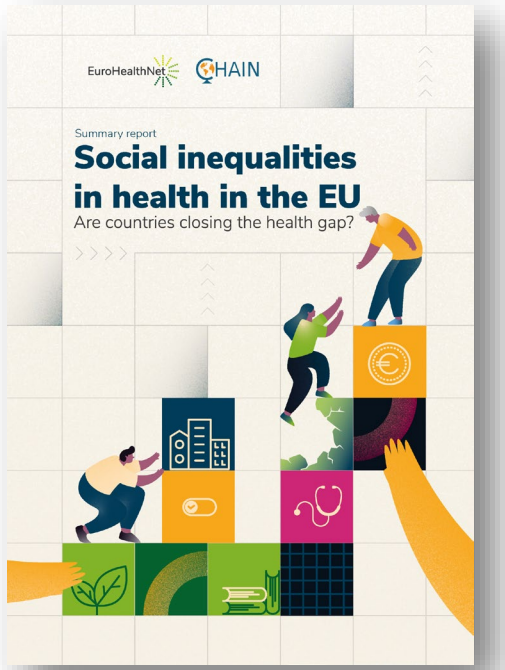
Report launch

Social inequalities in health in the EU

25 September 2025

EuroHealthNet

CHAIN



Key messages from the report on Social Inequalities in Health in the EU

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Why act on social inequalities in health?

EU objectives	Central to the EU's core aim of wellbeing and value of equality (Article 3, TEU). Self-reported health and mental health are key measures of progress.
Economic benefits	Investing in health generates returns and reduces long-term social expenditure—especially important in aging societies.
Human potential	Poor health among 30–50% of lower socioeconomic groups, and declining levels of mental health in other groups, means major losses in productivity, innovation, and human capital.
Social cohesion	Reducing inequalities strengthens social cohesion, resilience, and community capacity during crises.
Democracy and trust	Inequalities undermine trust and democratic principles; tackling them helps to restore both.

Changes in chronic diseases and their underlying causes

+ **Smoking and alcohol use decreased in** most countries, and **slightly more** people engaged in regular **physical activity**

- Healthy eating declined, with **fewer people consuming fruits and vegetables**

- **Fewer people** had their **healthcare needs met**

- Fewer people saw general practitioners, while **visits to specialists increased**

- **More people faced housing problems**, except for Central and Eastern European countries

- More people had **unpaid caregiving responsibilities**

- More people faced **conflict growing up**

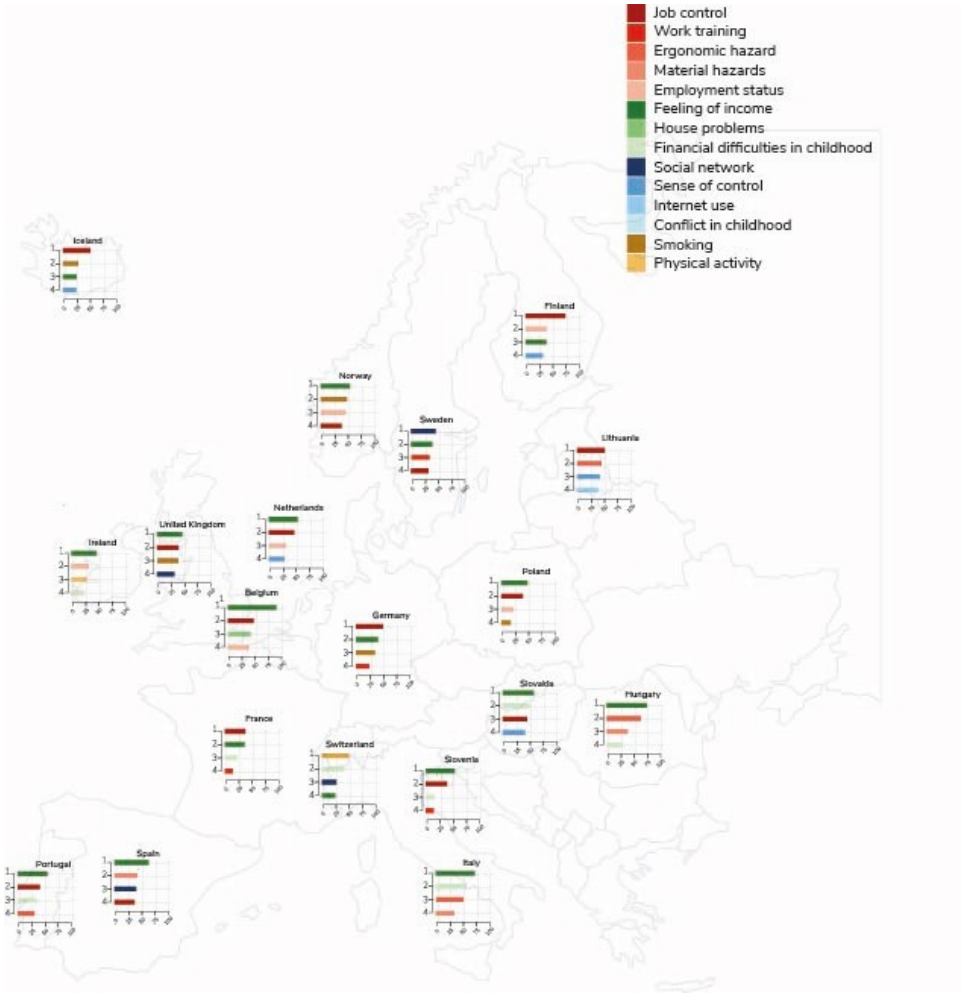
Central/East		Any ergonomic hazards	Any material Hazards	Often/always conflict growing up	Often/always finacialhardship growing up	Any problem with housing	Provide unpaid care	>10 hrs unpaid care/ week
Hungary	M	-20,9	-11,3	-3,8	-11,8	-2,4	-0,7	9,5
	F	-18,0	-16,2	-2,8	-12,0	-1,1	-3,2	-2,1
Lithuania	M	-13,4	2,7	1,1	-5,6	-7,1	7,2	-10,0
	F	11,4	-2,6	6,2	-8,0	-3,4	5,2	-18,6
Poland	M	15,3	-17,6	3,1	-7,5	-1,7	-4,7	-2,0
	F	-19,0	-16,9	3,1	-7,2	0,3	-1,5	-13,8
Slovenia	M	-13,5	10,3	1,7	-5,3	-5,9	-2,1	-3,6
	F	10,9	10,2	1,6	-9,4	-5,4	3,7	1,2

Sounth		Any ergonomic hazards	Any material Hazards	Often/always conflict growing up	Often/always finacialhardship growing up	Any problem with housing	Provide unpaid care	>10 hrs unpaid care/ week
Portugal	M	-20,9	-25,3	-0,2	-14,7	9,8	-8,8	-3,0
	F	-28,7	-18,4	-2,4	-8,6	5,6	-2,9	-4,9
Spain	M	-7,4	-10,4	2,0	-4,3	2,1	3,1	-6,8
	F	-6,2	-8,8	6,2	0,3	-0,1	-2,1	-8,9

North		Any ergonomic hazards	Any material Hazards	Often/always conflict growing up	Often/always finacialhardship growing up	Any problem with housing	Provide unpaid care	>10 hrs unpaid care/ week
Finland	M	-10,3	-7,6	2,6	-4,3	8,0	4,8	-2,9
	F	-9,7	-5,9	2,3	-3,0	2,9	4,1	-0,4
Norway	M	1,9	-0,4	2,5	-0,5	7,9	8,3	-0,7
	F	6,7	0,4	0,8	-1,2	7,9	0,1	1,7
Sweden	M	-1,8	0,0	-0,3	-2,3	14,2	4,2	1,3
	F	-3,2	-1,6	-0,6	-4,9	12,1	-1,5	-5,6

West		Any ergonomic hazards	Any material Hazards	Often/always conflict growing up	Often/always finacialhardship growing up	Any problem with housing	Provide unpaid care	>10 hrs unpaid care/ week
Austria	M	-15,1	-13,9	0,8	-6,2	2,5	12,1	-6,1
	F	-8,9	-4,2	-2,0	-7,0	1,2	4,3	-4,7
Belgium	M	-7,5	-9,2	2,0	-4,2	9,1	6,4	-3,2
	F	-3,5	-2,5	6,5	-1,2	5,4	1,5	-6,1
France	M	-9,9	-8,9	-3,7	-5,0	4,7	3,3	1,9
	F	-11,2	-5,7	-2,3	-9,8	2,0	5,2	-2,5
Germany	M	-8,8	-8,2	1,3	-1,5	12,8	2,4	0,5
	F	-12,3	-4,3	2,5	1,3	8,6	3,4	1,7
Ireland	M	-11,3	-7,2	3,8	-1,7	6,4	1,9	-6,5
	F	-4,8	-9,0	4,4	-2,1	6,8	-2,9	-7,7
Netherlands	M	-0,9	-0,6	1,5	-6,9	5,8	-2,6	-8,3
	F	-2,4	1,0	-0,9	-3,6	7,4	-4,6	-3,2
Switzerland	M	-4,9	-7,7	-0,5	-3,5	10,5	3,1	-0,1
	F	2,2	0,7	-0,8	-2,5	7,7	1,8	-3,2
UK	M	-19,6	-17,2	-0,1	-1,2	2,6	-2,4	-9,3
	F	-3,8	-4,4	0,9	-3,5	6,3	2,2	5,6

Underlying factors affecting health



Factors most strongly associated with inequalities in poor health and mental health:

1. Financial strain

Self-reported health

2. Body Mass Index

- Financial difficulties during childhood
- Smoking

Self-reported mental health

2. Job control

- Other occupational factors (employment status, ergonomic hazards)
- Smoking
- Control over one's life

Factors explaining occupational inequalities in poor mental health amongst 25-75 year-olds (2024)

Address the root causes of social inequalities in health

- Ensure a cross-sectoral approach to implementing the European Anti-Poverty Strategy
- Ensure the European Affordable Housing Plan integrates a focus on health
- Reorient health systems towards prevention and equity, and strengthen action on cross-sectoral work, starting with the EU Cardiovascular Health Plan
- Guarantee adequate minimum wages and income
- Improve working conditions and job control
- Regulate commercial determinants of health
- Prioritise healthy food availability
- Invest in mental health promotion and prevention

Strengthen governance mechanisms for health equity

Intersectoral Governance: Build mechanisms to break silos, maximise win–wins, and manage trade-offs between policy priorities:

- Align overarching policy priorities for greater consistency
- Embed relevant indicators and conditionalities in funding and procurement programmes
- Increase cross-sectoral cabinet and committee collaboration

Distributional and impact assessment:

Enhance tools to evaluate health and social impacts and their distribution across populations

Data and monitoring:

Invest in stronger capacity to disaggregate data at (sub)national level and harmonise approaches across EU Member States

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Reducing social inequalities in health

Key message: Neglecting health equity undermines progress, security, stability, and prosperity. Embedding health equity across policies strengthens social and economic resilience and progress

- **Track progress:** Continuously monitor inequalities in health to assess how well societies deliver wellbeing
- **Understand drivers:** Invest in identifying the root causes of health inequalities—who is doing well, who is not, and why—to guide effective policy responses
- **Mainstream equity:** Integrate health equity into all policies through governance tools such as the European Semester process
- **Invest in resilience:** Strengthen funding and capacity for health systems to work across sectors, enabling health-promoting systems

Thank you !

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