

How do we use statistics to target interventions?

NISRA

The statistical information that is available for those who want to understand health trends, compare health statistics across the region and identify target groups for new initiatives is published by the Northern Ireland Statistics and Research Agency (NISRA) on their website www.nisra.gov.uk

This is a valuable resource for planning new services and targeting health improvement initiatives.

Background information on Multiple Deprivation and how it is measured is also available from NISRA.

Information available on NISRA for Health:

- Alcohol Consumption Levels Continuous Household Survey
- Alcohol Related Deaths
- Ambulance Response Times
- Cancer Incidence Rate
- Childhood Immunisation Rates
- Childhood Obesity P1
- Deaths and Discharges
- Death by Cause
- Dental Statistics
- Drug Prevalence Continuous Household Survey
- GP data Mood and Anxiety Disorders
- Hospital Admissions
- Life Expectancy
- Potential Years of Life Lost
- Smoking Prevalence Continuous Household Survey
- Waiting Times

Inequalities in Health

What do the statistics show for East?

Health inequalities in East Belfast are reflected in the differing levels of life expectancy across wards. In 2008 there was an estimated 7 year and 8 month gap on 'years of life lost' due to ill health between people living in Stormont and those living in The Mount, which is just 2.5 miles away. Life expectancy in East Belfast for 2006/08 was 76.2 years for males and 81.2 years for females, an increase of 1.1 and 0.7 years respectively from 2001/03.

	Life Expectancy (years)		
	Male	Female	All
Northern Ireland	76.2	81.2	78.7
Belfast East	76.2	81.4	78.8
Belfast North	72.6	79.1	75.9
Belfast South	76.6	81.8	79.2
Belfast West	70.6	77.1	73.8

Less deprived wards have a higher incidences of Limiting Long Term Illness (LLTI) highlighting the link between deprivation and poor health. Ballymarcarrett has almost 3 times more individuals over 50 years with LLTI than Stormont.

Figure 1: Life expectancy 2006-08 (DHSSPS, 2009)

Chronic Illness

While general health has improved over the years and the number of deaths by chronic illness are falling, the gap between the number of deaths in the most and least deprived communities remains the same.

Figure 2 illustrates the largest decline in deaths is for circulatory disease by approximately 5% between 2006 and 2008. Malignant neoplasms (cancer) has increased by almost 3%, the equivalent of 33 cases. There are higher cancer rates in more affluent neighbourhoods. This may be attributed to higher rates of attendance at screenings and tests.

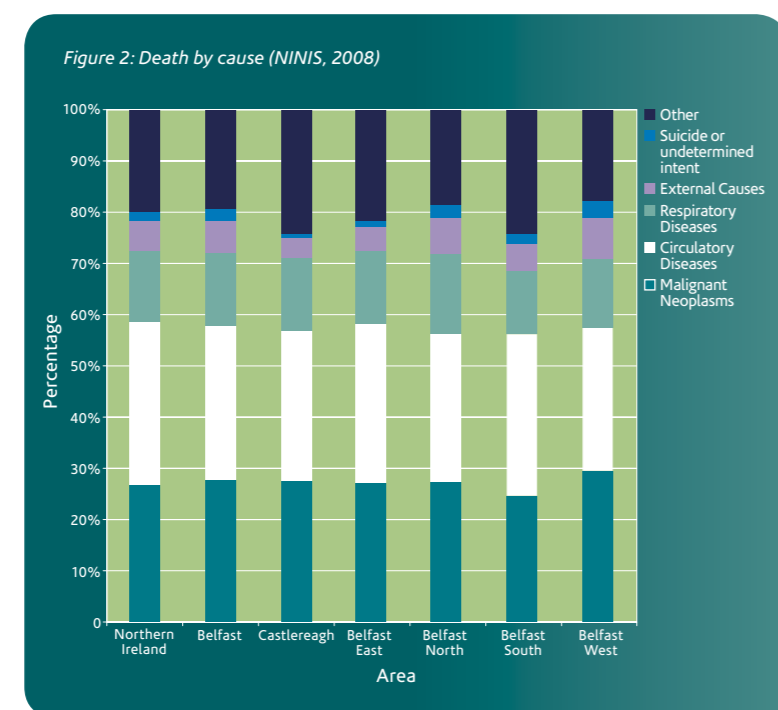


Figure 2: Death by cause (NINIS, 2008)

Where next for Health in East Belfast?

A Health and Well-being Forum with direct links to the Health Strategy Group is being established to create opportunities for community leaders to receive updates on city wide initiatives, share good practice, develop collaborations and inform local priorities and activities.

This is a timely development as there is little doubt that over the next few years projects focused on the social determinants of health will be challenged by the pressure to spend on acute services.

Working in partnership to identify and align opportunities will be crucial for success.

Tackling Inequalities and Improving Health for all

EBP plans to integrate health outcomes into the broader regeneration agenda in a number of ways:-

The development of the Connswater Community Greenway will produce a valuable amenity for local people and visitors to embrace a more active lifestyle. The project will increase the pedestrian and cycle facilities to provide alternative and healthier transport options and improve health and well-being through providing a better living environment.

Queen's University has secured £800,000 to fund the PARC (Physical Activity and Rejuvenation of Connswater) study which will chart the health effects the construction of the Greenway has on the local community. The main focus of the research will be face-to-face surveys conducted with nearly 2000 people living in the CCG area. One will take place in early 2010 (before construction of the Greenway) and another will be conducted in 2013/14, coinciding with the end of the Greenway construction.

A set of health indicators have been developed for the East Belfast Strategic Regeneration Framework; these will be used to assess the possible health benefits of proposed urban regeneration projects. The indicators will be applied initially to the Templemore Avenue School Project (TAS) which is currently being developed by East Belfast Community Development Agency

The Partnership will also be working closely with the new Joint Health Unit based in Belfast City Council to ensure that the health priorities of local groups working in east Belfast are reflected in the Health Improvement Plan, currently being developed for the city.



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Introduction

This briefing paper has been produced by East Belfast Partnership to provide information on health in East Belfast and outline key issues affecting health in the area. It also illustrates some of the different methods of presenting the information that is available.

The information in the briefing is targeted at those who need to understand key health issues in East Belfast and the implications of health inequalities on the general health and wellbeing of local people. This could be our politicians, community leaders and local health agencies.

The briefing sets out some of the challenges and opportunities for ensuring the widest access to quality health services in East Belfast and some of the trends and influences that are driving change.

More detailed information on all the issues raised is contained in the East Belfast Health Strategy which can be viewed at www.eastbelfastpartnership.org

Background

The way in which health services are managed and delivered has been substantially changed with the emergence of the Belfast Health and Social Care Trust; one of the largest integrated primary care, hospital and social care trusts in the United Kingdom. Working within this context underlines the importance of ensuring an accurate and articulate reflection of local needs and priorities.

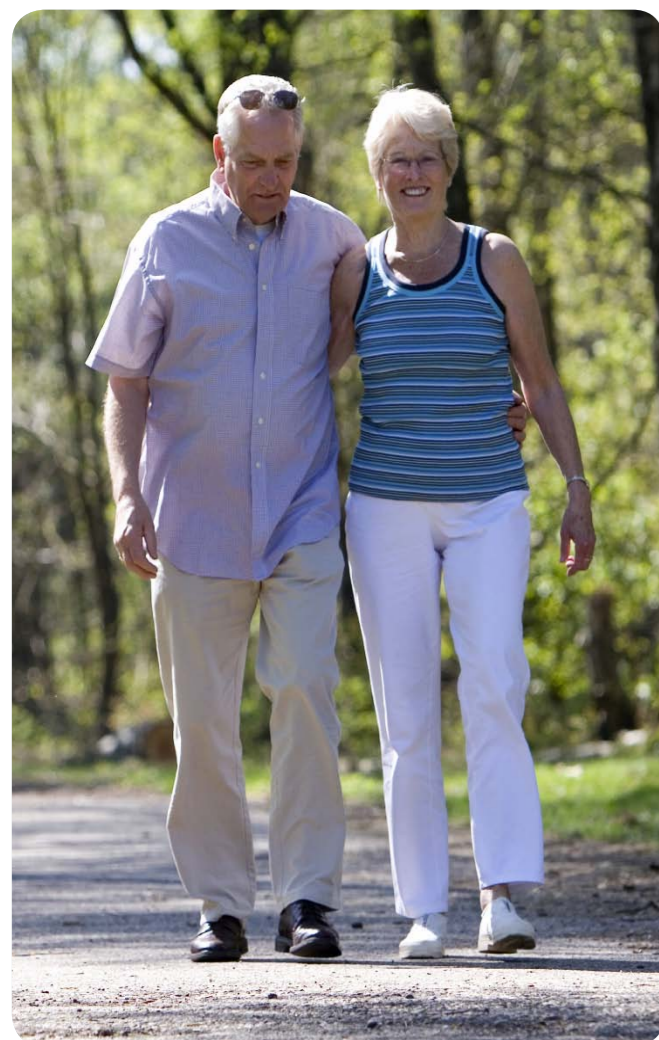
East Belfast Partnership (EBP) has worked closely with key stakeholders involved in delivering local health services to develop a Health Strategy and Action Plan which is focussed on addressing patterns of health inequalities in East Belfast; enabling local people to lead longer and healthier lives. This Strategy enables us to connect to the key public health issues driving public expenditure while supporting health interventions on the ground via our partners in East Belfast Community Development Agency.



Examining the main determinants such as lifestyle choices, education and employment, environment and personal circumstances provides an insight into their impact on health in East Belfast.

Obesity

The Health and Social Well-being Survey (2006) found that 21% of men and women in the Eastern Health and Social Services Board (EHSSB) were obese and 32% were overweight. The Health 'family' have been keen supporters of the Connswater Community Greenway project; recognising that exposure to green space is directly related to lower levels of obesity and higher levels of physical activity. Findings suggest that for every 10% increase in green space there was a corresponding increase in life expectancy of up to five years.



Smoking

The Northern Ireland Continuous Household Survey (2008/09) recorded 28% of people in East Belfast as smokers. This is relatively high compared to the rest of Northern Ireland but low for other Belfast constituencies. However, there has been a 6% increase from last year.

Education and Employment

A plethora of research reveals the affect of education, employment and income on health and well-being. Achieving a high level of education is linked to better access to information and therefore making healthier choices.

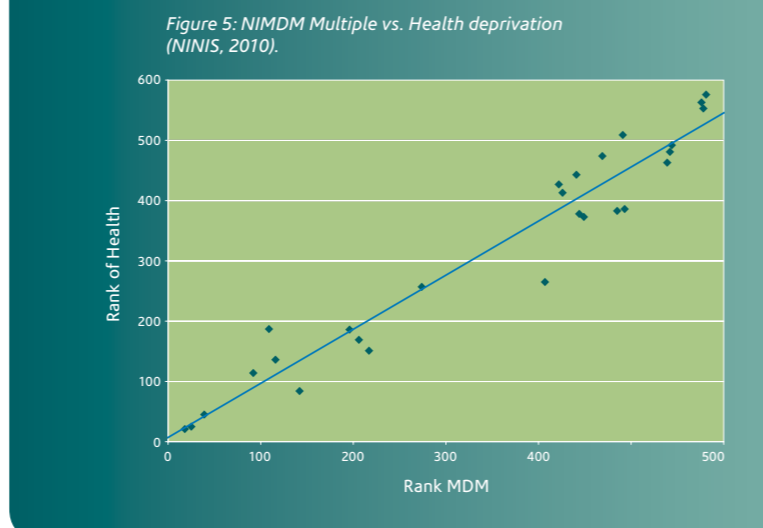
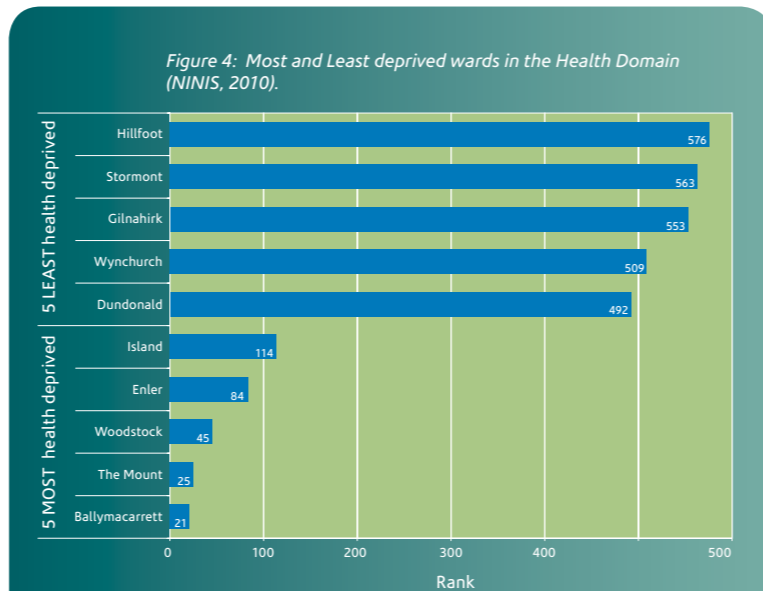
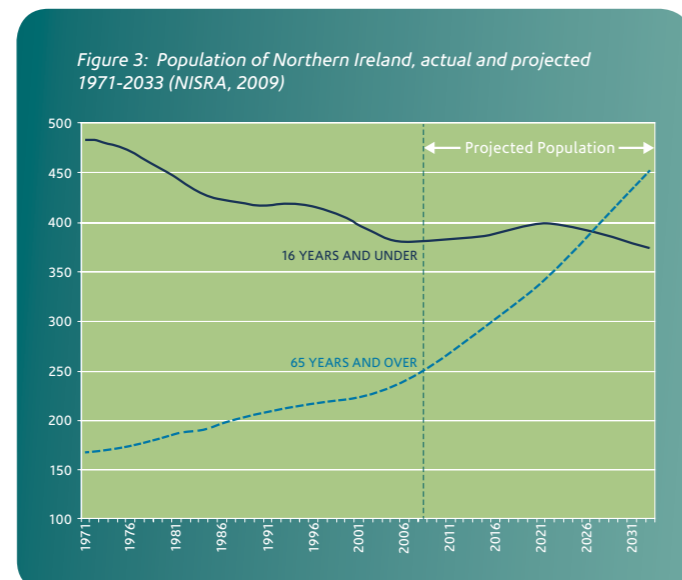
There are 10% more people of working age in employment in East Belfast than the Northern Ireland average. According to the Health and Social Well-being Survey (2001) unemployed people are more likely to have a potential psychological illness (30%) than those who were either economically inactive (25%) or employed (16%).

Older people

East Belfast's elderly population is above average in the majority of wards and expected to grow. EHSSB statistics suggest that by 2015 there will be more than 4,400 people in South and East Belfast aged 85 or more, an increase of 32% from 2003. Consequently there is a need to ensure adequate access to healthcare provision, local amenities, public transport and accommodation.

Social isolation is common among older people with social networks dwindling as friends pass away. This inverse relationship between social isolation and social networks has a significant impact on mental well-being, making their needs more complex.

Figure 3 illustrates that by 2033 N Ireland's population of over 65's could be 450 thousand.



Deprivation

The universal experience that links health with socioeconomic status i.e poorer people have poorer health, is highlighted in Figure 4. This illustrates the extent of health inequalities within East Belfast and the marked difference in the potential length and quality of life between neighbourhoods in close proximity. Unsurprisingly, there has been no real change since figures were last published in 2005. Figures for life expectancy, rates of teenage pregnancy, and low birth weight babies are all higher in the most deprived wards while breastfeeding rates and dental registrations are lower.

Figure 5 illustrates the positive correlation between health and multiple deprivation indicating that health deprivation in East Belfast wards reflect the overall level of deprivation in the area.

Ward	Highest SOA Ranking	Lowest SOA Ranking	Difference	Difference %
Belmont	844	319	525	59%
Knock	759	297	462	52%
Bloomfield	615	162	453	51%
Orangefield	720	322	398	45%
Sydenham	534	153	381	43%
Cherryvalley	811	449	362	41%
Carrowreagh	588	247	341	38%
Ballyhanwood	785	498	287	32%

Figure 6: NIMDM SOA ranking for inter-ward comparison (NINIS, 2010).

Examining deprivation at ward level can be misleading as they vary in population size therefore Super Output Areas (SOA) were created as sub-divisions. Figure 6 emphasises the pockets of disadvantage in relation to health existing within wards. More notable differences are seen in larger areas with 3 SOAs, namely Belmont, Knock and Bloomfield.

Mental Health

Improving mental health, particularly in the most disadvantaged areas remains a key priority within the strategy for East Belfast. However, a recurring problem is the limited availability of data on mental health.

The Health and Social Wellbeing Survey (2006) found that just over 20% of respondents in the EHSSB had a potential mental health disorder; measured by the level of prescription drugs used to treat mood and anxiety disorders. Figure 7 shows an increase in the number of prescriptions with 13.8% of patients in East Belfast receiving these in 2008.

Since 2000 there has been an average of approximately 1,400 hospital admissions for self-harm each year. This is an indicator of mental distress and the Standardised Admissions Rate for self-harm is consistently above the Northern Ireland average for all Belfast wards.

In recent years there have been an increasing number of suicides in Northern Ireland, particularly amongst young men. Over the last 10 years East has recurrently had a lower number of reported suicides compared to other parts of the city, as displayed in Figure 8. However suicide prevention remains a key concern in East as one suicide is too many.

EBP's Health Strategy (2010-13) outlines an action plan around raising awareness of good mental health and suicide prevention through events and information.

The Young Life and Times Survey (2010) monitored the mental and emotional health of 16 year olds in Northern Ireland and identified friends and family as the main sources of support for young sufferers. Mental health in early years is a priority as a child's first relationship with their mother moulds how they will form attachments with others later in life.

Further information on how to collect and collate your own data from NISRA is available by contacting the Partnership on (028) 9045 1900 or email info@eastbelfastpartnership.org

