

## SHORT REPORT

# The widening social class gap of preventive health behaviours in Spain

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As a way of forecasting future evolution of inequalities in disease burden and mortality, trends in preventive health behaviours by social class were examined. Using the Spanish National Health Survey from 1987 to 1997 the evolution of the Health Practices Index (smoking, alcohol consumption, physical exercise, sleep hours and the Quetelet index) is described for the Spanish non-institutionalised adult population. In the last 10 years the disadvantaged population of Spain (social class groups IV and V) has not opted for healthier behavioural choices. On the contrary the Health Practices Index figures have worsened during the study period. Conversely, the more affluent groups (social class groups I, II and III) have exhibited a net gain in the index. Due to this, an increase in the existing gap in health inequalities in Spain in terms of morbidity and mortality can be forecast for the near future. As time trends of a summary indicator of preventive health behaviours by social class have not been described in other countries, a replication of this study in different cultural, social and economic milieus could produce valuable information.

Keywords: inequalities in health, preventive health behaviours

Professional and political debates on health inequalities usually remain at a rhetorical level.<sup>1,2</sup> Policies and practices in the health sector worldwide are affected little by the growing scientific evidence of inequalities. One of the putative reasons for this, apart from ideological resistance, is the time lag that tends to occur when measuring the effect of social inequalities in health. Trends in inequalities in health, are mainly measured using mortality and less often morbidity; therefore at least 10–20 years are needed to show empirical evidence of the positive or negative effects of changes in policies or professional practices. The effect of this time lag is a reduction in political and professional accountability. One simple way of reducing this time lag is by measuring not only the outcome of the process but also its origin in the distribution of and trends in health-related behaviours by social class. In a particular society, preventive health behaviours and the resultant trends by social class at a given time can be considered a clear reflection of the inequalities in health, disease burden and mortality in the future.

The better-known lifestyle choices that affect health – smoking, alcohol consumption, physical exercise and obesity – can be summarised by using a single index, the Health Practices Index (HPI). Not surprisingly, as health behaviours are social class mediated, the HPI exhibits an excellent correlation with measures of social class, as was

shown by Pill et al.<sup>3</sup> in 1995 using cross-sectional UK data.

In this paper, we show the trends in preventive health behaviours in Spain in the last 10 years by social class using data from national health surveys.

## MATERIAL, METHODS AND RESULTS

The Spanish national health surveys covered samples of the non-institutionalised adult population of 17,118 people in 1987, 14,536 in 1993, 4,969 in 1995 and 5,124 in 1997.

The HPI was built following methods described elsewhere<sup>3</sup> which were modified slightly by using five of the HPI variables contained in the four Spanish surveys: smoking and alcohol consumption, physical exercise, sleep hours and the Quetelet index. The HPI can thus range from 0 to 5, the highest values of the index being given to those lifestyle choices that promote better health. Social class was measured using the classification of the Spanish Epidemiological Society,<sup>4</sup> which is comparable to that of the British Registrar General. The means of the HPI in each of the five social class categories and its confidence intervals were calculated and are shown in *figure 1* for the study period.

## DISCUSSION

Our data show a differentiated response based on social class to the available scientific knowledge and public health efforts on behaviour and health in Spain. In the last 10 years, the disadvantaged population of Spain has obtained no benefits, nor has it opted for healthier behavioural choices; on the contrary the figures worsened during the study period. Conversely, groups III, II and I

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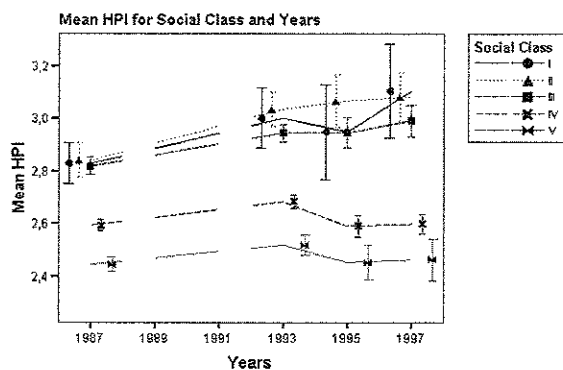


Figure 1 Mean Health Practices Index (HPI) for social class and years

have exhibited a net gain in their average HPI. An increase in the existing gap of health inequalities in Spain,<sup>5</sup> in terms of morbidity and mortality can be forecast for the near future. As has been recently pointed out by the Spanish Public Health Association report SESPAS 2000 inequalities in health are one of the weakest points in the efforts made by Spanish Governments in attaining Health For All in the year 2000,<sup>6</sup> thus the results of this paper add even worse expectations.

Health behaviours could be easily monitored by social class using data routinely collected in the majority of the health surveys in developed countries. As far as we know, the time trends of a summary indicator of preventive

health behaviours have not been described in other countries until now. Thus, a replication of this study in other developed countries could produce valuable information on future trends in different cultural, social and economic milieus. This approach, adding preventive health behaviour to the usual morbidity and mortality measures, could also reduce the time needed to measure the lag between exposition to a given intervention and its eventual impact in reducing inequalities in morbidity and mortality.

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