

1. Introduction

Many ways to measure health, well-being, inequality and equity within society have been postulated throughout the vast array of literature and academic debate on inequalities. Most have good foundations for explaining some aspects of inequality; none can provide a full and complete picture. Nevertheless, novel analyses alongside traditional displays of information add new insight into the picture of the population's health and help inform policy. New presentations of health-related information (either new data or new analyses) often arise from the ongoing academic debate. For example, Wilkinson argues that absolute affluence and material circumstances do not fully determine quality of life but that high social capital and equality are crucial to well-being ¹. Nevertheless, the most recent reports globally ^{2,3} across Europe ⁴ and across England ⁵ show that inequalities are not being reduced and the urgency of this public health problem is paramount. On a worldwide scene, the United Kingdom scores highly on progress towards the United Nations Millennium Development Goals ¹ to eradicate extreme poverty but inequalities between and within countries are increasing not decreasing ². The World Bank also presented evidence of massive and widening global inequities and highlighted that within-country inequities have many dimensions ³. In many European countries, inequalities in mortality have increased in recent years and no EU country has yet been able to demonstrate a reduction in the health gradient between social classes ^{2,4,6}. Within our own nation, despite Government commitment to reduce inequalities, we are also failing to reach our inequalities targets; the latest figures show that, based on the two key indicators in England, life expectancy and infant mortality, the health gap is still widening ⁵.

In the UK, the North West fares poorly in the equality arena. Whilst the health of people within the region continues to improve overall, the health gap between the rest of the country persists. Statistics showing how long North West residents may expect to live in 2002-2004 ⁷ illustrate that, for example:

- A baby boy from Manchester has the lowest life expectancy in England, at 72.3 years, compared with 80.8 years in East Dorset – a difference of 8.5 years.
- A baby girl from Blackburn with Darwen can expect to live until 77.9, in comparison to 85.8 years for a girl born in Kensington and Chelsea – a difference of 7.9 years.

This present report, *Where Wealth means Health: Illustrating Inequality in the North West*, produced jointly by the North West Public Health Observatory and Government Office North West, complements the national status report on inequalities ⁵. Through the use of thematic maps, analytical charts and summary descriptions, *Where Wealth means Health* demonstrates variations for a wide range of key health and socio-economic indicators. Geographical patterns of inequality are shown for components of deprivation, benefit claimants, overall health indicators, a series of conditions and external effects (such as accidents), and for some behavioural, fertility and treatment

measures. Variations in these health statistics are also compared across classifications of deprivation, geodemographic lifestyles, ethnicity, and rural-urban typology. Analyses bring up to date the previous 1998 NHS Executive North West report on *Inequalities in Health in the North West* ⁸. *Where Wealth means Health: Illustrating Inequality in the North West* is intended to inform discussion within the NHS, Local Authorities and wider strategic partnerships regarding the development of locally specific health interventions, as well as informing progress against national targets.

The aim of this report is to provide Local Authorities, Directors of Public Health, regional bodies and partner agencies with small area data that will form part of a detailed health profile for local communities. Thus, this report and associated online tools (www.nwpho.org.uk/information) contain a large number of health measures (on health outcomes, health determinants and health service delivery) so that health professionals and individual agencies can access data of relevant interest. The report contains analyses that detail particular patterns and trends that are occurring across the North West region as a whole and the online tools provide access to all the data at Local Authority and small geographic areas to enable local profiles, local interpretation and local action.

¹ The Millennium Development Goals are: 1) Eradicate extreme poverty and hunger; 2) Achieve universal primary education; 3) Promote gender equality and empower women; 4) Reduce child mortality; 5) Improve maternal health; 6) Combat HIV/ AIDS, malaria and other diseases; 7) Ensure environmental sustainability; and 8) Develop a global partnership for development.