

Study shows the impact of the 2008 financial crisis on healthcare varied between countries

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A team of researchers from several institutions in Europe has conducted an analysis of healthcare quality levels across Europe during the 2008 financial crisis. In their paper published in *Proceedings of the National*

Academy of Sciences, they describe the differences they found in level of care over the course of the crisis.

The [financial crisis](#) of 2008 was felt in many parts of the world, but not all [countries](#) experienced the same impact on healthcare. In some countries, those less well-off saw a decline in healthcare availability and services, while those in other countries did not. In this new effort, the researchers looked at mortality and [morbidity rates](#) (being sick or diseased) for people living in 17 countries over the years 1980 to 2014 and 2002 to 2014, respectively. Their data also included survey responses from 350,000 people regarding their levels of health and quality of healthcare they received.

The researchers report that they found major differences in numbers for people living in different countries. Some, such as the U.K. and many western European countries, actually saw a steady improvement in mortality rates for people in all income brackets—a trend that began before the crisis and continued after. Such countries also saw steady numbers for morbidity rates. In other countries, things were not as rosy. They found that while [mortality rates](#) in eastern Europe continued to improve in recent years, morbidity rates did not for those with less education and income. They also found that for those countries that felt the strongest economic impact, people of all income brackets saw reductions in availability of healthcare services.

The results by the team, they note, contrast sharply with numbers found by other researchers studying healthcare in the United States. Despite its rating as one of the top economies in the world, the country experienced an increase in both mortality and morbidity rates during the crisis, but only for those on the lower end of the economic spectrum.

The researchers conclude their findings by noting that poor people living in countries that had programs in place to provide [healthcare](#) were

effectively shielded from loss of services during rough economic times. They note also that the U.S. has continued to experience rising mortality and [morbidity](#) rates even as the crisis was resolved.

More information: Johan P. Mackenbach et al. Trends in health inequalities in 27 European countries, *Proceedings of the National Academy of Sciences* (2018). [DOI: 10.1073/pnas.1800028115](https://doi.org/10.1073/pnas.1800028115)

Abstract

Unfavorable health trends among the lowly educated have recently been reported from the United States. We analyzed health trends by education in European countries, paying particular attention to the possibility of recent trend interruptions, including interruptions related to the impact of the 2008 financial crisis. We collected and harmonized data on mortality from ca. 1980 to ca. 2014 for 17 countries covering 9.8 million deaths and data on self-reported morbidity from ca. 2002 to ca. 2014 for 27 countries covering 350,000 survey respondents. We used interrupted time-series analyses to study changes over time and country-fixed effects analyses to study the impact of crisis-related economic conditions on health outcomes. Recent trends were more favorable than in previous decades, particularly in Eastern Europe, where mortality started to decline among lowly educated men and where the decline in less-than-good self-assessed health accelerated, resulting in some narrowing of health inequalities. In Western Europe, mortality has continued to decline among the lowly and highly educated, and although the decline of less-than-good self-assessed health slowed in countries severely hit by the financial crisis, this affected lowly and highly educated equally. Crisis-related economic conditions were not associated with widening health inequalities. Our results show that the unfavorable trends observed in the United States are not found in Europe. There has also been no discernible short-term impact of the crisis on health inequalities at the population level. Both findings suggest that European countries have been successful in avoiding an aggravation of health inequalities.

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