

## OP10.2

### **Social Inequalities in health behaviours: a comparative analysis**

*Laurent Rigal(1, 2), G Bloy(3), H Panjo(2), H Falcoff(4), V Ringa(2)*

*(1) Univ Paris-Saclay, Univ Paris-Sud, Family practice department, Bicêtre, France*

*(2) Univ Paris-Saclay, Univ Paris-Sud, CESP Inserm 1018, Bicêtre, France*

*(3) Univ Burgundy, LEDi, Umr Cnrs 6307, Inserm U1200, Dijon, France*

*(4) Univ Paris Descartes, Family practice department, Paris, France*

*Corresponding author: Dr Laurent Rigal, Paris-Sud University, General Practice, Le Kremlin Bicetre, France. E-mail: laurent.rigal@u-psud.fr*

**Background & Aim:** The lower prevalence of health behaviours (HBs) in lower socioeconomic groups is seen to be one of the mechanisms linking lower socioeconomic position to worse health. HBs contribute all the more to social inequalities in health as they are themselves more socially differentiated. In order to identify targets for intervention aimed at reducing social inequalities in health, the aim of our study was to compare social inequalities among HBs.

**Method:** Fifty-two GPs from two Parisian universities volunteered to participate. Each of them included 70 patients (35 women and 35 men) between 40 and 74 years randomly drawn among their registered patients. HBs (tobacco and alcohol consumption, diet and exercise, gynaecological cancer screening) were collected from the patients by postal questionnaires. A relative index of inequality (RII) was calculated to quantify inequalities related to the occupational group, the educational level and the perceived financial situation, with mixed models, stratified by patient's sex and adjusted for age and primary care utilisation.

**Results:** Among the 2599 patients enrolled (participation rate 71%), the largest inequalities among all HBs, were observed for cervical cancer screening (RII related to the educational level = 3.42, 95%CI=2.25-5.19). Excessive alcohol consumption was the only HB with no social inequalities observed, in both sexes. Exercise was socially differentiated in both sexes (between 1.45 and 1.85 according to the social position indicator considered). Gender differences were also observed: tobacco consumption was socially differentiated among men but not among women (RII between 1.64 and 1.68); diet was more socially differentiated among women (RII between 1.42 and 1.60) than among men (RII between 1.16 and 1.26).

**Conclusions:** To tackle social inequalities in health, GPs should prioritize their interventions toward the most socially patterned HB: tobacco consumption and exercise in men; diet, exercise and cervical cancer screening in women.