

INFORMATION
ANALYSIS
DIRECTORATE



Health Inequalities

Life Expectancy Decomposition 2017

A product of NI Health & Social Care Inequalities Monitoring System



Department of
Health

An Roinn Sláinte

Mánnystrie O Poustie

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Health Inequalities

Life Expectancy Decomposition 2017

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Information Analysis Directorate (IAD) sits within the **Department of Health (DoH)** and carries out various statistical work and research on behalf of the department. It comprises four statistical areas: Hospital Information, Community Information, Public Health Information & Research and Project Support Analysis.

IAD is responsible for compiling, processing, analysing, interpreting and disseminating a wide range of statistics covering health and social care.

The statisticians within IAD are out-posted from the Northern Ireland Statistics & Research Agency (NISRA) and our statistics are produced in accordance with the principles and protocols set out in the UK Code of Practice for Official Statistics.

About Public Health Information and Research Branch

The role of Public Health Information and Research Branch (PHIRB) is to support the public health survey function and to provide support on public health issues within the Department. The head of the branch is the Principal Statistician, Mr. Bill Stewart.

In support of the public health survey function, PHIRB is involved in the commissioning, managing and publishing of results from departmental funded surveys, such as the Health Survey Northern Ireland, All Ireland Drug Prevalence Survey, Young Persons Behaviour & Attitudes Survey, and the Adult Drinking Patterns Survey.

PHIRB provides support to a range of key DoH NI strategies including Making Life Better, a 10 year cross-departmental public health strategic framework as well as a range of other departmental strategies such as those dealing with suicide, sexual health, breastfeeding, tobacco control and obesity prevention. It also has a key role in supporting the Alcohol and Drug New Strategic Direction 2011-2016, by maintaining and developing key departmental databases such as, the Drug Misuse Database, Impact Measurement Tool and the Census of Drug & Alcohol Treatment Services, which are all used to monitor drug misuse and treatments across Northern Ireland.

The branch also houses the NI Health and Social Care Inequalities Monitoring System which covers a range of different health inequality/equality based projects conducted for both the region as well as for more localised area levels.

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KEY POINTS

- In 2013-15, life expectancy in NI stood at 78.3 years for males and 82.3 years for females, with no change from 2012-14.
- Over the last five years life expectancy in NI increased by 0.9 years for males and 0.4 years for females.
- Since 1980-82, NI life expectancy has grown at a faster rate than in any UK country, but remained lower than that in England and the ROI in 2013-15.
- Higher mortality due to suicide and cancer were the largest contributions to the NI-England male life expectancy gap.
- A large proportion of the NI-ROI male life expectancy gap can be explained by higher mortality from cancer, suicide and mental & behavioural disorders.
- Higher mortality among NI females aged 40-69 years contributed greatly to the NI-ROI gap.
- In 2013-15, the differential between male and female life expectancy was mainly attributable to higher death rates for males from cancer, circulatory disease and suicide.
- Cancer and circulatory disease were large contributors to life expectancy gaps between the most and least deprived areas.

INTRODUCTION

This biennial publication¹ is one of a series of reports produced as part of the NI Health & Social Care Inequalities Monitoring System (HSCIMS), and presents life expectancy estimates for 2013-15 alongside a comprehensive analysis of the variation in life expectancy across time, gender and geographical areas.

This analysis explores the extent to which mortality within certain age groups and causes of death contribute to variations in life expectancy between time periods, genders, deprivation levels and between urban and rural areas.

This report also investigates the differences between life expectancy in NI and that in England, Scotland, Wales and the Republic of Ireland (RoI).

SUMMARY OF FINDINGS

In 2013-15, male life expectancy in Northern Ireland (NI) stood at 78.3 years, an increase of 0.9 years from 2009-11 (77.4 years). Female life expectancy increased at a slower rate (0.4 years) over the period, and stood at 82.3 years in 2013-15. For both male and female life expectancies there was no change from 2012-14 (78.3 years and 82.3 years respectively). The main reasons for the increase from 2009-11, in terms of contribution from age and cause of death, included:

- Around half (0.6 years) of the increase in male life expectancy was attributed to reduced mortality from circulatory disease.
- Over three-quarters (0.7 years) of the increase in male life expectancy was attributable to reduced mortality among 50-89 years olds.
- As with males, circulatory disease was also the largest contributor (0.5 years) to the increase in female life expectancy, however this was offset by increased mortality from other causes, mainly mental health & behavioural disorders (0.3 years).
- Reduced mortality among those aged 40-59 years contributed half (0.2 years) of the female life expectancy increase.

Comparison with UK Countries and RoI

Since 1980-82, male life expectancy has risen faster in NI than in any of the other UK countries, with the difference between NI and England decreasing by a two-fifths across the period. Life expectancy for males in the Republic of Ireland (RoI) increased at a similar rate to NI. With the exception of the RoI, NI also showed the largest increase (6.8 years) in female life expectancy over the period, reducing the gap with England and eliminating the gap with Wales. Although life expectancy rose fastest in NI during the period 1980-82 to 2013-15 (with the exception of females in RoI), it still remained markedly lower compared with England and RoI in 2013-15. Contribution of age and cause of death to these life expectancy gaps are examined below.

In 2013-15, male life expectancy in NI was 78.3 years, 1.1 years lower than England and 0.8 years lower than RoI:

- The largest contributor to the NI-England gap was suicide (0.4 years), with a further 0.3 years due to cancer.
- Higher mortality rates in NI from cancer, suicide and mental & behavioural disorders were each attributable for 0.2 years of the NI-RoI gap.
- Four-fifths (0.7 years) of the NI-RoI gap was due to higher mortality rates in NI among males below 60 years of age.

¹ Previously named: Health Inequalities NI Health & Social Care Inequalities Monitoring System Life Expectancy Decomposition 2015: Explaining the Variations

In 2013-15, female life expectancy in NI was 82.3 years, 0.8 years lower than England and 1.0 years lower than RoI:

- The difference in female life expectancy between NI and England was attributable to higher mortality rates in NI across most causes of death; most notably cancer (0.2 years), maternal & infant conditions (0.2 years) and Coronary Heart Disease & stroke (0.2 years).
- Higher mortality in NI from mental & behavioural disorders contributed 0.4 years of the female NI-RoI gap.
- Three-fifths (0.6 years) of the NI-RoI gap was attributable to higher mortality in NI among females aged 40-69 years.

Inequality Gaps within NI

Despite the observed improvements in life expectancy in NI, notable variations in the age people can expect to live to remain across the NI population, particularly between those living in the most and least deprived areas, between genders and urban and rural areas where large inequality gaps in life expectancy continue to exist.

Gender Gap

- Males born in 2013-15 could expect to live 4.0 fewer years than their female counterparts.
- Higher male mortality rates from cancer (excluding breast cancer) and circulatory diseases accounted for 1.4 years and 1.2 years respectively.
- Suicide was also more prevalent among males, and contributed a further 0.6 years to the gender gap.

Deprivation Gap

- Male life expectancy for those living in the most deprived areas was 74.1 years, 7.0 years less than that in the least deprived areas (81.1 years).
- Cancer (1.7 years) and circulatory diseases (1.6 years) each contributed almost one-quarter of the deprivation gap.
- A further year of the male deprivation gap was attributable to suicide, more than half of which was among 20-39 year olds.
- Females in the most deprived areas had a life expectancy of 79.4 years, 4.7 years lower than that in the least deprived areas.
- Cancer related mortality accounted for almost a third (1.4 years) of the female deprivation gap, of which half (0.7 years) was attributable to lung cancer.
- Almost a quarter (1.1 years) of the female deprivation gap was due to higher mortality from circulatory diseases.

Rurality Gap

- Life expectancy for males living in urban areas was 77.2 years, 2.8 years less than their counterparts in rural areas.
- Female life expectancy was 81.5 years in urban areas, 2.2 years less than that in rural areas.
- Cancer related mortality contributed one-quarter of both the male and female rurality gaps.
- Two-thirds (1.5 years) of the female rurality gap was attributable to those aged 60 years or older, a quarter (0.4 years) of which was attributable to cancer.

FORMAT OF THIS REPORT

This report is split into separate sections, the first of which presents the latest life expectancy figures and trends for NI and its sub populations. This is followed by chapters examining each of the observed life expectancy gaps, illustrated using charts as explained below.

The sample charts below analyse two fictional areas, “A” and “B”, in which area “A” has a life expectancy 9 years lower than that in area “B”.

Decomposition by Age

An example of the charts used throughout this report to illustrate the proportion of each life expectancy gap attributable to various age bands is provided below.

The lower life expectancy between the areas (Area ‘A’) is presented on the left, while the higher life expectancy (Area ‘B’) is presented to the right.

Between these columns, the contribution of mortality within each age band is represented by the height of the floating column.

Age bands which offset the gap are presented as hollow squares.

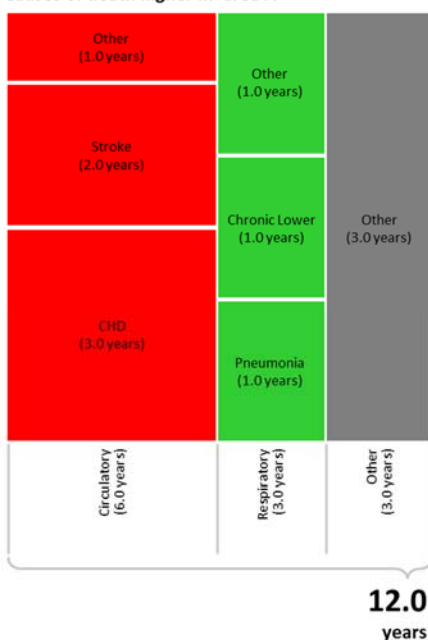


Decomposition by Cause of Death

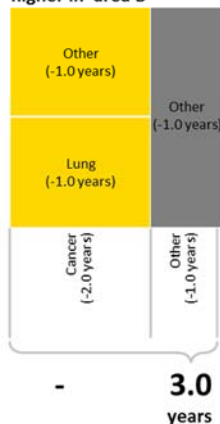
Throughout this report, grid charts (as below) set out the contribution of various causes of death to the difference in life expectancy between two areas. Those causes depicted in the square to the left represent causes of death which

were more prevalent in area “A”, while the square on the right presents the causes that had higher mortality in the area with higher life expectancy (area ‘B’), which offset the inequality gap.

Causes of death higher in ‘area A’



Causes of death higher in ‘area B’



Total Gap Between Areas:
 12.0 years - 3.0 years = 9.0 years

The greater the area allocated to a cause, the greater the contribution of that cause to the difference in life expectancy.

Beneath the grids, the total positive and negative contributions are presented, which equate to the total inequality gap.

Causes labelled “Other” indicate the combined contribution of causes which were individually too small to present¹.

¹A more detailed breakdown of the various contributions from different causes of death is available in Appendix B, and can be viewed or downloaded at: <https://www.health-ni.gov.uk/articles/life-expectancy-decomposition-statistics>

NOTES FOR USER

Life Expectancy: The average number of years an individual born within a specified period can expect to live providing mortality patterns remain constant.

Official Figures: Life expectancy figures presented for NI have been calculated by Information Analysis Directorate (IAD) to allow for assessment of inequality gaps between different areas/population groups. Demography Methodology Branch within NISRA publish the official life expectancy estimates at NI, Local Government District and Parliamentary Constituency level.

Life Expectancy Gap: This is defined as the difference between life expectancy estimates, either between two populations at a given point in time, or within a single population between two points of time. Life expectancy gaps between the most & least deprived areas and between rural & urban areas are routinely calculated for the Health Inequalities Regional Report¹.

Contributions to Life Expectancy Gap: Life expectancy gaps exist due to differences in mortality patterns between areas, which can be assessed by the contribution of differences in death rates within age bands and across different causes of death. Contributions to gaps presented within this report represent the amount that life expectancy would improve in the area with lower life expectancy if its mortality rate was reduced to that in the area it is being compared with, assuming all other rates remained constant. Within this report, contributions that widen the inequality gap (i.e. where mortality rate is higher in the area with lower life expectancy) are represented with a positive value, while contributions that offset the gap (i.e. where mortality rate is higher in the area with higher life expectancy) are represented with a negative value.

Rounded Figures: Values presented are rounded to one decimal place independently. As a result, the sum of component items may not therefore always add to the totals shown.

Further detailed results: The charts and commentary presented in this report are designed to highlight key results. A full breakdown of all results is available in Appendix B.²

Life Expectancy at Age 65: All analysis presented has been repeated for life expectancy at age 65, presented in Appendix B.

Republic of Ireland Life Expectancy: Official 2013-15 life expectancy figures for the Republic of Ireland are set for publication in 2018. Figures presented have been produced by the IAD, and may differ from official figures produced by the Central Statistics Office (CSO) due to methodological differences.

OTHER REGULAR REPORTS IN THIS SERIES INCLUDE:

Health Inequalities Regional Report – Previously named ‘Health Inequalities, NI Health & Social Care Inequalities Monitoring System – Regional’. Analyses health inequality gaps within NI for a range of indicators.¹

Health Inequalities Sub-regional Report - Previously named ‘Health Inequalities, NI Health & Social Care Inequalities Monitoring System – Sub-Regional’. Analyses health inequality gaps within NI’s Health & Social Care Trusts and Local Government Districts.³

Making Life Better: Monitoring the Wider Social Determinants of Health & Wellbeing – Key Indicators – monitoring report into the key indicators of the wider social determinants of health & wellbeing, contained in the Making Life Better, the public health strategic framework for NI.⁴

¹ <https://www.health-ni.gov.uk/articles/regional-health-inequalities-statistics>

² All data is available to view or download at <https://www.health-ni.gov.uk/articles/life-expectancy-decomposition-statistics>

³ <https://www.health-ni.gov.uk/articles/sub-regional-health-inequalities-statistics>

⁴ <https://www.health-ni.gov.uk/articles/social-determinants-health-statistics>

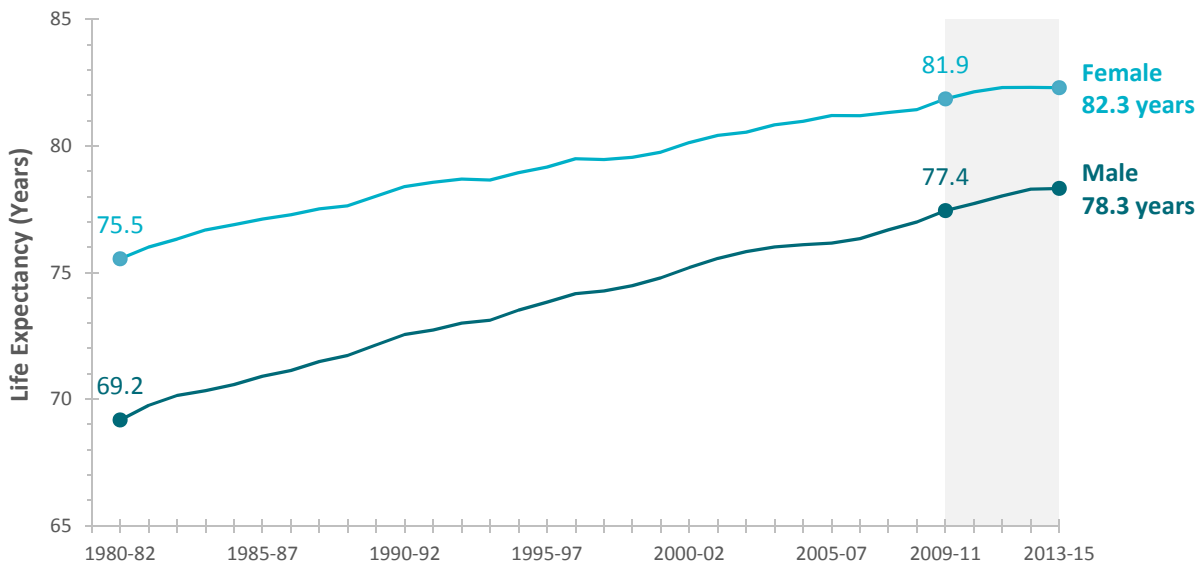
Life Expectancy: 2013-15



Life Expectancy Time Series

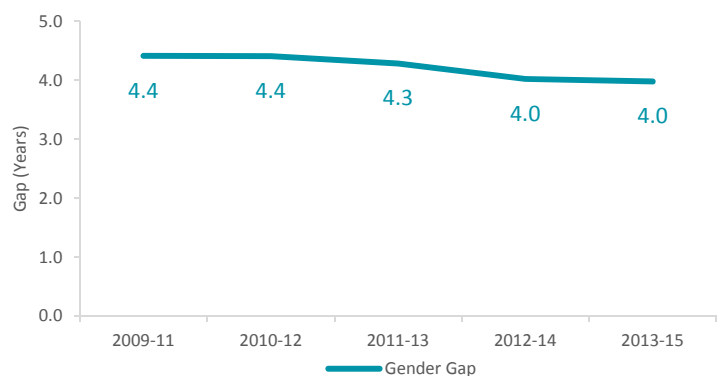
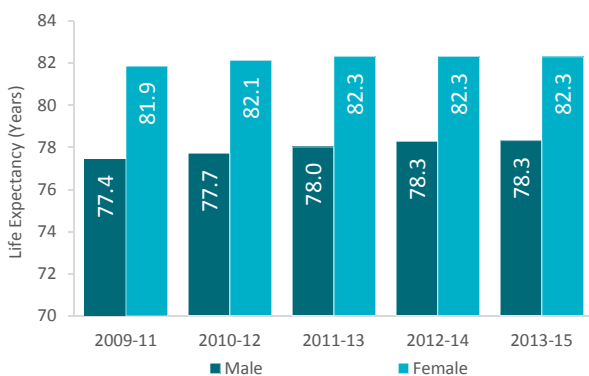
In 2013-15, both male and female life expectancy remained similar to that in 2012-14, standing at 78.3 years and 82.3 years respectively.

Life expectancy has grown steadily since 1980-82, increasing by around 9 years for males and 7 years for females over the period. This has meant that, although female life expectancy has remained consistently higher than that for males, the gap between the genders has narrowed.



Life Expectancy – Gender Gap

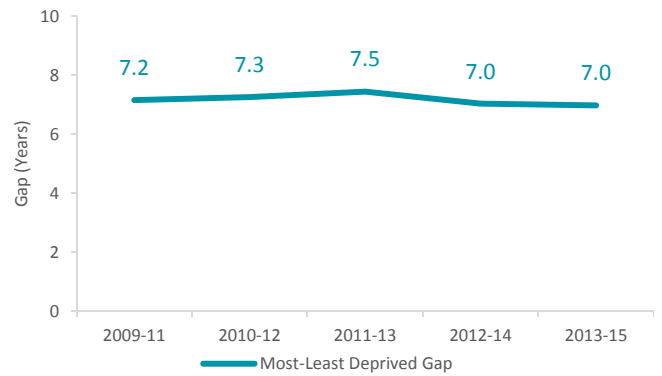
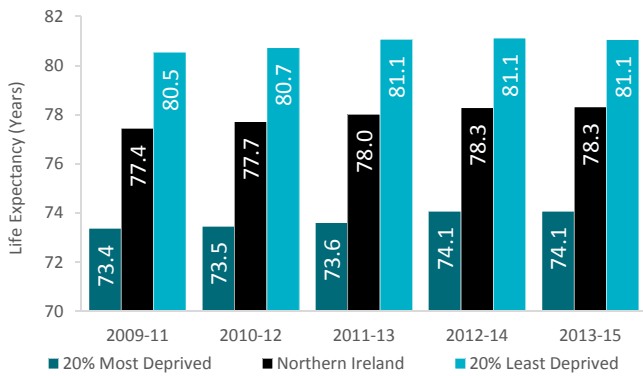
Male life expectancy increased by 0.9 years, and female life expectancy increased by 0.4 years between 2009-11 and 2013-15. This has caused the gender gap to narrow from 4.4 years to 4.0 years.



Male Life Expectancy

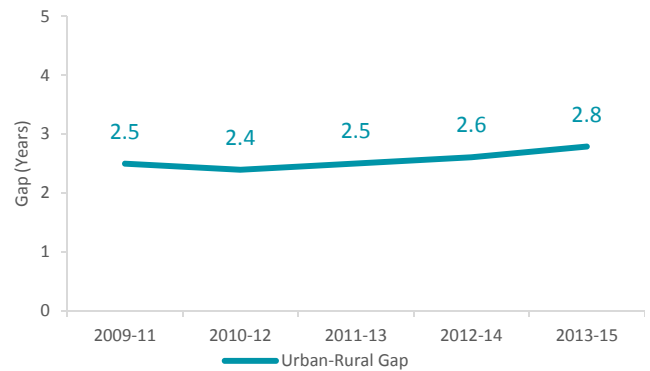
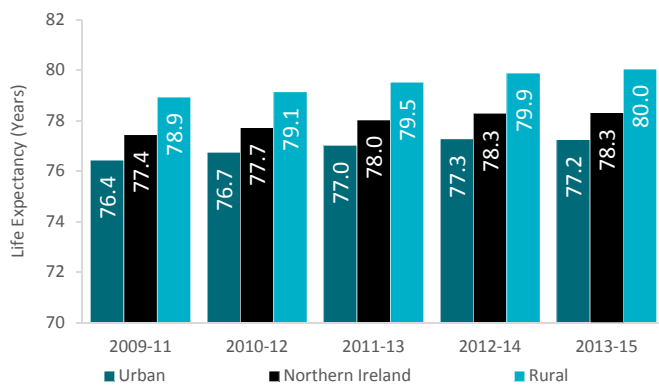
Deprivation Gap

In 2013-15, males born in the most deprived areas could expect to live 74.1 years, 7.0 years less than those in the least deprived areas (81.1 years). Male life expectancy rose in both the most and least deprived areas over the last five years, with no notable change in the deprivation gap.



Rurality Gap

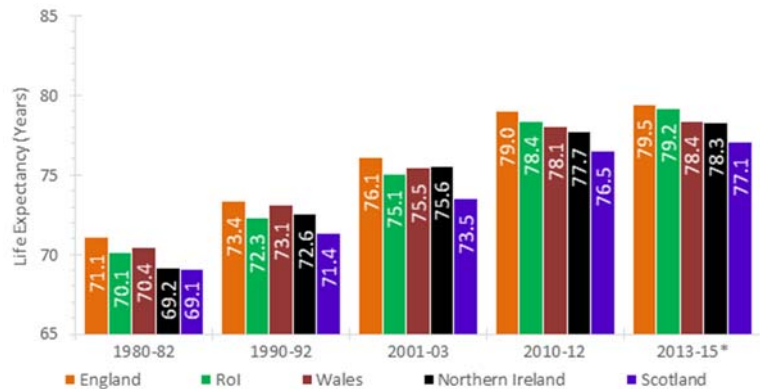
In 2013-15, male life expectancy in urban areas was 77.2 years, 2.8 years less than that in rural areas (80.0 years). The rurality gap has widened slightly since 2009-11.



Comparison with United Kingdom Countries and the Republic of Ireland¹

Male life expectancy has improved since 1980-82 in all UK countries and in the Republic of Ireland. Throughout this period, England has consistently had the highest male life expectancy.

Male life expectancy has risen faster in Northern Ireland than in any of the other UK countries, with the difference between NI and England decreasing by a third across the period.

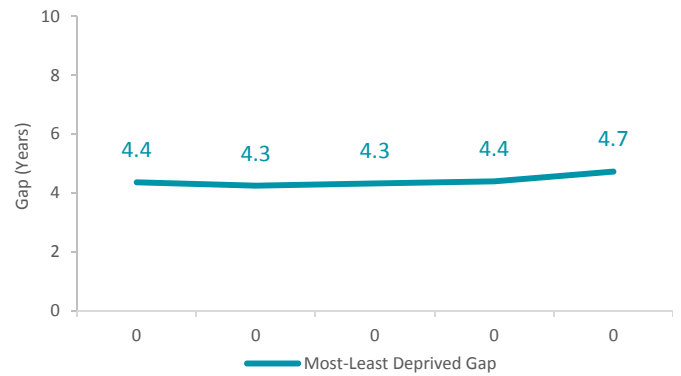
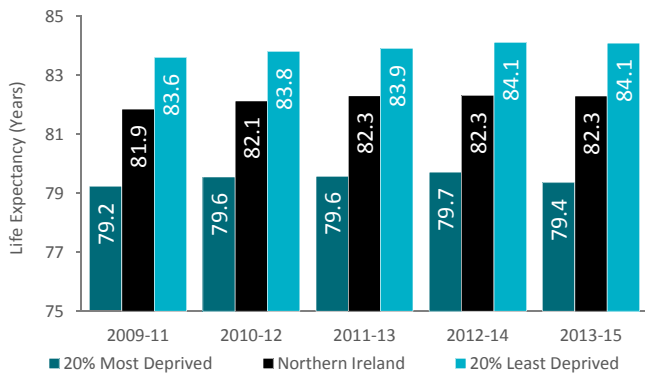


¹ The 2013-15 life expectancy figures have not yet been published by ROI. The figure presented has been calculated by IAD, and may differ from official figures produced by the CSO due to methodology differences.

Female Life Expectancy

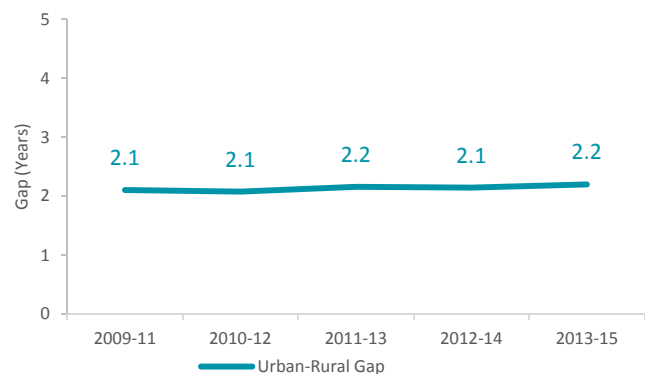
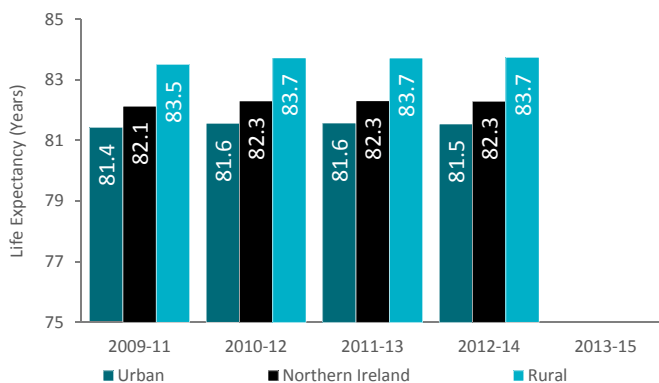
Deprivation Gap

In 2013-15, females born in the most deprived areas could expect to live 79.4 years, 4.7 years less than those in the least deprived areas (84.1 years). This gap has widened slightly from 2009-11, due to a life expectancy increase in the least deprived areas while life expectancy in the most deprived areas remained similar.



Rurality Gap

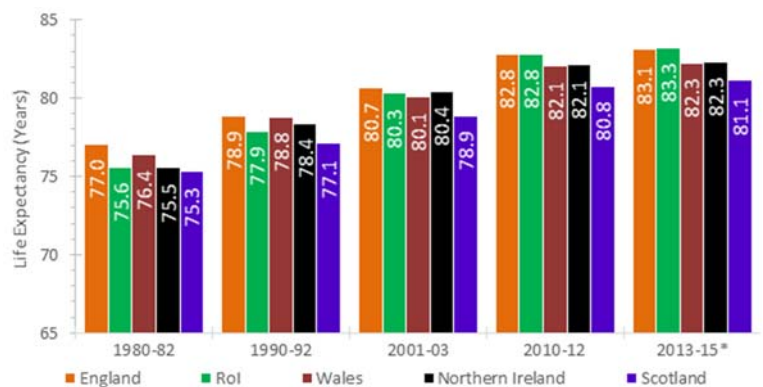
Females born in urban areas in 2013-15 had a life expectancy of 81.5 years, an increase of 0.4 years since 2009-11. In rural areas, life expectancy for females has been consistently just over two years higher than that in urban areas, and stood at 83.7 years in 2013-15.



Comparison with United Kingdom Countries and Republic of Ireland¹

In 2013-15, female life expectancy in the Republic of Ireland was higher than that in any of the UK countries, with England being consistently highest previously.

Within the UK, Northern Ireland showed the largest increase (6.8 years) in female life expectancy since 1980-82, reducing the gap with England and eliminating the gap with Wales.



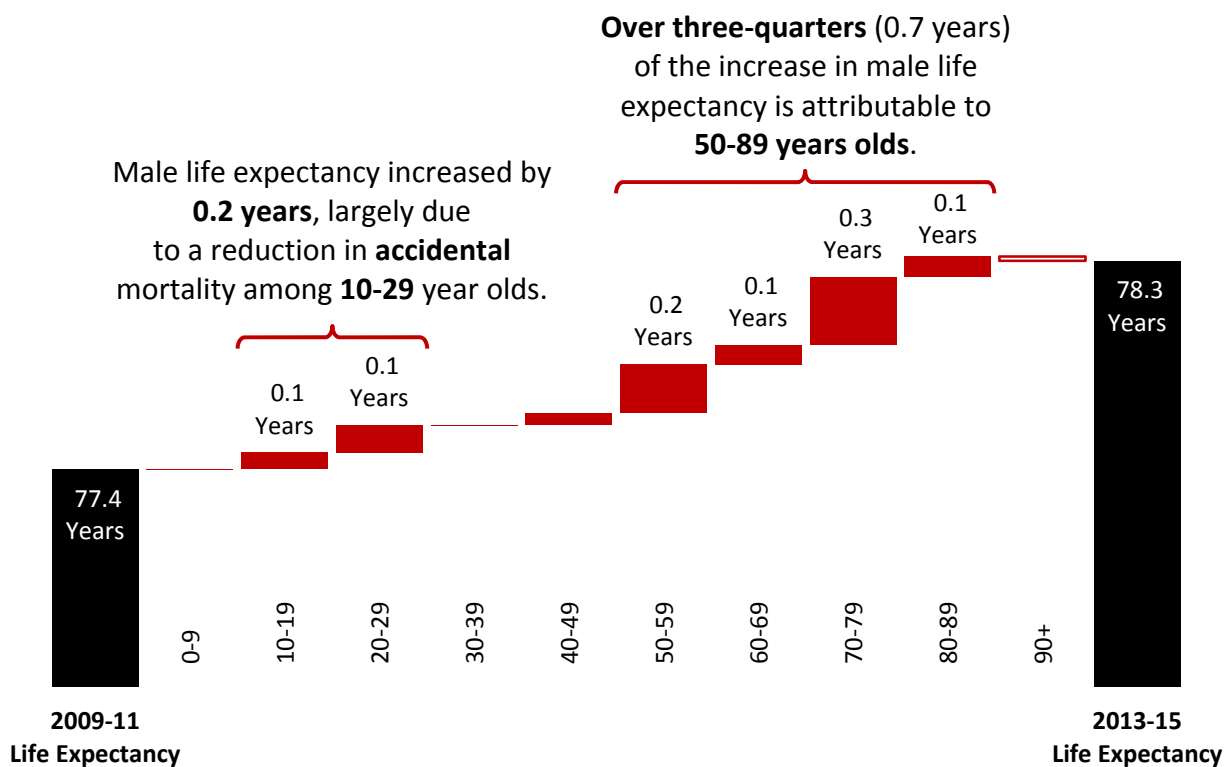
¹ The 2013-15 life expectancy figures have not yet been published by RoI. The figure presented has been calculated by IAD, and may differ from official figures produced by the CSO due to methodology differences.

Male Life Expectancy: Change Over Time



Life expectancy for males increased from 77.4 years in 2009-11 to 78.3 years in 2013-15, an increase of 0.9 years. The contribution of age and cause of death to this increase are examined below.

Decomposition of Change in Male Life Expectancy over Time by Age



Decreased mortality among 50-79 year olds contributed two-thirds (0.6 years) of the increase in male life expectancy, two-thirds (0.4 years) of which was due to decreased mortality from circulatory diseases.

Furthermore, reduced mortality within the 10-29 year age group contributed a fifth (0.2 years) of the increase in male life expectancy, largely attributable to a reduced number of accidental deaths within this age band.

A number of age bands made no notable contribution to the change in life expectancy over time (including 0-9 years, 30-49 years and those aged over 90 years).

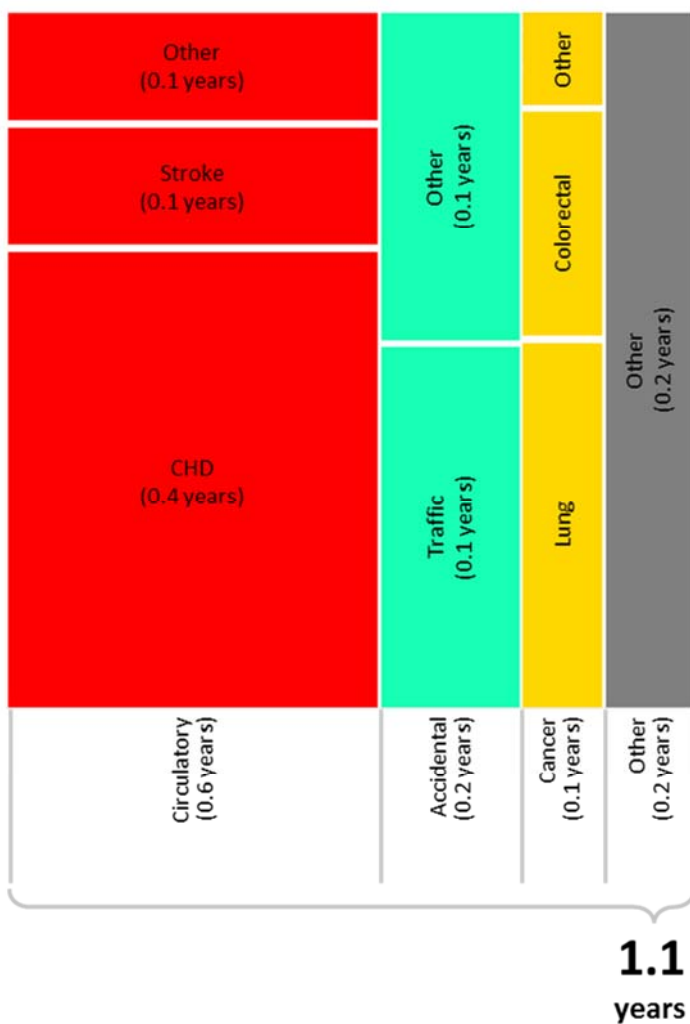
Decomposition of Change in Male Life Expectancy over Time by Cause of Death

Between 2009-11 and 2013-15, a reduction in mortality from a range of causes led to a 1.1 year increase in male life expectancy. More than half (0.6 years) of this was due to reduced mortality from circulatory diseases, two-thirds (0.4 years) of which was attributable to Coronary Heart Disease (CHD).

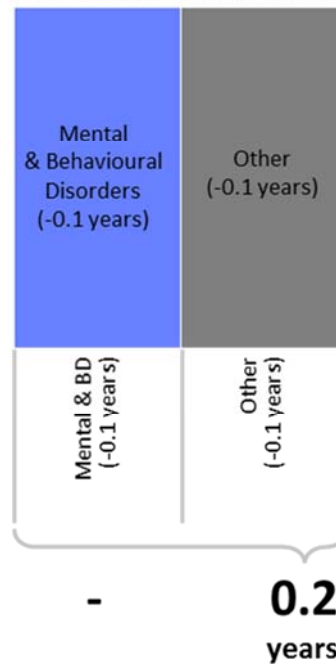
Reduced numbers of accidental deaths contributed a further 0.2 years of the increase, of which more than half (0.1 years) resulted from reduced accidental mortality between the ages of 10 and 29 years.

The increase in male life expectancy was offset by 0.2 years due to a rise in mortality from a variety of causes¹. The largest of these was mental & behavioural disorders (0.1 years), which were almost entirely attributable to deaths among those aged 70 years and older.

Causes of death reduced since 2009-11



Causes of death increased since 2009-11



Total Change Over Time:
 - **0.2** years = **0.9** years

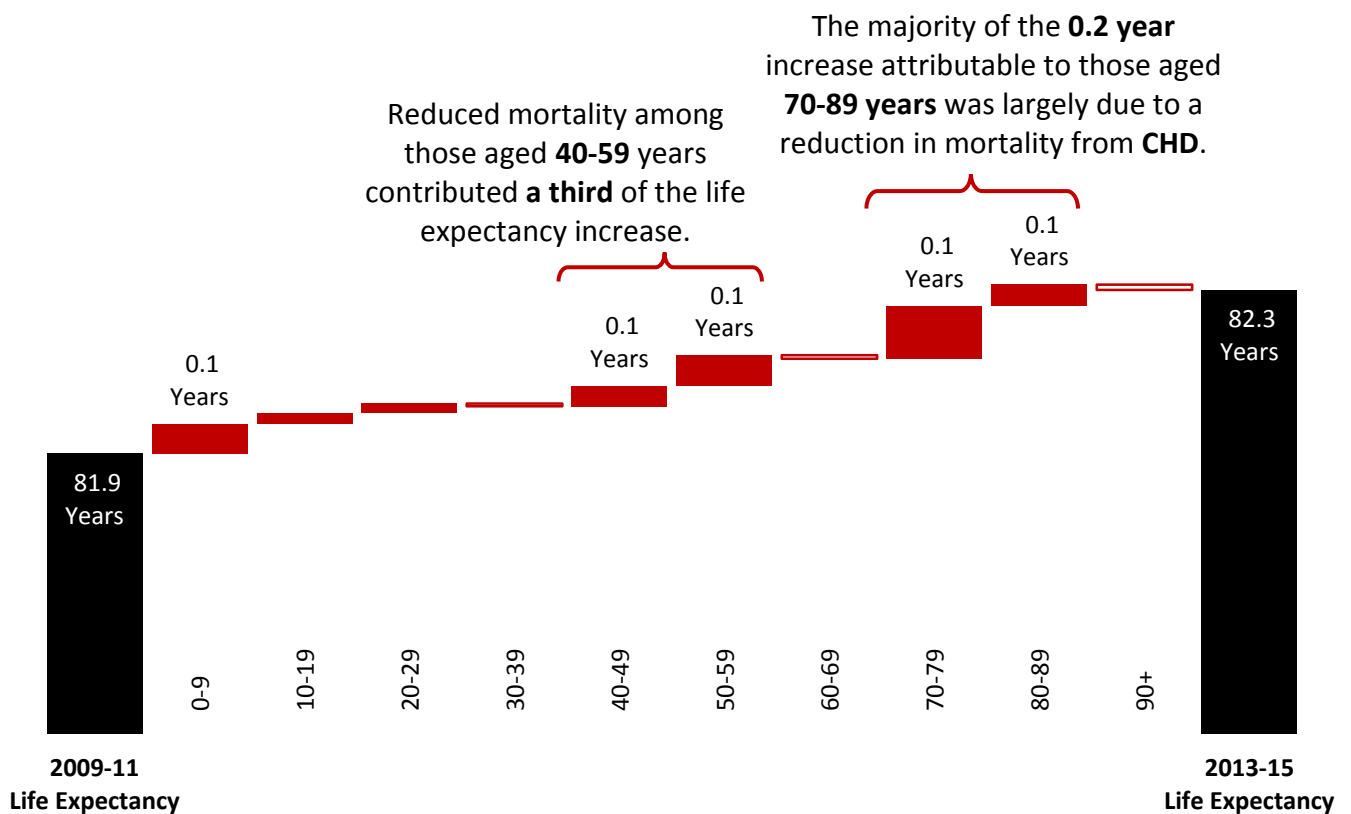
¹ A more detailed breakdown of the various contributions from different causes of death is available in Appendix B, and can be viewed or downloaded at: <https://www.health-ni.gov.uk/articles/life-expectancy-decomposition-statistics>

Female Life Expectancy: Change Over Time



Life expectancy for females increased from 81.9 years in 2009-11 to 82.3 years in 2013-15, an increase of 0.4 years. The contributions to this increase from age and cause of death are examined below.

Decomposition of Change in Female Life Expectancy over Time by Age



Decreased mortality rates among 40-59 year olds contributed a third of the increase in female life expectancy.

Around half (0.2 years) of the total increase in female life expectancy was attributable to a decrease in mortality rates among 70-89 year olds, of which the majority was due to a reduction in mortality from CHD.

Several age bands showed no notable contribution to the change in life expectancy over time, including those aged 10-39 years, 60-69 years and over 90 years of age.

Decomposition of Change in Female Life Expectancy Over Time by Cause of Death

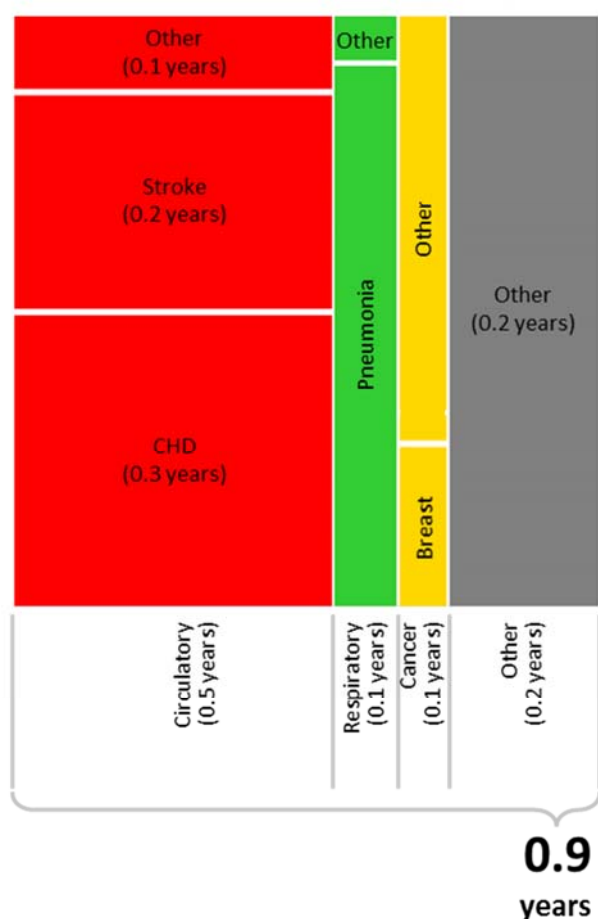
The largest contributor to the increase in female life expectancy was circulatory mortality rates (0.5 years). Over half of which (0.3 years) was due to a reduction in mortality from coronary heart disease.

Reduced mortality from respiratory disease contributed a further 0.1 years to the life expectancy increase, the majority of which was attributable to pneumonia. Causes of death contributing to the “Other” category include, metabolic diseases, perinatal conditions, genitourinary diseases and digestive diseases, among others¹.

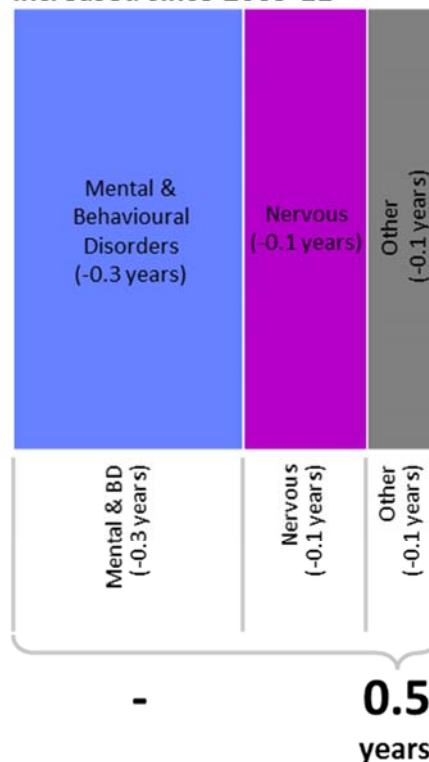
However, increased mortality from mental & behavioural disorders offset this increase by 0.3 years, two-thirds (0.2 years) of which was attributable to mortality among those over 70 years of age.

A further 0.1 year offset was due to increased mortality from nervous disorders, with cancer and chronic lower respiratory diseases comprising the majority of the offset classified as “Other”¹.

Causes of death reduced since 2009-11



Causes of death increased since 2009-11



Total Change Over Time:
0.9 - **0.5** = **0.4**
 years

¹ A more detailed breakdown of the various contributions from different causes of death is available in Appendix B, and can be viewed or downloaded at: <https://www.health-ni.gov.uk/articles/life-expectancy-decomposition-statistics>

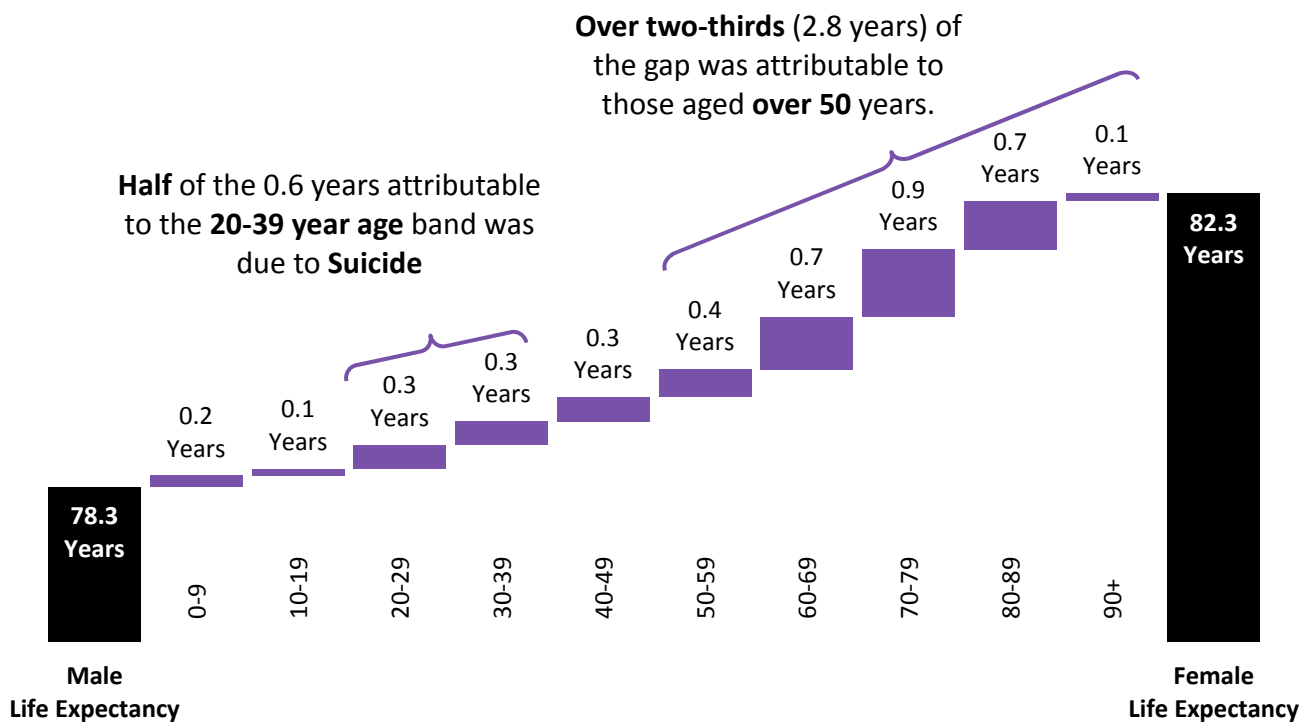
Life Expectancy Gender Gap: 2013-15



In 2013-15, life expectancy for males living in Northern Ireland was 78.3 years, 4.0 years less than the life expectancy of their female counterparts (82.3 years).

The contribution to this gender inequality gap from age and cause of death are examined below.

Decomposition of Life Expectancy Gender Gap by Age



Higher rates of mortality were observed for males, across all age groups.

Over two-thirds (2.8 years) of the total gender gap was attributable to males aged over 50 years, mainly due to higher male mortality from circulatory disease (1.0 years) and cancer (0.9 years).

Higher mortality among males aged between 20 and 39 years accounted for 0.6 years of the total gender gap, of which half (0.3 years) was due to higher suicide rates among males.

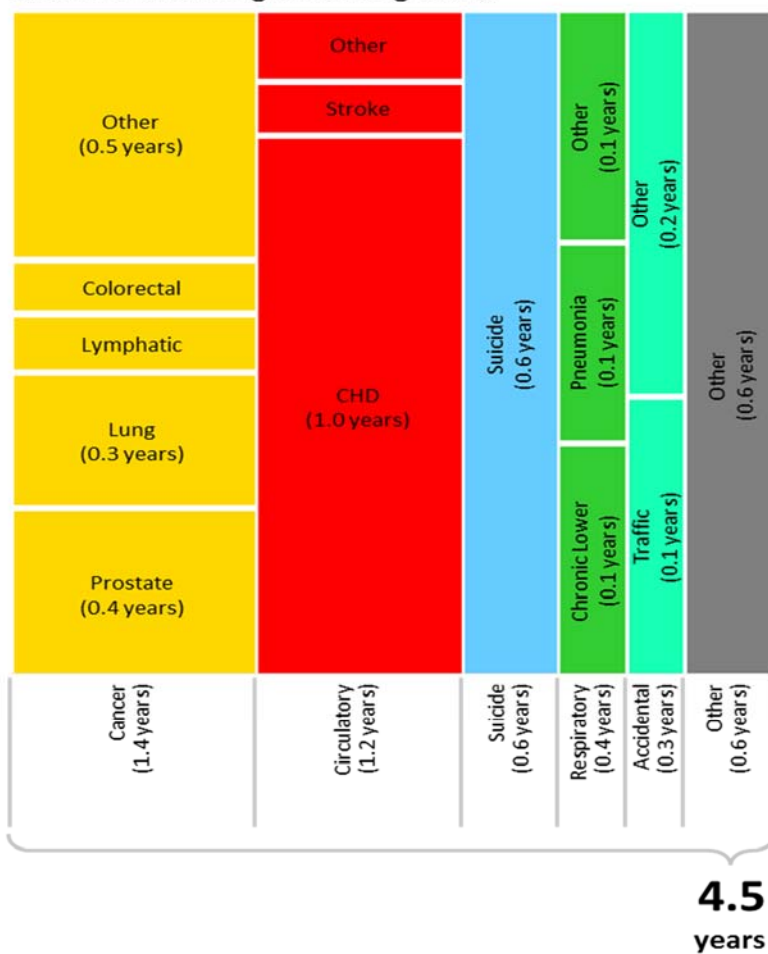
Decomposition of Life Expectancy Gender Gap by Underlying Cause of Death

Causes of death more prevalent among males contributed 4.5 years to the life expectancy gender gap. However, this was offset by 0.5 years due to female mortality from breast cancer.

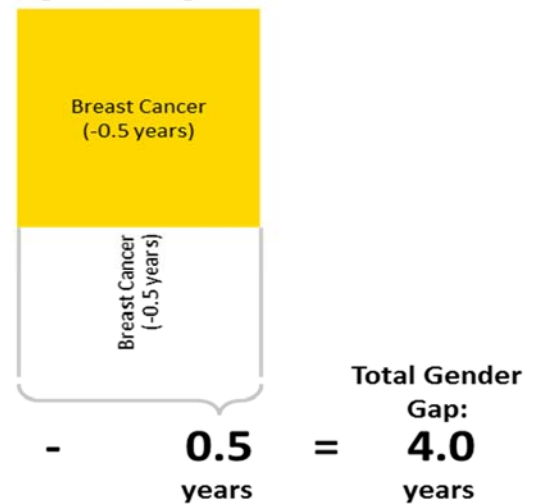
Higher mortality rates for males due to cancer (excluding breast cancer) and circulatory diseases were the largest contributors to the gender gap, accounting for 1.4 years and 1.2 years respectively. Suicide accounted for a further 0.6 years of the gender gap, followed by a smaller contribution from respiratory diseases (0.4 years) and accidental mortality (0.3 years) in males.

The “Other” category (0.6 years) mainly comprises metabolic diseases, mental/behavioural disorders, digestive disorders and perinatal conditions¹.

Causes of death higher among males



Causes of death higher among females



Total Gender Gap: 4.0 years

$$4.5 \text{ years} - 0.5 \text{ years} = 4.0 \text{ years}$$

¹A more detailed breakdown of the various contributions from different causes of death is available in Appendix B, and can be viewed or downloaded at: <https://www.health-ni.gov.uk/articles/life-expectancy-decomposition-statistics>

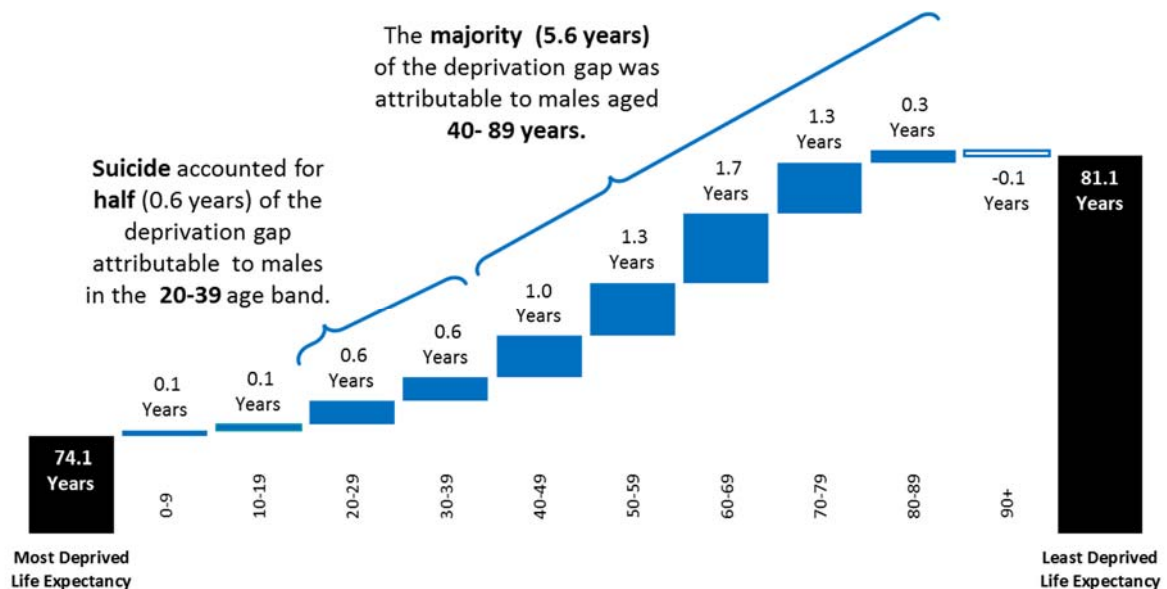
Male Life Expectancy: Deprivation Gap: 2013-15



In 2013-15, life expectancy for males living in the 20% most deprived areas in Northern Ireland was 74.1 years, 7.0 years less than those in the 20% least deprived areas (81.1 years).

The contributions to this deprivation gap from age and cause of death are examined below.

Decomposition of Male Life Expectancy Deprivation Gap by Age



Almost all age groups contributed to the life expectancy deprivation gap, with higher mortality in the most deprived areas compared with the least deprived areas. Those aged between 40 and 89 years accounted for the majority (5.6 years) of the deprivation gap, of which those aged 60 to 69 years made the largest contribution (1.7 years).

Conversely, mortality rates among those aged 90 years and older were higher in the least deprived areas, leading to a reduction in the deprivation gap of 0.1 years. However, this is likely due to a larger proportion of the population of the least deprived areas surviving into the 90+ age group.

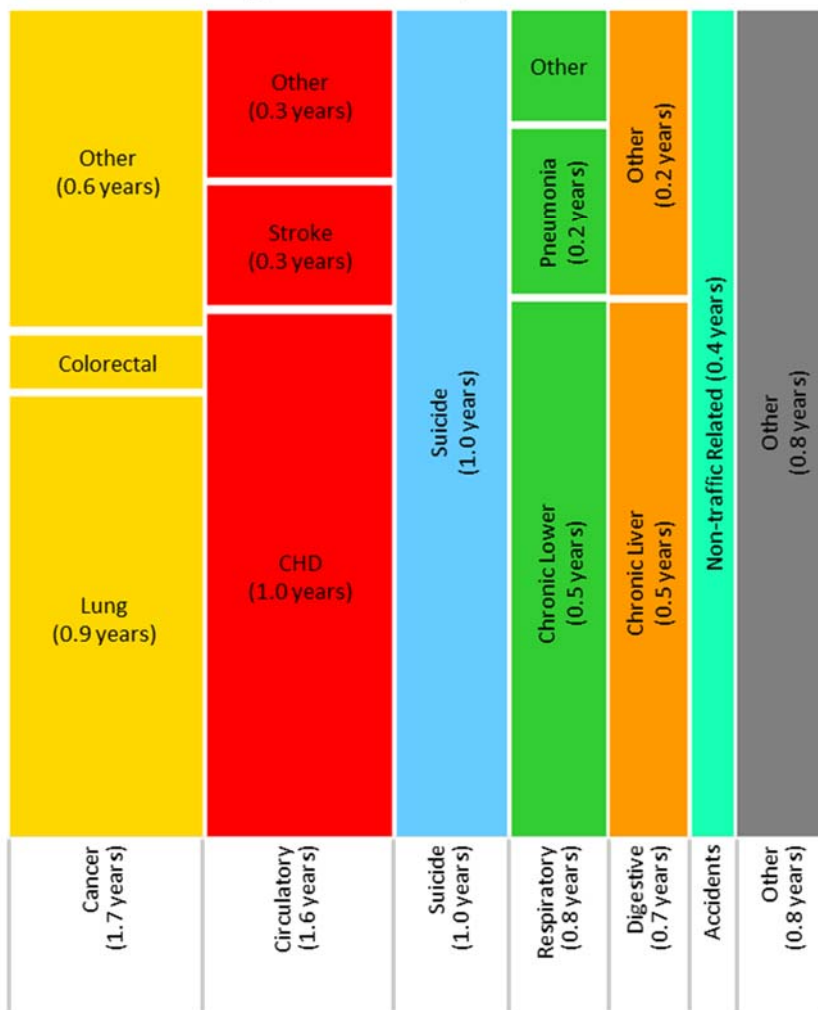
Decomposition of Male Life Expectancy Deprivation Gap by Cause of Death

In 2013-15, cancer related mortality accounted for a quarter (1.7 years) of the male life expectancy deprivation gap of which, more than half (0.9 years) was attributable to lung cancer.

Circulatory disease accounted for a further quarter of the gap (1.6 years), of which almost two-thirds (1.0 years) was attributable to CHD.

After cancer and circulatory disease, suicide was the third highest contributor accounting for 14% (1.0 year) of the total deprivation gap. Of this, more than half (0.6 years) was attributable to suicide among males aged between 20 and 39 years.

Causes of death higher in most deprived areas



Cancer and Circulatory Disease each contributed almost **one-quarter** of the deprivation gap

One year of the deprivation gap was attributable to **Suicide**, more than half of which was attributable to **20-39 year olds**.

Total Deprivation Gap:
= 7.0
years

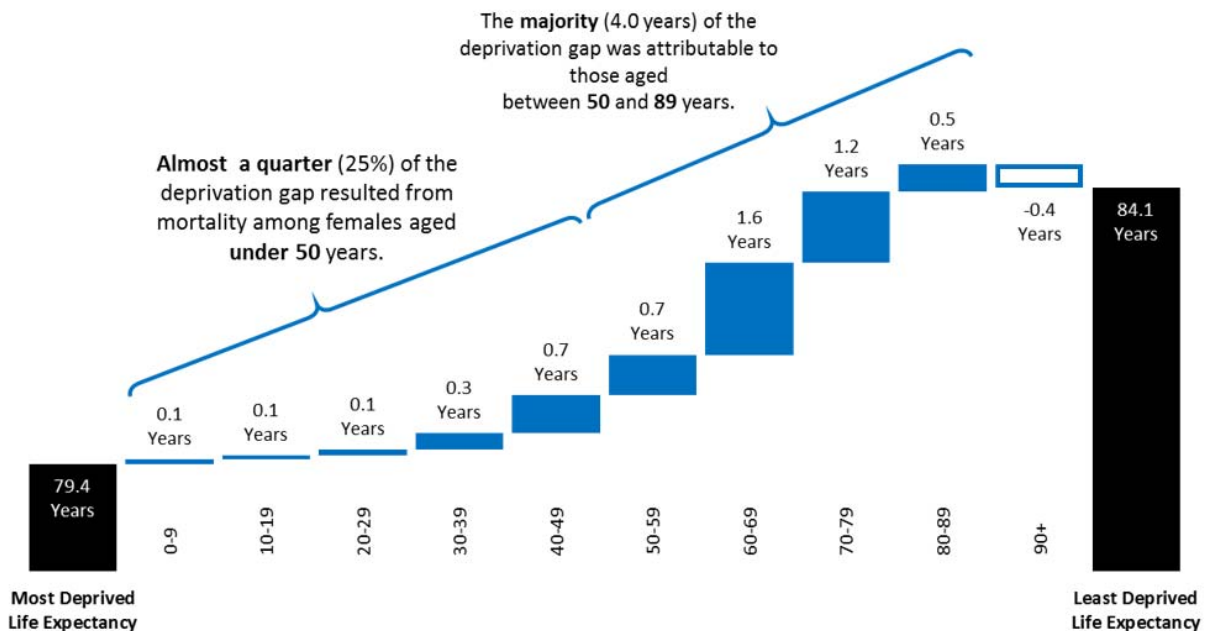
Female Life Expectancy: Deprivation Gap: 2013-15



In 2013-15, female life expectancy in the 20% most deprived areas in Northern Ireland was 79.4 years, 4.7 years lower than that in the 20% least deprived areas (84.1 years).

The contributions to this deprivation gap from age and cause of death are examined below.

Decomposition of Female Life Expectancy Deprivation Gap by Age



Across the majority of age groups, females living in the most deprived areas experienced higher mortality rates compared with those living in the least deprived areas. Mortality rates among those aged between 50 and 89 years contributed to the majority (83%) of the life expectancy at birth deprivation gap.

A higher mortality rate among those aged 90 years or older living in the least deprived areas offset the deprivation gap by 0.4 years. As with males, this is likely due to a larger proportion of females from the least deprived areas surviving into their nineties.

Decomposition of Female Life Expectancy Deprivation Gap by Underlying Cause of Death

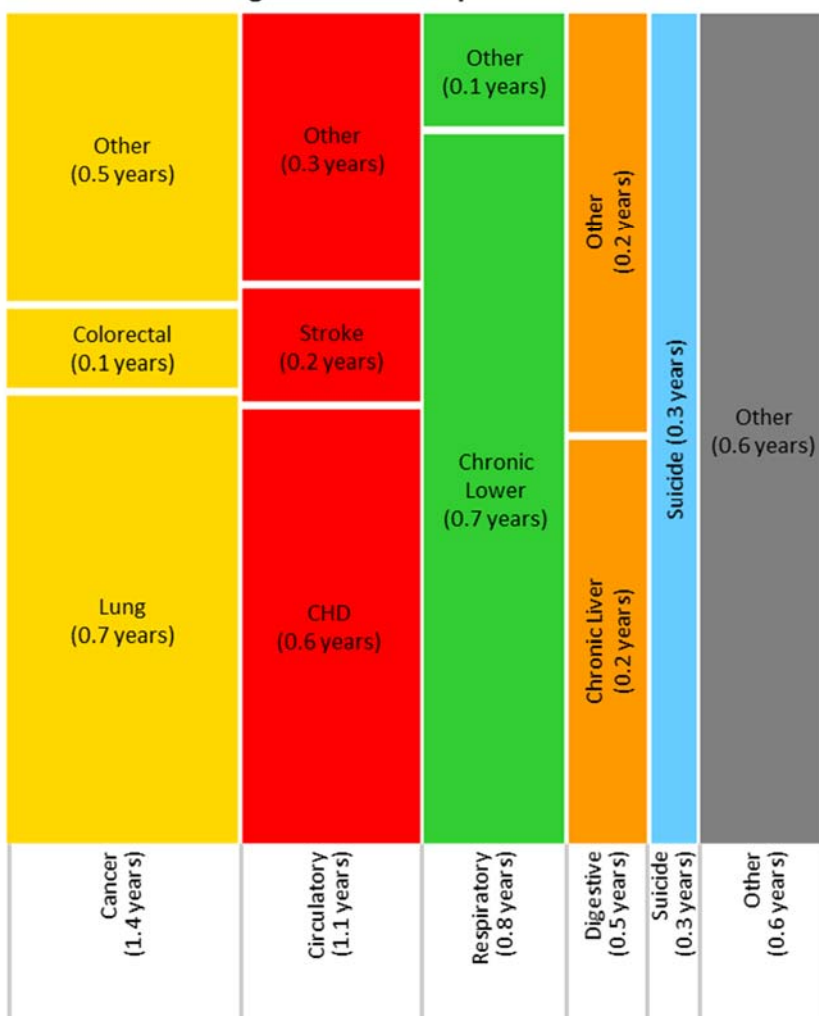
In 2013-15, mortality from most causes of death were higher in the most deprived areas compared with the least deprived areas, leading to a life expectancy deprivation gap of 4.7 years.

Cancer related mortality was the largest contributor to the female deprivation gap, and accounted for almost a third of the total gap (1.4 years). Of this, half (0.7 years) was attributable to lung cancer.

Mortality due to circulatory disease accounted for almost a quarter of the deprivation gap (1.1 years). Additionally, 0.8 years and 0.5 years were attributable to mortality from respiratory diseases and digestive disorders respectively.

The “Other” category (0.6 years) was mostly due to mortality from metabolic diseases, accidents and perinatal conditions¹.

Causes of death higher in most deprived areas



Cancer (1.4 years) was the largest contributor to the deprivation gap, half (0.7 years) of which was due to Lung Cancer.

Almost one-quarter (1.1 years) of the deprivation gap was attributable to Circulatory Disease.

**Total Deprivation Gap:
= 4.7
years**

¹A more detailed breakdown of the various contributions from different causes of death is available in Appendix B, and can be viewed or downloaded at: <https://www.health-ni.gov.uk/articles/life-expectancy-decomposition-statistics>

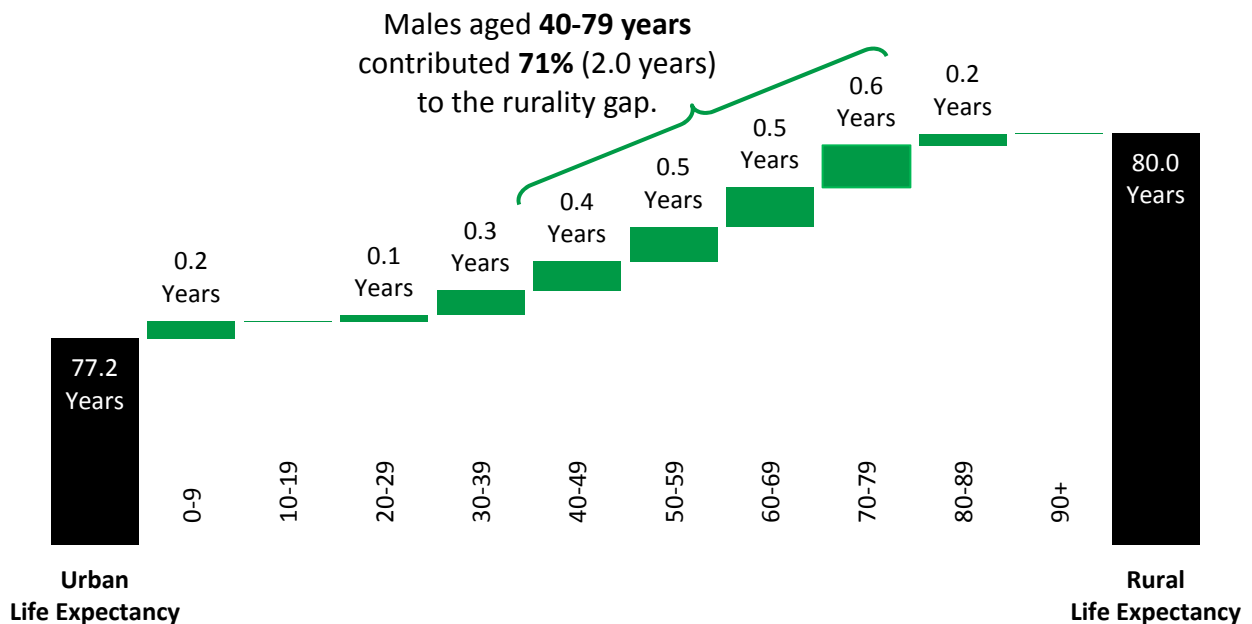
Male Life Expectancy: Rurality Gap: 2013-15



In 2013-15, males living in urban areas of Northern Ireland could expect to live 77.2 years, 2.8 years less than those living in rural areas (80.0 years).

The contribution to this rurality inequality gap from age and cause of death are examined below.

Decomposition of Male Life Expectancy Rurality Gap by Age



All age bands showed higher mortality in urban areas compared with rural areas.

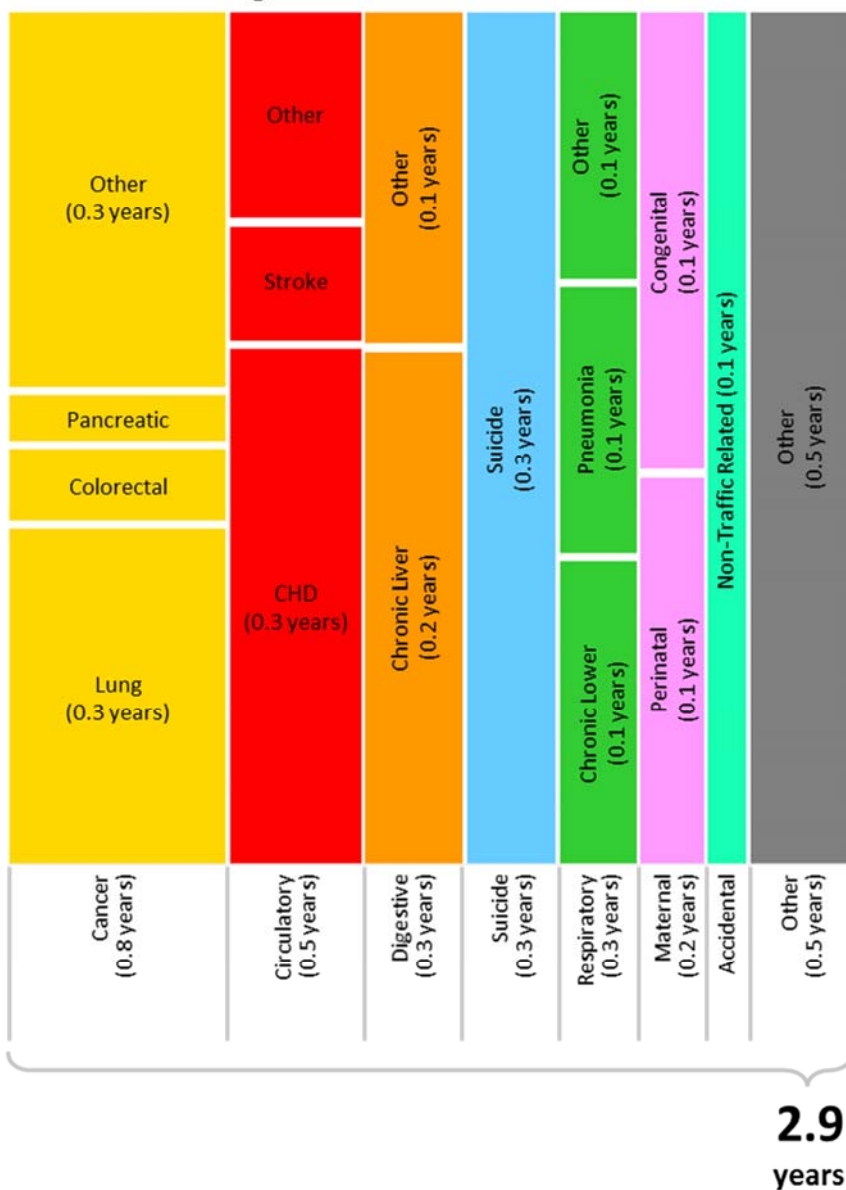
Four-fifths (2.3 years) of the total rurality gap was attributable to those aged between 40-79 years old, of which 0.7 years were attributable to cancer.

Decomposition of Male Life Expectancy Rurality Gap by Underlying Cause of Death

Cancer related mortality had the largest contribution (0.8 years) to the rurality gap. Of this, 38% (0.3 years) was attributable to lung cancer. Circulatory diseases accounted for 0.5 years of the rurality gap of which, CHD attributed 60% (0.3 years) of this gap.

In addition, digestive disorders, respiratory diseases and suicide attributed 0.3 years each to the total rurality gap. Owing to higher mortality rates in rural areas due to traffic accidents, the overall gap was offset by 0.1 years. The “Other” category (0.5 years) was mostly due to mortality from metabolic diseases, accidents and perinatal conditions¹.

Causes of death higher in urban areas



Causes of death higher in rural areas



Total Rurality Gap: 2.8 years

$$2.9 \text{ years} - 0.1 \text{ years} = 2.8 \text{ years}$$

¹ A more detailed breakdown of the various contributions from different causes of death is available in Appendix B, and can be viewed or downloaded at: <https://www.health-ni.gov.uk/articles/life-expectancy-decomposition-statistics>

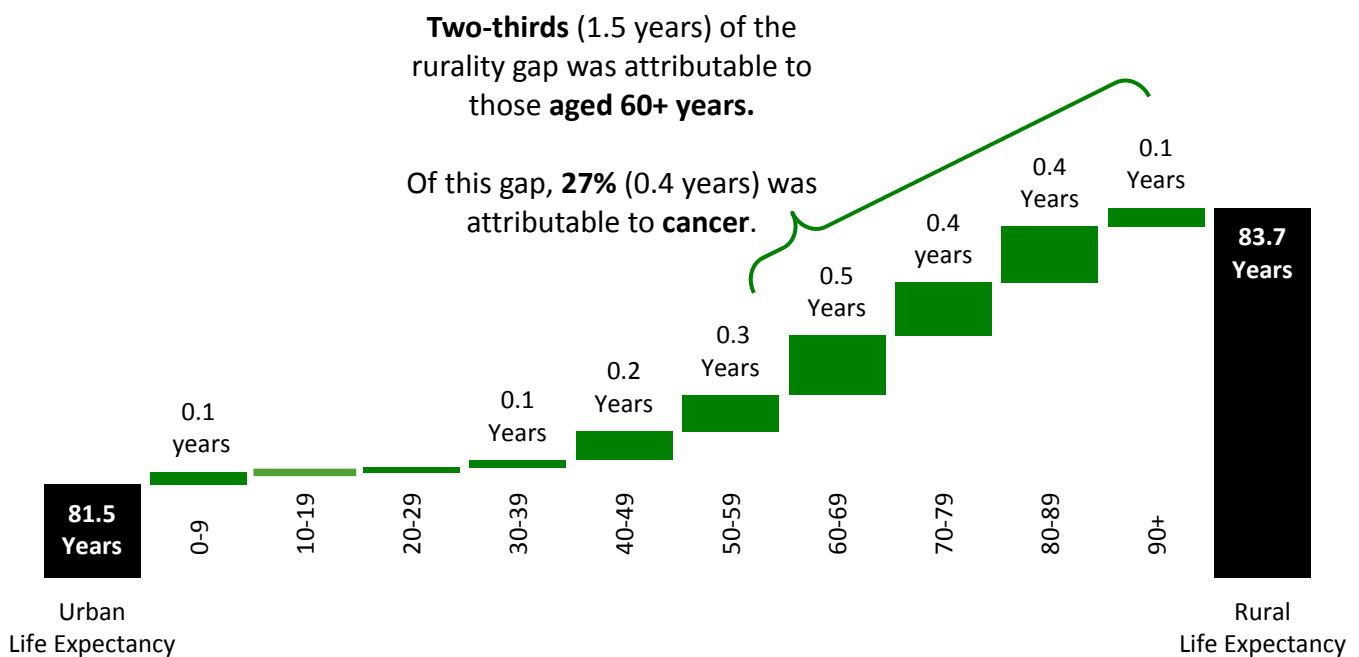
Female Life Expectancy: Rurality Gap: 2013-15



In 2013-15, females living in urban areas of Northern Ireland could expect to live 81.5 years, 2.2 years less than that of their rural counterparts (83.7 years).

The influence to this rurality inequality gap from age and cause of death are examined below.

Decomposition of Female Life Expectancy Rurality Gap by Age



Higher female mortality was observed in urban areas compared with those living in rural areas for the majority of age groups.

Two-thirds (1.5 years) of the total rurality gap was attributable to females aged 60 years or older, a quarter (0.4 years) of which was attributable to cancer.

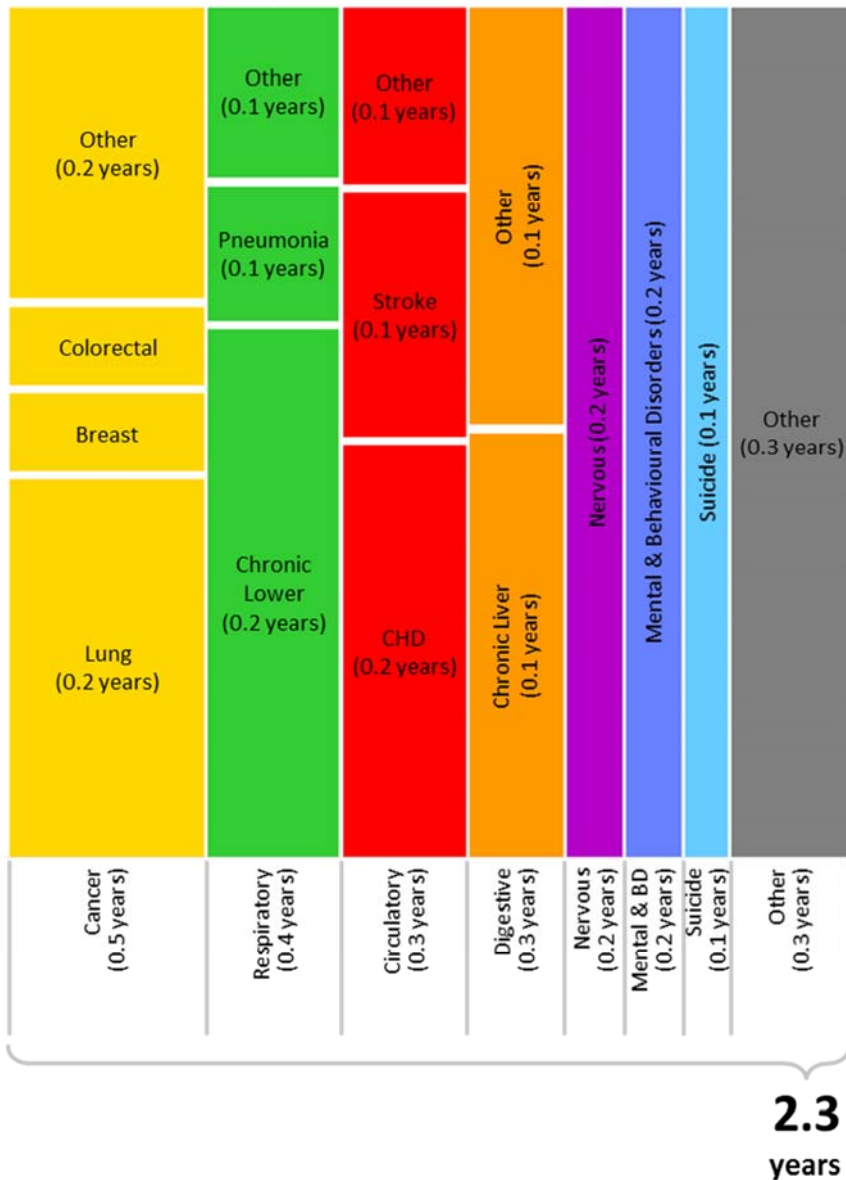
Decomposition of Female Life Expectancy Rurality Gap by Underlying Cause of Death

In 2013-15, the majority of causes of death among females were higher among the urban population compared with their rural counterparts.

Mortality from cancer was the largest contributor to the total rurality gap (0.5 years), of which a third was attributable to lung cancer. Additionally, causes of death from respiratory and circulatory disease attributed a further 0.7 years to the female rurality gap.

The gap was offset by 0.1 years due to higher mortality resulting from traffic accidents and a collection of “Other” causes¹ in rural areas.

Causes of death higher in urban areas



Causes of death higher in rural areas



Total Rurality Gap:
2.3 years - **0.1 years** = **2.2 years**

¹ A more detailed breakdown of the various contributions from different causes of death is available in Appendix B, and can be viewed or downloaded at: <https://www.health-ni.gov.uk/articles/life-expectancy-decomposition-statistics>

Comparison With UK & ROI

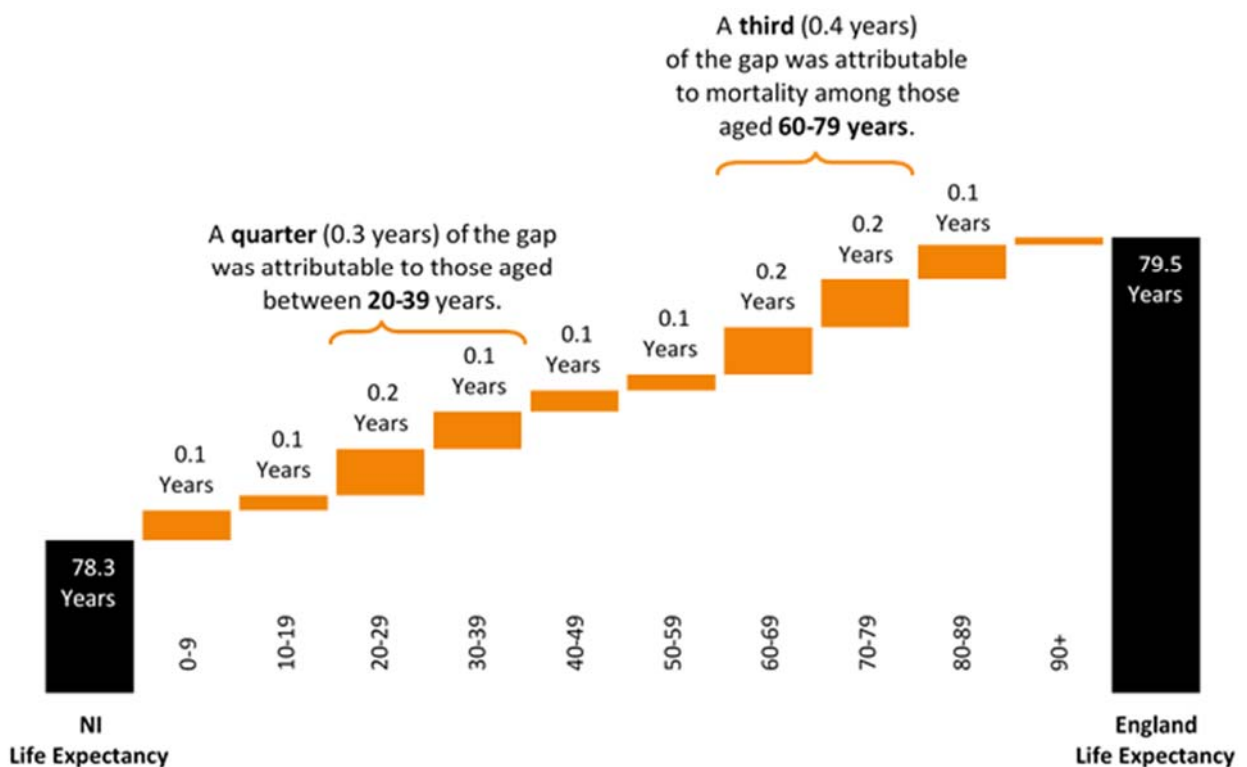
This chapter examines how age and cause of death have contributed to gaps in life expectancy between NI and the other UK countries and the Republic of Ireland (ROI). The comparison with England is presented in full below due to the fact that historically England has generally had the highest life expectancy and therefore the most notable gap with NI. Comparisons with Wales, Scotland and ROI are presented in the table at the end of the chapter.

Male Life Expectancy Gap Between Northern Ireland and England: 2013-15



In 2013-15, males living in NI could expect to live 78.3 years, 1.1 years less than those living in England (79.5 years).

Decomposition of the Difference in life Expectancy between NI and England by Age



Mortality rates were higher for males in NI compared with England across all age bands.

A third (0.4 years) of the difference in male life expectancy was attributable to higher mortality in the 60-79 age group, half of which (0.2 years) was due to cancer.

Mortality rates among those aged between 20-39 years accounted for a further quarter (0.3 years) of the gap, mostly due to higher suicide rates among young males in NI.

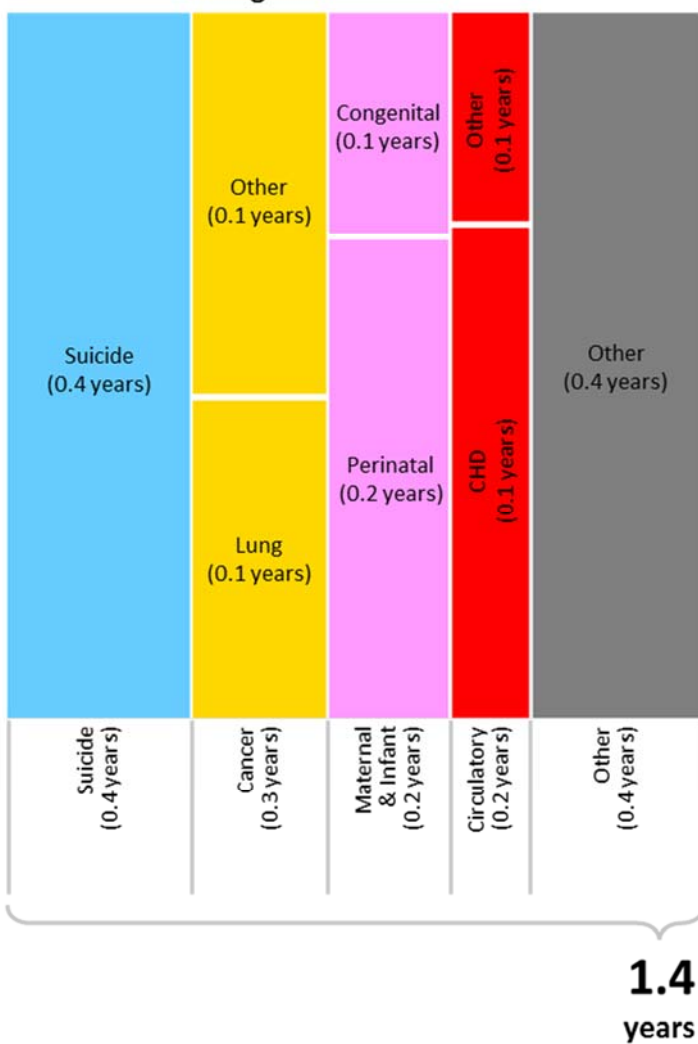
Decomposition of the Difference in Life Expectancy between NI and England by Underlying Cause of Death

Mortality rates from the causes of death that were higher in NI than in England, contributed 1.4 years to the gap in male life expectancy. This gap was narrowed to 1.1 years when causes of death which were more prevalent in England were taken into account.

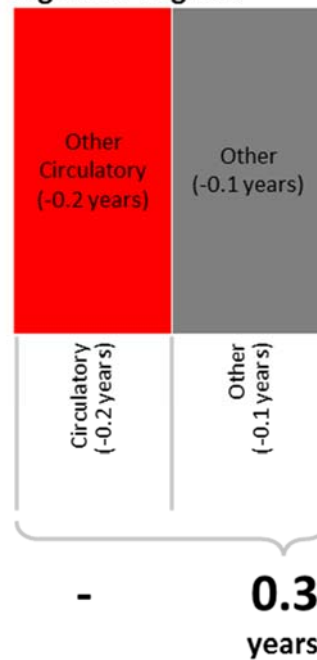
Suicide made the largest contribution (0.4 years) to the gap in male life expectancy between NI and England. Cancer accounted for 0.3 years of the gap while infant mortality contributed a further 0.2 years.

Higher mortality in England from ‘other circulatory diseases’¹ and a range of “Other” conditions offset the gap by 0.3 years.²

Causes of death higher in NI



Causes of death higher in England



NI – England Gap: **1.1** years

¹ A full listing of ICD-10 codes included in each category is available in Appendix A on page 32.

² A more detailed breakdown of the various contributions from different causes of death is available in Appendix B, and can be viewed or downloaded at: <https://www.health-ni.gov.uk/articles/life-expectancy-decomposition-statistics>

Female Life Expectancy Gap Between Northern Ireland and England: 2013-15



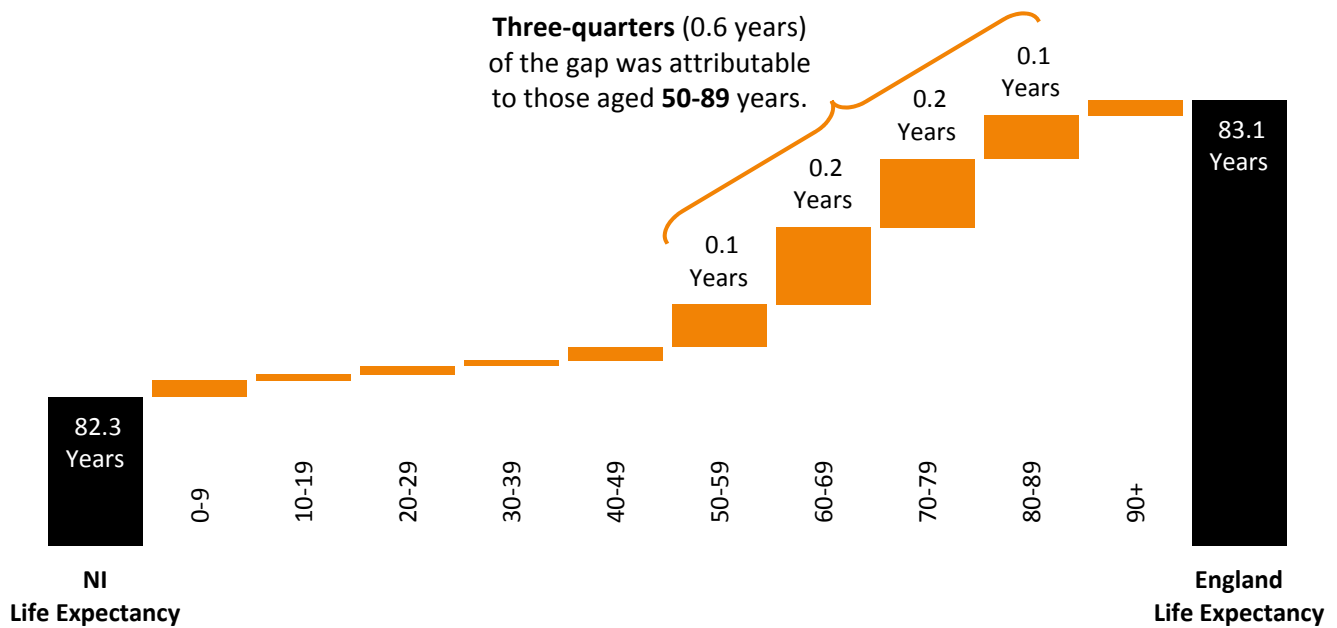
Females born in Northern Ireland in 2013-15 could expect to live 82.3 years, 0.8 years less than those born in England (83.1 years).

The influence to this gap from age and cause of death are examined below.

Decomposition of the Difference between NI and England by Age

Mortality rates were higher for females in NI than in England across all age bands.

Those aged between 50-89 years old contributed three-quarters (0.6 years) of the female life expectancy gap.

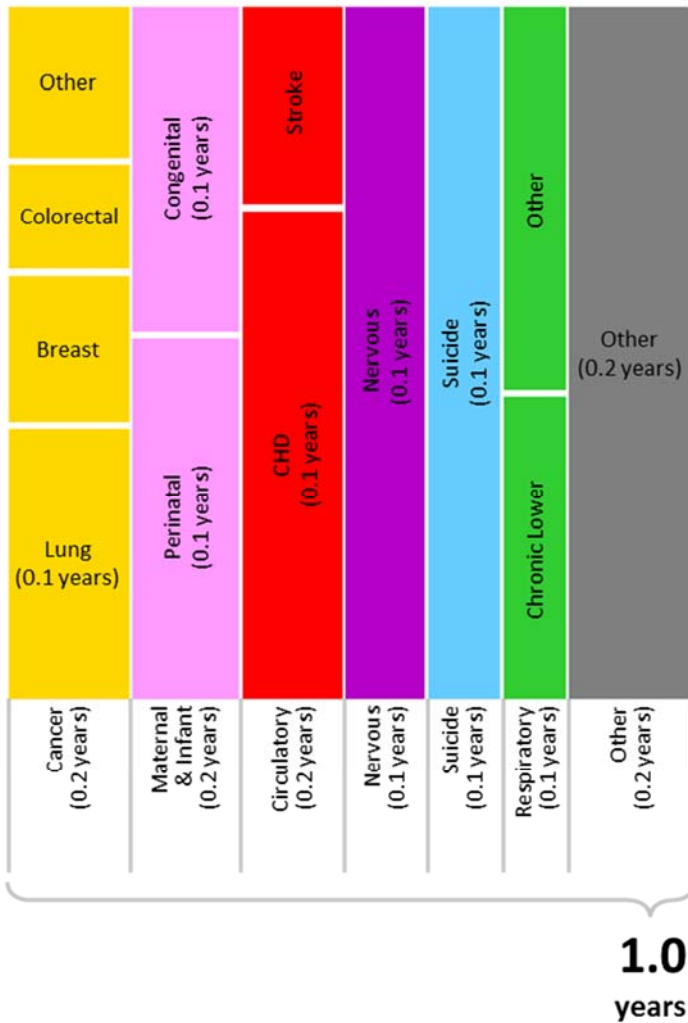


Decomposition of the Difference in Life Expectancy between NI and England by Underlying Cause of Death

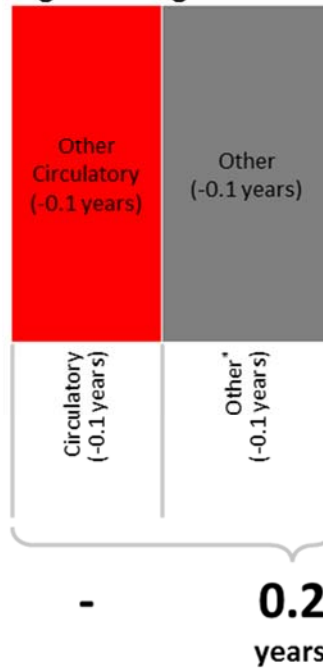
Higher mortality in NI across most of the causes of death examined contributed 1.0 years to the female life expectancy gap. This was partially offset by 0.2 years due to ‘other circulatory disease’¹ and other miscellaneous causes² of death being more prevalent in England.

Of the causes that contributed to the gap, the largest was cancer (0.2 years), of which almost half was due to lung cancer. Mortality rates due to maternal & infant mortality and circulatory disease accounted for a further 0.2 years each of the total gap.

Causes of death higher in NI



Causes of death higher in England



NI - England Gap: **0.8** years

¹ A full listing of ICD-10 codes included in each category is available in Appendix A on page 32.

² A more detailed breakdown of the various contributions from different causes of death is available in Appendix B, and can be viewed or downloaded at: <https://www.health-ni.gov.uk/articles/life-expectancy-decomposition-statistics>

Life Expectancy Gap Between NI and Other UK Countries & ROI

(All figures in Years)		England		Wales		Scotland		Republic of Ireland ¹	
NI Life Expectancy		Male	Female	Male	Female	Male	Female	Male	Female
Male	Female								
		78.3	82.3						
Life Expectancy		79.5	83.1	78.4	82.3	77.1	81.1	79.2	83.3
Gap with NI		1.1	0.8	0.1	0.0	-1.2	-1.2	0.8	1.0
Age Bands	0 - 9	0.1	0.0	0.1	0.1	0.2	0.1	0.2	0.1
	10 - 19	0.1	0.0	0.1	0.0	0.0	0.0	0.1	0.0
	20 - 29	0.2	0.0	0.1	0.0	0.1	0.0	0.0	0.0
	30 - 39	0.1	0.0	0.0	0.0	-0.1	-0.1	0.2	0.1
	40 - 49	0.1	0.0	-0.1	0.0	-0.3	-0.1	0.2	0.2
	50 - 59	0.1	0.1	-0.1	-0.1	-0.3	-0.1	0.1	0.1
	60 - 69	0.2	0.2	0.0	0.0	-0.3	-0.2	0.2	0.3
	70 - 79	0.2	0.2	-0.1	0.0	-0.4	-0.4	0.1	0.2
	80 - 89	0.1	0.1	0.0	0.0	-0.1	-0.3	-0.1	0.0
90+	0.0	0.0	0.0	0.0	0.0	-0.1	0.0	0.0	
Circulatory	CHD	0.1	0.1	-0.1	0.0	-0.3	-0.2	-0.2	-0.2
	Stroke	0.1	0.0	0.0	0.0	-0.1	-0.2	0.1	0.0
	Other	-0.2	-0.1	-0.2	-0.2	1.1	1.4	-0.3	-0.3
Respiratory	Pneumonia	0.0	0.0	-0.1	-0.1	0.1	0.1	0.1	0.1
	Chronic Lower	0.0	0.0	0.0	0.0	0.0	-0.1	0.1	0.1
	Other	0.1	0.0	0.0	0.0	-0.1	-0.1	0.0	0.0
Cancer	Lung	0.1	0.1	0.1	0.0	-0.1	-0.2	0.1	0.1
	Breast	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Prostate	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Colon	0.0	0.0	0.0	0.0	0.0	0.0	-0.1	0.0
	Lymph	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Pancreas	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Other	0.1	0.0	0.0	-0.1	-0.1	-0.2	0.2	0.0
Metabolic	Diabetes	0.0	0.0	0.0	0.0	0.0	-0.1	-0.1	0.0
	Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Mental	Mental & BD	0.1	0.1	0.1	0.0	-0.1	0.0	0.2	0.4
Nervous	Nervous	0.0	0.1	0.1	0.2	0.0	0.0	0.1	0.1
Digestive	Chronic Liver	0.0	0.0	0.0	0.0	-0.1	-0.1	0.1	0.1
	Other	0.0	0.0	0.0	0.0	-0.1	-0.1	0.1	0.1
Accidental	Traffic	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Other	0.0	0.0	-0.1	0.0	-0.3	-0.1	-0.1	0.0
Suicide	Suicide	0.4	0.1	0.3	0.1	0.2	0.0	0.2	0.1
Genitourinary	Kidney	0.0	0.1	0.0	0.0	0.0	0.0	-0.1	0.0
Maternal & Infant	Perinatal	0.2	0.1	0.2	0.1	0.1	0.0	0.1	0.0
	Congenital	0.1	0.1	0.1	0.1	0.1	0.1	0.0	0.0
Other	Other	-0.1	-0.1	-0.2	-0.2	-1.4	-1.6	0.1	0.2

¹ The 2013-15 life expectancy figures have not yet been published by ROI. The figures presented have been calculated by IAD, and may differ from official figures produced by the CSO due to methodological differences.

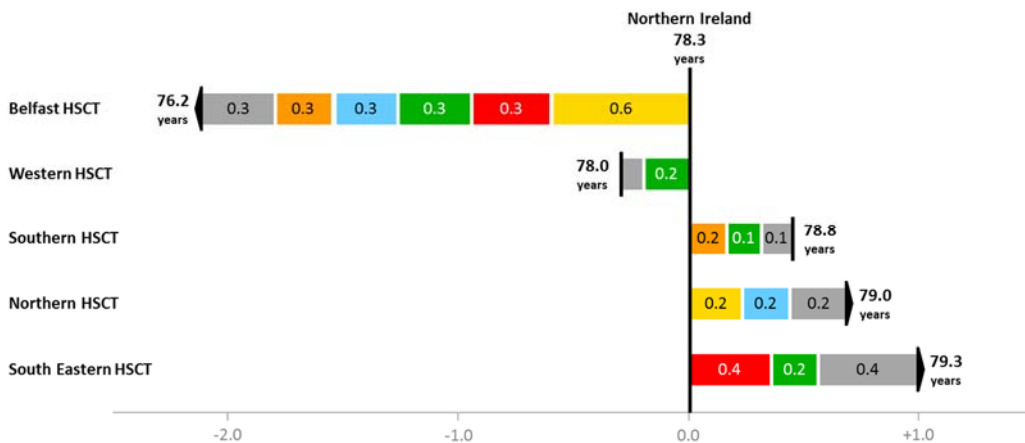
Sub-regional Life Expectancy

The charts below present life expectancy at birth in 2013-15 for each of the five Health & Social Care Trusts (HSCTs) and eleven Local Government Districts (LGDs). For each area, the life expectancy gap with Northern Ireland has been broken down into its largest contributory causes of death. The contribution from other causes, including those that offset the gap, are combined into the “Other” category.

Life expectancy in some areas did not significantly differ from that in Northern Ireland. In these situations, differences in mortality patterns within these areas are highlighted below.

Male Life Expectancy Gap between NI and the HSCTs: 2013-15

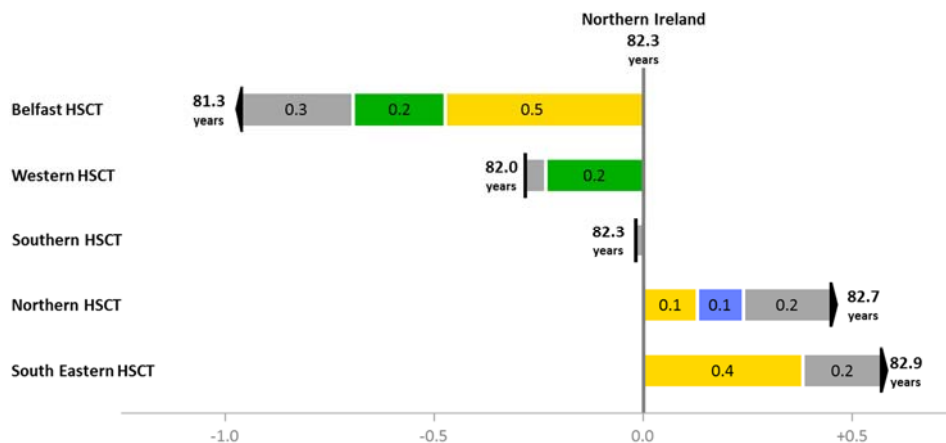
Male life expectancy was lower than the NI average in the Belfast HSCT (76.2 years), and higher than the NI average in the Northern (79.0 years) and South Eastern HSCTs (79.3 years).



Female Life Expectancy Gap between NI and the HSCTs: 2013-15

Female life expectancy was lower than the NI average in the Belfast HSCT (81.3 years), and higher than the NI average in the Northern (82.7 years) and South Eastern (82.9 years) HSCTs.

In the Southern HSCT, higher mortality rates than NI from mental & behavioural disorders and from circulatory diseases reduced life expectancy by 0.4 years. However, these were offset by lower mortality from respiratory and “Other” causes of death, resulting in life expectancy in the Southern HSCT being similar to the NI average.



Key

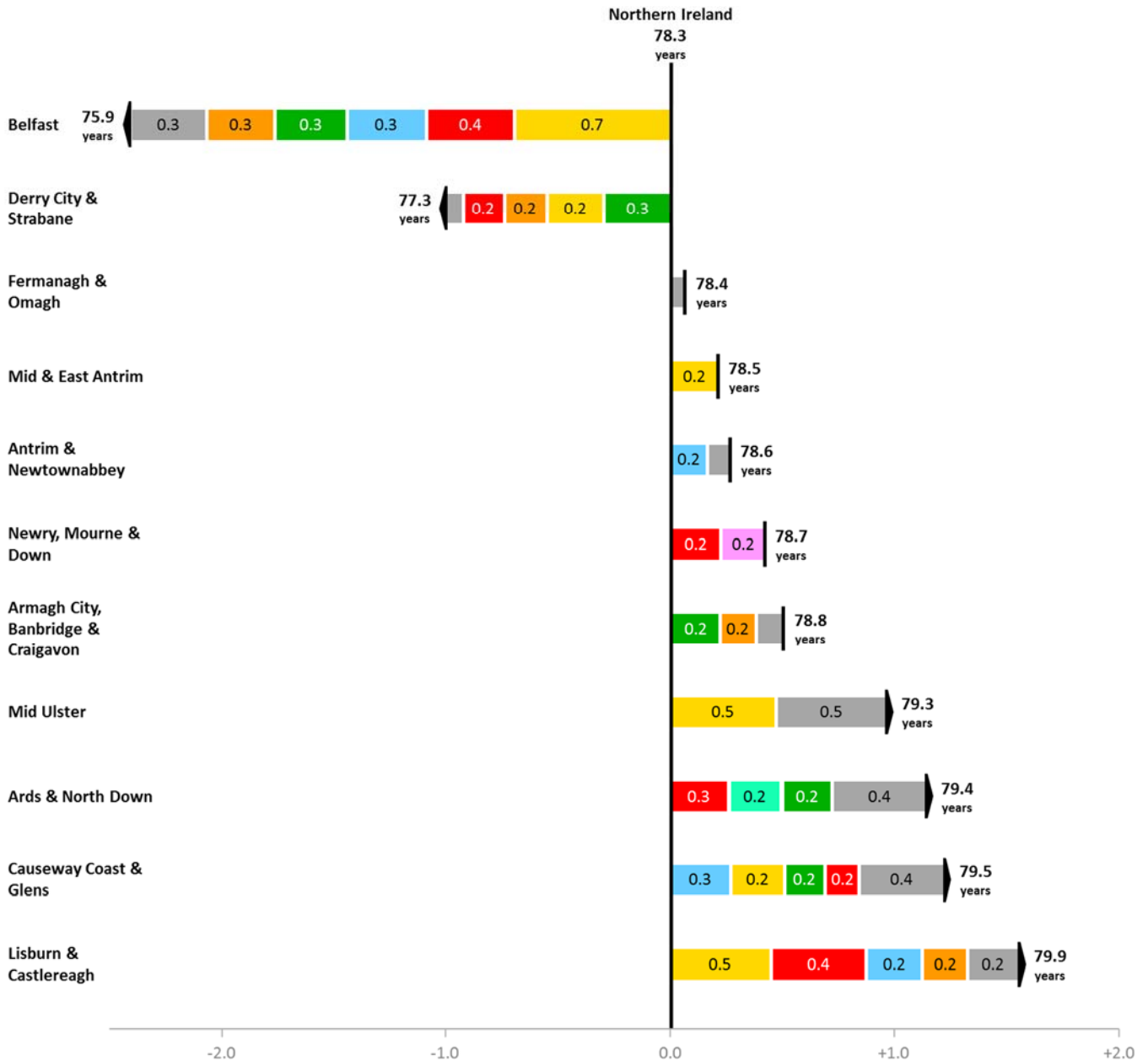
◀ Below NI Average
| Similar to NI Average
▶ Above NI Average

Cancer	Circulatory	Respiratory	Mental & BD	Nervous
Digestive	Accidental	Suicide	Maternal & Infant	Other

Male Life Expectancy Gap between NI and the LGDs: 2013-15

Males born in the Belfast (75.9 years) and Derry City & Strabane (77.3 years) LGDs had a lower life expectancy than the NI average, while those born in the Mid Ulster (79.3 years), Ards & North Down (79.4 years), Causeway Coast & Glens (79.5 years) and Lisburn & Castlereagh (79.9 years) LGDs had a life expectancy higher than the NI average.

In the Fermanagh & Omagh LGD, relatively low mortality from cancer and from a collection of “Other” causes offset relatively high mortality from respiratory diseases and accidental deaths, resulting in a similar life expectancy to the NI average.



Key

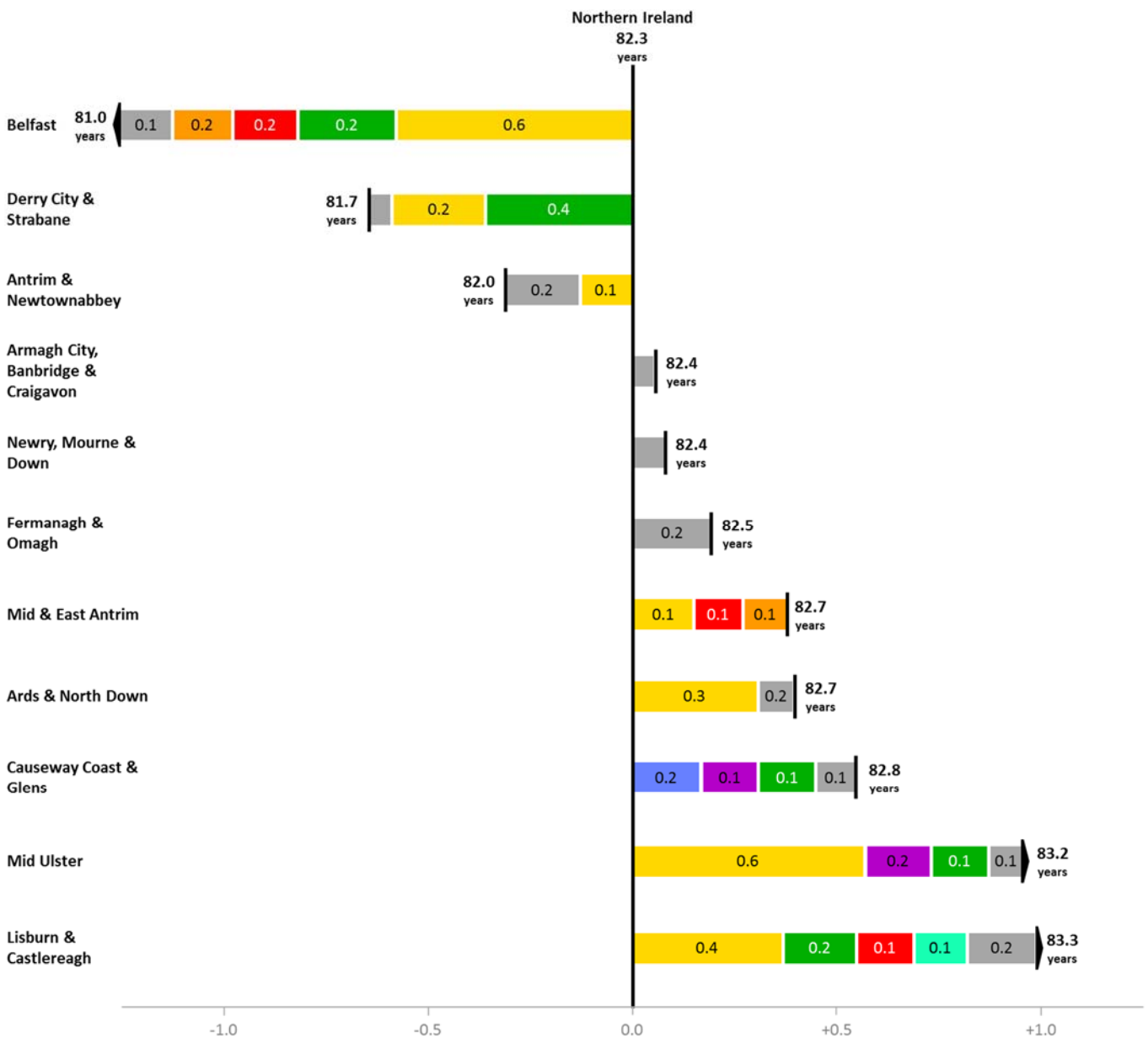


Female Life Expectancy Gap between NI and the LGDs: 2013-15

Females born in the Belfast LGD (81.0 years) had a lower life expectancy than the NI average (82.3 years), while those born in the Mid Ulster (83.2 years) and Lisburn & Castlereagh (83.3 years) LGDs had a life expectancy higher than the NI average.

In the Armagh City, Banbridge & Craigavon LGD, lower mortality from respiratory and nervous diseases were offset by higher mortality from mental & behavioural disorders and circulatory diseases, resulting in a similar life expectancy to the NI average.

Similarly, mortality from respiratory and circulatory diseases was lower in Newry, Mourne & Down than the NI average. However, this was largely offset by higher maternal & infant mortality.



Key



APPENDIX A: TECHNICAL NOTES & DEFINITIONS

Sources of Information

All NI analyses and calculations are based on official deaths data sourced from the General Register Office and population data published by NISRA. Analyses of other countries in the UK and the RoI are based on official deaths and population data sourced from the Office for National Statistics (ONS), Central Statistics Office (CSO) and National Records of Scotland (NRS).

Life Expectancy Decomposition Methodology

To measure the contribution of age-specific mortality changes to the change in the life expectancy gap over time, a life table decomposition method¹ for both age and cause of death is used. It assumes that the distribution of deaths by cause is constant within five year age bands in each population.

The difference in all-cause mortality between populations can then be distributed into contributions from each cause of death within each age group, proportionate to the difference in mortality from each cause of death within each age group.

Deprivation Classification

The deprivation classification used in this report is based on the Northern Ireland Multiple Deprivation Measure (NIMDM)² produced by NISRA. The NIMDM provides a relative ranking of the SOAs across NI, allowing the 20% most and least deprived Super Output Areas (SOAs) to be identified. It is worth noting that the NIMDM includes indicators such as suicide rates and potential years of life lost, which means that, by definition, there will be some correlation between deprivation rank and life expectancy.

Urban-Rural Classification

This report uses the 2015 NISRA Urban-Rural Classification³, grouping areas into three classifications; urban, rural and mixed urban/rural. The rurality analysis presented in this report compares those living in urban and rural areas.

Year of Death

All death figures used in this report are based on the year in which the death was registered, and therefore not necessarily the year in which the death occurred. While the majority of deaths are registered shortly after death, there may be some delay in registering others, particularly involving events such as infant death or suicide.

Cause of Death Classification

Analyses contained within this report are based on the single main underlying cause of death classification, which simplifies the fact that a death can be the result of a variety of different causes.

Causes of death have been disaggregated into 11 broad causes, which are further broken down into 26 specific sub-causes, defined according to the International Classification of Diseases, Tenth Revision (ICD-10). A full breakdown of ICD-10 codes grouped into each cause of death can be found on page 32.

The number of deaths registered between 2013 and 2015 are presented overleaf, broken down by cause of death.

¹ Arriaga, Eduardo. 1984 "Measuring and Explaining the Changes in Life Expectancies"

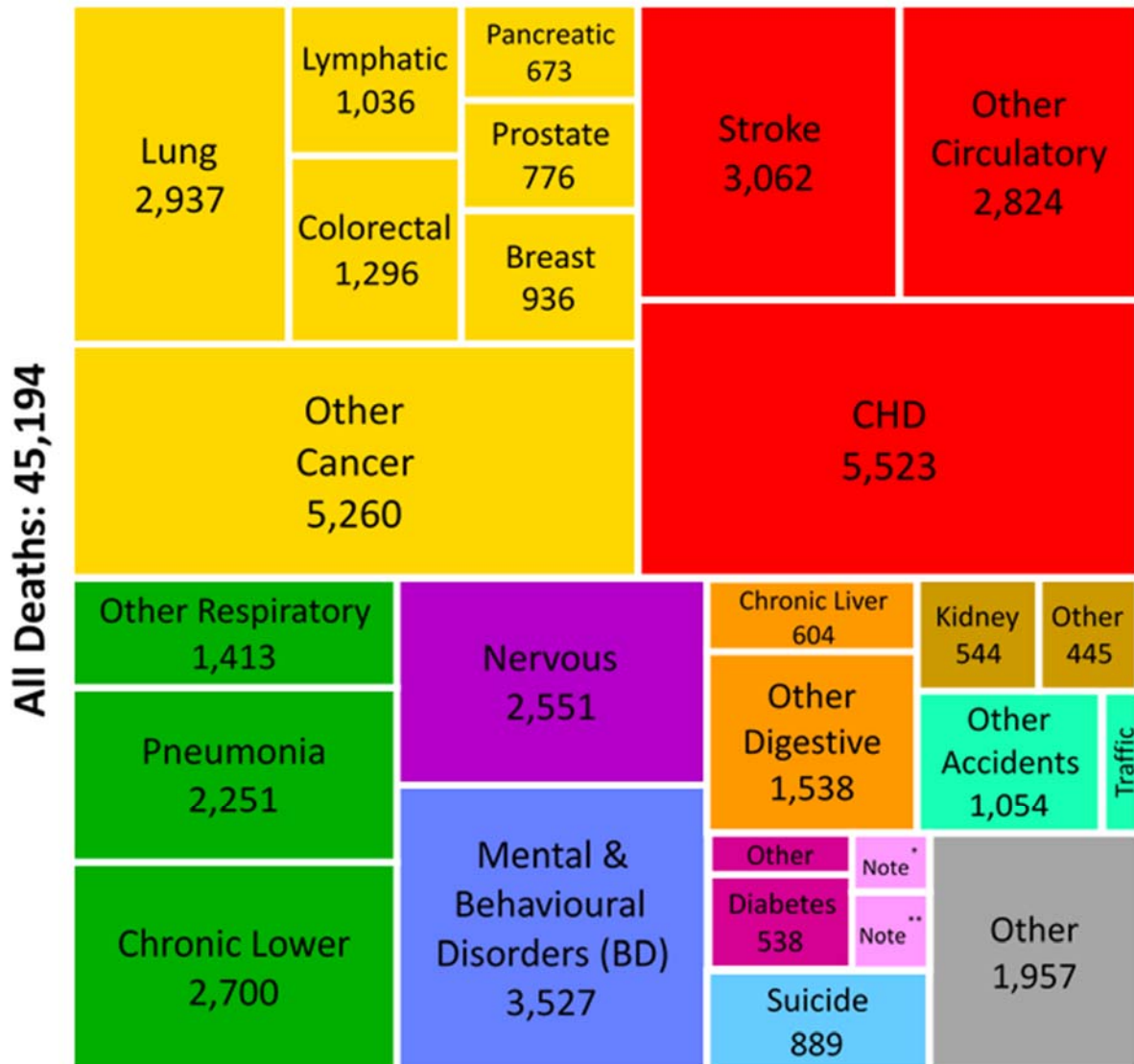
² Further information on the 2010 NIMDM can be found at:

www.nisra.gov.uk/statistics/deprivation/northern-ireland-multiple-deprivation-measure-2010-nimdm2010

³ Further information on the urban-rural definition 2015 can be found at: www.nisra.gov.uk/support/geography/urban-rural-classification

Deaths by Cause 2013-15

The chart below sets out the distribution of the 45,194 deaths that were registered between 2013 and 2015 by cause of death, grouped into colours by broad cause of death. The largest causes of death were cancer (29%), circulatory disease (25%) and respiratory disease (14%).



Key

Cancer	29%	Circulatory	25%	Respiratory	14%	Mental & BD	8%
Nervous	6%	Digestive	5%	Accidents	3%	Genitourinary	2%
Suicide	2%	Metabolic	2%	Maternal	1%	Other	4%

Note Deaths have been categorised by primary cause of death only. This may lead to an underestimation of the impact of common conditions associated with multiple causes of death, such as diabetes, influenza and pneumonia.

* Perinatal conditions

** Congenital malformations, deformations and chromosomal abnormalities

CAUSES OF DEATH ICD-10 DEFINITIONS

Cause of death	ICD-10 code
Diseases of the circulatory system (Circulatory)	I00-I99
Ischaemic heart disease (CHD)	I20-I25
Cerebrovascular disease (stroke)	I60-I69
All other diseases of the circulatory system	
Diseases of the respiratory system (Respiratory)	J00-J99
Pneumonia	J12-J18
Chronic lower respiratory diseases	J40-J47
All other diseases of the respiratory system	
Malignant neoplasms (Cancer)	C00-C99
Malignant neoplasm of trachea, bronchus or lung	C33-C34
Malignant neoplasm of breast	C50
Malignant neoplasm of prostate	C61
Malignant neoplasm of colon, rectum and anus	C18-C21
Malignant neoplasm of lymphatic, haematopoietic tissue	C81-C96
Malignant neoplasm of pancreas	C25
All other malignant neoplasms	
Endocrine, nutritional and metabolic diseases (Metabolic)	E00-E90
Diabetes mellitus	E10-E14
All other endocrine, nutritional and metabolic diseases	
Mental and behavioural diseases (Mental)	F00-F99
Diseases of the nervous system and the sense organs (Nervous)	G00-H95
Diseases of the digestive system (Digestive)	K00-K93
Chronic liver disease	K70, K73-K74
All other diseases of the digestive system	
Accidents	V01-X59, Y85, Y86
Transport accidents	V01-V99
All other accidents	
Intentional self-harm and event of undetermined intent (Suicide)	X60-X84, Y10-Y34, Y87.0, Y87.2
Diseases of the genitourinary system (Genitourinary)	N00-N99
Diseases of the kidney and ureter	N00-N29
All other diseases of the genitourinary system	
Maternal/Infant	
Certain conditions originating in the perinatal period	P00-P96
Congenital malformations, deformations and chromosomal abnormalities	Q00-Q99
Other causes (all causes not covered by the above categories)	

APPENDIX B: DATA TABLES

Table 1: Life Expectancy at Birth
(All figures in Years)

		Change Over Time		Gender	Deprivation		Rurality	
		2009-11	2013-15	-	Most Deprived	Least Deprived	Urban	Rural
Male Life Expectancy		77.4	78.3	78.3	74.1	81.1	77.2	80.0
Female Life Expectancy		81.9	82.3	82.3	79.4	84.1	81.5	83.7
		Male	Female	N/A	Male	Female	Male	Female
Total Gap		0.9	0.4	4.0	7.0	4.7	2.8	2.2
Age Bands	0-9	0.0	0.1	0.2	0.1	0.1	0.2	0.1
	10-19	0.1	0.0	0.1	0.1	0.1	0.0	0.0
	20-29	0.1	0.0	0.3	0.6	0.1	0.1	0.0
	30-39	0.0	0.0	0.3	0.6	0.3	0.3	0.1
	40-49	0.0	0.1	0.3	1.0	0.7	0.4	0.2
	50-59	0.2	0.1	0.4	1.3	0.7	0.5	0.3
	60-69	0.1	0.0	0.7	1.7	1.6	0.5	0.5
	70-79	0.3	0.1	0.9	1.3	1.2	0.6	0.4
	80-89	0.1	0.1	0.7	0.3	0.5	0.2	0.4
90+	0.0	0.0	0.1	-0.1	-0.4	0.0	0.1	
Circulatory	CHD	0.4	0.3	1.0	1.0	0.6	0.3	0.2
	Stroke	0.1	0.2	0.1	0.3	0.2	0.1	0.1
	Other	0.1	0.1	0.1	0.3	0.3	0.1	0.1
Respiratory	Pneumonia	0.0	0.1	0.1	0.2	0.0	0.1	0.1
	Chronic Lower	0.0	0.0	0.1	0.5	0.7	0.1	0.2
	Other	0.0	0.0	0.1	0.1	0.1	0.1	0.1
Cancer	Lung	0.1	0.0	0.3	0.9	0.7	0.3	0.2
	Breast	0.0	0.0	-0.5	0.0	0.0	0.0	0.1
	Prostate	0.0	0.0	0.4	0.0	0.0	0.0	0.0
	Colon	0.0	0.0	0.1	0.1	0.1	0.1	0.1
	Lymph	0.0	0.0	0.1	0.0	0.0	0.0	0.0
	Pancreas	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Other	0.0	0.1	0.5	0.6	0.4	0.3	0.2
Metabolic	Diabetes	0.0	0.0	0.1	0.1	0.0	0.0	0.0
	Other	0.0	0.0	0.0	0.1	0.0	0.0	0.0
Mental	Mental & BD	-0.1	-0.3	0.0	0.1	0.0	0.1	0.2
Nervous	Nervous	0.0	-0.1	0.0	0.0	0.1	0.1	0.2
Digestive	Chronic Liver	0.0	0.0	0.1	0.5	0.2	0.2	0.1
	Other	0.0	0.0	0.0	0.2	0.2	0.1	0.1
Accidental	Traffic	0.1	0.0	0.1	0.0	0.0	-0.1	-0.1
	Other	0.1	0.0	0.2	0.4	0.1	0.1	0.1
Suicide	Suicide	0.0	0.0	0.6	1.0	0.3	0.3	0.1
Maternal & Infant	Perinatal	0.0	0.0	0.1	0.1	0.2	0.1	0.1
	Congenital	0.0	0.0	0.0	0.1	0.0	0.1	0.0
Other	Other	0.0	0.0	0.1	0.2	0.3	0.1	0.1

Table 2: Life Expectancy at Age 65

(All figures in Years)

		Change Over Time		Gender	Deprivation		Rurality	
		2009-11	2013-15	-	Most Deprived	Least Deprived	Urban	Rural
Male Life Expectancy		17.7	18.2	18.2	16.4	19.4	17.7	18.8
Female Life Expectancy		20.4	20.6	20.6	19.1	21.6	20.2	21.4
		Male	Female	N/A	Male	Female	Male	Female
Total Gap		0.5	0.2	2.4	3.0	2.5	1.1	1.2
Age Bands	65-69	0.4	0.0	0.5	1.1	1.0	0.3	0.2
	70-74	0.5	0.1	0.6	0.9	0.8	0.4	0.2
	75-79	0.3	-0.0	0.5	0.8	0.6	0.3	0.2
	80-84	0.0	0.1	0.5	0.3	0.5	0.2	0.3
	85-89	-0.2	0.0	0.3	0.1	0.1	-0.0	0.2
	90+	-0.5	-0.0	0.1	-0.2	-0.5	0.0	0.1
Circulatory	CHD	0.6	0.3	0.7	0.5	0.4	0.1	0.1
	Stroke	-0.0	0.2	0.1	0.1	0.1	0.0	0.0
	Other	0.0	0.1	0.1	0.1	0.2	0.0	0.0
Respiratory	Pneumonia	-0.0	0.1	0.1	0.1	0.0	0.1	0.0
	Chronic Lower	-0.0	-0.1	0.2	0.6	0.6	0.1	0.2
	Other	0.0	0.0	0.2	0.1	0.1	0.1	0.0
Cancer	Lung	0.2	-0.1	0.3	0.7	0.5	0.2	0.2
	Breast	-0.2	0.0	-0.2	-0.0	-0.0	-0.0	0.0
	Prostate	0.2	0.0	0.4	-0.0	0.0	-0.0	0.0
	Colon	0.1	0.0	0.1	0.1	0.1	0.0	0.0
	Lymph	0.0	-0.0	0.1	-0.0	-0.0	0.0	-0.0
	Pancreas	-0.0	-0.0	0.0	0.0	0.0	0.0	-0.0
	Other	0.1	0.0	0.4	0.4	0.3	0.2	0.1
Metabolic	Diabetes	0.0	0.0	0.0	0.1	0.0	0.0	0.0
	Other	-0.0	0.0	0.0	0.0	-0.0	0.0	0.0
Mental	Mental & BD	-0.3	-0.3	-0.0	-0.0	-0.1	0.0	0.2
Nervous	Nervous	-0.1	-0.1	-0.0	-0.1	0.0	0.1	0.1
Digestive	Chronic Liver	0.0	-0.0	0.0	0.0	0.1	0.0	0.0
	Other	-0.1	0.0	0.0	0.1	0.2	0.1	0.1
Accidental	Traffic	0.0	0.0	0.0	0.0	0.0	-0.0	-0.0
	Other	0.0	0.0	0.0	0.1	0.0	0.0	0.1
Suicide	Suicide	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Genitourinary	Kidney	-0.0	0.0	0.0	0.0	0.0	-0.0	-0.0
	Other	-0.0	0.0	0.0	0.0	0.0	-0.0	0.0
Maternal & Infant	Perinatal	-0.0	-0.0	-0.0	0.0	0.0	0.0	0.0
	Congenital	0.0	-0.0	0.0	-0.0	0.0	0.0	-0.0
Other	Other	-0.1	0.0	0.0	0.0	0.0	0.0	0.0

**Also available for the Health & Social Care
Inequalities Monitoring System (HSCIMS)**

Health Inequalities

Regional Report

Analysis at regional level examining health inequality gaps by deprivation and rurality (Biennial).

<https://www.health-ni.gov.uk/publications/health-inequalities-regional-report-2016>

Health Inequalities

Sub-regional Report

Sub-regional analysis at HSC Trust and Council levels examining health inequality gaps within each area as well as compared with the Northern Ireland average (Biennial).

<http://www.health-ni.gov.uk/publications/health-and-social-care-inequalities-monitoring-system-hscims-sub-regional-inequalities>

Making Life Better

Monitoring the Wider Social Determinants of Health & Wellbeing

Key Indicators

Monitoring of the key indicators of the wider social determinant of health & wellbeing set out against each of the themes contained in the making life better strategic framework (Annual).

<http://www.health-ni.gov.uk/articles/social-determinants-health-statistics>

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