

Introduction

Socioeconomic status is negatively associated with various health outcomes. Broadly speaking, relatively disadvantaged members of society tend to have worse health than those who are relatively advantaged, even in wealthy countries. This phenomenon is known as the social gradient of health.

The social gradient of health in Australia is well established. Compared to people living in areas of relatively low socioeconomic disadvantage, people living in highly disadvantaged areas have higher death rates and reduced life expectancy at all ages (Draper et al. 2004). Socioeconomic disadvantage is also associated with higher reported rates of a number of chronic health conditions including diabetes, mental and behavioural problems, and diseases of the circulatory, digestive and musculoskeletal systems (Glover et al. 2004).

International research has also shown that there is a relationship between socioeconomic status and disability (for example, see Rognerud et al. 1998; Schoeni et al. 2005; Minkler et al. 2006). This report examines the social gradient of disability in Australia, focusing on people living in the eight state and territory capital cities.

Much disability research in Australia is underpinned by the ABS Survey of Disability, Ageing and Carers (SDAC), which defines disability as having one or more of a wide range of impairments, activity limitations or participation restrictions that are long-term and restrict everyday activities. The SDAC shows that disability is more common in regional and remote areas than in major cities (AIHW 2008a) and in areas of relatively high socioeconomic disadvantage than in less disadvantaged areas (Bradbury et al. 2001). However, the SDAC is not suitable for detailed geographical breakdown of its estimates or analysis of small populations, so variations in the distribution of disability among small regions cannot be discerned.

This report draws on the 2006 Census of Population and Housing, the first Australian Census to include a measure of disability in its output. The focus here is on capital cities for several reasons:

- they have relatively large populations, enabling them to be broken down into smaller areas without losing data quality
- SLAs within capital cities generally occupy small geographical areas, meaning that differences between SLAs are less likely to be influenced by factors relating to distance than in regional or remote areas
- they have diverse populations: in particular, there are considerable differences in the access to economic resources enjoyed by people living in the least and most disadvantaged areas.

The analysis presented here is limited to people aged less than 65 years. This age group is the primary target for government-funded specialist disability services, and excludes many people whose disability is related to ageing.