

## INEQUALITIES IN LIFE EXPECTANCY

Large inequalities in life expectancy exist not only by gender, but also by socioeconomic status, no matter how it is measured – by education level, income or occupational group. This section focuses mainly on inequalities by education level since this is the socioeconomic indicator with the most widely available data.

Inequalities in life expectancy by education level are generally larger among men than among women, and are particularly large in Central and Eastern Europe (Figure 3.3). On average across EU countries, 30-year-old men with less than upper secondary education can expect to live about 8 years less than those with a tertiary education (a university degree or the equivalent). The education gap among women is smaller, at about 4 years. In the Slovak Republic, Hungary, Poland, the Czech Republic and Latvia, 30-year-old men with a low level of education can expect to live more than 10 years less than those with a high level of education.

This education gap in life expectancy is due to higher mortality rates among the least educated at different ages. Figure 3.4 shows the difference in the (age-standardised) mortality rate for some of the main causes of death between low-educated and high-educated men and women for two age groups (25-64 and 65-89 years) across 10 European countries. The education gap is particularly large among men in both age groups. While the mortality rate among prime-age men (25-64 years) is much lower than among older men (65-89 years), the gap in mortality rate between low-educated and high-educated prime-age men is wider – an almost four-fold difference. This gap is due to much higher mortality rates from all the main causes of death among low-educated prime-age men. Half of the gap in mortality rate among men in that age group is due to higher death rates from circulatory diseases and cancer, and another 20% is due to external causes of death (e.g. accidents and suicides). An important gap in mortality rates by education level also exists among older men and women, driven mainly by higher death rates from circulatory diseases and cancer (Murtin et al., 2017).

Smoking remains a very important risk factor for both circulatory diseases and different types of cancer (notably lung cancer). A substantial part of the education gap in mortality is due to higher smoking rates among people with a lower level of education (see indicator “Smoking among adults” in Chapter 4). A greater prevalence of other risk factors such as excessive alcohol consumption, particularly among low-educated men, also contribute to higher mortality rates from circulatory diseases, different types of cancer and external (violent) causes of death.

Gaps in life expectancy at age 30 have remained relatively stable over the past decade, as life expectancy increased at about the same rate for lower-educated and higher-educated people in the group of countries with time series.

Looking beyond the gap by education level, some countries regularly monitor inequalities in life expectancy by income or deprivation level. In France, the results for the period 2012-16 show a gap of 8 years in life expectancy at age 35 between men in the top income quartile and those in the bottom income quartile. This gap is slightly smaller (5 years) among women (INSEE, 2018).

Reducing inequalities in life expectancy across socioeconomic groups requires coordinated actions involving not only health ministries but also other ministries responsible for education, labour, social protection and housing (James et al., 2017).

### Definition and comparability

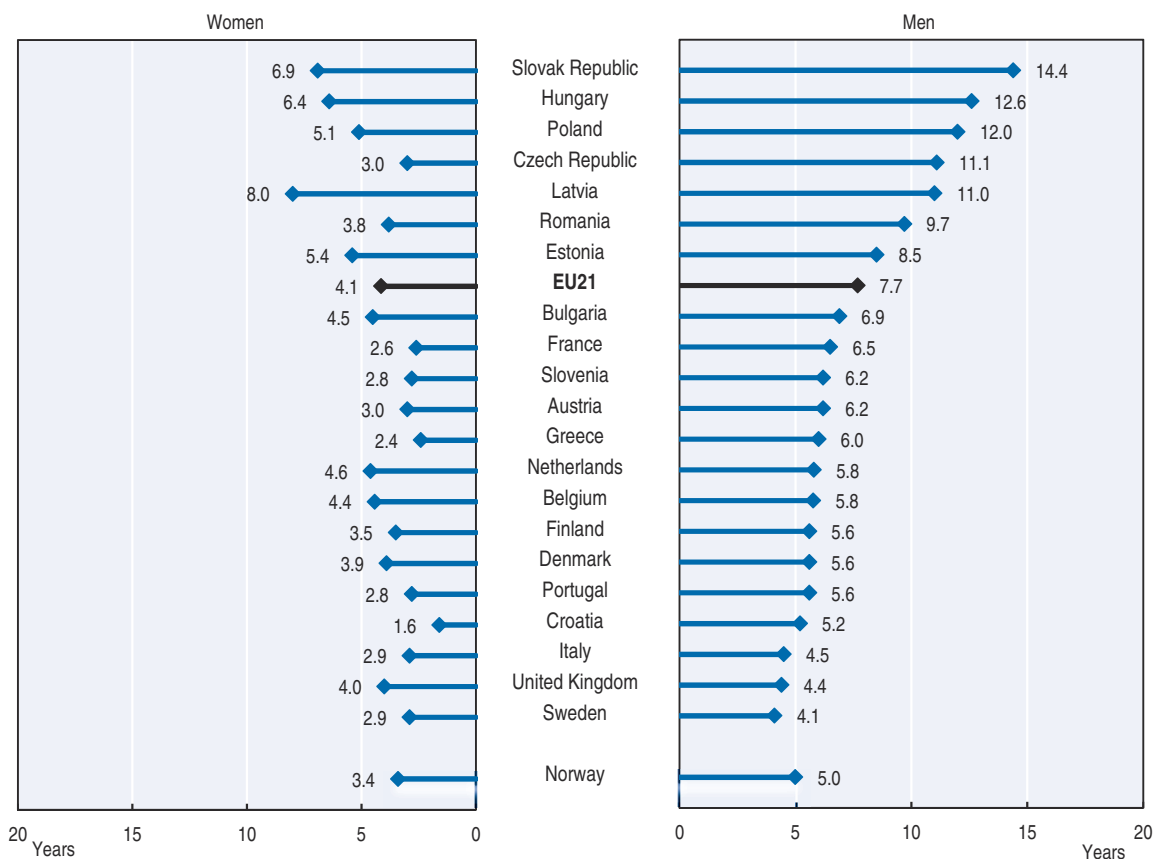
Life expectancy measures the average number of remaining years of life for people at a specific age based on current mortality conditions. Education level is based on the ISCED 2011 classification. The lowest education level refers to people who have not completed their secondary education (ISCED 0-2). The highest education level refers to people who have completed a tertiary education (ISCED 6-8). Data on life expectancy by education level have been extracted from the Eurostat database for most countries, with the exception of Austria, Belgium, France, Latvia, the Netherlands and the United Kingdom which have provided data directly to the OECD.

Not all countries have information on education as part of their deaths statistics. In such cases, data linkage to another source (e.g. a census) containing information on education is required. Data disaggregated by education level are only available for a subset of the population for the Czech Republic and Norway. In these two countries, the large share of the deceased population with missing information about their education level can affect the accuracy of the data.

### References

- James, C. et al. (2017), “Inclusive growth and health”, *OECD Health Working Papers*, No. 103, OECD Publishing, Paris, <http://dx.doi.org/10.1787/93d52bcd-en>.
- INSEE (2018), “L’espérance de vie par niveau de vie” [Life expectancy by living standards], *Insee Première* No. 1687, February 2018.
- Murtin, F. et al. (2017), “Inequalities in longevity by education in OECD countries: Insights from new OECD estimates”, *OECD Statistics Working Papers*, 2017/02, OECD Publishing, Paris, <http://dx.doi.org/10.1787/6b64d9cf-en>.

### 3.3. Gap in life expectancy at age 30 between people with the lowest and highest level of education, 2016 (or nearest year)

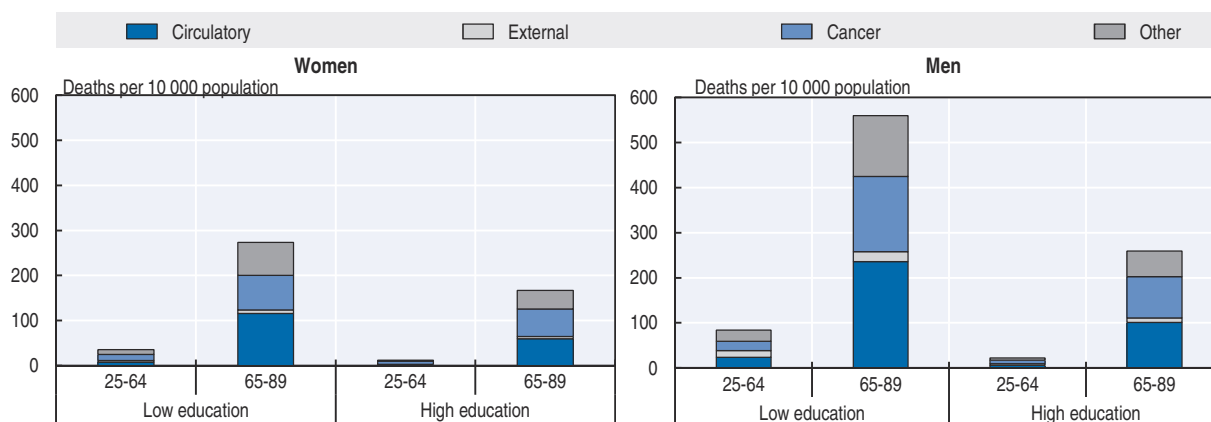


Note: Data refer to 2012 for France and Austria and to 2011 for Latvia, Belgium and the United Kingdom (England). EU average is unweighted.

Source: Eurostat Database; national sources or OECD calculations using national data for Austria, Belgium, France, Latvia, the Netherlands and the United Kingdom (England).

StatLink <http://dx.doi.org/10.1787/888933834319>

### 3.4. Mortality rates by education level and causes, 10 European countries, 2011 (or nearest year)



Note: Countries covered are Belgium, the Czech Republic, Denmark, Finland, Hungary, Latvia, Norway, Poland, Slovenia and the United Kingdom (England).

Source: Murin, F. et al. (2017).

StatLink <http://dx.doi.org/10.1787/888933834338>



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