

**Unveiling Inequalities in Prevention**

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Objectivos (Objectives): The objective of this working paper is to understand how best we can measure inequalities in prevention in cross-country analysis and whether information is available for multi-country analysis. Despite European countries tackling inequalities in health, evidence suggests that there is little variation in the magnitude of those inequalities across time. Whether there are third factors associated with these inequalities not considered until now in the literature, such as the relationship between health and mental health, the intergenerational transmission of inequalities and the potential inequalities in prevention, needs to be further analysed. For this study, we focus on inequalities in prevention, a potential source of inequalities in health that has not been studied widely. It has to do with how people learn and act and that policy makers should take into account when designing policies to tackle inequalities in health. Measuring the income gradient on prevention is hence of policy interest. It is necessary to explore a range of variables that could explain why socioeconomic inequalities in health persist over time, including lifestyle factors. The focus of this study is the role of prevention and whether it affects inequalities in health. Current practice can be improved by identifying where health inequalities are related to inequalities in prevention. By adopting this more focused approach, it may be possible to identify specific measures related to lifestyle factors that might affect health inequalities. The key methodological issue is identifying data needs to undertake such analysis. We shall analyse data for two different countries. Although they have similar patterns in terms of lifestyle factors (for example, obesity rates have doubled in both countries), they behave differently in terms of inequalities (while in England, inequalities in obesity have been slightly reduced, in Spain they remain stable over time).

Metodologia (Methodology): Cross-sectional data for both countries will be used: the Spanish National Health Survey (SNHS) and the Health Survey for England (HSE). Both surveys include information on lifestyle factors such as obesity, alcohol consumption, tobacco consumption and whether individual does exercise. However, both datasets differ substantially regarding the indicators included: while HSE data include objective variables (for example, weight and height are measured by a nurse), the SNHS relies on self-reported data. Comparing these two specific countries will allow us to provide some lessons regarding use of data on prevention and health promotion.

Resultados (Results): Initial evidence suggests that there are income-related inequalities in lifestyle factors both in Spain and England and that they are associated to both demographic and socioeconomic individual factors.

Conclusões (Conclusions): The study will make possible to identify the importance of socioeconomic inequalities in health prevention as one of the potential sources of inequalities in health observed in the current literature for Europe. This will help policymakers to take health promotion into account when designing policies to reduce inequalities in health.