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Thursday 11<sup>th</sup> July 2013

# **Health inequalities and child poverty Vale of Glamorgan Anti Poverty event**

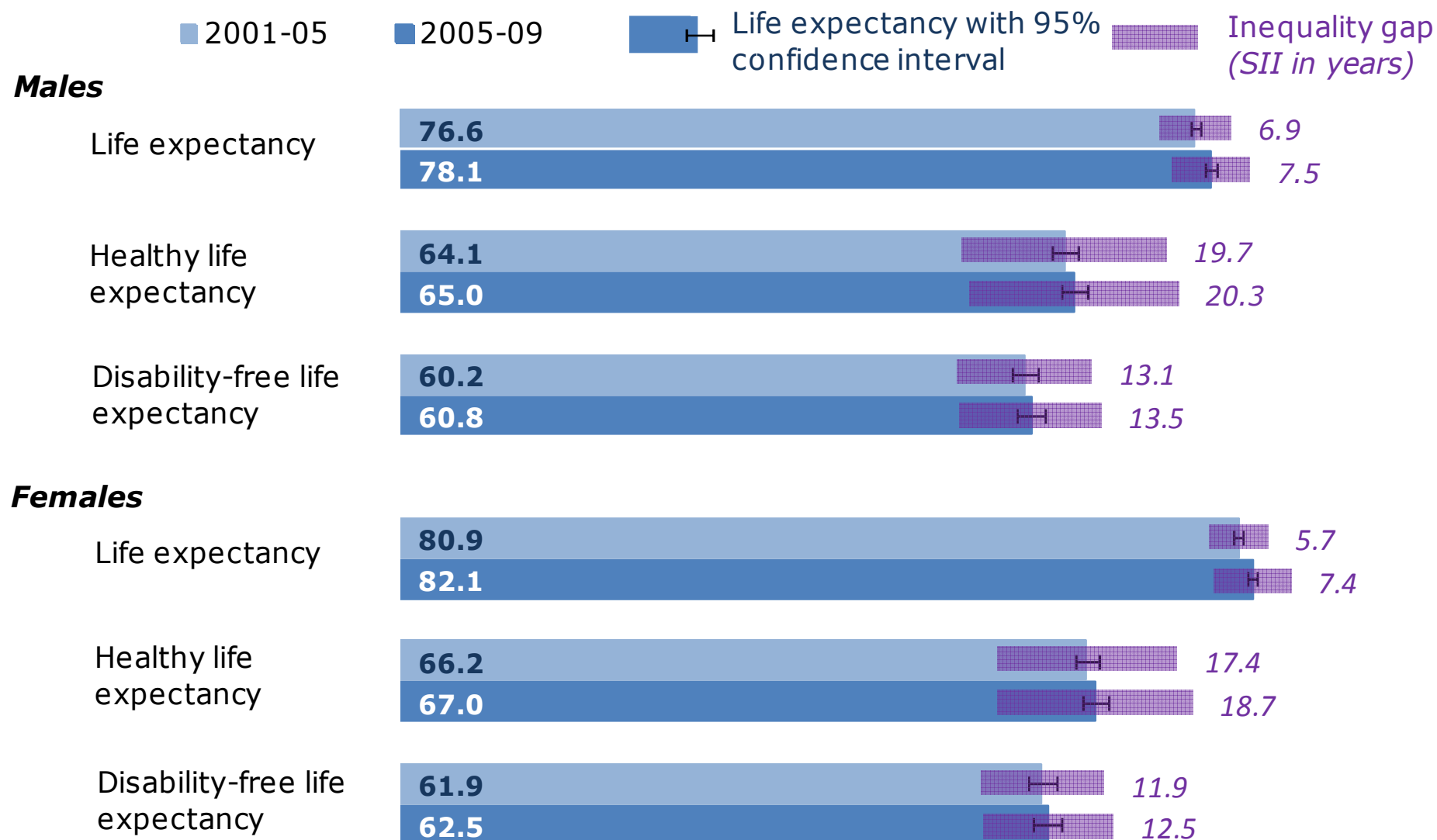
**Dr Sian Griffiths and Eryl Powell**

# Overview

- Health inequalities in the Vale of Glamorgan
- Child Poverty and health
- The importance of the early years in laying the foundations for good health (Marmot recommendations).

# Comparison of life expectancy, healthy life expectancy and disability-free life expectancy at birth, Vale of Glamorgan 2001-05 and 2005-09

Produced by Public Health Wales Observatory, using ADDE/MYE (ONS), WIMD/WHS (WG)



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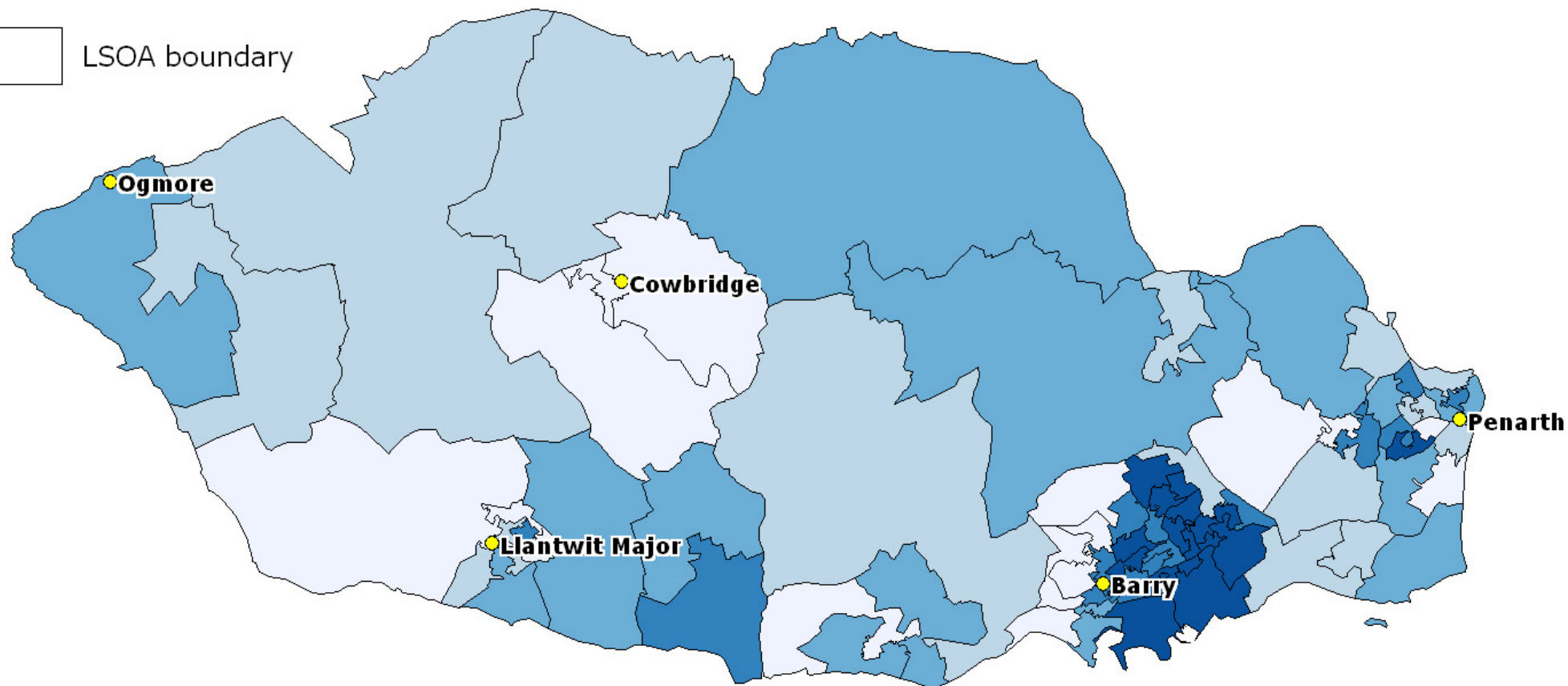
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## Local authority fifths of deprivation, The Vale of Glamorgan

Lower Super Output Area

- Most deprived (16)
- Next most deprived (15)
- Median (16)
- Next least deprived (15)
- Least deprived (16)

LSOA boundary



Produced by Public Health Wales Observatory, using WIMD 2008  
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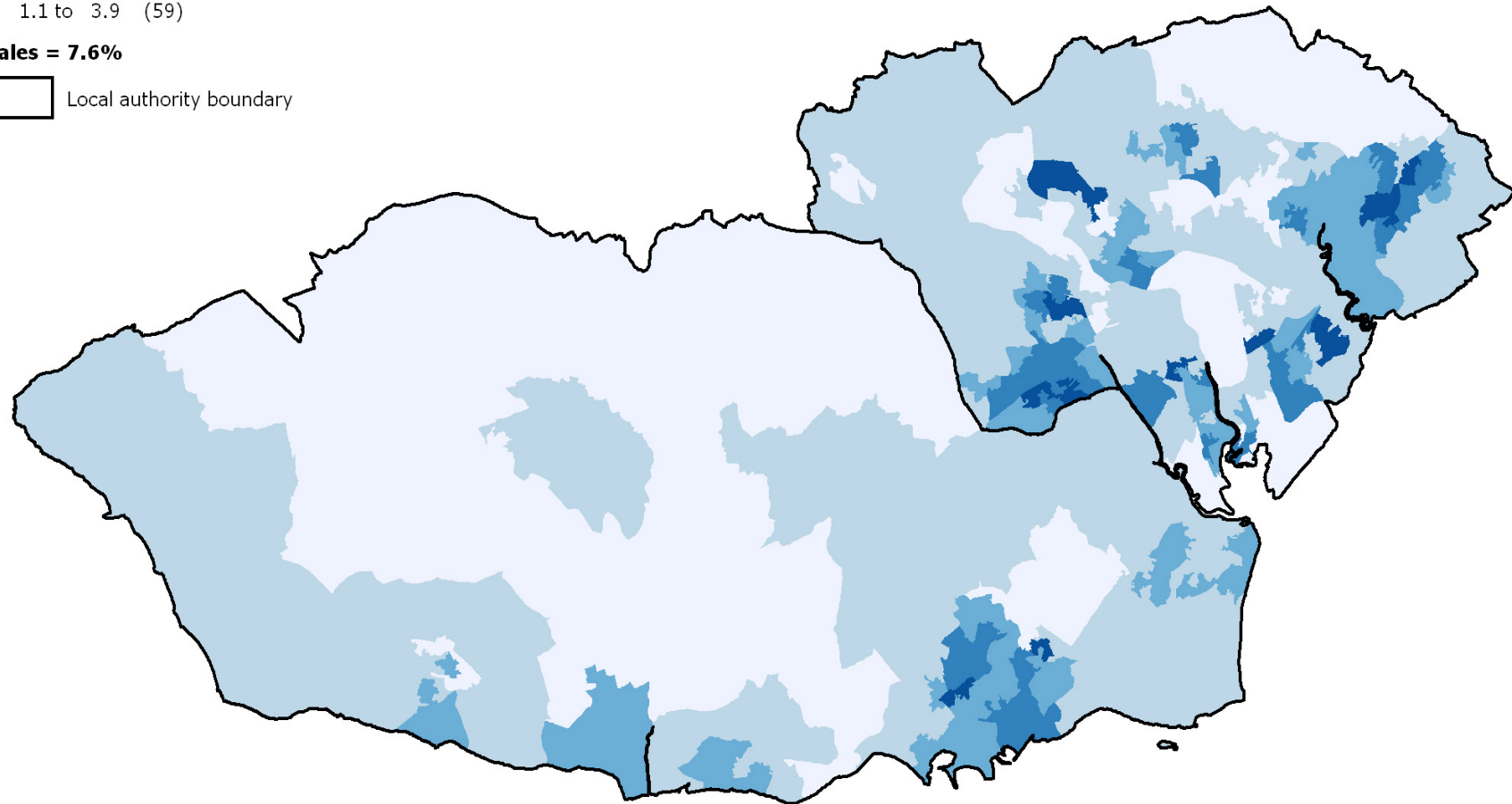
# Residents who assess their general health status as bad or very bad, March 2011

LSOA, percentages

12.3 to 15.1	(13)
9.5 to 12.3	(37)
6.7 to 9.5	(68)
3.9 to 6.7	(116)
1.1 to 3.9	(59)

**Wales = 7.6%**

 Local authority boundary



Produced by Public Health Wales Observatory, using Census 2011 (ONS)  
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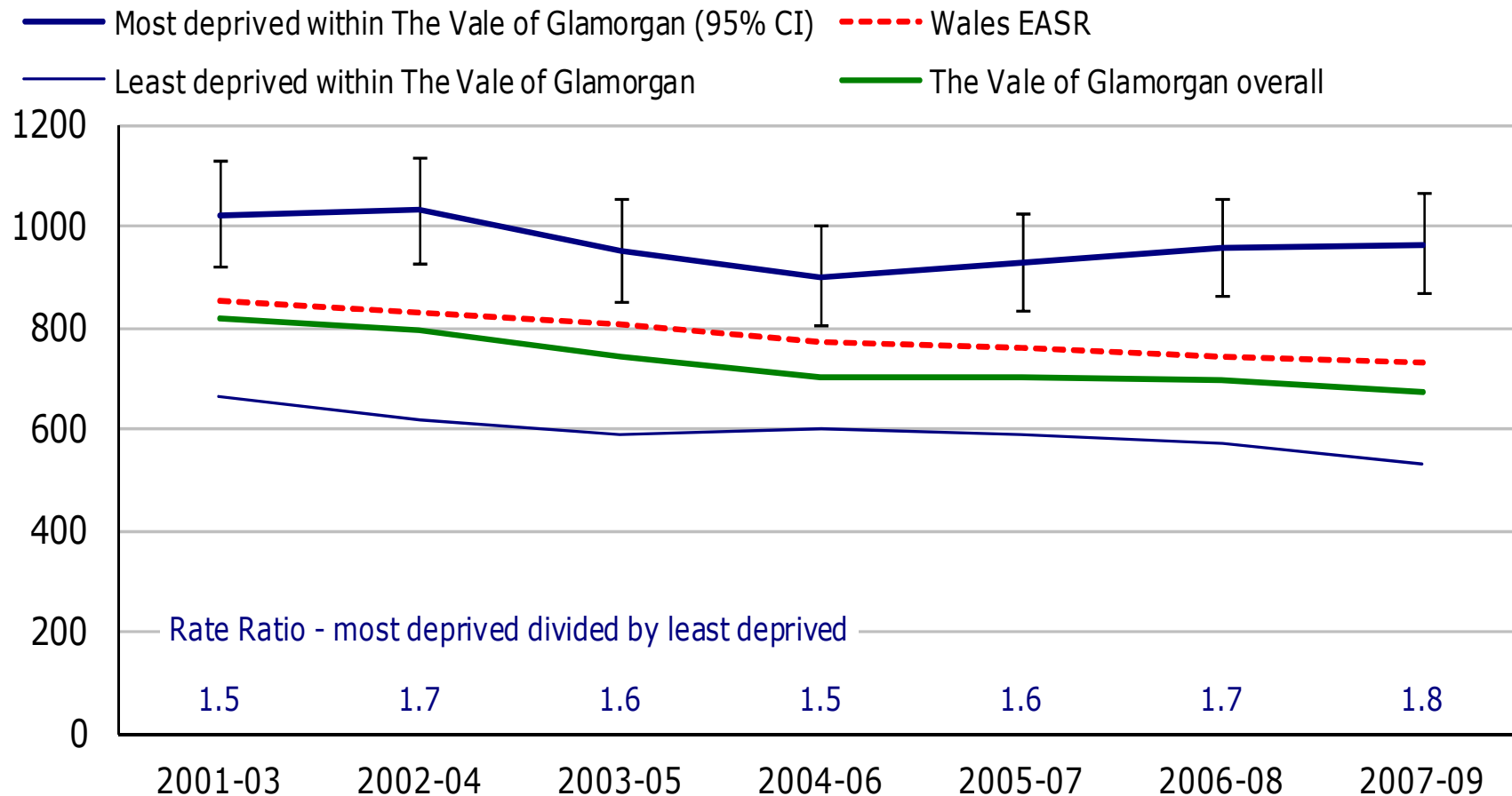


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# All-cause mortality, all ages, males, European age-standardised rate (EASR) per 100,000, The Vale of Glamorgan and Wales, 2001-09

Produced by Public Health Wales Observatory, using ADDE/MYE (ONS), WIMD 2008 (WG)



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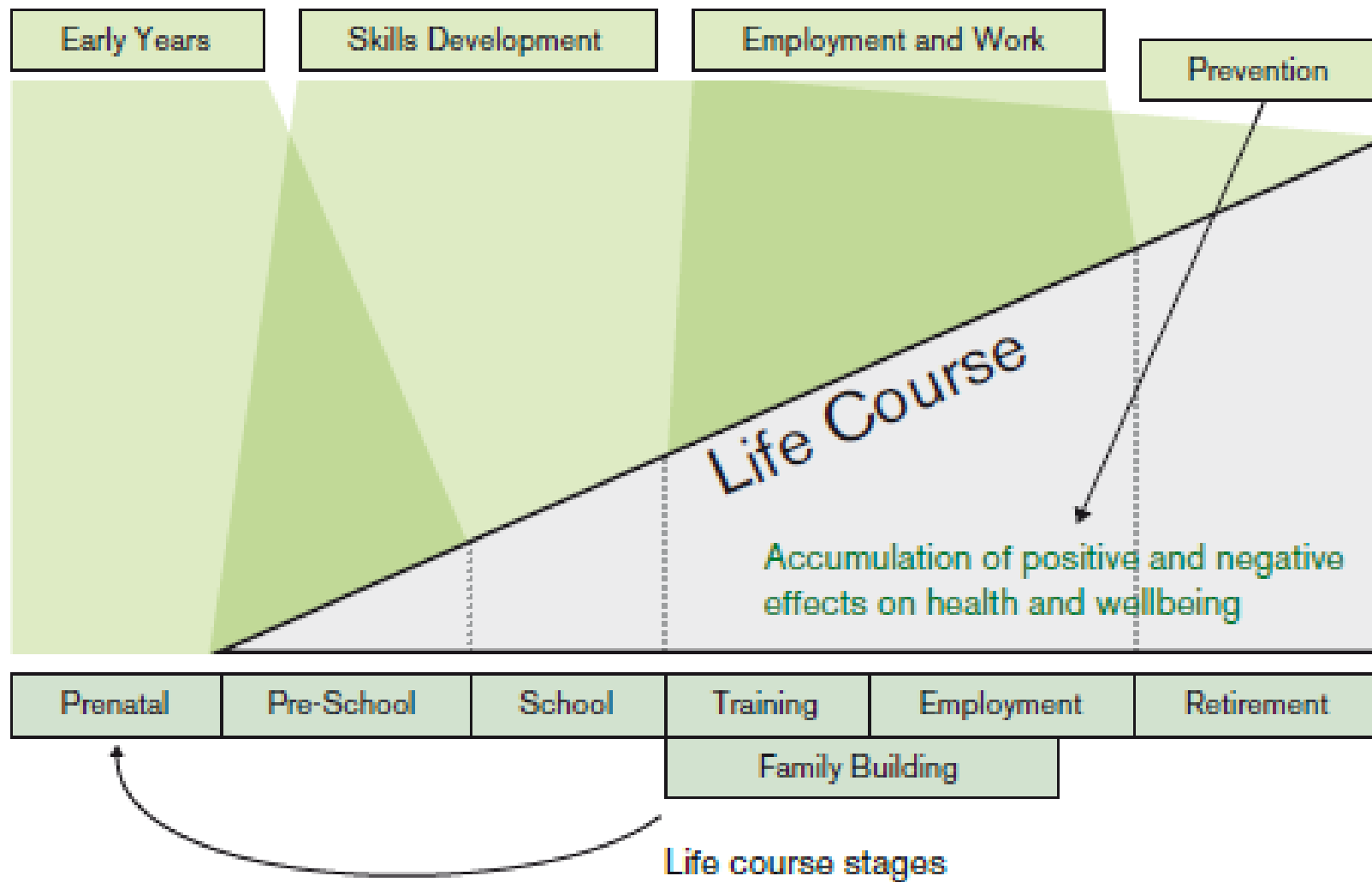


The Health Map, Barton and Grant 2006, adapted from Whitehead and Dahlgren (1991)



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Source: The Marmot Review



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# Child Poverty

The latest child poverty statistics estimate that 16% (3,845) of children in the Vale of Glamorgan live in families below the relative low income



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# **Giving every child a healthy start : Fairer Health Outcomes for All**

- Children in the lowest income groups experience the poorest outcomes in childhood
- Poor outcomes (non health) in childhood lead to poorer outcomes (health) in later life
- Intervention in childhood is effective at preventing longer term harm



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# Tackling Poverty Action Plan – targets for health

1. Healthy life expectancy is the years of life lived unaffected by long term injury, disability or chronic condition. We want to improve healthy life expectancy for everyone. But if you look at each fifth part of the population divided by deprivation there are significant gaps in healthy life expectancy between each fifth, with the less deprived areas doing much better. We aim to close these gaps by an average of 2.5 per cent –by 2020.

2. To reduce the number of babies born under 2500g in the most deprived fifth of the population by 19 per cent by 2020.

3. To improve the dental health of 5 and 12 year olds in the most deprived fifth of the population to that found in the middle fifth by 2020.



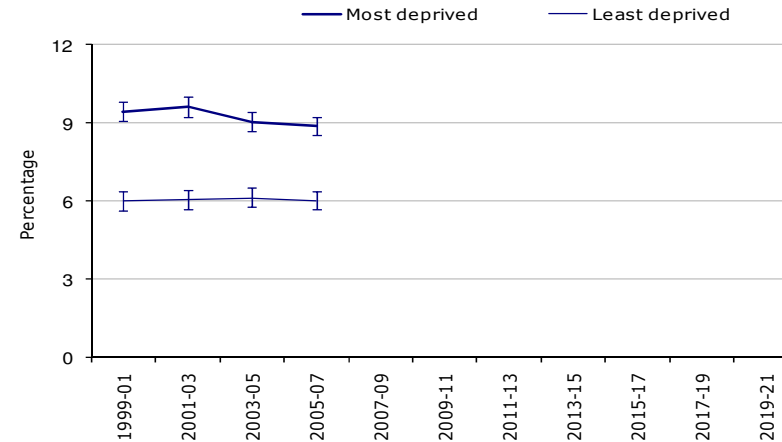
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# Low birth weight

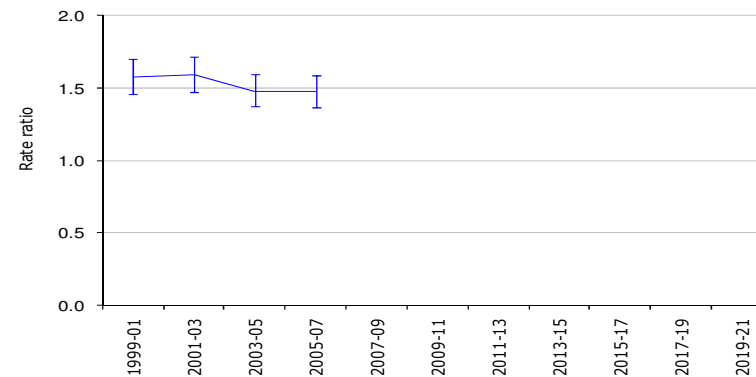
## Low birth weight, Wales, most and least deprived fifths, 3-year rolling rate

Produced by Public Health Wales Observatory, using ADBE (ONS), WIMD 2005 & 2008 (WG)



## Low birth weight, Wales, most and least deprived fifths, 3-year rolling rate ratios

Produced by Public Health Wales Observatory, using ADBE (ONS), WIMD 2005 & 2008 (WG)



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# Health consequences of poverty for children

## Disability and physical health

- Developmental delay

- Childhood disability

- Asthma

## Emotional and mental health

- Behavioural and emotional problems

- Specific conditions such as ADHD

- Suicide amongst boys and self harm

- Parenting is strongly affected by adverse social conditions

## Health related behaviour

- Breastfeeding

- Exposed to high levels of smoking

- Consumption of unhealthy foods

- Alcohol consumption and illegal drug use

- Teenage parenthood

Reference :Spencer, N



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# Marmot Review

- Disadvantage starts before birth and accumulates throughout life. Action to reduce health inequalities must therefore start before birth and be followed through the life of the child.
- Intersection between different sectors is critical – consistent and concerted action across sectors, e.g. health and work, health, housing and planning health and early year's education.
- Success is more likely to come from cumulative impact from a range of complimentary programmes than from any one individual programme and through coherent delivery systems.



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# Acknowledgments

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