Health Profile for Lambeth 2022

Section 6 – Risk Factors

Contents

Risk Factors

Section 6 - Findings

Version 1.1 - 19 August 2022

Findings

Tobacco is risk factor with most link to deaths

Percentage of deaths linked to tobacco use in 2019 in 20.3%

Smoking prevalence higher in areas of higher deprivation

In 2021, using IMD19 relative to England

1 in 3 residents classed as high-risk alcohol users

High-risk drinkers are defined as those who drink over 14 units a week.

1 in 3 overweight and 1 in 4 obese in Lambeth

Classed using BMI in September 2021 where overweight is a BMI 25-30 and obese is 30+

Hospital admissions linked to smoking and alcohol use high

Significantly higher than the London average for both in 2022

Hypertension and diabetes higher prevalence in Black community

Compared to all other age groups in September 2021.

16% of households classed as in fuel poverty

In 2019, this amounts to 21,800 households estimated to be in fuel poverty

Obesity prevalence higher in areas of higher deprivation

In 2021 in Lambeth, where BMI is 30+ and using IMD19 relative to England

6.1 Introduction

Risk factors encompass components that can affect whether a person becomes ill when they become ill and the impact on their quality of life. The Global Burden of Disease (GBD) divides risk factors into 3 main groups: behavioural, metabolic, and environmental/occupational. These can then be divided further into more specific groups. Risk factors can be used to discuss causes of both mortality and morbidity – in this section we have focused upon mortality.

Behavioural risk is any specific behaviour or pattern of behaviours that will increase a person's risk for ill health, for instance smoking and alcohol misuse. Metabolic risk is conditions that happen within the body that increase risk of ill health, for instance raised blood pressure and high blood sugar. Environmental/occupational risk consists of factors in your surroundings or work that can lead to ill health.

We have covered examples of all three risk factor groups in this section and how Lambeth is affected by them.

In this section we cover the following areas:

- Leading risk factors
- Behavioural risk
    - Tobacco
    - Diet
    - Alcohol
- Metabolic risk
    - Hypertension
    - Diabetes
    - Healthy weight
- Environmental/occupational risk
    - Fuel poverty and excess winter deaths

6.2 Leading risk factors

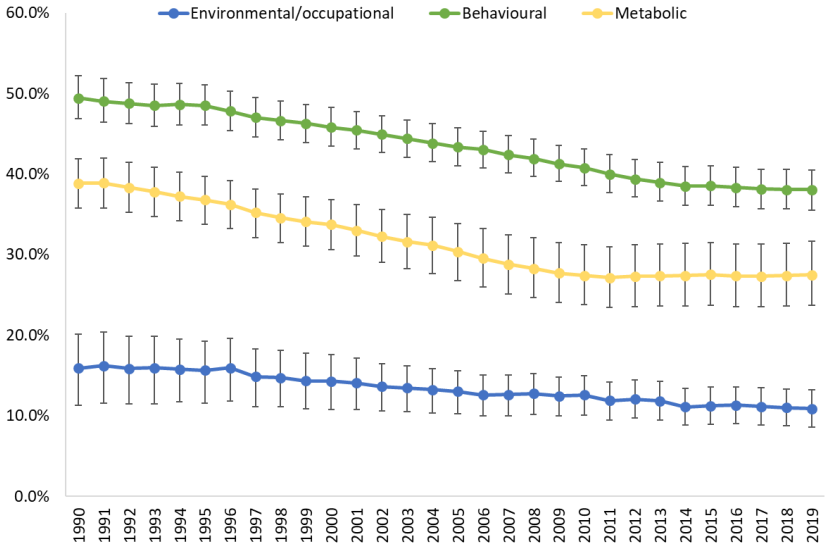
6.2.1 Main groupings

Using the Global Burden of Disease (GBD) data tables to look at how risk factors have changed over time in Lambeth, we have identified the leading risk factors in terms of mortality for the 3 groupings – behavioural, metabolic, and environmental/occupational.

Looking overall at these 3 main groups in **figure 6.1**, it's seen that there has been an overall decrease in percentage of deaths in Lambeth by these 3 risk groups. This decrease is significant between 1990 and 2019 for behavioural and metabolic risk factors. However, these two groups of risk factors have a much higher percentage of deaths than environmental/occupational throughout. In 2019 behavioural risks were responsible for 38.1% of deaths in Lambeth and metabolic responsible for 27.5% while environmental and occupational were only responsible for 10.9%.

However, the pandemic may have influenced this data. The WICH tool by PHE[1] has reported early evidence that there was increase in the proportion of 'increasing and higher risk' drinkers in April 2020 and since then, up until February 2022, this uptake has not returned to pre-pandemic levels. This rise is seen across genders and social classes. Not all evidence is bad though. There is an early indication that the prevalence of smokers in England is significantly lower than the 2019 baseline from November 2020 to October 2021 (OPN) and that almost 40% of smokers attempted to quit in the 3 months leading up to February 2022 (UCL Smoking Toolkit Study).

Figure 6.1: Timeline of 3 main risk groups percentage of deaths in Lambeth



Source: Global Burden of Disease Collaborative Network. Global Burden of Disease Study 2019 (GBD 2019) Results. Seattle, United States: Institute for Health Metrics and Evaluation (IHME), 2020

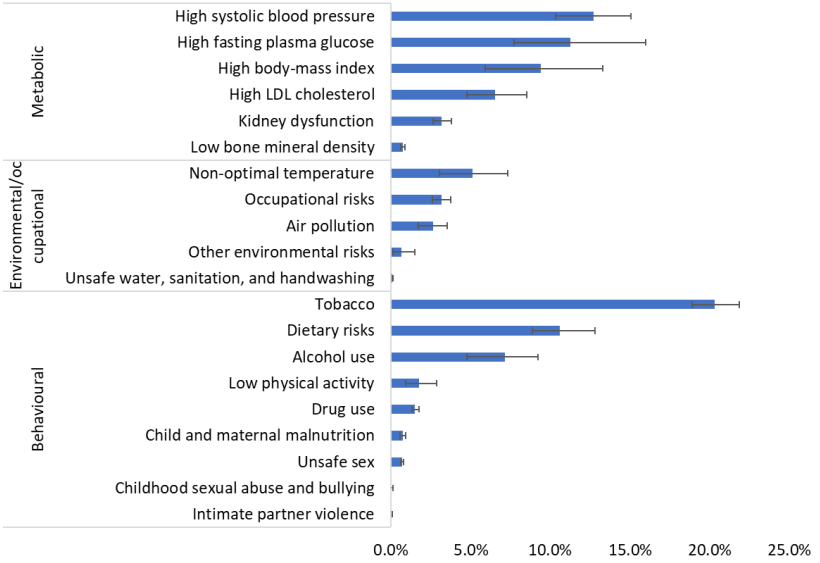
6.2.2 Detailed groupings

Looking at the categories within the 3 main groups in figure 6.2, can see that tobacco, high systolic blood pressure, high fasting plasma glucose and dietary risks are the highest 4 contributors to mortality, with all of them making up over 10% of deaths.

In particular, the percentage of deaths cause by tobacco risk is at 20.3%. This is significantly higher than any other risk. Chronic respiratory diseases take up the largest proportion of deaths linked to tobacco risk at over half in 2019.

Risk factors are often connected with individuals often having more than one risk factor. This means that a significant number of deaths will be linked to more than one risk factor, and therefore percentages cannot be added together to form an overall percentage.

Figure 6.2: Bar chart of percentage deaths caused by risk factors in Lambeth 2019



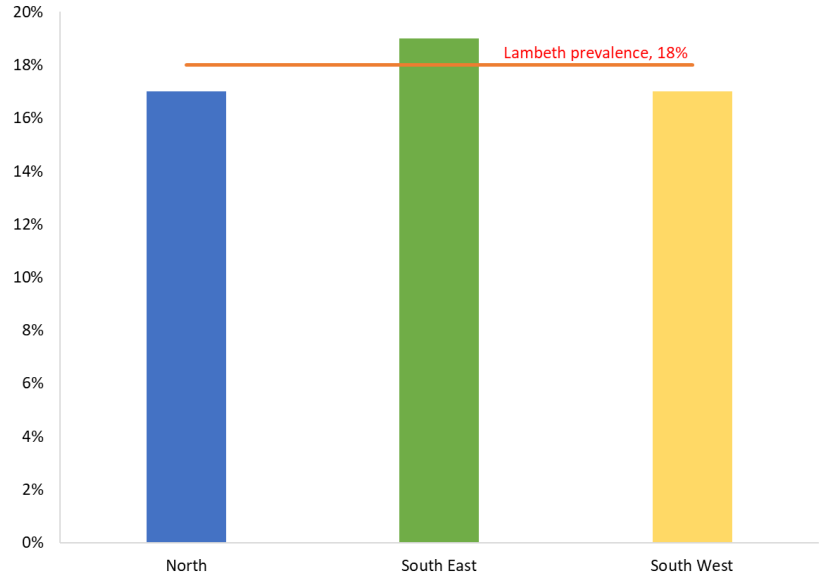
Source: Global Burden of Disease Collaborative Network. Global Burden of Disease Study 2019 (GBD 2019) Results. Seattle, United States: Institute for Health Metrics and Evaluation (IHME), 2020

6.3 Tobacco

Smoking rates have steadily declined in England, with the Health Survey for England finding that prevalence of smokers has decreased from 27% in 1993 to 16% in 2019[2]. The rate of current smokers within Lambeth varies slightly according to the source, but according to Lambeth DataNet (LDN) data, the average proportion in 2021 was 17.8%.

This varies by locality, as **figure 6.3** shows, with the South East having the highest rate at 18.9% and the South West have the lowest (16.6%). These differences are likely illustrative of the differences in levels of deprivation between the localities.

Figure 6.3: Prevalence of smokers in Lambeth by locality

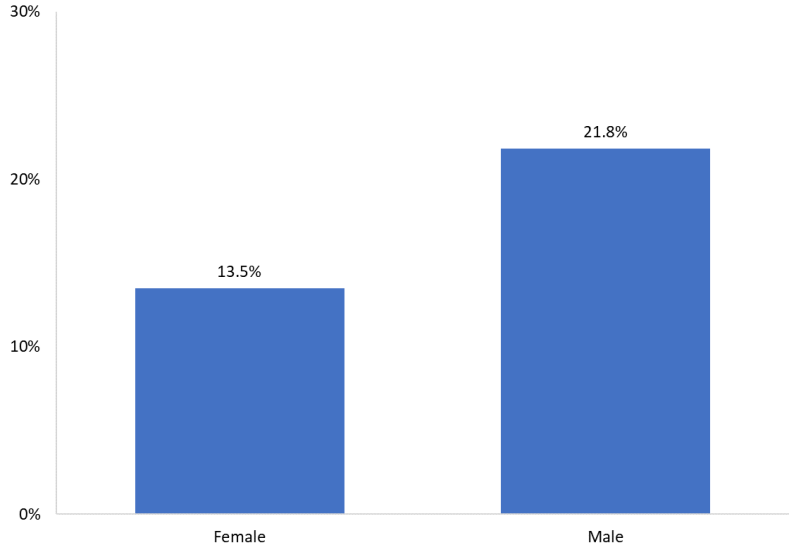


Source: Lambeth DataNet September 2021

6.3.1 Gender

Males and females have seen similar decrease in smoking prevalence over time, but men tend to be more likely to smoke so have had a consistently higher proportion. In Lambeth, men make up 55.7% of the proportion of smokers – seen in figure 6.4.

Figure 6.4: Prevalence of smoking status by gender

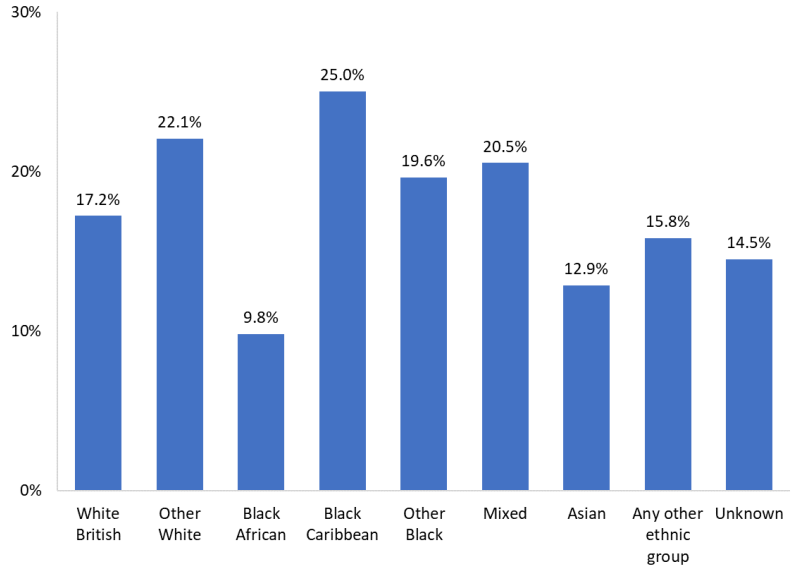


Source: Lambeth DataNet September 2021

6.3.2 Ethnicity

Smoking prevalence is highest in the Black Caribbean ethnic group, where approximately 1 in 4 people smoke (figure 6.5). This is closely followed by Other White at 22.1% and Mixed at 20.5%. The Black African population has the smallest proportion estimated at 9.8%.

Figure 6.5: Prevalence of smoking status by ethnicity

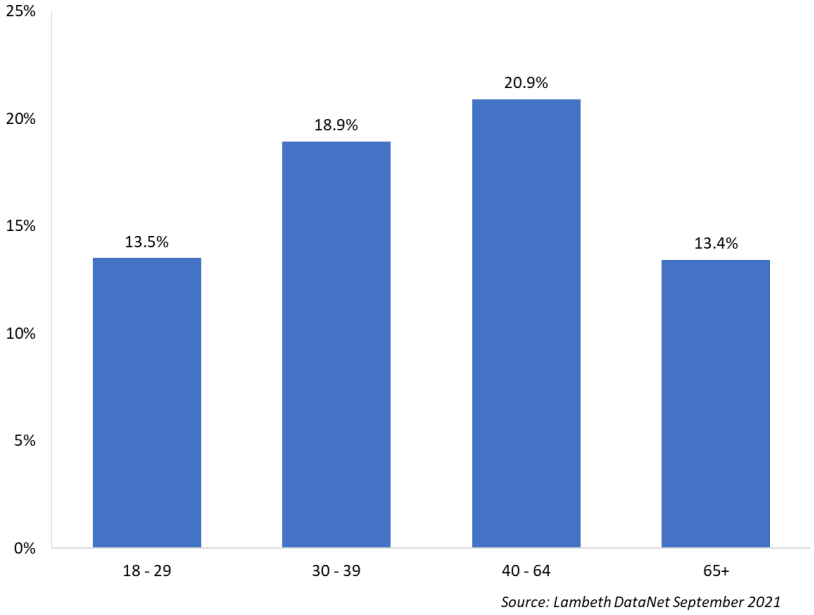


Source: Lambeth DataNet September 2021

6.3.3 Age group

Within the LDN dataset, it's seen in figure 6.6 that 40-64 year olds are most likely to smoke with approximately 1 in 5 current smokers. The 18-29 and 65+ age group have the smallest proportions at 13.5% and 13.4% estimated respectively.

Figure 6.6: Prevalence of smoking status by age group

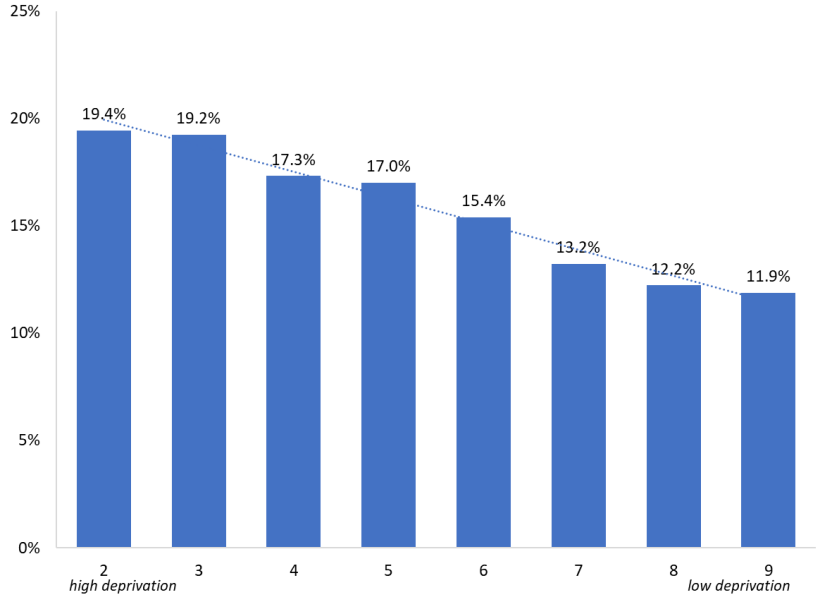


Source: Lambeth DataNet September 2021

6.3.4 IMD

The proportion of Lambeth residents who smoke and work in routine or manual occupations is higher than in London or England. LDN data shows in figure 6.7 that smoking prevalence is highest in those areas with the highest deprivation; those who earn less and who live in areas with higher deprivation appear to be more likely to smoke and are therefore most affected by the very negative effects of smoking.

Figure 6.7: Prevalence of smoking status by IMD decile 2019

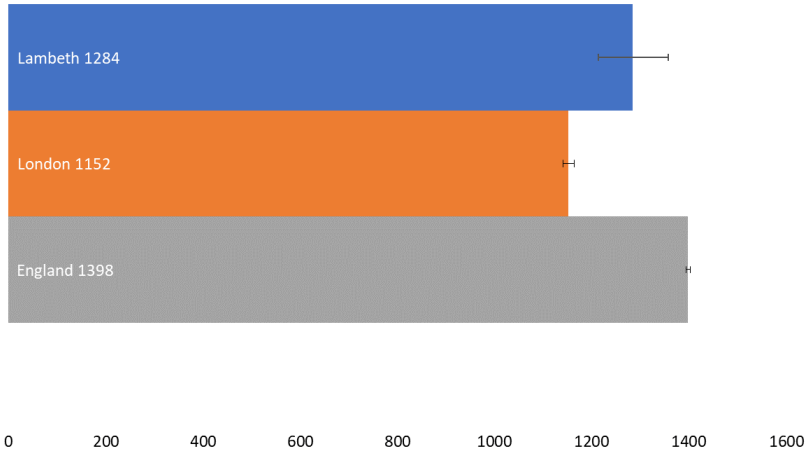


Source: Lambeth DataNet September 2021

6.3.5 Hospital admissions

Figure 6.8 shows that the impact of smoking on hospital admissions in Lambeth is higher than for London but lower than England. In turn those people who are going to hospital in Lambeth because of smoking are more likely to be from areas of higher deprivation or earning less (based on our registered dataset).

Figure 6.8: Smoking attributable hospital admissions in persons aged 35 or over (new method) – direct standardised rate per 100,000



Source: Office for Health Improvement & Disparities. Public Health Profiles. https://fingertips.phe.org.uk © Crown copyright 2022

6.4 Diet

In England, two thirds of adults are overweight or obese[3]. Poor diet and obesity are leading causes of premature death and mortality. In Lambeth, deaths linked to dietary risks are most commonly caused by cardiovascular disease and diabetes and kidney diseases. These diseases also can have a significant impact on an individual's physical and mental health and wellbeing.

The proportion of adults in Lambeth who take the recommended '5-a-day' on a 'usual day' was recorded to be 58.6% in 2019/20[4]. This was slightly higher than the London and England averages (55.8% and 55.4% respectively) but not significantly so. Lambeth has also seen a slight improvement in the proportion since 2015/16 when the value was 52.8%.

The pandemic has impacted on grocery purchasing and food use behaviours. Since the first lockdown and up to the latest data (week ending 14 February 2021) shoppers made fewer trips but bought more items per trip than in the same period in the previous year. Changes in food use behaviours were most visible among the younger age groups, households with children and those who were self-isolating. About half of 16- to 34-year-olds changed their food use patterns between April and June 2020 while the habits of most of the older age groups remained consistent. There was a shift towards cooking more from scratch, eating together with the family and eating healthy meals, but also a marked increase in snacking, especially in April and May 2020[1].

6.5 Alcohol

Regularly drinking more than the recommended daily limits risks damaging your health. Alcohol is the second biggest preventable killer after smoking and can lead to heart disease, stroke, liver diseases and certain types of cancer. The risk of harm is directly related to levels and patterns of consumption. In January 2016 the CMO issued revised guidance on alcohol consumption advising that in order to keep to a low level of risk of alcohol-related harm adults should drink no more than 14 units of alcohol a week.

The prevalence of 'increasing or higher risk' drinking (more than 14 units of alcohol a week) is estimated to have reduced slightly over the past decade overall in England, from 25.7% of people aged 16 or over in 2011 to 22.7% in 2019[2].

The Local Alcohol Profiles[5] use Health Survey for England data to estimate (2015-18):

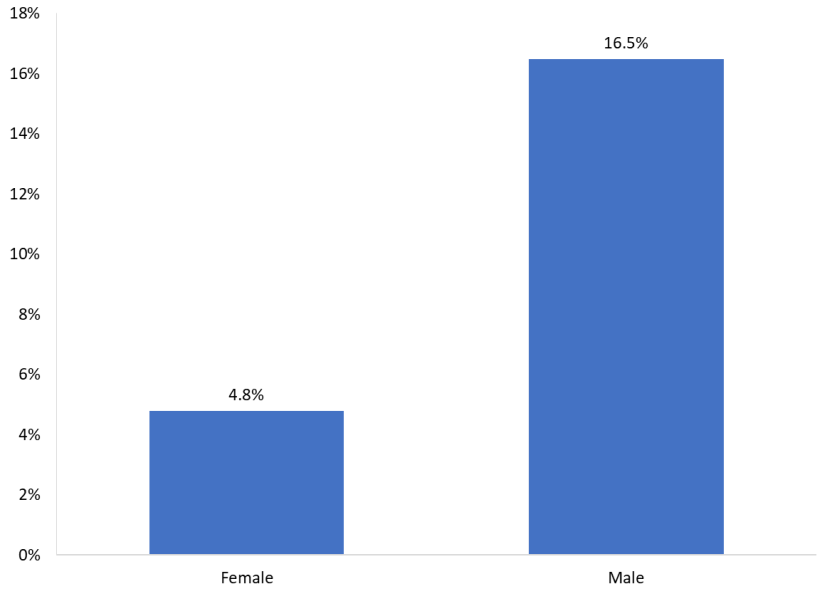
- 32% of Lambeth resident adults regularly drink over 14 units of alcohol a week. This proportion is greater than for both London and England (20% and 23% respectively)
- 25% of Lambeth resident adults binge drink on heaviest drinking day in the last week (women more than 6 units, men more than 8 units). Again, this proportion is greater than for either London or England (15% for both)

The Lambeth Alcohol Rapid Needs Assessment (2017)[6] concluded that the high level of alcohol abuse in the borough could indicate that there should be more focus on prevention services to identify and engage with people before their alcohol consumption becomes problematic.

6.5.1 Gender

Overall, the proportion of adults who drink over 14 units a week of alcohol (which would class them as high risk) in England has decreased over time but historically men have a higher proportion of high-risk drinkers. Figure 6.9 shows that this pattern is still reflective in Lambeth in 2022, with men much more likely to be classed as high risk.

Figure 6.9: High risk drinking prevalence by gender

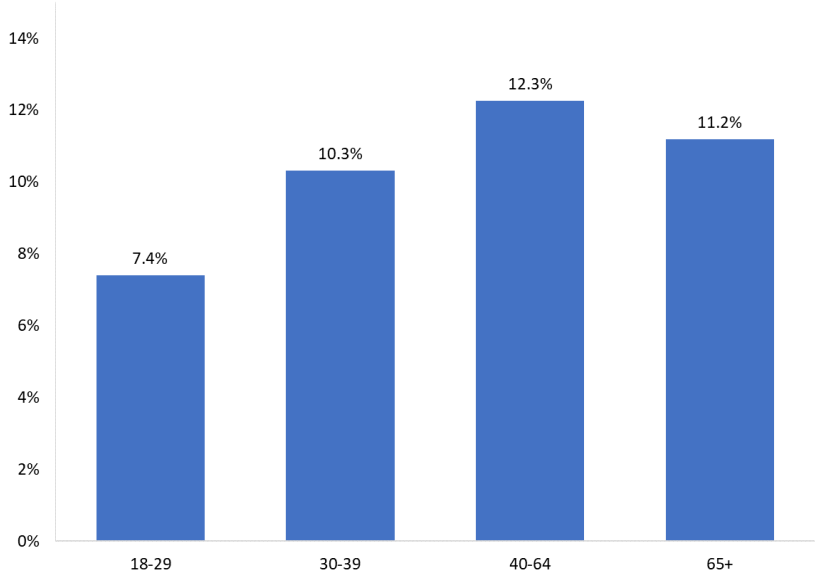


Source: Lambeth DataNet September 2021

6.5.2 Age group

Figure 6.10 shows the recorded prevalence of high-risk alcohol use by age in Lambeth 2022. There is not much difference but it is seen that 18-29 year olds have the lowest prevalence at 7.4% and 40-64 year olds the highest at 12.3%.

Figure 6.10: High risk drinking prevalence by age

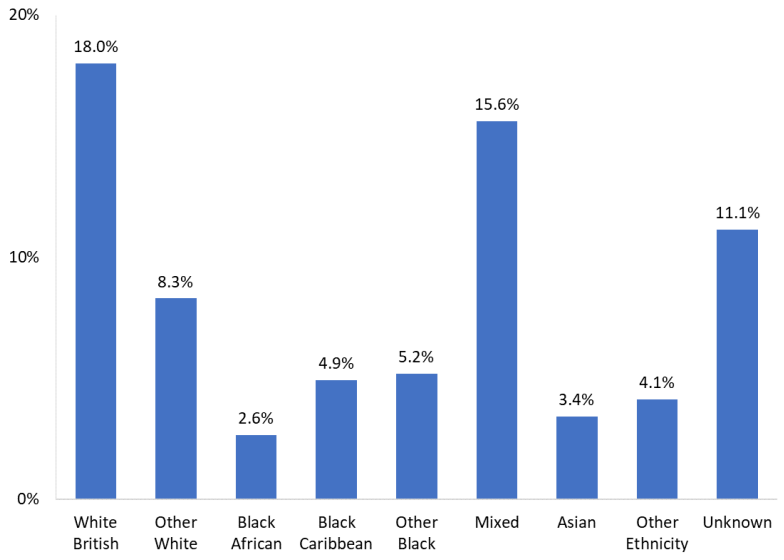


Source: Lambeth DataNet September 2021

6.5.3 Ethnicity

Recorded high-risk drinking prevalence is highest amongst the White British population at 18.0%, where just over 1 in 6 drinks over 14 units a week, figure 6.11. This is closely followed by the Mixed population who have an estimated 15.6% of high-risk alcohol use while the Black African population had the lowest proportion estimated at 2.6%.

Figure 6.11: High risk drinking prevalence by ethnicity

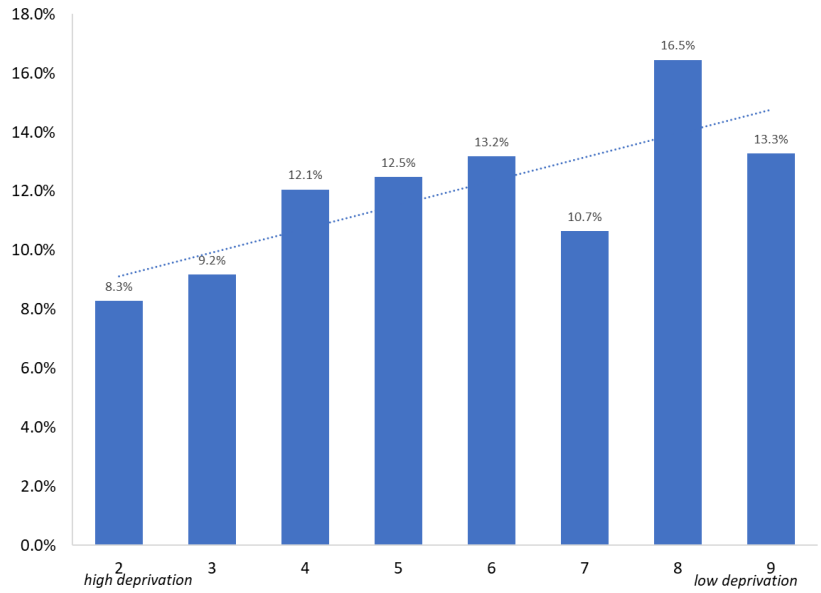


Source: Lambeth DataNet September 2021

6.5.4 IMD

Recorded high-risk drinking prevalence varies slightly by IMD but is slightly skewed to areas with lower deprivation. Those in decile 2 have the lowest prevalence at 8.3% while those in decile 8 have the highest prevalence at 16.5%, figure 6.12.

Figure 6.12: High risk drinking prevalence by IMD19

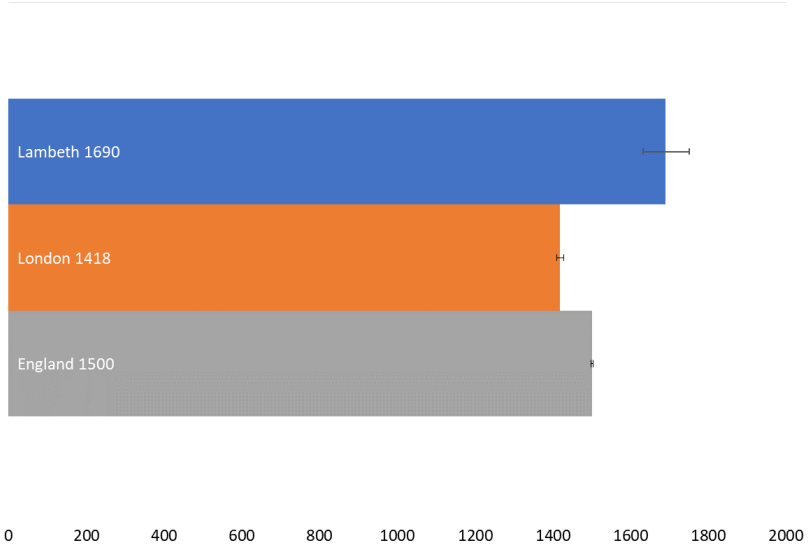


Source: Lambeth DataNet September 2021

6.5.5 Hospital admissions

Lambeth has among the highest rates of admission episodes for alcohol related conditions (broad measure) and alcohol specific conditions in London. Rates of admission for alcohol related conditions (broad) in Lambeth are the fifth highest of all London CCG's (1,690 admissions per 100,000 people), and for alcohol specific conditions they are seventh highest[7], figure 6.13.

Figure 6.13: Alcohol attributable hospital admissions in persons aged 35 or over (new method - broad) – direct standardised rate per 100,000



Source: Office for Health Improvement & Disparities. Public Health Profiles. https://fingertips.phe.org.uk © Crown copyright 2022

6.6 Hypertension

High blood pressure, or hypertension, rarely has noticeable symptoms but if left untreated can increase the risk of serious illnesses, for instance heart attacks and strokes.

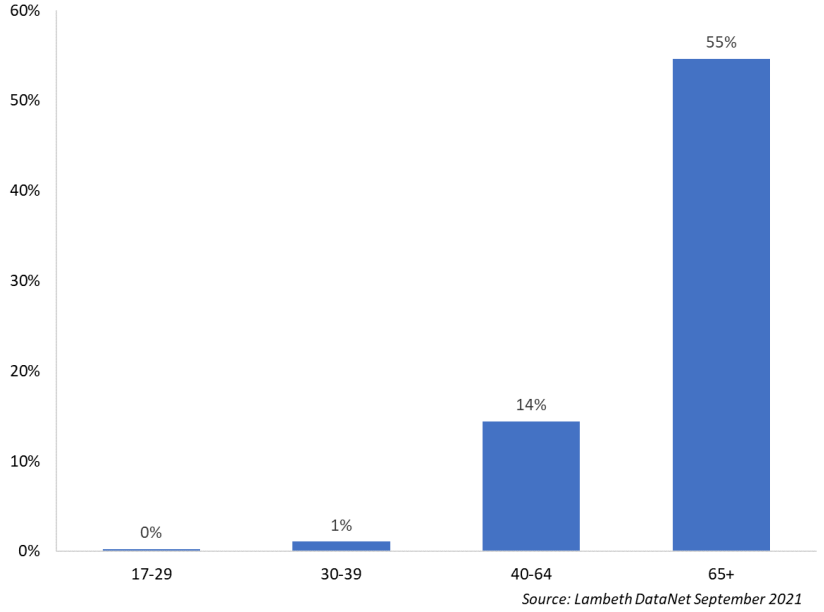
High blood pressure risk is mostly linked with deaths due to cardiovascular disease in Lambeth, but there is also a considerable proportion linked to diabetes and kidney disease.

Using Lambeth DataNet (LDN) data, in 2021 it was estimated that 10.6% of adults had hypertension diagnosed in Lambeth. This is higher than the England average of 9%. However, the actual prevalence of hypertension is estimated to be considerably higher than the diagnosed prevalence as many people within the community will have it without realising. It is estimated using the same dataset that a further 7.2% of Lambeth's adult population have undiagnosed hypertension.

6.6.1 Age group

Looking at figure 6.14, it's seen that the distribution of age within the registered adult population with hypertension is heavily skewed towards older patients. The prevalence of hypertension in the over 65s is higher than the combined prevalence of all the other age groups.

Figure 6.14: Hypertension by age group



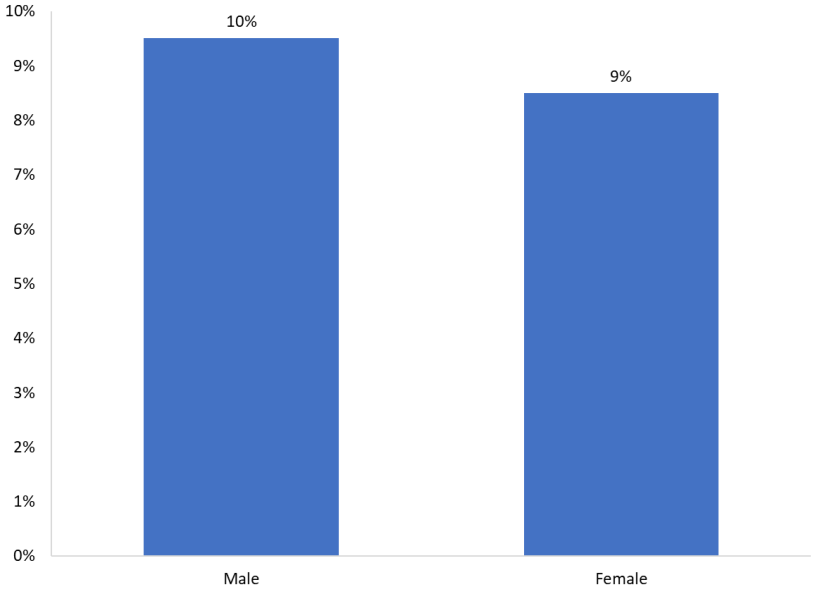
Source: Lambeth DataNet September 2021

6.6.2 Gender

The distribution of gender within the registered population with hypertension is slightly higher in males than in females, suggesting there

may be a small inequality in the distribution of hypertension within the Lambeth GP population, figure 6.15.

Figure 6.15: Hypertension by gender



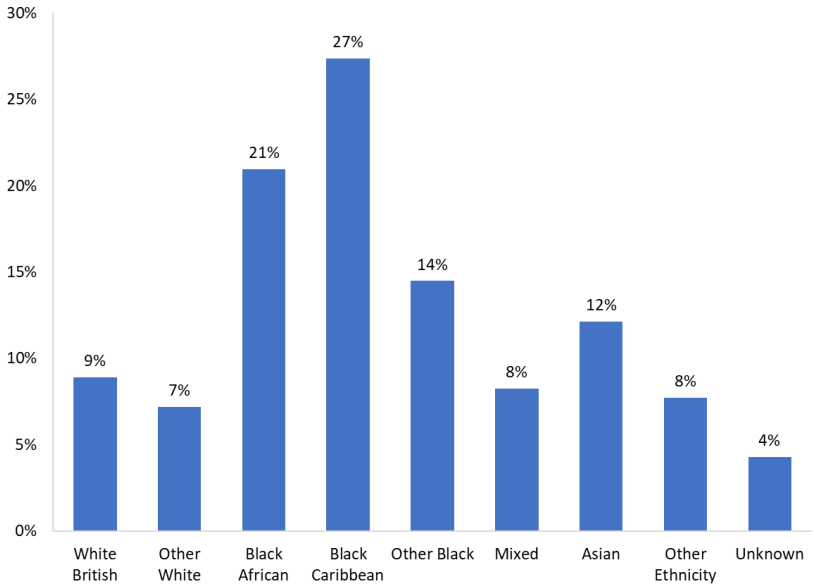
Source: Lambeth DataNet September 2021

6.6.3 Ethnicity

The distribution of ethnicity within the registered adult population with hypertension indicates the prevalence is higher in the Caribbean, African, Other Black and Asian patients than any other ethnic group.

The White British prevalence is one third of the prevalence in the Caribbean population and almost half the prevalence of the African population, figure 6.16.

Figure 6.16: Hypertension by ethnicity

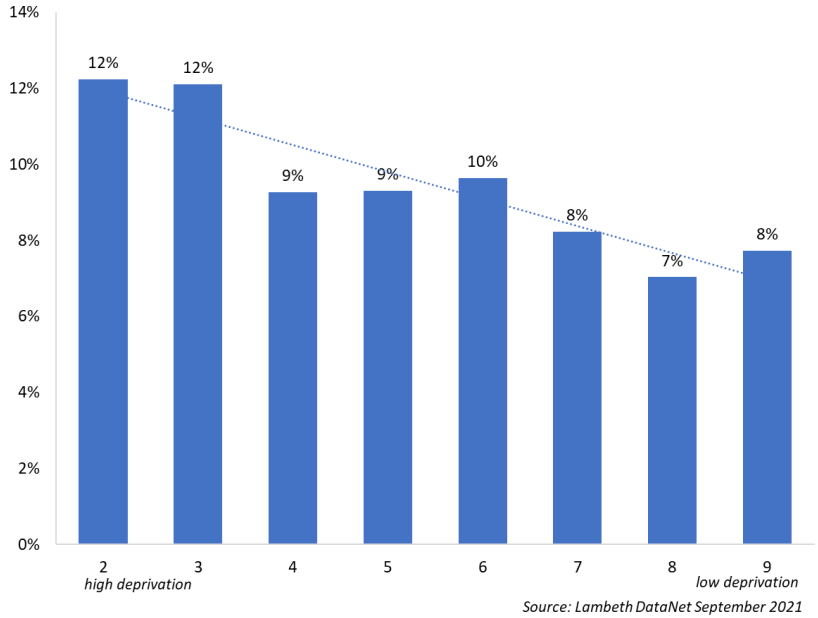


Source: Lambeth DataNet September 2021

6.6.4 IMD

The distribution of deprivation within the registered adult population with hypertension is higher in patients from more deprived areas. This suggests that those with registered hypertension are more likely to come from a higher deprivation neighbourhood, figure 6.17.

Figure 6.17 Hypertension by IMD decile 2019



Source: Lambeth DataNet September 2021

6.7 Diabetes

High fasting plasma glucose is the third highest risk identified for mortality in Lambeth by the Global Burden of Disease in 2019. If fasting blood glucose is considered high on two separate tests, then diabetes is diagnosed. Most deaths linked with high fasting plasma glucose risk are caused by diabetes and kidney diseases. A blood glucose level that is above normal but not in the diabetic range is referred to as non-diabetic hyperglycaemia (NDH).

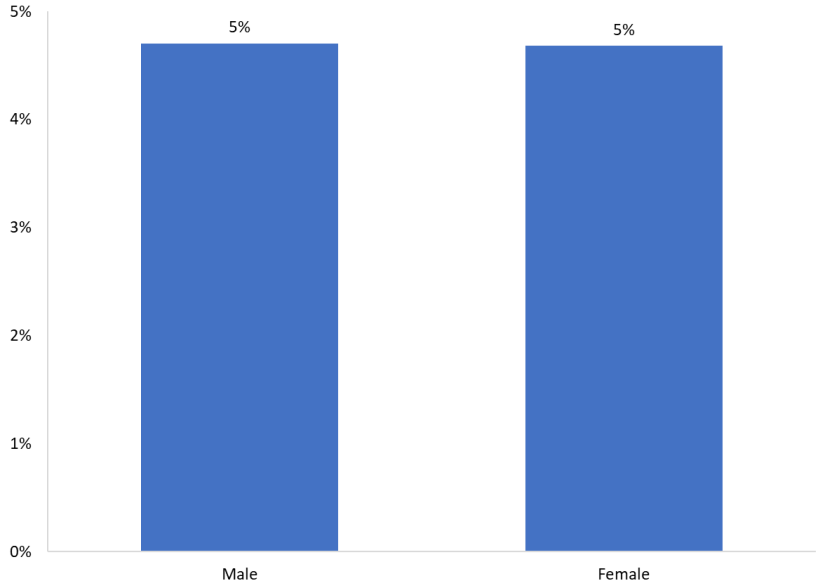
It is important for diabetes to be diagnosed early on to be able to better manage the condition and to prevent it getting worse. Like hypertension though however, there is a significant number estimated to be in Lambeth with undiagnosed diabetes.

Using LDN data, in 2021 5.5% of adults were diagnosed with diabetes in Lambeth. However, using modelling, it is estimated that 4.7% of the adult population have undiagnosed diabetes. This equates to over 10,000 people.

6.7.1 Gender

As shown in figure 6.18, the distribution of gender within the registered population with diabetes appears identical, suggesting there are no inequalities in the distribution of diabetes within the Lambeth GP population.

Figure 6.18: Diabetes by gender in Lambeth

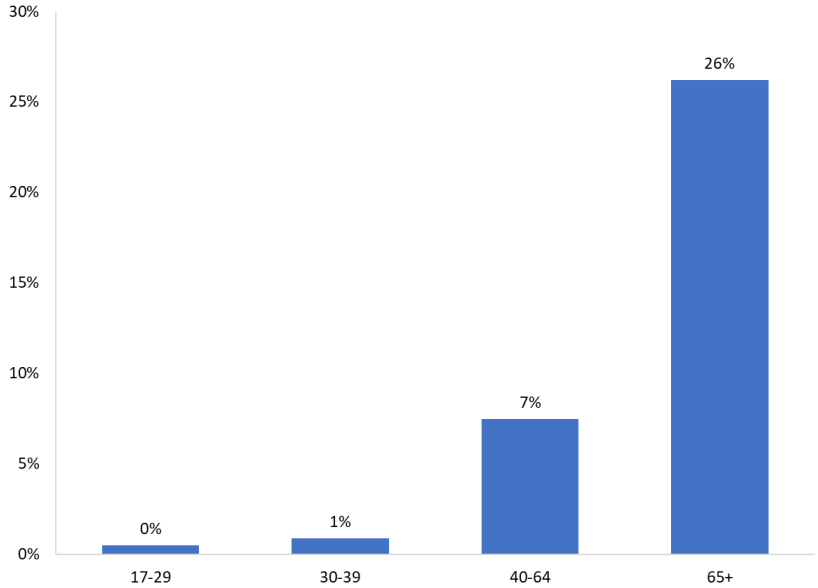


Source: Lambeth DataNet September 2021

6.7.2 Age group

The distribution of age within the registered adult population with diabetes is heavily skewed towards older patients. The diagnosed prevalence of diabetes in the over 65s is higher than the combined prevalence of all the other age groups, figure 6.19.

Figure 6.19 Diabetes by age



Source: Lambeth DataNet September 2021

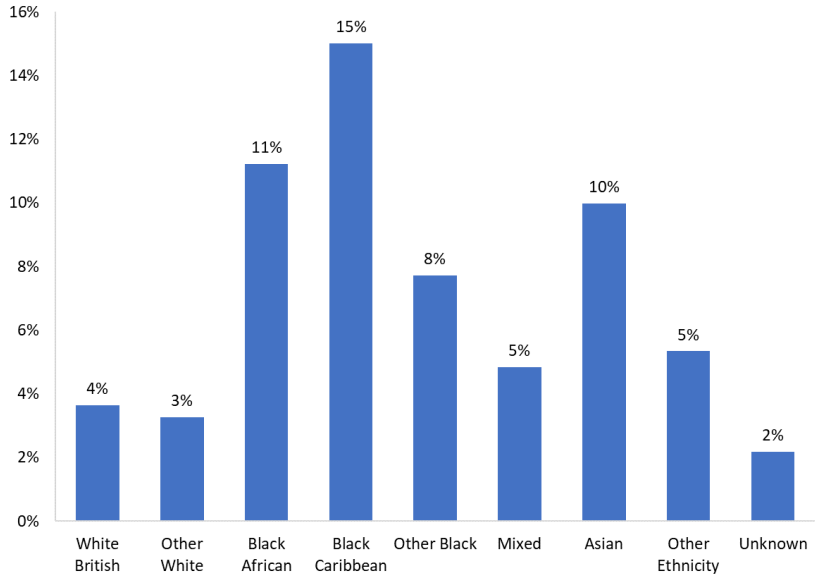
6.7.3 Ethnicity

The distribution of ethnicity within the registered adult population with diabetes indicates the diagnosed prevalence is higher in the Caribbean, African, and Asian patients than any other ethnic group.

The White British prevalence is one quarter of the prevalence in the Caribbean population, one third the prevalence of the African population, and half the prevalence in the Asian population.

The cause of these differences by ethnicity may be due to both genetic and environmental factors leading to greater predisposition to have diabetes, figure 6.20.

Figure 6.21 Diabetes by ethnicity in Lambeth

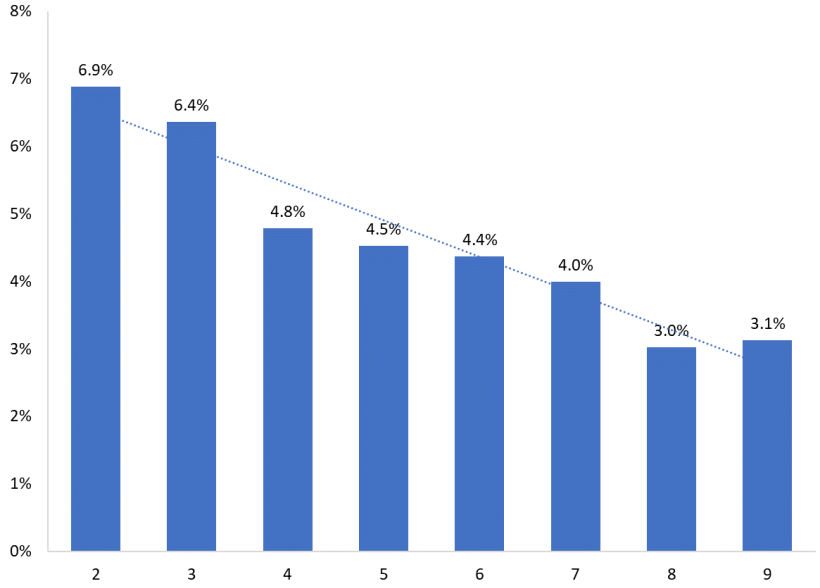


Source: Lambeth DataNet September 2021

6.7.4 IMD

The distribution of deprivation within the registered adult population with diagnosed diabetes is heavily skewed towards those patients from more deprived wards, **figure 6.21.**

Figure 6.21 Diabetes by IMD decile 2019



Source: Lambeth DataNet September 2021

6.8 Healthy weight

According to the Global Burden of Disease, in 2019, 9.4% of deaths in Lambeth were linked to high body mass index (BMI), figure 6.1. These deaths consisted of diabetes and kidney disorders, cardiovascular disease, neurological disorders and others.

The definition of overweight is a person with a BMI at 25 or above and below 30 while obese is a BMI of 30 or over. In England in 2019, two thirds of adults were overweight or obese – with 28% classified as obese. For both men and women, this proportion has increased since 1993 with recent changes been more gradual[3].

Obesity is associated with reduced life expectancy and a range of health conditions including type 2 diabetes, cardiovascular disease, liver and respiratory disease and cancer. Obesity can also have an impact on mental health and wellbeing.

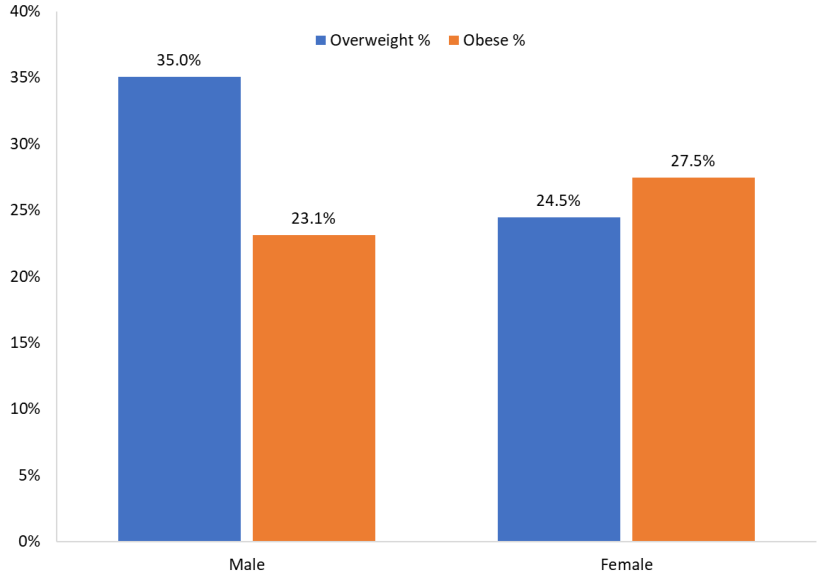
There is a strong systemic relationship between obesity and deprivation, with adults living in the most deprived areas most likely to obese. This difference also particularly affects women, with the difference in rates of obesity between the least and most deprived areas of England is much greater for women than men[3].

Using LDN, we have looked at those in Lambeth who have been diagnosed by their GP as overweight or obese. Across the borough nearly 1 in 3 people are recorded as being overweight and 1 in 4 are recorded as being obese.

6.8.1 Gender

Looking at diagnosed prevalence of overweight and obese people by gender in figure 6.22, males (35%) are more likely to be overweight compared to females (24.5%) and conversely more females (27.5%) are obese compared to males (23.1%).

Figure 6.22 proportion of people overweight or obese by gender in Lambeth

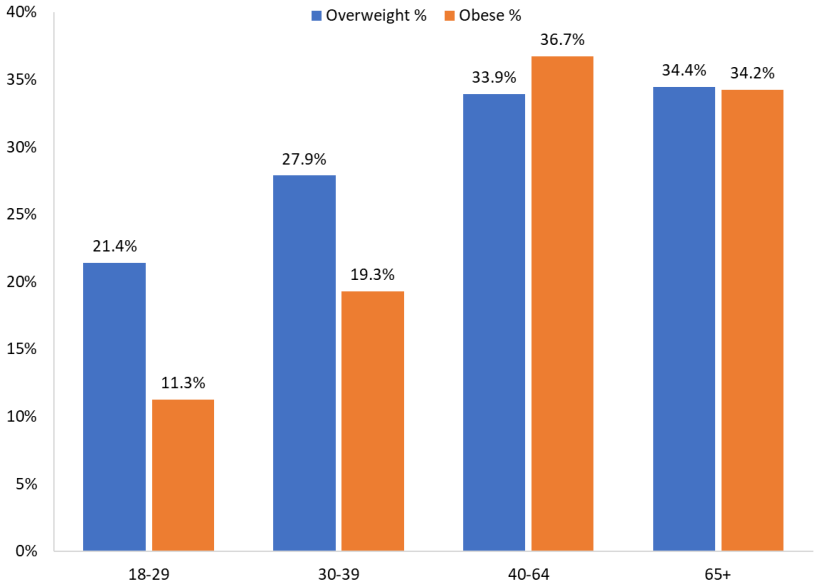


Source: Lambeth DataNet September 2021

6.8.2 Age group

Looking at prevalence of overweight and obese people by age shows that the diagnosed prevalence increases with age, figure 6.23. People aged 40-64 are 3 times more likely to be obese compared to the people aged 18-29. Nearly 70% of people aged 65+ are either overweight or obese.

Figure 6.23 proportion of people overweight or obese by age in Lambeth



Source: Lambeth DataNet September 2021

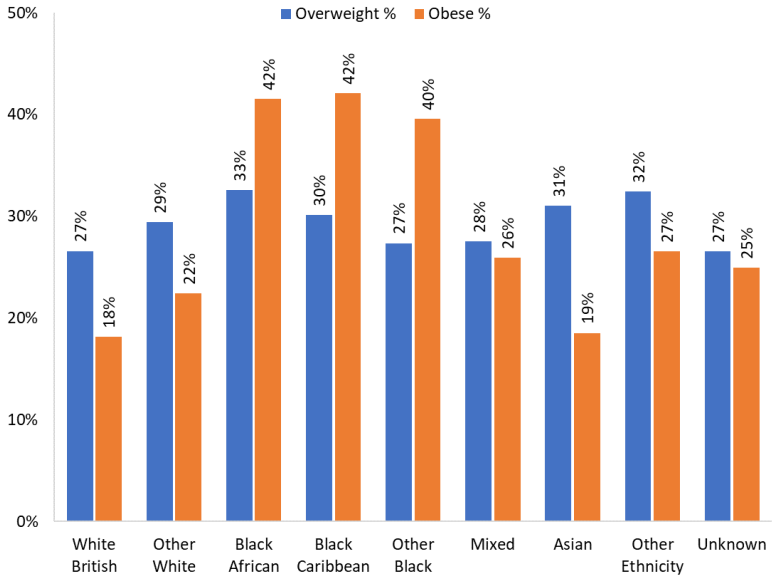
6.8.3 Ethnicity

Comparing diagnosed prevalence of overweight and obese people by ethnicity in Lambeth, it's seen that there is a lot of variation, figure 6.24.

Overweight: Black African has the largest proportion of overweight people 33%, followed by Other Ethnic Groups at 32%. However, all ethnicities have a high proportion of overweight people (1 in 4).

Obese: Black Caribbean and Black African has the largest proportion of obese people 42%, followed by Other Black 40%. This contrasts with the White British (18%) and Other White (22%) population.

Figure 6.24 proportion of people overweight or obese by ethnicity in Lambeth



Source: Lambeth DataNet September 2021

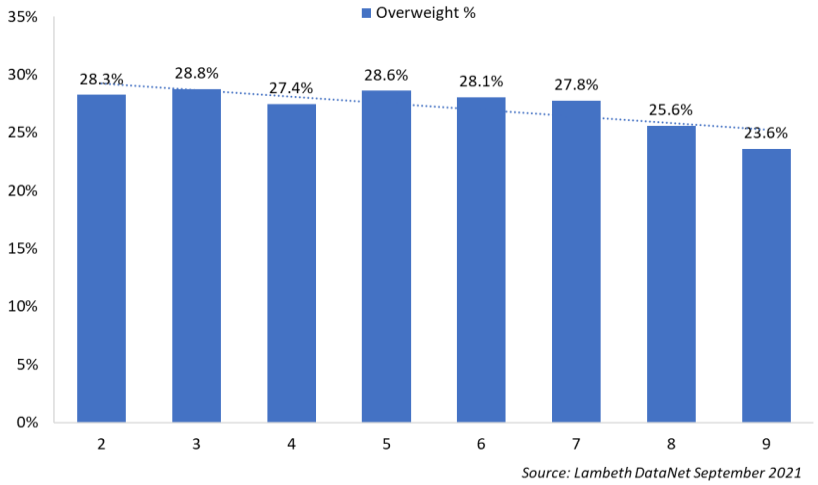
6.8.4 IMD

Comparing observed prevalence of overweight and obese people by indices of deprivation (IMD) 2019 deciles (where 1 = living in an area with most deprivation, and 10 = living in an area with least deprivation) relative to England, it's seen that there is a general trend of decreased prevalence of overweight and obese people when living in areas of less deprivation, **figure 6.25**.

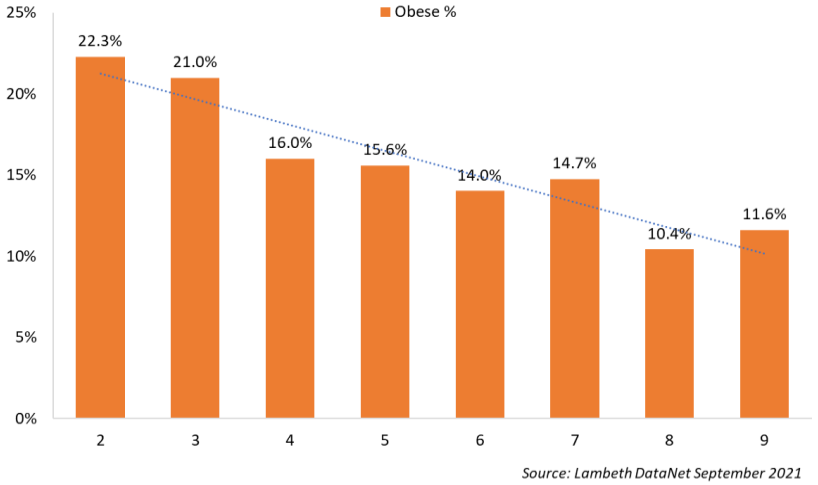
Overweight: People living in the most deprived areas in Lambeth are 1.2 times more likely to be overweight compared people living in the least deprived areas in Lambeth.

Obese: People living in the most deprived areas in Lambeth are nearly twice as likely to be obese compared people living in the least deprived areas in Lambeth.

Figure 6.25 proportion of people overweight or obese by IMD 2019 in Lambeth



Source: Lambeth DataNet September 2021



Source: Lambeth DataNet September 2021

6.9 Fuel poverty

Non-optimal temperature is linked 5.1% of deaths in Lambeth in 2019. Of these deaths, the most common cause was respiratory infections and tuberculosis and chronic respiratory diseases.

Non-optimal temperature can be exacerbated by fuel poverty, which is when a household where its energy efficiency is low and members cannot afford to keep it adequately warm at a reasonable cost, given their income. If they are unable to do so then, especially during winter months, they may be living in very low temperatures.

Evidence shows that living in cold homes is associated with poor health outcomes and an increased risk of morbidity and mortality for all age groups; furthermore, studies have shown that more than one in five (21.5%) excess winter deaths in England and Wales are attributable to the coldest quarter of housing[8].

Fuel poverty is now measured by the new Low Income Low Energy Efficiency (LILEE) statistic[9]. A household is defined as fuel poor if it has income (after accounting for fuel costs) below a certain level and a low energy efficient home. In 2019, there were an estimated 15.8% of households (amounting to just over 21,800 households) in fuel poverty in Lambeth[10]. In comparison, London is estimated to have 15.2% households in fuel poverty and 13.4% in England overall.

6.9.1 Excess winter deaths

Excess winter deaths are measured as the ratio of extra deaths from all causes that occur in the winter months compared with the expected number of deaths, based on the average of the number of non-winter deaths. The number of excess winter deaths depends on the temperature and the level of disease in the population as well as other factors, such as how well-equipped people are to cope with the drop in temperature and housing quality.

Between August 2019 and July 2020, the excess winter deaths index for Lambeth was calculated to be 17.8%, while it was 18.8% for London and 17.4% in England[11]. This value has varied over the years but have hovered around this value.

6.10 Appendix

1. https://www.gov.uk/government/publications/covid-19-health-inequalities-monitoring-in-england-tool-chime
2. https://files.digital.nhs.uk/D4/93337C/HSE19-Adult-health-behaviours-rep.pdf
3. https://files.digital.nhs.uk/9D/4195D5/HSE19-Overweight-obesity-rep.pdf
4. https://fingertips.phe.org.uk/profile/national-child-measurement-programme/data#page/1/gid/1938133219/pat/6/par/E12000007/ati/302/are/E09000022/iid/93077/age/164/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0
5. https://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/1
6. https://www.lambeth.gov.uk/sites/default/files/ssh-alcohol-rapid-needs-assessment-2017.pdf
7. https://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/1/gid/1938132833/ati/402/iid/92906/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1
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9. https://www.gov.uk/government/publications/sustainable-warmth-protecting-vulnerable-households-in-england
10. https://fingertips.phe.org.uk/profile/wider-determinants/data#page/4/gid/1938133043/pat/6/ati/402/are/E09000022/iid/93759/age/-1/sex/-1/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0
11. https://fingertips.phe.org.uk/profile/wider-determinants/data#page/4/gid/1938133043/pat/6/par/E12000007/ati/402/are/E09000022/iid/90360/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0