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## **Income Inequality and Health: Age-Related Health Gains for Those Better-Off, in More Equal Societies**

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*Background.* There are large differences in the health gradient between countries. Wilkinson and Pickett (2010) claim that income inequality leads to steeper health gradients. Our study is among the first to apply multilevel modelling techniques to investigate income inequality and health in a large cross-national sample, and to provide evidence if income inequality steepens the health gradient in older age.

*Method.* We use self-rated health and several socioeconomic variables, referring to social origins, education, and income, of 18 countries of the EU-SILC surveys of 2005 and 2011 with a sample of N = 489,213 individuals. A logit-rank computation of the factor-analyzed stratification variables was used to compare individuals at the very extremes of the health distribution. Multilevel random-slope models were computed to assess if the association of income inequality (Gini index) and health varies significantly across countries. Cross-level interaction effects show impact of income inequality on socioeconomic and age-related health changes.

*Results.* Logit-rank analyses show that the health gradient is continuous even at the very extremes of the distribution. Interaction analyses of income inequality with stratification measures show that being better-off is associated with relative gains in health in older age. Furthermore, higher income inequality countries show steeper age-related decreases in health.

*Discussion.* Even at the lower and upper tails of the distribution, having a higher income is relatively better in terms of health. Income inequality influences the size of the health gradient. Older adults are affected disproportionately by income inequality in terms of health.