5.1 Socioeconomic groups

Socioeconomic factors are important determinants of health. Generally, people in lower socioeconomic groups are at greater risk of poor health, have higher rates of illness, disability and death, and live shorter lives than people from higher socioeconomic groups (Mackenbach 2015). The higher a person's socioeconomic position, the healthier they tend to be—a phenomenon often termed the 'social gradient of health' (see Chapter 4.2 'Social determinants of health').

This snapshot compares socioeconomic groups on a range of health measures across 4 key health areas, focusing on people in the lowest and highest socioeconomic groups, where differences are usually large. It highlights that for almost all health measures, people from lower socioeconomic groups in Australia fare worse.

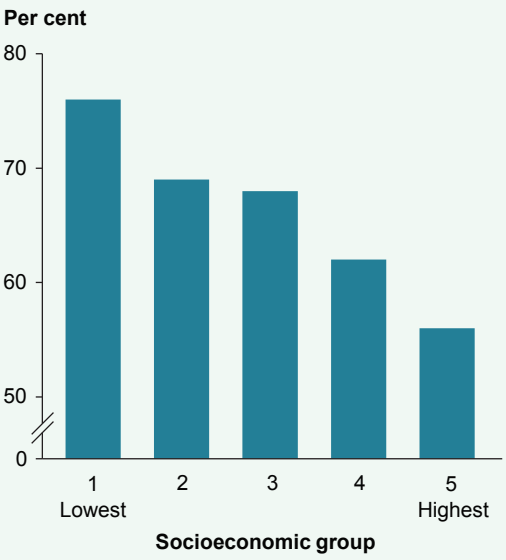
Socioeconomic position was determined using the Index of Relative Socio-Economic Disadvantage (IRSD) (ABS 2013). The IRSD is a measure based on where people live, and reflects the overall or average level of socioeconomic disadvantage of the population of an area (see Glossary).

Health risk factors

On most health risk factors, people in the lowest socioeconomic group fared worse than people in the highest socioeconomic group. In particular, it is estimated they were:

- 2.7 times as likely to smoke daily in 2016
- 1.6 times as likely to be obese in 2014–15
- 1.4 times as likely to be inactive or insufficiently active in 2014–15 (Figure 5.1.1)
- 1.2 times as likely to have high blood pressure in 2014–15
- at similar lifetime risk of harm from drinking alcohol in 2016.

Figure 5.1.1: Proportion of adults who were inactive or insufficiently active, by socioeconomic group, 2014–15



Source: ABS 2015; Table S5.1.1.

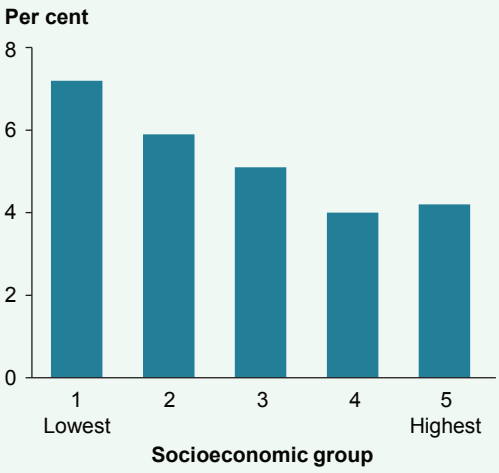
Australian Institute of Health and Welfare 2018. *Australia's health 2018*. Australia's health series no. 16. AUS 221. Canberra: AIHW.

Chronic conditions

Rates of chronic conditions were also higher for people in the lowest socioeconomic group, compared with people in the highest socioeconomic group. In particular, it is estimated they were:

- 2.7 times as likely to have chronic obstructive pulmonary disease in 2014–15
- 2.6 times as likely to have diabetes in 2014–15 (ABS 2015)
- 1.7 times as likely to have heart, stroke or other vascular disease in 2014–15 (Figure 5.1.2)
- 1.7 times as likely to be newly diagnosed with lung cancer in 2008–2012
- 1.6 times as likely to have biomedical signs of chronic kidney disease in 2011–12.

Figure 5.1.2: Prevalence of heart, stroke and vascular disease, by socioeconomic group, 2014–15



Source: ABS 2015; Table S5.1.2.

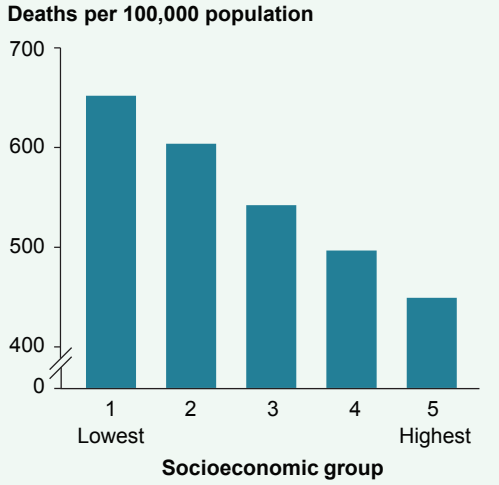
Mortality

In 2015, the all-cause mortality rate of people in the lowest socioeconomic group was 652 per 100,000 population, compared with 604 in the second group, 542 in the third, 497 in the fourth, and 449 in the highest socioeconomic group—people in the lowest socioeconomic group were 1.5 times as likely to die from all causes (Figure 5.1.3). Mortality data for 2016 by socioeconomic area were not available at the time of writing.

Disease-specific death rates were generally higher for people in the lowest socioeconomic group, compared with people in the highest group. In particular, they were:

- 2.2 times as likely to die from chronic obstructive pulmonary disease in 2011–15
- 2.1 times as likely to die from potentially avoidable causes in 2015—this being a premature death that could have been avoided with timely and effective health care
- 1.8 times as likely to die from lung cancer in 2011–15
- 1.2 times as likely to die from cerebrovascular disease (mostly stroke) in 2011–15
- likely to die at a similar rate (1.0 times) from dementia and Alzheimer disease in 2011–15.

Figure 5.1.3: All-cause mortality rate, by socioeconomic group, 2015



Source: National Mortality Database; Table S5.1.3.

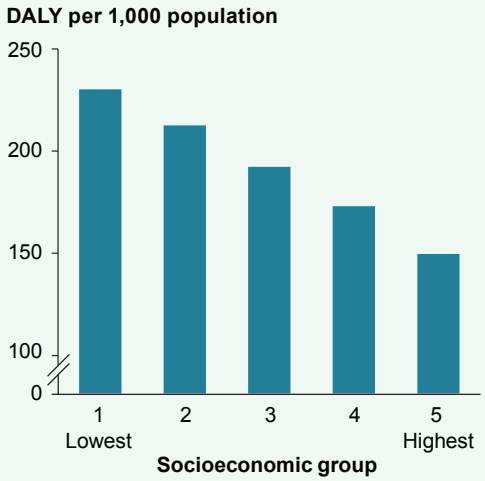
Burden of disease

Burden of disease analysis combines estimates of the fatal and non-fatal impact of disease (see Chapter 4.4 'Contribution of selected risk factors to burden of disease').

Compared with people in the highest socioeconomic group, people in the lowest socioeconomic group experienced burden of disease that was estimated to be:

- 1.5 times as high for all causes in 2011 (Figure 5.1.4)
- 2.3 times as high for diabetes in 2011
- 2.0 times as high for lung cancer in 2011
- 1.8 times as high for anxiety disorders in 2011
- 1.4 times as high for stroke in 2011
- similar (1.0 times) for dementia in 2011.

Figure 5.1.4: Total burden of disease, by socioeconomic group, 2011



DALY = Disability-adjusted life year.
Source: Table S5.1.4.

In terms of population impact, if all Australians had experienced the same burden as people in the highest socioeconomic group in 2011, the total disease burden could have been reduced by one-fifth (21%).

What is missing from the picture?

Monitoring the health gaps between socioeconomic groups is ongoing. Most data collections in Australia do not include information to measure individual socioeconomic position, leading to a reliance on area-based measures. Statistical linkage of health and welfare data sets could provide added information on wealth, education, employment and other social determinants. This would enable more accurate assessments of socioeconomic position and help to better understand the relationships patient outcomes and pathways through the health system for individuals in different socioeconomic groups.

Where do I go for more information?

Many reports from the AIHW include analysis of health indicators based on socioeconomic position (for example, *Australian Burden of Disease Study: impact and causes of illness and death in Australia 2011*).

For more information about disadvantage and social inequalities, see the AIHW report *Australia's welfare 2017*.

References

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