

Editorial

Social epidemiology and health economics: the need to find common grounds

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There is an ever increasing number of studies focusing on health inequalities, expanding also into areas such as life course analyses and regional inequalities. By describing these inequalities in much detail, they continuously add to our understanding of the underlying causes, such as exposures during childhood and obesogenic environment. Today, it is widely acknowledged that more research is needed with a focus on interventions that could help to reduce health inequalities, and that a closer cooperation is needed between public health researchers and policy makers. It is less often pointed out that closer cooperation also is needed between social epidemiologists and health economists. Policy makers need to answer tough questions: How effective are interventions aimed at reducing health inequalities, and how much do they cost? What are the most cost-effective strategies, and how do they compare with the cost-effectiveness of other public health programs? How could we compare the 'benefit' between interventions that target health inequalities and other interventions that are directed towards improving health in the total population? These questions are rarely addressed in public health research.¹

There seems to be a large gap between social epidemiologists, focusing on describing and explaining health inequalities on one hand, and health economists focusing on economic evaluations of health care interventions. This gap includes differences in terminology and in methods used. Journals often publish articles either from social epidemiologists or from health economists, and researchers from the two fields rarely mix at conferences. Social epidemiologists primarily focus on the goal 'the existing health inequalities should be reduced', and health economists primarily focus on the goal 'health care efficiency should be improved'. It is obvious that each position becomes unreasonable if taken to the extreme and if the other position is totally ignored—they have to be balanced against each other. Reaching more equity usually requires financial resources, but how much are we willing to pay for this? Where is the limit, and how can we assess this limit in an objective scientific way? Of course it is important to find the best way to spend available resources, but if there is a price to pay in terms of increased health inequalities, what degree of health inequalities are we willing to accept?

This gap is just an example of the more general relationship between health economics and public health. Barendregt² called it an 'arranged marriage', and he states 'The best we can hope for is that the partners will get used to one another, and learn to live with each others' character deficits'. And what about the more specific partnership between social epidemiology and health economics? There are a few interesting examples on attempts to bring the two closer together: Mackenbach³ investigated the economic costs of

health inequalities, O'Neill et al.⁴ looked at the cost-effectiveness of an intervention aimed at reducing childhood health inequalities and Tambor et al.⁵ at the potential equity implications of cost-sharing schemes. The Ecuity Project gathered many health economists to study social inequalities in health and health care.⁶ But, in a wider perspective, these are just first steps on a long road.

We tried to add two more steps. In a recent research project, we reviewed the literature on 'costs and effects of interventions aimed at increasing physical activity among children'. We found a number of studies reporting effects, but hardly any of these studies included information on the financial resources necessary for planning and/or conducting the intervention, and none of these focused on children coming from a deprived social background. Consequently, tools need to be developed that can be used for assessing these costs, in a way that is as simple and as standardized as possible. Secondly, we recently reviewed the German discussion on the potential trade-off between measures aimed at reducing health inequalities and measures aimed at increasing health care efficiency, without excluding any area of health promotion or health care. We found some discussions concerning each aim per se, of course, but no serious discussion on the potential trade-off between them. Each side argues for its own cause, stays on its side of the gap, but does not look out for a bridge. Yet, both aims shape public health policy. We thus need to find common grounds, to integrate both positions, especially when it comes to cutting public spending.

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References

- 1 Michie S, Jochelson K, Markham WA, Bridle C. Low-income groups and behaviour change interventions: a review of intervention content, effectiveness and theoretical frameworks. *J Epidemiol Community Health* 2009;63:610–22.
- 2 Barendregt JJ. Economics and public health: an arranged marriage. *Eur J Public Health* 2007;17:124.
- 3 Mackenbach JP, Meerding WJ, Kunst AE. Economic costs of health inequalities in the European Union. *J Epidemiol Community Health* 2011;65:412–19.
- 4 O'Neill D, McGilloway S, Donnelly M, et al. A cost-effectiveness analysis of the Incredible Years parenting programme in reducing childhood health inequalities. *Eur J Health Econ* (in press).
- 5 Tambor M, Pavlova M, Woch P, Groot W. Diversity and dynamics of patient cost-sharing for physicians' and hospital services in the 27 European Union countries. *Eur J Public Health* 2011;21:585–90.
- 6 Ecuity project. Available at: <http://www2.eur.nl/bmg/ecuity/> (22 September 2012, date last accessed).