

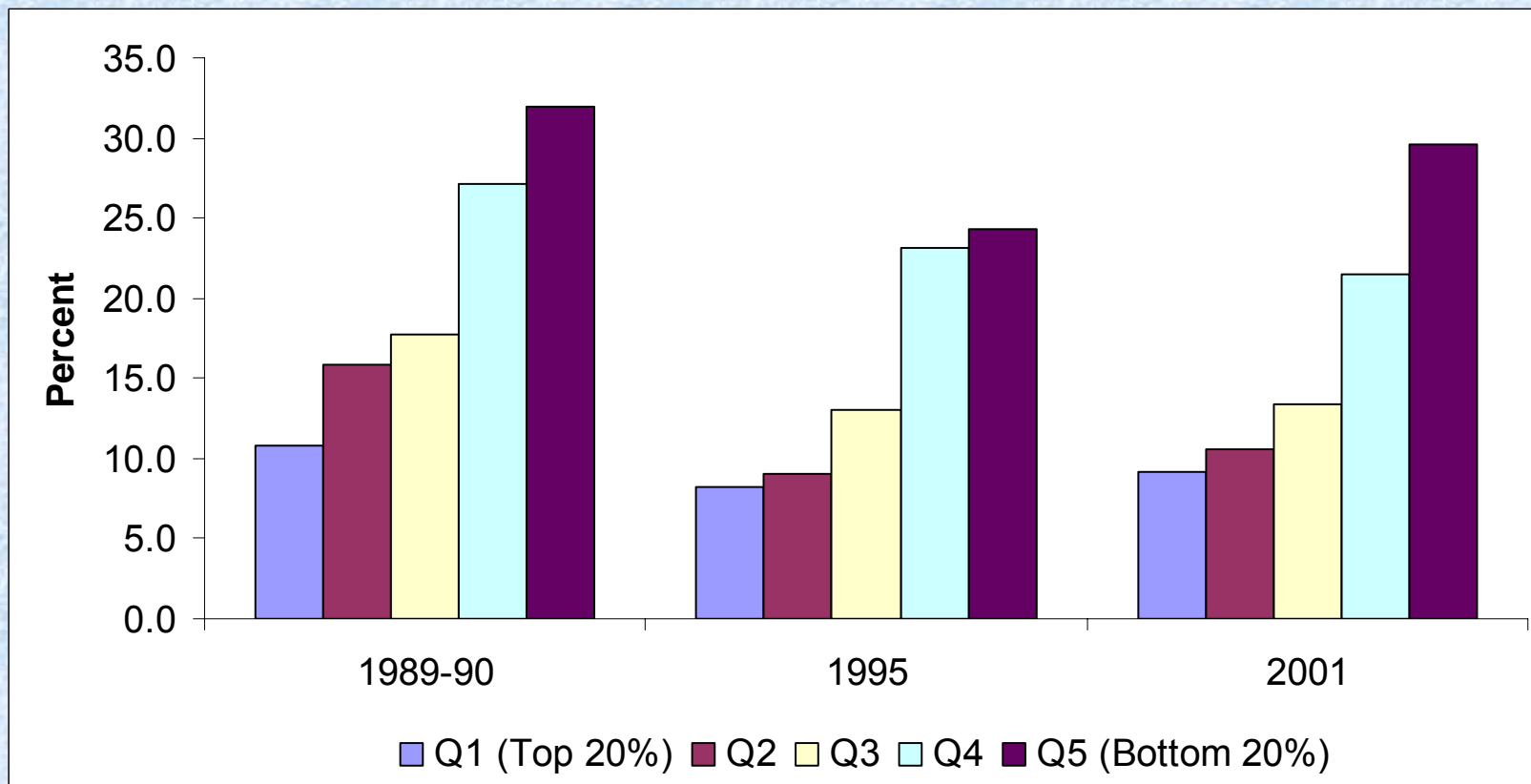
Income inequality and health in Australia: does an association exist?

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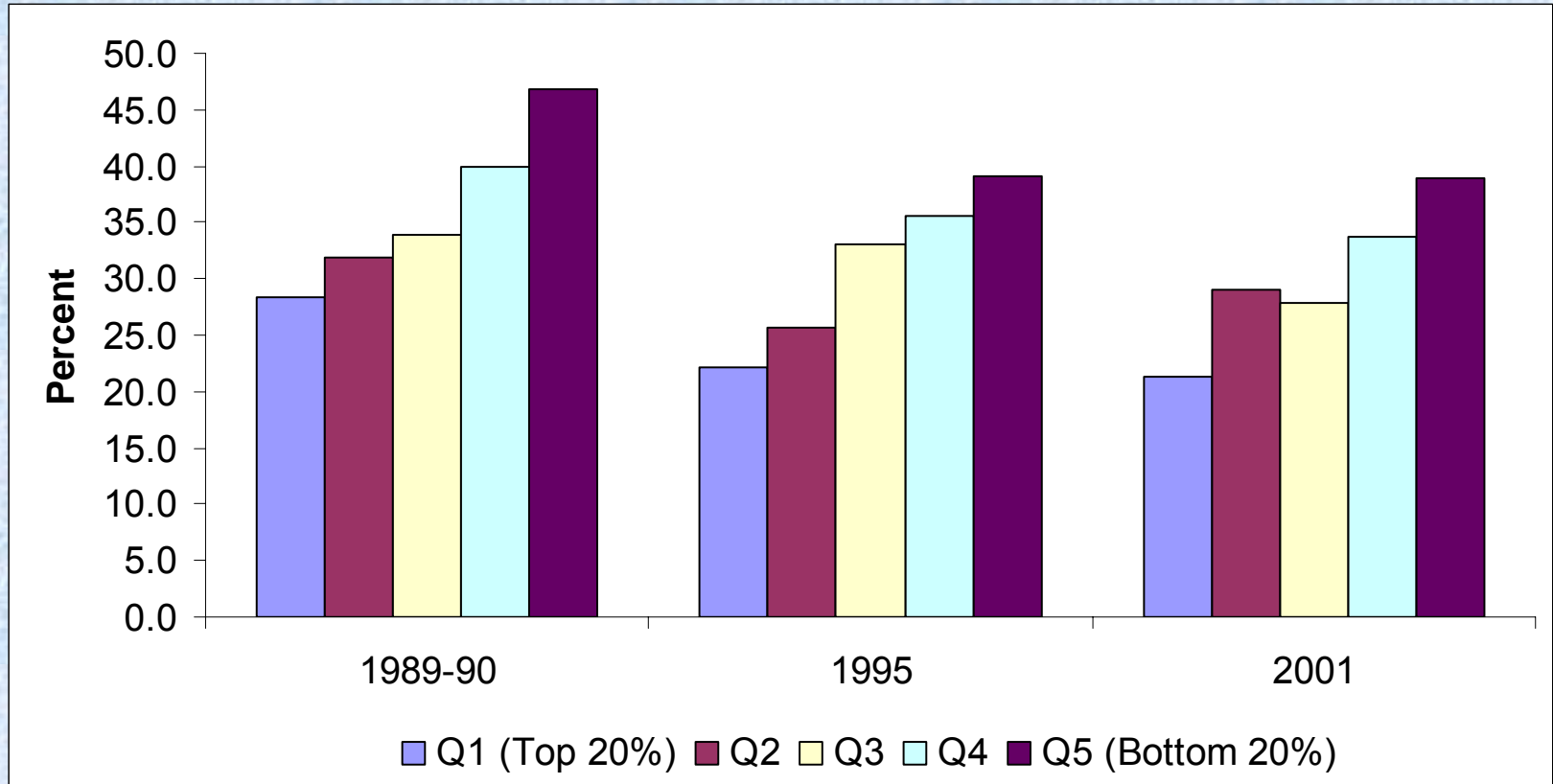
Supported by a NHMRC/NHF Career Development Award

Equivalent income by self-assessed health as “fair” or “poor”: females, 25-64 years



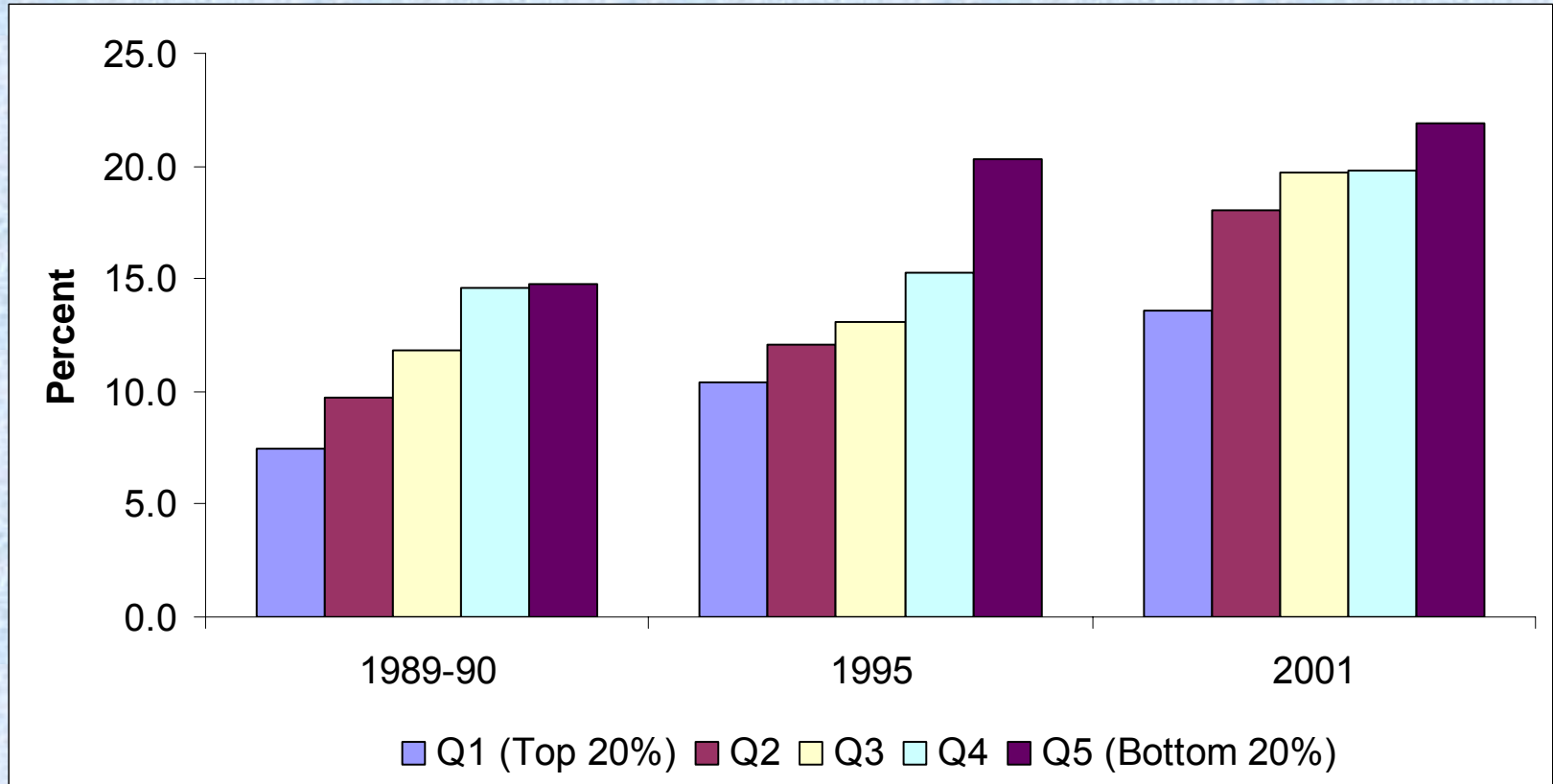
Source: ABS National Health Surveys

Equivalent income by smoking: males, 25-64 years



Source: ABS National Health Surveys

Equivalent income by obesity: females, 25-64 years



Source: ABS National Health Surveys

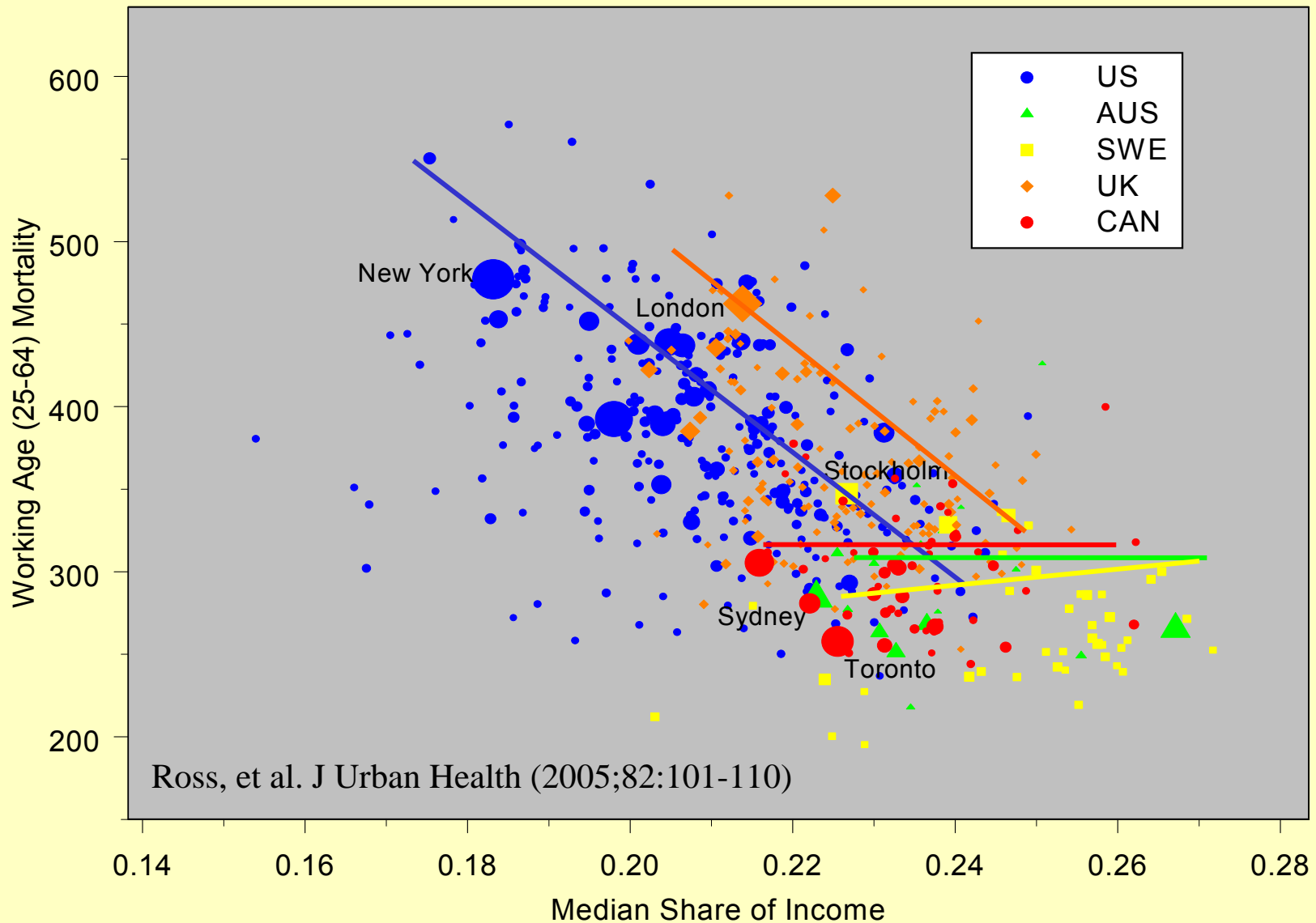
Lynch J, Davey Smith G, Hillemeir M et al. Income inequality, the psychosocial environment, and health: comparisons of wealthy countries. *Lancet* 2001;358:194-200

Lynch J, Davey Smith G, Harper S et al. Is income inequality a determinant of population health? Part 1. A systematic review. *The Milbank Quarterly* 2004;82:5-99.

Ross NA, Dorling D, Dunn JR et al. Metropolitan income inequality and working-age mortality: a cross-sectional analysis using comparable data from five countries. *Journal of Urban Health* 2005;82:101-110.

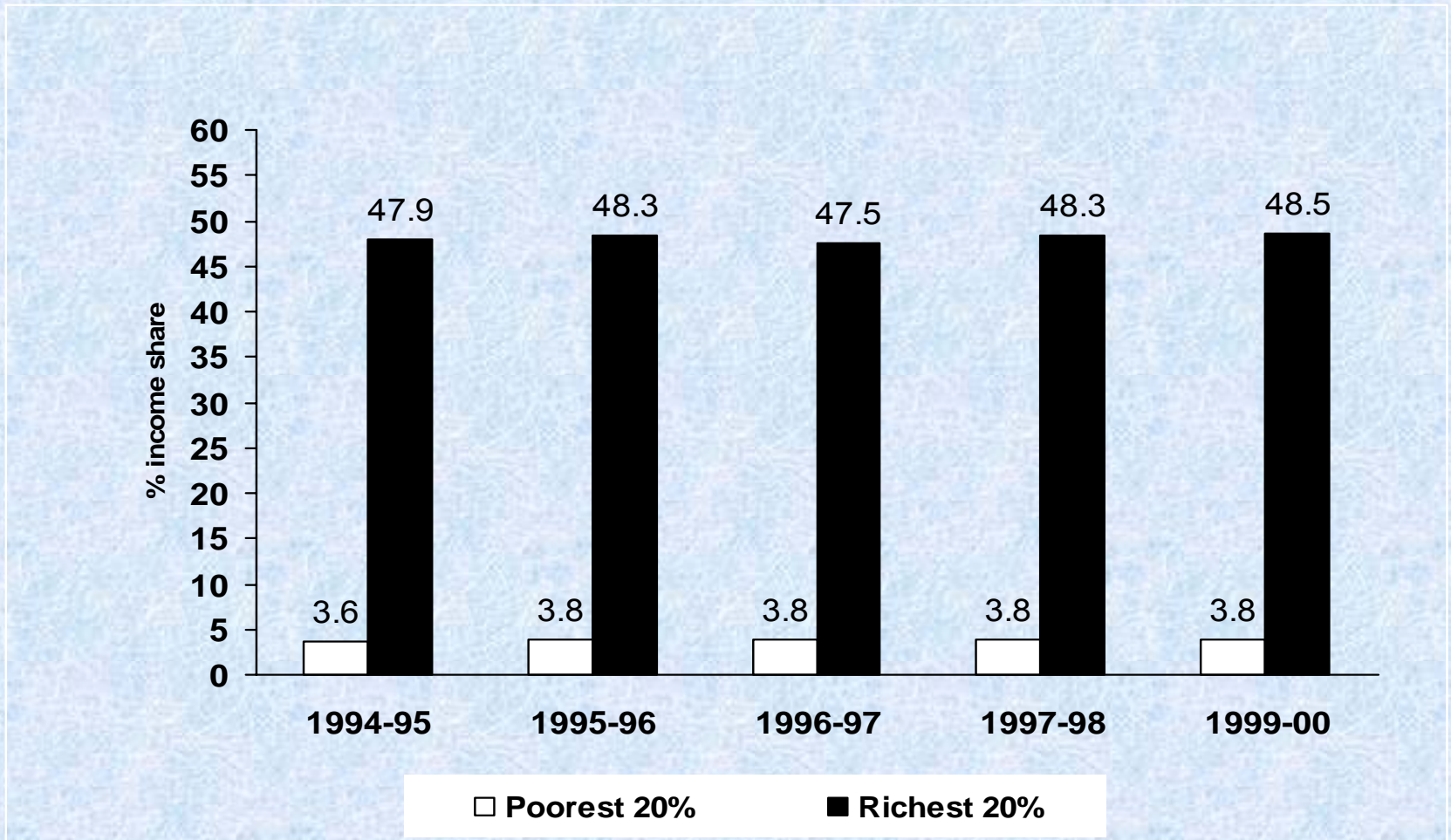
Income Inequality and Working-Age Mortality

528 Metropolitan Areas in Five Countries, 1990/91



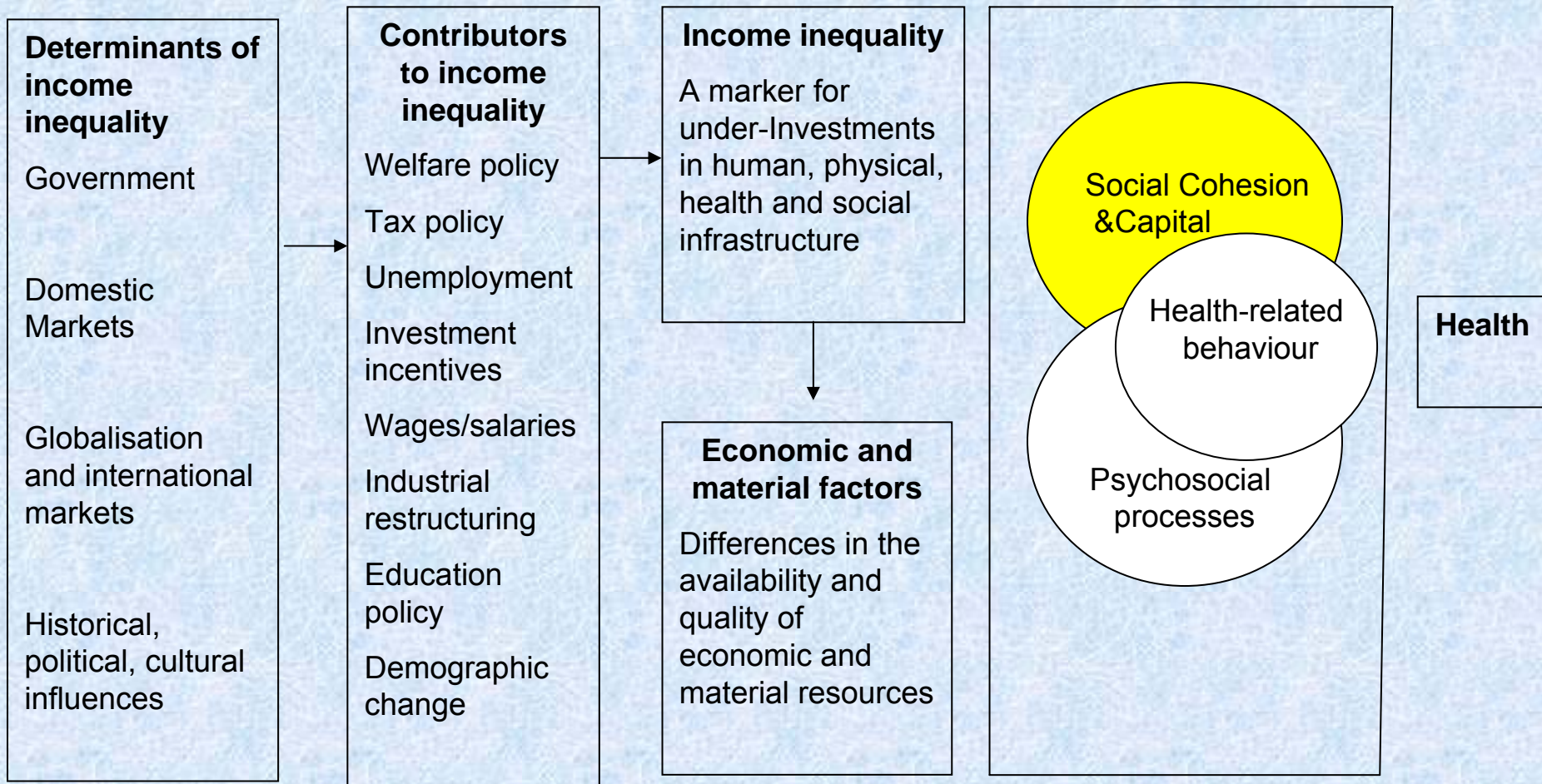
- No association between income inequality and health in Australia
- No association between income inequality and health in other (so-called) “more egalitarian” countries of Canada, Sweden, Denmark, New Zealand, and Japan.

Percentage of total household income received by the richest and poorest 20% of Australian households, 1994-2000



Source: Australian Bureau of Statistics, Income Distribution, Cat. No. 6523.0

A diagram of the presumed relationship between income inequality and health



Social capital and health in Australia

Turrell G, Kavanagh A, Subramanian SV. Area variation in mortality in Tasmania (Australia): the contributions of socioeconomic disadvantage, social capital, and geographic remoteness. *Health and Place* 2005 (In Press).

Kavanagh A, Turrell G, Subramanian SV. Does area-based social capital matter for the health of Australians? A multilevel analysis of self-rated health in Tasmania. *International Journal of Epidemiology* 2005 (provisionally accepted).

Social capital and health in Australia

Setting: Tasmania

Areas: 41 Statistical Local Areas (SLA)

Health Outcomes:

- All-cause mortality rates among persons aged 25-74 years (1998- 2000)
- Self-rated health (% reporting fair or poor)

Socioeconomic data: Index of relative socioeconomic disadvantage

Social capital data:

- Tasmanian Healthy Communities Survey (1998)
- Mail survey, 60% response rate, n=15,112.
- Average number of people per SLA ~336 (68-1659)

Trust

Trust in public and private institutions

Public servants generally

Government

Large corporations

Local council

Small business

Social trust

Your Relatives

Your Friends

Social Cohesion

Neighbourhood Integration

I'd be sorry if I had to move away from the people in my neighbourhood

I have a lot in common with people in my neighbourhood

My neighbours treat me with respect

I like living where I live

I am good friends with people in this neighbourhood

I generally trust my neighbours to look out for my property

Neighbourhood Safety

It is safe to walk around the neighbourhood at night

Children are safe walking around the neighbourhood during the day

Neighbourhood Isolation

If I no longer lived here, hardly anyone around here would notice

I have little to do with people in this neighbourhood

Political participation

(In the last 12 months): written to a newspaper or phoned a talk-back radio station; signed a petition; talked with neighbours about a community problem; participated in protest march or rally; attended a public meeting; contacted an MP; represented an organisation at a meeting

	Mortality		Self-rated health	
	U	A	U	A
<i>Area-level socioeconomic disadvantage</i>	√	√	√	√
<i>Trust in public and private institutions</i>	X	X	X	X
<i>Social trust</i>	X	X	√	X
<i>Neighbourhood Integration</i>	X	X	X	X
<i>Neighbourhood Safety</i>	X	X	X	X
<i>Neighbourhood Isolation</i>	X	X	X	X
<i>Political participation</i>	X	X	√	X

Income inequality and health in Australia: does an association exist?

Unlikely (but more research needed)

Why might there be no association between income inequality and health in Australia?

- Universal health care
- Safety nets (welfare, social policy, taxation)
- Spatial segregation

Australia's particular mix of social and economic policies, welfare provision, and resource allocation has (seemingly) served to offset the impact of income inequality, and in so doing, minimised any negative impact of inequality on population health.

Conclusions:

A good news story

No room for complacency: there are still large income-related inequalities in health at the individual and household level

Floors and Ceilings:

Income inequality theory seemingly suggests that it is the GAP between the floor and ceiling that is important for population health, regardless of where the floor is

The evidence from Australia (and other countries) suggests that the height of the floor is important.

If the (social) floor is comprehensive – welfare, taxation, child care, social policy, health care etc – then it might not matter how high the (income) ceiling is.