

The suffering of the population in the economic crisis of the Spanish State

El sufrimiento de la población en la crisis económica del Estado español

Borrell, Carme¹; **Rodríguez-Sanz, Maica**²; **Bartoll, Xavier**³; **Malmusi, Davide**⁴; **Novoa, Ana M.**⁵

¹Doctor in Public Health. Agència de Salut Pública de Barcelona, CIBER of Epidemiology and Public Health, Universitat Pompeu Fabra, Barcelona, Spain. cborrell@aspb.cat

²Master's Degree in Public Health. Agència de Salut Pública de Barcelona, CIBER of Epidemiology and Public Health, Universitat Pompeu Fabra, Barcelona, Spain. mrodri@aspb.cat

³Master's Degree in Public Health. Agència de Salut Pública de Barcelona, Spain. xbartoll@aspb.cat

⁴Doctor in Public Health. Agència de Salut Pública de Barcelona, CIBER of Epidemiology and Public Health, Spain. dmalmusi@aspb.cat

⁵Doctor in Public Health. Agència de Salut Pública de Barcelona, Spain. anovoa@aspb.cat

Discussion of: Tapia Granados JA. The economic crisis and health in Spain and Europe: Is mortality increasing? *Salud Colectiva*. 2014;10(1):81-91.

In this text we comment on Tapia Granados's article (1) regarding the effect of the Spain economic crisis on the population's health. Recently the definitive mortality data for 2012 has been made known, confirming an increase in the crude death rate (+3.8%) and especially a notable increase in suicides (+11.2%), as well as a stagnation in life expectancy (2). However, in the present commentary we would like to highlight some conceptual aspects that should be taken into account.

First, we consider it important to remember that health is much more than mortality. The 10th Congress of Catalan-speaking Physicians and Biologists [*X Congrés de Metges i Biòlegs de Llengua Catalana*] (3) defined health as a "a way of living with autonomy, solidarity and joy."

Unfortunately, most people do not have a living, economic or work situation adequate to enjoy a healthy life; this puts into evidence that health is not an individual matter, exclusive to

each person, but rather that it depends on the living conditions that surround us.

The Commission on the Reduction of Social Inequalities in Health in Spain (4) proposed the model shown in Figure 1 regarding the determinants of health inequalities, which contains two principal elements: structural factors and intermediary factors.

The structural factors are made up of the socioeconomic and political contexts and the social structure, and they have to do with elections, political priorities of governments, corporations and different social forces. The social structure includes the different axes of inequality (social class, gender, age, ethnicity and territory) that put into evidence the existence of inequalities in health due to differences in power, prestige and access to resources. The social structure determines inequalities in the intermediary factors, which in turn determine health inequalities. Both structural factors and material resources are the more global causes of what have been called the "social determinants of health."

The present crisis of the Spain has deeply affected the social determinants of health; here are some examples. Firstly, the cutbacks implemented starting in 2010 by the country's governments translated into a decrease in public policy expenditures and the reduction of a Welfare State already far removed from the model of many European Union (EU) countries. Public spending in health decreased 10.6% from 2010 to 2013, and spending in education decreased 14.9% (5,6). Another example is the 36.4% cutback in social spending in the general State budget for 2014 (7). The increase in the unemployed population to 5.896.000 people in the fourth trimester of 2013 also illustrates the deterioration in the social determinants of health. The unemployment rate has gone from 8.3% in 2007 to 26.4% in 2013, the highest rate in the EU (8). Another example is the increase in inequality related to income and poverty. The Gini coefficient went from 31.9 in 2008 to 35 in 2012 (9), and the relationship between the income of the 20% of the population with the highest incomes and the 20% with the lowest went from 5.9 to 8.1 in people under 65 years of age (10). Recently, the Organisation

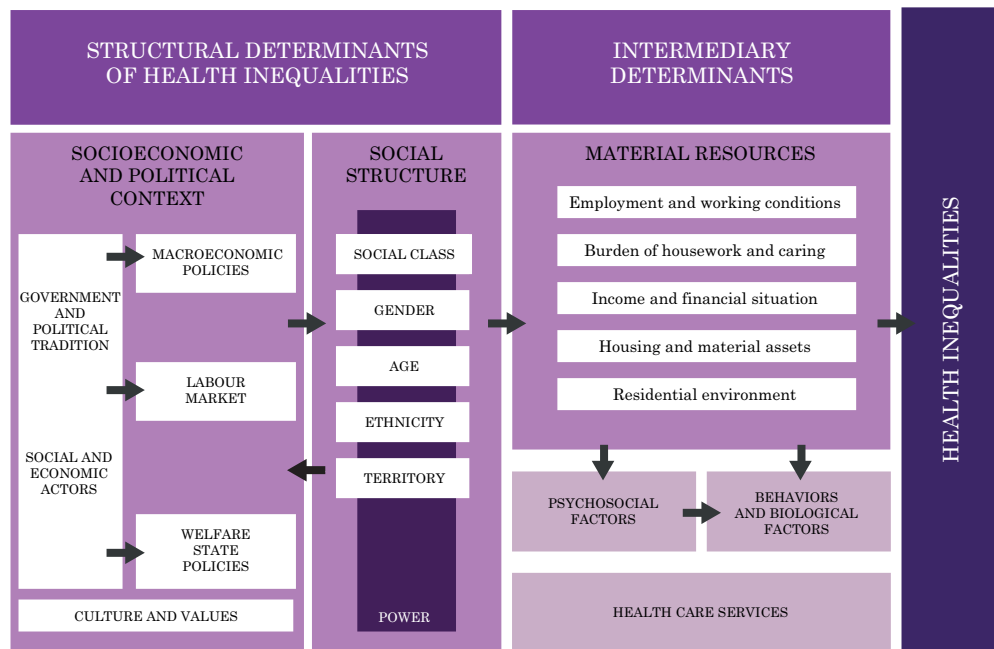


Figure 1. Conceptual framework of the determinants of social inequalities in health.

Source: Commission on the Reduction of Social Inequalities in Health in Spain, 2010 (4).

for Economic Co-operation and Development (OECD) demonstrated the Spain as the country in which the population with lowest income had lost the most wealth (14% in 2010 in comparison to 2007) (11). The population at risk of poverty has gone from 24.5% in 2008 to 28.02% in 2012 (12). Finally, it is important to highlight that many families have lost their homes, no longer able to afford them after experiencing job and income losses; thus, by way of example, in only one year (2012), 30,050 families were removed from their regular homes for not paying their mortgages and 43,172 for not paying their rent. The number of evictions for any type of property went up 74% between 2008 and 2012 (13).

In addition, some measures of the Popular Party's conservative government have meant a loss of the citizenship rights gained over the course of many years, since the Franco dictatorship. An example is the Royal Decree-Law 16/2012 which affects the universality of the National Health System, leaving out immigrants without a regularized immigration status and legalizing an increase in co-payments (14).

Logically, the situation the country has experienced since the start of the crisis has led to

the suffering of a large number of people, and it is difficult to imagine that this does not have an impact in the population's health. We can expect that health indicators will worsen differentially in population groups that have been affected to greater or lesser degrees by the crisis. The work on mortality that has been published to date only describes indicators for the whole population and demonstrates that mortality decreases in the period of crisis, except for suicide mortality (1,15). However, as we stated previously, health is much more than mortality, which is why we need to take into account other health outcomes.

A clear example of this is a study that shows how an increase in unemployment has translated into an increase in the prevalence of poor mental health in adult men in 2011 with respect to 2006, as well as into an increase in the socioeconomic inequalities of poor mental health. On the other hand, the prevalence of poor mental health decreases slightly in women (16). Other studies have also described the deterioration in mental health over this period attributed to long-term unemployment (17) or the increase in the frequency of mental disorders in primary care patients (18). In the child population an increase in obesity and in

the inequalities related to the quality of life have been detected (19).

A recent study analyzed the living conditions, housing and health of people from 320 homes which were attended by Cáritas Diocesana de Barcelona due to an urgent need to be relocated to a suitable home or due to problems affording the costs related to their home. These people showed a poor state of health, much worse than the rest of the population of Barcelona. For example, two out of three adults (70%) had poor mental health (as compared to only 15% in the population of Barcelona), and 55.7% of women and 37.6% of men reported their state of health to be regular or poor (in comparison to 20% of women and 13% of men from the most deprived social classes in the city of Barcelona) (20).

Taking into account the ideas developed thus far, we consider that in order to study the impact of the crisis in the population's health it is necessary to: a) analyze health determinants and health indicators other than mortality; b) consider the different axes of inequality and, above all, the most deprived groups; and c) continue to monitor and study the effects in the longer term, as it will take time for the socioeconomic situation in Spain to recover.

Although as of yet little evidence exists, the studies described show that the suffering of the population during the present economic crisis also affects health indicators. In our view, it is irresponsible to announce that the crisis has no effect on health or that it improves health. Out of respect for the millions of people that are suffering, we should at least make sure that our affirmations are as detailed and accurate as possible.

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