LIFE EXPECTANCY

What's the issue?

Life expectancy at birth is a commonly used method of assessing health, improvements in health over time, and differences in health between different groups (such as those defined on the basis of time, gender, geography and deprivation). A common misconception is that life expectancy at birth measures the expected duration of life for a newborn; it does not. It is a measure of life expectancy assuming that the current age-specific mortality rates continue throughout an entire lifetime. This is an unrealistic assumption and therefore life expectancy figures are an indication of current health status of a population rather than an expectation of the duration of life. However, it does not measure the quality of life. As a result, healthy life expectancy is the overarching indicator within the Public Health Outcomes Framework which is a statistically modelled measure of life expectancy based on living in ‘good health’.

Disability adjusted life years (DALYs) measures the years of life adjusting for disability. Medical conditions with high DALYs are conditions which impact on quality of life substantially for a long period of time (see the JSNA glossary, www.hullpublichealth.org/jsna2017.html#c82).

What's our situation?

For 2013-15, life expectancy at birth for Hull men is 76.5 years and for Hull women it is 80.2 years having remained quite static for men over the last three years and decreased by 0.4 years for women over the last two years [26, 77, 78]. The absolute gap between Hull and England is –2.9 years for both men and women. There are considerable differences across the wards [79, 80]. Life expectancy estimates differ by over a decade across the wards for both men (13.4 years) and women (9.9 years) [77]. For 2012-14, it also differs across the deprivation deciles with life expectancy in Hull being 11.6 years higher in men and 9.1 years higher in women in the least deprived tenth of areas of Hull compared to the most deprived tenth of areas of Hull [26, 77, 79]. The differences between the most and least deprived tenths nationally is 9.2 years for men and 7.0 years for women [26]. In 1999-01, life expectancy at birth was 73.4 years for men and 79.3 years for women, so has increased 3.1 years for men and 0.9 years for women over the last 15 years [79, 80].

Life expectancy at age 65 years is two years or more higher in England compared to Hull for both males (18.7 versus 16.7 years) and females (21.1 versus 19.0 years) [26, 77-80]. The national inequalities gap widened over the last decade as has the local inequalities gap (difference between most and least deprived fifths). Men and women who live in the least deprived fifths of areas of Hull who are aged 65 years can expect to live around 4.4 years and 4.8 years longer than those living in the most deprived fifths of areas of Hull. The difference in life expectancy at age 65 years varies between 13.7 years and 20.4 years for men (a difference of 6.7 years) and between 16.1 years and 23.8 years for women (a difference of 7.7 years) [77, 79, 80].

For 2013-15, healthy life expectancy at birth was 56.3 years for men and 55.4 years for women in Hull compared to 63.4 and 64.1 years respectively for England having decreased by 1.6 years for men and by 1.4 years for women since 2009-11. Hull was ranked 148th lowest for both men and women out of 150 local authorities for healthy life expectancy [26, 79]. There was a strong association between life expectancy and deprivation. From this in Hull, it can be estimated that men spend approximately 26% of their lives in poor health, and women spend approximately 31% of their lives in poor health, compared to an average of 20% for men and 23% for women in England [79].

Nationally, lower back and neck pain, coronary heart disease, stroke, chronic obstructive pulmonary disease, lung cancer, Alzheimer’s disease, sense organ diseases, depressive disorders, falls and skin diseases are the top 10 causes of disability (highest DALYs) [81].

For more detailed information, see the JSNA Toolkit: Life Expectancy report.
What are the strategic needs?

Whilst increasing life expectancy is important, this needs to be achieved in conjunction with improvements in the quality of life. This is particularly so with the ageing population and the increased demand on scarce resources.

References