

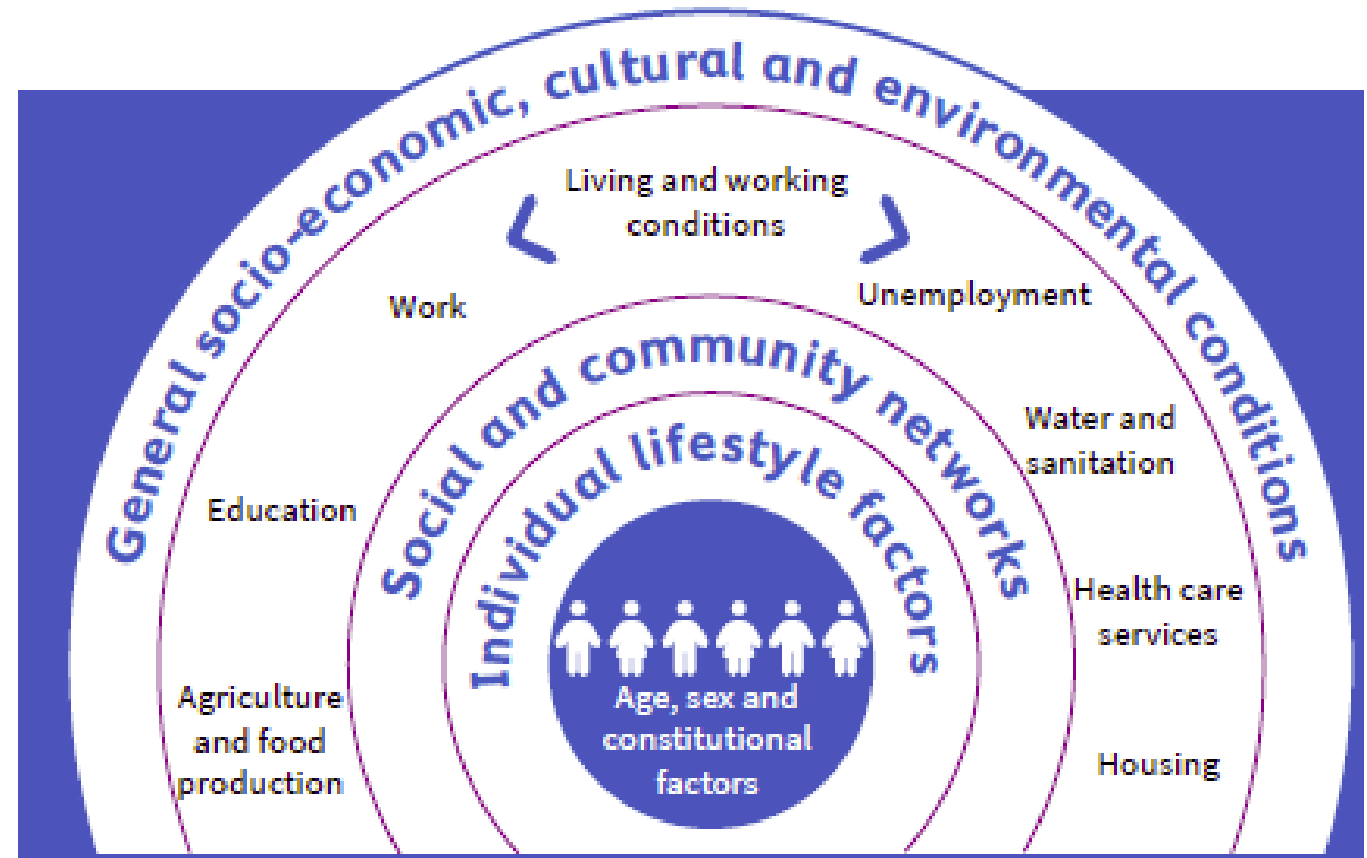
# Health Inequalities in Croydon

Director of Public Health Report 2022



# Introduction

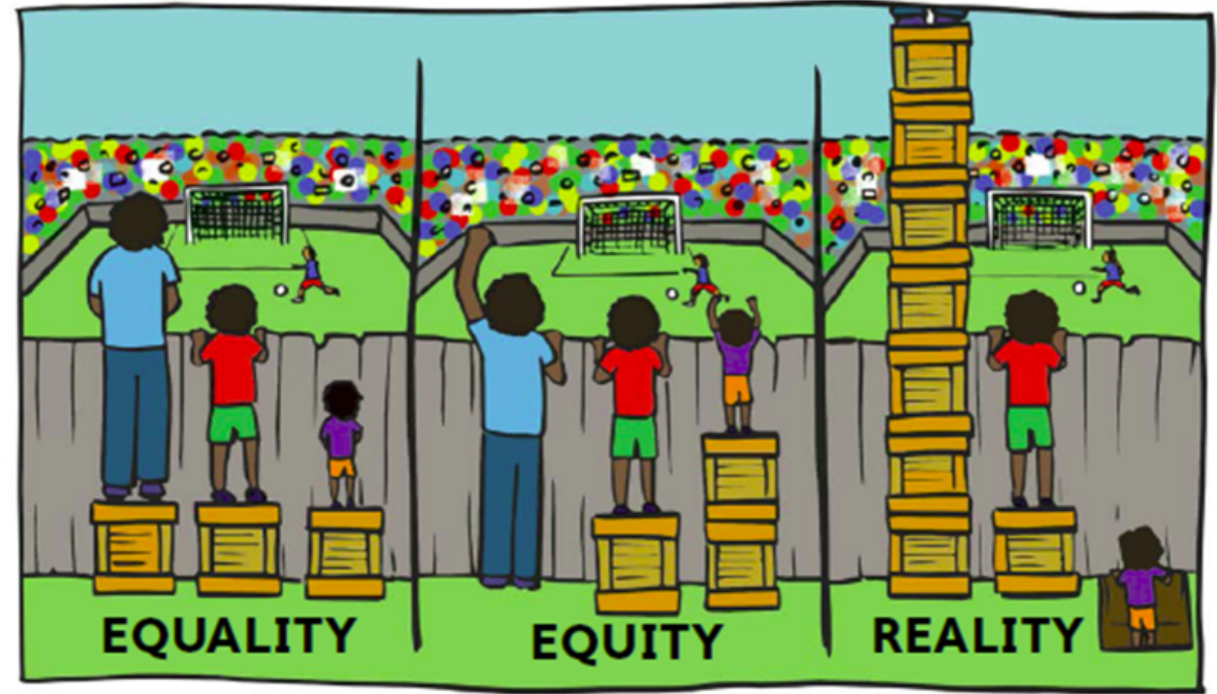
- The causes of ill health are complex and numerous
- Some of these are genetic, but most are the result of the impact of economic and social circumstances on our health behaviours
- The environment in which we live, socialise, study and work can make it easier or more difficult to maintain our health
- The COVID-19 pandemic, the war in Ukraine and the cost of living crisis have worsened existing health inequalities



The Wider Determinants of Health. Source: Dahlgren, G. and Whitehead, M. (1993)  
Tackling inequalities in health: what can we learn from what has been tried?

# Introduction

- Achieving health equity means ensuring everyone has an opportunity to lead a healthy life, no matter where they live or who they are
- The wider determinants of health are significant drivers of health inequalities and are factors that can be controlled to achieve health equity
- Addressing health inequalities is not just about fairness and justice - it also makes sense financially
- Health inequalities are estimated to result in economic losses of between £31-33 billion (Frontier Economics, 2010)



Economic losses are a result of productivity losses, reduced tax revenue, higher welfare payment, increased demand on health and care services, increased treatment costs, illness, disability, and premature death. (Frontier Economics, 2010)

# Health Inequalities associated with Deprivation

The difference in health outcomes between the most deprived ward and least deprived ward in Croydon

## LIFE EXPECTANCY AT BIRTH



2016-20 (males)

5.8 years difference



2016-20 (females)

6.2 years difference

## LONG-TERM UNEMPLOYMENT-RATE

2021-22

per 1,000 working age population

2.6 x higher



## EMERGENCY HOSPITAL ADMISSIONS

2016/17 - 20/21

for injuries in under 5 years old, crude rate

1.3 x higher



## INCIDENCE OF ALL CANCERS

2015-19

standardised incidence ratio

1.2 x higher



## RECEPTION: PREVALENCE OF OBESITY

2017/18 - 19/20

(including severe obesity), 3-years data combined

2.9 x higher



## YEAR 6: PREVALENCE OF OBESITY

2017/18 - 19/20

(including severe obesity), 3-years data combined

2.1 x higher



## DEATHS

2016-20

Deaths from causes considered preventable, under 75 years, standardised mortality ratio

2.3 x higher



## LOW BIRTH WEIGHT OF LIVE BABIES

2016-20

(five year pooled)

1.3 x higher



## EMERGENCY HOSPITAL ADMISSIONS

2017/18 - 19/20

for injuries in 15 to 24 years old, crude rate

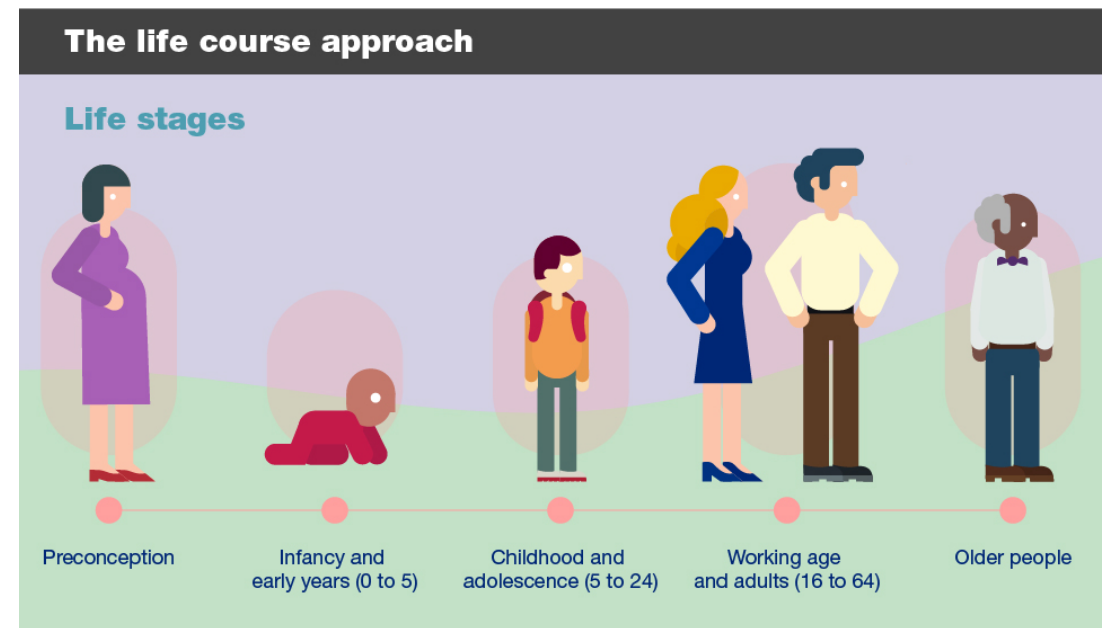
1.6 x higher



# Overview of the 2022 Report

- Directors of Public Health have a statutory duty to produce an annual report on the health of the local population.
- This report discusses inequalities in health and wellbeing outcomes across the life course following two fictional characters (Morgan and Taylor).
- Dotted throughout the report are ‘explainers’; that provide a guide to the different methods and public health terminology used to describe the health of the population.
- The report also discusses what is already happening in the borough to address health inequalities and what we can start to do collectively to reduce them.

A life course approach considers the critical stages or transitions in life where large differences can be made in promoting or restoring health and wellbeing.



# Call to Action

- I hope to inspire collective action with my 2022 report
- Health inequalities are increasing in Croydon, and my report has highlighted what some of the challenges are
- No one person or organisation can address all the borough's health inequalities; a collective approach needs to be embedded into long term practice
- There are already several projects and programmes across the borough that are addressing health inequalities
- I have made additional recommendations for what we can all do at different levels in the borough to continue to reduce them