

19 years of prevention policies. The impact of the targets on non- intentional injuries established in the Health Plan for Catalonia

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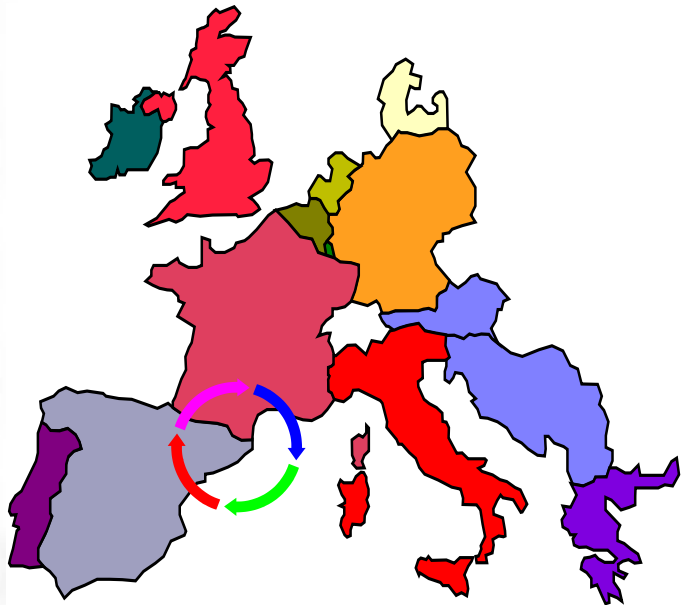
**Department of Health
Autonomous Government of Catalonia**

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**Generalitat de Catalunya
Departament de Salut**

Characteristics of the Catalan health care system

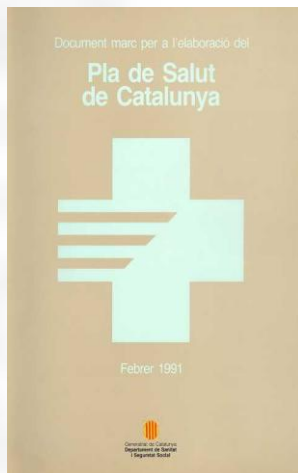


- **7,3 million inhabitants**
- **GDP around the mean of EU**
- **Life expectancy (>80 y)**

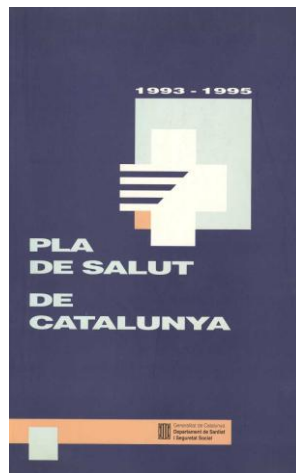
- Public system
- Financed by taxes
- Universal coverage
- GP as the gatekeeper
- Integrated system
- Split between provision and financing
- Different owners of the centres

The Health Plans for Catalonia

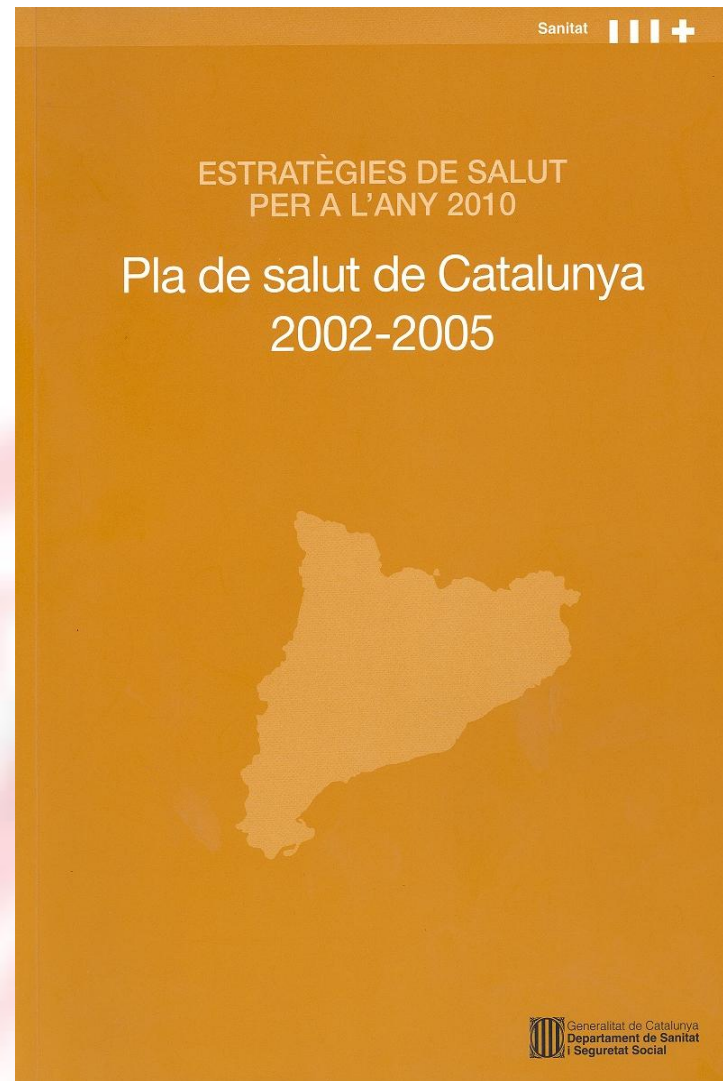
1991-2000



1993-1995



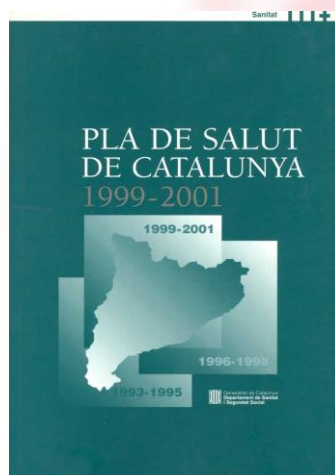
2002-2005



1996-1998



1999-2001



The Health plan for Catalonia 2010

Health report



Intervention strategies



Health plan for Catalonia for the year 2010

First part

Health report

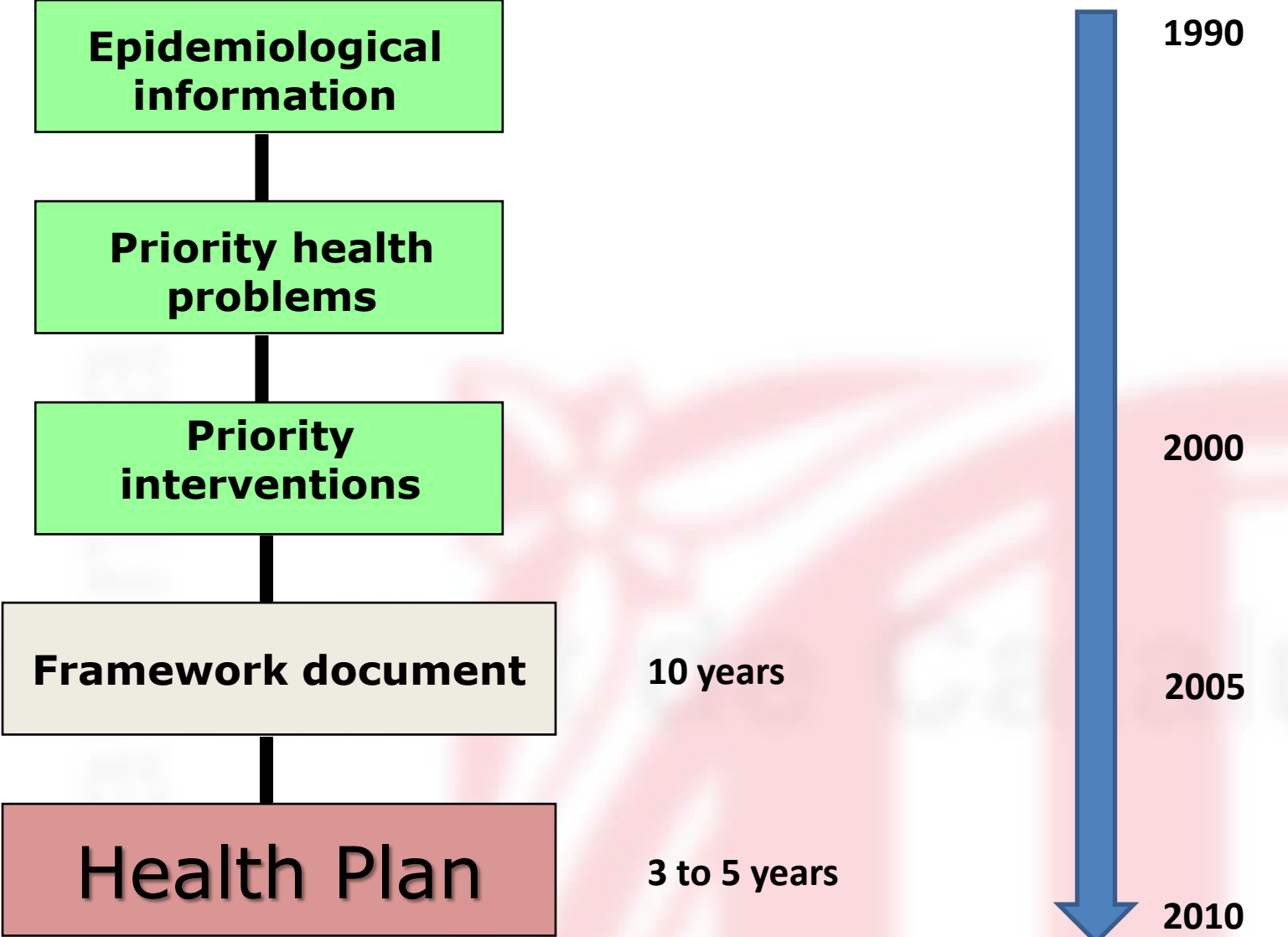
- Population
- Environment and health
- Health determinants and lifestyles
- Health status and quality of life
- Services utilization
- Mortality and “end of life”
- Economy and health care
- Inequalities in health
- Monitoring targets for the year 2010
- Time trends of indicators
- Territorial analysis

Second part





Strategic Axis for health policy

- Axis 1. Intersectorality and health
- Axis 2. Community actions for health
- Axis 3. Health care, socio-health care and public health oriented to tackle health needs
- Axis 4. Health professionals
- Axis 5. The role of citizens and participation


Elaboration of the Health Plan






Evaluation of the injury targets for the year 2000 in Catalonia

Indicator (x100,000 inh.)	1990	2000	Target
To reduce mortality due to external causes by 25%	51.1	38.1	≤ 38.3 
To reduce mortality due to road traffic accidents in men aged 15-24 years by 35%	59.5	38.8	≤ 38.6 
To reduce mortality due to drownings by 25%	1.7	0.8	≤ 1.3 
To reduce mortality due to unintentional falls by 50%	5.4	3.2	≤ 4.6 

Evaluation of the injury targets for the year 2010 in Catalonia (1)

Number of fatalities per 100.000 inh. due to non-intentional injuries	2000	2005	Target 2010
0-14 years	5.2	5.3	≤ 4,2
15-64 years	28.2	19.0	≤ 22.6 
65 and older	68.4	71.4	≤ 54.7



Evaluation of the injury targets for the year 2010 in Catalonia (2)

Number of fatalities per 100.000 inh. due to road traffic accidents	2000	2005	Target 2010
0-14 years	2.7	1.9	$\leq 1,4$ 
15-64 years	15.2	9.5	≤ 7.6 
65 and older	15.7	10.3	≤ 7.9 


Evaluation of the injury targets for the year 2010 in Catalonia (3)

Number of fatalities per 100.000 inh. due to road traffic accidents in 15-24 year-old men and women	2000	2005	Target 2010
Men	38.7	22.9	≤ 19.4 
Women	11.2	5.9	≤ 5.6 
Total	25.3	14.6	≤ 12.7 

Evaluation of the injury targets for the year 2010 in Catalonia (4)

Hospital admissions longer than 14 days (per 10.000 inh.) due to road traffic accidents	2000	2005	Target 2010
0-14 years	0.6	0.3	≤ 0.5 
15-64 years	2.6	2.0	≤ 2.0 
65 and older	2.3	2.1	≤ 1.7

Evaluation of the injury targets for the year 2010 in Catalonia (5)

Indicator	2000	2005	Target 2010
Positive alcohol tests (+%) in drivers involved in road accidents with fatalities	40.9	37.1	≤ 20.5
Mortality due falls in people over 64 years old (x100.000 inh.)	15.2	11.3	≤ 12.2 
% of people older than 64 who have fallen and needed health care	17.9	20.9	≤ 16.1
Hospital admissions due to hip fracture in 65-84 year-old people (x10.000 inh.)	42.2	44.0	≤ 33.8

The burden of the Injuries in Catalonia at the start of the Health Plan (1991, Framework Document)

- 4th mortality cause (6% of the total mortality)
- 1st mortality cause in 1 – 44 years age population
- 72% of the total mortality in 15 – 24 age group, mainly due to road traffic accidents
- Main causes of the mortality for N-I Injuries: Road traffic accidents (38,5%), Falls (10,2%) , Drowning (3,2%)
- Main causes of prevalence of N-I Injuries: Falls and knocks, Burns and scalds, Poisonings, Road traffic accidents
- Age groups with high prevalence and mortality:
 - Children
 - Young people (men)
 - Older people

The health targets on Injuries for the year 2000

1. To reduce the global rate of mortality due to accidents, poisonings and violence (external causes) by 25%
2. To reduce the mortality rate of road traffic accidents in men aged 15-24 years by 35%
3. To reduce the mortality rate of falls by 25%
4. To reduce the mortality rate of drowning by 25%

Developed and implemented by 34 operational targets (preventive programmes or interventions) with results monitored by indicators previously established for each health and risk reduction target.

The Health Targets on Injuries for the year 2010 (1)

1. **20% reduction in fatal injuries from non-intentional causes in the 3 main age groups (0-14, 15-64, 65 and over)**
2. **50% reduction in deaths from road traffic accidents in the 3 main age groups**
3. **50% reduction in deaths from road traffic accidents in men and women aged 15 to 24 years**
4. **50% reduction in deaths from road traffic accidents associated with high levels of alcohol in blood in drivers involved**

The eight health targets for 2010 were developed and implemented by 13 operational targets (preventive interventions and programmes).

The Health Targets on Injuries for the year 2010 (2)

5. **25% reduction of the prevalence of severe injuries from road traffic accidents in the 3 main age groups (0-14, 15-64, 65 and over)**
6. **20% reduction in deaths from accidental falls in people aged over 64**
7. **10% reduction of accidental falls in people aged over 64 which have been attended by healthcare services**
8. **20% reduction of the prevalence of hip (femoral neck) fractures in people aged 65 to 84 years**

19 years of Prevention Policies, main conclusions (1)

- Our results shown that trends in non-intentional injuries in Catalonia have been quite good during the last two decades – since the launch of the Health Plan – specially in relation to mortality and severe morbidity rates
- Although last results refers only to the half of the period 2001-2010 , it shows that 2/3 of the targets are expected to be achieved in 2010
- Higher political commitment produces better results: Catalan Plan on Road Traffic Safety and decrease of deaths from road accidents

19 years of Prevention Policies, main conclusions (2)

- Other areas like falls in elderly people don't show the same tendency: while mortality goes down, incidence goes up
- Planning by targets has been useful in identifying problems, setting priorities, establishing interventions and evaluating results achieved through those actions
- Quantitative targets that can be transparently evaluated are both a commitment for health policy makers and a reinforcement tool for them
- There is a need to set these targets from the principle that you have a system able to translate the targets into specific interventions and activities

19 years of Prevention Policies, main conclusions (3)

- It is important to show the evaluation of all the targets because does that have not achieved increase the credibility of those that have been, and of the health policy methods
- There are important differences in the distribution by age, gender, territory, socioeconomic class, educational level. A more precise analysis of the epidemiological situation concerning injuries and their causes could provide more effective and efficient strategies of prevention and control

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For further information visit:

The website of the Department of Health

www.gencat.cat/salut

The website of the Health Plan for Catalonia 2010

www20.gencat.cat/portal/site/pla-salut?newLang=en_GB

Thank you very much for your attention!

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