

Australia: Life expectancy gap between rich and poor almost 20 years

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The Social Health Atlas, a new analysis of government health statistics, has revealed much lower life expectancy and far higher rates of avoidable deaths in working class suburbs when compared to wealthier suburbs in Australian cities.

In terms of average age of death, life expectancy between rich and poor areas of both Sydney and Melbourne differed by almost 20 years. One of Sydney's poorest western suburbs, Mt Druitt had the lowest median age of death, 68 years. The suburbs of Cherrybrook and West Pennant Hills, about 30 kilometres away in Sydney's wealthier northern areas, had a median age of 87.

A similar picture was shown in Melbourne, where the inner eastern suburb of Camberwell had the highest age of death at 88 years. This contrasted with Cranbourne North, 40 kilometres to the south, where the median was 69.

According to the 2014–15 taxation office records, Cherrybrook residents had an average annual taxable income of \$70,774, compared to \$46,274 for Mt Druitt. Likewise, Camberwell's average was \$79,065, while Cranbourne North's was \$50,526.

The 19-year gaps in life expectancy are nearly twice that between indigenous and non-indigenous Australians. In 2016, the Australian Institute of Health and Welfare reported that gap was about 10 years.

Both results are damning. But the new analysis points to the underlying reality that it is class, not race, that determines the health and social inequality in capitalist society. Indigenous people are affected above all because they are likely to be poor and working class.

The Public Health Information Development Unit (PHIDU) from Torrens University Australia produced the Social Health Atlas, an analysis of data gathered over the years 2010-14.

In Sydney, Australia's most populous city, the 10 areas with the lowest avoidable deaths were relatively well-off suburbs in the city's north and east, including Castle Hill, St Ives, Mosman and Bondi. The 10 suburbs with the highest rates were poor suburbs in the west and south, such as Mt Druitt, Macquarie Fields and St Mary's, with one exception. That was Redfern, an inner city area with a high Aboriginal population.

Deaths considered avoidable included those caused by infections, cancers that have established screening programs, diabetes, cardiovascular diseases, suicides and accidents.

The findings showed the contrast more clearly in city suburbs, due to larger population sizes, but there were similar trends of poorer health outcomes in impoverished areas across the country.

The most disadvantaged 20 percent of the population had higher rates of premature death, which classified a death as premature if someone died before the age of 75. The pattern remained, whether the data was analysed by capital cities, entire states or the whole country.

PHIDU director John Glover noted in an article this month that the health gap is widening when measured as premature mortality. "Yes, there have been substantial reductions in the rates of early death overall, with rates down by 50 percent in 2014 compared to 1987," he explained. "However, the significant reduction was not shared by all."

The reduction in early deaths was lower in the most disadvantaged areas, Glover reported. "In 1987 there were 42 percent more deaths in the most disadvantaged areas compared to the least disadvantaged areas, by 2013 rates were 76 percent higher among the most disadvantaged."

This study follows a similar analysis from the

“Health Tracker” report, showing a higher prevalence of poor health indicators in poorer suburbs when compared to wealthy suburbs in Australian capital cities. Low-income areas had higher levels of both childhood and adult obesity, increased rates of diabetes and cardiovascular disease.

These staggering differences in health quality and life expectancy are a direct effect of widening social inequality. They are bound up with the deteriorating conditions of life for millions of people in working class areas in terms of economic insecurity, health care, nutrition, exercise, workplace accidents and suicide.

The growing social divide has been magnified by cuts to essential services such as hospitals and clinics, and the growth of a “two-tier” health care system where the wealthy can afford private health insurance for more rapid access to care, avoiding long public hospital waiting times.

This is a global process. The Australian data is similar to that in other countries. Public Health England, an agency of the UK Department of Health, recently released a report revealing that people in England’s richest areas live on average 20 years longer than those in the poorest areas.

A study on life expectancy in the United States, published in the July edition of the *Journal of the American Medical Association Internal Medicine*, found a similar 20-year gap. Some counties had up to 13 times greater risk of death from cardiovascular disease. The disparities had increased over 30 years. The authors pointed to a variety of causes, with socio-economic status being a key driver.

These trends are an indictment of the capitalist profit system. Millions of working class people are suffering or dying unnecessarily, despite immense advances being made in medical science and technology.



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