

Australia's life expectancy stagnates, inequality widens

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Growing socioeconomic and geographical inequalities are contributing to a stagnation of Australian life expectancy, new research published in *Australian Population Studies* shows.

Analysing Australian [death](#) registration data from 2006-2016, Dr. Tim Adair and Professor Alan Lopez from the University of Melbourne's Global Burden of Disease Group identified significant differences in death rates based on [socioeconomic status](#) and geographic location.

The study found that premature deaths between ages 35 and 74 occurred in the lowest socioeconomic areas at double the rate of those in the highest. This gap widened by 26 percent for females and 14 percent for males from 2011-2016.

People living in outer regional, remote and very remote areas had premature death rates about 40 percent higher than those in major cities, and this gap is also increasing.

These slowdowns in the decline of premature deaths in lower socioeconomic and non-[urban populations](#) have slowed increases in overall Australian life expectancy.

Conversely, there has been no slowdown in the rate of mortality decline in the highest socioeconomic areas of major cities.

Researchers say adverse health behaviors that are more prevalent among lower socioeconomic groups, such as smoking, [poor diet](#) and alcohol consumption, may explain much of the widening socioeconomic gap in mortality rates.

Inequalities in access to [health care](#), as well as the availability of essential trauma and acute care services, are also likely to play an important role in the higher [death rates](#), particularly in rural and regional populations.

While the recent widening of mortality inequalities continues a similar trend from 1986-2002, the analysis period was defined by vastly slower,

and even stagnating decline in premature mortality.

Professor Lopez, Director of the Global Burden of Disease Group, said that [government policies](#) needed to consider social and structural determinants of health as well as treatment and prevention of disease.

"Reducing this widening gap in mortality will require a significant shift in policy, with a stronger emphasis on the context and stressors prevalent among regional, rural and low socioeconomic groups," Professor Lopez said.

"These derive from housing, employment and transport, to name a few. Improved access to secondary prevention and treatment, particularly in non-urban areas, will also be key to reducing [premature deaths](#)."

Professor Lopez was also concerned that the emotional and economic stressors of coronavirus (COVID-19) would be experienced disproportionately by lower socioeconomic groups, further widening the gap in mortality rates.

"The advent of COVID-19 might well exacerbate this already unfavorable trend due to increased stress and unemployment hitting the least well off hardest, which could well have a flow-on effect in terms of poorer health behaviors and access to health care. This ought to be a key consideration in government policy responses to COVID-19," Professor Lopez said.

Dr. Adair said the study's findings, which relied on geographic area data rather than individual measures of socioeconomic status, were likely to underestimate the true extent of socioeconomic inequalities in mortality risk.

"If we continue to see widening inequalities and specifically stagnation

of [mortality](#) decline among the lowest socio-economic groups, future life expectancy growth in Australia will be hampered," Dr. Adair said.

More information: Widening inequalities in premature mortality in Australia, 2006-16. *Australian Population Studies*.

www.australianpopulationstudies.org.au/aps/article/view/62

Provided by University of Melbourne

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