The information in this snapshot is a summary of abstracts presented at our scientific conferences from 1998 to 2011. Years mentioned in brackets refer to the year the information was presented.

EUPHAsnapshot 2012-2 The Economic Crisis and its Impact on Public Health

2010

2

abstracts

Abstracts on The Economic crisis and its impact on Public Health presented at our conferences:

2009

abstracts



EUPHA

EUROPEAN PUBLIC HEALTH ASSOCIATION

The economic crisis is affecting public health:

- Population health in general goes down (2006)
- Lower life expectancy (2009)
- Increase in alcohol and drugs (2011)
- Increase in suicide levels (2011) and in mortality due to intentional violence (2009)
- Increase in mental health problems (esp. depression) (2011)
- Increase in social inequality (2009)
- Increase in inequality in access to health care (2009)
- Increase in infectious diseases (2009)

A GREEK TRAGEDY

The Greek economic crisis showcased the possible impact on public health (2011):

- There was an increased use of street clinics by Greeks
- There were reports of substantial increase in heroin addicts
- A substantial rise in HIV infections was also reported
- There are unconfirmed reports of 40% rise in suicides in 2011
- Accidents related to drunk driving went down

A SCENARIO OF GLOBAL CRISIS

2011

abstracts

In 2008 the world was plunged into a major economic crisis. There is widespread concern that the current economic crisis will impact population health. Unemployment, cutting back on health care and increased taxes are major factors affecting public health.

It has been suggested that the financial crisis will lead to further **income inequalities**, which are linked to differential health outcomes, including differential rates of communicable diseases. It is likely that Tuberculosis rates have the potential to increase in several European countries.

Welfare state and economic crisis

- Experiencing economic hardship is more depressing for individuals who consider the state as the main responsible for providing an adequate standard of living.
- The link between economic hardship and depression is dependent on both structural welfare state arrangements and welfare state attitudes.
- High levels of social cohesion and social protection policies, especially those actively intervening in the labour market, can reduce the effects of economic crisis on health

THE NEED TO PAY ATTENTION TO SCIENTIFIC EVIDENCE

In a context of health-care financing crisis, the use of prior evidence on effects of various types of benefit designs could inform decision makers for health care reforms and policies

- In addition the economic crisis, growing costs of healthcare, and effects of our ageing populations as well as a potential workforce crisis will have their impact
- Given the fact that resources are limited and that the needs for health policies based on solid data and information will grow, a common view of the future of European health information is essential. It is time to intensify international cooperation – and to deliver results in an efficient and cost effective manner

COUNTRY EXPERIENCES

A 2009 **UK** study found that a mass rise in unemployment (>3% increase in the unemployment rate) was associated with a **greater impact on suicides rates** (4.45%), deaths due to falls (5.98%), and **deaths due to alcohol poisoning** (28.0%). Active labour market programmes to maintain and quickly reintegrate people in jobs appear to mitigate some adverse health effects at a population level. A 2011 study evaluated the impact of economic crisis in **Denmark**. A significant association was found between unemployment and poor self-rated health, physical health, mental health and high levels of perceived stress. Adjusted OR for unemployed versus employed persons increased in the last 4 years from 5.8 to 7.7 for **poor selfrated health**, from 2.8 to 3.5 for **poor mental health** and from 3.2 to 5.0 for **high level of perceived stress**.

A 2011 study conducted in **Finland** found that persistent and emergent frequent **economic difficulties were strongly associated with physical functioning** compared to those persistently without such difficulties. Adjustments modestly attenuated the associations which nevertheless remained. Persistent (OR for women 3.18 and men 3.14) and emergent frequent economic difficulties (OR for women 2.86) were **equally associated with mental functioning**.

A challenge for the future

- @ The goal of economic development should refocus not only on economic growth but also income inequality improvement.
- Income inequality improvement had significant protective effects on population health in economic decline countries.
- @ Active labour market programmes to maintain and quickly reintegrate people in jobs appear to mitigate some adverse health effects of economic crisis.

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http://eupha.org/site/publications.php?publicat