Achieving health equity in the EU

Society should provide a fair platform for all citizens to reach good health.

Differences in health outcomes across the EU suggest the platform for health is not equal in our society.

Women are 2.74 more likely than men to have a self-assessed “very good” mental health status.

Education

Resources are not equally distributed in the EU, leading to higher education levels for high-income groups.

People in low-income countries are more likely to live in overcrowded conditions.

Housing and Living Environment

Low-income groups are more likely to experience housing deprivation than high-income groups.

People in low-income areas are more likely to live in overcrowded conditions.

Employment

People living in households with access to social security are less likely to be in employment than those without.

People living in households with no access to social security are less likely to be in employment than those without.

Social Inclusion

Resources are not equally distributed in the EU, leading to higher education levels for high-income groups.

People in low-income areas are more likely to live in overcrowded conditions.

Healthcare

People with disabilities are more likely to report poor health and a lower level of care.

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These inequities across health determinants create a divide in the opportunities EU citizens have to live in good health.

With its commitment to equality and solidarity, the EU has a duty to act.

The EU can take the following actions to fix the gap:

1. Improve understanding of EU health inequality
2. Empower member states to act
3. Drive change

References:

1. Eurostat. (2020). Health inequalities in the EU. Available at: [link]
2. World Health Organization. (2020). Global Health Observatory Data Repository. Available at: [link]