

New study lays bare inequalities in life expectancy across Wales

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The gap in life expectancy between the most and least deprived parts of Wales increased in the years leading up to the COVID-19 pandemic, particularly for women, new research has suggested.

The study by Cardiff University and Public Health Wales (PHW) looked at routine data on deaths in relation to age, gender and the Welsh deprivation index to explore trends between 2002 and 2018.

It found that women in the most deprived parts of Wales live around six years less (overall life expectancy 79 years) than those in the least deprived areas (85 years). For men, there was a seven-year gap between the most and least deprived areas (74 vs 81 years).

In the most disadvantaged areas, there was a "concerning" decrease in life expectancy for both men and women in the years following UK-wide austerity policies introduced in 2010, the study found.

As the country recovers from the pandemic and

services resume, the researchers say their findings are essential to help inform health and [public policy](#)

Lead author Dr. Jonny Currie, a [primary care](#) and [public health](#) doctor who led the analysis with the University's Division of Population Medicine, said: "The COVID-19 pandemic in Wales has highlighted significant historical inequalities in health between [social groups](#)—our study shows that even in the decade before COVID-19, the gap in life expectancy between the most and least deprived in our society was widening.

"Our analysis highlights crucial areas for action to consider as Wales recovers from the pandemic—both to build a fairer society for our population and one that is resilient to any future pandemics."

The key findings, published in the journal *Public Health*, were:

Female life expectancy at birth in the most deprived areas rose by 1.2 years between 2002-4 and 2016-18 but in the least deprived areas the increase was 2.53 years;

For men in the most deprived areas, life expectancy at birth rose 1.97 years, whereas in the least deprived areas it rose 3.02;

By 2018, these trends meant women in the most disadvantaged areas lived on average 6.02 years less than in the least disadvantaged areas, while men in the most deprived areas lived on average 7.42 years less;

For women, the gap in life expectancy was driven by deaths from respiratory disease, lung cancer, circulatory conditions, drug and alcohol-related deaths and other cancers;

For men, the gap in life expectancy was driven by

deaths from respiratory conditions, digestive disease, drug and alcohol-related conditions, suicides/accidents and circulatory conditions;

addressing these inequalities and contribution of factors such as smoking, alcohol, physical activity and obesity.

Despite the widening gap in parts of Wales, [overall life expectancy](#) rose between 2002 and 2018.

More information: J. Currie et al. Life expectancy inequalities in Wales before COVID-19: an exploration of current contributions by age and cause of death and changes between 2002 and 2018, *Public Health* (2021). [DOI: 10.1016/j.puhe.2021.01.025](#)

Study co-author Dr. Ciarán Humphreys, Consultant in Public Health for the Wider Determinants of Health at PHW, said: "Many conditions contribute to the gap in [life expectancy](#) between the least and most disadvantaged communities. This shows that we must look beyond simple medical explanations to the root causes and to the wider conditions in which people live.

Provided by Cardiff University

"If we are to build back to a healthier, fairer Wales we need to rethink how we can improve health. A healthy future means addressing wider determinants of health such as income, education, housing and good work, particularly for those communities facing disadvantage, many of whom have been affected disproportionately by the COVID-19 pandemic."

The analysis identifies key areas where action could be taken, such as tackling smoking, more accessible drug and alcohol services, promoting healthy diet and physical activity and improving access to health services in disadvantaged areas.

More broadly it suggests action on the "underlying determinants of health equity" are needed, such as redistribution of income and opportunities, improvements to living conditions and air quality and policies to prevent drug and alcohol misuse.

Dr. Currie said: "Any post-COVID recovery must recognize the significant levels of inequality in Wales, including the risks from the virus itself, economic factors and other challenges like Brexit.

"As we recover from this unique period in our history there is a clear need to consider—and ultimately take action on—the underlying causes of health inequalities in Wales so we can work towards narrowing this gap."

The authors are now working on follow-up research examining the role of frontline [health](#) services in

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