



Variations in Health

Annual Report of the Joint
Director of Public Health
2008/9



Variations

- in need
- in resources
- in access to care.



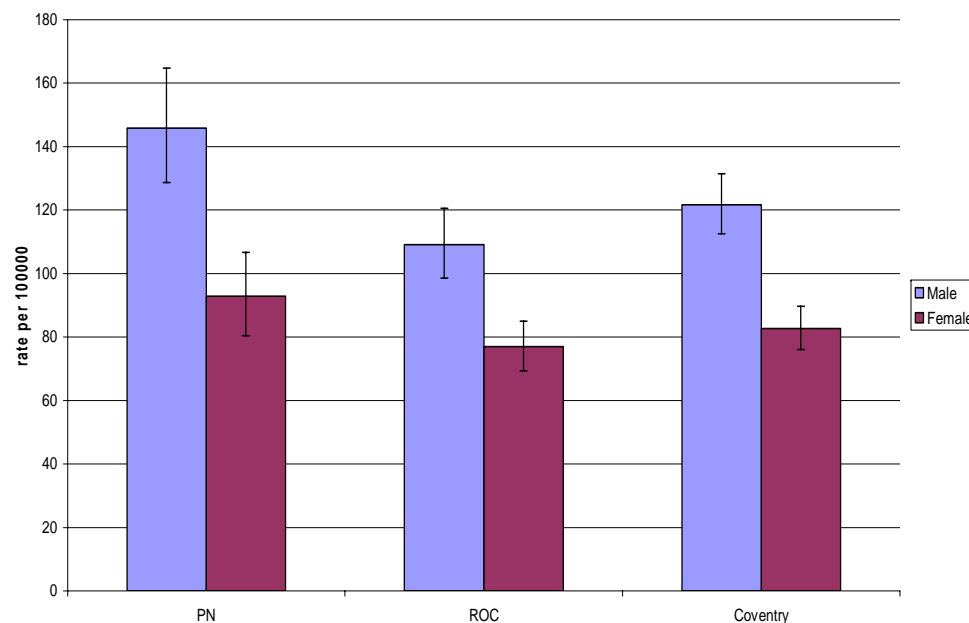
Need



Respiratory disease

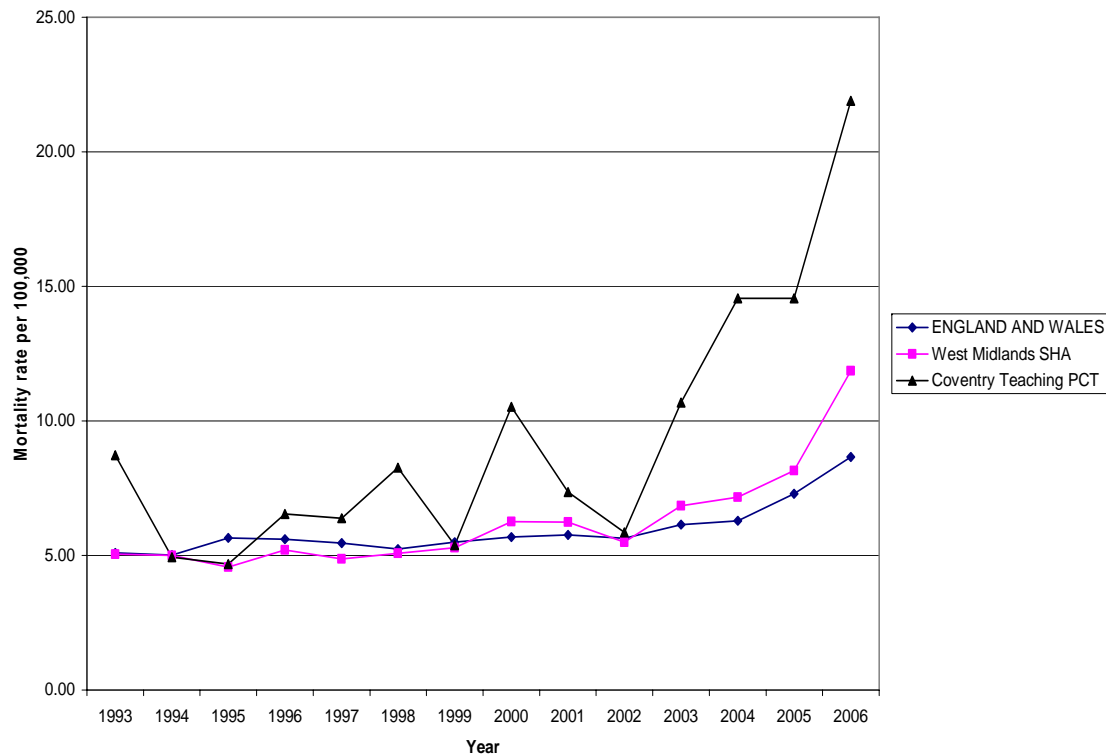
- High death rate
 - COPD
 - Asthma
- Death rate worsening among the better off
 - improving among the worst off
- Significantly higher mortality among men
- Lung cancer rates falling in men, steady in women.

Directly standardised rates for death from all respiratory disease for Priority Neighbourhoods (PN) and the rest of Coventry (ROC) for the combined years 2004 - 6



Infectious diseases

Infectious and parasitic disease



- Significantly raised death rate
 - C difficile
 - Septicaemia
- High rates of TB and HIV



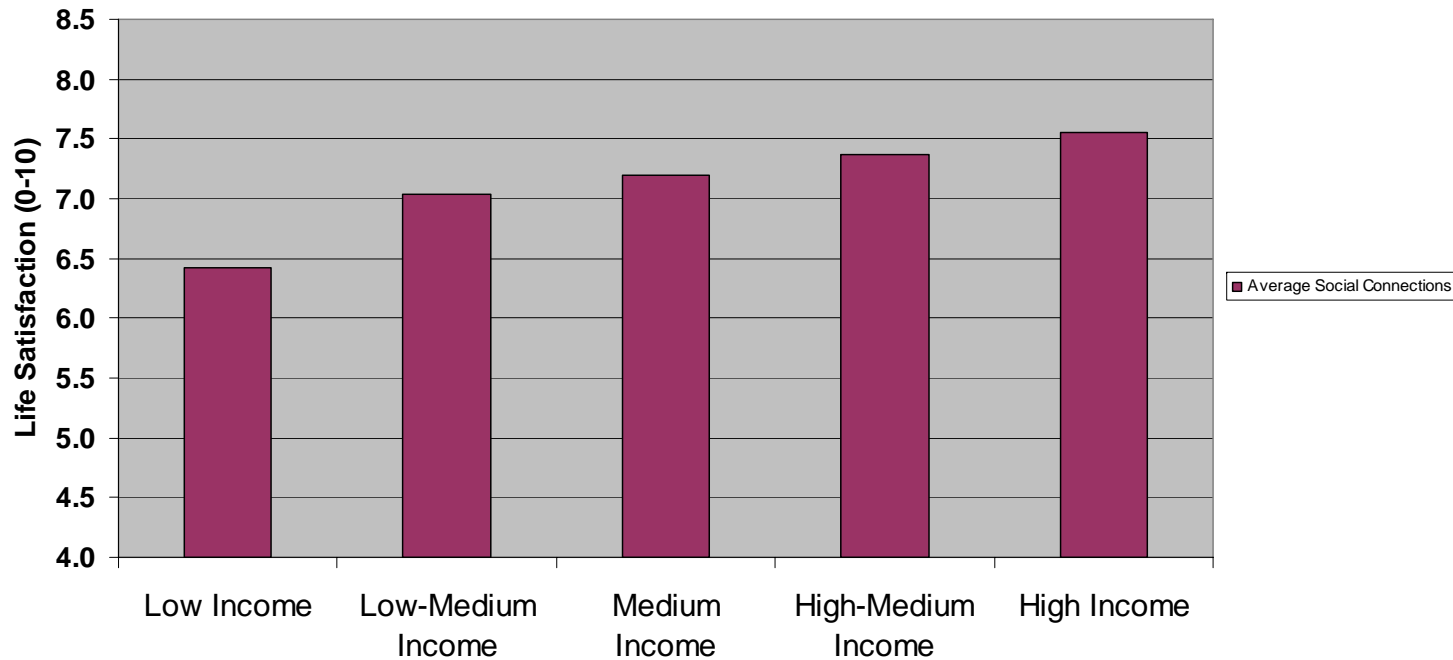
Mental well-being

- 'The foundation for well-being and effective functioning for both the individual and the community'.
- People with high levels of mental well-being are more likely to be able to cope well with every day problems, to have good relations with people they live and work with and to be able to get the most out of life
- Linked with
 - improved physical and mental health
 - Improved relationships
 - Improved career prospects
 - Reduced crime and disorder, substance misuse



Linked to income

Life Satisfaction and Income Quintiles



Source: Taken from a presentation given by Nic Marks of the new economic foundation. What is well-being? Achieving excellence in Public Health - Mental Health & Well-being in the West Midlands. May 2008



Improving mental well-being – a return on investment?

- Single most effective intervention to promote positive mental health is through parenting interventions
- Across the UK, the total value of the benefits of prevention in a one-year cohort of children has been estimated at £5.25 billion.
- **Buy parenting classes.**



Children's weight

- More children in Coventry are overweight/ obese
- Situation worsens between reception and year 6

	% over weight	% obese
Reception	14.6 13.0	11.3 9.9
Year 6	13.7 14.2	19.4 17.5

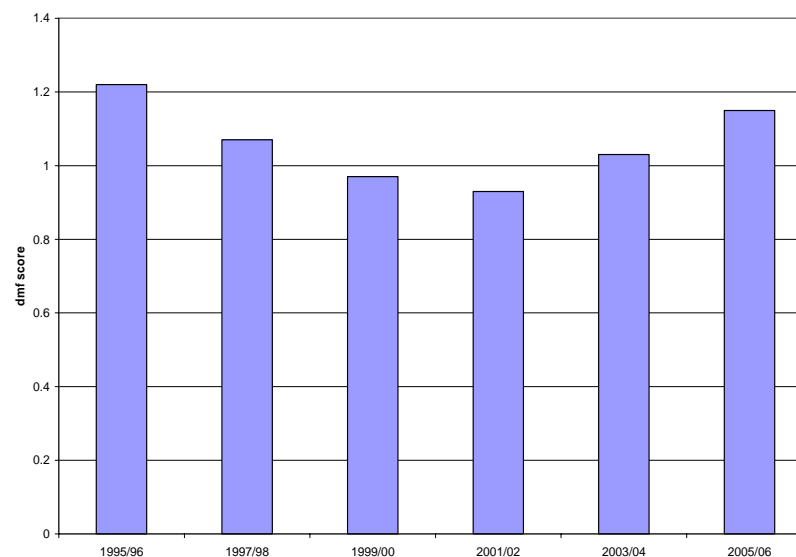
Black = Coventry data

Red = National data

Children's dental health

- Huge improvements over the past decades....
- Now worsening
- Varies across the city
 - Foleshill 56% have dmf of 0
 - Earlsden 84%
- Varies by ethnicity
- Poorer dental access in some parts of the city

Average number of dmf teeth in Coventry 5 year olds





Looked after children

- Experience very poor health, educational and social outcomes
 - implications for health and well-being in adulthood
- High rates of LAC in Coventry
- High rates of children under Child Protection Plans



Outcomes.....

- 2/3 of LAC have at least one physical complaint
- 45% have at least one psychiatric disorder
- 1 in 12 LAC have a teenage pregnancy
 - 1 in 100 in Coventry generally
- Fewer LAC visit a dentist regularly
 - significantly more likely to need treatment
- 59% LAC in Coventry sit at least one GCSE
 - 96% of the general population Nationally.
- 55% are NEET at age 19
 - 13% of the 19 year old population as a whole in the city

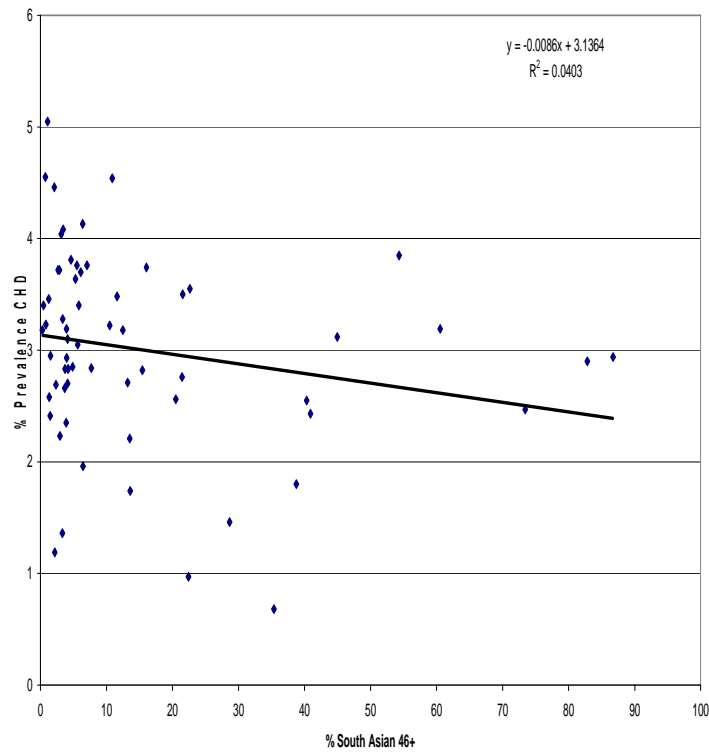


Ethnicity and health

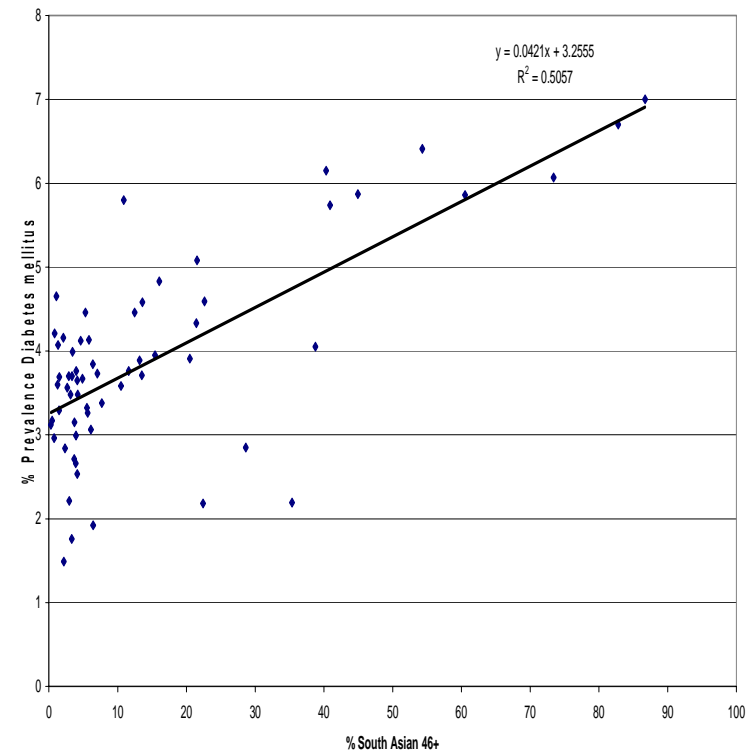
- Asians have higher incidence of diabetes and heart disease, report poor health more frequently and are more likely to use health services
- 2001 census reports 11.3% resident population as Asian/Asian British
- Nam Pehchan suggests that 16% of registered population of South Asian origin
 - Generally younger than non South Asian.
 - large variation by Practice (1% to 81%)

Ethnicity and CHD/diabetes

CHD



Diabetes

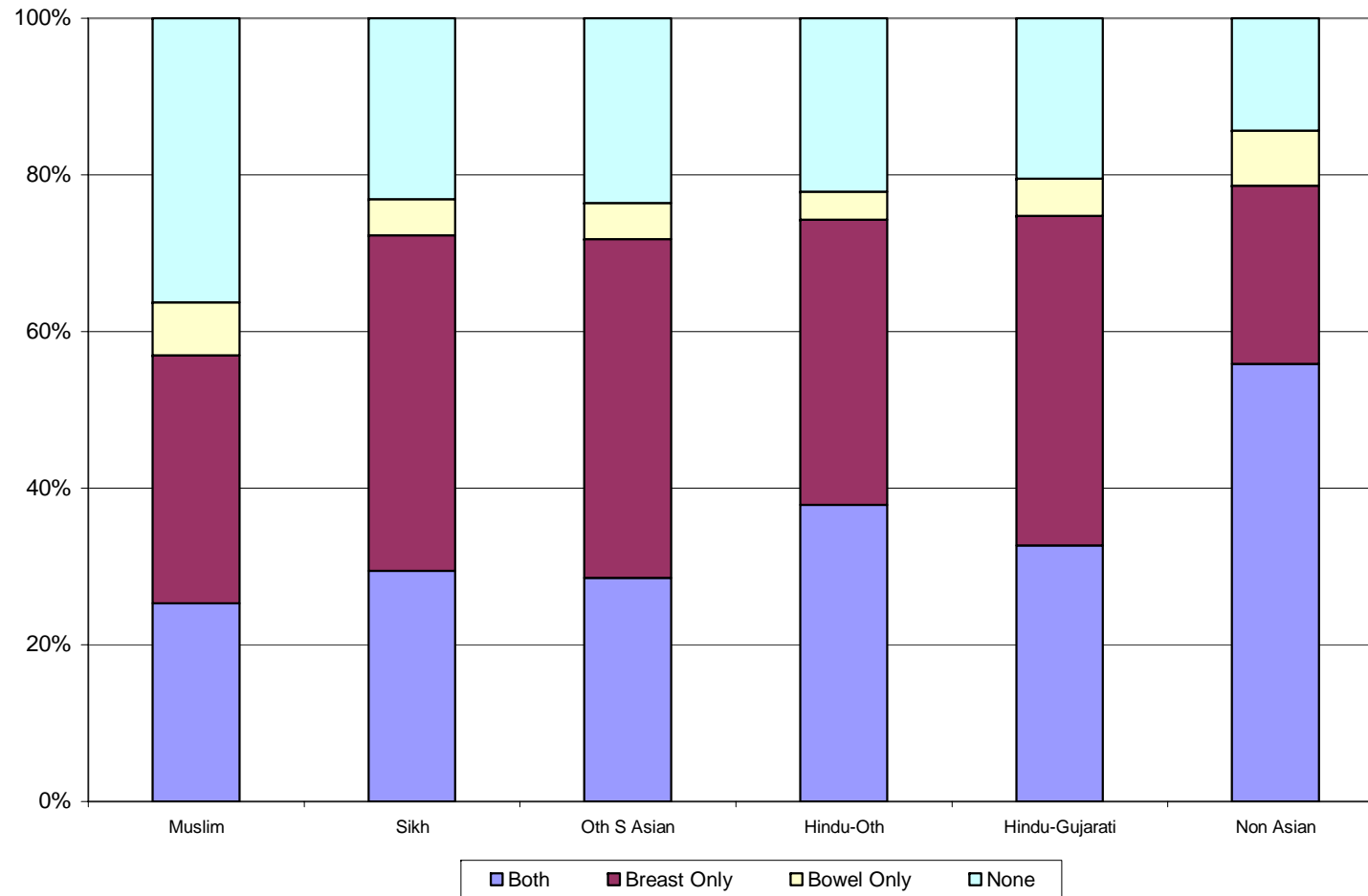




Ethnicity and uptake of screening tests

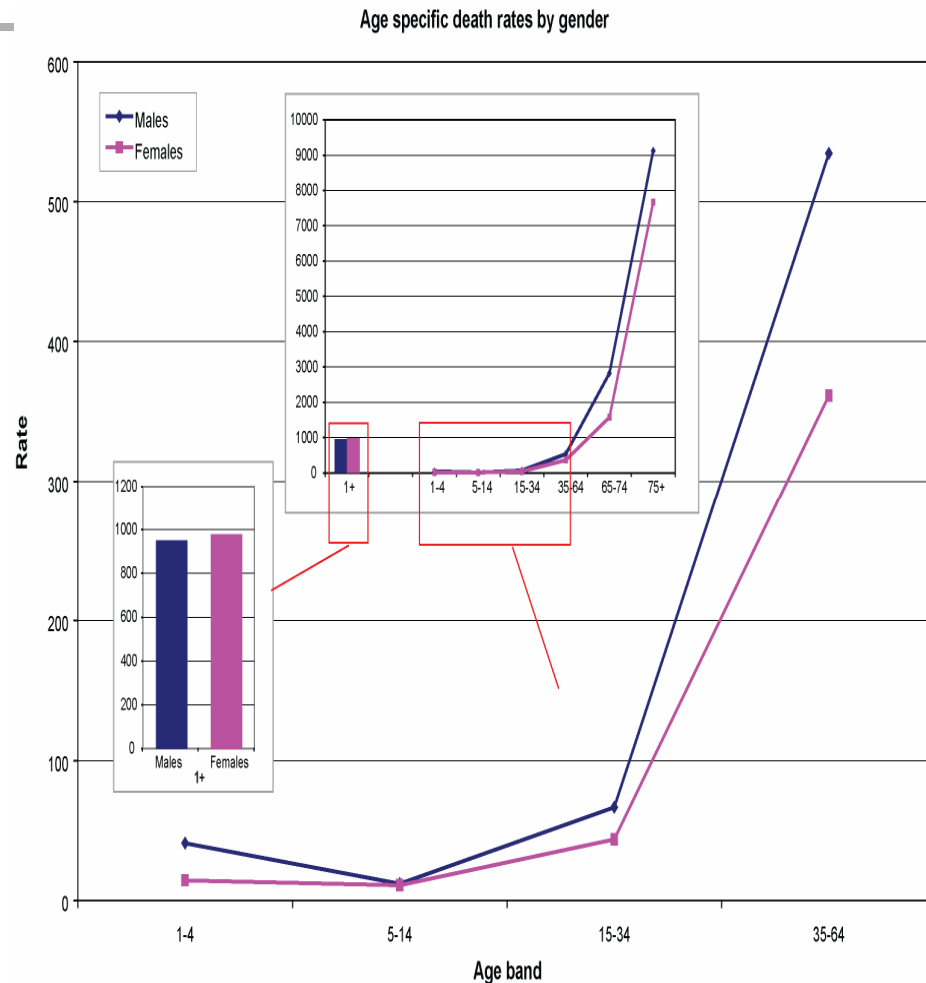
- No real relationship between ethnicity and cervical screening uptake
- A strong negative association with breast screening
- 40% of Muslim women did not participate in either breast or bowel screening programme (20% non Asian)
- Why?

South Asian Women 50+ Breast/Bowel Screening



Men's Health

- Men have poorer health outcomes and lower life expectancy than women
- At all ages, male death rates exceed female death rates



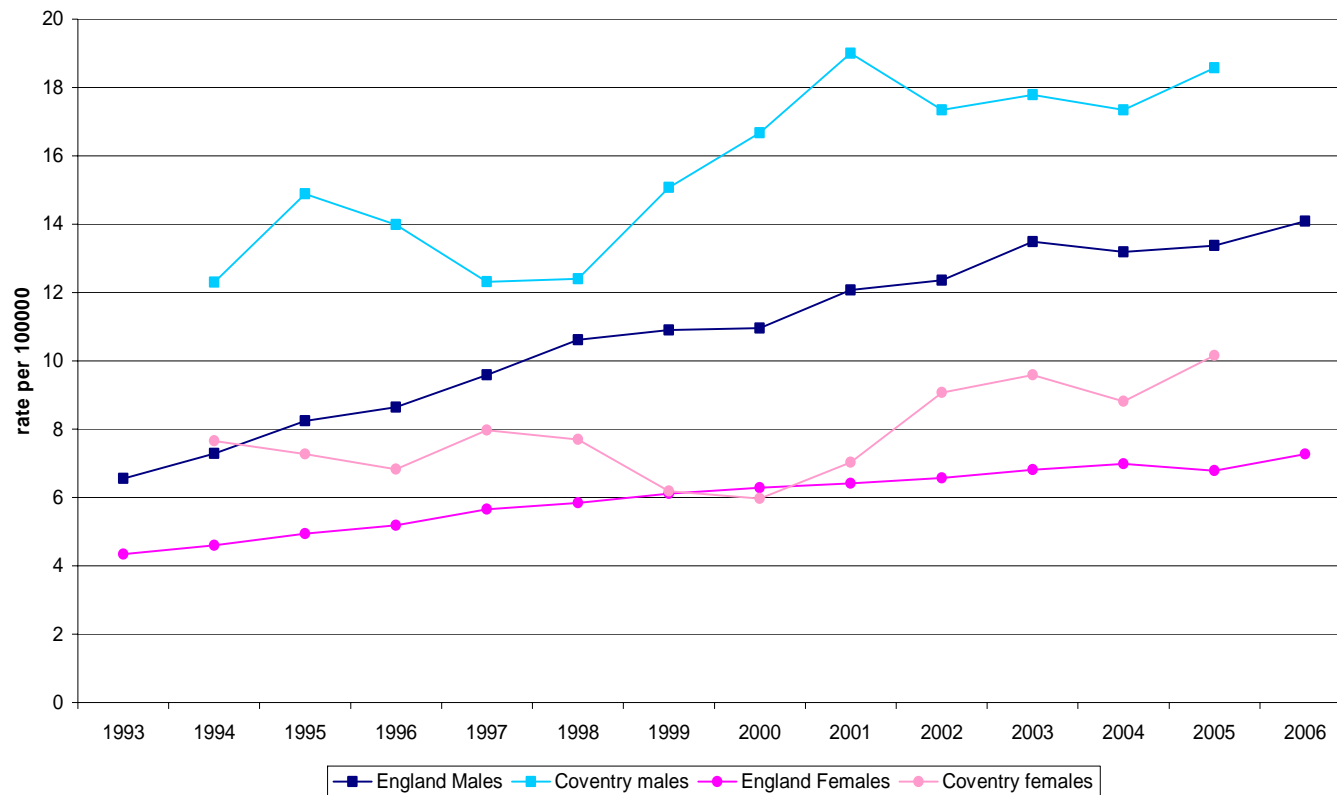


Particular causes of concern

- Acute myocardial infarction
- Respiratory health and COPD
- Chronic liver disease including cirrhosis
- Diabetes
- Infectious and parasitic disease
- Suicide.

Chronic liver disease

Mortality from Chronic liver disease (Coventry annual DRS presented as 3 year averages)



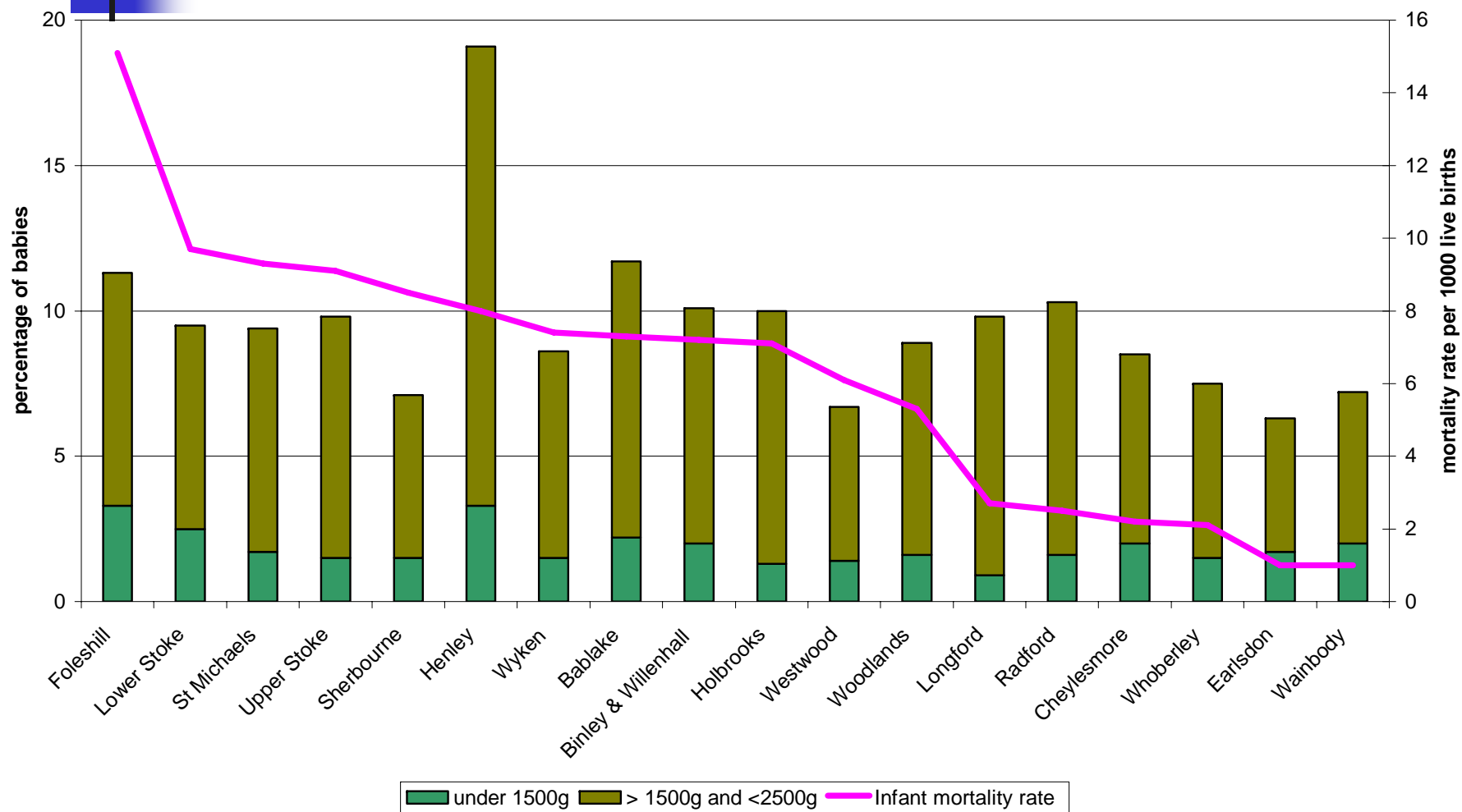


Other variations

- 15 fold variation in infant mortality between wards
- 3 fold variation in Circulatory/CHD between wards
- 2 fold variation in death rates from cancer.
 - Variation decreasing for all 3.
- Reducing inequalities in all cause mortality but
 - gap between the better off and the poorer in the city is increasing for average age of death
- About 15% of deaths, or 469 deaths in persons aged 0-74 years are unfairly distributed between wards.

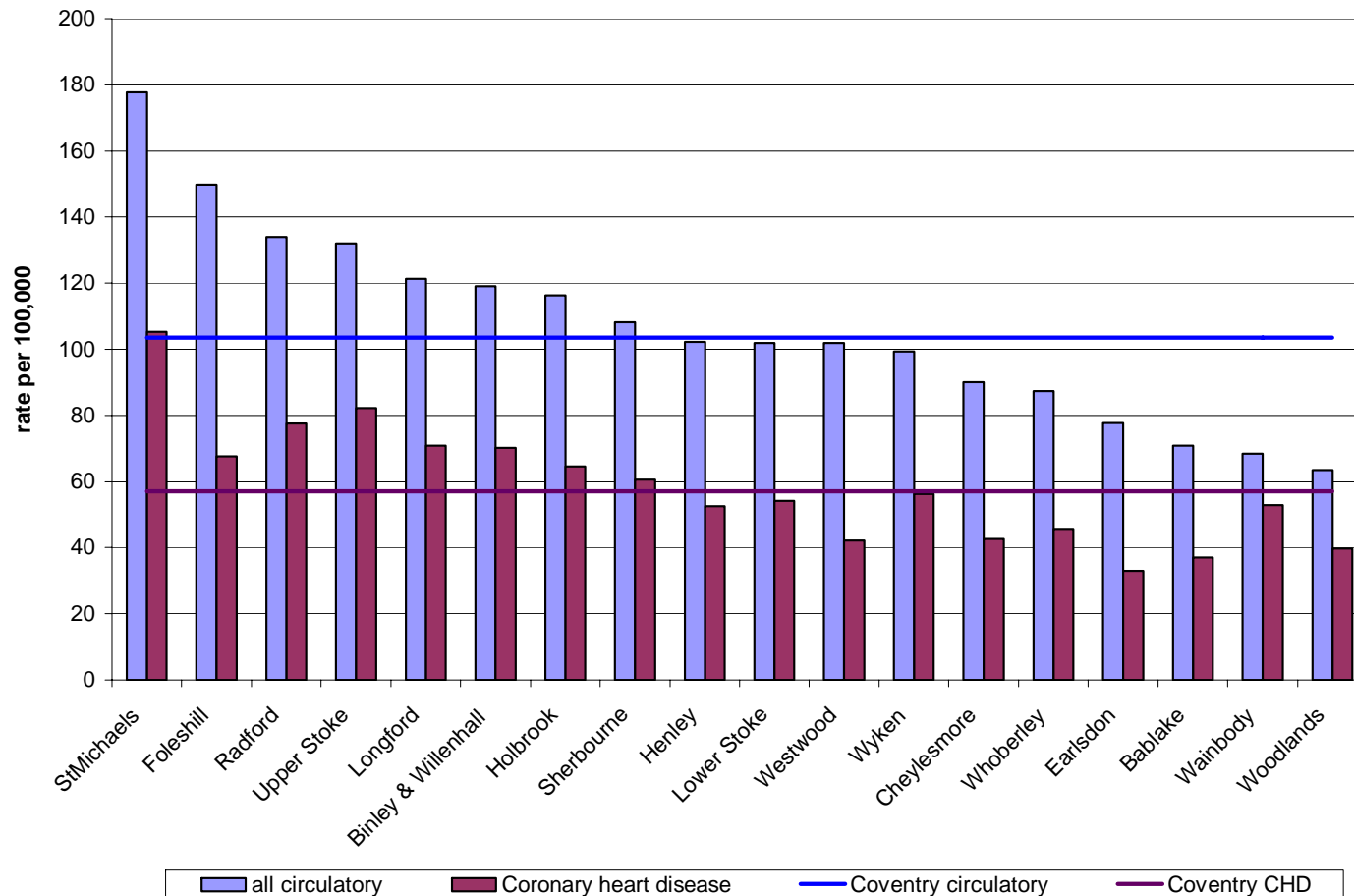
Infant mortality/low birth weight

Infant mortality and low birth weight 2001-5



Circulatory and CHD

Directly standardised rates of mortality from all circulatory disease and for coronary heart disease





Resources



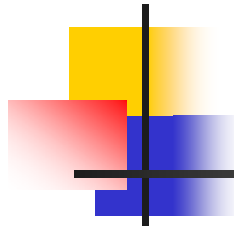
Health Poverty Index

- Draws together many indicators to show potential impact on health
- Good inputs
 - Educational Resourcing; Preventative Care Resourcing
 - Healthcare Resourcing; Social Care Resourcing
- Poor outputs
 - Health capital, Effective preventive healthcare
 - Access to Social Care, Access to Secondary Care
 - Work and local environments
- Do we target our efforts appropriately?

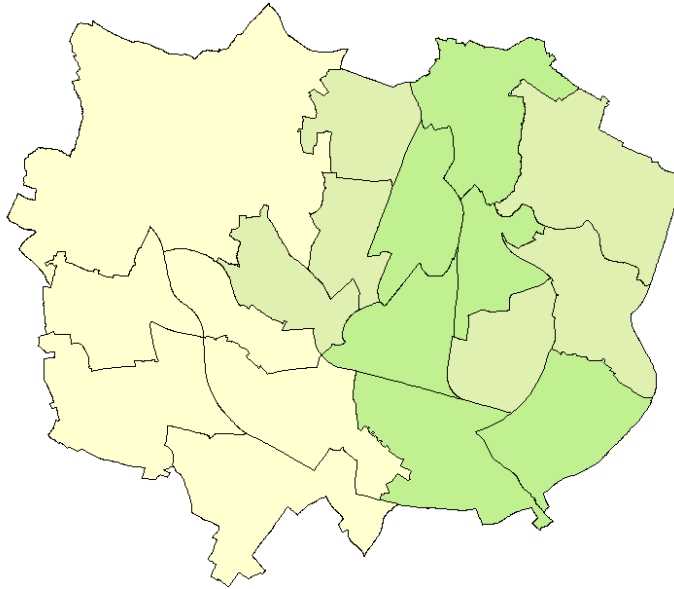


Wealth

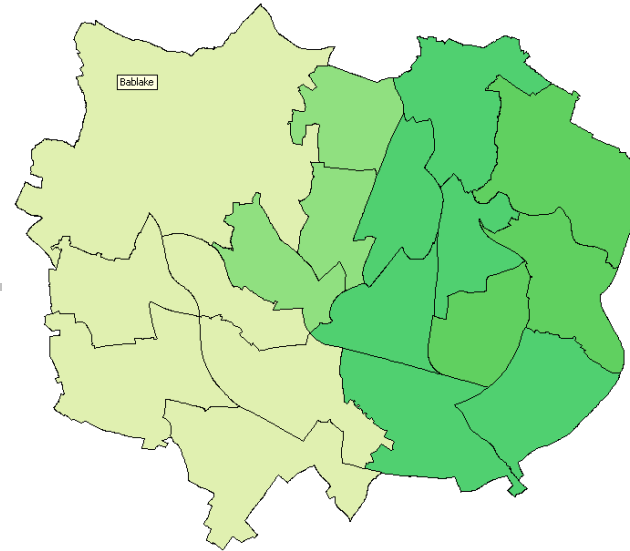
- Poverty is increasing
- The geography of poverty is very stable
 - nationally and locally
- We cannot determine individual outcomes



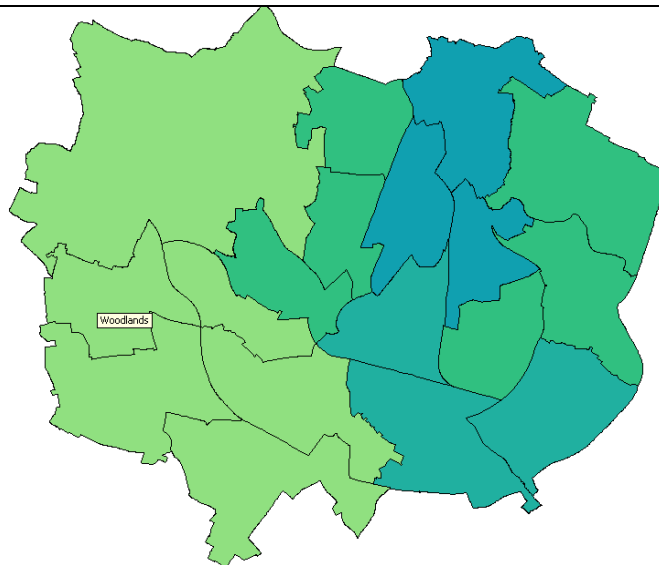
Breadline Poverty 1980












Breadline Poverty 1990



Breadline Poverty 2000



Percentage of Households in Poverty

-  12 to 14.9
-  15 to 17.9
-  18 to 20.9
-  21 to 23.9
-  24 to 26.9
-  27 to 29.9
-  30 to 32.9
-  33 to 35.9
-  36 to 38.9

Source: Joseph Rowntree Foundation, Ward Boundaries Digital Mapping Solutions from Dotted Eyes © Crown Copyright 2008. All rights reserved. Licence number 100019918



Deprived practices

- £11 increase in per capita funding
- practices are smaller (fewer wte GPs)
- fewer patients per GP (-6%)
- But larger practices are 1.9 times more likely to achieve above average QOF points than smaller practices
- Why?

Programme budgeting

Outcome	Spend		
	Low	Average	High
Poor	Infectious diseases Endocrine (Respiratory)	(infectious diseases) Genitourinary Respiratory Maternity (Neonatal)	(Genitourinary)
Average	Gastrointestinal Neonatal	Musculoskeletal Cancer Neurological Trauma	(Musculoskeletal)
Good	Healthy individuals (Cardiovascular)	Dental Cardiovascular	Mental health



Resources

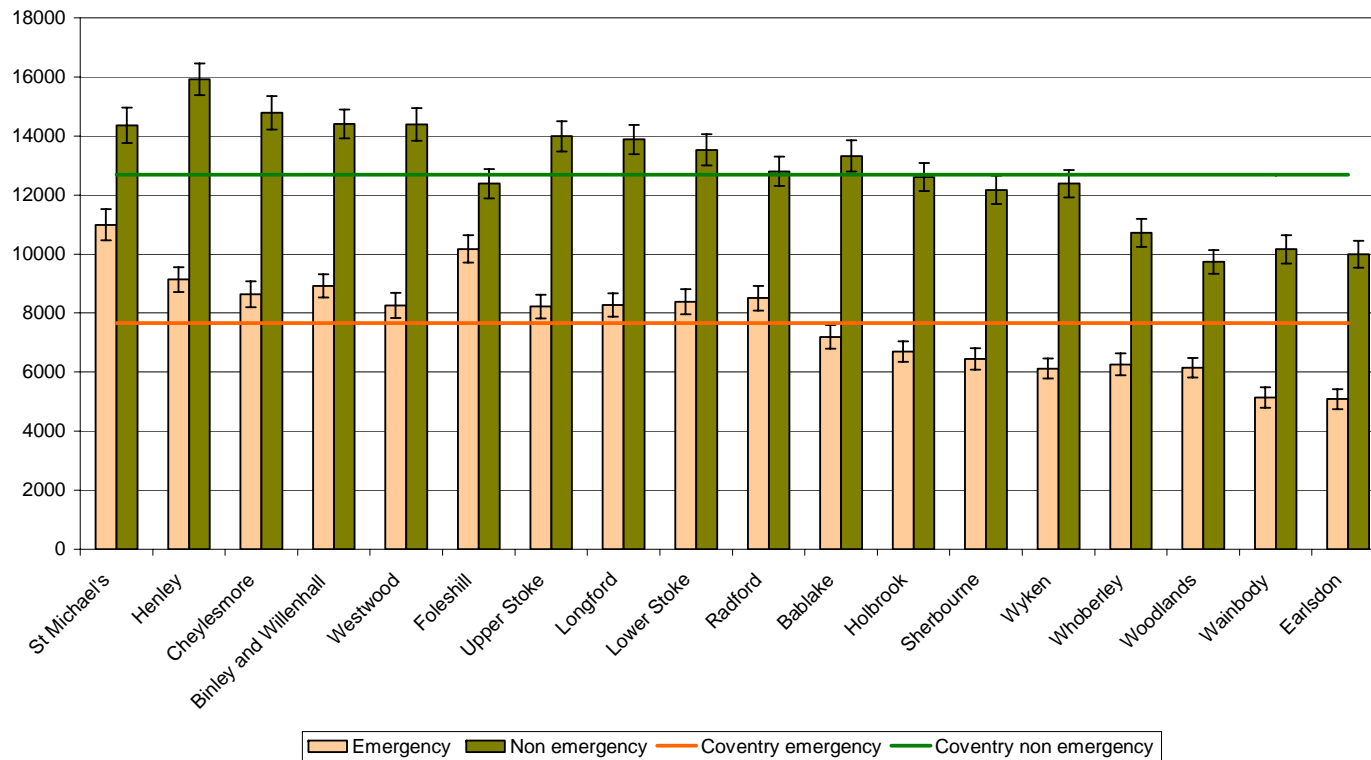
- Personal wealth polarising
 - Poor areas remain poor
- Statutory funding fair to good
 - But may not be well targeted
- NHS primary care funding reaching poorer areas
- Programme resources may not target diseases of greatest need



Access

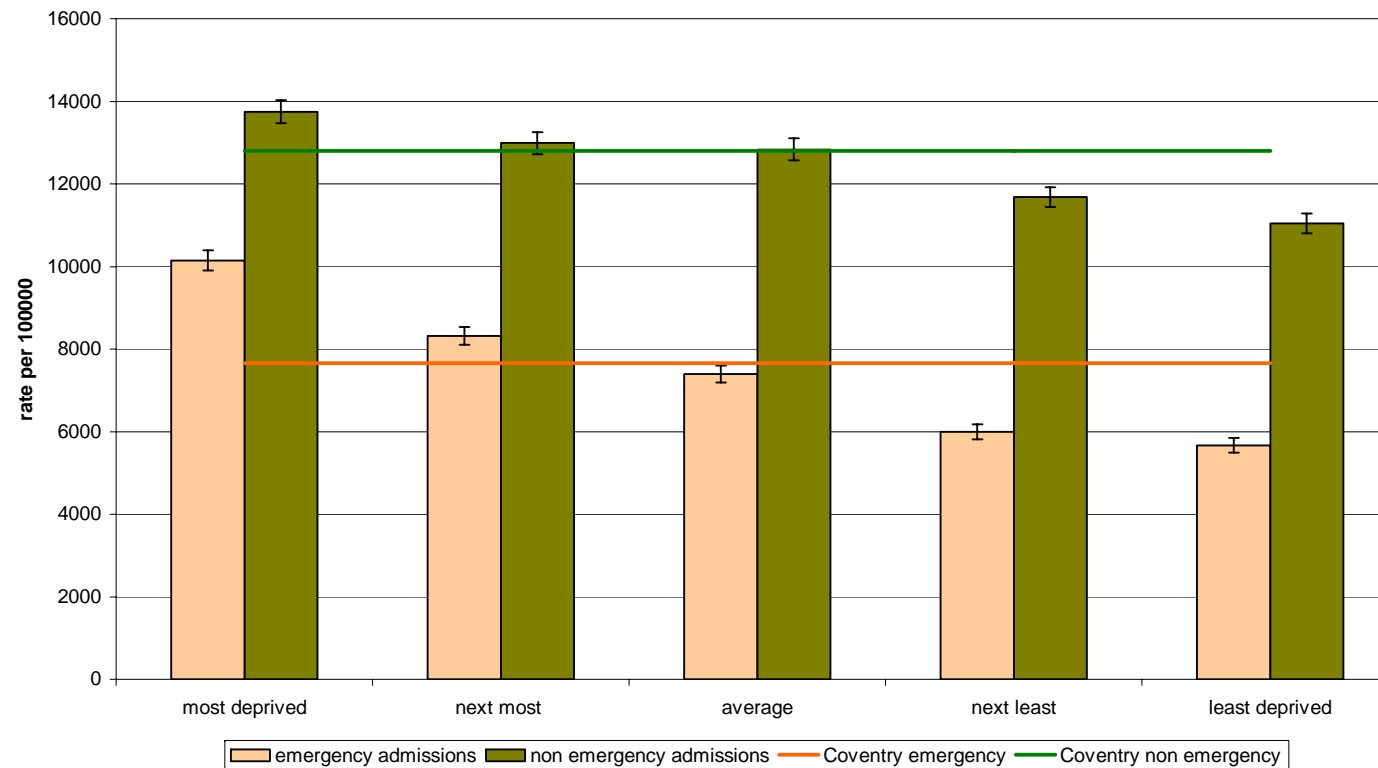
Emergency and non emergency admissions

Directly standardised rate for admissions in Coventry residents by ward, 2007/8



Emergency and non emergency admissions

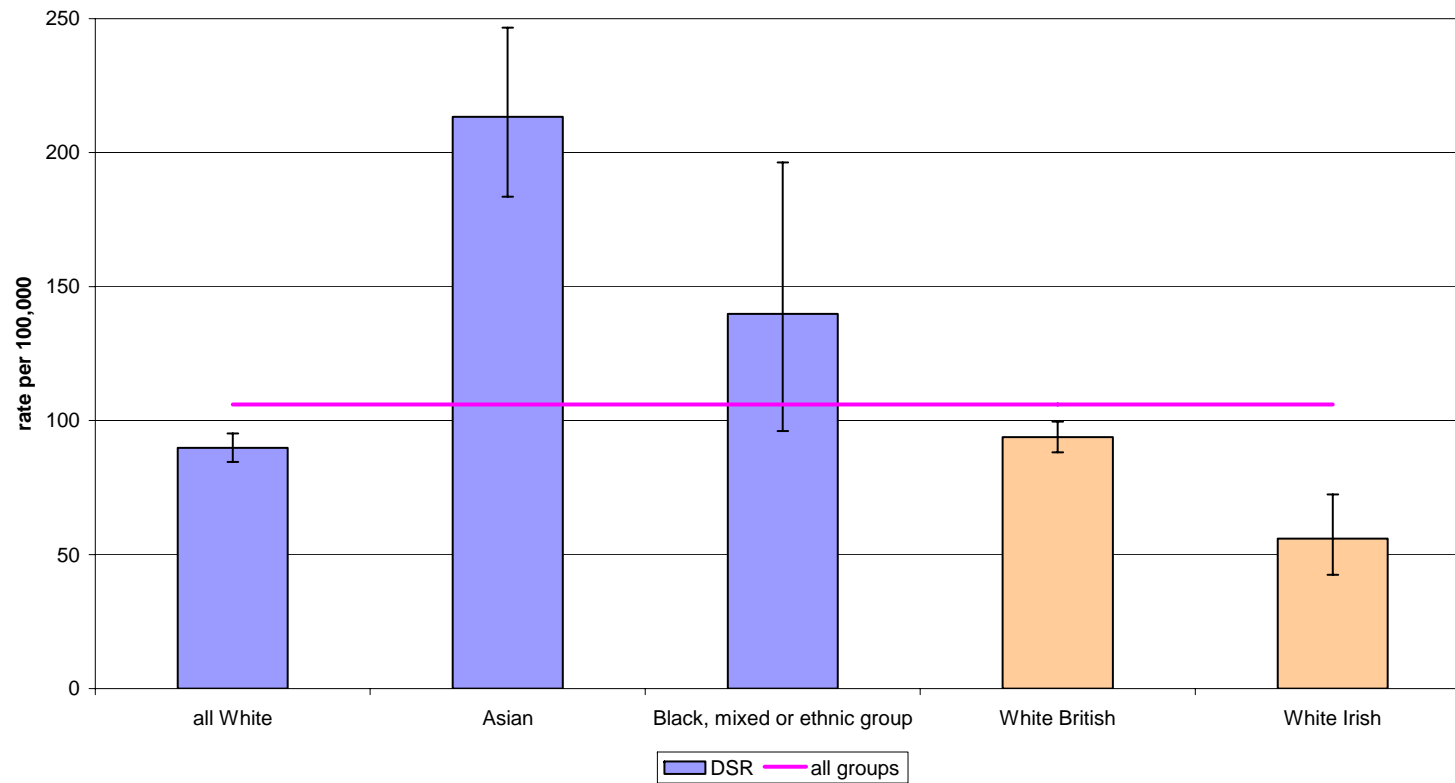
Directly standardised rates of admission for Coventry residents by deprivation quintile 2007/8





Knee replacement by ethnicity

directly standardised admission rate for primary knee replacements in all ages by ethnic group
2004/5- 2007/8





Access

- Higher rates of emergency and non-emergency admissions from poorer parts of the city
 - Variation reduced over the past few years.
- There is variation in access to elective care between subgroups of the population
 - Generally small
 - Operates in favour of no one group
 - Some findings probably related to poor quality data, and private health insurance

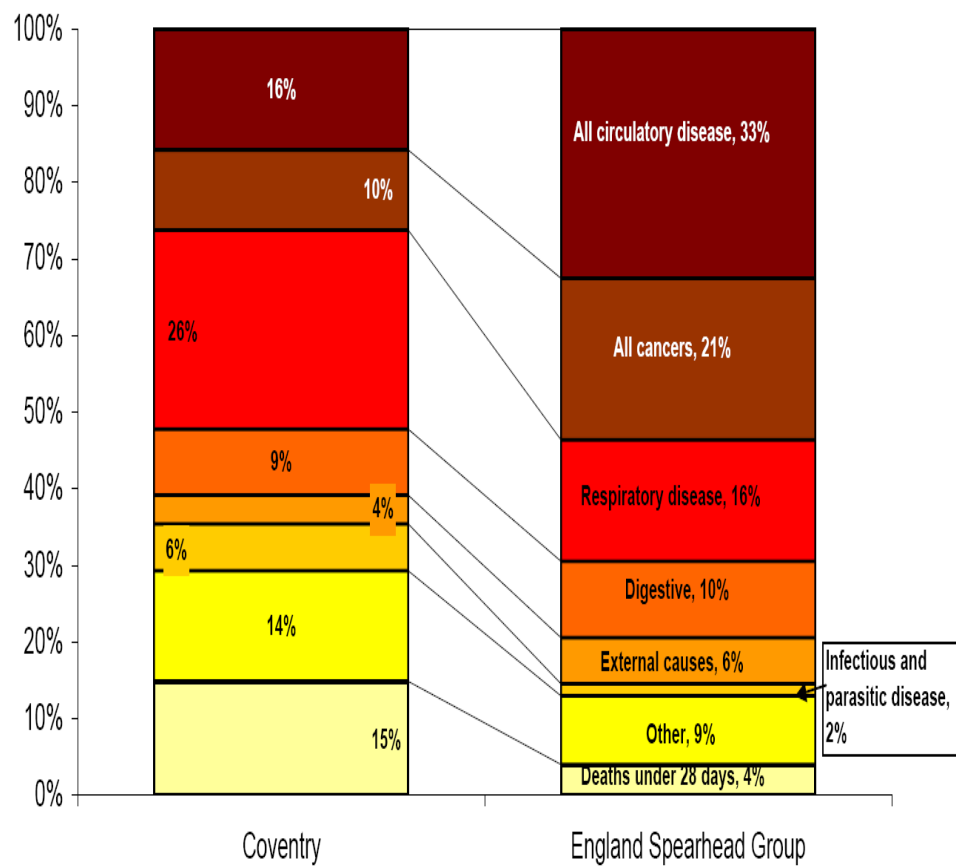


And so???

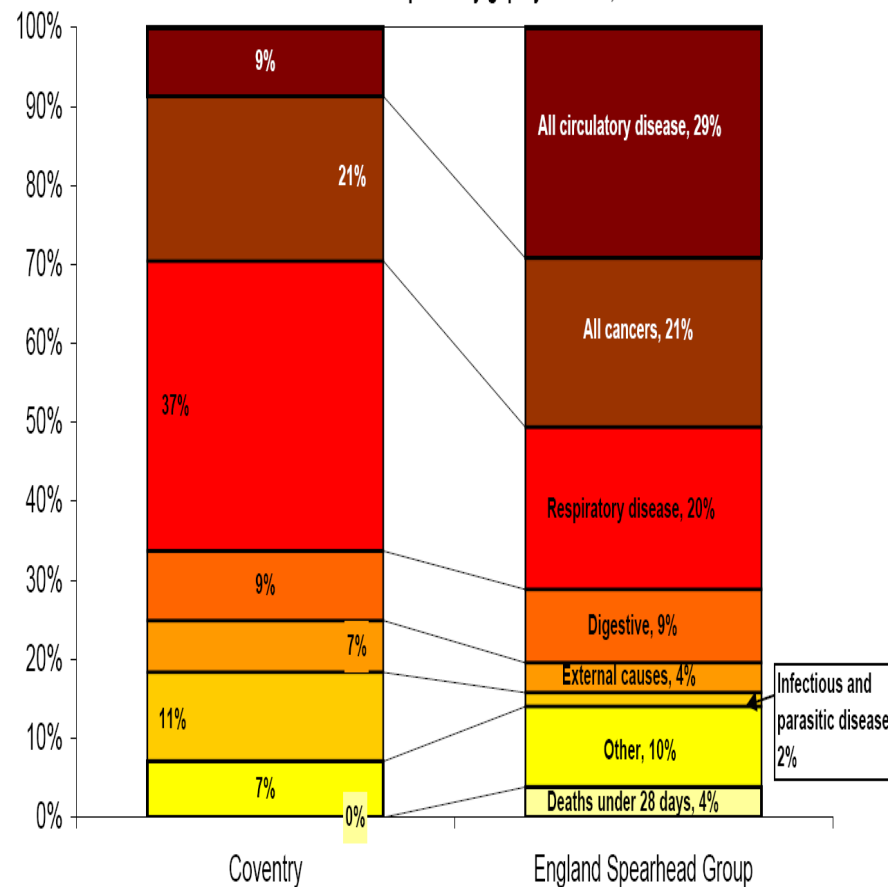
What can we do?

Inequalities

Breakdown of the life expectancy gap by disease, males



Breakdown of the life expectancy gap by disease, females





That is:

- For men

- respiratory disease
- Infectious diseases
- perinatal mortality.

- For women

- respiratory disease
- Infectious diseases



Years of life lost

	Expected YLL using national rate	Actual YLL 2002-6	5 years potential saving in life years	annual potential saving in life years	Potential number of people saved each year
Respiratory disease (COPD)	1362	2362	1000	200	26
Lung cancer	3791	4748	957	191	19
Coronary Heart Disease	7980	8746	766	153	15
Stroke	2514	3136	622	124	12
Chronic liver disease	2768	3958	1189	238	11
Suicide & undetermined	3164	3962	798	160	5
Breast cancer	2504	2751	247	49	3
Accidents	4165	4487	322	64	2
Infant mortality	8300	9462	1162	232	3



How do we do it?

- Improve care around respiratory disease, coronary heart disease and stroke, chronic liver disease, breast cancer
- Prevent suicide, accidents and infant deaths
- Use
 - Smoking cessation
 - Brief interventions for alcohol



Other recommendations

- Improve screening uptake among Asians
- Men friendly services
- Provide parenting services
- Develop an ID service
- Improve breast feeding (obesity and perinatal mortality)



Available at

- Variations in Health in Coventry
 - The Annual Report of the Directory of Public Health 2008/9
 - Coventry City – Atlas of variation in health and access to healthcare
- <http://www.coventrypct.nhs.uk/subpage.asp?pageID=137>