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# **Health Survey of the Institutionalised Population of Catalonia, 2006**

## **Care homes and long-stay hospitals**

**Directorate-General for Planning and Assessment  
Ministry of Health  
Generalitat de Catalunya**

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The Health Survey of the Institutionalised Population of Catalonia (ESPI) is a survey aimed at people aged 65 years and over who live in care homes and long-stay hospitals (the institutionalised population). Data are available for the first time on the health, habits and lifestyle of this population, along with their use of the health service.

1,379 individuals aged 65 years and over living indefinitely in care homes and long-stay hospitals with a capacity of over 15 residents were interviewed for the ESPI. The sample was selected using a two-stage random sampling process that took into account the type of institution (care home and long-stay hospital) and how representative it would be by health region.

### **Sociodemographic characteristics**

The institutionalised population aged 65 years and over consists mainly of women (72%) who tend to be older than their male counterparts. More than half were born in Catalonia (57.2%) and more than half are also widowed (62.2%), lived as part of a couple or with members of their immediate family (50.2%), and more than a third lived alone before moving into a home. Almost all of the institutionalised population has a minimum of primary school education (92.3%) and three out of four people have a net income that is lower than €600/month. In the majority of cases, problems with health and independence were the main reasons for moving into the home (57.9%), followed by having company or not being alone (18.8%) and family reasons (16.0%). 62.9% has been resident in the centre for three years or less (61.9% of those who live in care homes and 70.0% of those who live in long-stay hospitals).

### **Behaviour linked to health**

14.2% of institutionalised men aged 65 years and over and 0.4% of women state that they are smokers.

In regard to habitual physical activity throughout most of the day, 60.6% of the institutionalised population is seated, 31.0% carries out activities and gets about on foot without physical effort and 6.4% is bedridden. Women are more sedentary than men, and this increases the older the group, a trend that is not visible among men.

In regard to preventive health, 91.1% of this population receives the flu vaccine each year. 87.9% have their blood pressure checked regularly and 85.0% have their cholesterol checked regularly. There is no significant difference between sexes.

## Health status

41.1% of the institutionalised population aged 65 years and over say that their state of health is positive (good, very good or excellent) and 46.5% have a positive view of their quality of life. However, almost every individual suffers from chronic conditions (98.5%) and more than half state that they suffer from pain or discomfort (54.8%), while over half are also anxious or depressed (54.8%). Of the institutionalised population, 11.3% state that they have between 1 and 3 chronic disorders, 32.1% have between 4 and 6 chronic disorders and 55.1% have 7 or more. The most frequent chronic conditions are high blood pressure, urinary incontinence, dementia, osteoarthritis, arthritis or rheumatism, depression or anxiety and chronic constipation. Almost three out of four people have problems with walking or other limitations to their mobility, and almost half have severe difficulty carrying out everyday activities (47.5%). 66% state that they are afraid of falling and 37% say that they have stopped carrying out specific activities for that reason. Half of this population is overweight or obese, while 6.4% is underweight and 6.3% perceive their nutritional status as bad, which is an underestimate if this is compared with an objective assessment of nutritional status. Almost one in three has suffered an accidental injury in the last year, the most frequent type being falls. 18.3% of elderly people are at risk of cognitive deterioration and 68.0% suffer from this condition. Finally, 78.0% of the institutionalised population state that they live in a situation of dependency according to the Katz Index in at least one of one of the six activities analysed: 69.2% of men and 81.4% of women. 14.7% of men and 19.1% of women require the maximum level of care (Katz grade G).

By sex, differences can be seen in the state of health of men and women in some of the aspects analysed. Institutionalised women have worse results than institutionalised men in terms of the assessment of their health status, and women report pain or discomfort and certain chronic disorders to a greater extent, particularly urinary incontinence and being underweight.

In regard to social support, approximately a quarter of the people who live in care homes and long-stay hospitals state that they do not experience the different options listed as often as they would like (opportunities for entertainment, talking about personal problems and the centre, receiving love and affection, etc.). A larger proportion of men state that they are dissatisfied with the level of social support they receive.

## Use of services

Almost all of the institutionalised population have their TSI (personal health care card) and 8.8% has a private health insurance policy. Almost all of the population has visited a healthcare professional in the last year (97.3%) and half has done so in the last 15 days (48.2%). Almost every individual has taken some type of medication in the last two days (99.1%). A third has visited an emergency services department and 21.2% has been admitted to hospital in the last year. In regard to the use of resources by sex, men are admitted more frequently to hospital and take more medication than women.

## Comparison of the institutionalised population in long-stay hospitals and care homes

In regard to the type of centre, 24.5% of the population interviewed is resident in long-stay hospitals and the rest in care homes. The distribution by sex shows that 28.5% of care home residents are men and 71.4% women, while in long-stay hospitals 35.3% are men and 64.6% are women.

If residents of long-stay hospitals are compared with residents of care homes, it can be seen that a higher proportion of the former come from other social healthcare centres and hospitals, are married and lived as part of a couple or with immediate family before being admitted. A larger proportion of this group also states that the main reason for admission to the long-stay hospital is problems linked to health and independence, is underweight and is bedridden. A larger proportion has a negative view of their health status and quality of life and there is also a higher rate of disability and cognitive deterioration. In regard to the consumption of healthcare resources, a higher proportion has visited a healthcare professional in the last 15 days and has been admitted to hospital in the last year. A lower proportion states that they suffer from pain or discomfort and anxiety or depression, and they suffer from fewer accidental injuries or accidents.