

Cancer: People living in England's poorest areas at higher risk of death—new study

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Nationally, the risk of dying from most cancers is falling thanks to improvements in [screening, diagnostics and treatment](#). But [new research](#) shows stark health inequalities still exist in England when it comes to

cancer care. The study found that people who live in the poorest parts of England have more than a 70% higher risk of dying from cancer compared with those who live in more affluent areas.

To conduct their study, the researchers analyzed data from the Office for National Statistics on the ten cancers that caused the most deaths between 2002-2019 across 314 districts of England. The postcode at the time of a person's death was used to assign each [cancer](#) death with a district.

Each district's socioeconomic status was measured using data from the [English Indices of Deprivation](#). This estimates the proportion of the population experiencing deprivation due to low income.

The team only included cancer deaths that occurred before the age of 80. This was to ensure the data was accurate, as multi-morbidity (the presence of two or more long-term [health](#) conditions) becomes more common after 80, and this makes it difficult to know whether a person has died from cancer or a different cause.

This study was the first to explore trends in cancer deaths at a district level.

The findings show that people from cities in the north of England—including Hull, Liverpool, Manchester and Newcastle—as well as those living in [coastal areas](#) to the east of London, had the highest probabilities of dying from cancer. Those living in London had the lowest risk of dying from cancer. Even people living in poorer parts of London still had a lower risk of dying from cancer compared to those living in equally deprived areas of the country.

A woman's risk of dying from cancer was one in ten in Westminster compared to one in six if she lived in Manchester. For men, the risk of

dying from cancer was one in eight if he lived in Harrow, but was one in five in Manchester.

While the overall risk of dying from cancer decreased in all districts of England from 2002-2019, these reductions weren't equal. For men, overall risk of dying from cancer decreased by 37% if he lived in London—while in Blackpool, a man's overall risk only decreased by 13%. For women, their overall risk of dying from cancer decreased by 30% if they lived in London—while in Essex, a woman's overall risk only decreased by 7%.

The types of cancer people were most at risk of dying from also varied by region. Those living in the most impoverished districts had a greater risk of dying from lung, colorectal, oesophageal and bladder cancer. These types of cancer are associated with modifiable lifestyle risk factors (such as smoking, excess drinking, poor diet and obesity). These deaths could have potentially been prevented with better access to screening and treatment.

There was less geographic variation in a person's risk of dying from lymphoma, multiple myeloma and leukemia. These types of cancer tend not to be associated with modifiable risk factors.

One shortcoming of the study that the researchers acknowledge is that they didn't have reliable data on ethnicity. This will be important for future studies to consider, as certain ethnic groups are shown to have [poorer cancer outcomes](#).

A further limitation is that the data only indicates the place a person was living at the time of their death. This might not always be representative of where the person grew up and lived, which could have affected their likelihood of developing certain types of cancer.

The importance of place

The findings from this study reinforce the vital importance of place on health outcomes.

Research has consistently shown that people living in the most deprived parts of England experience [worse health outcomes](#). Some of the most deprived parts of the country are [under-resourced coastal and rural areas](#).

There are numerous reasons why people living in deprived areas experience greater health inequality.

First, people in deprived areas face [greater challenges](#) accessing good quality health care—including [cancer care](#)—compared to those living in cities. [Some of the barriers](#) that prevent people in these areas from receiving preventative care and cancer treatment can include lack of transportation to appointments and poor medical care infrastructure.

Health literacy also tends to be lower in people from [more deprived areas](#). This is probably due to a range of factors, including existing poor health and lower socioeconomic status. This is important, as being unable to obtain, read, understand and use health information puts a person at greater risk of [poor health outcomes](#). Improving health literacy in [local communities](#) could help to improve cancer outcomes.

Poverty is another clear, fundamental [determinant of health](#). [Deprived areas](#) tend to have high rates of smoking, excess alcohol consumption, poor diet and lower rates of physical activity. All of these factors can increase a person's risk of poor [health outcomes](#).

Public health programs and interventions that target modifiable cancer risk factors, as well as increasing access to and use of [screening and diagnostic tools](#), may help to reduce cancer incidence and improve

survival in deprived areas.

[Mobile screening services](#) offered within the community—outside of formal health care settings—could be one such way to increase access to, and engagement with, cancer screening. It will also be important to ensure people receiving cancer treatment and follow-up care are able to access it, regardless of where they live.

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