Public Health Intelligence Profile

Gender inequalities in health: Camden

May 2018

About this profile

Purpose

This public health intelligence profile describes the patterns in demographics, health risk factors and burden of ill health due to long term conditions for people registered with a GP in Camden, specifically looking at inequalities by gender.

This work will support and inform:
- London Borough of Camden Councillors and public health teams;
- Camden's Clinical Commissioning Group;
- Individual general practices in Camden.

This profile can be found on the Health pages of Camden Open Data site: https://opendata.camden.gov.uk

Contents

Further information and feedback

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We would also very much welcome your comments on these profiles and how they could better suit your requirements, so please do contact us with your ideas.

Background

- Recent analysis of inequalities in causes of death in Camden residents showed that there are clear differences across key causes of death by gender and between the most affluent and poorest areas of Camden.
- Full analysis of inequalities: 'Health inequality: closing the life expectancy gap over time ? December 2017' is available from https://opendata.camden.gov.uk
- This profile further explores health inequalities between men and women in Camden looking at the differences in demographics, life style risk factors and burden of ill health due to long term conditions.
- Segmenting the adult population of Camden (18+) into 4 key groups, helps us better understand the health needs of the population:

  1. ***Mostly healthy*** (non smokers, healthy weight, or without long term conditions) - About 82,000 adults
  2. ***Putting their health at risk*** (people who are overweight / obese, or with hypertension) - About 74,000 adults mostly those aged 35 and 64 years old
  3. ***One or two long term conditions*** (LTCs) - About 32,000 (17%) people with one or two LTCs excluding hypertension
  4. ***Three or more LTCs*** - About 3,500 (2%) people with three or more LTCs excluding hypertension

Camden population (18+)
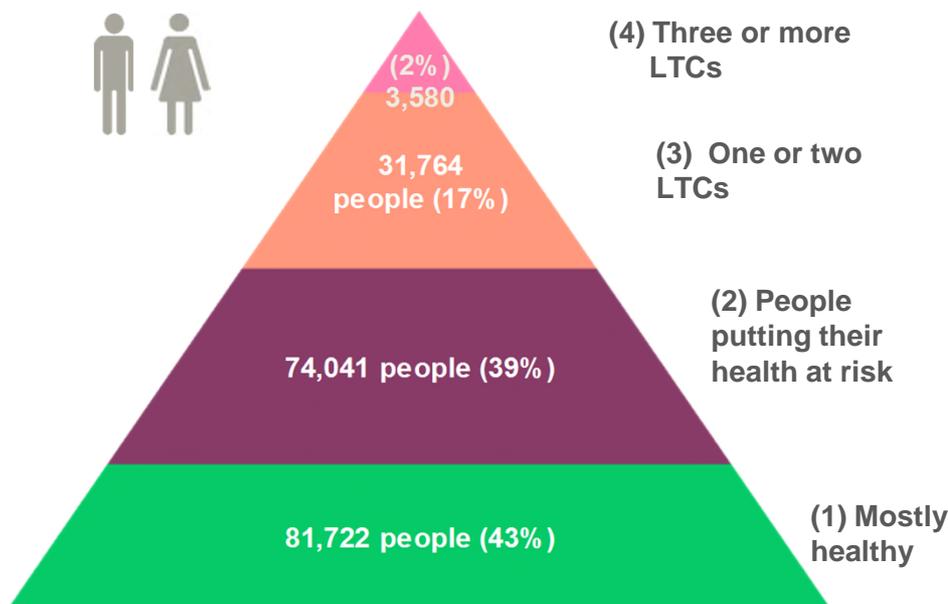
- This profile focuses on the 109,400 people with one or more LTCs or life style risk factors in Camden (groups 2,3 and 4), and provides a better understanding of the health needs of men and women, gaps in their care management, preventative interventions around key modifiable life risk factors, and LTCs.

Source: Camden PH GP linked dataset 2015

Key messages

Patterns of disease prevalence and identifying groups with higher need

▪ The prevalence of individual long term conditions varies by sex and ethnicity. Men from all ethnic groups and women from White or BME groups are at higher risk of being diagnosed with long term conditions. Camden should continue to address inequalities in health at a borough and CCG level, and should examine how their rates of diagnosed long term conditions vary by sex across different ethnic groups from the Camden average and continue current work on case finding.

Improving recording of ethnicity

▪ Generally, ethnicity recording level at the Camden GP practices is low. For example, about 14% (3,200) of people registered with a Camden GP who smoke do not have a recorded ethnicity. This varies by gender, with the highest non-recording ethnicity in men who smoke (16%) compared to the female counterpart (11%). Working to improve recording of ethnicity would allow more accurate risk stratification of the population, and could improve the identification of high risk patients across ethnic groups.

Improving documentation of care plan and review

▪ There is variation of a documented care review across different ethnic groups. This may highlight under- or over- use of some interventions and services, or it may identify the use of lower value or less effective activities across groups with higher needs.

Differences in life style risk factors and long term conditions by gender

▪ Overall, men in Camden are more likely to be diagnosed with a long term condition or a heath risk factor when compared to women.

▪ However, women have a higher prevalence of depression or chronic kidney disease or obesity when compared to men.

Table 1: Crude prevalence by type of LTC or life style risk factor, Men and Women, Camden, 2015

Life risk factor / Condition	Are men more likely to be diagnosed with the following conditions compared to women ?
Smoking	Yes
Overweight	Yes
Obesity	No
Hypertension	Yes
Depression	No
Diabetes	Yes
Chronic kidney disease	No
Coronary heart disease	Yes
COPD	Yes
Chronic liver disease	Yes
Serious mental illness	Yes

Yes = Significantly higher than women

No = Not significantly different or significantly lower than women

Source: Camden PH GP linked dataset 2015

Key messages

Table 2: Crude prevalence by type of LTC or life style risk factor, Men and Women, Camden, 2015

Life risk factor / Condition	After adjusted for age, which groups have a higher prevalence than the Camden average?													
	Women							Men						
	White	Asian	Black	Mixed	Other	Unknown	All	White	Asian	Black	Mixed	Other	Unknown	All
Smoking	No	No	No	No	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Overweight	No	No	Yes	No	No	No	No	Yes	Yes	Yes	Yes	Yes	No	Yes
Obesity	No	No	Yes	Yes	Yes	No	Yes	No	No	Yes	No	No	No	No
Hypertension	No	Yes	Yes	No	No	No	No	No	Yes	Yes	Yes	No	No	Yes
Depression	Yes	No	No	Yes	No	No	Yes	No	No	No	No	No	No	No
Diabetes	No	Yes	Yes	No	No	No	No	No	Yes	Yes	Yes	No	No	Yes
Chronic kidney disease	No	Yes	Yes	No	No	No	No	No	Yes	Yes	No	No	No	No
Coronary heart disease	No	No	No	No	No	No	No	Yes	Yes	No	Yes	Yes	No	Yes
COPD	No	No	No	No	No	No	No	Yes	Yes	No	No	No	No	Yes
Chronic liver disease	No	No	No	No	No	No	No	Yes	No	Yes	No	No	No	Yes
Serious mental illness	No	No	Yes	Yes	No	No	No	No	No	Yes	Yes	No	No	Yes

Yes = significantly higher than Camden   **No** = not significantly different or lower than Camden

- In Camden, men are generally more likely to be diagnosed with at least one or more long term conditions or recorded with at least one health risk factor when compared to women.
- After adjusting for age, however, women are at higher risk of being diagnosed with depression or being recorded as obese when compared to Camden.
- There are differences in prevalence by sex and ethnicity after adjusting for age:
  - Men from all ethnic groups are generally more likely to be diagnosed with a long term condition (excl. depression) or with a health risk factor compared to Camden.
  - Women mainly from BME groups are also more likely to be diagnosed with a long term condition or a health risk factor excluding smoking, COPD, chronic liver disease and chronic heart disease / myocardial infarction (CHD/MI).
  - Women from White and Mixed ethnic background are generally at a higher risk of depression compared to Camden.

How to use these analyses

It is important to bear in mind the following when looking at this profile (or any other public health intelligence products):

– It is the <u>variation</u> that is important

In this profile, it is the variation between specific groups that should be the main point of reflection rather than average achievement. It is the *unexplained variation* (defined as: *variation in the utilisation of health care services that cannot be explained by differences in patient populations or patient preferences*) as this can highlight areas for potential improvements. For example, it may highlight under- or over- use of some interventions and services, or it may identify the use of lower value or less effective activities.

The data alone cannot tell us whether or not there are good and valid reasons for the variation. It only highlights areas for further investigation and reflection. A perfectly valid outcome of investigations is that the variation is as expected. However, to improve the quality of care and population health outcomes in Camden, a better understanding of reasons behind the variation with clear identification of areas for improvement is needed.

– Reaching 100% achievement

The graphs may show 100% on their y-axis (vertical) but there is no expectation that 100% will be (ever be) achieved for the vast majority of indicators (eg. referrals). There will always be patients for whom the intervention is unsuitable and/or who do not wish to have the intervention. Again, it is about the variation between different localities and GP practices, not an expectation of 100% achievement.

– Populations not individuals

Epidemiology is about the health of the population, not the individual. In this profile this is all of Camden's registered population. It includes everyone registered on GP lists at the end of June 2015, whether they attend the practice regularly or not, or never at all.

– Beware of small numbers

Some of the graphs have small numbers in them. In these cases, the wide 95% confidence intervals will signify the uncertainty around the percentages, but be careful when interpreting them.

– Problems with coding and/or data extraction

There were no some specific problems with data extractions. For comments and feedback, you can contact us at: PHASS@Islington.gov.uk

Understanding the data

Camden GP PH Dataset

- The epidemiological analysis in this profile has been undertaken using an anonymised patient-level dataset from GP practices in Camden, in agreement with local GPs and with governance from our multi disciplinary Health Intelligence Advisory Group.

- The dataset includes key information on demographics, behavioural and clinical risk factors, key long term conditions, details on the control and management of conditions, key medications, and interventions.

- This unique resource means that it is possible to undertake in depth epidemiological analysis of primary care data for public health purposes, strengthening evidence based decision making within the borough at all levels.

Case definitions for LTCs

- There is no standard definition for "long term conditions"; this report included conditions that have been identified as major causes of early death and key causes of ill-health.
- The following conditions are analysed in this profile, for Camden's registered population:

Long term conditions	
Hypertension	Coronary heart disease / myocardial infarction (CHD / MI)
Depression	Chronic obstructive pulmonary disease (COPD)
Diabetes	Chronic liver disease (CLD)
Chronic kidney disease (CKD)	Serious mental illness (SMI)

- The definition for most long term conditions matched those published for the QOF. These are published on: www.pcc-cic.org.uk. The only exceptions was for chronic liver disease and serious mental illness. Clinical advice was sought in determining case definitions for these conditions:

  - **Chronic liver disease**: advice was sought from clinical leads before determining which Read Codes to include in analysis. These were: J6, J61, J62y, J62z, J6353, J6355, J6356, J63B.
  - **Depression**: a new register definition, introduced in April 2012, to only include patients with a record of unresolved depression since April 2006, resulted in potentially fewer patients on practice depression registers than previous years. Further information on the change of the register definition of depression can be found on the QOF Business Rules at: http://www.pcc-cic.org.uk/article/qof-business-rules-v230

Understanding the data

95% confidence intervals (95% CI)

- Percentages and standardised ratios are reported with 95% confidence intervals. These quantify imprecision in the estimate.
- The imprecision is influenced by the random occurrences that are inherent in life.
- By comparing the 95% CIs around estimates or a target, we can say whether statistically, there are differences or not in the estimates we are observing, identifying which areas to focus on.

Indirectly standardised prevalence ratios (IDSR)

Why is it used?

- These ratios are the number of people diagnosed with each condition, relative to the number of events expected if the practice had the same disease profile and age structure as the Camden average.
- By using the standardised ratios, any differences in disease prevalence because of differences in age structures are taken into account. This allows for direct comparisons to be made (robustly) between practices with different population age structures.

Interpreting the values

- The Camden average is always 100. If the IDSR is over 100, it means a higher than expected prevalence of the condition compared to Camden (and this was not due to the ethnic groups having an older population, for example). If the IDSR is less than 100, it means a lower than expected prevalence.
- The size of the IDSR tells how different each ethnic group is from Camden. For example, an IDSR of 150 for a specific ethnic group (for example White ethnic group) shows that prevalence is 50% higher than the Camden average. Conversely, an IDSR of 60 indicates that the prevalence of a specific ethnic group was 40% lower than the Camden average.

Indirectly age-standardised ratio of prevalence of obesity, by sex and ethnicity, Camden's registered population, 2015

95% confidence interval showing certainty around the estimate. As it does not cross the 100 line, this ethnic group has a significantly higher prevalence.

Average ratio in the reference population (always 100)

The bar shows the ratio of observed to expected cases

Legend:
- Higher than Camden average
- No different to Camden average
- Lower than Camden average
- Camden average
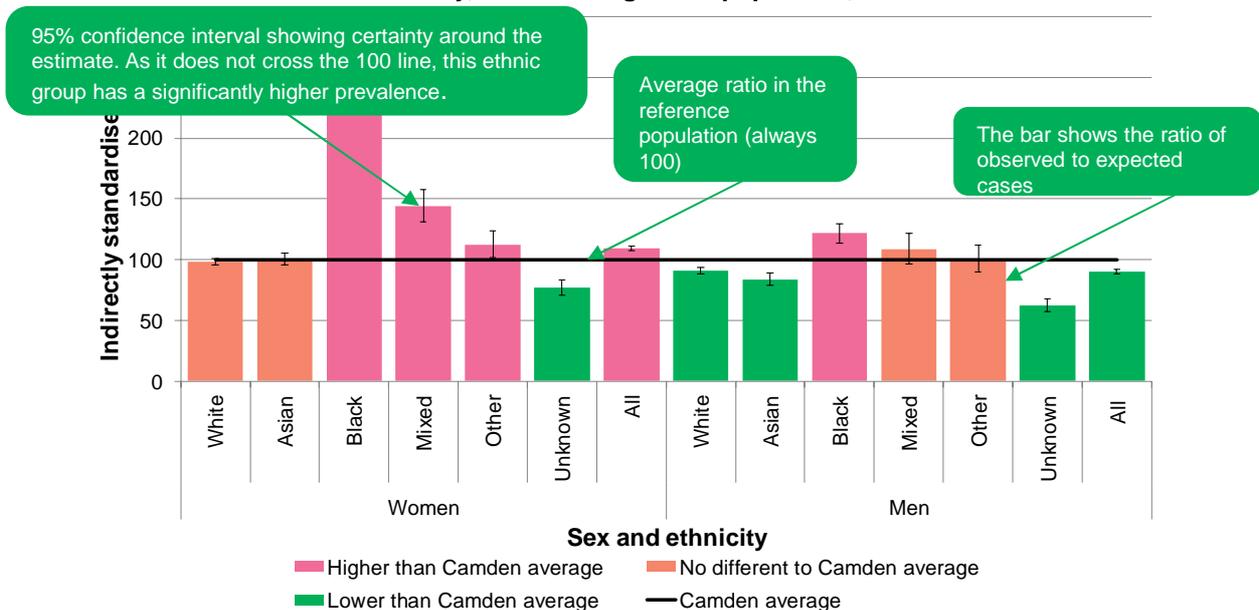
Source: Camden's PH Linked Dataset, 2015

Life style risk factors

This section describes the differences by demographic characteristics of people with life style risk factors in terms of smoking, obesity/overweight and hypertension.

This analysis provides a better understanding of the health needs of men and women at borough level, the gaps in their care management, and preventative interventions of the modifiable life risk factors.
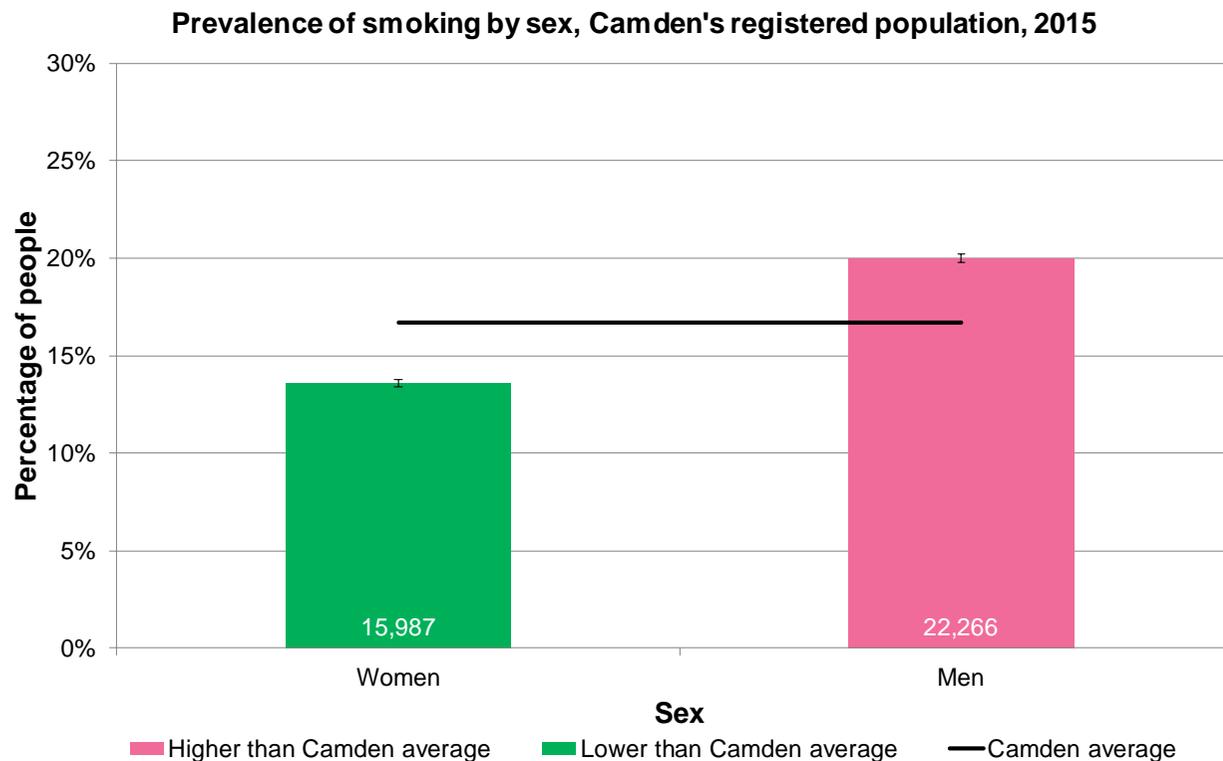
SMOKING

Demographic analysis

This section describes the differences by demographic characteristics of people who smoke, in terms of sex and ethnicity.

Differences by sex: smokers

Prevalence of smoking by sex, Camden's registered population, 2015

- Overall, 17% of people in Camden are recorded as a current smoker (38,300).

- Men are significantly more likely to smoke (20%, 22,300) than women (14%, 16,000).

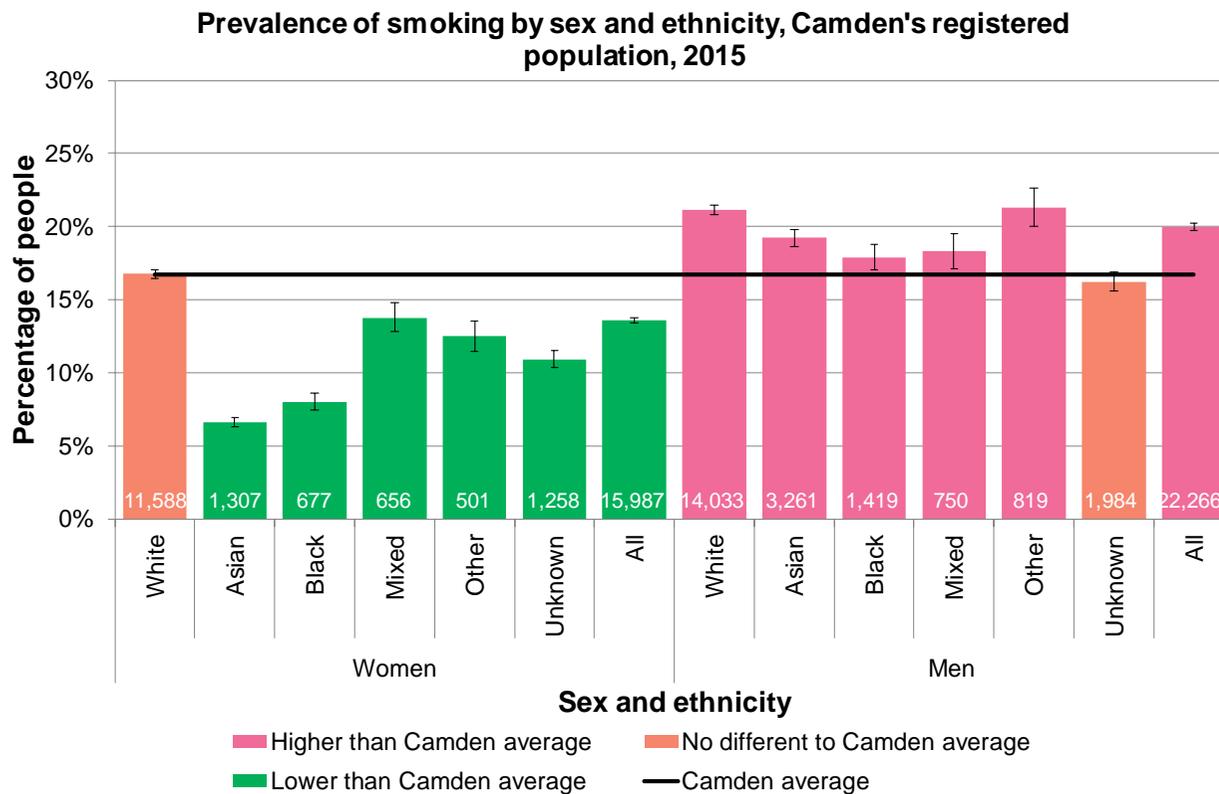**Source**: Camden's PH Linked Dataset, 2015
Note: Passive smoking is included

Differences by ethnicity: smokers

Prevalence of smoking by ethnicity, Camden's registered population, 2015
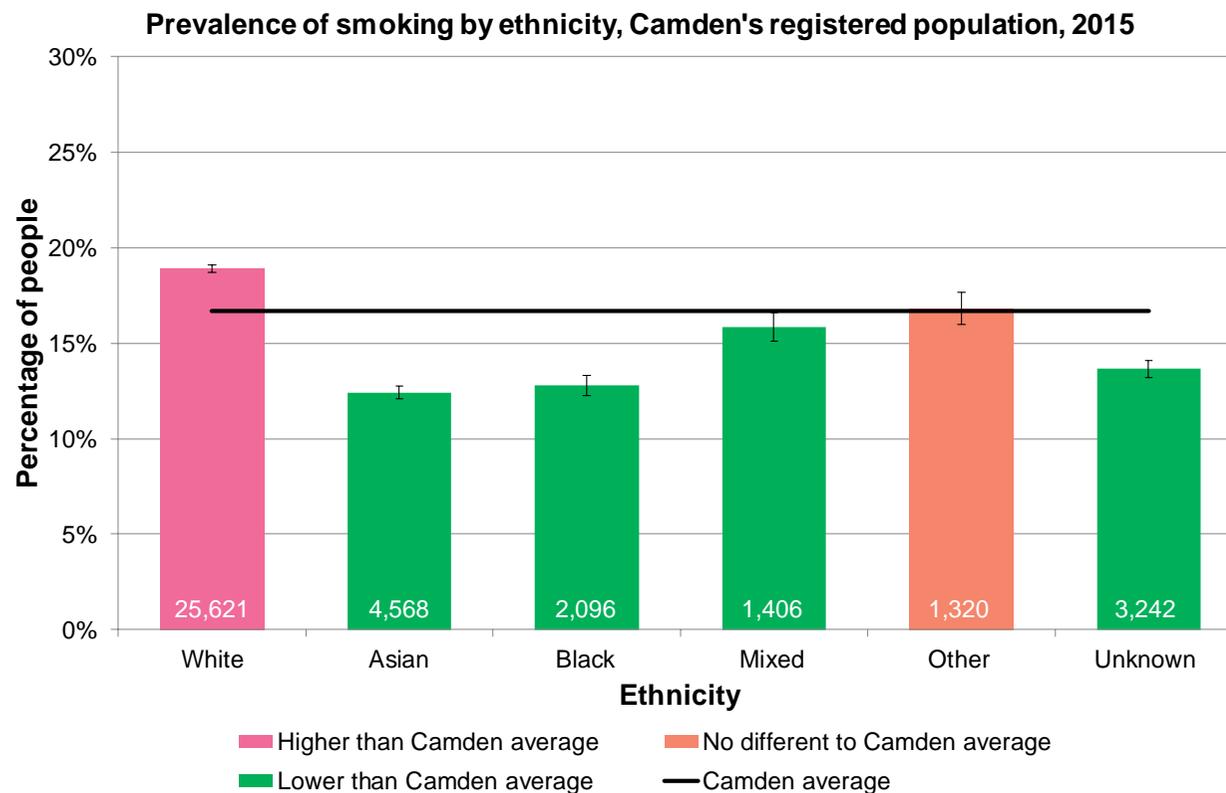
- People from White ethnic groups are more likely to smoke (19%) compared to the general population and other ethnic groups.

Legend:
- Higher than Camden average
- No different to Camden average
- Lower than Camden average
- Camden average

Note: Passive smoking is included; **Source**: Camden's PH Linked Dataset, 2015

Differences by sex and ethnicity: smokers

Prevalence of smoking by sex and ethnicity, Camden's registered population, 2015

Women values: White 11,588; Asian 1,307; Black 677; Mixed 656; Other 501; Unknown 1,258; All 15,987

Men values: White 14,033; Asian 3,261; Black 1,419; Mixed 750; Other 819; Unknown 1,984; All 22,266

Legend:
- Higher than Camden average (pink)
- No different to Camden average (orange)
- Lower than Camden average (green)
- Camden average (black line)

Note: Passive smoking is included; **Source**: Camden's PH Linked Dataset, 2015

- Smoking prevalence varies less by ethnic group among men compared to women.

- Men with a known ethnicity have significantly higher prevalence of smoking (between 18% and 21%) compared to the Camden average (17%).

- There were about 1,900 male smokers without a recorded ethnicity which account for 9 per cent of all men in Camden.

- The highest smoking prevalence gap is shown in women; White women are almost three times more likely to smoke than Asian women (17% vs 7%).

Differences by sex and ethnicity: smokers standardisation

Indirectly age-standardised ratio of smoking prevalence by sex and ethnicity, Camden's registered population, 2015
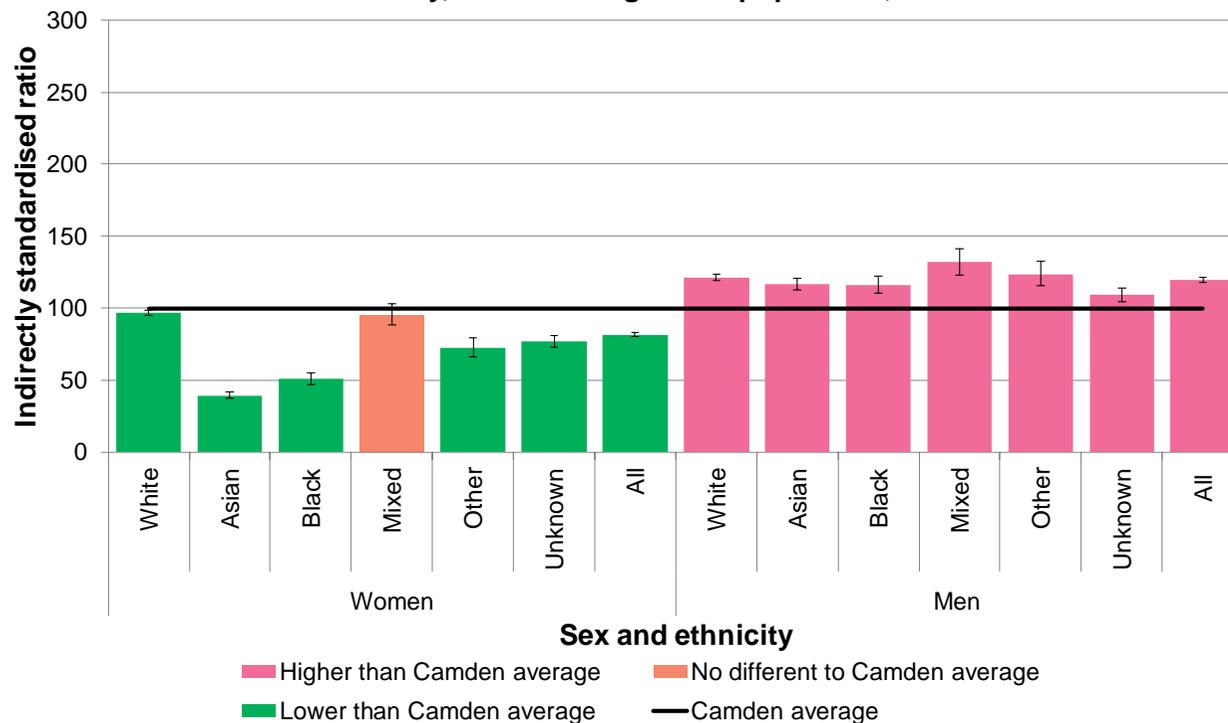

- Adjusted for the age structure of the population, the results remain fairly similar to the crude prevalence of smoking. However, White women, who account for a large number of female smokers in Camden, have a lower than expected prevalence compared to the Camden average. This means that the crude rate for White female smokers is influenced by age.

Note: Passive smoking is included; **Source**: Camden's PH Linked Dataset, 2015

Care management and referrals

This section looks at smoking-related referrals to smoking cessation / advice by sex and ethnicity.

Differences by sex: smoking and referrals
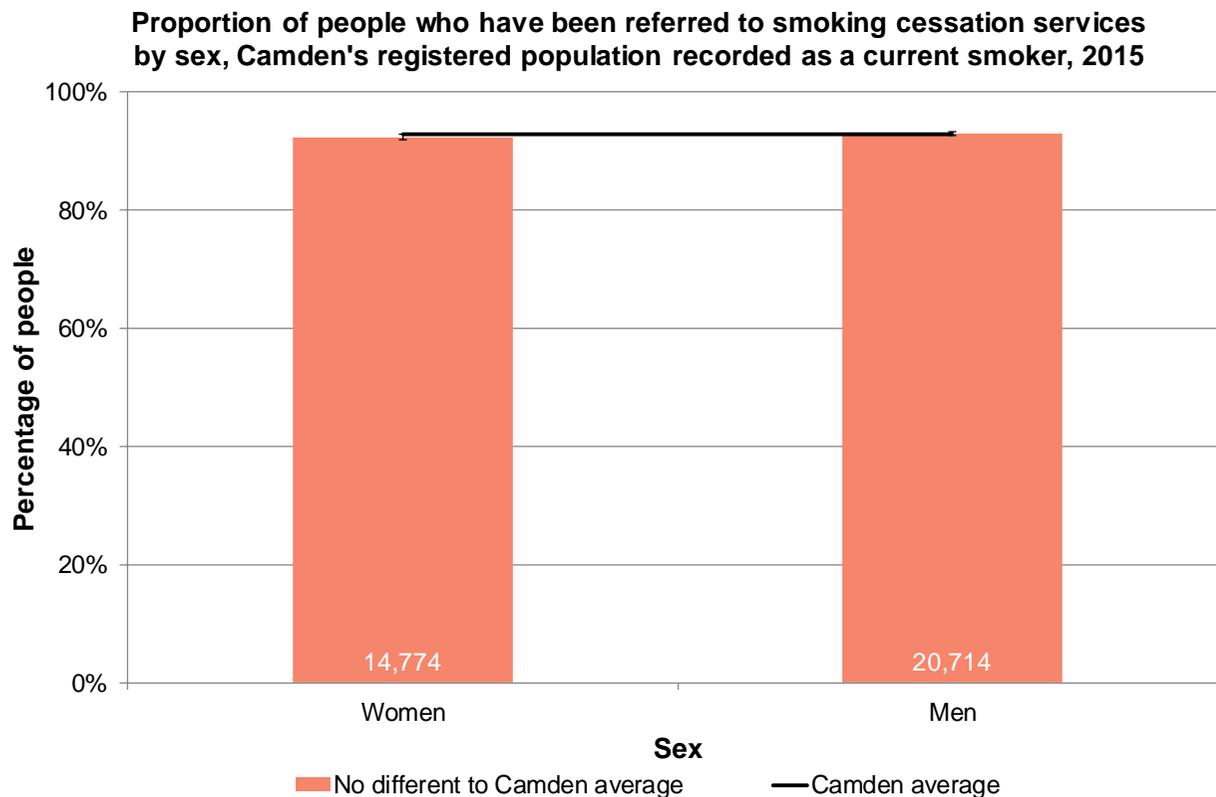
Proportion of people who have been referred to smoking cessation services by sex, Camden's registered population recorded as a current smoker, 2015


- 35,500 (93%) out of 38,300 smokers had been referred to smoking cessation services in Camden in 2015.

- There is no significant difference between male and female smokers being referred to smoking cessation services (92% vs 93%).

Note: Passive smoking is included; **Source**: Camden's PH Linked Dataset, 2015

Differences by ethnicity: smoking and referrals

Proportion of people who have been referred to smoking cessation services by ethnicity, Camden's registered population recorded as a current smoker, 2015

Legend:
- Higher than Camden average (green)
- No different to Camden average (orange)
- Lower than Camden average (pink)
- Camden average (black line)

Note: Passive smoking is included; **Source**: Camden's PH Linked Dataset, 2015
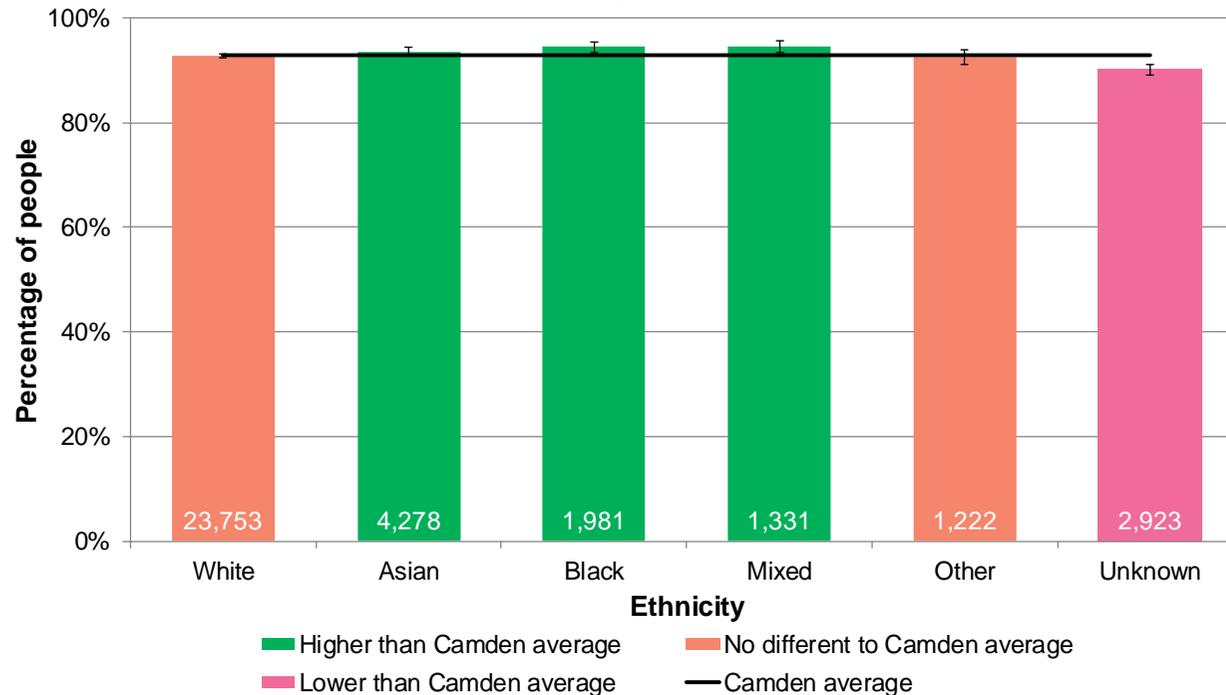
- The proportion of smokers referred to smoking cessation services was relatively similar between ethnic groups.

- The lower proportion of smokers without a recorded ethnicity referred to smoking cessation suggests a potential under recording of smokers.

Differences by sex and ethnicity: smoking and referrals

Proportion of people who have been referred to smoking cessation services by sex and ethnicity, Camden's registered population recorded as a current smoker, 2015
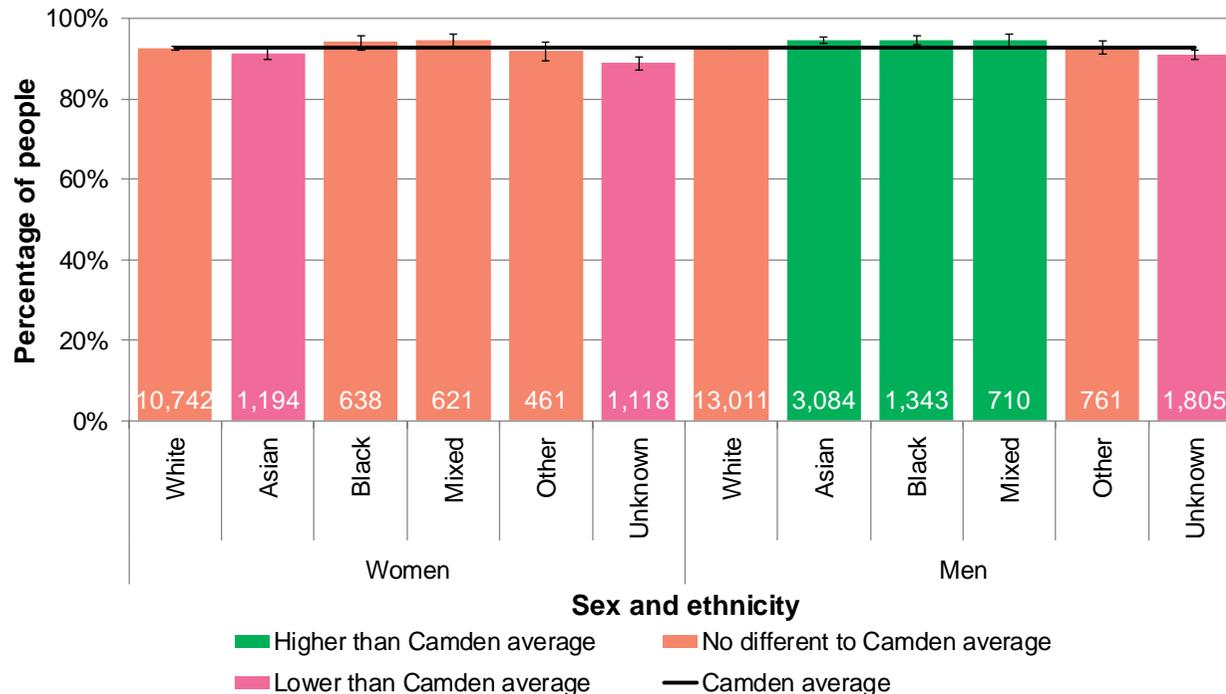
- Asian women who smoke were less likely to be referred to smoking cessation services than their male counterpart (91% vs 95%).

Note: Passive smoking is included; **Source**: Camden's PH Linked Dataset, 2015

OVERWEIGHT AND OBESITY

Demographic analysis

This section describes the differences by demographic characteristics of people who are obese or overweight, in terms of sex and ethnicity.

Differences by sex: overweight and obesity

Percentage of people who are overweight or obese by sex, Camden's registered population, 2015
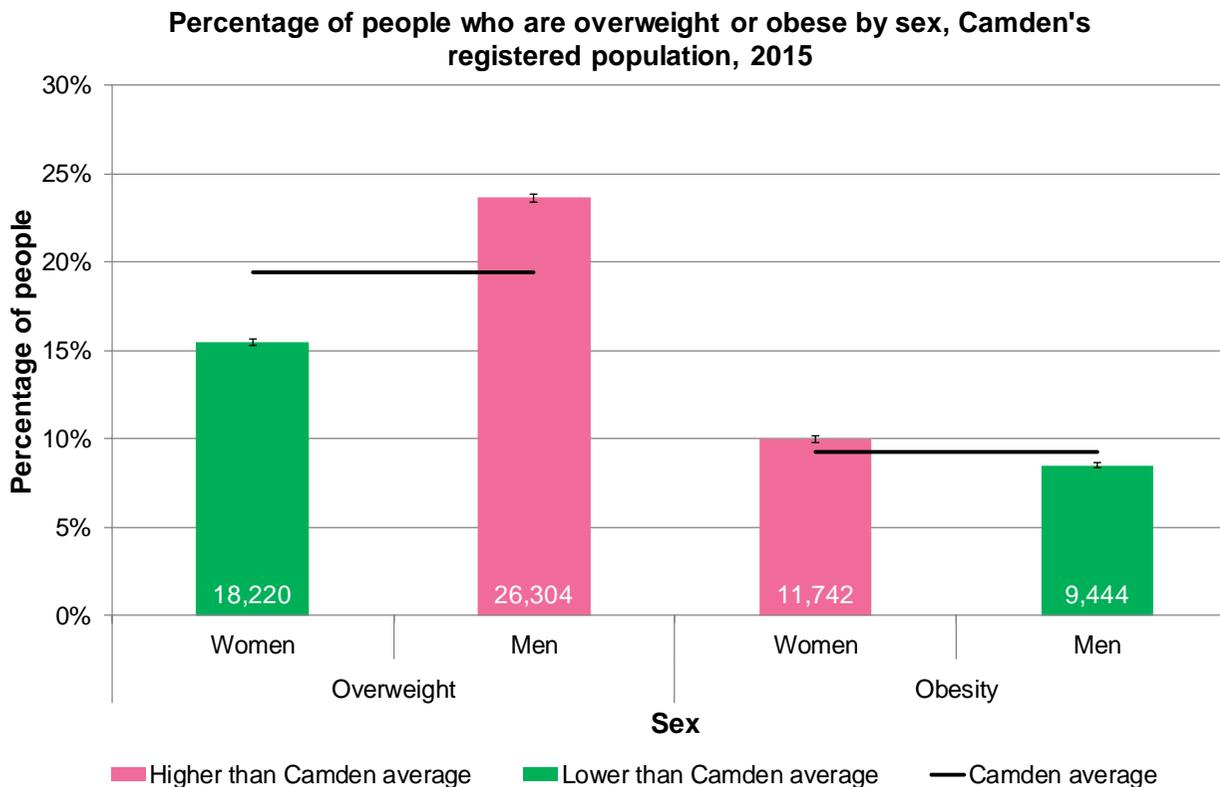
- Overall, about 9.2% (21,200) of people are obese and 19% (44,500) are overweight in Camden.

- While men are more likely to be overweight, women are significantly more likely to be obese.

  - About 10% of women in Camden are recorded as obese compared to 8.5% of men.

  - Almost one–in–four men are overweight compared to 19% of people across Camden.

Source: Camden's PH Linked Dataset, 2015

Differences by ethnicity: overweight

Percentage of people who are overweight by ethnicity, Camden's registered population, 2015

Legend:
- Higher than Camden average (pink)
- No different to Camden average (orange)
- Lower than Camden average (green)
- Camden average (line)

Source: Camden's PH Linked Dataset, 2015
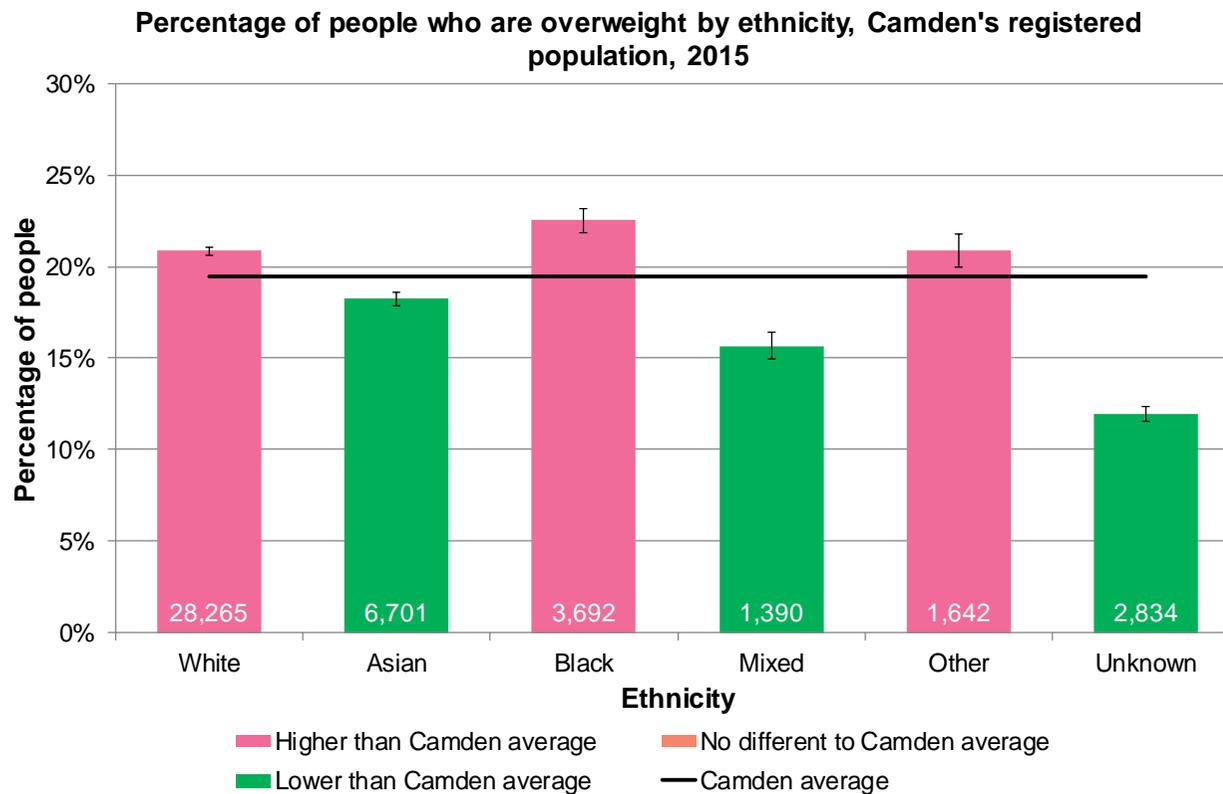
- People from a Black, White or Other ethnic group are more likely to be overweight (23%, 21% and 21% respectively) than the Camden population overall (19%).

Differences by sex and ethnicity: overweight

Prevalence of overweight by sex and ethnicity, Camden's registered population, 2015
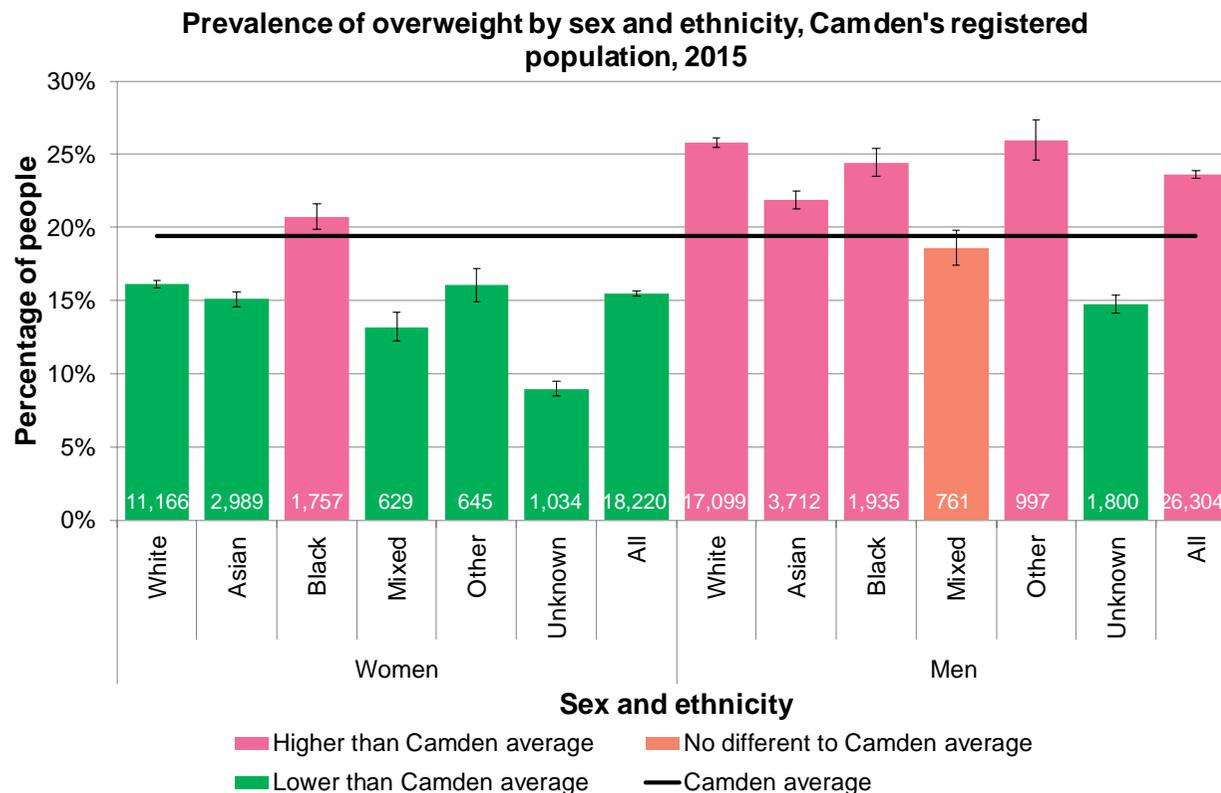
- Men from White and other ethnic groups (26%, for both) are significantly at a higher risk of being overweight compared to the Camden average (19%) and all men (24%).

- Women from Black ethnic groups are more likely to be overweight (21%) compared to the Camden average (19%) and all women (15%).

- After adjusting for age, there is a similar pattern (data not shown).

Source: Camden's PH Linked Dataset, 2015

Differences by ethnicity: obesity

Percentage of people who are obese by ethnicity, Camden's registered population, 2015
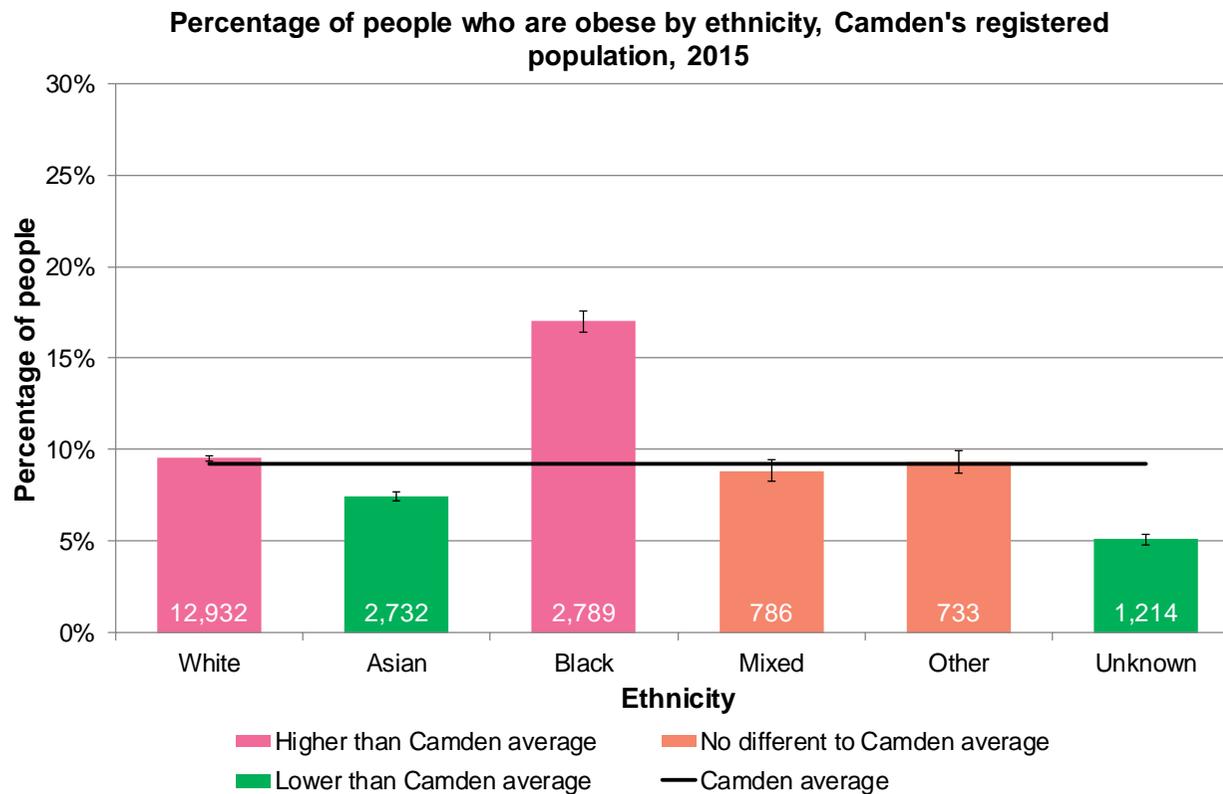
- Overall, black ethnic groups have the highest prevalence of obesity (17%) compared to the Camden average (9.2%).
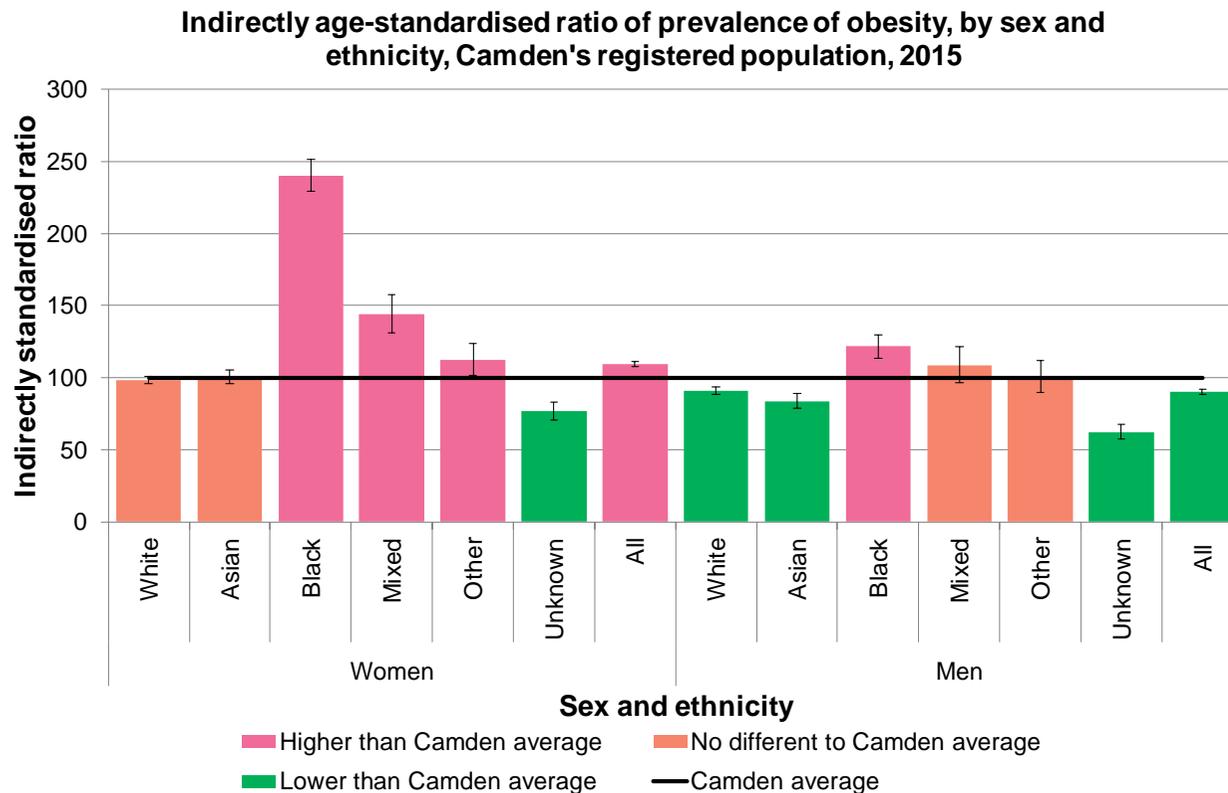
Source: Camden's PH Linked Dataset, 2015

Differences by sex and ethnicity: obesity
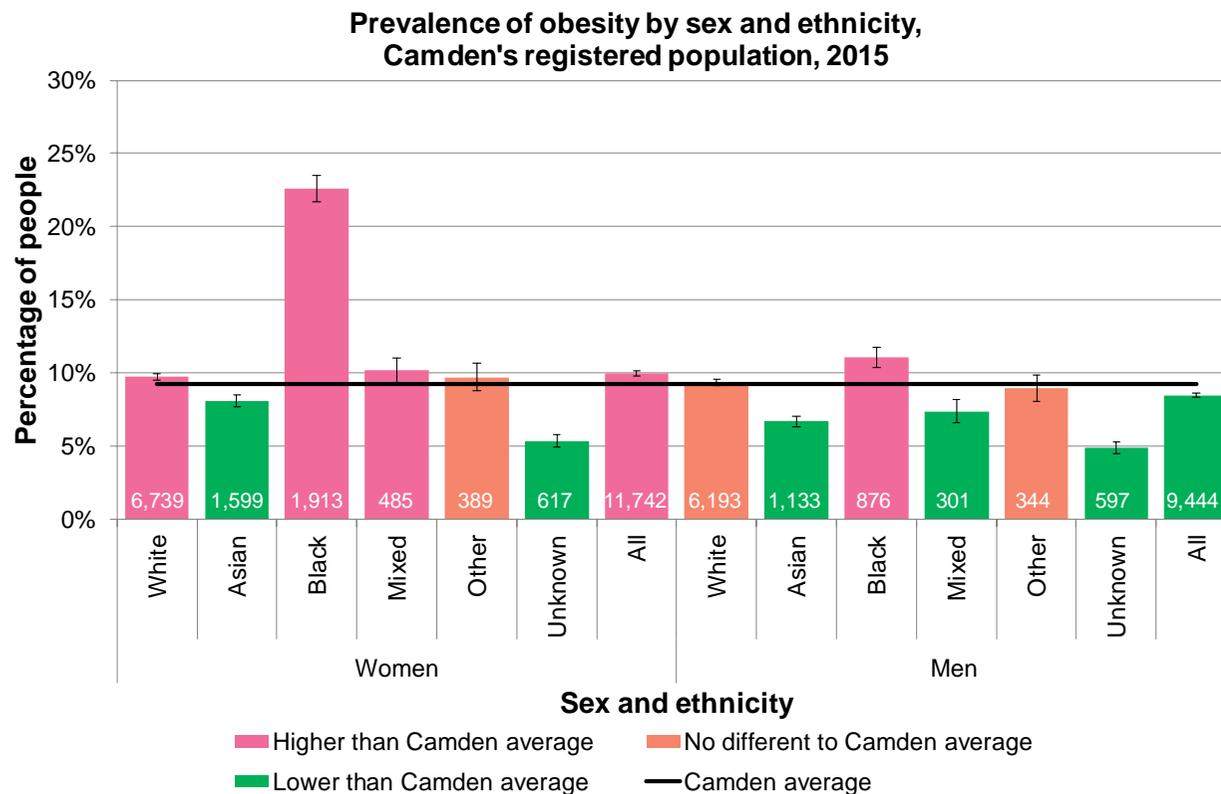
Prevalence of obesity by sex and ethnicity, Camden's registered population, 2015

- Black women are almost three times more likely to be obese (23%; 1,913) than the Camden average (9%) and all Camden women (10%). White women also have a higher prevalence of obesity (9.5%) than the Camden average.

- Men from Black ethnic groups have a higher prevalence of obesity (11%) than the Camden average and all Camden men (8.5%).

Source: Camden's PH Linked Dataset, 2015

Differences by sex and ethnicity: obesity standardisation

Indirectly age-standardised ratio of prevalence of obesity, by sex and ethnicity, Camden's registered population, 2015

Source: Camden's PH Linked Dataset, 2015

- After adjusting for age, the results are similar to the crude prevalence of obesity shown on the previous slide; Black women are twice as likely to be obese than expected, compared to the Camden population.

- However, White and Asian ethnic groups seem to be influenced by age:
  - Women from White and Asian ethnic groups have a similar prevalence than expected for Camden.
  - Men from White and Asian ethnicity are less likely to be obese than the Camden average.

Long term conditions and comorbidities

This section provides a better understanding of the demographic characteristics for people with a one or more long term conditions at borough level.

The analysis describes the differences by demographic characteristics of men and women with key long term conditions, and the gaps in the care management of these long term conditions.

Overview: one long term condition (LTC) – all ages

Prevalence of people with at least one condition, by sex, Camden's registered population, all ages, 2015
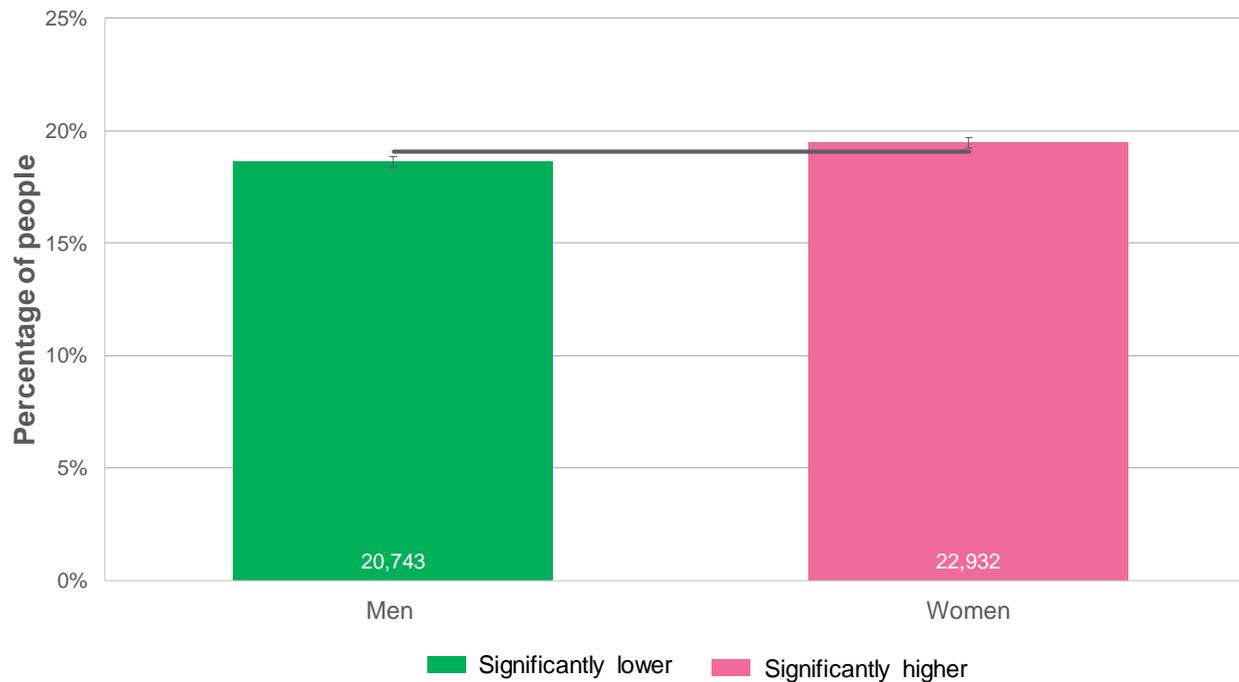
- Overall, about 19.1% (44,000) of people have at least one LTC in Camden.
- Women are more likely to be diagnosed with at least one LTC (19.5%) compared to men (18.6%).

Source: Camden's PH Linked Dataset, 2015

Overview: key LTCs – all ages

Prevalence of people diagnosed with a long term condition, by type of condition and sex, all ages, Camden's registered population, 2015

Women | Men

Type of long term condition
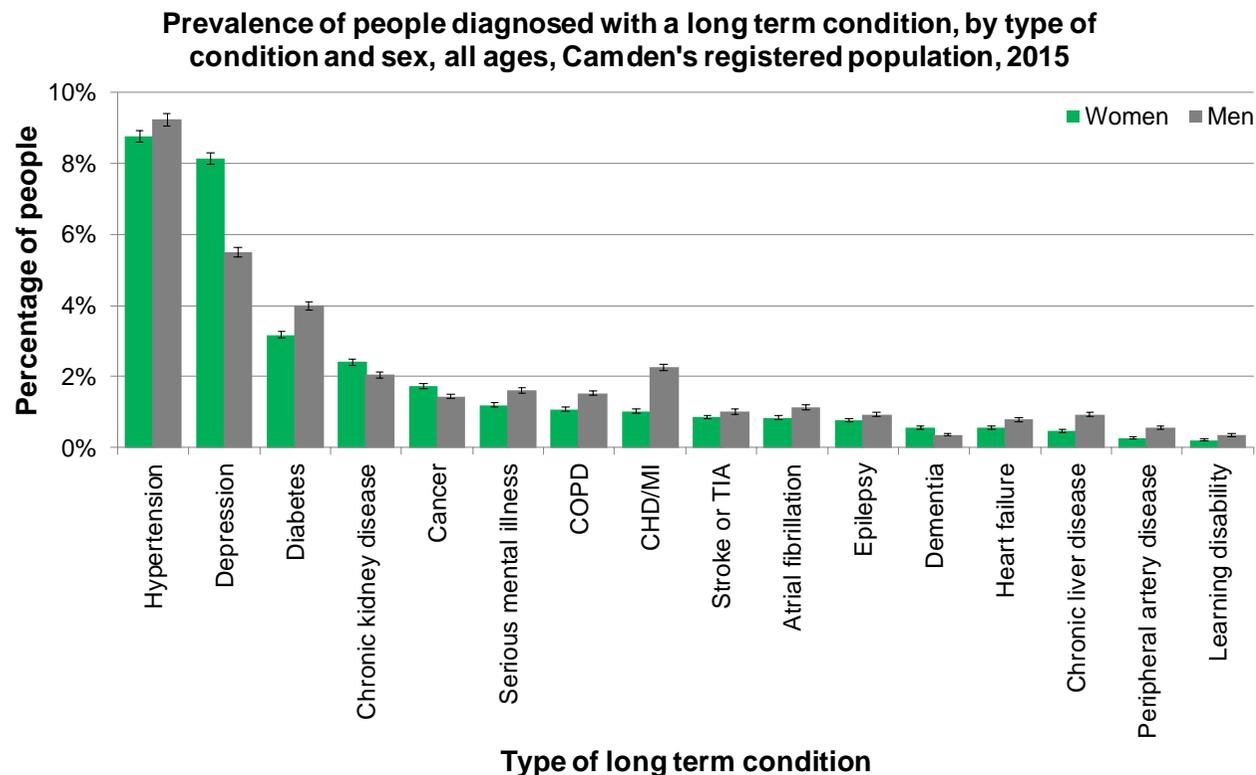
Note: People might be counted more than once if they were diagnosed with multiple conditions.
Source: Camden's PH Linked dataset 2015

- There are differences in the prevalence of LTCs between men and women.

- Compared to men, <u>women</u> are:
  - 1.40 times more likely to have **depression**
  - 1.18 times more likely to have **chronic kidney disease**

- Compared to women, <u>men</u> are:
  - 2.21 times more likely to have **coronary heart disease / myocardial infarction (CHD/MI)**
  - 1.95 times more likely to have **chronic liver disease**
  - 1.43 times more likely to have **COPD**
  - 1.34 times more likely to have **serious mental illness**
  - 1.26 times more likely to have **diabetes**

Overview: comorbidities (3 or more LTCs)

LTC type	3+ LTCs			
	WOMEN		MEN	
	Number of women	Proportion	Number of men	Proportion
CKD	925	61%	973	51%
Diabetes	749	49%	1,018	53%
CHD/MI	556	37%	1,060	56%
Depression	529	35%	430	23%
Atrial fibrillation	460	30%	600	32%
Stroke/TIA	430	28%	524	28%
Heart failure	421	28%	606	32%
COPD	359	24%	563	30%
Cancer	325	21%	365	19%
Dementia	282	19%	200	11%
Serious mental illness	198	13%	193	10%
Peripheral arterial disease (PAD)	177	12%	373	20%
Chronic liver disease	39	3%	91	5%
Learning disability	24	2%	18	1%
Total	**1,523**		**1,904**	

- In Camden, **CKD, diabetes** and **CHD/MI** were the most prevalent LTCs in those with 3 or more long term conditions.
- CKD is the most prevalent condition in women diagnosed with 3 or more LTCs, while in men it is CHD/MI.
- Compared to men, women with 3 or more LTCs are more likely to be diagnosed with a **mental illness** (i.e. depression or dementia).
- Men are more likely to be diagnosed with **cardiovascular disease** (i.e. CHD/MI or PAD) except for Stroke/TIA as both men and women have a similar prevalence (28% respectively).

Note: LTC includes atrial fibrillation, heart failure, MI/CHD, stroke/TIA, Peripheral arterial disease, cancer, diabetes, CKD, COPD, Chronic liver disease, dementia, depression, serious mental illness and learning disability. Note: There are 153 people without a recorded gender.
Source: Camden's PH Linked Dataset, 2015

Overview: overlapping (3 or more LTCs)

Number of men and women with CKD, diabetes and CHD in people with three or more long term conditions, Camden's registered population, 2015

Men

Diabetes
207

298

262

287

CHD/MI
265

256

CKD
208

Women

Diabetes
213

283

120

162

204

CKD
323
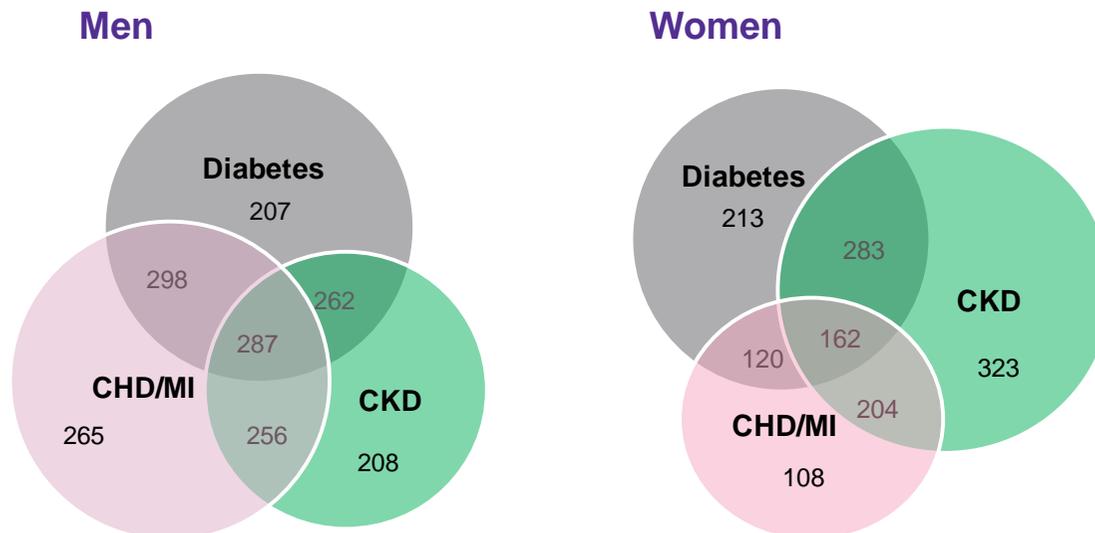
CHD/MI
108

- Overall, about 15% (287) of men and 11% (162) of women with 3 or more LTCs have a combination of CKD, Diabetes and CHD/MI.

- The most common combinations of these LTCs in women are:
  - diabetes and CKD (283, 19%)
  - CHD/MI and CKD (204, 13%)
  - CHD/MI and diabetes (120, 8%)

- The pattern is different in men; the most common combinations are:
  - diabetes and CHD/MI (298,16%)
  - diabetes and CKD (262, 14%)
  - CKD and CHD/MI (256, 13%)

Source: Camden's PH Linked Dataset, 2015

HYPERTENSION

Demographic analysis

This section describes the differences by demographic characteristics of people diagnosed with hypertension in terms of sex and ethnicity.

Differences by sex: hypertension
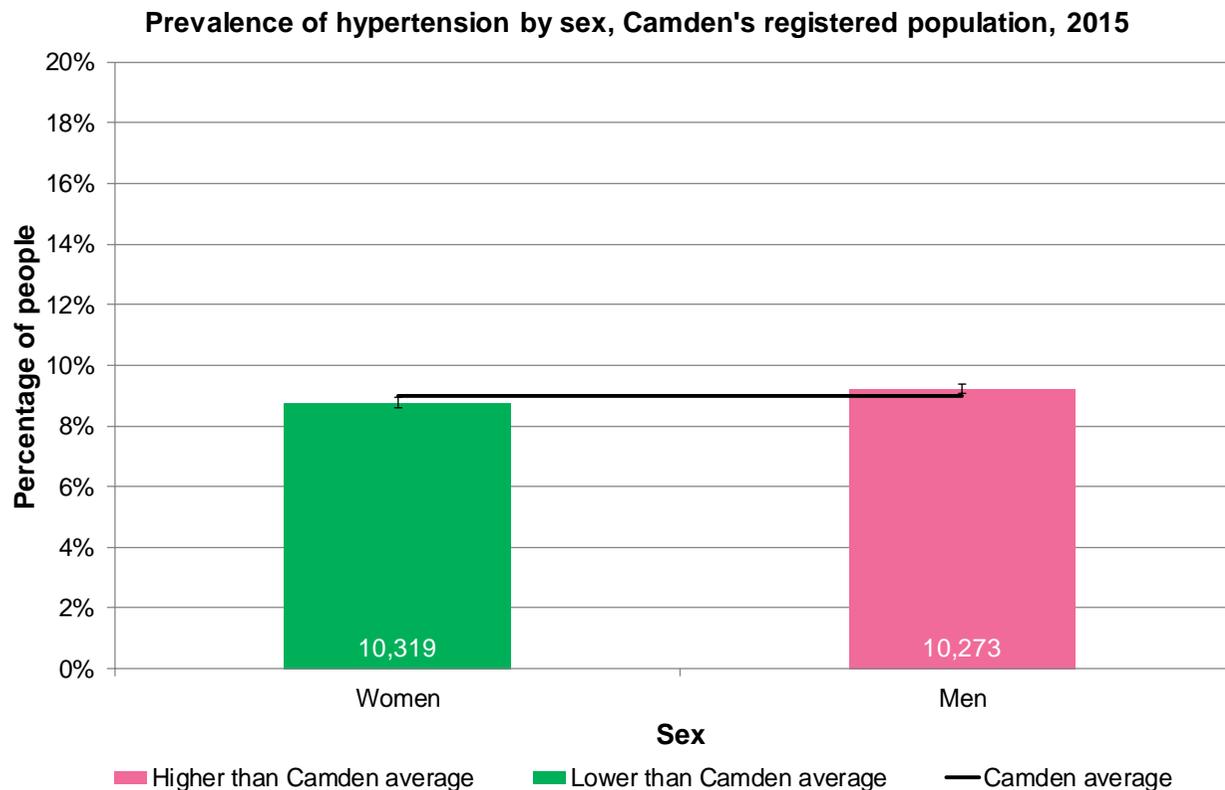
Prevalence of hypertension by sex, Camden's registered population, 2015

- There are about 20,600 people with a diagnosis of hypertension (9.0%) in Camden.

- Men are more likely to be diagnosed with hypertension (9.2%) than women (8.8%), though there are more women with hypertension.

Source: Camden's PH Linked Dataset, 2015

Differences by ethnicity: hypertension
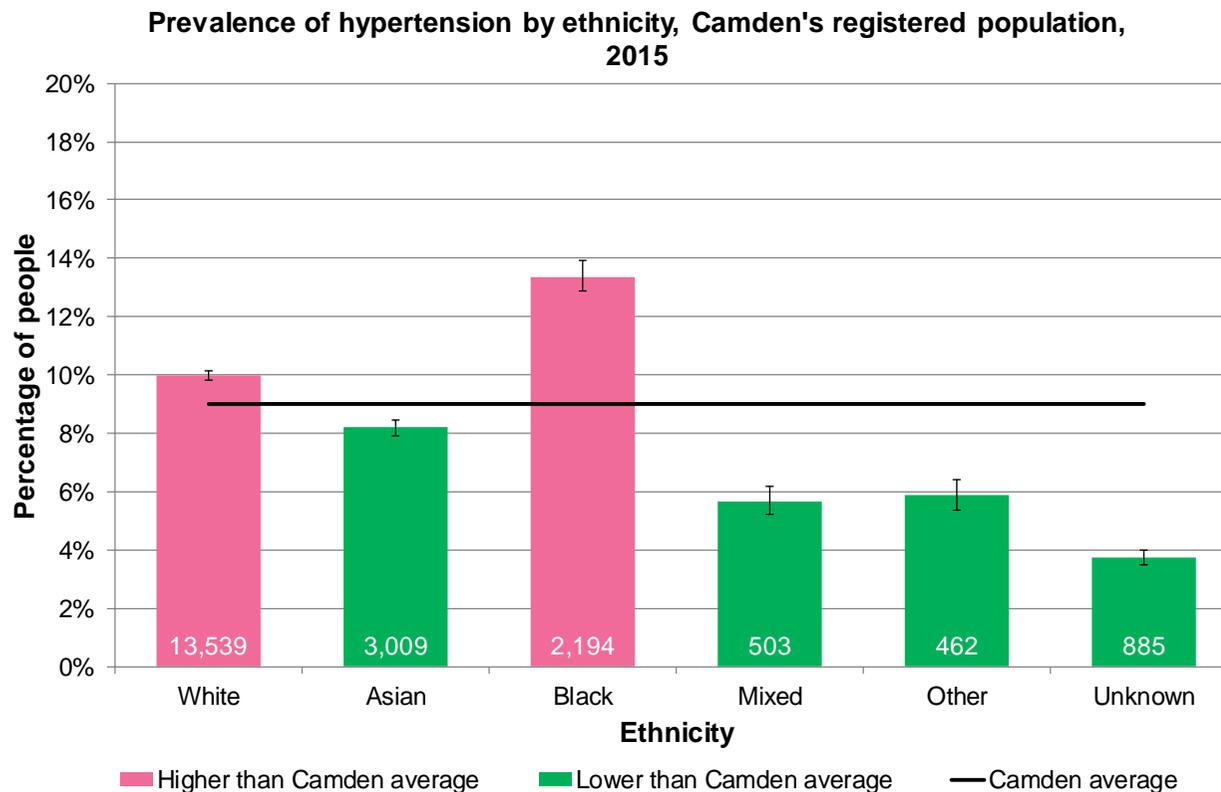
Prevalence of hypertension by ethnicity, Camden's registered population, 2015

- Black and White ethnic groups have significantly higher prevalence of hypertension (13% and 10%) compared to the Camden average (9%).

- The lowest prevalence is among people without a recorded ethnicity (4%) which may suggest potential of under diagnosis of hypertension in these groups.
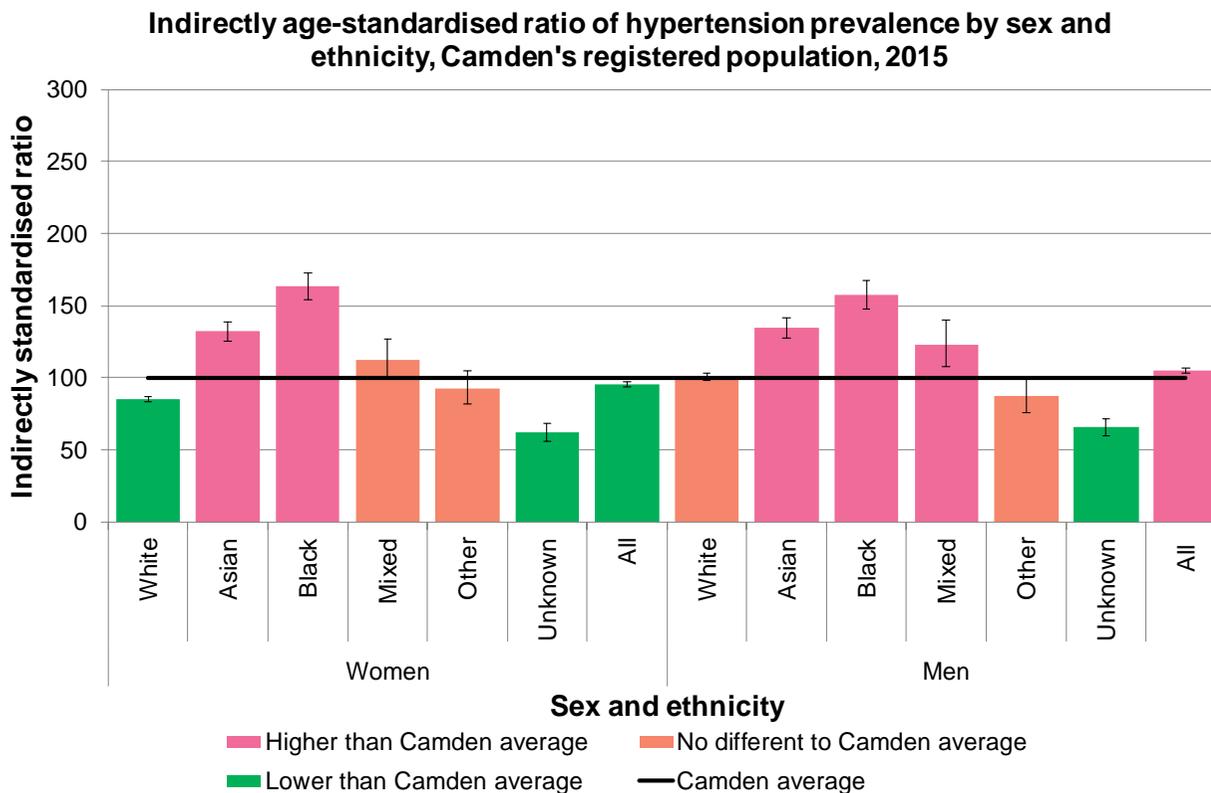
Source: Camden's PH Linked Dataset, 2015

Differences by sex and ethnicity: hypertension

Prevalence of hypertension by sex and ethnicity, Camden's registered population, 2015
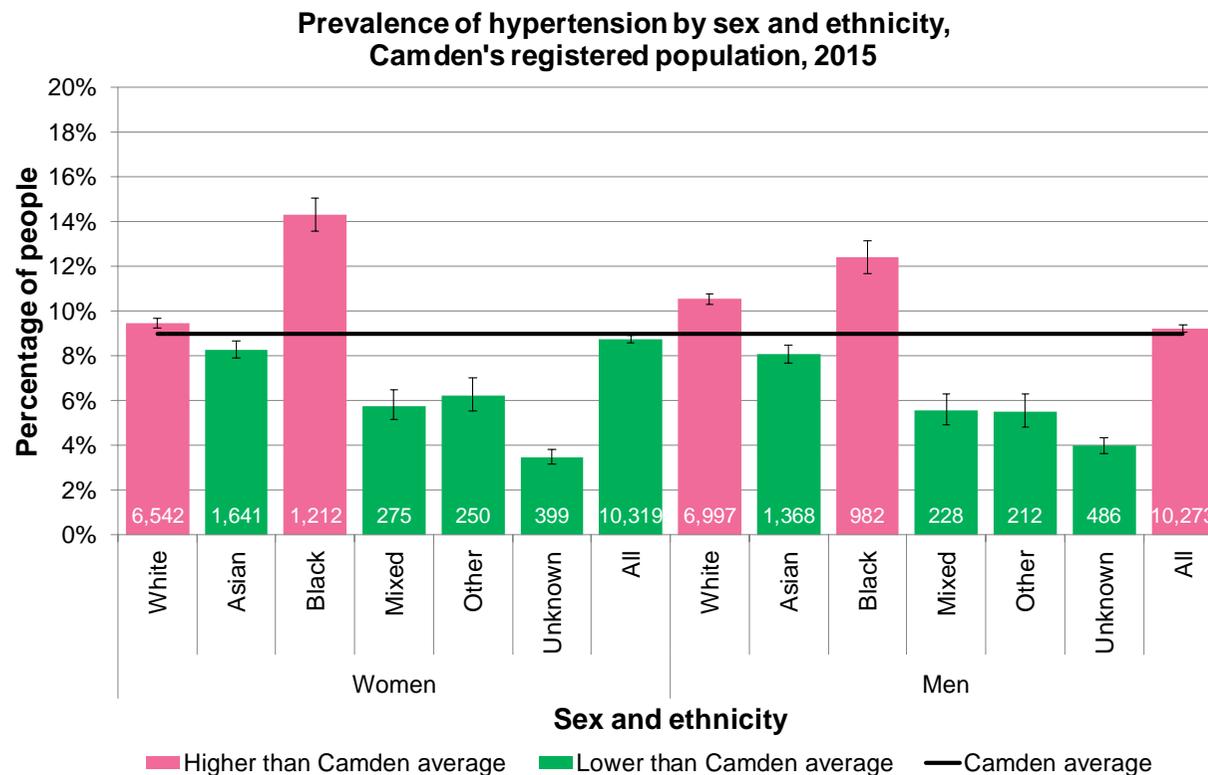
- The highest hypertension prevalence is found in Black women (14%) followed by Black men (12%) compared to the Camden average (9.0%).

- White women and men have also a higher hypertension prevalence (9.5% and 10% respectively) compared to Camden.

Source: Camden's PH Linked Dataset, 2015

Differences by sex and ethnicity: hypertension standardisation

Indirectly age-standardised ratio of hypertension prevalence by sex and ethnicity, Camden's registered population, 2015

Source: Camden's PH Linked Dataset, 2015

- After adjusting for the age structures of the Camden population, both men and women from Black ethnic groups have a higher than expected prevalence to the Camden average.

- Men and women from Asian ethnic groups have a higher hypertension than expected for Camden while White men have a lower prevalence.

Care Management and Review

This section looks at the variation of care management of people diagnosed with hypertension, in terms of blood pressure check and CVD risk assessment, by sex and ethnicity.
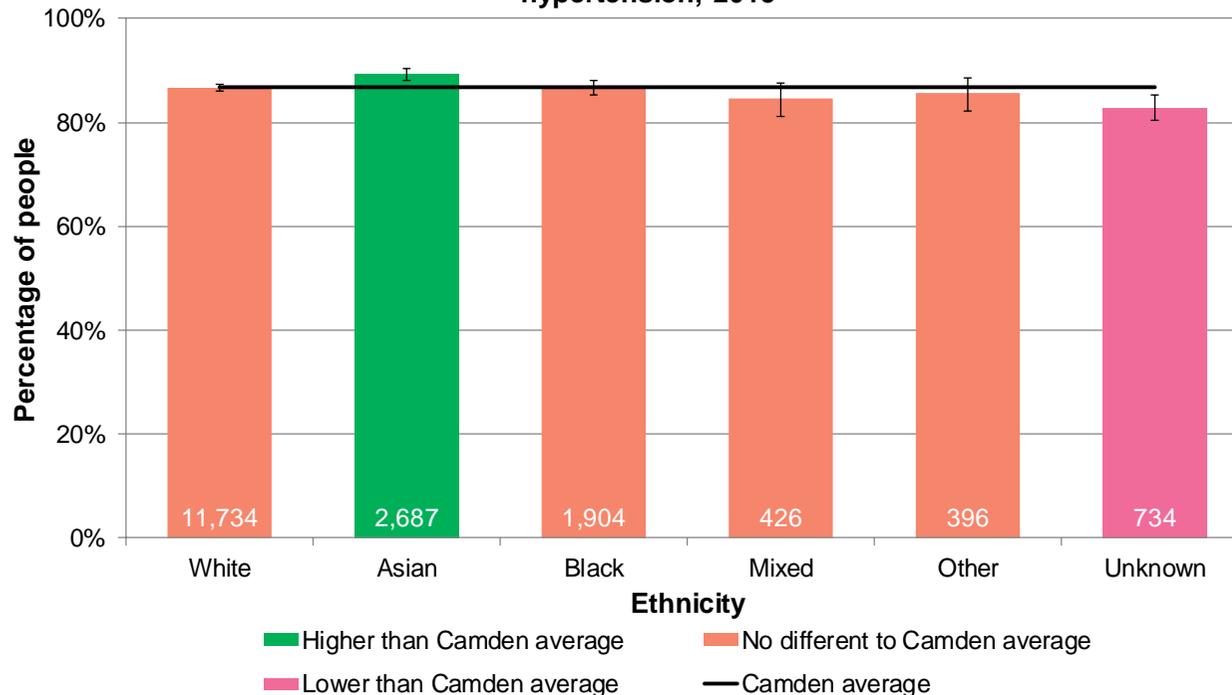
Differences by sex: hypertension and BP check
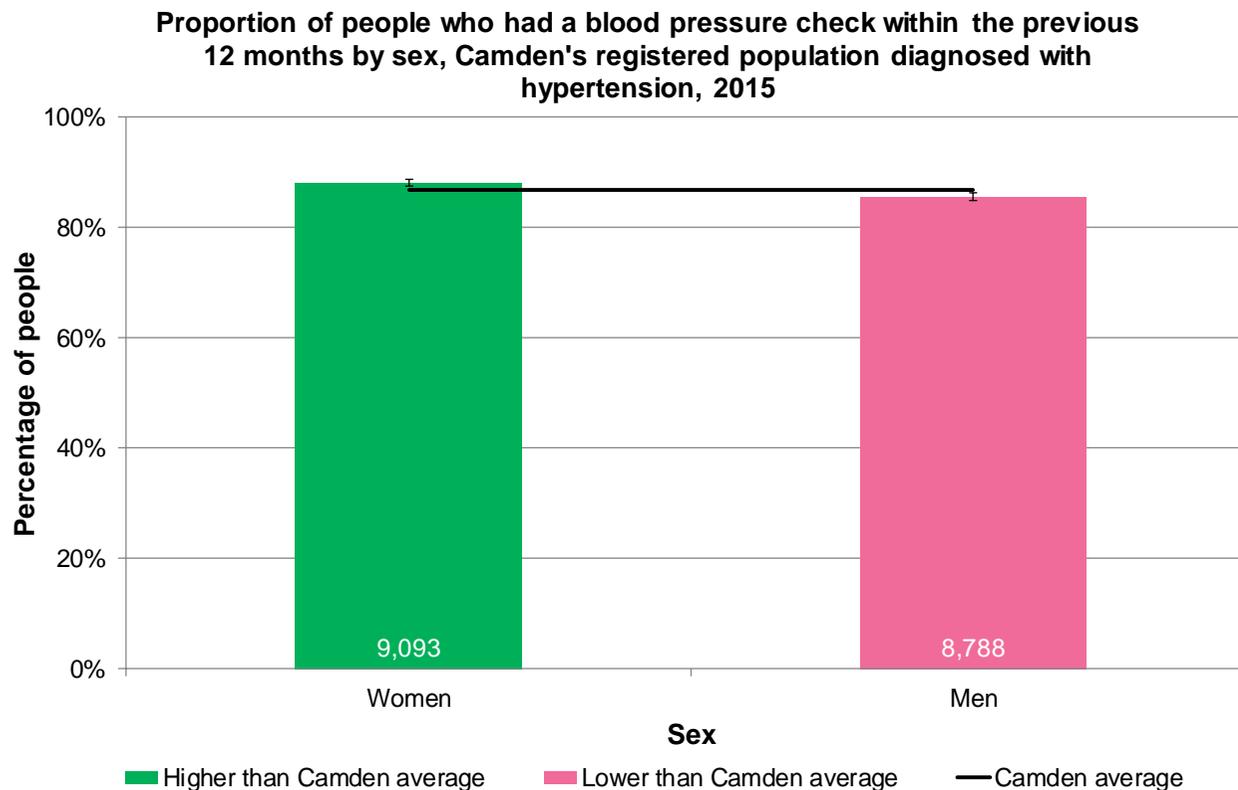
Proportion of people who had a blood pressure check within the previous 12 months by sex, Camden's registered population diagnosed with hypertension, 2015

- In 2015, about 17,900 people diagnosed with hypertension had a blood pressure check received within the previous 12 months. This accounts for 87% of 20,600 people diagnosed with hypertension in Camden.

- Men with hypertension are significantly less likely to have their BP check (86%) within the last 12 months than women (88%).

Source: Camden's PH Linked Dataset, 2015

Differences by ethnicity: hypertension and BP check

Proportion of people who had a blood pressure check within the previous 12 months by ethnicity, Camden's registered population diagnosed with hypertension, 2015
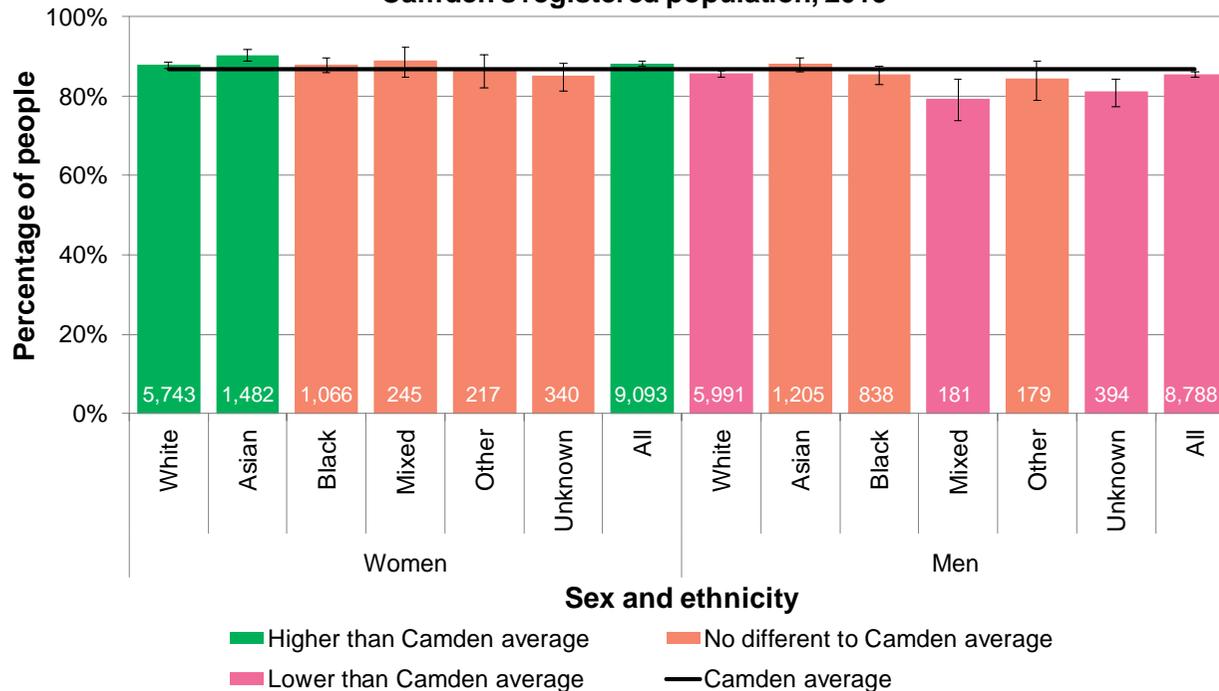

- A relatively higher proportion of Asian people diagnosed with hypertension had their blood pressure checked in the last 12 months (89%) compared to the Camden average (87%).

Legend:
- Higher than Camden average
- No different to Camden average
- Lower than Camden average
- Camden average

Source: Camden's PH Linked Dataset, 2015

Differences by sex and ethnicity: hypertension and BP check

Proportion of people diagnosed with hypertension who had a blood pressure check within the previous 12 months by sex and ethnicity, Camden's registered population, 2015
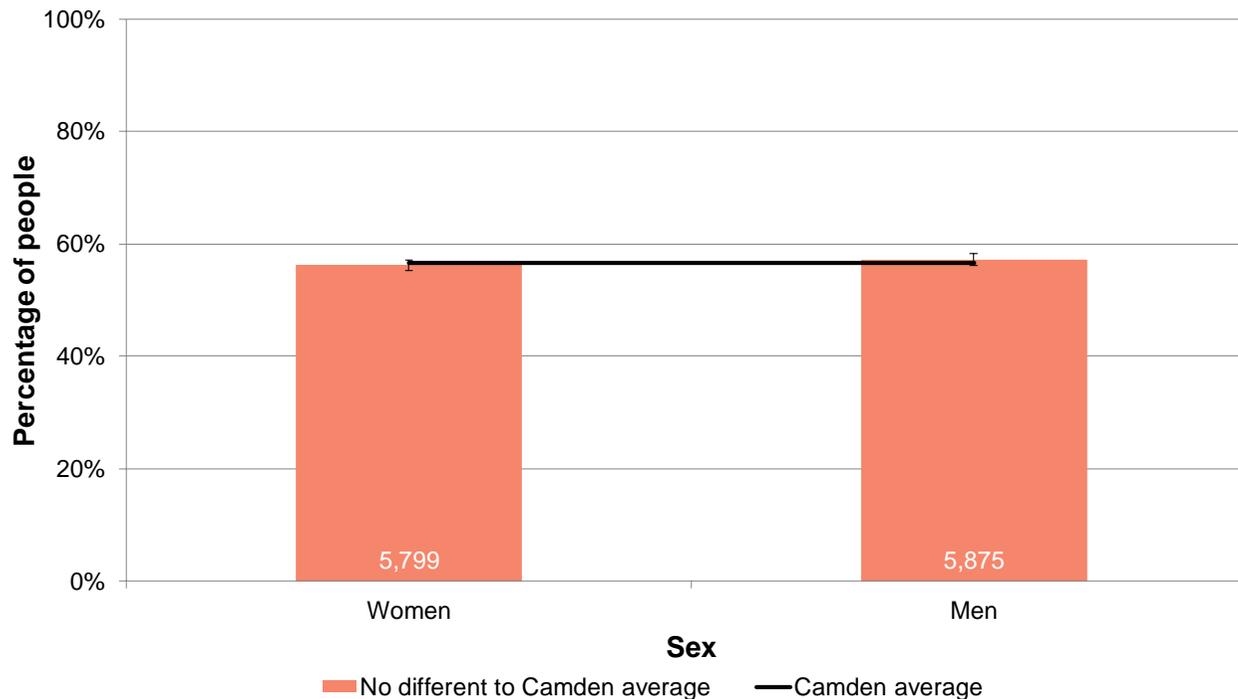

Legend:
- **Higher than Camden average** (green)
- **No different to Camden average** (orange)
- **Lower than Camden average** (pink)
- **Camden average** (black line)

Bar values (Women): White 5,743; Asian 1,482; Black 1,066; Mixed 245; Other 217; Unknown 340; All 9,093

Bar values (Men): White 5,991; Asian 1,205; Black 838; Mixed 181; Other 179; Unknown 394; All 8,788

Source: Camden's PH Linked Dataset, 2015

- Women from White and Mixed ethnic groups diagnosed with hypertension are more likely to have their blood pressure checked in the last 12 months (88% and 90% respectively) compared to the Camden average (87%).

- Men from White and Mixed ethnic groups with hypertension are less likely to have their blood pressure checked (86% and 69% respectively) compared to Camden.

Differences by sex: hypertension and CVD risk assessment

Proportion of people diagnosed with hypertension who have been offered a CVD risk assessment by sex, Camden's registered population, 2015


- In 2015 about 11,700 (57%) out of 20,600 people diagnosed with hypertension had been offered a cardiovascular disease (CVD) risk assessment.

- There was no gender difference in the proportion of people with hypertension who have been offered a CVD risk assessment.

Source: Camden's PH Linked Dataset, 2015

Differences by ethnicity: hypertension and CVD risk assessment

Proportion of people diagnosed with hypertension who have been offered a CVD risk assessment, by ethnicity, Camden's registered population, 2015
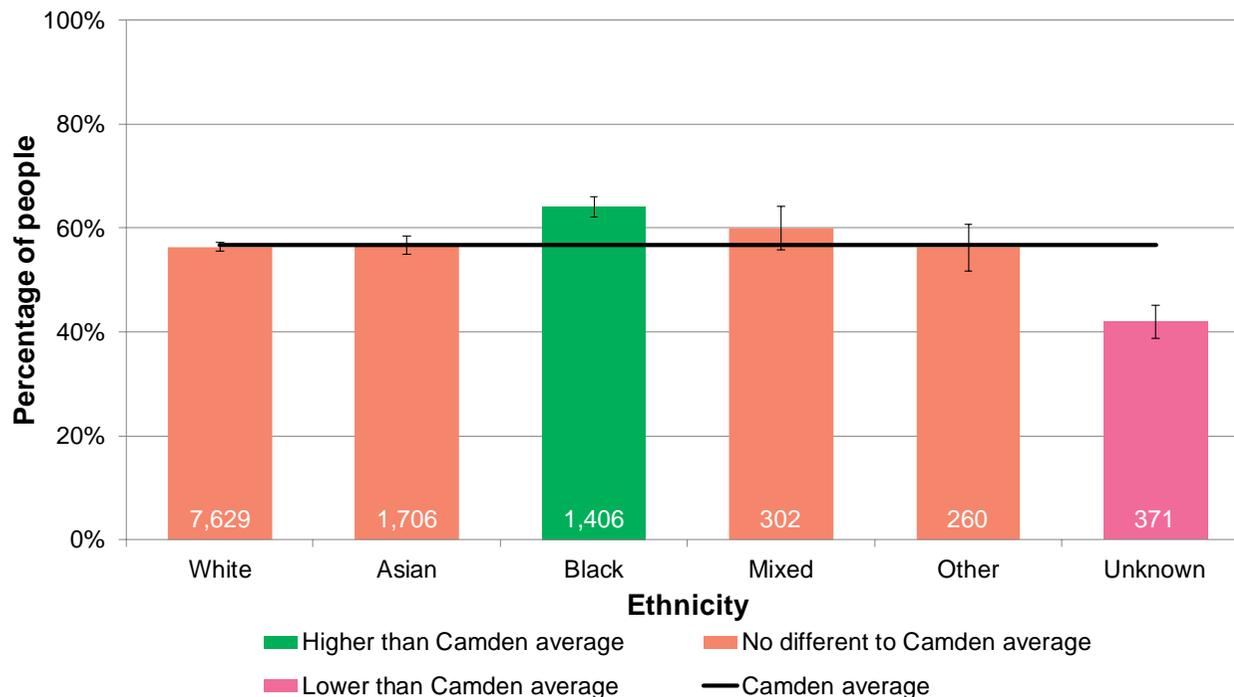

- A higher proportion of people from Black ethnic groups diagnosed with hypertension had been offered a CVD risk assessment (64%) compared to the Camden average.

- A similar pattern is seen in men and black women (data not shown).

Source: Camden's PH Linked Dataset, 2015

DEPRESSION

Demographic analysis

This section describes the differences by demographic characteristics of people diagnosed with depression, in terms of sex and ethnicity.
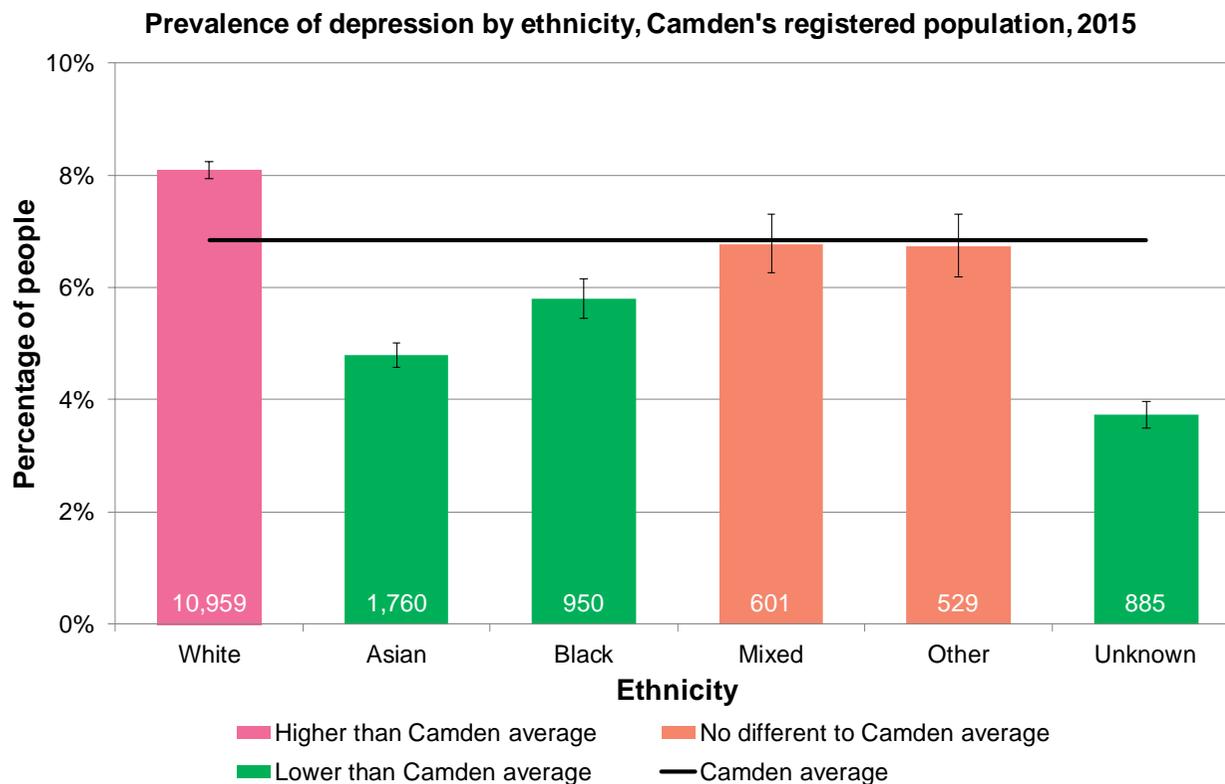
Differences by sex: depression
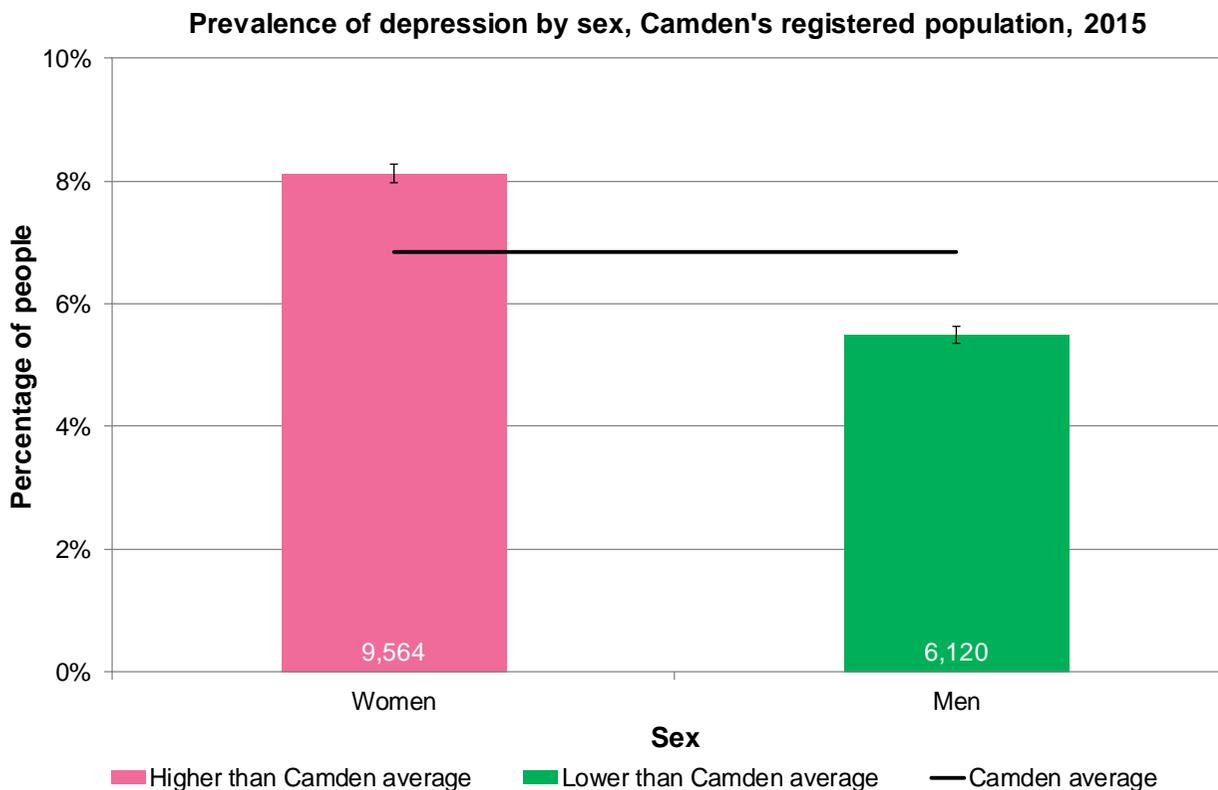
Prevalence of depression by sex, Camden's registered population, 2015

- There are about 15,700 people with a diagnosis of depression (6.8%) in Camden.
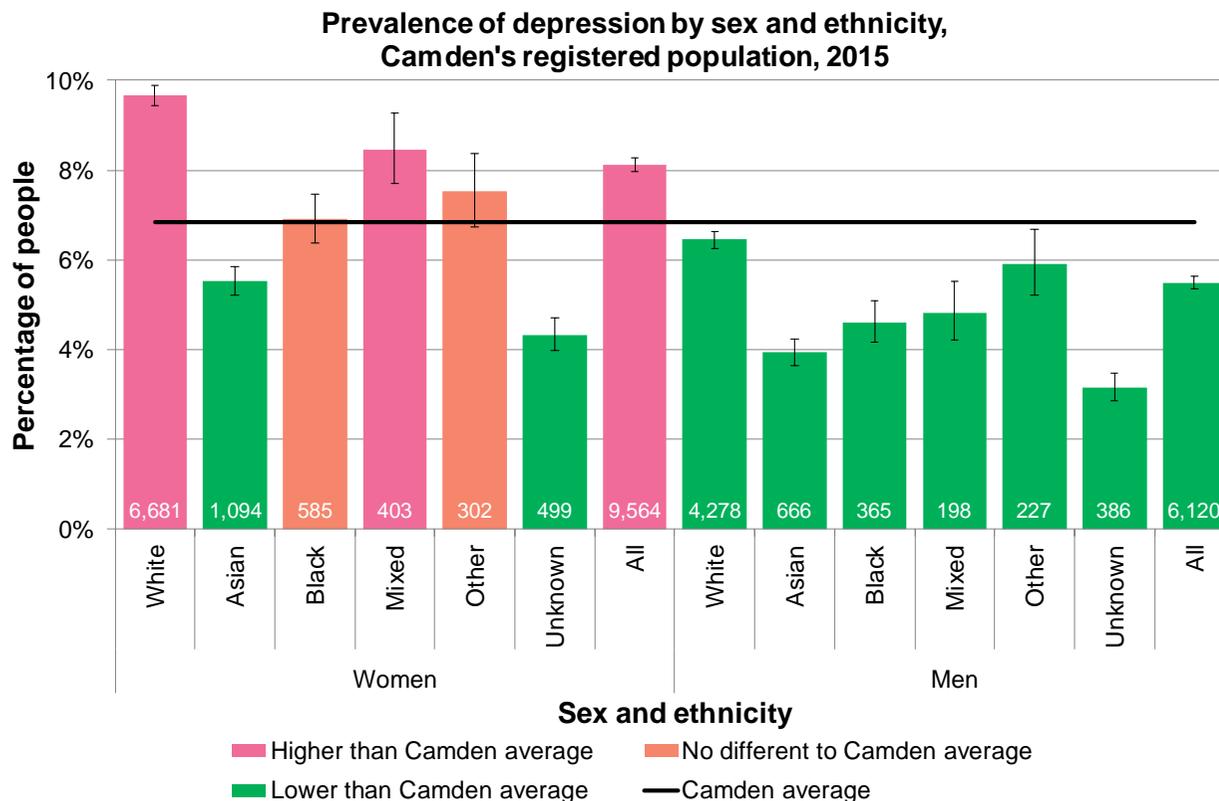- Women are significantly more likely to be diagnosed with depression (8.1%) than men (5.5%).

Source: Camden's PH Linked Dataset, 2015

Differences by ethnicity: depression

Prevalence of depression by ethnicity, Camden's registered population, 2015

- Overall, White ethnic groups have a significantly higher prevalence of depression (8.3%) compared to the Camden general population (6.8%).

Source: Camden's PH Linked Dataset, 2015

Differences by sex and ethnicity: depression

Prevalence of depression by sex and ethnicity, Camden's registered population, 2015

- Women from White and Mixed ethnic groups have a significantly higher prevalence of depression (9.7% and 8.5% respectively) compared to the Camden general population (6.8%).

- After adjusting for age, the results showed a similar pattern (data not shown).

Source: Camden's PH Linked Dataset, 2015

DIABETES

Demographic analysis

This section describes the differences by demographic characteristics of people diagnosed with diabetes, in terms of sex and ethnicity.
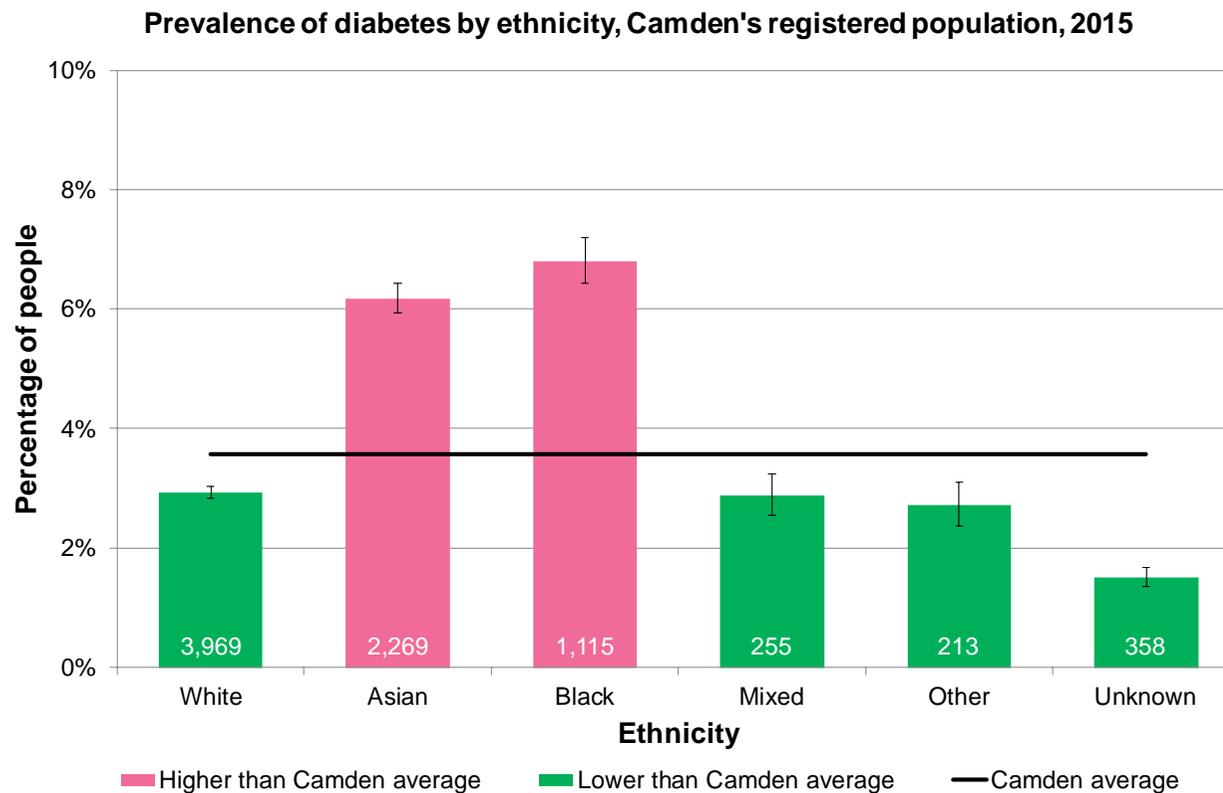
Differences by sex: diabetes

Prevalence of diabetes by sex, Camden's registered population, 2015
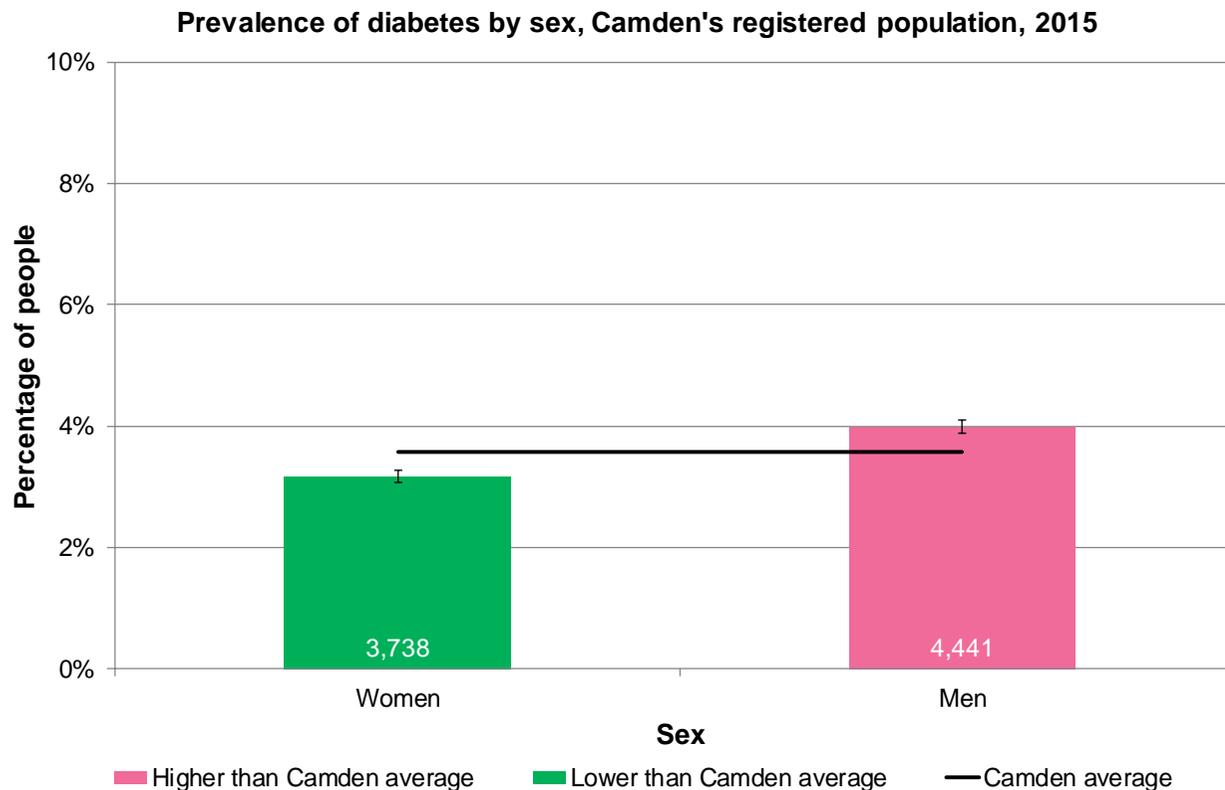
- There are about 8,200 people with a diagnosis of diabetes (3.6%) in Camden.

- Men are more likely to be diagnosed with diabetes compared to women (4.0% vs 3.2%).

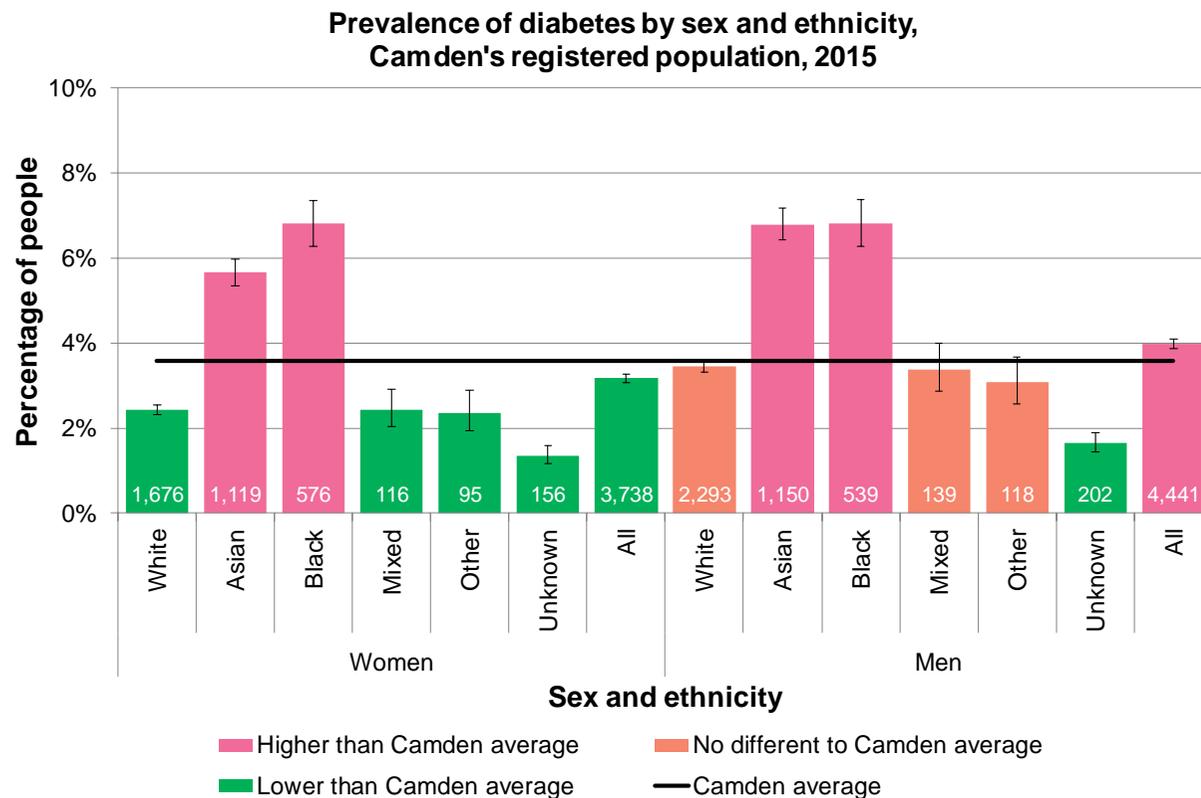**Source**: Camden's PH Linked Dataset, 2015

Differences by ethnicity: diabetes

Prevalence of diabetes by ethnicity, Camden's registered population, 2015

- Black and Asian ethnic groups have a higher prevalence of diabetes (6.8% and 6.2% respectively) compared to the Camden average (3.6%).

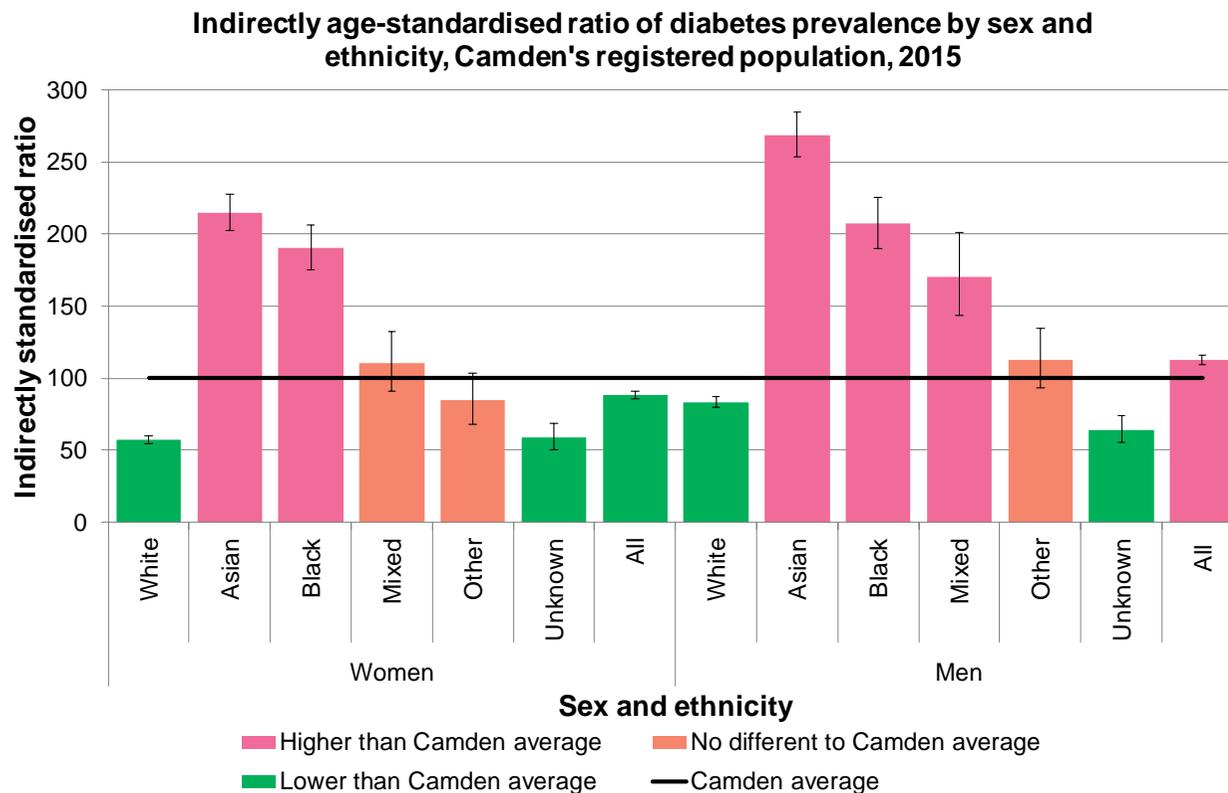**Source**: Camden's PH Linked Dataset, 2015

Differences by sex and ethnicity: diabetes

Prevalence of diabetes by sex and ethnicity, Camden's registered population, 2015

- Black and Asian men and women are almost twice as likely to be diagnosed with diabetes (between 5.6% and 6.8%) compared to the Camden average (3.6%).

- The lower prevalence among men and women whose ethnicity is unknown may imply potential underdiagnoses for this condition.

Differences by sex and ethnicity: diabetes standardisation

Indirectly age-standardised ratio of diabetes prevalence by sex and ethnicity, Camden's registered population, 2015
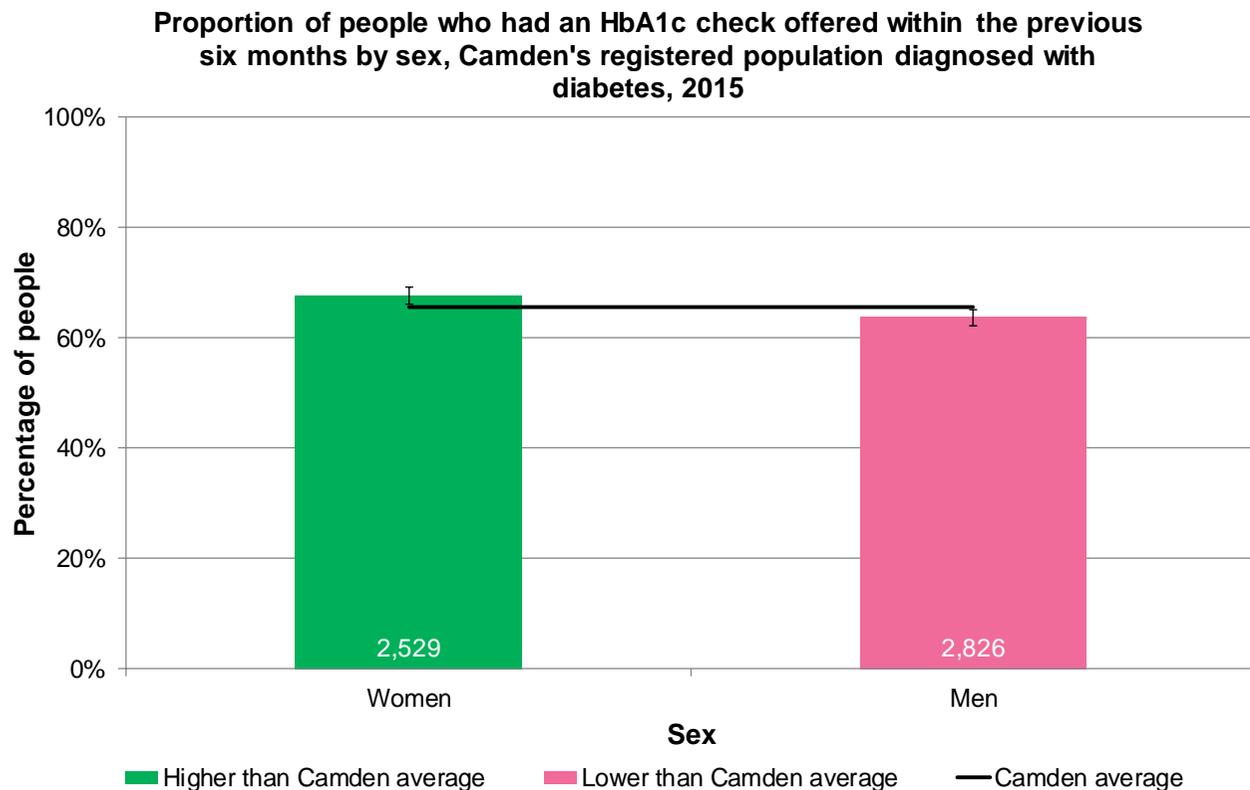
Source: Camden's PH Linked Dataset, 2015

- Adjusted for the age structure of the population, the results remain fairly similar to the crude prevalence of diabetes with Black and Asian men and women are more likely to have higher prevalence of diabetes.

- However, White and Mixed ethnic groups diagnosed with diabetes seem to have been influenced by age:

  – Men from mixed ethnic groups are more likely to be diagnosed with diabetes, while the prevalence among women from the same ethnic group is expected.

  – White women have a lower than expected prevalence for Camden.

Care Management and Review

This section looks at the variation of care management of people diagnosed with diabetes, in terms of HbA1C check, by sex, ethnicity and GP practice.
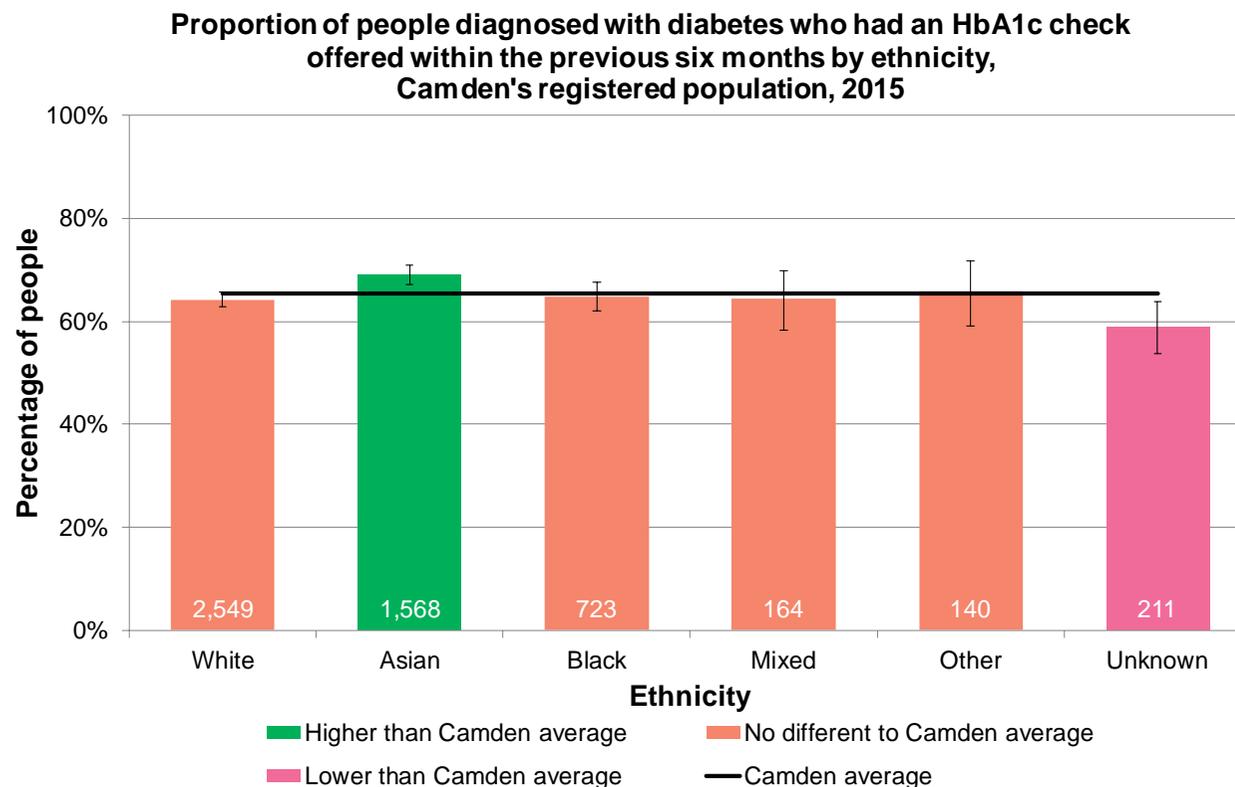
Differences by sex: diabetes and HbA1c check

Proportion of people who had an HbA1c check offered within the previous six months by sex, Camden's registered population diagnosed with diabetes, 2015

- In 2015 about 5,400 (65%) out of 8,200 people diagnosed with diabetes had a HbA1c check offered in the last 6 months in Camden.

- A higher proportion of women diagnosed with diabetes had been offered a HbA1c check in the previous 6 months (68%) compared to men (64%).

Women: 2,529

Men: 2,826

Percentage of people (y-axis: 0% to 100%)

Sex (x-axis)

Legend:
- Higher than Camden average (green)
- Lower than Camden average (pink)
- Camden average (black line)

Source: Camden's PH Linked Dataset, 2015

Differences by ethnicity: diabetes and HbA1c check

Proportion of people diagnosed with diabetes who had an HbA1c check offered within the previous six months by ethnicity, Camden's registered population, 2015
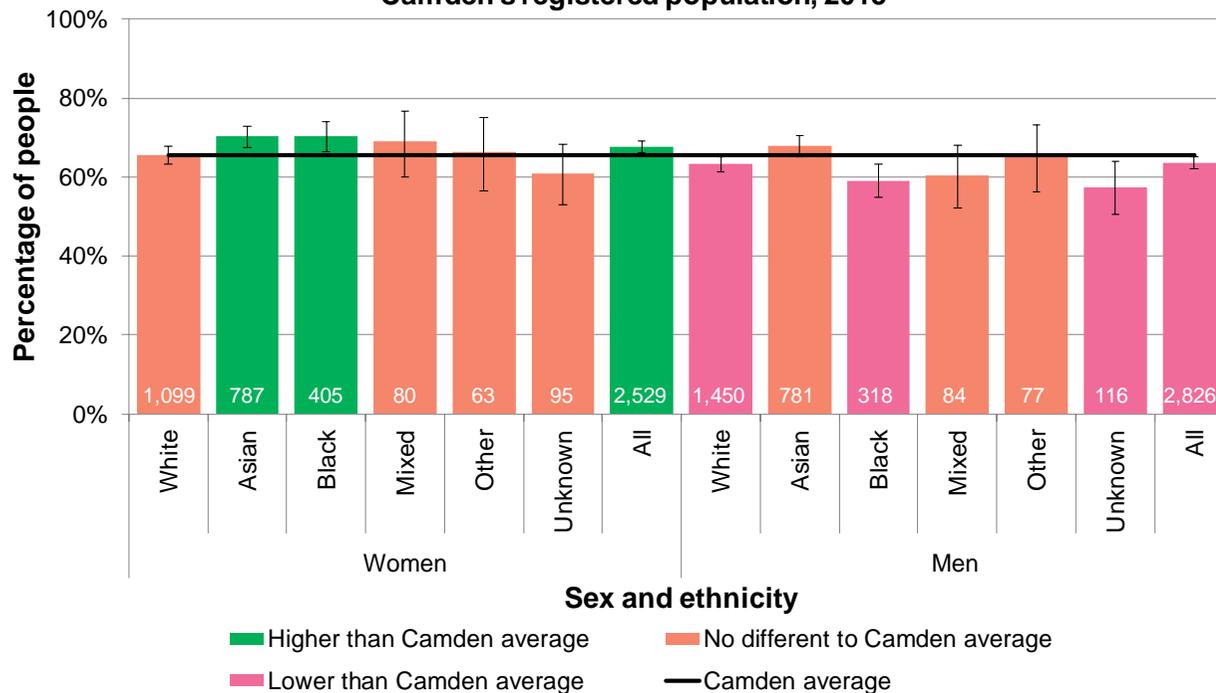

- A higher proportion of people from Asian ethnic groups with a diagnosis of diabetes had been offered a HbA1c check, compared to the Camden average.

Source: Camden's PH Linked Dataset, 2015

Differences by ethnicity: diabetes and HbA1c check

Proportion of people diagnosed with diabetes who had an HbA1c check offered within the previous six months by sex and ethnicity, Camden's registered population, 2015

Source: Camden's PH Linked Dataset, 2015

- A detailed analysis by sex and ethnicity shows that a higher proportion of women from Asian or Black ethnic groups diagnosed with diabetes had been offered a HbA1c check (70% for both) when compared to the Camden average.

- Men from White or Black ethnicity have a lower proportion of HbA1c check offered (63% and 59% respectively) when compared to the Camden average.
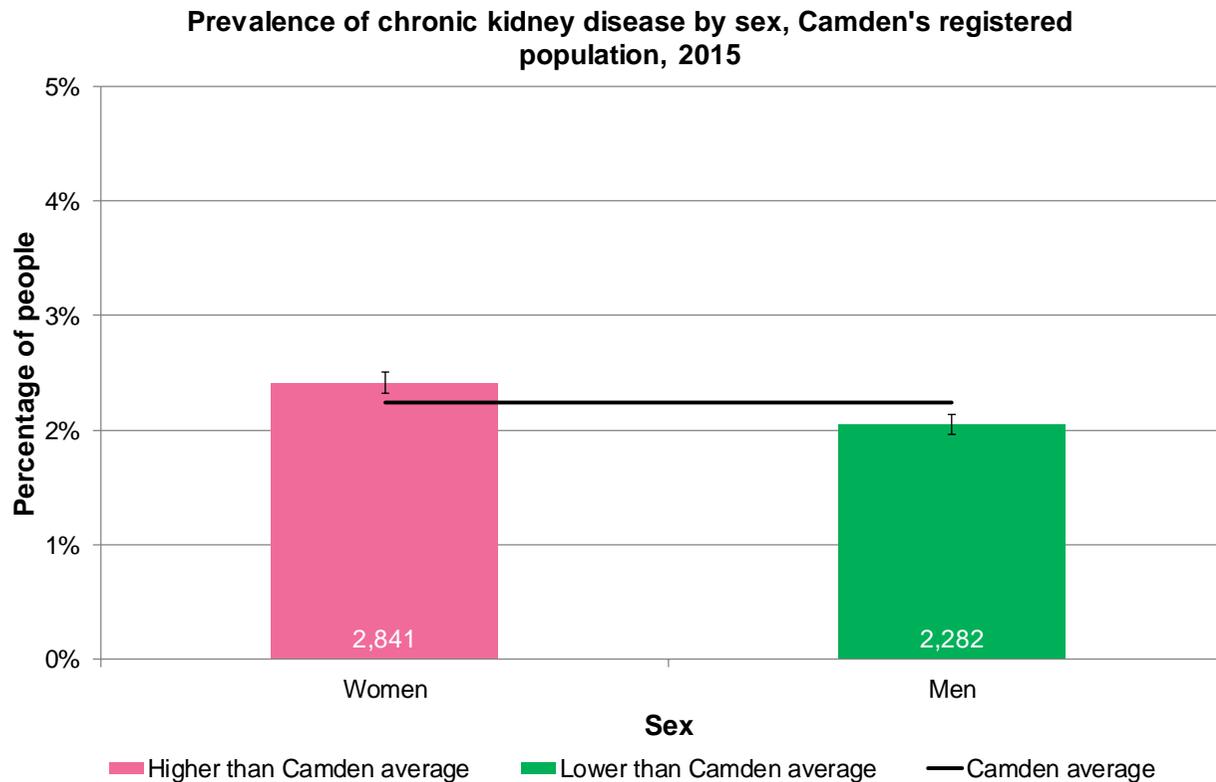
CHRONIC KIDNEY DISEASE (CKD)

Demographic analysis

This section describes the differences by demographic characteristics of people diagnosed with CKD, in terms of sex and ethnicity.
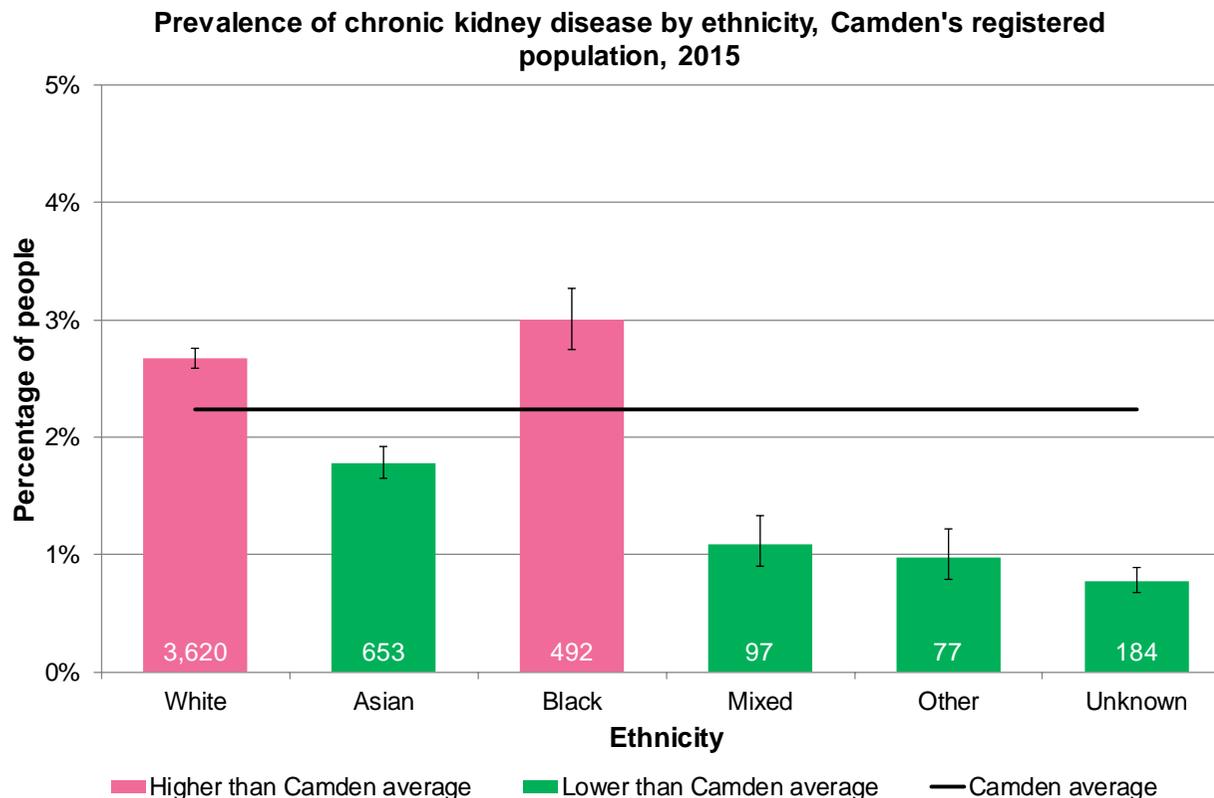
Differences by sex: CKD

Prevalence of chronic kidney disease by sex, Camden's registered population, 2015

- There are about 5,100 people with a diagnosis of chronic kidney disease (2.2%) in Camden.

- Women are more likely to be diagnosed with chronic kidney disease compared to men (2.4% vs 2.0%).

Source: Camden's PH Linked Dataset, 2015

Differences by ethnicity: CKD

Prevalence of chronic kidney disease by ethnicity, Camden's registered population, 2015

- Compared to the general population, people from Black and White ethnic groups have higher prevalence of chronic kidney disease (3.0% and 2.7% respectively) than the Camden average.

- A lower prevalence of CKD among people whose ethnicity is unknown may suggest potential underdiagnoses of chronic kidney disease in this group.

Source: Camden's PH Linked Dataset, 2015

Differences by sex and ethnicity: CKD

Prevalence of chronic kidney disease by sex and ethnicity, Camden's registered population, 2015
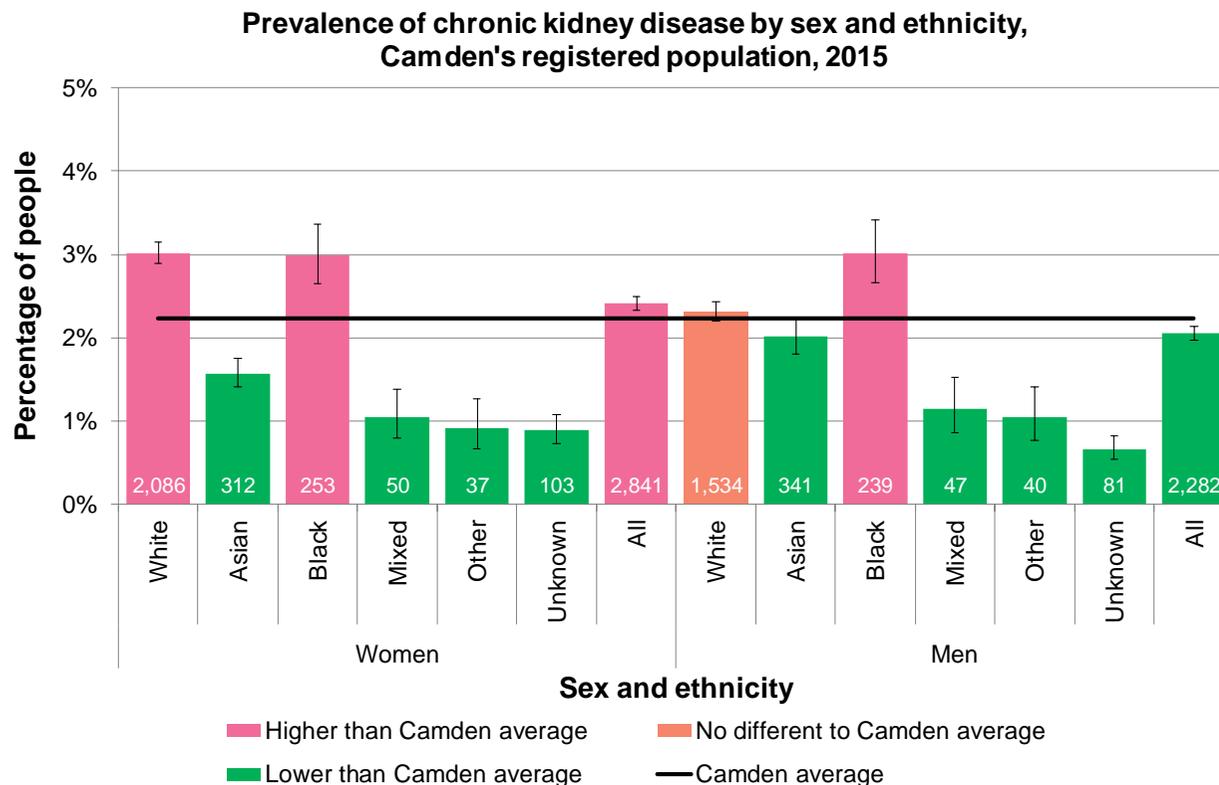
- White and Black women and Black men have a significantly higher prevalence of CKD (3.0% for all groups) than other ethnic groups.

- White women with CKD account for 73% (2,086 out 2,841) of all women diagnosed with this condition.

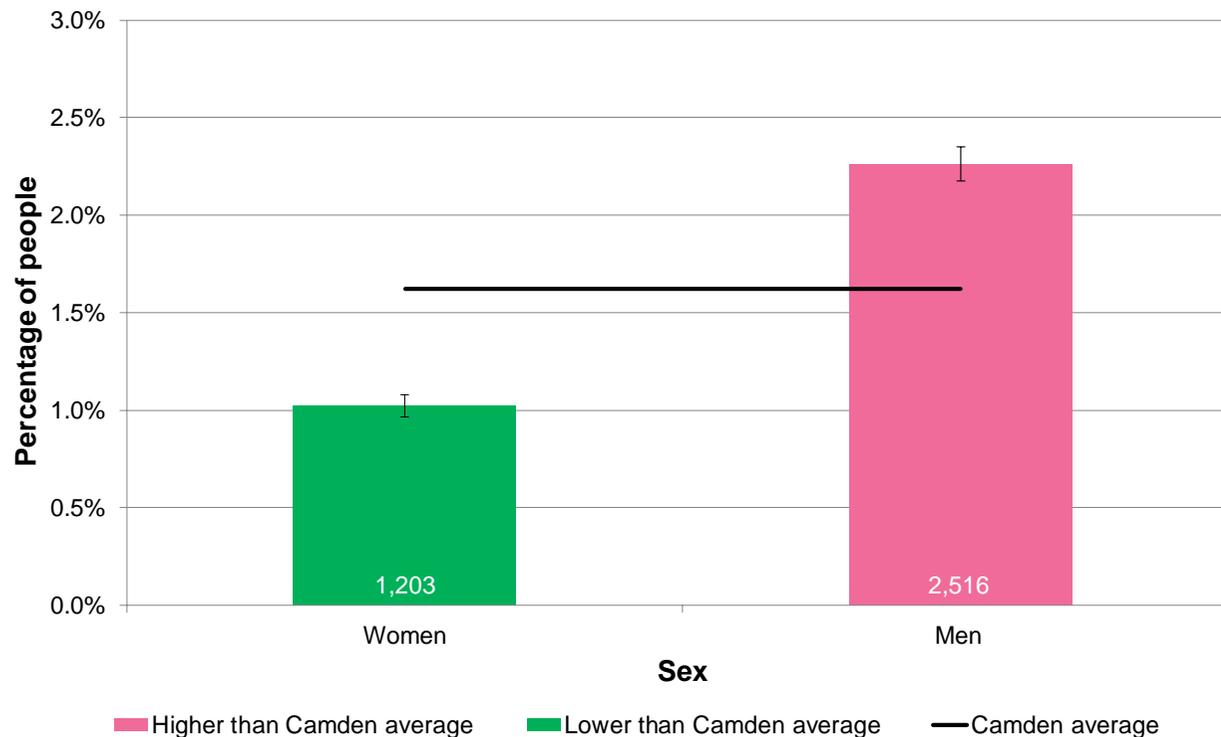**Source**: Camden's PH Linked Dataset, 2015

CORONARY HEART DISEASE / MYOCARDIAL INFARCTION (CHD/MI)

Demographic analysis

This section describes the differences by demographic characteristics of people diagnosed with CHD/MI, in terms of sex and ethnicity, and modifiable life style risk factors such as smoking.
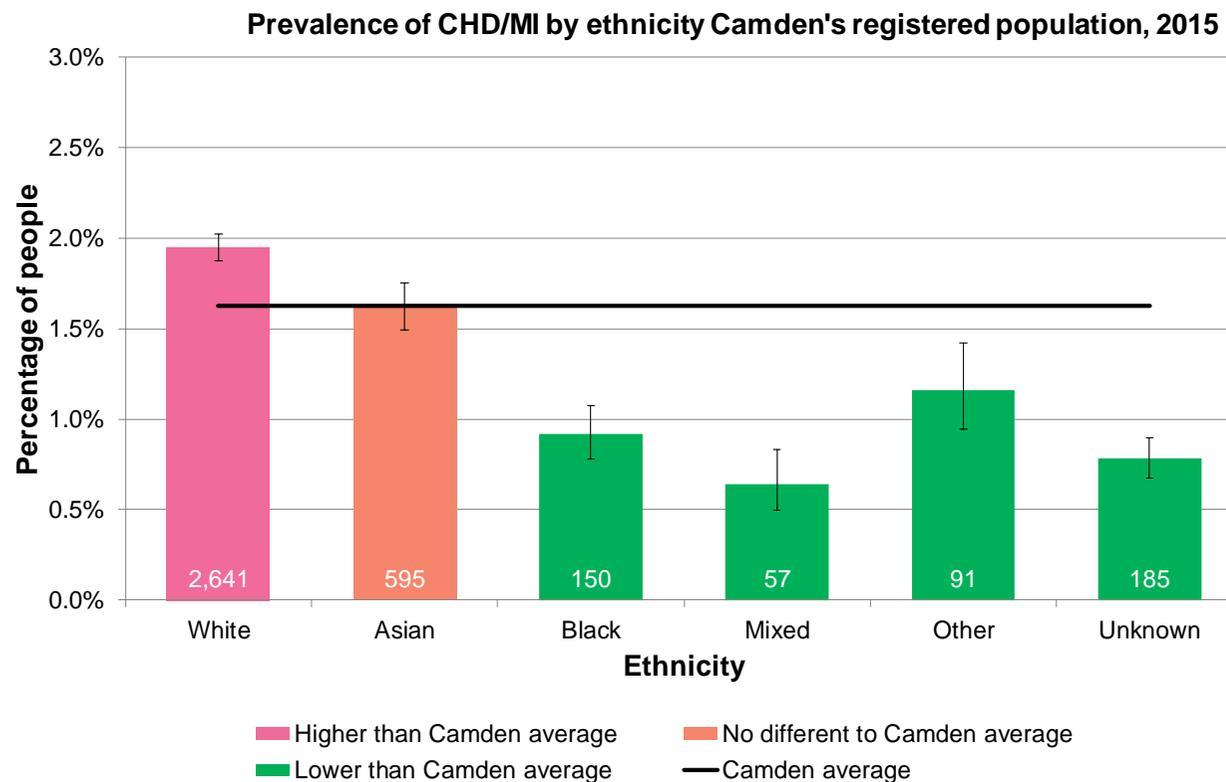
Differences by sex: CHD/MI

Prevalence of CHD/MI by sex Camden's registered population, 2015

- There are about 3,700 people with a diagnosis of CHD/MI (1.6%) in Camden.

- The prevalence of CHD/MI in men is significantly higher than women (2.3% compared to 1.0%).

Source: Camden's PH Linked Dataset, 2015

Differences by ethnicity: CHD/MI

Prevalence of CHD/MI by ethnicity Camden's registered population, 2015
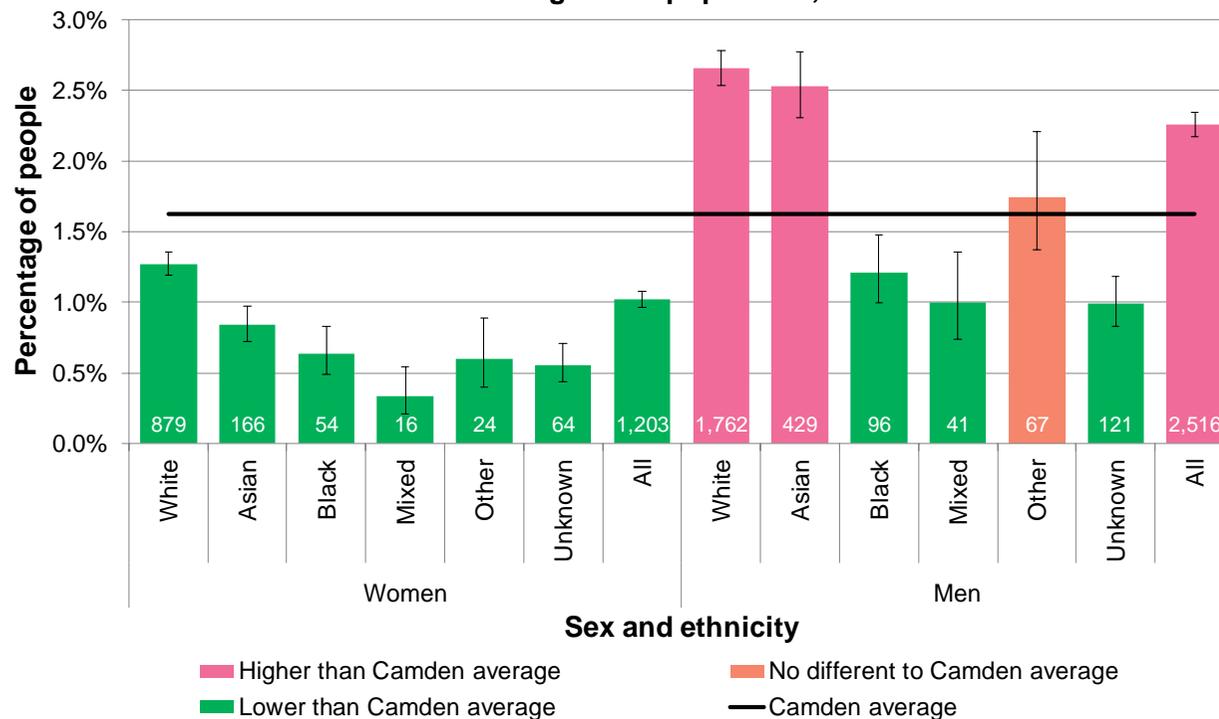
- The prevalence among White ethnic groups (1.9%) is significantly higher than average, and all other ethnic groups.

Source: Camden's PH Linked Dataset, 2015

Differences by sex and ethnicity: CHD/MI

Prevalence of CHD/MI by sex and ethnicity, Camden's registered population, 2015

Values shown in bars:

Women: White 879, Asian 166, Black 54, Mixed 16, Other 24, Unknown 64, All 1,203

Men: White 1,762, Asian 429, Black 96, Mixed 41, Other 67, Unknown 121, All 2,516

Legend:
- Higher than Camden average
- No different to Camden average
- Lower than Camden average
- Camden average

Source: Camden's PH Linked Dataset, 2015

- Men from White and Asian ethnic background have a higher prevalence of CHD/MI (2.7% and 2.5% respectively) than the Camden average (1.6%).
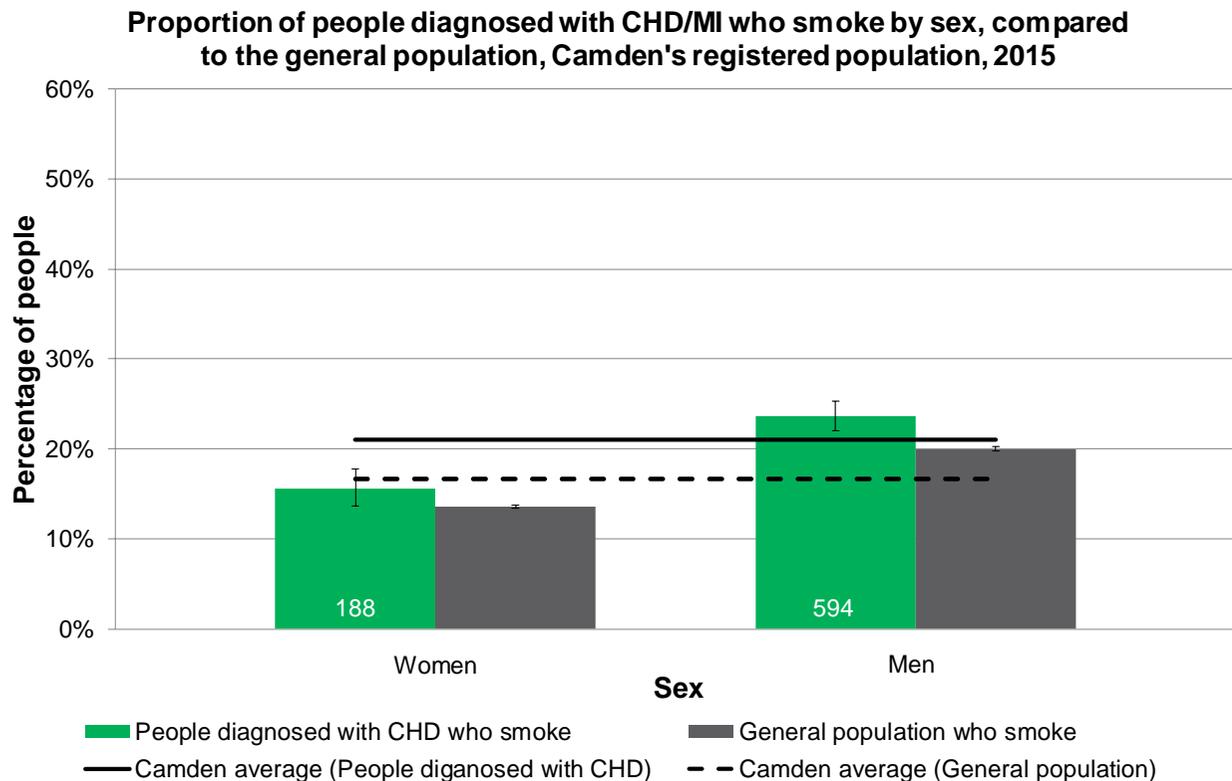
Differences by sex and ethnicity: CHD/MI standardisation

Indirectly age-standardised ratio of CHD/MI prevalence by sex and ethnicity, Camden's registered population, 2015
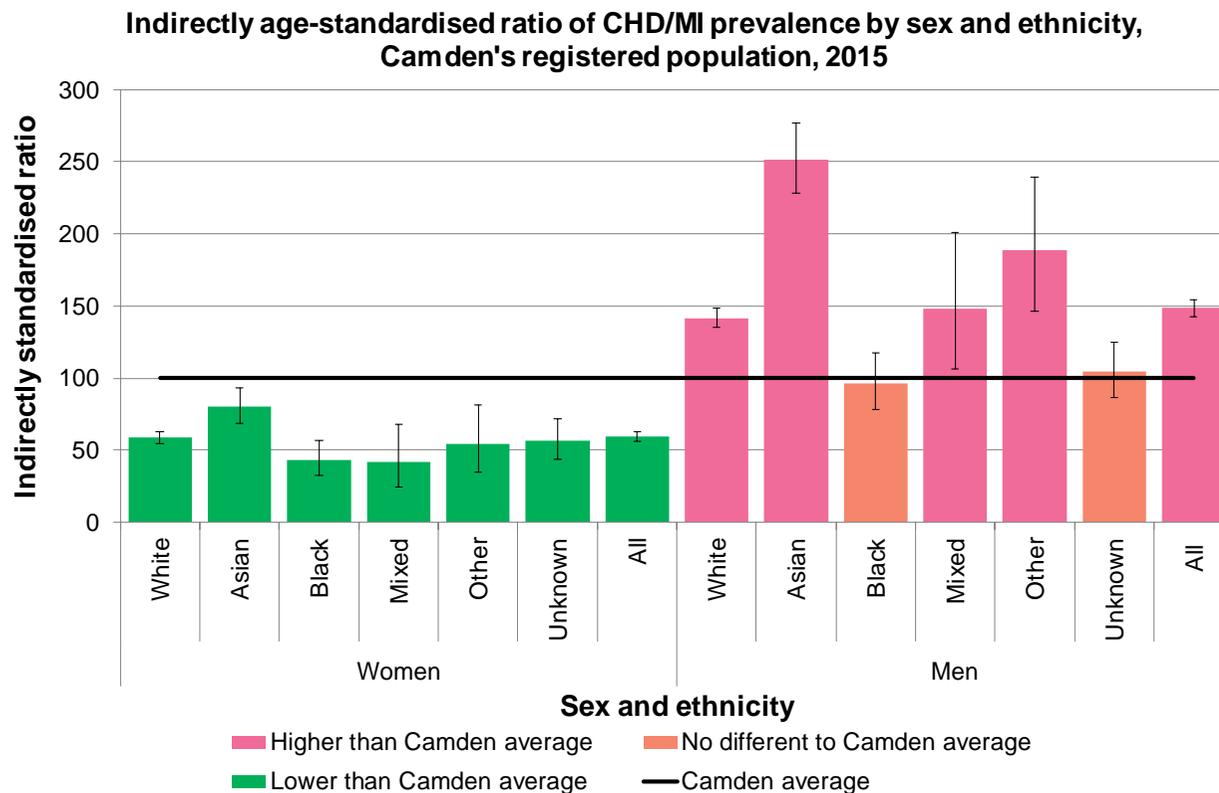
- After adjusting for age, the prevalence of CHD/MI for women across all ethnic groups remained significantly lower than expected for Camden.

- However, men from all ethnic groups, except for Black or Unknown ethnic groups, have a higher prevalence, when compared to Camden overall.

Source: Camden's PH Linked Dataset, 2015

Differences by sex: CHD/MI and smoking

Proportion of people diagnosed with CHD/MI who smoke by sex, compared to the general population, Camden's registered population, 2015

Legend:
- ■ People diagnosed with CHD who smoke
- ■ General population who smoke
- — Camden average (People diaganosed with CHD)
- - - Camden average (General population)

Note: Passive smoking is included; **Source**: Camden's PH Linked Dataset, 2015

- About a fifth of people diagnosed with CHD/MI are recorded smokers (800 out of 3,700 people).This percentage is higher than that of the general population of smokers in Camden (17%).

- Both men and women with CHD are significantly more likely to smoke (23% and 15%) than the male and female smokers in Camden (20% and 14%).

Differences by ethnicity: CHD/MI and smoking

Proportion of people diagnosed with CHD who smoke by ethnicity, compared against the general population, Camden's registered population, 2015
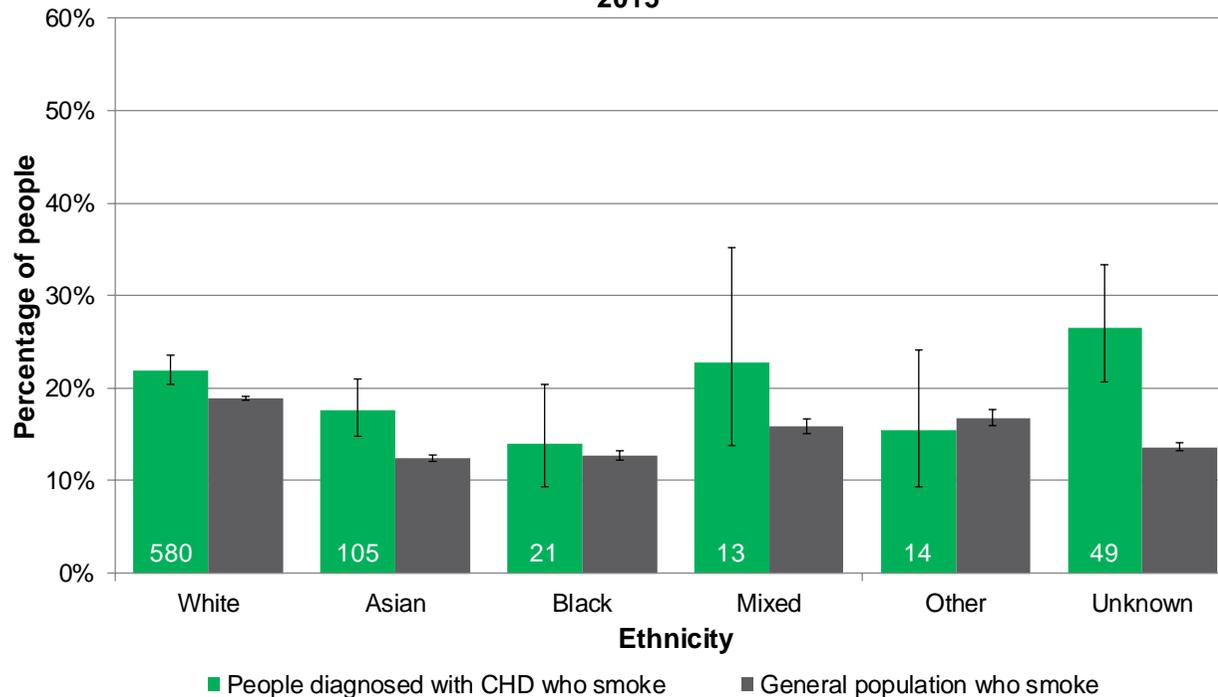
- White and Asian people diagnosed with CHD/MI have a significantly higher prevalence of smoking (22% and 18% respectively) than the general population who smoke (19% and 12% respectively).
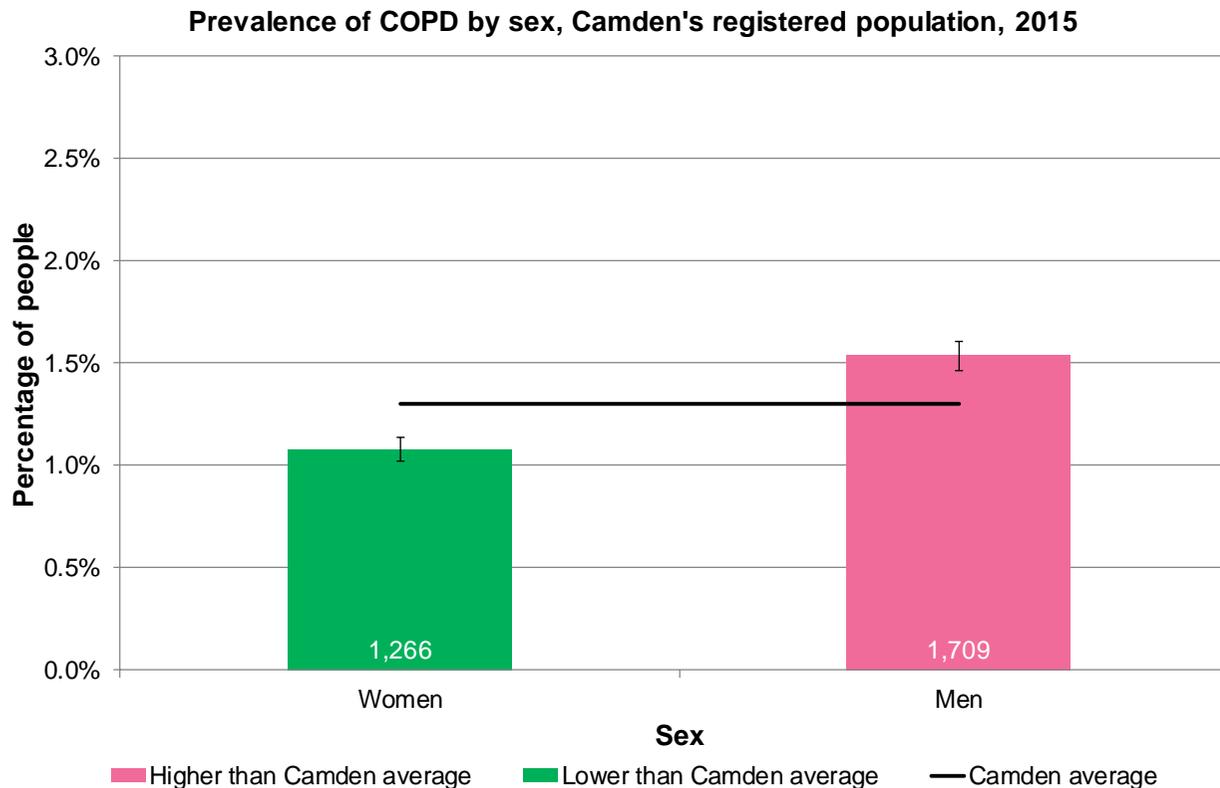
Note: Passive smoking is included; **Source**: Camden's PH Linked Dataset, 2015

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

Demographic analysis

This section describes the differences by demographic characteristics of people diagnosed with COPD, in terms of sex and ethnicity.
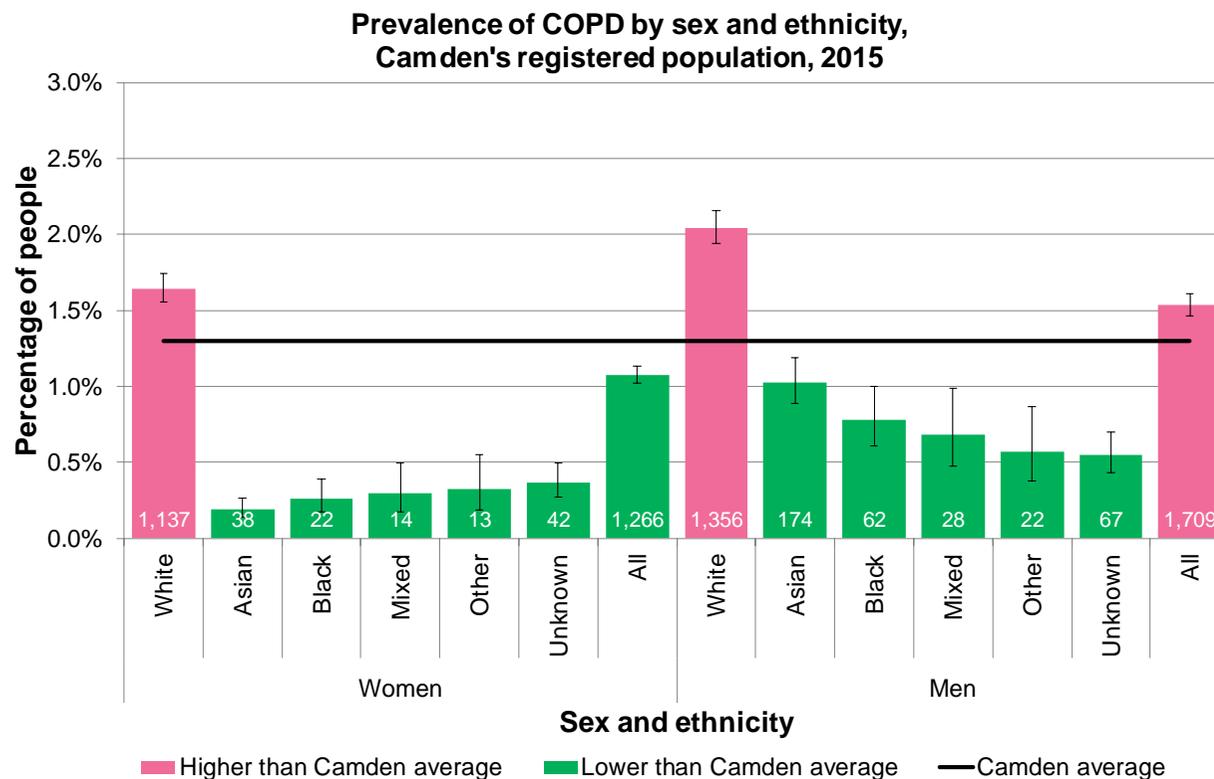
Differences by sex: COPD

Prevalence of COPD by sex, Camden's registered population, 2015

- There are about 3,000 people with a diagnosis of COPD (1.3%) in Camden.

- Men are more likely to be diagnosed with COPD (1.5%) than women (1.1%).

- There was no difference in smoking prevalence between men and women diagnosed with COPD (44% vs 45%; data not shown).
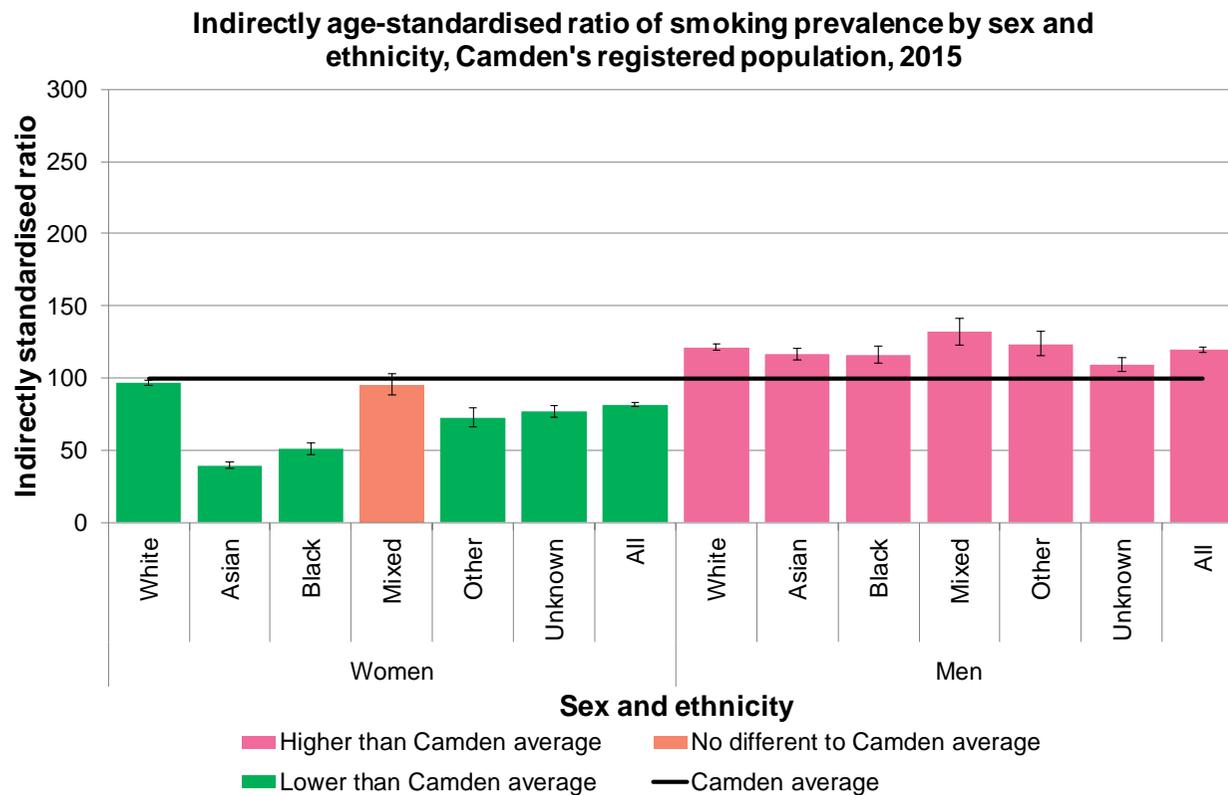
Source: Camden's PH Linked Dataset, 2015

Differences by sex and ethnicity: COPD

Prevalence of COPD by sex and ethnicity, Camden's registered population, 2015

Percentage of people (y-axis): 0.0%, 0.5%, 1.0%, 1.5%, 2.0%, 2.5%, 3.0%

Women: White 1,137; Asian 38; Black 22; Mixed 14; Other 13; Unknown 42; All 1,266

Men: White 1,356; Asian 174; Black 62; Mixed 28; Other 22; Unknown 67; All 1,709

Sex and ethnicity (x-axis)

Legend: Higher than Camden average | Lower than Camden average | Camden average

- Men and women from White ethnic groups have higher prevalence of COPD (2.0% and 1.6% respectively) than other ethnic groups.

- The gender gap is more notable in Asian and Black ethnic groups: men from Asian and Black ethnic groups are about 5 and 3 times more likely respectively to be diagnosed with COPD (1.0% and 0.8%) than women from the same ethnic groups (0.2% and 0.3%).

Differences by sex and ethnicity: COPD standardisation

Indirectly age-standardised ratio of smoking prevalence by sex and ethnicity, Camden's registered population, 2015

Y-axis: **Indirectly standardised ratio** (0, 50, 100, 150, 200, 250, 300)

X-axis: **Sex and ethnicity**

Women: White, Asian, Black, Mixed, Other, Unknown, All
Men: White, Asian, Black, Mixed, Other, Unknown, All

Legend:
- ■ Higher than Camden average
- ■ No different to Camden average
- ■ Lower than Camden average
- ── Camden average

Note: Passive smoking is included; **Source**: Camden's PH Linked Dataset, 2015

- Age is a key factor in the diagnosis of COPD. After adjusting for age, the results show a different pattern of that shown from the crude prevalence of COPD:
  - Women across all ethnic groups adjusted for age have a lower prevalence than expected for Camden, except women from mixed ethnic groups which have similar prevalence than Camden.
  - Men across all ethnic groups adjusted for age have a higher prevalence of COPD than expected for Camden overall.

Care Management and Review

This section looks at the variation of care management of people diagnosed with COPD, in terms of flu vaccination and referrals to smoking cessation services.

Differences by sex: COPD and flu vaccination

Proportion of people who had flu vaccination within the previous 12 months by sex, Camden's registered population diagnosed with COPD, 2015
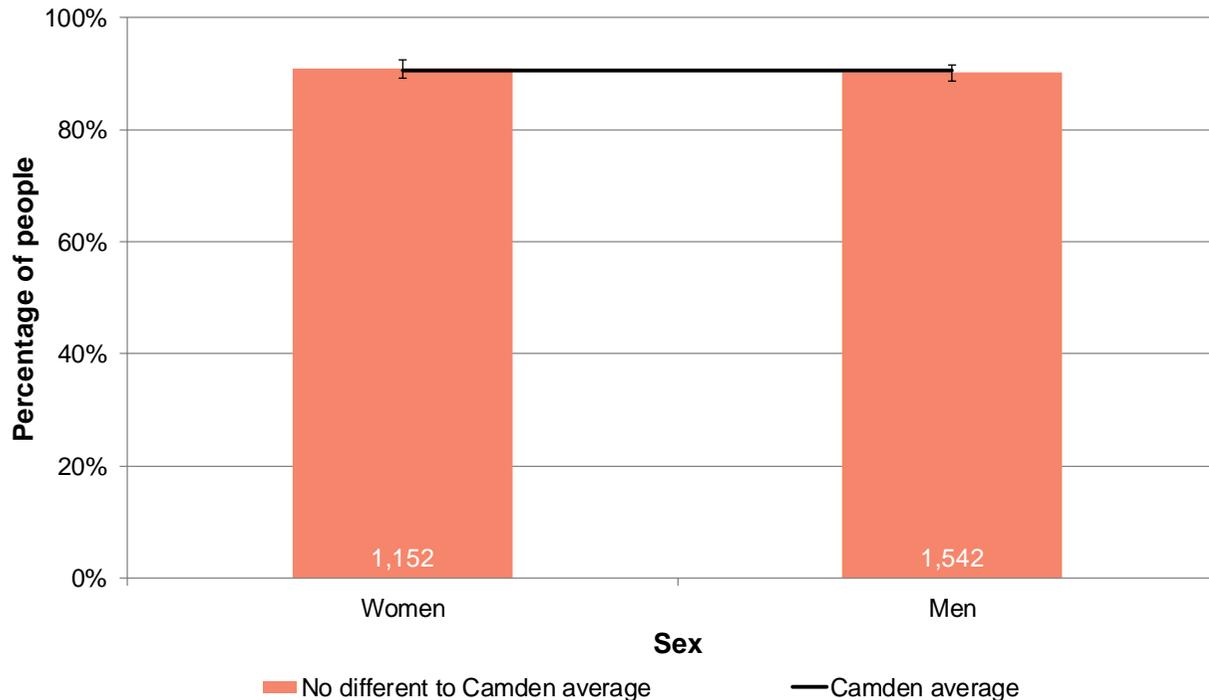

- In 2015, about 2,700 (91%) out of 3,000 people with COPD had a flu vaccination in the previous 12 months.

- Men and women diagnosed with COPD have a similar percentage of flu vaccination (90% and 91% respectively).

Source: Camden's PH Linked Dataset, 2015

Differences by ethnicity: COPD and flu vaccination

Proportion of people who had flu vaccination within the previous 12 months by ethnicity, Camden's registered population diagnosed with COPD, 2015
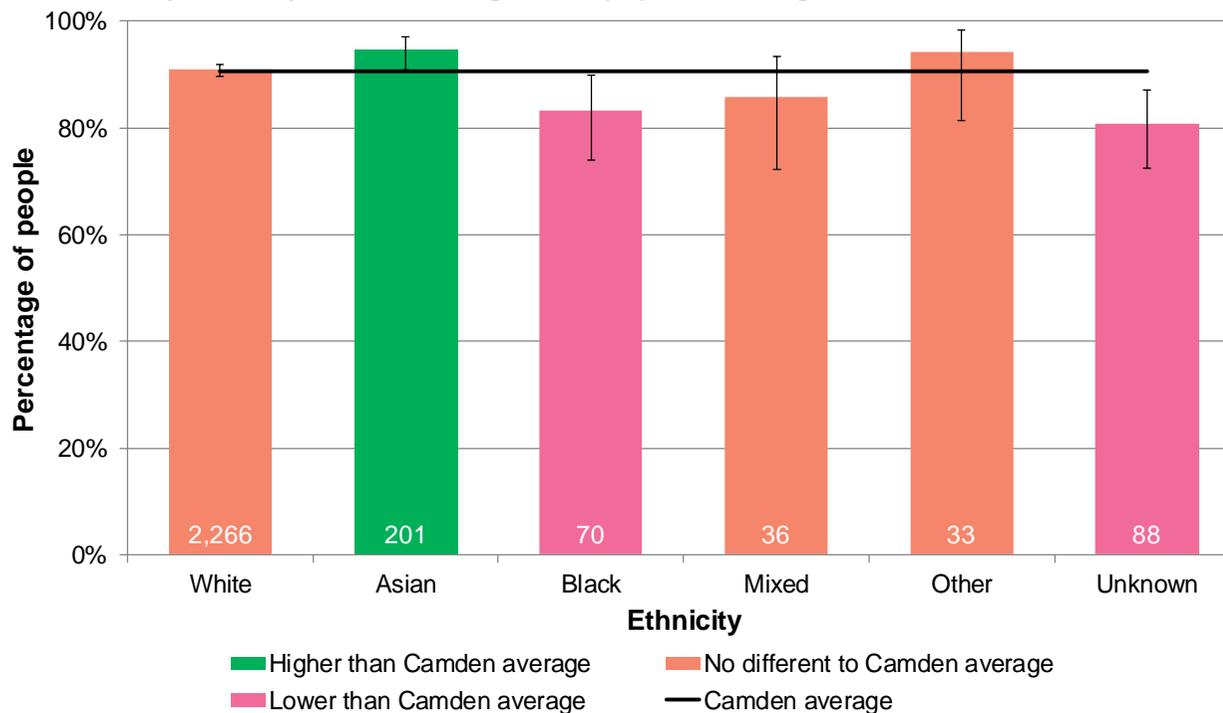

- Asian people diagnosed with COPD have a higher proportion of flu vaccination received within the last 12 months (95%) than the Camden average (91%) while Black people have a lower proportion.

Legend:
- Higher than Camden average
- No different to Camden average
- Lower than Camden average
- Camden average

Data labels on bars: White 2,266 | Asian 201 | Black 70 | Mixed 36 | Other 33 | Unknown 88

Source: Camden's PH Linked Dataset, 2015

Differences by sex and ethnicity: COPD and flu vaccination

Proportion of people who had flu vaccination within the previous 12 months by sex and ethnicity, Camden's registered population diagnosed with COPD, 2015
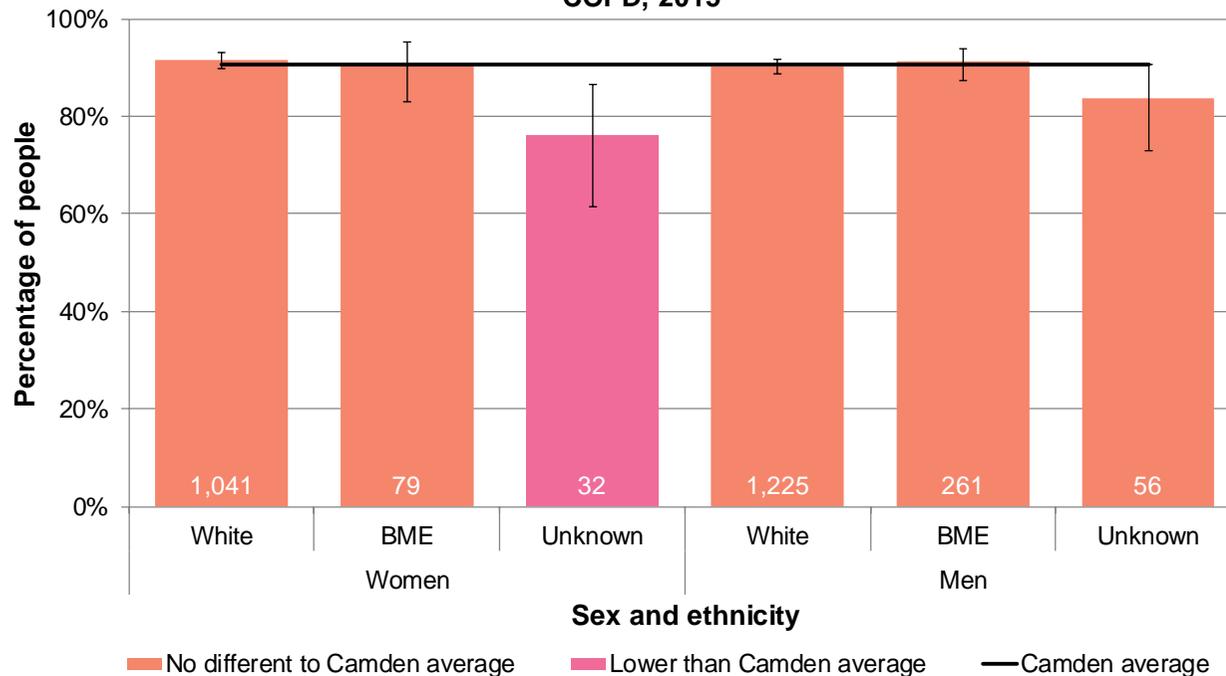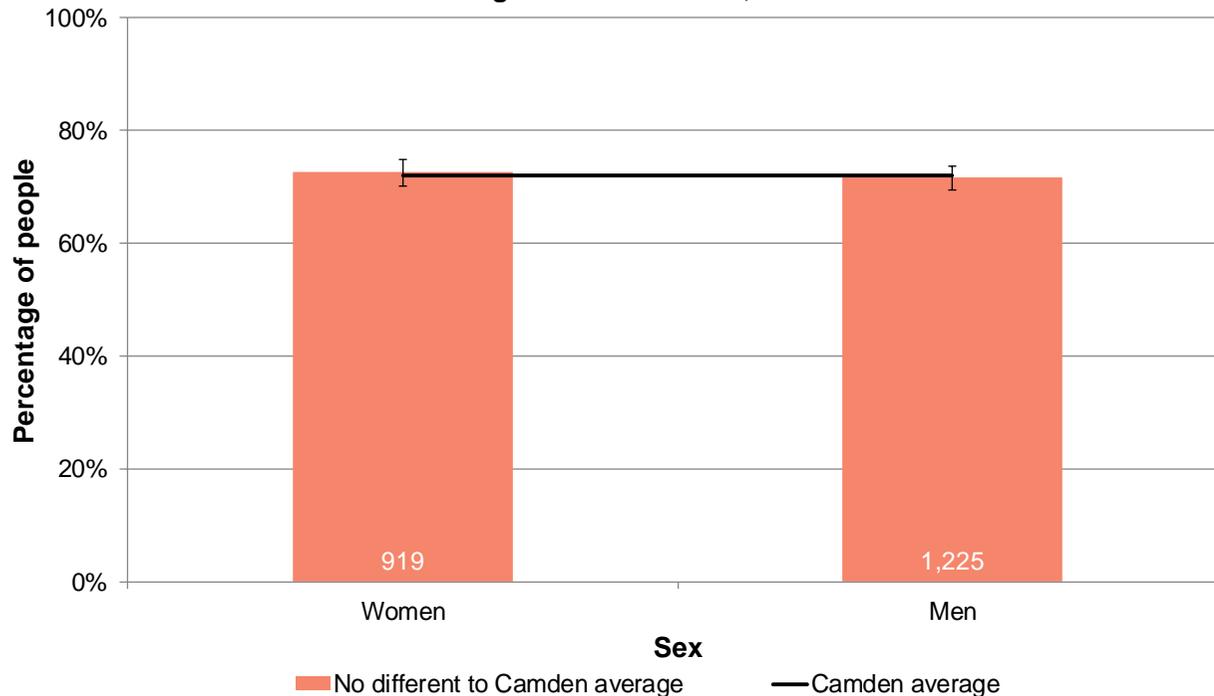

- Women diagnosed with COPD whose ethnicity is unknown are significantly less likely to have flu vaccination than the general population diagnosed with COPD (7% vs 91%).

Note: Black, Asian, Mixed and Other ethnic groups were grouped into Black and other minority ethnic group (BME) due to small numbers of people diagnosed with COPD; **Source**: Camden's PH Linked Dataset, 2015

Differences by sex: COPD and referral to smoking cessation services

Proportion of people who have been referred to smoking cessation services since the COPD diagnosis by sex, Camden's registered population diagnosed with COPD, 2015
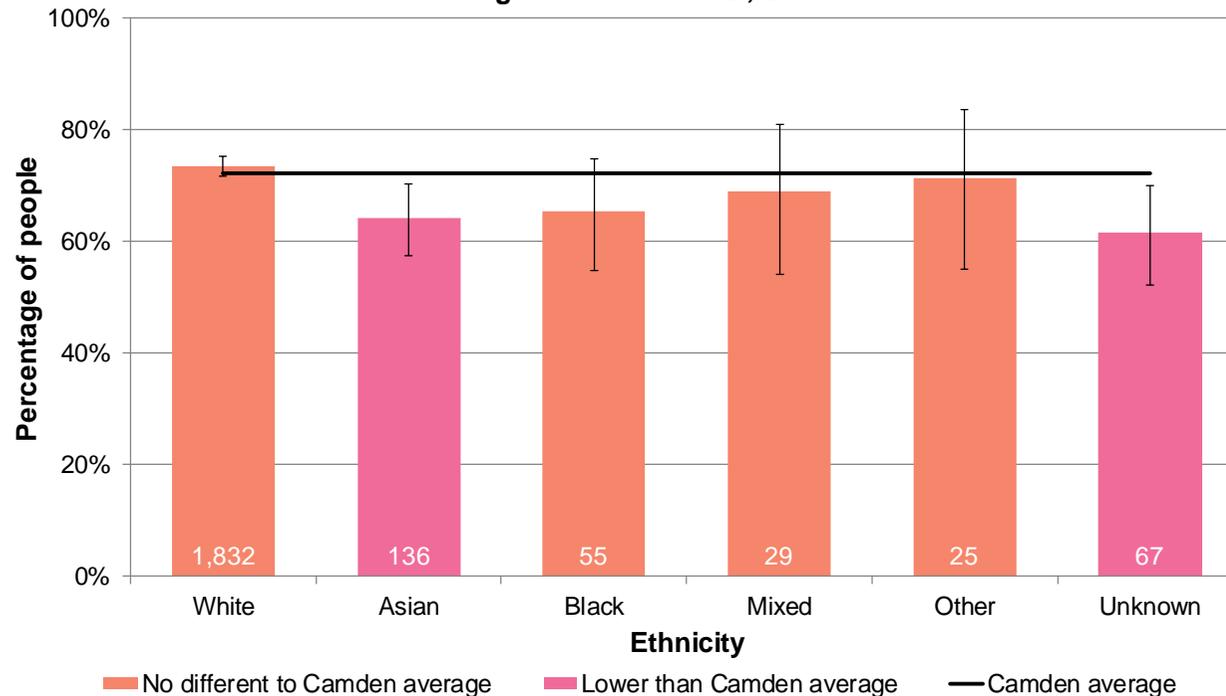

- In 2015, about 2,100 (72%) out of 3,000 people with COPD had been referred to smoking cessation services since their COPD diagnosis.

- There was no difference in the proportion of men and women diagnosed with COPD who had been referred to smoking cessation service (73% and 72% respectively).

Source: Camden's PH Linked Dataset, 2015

Differences by ethnicity: COPD and referral to smoking cessation services

Proportion of people who have been referred to smoking cessation services since the COPD diagnosis by ethnicity, Camden's registered population diagnosed with COPD, 2015

- Asian ethnic groups diagnosed with COPD have a lower proportion (64%) of smoking cessation referrals than the Camden average (70%).

Percentage of people (y-axis): 0%, 20%, 40%, 60%, 80%, 100%

Ethnicity (x-axis): White (1,832), Asian (136), Black (55), Mixed (29), Other (25), Unknown (67)

Legend: No different to Camden average | Lower than Camden average | Camden average

Source: Camden's PH Linked Dataset, 2015

Differences by sex and ethnicity: COPD and referral to smoking cessation services

Proportion of people who have been referred to smoking cessation services since the COPD diagnosis by sex and ethnicity, Camden's registered population diagnosed with COPD, 2015
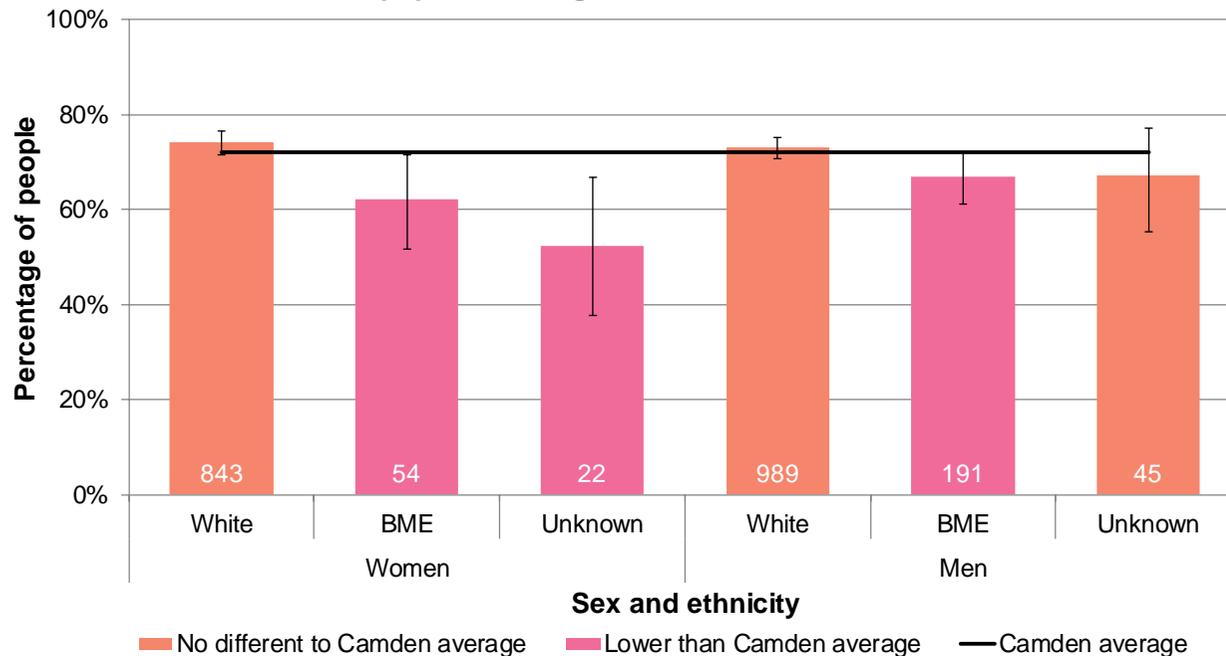
- Both men and women from BME ethnic groups are less likely to be referred to smoking cessation services (67% and 62% respectively) when compared to the Camden average.

Note: Black, Asian, Mixed and Other ethnic groups were grouped into Black and other minority ethnic group (BME) due to small numbers of people diagnosed with COPD; **Source**: Camden's PH Linked Dataset, 2015

CHRONIC LIVER DISEASE (CLD)

Demographic analysis

This section describes the differences by demographic characteristics of people diagnosed with CLD, in terms of sex and ethnicity.
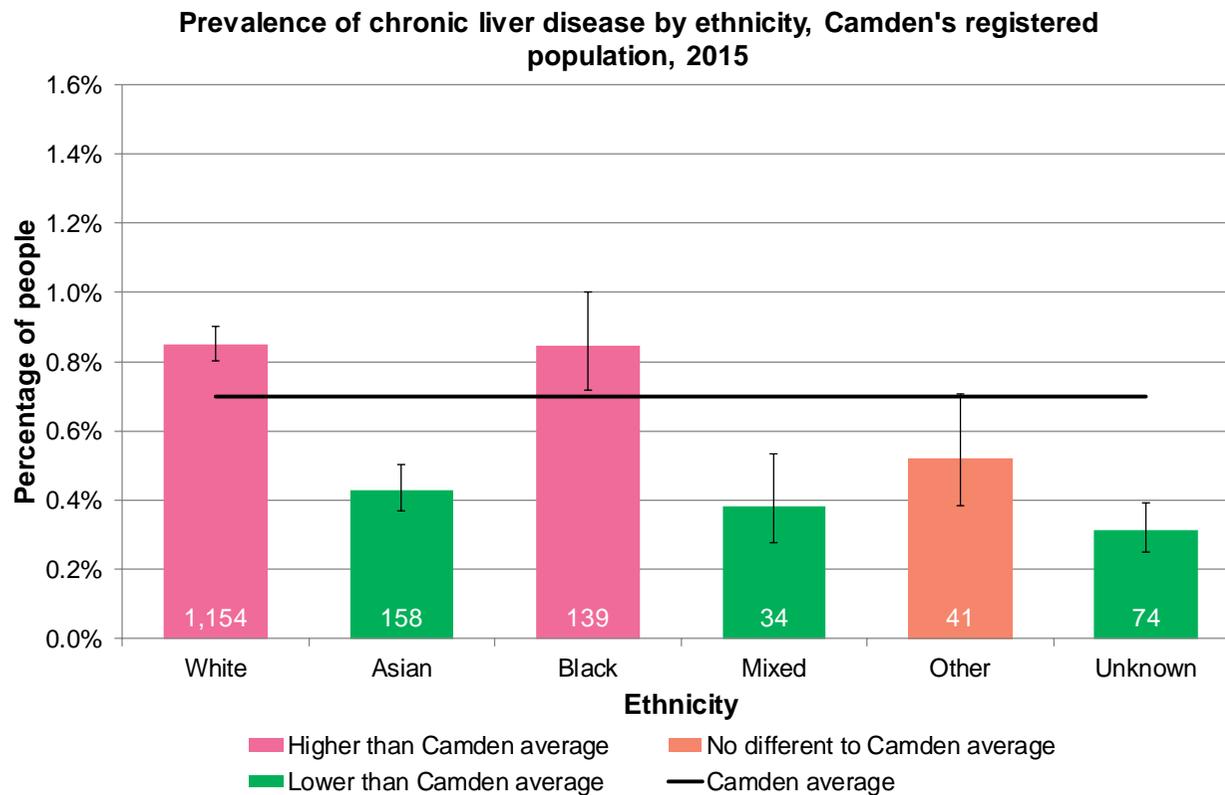
Differences by sex: CLD

Prevalence of chronic liver disease by sex, Camden's registered population, 2015
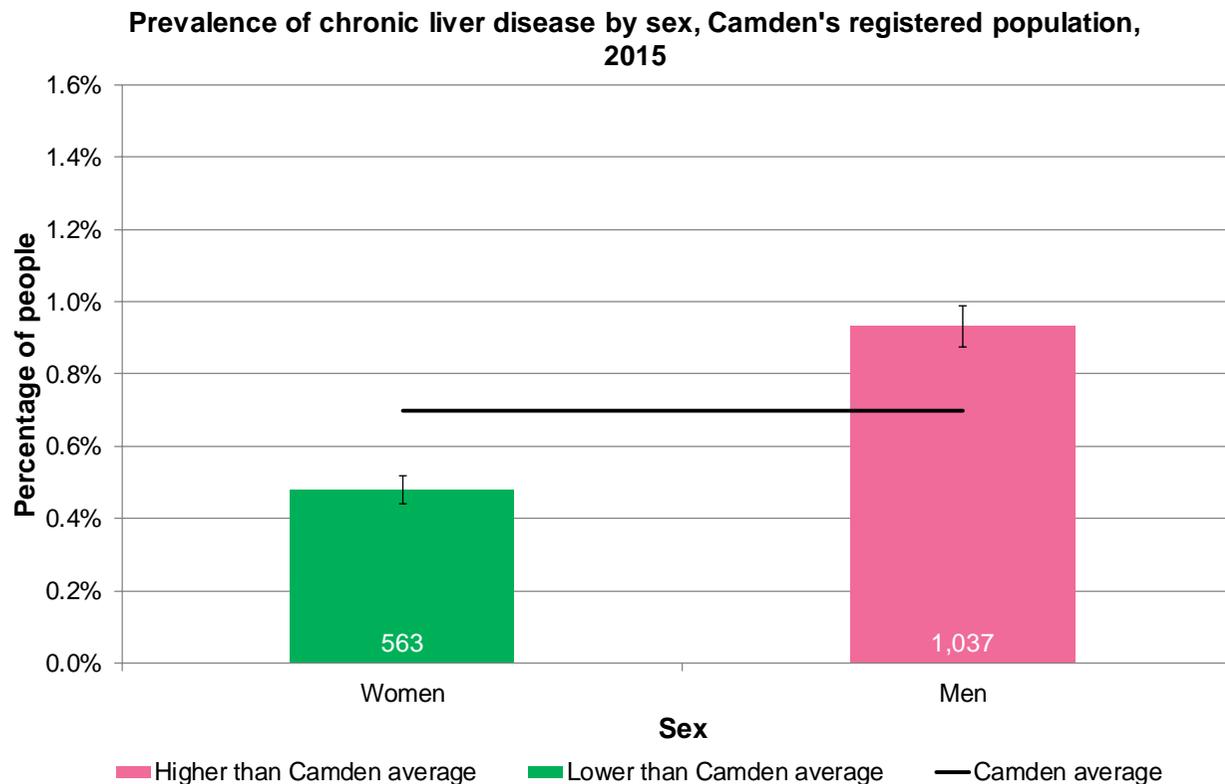
- There are around 1,600 people diagnosed with chronic liver disease (0.7%) in Camden.

- Men are significantly more likely to be diagnosed with chronic liver disease (0.9%) than women (0.5%).

Legend: Higher than Camden average | Lower than Camden average | Camden average

Source: Camden's PH Linked Dataset, 2015

Differences by ethnicity: CLD
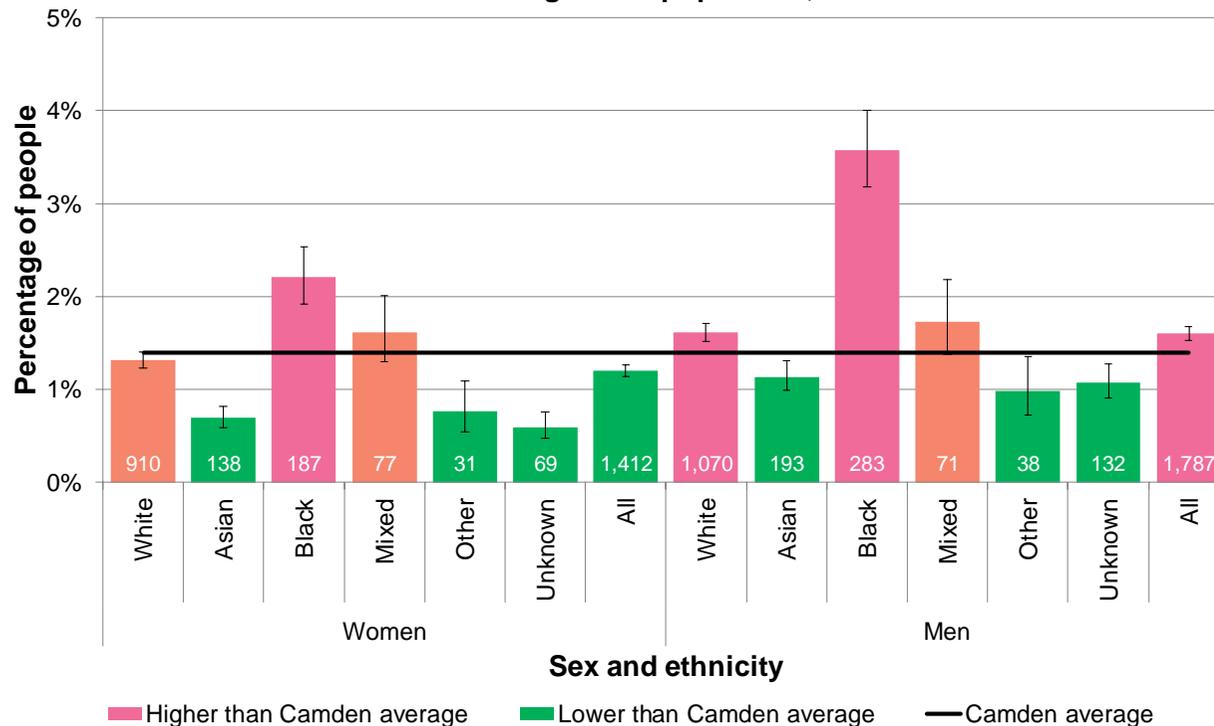
Prevalence of chronic liver disease by ethnicity, Camden's registered population, 2015

- In general, people from a White or Black ethnic origin have a higher prevalence of chronic liver disease (0.9% and 0.8% respectively) than other ethnic groups.
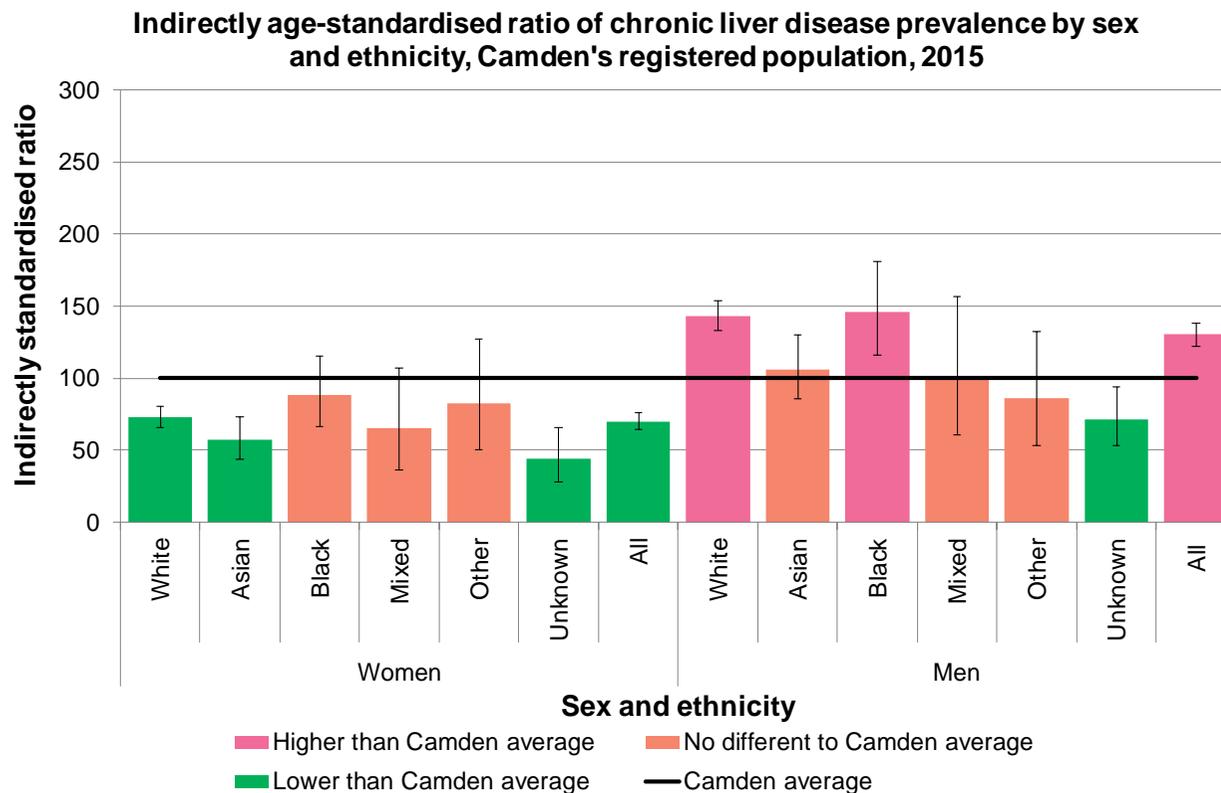
Source: Camden's PH Linked Dataset, 2015

Differences by sex and ethnicity: CLD

Prevalence of serious mental illness by sex and ethnicity, Camden's registered population, 2015

- White and Black men are more likely to be diagnosed with CLD (1.2% and 1.0% respectively), compared to the general population (0.7%).

- The lower prevalence among men and women without a recorded ethnicity may suggest the potential underdiagnoses of chronic liver disease in this ethnic group.

Source: Camden's PH Linked Dataset, 2015

Differences by sex and ethnicity: CLD standardisation

Indirectly age-standardised ratio of chronic liver disease prevalence by sex and ethnicity, Camden's registered population, 2015

- Higher than Camden average
- No different to Camden average
- Lower than Camden average
- Camden average

Source: Camden's PH Linked Dataset, 2015

- After adjusting for age, White and Black men are more likely to be diagnosed with CLD.

- White and Asian women have a lower prevalence of CLD than expected.

- Men from Asian and Other or Mixed ethnic groups have a similar prevalence than expected, compared to Camden overall.
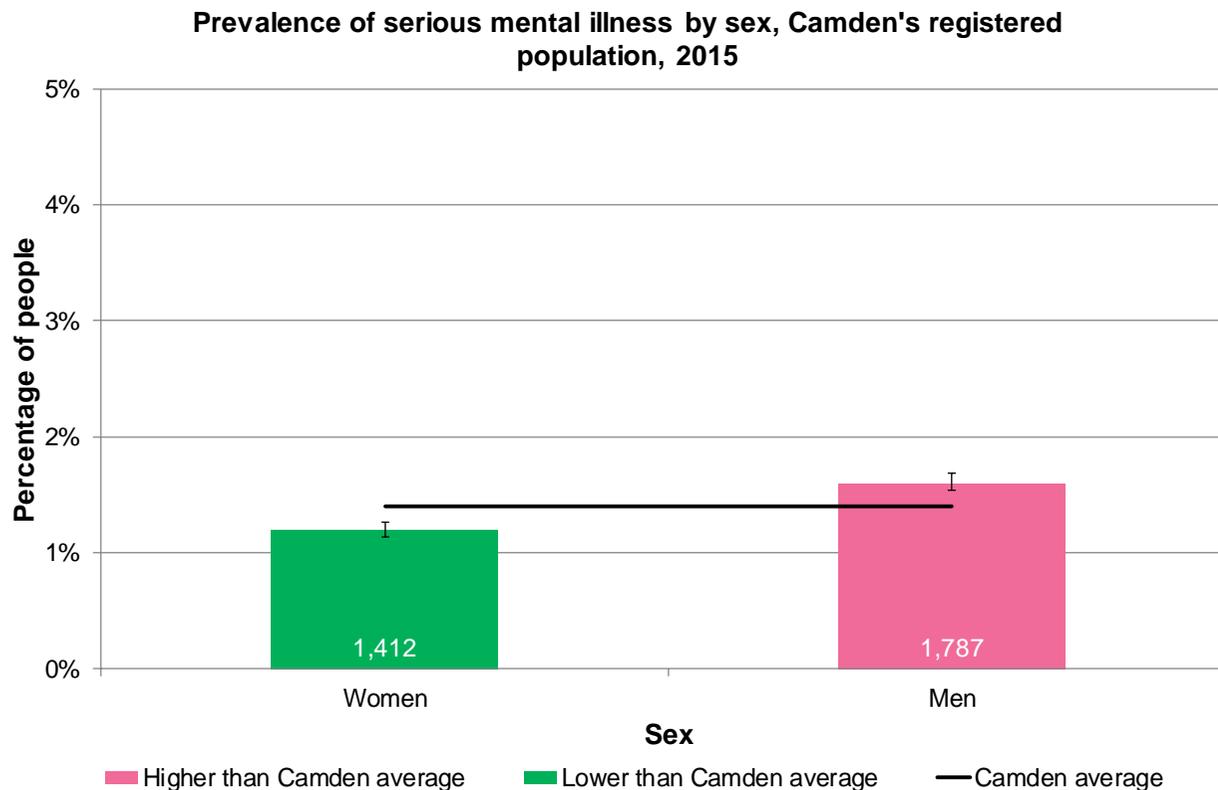
SERIOUS MENTAL ILLNESS (SMI)

Demographic analysis

This section describes the differences by demographic characteristics of people diagnosed with a serious mental illness, in terms of sex and ethnicity.
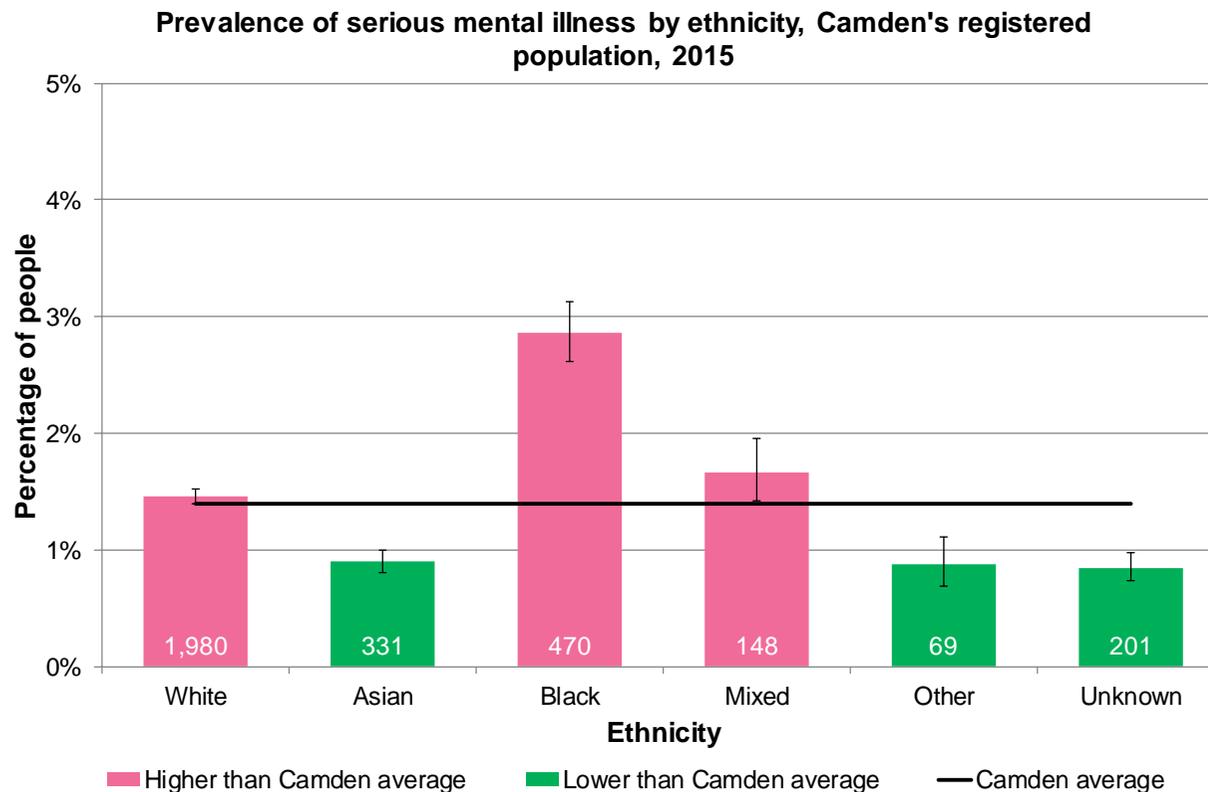
Differences by sex: serious mental illness

Prevalence of serious mental illness by sex, Camden's registered population, 2015

- There are around 3,200 people with a diagnosis of serious mental illness (1.4%) in Camden.
- Men are more likely to be diagnosed with SMI (1.6%) than women (1.2%).

Source: Camden's PH Linked Dataset, 2015

Differences by ethnicity: serious mental illness
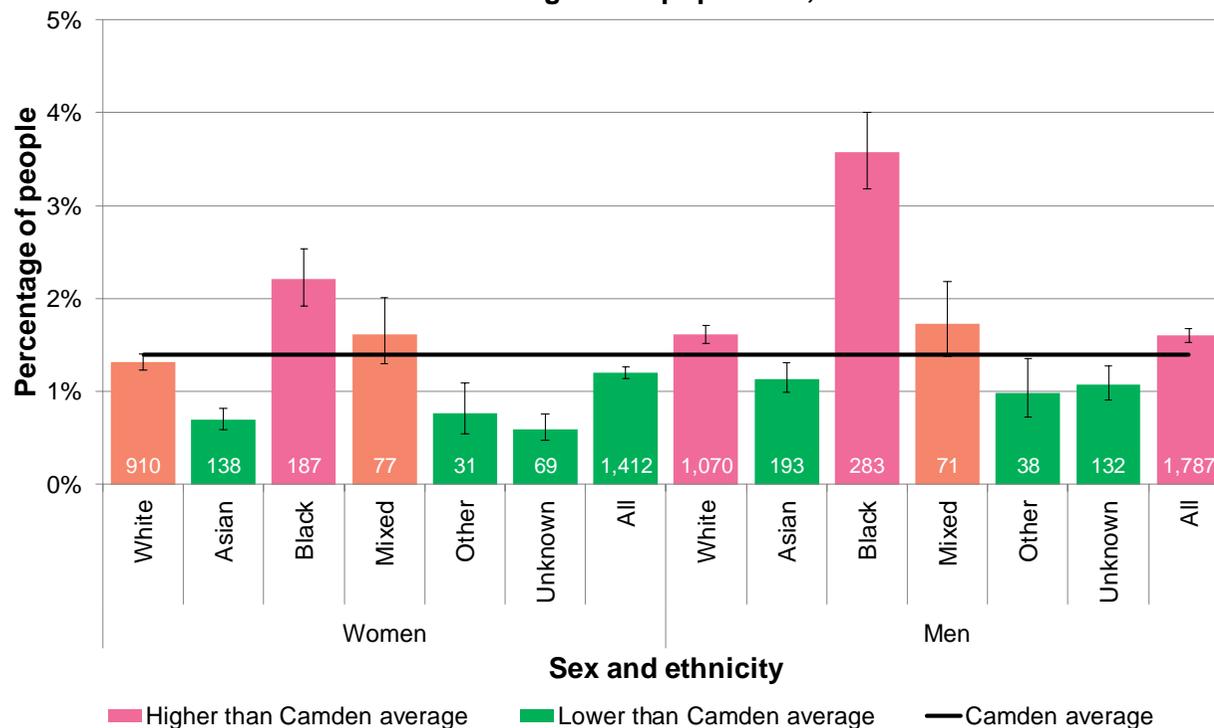
Prevalence of serious mental illness by ethnicity, Camden's registered population, 2015

- Black ethnic groups are more than twice as likely to be diagnosed with serious mental illness (2.9%) when compared to the general population (1.4%).

Source: Camden's PH Linked Dataset, 2015

Differences by sex and ethnicity: SMI

Prevalence of serious mental illness by sex and ethnicity, Camden's registered population, 2015

- Black men and Black women are at a significantly higher risk of serious mental illness (SMI) when compared to the Camden average (3.6% and 2.2% respectively).

- After adjusting for age, the results showed a similar pattern (data not shown).

Source: Camden's PH Linked Dataset, 2015

About Public Health Intelligence

Public health intelligence is a specialist area of public health. Trained analysts use a variety of statistical and epidemiological methods to collate, analyse and interpret data to provide an evidence-base and inform decision-making at all levels. Camden and Islington's Public Health Intelligence team undertake epidemiological analysis on a wide range of data sources.

All of our profiles, as well as other data and outputs can be accessed on the Camden Data website at:
https://opendata.camden.gov.uk

FURTHER INFORMATION & FEEDBACK

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We would also very much welcome your comments on these profiles and how they could better suit your requirements, so please contact us with your ideas.

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