Health Inequalities - Wales and Europe

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4 Principles

• Social justice, human rights and community solidarity;

• The NHS and public service ethos and values;

• Public health evidence and the needs of defined populations;

• The importance of the primary health care delivery system for equity, effectiveness and efficiency.
Wales in 1850

•...but it was stated before me in evidence by more than one witness that, whenever a man made a little fortune or even a sufficiency for the supply of his future days, he took leave of the town of Merthyr and settled in some other more agreeable or healthy place.

•T. W. Rammell, Report to the General Board of Health on a Preliminary Inquiry into the Sanitary Condition of the inhabitants of Merthyr Tydfil 1850
Wales in 2007

In the news - for all the wrong reasons – CACI’s “Terrible Ten” - Local Authorities in England and Wales with the worst health.

1. Merthyr Tydfil
2. **Easington (England)**
3. Rhondda, Cynon, Taff
4. Neath Port Talbot
5. Blaenau Gwent
6. Caerphilly
7. **Bolsover (England)**
8. Torfaen
9. Bridgend
10. Carmarthenshire
Death from all causes for all ages 2001-2003
Health Challenge Wales

- The biggest killer in Wales is Circulatory Disease with around 40% per year

- Cancers and Respiratory Disease are also big killers

- Rates of death are affected by determinants, such as where people live, what they eat, income and education
Inequalities in Life Expectancy

Gap 1991-1993
3.6 Years

Gap 2003-2005
4.2 Years

Source: ONS
Spatial Inequalities

• Consistently poor health in the South Wales Valleys - in 2000-2002 death rates in Merthyr were 50% higher than in Ceredigion

• Life expectancy - Merthyr - almost 4 years lower for men than in Ceredigion
All causes of death by Local Authority

All Causes deaths under 75
2001-2003

Source: Health Solutions Wales
Wales and Europe - cancer deaths

Deaths from All Cancers
1990 - Present

Source: WHO/HSW
The Rule of Halves

• Half the people with high blood pressure were not known

• Half those known were not treated

• Half those treated didn’t have their blood pressure controlled

Wilber & Barrow 1972
Primary care-based ‘Anticipatory care’ - Julian Tudor Hart

- Proactive case finding, preventative interventions and regular follow-up and audit in Glyncorrwg, pop. 2000 in the Valleys

- After 25 years, death rates under 65 were 28% lower than in neighbouring village

- Despite being one of the most disadvantaged electoral wards, death rates under 65 were on a par with those in the most affluent areas.
Inequalities in Health Fund

• The Inequalities in Health Fund was established in 2001 and is currently supporting 62 projects with a primary focus on CHD.

• Projects are providing diverse action or services including workplace health, screening and risk assessment, lifestyle change advice and rehabilitation programmes.
Inequalities in Health Fund projects take a similar approach

- Nurse Practitioner-led outreach clinic in Wrexham. Some 2,000 people have used the service. Results include a 40% reduction in smoking, 31% improved BP control and 64% increase in cholesterol monitoring.

- 9,000 patients on CHD registers in Carmarthen. 92% achieving BP <150/90. 61% with cholesterol below 5mmols.

- Pembrokeshire Heart Health project encompasses screening, nutrition and lifestyle change advice. More than 8,500 appointments to date, many in the evenings and weekends to be more accessible.
Reducing Inequalities: Childhood pedestrian injury rates

Trends in childhood pedestrian injury rates by deprivation 5th - Wales 1995-2005

Year
Rate per 100,000
0.0 50.0 100.0 150.0 200.0 250.0 300.0 350.0
5th 1 5th 2 5th 3 5th 4 5th 5
Reducing Inequalities: Childhood pedestrian injury rates

Trends in childhood pedestrian injury inequalities (ratio of most to least deprived 5th) - Wales 1995 to 2005
What can we learn from Europe?

• From Brittany - death rates for women with cancer;

• From Lombardy and Emilia-Romagna - continuous improvement in health outcomes

• From Catalonia - impact of deprivation and immigration on infant mortality
Public Health Strategy for Wales

• Set out clearly the nation’s ambitions for better health and well being

• Linked to all the determinants of health

• Help to harness all of the strategic activity of the Welsh Assembly Government and set it into a public health context

• Provide a vision to which all sectors in Welsh society will be asked to contribute through Health Challenge Wales
Since disease so often results from poverty…then physicians are the “natural attorneys of the poor….”

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