

AVOIDABLE MORTALITY TRENDS AMONG LITHUANIAN URBAN AND RURAL RESIDENTS IN 1967-2011

Project implementation period: 2012-2013

Aim. The completed study aims to analyse the avoidable mortality differences and trends among Lithuanian urban and rural residents in 1967-2011 stratified by gender.

Tasks.

1. To determine the avoidable mortality differences and trends among urban and rural residents in 1967-2011 stratified by gender.
2. To investigate the age influence on the dynamics of avoidable mortality rates.
3. To assess the influence of avoidable mortality changes on changes in life expectancy.
4. To calculate the realization of potential life years, potential years of life lost and its value due to avoidable deaths.

Methods.

Primary data on the number of persons aged 0-64 years who died from avoidable causes in 1967-2011 period (by gender, place of residence and five-year age groups) was collected. Avoidable mortality differences and trends were analysed, avoidable mortality influence on changes in life expectancy was examined, as well as residents' age influence on avoidable mortality rates. In addition, conditionally new measures – realization of potential life years, years of potential life lost, and their value were calculated.

Results.

The study results showed that avoidable illness (state) risk group according to gender is more likely to be male than female, while according to the place of residence – more likely to be rural than urban residents. It was noticed that gender is a factor with more significant influence than the place of residence. During the period of investigation, the cause of death structure changed slightly, even though the main illnesses that determined the avoidable mortality rate remained the same (hypertensive illnesses and cerebrovascular disorders, cancer of trachea, bronchus and lung, cervical cancer, tuberculosis, and deaths due to transport accidents). Nevertheless, almost half of the avoidable deaths in 1967-2011 were caused by 3 preventable causes of death. Mortality related to preventable causes of death increased instead of decrease (except for deaths caused by transport accidents). The most mortality increase due to residents' age were observed among urban females (in 2001), and the most mortality decrease were observed among urban males (in 1976). The life expectancy during the period of investigation decreased the most for men (especially rural males – by 2.8 years on average). The realization of potential life years during the period of investigation increased the most for rural females (1.5 times). It was noticed that gender has a stronger influence on realization of potential life year inequalities than the place of residence. Rural males lost the most potential years of life due to avoidable deaths, while urban females lost the least. With regard to gender, men lost more potential years of life than women and with regard to the place of residence rural residents lost more potential years of life than urban residents. The economic losses during the period of investigation, expressed by the valued years of potential life lost was only caused by deaths of rural males and only until 1991. Females mortality and urban males mortality did not cause economic losses during the period of investigation.

Conclusion.

The results of the conducted study confirm that it is necessary to introduce effective measures to stop the increase in mortality caused by hypertensive illnesses and cerebrovascular disorders, which includes qualitative primary healthcare and intervention health programmes. It is also necessary to look for and implement more efficient measures for reducing the use of alcohol and tobacco in the country, as well as to increase road safety. With regard to the study results it can be stated that deaths caused by avoidable causes mostly affect men, especially those residing in rural places. Therefore, in planning public health interventions and improving healthcare quality it is important to find ways of reaching this specific group of residents.

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