Studies reveal stark health divide in Australia

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The life expectancy of people living in low socioeconomic status areas of Sydney, Australia's most populous city, is up to 19 years less than residents in wealthier areas, preliminary analysis from the 2017 Social Health Atlas has shown. The median age at death in Mount Druitt, a western suburb with high levels of poverty and public housing, is 68, compared to 87 in affluent northern suburbs.

This gap is about double that officially reported between the indigenous and non-indigenous population across the country, pointing to the underlying class character of the stark divide in health.

Other recent reports shed some light on that inequality. People living in working class areas of major cities have almost double the rates of poor health compared to richer suburbs, according to Australia's Health Tracker, compiled at Victoria University using Australian Bureau of Statistics (ABS) data.

Indicators of poor health, which include obesity, diabetes and cardiovascular disease death rates showed consistent trends across Australia's capital cities.

In Sydney, the rates of childhood obesity (ages 2–17 years) in the poorer western municipalities stood at 9 percent, nearly double that of the wealthier northern suburbs at 5 percent. Blacktown, which covers Mount Druitt and other working class areas, had a rate of 10 percent, compared to 4 percent in Mosman, one of the richest suburbs. Similar trends were evident for overweight children.

Childhood obesity has significant long-term health consequences. Obese children are at higher risk of obesity in adulthood, as well as future cardiovascular disease, diabetes, respiratory conditions, cancer, depression and reduced life expectancy.

The Health Tracker report found similar trends for adult obesity. In western Sydney it was 27 percent, compared to the more affluent northern suburbs at 18 percent. Blacktown had the highest rate at 31 percent, while Mosman's was 15 percent. Likewise, adult diabetes rates peaked in Blacktown at 7 percent, compared to Mosman's 3 percent.

Other capital cities recorded similar figures. In Melbourne, Australia's second largest city, the municipality of Stonnington, which features one of the nation's wealthiest suburbs, Toorak, had childhood and adult obesity rates of 5 percent and 25 percent respectively, and an adult diabetes rate of 3 percent. Poorer municipalities saw up to a doubling of these rates, with Dandenong's childhood obesity at 11 percent, adult obesity at 37 percent and adult diabetes at 6 percent.

In Sydney's western suburbs the cardiovascular disease death rate of 61 deaths per 100,000 was double the rate of 30 per 100,000 in the northern suburbs. In Melbourne, Dandenong had a rate of 72 per 100,000, more than double the 35 per 100,000 in wealthy Stonnington.

A growing income divergence is driving this health gap. Earlier this year, Australian Tax Office data showed residents of Toorak taking home on average almost five times as much as people in Melbourne's poorest suburb, Springvale, near Dandenong. Eleven years ago, the difference in earnings was 3.5 times. Over that period, income in Toorak rose by 82 percent from $95,416 to $173,808, but in Springvale only by 35 percent, from $27,047 to $36,421.

The Heath Tracker study found a lower level of physical activity among adults in poorer suburbs. Sydney's wealthier eastern and northern suburbs had shorter commuting times, permitting greater "incidental exercise." As Sydney's house prices and traffic congestion reach impossible levels, residents in far-distant suburbs sit for hours in traffic jams or overcrowded public transport, reducing daily activity and increasing fatigue.

In addition, as one of the report's investigators,

Professor Rosemary Calder, explained to the media, people in western Sydney "may not have the resources for a bicycle or live in an area where it's not very safe for children to ride to school because of distance, busy roads or industrial centres."

The planning of cities is increasingly subordinated to the profit system. Governments have abandoned their responsibility to build and upgrade urban infrastructure and handed it to major corporations. The result is poorly planned suburbs and substandard public transport. The privatised motorways that crisscross major cities can cost commuters hundreds of dollars a week in tolls.

Rising costs of fresh and nutritious foods are also a key factor. Fast food outlets become a compelling alternative, due to lower prices and rapid access, when there is little time or money to cook healthy meals.

A study at Melbourne's Deakin University published in 2016 in the Journal *SSM – Population Health* found fast food outlets in the state of Victoria were concentrated in more socioeconomically disadvantaged areas.

Up to 80 percent of areas classified as the most disadvantaged had at least one fast food restaurant, compared to only 29 percent in wealthier areas. These outlets were also more likely to be close to primary and secondary schools in the most disadvantaged areas. In the richer suburbs, the nearest fast food restaurant was up to 2 kilometres from schools, double the distance in disadvantaged areas.

This confirmed previous studies in Melbourne, which showed the lowest-income postcodes had 2.5 times more fast food restaurants per person than the highest-income postcodes. The findings also supported evidence from studies in New Zealand and Britain.

Australia's obesity and overweight rates are among the highest rates in the world, and worsening fast. The ABS 2014–15 National Health Survey found the total rate was 63 percent in adults, or 11.2 million people, up from 56 percent in 1995.

This is a global trend. Authorities such as the World Health Organisation say obesity rates have doubled since the 1970s and are now epidemic.

Delivering a series of lectures in Australia last year, epidemiologist Professor Michael Marmot provided overwhelming statistical data that established direct links between social inequality and health outcomes.

The latest reports underscore Marmot's conclusion that wealth inequality is directly responsible for the poor health outcomes of capitalist society. They challenge the media-propagated myth that obesity is due to individual gluttony or laziness.

The immense and complex problems produced by poverty and social inequality can be addressed only from a social standpoint. What is required is a total socialist reorganisation of life so that food production and distribution, as well as health and education, are undertaken for human need, not corporate profit.