
**Abstract**

Health-selective migration within countries has been implicated as one of the mechanisms by which spatial disadvantage is created and maintained. However, there is conflicting evidence on the nature of the relationship between health and mobility, caused in part by diverse definitions, and age and sex differences. This paper uses the first two waves of data for the middle-aged cohort (aged 45-50 in 1996) of the Australian Longitudinal Study on Women’s Health to investigate the relationship between four sets of health variables with subsequent local moves (within the same postcode), longer distance moves (between postcodes) and inter-regional migration from rural and remote areas ‘up’ the urban hierarchy. After adjusting for socio-economic and marital status, short and longer distance mobility among these middle-aged Australian women was positively associated with long-term and chronic poor health and being a smoker. Moves between postcodes and rural-to-urban migration were positively associated with multiple recent visits to a medical specialist. Our findings are consistent with UK and US studies that have found mobility to be more strongly associated with poor health than good health in mature adults. As the population ages, the health of receiving areas may be adversely affected by relatively unhealthy in-migrants seeking amenities not provided in their former place.

**Keywords:** health; residential mobility; rural–urban migration; Australia