

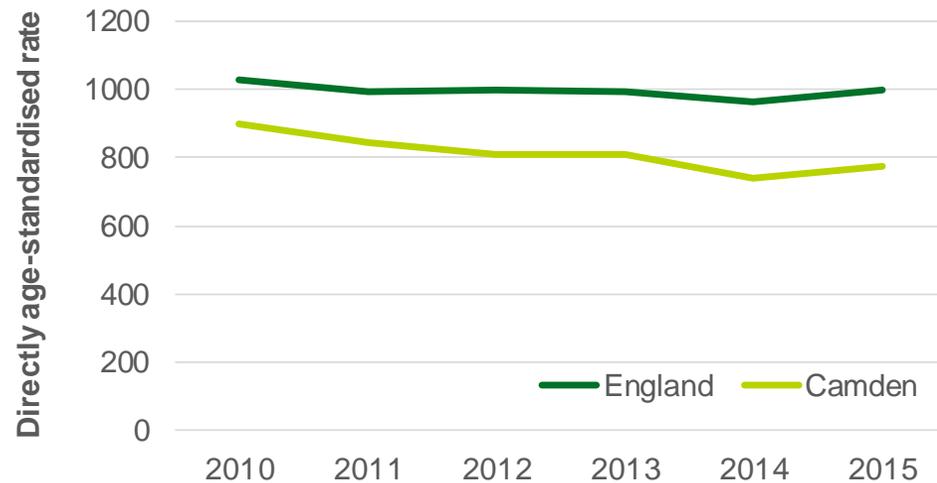
Health inequality: Camden

KEY MESSAGES

December 2017

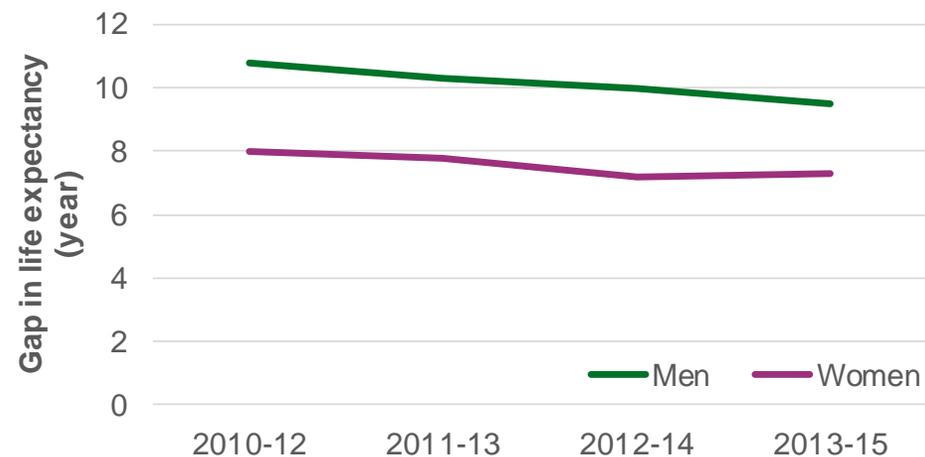
While the overall death rates have decreased in Camden, the rate of decrease has been slower for men and women living in the more deprived areas of the Borough.

Directly age-standardised mortality rates per 100,000 persons, Camden and England, 2010 to 2015¹



- Since 2010, the overall mortality rates in Camden has improved over time.
- The main causes of death (cardiovascular disease, cancer, and respiratory disease), have all fallen over time (data not shown).

Life expectancy gap: slope index of inequality in life expectancy by sex, Camden, 2010-12 to 2013-15²



- The life expectancy gap has also narrowed for both men and women since 2010-12, although it is not statistically significant.
- However, men and women in poor areas still die earlier (9.5 and 7.3 years earlier respectively) than men and women living in wealthier areas in the borough.

Health inequality: Camden

In Camden, local analysis³ on mortality shows that there are clear differences on the impact of deprivation across key causes of death.



Cause of death 2011-15	% Attributable Risk due to deprivation	Total number of deaths	No. of attributable deaths due to deprivation
COPD	68%	159	120
Lung cancer	47%	193	100
CHD/MI	45%	322	155
Stroke/TIA	43%	121	55
CLD	30%	47	16
All causes	38%	2,261	913

- In 2011-15, local mortality analysis shows that **about 40%** of all death for men are attributable to deprivation.
- There are clear differences by cause of death in men; in 2011-15, **COPD** had the highest proportion of deprivation attributable deaths (68%), followed by **lung cancer** (47%), and **coronary heart disease/ myocardial infarction (CHD/MI)** (45%).
- CHD accounts for a large number of deaths in men, followed by lung cancer.



Cause of death 2011-15	% Attributable Risk due to deprivation	Total number of deaths	No. of attributable deaths due to deprivation
COPD	49%	125	49
CHD/MI	44%	190	66
Lung cancer	33%	146	45
Stroke/TIA	23%	136	22
CLD	-	-	-
All causes	24%	2,194	452

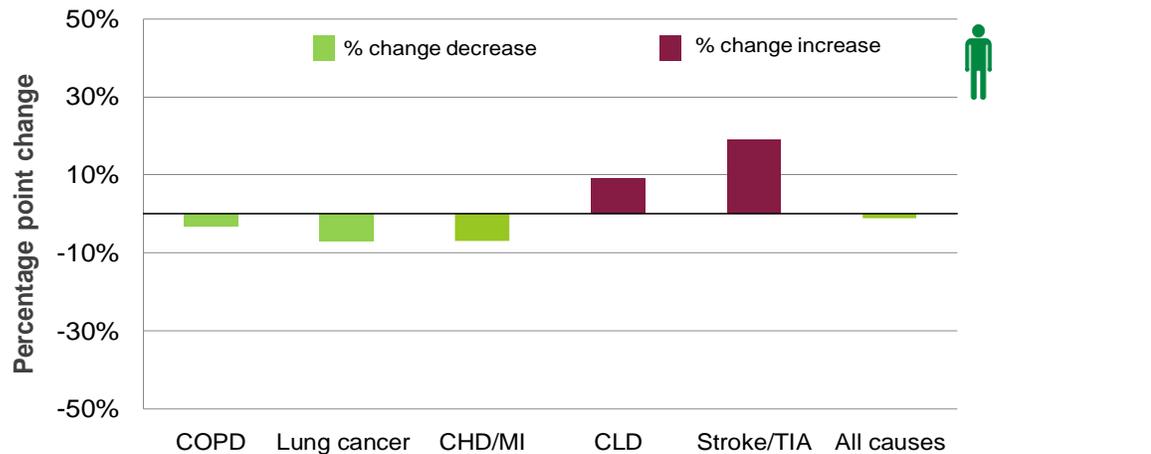
- Most recent data show that **about a quarter** of all deaths for women in Camden are attributable to deprivation.
- Deprivation attributable deaths rates differ by cause of death in women; in 2011-15, **COPD** had the highest proportion of deprivation attributable deaths (49%), followed by **coronary heart disease/ myocardial infarction (CHD/MI)** (44%), and **lung cancer** (33%).
- CHD accounts for a large number of deaths in men, followed by lung cancer

NOTE: the number of deaths from chronic liver disease (CLD) in women were not sufficiently large (≥ 30) to produce meaningful results

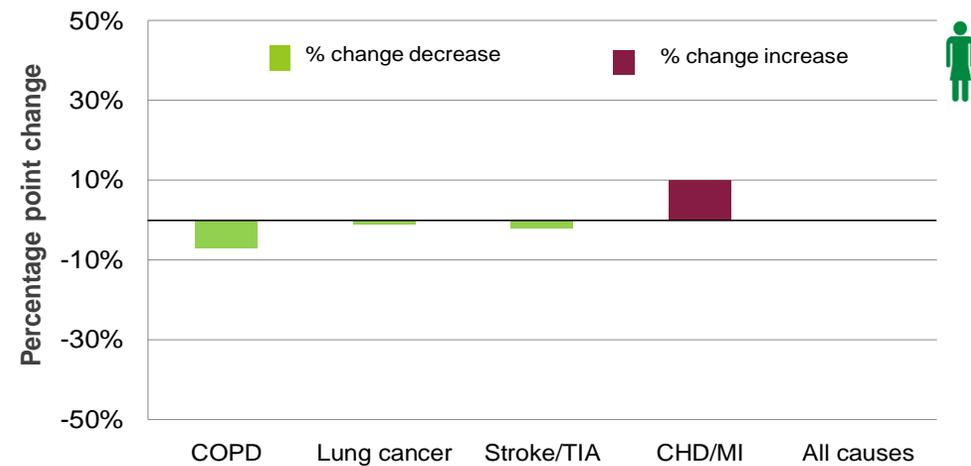
Health inequality: Camden

- Over time, there has been some evidence of improvements in the gaps between the most affluent and most deprived areas for deaths from **COPD, lung cancer** for both men and women, **stroke/TIA** for women and **CHD/MI** for men.
- Mortality from these causes are strongly related to lifestyle risk factors such as smoking and obesity which are associated with higher level of deprivation.
- The gaps, however, have widened for **CHD/MI** for women, and **chronic liver disease** and **stroke/TIA** for men. This is largely due to an increase of deaths from these causes in the more deprived areas, while they have fallen in the most affluent areas.

Percentage change in attributable risk due to deprivation by cause of death, men, 2009-13 to 2011-15³



Percentage change in attributable risk due to deprivation by cause of death, women, 2009-13 to 2011-15³



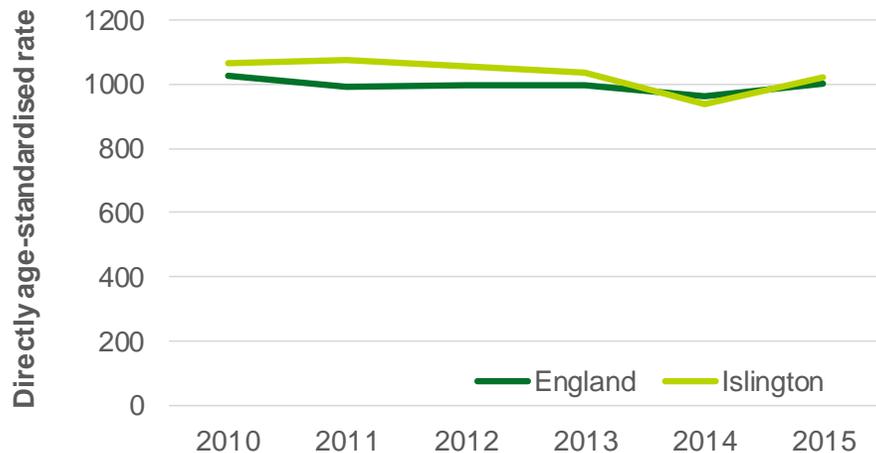
Health inequality: Islington

KEY MESSAGES

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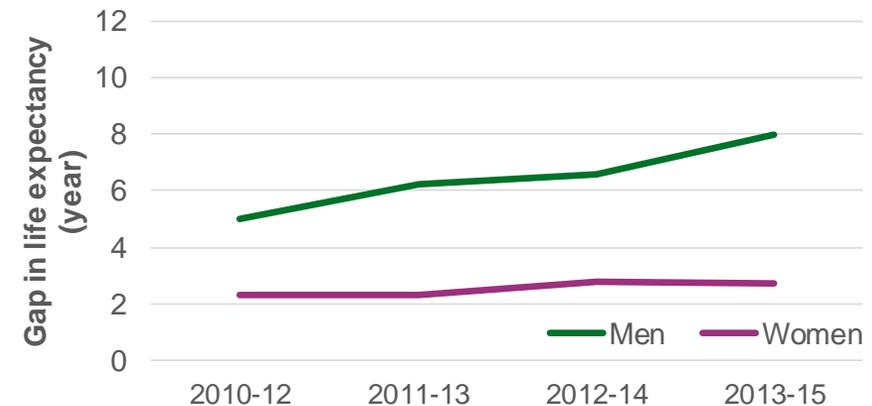
While the overall death rates have decreased in Islington, the rate of decrease has been slower for men living in the more deprived areas of the Borough.

Directly age-standardised mortality rates per 100,000 persons, Islington and England, 2010 to 2015¹



- The overall mortality rates in Islington has slightly improved since 2010.
- The main causes of death (cardiovascular disease, cancer, and respiratory disease), have all fallen over this period (data not shown).

Life expectancy gap: slope index of inequality in life expectancy by sex, Islington, 2010-12 to 2013-15²



- The life expectancy gap has remained fairly stable for women but it has increased for men since 2010-12.
- Men and women in poor areas still die earlier (8.0 and 2.7 years earlier respectively) than men and women living in wealthier areas in the borough.

Health inequality: Islington

In Islington, local analysis³ on mortality shows that there are clear differences on the impact of deprivation across key causes of death.



Cause of death 2011-15	% Attributable Risk due to deprivation	Total number of deaths	No. of attributable deaths due to deprivation
CLD	63%	38	32
Lung cancer	36%	210	104
Stroke/TIA	32%	127	51
CHD/MI	23%	377	117
COPD	21%	146	40
All causes	27%	2,397	726

- In 2011-15, local mortality analysis shows that **more than a quarter** of all deaths for men in Islington are attributable to deprivation.
- There are clear differences by cause of death in men; in 2011-15, **chronic liver disease (CLD)** had the highest proportion of deprivation attributable deaths (63%), followed by **lung cancer** (36%), and **stroke/TIA** (32%).
- Coronary heart disease/ myocardial infarction (CHD/MI) accounts for a large number of deaths in men, followed by lung cancer.



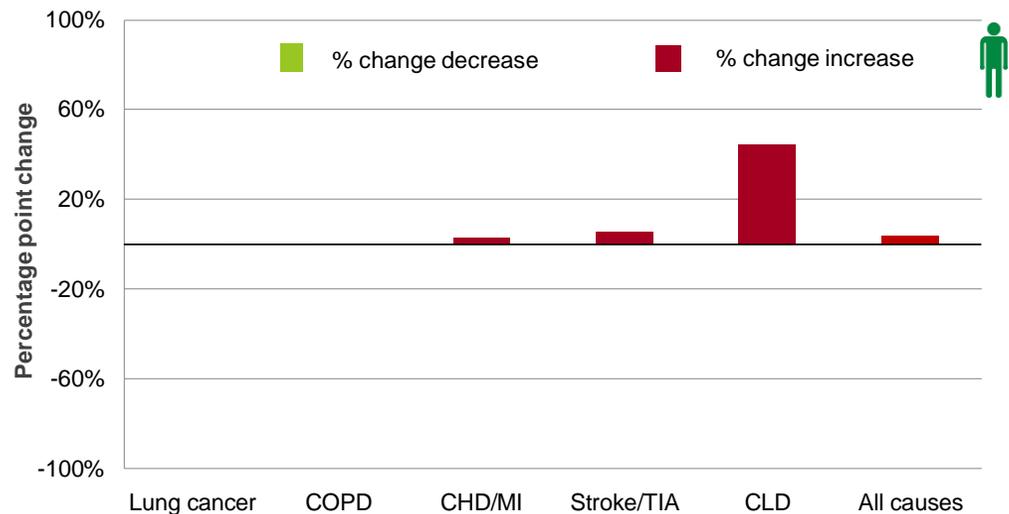
Cause of death 2011-15	% Attributable Risk due to deprivation	Total number of deaths	No. of attributable deaths due to deprivation
CLD	61%	38	29
Lung cancer	40%	170	75
CHD/MI	0%	210	1
COPD	-7%	117	-9
Stroke/TIA	-25%	148	-34
All causes	11%	2,195	229

- Most recent data show that **about 10%** of all deaths for women in Islington are attributable to deprivation.
- Deprivation attributable deaths rates differ by cause of death in women; in 2011-15, **CLD** had the highest proportion of deprivation attributable deaths (61%), followed by **lung cancer** (40%). Lung cancer accounts for a large number of deaths attributable to deprivation in women.
- Both **COPD** and **Stroke/TIA** have negative values for deprivation attributable deaths. This is because **women in the most affluent areas have comparatively high death rates** compared to other most deprived areas.

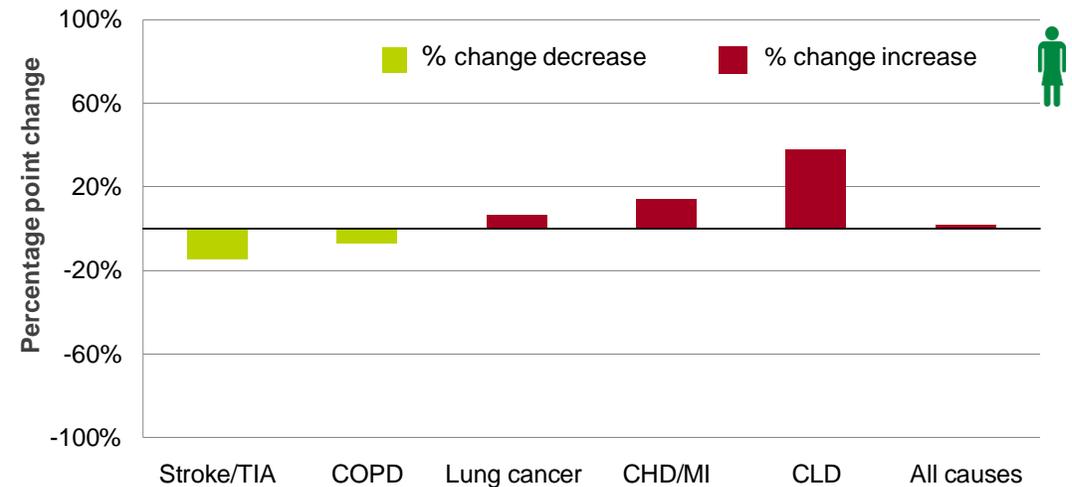
Health inequality: Islington

- In Islington the life expectancy gap has increased for men, and remained fairly stable for women over time. There has been some evidence of improvements in the gaps between the most affluent and most deprived areas for deaths from **stroke/TIA** and **COPD** for women. Mortality from these causes are strongly related to lifestyle risk factors such as smoking and obesity which are associated with higher level of deprivation.
- The gaps, however, have widened for **chronic liver disease (CLD)**, **CHD/MI** for both men and women, **stroke/TIA** for men and **lung cancer** for women. This is largely due to an increase of deaths from these causes in the more deprived areas, but for stroke there has been an increase in deaths in the most affluent areas.

Percentage change in attributable risk due to deprivation by cause of death, men, 2009-13 to 2011-15³



Percentage change in attributable risk due to deprivation by cause of death, women, 2009-13 to 2011-15³



Further information

Reference

1. Office for National Statistics (ONS), 2015
2. Public Health Outcome Framework (PHOF), 2017
3. Local ONS mortality files (2015) – Analysis by Camden and Islington’s Public Health Intelligence Team

Further reading

- Full analysis on health inequality: ‘Closing the life expectancy gap over time’ (2009-13 /2011-15) can be found on:
Islington Evidence Hub website:[https://evidencehub.islington.gov.uk/PublicRecords/Public-health/Information/Factsheets/2017-2018/\(2018-01-04\)-Health-inequality-Camden-and-Islington.pdf](https://evidencehub.islington.gov.uk/PublicRecords/Public-health/Information/Factsheets/2017-2018/(2018-01-04)-Health-inequality-Camden-and-Islington.pdf)
Camden data website:<https://opendata.camden.gov.uk/Health/Health-Inequality-in-Camden-and-Islington-2017-Clo/brkh-7te8>
- Public Health Information for Scotland (ScotPHO): ‘Measuring Socio-Economic Inequalities in Health’, 2007

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.

About this briefing

FURTHER INFORMATION & FEEDBACK

This profile has been created by Ester Romeri (Public Health Intelligence and Information Analyst) and reviewed by Dalina Vekinis (Principal Public Health Intelligence Specialist) and approved for publication by Sarah Dougan (Chief Analytical Officer & Consultant in Public Health)

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

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