

## **Empirical Studies in the Measurement of Socio-economic Inequality in Health**

1. The effect of poor health on survival is greater for the poor than for the rich, but nonetheless this differential mortality does not explain why health develops so differently over the life cycle for both groups. (Chapter 2)
2. Because of the high pace with which socio-economic circumstances and diet have changed in China, the SES-BMI gradient does not (yet) unambiguously favor the higher socio-economic groups. (Chapter 3)
3. The rise in income related health inequalities in China over the past 20 years is not so much the result of larger inequalities in health or wages, but more of a lacking pension system for those leaving the job market. (Chapter 4)
4. Emphasizing the large health inequalities between rich and poor countries may be stating the obvious, but even small changes in methodology may have large effects on the magnitude of these differences. (Chapter 5)
5. For socio-economic health inequalities to get a prominent place on the health policy agenda, it is essential that empirical research is tailored to the needs of policy makers. (Chapter 6)
6. Increased health care spending is not bad per se. Spending increased wealth on the sick could be one of the most humane things a country can do.
7. Where there is competition, there are winners and losers. Governments should accept that when introducing competition in health care.
8. Someone who is both poor and in bad health does not care whether he is sick because he is poor or poor because he is sick. All he cares about is being poor and sick.
9. There ain't no such thing as a free lunch.
10. Insignificant results may be as important as significant ones.
11. A PhD starts with enthusiasm, idealism and an eagerness to learn. At the end you are grateful for what you have learned.