Health Survey for Catalonia 2013

Main Results Report

Executive summary

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Enquesta de salut de Catalunya





Executive summary

Health-related behaviours

- ❖ Seven out of ten people aged 15 to 69 years perform what is considered a healthy level of physical activity. This proportion is slightly higher among men, among the wealthiest and among people with university degree. 20.3% of the population aged 18 to 74 years has a sedentary behaviour, higher among women. In the population of 3 to 14 years, watching television is the most common recreational activity outside of school hours. The sedentary leisure of these children shows a higher prevalence in older groups, in lower classes and when the mother has primary education or no education.
- ❖ 26.5% of people aged 15 years and over are smokers (daily or occasional). The decrease in the percentage of smokers is maintained in the period 1990-2013. Men have higher prevalence of smoking than women for all age groups. Consumption is lower among men from wealthier social classes and among those with university degree and among women with primary education or no education.
- ❖ 3.9% of the population aged 15 years and over has at-risk alcohol consumption. It is much higher in men in all ages and in the age group of 15-24 years.
- With respect to food habits, 11.7% of general population consumes five daily servings of fruit and/or vegetables, almost half of the population aged 3 years and over has a healthy breakfast (47.3%) and three out of four children from 3 to 14 years make a low consumption of high-calorie products.
- ❖ Preventive practices remain high. 48.4% and 56.3% of the population aged 15 years and over has blood pressure and blood cholesterol measured periodically, respectively. Highest frequencies are observed in regular practice of mammography in women from 50 to 69 years (91.9%) and vaginal cytology in women from 25 to 65 years (76.3%). 56.9% of the population aged 60 years and over get the flu vaccine regularly.

Health status

- Eight out of ten people make a positive assessment of their health status. It is worse among women, as groups are older, in lower socio-economic groups and in lower levels of education.
- Among the population aged 15 years and over, health-related quality of life dimensions most frequently causing problems are pain or discomfort (30.0%), anxiety and/or depression (19.5%) and mobility (16.6%). Women have higher proportions of problems than men in all dimensions.
- ❖ Almost half of the population aged 18 to 74 years (48.5%) is overweight (overweight or obese). 34.3% is overweight, and 14.2% is obese. Being overweight affects more men (41.8%) than women (26.8%), and obesity is similar in both sexes (14.4% in men and 14.0% in women). The percentage of population overweight is higher among the lower social classes and among people with primary education or no education.

- ❖ 31.1% of the population aged 6 to 12 years is overweight. Overweight is more common in girls, while obesity affects boys. The prevalence of obesity is higher among those under 15 years of the poorer classes and when the mother has primary education or no education.
- ❖ 38.6% of the population of all ages suffers a longstanding or chronic illness or health problem, and this percentage is higher among women, as groups are older, among people of lower social classes and among those with primary education or no education.
- ❖ 12.4% of the population aged 15 and over is at risk of developing a mental disorder. The prevalence is higher among women in all age groups, among people belonging to lower classes and among those with primary education or no education. Regarding mental well-being or positive mental health, on a scale of 14 to 70 points, the average level of mental wellbeing of the Catalan population aged 15 years and over is at 59.6 points.
- ❖ The 3.9% of general population is severely limited to carry out their usual activities because of a health problem and 13.6% have a disability. 9.2% of the population aged 15 years and over need help or company of others to carry out usual activities of daily living because of a health problem. This lack of personal autonomy or dependency status is particularly evident in the oldest age groups and is more common for women, as well as among the most disadvantaged social classes and among people with primary education or no education.

Use of health services and satisfaction

- ❖ 24.1% of the population of all ages has double health coverage. People with double health coverage is younger, there are more women, belong to higher socioeconomic classes, have a higher level of education, have a positive perception of their health to a higher extent and have visited a health professional in higher proportion.
- ❖ Nine out of ten people have visited a health professional at least once last year. These people have used public health services more frequently (67.8%). 76.7% of the general population has been visited by a professional of general medicine or pediatrics, three out of ten people have visited an emergency department last year and 8.3% of the population has stayed at least one night in hospital during the last twelve months.
- ❖ 6.3% of the general population, despite having had over the past fortnight a health problem requiring medical care, did not ask for it. The main reasons for not asking this care are that 'it was not sufficiently serious' and that 'the visit was scheduled later on'.
- ❖ 63.0% of the population aged 15 years and over and 30.0% of children of 0-14 years have used drugs during the two days preceding the interview. Medicines that adult population consumed in higher proportions are aspirin or similar pain-relievers and/or anti-inflammatory drugs (27.2%), followed by hypertension drugs (20.7%) and cholesterol control drugs (14.3%). Among children, medicines consumed in higher proportions are aspirin or similar pain-relievers and/or anti-inflammatory drugs (12.0%), drugs for cough and cold (7.2%), and vitamins or minerals (4.5%).
- ❖ Satisfaction with health services most often used during the last year was 90.1% for the general population, 98.0% for private services and 88.1% for public.

Temporal evolution (2010-2013) of the 22 indicators selected

❖ In relation to health-related behaviours, between 2010 and 2013 it decreases the percentage of tobacco consumption in population aged 15 years and over, and the decline

- between 2011 and 2013 is significant. At-risk alcohol consumption in population aged 15 years and over also decreases significantly. The percentage of healthy physical activity in population aged 15 to 69 years decreases during this period, significantly among women. Sedentarism in population aged 18 to 74 years increases, but not significantly.
- ❖ Preventive practices show no significant changes during this period. Blood pressure measurement and blood cholesterol measurement decrease, periodic vaginal cytology increases and mammography remains stable.
- Regarding health status, between 2010 and 2013 the percentage of general population with a positive self-perceived health status and the percentage of population aged 18 to 74 years with excess weight increases, but not significantly. It also increases, with significant differences, the overall percentage of population suffering from chronic diseases or health problems, and the population aged 15 and older who suffers or has suffered from high blood pressure or from high cholesterol. In this period, it decreases, but not significantly, the percentage of the population aged 15 years and over with disability, people at risk of developing a mental disorder and those experiencing pain or discomfort.
- Results on healthcare services use show a decrease in the percentage of general population with double health coverage, the percentage of population that has visited a health professional last year and the percentage of the population aged 15 years and over who has used medication in the last two days. Hospitalization remains stable, visits to emergency rooms have declined, and satisfaction with public healthcare services used by the population has increased, but no significant changes in these indicators between 2010 and 2013 are observed.