

**ABSTRACT FOR ESPAnet CONFERENCE
Budapest, 2-4 September 2010**

11 - Health Policies, and precisely - 11.1 European Public Health Care Systems and Institutional-Organisational Change: an evaluation of their performance
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A COMPARATIVE ANALYSIS OF INEQUALITY IN HEALTH ACROSS EUROPE

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The study of inequality in health typically concerns the relationship between socially structured characteristics (like education, social class and income) and health outcomes (like mortality, morbidity and health related risk factors) (Link e Phelan 1995; Herzlich e Adam 1994; Costa e Ponti 1990). However, health disparities are also linked to purely individual characteristics (both genetic and behavioural) and contextual ones that need to be taken into account in order to get accurate estimates of social inequalities in health (Woods *et al.* 2005; De Vogli *et al.* 2005; Singh e Siahpush 2002; Wilkinson 1992,1996,1997). As far as ecological variables are concerned, they may play a different role depending on the level of measurement that is being considered, going from residential neighbourhoods to nations. In particular, the contextual effect measured at a national level may reflect differences in the functioning and performing of national health institutions, that may be conceived as further determinants of health inequalities (Costa *et al.* 2004; Geyer 2008). Different studies have already pointed out the existence of a contextual effect for health that persists after accounting for compositional factors (Wood *et al.* 2005; Basegãña *et al.* 2004; Subramanian *et al.* 2001). In this work we aim at estimating the effect of education on self-assessed health across European countries, taking into account potential confounders like age, gender and family social background. Using a multilevel model with individuals nested in countries, we can see whether countries differ in their average self-assessed health score and we are able to test our hypothesis about the existence of a European social gradient, that is that education exerts a relatively constant effect on self-assessed health in the chosen countries. We develop our models using data from ESS, waves 2002-2005.