times those in females.

Environmental determinants

- Environmental factors, such as access to clean water and hygienic sanitation services, housing conditions, air quality, work environment and exposure to extreme weather conditions, are estimated to be responsible for 13–20% of the burden of disease in Europe.
- Inequalities in environmental exposure exist in all European countries and can reach extreme levels, with exposures for worse-off populations often being at least five times those for well-off groups.
- In countries in the European Union (EU), about 80 million people are living in relative poverty. Many live in damp homes, with insufficient heating and inadequate sanitation.
- The availability of safe water is essential for health. Overall, the share of the population with homes connected to a water-supply system in the Region was 96% in urban areas, but only 75% in rural areas in 2008. The situation varies between countries, from nearly 100% access in both areas to some larger gaps between urban and rural areas in the eastern part of the Region.
- Inadequate management of human excreta disposal may lead to increased disease risk. In the European Region, 97% of the urban population has improved sanitary disposal, in contrast to 89% in rural areas.
- Socioeconomically determined health inequalities related to noise, exposure to second-hand tobacco smoke and housing quality show some of the strongest patterns of inequalities at different geographical levels.
- Evidence indicates that air pollution accounts for eight months on average – and more than two years in the most polluted cities – of life lost.

This information
is taken from
The European health
report 2012: charting the
way to well-being.

To download the report,
or for more information, visit
[http://www.euro.who.int/
european-health-report-2012](http://www.euro.who.int/european-health-report-2012)

Health systems as determinants of health

- Among other financial resources, total health expenditure shows countries' efforts to invest in health. The average level for the European Region in 2009 was 8.5% of country gross domestic product (GDP), with significant variations at the country level across the European Region, ranging from a high of 12% to a low of 2%.
- In economic crises, when many people and households have less money, they tend to delay seeking health care, particularly when they must pay for services directly. Such payments are called private, out-of pocket (OOP) expenditure. In 2009, OOP expenditure comprised an average of 23% of total health expenditure in the European Region. Nevertheless, differences among countries are very large; the highest rate (79.5%) is about 14 times the lowest (5.7%).
- Evidence from around the world suggests that countries' reaching two targets – OOP expenditure as no more than 15–20% of total health expenditure, and government expenditure on health as at least 5–6% of GDP – could considerably reduce the incidence of financial catastrophe for households.