

Health Inequalities in Cambridgeshire PCT / Local Authority (2010)

Summary

(April 2010)

Introduction

Eastern Region Public Health Observatory (Erpho) since 2006 has published health inequalities profiles for Primary Care Trusts (PCTs) and / or local authorities¹. The profiles are based on small areas data (Middle Super Output Areas - MSOAs) and compare major health indicators within the PCTs and compare PCTs with each other. These profiles include Directly Age Standardized Rates (DSRs) for:

- All age, all cause mortality
- All cause mortality under 75
- Mortality from causes amenable to health care
- Smoking attributable mortality
- Cancer mortality (under 75)
- Mortality from circulatory disease under 75
- Life expectancy

Deprivation groupings are generated by assigning Index of Multiple Deprivation 2007 (IMD 2007) scores to the small areas and by grouping these areas into fifths (quintiles of deprivation) within the PCT according to their level of relative deprivation.

Key messages

Health Inequalities in Cambridgeshire

The health of people in Cambridgeshire is generally significantly better than in the East of England. The exception is cancer mortality in under-75s males where there is not a significant difference.

The health of people in the county is improving in all areas by deprivation. The exception is premature cancer mortality in males in the most deprived areas.

There are significant health inequalities by deprivation in the county. The relative difference in all cause mortality for the under-75s between the most and the least deprived areas is 50%.

Relative inequality in mortality between the most and the least deprived quintiles is the highest in smoking attributable mortality. The relative difference between the fifth most deprived areas is 70% compared to the least deprived fifth.

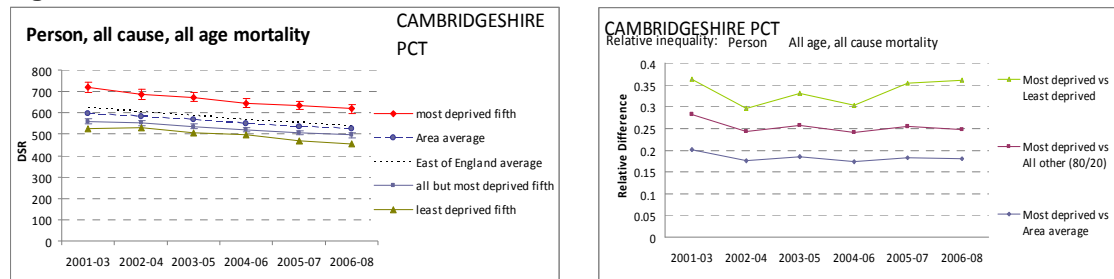
The absolute (measured in years) and relative (measured as a percentage) gap in health inequalities as measured by life expectancy is wider for men than it is for women. Life expectancy for men in the most deprived areas is around four years shorter than in the least deprived ones. Four years is equivalent to 4.8% of life expectancy for men in the least deprived areas. For women the difference is about three years (3.9%).

¹Note: Since 2006 the methodology has changed. More information about the methodology can be found at http://www.erpho.org.uk/topics/health_inequalities/home.aspx

In Cambridgeshire all cause, all age mortality is lower than in the East of England.

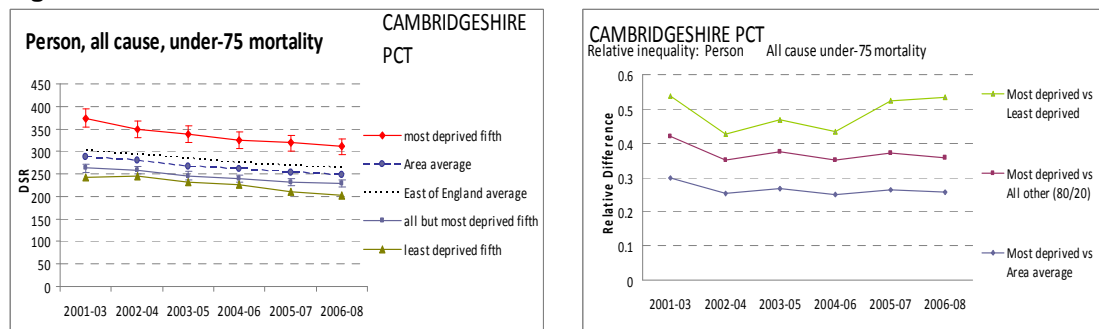
In Cambridgeshire all cause, all age mortality is decreasing across all areas (quintiles) by deprivation in the most as well as in the least deprived fifth areas. However, mortality in the most deprived areas is significantly higher than in the rest of the PCT. In those areas the relative difference in the mortality is 36% compared to the least deprived areas (relative inequality). The trend between 2001-03 and 2006-08 is not decreasing (Figure 1).

Figure 1



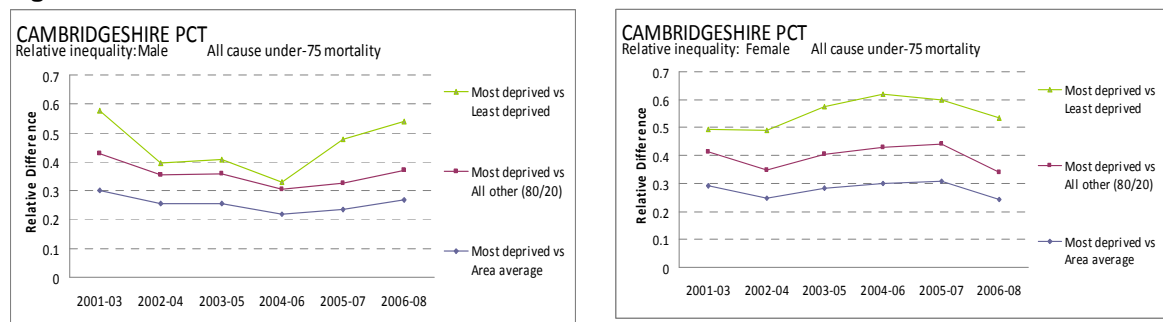
In Cambridgeshire, all cause mortality for the under-75s is improving faster than in the East of England and across all areas by deprivation. However, the relative difference in premature mortality in the most deprived areas is 53% compared to the least deprived areas (relative inequality). The trend between 2001-03 and 2006-08 is not decreasing (Figure 2).

Figure 2



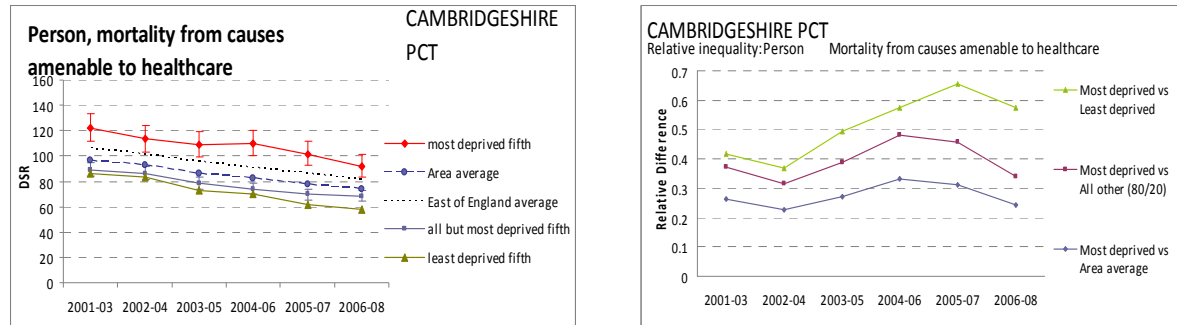
Trends in the relative inequality in all cause premature mortality are different in males and females. A gap between the most and the least deprived areas is widening in males, which opens an area for concern. In females the gap is narrowing (Figure 3).

Figure 3



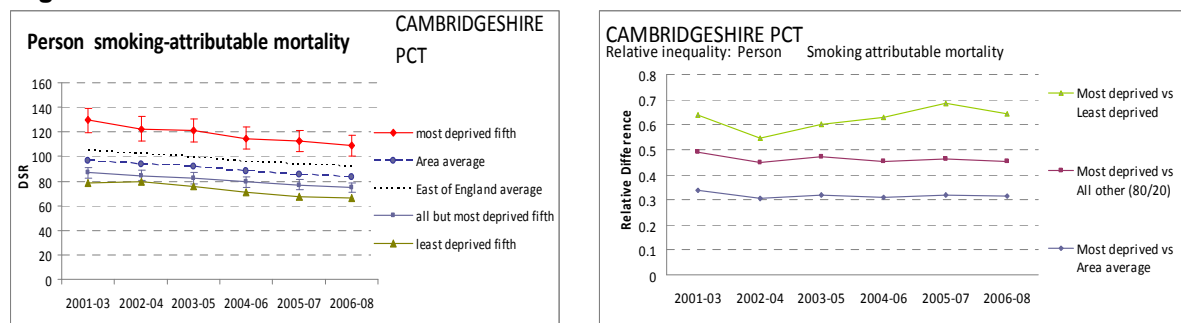
In Cambridgeshire, mortality from causes amenable to health care is decreasing faster than in the East of England. However, the relative difference in the mortality between the most and the least deprived areas increased from 42% in 2001-03 to 58% in 2006-08, which also opens an area of concern (Figure 4).

Figure 4



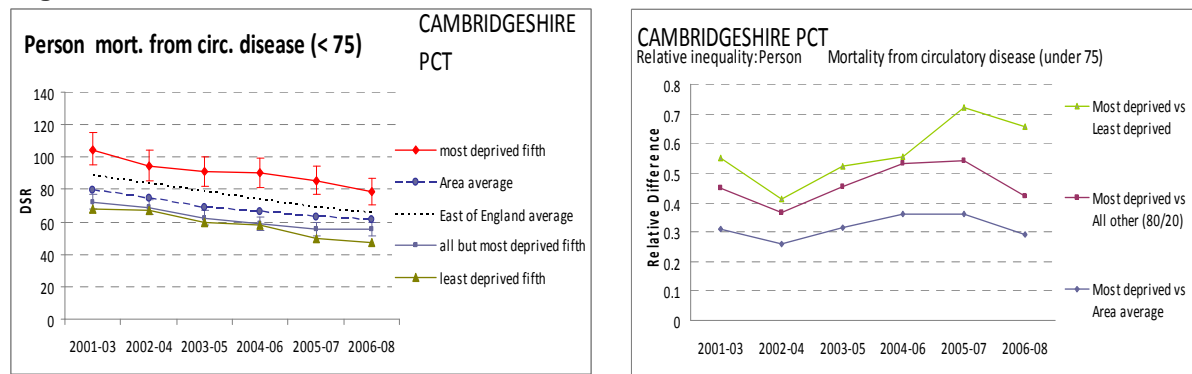
Person smoking-attributable mortality in Cambridgeshire is decreasing faster than in the East of England across all areas by deprivation. However, the relative difference in the mortality between the most deprived areas compared to the least deprived areas is 64% (62% in males and 70% in females) (Figure 5).

Figure 5



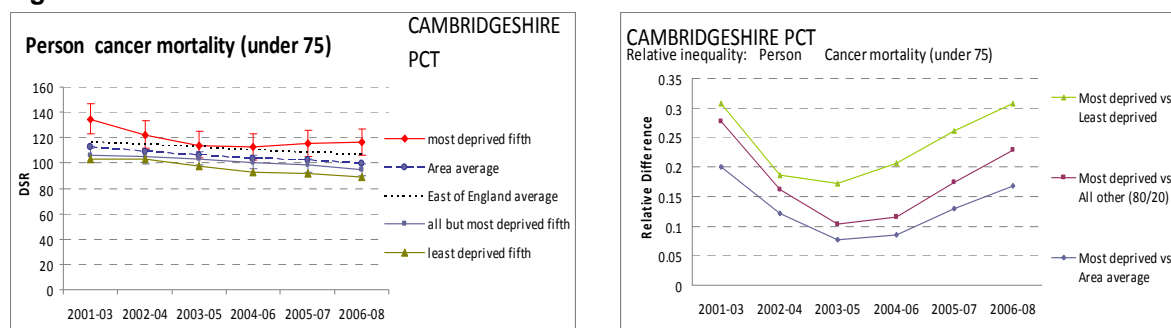
Mortality from circulatory disease in under-75s in Cambridgeshire is improving faster than in the East of England across all areas by deprivation. However, the relative difference in the mortality between the most deprived areas compared to the least deprived areas is 66% (72% in males and 54% in females) (Figure 6).

Figure 6



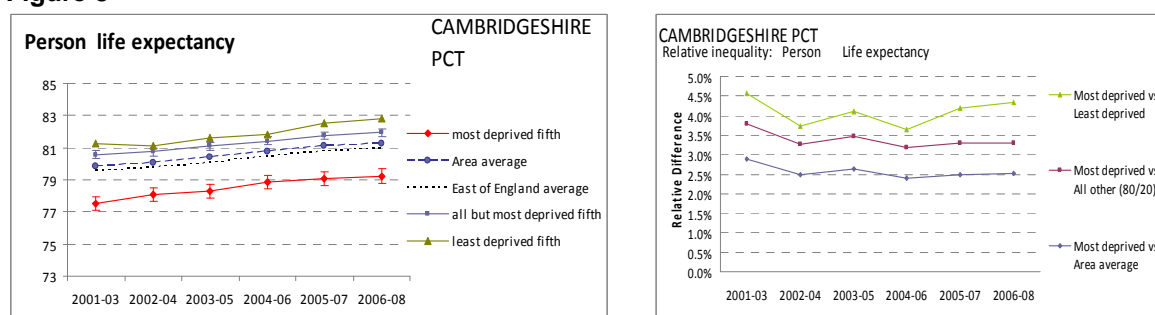
Mortality from cancer in under-75s in Cambridgeshire is decreasing in line with the East of England trend. It is true in all but the most deprived areas of the PCT where the relative difference in the mortality is 31% compared to the least deprived areas: 36% in males and 25% in females (Figure 7).

Figure 7



Life expectancy in Cambridgeshire is improving faster than in the East of England across all areas by deprivation. However, significant inequalities in the life expectancy remain. In the most deprived areas life expectancy for men is almost four years shorter than in the least deprived areas; for women the difference is above three years (Figure 8).

Figure 8



For more information about the health inequalities in Cambridgeshire as well as health inequalities profiles, please visit http://www.erpho.org.uk/topics/health_inequalities/home.aspx

Decreasing the health inequalities and poverty found in the most socio-economically deprived areas in Cambridgeshire is among strategic aims in the “Strategy to Tackle Health Inequalities in Cambridgeshire. A Framework for Action 2009-2011. Draft – February 2010” document. For more information please visit <http://www.cambridgeshire.nhs.uk/>

Reducing all age all cause mortality in the 20% most socio-economically deprived areas in Cambridgeshire is one of the Cambridgeshire Local Area Agreement (LAA) targets which specifically address health issues which are more common in the 20% most deprived areas in Cambridgeshire or in vulnerable communities (Strategy to Tackle Health Inequalities In Cambridgeshire; page 25). For more information please visit <http://www.cambridgeshire.nhs.uk/>

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