

**Health and  
health services in Catalonia:  
the citizens' view  
2002**

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## Presentation

One of the main traits of the Catalan health system is that it aims to place the citizen at the centre of the system. Health surveys are one of the most valuable instruments for obtaining information directly from the citizen, and make it possible to ascertain their needs, behaviours and opinions on health and disease, and their appraisal and expectations vis-à-vis the health services and the health system in general, while they are also a mechanism of participation. Information from health surveys complements the data obtained from other sources of information such as registers of mortality, morbidity and the use of health services and other types of studies.

The Health survey of Catalonia 2002 helps us to ascertain people's perceived state of health, their habits and lifestyles, disabilities, the limitations on their activity for health reasons, the use of the health services and the degree of satisfaction with the services. It also makes it possible to pinpoint inequalities between the different population groups by age, gender, socioeconomic situation, territory and other variables.

This is the second health survey conducted in Catalonia. Having it carried out regularly allows us to ascertain the evolution in the state of health of Catalans, and the conditioning factors, as well as to assess the results of the application of the prioritised proposals in the Health Plan.

This information is fundamental as a support to decision-making by professionals and organisations and to drive Health Plan proposals in the future. The citizens are bound to benefit from having more information on their behaviour with regard to health and the use of the services.

It is a great satisfaction to present the publication ***Health and the health services in Catalonia: the citizens' view 2002***, which summarises the most relevant results of the survey, and we are also pleased to provide it to institutions, health professionals and citizens.

Xavier Pomés i Abella

Autonomous Minister of Health and Social Security.

## Methodology

The Health survey of Catalonia 2002 (ESCA 2002) sets out to study the non-institutionalised population of all ages resident in Catalonia which, according to the Census of habitants provided by The Institute of Statistics of Catalonia (IDESCAT), stood at 6,090,040 Catalans in 1996.

Since the ESCA is regarded as an official statistics source and as such is included in the Statistics Plan of Catalonia 2001-2004, the sample framework used for the selection of the sample was the Population Registry of Catalonia, updated on January 1, 2001, according to the terms established by Law 23/1998, on Statistics of Catalonia of December 30.

The sampling plan established made it possible to obtain estimators of population parameters (means, proportions and population totals) in each one of the eight health regions of the Catalan Health Service into which Catalonia is territorially divided, thus guaranteeing results for the Catalan territory overall.

The sample design of the eight health regions was carried out in two stages, and was adapted to the characteristics of each one. The sample units of the first stage are comprised of municipalities, except the Barcelona Ciutat Health Region, where municipal districts (10 districts) were used. For each region (eight) the strata were defined according to the population size of the municipalities. Once the total population and the number of municipalities of each stratum were known, and with a view to guaranteeing an equilibrium between the number of municipalities and the cost of the field work, a minimum number of interviews was established in each municipality, adjusted to the number of municipalities and to the total number of interviews to be done in each stratum, in proportion to their demographic weight.

When the ratio between the number of municipalities and the interviews to be conducted in a stratum was as expected, all the municipalities of the stratum were selected and the interviews to be conducted were distributed proportionally.

When the number of municipalities in a stratum was larger than expected, which means fewer interviews than had been established, a random sample by conglomerates was performed. Thus, all the municipalities of the stratum were regarded as conglomerates and the interviews carried out in the municipalities selected were representative of the whole stratum to which they belong.

In the Barcelona Ciutat Health Region, stratification was conducted directly according to the 10 districts of the city and the sample was distributed proportionally to the demographic weight of every district.

The second-stage units, in our case the final units, were the individuals to be interviewed. Their selection in the municipality was conducted by assigning unequal probabilities to the different municipalities, albeit proportional to the weight of the municipality in the corresponding stratum so that all the individuals would have the same probability of being part of the sample (table 1).

Table 1. Number of municipalities and persons actually polled, by Health Region and municipal stratum

Municipal stratum (inhabitants)	Health Region								TOTAL
	Lleida	Tarragona	Tortosa	Girona	Costa de Ponent	Barcelonès Nord i Maresme	Centre	Barcelona City	
Less than 2,000	7 <sup>1</sup>	4	3	4	1	1	2		22
From 2,000 to 4,999	266 <sup>2</sup>	149	119	160	35	9	68		806
From 5,000 to 9,999	4	2	3	5	2	1	2		19
From 10,000 to 24,999	155	99	133	183	53	36	89		748
From 25,000 to 49,999	2	2	4	3	2	3	4		20
From 50,000 to 99,999	86	88	144	112	65	114	145		754
From 100,000 to 500,000	3	5	3	4	4	4	4		27
More than 500,000	94	172	220	239	159	172	195		1,251
			1	3	6	1	4		15
			182	171	282	51	184		870
		1		1	4		4		10
		197		136	264		202		799
	1	1			1	3	2		8
	298	245			243	665	321		1,772
								1	1
								1,400	1,400
<b>TOTAL</b>	<b>17</b>	<b>15</b>	<b>14</b>	<b>20</b>	<b>20</b>	<b>13</b>	<b>22</b>	<b>1</b>	<b>122</b>
	<b>899</b>	<b>950</b>	<b>798</b>	<b>1,001</b>	<b>1,101</b>	<b>1,047</b>	<b>1,204</b>	<b>1,400</b>	<b>8,400</b>

1. Number of municipalities.
2. Number of interviews.

The selection of the people to be interviewed was conducted by means of a random extraction process stratified according to the population pyramid of each municipality selected to guarantee the fit between the sample distribution and the population reality of each health region.

The sample size for each health region was established in such a way as to achieve a minimum determined degree of precision. The sample size finally used permits an error per Region Health which never exceeds 3.5% with a confidence interval of 95% (table 2).

Table 2. Number of municipalities, sample size and error for each health region.

Health Region	Municipalities	Sample size	Error (%)
Lleida	17	900	3.20
Tarragona	15	950	3.11
Tortosa	14	800	3.39
Girona	20	1,000	3.04
Costa de Ponent	20	1,100	2.89
Barcelonès Nord and Maresme	13	1,050	2.96
Centre	22	1,200	2.77
Barcelona City	1	1,400	2.57
<b>Catalonia</b>	<b>122</b>	<b>8.400</b>	<b>1</b>

The non-response rate was 12.7% for the interviews carried out overall, with a certain variability between health regions. Barcelona Ciutat was the region with the highest percentage of negatives (20.7%) and Tortosa the lowest (7.9%). The regions with a higher non-response rate therefore required a larger number of substitutions.

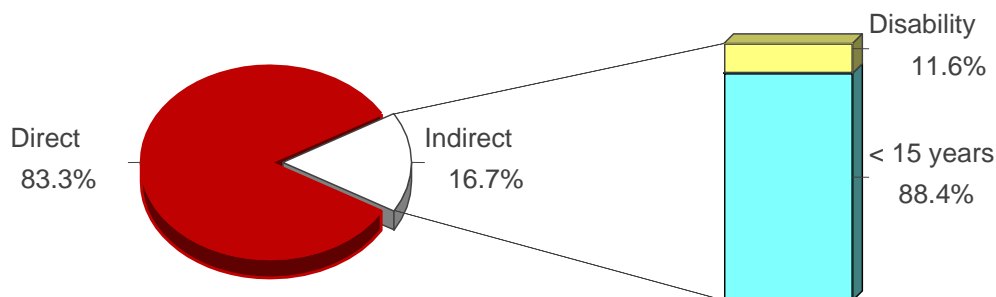
The data were weighted according to the sample design used and the population values of the 1996 Census provided by the IDESCAT.

As for the use of the health region of residence variable, the results are presented standardised by age by means of the direct method, the reference population being the population of Catalonia in 1996.

The ESCA 2002 was conducted by personal interviews in the usual residence of the person selected between October 2001 and April 2002. The questionnaire used makes it possible to draw comparisons with the results of the first edition of the survey from 1994, although it must not be forgotten that some questions will be affected by different field work time periods of both surveys.

The ESCA 2002 comprises two questionnaires\*, the direct one with 165 questions and the indirect one comprised of a subgroup of questions from the direct questionnaire and particularly designed for under-15s or the disabled to answer. In these cases, the interview was conducted through another member of the family unit (graphic 1).

Graphic 1. Distribution of the interviews per type of informer



The compound variables used according to the analysis plan were: social class, smoking, drinking, degree of physical activity, the GHQ mental health index and the EuroQol quality of life index:

\*<http://www.gencat.es/sanitat>. See the Health Plan and Health Survey of Catalonia.

### *Social class according to employment*

The proposal of the SEE working group was used to calculate social class<sup>1</sup>, based on employment according to the National Employment Classification of 1994. The categories of this variable are:

- Group I.- Executives of the Public Administration and of companies with 10 or more wage earners. Professions associated with second and third university cycle qualifications.
- Group II.- Executives of companies with less than 10 wage earners. Professions associated with first university cycle qualifications. Artists and sportsmen/women.
- Group III.- Clerical workers, workers from the protection and security services, self-employed workers, supervisors of manual workers.
- Group IVa.- Skilled manual workers.
- Group IVb.- Semi-skilled manual workers.
- Group V.- Unskilled workers.

### *Smoking*

To calculate smoking, the smoking situation at the time of the interview was used, and the situation before the interview if the answer was that the person did not smoke at the time.

The smoking variable comprises the following categories:

- Non-smoker person who has never smoked.
- Other non-smokers: non-smokers who in the course of their life have smoked less than 100 cigarettes or else have smoked but for less than six months on a regular basis.

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<sup>1</sup> A proposal for measuring social class. Working Group of the Spanish Society of Epidemiology and the Spanish Society of Family and Community Medicine. *Atención Primaria* 2000. Vol 25:350-363. Núm. 5.

- Former smoker: person that does not smoke at the moment but who has smoked more than 100 cigarettes during his life or has smoked for more than six months regularly.
- Daily smoker: person who currently smokes daily.
- Occasional smoker: person who currently smokes, albeit not daily.

The category of “non-smoker” includes non-smokers and other non-smokers; the “smoker” category includes daily smokers and occasional smokers.

### *Drinking*

Recall of drinks according to the quantity and type of drink was used to calculate the measure of alcohol consumption to construct the intake indicator in daily units of alcohol. The categories of intake are defined as follows:

- Non-drinker: 0 g/day of alcohol.
- Moderate drinker: 0-40 g/day in men and 0-24 g/day in women.
- Risk drinker: >40 g/day in men and >24 g/day in women.

### *Degree of physical activity*

The estimation of the respondents' level of physical activity was based on the methodology used in the previous health survey<sup>1</sup> (Welsh Heart Health Survey, 1985. Health Promotion Authority for Wales. Heartbeat Wales Technical Report number 3,4,5). The individuals are classified into 5 categories: (very active, moderately active, mildly active, minimally active and sedentary). According to the type of activity they usually carry out at work or at home, the intensity and times a week they engage in recreational activity.

The aim is to describe also the type of physical activity carried out in the usual jobs (work or household), without taking into work carried out in free time. Depending on the answer, they are categorised as:

- Inactive: spends most of the day sitting down.

- Mild physical activity: spends most of the day standing up, without moving about.
- Moderate physical activity: their activity does not require a major physical effort but the person gets about on foot frequently.
- Intense physical activity: their activity requires a major physical effort.

### *Mental health index (GHQ)*

Goldberg's general health questionnaire (GHQ) is included in the ESCA <sup>2</sup> for the detection of mental disorders in the population, measured as the probability of suffering from a mental disorder at the time of the interview. It includes the areas of anxiety, depression and insomnia.

An adapted and reduced version is used (GHQ-12) for administration by direct interview according to the experience of previous community studies (Epidemiological Catchment Area, ECA, United States).

### *EuroQol Quality of life Index*

The EuroQol<sup>®</sup> was included in this questionnaire<sup>3</sup>, a quality of life measurement instrument developed in the European context in the last five years. It comprises two parts: 1) Descriptive part that measures five dimensions of health (mobility, personal care, everyday activities, pain/discomfort, anxiety/depression) each one with three levels of seriousness (for example: I have no pain, I have moderate pain, I have a lot of pain) and 2) Visual analogue scale ("thermometer"), where the person rates his state of health on a scale from 0 (worst state of health) to 100 (best state of health). This document only shows the descriptive part of the five dimensions.

The general analysis of the results is presented by age group, gender, health region and social class.

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<sup>2</sup> Golberg DP, Cooper B, Eastwood Mr, Kedward HB, Shepherd M. A standardized psychiatric interview for use in community surveys. Br J Prev Soc Med 1970;24:18-23.

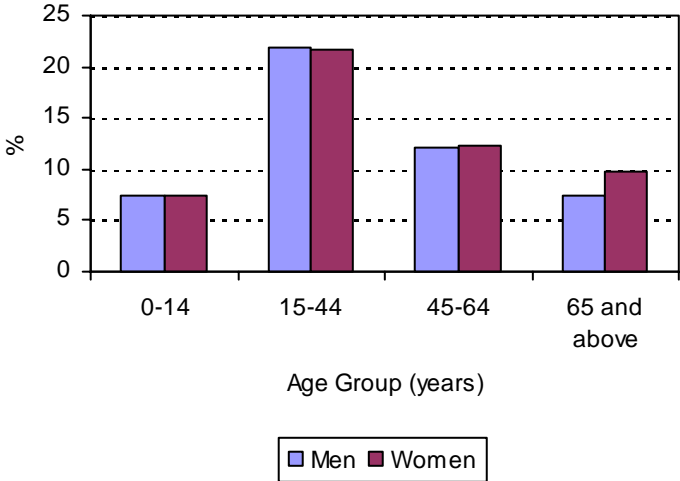
<sup>3</sup> The Euroqol Group. EuroQol-A new facility for the measurement of health-related quality of life. Health Policy 1990;16:199-208.

The Wonca classification for primary care (CIPSAP2) was used to encode the fields open on health problems.

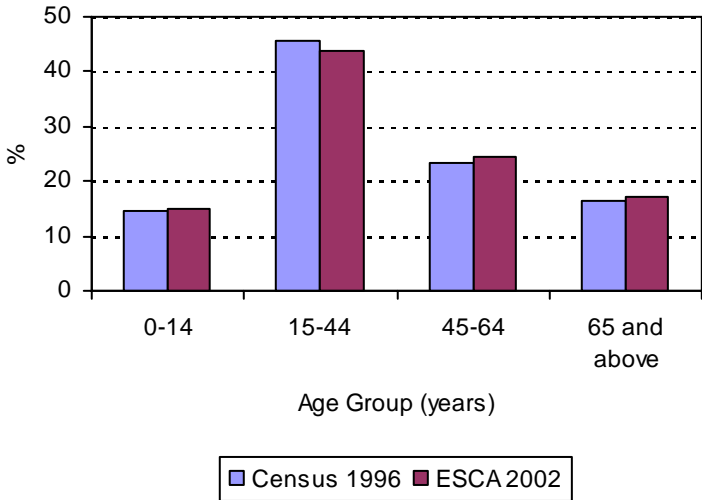
# Sociodemographic characteristics of the respondents

The distribution of the respondents by age group shows some differences with regard to the distribution of the population of Catalonia (according to the 1996 Census) whereas the distribution according to gender is practically the same (graphics 2, 3 and 4).

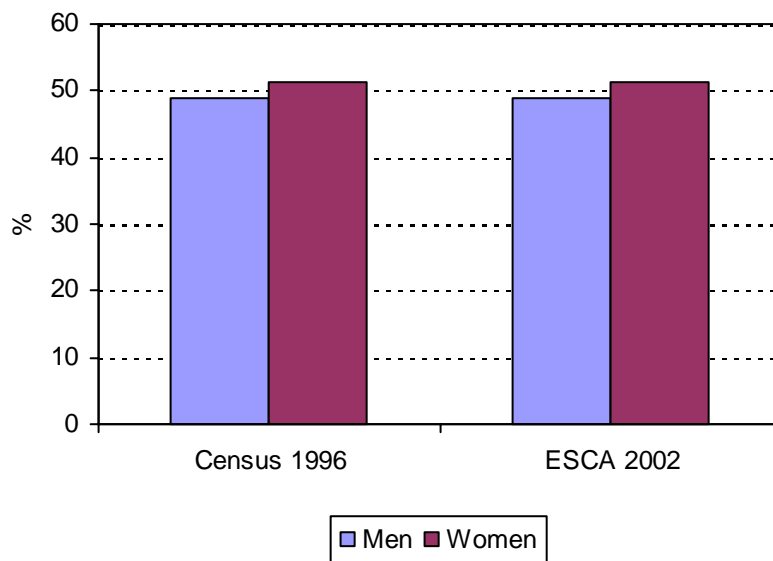
Graphic 2. Distribution of the sample by age group and gender.



Graphic 3. Distribution of the population and of the sample by age group.

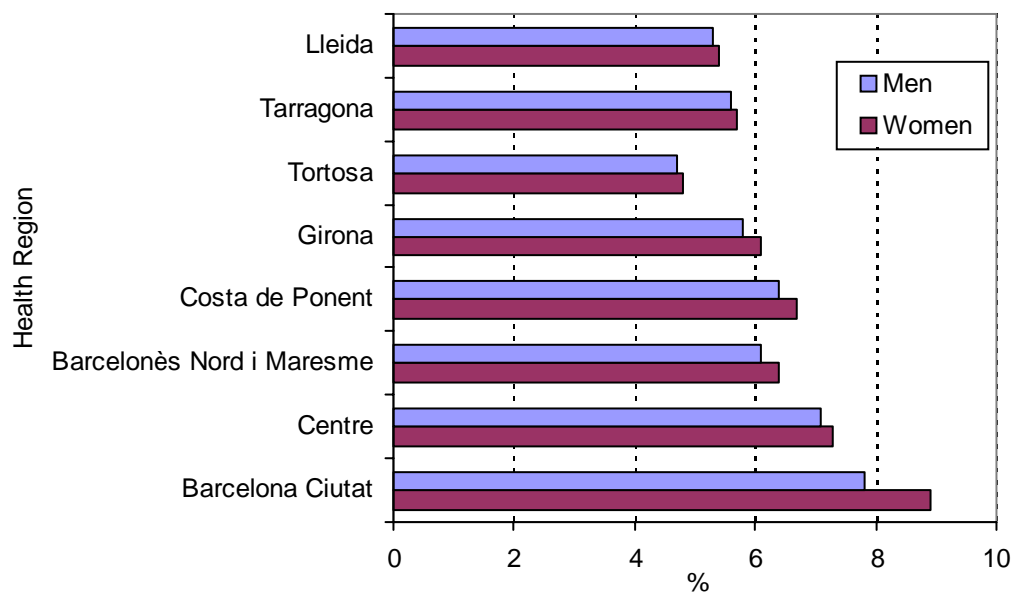


Graphic 4. Distribution population and of the sample by gender.

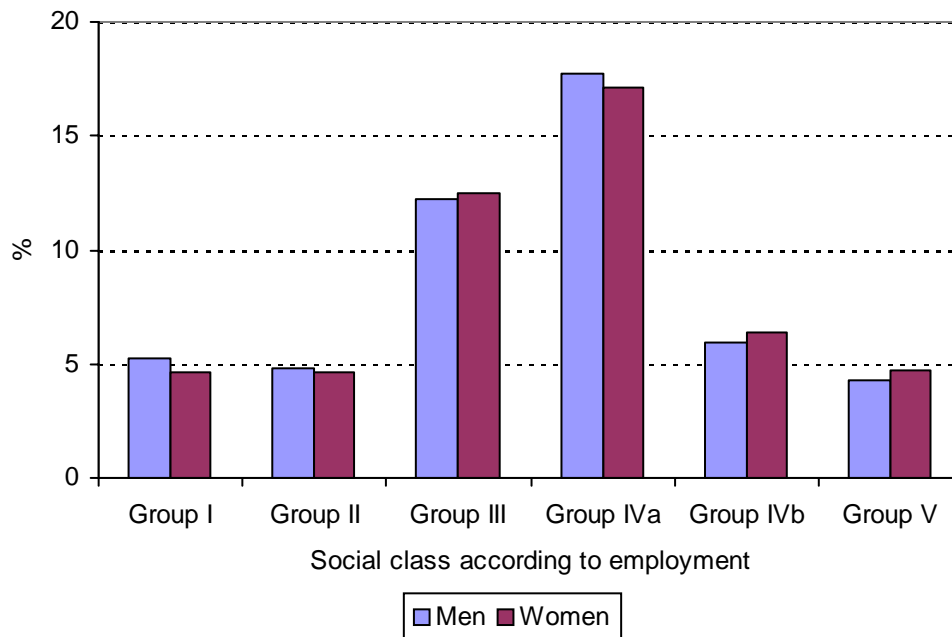


The distribution of the interviews carried out by health region and social class of the respondents is presented in graphic 5 and 6, respectively.

Graphic 5. Distribution of the interviews by health region of residence and gender.



Graphic 6. Distribution of the interviews by social class and gender.



The questions in the questionnaires are grouped into 18 sections that collect information on family context and housing, sociodemographic data of the sample unit, state of health, restriction of activity in the fortnight prior to the interview, restriction of activity in the last year, chronic morbidity, accidents, visits to the doctor, hospitalisation, preventive practices, use of medicinal products, road safety, food, smoking, drinking, mental health and general opinion.

By social class, men have a better-off distribution of classes than women.

3.0% of women and 1.0% of the men are illiterate or have no schooling. These percentages increase in people aged 65 years or above (12.7% in women and 3.9% in men). 10.7% of men and 10.9% of women have university training.

Mainly, the homes of the persons interviewed are homes of married couples or people who live together (49.2%), or single people (42.1%). Single-person homes increase with age, 26.2% corresponding to women aged above 65 and above and 8.9% to men of the same age.

Most of the homes of the respondents have a shower or bath (99.6%), hot running water (98.9%) and a washing machine (98.6%). 67.8% have heating, 72.2% microwave, 37.7% dishwasher and only 16.9% have air conditioning. 50.7% of people who live in buildings of more than two floors have a lift.

32.7% of women and 51.3% of men have a paid job. The percentages are higher in men up to 65 years (71.1%) and in women up to 44 years (53.3%). Evidently, there is a predominance of pensioners above 65. 25.9% of women say that they are housewives (14.3% of younger women up to the age of 44, and about 50% above 45).

Among those who do work, 62.1% of men and 58.1% of women are wage earners with a steady job. There are more women with temporary contracts or without contracts, whereas most men say they are self-employed.

Most men (59.8%) and women workers (66.6%) work between 21 and 40 hours a week, although 33.8% of men and 19.8% of women say they work more than 40 hours a week. The average number of hours worked a week is 43 in men and 38 in women.

According to the ESCA, 43.5% of women state that they are the only person who does the housework, such as cleaning, cooking or ironing, whereas 2.8% of men say they do. This proportion is 69.3% in women aged between 45-64 years. 11.9% of women and 14.7% of men say they share these chores with their companion. 10.7% of women and 4.1% of men say they share the household chores with someone else apart from their companion. 37.4% of men and 1.1% of women say that their companion does the chores.

22.1% of the respondents state that the person who does most of the housework is someone in the house other than their companion and 3.5% of the respondents state that they hire someone.

The average time spent a day on housework is 3.7 hours by women and 1.3 hours by men on weekdays. At weekends the average time spent on housework is 5.5 by

women and 2.1 by men. 28.2% of women say that they spend more than 6 hours at the weekend at home whereas 6.0% of men do.

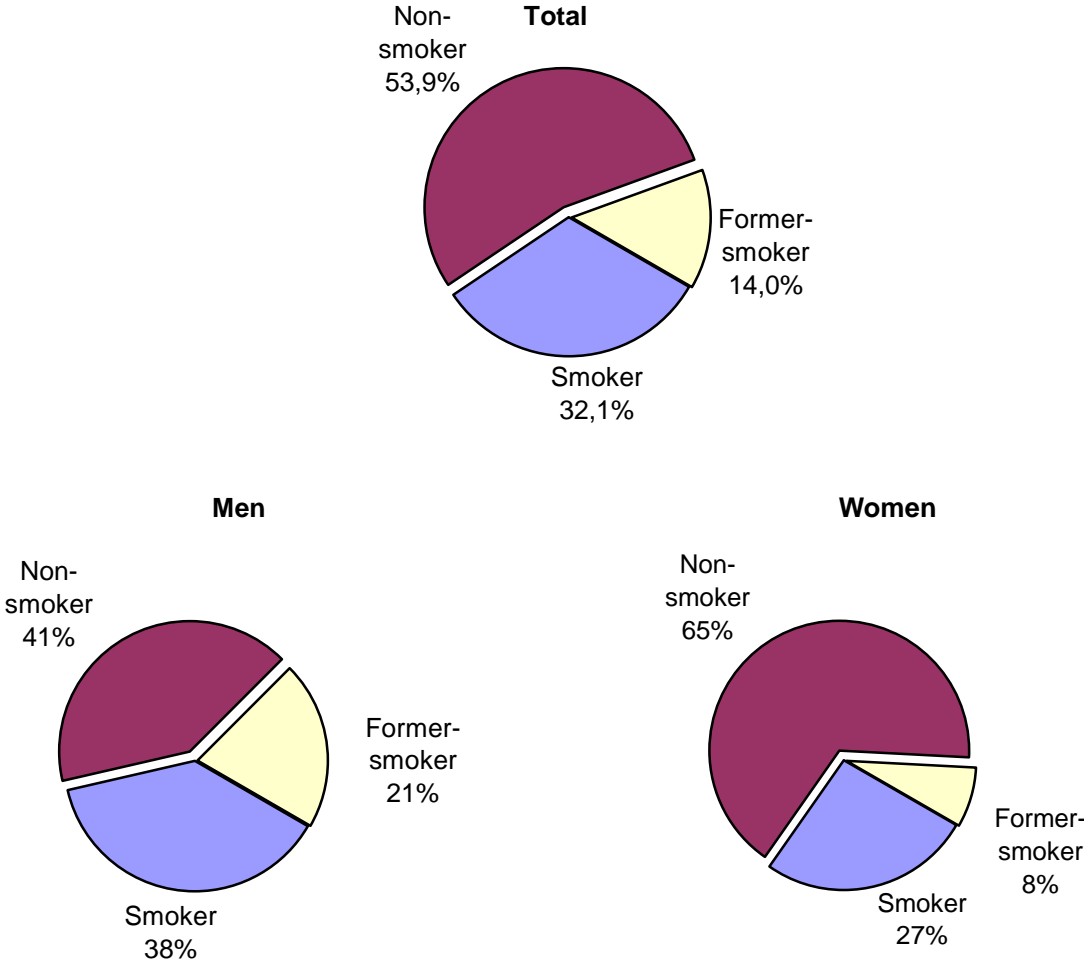
In homes where there are under-15s, 30.3% of the women state that they take care of them, whereas 2.0% of men say they do. As for respondents who live with people aged 65 years or above, 14.1% of the women say they take care of them and 4.2% of men say they do. Only 14.1% of men, whereas on the other hand 43.0% of women, say that they look after disabled people living with them at home.

# Some health behaviours and conditioning factors

## Smoking

The prevalence of smokers among the population aged 15 and above in Catalonia is 32.1% (graphic 7).

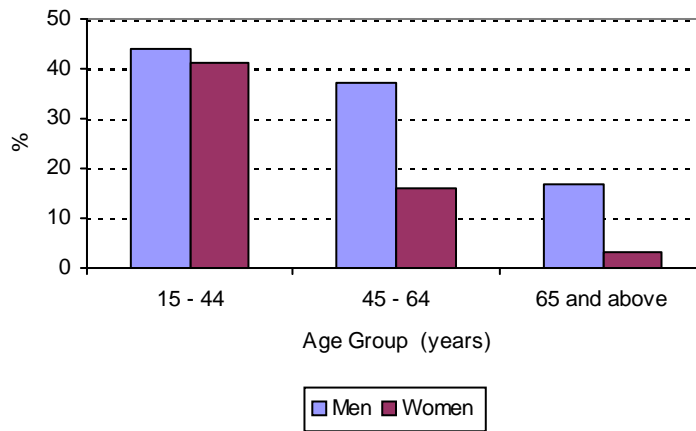
Graphic 7. Smoking by gender\*



\*Smoker: Daily smoker plus occasional smoker

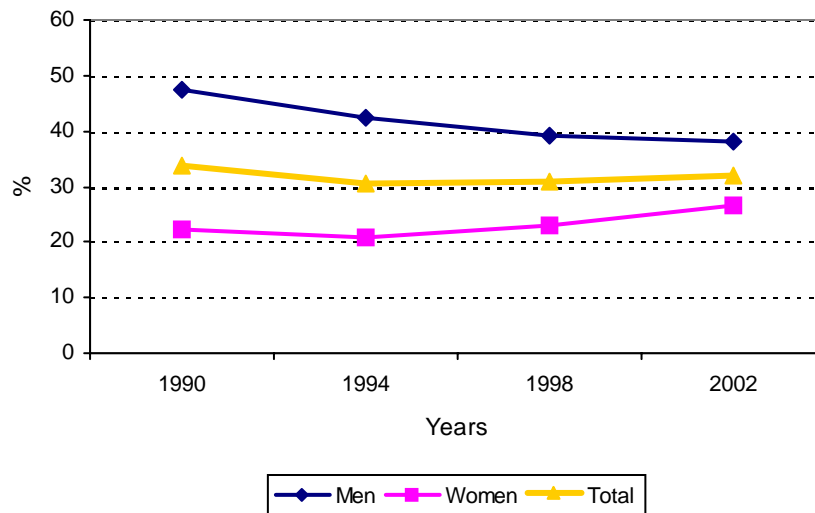
In both genders, the greatest prevalence of smokers is observed in the group aged 15 to 44 years whereas the lowest is in the group aged 65 and above (graphic 8).

Graphic 8. Population who state they are smokers (occasional and daily) by age group and gender.



Since 1990 there has been a slight increase in smoking among people aged 15 and above. This habit is falling in men and increasing in women (graphic 9).

Graphic 9. Evolution of the prevalence of smoking in the population aged 15 and above by gender. Catalonia, 1990\*, 1994\*\*, 1998\* and 2002

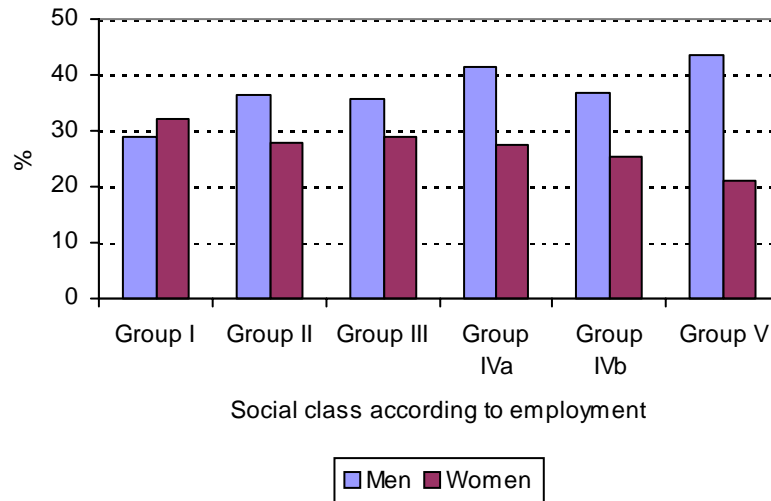


\*Source: Autonomous Government of Catalonia. Department of Health and Social Security. Questionnaire on smoking, drinking and drugs 1990, 1998. \*\* Health survey of Catalonia 1994.

As for the prevalence of smoking by social class, the lowest prevalence is observed in men in the highest class (group I) and the highest prevalence in the most underprivileged class (group V), whereas in women the highest prevalence is

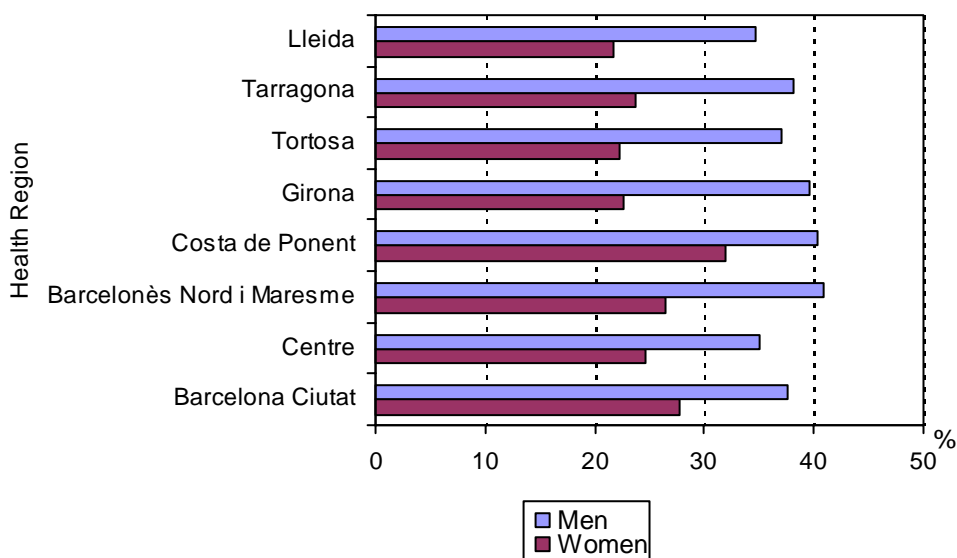
observed in the better-off class and the lowest in the most underprivileged class (graphic 10).

Graphic 10. Prevalence of smoking by social class and gender



The analysis of the prevalence of smoking by health region and gender (graphic 11), shows that Lleida has the lowest prevalence of smoking in both genders, whereas Barcelonès Nord and Maresme have the highest percentage in men and the Costa de Ponent in women.

Graphic 11. Prevalence of smoking by health region and gender

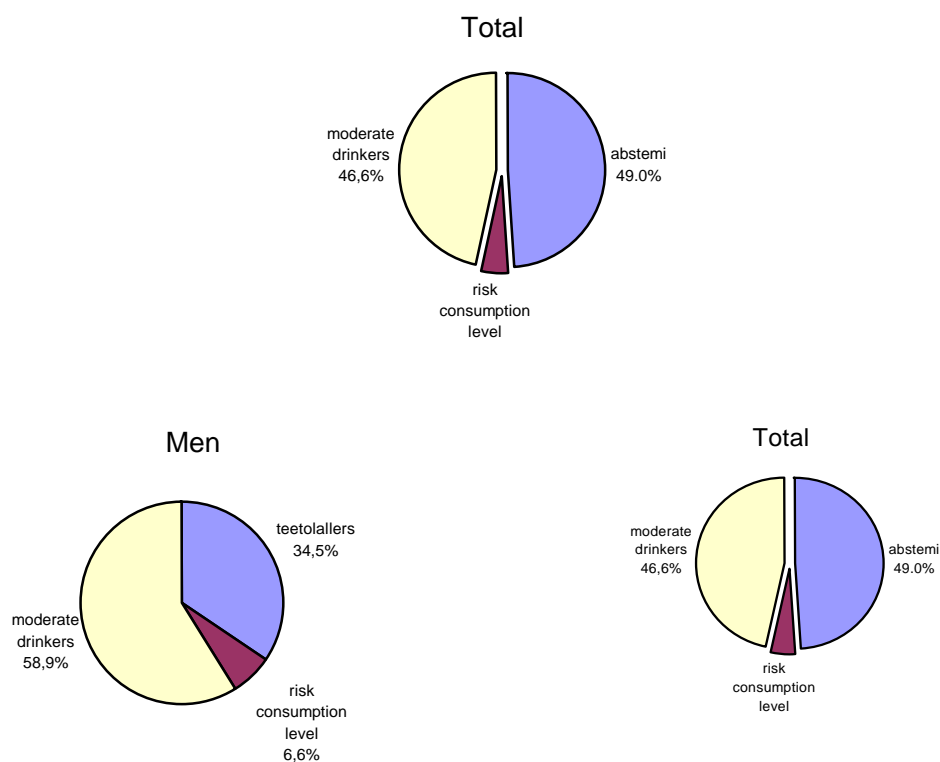


Data standardised by age.

## Drinking

49.0% of citizens aged above 14 years state that they are teetotallers (34.5% of men and 62.7% women) and 46.6% state that they are moderate drinkers (58.9% of men and 34.8% women). 4.5% of the population declare that they have a risk consumption level (6.6% men and 2.5% women) (graphic 12).

Graphic 12. Drinking by gender



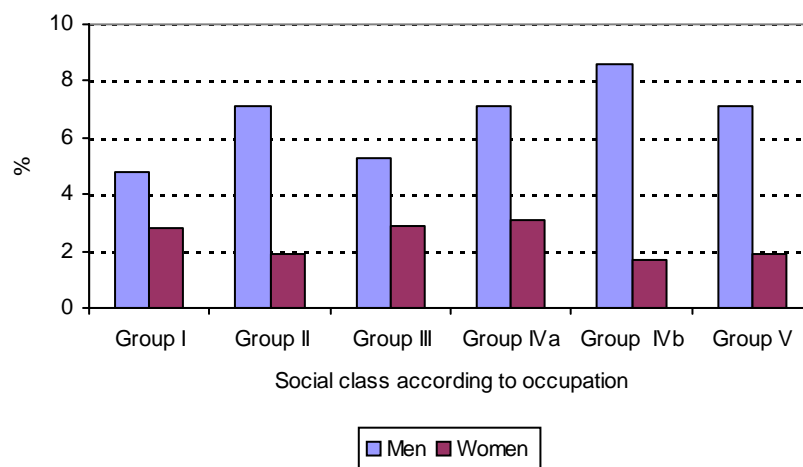
In both men and women, the greatest prevalence of risk consumption is seen between the ages of 45 and 64, whereas the 65 and above group has the lowest risk consumption (graphic 13).

Graphic 13. Alcohol risk consumption by age group and gender



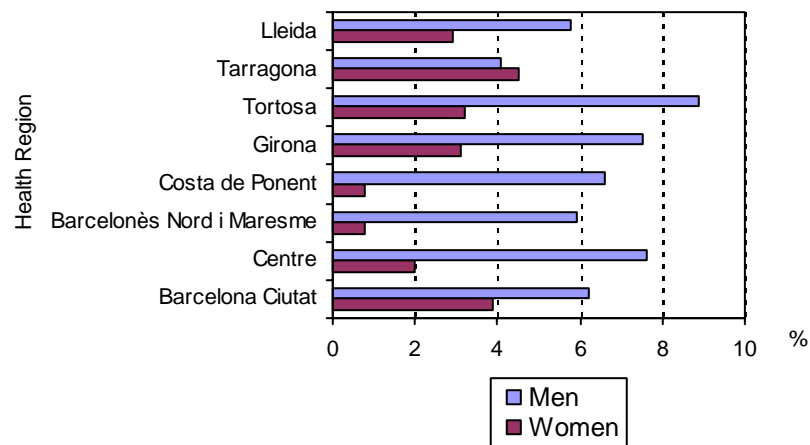
By social class, a greater risk consumption is observed in the more underprivileged classes and among women in the middle classes (group III and IVa) (graphic 14).

Graphic 14. Risk consumption of alcohol by social class and gender



The highest risk consumption of alcohol is found in the regions of Tortosa and Girona, whereas the lowest is in Barcelonès Nord and Maresme.

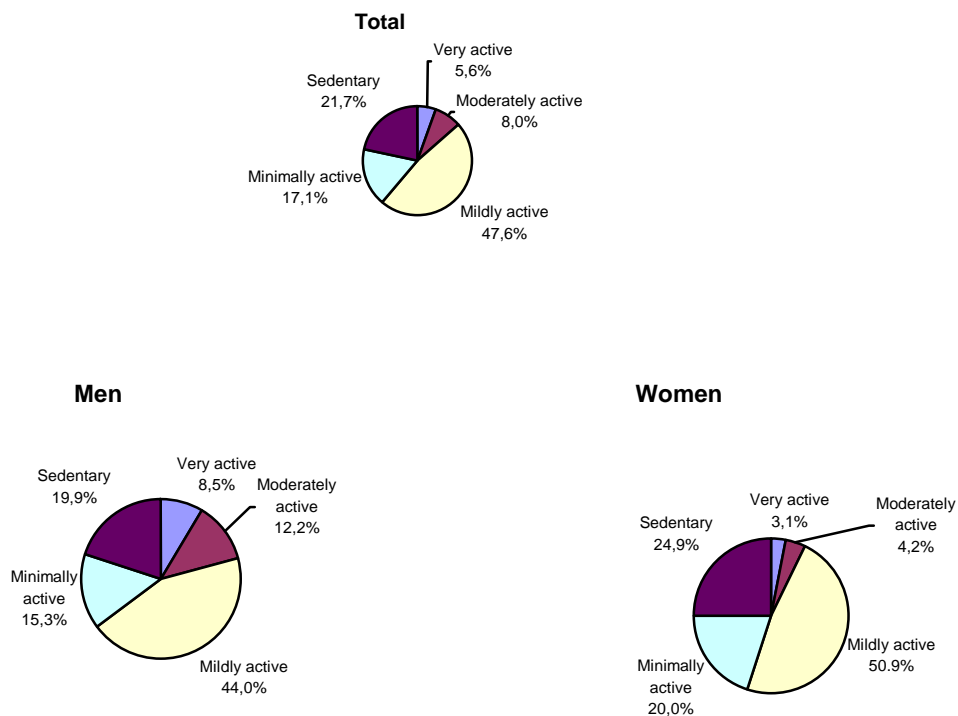
Graphic 15. Risk consumption of alcohol by health region and gender



## Physical activity

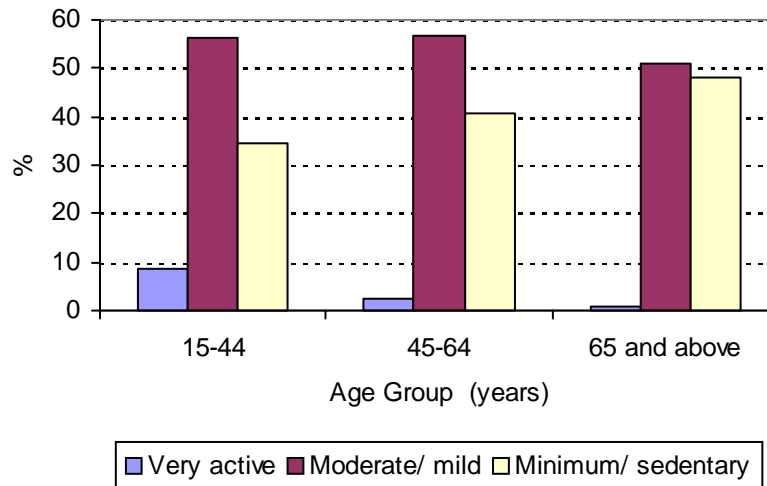
According to the physical activity normally carried out by the Catalan population, 19.9% of men and 23.4% of women over the age of 14 years say that they are sedentary, and 8.5% and 2.9%, respectively, say they are very active (graphic 16).

Graphic 16. Physical activity by gender



Physical activity tends to be lower in the older age groups (graphic 17).

Graphic 17. Physical activity by age group

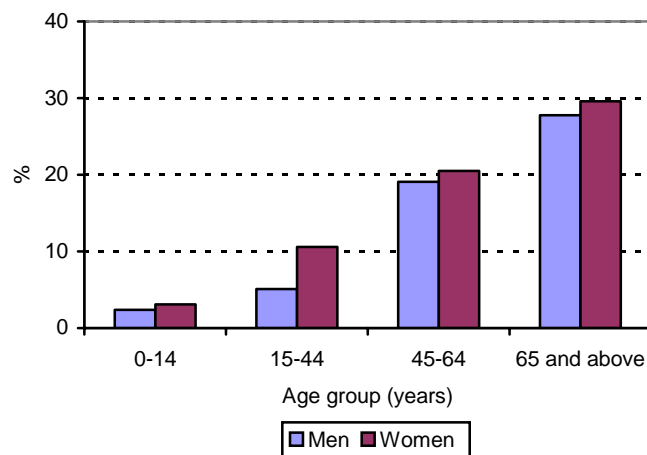


27.6% of the respondents state that they spend most of the day sitting down, whereas 19.0% spend most of the day standing. 40.6% of the respondents say they get about on foot often and only 9.3% say they do major physical exercise.

## The diet

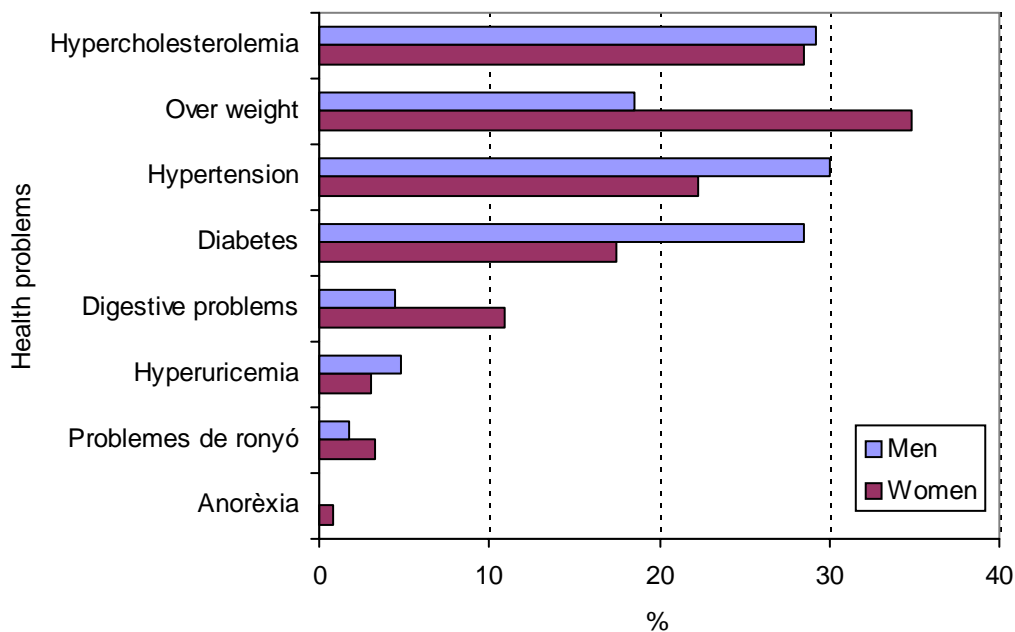
13.3% of the respondents state that they follow some kind of diet (11.1% men and 15.4% women) for health reasons (graphic 18).

Graphic 18. Population that states they follow a diet on a regular basis by age group and gender.



The main reasons for dieting are hypercholesterolemia (28.8%), being overweight (28.1%) and hypertension (25.4%) (graphic 19).

Graphic 19. Population that states they diet on a regular basis according to the main health problems and by gender.

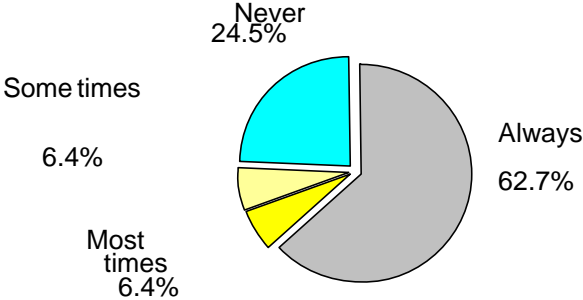


## Road safety

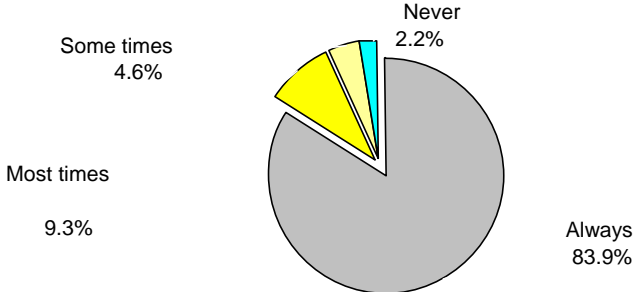
The road safety measures followed by the population that drives motor vehicles are analysed via three aspects: The use of the helmet by motorcyclists, the use of the safety belt in the car and the use of the most suitable restraining elements according to weight and/or age in under-6s.

The safety belt is the most commonly used safety device by the Catalan population. It is followed by the helmet on the motorbike and devices for under-6s (graphics 20, 21 and 22).

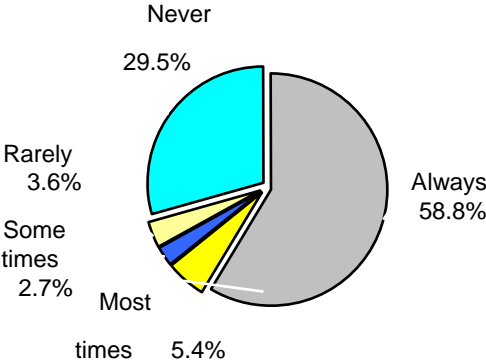
Graphic 20. Use of the helmet by motorbike users



Graphic 21. Use of the safety belt by car users (front seats).



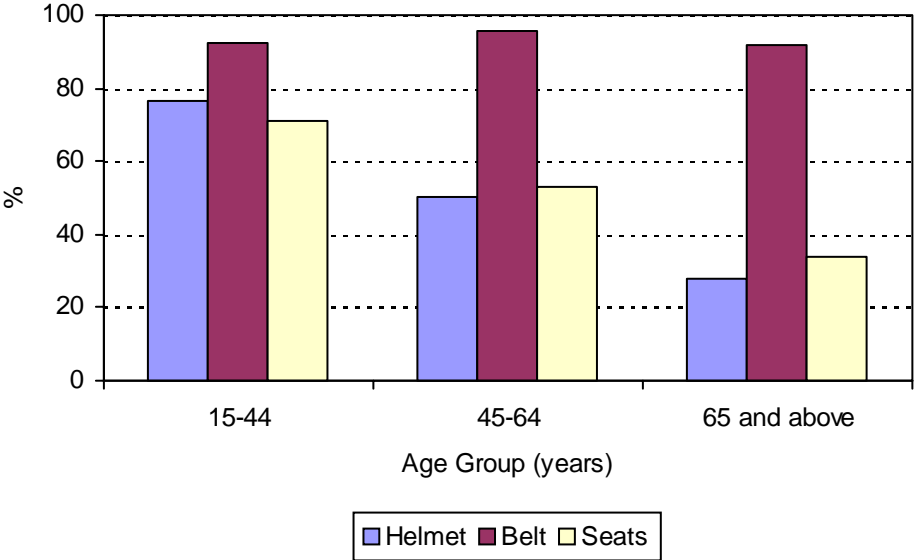
Graphic 22. Use of most suitable restraining elements by under-6s.



According to gender, the frequency of use of the helmet and the use of chairs and another protection elements for under-6s is greater in men than in women. On the other hand, the safety belt is used with similar frequency by men and women.

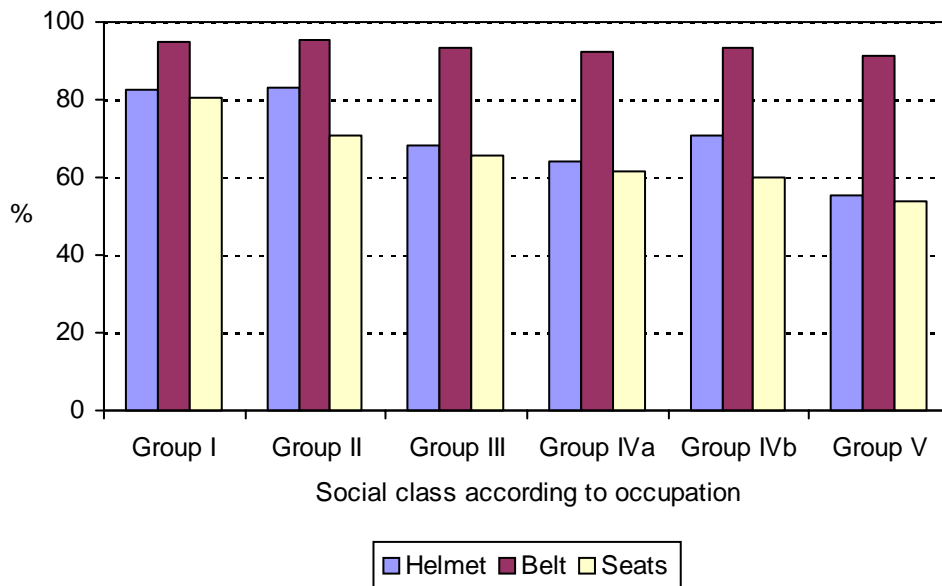
By age group, the percentage of use of the safety belt is seen to be similar in all groups whereas the frequency of use of the other two safety elements falls as people get older (graphic 23).

Graphic 23. Use of safety elements (always and most times) by age group.



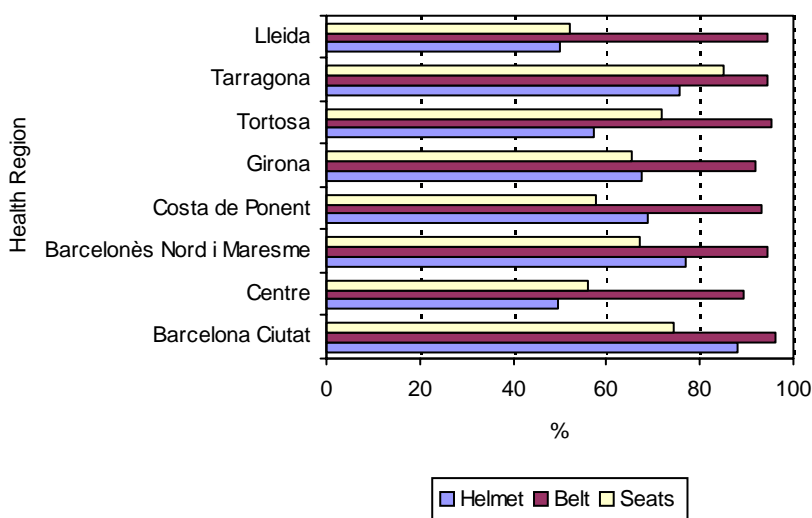
According to social class, the use of the seat belt is very similar, while higher percentages of use of the helmet and chairs are observed among the more privileged social groups (graphic 24).

Graphic 24. Distribution of the use of safety measures (always and most times) by social class.



Territorially, the highest overall percentages of use are to be found among the population of the city of Barcelona. The Centre and Lleida regions present the lowest percentages of use of these safety devices (graphic 25).

Graphic 25. Distribution of the use of safety measures (always and most times) by health region.



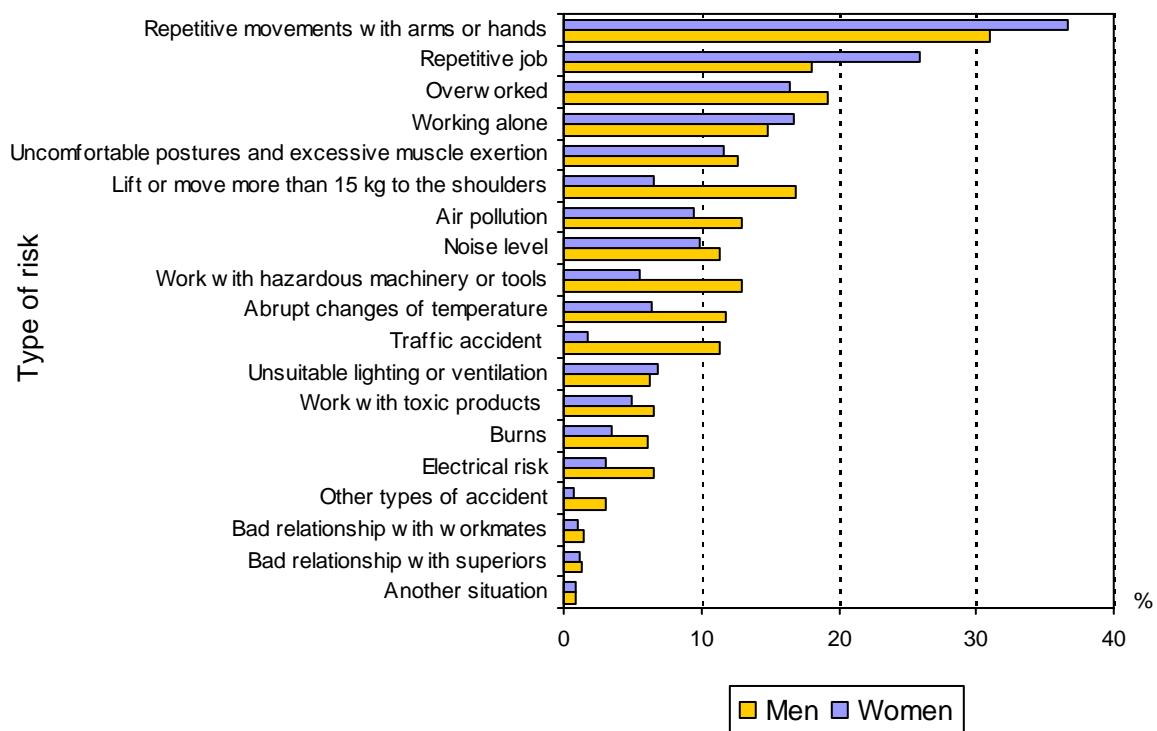
Data standardised by age.

## Perception of occupational hazard

28.4% of those in employment consider that their job entails some risk to their health (33.7% men and 22.1% women).

For both genders, perceived occupational hazard is associated above all with repetitive movements with the arms or hands (33.6%), doing work that changes little (21.6%) and overwork (17.9%) (graphic 26).

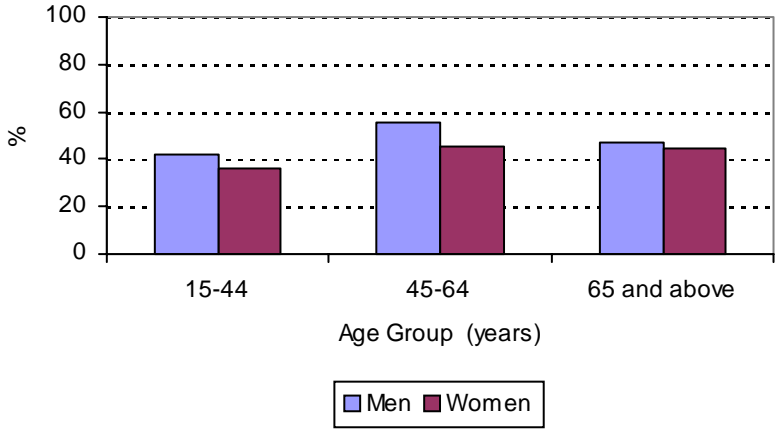
Graphic 26. Perception of occupational hazard perceived by the working population according to gender.



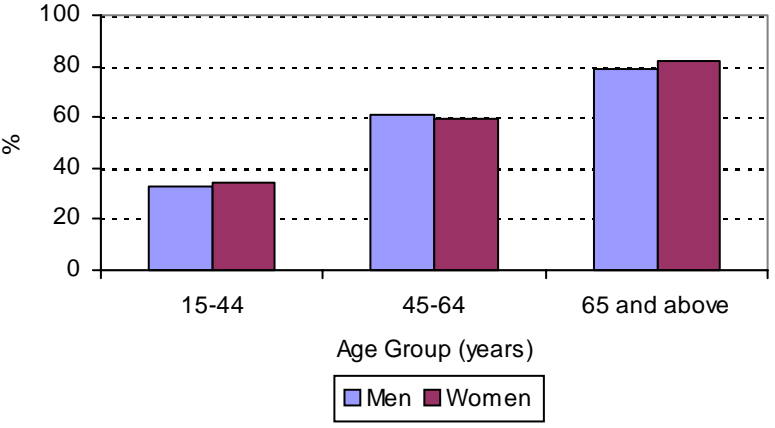
## Preventive practices

43.3% of those aged 15 and above state that they have a periodical medical check-up for the purpose of prevention (graphic 27). 49.3% have their blood pressure taken periodically (graphic 28) and 45.3% have their cholesterol levels monitored (graphic 29). The age group which has most frequent check-ups is between 45 and 64, whereas blood pressure and cholesterol level check-ups for the purpose of prevention are more frequent as the groups get older.

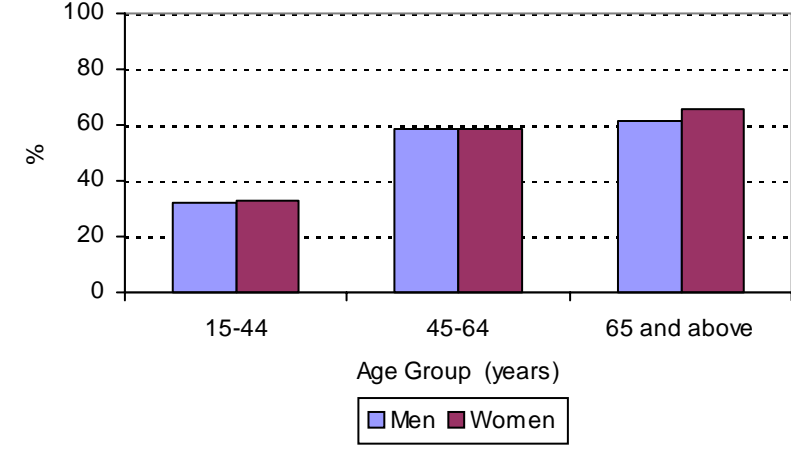
Graphic 27. Population that states that they have a periodical medical check-up for the purpose of prevention by age group and gender.



Graphic 28. Population that states they have their blood pressure taken regularly by age group and gender.

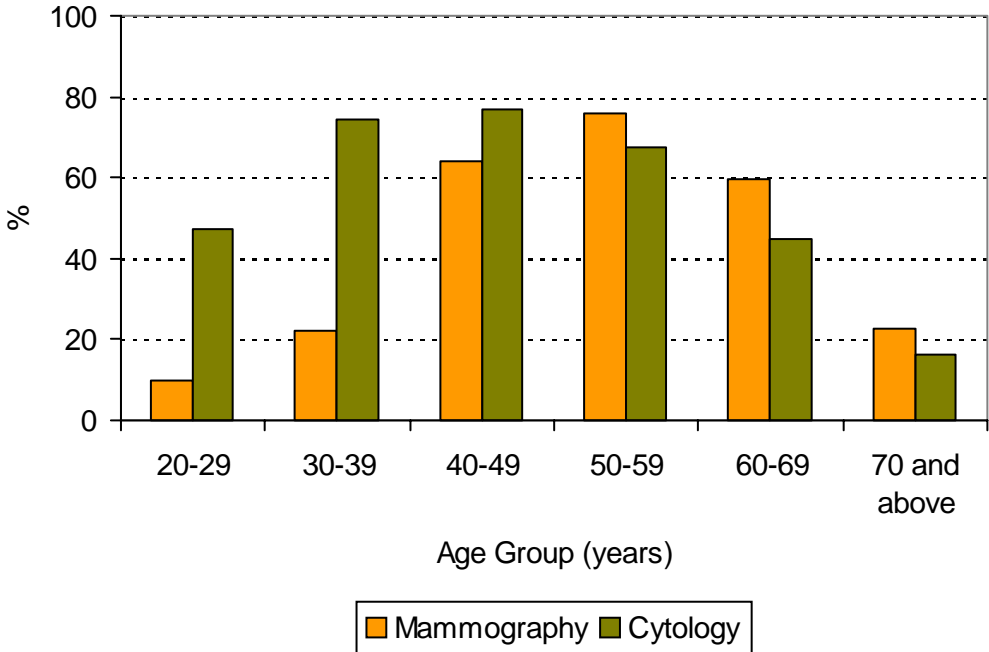


Graphic 29. Population that states they have their cholesterol levels monitored regularly by age group and gender.



40.6% of women aged 20 and above state that they have a periodical mammography for the purpose of prevention. The greatest frequency of mammography corresponds to the 50 to 59-year age group (75.7%), followed by the 40 to 49-year group (64.1%) and the 60 to 69 group (59.6%). 55.7% of women aged 20 and above state that they have a regular cervical cytology for the purpose of prevention. The 40 to 49-year age group states that it does so most (76.7%) followed by the 30 to 39-year group (74.6%) and the 50 to 59-year group (67.5%) (graphic 30).

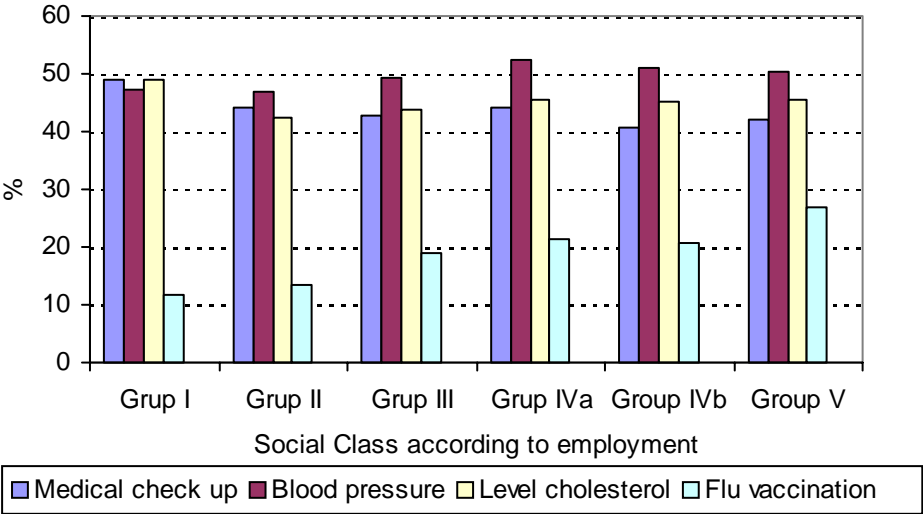
Graphic 30. Women who state that they have a periodical mammography and cytology for the purpose of prevention by age group.



19.6% of the population state that they have been vaccinated against the flu and 61.2% of the population aged 65 and above also do this. The group above 74 is the one that states they do it most frequently (69.5%), followed by the 65 to 74-year group (56.3%).

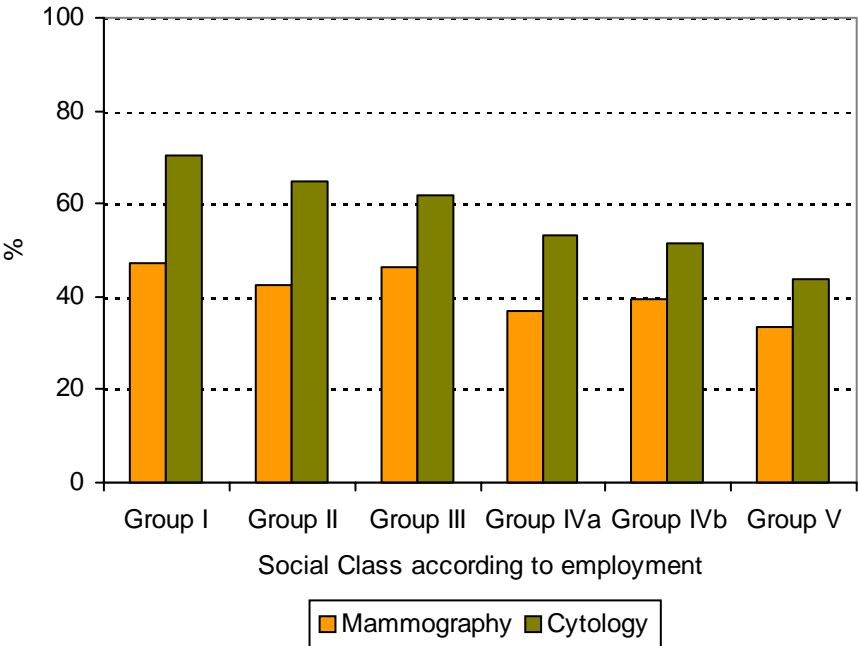
By social class, preventive practices present very similar values, although the better-off groups (I and II) show superior percentages in preventive examinations and the more underprivileged groups (IV and V) present a higher level of anti-flu vaccination (graphic 31).

Graphic 31. Population that states they use periodical preventive practices by type of practice and social class.



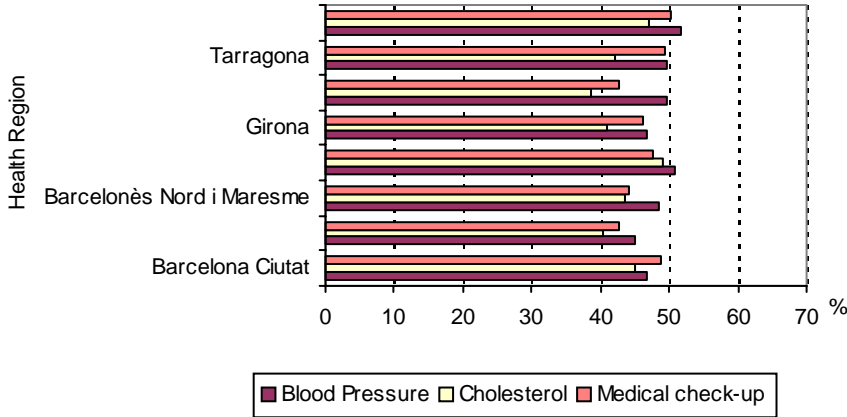
Regarding preventive practice in mammography and cervical cytologies by social class, there is a greater habit among the better-off classes than among the more underprivileged classes (graphic 32).

Graphic 32. Women aged 20 and above that state that they undergo a periodical mammography or cervical cytology by social class.



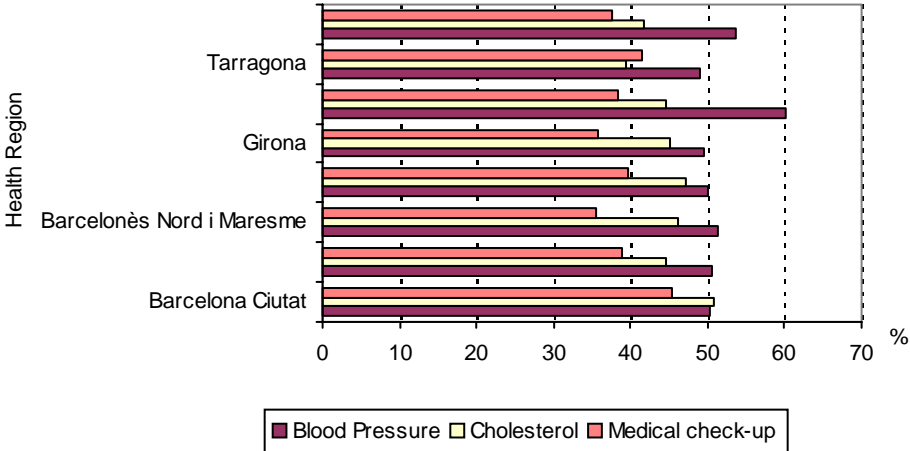
By health region and gender, medical check-ups are more frequent in the region of Lleida and in men, blood pressure monitoring is more frequent in women, and in the Tortosa region, whereas monitoring of cholesterol returns a maximum frequency in men from the Costa de Ponent region and in women from Barcelona Ciutat (graphic 33).

Graphic 33. Periodical preventive practices (control of blood pressure, cholesterolemia and preventive medical check-up) in men aged 15 and above by health region.



Data standardised by age.

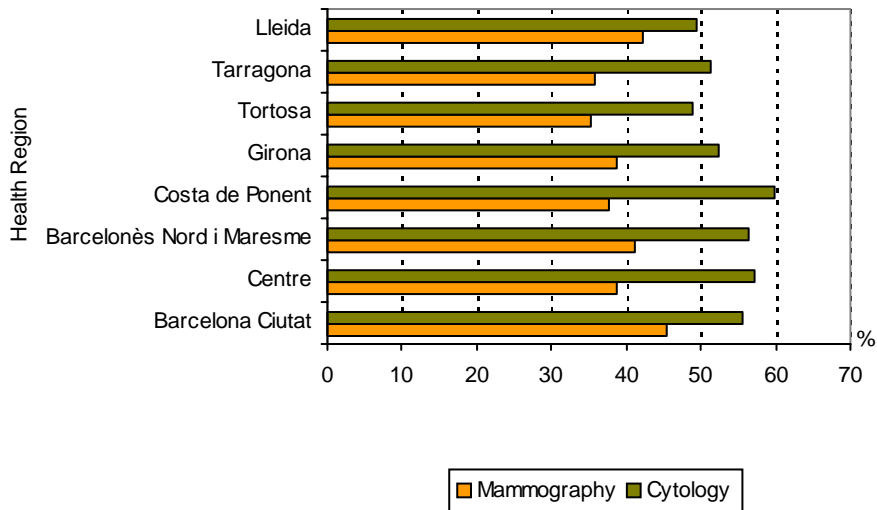
Graphic 34. Periodical preventive practices (control of blood pressure, cholesterolemia and preventive medical check-up) in women aged 15 and above by health region.



Data standardised by age.

The greatest frequency of preventive practices of mammography is observed in the Barcelona Ciutat Region, and cervical cytologies in the Costa de Ponent Region (graphic 35).

Graphic 35. Preventive practices in women aged 15 and above by health region.

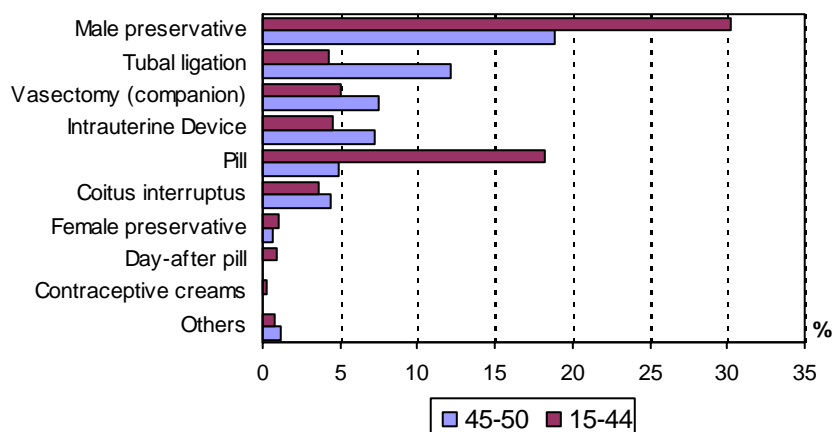


Data standardised by age.

## Contraceptive methods

66.9% of women aged 15 to 50 years state that they use a contraceptive method. The most frequent are the male preservative (28.5%) and the pill (16.1%) (graphic 36).

Graphic 36. Proportion and type of contraceptive used by women aged 15 to 50 or their companions.



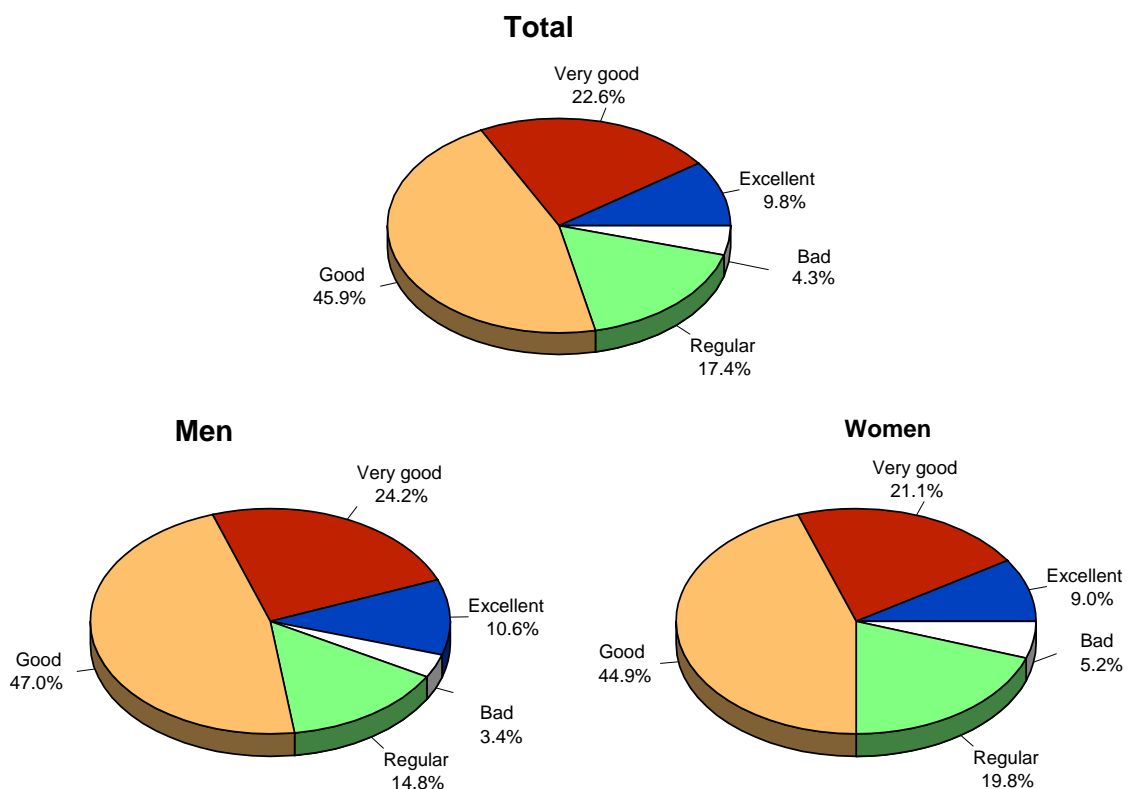
## State of health

### The perception of health

The self-assessment of the state of health expresses the sensation of individual well being. It is widely accepted to be a good indicator of the state of health and a bad assessment is a good predictor of mortality.

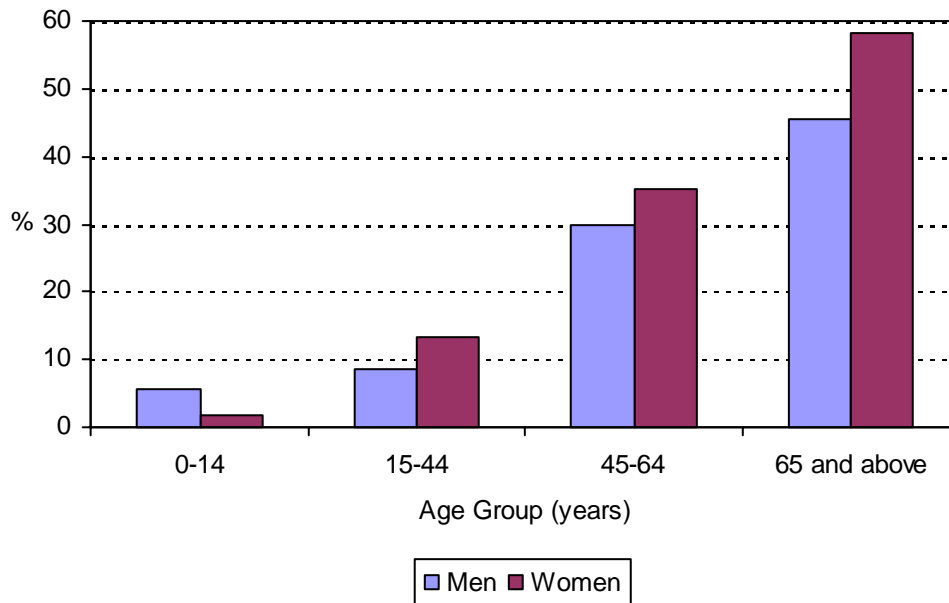
On being asked “How would you rate your health in general?”, 78.3% of the population responded that their health is good, very good or excellent (graphic 37).

Graphic 37. Self-perception of health in the general population by gender.

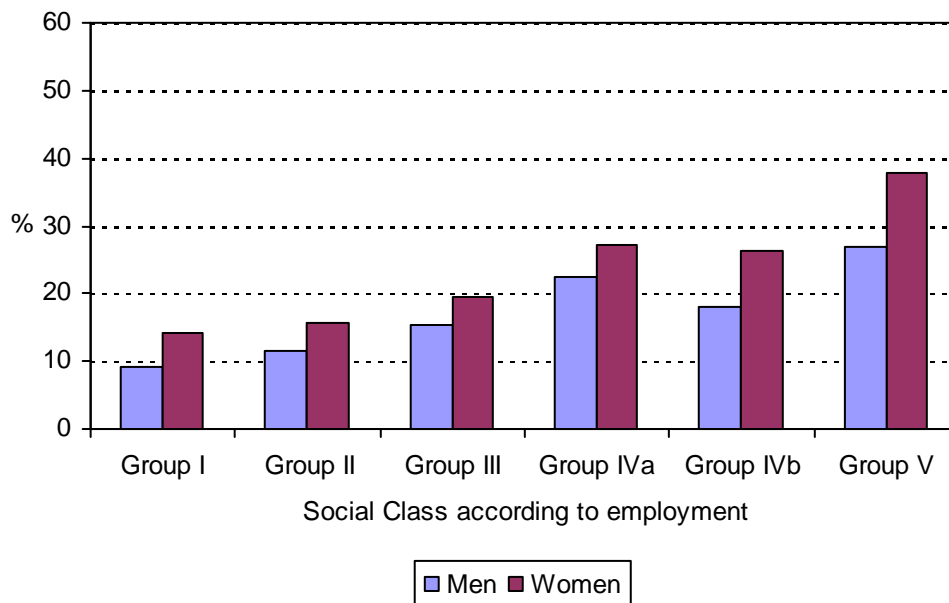


There is a poorer perception of the state of health as age increases in both genders (graphic 38) and among the more underprivileged social classes (graphic 39).

Graphic 38. Self-perception of health as good or average by age group and gender.



Graphic 39. Self-perception of health as bad or average, by social class and gender.



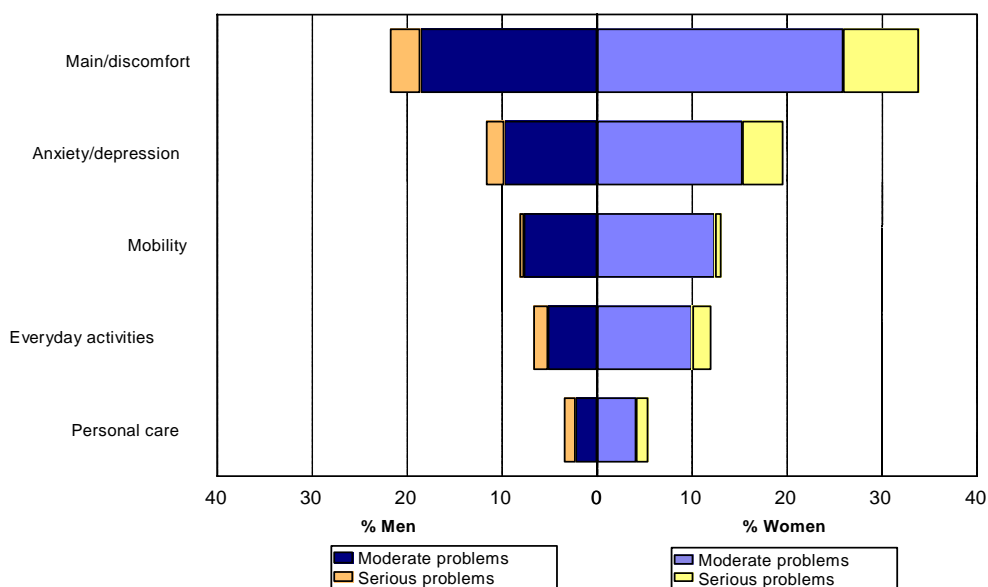
The differences in perceived state of health according to territory shows that the Costa de Ponent Region has the best self-perception of health and that the Tarragona and Lleida regions have the highest percentages of population that state that their health is excellent, very good or good.

## Quality of life

To measure the self-perceived state of health, the ESCA applied the EuroQol® questionnaire, adapted to and validated in our setting, which explores five dimensions of health-related quality of life: mobility, personal care, the development of everyday activities, the presence of pain or discomfort and the sensation of anxiety or depression.

64.6% of the population say they have no difficulties in any of these dimensions. The most frequent problem is the presence of pain or discomfort, which affects 28.0% of the population, followed by anxiety/depression (15.7%) and mobility problems (10.6%) (graphic 40).

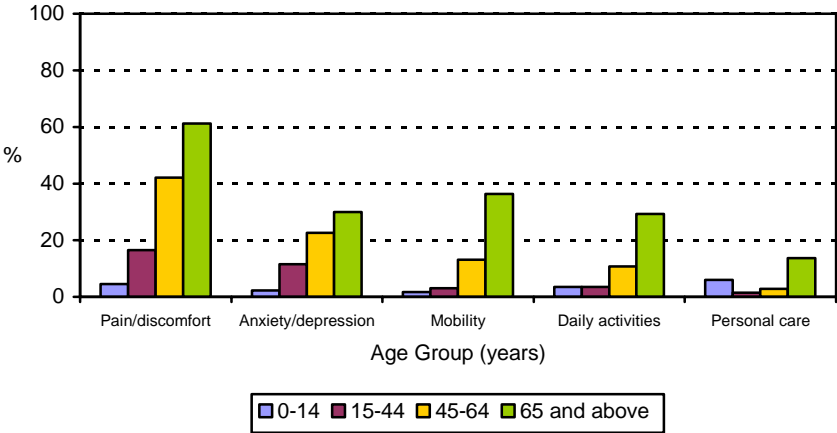
Graphic 40. Population that states they have problems in aspects of quality of life by gender.



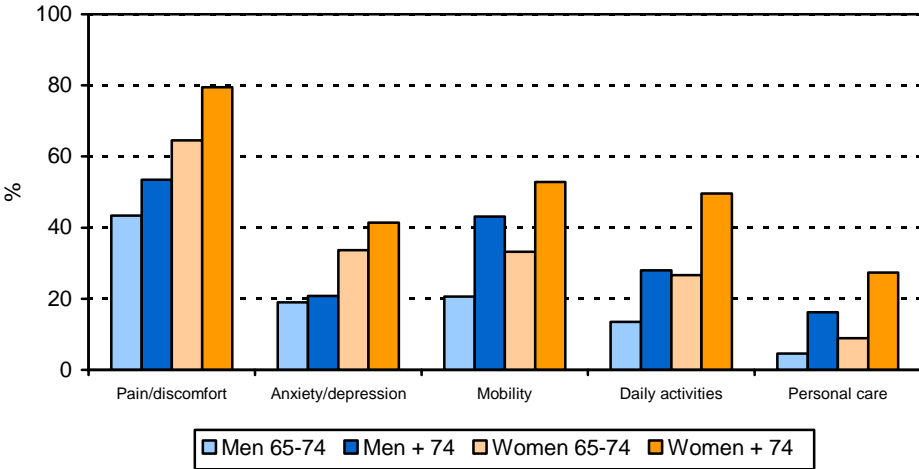
There is an increase in problems declared as the population groups are older (graphic 41).

There is a heavy increase in difficulties, moderate and serious, in mobility, personal care and everyday activities, which is seen in the above-74 population group, particularly in women (graphic 42).

Graphic 41. Population that states they have problems in aspects of quality of life by age group.

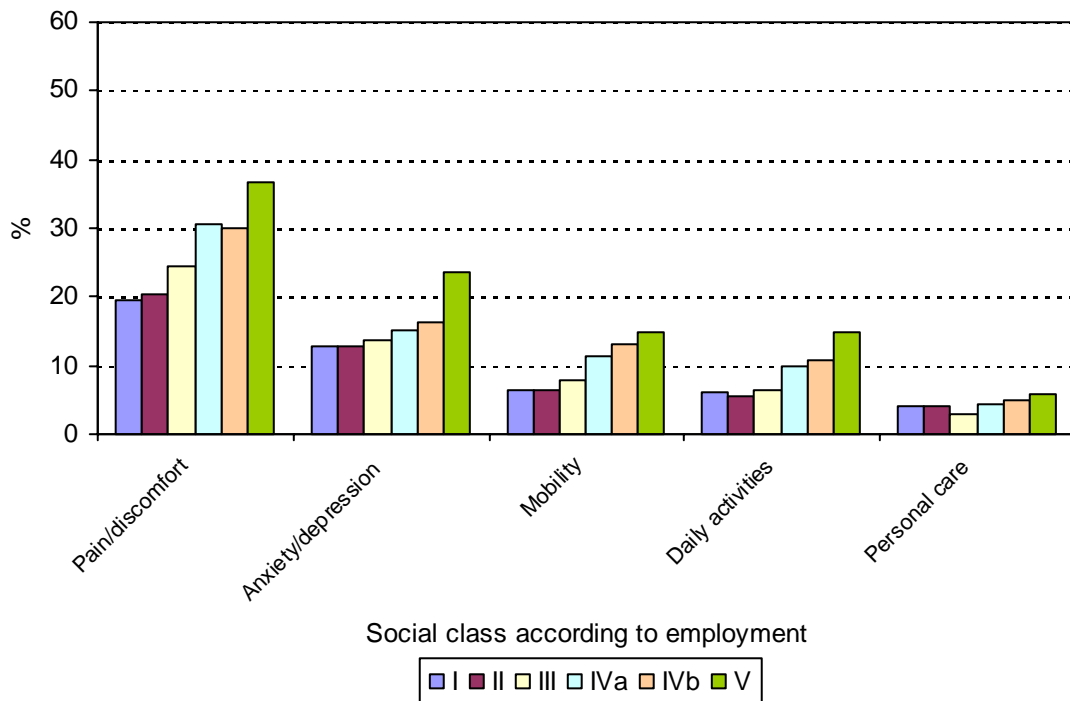


Graphic 42. Population that states they have problems (moderate and serious) in aspects of quality of life by age and gender.



In all the dimensions studied, the percentage that state they have problems is higher among women and among individuals of more underprivileged social classes (graphic 43).

Graphic 43. Population that states they have problems in aspects of quality of life by social class.



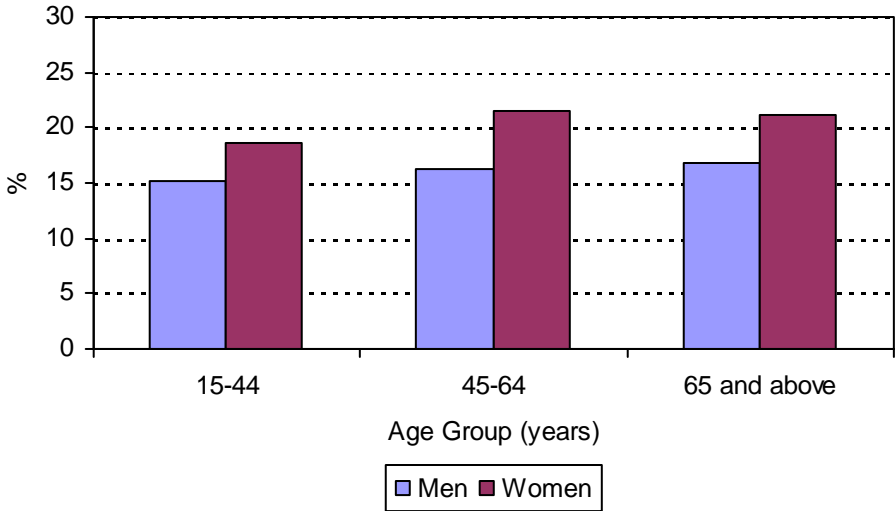
## Mental health

To ascertain the prevalence of mental health problems in the general population, the ESCA 2002 has included the GHQ-12 in the interviews conducted with individuals that could answer by themselves. This questionnaire provides information that makes it possible to calculate the prevalence of mental disorders in the population, measured as the probability of suffering a mental disorder at the time of the interview.

The prevalence of mental disorders is 17.9% in the population aged 15 and above (20.0% in women and 15.6% in men).

By age group and gender, the probability of suffering a mental disorder is highest in women of all age groups and in both genders as of the age of 45 and above (graphic 44).

Graphic 44. Prevalence of mental health problems by age group and gender.



According to social class, women from the more underprivileged classes have a greater likelihood of suffering a mental disorder (graphic 45).

Graphic 45. Prevalence of mental health problems by social class and gender.



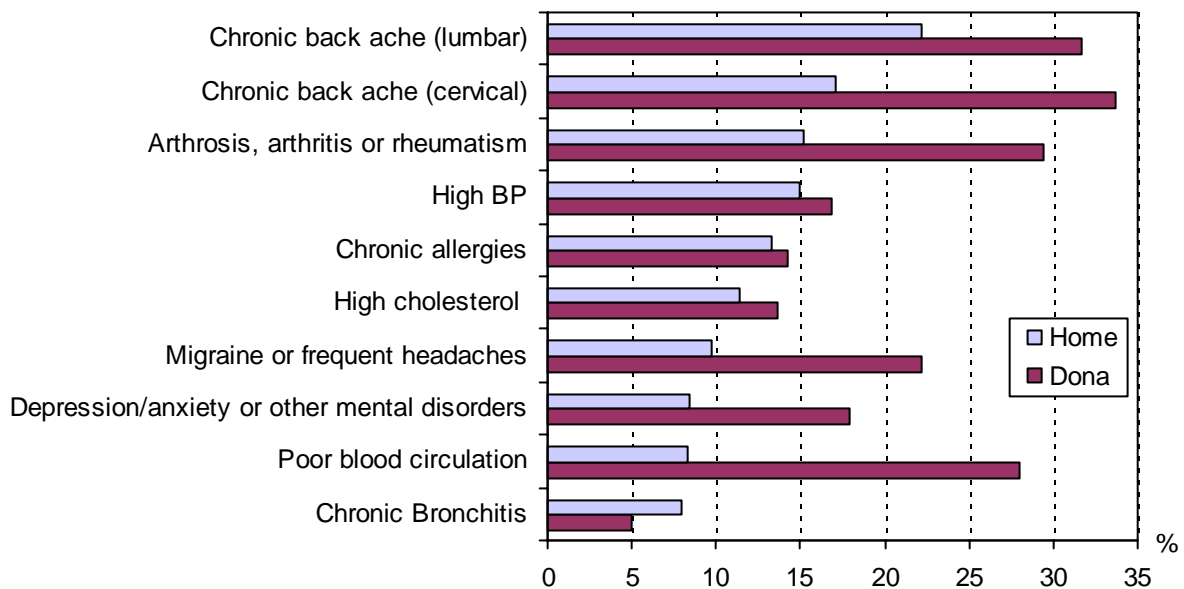
By health regions and gender, the women of Tortosa, Costa de Ponent, Barcelonès Nord and Maresme, Centre and Barcelona Ciutat present a probability of having a mental disorder which is above the mean for Catalonia.

## Chronic health problems

The ESCA questions about 26 chronic disorders chosen because they have a high prevalence, because they generate greater use of health resources or are related to the objectives of the Health Plan of Catalonia.

Chronic health problems that most frequently affect the adult population are diseases of the locomotor apparatus and the circulatory apparatus. More specifically, in both genders it is chronic back or cervical pain and arthrosis, arthritis or rheumatism, followed, in men, by high blood pressure and by poor blood circulation in women (graphic 46).

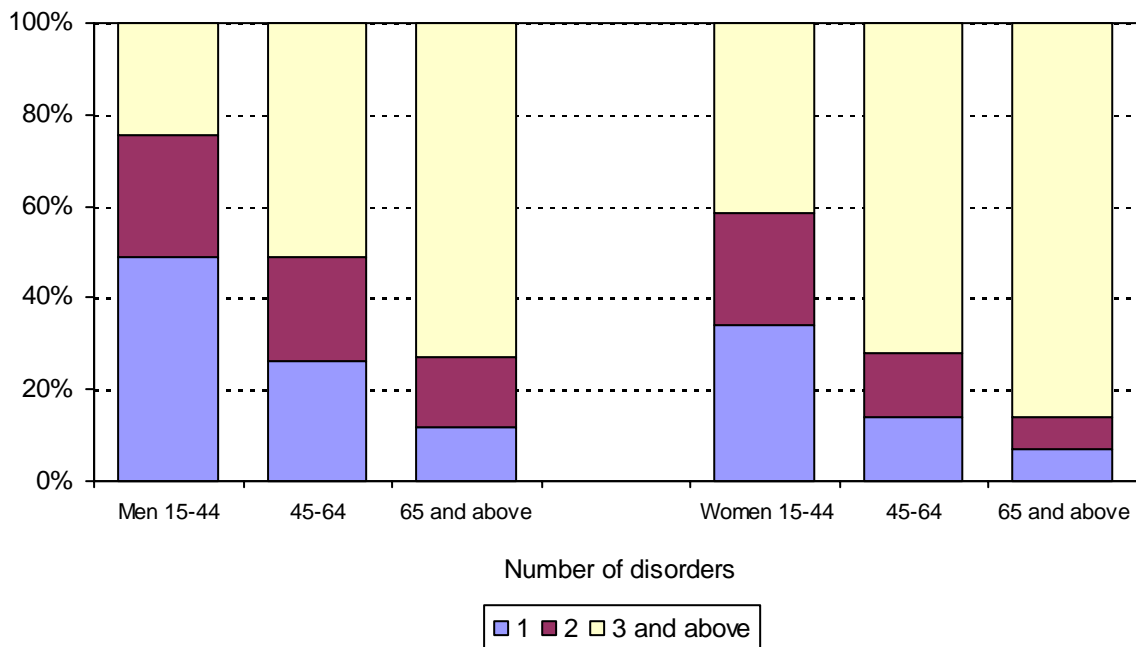
Graphic 46. Main chronic disorders declared according to the type of disorder and gender



69.4% of the population aged 15 and above state that they have or have had one or more chronic health disorders, being a prevalence of 75.5% in women and 62.9% in men.

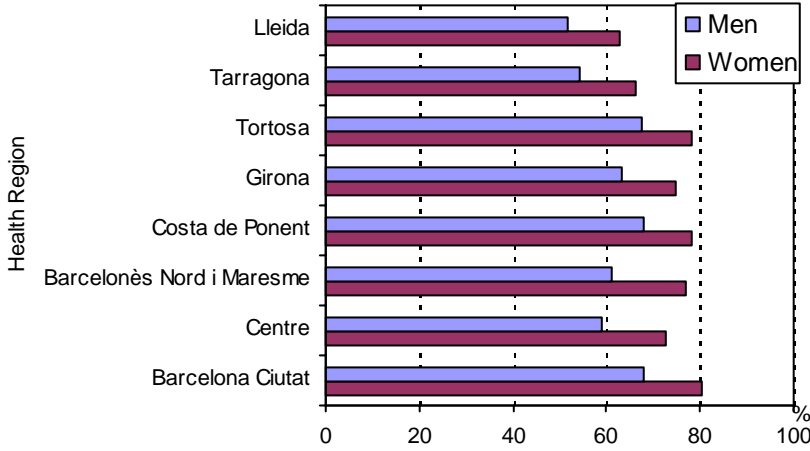
Among the adult population, it is the older age groups that most frequently state that they have or have had chronic disorders and also a major number of disorders, there being major differences by gender (graphic 47).

Graphic 47. Distribution of the number of chronic disorders between those suffering from at least one by age group and gender.



The population of the health region of Lleida states that they have fewer chronic disorders than the other regions, and the Costa de Ponent health region presents the highest percentages for both genders (graphic 48).

Graphic 48. Population that states they have some chronic disorder by health region and gender.

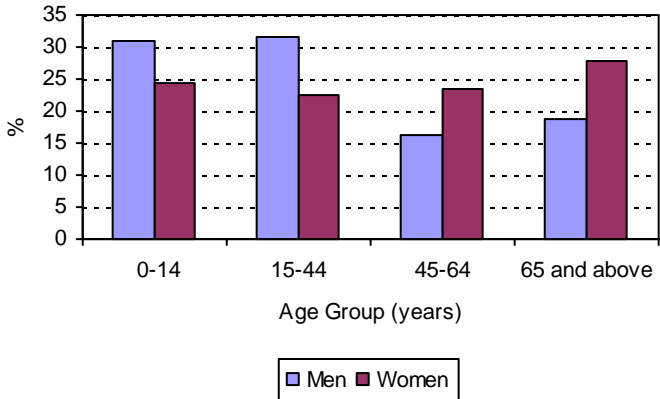


Data standardised by age.

**Accidents**

25.0% of the population (26.0% men and 24.0% women) state that they have had one or more accidents in the course of the last year that required some type of health care or restricted their usual activity in some way. The frequency of these accidents is higher in the men of the youngest age group and also among people of both genders in the more underprivileged social classes (graphic 49 and 50).

Graphic 49. Population that states they have had an accident in the last year by age group and gender.



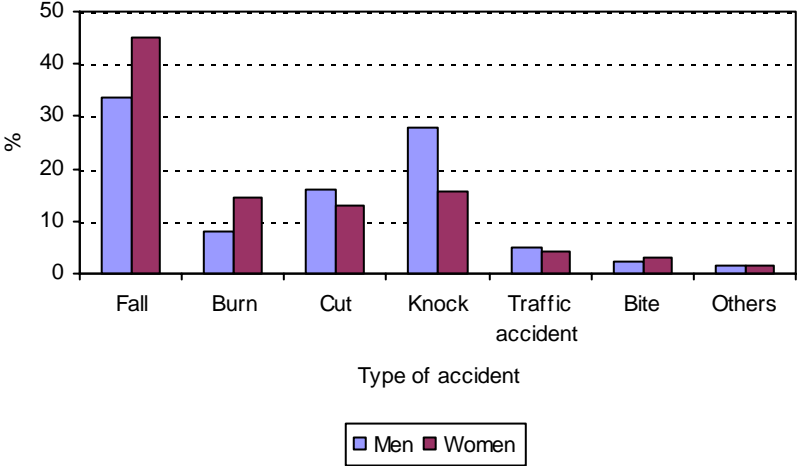
Graphic 50. Population that states they have had an accident in the last year by social class and gender.



The Barcelona City, Costa de Ponent and Barcelonès Nord and Maresme health regions presented a higher percentage of population that state that they have had some type of accident in the course of the last year

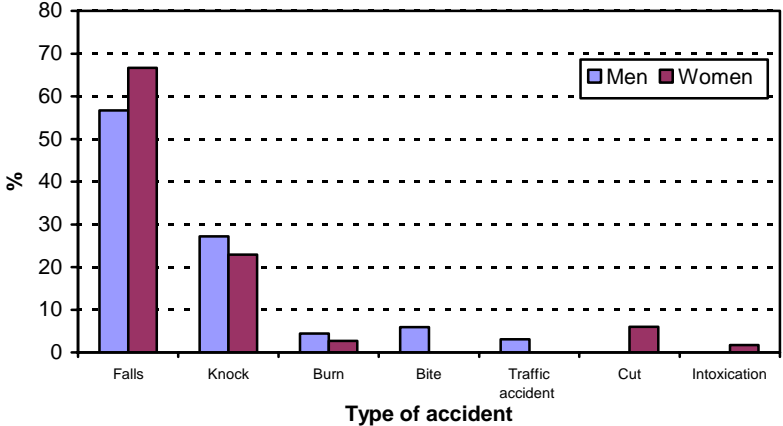
3.7% of the total population has had some type of accident over the two weeks before the survey. The most prevalent types of accidents are falls (38.9%), followed by knocks (22.3%) and cuts (14.7%) (graphic 51). 36.2% of the population had some type of medical care as a result of the accident.

Graphic 51. Population that states they have had some type of accident in the last 15 days by type of accident and gender.



The accidents mainly affect children and the elderly. In under-15s, the declared incidence for the last two weeks is 17.7% for boys and 16.1% for girls (graphic 52). Falls and knocks are the most frequent type of accidents in this age group.

Graphic 52. Type of accident of the population under 15 years that state that they have had some type of accident over the two weeks before the interview, by gender.



As for the above-65s, the proportion of women with accidents in the last 15 days (4.4%) is almost twice that of men (1.8%).

The place where most accidents happen is the home, followed by work and thirdly by the sports centre in men and the street in women (graphic 53).

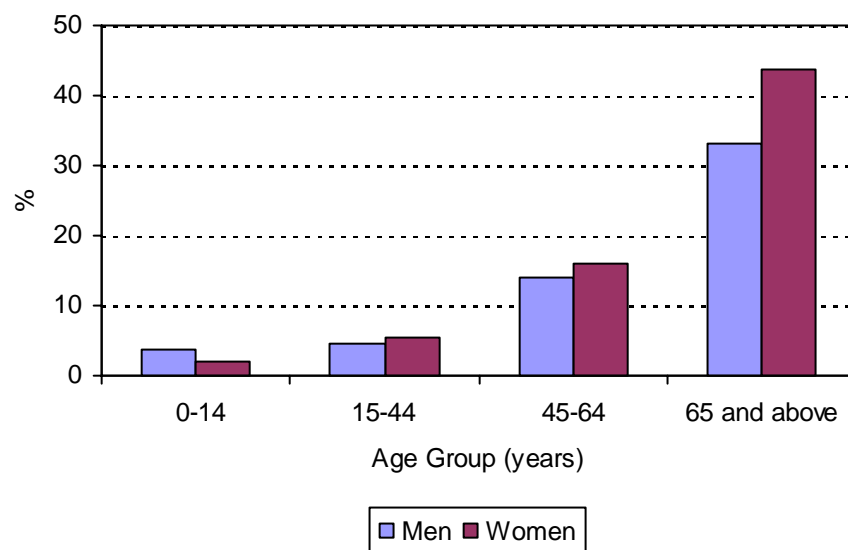
Graphic 53. Main place where accidents happen and which have befallen the population over the last 15 days by gender.



## The disabled

12.5% of the population state that they have some type of disability. The frequency of these disabilities is higher in women (14.4%) than in men (10.6%), in the older age groups, particularly those aged 45 and above (graphic 54), and in the more underprivileged social classes (graphic 55).

Graphic 54. Population that states they have some type of disability by age group and gender.



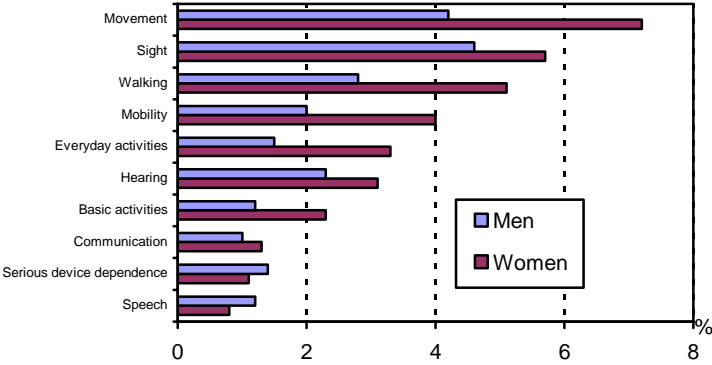
Graphic 55. Population that states they have some type of disability by social class and gender.



The territorial analysis shows that the highest percentage of population that states they have some type of disability is in the health regions of Tortosa, Costa de Ponent and Centre.

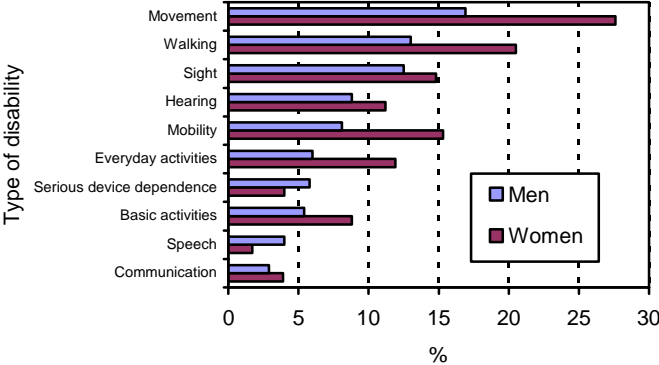
According to the type of disability, the most frequent are those related with movement (for example walking upstairs without the help of a banister), which affects 5.8% of the population, followed by serious sight limitations (5.2%) and walking problems (4.0%) (graphic 56).

Graphic 56. Population that states they have some type of disability by type of disability and gender.

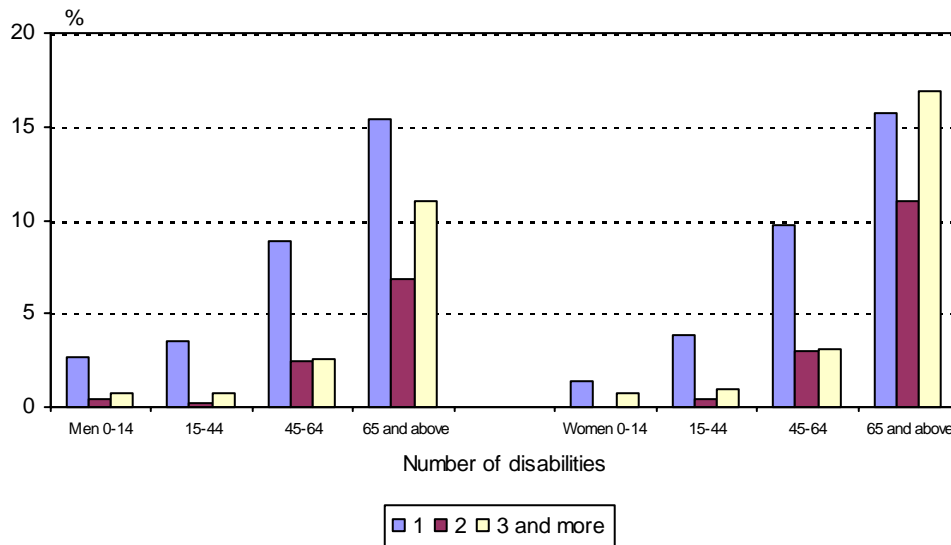


The disabilities particularly affect those above 64 years, and in greater numbers (graphics 57 and 58).

Graphic 57. Population of 65 and above that state that they have some type of disability by type of disability and gender.



Graphic 58. Population of 65 and above that state that they have a disability by number of disabilities, age group and gender.

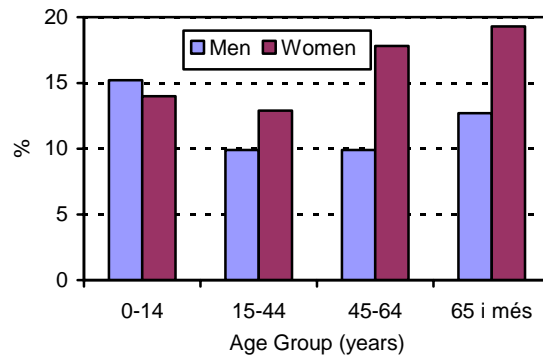


Of the people who state that they have serious difficulties to do basic personal care activities (eating, going to the toilet, washing, getting dressed, etc.), 76.0% are helped mainly by relatives. The better-off classes tend to have more help from people hired privately to take care of these disabled people than the more underprivileged classes. On the other hand, 5.7% receive no help, 2.8% being men and 7.1% women. The Barcelona Ciutat and Centre health regions have a greater proportion of people without family or social support.

## Restriction of activity

13.3% of the population states that they have had to restrict their regular activities over the two weeks before the interview due to some kind of health disorder. The frequency of population that has this limitation on their activity increases in the older groups (graphic 59). It is also more frequent in women (15.3%) than in men (11.1%). The percentages of children that have had their usual activity limited is higher in males.

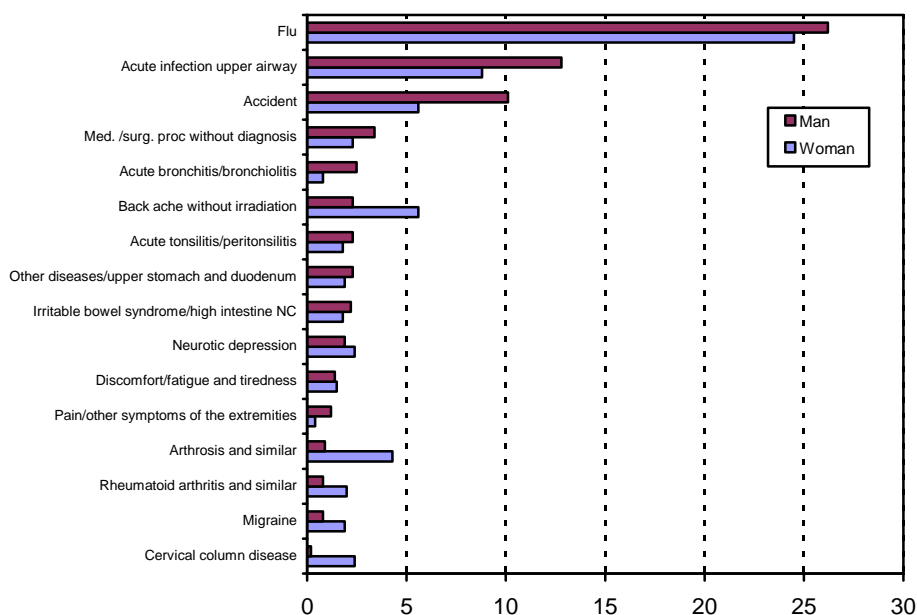
Graphic 59. Population that states they have had some restriction on their daily activities in the two weeks before the interview due to a health disorder by age group and gender.



The Barcelonès Nord and Maresme, Centre and Tarragona health regions have the greatest proportion of people whose usual activities have been restricted for health reasons.

The main causes leading to a limitation of activity are the flu (25.2%), acute infectious respiratory diseases (10.5%) and accidents (7.5%). Two times more men than women have had their activity limited by an accident (graphic 60).

Graphic 60. Population that states they have had some type of limitation on their activity in the fortnight before the interview according to the main reason and by gender.



11.2% of the population had stay in bed on one day (at least a half-day) for health reasons in the last fortnight. The proportion is higher among women (12.8%) than men (9.5%). No significant differences are observed among social classes.

Among the people who had to limit their activity over the fortnight before the interview, the average stay in bed per person was 4.1 days. No noteworthy differences are observed by gender. The number of days in bed is higher in the elderly. Thus, the average for the 0-14 year group is 3.5 days, whereas it is 5.8 days in the over-64s.

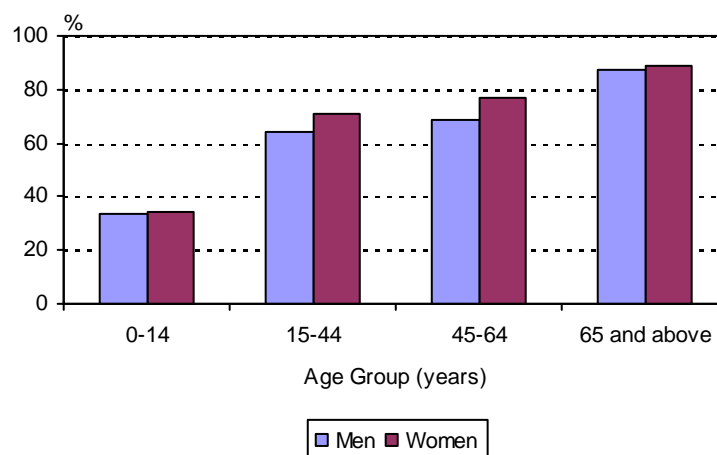
## Use of the health services

### Visits to a health professional in the last year

88.6% of the population state that they have seen a health professional at least once in the last year. Frequency is greater among women (92.3%) than men (84.9%).

Visits to the GP are the most frequent. In the last year, 67.1% of the population state that they have seen a primary care professional. Frequency is greater among women (70.3%) than men (63.7%). For both genders, the frequency of visits increases with age, and is 90.2% among over-74s (graphic 61).

Graphic 61. Population that has seen a GP in the last year



78.7% of the population aged between 0 and 14 years has seen a paediatrician in the last year.

34.3% say they have been to the dentist, 28.5% the optician and 3.6% a psychiatrist. Women go to the dentist more and this use decreases for both genders as age increases. No noteworthy differences are observed between genders for the other specialities.

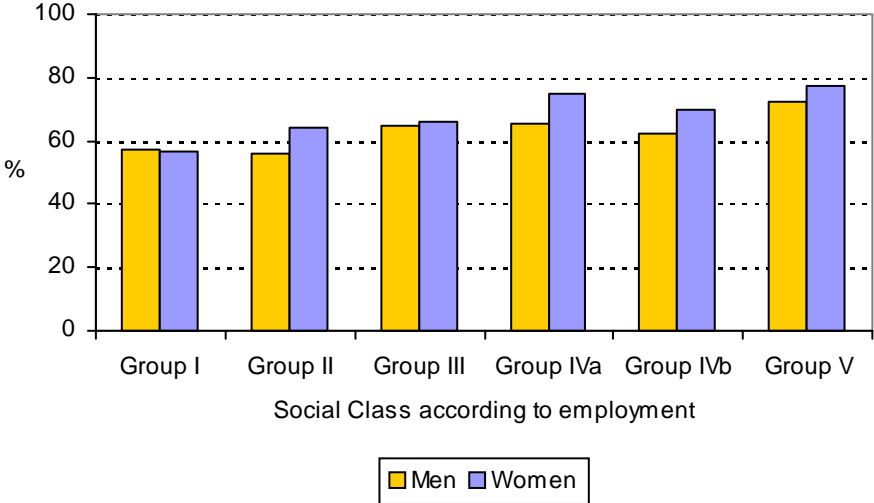
39.6% of women state that they have seen the gynaecologist, while the group of women between 45 and 64 years go most, with 58.5%.

10.7% of the population state that they have seen a nursing professional.

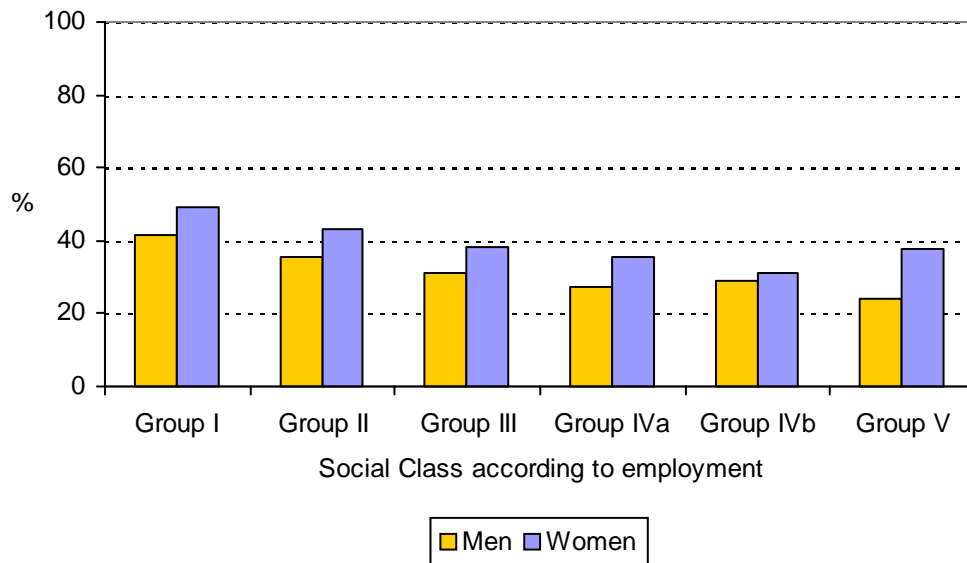
Visits to alternative medicine professionals, such as homoeopaths, naturists or acupuncturists were 1.9%, 1.5% and 1.1%, respectively.

Differences are observed by social class in visits to health professionals over the last year. The more underprivileged classes use GPs more (graphic 62) and see paediatricians, dentists (graphic 63) and gynaecologists less.

Graphic 62. Population seen by a GP in the last year by social class and gender.



Graphic 63. Population seen by a dentist in the last year by social class and gender.

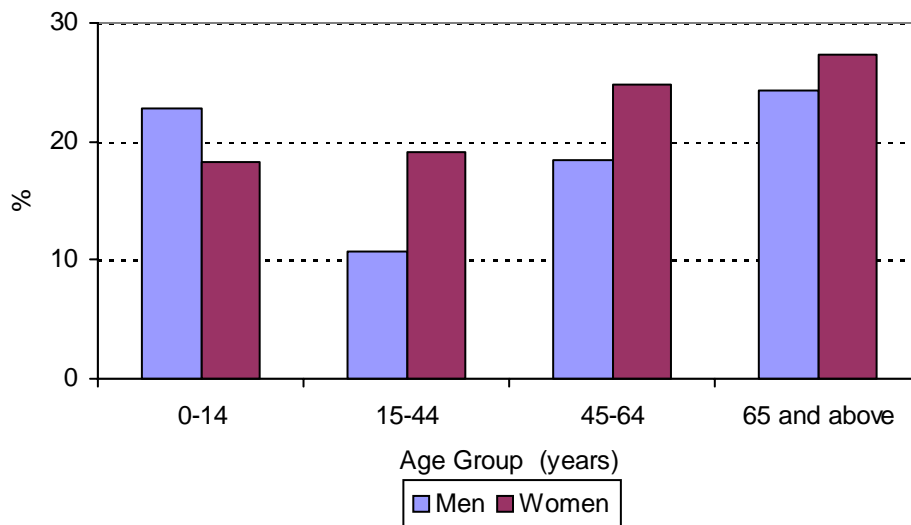


There is a greater use of GPs in the Barcelonès Nord and Maresme, Costa de Ponent and Tortosa health regions, and Girona is the region where fewest visits to GPs are made. As for the use of medical specialities, the highest frequency corresponds to Barcelona City, and the lowest to Lleida.

### Visits to a health professional in the last fortnight

19.1% of the population state that they have seen a health professional in the fortnight before the interview. There is greater frequency among women (21.8%) than in men (16.3%) in all age groups, except in the 0 to 14 population, where frequency is greater among males. The proportion of persons that state that they have seen a health professional increases with age and is 26.1% in the oldest group (graphic 64).

Graphic 64. Population that states they have seen a doctor in the last fortnight by age group and gender



9.0% of the population state that they have seen a health professional 3 and more times in the fortnight before the interview for health reasons.

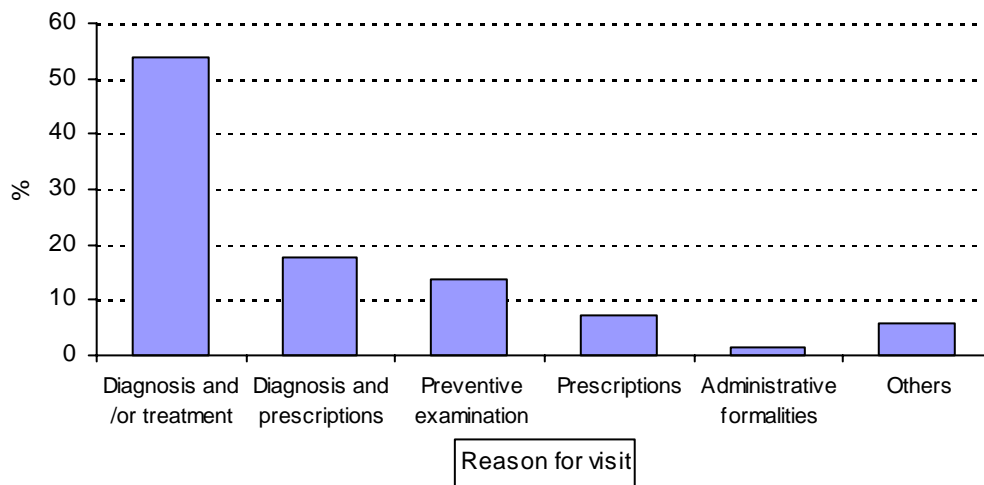
46.6% of those who saw a doctor in the last fortnight say it was a GP. The next most-visited health professionals are the paediatrician (10.1%), the gynaecologist (4.0%) and the dentist (3.5%). 8.0% of the population state that they have consulted a pharmacist in the last fortnight.

By health region, Costa de Ponent is the region with the highest percentage of visits to health professionals in the last fortnight, while Lleida is the lowest.

53.2% of the population state that they waited less than 15 minutes between arrival at the clinic and being seen by the doctor, while 23.4% had a wait of between 15-30 minutes.

The most frequent reason for seeing the doctor in all age groups is for diagnosis and/or treatment (54.0%). This is followed in frequency and as a reason for the last visit, the obtainment of prescriptions and a diagnosis and/or treatment (17.7%) and for a preventive examination (13.7%) (graphic 65).

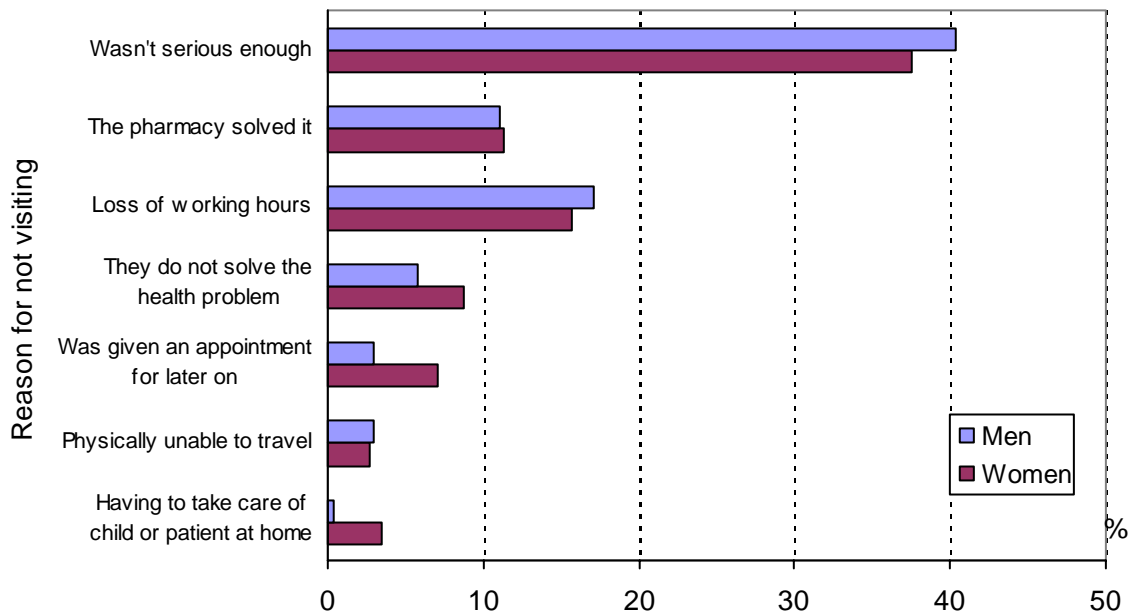
Graphic 65. Last visit to a health professional according to the reason for the visit



4.2% of the population state that they used the telephone to consult a health professional in the last fortnight. By social class, using the telephone to consult a health professional for health reasons is higher in the better-off social classes (7.4% in group I) than among the more underprivileged classes (3.8% in group V). The greatest proportion of the telephone consultations were for the public health services (57.4%), followed by queries telephone private professionals (21.9%) and a professional from a voluntary association (12.9%).

6.8% of the population state that they have had some type of health problem of that required medical care in the last fortnight but that they did not consult the health services. This proportion is 7.9% in women and 5.7% in men. The differences by gender are maintained in all the age groups. The main reason given by men and by women for not seeking medical care is that the problem was not serious (graphic 66).

Graphic 66. Distribution of the population that did not request medical care for a health problem that needed care, by reason and gender.



The Tortosa health region presents a greater proportion of people who did not consult the health services even though they had a health problem (11.2%).

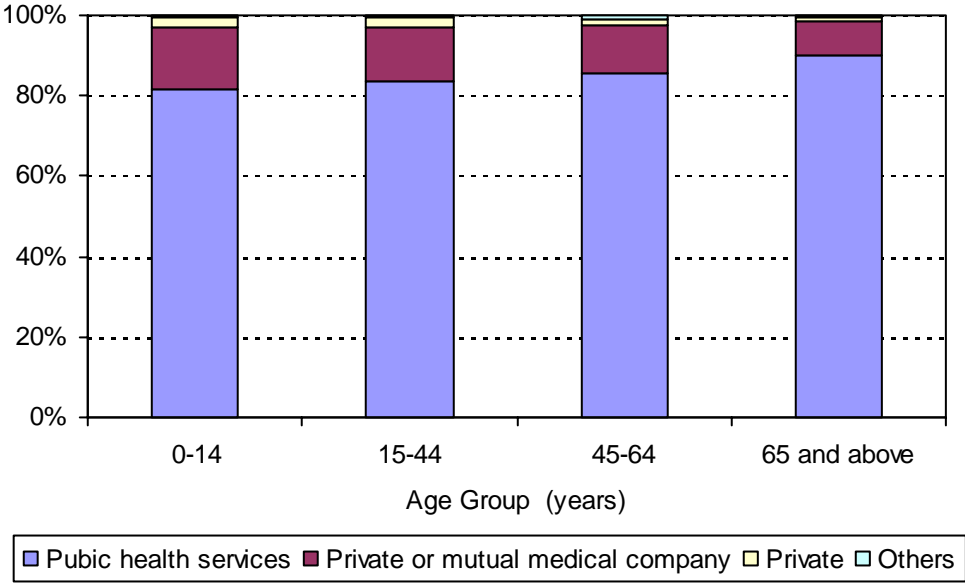
### The use of services according to health coverage

99.2% of the population are aware that they are entitled to health care via the public health services, 24.8% to mutual medical insurance or private health services and 3.2% to obligatory-membership mutual or public companies.

84.8% of the population that have used the health care services over the last year did so in public coverage services, 12.7% in mutual medical insurance or private companies, 1.9% in private services and 0.6% in others.

The use of public coverage services is highest among the elderly, whereas the use of private services is higher among under-15s. The use of mutual medical insurance companies varies among age groups (graphic 67).

Graphic 67. Population according to the type of health services used most frequently in the last 12 months, by age group.



62.0% of the population state that they have been to the primary care centre (PCC) in the last fortnight, 12.0% used a private office and 7.6% a mutual medical insurance company.

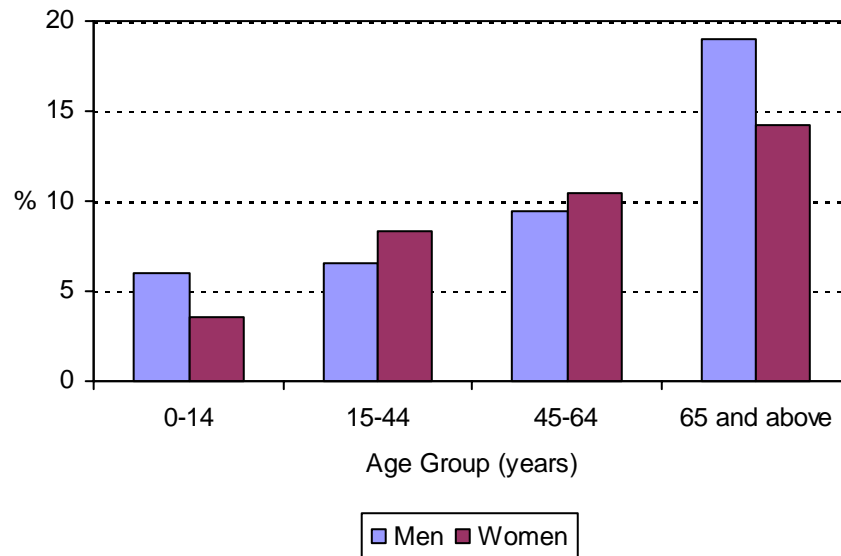
The more underprivileged social classes use the public coverage services most and private and mutual medical insurance companies least.

By health region, Barcelona Ciutat stands out in that the percentage of population that states that they have been to a private office and a mutual medical insurance company is higher than the other regions, and use the public services less.

**Hospitalisation**

9.1% of the population state that they have been hospitalised in the last year. Hospitalisation is greater in men in the 0 to 14-year and 65 and above groups, and in women between 15 and 44 and 45 and 64 years. Hospitalisation is greater in the 65 and above group (19.0% in men and 14.2% in women) (graphic 68).

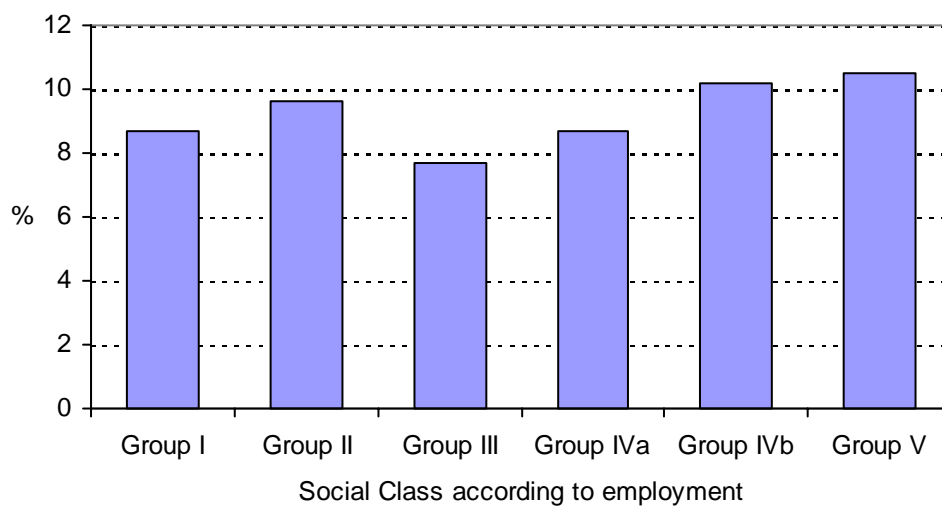
Graphic 68. Population hospitalised last year by age group and gender.



7.6% of the population hospitalised in the last 12 months were admitted 3 or more times.

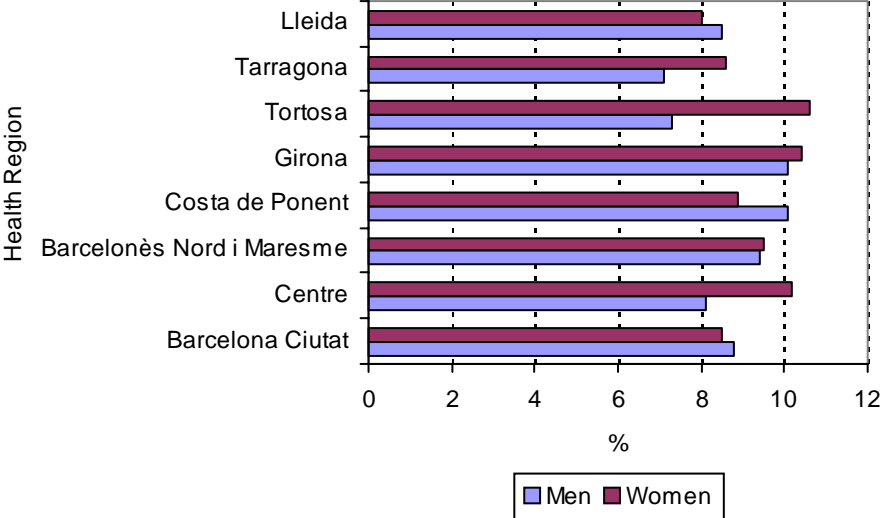
The more underprivileged social classes present a higher percentage of hospitalisation (graphic 69).

Graphic 69. Hospitalisation in the last year by social class.



The health region of Girona presents the highest hospitalisation percentages, and Tarragona the lowest (graphic 70).

Graphic 70 . Hospitalisation in the last year by health region and gender. Health survey of Catalonia, 2002

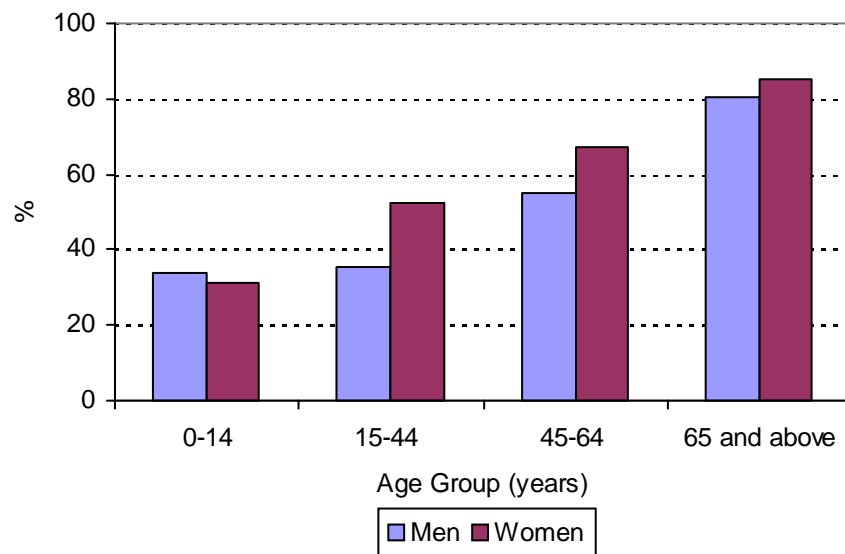


Data standardised by age.

### Consumption of medicinal products

52.7% of the population state that they had taken some medicinal product in the two days before the interview. The proportion of women (58.9%) that had taken a medicinal product is greater than that of men (46.2%). The percentage of consumers is higher in the oldest age group in men and in women (graphic 71).

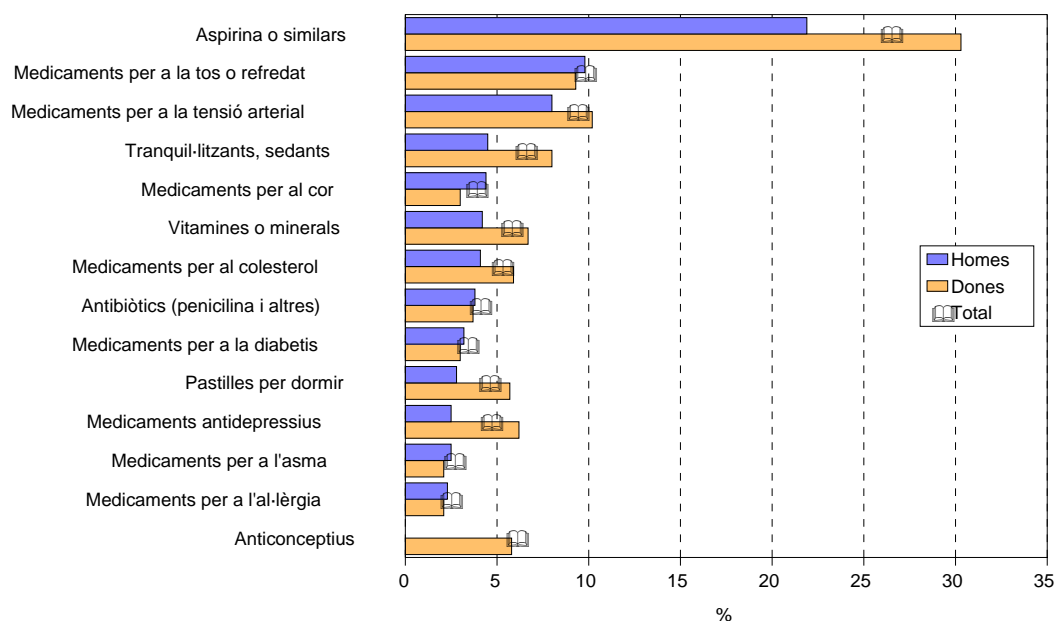
Graphic 71. Population that states they have taken a medicinal product in the two days before the interview by age group and gender.



25% of the population had taken, in the last two days, two or more medicinal products (29.6% in women and 20.2 in men). This percentage is higher in over-64s (61.2% in women and 50.5% in men) and lower in the under-15 age range (9.2%). 36.1% of the population aged 65 or above had consumed three or more medicinal products.

The medicinal products taken most frequently are the aspirin or similar (26.2%), followed by cough or cold medicines (9.5%) and medicinal products for blood pressure (9.1%). They are followed by vitamins and tranquillisers in women and medicines for cough or the cold and vitamins in men (graphic 72).

Graphic 72. Consumption of medicinal products in the two days before the interview by gender.



In the population aged 0 to 14, medicines for cough or the cold (13,1%) and aspirin or similar (12.8%) are the most used medicinal products.

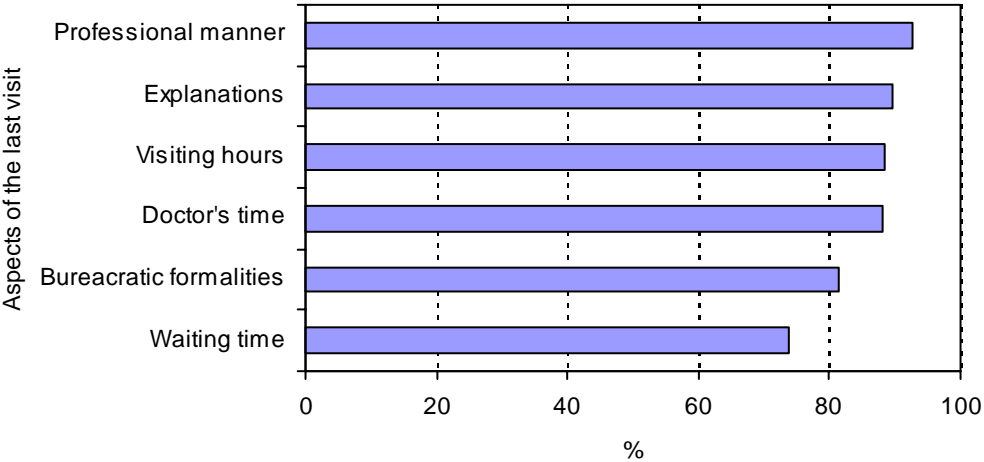
The most used non-prescribed medicinal products taken by the population are the aspirin (16.2%) and medicines for cough or cold (4.4%) 22.8% of the population state that they treat themselves. The proportion of women (25.7%) who have taken a non-prescribed medicinal product in the two days before the interview is greater than the proportion of men (19.8%).

### Satisfaction with the last visit to a health professional

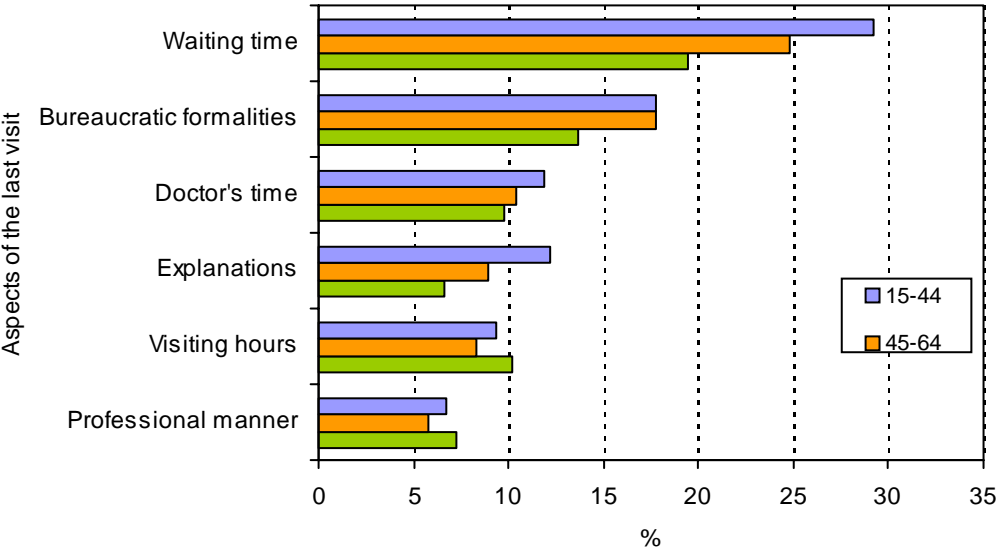
Six dimensions of satisfaction are explored with regard to the last visit to a health professional in the fortnight before the interview: the manner of the professional, the explanations given to the patient, waiting time between arrival and being attended to, time spent by the health professional in the visit, bureaucratic formalities to get the appointment and suitability of visiting hours.

All the dimensions studied show a high degree of satisfaction elevation, above 80%. Of these aspects, waiting time and bureaucratic formalities are the most poorly rated aspects, whereas the doctor's manner is rated with the highest degree of satisfaction (graphic 73). In general, the degree of dissatisfaction is higher in the younger age groups (graphic 74).

Graphic 73. Satisfaction (very satisfied and dissatisfied) of the population with different aspects of the last visit.



Graphic 74. Dissatisfaction (dissatisfied and very dissatisfied) of the population with different aspects of the last visit by age group.



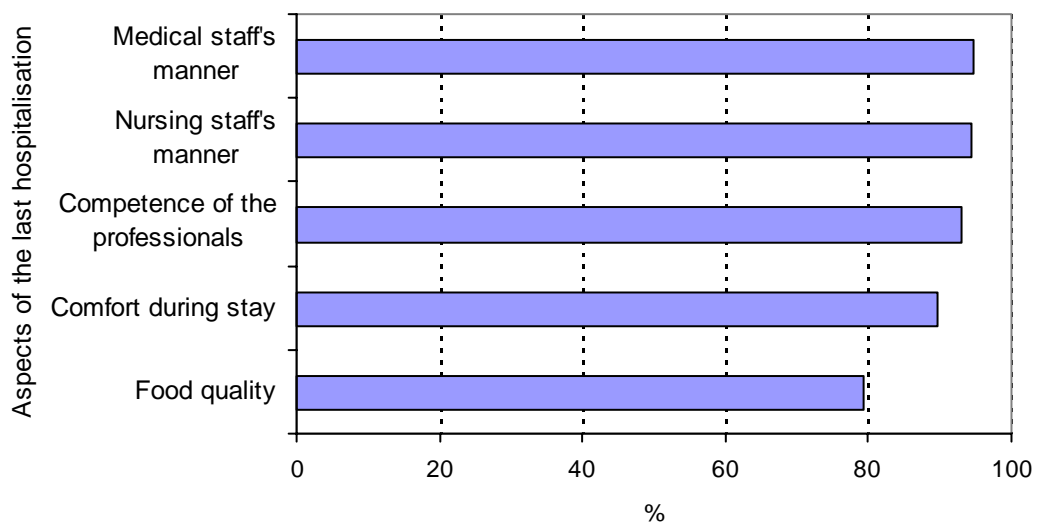
The values are very similar for the results of each aspect by health region, although Barcelona Ciutat presents the highest dissatisfaction values with regard to waiting time, whereas the doctor's manner is rated with higher values of dissatisfaction. The time spent by the doctor in the visit in Costa de Ponent and Barcelonès Nord and Maresme receives the poorest rating.

## Satisfaction with the last hospitalisation

The aspects studied with regard to the last hospitalisation were: the competence of the attending professionals, the manner of the medical staff, the manner of the nursing staff, the quality of the food and comfort during hospitalisation.

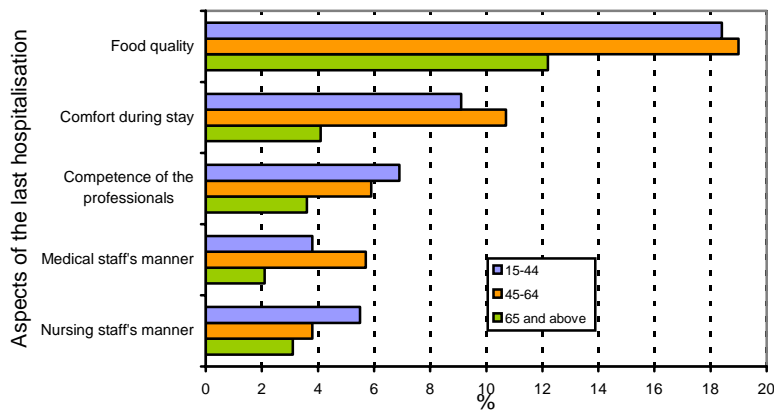
As graphic 75 shows, all the aspects were rated very positively, with the manner of the professionals receiving the highest rating and food quality being the aspect that generated greatest dissatisfaction.

Graphic 75. Satisfaction of the population with different aspects of the last hospitalisation.



The analysis of the overall dissatisfaction for each dimension studied and by age group shows that the most dissatisfied users are those between 15 and 64 in all the aspects studied (graphic 76).

Graphic 76. Dissatisfaction of the population with different aspects of the last hospitalisation, by age group.

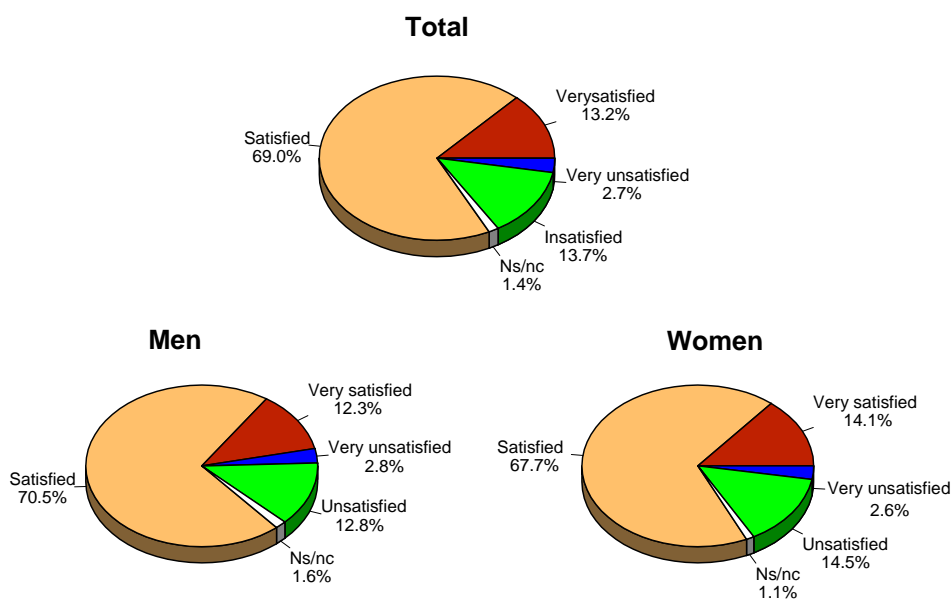


The degree of dissatisfaction for each dimension according to the distribution by health region presents very similar values for all the health regions.

### Satisfaction with the health services used

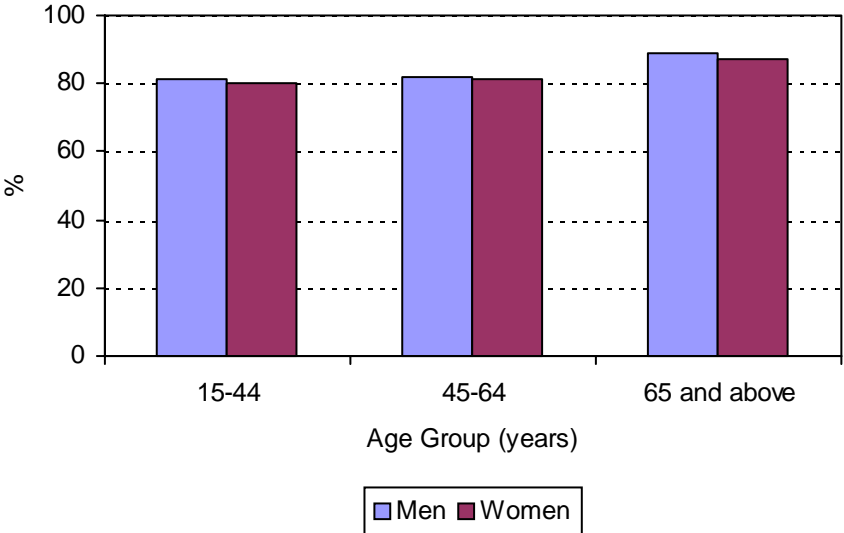
Most users (82.2%) state that they are satisfied or very satisfied with the health services used in the last year (graphic 77).

Graphic 77. Satisfaction of the population with the health services used. Health survey of Catalonia, 2002



The degree of satisfaction with the health services used by age group presents no differences, only a slight increase in the most advanced age group (graphic 78).

Graphic 78. Satisfaction of the population (very satisfied and dissatisfied) with the health services used in the last year by age group and gender.



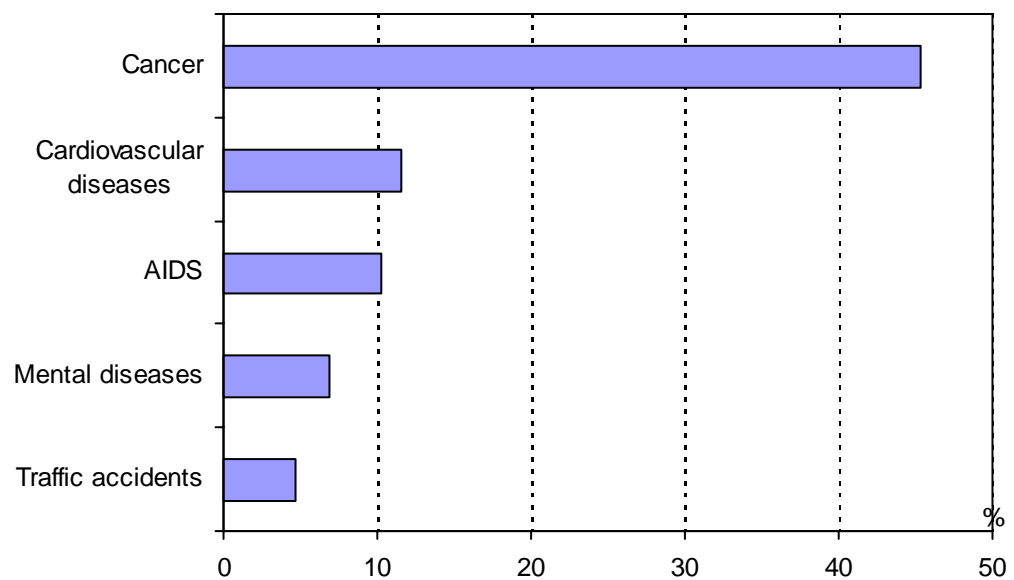
By social class, satisfaction is lowest in the most underprivileged groups. The population that states it is most satisfied or satisfied always surpasses 80%. As for dissatisfaction, the proportion of the population that state that they are dissatisfied or very dissatisfied is 17.5% in the most underprivileged group.

By health regions, the values of satisfaction with the services used are very similar and there are no noteworthy differences.

## Opinion on the most important health problems

Regarding the citizens' opinion on the main health problems in Catalonia, the respondents were asked a question for them to choose, from a group of 14 health or disease problems, the three health problems where they would expect major efforts to be made. The main health problems are identified in graphic 79.

Graphic 79. Health problems regarded as the most important according to the percentage of response of the population of Catalonia.



## Synthesis of the main results

- Three out of every four Catalans perceive their health to be excellent, very good or good.
- Two out of every three people aged 15 and above state that they have or have had one or more chronic health disorders.
- One third of the population states that they have difficulties in some dimensions of quality of life (mobility, personal care, development of everyday activities, presence of pain or discomfort and sensation of anxiety or depression).
- 13.3% of the population have had to limit their activity in the fortnight before the interview due to a health disorder.
- 88.6% had seen a health professional at least once in the last year and 19.1% had done so in the last fortnight.
- More than half the population had taken some medicinal product in the two days before the interview.
- 9.1% of the population was hospitalised last year.
- 6.8% of the population requested no medical care for a problem that required it.
- The degree of satisfaction with the health services used surpasses 80% for all the dimensions studied. The most poorly rated aspects are waiting time at their last visit to a health professional (25.3%) and food during the last hospitalisation (16.8%).
- 32.1% of Catalans aged 15 and above smoke.
- 4.5% of the population aged 15 and above are risk drinkers. 49.0% are teetotallers.
- 21.7% of the Catalan population aged 15 and above say that they are sedentary, and 5.6% are very active.
- 43.3% of people aged 15 and above have a regular check-up for preventive purposes.
- 49.3% periodically have their blood pressure taken.
- 45.3% have their level of cholesterol monitored periodically.
- 40.6% of women aged 20 and above have a periodical mammography for the purpose of prevention and 55.7% have a regular cervical cytology for the purpose of prevention.
- 61.2% of people aged 65 and above have flu vaccinations.

Age is the most relevant variable with regard to differences in habits and lifestyles in state of health, the use of services and the satisfaction expressed by the users with the services:

- In general, rather unhealthy behaviours are less prevalent in the more advanced ages.
- Preventive practices are most frequent in the oldest age groups.
- State of health and quality of life are worse in the elderly population.

- The use of health services is highest among the elderly.
- Older population groups state that they are more satisfied with the health services.

There are also major gender-specific differences:

- The unhealthiest behaviours are more prevalent in men than in women. The prevalence of smoking is greater in men. This habit is increasing in women and falling in men. Men drink more and have a greater risk habit than women.
- No noteworthy differences are observed between genders in terms of preventive practices.
- Men's self-perception of their state of health is better than women's. Women have a worse overall perception of their state of health and their quality of life, present a higher prevalence of chronic problems, disabilities, likelihood of suffering mental disorders and suffer a higher degree of limitation of their activities due to health questions. Women live longer, but for a large part of these additional years they are affected by poor physical health and/or mental disorders.
- Men have more accidents, particularly in young and middle age, whereas women have more accidents later on in life.
- Women make more visits to health professionals and take more medicinal products, whereas men go to hospital more than women at all ages, except during women's childbearing years.
- In general, women are proportionally more satisfied with the health care services they use.

According to the social class, and measured according to employment or occupation, there are inequalities in practically all the areas studied:

- The more underprivileged classes present, in general, less healthy behaviours, both with regard to unhealthy behaviours and preventive practices.
- The more underprivileged social classes state that they have a poorer perception of their health and present a higher frequency of problems related to quality of life, as well as chronic disorders.
- In general, the better-off social classes have fewer accidents and fewer disabilities.
- The limitation of usual activities is higher among the most underprivileged classes
- Visits to health professionals are more frequent in the more underprivileged classes, and the latter also have more hospitalisations.
- Satisfaction with the services is lower in the more underprivileged classes.

## **Management of the Health survey of Catalonia 2002**

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