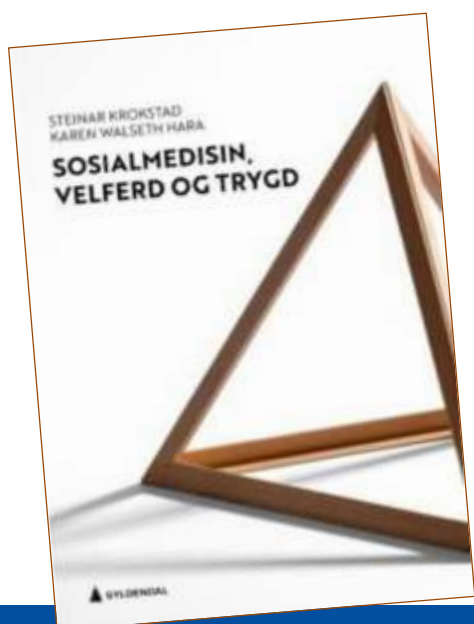


# Utjevning av sosiale ulikheter – status og aktuelle politiske grep

Folkehelsekonferansen,  
Hamar 17. oktober 2022

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<https://www.ntnu.no/ansatte/steinar.krokstad>





## Sosiale ulikheter

- Jenter vs gutter
- Unge vs gamle
- Fattige vs rike
- Arbeidere vs aksjonærer

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## Negativ helseutvikling for ungdom Verst for jenter; Ung-HUNT

Krokstad S, Weiss DA, Krokstad MA, et al. Divergent decennial trends in mental health according to age reveal poorer mental health for young people: repeated cross-sectional population-based surveys from the HUNT Study, Norway. *BMJ Open*. 2022;12(5):e057654. Published 2022 May 18. doi:10.1136/bmjopen-2021-057654

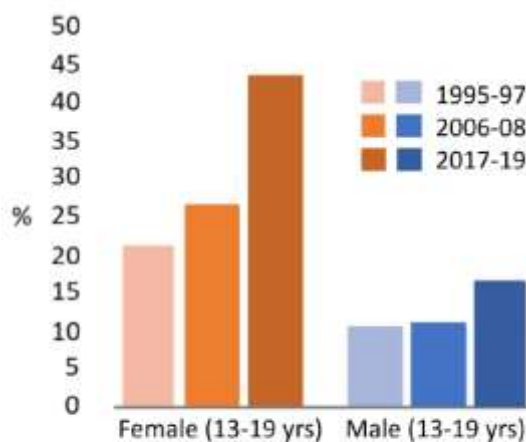
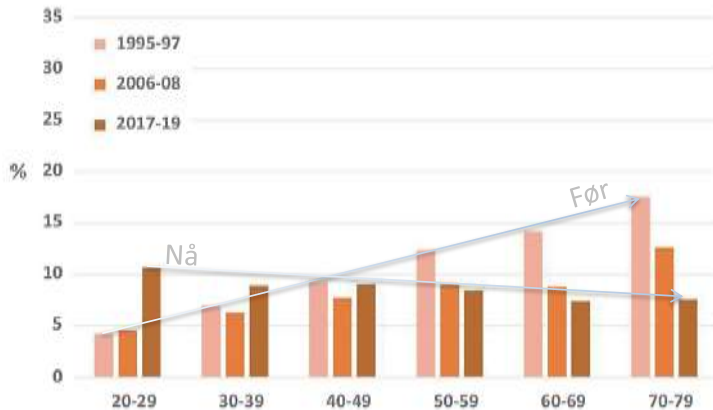


Figure 2 Prevalence (%) of anxiety and depression symptoms measured with Hopkins Symptom Checklist-5 (cut-off  $\geq 2$ ), from three decades of adolescents in the Young-HUNT Study.

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## Negativ helseutvikling for unge voksne. Verst for kvinner; HUNT



**Figure 3** Prevalence (%) of depression symptoms measured with Hospital Anxiety and Depression Scale-depression (cut-off  $\geq 8$ ) from three decades, the HUNT Study.

## Økende forskjeller i dødelighet

BMJ

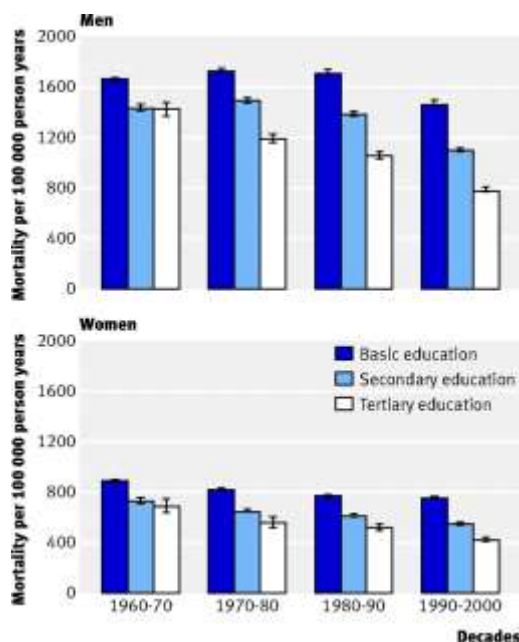
RESEARCH

### Educational inequalities in mortality over four decades in Norway: prospective study of middle aged men and women followed for cause specific mortality, 1960-2000

Hjørn Heine Strand, director,<sup>1</sup> Elise-Karin Ingthol, director,<sup>1</sup> Øst-Anne Skjæveland, scientist,<sup>1</sup> Tony Bakke, research professor and director,<sup>2</sup> Sæbel Graf-Averses, professor,<sup>1</sup> Øyvind Rænes, senior scientist,<sup>1</sup> senior lecturer<sup>1</sup>

**ABSTRACT**  
**Objectives** To determine the extent to which educational inequalities in relation to mortality widened in Norway during 1960-2000 and which causes of death were the main drivers of this disparity.  
**Design** Nationally representative prospective study.  
**Setting** Four cohorts of the Norwegian population aged 45-64 years in 1960, 1970, 1980, and 1990 and followed up for mortality over 10 years.  
**Participants** 150 547 deaths and 12 004 589 person-years.  
**Main outcome measures** All cause mortality and deaths due to cancer of lung, stomach, or larynx; other cancer; cardiovascular diseases; suicide; external causes.  
**Results** Educational inequalities in mortality widened in Norway during 1960-2000 and which causes of death were the main drivers of this disparity.  
**Conclusions** Educational inequalities in mortality widened in Norway during 1960-2000 and which causes of death were the main drivers of this disparity.

**INTRODUCTION**  
 Inequalities in mortality have been widening in Western populations in recent decades.<sup>1</sup> Some trend studies on inequalities in death cover the period from 1980,<sup>2</sup> but such studies on inequalities before that decade are scarce. Also, trend studies have tended to focus on relative inequalities rather than absolute measures.<sup>3</sup> In the 1950s the Norwegian economy was transformed by the discovery of oil and gas, and currently



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Strand et al. BMC Public Health 2014, 14:1205  
<http://www.biomedcentral.com/10.1186/s12874-014-1130-8>



RESEARCH ARTICLE

Open Access

### Trends in educational inequalities in cause specific mortality in Norway from 1960 to 2010: a turning point for educational inequalities in cause specific mortality of Norwegian men after the millennium?

Eigen Hellestrand<sup>1,2\*</sup>, Østf Anna Steingrimsdóttir<sup>3</sup>, Eiríkur Guðbjörnsson<sup>4</sup>, Inger Annesen<sup>5</sup>, Sidsel Graff-Kjenner<sup>6</sup> and Øyvind Næss<sup>1,2</sup>

Abstract

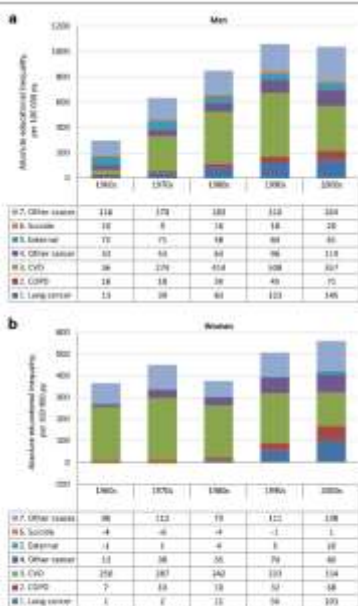
**Background:** Educational inequalities in total mortality in Norway have widened during 1960–2000. We wanted to investigate if inequalities have continued to increase in the post millennium decade, and which causes of deaths were the main drivers.

**Methods:** All deaths (total and cause specific) in the adult Norwegian population aged 45–74 years over five decades, until 2010 were included. In all 70,449 deaths and over 62 million person-years. Two indices of inequality were used to measure inequality and changes in inequalities over time, on the relative scale (Relative Index of Inequality, RII) and on the absolute scale (Slope Index of Inequality, SII).

**Results:** Relative inequalities in total mortality increased over the five decades in both genders. Among men absolute inequalities stabilized during 2000–2010, after steady, significant increases each decade back to the 1960s, while in women, absolute inequalities continued to increase significantly during the last decade. The stabilization in absolute inequalities among men in the last decade was mostly due to a fall in inequalities in cardiovascular disease (CVD) mortality and lung cancer and respiratory disease mortality. Still, in the last decade, the absolute inequalities in cause-specific mortality among men were mostly due to cardiovascular diseases (CVD) (34% of total mortality inequality), lung cancer and respiratory diseases (21%). Among women the absolute inequalities in mortality were mostly due to lung cancer and chronic lower respiratory tract diseases (30%) and CVD (27%).

**Conclusions:** In men, absolute inequalities in mortality have stopped increasing, seemingly due to reduction in inequalities in CVD mortality. Absolute inequality in mortality continues to widen among women, mostly due to death from lung cancer and chronic lung disease. Relative educational inequalities in mortality are still on the rise for Norwegian men and women.

**Keywords:** Mortality, Education, Health inequalities, Norway, Nordic paradox



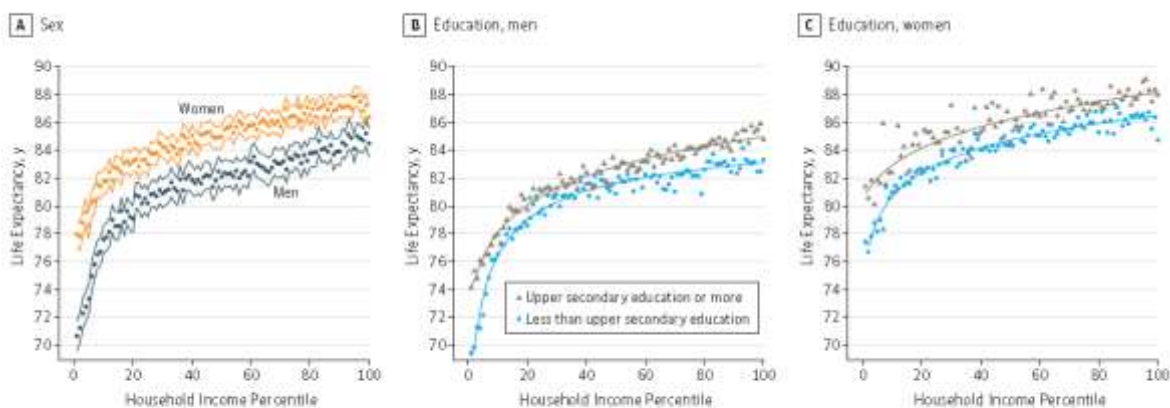
**Figure 1** Absolute inequality (SII) in total and cause specific mortality over five decades (1961–2000), age adjusted. a. Men. Relative educational inequality\* in cause specific mortality for Norwegian aged 45–74 years over five decades (1961–2000), age-adjusted. The total height of the bar represent absolute inequality in all-cause mortality (per 100,000 person-years) & Relative educational inequality\* in cause specific mortality for Norwegian aged 45–74 years over five decades (1961–2000), age-adjusted. The total height of the bar represent absolute inequality in all-cause mortality (per 100,000 person-years).

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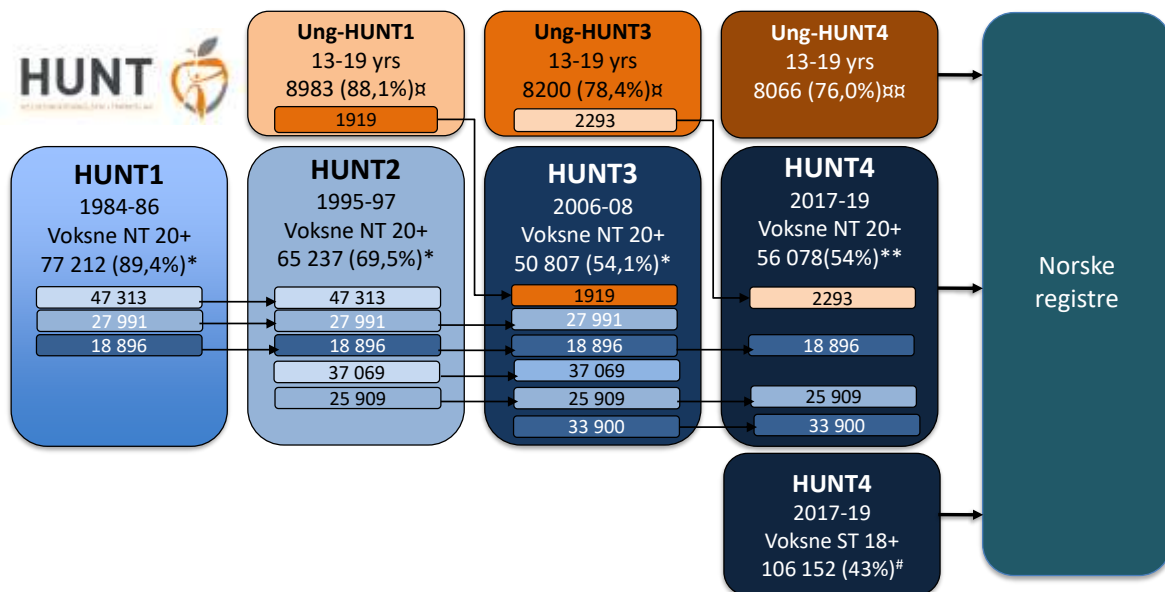
Figure 1. Life Expectancy by Income and Education Level in Norway, 2011-2015



The solid lines represent predicted life expectancy estimated from a fractional polynomial of income. Panel A shows life expectancy by income percentile with 95% CIs and panels B and C show life expectancy by income percentiles by highest and lowest level of education. Estimated life expectancy was based on

actual mortality rates and is presented as expected age at death. Estimates are based on the total Norwegian population aged at least 40 years, excluding individuals with the lowest 3% income and individuals with immigrant background.

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## Nye analyser NCDNOR

Tabell 1: RII (relative index of inequality) SRH (self rated health)

	Men		Women	
	30 – 59 years	60 – 80 years	30 – 59 years	60 – 80 years
HUNT1	2.43 (2.17 – 2.73)	1.76 (1.60 – 1.94)	2.35 (2.11 – 2.63)	1.62 (1.47 – 1.78)
HUNT2	2.93 (2.55 – 3.38)	2.06 (1.82 – 2.32)	2.27 (2.03 – 2.55)	1.63 (1.36 – 1.82)
HUNT3	3.46 (2.96 – 4.05)	2.61 (1.89 – 2.45)	2.86 (2.56 – 3.19)	1.69 (1.51 – 1.88)
HUNT4	3.25 (2.71 – 3.91)	2.32 (2.03 – 2.65)	3.25 (2.91 -3.63)	2.16 (1.92 – 2.42)

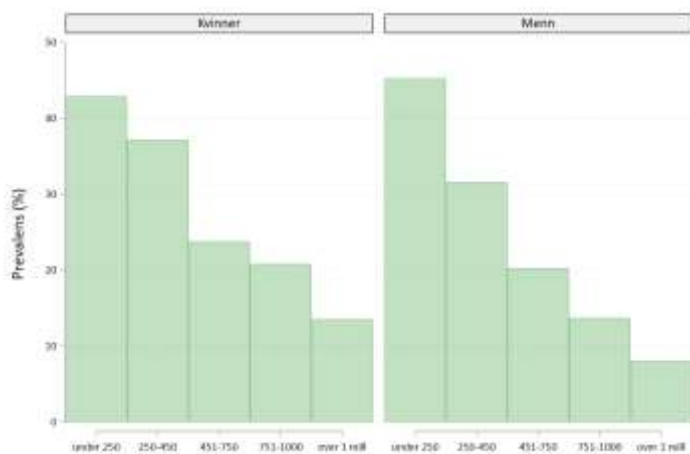
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Indikatorer på  
socioøkonomisk  
status:  
HUNT4

	NProsent	
<b>Familieinntekt</b>		
Under 250 000 kr	4535	7.9
250 000 - 450 000 kr	8965	15.6
451 000 - 750 000 kr	15015	26.2
751 000 -1 000 000 kr	11145	19.4
Over 1 000 000 kr	17741	30.9
Total	57401	100
<b>Utdanningsnivå</b>		
Grunnskole	3160	5.5
Videregående	19646	33.9
Høgskole/Univ	35149	60.7
Total	57955	100
<b>Yrkesaktiv</b>		
Nei	10048	20.5
Ja	38974	79.5
Total	49022	100

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Dårlig  
egenvurdert  
helse (%)  
etter  
familieinntekt



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Dårlig  
egenvurdert  
helse (%) etter  
utdanningsnivå



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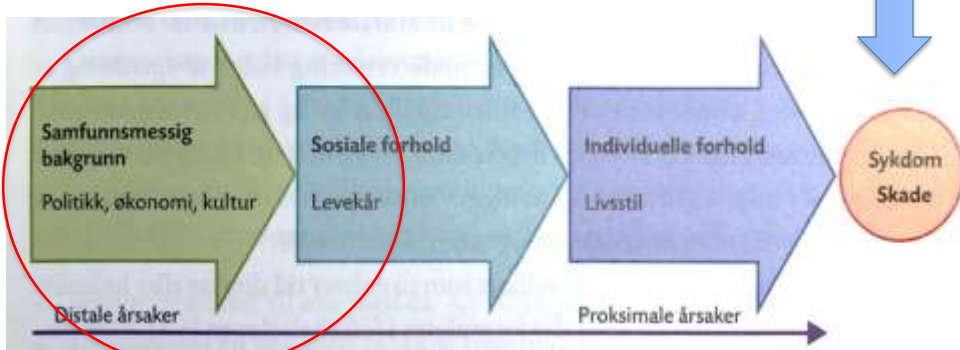
Dårlig  
egenvurdert  
helse (%) etter  
yrkesdeltakelse



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# Sosial ulikhet i helse



Figur 5 Bak de umiddelbare årsakene til sykdom og skade finnes ofte lag på lag av bakenforliggende årsaker, gjerne knyttet til sosiale forhold som igjen har sine røtter i samfunnsstrukturer (etter Krokstad 2006)



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Økonomar trur det raudgrøne statsbudsjettet kan b øte på dei økande skilnadene i Noreg:

# Applauderer regjeringa

**PLUSSPØENG:** Venstresida bør rose det omfordelede statsbudsjettet, seier økonomiprofessor Kalle Moene.

## ØKONOMI

Av Alexander Amundsen og Pål Hjeltnes  
— Eg meiner dette statsbudsjettet merker veldig seg det som framtidig har vore sosialøkonomisk politikk. Det er ganske store endringar, til dels, men alle vil ikkje seie omfordelingsmessig er verdiløst eller i god for oss, seier Kalle Moene.  
— Har er professor emeritus i økonomi ved Universitetet i Oslo — og er oppfølger av skilnader i samfunnet.  
— Etter å ha sett statsbudsjettet som regjeringa la fram denne veka, er Moene optimist på vegner av alle dei som er i vanskelege økonomiske situasjonar.  
— Dette ser ut til å vere i riktig retning, og regjeringa kjem med sin del framtidige...

**FAKTA**  
**Statsbudsjettet 2023:**  
— Regjeringa la fram statsbudsjettet for neste år.  
— Skatteveksten med 3,5 prosent er mindre enn forventet.  
— Formuesskatten og arbeidsskatten på 500, og det blir redusert i gjennomskjering på løn og arbeid, i tillegg til kutt i utgifter til helse og omsorg.  
— Regjeringa reduserer utgifter med 18,3 milliarder kroner sammenlikna med statsbudsjettet i fjor.  
— Oppgjørskravet blir på 325,8 milliarder kroner — 3,5 prosent av BNP.  
— Inflasjonsspenningsskatt er utsett 2 år med 2,5 prosent i år og 1,7 prosent neste år.



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## Tiltak på regionalt og lokalt nivå

### En sjekkliste for kommunene

[https://www.ntnu.no/documents/10304/1130562/Red\\_av\\_sosiale\\_ulikheter\\_web.pdf/9fb99844-7988-4f19-b352-623761d13418](https://www.ntnu.no/documents/10304/1130562/Red_av_sosiale_ulikheter_web.pdf/9fb99844-7988-4f19-b352-623761d13418)



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### 29 prioriterte tiltak

- Mer rettferdig inntektsfordeling
- En god barndom
- Skole og utdanning
- Arbeidsliv
- Atferd
- Helsetjenester
- Strukturelle tiltak

[https://www.helsedirektoratet.no/rapporter/anbefalte-tiltak-mot-sosial-ulikhet-i-helse/Anbefalte%20tiltak%20mot%20sosial%20ulikhet%20i%20helse.pdf/\\_attachment/inline/61dc43e0-cdc6-43a7-97aa-033087123180:16c32d7c42b3ed5a8fbaf35742e986133a0749/Anbefalte%20tiltak%20mot%20sosial%20ulikhet%20i%20helse.pdf](https://www.helsedirektoratet.no/rapporter/anbefalte-tiltak-mot-sosial-ulikhet-i-helse/Anbefalte%20tiltak%20mot%20sosial%20ulikhet%20i%20helse.pdf/_attachment/inline/61dc43e0-cdc6-43a7-97aa-033087123180:16c32d7c42b3ed5a8fbaf35742e986133a0749/Anbefalte%20tiltak%20mot%20sosial%20ulikhet%20i%20helse.pdf)

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# Health is a human right

- Do something
- Do more
- Do better

Michael Marmot

