

Life expectancy declining in many English communities even before COVID-19 pandemic

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A substantial number of English communities experienced a decline in life expectancy from 2010-2019, Imperial College London researchers

have found.

In the five years before the pandemic (2014-2019) [life expectancy](#) went down in almost one in five communities for women, and one in nine communities for men, according to the new study published in *The Lancet Public Health* journal and funded by the Wellcome Trust, Imperial College London, the Medical Research Council, Health Data Research UK and the National Institute of Health Research.

The new study is the first to analyze longevity trends in ultra-fine detail and could identify where life expectancy declined with much more precision than before. The researchers tracked life expectancy in communities of around 8,000 people, while other statistics are typically based on much larger areas (such as local authority districts, which have a median population of around 140,000 people). They found that communities with the lowest life expectancy (below 70 and 75 years for men and women, respectively) were typically situated in [urban areas](#) in the North of England.

Although recent data from the Office for National Statistics found that life expectancy for men in the UK had fallen for the first time in 40 years due to the COVID-19 pandemic, the new research shows that life expectancy was declining in many communities years before the pandemic began.

Senior author, Professor Majid Ezzati from the School of Public Health at Imperial College London, said: "There has always been an impression in the UK that everyone's [health](#) is improving, even if not at the same pace. These data show that longevity has been getting worse for years in large parts of England."

"Declines in life expectancy used to be rare in wealthy countries like the UK, and happened when there were major adversities like wars and

pandemics. For such declines to be seen in 'normal times' before the pandemic is alarming, and signals ongoing policy failures to tackle poverty and provide adequate social support and health care."

The new study analyzed all deaths in England for all years from 2002-2019, amounting to more than 8.6 million deaths records, and assigned them to the community where each person lived at the time of their death. There were 6,791 local communities included in the study, and the researchers assessed life expectancy trends over time for each of these for men and women.

The study found that between 2002 and 2010 the vast majority of communities saw their life expectancy increase.

However, from 2010-2014, longevity began declining for women in one in 20 communities (5%, 351/6,791 local areas) and in one community for men. This deterioration accelerated and spread from 2014-2019, with life expectancy declining for women in almost one in five communities (18.7%, 1,270/6,791), and in one in nine communities for men (11.5%, 784/6,791). In these places, between 2014-19, life expectancy declined by an average of 0.17 years for women (around two months) and 0.12 years for men (around a month and a half).

Taken over the entire time from 2002 to 2019, the biggest life expectancy decline seen for women was a loss of three years for an area of Leeds (from 78.7 to 75.6 years), and for men was of 0.4 years in a part of Blackpool (from 68.7 to 68.3 years). There were also startling reversals in life expectancies for women in a number of communities in Yorkshire and The Humber over this time.

The researchers note that the regions where life expectancy declines occurred often already had lower life expectancy, and high levels of poverty, unemployment, and low education.

In comparison, between 2002 and 2019, life expectancy increases of nine years or more were seen for men and women in some parts of central and north London.

These trends created stark geographical differences. In 2019, there was about a 20-year gap in life expectancy for women living in communities with the highest and lowest life expectancies (one region of Camden had a life expectancy of 95.4 years, compared to a community in Leeds with a life expectancy of 74.7 years). For men, the gap was 27 years (life expectancy in one area within Kensington and Chelsea was 95.3 years, compared to 68.3 years in a part of Blackpool).

Communities with the lowest life expectancy were typically located in urban areas in the North, including Leeds, Newcastle, Manchester, Liverpool and Blackpool. Communities with the highest life expectancies were often based in London and the surrounding home counties.

Lead author, Theo Rashid from the School of Public Health at Imperial College London, said: "These results mirror an earlier trend in the U.S.—which also saw life expectancy declines prior to the pandemic. In both England and the U.S., life expectancy declines are associated with unemployment and insecure employment following deindustrialisation, compounded by reductions in social and welfare support, and reduced funding for local governments. These factors had larger effects in the North of England than in London and Southern parts of the country."

"These changes impact life expectancy because they are associated with poorer nutrition and housing, riskier behaviors, and more restricted [health care](#) services, all of which lead to worse health and premature deaths."

The researchers conclude that urgent action must be taken to stop the

deterioration and improve health in disadvantaged communities. They call on the Government to increase investments in public health and healthcare in communities with lower life expectancy, and to introduce pro-equity economic and social policies.

Professor Ezzati said: "The post-COVID 'Build Back Better' agenda can create an opportunity for better health, but it currently does not focus on equity and the resources allocated to 'levelling up' agenda are too little to address these concerning trends. To level up health, the government must make significant investments in people, communities and health services to first reverse this deterioration of health in so many communities."

The researchers note that they did not study the diseases that underlie death, so cannot determine the diseases driving the differences in life expectancy across England. They also flag that although they divided communities into smaller groups with similar socioeconomic status, there are still likely to be some variations within them. To understand life expectancy differences related to specific socioeconomic characteristics would require linkages of health with census, education, and income data.

Provided by Imperial College London

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