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sienha
Strategic Innovative Educational Network
for **Healthy Ageing**

Spain

Country Profile on Healthy Ageing 2021

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Country profiles series

SIENHA is a European research project carried out by different universities whose aim is to support healthy ageing among European countries through the competence development of social and healthcare professionals.

Country Profiles provide an overview of the SIENHA project based on each partner country's situation regarding healthy ageing including demographics and epidemiology, health status, health system and population needs. These profiles aim to provide context and highlight specific needs of each partner with the subsequent purpose of translating these results into future competencies

Content

The data and information in these Country Profiles are based, mainly, on European official statistics provided to Eurostat and the OECD, and Global Health Data Exchange to ensure data comparability. This information has been complemented by the National Statistics Institutes of each country.

1. Demographic and socioeconomic context

The population in Spain increased during 2020 and stood at 47,394,223 inhabitants as of January 1, 2021.

The distribution of the population by age group and sex can be seen in Figure 1.

In 2020, demographic growth rises 0,85% and vegetative growth stands at 1,22 per 1000 inhabitants.

Spanish population is getting older

Life expectancy reached 86.7 and 81.1 years in female and male, respectively, and the ageing index sticks up to 125.75%. However, the fertility rate is low (1.24 live births per woman) and does not allow a generational relief.

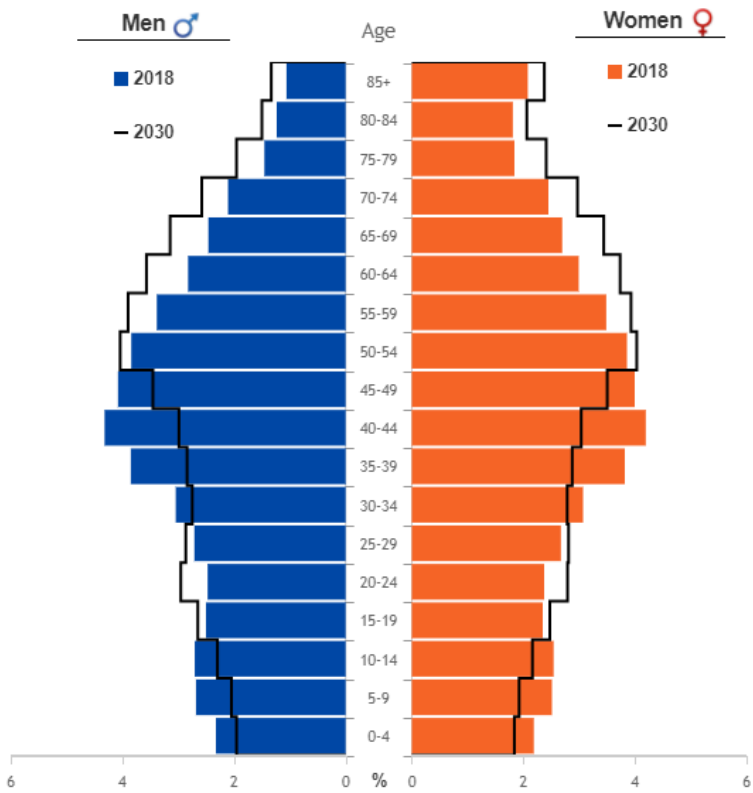

Figure 1. Population pyramid in Spain in 2018 and its projection for 2030

Adjusted gross household disposable income (2019)	30.346€
Unemployment rate (2020)	15.5 %
Degree of urbanization (2018)	80%

Table 1. Socioeconomic characteristics

More than one third of the population has only a basic level of education

41.5% of men and 34.8% of women have not completed primary education, whereas 25.4% of men and 26.2% of women have upper secondary, post-secondary non-tertiary and tertiary education. 33.1% of men and 39% of women have tertiary education. Education has an important relation with health as it has been shown that low education is associated with poor self-management, lower self-reported health status, reduced usage of health care services and higher healthcare costs.

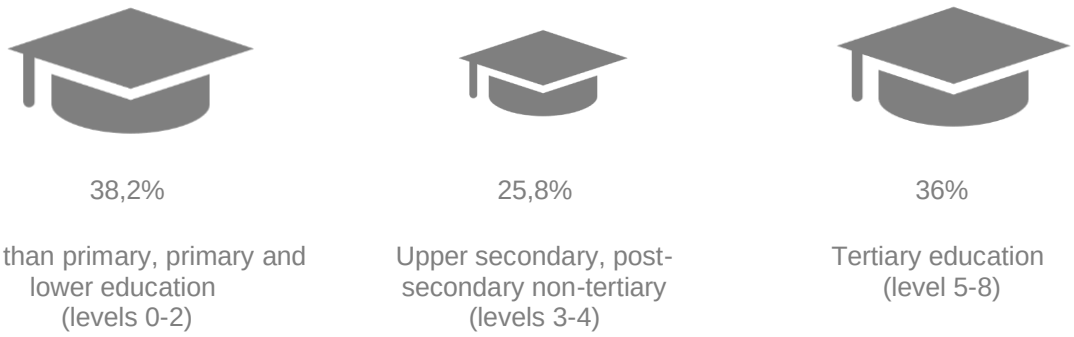

Figure 2. Percentage of population who have completed the respective levels of education

2. Health status

Self-reported health decreases markedly since adult middle age

Although Spanish people live longer, not all years of life are lived with a good health perception. At age 45, self-related health starts to decrease and only 30% of the population arrives with a good perception of health at the end of their life.

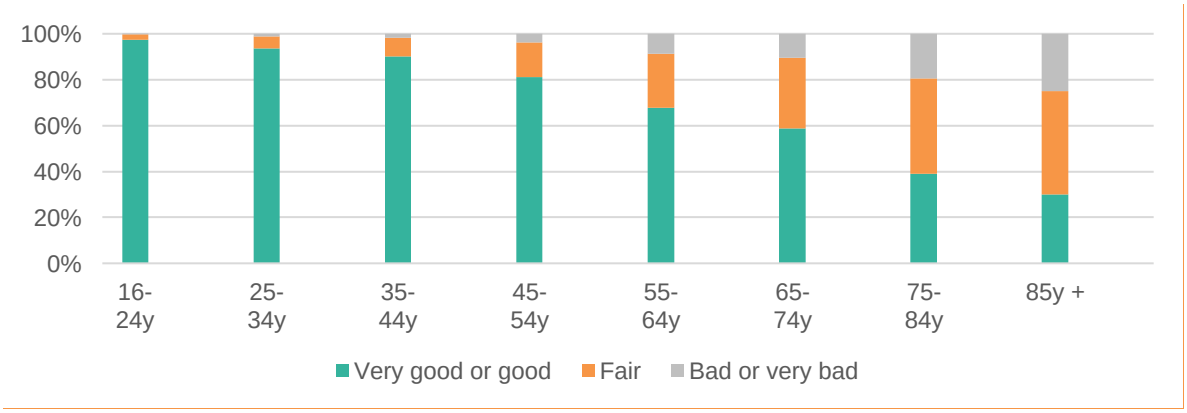

Figure 2. Self-reported health by age

Circulatory diseases and cancer top the list of leading causes of death in Spain

Despite having a lower mortality rate than the European mean for most causes of death, circulatory diseases and cancer still stand out at the top of the list.

Mortality due to respiratory diseases is significantly higher than the European mean, taking the third position from heart diseases

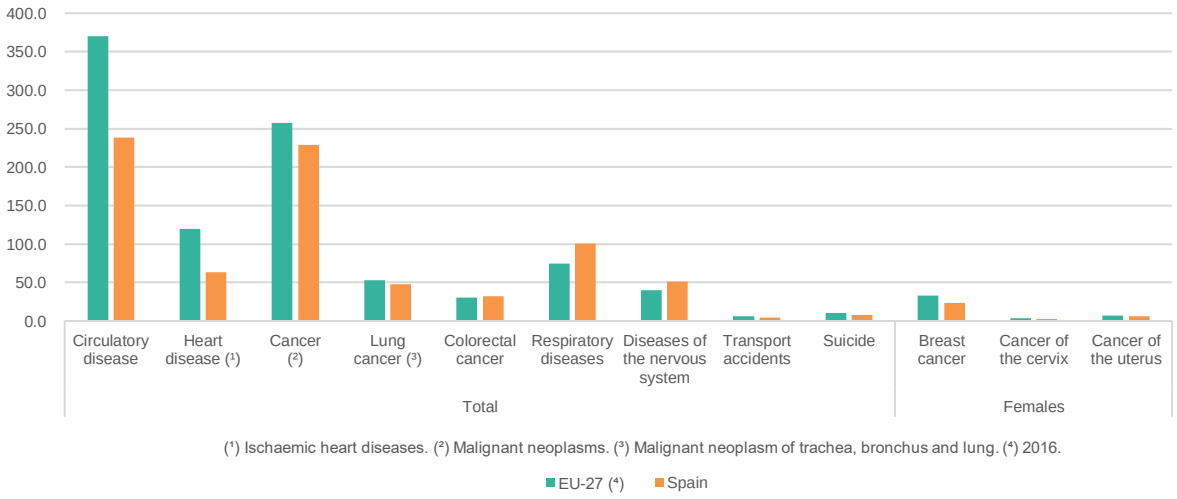

Figure 3. Causes of death (per 100 000 inhabitants) — standardised death age, 2017

Ischemic heart diseases remain the leading cause of disability-adjusted life years

Regarding non-communicable diseases (NCD), the three-leading causes of disability-adjusted life years (DALYs) in Spain are ischemic heart diseases, lung cancer and diabetes. Whereas stroke and low back pain have lowered their positions to the fourth and fifth spots, lung cancer and diabetes rise to the second and third position (Figure 4).

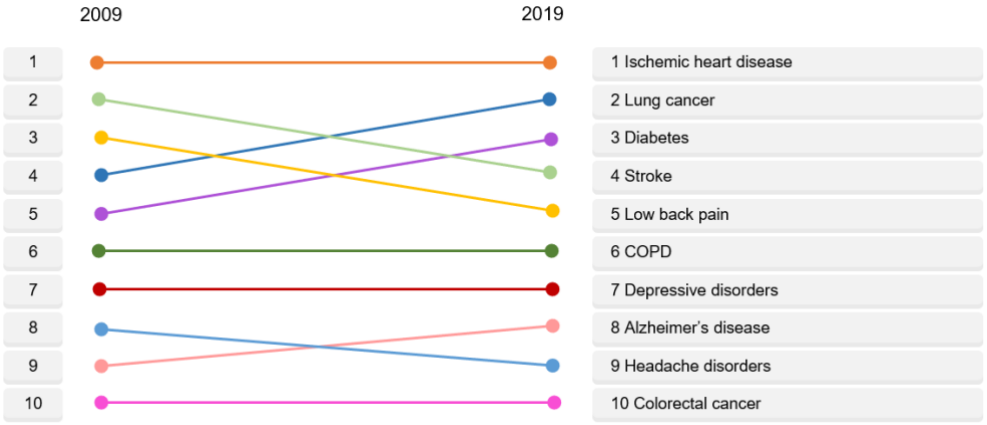

Figure 4. Ranking and evolution of non-communicable diseases of disability-adjusted life years between 2009 and 2019.

Tobacco consumption remains at the top of the risk factors list

Despite tobacco consumption reduction has been seen in the last years, 23% of the population over 15 years old still smokes. Smoking is the most important risk factor in Spain followed by high fasting plasma glucose, high body mass index, high systolic blood pressure, dietary risks, and alcohol use (Figure 5). In general, greater risks for all causes increase with age (Figure 6).

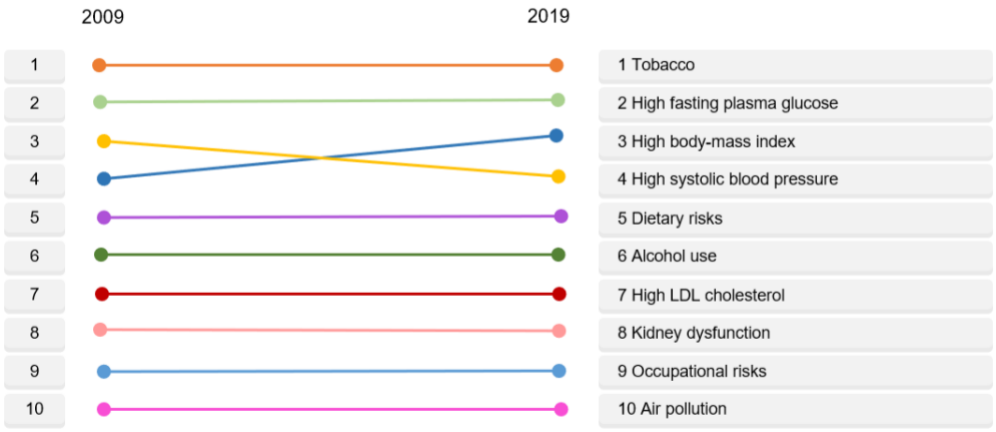

Figure 5. Ranking and evolution of risk factors between 2009 and 2019.

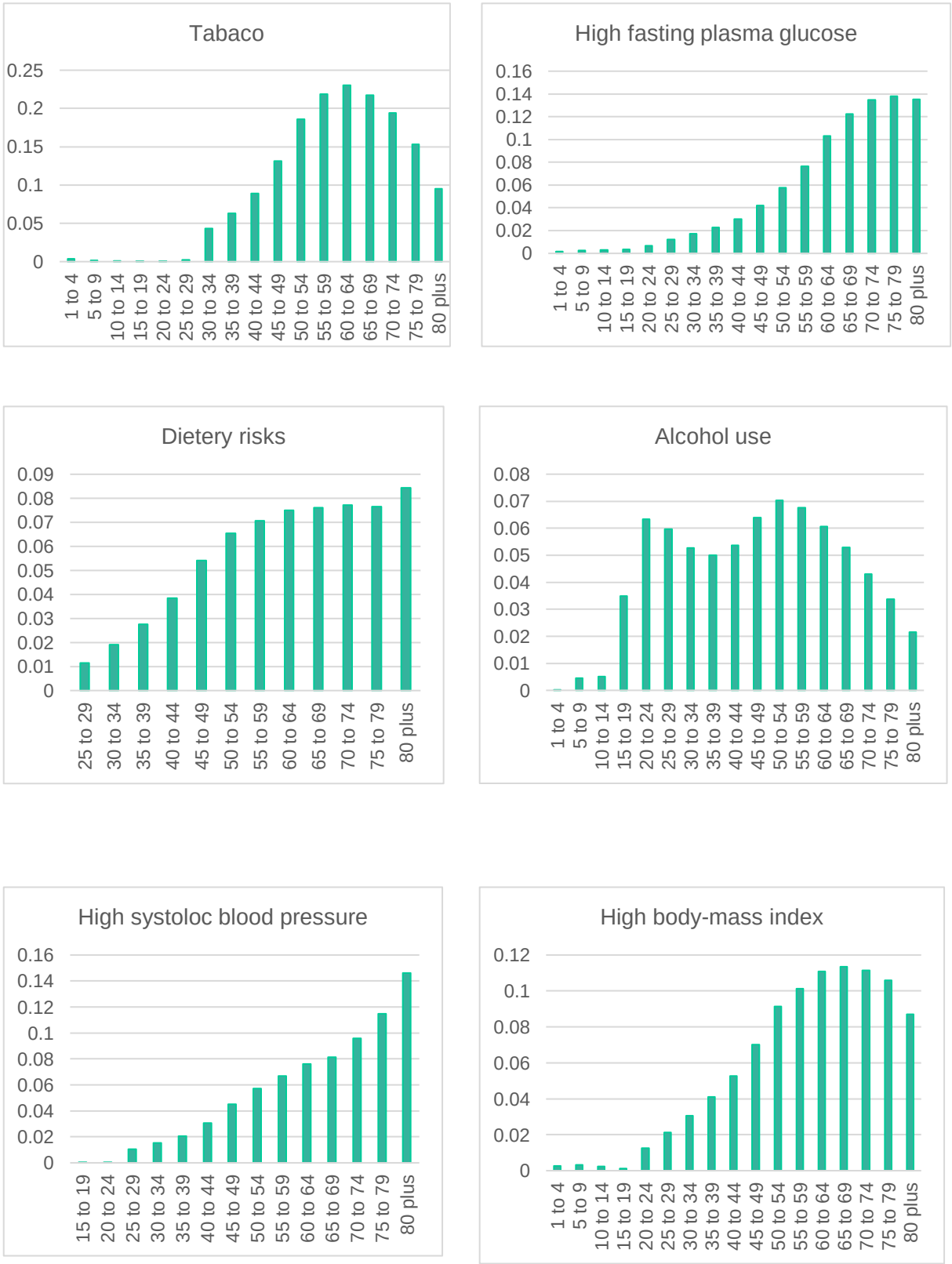

Figure 6. Risk factors in disability-adjusted life years by age

3. Health system

The Spanish health system is characterized by three statutory subsystems that coexist: the universal **National Health System** (Sistema Nacional de Salud, SNS); **Mutual Funds** (Health Insurance) catering for civil servants, the Armed Forces and the judiciary (MUFACE, MUGEJU and ISFAS); and the **Mutualities** (Health Insurance) **focused on assistance for Accidents and Occupational Diseases**, known as "Collaborating Mutualities with the Social Security".

Public coverage is lower for some services such as pharmaceuticals, physical therapy, psychology, dietetics or dental care that are covered only partially.

Only 2.13% of the health expenditure is assigned to prevention

Spanish health care expenditure ascends to 108,109.7 million €, which corresponds to 2,310.15 million euros per inhabitant. This is slightly lower than the European mean which is 2,981.76 euros per inhabitant (Figure 7).

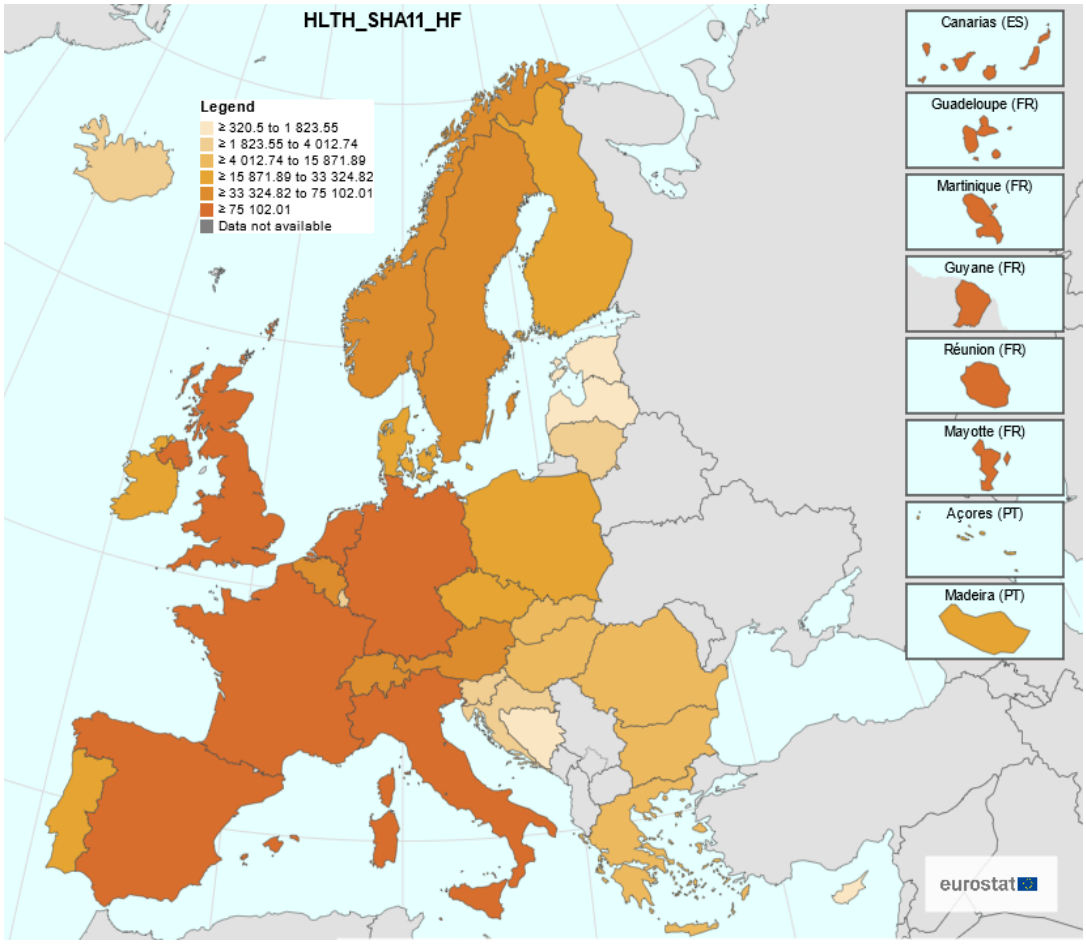

Figure 7. Health care expenditure

While 57.61% of the budget is allocated to curative care (62279.47 million euros), only 2.13% (2,305.64 million euros) is allocated to prevention (Figure 8).

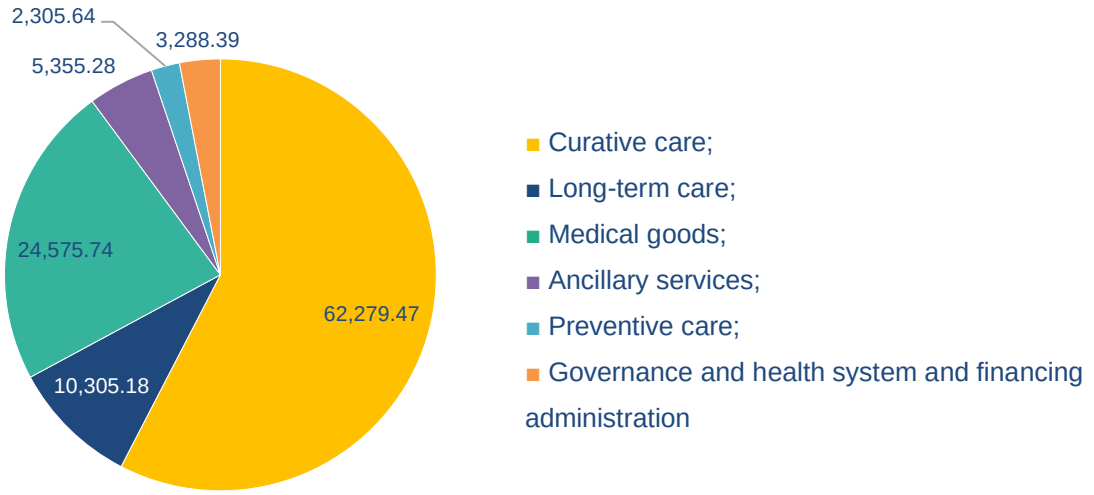

Figure 8. Health care expenditure (in euros) by function

Spain's low levels of preventable death can be explained at least partly by strong public health policies

In response to the challenges faced by the primary care system, a new Strategic Framework for Primary and Community Care was adopted in April 2019. It consists of six main objectives, each of which is accompanied by specific actions that are expected to be monitored over time. These include strengthening the governance role of the Interterritorial Council over primary care, consolidating a new policy on financial and human resources issues, improving quality and coordination of care, reinforcing the community's orientation of primary care and increasing the use of information and communication technologies. The strategy was designed by the Ministry of Health, autonomous communities, professional organisations and patient organisations.

An anti-tobacco law was adopted in 2005 and reinforced in 2010. The 2010 law strengthened the regulations around retail sales and advertising of tobacco products; increased the protection of minors and non-smokers by expanding smoke-free locations to any public place;

and promoted the implementation of smoking cessation programmes, particularly in primary care. At the same time, taxes on cigarettes were raised.

In 2011, the law on food safety and nutrition included a cross-sectorial strategy on nutrition, physical activity and obesity prevention (NAOS strategy). One of the goals of the strategy is to reduce overweight and obesity among children, by prohibiting food and beverages high in saturated fatty acids, salt and sugars in schools, and more broadly by tightening regulations around children's menus.

In response to geographical barriers in accessing some specialised services and improve care continuity, some autonomous communities have promoted a greater use of telehealth, particularly for patients with chronic conditions.

The number of registered health care professionals in Spain in 2020 increased 3.0% more than the previous year

Rates of registered health professionals differ according to the group. In 2020, the number of nurses presented the highest rate (6.86 per 1,000 inhabitants), followed by doctors (5.83) and pharmacists (1.62). In contrast, the lowest rates are located in the groups of occupational therapists and dietitians and nutritionists (0.12 for both) (Figure 9). In the last year, rates for most professionals increased, being greater for nurses (+0.18), doctors (+0.17) and physical therapists (+0.05). However, the ratios for nurses are among the lowest of European countries.

	Number	Per thousand inhabitants
Nurses	325,018	6,86
Medical doctors	276,191	5,83
Pharmacists	76,821	1,62
Physiotherapists	59,791	1,26
Dentists	39,764	0,84
Psychologists*	34,827	0,73
Opticians-Optometrists	18,271	0,39
Speech therapists	10,483	0,22
Podiatrists	8,234	0,17
Dental prosthetics	7,395	0,16
Occupational therapists	5,870	0,12
Dietitians nutritionists	5,698	0,12

able 2. Number registered health professionals

4. Key findings and population needs

The increased life expectancy and the low fecundity rate in Spain is having an important impact on the ageing index. This has two important effects in the Health System. First, it increases Health care needs and second, it decreases its funding due to the decrease of the working force.
One of the main challenges in the future years will be how to deal with this situation whereas finding other ways to increase the budget or improve the system's efficacy.

Although mortality and morbidity are relatively low compared with other European countries, circulatory diseases, cancer, respiratory diseases and diabetes remain the main challenges of the Spanish Health care system. Data shows that most risk factors (smoking, high fasting plasma glucose, high body mass index, high systolic blood pressure) increase around middle-age, which should lead to new prevention strategies tailored to specific group ages.

Spain has a universal health care system, which gives a great coverage to nearly all population. However, some services such as pharmaceuticals and mental health are limited and dental care is not covered. Moreover, the budget for preventive care is the lowest of all health system functions. These findings and the ones mentioned in the previous paragraph, highlight the need for more investment on prevention.

Due to the important relation between education and health, increasing knowledge, motivation, and competencies of individuals to access, understand, and apply health information for taking decisions for their own health could be key strategies for health promotion.

Sources

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