

Brussels: young and healthy?!

Educational inequalities in health and mortality among young persons in the Brussels-Capital Region.

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Abstract

This thesis aimed at exploring and deepening insight into social inequalities in health and mortality among young persons in the transition to adulthood. It mainly focused on adolescents and young adults living in the Brussels-Capital Region (BCR), but also made comparisons with other Belgian cities and regions. Using pooled data from the Belgian Health Interview Surveys (HIS) of 2001, 2004 and 2008 and death certificates linked to the 1991 and 2001 census, a detailed health profile of young adults in the BCR is sketched. The different chapters produced valuable information on social inequalities in health and mortality of young adults, of several migrant populations living in the BCR, and how mortality declined over time.

Are young persons in Brussels healthy? There is no easy *yes* or *no* answer to that question. If a short answer should be given, then it would have to start with 'Generally speaking yes, but...'. Several chapters concerning young-adult mortality have shown that the BCR has made considerable steps forward by reducing several preventable causes of death such as infections, road accidents and suicides, by educational expansion and also, almost ironically, because of the rise in its non-Belgian composition. This does not mean that more improvements cannot be made, because there is a large BUT. Throughout all chapters, strong inequalities came to the fore, both in morbidity and mortality. Especially among men a clear educational gradient can be observed in young-adult mortality, and in several specific causes of death. Also, mental health problems and medical consumption in the BCR were particularly worse than in other regions. The large share of persons with a non-Belgian background sometimes leads to increased risks in the BCR (for example, overweight and lack of physical activity is highest among low-educated Turkish/Moroccan women; homicide among young-adult Turkish/Moroccan men) and sometimes to lower health risks (more alcohol abstinence in the BCR compared to other regions).

Top priorities for the BCR include not only ameliorating the health of its young population, but also its general wellbeing and quality of living. Some fundamental issues do not concern health policy directly, but span several authorities such as education, work and poverty reduction.