

# 2017 Health Report

## Summary

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# Summary

## Chapter 1. What is our environment like?

### Demographic environment

The population of Catalonia increased by more than one million between 2000 and 2012. It then declined by more than 90,000 between 2012 and 2015, and began to rise again from 2015 due to immigration.

Women comprise 51.0% of the population. The relative weight of women is higher after the age of 50 and increases with age. It is important to note the relative weight of the adult population from 30 to 50 years old.

Births continue to decline and are expected to continue to fall because the number of women of childbearing age is dropping. Deaths are expected to increase as a greater number of people are living to more advanced ages.

### Socio-economic environment

Economic indicators show an improvement compared to the period of economic recession, although the levels recorded prior to the beginning of the economic crisis have yet to be recovered. The age group with the highest risk of poverty is that of children and young adults. The premature abandonment of secondary education, although at a relatively high level, is being reduced.

The disadvantaged social class comprises over half the population, and the proportion is higher among the older age groups.

Young women with university studies represent a larger proportion than young men, whereas older men have a higher level of education than older women.

### Family environment

Men and women are not equally involved in housework: women perform these tasks alone more often than men and spend more time carrying them out. When there are people who require care, a higher proportion of women provide this care.

### Physical environment

The results of the evaluation of water quality show a high level of aptitude for consumption. In recent years, the percentage of water suitable for consumption has remained stable.

As for the pollutants that affect air quality in Catalonia – particulate matter under 10 microns, nitrogen dioxide, and tropospheric ozone –, there has been a slight decrease in the levels in 2016 compared to 2015.

Regarding the safety of foods, the results of the visits to different establishments and the analyses carried out show a high percentage of compliance with regulations.

## **Chapter 2. What health do we have?**

### **How long we expect to live**

The life expectancy of women (85.9) is higher than that of men (80.4), and both rank highly in this respect within Europe. On the other hand, in healthy life expectancy this difference is not observed (68.8 in men and 68.6 years in women).

### **How we value our health**

Eight out of ten people have a positive self-perceived health status, men more so than women. In the older age groups, self-perceived health is worse. The most disadvantaged social classes and people with a lower level of education, especially women, have a worse self-perceived health status. No differences were found by health region compared to Catalonia and the current progress has been positive.

Compared to men, a higher proportion of women in all age groups and of all levels of education and social classes experience pain or discomfort that affect their quality of life. The prevalence of pain or discomfort has shown a downward trend since 2006.

### **Sexual and reproductive health**

Induced abortions (IA) in women aged 15 to 44 remained stable in 2016. The number of IA was 19,661. The rate of IA is higher among women from 20 to 24 and among women born outside Spain. There are differences in the IA by health region.

The number of births in Catalonia in 2016 was 68,974, and the birth rate has been declining since 2009. Among younger women, women born outside Spain have children in greater proportion than women born inside Spain. The number of children per woman is 1.39, lower than the average for the whole of the European Union, and the average age of first-time mothers is 30.8 years, ahead of the average age for Spain as a whole.

### **What we die of**

In 2015 deaths increased by 5.9%. This increase is similar to what has occurred in the whole of Spain and across Europe.

Men die in greater proportion than women in all age groups. Premature mortality is higher in men than in women and the weight given to different causes varies between the sexes.

Cardiovascular diseases are the first cause of death in women and for both sexes combined, and tumours are the first cause of death in men and the second for both sexes

combined. Regarding more detailed causes, the first one for women are dementias and in men malignant lung tumours.

The infant mortality rate is 2.4 deaths per 1,000 live births, below the rate for the whole of Spain (2.7) and the European Union (3.3).

### **What health problems we have**

Nearly 40% of the adult population suffers from a chronic or long-term health condition, with women suffering more than men, and with a greater frequency in older groups, in the socio-economically disadvantaged populations and among people with a lower level of education. The prevalence of this problem has been on the rise since 2010 and no differences were found between health regions by sex.

The prevalence of chronic or long-term disorders is higher among women than men and the problems differ according to sex. According to data regarding the use of public healthcare services, there are differences between the most frequent health conditions in men and women – 64.5% of people diagnosed with ischemic heart disease are men and 70.5% of people diagnosed with depression are women.

In the population aged 15 years and over, almost twice as many women as men suffer from anxiety or depression problems (19.8% and 10.3%, respectively). Greater percentages of people from the socio-economically disadvantaged class and with a lower level of education suffer from anxiety or depression. The prevalence of these problems has shown a downward trend since 2014, but always remains higher among women.

The prevalence of excess body weight is half the population between 18 and 74 years old (overweight or obesity). There are no gender differences in obesity, but overweight affects more men (43.2%) than women (27.3%) and increases with age in both sexes. Excess body weight remains stable compared to 2006; obesity is showing an upward trend and overweight a downward trend.

Among the population aged 6 to 12 years, 36.3% have excess body weight and the prevalence is higher in the most disadvantaged classes and lower when the mother has university studies. Obesity affects boys (15.4%) more than girls (8.5%). With respect to 2006, the prevalence of obesity has shown a downward trend.

Two point seven per cent of the population under 15 years suffers from some serious limitations or physical or sensory disabilities that affect the carrying out of daily activities, without differences by sex. In the population 15 years and over, the percentage is 14.2%, and is more frequent among women. Prevalence increases in older groups and is higher

among women with a lower level of education. Disability in the adult population has displayed a downtrend since 2006.

### **Communicable diseases**

The most frequent vaccine-preventable communicable diseases in 2016 have been mumps and pertussis. Mumps affects the paediatric population and young adults, and more boys than girls. Pertussis also affects the paediatric population more frequently and more girls than boys. This year mumps has reached an epidemic peak and pertussis has declined.

The incidence rate of tuberculosis, although on the decline, is higher than the rate for all European countries. It affects more men than women and many more people who were born outside Spain. Eighty-eight point per cent of the cases obtained a satisfactory result from treatment.

The HIV incidence rate is 10.9 new diagnoses per 100,000 inhabitants, above that of the European Union as a whole. People diagnosed with HIV are mostly men who have sex with men, people born outside Spain and aged 20 to 39 years. The incidence rate of other sexually-transmitted infections such as gonorrhoea, chlamydia and syphilis has increased compared to the previous year. Chlamydia is more frequent among women, and gonorrhoea and infectious syphilis among men.

In 2016, 656 outbreaks were reported that have affected 9,249 people. The most frequent outbreaks observed by epidemiological surveillance services have been for pertussis and for food-borne diseases.

The incidence rate of work-related diseases is higher in women than in men and in people above the age of 55. Mental health disorders are more frequent than musculoskeletal disorders.

## **Chapter 3. What do we do for our health?**

### **Health-related behaviours**

Eight out of ten people aged 15 to 69 years old carry out a healthy physical activity, more men than women, with a growing trend, that is higher in Barcelona Health Region. One third of population between 3 and 14 years have an active leisure time, and boys are more active than girls.

Seven out of every ten adults follow the recommendations of the Mediterranean diet, more women than men. Women from the better-off social class and with university studies tend to follow these recommendations more closely, a trend that increases with age and then

decreases after the age of 75. One third of boys and girls among 3 to 14 years old consume products with high caloric content often, three or more times a week. This pattern of consumption is lower when the mother has university studies.

One in four people consumes tobacco (daily or occasionally), more men (29.0%) than women (20.6%) and more in younger age groups. The prevalence of male smokers has been decreasing since 1994 and has remained stable among women since 2013.

High-risk alcohol use is higher among men (6.9%) than women (2.2%), in the age group between 15 and 44 years old and among the people of the better-off social class. Among people from 14 to 18 years, almost three out of every ten boys and girls had engaged in binge drinking in the last month, this type of drinking being more frequent among boys.

### **Preventive practices**

Fifty-four point nine per cent of the population aged 15 years and more take their blood pressure periodically and 60.6% periodically check their cholesterol, without differences by sex. The trend in the last year has remained stable for both periodic measurements. There are no differences for sex and both preventive practices are higher in older groups, in less favoured social classes and in people with a lower level of education.

Half of the population between 5 and 14 years old brushes its teeth twice a day, and the percentage is higher when mothers have a secondary education and university studies. The trend is growing.

Nine out of every ten women aged 50 to 69 years old undergo a periodic mammography and three out of every four women aged 25 to 64 years undergo a cervical smear test. The practice of mammography has grown between 1994 and 2010 and has now stabilized, without any differences between social classes. In relation to the preventive test for faecal occult blood, 34.8% of the population aged 50 to 69 years has undergone testing, and the rate has been growing since 2015, coinciding with the expansion of the Early Detection Programme for colon and rectal cancer. The prevalence rate for this test is higher among the better-off social class and among people with university studies.

### **Use of health services**

Three out of four people have only public healthcare coverage and one in four has double health coverage, that is, they also have private healthcare coverage. This double healthcare coverage is higher in younger age groups, among better-off social classes and among people with university studies. Double coverage is at levels similar to 2010.

Six out of ten people have taken medication in the last two days, more women than men, and more in older groups. Prevalence has remained stable over the last five years. The highest prevalence of consumption occurs in people with a lower level of education.

Nine out of ten people have visited a health professional last year, more women than men. People under 14 and those over 64 visit a health professional more frequently. There are no differences by social class or region and the trend has remained stable since 2010. The most visited professionals are mainly specialists in paediatrics and general medicine.

A third of the general population visited an emergency department in the last year, people over 74 years of age and those under 15 years of age registered the most visits. There are no differences between social classes. The proportion is similar to that of 2006 and has recorded a downward trend since 2011. A higher proportion of the population under 15 years old has undergone treatment in hospital emergency services and a higher proportion of 74 years and over has received treatment by the medical emergency services.

Six point nine per cent of the population has been admitted to a hospital for at least one night in the last year, more women than men, mainly in fertile age, and more among the population of 75 years and older. There are no differences according to social class or region in the proportion of the population that has been hospitalized. Hospitalization has followed a downward trend since 2002.

Satisfaction with public healthcare services is 88.7% and the proportion of highly satisfied people remains stable. Satisfaction with public services is higher among people in the younger and older groups, and is higher among better-off social classes and among people with university studies.