

Monitoring health inequalities related to socioeconomic position

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ABSTRACT

In 1988 the Australian Government received the *Health for all Australians* report (Health for All 1988) which stated that inequality is the most important impediment to further improvements in Australia's health, in particular, inequality based on socioeconomic status. In the same year the South Australian Social Health Strategy (SAHC 1988) was released. It arose from the recognition of the need to address the impact which physical, social and cultural aspects of the environment have on the health of the community.

An important part of the work undertaken to support activities in the years following the release of these important documents was to develop a range of information products which would describe the socioeconomic and health status profile of the population. The publication of such information was to provide an understanding of the levels of health inequalities (in particular inequalities related to socioeconomic status) and, over time, to monitor changes in these inequalities. Information was produced separately for selected population groups, including by age and sex, as well as by socioeconomic disadvantage of area and spatially.

This paper briefly describes patterns of health status and health service use in Australia by quintile of socioeconomic disadvantage of area and by the Accessibility/ Remoteness Index for Australia (ARIA+ version). Information is now available to monitor changes in these patterns over ten years since the data was first compiled in these ways and shows changes in health status in relation to these concepts of disadvantage and accessibility/remoteness. This information generally reflects the trend reported from many industrialised countries of overall improvements in health status, while the gap between the most well off and the most disadvantaged widens.

The paper concludes with two examples which show that the poor are increasingly concentrated in a spatial sense, and that the populations of these most disadvantaged areas are those with the poorest health.