

# Health Profile for Essex 2006

## Introduction



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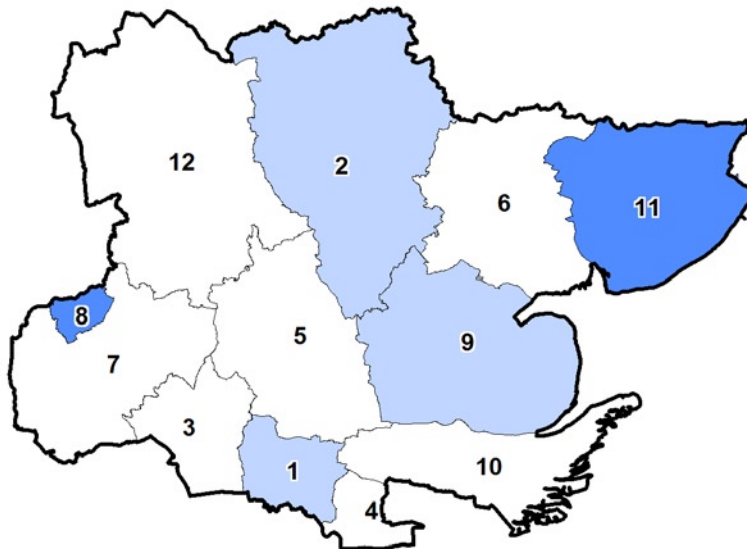
**Local authority health profiles are designed to show the health of people in each local authority area, and include comparisons with other similar populations. They are produced by Public Health Observatories and will be updated annually. With other local information<sup>1</sup> these profiles demonstrate where action can be taken to improve people's health and reduce health inequalities.**

<sup>1</sup>e.g. Community Plans, Director of Public Health Annual Reports, Local Area Agreements.

## Key points

- Essex is a mixed urban and rural area of over 1.3 million people in the East of England.
- The population is growing at 0.5% a year and will continue to do so, although it will be more rapid in the London-Stansted-Cambridge corridor and the Thames Gateway. 1 in 5 people are children, of whom 1 in 7 live in low income households; 1 in 5 are older people. 4% are from ethnic minority groups.
- Essex is relatively healthy compared to the national average – life expectancy is high and is increasing at the national rate. However, men in the healthiest wards can expect to live 5 years longer than those in the unhealthiest.
- Men and women have below average death rates from cancers, heart disease and stroke. Deaths have been decreasing at the same rate as the national average.
- In comparison to England Essex has:
  - Good educational performance at GCSE, low rates of teenage pregnancy and low rates of violent crime;
  - Low hospital admissions rates associated with alcohol, good children's dental health, and low numbers reporting that they have poor health.
- By vehicle kilometre, the rate of road deaths and serious injury are worse than nationally.
- There are relatively low numbers of diabetics: those in contact with drug misuse services, and those on GP mental health registers. These may reflect low need or low access to services.
- Lifestyle estimates show that 1 in 4 people smoke, 1 in 6 binge drink, 1 in 5 are obese and only 1 in 5 eat five portions of fruit and vegetables a day.
- Local plans are in place to improve healthy lifestyles (especially to reduce both smoking and obesity), to tackle health inequalities and to address pollution.

### Health inequalities – life expectancy



This map shows inequalities in life expectancy at birth for males only, by district. It is based on significance above and below the England average for males.

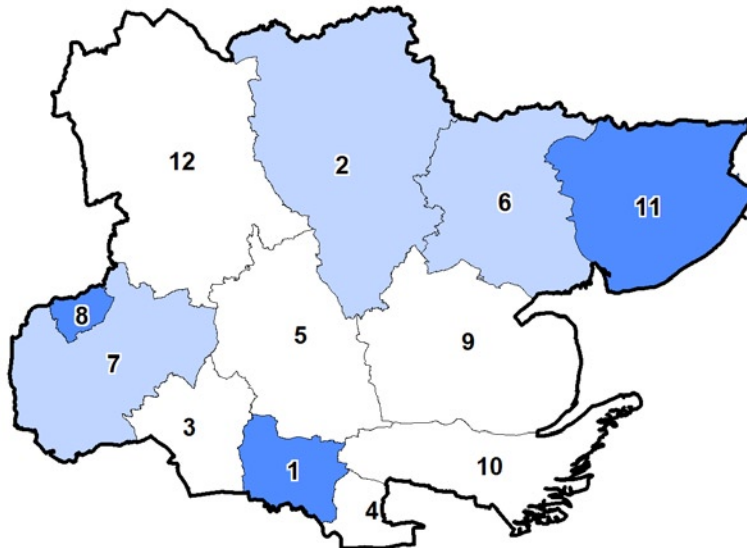
Comparison to England average for males (76.6 years) 2002-04

- Significantly lower
- Lower but not statistically significant
- Higher but not statistically significant
- Significantly higher

Life expectancy for all persons in the lowest fifth of wards in the county is 77.2 years compared with 82.7 years for the highest.

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### Health inequalities – deprivation



This map shows deprivation by district. The four categories are population-based, ie. 'most deprived 25%' refers to the most deprived districts accounting for 25% of England's population.

Index of Multiple Deprivation 2004 District averages

- Most deprived 25%
- Second most deprived 25%
- Second least deprived 25%
- Least deprived 25%

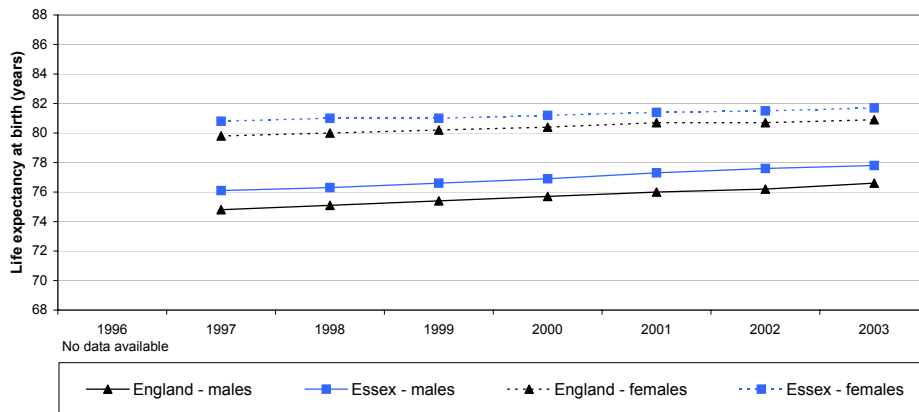
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### District legend

- 1 Basildon
- 2 Braintree
- 3 Brentwood
- 4 Castle Point
- 5 Chelmsford
- 6 Colchester
- 7 Epping Forest
- 8 Harlow
- 9 Maldon
- 10 Rochford
- 11 Tendring
- 12 Uttlesford

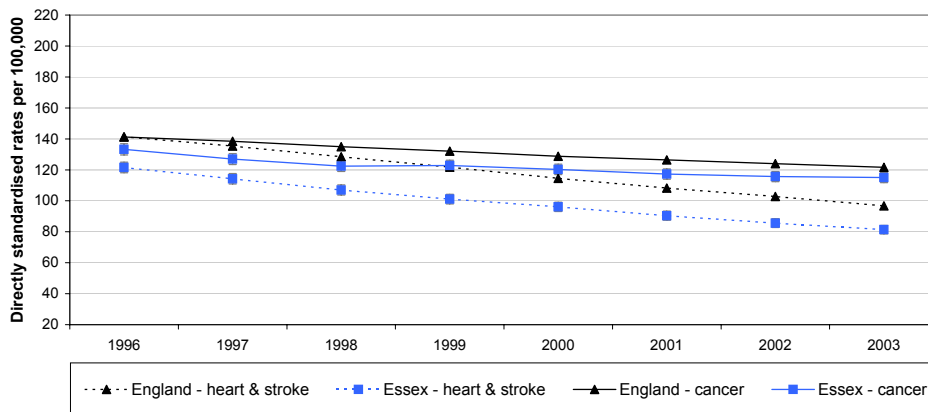
## Health inequalities

### Trend 1: Male and female life expectancy



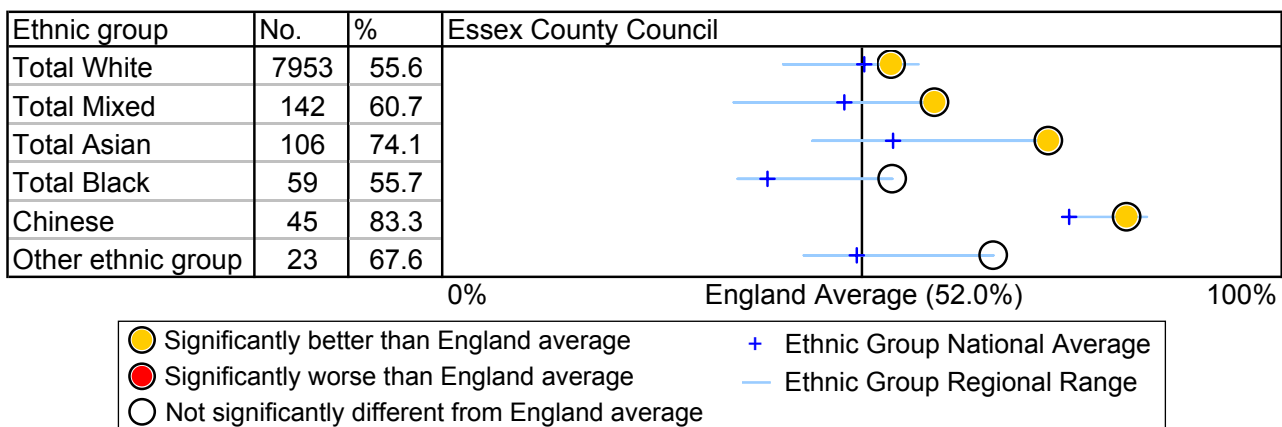
This chart compares the trends in life expectancy at birth for men and women in this area with that for England.

### Trend 2: Deaths from heart disease/stroke and cancer



This chart compares the trends in deaths for all persons under 75 years due to heart disease/stroke and cancer in this area with that for England.

## Health inequalities – GCSE achievement



This chart compares GCSE achievement (no. and % achieving 5 A\*-C grades in 2003/04) of children in different ethnic groups in this education authority's schools to the England average for all children. Completeness of ethnicity coding varies for different indicators - GCSE achievement is one of the most complete, at 96%. Where less than 30 children in a particular ethnic group took GCSE exams the % pass rate is not shown.

## Further information

You may use this prototype for non-commercial purposes provided the source (APHO and Department of Health) is acknowledged. Produced by APHO with interpretation by your regional PHO. Thanks to all partner organisations. More information at [www.communityhealthprofiles.info](http://www.communityhealthprofiles.info) and your regional PHO [www.apho.org.uk](http://www.apho.org.uk). Also see Audit Commission Area Profiles at [www.audit-commission.gov.uk/areaprofiles](http://www.audit-commission.gov.uk/areaprofiles). 'Health Profile of England' to be available at [www.dh.gov.uk](http://www.dh.gov.uk). © Crown Copyright 2006.

# PROTOTYPE

## Health summary

### How to interpret:

First look at the circle which shows how this local authority is doing, compared with the England average (central line), best (right side) and worst (left side). Look at the numbers, values and time periods in the columns. Some numbers shown are totalled over more than 1 year. Red is significantly worse and amber significantly better than the England average (95% confidence intervals used for the local data). Amber may still indicate a significant public health burden. A clear circle is not significantly different from the England average. Then, compare with the regional average (+ symbol), and the regional range (—).

Domain	Indicator	No.	Value		Essex County Council	Period	Notes
Our communities	Deprivation	61,850	4.7	%		2001	1,2
	Air quality*					2001	2
	Poor quality housing*			%		01.04.05	3,10
	Children in poverty*	40,248	15.4	%		2001	2
	GCSE achievement (5 A*-C)*	9,123	56.3	%		2004/05	
	Violent crime	18,921	14.2	CR1		2004/05	
	Older people supported at home*	23,659	103.5	CR2		31.03.05	4
Giving children and young people a healthy start	Smoking in pregnancy						5
	Breast feeding						5
	Obese children*						5
	Physically active children*						5
	Teenage pregnancy (under 18)*	2,322	32.6	CR3		2001-03	
The way we live	People who smoke*		24.6	%		2000-02	6
	Binge drinking		17.7	%		2000-02	6
	Healthy eating		21.2	%		2001-02	6
	Physically active adults						5
	Obese adults		19.8	%		2000-02	6
How long we live and what we die of	Life expectancy - Male*		77.8	yrs		2002-04	
	Life expectancy - Female*		81.7	yrs		2002-04	
	Deaths - smoking	6,582	110.7	DSR1		2002-04	
	Early deaths - heart disease & stroke*	3,722	81.4	DSR2		2002-04	
	Early deaths - cancer*	5,125	115.0	DSR2		2002-04	
	Infant deaths (under 1 year)*	196	4.5	CR4		2002-04	
	Road injuries and deaths*	2,245	8.4	CR5		2003-04	7
Health and ill health in our community	Feeling "in poor health"	96,575	6.3	DSR3		2001	
	Mental health treatment	6,610	0.5	%		2005	8
	Alcohol related hospital stays	6,090	88.9	DSR4		1998-03	
	Drug misuse treatment*	2,034	394.5	CR6		2004/05	9
	People with diabetes	41,767	3.1	%		2005	9
	Children's tooth decay		0.8	DMFT		2003/04	10,11
	Sexually transmitted infections						5

- Significantly better than England average
- Significantly worse than England average
- Not significantly different from England average
- England Worst
- England Average
- England Best
- Regional average
- Regional range

## Notes

Full indicator information in metadata report, see [www.communityhealthprofiles.info](http://www.communityhealthprofiles.info)

<b>Notes</b>	<p>1. No. and % of people in this area living in the 20% most deprived areas of England. 2. No significance is calculated for this indicator. 3. No data for authorities that have undertaken large scale voluntary transfer (LSVT). 4. Data only available for County/Unitary Authorities/London Boroughs; data presented at District Authority level is County data. 5. GAP indicator - no data currently available, but will be provided when it becomes available. 6. Synthetic estimates derived from the Health Survey for England. 7. New indicator - People killed or seriously injured per 100 million vehicle kilometres. 8. High rates considered 'better' as reflects better service provision. 9. High rates considered 'worse' as reflects high prevalence. 10. Data incomplete or missing for some areas. 11. DMFT: Average no. decayed, missing or filled teeth.</p>
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<b>Key</b>	<p>* Supports PSA Targets 2005-2008.</p> <p><b>DSR1</b> Directly age standardised rate / 100,000 population aged 35 or over; <b>DSR2</b> Directly age standardised rate / 100,000 population under 75; <b>DSR3</b> Directly age standardised percentage; <b>DSR4</b> Directly age standardised rate / 100,000 population; <b>CR1</b> Crude rate / 1,000 population; <b>CR2</b> Crude rate / 1,000 population aged 65 or over; <b>CR3</b> Crude rate / 1,000 female population aged 15-17; <b>CR4</b> Crude rate / 1,000 live births; <b>CR5</b> Crude rate / 100 million vehicle kilometres; <b>CR6</b> Crude rate / 100,000 resident population aged 15-44; <b>CR7</b> Crude rate / 100,000 resident population.</p>
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