

Indicator	Socioeconomic pattern evident?	Estimated extent of health inequality
<i>Disease or disorder: (continued)</i>		
Premature death of males	Yes – increasing likelihood with increasing disadvantage	Males in the most disadvantaged quintile were nearly twice as likely to die prematurely compared to those in the most advantaged quintile.
Premature death of females	Yes – increasing likelihood with increasing disadvantage	Females in the most disadvantaged quintile were 51% more likely to die prematurely compared to those in the most advantaged quintile.
Avoidable mortality	Yes – increasing likelihood with increasing disadvantage	Those in the most disadvantaged quintile were two thirds more likely to die of avoidable causes before 75 years of age than those in the most advantaged quintile.
<i>Service use:</i>		
Community health service clients	Yes – increasing service use with increasing disadvantage	Those in the most disadvantaged quintile were nearly 12 times more likely to use these services than those in the most advantaged quintile.
Community mental health service clients	Yes – increasing service use with increasing disadvantage	Those in the most disadvantaged quintile were 2.4 times more likely to use these services than those in the most advantaged quintile.
CAMHS services	Yes – increasing service use with increasing disadvantage	Those in the most disadvantaged quintile were 2.75 times more likely to use these services than those in the most advantaged quintile.
Department for Families and Communities services clients	Yes – increasing service use with increasing disadvantage	Those in the most disadvantaged quintile were 5.7 times more likely to use these services than those in the most advantaged.
Domiciliary care services	Yes – increasing service use with increasing disadvantage	Those in the most disadvantaged quintile were two and half times more likely to require domiciliary care than those in the most advantaged quintile.
District nursing (RDNS) services	Yes – increasing service use with increasing disadvantage	Those in the most disadvantaged quintile were 49% more likely to be an RDNS client compared to the most advantaged quintile.
GP services	Yes – increasing use with increasing disadvantage	For males and for females, there were 40% more services by GPs in the most disadvantaged areas than in the most advantaged areas.
A & E attendance	Yes – increasing service use with increasing disadvantage	Those in the most disadvantaged quintile were over two and a half times as likely to attend A & E as those in the most advantaged.
Outpatient department attendances	Yes – increasing service use with increasing disadvantage	Those in the most disadvantaged quintile were 2.3 times as likely to attend A & E as those in the most advantaged quintile.
Specialist medical consultations in outpatient departments	Yes – increasing service use with increasing disadvantage	Those in the most disadvantaged quintile were 2.4 times as likely to attend for consultations with specialist medical practitioners in outpatient departments as those in the most advantaged quintile.
Admissions to public acute hospitals	Yes – increasing service use with increasing disadvantage	Those in the most disadvantaged quintile were 2.3 times as likely to be admitted to public acute hospitals as those in the most advantaged quintile.