

## Health across the Bradford District

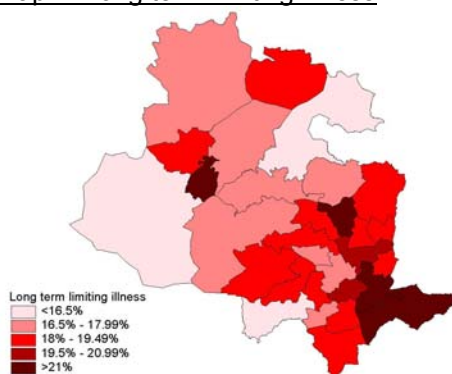
*The distribution of ill health is not evenly spread across the Bradford District. At ward level the extent of ill health is closely linked to the level of deprivation in the area.*

The 2001 Census asked people whether they had a long standing limiting illness and to say whether their health over the previous 12 months had been good, fairly good or not good. This bulletin considers the

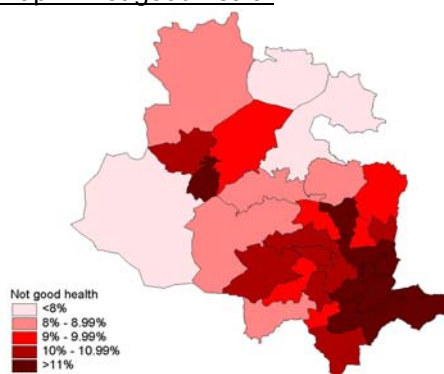
Across the district 18.5% of all people said they had a long standing limiting illness. At ward level this varied with Tong having the highest proportion of people with a long standing limiting illness (22.2%) and Rombalds having the lowest (15.0%). Overall 10.2% of people living in the district stated that their health had not been good over the previous 12 months. Again, Tong had the highest rate of not good health (12.7%) and Rombalds had the lowest (6.7%).

Map 1 shows the distribution of people who indicated that they had a long standing limiting illness. This shows that the wards with the highest proportion of people reporting a long standing limiting illness are to the south west of Bradford city centre Keighley South and Shipley West. A similar pattern is shown in map 2 that shows the percentage of people who stated that their health had not been good over the previous 12 months.

Map 1: Long term limiting illness



Map 2: Not good health



Although having a long standing limiting illness and rating your health as not good over the previous 12 months are both indicators of health and well being they measure different aspects of ill health. Throughout the district 53.9% of the people who indicated that they had a long standing limiting illness stated that their health had been good or fairly good over the previous 12 months. Similarly 17.2% of the people who indicated that their health had not been good did not have a long standing limiting illness.

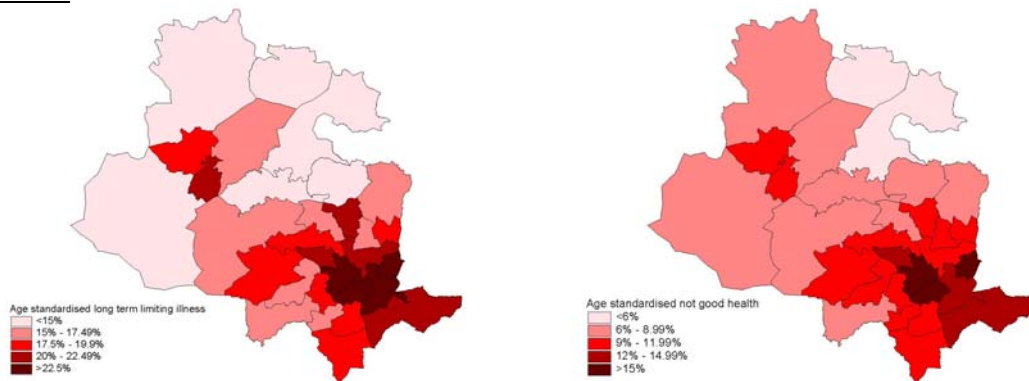
It is a well known fact that people are more likely to experience poor health as they get older. 95.7% of people aged over 75 years report having a long term limiting illness compared to 6.0% of people aged 20 to 24 years. Not good health is reported

by 39.3% of people over 75 years old whilst only 2.8% of 20 to 24 year olds state that their health has not been good over the previous 12 months. As a result the age structure of the population of an areas will have an impact on the proportion of people who have poor health. It is possible to adjust or standardise the proportion of people who reported ill health to take account of the different proportions of people in each age group. This gives the percentage of people who would be experiencing ill health in that ward if its age structure matched that of the whole district.

The highest rate of age standardised long standing limiting illness is in University ward (26.3%) and the lowest in Ilkley (11.5%). The age standardised rate of people reporting 'not good' health is highest in University (16.8%). As with age standardised long term limiting illness the lowest rate of age standardised 'not good' health was in Ilkley ward (5.0%).

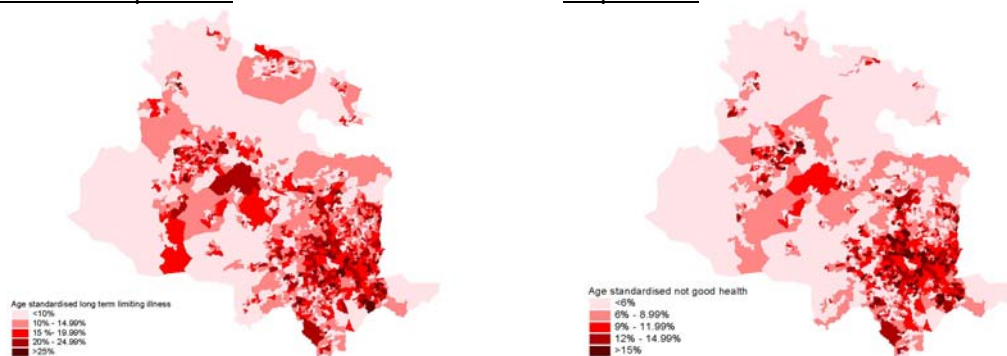
Maps 3 and 4 show the distribution of age standardised long term limiting illness and age standardised 'not good' health. The wards that have the highest rates of age standardised long term limiting illness are in the inner city of Bradford whilst those with the lowest rates are on the rural edges of the district. The distribution of people reporting 'not good' health over the previous 12 months is similar. However, the concentration in the inner city of Bradford is less clear.

Map 3: Age standardised long term limiting illness      Map 4: Age standardised 'not good' health



The use of ward level data can sometimes be misleading as ward averages can hide local concentrations of ill health. Maps 5 and 6 show the distribution of age standardised long term limiting illness and age standardised 'not good' health at output area level. These show that there are pockets of ill health across the whole district.

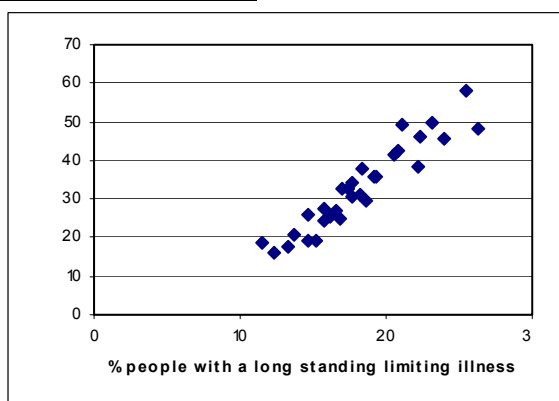
Map 5: Age standardised long term limiting illness at output area      Map 6: Age standardised 'not good' health at output area



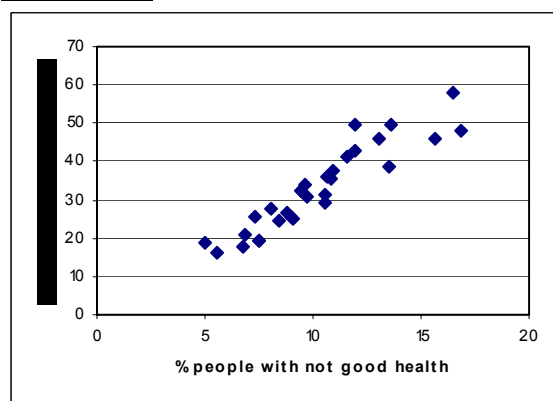
## Health and deprivation

The maps shown above clearly show that the extent of ill health is not evenly distributed across the district. It has long been accepted that people living in poverty and experiencing deprivation are more likely to suffer from poor health. The 2001 Census does not provide a direct measure of income. However, the proportion of households who do not have access to a car is generally considered to be a reliable measure of how affluent an area is. Graphs 1 and 2 show that the higher the proportion of households who do not have access to a car the greater the age standardised measure of long standing limiting illness and not good health over the previous 12 months. At ward level 89% of the variation in the aged standardised rate of people reporting a long standing limiting illness and 86% of people reporting 'not good' health over the previous 12 months can be explained by the proportion of households that do not have access to a car.

Graph 1: Long term limiting illness and households with a car

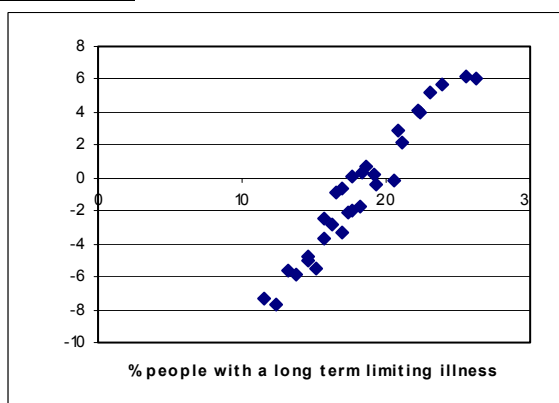


Graph 2: Not good health and households without a car

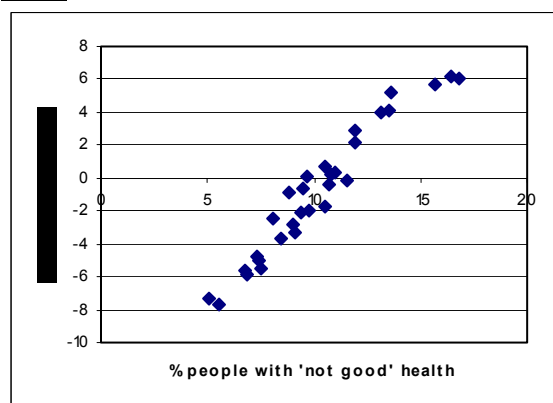


The proportion of households without access to a car explains the majority of the variation in the distribution of age standardised ill health at ward level across the district. However, it is known that deprivation and the factors that impact on health are wider than just a lack of income. The Bradford District Deprivation Index (BDDI) provides an overall measure of deprivation. It is made up a number of domains that measure the extent of deprivation in specific aspects of life. The overall BDDI score explains 94.4% of the variation in age standardised long standing limiting illness and 93.5% of the difference in 'not good' health at ward level.

Graph 3: Long term limiting illness and overall BDDI score

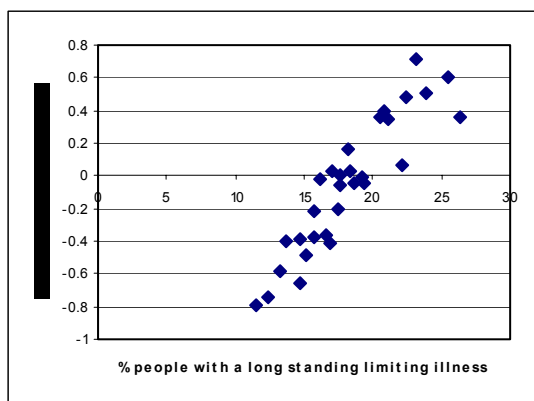


Graph 4: Not good health and overall BDDI score

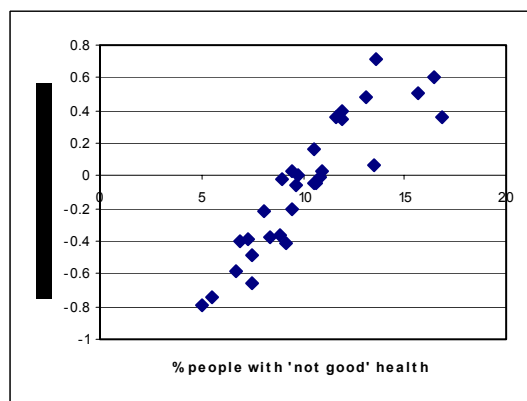


It is interesting to note that the health domain of the BDDI explains less of the variation in age standardised reported ill health – 83.2% of the difference in long term limiting illness and 80.6% of the variation in not good health – than the overall measure of deprivation. This indicates that ill health is related to all aspects of deprivation that are not just those directly linked to health. These factors have a general impact on peoples' lives that, in turn, influences their health.

Graph 5: Long term limiting illness and BDDI health domain score



Graph 6: Not good health and BDDI health domain score



## Conclusion

This bulletin has shown that the distribution of ill health across Bradford district is uneven. If the rate of people with a long standing limiting illness and 'not good' health is standardised to take account of the age of the population in each ward the ward with the highest rate of ill health are concentrated around the inner city of Bradford. There is a close link between the level of age standardised ill health and the extent of deprivation at ward level. Overall deprivation explains over 90% of the variation in ill health at ward level.



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