



Demographic Analysis of Socioeconomic Health Inequalities in Catalonia in the Context of the Latest **Economic Crisis: Gender, Generation and Territory**









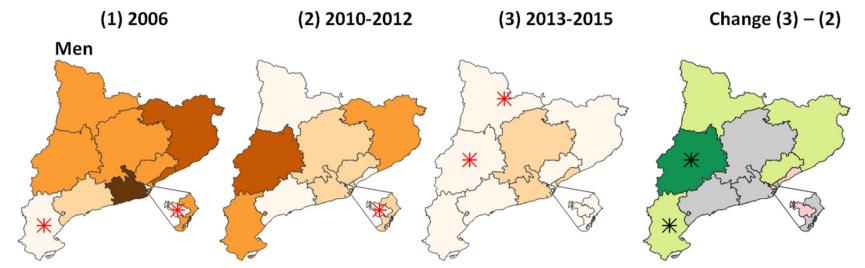
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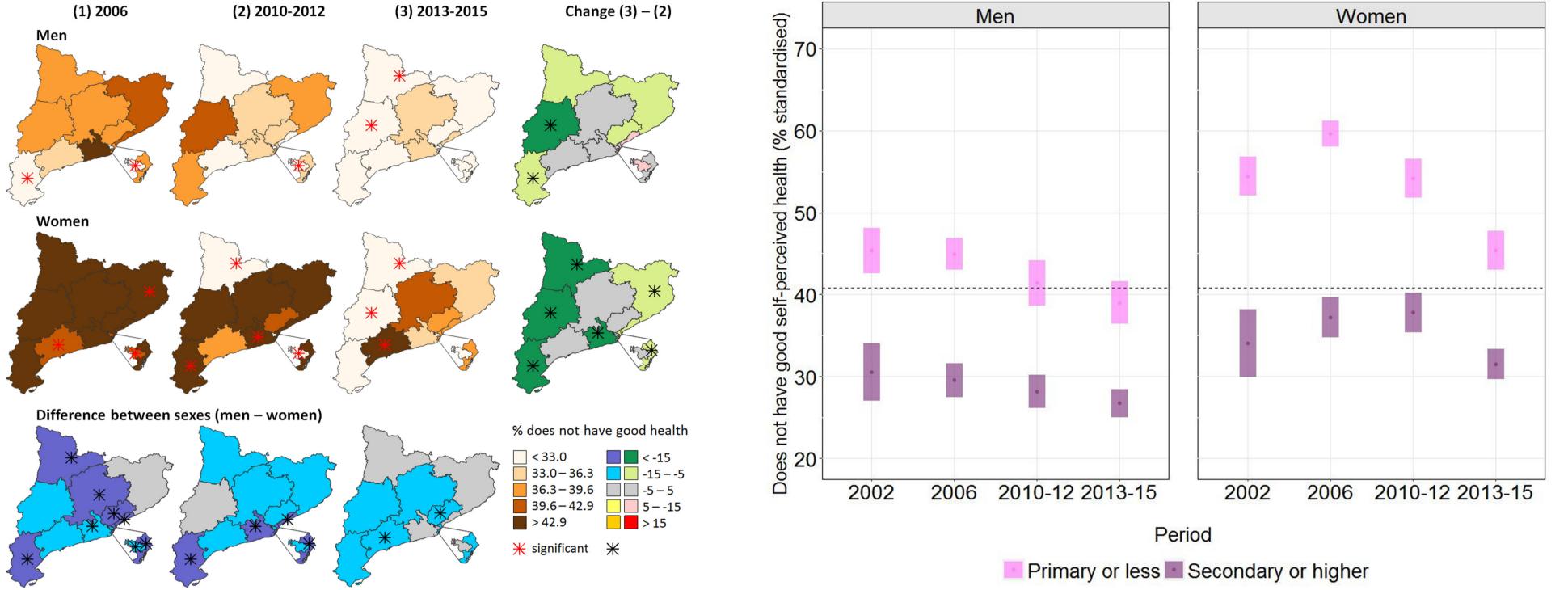
DOES NOT HAVE GOOD SELF-PERCEIVED HEALTH¹

1. Population 50+ by age and sex, 2002-2015 (%) (%) perceived health 55 54 29

2. Population 50+ by sex and Health Area, 2006-2015 (%)



3. Population 50+ by sex and level of education, 2002-2015 (%)

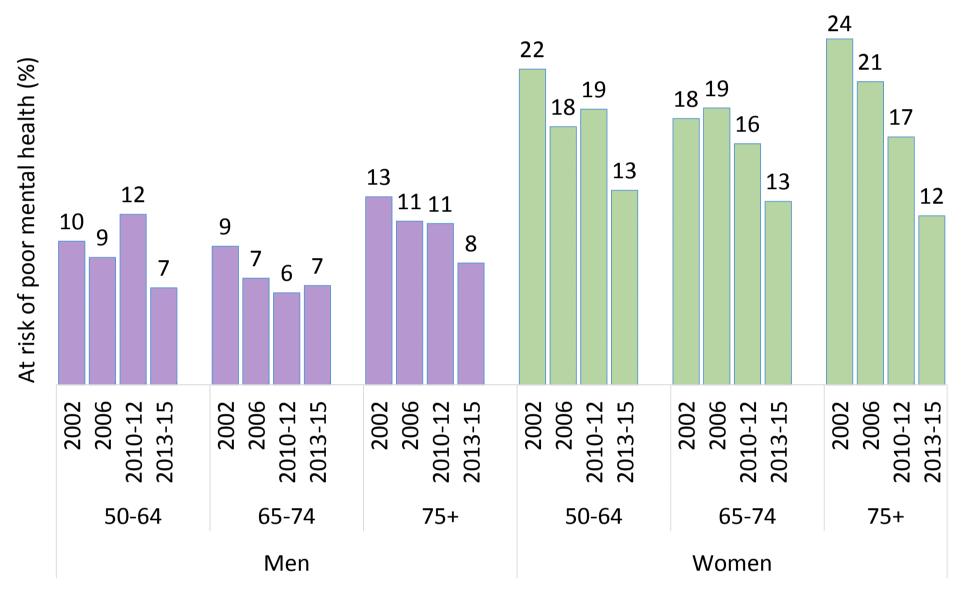


2002 2006 2010-12 2013-15	2002 2006 2010-12 2013-15	2002 2006 2010-12 2013-15	2002 2006 2010-12 2013-15	2002 2006 2010-12 2013-15	2002 2006 2010-12 2013-15
50-64	65-74	75+	50-64	65-74	75+
	Men			Women	
	201 201	2 2 2 2 50-64 65-74	No. No. No. No. No. No. No. No. 50-64 65-74 75+	No. No. No. No. No. No. 50-64 65-74 75+ 50-64	No. N

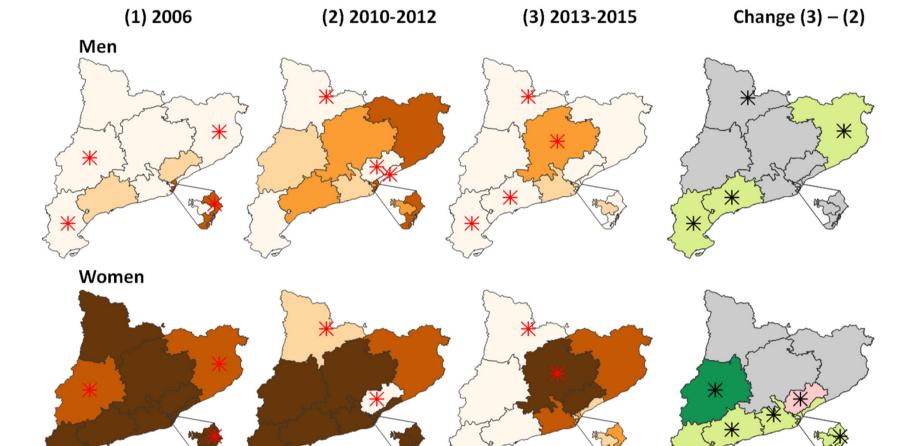
¹ Results based on the question "How is your health in general?". For the analysis we aggregated the health categories 'regular' or 'bad' into "not good health" and the remaining categories 'good', 'very good' and 'excellent' into "good health"

RISK OF POOR MENTAL HEALTH²

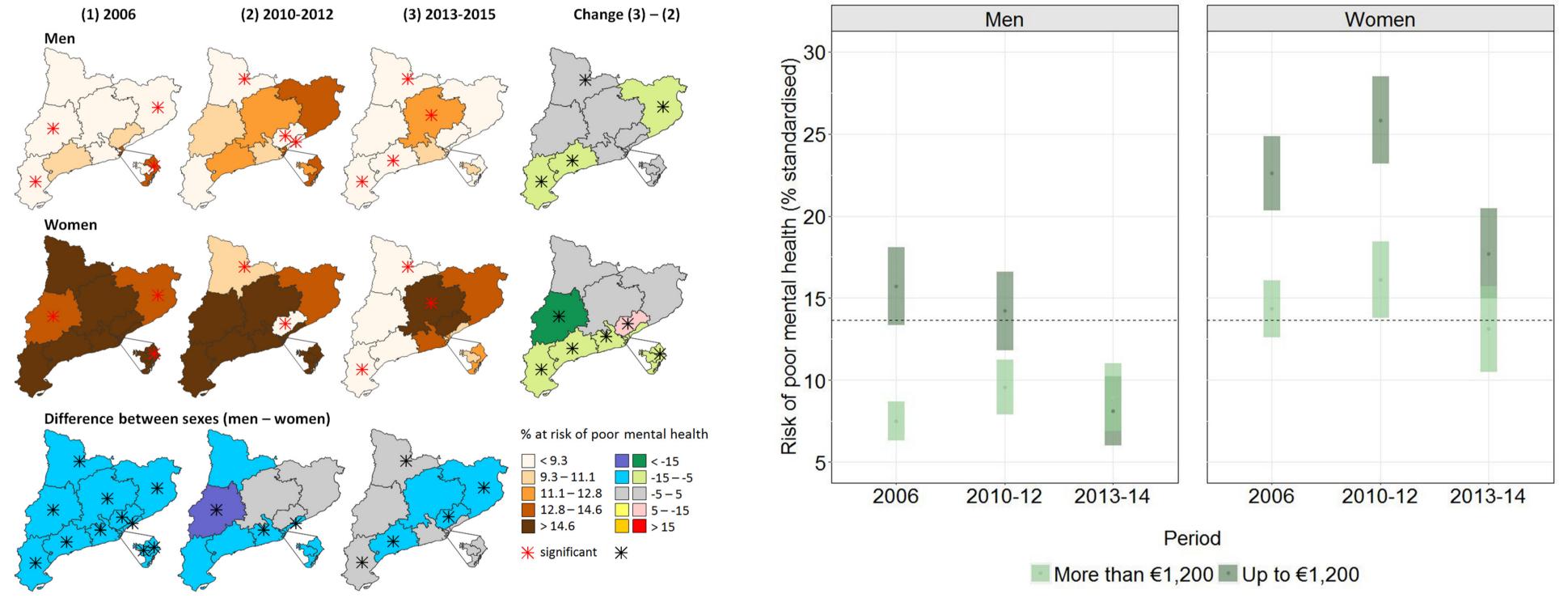
4. Population 50+ by age and sex, 2002-2015 (%)



5. Population 50+ by sex and Health Area, 2006-2015 (%)



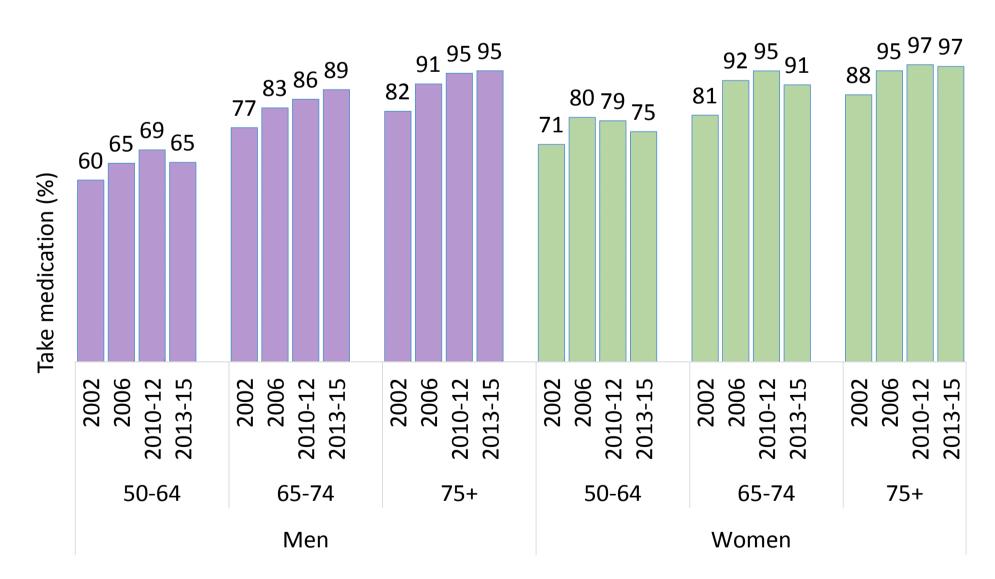
6. Population 50+ by sex and level of income, 2006-2014 (%)



² ESCA includes the validated 12-item General Health Questionnaire (GHQ-12) to assess the mental state of respondents during the last 30 days based on the degree to which they are experiencing problems with, for instance, decision making and depression. Respondent are considered to be at risk of poor mental health when they obtain a score of 3 or more on the 12-point scale.

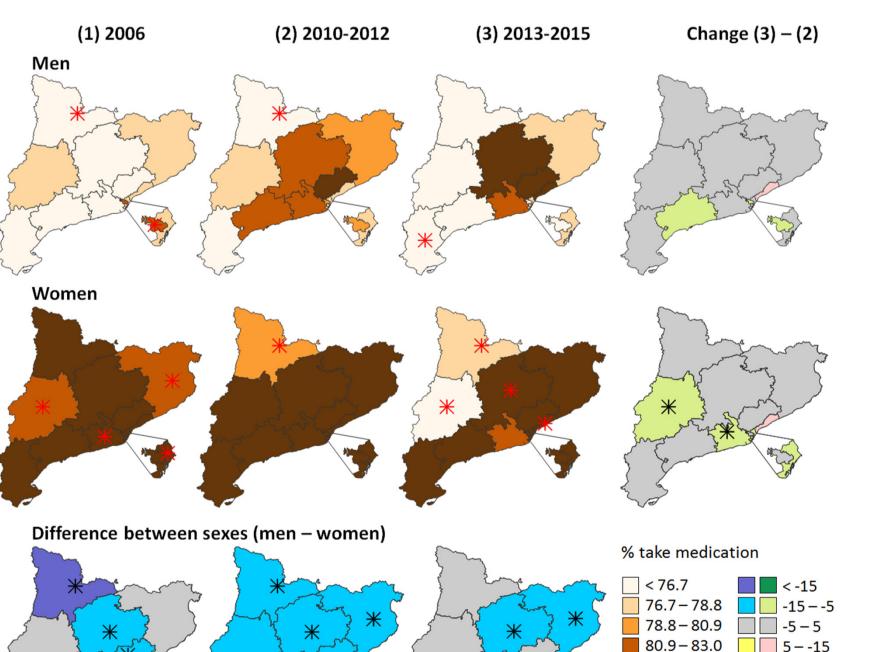
MEDICATION INTAKE³

7. Population 50+ by age and sex, 2002-2015 (%)

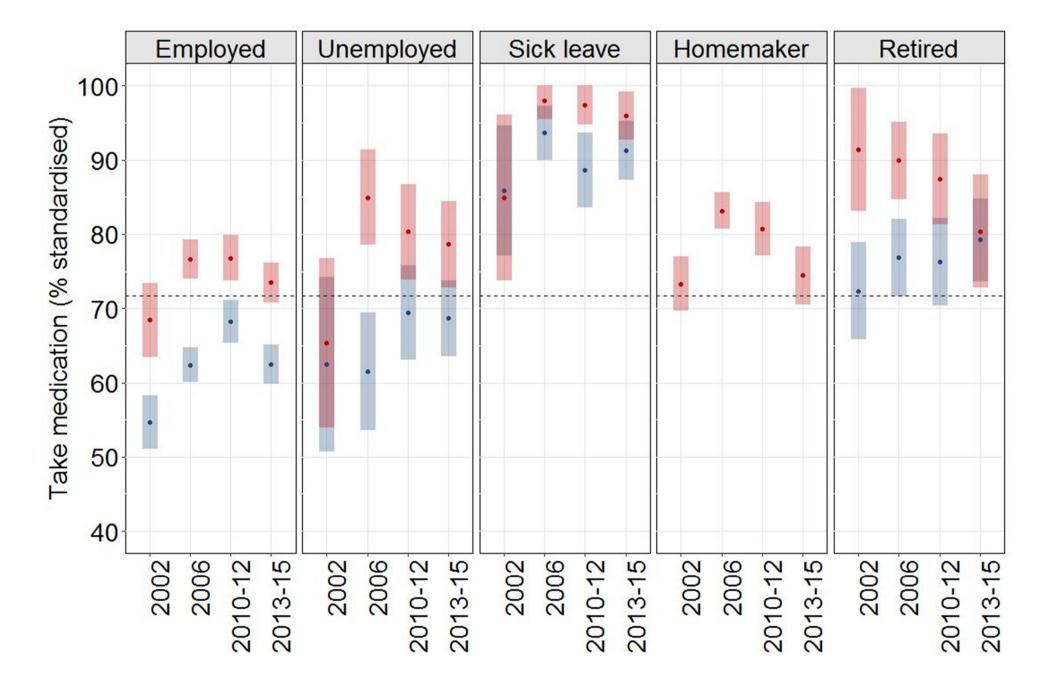


³ Refers to the intake of any type of medication, prescribed or otherwise, over the

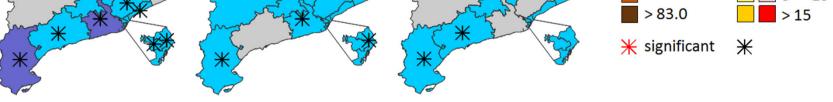
8. Population 50+ by sex and Health Area, 2006-2015 (%)



9. Population 50-64 by sex and labour force activity, 2002-2015 (%)



last two days.



Period Men Women

DATA and METHOD

- Catalan Health Survey (ESCA): A cross-sectional, representative survey of individuals residing in private homes in Catalonia, Spain.
- 8 editions have been harmonized: 2002, 2006 (economic boom years), 2010 to 2015 (economic crisis), grouped into two triennial periods 2010-2012 and 2013-2015.
- Only individuals aged 50+ analysed (close to 20,000 cases). Age is standardized according to the 2013 European Standard Population.
- Different health indicators are crossed with five socioeconomic (SES) variables (labour force activity status, education, social class, income and type of health care coverage).

DISCUSSION

- Life expectancy in Catalonia has increased annually since the start of the century, including during the lingering economic crisis (2008-16)
- The impact of the crisis has led to a growing concern for population health, but pressured by the EU, national and regional public administrations reduced their budgets, including means destined for public health, to meet public deficit objectives.
- While our results showed, expectedly, that health was worse among the 50+ population with low SES than among high SES groups, changes in health were mainly anti-cyclical:
 - Most improvements in the different health indicators took place since the start of the crisis (preceded by health declines in various indicators during the economic boom).
 - Differences between lower and higher SES classes declined as well as differences between men and women.
- Regarding differences in health within Catalonia, the more rural, peripheral regions improved the most, while a worsening in several health indicators were registered in the Metropolitan Area of Barcelona.
- While social protection policies need to be reinforced during economic crises, public health institutions should also be aware that health often deteriorates during boom years.

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