

# 2016 Health Report

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# Summary

## What is our environment

In 2016, Catalonia has 7,522,596 inhabitants, 14,490 more than the previous year. The number of births has declined since 2008 and will continue to decline in coming years, while the number of deaths will increase. A deep economic crisis has marked the last years. The unemployment rate in 2015 is 18.6% and the long-term unemployment rate is 10.4%. One million four hundred thousand people live below the at-risk-of-poverty threshold after receiving social transfers. At the same time, there is an increase in economic inequality. In 2015, 20% of the population from the highest economic level has 6 times more income than 20% of the population with less income. In recent years, there has been a drop in early school leaving. In 2015, 18.9 per cent of those between the ages of 18 and 24 had dropped out of secondary school.

The results of the water quality assessment show a high level of drinking water suitability. The most important pollutants that affect air quality are suspended particles, where there is a slight increase compared to the previous year; nitrogen dioxide, with a stabilization of the tendency to decrease observed in recent years; and tropospheric ozone, where 115 hours of exceedance of the threshold have been recorded in 17 of the 50 measurement points. Finally, 92.8% of the establishments inspected and 99.3% of the food samples analyzed meet the requirements and limits established in food safety regulations. The evolution of general compliance indicators shows a stable trend.

## What health do we have

In Catalonia, life expectancy at birth in the year 2014 is 83.4 years and healthy life expectancy at birth is 68.4 years, following the tendency to increase from previous years both for men and women and in the majority of age groups. Men live less than women, but they live in good health a bigger proportion of their lives.

According to the recent results available, in 2014 the crude mortality rate is 8.17 deaths per 1,000 inhabitants (8.37 men and 7.98 women), that means an increase of 0.60% in men and 1.91% in women compared to the previous year. A result of 61.9% of deaths take place beyond 80 years of age. Tumors are the leading cause of death, with 28.2% of all deaths. The second cause of death are cardiovascular diseases, which cause 27.9% of deaths. In women, the first cause of premature death (before 70 years of age) is the malignant breast tumor and in men it is the malignant tumor of the lung. Perinatal conditions and congenital diseases cause 76.0% of deaths among children under one year of age.

83.3% of the general population has a positive self-perception of health status and 34.3% suffer from a chronic or long-term health conditions or health problems. In the population aged 15 years and over, 28.0% have pain or discomfort, 16.6% have anxiety or depression problems,

15.7% suffer from a permanent disability or limitation, and 10.6% need help of other people to carry out daily activities. Prevalence of overweight is 49.3% among population aged 18 to 74 years and 31.8% among population aged 6 to 12 years. 2.6% of the population under the age of 15 have a permanent disability. Most of these indicators have improved or remained stable over the past year and, in general, men perform better than women (except for overweight), as well as people from the better-off social class and people with a higher level of education.

In the year 2015, 3,630 cases of pertussis, 437 mumps, 89 hepatitis B and 76 hepatitis A cases have been reported. The incidence rates of pertussis, mumps and hepatitis A are highest among children under 15 years of age, decreasing as the groups are older. By contrast, hepatitis B is a disease of adults and mainly of men. The incidence rates of pertussis and mumps are higher than in the previous year. The incidence rate of tuberculosis is 14.4 cases per 100,000 inhabitants and has decreased by half a point compared to the rate of the previous year. A total of 634 new HIV diagnoses were recorded in 2015. The most frequent transmission occurs in men who have sex with men, with 67.0% of the cases. On the other hand, 812 outbreaks have been reported that have affected 6,493 people and the most frequent type of outbreak is pertussis, with 455 outbreaks and 1,701 people affected.

The most frequent reasons for consultation in primary care in people under 15 years of age are immunizations and screening of infectious diseases and upper respiratory tract infections, which generate on average two visits per patient per year. In the population aged 15 years and over, the health problem that affects more people is hypertension and is one of the diagnoses that has more visits associated. Diseases of the respiratory system are those that have a greater number of hospitalization contacts in patients under 15 years. In adult patients the most frequent cause of hospitalization are diseases of the nervous system and sensory organs.

Between 2010 and 2013, 271,106 cases with a diagnosis of rare diseases have been identified, corresponding to 229,861 people. Each person has on average 1.2 diagnoses. Men have more rare diseases than women up to 20 years and from 70 years, although, in general, men and women have a very similar prevalence (3.0% and 3.2%, respectively).

In Catalonia there are 77.4 cases of work-related illnesses per 100,000 people employed in 2015. Two major groups stand out: mental health disorders and musculoskeletal disorders. The incidence rate of mental health disorders is higher among women and in employed persons aged 25 to 54 years, and musculoskeletal disorders among older persons.

Of the 20 main indicators analyzed in the present Report, 14 show differences between health regions compared to the global population of Catalonia: life expectancy, standardized mortality rate, positive perception of health status, problems of pain or discomfort, illness or chronic or long-term health condition, anxiety or depression problems, overweight in population aged 18 to 74 years, disability, and incidence rates of pertussis, mumps, hepatitis A and B, tuberculosis and HIV incidence rate.

## What we do for our health

70.8% of the population aged 15 and over follow the recommendations of the Mediterranean diet, and 74.2% of the population between 15 and 69 years have a healthy physical activity. 25.7% of the population aged 15 and over smoke, with a dropout rate of about 40%. Risky alcohol consumption affects 3.8% and 83.8% sleep between 6 and 8 hours. 54.6% take blood pressure periodically and 60.5% check the cholesterol level. The 12.5% of population aged 50 to 69 years has ever followed a preventive test for fecal occult blood and about 8% a colonoscopy. 35.7% of the population aged 3 to 14 years have an active leisure style and 27.5% frequently consume hypercaloric products. 16.6% of the population under the age of 15 live with a person who smokes at home and 56.7% of the population aged 5 and 14 brush their teeth at least twice a day. Most of these indicators have improved or remained stable in the last year. In general terms, men perform better than women (except in tobacco use, risky alcohol consumption and proper tooth brushing), people of the most favored social class and those with a higher education level (except in the control of blood pressure).

3 out of 4 people have public healthcare coverage exclusively. The proportion of the population that also has private healthcare coverage is higher in the age groups of less than 65, in the better-off social class and with a higher level of education. About 90% of the population that has used a public healthcare service is satisfied and the percentage of this satisfaction shows a growing trend over the years.

97.0% of the population under the age of 15 and 91.7% of the population aged 15 and over have visited a healthcare professional at least one in the last years. General practitioners and pediatricians are the professionals that are visited in greater proportion. The second most visited professional is the specialist in dentistry. One in three people visited an emergency department in the last year, more women than men and the socioeconomically disadvantaged population. 7.1% of the population has been admitted to a hospital for at least one night in the last year and the trend is decreasing.

Of the 12 main indicators analyzed, in 3 no differences were found by health region compared to Catalonia. The 9 indicators where differences have been found are healthy physical activity, smoking, risky alcohol consumption, periodic blood pressure measurement, fecal occult blood screening, double healthcare coverage, visits to health professionals in the last year, visits to an emergency service, and satisfaction with the public healthcare services most frequently used in the last year.

## What does the health system do

Among other actions, this document highlights the following:

- The Health Plan of Catalonia 2016-2020, which was approved by the Government on July 19<sup>th</sup>. Its main objective is to improve the health and quality of life of the population by strengthening four principles of the health system: public, universal, fair and people-centered. The Health Plan wants to achieve 39 health objectives. Their evolution is valued annually, with an integrated idea of the health approach, which puts the person at the center of the system and pays attention to social determinants of health.
- The Strategic Plan 2017-2020 on Community Mental Health, which promotes the development of a model of community care for mental health and addictions. The objectives and actions proposed by the Strategic Plan cover all processes, from health promotion and disease prevention, diagnosis and treatment, to rehabilitation and reintegration into the community. It also includes the participation of the people affected, the families and the organizations that represent them. The Plan has a broad vision of the system, as it integrates and values non-exclusively healthcare elements.