



Wales Centre for Health
Canolfan Iechyd Cymru

Pictures of Health in Wales: A Technical Supplement



Introduction

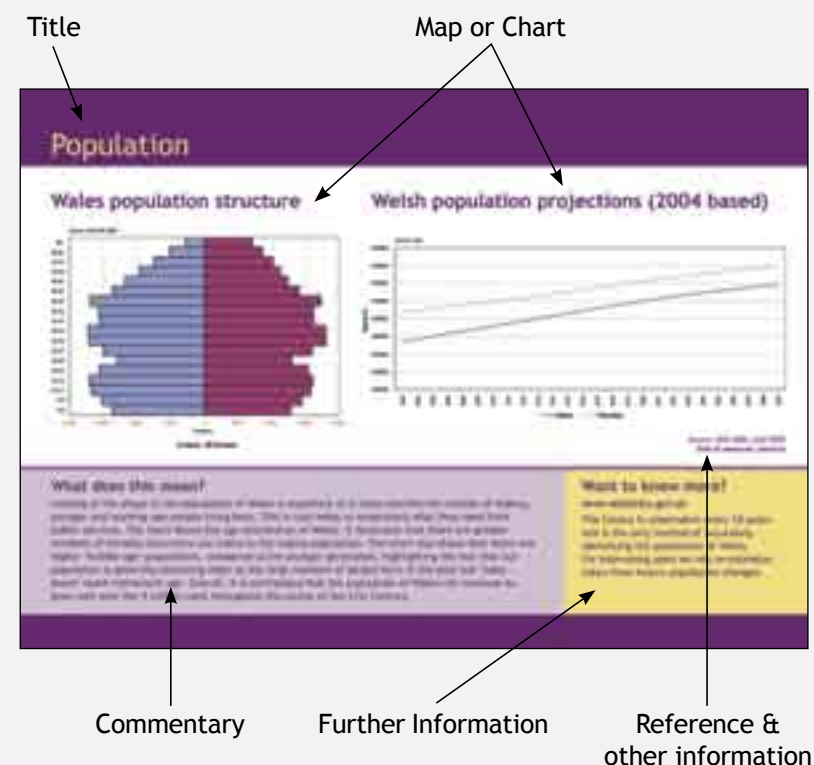
The purpose of this report is to provide a picture of the health of the people of Wales, as a whole and in their local communities. The Wales Centre for Health has been established to make information available on health and health improvement. This report makes a first attempt to put forward an idea of the key things in individuals' lives that are likely to affect their health, in order for people in Wales to better understand their health, what affects it and which health issues are more important. As such the Wales Centre for Health welcome feedback around how best to engage and inform the public about general health issues.

Wales is not a uniform place. There are high density urban areas of concentrated housing, and rural areas containing mostly farms and villages. As these areas differ, so does the health of the people who live in them; there are parts of the country where more people suffer from coronary heart disease, cancers and respiratory disease. There are also areas that have low levels of obesity, alcohol consumption and smoking. The important overall picture is that people in some areas are in generally poorer health which is related to a wide range of factors described in this report, and that the gap between the unhealthier and the healthier areas appears to be widening.

If the health of the people of Wales is to improve, then we need to learn lessons from our neighbours. Where charts, maps and tables are shaded, the purpose is not to convey success or failure, bad or good, but to highlight areas which may need further investigation of good practice or to determine underlying trend.

This report has been produced to make people aware of the current state of health of the people of Wales and it is written with the idea that you can take this information and work with your local community on matters that may be of concern. If you would like to know more about any issue, please contact the Wales Centre for Health (<http://www.wch.wales.nhs.uk/>) or use the references at the bottom of each topic.

How to read this publication:



For more information on interpreting the information, please see the Interpretation guide at the end of the document.

Where we live

Where we live influences our health. The people, environment, history, rurality and politics of an area shape the way that people live and die.

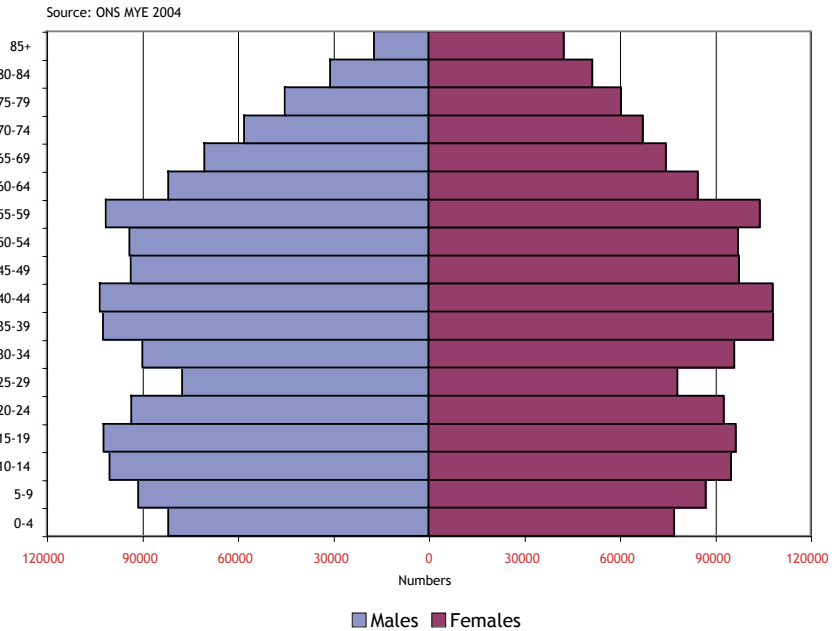
This section looks at information which reflects the shape of our society, its average age, life expectancy, background and the ease of access to key services via public transport or on foot.

The data in this section shows that Wales has a growing population and people can expect to live longer than before. It should be noted that the gap between the best and worst life expectancies in Wales is larger than it previously has been and this inequality needs to be addressed.

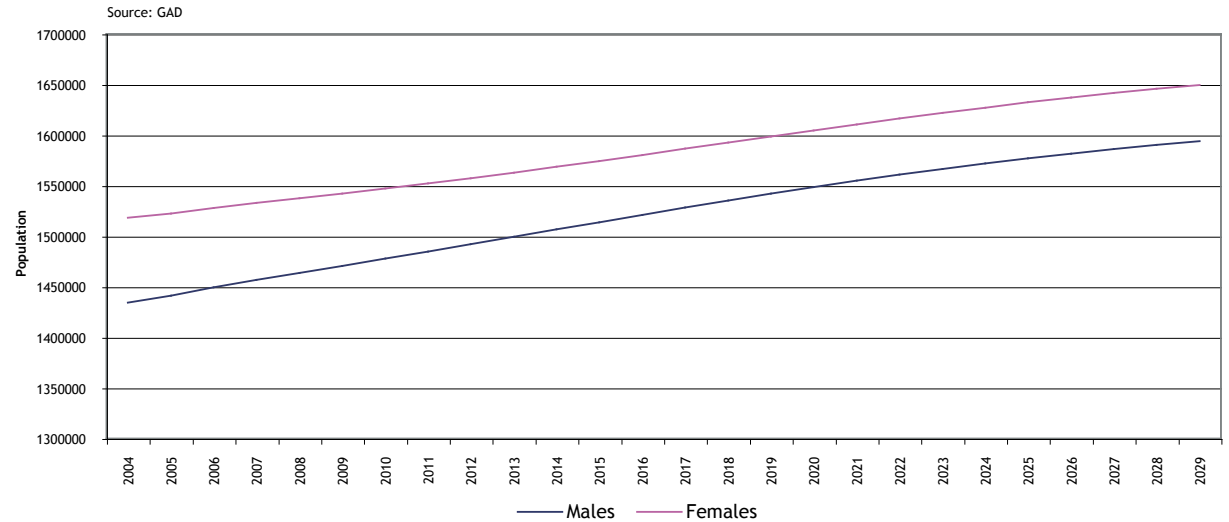


Population

Wales population structure



Welsh population projections (2004 based)



Source: ONS 2005, GAD 2005
Unit of measure: persons

What does this mean?

Looking at the shape of the population of Wales is important as it helps identify the number of elderly, younger and working age people living here. This in turn helps us understand what they need from public services. The chart shows the age distribution of Wales. It illustrates that there are greater numbers of females than there are males in the elderly population. The chart also shows that there are higher 'middle age' populations, compared to the younger generation, highlighting the fact that our population is generally becoming older as the large numbers of people born in the post war 'baby boom' reach retirement age. Overall, it is anticipated that the population of Wales will continue to grow well over the 3 million mark throughout the course of the 21st Century.

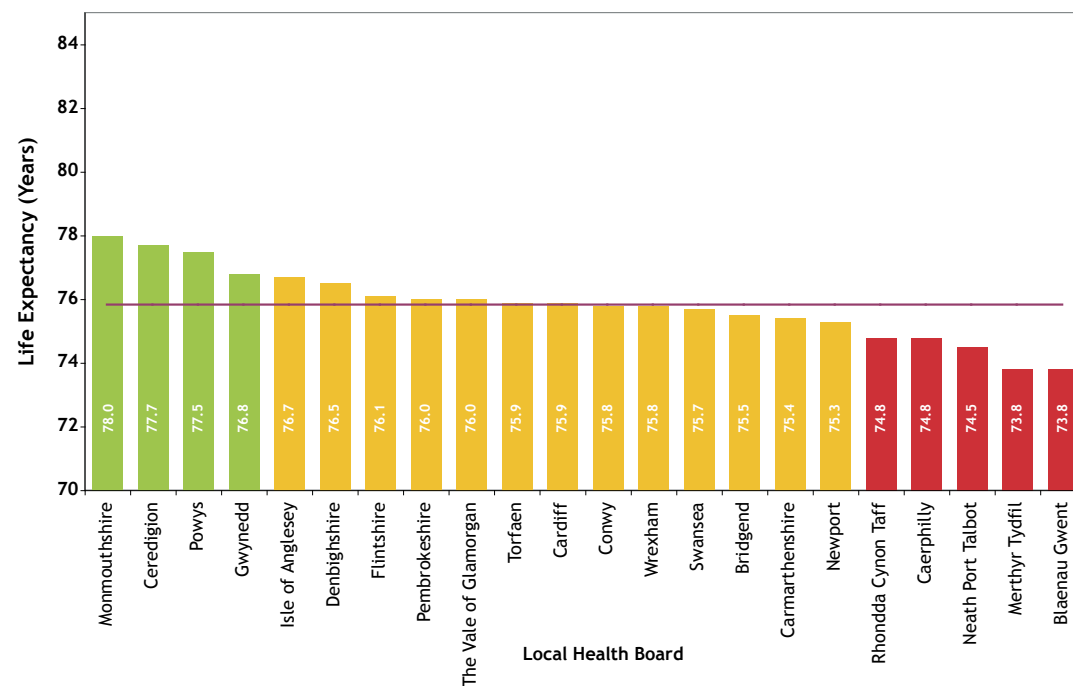
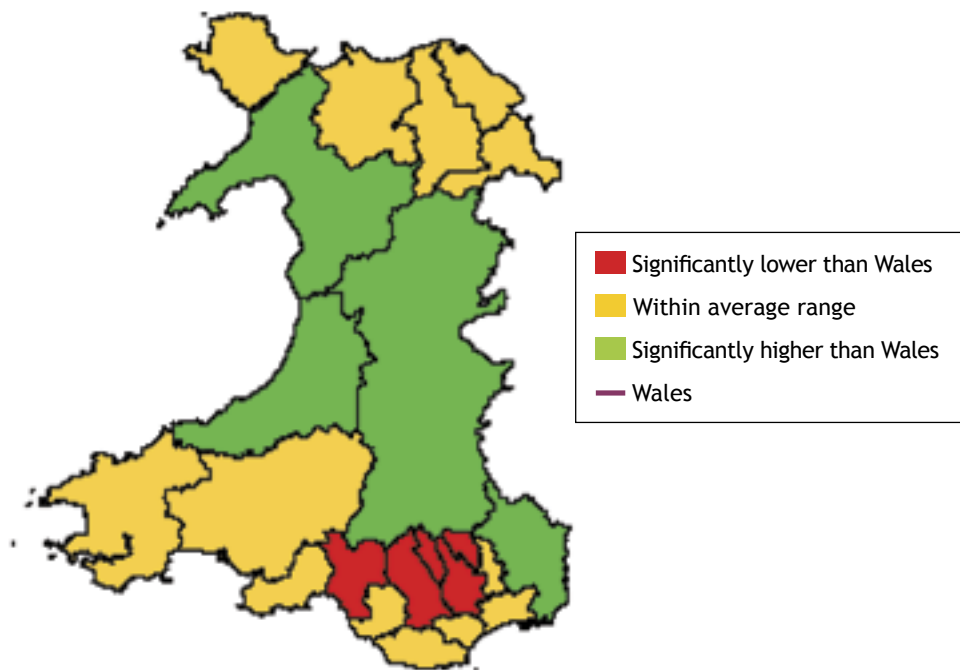
Want to know more?

www.statistics.gov.uk

The Census is undertaken every 10 years and is the only method of accurately identifying the population of Wales. For intervening years we rely on estimates taken from known population changes.

Life Expectancy at Birth for Males

Male life expectancy at birth 2002-2004



Source: ONS 2005
Unit of measure: years of age

What does this mean?

The map and chart above illustrate life expectancy amongst males for the 22 local health boards (between 2002 - 2004). The local health boards are geographically identical to the shape of local authorities in Wales. A boy born in Wales between 2002 and 2004 has an average life expectancy of approximately 76 years, assuming that factors such as death rates remain constant. There is a difference of 5 years if you were born in Monmouthshire (78 years) and Blaenau Gwent (73 years). The good news is that people are living longer with male figures rising from 73 years between 1991 and 1993 to 76 years between 2002 and 2004. However, there are significant differences in the life expectancy between the best and worst areas in Wales. The gap of just over 4 years for males, is of concern and this difference or 'inequality in health' appears to be getting bigger.

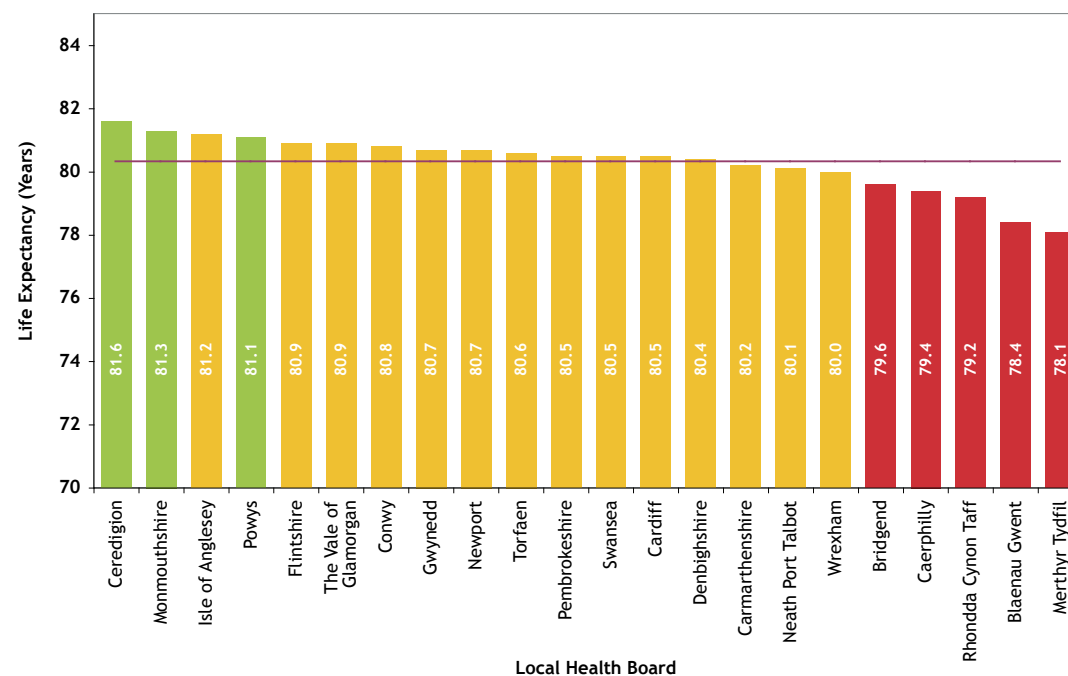
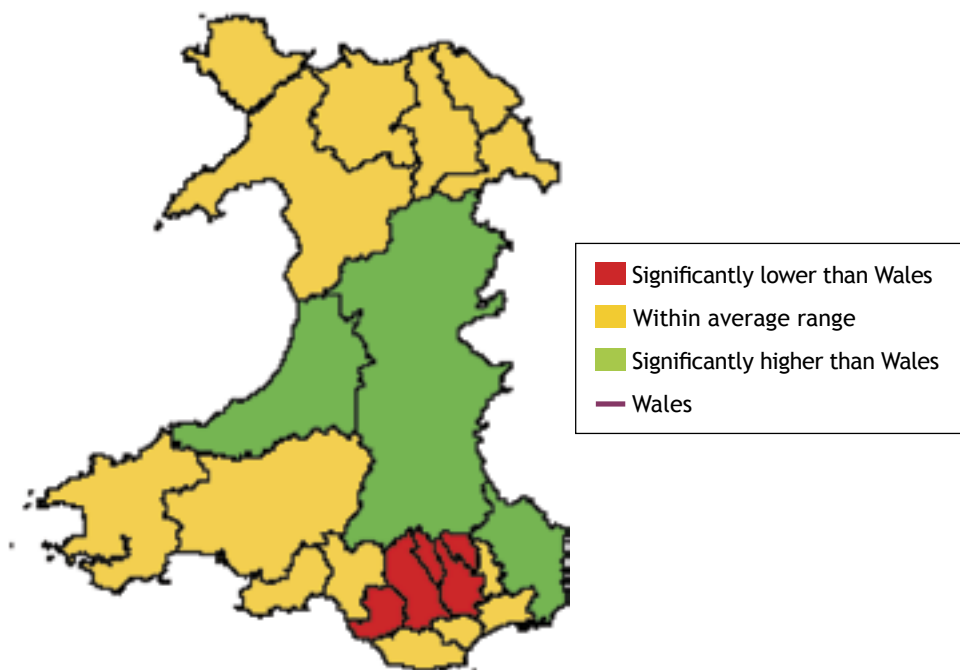
Want to know more?

www.statistics.gov.uk

Life expectancy is a useful summary measure of health within an area. It is calculated using age group populations and death rates for a specific area. It is not adjusted for changes in technology or lifestyle and should be used only as an indicator.

Life Expectancy at Birth for Females

Female life expectancy at birth 2002-2004



Source: ONS 2005
Unit of measure: years of age

What does this mean?

The map and chart above illustrate life expectancy amongst females for the 22 local health boards (between 2002 - 2004). If you were born female in Wales between 2002 and 2004 then the average life expectancy is 80.3 years, assuming that factors such as death rates remain constant. The lowest life expectancy in Wales for females (Merthyr Tydfil, 78 years) is greater than the highest male figure, this may be attributable to the fact that females are more likely than males to seek medical advice and are less likely to take as many risks. However, there is still a difference of 4 years between the lowest figure and the highest (82 years). As people get older they often require more services from the NHS. There is a need to encourage people to live healthier lives by exercising and enjoying a sensible diet. While medicine and surgery have opened new opportunities for repairing the human body, the best solution is to try and prevent the need for such interventions.

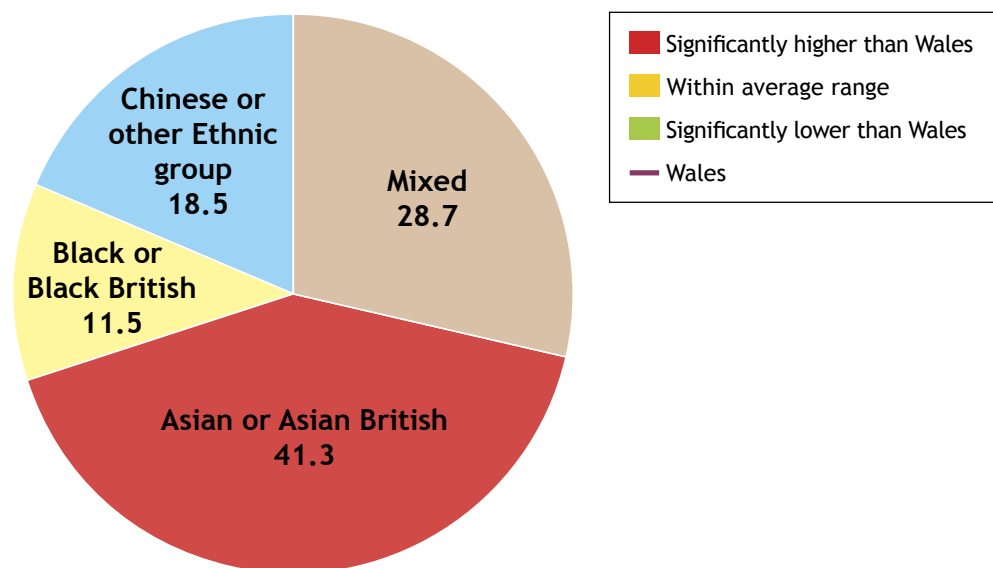
Want to know more?

www.statistics.gov.uk

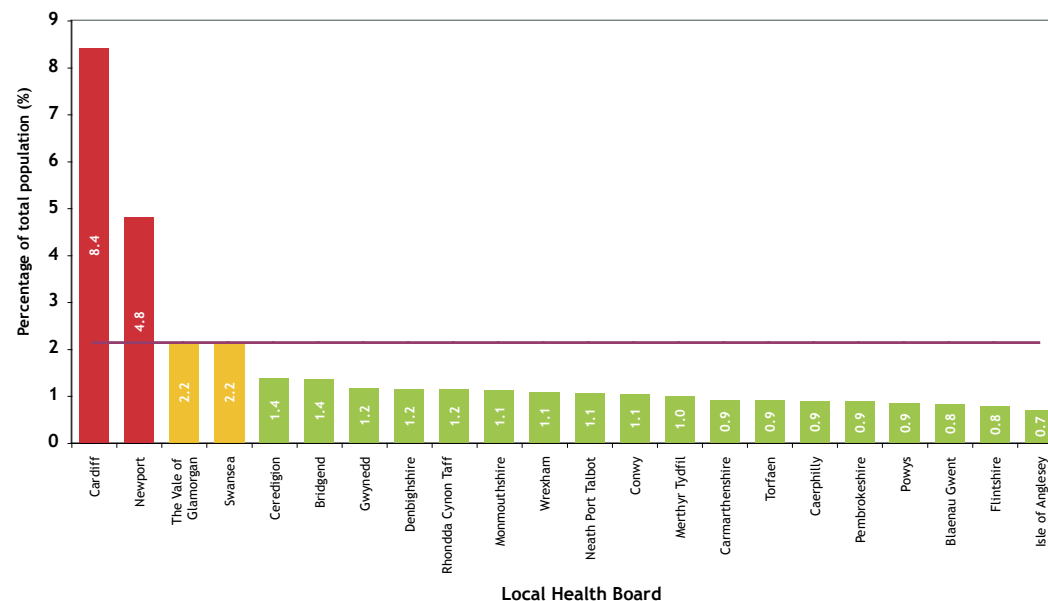
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Ethnicity

Origins of ethnic minority populations in Wales 2001



Percentage of population in Wales from ethnic minority backgrounds 2001



Source: Census 2001 & The Association of Public Health Observatories. Unit of measure: %

What does this mean?

These charts show the distribution of persons from ethnic minority backgrounds within Wales from the 2001 Census. In 2001, around 62,000 people identified themselves as belonging to an ethnic minority within Wales (2.1%). This group is not distributed evenly across Wales, with the largest numbers living in Cardiff and Newport (8.4% and 4.8% of their respective local populations). The majority of local health boards have less than 1.4% of their population identified as belonging to an ethnic minority. There is a demonstrated connection, within the UK, that people identifying with an ethnic minority are more likely to suffer social deprivation than the majority of the population. There is evidence showing people from some ethnic minority backgrounds have higher self-reported incidence of illness, admissions to hospital due to circulatory diseases and increased prevalence of diabetes.

Want to know more?

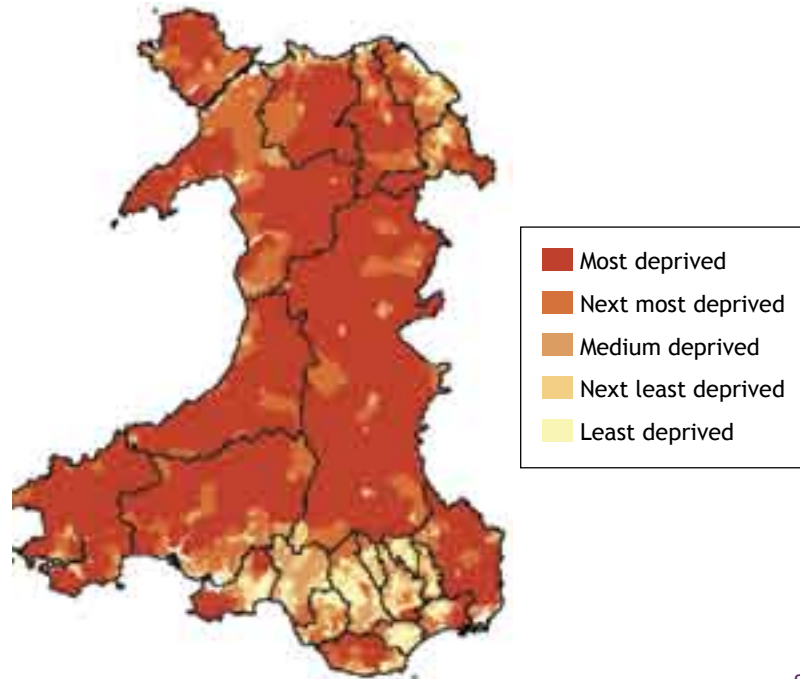
www.statistics.gov.uk
www.mdx.ac.uk/www/rctsh/asert/
www.apho.org.uk

There are ethnic minority data on the ONS website. The ASERT project is funded by the Welsh Assembly Government.

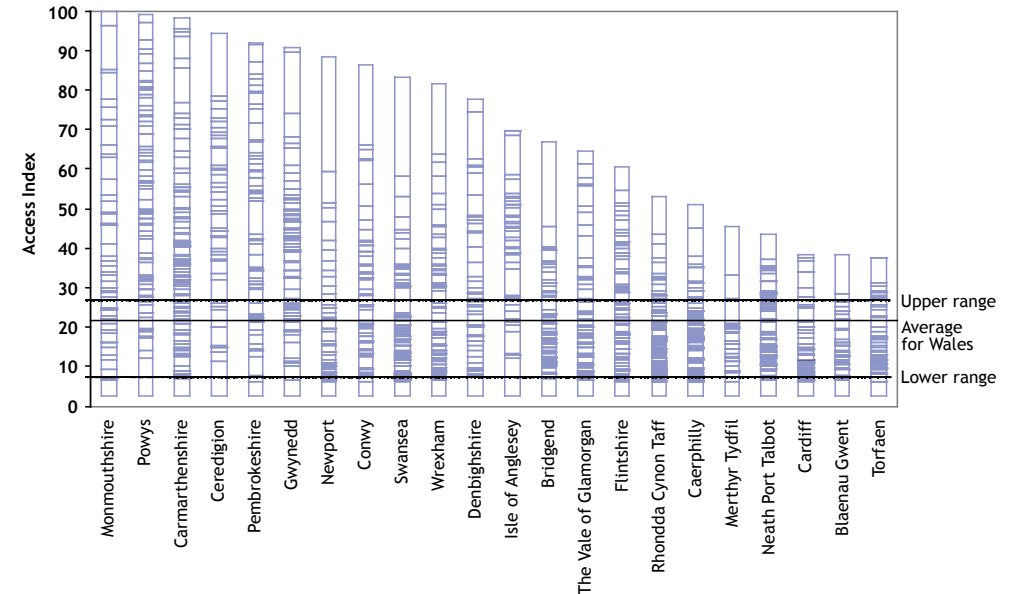
The APHO has recently released a report on Ethnicity and Health.

Access to Services

WIMD access domain



Access to services index Welsh index of multiple deprivation 2005



Source: Welsh Index of Multiple Deprivation 2005, Local Government Data Unit, Welsh Assembly. Unit of measure: WIMD score

What does this mean?

The map and chart above illustrate how accessibility to services via public transport and pedestrian access score. Since Wales has a comparatively rural environment there are some issues for people accessing services without a car. The elderly population are the group that are less likely to own, or have access to private transport and yet have some of the biggest need for access to services, for example health care services. One area of Monmouthshire has the worst access to services, followed by areas of Carmarthenshire, Pembrokeshire and Powys. Distance is an important factor when it comes to maintaining and improving health. Issues that arise include time and distance for cases of heart attacks and the ability to make and keep hospital and doctors' appointments.

For help understanding this graph, please see the Interpretations page at the back.

Want to know more?

www.lgdu.wales.gov.uk

<http://www.walesruralobservatory.org.uk>

This data comes from the Welsh Index of Multiple Deprivation from the Local Government Data Unit. Other information is available from the Welsh Rural Observatory.

Determinants of our health

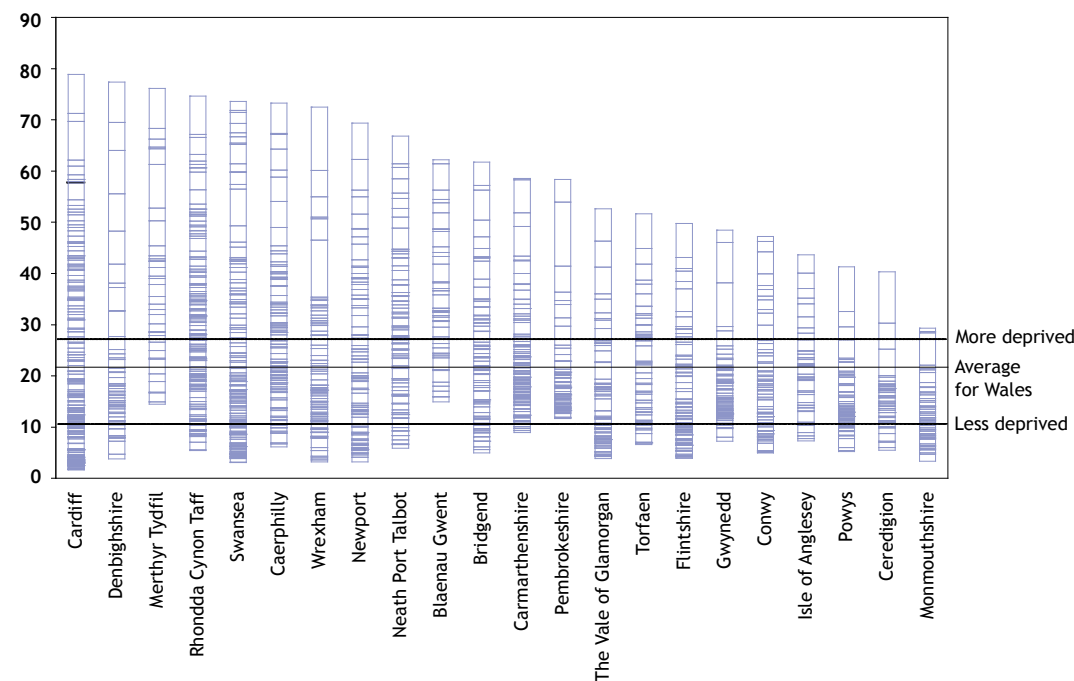
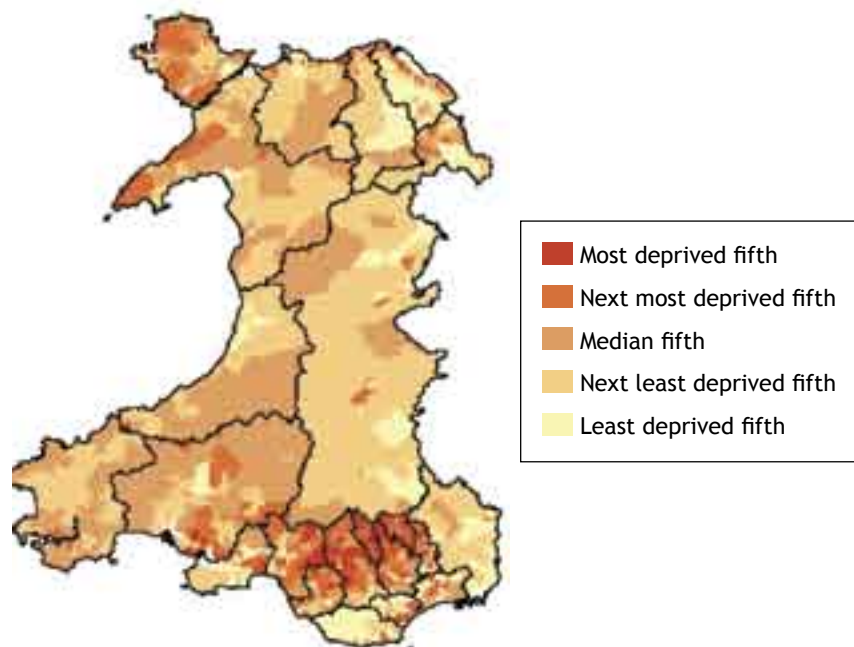
Things that affect our health can be within our control. Sometimes they have more to do with where we live, our income, education and working lives.

This section details some of the health factors within communities that create the building blocks of health and affect our ability and motivation to make healthy choices.



Deprivation

Welsh index of multiple deprivation 2005



Source: Welsh Index of Multiple Deprivation 2005, Local Government Data Unit
Unit of measure: WIMD score

What does this mean?

The map and chart above illustrate areas of deprivation measured by the Welsh Index of Multiple Deprivation (WIMD) 2005. The WIMD is calculated using a number of different domains including income, employment, health and access to services. Cardiff contains the areas with the best and worst scores for Wales. Part of Butetown has the highest, most deprived, score of 78.9 and part of Penylan has the lowest score of 1.4. Cardiff, Rhondda, Cynon, Taff and Swansea have more areas within the most deprived 10% than any other local health board. Denbighshire has some of the less deprived areas, most within the top 50% of Wales. Areas such as Rhyl have some of the most deprived parts of the country. Deprivation has an important influence on health as studies have consistently shown the connection between areas of deprivation and ill health, particularly coronary heart disease. For help understanding this graph, please see the Interpretations page at the back.

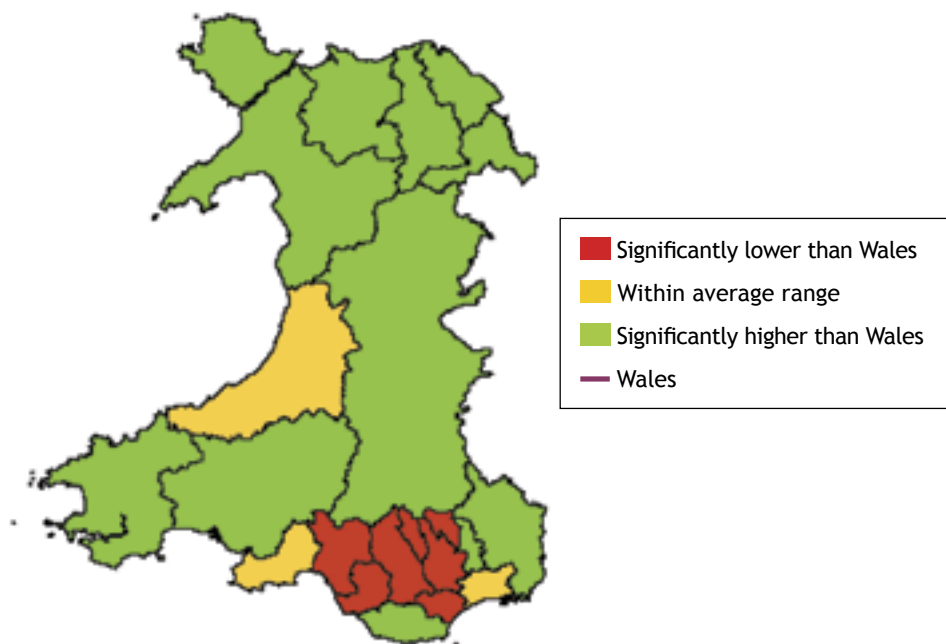
Want to know more?

www.lgdu.wales.gov.uk

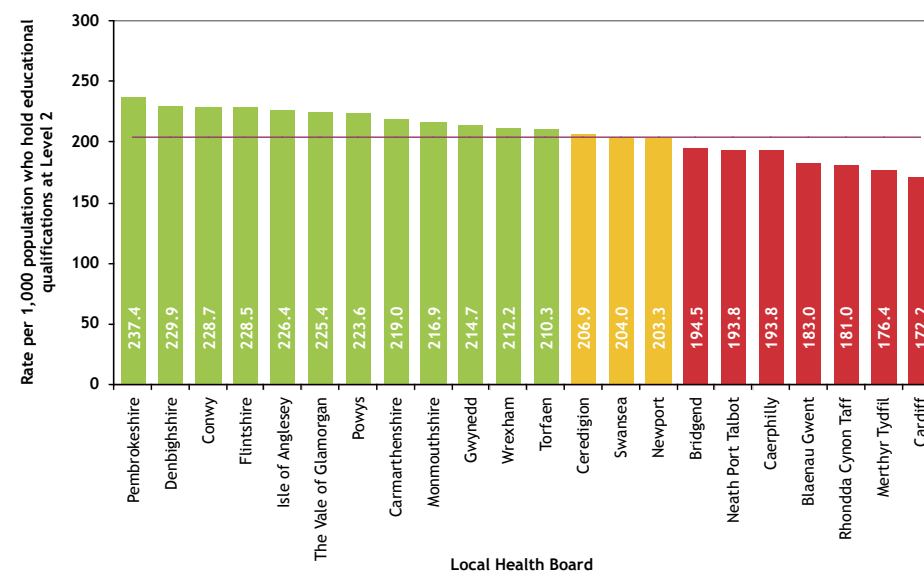
A deprivation index allows identification of areas suffering from inequalities. Usually a score may be derived from material deprivation, however in this case the score is derived from the following domains: income, employment, health, education, skills and training, housing, physical environment and geographical access to services.

Education

Education compared with Wales 2001



Rate per 1,000 population who hold educational qualifications at Level 2



Source: Census 2001. Unit of measure: Directly Standardised rate per 1000

What does this mean?

The map and chart above represent the number of people per 1,000 of the population who hold educational qualifications at level 2 or higher. Level 2 is the equivalent of 5 (A-C) passes at GCSE. There appears to be significant difference in the rates of population within different local health boards. Between Pembrokeshire (237.4 people per 1000) and Cardiff (172.2 people per 1000) there is a significant difference. In addition, the areas with the lowest levels are concentrated in the south east corner of the country. Qualifications broaden your chances of getting a job, can reinforce self-esteem and positively affect health and well-being.

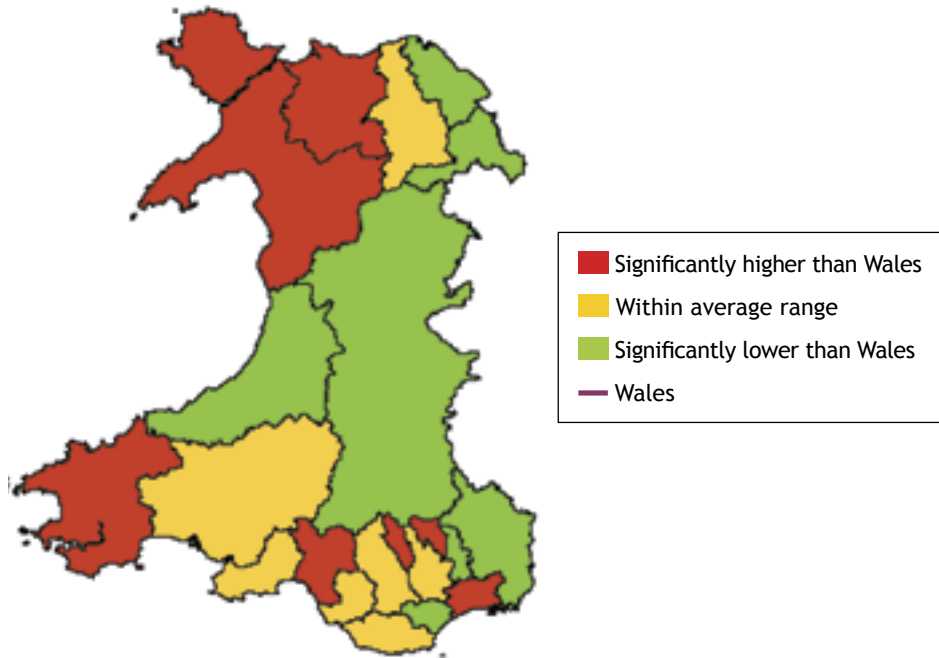
Want to know more?

www.ons.gov.uk

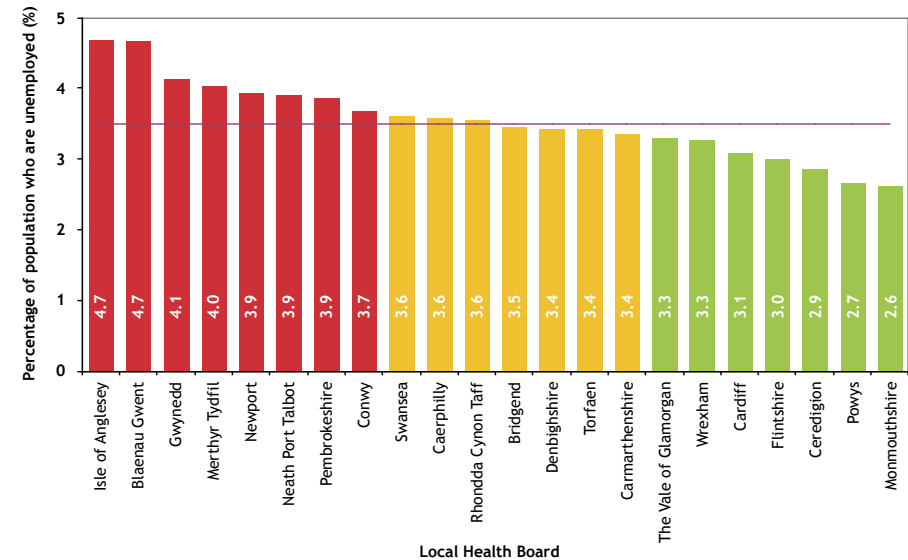
Level 2 qualifications can also include 5+ O levels, 5+ CSEs (grade 1), School Certificate, 1+ A levels/ AS levels, NVQ level 2, Intermediate GNVQ or equivalent.

Unemployment

Unemployment compared with Wales 2001



Percentage of population who are unemployed 2001



Source: Census 2001. Unit of measure: %

What does this mean?

The map and chart represent the percentage of the population who were capable of working but were unemployed at the time of the 2001 Census. Communities in the rural parts of Wales and some of the former coal-mining areas have higher rates of unemployment. The areas with the lowest rates include Cardiff and its commuter belt, Wrexham, the rural areas of Monmouthshire, Ceredigion and Powys. Working and earning help protect your health and well-being and allows you to provide for your family and in turn protect their health.

Want to know more?

www.ons.gov.uk

www.dh.gov.uk

The Office for National Statistics publishes information about unemployment in the United Kingdom. There is also evidence on links between unemployment and health in the Choosing Health paper.

Our health and how we feel

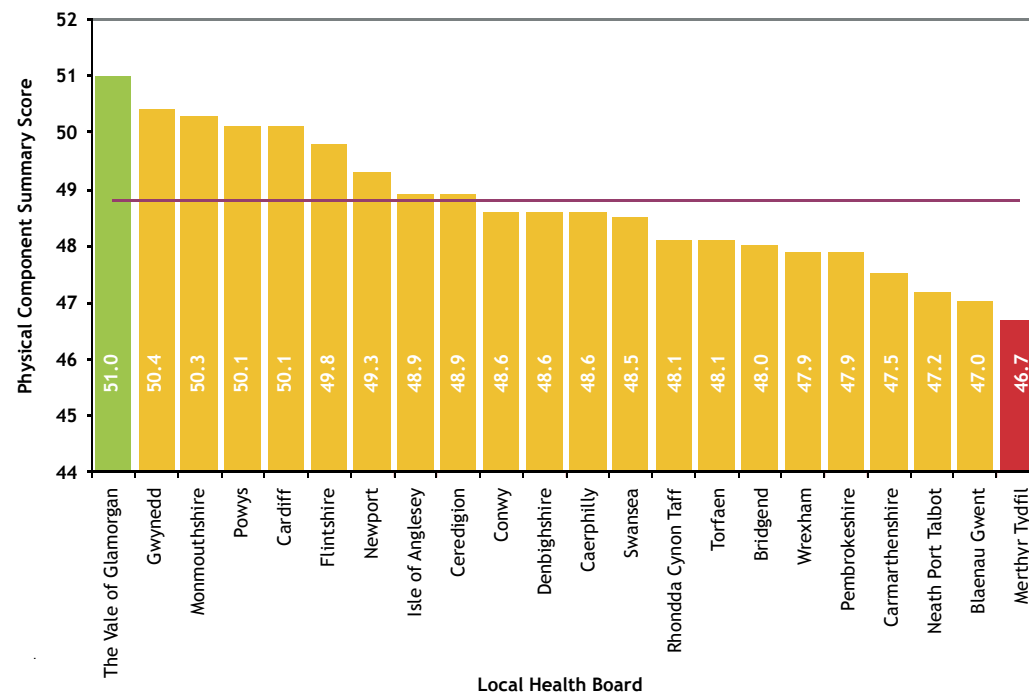
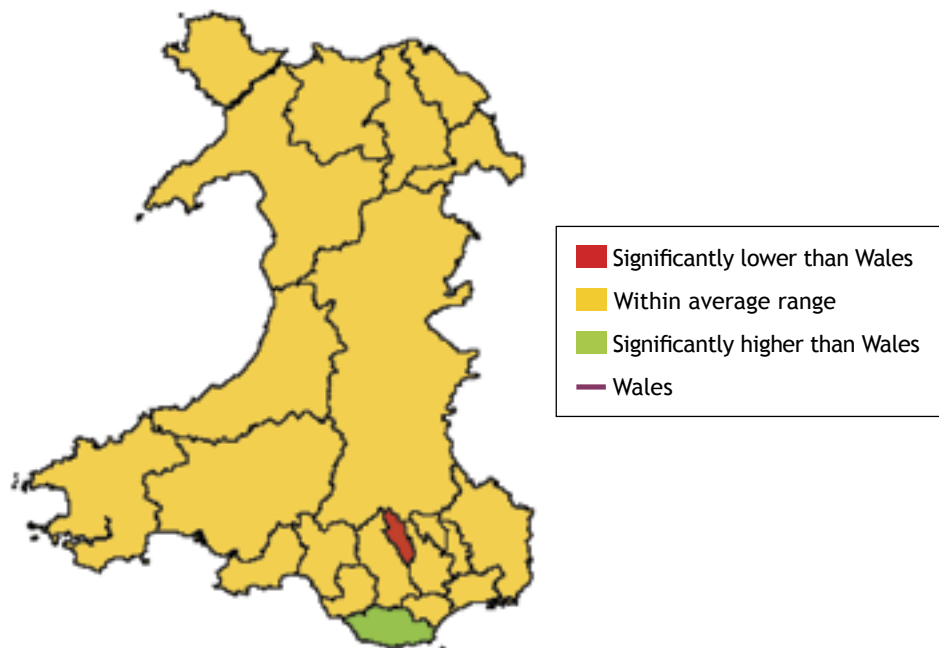
The factors within our communities that form the determinants of health are the building blocks of good health. These can affect how healthy we feel both physically and mentally, which in turn can go on to influence the choices we make about our lifestyle and our motivation for making healthy choices.

This section looks at how healthy we feel and how happy we are. This may be a mechanism by which the determinants of health such as deprivation or unemployment translate into both unhealthy choices (smoking, drinking and poor diet) and illness itself.



Physical Health

Physical component summary score 2003-2004



Source: Welsh Health Survey 2003 - 2004. Component Score

What does this mean?

The map and chart shows how good people feel about their own physical health. This is done by looking in each local health board at the Physical Component Summary (PCS) scores from the Welsh Health Survey 2003/4. This score is derived from several questions asked on the SF-36 questionnaire. A high score suggests better physical health than a lower score. How healthy you feel affects how healthy you actually are. The map and chart illustrate that PCS scores are similar to Wales for the majority of local health boards. The Vale of Glamorgan is the only Local Health Board with a significantly higher PCS score whilst Merthyr Tydfil has the only significantly lower score.

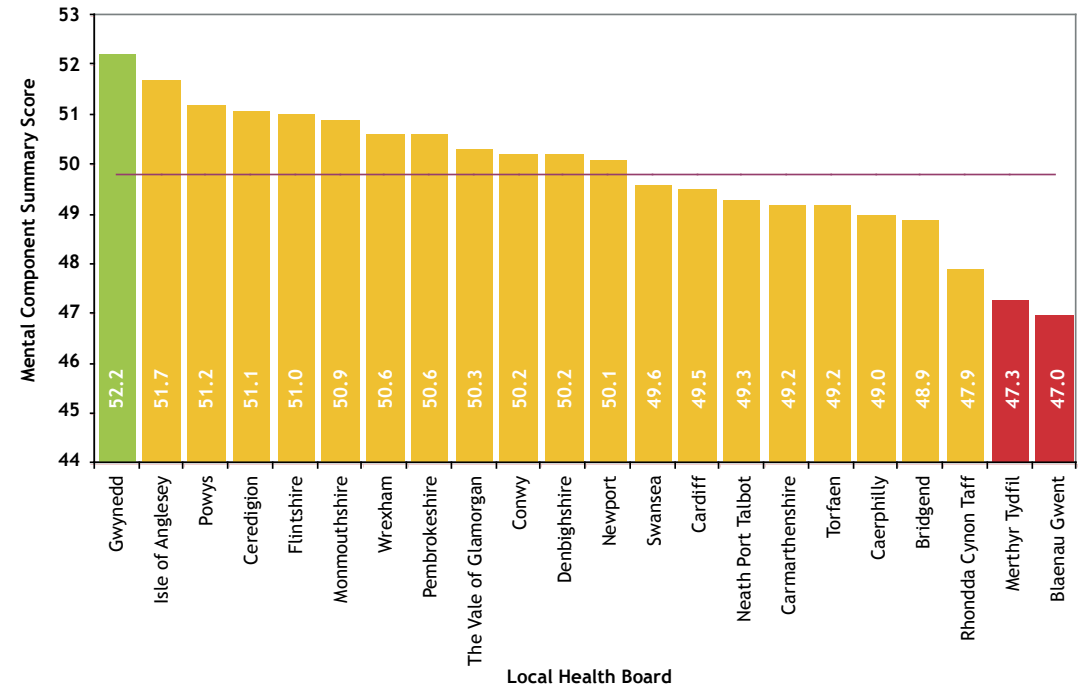
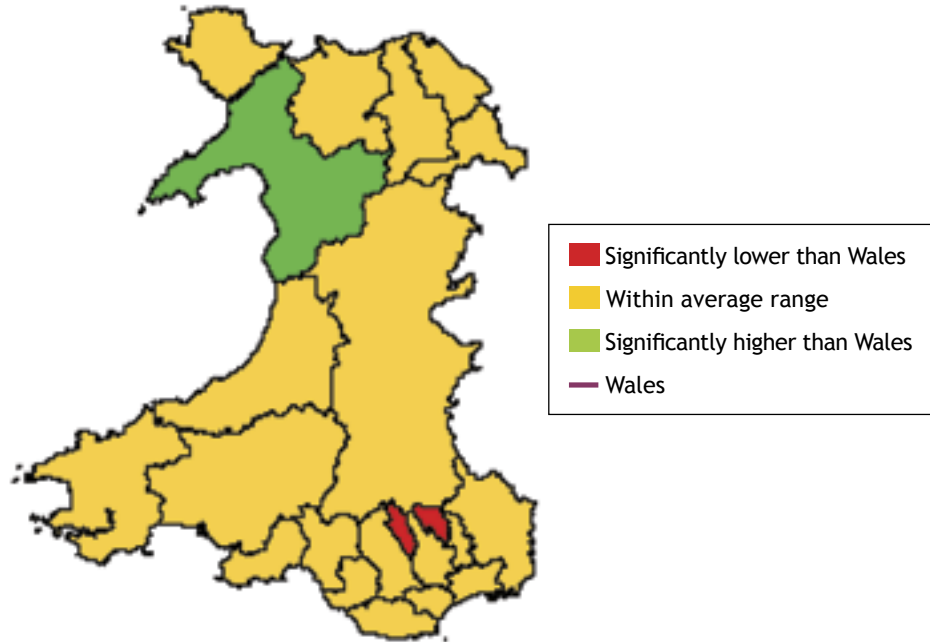
Want to know more?

The SF-36 questionnaire is a well used tool for self-perceived description of individuals general health. More information can be found in the following links:

<http://www.bupa.co.uk/healthsurveys/html/why/scores.html>
www.sf-36.org

Mental Health

Mental component summary score 2003 - 2004



Source: Welsh Health Survey 2003 - 2004. Component Score

What does this mean?

The map and chart show how good people feel about their mental health, using the Mental Component Summary (MCS) scores from the Welsh Health Survey 2003/4. This score is derived from several questions asked on the SF-36 questionnaire. A high score suggests better mental health than a lower score. The chart for Wales shows the mean score is 49.8 with Gwynedd significantly higher than average. Your mental health and how happy you feel affects the choices you make about your lifestyle, meaning you may smoke or drink more. It also affects your ability to work and see family and friends. It can also translate into mental or physical illness.

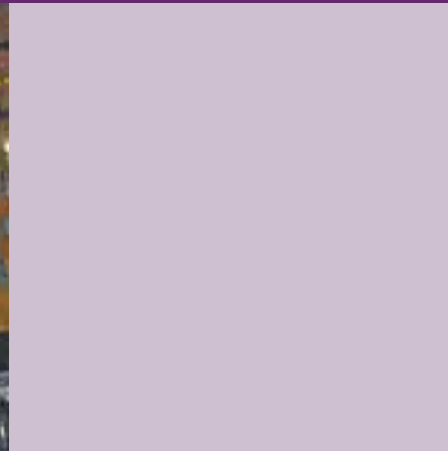
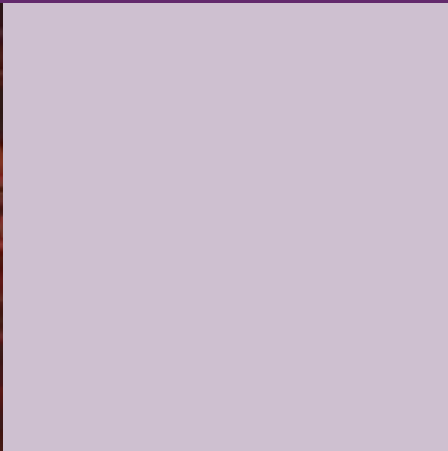
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www.sf-36.org



Wales Centre for Health Canolfan Iechyd Cymru



Lifestyle choices

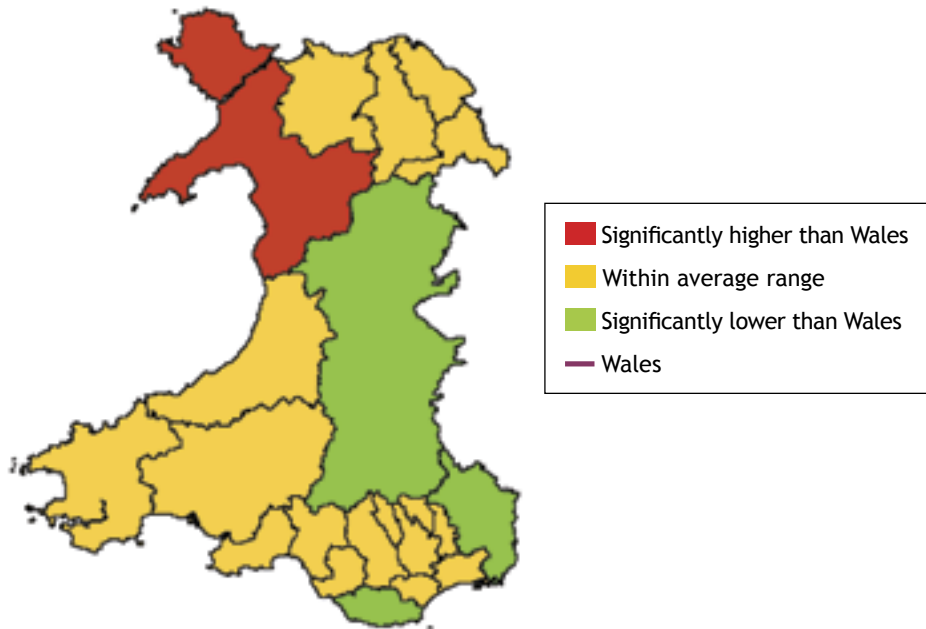
It is recognised that the way we choose to eat, exercise, smoke and drink affect our health. Our ability to make healthy choices is grounded partly in the determinants of health explored in the previous section. It is also important to ensure that the people of Wales are fully informed about the full effects of poor diet, smoking and alcohol use and the way they contribute to subsequent disease.

This section details some of the lifestyle choices affecting our health and pinpoints those areas where people and organisations need to target efforts.

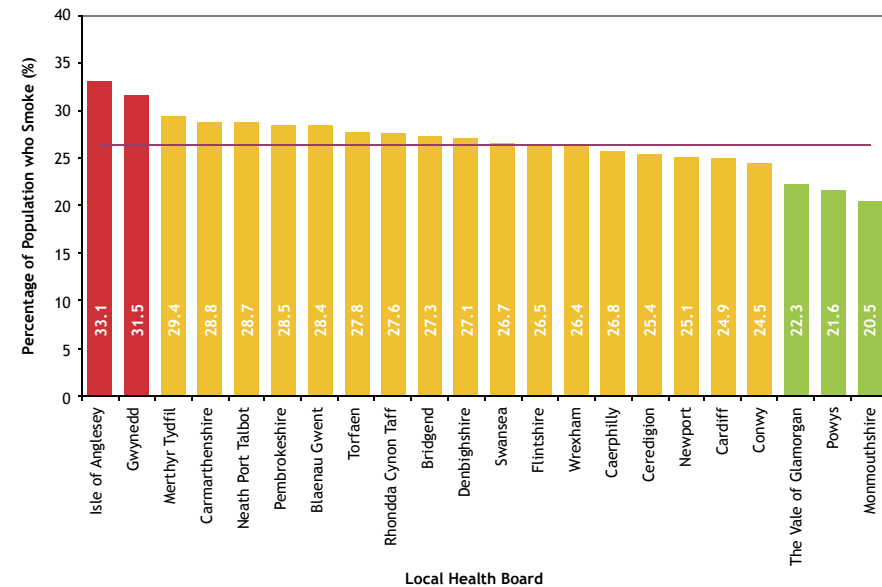


Smoking

Prevalence of smokers compared with Wales 2003-2004



Percentage of population who smoke tobacco 2003-2004



Source: Provisional Data Welsh Health Survey, 2003 - 2004. Unit of measure: %

What does this mean?

The map and chart represent the percentage of people within each local health board who identified themselves as smokers of tobacco in the Welsh Health Survey (2003 - 2004). Two areas in the North of Wales, the Isle of Anglesey and Gwynedd, have the highest proportion of smokers within Wales, with Monmouthshire, Powys and the Vale of Glamorgan having the lowest proportion. Across Wales, people within the 25 - 34 age range have the highest proportion of smokers. In the age ranges of 16 - 24 and 35 - 44, more women smoke than men. Smoking is a major killer of people in Wales. It is the most significant factor in causing preventable admissions to hospital and avoidable death. There is a greater incidence of asthma, coronary heart disease, stroke, bronchitis and cancers amongst those people who smoke, and people who are exposed to second hand tobacco smoke.

Want to know more?

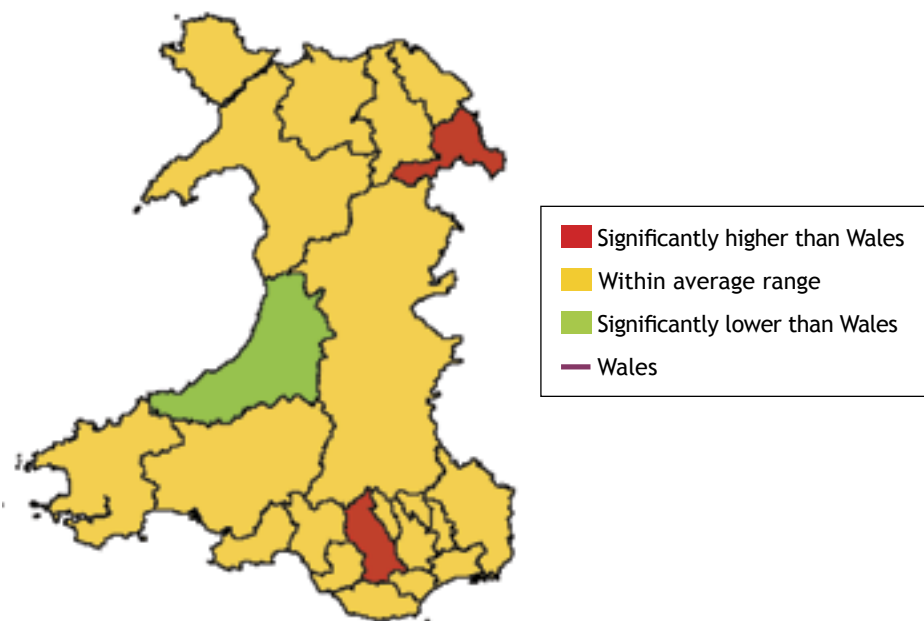
www.wales.gov.uk

The Welsh Health Survey is commissioned by the Welsh Assembly Government. It collects data on lifestyles across Wales.

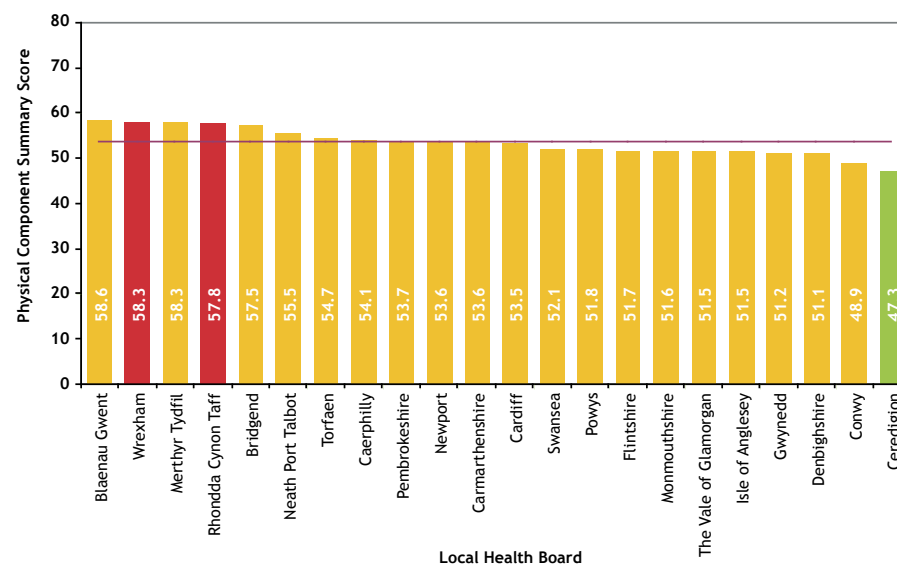
For help in quitting smoking contact
NHS Direct: Tel. 0854 4647
www.nhsdirect.wales.nhs.uk

Obesity

Obesity compared with Wales 2003 - 2004



Percentage of population who are considered overweight or obese 2003-2004



Source: Provisional Data Welsh Health Survey, 2003 - 2004. Unit of measure: %

What does this mean?

The map and chart represent the number of people within each local health board who, in the Welsh Health Survey 2003/4 indicated that they have a body mass index (BMI) in the range that is considered overweight or obese. Blaenau Gwent has the highest percentage of people with a BMI that is considered overweight or obese. The significantly higher percentage of obese individuals are in Wrexham and Rhondda, Cynon, Taff. These local health boards have a greater population than Blaenau Gwent and Merthyr Tydfil and therefore more people were surveyed, producing results where a true difference (compared with Wales) are shown. Ceredigion is the area with the lowest percentage. Being overweight or obese can increase the risk of many diseases, including hypertension (high blood pressure), diabetes and coronary heart disease. Long-term obesity has been linked to a reduction in life expectancy of up to 9 years. When added to other risk factors such as smoking, life expectancy can be reduced by as much as 14 years. For help understanding this graph, please see the Interpretations page at the back.

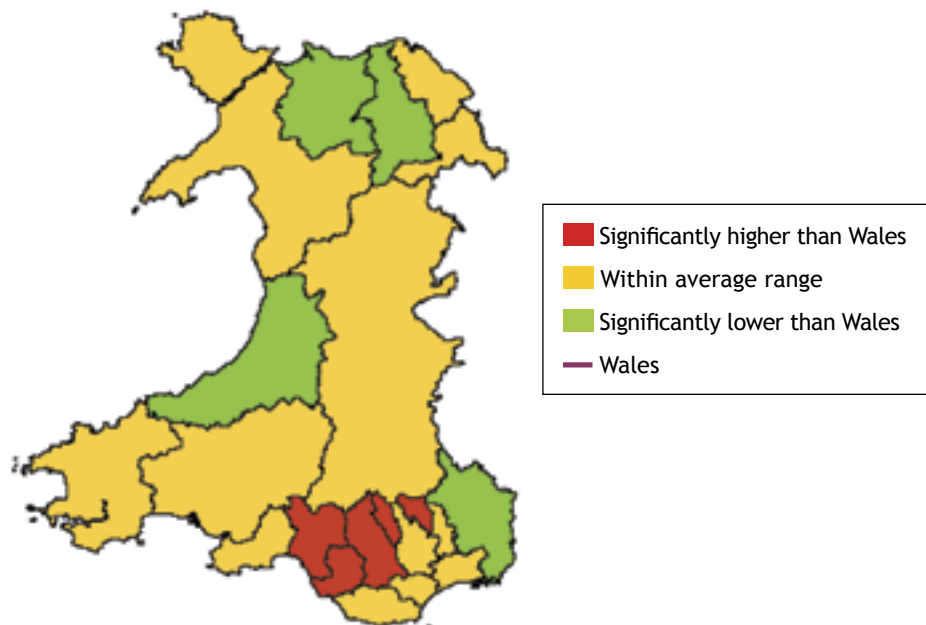
Want to know more?

Body Mass Index is calculated as weight (kg) divided by squared height (M^2). A BMI of 25 to under 30 is classed as overweight, a BMI of 30 or more is classed as obese.

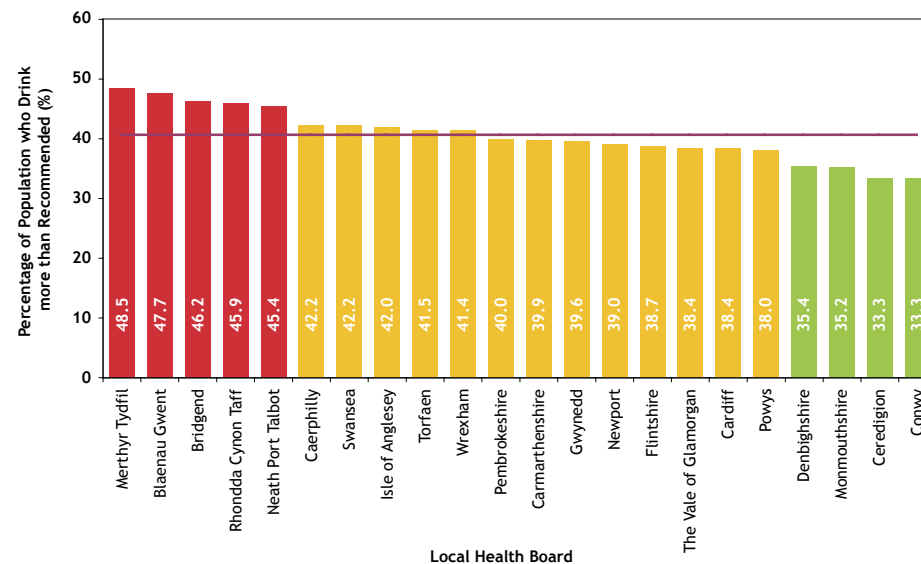
To learn more about Obesity as a health factor see www.apho.org.uk or www.nice.org.uk

Alcohol

Alcohol consumption compared 2003 - 2004



Percentage of population who drink more than recommended 2003-2004



Source: Provisional Data Welsh Health Survey, 2003 - 2004. Unit of measure: %

What does this mean?

The map and chart represent the number of people within each local health board who indicated in the Welsh Health Survey 2003/4 that they drink more units of alcohol each week than the daily recommended 3-4 units for men and 2-3 units for women. It also shows how this compares to the average in Wales (40%). Merthyr Tydfil has the highest proportion of the population who drink more, with 48.5% drinking more than is healthy. Blaenau Gwent, Bridgend, Rhondda Cynon Taff and Neath Port Talbot are all significantly higher than the Wales average. Denbighshire and Monmouthshire are both significantly lower than the Wales average. Conwy and Ceredigion have the lowest proportion of people in this category with 33.3% of their population drinking above the recommended level. How much alcohol you drink can cause direct harm or can lead you to cause wider harm to yourself and others (70% of A+E department admissions are alcohol related at peak times and one third of domestic violence incidents are alcohol related).

Want to know more?

The Welsh Health Survey has information on consumption of alcohol in Wales (www.wales.gov.uk).

For help relating to alcohol contact Alcohol problems/misuse 0800 917 8282 (freephone) Alcoholics Anonymous 0845 769 7555

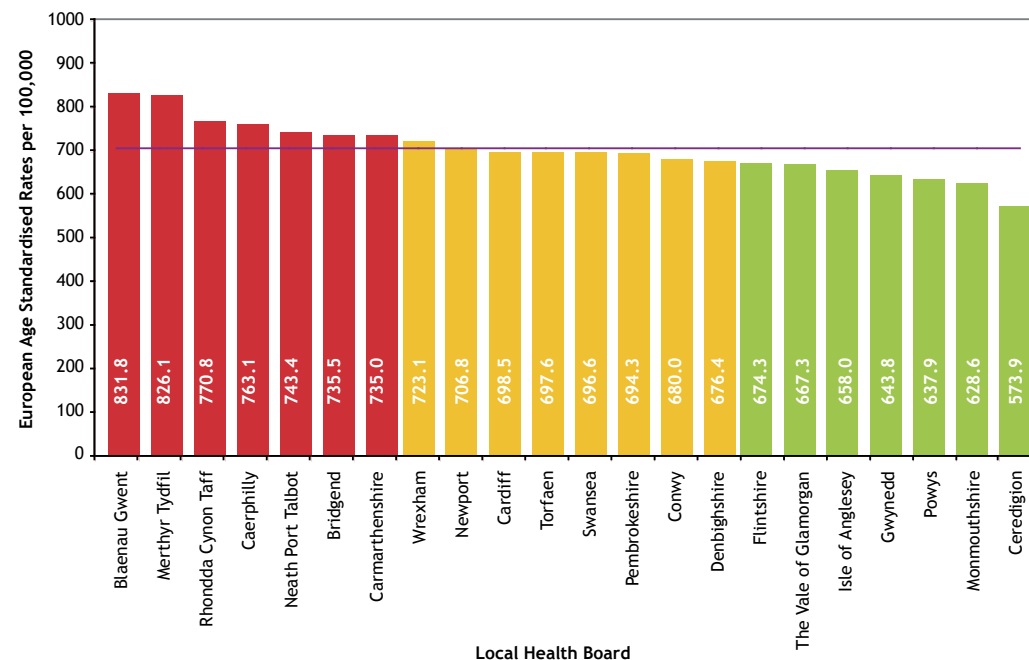
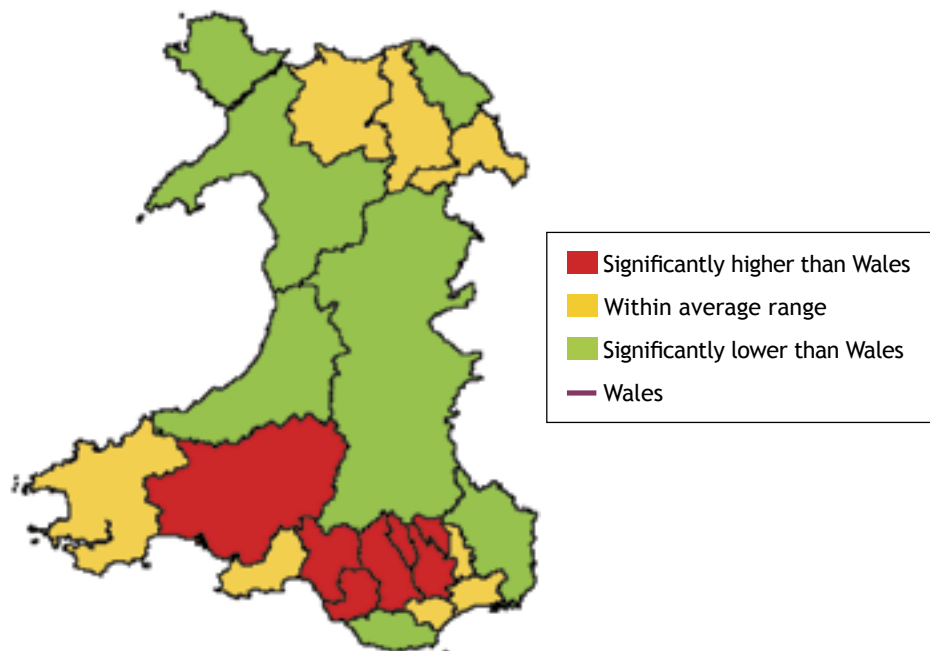
Mortality

The pattern of death and ill health is different across Wales. The section looks at key illnesses and their pattern across different areas within Wales. Many of the differences between areas mirror the patterns seen in the determinants of health and lifestyle choices such as taking exercise, eating well and stopping smoking.



All Causes of Death

Death from all causes for all ages 2001-2003



Source: Healthshow 2005.2
 Unit of measure: Directly Standardised rate per 100,000

What does this mean?

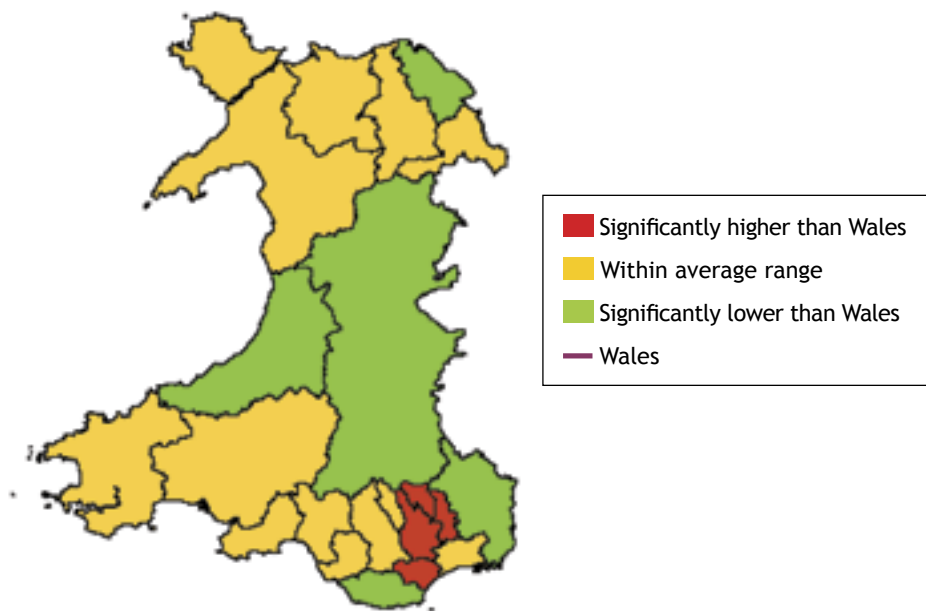
Just over 30,000 people die in Wales each year. These charts show death rates from all causes over a three year period. The chart shows that seven of the local health boards have a death rate which is significantly higher than the overall Wales rate of 703 deaths per 100,000 people. The key causes of death in Wales are circulatory disease, cancer, chronic heart disease and respiratory disease.

Want to know more?

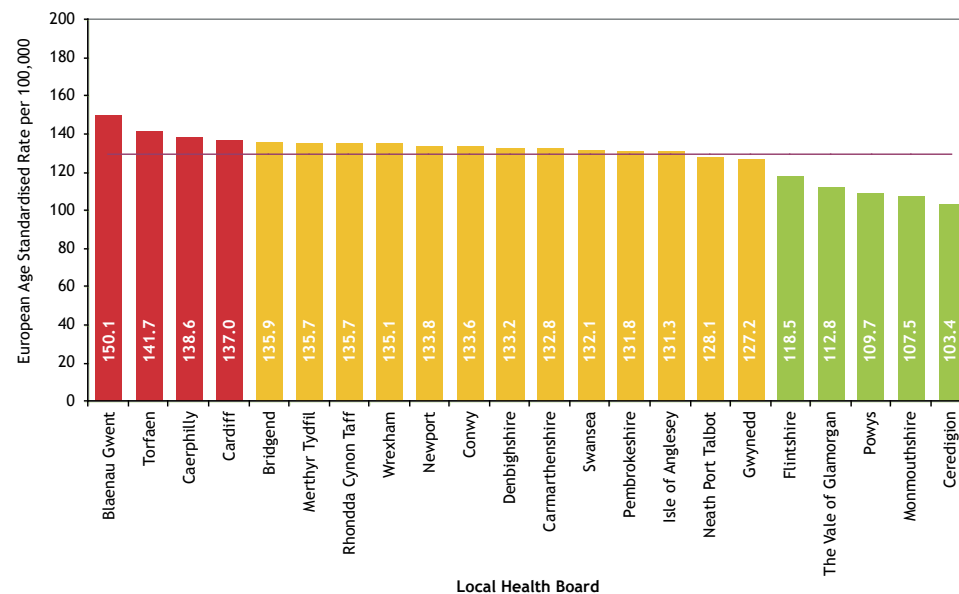
Deaths are a key indicator of population health because they provide an indication of general health within communities. Information on deaths is of high quality. All deaths in the UK must be registered and the information is processed and held by the Office for National Statistics who then supply it electronically to the NHS for use in analysis.

Cancer

Deaths from all Cancer compared with Wales under 75, 2001-2003



Premature mortality (under 75s) from Cancer 2001-2003



Source: Healthshow 2005.2. Unit of measure: Directly Standardised rate per 100,000

What does this mean?

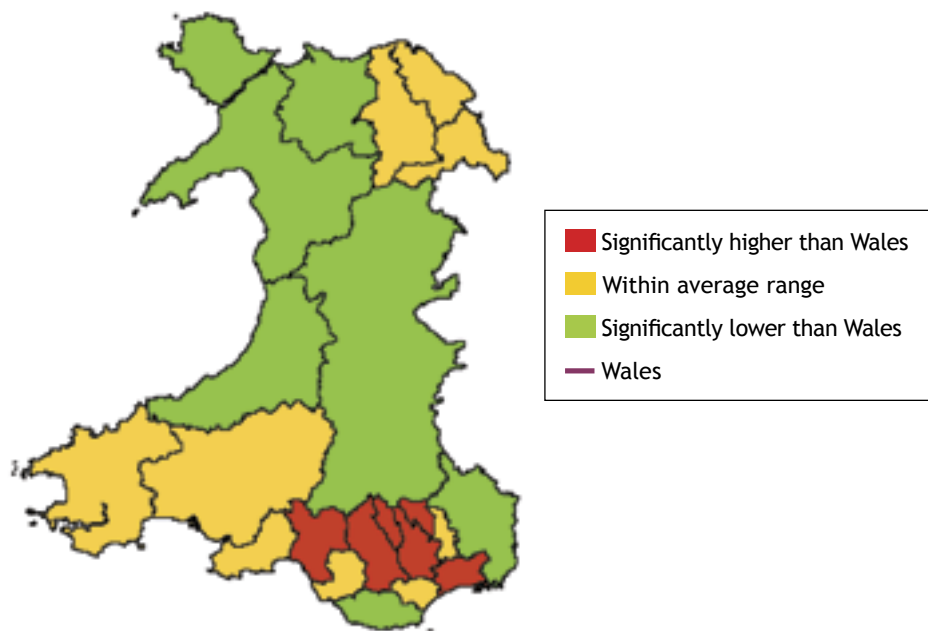
These charts show the rate of death from cancer for people under 75 in Wales between 2001 and 2003. Blaenau Gwent has the highest rate in Wales with 150.1 deaths per 100,000 population. A number of different factors are thought to influence the development of cancer; however, smoking and poor diet are seen as key contributing factors. The figures show that cancer is a major risk to health in Wales, particularly in the more deprived areas.

Want to know more?

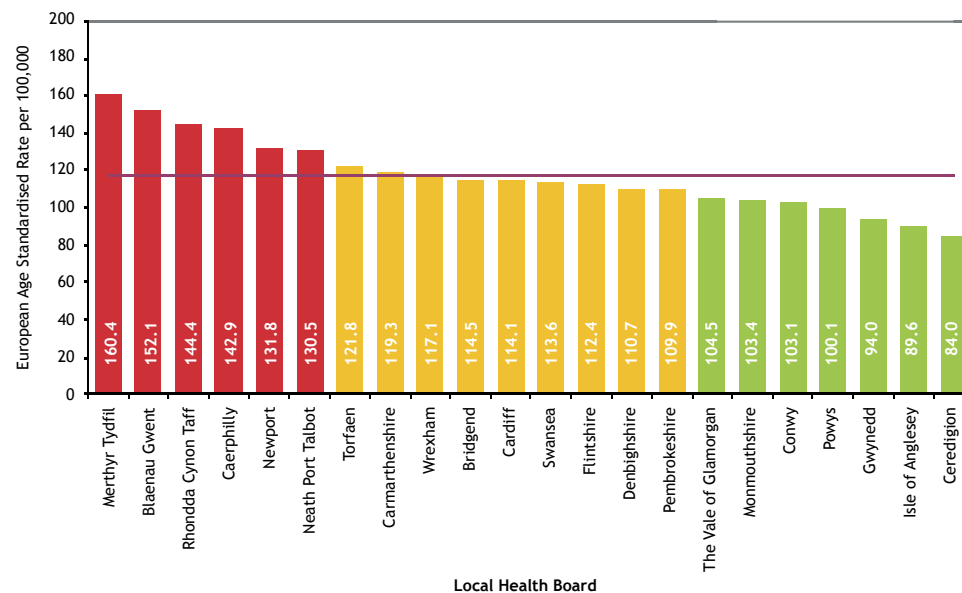
Death rates are shown for those aged under 75 years. This is because it provides an indicator of premature death.

Circulatory Disease

Deaths from circulatory disease compared with Wales under 75, 2001-2003



Premature deaths (under 75s) from circulatory disease 2001-2003



Source: Healthshow 2005.2. Unit of measure: Directly Standardised rate per 100,000

What does this mean?

The chart and map illustrate the rate of deaths from circulatory disease for people in Wales aged under 75 between 2001-2003. Circulatory disease is more prevalent in men than women, with men making up 65% of the deaths for this period. In Wales, Merthyr Tydfil had the highest rate with 160.4 deaths per 100,000 people under 75. Blaenau Gwent, Rhondda Cynon Taff, Caerphilly, Newport and Neath Port Talbot all had a rate significantly higher than the Wales rate. Ceredigion in West Wales had the lowest rate in Wales. The areas with the lowest rates of death were the more affluent rural areas of Wales. Circulatory disease is connected to smoking, obesity, heavy alcohol consumption and poor diet.

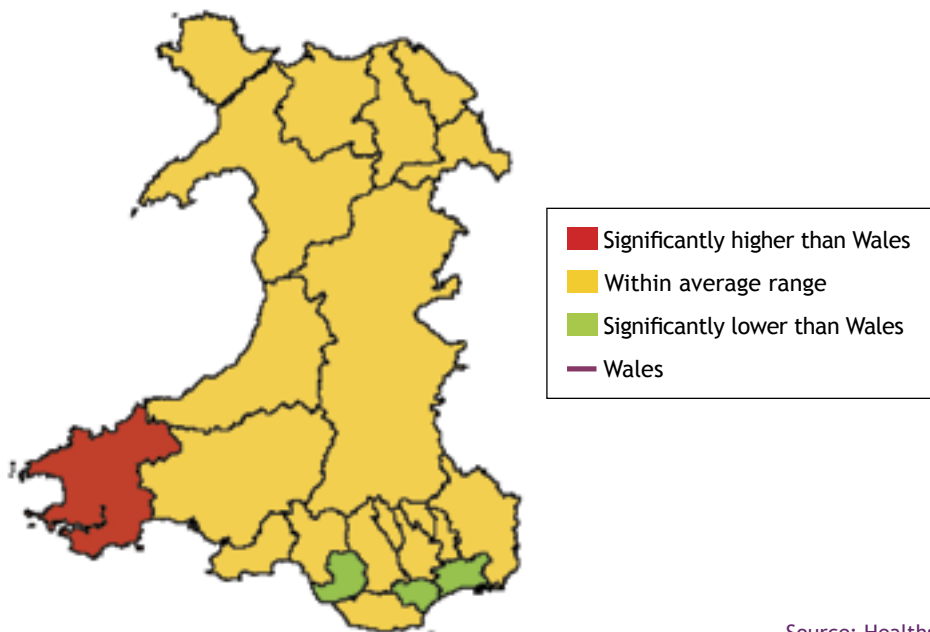
Want to know more?

Circulatory disease includes such diagnoses/ conditions as heart disease, high blood pressure and stroke.

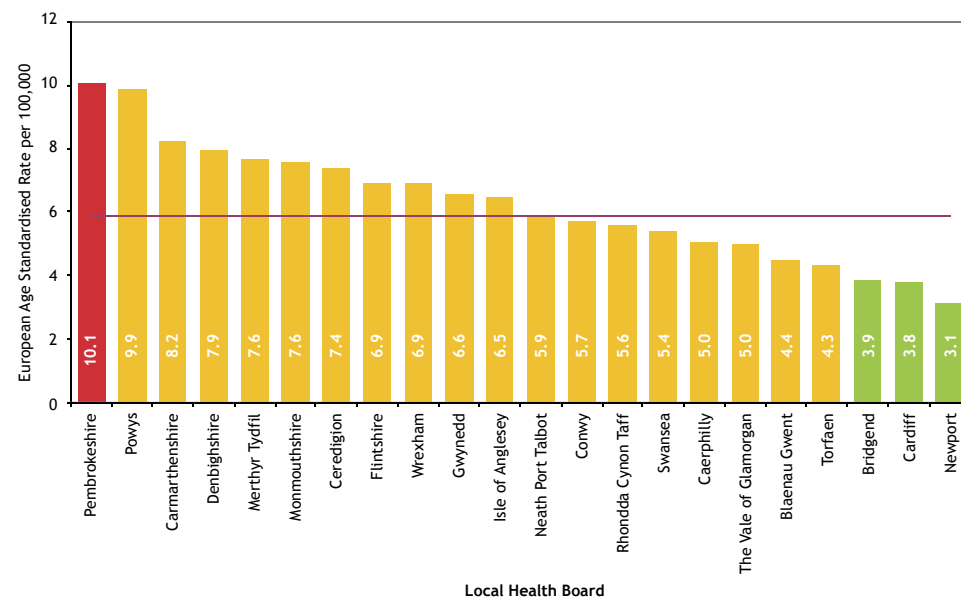
For more information please see the Inequalities in Health Fund website: www.wales.gov.uk

Road Traffic Accidents

Death from RTA's compared with Wales all ages 1999-2003



Death from road traffic accidents 1999-2003



Source: Healthshow 2005.2, Wales Office of Research and Development. Unit of measure: Directly Standardised rate per 100,000

What does this mean?

The chart and map show the rate of death from Road Traffic Accidents (RTAs) within Wales between 1999 and 2003. RTAs occur due to a number of reasons including excess speed, drugs and alcohol misuse and inexperience as well as the environment itself. Pembrokeshire, a largely rural area, recorded a significantly higher rate than anywhere else in Wales. There were significantly lower rates for Newport, Cardiff and Bridgend, compared with Wales. Reducing casualties from Road Traffic Accidents is a major priority for local health boards. A report in 2000 estimated the annual cost of RTAs was between £86 - £97 million per year.

Want to know more?

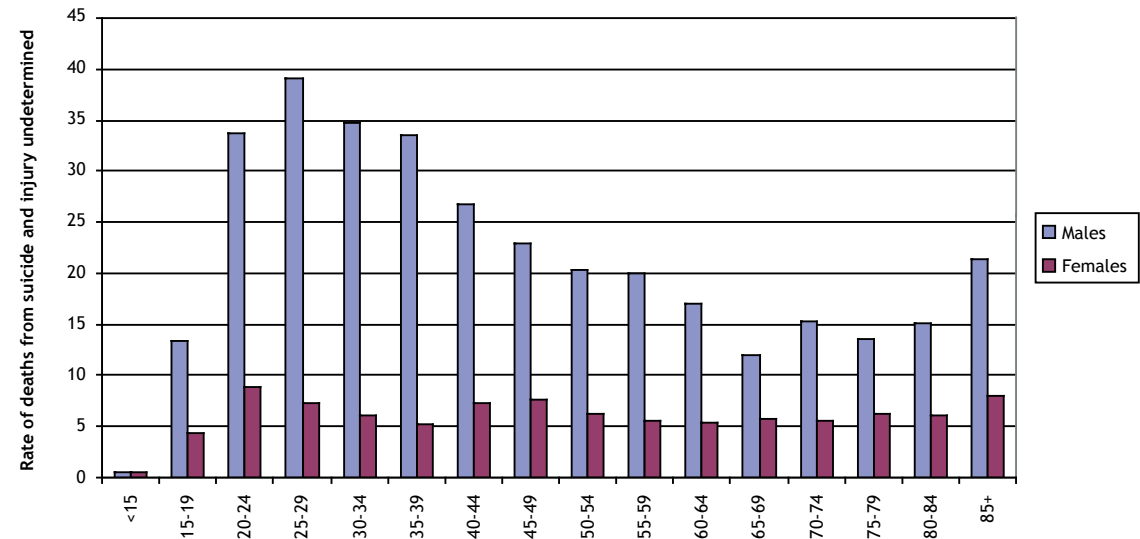
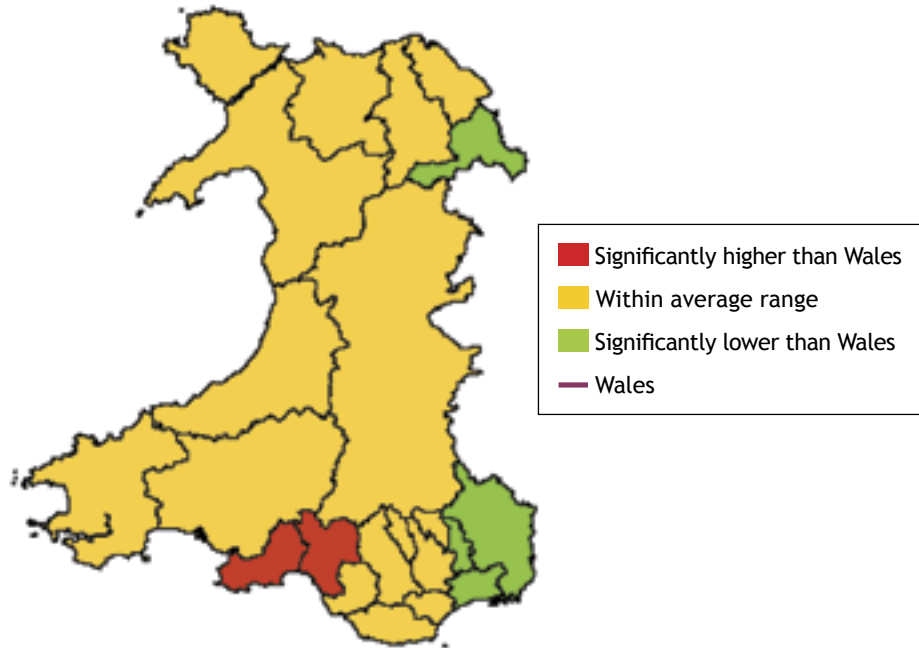
http://www.dft.gov.uk/stellent/groups/dft_rdsafety/documents/sectionhomepage/dft_rdsafety_page.hcsp

The UK department of Transport has substantial evidence on the impact of road accidents in Wales. See also the Welsh Office for Research and Development.

www.word.cymru.gov.uk

Suicide and Injury Undetermined

Rate of deaths from suicide and injury undetermined



Source: Healthshow 2005.2
Unit of measure: Rate per 100,000

What does this mean?

These charts show levels of suicide and injury undetermined in Wales between 1999 and 2003. The map represents the locations with the highest prevalence. The graph represents the rates of suicides for men and women by age group. The highest rate of suicides occurred in men aged 25 to 29. The age range in which suicide is most common in Wales is between 20 and 39. The locations with the highest rates are in Neath Port Talbot and Swansea.

Want to know more?

<http://www.centre-suicide-prevention.man.ac.uk/>

The Centre for Suicide Prevention at Manchester University.

If the issue of suicide affects you, please contact:

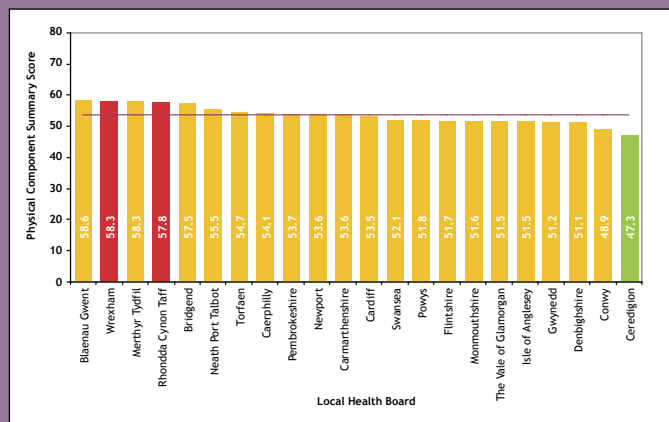
<http://www.samaritans.org/>
08457 909090

Interpretation

Health data is a complex subject and can be shaped to present a number of arguments.

Please read this page before publishing any information from this report.

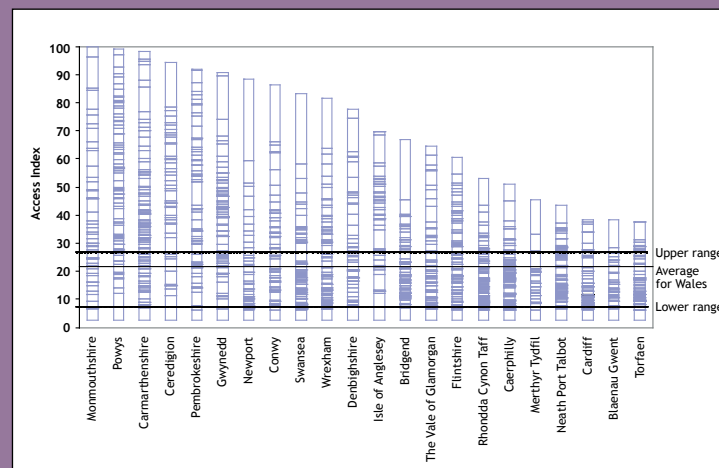
Ranking and Shading



The graphs are shaded according to 'statistical significance'. This means that we can categorically say one area is worse than another. In this graph (for obesity), Blaenau Gwent has a higher rate than Wrexham but owing to the size of its population is not statistically different from the Wales average. Since the 95% Confidence intervals (see the Glossary) for Blaenau Gwent overlap with the Wales average, we cannot say that it is 'worse'. This method enables us to show the information in a ranked order, but also lets us identify genuinely better or worse results.

We have shaded the graphs because we believe it allows us to focus attention on areas that should be looked at as part of further investigations and for communities to identify areas of significant concern.

Index charts



These charts (for the index of Multiple Deprivation and for Access to Services) enable us to show the variation in scores across a local area.

There are two main elements we are interested in for this report: the difference between the best and worst within an area and the concentration of scores within an area.

We can gauge the gap between the best and worst within an area by looking at the length of the bar for each local area. The taller the bar, the bigger the gap.

We are interested in the concentration of ranks within a bar because it helps us understand the differences within an area. The closer together areas making up the local health board are (the more blue together) the more we can say that an area is similar to those around it.

Glossary

Super Output Area (SOA)

SOAs are a defined geographical area aggregated up from groups of Census Output Areas (OAs) which can be used for the collection and publication of small area statistics. There are three layers of SOA, a lower level with a mean population of 1500, the middle level with a mean population of 7200 and the upper level which will be about 25,000 population.

Life Expectancy

Life expectancy at birth (a measure of mortality) for an area in a given period is an estimate of the number of years a new born baby would survive, were he or she to experience the particular area's age-specific mortality rates for that time period throughout his or her life.

Health Determinants

The range of personal, social, economic and environmental factors which determine the health status of individuals or populations. They include health behaviours and lifestyles, income, social and economic status, education, employment, working conditions, access to health services, housing and living conditions and the wider physical environment.

Body Mass Index (BMI)

BMI is a measure which takes into account a person's height and weight and is calculated as height in metres divided by the square of the weight in kilograms. A BMI of 26 to 29 is overweight, which is generally believed to carry moderate health risks. A BMI of 30 and higher is considered obese. The higher the BMI, the greater the risk of developing health problems such as heart disease & diabetes.

Circulatory Diseases

Circulatory diseases (CD) include all diseases caused by hardening of the inner lining of the arteries with fatty deposits. These diseases are often referred to as cardiovascular disease and include coronary heart disease (CHD) and stroke.

Standardised Rate (Directly (DSR) and European Age (EASR))

Unless stated all calculated rates are directly standardised for 100,000 persons. The directly age-standardised rate is the rate of events that would occur in a standard population if that population were to experience the age-specific rates of the subject population. For most indicators a European standardised rate (EASR) has been calculated.



“Significant”

We have used the word significant to describe data whose which is above or below 95% confidence limits of the Wales average. Confidence limits provide a range of values that is highly likely to include the true, but unknown, value (“confidence limits” are the results of a statistical analysis). A 95% confidence limit means that there is only a 5% chance that the true value is NOT included within the span of the limits.

Community Health Profiles 2006

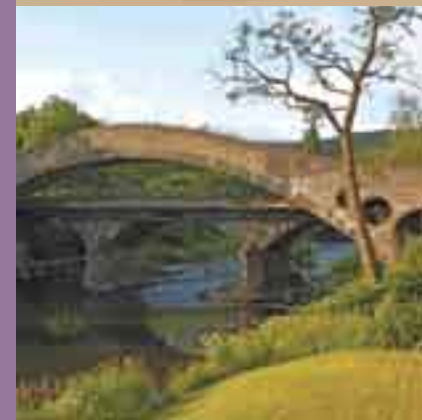
Data Table

Year	2002-2004	2002-2004	2001	2001	2003/4	2003/4	2003/4	2003/4	2003/4	2003/4	2001-2003	2001-2003	2001-2003	1999-2003	1999-2003
Local Area	Male Life Expectancy	Female Life Expectancy	Education	Unemployment	PCS	MCS	Smoking	Obesity	Alcohol	All Causes	Under 75s Cancers	Under 75s Circulatory Disease	RTA	Suicide	
Blaenau Gwent	73.8	78.4	183.0	4.7	47.0	47.0	28.4	58.6	47.7	831.8	150.1	152.1	4.4	13.4	
Bridgend	75.5	79.6	194.5	3.5	48.0	48.9	27.3	57.5	46.2	735.5	135.9	114.5	3.9	14.3	
Caerphilly	74.8	79.4	193.8	3.6	48.6	49.0	25.8	54.1	42.2	763.1	138.6	142.9	5.0	11.0	
Cardiff	75.9	80.5	172.2	3.1	50.1	49.5	24.9	53.5	38.4	698.5	137.0	114.1	3.8	11.1	
Carmarthenshire	75.4	80.2	219.0	3.4	47.5	49.2	28.8	53.6	39.9	735.0	132.8	119.3	8.2	13.6	
Ceredigion	77.7	81.6	206.9	2.9	48.9	51.1	25.4	47.3	33.3	573.9	103.4	84.0	7.4	11.2	
Conwy	75.8	80.8	228.7	3.7	48.6	50.2	24.5	48.9	33.3	680.0	133.6	103.1	5.7	14.8	
Denbighshire	76.5	80.4	229.9	3.4	48.6	50.2	27.1	51.1	35.4	676.4	133.2	110.7	7.9	14.3	
Flintshire	76.1	80.9	228.5	3.0	49.8	51.0	26.5	51.7	38.7	674.3	118.5	112.4	6.9	10.9	
Gwynedd	76.8	80.7	214.7	4.1	50.4	52.2	31.5	51.2	39.6	643.8	127.2	94.0	6.6	10.9	
Isle of Anglesey	76.7	81.2	226.4	4.7	48.9	51.7	33.1	51.5	42.0	658.0	131.3	89.6	6.5	11.1	
Merthyr Tydfil	73.8	78.1	176.4	4.0	46.7	47.3	29.4	58.3	48.5	826.1	135.7	160.4	7.6	14.4	
Monmouthshire	78.0	81.3	216.9	2.6	50.3	50.9	20.5	51.6	35.2	628.6	107.5	103.4	7.6	9.0	
Neath Port Talbot	74.5	80.1	193.8	3.9	47.2	49.3	28.7	55.5	45.4	743.4	128.1	130.5	5.9	14.7	
Newport	75.3	80.7	203.3	3.9	49.3	50.1	25.1	53.6	39.0	706.8	133.8	131.8	3.1	9.5	
Pembrokeshire	76.0	80.5	237.4	3.9	47.9	50.6	28.5	53.7	40.0	694.3	131.8	109.9	10.1	13.2	
Powys	77.5	81.1	223.6	2.7	50.1	51.2	21.6	51.8	38.0	637.9	109.7	100.1	9.9	12.3	
Rhondda Cynon Taff	74.8	79.2	181.0	3.6	48.1	47.9	27.6	57.8	45.9	770.8	135.7	144.4	5.6	13.5	
Swansea	75.7	80.5	204.0	3.6	48.5	49.6	26.7	52.1	42.2	696.6	132.1	113.6	5.4	14.6	
Torfaen	75.9	80.6	210.3	3.4	48.1	49.2	27.8	54.7	41.5	697.6	141.7	121.8	4.3	9.4	
The Vale of Glamorgan	76.0	80.9	225.5	3.3	51.0	50.3	22.3	51.5	38.4	667.3	112.8	104.5	5.0	11.0	
Wrexham	75.8	80.0	212.2	3.3	47.9	50.6	26.4	58.3	41.4	723.1	135.1	117.1	6.9	9.0	
Wales	75.8	80.3	203.5	3.5	48.8	49.8	26.4	53.7	40.0	702.9	129.8	117.3	5.9	12.1	
Definition of Data, please see Glossary	Years	Years	EASR per 1000	Percentage	Physical Component Summary Score SF36	Mental Component Summary Score SF36	Percentage	Percentage	Percentage	EASR per 100,000	EASR per 100,000	EASR per 100,000	EASR per 100,000	EASR per 100,000	EASR per 100,000

 a worse outcome for health within the area than the Wales average
 a better outcome for health within the area than the Wales average

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Conclusions and Acknowledgements

The Wales Centre for Health has a mandate from the Wales Assembly Government to present information on health for the people of Wales. This document represents an initial step in our developing dialogue with the people of Wales

The Wales Centre for Health is a new body, established to improve health. It aims to approach issues in a new way. It:

- advocates on public health issues
- engages with the public and their communities and advise on their concerns
- speaks independently on health, free from corporate or economic interest
- operates in an open and transparent manner.

The main functions of the WCfH are as follows:

- to collate public health data and evidence and provide advice upon which the policy makers can make decisions
- co-ordinate surveillance of health trends and carry out risk assessments of threats to health and well-being
- to open up wider public health training in Wales and build a multi disciplinary workforce of specialists and practitioners.

The WCfH provides these services by engaging all organisations that have any potential contribution to improving health and working in partnership with them.

The Wales Centre for Health would like to thank the following people for their contribution, help and support; Nathan Lester, Hugo Cosh and members of HIAT at NPHS, All Local Directors of Public Health and Dr. Lillian Somerville.

This document was prepared by the Health Information & Intelligence Team at the Wales Centre for Health. Contributors include Rhys Gibbon, Anne-Marie Brackpool, Jo Menzies, Neil Riley and Dr. Jane Meyrick.

