



## Study Reveals England's Improving Health Performance



According to new research published in *The Lancet*, in 2013 England performed better than average on a variety of key health outcomes as compared to 18 other high-income countries in the European Union, Canada, Norway and the U.S. However, the findings reveal substantial health disparities within English regions.

Professor John Newton from Public Health England, London, UK and colleagues analysed patterns of ill health and death in England using data from The Global Burden of Diseases, Injuries, and Risk Factors Study 2013 (GBD 2013). The researchers calculated the contribution of preventable risk factors, and ranked England compared to the UK and the EU15+ countries in 1990 and 2013.

The findings from the analysis show that England achieved one of the largest gains in national life expectancy among men at 6.4 years between 1990 and 2013. This was behind Luxembourg but at par with Finland. National life expectancy for women increased by 4.4 years which equalled or surpassed all EU15+ countries except Finland, Germany, Ireland, Luxembourg, and Portugal. These improvements are not accompanied by improvements in inequalities. While gap in life expectancy between the most and less deprived regional groups in England is unchanged for men, it declined by 0.3 years in women.

"Inequality within regions is greater than it is among them," explains Professor Newton. "In 2013, those living in the most deprived areas still hadn't reached the levels of life-expectancy that less-deprived groups experienced in 1990."

The analysis also shows that improvements in life expectancy are driven by declines in deaths from cardiovascular disease and cancer. However, the benefits are somewhat diminished because of increase in death rates from liver disease, drug and alcohol misuse, and neurological conditions.

England may have done well in many areas but there is still room for improvement as pointed out by Prof. Newton. If the results in best-performing English regions could be duplicated in the worst, England could have one of the lowest disease burden in the industrialised world.

Other major findings from the analysis include:

- Highest life expectancies for men in 2013 (at 80 years or above) were in South West England, East of England, and South East England. For women, the highest life expectancies were in Spain, Italy, and France at 84.4 years or above.
- Some English regions (eg, South West England, East of England, and South East England) have similar or better levels of health than the best-performing EU15+ countries, whereas other regions (eg, North

East England and North West England) rank amongst the worst performing nations.

- More deprived populations have a greater burden of diseases, such as ischaemic heart disease and lung cancer, and risk factors, such as smoking and alcohol misuse.
- The reduction in total disease burden in the last 23 years (-24%) has been achieved mainly through reductions in years of life lost to premature death (-41%) rather than declines in the burden of disability (-1.4%).
- Sickness and chronic disability are causing a much greater proportion of the burden of disease as people are living longer with several illnesses.
- For several conditions, although death rates have declined, the health burden has not reduced to the same extent, or is increasing.
- Known risk factors operating together explain 40% of ill health in England. Unhealthy diets (responsible for 10.8% of disease burden), smoking (10.7%), high body mass index (BMI; 9.5%), high blood pressure (7.8%), and alcohol and drug use (5.8%) top the list of individual risk factors contributing to poor health in 2013 (figure 6a-c).
- Alcohol use is the third leading behavioural risk factor for overall ill-health in England, and is the largest risk contributing towards injury.

Professor Newton points out that England still has to make progress with the leading causes of ill health and disability. Progress needs to be made with smoking, alcohol, dietary risk factors, physical inactivity, and obesity and this can be achieved through the use of new approaches that support healthy behaviours, modify known risk factors, and alleviate the severity of chronic disabling conditions.

Source: [The Lancet](#)

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