

Population-based projections of place of death for Northern Ireland by 2040

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Retrospective Study

Population-Based Projections of Place of Death for Northern Ireland by 2040

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ABSTRACT |

Background

There are global challenges in relation to an increasingly older population, rising numbers of deaths and the resulting need for end-of-life care. It is imperative for Health and Social Care to examine where people die and forward plan.

Δim

To establish the place where people have died 2004-2018 and project future place of death care setting by 2040.

Materials and Methods

Population-based trend analysis of place of death for people that died in Northern Ireland (2004-2018 from Northern Ireland Statistics and Research Agency) and projections using linear modelling (2019-2040 projections by Office of National Statistics).

Results

Deaths are projected to increase by 45.9%, from 15,922 in 2018 (of which 36.3% will be aged 85+ years) to 23,231 deaths in 2040 (39.8% aged 85+ years). Between 2004 and 2018, proportions of home and care home (defined as nursing and residential beds) deaths increased (24.5-27% and 16.3-19.4% respectively), while the proportion of hospital deaths declined (51.9-47.6%). If current trends continue, by 2040, deaths within the community (home and care home) will account for between 46.7-55.2% of all deaths. However, if care home capacity is limited at current levels (as of 2018), hospital deaths are projected to account for the largest proportion of deaths by 2040 (51.7%).

Discussion

Death at an increasing age has implications for end-of-life care provision. This study demonstrates an increasing need for end-of-life care over the next 20-years, particularly within community settings. Projections highlight the need for comprehensive planning to ensure service provision within the community meets the needs of the population.

Keywords

Trend analysis; Place of death; Community palliative care.

INTRODUCTION |

During the last three decades, the age at which people die has changed significantly. Of note, in 1990 nearly one-quarter of deaths were in children (<5-years). Yet, by 2017 the over-70s percentage of deaths have increased from a third to half of all deaths. This is representative of the world's aging population which continues to grow at an unprecedented rate. By 2043, the overall population growth rate in Northern Ireland is projected to be just over half of that in England, however, the pension age population will grow at a faster rate than anywhere else in the

United Kingdom (UK).³ Indeed, the Northern Ireland Statistics and Research Agency (NISRA) have estimated that by 2043 the number of people aged 85+ will grow by 106.4% and the number of people aged 65+ is projected to increase by 56.2%, representing 24.2% of the total population. A consequence of living longer is that older people are surviving with complicated health and social care needs. It is estimated that one in four people in the UK are living with multimorbidity, increasing to at least two-thirds of those aged 65+.⁴ Ultimately, the expected rise in the number of older people living with multimorbidity will mean increased pressure on services and the need for greater resourcing of these services, as

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well as workforce planning, infrastructure, investment and reconfiguration.⁵ The increase in our aging population presents several public health challenges that we need to prepare for, not least an increased demand on health and social services but also quality end-of-life care.

Approximately 14% of people in need of palliative care will receive such care.6 The reasons that some people miss out include, but are not limited to, workforce pressures (e.g. excess professional demands on current staff; need for informal carers to remain in the workforce)⁷ funding distribution,⁸ disconnected infrastructure, 9,10 barriers to care as a result of diagnosis, 11 issues in identifying palliative care need as well as social and culture taboos around dying and death.¹² Without addressing these issues collectively as research priorities, clinical practice cannot be transformed and therefore quality of life will not be improved. With the growing annual death rate, across the UK and Ireland, this also implies growing numbers of people involved in caring for the dying and who are bereaved.¹³ However, limited evidence also pertains to those with pivotal roles in palliative and end-of-life care as patients and families remain 'voiceless'. 14 Few prospective studies have examined basic questions such as preferences of place of death for those living and dying in Northern Ireland which is fundamental to identifying end-of-life care needs.

Although dying at home is a common preference for individuals with a terminal illness^{15,16} when confronted with the consequences of a terminal illness, dying at home may not be viable.¹⁷ A Northern Ireland Public Health Agency¹⁸ survey of bereaved carers reported a greater proportion of carers did not know if the place of death was aligned with their loved one's preferences (37%) and when the preferred place of death was known, over one third (35%) reported their loved one's death did not take place in their preferred place of death. A study by Bannon and colleagues also reported 53.4% of patients who wanted to die at home achieved their preference, however, this was dependent upon certain factors including living in an affluent area, access to good district nursing care, previous conversations about place of death with health professionals, and the caregiver's preference for their loved one to die at home. 16 Increasing awareness about palliative care continues to be limited due to a reluctance to discuss death and dying and a lack of experiences with health services.12

Achieving preferred place of death matters to the patient and their immediate family and carers and is also considered a good quality marker for end-of-life care by service providers.¹⁹ In addition, such fulfilment helps with the bereavement process. However, it is not clear if these needs are being met within current palliative care provision in Northern Ireland. By conducting a trend analysis, we can provide the context by which to understand current and projected place of deaths in Northern Ireland to explicate service requirements for those at the end-of-life to meet the expected rising number of deaths from the growing elderly population.

METHOD |

Study Design

Population-based trend analysis was conducted using simple linear

modelling. Explicit assumptions to project where people will die in Northern Ireland, based on recent death registration data (2004-2018) were applied. Methodology was replicated and built upon from Bone et al² and Finucane et al.²⁰

Data Sources

The Northern Ireland Statistics and Research Agency provided the dataset. This included all registered deaths by place of occurrence between 2004 and 2018 categorised by sex, age (0-4 years, 5-14, 15-44, 45-64, 65-74, 75-84, 85 and over) and place of death ('hospital', 'care home', 'own home', 'hospice', and 'all other places'). Data was used to project future deaths and place of death in Northern Ireland (2019-2040).

Data Analysis

Projections by the Office of National Statistics (ONS) '2018-based national principal population projections' were used for all deaths in Northern Ireland up to 2040 (using age and gender specific proportions) with the observed place of death from 2004 to 2018 from NISRA. We applied estimated age and gender-specific proportions of deaths for place of death to the projected death, based on established methodology^{2,20} We modelled three scenarios:

- Scenario 1 assumed no change in the age and gender specific proportions of deaths observed in 2018 in each place of death.
- Scenario 2 assumed that the mean yearly change in age and gender specific proportions of deaths in each place of death that occurred between 2004 and 2018 continues to 2040.
- Scenario 3 assumed that the yearly change in age and gender specific proportions of deaths in each place of death that occurred between 2004 and 2018 continues to 2040, but that care home deaths do not increase above the number observed in 2018, with any additional deaths instead occurring in hospital.

Ethics

No ethical review was required as data was publicly available via the ONS and NISRA.

RESULTS |

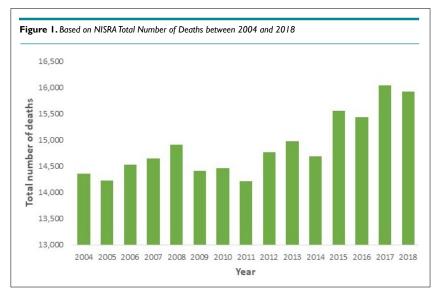
Figure 1 shows the number of deaths per year in Northern Ireland between 2004 (n=14,354) and 2018 (n=15,922).

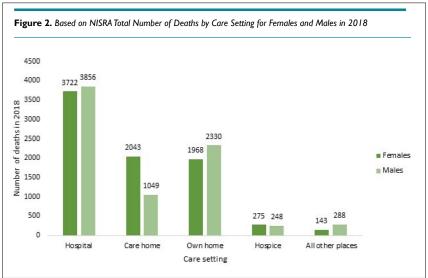
In Northern Ireland in 2018, more men died in their own home (30.0% vs. 24.1%), in hospital (49.6% vs. 45.7%) and 'All other places' (3.7% vs. 1.8%) compared to women. More women died in care homes (25.1% vs. 13.5) and hospices (3.4% vs. 3.1%) compared to men (Figure 2). See supplement files for data.

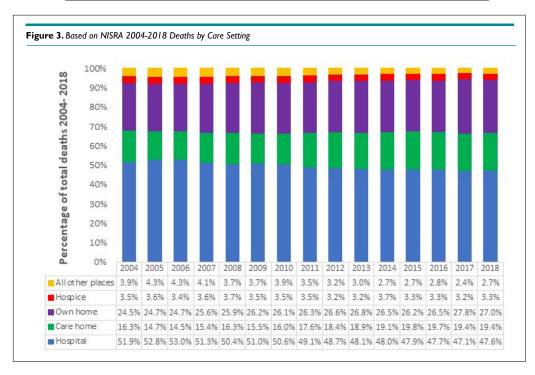
Figure 3 shows the most common place of death between 2004 and 2018. Hospital is the most common care setting however by 2018, deaths in hospital, hospice and 'all other places' decreases whereas deaths at home and care home increase.

Table 1 demonstrates between 2004 (14,354) and 2018 (15,922) deaths increased by 10.9% in Northern Ireland. There will be a (based on ONS projected deaths) 45.9% increase in the number of deaths in Northern Ireland by 2040. ONS projected deaths suggest deaths in Northern Ireland will increase from 15,922 in











2018 to 23,231 by 2040. The greatest increase in age group will continue to be 85+, accounting for 39.8% of all deaths by 2040. In addition, those aged 75 and above will account for 71.7% of all deaths by 2040.

	2004	% of Deaths	2018	% of Deaths	2040*	% of Deaths
0-4	144	1.0%	107	0.7%	97	0.4%
5-14	29	0.2%	22	0.1%	22	0.1%
15-44	612	4.3%	556	3.5%	574	2.5%
45-64	2150	15.0%	2204	13.8%	2174	9.4%
65-74	2697	18.8%	2717	17.1%	3733	16.1%
75-84	4813	33.5%	4544	28.5%	7385	31.8%
85 +	3909	27.2%	5772	36.3%	9247	39.8%
Total (%	14354	-	15922	(+10.9%)	23231	(+45.9%)

By 2040, the majority of age groups show a decline in proportional percentage of deaths (0-4, 5-14, 15-44, 45-64 and 65-74). However, those aged 75-84 and those aged 85+ have a projected increase in deaths (3.3% and 3.5% respectively) (Figure 4).

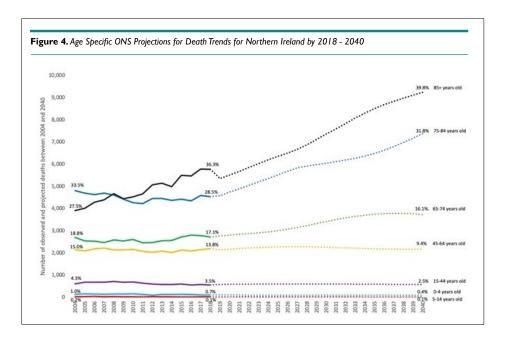
Scenarios

Table 2 provides summary data for scenario-based calculations.

Figure 5 (Scenario 1) shows that, if the proportional percentage of deaths in all care settings stay the same as of 2018 (adjusted for projected changes in age and sex), hospital continues to be the largest setting where deaths occur by 2040 (n=11,175). This is followed by deaths at home (n=6044), care home (n=4798), hospices (n=692) and other places (n=521).

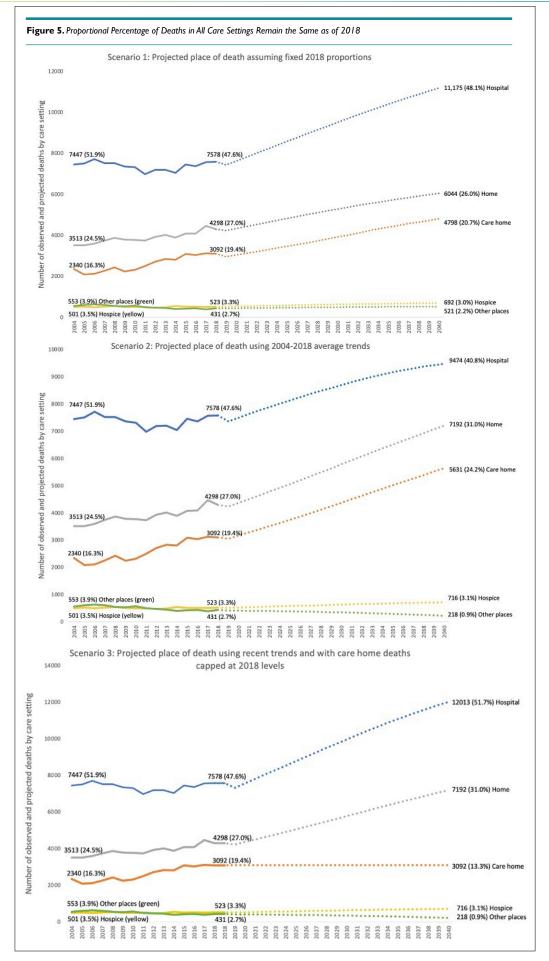
Figure 5 (Scenario 2) shows that, if the mean annual proportional percentage change trend continues between 2004 and 2018 at the same pace through to 2040, there will be a greater increase in home (+14.8%) and care home (+24.7%) deaths. Hospital deaths will experience a declining trajectory resulting in a reduction in the proportional percentage (-14.3%). Hospice (-6.1%) and 'other places' (-66.6%) will also see a decrease in deaths. By 2040, over 50% of deaths will occur in the community setting, however hospitals will continue to have the single greatest percentage of deaths.

Figure 5 (Scenario 3) shows that, if capacity of care homes was capped at 2018 level (n=3092), the additional people would die in hospital. Hospital deaths would account for an in-



		Observed	Deaths			Proj	ected De	aths In 20)40	
	20	04	20	018	Scen	ario I	Scen	ario 2	Scen	ario 3
	n	%	n	%	n	%	n	%	n	%
Hospital	7447	51.9%	7578	47.6%	11175	48.1%	9474	40.8%	12013	51.7%
Care home	2340	16.3%	3092	19.4%	4798	20.7%	5631	24.2%	3092	13.3%
Own home	3513	24.5%	4298	27.0%	6044	26.0%	7192	31.0%	7192	31.0%
Hospice	501	3.5%	523	3.3%	692	3.0%	716	3.1%	716	3.1%
Other places	553	3.9%	431	2.7%	521	2.2%	218	0.9%	218	0.9%
	14354	100.0%	15922	100.0%	23231	100.0%	23231	100.0%	23231	100.0%







creased proportion of deaths by 2040 (51.7%; +2539 deaths). See supplement file for data.

DISCUSSION

The current analysis suggests that if Northern Ireland trends continue, the need for end-of-life care will increase over the next 20-years, particularly within community settings. By 2040, deaths within the community could account for over 50% of all deaths (combined home and care home deaths across all projected scenarios; 46.7%-55.2%). Additional and effective provision of community capacity could decrease hospital deaths to 40.8%. However, with the continuing lack of sustainable social care resourcing, hospital deaths are likely to increase, accounting for approximately 51.7% of deaths. These findings for Northern Ireland align with death projections across Scotland,20 England and Wales,2 which reported a significant increase in people dying outside hospital by 2040. In addition, such forecasts are aligned with other ageing countries.²¹ Collectively, these studies draw attention to the urgent need for a shift of care and resources into care within the community across the United Kingdom.

However, despite an integrated structure for Health and Social Care in Northern Ireland, services for those at the end-of-life face a number of significant challenges. Issues with identification of palliative care needs and other barriers, such as challenges eliciting advance care planning discussions, mean that not every patient who could benefit from a palliative approach to their care in Northern Ireland receives it. This is evident, for instance, in the low number of people on the Northern Ireland Palliative Care Register relative to rates of chronic and incurable illness.

The underfunding of community services and other issues, including the care workforce, are significant problems in Northern Ireland²² and it has been recognized that 'radical' reform is needed to Northern Ireland's adult social care system in order to deliver higher-quality, sustainable services and an experienced and skilled workforce which is properly valued.²³ While community care, specifically the care home setting, will become increasingly important for end-of-life care-particularly in the context of the growing prevalence of dementia-the social care resourcing settlement in Northern Ireland has not kept pace with the growth in demand arising from demographic changes. For example, the number of nursing home beds in Northern Ireland increased by 10% between 2008 and 2018, but this is less than half the percentage growth of the 65+ population.11 The issue is also evident from the significant number of delayed hospital bed days attributable to shortages of domiciliary care packages and care home beds. In 2017/18, lack of domiciliary care packages was the single biggest cause of delayed bed days across Northern Ireland, accounting for 12,940 delayed bed days, with the shortage of care home beds accounting for a further 7,775 delayed bed days.²⁴ In the context of the issues outlined above, it will be a concern that the delivery of social care reform proposals, as set out under the Power to People report, has been assigned an amber risk warning in terms of potential delay due to the coronavirus disease-2019 (COVID-19) outbreak.23

Moreover, an ever-growing number of people are becoming carers in Northern Ireland, with an estimated 22% of adults now providing unpaid care.²⁵ This carries a significant additional burden for carers and families including mental illness and worsened physical health as a result of caring²⁶–particularly for those carers who themselves are aged 65+ and may also be coping with their own health complaints.²⁷ Despite this impact, Northern Ireland is lagging behind the rest of the UK in terms of updated strategies and legislation to support informal carers; unlike Scotland and England, which have taken measures including granting new rights to carers²² and introduced additional financial supports.

The current COVID-19 pandemic has further underlined the pre-existing problems facing community care, particularly within the care home setting. NIRSA reported, as of 21st August 2020, care home deaths accounted for 40.3% (n=351) of COV-ID-19 related deaths. In addition, deaths of care home residents during the pandemic accounted for 49.5% of all COVID-19 related deaths in Northern Ireland (81.4% occurring in care homes and 18.6% in hospital). A similar trend was reported showing dying in care homes trebled during the first 10-weeks of the COVID-19 pandemic in England and Wales.

Notwithstanding the COVID-19 pandemic, healthy life expectancy has increased, but not as much as life expectancy overall. This means more people are dying older and spending more years in poor health.¹⁵ To meet the increased population palliative care needs, Finucane et al²⁰ identified opening a realistic debate on death, dying and bereavement within society, which previous policies have precluded to, as a key priority.²⁹ However, despite efforts from the Department of Health, Public Health Agency and other stakeholders, Northern Ireland has made limited progress in this area.

Overall, this Northern Ireland research identified key priorities similar to the Scottish place of death trends research²⁰: (i) action to ensure health and social care services for those at the end-of-life are fully resourced and sustainable, in order to meet patient needs across care settings, (ii) focus on building supports and resilience for informal carers, and (iii) opening a realistic debate on death, dying and bereavement within society, which previous policies have precluded to. However, as previously discussed, Northern Ireland has additional challenges at policy, commissioning and service delivery levels which require urgent attention in order to meet these priorities. Palliative and end-of-life care research in Northern Ireland also lags behind the rest of the UK, with a lack of outcome-based studies. Palliative care research across Ireland has consisted of mostly needs-based and small-scale studies, with a lack of literature on minority groups such as those living in transitional housing, with mental health problems, pre-existing disabilities, homeless people and those who identify as LGBTQ+.14 As research is vital for informing policy and decision-making, funding for community-based palliative and end-of-life care research also needs to be a key priority going forward.

CONCLUSION

This study highlights the increasing need for end-of-life care over



the next 20-years, particularly within community settings across the UK. Death at an increasing age has serious implications for end-of-life care provision, and it is unclear at present whether health and social care services in Northern Ireland, as they are currently constituted and resourced, will be sufficient to meet future demand. This study's place of death projections, current policy and research evidence further demonstrate that Northern Ireland requires urgent prioritization for community care resourcing, and increased research capacity to ensure community settings can meet the fundamental care and specialist support needs of those at the end-of-life.

CONFLICTS OF INTEREST

The authors declare that they have no conflicts of interest.

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SUPPLEMENTARY TABLES

SUPPLEMENTARY TABLE I

Male Hospital Care Home Home Home 77 121 0 17 18 16 0 8 389 213 3 221 389 213 3 221 131 1005 48 806 134 164 815 816 1346 145 146 815 1210 1911 1340 571 6935 7447 2340 351 6935 7447 2340 351 1304 930 42 806 1481 226 0 25 1304 930 42 806 1457 1424 136 74 1457 1424 136 74 1317 2033 120 62 655 123 248 85 1347 968 35 885 1472 1394 128	Hospice	■ A								
67 77 121 0 11 18 16 0 223 389 213 3 819 1331 1005 48 1153 1544 1458 166 2447 2366 2723 783 2447 2366 2723 783 66 90 140 0 17 19 20 0 17 19 20 0 17 19 20 0 18 481 226 0 17 19 20 0 18 481 226 0 2409 2289 2733 637 200 228 25 1 201 25 25 1 202 25 25 1 203 244 368 35 1066 1472 1397 1286 <td< th=""><th></th><th>Other Hospital Places</th><th>Care Home H</th><th>Own Hospice Home</th><th>All ce Other Places</th><th>Hospital</th><th>Care Home</th><th>Own Home</th><th>Hospice</th><th>All Other Places</th></td<>		Other Hospital Places	Care Home H	Own Hospice Home	All ce Other Places	Hospital	Care Home	Own Home	Hospice	All Other Places
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2364 2267 2723 658 2896 1399 2247 1286 7470 7062 7705 2111 58 85 120 0 11 18 13 0 203 484 234 6 840 1381 974 31 1050 1426 1314 145	153	89 628	57	298 54	29	692	71	473	66	09
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7470 7062 7705 2111 58 85 120 0 11 18 13 0 203 484 234 6 840 1381 974 31 1050 1426 1314 145	4 47	41 1411	866	432 26	29	836	288	242	21	12
58 85 120 0 11 18 13 0 203 484 234 6 840 1381 974 31 1050 1426 1314 145	490	632 4018	1454	576 232	061	3687	657	2018	258	442
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1050 1426 1314 145	164	184 408	15	299 81	37	266	91	569	83	147
	153	84 579	09	317 65	29	735	85	463	88	55
4696 2328 2368 2665 669 1119	145	98 1287	421	511 72	37	1378	248	809	73	19
4397 2951 1446 2200 1408 693	3 43	53 1368	9601	429 23	35	832	312	264	20	81
14649 7441 7208 7520 2259 3745	523	602 3791	1595	1635 254	991	3729	664	2110	269	436



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2	ı,	661	539	105	290	288	2124	ĸ	ıs	<u>1</u>	509	523	586	280	2070	9	2	194	524	552	298	301	2177	7	2	180	496	483	595	357	2120
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74	61	117	538	807	1299	862	3716	73	6	<u>4</u>	556	718	1232	792	3521	18	8	115	549	262	1183	829	3563	69	2	135	554	969	1130	810	3398
0	0	33	28	24	43	39	191	0	2	23	27	28	49	37	991	0	2	33	29	22	49	45	180	0	0	17	24	23	4	35	140
æ	0	61	29	75	71	34	269	0	0	15	87	72	63	20	257	0	2	15	69	80	74	61	259	0	_	4	80	72	89	61	244
4	4	93	326	344	513	460	1744	12	2	85	325	360	470	456	1710	9	2	87	301	305	425	469	1595	4	4	87	270	318	463	470	9191
0	0	2	23	57	429	0611	1701	0	0	_	20	55	413	1043	1532	0	0	2	21	70	395	1121	6091	0	0	2	21	82	405	1194	1704
62	6	83	420	553	1277	1395	3799	62	7	%	404	609	1233	1423	3834	71	7	92	450	584	9811	1358	3748	46	m	84	422	549	1132	1346	3582
0	0	161	126	75	93	62	547	_	2	691	124	89	001	65	532	0	2	179	156	69	92	63	564	0	2	139	611	87	88	26	161
ж	0	31	135	179	148	54	550	2	0	25	163	134	140	4	505	_	2	25	137	155	146	35	501	2	_	8	991	148	138	38	201
9	6	292	865	845	1103	748	3868	15	7	249	834	883	1056	736	3780	12	4	281	825	857	1023	770	3772	=	9	267	766	108	1058	827	3736
0	0	m	48	125	169	1560	2427	0	0	2	51	127	999	1392	2241	0	0	2	20	143	889	1476	2309	0	0	9	45	177	677	1651	2496
136	28	200	928	1360	2576	2257	7515	135	91	237	096	1327	2465	2215	7355	152	15	207	666	1382	2369	2187	7311	115	8	219	926	1244	2262	2156	0869
76	24	487	1268	1531	2278	1563	7227	79	17	465	1269	1415	2199	1470	6914	88	13	465	1297	1545	2139	6151	7066	78	6	445	1255	1413	2114	1604	8169
69	13	230	864	1053	2333	3118	7680	74	=	220	863	1124	2228	2979	7499	77	13	229	870	1901	2129	3012	7391	20	8	194	817	1044	2109	3064	7286
145	37	717	2132	2584	4611	4681	14907	153	28	989	2132	2539	4427	4449	14413	165	26	694	2167	2606	4268	4531	14457	128	17	639	2072	2457	4223	4668	14204
0 to 4	5 to 14	15 to 44	45 to 64	65 to 74	75 to 84	85+	Total	0 to 4	5 to 14	15 to 44	45 to 64	65 to 74	75 to 84	85+	Total	0 to 4	5 to 14	15 to 44	45 to 64	65 to 74	75 to 84	85+		0 to 4	5 to 14	15 to 44	45 to 64	65 to 74	75 to 84	85+	Total
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0	_	109	16	48	4	21	310	0	_	%	66	48	43	23	310	0	0	103	88	38	32	13	272	0	0	0	8	4	35	24	285
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ĸ	6	194	475	537	587	343	2148	m	2	163	520	503	615	381	2187	_	3	143	491	481	628	354	2101	4	7	151	490	526	089	382	2225
0	0	2	22	47	296	453	847	0	0	2	29	801	334	492	965	0	0	4	28	93	301	503	676	0	0	2	32	102	337	557	1033
49	=	611	531	716	1216	606	3551	99	01	911	544	763	1147	606	3555	83	01	122	487	790	1132	840	3464	74	6	134	565	826	1200	626	2707
0	0	17	32	26	14	40	156	0	0	61	26	20	46	32	143	0	0	61	61	21	32	34	125	0	0	17	31	15	33	4	071
0	0	12	73	29	63	25	232	0	_	=	78	99	54	24	234	_	3	23	06	85	49	21	287	2	_	6	82	78	89	15	255
4	2	26	316	324	533	541	1776	4	_	77	315	344	562	522	1825	4	-	76	299	330	208	269	1787	3	2	63	325	372	490	588	10.43
0	0	_	27	73	451	1309	1981	0	0	_	23	71	439	1332	9981	0	0	-	33	84	457	1305	1880	0	0	_	27	92	468	1461	0707
4	2	85	394	240	0911	1409	3637	52	9	83	379	556	1143	1421	3639	42	8	74	413	564	1145	1329	3575	54	4	66	431	265	1021	1430	3776
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0	m	20	139	131	130	47	470	4	_	20	149	141	128	35	478	4	4	33	191	891	134	14	545	3	2	24	156	148	136	14	011
7	=	250	16/	198	1120	884	3924	7	m	240	835	847	1177	903	4012	2	4	219	790	811	1136	923	3888	7	4	214	815	868	1170	970	4070
0	0	3	49	147	747	1762	2708	0	0	ĸ	52	179	773	1824	2831	0	0	2	19	177	758	1808	2809	0	0	9	59	194	802	2018	2002
93	91	204	925	1256	2376	2318	7188	8 -	91	198	923	1319	2290	2330	7194	125	81	961	006	1354	7772	2169	7039	128	13	233	966	1423	2251	2409	7452
52	24	432	1185	1447	2206	1748	7094	73	13	386	1263	1497	2213	9181	7261	87	41	382	1163	1485	2163	1730	7024	79	12	406	1245	1565	2320	8961	7595
48	7	171	842	1022	2248	3324	7662	56	8	061	821	1057	2244	3331	7077	47	12	193	854	1084	2206	3258	7654	29	7	189	968	1154	2110	3538	7052
001	31	t 603	t 2027	1 2469	4454	5072	14756	129	21	1 576	1 2084	1 2554	4457	5147	14968	134	26	575	1 2017	1 2569	4369	4988	14678	138	61	1 595	1 2141	1 2719	1 4430	5506	155.48
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2	3	153	451	554	297	427	2187	7	3	181	540	287	663	479	2460	_	3	165	547	551	628	435	2330
0	0	ĸ	45	103	315	536	1002	0	0	2	33	92	332	594	1053	0	0	_	32	112	337	267	1049
59	4	104	564	810	1202	926	3699	49	6	122	536	792	1310	1059	3877	50	01	95	537	786	1300	1078	3856
2	0	25	35	25	28	39	154	0	0	17	22	27	23	26	115	0	0	24	36	23	22	38	143
3	0	7	70	18	09	32	253	0	_	8	80	76	57	26	258	4	3	12	82	18	99	27	275
3	2	72	310	375	207	189	0061	4	3	20	307	363	573	189	2001	4	2	29	325	362	542	999	8961
0	0	0	24	105	442	1459	2030	0	0	_	20	8	453	1491	2065	0	0	0	70	87	450	1486	2043
53	6	84	431	624	8011	1354	3663	44	6	69	446	615	6601	1400	3682	46	3	82	444	119	0011	1436	3722
3	0	127	811	74	19	52	435	_	0	011	801	75	55	4	390	0	_	127	132	65	52	54	431
4	_	91	155	162	122	54	514	0	2	28	162	162	Ξ	43	208	9	3	61	167	143	135	50	523
5	2	225	192	929	1104	1058	4087	=	9	251	847	950	1236	0911	4461	2	2	232	872	913	1170	1011	4298
0	0	3	69	208	757	1995	3032	0	0	æ	53	192	785	2085	3118	0	0	_	52	661	787	2053	3092
112	13	88	962	1434	2310	2310	7362	93	81	161	982	1407	2409	2459	7559	96	13	171	186	1397	2400	2514	7578
63	8	371	1228	1597	2209	1954	7430	57	13	408	1277	1605	2391	2164	7915	53	4	371	1297	1553	2364	2119	1777
19	=	881	870	1210	2145	3515	8000	48	13	175	875	181	2205	3624	8121	54	8	185	406	1164	2180	3653	8151
124	61	559	2098	2807	4354	5469	15430	105	26	583	2152	2786	4596	5788	16036	107	22	556	2204	2717	4544	5772	15922
0 to 4	5 to 14	15 to 44	45 to 64	65 to 74	75 to 84	85+	Total	0 to 4	5 to 14	15 to 44	45 to 64	65 to 74	75 to 84	85+	Total	0 to 4	5 to 14	15 to 44	45 to 64	65 to 74	75 to 84	85+	Total
			100	2016							7	7107								2018			

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SUPPLEMENTARY TABLE 2

v	Но	spital	Care	Home	Own	Home	Но	spice	All Oth	ner Place
Year	n	%	n	%	n	%	n	%	n	%
2004	7447	51.90%	2340	16.30%	3513	24.50%	501	3.50%	553	3.90%
2005	7506	52.80%	2085	14.70%	3512	24.70%	515	3.60%	606	4.30%
2006	7705	53.00%	2111	14.50%	3594	24.70%	490	3.40%	632	4.30%
2007	7520	51.30%	2259	15.40%	3745	25.60%	523	3.60%	602	4.10%
2008	7515	50.40%	2427	16.30%	3868	25.90%	550	3.70%	547	3.70%
2009	7355	51.00%	2241	15.50%	3780	26.20%	505	3.50%	532	3.70%
2010	7311	50.60%	2309	16.00%	3772	26.10%	501	3.50%	564	3.90%
2011	6980	49.10%	2496	17.60%	3736	26.30%	501	3.50%	491	3.50%
2012	7188	48.70%	2708	18.40%	3924	26.60%	470	3.20%	466	3.20%
2013	7194	48.10%	2831	18.90%	4012	26.80%	478	3.20%	453	3.00%
2014	7039	48.00%	2809	19.10%	3888	26.50%	545	3.70%	397	2.70%
2015	7453	47.90%	3082	19.80%	4078	26.20%	510	3.30%	425	2.70%
2016	7362	47.70%	3032	19.70%	4087	26.50%	514	3.30%	435	2.80%
2017	7559	47.10%	3118	19.40%	4461	27.80%	508	3.20%	390	2.40%
2018	7578	47.60%	3092	19.40%	4298	27.00%	523	3.30%	431	2.70%
Mean annual % change*	-0	.31%	0.:	22%	0.	18%	-0	.01%	-0	.08%