

Locality Health Improvement Plan

East Devon

2012/13



The East Devon Locality health improvement and tackling health inequalities plan is a mechanism for monitoring and prioritising health and wellbeing issues across East Devon.

Public Health Annual Report 2011-12

Executive Summary

The priorities for improving the health and wellbeing of the Devon population are:

1. To target preventative interventions in those people whose health is poorer and where health inequalities exist.
2. To prioritise health-promoting interventions such as smoking cessation, healthy eating, the promotion of physical activity, prevention of skin cancer, mental health and emotional health and wellbeing and sexual health.
3. To promote early detection of cancer through screening programmes or awareness- raising amongst the public.
4. To prevent falls in vulnerable populations and to ensure effective treatment if injuries occur.
5. To reduce the harm from alcohol and drugs by public protection, promoting self-help and providing accessible treatment options.
6. To encourage self-care and independence in older people.
7. To support carers, including safeguarding their wellbeing.
8. To build community resilience through social networks and increasing opportunities for volunteering.
9. To continue to work with schools, academies and communities to promote health and wellbeing.
10. To commission evidence-based services for vulnerable groups, for example children and families with complex needs, or offenders or those who experience domestic and sexual violence and abuse.

The priorities for improving the health and wellbeing of the East Devon population are:

PRIORITY ISSUES: 1. Emotional health and wellbeing. 2. Falls prevention. 3. Support to prevent alcohol misuse (particularly young people). 4. Targeted support to increase physical activity, healthy eating and healthy weight in priority communities. 5. Skin cancer prevention. 6. Smoking in routine and manual groups. 7. Teenage conceptions. 8. Targeted action to prevent road traffic accidents in priority communities.

PRIORITY GROUPS & COMMUNITIES: 1. Exmouth particularly Littleham ward. 2. New community of Cranbrook. 3. Vulnerable young people. 4. Older people with complex needs.

LOCALITY BUDGET: The locality health improvement budget 2012/13 has been allocated to community development projects in the most deprived wards and the new community of Cranbrook and to develop a local hub of physical activity opportunities.

Demographics

East Devon has a population of 136,124 (June 2010)

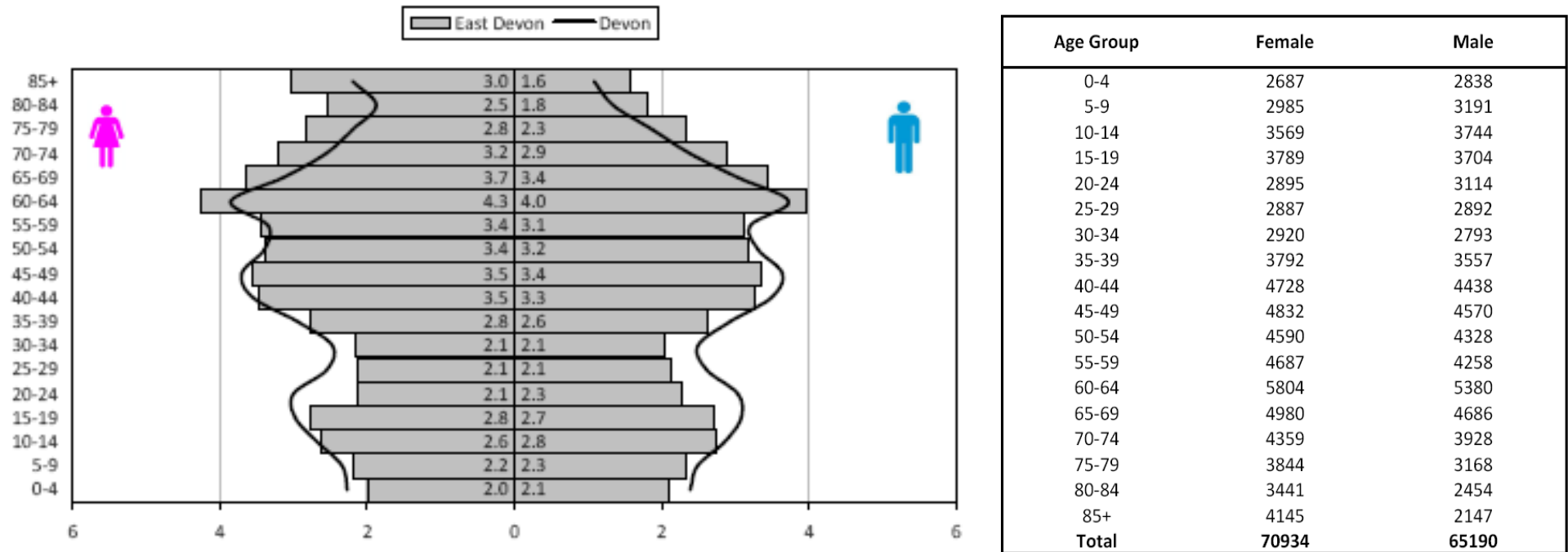
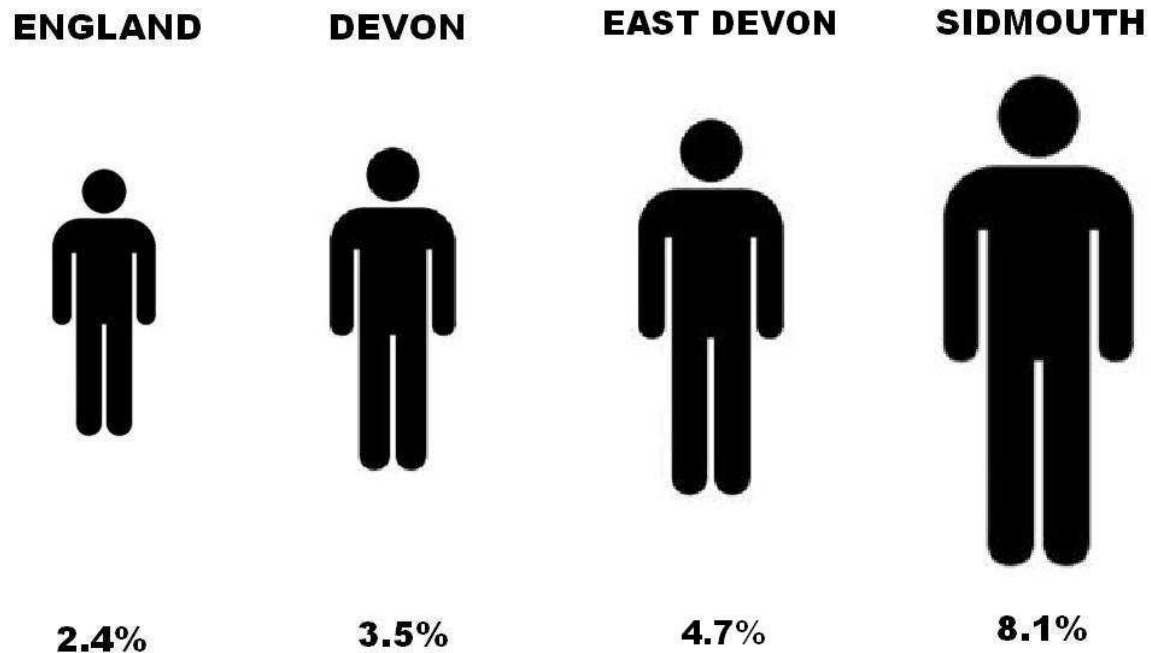


Figure 1: East Devon population pyramid compared to Devon (June 2010) Data source: Patient and Practitioner Services Agency

Life Expectancy

The average life expectancy for the population of the East Devon Locality is 83.6 years, comparing well with the Devon average of 82 years and the national average of 80.2 years. Life expectancy in Sidmouth and Ottery St Mary is statistically significantly higher than the Devon average. Life expectancy is 5.2 years lower for men and 2.8 years lower for women in the most deprived areas of East Devon than in the least deprived areas. The proportion of people 85 years or more in Sidmouth is 8.1% compared with the English average of 2.4%.



The Health Profile for East Devon 2011 highlights skin cancer (malignant melanoma) and hospital stays for self harm where the area is significantly worse than the England rate. Link: [Health Profiles](#)

The Devon Health and Wellbeing pages provide further information in the Joint Strategic Needs Assessments (JSNA) for the Eastern Locality and District Council Areas as well as GP practice profiles. Link: [Devon Health and Wellbeing Pages -JSNA](#)

Population Growth

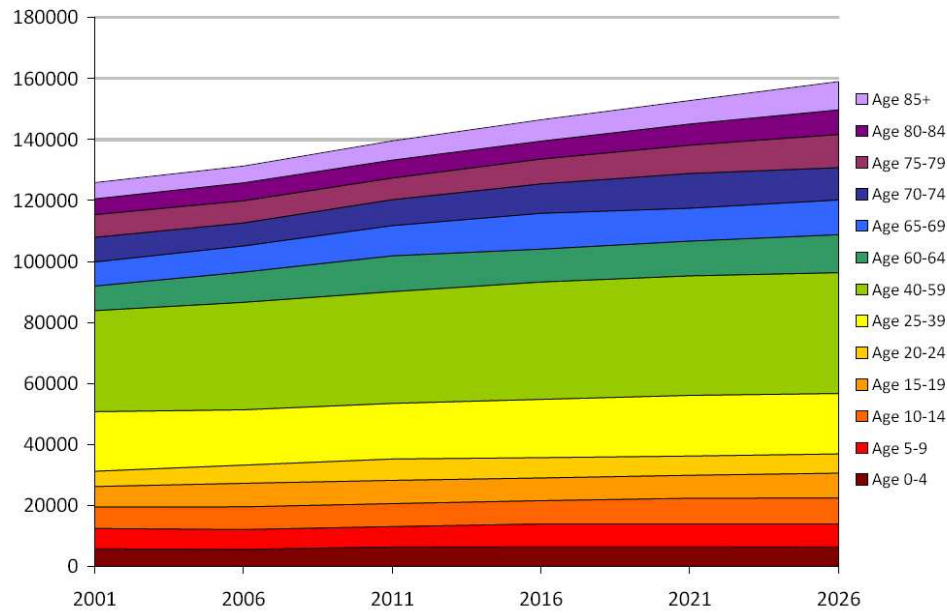


Figure 2: East Devon population projection by age group. Data source: Jan 2010 DCC population projections

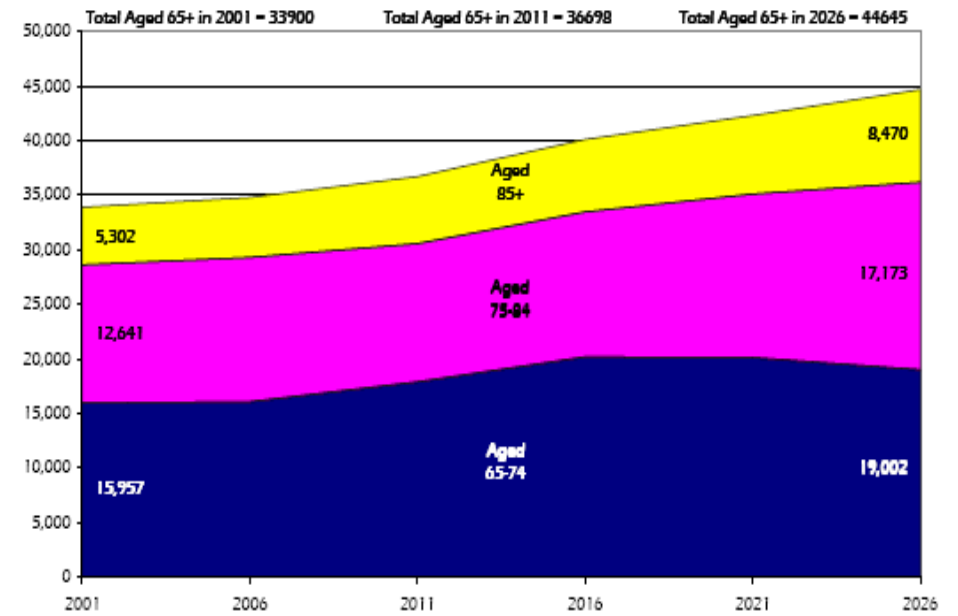


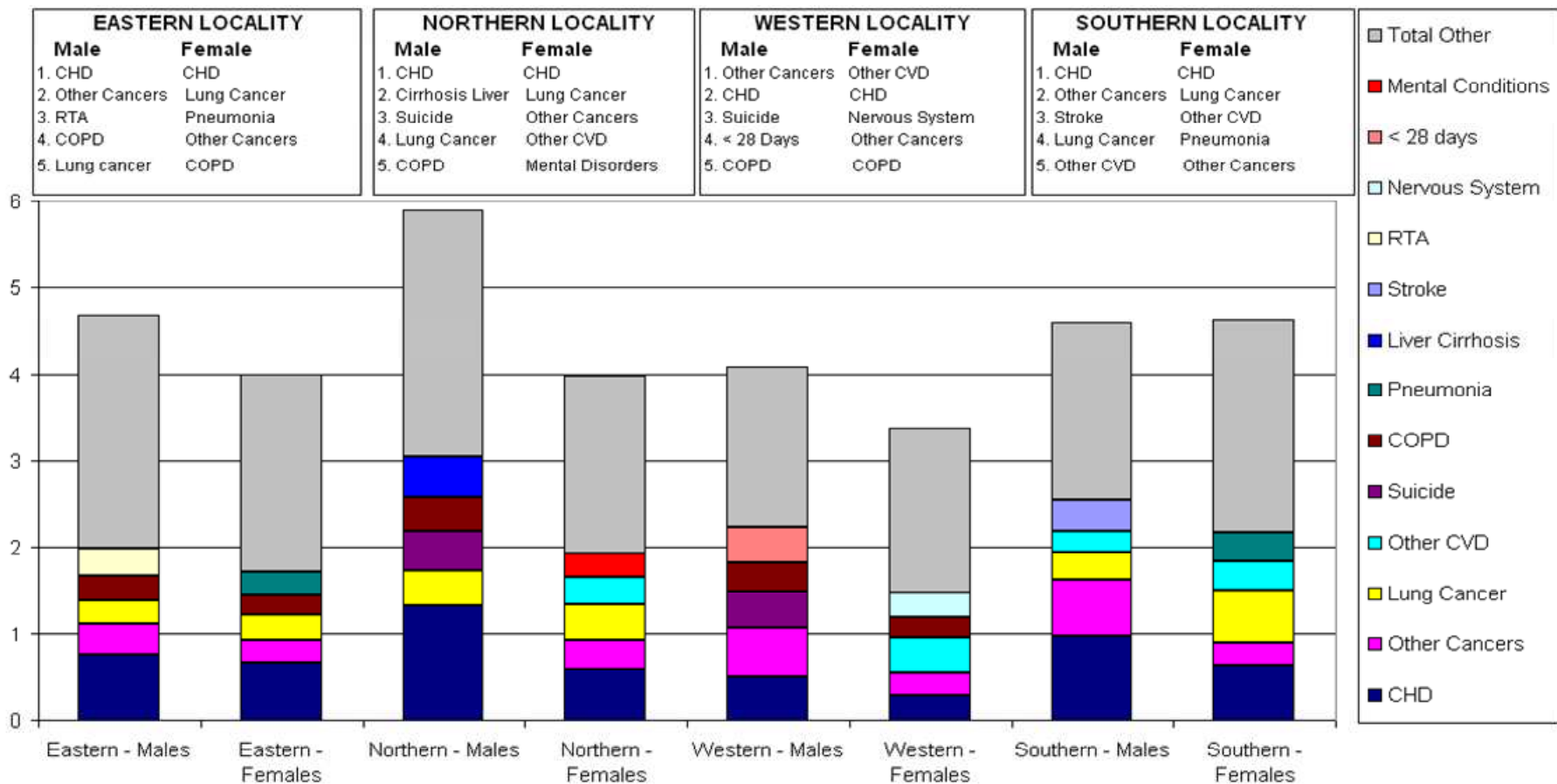
Figure 3: East Devon Projected Population Growth, Aged 65 and over, 2001 to 2026

The population of East Devon is predicted to increase by 19492 people between 2011 and 2026, a rise of 14%. The older population (65+ years) is predicted to increase significantly over the next 15 years which will have a significant impact on service design and delivery.

Health Inequalities

To address the health inequalities gap in East Devon, health and partner interventions should particularly focus on prevention and early intervention for the top five conditions in males and females which contribute to the gap including: coronary heart disease (CHD), lung cancer and other cancers, road traffic accidents, respiratory conditions such as chronic obstructive pulmonary disorder and pneumonia. Interventions would include those to ensure early diagnosis and lifestyle interventions such as stopping smoking, eating healthily and increasing physical activity levels. Smoking prevalence is low in the area as a whole but reducing prevalence will impact on health inequality and improve health. A focus on quitting is required in deprived areas and areas of high routine and manual workers.

The Gap in Life Expectancy in Years - Top Five Conditions by Locality Area, 2010



N.B. Other Cancers include prostate, pancreatic, bladder, leukaemia, cervical cancer and others; Other CVD includes Aortic aneurysm, phlebitis & thrombolisis, pulmonary embolism and others.

Smoking

Rates of Smoking

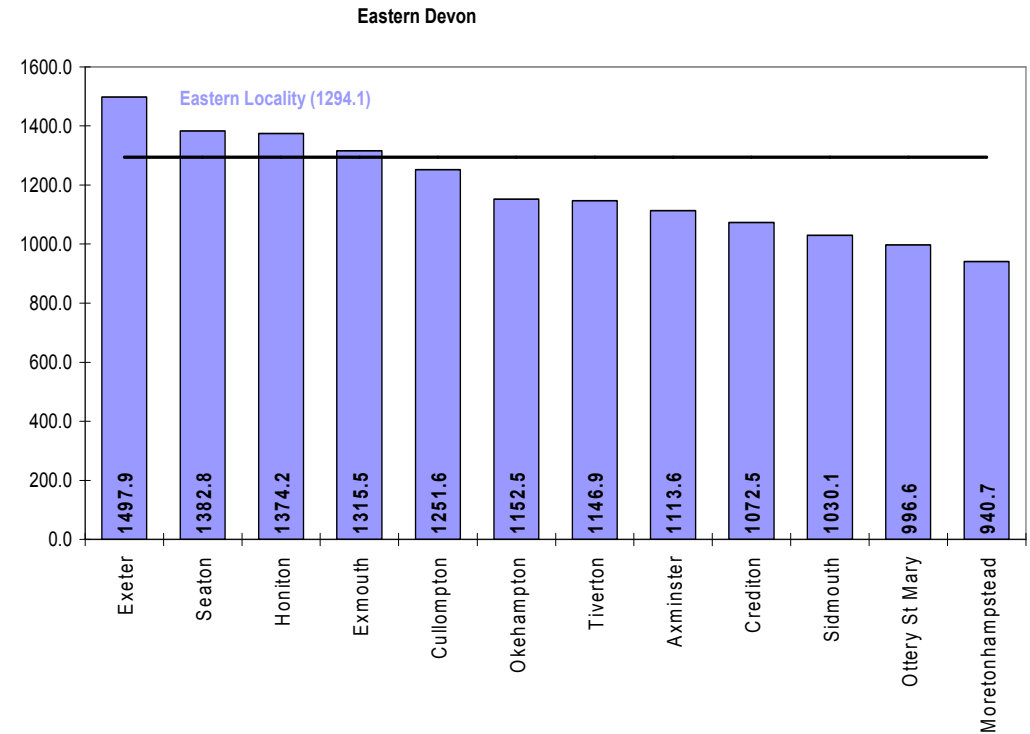
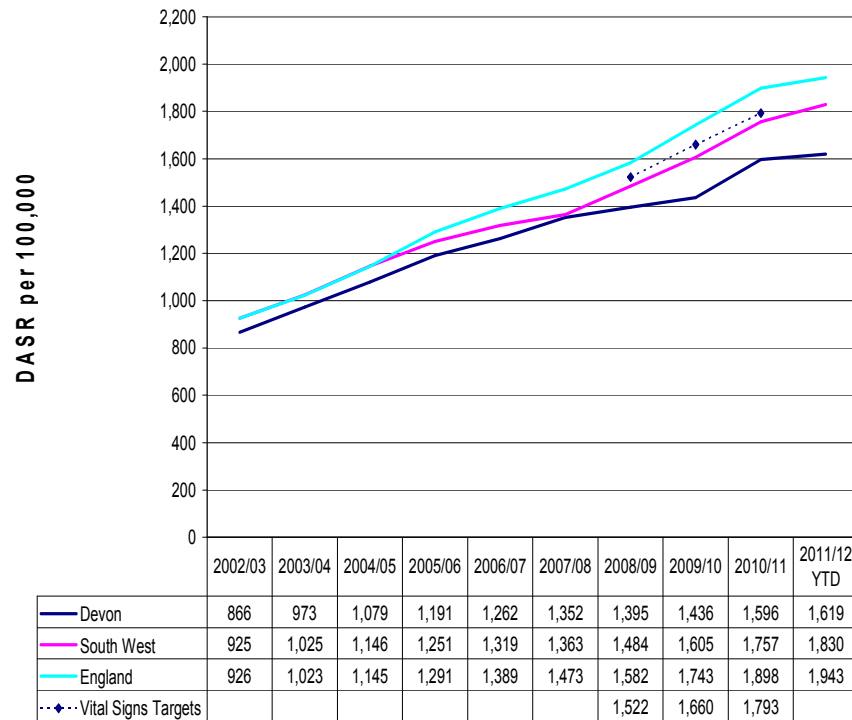
	Prevalence %	Smoking related deaths	Smoking in pregnancy
Devon	18.1	1226	9.4% (679)
East Devon	14.2	243	9.4
Exeter	21.4	151	9.4
Mid Devon	16.6	108	9.4
North Devon	18.2	168	9.4
South Hams	19.2	133	9.4
Teignbridge	19.3	234	9.4
West Devon	14.5	84	9.4

Current smoking rates in England are 20.7% generally and 26% for routine and manual groups (R/M). For Devon, the most recent estimated smoking rate is 18.1%. However, in the South West, smoking rates for R/M groups are 25%. Although Devon overall has tobacco use lower than the national average, there are 76/201 wards where tobacco attributable mortality is higher than expected. This indicates that there are pockets where there is a strong need for tobacco control work. The highest smoking rates are in the deprived populations. Smoking is the leading factor in increased health inequalities.

Source: Health Profiles 2012 Association of Public Health Observatories
www.healthprofiles.info

Alcohol

Alcohol related admissions by locality and Devon town. Direct Age Standardised Rate 2008-10



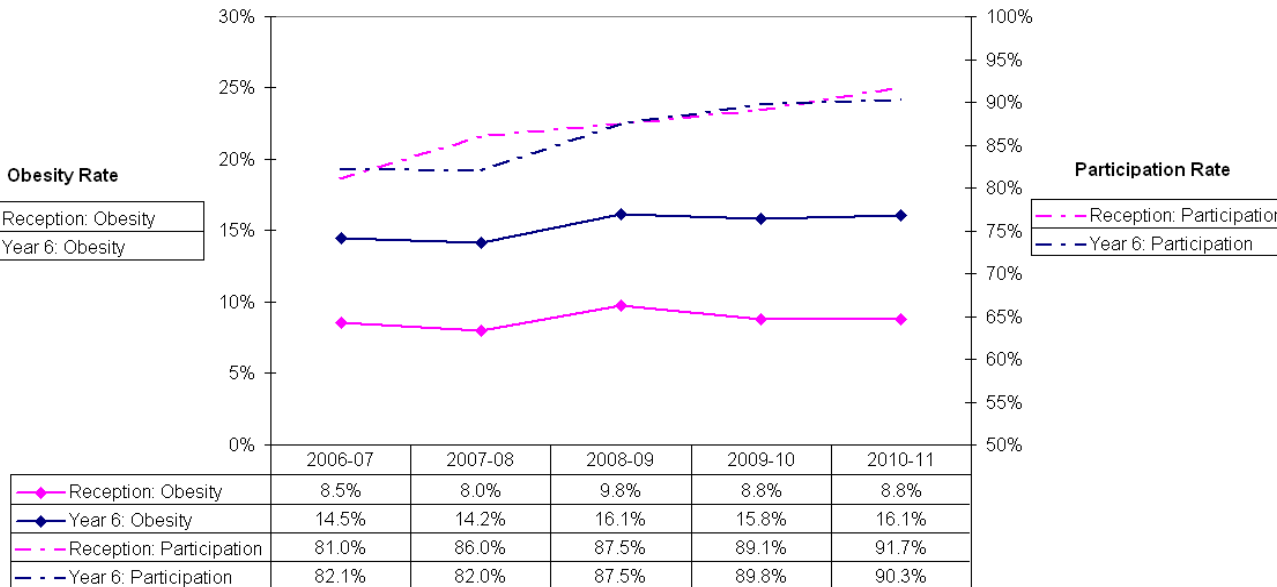
Alcohol related hospital admissions in Devon are increasing at a slower rate against the national trend and Devon's rank is improving. However, hospital admissions for young people under 18 due to alcohol-specific conditions is significantly higher than the national average at 94.9/100,000 population*.

For all adult alcohol related hospital admissions there is variance across the Eastern Devon area with rates in Exeter statistically significantly higher than the Devon rate; Honiton and Seaton showing no significant difference and all other Eastern locality towns with rates which are statistically significantly lower than the Devon rate.

* 2007/08 to 2009/10 (pooled) Source: Health Profiles 2012 Association of Public Health Observatories www.healthprofiles.info

Childhood Obesity

National Child Measurement Programme, obesity and participation rates by academic year



Across Devon, 23.5% of the Reception year children measured were either overweight or obese. In year six, this proportion was 30.2%.

In line with national data, local data analyses demonstrated a statistically higher prevalence of very overweight children in the most deprived quintile, and a statistically lower prevalence in the least deprived quintile compared to the Devon average (95% confidence).

Key findings of the 2010/11 National NCMP report show that for children in England in Reception year, over a fifth (22.6%) of the children measured were either overweight or obese. In year six, this proportion was one in three (33.4%).

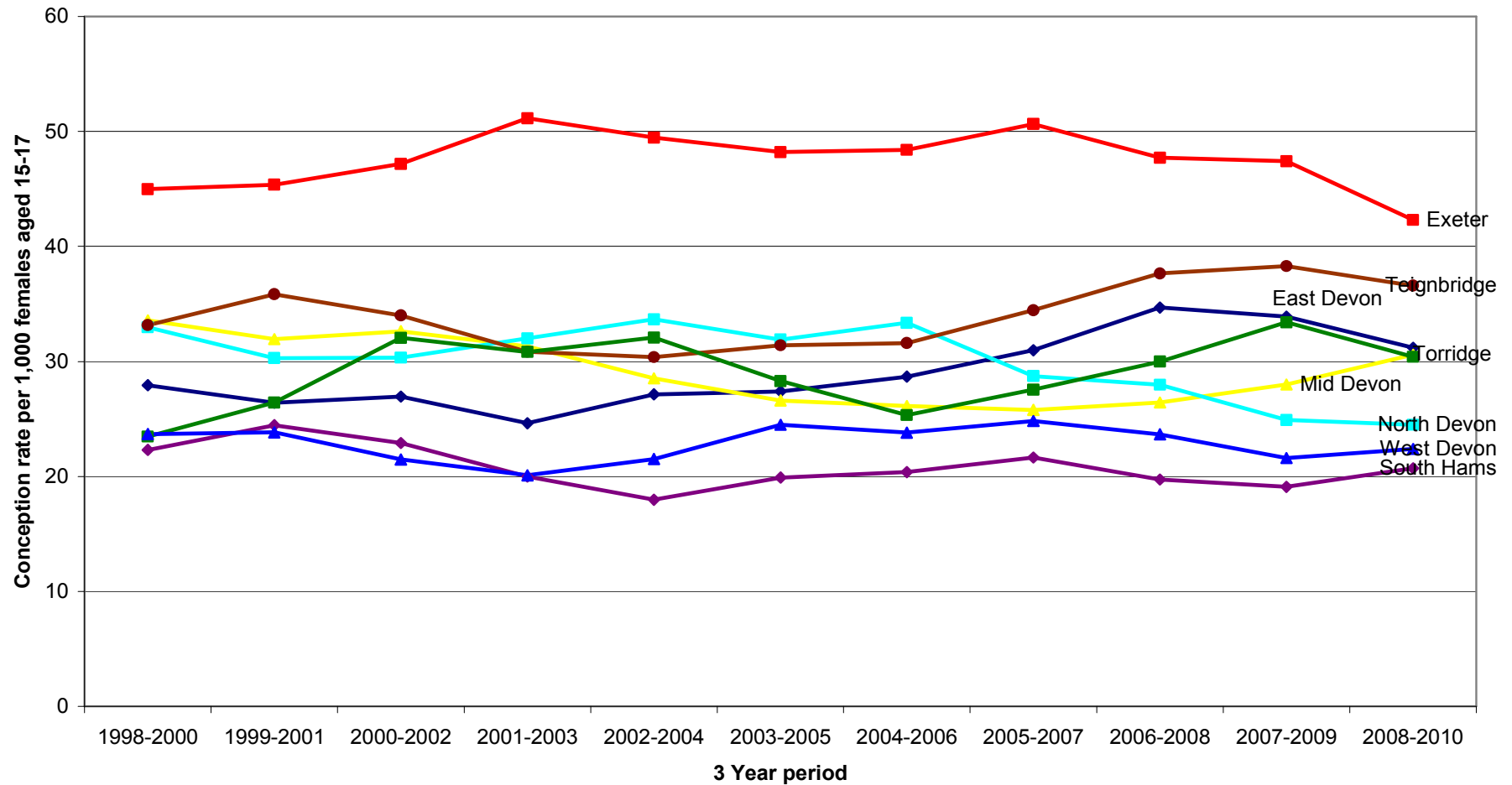
Local data analyses of the 2010/11 dataset highlights communities where there is a statistically significant different prevalence of overweight and very overweight children compared to the Devon County Council area. In East Devon, the following communities have been highlighted:

Year Group	Significantly HIGHER prevalence		Significantly LOWER prevalence	
	Electoral wards	Learning Communities	Electoral wards	Learning Communities
Reception	Honiton St. Michaels	-	Newton Poppleford and Harpford	Exmouth Learning Community
Year Six	Exmouth Brixington, Exmouth Town	Exmouth Learning Community	Dunkeswell, Feniton and Buckerell, Woodbury and Lympstone	-

Sexual Health

Conception rates across Devon for under 18s have started to fall over the last two years and currently stand at 29.0 per 1,000 females aged 15 to 17, the lowest annual rate on record. Rates in Devon have remained below the South West and England rates. There is a clear variation in teenage conception rates across Devon. Within East Devon there are three wards with an under 18 conception rate statistically significantly higher when compared to the NHS Devon average: Exmouth Littleham, Exmouth Town and Exmouth Withycombe Raleigh.

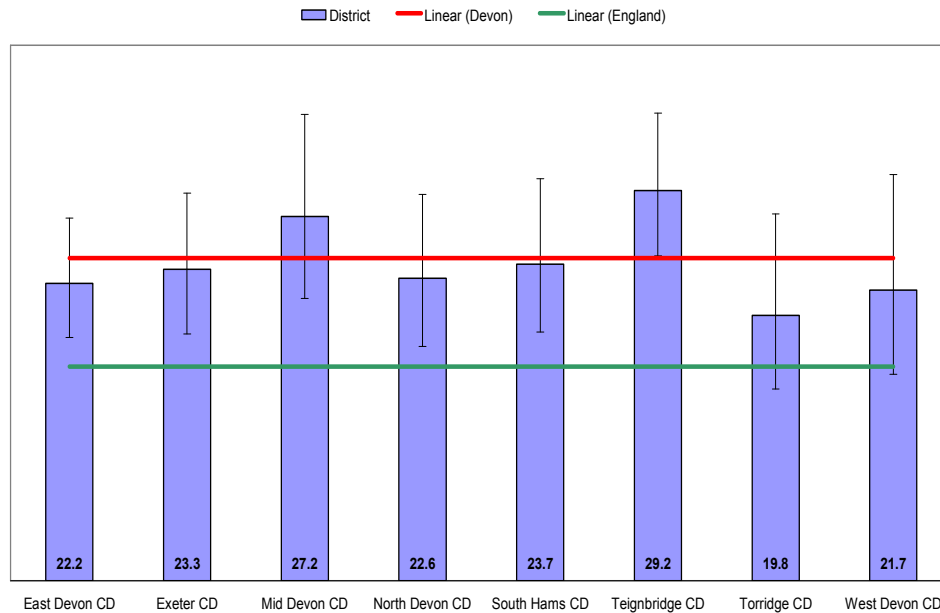
Trend in Under 18 Conception Rate, 1998 to 2010, by Devon District



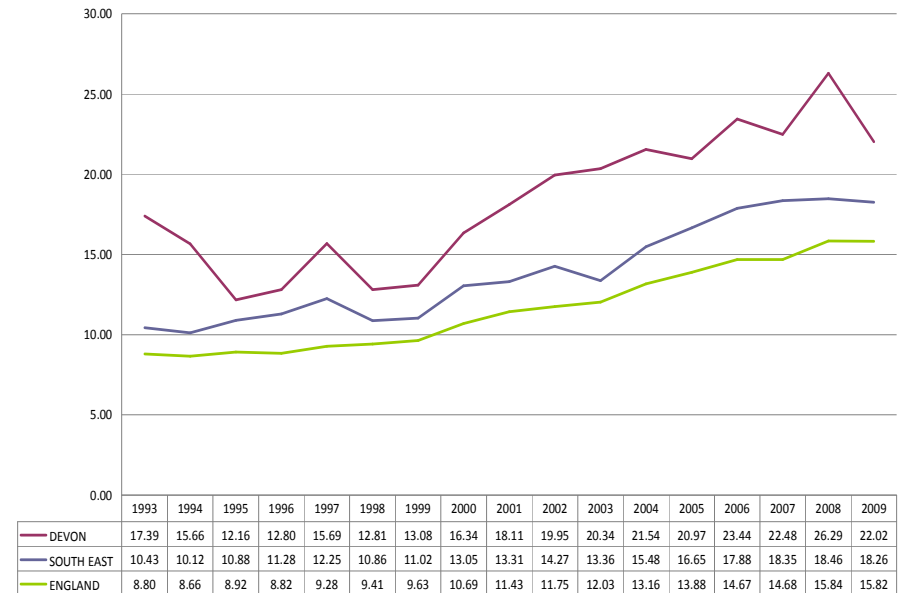
Skin Cancer

Devon has significantly higher rates of incidence and mortality for all kinds of skin cancer than the national average. Skin cancer accounts for approximately one in 200 deaths in Devon.

**Devon Local Authority Districts
Incidence of Malignant Melanoma, DASR per 100,000, 2007-09**



Incidence of Malignant Melanoma, DASR per 100,000, 1993 to 2009



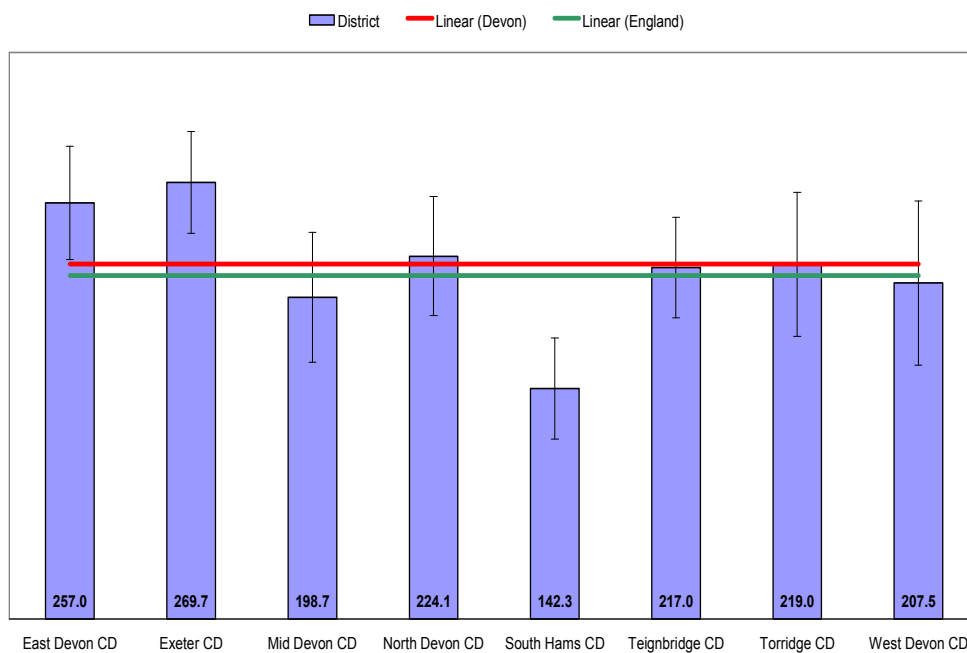
Based on the population and indices of skin cancer, the Devon Skin Cancer Prevention Strategy 2011-14 has two priority groups: teenagers and older people (early diagnosis). Planned interventions focus on behaviour change rather than just awareness raising, using a mixture of evidence-based methods to tailor messages to the target audiences.

Suicide, Undetermined Injury and Intentional Self Harm

Hospital stays due to intentional self-harm

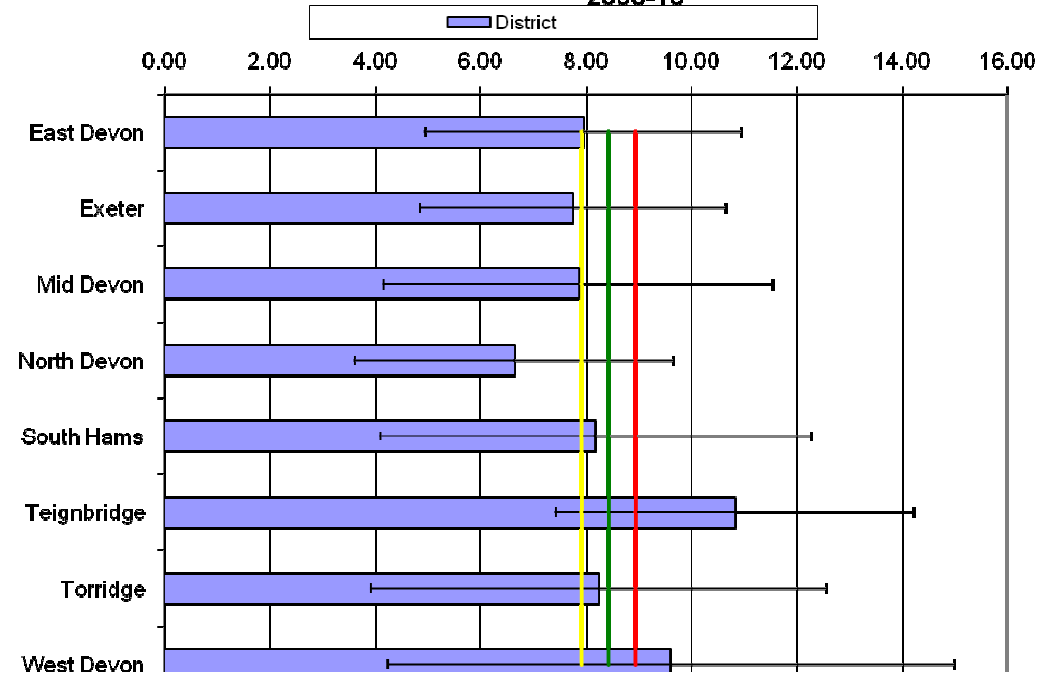
Self-harm is one of the top five causes of acute medical admission. Self harm is an expression of personal distress and there are varied reasons for a person to harm themselves, irrespective of the purpose of the act. There is increased risk of future suicide following an episode of self harm.

Devon Local Authority Districts
Hospital stays due to intentional self harm, DASR per 100,000, 2010-11



The directly age-sex standardised rate of hospital stays due to intentional self-harm per 100,000 population in 2010/11 in East Devon of 257, is statistically significantly higher than the England average of 212. Hospital stays for self-harm peak in mid to late teens and early twenties.

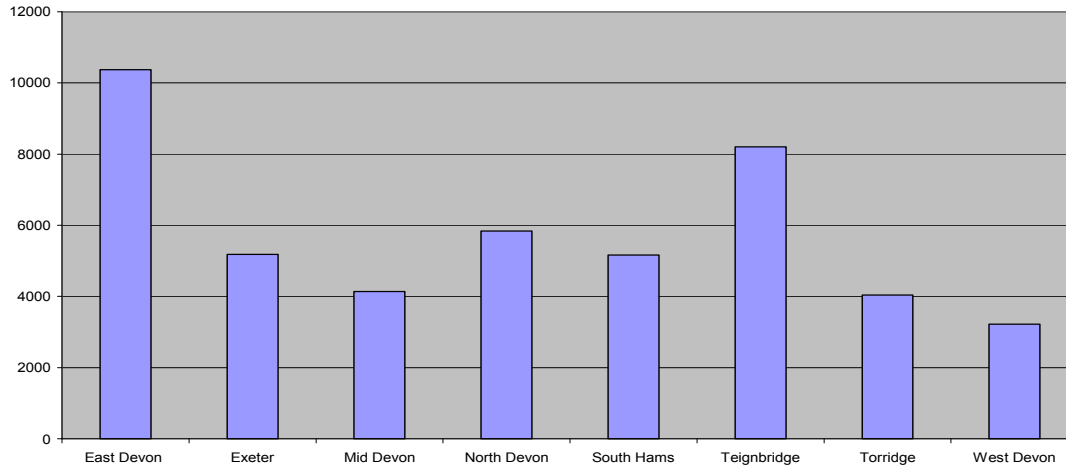
Suicide and Injury Undetermined, DASR per 100,000 population, 2008-10



Most recent data highlights that the East Devon District Council area has a similar direct age standardised suicide and undetermined injury rate to the Devon average.

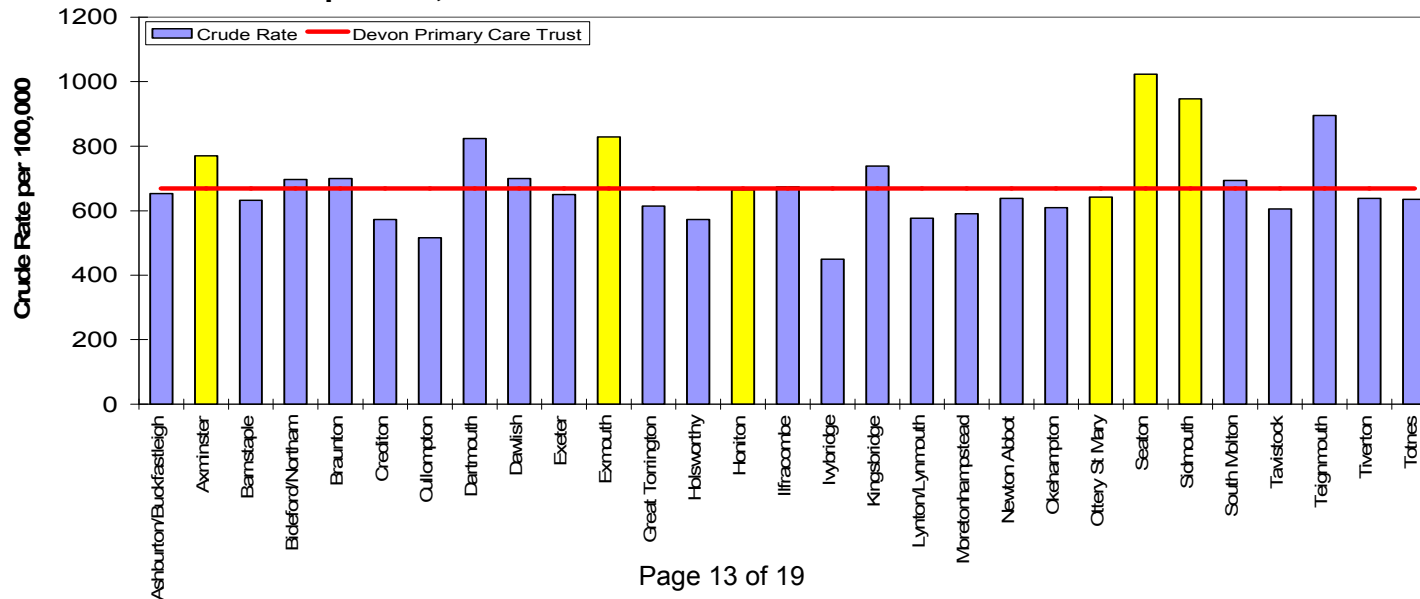
Falls

No. People Estimated to Have Suffered a Fall in the Last 12 Months by District 2011



When standardised for age, the rate of falls within the East Devon GP Consortia (WEB and Wakely) are on or below average due to the proportion of residents aged 65+. However, in total, it is estimated that 10,370 people in East Devon will have suffered a fall in 2011, rising to an estimated 11,566 in 2016.

**Accidental Falls Emergency Admissions by Devon Town
Crude Rate per 100,000**



PRIORITY ACTIONS FOR 2012/13 - *Reduce inequalities in all domains*

Domain	Action	Clinical Pathways	Public Health Outcomes
Wider Determinants of Health			
Priority Communities	Exmouth Littleham, Cranbrook	Long term condition network	Increased healthy life expectancy and reduce health inequalities
Fuel poverty	Increase uptake of support for measures to improve energy efficiency in vulnerable groups and older people in rural areas	Virtual wards/community services development	Fuel poverty
Health Improvement			
*Childhood obesity and activity	HENRY/ Food for Life Partnership	Obesity C2C	Excess weight 4-5 and 10-11 year olds
*Sexual health	Continue reduction in U18 conceptions	Sexual Health Clinical network Sexual Health Commissioner and Provider Interface Forum	Teenage conceptions Chlamydia Late HIV Diagnosis
Nutrition, physical activity, alcohol, smoking	Obesity tier 2 & 3 pathways, Let's Get moving/ promotion of physical activity in primary care, primary care training, ASSIST	Obesity C2C Diabetes C2C	Breastfeeding Diet

	programme, Workplace project Community Alcohol Project expansion to East Devon, East and Mid Devon Drug and Alcohol Group Action Plan	Respiratory C2C DAAT	Excess weight Physical activity Alcohol related hospital admissions Smoking status at time of delivery, smoking prevalence
Health Protection			
Increase childhood immunisation uptake rate	Childhood immunisation		Vaccination coverage
Screening priorities	TB Screening and follow up Reviewed process for opt in or out of screening for individuals with a learning disability	Respiratory C2C	Treatment completion for TB
Health care Public health and Preventing Premature Mortality			
Oral health			Tooth decay in children aged five
Falls prevention	Integrate work of eastern locality with specific work on frail elderly in East Devon Link 256 monies with prevention strategy implementation plan	Bone Health C2C East Devon commissioning group Frail elderly work	Hip fractures over 65's
Early diagnosis - skin cancer, carers health checks	"Love your skin" campaign targeting teenagers delivered in Bicton College 2011-12 to be evaluated. Consideration given to	Dermatology C2C	Mortality from causes considered

	repeat and or extend if favourable results. "Know your skin" campaign to aid early diagnosis in older people through community pharmacy. Training delivered across Devon Spring 2012		preventable
Emotional health and well-being Mental health - suicide prevention	Implement recommendations of Devon Suicide Prevention strategy, with particular emphasis on support for people who have self harmed Access to evidence based interventions	Devon Mental Health Local Implementation Team	Self reported wellbeing Suicide
Dementia	Devonwide priority		Dementia and its impact

Eastern and Western Devon Sub-Locality Performance Summary

Measure	Eastern Locality					Western Locality			CCG	Target
	Exeter	Mid Devon	Wakley	WEB	Total	SH&WD	Plymouth	Total		
Total GP Registered Population	142,700	114,800	71,500	48,700	377,600	83,400	275,300	358,800	900,900	-
% of population income deprived	10.7%	10.2%	8.7%	10.2%	10.1%	9.4%	15.4%	13.9%	12.1%	-
Breastfeeding at 6-8 weeks (recording)	97.1%	91.8%	91.0%	90.7%	94.0%	92.6%	95.4%	95.0%	95.4%	95.0%
Breastfeeding at 6-8 weeks (prevalence)	58.8%	53.9%	48.3%	50.0%	54.9%	49.3%	36.7%	38.6%	48.1%	on p.21
DTaP/IPV/Hib, Aged 1 (COVER)	98.2%	97.0%	96.6%	98.5%	97.6%	97.9%	96.2%	96.5%	97.0%	95.0%
PCV Booster, Aged 2 (COVER)	93.9%	93.0%	96.1%	92.7%	93.8%	92.1%	94.7%	94.3%	93.5%	95.0%
Hib/MenC, Aged 2 (COVER)	93.2%	92.7%	94.8%	95.5%	93.5%	89.3%	92.9%	92.2%	92.9%	95.0%
MMR First Dose, Aged 2 (COVER)	93.7%	93.3%	94.1%	91.8%	93.4%	90.4%	94.0%	93.3%	92.5%	95.0%
DTaP/IPV, Aged 5 (COVER)	95.3%	92.7%	95.7%	94.6%	94.3%	89.4%	91.7%	91.3%	90.8%	95.0%
MMR Second Dose, Aged 5 (COVER)	93.1%	90.3%	89.4%	90.2%	91.1%	83.5%	90.0%	88.7%	88.1%	95.0%
NCMP, Reception Year, % obese	9.27%	9.64%	6.81%	9.56%	9.04%	8.69%	9.41%	9.26%	9.06%	on p.21
NCMP, Reception Year, % coverage	85.7%	96.0%	81.9%	94.2%	91.1%	88.0%	93.3%	92.2%	92.4%	90.0%
NCMP, Year Six, % obese	17.28%	16.45%	13.47%	18.98%	16.44%	14.50%	18.85%	17.81%	17.10%	on p.21
NCMP, Year Six, % coverage	90.4%	89.9%	93.3%	91.9%	91.4%	84.0%	90.6%	89.0%	90.7%	90.0%
Alcohol-Related Admissions, DASR/100k	1827.4	1393.3	1406.1	1558.4	1569.6	1517.3	2269.0	2080.6	1821.0	on p.21
Smoking, NHS Assisted Quits	488	334	182	200	1204	259	1629	1888	3602	on p.21
Smoking, % Quits CO Validated	76.4%	75.4%	79.7%	87.5%	78.5%	80.3%	76.5%	77.0%	77.2%	85%
Smoking, Quit Rate	47.8%	58.3%	63.4%	55.7%	53.8%	45.1%	43.2%	43.4%	47.1%	35-70%
Chlamydia Diagnosis Rate, 15 to 24	2305.2	1677.3	2597.7*		2079.1	1403.3	2304.7	2158.2	2079.1	2,400
Under 18 Conception Rate per 1,000	41.1	29.3	31.2*		33.9	21.3	45.8	39.3	34.7	on p.21
Clostridium Difficile, acute trust	N/A	N/A	N/A	N/A	82	N/A	N/A	38	135	on p.21
MRSA Bacteraemia, acute trust	N/A	N/A	N/A	N/A	1	N/A	N/A	6	7	on p.21
Clostridium Difficile, acute & community	96	66	62	65	289	25	51	76	416	on p.21
MRSA Bacteraemia, acute & community	1	2	1	1	5	0	4	4	12	on p.21
Death Rates, All Age All Cause, Male	576.4	559.4	479.6	521.4	545.3	532.4	683.8	646.0	594.3	on p.21
Death Rates, All Age All Cause, Female	430.8	406.5	364.8	403.1	406.7	404.2	495.2	472.2	429.9	on p.21
Death Rates, Cancer, under 75	113.1	100.4	81.6	86.3	99.6	86.8	121.4	112.7	104.2	on p.21
Death Rates, Circulatory, under 75	40.7	53.1	34.3	34.1	42.3	44.4	72.2	65.3	52.4	on p.21

Clinical Commissioning Group and Locality Performance Summary

Measure	NEW Devon CCG				Torbay and South Devon CCG			Target
	Eastern	Northern	Western	Total	South Devon	Torbay	Total	
Total GP Registered Population	377,600	164,500	358,800	900,900	136,300	145,900	282,200	-
% of population income deprived	10.1%	13.0%	13.9%	12.1%	11.9%	18.3%	15.1%	-
Breastfeeding at 6-8 weeks (recording)	94.0%	99.3%	95.0%	95.4%	97.1%	99.5%	98.4%	95.0%
Breastfeeding at 6-8 weeks (prevalence)	54.9%	54.1%	38.6%	48.1%	46.6%	37.5%	41.7%	on p.21
DTaP/IPV/Hib, Aged 1 (COVER)	97.6%	97.0%	96.5%	97.0%	91.6%	97.9%	95.1%	95.0%
PCV Booster, Aged 2 (COVER)	93.8%	91.3%	94.3%	93.5%	92.5%	92.2%	92.3%	95.0%
Hib/MenC, Aged 2 (COVER)	93.5%	92.8%	92.2%	92.9%	91.6%	91.4%	91.5%	95.0%
MMR First Dose, Aged 2 (COVER)	93.4%	88.9%	93.3%	92.5%	91.0%	90.8%	90.9%	95.0%
DTaP/IPV, Aged 5 (COVER)	94.3%	82.0%	91.3%	90.8%	89.3%	87.7%	88.5%	95.0%
MMR Second Dose, Aged 5 (COVER)	91.1%	79.9%	88.7%	88.1%	84.3%	84.5%	84.4%	95.0%
NCMP, Reception Year, % obese	9.04%	8.68%	9.26%	9.06%	8.44%	9.51%	8.93%	on p.21
NCMP, Reception Year, % coverage	91.1%	95.5%	92.2%	92.4%	92.1%	81.8%	87.4%	90.0%
NCMP, Year Six, % obese	16.44%	17.02%	17.81%	17.10%	14.77%	15.50%	15.11%	on p.21
NCMP, Year Six, % coverage	91.4%	92.4%	89.0%	90.7%	89.2%	81.8%	85.7%	90.0%
Alcohol-Related Admissions, DASR/100k	1569.6	1839.8	2080.6	1821.0	1581.3	2143.4	1858.6	on p.21
Smoking, NHS Assisted Quits	1204	510	1888	3602	618	612	1230	on p.21
Smoking, % Quits CO Validated	78.5%	74.5%	77.0%	77.2%	80.3%	74.2%	77.2%	85%
Smoking, Quit Rate	53.8%	48.1%	43.4%	47.1%	55.5%	45.2%	49.8%	35-70%
Chlamydia Diagnosis Rate, 15 to 24	2229.0	1368.5	2158.2	2079.1	1835.6	3115.1	2494.0	2,400
Under 18 Conception Rate per 1,000	33.9	27.0	39.3	34.7	33.3	55.7	44.3	on p.21
Clostridium Difficile, acute trust	82	15	38	135	N/A	N/A	19	on p.21
MRSA Bacteraemia, acute trust	1	0	6	7	N/A	N/A	0	on p.21
Clostridium Difficile, acute & community	289	51	76	416	54	66	120	on p.21
MRSA Bacteraemia, acute & community	5	3	4	12	1	0	1	on p.21
Death Rates, All Age All Cause, Male	545.3	593.9	646.0	594.3	551.6	613.3	582.0	on p.21
Death Rates, All Age All Cause, Female	406.7	391.8	472.2	429.9	409.5	463.9	436.3	on p.21
Death Rates, Cancer, under 75	99.6	96.0	112.7	104.2	80.1	116.5	98.1	on p.21
Death Rates, Circulatory, under 75	42.3	47.9	65.3	52.4	55.3	60.5	57.8	on p.21

Local Authority District Performance Summary

Measure	E Devon	Exeter	M Devon	N Devon	S Hams	Teign	Torrridge	W Devon	Devon	Target
Total Resident Population (000s)	132.9	119.6	76.1	91.5	83.7	127.3	65.8	53.1	749.9	-
% of population income deprived	9.1%	11.2%	10.4%	13.1%	10.1%	11.3%	12.7%	10.3%	10.9%	-
Breastfeeding at 6-8 weeks (recording)	89.0%	98.2%	91.8%	98.9%	92.5%	96.4%	100.0%	99.1%	95.6%	95.0%
Breastfeeding at 6-8 weeks (prevalence)	47.5%	59.1%	55.2%	52.1%	51.1%	45.0%	57.8%	52.3%	52.8%	45.2%
DTaP/IPV/Hib, Aged 1 (COVER)	97.5%	98.1%	96.7%	96.6%	90.1%	95.8%	97.7%	97.7%	96.2%	95.0%
PCV Booster, Aged 2 (COVER)	94.7%	94.2%	93.6%	88.7%	90.0%	93.4%	95.1%	91.3%	92.4%	95.0%
Hib/MenC, Aged 2 (COVER)	95.1%	93.4%	92.8%	90.8%	87.9%	92.5%	95.6%	90.6%	92.5%	95.0%
MMR First Dose, Aged 2 (COVER)	93.2%	93.6%	93.6%	85.8%	87.9%	92.8%	93.4%	90.6%	91.1%	95.0%
DTaP/IPV, Aged 5 (COVER)	95.3%	94.9%	93.0%	76.6%	85.6%	91.5%	93.6%	91.6%	89.6%	95.0%
MMR Second Dose, Aged 5 (COVER)	89.7%	92.5%	90.6%	75.1%	78.7%	87.9%	90.8%	86.3%	86.1%	95.0%
NCMP, Reception Year, % obese	8.08%	9.43%	9.93%	8.65%	8.38%	8.46%	8.72%	9.17%	8.81%	8.75%
NCMP, Reception Year, % coverage	91.3%	84.4%	97.1%	96.0%	84.5%	93.9%	94.6%	93.5%	91.7%	90.0%
NCMP, Year Six, % obese	15.68%	17.68%	16.88%	17.38%	13.99%	14.95%	16.46%	15.44%	16.05%	15.80%
NCMP, Year Six, % coverage	93.8%	90.1%	90.3%	92.1%	82.7%	90.7%	92.9%	86.4%	90.3%	90.0%
Alcohol-Related Admissions, DASR/100k	1436.4	1870.5	1323.8	1922.7	1492.4	1604.4	1724.5	1561.3	1595.8	1793.0
Smoking, NHS Assisted Quits	382	464	262	241	193	586	269	194	2,598	on p.21
Smoking, % Quits CO Validated	83.8%	76.7%	75.2%	73.0%	59.1%	85.3%	75.8%	83.5%	78.1%	85%
Smoking, Quit Rate	59.1%	48.8%	61.2%	50.2%	44.2%	54.9%	46.3%	48.7%	51.7%	35-70%
Chlamydia Diagnosis Rate, 15 to 24	2597.7	2311.4	1515.7	1494.2	1161.9	2023.4	1178.7	1881.9	2043.0	2,400
Under 18 Conception Rate per 1,000	31.2	42.3	30.6	24.5	20.7	36.6	30.4	22.4	30.8	30.0
Clostridium Difficile, acute trust	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MRSA Bacteraemia, acute trust	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Clostridium Difficile, acute & community	135	79	42	31	24	61	20	27	419	on p.21
MRSA Bacteraemia, acute & community	3	0	1	1	0	2	2	0	9	on p.21
Death Rates, All Age All Cause, Male	495.6	582.8	576.2	603.4	539.2	554.9	580.8	520.5	551.4	568.0
Death Rates, All Age All Cause, Female	379.6	435.4	403.0	409.6	392.4	413.8	367.1	425.0	401.4	402.0
Death Rates, Cancer, under 75	83.4	117.9	103.8	101.3	79.6	80.3	88.8	99.5	92.0	101.1
Death Rates, Circulatory, under 75	34.2	39.4	56.2	46.0	43.1	58.4	50.7	46.7	46.2	47.5