



# Life Expectancy in Northern Ireland 2020-22

A product of the NI Health and Social Care Inequalities Monitoring System



Department of  
**Health**

An Roinn Sláinte

Mánnystrie O Poustie

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# Life Expectancy in Northern Ireland

## 2020-22

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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 public health policy development through managing the public health survey function while also providing analysis and monitoring data. 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, Patient Experience Surveys and the Adult Drinking Patterns Survey.

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. In addition, PHIRB is responsible for the production of official life expectancy estimates for NI, and areas within the region.

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 Departmental Alcohol and Drug Strategy, by maintaining and developing key departmental databases such as, the Substance 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. In addition to Departmental functions, PHIRB also supports the executive level Programme for Government and its strategic outcomes through a series of performance indicators.

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## Introduction

### The Official Life Expectancy Figures for Northern Ireland

The Department of Health are the official producers of life expectancy figures for Northern Ireland. This report presents the latest estimates of life expectancy, healthy life expectancy and disability-free life expectancy estimates. The report includes an analysis of change in life expectancy including the extent to which mortality within certain age groups and causes of death contributed to the change. In addition, life expectancy estimates are presented for Health and Social Care Trusts and Local Government Districts.

The analysis in this report is based on the latest official deaths statistics, which include deaths registered up to 2022 published in the [Registrar General Annual Report](#) and does not reflect deaths occurring in 2023. Further provisional deaths statistics for more recent years are available from the Northern Ireland Statistics & Research Agency (NISRA) within the [Registrar General Quarterly Tables](#).

#### Figures in this release include **deaths due to COVID from 2020 to 2022**

'COVID' deaths in this report refer to 'deaths due to COVID-19' and use the same International Classification of Disease Tenth Revision (ICD-10) codes as reported by NISRA within the [Registrar General Annual Report](#). More detail on the classification of COVID deaths is available in [Appendix B](#).

#### **Review of suicide statistics in Northern Ireland**

The review conducted by NISRA and the Coroner's Service into the classification of undetermined deaths between 2015 and 2020, has resulted in a series break in suicide deaths, caution should therefore be taken when drawing comparisons with suicide and accidental deaths contributions to life expectancy gaps with years prior to 2015. Full details on this change and further information on the review can be found in [Appendix B: Technical Notes & Definitions](#).

#### **Rebased Mid-Year Population Estimates (2011-2021) for Northern Ireland:**

Figures contained within this report have been calculated using the rebased population figures released by NISRA Census Office on 29<sup>th</sup> June 2023. This series replaces the old rolled-forward series which was based on the 2011 Census. The Rebased Mid-Year Population Estimates series reflects the results of Census 2021 and revises all previous population estimates from 2011 to 2021. As a result, some figures within this report may differ from those previously published. For further information see <https://www.nisra.gov.uk/publications/2011-21-rebased-mid-year-population-estimates-northern-ireland>.

This publication is one of a series of reports produced as part of the NI Health & Social Care Inequalities Monitoring System (HSCIMS)<sup>1</sup>. A guide on the terminology and how to interpret the charts used in this report, alongside technical notes, are set out in [Appendix B](#).

<sup>1</sup> <https://www.health-ni.gov.uk/topics/dhssps-statistics-and-research/health-inequalities-statistics>

## Key Findings

### Current Life Expectancy Estimates

- In 2020-22, life expectancy in Northern Ireland (NI) was 78.4 years for males and 82.3 years for females.
- Since 1980-82, life expectancy at birth has increased by 6.8 years for females and 9.2 years for males. However, over the last ten years life expectancy growth has stalled for both males and females.
- Male life expectancy was highest in the Lisburn & Castlereagh LGD (80.4 years) and lowest in the Belfast LGD (75.8 years).
- Life expectancy for females was highest in the Lisburn & Castlereagh and Mid Ulster LGDs (83.1 years) and lowest in the Belfast LGD (80.4 years).

### Decomposition of Life Expectancy<sup>2</sup> Trend over the Last 5 Years

- Since 2016-18, male life expectancy decreased by 0.3 years, while there has been no significant change in life expectancy for females.
- Increased mortality rates among 30-39 year olds had the largest negative effect on male life expectancy over the last 5 years.
- Higher mortality mainly from deaths due to COVID contributed to a 1.1 year decrease in male life expectancy. However, these were mostly offset by decreases in mortality from other causes including respiratory disease, cancer and circulatory disease.
- A decrease of 1.0 years in female life expectancy, mainly due to higher mortality from deaths due to COVID, was offset by 0.8 years due to reduced mortality from respiratory disease, cancer, circulatory disease and other causes.

### Gender Gap

- In 2020-22, females in NI could expect to live 3.8 years longer than males.
- Across all age groups, male mortality was higher than that of females, most notably within the 70-79 years age group which contributed 0.8 years to the gap.
- Higher male mortality from the combination of circulatory disease (1.1 years) and cancer (excluding breast) (1.1 years) accounted for 2.2 years of the gap.

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<sup>2</sup> Life table decomposition is a statistical technique that allows changes in life expectancy to be broken down into positive and negative contributions by age and cause of death.

### Deprivation Gap

- In 2020-22, males living in the 20% most deprived areas of NI could expect to live 74.0 years, 7.2 years less than those living in the 20% least deprived areas (81.2 years).
- Female life expectancy in the 20% most deprived areas was 79.3 years, 4.8 years fewer than females in the 20% least deprived areas (84.1 years).
- For both males and females, mortality across the majority of causes of death was higher in the most deprived areas than in the least deprived.
- Higher mortality from cancer (1.3 years), circulatory disease (1.2 years) and accidental deaths (1.1 years) combined, contributed just over half of the male life expectancy deprivation gap. There were also notable contributions from deaths due to COVID (0.4 years) and Suicide (0.6 years).
- Mortality from cancer (1.3 years) was the largest single contributor to the female deprivation gap, more than half of which (0.8 years) was due to lung cancer.
- The combination of lung cancer and chronic lower respiratory conditions were responsible for almost a third of the female deprivation gap.

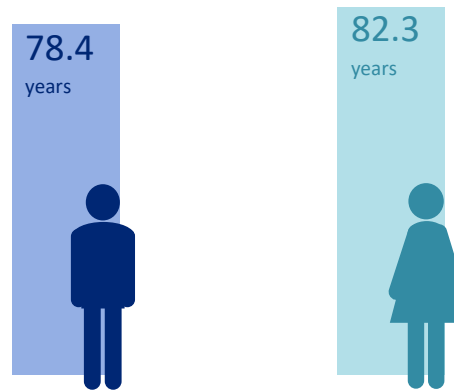
### Healthy and Disability-Free Life Expectancy

- Between 2016-18 and 2020-22, Healthy Life Expectancy (HLE) increased for both males and females.
- Male HLE increased by 1.5 years from 59.7 years in 2016-18 to 61.2 years in 2020-22. Over the same period, female HLE increased by 1.9 years from 60.8 to 62.7 years.
- While female Disability-Free Life Expectancy (DFLE) saw no significant change over the last five years, Male DFLE increased by 1.9 years from 57.3 in 2016-18 to 59.2 years in 2020-22.
- Since 2016-18 the HLE deprivation gap has not significantly changed for males or females and in 2020-22, the gap between the 20% most and least deprived stood at 12.2 years for males and 14.2 years for females.
- The DFLE gap between the most and least deprived males narrowed from 14.5 years in 2016-18 to 11.1 years in 2020-22. For females, the gap narrowed from 13.9 years in 2016-18 to 11.0 years in 2020-22.

**Life expectancy at birth in 2020-22 was 78.4 years for males and 82.3 years for females.**

Life expectancy refers to the average number of years a person could expect to live if the current mortality patterns remain constant. In 2020-22, females in Northern Ireland could expect to live 3.9 years longer than males.

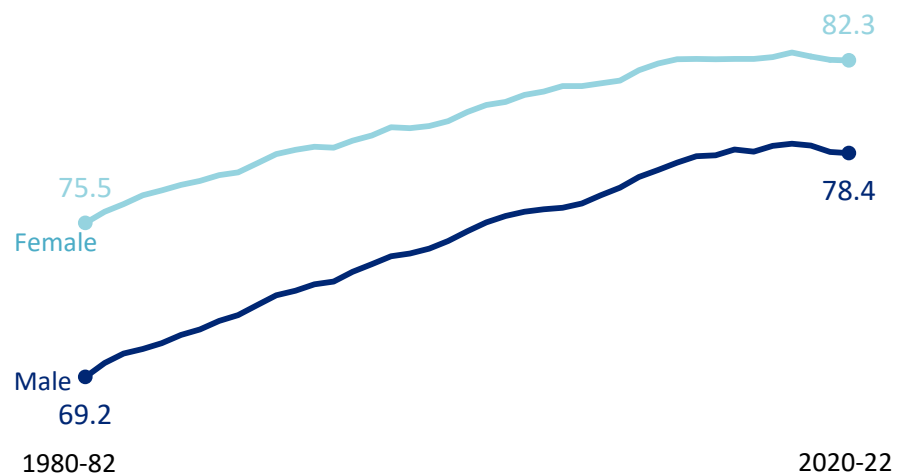
Male and Female Life Expectancy at Birth (2020-22)



**Life expectancy for both males and females has grown steadily since 1980-82, but has slowed in recent years.**

Since 1980-82, life expectancy at birth has increased by 6.8 years for females and 9.2 years for males. However, over the last ten years, life expectancy growth has stalled for both males and females. While the gender gap had generally narrowed since 1980-82, it has remained fairly steady in recent years.

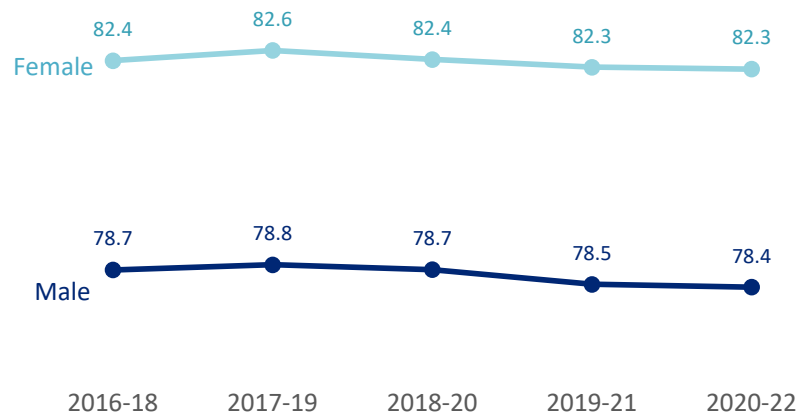
Life Expectancy at Birth (1980-82 to 2020-22)



**The increase in life expectancy has slowed in recent years.**

Since 2016-18, male life expectancy decreased by 0.3 years, compared to an increase of 0.4 years in the previous five-year period (2012-14 to 2016-18). There has been no significant change in female life expectancy in the same period.

Life Expectancy at Birth (2016-18 to 2020-22)

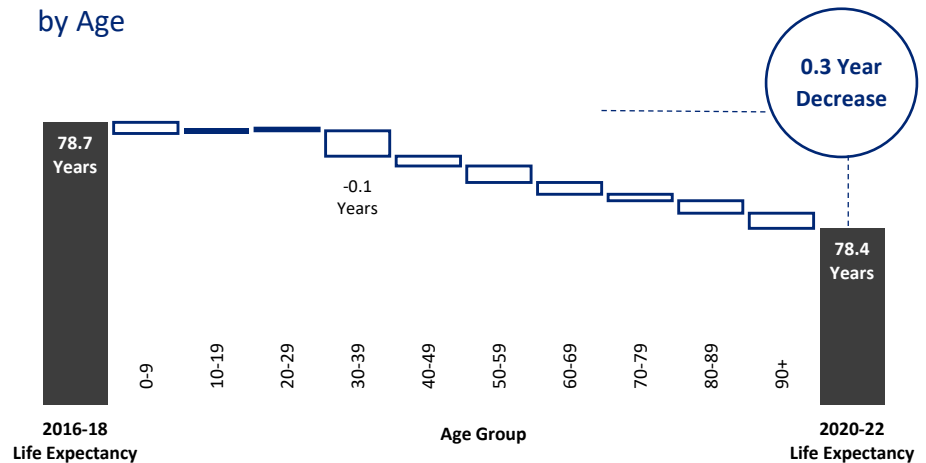




The majority of age groups had a negative contribution to the change in male life expectancy between 2016-18 to 2020-22.

With the exception of 10-19 year olds, mortality among all age groups contributed to the decrease in male life expectancy. Rates among 30–39-year-olds had the most notable negative effect on male life expectancy over the last five years, two-thirds of which was due to accidental deaths. The overall 0.3 years decrease in male life expectancy was statistically significant.

Decomposition of Change in Male Life Expectancy over Time by Age



Increased mortality mainly from COVID contributed to the significant decrease in male life expectancy. However, this was partially offset by reduced mortality from respiratory disease\*\* and cancer, among other causes.

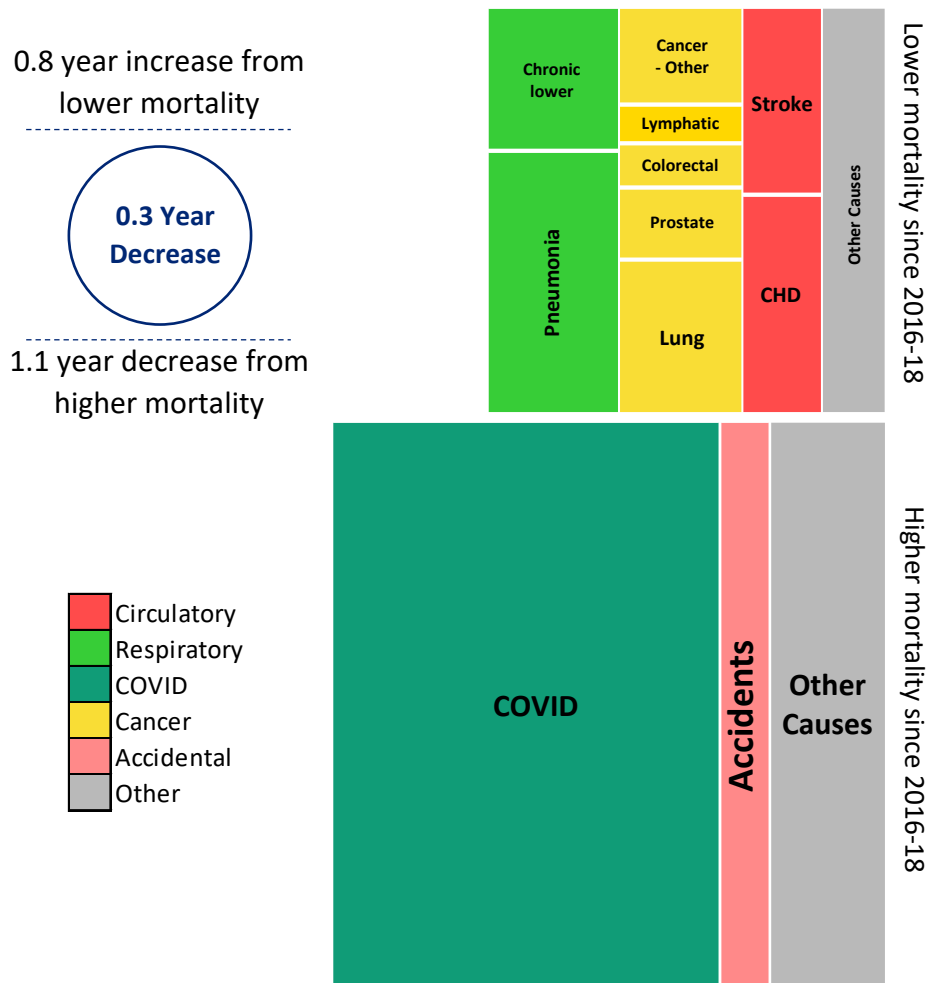
Deaths due to COVID contributed 0.8 years to the decrease in life expectancy. Accidental deaths and a range of 'Other Causes' also contributed to the overall 1.1 year decrease.

However, this decrease was partly offset by lower mortality from respiratory disease (0.3 years) and reduced mortality from cancer (0.2 years).

\* A more detailed breakdown of the various contributions from different causes of death is available in [Appendix A](#).

\*\* Respiratory mortality may be affected by COVID being classified separately from respiratory disease in this analysis. It may also be that some of the improvement in mortality for other causes of death was due to individuals, who otherwise would have been vulnerable to those diseases, passing away due to COVID.

Decomposition of Change in Male Life Expectancy over Time by Cause of Death (2016-18 to 2020-22)\*



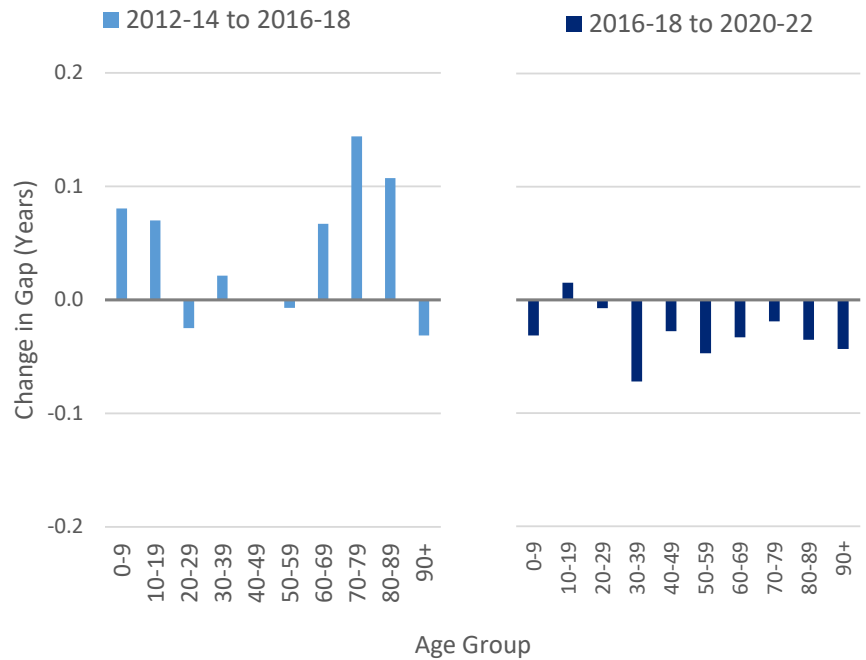
- Circulatory
- Respiratory
- COVID
- Cancer
- Accidental
- Other

**Compared with the previous 5-year period, improvements in mortality slowed for the majority of age groups between 2016-18 and 2020-22.**

The recent slowdown in male life expectancy improvement can be examined by comparing the changes observed from 2016-18 to 2020-22 (0.3 year decrease) with the previous 5-year period, when male life expectancy increased by 0.4 years.

Between 2016-18 and 2020-22, with the exception of those aged 20-29, all age groups have seen either less of an improvement in life expectancy, or declined when compared with the previous 5-year period.

Decomposition of Change in Male Life Expectancy by Age

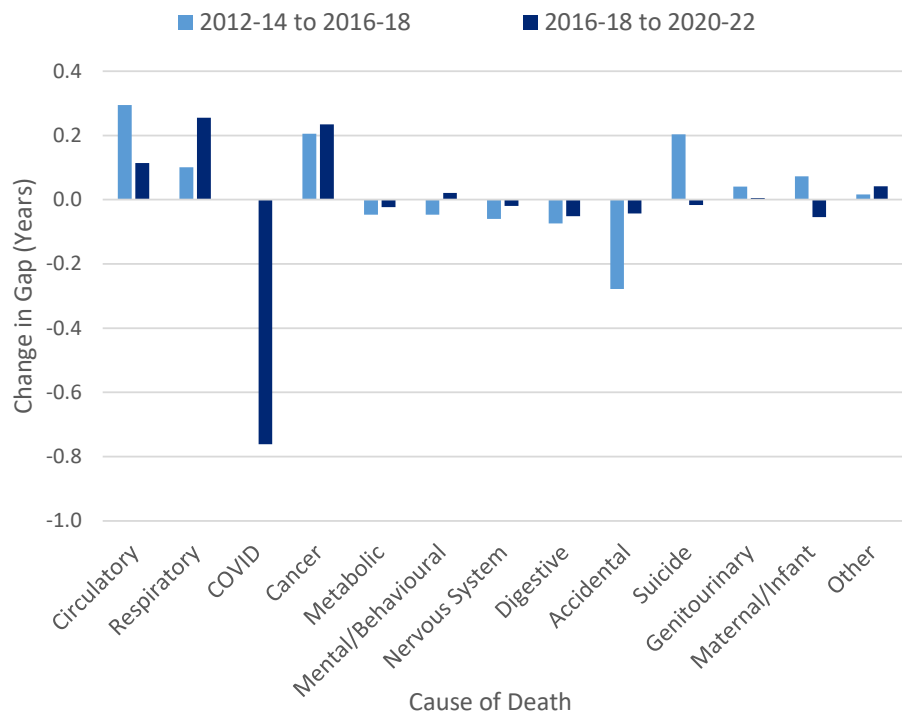


**Between 2016-18 and 2020-22, in addition to the substantial negative impact from deaths due to COVID, there was a slower improvement in circulatory disease mortality (0.1 years) than that seen in the previous 5 year period (0.3 years).**

While several causes of death, notably cancer and respiratory\*, have continued to make increasingly positive contributions to improvements in life expectancy; the emergence of COVID-19 deaths had a notable negative impact on male life expectancy change when compared with the improvement seen in the previous period.

\* Respiratory mortality may be affected by COVID being classified separately from respiratory disease in this analysis. It may also be that some of the improvement in mortality for other causes of death was due to individuals, who otherwise would have been vulnerable to those diseases, passing away due to COVID.

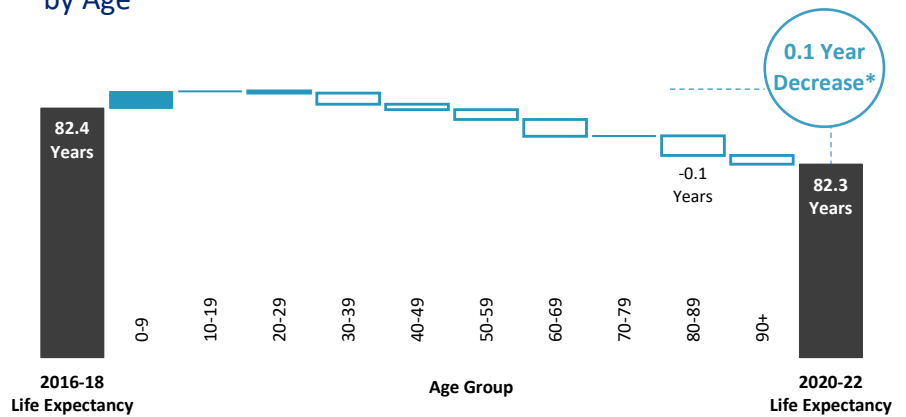
Decomposition of Change in Male Life Expectancy by Cause of Death



Since 2016-18, there has been no significant change in life expectancy for females.

Higher mortality in 80-89 year olds had the largest negative contribution to the change\* (-0.1 years).

Decomposition of Change in Female Life Expectancy over Time by Age



While reduced mortality, mainly from respiratory, cancer and circulatory disease, contributed to a female life expectancy increase of 0.8 years, this increase was offset by deaths due to COVID and increased mortality from a range of other causes.

Lower mortality from respiratory disease and cancer accounted for over half (0.5 years) of the increase in female life expectancy. Reduced mortality from circulatory and mental/behavioural diseases, as well as a range of 'Other Causes' also contributed to the increase\*\*.

However, this increase was offset by 1.0 years mainly due to COVID mortality (-0.7 years).

\*Change was not statistically significant.

\*\*A more detailed breakdown of the various contributions from different causes of death is available in [Appendix A](#).

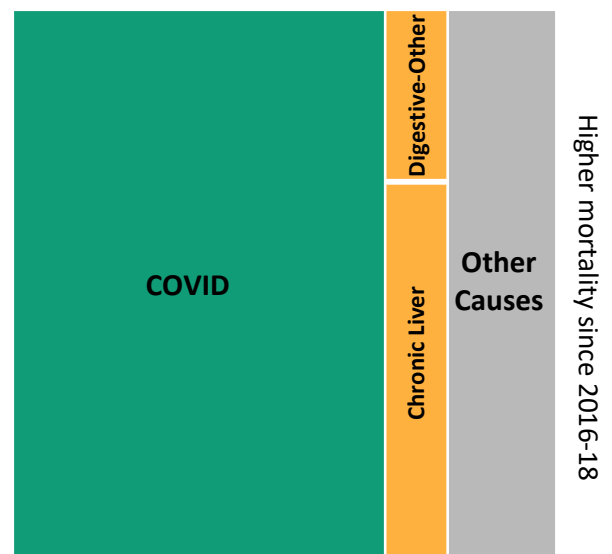
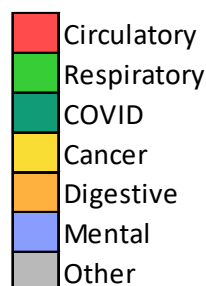
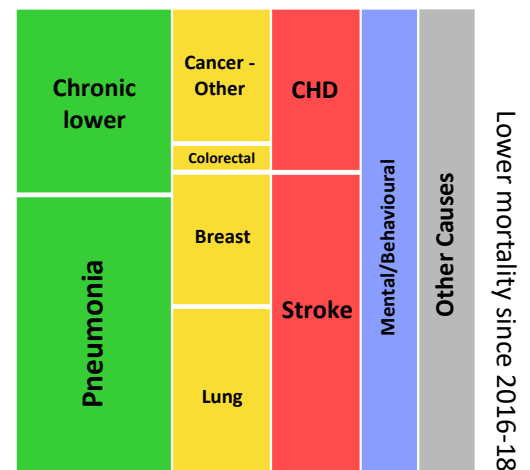
\*\*\* Values presented are rounded to one decimal place independently. As a result, the sum of component items may not therefore always add to the totals shown

Decomposition of Change in Female Life Expectancy over Time by Cause of Death (2016-18 to 2020-22)

0.8 year increase from lower mortality\*\*\*

0.1 Year Decrease\*

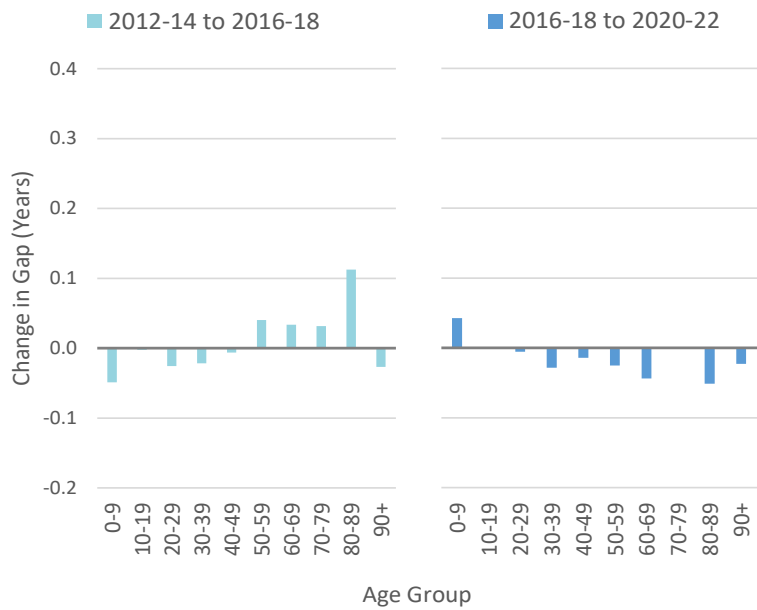
1.0 year decrease from higher mortality



**Similar to the previous 5 year period, broadly static mortality in all age groups made little or no change to female life expectancy from 2016-18 to 2020-22.**

Changes in female life expectancy have remained similar to that during the 2012-14 to 2016-18 period, which also saw no overall change. Deaths among those aged 80-89 years saw the largest change, from a 0.1 year positive contribution in the previous five-year period to a small negative contribution. Improved mortality was only observed in ages 0-9 in 2016-18 to 2020-22.

Decomposition of Change in Female Life Expectancy by Age

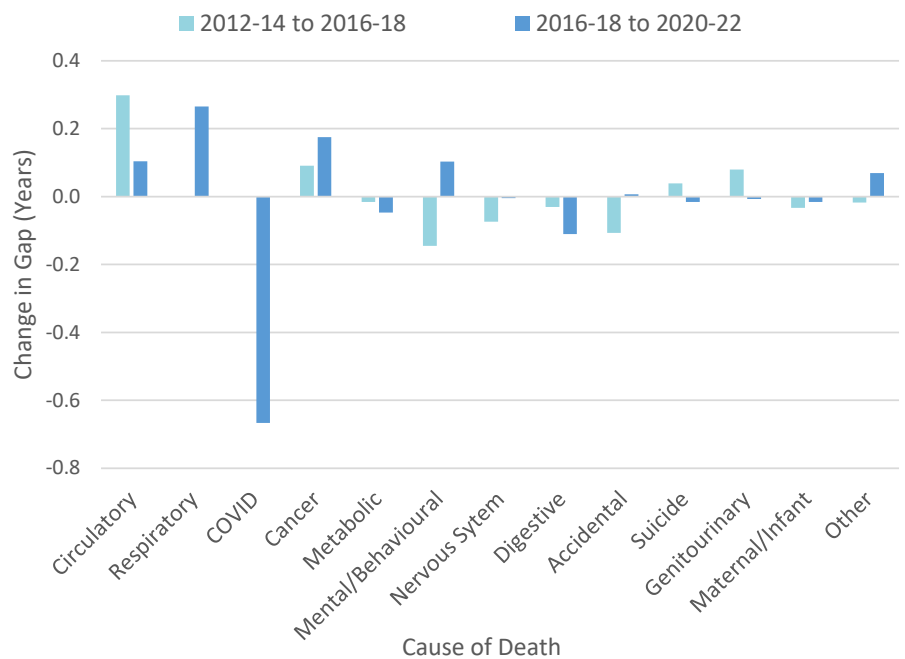


**In addition to the notable negative contribution from deaths due to COVID, the positive contribution to female life expectancy from reduced circulatory mortality was just over one third of that seen in the previous 5 year period.**

Deaths due to COVID had the largest negative contribution (0.7 years) to the change in life expectancy for 2016-18 to 2020-22, when compared with the previous period which pre-dates the pandemic.

In contrast, there were improvements in mortality from respiratory disease\*, which contributed 0.3 years in 2016-18 to 2020-22, as well as improvements from cancer and mental/behavioural disease compared with the previous five-year period.

Decomposition of Change in Female Life Expectancy by Cause of Death

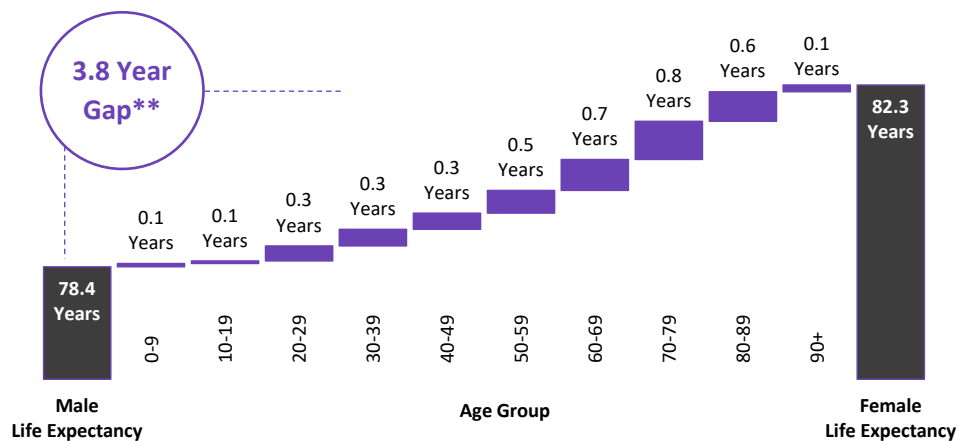


\* Respiratory mortality may be affected by COVID being classified separately from respiratory disease in this analysis. It may also be that some of the improvement in mortality for other causes of death was due to individuals, who otherwise would have been vulnerable to those diseases, passing away due to COVID.

In 2020-22, females in NI could expect to live 3.8 years longer than males.

Across all age groups, male mortality was higher than that of females. The contribution to the life expectancy gender gap is most pronounced at older ages, with over two-thirds of the gap attributable to lower mortality for females aged 50-89.

Decomposition of Life Expectancy Gender Gap by Age

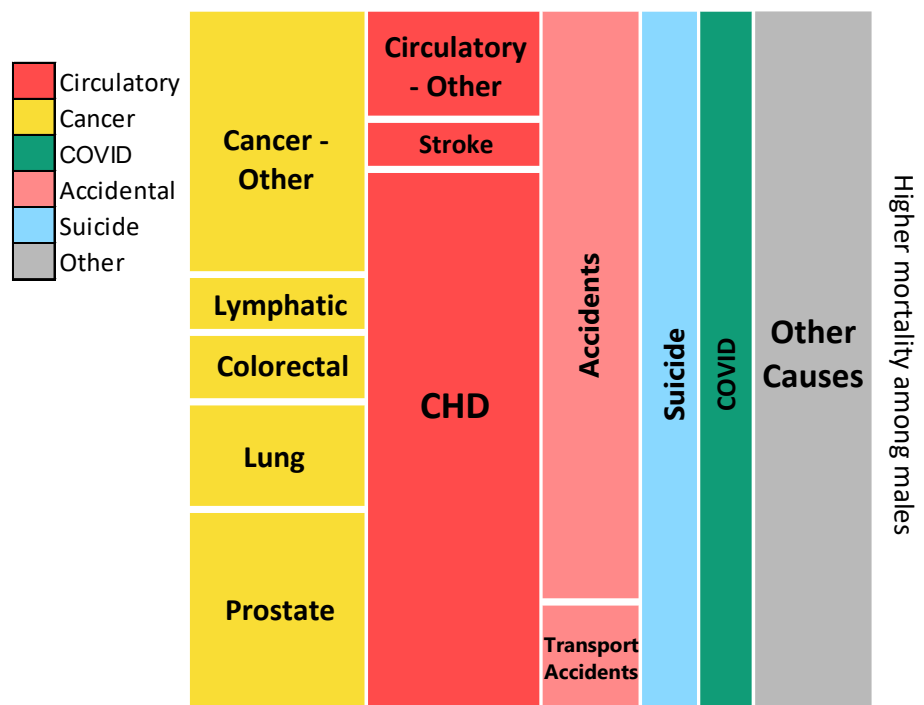


Higher mortality among males, particularly from circulatory disease and cancer, contributed 4.2 years to the gender gap in life expectancy.

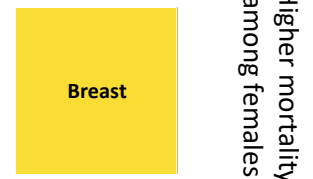
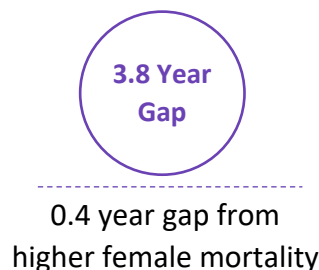
In 2020-22, higher mortality among males for a range of cancers (1.1 years) and circulatory causes (1.1 years) contributed 2.2 years to the life expectancy gender gap. One fifth of all causes of higher mortality among males was attributable to coronary heart disease. A further 1.3 years of the gap was attributable to higher mortality among males in accidental deaths (0.6 years), suicide (0.4 years) and deaths due to COVID (0.3 years). 'Other Causes' – which contain a combination of relatively less common causes of death, contributed a further 0.5 years to the gap.

However, the life expectancy gender gap was offset slightly by 0.4 years due to higher female mortality from breast cancer.

Decomposition of Life Expectancy Gender Gap by Cause of Death\*



4.2 year gap from higher male mortality\*\*



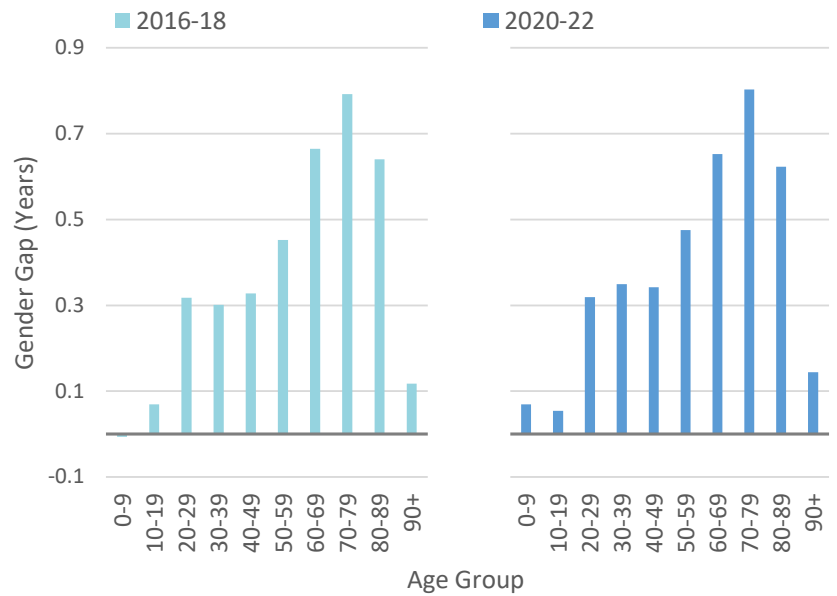
\* A more detailed breakdown of the various contributions from different causes of death is available in [Appendix A](#).

\*\* 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.

The contribution of each age group to the gender gap in 2020-22 was similar to that in 2016-18. Higher mortality among males at older ages continued to provide the largest contribution to the life expectancy gender gap.

As shown previously, there have been many changes in the contribution of age groups to changes in both male and female life expectancy since 2016-18. However, in terms of the gender gap, the age contribution to the gap looks similar to what was observed in 2016-18.

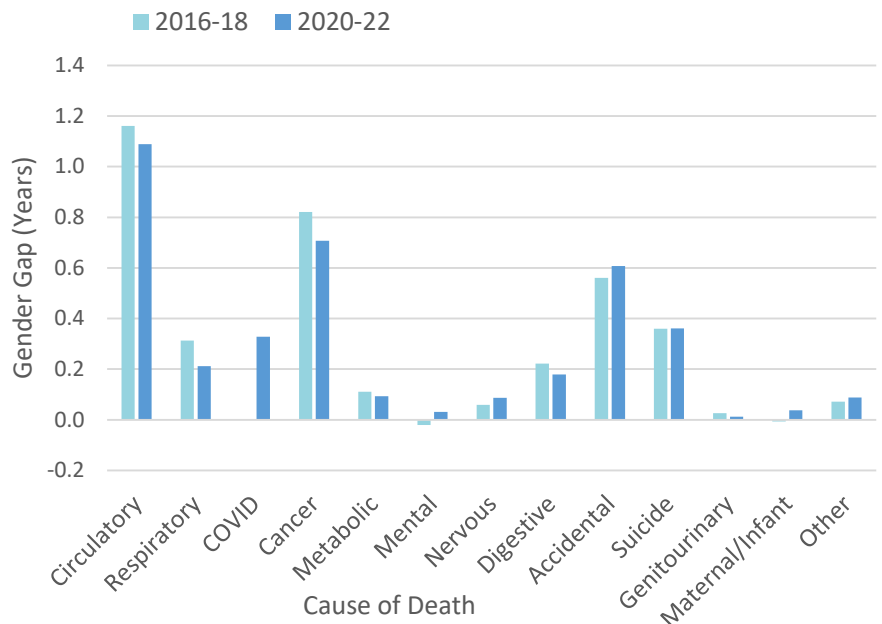
Contribution of Age Groups to Differences in the Life Expectancy Gender Gap



There has been little change in the pattern of contribution to the life expectancy gender gap by different causes of death since 2016-18.

Higher mortality among males from circulatory disease, cancer, accidental deaths and suicide continue to be the largest contributors to the life expectancy gender gap, though there were slight reductions in the contribution of male mortality for respiratory\* and cancer when compared to 2016-18.

Contribution of Cause of Death to Differences in the Life Expectancy Gender Gap



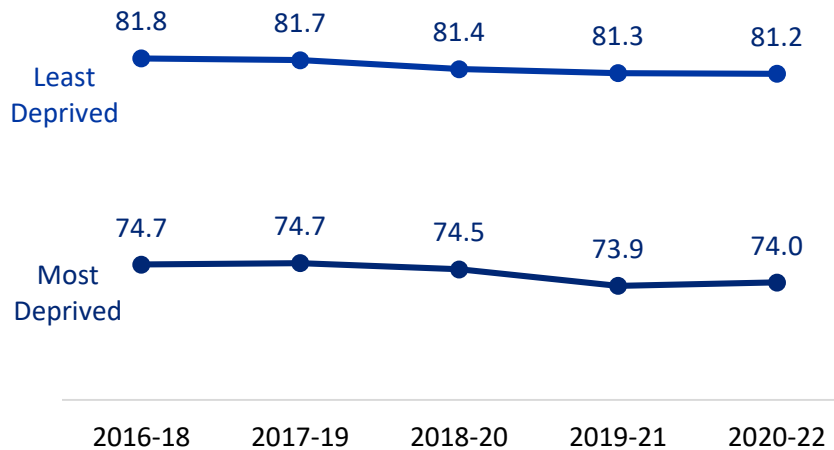
\* Respiratory mortality may be affected by COVID being classified separately from respiratory disease in this analysis. It may also be that some of the improvement in mortality for other causes of death was due to individuals, who otherwise would have been vulnerable to those diseases, passing away due to COVID.

Values above 0 on the y-axis represent greater mortality among males, with values below 0 representing greater female mortality.

**Between 2016-18 and 2020-22 male life expectancy decreased in both the 20% most deprived and 20% least deprived areas of NI.**

Life expectancy for males in the most deprived areas decreased by 0.6 years\* from 74.7 years in 2016-18 to 74.0 years 2020-22. Similarly, life expectancy in the least deprived areas decreased by 0.5 years to 81.2 years in 2020-22 from 81.8 years in 2016-18.

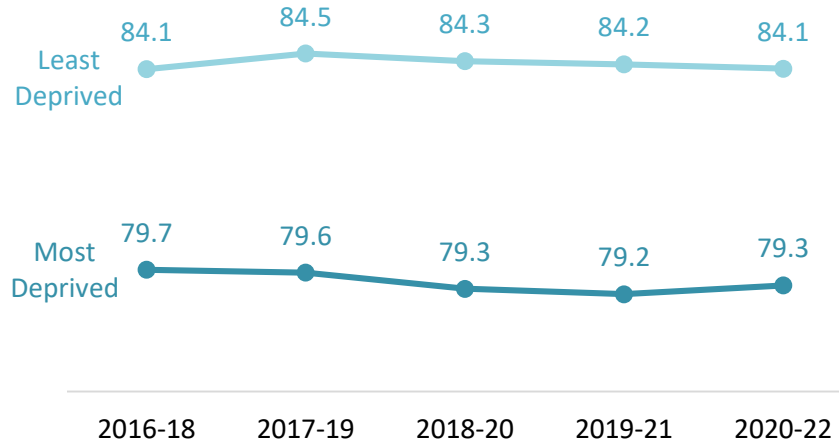
Male Life Expectancy by Deprivation (2016-18 to 2020-22)



**There was no significant change in life expectancy for females living in the 20% most or least deprived areas between 2016-18 and 2020-22.**

Female life expectancy in the least deprived areas remained unchanged at 84.1 years in 2020-22 compared with 2016-18. In the most deprived areas life expectancy was 79.3 years in 2020-22, compared with 79.7 years in 2016-18 however the slight decrease was not statistically significant.

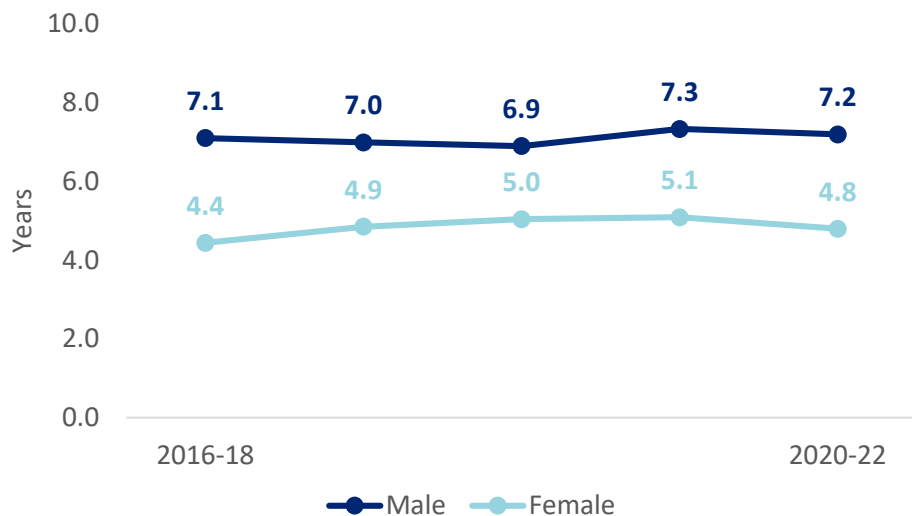
Female Life Expectancy by Deprivation (2016-18 to 2020-22)



**The life expectancy gap between the 20% most and least deprived areas was higher among males than females in 2020-22.**

While the female life expectancy gap widened by 0.4 years between 2016-18 and 2020-22, the change was not statistically significant. The male life expectancy deprivation gap stood at 7.2 years in 2020-22, and remained fairly steady over the analysed period.

Male and Female Life Expectancy Deprivation Gap (2016-18 to 2020-22)

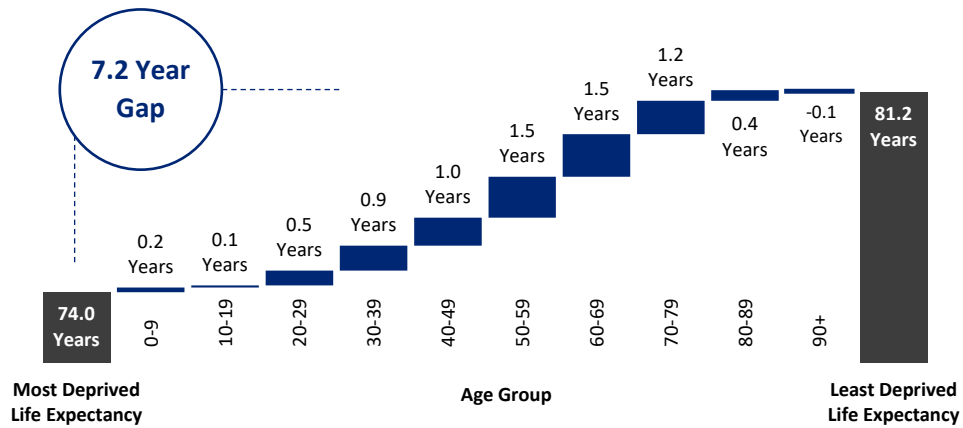


\* Values presented are rounded to one decimal place independently. As a result, the sum of component items may not therefore always add to the totals shown.

In 2020-22, life expectancy for males living in the 20% most deprived areas of NI was 74.0 years. This was 7.2 years less than those in the 20% least deprived areas (81.2 years).

Mortality across almost all age groups contributed towards the male life expectancy deprivation gap, with higher mortality in the most deprived areas compared with the least deprived. The exception was mortality rates for males aged 90 and over, which were higher in the least deprived areas. This was likely due to a larger proportion of the population in the least deprived areas surviving into this age group.

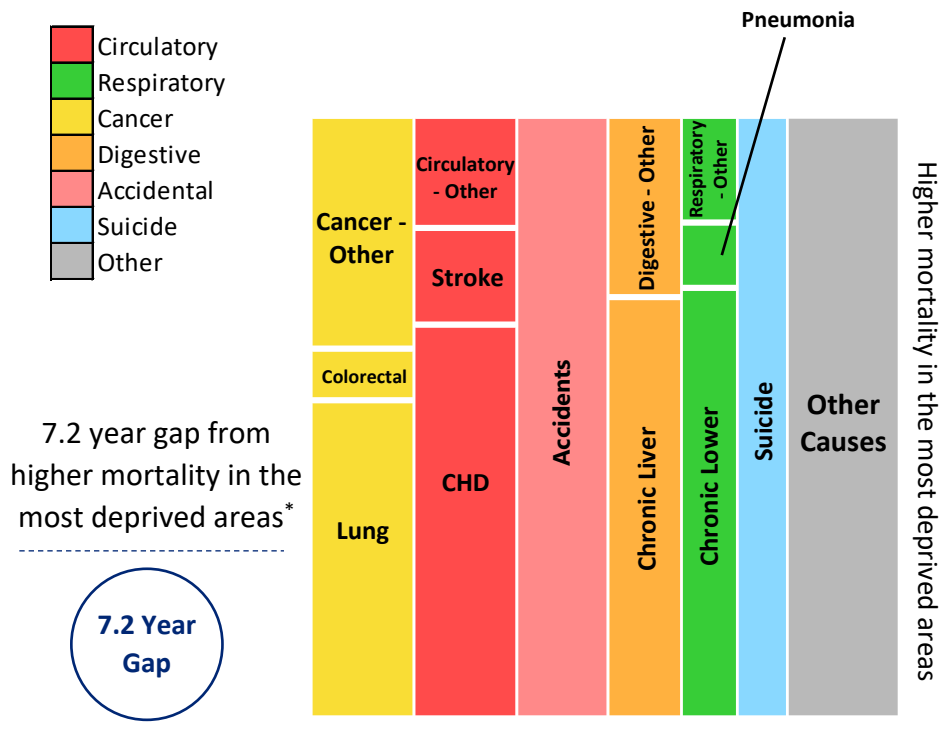
Decomposition of Male Life Expectancy Deprivation Gap by Age



Mortality across almost all causes of death was higher in the most deprived areas than in the least deprived.

The majority of causes of death\*\* for males were higher in the 20% most deprived areas when compared with the 20% least deprived areas. Higher mortality from cancer (1.3 years), circulatory disease (1.2 years) and accidental (1.1 years) combined, contributed just over half the male life expectancy deprivation gap. 'Other Causes' contributed 1.4 years to the gap which included deaths due to COVID (0.4 years).\*

Decomposition of Male Life Expectancy Deprivation Gap by Cause of Death



\* 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.

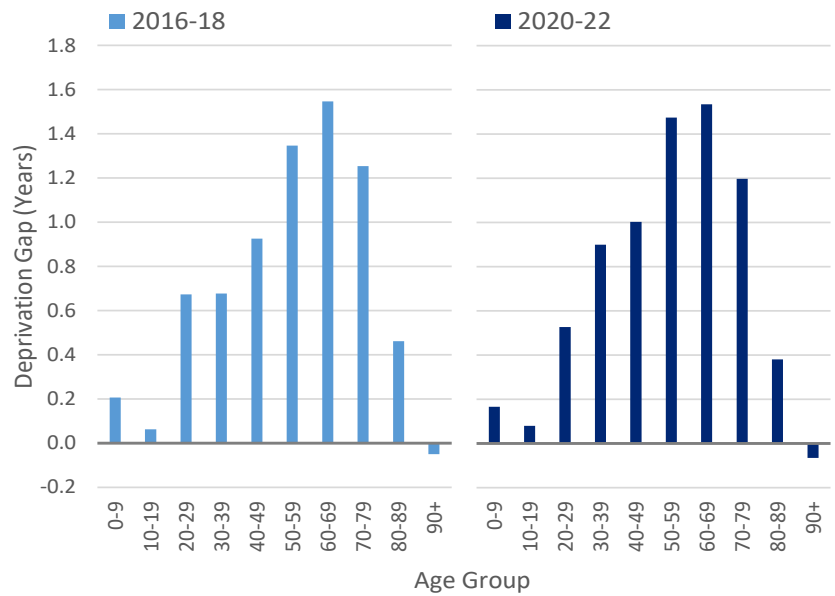
\*\*Analysis refers to broad categories of death. There may be specific classifications within these categories for which the observation does not apply.



The age contribution to the male deprivation gap in 2020-22 is similar to that in 2016-18, with higher mortality among males at older ages the largest contributor.

The total value for the male deprivation gap in 2016-18 (7.1 years) is also similar to the gap in 2020-22 (7.2 years). Higher mortality among those aged between 50-79 in the most deprived areas continue to contribute the most to the deprivation gap.

Contribution of Age Groups to Differences in the Male Life Expectancy Deprivation Gap

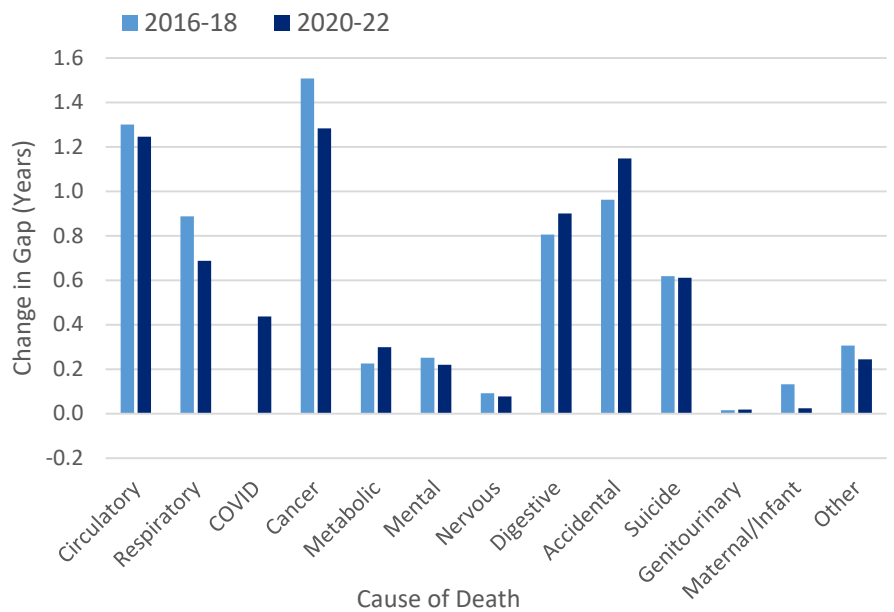


The contribution by different causes of death to the male life expectancy deprivation gap has followed a similar pattern since 2016-18.

Higher mortality from circulatory disease, cancer, digestive disease and accidents among males in the 20% most deprived areas continue to be the largest contributors to the life expectancy deprivation gap. However, these contributions have decreased by 0.2 years for both respiratory disease\* and cancer since 2016-18, whilst contributions from digestive disease and accidental have increased by 0.1 and 0.2 years respectively.

Deaths due to COVID accounted for a 0.4 year increase in the deprivation gap.

Contribution of Cause of Death to Differences in the Male Life Expectancy Deprivation Gap

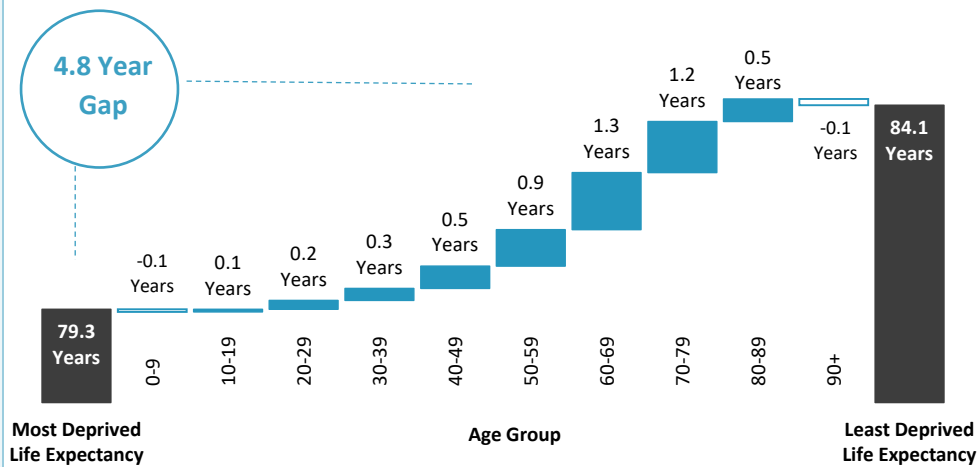


\* Respiratory mortality may be affected by COVID being classified separately from respiratory disease in this analysis. It may also be that some of the improvement in mortality for other causes of death was due to individuals, who otherwise would have been vulnerable to those diseases, passing away due to COVID.

Life expectancy for females living in the 20% most deprived areas in NI was 79.3 years. This was 4.8 years less than those in the 20% least deprived areas (84.1 years).

Approximately, half of the contribution to the total female life expectancy deprivation gap was from the 60-79 age group (2.5 years). This was largely attributable to higher mortality from chronic lower respiratory disease and lung cancer combined (1.0 years) in the most deprived areas. The mortality rate for females aged 90+ in the least deprived areas was higher than in the most deprived areas. As with males, this is likely due to a larger proportion of females from the least deprived areas living beyond 90 years.

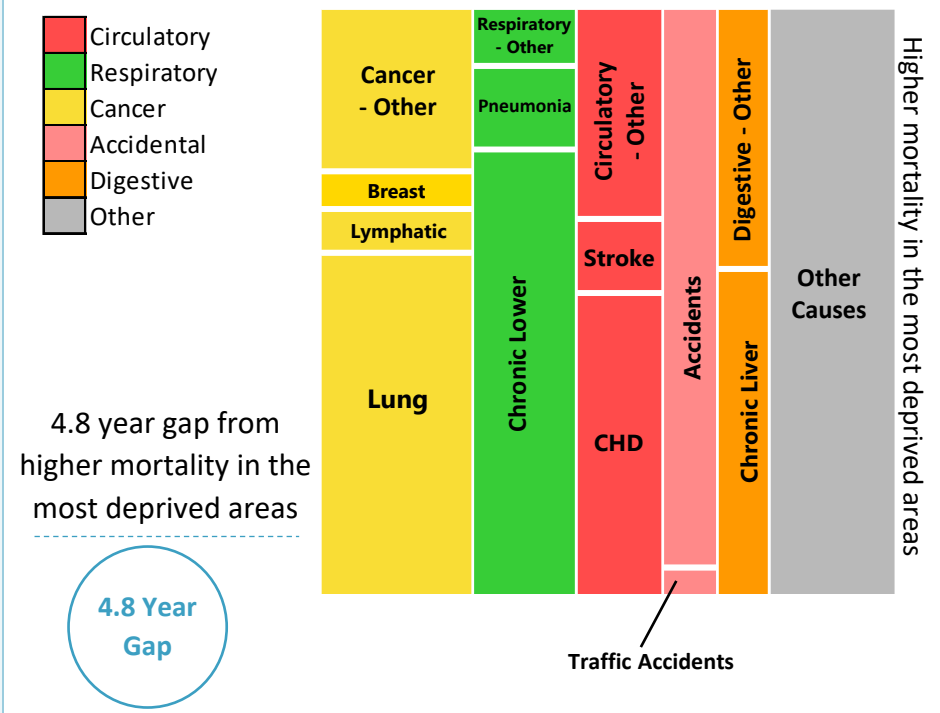
Decomposition of Female Life Expectancy Deprivation Gap by Age



Mortality from cancer (1.3 years) was the largest single contributor to the female deprivation gap, more than half of which (0.8 years) was due to lung cancer.

Respiratory diseases contributed 0.9 years to the gap, of which 0.7 years were attributable to chronic lower respiratory illnesses. Circulatory disease also contributed markedly to the gap (0.7 years). Deaths from a range of 'Other Causes' contributed 0.9 years to the gap, while accidental and digestive-related causes each contributed 0.5 years.

Decomposition of Female Life Expectancy Deprivation Gap by Cause of Death \*

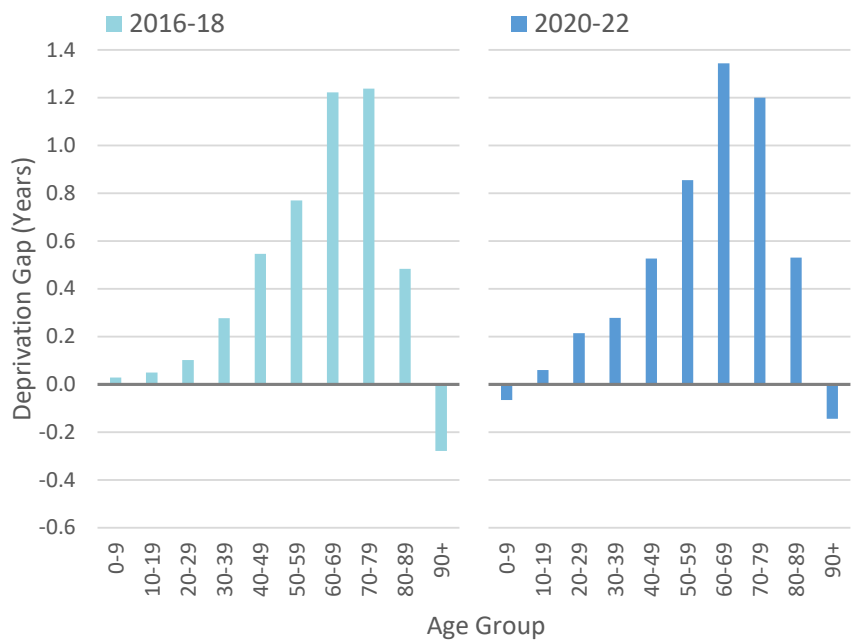


\* A more detailed breakdown of the various contributions from different causes of death is available in [Appendix A](#).

**As with males, in 2020-22 the age contribution to the female life expectancy deprivation gap remains similar to that in 2016-18.**

Higher mortality among 50-69 year olds in the most deprived areas in 2020-22 contributed 0.2 years more to the deprivation gap than in 2016-18, along with a decrease in mortality among 90+ year olds in the least deprived areas (0.1 years). This was offset by increased mortality in the least deprived areas for 0-9 year olds (0.1 years) in 2020-22.

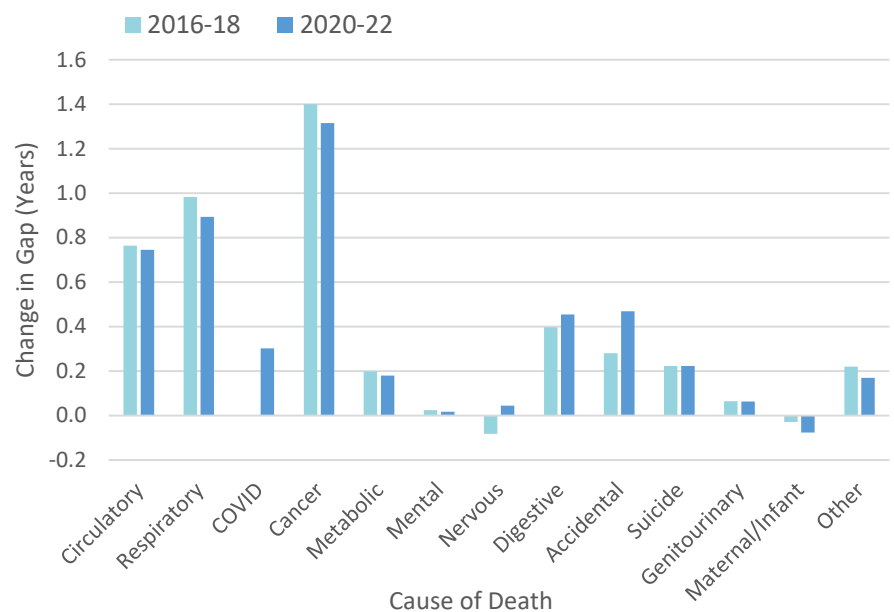
Contribution of Age Groups to Differences in the Female Life Expectancy Deprivation Gap



**Between 2016-18 and 2020-22, with the exception of deaths due to COVID and accidental deaths, there has been little change in the causes of death that contributed to the female life expectancy deprivation gap.**

Deaths due to COVID, nervous system disorders, digestive disorders and accidental deaths in 2020-22 contributed 0.7 years to the increase in the deprivation gap since 2016-18. However, small improvements from circulatory disease, respiratory disease\*, cancer and a combination of other causes of deaths slightly offset this increase.

Contribution of Cause of Death to Differences in the Female Life Expectancy Deprivation Gap

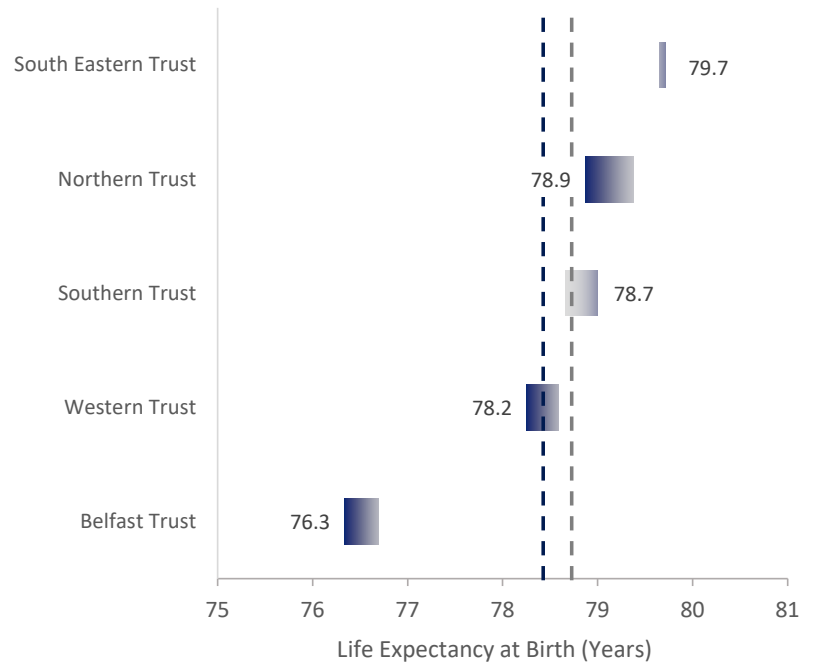


\* Respiratory mortality may be affected by COVID being classified separately from respiratory disease in this analysis. It may also be that some of the improvement in mortality for other causes of death was due to individuals, who otherwise would have been vulnerable to those diseases, passing away due to COVID.

In 2020-22, male life expectancy at birth ranged from 76.3 years in the Belfast Trust to 79.7 years in the South Eastern Trust.

Although male life expectancy estimates were lower in 2020-22 than in 2016-18 for Southern, Western Belfast and most notably, the Northern Trust (0.5 years lower), these changes were not statistically significant.\*

Male Life Expectancy at Birth by Trust (2016-18 to 2020-22)



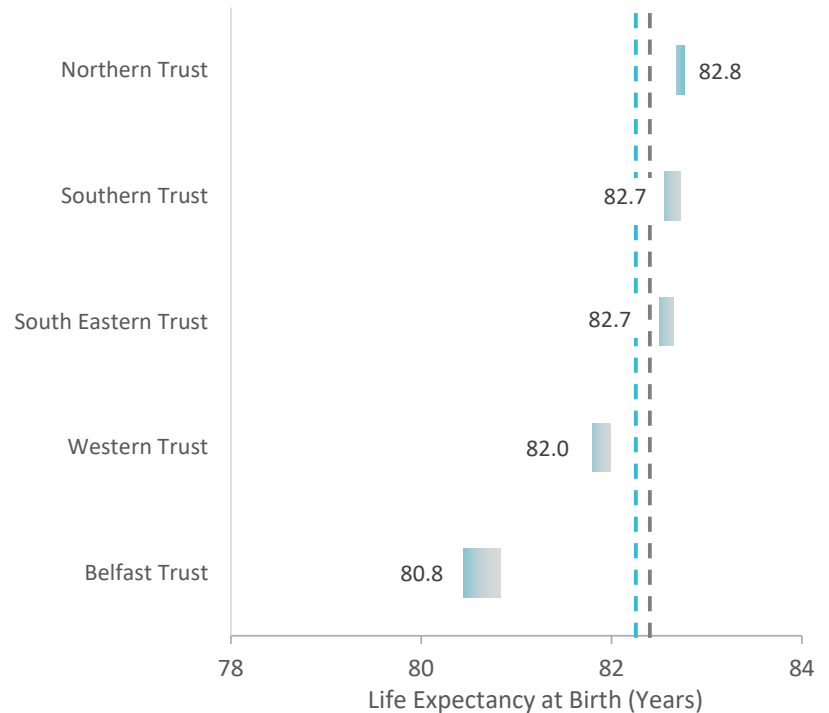
**Key**

- Life Expectancy 2016-18
- Life Expectancy 2020-22
- Change in Life Expectancy 2016-18 to 2020-22

Life expectancy at birth for females ranged from 80.8 years in the Belfast Trust to 82.8 years in the Northern Trust.

Since 2016-18, there has been no significant changes in female life expectancy in any of the five HSC Trusts

Female Life Expectancy at Birth by Trust (2016-18 to 2020-22)



**Key**

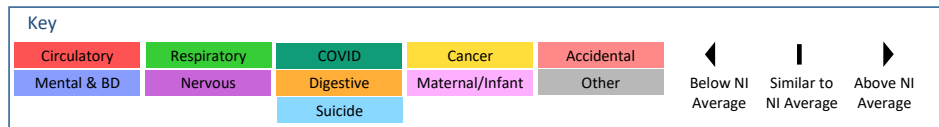
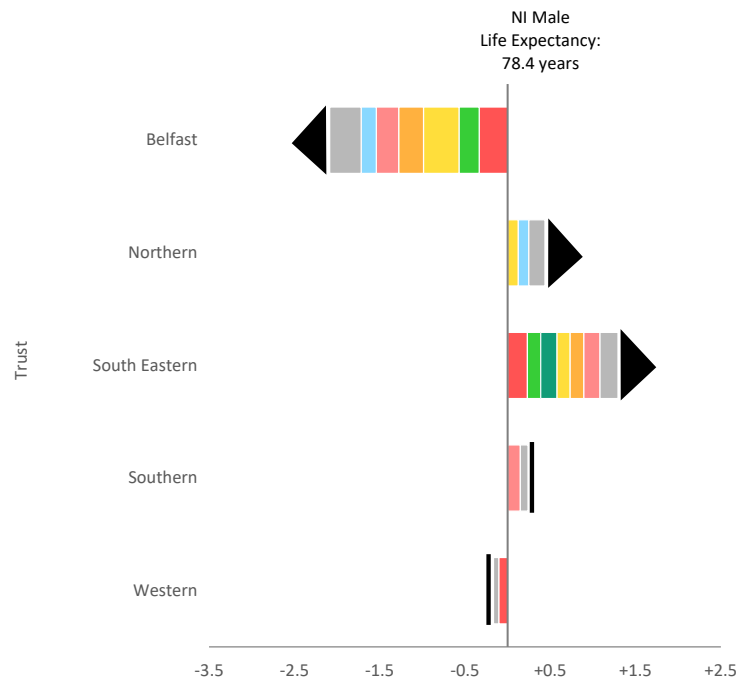
- Life Expectancy 2016-18
- Life Expectancy 2020-22
- Change in Life Expectancy 2016-18 to 2020-22

\* It is important to note that as population sizes are lower at Trust/LGD level than for NI, the resulting confidence intervals around estimates are wider and therefore relatively greater changes in estimates are required for changes to be deemed statistically significant.

In addition to grouped 'Other Causes', deaths from cancer, accidents and circulatory disease were the main contributors to the male life expectancy gap between Trusts and the NI average.

In 2020-22, male life expectancy was above the NI average for all Trusts with the exception of Belfast and Western. While life expectancy for Western Trust residents was similar to the NI average, life expectancy was significantly lower for the Belfast Trust. This was mainly due to higher mortality from 'Other Causes' of death, cancer, circulatory disease and digestive diseases.

Decomposition of Male Life Expectancy (2020-22): Trust with NI

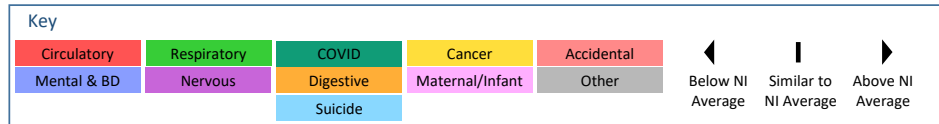
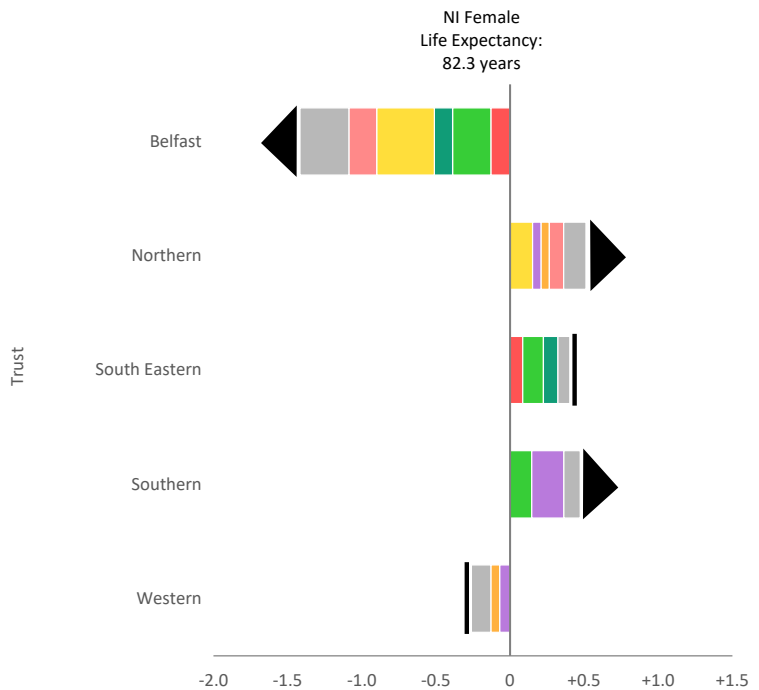


Deaths from cancer, respiratory disease and the 'Other Causes' were the main contributors to the female life expectancy gap between Trusts and the NI average.

Female life expectancy in the Belfast Trust was significantly lower than the NI average, largely due to higher cancer mortality rates and deaths from 'Other Causes'. Life expectancy in the Northern and Southern Trusts was higher than the NI average while estimates for the South Eastern and Western Trust were similar to the NI average.

For each area, the life expectancy gap with the NI average has been broken down into its largest contributory causes of death. The contribution from other causes are combined into the 'Other Causes' category. A more detailed breakdown is available in the accompanying tables available [online](#)

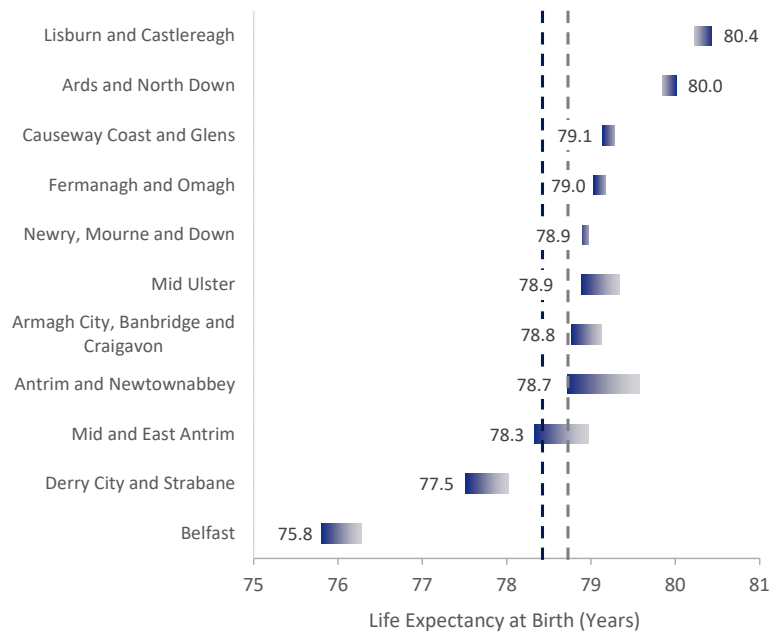
Decomposition of Female Life Expectancy (2020-22): Trust with NI



Across LGDs in 2020-22, male life expectancy at birth ranged from 75.8 years in Belfast to 80.4 years in Lisburn and Castlereagh.

While male life expectancy was lower in nine of the eleven LGDs in 2020-22 compared with estimates in 2016-18, these differences were not statistically significant with the exception of Antrim and Newtownabbey where life expectancy decreased by 0.9 years.\*

Male Life Expectancy at Birth by Local Government District (2016-18 to 2020-22)



**Key**

- Life Expectancy 2016-18
- Life Expectancy 2020-22
- Change in Life Expectancy 2016-18 to 2020-22

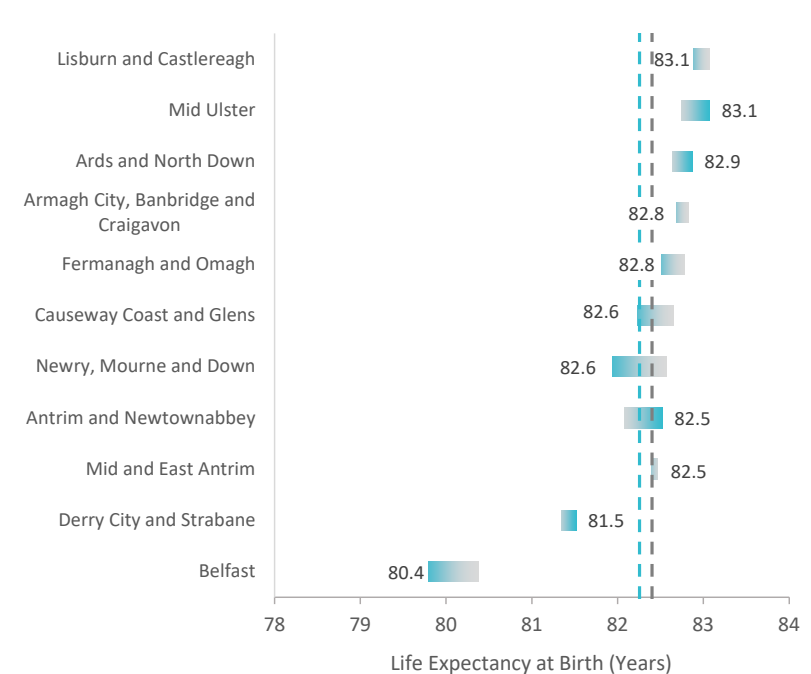
Female life expectancy was highest in both Lisburn and Castlereagh and Mid Ulster (83.1 years) and lowest in Belfast (80.4 years).

Between 2016-18 and 2020-22, life expectancy decreased by 0.6 years in the Belfast LGD. During the same period, Newry, Mourne and Down also saw a 0.6 year decrease in life expectancy, however, this change was not statistically significant.

A full assessment of change and differences in LGD figures, including confidence intervals, can be requested from [PHIRB](#).

\* It is important to note that as population sizes are lower at Trust/LGD level than for NI, the resulting confidence intervals around estimates are wider and therefore relatively greater changes in estimates are required for changes to be deemed statistically significant.

Female Life Expectancy at Birth by Local Government District (2016-18 to 2020-22)



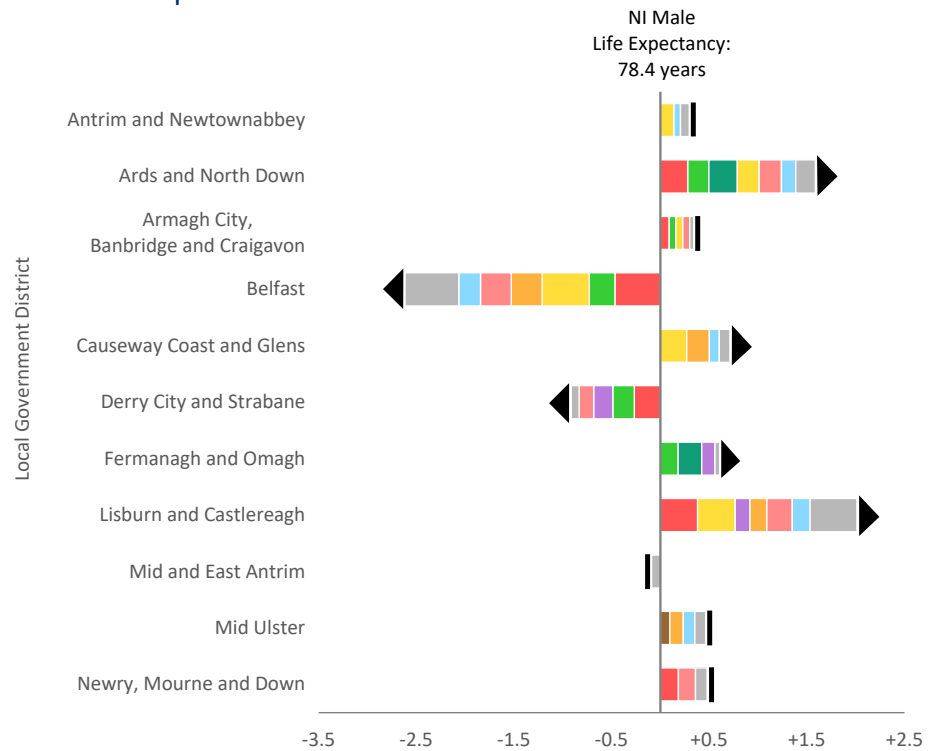
**Key**

- Life Expectancy 2016-18
- Life Expectancy 2020-22
- Change in Life Expectancy 2016-18 to 2020-22

**Deaths from cancer, circulatory disease, suicide, accidental causes and 'Other Causes' were the main contributors to the male life expectancy gap between LGDs and the NI average.**

Male life expectancy was significantly lower than the NI average in Derry City & Strabane and Belfast LGDs. Reduced life expectancy in Belfast was due to higher mortality from 'Other Causes', cancer, circulatory disease, accidental, respiratory illness and digestive disorders. Males in Lisburn & Castlereagh LGD (80.4 years) had the highest life expectancy in Northern Ireland, 2.0 years higher than the NI average for males, with cancer being the largest contributor to the gap.

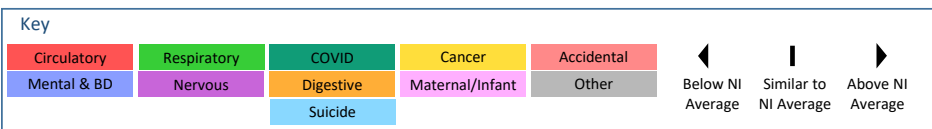
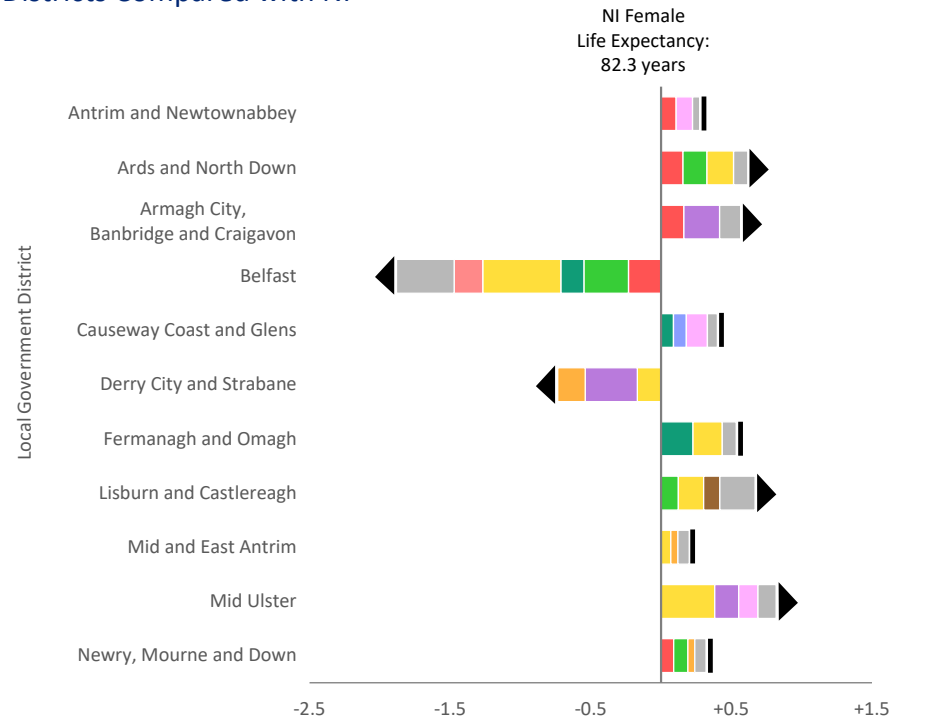
**Decomposition of Male Life Expectancy (2020-22): Local Government Districts Compared with NI**



**Deaths from cancer, circulatory disease and 'Other Causes' were the main contributors to the female life expectancy gap between LGDs and NI.**

Female life expectancy was significantly lower than the NI average in the Belfast and Derry City & Strabane LGDs. Life expectancy was higher than the NI average in the majority of the other LGDs, however these differences were only significant in Ards & North Down, Armagh City, Banbridge & Craigavon, Lisburn & Castlereagh, and Mid Ulster LGDs.

**Decomposition of Female Life Expectancy (2020-22): Local Government Districts Compared with NI**



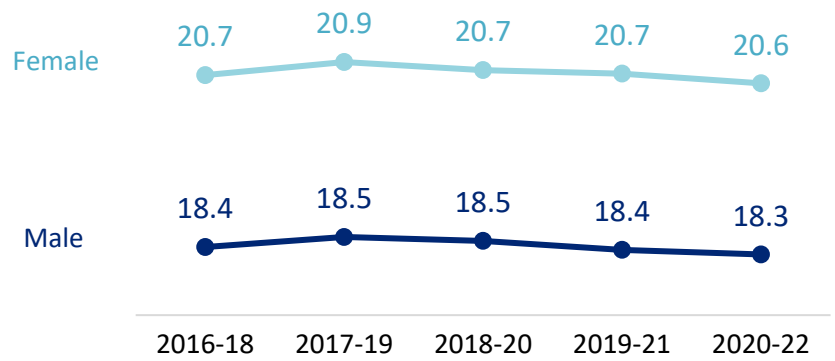
For each area, the life expectancy gap with Northern Ireland has been broken down into its largest contributory causes of death. The contribution from other causes are combined into the 'Other Causes' category. A more detailed breakdown is available in the accompanying tables available [online](#).

## 8. Additional Health Expectancies

**Life expectancy at age 65 in 2020-22 was 18.3 years for males and 20.6 years for females.**

Life expectancy at 65 remained similar for both males and females between 2016-18 and 2020-22.

Male and Female Life Expectancy at 65 (2016-18 to 2020-22)

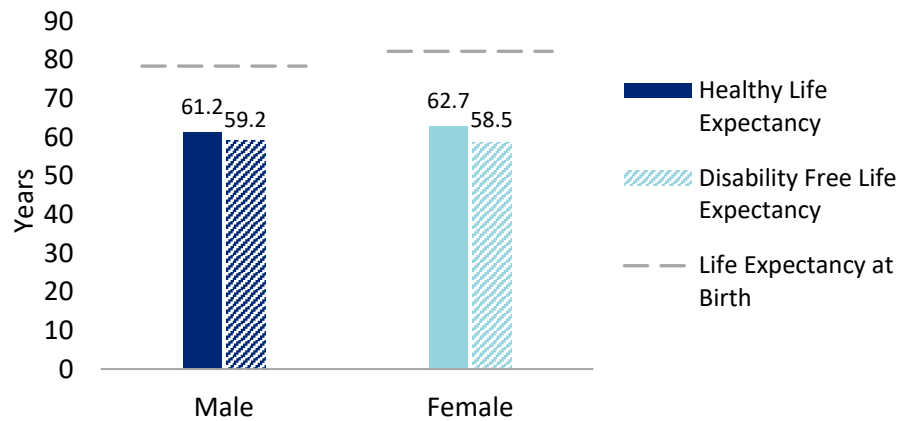


**Males and females could both expect to live around three-quarters of their lives in good health.**

In 2020-22, males could expect to live 61.2 years in good health, while females could expect to live 62.7 years. Disability free life expectancy (DFLE) was 59.2 years for males and 58.5 years for females.

For both Healthy Life Expectancy (HLE) and DFLE, the gender gap is not as wide as that for life expectancy at birth.

Healthy and Disability Free Life Expectancy (2020-22)

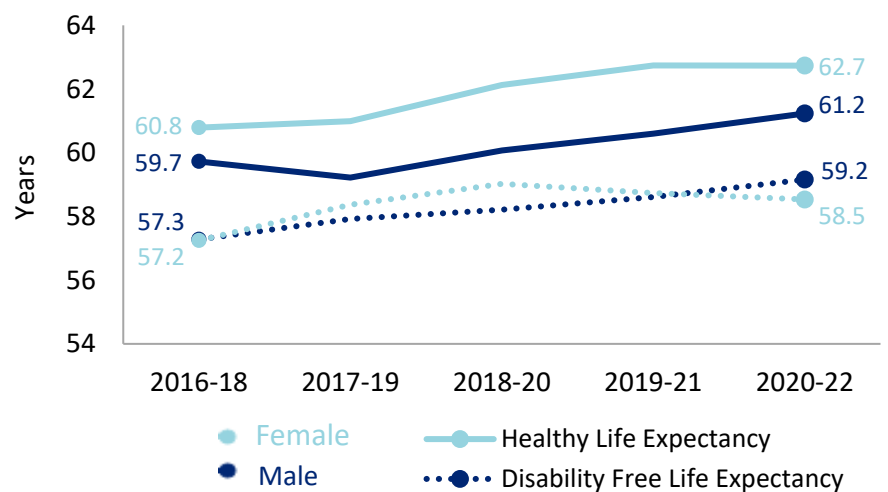


**Between 2016-18 and 2020-22, HLE increased for both males and females.**

Male HLE increased by 1.5 years from 59.7 years in 2016-18 to 61.2 years in 2020-22. Over the same period, female HLE increased by 1.9 years from 60.8 to 62.7 years.

While female DFLE saw no significant change over the last five years, Male DFLE increased by 1.9 years from 57.3 in 2016-18 to 59.2 years in 2020-22.

Healthy and Disability Free Life Expectancy (2016-18 to 2020-22)



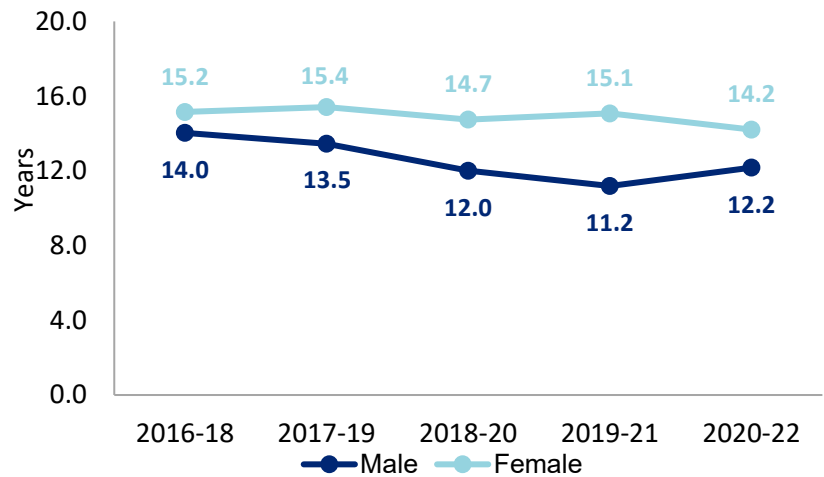


Since 2016-18 the healthy life expectancy deprivation gap has not significantly changed for males or females.

In 2020-22, the HLE gap between the 20% most and least deprived stood at 12.2 years for males compared with 14.0 years in 2016-18. The female HLE gap stood at 14.2 years in 2020-22 compared with 15.2 years in 2016-18. These changes were not statistically significant.

The deprivation gap for HLE was notably wider than the gap for life expectancy at birth.

Healthy Life Expectancy Deprivation Gap (2016-18 to 2020-22)

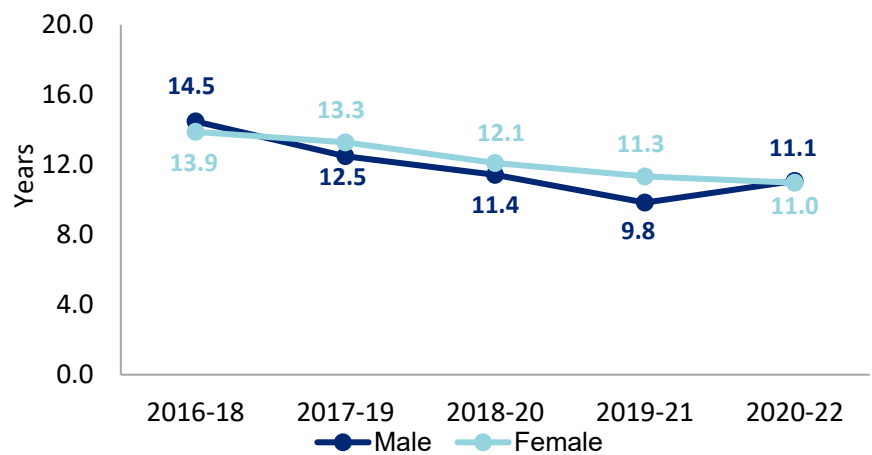


The disability-free life expectancy deprivation gap narrowed between 2016-18 and 2020-22 for both males and females.

The DFLE gap between the most and least deprived males narrowed from 14.5 years in 2016-18 to 11.1 years in 2020-22. For females, the gap narrowed from 13.9 years in 2016-18 to 11.0 years in 2020-22.

Similar to HLE, the deprivation gap for DFLE was notably wider than the gap for life expectancy at birth.

Disability-Free Life Expectancy Deprivation Gap (2016-18 to 2020-22)



NI Life Expectancies (All figures in Years)		2016-18	2017-19	2018-20	2019-21	2020-22
Male	Life Expectancy at Birth	78.7	78.8	78.7	78.5	78.4
	Life Expectancy at 65	18.4	18.5	18.5	18.4	18.3
	Healthy Life Expectancy	59.7	59.2	60.1	60.6	61.2
	Disability-Free Life Expectancy	57.3	57.9	58.2	58.6	59.2
Female	Life Expectancy at Birth	82.4	82.6	82.4	82.3	82.3
	Life Expectancy at 65	20.7	20.9	20.7	20.7	20.6
	Healthy Life Expectancy	60.8	61.0	62.1	62.7	62.7
	Disability-Free Life Expectancy	57.2	58.4	59.0	58.7	58.5

NI Life Expectancy Gaps (All figures in Years)		2016-18 to 2020-22		Gender Gap	
		Male	Female	2016-18	2020-22
<b>Total Gap</b>		-0.3	-0.1	3.7	3.8
Age Bands	0-9	0.0	0.0	0.0	0.1
	10-19	0.0	0.0	0.1	0.1
	20-29	0.0	0.0	0.3	0.3
	30-39	-0.1	0.0	0.3	0.3
	40-49	0.0	0.0	0.3	0.3
	50-59	0.0	0.0	0.5	0.5
	60-69	0.0	0.0	0.7	0.7
	70-79	0.0	0.0	0.8	0.8
	80-89	0.0	-0.1	0.6	0.6
90+	0.0	0.0	0.1	0.1	
Circulatory	CHD	0.1	0.1	0.9	0.8
	Stroke	0.1	0.1	0.1	0.1
	Other	0.0	-0.1	0.2	0.2
Respiratory	Pneumonia	0.2	0.2	0.1	0.0
	Chronic Lower	0.1	0.1	0.1	0.1
	Other	0.0	0.0	0.1	0.1
COVID	COVID	-0.8	-0.7	0.0	0.3
Cancer	Lung	0.1	0.1	0.2	0.2
	Breast	0.0	0.0	-0.5	-0.4
	Prostate	0.0	0.0	0.4	0.3
	Colon	0.0	0.0	0.1	0.1
	Lymph	0.0	0.0	0.1	0.1
	Pancreas	0.0	0.0	0.1	0.0
	Other	0.0	0.0	0.4	0.4
Metabolic	Diabetes	0.0	0.0	0.1	0.1
	Other	0.0	0.0	0.0	0.0
Mental	Mental & BD	0.0	0.1	0.0	0.0
Nervous	Nervous	0.0	0.0	0.1	0.1
Digestive	Chronic Liver	0.0	-0.1	0.1	0.1
	Other	0.0	0.0	0.1	0.1
Accidental	Transport Accidents	0.1	0.0	0.1	0.1
	Accidents	-0.1	0.0	0.4	0.5
Suicide	Suicide	0.0	0.0	0.4	0.4
Genitourinary	Kidney	0.0	0.0	0.0	0.0
	Other	0.0	0.0	0.0	0.0
Maternal/Infant	Perinatal	0.0	0.0	0.0	0.0
	Congenital	0.0	0.0	0.0	0.0
Other Causes	Other	0.0	0.1	0.1	0.1

NI Life Expectancy Gaps (All figures in Years)		Male Deprivation Gap		Female Deprivation Gap	
		2016-18	2020-22	2016-18	2020-22
<b>Total Gap</b>		7.1	7.2	4.4	4.8
Age Bands	0-9	0.2	0.2	0.0	-0.1
	10-19	0.1	0.1	0.0	0.1
	20-29	0.7	0.5	0.1	0.2
	30-39	0.7	0.9	0.3	0.3
	40-49	0.9	1.0	0.5	0.5
	50-59	1.3	1.5	0.8	0.9
	60-69	1.5	1.5	1.2	1.3
	70-79	1.3	1.2	1.2	1.2
	80-89	0.5	0.4	0.5	0.5
	90+	0.0	-0.1	-0.3	-0.1
Circulatory	CHD	0.8	0.8	0.4	0.4
	Stroke	0.2	0.2	0.1	0.1
	Other	0.3	0.2	0.2	0.3
Respiratory	Pneumonia	0.2	0.1	0.1	0.1
	Chronic Lower	0.6	0.5	0.8	0.7
	Other	0.2	0.1	0.1	0.1
COVID	COVID	0.0	0.4	0.0	0.3
Cancer	Lung	0.7	0.7	0.8	0.8
	Breast	0.0	0.0	0.0	0.1
	Prostate	0.0	0.0	0.0	0.0
	Colon	0.1	0.1	0.0	0.0
	Lymph	0.0	0.0	0.1	0.1
	Pancreas	0.1	0.0	0.0	0.0
	Other	0.6	0.4	0.4	0.3
Metabolic	Diabetes	0.1	0.2	0.1	0.1
	Other	0.1	0.1	0.1	0.1
Mental	Mental & BD	0.3	0.2	0.0	0.0
Nervous	Nervous	0.1	0.1	-0.1	0.0
Digestive	Chronic Liver	0.5	0.6	0.2	0.3
	Other	0.3	0.3	0.2	0.2
Accidental	Transport Accidents	0.1	0.0	0.0	0.0
	Accidents	0.9	1.1	0.3	0.4
Suicide	Suicide	0.6	0.6	0.2	0.2
Genitourinary	Kidney	0.0	0.0	0.1	0.0
	Other	0.0	0.0	0.0	0.0
Maternal/Infant	Perinatal	0.1	0.0	0.0	-0.2
	Congenital	0.0	0.1	0.0	0.1
Other Causes	Other	0.3	0.2	0.2	0.2

**Male Life Expectancy at Birth**

Trust	2016-18	2017-19	2018-20	2019-21	2020-22
Belfast Trust	76.7	76.6	76.4	76.2	76.3
Northern Trust	79.4	79.6	79.4	79.1	78.9
South Eastern Trust	79.7	79.6	79.6	79.5	79.7
Southern Trust	79.0	79.4	79.3	79.1	78.7
Western Trust	78.6	78.5	78.6	78.1	78.2

**Female Life Expectancy at Birth**

Trust	2016-18	2017-19	2018-20	2019-21	2020-22
Belfast Trust	81.2	81.1	80.7	80.7	80.8
Northern Trust	82.7	82.9	82.7	82.7	82.8
South Eastern Trust	82.8	83.2	83.0	82.9	82.7
Southern Trust	82.9	83.2	83.2	83.0	82.7
Western Trust	82.2	82.3	82.3	81.8	82.0

**Male Life Expectancy at Birth**

Local Government District	2016-18	2017-19	2018-20	2019-21	2020-22
Antrim and Newtownabbey	79.6	79.7	79.0	78.8	78.7
Ards and North Down	79.8	79.7	79.8	79.9	80.0
Armagh City, Banbridge and Craigavon	79.1	79.5	79.4	79.2	78.8
Belfast	76.3	76.1	75.8	75.6	75.8
Causeway Coast and Glens	79.3	79.4	79.6	79.4	79.1
Derry City and Strabane	78.0	77.8	78.0	77.3	77.5
Fermanagh and Omagh	79.2	79.3	79.2	79.0	79.0
Lisburn and Castlereagh	80.2	80.2	80.4	80.3	80.4
Mid and East Antrim	79.0	79.2	79.1	78.6	78.3
Mid Ulster	79.3	79.7	79.7	79.3	78.9
Newry, Mourne and Down	79.0	79.3	79.4	79.0	78.9

**Female Life Expectancy at Birth**

Local Government District	2016-18	2017-19	2018-20	2019-21	2020-22
Antrim and Newtownabbey	82.1	82.7	82.6	82.8	82.5
Ards and North Down	82.6	83.0	82.8	82.8	82.9
Armagh City, Banbridge and Craigavon	83.0	83.2	83.3	83.1	82.8
Belfast	81.0	80.8	80.4	80.4	80.4
Causeway Coast and Glens	83.1	82.8	82.6	82.4	82.6
Derry City and Strabane	81.3	81.5	81.7	81.2	81.5
Fermanagh and Omagh	83.1	83.3	83.3	82.7	82.8
Lisburn and Castlereagh	83.3	83.5	83.3	83.3	83.1
Mid and East Antrim	82.5	82.8	82.4	82.4	82.5
Mid Ulster	82.7	83.2	83.2	83.1	83.1
Newry, Mourne and Down	83.2	83.4	83.3	82.8	82.6

## Official Figures

This report produced by Information Analysis Directorate (IAD) presents the latest official life expectancy estimates for NI, Local Government Districts and Health & Social Care Trust areas. The latest official Healthy Life Expectancy (HLE) and Disability Free Life Expectancy (DFLE) are also presented for NI.

## Life Expectancy

The average number of years an individual born within a specified period can expect to live providing mortality patterns remain constant. Life expectancy figures are calculated using the [Chiang II](#)<sup>3</sup> abridged life table method. This method has been adapted to extend the open-ended final age group to those aged 90 and over. Figures are presented for the expected years of life at time of birth, or at age 65, for both males and females and are aggregated by three years.

## 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. Further life expectancy gaps between the most & least deprived areas and between rural & urban areas are routinely calculated for the Health Inequalities Annual Report<sup>4</sup>.

## 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.

## 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 method<sup>5</sup> 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.

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<sup>3</sup> [http://apps.who.int/iris/bitstream/10665/62916/1/15736\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/62916/1/15736_eng.pdf)

<sup>4</sup> <https://www.health-ni.gov.uk/articles/health-inequalities-statistics>

<sup>5</sup> Arriaga, Eduardo. 1984 "Measuring and Explaining the Changes in Life Expectancies".

## Healthy Life Expectancy and Disability-Free Life Expectancy

Healthy Life Expectancy is the average number of years a person can expect to live in good health. HLE provides an estimate of lifetime spent in 'Very Good' or 'Good' health, calculated using respondents' perception of their own health according to the [Health Survey Northern Ireland \(HSNI\)](#). Disability-Free Life Expectancy is the average number of years a person can expect to live disability free. DFLE provides an estimate of lifetime spent free from a limiting persistent (twelve months or more) illness or disability, based upon a self-rated functional assessment of health recorded in the HSNI. Each figure is calculated using the [Sullivan](#)<sup>6</sup> method excluding populations that reside in communal establishments.

It should be noted that due to the coronavirus (COVID-19) pandemic, data collection for the 2020/21, 2021/22 and 2022/23 surveys moved from face-to-face interviewing to telephone mode. This may have influenced the responses given by respondents. In addition, the sample size has been lower as a result and children have not been included in the survey since 2019/20. As a result, data relating to children in 2019 has been held constant from 2020 onwards.

## 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.

## Sources of Information

All life expectancy analyses and calculations are based on official deaths data sourced from the General Register Office and population data published by NISRA. Information used to calculate Healthy Life Expectancy (HLE) and Disability Free Life Expectancy (DFLE) have been sourced from the Health Survey Northern Ireland (DoH), and the Mid-Year Population Estimates (NISRA).

## 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 13 broad causes, further broken down into 23 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.

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<sup>6</sup> [https://webgate.ec.europa.eu/chafea\\_pdb/assets/files/pdb/2006109/2006109\\_d5sullivan\\_guide\\_final\\_jun2007.pdf](https://webgate.ec.europa.eu/chafea_pdb/assets/files/pdb/2006109/2006109_d5sullivan_guide_final_jun2007.pdf)

## Review of Suicide Statistics in Northern Ireland

Suicide deaths in Northern Ireland are defined as deaths from Self-inflicted Injury (also referred to as intentional self-harm) as well as Events of Undetermined Intent. This is consistent with the UK National Statistics definition. A death which is suspected to be suicide must be referred to the Coroner, with the information provided by coroners at registration of the death then used to code the underlying cause of death. In some instances, it can be difficult to establish whether the cause of death was suicide. If it is not clear, or the Coroner has not specifically stated that it is a suicide, these are coded as 'Undetermined'.

Following a quality exercise between NISRA Vital Statistics Unit and the Coroners' Service, to better understand drug related deaths and intent, improvements have been made in order to reduce the number of deaths coded as 'Undetermined'. This process highlighted that some deaths coded as 'Undetermined' would be better classified as 'Drug-related', 'Accidental' or 'Intentional self-harm and event of undetermined intent (Suicide)'. The review of suicide statistics was completed in November 2022. In previous reports issued while the review was ongoing, individual values were not reported for 'Accidental' or 'Intentional self-harm and event of undetermined intent (Suicide)' categories. Instead, these categories were added to the 'Other causes' category. Since the review was completed, this publication has resumed reporting changes and gaps in life expectancy based deaths due to suicide, in line with analysis included prior to the 2017-19 report.

Further information on this review and detailed statistics on the number of suicides registered each year in Northern Ireland can be accessed at the link below.

<https://www.nisra.gov.uk/publications/suicide-statistics>

## Rebased Mid-Year Population Estimates (2011-2021) for Northern Ireland

Figures contained within this report have been calculated using the rebased population figures released by NISRA Census Office on 29th June 2023. This series replaces the old rolled-forward series which was based on the 2011 Census. The Rebased Mid-Year Population Estimates series reflects the results of Census 2021 and revises all previous population estimates from 2011 to 2021. As a result, some figures within this report may differ from those previously published. For further information see <https://www.nisra.gov.uk/publications/2011-21-rebased-mid-year-population-estimates-northern-ireland>.

In addition, population estimates at a relatively small geographic area level (i.e. Super Output Area (SOA) and Small Area (SA)), by age and gender, are used to calculate life expectancy estimates for deprivation quintiles and urban/rural areas. However, with the release of the 2021 NI Census, SAs and SOAs have been replaced by Data Zones (DZ) and Super Data Zones (SDZ) which do not map to the latest NI Multiple Deprivation Measure or Urban-Rural classification. As such, population estimates produced for NI are no longer available at this level and it has therefore been necessary for IAD to produce in-house SA and SOA estimates. This has been done by using the latest NISRA mid-year estimates for LGDs to inflate 2020 small area population estimates. These reworked estimates are validated by a process of integrity checks with higher level age and geography population totals published by NISRA.

### Charts Presented in this Report

This report contains charts examining each of the observed life expectancy gaps. An explanation of how to interpret these charts is illustrated below.

The sample charts below analyse two fictional areas or time period, “A” and “B”, in which area “A” has a life expectancy 5 years lower than that in area “B”.

### Decomposition by Age

The chart to the right is used to illustrate the proportion of each life expectancy gap attributable to various age bands.

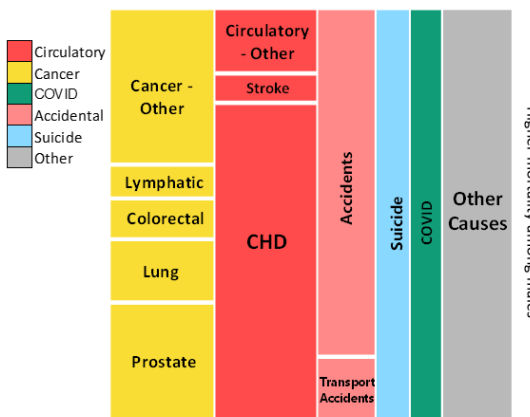
The lower life expectancy (Area A) is presented on the left, while the higher life expectancy (Area B) is presented to the right.



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 or time periods. Those causes depicted in the square to the top represent causes of death which were more prevalent in Area A, while the square at the bottom presents the causes that had higher mortality in Area B, which offset the inequality gap.



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

Next to the grids (in the bottom left corner), the total positive and negative contributions are presented as well as the overall differential. A full breakdown of the contribution from individual causes can be found in tables in Appendix A. Causes labelled “Other Causes” indicate the combined contribution of causes which were individually too small to present, as well as the ‘other’ cause of death category.





## Causes of Death ICD-10 Definitions

Cause of death	ICD-10 code
<b>Diseases of the circulatory system (Circulatory)</b>	<b>I00-I99</b>
Ischaemic heart disease (CHD)	I20-I25
Cerebrovascular disease (stroke)	I60-I69
All other diseases of the circulatory system	
<b>Diseases of the respiratory system (Respiratory)</b>	<b>J00-J99</b>
Pneumonia	J12-J18
Chronic lower respiratory diseases	J40-J47
All other diseases of the respiratory system	
<b>Deaths due to COVID</b>	<b>U07.1, U07.2, U10.9</b>
<b>Malignant neoplasms (Cancer)</b>	<b>C00-C99</b>
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	
<b>Endocrine, nutritional and metabolic diseases (Metabolic)</b>	<b>E00-E90</b>
Diabetes mellitus	E10-E14
All other endocrine, nutritional and metabolic diseases	
<b>Mental and behavioural diseases (Mental)</b>	<b>F00-F99</b>
<b>Diseases of the nervous system and the sense organs (Nervous)</b>	<b>G00-H95</b>
<b>Diseases of the digestive system (Digestive)</b>	<b>K00-K93</b>
Chronic liver disease	K70, K73-K74
All other diseases of the digestive system	
<b>Accidents</b>	<b>V01-X59, Y85, Y86</b>
Transport accidents	V01-V99
All other accidents	
<b>Intentional self-harm and event of undetermined intent (Suicide)</b>	<b>X60-X84, Y10-Y34, Y87.0, Y87.2</b>
<b>Diseases of the genitourinary system (Genitourinary)</b>	<b>N00-N99</b>
Diseases of the kidney and ureter	N00-N29
All other diseases of the genitourinary system	
<b>Maternal/Infant</b>	
Certain conditions originating in the perinatal period	P00-P96
Congenital malformations, deformations and chromosomal abnormalities	Q00-Q99
<b>Other causes</b> including all causes not covered by the above categories	

Other regular reports in this series include<sup>7</sup>:

**Health Inequalities Annual Report** – This annual publication analyses health inequality gaps within NI and presents a comprehensive analysis of health inequality gaps between the most and least deprived areas of NI, and within HSC Trust and LGD areas across a range of indicators.

**Making Life Better: Key Indicators** – Monitoring report for the key indicators of the wider social determinants of health & wellbeing, contained in the Making Life Better, the public health strategic framework for NI.

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<sup>7</sup> <https://www.health-ni.gov.uk/topics/dhssps-statistics-and-research/health-inequalities-statistics>

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**Link to reports:** <http://www.health-ni.gov.uk/topics/dhssps-statistics-and-research/health-inequalities-statistics>

For information on other Government statistics contact:  
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