
*RURAL HEALTH AND
ISSUES IN ESSEX*

Dr Mike Gogarty

Joint Director of Public Health, Essex County
Council and North East Essex PCT



CONTENT

- Perspective and Content
- Prioritisation and Targeting
- National Database of initiatives
- Initiatives Locally



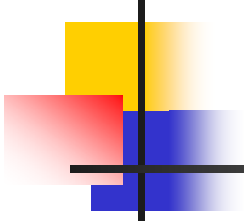
Life Expectancy & Inequalities

- Where you live
- Social Class
- Education
- Employment
- Mental Health
- Learning Difficulties
- Obesity

Average Life Expectancy varies depending on where you live by 18.6 years across Essex



10 Lowest Life Expectancies by Ward in England and Wales



Local Authority	Ward	Life expectancy at birth (years)
Basingstoke and Deane	Rooksdown	65.4
Denbighshire	Rhyl West	66.8
Middlesbrough	Middlehaven	67.8
Rochdale	Central and Falinge	69.4
Liverpool	Everton	69.8
City of Manchester	Ardwick	70.0
City of Manchester	Beswick and Clayton	70.1
Tendring	Pier	70.1
Stockton-on-Tees	Portrack and Tilery	70.2
Liverpool	Vauxhall	70.3

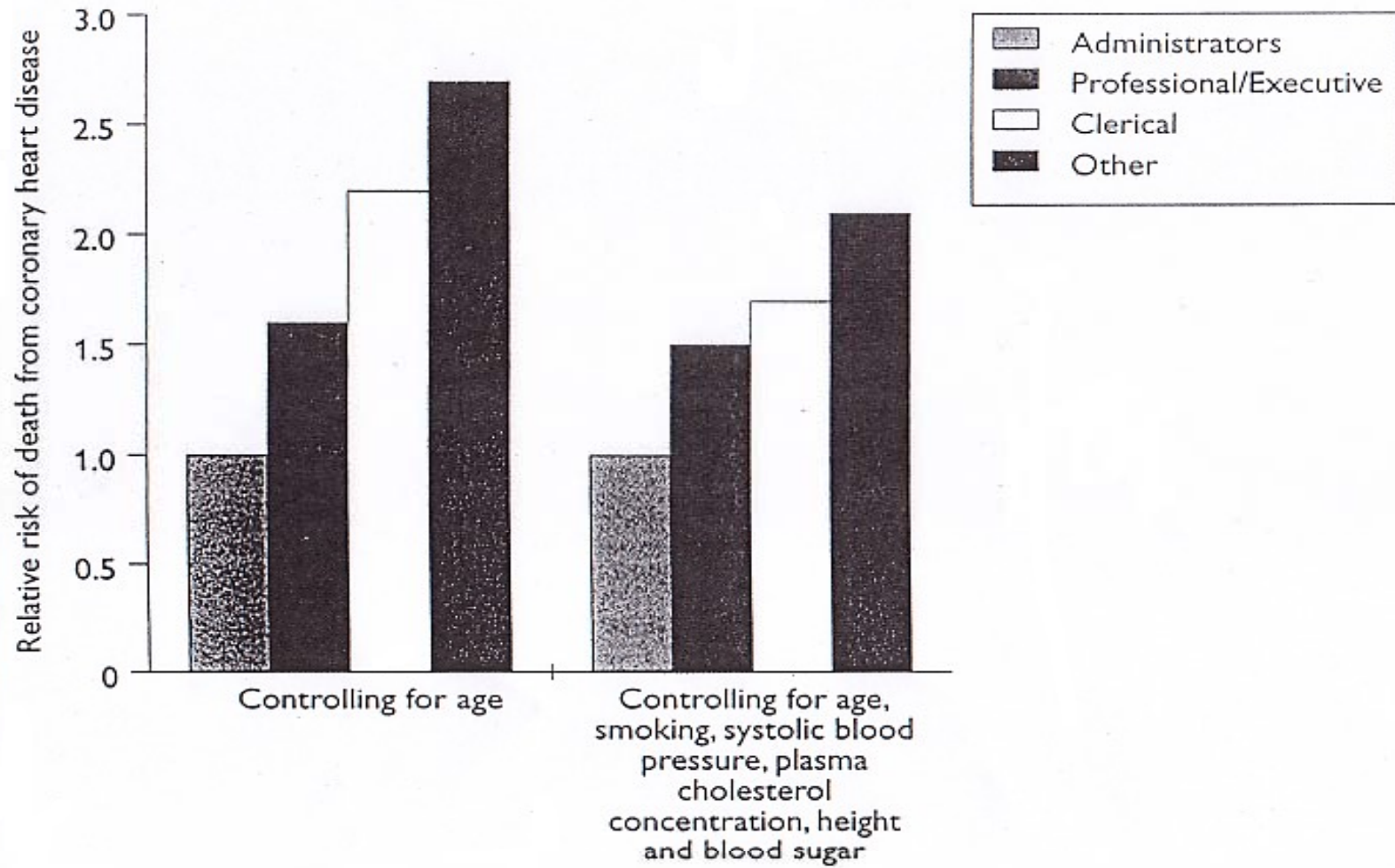
Source: Office for National Statistics

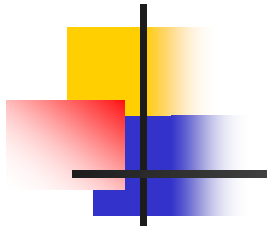


Social Class, Educational Attainment & Unemployment

- Life Expectancy differs by three years for women and five years for men between social classes I/II & IV/V
- Educational Attainment drives social class
- Unemployment detrimental to all aspects individual and families health

Figure 9 *Relative risk of coronary heart disease death in 10 years, controlling for age and other risk factors*

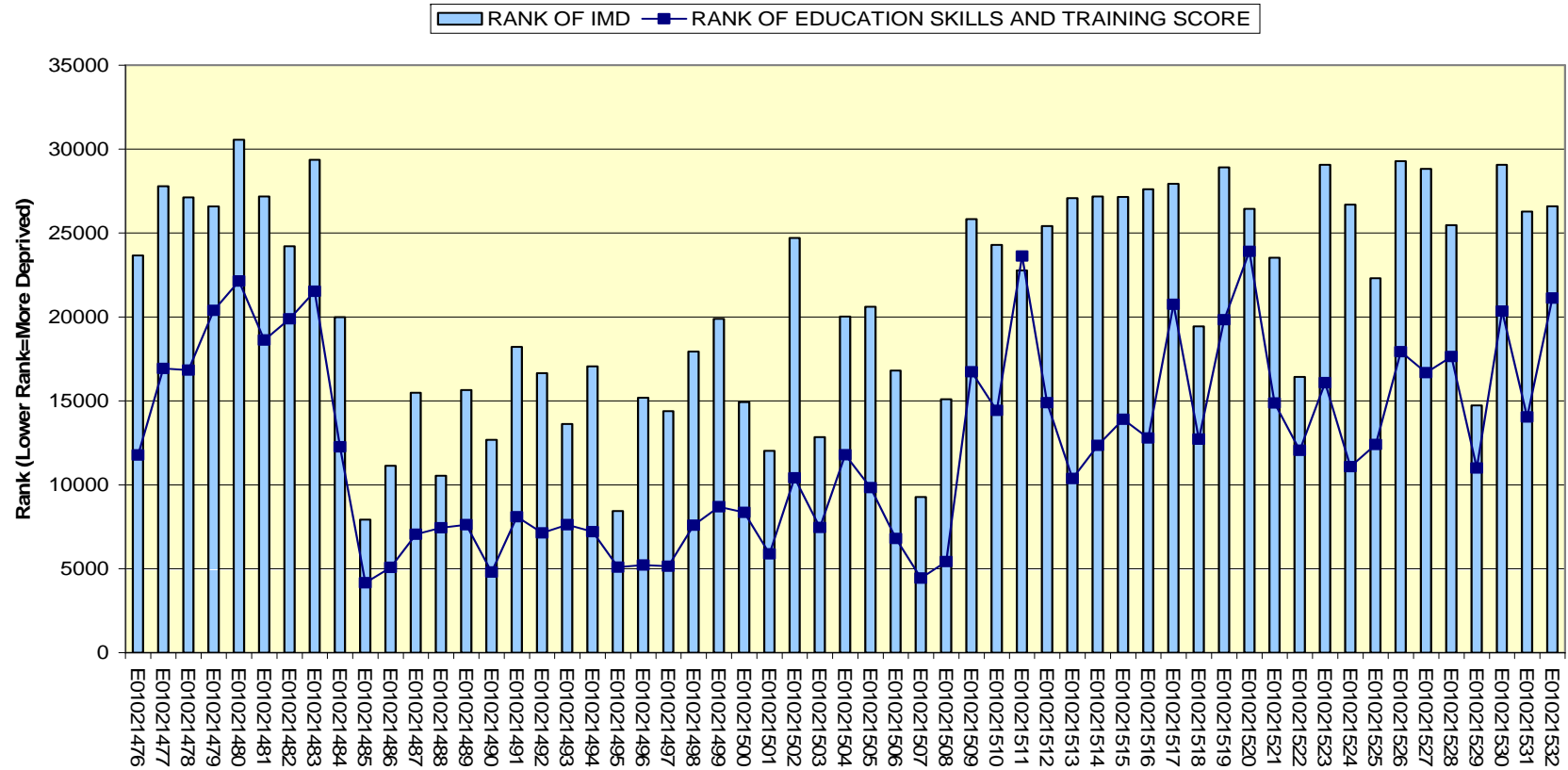




Castle Point SOAs

This is using the rank of IMD and Education domain

SOAs in Castle Point - IMD and Education Domain

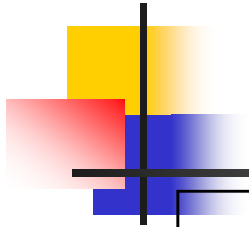


Client Groups

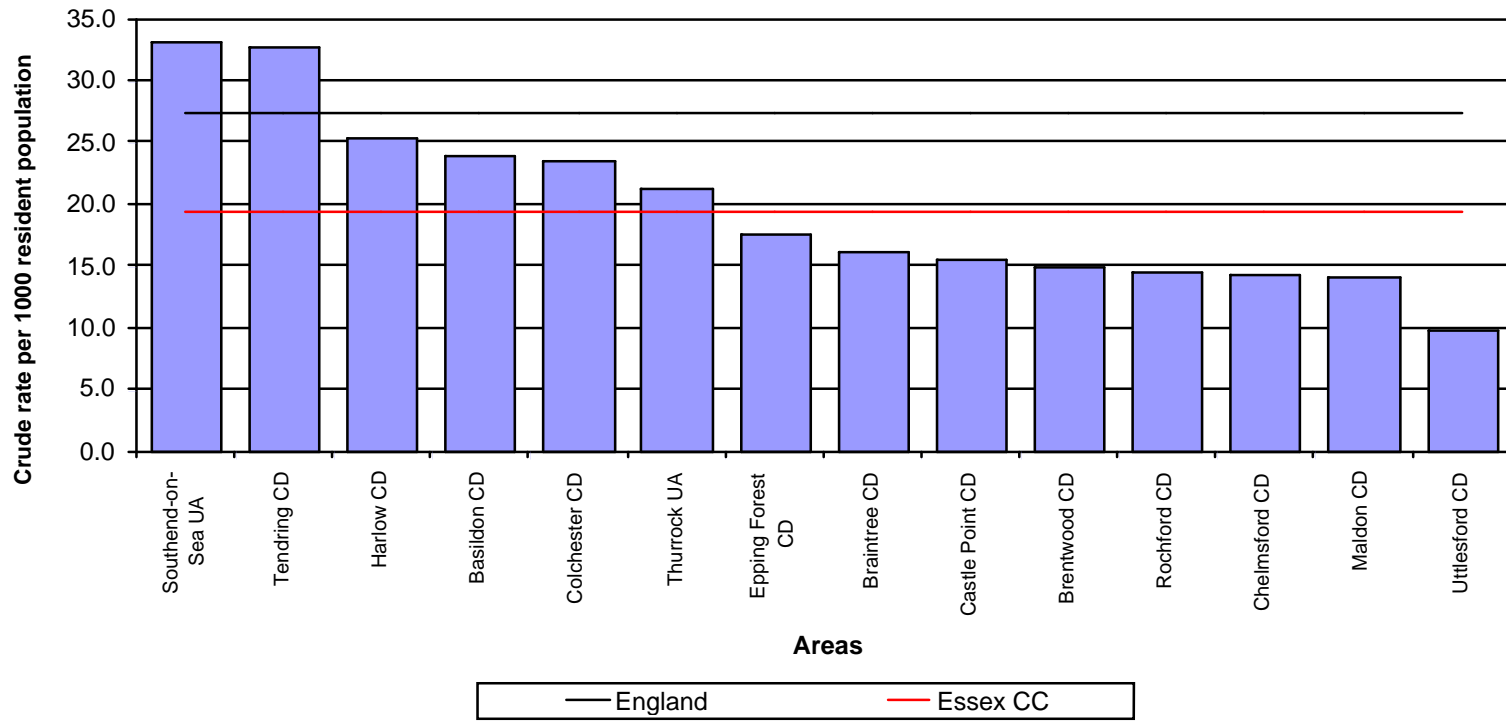
People with Mental Health Problems
People with Learning Difficulties

- Significantly higher incidences of cancer, cardiac disease, diabetes, obesity and HIV/Aids translates into rates of premature death which are up to 3 times higher than the general population are found in people with severe mental illness.
- People with severe mental illness can die 15 years earlier than the general population.

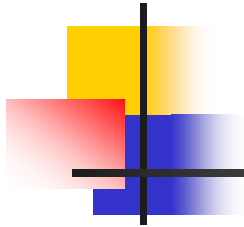
Essex claimants of disability benefit for mental health reasons, 2005



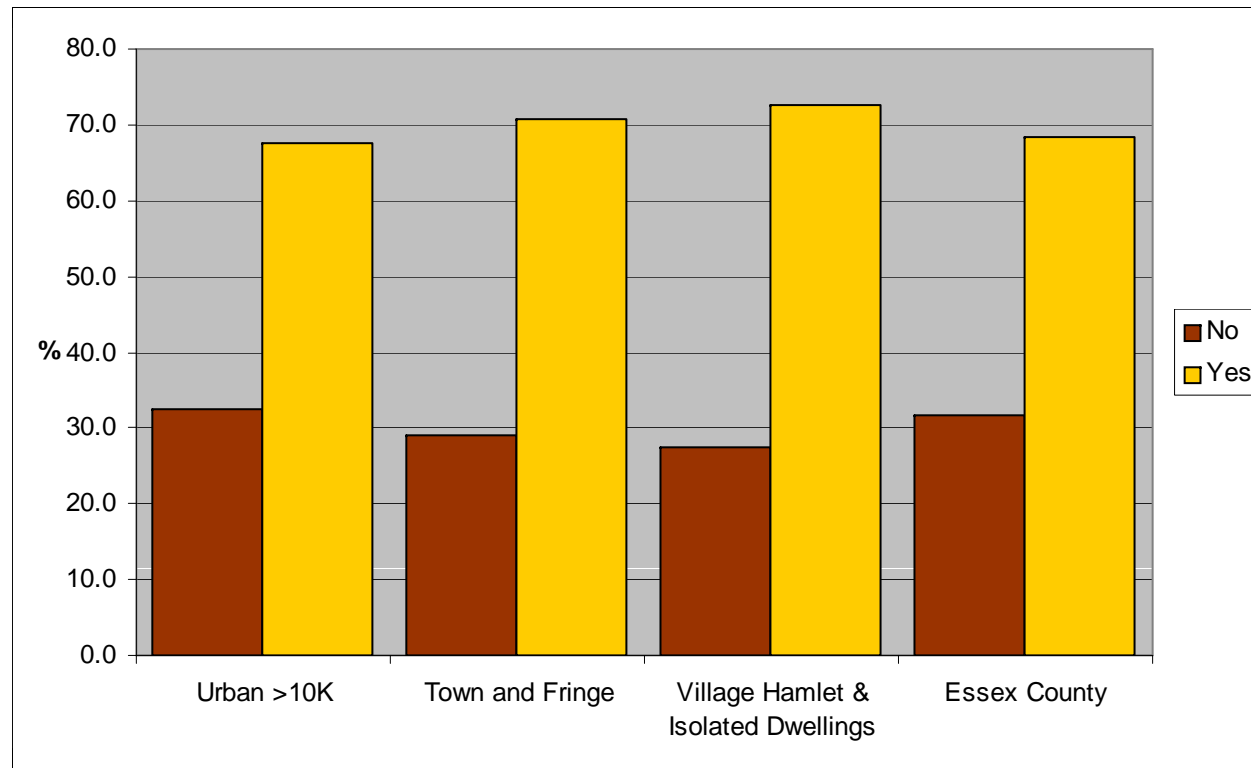
Claimants of incapacity benefit/ severe disablement allowance with mental health problems, 2005

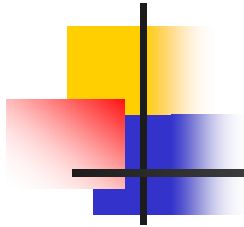


Source: Health Profile, NEPHO

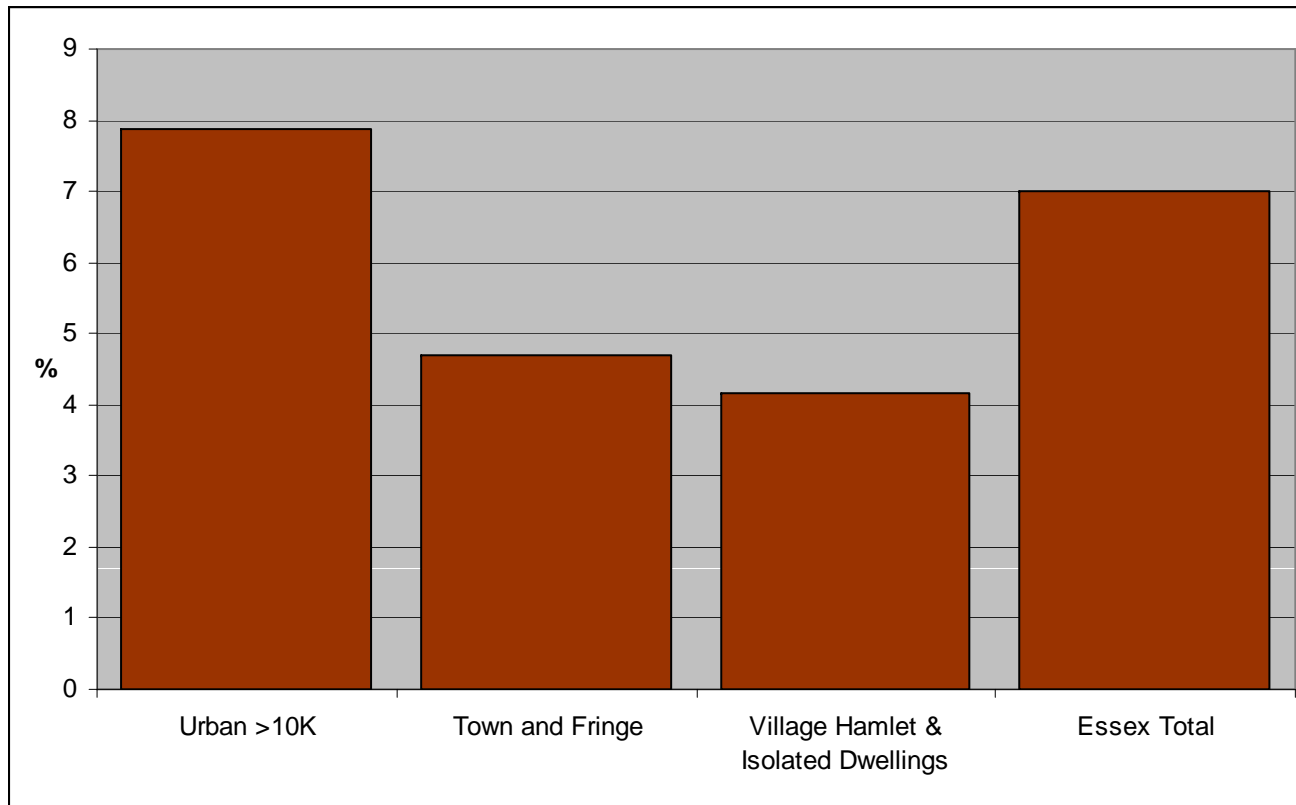


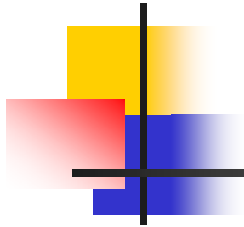
Proportion of assessments made within 35 days



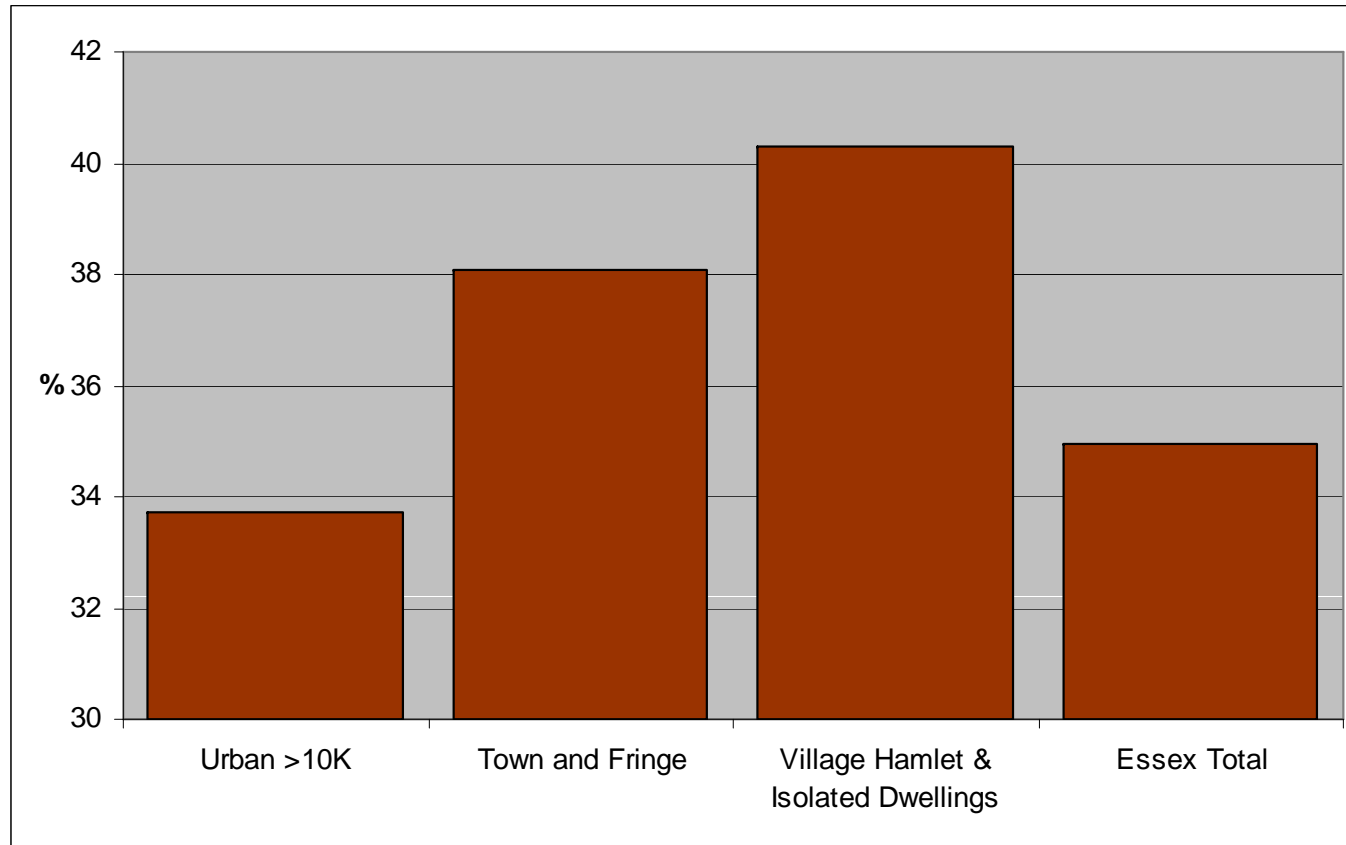


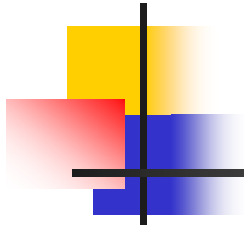
Proportion of 16-18 year olds classified as NEET



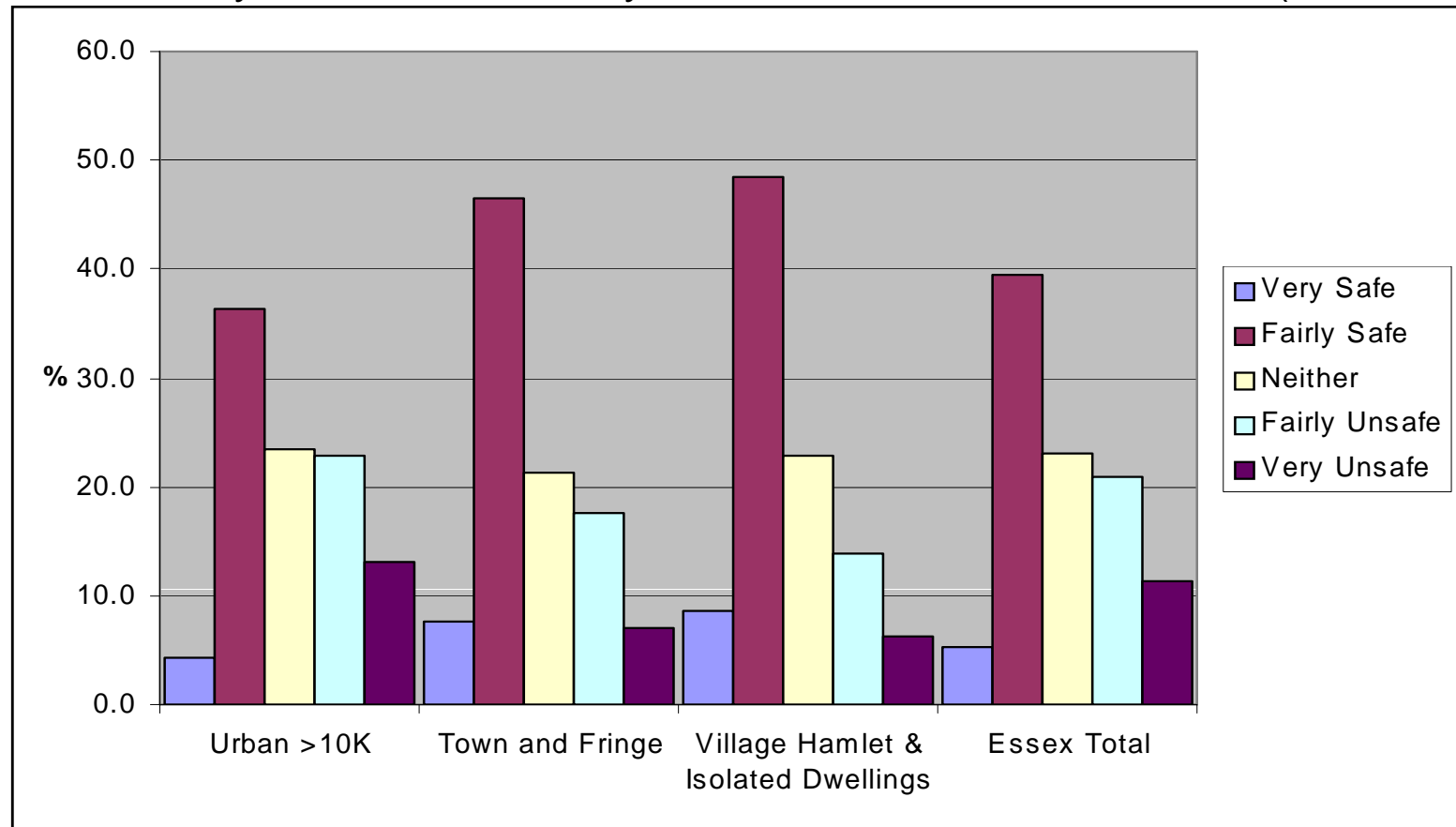


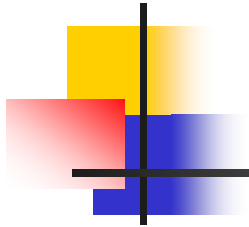
Rural Analysis. Proportion of carers receiving needs assessment



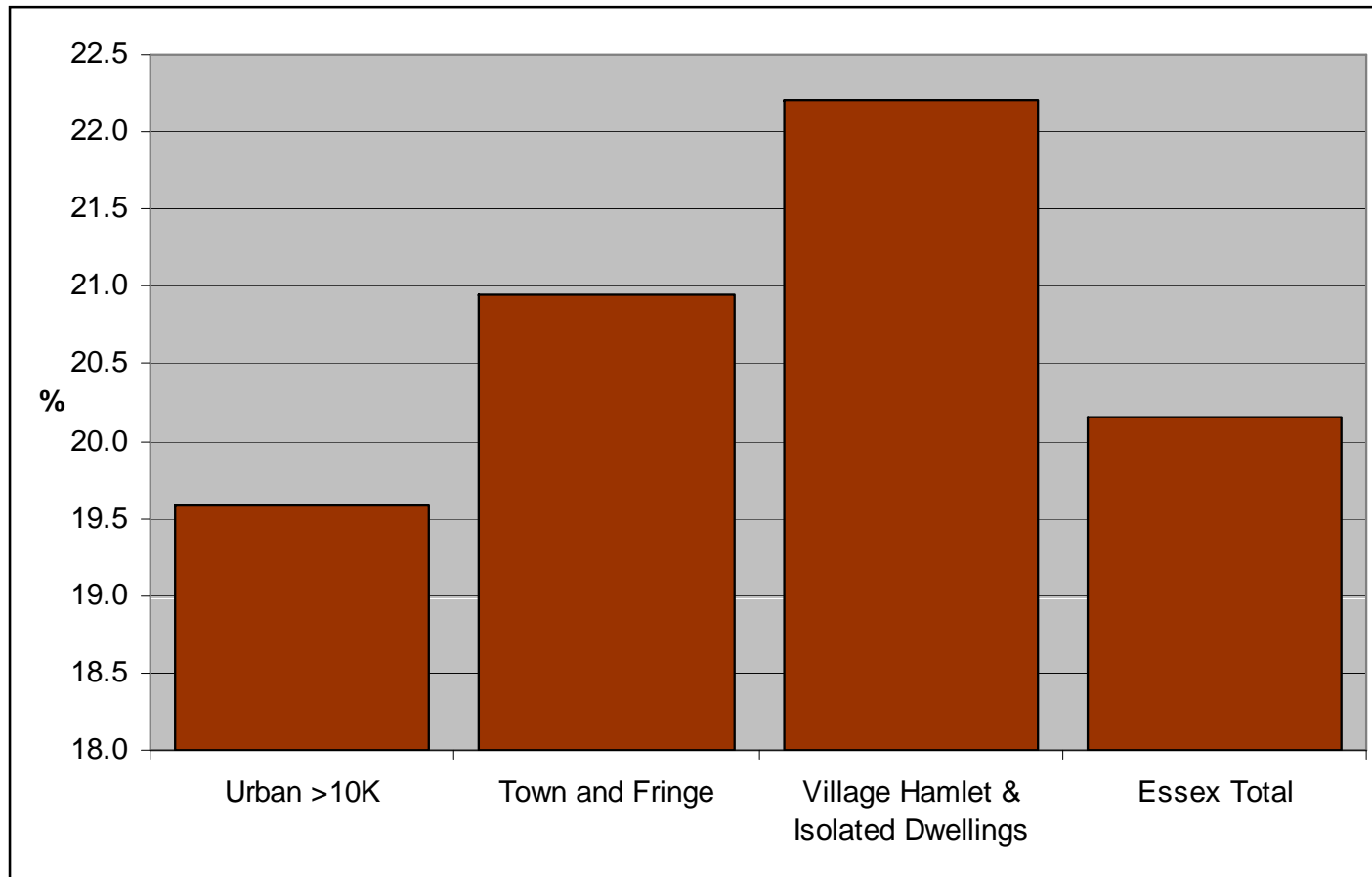


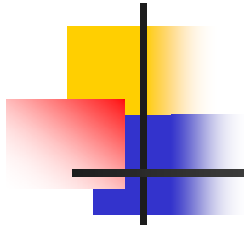
Rural Analysis – How safe do you feel when outside after dark (n=12975)



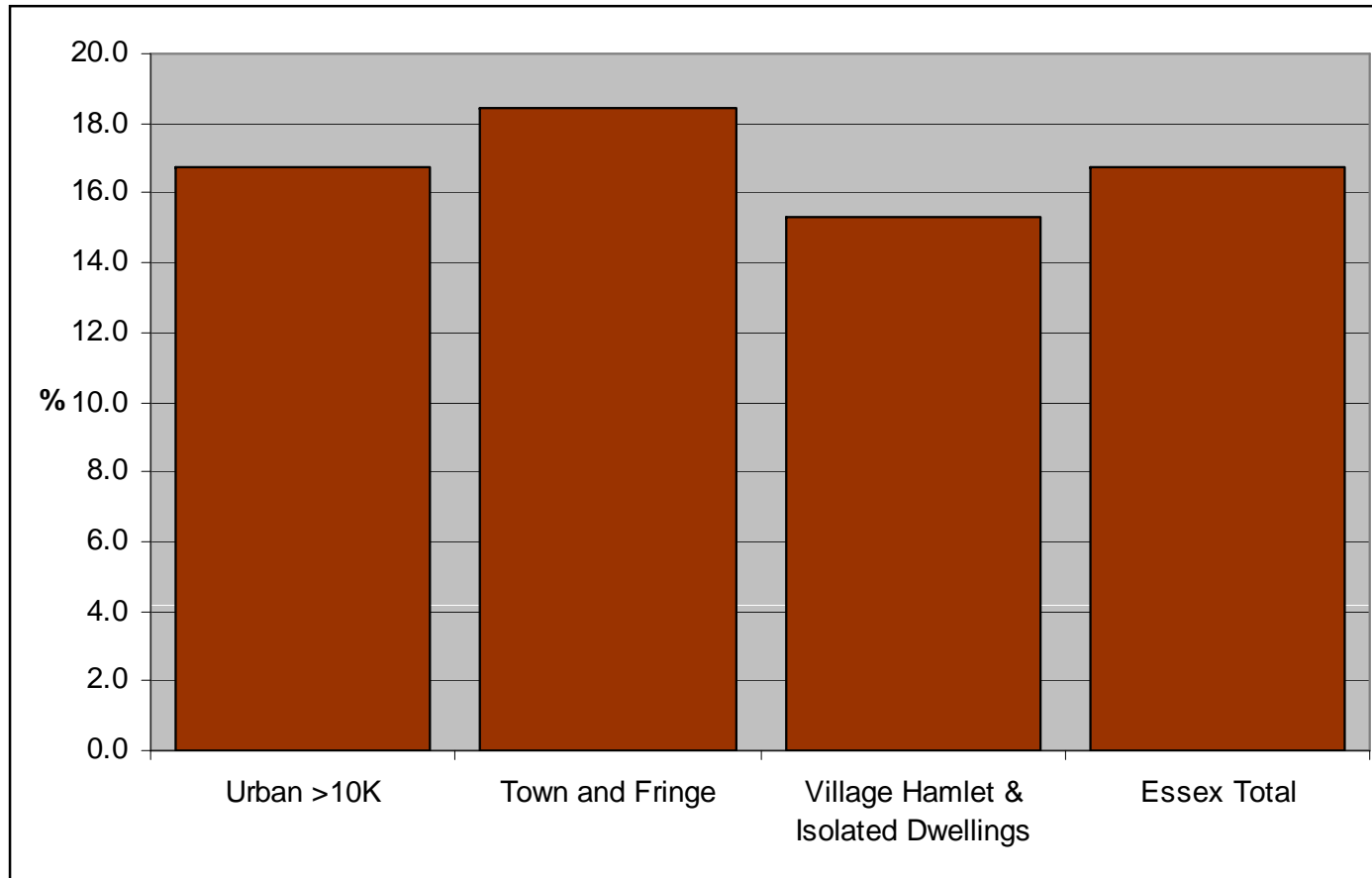


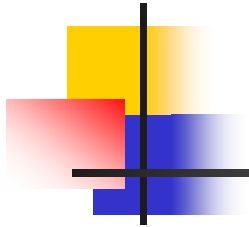
Adult participation in sport – mean percentages



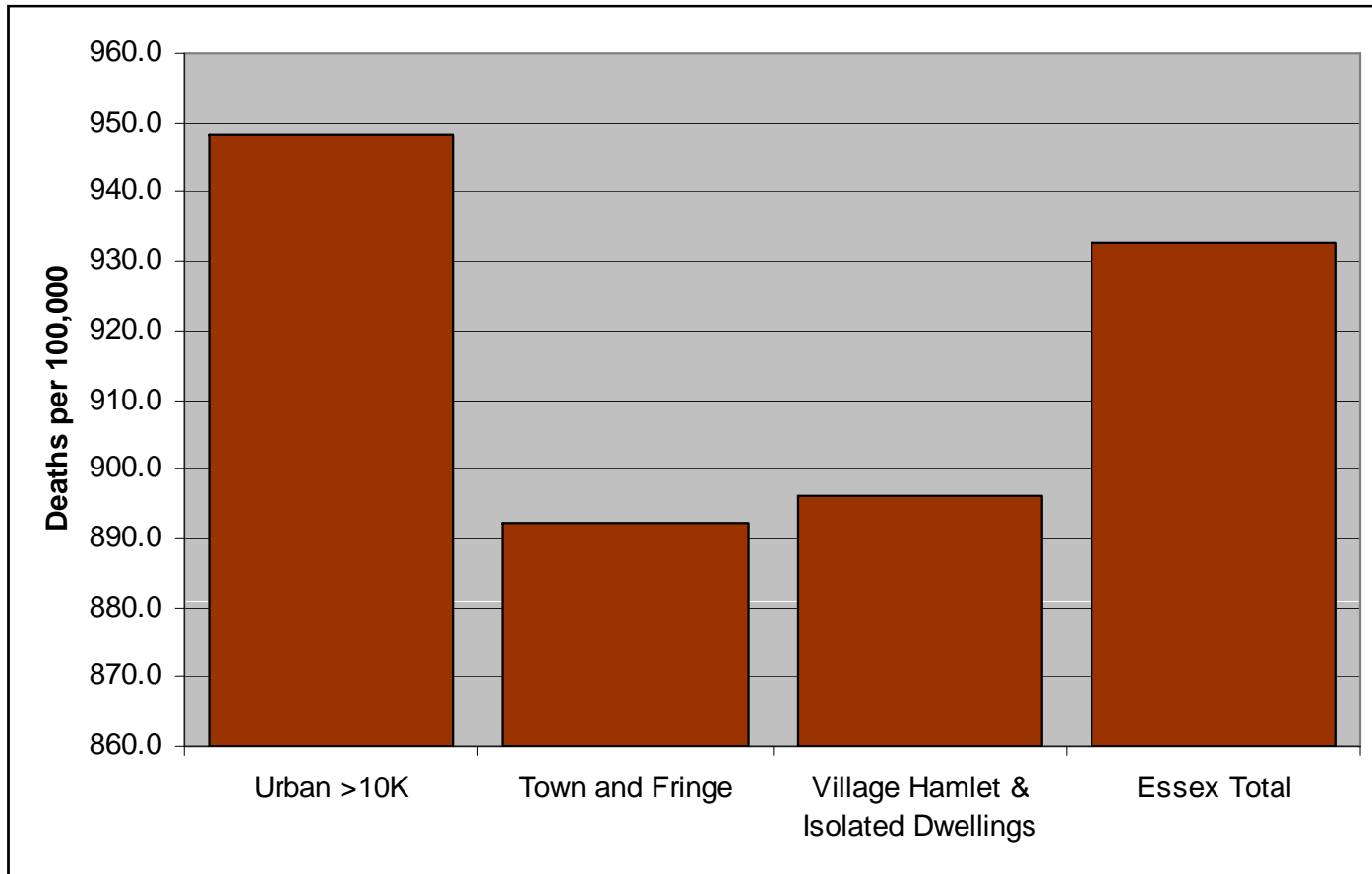


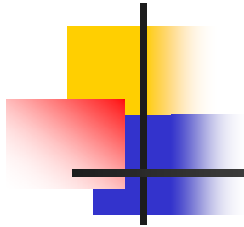
Prevalence of obesity amongst school age children in year 6 (n = 11241)



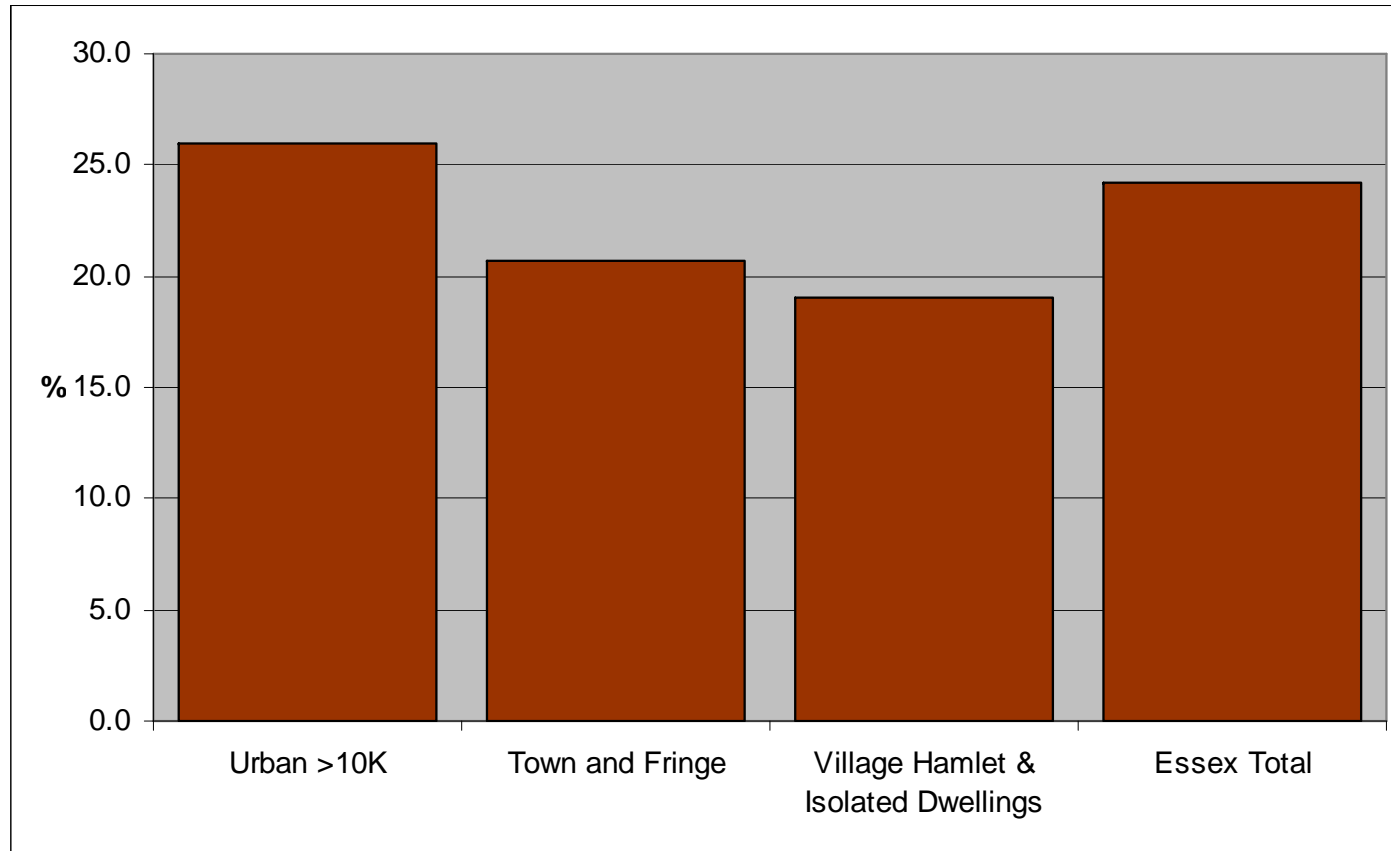


Mortality Rate





Prevalence of smoking amongst 16+ population





Rural Areas

- Tend to overall have longer life expectancy
- Recognise are heterogeneous with pockets high need
- Maybe access issues to services
- Impact recession on rural communities
- Potentially stronger sense of community
- Clear impact social isolation on health and longevity but hard to map to rural areas



In Summary

- Need to be aware “Broad Group Approach” to prioritisation of areas may lead to small areas of need or individuals being missed
- Need to maintain care group as well as geographical approach



Initiatives Nationally

Rural Health Forum – Partnership that collates best practice

- Social isolation
- Access to services (largely health)
- Transport
- Whole village approaches

These are some example of such practice locally.



Social Isolation

Largely older people or carers also agricultural workers

- Pub clubs as social focus
- Volunteers visiting excluded people
 - Rural good life
 - Age Concern Befriender Scheme
 - Rural stress support
 - Community Home Day Care
 - Carers Support Group
- Employed Staff engaging people
 - Village Wardens
 - Village Agents
 - Action on Stress
 - Help Forum Completion

Volunteer Schemes will have resourced project support



Access to Services

- First responders
- Outreach cardiac rehabilitation (inc. video)
- Outreach Speech Language and Stroke Rehab
- Health Promotion via agricultural shows/venues
- Healthy Living Centres
- Mental Health Outreach (followed Foot & Mouth)
- Access podiatry
- School and Youth venue based Health Promotion



Transport Initiatives

(Access usually to health and other key services)

- Provision Community Transport
- Dial a Ride Services
- Improvement local bus networks
- Better local transport information
- Other voluntary “Good Neighbour” Schemes



Whole Village Approaches

- Allotments Development
- Stop Cook and AAT Sessions
- Work with Primary Schools
- Generation got “work around e.g. allotments
- Fire Safety initiatives, farm visits, haystack testing etc
- Progress of activities – gentle exercise, diabetes support, cancer support etc.



Essex

Has examples of above in many areas

- Support for GP practice in Dedham
- Village Agents
- Healthy Living in Dengue
- First responders
- Transport Schemes



In Summary

- Rural Communities often have specific needs at a micro level
- Often overall health of area is relatively good
- Need to ensure sound balance of resources with statutory partners