

Health, Housing, Poverty and Social Exclusion

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A remarkable set of facts that tell us women are special!

- Women are more likely to live in poverty than men
- People living in poverty are more likely to die earlier than people who don't
- Women live longer than men (about 6 years in Australia)
- Socio-economic gradient in health is steeper for men than women (Macintyre, 2001)

Some patterns

- Women earn less and less be wealthy
- Women less likely to:
 - work in dangerous occupations
 - be killed in car accidents
 - commit suicide (but more likely to have diagnosed mental illness)
 - die of heart disease and lung cancer
- More likely to be victims of assault at home and sexual abuse and feel unsafe at home
- Gradient associated with hierarchy – relationship to gender?

Hierarchy and health

- Whitehall studies - gradient in death rates of men and women
- Social and psychological circumstances affects physical health
- Chronic anxiety, low self esteem, social isolation and lack of control over work undermine health (via stress hormones and effect on immune and autonomic metabolic systems)

Protective factors

- Women more likely to use health services
- More likely to discuss their problems?
- Social capital and gender unclear relationships but low participators were most likely to be older men with low incomes and women more likely to be social
- More participation associated with higher income and education

Requirements for healthy life

- Meaningful work
- Adequate income
- Adequate and Safe housing
- Literacy – sufficient education
- Self esteem
- Safety
- Clean water and sanitation
- Clean environment
- Places and time for social interaction
- Exercise
- Trusting relationships
- Accessible health services
- Addiction free
- Free from discrimination and stigma

Contribution of housing to health

- Homelessness
- Public housing
- Environments and inclusion
- Home ownership and keeping up with the Jones – effect on our society

Homelessness

- Cause often violence/abuse at home for young
- No protection from weather
- Unhealthy diet
- Use of drugs and alcohol
- Personal safety
- Self-esteem



Public housing

- Shift to welfare housing
- Stigma of public housing and areas with high public housing
- Ghettos created
- Public provision essential for refugees, people living in poverty



Quotes from *Palmer, Ziersch, Arthurson & Baum, 2004*

- *“even growing up with kids who were brought up in the Housing Trust homes, it was still very much a class division there between those who did and did not live in public housing. Even though we were really young it was something that we felt around us”.*

Diane Late teens

Quotes from *Palmer, Ziersch, Arthurson & Baum, 2004*

- *people, not so much perhaps now but in years gone by, people would look at you, and they still do, if you say you're from Matchville, they give you this sort of look as if to say to you `you can't have very much, you're not much chop".*

Quotes from *Palmer, Ziersch, Arthurson & Baum, 2004*

- *The fact that they build these clusters of homes that look the same and they have the stigma because immediately you say Matchville, they go, ` ` oh Matchville. Oh god, Housing Trust houses."* (Lena)

Quotes from *Palmer, Ziersch, Arthurson & Baum, 2004*

- *They're [the Housing Trust] not doing a good job in picking out people you know. But they're not allowed to, so they say. You know, picking the better ones out than all the riff raff ones. (Carol Home owner)*

Quotes from *Palmer, Ziersch, Arthurson & Baum, 2004*

Barbara, a homeowner, admits that:

I've got to be totally honest I wouldn't like people to think I come from Midvale. And I think that might be a little bit of hangover from the old days, even though in my brain I know we're a different area.

In a separate interview, Sarah, a middle-aged mother of two in public housing admits that *"I tell people I live at [another suburb] rather than Midvale."*

Neighbourhoods healthy or unhealthy?

- Increasingly public health is considering environments again – like 19th century
- Housing within a context
- Quality of infrastructure – schools, parks, services, cleanliness, opportunities for social interaction, safety – perceived and real
- Poor people experience poor neighbourhoods – another form of disadvantage and exclusion

Home ownership

- Key goal for most Australians
- Current price rises and impact on poor
- Financial stress and less to spend on other determinants of health
- Less viable alternatives
- Single mothers particularly disadvantaged in this market – less likely to enter labour market, marriage splits
- Link to consumerism

Growth, consuming and exclusion

- Over consumption - obesity
- Creating demand – fast food, fashion, new gadgets, shopping as a past time
- Whose left out? *“Growth exclusion”*
- Environmental costs
- Growth means power to large corporations and reduces power of those arguing for public goods (e.g public housing)

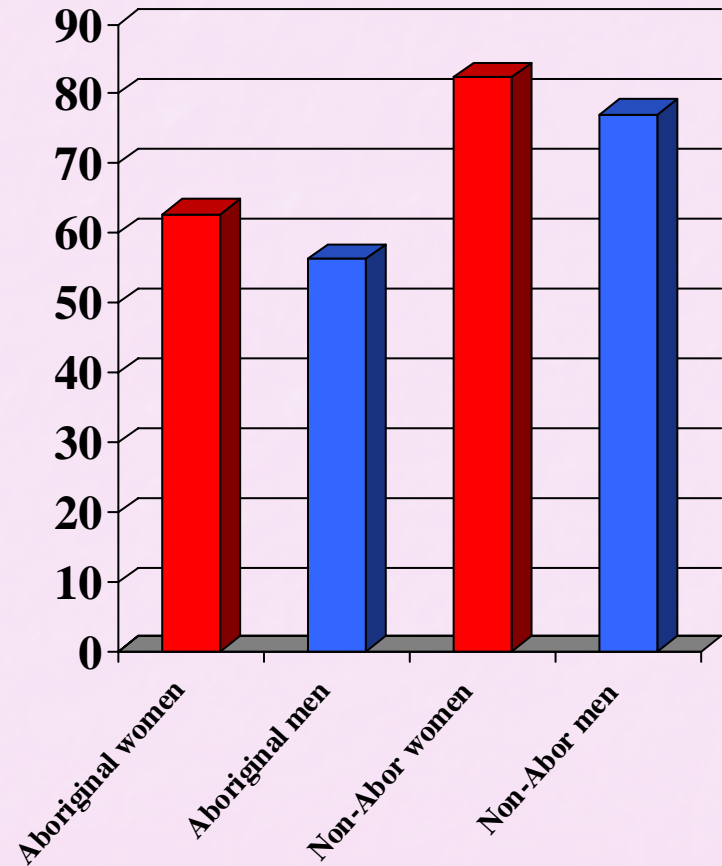
Victim blaming and social exclusion

- Focus on risk behaviours rather than risk conditions
- Individualisation of social problems
- Focus away from need for reform
- Health professional very good at victim blaming
- Need to ask how healthy choices can become easy choices



Mortality of Indigenous Australians

- 20 year gap in life expectancy



Infant Mortality: indigenous

- Infant mortality rate 2.5 times higher for Indigenous compared to non-Indigenous Australians
- Variation between states: Northern Territory 19.2, South Australia 8.1



Growth of inequity

- Encourages victim blaming

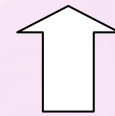
" When inequities become too great the idea of community becomes impossible"
(Raymond Arons)



Growing inequities in Australia

Gini coefficient measuring inequity has increased

- Wage income 15.5 %
- Market income 7.5%
- Gross income 6.7%
- Disposable income 7.4%



H'hold % share of total wealth - Australia

	1986	1993	1998
Top 1%	11.3	12.0	12
Top 5%	30.1	29.3	30
Top 10%	44.4	43.3	45
Top 50%	93.4	92.9	93
Top 80%	100.1	99.8	100

Business Review Weekly Richest Australians: 1983 & 2003

Top 10 in 1983	Worth	Top 10 in 2003	Worth
Murdoch Family	\$250m	Kerry Packer	\$5.5b
Fairfax Family	\$175m	Richard Pratt	\$3.8b
Smorgon Family	\$150m	Frank Lowy	\$3.7b
J&R Ingham	\$150m	John Gandel	\$1.7b
Kerry Packer	\$100m	David Hains & family	\$1.62b
Robert Holmes a'Court	\$100m	Harry Triguboff	\$1.6b
John Kahlbetzer	\$100m	Kerry Stokes	\$1.05b
Richard Pratt	\$70m	Bob Oatley & family	\$1.0b
John Robert	\$70m	John Roberts	\$950m
David Hains	\$60m	Marc Besen	\$923m

(Source: Aarons, 1996, p.6 and BRW Rich 200 2003)

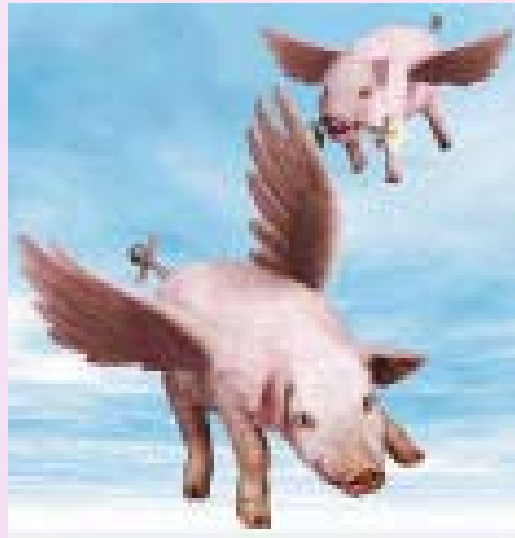
Crucial question for women's well being

- Do we want to live in a less equitable society?
- If not what will change this?
- Public intervention to redress market inequities
- Wide spread discussion needed about how equity can be brought about

Some ideas

- Increasing public income.....
 - Tobin tax on investment transaction
 - Wealth tax
 - Death duties
 - Reduced corporate wealth

- To spend on..
 - Good quality public housing
 - Community based health services
 - Improve environments in low income areas
 - No fee education



In Conclusion

- Women maintain good health despite worse material conditions
- Need to understand why better
- Social inclusion likely to be part of answer
- Inequity create less inclusive societies
- Need to imagine paths to more equitable communities