

Jubilee – 60 years of changing health

Data Bites



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Health in 1952 and now

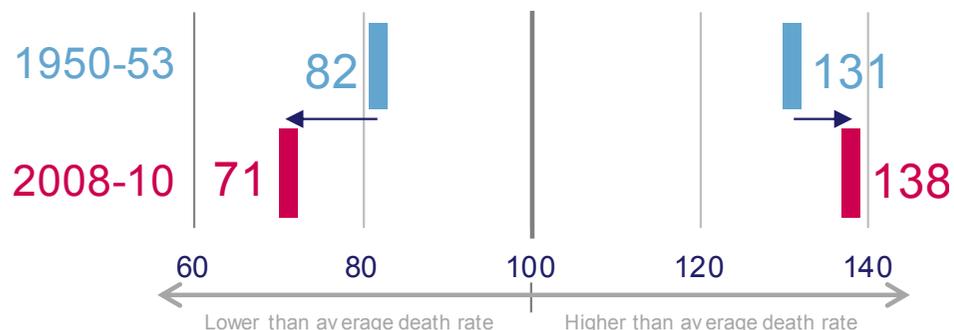
This issue presents some examples of the ways public health has changed since the Queen started her reign.

Births and deaths

A child born in 1952 had a **97%** chance of surviving to its first birthday. By 2010, life expectancy had increased and infant and childhood mortality had fallen. For men life expectancy in England has increased by 11 years from **66** to **77**, whilst for women it has increased by 9 years, from **72** to **81** (ONS).

However absolute improvements in mortality mask changing levels of inequalities. **Figure 1** shows the change in the inequality gap for mortality for those aged under 65 from the 1950s to now. The Standardised Mortality Ratio (SMR) for the 10% of areas with the highest mortality was 131 (**31%** higher than average) in the 1950s but according to 2008-10 analysis is now 138 (**38%** higher) and conversely the SMR has decreased for the 10% of areas with the lowest mortality over the two time periods, widening the inequality gap for SMR.

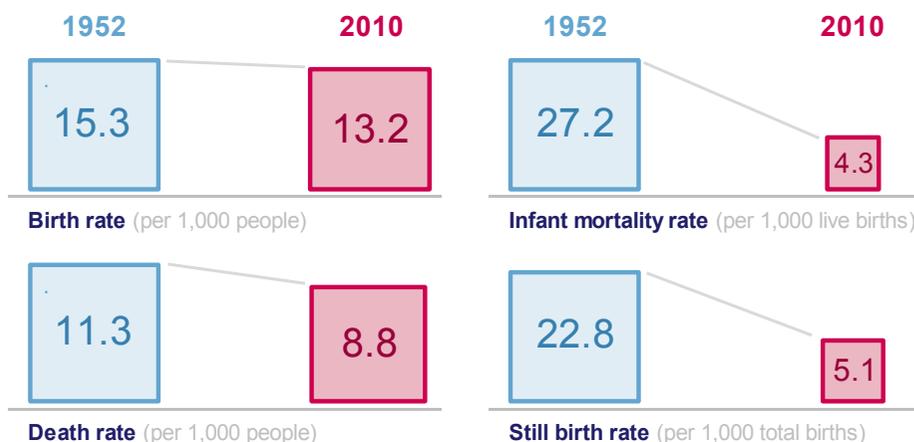
Figure 1: SMR for deaths at ages under 65 for England



Source: 1950-53 data, Shaw (1998). 2008-10 data calculated by YHPHO (2012).

Figure 2 shows some England changes seen over the last 60 years. Birth and death rates have fallen but what stands out is the success in reducing stillbirths and infant deaths. Further analysis of local data has shown that a similar pattern exists throughout the Yorkshire and Humber region.

Figure 2: Changes over the last 60 years in England



Source: 1952 data Economic & Social Data Service, 2010 data The NHS Information Centre Indicator Portal

Health related lifestyle choices

In 1952 **food** rationing was still in place. On average the energy and fat content of a 1950s home diet was similar to recent times but it was higher in saturated fat and cooking fats (Food Standards Agency, 2002). However it is important to consider that lifestyles and occupations have become significantly more sedentary since the 1950s.

In the 1950s **smoking prevalence** was a staggering **80%** and the negative health impact of tobacco was not recognised. In fact, the study that first linked cigarette smoking to lung cancer was set up to test the idea that the newly developed tarmac was the cause of the increasing number of cases. (BBC, 2004). In 1951 a long term cohort study was started to look at the impact of smoking and provided the evidence that tobacco increased mortality from respiratory and cardio-vascular causes (BBC, 2004). It would take many years before this association became widely accepted and public attitudes to smoking changed. The current prevalence is **20%** (ONS, 2012).



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Challenges to the NHS

Threats to health

Infectious diseases were a major contributor to morbidity and mortality, **16%** of all deaths were due to an infectious disease in 1952, compared with **6%** in 2010. The British Medical Journal (1952a) published a weekly update on cases of scarlet fever, whooping cough, diphtheria, measles, acute pneumonia, acute poliomyelitis, dysentery and typhoid which showed the burden of these conditions. There were some **389,502** measles notifications in 1952 compared with **2,016** notifications in 2010 (HPA, 2012). The recent discovery and mass manufacture of antibiotics and the implementation of vaccination programmes meant that the burden of infectious diseases would change. The concept of antibiotic resistance, now considered by the Department for Health to be one of the most significant threats to patient safety in Europe, was a distant thought.

Changing challenges facing the NHS?

The NHS was only a few years old in 1952. However, it was already struggling with increasing costs as it adjusted to the scale of its task, leading to strong debate between political parties on the future shape of the NHS (NHS Choices, 2011).

The NHS was also facing a changing burden of need that is familiar today. On 14th June 1952 the British Medical Journal (1952b) published a commentary that, but for slight changes in the language, could apply to the issues currently challenging the health service.

“We are rapidly becoming a nation of few children and many old people. The proportion of persons aged over 65 has more than doubled since the beginning of the century, and the trend continues [What this means is] a decline in the proportion of childhood ailments that require prevention or treatment and an increase in the chronic degenerative process of the aged. There will be a larger and quite easily calculable overall increase in sickness and incapacity rates. The advance of medical and sanitary science has thrown up as many problems as it has solved” (pages 1289-1290).

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