

Life expectancy in two disadvantaged areas in England higher than expected

May 1 2024



Credit: Avonne Stalling from Pexels

Better than expected life expectancy in two disadvantaged areas in England is probably due to population change according to local residents and professionals.

In the U.K., people from the most disadvantaged areas can expect to die nine years earlier compared with people from the least disadvantaged areas while people in the north of England have lower [life expectancy](#), higher infant mortality and worse health and well-being compared with national averages.

[The study](#), published in *Health & Place*, was a collaboration between Lancaster University, the London School of Hygiene and Tropical Medicine, the University of Liverpool and Northumbria University.

Researchers examined trends in life expectancy (LE) following the introduction of austerity policies in 2010, when gains in LE generally stalled.

They selected two case studies—a rural local authority area in the Northwest and an urban local authority area in the South-East of England. Both are in the bottom third of the most disadvantaged areas, with life expectancy below the average of 79.6 for men and 83.2 for women in England.

Changes in LE at birth and at 65 years, between 2010–12 and 2015–17, were identified based on data supplied by Public Health England and the Office for National Statistics.

Both the NW and SE Areas showed greater gains than expected given levels of social and economic disadvantage. Male LE increased by between one and two years at birth and 0.6 to 1.4 at 65 while female LE rose by between 0.6–1.6 at birth and 0.4 to one year at age 65.

Participants interviewed for the study from both areas described population changes as factors. Local action, such as working in partnership and targeting services in areas of need may have contributed to mitigating the worst effects of austerity.

In the NW Area, some thought young families moving into the area were taking advantage of lower house prices and rental costs compared with more expensive areas near the urban center.

One local authority officer said, "I'd heard about the in-migration of people, from probably from [large city]. And the rental costs for housing in [the town] have gone up according to Rightmove. I think it was in the very recent past, so I do wonder when we look at this question as to whether there might have been an influx of middle-class folks who are escaping the city."

There were new housing developments and also a suggestion that town center improvements may have contributed to the area becoming a more attractive place to live for people moving out of the city. While house prices and rental costs were lower compared with surrounding areas, they were rising significantly, which may have implications for the existing population.

One resident from the NW Area said, "It makes it more difficult for people locally, doesn't it? Because you know, if they're already struggling too. If they don't have a car, ... if they don't have access to things, that makes it so much more difficult."

Whereas in the SE area, there was a perception that young professionals with highly paid jobs were re-locating, against the backdrop of an existing transient and diverse population.

As one health professional said, "The industry has changed; it used to be a car town where [large car manufacturer] was based and there were lots of middle-aged men working in factories. There's now much less of that and there's a sort of tech industry so they've brought in a younger population. In terms of linking to health issues I think it's much more the population migration sort of background that has an impact."

Lead author Dr. Rebecca Mead is a Research Fellow from the NIHR School for Public Health Research (SPHR) Health Inequalities Program from Lancaster University.

She said, "Population changes and austerity, were perceived as more important to stakeholders than what was happening within an area, including local strategies and action. These perceived population changes may have been influenced by policy decisions affecting wider determinants of health; town center renewal programs attracting young families in NW, and improved rail links with the major city attracting young professionals in SW. Inward migration positively affecting health outcomes and LE does not suggest these areas are health resilient.

"Stakeholders within areas of disadvantage might use this knowledge to consider the unintended consequences on existing populations of policies designed to attract more affluent people to their neighborhoods. For example, increasing house prices and rental costs pushing existing populations out of neighborhoods.

Professor of Public Health Matt Egan from the London School of Hygiene and Tropical Medicine said, "Our local authorities have the difficult job of trying to improve population health—but they don't all operate in a level playing field. Some have relatively bigger issues to address and less resources to do it with. Our findings suggest that while those trying to improve the health of those in need try lots of different approaches, they assume their success is likely to be determined by external factors such as local population change and austerity."

More information: Rebecca Mead et al, Does better than expected life expectancy in areas of disadvantage indicate health resilience? Stakeholder perspectives and possible explanations, *Health & Place*

(2024). [DOI: 10.1016/j.healthplace.2024.103242](https://doi.org/10.1016/j.healthplace.2024.103242)

Provided by Lancaster University

Citation: Life expectancy in two disadvantaged areas in England higher than expected (2024, May 1) retrieved 16 May 2024 from

<https://medicalxpress.com/news/2024-05-life-disadvantaged-areas-england-higher.html>

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