Government of JERSEY

Jersey Health Profile 2022

Data for 2016-2021

Public Health Intelligence

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Introduction

The Jersey Health Profile combines data and knowledge from various available sources on health and wellbeing for the population of Jersey. Indicators are presented for both adults and children, from sources such as Jersey Opinions and Lifestyle Survey and Children and Young People's Survey. The profile includes a new chapter on the health and wellbeing impacts of the COVID-19 pandemic in Jersey.

Health profiles are produced by many countries and regional authorities as a way of improving public access to health-related information. The profile provides a position statement for Islanders about various aspects of our population's health, which can be monitored for changes over time.

The report covers data up to 2021 (or 2022 where possible) with historic trends shown where appropriate. The profile also provides some interesting comparisons between Jersey and other jurisdictions. Compiling this data into one profile provides a comprehensive insight into the general health status, health inequalities and health care needs at the population level.

Since the last iteration of the Health Profile in 2016 (which covered data for years 2013 to 2015), chapters on morbidity, mental health, and disease prevention and early detection have been broadened to include further findings, as more data and insights became available. The Statistics Jersey team have used analysis from the 2011 and 2021 Census findings to investigate indicators of deprivation by parish vingtaines. A highlighted summary of findings has been included in the wider determinants of health chapter, which begins to explore deprivation and factors that contribute to health inequalities in Jersey.

This Health Profile is a major component underpinning the strategic direction for Jersey's Public Health Directorate, and forms the foundation for a Joint Strategic Needs Assessment (JSNA) which is planned for delivery during 2023. Understanding the health and wellbeing needs of people living in Jersey will help better inform the delivery of a wide range of strategic initiatives.

If you would like to provide feedback, then please contact us on the following address or email us at: healthintelligence@gov.je

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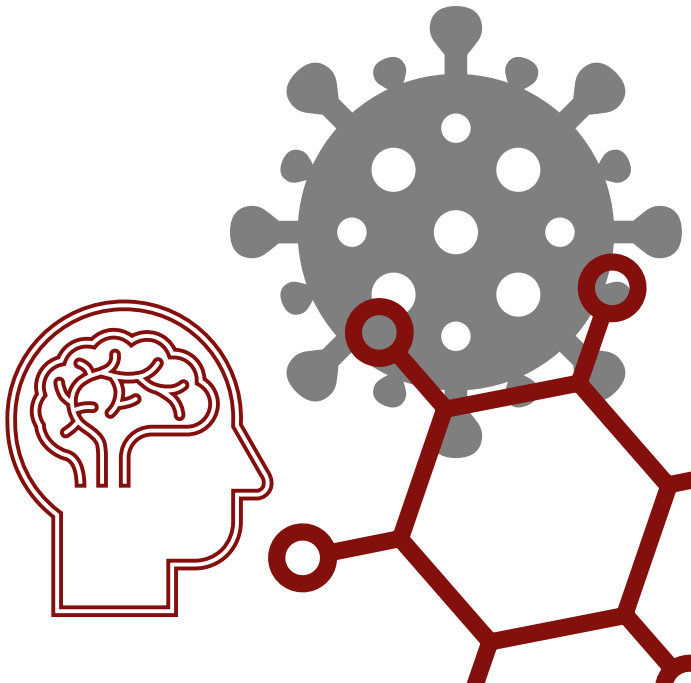


Key Findings by Chapter

Demography

- between 2001 and 2021, Jersey's population has increased by 16,081 people overall (an increase of 18%)
- as of 2021 the greatest proportion of people by age are those in their fifties

Fertility

- over the period 2019 to 2021, the average total fertility rate was 1.2 per woman, similar to Guernsey, but lower than the UK (1.6)
- 38% of births in the 2019-2021 period were by c-section, and this proportion is steadily increasing
- stillbirth and infant mortality rates are low in Jersey, and have not statistically changed over the last two decades

Child Health

- Almost three quarters (73%) of babies were being breastfed at discharge from maternity
- 62% of babies were breastfeeding at the 6-8 weeks health check
- A&E attendances for those aged under 5 in Jersey for 2019-2021 was lower than in England (535 per 1,000 in Jersey compared to 660 per 1,000 in England)
- Jersey has a statistically similar rate for children killed or seriously injured in road accidents aged 0-15 years of age to that in England
- abstinence from alcohol amongst young people has increased over time, with around half of pupils in Years 8 and 10 reporting never having drunk alcohol in 2021
- 25% of Year R children were overweight or obese, compared to 31% of children in Year 6
- average scores for anxiety amongst those completing the Children and Young People's Survey were significantly higher in 2021 (5.1 out of 10) than in 2018 (3.7 out of 10). Anxiety scores have increased in all age groups, but particularly amongst Year 12 females

Self-Perceived Health and Life Expectancy

- the 2021 Census showed that 82% of the population perceived their own health to be 'good' or 'very good', ranking Jersey one of the highest amongst European countries for self-rated health
- around 10% of the population aged over 65 years rated their health as 'poor' or 'very poor' and were the age group with the highest proportion of people scoring their own health poorly
- over the last decade there has been an increase in life expectancy at birth for both females and males
- life expectancy at 65 has also increased. Females in Jersey can expect to live on average, an additional 22.8 years, while males can expect to live for an additional 20.0 years
- males have shown the biggest increases in life expectancy over the decade, with around 3 years of life being added to male life expectancy at birth and up to the age of 40

Mortality

- in 2021 there were 820 deaths; the top 3 causes of death were neoplasms (cancers, 34%), diseases of circulatory system (24%) and disease of respiratory system (12%)
- on average 120 women and 130 men in Jersey died from cancer between 2019 and 2021
- cancers of the oesophagus, pancreas, bronchus and lungs, breast and prostate together accounted for 37% of all cancer deaths in Jersey in 2019-2021. 19% cancer deaths are caused by lung cancer.
- in Jersey three-quarters of all suicides involved men (72%) between 2007 and 2020, meaning men were around 2.5 times as likely to have taken their own lives as women; for comparison around three-quarters of registered suicide deaths in England and Wales in 2020 were for men (75%)

Morbidity

- there were 31,100 patients registered with at least one of the 12 long-term morbidities
- the most common morbidity was hypertension, with 17% of the population on its register
- the most commonly co-occurring pairs are Hypertension and Obesity, being present in 4,120 people

Mental Health

- in the most recent social survey 27% of people scored high for anxiety whilst 30% of people some of the time or often felt lonely
- just over a third (36%) of people 'agreed' or 'strongly agreed' that they wouldn't want people knowing about their mental health problem if they had one
- wellbeing measures remained statistically similar over the last 5 years in Jersey
- scores for happiness and anxiety amongst Jersey's population were similar to those reported in the UK

Sexual Health

- the most recent under 16 conception rate in Jersey is 1.5 per 1,000, whilst the under 18 conception rate is 6.9 per 1,000
- termination rates for Jersey in 2021 are 11.2 per 1,000, this is lower than England and Wales (18.6)
- the age group with the highest abortion rate in Jersey was 20–24-year-olds with a rate of 17.6, and the age group with the lowest abortion rate was 40-44-year-olds (4.2)
- the most diagnosed STI was chlamydia (50%) followed by genital warts (24%), genital herpes (14%), gonorrhoea (10%), and syphilis (2%)

Disease Prevention and Early Detection

- uptake for 1, 2, and 5 year old immunisations were at or above the World Health Organisation (WHO) recommended national target of 95%, except for DTaP/IPV were uptake was 94%
- Jersey's uptake for child immunisations were higher than for the devolved nations of the UK
- Jersey has the second-best coverage for the uptake of one HPV dose in both females and males, when comparing to the devolved nations
- uptake for Td/IPV and MenACWY was higher in Jersey that than that of the England, Wales, Northern Ireland and around double than that of Scotland (40%)
- 66% of eligible school aged children were vaccinated against seasonal influenza in the 2021-2022 season, this was a lower proportion when compared to the previous year's programme (71%)
- 84% of patients aged 65 and over received a seasonal flu vaccination in Jersey, whilst 51% of patients aged 50 to 64 received a seasonal flu vaccination in the 2021-2022 season

Lifestyle

- 50% of adults reported to have never smoked in 2022
- 35% of adults reported to have quit smoking
- adults who 'smoke daily' and 'smoke occasionally but not every day' has had no significant change since 2018, but has shown a slight decrease since 2010
- adults aged 55-64 had the highest proportion of regular drinkers with 1 in 2 people drinking twice a week or more (55%)
- amongst adults aged 16-34, 1 in 4 (27%) drank twice a week or more, whilst 34% drank '2-4 times a month'
- around 25% of adults were found to be drinking at potentially hazardous or harmful levels. This has not statistically changed over time since 2010
- 50% of people were classified as 'overweight or obese' and around half of people were classified as 'normal weight' (47%)
- 69% of adults in Jersey had eaten less than the recommended five portions of fruit and vegetable
- a higher proportion of males (57%) reported meeting the physical activity guidelines than females (48%)

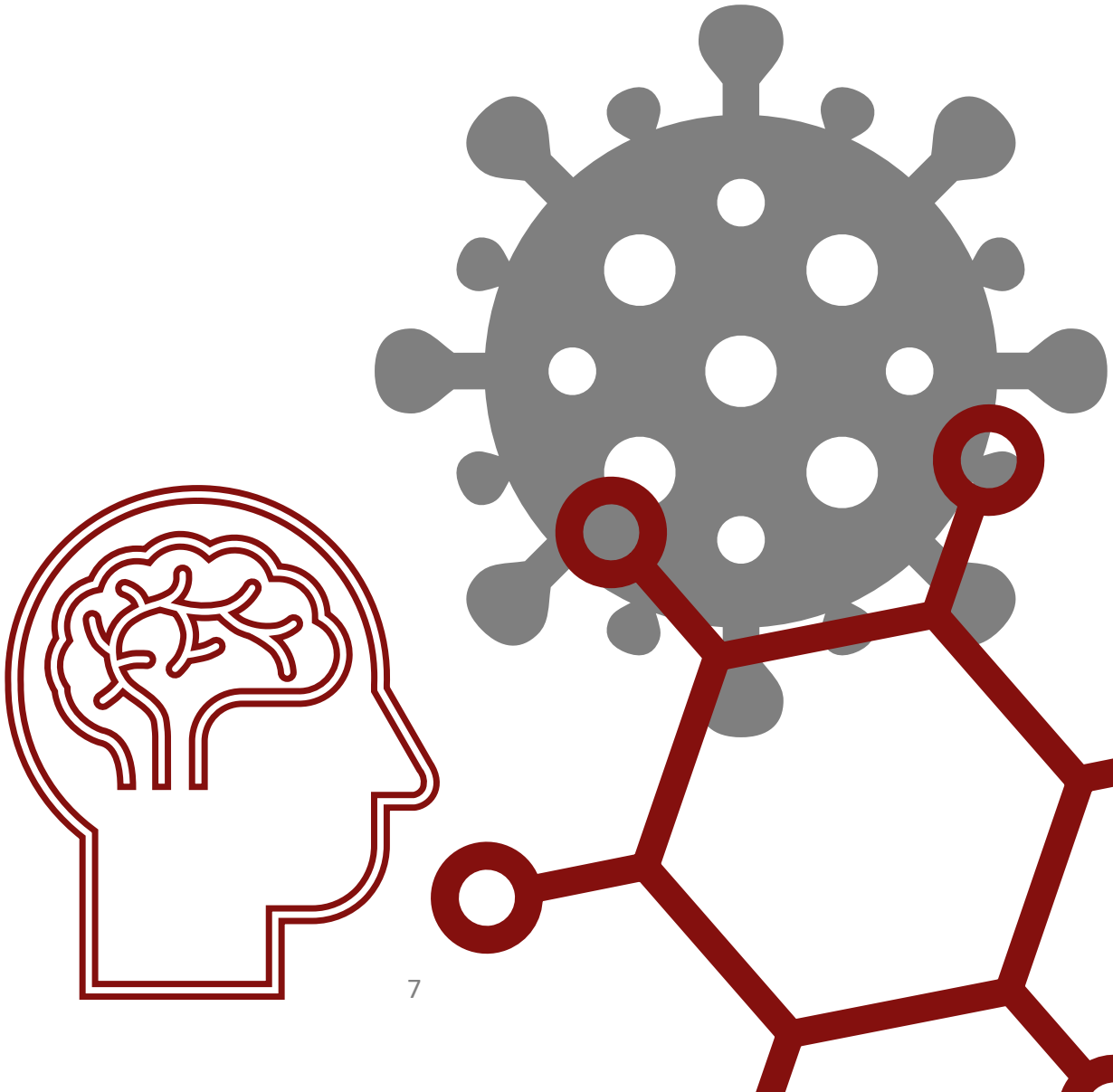
Wider Determinants of Health

- three quarters (74%) of all household income, came from those who are employed (including self-employed earners)
- 24% of households were in relative low income after housing costs, ranging from 8% of couples with no children to 55% of one-parent families
- the Gini coefficient shows that Jersey is becoming less equal over time in terms of net income after housing costs, and that inequalities may be widening Jersey
- there were 670 people registered for actively seeking work (ASW) on 31st December 2022
- house prices over time continue to show a greater overall increase than earnings and retail prices
- 91% of adults were 'very' or 'fairly' satisfied with their current housing, whilst 93% of adults were very/fairly satisfied with their local neighbourhood
- recorded crime dropped by 36% since 2008
- in the 2021 Census report, half (50%) of Jersey residents were born in Jersey. Nearly 29% were born in the British Isles, 8% were born in Portugal/Madeira, and 3% were born in Poland
- in 2021, the combined index of deprivation suggests that certain vingtaines in St Helier and St Saviour were more likely to be materially deprived than elsewhere in the island

COVID-19

- the first case of COVID-19 recorded in Jersey was March 2020, and the Island has experienced several waves of COVID-19 infections since
- a total of 266,351 COVID-19 vaccinations have been administered to the public as at 1st January 2021. Jersey achieved very high (over 95%) vaccine coverage of the population for first and second doses amongst those aged 55 and over
- a total of 26,526 Autumn booster vaccinations have been administered to the public aged 50 and over, and those at high risk as at 1st January 2023
- in 2021 COVID-19 was mentioned on 37 death certificates in Jersey (deaths involving COVID-19), with 30 of these being classified as COVID-19 being the underlying cause of death (deaths due to COVID-19).
- 28% of employed respondents said that COVID-19 had a negative impact on their work-life balance, whilst about 12% said it had a positive impact on their work-life balance
- in 2021, the proportion of people who said their life was a little or much worse since the start of the COVID-19 pandemic was 43%, compared to 51% when the same question was asked back in 2020
- a significant number of people perceived their health to have been negatively impacted by the COVID-19 pandemic: almost half (45%) of people said the COVID-19 pandemic had a negative on their mental health, and 33% of people said it had negatively affected their physical health

Demography



Population

The population of Jersey on 21st March 2021 was 103,267,[1] comprising 52,264 females and 51,003 males. These figures were collected from the 2021 census. A breakdown of these figures by age is provided in Table 1.1.

For comparison, the population for Guernsey on 30th September 2021 was 63,825[2], and the population for Alderney at the end of March 2021 was 2,102[3]

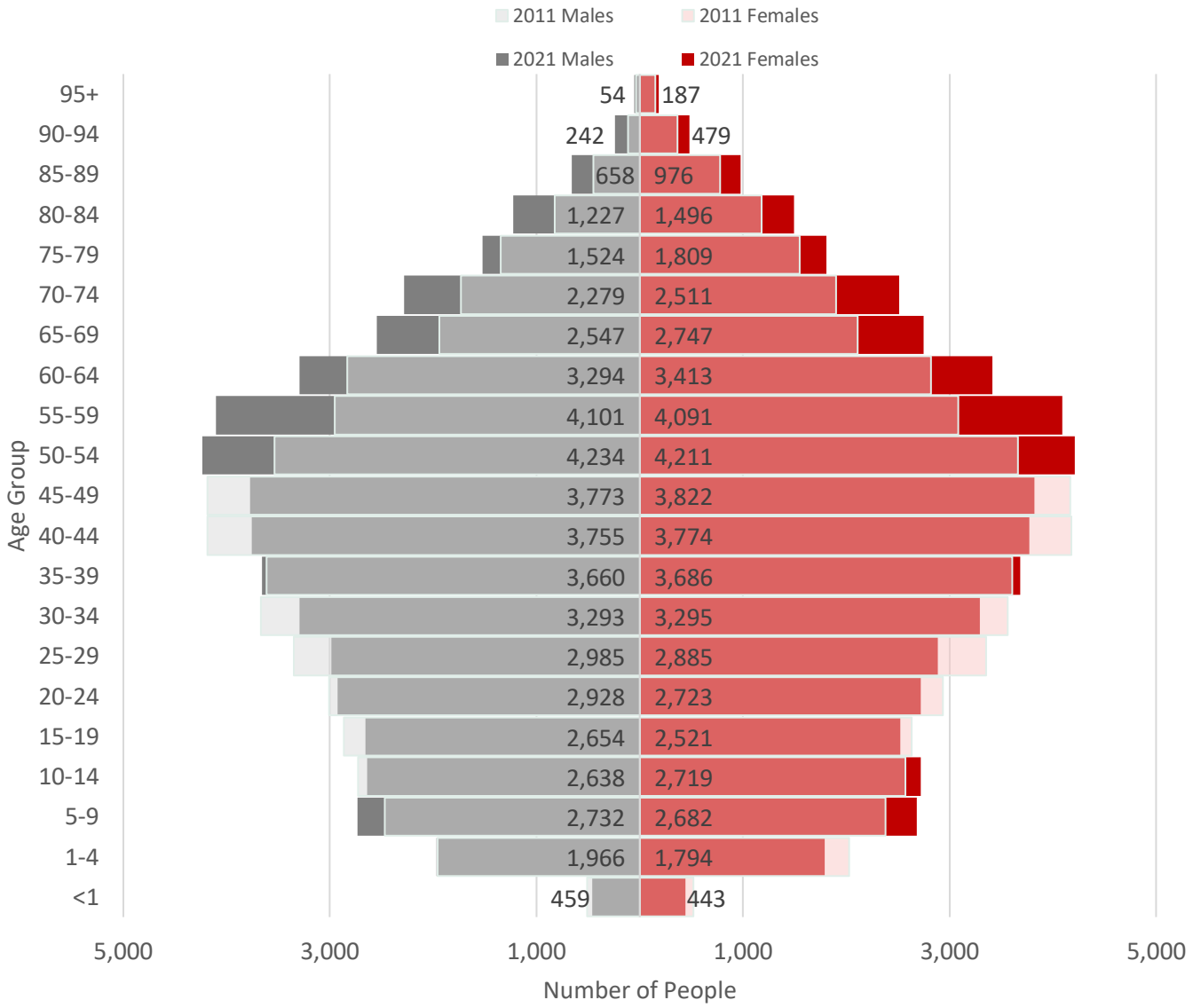
Table 1.1. Population 2021 census numbers by age and gender

Source	*Age Group*	*Males*	*Females*	*Total*
2021 Census	**<1**	459	443	902
	1-4	1,966	1,794	3,760
	5-9	2,732	2,682	5,414
	10-14	2,638	2,719	5,357
	15-19	2,654	2,521	5,175
	20-24	2,928	2,723	5,651
	25-29	2,985	2,885	5,870
	30-34	3,293	3,295	6,588
	35-39	3,660	3,686	7,346
	40-44	3,755	3,774	7,529
	45-49	3,773	3,822	7,595
	50-54	4,234	4,211	8,445
	55-59	4,101	4,091	8,192
	60-64	3,294	3,413	6,707
	65-69	2,547	2,747	5,294
	70-74	2,279	2,511	4,790
	75-79	1,524	1,809	3,333
	80-84	1,227	1,496	2,723
	85-89	658	976	1,634
	90-94	242	479	721
	95+	54	187	241
	Total	**51,003**	**52,264**	**103,267**

Source: Statistics Jersey - Census 2021

The structure of Jersey's population is shown in Figure 1.1. The figure shows how Jersey's population is distributed across age groups and between genders. The numbers represented are from the 2021 Census population, with population numbers from the 2011 census overlaid in a paler shade.

Figure 1.1. Population structure of Jersey (Numbers represented here are referencing 2021 population numbers with 2011 Census overlayed)



Source: Statistics Jersey

As of 2021 the greatest proportion of people by age are those in their fifties.

There were 25 people aged 100 years or over at the time of the March 2021 census, the majority of whom were female. There are a greater proportion of females from the age of 60+, which reflect the increased survivorship of women over men.

In 2021, around 25% of the population were aged under 25 and 18% of the population were aged over 65.[4] The proportion of the population aged over 65 has increased since 2011, when it was 15%, which is consistent with an overall aging of the population over the last decade.

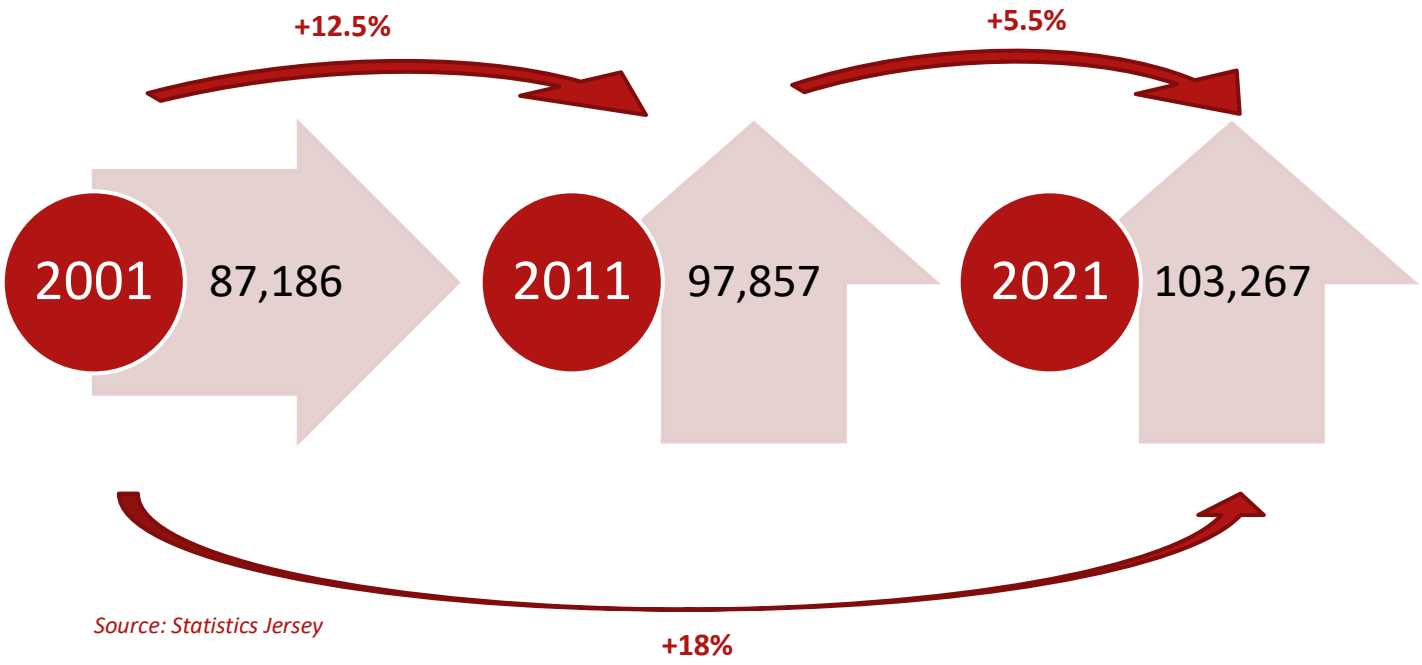
Population Change

Between 2001 and 2021, Jersey's population has increased by 16,081 people overall (an increase of 18%).

Between 2001 and 2011, there was an increase of 12.5% in the population overall, whilst between 2011 and 2021 there was a 5.5% increase.[5]

In the latter half of 2023, Statistics Jersey will be publishing updated population estimates for non-census years. When available, these will reveal estimated year to year population changes, which are likely to have been significantly affected by recent events such as the COVID-19 pandemic and Brexit.

Figure 1.2. Population change, Census years (2001 to 2021)



Source: Statistics Jersey

In the 2021 Census,[6] Statistics Jersey reported that between 2011 and 2021, there was a total net migration of 3,300 people into Jersey. This wasn't as great as the inward net migration between 2001 and 2011, when there was a total net migration of 6,800, showing a decrease in inward migration over the latest 10-year period.

The 2021 Census also found that between 2011 and 2021 there was substantially reduced net migration from EU Accession countries (in particular from Poland) and small increases were observed in migration from elsewhere in Europe and the rest of the world.

Migration from the British Isles was the largest positive contributor to overall net migration, while there was a net loss of 3,600 Jersey-born individuals.

Dependency Ratio

Calculating the dependency ratio helps to estimate the economic and social burden on the economically active population (i.e., on those of working age).

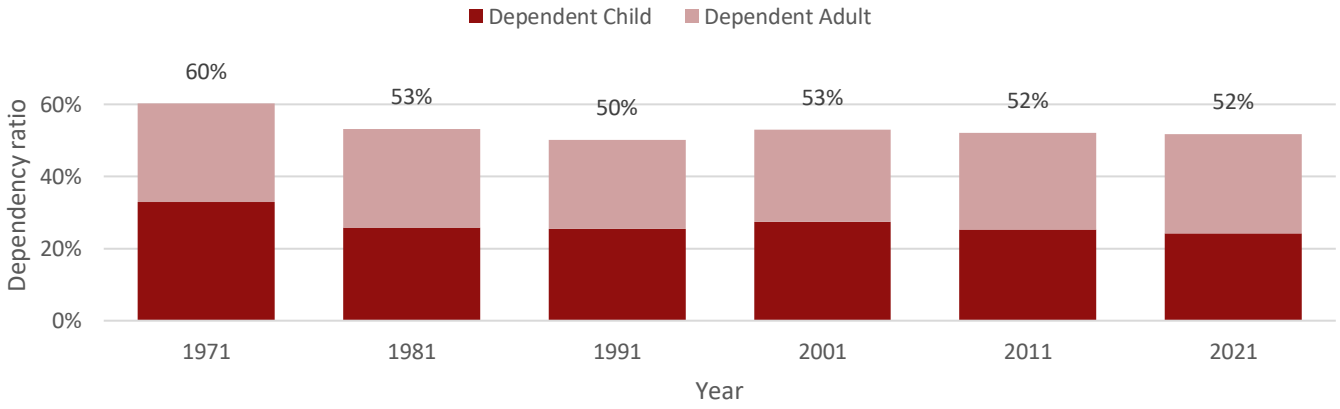
The dependency ratio for Jersey in 2021 was 52%, meaning there were 52 children and dependent adults for every 100 of working age.

Dependency Ratio

The dependency ratio is a measure of the number of people in a population who are likely to be dependent (children and people of pensionable age) compared with the number of people of working age.

People of a pensionable age made up a higher proportion of the dependent population in 2021 than 50 years ago in 1971, when children formed a higher proportion of the dependent group. This is consistent with an aging population over the last few decades.

Figure 1.3. Dependency ratio for Jersey's population, 10-year intervals (1971 to 2021)

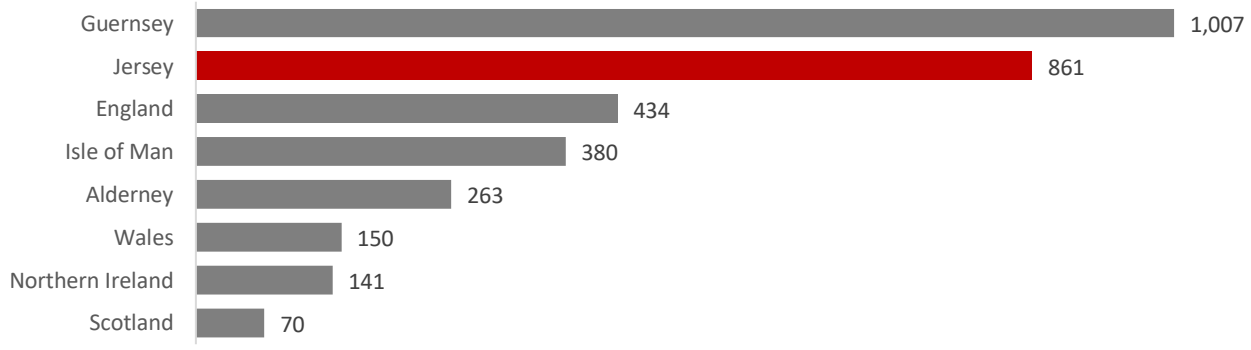


Source: Statistics Jersey

Population Density

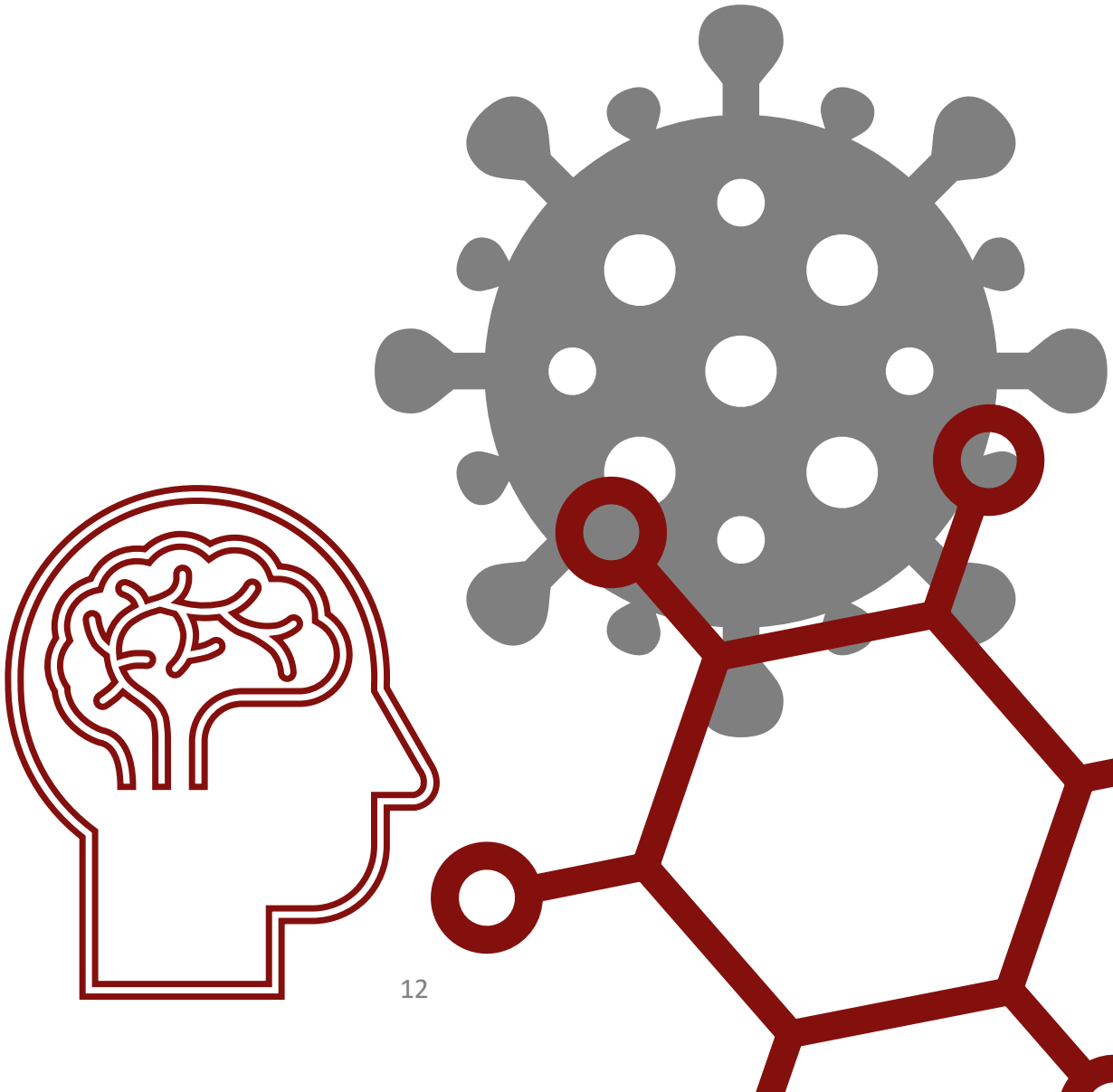
Jersey has an area of 120 km^2 at high tide, and a population density of 861 people per square kilometre in 2021. This is less than Guernsey which has a population density of 1,007 people per square kilometre,[7] but around double than that of Isle of Man[8] (380 km^2) and England[9] (434 km^2).

Figure 1.4. Population density (people per square km)



Source: Statistics Jersey, gov.gg, ONS

Fertility



Births

In 2021, there were 903 live births in Jersey. Each year since 2016, there has been a decline in births, except for 2021, when Jersey had slightly more births than the prior year. Guernsey had 521 births in 2021.[10]

The average age of mothers (at time of birth) was 33 years of age in 2021. Over the last 28 years, the age group which continues to have the highest number of births are 30-34, with 40% of mother's being in this age group in 2021. The age groups with the lowest number of births are those aged under 20 and those aged over 40.

Over time, the number of births to mothers aged under 20 have been declining steadily, from 56 in 1997 to 9 in 2021.

In 2021, there were more births to mothers aged over 40 than to those aged under 25.

Table 2.1. Jersey births by age of mother (1995 to 2021)

	Age of mother							
Year	***<20***	***20-24***	***25-29***	***30-34***	***35-39***	***40-44***	***45+***	***Total births***
1995	34	156	335	396	167	20	<5	***1,110***
1996	41	137	337	393	169	29	<5	***1,112***
1997	56	118	313	413	170	30	0	***1,102***
1998	38	143	303	395	210	34	<5	***1,128***
1999	41	124	282	395	202	31	<5	***1,076***
2000	27	117	231	370	199	29	5	***978***
2001	32	109	232	348	212	46	<5	***981***
2002	39	93	214	331	218	37	<5	***933***
2003	31	105	230	354	239	45	5	***1,009***
2004	30	108	210	342	212	68	<5	***973***
2005	19	110	196	343	241	59	<5	***970***
2006	24	100	213	356	214	54	<5	***962***
2007	29	114	228	325	273	61	<5	***1,031***
2008	23	123	238	325	274	53	<5	***1,038***
2009	33	103	240	353	224	52	<5	***1,006***
2010	27	93	264	354	256	75	8	***1,077***
2011	19	113	267	353	259	59	5	***1,075***
2012	25	112	245	438	253	48	<5	***1,124***
2013	31	103	219	387	229	55	5	***1,029***
2014	21	98	206	375	225	50	8	***983***
2015	20	82	202	372	277	59	9	***1,021***
2016	13	85	232	373	258	54	<5	***1,019***
2017	11	89	191	350	247	61	5	***954***
2018	9	64	199	381	228	56	<5	***940***
2019	16	63	175	339	230	64	<5	***890***
2020	9	61	164	320	252	57	5	***869***
2021	9	59	156	357	249	69	<5	***903***

Source: Trak/Careplus

The average age of mothers has increased from 30 years old in 1995 to 33 years old in 2021. Over time there has been a slight decrease in the proportion of mothers aged under 30, and an increase in those aged 35 and over.

A further breakdown of proportion of births by age of mothers is provided in Table 2.2.

Table 2.2. Jersey proportion of births by age of mother (1995 to 2021)

	Age of mother							
Year	***<20***	***20-24***	***25-29***	***30-34***	***35-39***	***40-44***	***45+***	***Average age of mother***
1995	3%	14%	30%	36%	15%	2%	0%	***30***
1996	4%	12%	30%	35%	15%	3%	0%	***30***
1997	5%	11%	28%	37%	15%	3%	0%	***30***
1998	3%	13%	27%	35%	19%	3%	0%	***30***
1999	4%	12%	26%	37%	19%	3%	0%	***31***
2000	3%	12%	24%	38%	20%	3%	1%	***31***
2001	3%	11%	24%	35%	22%	5%	0%	***31***
2002	4%	10%	23%	35%	23%	4%	0%	***31***
2003	3%	10%	23%	35%	24%	4%	0%	***32***
2004	3%	11%	22%	35%	22%	7%	0%	***32***
2005	2%	11%	20%	35%	25%	6%	0%	***32***
2006	2%	10%	22%	37%	22%	6%	0%	***32***
2007	3%	11%	22%	32%	26%	6%	0%	***32***
2008	2%	12%	23%	31%	26%	5%	0%	***32***
2009	3%	10%	24%	35%	22%	5%	0%	***31***
2010	3%	9%	25%	33%	24%	7%	1%	***32***
2011	2%	11%	25%	33%	24%	5%	0%	***31***
2012	2%	10%	22%	39%	23%	4%	0%	***31***
2013	3%	10%	21%	38%	22%	5%	0%	***32***
2014	2%	10%	21%	38%	23%	5%	1%	***32***
2015	2%	8%	20%	36%	27%	6%	1%	***32***
2016	1%	8%	23%	37%	25%	5%	0%	***32***
2017	1%	9%	20%	37%	26%	6%	1%	***32***
2018	1%	7%	21%	41%	24%	6%	0%	***32***
2019	2%	7%	20%	38%	26%	7%	0%	***32***
2020	1%	7%	19%	37%	29%	7%	1%	***32***
2021	1%	7%	17%	40%	28%	8%	0%	***33***

Source: Trak/Careplus

Birth Rate

The crude birth rate in Jersey for 2021 was 8.7 live births per 1,000 population. There has been a continuing decline since 2012 when the birth rate was 11.4 births per 1,000 population.

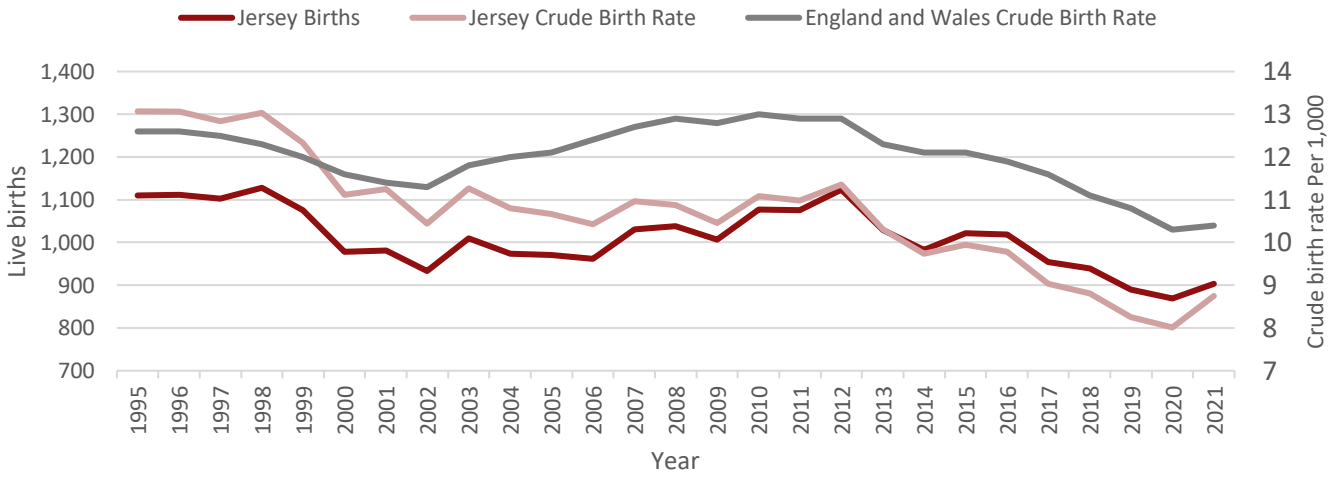
Guernsey had a birth rate of 8.9[11] in 2021 which was similar to Jersey, but both Islands were lower than England and Wales with a combined birth rate of 10.4.[12]

Crude Birth Rate

The crude birth rate shows the number of births per 1,000 people in the population overall. It corrects the birth rate for crude changes in the population size

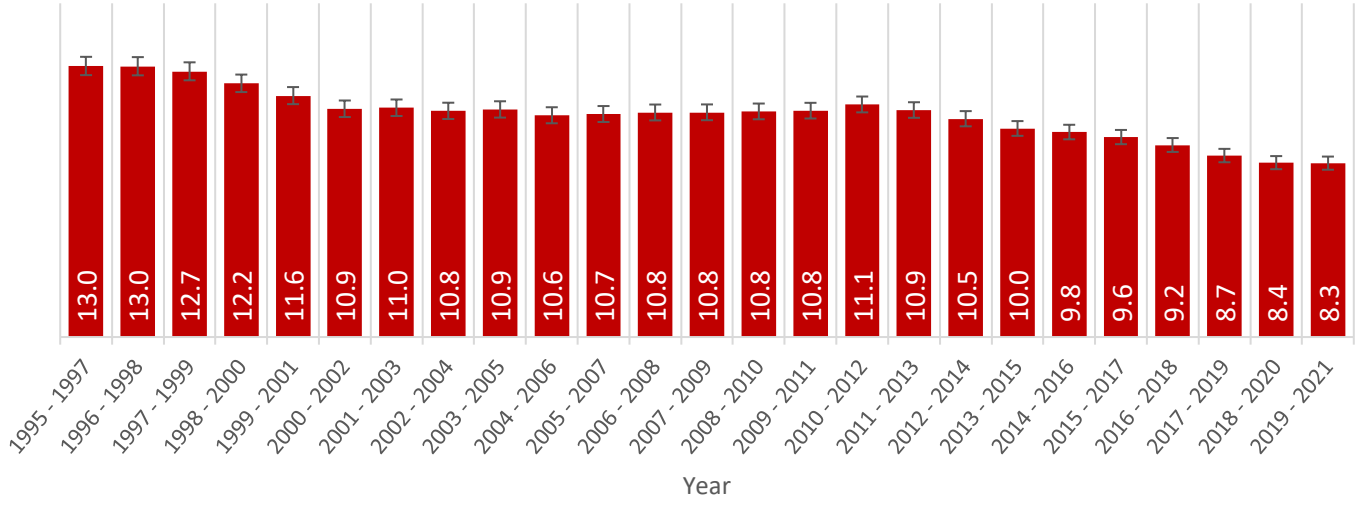
In the latter half of 2023, Statistics Jersey will be publishing updated population estimates for non-census years. When available, crude birth rates will be updated.

Figure 2.1. Jersey birth rates (1995 to 2021)



Source: Trak/Careplus

Figure 2.2. Crude birth rate per 1,000 population (1995-1997 to 2019-2021), 3-year averages



Source: Trak/Careplus

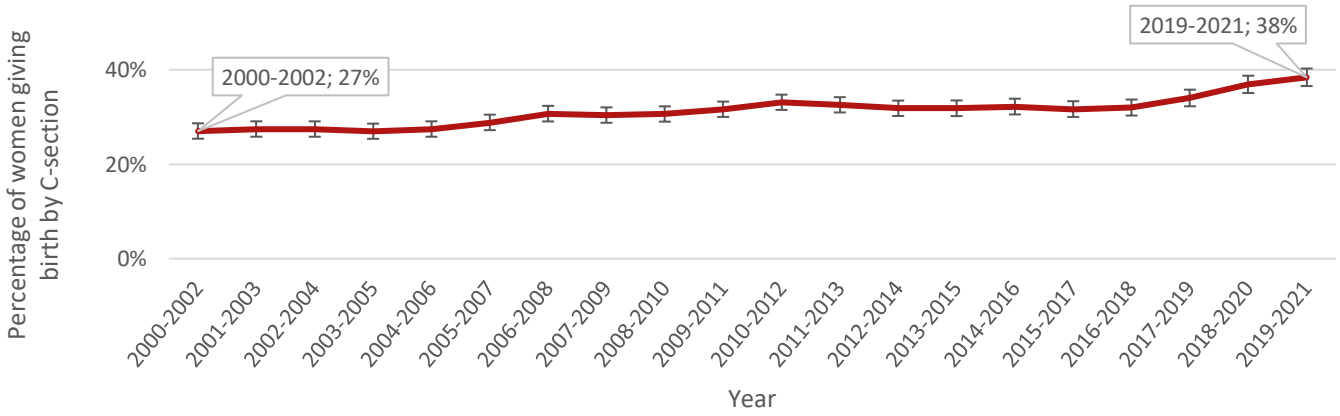
Caesarean Sections (C-Sections)

During the period 2019-2021, 38% of all deliveries in Jersey were by C-section section. This is an increase over the last two decades, up from 27% in 2000-2002 (Figure 2.3). The proportion in Jersey was higher than in England,[13] where 32.5% of births in 2020-2021 were C-section.

C-section can either be elective (planned) or emergency (urgent)

- 24% of first births were delivered by an emergency or urgent C-section. For second deliveries a lower percentage (16%) were C-section, whilst 13% subsequent deliveries were C-section.
- 15% of first births were delivered by a scheduled or elective C-section section; this increased to 23% of subsequent deliveries.

Figure 2.3. Proportion of women giving birth by C-section section (2000-2002 to 2019-2021)

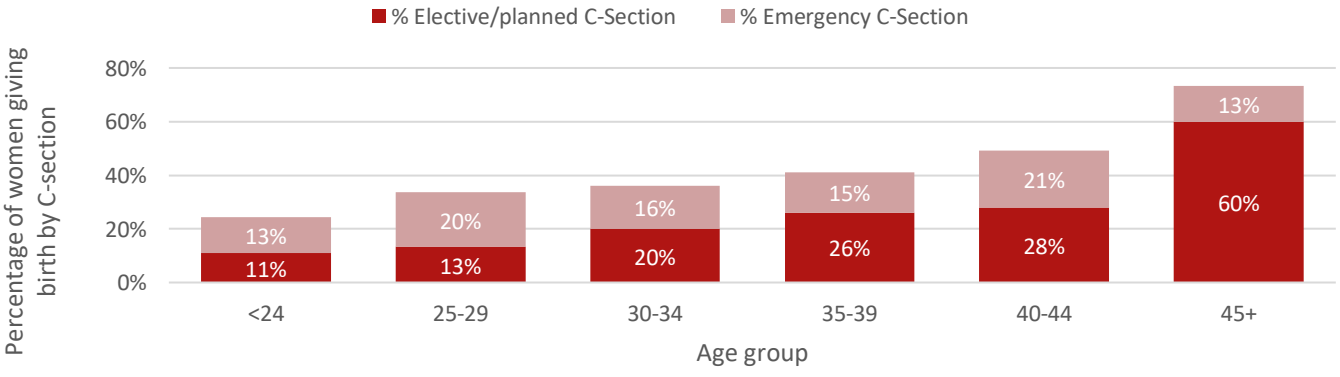


Source: Trak/Careplus

The proportion of C-section deliveries in Jersey during period 2019-2021 increased with the age of the mother.

13% of mothers in Jersey aged 25-29 years delivered by an elective or planned C-section, a smaller proportion than for mothers aged between 30-44, and significantly smaller than for mothers aged 45+ (Figure 2.4).

Figure 2.4. Proportion of women giving birth by C-section, by age of mother, in three-year period (2019-2021)



Source: Trak/Careplus

General Fertility Rate

The general fertility rate (GFR) for Jersey in 2021 was 47.8, higher than that of Guernsey, which was 46.8 in 2021.[14] Both England and Wales combined gave a rate of 55.8.[15]

Over the period 2019 to 2021, the average general fertility rate was 44.6. This is a 1% increase from the previous period of 2018 to 2020.

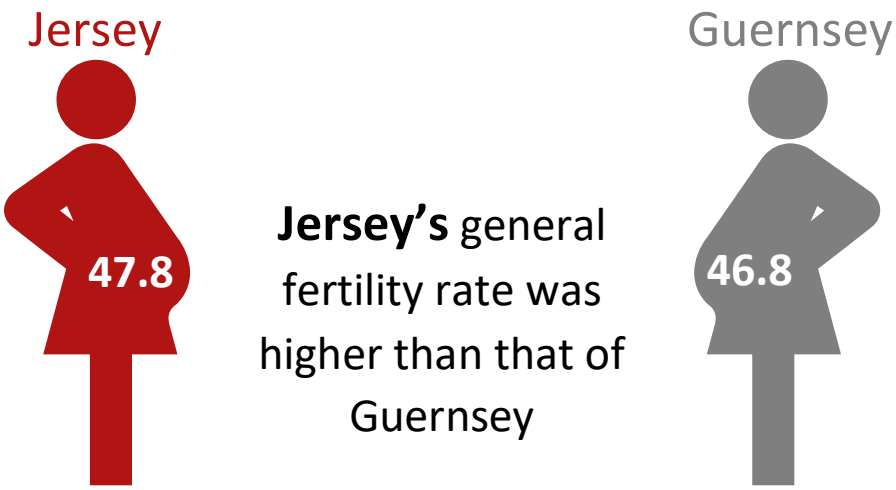
Details of trend history can be seen in Table 2.3 for 3-year average rates in Jersey.

General Fertility Rate (GFR)
The general fertility rate shows the number of births per 1,000 females of child-bearing age (15-44). It corrects the birth rate for changes in the number of women of child-bearing age in the population

Table 2.3. General fertility rate, 3-year average (2014-2016 to 2019-2021)

	3-year average	GFR	Change from previous period
most recent period	**2019-2021**	44.6 ↑	1%
	2018-2020	44.1 ↓	-4%
	2017-2019	45.8 ↓	-5%
	2016-2018	48.2 ↓	-3%
	2015-2017	49.9 →	-2%
	2014-2016	50.8	

Source: Trak/Careplus



Total Fertility Rate

The total fertility rate (TFR)[16] for Jersey in 2021 was 1.3.

Over the period 2019 to 2021, the average total fertility rate was 1.2. This is a 1% change from the previous period of 2018 to 2020.

Details of history can be seen in Table 2.4 for three yearly average rates in Jersey.

Total Fertility Rate (TFR)
Total fertility rate is an age-adjusted fertility rate. The TFR estimates the average number of children a woman would have over her life if the current fertility trends were to prevail.

Table 2.4. Total fertility rate, 3-year average (2014-2016 to 2019-2021)

	3-year average	TFR	Change from previous period
most recent period	**2019-2021**	1.2 →	1%
	2018-2020	1.2 →	-4%
	2017-2019	1.3 ↓	-5%
	2016-2018	1.3 →	-4%
	2015-2017	1.4 →	-2%
	2014-2016	1.4	

Source: Trak/Careplus

Jersey's most recent total fertility rate is lower than that of Guernsey, France, and UK and lower than the average number of high-income countries[17] (Table 2.5).

Table 2.5. Annual total fertility rate in Jersey compared to other jurisdictions of interest

	Year					
Country	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**
Jersey	1.4	1.3	1.3	1.2	1.2	1.3
Guernsey	1.7	1.6	1.4	1.4	1.3	
France	1.9	1.9	1.9	1.9	1.8	
United Kingdom	1.8	1.7	1.7	1.6	1.6	
New Zealand	1.9	1.8	1.7	1.7	1.6	No Data
High income countries[18]	1.7	1.6	1.6	1.6	1.5	available
Upper middle-income countries	1.8	1.8	1.8	1.8	1.8	
Lower middle-income countries	2.8	2.7	2.7	2.7	2.7	
Low-income countries[19]	4.8	4.7	4.7	4.6	4.5	

Source: The World Bank, Jersey: Trak/Careplus, Guernsey: gov.gg
Definition regarding different levels of Income countries can be found in our background notes

Stillbirth Rate

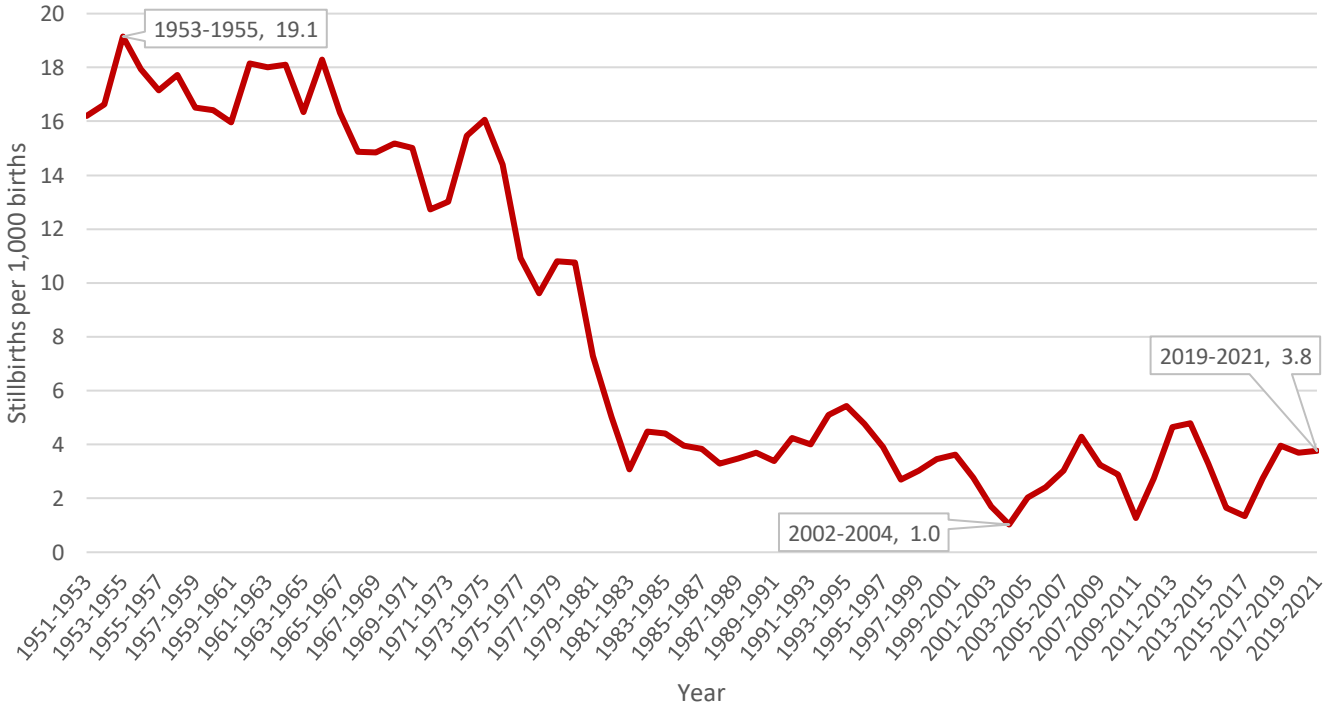
The stillbirth rate in Jersey for period 2019-2021 was 3.8 per 1,000 births. The rate has declined significantly since the 1950's, similar to the UK and rest of Europe.

Jersey's lowest stillbirth rate was during period 2002-2004 where the rate was 1.0. The highest stillbirth rate was during 1953-1955 where the stillbirth rate was 19.1.

Definition of Stillbirth
A stillbirth is the birth after the 24th week of gestation of a baby that has died in utero (in the womb, or uterus, before delivery).

For comparison, Guernsey's stillbirth rate[20] was 2.1 for the period 2013-2015. This is the latest rate to date, published by the Medical Officer of Health.

Figure 2.5. Stillbirth rate, 3 – year average (1951-1953 to 2019-2021)



Source: Superintendent registrar, Jersey

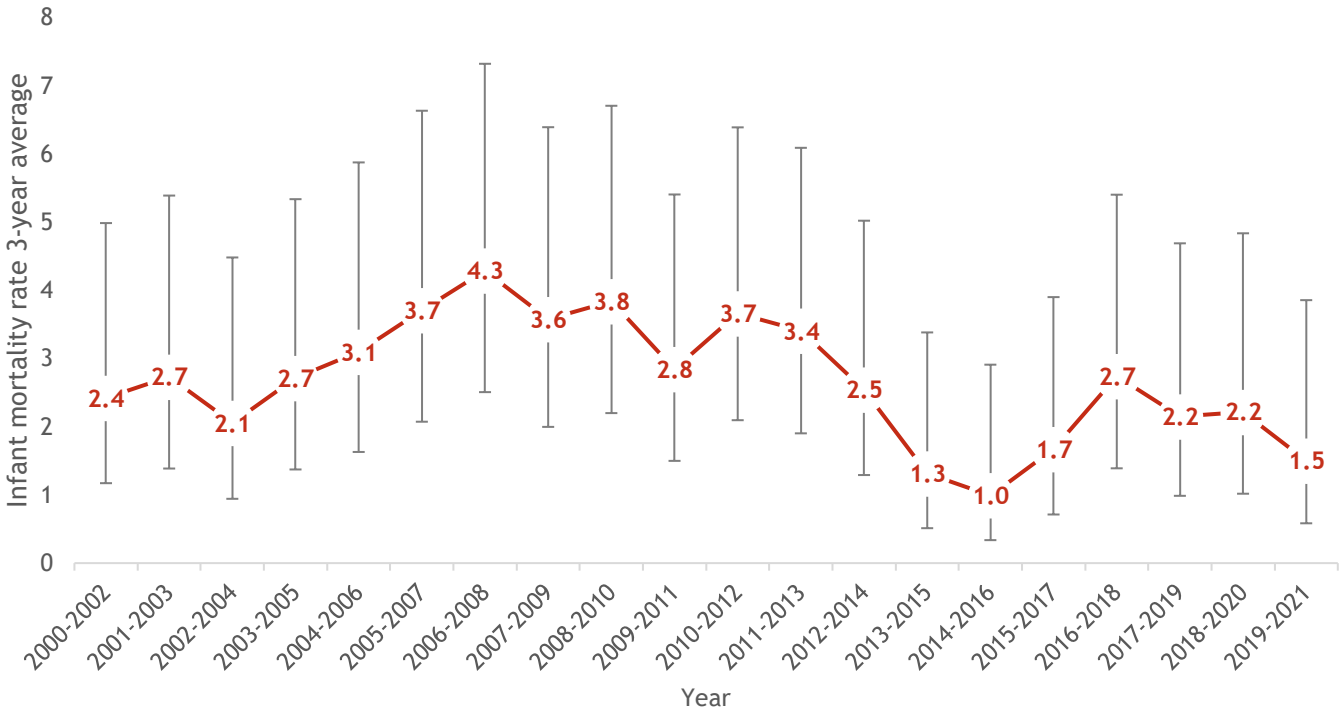
Infant Mortality Rate

Over the period 2019-2021 the infant mortality rate in Jersey was 1.5 per 1,000 live births, one of the lowest rates seen over the previous 20 years.

Noting the confidence intervals, there has been no statistically significant change or trend in infant mortality rate over the past 20 years.

Definition of Infant Mortality
Infant mortality is defined as the death of an infant before his or her first birthday. This calculation excludes stillbirths.

Figure 2.6. Infant mortality rate, 3-year average (2000-2002 to 2019–2021)



Source: Trak/Careplus

England's infant mortality rate[21] for the period 2018-2020 is 3.7, which is statistically similar to Jersey's latest 2019-2021 rate.

Guernsey's infant mortality rate[22] was 2.7 for the period 2013-2015.

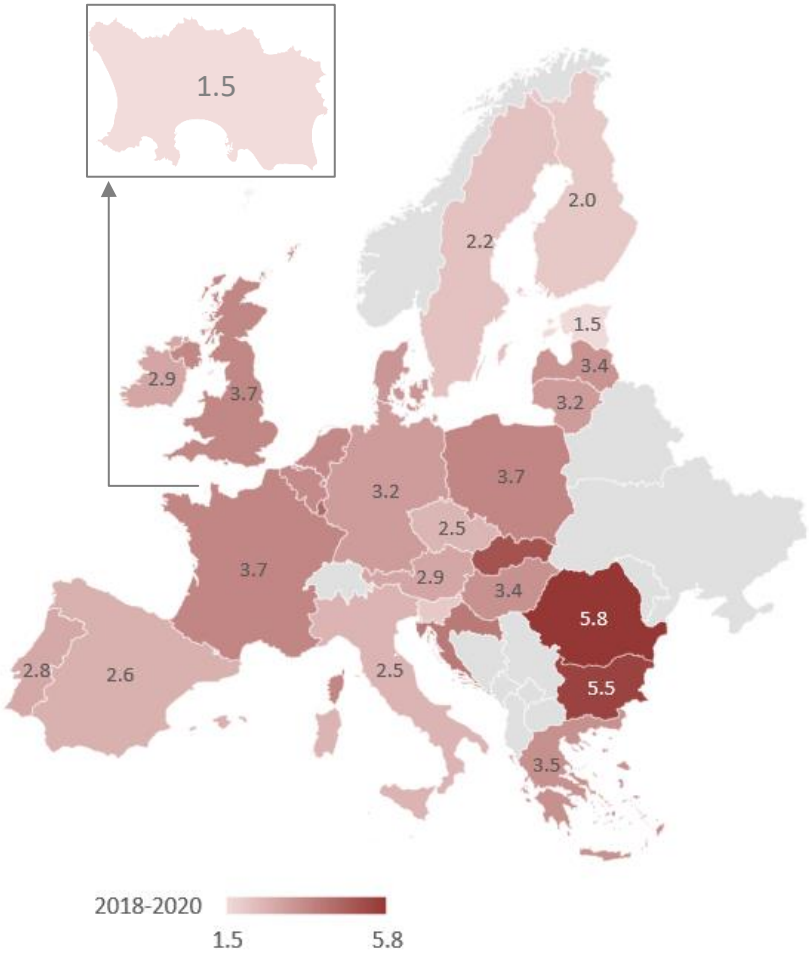
Jersey has one of the lowest infant mortality rates when compared to the EU[23] and England. Nearby France has the same infant mortality rate as England.

Table 2.6. Infant mortality rate in the EU (2018-2020)

EU countries and England	2018-2020
Jersey (2019-2021)	**1.5**
Estonia	1.5
Finland	2.0
Slovenia	2.0
Sweden	2.2
Czech Republic	2.5
Italy	2.5
Spain	2.6
Guernsey (2013-2015)	2.7
Portugal	2.8
Austria	2.9
Ireland	2.9
Germany	3.2
Lithuania	3.2
Denmark	3.3
Latvia	3.4
Hungary	3.4
Greece	3.5
Belgium	3.6
Netherlands	3.6
France	3.7
Poland	3.7
England	3.7
Croatia	4.1
Luxembourg	4.5
Slovak Republic	5.1
Bulgaria	5.5
Romania	5.8

Source: Jersey: Trak/Careplus, EU: OECD, England: NHS

Figure 2.7. Map of infant mortality rate in the EU (2018-2020)



Low Birth Weight

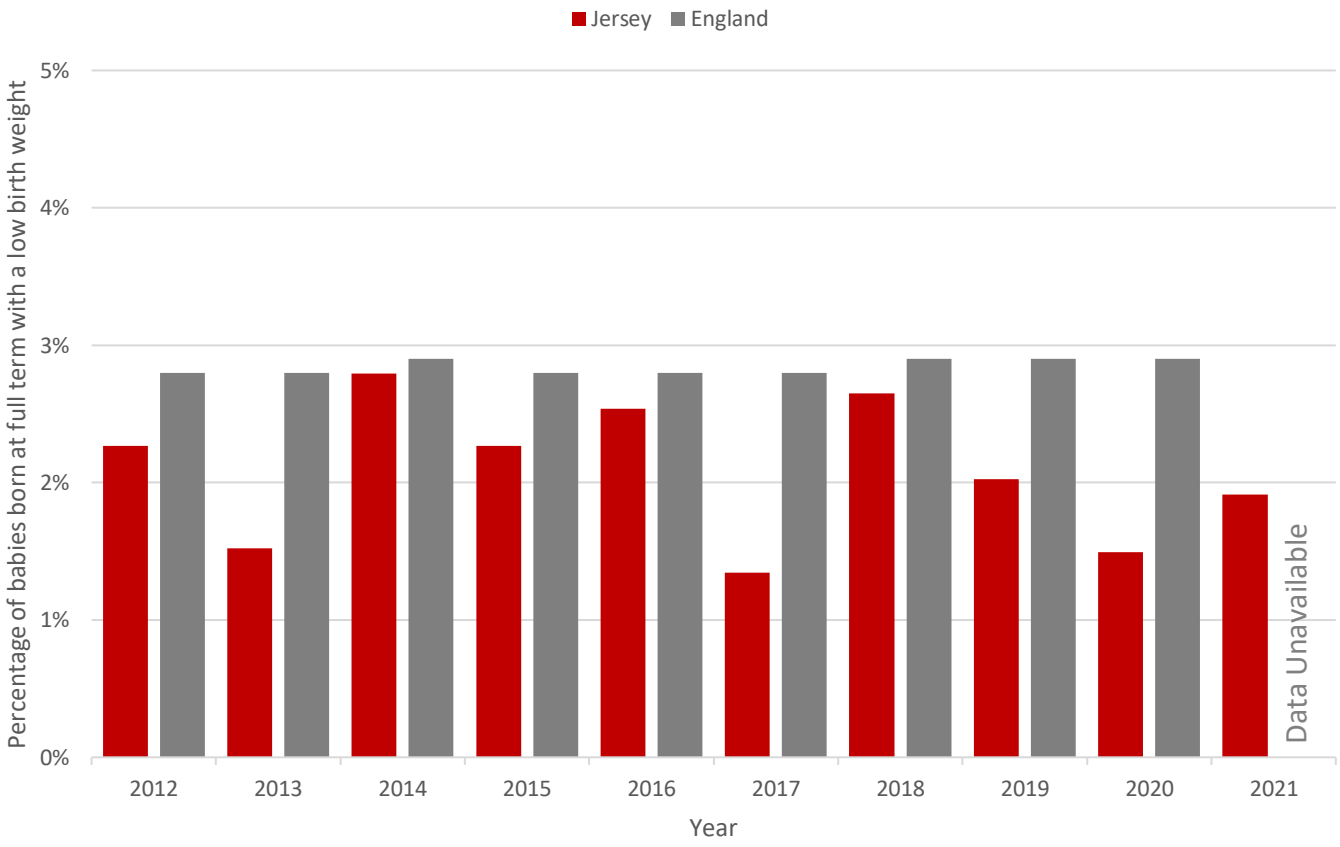
Definition of Low Birth Weight
Babies born weighing less than 2,500g. Low birth weight is used as a general health indicator for new-borns because it is a key determinant of infant survival

In 2021 there were 903 births, 6.4% of those births were of a low birth weight; fewer than 10 of these babies were recorded as being of very low birthweight (babies born less than 1,500g) at the time of delivery.

Of those babies born at full term, 16 babies (1.9%) were classified as low birthweight, a statistically similar proportion to that seen in England (2.9%).[24]

Trends can be seen in Figure 2.8.

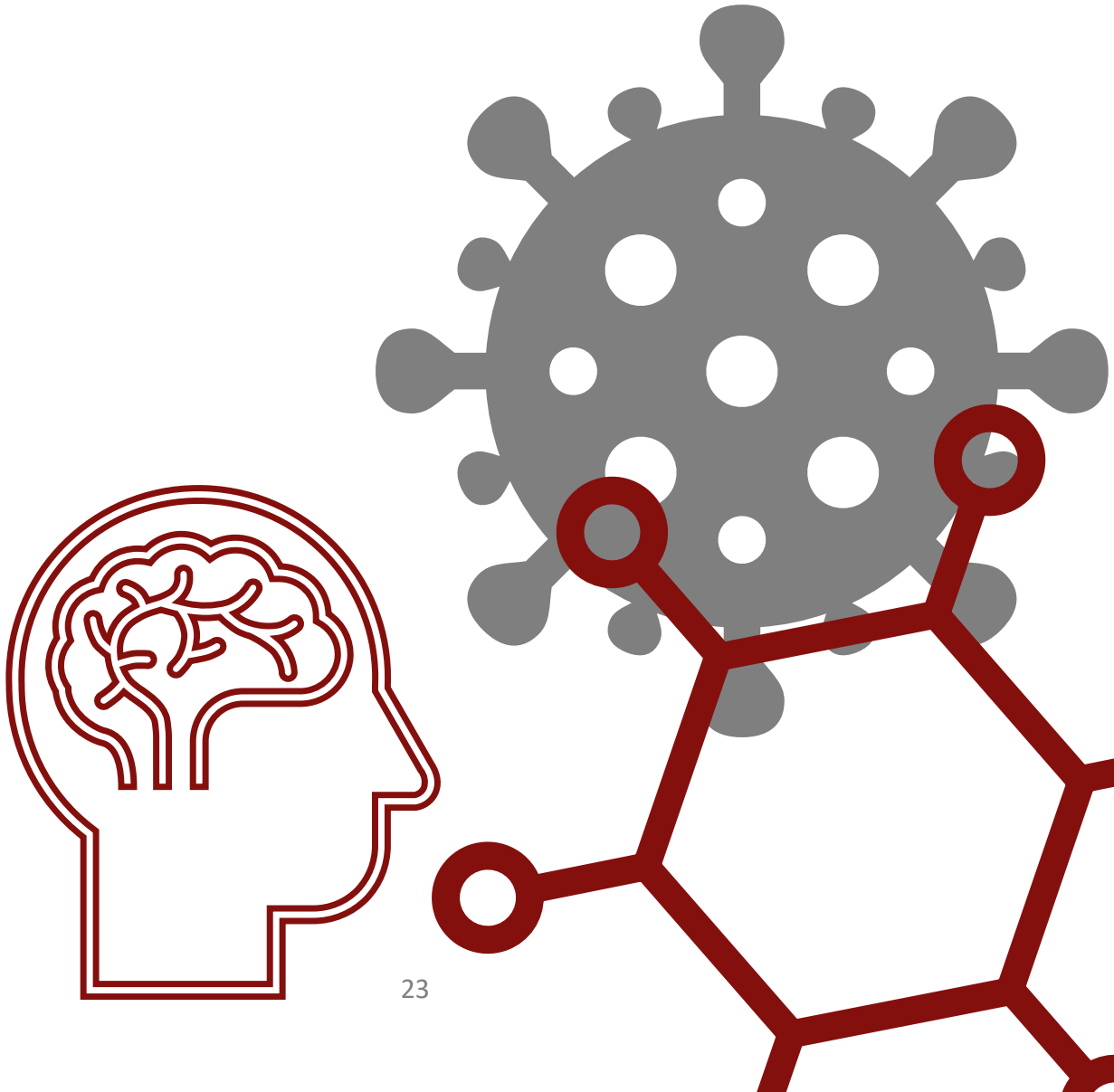
Figure 2.8. Proportion of full-term babies born with a low birth weight (2012 to 2021)



Source: Trak/Careplus England: Fingertips

For further information, please refer to the Births, fertility, and breastfeeding Report[25] on www.gov.je.

Child Health



Breastfeeding

At discharge from maternity: in 2021, 73% of babies were being breastfed at discharge from maternity, a similar proportion seen in each year since 2011.

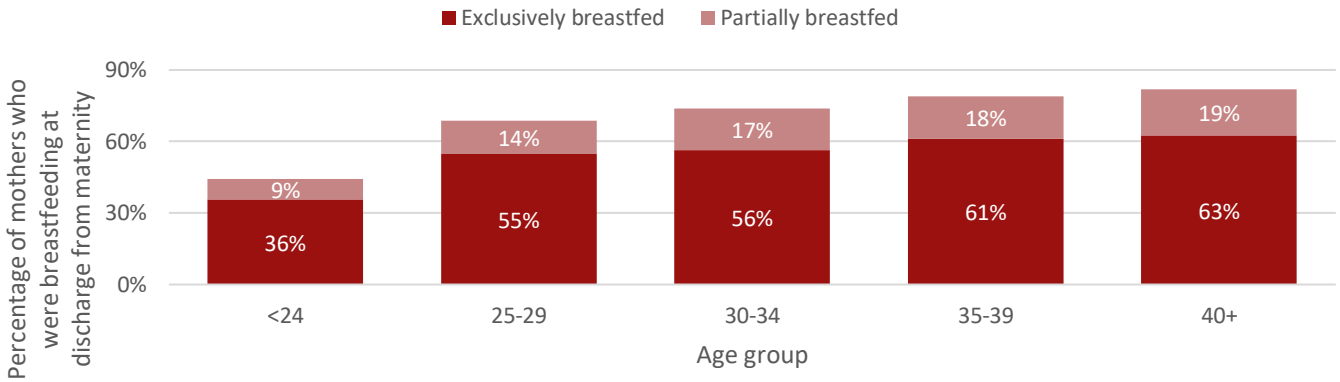
56% of mothers were exclusively breastfeeding (babies receiving breast milk only) and a further 18% were partially breastfed (babies receiving both breast and formula milk).

Family Nursing and Home Care (FNHC)

FNHC is a Jersey charity that supports children, young people, families, and members of the community.

After birth, health visitors from FNHC will visit mother and baby for several health checks and developmental checks on baby. This also includes the feeding status of your baby.

Figure 3.1. Percentage of mothers in Jersey who were breastfeeding at discharge from maternity, by age of mother (2021)

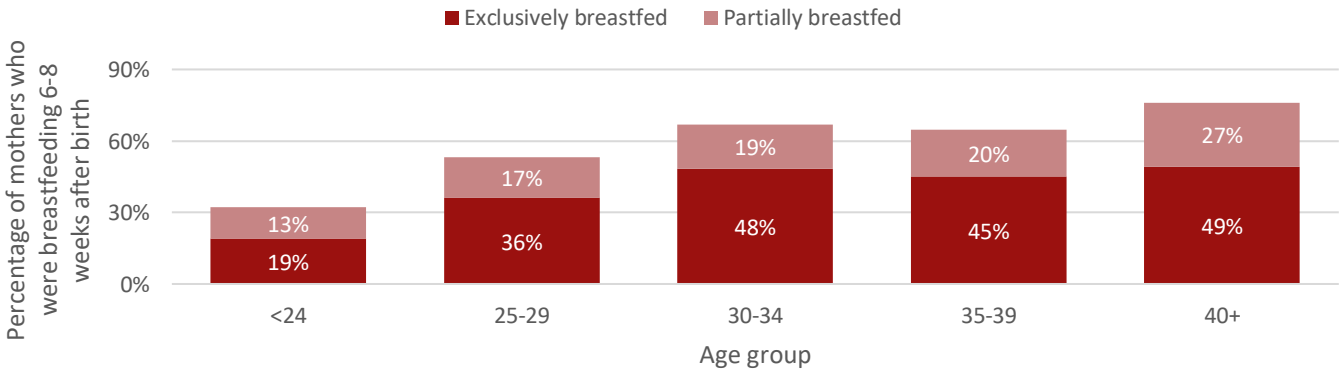


Source: Careplus

At 6-8 weeks: health checks are made at 6-8 weeks (after birth). In 2021, 62% of babies were breastfeeding, of which 43% were breastfeeding exclusively and 19% were partially breastfed (Figure 3.3). This is an 11% drop from when babies were discharged from hospital.

The percentage of mothers who continued to exclusively breastfeed at 6-8 weeks after birth is lower across all age groups, whilst a higher proportion are partially breastfeeding. (Figure 3.2)

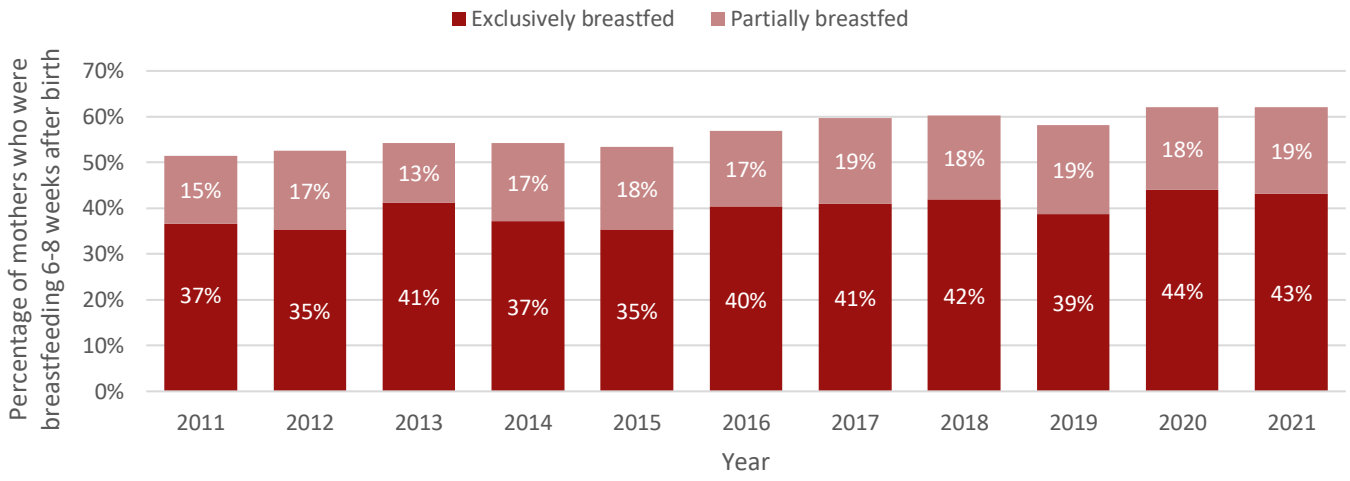
Figure 3.2. Annual percentage of babies who were breastfed at 6-8 weeks after birth, ay age of mother (2021)



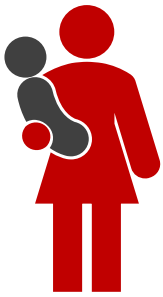
Source: Careplus

For further information, please refer to the Births, fertility, and breastfeeding Report[26] on www.gov.je.

Figure 3.3. Annual percentage of babies who were breastfed at 6-8 weeks after birth (2011-2021)



Source: Careplus



Jersey 62%

Jersey's proportion of mothers who were breastfeeding at 6 to 8 weeks after birth was higher than that in **England** (2021-2022)

England 49%

Source: Careplus, England: Fingertips[27]

At 12-month developmental assessment: 24% of babies were being breastfed at the 12-month developmental assessment, with 17% being exclusively breastfed and 7% being partially breastfed.

Child Mortality

In 2021, there had been fewer than five deaths in children aged between one and fifteen years. There have been fewer than five child deaths annually over the previous 13 years.

There have been fewer than five recorded deaths annually for children aged under one since 2013.

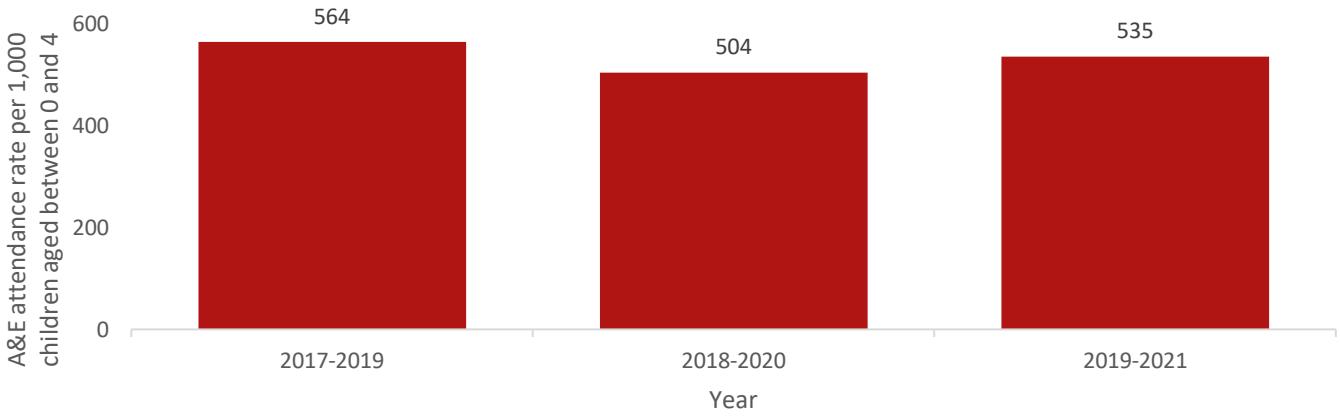
Child Mortality
Child deaths are defined as deaths of those between 1 and 15 years of age.

Accident and Emergency (A&E) Attendances (0-4 years)

Between 2017 and 2021, on average Jersey had around 3,000 A&E attendances each year, for those aged between 0 and 4 years old.

Over the period of 2019-2021, there was a total of 8,390 A&E attendances under the age of 5, corresponding to a crude rate per 1,000 of 535 (Figure 3.4).

Figure 3.4. 3-year average rate of A&E attendances (0-4 years) (2017-2019 to 2019-2021)



Source: Trak

The 3-year average crude rate of A&E attendances for those aged under 5 in Jersey for 2019-2021 was lower than in England[28] where the rate was 660. Jersey's crude rate was higher when compared to South West region of England (491) (Table 3.1)

Table 3.1. A&E attendances (0-4 years) (2019-2021 and 2019-2020)

2019-2021	***2019-2020***		
Jersey	***England***	***London***	***South West***
535	660	788	491

Source: OMNI

Hospital Admissions

Hospital admissions between the period of 2019 to 2021:

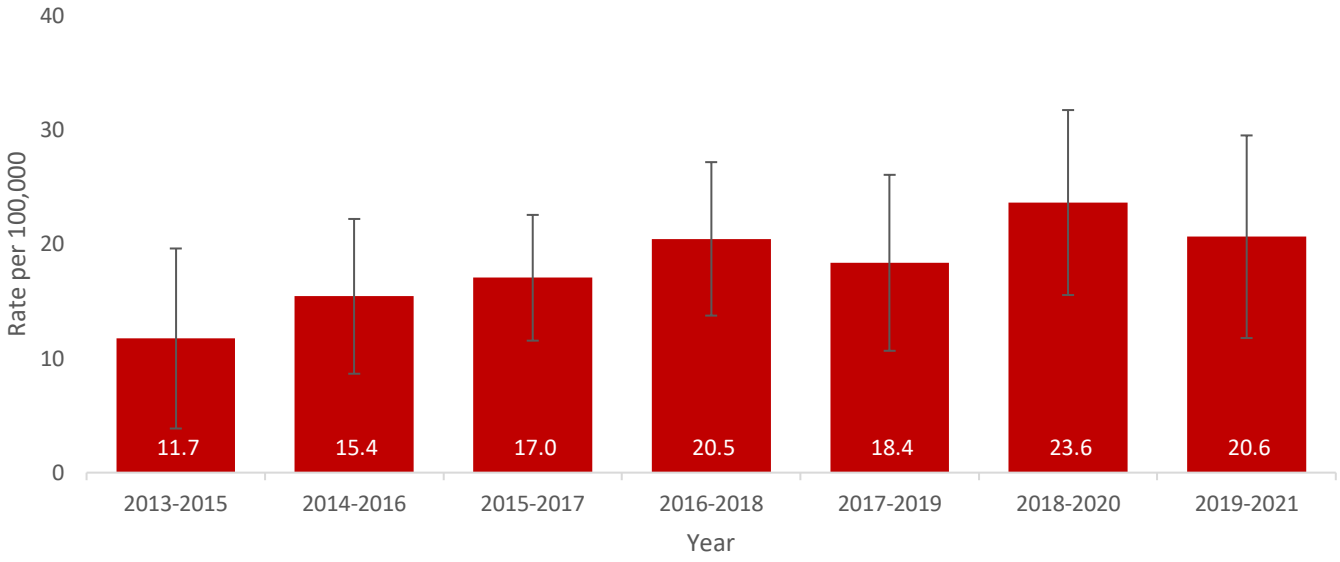
- an average of 417 children aged four years and under were admitted into hospital for emergency medical care each year
- an average of 126 infants (under one year of age) were admitted into hospital for emergency medical care each year
- 17% of admissions of infants under the age of one were primarily due to infections of the respiratory tract, corresponding to a rate of 250 admissions per 10,000 infant population per year; this rate is significantly lower than that for England (717 admissions per 10,000 infant population in 2019-2020)

3% of admissions for infants under the age of one were primarily due to gastroenteritis, corresponding to an admission rate for gastroenteritis of 46 per 10,000 infant population per year, a significantly lower rate than seen in England (151 per 10,000 population in 2019-2020).

Children Killed or Seriously Injured in Road Traffic Accidents (0-15 years)

In 2019-2021, the rate for children killed or seriously injured in road accidents is 20.6 per 100,000 population. Over the last five years (2017-2021) there have been no child fatalities aged under 5 in road traffic accidents in Jersey.

Figure 3.5. 3-year average rate of children killed or seriously injured in road accidents 0-15 years (2013-2015 to 2019-2021)



Source: Trak

Jersey has a statistically similar rate for children killed or seriously injured in road accidents aged 0-15 years of age to that in England[29], and slightly higher than that in London and in the South West region.

Table 3.2. 3-year average crude rate of children killed or seriously injured in road accidents 0-15 years in Jersey, (2019-2021) England, London, and South West (2018-2020)

Year	*Country*	*Rate*	*95% Lower limit*	*95% Upper limit*
2019-2021	Jersey	20.6	11.7	29.5
	England	15.9	15.5	16.4
2018-2020	London	11.0	10.2	11.9
	South West	9.5	8.4	10.7

Source: Trak, ONS

Child Alcohol Consumption

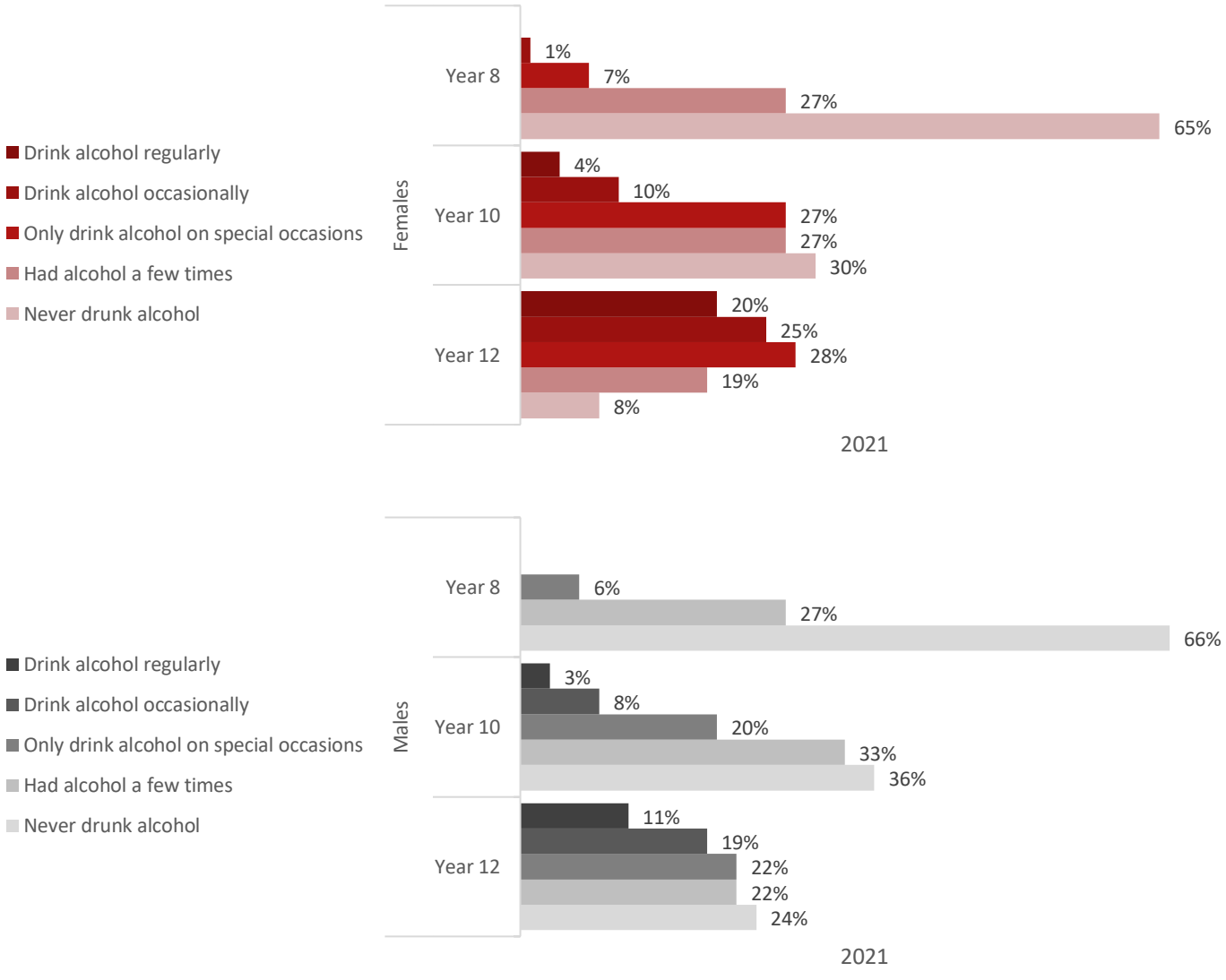
The Jersey Children and Young People's Survey (CYPS)[30] is a survey that takes place every 2 years. All pupils in Year 4, 6, 8, 10 and 12, including home-schooled pupils are invited to participate. The survey is voluntary to complete and is anonymous.

In 2021, pupils were asked a question regarding alcohol consumption.

66% of Year 8 males and 65% of year 8 females reported that they have 'never drunk alcohol'. This is a significant increase compared to what Year 8 males reported in 2019 (56%) and around the same response for Year 8 females (67%).

20% females in Year 12 'drink alcohol regularly' compared to 11% of Year 12 males. The proportion of females that 'drink alcohol regularly' has increased since 2019 (13%), whereas the proportion of Year 12 males drinking regularly has decreased since 2019 (from 18% in 2019 to 11% in 2021).

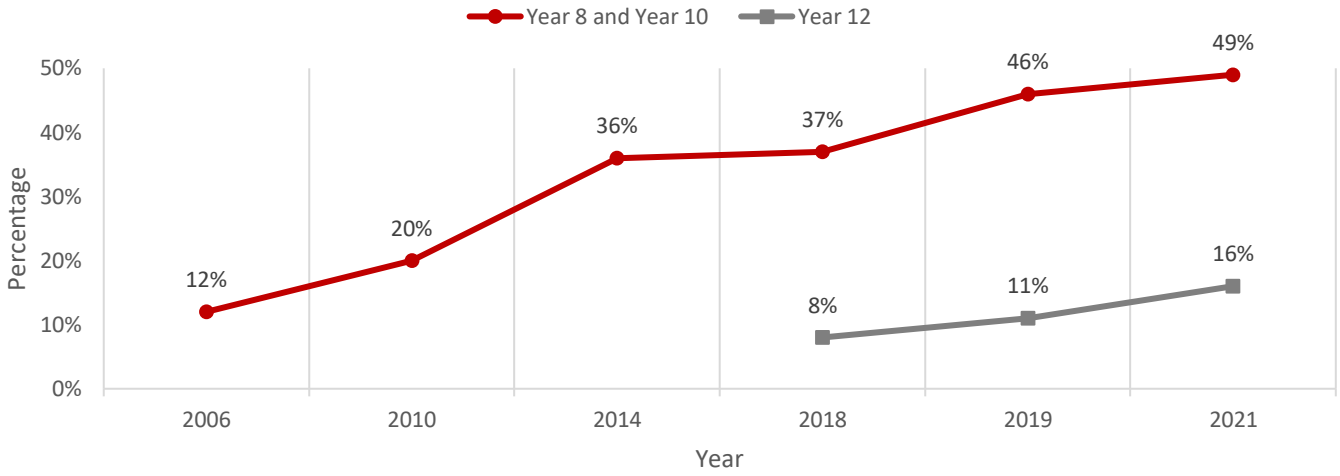
Figure 3.6. Alcohol consumption question, asking "which statement best describes you?" (2019 to 2021)



Source: CYPS

The percentage of young people in Years 8 and 10 who have never drunk alcohol has increased over the period 2006 to 2021 (Figure 3.7). Individually, both Year 8 and Year 10 followed a similar pattern of increase.

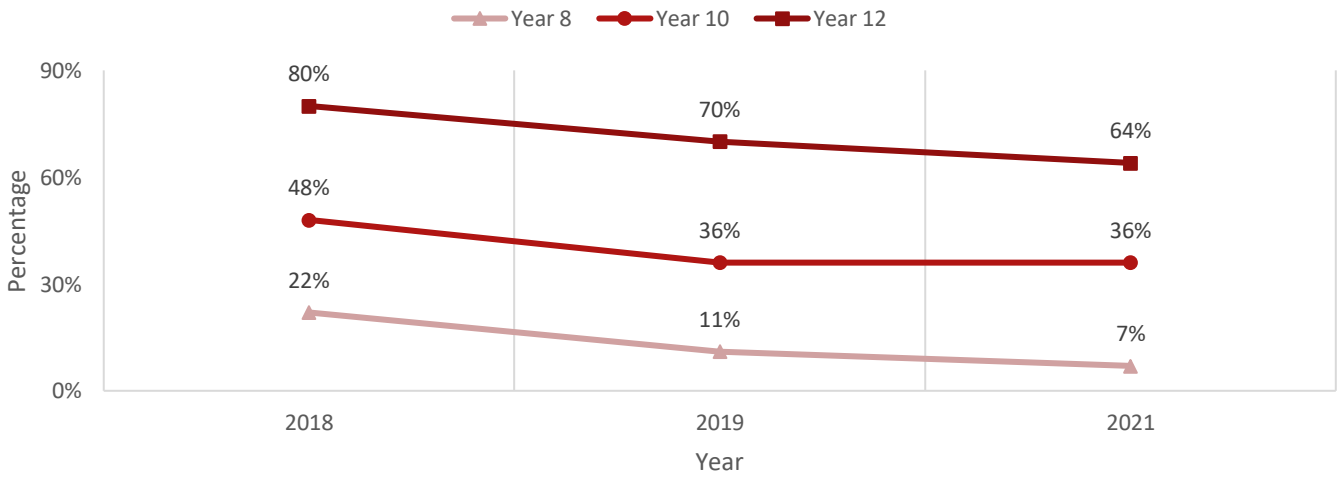
Figure 3.7. Percentage of young people that never drunk alcohol (2006 to 2021)



Source: CYPS

The percentage of children that drink alcohol occasionally, on special occasions or regularly has declined slightly over the years (Figure 3.8).

Figure 3.8. Percentage of young people that drink alcohol occasionally, on special occasions or regularly (2018 to 2021)



Source: CYPS

Hospital Admissions due to Alcohol Specific Conditions (Under 18)

Over the latest period 2019-2021, there were around 50 children (around 10-20 per year) under the age of 18 admitted to hospital due to alcohol specific conditions. This equates to a rate of 86.6 per 100,000 population under the age of 18 and a decrease of 8% from the period of 2017-2019 (94.6).

Jersey is significantly higher than in England[31] where the rate was 29.3 per 100,000 population (Table 3.3).

Table 3.3. Hospital admissions due to alcohol-specific conditions (under 18) (2019-2021) and (2018-2019 – 2020-2021)

2019-2021	*2018-2019 - 2020-2021*		
Jersey	***England***	***London***	***South West***
86.6	29.3	14.3	46.0

Source: OMNI

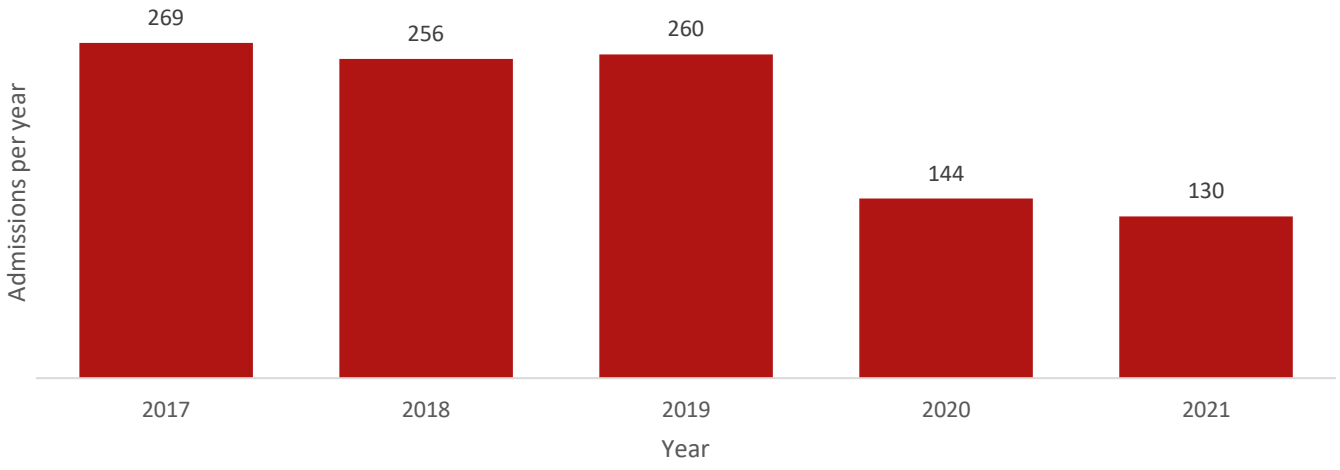
Hospital Admissions Linked to Substance Use (15-24 years):

In total, between 2017 and 2021, there were 1,059 hospital admissions aged between 15 to 24 linked to substance use.

The majority of these admissions were from tobacco use (75%) (ICD-10[32] code F17.1 - Mental and behavioural disorders due to use of tobacco: harmful use).

Hospital admissions linked to substance use reduced by 52% between 2017 and 2021. The reduction over the period of 2020 to 2021 is likely to have been indirectly affected by the COVID-19 pandemic.

Figure 3.9. Hospital admissions linked to substance use (15-24 years) per year (2017 to 2021)

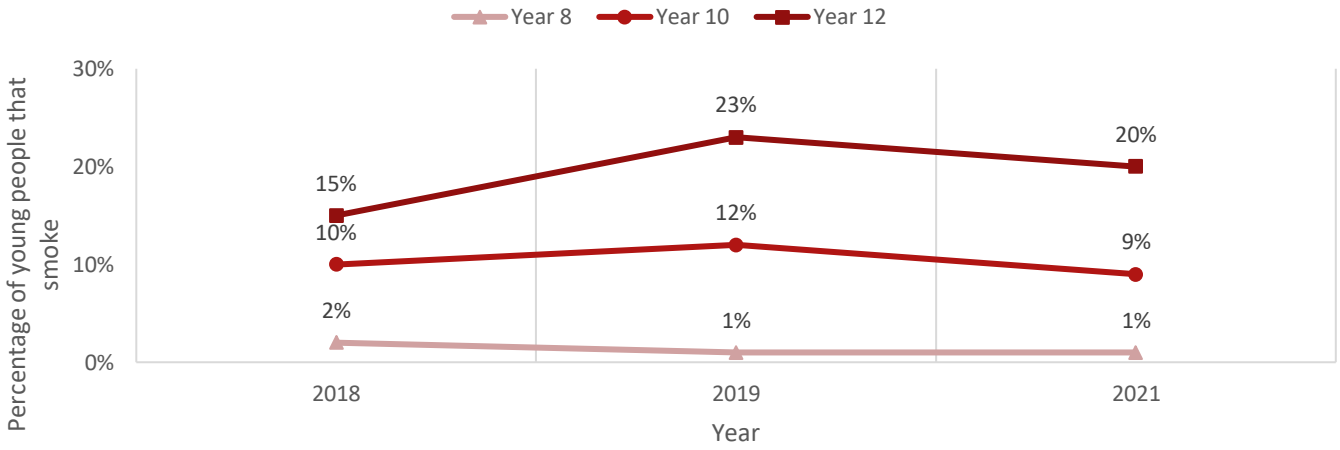


Source: Trak

Child Smoking Rates

The Children and Young People's Survey defines regular smoking as smoking one or more cigarette per week and occasional smoking as less than one cigarette per week. The proportion of Year 10 and Year 12 pupils that smoke 'occasionally' or 'regularly' increased between 2018 and 2019, then decreased between 2019 and 2021, whereas year 8 pupils, remained steady (Figure 3.10).

Figure 3.10. Percentage of young people that smoke occasionally, or regularly (2018 to 2021)

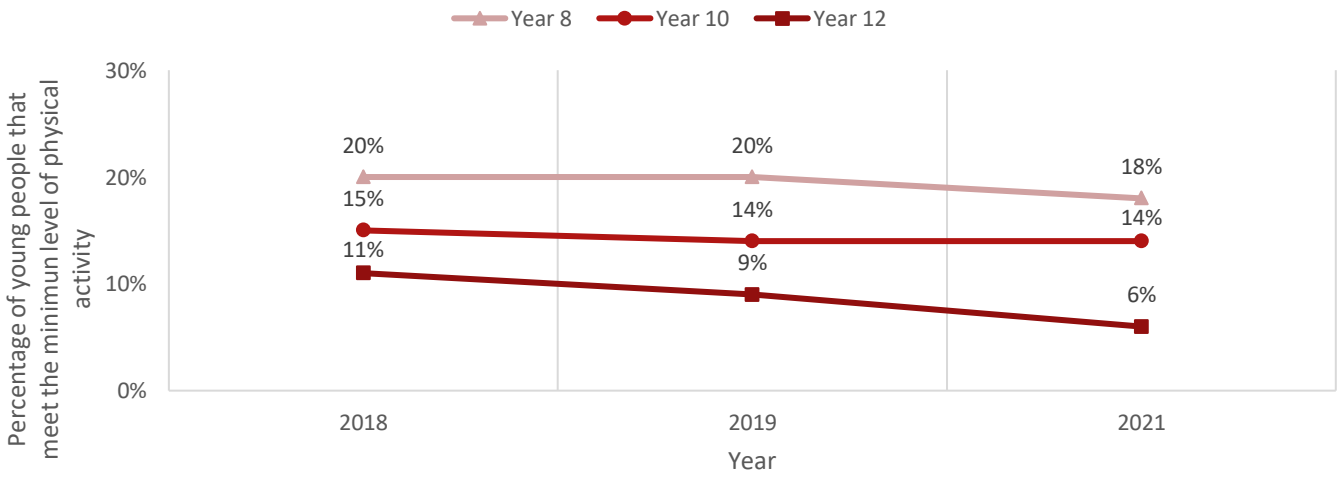


Source: CYPS

Physical Activity of Children

The minimum recommended level of physical activity for children is one hour per day, each day over the last 7 days. Across all year groups, young pupils meeting the recommended minimum level of physical activity have remained the same or decreased over time, since 2018 (Figure 3.11).

Figure 3.11. Percentage of young people meeting the recommended minimum level of physical activity (one hour per day, each day over the last 7 days) (2018 to 2021)



Source: CYPS

Excess Weight in Children

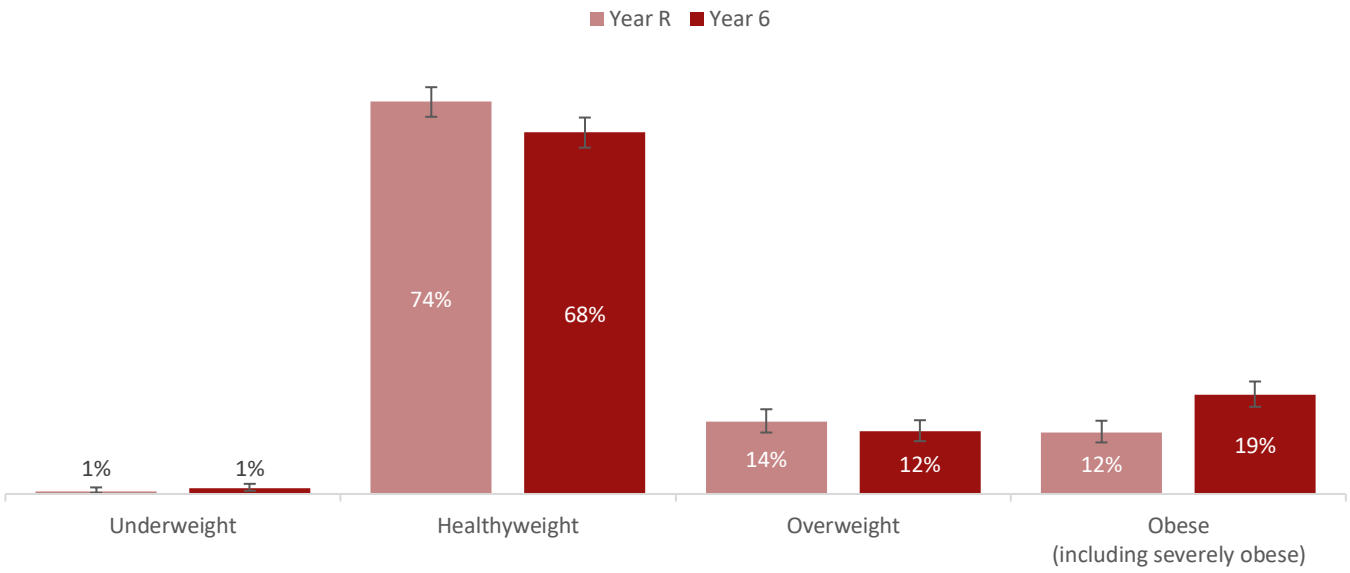
In the 2021-2022 academic year, Year R and 6's height and weight were measured to calculate a BMI score:

- 74% of Year R children had height and weight measurements that classified them as having a healthy weight, a marginally higher proportion than children in Year 6, where 68% were a healthy weight
- prevalence of obesity, including those children who are severely obese, was lower in Year R (12%) compared to that in Year 6 (19%)
- in Year 6, obesity prevalence decreased from 25% in 2020-2021 to 19% in 2021-2022
- 25% of Year R children were overweight or obese, compared to 31% of children in Year 6

BMI categories by year group can be seen in Figure 3.12.

1 in 4 (25%) Year R children and **3 in 10 (31%)** Year 6 children were overweight or obese

Figure 3.12. Percentage of BMI categories by year group (2021-2022)



Source: Jersey Child Measurement Programme

Emotional and Mental Wellbeing of Children

Secondary school age pupils were asked to rate the following out of 10

- their life satisfaction
- their happiness
- to what extent they felt their life was worthwhile

Scores of 0-4 were considered low, 5-6 were considered medium, 7-8 were considered high and 9-10 were considered very high.

In the 2021 children's survey, most pupils scored medium, high, or very high for life satisfaction, feeling worthwhile and for happiness, with the average score being 6.8, 6.8 and 6.7 out of 10 respectively (Figure 3.11).

There were differences between age groups and gender groups, however, with females in Year's 10 and 12 being most likely to score low for these wellbeing measures. For example, 1 in 3 (33%) of Year 12 females scored low for happiness, compared to 1 in 5 (18%) males of the same age.

Pupils were also asked how anxious they felt yesterday out of 10. Scores of 0-1 were considered very low, 2-3 were low, 4-5 were medium and 6-10 were considered high.

The average score for anxiety was 5.1 out of 10 overall. The proportion of pupils scoring high for anxiety ranged from 19% of Year 8 males to 50% for Year 10 females.

When looking at responses to the wellbeing questions over time (Figure 3.11), average scores for happiness, life satisfaction and feeling worthwhile were all similar between surveys in 2018 and 2021.

However, average scores for anxiety, were significantly higher in 2021 (5.1 out of 10) than in 2018 (3.7 out of 10). Anxiety scores have increased in all age groups, but particularly amongst Year 12 females.

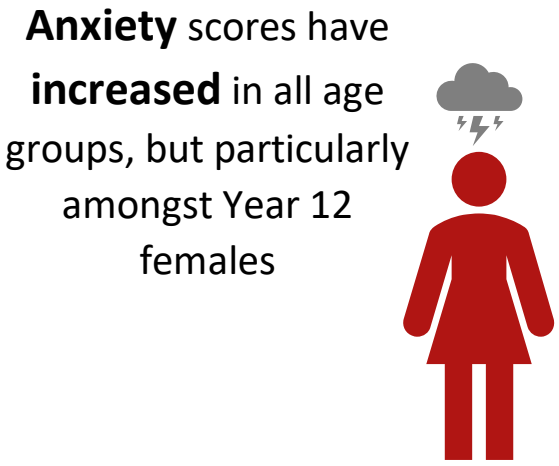
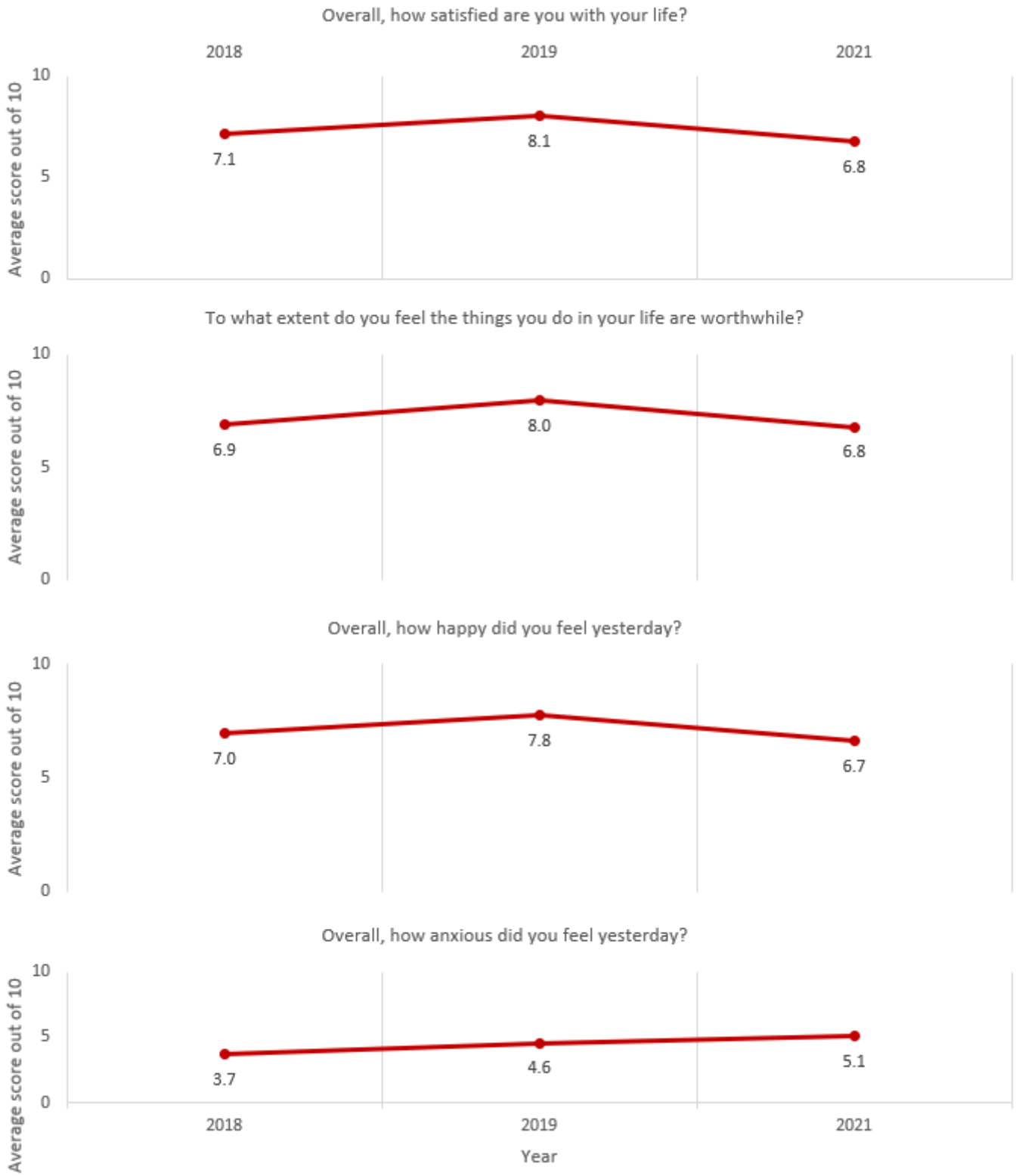


Figure 3.11. Happiness, life satisfaction feeling worthwhile, and anxiety scores (2018 to 2021)



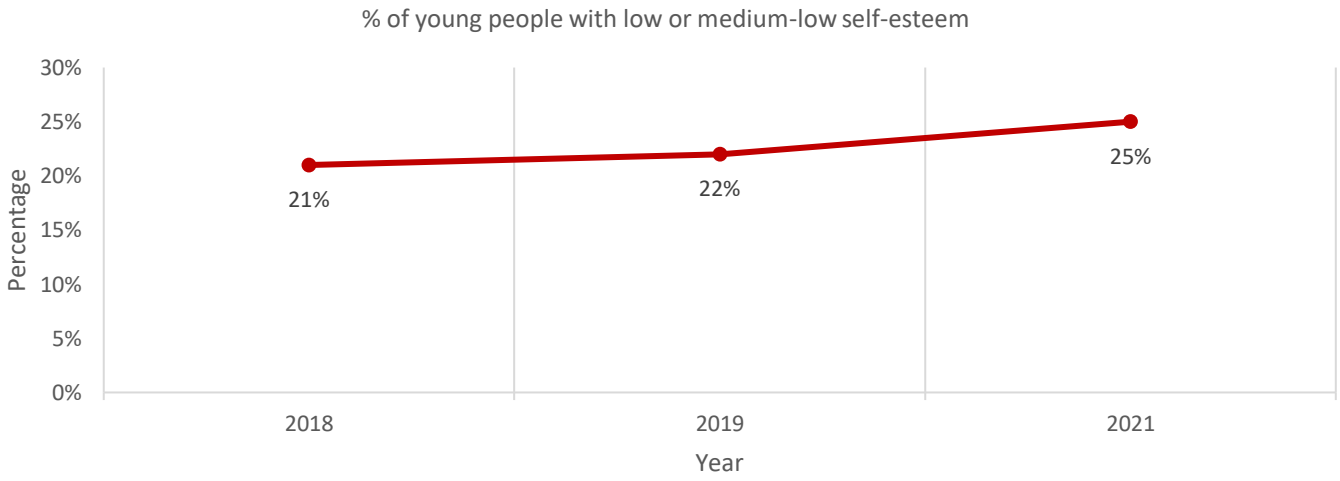
Source: CYPS

Pupils were also asked a set of nine standard questions[33] concerning social confidence and relationships with friends. The responses were scored to give an overall self-esteem score.

Overall, three quarters of pupils had medium high or high self-esteem. Young people who attended fee paying schools or lived in a rural parish were significantly more likely to have medium-high or high self-esteem. Those children that or were materially deprived,[34] lived with black mould in their bedrooms, or didn't have a dedicated space at home to do schoolwork were more likely to have low self-esteem, showing the impact that deprivation can have on children's self-esteem.

The proportion of pupils with low or medium low self-esteem has remained similar (between 21% and 25%) in surveys in 2018, 2019 and 2021 (Figure 3.12).

Figure 3.12. Percentage of pupils with low or medium low self-esteem between (2018 to 2021)

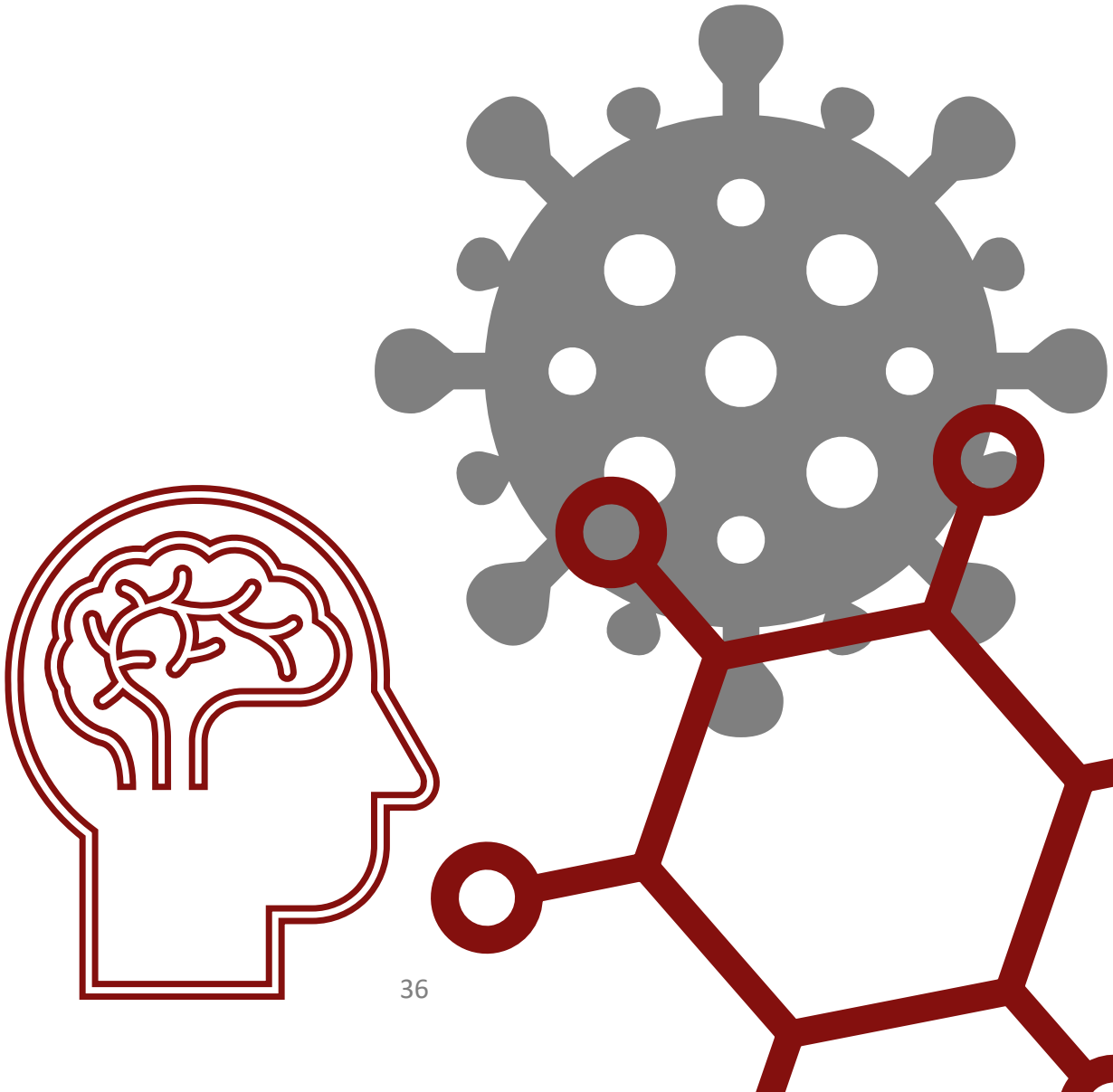


Source: CYPS

1 in 4 (25%) of children

had **low or medium self-esteem**

Self-Perceived Health and Life Expectancy



Self-Perceived Health

Asking individuals to rate their own health gives a good insight into the general health status, health inequalities and health care needs at the population level.

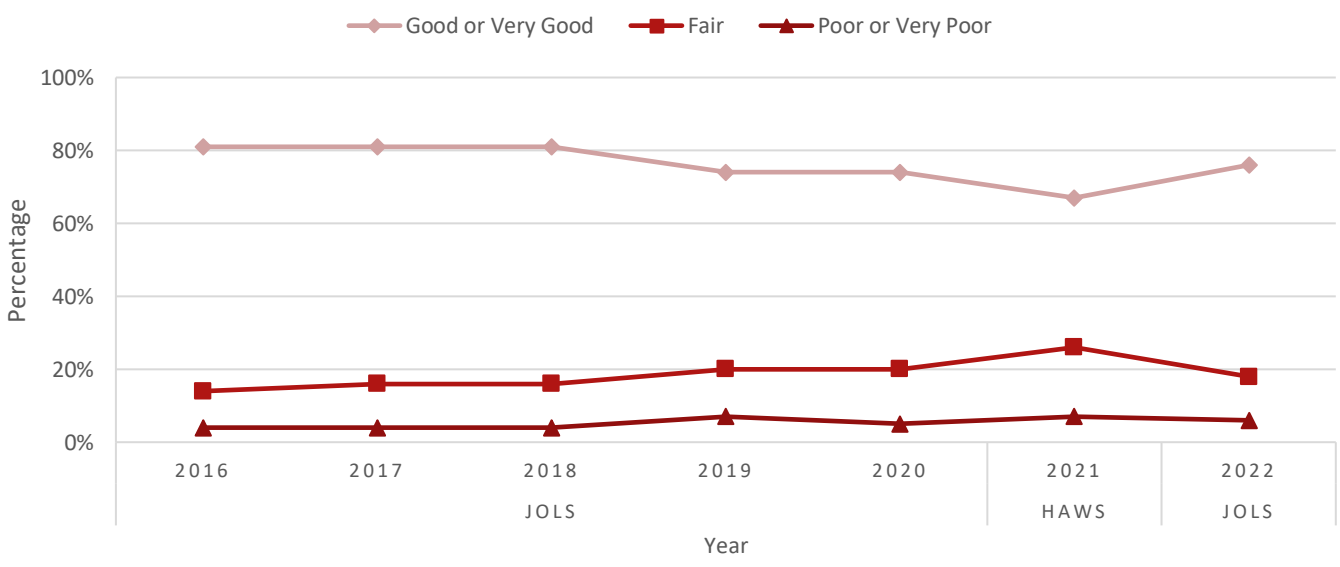
The Jersey Opinions and Lifestyle Survey[35] (JOLS) is conducted each year with a sample of the population. Between 3,000-5,000 residential homes are selected at random to complete the survey in June and July each year.

In 2021, due to the Census also taking place in the same year, a JOLS survey was not conducted by the Statistics Jersey team. However, the Health, Activity and Wellbeing Survey (HAWS)[36] was created in its place and sent to 5,000 residential homes at random.

During the 2016 to 2018 period, 81% of the population perceived their own health to be 'good' or 'very good'. There has been a decline in more recent years, with 76% of the population perceiving their own health as 'good' or 'very good' in 2022. The decline could be due to several reasons, but the COVID-19 pandemic (from 2020 to present) may be one of the contributing factors.

As shown in figure 4.1, the proportion of people perceiving their health to be 'poor' or 'very poor' stayed relatively constant since 2016.

Figure 4.1. Self-perceived health reported to be good or very good, fair, and poor or very poor (2016 to 2022)



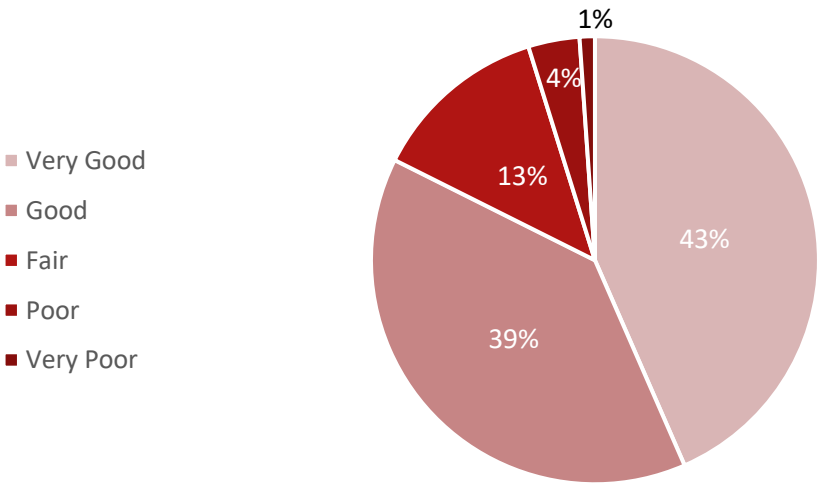
Source: JOLS and HAWS 2021

In March 2021, the Jersey Census was conducted. Responses were mandatory and involved the whole population of Jersey. This survey also included a self-perceived health question.

As the 2021 census survey is based on the whole population, and the 2021 HAWS survey is based on a sample size of the population, where responses are not mandatory, a comparison of the findings is not as appropriate as comparing the social surveys year to year.

82% of the population rated their health to be 'good' or 'very good' of this percentage, 43% of the population rated their health to be 'very good' and only a small percentage (1%) of the population rated it to be 'very poor'.[37]

Figure 4.2. 2021 Census self-perceived health

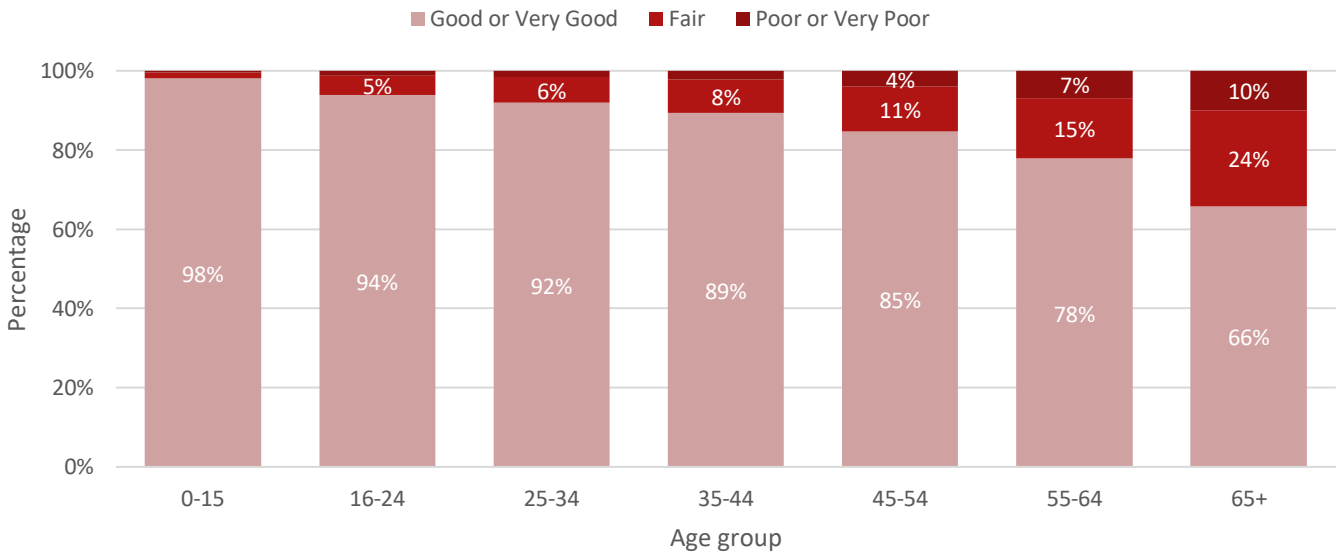


Source: 2021 Census

The proportion of people rating their health as 'good' or very good' decreased with age (Figure 4.3). Around 10% of the population aged 65 and over rated their health as 'poor' or 'very poor' and were the age group with the highest proportion of people scoring their own health poorly.

A breakdown of how people rated their own health in each age group is shown in Table 4.1.

Figure 4.3. 2021 Census self-perceived health, by age group



Source: 2021 Census

Table 4.1. Self-perceived health, number breakdown by age

	Age group							
	0-15	***16-24***	***25-34***	***35-44***	***45-54***	***55-64***	***65+***	***All***
Good or Very Good	16,154	9,193	11,449	13,295	13,589	11,594	12,330	***87,604***
Fair	261	472	805	1,239	1,806	2,280	4,545	***11,408***
Poor or Very Poor	61	118	204	341	645	1,025	1,861	***4,255***
Total	**16,476**	**9,783**	**12,458**	**14,875**	**16,040**	**14,899**	**18,736**	***103,267***

Source: 2021 Census

Eurostat[38] published the latest results for self-perceived health in the EU as shown in Table 4.2.

The 2021 census results for those reporting 'good' or 'very good' health (82%) place Jersey highest when comparing to the top 10 EU countries (Table 4.2).

In Guernsey, 76% [39] of the population perceived their health to be 'good' or 'very good' in 2018. Guernsey conducts a wellbeing survey every 5 years, which means more recent comparable results are not yet available.

Table 4.2. Top 10 EU countries and England, self-rated health for 'good' or 'very good'

Rank	***Top 10 EU countries and England***	***2021***
2021 Census	**Jersey**	**82%**
1	Ireland	81%
2	Greece	78%
3	Cyprus	77%
4	Luxembourg	77%
5	Belgium	76%
6	England (2019)[40]	75%
7	Italy	74%
8	Netherlands	73%
9	Malta	73%
10	Romania	73%

Source: EU: Eurostat, UK: NHS

Life Expectancy at Birth

The average life expectancy at birth in Jersey for the 2019-2021 period is 83.7 years. Females can expect to live on average 3.5 years longer than males, with life expectancy at birth for females at 85.4 years and 81.9 years for males.

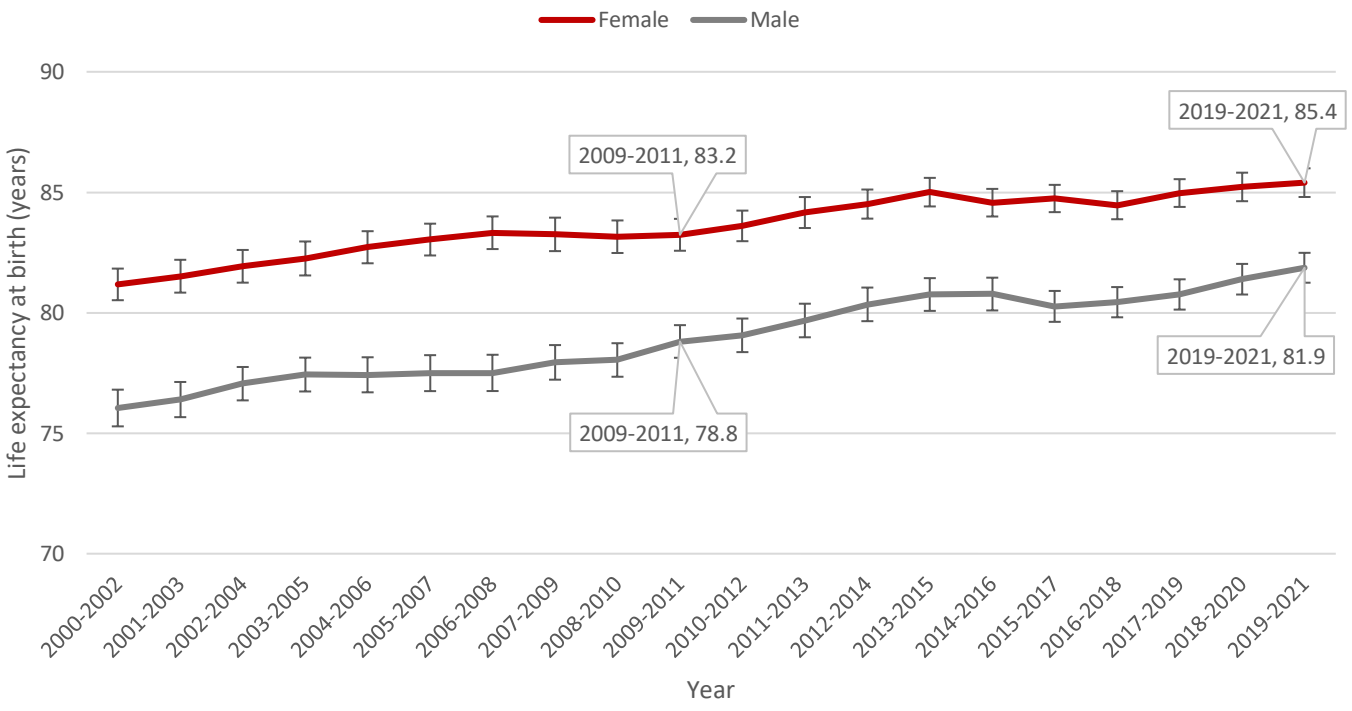
Life expectancy of females compared to males can be seen in Figures 4.3 and 4.4.

Life expectancy

The life expectancy calculation incorporates data on age-specific death rates for the population in question, including the number of people, and the number of deaths at each age for that population.

Over the last decade there has been an increase in life expectancy at birth for both females and males (Figure 4.3). The increase for males over time was greater than that of females. Male life expectancy increased by 3.1 years, and female life expectancy increased by 2.2 years between 2009 and 2021.

Figure 4.3. Life expectancy at birth (2000-2002 to 2019-2021), 3-yearly averages



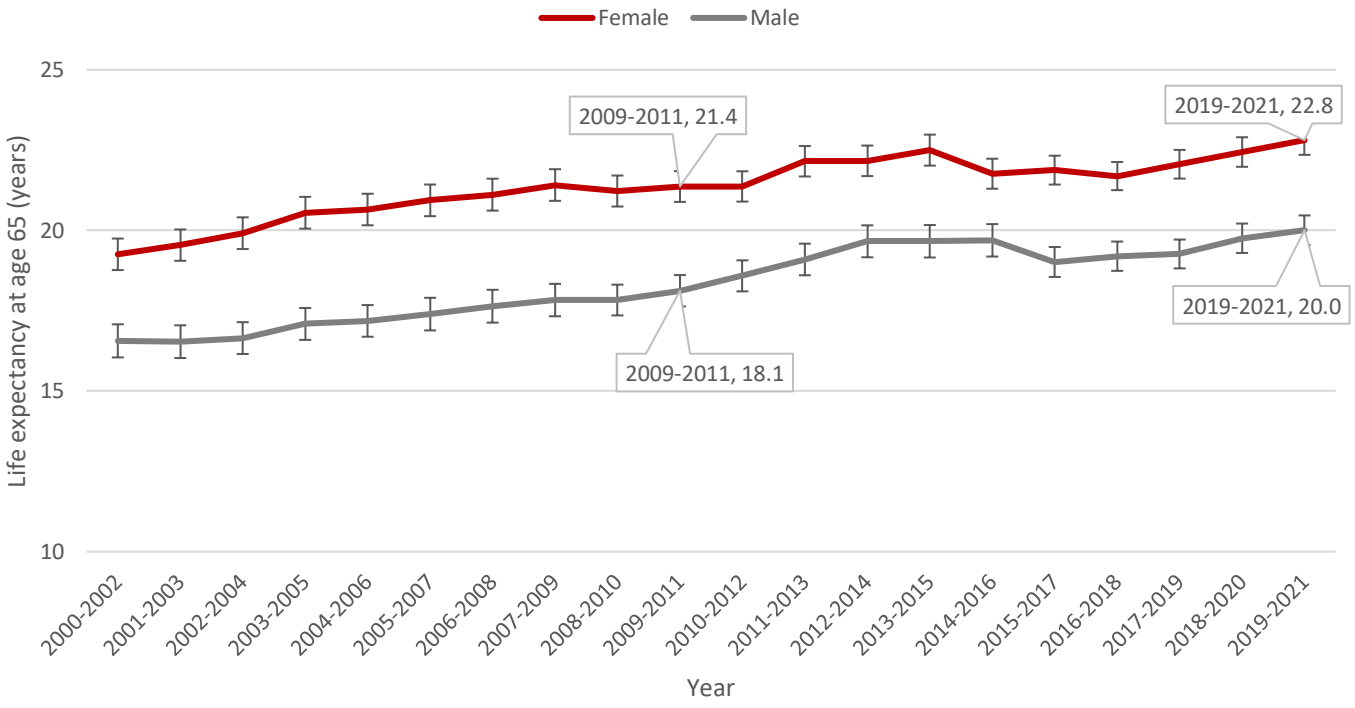
Source: Population from Statistics Jersey, Deaths from Superintendent Registrar

Life Expectancy at 65

Life expectancy at age 65 is the average number of additional years of life a person can expect to live once they reach the age of 65. The average life expectancy at age 65 in Jersey for 2019-2021 is 21.5 years. Females in Jersey can expect to live on average, an additional 22.8 years, while males can expect to live for an additional 20.0 years.

Jersey's life expectancy at age 65 for 2019-2021 in females is around 2.8 years higher than that of males.

Figure 4.4. Life expectancy at age 65 (2000-2002 to 2019-2021), 3-yearly averages



Source: Population from Statistics Jersey, Deaths from Superintendent Registrar

Life expectancy at birth

Females: 85.4 years

Males: 81.9 years

(Gender gap 3.5 years)

Life expectancy at age 65

Females: 22.8 years

Males: 20.0 years

(Gender gap 2.8 years)

Life Expectancy at all Ages

Life expectancy can be calculated for any age, to give the further number of years a person can expect to live on average, given the age they have attained.

Table 4.2 compares life expectancy at a given age between 2009-2011 and 2019-2021. It shows that life expectancy across all ages have increased over the decade.

Males have shown the biggest increases in life expectancy over the decade, with around 3 years of life being added to male life expectancy at birth and up to the age of 40 (Table 4.2).

Table 4.2. Life expectancy at 5-year age groups, 2009-2011 compared to 2019-2021

	Female			Male		
Age group	***2009-2011***	***2019-2021***	***Change***	***2009-2011***	***2019-2021***	***Change***
Birth	83.2	85.4	+ 2.2	78.8	81.9	+ 3.1
1-4	82.4	84.6	+ 2.1	78.1	80.9	+ 2.9
5-9	78.4	80.6	+ 2.2	74.1	77.1	+ 3.0
10-14	73.6	75.6	+ 2.1	69.2	72.1	+ 2.9
15-19	68.6	70.6	+ 2.1	64.2	67.1	+ 2.9
20-24	63.7	65.6	+ 1.9	59.2	62.2	+ 3.1
25-29	58.8	60.7	+ 1.8	54.3	57.4	+ 3.0
30-34	53.9	55.7	+ 1.9	49.5	52.5	+ 3.0
35-39	49.0	50.8	+ 1.8	44.7	47.7	+ 3.0
40-44	44.2	46.0	+ 1.8	39.9	42.8	+ 2.8
45-49	39.3	41.1	+ 1.8	35.3	37.9	+ 2.6
50-54	34.6	36.3	+ 1.7	30.6	33.2	+ 2.6
55-59	29.9	31.7	+ 1.8	26.1	28.6	+ 2.4
60-64	25.5	27.2	+ 1.7	22.1	24.2	+ 2.1
65-69	21.4	22.8	+ 1.4	18.1	20.0	+ 1.9
70-74	17.3	18.7	+ 1.4	14.5	16.1	+ 1.6
75-79	13.4	14.8	+ 1.4	11.0	12.5	+ 1.5
80-84	9.8	11.1	+ 1.3	8.0	9.3	+ 1.3
85-89	7.0	8.0	+ 1.0	6.0	6.7	+ 0.8
90+	5.1	6.0	+ 0.9	4.1	4.8	+ 0.7

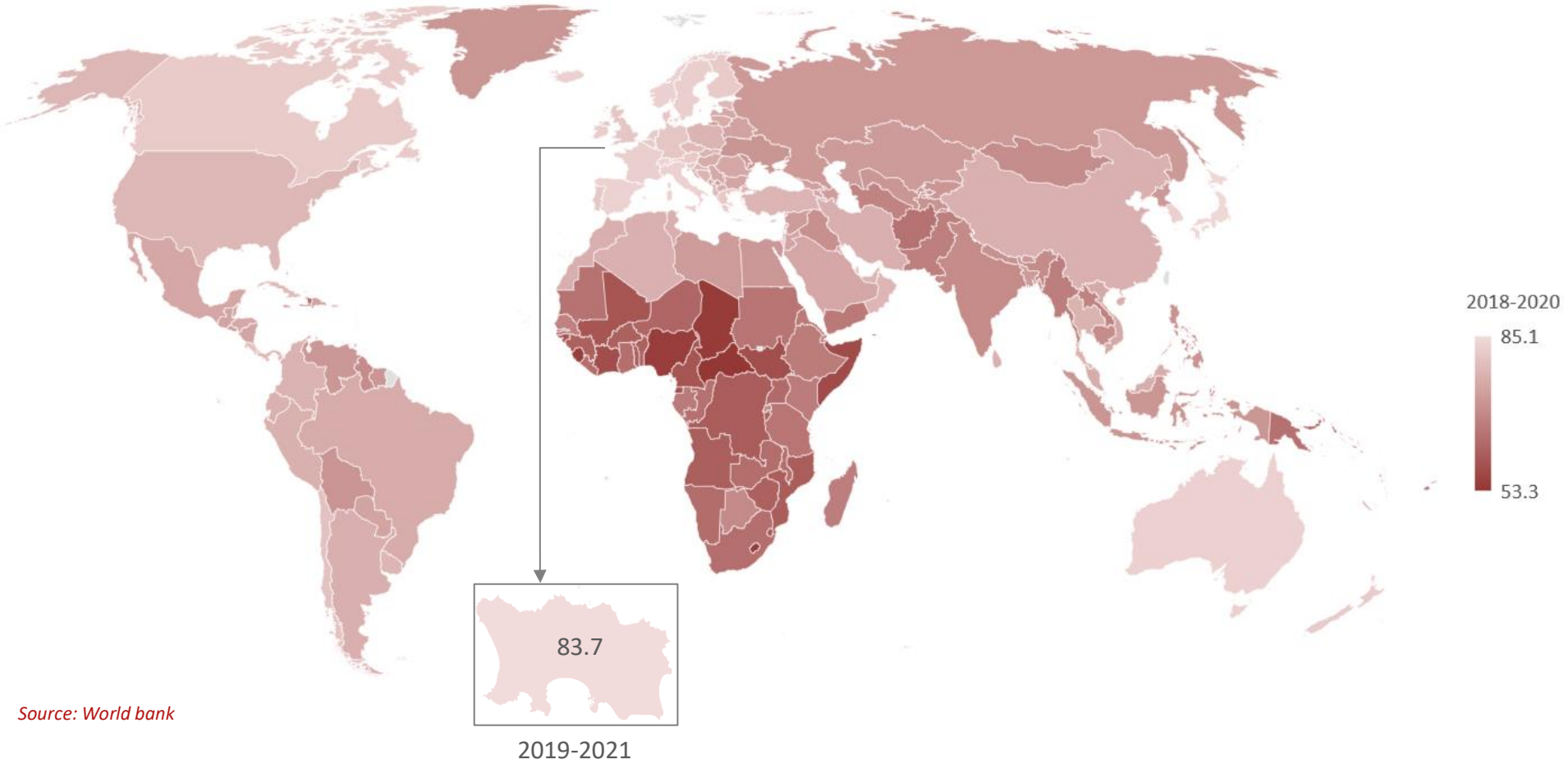
Source: Population from Statistics Jersey, Deaths from Superintendent Registrar

Life Expectancy Around the World

Looking at the top 10 countries in the world for life expectancy at birth, Jersey ranks between 3rd and 4th place (Table 4.3). The country with the highest life expectancy at birth is Hong Kong SAR, China [41]. Guernsey ranks between 5th and 6th place with life expectancy at birth at 83.5 years.

Jersey ranked highest when compared to the top 10 European countries for life expectancy at birth, and Guernsey ranked in 3rd Place (Table 4.4).

Figure 4.5. World map of life expectancy at birth (2018-2020)



Source: World bank

Table 4.3. Life expectancy at birth, top 10 world countries ranking and other countries of interest (2018-2020)

Rank	Top 10 World	2018-2020
1	Hong Kong SAR, China	**85.1**
2	Japan	84.4
3	Macao SAR, China	84.2
-	**Jersey (2019-2021)***	**83.7**
4	Switzerland	83.6
5	Singapore	83.5
-	Guernsey (2019-2021)**	83.5
6	Spain	83.2
7	Korea, Rep.	83.1
8	Italy	83.1
9	Iceland	83.0
10	Liechtenstein	83.0
30	Portugal	81.3
33	United Kingdom	81.1
37	High Income Countries	80.6
66	Poland	77.4
90	Upper Middle-Income Countries	75.9
178	Lower Middle-Income Countries	69.1
213	Low Income Countries	63.7

Table 4.4. Life expectancy at birth, top 10 world ranking, looking at European countries and other countries of interest (2018-2020)

Rank	Top 10 Europe	2018-2020
-	**Jersey (2019-2021)***	**83.7**
4	Switzerland	83.6
-	Guernsey (2019-2021)**	83.5
6	Spain	83.2
8	Italy	83.1
9	Iceland	83.0
10	Liechtenstein	83.0
12	Norway	83.0
14	Faroe Islands	82.8
16	Sweden	82.7
18	France	82.6
19	Ireland	82.4
30	Portugal	81.3
33	United Kingdom	81.1
37	High Income Countries	80.6
66	Poland	77.4
90	Upper Middle-Income Countries	75.9
178	Lower Middle-Income Countries	69.1
213	Low Income Countries	63.7

*Source: data.worldbank.org, *Population from Statistics Jersey, Deaths from Superintendent Registrar **gov.gg*

Table 4.5 shows life expectancy at birth for Jersey and other countries, over the last 5 years. Low-income countries hold the lowest rate for life expectancy at birth.

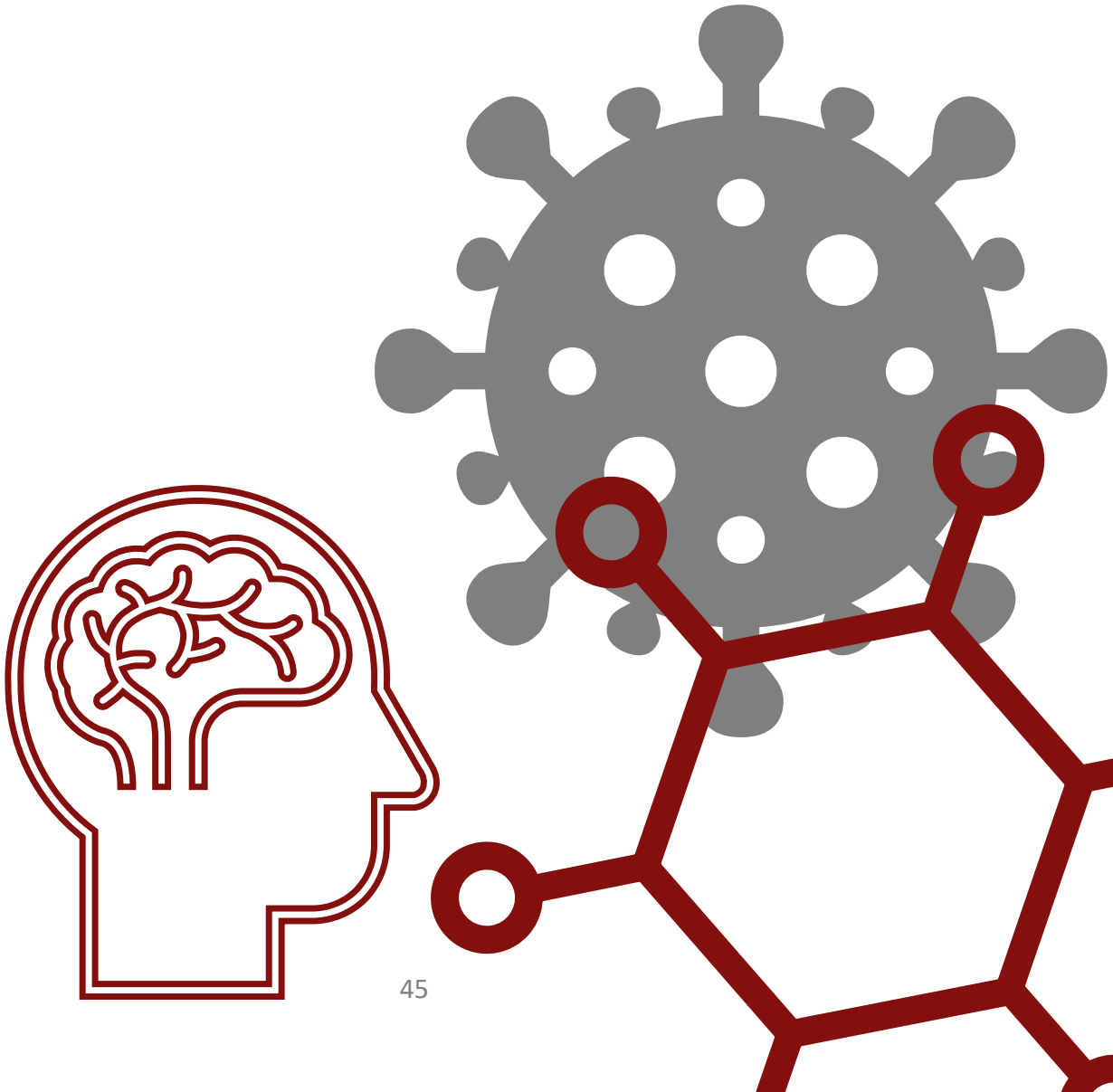
Table 4.5. Life expectancy at birth, Jersey compared to other countries (2014-2016 to 2019-2021)

	3-year average					
Country	**2014-2016**	**2015-2017**	**2016-2018**	**2017-2019**	**2018-2020**	**2019-2021**
Jersey	82.7	82.5	82.5	82.9	83.3	83.7
Guernsey	82.7	82.3	82.3	82.7	83.2	83.5
France	82.5	82.5	82.6	82.7	82.6	No Data available
New Zealand	81.5	81.6	81.7	81.7	81.9	
Portugal	81.1	81.2	81.3	81.5	81.3	
United Kingdom	81.1	81.1	81.2	81.2	81.1	
High income countries	80.5	80.5	80.6	80.7	80.6	
Poland	77.6	77.7	77.7	77.8	77.4	
Upper middle-income countries	75.0	75.3	75.5	75.7	75.9	
Lower middle-income countries	68.2	68.4	68.7	68.9	69.1	
Low-income countries	62.2	62.6	63.0	63.4	63.7	

Source: The World Bank, Jersey: Trak/Careplus, Guernsey: gov.gg

For further information, please refer to the Life Expectancy Report[42] on www.gov.je.

Mortality



Deaths

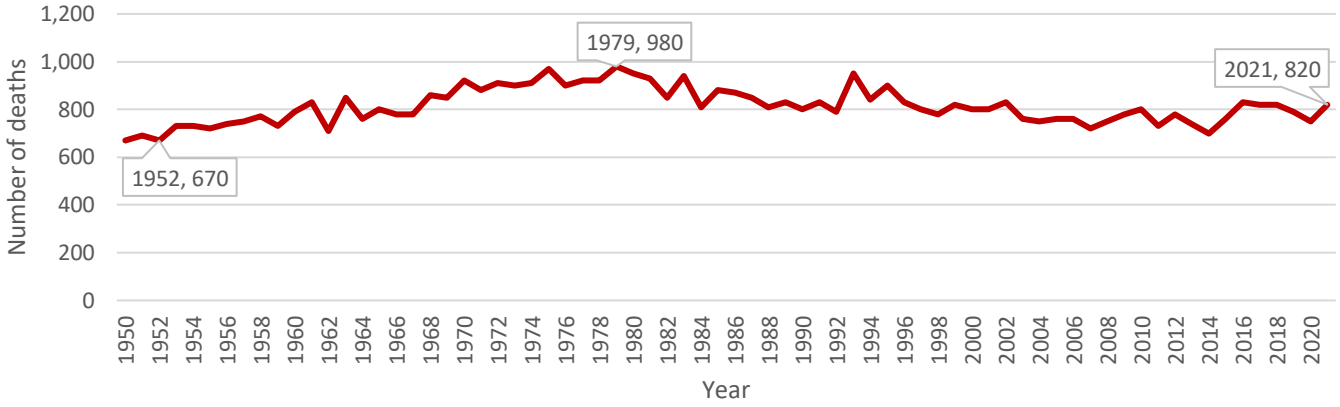
At time of publishing, the most recent full data available for Jersey deaths is for 2021. Annual mortality figures for subsequent years will be published in arrears, following official coding for cause of death.

In 2021 there were 820 deaths. This figure includes all deaths registered in Jersey, whether the death took place on Island or elsewhere and are Jersey residents[43].

The lowest number of annual deaths was in 1952 (670) and the highest number of deaths was in 1979 (980).

Trend in death numbers in Jersey between 2000 and 2021 is shown in Figure 5.1.

Figure 5.1. Annual number of Jersey residents' deaths (1950 to 2021)

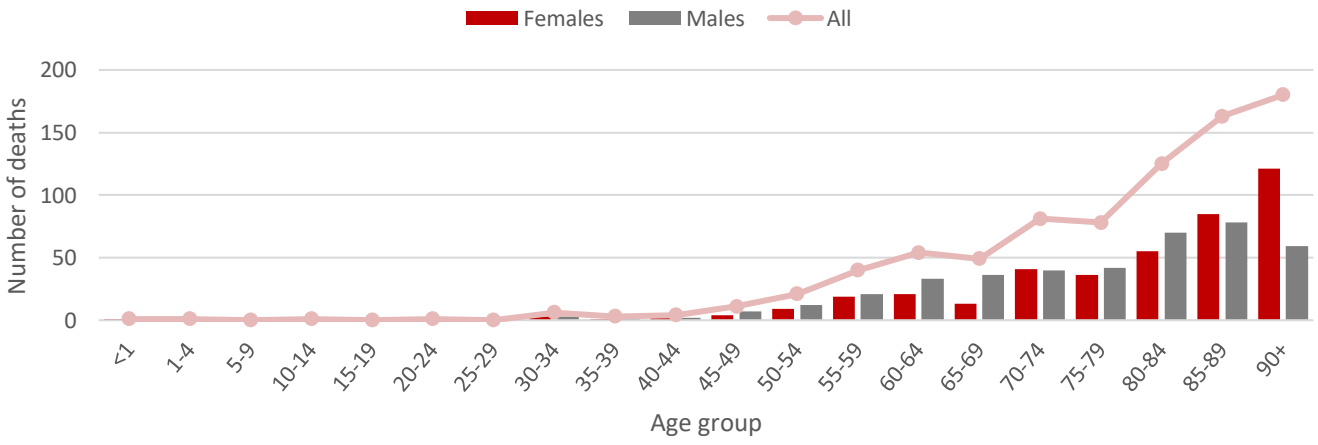


Source: Superintendent registrar

In 2021, there were 410 deaths of males and 410 deaths of females.

The number of deaths in males is similar or greater than that of females in each age group, up to and including 80-84 years of age. The number of deaths of females is greater than that of males in age group 85-89 years and significantly greater in age group 90+ years (Figure 5.2).

Figure 5.2. Numbers of deaths by age and sex (2021)

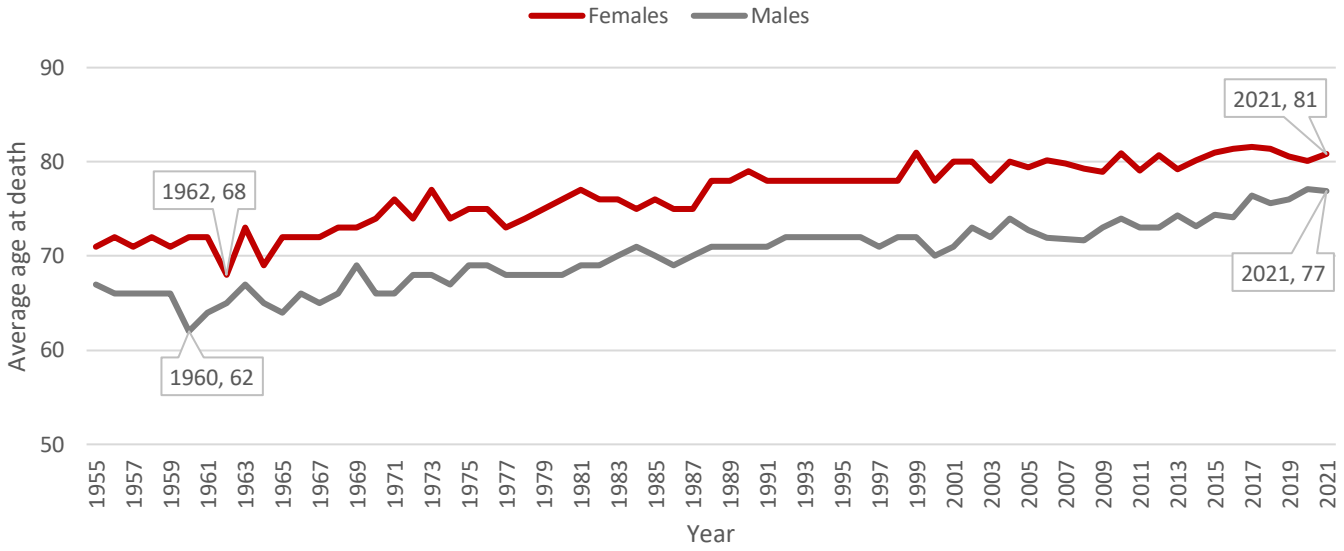


Source: Superintendent registrar

The average age at death for females in 2021 was 81 years and for males 77 years of age.

Females' life increased by 17% (an additional 13 years) from 1962 when the average age of death was 68 years, and males' life increased by 20% (an additional 15 years) from 1960 when the average age of death was 62 years of age. These numbers show that people are now living longer lives than they were 60 years ago (Figure 5.3).

Figure 5.3. Average age of death by male and female (1955 to 2021)



Source: Superintendent registrar

Crude Death Rate

The crude death rate is a good indicator of the general health status of a geographic area or population. It corrects for changes in population over time. Jersey's crude death rate for 2021 is 7.9.

Jersey's crude death rate has decreased by 44% since 1970, when the rate was 14.1. The trend over time can be seen in (Figure 5.4), in comparison to crude death rate for Guernsey and England and Wales.

Crude Death Rate
The crude death rate looks at the number of deaths compared to the total population size. It allows us to track changes in death rates as the crude population size changes.

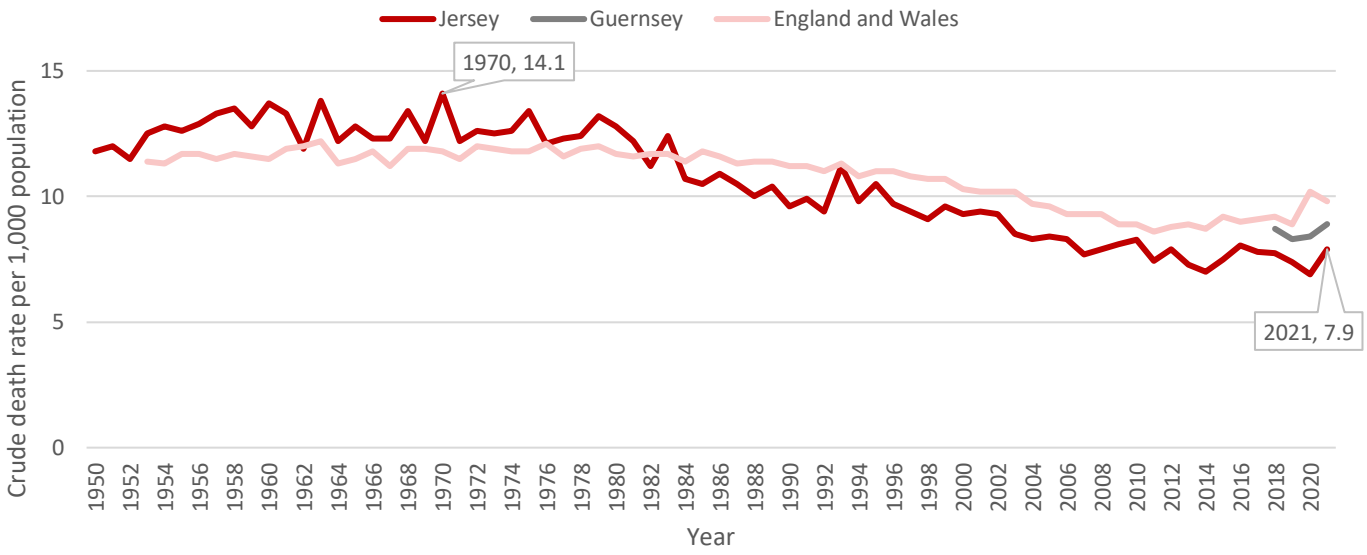
2021

Jersey's crude death rate was **7.9**

Guernsey's crude death rate was **8.9**

England and Wales crude death rate was **9.8**

Figure 5.4. Crude death rate (1950 to 2021) in Jersey, Guernsey and in England and Wales

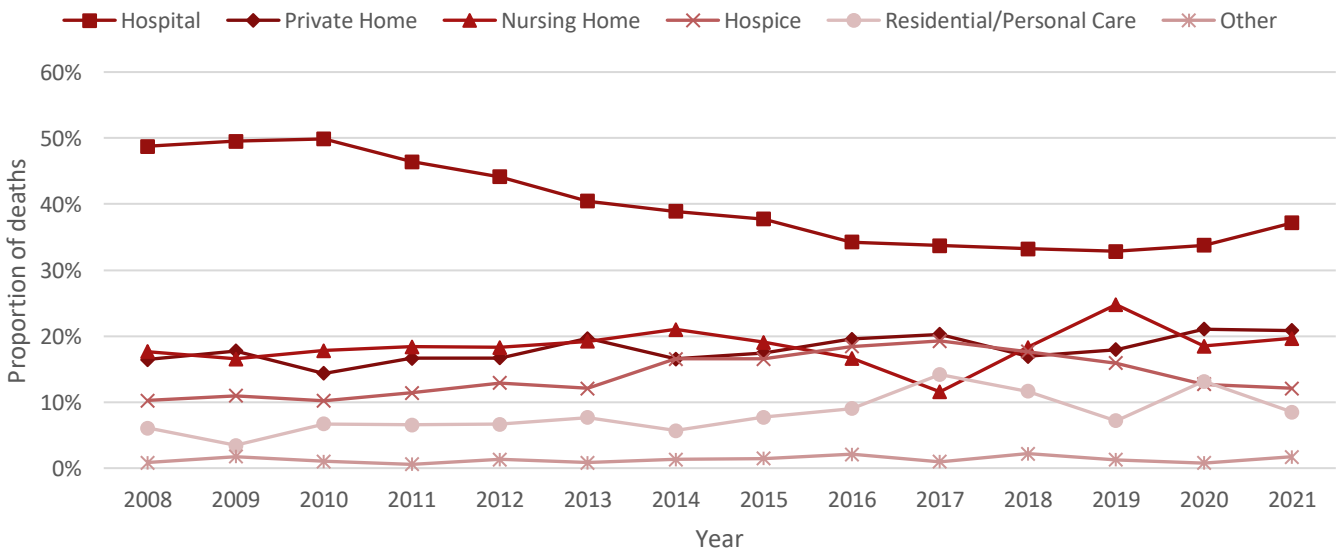


Source: Superintendent registrar

Place of Death

In 2021 in Jersey, the highest proportion of deaths (37%) occurred in a hospital; one in five died in a private home (21%); one in five died in a nursing home (20%), one in eight in Jersey Hospice (12%) and one in twelve in a placement for residential or personal care (9%).

Figure 5.5. Location of on-Island deaths (2008 to 2021)



Source: Superintendent registrar

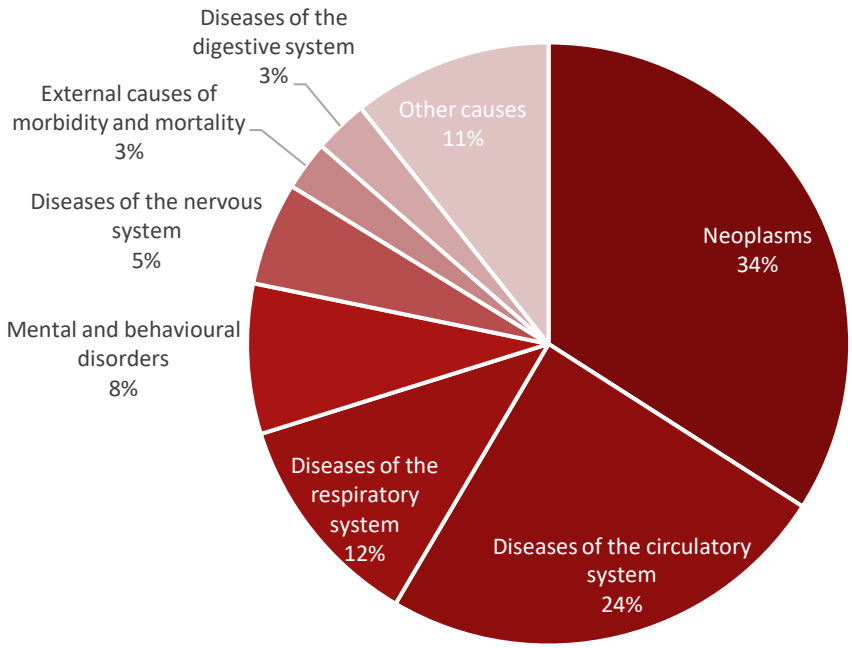
Cause of Death

Most deaths of Jersey residents in 2021 were attributed to neoplasms (cancers), diseases of the circulatory system (cardiovascular diseases including stroke), respiratory disease and mental and behavioural disorders; altogether, these four causes accounted for 78% of all deaths in 2021 (Figure 5.6).

Cause of Death

Causes of death are categorised and coded according to the International Statistical Classification of Diseases and Related Health Problems; a publication commonly known as ICD-10. Comparing the number of deaths across subcategories of the ICD-10 allows the leading causes to be analysed.

Figure 5.6. Main causes of death (2021)



Source: Superintendent registrar (Percentages may not add up to 100% due to rounding)

Cancer Deaths

Cancer is the leading cause of death in Jersey, accounting for a 34% of all underlying causes of deaths in 2021 (280 deaths). 25% of deaths in OECD countries in 2019 were cancer related.

The average number of deaths from cancer in 2019-2021 (240) was similar with the average number of deaths in 2013-2015 (250). However, the number of deaths with an underlying cause of cancer in Jersey saw an increase between 2007 and 2021, rising by 29% over the 15-year period.

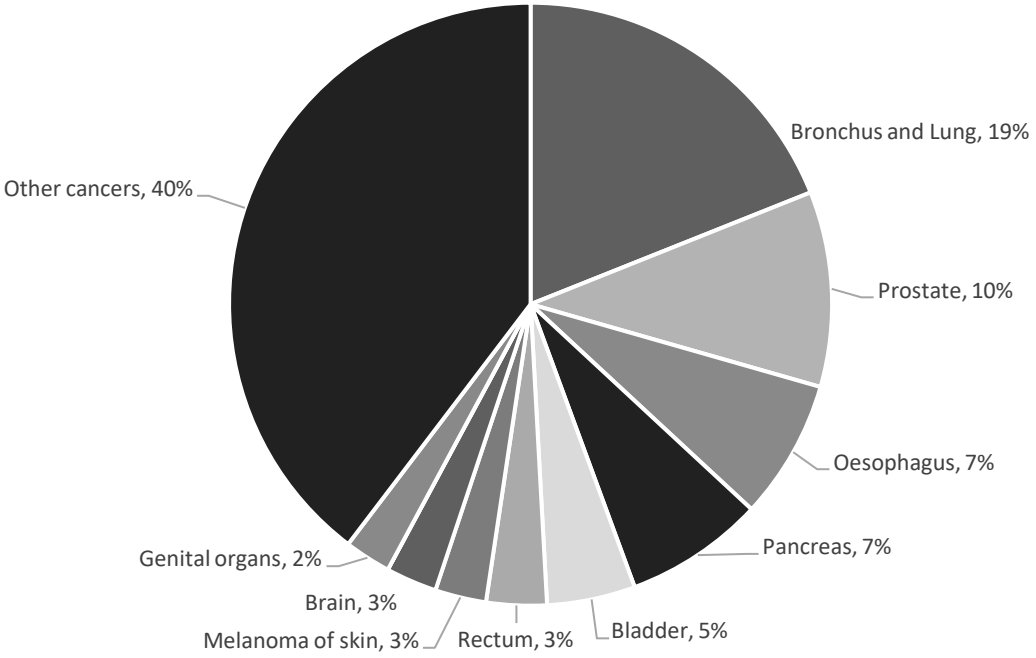
Cancers of the oesophagus, pancreas, bronchus and lungs, breast and prostate together accounted for 37% of all cancer deaths in Jersey in 2019-2021. One in five (19%) cancer deaths are caused by lung cancer.

More than half (54%) of cancer deaths in Jersey occurred in people aged seventy-five and over (2019-2021).

On average **120 women** and **130 men** in Jersey died from cancer annually between 2019 and 2021.

Figure 5.7 shows the leading causes of cancer-related death in men in Jersey for the period 2019-2021. Bronchus and lung cancer account for approximately one fifth (19%) of cancer deaths in men, whilst prostate cancer accounts for one in ten (10%).

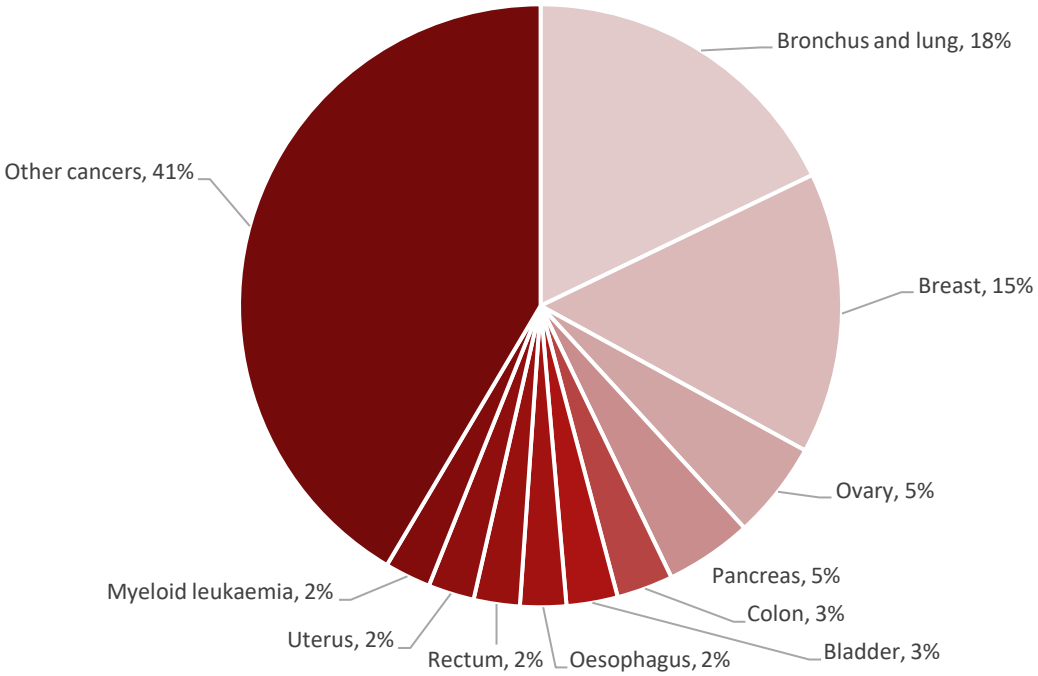
Figure 5.7. Main causes of cancer deaths among men. Percentages of all malignant neoplasms (ICD-10 code C00-C97) (2019-2021)



Source: Superintendent registrar

Figure 5.8 shows the main causes of cancer deaths for women in Jersey over the period 2019-2021. Lung cancers account for almost 18% of female cancer deaths, whilst cancers of the breast account for around 15% of female cancer deaths. Cancers of the digestive organs (which include colorectal, stomach and liver cancers) accounted for 24% of female cancer deaths.

Figure 5.8. Main causes of cancer deaths among females. Percentages of all malignant neoplasms (ICD-10 code C00-C97) (2019-2021)



Source: Superintendent registrar

Circulatory Disease (Cardiovascular Disease) Deaths

Circulatory disease is largely preventable. The heavy disease, death and cost burden of circulatory disease could be reduced substantially if readily available, cost-effective interventions for circulatory disease prevention and treatment were more widely used. The risk factors for circulatory disease (e.g. unhealthy diet, obesity, smoking) apply also to other major conditions such as cancer, dementia, and diabetes. Tackling causes of circulatory disease therefore has the potential for reducing the overall burden of disease on individuals, services, and the economy.

Circulatory disease accounted for 24% of all deaths in 2021 (190 deaths) and was the second leading cause of mortality of Jersey residents, after cancers.

Across OECD countries in 2019, heart attacks, strokes and other cardiovascular diseases caused about one in three deaths[44]. Population ageing largely explains the predominance of deaths from circulatory diseases – with deaths rising steadily from age 50.

- there were on average 80 deaths in Jersey due to ischemic heart disease between 2019 and 2021, which was 39% of all circulatory deaths and 10% of all deaths of Jersey residents.
- stroke was responsible for around 30 deaths per year between 2019 and 2021, 13% of all circulatory deaths in Jersey, 3 percent of all deaths over the period.
- stroke accounted for 7% of deaths across the OECD in 2019.

Male deaths from ischaemic heart disease accounted for 47% of all cardiovascular deaths in 2019-2021 exceeding the proportion of female deaths (30%).

Deaths by Suicide

Due to several outstanding inquests, comprehensive information on deaths by suicide is only available up to 2020.

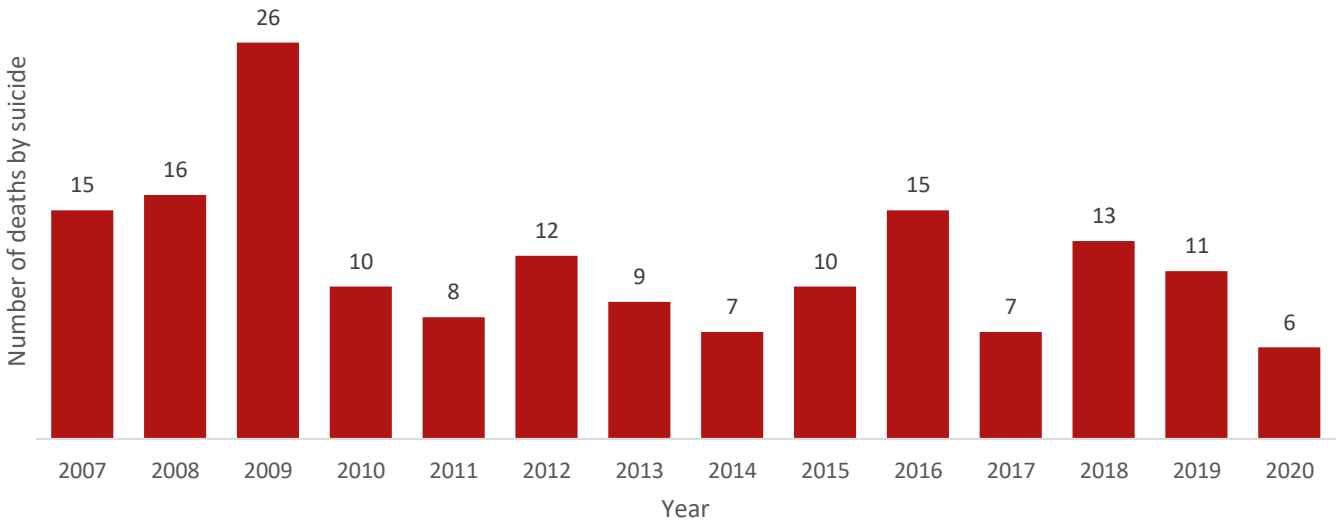
Numbers presented in Figure 5.9 are where the cause of death was recorded as 'intentional self-harm' or 'undetermined intent' by year in Jersey since 2007.

ONS definition of Suicide

The Office for National Statistics' definition of suicide includes deaths with an underlying cause of intentional self-harm (ages 10 years and over) and deaths with an underlying cause of event of undetermined intent (ages 15 years and over).

In Jersey three-quarters of all suicides involved men (72%) between 2007 and 2020, meaning men were around 2.5 times as likely to have taken their own lives as women; for comparison around three-quarters of registered suicide deaths in England and Wales[45] in 2020 were for men (75%).

Figure 5.9. Number of deaths by suicide in Jersey (2007 to 2020)

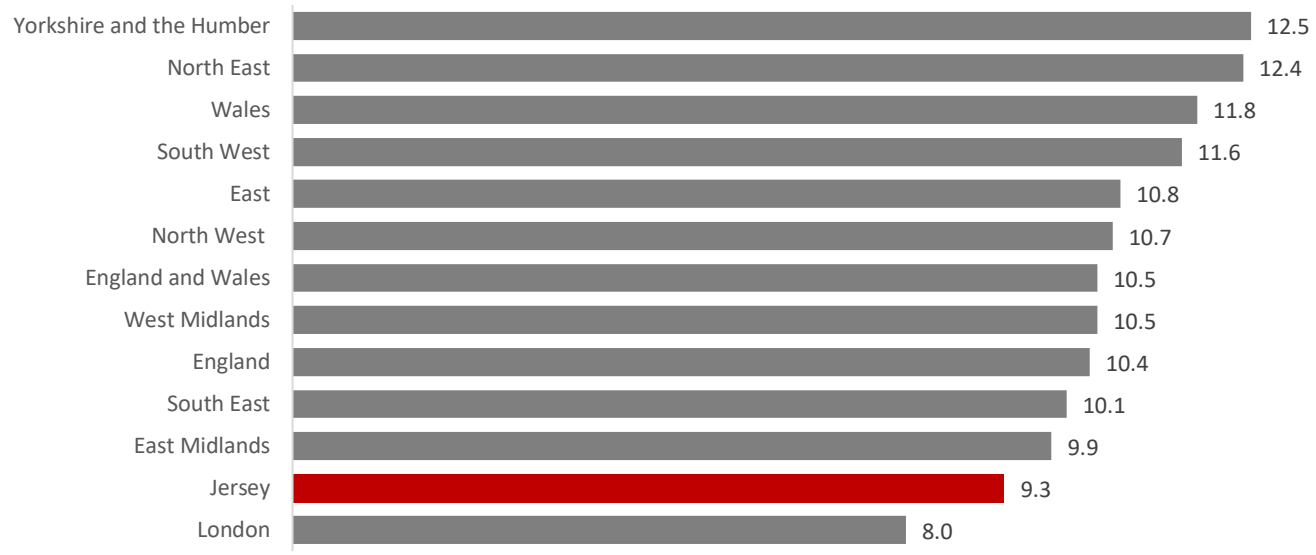


Source: Superintendent registrar

The 3 yearly age standardised suicide rate in Jersey for the period of 2018-2020 was 9.3 deaths per 100,000.

Jersey ranks second lowest for suicide rate when compared with the latest comparable data from England[46] and its regions (Figure 5.10).

Figure 5.10. Suicide rate in Jersey, Wales, England, and its regions per 100,000 (2018-2020)



Source: Superintendent registrar, England: ONS

Smoking Related Deaths

Monitoring the number of deaths that are attributable to smoking, gives a measure of the impact that smoking has on Islanders' health[47].

In 2021, there were 160 deaths of adults aged 35 or over in Jersey from conditions that are attributable to smoking, this equates to 21% of all deaths of those aged over 35. When including conditions that can be partly attributable to smoking, an estimated 42% of deaths amongst those aged over 35 were smoking-related. More information about how smoking-related deaths are calculated can be found in the Smoking Profile 2021[48] .

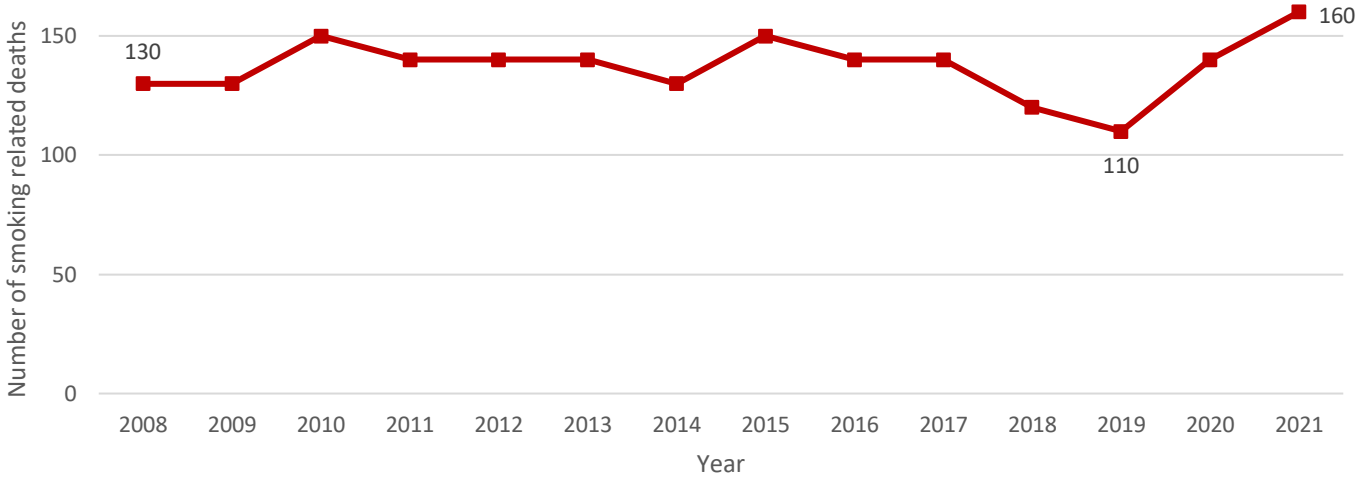
Of those aged 35 and over:

- 23% of male deaths were estimated to be attributable to smoking in 2021 compared to 20% of female deaths
- the pattern of smoking related deaths in Jersey was similar to that of England, where 19% of male and 12% of female deaths were estimated to be smoking related in 2019[49]

It is estimated that in Jersey in 2021 (see Figure 5.11):

- around 40 deaths (14%) of all deaths due to respiratory diseases were attributable to smoking
- around 150 deaths (38%) of all cancer deaths were attributable to smoking
- around 70 deaths (9%) of deaths from circulatory diseases were attributable to smoking
- the proportion of deaths from respiratory disease that were estimated to be attributable to smoking was lower in Jersey (14%) than England (35%)
- the proportion of deaths from all cancers that were estimated to be attributable to smoking was higher in Jersey (38%) than in England (25%)

Figure 5.11. Number of deaths among adults aged 35 or over in Jersey which were attributable to smoking (2008 to 2021)

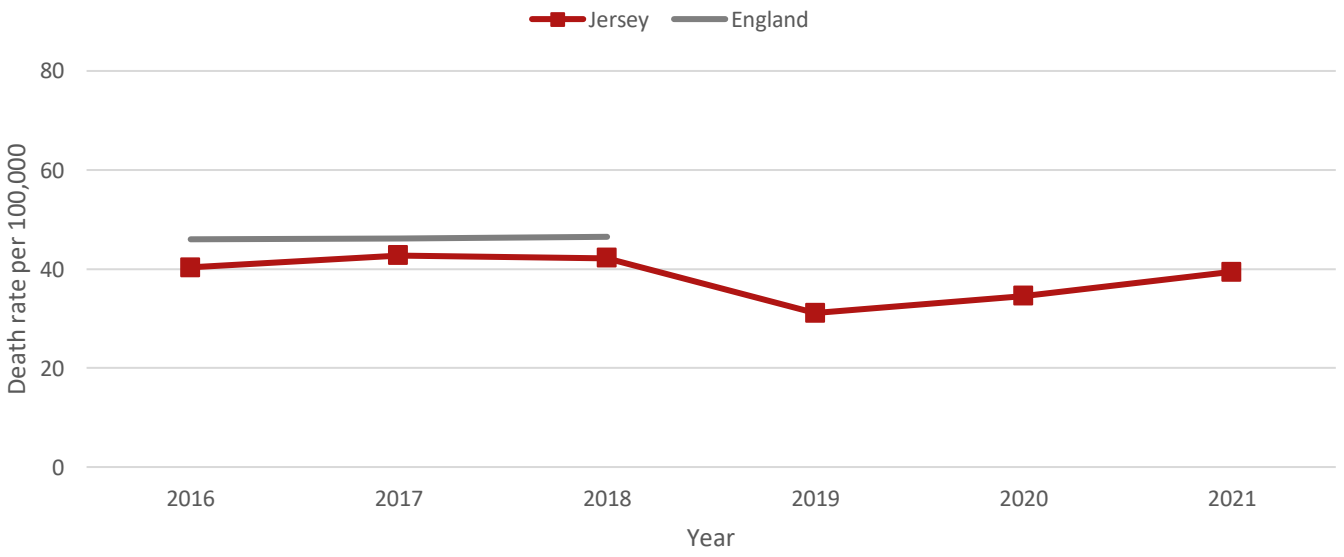


Source: Superintendent registrar

Related Alcohol Deaths

In 2021, more than 40 people died[50] from alcohol-related causes, an age-standardised rate of 39.4 per 100,000 population. This rate was statistically similar to the English rate of 46.5 per 100,000 in 2018. Around two-thirds of the alcohol-related deaths were males.

Figure 5.12. Alcohol related deaths per 100,000 (2016 to 2021)



Source: Superintendent registrar

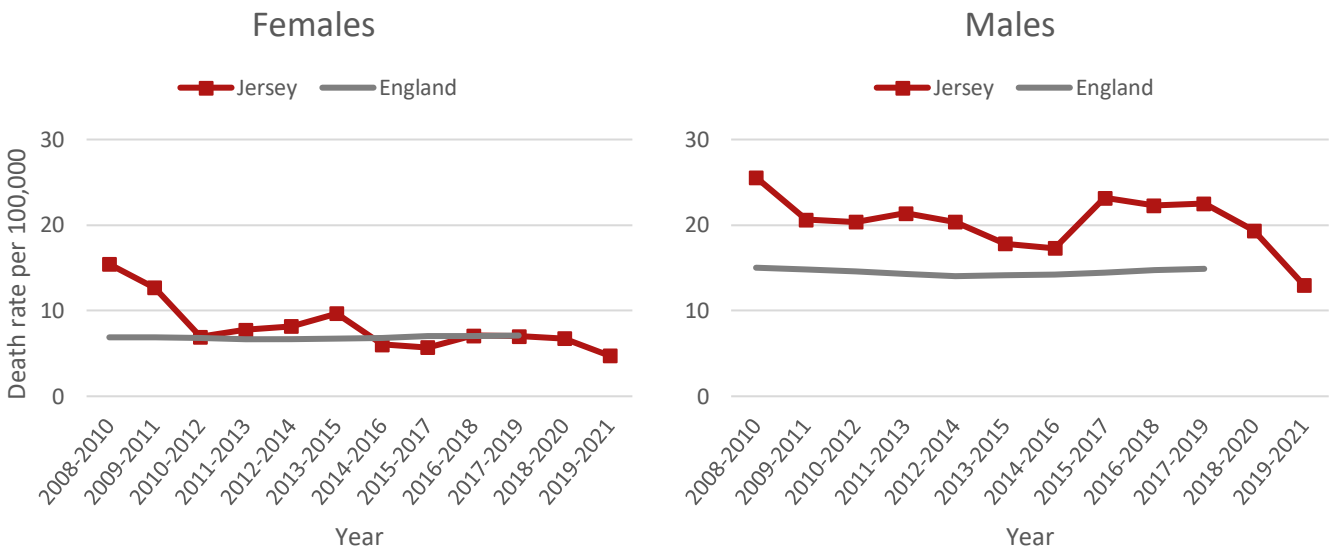
Alcohol-Specific Deaths

Due to relatively small numbers, alcohol-specific deaths are measured over a three-year period.

Figure 5.13 shows the alcohol-specific deaths rate of deaths for Jersey and England.

- over the period 2019-2021, there were 25 deaths (8.8 per 100,000 people) from alcohol-specific causes registered in Jersey, a similar rate when compared to the periods between 2009-2011 and 2019-2021
- all of these alcohol-specific deaths were of people aged under 75 years and resulted in almost 510 years of lost life
- the rate of alcohol-specific deaths for males in 2019-2021 was 13.0 per 100,000, whilst the rate for females was 4.7 deaths per 100,000

Figure 5.13. Alcohol-specific deaths per 100,000 (2008-2010 to 2018-2021)



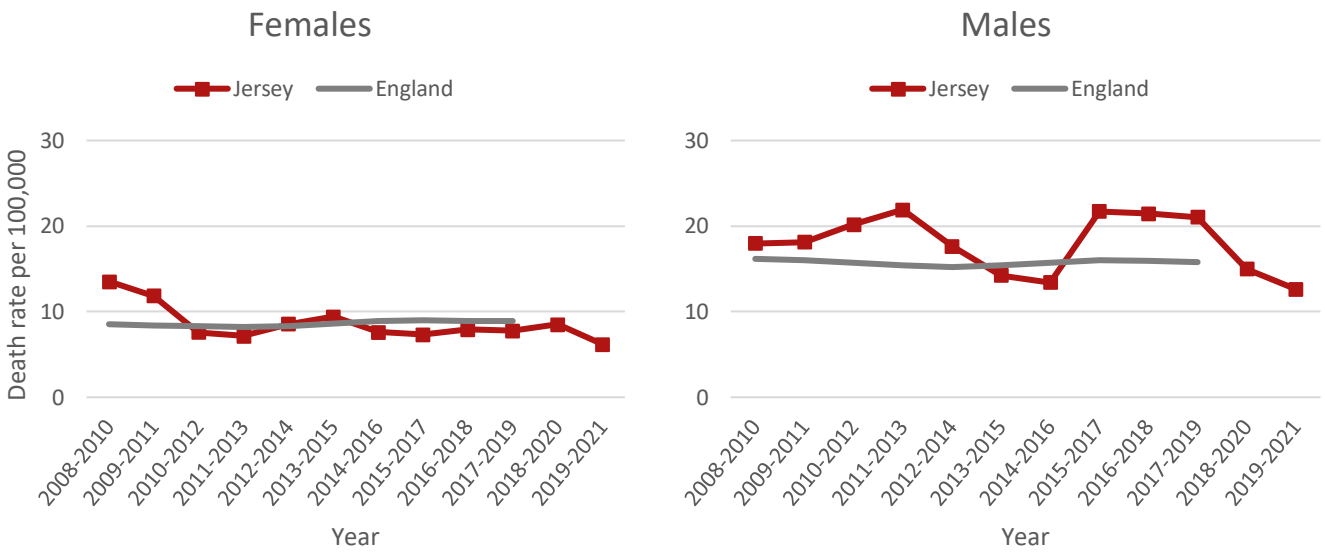
Source: Superintendent registrar

Deaths from Chronic Liver Disease

Most liver disease is preventable, and much is influenced by alcohol consumption and obesity prevalence, which are both amenable to public health interventions.

Over the period 2019-2021, chronic liver disease accounted for almost 30 deaths. Of these, all were of people aged under 75 years, resulting in almost 400 years of life lost.

Figure 5.14. Deaths from chronic liver disease per 100,000 (2008-2010 to 2019-2021)



Source: Superintendent registrar

Drug Related Deaths

Deaths classified as drug misuse must meet either one (or both) of the following conditions: the underlying cause is drug abuse or drug dependence, or any of the substances involved are controlled under the Misuse of Drugs Act 1971. Information on the specific drugs involved in a death is not always available, therefore figures on drug misuse are underestimates.

50 deaths related to drug poisoning were registered in Jersey in the ten-year period, 2011 and in 2021. Among males and females there were close to 25 deaths each.

40 drug poisoning deaths between were identified as 'intentional self-poisoning by drugs, medicaments, and biological substances', while 10 deaths were 'accidental poisoning by drugs, medicaments, and biological substances'.

Table 5.1. Deaths coded to Drug misuses categories, Jersey (2011-2021)

Categories	*Number*
Accidental poisoning by drugs, medicaments, and biological substances (X40–X44)	40
Intentional self-poisoning by drugs, medicaments, and biological substances (X60–X64)	10
Poisoning by drugs, medicaments and biological substances, undetermined intent (Y10–Y14)	<5
Assault by drugs, medicaments, and biological substances (X85) and	-
Mental and behavioural disorders due to use of volatile solvents (F18)	-
Total deaths	**50**

Source: Superintendent registrar, Numbers rounded to nearest 10

18% of drug misuse deaths were of people aged under 25, 61% of those who died were between the ages of 25 and 64 years, while 20% were aged 65 years and over.

Table 5.2. Deaths coded to Drug misuses categories, age groups, Jersey (2011-2021)

2011-2021	<24 years	25-64 years	65+ years	Total
Drug Misuse deaths	10	30	10	**50**

Source: Superintendent registrar, Numbers rounded to nearest 10

Excess Winter Deaths

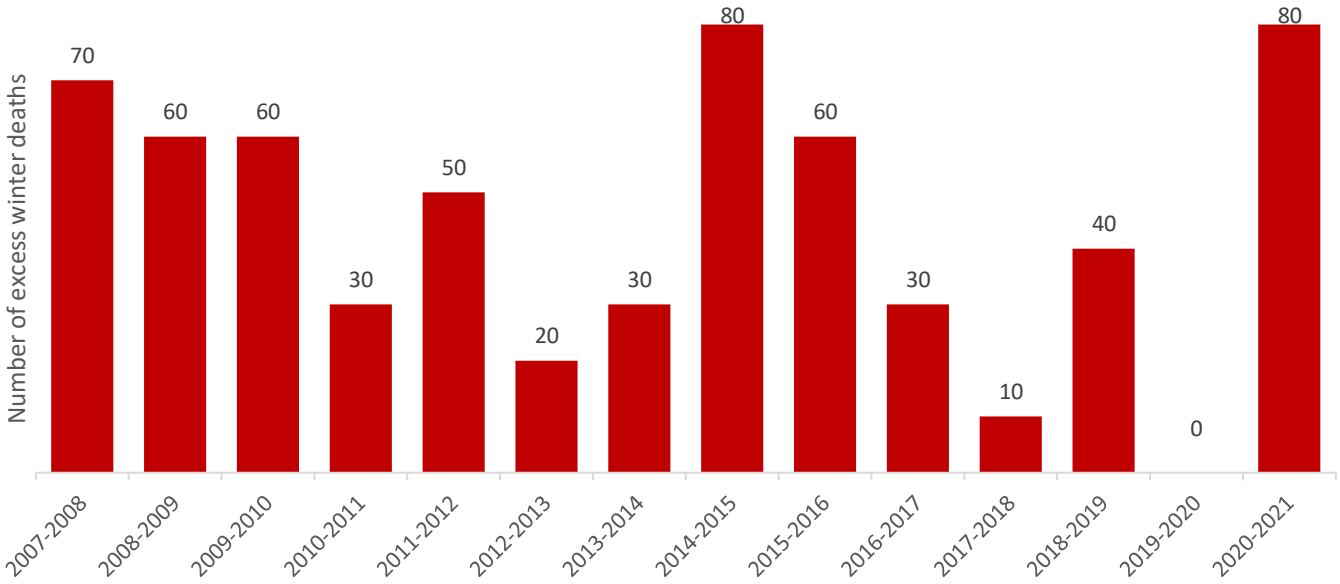
Typically, more deaths are seen over the winter months.[51] The Excess Winter Mortality Index (EWMI) is a statistical measure of increased mortality during winter months and allows the winter mortality burden to be compared across years.[52]

To calculate EWMI, winter deaths (December to March) are compared with non-winter months (the preceding August to November and following April to July) (Figure 5.16).

Excess winter mortality varies from year to year in Jersey (Figure 5.15), averaging around 40 deaths per winter over the last 15 years.

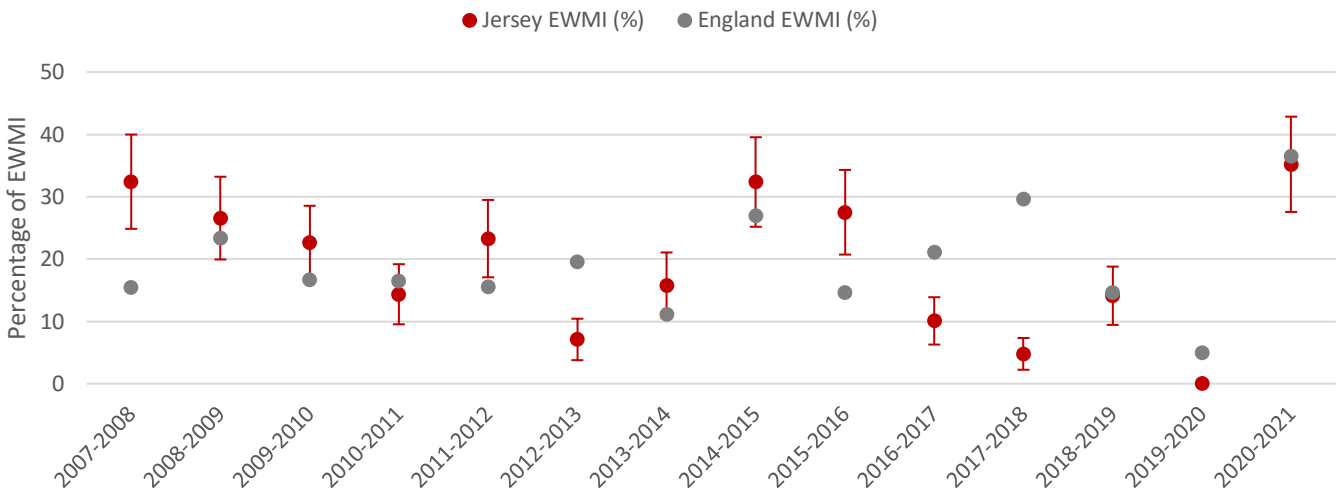
In the 2017-2018 winter period, there were an estimated 10 excess winter deaths in Jersey, the lowest recorded since the winter of 2007-2008.

Figure 5.15. Excess winter deaths in Jersey rounded to the nearest 10 (2007-2008 to 2020-2021)



Source: Superintendent registrar

Figure 5.16. Excess winter mortality index (EWMI %) in Jersey and in England for comparison (2007-2008 to 2020-2021)

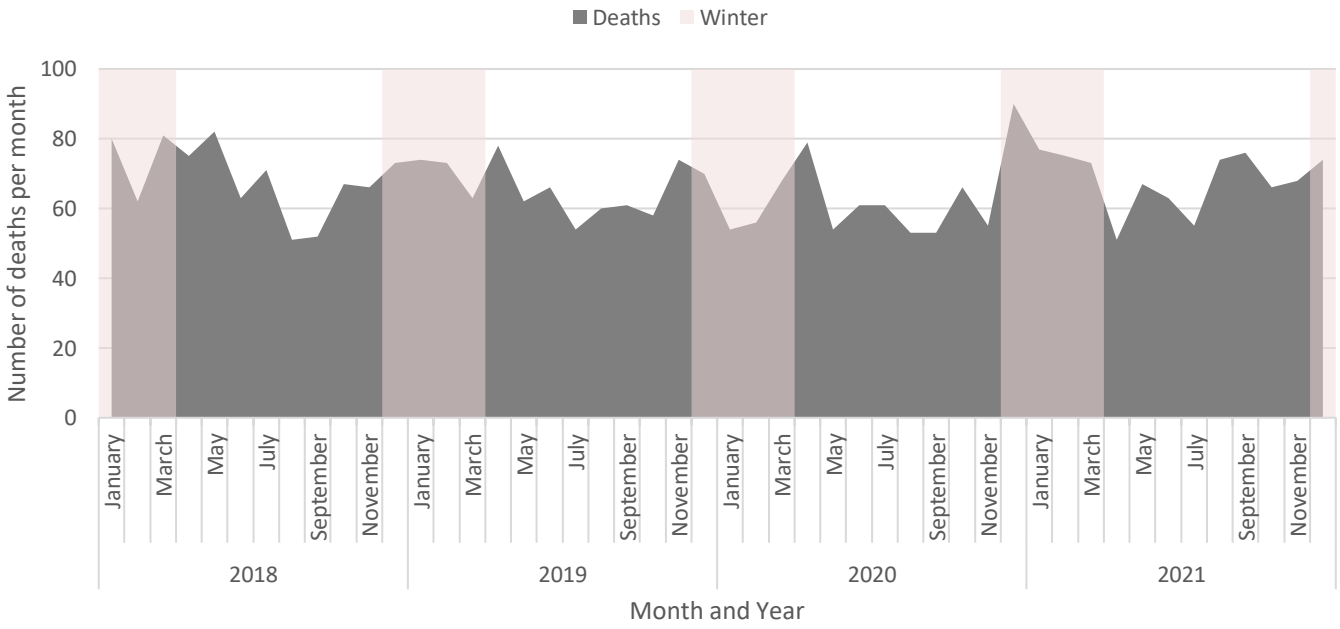


Source: Superintendent registrar

In most years there are a higher number of deaths during the winter months (December to March) as shown in Figure 5.17. However, during February 2018 and winter months of 2019-2020 there were fewer winter deaths than normal.

In 2020, Jersey began seeing its first cases of COVID-19in March.[53] This made an impact upon the typical mortality patterns during the non-winter months. The first wave of COVID-19 occurred in April 2020, which is not considered to be a winter month.

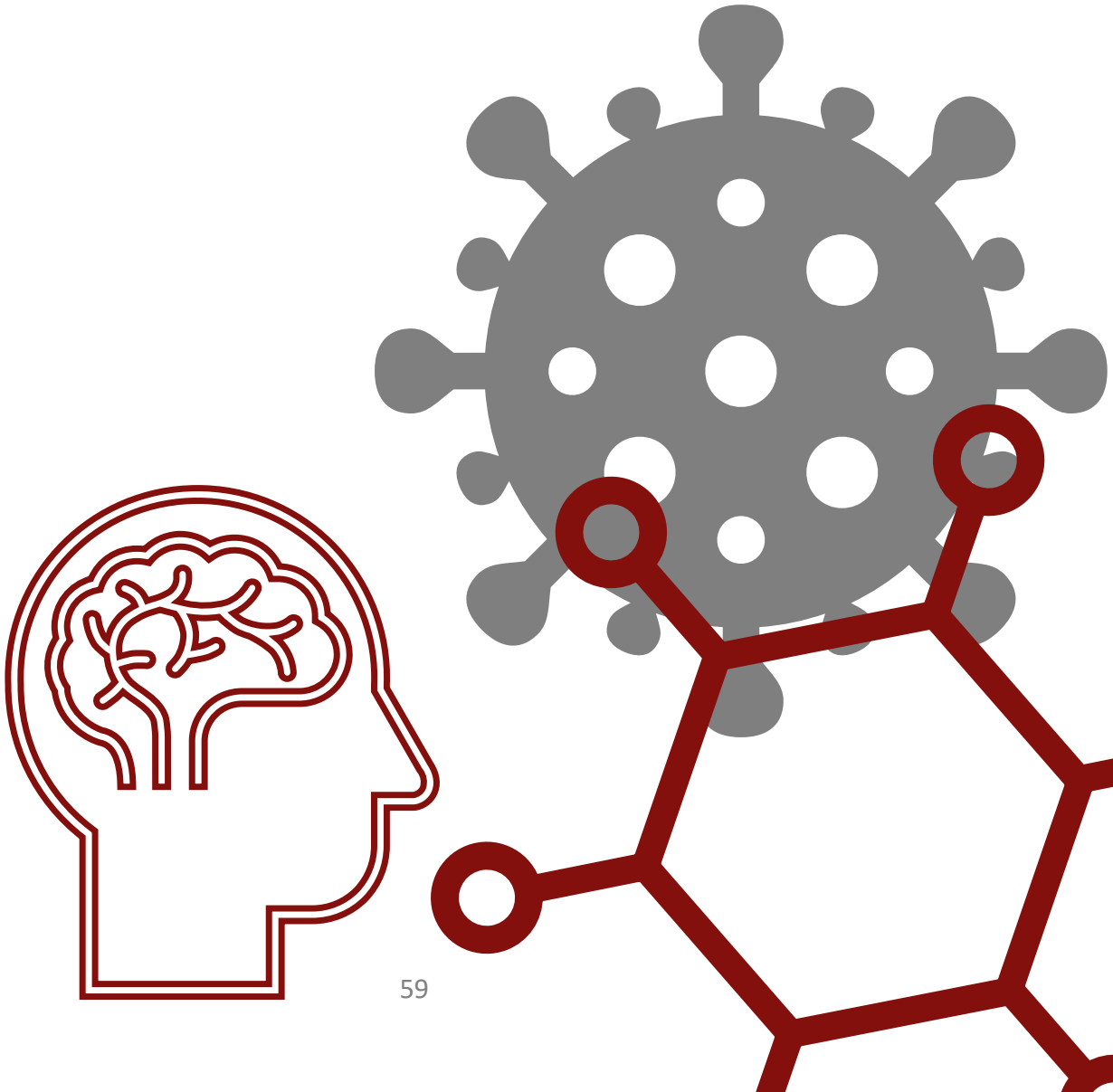
Figure 5.17. Number of monthly deaths (2018 to 2021)



Source: Superintendent registrar

For further information, please refer to the Mortality Report[54] on www.gov.je.

Morbidity



Multi-morbidity

There are 12 long-term conditions which form the basis of the multi-morbidity analysis presented. The Government of Jersey incentivises GPs to record patients with any of these long-term conditions through the Quality Improvement Framework (JQIF).

Morbidity and Multi-morbidity

Morbidity is the state of having a long-term (chronic) medical condition.

multi-morbidity is defined as the presence of two or more long-term medical conditions in a patient.

The 12 long-term morbidities are:

- Atrial Fibrillation (AF)
- Asthma (AST)
- Coronary Heart Disease (CHD)
- Chronic Kidney Disease (CKD)
- Chronic Obstructive Pulmonary Disease (COPD)
- Dementia (DEM)
- Diabetes (DIA)
- Heart Failure (HF)
- Hypertension (HYP)
- Mental Health Problems (MH)
- Obesity (OB)
- Stroke and Transient Ischemic Attack (STIA)

In total there were 31,100 patients registered with at least one of the 12 long-term morbidities.

The most common morbidity was Hypertension, with 17% of the population on its register. The least common morbidity was dementia with 1%. The average age of a person suffering with hypertension is 68 and the average age of a person suffering with dementia is 84 (Table 6.1)

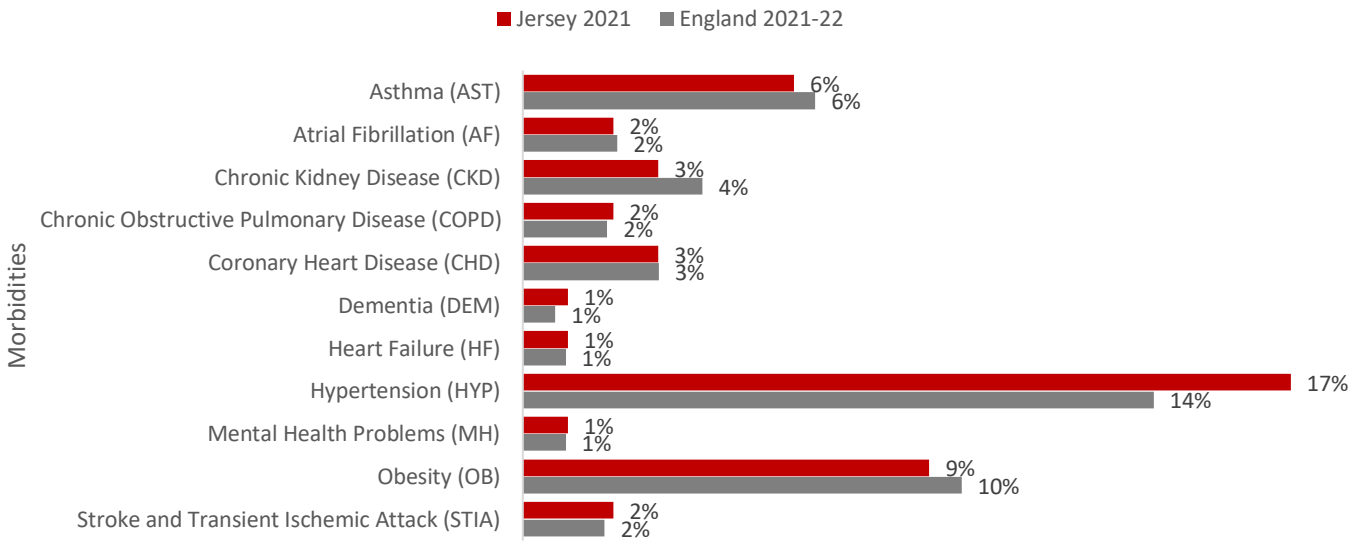
Table 6.1. The number of patients on each long-term condition register as at year end 2021. "All patients" include everyone who is on the register, regardless of what other conditions they may have, whilst "patients (single condition)" includes patients who have only that single condition. The number of patients on the register as a proportion of the total population (Census 2021) is shown, as well as the average age of patients on the register.

Condition	*All patients*	*Proportion of population*	*Average age*	*Patients (Single condition)*	*Average age (Single condition)*
Hypertension (HYP)	17,380	17%	68	7,305	65
Obesity (OB)	9,380	9%	55	3,790	45
Asthma (AST)	5,725	6%	47	3,470	38
Diabetes (DIA)	4,670	5%	66	900	57
Coronary Heart Disease (CHD)	2,890	3%	73	525	66
Chronic Kidney Disease (CKD)	2,815	3%	78	315	70
Atrial Fibrillation (AF)	2,510	2%	75	425	66
Chronic Obstructive Pulmonary Disease (COPD)	2,215	2%	70	545	64
Stroke and Transient Ischemic Attack (STIA)	1,780	2%	74	310	64
Heart Failure (HF)	1,105	1%	79	55	66
Mental Health Problems (MH)	825	1%	52	450	46
Dementia (DEM)	715	1%	84	130	81

Source: JQIF register

The percentage of people on each long-term condition for Jersey and England are relatively the same. However, Jersey has slightly more on its register for Hypertension (Figure 6.1).

Figure 6.1. Percentage of people on each long-term condition register for Jersey and England



Source: JQIF register, England: QOF[55]

Although some long-term conditions affected males and females relatively equally, some conditions affected one sex more than the other (Figure 6.2).

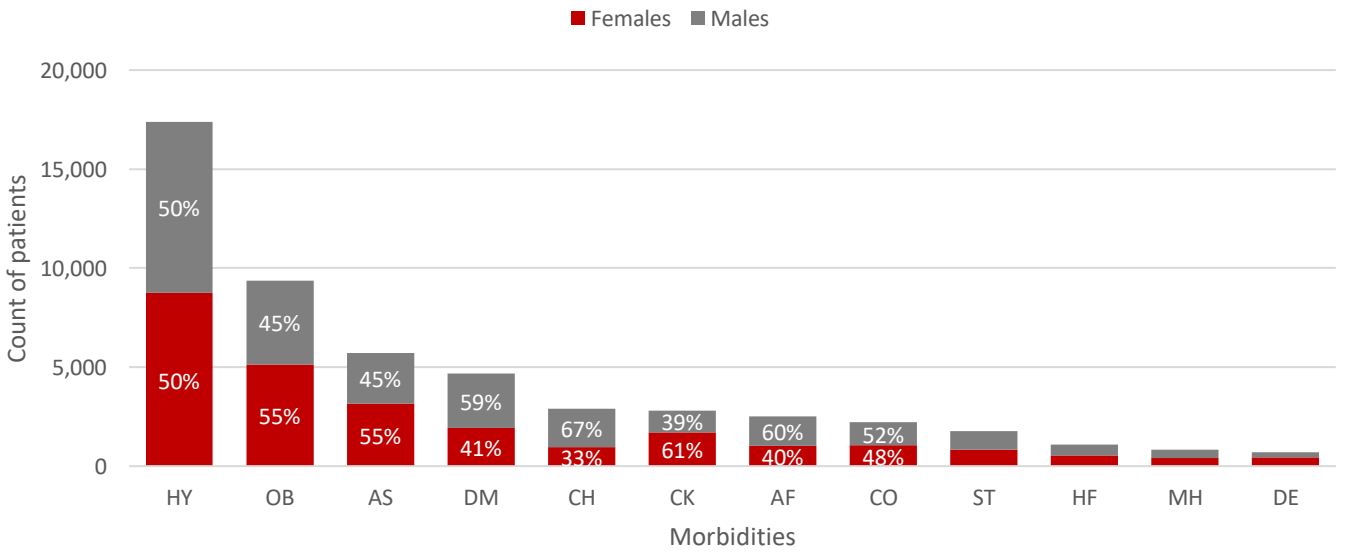
Females

- dementia affected 63% females and 37% males
- chronic kidney disease affected 61% females and 39% males

Males

- coronary heart disease affected 67% males and 33% females
- atrial fibrillation affected 60% males and 40% females
- diabetes affected 59% males and 41% females

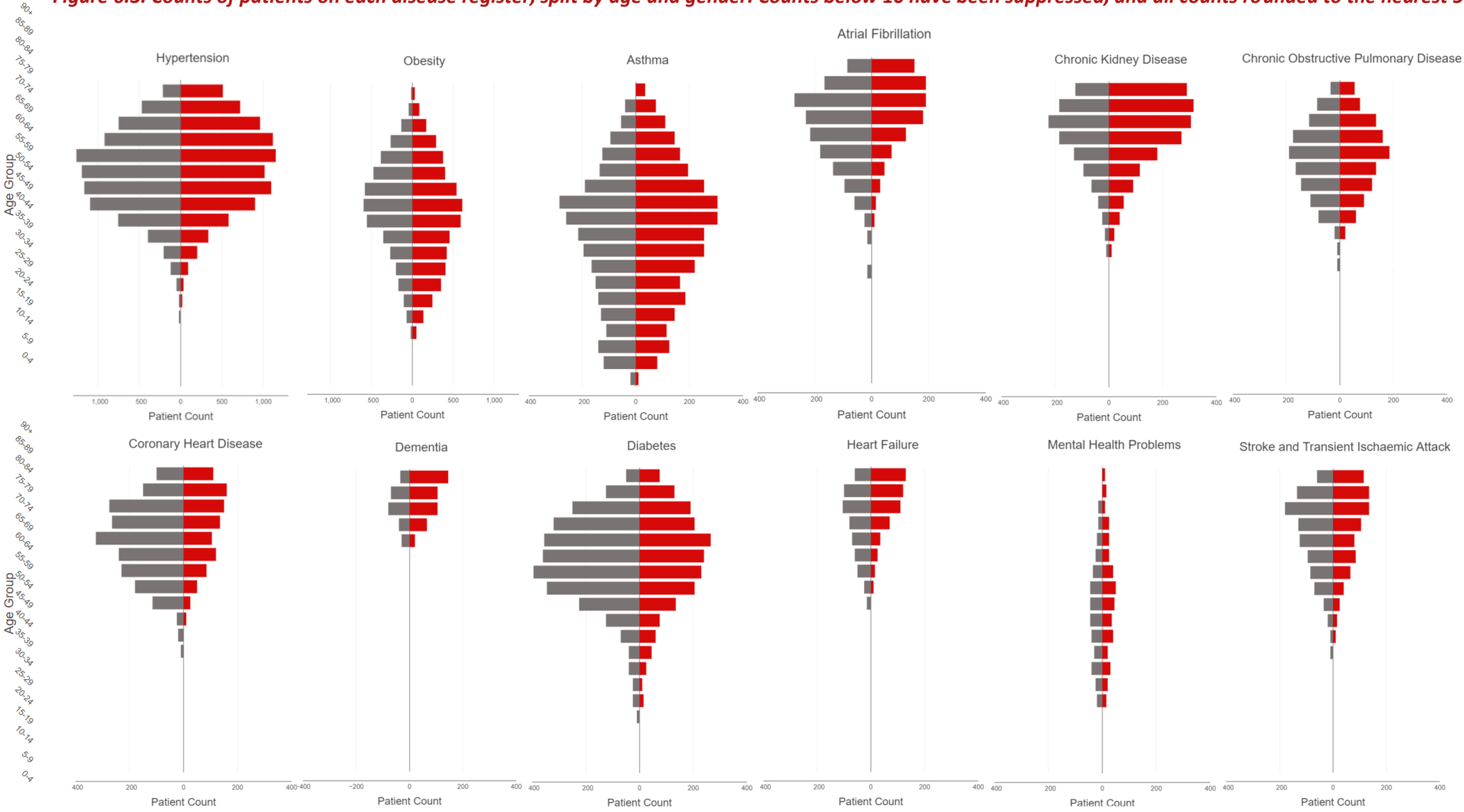
Figure 6.2. Prevalence of 12 long-term conditions amongst males and females with average age in Jersey



Source: JQIF register

Age Gender Profiles

Figure 6.3. Counts of patients on each disease register, split by age and gender. Counts below 10 have been suppressed, and all counts rounded to the nearest 5



Combinations of Two Conditions (Pairs)

The most commonly co-occurring pairs are Hypertension and Obesity, being present in 4,120 people. The least commonly co-occurring pairs are Mental Health and Dementia and Mental Health and Heart Failure, each being present in 15 people.

Table 6.2 shows the count of patients with each combination of co-occurring disease.

Table 6.2. Count of patients with each combination of co-occurring disease pairs

	Atrial Fibrillation (AF)	Asthma (AST)	Coronary Heart Disease (CHD)	Chronic Kidney Disease (CKD)	Chronic Obstructive Pulmonary Disease (COPD)	Dementia (DEM)	Diabetes (DIA)	Heart Failure (HF)	Hypertension (HYP)	Mental Health Problems (MH)	Obesity (OB)
Asthma (AST)	170										
Coronary Heart Disease (CHD)	480	190									
Chronic Kidney Disease (CKD)	530	190	530								
Chronic Obstructive Pulmonary Disease (COPD)	220	455	310	265							
Dementia (DEM)	120	30	110	175	55						
Diabetes (DIA)	410	340	670	620	300	110					
Heart Failure (HF)	525	115	385	390	195	70	295				
Hypertension (HYP)	1,535	1,230	1,765	2,050	1,105	435	2,855	745			
Mental Health Problems (MH)	25	65	30	50	40	15	85	15	175		
Obesity (OB)	480	985	570	495	405	35	1,640	245	4,120	140	
Stroke and Transient Ischemic Attack (STIA)	380	110	310	330	175	130	300	200	1,110	25	255

Source: JQIF register

Multi-morbidity by Age

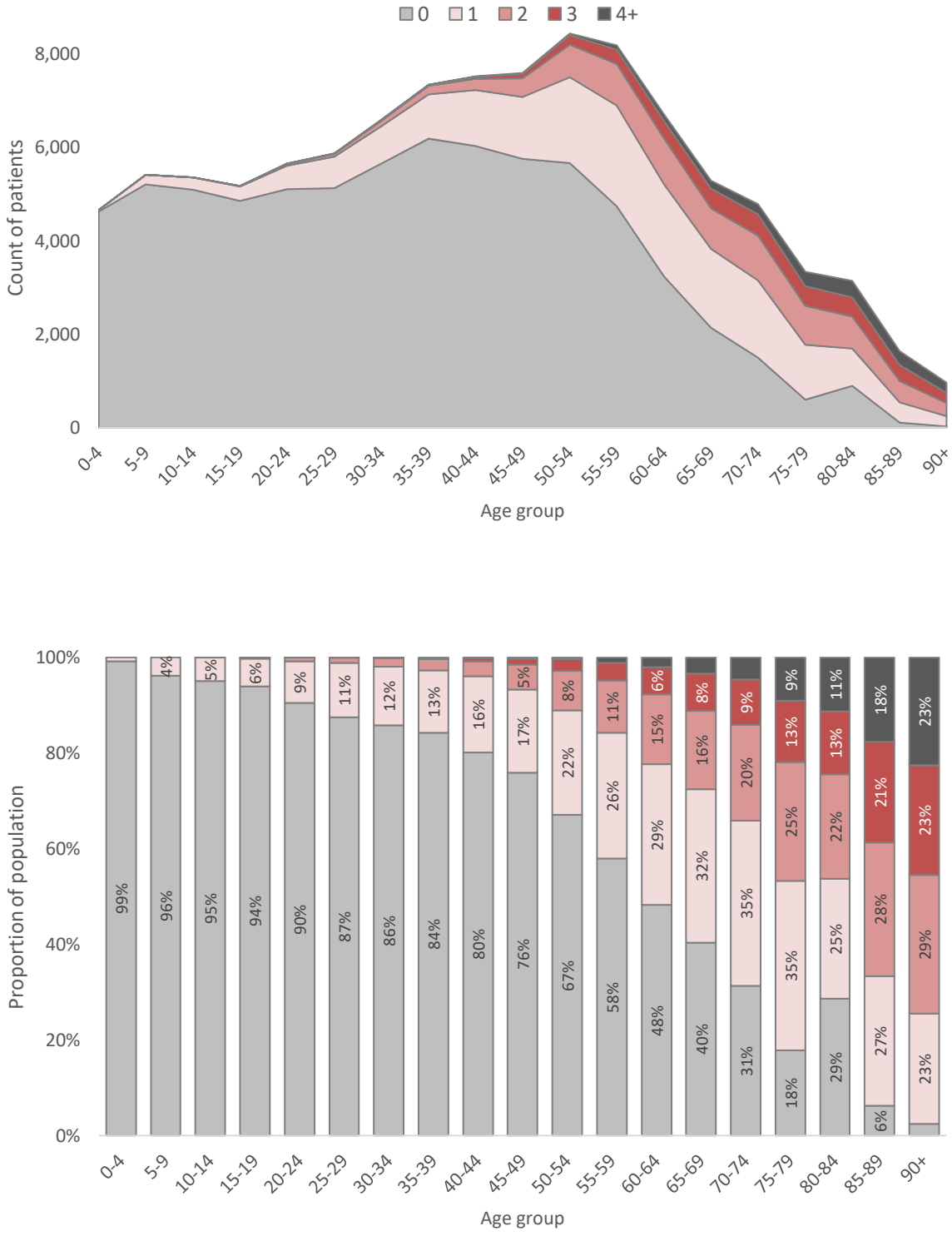
As you age, generally the number of morbidities you could possibly suffer with increases.

Figure 6.4a shows the distribution of multi-morbidity with age (by five-year age bands), and Figure 6.4b shows this expressed as a proportion of the population within each age band.

The data shows that:

- most people aged under 30 years do not suffer from any long-term conditions
- by age 65 over half of the population is suffering from 1 or more long-term conditions
- by age 85 over half of the population is suffering from 2 or more long-term conditions

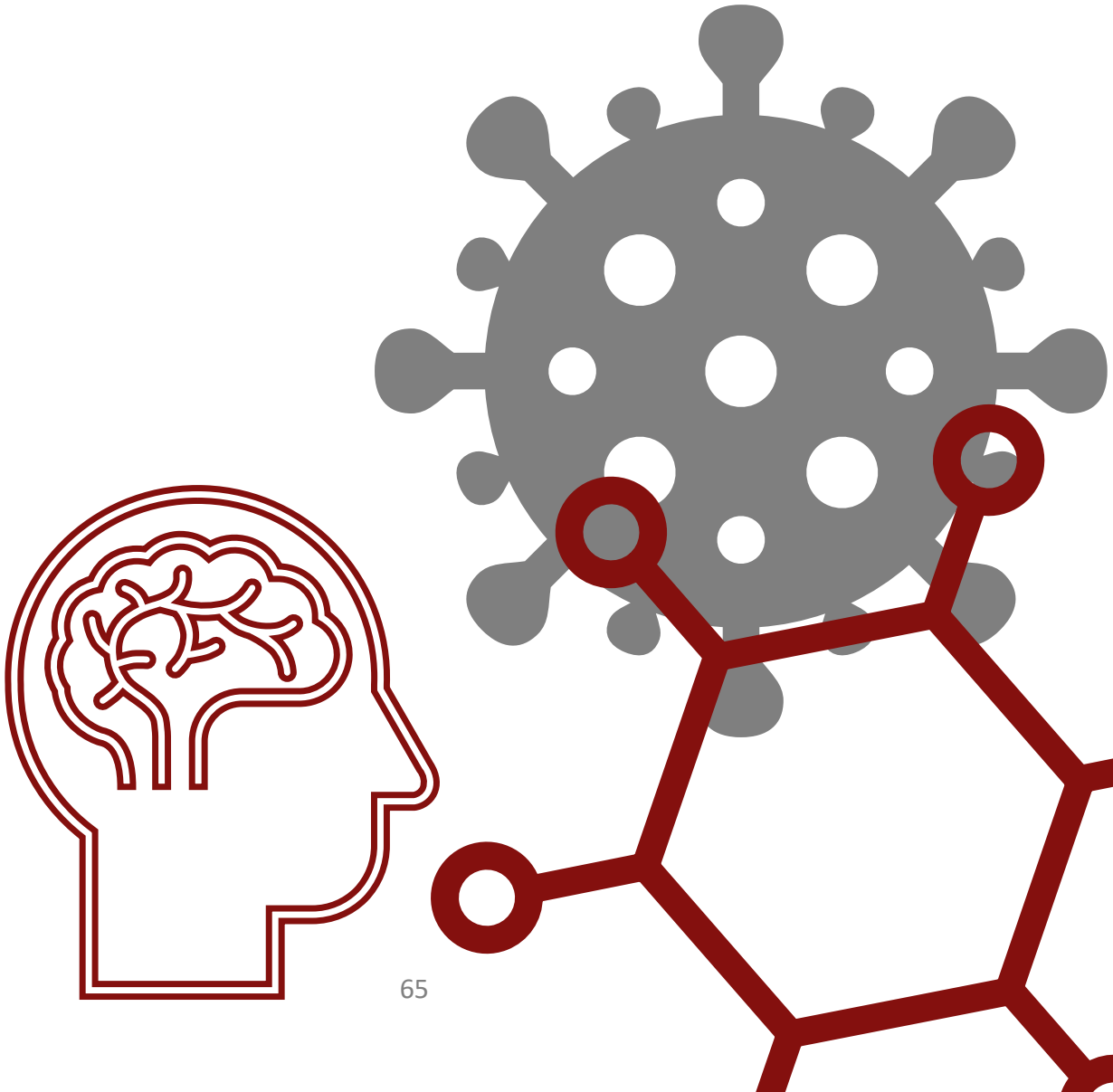
Figure 6.4. Number of long-term conditions by age; a) count of individual patients and b) proportion of population



Source: JQIF register

For further information, please refer to the Multi-morbidity Report[56] on www.gov.je.

Mental Health



Population Mental Wellbeing

In 2022, a Jersey Opinions and Lifestyle Survey (JOLS)[57] was conducted, asking people to rate the following out of 10:

- their life satisfaction
- their happiness
- to what extent they felt their life was worthwhile

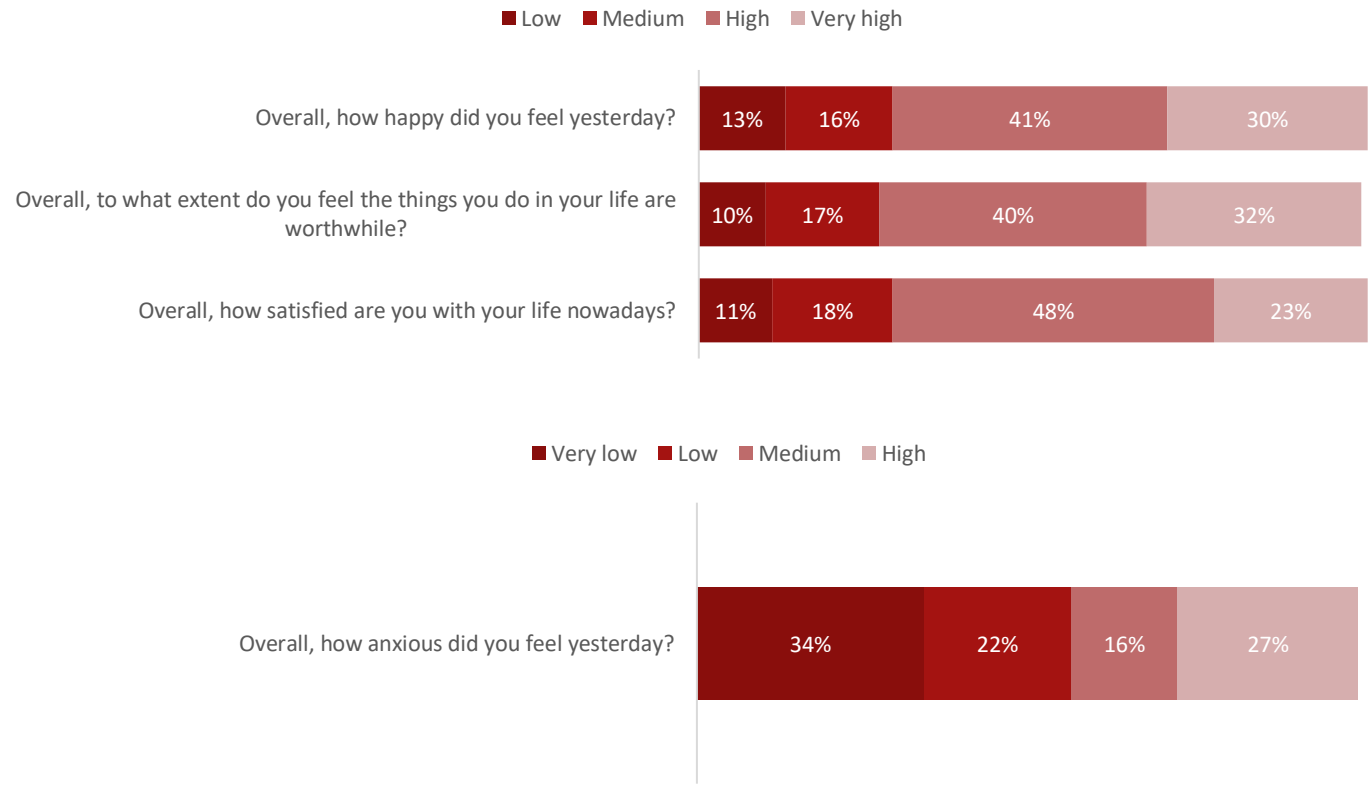
Scores of 0-4 were considered low, 5-6 were considered medium, 7-8 were considered high and 9-10 were considered very high.

The majority of people recorded high or very high scores for happiness (71%), satisfaction (71%) and feeling worthwhile (72%) (Figure 7.1). Around 1 in 5 people reported medium scores for each measure and around 1 in 10 scored low for satisfaction (11%) and feeling worthwhile (10%), whilst 13% of people scored low for happiness.

People were also asked how anxious they felt yesterday out of 10. Scores of 0-1 were considered very low, 2-3 were low, 4-5 were medium and 6-10 were considered high.

27% of people overall scored high for anxiety.

Figure 7.1. Happiness, life satisfaction, feeling worthwhile, and anxiety in Jersey. Jersey Opinions and Lifestyle Survey (2022)



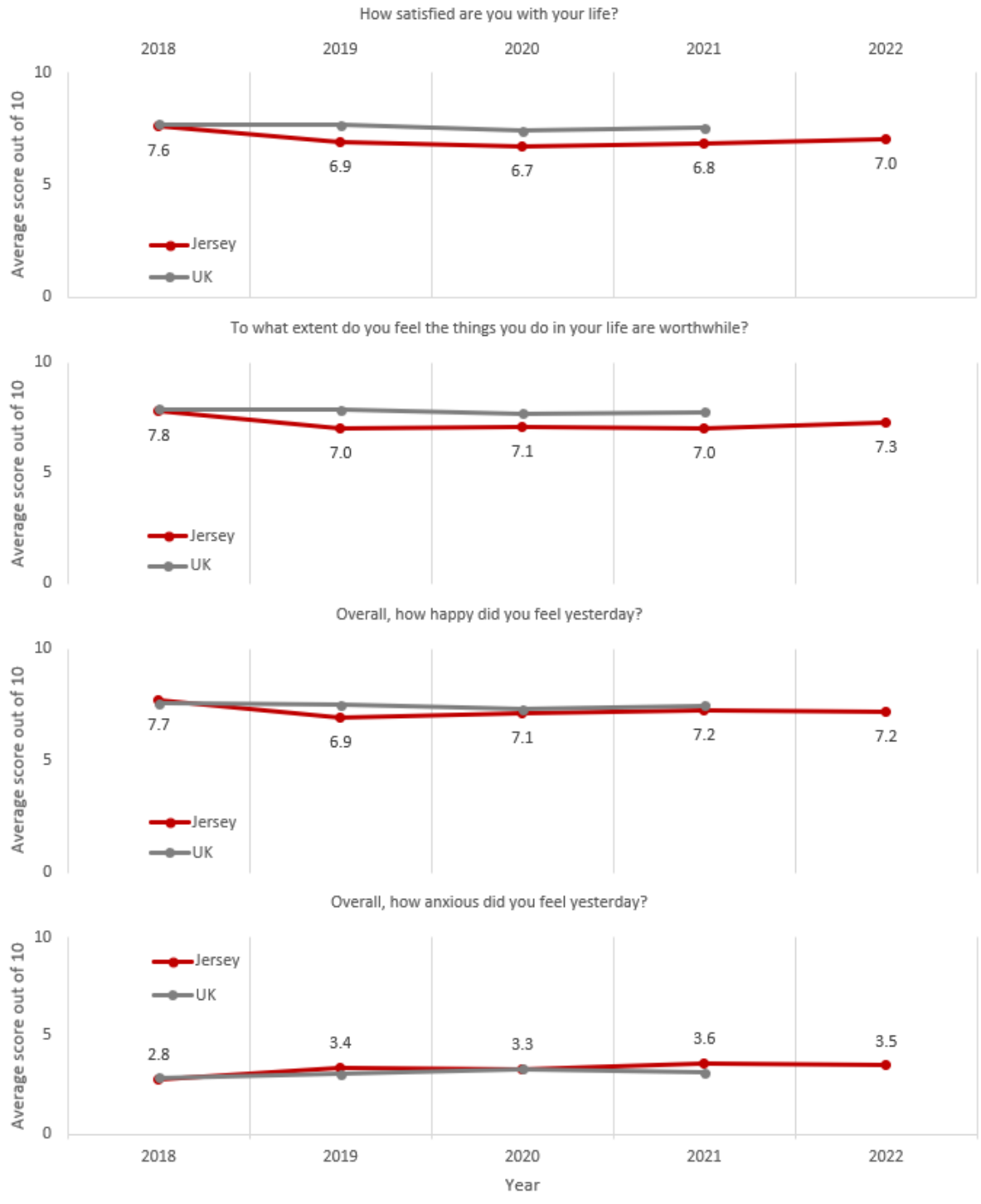
Source: JOLS 2022

Self-Reported Wellbeing

Average (mean) scores out of 10 for the wellbeing measures were similar to that over the past 5 years, at around 7 out of 10 for happiness, feeling worthwhile and life satisfaction. Average (mean) score out of 10 for feelings of anxiety was between 2.8 and 3.5 over the last 5 years.

Figure 7.2 presents self-reported scores collected from the JOLS (2018 to 2020 and 2022), and the HAWS Survey (2021).

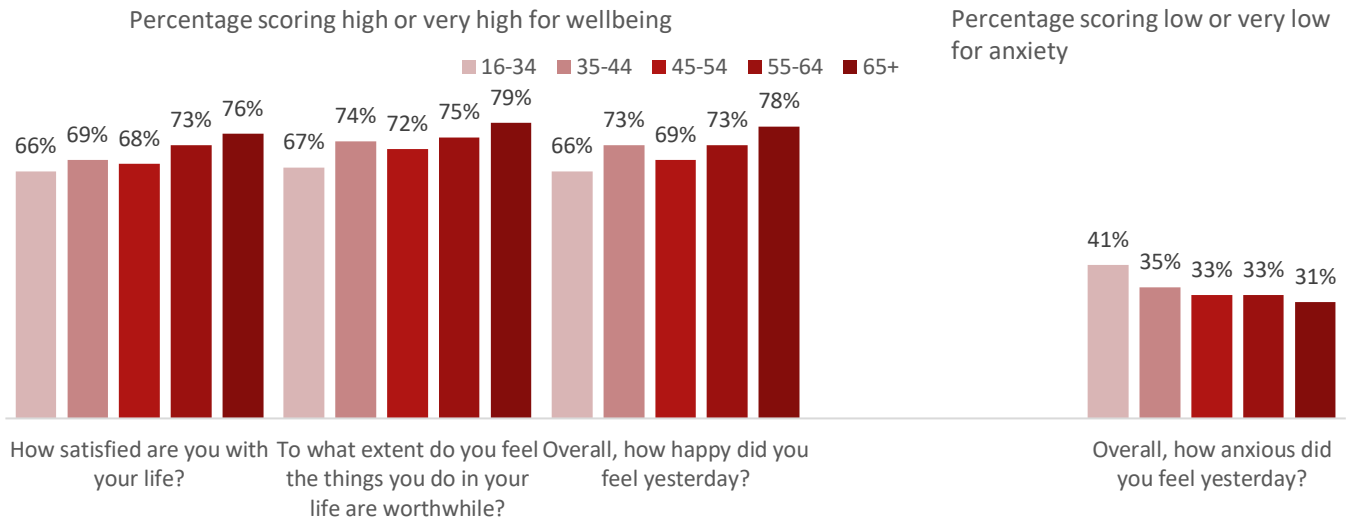
Figure 7.2. Happiness, life satisfaction feeling worthwhile, and anxiety scores between 2018 and 2022 from annual social surveys in Jersey, and in the United Kingdom[58]



Source: JOLS and HAWS

Across the three wellbeing measures, older people were more likely to score high or very high than younger people (Figure 7.3). Older people were also more likely to score low or very low for anxiety.

Figure 7.3. The percentage of respondents scoring high or very high for satisfaction, happiness and feeling worthwhile by age band

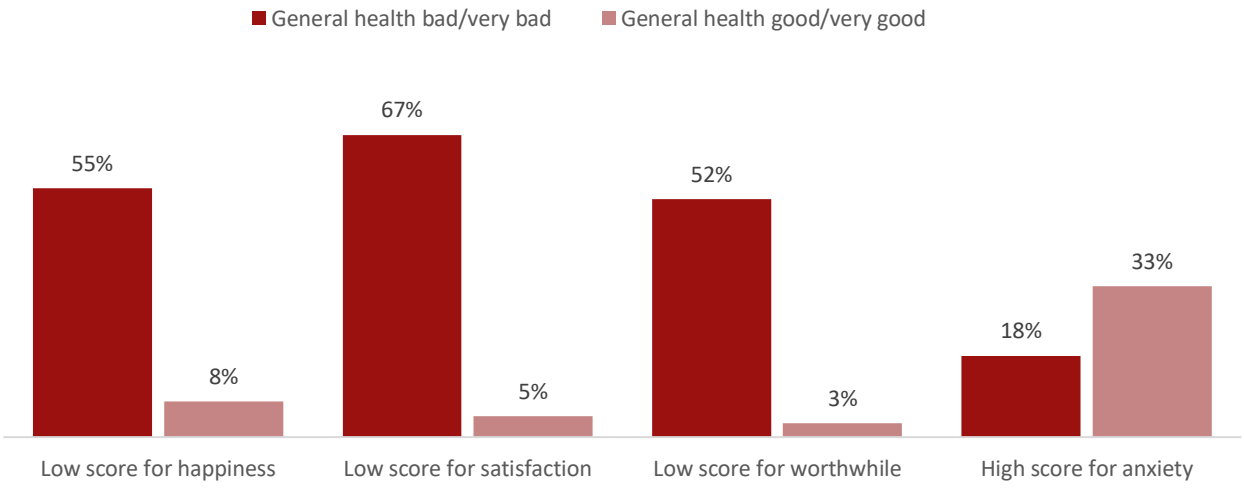


Source: JOLS 2022

In the 2021 Health, Activity, and Wellbeing Survey (HAWS), those who rated their health as 'bad' or 'very bad' were more likely to report low scores for life satisfaction (67%) than those who rated their health 'good' or 'very good' (5%), more likely to report low scores for feeling worthwhile (52% compared to 3%), and more likely to report low scores for happiness (55% compared to 8%) (Figure 7.4).

However, the proportion scoring high for anxiety was higher for those who reported being in good or very good health.

Figure 7.4. Percentage of people scoring low for happiness, satisfaction and feeling worthwhile, or high for anxiety, split by self-reported general health status (either bad/very bad, or good/very good) (2021)



Source: HAWS 2021

Socialisation and Loneliness

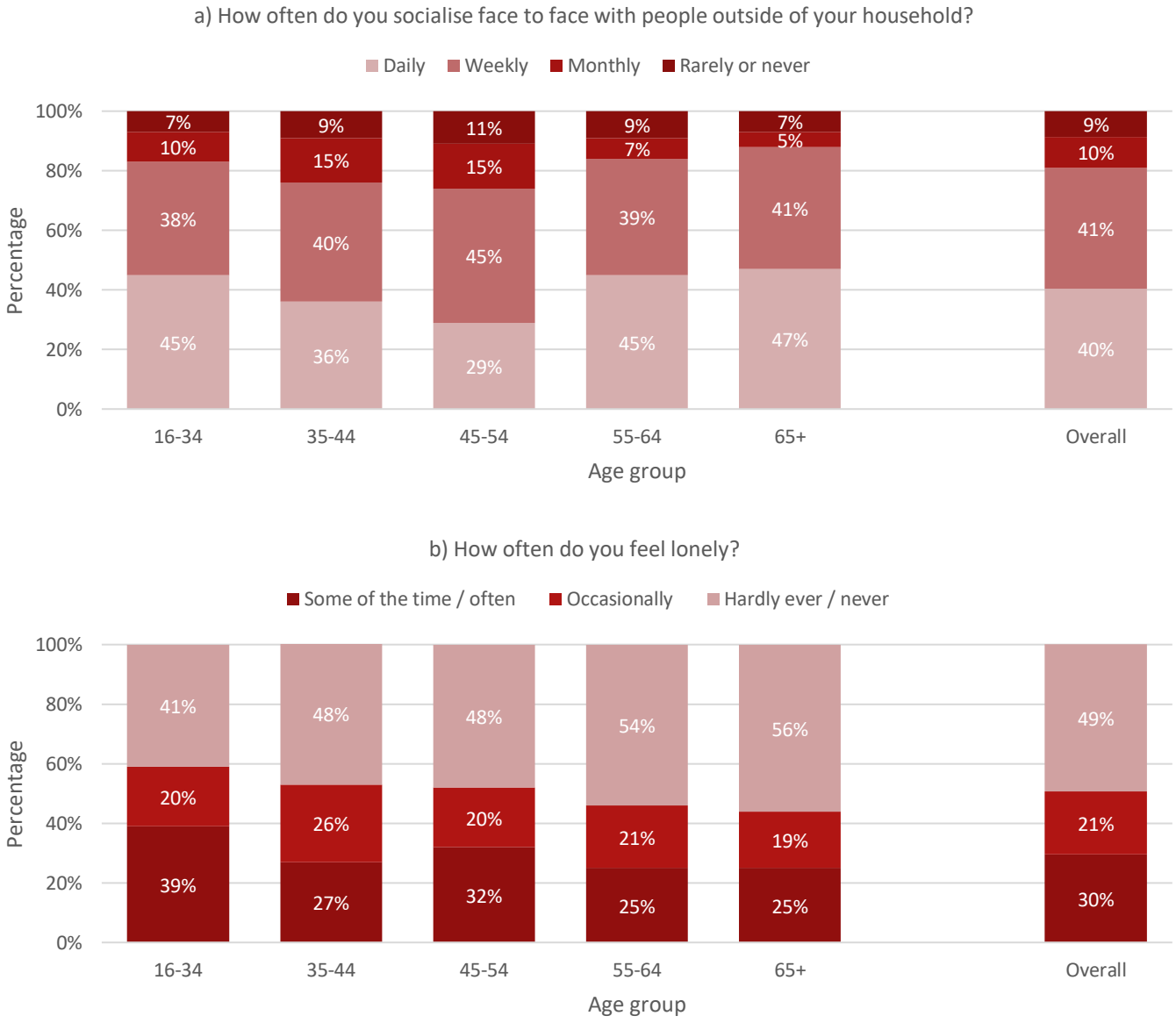
In Jersey, around 8,600 adults and around 5,460 pensioners were found to be living alone at the time of the 2021 Census.

The Jersey Opinions and Lifestyle Survey also asked people about how often they felt lonely, and how often they socialised face to face with people outside their own household.

Overall, in 2022, around 81% of people socialised face to face with people outside of their household daily or weekly, ranging from 74% of those aged 45-55 years to 88% of those aged over 65 years (Figure 7.5a).

Overall, 30% of people some of the time or often felt lonely, and this differed between age groups, ranging from 25% of those aged 55 years or over to 39% of those aged 16 to 34 years (Figure 7.5b).

Figure 7.5. Age break-down of answers to questions regarding a) the frequency of socialising face to face with people outside of your household, and b) the frequency of feeling lonely.



Source: JOLS 2022

Perceptions on Mental Health

Almost all respondents to the Jersey Opinions and Lifestyle Survey[59] (95%), agreed or strongly agreed that anyone can have mental health problems, but only 33% agreed that people were generally caring and sympathetic towards people with mental health problems.

36% of people agreed or strongly agreed that they wouldn't want people knowing about their mental health problem if they had one.

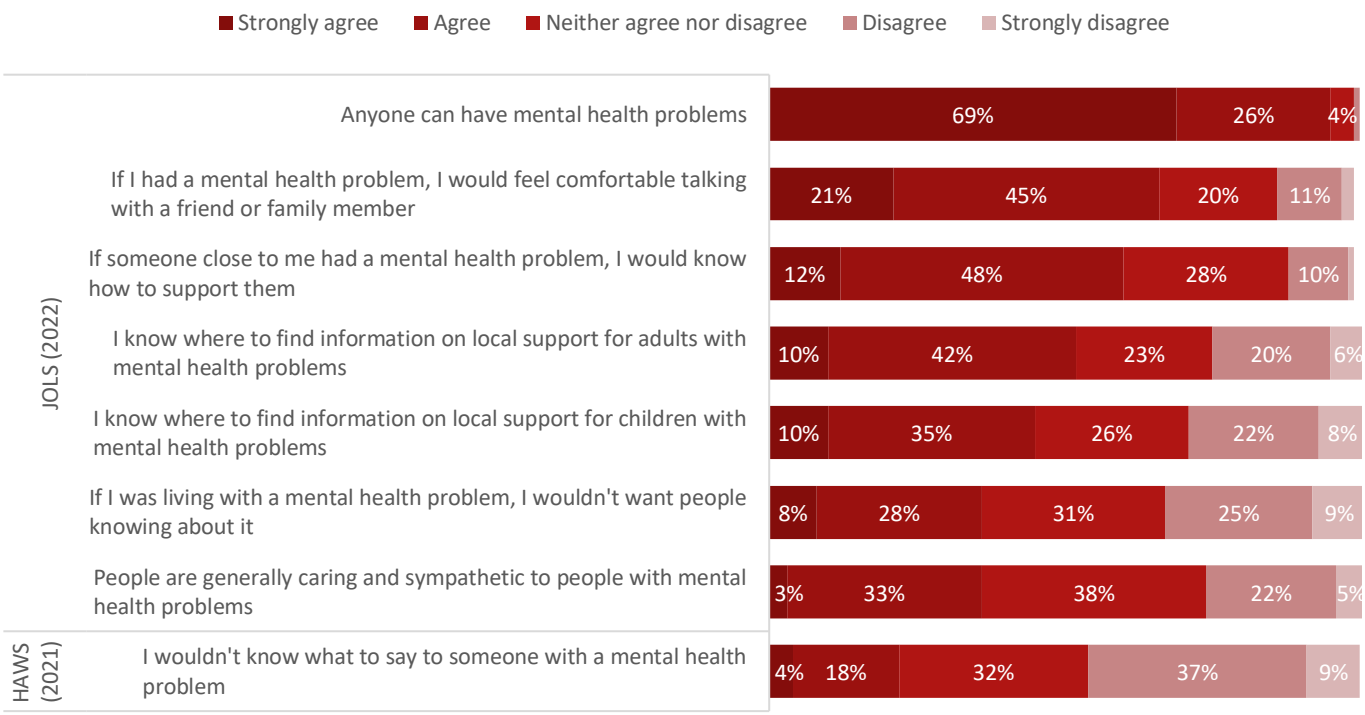
42% of people agreed that they knew where to find local information on mental health support for adults, and 35% of people agreed for Children support. 60% agreed or strongly agreed that if someone close to them had a mental health problem they'd know how to support them.

66% agreed or strongly agreed that they'd feel comfortable talking with a friend or family if they had a mental health problem, but 13% disagreed or strongly disagreed.

In 2021 the Health, Activity and Wellbeing Survey[60], 22% of people agreed or strongly agreed that they wouldn't know what to say to someone with a mental health problem.

Responses to questions on perceptions of mental health support are shown in Figure 7.6.

Figure 7.6. Responses to questions on perceptions of mental health and mental health support (JOLS 2022 and HAWS 2021)



Source: JOLS 2022 and HAWS 2021

Mental Healthcare

A register of people with certain mental health conditions is maintained by GP's (General Practitioners) as part of the Jersey Quality Improvement Framework (JQIF). This register includes those who are coded by GPs with schizophrenia, bipolar disorder and other psychoses and other patients on lithium therapy, and who are considered "active" at the time.[61]

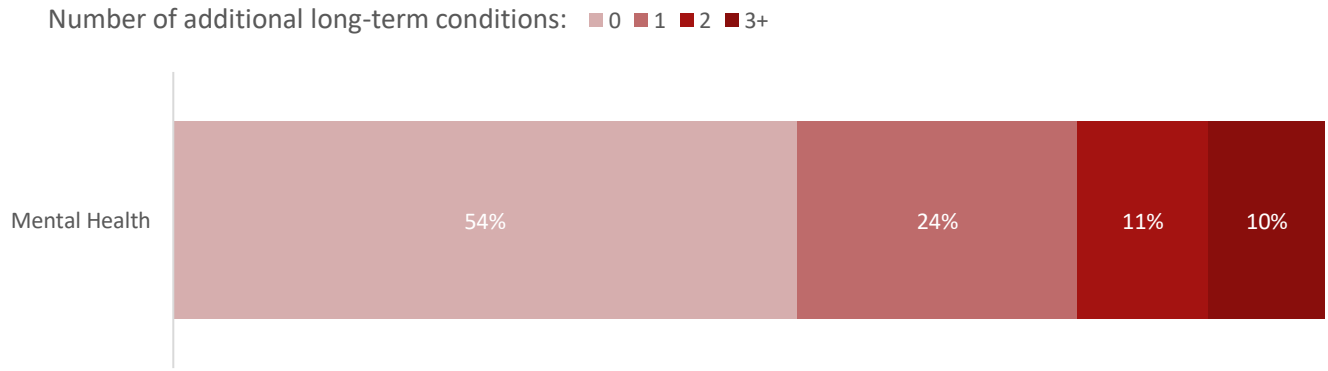
Note that the mental health register definition does not include milder and more common mental health problems such as depression, stress, and anxiety.

As at year end 2021:

- there were 825 people on the mental health register, around 1% of Jersey's population
- the prevalence in Jersey was comparable to data published in the Quality and Outcomes Framework (QOF) in England[62] for the period 2020 to 2021, where England also reported 1% prevalence.

The average age of patients on the register was 52, but those on the register ranged in age between 16 and 100 years old. Just under half of those on the mental health register were living with at least one additional long-term condition.

Figure 7.7. Patients on the mental health JQIF register with 0, 1, 2 or 3+ additional long-term conditions, as at year end 2021



Source: JQIF register

Both **Jersey** and **England** reported around **1%** of their population being on the mental health register for period 2020 to 2021

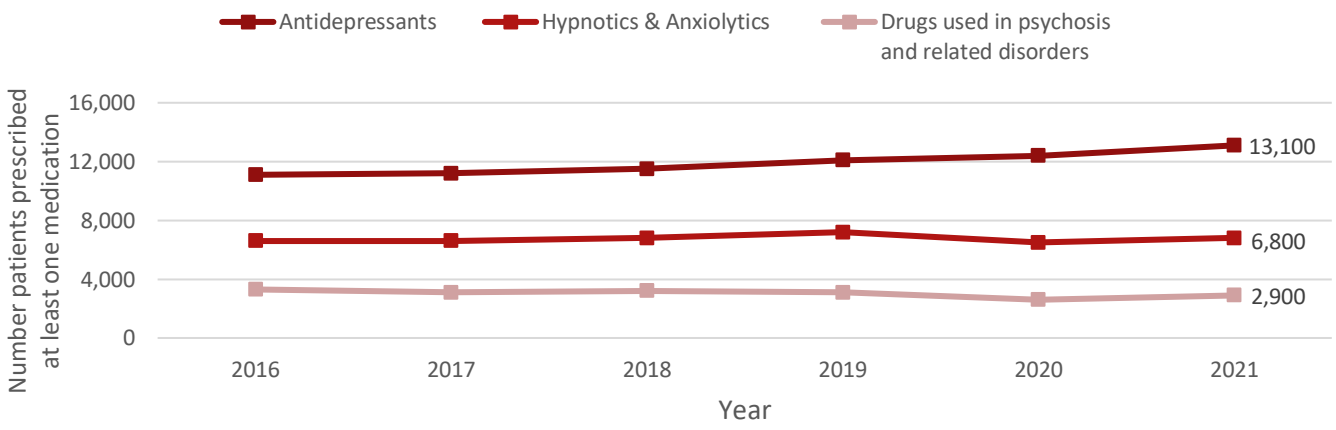
This section reports on the number of identified patients that have received prescribing for medicines used to improve mental health. Three of the main categories of medicines for the treatment of mental health problems are:

- antidepressants (to treat major depression)
- hypnotics & Anxiolytics (used to treat insomnia and anxiety)
- drugs used in psychosis and related disorders (to treat psychoses and related disorders)

Please note that the medicines are classified according to their main original licensed use. However, some drugs are used for reasons other than their original licensed indication29, and the prescription data presented cannot be disaggregated by reason for prescription. This prescription data should therefore be considered indicative only.

- the number of patients prescribed at least one antidepressant item has risen by 18% over the past 6 years
- the number of patients prescribed at least one hypnotics and anxiolytic item has remained similar over the past 6 years
- while there was a slight increase between 2020 and 2021, the number of patients prescribed an antipsychotic has fallen by 12% since 2016

Figure 7.8. Number of patients prescribed at least one item from the three drug groups (2016 to 2021)



Source: JGIF register

In England, NHS data shows that in 2020, 14% of the population in England received, and had dispensed, one or more anti-depressant prescriptions. This compares to around 13% of the Jersey population being prescribed an antidepressant medication in 2021.

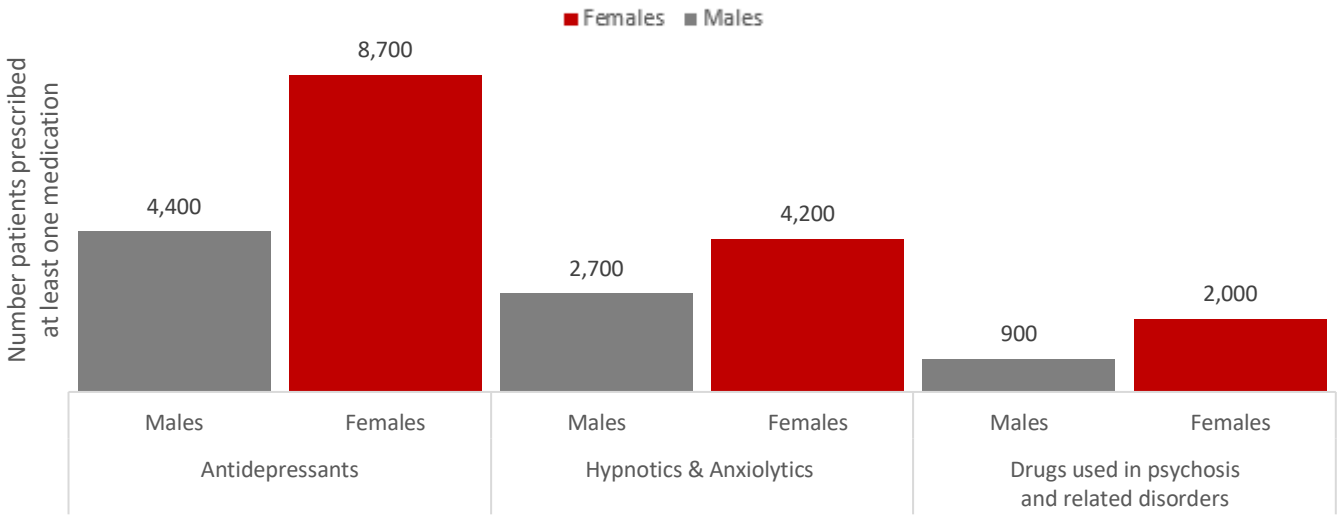
Table 7.1. Proportion of population prescribed at least one item from the three drug groups. Data sourced from the General Practitioner Central Server (GPCS), EMIS

Medicines used in Mental Health	*Jersey (2021)*	*England (2020)*
Hypnotics and anxiolytics	7%	3%
Drugs used in psychoses and related disorders	3%	1%
Antidepressant drugs	13%	14%

Source: JQIF register

There were more medicines prescribed to females than males, across the three drug groups considered (Figure 7.9).

Figure 7.9. Number of patients prescribed at least one item from the three drug groups in 2021, split by gender

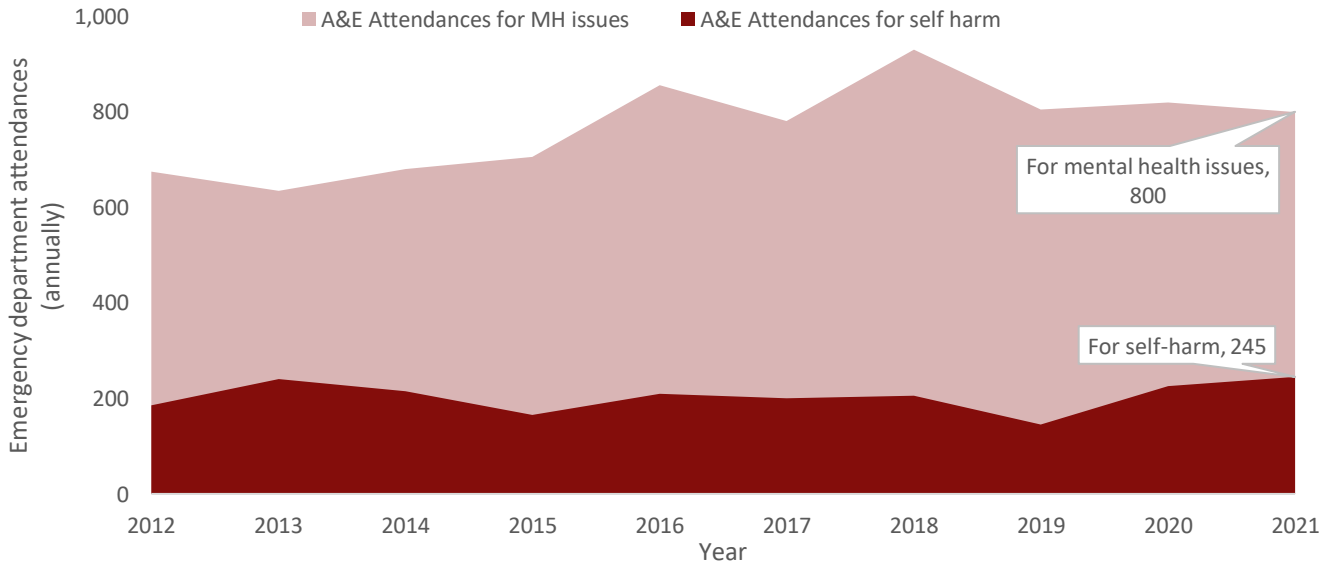


Source: JQIF register

Patients attending Accident and Emergency (A&E) are assigned a diagnosis category, including categories for mental health related problems.

In 2021, there were 800 ED attendances for mental health-related problems. 245 of these ED attendances were related to self-harm.

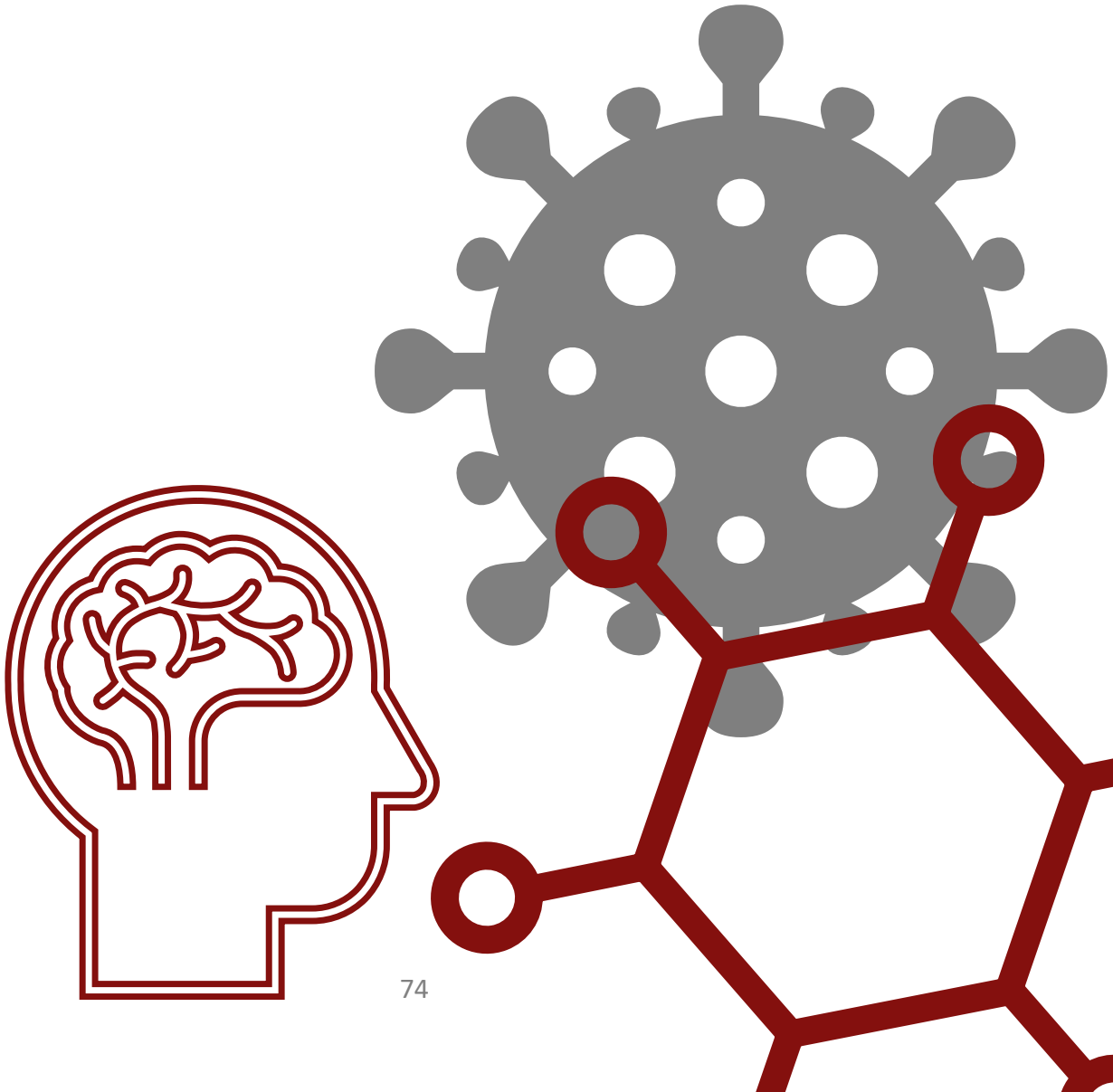
Figure 7.10. Accident and Emergency (A&E) attendances for mental health issues, and the number of which were self-harm related in Jersey (2012 to 2021)



Source: TrakCare

For further information, please refer to the Mental Health Profile[63] on www.gov.je.

Sexual Health



Teenage Conceptions (Under 16)

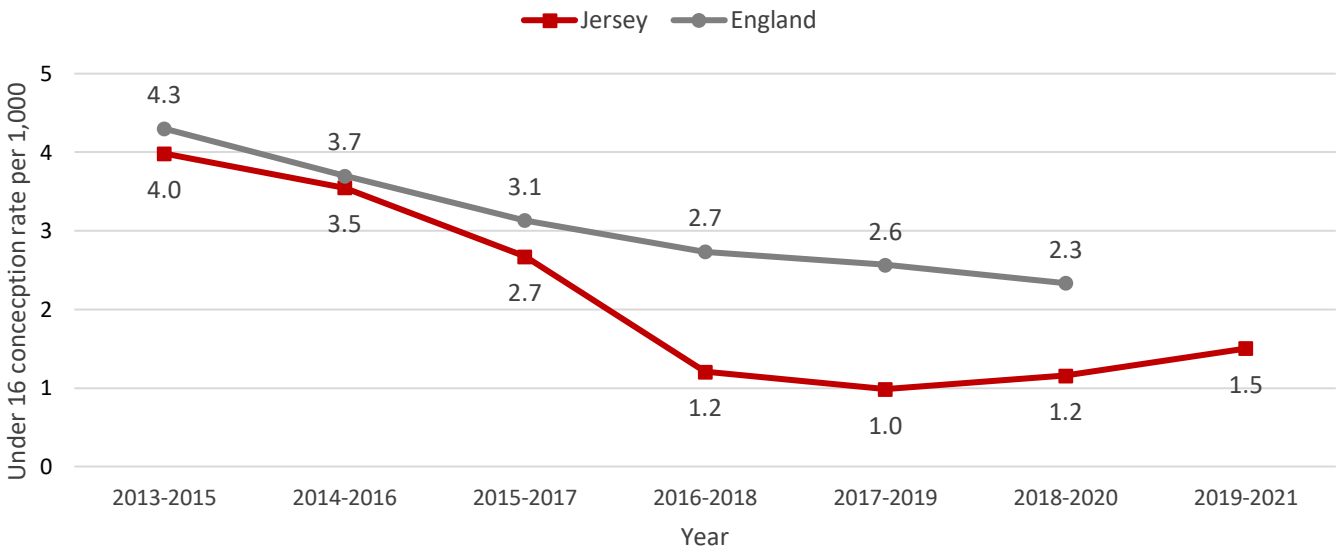
During the period of 2019 to 2021, there were under 10 teenage conceptions under 16. The latest conception rate for Jersey at a 3-yearly average is 1.5 for 2019-2021.

Comparing Jersey with England's[64] latest data (2018-2020), Jerseys teenage conception under 16 rate is slightly lower.

Throughout the years of 2013 to 2021, in total, 27% of teenage conceptions under 16 have ended in a termination.

Under 16 Teenage Conceptions Rate
The under 16 teenage conception rate looks at the total number of live births, stillbirths, and terminations amongst females aged 13-15 years of age, compared to the overall number of females in that age group.

Figure 8.1. Under 16 conception rates per 1,000 (2013-2015 to 2019-2021)



Source: HCS/Public Health, England: Fingertips

Teenage Conceptions (Under 18)

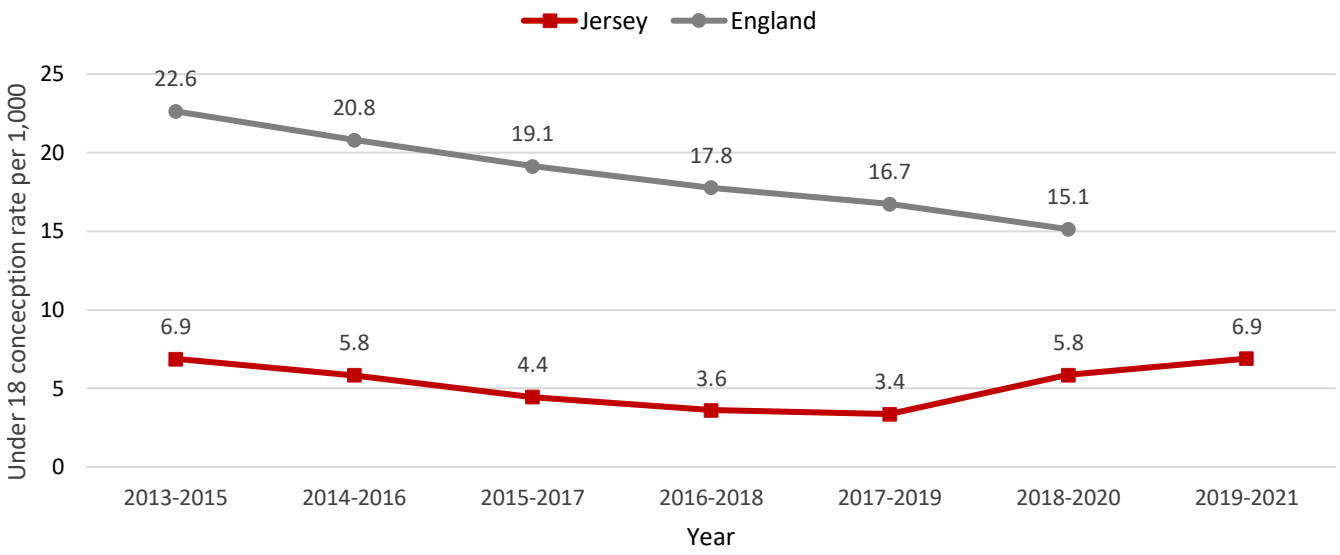
During the period of 2019 to 2021, there were under 40 conceptions. The latest teenage conception under 18 rates for Jersey at a 3-yearly average is 6.9 for 2019-2021.

Comparing Jersey with England's[65] latest data (2018-2020), Jersey's conception rate is considerably lower.

Throughout the years of 2013 to 2021, in total, 68% of teenage conceptions under 18 have ended in a termination.

Under 18 Teenage Conceptions Rate
The under 18 teenage conception rate looks at the total number of live births, stillbirths, and terminations amongst females aged 15-17 years of age, compared to the overall number of females in that age group.

Figure 8.2. Under 18 conception rates per 1,000 (2013-2015 to 2019-2021)

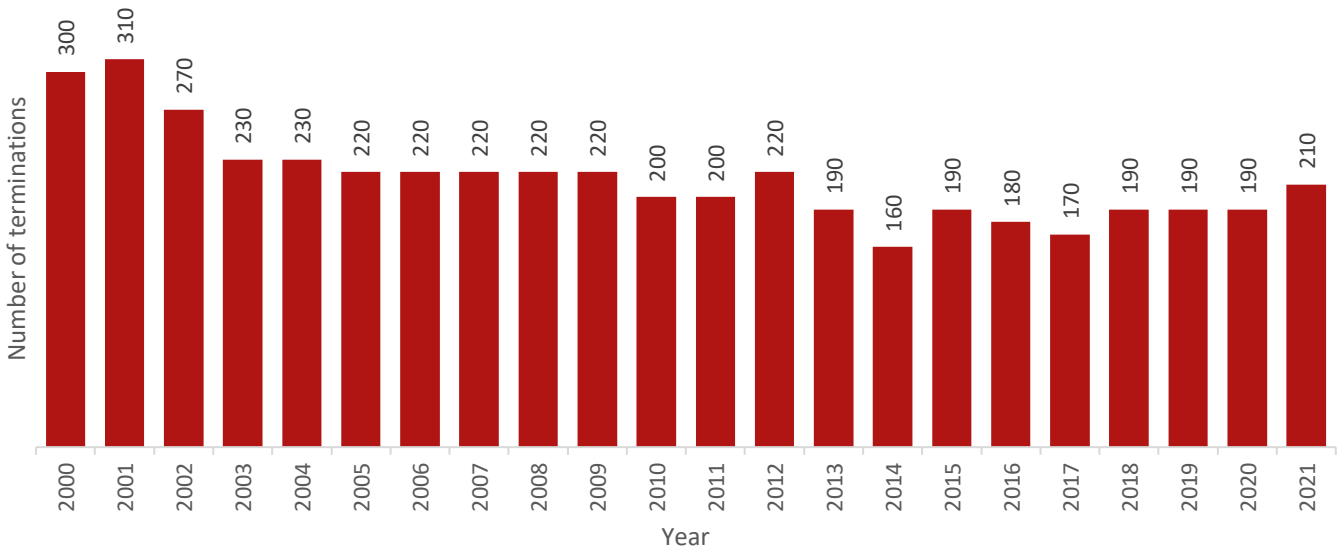


Source: HSS/Public Health, England: Fingertips

Terminations of Pregnancy

In 2021 there were 210 abortions notified as having taken place in Jersey. Since the year 2000, annual abortions decreased by around 90 in total, the highest number of abortions took place in 2001 (310) (Figure 8.1).

Figure 8.1. Number of abortions carried out annually in Jersey (2000 to 2021)

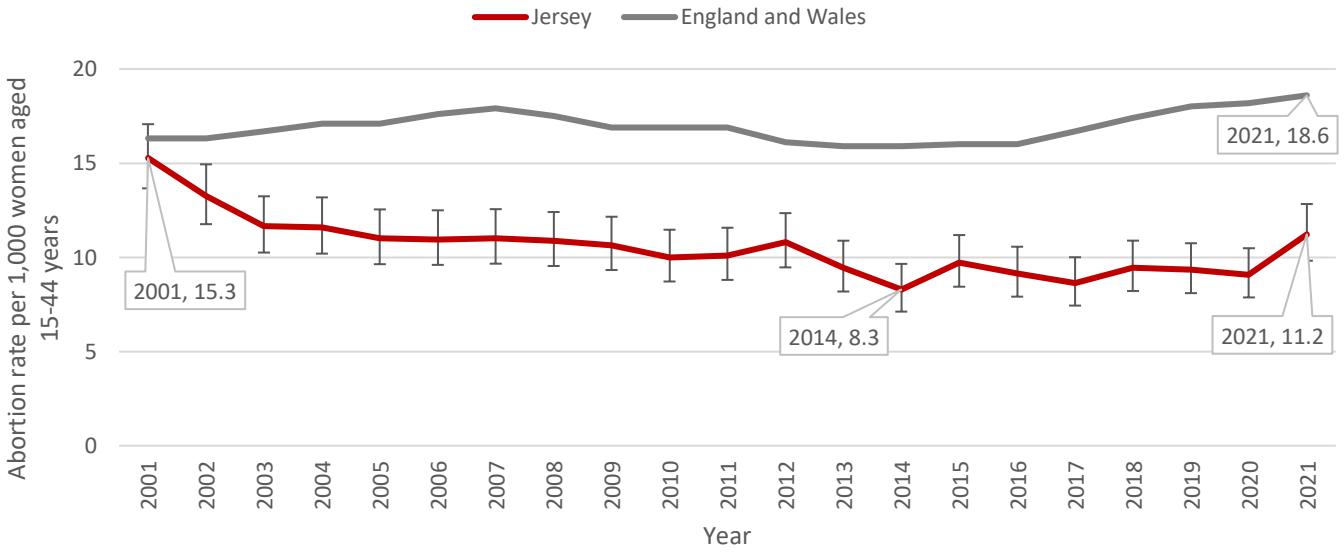


Numbers are rounded to the nearest 10
Source: HCS/Public Health

The abortion rate in Jersey for 2021 was 11.2 per 1,000 women aged 15-44 years. The rate has not changed significantly over the period 2005 to 2021. England and Wales[66] abortion rate for 2021 was 18.6, this is higher than that of Jersey (Figure 8.2).

Guernsey's abortion rate[67] was 9.9 per 1,000 woman aged 15-44 years, for the period 2013-2015. This is the latest published rate available, published by Guernsey's Medical Officer of Health.

Figure 8.2. Annual abortion rate per 1,000 women aged 15-44 years in Jersey (2001 to 2021)



Source: HSS/Public Health

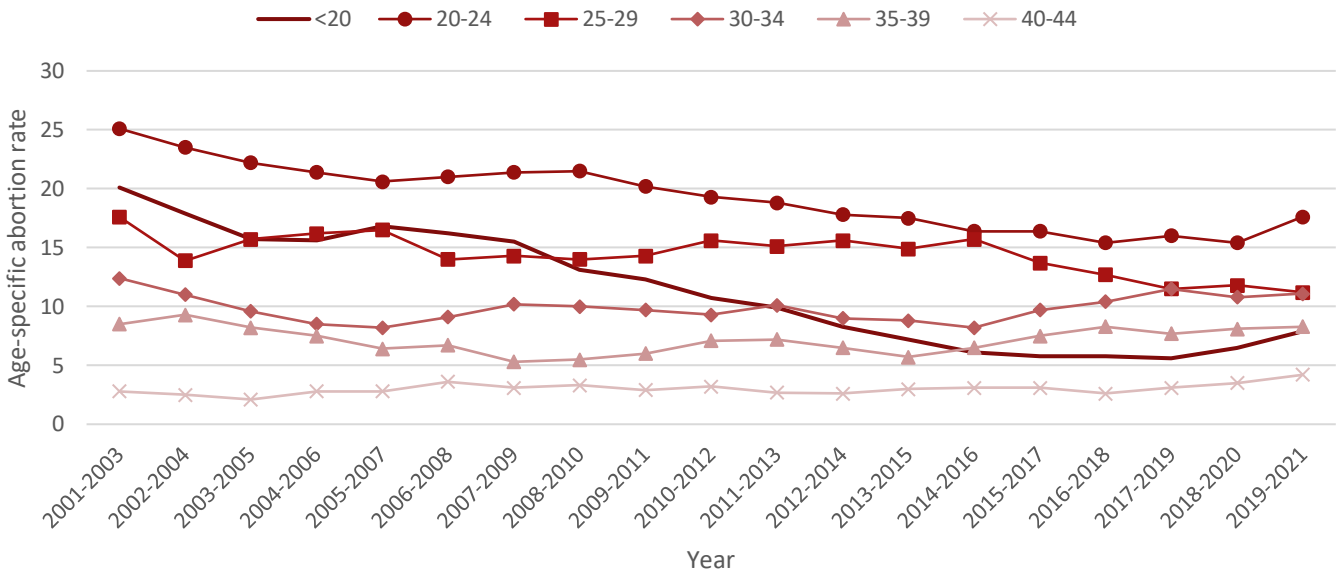
Looking at the latest period (2019-2021) for age specific abortion rates, the age group with the highest abortion rate in Jersey was 20–24-year-olds with a rate of 17.6, and the age group with the lowest abortion rate was 40-44-year-olds (4.2) (Figure 8.3).

Abortion rates have shown some changes throughout the last two decades (Figure 8.3).

Comparing 2001-2003, 3 yearly averages with the latest 3 yearly average of 2019-2021:

- the age group with the largest decrease over time was amongst those aged 20 and under (61% decrease)
- the age group with the least change over time was those aged 35-39 and 40-44 years, with the rate remaining similar since 2001-2003.

Figure 8.3. Age-specific abortion rates in Jersey, 3-year averages (2001-2003 to 2019-2021)



Source: HSS/Public Health

The World Health Organisation[68] recently published the latest numbers for abortions per 1,000 live births around Europe.

Out of 48 countries within Europe (where comparable data was available), Jersey ranks between 16th and 17th place with 235 abortions per 1,000 live births in 2021.

Table 8.1. Top 10 highest abortion per 1,000 live births and other countries of with latest comparable data, European countries (2015, 2019 to 2021)

Rank	Country	Abortions per 1,000 live births	Year
1	Georgia	409	2020
2	Bulgaria	355	2019
3	Russian Federation	351	2019
4	Republic of Moldova	340	2019
5	Sweden	316	2019
6	Armenia	315	2019
7	United Kingdom	312	2019
8	France	306	2019
9	Hungary	289	2019
10	Spain	276	2019
16	Romania	238	2019
-	**Jersey***	**235**	**2021**
17	Greece	235	2015
25	Portugal	176	2019
32	Germany	130	2019
35	Ireland	111	2019
36	Switzerland	110	2019
46	Poland	3	2019

*Source: *HCS/Public Health, EU: WHO*

For further information, please refer to the Termination of Pregnancy Report[69] on www.gov.je.

Sexually Transmitted Infections (STIs)

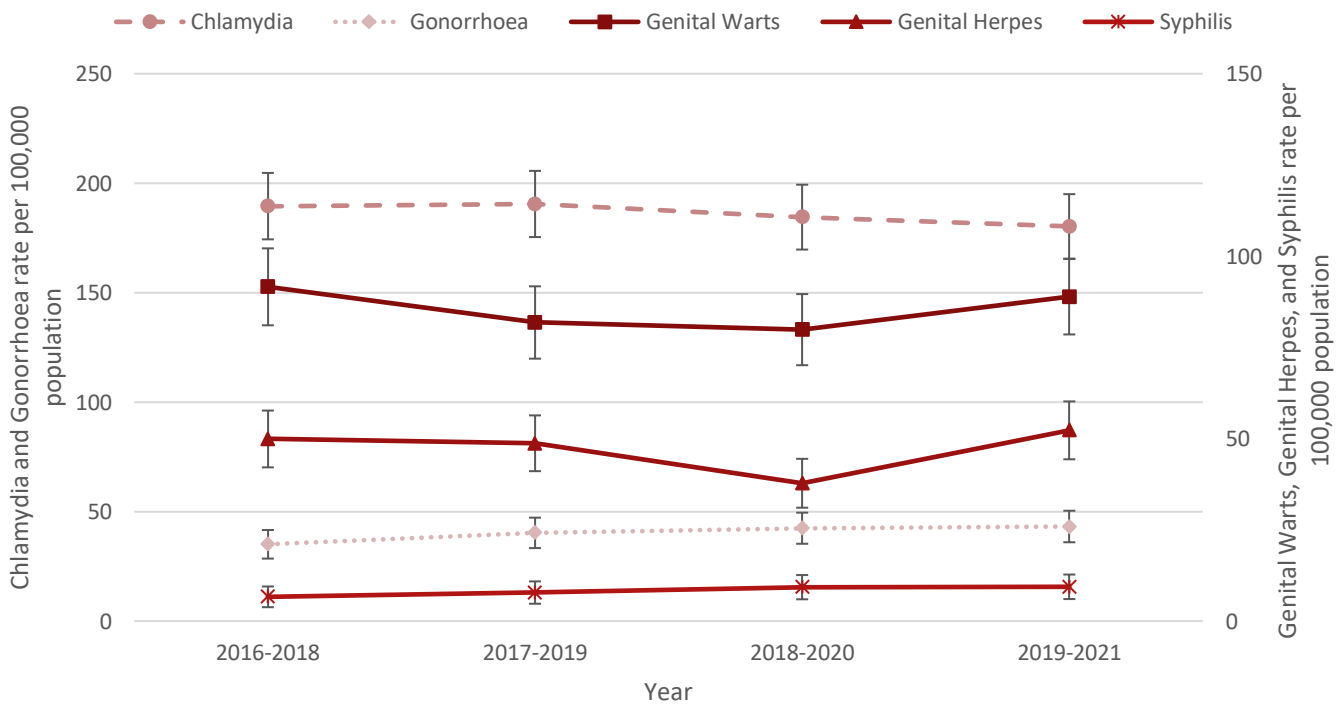
During the period of 2016 to 2021, there were in total around 2,375 sexually transmitted infections (STIs) diagnosed in Jersey.

The most diagnosed STI was chlamydia (50%) followed by genital warts (24%), genital herpes (14%), gonorrhoea (10%), and syphilis (2%).

Rates of STI's have stayed statistically similar since 2016.

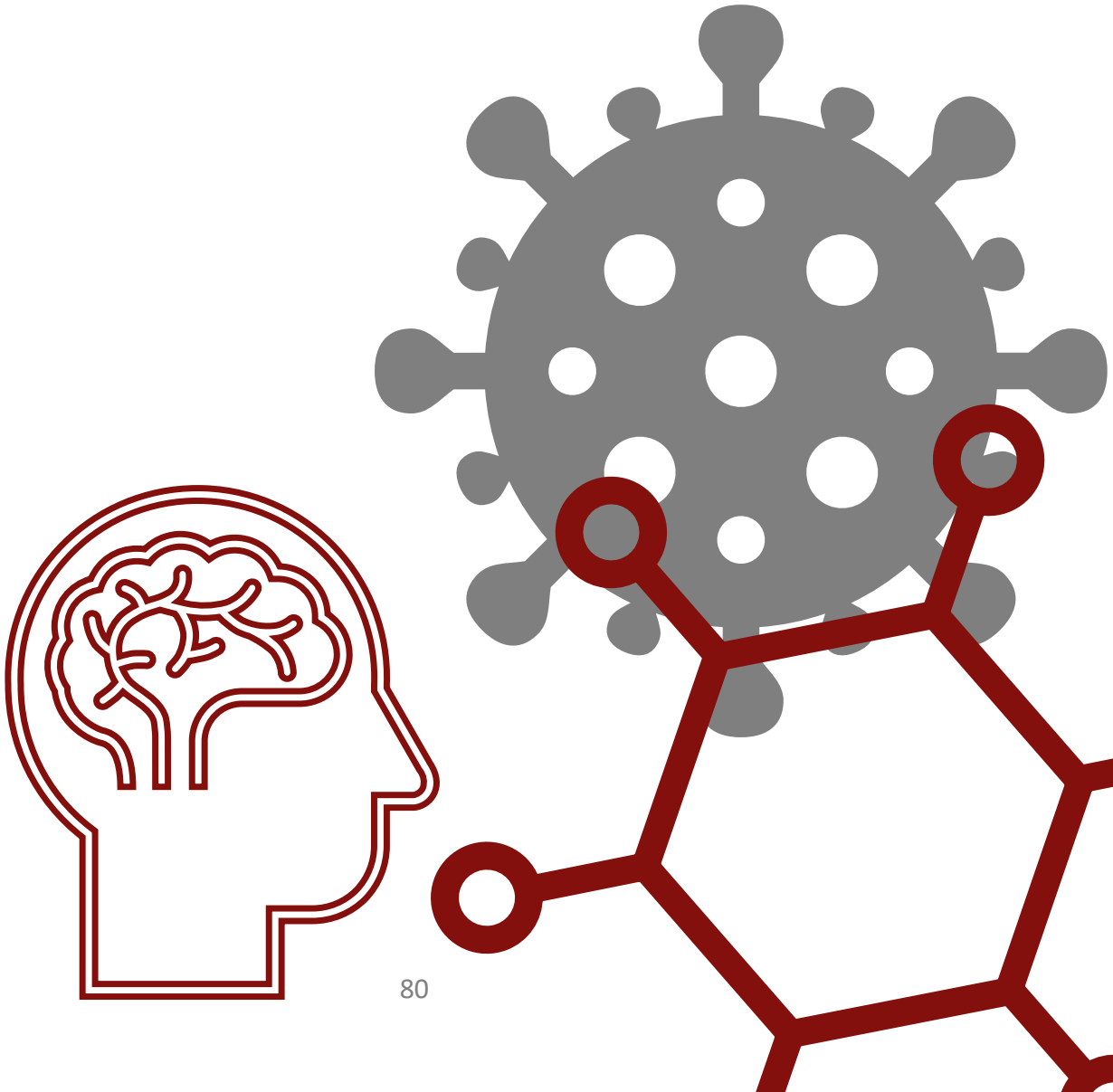
- numbers for chlamydia and gonorrhoea will include reinfections and may have some double counting due to swabs being sent to the lab from the Sexual Health Clinic (GUM) and GP's for confirmation result
- numbers for genital warts, genital herpes and syphilis represent people who have been diagnosed and attended the Sexual Health Clinic (GUM) only

Figure 8.4. Sexual health indicators for Jersey (2016-2018 to 2019-2021)



Source: OMNI and Sexual Health Clinic (GUM)

Disease Prevention and Early Detection



Childhood Immunisation Coverage

The World Health Organization (WHO) recommends that at least 95% of children are immunised against diseases preventable by immunisation and targeted for elimination or control. Jersey has achieved this 95% target in almost all cases (Table 9.1).

By 12 months of age:

In 2021, 97% of children were reported to have completed:

- their primary course of 3 doses of the 6-in-1 (DTaP/IPV/Hib/HepB), in 2020 coverage was 98%. In England,[70] 92% was acheived.
- a primary immunisation course of pneumococcal conjugate vaccine (PCV)
- an uptake of the two-dose primary course of meningococcal B vaccination (MenB)

96% of children in Jersey completed the uptake of two courses of the rotavirus vaccine. In England, 90% was acheived.

By 2 years of age:

In 2021:

- 99% of children completed the uptake of the DTaP/IPV/Hib(Hep) (6-in-1) vaccine at in Jersey. This coverage is similar to the previous year, when it was 98%.
- 96% of children completed MMR1, this uptake in vaccine has remained above the WHO target of 95% for the fifth year in a row. In England 89% of children completed their 1st dose of the MMR vaccine
- 96% of children received the combined haemophilus influenzae type b and meningitis C vaccine (Hib/MenC)
- 96% of children received the pneumococcal conjugate vaccine (PCV). In England 89% of children had completed a booster course of PCV
- uptake of MenB booster at 24 months was 96%

By 5 years of age:

In 2021:

- 97% of children were reported to have completed the first dose of MMR, this uptake in vaccine has remained at or above the WHO target of 95% since 2012. In England, the 95% target was reached for the first and only time in 2016-17
- uptake of the Hib/MenC was 97%, meeting the WHO target for the fourth consecutive year

95% of children were reported to have completed the uptake for the second dose of the MMR vaccine. This was higher than that in England, where 86% of children received their first and second dose of MMR.

94% of children were reported to have completed the uptake for the DTaP/IPV booster (sometimes referred to as the 4-in-1 booster). The 95% target was reached for the first time in 2020 (96%)

Table 9.1. provides further details on childhood vaccinations between Jersey, UK, and Guernsey[71].

Table 9.1. Coverage of childhood vaccination in Jersey (2021), UK (2021-2022), and Guernsey (2014, most recent coverage information available)

		2021	2021-2022				2014
	Vaccinations	Jersey	England	Northern Ireland	Scotland	Wales	Guernsey
By 12 months of age	DTaP/IPV/Hib/HepB	97%	92%	94%	96%	95%	96%
	MenB	97%	92%	94%	96%	95%	
	Rotavirus	96%	90%	91%	94%	93%	
	PCV	97%	94%	95%	96%	97%	96%
By 2 years of age	DTaP/IPV/Hib/HepB	99%	93%	95%	97%	96%	98%
	Hib/MenC	96%	89%	92%	94%	94%	
	MMR1	96%	89%	92%	94%	94%	96%
	MenB	96%	88%	91%	94%	94%	
	PCV	96%	89%	92%	94%	94%	
By 5 years of age	DTaP/IPV	94%	84%	90%	93%	91%	
	Hib/MenC	97%	92%	95%	96%	95%	
	MMR1	97%	94%	97%	97%	96%	
	MMR2	95%	86%	89%	92%	91%	

Source: Careplus

Human Papillomavirus Vaccine (HPV)

The HPV vaccination programme is a school-delivered programme offered to Year 8 pupils aged 12 to 13 years using a two-dose schedule. From September 2019, the HPV immunisation programme was expanded to a universal programme, with boys in school Year 8 offered the free HPV vaccine for the first time.

Please note that the HPV Programme was delayed in 2021-2022, as a result of the COVID-19 pandemic. The first dose was given in September/October 2021 (when in Year 8); the second dose of HPV vaccination was postponed until September 2022 when children from that cohort were in Year 9.

Since March 2020, the coronavirus (COVID-19) pandemic has led to some disruption of school based immunisation programme delivery in England. The routine school-aged HPV immunisation programme was delivered throughout England in the 2021 to 2022 academic year and was delivered alongside an ongoing offer of catch-up for the cohorts who missed out on their vaccines in the 2019 to 2020 and 2020 to 2021 academic years.

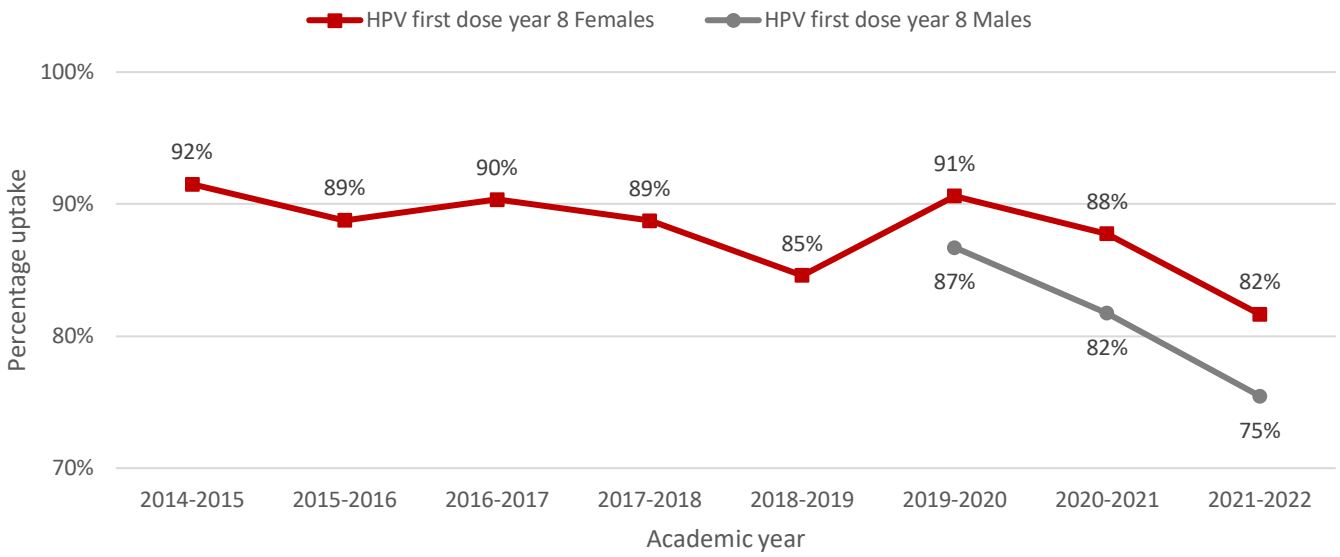
First dose:

- in 2021-2022, HPV vaccine coverage of the first dose for Year 8 females (born 1 September 2008 to 31 August 2009) was 82% in Jersey. This was lower when compared to the previous academic year in 2020-2021 where 88% of Year 8 females received the first dose
- in 2021-2022, HPV vaccine coverage of the first dose for Year 8 males (born 1 September 2007 to 31 August 2008) was 75% in Jersey. This was also lower than the previous academic year in 2020-2021 where 82% of year 8 males received the first dose

Second dose:

- in 2021-2022, HPV vaccine coverage in Jersey for females completing a delayed 2-dose HPV schedule by Year 9 was 87%, similar to that seen in 2020-2021 (88%)
- in 2021-2022, HPV vaccine coverage for males completing a delayed 2-dose HPV schedule by Year 9 was 80%

Figure 9.1. Percentage of annual HPV vaccine uptake completing the first dose by academic year (2014-2015 to 2021-2022)



Source: Child health information system

Jersey has the second best coverage for the uptake of one dose of HPV vaccine in both females and males, when comparing to the devolved nations of the UK (Table 9.2).

Table 9.2. Percentage of annual HPV vaccine priming dose uptake for Jersey and the UK[72] (2020-2021 and 2021-2022)

Academic year	Country	Female cohort uptake of one dose	Male cohort uptake of one dose
2021-2022	**Jersey (Year 8)**	82%	76%
2021-2022	**England (Year 8)[73]**	70%	62%
2020-2021	**Scotland (S2)**	83%	78%
	Wales (Year 8)	75%	69%
	Northern Ireland (Year 9)	67%	61%

Source: Child health information system

Teenage Booster (Td/IPV) and Meningococcal (Menace) Vaccine Uptake

The Td/IPV vaccine, also known as the teenage booster or 3-in-1 vaccine is the fifth dose in the routine immunisation schedule for tetanus, diphtheria, and polio; for most students, the 3-in-1 vaccine completes the course.

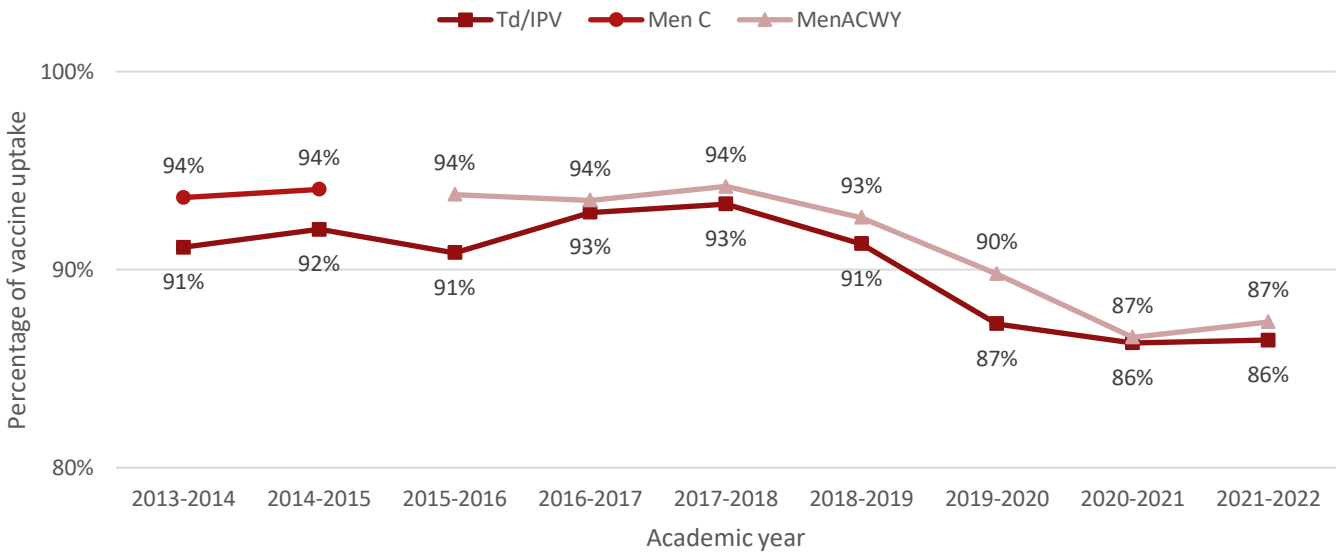
The teenage MenACWY vaccine provides protection against meningitis and septicaemia (blood poisoning) caused by four strains of meningococcal bacteria – meningococcal (Men) groups A, C, W and Y.

86% of year 9 students received vaccines for Td/IPV in 2021-2022, this was similar to 2020-2021

87% of year 9 students received vaccines for MenACWY in 2021-2022, this was similar to 2020-2021

The uptake for Td/IPV and MenACWY was higher in Jersey than that in England, Wales, Northern Ireland, and around double that of Scotland (40%) (Table 9.3)

Figure 9.2. Td/IPV and MenACWY uptake for Year 9 pupils, by academic year (2013-2014 to 2021-2022)



Source: Careplus

Table 9.3. Td/IPV and MenACWY vaccine uptake for Year 9 pupils, by the end of the school year (2020-2021 and 2021-2022)

	2021-2022	*2020-2021*				
	Jersey	**England**	**Scotland**	**Wales**	**Northern Ireland**	**UK**
Td/IPV	86%	76%	40%	78%	66%	73%
MenACWY	87%	77%	40%	79%	67%	74%

Source: Careplus

Seasonal Influenza Immunisation

Nursery:

The vaccine programme for 2021-2022 was the fifth year of the nursery-based immunisation programme, where GPs and practice nurses went into nurseries to offer the nasal flu vaccine. The vaccine was also available to children of this age-group through GP surgeries.

- a lower number of pre-school aged children were immunised in 2021-2022 (1,100) than 2020-2021 (1,400)
- influenza vaccine uptake in children aged 2 to 4 years (from October 2021 to July 2022) was 57%. Uptake was lower than in the 2020-2021 season (69%)
- in England 42%[74] of children aged 2-4 years old received a flu vaccination (2021-2022)

Table 9.4. Percentage of pre-school 2-4-year olds vaccinated in nursery programme or in GP surgery against influenza (2016-2017 to 2021-2022 winter period)

		2016-2017 Winter	2017-2018 Winter	2018-2019 Winter	2019-2020 Winter	2020-2021 Winter	2021-2022 Winter
Nursery	% of children aged 2-4 years vaccinated in nursery	-	41%	39%	47%	55%	48%
	% of children aged 2-4 years vaccinated in GP surgery	34%	16%	18%	17%	12%	10%
	% of children aged 2-4 years vaccinated in other setting	-	-	-	-	3%	-
	Total % uptake for children aged 2-4 years	**34%**	**58%**	**58%**	**64%**	**69%**	**57%**

Source: Careplus

School years:

The children's nasal flu vaccination programme was introduced in 2014-2015 with children in Reception classes (aged 4 to 5 years) being offered the vaccine via a school-based programme.

The programme has been extended each year, and since 2018-2019, the nasal flu vaccine has been offered to all compulsory school-aged children (Reception to Year 11 inclusive).

Table 9.5 provides a breakdown of the children immunised at school against flu, by year group.

Around 8,350 compulsory school-aged children had the flu vaccine in the 2021-2022 winter:

- 8,315 influenza vaccines were given in primary and secondary schools
- 35 were given at GP surgeries
- the number of vaccines given to school-aged children in 2021-2022 was slightly lower than 2020-2021 (8,980)
- 66% of eligible children were vaccinated, this was a lower proportion when compared to the previous year's programme (71%)
- in England 52% of all school aged children (age 4-16 years) were vaccinated in 2021-2022

In 2021-2022, **66%** of eligible children aged (4-16) in **Jersey** were vaccinated against seasonal influenza, this was higher than that of **England** where **52%** was achieved

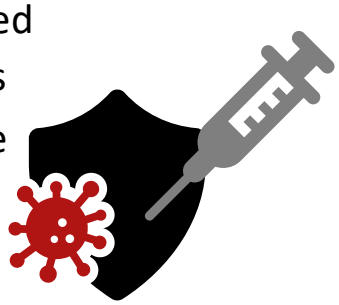


Table 9.5. Percentage of school-aged children receiving flu vaccination in school by year group (2016-2017 to 2021-2022 winter period)

		2015-2016 Winter	2016-2017 Winter	2017-2018 Winter	2018-2019 Winter	2019-2020 Winter	2020-2021 Winter	2021-2022 Winter
School Years	Reception	61%	59%	62%	66%	66%	78%	76%
	Year 1	58%	57%	60%	63%	66%	73%	75%
	Year 2	53%	62%	59%	60%	64%	77%	69%
	Year 3	-	54%	60%	61%	62%	71%	73%
	Year 4	-	-	56%	62%	62%	71%	69%
	Year 5	-	-	56%	57%	61%	70%	71%
	Year 6	-	-	55%	57%	57%	72%	69%
	Year 7	-	-	-	55%	54%	63%	62%
	Year 8	-	-	-	51%	53%	62%	57%
	Year 9	-	-	-	48%	50%	58%	59%
	Year 10	-	-	-	52%	49%	63%	59%
	Year 11	-	-	-	57%	49%	56%	54%

Source: EMIS and PharmOutcomes

Pregnant women:

An annual flu vaccination is recommended by England's Chief Medical Officer for everyone aged from 6 months to 64 years of age with an underlying medical condition, for everyone aged 65 and older, and for pregnant women.

Around 340 influenza vaccines were given to pregnant women from 1 September 2021 to 31 July 2022 (2021-2022 Winter) (Table 9.6).

Table 9.6. Number of patients in the pregnant women category who were immunised at vaccination centre, GP surgeries and pharmacies against influenza (2016-2017 to 2021-2022 winter period)

	2016-2017 Winter	2017-2018 Winter	2018-2019 Winter	2019-2020 Winter	2020-2021 Winter	2021-2022 Winter
Pregnant women	410	550	500	510	550	340

Source: EMIS and PharmOutcomes

Adults 50+:

In the 2020-2021 winter season, the vaccination programme was extended to include all 50 to 64 year olds not at risk (dependent on supply).

The numbers provided in Table 9.7 include patients who were actively registered at GP practices and who received an influenza vaccination in each of the last six years, either through their GP surgery, pharmacies or the Vaccination Centre.

In 2021-2022:

- 51% of patients aged 50 to 64, received a seasonal flu vaccination in Jersey, this is an increase on 2020-2021 (45%). Both winter seasons were lower than the Public Health England (PHE) recommended target of 75%
- uptake in England[75] for those aged 50 to 64 was 53% (2021-2022)
- 84% of patients aged 65 and over received a seasonal flu vaccination in Jersey; the World Health Organisation (WHO) uptake recommendation was that vaccine uptake for people aged 65 years and over should reach or exceed 75%
- uptake in England for those aged 65 and over was 82% (2021-2022)

Table 9.7. Percentage of population aged 50-64 years and 65 and over who were immunised at the vaccination Centre, GP surgeries and pharmacies against influenza (2016-2017 to 2021-2022 winter period)

	2016-2017 Winter	*2017-2018 Winter*	*2018-2019 Winter*	*2019-2020 Winter*	*2020-2021 Winter*	*2021-2022 Winter*
Adults aged 50-64 years	-	-	-	-	45%	51%
Adults aged 65 and over	55%	63%	60%	55%	78%	84%

Source: EMIS and PharmOutcomes

For further information, please refer to the Jersey Seasonal Influenza Vaccine Statistics Report[76] on www.gov.je.

Screening

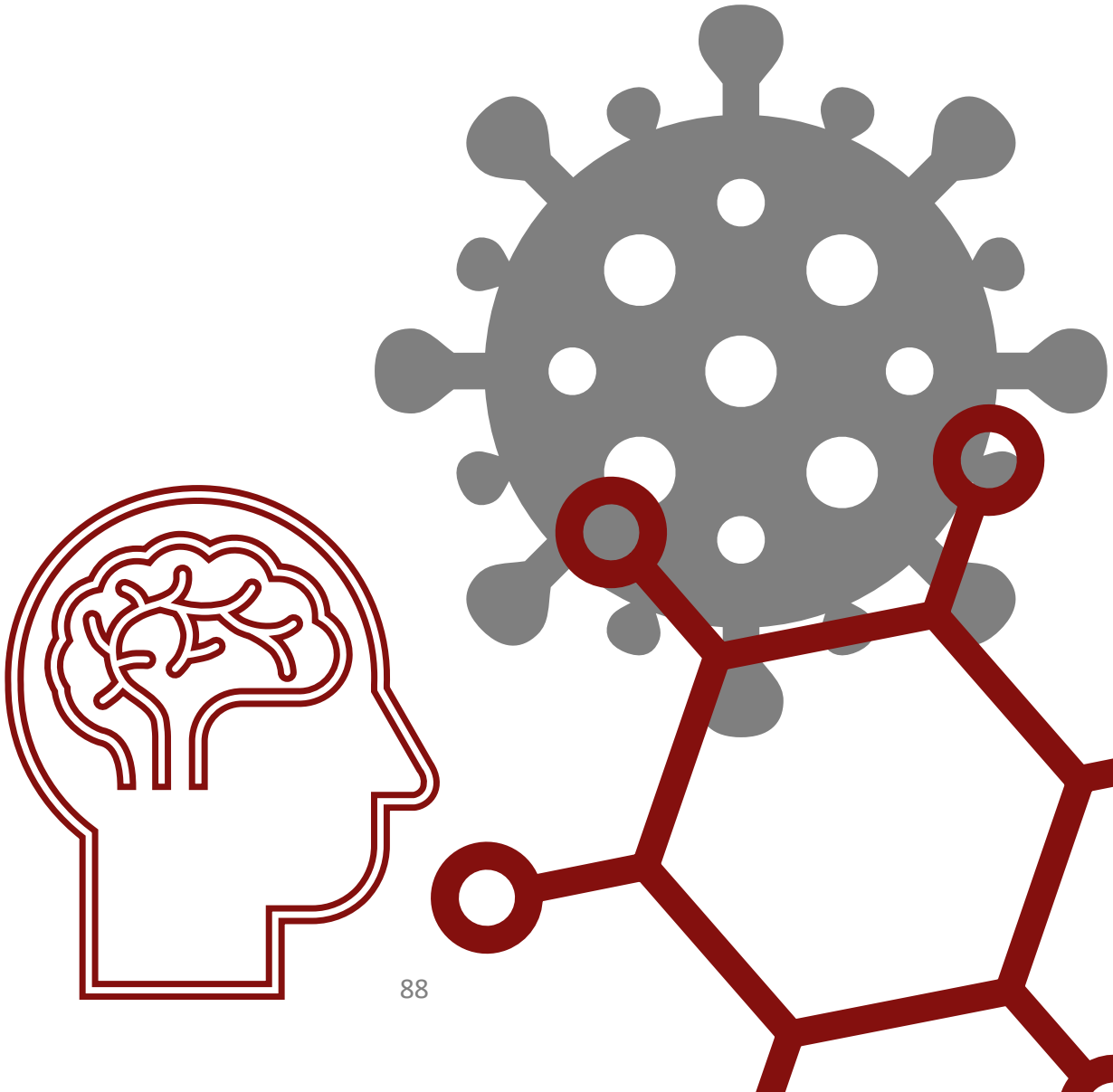
Jersey offers three population cancer screening programmes to residents:

- colorectal (bowel) cancer screening
- cervical cancer screening
- breast cancer screening

An annual report providing data of these screening programmes will be published by the Public Health Intelligence team.

Information on publication can be found on the Public Health Intelligence publication release schedule.

Lifestyle



Smoking

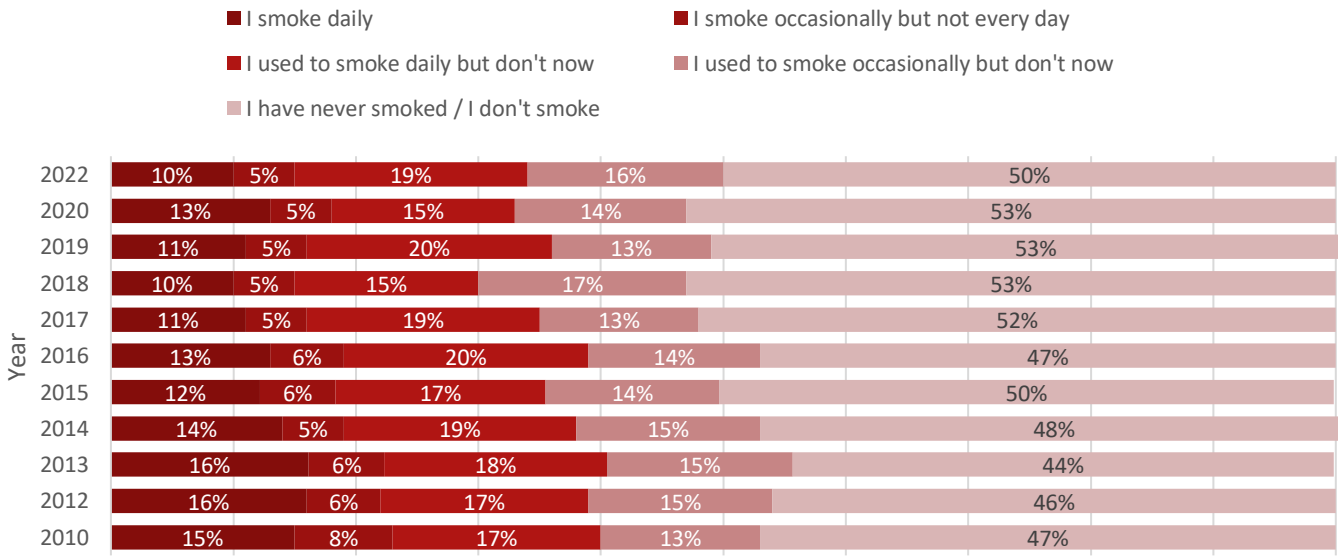
In June and July 2022, the Jersey Opinions and Lifestyle Survey (JOLS) was sent to a sample size of the population. 3,500 residential homes were selected at random and asked a series of lifestyle questions.

- 50% of adults reported to have never smoked in 2022
- 35% of adults reported to have quit smoking

Adults who 'smoke daily' and 'smoke occasionally but not every day' has had no significant change since 2018 but has shown a slight decrease since 2010. (Figure 10.2)

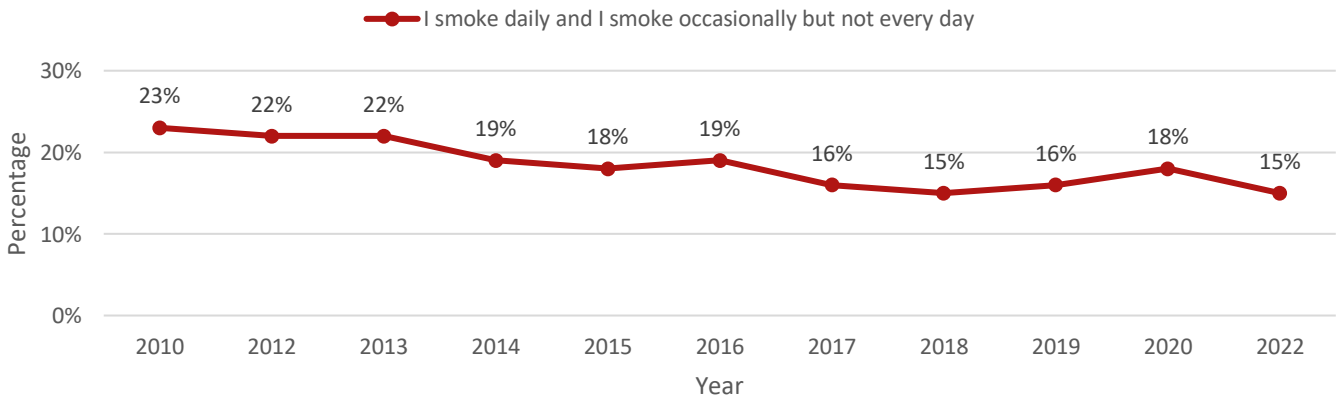
A breakdown of the proportion of smoking responses are shown in Figure 10.1.

Figure 10.1. Percentage of adults who smoke by year (2012 to 2022)



Source: JOLS 2022

Figure 10.2. Percentage of adults who 'smoke daily' and 'smoke occasionally but not every day' (2010 to 2022)



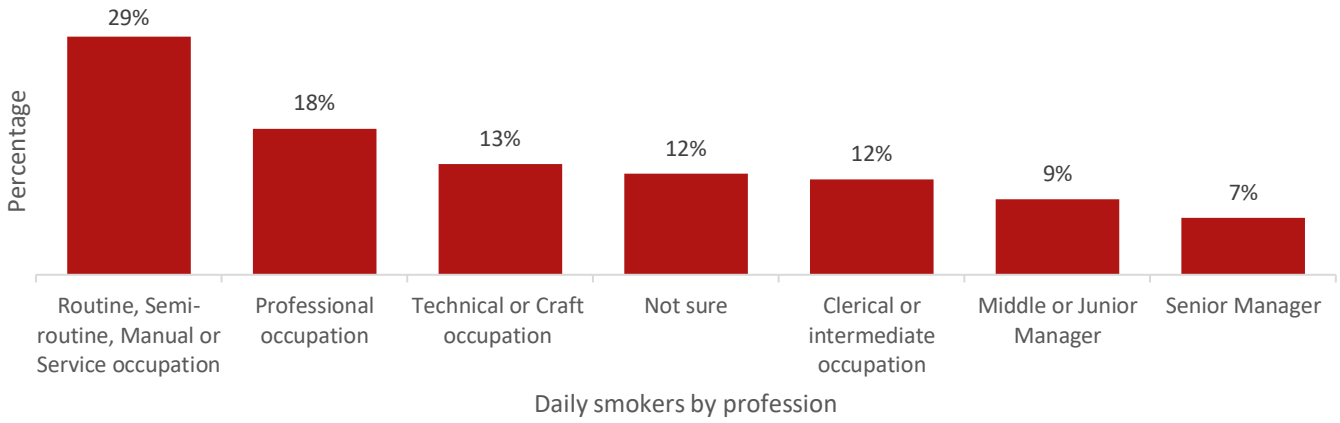
Source: JOLS 2022

Rates of smoking were similar amongst those of working age, whether they were in employment or not.

- 15% of those in employment reported being current smokers (daily or occasional)
- 16% who were not in employment reported being current smokers
- 5% of those above working age were daily or occasional smokers

In 2021, the highest proportions of daily smoking were among people working in manual and routine professions, where 29% smoked daily. Of those working in managerial and professional occupations 18% smoke daily, while 13% of those working in technical or craft occupations reported daily smoking (Figure 10.4).

Figure 10.4. Prevalence of daily smoking by profession (2021)



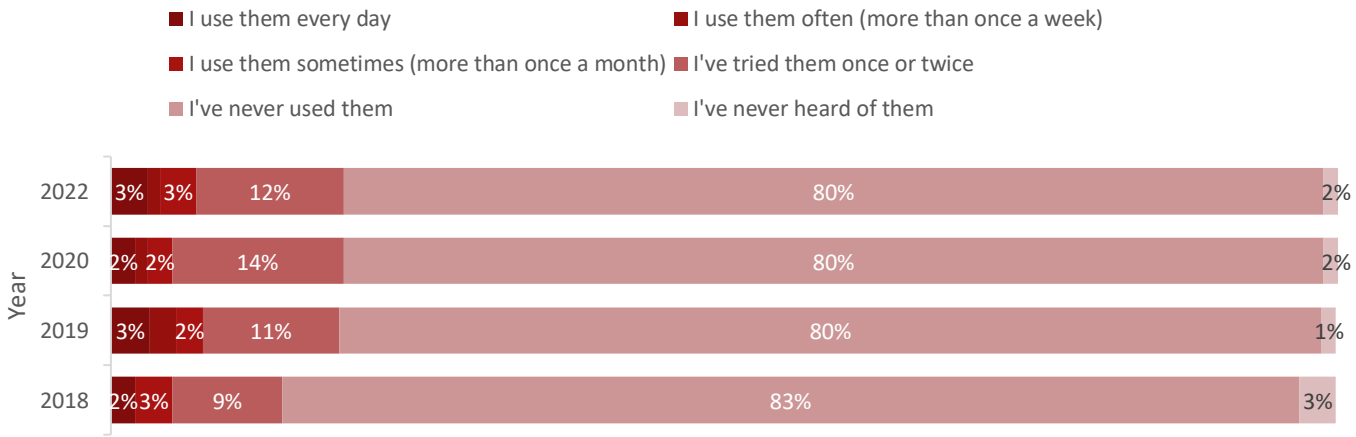
Source: JOLS 2022

E-cigarettes are battery-powered vaporisers which simulate tobacco smoking by heating a liquid solution to produce nicotine and water vapour.

- 2% of adults have never heard of e-cigarettes
- 80% have heard of them but never used them
- 20% of males and 17% of females had used e-cigarettes

The proportion of e-cigarette users over time has had no significant change since 2018.

Figure 10.3. Frequency of e-cigarettes usage among adults (2018 to 2022)

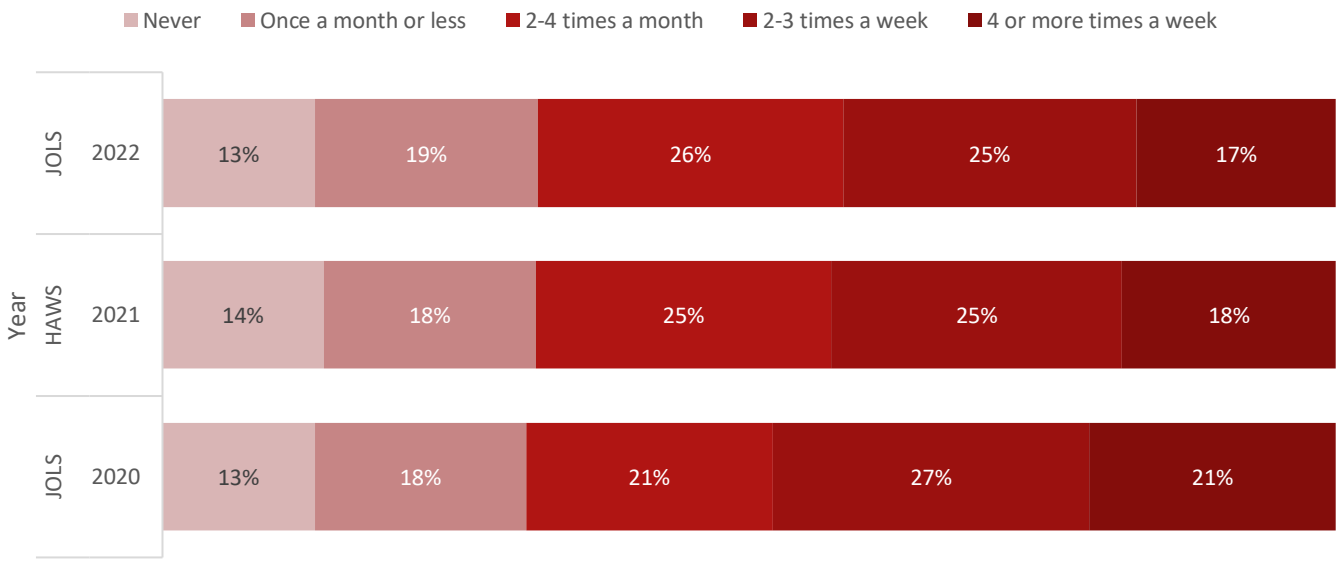


Source: JOLS 2022

Alcohol

In 2022, on average 13% of adults have 'never' drank alcohol. The proportion of frequent alcohol consumption has not significantly changed since 2020, when the last JOLS survey was conducted. (Figure 10.5).

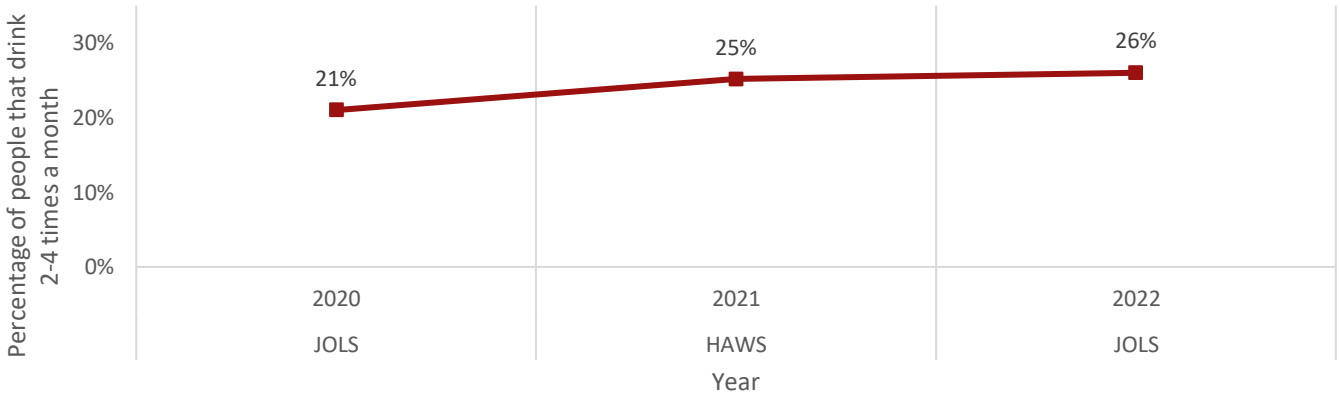
Figure 10.5. Alcohol consumption question, asking "How often do you have a drink containing alcohol?" (2020 to 2022)



Source: HAWS2021 and JOLS 2020 and 2022

Alcohol consumption 2-4 times a month has increased by 5% since 2020 (Figure 10.6)

Figure 10.6. Alcohol consumption, 2-4 times a month (2020 to 2022)



Source: HAWS2021 and JOLS 2020 and 2022

- adults aged 55-64 had the highest proportion of regular drinkers with 1 in 2 people drinking twice a week or more (55%)
- amongst adults aged 16-34, 1 in 4 (27%) drank twice a week or more, whilst 34% drank '2-4 times a month'

The proportion of percentage by age group is shown in Table 10.1.

Table 10.1. Alcohol consumption question, asking "How often do you have a drink containing alcohol?", by age (2022)

	16-34	35-44	45-54	55-64	65+
Never	15%	8%	13%	8%	19%
Once a month or less	25%	23%	14%	17%	15%
2-4 times a month	34%	31%	26%	20%	16%
2-3 times a week	20%	28%	28%	27%	27%
4 or more times a week	7%	10%	19%	28%	23%
Total	100%	100%	100%	100%	100%

Source: JOLS 2022

Hazardous or Harmful Drinking

The Fast Alcohol Screening Test (FAST) is a screening tool designed to highlight potentially harmful or hazardous drinking behaviours. The score is based on the responses to four questions asked in the JOLS survey (see methods for details). A score of 3 or above indicates potentially harmful or hazardous drinking.

In 2022, around 25% of adults overall were found to be drinking at potentially hazardous or harmful levels. This has not statistically changed over time since 2010. (Table 10.2)

Those aged between 16 to 34 were most likely to be potentially drinking at hazardous or harmful levels (33%), whilst those aged over 65 were least likely (13%). (Figure 10.7)

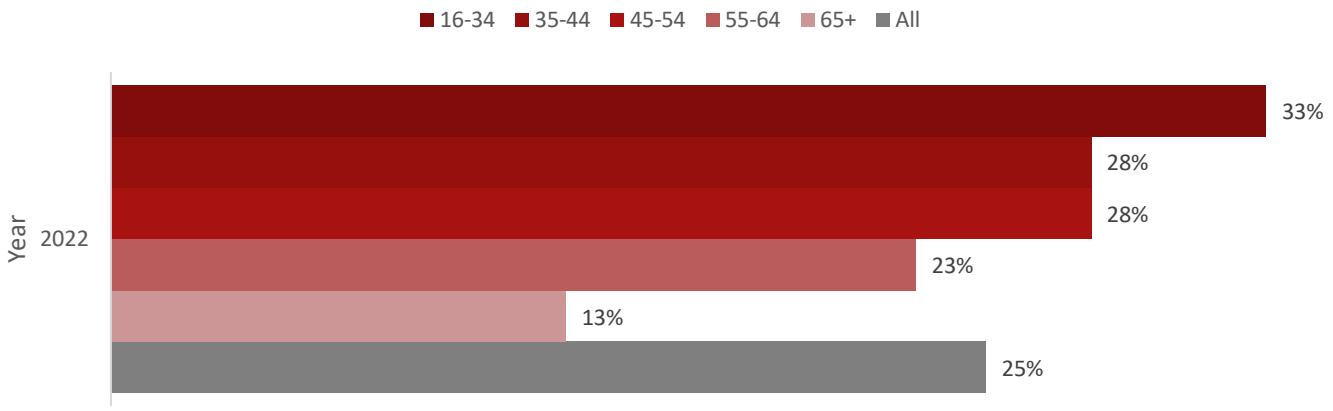
Table 10.2. FAST score of 3 or above (potentially hazardous or harmful levels) (2010 to 2022)

Year	2010	2014	2016	2018	2022
FAST score	21%	24%	26%	23%	25%

Source: JOLS

25% of adults overall were found to be drinking at potentially hazardous or harmful levels

Figure 10.7. Percentage of hazardous and harmful drinkers (FAST score of 3 or more, excluding non-drinkers), by age and gender (2022)



Source: JOLS 2022

Drinking during Pregnancy

The hospital maternity department collects details of the alcohol consumption by expectant mothers as part of pre-natal checks.

In 2019 and 2020:

- 62% of women drank alcohol to some extent *before* their pregnancy
- 98% of expectant mothers that went on to deliver a baby reported not drinking alcohol *during* their pregnancy

Of the 2% who did report drinking alcohol, most drank small amounts or only occasionally

It is difficult to assess people's alcohol consumption, as it relies on people being truthful and accurate about how much they drink. This may even be more difficult in pregnant women, as they may feel guilt or stigma associated with drinking alcohol in pregnancy, making them less likely to report it.

Healthy Weight and Obesity

Obesity is a known risk factor for numerous health problems including hypertension, diabetes, and cardiovascular diseases, and being overweight can also have adverse social and wellbeing related impacts.

The weight status of Islanders is currently estimated from social surveys which ask participants for self-reported height and weight measurements.

Body Mass Index (BMI)

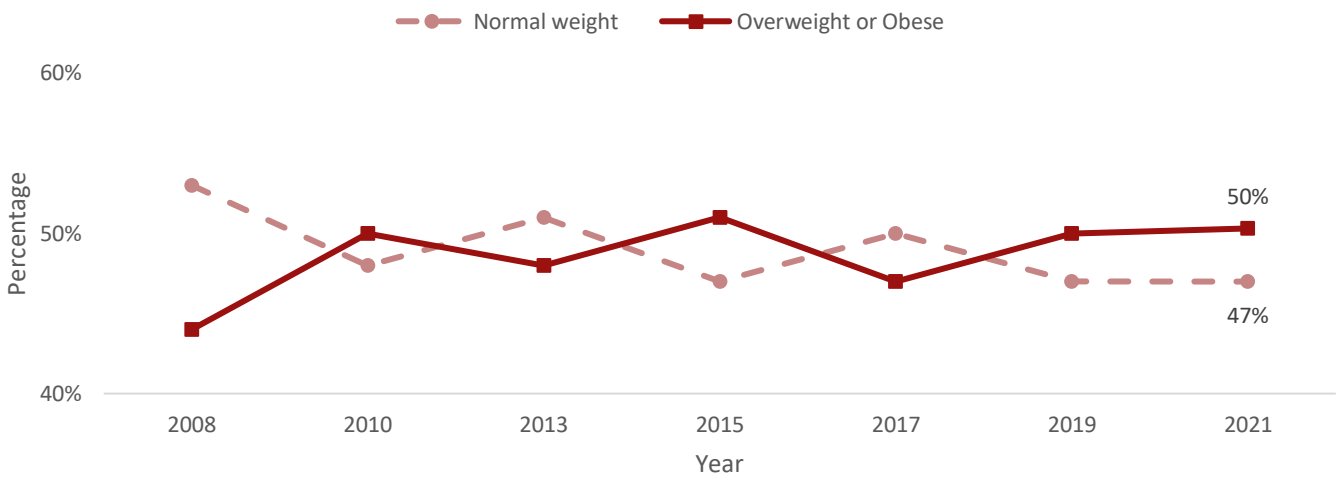
The classification of a person's weight status in terms of BMI values:

Underweight: < 18.5	Obese: 30.0 - 34.9
Normal weight: 18.5 - 24.9	Very obese: 35.0 – 39.9
Overweight: 25.0 - 29.9	Morbidly obese: > 40

In 2021, 50% of people were classified as 'overweight or obese' and around half of people were classified as 'normal weight' (47%). Of those with higher than recommended BMI, 32% were overweight, and 18% were 'obese', 'very obese' or 'morbidly obese'.

The proportions of Jersey's population falling into each BMI category have remained similar over the last 15 years (Figure 10.8).

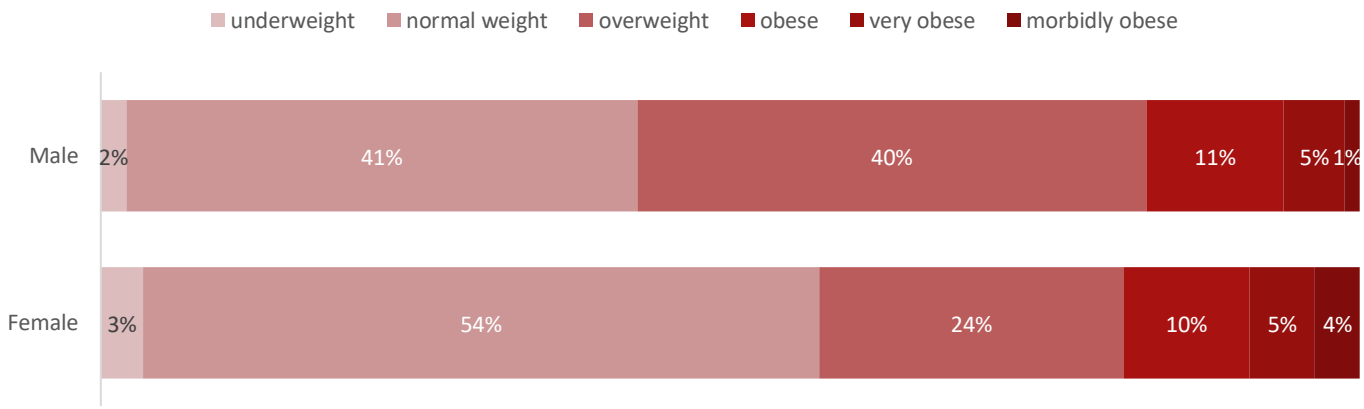
Figure 10.8. Proportion of people falling into the 'normal weight' BMI Category, or into the 'overweight or obese' BMI category (2008 to 2021)



Source: HAWS 2021

A higher proportion of males were overweight or obese (57%) than females (43%) (Figure 10.9). Those who self-reported bad or very bad health were most likely to fall into the obese categories, whilst those reporting very good health were the least likely to fall into the obese categories.

Figure 10.9. Proportion of males and females falling into each BMI weight category (2021)



Source: HAWS 2021

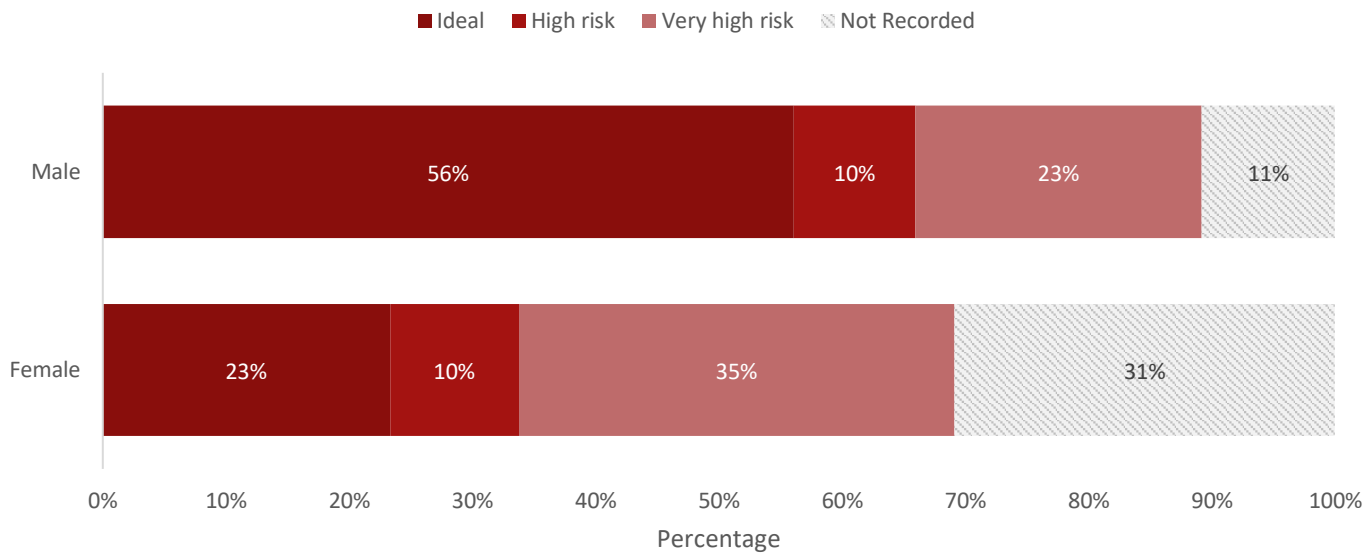
Around 33% of men reported a waist measurement that indicates they are at high or very high risk of cardiovascular disease, whilst the proportion at high/very high risk amongst females was 45%.

Note that there was a relatively high rate of non-completion for this question (19% overall), as indicated in Figure 10.10, and as such results should be treated as an indication only.

Waist Measurements

Risk Factor	Men	Women
Ideal	94 cm or less	80 cm or less
High	94 to 102 cm	80 to 88 cm
Very high	Over 102 cm	Over 88 cm

Figure 10.10. Proportion of adults in different cardiovascular risk categories, as indicated by waist measurement (2021)



Source: HAWS 2021

Healthy Eating

Eating a healthy, balanced diet is an important part of maintaining good health and can help you feel your best. This means eating a wide variety of foods in the right proportions and consuming the right amount of food and drink to achieve and maintain a healthy body weight.

5 a Day Campaign

The 5 a Day campaign promoted by the NHS is based on advice from the World Health Organization (WHO), evidence shows there are significant health benefits to getting at least 5 portions of a variety of fruit and vegetables every day.

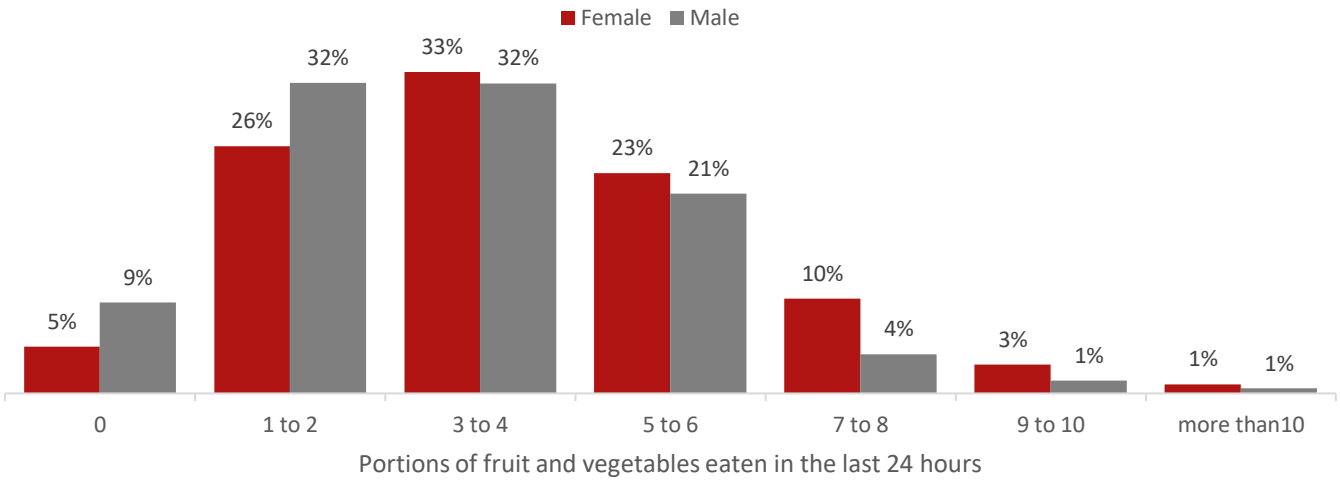
69% of adults in **Jersey** had eaten less than the recommended five portions

In 2021:

- 69% of adults in Jersey had eaten less than the recommended five portions
- 7% of adults had not eaten any fruit or vegetables over the previous day
- 36% of women reported eating at least the recommended daily portion of fruit and vegetables, compared to 27% of men

Figure 10.11 provides a further breakdown of the number of portions of fruit and vegetables eaten in the last 24 hours by gender.

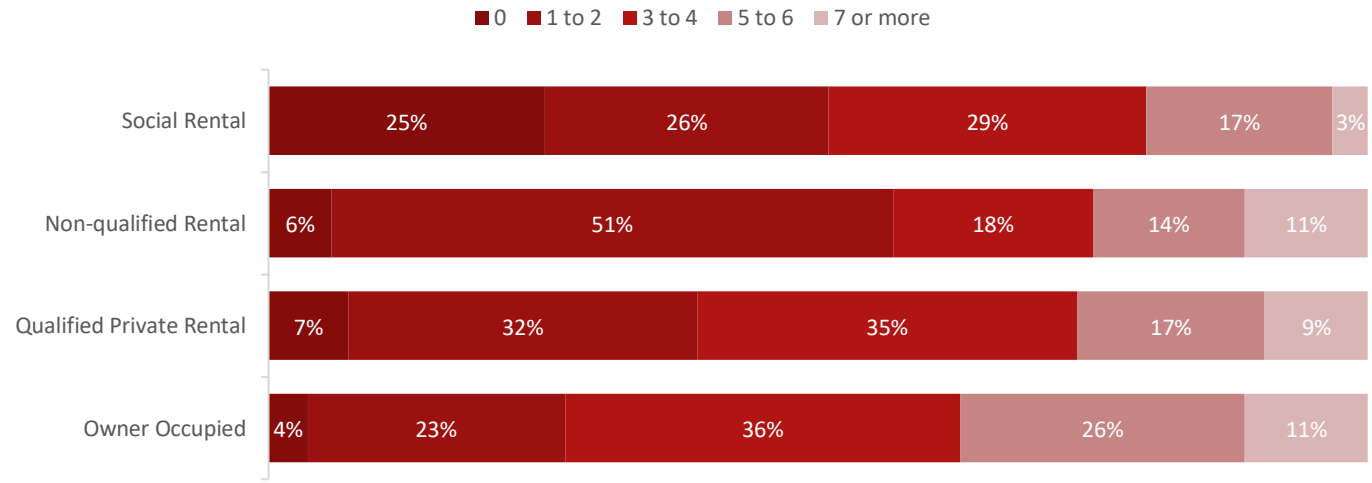
Figure 10.11. Number of portions of fruit and vegetables eaten in the last 24 hours by gender (2021)



Source: HAWS 2021

25% of people living in social rental accommodation had not eaten any fruit or vegetables over the previous day (Figure 10.12)

Figure 10.12. Number of portions of fruit and vegetables eaten in the last 24 hours by tenure (2021)



Source: HAWS 2021

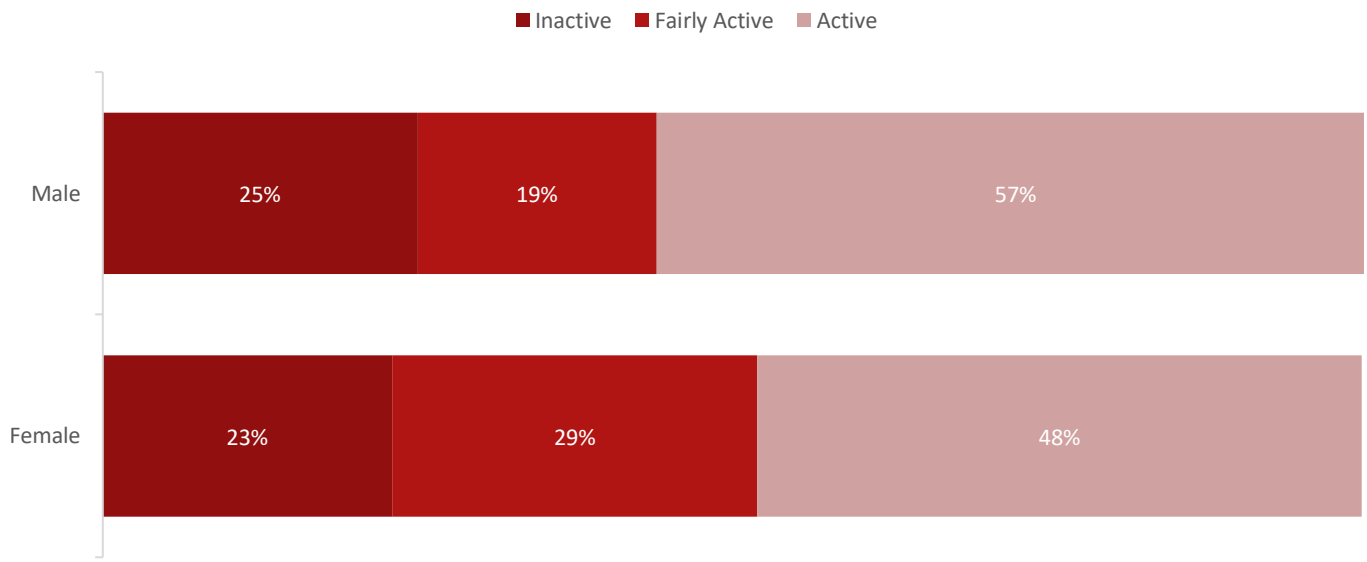
Physical Activity

The World Health Organisation (WHO)[77] guidelines recommend that to gain substantial health benefits, adults should aim for at least:

- 150 minutes of moderate-intensity aerobic physical activity (such as cycling or walking) in bouts of 10 minutes or more each week; OR
- 75 minutes of vigorous intensity aerobic physical activity (such as running or a game of singles tennis) each week; OR
- a mixture of moderate and vigorous aerobic activity which equates to 150 minutes of moderate intensity activity (a general rule of thumb is that 1 minute of vigorous activity provides the same health benefits as 2 minutes of moderate intensity activity)

A higher proportion of males (57%) reported meeting the physical activity guidelines than females (48%). This is a relatively large gender difference compared to that seen in England on this measure (the Active Lives Survey reported a gender difference of 2 percentage points in 2021).

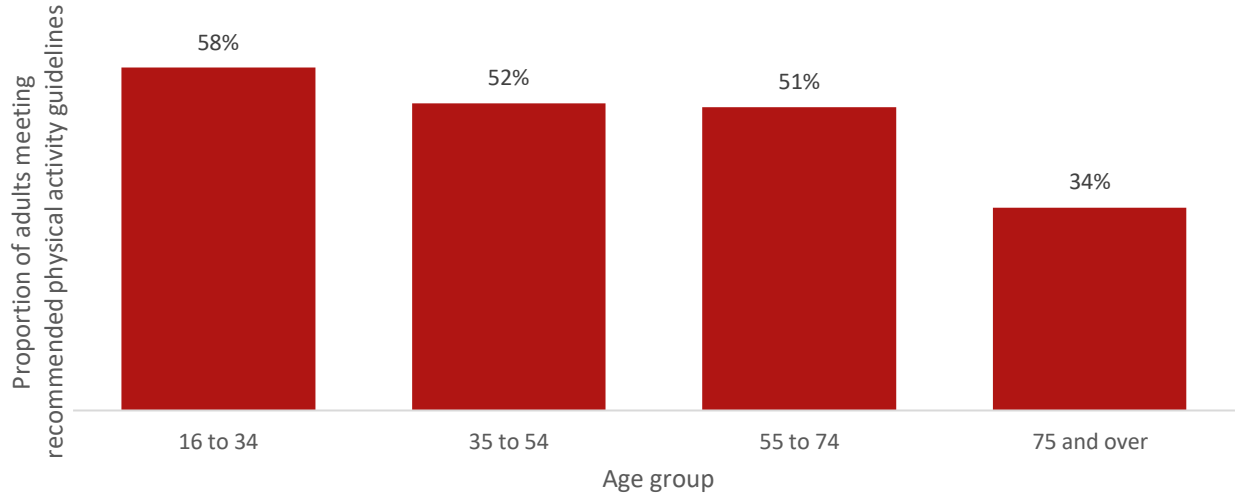
Figure 10.13. Proportion of adults meeting the recommended physical activity guidelines (2021)



Source: HAWS 2021

The proportion of adults who are active (meeting the physical activity guidelines) generally decreases with age, with a large drop off observed for adults aged 75 and over.

Figure 10.14. Proportion of adults meeting the recommended physical activity guidelines, by age group

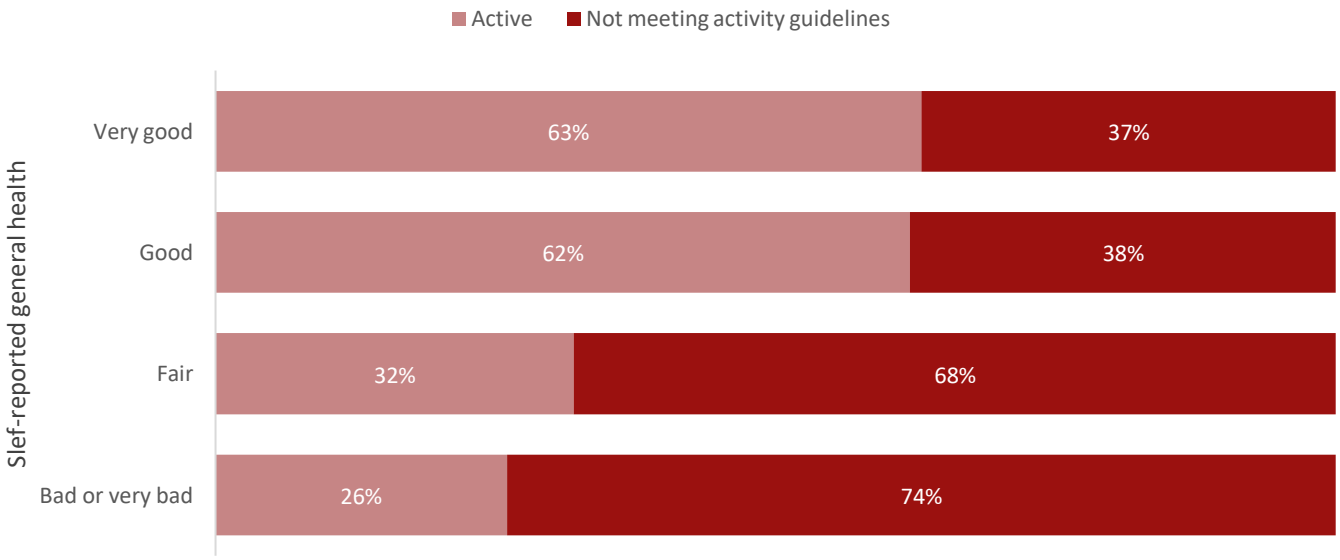


Source: HAWS 2021

The likelihood of being 'active' (doing the equivalent of 150 minutes or more of moderate intensity physical activity per week) is strongly associated to self-rated health.

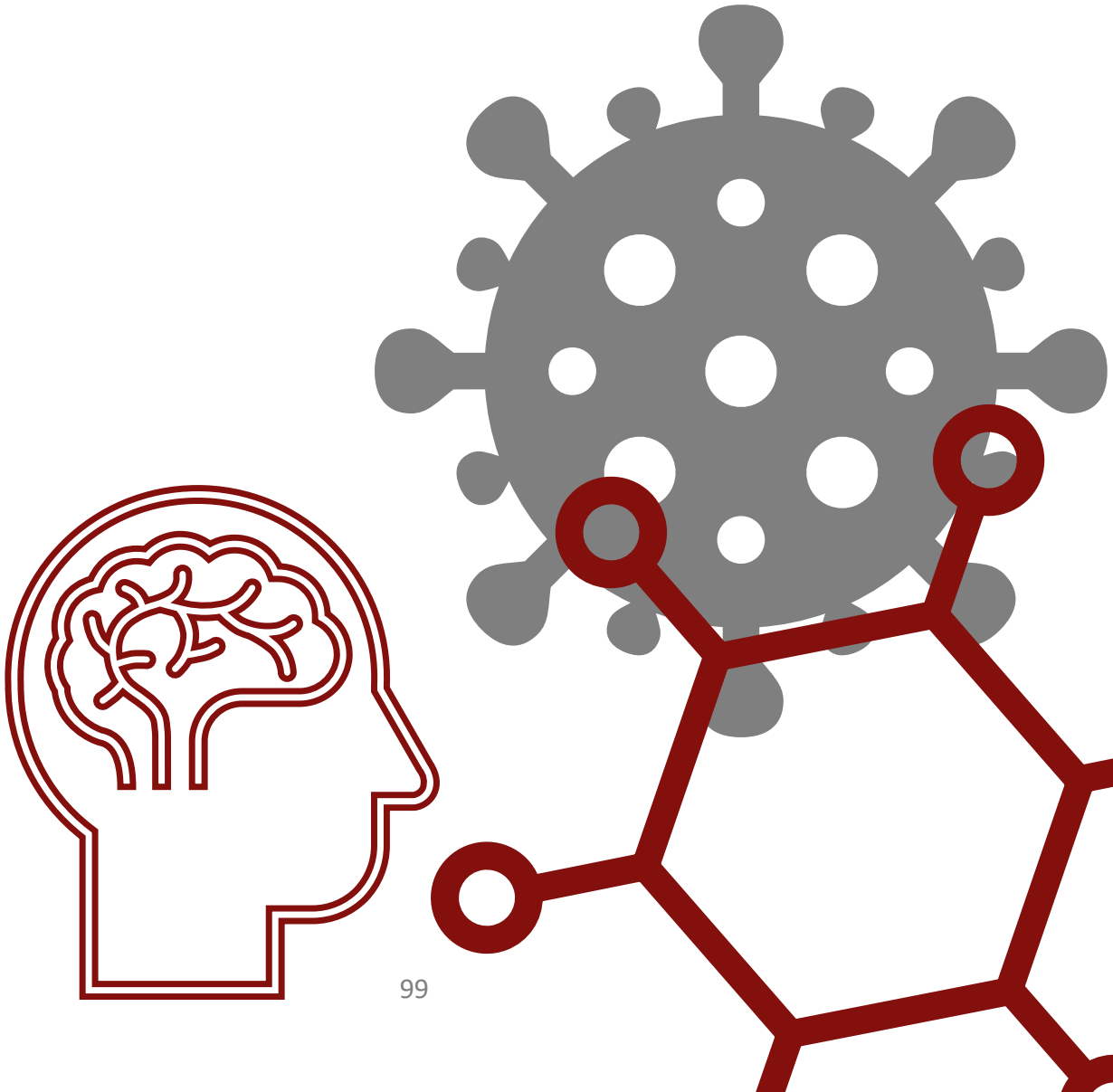
Over three-fifths of Islanders who rate their health as good (62%) or very good (63%) meet the WHO guidelines for physical activity (150 + mins per week). This compares to a quarter (26%) of adults who rate their health as bad or very bad (Figure 10.15).

Figure 10.15. Active to the recommended guidelines (150 + mins plus per week) by self-assessment of health



Source: HAWS 2021

Wider Determinants of Health



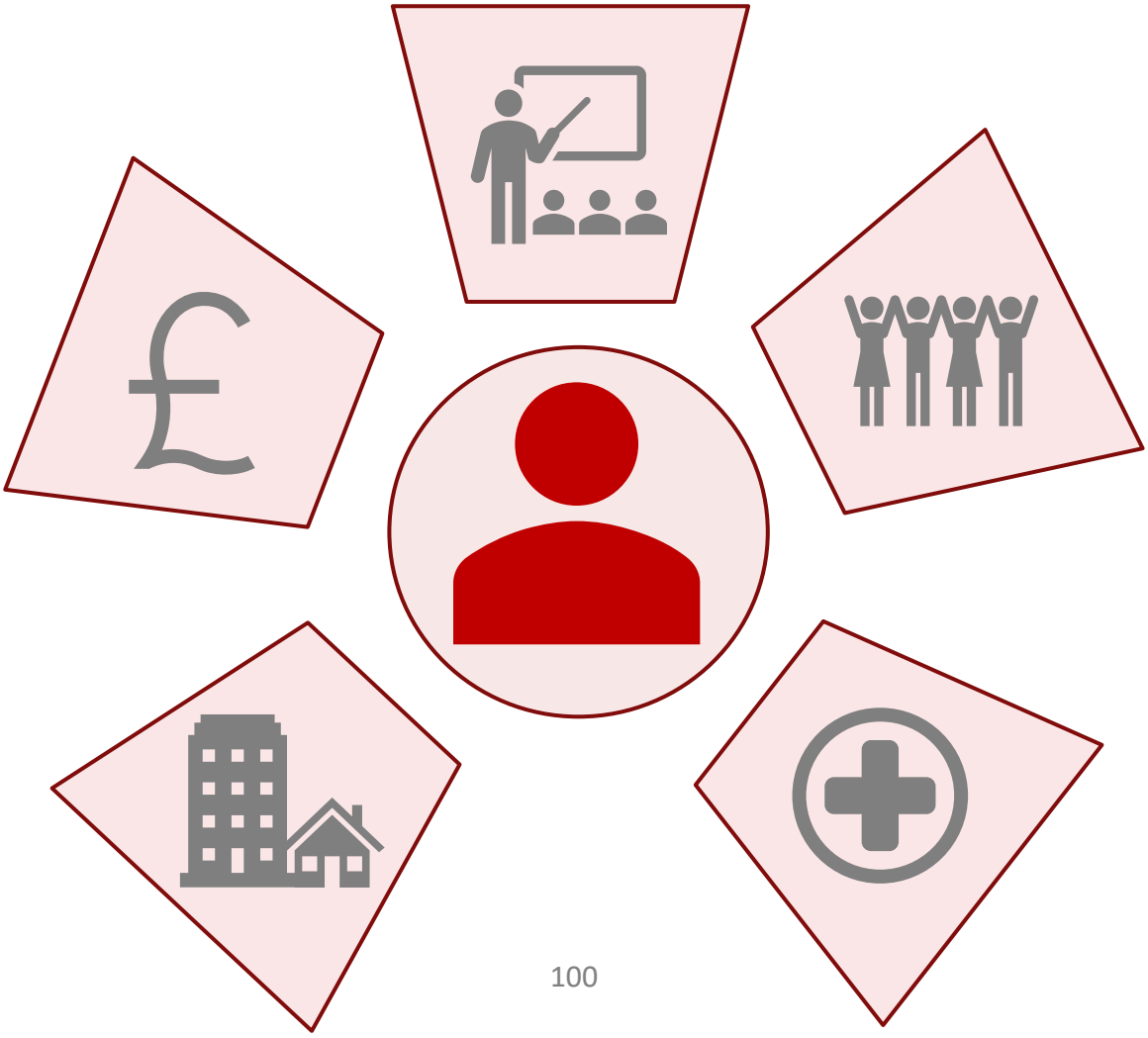
Social Determinants of Health

The social determinants of health, as described by the World Health Organization,[78] are the non-medical factors that influence health outcomes. They are conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. There is a clear link between the social determinants of health and health inequalities, defined by the World Health Organisation as “the unfair and avoidable differences in health status seen within and between countries”.

The following list are examples that can influence people’s health, well-being, and quality of life in a positive and negative way. The factors are generally interconnected with one another.

- income and welfare
- education and skills
- early childhood development
- employment, job security and working conditions
- food security
- housing and neighbourhoods
- the physical environment
- social contact and support networks
- access to healthcare
- public safety

According to the World Health Organization, research shows that the social determinants can be more important than health care or lifestyle choices in influencing health.

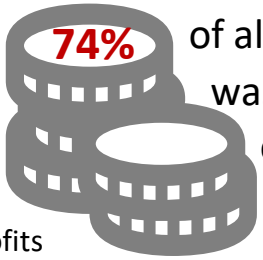


Household Income

The latest Jersey Household Income Distribution Report (2021-2022)[79] found that:

- the average (mean) household income was £940 per week after housing costs, representing a 1% increase since 2019-2020 after adjusting for inflation
- median equivalised (middle earning) household income was £700 per week after housing costs, representing a decrease of -3% since 2019-2020 after adjusting for inflation
- the relative low-income threshold in Jersey in 2021-2022, defined as 60% of median equivalised household income, was £510 per week before housing costs, and £420 per week after housing costs

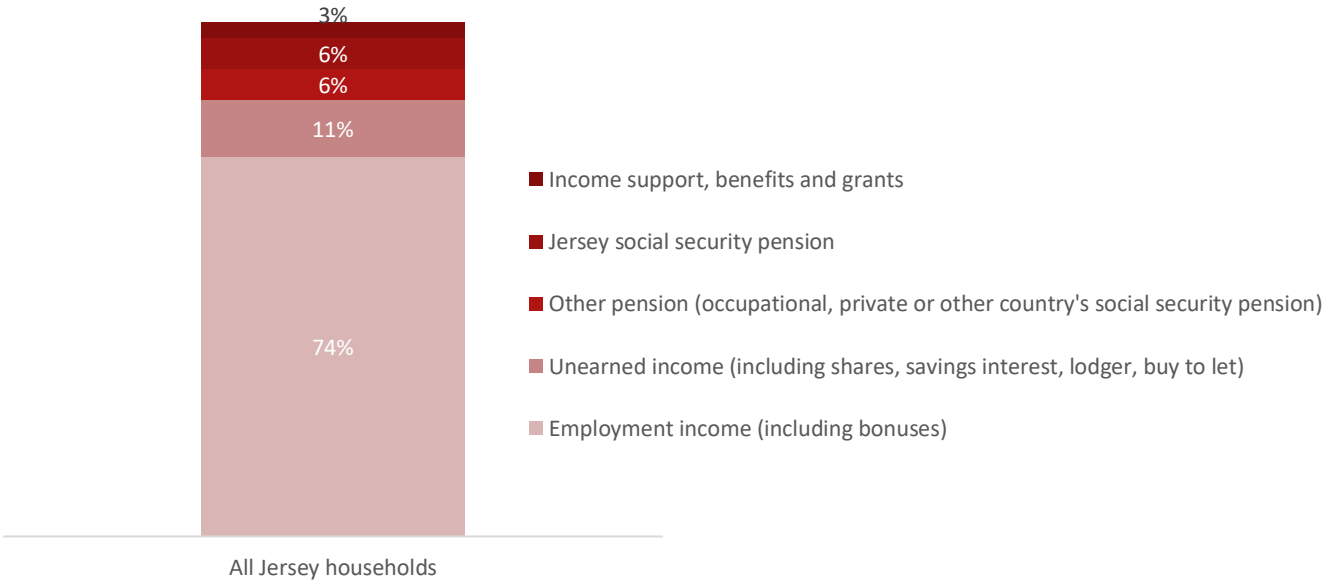
All Households (Figure 11.1)



of all household income was from employment earnings 2021-2022

- 74% of all household income, came from those who are employed (including self-employed earners)
- 11% was from unearned income such as shares, savings interest, income from lodgers and buy to let profits
- 12% of income came from pensions (6% of which came from Jersey social security pension, and the other 6% from either occupational, private or another country's social security pension)
- 3% was from income support, benefits, and grants

Figure 11.1. Composition of household income (2021-2022)



Source: Jersey Household Income Distribution

Relative low household income

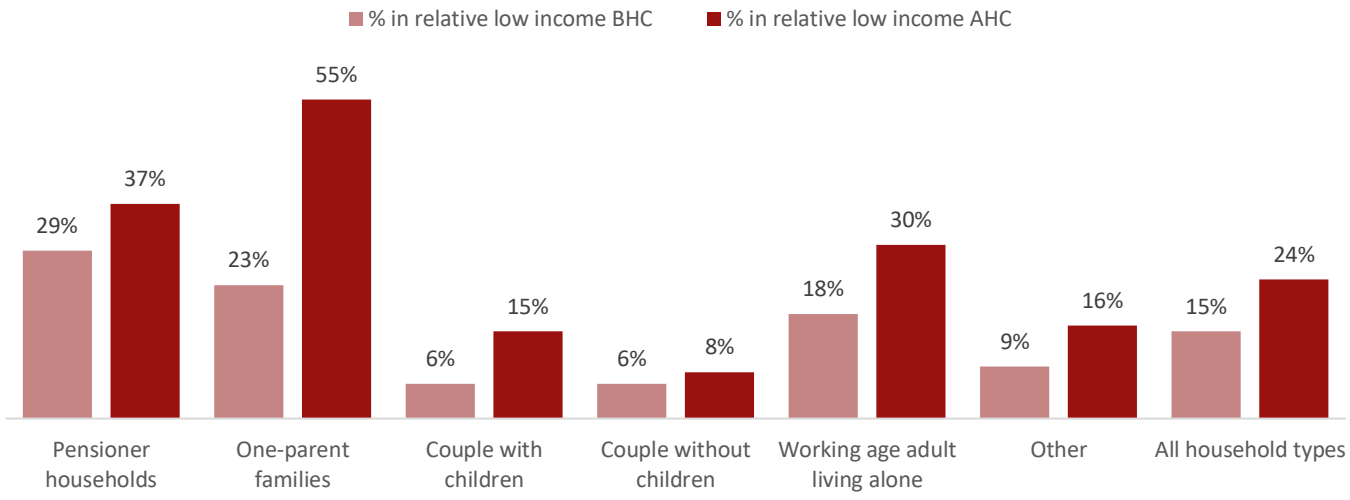
Those who live in relatively low income have been proportioned out by each household type in Figure 11.2.

- overall, 24% of households were in relative low income after housing costs, ranging from 8% of couples with no children to 55% of one-parent families
- 37% of relatively low-income households after housing costs are of pensioners
- before housing costs, 6% of couples both with and without children were living in relative low income. These proportions increased to 15% and 8% respectively after housing costs were taken into account

The Jersey Household Income Distribution Report also stated that one-parent families were particularly impacted by the effect of housing costs on net household income, with 23% living in relative low income before housing costs (BHC) and more than half (55%) living in relative low income after housing costs (AHC).

An increase was also seen for working-age adults living alone, from 18% living in relative low income before housing costs, rising to 30% living in relative low income after housing costs

Figure 11.2. Proportion of each household type in relative low income before and after housing costs (2021-2022)



Source: Jersey Household Income Distribution

Income Inequality

The Jersey Household Income Distribution Report provides measures of income inequality. Some households will have a higher income than others. Income inequality measures provide a way of quantifying the extent of inequality between households into a single statistic, to facilitate comparison across time and with other jurisdictions.

Income Inequality Measures

There are three measures presented her (90-10 ratio, 90-10 shares ratio, and Gini coefficient), all calculated on the equivalised household incomes. For each measure, a higher value indicates a higher level of income inequality. These measures are calculated using equivalised household income.

90-10 ratio:

The 90-10 ratio divides the income of the 90th percentile household by that of the 10th percentile. This ratio shows how many times greater the income of the 90th percentile household is relative to that of the 10th percentile household.

The 90-10 ratio was highest (8.0) at the pre-benefit income stage, reducing to 5.2 once household and individual benefits were included, indicating an improvement in income inequality through the benefits system. At the next stage of income analysis, after including tax, social security and pension contributions, the ratio reduces further to 4.3.

90-10 shares ratio:

The 90-10 shares ratio divides the mean average income of those households in the top 10% by the mean average income of those households in the bottom 10%.

The top 10% of households had an average income ten times that of the bottom 10% before housing costs, rising to 19 times that of the bottom 10% after housing costs, again showing housing costs increase income inequality.

Table 11.1. Income inequality measures, by income analysis stage (2021-2022). BHC = Before Housing Costs, AHC = After Housing Costs

	Pre-benefit income	*Gross cash income*	*Net income BHC*	*Net income AHC*
90-10 ratio	8.0	5.2	4.3	7.0
90-10 shares ratio	28	12	10	19
Gini coefficient	0.42	0.39	0.36	0.42

Source: Jersey Household Income Distribution

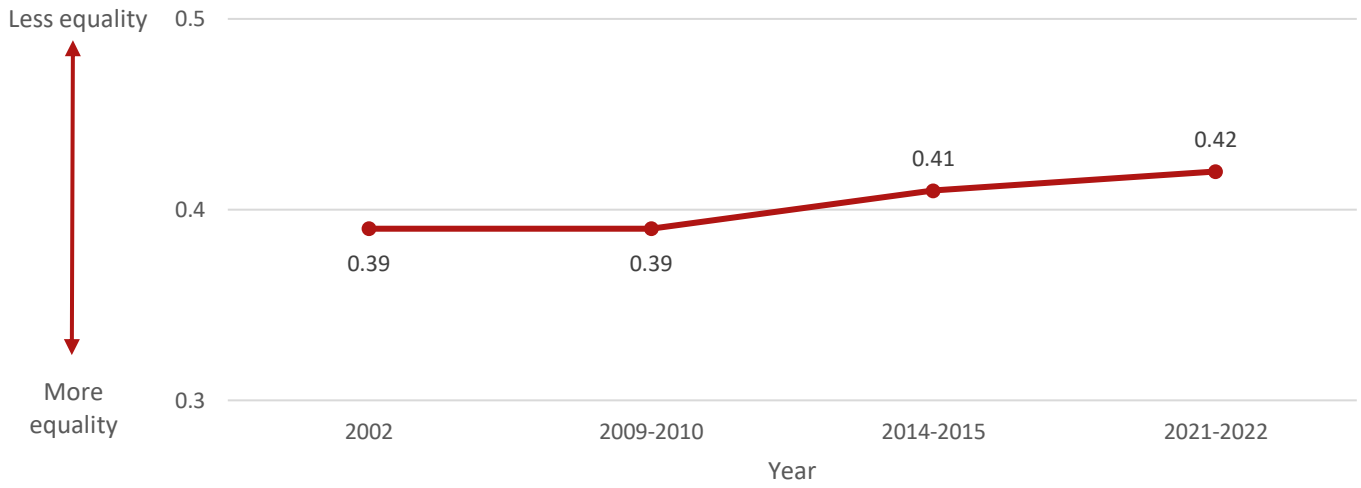
Gini coefficient

The Gini coefficient is an indicator taking values between 0 and 1, where 0 represents complete equality (all households have equal income) and 1 represents complete inequality (one household accounts for all the income). Therefore, a reduction in the Gini coefficient represents a more equal distribution of incomes across households.

Over time, the Gini coefficient has increased, suggesting that Jersey is becoming less equal over time in terms of net income after housing costs (Figure 11.3), and that inequalities may be widening.

Jersey is moving slightly closer to inequality of net income after housing costs

Figure 11.3. Gini coefficient, net income AHC (after housing costs, 2002 to 2021-2022)



Source: Jersey Household Income Distribution

Employment Status

In the 2021 Census Employment report,[80] overall economic activity rate for adults aged 16 and over was 68%. The report found that almost 63% of women aged 16 and over were economically active (i.e., working or looking for work). This is a slightly higher rate than that recorded by the 2011 Jersey Census (61%) and higher than that recorded for England and Wales (59%).[81]

Over the last three decades the economic activity rate has remained stable (Table 11.2).

Table 11.2. Long term economic activity rates by sex, (adults aged 16 and over) (1961 to 2021)

	1961	*1971*	*1981*	*1991*	*2001*	*2011*	*2021*
Males	86%	84%	80%	79%	76%	74%	74%
Females	37%	44%	49%	56%	60%	61%	63%
All	**60%**	**63%**	**64%**	**67%**	**67%**	**67%**	**68%**

Source: 2021 Census

Economic activity rates by place of birth are shown in Table 3. Economic activity rates for residents aged 16-64 were highest for those born in Poland (93%). The economic activity rate for Jersey-born residents (79%) was lower than the rates for those born in other jurisdictions. This was predominantly as a result of the number of Jersey-born residents in full-time education (accounting for over two-fifths of the economically inactive Jersey-born population) (Table 11.3).

More information is detailed in the 2021 Census Bulletin 4: Employment[79].

Table 11.3. Economic activity and unemployment rates for adults aged 16-64 by place of birth

	Jersey	British Isles	Ireland	Poland	Portugal/ Madeira	Other European country	Elsewhere in world	All adults 16-64
Economic activity rate	79	84	89	93	92	90	87	84
Unemployment rate	4.4	3	2.9	2.9	2.2	3.3	3.7	3.5

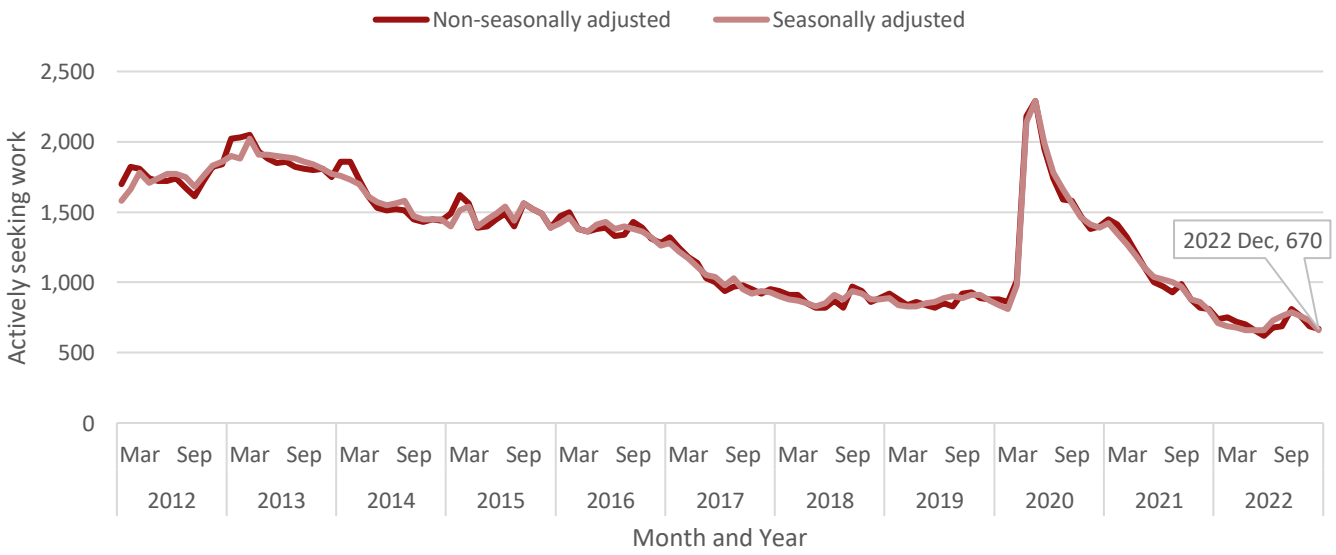
Source: 2021 Census

Unemployment Rate

There were 670 people registered for actively seeking work (ASW)[82] on 31st December 2022. Figure 11.4 shows the total number of people registered as ASW at the end of each month since January 2012. The current quarter of people ASW was 140 lower than the previous quarter (30 September 2022).

The lowest number of registered ASW was on 30th June 2022 (620) and the highest number of ASW was on 31st May 2020 (2,290) in the midst of the first wave of the COVID-19 pandemic.

Figure 11.4. Total number of individuals registered as ASW (January 2017 to December 2022)



Source: Registered Actively Seeking Work

Benefit Claimants

On 10 April 2022, there were 5,490 income support claims being paid, supporting 6,820 adults and approx. 2,810 children.

As of 31st December 2019, social security made a total of £70.6 million in payments to those claiming benefits.

Local Economy

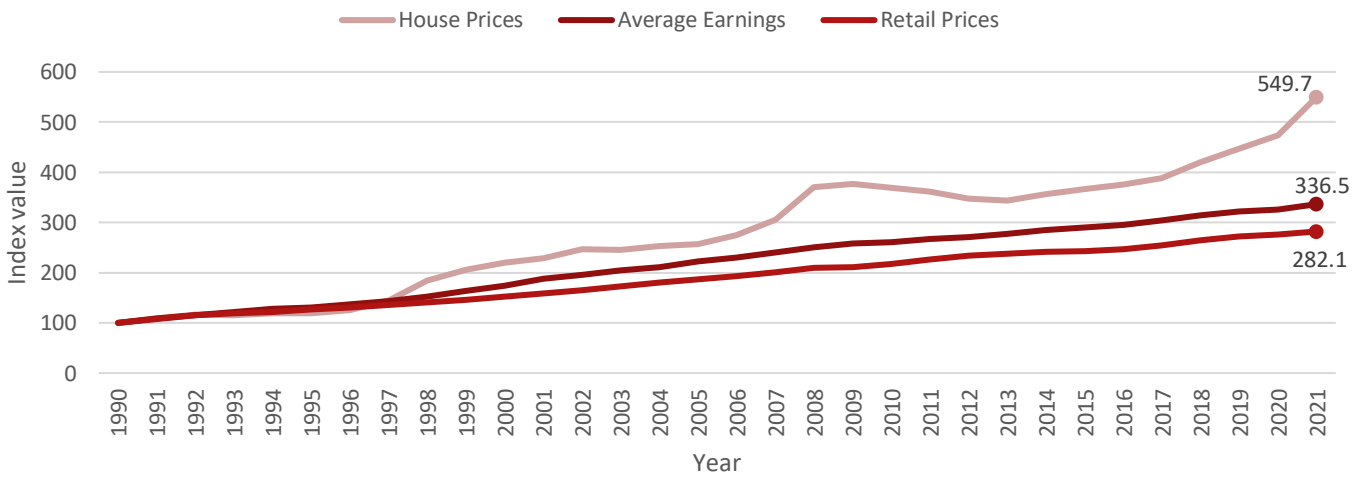
The main economic indicator which measures the value or size of the whole Jersey economy is GVA (Gross Value Added).[83] It's calculated from a robust methodology based on the recognised international framework.

In 2021:

- total GVA at basic prices increased by 9.2% in real terms on an annual basis
- the majority of sectors recorded real term increases in GVA at basic prices, with the hotels, restaurants and bars sector recording the largest percentage increase of any sector and construction also recording a substantial real term increase in GVA when compared to 2020
- total GVA was £5,132 million, which was a growth from the previous year (£4.7 million in 2020), but back on trend from 2019 (£5.2 million in 2019)

A comparison between the Jersey house prices,[84] average earnings,[85] and retail price index[86] is shown in Figure 11.5. House prices over time continue to show a greater overall increase than earnings and retail prices.

Figure 11.5. House prices, average earnings, and retail prices (1990 to 2021)



Source: House Price Index, Average Earnings Index and Retail Prices Index

Educational Attainment

In the 2021 Census report, it found that:

- 28% of adults aged 16-64 had a degree-level (or equivalent) qualification
- 14% of adults aged 16-64 had a higher education below degree-level
- 42% of adults aged 16-64 had a higher-level qualification
- 15% had no formal qualifications

The latest available UK data[87] considers 'a graduate is as a person who is aged over 20, not enrolled on any educational course and who has a level of higher education above A level standard' (aged 21-64)

In Jersey, 45% of adults aged 21-64 held some form of higher-level qualification, a greater proportion than that recorded in the UK (42%). The proportion of adults aged 21-64 in Jersey with no formal qualifications (15%) was greater than that recorded for the UK (8%).

Table 11.4. Highest level of educational qualification, adults aged 16-64 and all adults 16+

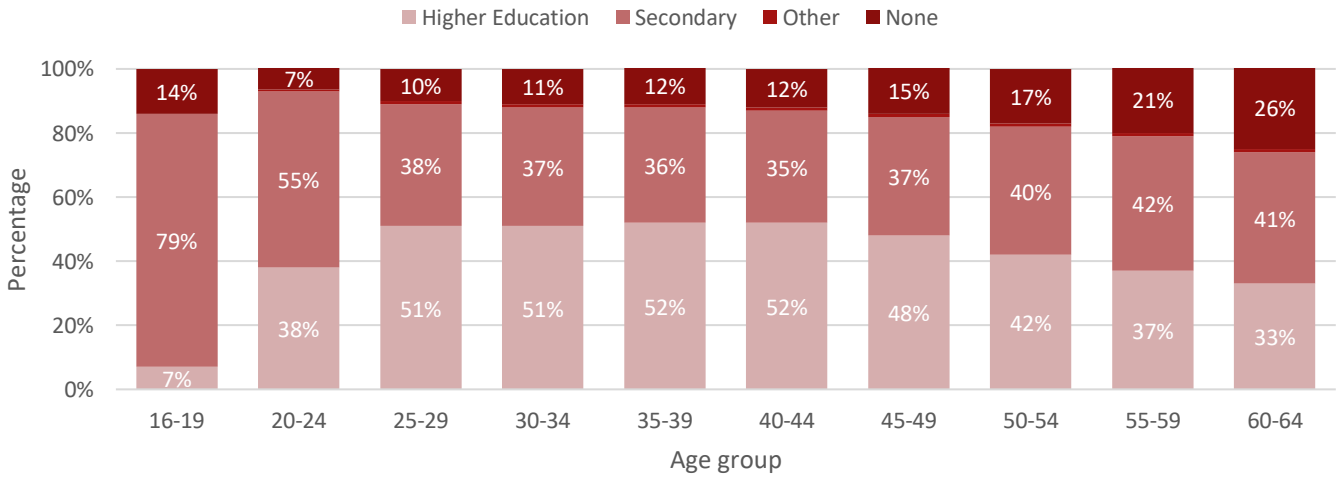
	Adults aged 16-64		All adults 16+	
Highest qualification (or equivalent)	**Persons**	**Percent**	**Persons**	**Percent**
Higher education at or above degree-level	19,348	28%	22,096	25%
Higher education below degree-level	9,506	14%	11,280	13%
2 or more A-Levels	6,184	9%	6,929	8%
NVQ 3	5,266	8%	6,214	7%
1 A-Level or 2 AS-Levels	1,450	2%	1,717	2%
5 or more GCSEs grade A-C*	7,245	11%	8,808	10%
NVQ 2	2,415	4%	2,955	3%
GCSEs (any)	5,674	8%	7,511	9%
NVQ 1	382	1%	473	1%
Other qualification	463	1%	764	1%
No formal qualifications	10,122	15%	18,044	21%

Source: 2021 Census

The proportion of adults with no formal qualifications increased with age, from around 7% of adults aged 20-24 with no formal qualifications compared to around 26% of adults aged 60-64. 14% of adults aged 16-19 had no formal qualifications, however this is impacted by 16-year-olds that were captured in this bracket but had yet to sit their GCSE examinations.

The age groups for adults aged 25 to 44 had the greatest proportions of adults with higher-level educational qualifications at around half (51% to 52%) as shown in Figure 11.6.

Figure 11.6. Highest level of educational qualification by age (adults aged 16-64) (2021)



Source: 2021 Census

Pupil Absence

The Children, Young People, Education and Skills Department will be publishing their own report regarding pupil absence in the coming months. Due to the disruptions caused by the COVID-19 pandemic it is not possible to report on figures at this point.

For further information, please visit Children, Young People, Education and Skills page[88] on www.gov.je.

Air and Water Quality

Air quality:

An automatic monitoring station for nitrogen dioxide (NO^2) has been located on Halkett Place, St Helier since January 2008. In November of 2021 this was re-located to a new position to measure NO^2 levels from traffic using Beresford Street. Monitoring sites of this kind are likely to be affected by specific emission sources (such as a petrol station or paint-spraying processes), as well as general background locations. Readings from these monitors are not necessarily representative of general or average air quality across the island, but can never the less be used to give some indication of air pollution levels.

The 2021 automatic monitors period mean (21 µg m^3) was slightly higher than that recorded in 2020 (19µg m^3). The diurnal (day to night) pattern in concentrations of NO^2 at Halkett Place was similar to that observed in previous years. There was a clear peak in the early morning between 07:00 and 08:00, with another slight peak in the afternoon rush-hour. The morning peak is thought to reflect early activity of market retailers arriving to set-up for the day using refrigerated vehicles and daily refuse collections.

Overall in 2021, hydrocarbon monitoring at various sites in Jersey (La Bas Centre, Halkett Place, Faux Bie) have shown a decrease compared with 2020.

For further information, please refer to the Air Quality Monitoring Report[89] on www.gov.je.

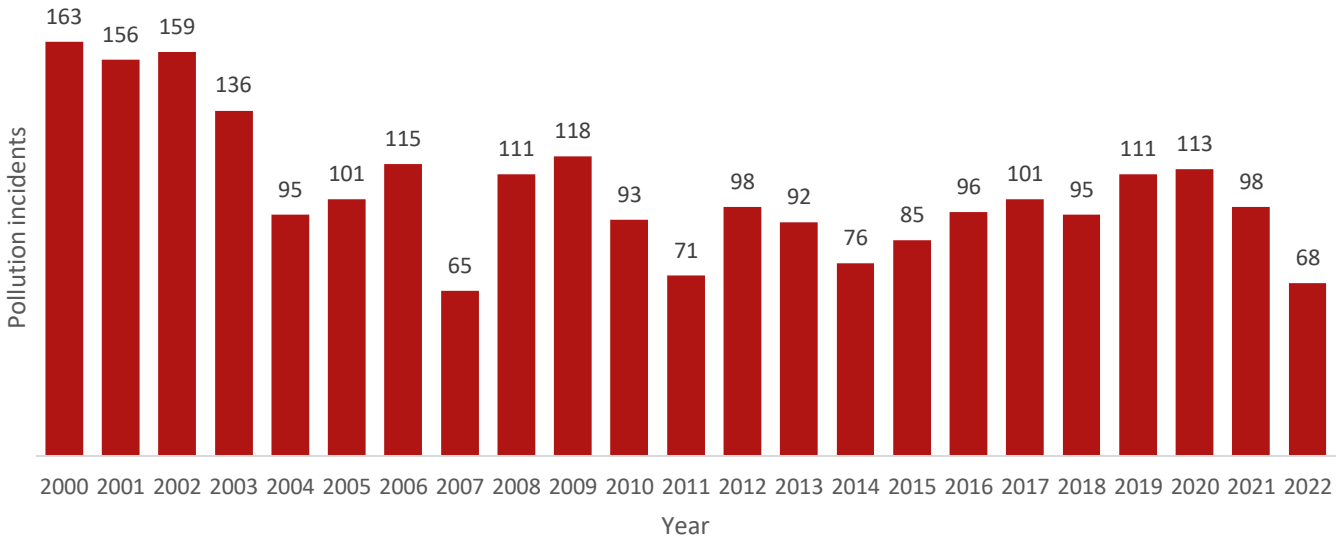
Water quality:

In 2021, there were 68 water pollution incidents reported. This is a 58% drop from the last highest recorded water pollution in Jersey (163 in 2000).

16 of Jersey's sea water[90] at different locations were tested on 26th-27th September 2022 for monitoring. 13 were 'excellent', 2 were 'good' and 1 location was 'poor'.

For further information, please refer to the Water Statistics page[91] and the Sea Water Monitoring page[92] on www.gov.je.

Figure 11.7. Total number of water pollution incidents (2000 to 2022)



Source: States of Jersey Department of the Environment

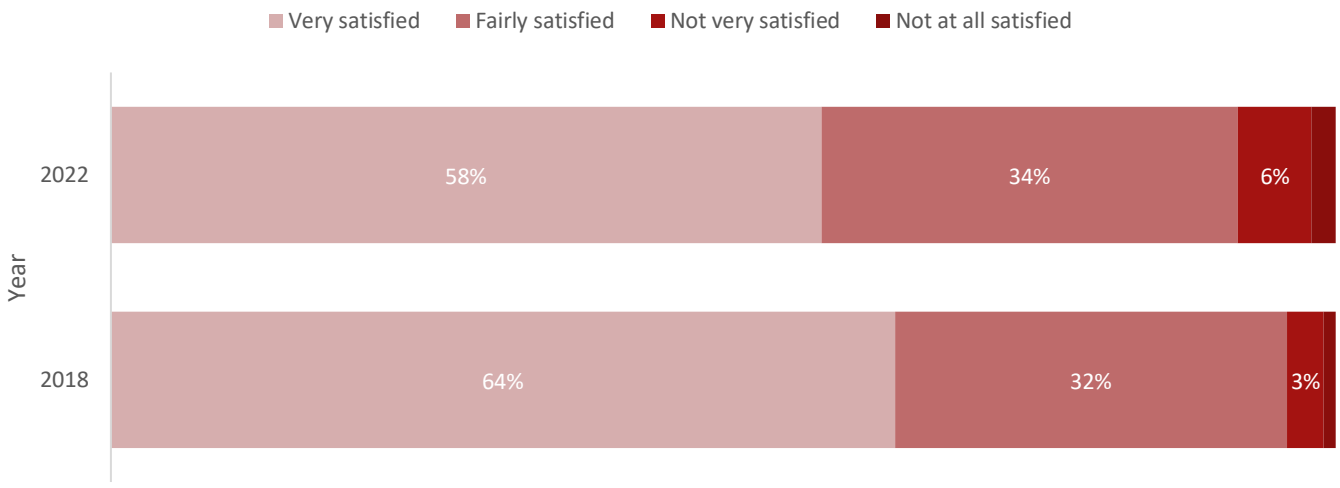
Housing

JOLS reported that 91% of adults were 'very' or 'fairly' satisfied with their current housing, a slight decline from 2018 (96%) (Figure 11.8). The proportion of adults who were very satisfied with their current housing ranged from 44% of adults who lived in St Helier to 70% of adults who lived in rural parishes.

74% of owner-occupiers were very satisfied with their current housing, compared to 27% of adults in social rental property.

91% of adults were satisfied with their current housing

Figure 11.8. Satisfaction with current housing (2018 and 2022)

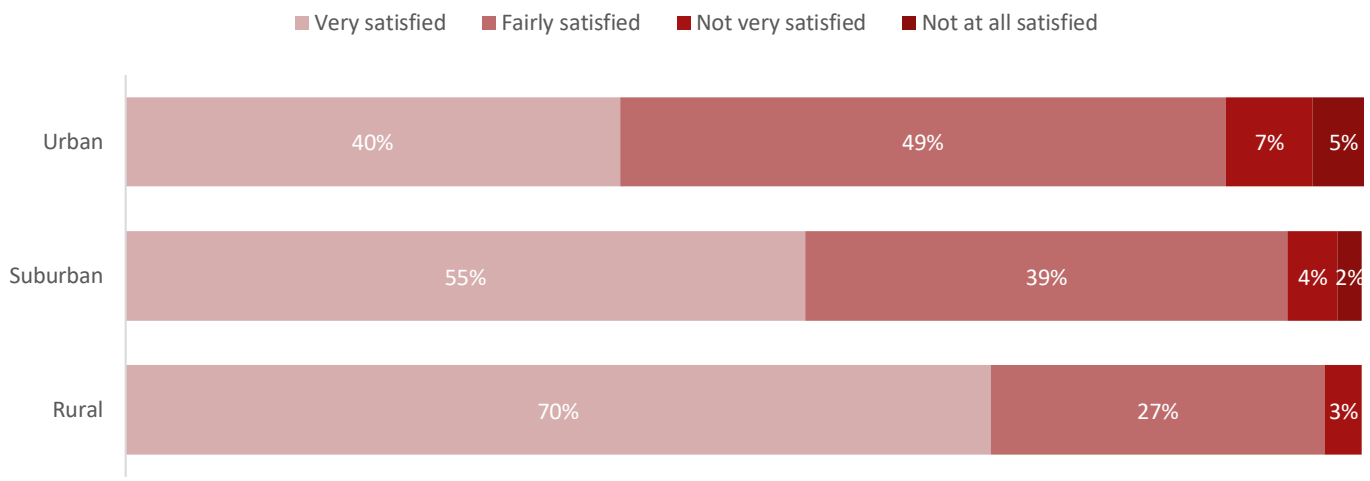


Source: JOLS

Satisfaction with Neighbourhood

- 93% of adults were very/fairly satisfied with their local neighbourhood, a slight decline from 2018 (96%)
- 40% of adults living in St Helier were very satisfied with their local neighbourhood, than those living in rural parishes (70%)
- 96% of owner-occupiers were very or fairly satisfied with their local neighbourhood compared to 75% of adults in social rental accommodation

Figure 11.9. Satisfaction with St Helier as a place to live, by parish of residence (excludes don't know responses) (2022)



Source: JOLS 2022

Accidents

The Jersey road safety website records the number of accidents[93] occurred in Jersey.

The average number of people seriously injured in Jersey was around 45 to 60 people, with the highest number of seriously recorded injuries were 61 in 2017, followed by 59 in 2022. The average number of people slightly injured in Jersey was around 200 to 300 people, with the highest number recorded in 2018 (293).

Table 11.5. Killed or seriously injured in road accidents (2017 to 2022)

Year	*Fatal*	*Serious Injuries*	*Serious Incidents*	*Slight Injuries*	*Slight Incidents*
2022	<5	59	58	183	160
2021	<5	44	43	201	184
2020	<5	48	47	180	155
2019	<5	42	42	242	222
2018	<5	53	52	293	255
2017	<5	61	57	250	218

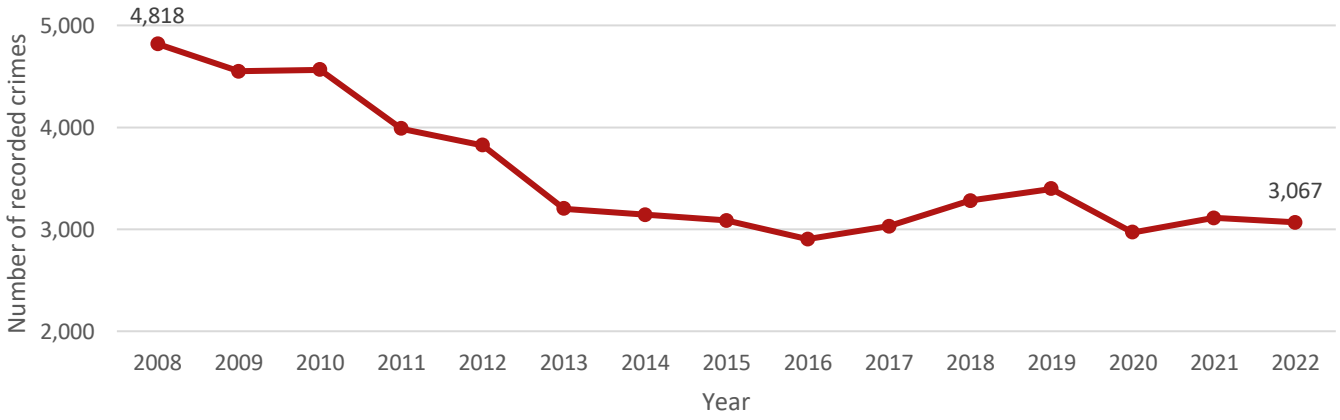
Source: Jersey Road Safety

Recorded Crime

In 2022, Jersey recorded 3,067 crimes (Figure 11.10), of which 795 (60% of offences against the person) were due to 'common assault'. Crime dropped by 36% since 2008.

The proportion of crimes in Jersey are shown in Table 11.6.

Figure 11.10. Recorded crime in Jersey (2008 to 2022)



Source: The States of Jersey Police

Table 11.6. Recorded crimes in Jersey (2022)

Total	*Acquisitive crime*	*Burglary*	*Offences against property*	*Offences against the person*	*Sexual offences*	*Drug offences*	*Other offences*
100%	20%	3%	19%	43%	6%	6%	2%

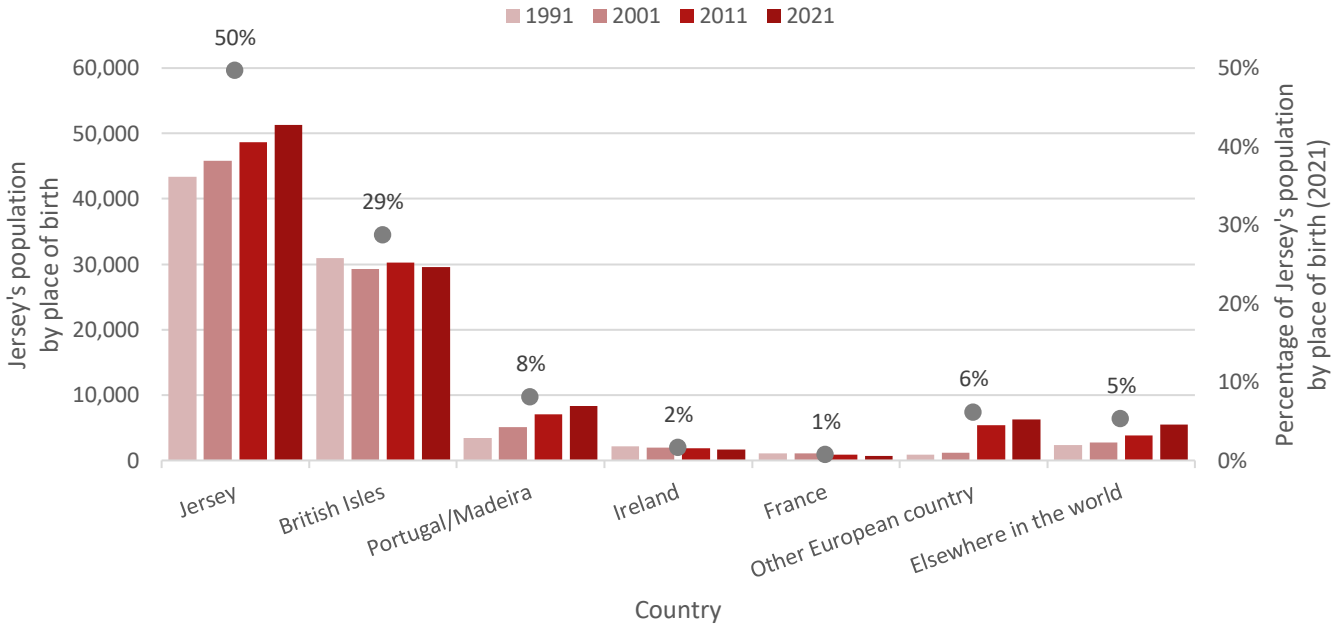
Source: The States of Jersey Police

Ethnicity and Cultural Backgrounds

In the 2021 Census report, half (50%) of Jersey residents were born in Jersey. Nearly 29% were born in the British Isles[94], 8% were born in Portugal/Madeira, and 3% were born in Poland.

The number of Jersey residents who were born in Jersey has increased throughout the last three decades. Although at a lower level, the number of Jersey residents who were born in Portugal/Madeira has also been increasing over the same time period. (Figure 11.11.)

Figure. 11.11. Place of birth of Jersey residents over the last four decades, as measured by census (1991 to 2021)



Source: 2021 Census

The 2021 Census asked residents of Jersey to identify which ethnic category they felt best described themselves. 44% of Jersey residents considered their ethnicity to be 'Jersey', whilst almost a third considered themselves to be 'British'.

9% of Jersey residents considered themselves to be Portuguese or Madeiran: representing almost 1,500 more people than those who were born in Portugal or Madeira.

Ethnicity

While place of birth is informative, a person's self-reported ethnicity can give a different perspective. For example, someone born outside of Jersey who has lived in the Island for many years might consider themselves of 'Jersey' ethnicity. On the other hand, someone else born in Jersey but with parents from outside of the Island may consider their parental or cultural heritage to be the key influence in defining their ethnicity.

Table 11.7. Ethnicity of Jersey residents (2011 to 2021)

	Ethnicity	2021	Percent	2011	Change
White	Jersey	45,849	44.4%	45,379	+470
	British	31,534	30.5%	31,974	-440
	Irish	2,199	2.1%	2,324	-125
	French	692	0.7%	841	-149
	Polish	3,080	3.0%	3,273	-193
	Portuguese/Madeiran	9,739	9.4%	8,049	+1,690
	Romanian*	1,427	1.4%	454	+973
	South African*	716	0.7%	326	+390
	Other	3,737	3.6%	2,951	+786
Asian	Indian	632	0.6%	377	+255
	Thai	267	0.3%	200	+67
	Chinese	190	0.2%	182	+8
	Other	853	0.8%	456	+397
Black	African	764	0.7%	256	+508
	Caribbean	145	0.1%	85	+60
	Other	66	0.1%	38	+28
Mixed	Black and White	449	0.4%	+692	+685
	White and Asian	503	0.5%		
	Other**	425	0.4%		

**These were not listed as separate options on the 2011 form and were contained in the "other white" write-in option*
***Includes the 'Mixed – Asian and Black' category (approximately 10 people)*
Source: 2021 Census

Indicators of Deprivation by Parish Vingtaines

The Statistics Jersey team have used analysis from the Census 2011 and 2021 Survey to produce Indicators of Deprivation by Parish Vingtaines[95]. Indicators have been selected based on research conducted on other methods of deprivation indices such as the Carstairs method[96], Multiple Deprivation Index[97] (used in the UK), and Social Deprivation Index[98], while taking into account availability of Jersey data.

Table 11.8. Indicator definitions

Indicator	Definition
Overcrowding	Proportion of individuals in private households that are 'overcrowded' according to the bedroom standard
Total unemployment	Proportion of economically active individuals that are seeking or waiting to start work
No car	Proportion of individuals in private households that do not have a car or van available for use by members of the household
Routine and manual occupations	Proportion of individuals in private households with economically active heads of households, where the head has a routine or manual occupation
Non owner-occupied households	Proportion of occupied households that are not owner-occupier households
No educational qualifications	Proportion of individuals aged 16-64 with no formal educational qualifications
Pensioners	Proportion of individuals aged 65 and over
Children under 5	Proportion of children (under 16) in private households that are under 5 years of age
Single parent	Proportion of private households with 1 single parent
Self-reported health status	Those who rated their health as Very Poor or Poor

Source: Indicators of Deprivation by Parish Vingtaines Report

Table 11.9 summarises the proportion of individuals or households across Jersey for each component indicator in 2021 and in 2011, as well as the percentage point change.

Between 2011 and 2021:

- proportions across Jersey of overcrowded households, people in households with no car, people in unemployment, working in routine and manual occupations, and with no educational qualifications, and proportion of children who were under five, all decreased
- the proportions of non owner-occupied households, pensioners, and single parent households, all increased

Table 11.9. Indicators for Jersey (2021 vs 2011)

Indicator	*2011*	*2021*	*Change*	*Direction of change*
Overcrowding	7.0%	5.5%	-1.5%	↓
Total unemployment	4.7%	3.5%	-1.2%	↓
No car	10.9%	10.5%	-0.4%	↓
Routine and manual occupations	32.0%	28.6%	-3.4%	↓
Non owner-occupied households	45.7%	46.6%	0.9%	↑
No educational qualifications	22.4%	15.6%	-6.8%	↓
Pensioners	14.8%	18.1%	3.3%	↑
Children under 5	29.0%	28.3%	-0.7%	↓
Single parent	7.9%	8.3%	0.4%	↑
Self-reported health status	N/A	4.1%	N/A	N/A

Source: Indicators of Deprivation by Parish Vingtaines Report

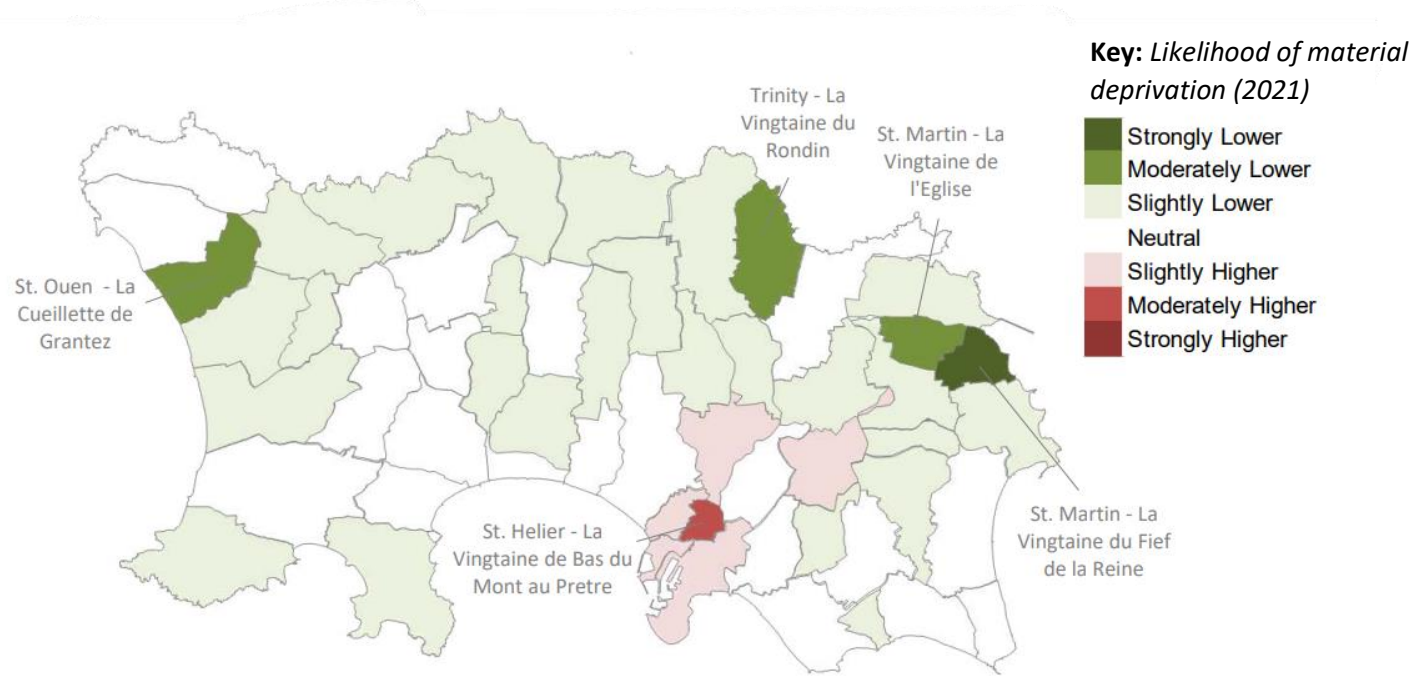
The combined index is a sum of standardised scores across all indicators in Table 11.8, excluding self-reported health this indicator is unavailable for 2011.

- In 2021, the combined index suggests that La Vingtaine de Bas du Mont au Pretre was more likely to be materially deprived. La Vingtaine du Fief de la Reine in St. Martin along with three other vingtaines were less likely to be materially deprived (Figure 11.12)
- In 2011, La Vingtaine de Bas du Mont au Pretre and Canton de Haut de la Vingtaine de la Ville in St. Helier were more likely to be materially deprived than other vingtaines (Figure 11.13)

The Indicators of Deprivation by Parish Vingtaines Report found that indicators that contributed to St Helier vingtaines being more likely deprived in 2021 were:

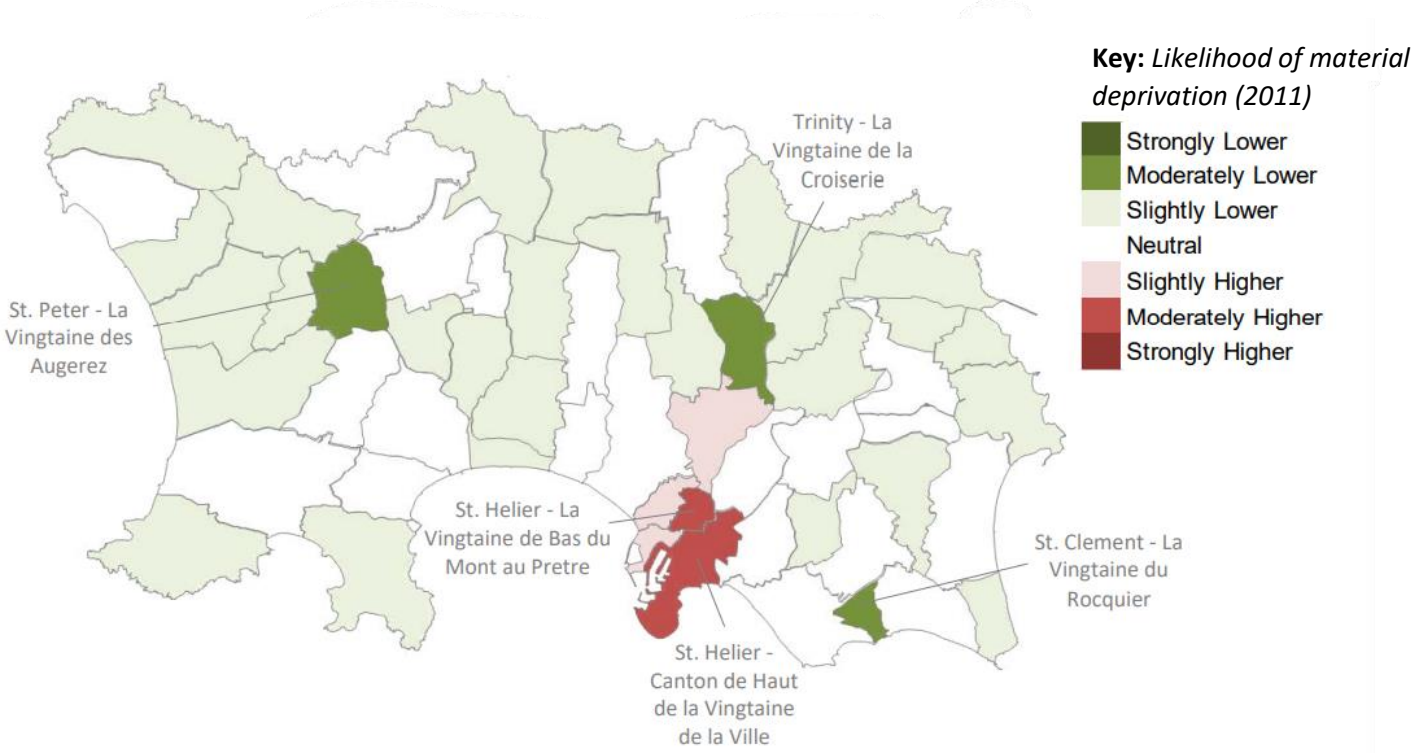
- higher proportion of routine and manual occupations
- higher proportion of non owner-occupied households
- higher overcrowding
- higher proportion with no educational qualifications
- higher proportion of children under 5
- higher proportion with no car

Figure 11.12. Combined index of deprivation (2021)



Source: Indicators of Deprivation by Parish Vingtaines Report

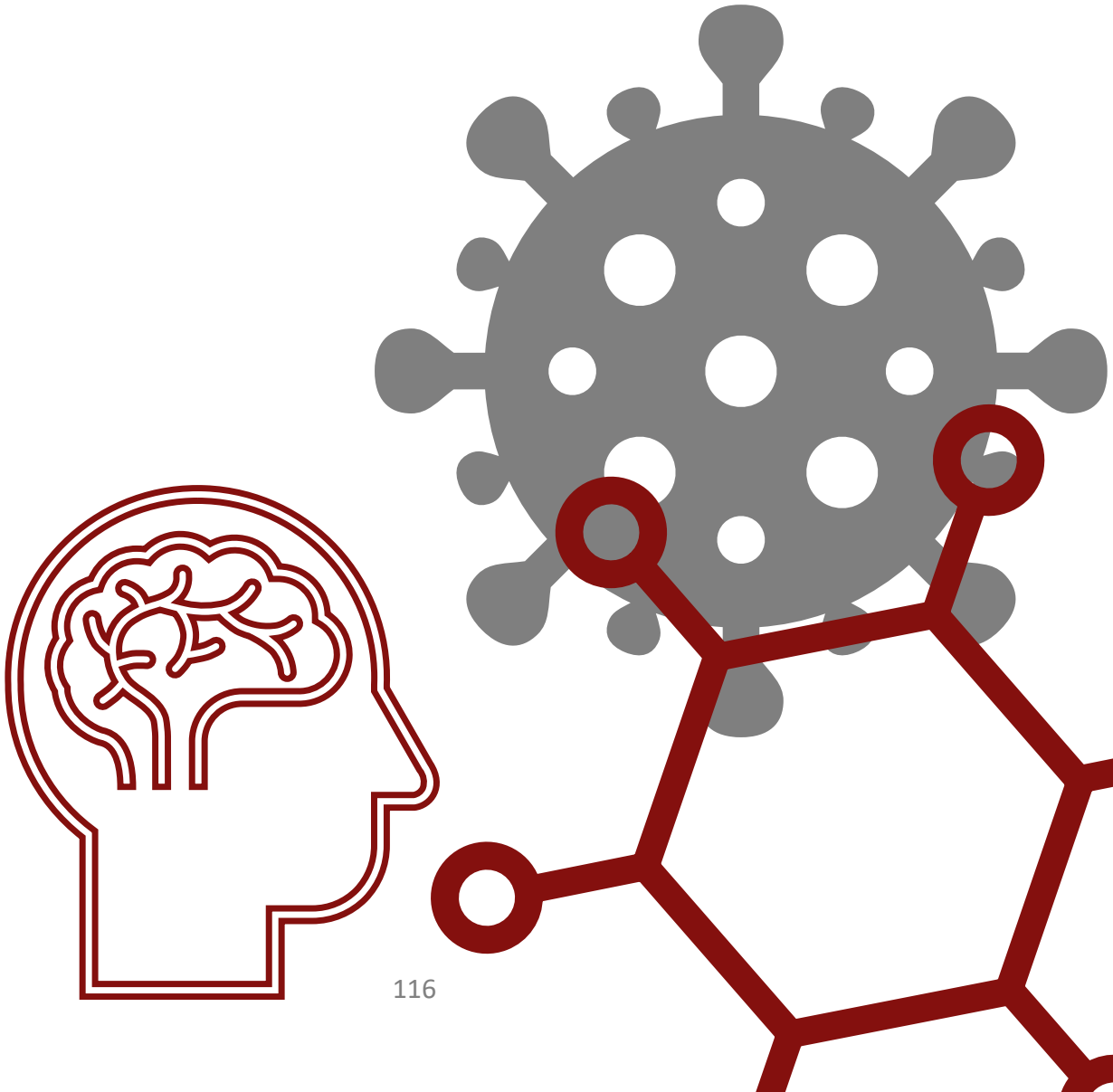
Figure 11.13. Combined index of deprivation (2011)



Source: Indicators of Deprivation by Parish Vingtaines Report

For further information, please refer to the Indicators of Deprivation by Parish Vingtaines Report[91] on www.gov.je.

COVID-19



COVID-19 Case Rates

COVID-19, also referred to generally as “coronavirus” [99] is a respiratory disease caused by SARS-CoV-2. COVID-19 was first discovered in 2019 and quickly spread worldwide. The virus mainly spreads from person to person through respiratory droplets produced when an infected person coughs, sneezes, or talks.

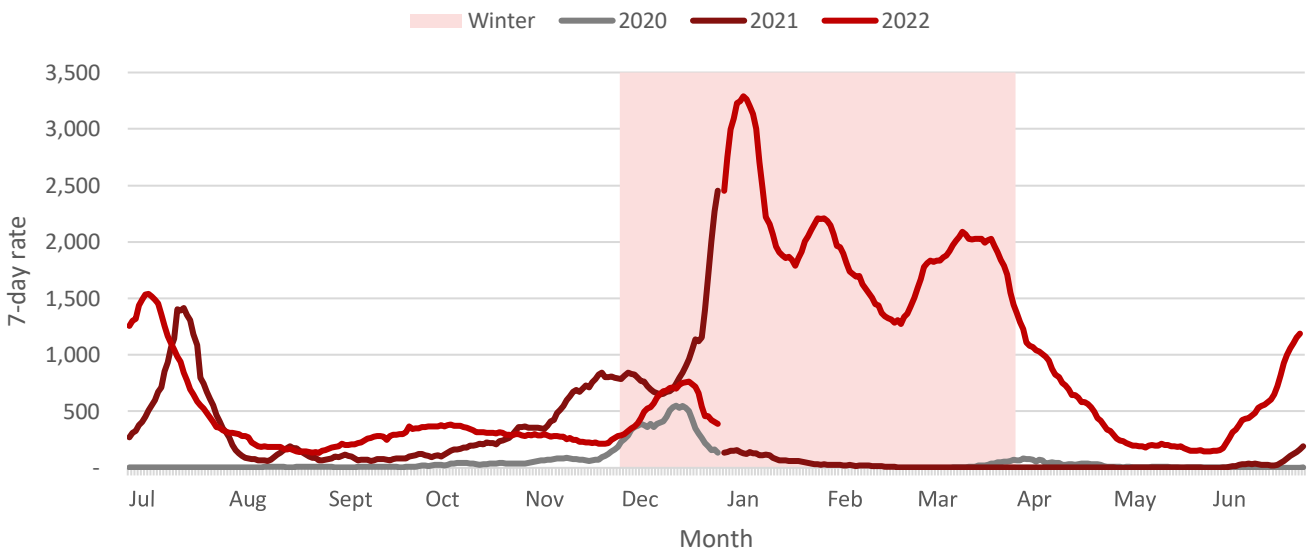
Some people who are infected may not have symptoms and for those that do have symptoms, the illness can range from mild to severe, with severe outcomes being more likely in older people, and to a lesser extent in those with certain underlying clinical conditions.

The first case of COVID-19, recorded in Jersey was March 2020, and the first wave of COVID-19 in Jersey's population occurred in April 2020. Waves of infection followed in the winter, and also in the summer months of 2021 and 2022, indicating that COVID-19 is not a strictly seasonal winter illness (Figure 12.1).

Public health guidance, non-pharmaceutical interventions, and the PCR testing offer in Jersey have changed over the course of the pandemic, all of which have affected the number cases identified through testing.

Further metrics concerning COVID-19 in Jersey can be found in the weekly epidemiological report and on opendata.gov.je [100], whilst a timeline of the pandemic events and measures introduced by government are summarised in the Jersey Independent COVID-19 Review[101].

Figure 12.1. 7-day case rate for COVID-19 per 100,000 population (2020 to 2022), Jersey



Source: IPHR, Public Health Intelligence

COVID-19 Immunisation

Since the first vaccines for COVID-19 were approved in late 2020, there has been widespread uptake of COVID-19 immunisation amongst the population in Jersey. As at 1st January 2023, Jersey had immunised 82% of its population with a first dose, 79% with a second dose and 63% with a third dose of a COVID-19 vaccination. Table 12.1 provides the percentage breakdown per dose, and Figure 12.2 provides the number breakdown administered per dose.

A fourth dose, also known as the spring booster, became available on 11th March 2022 and was offered to population groups that are most vulnerable (for example those aged over 75 and those clinically at risk), and a further dose, the "Autumn Booster 2022" became available on the 1st of September 2022 for those aged 50 and over, other vulnerable groups and health and social workers.

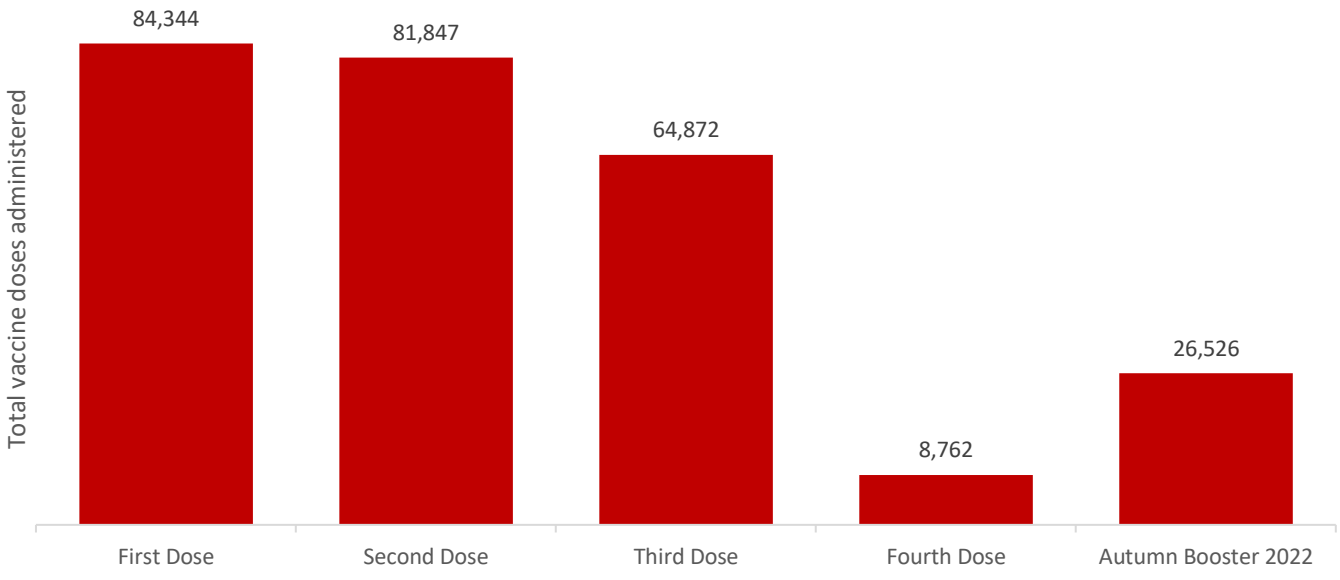
Further details on the COVID-19 vaccination campaign to date in Jersey can be found in the COVID-19 Vaccine Priority Group Report.[102]

Table 12.1. Percentage of vaccine population coverage achieved in Jersey as at 1st January 2023

2021 Population	*First Dose*	*Second Dose*	*Third Dose*	*Fourth Dose**	*Autumn Booster 2022**
103,267	82%	79%	63%	8%	26%

**Offer restricted to certain population groups*
Source: EMIS

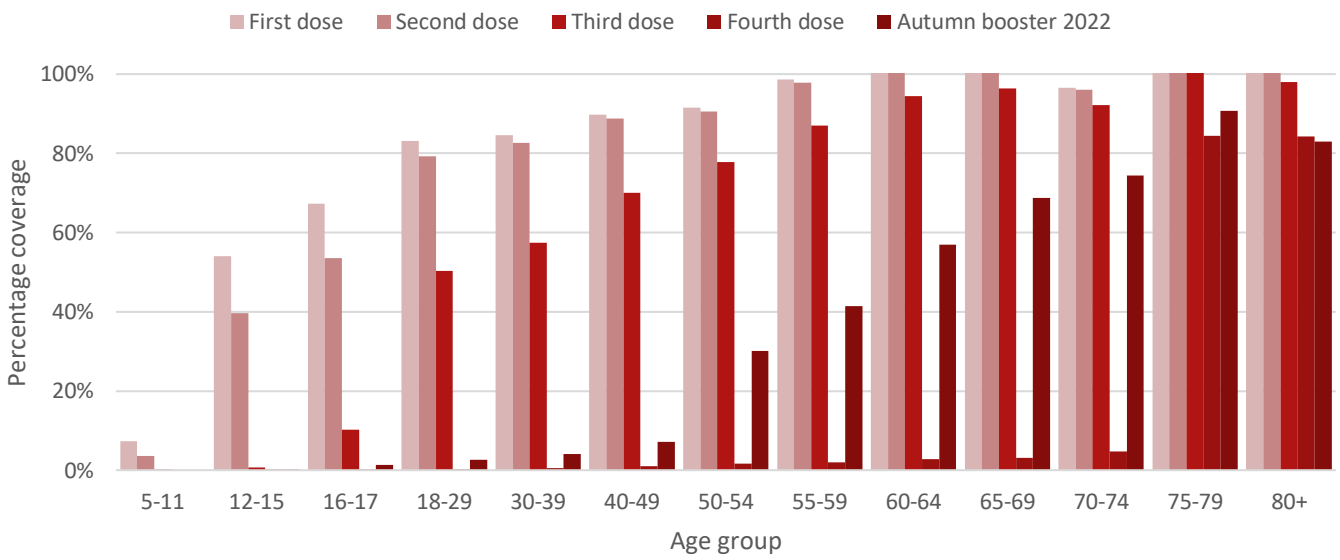
Figure 12.2. Total COVID-19 vaccinations delivered as at 1st January 2023



Source: EMIS

Jersey achieved very high (over 95%) vaccine coverage of the population for first and second doses amongst those aged 55 and over (Figure 12.3), similar to the coverage achieved in England.[103]

Figure 12.3. Percentage of vaccination coverage by age group as at 1st January 2023



Source: EMIS

Impact of COVID-19 on Lifestyle

The COVID-19 pandemic has had an impact on many people's lives. Questions were asked in the 2020 Jersey Opinions and Lifestyle Survey and the 2021 Health, Activity and Wellbeing Survey on how the pandemic had influenced their lives.

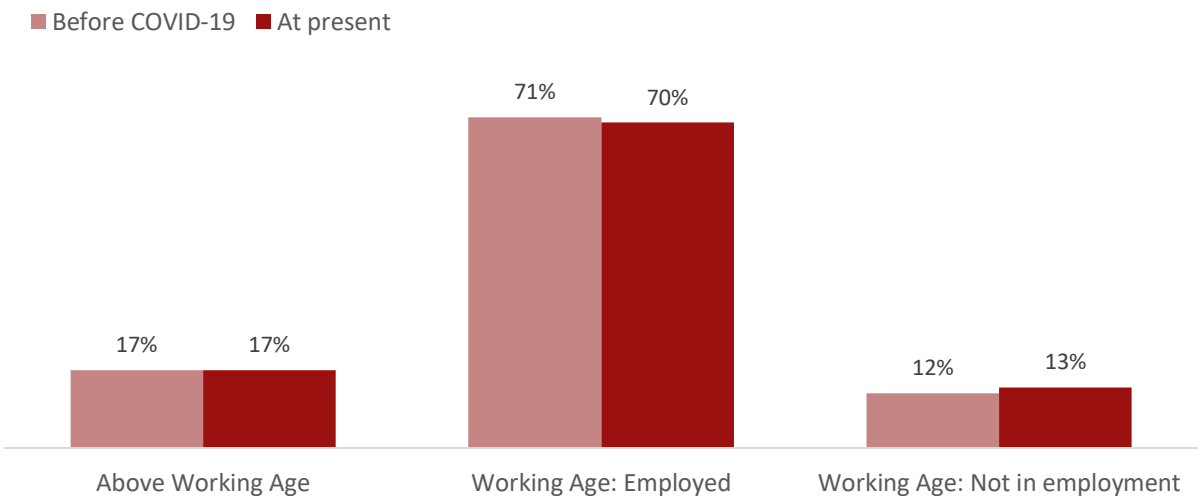
In 2021, people were asked to best describe their work status. Figure 12.4 shows that patterns of work status across the population were very similar before the COVID-19 pandemic and at the time of the survey (2021).

Around 17% of people were above working age (65 years or older), around 70% of people were in employment, and around 13% were of working age (under 65 years) and not in employment.

86% of males and 81% of females were of those of working age in employment.

- 'working age' includes adults aged under 65
- 'employment' category includes part-time workers and self-employed
- 'not in employment' category includes homemakers, those in full-time education, and those unable to work due to sickness/disability, the unemployed, and those who have retired aged under 65 years

Figure 12.4. Working status before the COVID-19 pandemic, and at the time of the HAWS survey (2021)

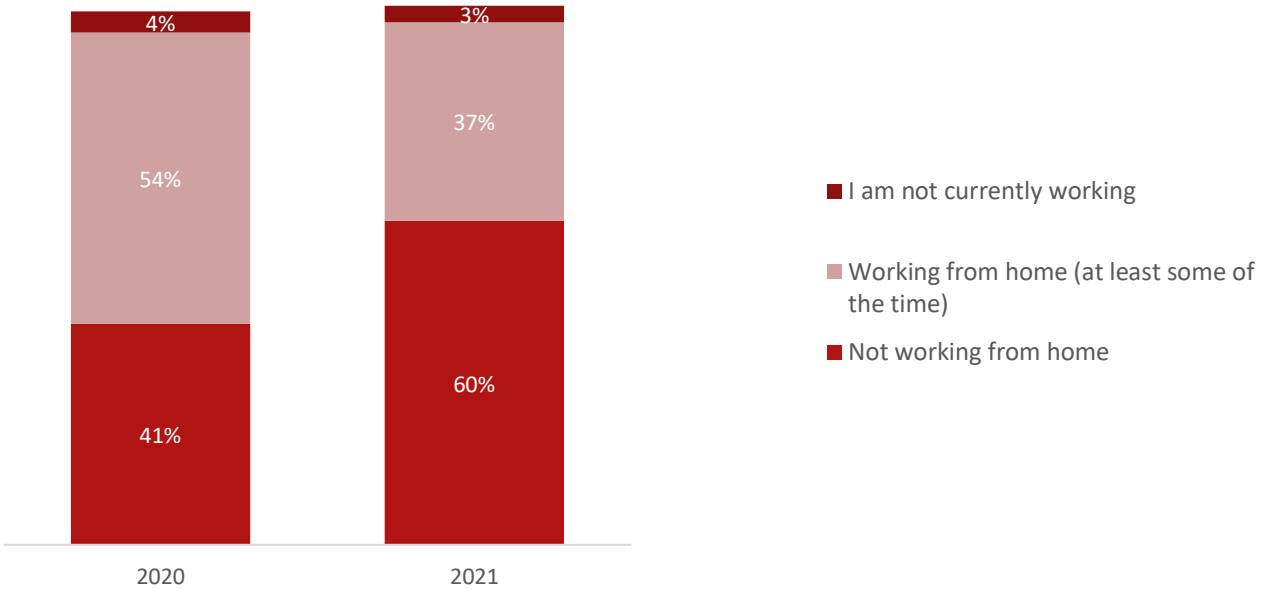


Source: HAWS 2021

37% of working age adults were working from home at least some of the time in 2021 (Figure 12.5). This is slightly less than in June/July 2020, when 54% of working adults indicated they were working from home at least some of the time.

Of those who reported working from home at least some of the time, the majority (84%) reported that home was not their usual place of work before the pandemic. The pandemic has therefore triggered a shift to working from home (at least partially) for around a third of working people.

Figure 12.5. Occurrence of working from home, amongst adults of working age (aged under 65 years) (2020 and 2021)

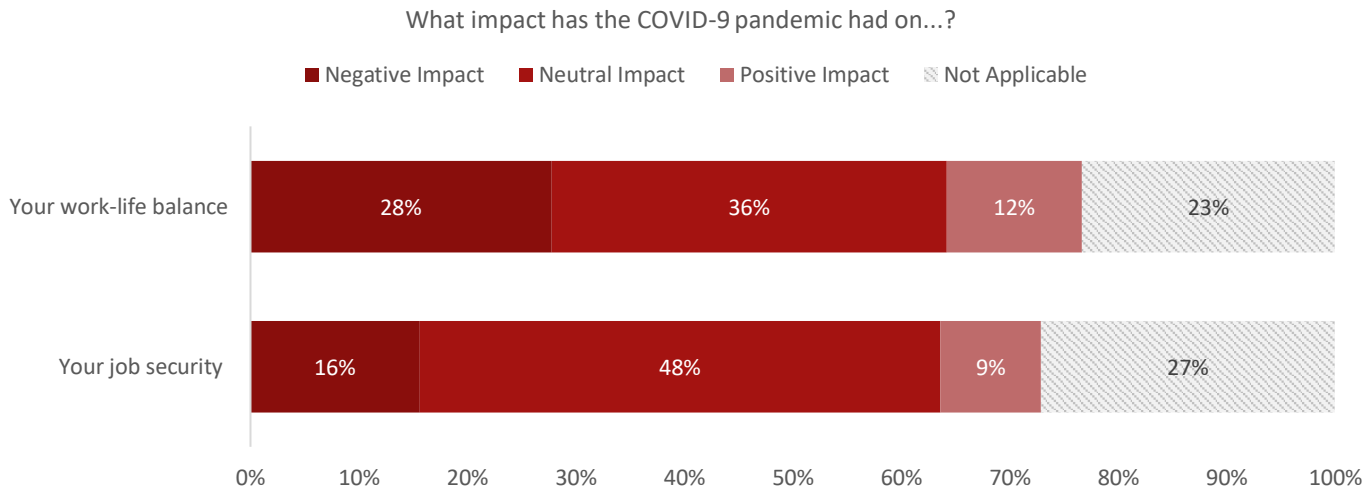


Source: JOLS 2020, HAWS 2021

28% of employed respondents said that COVID-19 had a negative impact on their work-life balance, whilst about 12% said it had a positive impact on their work-life balance (Figure 12.6).

The remaining 36% said COVID-19 had a neutral impact on their work-life balance, or that they did not feel the question was applicable to them. Job security was negatively impacted for 16% of people.

Figure 12.6. Impact of the COVID-19 pandemic on work-life balance and job security

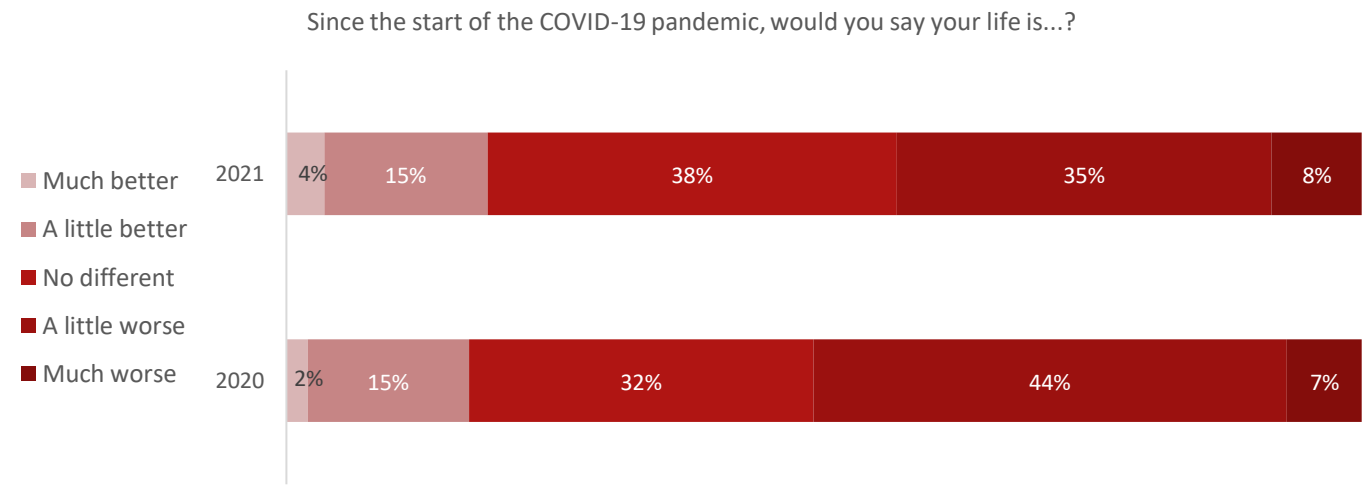


Source: HAWS 2021

In 2021, the proportion of people who said their life was a little or much worse since the start of the COVID-19 pandemic was 43%, compared to 51% when the same question was asked back in 2020 (Figure 12.7).

In 2021, 19% said life was a little or much better, and the remaining 38% of people considered there to have been no difference since the COVID-19 pandemic began.

Figure 12.7. Proportion of people that thought their life was better, worse, or no different since the start of the COVID-19 pandemic (2020 and 2021)

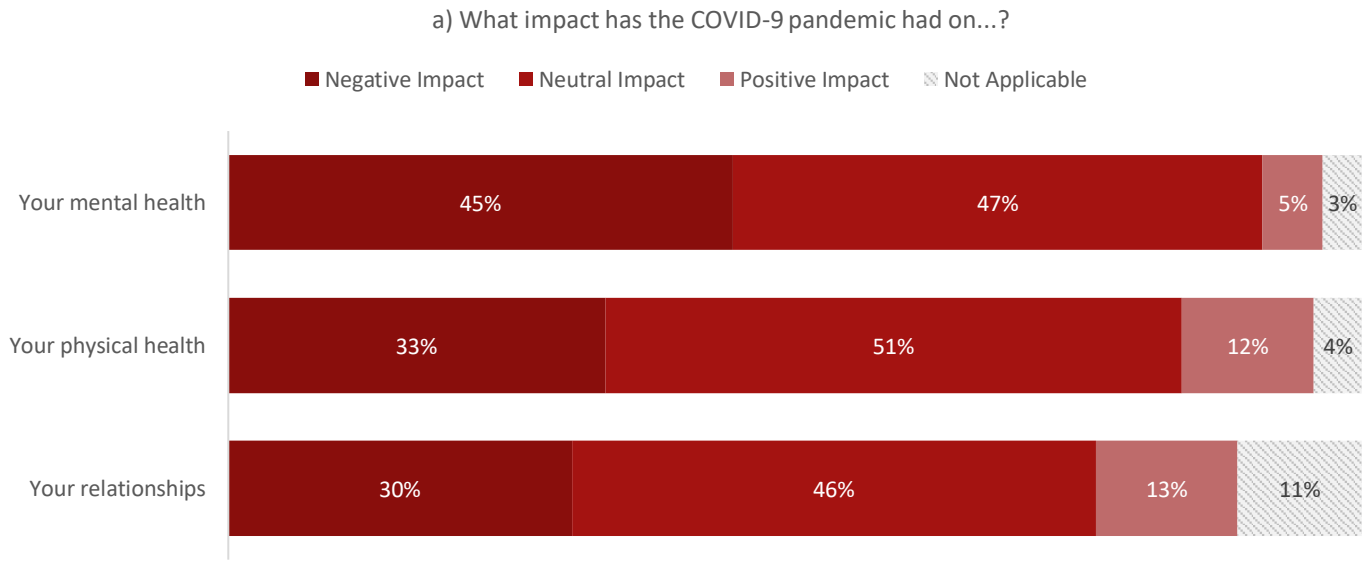


Source: JOLS 2020, HAWS 2021

A significant number of people perceived their health to have been negatively impacted by the COVID-19 pandemic: almost half (45%) of people said the COVID-19 pandemic had a negative on their mental health, and 33% of people said it had negatively affected their physical health (Figure 12.8).

A small percentage of people experienced a positive impact on health, with 5% reporting positive impact on mental health and 12% reporting positive impact on physical health (Figure 12.8). Around one in eight people reported the pandemic had a positive impact on their relationships (13%), whilst 30% found it had a negative impact on their relationships.

Figure 12.8. Perceptions of the impact of the COVID-19 pandemic on health and relationships: either negative, positive, neutral, or not applicable.



Source: HAWS 2021

45% of people said that COVID-19 had a **negative impact** on their **mental health**

33% said that COVID-19 had a **negative impact** on their **physical health**

and,

30% said that COVID-19 had a **negative impact** on their **relationship**

COVID-19 Deaths

In 2021 COVID-19 was mentioned on 37 death certificates in Jersey (deaths involving COVID-19), with 30 of these being classified as COVID-19 being the underlying cause of death (deaths due to COVID-19). In 2021, deaths where COVID-19 was recorded as the underlying cause of death accounted for 4% of all deaths in Jersey compared to 13% of all deaths in England and Wales.

For deaths with COVID-19 as the underlying cause of the death:

- the age-standardised mortality rate (ASMR) was 30 deaths per 100,000 people, compared to 114 in England and Wales18
- 60% of COVID-19 deaths were among people aged 80 years and over
- 67% of COVID-19 deaths were males and 33% were females

In addition to the 37 deaths which involved or were due to COVID-19, there were an estimated 8 people who died within 60 days of a positive test, where COVID-19 was not mentioned or classified on the death certificate, less than 5 of whom died within 28 days of a positive test.

In 2022, 61 deaths occurred where COVID-19 was mentioned on the death certificate. These are considered provisionally COVID-19 deaths. Public Health are waiting for completion of ICD-10 coding which will determine whether COVID-19 is considered the underlying cause of these deaths, and a full analysis of 2022 deaths will be provided in the Annual Mortality Report 2022.

Sources of Data

Population

Population figures from the census have been used for census years (2011 and 2021), and mid-year population estimates have been used for years where census has not been conducted. Statistics Jersey are currently revising the population estimates for the period 2012 to 2020 (based on findings from the 2021 census). The life expectancy tables produced in this report will be updated accordingly when these population estimates become available.

Deaths

Death's data used in this report include those deaths that were registered in Jersey, plus deaths that occurred abroad to Jersey residents where the body was repatriated to Jersey.

Jersey Opinion and Lifestyle Survey:

Every year Statistics Jersey collects the experiences and opinions of Islanders to help influence Government policy through the Jersey Opinion and Lifestyle Survey (JOLS). Over the last 17 years, this survey has allowed 25,000 Islanders to share what life is like for them and play their part in shaping Jersey's future. Only households specifically chosen can complete the survey. This is to ensure that a random, unbiased group of people that truly represents Jersey is sampled.

The survey collects detailed information on a wide range of social issues and provides official social statistics about Jersey. Allowing everyone in the Island to have a better understanding of social issues and for policy to be made from a more informed standpoint.

The survey is run, analysed, and published by Statistics Jersey.

Reports can be found here: Jersey Opinions and Lifestyle Survey (JOLS) (gov.je)

Jersey Children and Young People's Survey

Formerly known as the Health Related Behaviour Questionnaire (HRBQ) and the Jersey School Survey, this survey and subsequent report was first run in 1996 to record the attitude and behaviour of children and young people in Jersey, in terms of their lifestyle, health and wellbeing. The survey has been run in-house by Statistics Jersey since 2018, at a frequency of every two years. For continuity, Statistics Jersey continue using a number of questions in order to measure changes over time. Some of the questions in the questionnaire are taken from, or based on, the work of John Balding, Schools Health Education Unit, Exeter (www.sheu.org.uk).
Published reports can be found here: Jersey Children and Young People's Survey (gov.je)

Health, Activity and Wellbeing Survey 2021:

This survey was run by the Government of Jersey Public Health Directorate in partnership with Jersey Sport and collected information on a range of health and well-being topics affecting Islanders. The responses help to give an in-depth picture of the health, activity levels, and general well-being of Islanders today. The survey was run in 2021, partly because there was a pause to the JOLS survey in 2021 whilst Statistics Jersey carried out the Jersey Census

Report can be found here: Health, Activity and Wellbeing Survey 2021 (gov.je)

Jersey Census

The Jersey Census takes place once every decade. The last census took place on 21 March 2021.
The census:

- gives us the most accurate and up-to-date estimate of the number of people and households in Jersey
- asks questions about you and your household to build a detailed picture of Jersey today
- provides a snapshot of who we are as a community and how we live together

Statistics Jersey runs the census. They are professionally and operationally independent from the Government of Jersey.

Published bulletins can be found here: 2021 census results (gov.je)

Methods

Confidence intervals and statistical significance

Confidence intervals have been used in this report to compare Jersey rates and numbers over time, and with those of Guernsey, UK and IOM. Confidence intervals are a measure of the statistical precision of an estimate and show the range of uncertainty around the estimated figure. 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.

Confidence intervals are often expressed as a % whereby a population mean lies between an upper and lower interval. The 95% confidence interval is a range of values that one can be 95% confident contains the true mean of the population.

Comparisons between rates or over time have been tested to determine whether differences are likely to be statistically significant or the result of natural random variation. Only those differences deemed as statistically significant have been described in this report using terms such as ‘increase’, ‘decrease’, ‘higher’ or ‘lower’.

Crude rates

A crude rate refers to the number of events per 1,000 or 100,000 population.

Life expectancy

Period life expectancy is the average number of additional years a person can be expected to live for if he or she experiences the age-specific mortality rates of the given area and time period for the rest of his or her life.

Jersey's age-specific mortality rates (ASMRs) are applied to estimates of Jersey's population by age and gender using an abridged life table methodology. Abridged life tables (based on five-year age groups) were constructed using standard methods. Separate tables were constructed for males and females using numbers of deaths registered in calendar years and annual mid-year population estimates.

Alcohol and Smoking Related Hospital Admissions and Mortality

These indicators use existing standard methodologies (as published by Public Health England)[104] to produce numbers of hospital admissions and deaths.

Multi-morbidity

The data used in this report is extracted from the General Practitioner Central Server (GPCS). The registers are calculated based on patients considered 'active' at year end – that is, any patient registered with a Jersey GP practice who had had a consultation within the previous five years, or who had registered with a GP surgery in the previous six months.

Appendix 1 details the criteria used to identify patients on each of the 12 long-term conditions. The criteria are defined as per the Jersey Quality Improvement Framework (JQIF).

Patient counts below 5 are suppressed, and all counts are rounded to the nearest 5 throughout the report.

Disease combinations (e.g. pairs, triads, quads) are inclusive, meaning for each combination all patients with that set of morbidities are included regardless of whether they have other additional conditions.

For example, somebody with 3 conditions (obesity, hypertension, and diabetes) would be counted in all 3 of the following disease pairs:

- Obesity and hypertension
- Hypertension and diabetes
- Diabetes and obesity

The number of possible disease pair combinations is 66, for disease triad combinations is 220 and for disease quad combinations is 715. Not all disease combinations are found amongst Jersey's population. Analysis for this report looked at all combinations, and the report summarises those which were found to be most commonly co-occurring.

Where figures are expressed as a proportion of the population, the population figures from the 2021 Census (published by Statistics Jersey) have been used as a denominator.

Appendix 1: Jersey Quality Improvement Framework (JQIF) disease register descriptions:

Code	Condition	Definition
AST001	Asthma	A register of patients with asthma, excluding patients with asthma who have been prescribed no asthma-related drugs in the preceding 12 months
CHD001	Coronary Heart Disease	A register of patients with coronary heart disease
CKD005	Chronic Kidney Disease	A register of patients aged 18 years or over with CKD with classification of categories G3a to G5 (previously stage 3 to 5)
COPD001	Chronic Obstructive Pulmonary Disease	A register of patients with COPD
DEM001	Dementia	A register of patients diagnosed with dementia
HF001	Heart Failure	A register of patients with heart failure
HYP001	Hypertension	A register of patients with established hypertension
MH001	Mental Health	A register of people with schizophrenia, bipolar disorder and other psychoses and other patients on lithium therapy
OB002	Obesity	A register of patients aged 16 or over with a BMI greater than or equal to 30 in the preceding 12 months.
STIA001	Stroke and Transient Ischemic Attack	A register of patients with stroke and TIA

Fast Alcohol Screening Test (FAST)

The Fast Alcohol Screening Test comprises four questions:

1. How often have you had six or more units if female, or eight or more if male, on a single occasion in the last year?
2. How often in the last year have you failed to do what was normally expected of you because of your drinking?
3. How often in the last year have you been unable to remember what happened the night before because you had been drinking?
4. Has a relative, friend, doctor or other health-worker been concerned about your drinking or suggested that you cut down?

For each respondent a score between 0 and 4 was given for each response, the sum of which provides the FAST score (for full scoring system see the Jersey Alcohol profile report, 2021).

Background Notes

World Bank country classifications by income level: 2022-2023

The World Bank assigns the world's economies to four income groups—low, lower-middle, upper-middle, and high income. The classifications are updated each year on July 1 and are based on the GNI per capita of the previous year (2021). GNI measures are expressed in United States dollars (USD) and are determined using conversion factors derived according to the Atlas method.

Group	July 1, 2022 for FY23 (new)
Low income	< 1,085
Lower-middle income	1,086 – 4,255
Upper-middle income	4,256 -13,205
High income	> 13,205

Contributing factors that can affect a person's Life expectancy[105]

The Lancet published an international comparative study of risk factors for shorter life expectancy in Europe. Data was collected from 15 European countries between 2010 and 2016: Finland, Sweden, Norway, Denmark, England and Wales, Netherlands, Belgium, Austria, Switzerland, France, Spain, Hungary, Poland, Lithuania, and Estonia. The study found eight key risk factors which were occupation, income, few social contacts, smoking, alcohol, weight, physical activity, and diet.

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Feedback

If you would like to provide feedback, then please contact us on the following address or email us at: healthintelligence@gov.je

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