Health effects of the crisis: challenges for science and policy

Peter Allebeck
Department of Public Health Sciences, Karolinska Institutet, Stockholm, Sweden

Correspondence: Peter Allebeck, Department of Public Health Sciences, Karolinska Institutet, Stockholm, Sweden, e-mail: Peter.Allebeck@ki.se

A European Public Health journal must have as a priority these days to publish evidence as well as policy papers on the economic crisis and its health effects. The scope of the recent years’ crisis has been compared with that of the thirties, but one important difference is that we now have plenty of data, statistics, and regular surveys, by which the health effects of the crisis can be monitored and analysed. But still, as recently pointed out by Karanikolos et al.1 in the Lancet series on Health in Europe, funding and infrastructure is not there to monitor health effects of the crisis, and there has been a lack of interest and concern among European leaders to follow public health consequences of the austerity measures taken. This stands in stark contrast to the interest and meticulous follow-up of econometric measures.

As one policy maker pointed out: ‘The more controversial and policy related a scientific issue is, the more important it is that research on the matter is scientifically valid.’ This is certainly the case with research on health effects of economic crises, and there are indeed methodological challenges. As in all observational studies, exposure and outcomes have to be defined and operationalized. Exposure can be either economic recession in general, or more specifically unemployment, disruption of health services, social services, etc. Outcome can be e.g. overall mortality, mortality from specific causes, use of health services, perceived health. Mortality is a ‘hard’ and unambiguous outcome, whereas use of health services may be difficult to compare over time if access to health services is reduced owing to downsizing. Self-perceived health may be influenced by changes in attitudes owing to changes in life and social conditions as an effect of the crisis. Time frames have to be defined according to exposure and outcome of interest, and relevant comparison populations identified.

In this issue, Vandoros and collaborators2 seek to advance previous findings reported by Kentekilenis et al.3 and Zavras et al.4 by comparing self-rated health in Greece over time, with similar data from Poland, a country chosen as a control. They found that the rate of self-rated health in both countries declined at a similar rate in the years before the crisis, but that the decline was significantly stronger in Greece after the crisis, supporting a causal association.

While the austerity measures have hit Greece to an extreme degree during the past years, also other countries in Europe have been and are still suffering from high unemployment and severe cuts in welfare services. In this issue, Lopez Bernal and collaborators5 present data on suicide rates in Spain. Using an interrupted time series analysis, they find an increased suicide rate above the underlying trend since the beginning of the crisis. Their data corroborate findings published earlier this year of increased rates of mental disorders reported at primary care centres in Spain, compared with a period before the crisis.6

Thus, data on effects of the crisis are popping up here and there. Hopefully, someone will take the lead, and funding made available, for a more comprehensive analysis of the economic crisis and its effects on health in different European countries. The question is though, as Karanikolos and collaborators1 end their article: ‘Will anyone listen?’

In public health, we are used to look for empirical evidence on health outcomes, but political and economical decisions are mainly driven by other agendas. When interacting with policy makers, it is important also to look at other methods and tools for analysing values and trade-offs in decision making. In a Viewpoint article in this issue, Schröder-Beck and collaborators’ remind us of the societal principles and values that European leaders have agreed on at various high level meetings. They suggest using methods incorporating ethical criteria and procedural justice in decision making.

So, while striving for better scientific data on health effects of the crisis, we must also think about how to get European leaders to listen. This is why the European Public Health Association (EUPHA), in addition to research, also works on three other ‘pillars’: education, policy and practice. Joined forces in all these domains are needed to meet the challenges we are facing in science and policy.

References