

# EUR Research Information Portal

## Empirical studies in the measurement of socio-economic inequality in health

### Publication status and date:

Published: 24/05/2013

### Document Version

Other version

### Citation for the published version (APA):

Baeten, SA. (2013). *Empirical studies in the measurement of socio-economic inequality in health*. [Doctoral Thesis, Erasmus University Rotterdam]. Erasmus Universiteit Rotterdam (EUR).

[Link to publication on the EUR Research Information Portal](#)

### Terms and Conditions of Use

Except as permitted by the applicable copyright law, you may not reproduce or make this material available to any third party without the prior written permission from the copyright holder(s). Copyright law allows the following uses of this material without prior permission:

- you may download, save and print a copy of this material for your personal use only;
- you may share the EUR portal link to this material.

In case the material is published with an open access license (e.g. a Creative Commons (CC) license), other uses may be allowed. Please check the terms and conditions of the specific license.

### Take-down policy

If you believe that this material infringes your copyright and/or any other intellectual property rights, you may request its removal by contacting us at the following email address: [openaccess.library@eur.nl](mailto:openaccess.library@eur.nl). Please provide us with all the relevant information, including the reasons why you believe any of your rights have been infringed. In case of a legitimate complaint, we will make the material inaccessible and/or remove it from the website.

## **Empirical Studies in the Measurement of Socio-economic Inequality in Health**

1. The effect of poor health on survival is greater for the poor than for the rich, but nonetheless this differential mortality does not explain why health develops so differently over the life cycle for both groups. (Chapter 2)
2. Because of the high pace with which socio-economic circumstances and diet have changed in China, the SES-BMI gradient does not (yet) unambiguously favor the higher socio-economic groups. (Chapter 3)
3. The rise in income related health inequalities in China over the past 20 years is not so much the result of larger inequalities in health or wages, but more of a lacking pension system for those leaving the job market. (Chapter 4)
4. Emphasizing the large health inequalities between rich and poor countries may be stating the obvious, but even small changes in methodology may have large effects on the magnitude of these differences. (Chapter 5)
5. For socio-economic health inequalities to get a prominent place on the health policy agenda, it is essential that empirical research is tailored to the needs of policy makers. (Chapter 6)
6. Increased health care spending is not bad per se. Spending increased wealth on the sick could be one of the most humane things a country can do.
7. Where there is competition, there are winners and losers. Governments should accept that when introducing competition in health care.
8. Someone who is both poor and in bad health does not care whether he is sick because he is poor or poor because he is sick. All he cares about is being poor and sick.
9. There ain't no such thing as a free lunch.
10. Insignificant results may be as important as significant ones.
11. A PhD starts with enthusiasm, idealism and an eagerness to learn. At the end you are grateful for what you have learned.