

Measuring Health Inequalities

Relative deprivation and of prosperity across the population of Kent

The tables and figures below indicate that poverty exists all over Kent and is not confined to specific areas. However, there are major concentrations of deprivation in the north Kent coastal areas, and particularly to the east of the county, interspersed with some localised areas of high affluence. The parts of the county which have the lowest deprivation are to be found in central and south west quarters of Kent.

Map 1 - Deprivation status of areas in Kent

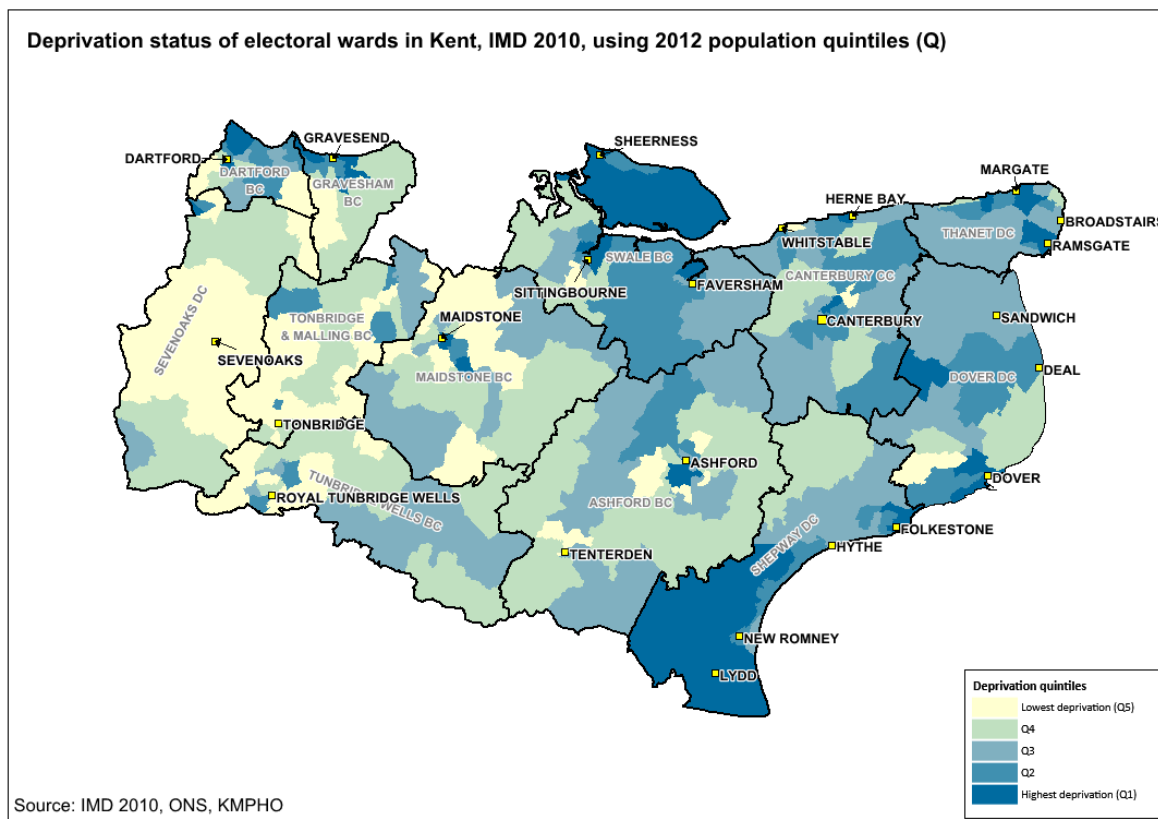


Table 1(a) - Numbers of Kent and Medway residents, by deprivation status and area (districts)

Local authority	Most deprived	2nd quintile	3rd quintile	4th quintile	Least deprived	Total
Ashford	16,672	24,071	16,826	35,167	27,656	120,392
Canterbury	26,627	29,219	37,939	23,656	37,691	155,132
Dartford	26,715	18,278	15,764	15,838	22,345	98,940
Dover	33,651	29,533	18,282	18,114	12,324	111,904
Gravesham	25,919	21,158	20,115	22,751	12,684	102,627
Maidstone	32,603	31,446	30,293	28,079	34,366	156,787
Sevenoaks	5,909	12,389	22,239	39,417	36,670	116,624
Shepway	31,037	22,559	16,762	22,505	14,274	107,137
Swale	34,041	35,668	32,264	23,145	12,045	137,163
Thanet	50,353	35,798	21,926	19,744	7,840	135,661
Tonbridge and Malling	10,745	17,113	27,106	26,548	40,986	122,498
Tunbridge Wells	9,056	21,112	34,917	17,417	33,040	115,542
Kent	303,328	298,344	294,433	292,381	291,921	1,480,407

Source: IMD2010, ONS CAS LSOA estimates for 2012, KMPHO

Table 1(b) - Numbers of Kent and Medway residents, by deprivation status and area (CCGs)

Clinical Care Group	Most deprived	2nd quintile	3rd quintile	4th quintile	Least deprived	Total
NHS Ashford CCG	16,672	24,071	16,826	35,167	27,656	120,392
NHS Canterbury and Coastal CCG	30,408	39,106	50,851	36,766	44,931	202,062
NHS Dartford, Gravesham and Swanley CCG	56,898	47,063	47,156	55,660	42,515	249,292
NHS South Kent Coast CCG	62,783	46,877	29,927	38,852	23,123	201,562
NHS Swale CCG	32,165	30,996	24,469	11,802	8,280	107,712
NHS Thanet CCG	50,353	35,798	21,926	19,744	7,840	135,661
NHS West Kent CCG	54,049	74,433	103,278	94,390	137,576	463,726
Kent	303,328	298,344	294,433	292,381	291,921	1,480,407

Source: IMD2010, ONS CAS LSOA estimates for 2012, KMPHO

Life expectancy at birth

Life expectancy at birth is a useful measure of the health status of an area. It is a measure of mortality for an area in a given period as an estimate of the number of years a new-born baby would survive, were they to experience the particular areas age-specific mortality rates for that time period throughout their life.

The IMD 2010 data for all the electoral wards in Kent demonstrate a significant correlation between relative deprivation and life expectancy across the county as a whole. This also holds true for the district council areas.

Figure 2 - Rank correlation of deprivation with life expectancy – electoral wards in Kent

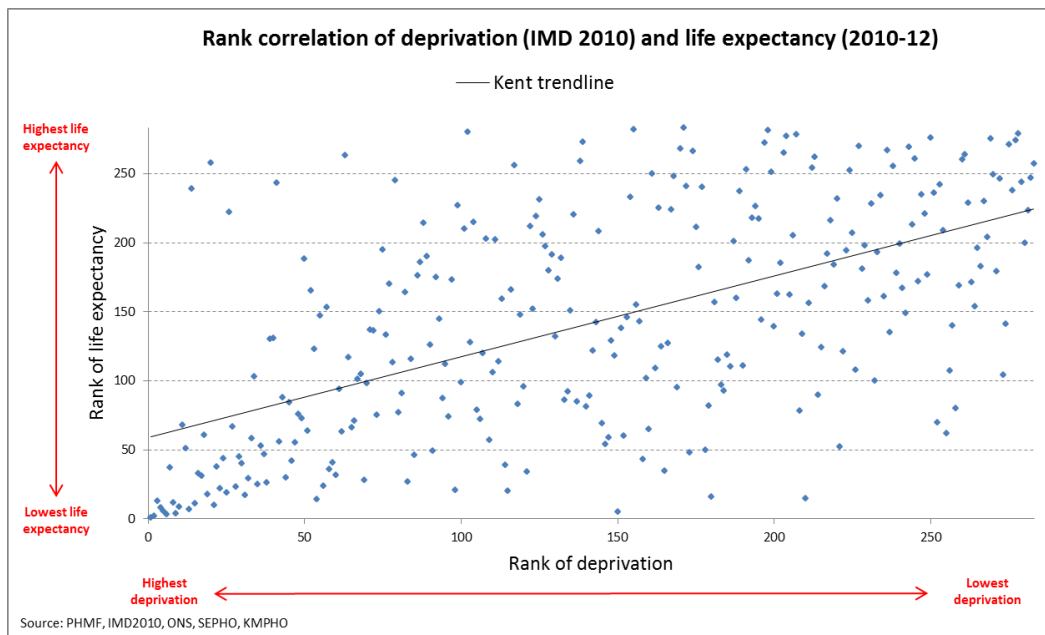


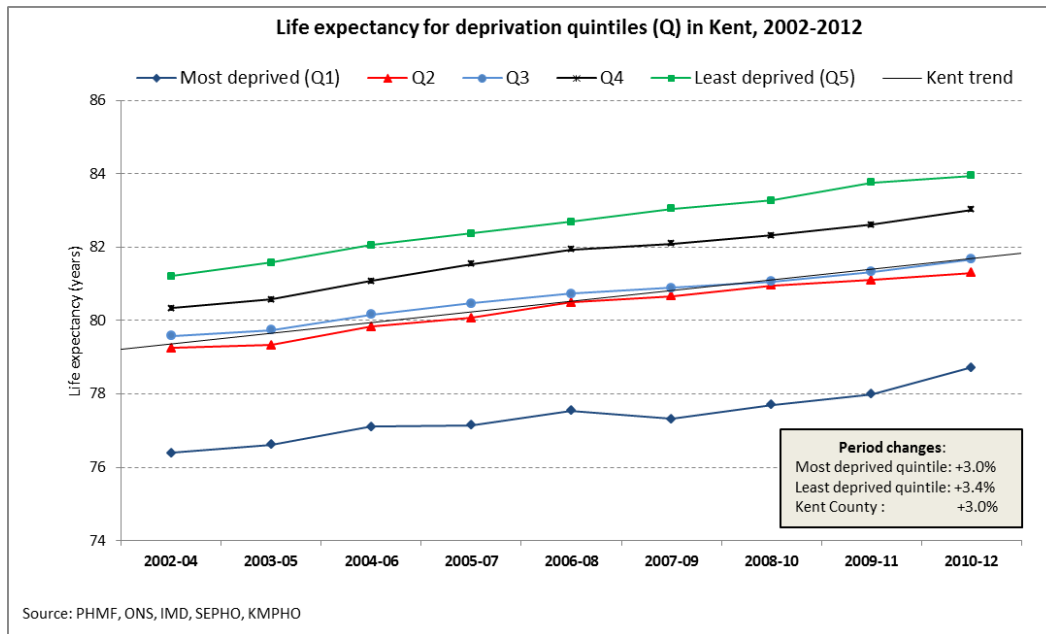
Table 4 - Changes in life expectancy comparing Kent deprivation quintiles, 2002-2012

Deprivation status	Life expectancy (years)		Percentage change over period
	2002-04	2010-12	
Most deprived (Q1)	76.4	78.7	+3.0
Q2	79.2	81.3	+2.6
Q3	79.6	81.7	+2.6
Q4	80.3	83.0	+3.3
Least deprived (Q5)	81.2	83.9	+3.4
Kent	79.3	81.7	+3.0

Source: PHMF, SEPHO, IMD, ONS, KMPHO

Comparing 2002-04 with 2010-12 it is evident that at the beginning of the period the higher the deprivation then the lower the life expectancy. Over time there has been improvement in all of the quintiles. While the quintile having the highest deprivation is 'orphaned' from the other quintiles, it appears that life expectancy here is improving at a rate similar to that experienced for the whole of Kent. However, the gap between this most deprived 20% of the population and the two most affluent areas continues to widen. [Table 4 and Figure 3].

Figure 3 – Life expectancy trends by deprivation status, 3-year averages, Kent



All age all-cause mortality

All age all-cause mortality is an accepted convention for measuring overall health status of communities.

The overall mortality gap between the richest and poorest in Kent and Medway is increasing over time with quintiles two to five converging upon each other but the most deprived quintile becoming increasingly orphaned.

Figure 4 - All age, all-cause mortality rates, 3-year averages, Kent

