

## **Inequalities in health**

by

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The development of the welfare states in the second half of the 20<sup>th</sup> century suggested that inequalities in health within Europe would diminish. However, socio-economic inequalities in health remain a major challenge for public health as reducing or even avoiding an increase inequalities within countries is hard to achieve (1;2). Belgium is no exception. Recent research has identified inequalities in mortality (3;4), in morbidity and disability-free life expectancy (5;6), in mental health (7) and in health care (8).

It is essential to understand the determinants of health inequalities and how they work in order to strengthen the basis to develop systematic and comprehensive policy strategies to tackle health inequalities. APH tries to contribute to that understanding by publishing two articles on the subject in this issue.

Gouwy et al. (9) analyse the link between mental health services uses, the frequency and severity of common mental health complains and the educational attainment using the 2001 and 2004 Belgian Health Interview Survey. The paper indicates that the professional help-seeking behaviour for mental health complaints is only partially need-based and that the threshold for use of specialised care is higher for less educated people compared to the accessibility of the general practitioner. However, they conclude that the data do not allow to fully understand the causal mechanism of patterns of services which would be necessary to set up a comprehensive care policy.

The role of family affluence in adolescent smoking behaviour compared to school and peer factors is evaluated in a paper by Richter and Lampert (10). Using the German HBSC (Health Behaviour in School-aged Children) survey (2002), they show that peer and school contexts are more important for adolescent smoking than the socio-economic background. However, the equalizing impact of peers and school may only be related to early adolescence, as with increasing age these variables start to differentiate across socioeconomic groups. The practical implication of their observation for health promotion intervention in early adolescence is that attention should be given to the psychosocial climate of the school and to the personal and social resources of the adolescents.

In this issue, we also publish, and that's a first, the executive summary of the PhD dissertation by Wim Aelvoet, providing him the space for a wider distribution of his

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work. We call upon all doctoral students and their promoters, working on a public health topic to submit the executive summary of their dissertations (in English) and to indicate where (and how) the full text can be found.

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