

4.4.2 Socioeconomic factors

Socioeconomic factors and inequalities are clearly associated with health status and health inequalities. Socioeconomic differentials in health outcomes and health behaviour determinants for Queenslanders are reported in sections 1.3 and 1.4.4 in the *Whole of population* chapter. Socioeconomic indicators for older people are reported in this section and build on those reported in section 1.4.2 in the *Whole of population* chapter.

Income, pensions and disability support

In 2001, a larger percentage of older men (63.8%) than women (77.4%) reported less than \$300 individual weekly income (Table 4.16). In that year, two thirds of Queenslanders who met the age criteria for an aged pension received such income support, similar to Australia (Table 4.17).

In 1998, of the 51.5% of Queensland persons aged 50 years or older who reported 'government pension or cash benefit' as a source of income, 46.9% reported it as the main source of income.⁹² Investment/ interest was reported as a source of income for 28.1%, where only 8.6% reported it as the main income source. Wages/salary was reported as a source of income by 25.2% of older people, and 13.2% reported it as the main source of income.

Table 4.16: Weekly individual income of total persons and older people aged 15 years as percentage of population, by age and sex, Queensland 2001

Weekly income	15+		65+	
	Male	Female	Male	Female
<\$ 300	35.5	52.0	63.8	77.4
\$300-499	17.3	22.1	21.1	15.6
\$500-999	32.8	21.2	11.6	5.5
>\$1000	14.5	4.7	3.5	1.5

Source: ABS Census of population and housing 2001

Table 4.17: Income support indicators for older people, Queensland and Australia 2001

	Queensland	Australia
Aged* on aged pension (%)	65.3	67.8
Proportion male to female age pensioners recipients	0.63	0.62
Disability support pensioners ('000)	117	624

Source: ABS Census of population and housing 2001

*meeting age criteria for an aged pension (65 years for males, 62 years for females from 2002 and 60-65 years prior to 2002)

Employment

A small percentage of people aged 65 and older remain in the labour force, and of these 97% are employed (Table 4.18). Older men are more likely to be in the workforce than older women. Of older men and women in the work force, about half work part-time.⁹³

In 2002, 57.8% of people aged 55 years and older said the main difficulty in finding work was that prospective employers perceived them as 'too old'.⁹⁴ Consistent with this, many employers consider that people as young as 45 years of age are 'too old' to hire.¹³ Most mature aged workers are skilled, punctual and have positive attitudes towards work, relatively few accidents in the workplace, low rates of absenteeism and low rates of job turnover.⁹⁵

Table 4.18: Labour force status of older people, percentage of population, Queensland 2001

	15+ years		65+ years	
	Male	Female	Male	Female
Not in the labour force	29.1	44.4	88.7	95.3
Total labour force	70.9	55.6	11.3	4.7
Of the labour force:				
Total employed	91.2	92.5	97.0	97.7
Total unemployed	8.8	7.5	3.0	2.3

Source: ABS Census of population and housing 2001

Education

Older people in Australia were less likely to complete year 12 and less likely to achieve non school qualifications than younger people.⁸⁷ The lower levels of education completion by older people reflect fewer opportunities, as well as lower demand in the workplace for higher educational qualifications at the time of leaving school.⁸⁸

In 1996, 1,181 people aged 65 years or older were undertaking vocation training programs in Queensland.¹³ As of April 2002, at least 46,000 older people in Australia participated in course provided by the University of the Third Age (U3A).⁵²

Low levels of education and illiteracy are associated with increased risks for disability and death among people as they age.¹¹ Education in early life combined with opportunities for lifelong learning, can help people develop the skills and confidence they need to adapt and stay independent as they grow older. Learning opportunities can assist individuals to achieve their personal goals, forge links in the community and reduce social isolation. Lower education levels have also been linked to inactivity, overweight, smoking and accessing services more frequently in older persons.⁹²