

THE EFFECTS OF THE ECONOMIC CRISIS ON HEALTH STATUS AND HEALTH INEQUALITIES IN GREECE

Chantzaras A.¹, Yfantopoulos J.¹

¹ School of Economics and Political Sciences, National and Kapodistrian University of Athens, Greece

Introduction

- Several studies have established the adverse effects of the economic crisis on population health in Greece [1].
- However, information on health inequalities remains scarce.

Objective

- The aim of this study was to investigate the impact of the economic crisis on health status and health inequalities in Greece.

Methods

- Data were derived from the first (2009) and second (2014) waves of the National Health Interview Survey. In total, 14,395 individuals were interviewed.
- Health status was measured with the presence of bad self-rated health, longstanding illness, absenteeism due to health problems, and at least some limitations in usual activities.
- The differences of the distributions between the two waves were examined with the χ^2 test.
- Income and education-related health inequalities were explored with the Erreygers Normalised Concentration Index (C). The C captures the extent to which health differs across individuals ranked by some indicator of socioeconomic status, and it ranges between -1 and +1. If it is negative (positive), the variable of interest (in this case ill-health) is concentrated among the poor (rich) [2].
- The overall performance of the health system was assessed with the Health Achievement Index (I). The I is a weighted average of health levels. In the case of ill health (so high mean values of I are considered bad), negative health inequalities (ill health is higher among the lower socioeconomic strata) raise the value of I above the mean, making achievement worse than it would appear if one were to look just at the mean [2].
- Statistical significance level was set at $\alpha=0.05$.

Results

- The prevalence of self-rated bad health decreased from 8.1% to 6.7% ($p<0.001$), while it increased for long-term illness (39.7% vs. 49.3%, $p<0.001$), absenteeism (15.9% vs. 16.3%, $p<0.001$) and limitations (22.8% vs. 29.8%, $p<0.001$) during the crisis (Fig. 1-3).
- Pro-rich inequalities in self-rated bad health, longstanding illness and limitations became pro-poor in 2014 (all $p<0.001$), while absenteeism was further concentrated in richer individuals ($p=0.108$) (Table 1).
- Self-rated bad health and longstanding illness was less concentrated in the less educated categories ($p<0.001$ and $p=0.522$, respectively), and absenteeism was more concentrated in more educated individuals in 2014 ($p=0.039$), while only the distribution changes in limitations favoured the less educated ones ($p=0.070$) (Table 1).
- The overall country performance improved for self-rated bad health and absenteeism, and declined for limitations and longstanding illness concerning both income and education health inequalities (Fig 4 & 5).

Conclusions

- In general, population health has deteriorated during the crisis in Greece, while health inequalities have been dampened in favour of the lower strata, possibly due to latent health effects of downward socioeconomic mobility.

References

- [1] Yfantopoulos, I., Chantzaras, A. & Yfantopoulos, P. 2016a. Determinants of The Impact of The Economic Crisis on General and Oral Health in Greater Athens Area Greece. Value in Health, 19, A632 .
- [2] O'Donnell, O., Doorslaer, E.v., Wagstaff, A., & Lindelow, M. (2008). Analyzing Health Equity Using Household Survey Data: A Guide to Techniques and Their Implementation. Washington, DC: The World Bank.

Results

Fig. 1 Health in general, 2009 vs. 2014

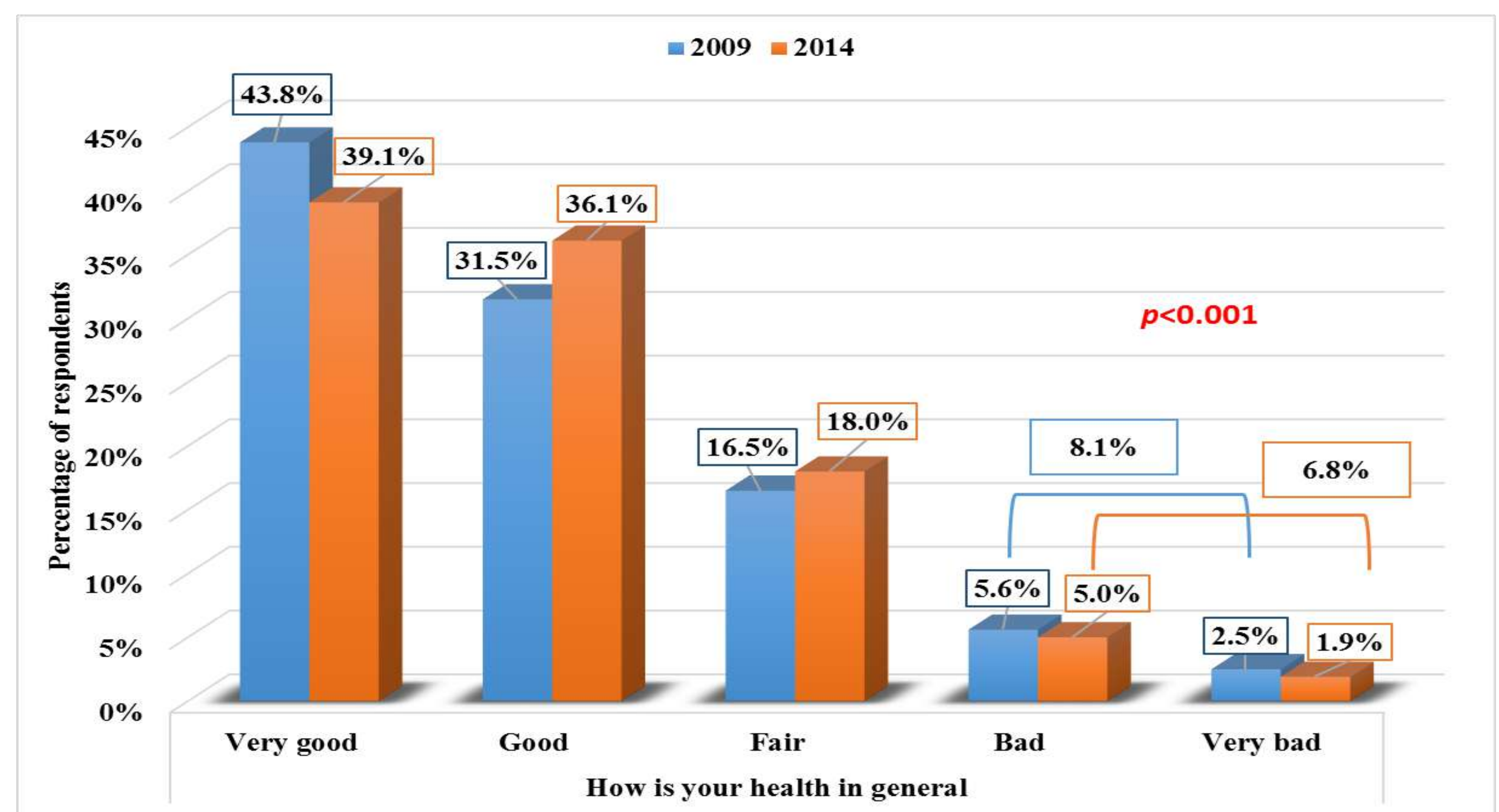


Fig. 2 Health-related limitations in usual activities, 2009 vs. 2014

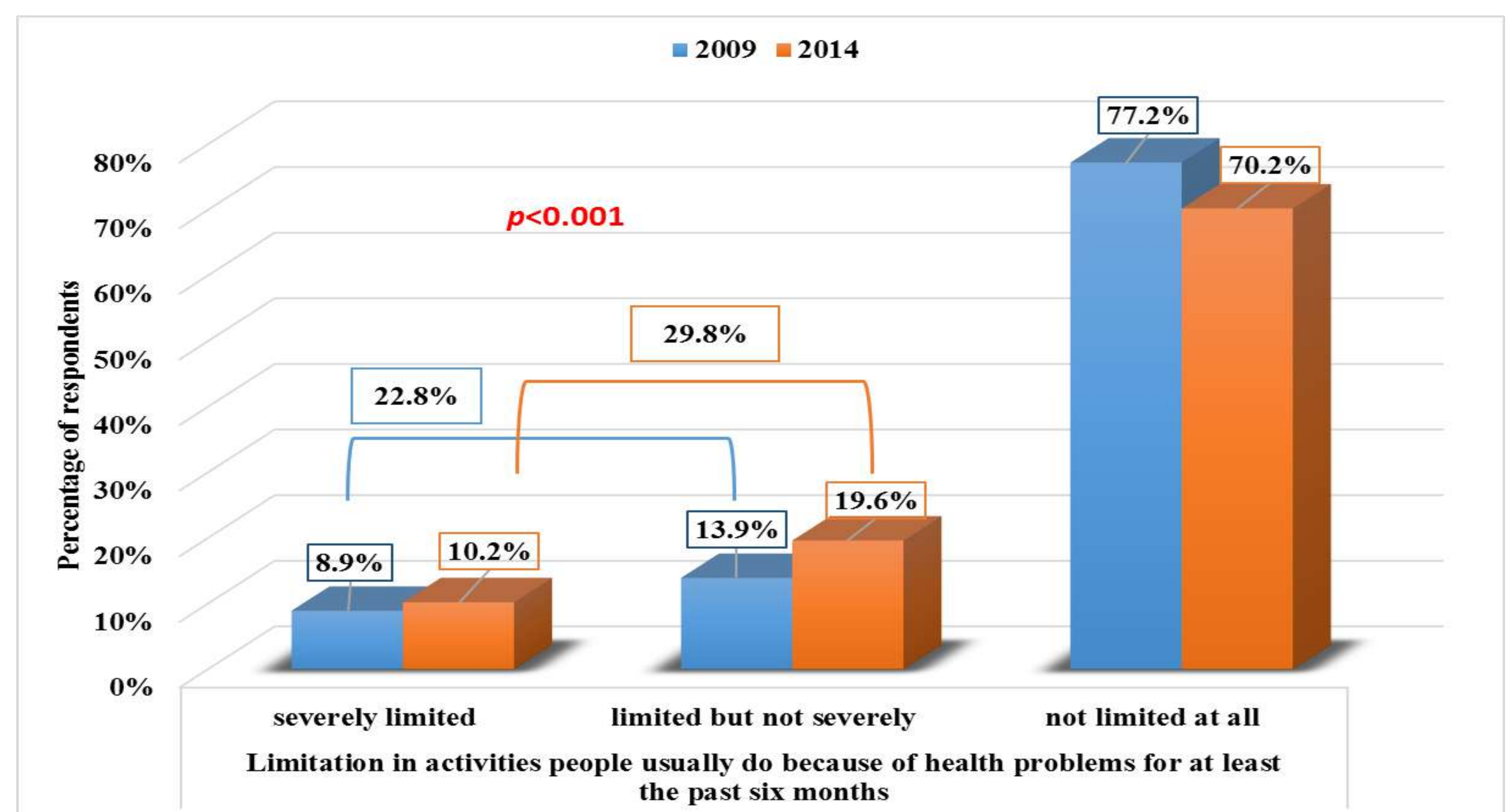


Fig. 3 Health-related work absenteeism, 2009 vs. 2014

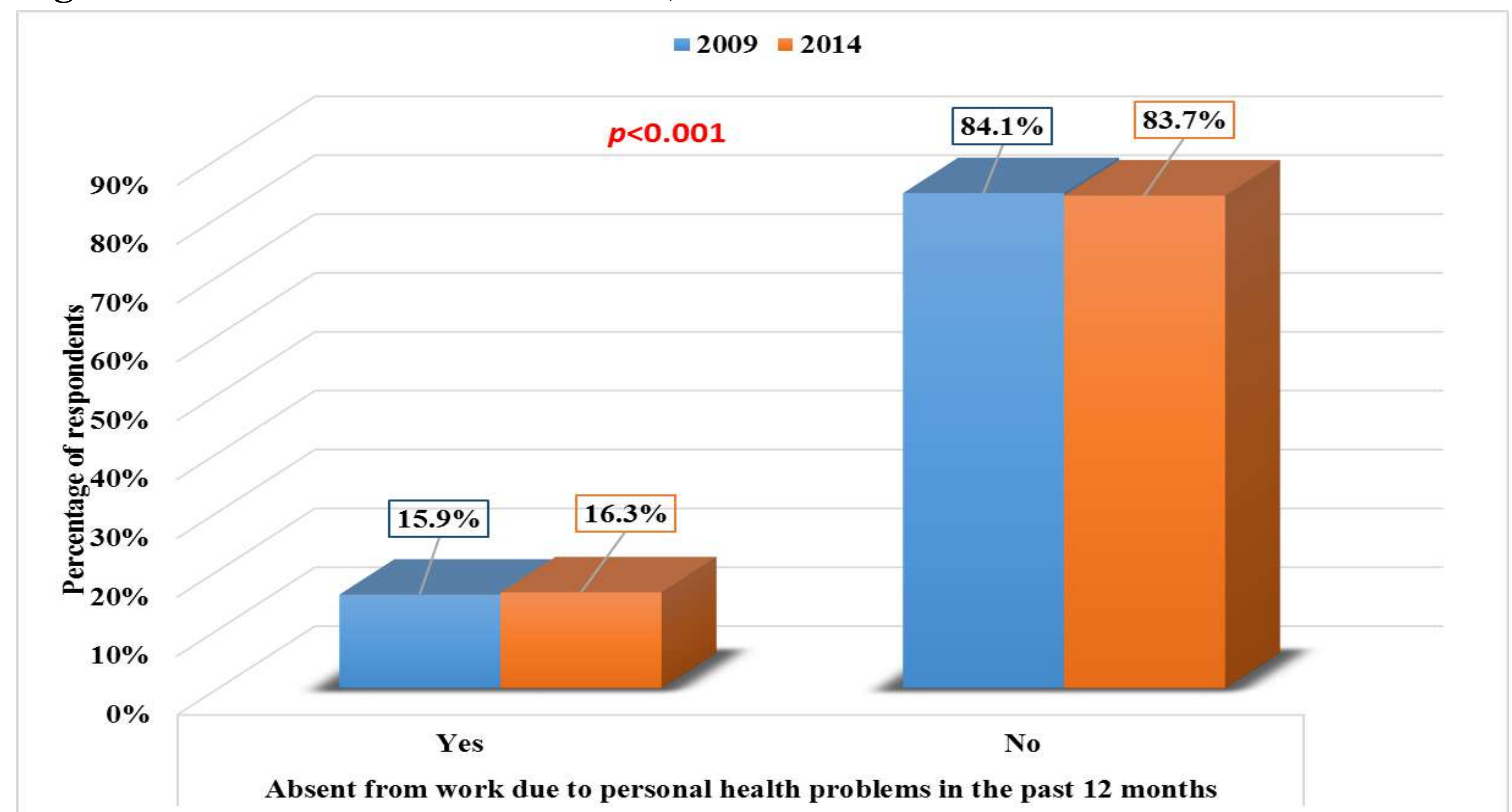


Table 1 Income and education-related health inequalities 2009 vs. 2014

	Income-related health inequalities				Education-related health inequalities			
	2009	2014	Change		2009	2014	Change	
			p-value	Direction			p-value	Direction
Prevalence of bad health	-0.090	0.021	<0.001	Pro-poor	-0.166	-0.137	<0.001	Pro-poor
Health-related limitations in usual activities	-0.155	0.059	<0.001	Pro-poor	-0.315	-0.343	0.070	Pro-rich
Prevalence of longstanding illness	-0.106	0.095	<0.001	Pro-poor	-0.330	-0.319	0.522	Pro-poor
Health-related work absenteeism	0.031	0.071	0.108	Pro-poor	0.012	0.059	0.039	Pro-poor

Fig. 4 Health Achievement Index (income), 2009 vs. 2014

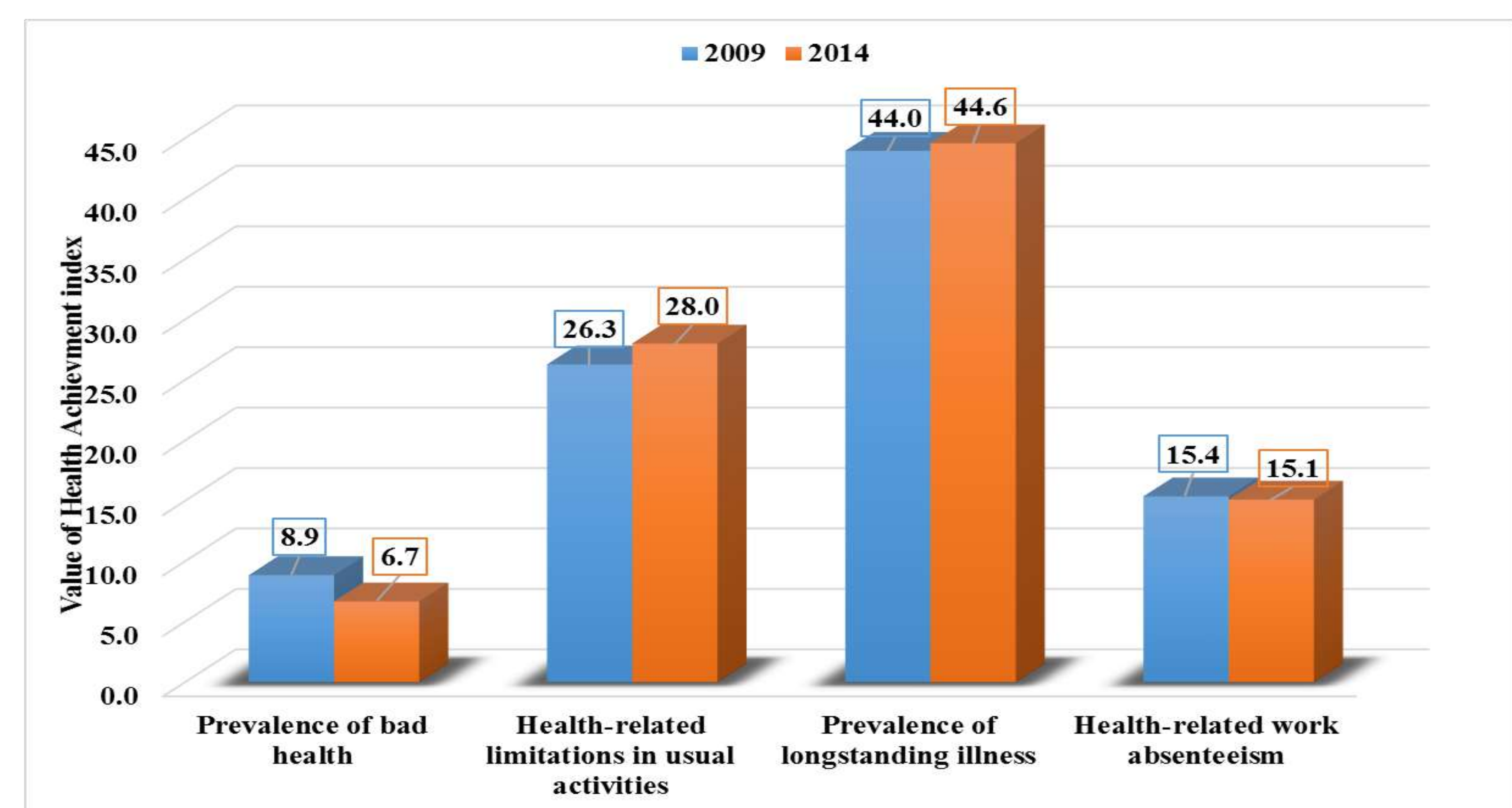


Fig. 5 Health Achievement Index (education), 2009 vs. 2014

