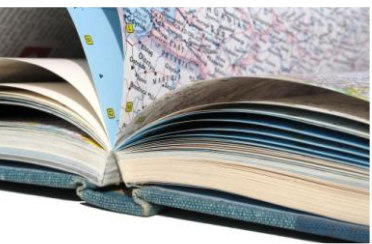




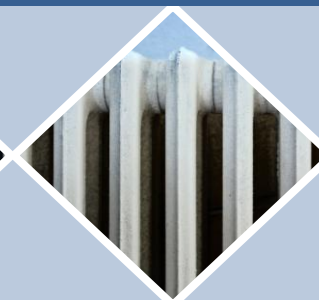
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# Wider Determinants of Health



*Cwm Taf Health Board*



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# 1 Introduction

## 1.1 Factors affecting health

Health is affected, positively and negatively, by many factors. At an individual level there are fixed biological factors, such as age, sex and genetic (or inherited) makeup, and potentially modifiable lifestyle factors, such as smoking, diet and exercise.

The society within which individuals live can influence their health, with involvement in social and community networks, including friendships, contact with relatives and supportive community interactions, playing an important role in maintaining health.

Then, at a higher level again, are the wider determinants of health, or the “causes of the causes”, the environmental, social and economic contexts of lives. Factors such as education, employment, income and housing all influence health both directly and indirectly<sup>1</sup>.

Many of these wider determinants of health are both inter-related and beyond the direct control of individuals. For example, an individual with few qualifications is more likely to be unemployed or to have a low income, which in turn limits their housing choice. Similarly there is evidence of a link between unemployment and health whereby ill health may be caused by, or result from, unemployment<sup>2</sup>.

All of these circumstances may act to influence what is often wrongly perceived as solely a personal lifestyle choice. For example, whilst smoking may appear to an individual’s lifestyle choice, it is possible that their decision to smoke is pushed by the effects of the context of their lives and is in effect a response to those stresses<sup>3</sup>.

It follows then that any attempt to tackle poor health must address the wider contextual factors, rather than simply looking to influence individuals and their specific behaviours in isolation. As such, “building health into all policies and all policies into health” is rightly the first of the seven action areas of “Fairer Health Outcomes For All”, the Welsh Government’s strategic action plan to reduce inequities in health<sup>4</sup>.

## 1.2 Purpose of this report

The purpose of this brief report is not to establish associations between the wider determinants of health and health outcomes themselves, this has been done elsewhere<sup>1</sup>. Nor is the purpose of this report to prescribe actions to tackle the wider determinants of health.

Rather, this report simply describes a number of indicators of the wider determinants of health at a small area level for each of the health boards in Wales. It has been produced by the Public Health Wales Observatory specifically to illustrate the variation in such indicators at small area level within health boards and their constituent local authorities.

Although a purely descriptive report, it is hoped that it will be of interest and use to the local Director of Public Health, the local Public Health Team and their stakeholders.

## 1.3 Content of this report

All but one of the indicators are presented at middle super output area (MSOA). There are 413 MSOAs in Wales with an average population of approximately 7,000 people. Therefore MSOAs provide a reasonably sized population for analyses whilst retaining a local small area focus.

In part, the (un)availability of determinants of health data at small area level has dictated the selection of the indicators presented here. In some instances, such as community safety, there were multiple alternatives with no definitive single indicator. In such circumstances a pragmatic choice had to be made, with the reality being that similar indicators will show a similar pattern. In other instances, such as housing, there was no up to date information available pending the release of 2011 Census data.

The indicators are presented under the following chapter headings: income, housing, employment, education and community safety. For most of the indicators, the following are presented:

- an overview of the meaning of the indicator and a description of the patterns observed within each area;
- a map of all the MSOAs by fifths of equal range within the health board area;
- a chart for each local authority within the health board;
- a chart of all local authorities across Wales.

In addition, an [Indicator Guide](#) is available providing further information on each indicator.

The one education indicator that was not available at MSOA level was the percentage of school leavers not in education, employment or training (NEET). This indicator is presented at local authority level only.

Where possible, confidence intervals are shown around the indicators. Confidence intervals are indications of the random variation that would be expected around these indicators. Unfortunately, in many instances it was not possible to provide confidence intervals due to the nature of the data. Confidence intervals and MSOAs are described in more detail in Appendix A.

Appendix B comprises a series of local authority area maps showing the MSOA boundaries for each local authority within the health board area.

Further information on health inequalities and the relationship of health to deprivation can be found in the Observatory topic page 'Inequalities and inequities' available: <http://www.wales.nhs.uk/sitesplus/922/page/49811>.

## 1.4 Fair Society, Healthy Lives

The Marmot Review, Fair Society, Healthy Lives, published in 2010, suggested a number of indicators that would support the monitoring of work that aimed to tackle health inequalities, which arise largely from the wider determinants of health.

Joint work by the London Health Observatory and The Marmot Review Team led to the publication of 10 such indicators for England<sup>5</sup>, shown below with details of the equivalent indicators for Wales.

<b>Marmot Indicators for Local Authorities in England</b>	<b>Equivalent indicators for Wales</b>
1 Male life expectancy at birth	Produced and published for Wales by the Public Health Observatory for Wales in the report 'Measuring Inequalities 2011: Trends in mortality and life expectancy in Wales', available at <a href="http://www.wales.nhs.uk/sitesplus/922/page/58379">http://www.wales.nhs.uk/sitesplus/922/page/58379</a>
2 Inequality in male life expectancy	
3 Inequality in male disability free life expectancy	
4 Female life expectancy at birth	
5 Inequality in female life expectancy	
6 Inequality in female disability free life expectancy	
7 Children achieving a good level of development at age 5	There is no current equivalent measure in Wales. A measure of achievement at the end of compulsory secondary education is presented here instead.
8 Young people not in employment, education or training (NEET)	Different recording systems in England and Wales mean the NEET data presented here are slightly different to those in England. However they are very similar so remain of use.
9 People in households in receipt of means tested benefit (%)	In England this is used as part of IMD. Here a similar measure is shown; percentage of working age population in receipt of employment related benefits, which itself is used in the WIMD.
10 Inequality in receipt of means-tested benefits	Not possible here as WIMD is based on LSOA whereas MSOA is the geographical level of this report.

## 2 Income

### 2.1 Household poverty

#### Definition

An experimental modelled estimate of the proportion of households living in poverty, after housing costs has been deducted. This is a relative measure of poverty as it is defined here as having less than 60% of the UK median net equivalised household income.

#### About

Low income and poor health are strongly associated, with low income leading to poor health and poor health leading to low income. A low income is likely to reduce the household's ability to access or maintain key aspects such as healthy food and warm accommodation. Low income is also likely to reduce societal participation and limit access to enabling resources and choices. Those on low incomes are more likely to engage in health damaging behaviours, such as smoking and eating high calorie foods, as coping mechanisms or short term fixes<sup>6</sup>.

More detailed information on this indicator can be found in the [Indicator Guide](#).

#### Pattern

Whilst it must be remembered that these are model based estimates, across the health board there was a threefold difference in the proportion of households estimated to be living in poverty from 14.0% (Rhondda Cynon Taf MSOA 027) to 39.6% (Rhondda Cynon Taf MSOA 022). In 28 of the 38 MSOAs within the health board at least a quarter of the population are estimated to be living in poverty.

Estimates at the local authority level were not available but the median MSOA percentages suggest both local authorities to be almost equal.

The map shows the highest estimated percentages are found in the Treforest and Rhydfelen area of Rhondda Cynon Taf along with the Vaynor and Gurnos area of Merthyr Tyfil. Some of the other areas with higher percentages were the Hirwaun, Penrhiwceiber and Gilfach Goch areas of Rhondda Cynon Taf.

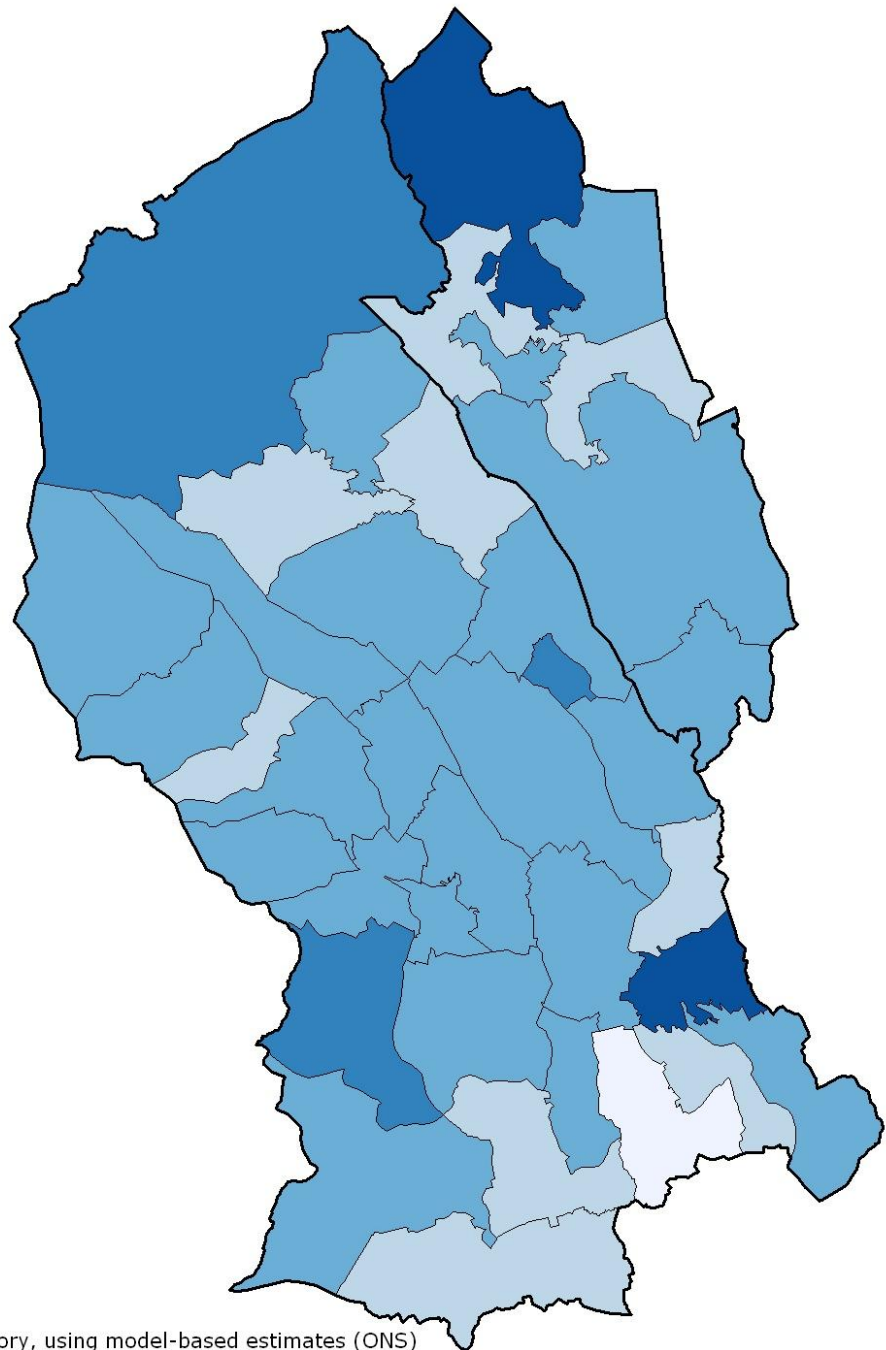
**Percentage of households living in poverty, 2007/08**

MSOA

- 34.4 to 39.6 (2)
- 29.3 to 34.4 (3)
- 24.2 to 29.3 (23)
- 19.1 to 24.2 (9)
- 14.0 to 19.1 (1)

□ MSOA boundary

□ Local authority boundary



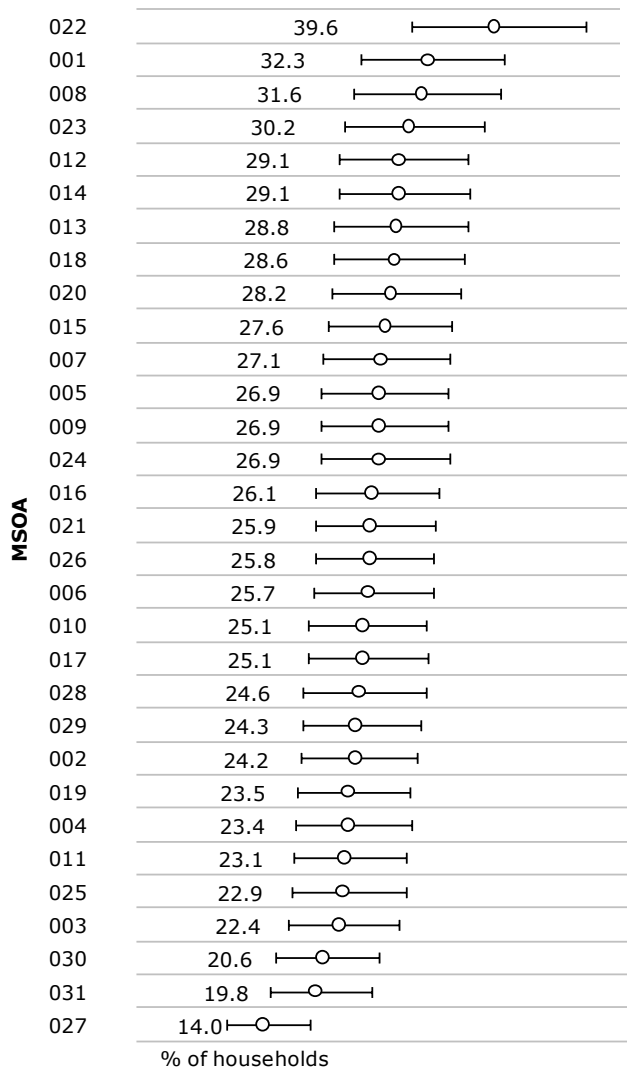
Produced by the Public Health Wales Observatory, using model-based estimates (ONS)  
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**Percentage of households living in poverty in Cwm Taf Health Board area, 2007/08**

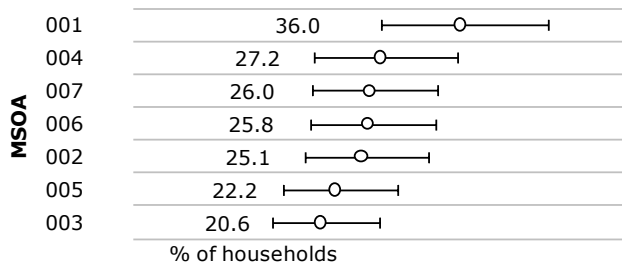
Produced by Public Health Wales Observatory, using model-based estimates (ONS)

—●— MSOA EASR with 95% confidence interval

**Rhondda Cynon Taf**



**Merthyr Tydfil**



## 3 Housing

### 3.1 No central heating

#### Definition

The percentage of all people living in households which had no central heating in any room or rooms.

#### About

The inability to adequately heat a house can have major health consequences. The cold itself can exacerbate many respiratory and circulatory problems, especially in the elderly, and is likely to contribute to excess winter deaths. Inadequate heating causes dampness and condensation within a house. Dust mites and fungal spores proliferate in such conditions, which then exacerbate respiratory problems such as asthma, wheezing and other lung inflammations<sup>7</sup>.

This indicator is taken from the 2001 Census and is hence out of date. However, in the absence of any other national housing data, and pending the release of the 2011 Census data, it is the most up to date source of housing data. More detailed information on this indicator can be found in the [Indicator Guide](#).

#### Pattern

The percentage of people living in households with no central heating was lower than the Welsh average in both the Rhondda Cynon Taf and Merthyr Tydfil local authority areas.

All MSOA percentages within Merthyr Tydfil were below the Welsh average with little variation. Wider variation was seen within Rhondda Cynon Taf, ranging from 1% in the Llantwit Fardre area to 9% in the Cwm Clydach and Tonypany area. The map suggests the higher percentages to be in the MSOAs in the Rhondda Fawr.

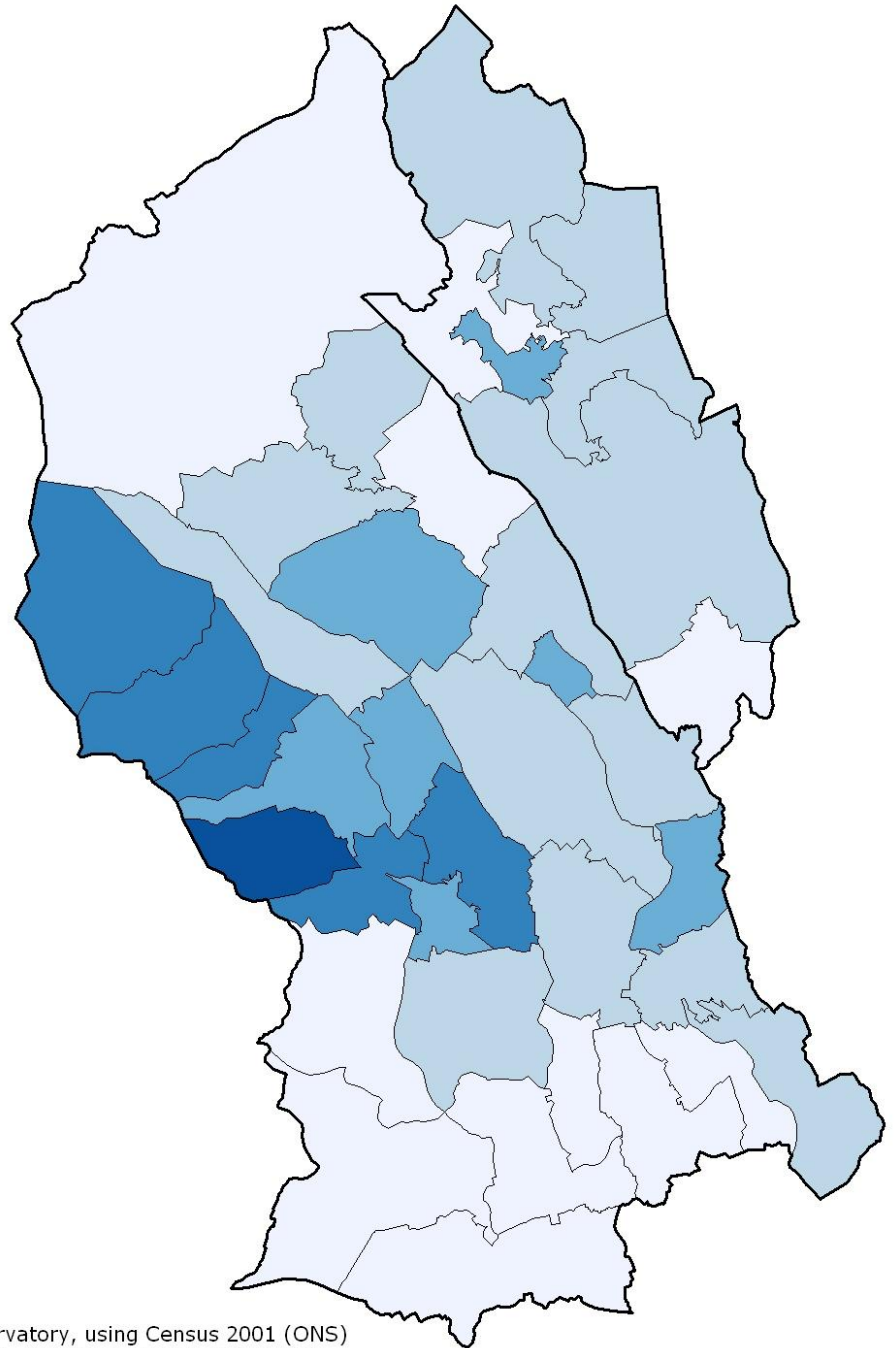
**Percentage of all people living in households with no central heating, 2001**

MSOA

- 9 to 11 (1)
- 7 to 9 (5)
- 5 to 7 (7)
- 3 to 5 (14)
- 1 to 3 (11)

MSOA boundary

Local authority boundary



Produced by the Public Health Wales Observatory, using Census 2001 (ONS)  
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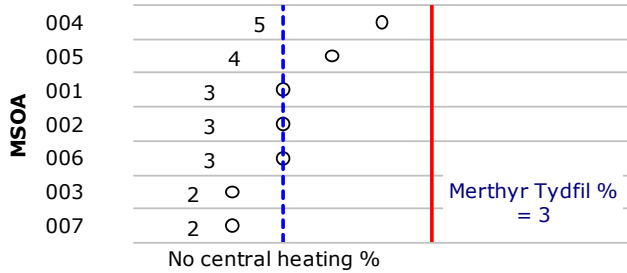
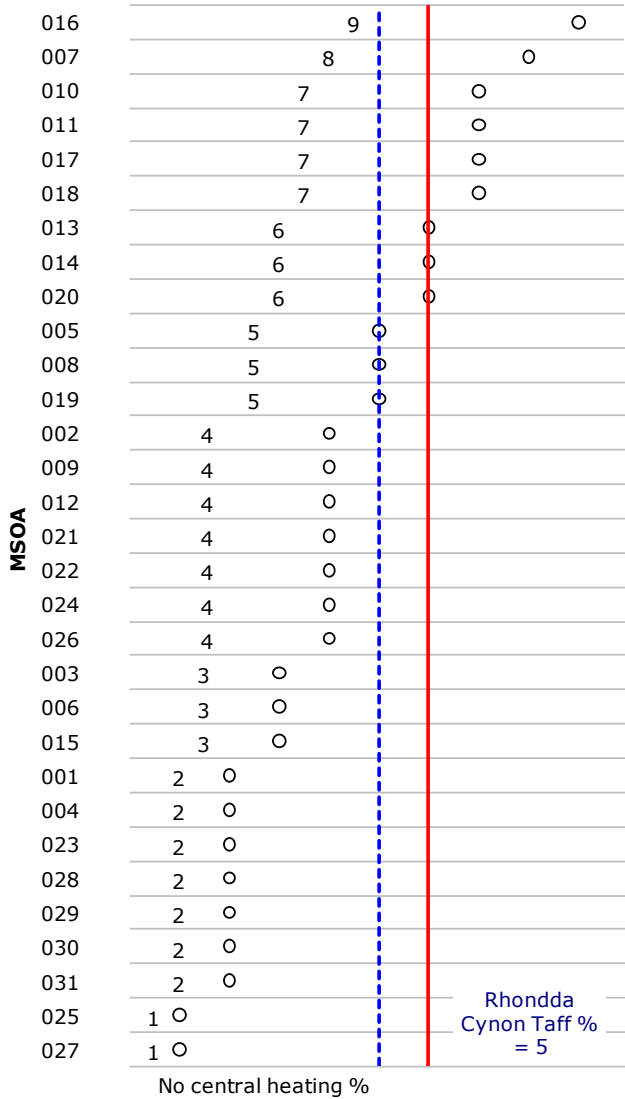
**Percentage of all people living in houses which had no central heating in any room or rooms in Cwm Taf Health Board area, 2001**

Produced by Public Health Wales Observatory, using Census 2001 (ONS)

○ MSOA    - - - Local Authority    — Wales (6%)

**Rhondda Cynon Taf**

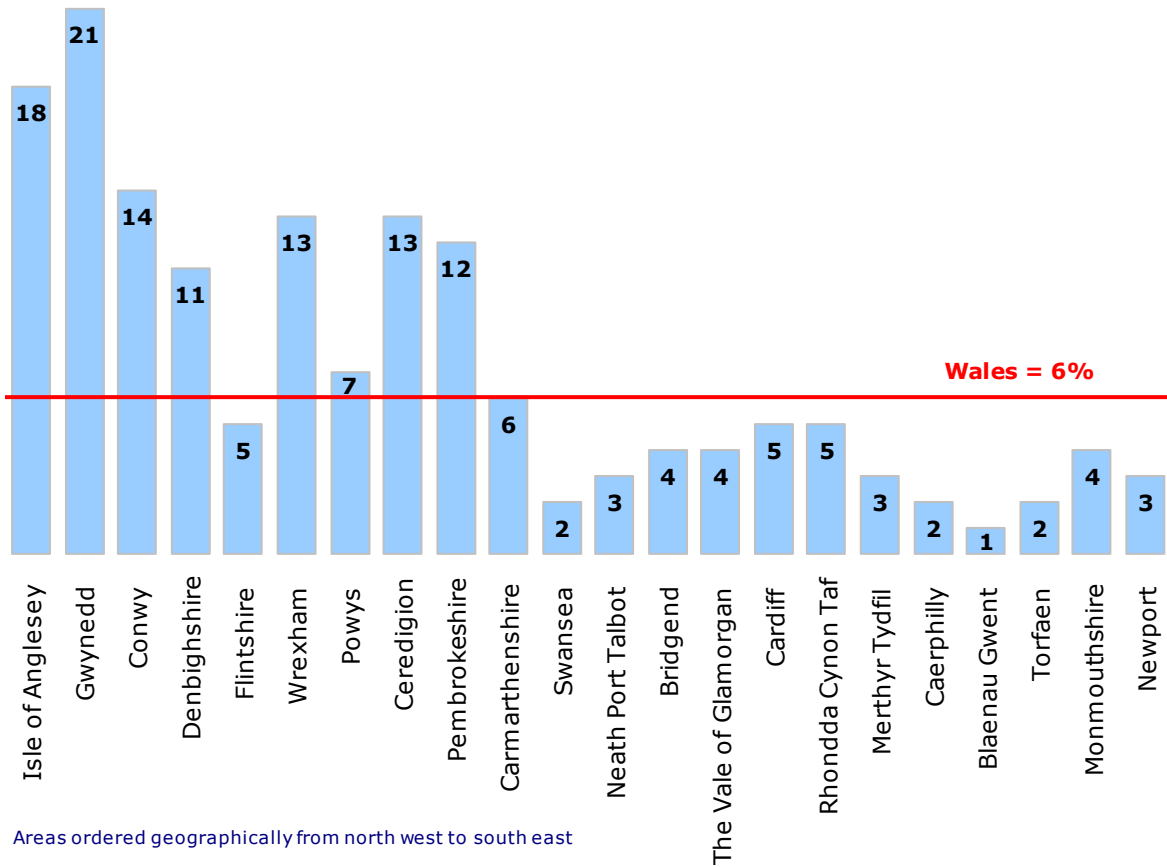
**Merthyr Tydfil**



## Local authorities

### Percentage of all people living in households with no central heating by local authority, 2001

Produced by Public Health Wales Observatory, using Census 2001 (ONS)



## 4 Employment

### 4.1 Employment related benefits

#### Definition

The percentage of the working age population claiming one or more (un)employment related benefits.

#### About

The lack, or loss, of employment will limit, or reduce, income. Unemployment can result in poverty, with all of its attendant negative health effects. Unemployment may also adversely affect psychological wellbeing which in turn may reduce societal participation<sup>8</sup>. It is likely that poor health may contribute to the loss of employment and may also limit the chances of gaining employment<sup>2</sup>. Living in communities where unemployment levels are high, and therefore the expectation of finding work is low, can cause anxiety and depression as well as leading some to turn to drugs, alcohol and crime<sup>11</sup>. Children growing up in such communities are similarly affected.

This indicator is the de-duplicated total number of working age people claiming one or more employment benefits, including Job Seeker's Allowance, Employment and Support Allowance and Incapacity Benefit. People claiming more than one such benefit are only counted once. More detailed information on this indicator can be found in the [Indicator Guide](#).

#### Pattern

Both local authority averages within this health board were well above the Welsh average, with 19.1% in Rhondda Cynon Taf and 22.8% in Merthyr Tydfil. Both these local authorities were amongst the highest of all in Wales, with Merthyr Tydfil the 2<sup>nd</sup> highest of all local authorities.

There was considerable variation at the MSOA level from just 6.3% (Rhondda Cynon Taf MSOA 027) to 33.8% (Merthyr Tydfil MSOA 001). The highest percentages occurred in the north of Merthyr Tydfil, in the Gurnos and Cyfarthfa areas. Other high percentages were seen in the Rhondda Fach, in the Ferndale and Tylorstown areas. The MSOAs in the south of the Rhondda Cynon Taf had the lowest percentages, especially the Llantwit Fardre area.

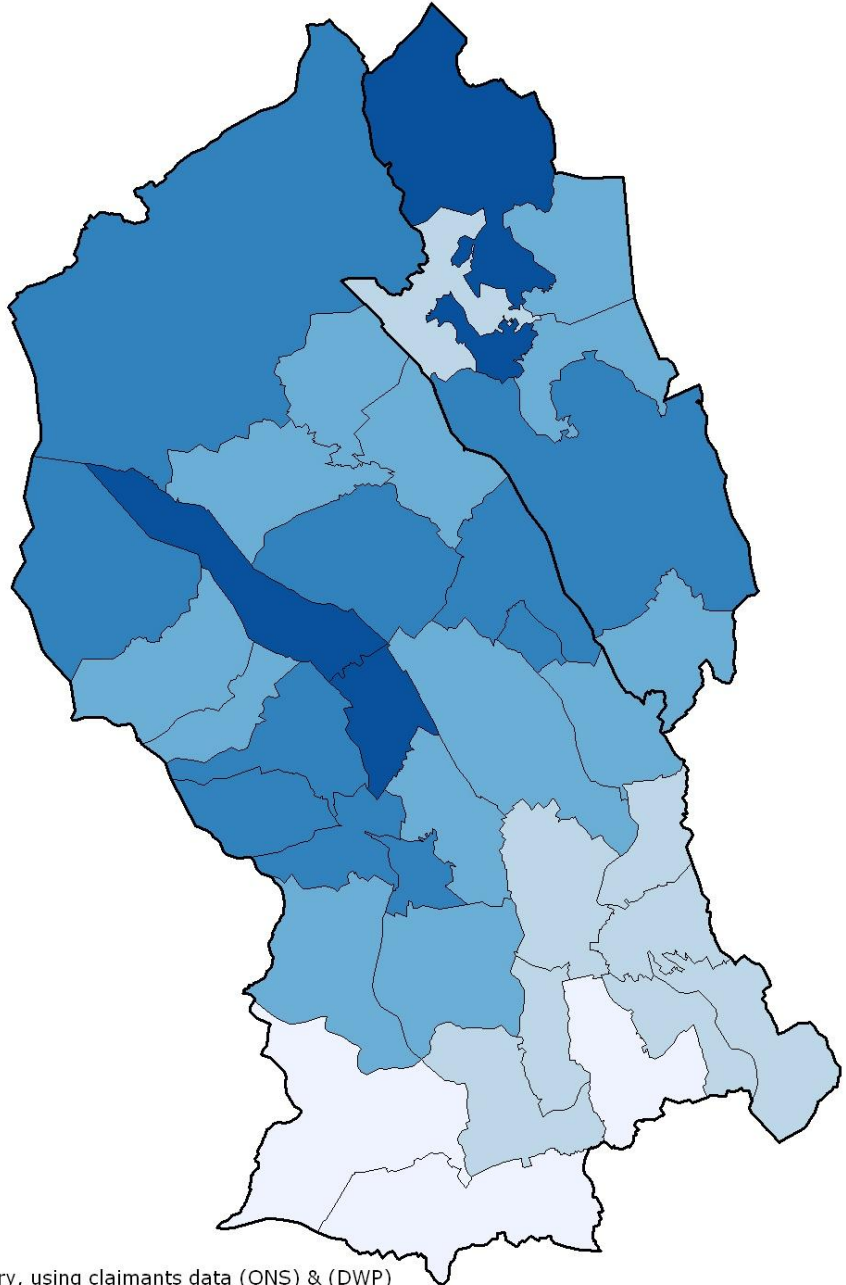
**Percentage of working-age population claiming employment-related benefits, November 2009 - August 2010**

MSOA

- 28.3 to 33.8 (4)
- 22.8 to 28.3 (10)
- 17.3 to 22.8 (13)
- 11.8 to 17.3 (8)
- 6.3 to 11.8 (3)

□ MSOA boundary

□ Local authority boundary



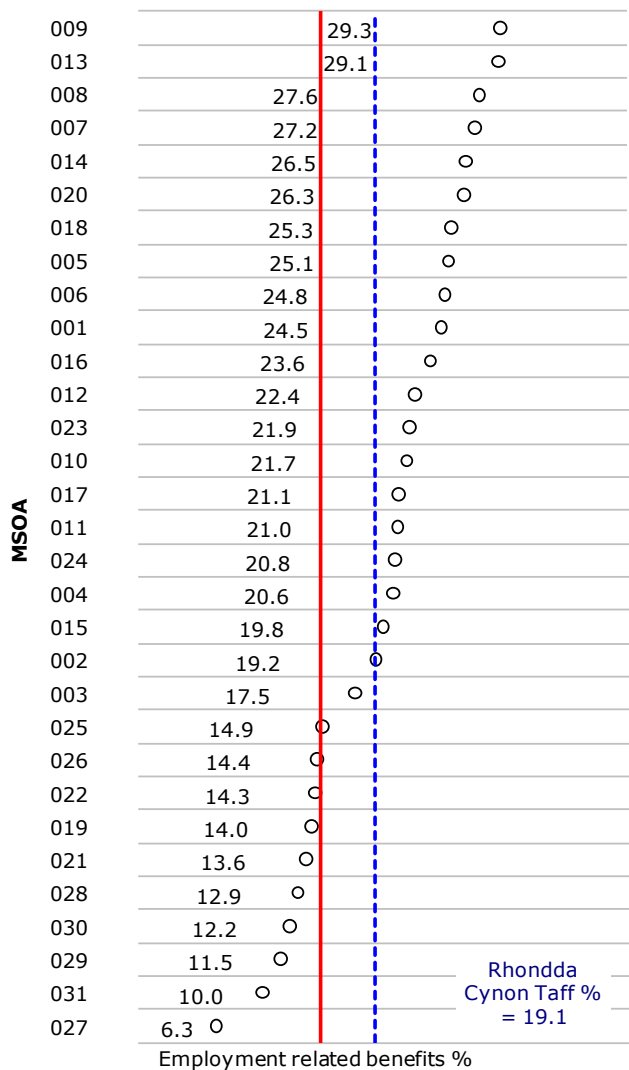
Produced by Public Health Wales Observatory, using claimants data (ONS) & (DWP)  
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**Percentage of the working-age population claiming one or more employment related benefits in Cwm Taf Health Board area, November 2009 – August 2010**

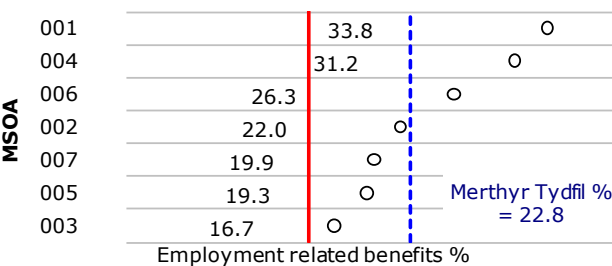
Produced by Public Health Wales Observatory, using claimants data (ONS) & (DWP)

○ MSOA    - - - Local Authority    — Wales (14.7%)

**Rhondda Cynon Taf**



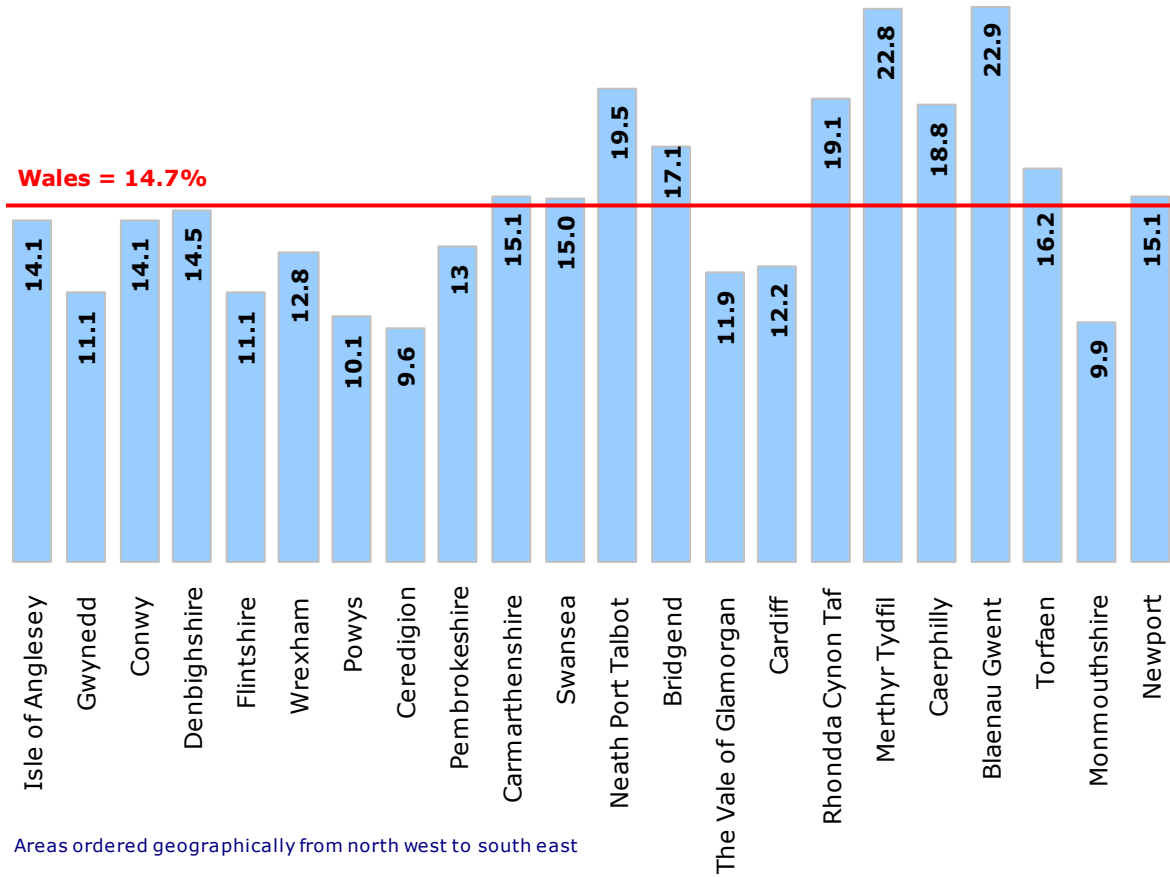
**Merthyr Tydfil**



## Local authorities

### Percentage of working-age population claiming employment-related benefits, November 2009 - August 2010

Produced by Public Health Wales Observatory, using claimants data (ONS) & (DWP)



## 5 Education

### 5.1 Educational attainment aged 16

#### Definition

Key stage 4 educational attainment at the end of compulsory education.

#### About

Educational attainment is a critical indicator of future education and employment opportunities. These opportunities in turn are critical indicators of income which, as discussed earlier, has a major effect on health<sup>8</sup>.

Unlike all of the other indicators, here a higher value is better. The widely used school performance tables are, by design, based on the school's pupils irrespective of where they live. Hence school based performance indicators are not amenable to a small area of residence analysis. The indicator presented here is based on the area of residence of pupils irrespective of their school, though that of course means that it is possible for more than one school to draw pupils from any single MSOA. The wider average points scores presented here represent the absolute achievement of resident school pupils with regards to all approved qualifications taken up to the age of 16 including GCSEs, NVQs, City & Guilds and other vocational qualifications. To understand more about the complex composition of this score it is best to view the more detailed information on this indicator that can be found in the [Indicator Guide](#). Notwithstanding that, scores at the extreme ends of the scale represent substantial differences in educational achievement.

#### Pattern

Both local authorities within this health board were below the Welsh average of 394. Merthyr Tydfil's mean score of 355 was the 2<sup>nd</sup> lowest of all local authorities in Wales.

The highest score for the health board area of 495 occurred in the Pentre area of Rhondda Cynon Taf. The other highest scores were also found in Rhondda Cynon Taf in the Treorchy and Pontyclun areas.

The lowest scores were found in the south of Merthyr Tydfil in the Bedlinog and Merthyr Vale area along with isolated areas in the Rhondda Cynon Taf; in particular the Tylorstown, Treforest and Hirwaun areas.

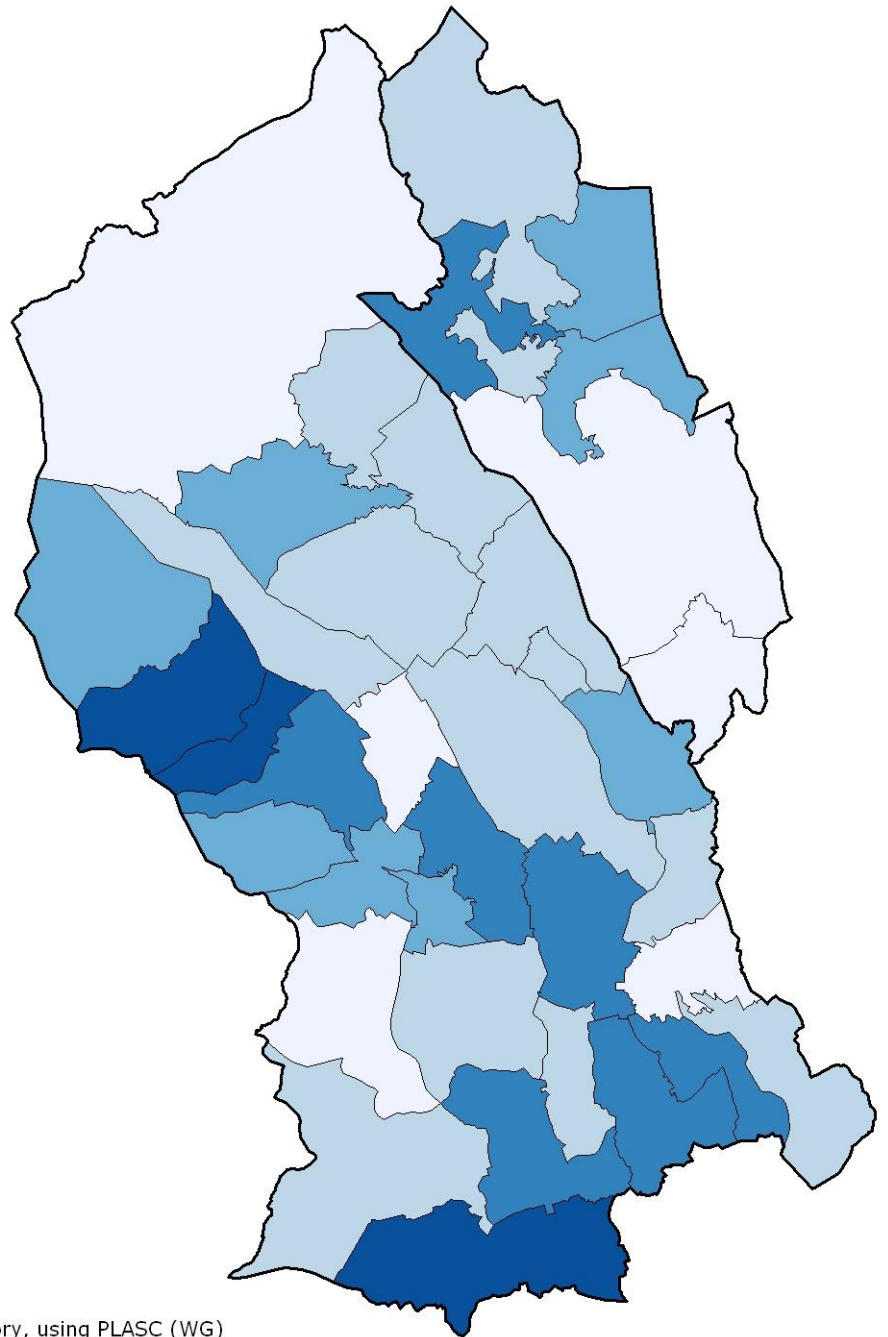
**Key stage 4 educational attainment, 2008-2010**

MSOA, mean score

- 455 to 495 (3)
- 415 to 455 (7)
- 375 to 415 (8)
- 335 to 375 (14)
- 295 to 335 (6)

□ MSOA boundary

□ Local authority boundary



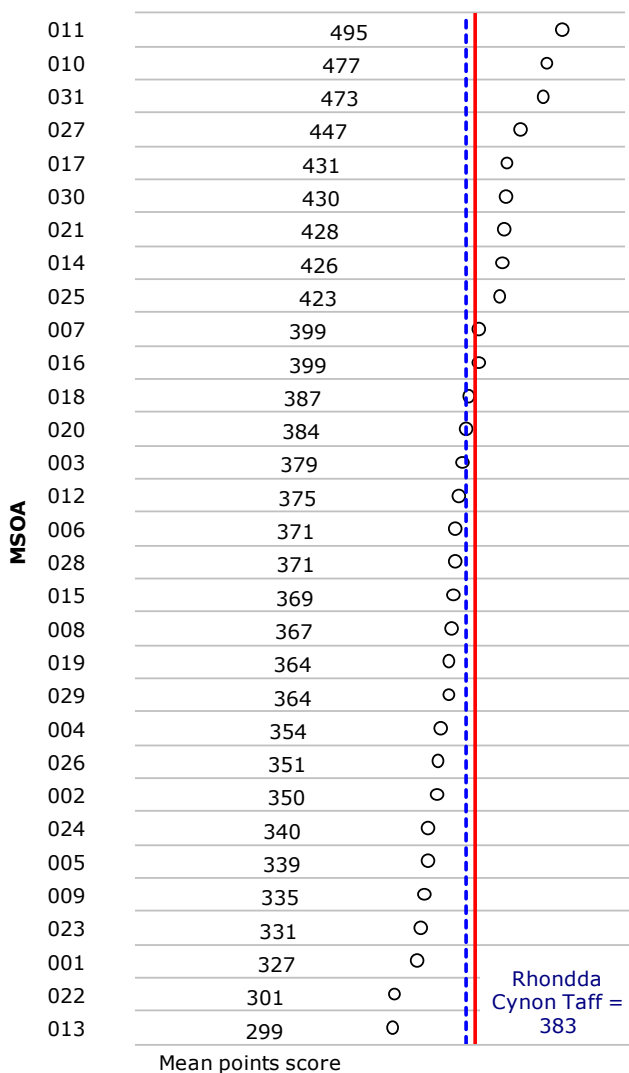
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**Key stage 4 educational attainment mean scores in Cwm Taf Health Board area, 2008-10**

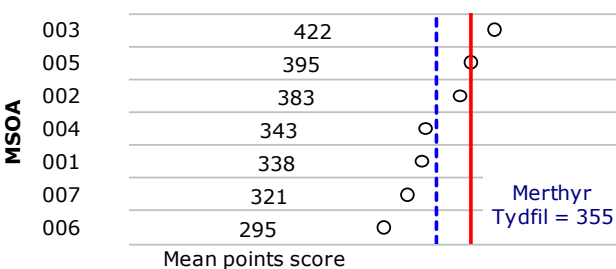
Produced by Public Health Wales Observatory, using PLASC (WG)

○ MSOA    - - - - Local Authority    — Wales (394)

**Rhondda Cynon Taf**



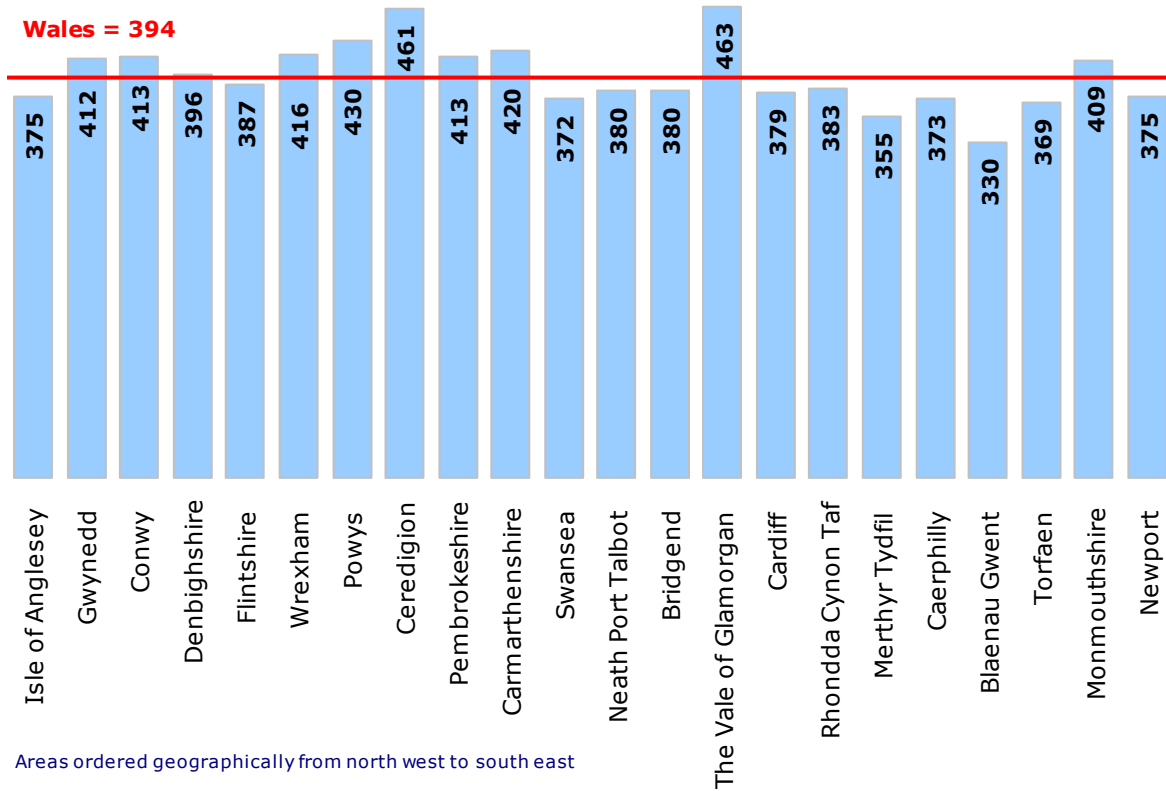
**Merthyr Tydfil**



## Local authorities

### Key stage 4 educational attainment mean scores by local authority, 2008-10

Produced by Public Health Wales Observatory, using PLASC (WG)



## 5.2 Not in education employment or training

### Definition

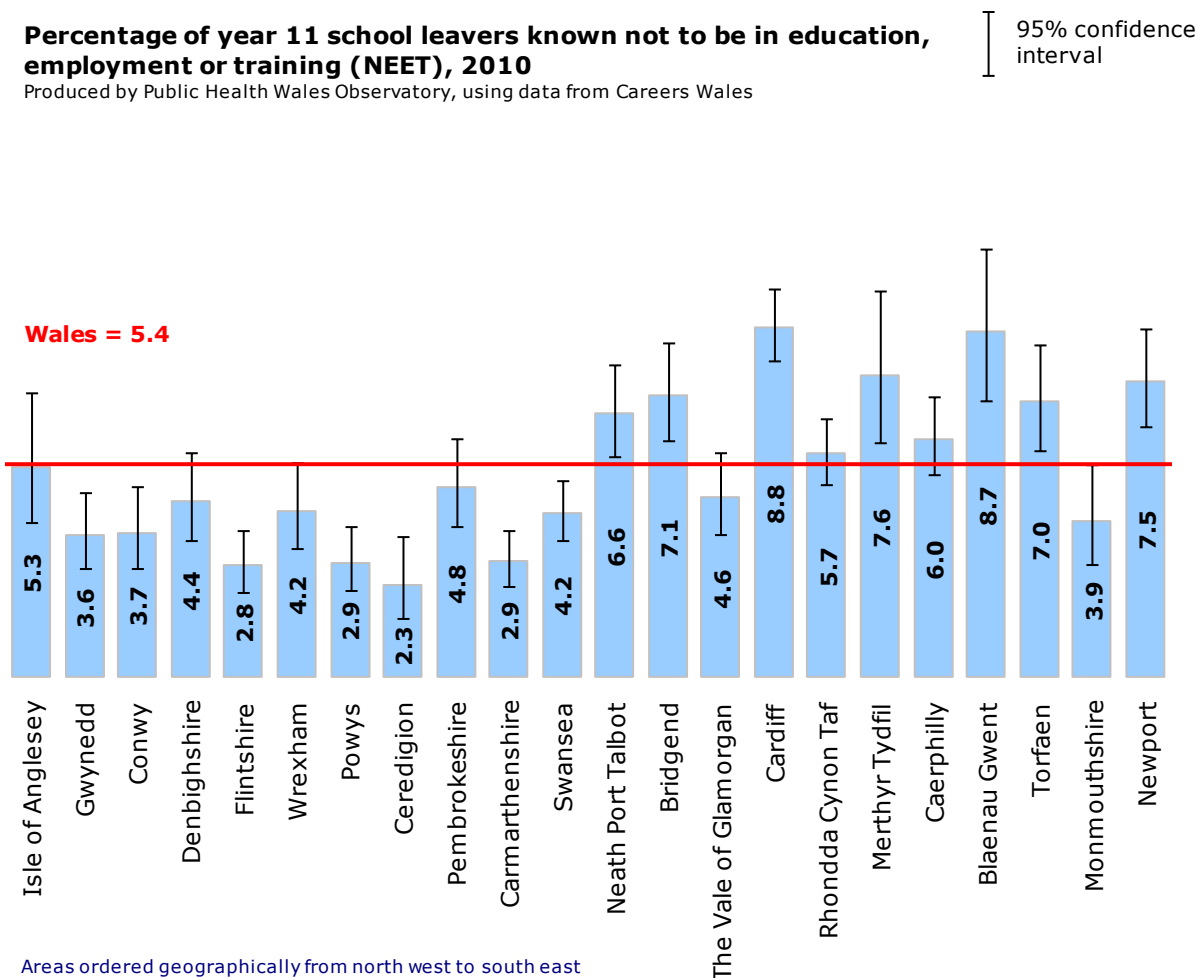
The percentage of year 11 school leavers who left school in the summer and who, by the end of October, were not known to be in full or part time education, employment or training (NEET).

### About

The non-participation in education, employment or training after compulsory education is associated with subsequent unemployment, low income, mental illness and criminal activity<sup>9</sup>. More detailed information on this indicator can be found in the [Indicator Guide](#).

### Pattern

Both local authorities within the health board were above the Welsh average, with Merthyr Tydfil amongst the highest of all local authorities in Wales.



## 6 Community Safety

### 6.1 Criminal damage incidents

#### Definition

The rate of incidents of criminal damage per 1,000 day time population.

#### About

Criminal damage relates to unlawful damage or destruction of property. As well as the immediate effects of criminal damage to property, this, and all crime, can adversely affect mental wellbeing. The development of a fear of crime can lead to decreased social interactions. There are strong associations between all levels of criminal activity and also with drug and alcohol misuse<sup>10</sup>. More detailed information on this indicator can be found in the [Indicator Guide](#).

#### Pattern

Both local authorities were above the Welsh average with Merthyr Tydfil the 2nd highest of all local authorities in Wales.

There was a wide variation at MSOA level from 3.9% in the Llantwit Fardre area (Rhondda Cynon Taf MSOA 027) to 35.2% in the Gurnos area (Merthyr Tydfil MSOA 001). Other high percentages occurred in the Cyfarthfa area of Merthyr Tydfil along with the Aberaman area of Rhondda Cynon Taf.

Almost all of the lower percentages were seen in the south of Rhondda Cynon Taf, in areas such as Llantwit Fardre, Llantrisant, Talbot Green and Pontyclun.

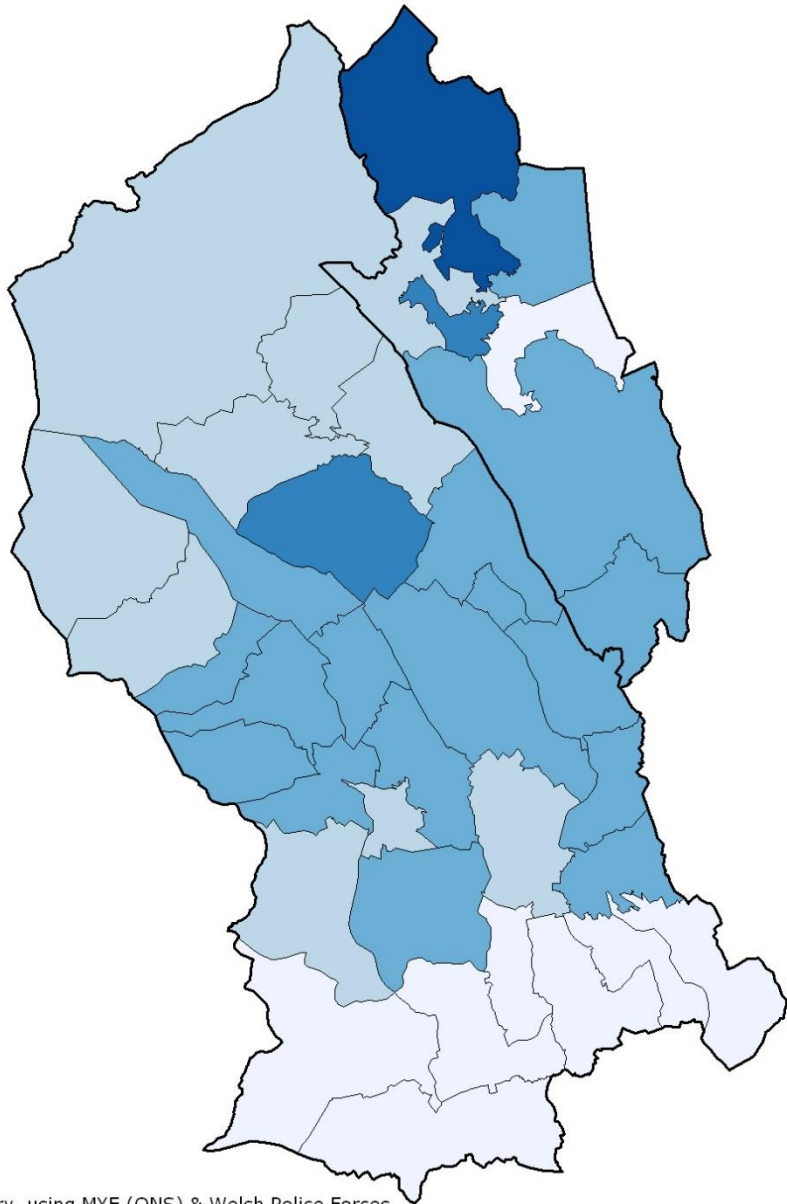
**The rate of incidents of criminal damage per 1,000 day time population, April 2008 - March 2010**

MSOA

- 29.1 to 35.2 (1)
- 22.8 to 29.1 (2)
- 16.5 to 22.8 (17)
- 10.2 to 16.5 (10)
- 3.9 to 10.2 (8)

□ MSOA boundary

□ Local authority boundary



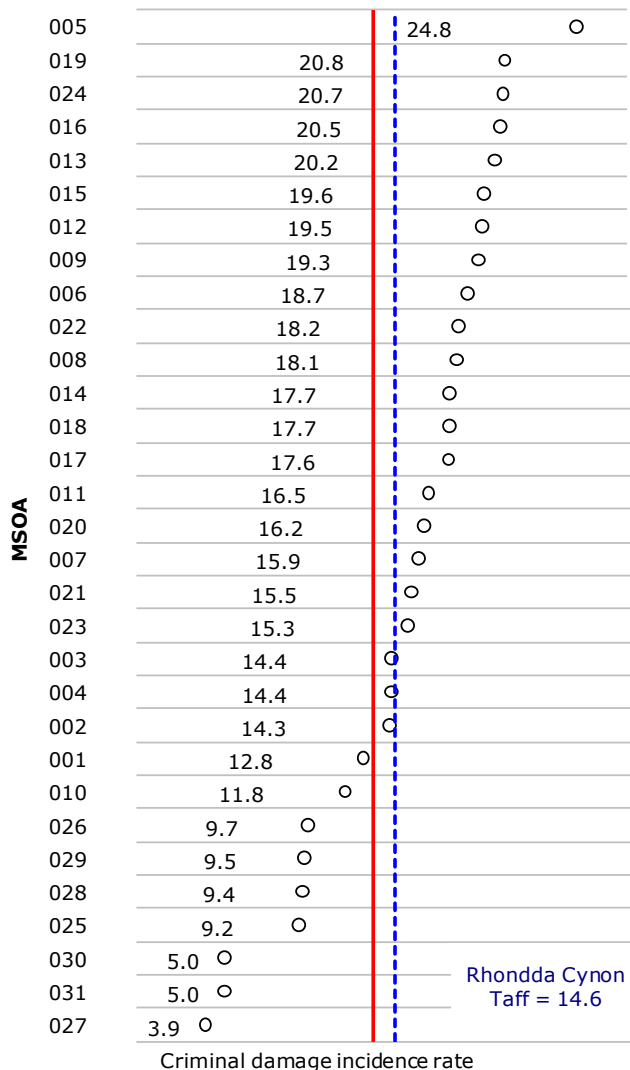
Produced by Public Health Wales Observatory, using MYE (ONS) & Welsh Police Forces  
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**The rate of incidents of criminal damage per 1,000 day time population in Cwm Taf Health Board area, April 2008 – March 2010**

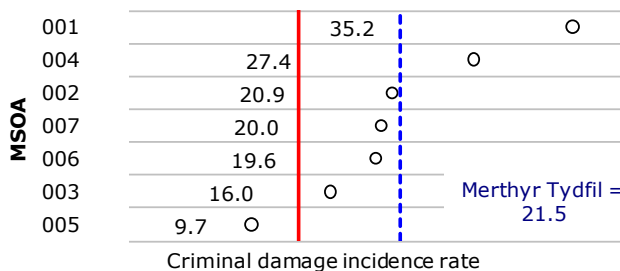
Produced by Public Health Wales Observatory, using data from Welsh Police Forces & MYE (ONS)

○ MSOA    - - - Local Authority    — Wales (13.4)

**Rhondda Cynon Taf**



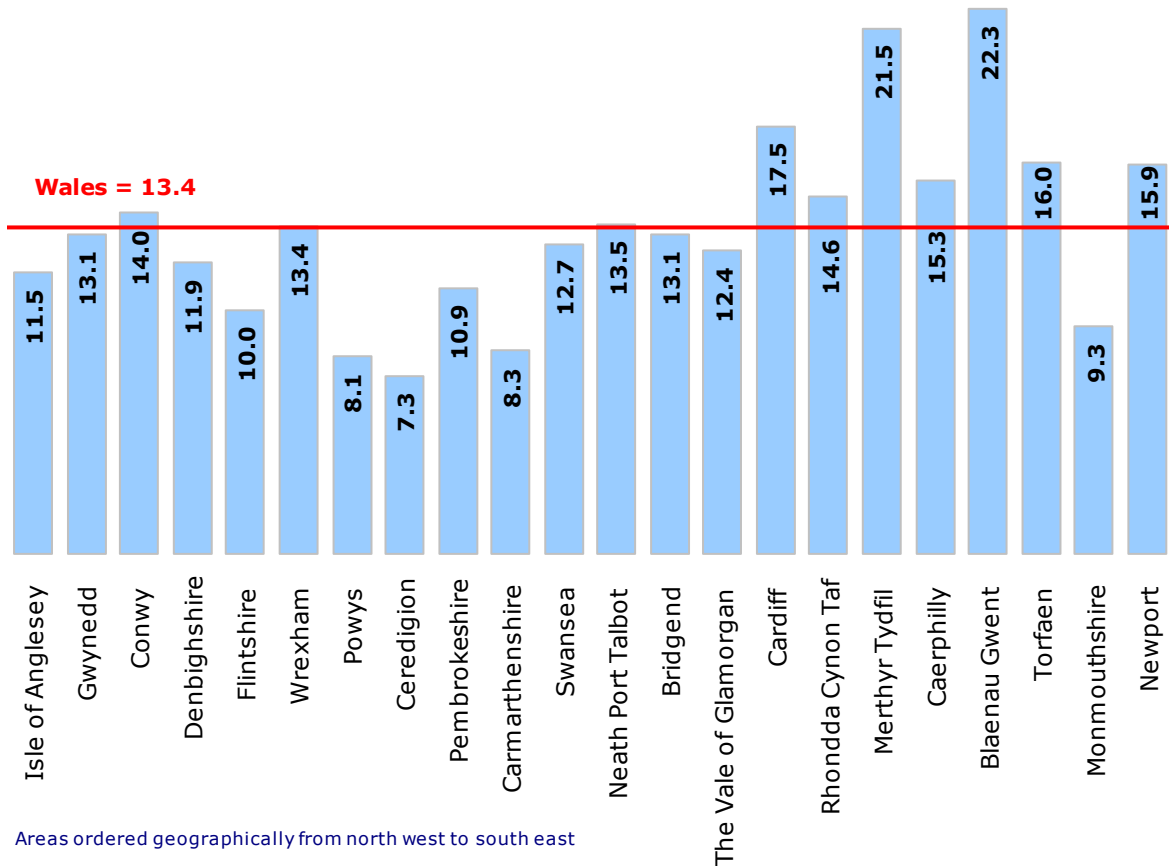
**Merthyr Tydfil**



## Local authorities

### The rate of incidents of criminal damage per 1,000 day time population by local authority, April 2008 - March 2010

Produced by Public Health Wales Observatory, using data from Welsh Police Forces & ONS (MYE)



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- 11 Prince's Trust (2010) *Destined for the dole? Breaking the cycle of worklessness in the UK*. London: Prince's Trust; 2010. Available at: [http://www.princes-trust.org.uk/about\\_the\\_trust/what\\_we\\_do/research/destined\\_for\\_the\\_dole.aspx](http://www.princes-trust.org.uk/about_the_trust/what_we_do/research/destined_for_the_dole.aspx) [Accessed 16<sup>th</sup> Apr 2012]

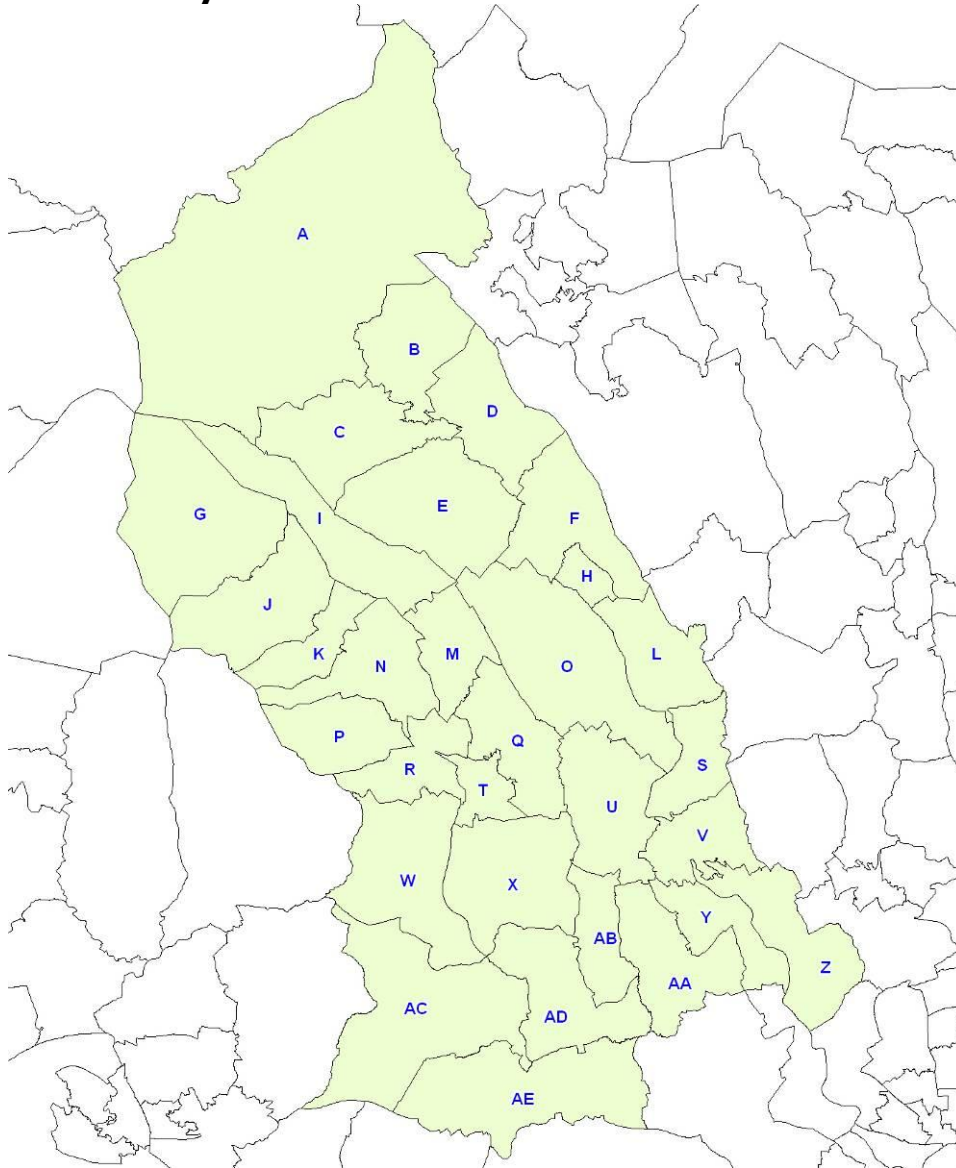
## 8 Appendix A: Glossary

<p><b>Middle Super Output Areas</b></p>	<p>Middle super output areas (MSOAs) were released by the Office for National Statistics (ONS) in 2004. In contrast with administrative boundaries such as electoral divisions (wards), super output areas were created for the purpose of showing statistical data.</p> <p>MSOAs have a mean population of 7,500 and a minimum of 5,000. There are 413 MSOAs in Wales and 38 MSOAs in the Cwm Taf Health Board area. These are shown on the maps in Appendix B.</p> <p>The ONS have stated that super output area geographies will be fixed for at least 10 years. The advantage of using these statistical geographies is stability and homogeneity. However, the main drawback is that they do not conform to known administrative boundaries such as electoral divisions (wards); this makes them less amenable to the public and local government.</p>
<p><b>Confidence intervals</b></p>	<p>Confidence intervals are indications of the random variation that would be expected around a rate. Confidence intervals must be considered when assessing or interpreting a rate. The 95% confidence interval represents a range which has a 95% probability of including the underlying population rate.</p> <p>The range of the confidence interval is dependent on the size of the population from which the events came. Rates based on small populations are likely to have wider confidence intervals and rates based on large populations are likely to have narrower confidence intervals.</p>

## 9 Appendix B: Maps showing Middle Super Output Areas in the Cwm Taf Health Board area

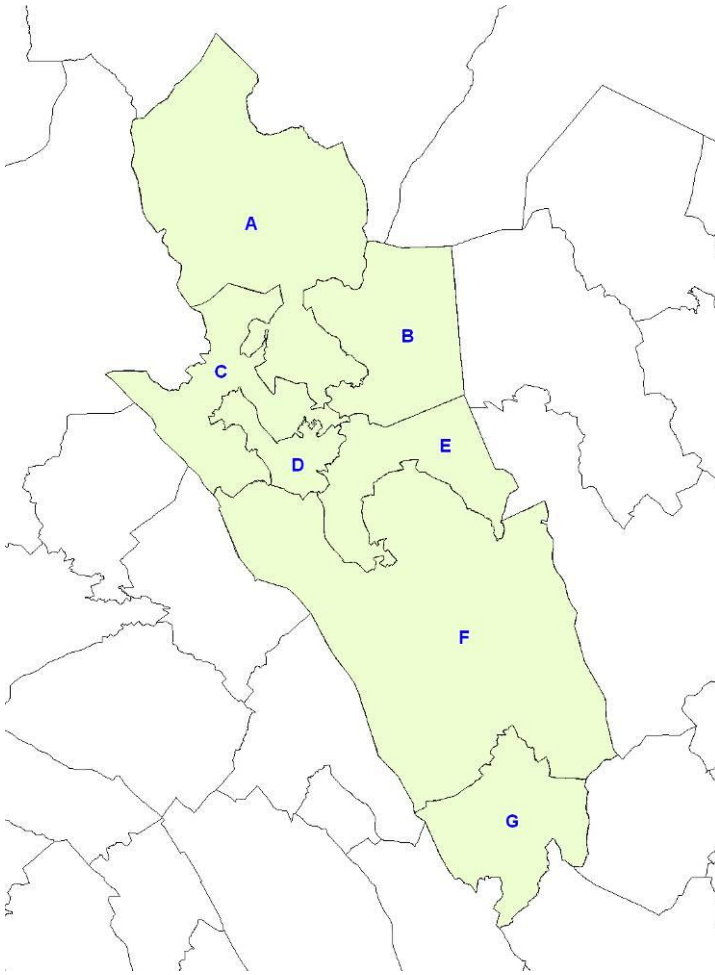
The Public Health Wales Observatory has also produced a web-based interactive map showing MSOA boundaries, with the added facility of background Ordnance Survey mapping. Follow this link: <http://www2.nphs.wales.nhs.uk/InstantAtlas/GeographyTool/atlas.html>

### Rhondda Cynon Taf



A	Rhondda Cynon Taf 001	L	Rhondda Cynon Taf 012	V	Rhondda Cynon Taf 022
B	Rhondda Cynon Taf 002	M	Rhondda Cynon Taf 013	W	Rhondda Cynon Taf 023
C	Rhondda Cynon Taf 003	N	Rhondda Cynon Taf 014	X	Rhondda Cynon Taf 024
D	Rhondda Cynon Taf 004	O	Rhondda Cynon Taf 015	Y	Rhondda Cynon Taf 025
E	Rhondda Cynon Taf 005	P	Rhondda Cynon Taf 016	Z	Rhondda Cynon Taf 026
F	Rhondda Cynon Taf 006	Q	Rhondda Cynon Taf 017	AA	Rhondda Cynon Taf 027
G	Rhondda Cynon Taf 007	R	Rhondda Cynon Taf 018	AB	Rhondda Cynon Taf 028
H	Rhondda Cynon Taf 008	S	Rhondda Cynon Taf 019	AC	Rhondda Cynon Taf 029
I	Rhondda Cynon Taf 009	T	Rhondda Cynon Taf 020	AD	Rhondda Cynon Taf 030
J	Rhondda Cynon Taf 010	U	Rhondda Cynon Taf 021	AE	Rhondda Cynon Taf 031
K	Rhondda Cynon Taf 011				

## Merthyr Tydfil



- A Merthyr Tydfil 001
- B Merthyr Tydfil 002
- C Merthyr Tydfil 003
- D Merthyr Tydfil 004
- E Merthyr Tydfil 005
- F Merthyr Tydfil 006
- G Merthyr Tydfil 007