

Health inequities within countries

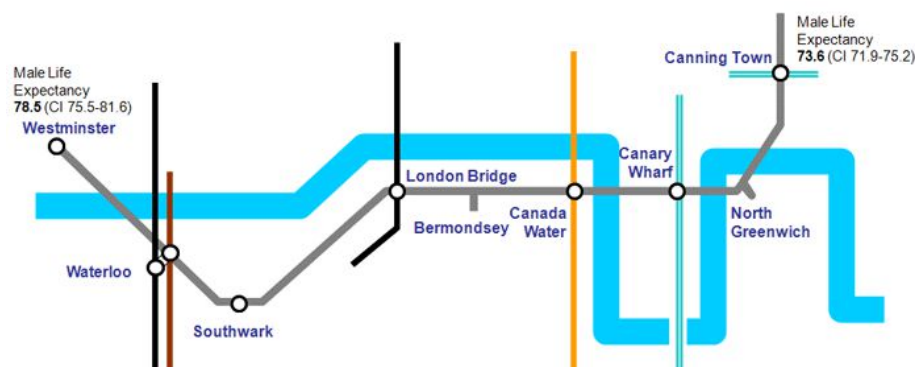
Health inequities within countries are increasingly evident as detailed data becomes available. The data show a consistent pattern in all countries, often by socioeconomic status or geographical location. The lower an individual's socioeconomic position, the higher their risk of poor health. All over the world, poor people have more health problems than rich. The poorest of the poor have the worst health. As you learned in the previous chapter, this is called the **social gradient of health** and it runs from top to bottom of the socioeconomic spectrum. Gradients by income, education, or occupational grade have a relatively direct effect on health benefits.

As you learned in the chapter on how to measure health, data on resource poor countries is often scarce. Therefore, very crude indicators on health status is usually used in comparisons. Usually, mortality data is at least estimated.

Example of male life in London, UK

Life expectancy of males within London varies by several year in a rather small geographic area. The below graph was an eye opener about health inequalities in the UK. Travelling east from Westminster, each tube stop represents nearly one year of life expectancy lost.

London underground (also known as tube) Jubilee line



Source: modified from Analysis by London health observatory data for 2004-2008, a graph produced by the department of health.

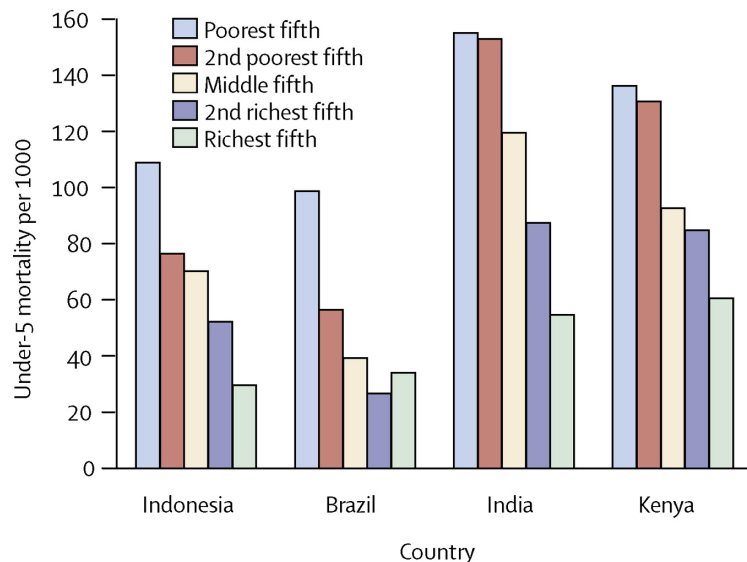
Example of mortality in the US

There are significant gaps in health outcomes within countries, too – rooted in differences in social status, income, ethnicity, gender, disability or sexual orientation. For example in the United States, infants born to African-American women are 1.5 to 3 times more likely to die than infants born to women of other races/ethnicities. American men of all ages and race/ethnicities are approximately four times more likely to die by suicide than females. African-American men in the US are the most likely, among all ethnic groups in the US, to develop cancer – a rate of 598.5 per 100,000.

Example of maternal mortality

In Afghanistan, Somalia and Chad, the maternal mortality ratio is over 1000 (out of 100,000 live births) while the same average figure for the WHO European Region is 21. (11) Developing countries account for 99% of annual maternal deaths in the world, with the decline being the slowest in WHO's Eastern Mediterranean and African Regions.

Example of child mortality



Source: Under-5 mortality rates per 1000 livebirths by socioeconomic quintile of household (Marmott 2005).

Remember!

- countries at all levels of income, health and illness follow a social gradient
- The lower the socioeconomic position, the worse the health