

**Abstract citation ID: ckad160.591**

**The English health inequalities strategy: A time-trend study of mortality rate disparities at 65**

**Natalie Bennett**

*N Bennett<sup>1</sup>, A Kingston<sup>1</sup>, P Norman<sup>2</sup>, C Bamba<sup>1</sup>*

<sup>1</sup>Population Health Sciences, Newcastle University, Newcastle upon Tyne, UK

<sup>2</sup>School of Geography, University of Leeds, Leeds, UK

Contact: natalie.bennett@newcastle.ac.uk

**Background:**

Rapid population ageing is common in many Global North countries, with the UK being a prime example (with 18.6% aged 65 and over in 2021). Despite this, life expectancy in the UK began to stall around 2011, and the gap between the least and most deprived has been widening. To address these inequalities, a 'levelling up' programme was announced by the current Conservative government. Previously, a national health inequalities strategy was implemented (2000 to 2010) by the then Labour government, with many of the interventions targeting older age groups. To provide evidence on the effects of national health inequalities strategies on life expectancy later in life, we assessed the impact of the English health inequalities strategy on inequalities in mortality rate at age 65 by area deprivation.

**Methods:**

Using ecological mortality and population data for Middle Super Output and Local Authority areas, we calculated life expectancy for individuals aged 65 and over in England from 1991 to 2016. We applied time-trend analyses methods with marginal spline terms to evaluate how mortality rate trends at age 65 changed before, during and after the strategy period. We also conducted a series of robustness analyses to considering varying cut points, deprivation levels and geographical scales.

**Results:**

Prior to the programme (1991-1998), there was no change in the absolute difference in mortality rate between the 20% most deprived areas and the rest. During the programme, inequalities decreased at a rate of -0.0000936 (95% CI -0.0001281 to -0.0000592) each year. However, after the strategy period (2011-2016) inequalities widened at an annual rate of 0.000078 (95% CI 0.0000166 to 0.0001395).

**Conclusions:**

This study provides evidence of an association between the national health inequalities strategy and a narrowing of inequalities in mortality rate at age 65. Future strategies to address inequalities in ageing populations may benefit from adopting a similar approach.

**Key messages:**

- The national health inequalities strategy (2000 to 2010) was associated with a narrowing of inequalities in mortality rate at age 65.
- Future national strategies which aim to reduce inequalities in life expectancy in older age groups may benefit from adopting a similar approach.