

Understanding long-run trends in health inequalities using biographical information: What insight can we gain from politicians?



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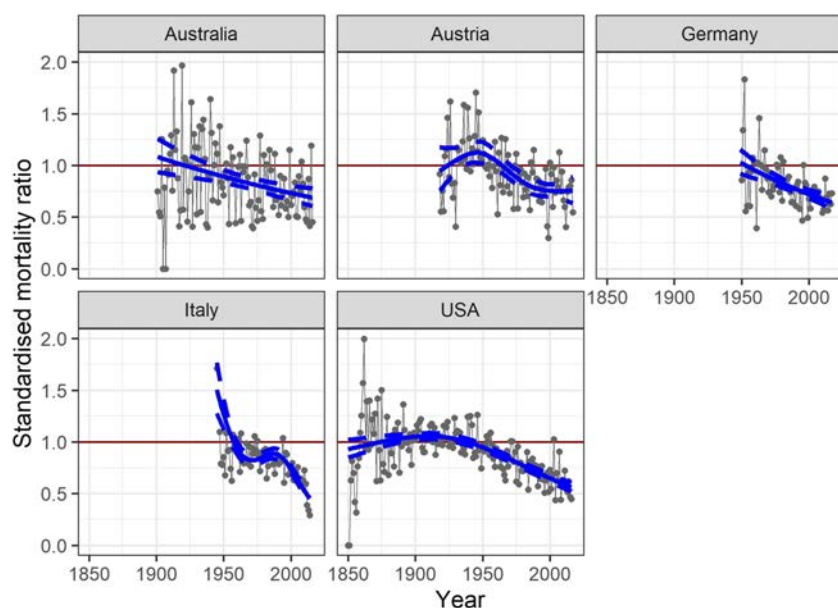
BIOGRAPHY WORKSHOP SERIES 2022

Time:

Friday 20 May 2022
3:00pm–4:30 pm

Venue:

Seminar Room 4.69
Level 4 RSSS Building
146 Ellery Crescent



This paper considers data issues involved in researching long run health inequalities. A study which has been completed aimed to compare the mortality rate and life expectancy of politicians with those of the age and gender-matched general populations to understand long-run trends in health inequalities. This involved an observational analysis of 57,561 politicians (with follow-up ranging from 1816–2016 for France to 1949–2017 for Germany) in 11 developed countries (including Australia). Politicians were followed from their election date until either death, or the last available year with life table data. Relative and absolute differences in mortality and survival were estimated and compared over time and across countries. While our results show large variations in level of health inequalities over time. Currently there are large relative and absolute inequalities favouring politicians in every country. In some countries, such as the US, relative inequalities are at the greatest level in over 150 years. Data issues were critical to producing reliable results in this study and follow-up studies which will use biographical information for other elite groups are planned.



Professor Philip Clarke is Director of the Health Economic Research Centre at the University of Oxford as well as holding an appointment at the Centre for Health Policy at the University of Melbourne. He is a Fellow of the Academy of the Social Sciences in Australia (ASSA). His research interests include developing methods to value the benefits of improving access to health care, health inequalities and the use of simulation models in health economic evaluation. Philip has been involved in the development of the UKPDS Outcomes Model, a health economic simulation model for type 2 diabetes.