

SUMMARY

Following some scene setting, the report draws together wide ranging information to document inequalities in health and social care in Northern Ireland that are relevant to the New Targeting Social Need (New TSN) policy, including the base report of the 'Inequalities Monitoring System'. The overview also documents comparisons between people living in rural and non-rural areas, and between the statutory equality categories of Section 75 of the Northern Ireland Act. While some of the information has been previously published most of the results are new, and the majority of the new analyses has been undertaken by IAD.

SOME GROUP DIFFERENCES

Due to the enormous scope of the information it is not possible to summarise all of the key findings. The following illustrates the type of results that are documented in the body of the report.

Impact of the Northern Ireland Conflict on the Population's Health and Well-being – Chapter 3

- The consequences of the Troubles on young peoples' psychological well-being are not clear and understanding of the long-term effects of such violence is very poor. (Para 3.4)
- Victims of the Enniskillen bomb were more likely to have poorer mental health compared to the general population. (Para 3.12)
- People in high violence areas reported more symptoms of physical illness than those living in low violence areas. (Para 3.13)
- Depressive disorders were over three times as common in females exposed to violence than males, while anxiety disorders were almost twice as common. (Para 3.15)
- A much higher proportion of people living in areas of high intensity violence (13%) reported having poor health compared with those living in areas of low violence (4%). (Para 3.23)
- People in poorer households were more likely than those in wealthier households to have borne the brunt of the Troubles either in their areas (7.8%) or on their lives (7.6%). (Para 3.37)

- Catholics were more likely than Protestants to report adverse effects of Northern Ireland conflict-related violence on their own lives and that of their families. (Para 3.50)

Stress, Mental Health and Suicide – Chapter 4

Stress

- Women were much more likely than men to report having either a lot of worry (30% compared with 24%), or a great deal of worry (14% compared with 10%) in the previous year. (Para 4.1)
- Worry and stress are related to age. More older people (65+), for example, reported having no worries or stress during the year prior to interview than young (16-44) or middle aged people (45-64) (24%, 11%, 10% respectively). (Para 4.2)
- More people with dependent children reported a great deal of stress than those without (16% and 10% respectively). (Para 4.4)
- More unemployed people experienced a great deal of stress (17%) compared with those in employment (10%) or those who were economically inactive (14%). (Para 4.5)

Mental Health

- Women were more likely than men to have a potential psychological disorder (24% and 17% respectively). (Para 4.10)
- People aged 45-54 had the highest risk of suffering from a psychological disorder (25%), while those aged 65 and above were the least at risk (18%). (Para 4.12)
- More Catholics (23%) than Protestants (19%) were likely to have a potential psychological disturbance. (Para 4.13)
- Unemployed people were more likely to have a potential psychological illness (30%) than those who were either economically inactive (25%) or employed (16%) . (Para 4.14)
- In terms of socio-economic group, partly skilled people were most likely to have possible mental health problems (25%), while skilled manual workers were least likely (17%). (Para 4.15)

- People with dependent children were more likely to be prone to psychological morbidity (22% for males and 25% for females) than their counterparts with no dependants (16% for males and 23% for females). (Para 4.17)

Suicide

- The majority of suicides were by males (76%). 1.3% of all male deaths were due to suicide compared with 0.4% for females. (Para 4.19)
- Overall, deaths from suicide tended to be concentrated among young people, with 23% of these deaths occurring in the 25-34 age band. The proportion of deaths resulting from suicide was highest for males in the 25-34 age band (19%), but was only slightly less (18%) among 16-24 year old males. (Paras 4.20 and 4.21)
- Just over 30% of suicides were among skilled manual workers compared to 2% among professionals. (Para 4.22)
- The largest proportion of suicide deaths was among single males (36%). The proportion of deaths caused by suicide was much lower for divorced and widowed persons compared to either married or single people. (Para 4.24)

Health and Social Wellbeing – Chapter 5

Life Expectancy

- Females tend to live longer than males. Males born in 2000-02 could expect to live for 75 years and females for 80 years. (Para 5.1.)

Cancer

- In 2000, 49% of people diagnosed with cancer were male and 51% were females. Death rates are higher for males than for females with males having a one in seven chance of dying from cancer before the age of 75 compared with a one in eight chance for females. Survival rates (between 1993 and 1996) were significantly better in females than males. (Paras 5.2, 5.4 and 5.5)

- The incidence of cancer increases with age. Half of all male cancer in Northern Ireland occurred in those aged over 70 years and half of those in females occurred in the 69 and over group. (Para 5.6)
- In general, people in lower socio-economic groups tend to have higher incidence of cancer and poorer cancer survival rates, when compared with those in higher socio-economic groups. (Para 5.7)
- There are higher rates of cancer incidence in the deprived areas of Belfast and Derry District Councils. (Para 5.8)
- There are no significant differences between the survival rates for each individual cancer site across the four HSS Board areas. (Para 5.8)

Coronary Heart Disease

- Similar proportions of men (7%) and women (6%) had been told by a doctor that they had angina. (Para 5.13)
- Angina is related to age. Less than 5% of 45-54 year olds were diagnosed with angina compared to 23% of people over 75. (Para 5.14)
- Just over 4% of men had suffered a heart attack compared with 2% of women. (Para 5.16)
- Older people were more likely to experience a heart attack. Men aged 65-74 showed the highest rate of heart attacks (17%); while among females those over 75 were most at risk (9%). (Para 5.17)

Stroke

- Almost 2% of men had been diagnosed with a stroke compared with just over 1% of women. (Para 5.19)
- Strokes are more prevalent among older people. Just over 7% of men over the age of 75 had suffered a stroke compared with 4% of women in the same age band. (Para 5.20)
- Non-manual and partly skilled workers were least likely to be diagnosed with stroke, while professionals, skilled manual workers and unskilled people experienced higher rates of stroke. (Para 5.21)

Diabetes

- 4% of males and 2% of females aged 16+ had been diagnosed with diabetes. (Para 5.23)
- The risk of developing diabetes increases with age. Less than one percent of 16-24 year olds had been diagnosed with diabetes compared with 8% of those aged over 75. (Para 5.23)
- The highest level of diabetes was among the unskilled (6%) while skilled non-manual workers were the least likely to be diagnosed with diabetes (1%). (Para 5.24)

Asthma

- 10% of males and 11% of females had been told by a doctor that they had asthma. (Para 5.31)
- The highest prevalence of asthma was among young women aged 16-24 (16%). The figure for young men was 13%. (Para 5.32)

Dental Health

- In general, caries levels tend to be higher among disadvantaged people. Professionals were more likely than unskilled workers to have visited their dentist within the last 3 months (30% compared with 16%). More of those in the unskilled manual group (28%) compared with those in the professional SEG (9%) were not registered with a dentist. (Paras 5.41 and 5.42)
- More women than men tend to visit their dentist recently. (Para 5.44)
- For all age groups aged 16-59, more men waited 12 months or more before visiting the dentist. Men aged 30-39 were twice as likely to have waited 12 months or more before visiting the dentist as their female counterparts (36% and 17% respectively). (Para 5.45)
- Overall, more men (19%) than women (12%) failed to be registered with a dentist. (Para 5.46)

Mother and Child Health

- Breastfeeding rates increase with mothers' age. Mothers aged 30 or over had the highest levels of breastfeeding in both 1995 and 2000 (50% and

62% respectively). However, females aged under 20 were least likely to breastfeed (24%) in both 1995 and 2000. (Para 5.48)

- The level of breastfeeding was higher for mothers with partners from more skilled occupations, and lowest for those with the least skilled partners. (Para 5.49)
- Women aged 20 or under were more likely to smoke before or during pregnancy than those aged 35 and over (61% and 30% respectively). (Para 5.51)
- Two thirds of single women smoked before or during pregnancy compared with one quarter of married women. Just under half (49%) of single women smoked throughout pregnancy compared to 14% of married women. (Para 5.53)
- Catholic women were more likely than Protestant women to smoke before or during pregnancy (38% and 33% respectively). (Para 5.55)

Body Weight

- Almost two thirds of males (65%) and just over half of females (52%) aged 16+ weighed more than they should for their height. (Para 5.62)
- The proportion of men who were overweight increased from 17% of 16-24 year olds to 58% of those aged 35-44. (Para 5.64)
- 16% of both boys and girls aged 13 and 14 years were overweight. (Para 5.70)

Long Standing Illness

- There is an increasing prevalence of long-standing illness as people become older. (Para 5.71)
- There is a higher prevalence of long-standing illness among people in the lower socio-economic classes. Thirty percent of professionals/managers suffered from long-standing illness compared to just under half (47%) of unskilled workers. (Para 5.73)
- Females tend to live longer than males and have, as a result, higher levels of longstanding illness. (Para 5.74)

- The prevalence of long-standing illness was slightly higher among Protestants than among Catholics. However, this is likely to be a reflection of the different age profiles of the two communities. (Para 5.77)

Disability

- Households with one or more disabled members are more likely to be living in poverty. Over half (56%) of households that contained one or more disabled people live in poverty compared to 29% of households living in poverty who have no one with a disability. (Para 5.84)

Carers

- 18% of people were informal carers. Informal care is highest among those aged 45 to 64, with approximately a fifth acting as carers. (Paras 5.90 and 5.92)
- A fifth of women provide care compared with 14% of men. Women aged between 30 and 44 are almost twice as likely as men of the same age group to be carers (25% and 13% respectively). (Paras 5.90 and 5.92)
- Almost a half of all carers (48%) were economically inactive, a third were in full-time employment and 15% were working part-time. (Para 5.94)

Learning Disability

- The overall prevalence rate of moderate, severe or profound Learning Disability based on HSS Trust data was 9.69 persons per 1,000 population. In contrast, information from Social Security suggests a prevalence rate of 4.41 per 1,000. (Para 5.100)
- Of people with a learning disability living in a long-stay hospital, 62% were male and 38% female. Of those living in residential accommodation 51% were male and 49% female. Of those resident in community settings, the majority (63%) were male. (Paras 5.101, 5.102 and 5.103)
- Of people with a learning disability living in a long-stay hospital, women were older than men (average age of 51.2 years and 47.0 respectively). Two thirds of people in residential accommodation were aged 30-59. Of those in community settings, 57% were under 20 years of age. (Paras 5.101, 5.102 and 5.103)

Lifestyle – Chapter 6

Smoking

- Cigarette smoking among those aged 16 and over has fallen from a third in 1983 to just over a quarter (26%) in 2002/03. (Para 6.2)
- Whilst the percentage of male smokers has decreased from 39% in 1983 to 27% in 2002/03, the decrease among women has been less marked (29% to 26%). (Para 6.2)
- Unemployed people are more likely to smoke (49% for males and 45% for females) than employed people (24% for males and 26% for females). (Para 6.11).
- Men who work in unskilled manual occupations were four and a half times more likely to smoke currently (42%) than men employed in professional jobs (9%). Women in semi-skilled or unskilled manual jobs were also over three times as likely to be current smokers (37% and 38% respectively) compared to professional women (11%). (Para 6.12)
- The gap in proportions smoking between socio-economic groups over the last 20 years has not narrowed: the odds for women smoking in 2000 were more than two times greater for those working in a manual occupation than in a non-manual occupation. Also, the rate of smoking cessation has been greater among men than women in manual occupations. (Para 6.15)

Alcohol Use

- More boys (60%) than girls aged 11-16 years (54%) have ever taken an alcoholic drink. (Para 6.21)
- Men (81%) are more likely to be drinkers than women (73%). They are also much more likely to drink more than the recommended sensible level of alcohol than are women (33% and 11% respectively), and to drink at dangerous levels (11% and 2% respectively). (Paras 6.24 and 6.25)
- Catholics are more likely to drink at above sensible levels (25%) than Protestants (17%), and also more likely to engage in drinking at dangerous levels (7% and 4% respectively). (Para 6.25)
- Men in non-manual social classes were more likely to drink than men in manual social classes (in 2000 82% and 76% respectively), and 'non-

manual women' were more likely to drink than 'manual women' (in 2000 76.5% and 60% respectively). (Para 6.28)

Illegal Drugs

- More children in receipt of free school meals are current drug users than children not in receipt of free school meals (12% and 8% respectively). Also, 17% of 'free-school meal children' have ever taken cannabis compared to 12% of other children. (Para 6.33)
- In general, drug use declines with age. Recent ('last 12 months') use of illegal drugs was highest amongst those aged 15-24, and illegal drug use 'within the last-year' by those aged 35 and over was rare. (Para 6.37)
- Three quarters of problem drug users are male. Almost twice as many men (27%) as women (14%) have ever used an illegal drug. (Paras 6.36 and 6.39)
- Drug use, including problem use, is associated with exclusion from the labour market. For example, three quarters of people seeking treatment for drug use are out of work, and only 13% are employed. (Para 6.40)

Physical Activity

- Older people are more likely to have a sedentary lifestyle than younger people. For those aged 75 and over, 63% were sedentary, while among the 16-24 year olds, 11% were sedentary. (Para 6.42)
- Young women (16-24 year olds) were more likely than their male counterparts to exhibit sedentary behaviour (14% compared with 8%). The reverse was true of men and women aged 35-44 (17% and 10% respectively). (Para 6.43)
- In all age groups more Catholics than Protestants were sedentary. (Para 6.44)
- In terms of socio-economic status, those in unskilled occupations were most likely to be sedentary (37%), while those in professional/managerial work were least likely (17%). (Para 6.45)
- In terms of marital status and age, the group least likely to exhibit sedentary behaviour were single people aged 16-64 (14%). For people who had reached retiring age, sedentary levels were much higher for those without a

partner (58%) compared with people living as a couple (43%). (Paras 6.48 and 6.49)

Sexual Behaviour and Sexual Health

- Men were more than twice as likely as women to have had sexual intercourse before they were sixteen (18% compared to 7%). (Para 6.51)
- People in lower social classes have sexual intercourse at earlier ages than those in higher socio-economic groups. People from a partly skilled socio-economic group were twice as likely as those from a professional/managerial background to have had sexual intercourse before the age of sixteen (14% and 7% respectively). (Para 6.52)
- Protestants were almost twice as likely as Catholics to have had sexual intercourse before they were sixteen (15% compared with 8%). (Para 6.53)
- Almost four-fifths (79%) of 16-24 year olds used a form of contraceptive on their first occasion, compared to 70% of adults aged 25-34 and 55% of those aged 35-44. (Para 6.54)
- Most men aged 16-24, or their partners, had used some form of contraceptive during the previous year (87%). (Para 6.55)
- Half of gay men surveyed had been tested for HIV, and 7% of those were positive. (Para 6.58)
- Among those men suffering from gonorrhoea 19% were homosexual. Three out of five people attending hospital for HIV were male. (Para 6.58)
- More than two thirds of people suffering from sexually transmitted infections were in the age group 20-34 (68% overall). (Para 6.58)
- Almost a quarter of boys aged 11 to 16 had no sexual experience compared with 30% of girls. (Para 6.59)
- Almost all births (96%) to teenagers were to unmarried mothers. (Para 6.61)
- 62% of women who travelled to England for an abortion were single, while 12% were married and 22% were with a partner. (Para 6.63)

Health and Social Care Activity – Chapter 7

Survey Findings

- Women make more use of health and social care services than men. Two thirds of men and 82% of women had consulted their GP in the previous year; 29% of men and 33% of women had attended a casualty department, been a day patient or visited an outpatient department in the previous year; and 10% of men and 14% of women had been an inpatient in the previous year. (Paras 7.1, 7.3 and 7.4)

Hospital Waiting Lists

- 31 patients per 1,000 population were awaiting admission to hospital for day case or inpatient procedures. The Southern Health and Social Services Board area had the longest waiting lists at 36.5 per 1,000 compared to 22.7 per 1,000 at the Western Health and Social Services Board Area. (Para 7.6)
- 85 people per 1,000 population were waiting for a first outpatient appointment. The Northern Health and Social Services Board area had the longest waiting lists at 88 per 1,000 compared to 79 per 1,000 at the Western Health and Social Services Board Area. (Para 7.8)

Hospital Activity

- When both need and supply factors are taken into account, there are no significant differences between Protestants and Catholics in inpatient hospital use. (Para 7.10)
- Young people aged 0-14 years received 15% of total inpatient activity whilst people aged 65 and over received 31%. This compares to 22% and 13% respectively of the Northern Ireland population. (Para 7.12)
- Males received 47% of total inpatient activity and females received 53%. This compares to 49% and 51% respectively in the NI population. (Para 7.15)

Deprivation Analysis: Hospital Inpatients

- The highest proportion of inpatients (13%) was in the 10% most deprived wards. (Para 7.18)

- For Coronary Heart Disease inpatients the least deprived wards contained the highest proportion of males (69%) and the lowest proportion of males was in the most deprived wards (62%). (Para 7.24)
- For Cancer inpatients, the most deprived wards contained the highest proportion of children (5%). (Para 7.25)

Social Services: Adults

- Most (79%) adults in contact with Social Services were elderly people. (Para 7.28)
- The vast majority of delayed discharges were for elderly people: 95% were aged 65 or more and 83% were aged 75 and over. (Para 7.31)

Social Services: Children

- Of children referred to Social Services, 55% were boys and 45% were girls. (Para 7.45)
- Over three quarters (78%) of those admitted to foster care were under 12 whilst the vast majority (85%) of those admitted to residential care were 12 or over. (Para 7.49)
- Similar proportions of boys and girls were put on to the Child Protection Register. Of these there were more boys (53%) than girls (47%) aged 0-11 years, and more girls than boys aged 12 or over (61% and 39% respectively). (Para 7.50)
- Young people leaving care are poorly qualified, and are more likely to be unemployed than all school leavers. For example, 2% of young people who left care had 3 or more A levels, compared with 29% of all school leavers in Northern Ireland, and 14% had at least 5 GCSEs at Grades A* - C compared with 58% of all Northern Ireland school leavers. Also, 53% of care leavers had no formal qualifications compared with 5% of all school leavers. At least 37% of care leavers were unemployed compared with 4% of all school leavers. (Paras 7.62 and 7.63)

New TSN Inequalities Monitoring System – Chapter 8

- For all the morbidity and service utilisation indicators, except two - excess hospital waiters (ie people waiting more than 12 months for cardiac surgery or more than 18 months in other specialties) and ambulance response

times - the situation is worse in deprived areas than in Northern Ireland as a whole. The differences range from 70% worse for Teenage Birth rates and 59% for Lung Cancer, to 2% worse for Diphtheria, Polio and Tetanus immunization uptake rates. (Paras 8.13 and 8.14)

- For the subset of morbidity and utilisation indicators that could be analysed at small area level, a higher proportion of Catholics than expected live in the areas with the worst outcomes, except for excess hospital waiters. The proportion of Catholics in these areas varies from 68% for Dental Registration Rates to 56% for SMR U75. (The Catholic community make up 44% of the Northern Ireland population.) (Para 8.18)
- In terms of the access indicators, travel times to all types of health and social services facilities are shorter on average in deprived areas than in Northern Ireland as a whole by at most 5 minutes. However, when need is taken into consideration travel times to all health and social services facilities except for Maternity Units, Opticians, Day Centres and Nursing Homes are longer in deprived areas than in Northern Ireland as a whole. (Para 8.25)
- Access times to all types of facilities are longer from rural areas than non-rural areas, with access to Opticians from rural areas almost three times as long as from non-rural areas. (Para 8.30 and Para 8.32)