



UNIVERSITY OF
LIVERPOOL

Alder Hey Children's
NHS Foundation Trust



Addressing inequalities in child health

Opportunities and challenges

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ADPH Leeds
Feb 2018

DUE NORTH

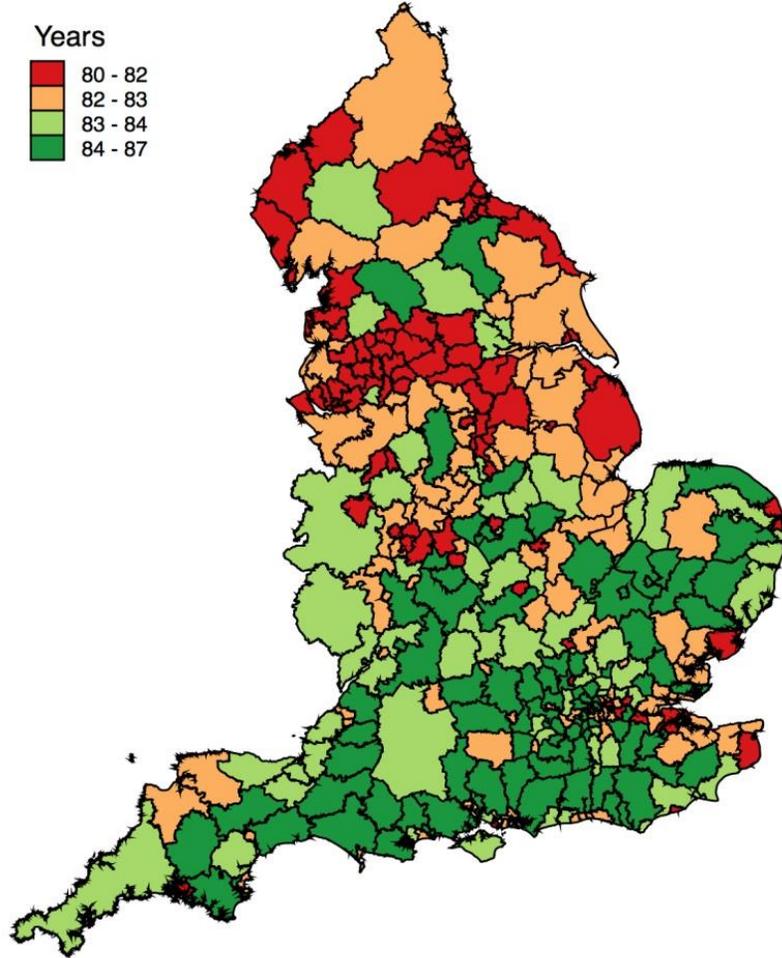
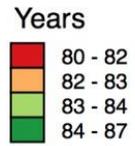
**Report of the Inquiry on
Health Equity for the North**

- INEQUALITIES ARE LARGE and PERSISTENT
- HEALTH INEQUALITIES START EARLY
- RECENT TRENDS
- DUE NORTH RECOMMENDATIONS
- CHALLENGES FOR CHILD HEALTH
- EVIDENCE STRATEGIES CAN REDUCE INEQUALITIES

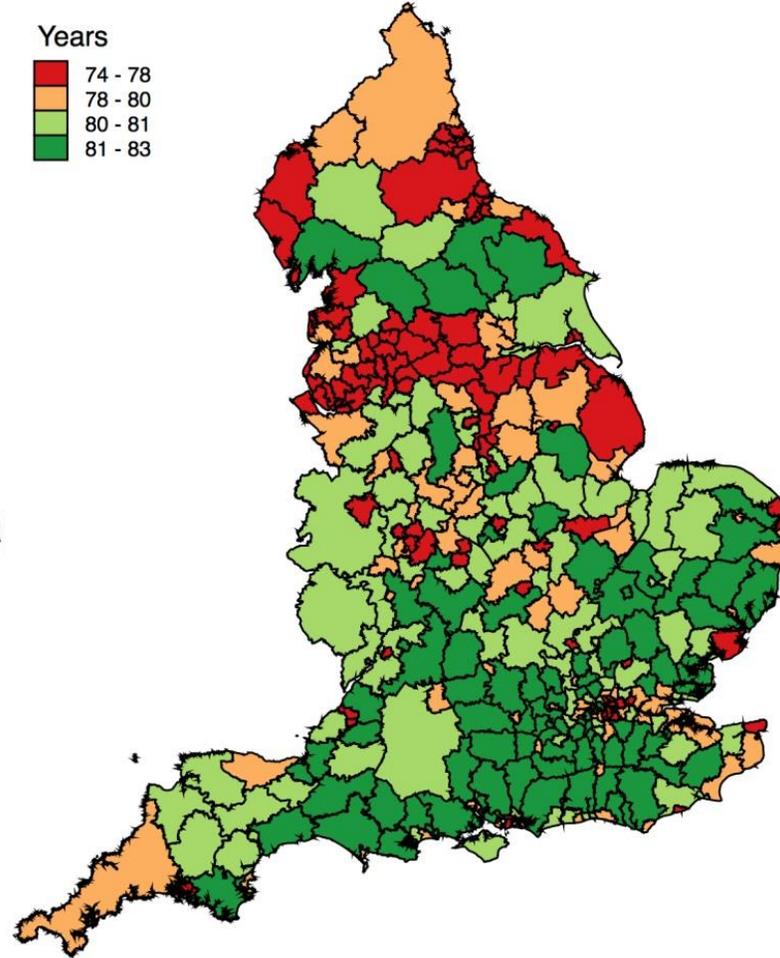
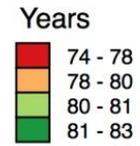
- **INEQUALITIES ARE LARGE and PERSISTENT**
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Life Expectancy: the North-South Health Divide

Female



Male



Source: Due North



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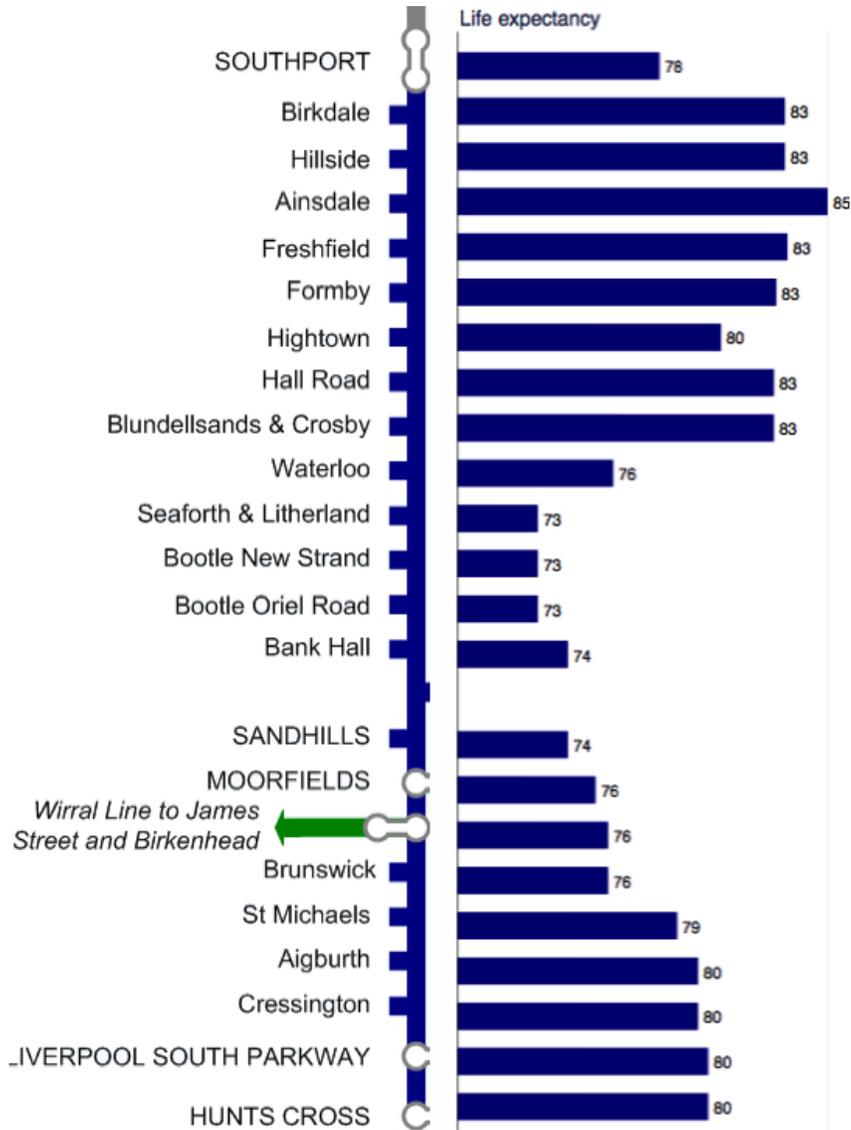
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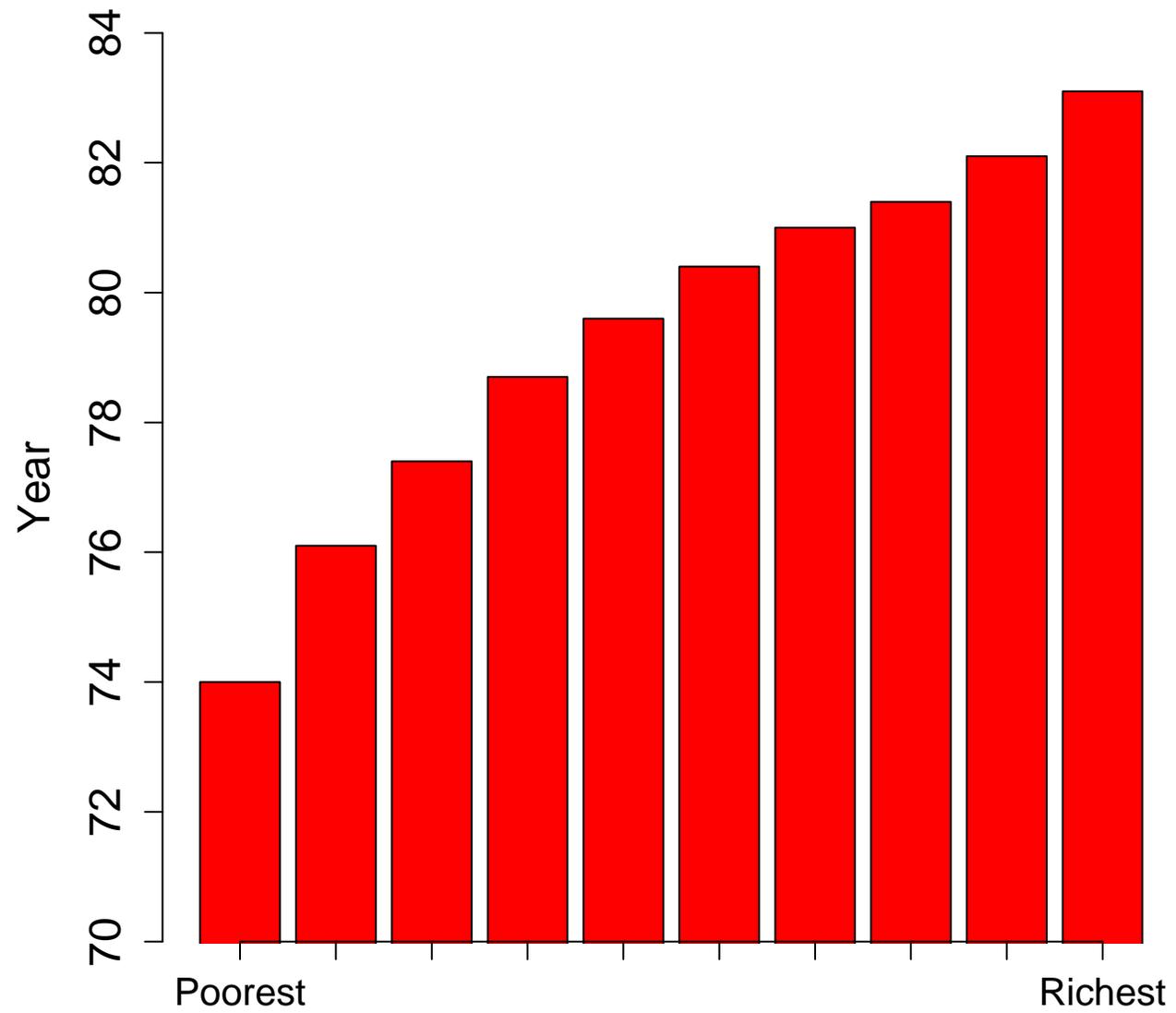


20 minutes on Merseyrail

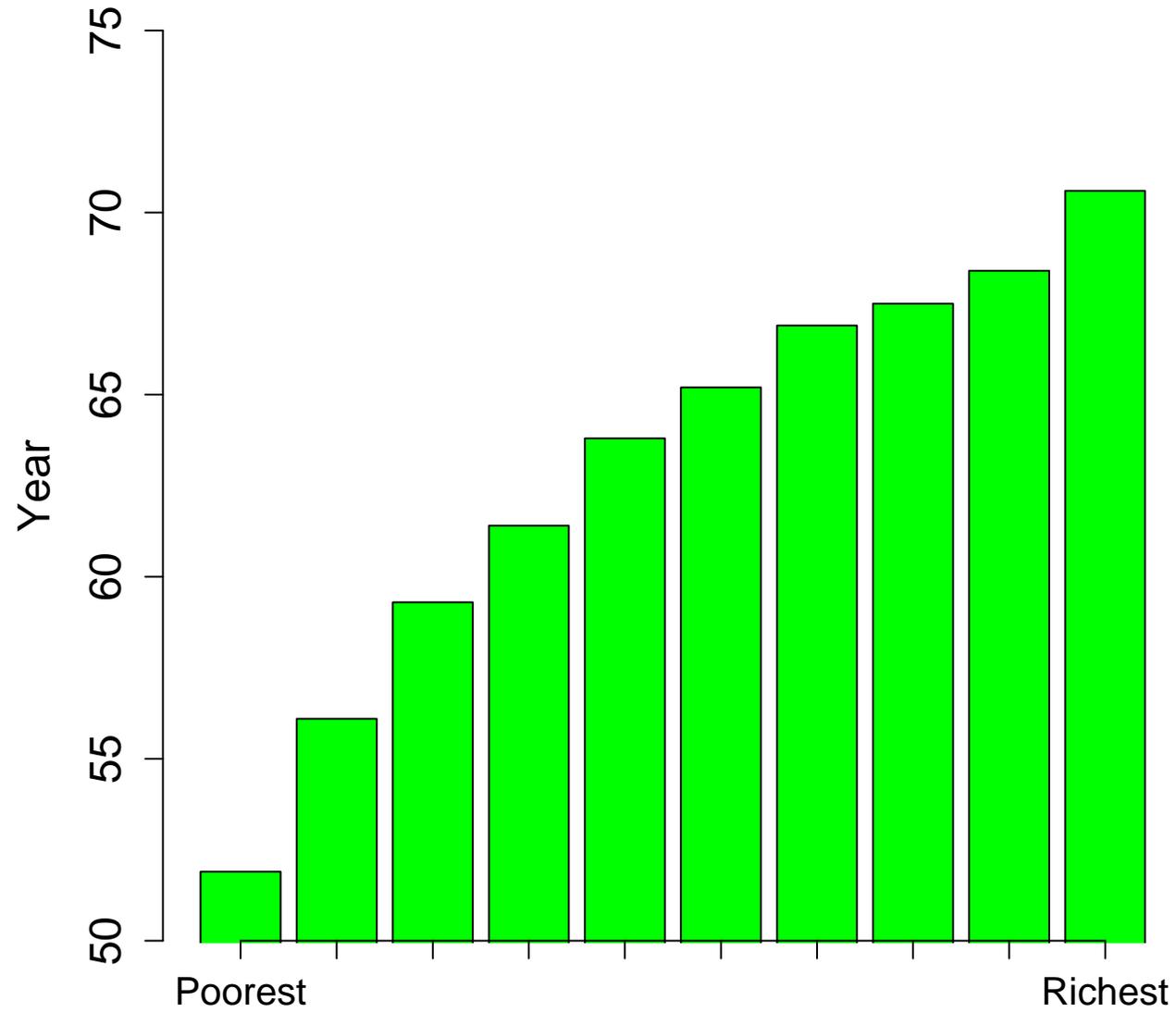


....10 fewer years of life

Life Expectancy in men (England 2013-15)



Healthy Life Expectancy in men (England 2013-15)



HOME » NEWS » POLITICS

Worse than Rwanda: life prospects in Britain's poorest areas

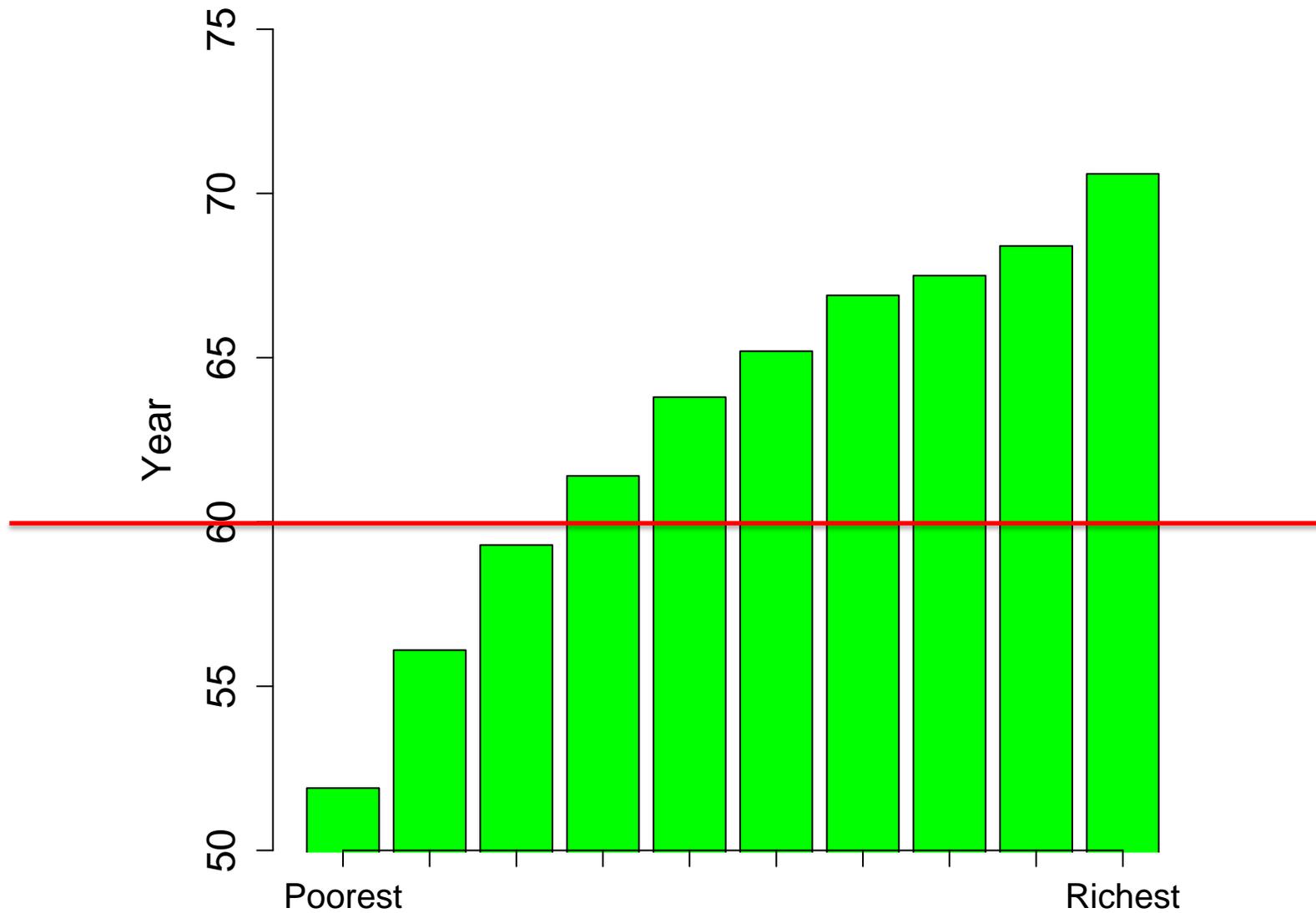
The 18-year gap in active lifespan between richest and poorest in modern Britain

 6K  625  0  34  6K  Email

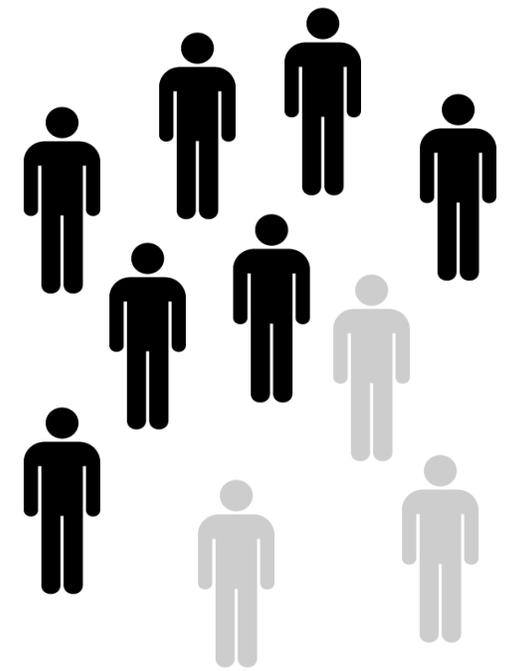
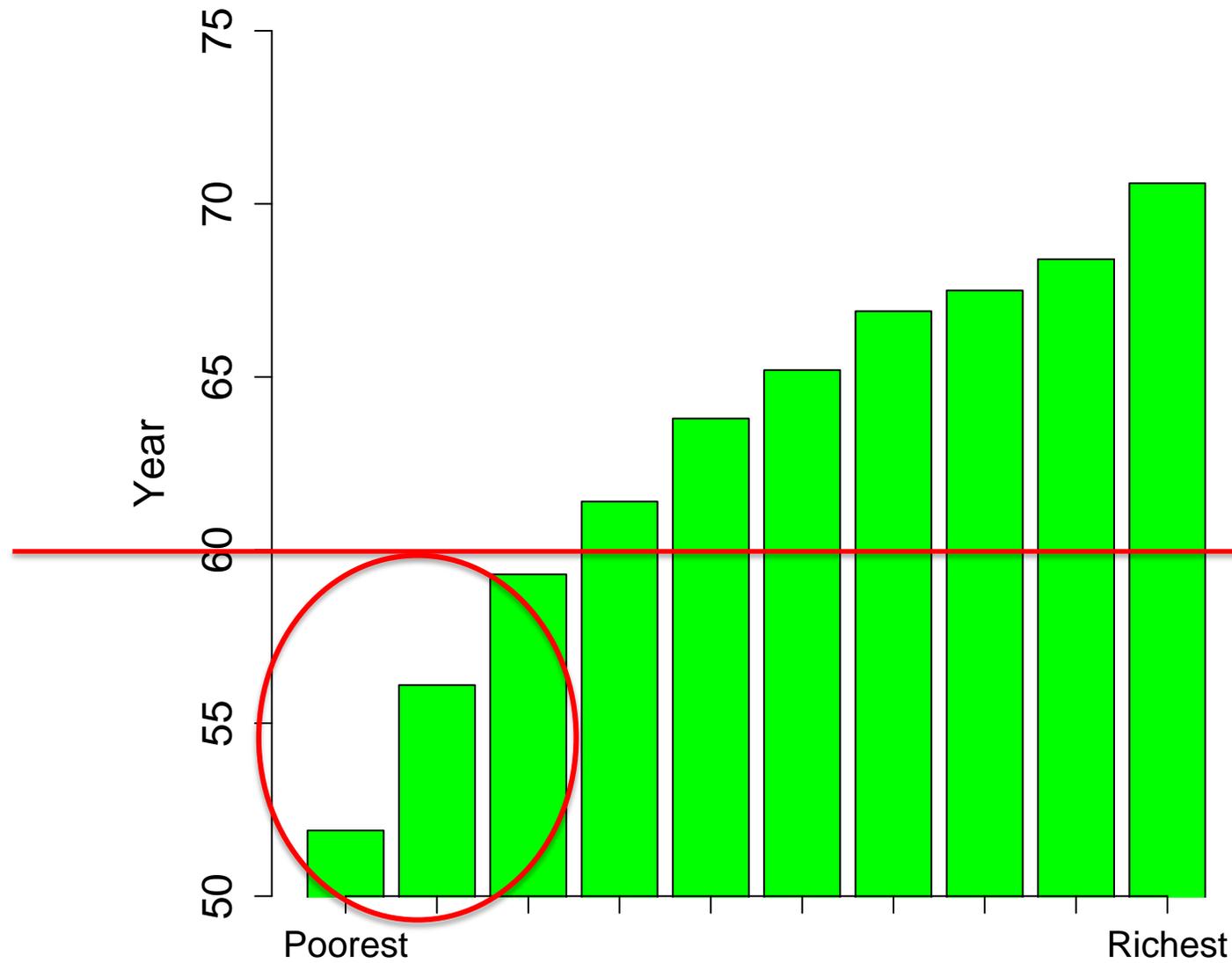


Healthy life expectancy in poorest areas 18 years behind the richest neighbourhoods

Healthy Life Expectancy in men (England 2013-15)



Healthy Life Expectancy in men (England 2013-15)



The NHS logo is positioned in the top right corner of the page. It consists of the letters 'NHS' in a bold, white, sans-serif font, set against a dark blue rectangular background. The entire page has a blue geometric pattern of overlapping squares and diamonds, with a central diamond-shaped cutout containing a photograph of a woman holding a baby while a healthcare professional examines the child. The NHS logo is located in the white triangular area at the top right of this central image.

NHS

A central photograph is framed within a diamond shape. It shows a woman with reddish hair holding a baby. A healthcare professional, wearing a white coat and a blue surgical cap, is leaning in to examine the baby. The background of the photo is slightly blurred, showing what appears to be a clinical setting. The text 'FIVE YEAR FORWARD VIEW' is overlaid in white, bold, sans-serif font across the middle of the photograph.

**FIVE YEAR
FORWARD VIEW**

October 2014

The economic prosperity of Britain, the health of millions of children and the sustainability of the NHS depended on '***a radical upgrade in prevention and public health***'....



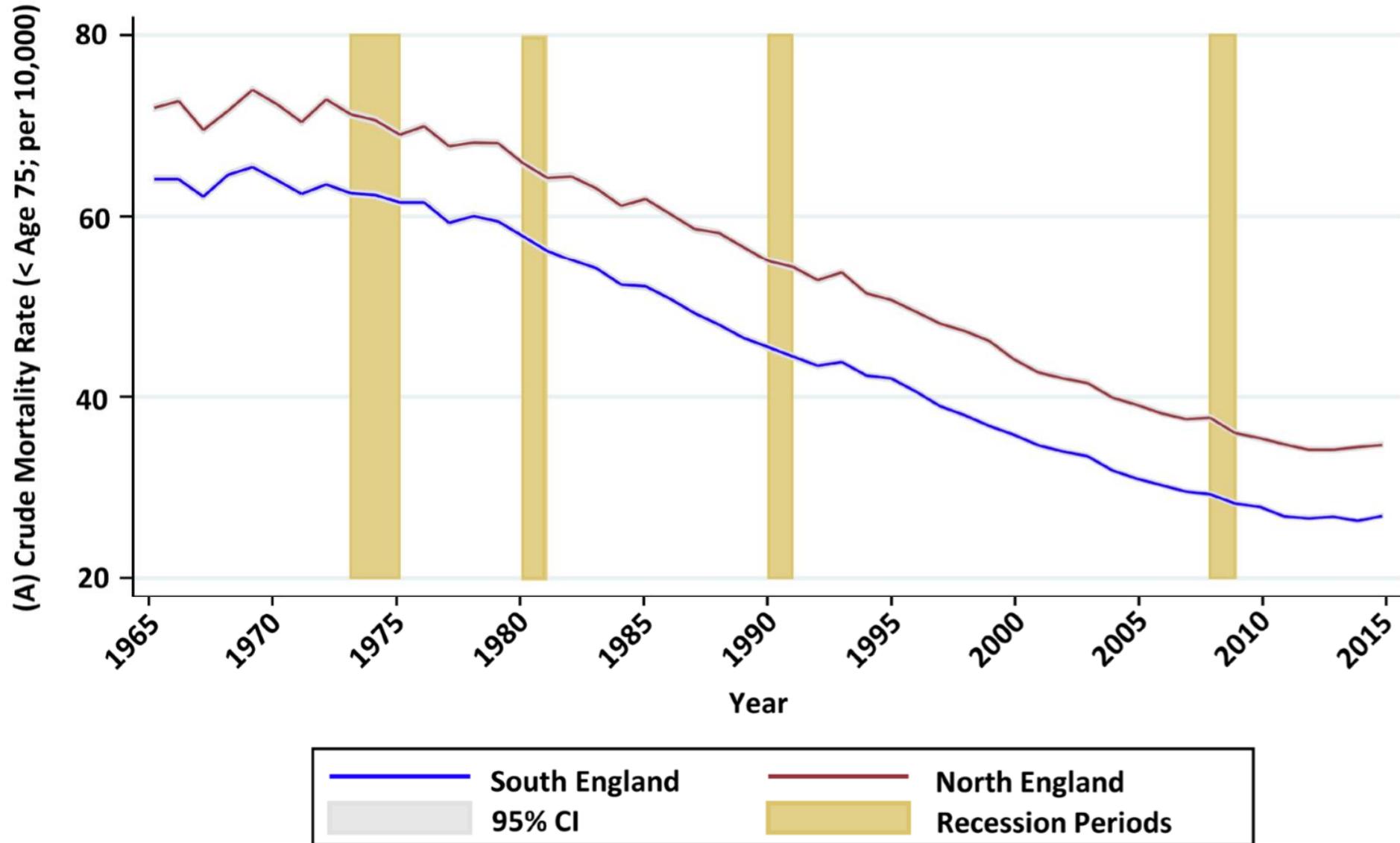
North-South disparities in English mortality 1965–2015: longitudinal population study

Iain E Buchan,^{1,2,3} Evangelos Kontopantelis,^{1,2,3,4} Matthew Sperrin,^{1,2,3}
Tarani Chandola,⁵ Tim Doran⁶

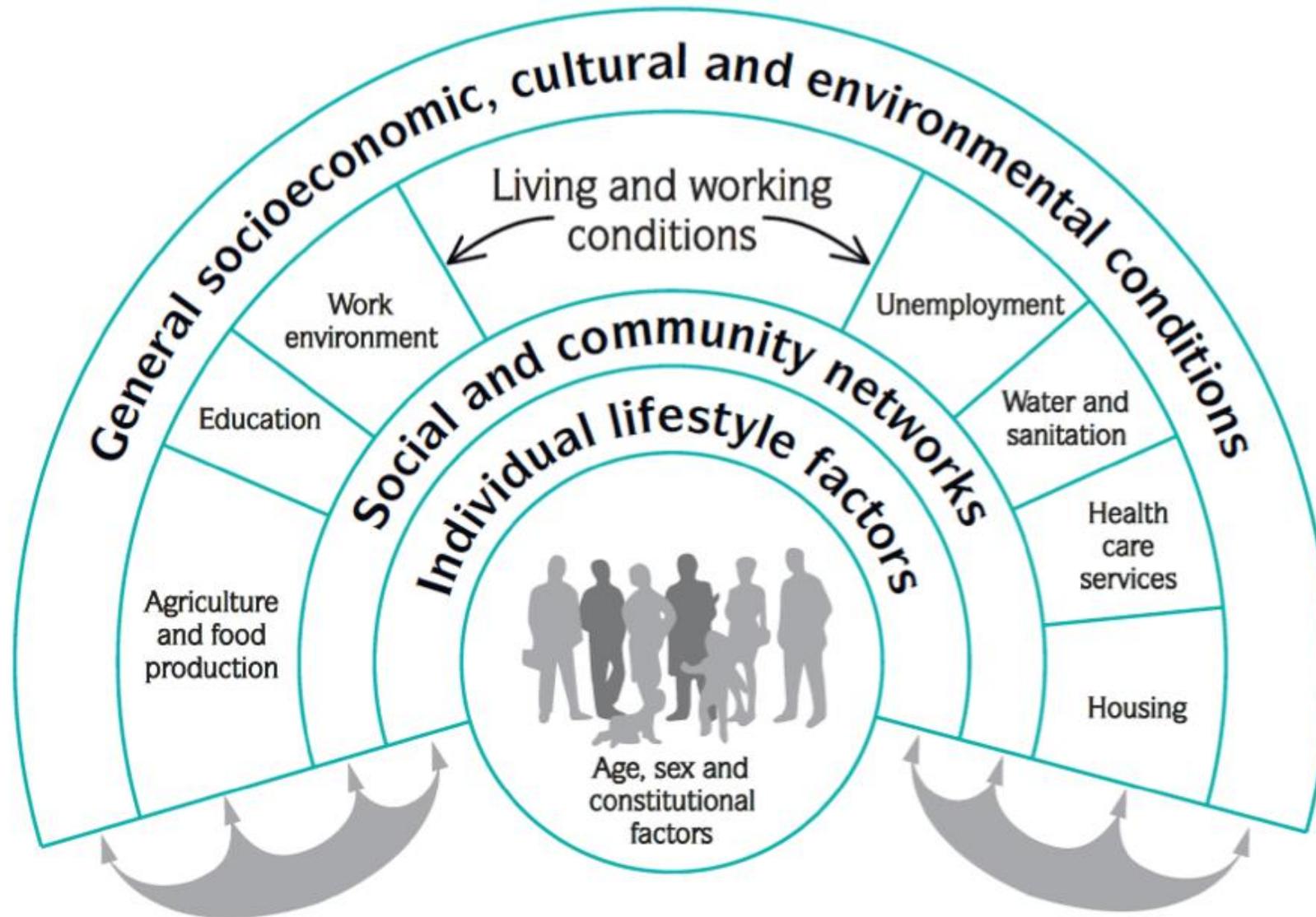
BMJ Journals

Journal of
**Epidemiology &
Community Health**

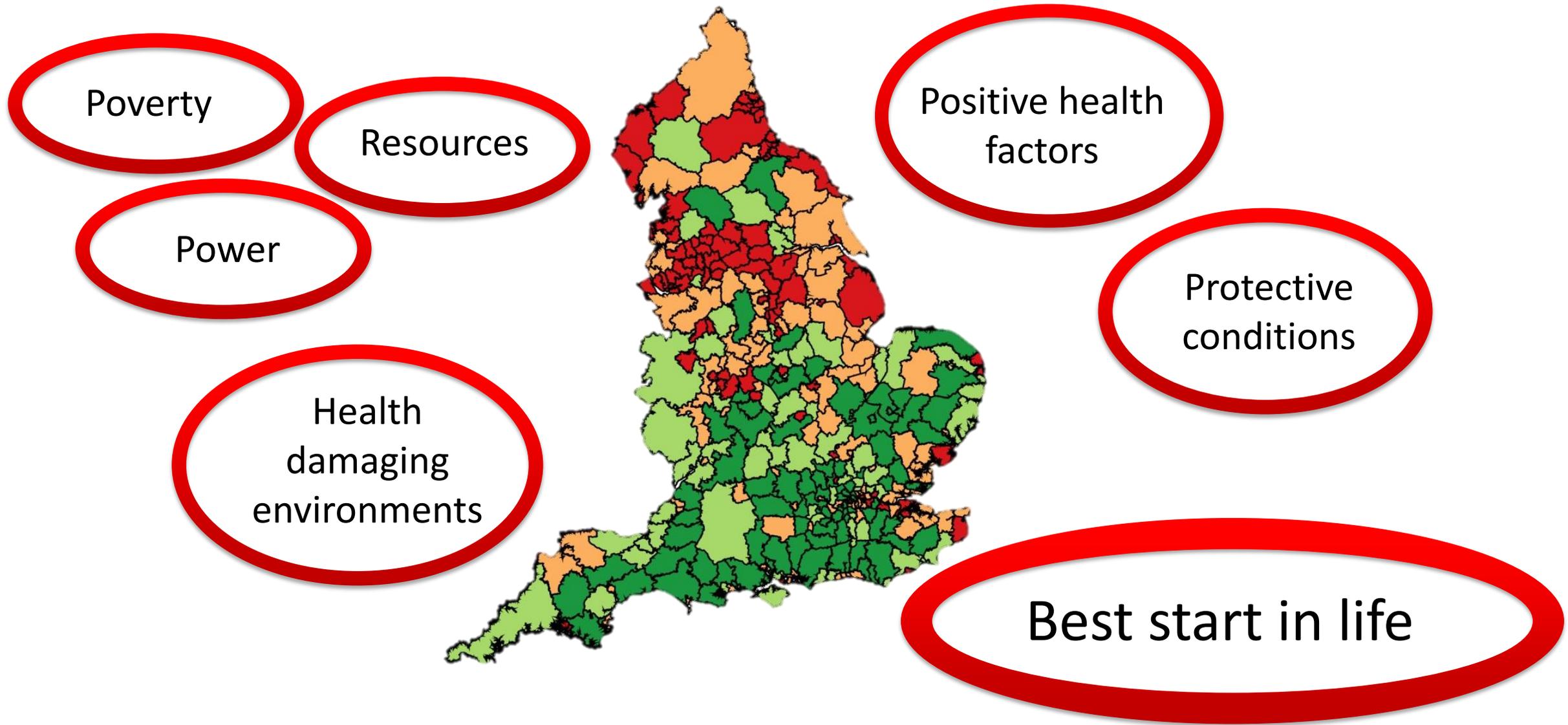
1.2 million northern excess deaths under age 75 over five decades



THE MAIN INFLUENCES ON HEALTH



Drivers of the North-South Divide in Health



INEQUALITIES IN HEALTH

**REPORT OF A RESEARCH WORKING
GROUP**

DHSS

1980

PRICE: £8



**INEQUALITIES
IN
HEALTH**

*'All the major killer diseases now affect the poor more than
the rich...'*

**THE
BLACK REPORT**

Edited by Peter Townsend and Nick Davidson



**THE
HEALTH DIVIDE**

by Margaret Whitehead

Now published together in a single volume

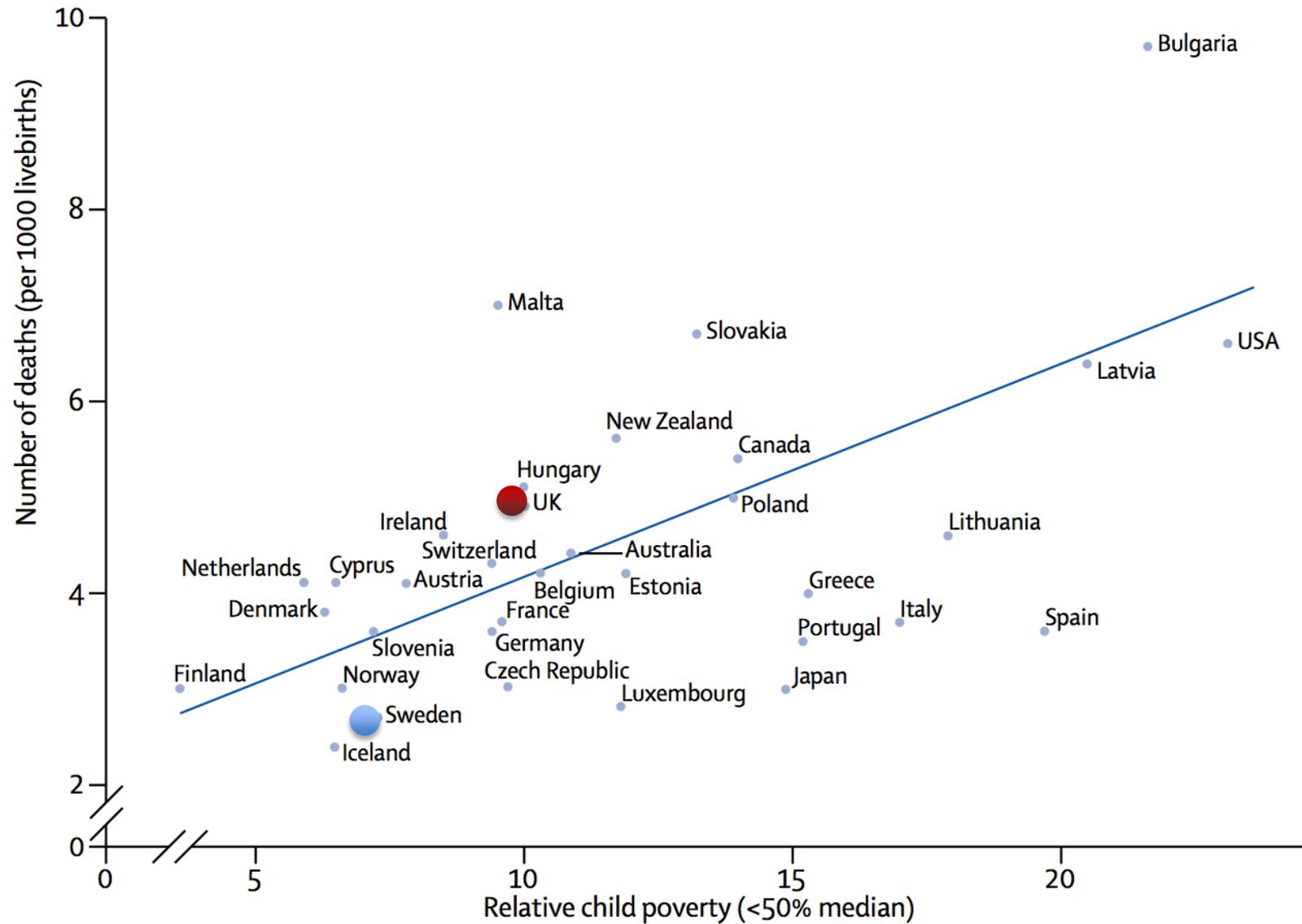
“For this reason,
*giving every child
the best start in life
is our **highest
priority
recommendation***”

(Policy Objective A)



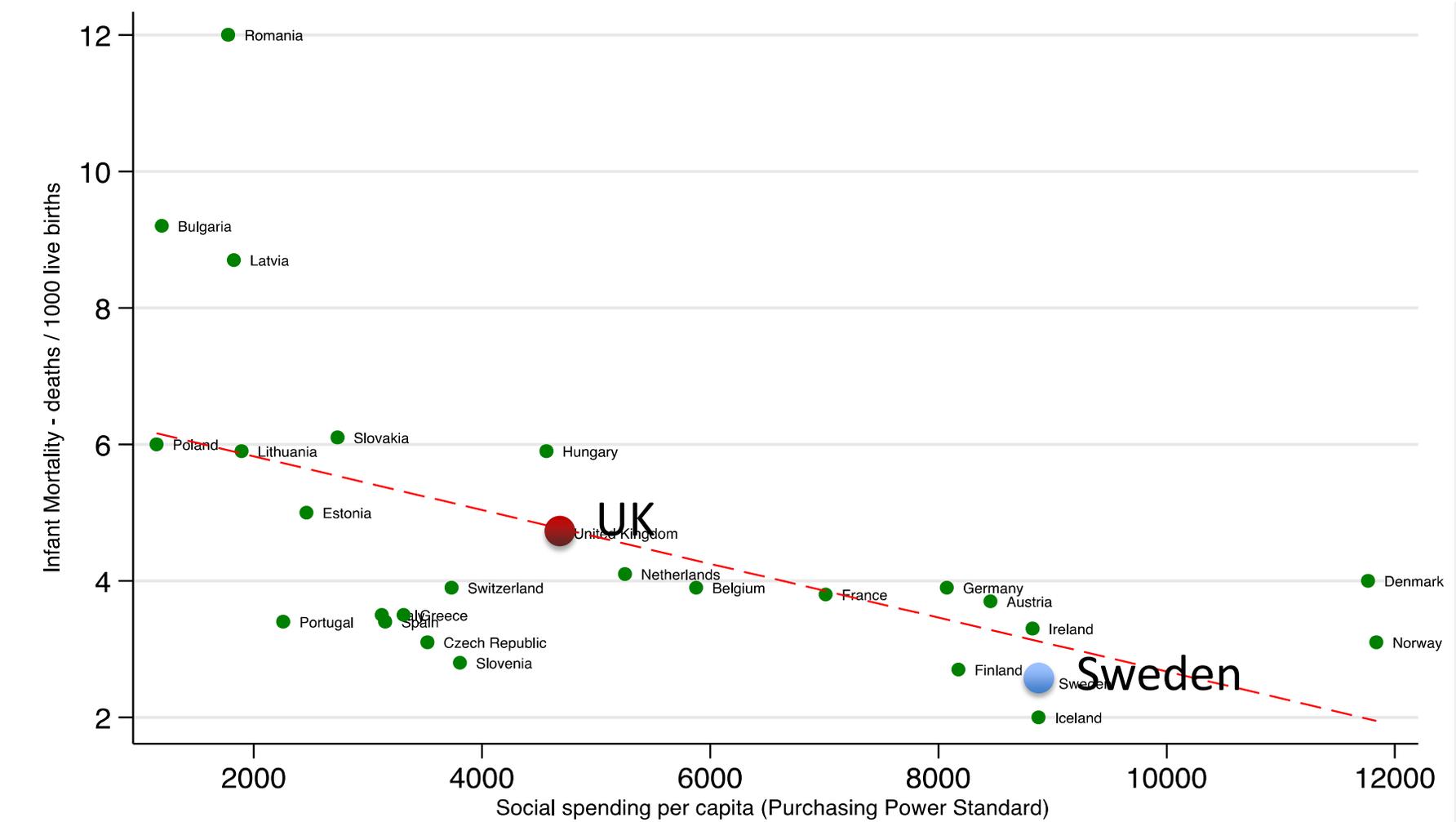
- INEQUALITIES ARE LARGE and PERSISTENT
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- CHALLENGES FOR CHILD HEALTH
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Child poverty and mortality in OECD – UK worst in Western Europe



Taylor-Robinson D, Bradshaw J, Barr B, Whitehead M. 2014 Child mortality in the UK. *Lancet* 384, 9958, p1923

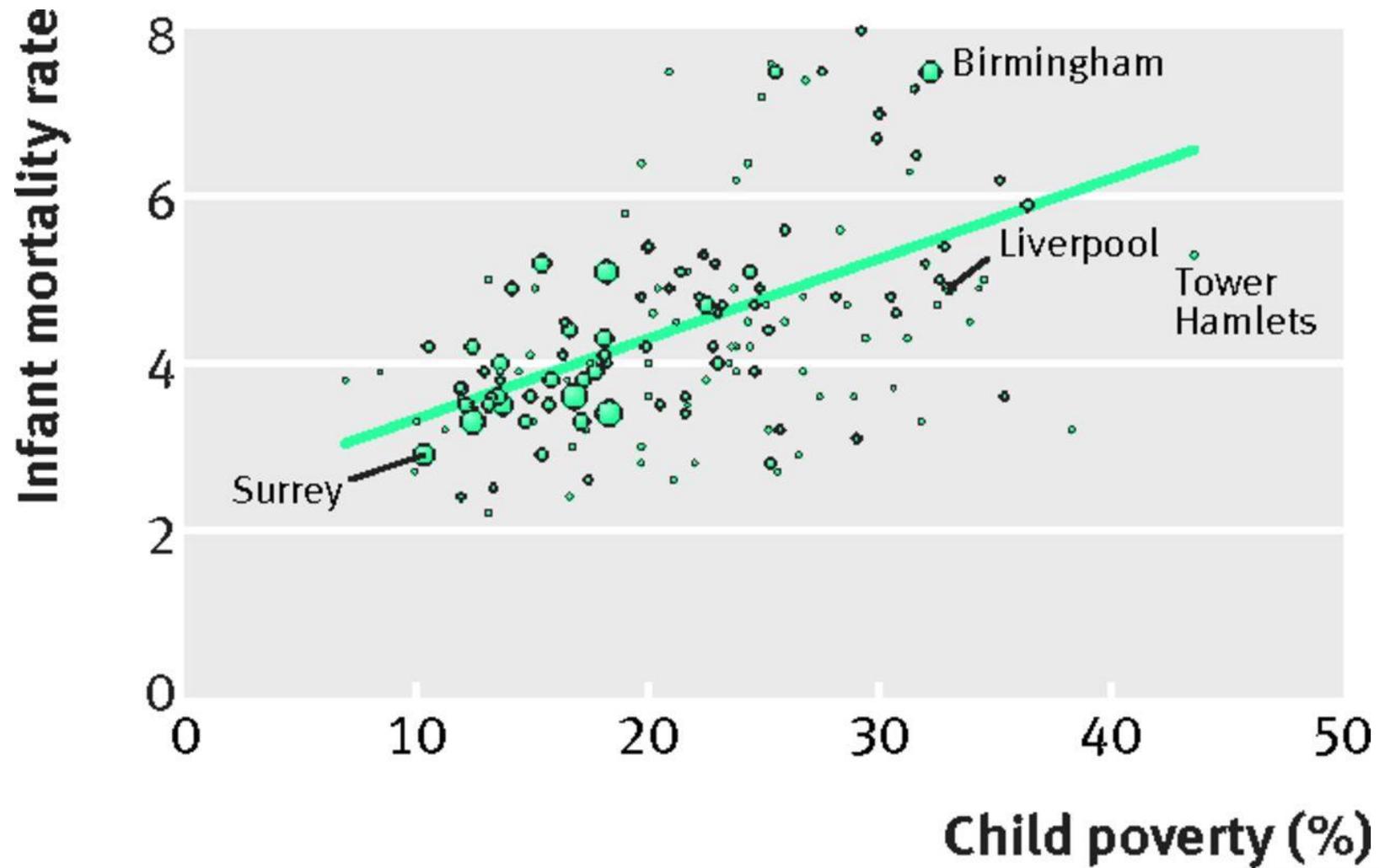
Social spending on children is associated with improved population health



Source: EUROSTAT

Taylor-Robinson D, Whitehead M, Barr B. BMJ 2015

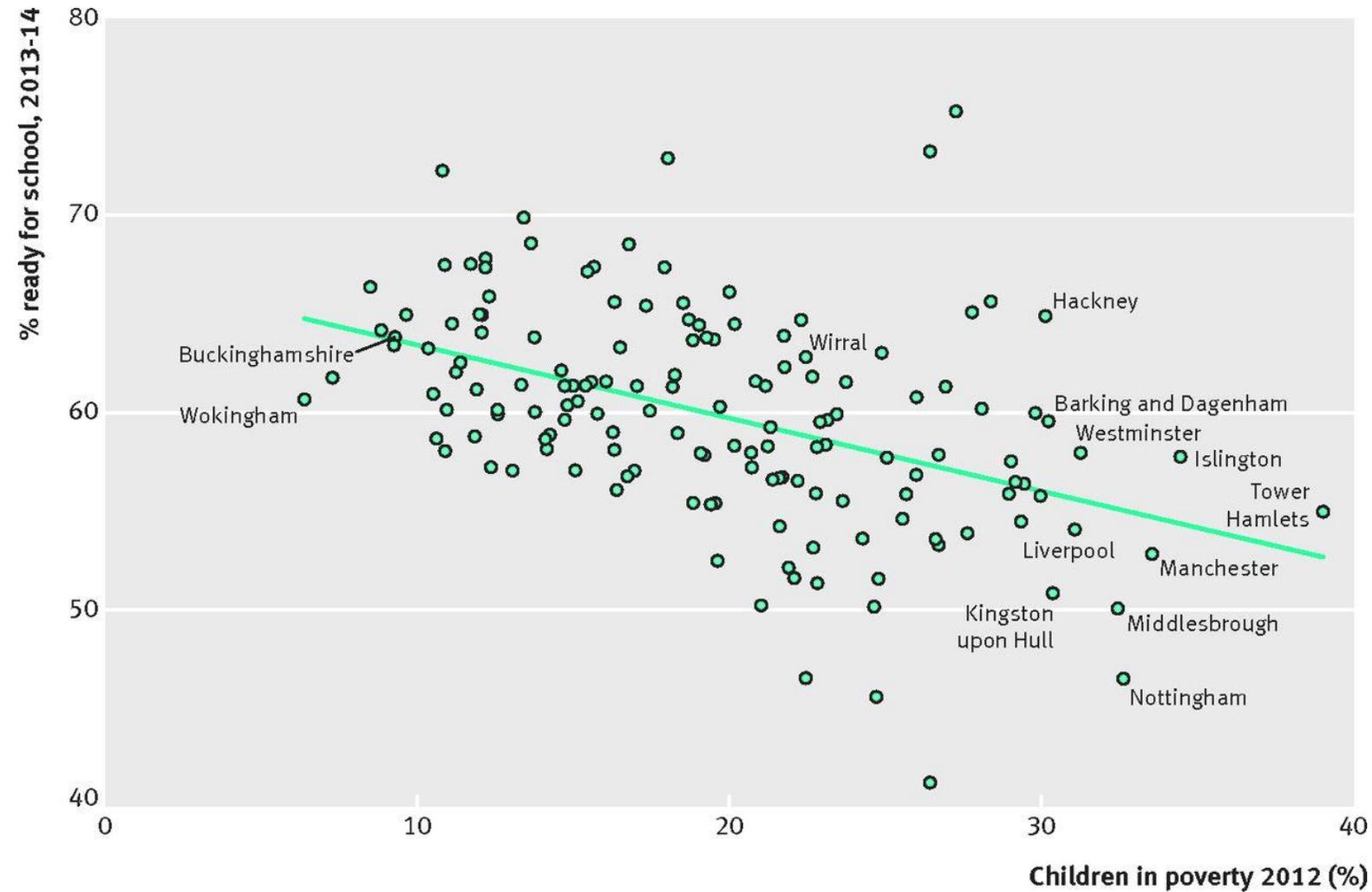
Infant mortality rate by relative child poverty (<60% median) for local authorities in England.



David Taylor-Robinson et al. BMJ 2015;351:bmj.h3959



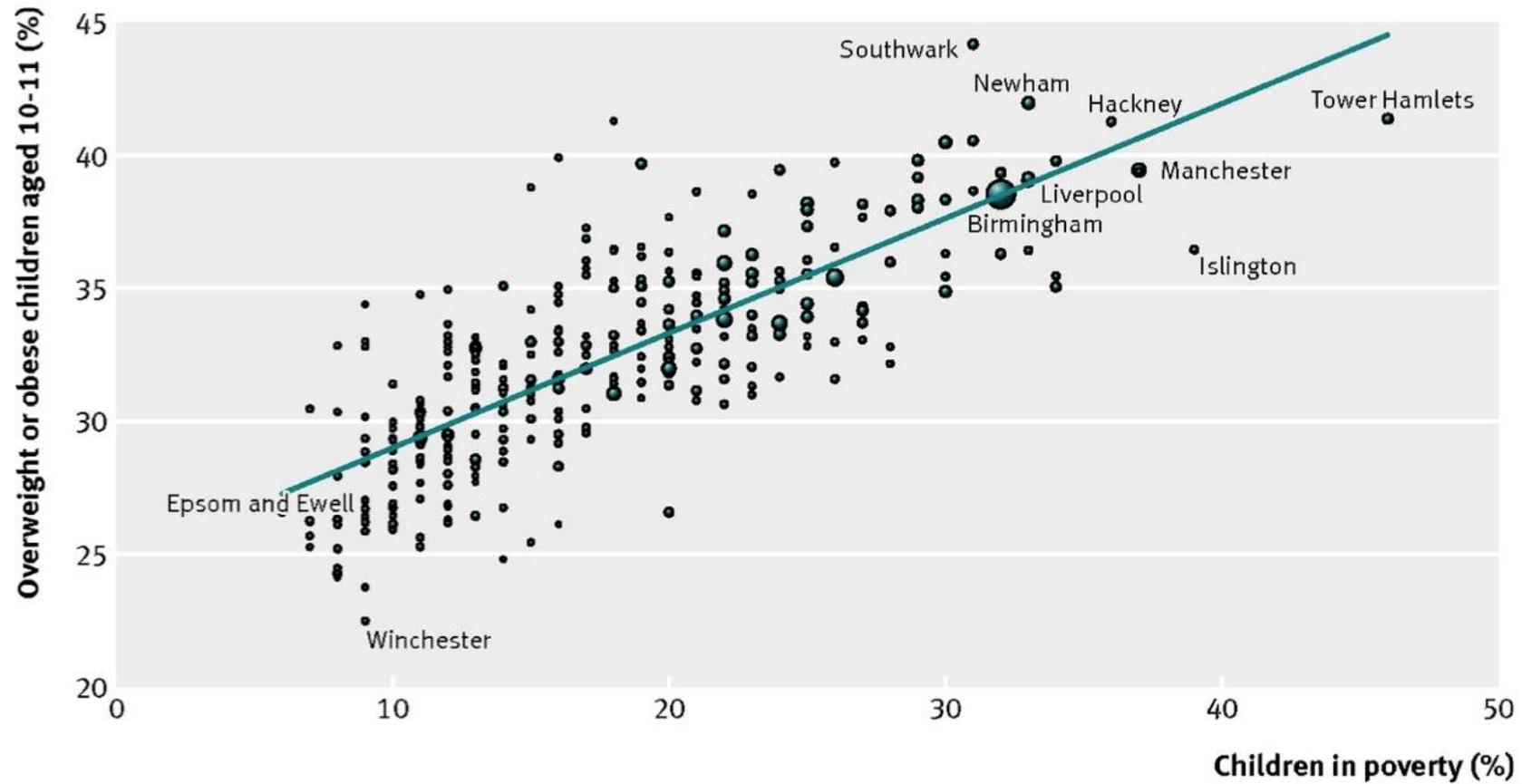
Percentage of children assessed as ready for school at age 5 (good level of development at end of early years foundation stage) compared with levels of child poverty in English authorities



David Taylor-Robinson et al. *BMJ* 2015;351:bmj.h5330



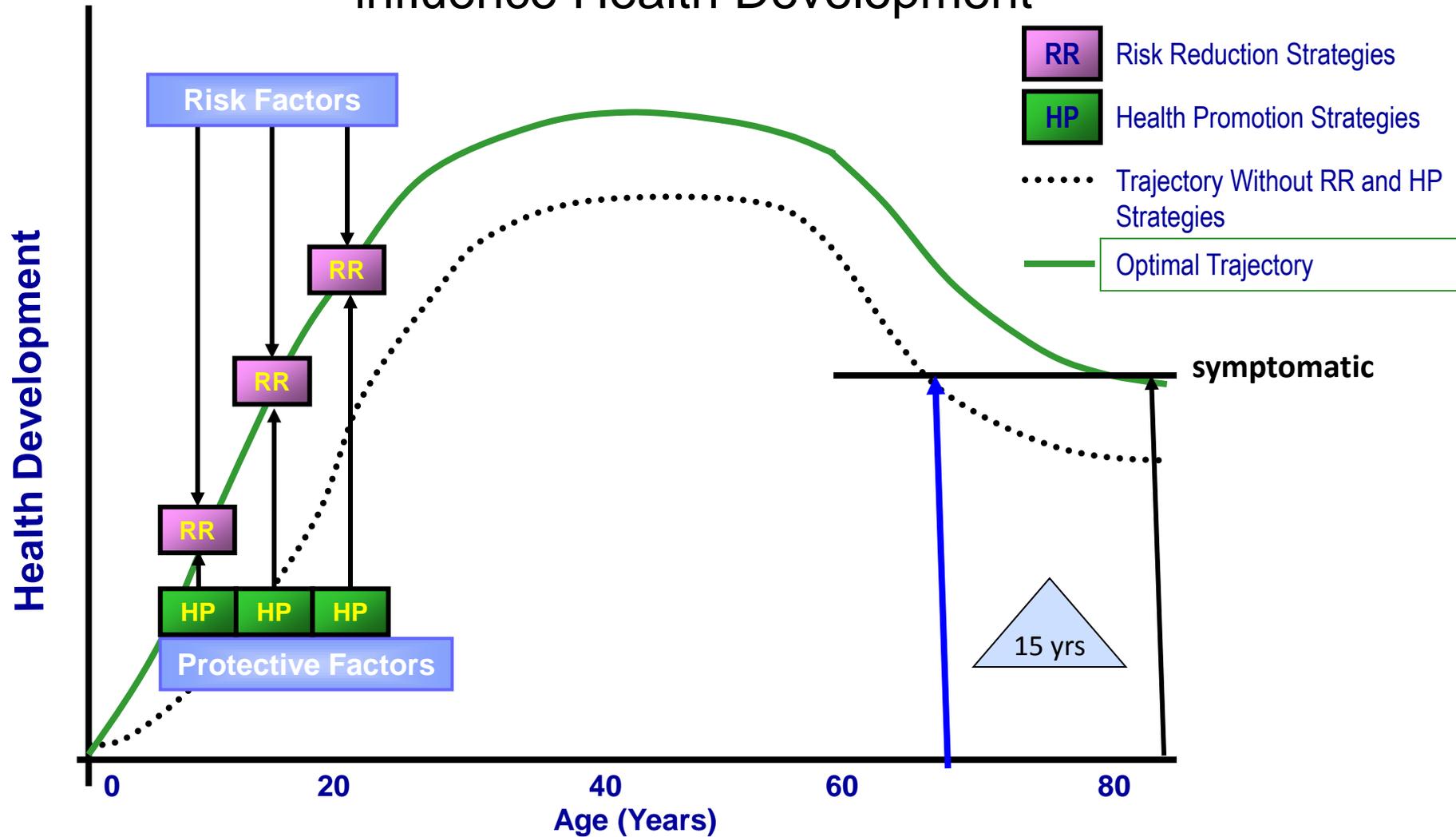
Percentage of overweight or obese children aged 10-11 years by percentage of children in poverty in English councils, 2012.



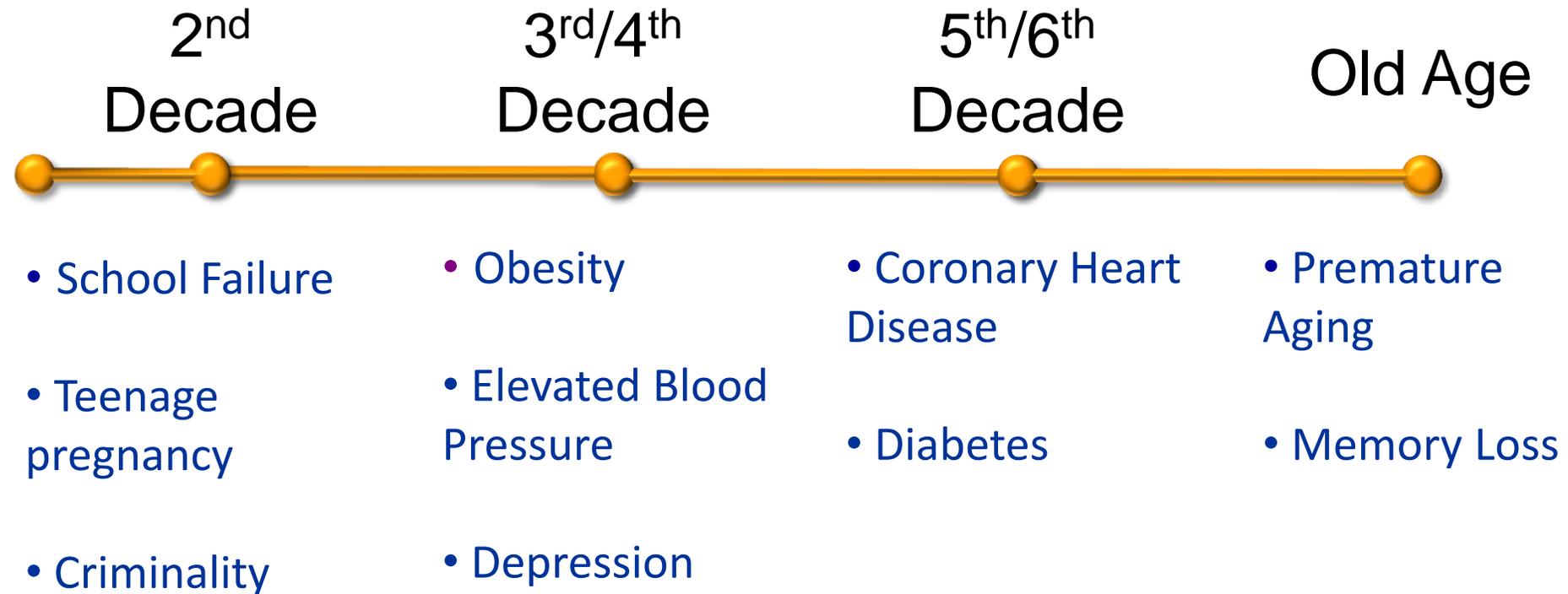
Taylor-Robinson D C et al. *BMJ* 2014;348:bmj.g2712



How Risk Reduction and Health Promotion Strategies influence Health Development



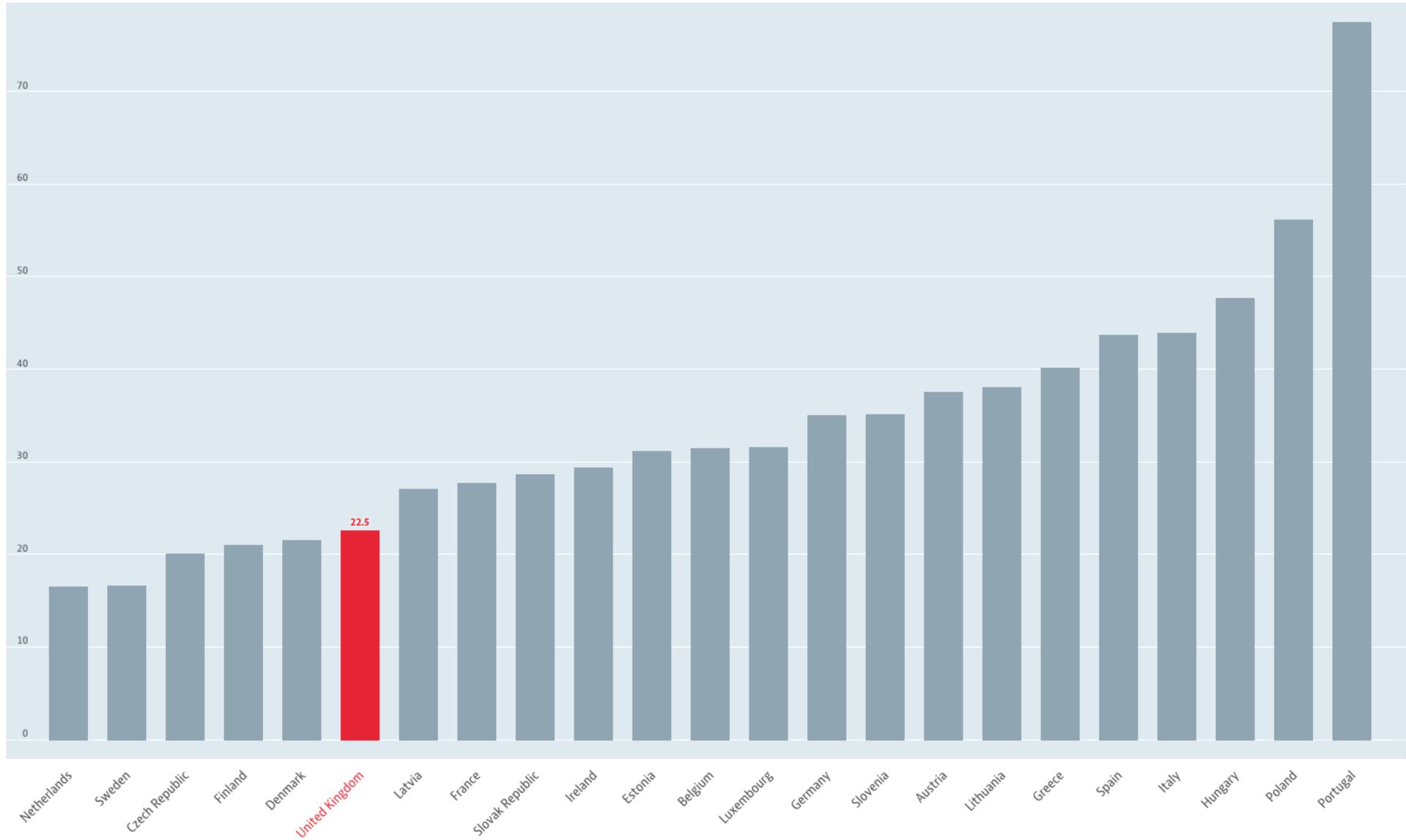
Life Course Problems Related to Early Life



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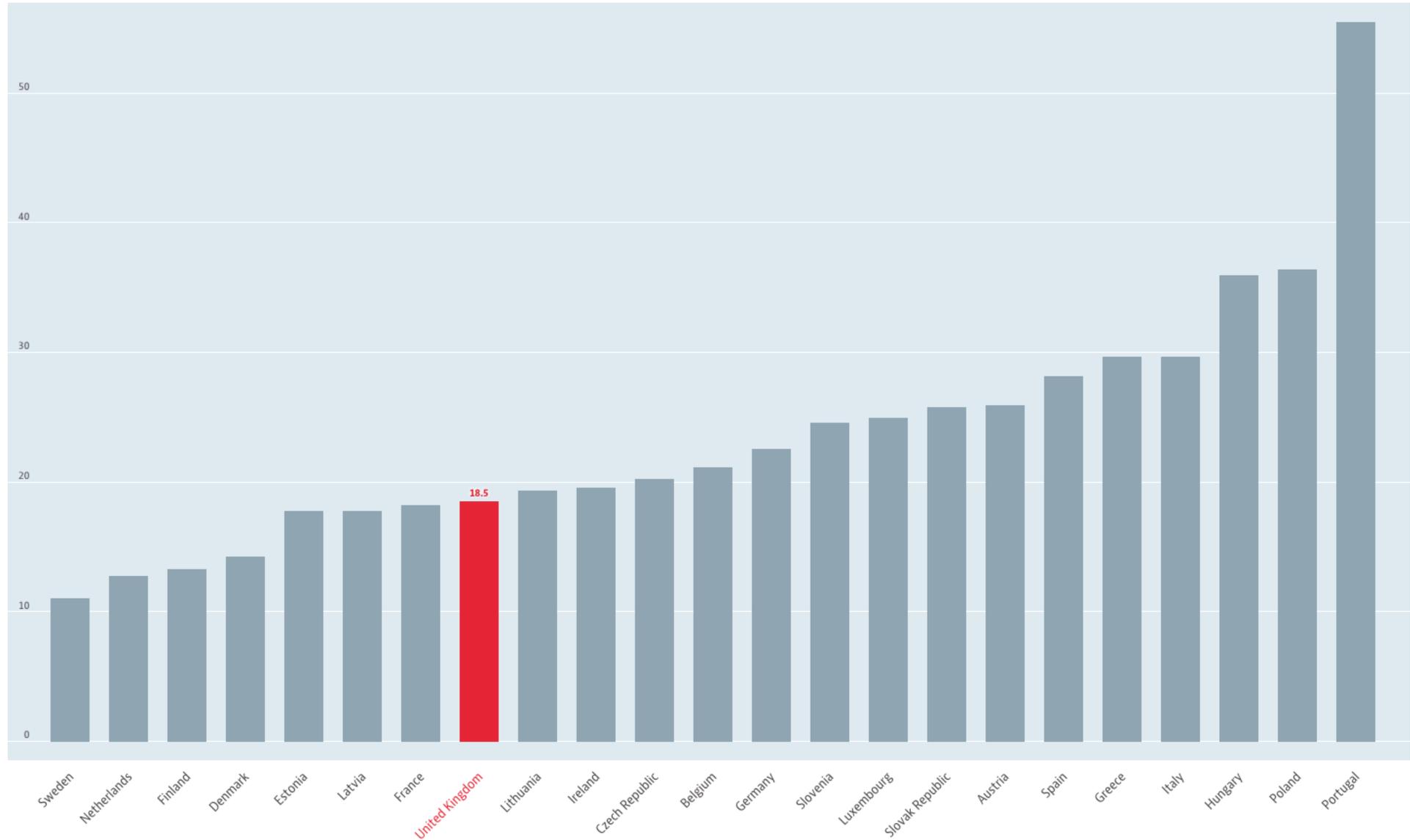
INFANT MORTALITY RANK 1960

Infant mortality rates Total, Deaths/1 000 live births, 1960



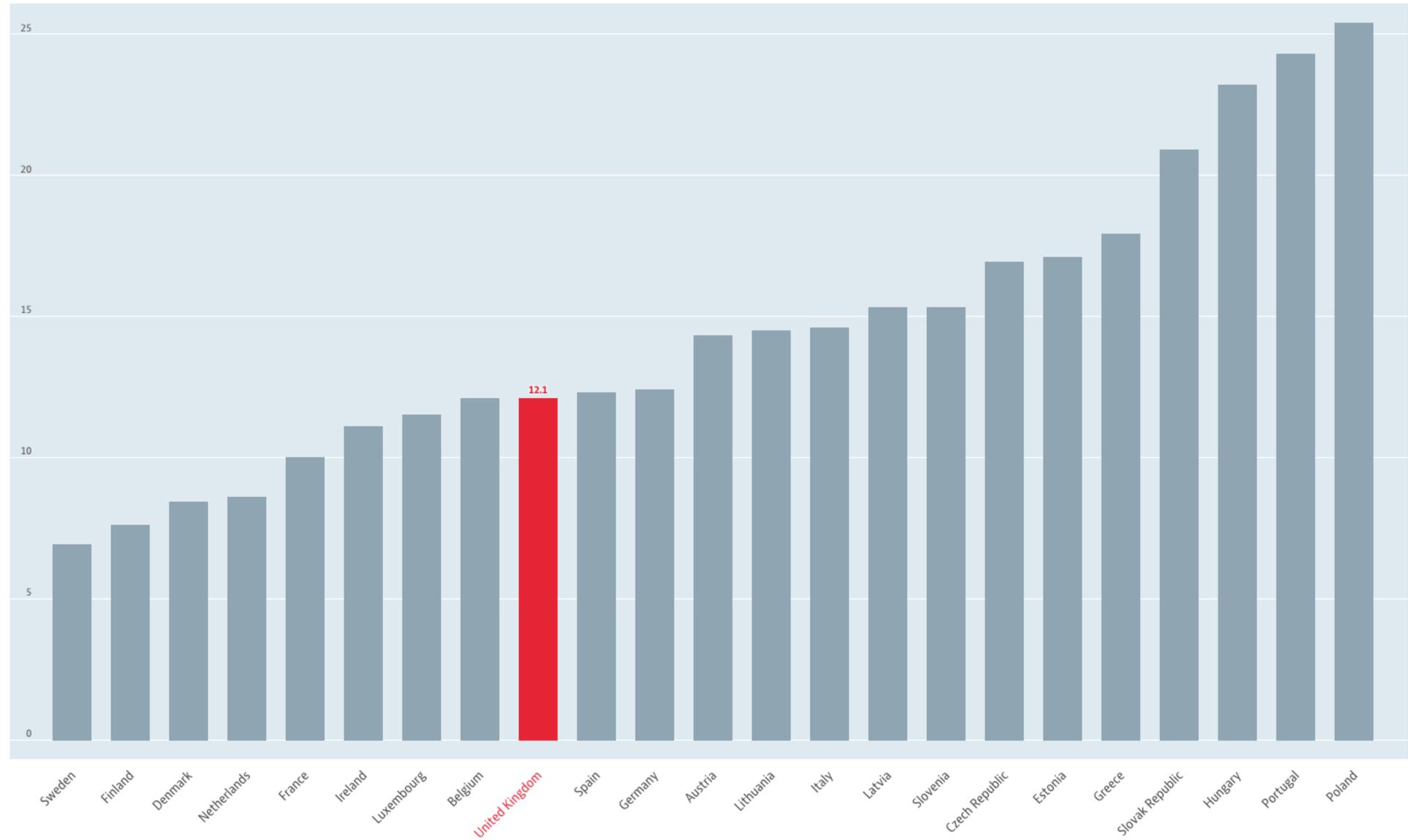
INFANT MORTALITY RANK 1970

Infant mortality rates Total, Deaths/1 000 live births, 1970



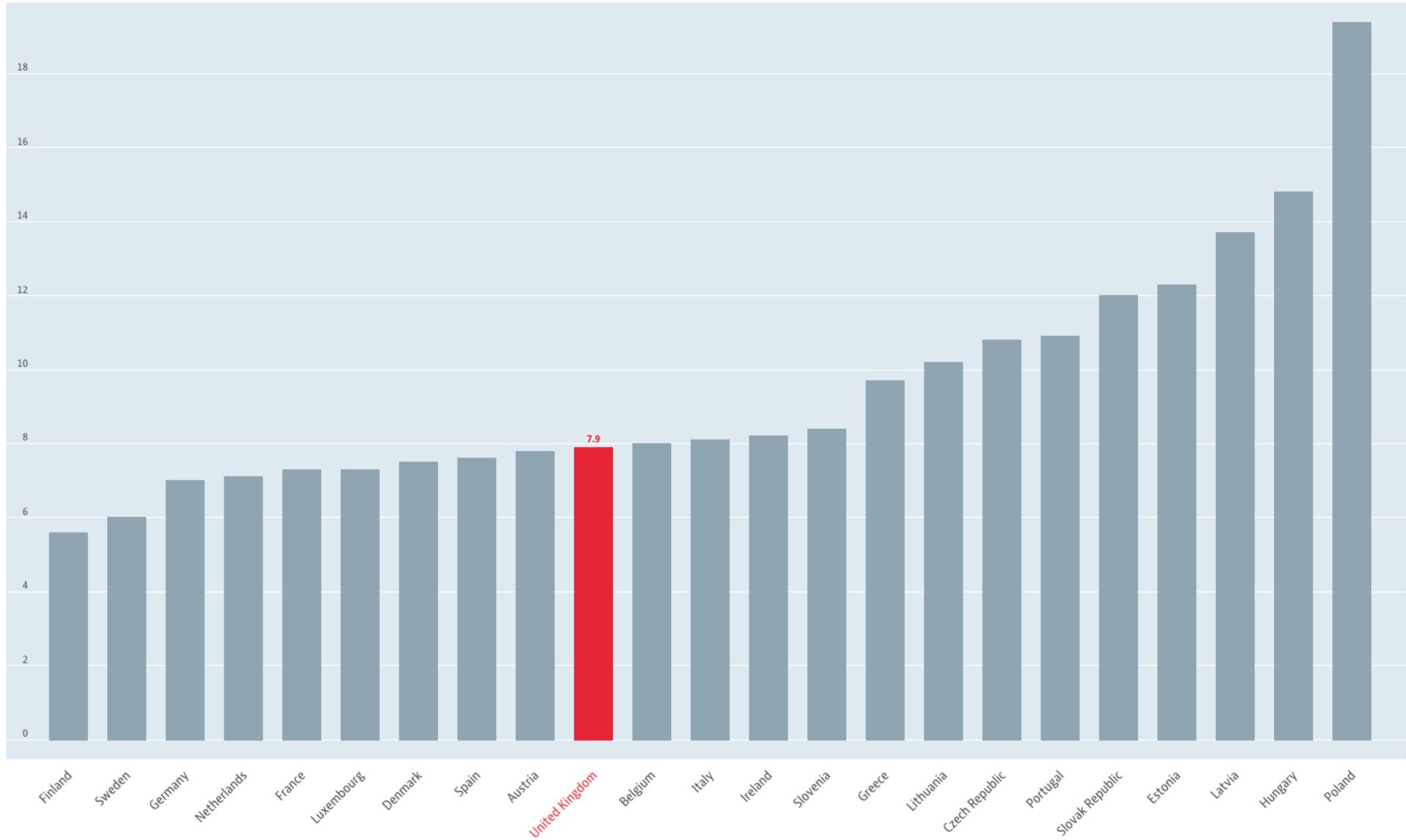
INFANT MORTALITY RANK 1980

Infant mortality rates Total, Deaths/1 000 live births, 1980



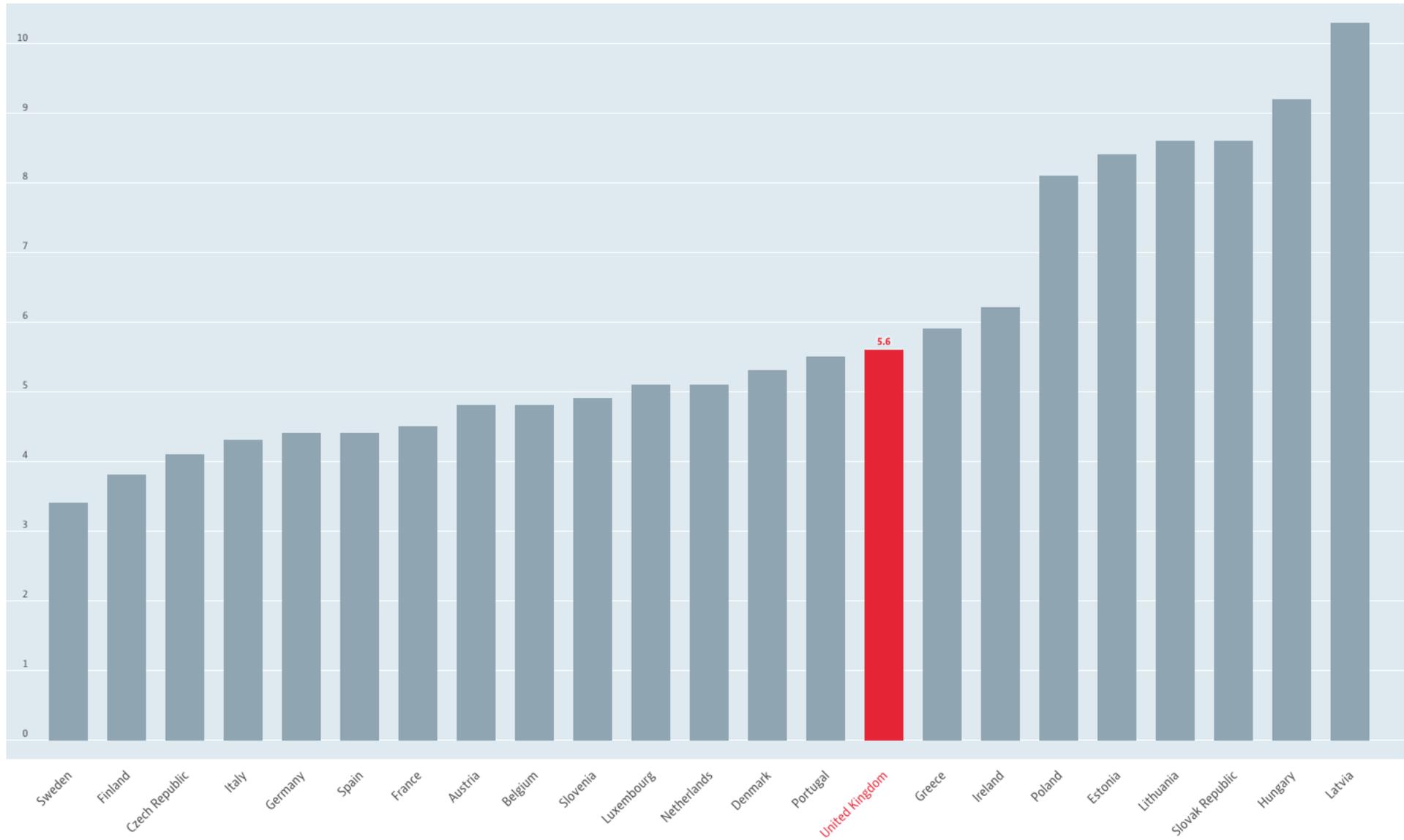
INFANT MORTALITY RANK 1990

Infant mortality rates Total, Deaths/1 000 live births, 1990



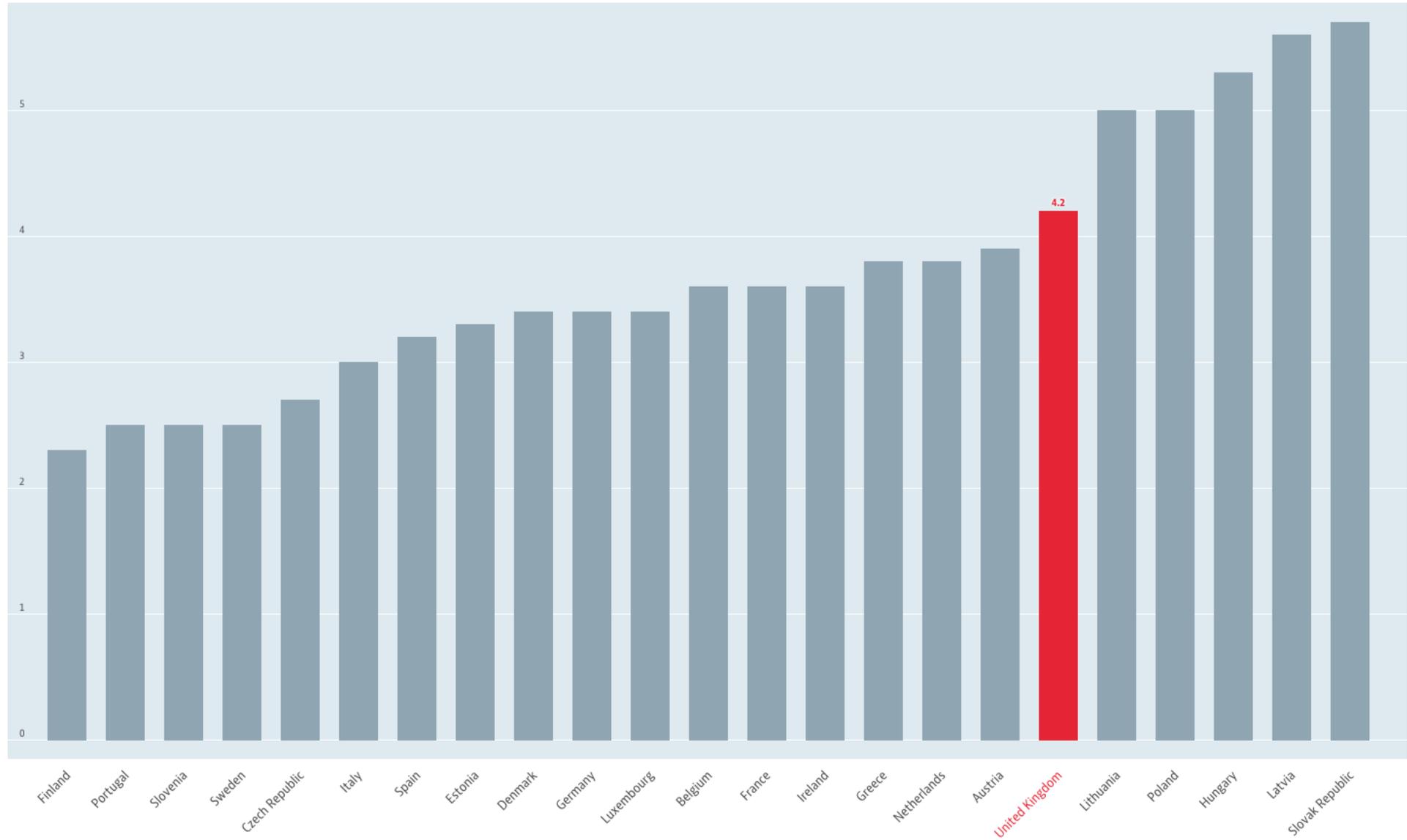
INFANT MORTALITY RANK 2000

Infant mortality rates Total, Deaths/1 000 live births, 2000



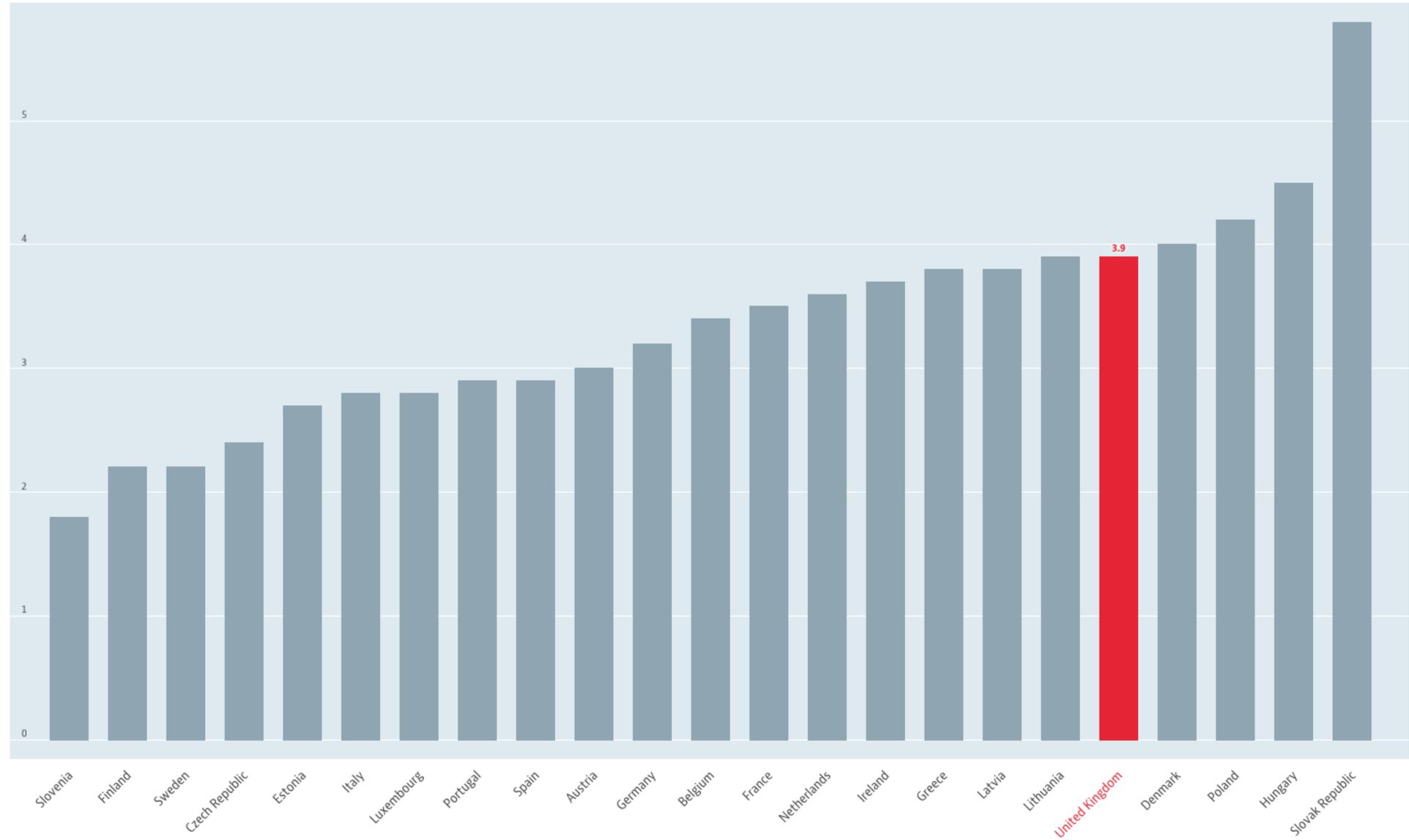
INFANT MORTALITY RANK 2010

Infant mortality rates Total, Deaths/1 000 live births, 2010

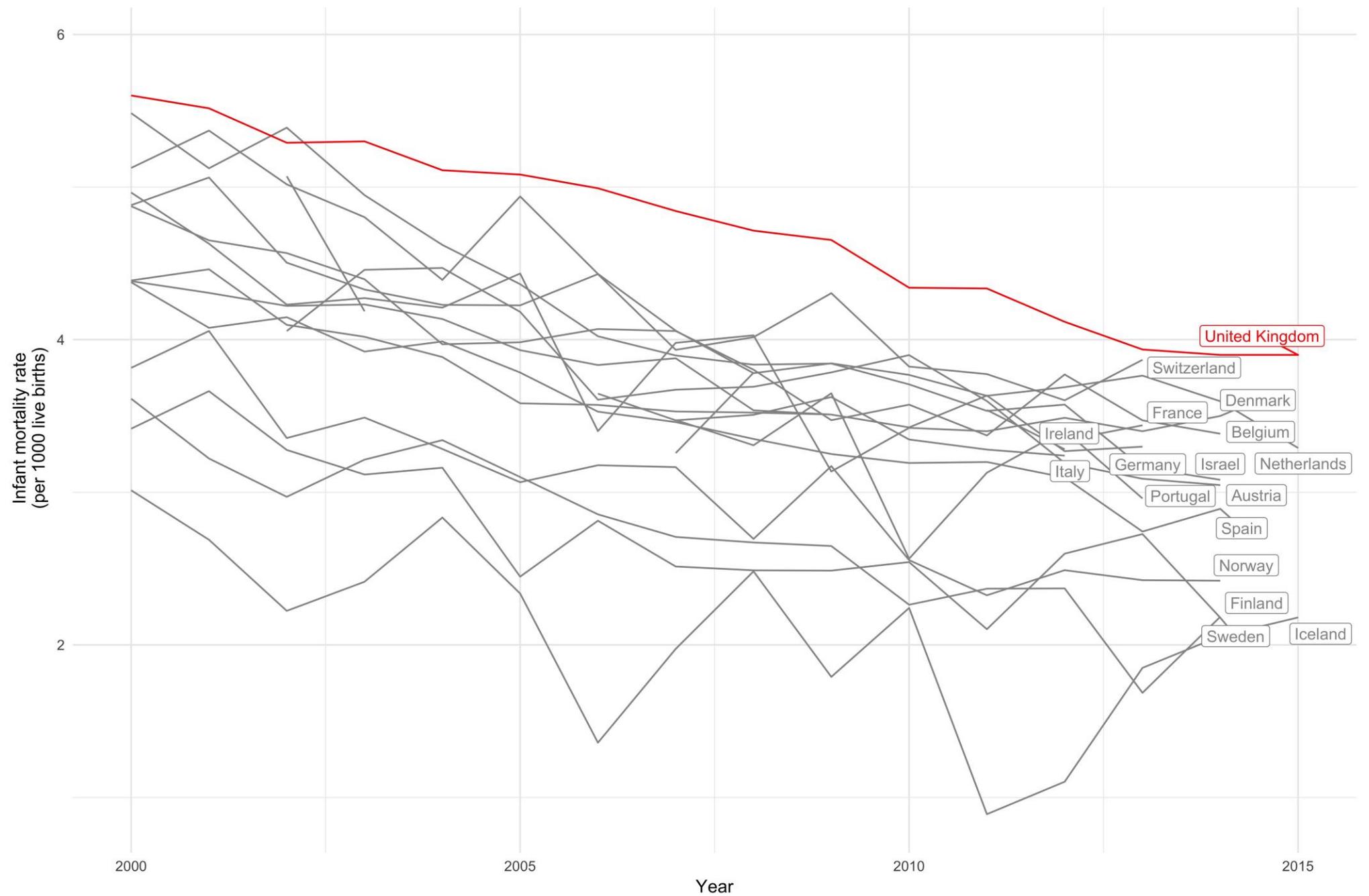


INFANT MORTALITY RANK 2014

Infant mortality rates Total, Deaths/1 000 live births, 2014 or latest available



INFANT MORTALITY in Western European countries 2000-latest data



Statistical bulletin:

Childhood mortality in England and Wales: 2015

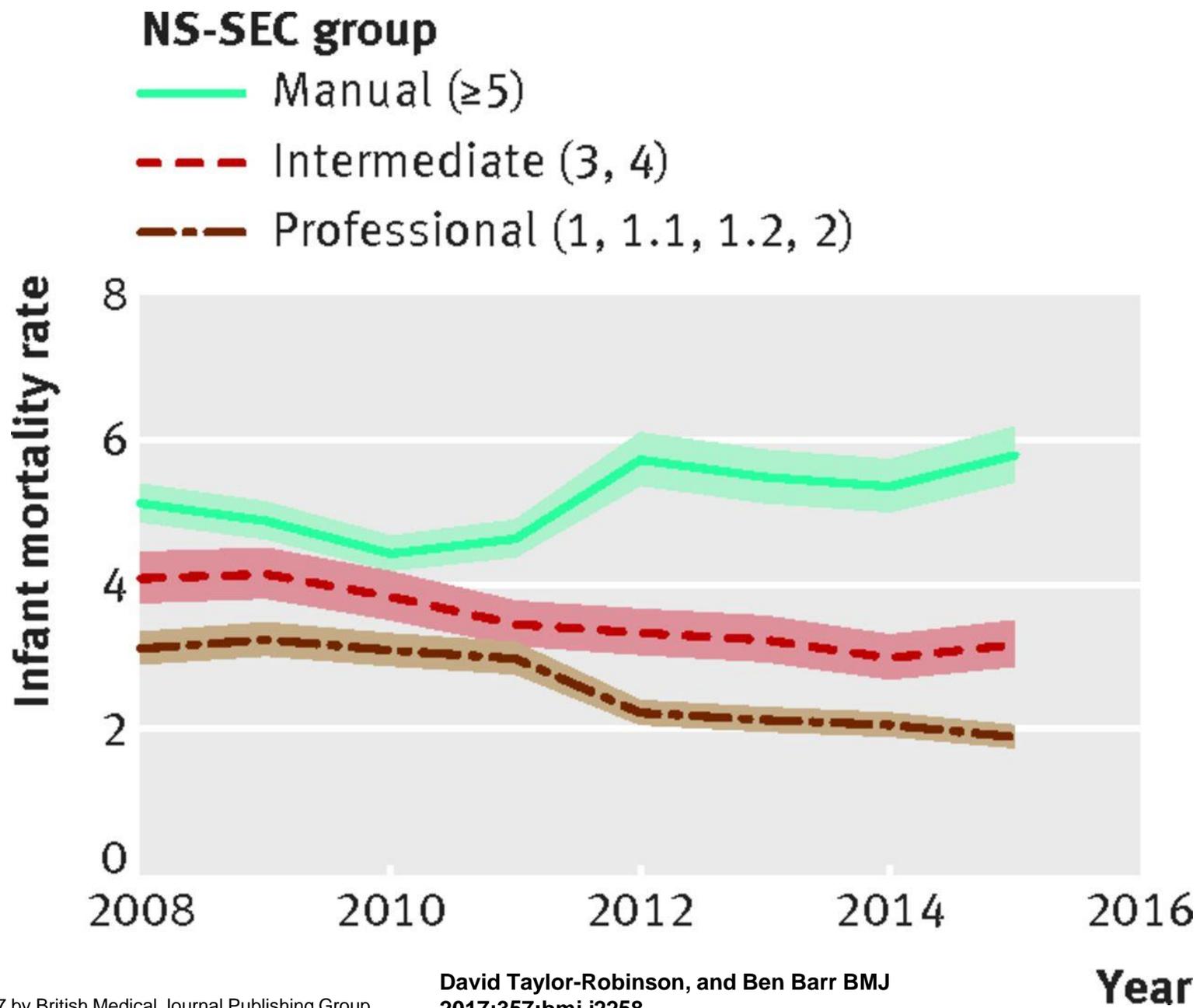
Stillbirths, infant and childhood deaths occurring annually in England and Wales, and associated risk factors.

Statistician's comment

"2015 saw the first increase in the infant mortality rate in England and Wales since 2006. The rate rose to 3.7 deaths per 1,000 births from the record low of 3.6 in 2014, but it remains low in historical terms. There are many risk factors contributing to infant mortality such as birthweight, mother's age at birth of child, and the parents' socio-economic status."

Vasita Patel, Vital Statistics Outputs Branch, Office for National Statistics

Infant mortality rate (95% confidence interval) by socioeconomic classification, 2008-15.



State of Child Health



State of Child Health Report 2017

CHILD HEALTH IN JEOPARDY DUE TO AN ALARMING GAP BETWEEN RICH
AND POOR

UK has 'stark inequalities in child health', report says

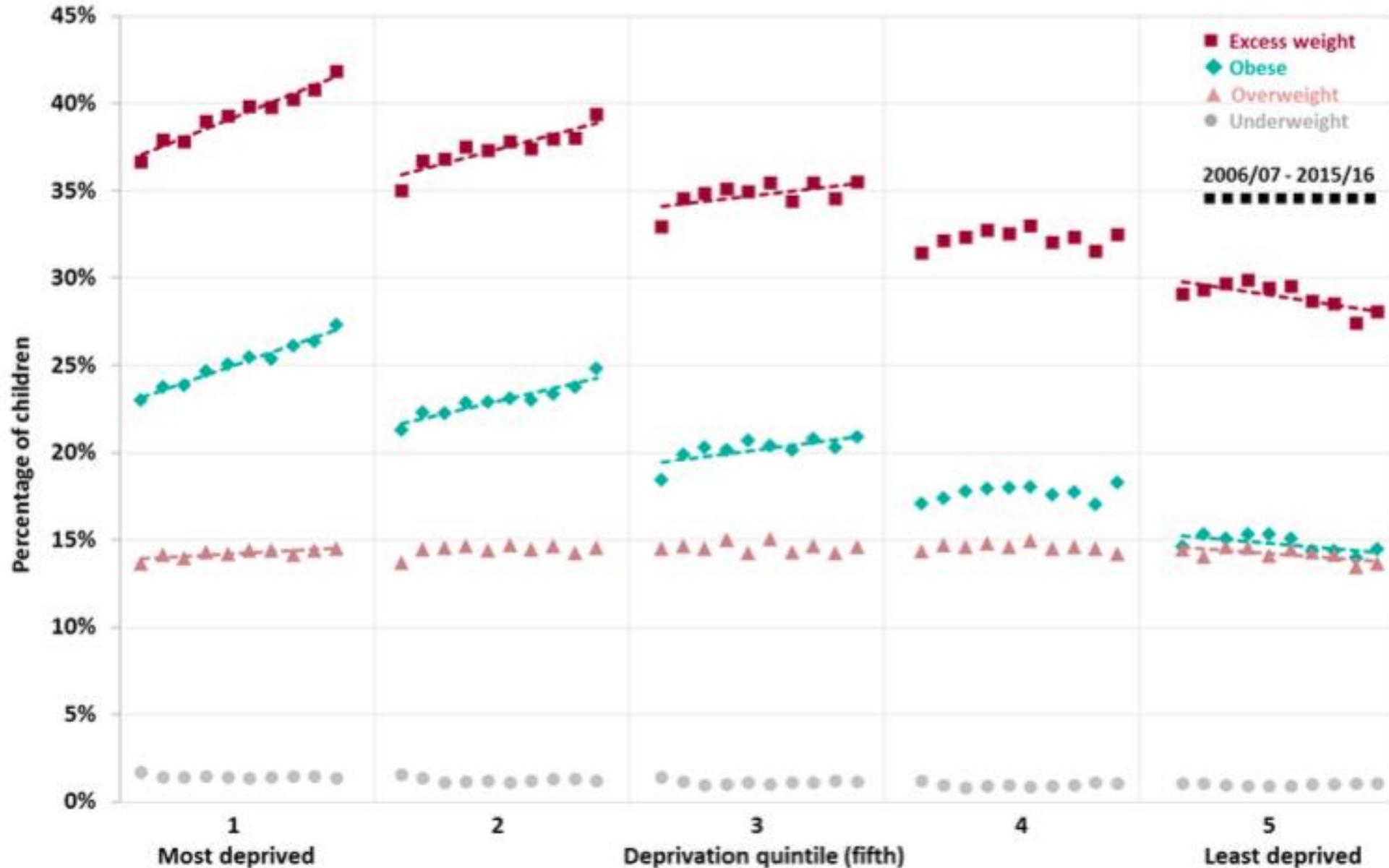
🕒 26 January 2017 | [Health](#) | 🗨️

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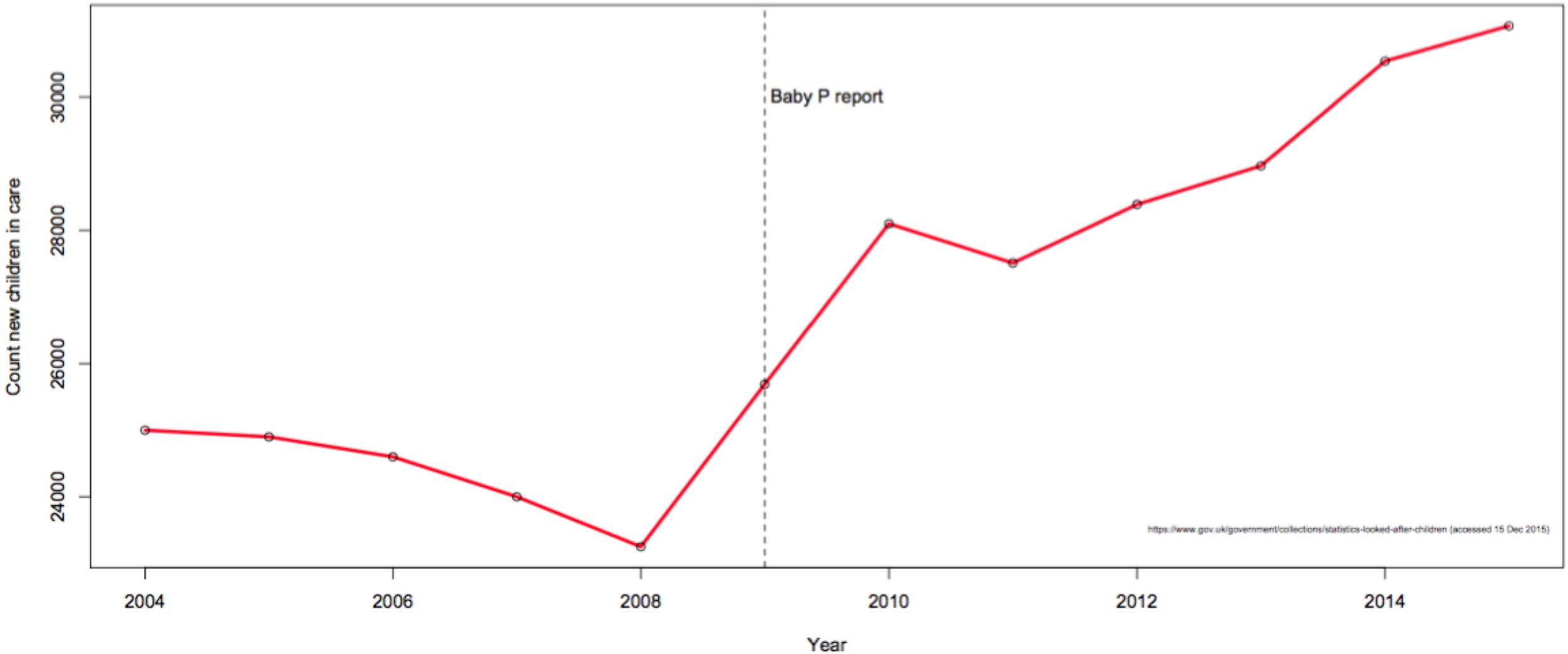
Child health in the UK is falling behind that of many other European countries, a major report says.

INCREASING INEQUALITY IN OBESITY: Prevalence of overweight and obesity among Year 6 pupils in England by deprivation quintile (first and fifth) 2006/2007 to 2015/2016



Dramatic rise in children taken into LA care

Children who started to be looked after 2008-2015





Department
of Health

Department of Health

Annual Report and Accounts 2016-17

(For the period ended 31 March 2017)

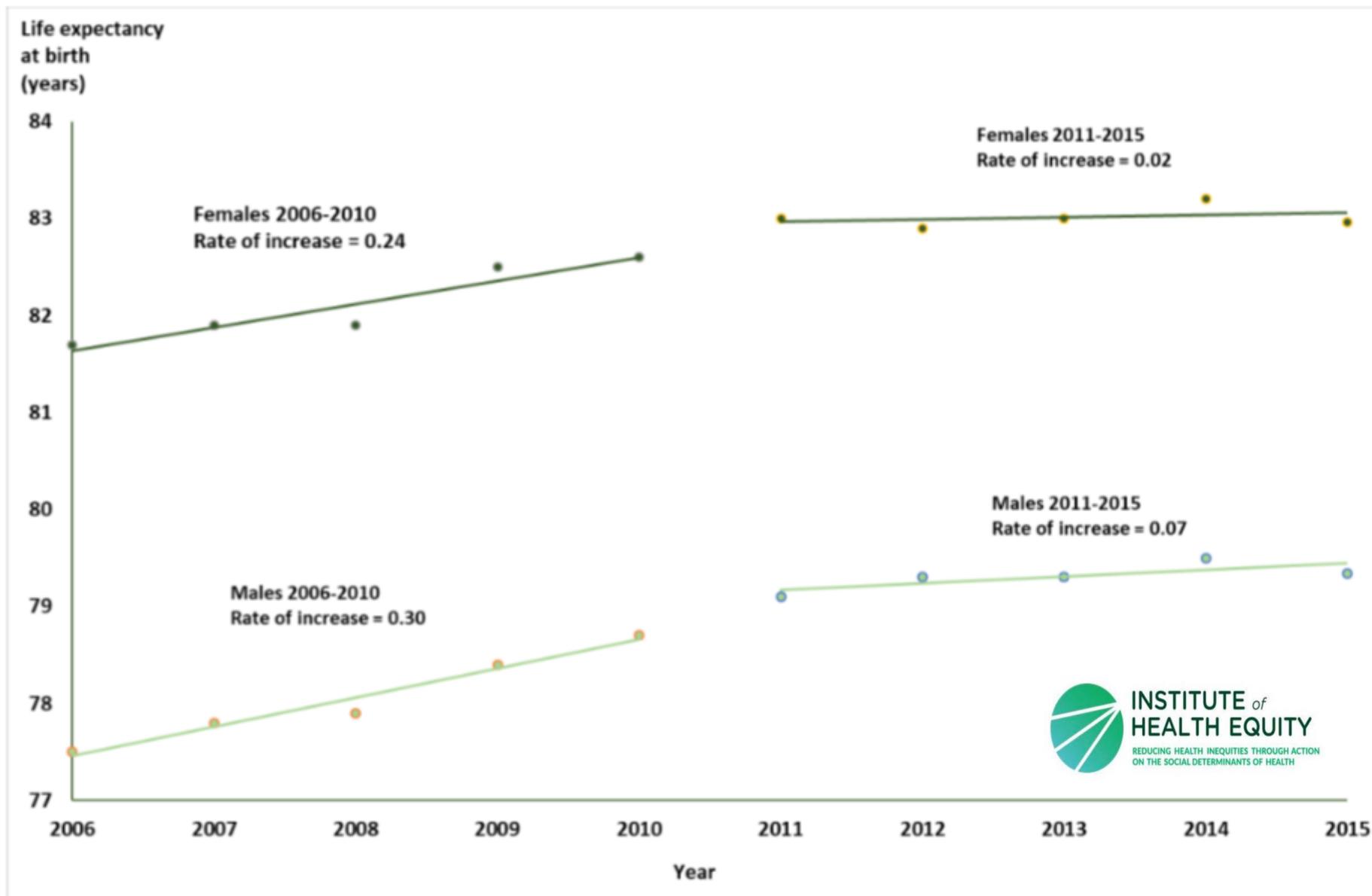
Accounts presented to the House of Commons pursuant to Section 6(4) of the Government Resources and Accounts Act 2000

Secretary of State's annual report presented to Parliament pursuant to Section 247(D) of the National Health Service Act 2006

Annual Report presented to the House of Commons by Command of Her Majesty
Annual Report and Accounts presented to the House of Lords by Command of Her Majesty

Ordered by the House of Commons to be printed on 18 July 2017

Figure 1 Life Expectancy at birth, England, single years 2006 to 2015

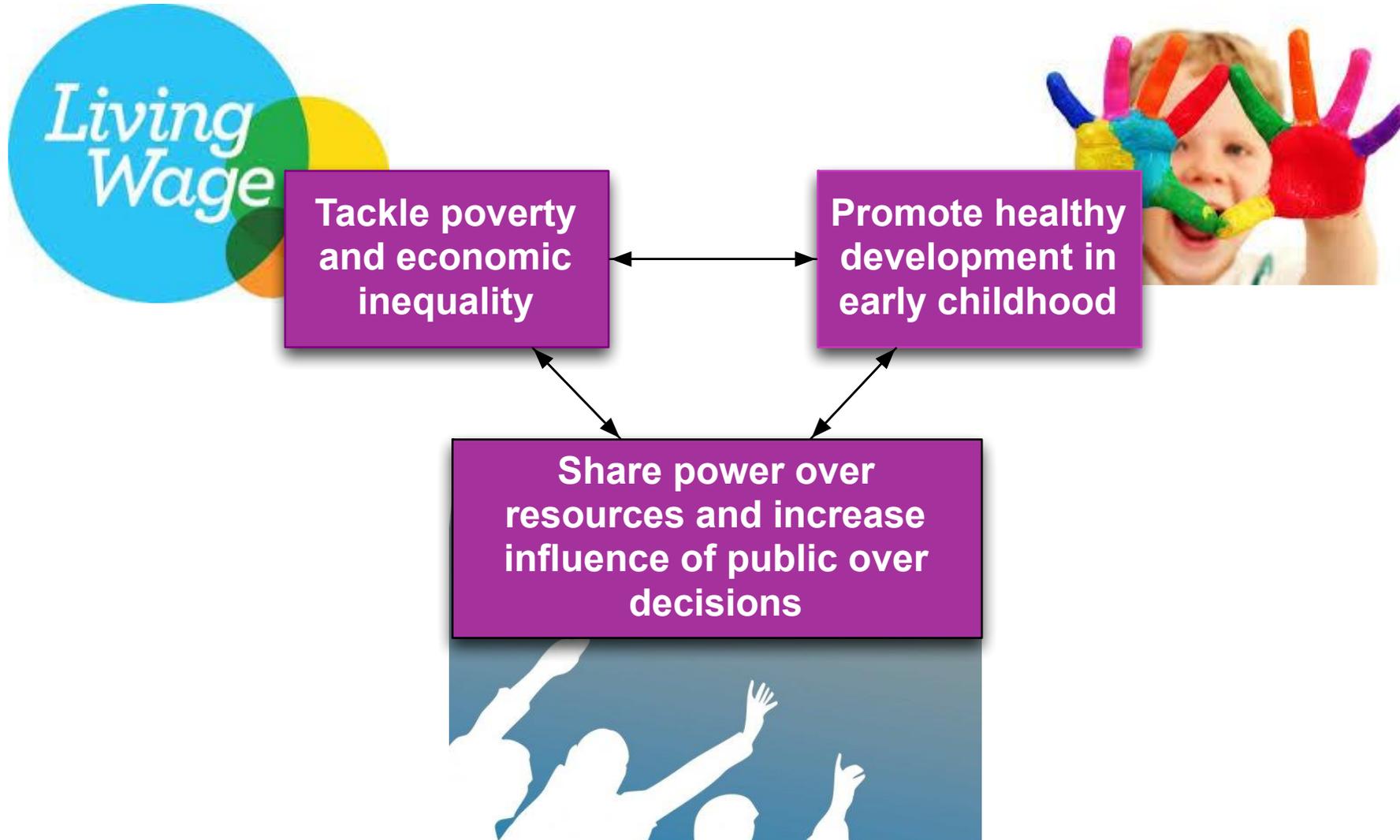


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DUE NORTH

**Report of the Inquiry on
Health Equity for the North**

DUE NORTH: actions to tackle root causes





Agencies in the North

- *Increase proportion of early years spend*
- Ensure access to good quality *universal early years education and childcare*
- Maintain and *protect universal integrated neighbourhood support* for early child development, including *Children's Centres*
- Develop and sign up to a Charter to *protect the rights of children to the best possible health*
- *Better data on children across the lifecourse*

Central government

- ***Reduce child poverty*** through the measures advocated by the Child Poverty Commission
- ***Increase expenditure allocated to early years,*** focused according to need
- ***Embed a rights based approach*** to children's health across government departments
- ***Health in all policies*** and ***cumulative impact assessment*** of any future welfare changes





NHS

- ***Allocate resources to reduce health inequalities*** over the lifecourse
- ***Pool resources*** with other partners to ensure that universal support ***for early child development*** is developed and maintained
- ***Encourage holistic provision of services in primary care to reduce poverty*** among children with chronic illness

Public Health England

- ***Advocacy for child health in all policies***
- Help to establish a cross-departmental system of health impact assessment
- ***Support cumulative impact assessment*** of the impact of welfare reform and cuts to local and national public services
- ***Support local authorities to produce a Health Inequalities Risk Mitigation Strategy***

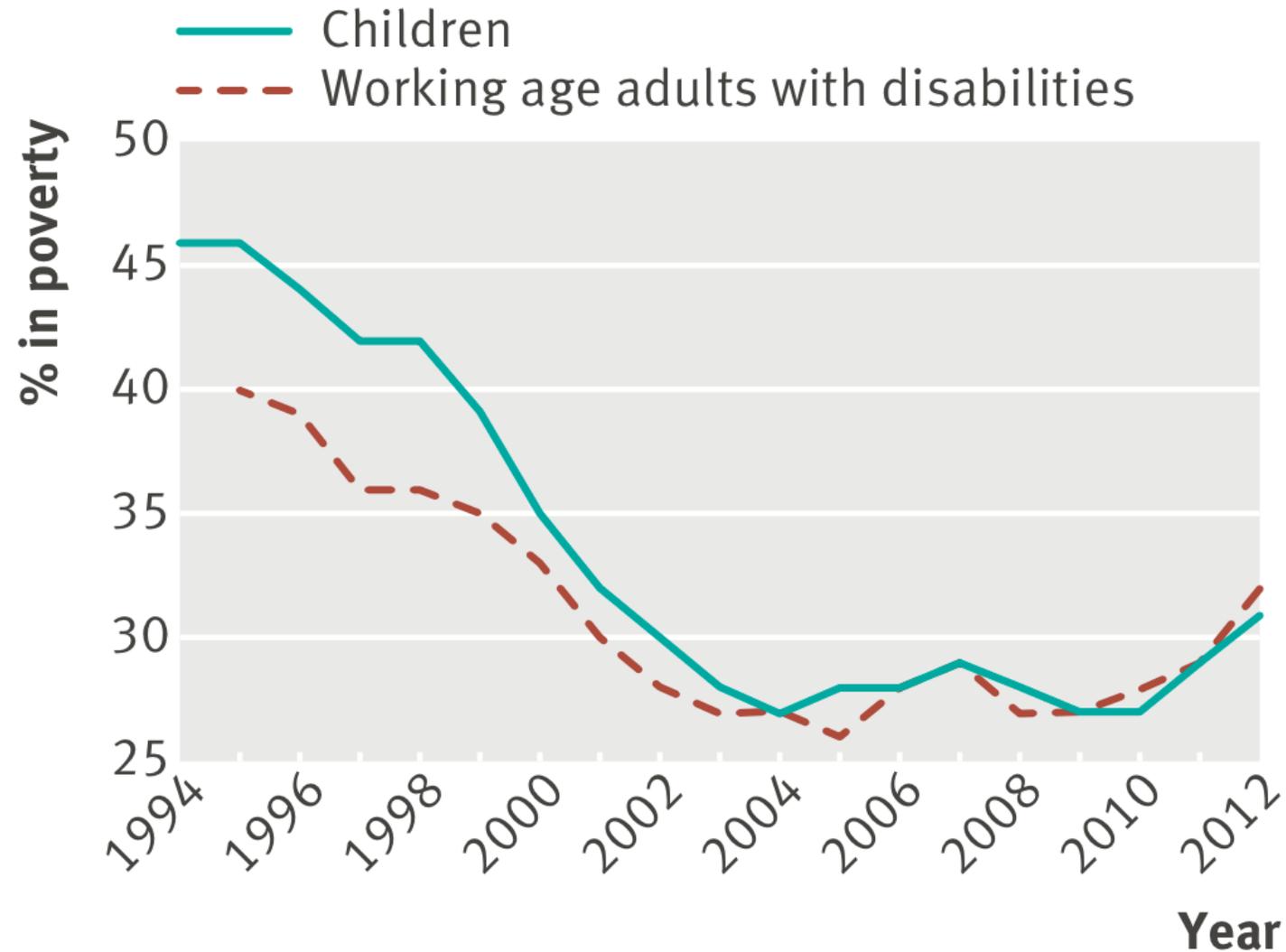
“We exist to protect and improve the nation's health and wellbeing, and reduce health inequalities.”



Public Health
England

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Gains of the past are being undone



Child poverty in UK at highest level since 2010, official figures show

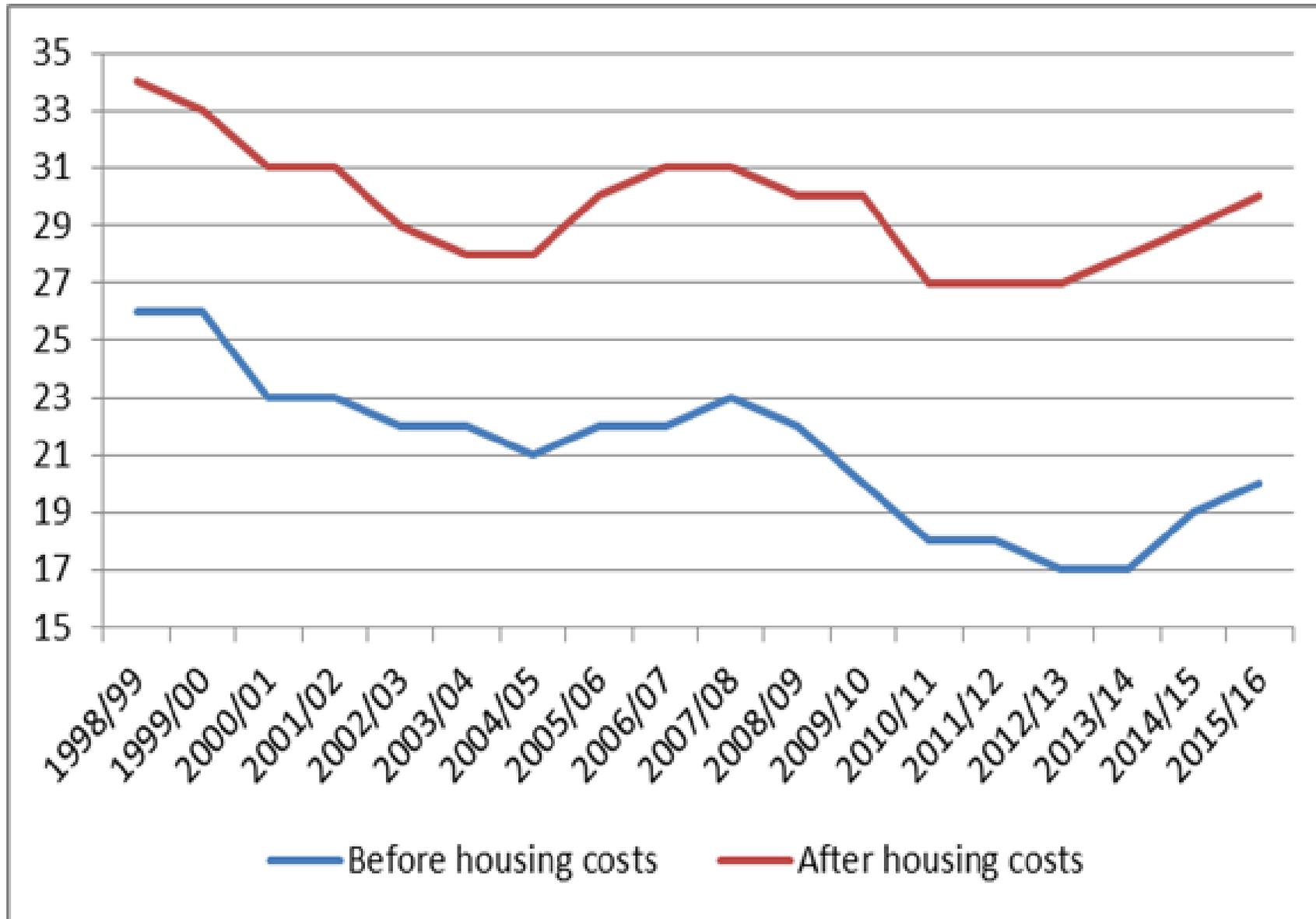
About 30% of Britain's children are now classified as poor, of whom two-thirds are from working families



i About 100,000 children fell into relative poverty in 2015-15, taking the overall figure to 4 million. Photograph: Christopher Furlong/Getty Images

The upward trend in child poverty in the UK has continued for the third year running, with the percentage of children classed as poor at its highest level since the start of the decade, latest official figures show.

UK Child Poverty rates <60% contemporary median before and after housing costs



Data: <https://www.gov.uk/government/statistics/households-below-average-income-199495-to-201516>

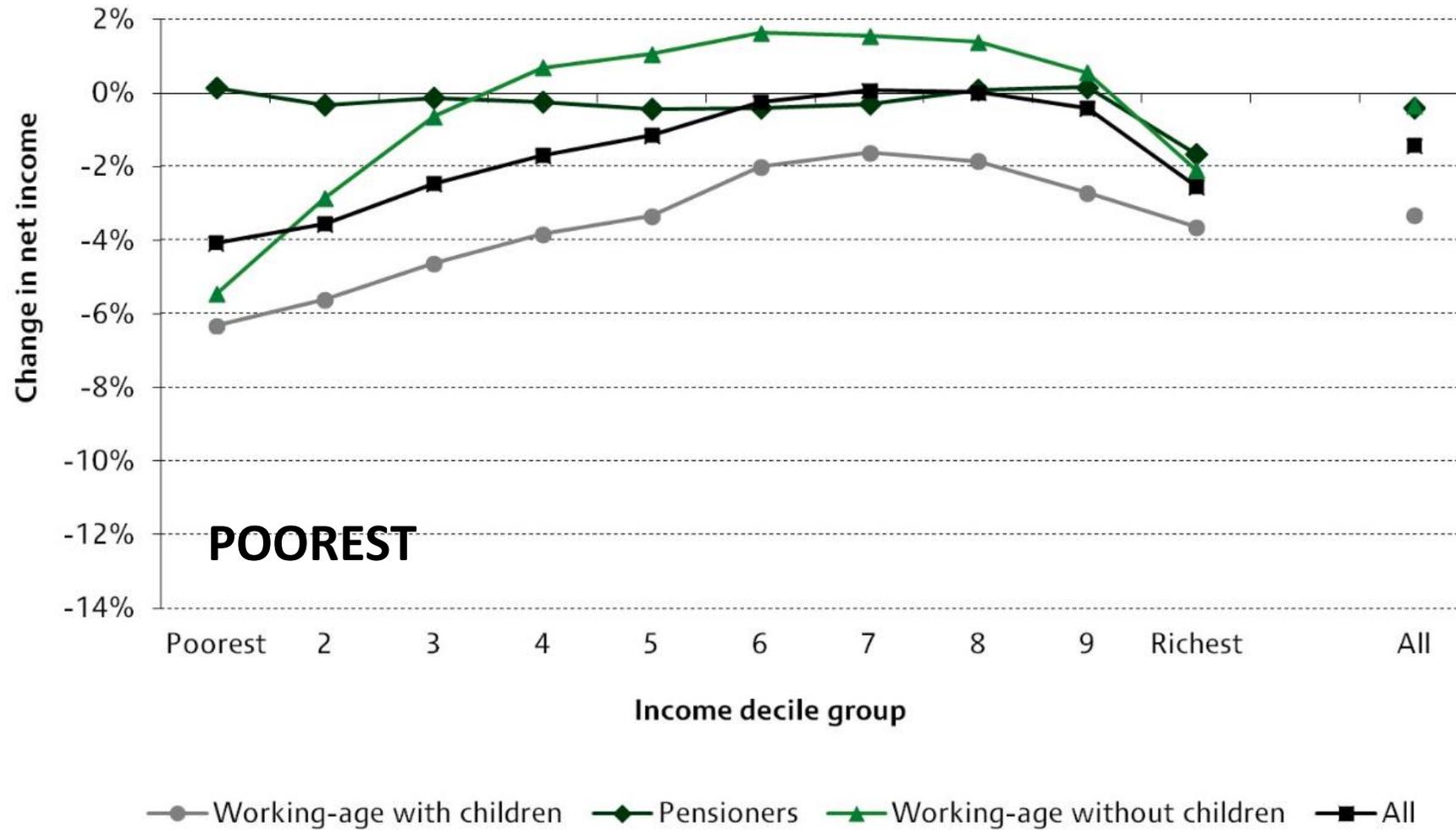


Families in an Age of Austerity:
January 2012

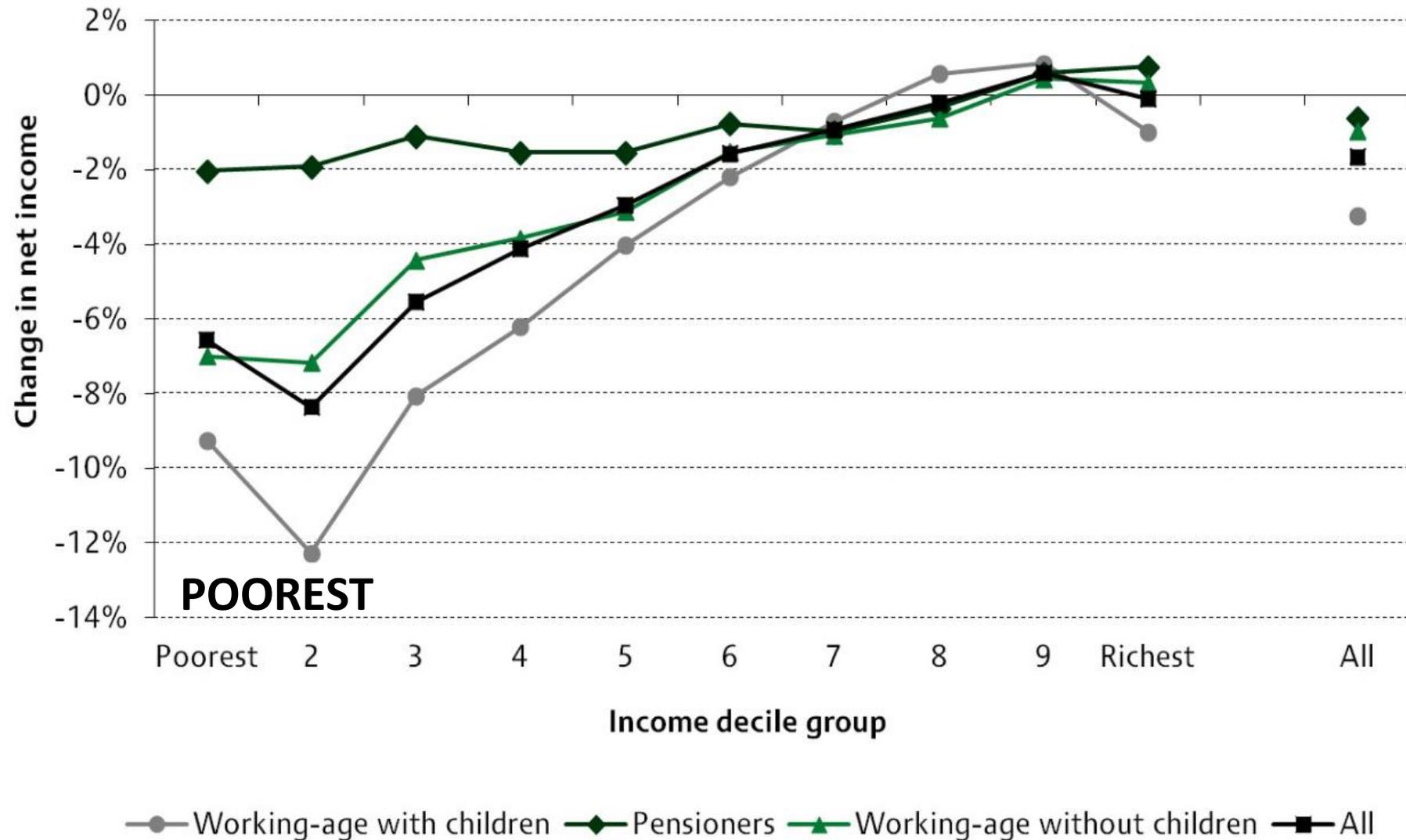
The Impact of Austerity Measures on Households with Children

Analysis by James Browne, Institute for Fiscal
Studies

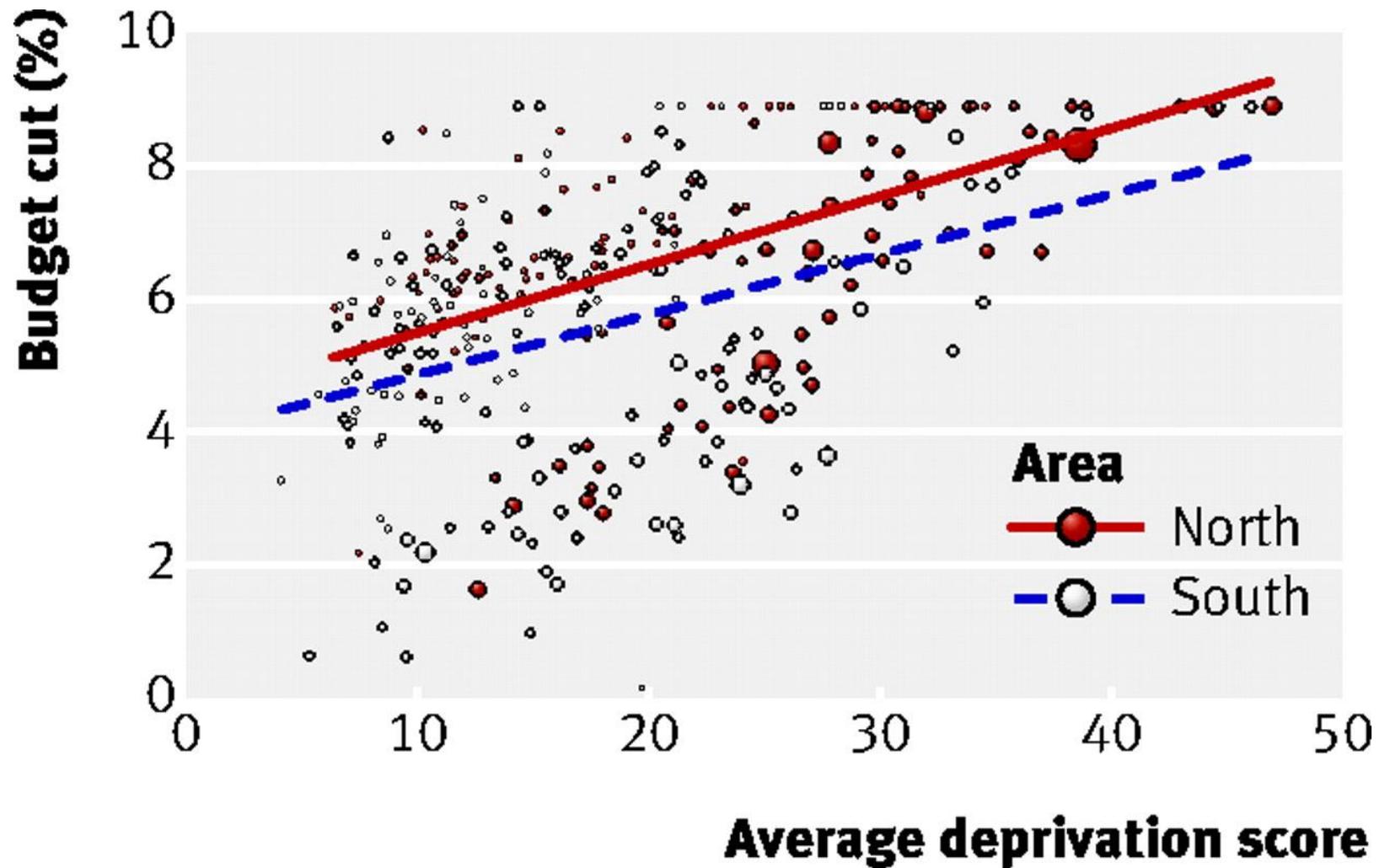
Impact of tax and benefit reforms introduced between May 2010 and April 2015 by income decile and household type



Long-run impact of tax and benefit reforms introduced between May 2015 and April 2019 by income decile and household type (including universal credit)

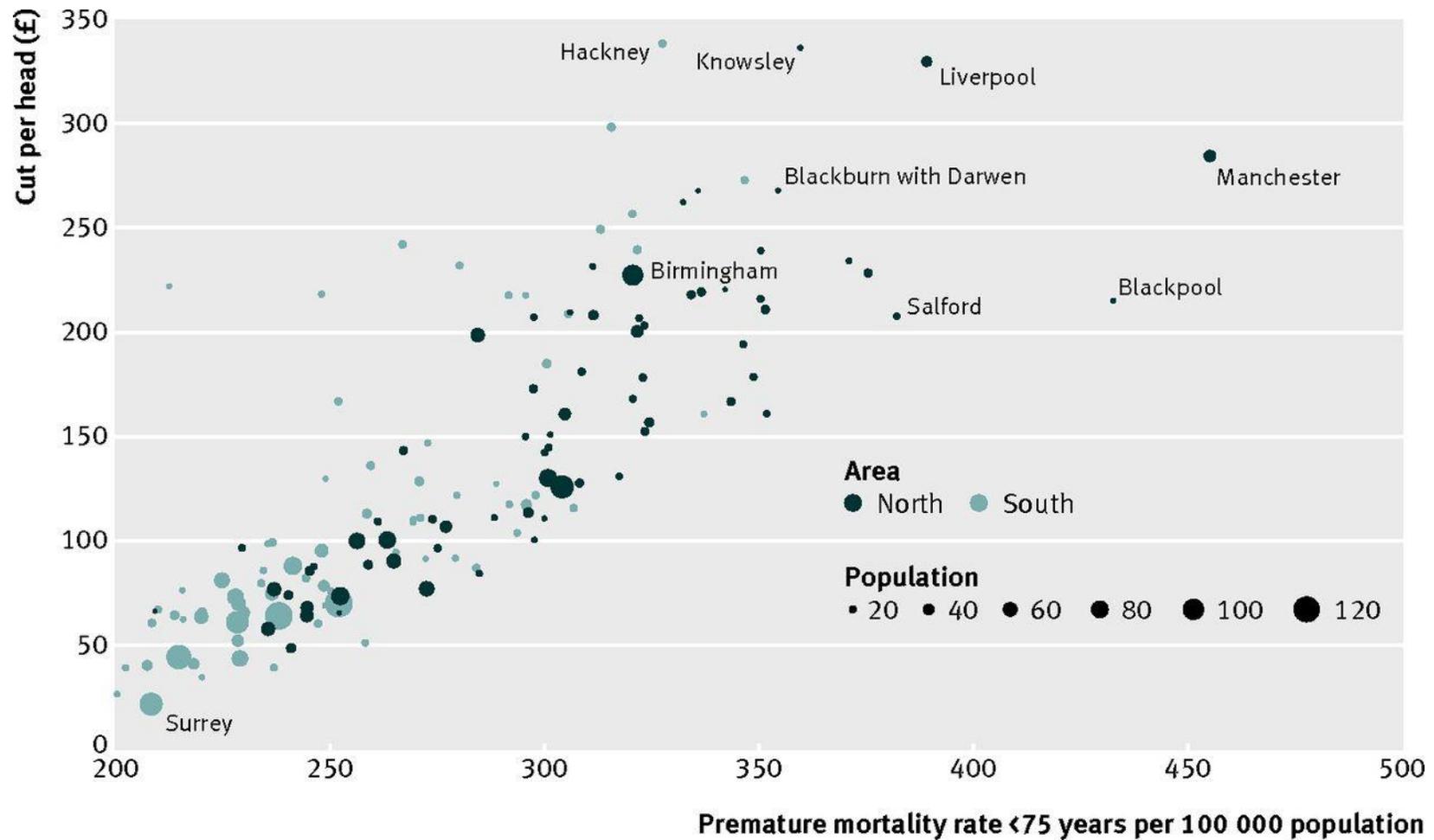


Cut in local authority budget by average deprivation score in north and south of England.



Taylor-Robinson D , Gosling R BMJ 2011;342:bmj.d1487

Bigger cuts to English local area budgets in sickest populations 2010-2015

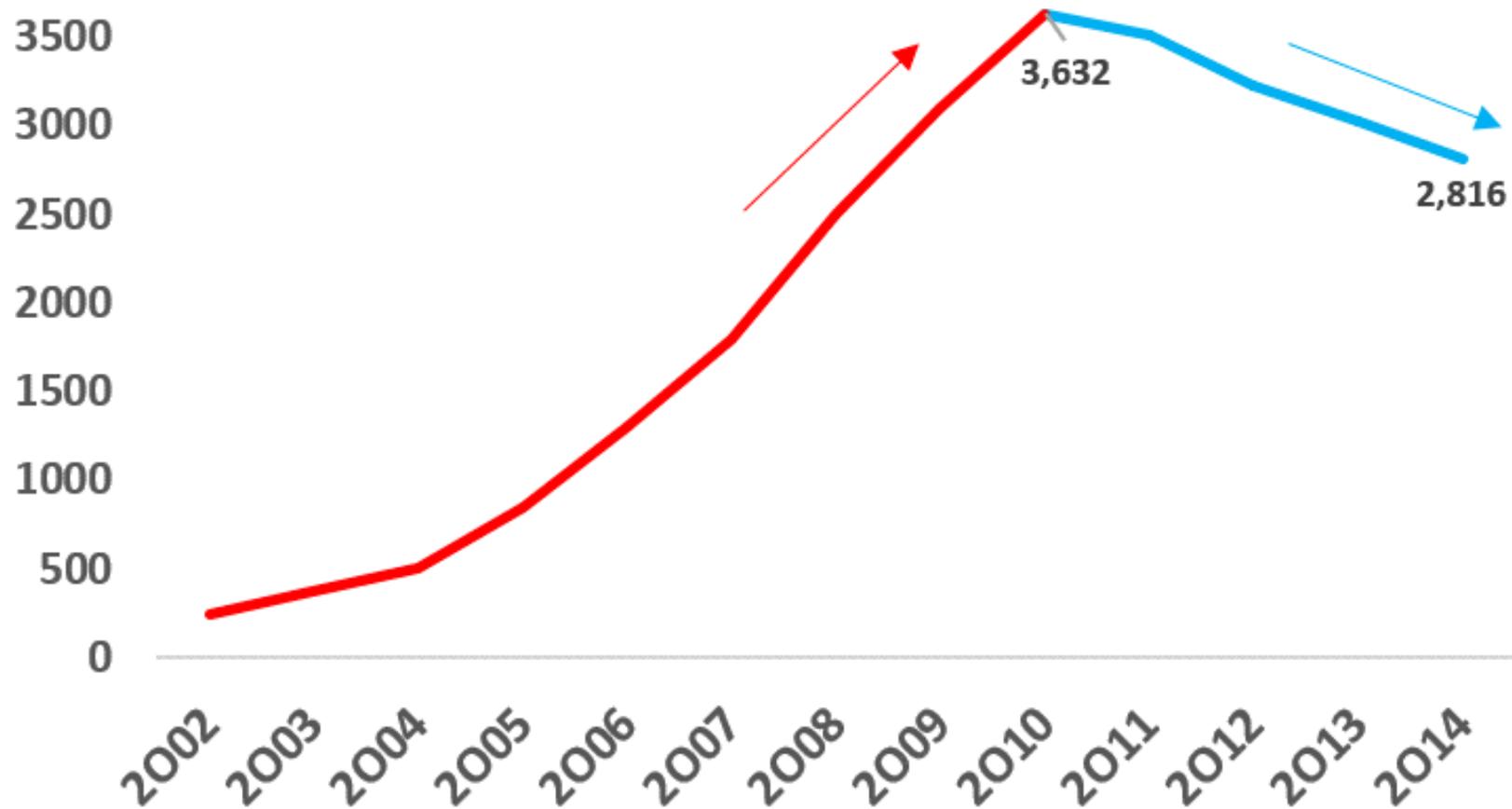


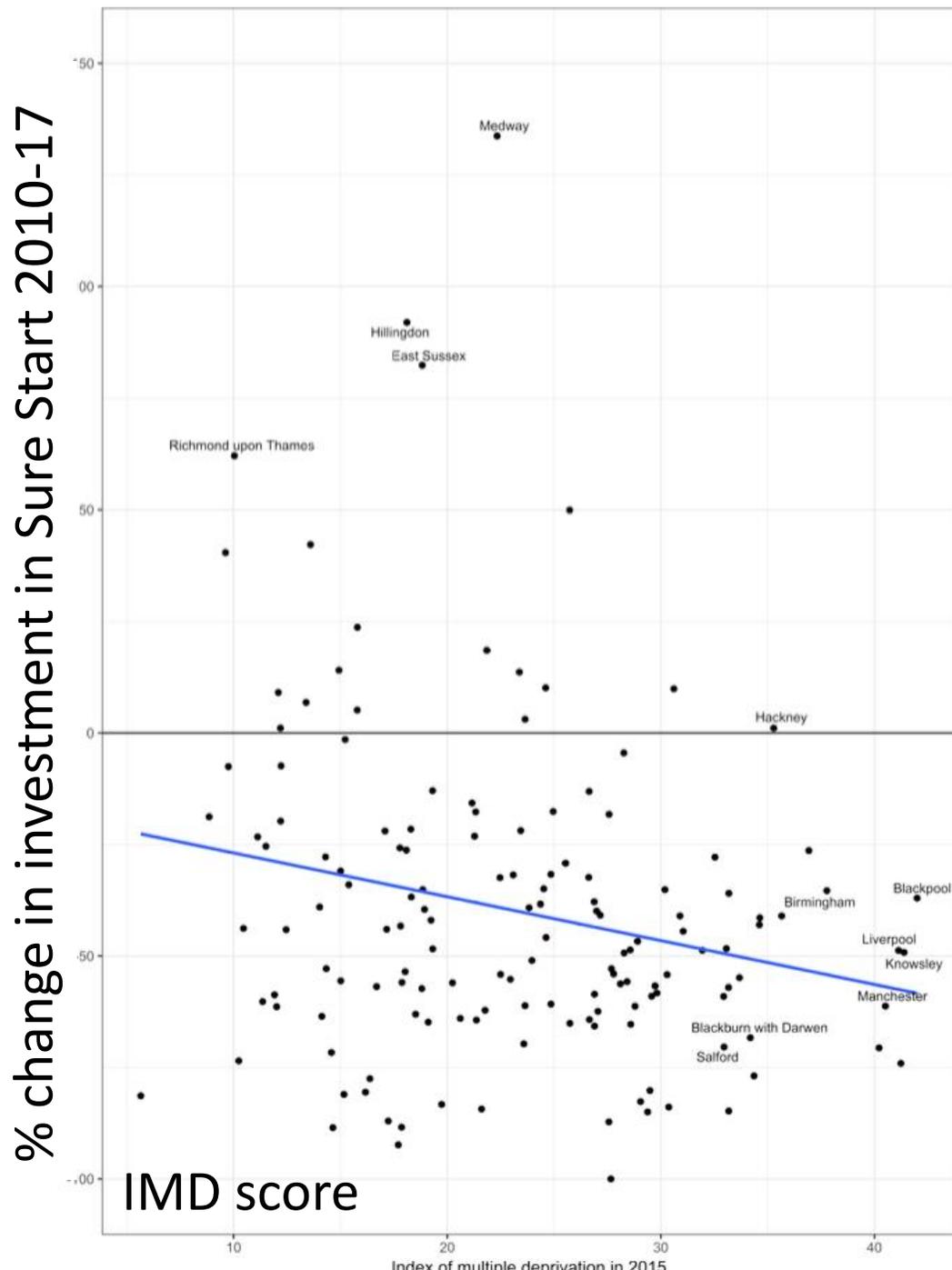
Taylor-Robinson D et al. BMJ 2013;347:bmj.f4208





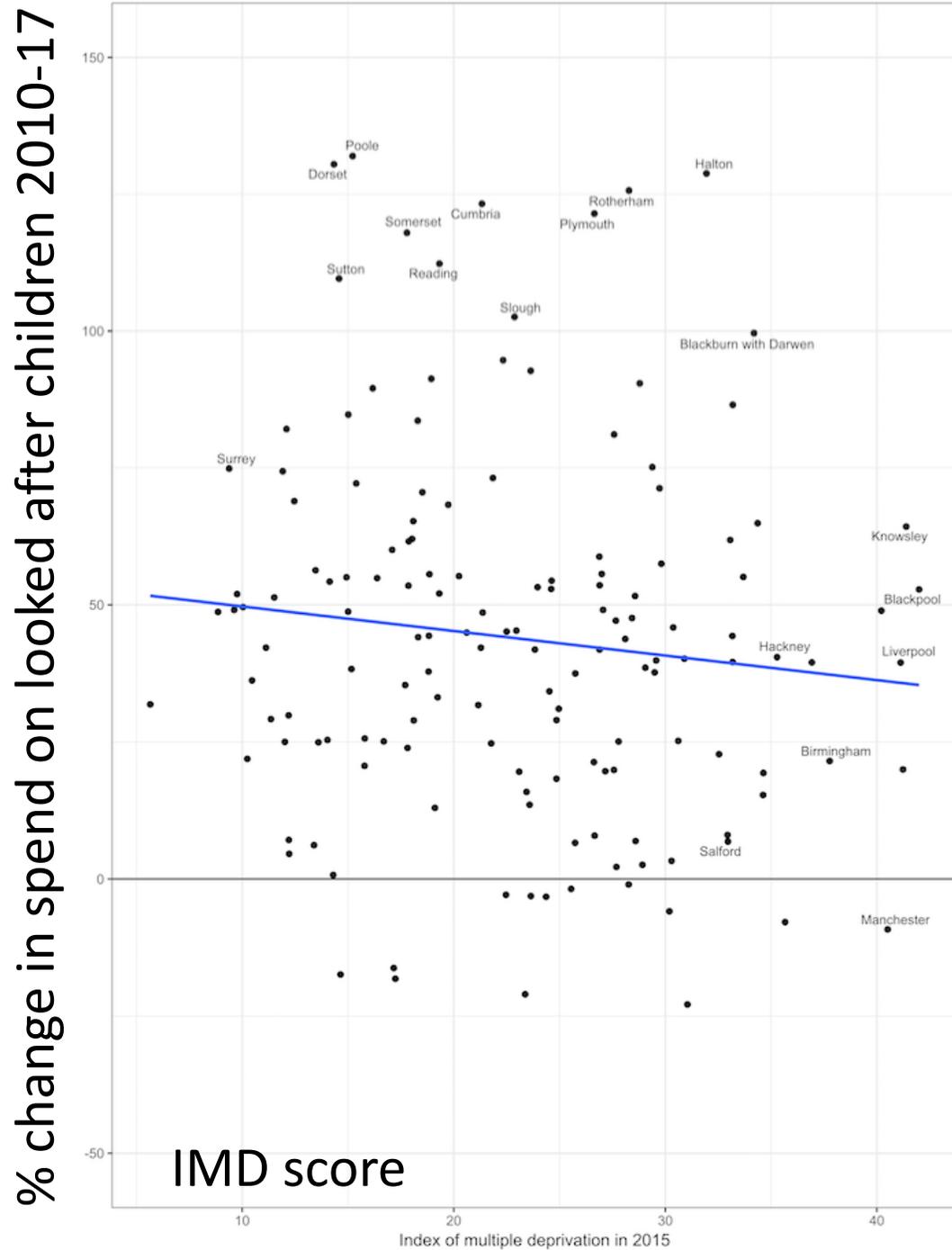
Number of Children's **Sure Start** Centres (gov.uk)





Change in investment in Sure Start 2010-2017 for local authorities by IMD

Bigger cuts in more disadvantaged areas



Change in spend on looked after children 2010-2017 for local authorities by IMD

Bigger increase in more affluent areas

Inequalities in English child protection practice under austerity: A universal challenge?

Paul Bywaters¹  | Geraldine Brady¹  | Lisa Bunting² | Brigid Daniel³  |
Brid Featherstone⁴  | Chantel Jones⁵  | Kate Morris⁶  | Jonathan Scourfield⁷  |
Tim Sparks¹  | Calum Webb⁶

¹Coventry University, Coventry, UK

²Queen's University Belfast, Belfast, UK

³University of Stirling, Stirling, UK

⁴Huddersfield University, Huddersfield, UK

⁵University of Oxford, Oxford, UK

⁶University of Sheffield, Sheffield, UK

⁷Cardiff University, Cardiff, UK

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Funding information

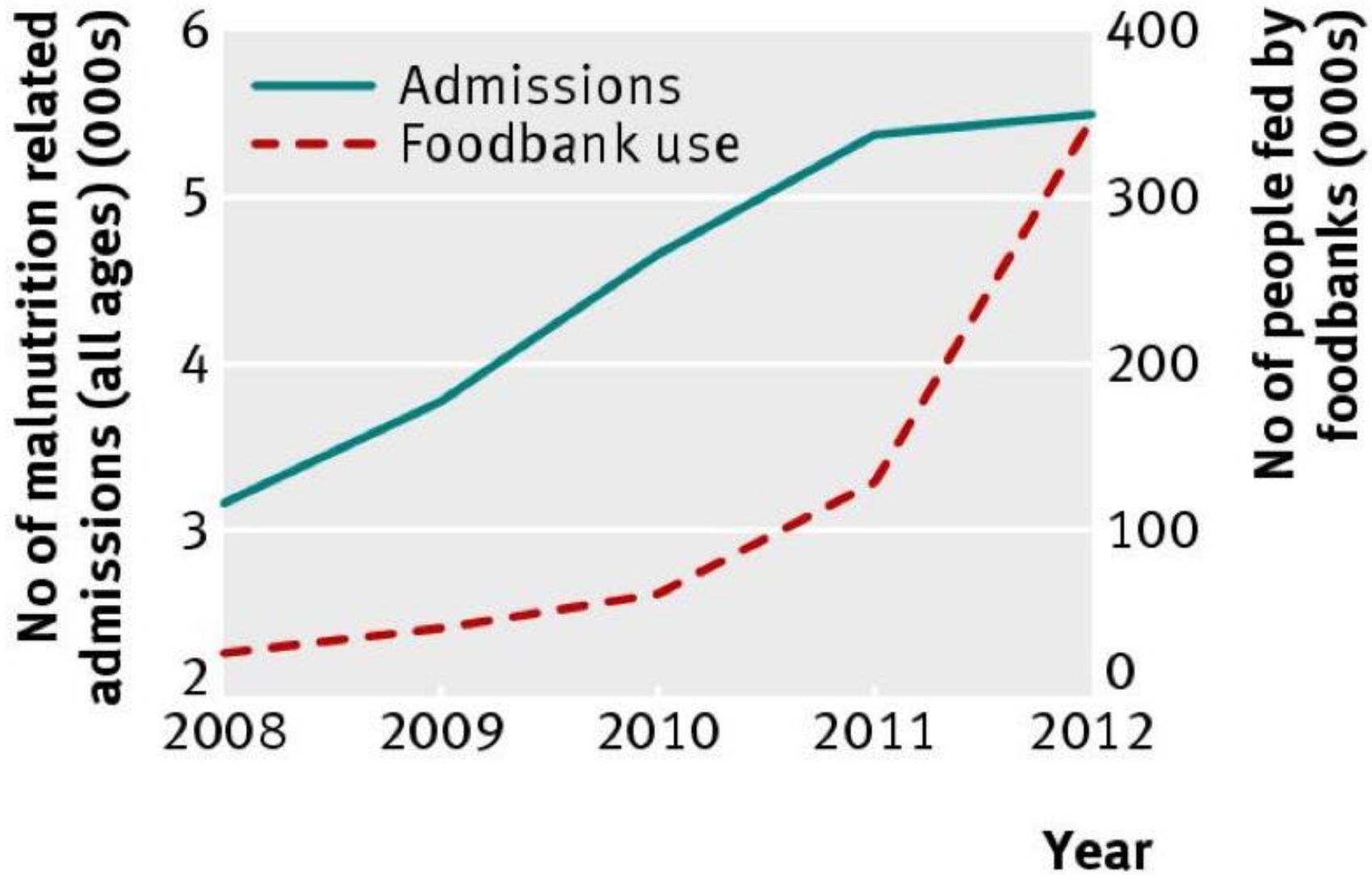
Nuffield Foundation, Grant/Award Number: KID/41925

Abstract

The role that area deprivation, family poverty, and austerity policies play in the demand for and supply of children's services has been a contested issue in England in recent years. These relationships have begun to be explored through the concept of inequalities in child welfare, in parallel to the established fields of inequalities in education and health. This article focuses on the relationship between economic inequality and out-of-home care and child protection interventions. The work scales up a pilot study in the West Midlands to an all-England sample, representative of English regions and different levels of deprivation at a local authority (LA) level. The analysis evidences a strong relationship between deprivation and intervention rates and large inequalities between ethnic categories. There is further evidence of the inverse intervention law (Bywaters et al., 2015): For any given level of neighbourhood deprivation, higher rates of child welfare interventions are found in LAs that are less deprived overall. These patterns are taking place in the context of cuts in spending on English children's services between 2010–2011 and 2014–2015 that have been greatest in more deprived LAs. Implications for policy and practice to reduce such inequalities are suggested.

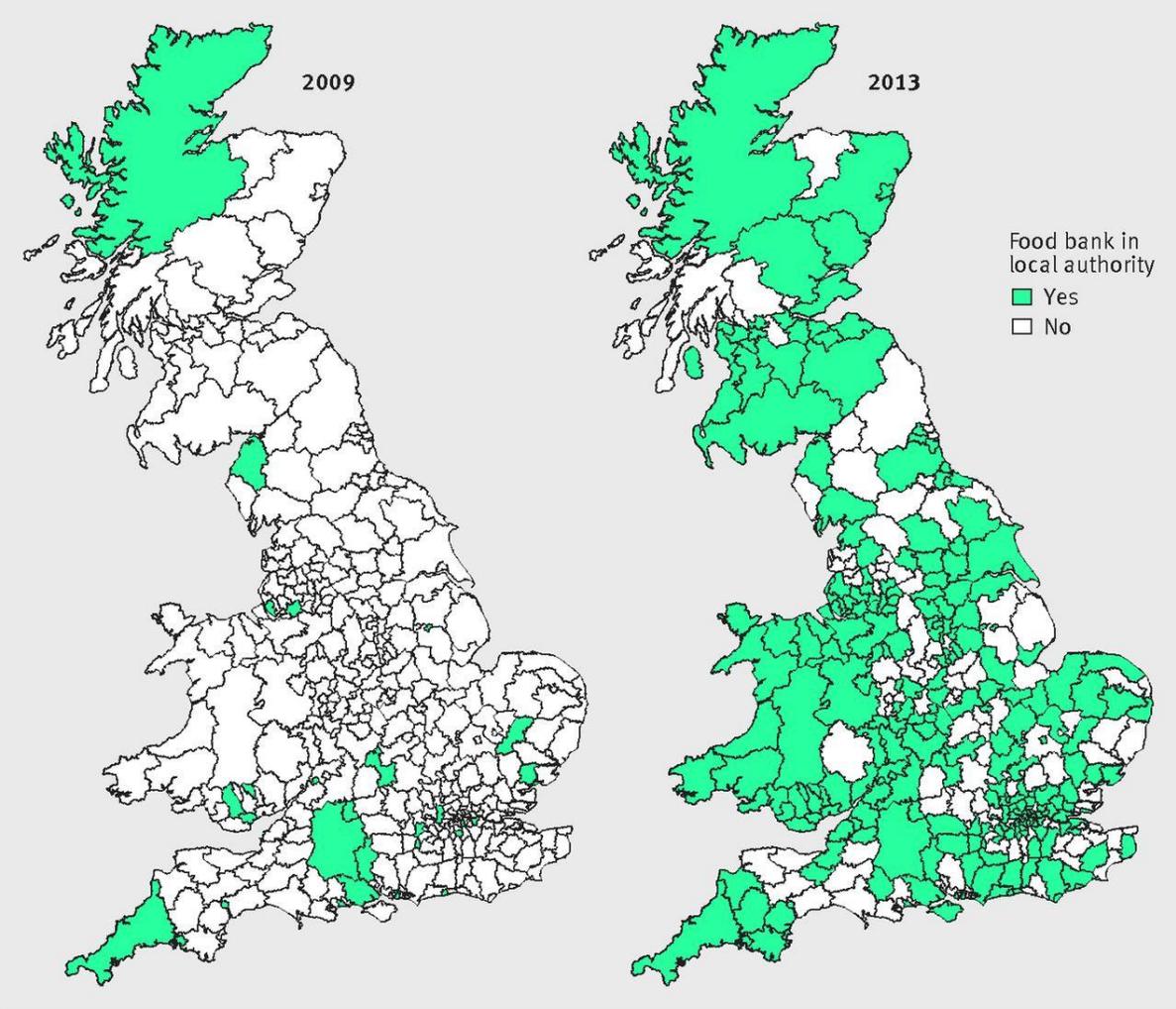
KEYWORDS

child protection, child welfare, looked-after children, poverty



Taylor-Robinson et al BMJ 2013;347:f7157

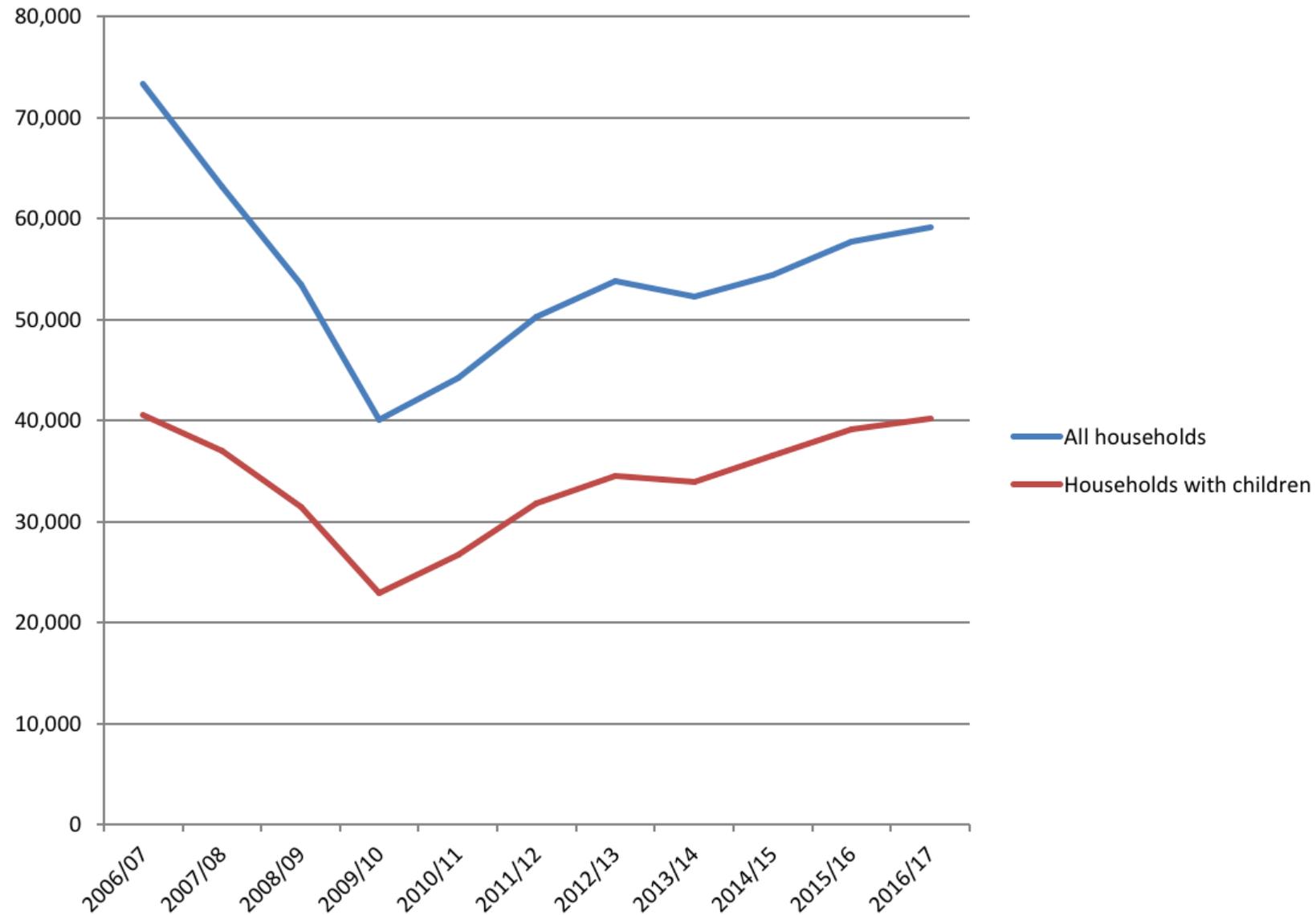
Trussell Trust food banks in local authorities in England, Scotland, and Wales in 2009 and 2013.



Rachel Loopstra et al. BMJ 2015;350:bmj.h1775



Rising homelessness in children





Volume 38, Issue 3
17 September 2016

Article Contents

Introduction

Methods

Results

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Supplementary data

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Supplementary data

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The impact of economic downturns and budget cuts on homelessness claim rates across 323 local authorities in England, 2004–12

Rachel Loopstra; Aaron Reeves; Ben Barr; David Taylor-Robinson; Martin McKee; David Stuckler

J Public Health (Oxf) (2016) 38 (3): 417-425. **DOI:** <https://doi.org/10.1093/pubmed/fdv126>

Published: 17 October 2016

Background

It is unclear why rates of homelessness claims in England have risen since 2010. We used variations in rates across local authorities to test the impact of economic downturns and budget cuts.

Methods

Using cross-area fixed effects models of data from 323 UK local authorities between 2004 and 2012, we evaluated associations of changes in statutory homelessness rates with economic activity (Gross Value Added per capita), unemployment, and local and central government expenditure.

Liverpool Mayoral Summit on Children

March 29, 2015 by [Mary Ryan](#) — [Leave a Comment](#)

Last year, the Mayor of Liverpool, Joe Anderson, hosted a Health Summit. It was well received and showed the commitment of the city council to health care and integration... but there was something important missing: it didn't mention children at all.

Armed with this knowledge, our colleagues at Liverpool CCG children's commissioning arm, Dr Simon Bowers and Alison Williams, employed that well known tactic of 'pester power' and very quickly Mayor Anderson agreed to host a similar event for children.



Welfare Reform Cumulative Impact Analysis 2016

Interim Report: February 2017



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Child poverty definition to be changed

🕒 1 July 2015 | [UK Politics](#)



A child is defined as being in poverty when living in a household with an income below 60% of the UK's average.

Work and Pensions Secretary Iain Duncan Smith has announced a new way of measuring child poverty.



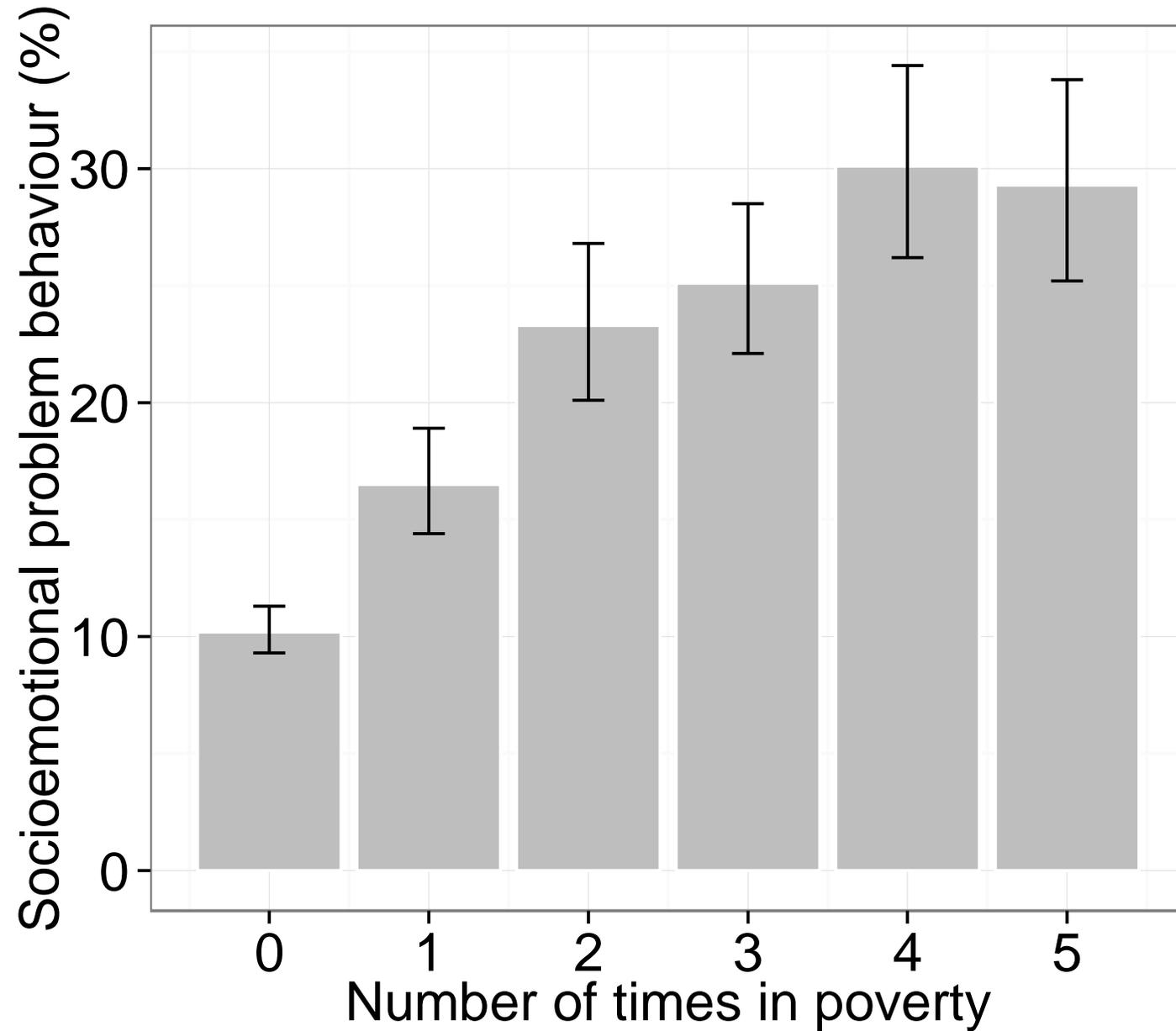
All Party Parliamentary Group on Health in All Policies

Inquiry:
**Child Poverty
and Health**



the Impact
of the Welfare Reform
and Work Bill 2015-16

Socio-emotional problem behaviour (abnormal/borderline) at age 11 by experience of poverty in MCS children



The effect of a transition into poverty on child and maternal mental health: a longitudinal analysis of the UK Millennium Cohort Study



Sophie Wickham, Margaret Whitehead, David Taylor-Robinson*, Ben Barr*

Summary

Background Whether or not relative measures of income poverty effectively reflect children's life chances has been the focus of policy debates in the UK. Although poverty is associated with poor child and maternal mental health, few studies have assessed the effect of moving into poverty on mental health. To inform policy, we explore the association between transitions into poverty and subsequent mental health among children and their mothers.

Methods In this longitudinal analysis, we used data from the UK Millennium Cohort Study, a large nationally representative cohort of children born in the UK between Sept 1, 2000, and Jan 11, 2002, who participated in five survey waves as they progressed from 9 months of age to 11 years of age. Our analysis included all children and mothers who were free from mental health problems and not in poverty when the children were aged 3 years. We only included singletons (ie, not twins or other multiple pregnancies) and children for whom the mother was the main respondent to the study. The main outcomes were child socioemotional behavioural problems (Strengths and Difficulties Questionnaire) at ages 5 years, 7 years, and 11 years and maternal psychological distress (Kessler 6 scale). Using discrete time-hazard models, we followed up families without mental health problems at baseline and estimated odds ratios for subsequent onset of maternal and child mental health problems associated with first transition into poverty, while adjusting for confounders, including employment transitions. We further assessed whether or not change in maternal mental health explained any effect on child mental health.

Findings Of the 6063 families in the UK Millennium Cohort study at 3 years who met our inclusion criteria, 844 (14%) had a new transition into poverty compared with 5219 (86%) who remained out of poverty. After adjustment for confounders, transition into poverty increased the odds of socioemotional behavioural problems in children (odds ratio 1.41 [95% CI 1.02–1.93]; $p=0.04$) and maternal psychological distress (1.44 [1.21–1.71]; $p<0.0001$). Controlling for maternal psychological distress reduced the effect of transition into poverty on socioemotional behavioural problems in children (1.30 [0.94–1.79]; $p=0.11$).

Interpretation In a contemporary UK cohort, first transition into income poverty during early childhood was associated with an increase in the risk of child and maternal mental health problems. These effects were independent of changes in employment status. Transitions to income poverty do appear to affect children's life chances and actions that directly reduce income poverty of children are likely to improve child and maternal mental health.



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Moving into poverty increases child and maternal mental health risk

Child mental health risk mediated by maternal mental health

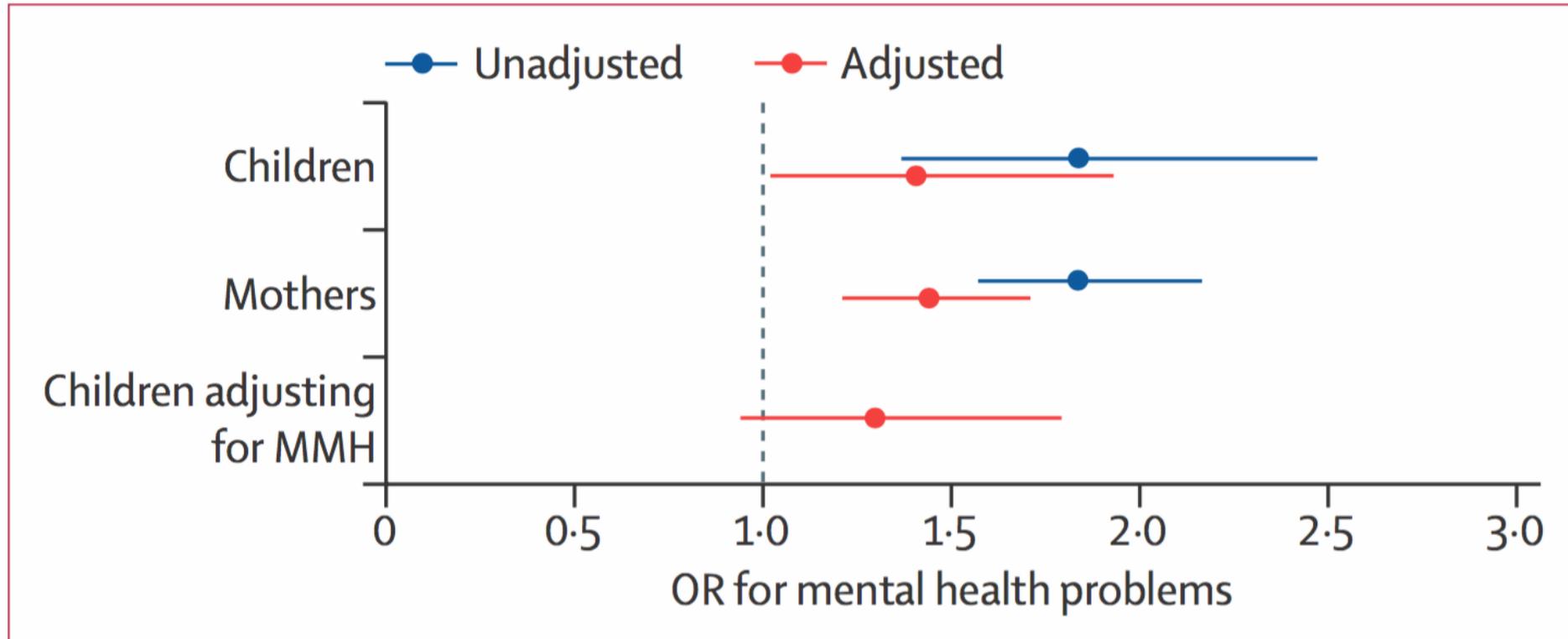


Figure 3: ORs for development of childhood socioemotional behavioural difficulties and maternal psychological distress by transition into poverty
MMH=maternal mental health. OR=odds ratio.

These policies represent
a collective failure to
protect the rights of
children

Editorial

UK welfare reform: disastrous for the poorest children

The Lancet

Altmetric 258

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[Article Info](#)

Summary

Full Text

Tables and Figures

The UK Government has an ambitious plan to reduce deficits in the UK's economy. However, this quest for recovery might be at the expense of the poorest and most vulnerable groups in society. Last week, the [UK All-Party Parliamentary Group \(APPG\) on Health in All Policies](#) released the findings from their inquiry into the effects of the proposed Welfare Reform and Work Bill 2015–16 on child poverty and child health. The Bill sets out several changes to the UK welfare system, including reducing the benefit cap, freezing some benefits for 4 years, and restricting the amount of support provided by child tax credits—changes that will hit the poorest people the hardest. The Bill will also repeal most of the UK Child Poverty Act 2010, which set out to eradicate child poverty by 2020; in fact, the Bill has removed all child poverty reduction targets.

The APPG's findings showed that increased levels of child poverty directly worsen children's social, emotional, and cognitive outcomes, and the risk of infant mortality. Asthma, obesity, smoking, teenage pregnancy, and mental health disorders such as self-harm are also more prevalent in children from less affluent families.

House of Lords votes to keep income-related child poverty measures

Conservatives announced plans to abolish current system of targets, but amendment by bishop of Durham passes by 290 votes to 198



Child poverty charities reacted angrily when Iain Duncan Smith unveiled his plans in July. Photograph: Christopher Furlong/Getty Images

Rowena Mason Political correspondent

Monday 25 January 2016 18.46 GMT



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- INEQUALITIES ARE LARGE and PERSISTENT
- HEALTH INEQUALITIES START EARLY
- RECENT TRENDS
- DUE NORTH RECOMMENDATIONS
- CHALLENGES FOR CHILD HEALTH
- **EVIDENCE STRATEGIES CAN REDUCE INEQUALITIES**

RESEARCH

The impact of NHS resource allocation policy on health inequalities in England 2001-11: longitudinal ecological study

 OPEN ACCESS

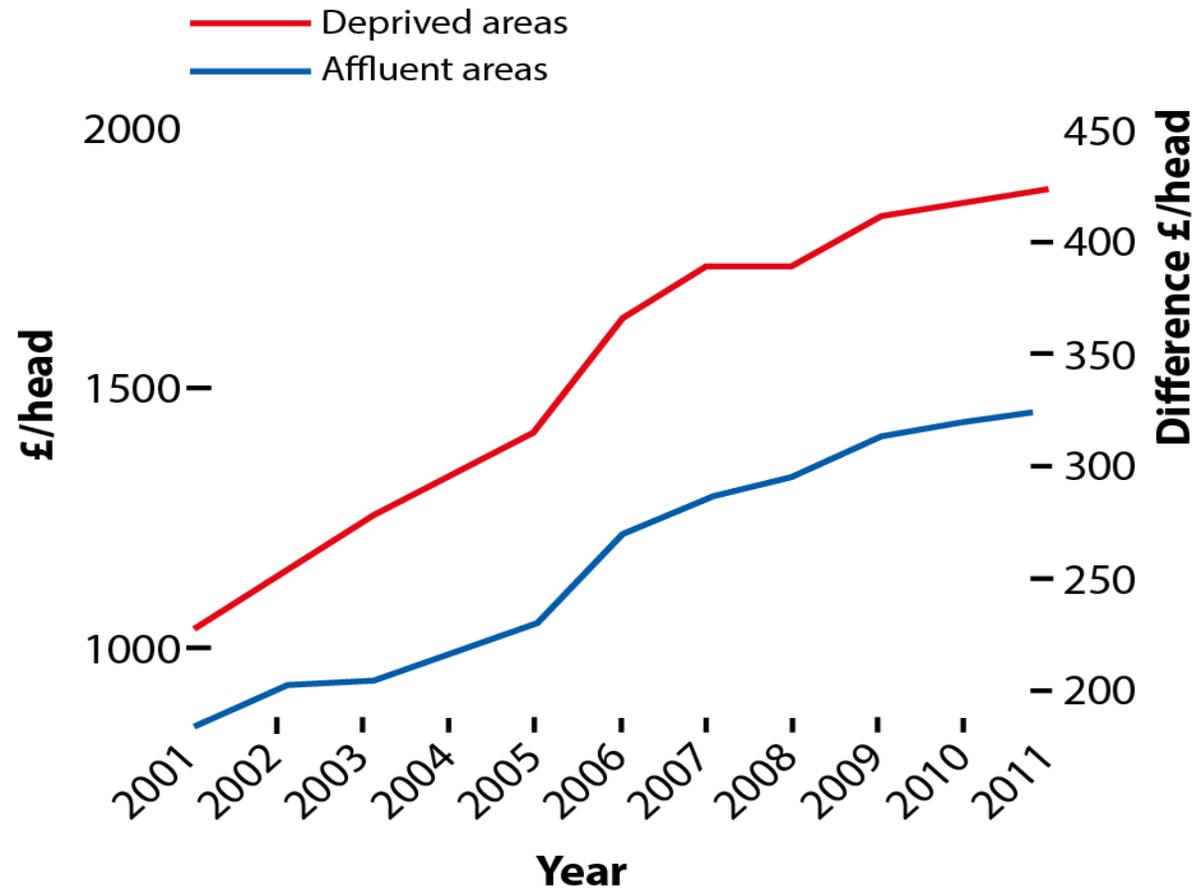
Ben Barr *senior clinical lecturer in applied public health*¹, Clare Bambra *professor of public health policy*², Margaret Whitehead *professor*, and W H Duncan *professor of public health*¹

New health inequalities resource allocation objective for the NHS

Since 1999 - policy of increasing NHS funding to a greater extent in deprived areas of England compared with more affluent areas “***to contribute to the reduction of avoidable health inequalities***”

Experiment in proportionate universalism

NHS allocation per head greater in deprived than affluent areas, 2001 to 2011

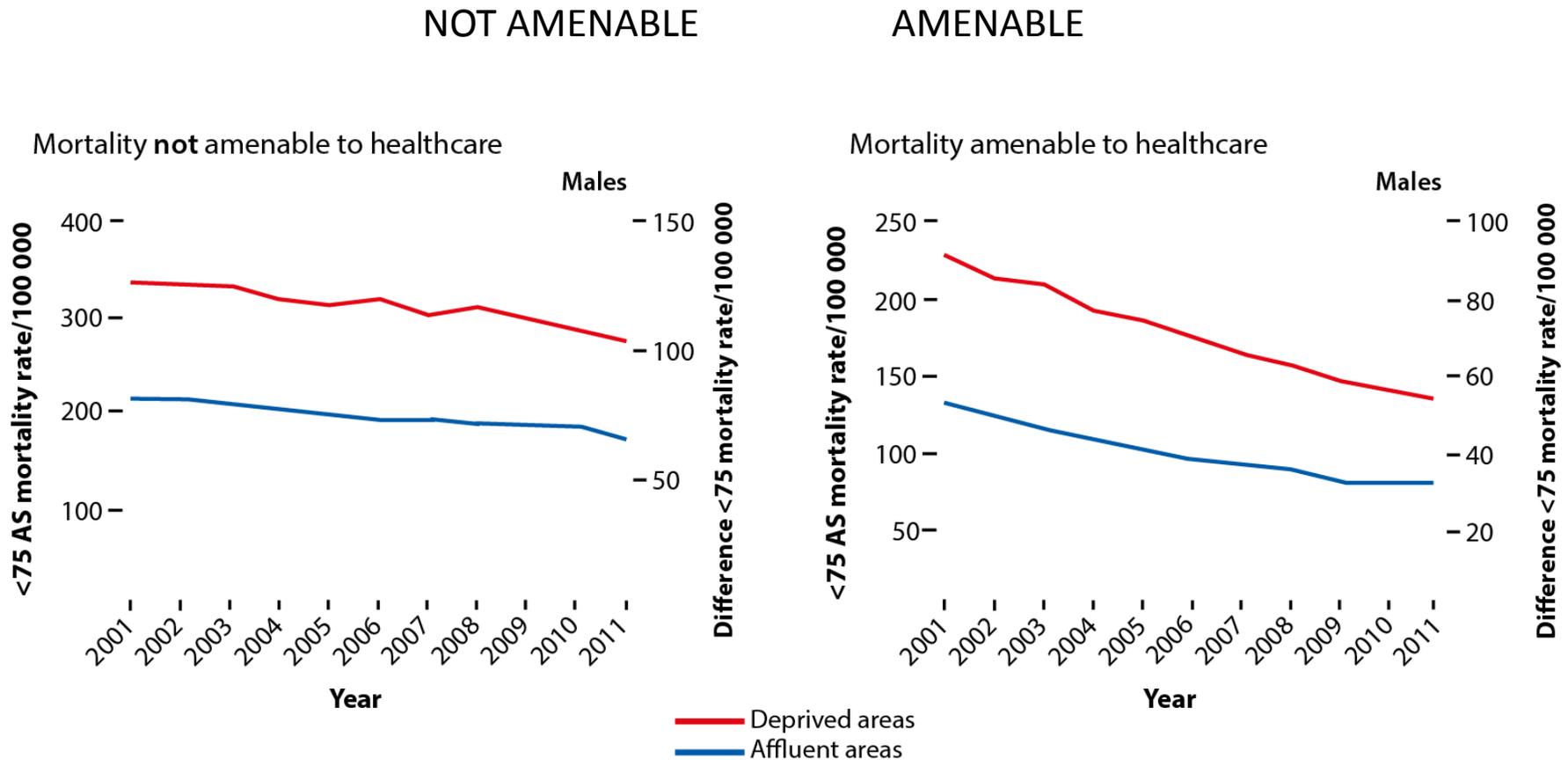


Source: Barr et al. BMJ, 2014

What did local health agencies in Liverpool invest in?

- Tackling inverse care law - proportionate universalism in prevention – in NHS Smoking Cessation Clinics, BP control.....
- Wider social determinants of health – ‘Liverpool Healthy Homes’; Children’s Centres
- Using purchasing power and status as major employer to boost employment chances

Policy associated with a reduction in absolute inequalities from causes *amenable* to health care



Source: Barr et al. BMJ 2014; 348: g3231



RESEARCH

Investigating the impact of the English health inequalities strategy: time trend analysis

 OPEN ACCESS

Ben Barr senior clinical lecturer in applied public health research, James Higgerson research fellow, Margaret Whitehead WH Duncan professor of public health

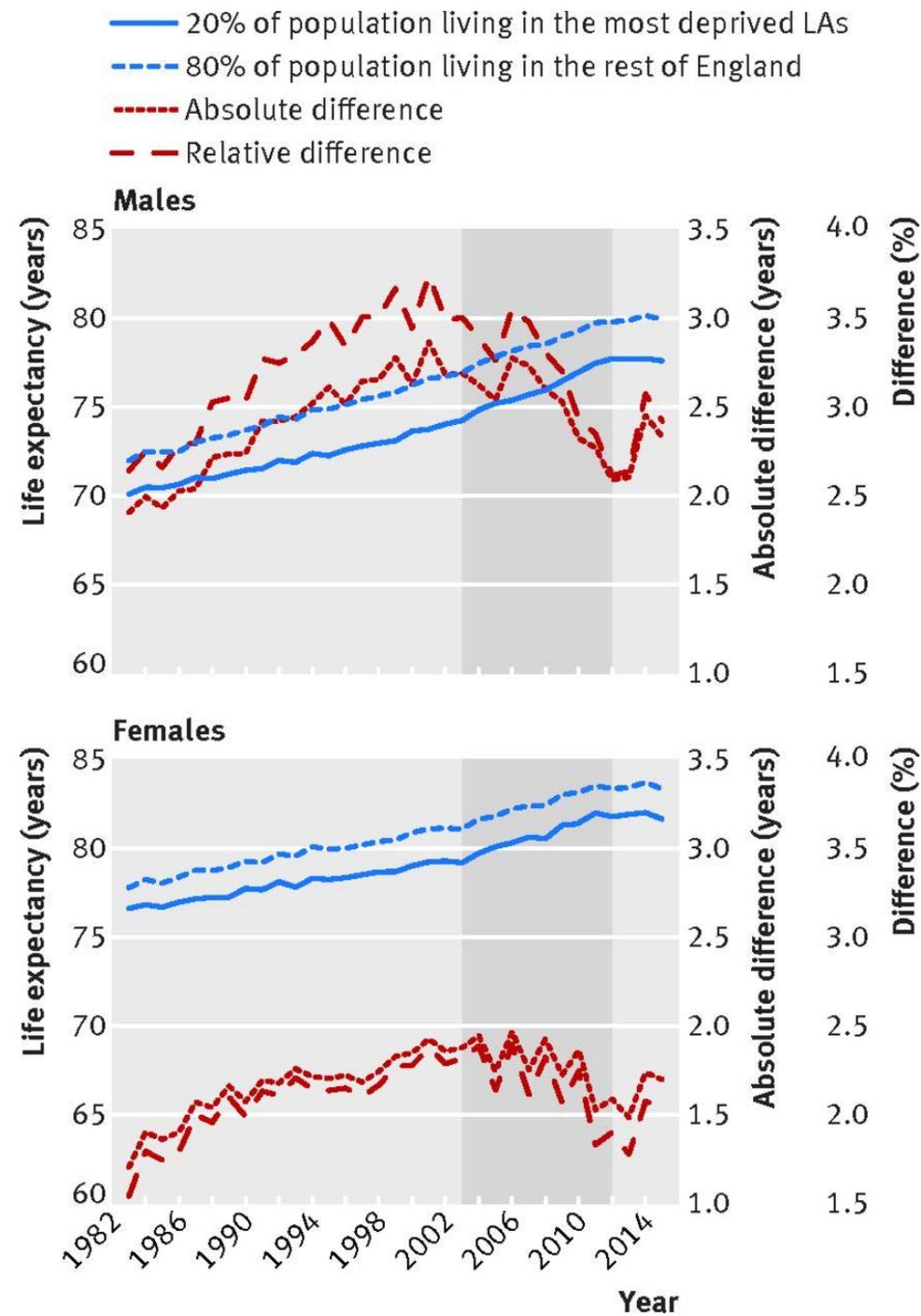
Department of Public Health and Policy, Institute of Psychology, Health and Society, University of Liverpool, Liverpool L69 3GB, UK

“By 2010 to **reduce by at least 10% the gap in life expectancy** between the fifth of local authorities with the worst health and deprivation indicators (the Spearhead areas) and the population as a whole”. (DH, 2003).



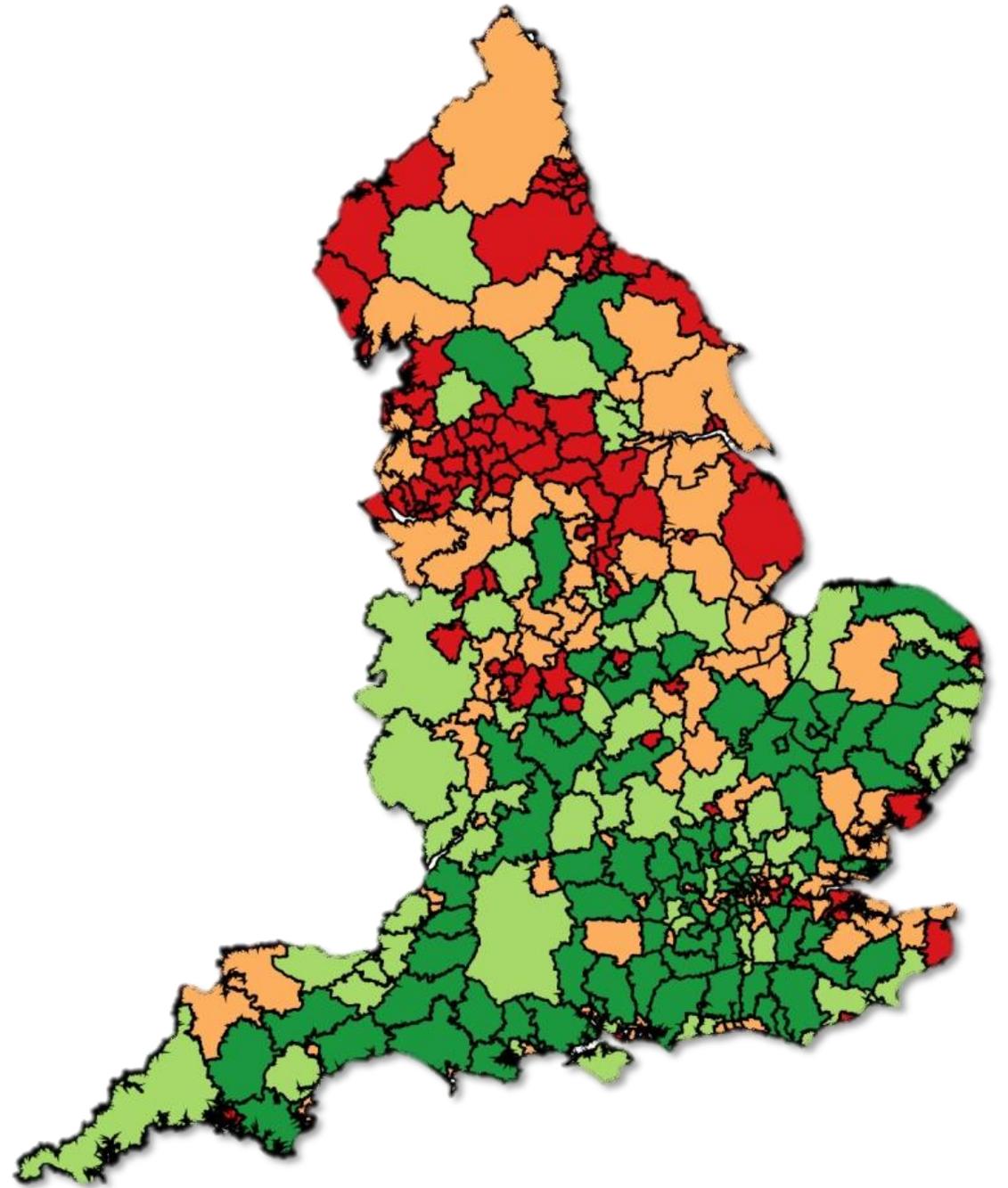
- Targets
- Resource allocation
- Area based regeneration
- Tax and benefit changes
- Minimum wage
- Sure Start
- Targeted primary and secondary prevention services.
- Technical support for improved chronic disease management

“Trends in inequalities before, during, and after the strategy show that the strategy may have reduced these inequalities”



DUE NORTH

Report of the Inquiry on
Health Equity for the North

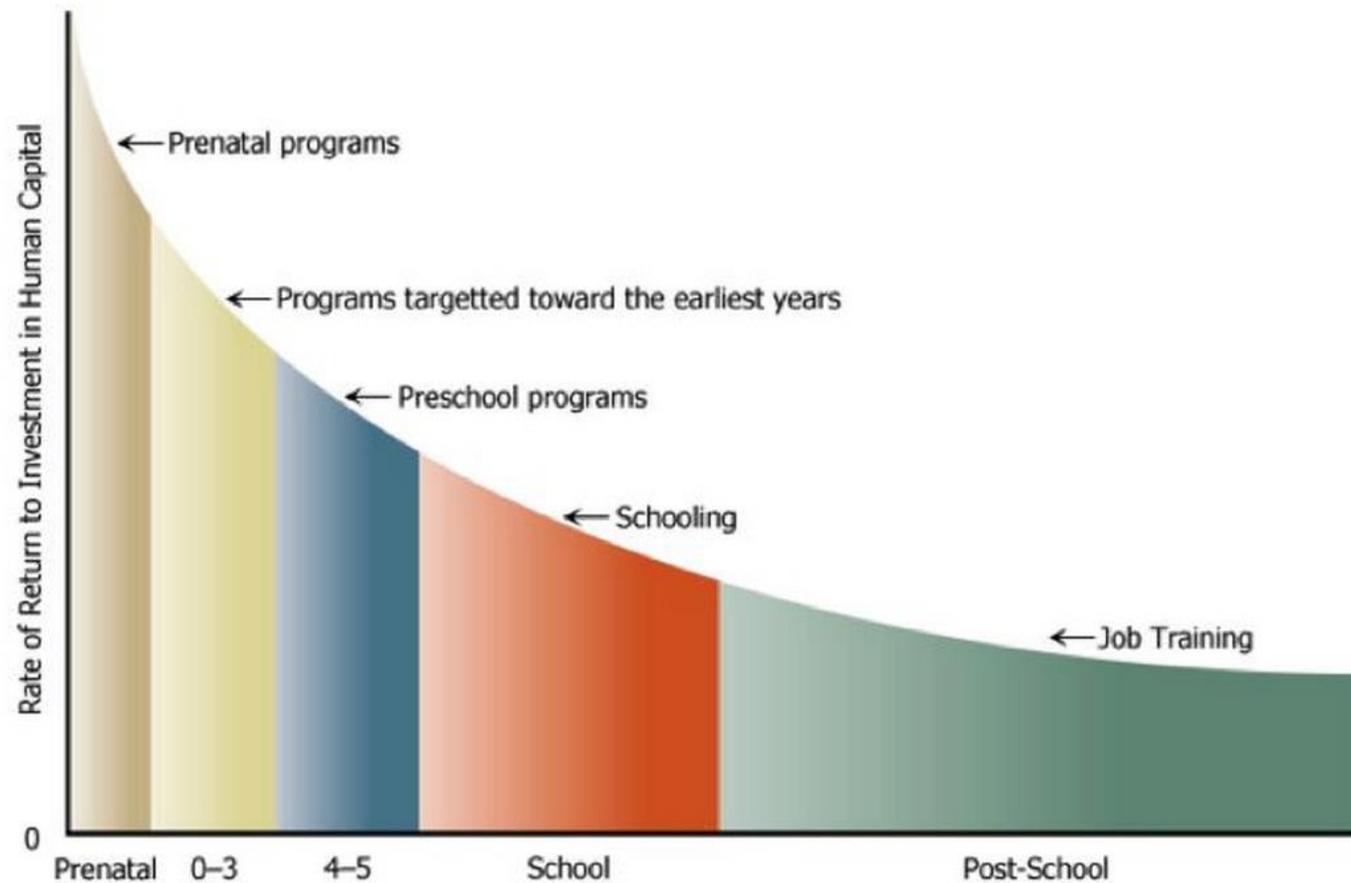




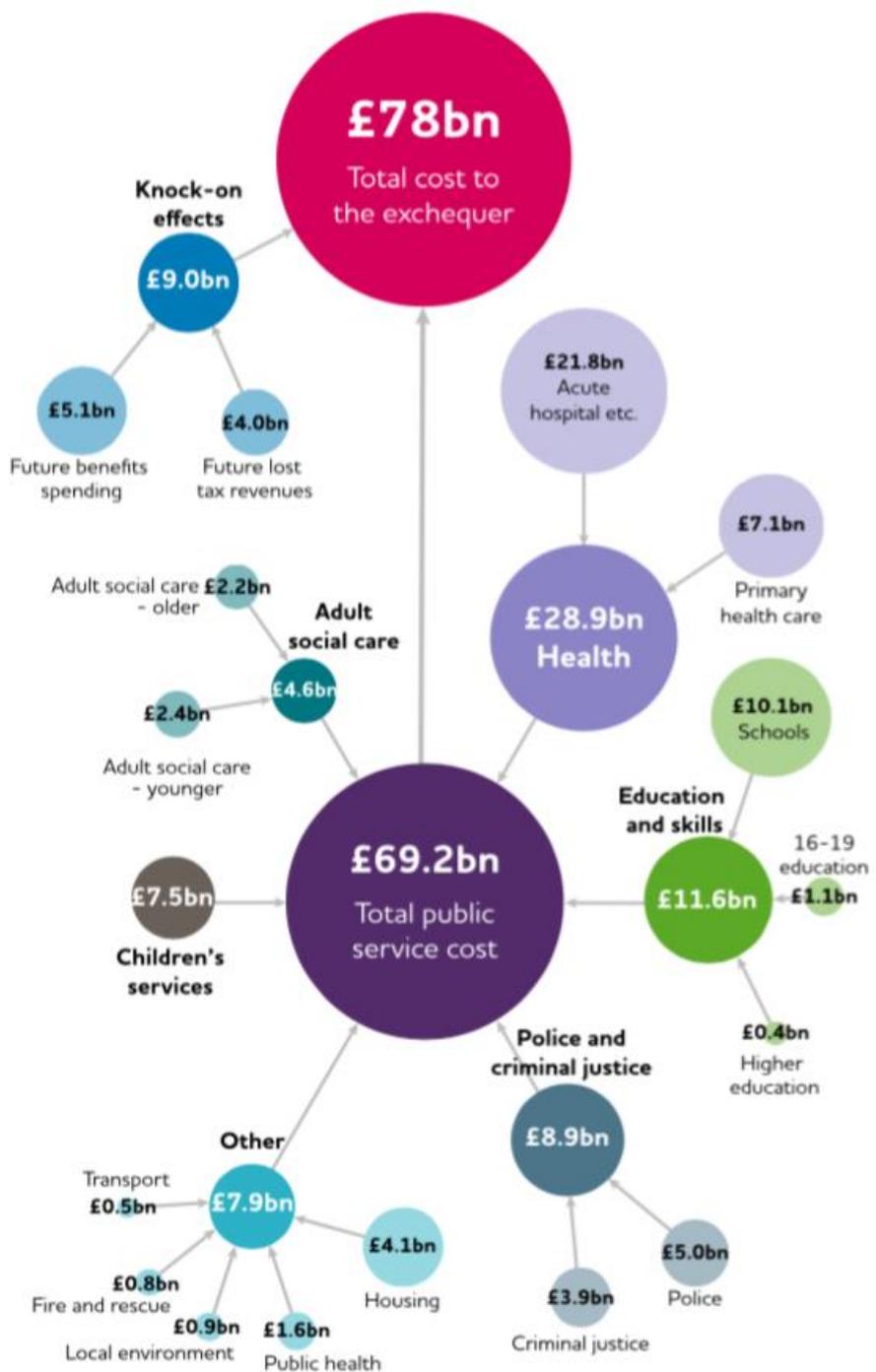
RESERVE SLIDES

Early childhood development is a smart investment

The earlier the investment, the greater the return



Source: James Heckman, Nobel laureate in economics



UK POVERTY: CAUSES, COSTS AND SOLUTIONS

#solveukpoverty



National Audit Office

REPORT BY THE
COMPTROLLER AND
AUDITOR GENERAL

HC 683
SESSION 2012-13
31 JANUARY 2013

Cross-government

Early action: landscape review

Key facts

£12bn

estimated spend on early
action interventions in health
and social policy, 2011-12

£377bn

estimated social spending,
including benefits and
pensions, 2011-12

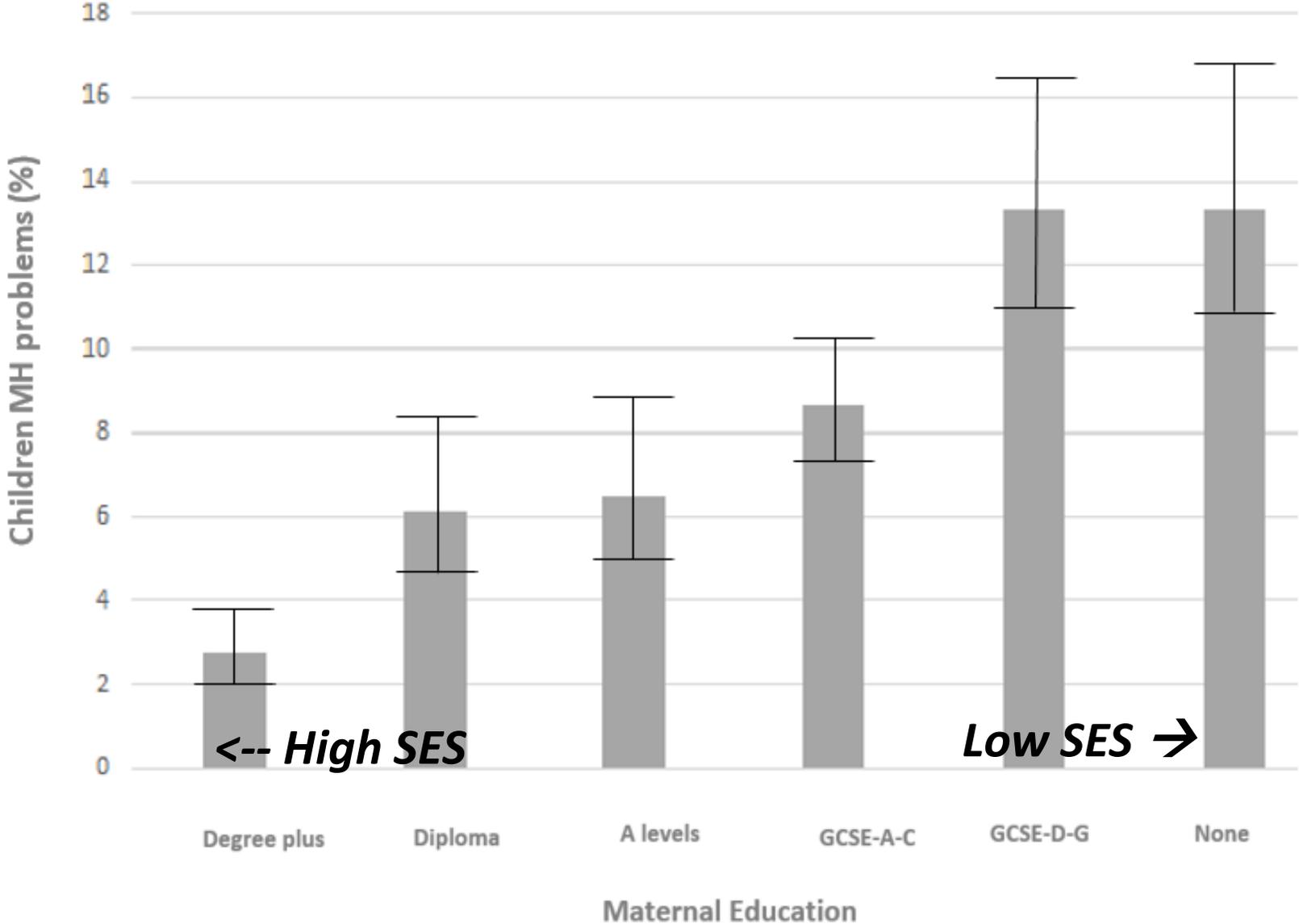
State of Child Health

Report 2017



- Develop a child health and wellbeing strategy
- ‘Child health in all policies’
- Ban on the advertising of unhealthy foods
- Cross-departmental support for breastfeeding
- Expansion of NCMP
- Reverse cuts
- Minimum unit alcohol pricing
- Extend the ban on smoking
- Action on electronic cigarettes
- Good nutrition and exercise before, during and after pregnancy

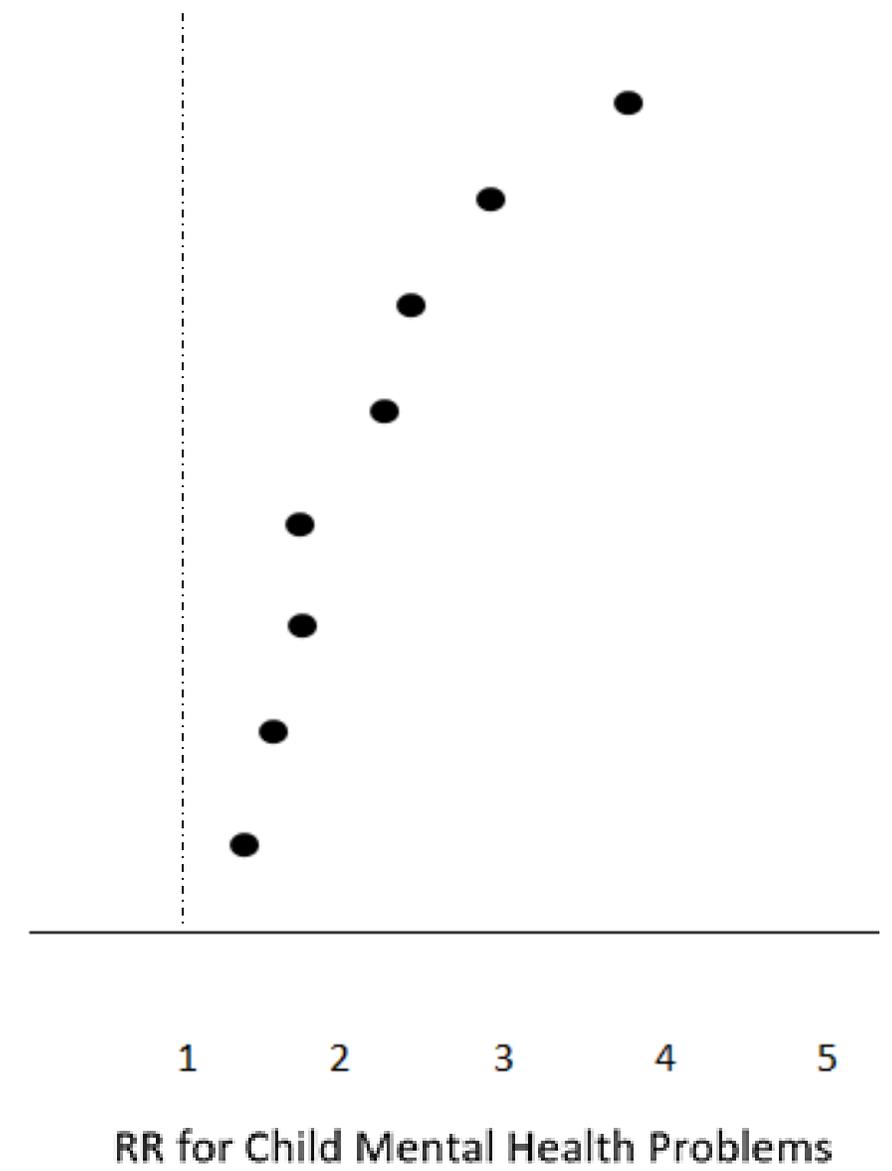
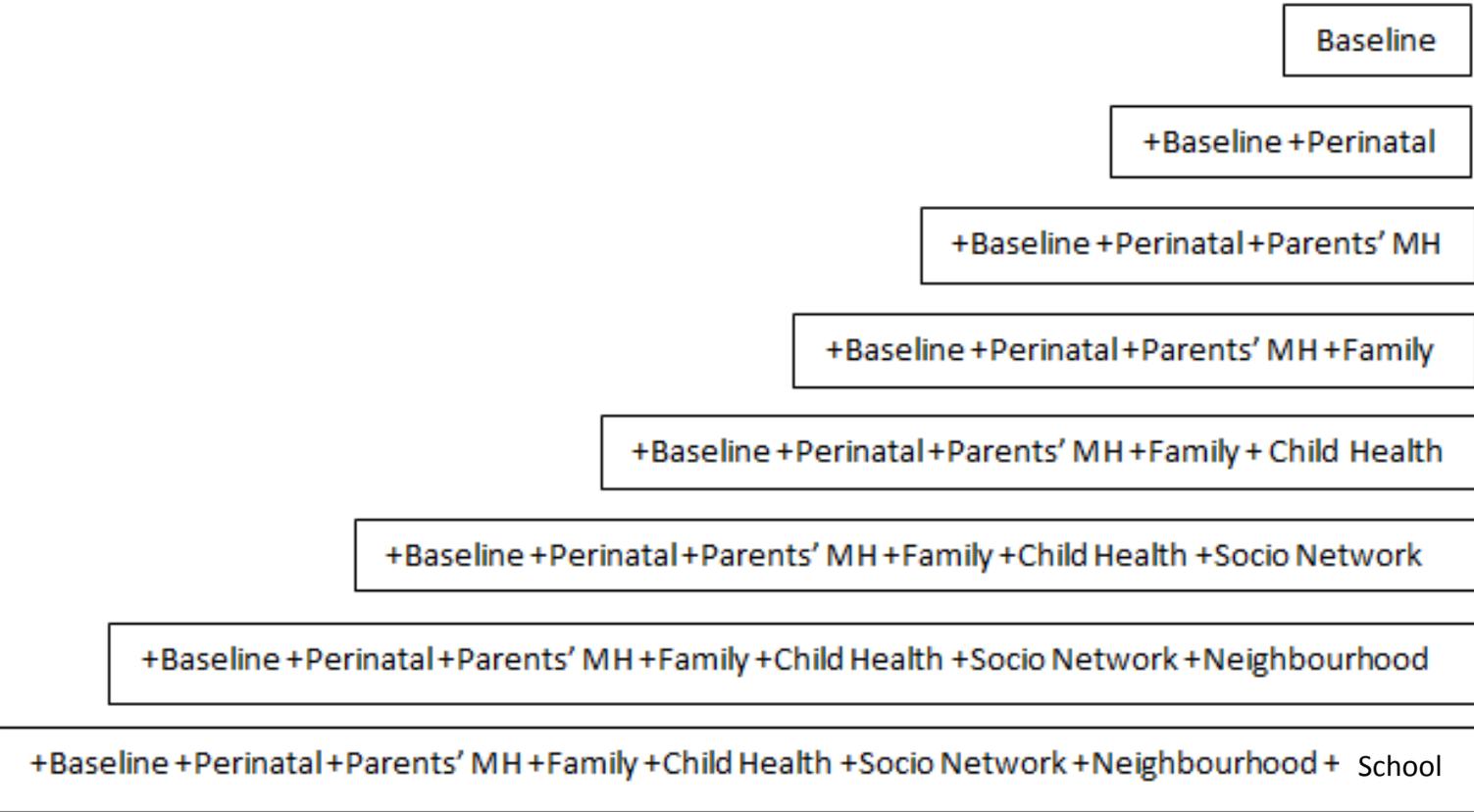
Child Mental Health Problems at age 11 by socio-economic conditions (maternal education)



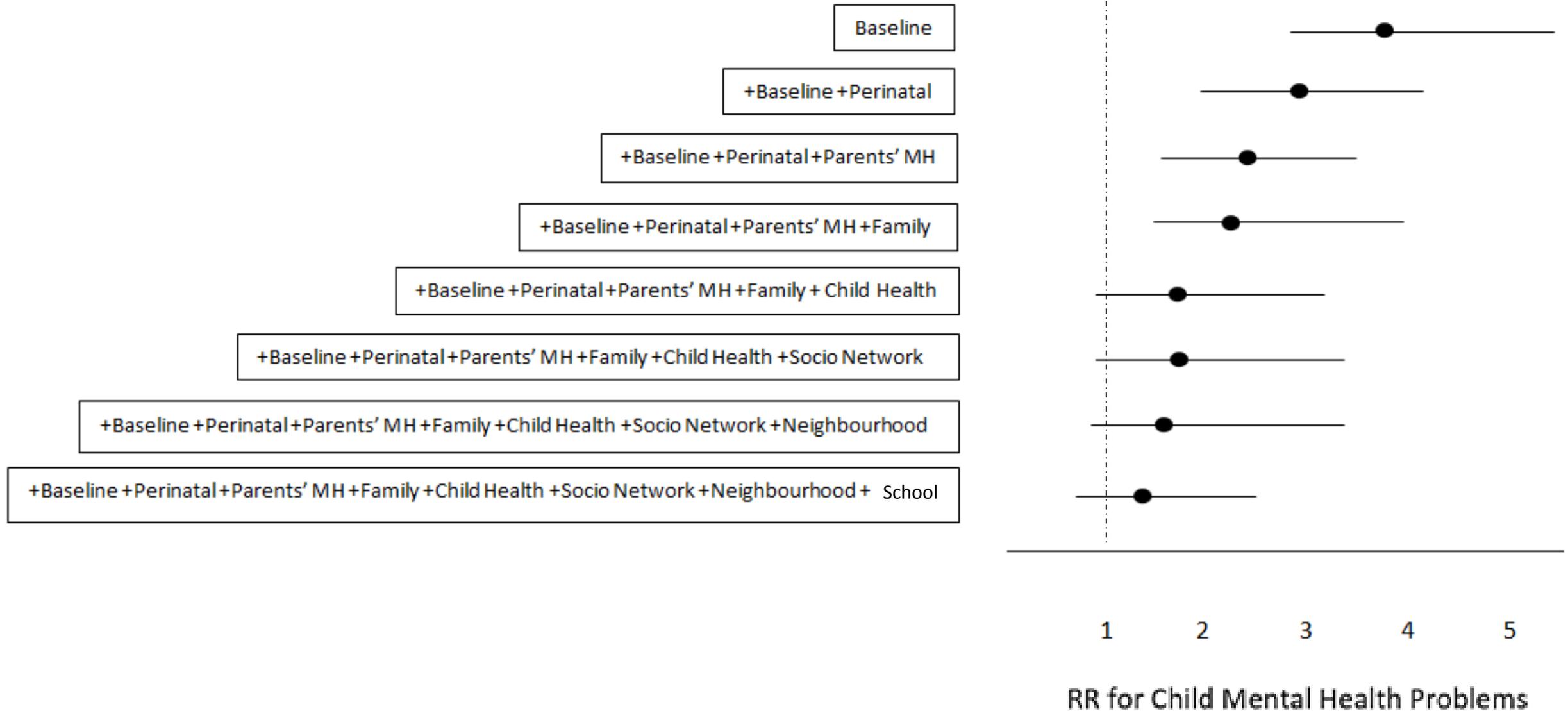
<-- High SES

Low SES -->

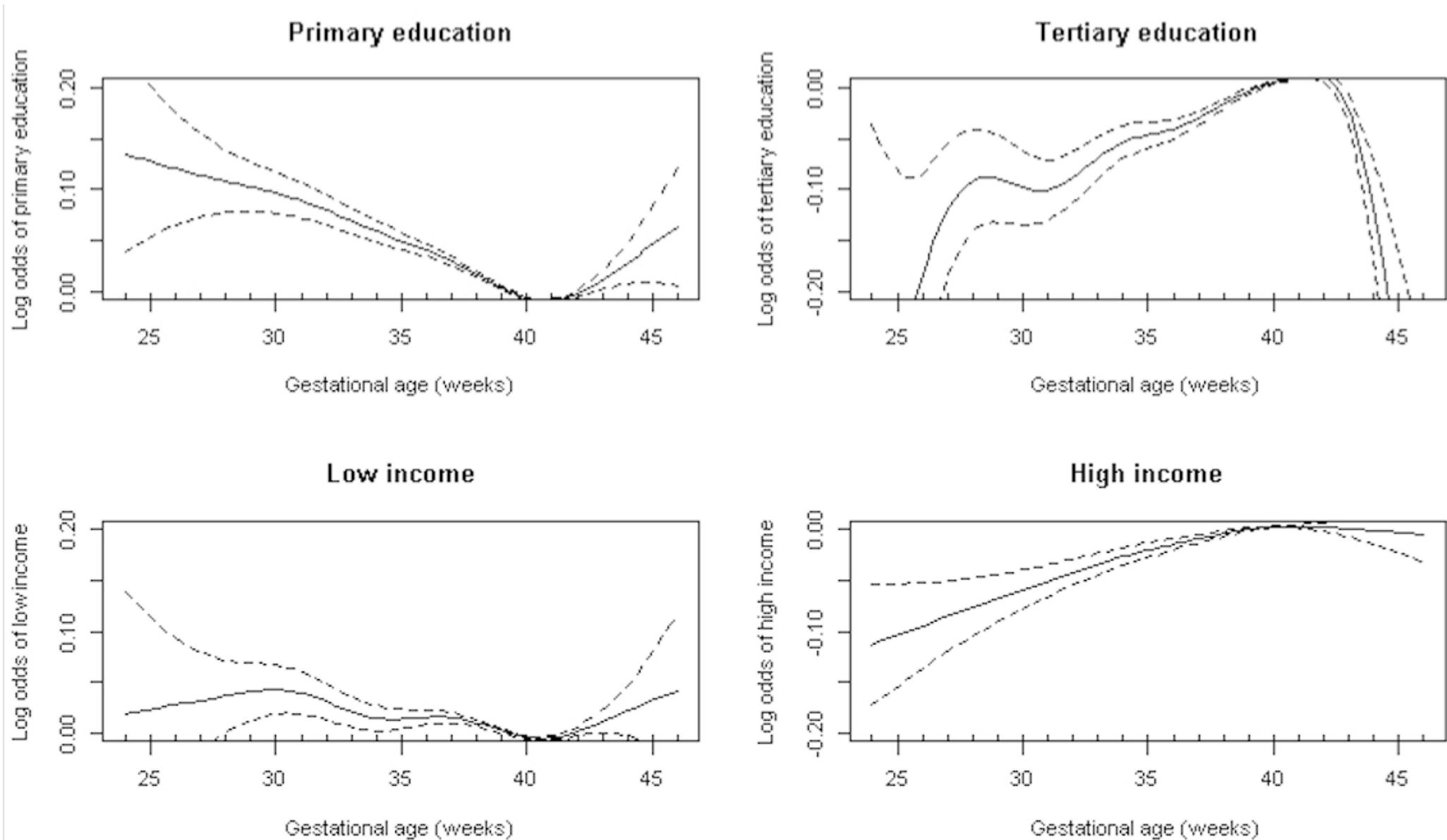
**Relative Risk for child mental health problems by age 11 years
–models sequentially adjusted**



**Relative Risk for child mental health problems by age 11 years
–models sequentially adjusted**



Shorter gestational age was associated with increased risk of poorer socioeconomic outcomes in young adulthood even within the term range of gestational age



Odds of having completed tertiary education (degree level) by age 30 years

| Gestational age | Tertiary education | | | |
|-----------------|--------------------|-----------|------------|-----------|
| | OR | CI 95% | <u>aOR</u> | CI 95% |
| <28 | 0.32 | 0.20-0.51 | 0.29 | 0.18-0.48 |
| 28-31 | 0.44 | 0.37-0.52 | 0.47 | 0.39-0.56 |
| 32 | 0.53 | 0.42-0.66 | 0.63 | 0.50-0.80 |
| 33 | 0.61 | 0.50-0.74 | 0.70 | 0.56-0.86 |
| 34 | 0.59 | 0.51-0.68 | 0.65 | 0.55-0.76 |
| 35 | 0.68 | 0.61-0.77 | 0.79 | 0.69-0.82 |
| 36 | 0.68 | 0.63-0.74 | 0.75 | 0.70-0.83 |
| 37 | 0.76 | 0.72-0.81 | 0.82 | 0.77-0.87 |
| 38 | 0.81 | 0.78-0.85 | 0.85 | 0.81-0.88 |
| 39 | 0.96 | 0.93-0.99 | 0.96 | 0.92-0.99 |
| 40 | 1.00 | | 1.00 | |
| 41 | 1.06 | 1.03-1.09 | 0.99 | 0.95-1.02 |
| 42 | 1.01 | 0.96-1.05 | 0.96 | 0.91-1.00 |
| ≥ 43 | 0.75 | 0.67-0.85 | 0.76 | 0.67-0.86 |