

social determinants of
INDIGENOUS
HEALTH

**EDITED BY BRONWYN CARSON, TERRY DUNBAR,
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Chapter 5 Poverty and social class

Maggie Walter and Sherry Siggers

Indigenous Australians experience one of the highest levels of health inequality suffered by any group in a contemporary, developed society. This chapter brings together sociological understandings of class and other forms of social inequality with epidemiological and public health analyses of inequality and health to illustrate why the health of Indigenous Australians, while improving in some areas, remains obstinately poorer than that of other Australians.

SOCIAL CLASS

The concept of class as a way of conceptualising inequality continues to divide sociologists (Pakulski & Waters 1996, p. 1). While all agree that most societies experience some form of stratification, and hence inequality, they are divided about the form and nature of that inequality. By social class we mean '[a] position within a system of structured inequality based on the unequal distribution of power, wealth, income and status' (Germov 2005, p. 68).

Social class position impacts upon life chances, which are the opportunities available to people throughout their lives. These include:

Everything from the chance to stay alive during the first year after birth to the chance to view fine arts, the chance to remain healthy and grow tall, and if sick to get well again quickly, the chance to avoid becoming a juvenile delinquent and, very crucially, the chance to complete an intermediary or higher educational grade. (Gerth & Mills 1954, p. 313)

Social mobility also influences life chances. The ability to move up and down the class system is characteristic of open stratification systems such as that in Australia. Education has typically been the dominant means of achieving upward social mobility, while divorce may result in downward social mobility.

Social class and socioeconomic position or status are frequently (though often erroneously) used interchangeably. Socioeconomic position is often defined by measures of education, employment and income. Empirical studies of populations based on these categories form the basis for socioeconomic analysis, as they demonstrate the extent to which structural inequalities exist in any society. Social class, on the other hand, is not simply about income, employment and education, but rather is a broader concept which encapsulates both objective, material position and subjective understandings, and incorporates the important notion of differential access to power. These subjective dimensions are difficult to measure, and include the 'lived reality of class', such as the shame endured by children having to go to school in shabby clothes, which sets them apart from their peers. Class analysis says little about the origins of inequality (Connell 1977, p. 33).

Marxist and Weberian class analysis

While there are many theories of class, most of them are derived from, or developed in opposition to, the work of Marx and Weber. For Marx, most societies were dominated by two great classes: those who owned the means of production (the bourgeoisie) and those who had only their labour to sell (the proletariat). This unequal access to economic power meant that the bourgeoisie were able to dominate the proletariat in all domains of life—economic, political, social and cultural. This domination meant that these two classes were in perpetual conflict, and that it was this class struggle that resulted in social change. Such change came about only when these groups transformed themselves from a ‘class *in* itself’—that is, simply a group with the same relationship to the means of production—to a ‘class *for* itself’, sharing a class-consciousness of its exploited position and willing to undertake collective action to overthrow the ruling class (Bottomore & Rubel 1963).

Like Marx, Weber proposed that social inequality arose from unequal access to economic resources by those who owned the means of production and those who did not. For him, a class was a group sharing a similar position in a market economy, the members of which received similar economic rewards. The class of an individual also determined their life chances and access to health, housing, education and other desired objects. However, unlike Marx, Weber argued that the market situation of people afforded them differential status (based on their ability to command social honour). These status groups shared a common lifestyle and could restrict access to their groups through processes of social closure (such as limitations placed on membership to professional societies). For Weber, it was status rather than class that formed the basis of solidarity, thus potentially weakening class consciousness.

Weber also identified parties, concerned with ‘the acquisition of social “power”’ (Gerth & Mills 1948, p. 194), that cut across the interests of class and status groups. These included political parties, professional associations and environmental groups, the memberships of which were drawn from a number of class and status groups. For Weber, it was the combination of class, status and party that determined social inequality at any particular time and place.

The 'death of class' argument

The 'death of class' has been traced back to Nisbet's (1959) paper, 'The decline and fall of social class', in which he declared that: 'The term social class is by now . . . nearly valueless for the clarification of the data on wealth, power and social status in contemporary United States and much of Western society in general' (1959, p. 11). This did not mean that there had been a decline in social inequality with respect to economic resources, political power and prestige, but that class was no longer a persuasive framework of analysis to explain inequality. A recent exposition of this argument claimed that classes, as they were once known, are disappearing and that the most developed societies are no longer based on class (Pakulski & Waters 1996, p. 4). According to this view, 'property-based' classes were apparent only under early Western capitalism. This stage of 'economic-class' societies was starting to be replaced by 'organised-class' societies (based on rule by the state and a political-bureaucratic elite) in the early twentieth century. Today, it is argued, there is a shift away from the state and organisational systems to a status-conventional society, where stratification is largely based on lifestyle factors and value-based configurations, such as religious or ethnic groups (Pakulski & Waters 1996, pp. 1–27). In this view, contemporary inequalities have very little to do with class:

oppression, exploitation, and conflict are being socially constructed around transcendent conceptions of individual human rights and global values that identify and empower struggles around such diverse focuses as postcolonial racism, sexual preferences, gender discrimination, environmental degradation, citizen participation, religious commitments and ethnic self-determination. (Pakulski & Waters 1996, p. 26)

Class structure in Australia

While factors such as race, sex/gender, ethnicity, indigeneity and religion contribute to inequalities in health—as our argument below demonstrates—continuing inequalities in the distribution of socioeconomic resources such as employment, education, income and wealth in Australia lend credence to some kind of class analysis.

Most class analysis in Australia is based upon a variety of neo-Marxist (Wright 1997) or neo-Weberian (Goldthorpe 1996) approaches. The Class Structure of Australia Project (Baxter et al. 1991) and subsequent analysis (Western 2000) have produced a seven-class structure (see Table 5.1). This uses a fundamental distinction between the self-employed (in Marxist terms, those who own the means of production) and employees (those having only their labour to sell), with further distinctions according to managerial authority and occupational skill.

Table 5.1 The Australian class structure, 1986 and 1993

Class category	1986 (N = 1196)	1993 (N = 1364)
	Per cent who are ...	Per cent who are ...
Employers	4.7	9.2
Petite bourgeoisie	9.2	8.7
Expert managers	17.8	15.0
Managers	18.0	12.8
Experts	8.8	10.3
Non-manual workers	17.7	19.4
Manual workers	23.9	24.6

Source: Western (2000, p. 72)

It is possible, in this scheme, to superimpose commonly understood terms such as upper, middle and working class. Only employers constitute the upper class because, unlike the petite bourgeoisie who are also self-employed (such as family farmers, shopkeepers and tradespeople), they can afford to employ other workers. The middle class comprises the petite bourgeoisie, expert managers, managers and other experts (referring to specialist or technical occupations), and the working class consists of manual and non-manual workers. Between 1986 and 1993 there was an increase in the number of people in the upper class (from 5 per cent to 9 per cent), a decrease in the middle class (from 54 per cent to 47 per cent) and an increase in the working class (from 42 per cent to 44 per cent). This class structure is also gendered—particularly in the working class, where women are largely in white-collar occupations and men largely in blue-collar jobs (Western 2000, p. 74).

Distribution of wealth

Class location also influences income and wealth. Recent evidence has demonstrated that the distribution of wealth (consisting largely of property) in Australia continues to be very unequal. Five per cent of the population owns 30 per cent of wealth, and the top 10 per cent of the population owns 45 per cent of wealth. These figures are likely to be low estimates, as the very rich—like the late Kerry Packer (who had an estimated wealth of \$5.5 billion in 2003)—have more diverse assets which are harder to detect (*Australian Business Review*, May–June 2003, in Germov 2005). This can be contrasted with the bottom 30 per cent of the population, who have no wealth—or worse, whose debts outstrip their assets (Marks et al. 2005).

There are a number of demonstrated correlates of wealth, including age (with 55–64 year olds enjoying the value of superannuation and investments), household type (with couples with children aged 15–24 having the highest average net wealth), income (complicated by income-poor, asset-rich groups such as the self-employed and retirees) and education (with degrees and diplomas contributing to greater wealth, particularly among older age groups) (Marks et al. 2005, pp. 50–1). As we show below, these correlates of wealth have serious implications for Indigenous Australians.

SOCIAL CLASS AND HEALTH

The combination of factors which comprise social class—however it is defined—are clearly associated with differential health outcomes. The majority of research demonstrates the effects of socioeconomic gradients on health—that is, how an increase or decrease in an outcome variable that relates to health and well-being (such as cardiovascular disease) can be linked to a socioeconomic measure such as income. These studies show how developed countries with relatively unequal distribution of income and wealth (such as the United States) can produce greater health inequalities (in areas such as infant mortality, life expectancy at birth and at later stages of life) than less developed countries in which wealth is more equally distributed (such as Cuba) (Loxley et al. 2004, pp. 61–5).

The concepts of absolute and relative poverty are important in this context. By absolute poverty we mean limited or no access to the

fundamental requirements for health, such as food, clean water and shelter; these conditions are experienced by many Indigenous Australians for a variety of complex reasons. Relative poverty, in contrast, refers to deprivation in relation to others in society, while still having access to the basic prerequisites for health. An example of relative poverty might include a non-Indigenous Australian couple—both full-time students—with young children, attempting to live on government assistance while completing their studies. While they may have access to all the essentials for survival, finding enough money for childcare, children's clothes and a varied diet might often be a struggle. This gradient in health outcomes according to income distribution has been illustrated across all socio-economic positions (Loxley et al. 2004, pp. 61–5).

Socioeconomic inequality and health in Australia

There is now a significant body of Australian research from the past two decades documenting the relationship between socioeconomic inequality and poor health. This includes the National Health Strategy report (National Health Strategy 1992), which divided the Australian population into regions using a five-part index of socioeconomic disadvantage developed by the Australian Bureau of Statistics. People in the bottom quintile experienced the highest rates of morbidity and mortality.

Using figures from the National Health Survey 2001, Germov (2005, p. 76) has shown that morbidity, mortality and risk factor rates among men and woman aged from 25 to 64 years are highest among those living in the most disadvantaged areas (see Table 5.2).

Table 5.2 Death rates for men and women aged 25–64 in the most disadvantaged quintile, compared with the least disadvantaged quintile, 1998–2000

Cause of death	Men	Women
	% higher in most disadvantaged quintile	% higher in most disadvantaged quintile
Heart disease	107	170
Lung cancer	102	73
Stroke	93	84
Accidents/injury	124	103

Source: Germov (2005, p. 76), adapted from AIHW (2004)

This national picture is supported by smaller studies, such as an analysis of socioeconomic mortality differentials in Sydney over the period 1970–94, which demonstrated a clear relationship between socioeconomic factors and mortality for males and females of all ages (Hayes et al. 2002). Suicide is also positively associated with a variety of socioeconomic measures, particularly for males (Page et al. 2002). Conversely, people with socioeconomic advantage enjoy much better health. Children living in families with higher incomes, whose parents are employed and have more years of schooling, have significantly higher health-related quality of life across a range of domains (Spurrier et al. 2003). These health inequalities persist despite improvements in the general health of the Australian population over the past two decades, prompting even the most conservative of Australian governments to establish the Health Inequalities Research Collaboration in 1999 (Germov 2005).

CAUSAL PATHWAYS

As discussed in Chapter 1, the causal pathways linking factors such as income and occupation with poor health are complex, and include psychosocial, cultural and materialist processes and outcomes (Loxley et al. 2004, pp. 64–5; Najman 2001). For example, while one manager may have a relatively good income and access to most of the material basis for good health, fear of constant corporate change, ‘downsizing’ and bullying from a supervisor may result in work-based stress, increased smoking and drinking, and declining mental health. Another manager in the same firm who is experiencing the same pressures may have access to a supportive social network (social capital) which allows her to successfully challenge the bullying at work and provides social and cultural outlets for her to balance the stresses of the work environment. However important these psychosocial and cultural factors are, it is clear from the bulk of the research carried out on the social determinants of health that material factors such as education, occupation, income and wealth exert a powerful influence on health.

INDIGENOUS POVERTY AND HEALTH

The question, then, is whether the level of Indigenous socioeconomic inequality explains the huge disparity in health outcomes between

Indigenous and non-Indigenous Australians. In Australian studies of poverty, the inequitable position of Indigenous people is well established. Indigenous poverty is widespread, deeply entrenched and probably underestimated (Morrissey 2003; Hunter 1999). As shown in Table 5.3, across all major socioeconomic indicators Indigenous people remain heavily disadvantaged when compared with non-Indigenous Australians.

Table 5.3 Indigenous and non-Indigenous socioeconomic comparison

Socioeconomic indicator	Indigenous ^a %	Non-Indigenous %
Male unemployment rate	22	8
Female unemployment rate	18	7
Proportion employed in manager/administrator or professional/associated professional occupations	23	39
Apparent Year 12 retention rate	36	75
Holds Bachelor degree	2	13
Holds post-school qualifications	29	50
Attending post-school institution aged 18–24 years	21	45
Lives in rental accommodation	70	24
Proportion living in households that require an additional bedroom	16	3
Unable to raise \$2000 within a week for something important	54	14
Proportion of prison inmates	20 ^b	80

^a Comparative percentages may vary slightly by year.

^b Imprisonment rate is sixteen times higher for the Indigenous population when compared with the non-Indigenous population.

Sources: ABS (2003, 2005); HREOC (2003)

Given these data, the relationship between Indigenous poverty and Indigenous poor health seems an obvious one. Both the poor socioeconomic position of Indigenous Australians and the deplorable state of Indigenous health are uncontested. However, the association between these two factors may not be so straightforward. The limited available research suggests there are grounds for questioning a presumed linear relationship between poor Indigenous health and Indigenous poverty. These include both the complexity of the phenomenon of poverty and the multi-dimensional and different nature of Indigenous poverty in

Australia, as well as the questionable applicability of the concepts and assumptions inherent in current models linking social class and poverty to Indigenous Australia.

Poverty and Indigenous people

Assessing Indigenous poverty from a number of dimensions provides some idea of its broad and entrenched nature. First, from a purely income perspective, Indigenous households are clearly disadvantaged. Recent ABS (2005) data confirm that in 2002 the mean gross household income (\$394 per week) was only 59 per cent of that of non-Indigenous households. In addition, the income gap between Indigenous and non-Indigenous households is not decreasing. Second, while in developed nations—such as Australia—the relatively high standard of living means that poverty literature concentrates on relative rather than absolute measures of poverty, this concentration overlooks Indigenous poverty. In contrast to non-Indigenous Australia, a significant proportion of the Indigenous population lives in conditions that meet the United Nations definition of absolute poverty: ‘severe deprivation of basic human needs, including food, safe drinking water, sanitation facilities, health, shelter, education and information’ (1995, p. 57, in Harris et al. 2001, p. 260).

The prevalence of easily treatable diseases associated with inadequate basic sanitation and living conditions (such as scabies or diarrhoea), as well as a lack of access to safe and reliable water supplies in many Indigenous communities (Saggers & Gray 1991; ABS 2003), provides strong evidence for conditions of absolute poverty. Finally, the poor socioeconomic circumstances of Indigenous Australians do not appear to be improving. Key indicators of Indigenous disadvantage show that there was only a slight improvement across core socioeconomic indicators such as unemployment rates, home ownership or rates of post-school qualification during the second half of the 1990s through to 2002 (SCRGSP 2005; Altman & Hunter 2003). An identifiable impact on poverty has yet to be seen.

Defining and measuring poverty

While the extremely low level of material well-being in Indigenous households and communities is undisputed, defining what constitutes

poverty is less straightforward. Poverty is variously defined, conceptualised and operationalised across a broad range of measures, including low income, income inequality, broader socioeconomic indices of poverty such as educational level or employment status, or in terms of absolute or relative poverty. There are also significant methodological and ideological debates about how poverty is measured, who is poor and what is meant by being poor (Saunders 2005).

From a pragmatic perspective, attempting to measure poverty poses significant difficulties and complications. When we think about poverty, we tend to think within the parameters of the common poverty indicators such as low income, socioeconomic status or indices of absolute or relative poverty. But these indicators in themselves are not accurate or concrete measures of poverty. Rather, they are proxies—statistically amenable ways of operationalising some of the more measurable aspects of poverty. Poverty itself is a much more complex phenomenon than these proxy measures sometimes indicate. Poverty encompasses a multitude of deprivations that are related, but not restricted, to low income or income inequality. These other aspects of deprivation include things such as home ownership, standard of housing, access to government services such as health and education, and standard of local infrastructure such as roads, sanitation and water supplies. In addition, aspects of living that are not easily named or measured, such as quality of life, social cohesion, family and social networks, autonomy and opportunity for future prosperity, are also important in assessing levels of poverty (Richardson & Travers 1993; Harding 1998; Johnson 1998).

For Indigenous people, we might add dimensions such as cultural recognition, choice of lifestyle, capacity for self-determination, community control and land rights. The list of what can or should be included in assessing poverty is, of course, almost endless—and that is the point. Poverty is multi-factorial, and is contributed to and impacted upon by an almost endless list of factors. As Morrissey (2002) has argued, when we start to explore the complex and often disputed relationships between poverty and other manifestations of marginalisation, the ground becomes boggy.

Applicability of poverty measures and concepts

To add further complication, there are considerable conceptual problems in applying standard measures of poverty to Indigenous peoples. Even

leaving aside methodological problems such as unreliability and scarceness of data, the role of non-market work, age structure differentials, geographic distribution of the population and significant differences in household structure and size all operate to confound attempts to categorise and compare. The Indigenous population, for example, is much younger. Fifty-seven per cent of Indigenous people are aged less than 25 years compared with 34 per cent of the non-Indigenous population in this age group (HREOC 2003). Indigenous household formation also tends to be different. Not only is the average household larger, with 3.5 people per household compared with 2.6 people in non-Indigenous households, but Indigenous households are more likely than non-Indigenous households to be multi-family households (ABS 2003).

Additionally, many of the variables used within the ABS Socio-economic Indexes for Area 'do not provide unambiguous or culturally appropriate measures of socioeconomic disadvantage for Aboriginal Australians' (Gray & Auld 2000, p. v). For example, while equivalence scales are commonly used by the ABS and others to compare different households, these are based on presumptions of the Western nuclear family form of parents and offspring residing in the same household. Indigenous family forms such as multiple family households, or families where members are mobile and may reside in different households, do not fit these scales. Further, as Hunter et al. (2002) discovered, the choice of equivalence scale can significantly reduce or increase the comparative level of Indigenous poverty.

Attempts to measure Indigenous disadvantage are also complicated by factors specifically applicable to Indigenous people. Gray and Auld (2000), after attempting to construct a composite Index of Relative Indigenous Socio-Economic Disadvantage, concluded that the usefulness of such an index was limited. First, the changeability of outcome according to the variables included made any such index unreliable. Second, the place-specific relevance of many standard indicators such as education or employment meant that these indicators varied in value depending on where an Indigenous person lived. This last factor related to the geographic distribution of the Indigenous population. In 2001, around 30 per cent of Indigenous people lived in major cities, a further 44 per cent lived in regional areas, and more than a quarter were resident in remote areas. In contrast, two-thirds of the non-Indigenous population lived in the major cities and only 2 per cent lived in remote areas (ABS 2003).

Social class

Where do Indigenous people fit into the Australian class structure? If we use a Weberian-based occupational status model of social class, then the 21 per cent of employed Indigenous men and 28 per cent of employed Indigenous women in professional, associated professional or managerial type jobs (ABS 2003) could be designated as middle class. This placement is tenuous, however, because such positioning is directly related to current employment, and Indigenous occupants of such positions are unlikely to share the status of their non-Indigenous counterparts. However, even if we accept the shaky proposition that this group can be classified as middle class, where would the majority of Indigenous people be positioned? We know that Indigenous people firmly occupy the lowest positions in the social order, but does this positioning indicate working class membership, or perhaps relegation to an underclass as the term is used in discussions of social stratification? Perhaps Indigenous people constitute a class category of their own? If we presume that social class refers to a group whose members share a similar social and economic position, then being an Indigenous person in Australia may be a structural component in itself that impacts on an individual's life and health chances.

The multi-dimensional nature of Indigenous poverty

As well as being unequivocally poor by any standard measure, Indigenous poverty is different. For example, Hunter (1999) found that poverty in non-monetary spheres was endemic in Indigenous households, even among those who were relatively well off in terms of income. He found that household overcrowding was an issue for relatively advantaged Indigenous families, as well as those on lower incomes. Also, negative interactions between Indigenous people and the criminal justice system were a common feature of Indigenous life, regardless of household income. Members of high-income Indigenous households were nineteen times more likely to have been arrested than their non-Indigenous counterparts. Additionally, being dislocated from traditional lands was a common experience in Indigenous households, irrespective of income.

Such results indicate the importance of the socio-political and material reality of the lives of Indigenous people to any analysis of Indigenous poverty. For example, Hunter and Borland (1997) found that the experience of arrest reduced the probability of being in employment by up to 20 per cent for Indigenous men. Given that, in 2001 alone, nearly one in five Indigenous men in New South Wales—or two in five of those aged from 20 to 24 years—appeared in court charged with a criminal offence, this is an important issue (Weatherburn et al. 2003). The effects of this interrelationship on poverty are clear. Another example may be found in the concentration of urban Indigenous people in the suburbs that have fared most poorly from the structural changes in the Australian economy over the last few decades. However, as Hunter (1996) argues, despite the additional social and economic disadvantages that such placement brings, Indigenous people cannot choose to simply live elsewhere. There are major impediments to such choices, such as social exclusion, that do not apply to other poor Australians.

Level of income also needs to be examined from an Indigenous perspective. In the non-Indigenous population, access to higher incomes tends to be an inter-generational phenomenon, giving material advantage across the life course. For Indigenous people, however, access to higher income may be based on employment in an Indigenous-specific job, which may be temporary. That is, while the level of income in some Indigenous households will fall into the higher bracket when collected in cross-sectional surveys, these data are generally not an indication of life-course advantage, or even advantage over the life course from this point on. As Hunter (1999) argues, the circumstances facing Indigenous people are so manifestly different from those facing other Australians that income measures probably misrepresent the nature and extent of income poverty among Indigenous people.

Linking Indigenous poverty and Indigenous health

Does the different nature of Indigenous poverty mean that the concepts of social class or poverty have no relevance in explaining Indigenous health inequality? The simple answer is that we don't really know. While it makes theoretical sense for there to be a relationship between these two phenomena, as Morrissey (2002) notes, there is almost no evidence on whether the social gradient of health holds true within the

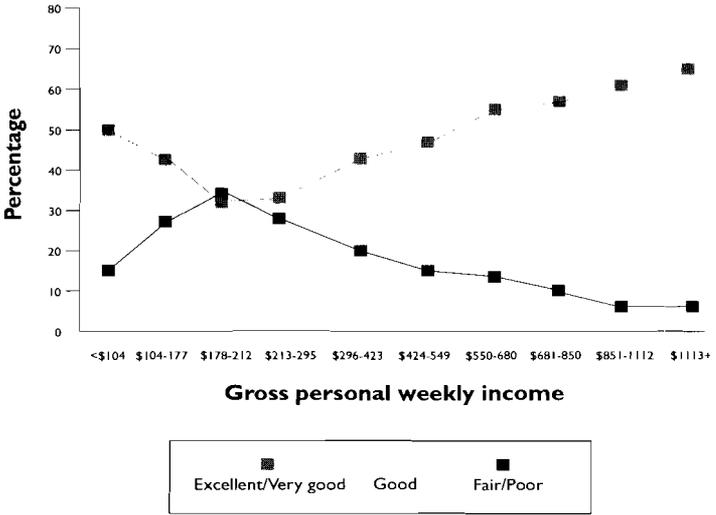
Indigenous population. What little evidence is available indicates that any relationship between poverty and health for Indigenous Australians may differ from that for non-Indigenous Australians. In the above analysis, Hunter (1999) found no statistical association between income level and health. Indigenous people had poor health across all income distributions, and high-income Indigenous families were nearly as likely to experience long-term health problems as low-income Indigenous families.

Other indications of the link between the two phenomena might be gleaned from an analysis of the data available from the National Aboriginal and Torres Strait Islander Social Survey conducted in 2002 (ABS 2004). In this survey, the Indigenous participants were asked to rate their own health status. In response to this question, 42 per cent rated their health as excellent or very good, 33 per cent as good, and 25 per cent rated their health as fair or poor, up from 19 per cent in 1994. After adjusting for age, Indigenous people were nearly twice as likely as non-Indigenous people to report their health as fair or poor (ABS 2005). While self-assessed health status is not a precise measure of health, the data reflect the current disparity between Indigenous and non-Indigenous health outcomes. Bearing in mind the limited usefulness of income as an indicator of poverty, when we match these data with those relating to individual income, the results provide a picture of a mixed relationship between these two variables.

For Indigenous people who live in regional and urban areas, the level of personal income and self-assessed health status are positively associated. As shown in Figure 5.1, for people with a weekly income of \$178 or more, as the level of personal income rises so too does the proportion of people reporting a higher level of self-assessed health. Conversely, the proportion of people reporting lower levels of self-assessed health increases as income level falls.

However, the picture presented by the same analysis for Indigenous participants living in remote areas is quite different. As shown in Figure 5.2, there does not seem to be any significant relationship between personal income and self-assessed health status for Indigenous people living in remote areas. The proportion of people who rate their health as fair or poor remains between 10 and 20 per cent, regardless of the level of personal income. Similarly, the proportion of people reporting higher levels of self-assessed health varies across income levels, but not in any easily identifiable pattern.

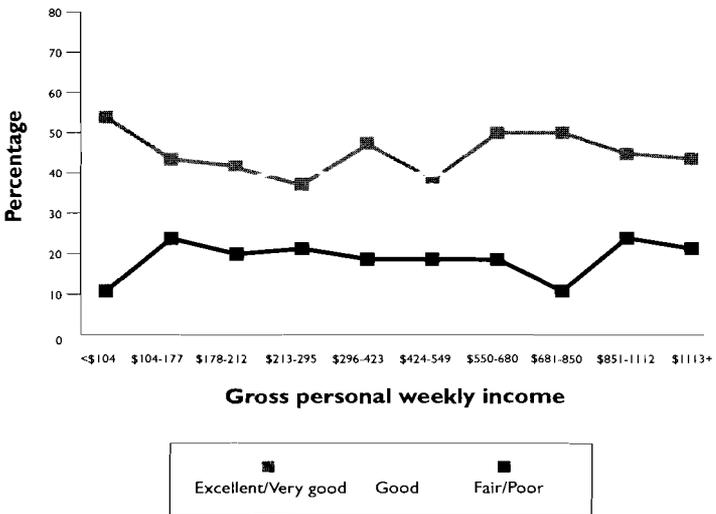
Figure 5.1 Self-assessed health status by gross weekly personal income: Non-remote population, ages 18–50 years^a



^a Sample restricted to those aged between 18 and 50 years to reduce the impact of being a dependant and the high level of illness among older Indigenous people.

Source: ABS (2004). Unweighted data—N = 3734

Figure 5.2 Self-assessed health status by gross weekly personal income: Remote population, ages 18–50 years^a



^a Sample restricted to those aged between 18 and 50 years to reduce the impact of being a dependant and the high level of illness among older Indigenous people.

Source: ABS (2004). Unweighted data—N = 3018

It is difficult to interpret these preliminary results. While there does appear to be a relationship between health and income for that proportion of the Indigenous population residing in regional and urban areas, this relationship does not hold for the remote area population. Why there is a difference between these two populations is unclear from this limited analysis. A possible explanatory factor might be the limited access to services and substandard infrastructure that continue to exist in many remote communities, creating poor living conditions that cannot be ameliorated by individual income.

CONCLUSION

While there is good evidence that, on almost all indicators, Indigenous people are significantly poorer than non-Indigenous people and this impacts on their health in a similar way to the non-Indigenous population, Indigenous poverty is also different from non-Indigenous poverty. The complex nature of Indigenous poverty means that, theoretically, existing non-Indigenous models of the social determinants of health can probably offer only a partial explanation of the interaction between Indigenous poverty and health. The social, political and economic consequences of being an Indigenous person in Australia also add a dimension that cannot simply be plugged into existing mainstream models.

SUMMARY

- Social class refers to the stratification of society based on the unequal distribution of power, wealth, income and status. It incorporates socioeconomic position, but is more than that.
- Most class analysis is based on schemes derived from Marx's notion of two diametrically opposed economic classes or Weber's notions of class, status and power.
- Some have argued that class, at least as understood by Marx, is dead and that contemporary social inequality has more to do with lifestyle factors and values, rather than economic inequality.
- Evidence from Australia reveals approximately equal sizes of middle and working classes, with a small upper class and considerable inequality in the distribution of wealth.

- There is growing evidence of an association between socioeconomic inequality and poor health in Australia, although the causal pathways are contested.
- Indigenous poverty is both multi-dimensional in nature and has essential differences from the poverty of other poor Australians.
- The concept of social class and its relationship to population health outcomes is also a questionable one in explaining Indigenous health outcomes.
- Although there is obviously some relationship between Indigenous poverty and health, the above factors complicate any attempts to apply current non-Indigenous social determinant models of health directly to Indigenous Australians.

DISCUSSION QUESTIONS

- 1 *What are the essential differences between Marxist and Weberian class analysis, and how have analyses based on these approaches been used to analyse inequality in Australia?*
- 2 *What factors do you think could and should be included in measuring poverty for Indigenous Australians? Why do you think these factors are not included in current assessments of Indigenous poverty and socioeconomic position?*
- 3 *What might be some of the arguments for and against poverty being a major explanatory factor in poor Indigenous health?*

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