

# Regional Health Profiles

in the  
*European Union*

## The I2sare project

The European project I2SARE (Health Inequalities Indicators in the Regions of Europe) was established to produce a health profile for each region of the European Union, to create a typology of those regions of Europe and a typology of sub-regional territories in selected countries and regions.

I2SARE's main objective is to assist decision makers in developing their health policies, through a better understanding of the health status of the population and of health inequalities at regional and sub regional level.

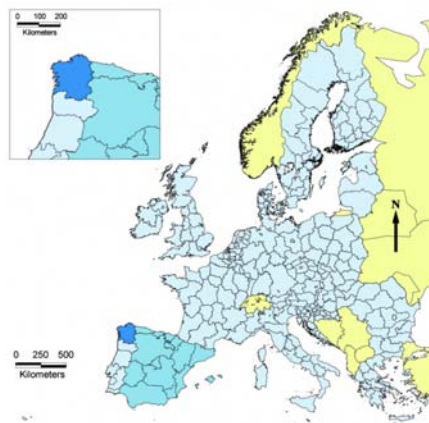
These new tools produced by I2SARE will give European, national, regional and local decision makers a quick and concentrated overview about the health situation in region in comparison with other European regions.

## What is a health profile ?

A Health Profile is a short document providing a concise overview of the health situation of a territory using a short number of selected indicators covering different topics and allowing comparison with other territories at the same level.

Usually, health profiles are produced on the same format for a large number of territories at the same time. The health profiles are most often designed as tools for monitoring the situation in a territory in comparison with other territories. For the Regional health profiles in Europe, the comparisons are mainly made with the situation of the other regions in Europe completed sometimes with comparisons with the regions of the country.

# Spain Galicia



*Spain is a country with 46 millions inhabitants for 505 000 km<sup>2</sup> of area. Spain is a democracy organised in the form of a parliamentary government under a constitutional monarchy. This country comprise 17 autonomous communities and two autonomous cities. These 19 regions have the authority to decide how to organize or provide health services. The Spanish Ministry of Health and Consumer Affairs establishes norms that define the minimum standards and requirements for health care provision. An important role in the stewardship of the Spanish health system is played by the Interterritorial Council of the NHS, which coordinates, sets up information systems and assures cooperation between national and regional health authorities.*

## MAIN FACTS

*Low mortality rates (especially for females) for Europe even if quite high for Spain. One of the highest over 34 pregnancy part in Europe.*

### Demography and Socioeconomic conditions

With a total of 2.72 million inhabitants for 29 434km<sup>2</sup>, the population density of Galicia is very close to the European median. The region is aging since the part of population under 20 and the number of live births per 1 000 inhabitants are among the lowest of Europe while the part of population over 74 is one of the highest. The under 18 pregnancy part is distinctly under the European and Spanish medians and at the opposite, the over 34 pregnancy part is one of the highest of Europe. Concerning the social situation of Galicia, the unemployment rate is very close to the European median. As for education, the secondary education completion rate is slightly under the European median while the tertiary education completion rate is very close to the European median.

### Mortality

Female life expectancy is distinctly over the European median and male life expectancy is very close to the European median. The infant mortality rate is slightly under the European and Spanish medians. As for the perinatal mortality rate, it is also under these medians but distinctly. The all cause mortality rate for females is one of the lowest of Europe, for males, it is slightly under the European median. In general, the mortality rates are either close to the European median (premature, cancer, external causes mortality for males) or under. Among those which are under the median, it is whether slightly for the external cause mortality for females or distinctly for the premature and cancer mortality for females and the circulatory system mortality rates for both sexes. Within Spain, these rates are globally high, the external causes mortality for males is even the highest in the country.

### Morbidity

As in most of Spain, the incidence of AIDS is distinctly over the European median. The percentage of low weight births is slightly over the median. The rate of injured or killed people in road traffic accidents is very close to the European median.

### Risk factors

The obesity and overweight rates are distinctly over the European and Spanish medians. At the opposite, the percentage of regular daily smokers is slightly under the European median and among the lowest of the country.

### Health professionals and Health care services

As in most of Spain, the density of physicians is over the European median (distinctly) and the density of nurses (including midwives) is under the European median (slightly). Also a common issue in Spain, the density of health care services is quite low. The densities of hospital beds, psychiatric hospital beds and hospital acute in-patient discharges are distinctly under the European median and the density of acute care hospitals beds is very close to the median.

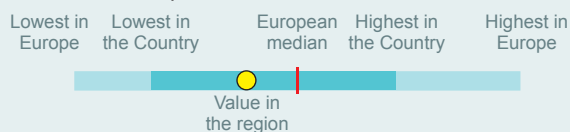
# Health summary for Galicia

This chart compares this region within its country and within Europe.

The middle line in red corresponds to the median value of the indicator in Europe. The median is defined as the value of the indicator which separates the regions of Europe equally in two groups.

The regional result for each indicator is shown as a yellow circle. If the value is one of the highest (over the 90<sup>th</sup> percentile) of Europe or one of the lowest (under the 10<sup>th</sup> percentile), the circle is black. The dark blue band shows the range of the indicator in the country and the light blue band shows the range of the indicator among the available values in Europe.

In the table, the region with the rank 1 is the region with the highest value of the indicator.



DO-MAIN	INDICATOR	RANK OF THE REGION IN		RATE	MEDIAN	LOWEST VALUE/RATE IN		EUROPEAN RANGE	HIGHEST VALUE/RATE IN	
		COUNTRY	EU			REGION	EU		COUNTRY	EU
DEMOGRAPHY AND SOCIOECONOMICS CONDITIONS	1 Population density	10/17	142/265	92.4	101.3	24.1	2.3		748.9	6350.7
	2 Population under 20	16/17	262/265	16.1	22.3	14.3	14.3		23	45.3
	3 Population over 74	4/17	15/265	10.7	7.5	5.1	1.4		12.1	13.3
	4 Aging Population	2/17	37/265	34	27.6	18.5	7.2		36.7	45.5
	5 Live births	16/17	254/265	7.3	10	7	2.8		13.2	31.2
	6 Mothers aged under 18	16/17	180/244	0.5	0.9	0.4	0		1.5	11.9
	7 Mothers aged 35 to 49	4/17	13/265	28.7	16.7	21.5	4.1		31.1	34.5
	8 Unemployed persons	6/17	105/259	8.5	7.9	5.3	2.6		13.4	19.1
	9 Adults upper secondary education	13/17	149/223	41.6	46.3	38.5	11.1		51.7	81.3
	10 Adults upper tertiary education	10/17	94/223	21.2	19.6	15.9	5.7		33.2	45.5
MORTALITY	11 Life expectancy at birth: Female	7/17	24/189	84	82.4	82.1	76.8		84.6	84.8
	12 Life expectancy at birth: Male	11/17	86/189	76.8	76.6	75.6	65.3		78.5	79.7
	13 Infant mortality	8/17	142/248	3.7	4	2.5	0.7		5.5	21.5
	14 Perinatal death rate	16/17	194/227	3.5	5.7	2.3	0.7		6.9	22.7
	15 Mortality all causes: Female	8/17	244/265	386	498	334	101		447	1283
	16 Mortality all causes: Male	7/17	191/265	725	791	632	156		778	2268
	17 Premature mortality <65: Female	5/17	224/265	103	128	82	32		111	328
	18 Premature mortality <65: Male	3/17	130/265	276	276	202	44		288	828
	19 Mortality circulatory diseases: Female	8/17	214/244	126.5	193.9	98.6	27.7		170.5	610.8
	20 Mortality circulatory diseases: Male	7/17	209/244	200.9	287.5	155.1	47.4		231.3	905.4
	21 Mortality cancers: Female	5/17	201/235	110.9	138.7	91.1	35.8		116.1	434.7
	22 Mortality cancers: Male	3/17	109/235	249.4	244.4	200.7	52.8		267.9	807.1
	23 Mortality external causes: Female	2/17	166/244	18.1	22.9	10.2	3.9		18.3	59.7
	24 Mortality external causes: Male	1/17	139/244	60.6	66.4	29	8.6		60.6	257.1
MORBIDITY	25 AIDS Incidence	5/17	14/168	3.5	0.8	1.2	0		6	20.3
	26 Low weight births	12/17	47/169	7.1	6.5	6.8	0		8.2	30.5
	27 Road injuries and deaths	11/17	121/212	269	307	80	2		481	1001
RISKS FACTORS	28 Obese adults	4/17	23/113	17	14	11	9		19	29
	29 Overweight and Obesity	3/17	14/92	56	50	48	34		58	69
	30 Adult smokers	16/17	93/158	22	24	21	11		31	31
HEALTH PROFESSIONALS AND HEALTH CARE SERVICES	31 Physicians	8/17	35/262	423	292	261	47		530	692
	32 Midwives	Na/Na	Na/160	Na	30	Na	1		Na	309
	33 Nurses (including midwives)	13/17	169/232	482	597	345	95		1098	2242
	34 Hospital beds	6/17	197/265	363	551	249	48		435	7220
	35 Acute care beds	2/17	140/262	340	357	222	46		343	964
	36 Psychiatric beds	10/17	182/246	42	73	13	2		95	701
	37 Acute care discharge from hospital	7/17	190/216	11808	16735	9111	4011		14647	40631

All the indicators are presented on a linear scale from the lowest value on the left to the highest value on the right except for the population density presented on a logarithmic scale.

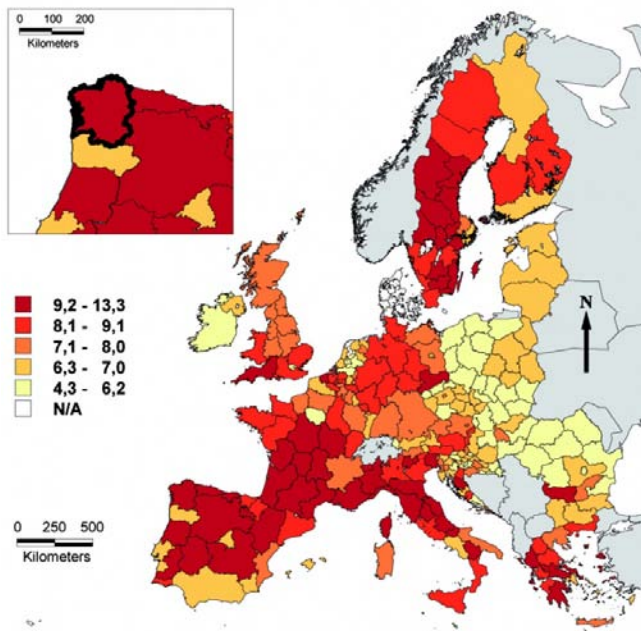
## Note (numbers in bold refer to the above indicators)

1/ Inhabitants per km<sup>2</sup> (2006) – 2/ % of people under 20 years old (2006) – 3/ % of people over 74 years old (2006) – 4/ rate of people aged 65 & over divided per people 20 to 64 \* 100 (2006) – 5/ Number of live births per 1,000 inhabitants (2006) – 6/ % of births from mothers under 18 (2006) – 7/ % of births from mothers aged 35-49 (2006) – 8/ % of unemployed among population 15-64 (2006) – 9/ % population 25-64 with upper secondary education level (2006) – 10/ % population 25-64 with tertiary education level (2006) – 11 & 12/ at birth (2006) – 13/ number of deaths before first birthday per 1,000 live births (2006) – 14/ number of stillbirths and deaths before 7 days per 1,000 live births and stillbirths (2006) – 15 to 24/ standardized mortality rate on European population per 100,000 inhabitants (2006) – 25/ number of new cases of AIDS per 100,000 inhabitants (2006) – 26/ % of births under 2,500 grams (2006) – 27/ rate per 100 000 inhabitants (2006) – 28/ % of population 16 & over with BMI 30 kg/m<sup>2</sup> & over (2006) – 29/ % of population 16 & over with BMI 25 kg/m<sup>2</sup> & over (2006) – 30/ % of regular smokers among population 15 & over (2006) – 31/ number per 100,000 inhabitants (2006) – 32/ number per 100,000 inhabitants (Na) – 33/ number per 100,000 inhabitants (2006) – 34 to 36/ number of beds per 100,000 inhabitants (2006) – 37/ crude rate per 100,000 inhabitants (2006) (in some regions admission is used as a proxy for this indicator).

More information is available on [www.i2sare.eu](http://www.i2sare.eu)

## POPULATION AGED OVER 74

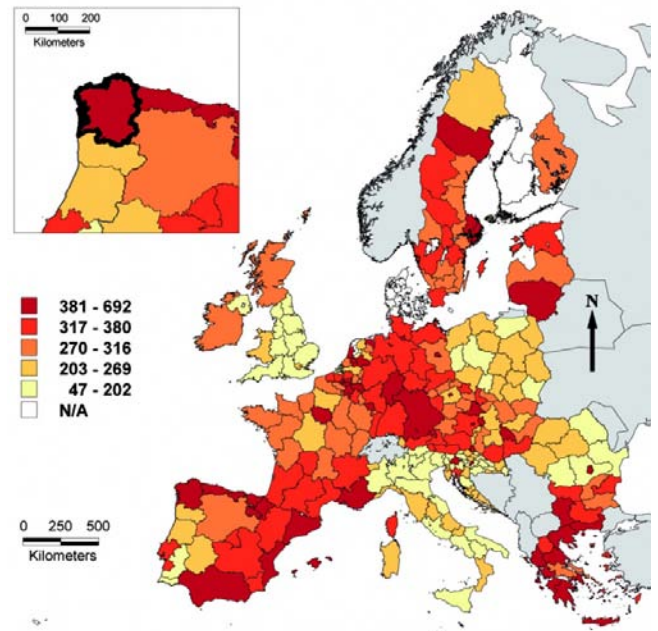
(% of the total population)



*The percentage of population over 74 is one of the highest of Europe*

## PHYSICIANS

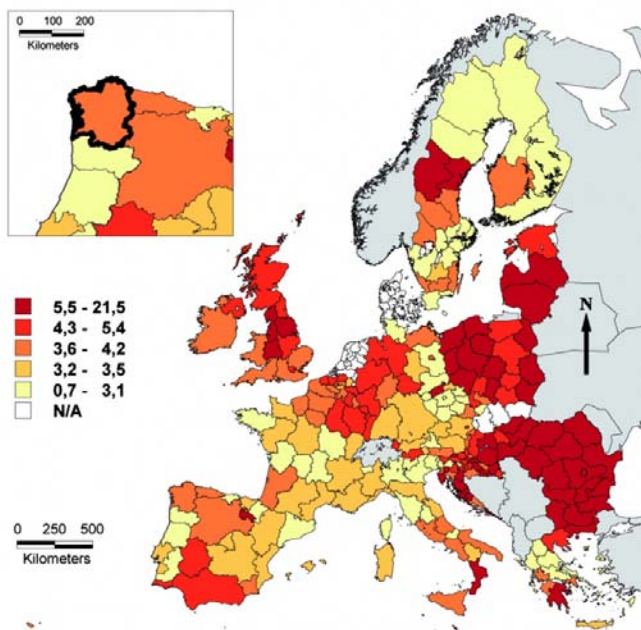
(Number of physicians per 100 000 inhabitants)



*The number of physicians per 100 000 pop is distinctly over the European median*

## INFANT MORTALITY

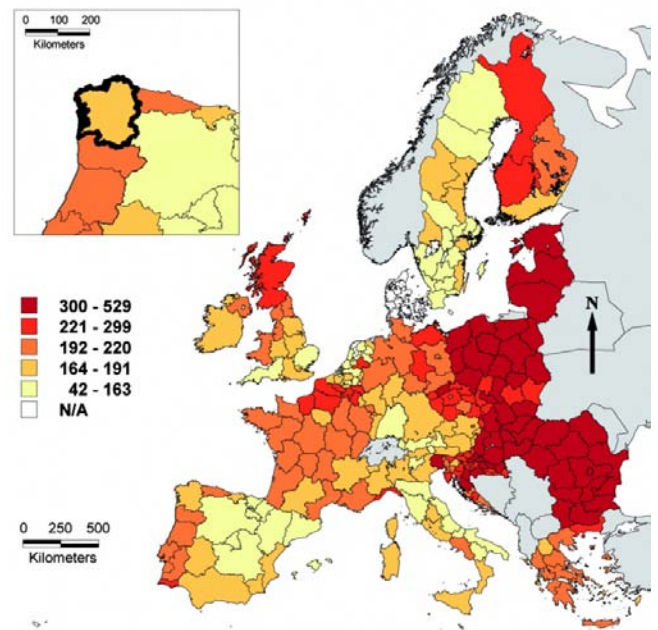
(deaths under 1 year per 1 000 live birth)



*Infant mortality rate is slightly under the European median*

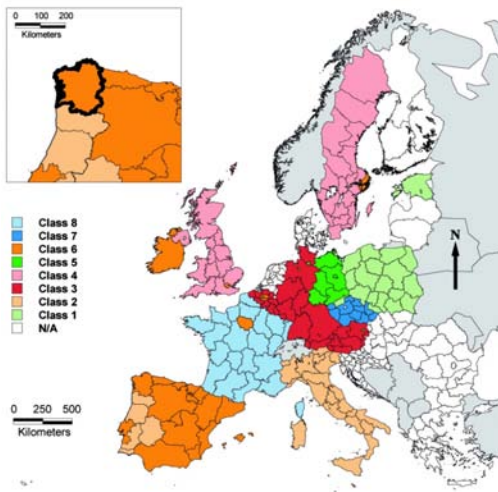
## PREMATURE MORTALITY

(standardized mortality ratio - under 65 both sexes)



*Premature mortality is slightly under the European median*

# A typology of the regions of Europe



A typology of health regions was undertaken to determine the similarities between regions of different countries and encourage the collaborative work of decision makers from similar regions to improve the health in their regions. A typology of 168 I2SARE regions was developed by analyzing a set of 10 indicators. Through a hierarchical clustering analysis, the 168 regions were classified into 8 groups or classes. The region Galicia was classified as Class 6. Class 6 consists of a mixed group of 25 regions formed by all the regions of Spain (excepting Extremadura), 2 regions of Belgium (out of 11), Ireland, Cyprus and Malta and some of the capital cities (London, Stockholm, Lisbon and Île-de-France corresponding to Paris). Only a selection of the indicators presented in the profile could be used for the typology. Additional details and further methodology information can be found on the I2SARE website.

## I2SARE PARTNERS

### Main partner

Fédération nationale des observatoires régionaux de la santé, France  
(ORS Alsace, Aquitaine and Languedoc-Roussillon)

### Associated partners

City of Vienna, Department for Health and Social Affairs, Austria  
Santé Hainaut - OSH, Belgium (WP leader)  
National Institute for Health Development, Estonia  
The North Rhine-Westphalia Institute of Health and Work, Germany (WP leader)  
District Government of Stuttgart, Germany  
Departamento de Sanidad del Gobierno Vasco, Spain  
The National Board of Health and Welfare, Sweden  
North East Public Health Observatory (APHO), United Kingdom (WP leader)

### Collaborative partners

Institute of Health Information and Statistics, Czech Republic  
Clinic of social and family medicine, Heraklion, Greece  
Health Monitor Nonprofit Public Purpose Ltd., Hungary  
Institute of Public Health in Ireland, Ireland  
Centre of Health Economics, Latvia  
Institute of Hygiene, Health information centre, Lithuania  
Secrétariat général de la Direction de la santé, Luxembourg  
Department of Health Information, Malta  
Administração Regional de Saúde do Norte, Portugal  
National Institute of Public Health, Poland  
Institute of Health Information and Statistics, Slovakia

and all the others partners in the countries who collected the data and validated the profiles

## METHODOLOGY

The production of the regional health profiles (RHP) is based on the evidence assembled from a literature review on health profiles and from the experience of the I2SARE partners in their own countries.

The indicators were selected according to the results of the previous ISARE projects. The data to calculate a total of 37 indicators were collected, mainly for 2006, from Eurostat and the partners of the I2SARE project in each country of the EU. These indicators cover 5 domains: demography and socioeconomic conditions, mortality, morbidity, risk factors, health professionals, and health care services.

The size and the content of the RHP were defined by the I2SARE steering group. The RHP is a combination of three types of information: (1) a table and graph showing the 37 indicators for each region in relation to national and European data. This format was originally developed by the Association of Public Health Observatories (UK and Ireland) for their local health profiles. (2) Maps show the values of four indicators which were selected for their relevance in public health and availability. (3) A commentary supports the reader in comparing the region both within the country and within Europe.

For the production of the commentary, an internet based tool was developed. Comments are standardised referring to the distribution of the indicator within the regions of Europe. The profiles were validated by the I2SARE partners before publishing.

More information can be found on the website of the project: <http://www.i2sare.eu>

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The European Commission or any person on its behalf is not responsible for the information mentioned in this document.



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*The sources of the data used in this health profile are detailed on the website [www.i2sare.eu](http://www.i2sare.eu).*