

14 March 2013



National Health Survey 2011-2012

Main results

- 75.3% of the population consider their state of health to be good or very good. This percentage is 5.3 points higher than that recorded in 2006, and is the highest since the beginning of the survey.
- The results reveal an increase in chronic pathologies: arterial hypertension, high cholesterol, obesity and diabetes continue to rise.
- 53% of the population over 65 years of age present no functional dependence problems.
- For every 100 adults aged 18 years old and over, 17 are obese and 37 are overweight. Obesity has risen from 7.4% to 17.0% in the last 25 years. For every 10 children and adolescents aged two to 17 years old, one is obese and two are overweight.
- 41.3% of the population claim to be sedentary, somewhat less than half of women (46.6%) and more than a third of men (35.9%).
- The number of smokers drops to 24.0%, from 26.4% recorded in 2006. This is the lowest figure in 25 years.
- 38.3% of adults drink alcoholic beverages regularly, with the percentage of men (52.3%) doubling the percentage of women (24.9%). Among men aged 15 to 34 years old, one in 10 expose themselves each month to the risks of heavy drinking, and almost one in 20 do so weekly.
- 77.1% of women aged 50 to 69 years old have had a mammogram in the last two years, for the purpose of the early detection of breast cancer.
- Women mostly take on the care of minors and dependent persons, as well as the household chores. Only 2.2% of men who live with minors take on their care alone, as opposed to 33% of women.

The Spanish National Health Survey (SNHS) is a periodic study carried out for the first time in 1987 by the Ministry of Health, Social Services and Equality (MSSSI). As of 25 years ago, it collects health information on the entire population, regarding the state of health, the personal, social and environmental determining factors that affect health, and the use of health services.

The SNHS is currently conducted jointly between the MSSSI and the National Statistics Institute (INE), and is five yearly, alternating every two-and-a-half years with the European Health Survey, with which it shares a set of standardised variables.

The data presented herein corresponds to 26,502 interviews conducted between July 2011 and June 2012.

Over the years, the survey has adapted to the new knowledge arising in the area of its measurements. Fundamentally maintaining the historical series, this eighth edition has revised some aspects in order to bring it more in line with the European Health Survey. The dimensions of some determining health factors, such as tobacco use and physical activity, have been expanded, and other health aspects not previously considered have been included, such as quality of life in adults.

Worth noting as innovations in this edition of the survey is the use of portable devices in order to carry out the interviews, as well as the publication of broken-down results for the population aged 85 years old and over, according to the life expectancy of the Spanish population.

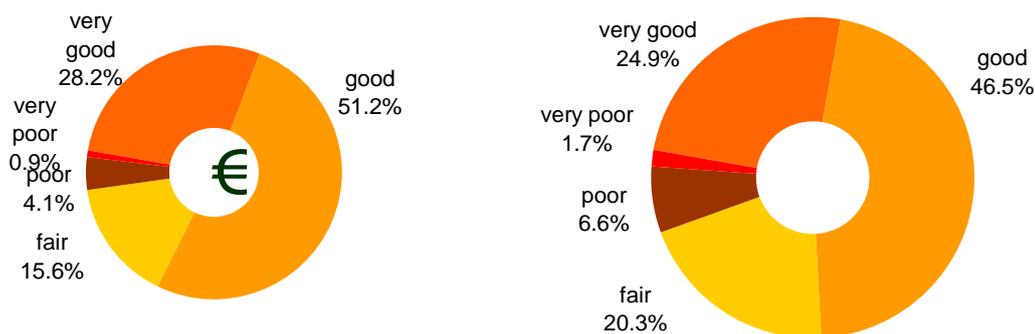
The methodological characteristics of the SNHS may be viewed in greater detail in the attached methodological note.

STATE OF HEALTH

75.3% of the population considered their state of health to be good or very good. Men claimed to have a better state of health than women (79.3% of men claimed to have a good, or very good, state of health, as compared with 71.3% of women). With regard to 2006, the assessment of the health of the population increased by 5.3 points.

The good or very good perception of state of health decreased with age. For the group aged 85 years old and over, only 32.1% of men and 29.0% of women perceived their state of health as positive, whereas in the case of children under 15 years of age, 93.0% and 93.2% considered their health to be positive, respectively.

State of health, by sex



The socio-economic level showed a clear relationship with the self-perceived state of health. As a person decreased on the social scale, based on occupation, a drop was observed in the positive assessment of the state of health, which decreased from 86.5% in class I to 68.5% in class VI. The drop was even more extreme in the case of women, decreasing from 85.4% in class I to 62.4% in class VI.

From a time perspective, the evolution of the percentage of the population that assessed their state of health as positive (good or very good) from 1987 to 2012 showed a downward trend until 2006 (70.0%), and an increase in 2012 (75.3%).

Quality of life with regard to health in adults, analysed for the first time

The quality of life of the adult population with regard to health has been studied, for the first time, using the generic EuroQol questionnaire. This considered five dimensions: mobility, personal care, everyday activities, pain/discomfort and anxiety/depression. It also considered an analogue visual scale.

The dimension that most frequently presented problems at the time of the interview was pain/discomfort, which affected 24.8% of the population aged 15 years old and over. 3.9% suffered from intense or extreme pain (2.1% of men and 5.7% of women). Another 20.9% had moderate or slight pain or discomfort.

Anxiety/depression affected 14.6%, and problems in walking affected 13.9%. 10.9% stated that they had problems in carrying out everyday activities, and 6.1% experienced difficulties in washing or dressing themselves.

Chronic illnesses. Cardiovascular risk factors increase

At least one out of six adults (aged 15 years old and over) suffers from at least one of the most frequent chronic disorders: lower back pain (18.6%), arterial hypertension (18.5%), arthrosis, arthritis or rheumatism (18.3%), high cholesterol (16.4%) and chronic neck pain (15.9%). Most of the problems observed were more frequent among women. Men more frequently stated to have chronic bronchitis and permanent injuries or defects caused by an accident, among others.

The evolution of some of the main chronic disorders and risk factors showed a rising trend. Arterial hypertension, high cholesterol and diabetes, all cardiovascular risk factors, continued to rise. Since 1993, hypertension increased from 11.2% to 18.5%, diabetes from 4.1% to 7.0% and high cholesterol from 8.2% to 16.4%.

The most prevalent chronic illness in childhood (0-14 years old) was allergy, which affected one in 10 minors, followed by asthma, which affected one in 20.

More than half of persons over 65 years of age have no functional dependency

53.5% of the population aged 65 years old and over had no type of functional dependency, neither for personal care, nor for household chores, nor for mobility. Independence was more frequent among men (61.3%) than among women (47.7%).

The most frequent functional dependency among men was for household chores (30.6%), whereas among women it was for mobility (43.7%).

65.8% stated that they were capable of performing activities relating to personal care (73.1% of men, and 60.3% of women).

62.5% of the population was capable of performing activities relating to household chores (69.4% of men, and 57.4% of women).

63.8% stated that they were capable of performing activities relating to mobility (72.5% of men and 56.3% of women).

The functional independence of the population decreased from 1993 to 2006, among both men and women, but now showed a slight improvement. In 1993, 62.9% of the population aged 65 years old and over (70.1% of men and 58.0% of women) was capable of performing everyday activities without assistance. In 2012, this percentage was 53.5% (61.3% of men and 47.7% of women), somewhat higher than in 2006 (51.4%).

USE OF HEALTH SERVICES AND PREVENTATIVE PRACTICES

The growing trend in the use of health services changes

The use of health services evolved over the course of the last two decades incrementally, and experienced growth since 1987, with a stabilising or slightly descending trend since 2003 for doctor's visits and hospitalisation, and since 2006 for urgent care. Only outpatient hospital use increased.

In the year 2012, 82.3% of the population visited the doctor, 28.3% used urgent care services and 7.9% was hospitalised.

The population that visited the doctor in 2006 (83.8%) was 13 points higher than that which did so in 1987. Likewise, urgent care and hospitalisation, which had increased from 12.3% to 30.8%, and from 6.3% to 8.9%, respectively, between 1987 and 2006, presented a slight decrease.

The only health care modality whose use increased was outpatient hospital care, which increased from 6.3% in 2006 to 6.9% in 2012. Clinical processes that previously required hospital admission, were currently taken care of on an outpatient basis.

Almost 10% of the population had never visited the dentist, and half (49.8%) had not visited the dentist in the last year.

Self-medication lessens

Most of the medication consumed was prescribed by a doctor (antibiotics, tranquillisers, anti-asthma medicine and allergy medicine in more than 95% of the cases). Medications to lower cholesterol, hypertension medicine and antidepressants, among others, were prescribed by a doctor for almost the entirety of their consumption (always above 99.5%).

More than 20% of the medication consumed for colds, pain, fever and tonics was self-prescribed.

The population protected by the flu vaccine decreases

After the population coverage of this vaccine increased gradually for 10 years, in 2012, the number of persons aged 65 years old and over who was vaccinated for the flu decreased. 58.3% (59.1% of men and 57.8% of women) of persons aged 65 years old and over were vaccinated.

Preventative practices

89.69% of persons over 45 years of age took their blood pressure less than two years prior. The frequency of this preventative practice increased step-by-step with age. 87.3% of adults aged 35 to 74 years old had their cholesterol measured in the last five years.

10.4% of the population aged 50 to 69 years old had a faecal occult blood test for the purpose of the early detection of colorectal cancer.

Three out of four women had mammograms according to the recommended guidelines. 77.1% of women aged 50 to 69 years old stated that they had had a mammogram in the last two years, for the purpose of the early detection of breast cancer, and another 9.5% had done so more than two years, but less than three years prior.

More than 70% of women aged 25 to 64 years old had had a vaginal pap smear in the last five years, the recommended guideline for the early detection of cervical cancer. The coverage of this test was above 80% among women aged 35 to 54 years old.

HEALTH DETERMINING FACTORS

Tobacco use, alcohol consumption, a sedentary lifestyle and excess weight, among others, are risk factors for the main chronic illnesses.

There is less and less smoking in Spain. Men still smoke more, but among young persons, there is little difference

24.0% of the population aged 15 years old and over smoked daily, 3.1% were occasional smokers, 19.6% were ex-smokers and 53.5% had never smoked.

By sex, the percentage of smokers was 27.9% among men, and 20.2% among women.

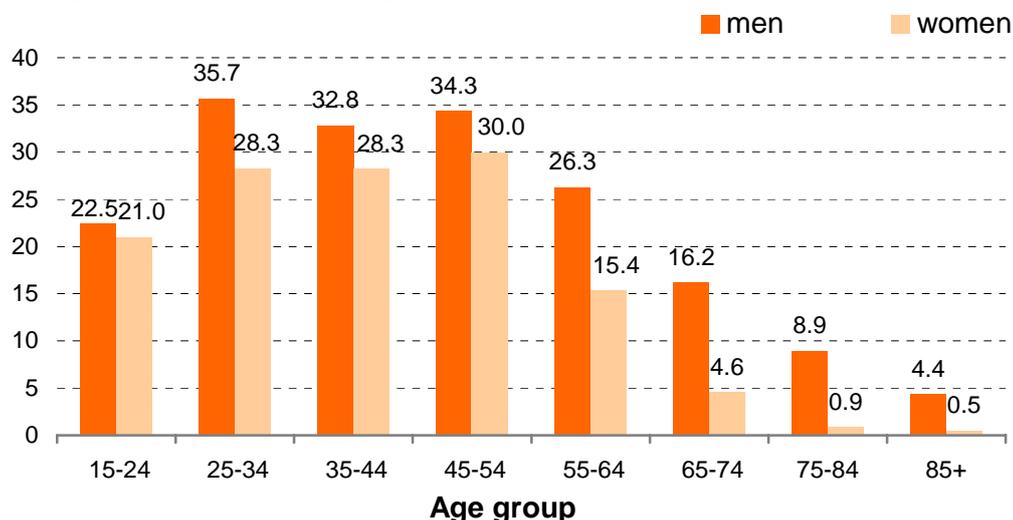
From 1993 to 2012, the percentage of the population that used tobacco daily showed a continuous decrease, fundamentally among men. As of 2003, there was a drop among women as well, though to a lesser extent.

Thus, while in 1993, 32.1% of the population aged 16 years old and over (44.0% of men and 20.8% of women) used tobacco daily, in 2001, this percentage was 31.7% (39.2% of men and 24.7% of women), and in 2012 (population aged 15 years old and over) it was 24.0% (27.9% of men and 20.2% of women).

The tobacco habit affected 21.7% of young persons aged 15 to 24 years old, without great difference by sex (22.5% of men, as compared with 21.0% of women).

Population that smokes regularly.

Percentage of the population aged 15 years old and over.



Regular alcohol consumption decreases, and dangerous heavy drinking is worth noting among young persons

34.4% of the population aged 15 years old and over did not drink alcohol in the last year, and 18.9% only did so once a month or less. 38.3% drank regularly, at least once a week.

Regular consumption among men (52.4% drank at least once a week) was double regular consumption among women (25.0%). Among young persons, this difference by sex was reduced.

Regarding heavy drinking (with a risk of causing acute problems), 13.4% of the population aged 15 years old and over drank alcohol heavily at least once in the last year (19.7% of men and 7.3% of women).

The percentage of men who drank alcohol heavily at least once a month broadly exceeded the number of women who did so in all age groups. The smallest difference was recorded among the youngest population, and even so, the percentage of men (11.0%) was double the percentage of women (5.6%).

The greatest prevalence of heavy drinking was recording among men aged 15 to 34 years old: one in 10 exposed themselves monthly to the risks of heavy alcohol consumption, and almost one in 20 did so weekly.

Obesity in adults continues to rise

Obesity already affects 17.0% of the population aged 18 years old and over (18.0% of men and 16.0% of women). Since the first National Health Survey in 1987, obesity has followed an upward trend for both sexes that is more intense for men than for women. While 7.4% of the population aged 18 years old and over in 1987 had a body mass index greater than or equal to 30 kg/m² (considered the lower limit of obesity), in 2012, this percentage exceeded 17%. 53.7% of the population over 18 years of age was obese or overweight.

Obesity became more frequent with age, except for the group over 74 years of age.

Obesity grew as persons dropped on the social scale, from 8.9% in class I to 23.7% in class VI.

Worth noting was the prevalence of underweight women aged 18 to 24 years old (12.4%), as compared with 4.1% of men in their same age group.

The prevalence of childhood (two to 17 years of age) obesity had remained relatively stable since 1987, with slight fluctuations. 27.8% of this population was obese or overweight. One-in-10 children were obese, and two were overweight, with similar rates by sex.

Men exercise more than women

Four-in-10 persons (41.3%) stated that they followed sedentary lifestyles (not carrying out any physical activity in their free time), including one out of three men (35.9%) and almost one-out-of two women (46.6%).

Considering both main activity and free time, 40.9% of adults (15 to 69 years old) carried out intense or moderate physical activity, with 49.4% of men and 32.4% of women.

Consumption of fruit, vegetables and other food

61.4% of the population (aged one year old and over) ate fruit daily, and 45.8% ate vegetables daily. Daily consumption of this food decreased from the first years of life up until the group aged 15 to 24 years old, and then increased again up until the group aged 75 years old and over, again decreasing.

12.5% of the population drinks sugar-sweetened soft drinks daily, less than in 2006 (17.2%). 2.1% stated that they ate fast food daily.

Fewer environmental problems are recorded for dwellings, and passive smoking decreases

30.5% of the population stated that their dwellings were affected by noise. The second most frequently-cited problem in housing and its environment was the lack of street cleaning (30.2%), followed by poor water quality (30.0%), the presence of bothersome animals (27.9%) and the lack of parkland (26.5%). All decreased with regard to 2006.

Exposure to tobacco smoke in the workplace (2.6%) and in enclosed places and on public transport (2.4%) decreased drastically, and the household became the most frequent place for exposure to tobacco smoke (17.8%). Worth noting is that eight out of 10 persons stated that they were never or almost never exposed to tobacco smoke in their homes.

Women mostly take on the care of minors and dependent persons or persons with disabilities, as well as the household chores

Important differences still existed by sex, regarding the persons who cared for children under 15 years of age, and for adults with problems taking care of themselves, but there were fewer women taking on these tasks alone. The same occurred with household chores.

16.6% of men aged 15 years old and over and living with persons with limitations or disabilities took on their care alone, as compared with 49.4% of women.

2.2% of men aged 15 years old and over and living in a household with minors took on their care alone, as compared with 33.0% of women.

9.7% of men aged 15 years old and over mainly took care of the household chores, as compared with 44.5% of women.

Methodological note

SNHS 2011-2012 has been carried out jointly by the Ministry of Health, Social Services and Equality and the National Statistics Institute, by virtue of the Partnership agreement signed by both Institutions.

The general aim of SNHS 2011-2012 is to provide the necessary information on the health of the population in order to be able plan and assess actions on health issues. It is designed for:

1. Providing information regarding the assessment of the general state of both physical and mental health and identifying the main health problems faced by citizens: chronic illnesses, ailments, accidents and functional limitations.
2. Ascertaining the degree of access to and use of health services.
3. Ascertaining the determining health factors: lifestyle habits and characteristics of the physical and social environment that pose a health risk.
4. Analysing the differences with which health problems are faced, the risk factors and the use of services among the different population subgroups (by sex, age, social class, country of origin, studies, economic activity and Autonomous Community).

Survey scope

The research is aimed at the set of persons residing in main family dwellings throughout the country. The collection of information has taken place throughout the year, from July 2011 to June 2012.

Interviews were conducted (in 21,508 households) of 21,007 adults (aged 15 years old or more) and of 5,495 children aged under 15 years old, by interviewing his or her mother, father or guardian. A total of 26,502 interviews were carried out.

Sample design

A stratified tri-stage sample type is used. The first-stage units are the census sections. The second-stage units are the main family dwellings. All households whose regular residence is within said dwellings are studied. Within each household, one adult person (aged 15 years old and over) is selected to complete the individual questionnaire. Where there are children (aged between 0 and 14 years old), a minor is also selected to complete the minor questionnaire.

A sample has been selected of approximately 24,000 dwellings distributed among 2,000 census sections. The sample is distributed among Autonomous Communities, assigning one portion uniformly and another in proportion to the size of the Autonomous Community, such that, besides being representative at a national level, it is also representative at an Autonomous Community level, at least for the main variables.

Ratio estimators have been used to estimate all population characteristics. Re-weighting techniques have been applied to them, taking as auxiliary variables age groups, sex and nationality of the population of each Autonomous Community.

Collection of information

The survey has three questionnaires: A Household Questionnaire, an Adults Questionnaire and a Minors Questionnaire. The method used to collect information is by computer-assisted personal interview (CAPI), directly in the case of adults, and of the mother, father or guardian in the case of children aged under 15 years old.

The questionnaire consists of four large blocs: socio-demographic, state of health, health care and health determining factors.

Dissemination of the results

Statistical tables of the health variables researched are provided, classified by the following socio-demographic characteristics: sex, age group, social class based on the occupation of the reference person, country of birth, Autonomous Community, educational level and current relationship with the economic activity. Tables of sampling errors for the main variables, methodological characteristics and analysis of non-response are also published. Final microdata files, questionnaires and metadata are likewise available at:

<http://www.ine.es/en/>

<http://www.msssi.gob.es/en/home.htm>

Glossary

Social class: it has been obtained according to the 2012 classification by the Spanish Epidemiology Society Determinants Working Group (ESS), adapted for the SNHS. This is a grouping of current or past occupations, encoded according to the National Classification of Occupations, which came into force in 2011 (CNO-11).

The 6 social classes of SNHS 2011-2012 correspond to the 6 used in the previous editions of the SNHS, and are as follows:

- I. Directors and managers of establishments with 10 or more wage earners and professionals traditionally associated with university degrees.
- II. Directors and managers of establishments with 10 or more wage earners, professionals traditionally associated with university degrees and other technical support professionals. Sportspeople and artists.
- III. Intermediate occupations and self-employed workers.
- IV. Supervisors and workers in skilled technical occupations.
- V. Skilled primary sector workers and other semi-skilled workers.
- VI. Unskilled workers.

STATE OF HEALTH

General state of health: the subjective perception that the person has regarding her/his state of health.

Health problems: this considers a series of chronic or long-term illnesses or health problems diagnosed by a doctor and suffered from in the last 12 months.

Accident: a fortuitous and unforeseen occurrence which strikes the individual and causes him or her an identifiable bodily injury. It includes falls, knocks, intoxications, burns and traffic accidents, regarding drivers, passengers or pedestrians.

Quality of life in children – KIDSCREEN-10 proxy amended: this assesses the quality of life from the child's perspective, in terms of his or her physical, mental and social welfare. The scale registers values between 0 and 100 points; the higher the score, the better the quality of life in relation to the health of boys and girls aged between 8 and 14 years old.

Quality of life in adult persons – EuroQoL questionnaire and analogue visual scale: generic questionnaire that studies 5 dimensions (mobility, personal care, everyday activities, pain and anxiety/depression). The analogue visual scale scores from 0-100 points, representing a continuum from the worst conceivable health through to the best.

Mental health in children - SDQ Questionnaire: the goal of the abilities and difficulties questionnaire is to investigate behavioural and emotional problems in boys and girls between the ages of 4 and 15 years old, by means of 5 scales: emotional symptoms, behavioural problems, hyperactivity, problems with classmates and prosocial behaviour.

Mental health in adult persons - GHQ-12: the Goldberg general health questionnaire concentrates on two types of problem: the self-perceived difficulty in following a healthy lifestyle, and the appearance of phenomena of an anxiety-based nature. It is not suitable for making clinical diagnoses, nor for assessing chronic disorders. Values fluctuate between 0 and 12 points, from better to worse mental health.

USE OF HEALTH SERVICES

Outpatients: This is the population admitted to outpatient care, occupying a hospital bed or cot, for the purpose of performing diagnostic tests or procedures that do not require an overnight stay in the hospital.

Faecal occult blood test: analysis of a stool sample for the early detection of colorectal cancer.

Mammogram: the x-ray of the breasts for the purpose of the early detection of breast cancer.

Pap smear: the collection of a sample of cells for the early detection of cervical or vaginal cancer, and of certain infections.

HEALTH DETERMINING FACTORS

Health determining factors: a set of personal, social, economic and environmental factors that determine the state of health of individuals or populations.

Risk factor: any detectable characteristic or circumstance of a person or group of persons known to be associated with an increased likelihood of suffering from, developing or being prone to an illness.

Body Mass Index (BMI): This is defined as the relation between the weight of the individual (expressed in kilogrammes) and the square of the height (expressed in metres). $BMI =$

kg/m². From this index, the population aged 18 and over years old and over is defined as follows:

- Underweight (BMI < 18.5 kg/m²).
- Normal weight (18.5 kg/m² <= BMI < 25 kg/m²).
- Overweight (25 kg/m² <= BMI < 30 kg/m²).
- Obesity (BMI >= 30 kg/m²).

For the population aged 2 and 17 years old, there are specific cut points.

Sedentary lifestyle: does not exercise in his/her free time, spending almost all his/her time leading a sedentary life.

Moderate or intense physical activity – IPAQ questionnaire: carrying out of intense, moderate and light physical exercise, both in his/her main economic activity, and in his/her free time during the last seven days. This refers to the highest degree of activity reached, therefore the categories are exclusive.

Consumption of fruits and vegetables: this considers fresh and frozen fruit, preserved fruit or dried fruit. It does not include juice. Vegetables exclude potatoes and vegetable juice.

Consumption of fast food: fried chicken, sandwiches, pizzas, hamburgers etc.

Regular alcohol consumption: consumption of alcoholic beverages at least once a week during the last year.

Dangerous, heavy alcohol consumption: 6 or more alcoholic beverages on the same occasion in men and 5 or more in women.

The wording of questions and categorising of frequencies may differ from those used in other surveys that study alcohol consumption.