1. Indicator name			
Avoidable mortality rate due to Intersectoral Health Policies			
Date update:	05/09/2024	**Version:**	1.2

2. Area	
Main Area	Health condition
Subarea	Mortality

3. Definition

Avoidable mortality provides information on the mortality patterns of certain pathologies considered susceptible to intervention. It is carried out based on a selection of what are considered preventable diseases, understanding that a disease is preventable if effective prevention and treatment measures are available to avoid premature death from this disease. Avoidable mortality rates are configured from a group of causes on the basis of their susceptibility to intervention for health care services and for intersectoral health policies. This indicator is relevant in the field of public health as it allows assessing the therapeutic and preventive means available. A geographical analysis makes it possible to detect differences in mortality that could be associated with different levels of access and effectiveness of health services.

Specifically, the causes susceptible to intervention by intersectoral health policies are those for which it is considered that there is only (or fundamentally) primary prevention intervention in the social, educational, regulatory, etc. Those in which the prevention measures are mainly based on medical-surgical or care measures are not included.

4. Calculation formula

$$TME = \frac{\sum_{y=1}^{K} \sum_{x=J1}^{J2} d_{y,x}}{\sum_{x=1}^{J} P_x} \times 10^5$$

$d_{y,x}$= number of deaths by preventable cause of mortality y, in age intervals J1 to J2 (variables depending on the cause of mortality)

Px= Population of the age interval x

J= number of age intervals

5. Reading

The avoidable mortality rate for healthcare services is configured based on the following causes of death:

Causes susceptible to intervention by intersectoral health policies	Age	CIM-10 codes
AIDS and HIV infection	All	B20-24, R75
malignant lung tumor	0-74	C33, C34
alcoholic liver disease	15-74	K70

motor vehicle accidents	All	V02-V04, V09 (except V09.1 and V09.9), V12-V14, V19.0-V19.2, V19.4-V19.6, V20-V79, V80.3-V80.5, V81.0-V81.1, V82.0-V82.1, V83-V88.8, V89 (except V89.1)
suicides	All	X60-X84, Y87.0
homicides	All	X85-Y09, Y87.1
Other external causes	All	V01, V05-V06, V09.1, V09.9, V10-V11, V15-V18, V19.3, V19.8-V19.9, V80.0-V80.2, V80.6-V80.9, V81.2-V81.9, V82.2-V82.9, V88. 9, V89.1, V90-V99, W00-W99, X00-X49, X50-X59, Y10-Y59, Y85-Y86, Y87.2, Y88-Y89, F10.0

An increase in the rate is considered negative since it implies an increase in cases of death from the selected causes relative to the population and, therefore, could mean a decrease in the effectiveness of the means available for intersectoral health policies. To compare the rates it is necessary to present the standardized rate.

6. Periodicity

Annual

7. Source

National Statistics Institute (INE)
Statistics Institute of Catalonia(IDESCAT)

8. Constraints

geographic	☒	temporary	☐	statistical secrecy	☒

Description of limitations

9. SDGs

one	2	3	4	5	6	7	8	9	10	eleven	12	13	14	one 5	16	17
☐	☐	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

3.4, 3.6

10. Comments and observations

The list of causes of avoidable death configured by the consensus group (Gispert, R.) is taken as a reference, which represents an updated version, according to the most recent prevention and treatment criteria, of the causes of mortality to be considered avoidable. They are presented grouped into causes susceptible to intervention by health care services and causes

susceptible to intervention by intersectoral health policies. It includes various pathologies and/or injuries that affect different age groups.

The data are first presented in an indirectly standardised way based on the values at provincial level. Given that the province of Girona is organised by municipalities, between which there are considerable differences, and 84% of which have less than 5,000 inhabitants, a data smoothing process is carried out. This process, using a Bayesian approach based on INLA (Integrated Nested Laplace Approximation), allows the excess volatility of the data to be eliminated, and the most stable patterns to be achieved.
The county values for Cerdanya, Osona and la Selva are calculated from the municipalities of Girona province.