

EUROPEAN HEALTH DIVIDE REVISITED: HEALTH IN TRANSITION COUNTRIES AND BEYOND

PhD Thesis

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Abstract

Health is one of the most essential assets of an individual or society, yet throughout time it has developed very differently in various parts of the world. In Europe, the understanding of health has traditionally been regionally divided between the West and East, but is this divide still present? Better understanding health and what determines it in Eastern and Western Europe enables me to revisit the health divide on the continent.

Among the plethora of literature on the determinants of health, one can clearly identify two main approaches. One approach analyses mostly how the objective indicators influence objective health at the country level; another deals with primarily subjective individual-level health and its subjective determinants. Very rarely, however, do the approaches intersect. This thesis incorporates the different approaches to the determinants of health in order to determine whether a) the objective and subjective health indicators are similar or different, and if they could be used interchangeably; b) the objective and subjective determinants influence health differently; c) both the individual and contextual factors affect health; and d) the European health divide has changed over the past two decades of transition.

To do that, the thesis adopts primarily a quantitative approach in the five empirical studies, united under one theoretical umbrella. In the detailed literature review, the main theoretical framework of the augmented health production function is developed and used throughout the thesis. A variety of methods—from cluster and factor analysis to ordinary least squares (OLS), panel, and multilevel regressions—is used in the different chapters of the thesis. The analysis is carried out with the help of six different datasets, providing data at different levels. First, three studies concentrate on the 28 Central and East European (CEE) countries, while the other two focus on the broader European context. In the first four chapters, health is the centre of the story, modelled within the augmented production function. The final study directly assesses the changes in the European health divide at the macro level.

This detailed and extensive analysis provides important answers to the set research questions. First, I find that the objective and subjective health indicators are determined very differently, and therefore, regardless of how similar they may seem, should not be used interchangeably. Second, subjective and objective factors have a different effect on health, and they should both be

included when health is analysed. Third, contextual effects on individual health are very weak. This is particularly true for the CEE countries. Finally, over years of transition, the European health divide has changed to a 'West-Central-East' design. Therefore, revisiting our understanding of what "East" and "West" mean in terms of health in Europe is in order.

These findings enhance the literature on the determinants of health by bridging the two diverging approaches and creating a theoretical framework—augmented health production function—for analysing the determinants of health, which can be further tested in other regions of the world. While the divide in Europe—still often referred to as "East-West"—has changed, this divide could adjust our whole understanding of European health patterns.