

Educational inequalities in health expectancies in Europe: description, explanation, projection

Propositions

From this thesis

1. Measuring educational inequalities in disability requires using more than one survey (this thesis).
2. Educational inequalities in disability in Europe are persistent, though with substantial variation in trends for individual countries (this thesis).
3. Smoking, low income and high-body weight are the most important risk factors that contribute to inequalities in life expectancy (LE) in Europe (this thesis).
4. The life-shortening impact of smoking reduces its importance as a risk factor for inequalities in LE with disability (this thesis).
5. A uniform increase in the Dutch pension age will increase deficit of years in good health at pension age for the low educated (this thesis).

Others

6. Cross-sectoral efforts are central to stopping the process of increasing health inequality (Diderichsen, 2011).
7. Health monitoring and international benchmarking should also be conducted at the local level (Koster et al. 2017).
8. The positive fiscal impact of the increase in the statutory pension age should be weighed against the negative effect on wellbeing and the consequent increase in inequality between those who can and those who cannot afford to retire at their preferred age (Della Giusta, 2021).
9. Wars and armed conflicts have devastating consequences for the physical and mental health of all people involved, for the social life within and surrounding the war affected regions, and for the health of the environment (Razum et al. 2019).
10. Far-reaching changes to the structure and function of the Earth's natural systems represents a growing threat to human health (Whitmee et al 2015).

Non-academically defensible

11. We were born for cooperation, like feet, like hands, like eyelids, like the rows of upper and lower teeth. So to work in opposition to one another is against nature (Aurelius, 1997).

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