

# JSNA Health and Wellbeing Profile 2024/25

# Preventable mortality

# **Summary points**

Preventable mortality refers to causes of death that are considered preventable through effective public health and primary prevention interventions (subject to age limits if appropriate). This includes deaths caused by tuberculosis, hepatitis C, HIV/AIDS, some cancers, diabetes mellitus, alcohol related diseases, smoking, illicit drug use disorders, ischaemic heart disease, deep vein thrombosis (DVT), aortic aneurysm, influenza, COPD, transport accidents, injuries, suicide and self-inflicted injuries and homicide/assault.

- The preventable mortality rate in Bristol is 170.7 deaths per 100,000 persons, which is significantly higher than the England average.
- The preventable mortality rate in Bristol for males is significantly higher than for females across all four major diseases including circulatory, respiratory, cancer and liver.

## Preventable mortality rate -persons (under 75s)

The Bristol preventable mortality rate of 170.7 deaths per 100,000, is significantly higher than the England average of 153.7 per 100,000.

Bristol has the second lowest rate of all English core cities, just behind Leeds which has the lowest rate of 164.4 per 100,000 (Figure 1).

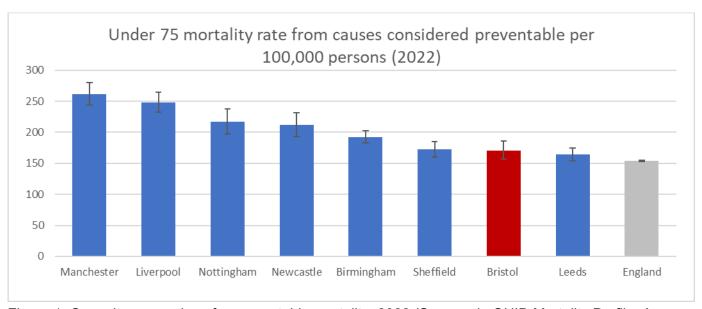


Figure 1: Core city comparison for preventable mortality, 2022 (Source via OHID Mortality Profile, Apr 2024)

**Gender:** Rates for preventable mortality are significantly higher in males than females. Male preventable mortality rates in Bristol are 227.3 per 100,000, higher than the England average for males (202.7). Female preventable mortality rates in Bristol (115.3 per 100,000) are also higher than the England female average (107.3).

Figure 2 below illustrates both the national and Bristol trend in the mortality rate from causes considered preventable from 2001 to 2022 and is broken down by gender. It shows the significant difference between males and females over this period, although the rate for males has decreased significantly over the last 20 years.

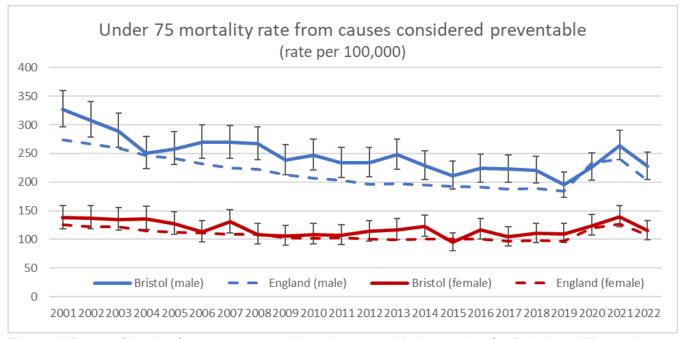


Figure 2: Rates of deaths from causes considered preventable, by gender for Bristol and England average (Source via OHID Mortality Profile, Apr 2024)

#### Preventable mortality rate – by cause

The preventable mortality rate for persons aged under 75 (per 100,000 persons) can be broken down by a number of common causes of death, as shown in Figure 3 below. Bristol's preventable mortality rate is higher (worse) than the England average for all major causes with the exception of circulatory diseases.

2020-2022	Bristol			England		
Rate per 100,000 persons	Under 75 mortality rate	Under 75 mortality rate - male	Under 75 mortality rate - female	Under 75 mortality rate	Under 75 mortality rate - male	Under 75 mortality rate - female
Circulatory diseases <sup>1</sup>	29.9	43.6	16.5	30.1	44.0	17.0
Cancer	63.9	80.1	48.2	50.5	63.5	38.3
Liver disease	20.5	29.4	11.8	18.7	24.6	13.2
Respiratory disease	19.4	24.2	14.8	17.0	19.0	15.2

Figure 3: Under 75 rates of deaths from specific causes considered preventable, by gender for Bristol and England average (Source via OHID Mortality Profile, Apr 2024)

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<sup>&</sup>lt;sup>1</sup> Includes heart disease, cerebrovascular diseases

**Gender:** The preventable mortality rate for males under 75 in Bristol is statistically significantly higher for cancer, liver disease and respiratory disease, compared to the England average.

Theme: Long term conditions

The rate for females in Bristol is lower than the England average for the major diseases with the exception of cancer which is statistically significantly higher.

In Bristol the preventable mortality rate for all four major disease groups is significantly higher for males than females. Males are more than twice as likely to die of circulatory disease and liver disease than females.

#### Further data / links / consultations:

• OHID Mortality Profile: Mortality Profile - OHID (phe.org.uk)

### Covid-19 impact:

It is difficult to identify the full impact of the pandemic on preventable mortality, However with continued pressures on the health care system it may be increasingly challenging to mitigate the risk factors associated with preventable ill health and preventable mortality.

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