Health Profile: Craiova, Romania

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Taking cities to a healthier future

Health Profile: Craiova, Romania

EURO-URHIS 2
European Urban Health Indicators System Part 2
Urban Health Monitoring and Analysis System to Inform Policy
Female mortality from malignant neoplasms and from diseases of the respiratory system is substantially lower than the overall EURO-URHIS 2 mean. Mortality from diseases of the circulatory system is higher than in other cities.

Heavy episodic drinking in Craiova youth occurs less often than in other EURO-URHIS 2 cities.

Smoking in youth occurs more often in Craiova than in other EURO-URHIS 2 cities.

The proportion of youth who are overweight or obese is similar to the overall EURO-URHIS 2 proportion.

This health profile describes the health situation and associated health determinants in Craiova compared with those observed in other European urban areas.

Craiova is one of the urban areas chosen for EURO-URHIS 2 (European Urban Health Indicator System Part 2), a project that aims to identify health problems in urban areas. The EURO-URHIS 2 project describes health and health determinants specific to urban areas in Europe, covering cities in North, East, South, and West Europe. This project adds to information that is already locally available, in that it is the first study to enable reliable comparisons of health status between different cities in Europe. Policy makers can use the information to prioritise topics for urban health policy and for interventions in an evidence-based way.

EURO-URHIS 2 gathered information by collecting data from routinely available registration data, and by conducting youth and adult surveys at the end of 2010. In total, data from 26 urban areas in Europe were available for between-city comparisons and benchmarking.

The routinely available registration data relate to the most recently available year (2008). The youth survey was a school-based survey of 14-16 year olds. In Craiova, 486 students completed a valid questionnaire. Because of a very low response rate in the 65+ group of the adult survey in Craiova, these results are not included in the health profile.

More detailed information on the justification of methods and instruments that were used, as well as response rates, selection of cities and indicators, and statistical methodology, can be found on our websites: www.urhis.eu and http://results.urhis.eu. The websites also provide data from other participating urban areas and comparisons between specific cities can be made.

The graphs in this health profile show the health status of the urban area compared to other EURO-URHIS 2 urban areas. The whiskers represent the lowest and highest value within the EURO-URHIS 2 project on a scale of 0 to 100%. The grey bar represents the 25th, 50th, and 75th percentile. The urban area value is shown as a diamond, which is blue when the value is not statistically significantly different from the EURO-URHIS 2 mean and red when the difference is statistically significant (at the 5% level).

Figure 1. Age distribution
Differences in health status may possibly be explained by age. Figure 1 shows the age distribution in Craiova compared to the other EURO-URHIS 2 urban areas.

DISCLAIMER
To achieve maximum quality of the data, all instruments used were based on knowledge of earlier studies and expert consultations, and were piloted, validated, and optimised. The survey questionnaires of EURO-URHIS 2 were based on already existing, validated instruments; selected indicators were as little culturally sensitive as possible. Questionnaires were translated in the local language(s) and, for validation purposes, back-translated into English. Youth survey response rates were generally very high. In the adult survey, a minimum response rate of 30% was required to be included for benchmarking. Despite all our efforts, and as in any survey, the point estimates for certain health indicators in your urban area may deviate from other estimates, and may not be comparable to other local information due to differences in study methodology and indicator definitions. If you would like further information regarding the methodology, please see our websites: http://www.urhis.eu and http://results.urhis.eu.
**Table 1. Health-related characteristics of Craiova**

Source. Indicators 1-7, 12-13, and 16-19: routinely available registration data; indicators 8-10 and 14-15: adult survey; indicator 11: youth survey. Missing data are indicated by “x”.

N = number of urban areas that were able to collect data on the specific indicator.  
1. number of inhabitants; 2. number of inhabitants per km²; 3. % of inhabitants aged 0-19 years; 4. % of inhabitants aged 65 years or older; 5. number of births per 1,000 women aged 15-44 years; 6. number of births per 1,000 women aged 15-19 years; 7. number of births per 1,000 women aged 35-44 years; 8. % of adults aged 19-64 years who are unemployed; 9. % of adults who attained higher level education; 10. % of adults who do not have enough money for daily expenses; 11. % of youth who live in a low wealth family, as defined by a FAS (Family Affluence Scale) score of ≤3; 12. % of population who have completed measles, mumps, and rubella (MMR) vaccination courses before school-age; 13. % of population who have completed diphtheria, tetanus, and poliomyelitis (DTP) vaccination courses before school-age; 14. % of adult women who have undergone a cervical smear test within the past three years; 15. % of adults who had their serum cholesterol measured within the last year; 16-17. number of years that a newborn is expected to live if current mortality rates continue to apply; 18. annual number of deaths of children under one year of age, per 1,000 births; 19. % of total live births weighing less than 2,500 grams

Compared to other cities in EURO-URHIS 2, Craiova is an urban area with high population density and a relatively large population of 20-59 year olds. The number of annual live births in Craiova is lower than the overall EURO-URHIS 2 mean. The percentage of youth that reported to live in poor families (28%) is significantly higher.

The proportion of people who have completed MMR and DTP vaccination courses is higher than in other EURO-URHIS 2 urban areas.

Life expectancy at birth is an indicator for the general health status of a population. In Craiova, male life expectancy is 70.9 years and female life expectancy is 77.2 years. Both are lower than the overall average in EURO-URHIS 2.

Infant mortality is an indicator for population health and quality of health care services. With an infant mortality rate of 8.6 per 1,000 live births, Craiova belongs to the 25% of urban areas in EURO-URHIS 2 with the highest infant mortality.

At the population level, low birth weight is an indicator for pregnancy conditions and perinatal care. Low birth weight can at the individual level also result in health problems later in life. Of all newborns in Craiova, 11.8% had a low birth weight, which is higher than the overall EURO-URHIS 2 mean.
## Health Status and Determinants in Youth

Table 2 gives an overview of the health status and determinants in Craiova youth, as reported from the survey. Self-perceived health is a measure of adolescent well-being. 97% of youth in Craiova perceived their health to be (very) good or excellent, which is significantly higher than the overall EURO-URHIS 2 proportion. In Craiova, a significantly lower proportion of youth were identified with an elevated risk of psychological problems (12%), compared to the overall EURO-URHIS 2 proportion. Low back pain was reported more often in Craiova.

Childhood obesity is related to a higher risk of obesity, disability, and premature death later in life. In Craiova, 11% of youth are overweight or obese, which is similar to the overall EURO-URHIS 2 proportion. Physical activity can contribute to maintaining a healthy weight and preventing the occurrence of chronic conditions. Furthermore, physical activity is associated with psychological benefits and with a better school performance in young people. The proportion of youth who reported participation in vigorous physical activity for two or more hours per week is significantly lower in Craiova (34%), compared to the overall EURO-URHIS 2 proportion. Sedentary behaviour is related to overweight and obesity, independent of physical activity. Youth in Craiova watch significantly more television on weekdays compared to other urban areas in EURO-URHIS 2. A healthy diet can lower the risk of obesity. Regular consumption of fruit occurs more frequently in Craiova than in other EURO-URHIS 2 urban areas, whereas regular vegetable consumption was less often reported.

Significantly less students in Craiova brush their teeth at least twice a day compared to other EURO-URHIS 2 cities.

Initiation of smoking and drinking alcohol at a young age is a strong predictor of smoking during adulthood and of later problems with alcohol.

**Table 2. Health status and determinants in youth (14-16 years)**

Source. Indicators 1-19: youth survey. Missing data are indicated by ‘-’. N = number of urban areas that were able to collect data on the specific indicator.

1. % of youth who perceive their health as good, very good, or excellent; 2. % of youth with an overall Strengths and Difficulties Questionnaire (SDQ) score of 20 or higher; 3. % of youth who reported a lot of headaches, stomach aches, or sickness during the past six months; 4. % of youth who experienced low back pain during the past month; 5. % of youth overweight or obese according to the international BMI cut-offs; 6. % of youth who participate in vigorous physical activity for more than two hours per week in their free time; 7. % of youth who eat fruit on most days of the week; 8. % of youth who eat vegetables and/or salads on most days of the week; 9. % of youth who brush their teeth more than once a day; 10. % of youth who watch television for more than two hours on weekdays; 11. % of youth who smoke tobacco every day; 12. % of youth who reported first smoking at ≤13 years; 13. % of youth who drank five or more units of alcohol on one occasion during the past 30 days; 14. % of youth who reported first drinking alcohol at ≤13 years; 15. % of youth who ever used cannabis; 16. % of the total youth population who did not use a condom the last time they had sexual intercourse; 17. % of youth who reported presence of crime, violence, or vandalism in the area where they live; 18. % of youth who had a road traffic accident resulting in injury over the past 12 months; 19. % of youth who have been bullied at least twice in the past couple of months.
Smoking at the age of 13 or younger occurs significantly less often in Craiova than in other EURO-URHIS 2 cities. Drinking alcohol at the age of 13 or younger, on the contrary, occurs significantly more often. The proportion of youth in Craiova who smoke daily (16%) is higher than the overall EURO-URHIS 2 proportion. Heavy episodic drinking of five or more units of alcohol on one occasion was reported significantly less often in Craiova (29%) compared to the total EURO-URHIS 2 population.

Regular cannabis use in young people can lead to impaired cognitive development. 1% of youth in Craiova have ever used cannabis, which is lower than the overall EURO-URHIS 2 proportion.

The proportion of youth who reported they did not use a condom when they last had sexual intercourse is significantly lower in Craiova compared to the other cities.

Neighbourhood crime, violence, or vandalism was significantly less often reported by youth in Craiova (28%) compared to other cities. Significantly less students were involved in traffic accidents that resulted in injury. The proportion of youth who were victims of bullying in the past couple of months was significantly lower compared to the other urban areas in EURO-URHIS 2.

The health status of a population can be assessed by using a number of parameters, such as those referring to acute and chronic disease, mortality, psychological well-being, and self-perceived health. Table 3 shows the overall health status among adults in Craiova, compared to other cities in Europe. The results show that in Craiova the incidence of tuberculosis, the incidence of HIV/AIDS in females, and mortality from diseases of the circulatory system are higher than the overall average in all EURO-URHIS 2 urban areas. Female mortality from malignant neoplasms and from diseases of the respiratory system, and mortality from suicide and intentional harm are lower.

### ADULT HEALTH STATUS

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Craiova</th>
<th>Romania</th>
<th>EURO-URHIS 2 range (percentiles)</th>
<th>EURO-URHIS 2 mean</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Morbidity</strong></td>
<td></td>
<td></td>
<td>min</td>
<td>25th</td>
<td>50th</td>
</tr>
<tr>
<td>1. HIV/AIDS incidence - male</td>
<td>11</td>
<td>1*</td>
<td>2</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>2. HIV/AIDS incidence - female</td>
<td>12</td>
<td>1*</td>
<td>0</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>3. Tuberculosis incidence</td>
<td>153</td>
<td>101</td>
<td>5</td>
<td>11</td>
<td>17</td>
</tr>
<tr>
<td>4. Lung cancer incidence</td>
<td>-</td>
<td>49</td>
<td>29</td>
<td>42</td>
<td>55</td>
</tr>
<tr>
<td><strong>Mortality</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. All-cause mortality - male</td>
<td>-</td>
<td>1,292</td>
<td>654</td>
<td>752</td>
<td>834</td>
</tr>
<tr>
<td>6. All-cause mortality - female</td>
<td>-</td>
<td>808</td>
<td>362</td>
<td>495</td>
<td>542</td>
</tr>
<tr>
<td>7. Malignant neoplasms - male</td>
<td>236</td>
<td>241</td>
<td>195</td>
<td>230</td>
<td>245</td>
</tr>
<tr>
<td>8. Malignant neoplasms - female</td>
<td>142</td>
<td>133</td>
<td>114</td>
<td>143</td>
<td>153</td>
</tr>
<tr>
<td>9. Diseases of the circulatory system - male</td>
<td>622</td>
<td>726</td>
<td>154</td>
<td>227</td>
<td>298</td>
</tr>
<tr>
<td>10. Diseases of the circulatory system - female</td>
<td>406</td>
<td>530</td>
<td>91</td>
<td>147</td>
<td>199</td>
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<tr>
<td>11. Diseases of the respiratory system - male</td>
<td>60</td>
<td>77</td>
<td>32</td>
<td>55</td>
<td>62</td>
</tr>
<tr>
<td>12. Diseases of the respiratory system - female</td>
<td>20</td>
<td>36</td>
<td>12</td>
<td>21</td>
<td>36</td>
</tr>
<tr>
<td>13. Transport accidents</td>
<td>8</td>
<td>15</td>
<td>1</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>14. Suicide and intentional harm</td>
<td>4</td>
<td>12</td>
<td>4</td>
<td>8</td>
<td>11</td>
</tr>
</tbody>
</table>

**Table 3. Morbidity and mortality**

Source. Indicators 1-14: routinely available registration data. Missing data are indicated by “-“.

* Country level data include HIV incidence only.

N = number of urban areas that were able to collect data on the specific indicator.

1-4. Number of newly diagnosed cases with a specific disease per 100,000 persons per year; 5-6. All-cause mortality rate per 100,000 persons per year (standardised on European population); 7-14. Mortality rate due to a specific cause per 100,000 persons per year (standardised on European population)
Beneficiaries
The University of Manchester; Municipal Health Service Utrecht; University of Liverpool; The Iuliu Hatieganu University of Medicine & Pharmacy Epidemiology Department; The Norwegian Institute of Public Health; Municipal Health Service Amsterdam; Kaunas University of Medicine; Regional Public Health and Health Promotion Centre (Slovenia); Institute of Health and Work, North Rhine-Westphalia; Slovak Public Health Association; Hacettepe University, Department of Public Health; North West Regional Health Brussels Office; Latvian Public Health Agency; South East European University; National Federation of Regional Health Observatories; Pham Ngoc Thach University of Medicine
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