Jersey Mortality statistics
2017

Statistics Jersey: www.gov.je/statistics

Introduction
The numbers of deaths occurring in calendar year 2017, by age and sex, and by selected causes of death are presented. Age-standardised mortality rates (ASMRs) have been calculated to enable comparisons across time and between jurisdictions. Information on the data sources and processing are given in the notes section of this report.

Summary
In 2017:
- there were 810 Jersey residents recorded as having died, comprising 420 deaths of males and 380 deaths of females
- the crude mortality rate was 7.6 deaths per 1,000 population, and has been falling over time
- the age-standardised mortality rate (ASMR) for Jersey was 880, significantly lower than the overall ASMR for England (959)
- the average (mean) age at death for Jersey residents was 79 years; an increase of 12 years since 1960 (67 years)
- cancer remained the most frequent cause of death, accounting for almost one in three (30%) of all deaths
- there were 120 deaths of individuals of working age (aged 16-64 years), of whom two-thirds (65%) were male
- almost a third (31%) of all deaths were of people below 75 years of age

Annual numbers of deaths
- in 2017, there were a total of 810 deaths of Jersey residents, slightly lower than in 2016 (830)
- 2016 recorded the highest number of deaths since 2002 (see Figure 1)

Figure 1: Annual number of deaths of Jersey residents, 2000 – 2017

1 Provisional death figures are based on those deaths registered as occurring in 2017. Inquests can take up to 18 months to complete, so there may be a small number of deaths that occurred in 2017 that had not yet been registered at time of publication, pending the conclusion of an inquest; this number is known to be less than 20.

2 Numbers of deaths are independently rounded throughout this report to the nearest 10.

3 Crude mortality rate is defined as the number of deaths divided by the total population, multiplied by 1,000.
Deaths by gender and age
- in 2017 there were 420 deaths of males and 380 deaths of females
- the proportion of deaths by gender has not changed significantly since 2000
- in each age group from 1 years old up to 85 years of age, the number of deaths of males was greater than the number of deaths of females (see Figure 2); in contrast, there were a greater number of deaths of females in the over 85 age group, due to there being more females aged 85 or over

Figure 2: Deaths by age and gender, 2017

Infant and child deaths
- in 2017, as in the previous four years, there were less than five recorded deaths for children aged under one, and less than five deaths in children between one and fourteen years of age.

Working age deaths
- in 2017 there were 120 deaths of people of working age (16-64 years); two-thirds (65%) of whom were male

Deaths of people aged 75 or over
- there were 560 deaths of people aged 75 or over in 2017, accounting for 69% of all deaths; this proportion was higher than a decade earlier (61% in 2008)

Deaths of people aged 85 or over
- there were 350 deaths of people aged 85 or over in 2017, accounting for 43% of all deaths; almost three-fifths (59%) of deaths in this age group were female; due to there being more females in this age category

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4 Small numbers are not disclosed to ensure that information does not identify an individual or community.
Average age at death

- the mean (average) age at death for women in 2017 was 82 years; the mean for men was 77 years
- Figure 3 shows that the mean age at death for women has increased by 10 years between 1960 and 2017 (from 72 to 82 years), and has increased by 15 years for men over the same time period (62 to 77 years)

Figure 3: Mean average age of death, 1960-2017

Median age of death

The median average of death is the age at which half of deaths occurred below, and half occurred above.

- the median age of deaths in 2017 was 81 years for males, and 86 years for females (Figure 4)

Figure 4: Median age at death, Jersey 2010 – 2017
Crude mortality rates

The crude mortality rate refers to the number of deaths during a particular year, per 1,000 of the mid-year population.

- crude mortality rates have fallen steadily in Jersey over time (see Figure 5)
- the latest figure, for 2017, is a crude mortality rate of 7.6 per 1,000 resident population, almost half that seen in 1970 (14.1)

Figure 5: Crude mortality rate (per 1,000 per population), Jersey residents, 1960-2017

Age-standardised mortality rate

The age-standardised mortality rate (ASMR) is calculated as a weighted average of the age-specific mortality rates per 100,000 persons, where the weights are the proportions of persons in the corresponding age groups of the European standard population. Age-standardised rates allow comparisons to be made across geographical areas and through time, without being affected by differences in the underlying age and gender structures of the population.

In 2017:

- the ASMR for Jersey was 880, lower than the overall ASMR for England (959)
- the ASMR for males (1,091) was significantly higher than that for females (716)
- the ASMRs for males and females in Jersey were lower than those for England (see Table 1)

Table 1: Age-standardised mortality rates overall and by gender, for Jersey, England and regions (2017)\(^5\)

<table>
<thead>
<tr>
<th></th>
<th>Males</th>
<th>Females</th>
<th>Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jersey(^6)</td>
<td>1,091</td>
<td>716</td>
<td>880</td>
</tr>
<tr>
<td>England</td>
<td>1,116</td>
<td>832</td>
<td>959</td>
</tr>
<tr>
<td>North East</td>
<td>1,248</td>
<td>962</td>
<td>1,090</td>
</tr>
<tr>
<td>North West</td>
<td>1,221</td>
<td>925</td>
<td>1,060</td>
</tr>
<tr>
<td>Yorkshire and the Humber</td>
<td>1,208</td>
<td>893</td>
<td>1,032</td>
</tr>
<tr>
<td>East Midlands</td>
<td>1,157</td>
<td>862</td>
<td>992</td>
</tr>
<tr>
<td>West Midlands</td>
<td>1,170</td>
<td>859</td>
<td>998</td>
</tr>
<tr>
<td>East</td>
<td>1,071</td>
<td>801</td>
<td>921</td>
</tr>
<tr>
<td>London</td>
<td>1,006</td>
<td>733</td>
<td>857</td>
</tr>
<tr>
<td>South East</td>
<td>1,035</td>
<td>769</td>
<td>888</td>
</tr>
<tr>
<td>South West</td>
<td>1,063</td>
<td>789</td>
<td>911</td>
</tr>
<tr>
<td>Wales</td>
<td>1,213</td>
<td>892</td>
<td>1,036</td>
</tr>
</tbody>
</table>


\(^6\) Jersey figures are calculated for all deaths recorded as occurring in calendar year 2017; whilst figures for England and Wales are for deaths registered in 2017 (i.e. some of the deaths will have occurred in 2016 but were not registered until 2017).
Cause of death

- as in previous years the majority of deaths of Jersey residents in 2017 were attributed to cancers, cardiovascular diseases (including stroke) and respiratory disease. Altogether, these three causes accounted for around 70% of all deaths in 2017 (Figure 6)

Figure 6: Main causes of death, 2017 (Percentages may not add up to 100% due to rounding)

- cancer remains the main cause of death in Jersey (Figure 7), having exceeded the number of deaths from circulatory diseases for the first time in 2010
- a similar pattern has been seen in England and Wales, with deaths from cancer exceeding deaths from circulatory disease in 2011

Figure 7: Proportion of deaths caused by the three main disease groups, Jersey, 2010-2017

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Figure 8 presents the proportion of deaths attributable to each of the main causes of death in more detail. In 2017:

- the five leading causes of death accounted for 84% of all deaths of Jersey residents
- the four leading causes of death remained the same as in 2016 (cancer, diseases of the circulatory system, diseases of the respiratory system, and mental and behavioural disorders);
- the main causes of death were slightly different for males and females. Cancers and diseases of the circulatory system were ranked as the first and second leading causes of death for males respectively; for females the ranking was reversed, with diseases of the circulatory system first, and cancer second
- cancer was the leading cause of death for the age groups 40-64 (47% of deaths) and 65-74 (49%), whereas it was the second leading cause for those aged 75 and over (22% of deaths)

Causes of working age deaths

- the proportion of working age deaths by cause are shown for each gender in Figure 9

Figure 9: Working age deaths by gender, 2017

Main causes of death – aged 75 and over

In 2017:

- the leading cause of death for people aged 75 and over was diseases of the circulatory system, accounting for 30% of deaths for this age group
- dementia was one of the major underlying cause of death for those aged 75 and over (12%), while not being one of the ten leading underlying causes for the population aged 74 and under
- the proportion of deaths due to dementia for those aged 75 and over increased from 6% in 2008 to 12% in 2017
Figure 8: Number of deaths by cause, 2017

- Total deaths: 810
- Cancer: 240
- Circulatory diseases: 220
- Respiratory diseases: 110
- Nervous system: 30
- External causes: 30
- Other causes: 70
- Mental & behavioural: 70
- Digestive system: 40
- Digestive organ cancer: 70
- Lung cancer: 50
- Lymph & blood cancers: 20
- Ischaemic heart disease: 90
- Cerebrovascular disease: 50
- Other cancers: 70
- Male genital organ cancer: 20
- Breast cancer: 10
Deaths by suicide
Due to a small number of outstanding inquests, information on deaths by suicide is only available up to 2016. Deaths are included here where the cause of death was recorded as ‘intentional self-harm’ or ‘undetermined intent’. Figure 8 gives the number of suicides by year in Jersey since 2007.

Figure 8: Number of deaths by suicide in Jersey, 2007 to 2016

Figure 9 provides the age-standardised mortality rates for deaths where the cause was recorded as ‘intentional self-harm’ or ‘undetermined intent’, for comparison over time. Age-standardisation adjusts for any changes in the underlying age and gender structure of a population, so that rates can be compared across time and across jurisdictions. Rates are given for three-year periods due to the relatively small annual numbers.

Figure 9: Age-standardised mortality rate: cause of death recorded as ‘intentional self-harm’ or ‘undetermined intent’
Seasonality
- in 2017 the monthly variation in the number of deaths was not statistically significant (see Figure 10)

Figure 10: Deaths by month, 2017

![Bar chart showing deaths by month in 2017 with highest number in January, February, and December at 80, and lowest number in May, August, October, and November at 60.]

Place of death
- of the deaths of Jersey residents that occurred on Island in 2017, one in three (33%) occurred in a hospital, whilst a fifth (20%) died in a private home; a further fifth (19%) died in the Jersey Hospice (Figure 11)

Figure 11: Location of on-island deaths, 2017

![Bar chart showing the location of on-island deaths with Hospital at 33%, Hospice at 19%, Nursing Home at 15%, and Residential Home at 11%.]

- Figure 12 shows that the proportion of deaths of Jersey residents occurring on Island which took place in a hospital has decreased over recent years, from half (50%) of all deaths in 2010 to a third (33%) in the latest year; deaths in private homes, residential homes and the hospice have seen a complementary increase over the same period
Figure 12: Location of on-island deaths, 2010 – 2017

- Hospital 2010, 50%
- Hospital 2017, 33%

- Private Home
- Hospital
- Nursing Home
- Hospice
- Other
- Residential Home
Notes

Data sources

- The Marriage and Civil Status (Jersey) Law 2001 requires all deaths to be registered with the Superintendent Registrar within 5 days of the date of death, unless they have been referred to the Viscount. Data on deaths is compiled by Statistics Jersey and clerically checked against other States of Jersey administrative sources to ensure that all deaths have been accurately detailed.
- Cause of death is classified using the International Statistical Classification of Diseases, Injuries and Causes of Death (tenth revision, ICD-10). Coding of deaths of Jersey residents is undertaken by the Office for National Statistics on a quarterly basis.

Methodology

- Age-standardised rates were calculated as the number of deaths occurring in a year divided by the mid-year population estimate for that year, and multiplied by 100,000. The rates have been age-standardised using the 2013 European Standard Population. This allow comparisons of mortality rates across time and place excluding the impact of different underlying age and gender structures.
- The mid-year population estimate was calculated as the average of the two relevant end-year population estimates. This methodology assumes that half of births, deaths and migration occurs in the first half of the calendar year.
- A small number of inquests may still be outstanding for deaths occurring in calendar year 2017; therefore, numbers here should be treated as provisional.
- All death numbers have been independently rounded to the nearest 10, to reflect the provisional nature of these statistics at time of publication.
- When the observed total number of deaths was fewer than 25, mortality rates were not calculated, as there were too few deaths to calculate directly standardised rates reliably.

Confidence Intervals and statistical significance

- Confidence intervals have been used in this report to compare Jersey mortality rates with those of England, Wales and the English regions. Confidence intervals are a measure of the statistical precision of an estimate and show the range of uncertainty around the estimated figure. Calculations based on small numbers of events are often subject to random fluctuations. The confidence interval indicates the range within which the true value for the population as a whole can be expected to lie, taking natural random variation into account.