2008/09*

HEALTH PROFILE FOR JERSEY

Health Intelligence Unit

Public Health

Health & Social Services Department

JERSEY

Foreword from the Medical Officer of Health

The completion of this first instalment of a comprehensive Health Profile for Jersey, including comparison with our sister Islands, represents a great deal of collaborative work between the Islands.

The primary function delivering good public health is first to understand the health of the population. Good data speaks volumes. Public health intelligence comes first, before we can take the right steps to properly improve and protect the health of our population, and contribute to the planning of health care for the future.

This is just a beginning: it has proved a major task. The next step is to complete a further report which will encompass data up to and including 2011, to bring us up to date. We will build on and improve the content of annual Health Profiles for future years, and add new data areas when needed. It will become the backbone of my future Medical Officer of Health reports.

My thanks to my excellent Health Intelligence Unit led by Jill Birbeck, and to Jenny Cataroche of Guernsey's Public Health Department who conceived the idea, devised the template for the profile and shared her work with us.

This is the latest example of effective, productive partnership working across the Channel Islands.

Dr Susan Turnbull

Medical Officer of Health

Executive Summary

The Health Intelligence Unit within the Health and Social Services Public Health Directorate has produced an annual Jersey Health Profile since 2005. This has been presented as a simple table in previous Medical Officer of Health reports. It was developed, using available local data, in order to give a snapshot of the health of Jersey residents.

The profile is structured around 40 health 'indicators' - quantifiable measures that can be used to help define and gauge progress towards agreed health goals. These are arranged into nine themed groups: Demography; Fertility, Maternal and Infant Health; Life Expectancy; Disease Prevalence and Mortality; Sexual Health; Mental Health; Health Protection; Lifestyle and Wider Determinants of Health.

The indicators have been chosen with reference to the Community Health Profiles produced for England by the Association of Public Health Observatories. The first Guernsey Health Profile was produced in 2011 using 2008 data which are also included in this report. The indicators facilitate performance comparisons between Jersey and some of its nearest geographical neighbours.

This Health Profile for Jersey based on 2008/09 data was compiled retrospectively in 2011.

A retrospective profile for 2010/11 is also in development. Thereafter, annual updates will be released to coincide with publication of the annual MOH/DPH reports.

Jill Birbeck, Head of Health Intelligence

Acknowledgements

Many people have contributed to this report by providing data. Thanks are extended to staff at the Health & Social Services Department, Jersey Statistics Unit and to the Jersey Meteorological Department. Special thanks go to Jenny Cataroche, Public Health Analyst in the Guernsey Public Health Directorate for her initial groundwork in preparing the detailed Health Profile.

Table of Contents

1. DEMOGRAPHY

Population..... 8

Population density..... 9

2. FERTILITY, MATERNAL HEALTH AND INFANT HEALTH

General Fertility Rate..... 10

Total Fertility Rate..... 11

Stillbirth Rate..... 12

Infant Death Rate..... 13

Low birth weight rate..... 14

Breastfeeding initiation..... 16

Breastfeeding at 6/8 weeks..... 17

3. MORTALITY

Population mortality..... 18

Causes of death..... 19

Standardised Mortality Ratios (SMRs)..... 21

Excess winter mortality..... 23

4. LIFE EXPECTANCY & PREMATURE MORTALITY

Life expectancy..... 26

Change in life expectancy over time..... 27

Years of life lost..... 28

5. SEXUAL HEALTH

Teenage conceptions..... 31

Terminations of pregnancy..... 31

Sexually transmitted infections..... 32

6. MENTAL HEALTH

Suicide and undetermined injury mortality..... 33

Mental health prescribing..... 34

Anxiety and depression measures..... 35

Mental health hospital admissions..... 37

7. DISEASE PREVENTION

Child immunisation uptake..... 38

Seasonal influenza vaccine uptake..... 39

Pandemic H1N1 immunisation 2009 (Swine flu)..... 39

Breast screening..... 40

Cervical screening..... 42

8. LIFESTYLE

Smoking in Adults..... 44

Smoking in Children..... 45

Alcohol Consumption..... 46

Alcohol-attributable hospital admissions..... 48

Alcohol-specific hospital admissions..... 49

Healthy weight & obesity..... 49

Healthy Eating.....52

Physical Activity..... 52

Healthy Schools Status..... 53

9. WIDER DETERMINANTS OF HEALTH

Poverty risk..... 54

GCSE results..... 54

Housing affordability..... 55

Crime rate..... 55

Tooth decay in children aged 5 years..... 55

List of tables

Table 1: Population by Island of Residence, Age and Sex.

Table 2: Population density of Jersey and other Jurisdictions, 2009

Table 3: General Fertility Rate compared with England and Wales, 2008.

Table 4: Total Fertility Rate compared with England and Wales, 2008

Table 5: WHO Global Average Fertility Rates for 2008.

Table 6: Stillbirth Rate compared with England and Wales, 2008.

Table 7: Stillbirth Rate Jersey compared with England and Wales.

Table 8: Infant Death Rate compared with England and Wales, 2008.

Table 9: Low Birth Weight Rates compared with England and Wales, 2008.

Table 10: Breastfeeding Initiation in Jersey, Guernsey and England.

Table 11: Breastfeeding at 6/8 weeks in Jersey, Guernsey and England.

Table 12: Age-standardised Death Rates in Jersey, Guernsey and England and Wales, 2006-08.

Table 13: Top five Causes of Death all ages in Jersey 2008 ranked by European Age-standardised rate (EASR) per 100,000.

Table 14: Top five Causes of Death all ages in Jersey 2009 ranked by European Age-standardised rate (EASR) per 100,000.

Table 15: Standardised Mortality Ratios for Jersey, 2006-08.

Table 16: Life Expectancy at Birth for Jersey and Bailiwick of Guernsey residents, 2006-08.

Table 17: Life Expectancy at Birth and at Age 65 by Country and Government Office Regions, 2006-08.

Table 18: Life Expectancy for Jersey Males and Females

Table 19: Years of Life Lost in Jersey, 2007-09

Table 20: Top five total years of Life Lost in Jersey for Main Causes of Death, 2007-09

Table 21: Under 18 Teenage Conceptions compared with England and Wales, 2008.

Table 22: Age-standardised Termination Rate compared with England and Wales, 2008.

Table 23: Recent Jersey Suicide Rates (ASR per 100,000)

Table 24: Dispensing Volumes for Drugs Used in the Treatment of Mental Health Conditions in Jersey, 2008.

Table 25: Uptake of Childhood Vaccination in Jersey compared with England

Table 26: Comparison of Breast Screening programme coverage in 2008/09

Table 27: Average number of cigarettes smoked per day by smokers

Table 28: Comparative Rate of Alcohol-Attributable Hospital Admissions per 100,000 for 2008/09.

Table 29: Proportion of Children Eating Five or More Portions of Fruit and Vegetables per day in Jersey & Guernsey.

Table 30: Weekly Physical Activity for Children in Jersey & Guernsey.

Table 31: Jersey five or more A* to C passes as a percentage of all pupils registered at school

List of figures

Figure 1: Population Pyramid for Jersey, 2008.

Figure 2: Main Causes of Death in Jersey 2008-09.

Figure 3: Standardised Mortality Ratios for Jersey, 2007-09, where England and Wales rates are the standard.

Figure 4: Standardised Mortality Ratios for Jersey, 2006-08, where rates of the South West region are the standard.

Figure 5: Excess Winter Mortality and Average Winter Temperature in Jersey, 1999/00-2008/09.

Figure 6: Monthly Deaths and Average Monthly Temperatures in Jersey, August 2008 to July 2009.

Figure 7: Excess Winter Mortality in Jersey by Age & Sex 2008/09

Figure 8: Changes in Life Expectancy for Jersey Males and Females over time.

Figure 9: Proportion of Lost Years by cause of Death in Jersey, 2007-09.

Figure 10: Jersey Suicide Rates (3 year rolling average age standardised rate per 100,000).

Figure 11: Anti depressant prescribing in Jersey.

Figure 12: Anxiety & Depression in Jersey, from GHQ12.

Figure 13: Moderate or Extreme Anxiety & Depression in Jersey, from EQ5-D.

Figure 14: Pandemic H1N1 Immunisation Coverage in Jersey (winter 2009).

Figure 15: Estimated coverage of women aged 50-64 for breast screening over time.

Figure 16: Estimated coverage of women aged 25-64 for cervical screening over time.

Figure 17: Proportion of smokers in Jersey over time.

Figure 18: Breakdown of smokers by age group in Jersey & Guernsey.

Figure 19: Children in Jersey who have never smoked.

Figure 20: Smoking Status of Year 6, 8 & 10 in Jersey.

Figure 21: Percentage of regular smokers in Year 10 in Jersey.

Figure 22: Proportion of adults drinking over twice the daily limit more than twice a week by age group.

Figure 23: Changes in the number of alcohol specific admissions in Jersey 1999 to 2008.

Figure 24: Distribution of Adult BMI from 2008 surveys in Guernsey & Jersey

Figure 25: Weight Status of Women booked with Guernsey & Jersey Maternity Services in 2008.

Figure 26: The relative proportions of normal overweight and obese children in reception classes in Jersey.

Abbreviations and Definitions

Abbreviation	Definition
HIU	Health Intelligence Unit
HSE	Health Survey for England produced by the NHS Information Centre
JASS	Jersey Annual Social Survey administered by the Statistics Unit available at www.gov.je/Government/Jersey/World/statisticsUnit/Pages/Socialstatistics
HRBQ	Health Related Behaviour Questionnaire
ASR	Age standardised rate, standardised against the European population for international and national comparison
JHS	Jersey Health Survey 1999

Data Use Warning.

Rates in this report are based on HIU population estimates. These use the 2001 Jersey census data amended for annual births and deaths using the Office of National Statistics methodology. The population estimates do not include any net migration (into or out of the island) and are therefore an underestimate. Rates may fall once calculated using 2011 census data.

1. DEMOGRAPHY

Population

In 2008 the resident population of Jersey was 88,773. This compared with the Guernsey Bailiwick total of 63,996 (61,726 for Guernsey and 2,270 for Alderney).

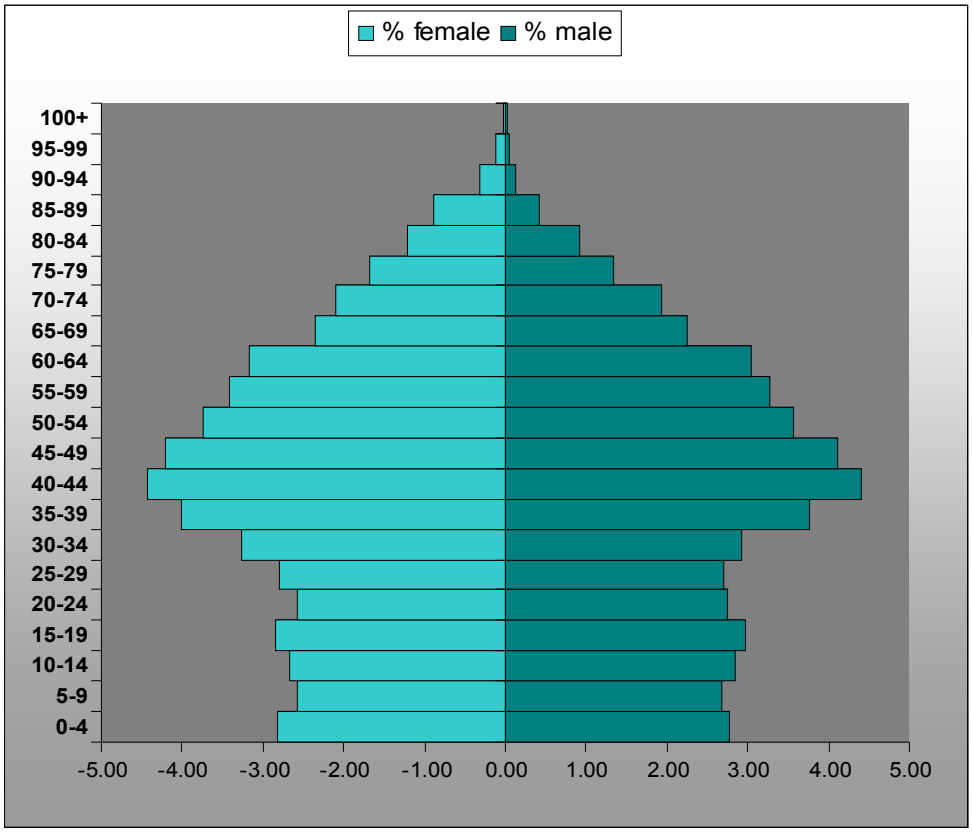
Table 1: Estimated population by Island of Residence, Age and Sex.

	POPULATION 2008					
	Jersey			Guernsey and Alderney		
Age group	Total Females	Total Males	**TOTAL PERSONS**	Total Females	Total Males	**TOTAL PERSONS**
0-4	2,491	2,461	4,952	1,469	1,657	3,126
5-9	2,293	2,376	4,669	1,538	1,662	3,200
10-14	2,383	2,524	4,907	1,712	1,745	3,457
15-19	2,523	2,642	5,165	1,939	2,036	3,975
20-24	2,283	2,442	4,725	2,048	2,098	4,146
25-29	2,484	2,385	4,870	1,978	2,118	4,096
30-34	2,899	2,603	5,502	1,965	1,945	3,910
35-39	3,549	3,332	6,880	2,448	2,379	4,827
40-44	3,937	3,905	7,842	2,627	2,521	5,148
45-49	3,737	3,646	7,383	2,508	2,448	4,956
50-54	3,308	3,157	6,465	2,176	2,240	4,416
55-59	3,025	2,902	5,927	2,210	2,111	4,321
60-64	2,803	2,698	5,502	1,974	2,020	3,994
65-69	2,092	2,001	4,093	1,383	1,366	2,749
70-74	1,858	1,715	3,572	1,312	1,209	2,521
75-79	1,496	1,195	2,691	1,194	929	2,123
80-84	1,085	8,05	1,889	969	610	1,579
85-89	799	3,70	1,169	630	328	958
90-94	295	100	395	266	92	358
95-99	100	34	133	92	24	116
100+	21	21	42	20	0	20
TOTAL	45,461	43,312	88,773	**32,458**	**31,538**	**63,996**

Source: HIU estimates using the 2001 census data amended for annual births and deaths using the Office of National Statistics methodology. This excluded any net migration (into or out of the island).

The structure of the Jersey population is shown in Figure 1. This population pyramid conforms to what one would expect for a Western European population. Firstly, it shows a similar proportion of males and females in each age band until the upper age bands where females begin to experience reduced mortality relative to males. Secondly, there is a bulge in the pyramid between 35-54 years and a progressive narrowing of the pyramid in the younger age groups. This indicates a continuing decline in birth rate which began approximately forty years ago.

Figure 1: Population Pyramid for Jersey, 2008.



Source: HIU estimates using the 2001 census data amended for annual births and deaths using the Office of National Statistics methodology. This excluded any net migration (into or out of the island in the 7 year period).

Population Density

Jersey has an area of 118.2 km^2 or 45 square miles. The population densities for the island were, therefore, 800 people per square kilometre in 2009. This compares with approximately 990 people per square kilometre in Guernsey.

The population density of Jersey is approximately double that of England and about a quarter less than Guernsey.

Table 2: Population density of Jersey and other Jurisdictions, 2009

	Population	Area (km2)	Density (per km2)
Jersey *	**92,500**	**116**	**800**
Guernsey	62,274	63	990
United Kingdom	61,383,000	242,910	250
England	51,446,000	130,422	390

Population figures for jurisdictions other than Jersey are from: Guernsey, Social Security Department 2009; UK Office for National Statistics, mid-year estimates for 2008.* If the 2 km^2 of the St Helier reclamation site are included in the total area of Jersey, the population density is 780 per km^2.

2. FERTILITY, MATERNAL HEALTH AND INFANT HEALTH

General Fertility Rate

The general fertility rate (GFR) is defined as the number of live births per 1,000 females of childbearing age (15-44) in a given population. The 2008 GFR for Jersey was 58.7 and 58.0 in 2009. In the three year period 2006-2008, the rate was 56.6 per 1,000 females.

Table 3: General Fertility Rate compared with in England and Wales, 2008.

	Female population (15-44y)	Live births to females (11-49y)	Birth rate per 1000 females aged 15-44	95% CI	
				Lower	Upper
England and Wales	11110500	708459	**63.8**	63.6	63.9
England	10532490	672809	**63.9**	63.7	64.0
Government office regions					
North East	513614	30217	**58.8**	58.2	59.5
North West	1382026	88167	**63.8**	63.4	64.2
Yorkshire and the Humber	1068666	66353	**62.1**	61.6	62.6
East Midlands	884768	54192	**61.3**	60.8	61.8
West Midlands	1077441	71726	**66.6**	66.1	67.0
East of England	1125394	71738	**63.7**	63.3	64.2
London	1841507	127651	**69.3**	69.0	69.7
South East	1664193	104023	**62.5**	62.1	62.9
South West	974881	58742	**60.3**	59.8	60.7
Guernsey 2008	**13005**	**653**	**50.2**	**46.4**	**54.2**
Guernsey 2006-08	**39251**	**1900**	**48.4**	**46.3**	**50.6**
Jersey 2008	**17675**	**1038**	**58.7**	**55.2**	**62.4**
Jersey 2006-08	**53584**	**3031**	**56.6**	**54.6**	**58.6**
Jersey 2009	**17359**	**1006**	**58.0**	**54.4**	**61.6**

Source: Compendium of Clinical and Health Indicators / Clinical and Health Outcomes Knowledge Base (www.nchod.nhs.uk or www.nchod.nhs.uk)

The general fertility rate for 2008 in Jersey was lower than in England, and all government office regions except the South West and North East but was significantly higher than that in Guernsey (Table 2).

METHODOLOGY NOTES

- GFR is calculated here as number of live birth registrations in 2008 (or 2006-08) / female population of Jersey aged 15-44 in 2008 (or 2006-08)*1,000.
- The live birth registration numerators resulted from a query on the Child Health Information System
- The denominator population figures were taken from HIU estimates based on births and deaths. These figures do not take account of migration.

Total Fertility Rate

Total Fertility Rate is defined as the average number of children that would be born to a woman who experienced the current age-specific fertility rates throughout her childbearing years. TFR can be used as an estimate of fertility growth in a population, in other words, whether a childbearing population is replacing itself or not. In Western countries a TFR of about 2.1 is required to maintain long-term population levels, assuming no migration. In 2008 and 2009 the TFR of Jersey was 1.8.

Table 4: Total Fertility Rate compared with England and Wales, 2008

		95% CI	
	TFR	Lower	Upper
England and Wales	**1.97**	1.96	1.97
England	**1.97**	1.96	1.97
Government office regions			
North East	**1.85**	1.83	1.87
North West	**2.01**	2	2.02
Yorkshire and the Humber	**1.93**	1.91	1.94
East Midlands	**1.94**	1.93	1.96
West Midlands	**2.08**	2.07	2.1
East of England	**2.00**	1.98	2.01
London	**1.95**	1.94	1.96
South East	**1.96**	1.95	1.98
South West	**1.94**	1.92	1.95
Guernsey 2008	**1.55**	**1.31**	**1.87**
Guernsey 2006-08	**1.49**	**1.34**	**1.65**
Jersey 2008	**1.81**	**1.56**	**2.09**
Jersey 2006-08	**1.72**	**1.48**	**1.99**
Jersey 2009	**1.81**	**1.60**	**2.15**

Source: Compendium of Clinical and Health Indicators / Clinical and Health Outcomes Knowledge Base (www.nchod.nhs.uk or www.nchod.nhs.uk).

As with GFR, TFR in Jersey, while higher than Guernsey, is low compared to England and Wales (Table 3). The Jersey TFR is in line with global fertility rate estimates for high-income countries produced by the WHO (Table 4).

Table 5: WHO Global Average Fertility Rates for 2008.

Low income	4.0
Lower middle income	2.5
Upper middle income	2.0
High Income	1.7
Guernsey	**1.6**
Jersey	**1.8**

Source: World Health Statistics 2010, Demography and socioeconomic statistics p167 and Jersey Maternity Unit data

METHODOLOGY NOTES

- TFR is the sum of five year age-specific fertility rates in the range 10-49 years. Each age-specific rate = number of live births at JGH in 2008 (or 2006-'08) for age group /2008 (or 2006-'08) female population of Jersey for age group.
- The three year average rate for TFR was calculated in an identical manner to the single-year 2008 rate but using combined data from 2006, 2007 and 2008.
- No attempt has been made to adjust birth totals according to the mothers' normal place of residence. Any error introduced by deliveries to non-Jersey women or absent data for women who delivered off-island is likely to have been small.

Stillbirth Rate

A stillbirth is the birth of a baby that has died in utero after the 24th week of gestation (Still-Birth (Definition) Act 1992). The stillbirth rate is defined as the number of stillbirths per 1,000 live and stillbirths. In 2008 the stillbirth rate for Jersey was 6.7 per 1,000 and 0 per 1,000 in 2009. This highlights the difficulty of comparing annual stillbirth rates in Jersey and Guernsey as numbers are so small and fluctuate year on year. It is better to look at the average rate over a three year period. This was 3.6 per 1,000 for 2006-2008 and 2.9 per 1,000 for 2007-2009.

The three yearly rate (2006-2008) was slightly lower than all the English regions and Guernsey in 2008 (Table 6). However, this difference is not significant using the 95% confidence intervals.

Looking at our 5 year rolling averages (Table 6) we can see that over the ten year period 1998-2008 the stillbirth rate in Jersey has fluctuated between a low of 2.0 per 1,000 (for the years 2003-07) and a high of 3.1 per 1,000 (for the years 1998-2002). This compares with Guernsey's slightly larger variation between 2.9 per 1,000 (1999-2003) and 4.5 per 1,000 (1998-2002 and 2004-2008). This variability illustrates the role of chance fluctuations in the very small annual number of stillbirths which affect rates within our local population. The wide 95% confidence intervals for each estimated rate provide another measure of this.

Table 6: Stillbirth Rate compared with England and Wales, 2008.

				95%CI	
	Total births	Stillbirths	Stillbirth rate per 1,000	Lower	Upper
England & Wales	712051	3592	**5.0**	4.9	5.2
England	676236	3427	**5.1**	4.9	5.2
Government office regions					
North East	30396	179	**5.9**	5.1	6.8
North West	88617	450	**5.1**	4.6	5.6
Yorkshire and the Humber	66724	371	**5.6**	5.0	6.2
East Midlands	54447	255	**4.7**	4.1	5.3
West Midlands	72129	403	**5.6**	5.1	6.2
East of England	72042	304	**4.2**	3.8	4.7

London	128381	730	**5.7**	5.3	6.1
South East	104494	471	**4.5**	4.1	4.9
South West	59006	264	**4.5**	4.0	5.0
Guernsey 2008	**655**	**<5**	**4.6**	**0.9**	**13.4**
Guernsey 2006-08	**1905**	**9**	**4.7**	**2.2**	**9.0**
Jersey 2008	**1045**	**7**	**6.7**	**2.7**	**13.8**
Jersey 2006-2008	**3042**	**11**	**3.6**	**1.8**	**6.5**
Jersey 2009	**1006**	**no deaths**	**0**	**0**	**0**
Jersey 2007-2009	**3084**	**9**	**2.9**	**1.3**	**5.5**

Source: Compendium of Clinical and Health Indicators / Clinical and Health Outcomes Knowledge Base (www.nchod.nhs.uk or www.nchod.nhs.uk)

Jersey stillbirth rates, while not statistically different, look better than those in England & Wales (Table 7). Jersey has around 2 fewer stillbirths per 1,000 births each year.

Table 7: Stillbirth Rates in Jersey (5-year rolling averages) with England and Wales single-year rates for comparison.

Year	**Jersey stillbirths /1,000**	95% CI		England + Wales stillbirths/1,000
		LOWER	UPPER	
(1998-2002)	**3.1**	0.6	8.6	5.4
(1999-2003)	**3.0**	0.6	8.8	5.5
(2000-04)	**2.3**	0.2	7.4	5.5
(2001-05)	**2.1**	0.2	7.4	5.6
(2002-06)	**2.1**	0.2	7.4	5.6
(2003-07)	**2.0**	0.2	7.3	5.5
(2004-08)	**3.0**	0.6	8.7	5.3
(2005-09)	**3.0**	0.6	8.7	4.7

Source: ONS statistical bulletin 'Infant and perinatal mortality summary tables, Jersey data: Stillbirth numbers -Maternity Department, JGH; live birth numbers - maternity data and Child Health system.

Infant Death Rate

The infant mortality rate is defined as the number of deaths under the age of one per 1,000 live births. There were 6 infant deaths in Jersey in 2008 giving a rate of 5.8 per 1,000. In 2009 there were less than 5 infant deaths. The lower and upper levels of confidence for 2008 rates ranged between 2.1 to 12.6 per 1,000 and in 2009 0.2 to 7.2, showing the variation possible with small numbers.

The three year average rate for the period 2006-2008, was lower at 4.3 per 1,000. While our rate looks higher than that in Guernsey the small numbers mean it is not significantly higher (the 95% confidence intervals overlap). The Jersey IDR was also not significantly higher than those in England & Wales and the other UK regions, where rates ranged from 4.0 to 6.5 per 1000 in 2008 (see Table 8).

Table 8: Infant Death Rate compared with England and Wales, 2008.

	Live births	Infant deaths	Infant death rate per 1,000 live births	95%CI Lower	95%CI Upper
England and Wales	708459	3331	**4.7**	4.5	4.9
England	672809	3184	**4.7**	4.6	4.9
Government office regions					
North East	30217	127	**4.2**	3.5	5.0
North West	88167	455	**5.2**	4.7	5.7
Yorkshire and the Humber	66353	357	**5.4**	4.9	6.0
East Midlands	54192	266	**4.9**	4.4	5.5
West Midlands	71726	469	**6.5**	6.0	7.2
East of England	71738	314	**4.4**	3.9	4.9
London	127651	545	**4.3**	3.9	4.6
South East	104023	417	**4.0**	3.6	4.4
South West	58742	234	**4.0**	3.5	4.5
Guernsey 2008	**652**	**0**	**0.0**	**0.0**	**5.7**
Guernsey 06-08	**1896**	**<5**	**1.6**	**0.3**	**4.6**
Jersey 2008	**1038**	**6**	**5.8**	**2.1**	**12.6**
Jersey 06-08	**3031**	**13**	**4.3**	**2.3**	**7.3**

Source: Compendium of Clinical and Health Indicators / Clinical and Health Outcomes Knowledge Base (www.nchod.nhs.uk or www.nchod.nhs.uk)

Low Birth Weight Rate

Babies weighing less than 2,500 g at birth are said to have a 'low birth weight'. Low birth weight is used as a general health indicator for newborns because it is a key determinant of infant survival, health and development. It has also been shown to correlate with socio-economic deprivation. The low birth weight rate for Jersey in 2008 was calculated to be 2.3 per 1,000 live births. This is significantly lower than Guernsey and the UK regions in 2008 and is thus a positive health indicator for our population (Table 9).

Table 9: Low Birth Weight Rate compared with in England and Wales, 2008.

	Denominator Number of all stated live and still births	Numerator Live and still births <2500g	Low birth weight rate percentage live and still births	95%CI Lower	95%CI Upper
England and Wales	706428	52954	**7.5%**	7.4	7.6
England	670864	50100	**7.5%**	7.4	7.5
Government office regions					
North East	29960	2383	**8.0%**	7.7	8.3
North West	88168	6743	**7.6%**	7.5	7.8
Yorkshire and the Humber	66396	5103	**7.7%**	7.5	7.9

East Midlands	54373	4050	**7.4%**	7.2	7.7
West Midlands	71858	6320	**8.8%**	8.6	9
East of England	71393	4841	**6.8%**	6.6	7
London	126948	10053	**7.9%**	7.8	8.1
South East	103777	6857	**6.6%**	6.5	6.8
South West	57991	3750	**6.5%**	6.3	6.7
Jersey 2008	**1010**	**23**	**2.3%**	**1.4**	**3.4**
Jersey 2008-2010	**2037**	**41**	**2.0%**	**1.4**	**2.7**
	Live and still births with weight recorded	Live births <2500g	Low birth weight rate per 1,000 live births		
Guernsey 2008	**648**	**36**	**5.6**	**4.0**	**7.6**
Guernsey 2006-08	**1891**	**116**	**6.1**	**5.1**	**7.3**
Jersey 2006-2008	3025	167	**5.5**	4.7	6.4

Source: Compendium of Clinical and Health Indicators / Clinical and Health Outcomes Knowledge Base (www.nchod.nhs.uk or www.nchod.nhs.uk)

Breastfeeding Initiation

The proportion of Jersey mothers who breastfed their babies at birth in 2008 was calculated as 63.7%. This is lower than both Guernsey (71-72%) and the England average for the same period (71.5%). It is also lower than 8 out of the 10 English regions (see Table 10).

Table 10: Breastfeeding Initiation in Jersey, Guernsey and England.

	maternities where breastfeeding was initiated (% of known total)
English regions 2008-09 Q1-Q4	
England	71.5%
North East	54.0%
North West	62.1%
Yorkshire & Humber	66.8%
East Midlands	71.0%
West Midlands	64.3%
East of England	70.4%
London	83.7%
South East Coast	76.8%
South Central	76.7%
South West	75.9%
Guernsey (Jan-Dec 2008)	**70.8/72%**
Jersey	**64%**

Source: Jersey child health system
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH_116060

Breastfeeding at 6/8 Weeks

Prevalence

The proportion of babies born in Jersey between January and December 2008 who were breastfed for six weeks or more was 44.6%. This is slightly less than Guernsey (48%) and lower than the England average for the period 2008-09 (April 2008 to March 2009 -the closest time frame for comparison), which was 49% (see Table 10).

Table 11: Breastfeeding at 6/8 weeks in Jersey, Guernsey and England.

	babies breastfed at six weeks (% of known total)
English regions 2008-09 Q1-Q4	
England	49.0%
North East	33.2%
North West	34.4%
Yorkshire & Humber	43.7%
East Midlands	43.1%
West Midlands	39.0%
East of England	49.9%
London	71.9%
South East Coast	53.2%
South Central	57.1%
South West	50.2%
Guernsey (Jan-Dec 2008)	**48%**
Jersey	**45%**

Source: "Statistics on the initiation and prevalence of breastfeeding 2009/10 Quarter 4 UK DoH

Data caveat

Only 68% of the Jersey infants that were due for follow-up had a six week feeding status recorded. This falls well short of the 85% data quality standard that is recommended by the Department of Health as a minimum coverage level for statistical confidence (95% coverage is preferred, see *'Breastfeeding at 6-8 weeks Data Collection Guidance').* It is anticipated that this data will improve when the 6 week checks are moved to primary care in 2011. Breast feeding status will be one of 5 statutory data items that must be entered onto the Child Health System.

METHODOLOGY NOTES

- Since April 2008 all English Primary Care Trusts (PCTs) have been required to submit data to the Department of Health on local prevalence of breastfeeding at 6-8 weeks. Data are submitted on a quarterly basis and are typically derived from information recorded at an infants' 6-8 week check. PCTs must submit the following items: 1) total number of infants due a 6-8 week check in the quarter 2) number of infants being "totally" breastfed 3) number of infants being "partially" breastfed 4) number of infants "not at all" breastfed.
- The child health system in Jersey provides comparable data

3. MORTALITY

Population Mortality

In Jersey there were 382 male deaths and 357 female deaths registered in 2008, giving a total of 739. In 2009 there were 383 male deaths and 381 female deaths, totalling 764. This equates to a crude death rate of 856.1 per 100,000 in 2008 and 884.2 per 100,000 in 2009. When standardised for age against the European population, this rate (EASR) becomes 536.5 per 100,000 in 2008 and 541.8 per 100,000 in 2008. The EASR for the period 2006-2008 was 546.4, not significantly lower than the England and England & Wales averages for the same period (see Table 16).

Table 12: Age-standardised Death Rates in Jersey, Guernsey and England and Wales, 2006-08.

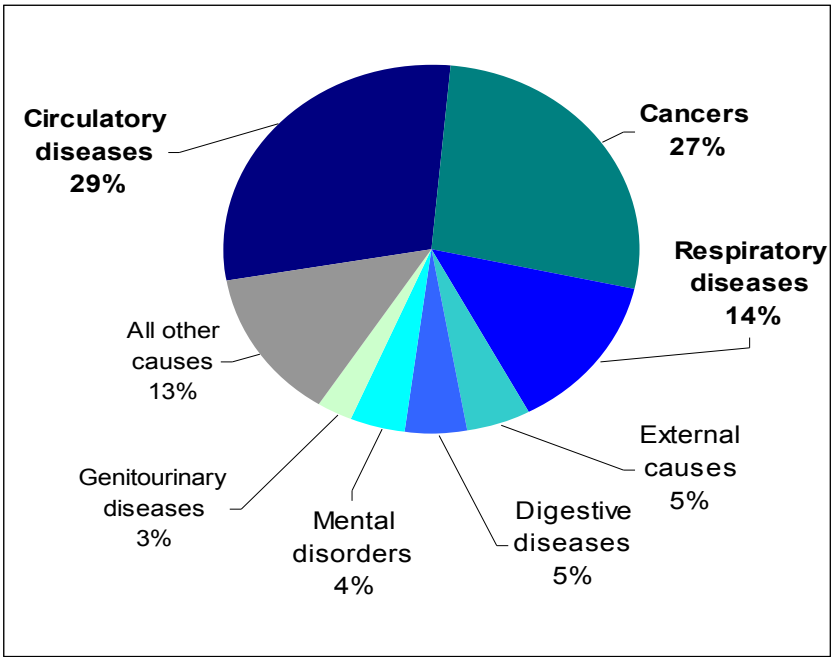
	Age-standardised death rate (EASR per 100,000)
England and Wales	584.27
England	581.94
Government office regions	
North East	659.99
North West	661.17
Yorkshire and the Humber	619.09
East Midlands	590.27
West Midlands	608.84
East of England	540.66
London	560.65
South East	530.10
South West	529.31
Guernsey 2006-08	492.3
Jersey 2008	**536.5**
Jersey 2006-08	**546.4**
Jersey 2009	**541.8**
Jersey 2007-09	**536.2**

Source: Compendium of Clinical and Health Indicators / Clinical and Health Outcomes Knowledge Base (www.nchod.nhs.uk or www.nchod.nhs.uk)

Causes of Death

Circulatory diseases accounted for 29% of all deaths of Jersey residents in 2008 and 2009, followed by cancers (27% of all deaths) and diseases of the respiratory system (14% of all deaths). See Figure 2.

Figure 2: Main causes of death in Jersey, 2008 & 2009



More specifically, in both years, most deaths were caused by ischaemic heart disease (heart attacks), cancers of the digestive organs (colorectal, pancreatic, oesophageal and stomach cancers) and lung cancer (cancer of respiratory and intrathoracic organs). See Table 13 & 14 .

The primary causes of death for men were ischaemic heart disease and cancers of the digestive organs, but the primary causes of death for women were slightly different, cerebrovascular disease and ischaemic heart disease in 2008 and cerebrovascular disease and influenza & pneumonia in 2009.

Table 13: Top five Causes of Death all ages in Jersey 2008 ranked by European Age-standardised rate (EASR) per 100,000.

	Number of deaths			Crude rate per 100,000			**Rate (EASR) per 100,000**		
Cause of death	M	F	Total	M	F	Total	**M**	**F**	**Total**
Ischaemic heart diseases (heart attack)	39	31	70	90.0	68.2	78.9	**65.5**	**34.0**	**48.1**
Cancer of Digestive organs (colorectal, pancreatic, oesophageal & stomach)	31	23	54	71.6	50.6	60.8	**56.0**	**31.0**	**43.0**
Cancer of Respiratory and intrathoracic organs	29	14	43	67.0	30.8	48.4	**52.4**	**20.9**	**35.6**

(mostly lung cancer)									
Cerebrovascular diseases (strokes)	15	33	48	34.6	72.6	54.1	**27.5**	**33.7**	**31.0**
Influenza and pneumonia	23	21	44	53.1	46.2	49.6	**39.6**	**20.8**	**27.8**

Table 14: Top five Causes of Death all ages in Jersey 2009 ranked by European Age-standardised rate (EASR) per 100,000.

	Number of deaths			Crude rate per 100,000			**EASR per 100,000**		
Cause of death	M	F	Total	M	F	Total	**M**	**F**	**Total**
Ischaemic heart diseases (heart attack)	65	29	94	149.7	63.6	105.6	**108.3**	**29.0**	**63.2**
Cancer of Digestive organs (colorectal, pancreatic, oesophageal & stomach)	35	24	59	80.6	52.7	66.3	**59.9**	**32.8**	**44.9**
Cancer of Respiratory and intrathoracic organs (mostly lung cancer)	28	18	46	64.5	39.5	51.7	**46.9**	**28.7**	**36.5**
Cerebrovascular diseases (strokes)	21	35	56	48.4	76.8	62.9	**34.1**	**33.7**	**35.0**
Influenza and pneumonia	15	36	51	34.5	79.0	57.3	**21.9**	**36.6**	**30.9**

Source: Jersey death database held by HIU

Standardised Mortality Ratios (SMRs)

Standardised mortality ratios (SMRs) are a common method of measuring mortality levels within local populations and comparing them against a standard population (usually England & Wales). Age-specific rates for the chosen standard population are applied to population estimates for a given area, generating an expected number of cases. The actual (observed) number of cases is then compared to the expected value and expressed as a percentage. The SMR for the standard is always 100, therefore a local SMR in excess of 100 indicates a higher level of mortality than would be expected and one of less than 100, a lower level of mortality.

SMRs for Jersey were calculated against two standards, those of England & Wales and those of the South West region for 2006-08, to produce two sets of rates, (Table 15). This shows that Jersey had a slightly lower overall death rate than England and Wales (96% of the expected mortality) and a slightly higher rate than the South West region (SMR = 103 or 3% higher).

Both comparisons show that Jersey had three times as many deaths from suicide (300% higher) than would be expected in England & Wales (SMR=319) or the South West region (SMR=322). These rates were higher in both men and women. Deaths from chronic liver disease were also higher than would be expected in both

comparisons, with Jersey experiencing 29%-50% more deaths. This was particularly high in males, being 41% to 62% higher than the expected mortality in England & Wales and the South West respectively.

Table 15: Standardised Mortality Ratios estimates for Jersey, 2006-08.

		Standardised Mortality Ratio (SMR)					
		standardised to England & Wales			standardised to the South West region		
Disease	ICD-10 code(s)	Male	Female	Persons	Male	Female	Persons
ALL CAUSES	A00-Y99	98	94	96	105	100	103
Chronic liver disease	K70, K73-K74	141	108	129	162	127	150
Accidents	V01-X59	116	41	83	115	44	85
Pneumonia	J12-J18	110	98	103	115	99	105
ALL CANCER	C00-C97	94	82	88	99	86	93
Lung cancer	C33-C34	105	81	95	125	105	117
Cervical cancer	C53		~			~	
Breast cancer	C50	~	86		~	86	
Prostate cancer	C61	105			99		
COPD	J40-J44	87	88	87	101	116	108
All cardiovascular diseases	I00-I99	83	90	87	89	94	90
Coronary heart disease	I20-I25	73	68	71	80	74	78
Stroke	I60-I69	57	82	72	57	79	71
Suicides	X60-X84	283	453	319	286	453	322
KEY:							
		SMR less than the standard				SMR higher than the standard	

Sources: UK - NCHOD Compendium of Clinical and Health Indicators; Jersey - Death Database, Health Intelligence Unit.. **Data caveat: migration of certain age groups will affect these results, Migration has not been included in the population denominator. The SMRs will be recalculated using census data.**

Deaths from accidents in males were higher in both comparisons. In contrast, Jersey females only experienced around 40% of the deaths that would have been expected due to accidents (SMRs = 41 and 44). The comparisons also indicate that Jersey may have fewer deaths from stroke and cardiovascular disease than these two areas.

Compared with England & Wales, Jersey males had: higher rates of death due to suicide, chronic liver disease (41%), accidents (16%) and pneumonia (10%); a slightly higher rate for deaths due to lung cancer (5%) and prostate cancer (5%). In Jersey females only, the rates for suicide and chronic liver disease (8%) were higher than those experienced in England & Wales.

When compared with the South West the proportion of deaths due to lung cancer (especially in males), pneumonia in females and COPD (especially in females) are also higher than would be expected. However please see the data caveat above.

A similar comparison for Guernsey showed that that Guernsey generally experiences lower levels of mortality than England and Wales, with the exception of COPD, chronic liver disease and accidents, where mortality is higher in one or both sexes. A similar pattern is seen when Guernsey is compared to the South West region with mortality from COPD, chronic liver disease and accidents higher.

In contrast to Jersey, Guernsey females exceed the standard for accidental deaths by 40%, whereas males were no different to the standard.

Figure 3: Standardised Mortality Ratios for Jersey (excluding suicide), 2007-09, with England and Wales rates as the standard

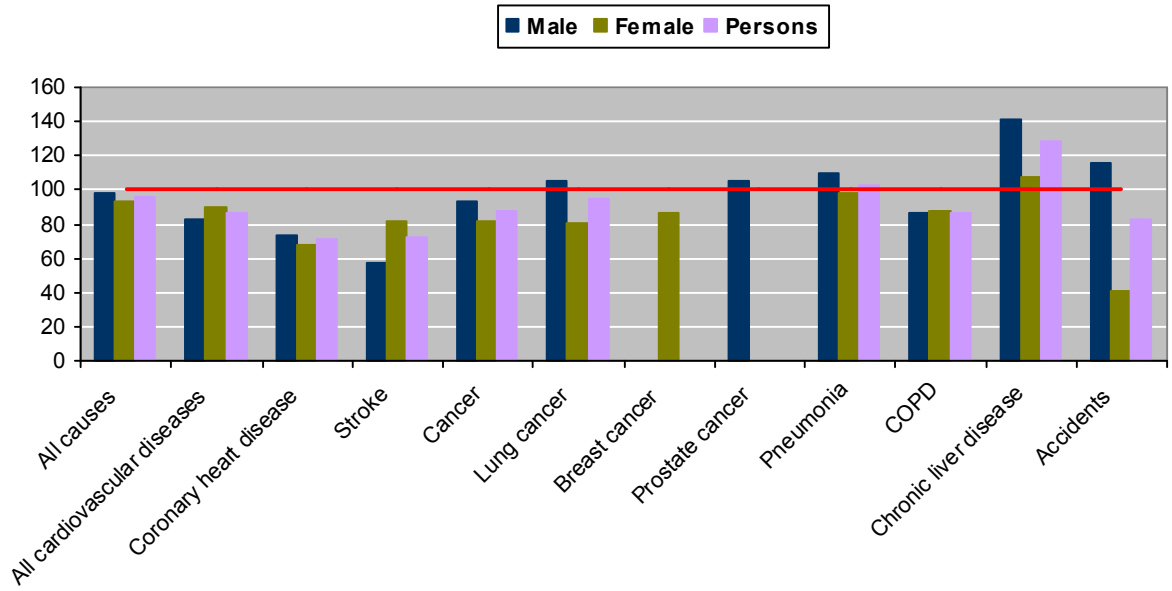
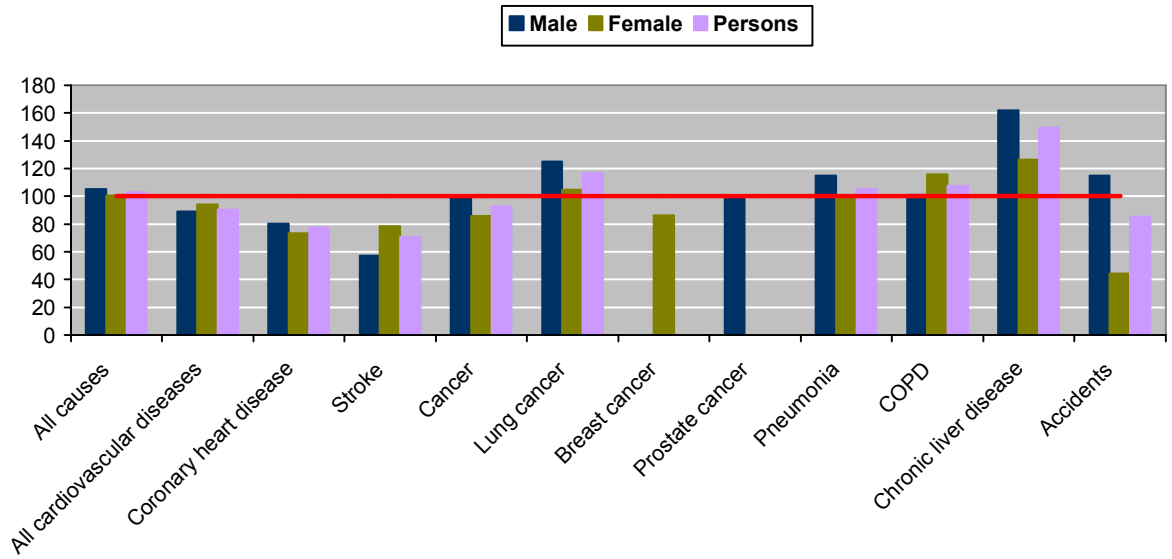


Figure 4: Standardised Mortality Ratios for Jersey (excluding suicide), 2006-08, with rates of the South West region as the standard



CAUTION USING Standardised Mortality Ratios (SMRs)

SMRs provide an indication of where our deaths pattern may be different to other areas. Elevated SMRs for different causes may reflect real features for the local population. Alternatively, they could relate to differences in the way Jersey deaths are coded.

Jersey deaths coding (from 2010 onwards) is now being undertaken by ONS to ensure Jersey deaths are coded to the same standards as those in England and Wales. SMRs will now be timetabled for annual reporting and may look different in future years.

Methodology Notes

- SMR calculations are based on Jersey deaths registered between 1st January 2007 and 31st December 2009. The population figures used in the calculation of this statistic are based on HIU estimates based on births and deaths that do not include migration
- The SMR is not a true population based rate, it does not accurately measure the health status of a population. The standard population provides disease rates not population structure. Rates adjusted by the indirect method are weighted or biased in relation to the age and sex of the population under study. To compare with Guernsey either specific rates or the direct standardisation method should be used.

Excess Winter Mortality

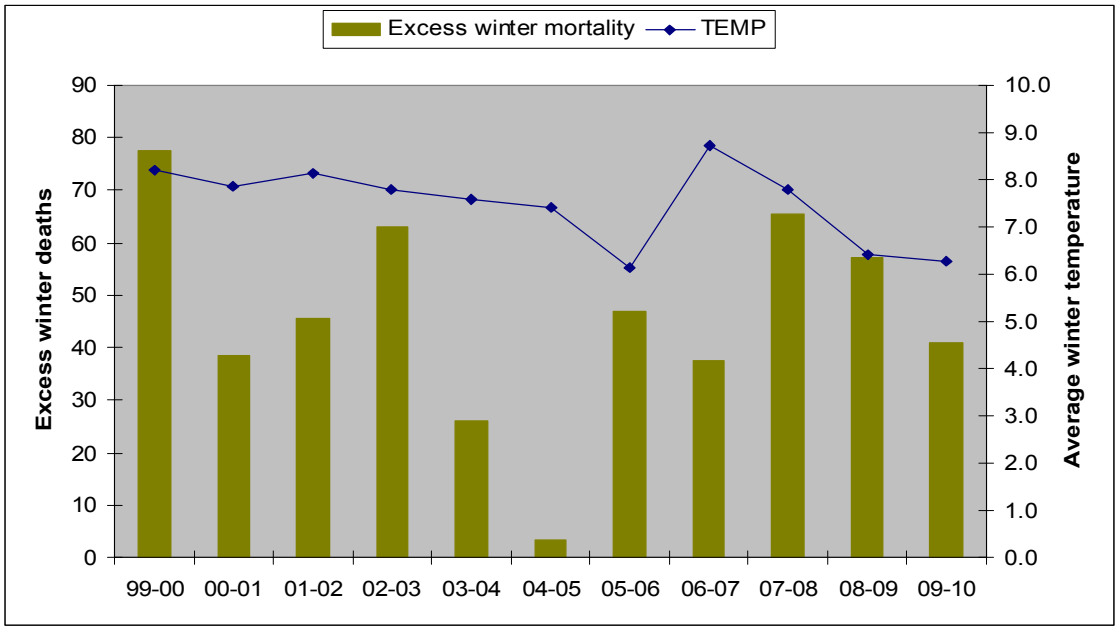
England and Wales experience higher levels of mortality in the winter than in the summer and a measure of this increase is provided annually by the Office for National Statistics (ONS). Using the methodology set out by the ONS Excess Winter Mortality (EWM) was determined for Jersey. (see http://www.statistics.gov.uk/pdfdir/ewm1109.pdf)

Looking at the average winter temperature and EWM in Jersey (Figure 5) it is difficult to see a clear relationship between these two factors. A correlation analysis suggests minimal correlation. The lowest average winter temperatures were recorded in 2009-10 (6.3 °C), 2008-09 (6.4 °C) and 2005-06 (6.1 °C) but did not result in the highest EWM in those years.

In the four months of winter 2008/09 there were 57 more deaths than in the non-winter period and in 2007/08 when there were 66 more deaths during winter than in the rest of the year (Figure 7). The highest EWM was in 1999/00 when there were 78 excess deaths and 2007/08 when there were 66 excess winter deaths. Over the period looked at, average winter temperatures ranged between 6.1°C and 8.7 °C in Jersey.

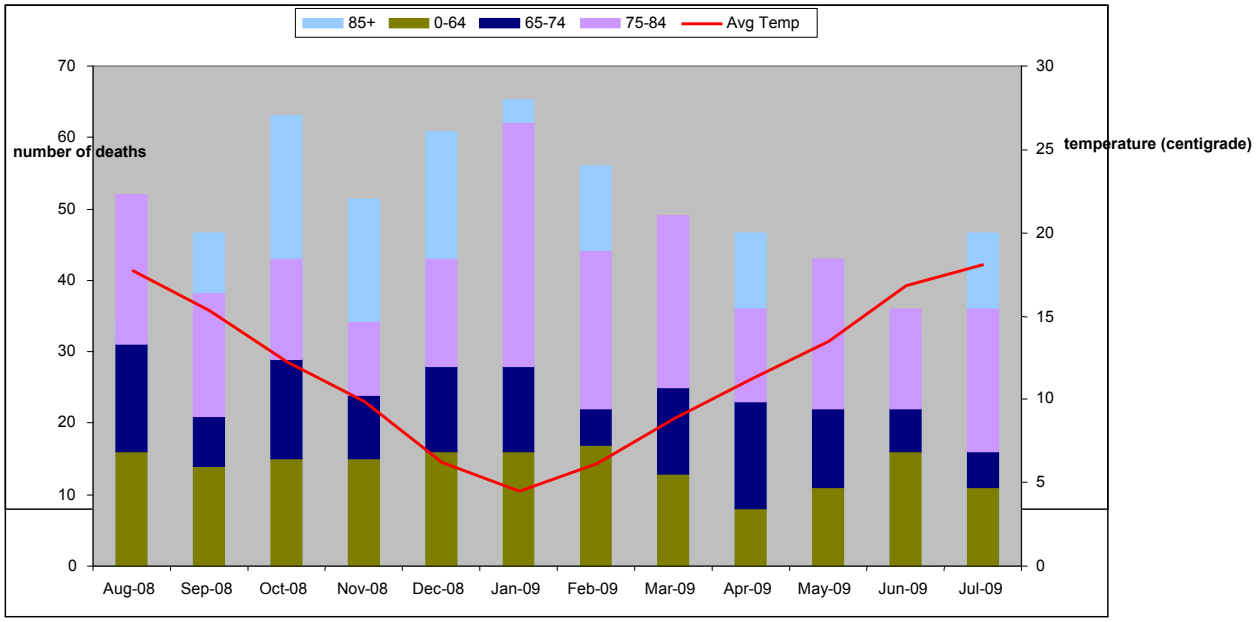
In Guernsey, where winter temperatures are similar to Jersey (6.1-8.8 °C) their highest EWM was in 1999/00 and 2008/09. Likewise England & Wales, where average winter temperatures over the same period are lower (between 3.5 and 5.9 °C), the highest EWM was recorded in 1999/00 and 2008/09.

Figure 5: Excess Winter Mortality and Average Winter Temperature in Jersey, 1999/00-2008/09



A more informative picture is revealed if the monthly mortality data for 2008/09 is compared to mean monthly temperatures for the island (Figure 6). Now we can see that as the temperature falls so the number of deaths rises. However, it is only individuals in the oldest age categories, namely those aged over 75, who experience raised mortality during the winter. Deaths in younger people do not seem to be affected in the same way.

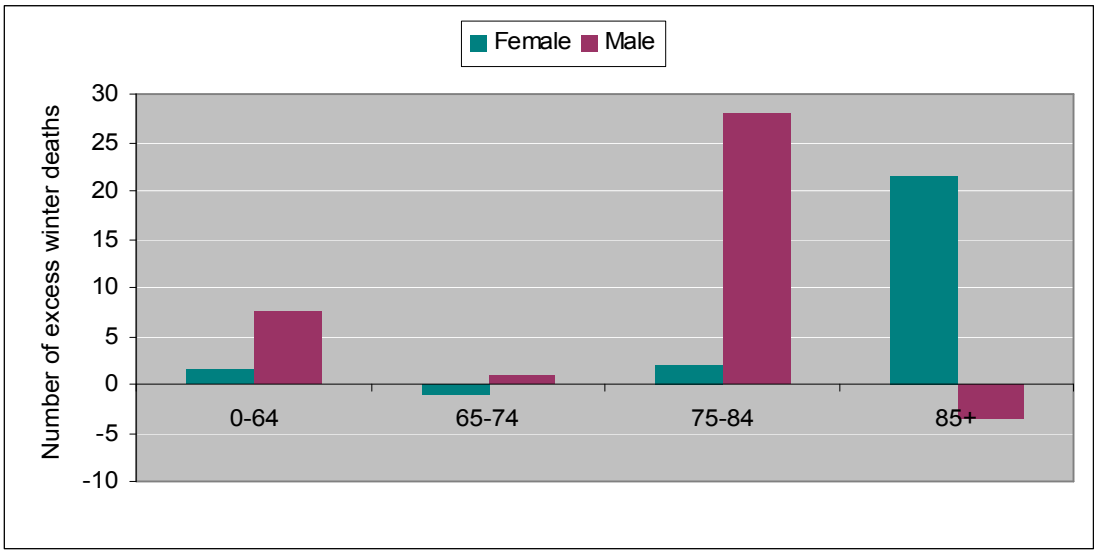
Figure 6: Monthly Deaths and Average Monthly Temperatures in Jersey 2008 to 2009



Of the excess winter deaths in 2008/09, 33 were among males and 24 among females[1]. It looks like Jersey males aged 75-84 are more likely to experience excess

winter mortality (Figure 7) while Jersey women over the age of 85 appear to have elevated mortality but there are more women than men in this age group on account of longer female life expectancy. In the under 75s it is males who experienced the higher rate of excess winter mortality, a pattern also seen in Guernsey and England & Wales during 2008/09.

Figure 7: Excess Winter Mortality in Jersey by Age & Sex 2008/09



Source: EWM calculations follow the methodology set out by ONS. Jersey temperature data: Jersey Meteorological Office.

4. LIFE EXPECTANCY & PREMATURE MORTALITY

Life Expectancy

Life expectancy at birth is defined as the number of years a newborn baby would be expected to live should it experience an area's current age-specific mortality rates throughout its lifetime. Similarly, life expectancy at, for example, 65, is a measure of how long a person of that age could expect to live if they were to experience the current age-specific mortality rates of individuals older than themselves, for a given area.

Overall life expectancy at birth for Jersey residents for the period 2006-2008 was 80.6 years: 77.7 years for males and 83.4 years for females. Life expectancy at 65 was 19.9 years for males and 21.4 years for females.

It is interesting to note that while life expectancy at birth was lower in Jersey than Guernsey (80.6 compared with 82.0 years), life expectancy at 65 was higher for males and very similar for females. This indicates that Jersey has more premature deaths under 65 than Guernsey.

Table 16: Life Expectancy at Birth for Jersey and Bailiwick of Guernsey residents, 2006-08.

		95% confidence limits	
	Life expectancy	lower	upper
Gsy Persons	82.0	81.4	82.6
Gsy Males	79.7	78.8	80.6
Gsy Females	84.1	83.3	85.0
Jsy Persons	**80.6**	79.3	81.5
Jsy Males	**77.7**	76.3	79.1
Jsy Females	**83.4**	82.2	84.7

Source: HIU 2010

The Jersey life expectancy values compare favourably with those for UK residents, when considered alongside the latest available UK figures (Table 12). For males, life expectancy at birth was similar to England & Wales and exceeded the country-wide averages for Scotland and Northern Ireland. Life expectancy for men at 65 in Jersey was around 2 years more than in the UK (Table 12). For females both life expectancy at birth and life expectancy at 65 were higher than most regions and very similar to the South West region.

Table 17: Life Expectancy at Birth and at Age 65 by Country and Government Office Regions, 2006-08.

LIFE EXPECTANCY AT BIRTH AND AT AGE 65				
	MALES		FEMALES	
	Birth	Age 65	Birth	Age 65
United Kingdom	77.5	17.5	81.7	20.2
England	77.9	17.7	82.0	20.3
Wales	77.0	17.2	81.4	20.2
Scotland	75.0	16.3	79.9	18.9
Northern Ireland	76.4	17.0	81.3	19.8
ENGLISH REGIONS				
North East	76.4	16.7	80.6	19.3
North West	76.3	16.8	80.6	19.4
Yorkshire and The Humber	77.1	17.2	81.3	19.8
East Midlands	77.8	17.5	81.8	20.2
West Midlands	77.2	17.4	81.6	20.1
East of England	78.9	18.2	82.7	20.7
London	78.2	18.1	82.7	21.0
South East	79.2	18.4	83.0	21.0
South West	79.0	18.4	83.1	21.2
Guernsey	79.6	18.4	83.1	21.2
Jersey	**77.7**	**18.0**	**83.4**	**21.2**

Source: ONS Statistical Bulletin 'Life Expectancy at birth and at age 65 by local areas in the United Kingdom, 2006-08' release date 21/10/09.

While Jersey was high in the overall league table of local areas in the UK there are several areas where life expectancy exceeds those of Jersey residents. In Kensington and Chelsea, for example, life expectancy at birth for the period 2006-08 was considerably higher: 84.3 for males and 88.9 for females.

Change in Life Expectancy over time

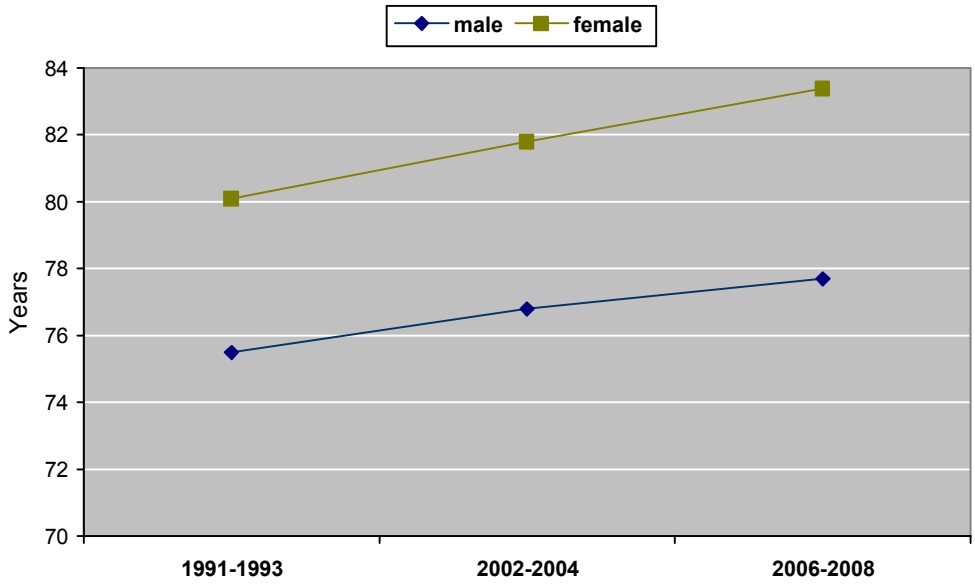
When the Jersey life expectancy values for 2006-2008 are compared with values previously calculated for the periods 1991-1993 and 2002-2004, an increase in life expectancy over time is revealed for both sexes (Table 18 & Figure 8). Between 1991-93 and 2006-08 male life expectancy increased by 2.2 years, or 2.9%. Over the same period female life expectancy increased by 3.3 years, or 4.1%.

Table 18: Life Expectancy for Jersey Males and Females

Year	Jsy Male	Jsy Female
1991-1993	75.5	80.1
2002-2004	76.8	81.8
2006-2008	77.7	83.4

Source: HIU 2010

Figure 8: Changes in Life Expectancy for Jersey Males and Females over time.



Methodology Notes

- Calculations were performed using the single area life expectancy calculator tool created by SEPHO which can be found at http://www.sepho.org.uk/viewResource.aspx?id=8943
- Data used in these calculations consisted of population estimates for Jersey for the years 2006, 2007 and 2008 and death data for the years 2006, 2007 and 2008 derived from the Jersey Deaths Database.

Years of Life Lost

Years of Life Lost (YOLL) is a measure of premature mortality which is used to compare the mortality experience of different populations for particular causes of death. YOLL shows the number of years not lived by individuals who die under the age of 75; 75 having been set as an age that everyone can be expected to reach.

In the period 2007-2009, a total of 1,375 years of life were lost prematurely in Jersey. This equates to an age-standardised rate of 481.8 years per 10,000 population which is high relative to the England & Wales average of 435.73. It is also higher than Guernsey, England & Wales and 7 of the 9 English regions (see Table 14, below).

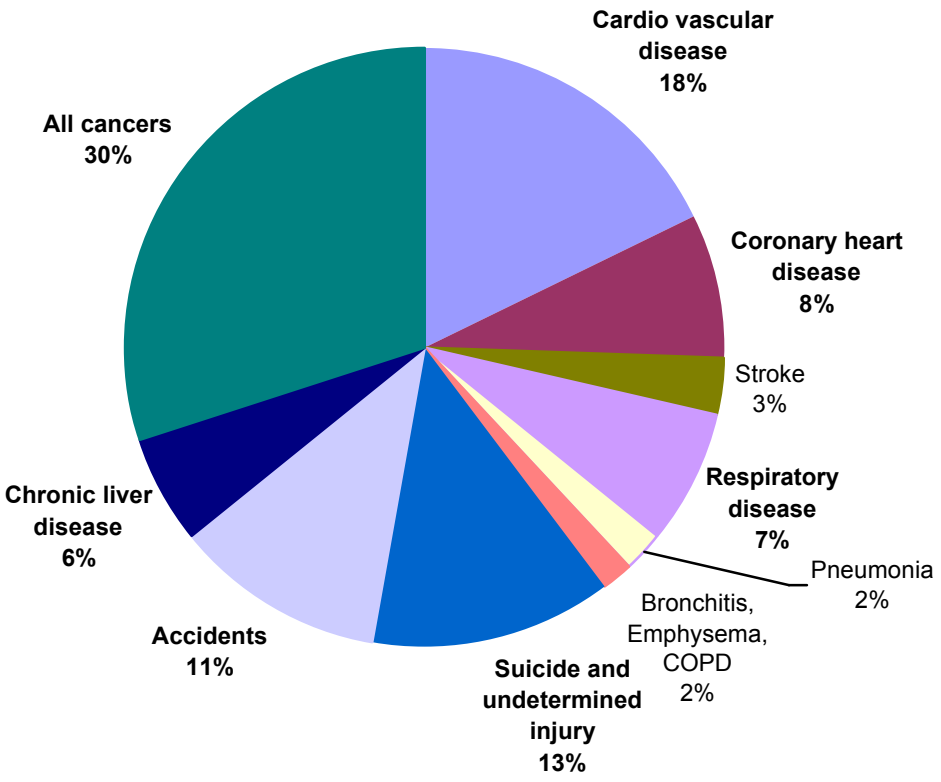
Deaths from cancer account for around a third of all premature years of life lost (31%) in 2008, followed by cardiovascular diseases (18%), suicide & undetermined injury (13%) and accidents (11%). See Figure 9.

Table 19: Years of Life Lost in Jersey, 2007-09

2007-09	EASR per 10,000 population
England and Wales	435.73
England	432.55
Government office regions	
North East	501.80
North West	516.14
Yorkshire and the Humber	468.79
East Midlands	434.87
West Midlands	459.84
East of England	382.19
London	418.71
South East	381.17
South West	396.45
Guernsey (2006-08)	**301.2**
Jersey (2007-09)	**481.8**

Source: Compendium of Clinical and Health Indicators / Clinical and Health Outcomes Knowledge Base (www.nchod.nhs.uk or www.nchod.nhs.uk). Data caveat: based on **HIU estimates using the 2001 census data amended for annual births and deaths using the Office of National Statistics methodology. This excluded any net migration (into or out of the island).**

Figure 9: Proportion of Lost Years by cause of Death in Jersey, 2007-09.



Source: HIU deaths database 2010

The Years of Life Lost measure is useful because it highlights the impact of deaths among younger people. Some conditions that caused many deaths but which affected

mainly older people, e.g. pneumonia, accounted for a small proportion of life years lost. By contrast others that affect much younger people, e.g. accidents and suicides, though few in number, result in many more life years lost, hence much more lost potential.

Table 20: Top five total years of Life Lost in Jersey for Main Causes of Death, 2007-09 Compared with SW England

Disease	ICD-10 codes	Years of Life Lost (number)				Years of Life Lost (EASR per 10,000) Compared with SW England		
		Male	Female	Person	Persons (% of total)	Male	Female	Persons
All Causes	***A00-Y99***	***8800***	***4957***	***13757***	***100%***	***624.9***	***346.9***	***481.8***
All Cancers	***C00-C99***	***2308***	***1725***	***4033***	***29%***	***148.3***	***105.7***	***126.3***
Cardiovascular Disease	I00-I99	656	1660	2316	17%	109.1	42.4	74.8
Suicide and Undetermined Injury	X60-X84, Y10-Y34 excl. Y33.9	1125	345	1470	11%	87.9	22.9	54.7
Accidents *(not comparable with SW)*	V01-X59	983	220	1203	9%	*80.5*	*16.8*	*47.5*
Lung Cancer	C33-C34	637	447	1084	8%	40.8	27.3	33.8
Coronary Heart Disease	I20-I25	903	106	1009	7%	60.1	6.2	32.5

Source: Jersey Deaths Database held at the HIU; South West data from the NHS indicators data portal

The table above is shaded to show how Jersey compares with the Southwest of England. This shows that Jersey has significantly more premature death from suicide and lung cancer in both sexes than SW England.

Methodology Notes

- The 2007-2009 period was used as there was a change to the coding system in 2006 making the 2006-2008 data less consistent
- YLL calculations followed the methods set out by NCHOD see document 'Explanations of statistical methods used in the Compendium' http://www.nchod.nhs.uk/
- **DISCLAIMER: An audit of the cause of death codes attributed to deaths in Jersey is being undertaken at the time of writing (June 2011) by the Office for National Statistics. YOLL, which relies on the correct and appropriate attribution of cause of death codes, is one of the statistics which could potentially change, upon recalculation, if any codes were found to be incorrect.**

5. SEXUAL HEALTH

Teenage Conceptions

The rate of under-18 teenage conceptions in Jersey remains low at 10.2 per 1,000 women aged 15-17 in 2008 and 20.1 in 2009. These rates are very much lower than either Guernsey and Alderney in 2008 (38.9 per 1,000) and the England & Wales rate of 40.7. It should be noted that the 95% confidence interval on the local value is wide given the small numbers involved (95% CI for 2008 = 5.7 to 16.8). Conception rates for Government Office Regions in England are shown, for comparison, in Table 19, below.

Table 21: Under 18 Teenage Conceptions compared with England and Wales, 2008.

	rate per 1,000	% leading to termination
England and Wales	**40.7**	49
England	**40.5**	50
Government office regions		
North East	**49.0**	44
North West	**45.8**	49
Yorkshire and the Humber	**47.3**	44
East Midlands	**39.6**	46
West Midlands	**44.6**	48
East of England	**31.4**	48
London	**44.5**	61
South East	**33.0**	51
South West	**34.9**	51
Guernsey 2008	**39.8**	**43**
Jersey 2008	**10.2** (CI 5.7-16.8)	**80**
Jersey 2009	**20.1** (CI 13.4-28.8)	**55**
Jersey 2006-2008	**14.8** (CI 9.4-22.3)	**80**

Source: UK "Under 18 conception statistics 1998-2008"

Terminations of Pregnancy

In 2008, 220 terminations were performed in Jersey on women normally resident on the island. In 2009 there were 215 terminations, 214 of these for women normally resident in Jersey. Not all terminations will have been registered or performed in Jersey as a small number are likely to have been carried out off island. These are not included in this statistic

An age-standardised termination rate (ASR) for procedures performed locally was calculated to be 12.2 per 1,000 women aged 15-44 for 2006-08 and 12.4 per 1,000 for 2007-09. This is slightly higher than Guernsey but still one of the lowest rates

recorded for England and Wales in 2008. Our rates are similar to Norfolk and North East Essex local health boards (see Table 20, below).

Table 22: Age-standardised Termination Rate compared with England and Wales, 2008.

	Rate per 1,000 women aged 15-44 ASR
England and Wales	**18.2**
England	**18.3**
South West	**15**
Norfolk	**12**
North East Essex	**12**
Isle of Wight	**11**
Oxfordshire	**11**
Guernsey	**11.3**
Jersey 2006-2008	**12.2***
Jersey 2007-2009	**12.4***

Jersey calculation based on three year average

Source: "Abortion Statistics England and Wales 2008"

In Jersey a higher proportion of teenage conceptions led to termination (55-80%) compared with 43% in Guernsey and 49% In England and Wales.

Methodology Notes

- The numerator for the crude and age-standardised rates given above is the number of termination notifications received by the Jersey MOH plus, where applicable, the number of terminations performed in the UK to women identifying themselves as Jersey residents
- The England and Wales numerator is, likewise, the number of HSA4 forms (termination notifications) received by the Department of Health.
- The denominator is the estimated number of Jersey females aged 15-44 in 2008 and 2009 respectively based on HIU population estimates.

Sexually Transmitted Infections

Jersey-wide rates of sexually transmitted infections are not routinely collated. A detailed breakdown of the data from the Genito-urinary Medicine (GUM) clinic contains annual numbers too low to report upon because of confidentiality and reliability issues. This includes results for gonorrhoea, syphilis, herpes and warts. Chlamydia data is not currently directly comparable with the UK or Guernsey.

The sexual health strategy group composed of representatives from across Health and Social Services has in 2011 decided upon a set of sexual health indicators which will be collated and reported upon annually in the future.

6. MENTAL HEALTH

Suicide and Undetermined Injury Mortality

The age standardised mortality rate from suicide and undetermined injury among Jersey residents over the three period 2006-08 was 14.9 per 100,000, 22.6 per 100,000 for males and 7.7 per 100,000 for females. This compares unfavourably with both Guernsey, at 4.48 per 100,000 (6.70 per 100,000 for males and 2.19 per 100,000 for females), and the UK, with rates of 17.7 per 100,000 for males and 5.4 per 100,000 for females.

Although our rates are not statistically different to those in the UK (the confidence intervals for the Jersey ASR overlap with those of the UK) a difference of 8 deaths by suicide per 100,000 over a year is significant in terms of local impact.

The Suicide Prevention Group commissioned a report into deaths by suicide and relevant open verdict between 2000 and 2008 from the University of Southampton School of Medicine. The report found that deaths were highest amongst 25 – 34 year olds and those aged 65-90 years. The highest suicide rate was in young men of 24-35 years of age (36.2/100,000).

The report noted that 77% of individuals were seen in primary care in the year before death and noted the need for more robust screening and communication with secondary care services. 37.2% of individuals had consumed alcohol and there was 'much evidence of the limited recognition and sub-optimal management of patients with alcohol use disorders'. This was contextualised with dysfunctional attitudes towards alcohol use and safe levels of alcohol consumption especially amongst the young.

Jersey experienced a marked increase in the number of deaths by suicide in 2009. There were 25 in total composed of 17 males and 8 females. This is contrary to the downward trend in deaths by suicide seen in the UK. The Southampton Unit reviewing these deaths found there was a significant increase in women using violent methods and made the additional recommendation that there should be routine enquiry into childhood neglect and abuse in those with mental health problems.

Figure 10: Jersey Suicide Rates (3 year rolling average ASR per 100,000)

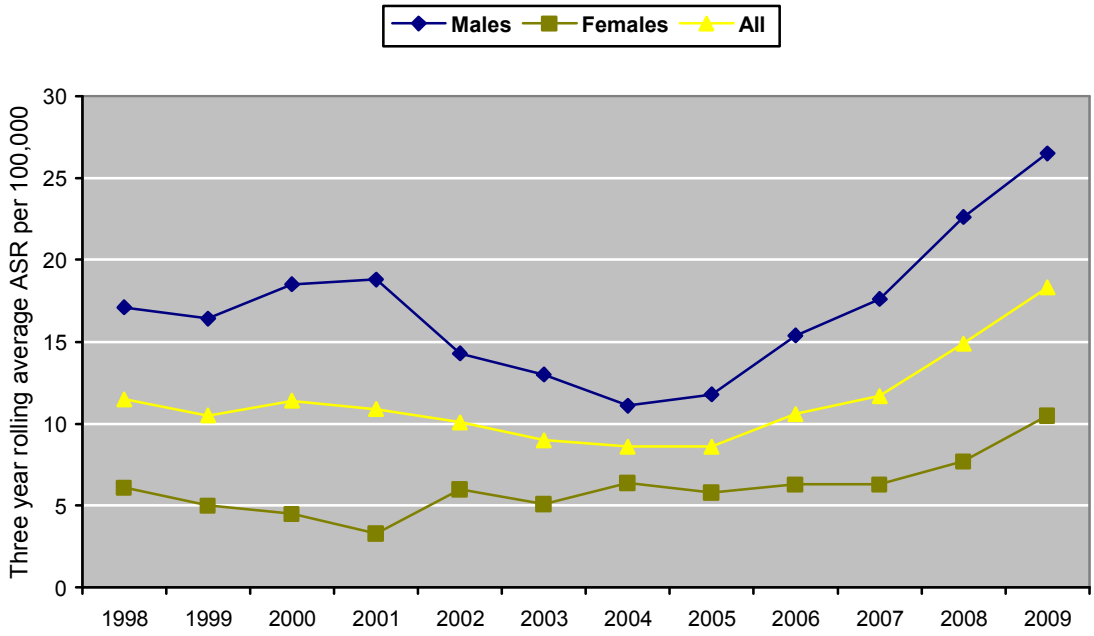


Table 23: Recent Jersey Suicide Rates (3 year rolling ASR per 100,000)

Year	Male	Female	All
2005	11.8	5.8	8.6
2006	15.4	6.3	10.6
2007	17.6	6.3	11.7
2008	22.6	7.7	14.9
2009	26.5	10.5	18.3

Mental Health Prescribing

Analysis of the prescribing volumes for drugs used in the treatment of mental health conditions may give an indication of mental health issues in a given area.

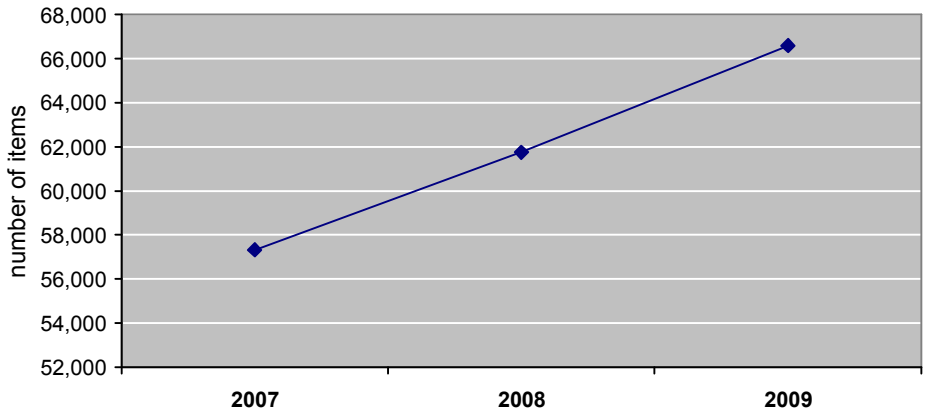
In Jersey prescribing trends are monitored monthly by the Employment & Social Security Department. This data is routinely shared with Public Health and the Medical Officer of Health. The data shows that although the volume of all psychotropic drugs had decreased since 2007 there was an increase in both antidepressant and antipsychotic prescribing. Figure 10 shows the increase in the prescribing of antidepressants in Jersey between 2007 and 2009.

Table 24: Dispensing Volumes for Drugs Used in the Treatment of Mental Health Conditions in Jersey, 2008.

	Items dispensed
All psychotropic drugs	112,479
Antidepressants	61,756
Antipsychotics	4,031

Source: Social Security Department.

Figure 11: Anti depressant prescribing in Jersey - 2007 to 2009



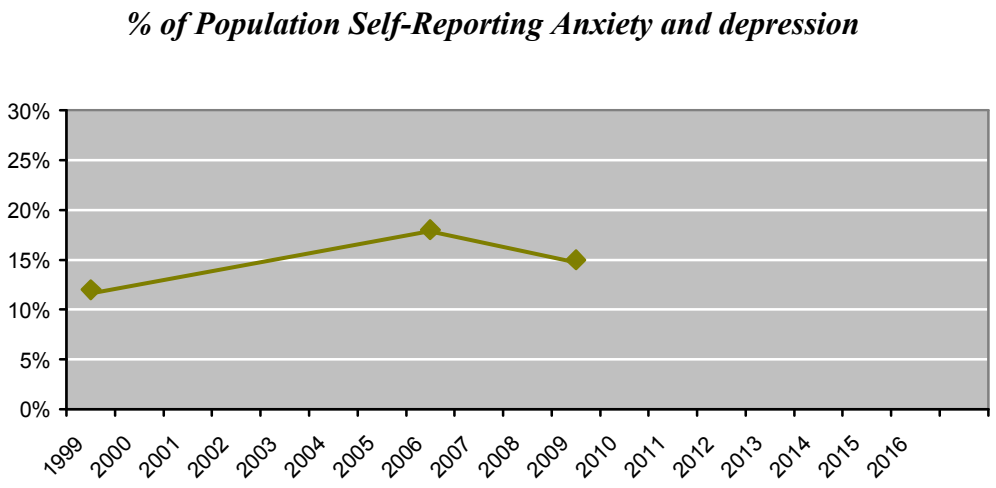
RECOMMENDATION
Converting counts of drugs dispensed into volumes of drugs dispensed would allow comparisons to be drawn between the Jersey and other jurisdictions and would therefore make local data more meaningful.

Anxiety & depression measures

Various tools have been used in local surveys to measure levels of anxiety and depression in the local community. These help to indicate the potential level of mental health problems in our community.
The two tools we have used indicate that the level of anxiety and depression in Jersey has not changed very much since 1999 (Figures 12 & 13).

The General Health Questionnaire (GHQ 12) is a set of 12 specific questions that measure current mental health. This tool indicates that the proportion of the population likely to have some problem with anxiety & depression has varied between 12% of the population in 1999 to 18% in 2006. In 2009 the estimate was 15%.

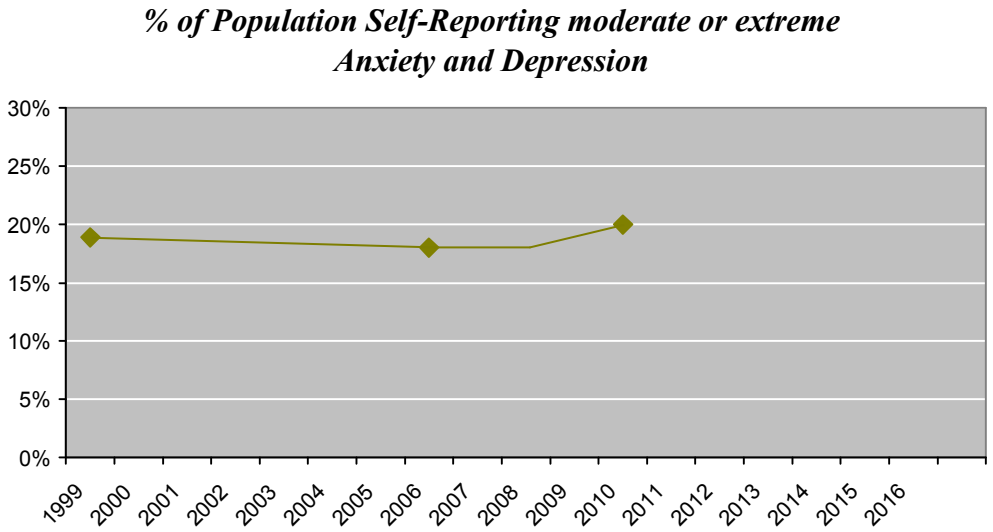
Figure 12: Problems with anxiety & depression in our population (from GHQ12)



Source: JHS and JASS

The EuroQol tool (EQ-5D) provides a different measure to the GHQ12. It measures five aspects of an individual's quality of life, including anxiety & depression. Respondents report: no, moderate, or extreme levels of anxiety & depression. In 2006 18% of the population reported a moderate or extreme level of anxiety or depression, compared with 20% in 2010.

Figure 13: Moderate or extreme anxiety & depression in our population (EQ-5D)



Source: JHS and JASS

Mental Health Hospital Admissions

Data from 2008* indicated that mental health hospital admissions were predominantly due to alcohol withdrawal (34%), bipolar disorder (21%) and acute intoxication (13%). This data contained a number of repeat admissions.

At the moment we cannot compare Jersey data with the England admission rate of 2.1 per 1,000 population. It is expected that, as in Guernsey, Jersey admission rates will be different because of the way that health services are provided on both Islands compared to England.

DATA QUALITY NOTE

The coding of Jersey Hospital data is undergoing review in 2010/11. The 2008 and 2009 data may not be entirely reliable and hospital data pulled in future years may consequently give a slightly different picture.

*26% of 2008 hospital admissions were not given a primary diagnosis code and the information above is based on only 85 coded admissions.

7. DISEASE PREVENTION

Child Immunisation Uptake

The UK schedule of routine childhood immunisations is followed in Jersey. This includes the DTaP/IPV/Hib or "5-in-1" vaccine (protecting against diphtheria, tetanus, whooping cough polio and *Haemophilus influenza* type b), PCV (pneumoccal conjugate vaccine), MenC (meningitis C), MMR (measles, mumps and rubella) and for girls HPV (Human Papilloma Virus).

The uptake of the primary immunisation (DTaP/IPV/Hib) has improved in Jersey since 2006 and is now above the English average. Currently the uptake of MMR, the Hib/Men C booster and the pneumococcal booster are all around 10% higher than in England (Table 25).
Guernsey had similarly good uptake rates in 2007*: 94% uptake of the primary immunisation; 90% uptake of MMR.

Table 25: Uptake of Childhood Vaccination in Jersey compared with England

	2006	2007	2008	2009	England 08-09
DTaP/IPV/Hib (by 1 year of age)	**90%**	**94%**	**97%**	**98%**	**92%**
MMR (by 2 years of age)	**81%**	**86%**	**88%**	**95%**	**85%**
Hib/MenC booster (by 2 years)				**93%**	**85%**
Pneumococcal booster (by 2 years)				**94%**	**81%**

Source and notes

- For comparison statistics and England and Wales data definitions see http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles/immunisation
- *At the time of writing no 2008 child immunisation data are currently available from Guernsey for comparison. This is due to report extraction problems resulting from the migration of data from the former McKesson child health system to the RIO child health system

Seasonal Influenza Vaccine Uptake

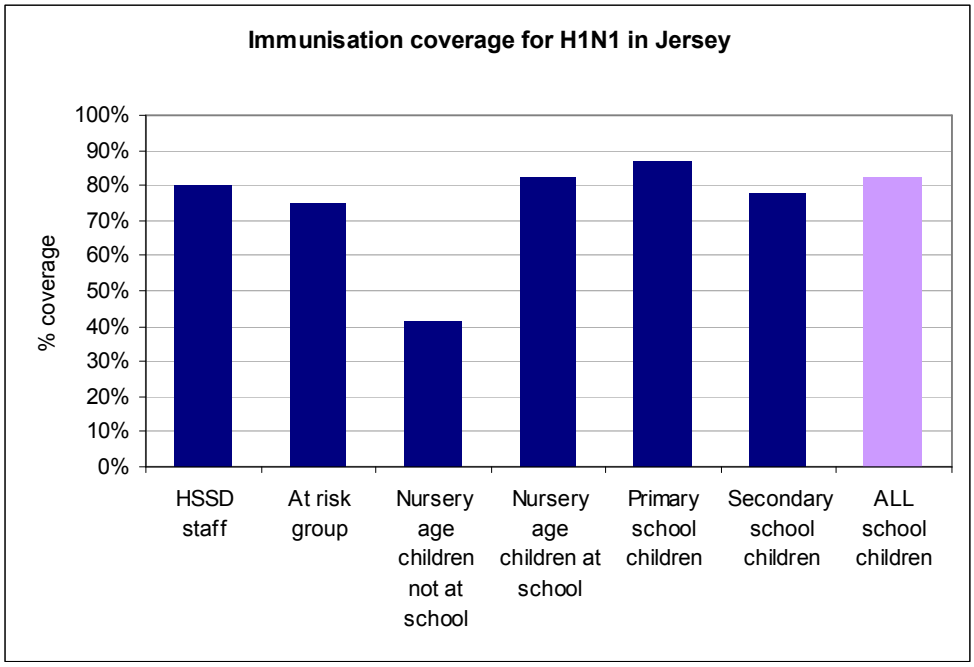
Seasonal influenza vaccinations are offered by Jersey primary care practices to all patients aged 65 and over and all patients who are deemed “at risk" due to an underlying medical condition/s. In addition, the HSSD offers vaccinations to its own staff.

This data is not routinely collected. Although data are sporadically requested from the nine relevant Jersey GP groups, at present there is no formal arrangement between Jersey Primary Care and the MOH for the routine sharing of seasonal ‘flu vaccine uptake data. Consequently, there is no data available for 2008 for the uptake of seasonal influenza vaccine among the over 65s and at risk groups in the general population.

Pandemic H1N1 immunisation 2009 (Swine Flu)

In 2009 data was collected in connection with the swine flu outbreak. Vaccination uptake for priority groups was high: health workers 80%; clinical at-risk patients 75% (estimate); school children 82%. (Figure 13)
During the outbreak following the October half term week, we saw 429 confirmed cases in a 14-day period affecting school children. Once the majority of children became immune through vaccination, cases dropped to single figures.

Figure 14: Immunisation coverage in Jersey (Winter 2009)



Source: HIU 2010

This programme was organised by the Public Health Department and was the result of a vigorous campaign to try to minimise the impact of pandemic H1N1 on hospital capacity and emergency care facilities.

Methodology Notes

Healthcare workers (HSSD staff on Figure 13) included clinical staff (nurses, midwives, doctors, auxiliaries, physiotherapists, radiographers, etc.), non clinical staff (administration, managers, receptionists, ward clerks, porters, cleaners etc) and those providing personal care in residential care homes and in the community.

Breast Screening

The Jersey Breast Screening Service has been in place since 1990. This service is available to symptomatic patients of all ages and to asymptomatic women aged 50-69 who are screened on a call-recall basis every two years. Jersey has no means of identifying all women as they reach 50 years of age so the service is reliant on eligible women being proactive if they are aware of the service, or being identified by their GP.

While the absence of an island wide register means women cannot be called for screening when they reach 50, once women are in the system around 98% of women attend for screening when invited.

Coverage

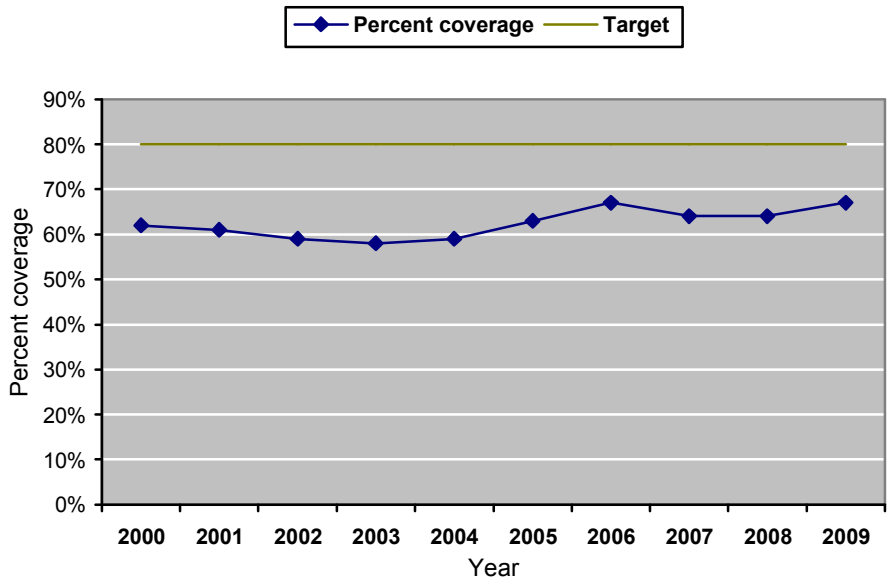
Coverage is a measure of the proportion of eligible women aged 50-64, resident in the island who have had a recorded test result at least once within the last two years.

Our estimates suggest that although coverage has increased over the years around 35% of eligible women may be still be slipping through the net (Figure 15).

Our population coverage is not directly comparable with the UK data but indicates that we are below the coverage of all the English regions except London (Table 26)

A review of GP records in 2006 and 2008 identified several hundred more women that were previously unknown to the service.

Figure 14: Estimated coverage of women aged 50-64 for breast screening over time



Source: HIU 2010

Table 26: Comparison of Breast Screening programme coverage in 2008/09

To 31st March 2009 ***% women aged 53-64***	Proportion of population covered
England	77%
Government office regions	
North East	80%
North West	76%
Yorkshire and the Humber	79%
East Midlands	82%
West Midlands	78%
East of England	79%
London	65%
South East	78%
South West	80%
Jersey 2008 (% aged 50-64)	**64%**
Jersey 2009 (% aged 50-64)	**67%**

Source: HIU and English regions data to March 2009

Attendance (Uptake)

The attendance rate of women who are already in the screening programme and are invited to attend screening is 98% in Jersey (Breast Screening Audit Report year ending March 2009). This is very similar to Guernsey where uptake ranges between 91% (women aged 50-64, born 1995-1997) to 98% (women aged 50-74, born 2007 to

2009). This is well above the UK minimum standard of '>70% of invited women to attend for screening'.

Methodology Notes

- All screening figures taken directly from the Jersey Breast Screening systems data.
- The population estimate for Jersey women aged 50-64 in 2008 has been calculated using 2001 census data and the Office for National Statistics methodology (excluding net migration) so may be a slight underestimate.

Cervical Screening

As with breast screening there is no centralised system for inviting women to have a cervical screen when they reach age 20. In Jersey all women aged between 20 and 64 are encouraged to have a regular cervical smear every 3 years.

This is slightly different to the UK where women are invited for screening as follows:

Age 25	First screening invitation
25-49	3 yearly recall
50-64	5 yearly recall
65+	Only screen those not screened since age 50 or those with recent abnormal tests

Source: http://www.cancerscreening.nhs.uk/cervical/about-cervical-screening.html

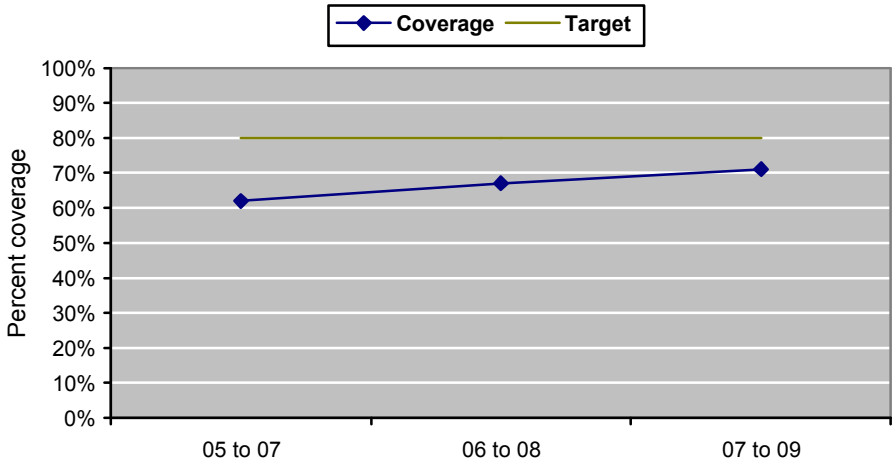
Coverage

In Jersey, coverage is measured by the proportion of eligible women aged 20 - 64 resident in the island who have had a recorded test result at least once within the last three years. This differs from the UK definition which is the proportion of all women aged 25-64 who have had a recorded test result in the previous 5 years.

Cervical screening coverage for women aged 20-64 in Jersey was estimated at 66% in 2008 and 70% in 2009. Over the past few years coverage has remained at around 70% (Figure 16).

Although not directly comparable, in England around 79% of 25-64 years olds have had a smear test in the last 5 years and the Jersey cervical screening coverage is lower than all the government regions in England which range between 74% and 82%.

Figure 16 : Estimated coverage of women aged 20-64 for cervical screening



Methodology Notes

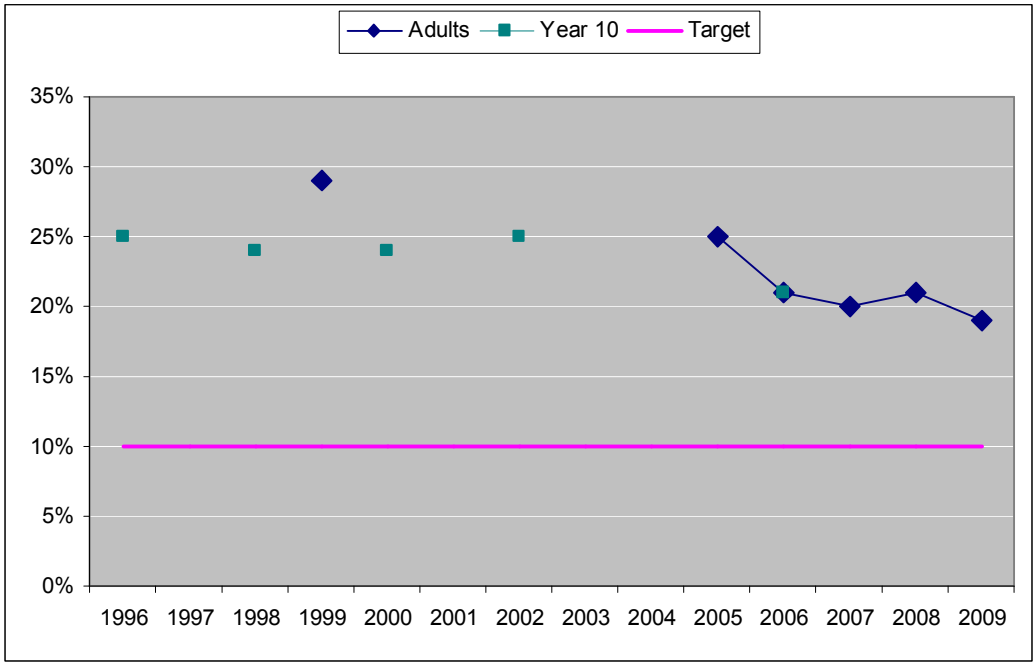
- All local smears are processed by the hospital laboratory. A report is pulled annually to show how many women in the previous 3 year period have at least one result recorded
- The population estimate for Jersey women aged 20-64 in 2008 has been calculated using 2001 census data and the Office for National Statistics methodology (excluding net migration) so may be a slight underestimate.
- For both breast & cervical screening the lack of a population register means we can only estimate coverage and inviting women to attend relies on GPs, other health professionals and individual women to be proactive and put themselves forward for screening.
- It is hoped that in the future the development of the Jersey Names & Address Register and the GP central server will allow the creation of a list of all eligible women and allow a call system to be set up so that more women are invited to be screened at the appropriate time.

8. LIFESTYLE

Smoking in Adults

Smoking prevalence in Jersey was first measured in the 1999 Jersey Health Survey. Since then it has been regularly monitored in the Jersey Annual Social Surveys (Figure 17). In 2008 21% of Jersey adults identified themselves as smokers, 31% were ex-smokers and 48% of adults were non-smokers who had never smoked. We appear to have a slightly higher number of smokers than Guernsey who reported 16% of their population were smokers in 2008.

Figure 17: Proportion of smokers in Jersey over time



Source: JHS and JASS

Although the proportion of adult smokers hasn't changed much since 2006 in Jersey, the average number of cigarettes smoked by individuals has decreased significantly since 2005 (Table 27).

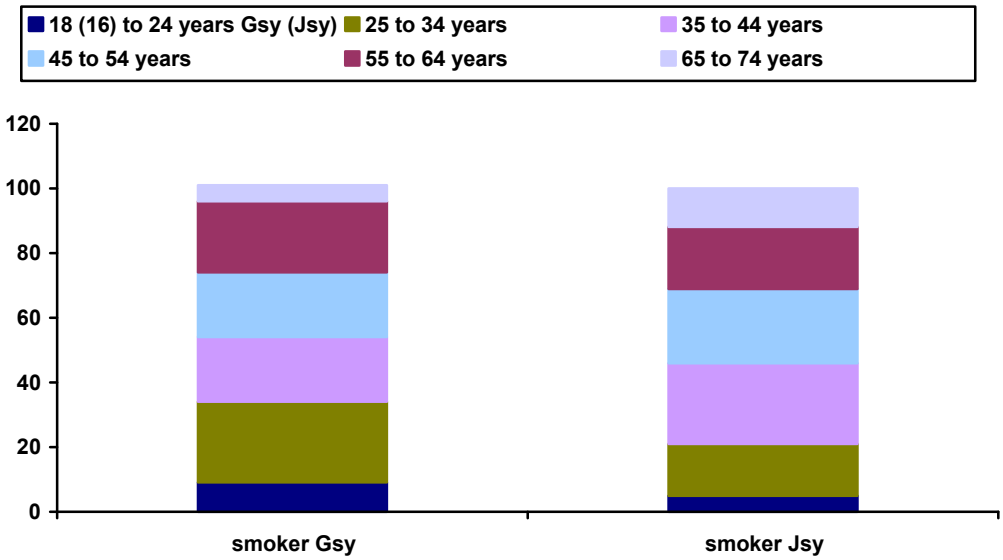
Table 27: Daily & Occasional Smokers and the average number of cigarettes smoked per day by all smokers

	Type of smoker		Average number of cigarettes smoked per day	
Year	% daily smokers	% occasional smokers	Males	Females
2005	19%	6%	25	20
2008	16%	5%	16	13

Source: JHS and JASS

In Jersey the highest proportion of smokers were in the 35-54 age group compared with a younger population of smokers in Guernsey, where the largest proportion of smokers are the 25-34 age group. (Figure 18)

Figure 18: Breakdown of smokers by age group in Jersey & Guernsey

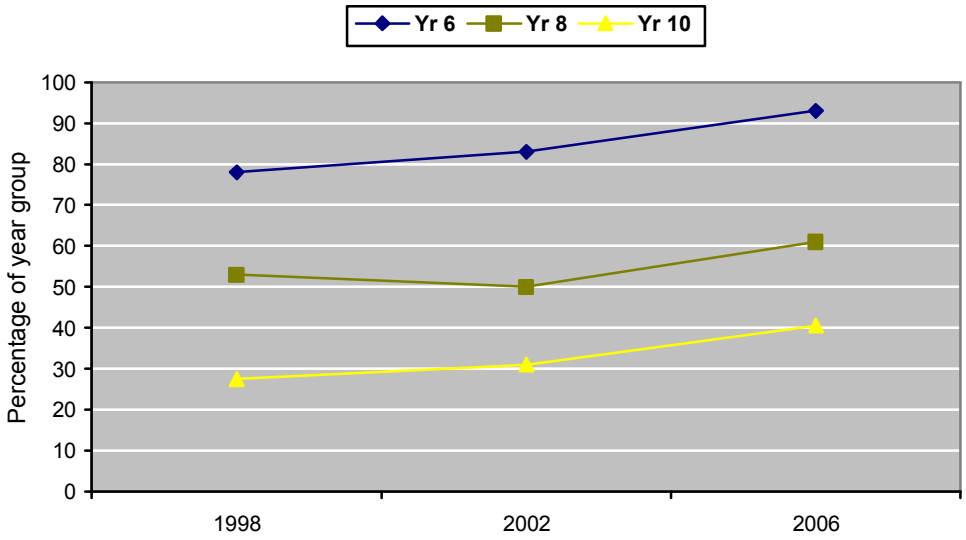


Source: JHS and JASS;Guernsey Health Profile 2008

Smoking in Children

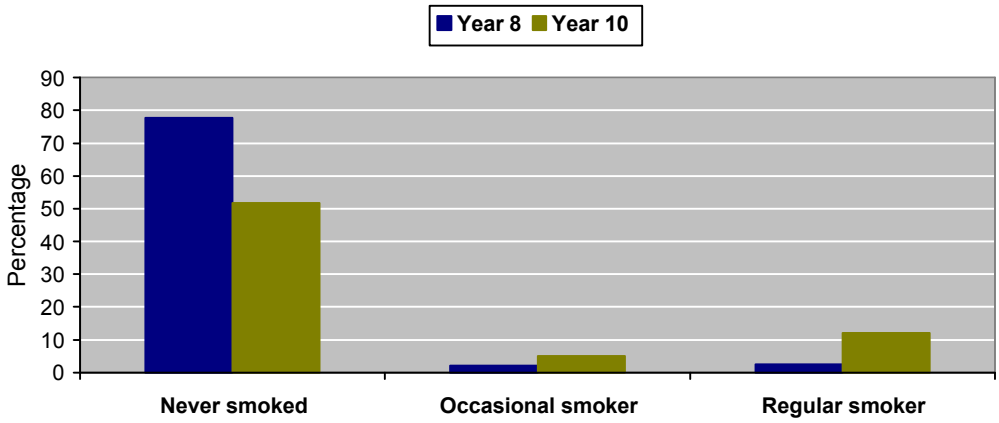
A Young Peoples Survey, the Health Related Behaviour Questionnaire (HRBQ) has been carried out among Jersey school children in 1996, 1998, 2000, 2002, 2006 and 2010. This has shown a rapid decline in the number of young people smoking over time and an increase in the proportion of children who have never smoked. (Figure 19)

Figure 19: Children in Jersey who have never smoked



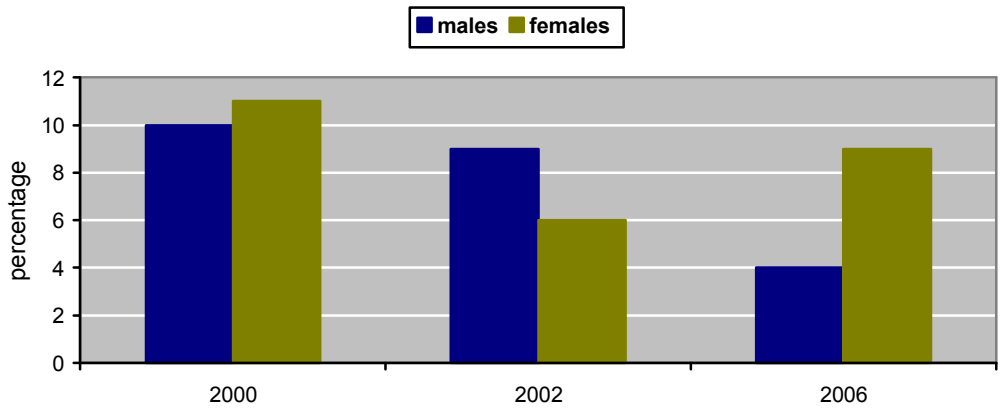
The latest survey revealed that 65% of year 8 and year 10 pupils don't smoke (figure 20), which is similar to the Guernsey figure of 69%. Prevalence is higher among the 14 – 15 year olds (Year 10) with 17% smoking occasionally or regularly and girls more likely to be smoking at that age than boys (Figure 21).

Figure 20: Smoking Status of Year 8 and Year 10 Pupils in Jersey.



Source HRBQ

Figure 21: Percentage of regular smokers in Year 10 in Jersey



Source HRBQ

Alcohol Consumption

Alcohol consumption has been monitored since 1999 in Jersey by asking survey respondents to estimate how many units of alcohol they consumed in the week preceding the survey. Since 2006 this has allowed both daily and weekly alcohol consumption to be gauged. Current UK Department of Health guidance is that, to avoid detrimental health effects, men should not regularly drink more than 3-4 units of alcohol per day and women should not regularly drink more than 2-3 units per day. Individuals exceeding the daily recommendations for their sex were deemed to be drinking at 'increasing risk'. Men drinking in excess of 8 units per day and women

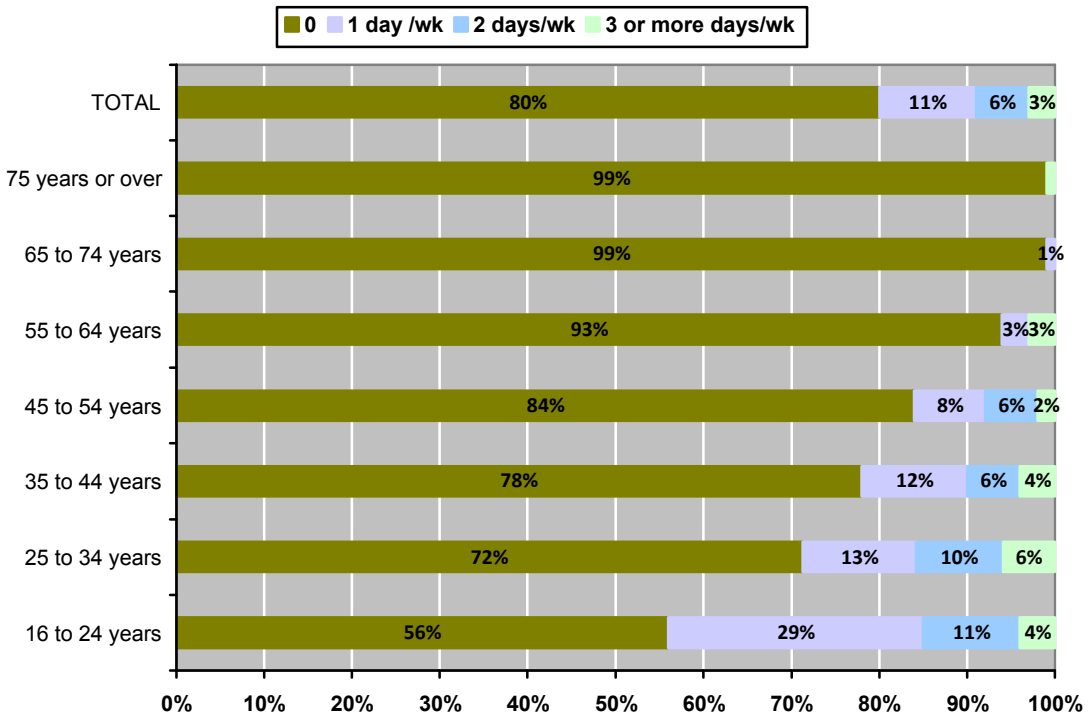
drinking in excess of 6 units per day on drinking days were deemed to be drinking at a level conferring 'hazardous risk'.

In 2008, 34% of adults in Jersey reported drinking at increasing risk levels and 9.5% reported drinking at levels of hazardous risk. This compared with 26.5% and 6.5% in Guernsey, respectively.

The survey showed that younger people were more likely to be drinking over twice the recommended limits (Figure 22), with over one in seven of 16-34 year olds doing so at least twice a week.

Males in all age categories were more likely to be drinking at increasing risk levels than females. Overall, 39% of males were exceeding 3-4 units on drinking days compared to 29% of females who were exceeding 2-3 units. On the Saturday night preceding the survey 10% of males were exceeding the 8 unit cut-off, and 9% of females exceeded the 6 unit cut-off out of a total sample of 1,597 surveyed.

Figure 22: Proportion drinking over twice the daily limit by age group



Source: JASS 2008

Alcohol-Attributable Hospital Admissions

In recent years the calculation and application of Alcohol Attributable Fractions ('AAFs') has allowed the impact of alcohol on health to be gauged better than was previously possible. Jones *et al* (2008) published AAFs for 47 conditions for which there is evidence of a causal relationship with alcohol consumption. 13 of these are conditions specifically attributable to alcohol (such as alcoholic liver disease and ethanol poisoning) and 34 are conditions partly attributable to alcohol, separated into acute consequences (such as fall injuries and road traffic accidents) and chronic conditions (such as stroke and heart failure).
By applying the AAFs to local data an estimate of the number of admissions due to alcohol can be derived.

It is estimated that 2,282 (10%) of the admissions to Jersey's hospital in 2008 were either specifically or partially attributable to alcohol. This equates to an age-standardised rate (EASR) of 2,144 per 100,000(Table 28).

Table 28: Comparative Rates of Alcohol-Attributable Hospital Admissions per 100,000 (EASR) - 2008/09.

North East	2,257
North West	2,071
West Midlands	1,663
England	**1,582**
East Midlands	1,572
Yorkshire and The Humber	1,525
South West	1,491
London	1,490
East of England	1,304
South East	1,239
Guernsey	**1,260**
Jersey (2008) estimate	**2,144**

*Guernsey and Jersey data is for the calendar year 2008
Source:.nwph.net "Quarterly Data: 2008/09 Quarter 1 to 2009/10 Quarter 3"

Overall males were more likely to be admitted for alcohol-attributable conditions or consequences. Men accounted for 72% of alcohol-attributable admissions (n= 1,635) whereas women accounted for just 28% (n= 647).

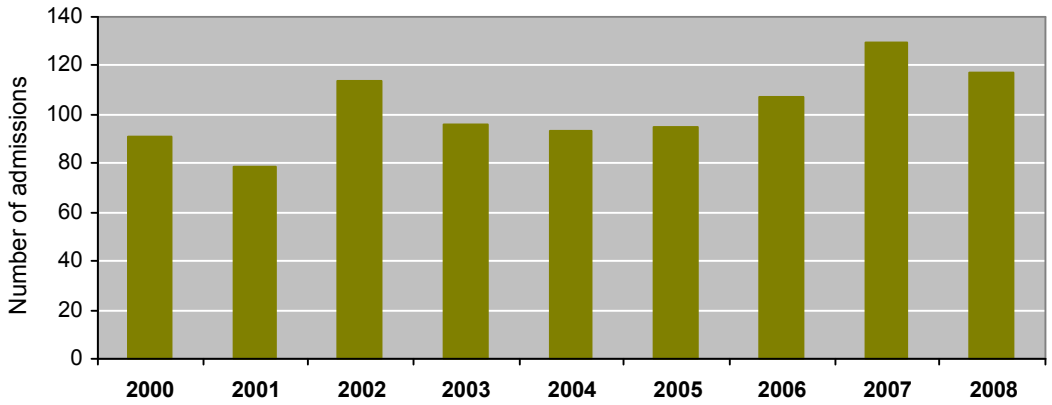
The tendency for more male alcohol-attributable admissions has been observed elsewhere. In the South West region of England, for example, the ratio of male to female alcohol-attributable hospital admissions for 2005 was almost exactly the same as that observed in Guernsey in 2008; 64% of admissions were of males, as against 36% of females (Walsh *et al* 2008, 24). It has been suggested that differences in drinking habits between men and women, for example less total alcohol consumption,

slower drinking, and a greater proportion of drinks taken with meals among women may explain the lower incidence of several alcohol-attributable diseases in this group (Sieri *et al* 2002, 1294).

Alcohol Specific Hospital Admissions

Alcohol specific admissions only have remained at a steady 0.4% of total admissions between 2006 and 2008. There were 117 alcohol specific admissions in 2008 including repeat admissions for individuals.

Fig 23: Changes in the number of alcohol specific admissions in Jersey 1999 to 2008



Source: Jersey Hospital data analysed at HIU

Methodology Notes

- Jersey hospital data was audited in 2010 and resulted in a recoding of all 2010 data. The data from 2008 may therefore not be reliable and the numbers reported may be subject to change.
- Alcohol-attributable fractions as given by Jones *et al* (2008) were applied to admissions data from EDS PAS for the year 2008 using an Alcohol-attributable admission calculator produced by The Alcohol Learning Centre (www.alcohollearningcentre.org.uk). Input data was not directly comparable because of the lack of comparable fields available on the data pull, a directly comparable figure will b available for 2010.

Healthy Weight and Obesity

The weight status of islanders is currently estimated from three sources: The Jersey Annual Social Survey (JASS) for adults, hospital data and the Child Health System.

Obesity in adults

Respondents to the 2008 JASS were asked to state their weight and height from which Body Mass Index (BMI) could be calculated.

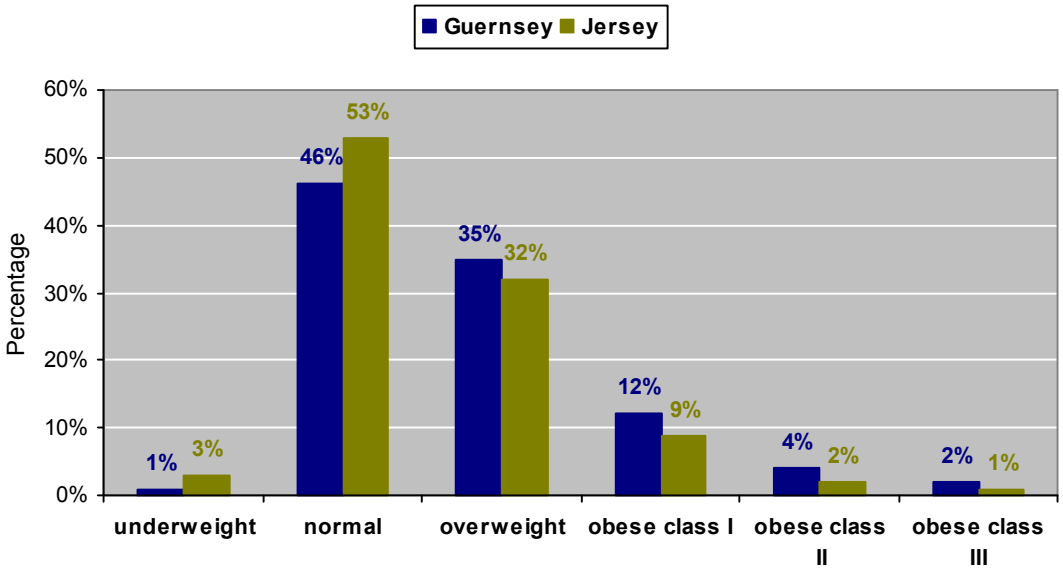
BMI scores were then categorised as follows:

<18.5	= underweight
18.5-24.99	= healthy weight
25-29.99	= overweight
≥30	= obese

Obesity scores were further divided into obese class I (30-34.99), obese class II (35-39.99) and obese class III (≥40).

Of the respondents for whom a valid BMI score could be calculated 44% were found to be either overweight or obese, 53% were of healthy weight and 3% were underweight. Comparisons with Guernsey are given in Figure 24.

Figure 24: Distribution of adult BMI from 2008 surveys in Guernsey & Jersey



Source: Child Health Data and Guernsey Health Profile 2008

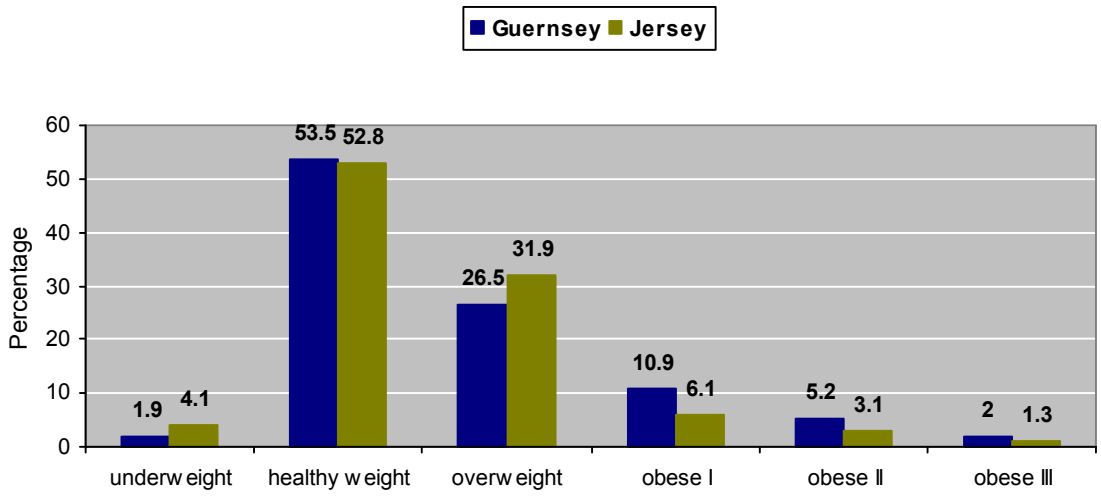
The data showed a trend towards increasing levels of obesity up to 64 years, after which it decreases slightly. Guernsey data shows the same pattern.

Obesity in Pregnant women

The BMI of pregnant women was calculated from the height and weight data routinely recorded by midwives. The data suggests that both islands have a similar proportion of women who are overweight or obese, but Jersey has slightly more pregnant women who are overweight while Guernsey has slightly more pregnant women who are obese compared with Jersey (Figure 25).

The proportions of women falling into each weight category are very similar to those derived from the JASS and so are in line with the general population of the island.

Figure 25: Weight Status of Women booked with Guernsey & Jersey Maternity Services in 2008.

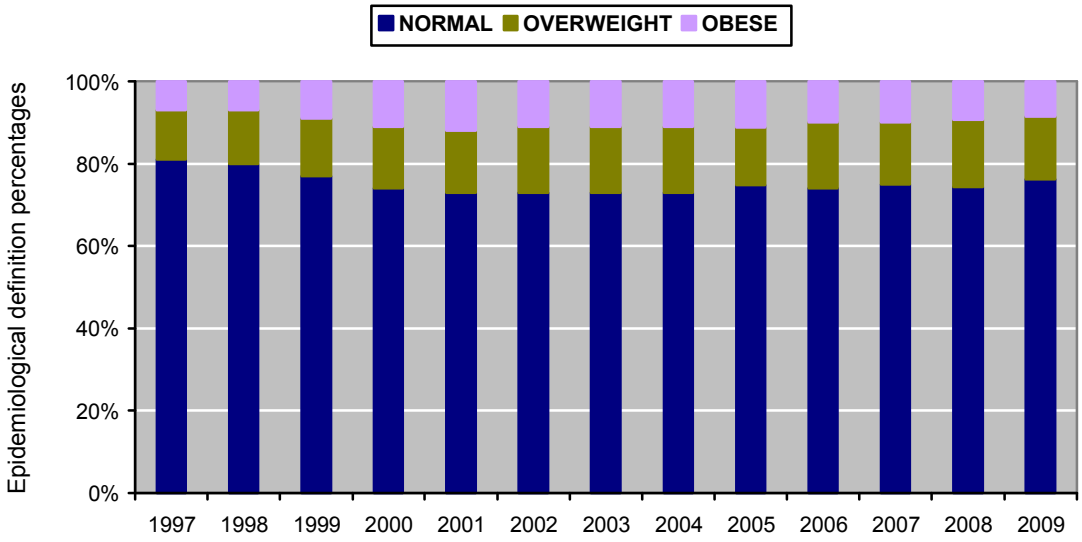


Source: HIU using Child Health system

Obesity in under 5s

The proportion of reception aged children who have a BMI defined as overweight or obese has increased since 1998 but may now be levelling off (Figure 26). This reflects the findings in the Health Survey for England 2009 which notes an encouraging possibility of a future reduction. However the numbers for Jersey are greater than those seen prior to 1999. An additional concern is that the UK Health Survey for England (HSE) showed that obesity was more prevalent in the lowest quintile of household income and that the inequalities gap may be widening.

Figure 26: The relative proportions of normal overweight and obese BMI amongst reception classes in Jersey (rolling three year averages)



Source: Child Health System

Healthy Eating

Healthy eating is estimated by looking at the number of portions of fruit & vegetables that are consumed daily. It is currently recommended that children and adults alike eat at least five or more portions of fruit and vegetables per day.

Children

A significant number of children in both Jersey and Guernsey are not getting the recommended five-a-day portions of fruit and vegetables.

In Jersey between 15% and 29% of children eat the recommended 5-a-day (Table 29), this is slightly lower similar to Guernsey where the figure ranges between 24% and 31%.

Table 29: Proportion of Children Eating Five or More Portions of Fruit and Vegetables per day.

	Year 6	Year 8	Year 10
	M&F	M&F	M&F
Jersey 2010	**29%**	**25%**	**15%**
Guernsey 2008	31%	27%	24%

Source: Jersey HRBQ,2006 and Guernsey Health Profile 2008

Adults

Nearly 65% of adults reported eating less than five portions of fruit or vegetables on the day before the survey (2008 JASS). This was similar to UK findings, where 66% of the population did not eat 5-a-day. There were big variations between the sexes, with males less likely to eat the recommended amount. 72% of males reported eating less

than 5-a-day compared to 59% of females. There was also variation with age group. 81% of 16-24 year olds reported eating less than recommended as compared to 63% of people aged over 25.

Physical Activity

In both surveys individuals were asked the frequency with which they exercised in the week prior to the survey.

Children

The NHS currently recommends that children do at least one hour of physical activity per day (www.nhs.uk/Change4Life). Children taking part in the Young Peoples Survey, 2010, were asked, "How many times last week did you exercise, both inside and outside school and have to breathe harder and faster?"

The proportion answering "5 or more times" is shown in Table 32 for each year group.

Table 30: Weekly Physical Activity for Children

	Year 6		Year 8		Year 10	
	M	F	M	F	M	F
Jersey 2010	**59%**	**45%**	**63%**	**57%**	**65%**	**49%**
Guernsey 2008	60%	54%	57%	40%	50%	30%

Source: HRBQ 2010 and Guernsey Health Profile

This data shows that a minimum of 35% of children in any of the surveyed age categories are not exercising five times per week, let alone every day. This finding is similar to Guernsey.

Adults

44% of adults (aged 16 and over) reported taking part in a sport or recreational activity of moderate intensity (lasting at least 30 minutes), five or more times in the previous week. This is considerably higher than the reported figure of 26% for Guernsey.

49% of respondents reported between 1 and 4 episodes of moderate physical activity a week.

7% of our adult population undertake no activity at all. This proportion is lower than that reported in 2005.

Methodology Notes

- The HRBQ in Jersey has been carried out every 4 years since 2002 (2002, 2006, 2010) and so we have no directly comparable data for Guernsey 2008.
- 2010 data has been used as the comparison for healthy eating and physical activity as the questions asked in that year were the same as those asked in the Guernsey 2008 survey.

Healthy School Status

The Healthy Schools Programme in Jersey is based on the National Healthy Schools Standard (NHSS), an initiative that promotes the link between good health, behaviour and achievement. The programme, which is consistent with Jersey's Children and Young Peoples Plan, is jointly supported by Education, Sport and Culture and Health & Social Services. In order to achieve Healthy Schools Status, schools must demonstrate they have worked with students, staff, parents and the wider community to meet good practice criteria in four key areas: personal, social and health education (PSHE), emotional health and wellbeing, healthy eating and physical activity. By 2011, ten schools in Jersey had achieved Healthy Schools Status with a further eight currently working towards accreditation.

9. WIDER DETERMINANTS OF HEALTH

Poverty Risk

In the EU, people falling below 60% of median income are said to be at risk of poverty (www.poverty.org.uk). This provides a relative measure of low income, within the context of the particular jurisdiction, and relative to all household types, rather than an absolute measure of low income for a particular household. In addition, this measure does not take into account spending patterns, which are likely to vary between household types.

This measure of relative low income does not therefore indicate which households have an income level below that which is necessary to maintain a certain standard of living for that household type.

Households at relative low income in Jersey are defined as those below the level of 60% of median equivalised income. This includes those who achieve an equivalised weekly income less than £400 before housing costs, or £313 after housing costs.

One in seven (14%) households were in the category of relative low income before housing costs, rising to more than one in five (22%) households after housing costs have been taken into account'. (Jersey Income Distribution Survey report 2009/10. States of Jersey Statistics Unit).

This can be compared with 17% of adults and 18% of children in Guernsey (Sustainable Guernsey 2009, 28).

GCSE Results

In 2008, 68% of Jersey pupils achieved 5 or more GCSE passes (graded A* to C). This is in line with both the UK average (65%) and the pass rate of Guernsey students (64%).

Table 31 Jersey five or more A* to C passes as a percentage of all pupils registered at school

2008	2009	2010
68%	71%	69%

Source: States Of Jersey Education Department

Housing Affordability

Dividing house price by average annual earnings gives a ratio that indicates housing affordability for a given area.

The Jersey ratio of median income to mix adjusted average housing cost is 12.3. The median income used is £39,624 and the average housing cost is £489,000. The mean income (£53,404) is distorted by extremely high incomes and gives a ratio of 9.2. This indicates that house prices in Jersey are nine to twelve times higher than earnings.

The Guernsey ratio in 2008 was 10.3 but is not directly comparable with Jersey where the housing price figure is based on sales not whole Island stock. The larger turnover in the lower value properties means the Jersey figure is lower than it would be if calculated using the Guernsey methodology. The implications are that houses are more affordable in Guernsey than Jersey.

Crime Rate

In 2008 there were almost 4,800 crimes recorded in Jersey, equivalent to 53 crimes per 1,000 resident population. Overall, 41% of these crimes were detected and almost a third (29%) of such cases resulted in the offenders being reported to the criminal justice system (Jersey in Figures 2008)

Although total crime rose in 2008 compared to 2007, this was largely due to an increase in historic offences being reported and a significant increase in policing activity targeting street level drug offences. Nearly two-thirds of all recorded crime in the Island occurred in St Helier.

Tooth decay in children aged 5 Years

Tooth decay in young children is often used as an indicator of future health.
The mean number of decayed, missing or filled teeth (dmft) amongst Jersey school children aged 5 was 0.76 teeth per child in 2008. The comparable dmft number for Guernsey was 0.56. Both compare favourably with the England average for the same period which was 1.11 teeth per child.

In Jersey the evidence shows that much of the decay (62%) remains untreated. In addition there appears to be deterioration in the oral hygiene and gingival health indicators between 2007 and 2008. 83% of Jersey five year olds had clean teeth in 2007 compared with 65% in 2008 (UK 2003 - 50%); 29% had gingival inflammation in 2007 compared with 42% in 2008 (UK 2003 - 32%).

There is wide variation in the measure between schools. The average number of diseased missing or filled teeth per child varied from 0.19 (good) to 1.8 (poor). This is wider than the Guernsey range between schools of 0 to 0.97.

FUTURE INDICATORS

The indicators in this report will be developed and added to as data quality and reliability in both islands are improved. It is hoped that the Health Profiles of future years will include indicators that reflect:

- Cancer Incidence rates
- Associated healthcare infections
- Drug misuse
- Disability
- Smoking during pregnancy
- Unemployment indicator
- HIV incidence (crude rate of new diagnoses)

REFERENCES

References to data websites are referenced under the relevant tables. Main sources of data are included below under websites.

Publications

Jersey

- Yearly Jersey Annual Social Survey (JASS) administered by the Statistics Unit available at www.gov.je/statistics
- Yearly Jersey in Figures administered by the Statistics Unit available from www.gov.je/statistics
- States Of Jersey Statistics Unit (29 July 2011) Jersey Household spending report 2009/10, www.gov.je/statistics
- Health Related Behaviour questionnaire which is completed every four years by ages 10 to 11, 12 to 13 and 14 to 15. It is administered by and available from the Health Intelligence Unit at the Public Health Department.

Main Guernsey references

- 109th Annual MOH Report. 14th Annual DPH Report. Special theme: *Learning from others.* Report for year 2007/08. Health and Social Services.
- 110th Annual MOH/DPH/CMO Report, Bailiwick of Guernsey. Special theme: *First Impressions.* Report for Year 2008/09. Health and Social Services.
- 111th Annual MOH/DPH/CMO Report, Bailiwick of Guernsey. Special theme: *'Pandemic (H1N1) 2009'* Report for Year 2009/10. States of Guernsey.
- *Guernsey Facts and Figures 2009,* Policy Council, The States of Guernsey.
- *Guernsey Facts and Figures 2010,* Policy Council, The States of Guernsey.
- *Guernsey Household Expenditure Survey 2005-06 Technical Report.* Policy Council, States of Guernsey.
- *Sustainable Guernsey 2009.* Monitoring Fiscal and Economic, Social and Environmental Trends, Policy Council, The States of Guernsey.
- *The Fifth Guernsey Healthy Lifestyle Survey 2008,* Health and Social Services.

Websites

- Change4Life: www.nhs.uk/Change4Life
- Compendium of Clinical and Health Indicators/Clinical and Health Outcomes Knowledge Base (www.nchod.nhs.uk)
- Department of Health: www.dh.gov.uk

- NHS Cervical Screening Programme: http://www.cancerscreening.nhs.uk/cervical/about-cervical-screening.html
- NHS Comparators: www.nhscomparators.nhs.uk
- North West Public Health Observatory: www.nwph.net
- Office for National Statistics: www.statistics.gov.uk
- South East Public Health Observatory: www.sepho.org.uk
- States of Alderney: www.alderney.gov.gg
- The Alcohol Learning Centre: www.alcohollearningcentre.org.uk
- The Health Protection Agency: www.hps.org.uk
- The National Archives :http://webarchive.nationalarchives.gov.uk/20100418065544/dcsf.gov.uk/everychildmatters/resources-and-practice/ig00200/
- The NHS Information Centre: www.ic.nhs.uk
- The Poverty Site: www.poverty.org.uk
- World Health Organisation: www.who.int