



[Income inequality, household income, and health status in Canada: a prospective cohort study.](https://arctichealth.org/en/permalink/ahliterature184215)

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Abstract: This study sought to determine whether income inequality, household income, and their interaction are associated with health status.

Income inequality and area income measures were linked to data on household income and individual characteristics from the 1994 Canadian National Population Health Survey and to data on self-reported health status from the 1994, 1996, and 1998 survey waves.

Income inequality was not associated with health status. Low household income was consistently associated with poor health. The combination of low household income and residence in a metropolitan area with less income inequality was associated with poorer health status than was residence in an area with more income inequality.

Household income, but not income inequality, appears to explain some of the differences in health status among Canadians.

Notes:

Cites: Med Care. 1996 Jul;34(7):702-228676608
Cites: Soc Sci Med. 1999 Mar;48(6):733-4410190636
Cites: Soc Sci Med. 1998 Feb-Mar;46(4-5):567-799460836
Cites: BMJ. 1998 Jan 31;316(7128):382-59487182
Cites: Am J Public Health. 1998 Jul;88(7):1074-809663157
Cites: BMJ. 2002 Jan 5;324(7328):16-911777798
Cites: BMJ. 2002 Jan 5;324(7328):20-311777799
Cites: BMJ. 2002 Jan 5;324(7328):23-511777800
Cites: Soc Sci Med. 2002 Jan;54(1):65-7711820682
Cites: Soc Sci Med. 2002 Feb;54(4):561-7611858212
Cites: Soc Sci Med. 2002 Feb;54(4):577-8911848275
Cites: Health Aff (Millwood). 2002 Mar-Apr;21(2):107-1211900150
Cites: Soc Sci Med. 2003 Dec;57(12):2291-30314572838
Cites: J Econ Perspect. 1999 Spring;13(2):144-6615179962
Cites: BMJ. 1992 Jan 18;304(6820):165-81637372
Cites: J Gerontol. 1993 Jul;48(4):S167-798315241
Cites: Health Econ. 1993 Jul;2(2):87-1018261040
Cites: BMJ. 1996 Apr 20;312(7037):999-10038616393
Cites: BMJ. 1999 Oct 30;319(7218):1162-510541504
Cites: Soc Sci Med. 2000 Mar;50(5):673-8710658848
Cites: BMJ. 2000 Apr 1;320(7239):898-90210741994
Cites: Health Serv Res. 2000 Apr;35(1 Pt 2):307-1810778817
Cites: BMJ. 2000 Apr 29;320(7243):1200-410784551
Cites: Annu Rev Public Health. 2000;21:543-6710884964
Cites: BMJ. 2000 Nov 25;321(7272):1311-511090512
Cites: Am J Public Health. 2001 Mar;91(3):385-9111236402
Cites: Br J Psychiatry. 2001 Mar;178:222-711230032
Cites: Soc Sci Med. 2001 May;52(9):1371-9011286362
Cites: Health Econ. 2001 Jun;10(4):357-6111400258
Cites: J Health Polit Policy Law. 2001 Jun;26(3):487-52211430248
Cites: J Health Polit Policy Law. 2001 Jun;26(3):533-4111430250
Cites: Lancet. 2001 Jul 21;358(9277):194-20011476836
Cites: Am J Public Health. 2002 Jan;92(1):99-10411772770
Cites: BMJ. 2002 Jan 5;324(7328):1-211777781
Cites: BMJ. 2002 Jan 5;324(7328):13-611777797
Cites: BMJ. 1996 Apr 20;312(7037):1004-78616345
Cites: BMJ. 1996 Apr 20;312(7037):1013-48616348
Cites: Ann Epidemiol. 1996 Jan;6(1):12-20; discussion 21-28680619
Cites: Milbank Q. 1998;76(3):315-39, 303-49738166
Cites: BMJ. 1998 Oct 3;317(7163):917-219756809
Cites: Soc Sci Med. 1999 Mar;48(5):693-70510080369
Cites: BMJ. 1997 Jun 14;314(7096):1724-79185498

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