Health Profile: Iai, Romania

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Health Profile: Iaşi, Romania

Taking cities to a healthier future

EURO-URHIS 2
European Urban Health Indicators System Part 2
Urban Health Monitoring and Analysis System to Inform Policy
lasi 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 may add 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 lasi, 436 students completed a valid questionnaire. Because of a very low response rate in the 65+ group of the adult survey in lasi, 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.
**Table 1. Health-related characteristics of Iasi**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Iasi</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></td>
<td></td>
<td></td>
<td>min</td>
<td>25th</td>
<td>50th</td>
</tr>
<tr>
<td>Demographic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Population size (x1,000)</td>
<td>309</td>
<td>21,529</td>
<td>67</td>
<td>264</td>
<td>406</td>
</tr>
<tr>
<td>2. Population density</td>
<td>3,361</td>
<td>94</td>
<td>27</td>
<td>1,115</td>
<td>2,040</td>
</tr>
<tr>
<td>3. Population aged 0-19 years</td>
<td>19%</td>
<td>22%</td>
<td>17%</td>
<td>20%</td>
<td>22%</td>
</tr>
<tr>
<td>4. Population aged 65+ years</td>
<td>11%</td>
<td>15%</td>
<td>7%</td>
<td>11%</td>
<td>14%</td>
</tr>
<tr>
<td>5. Live births</td>
<td>39</td>
<td>46</td>
<td>39</td>
<td>45</td>
<td>52</td>
</tr>
<tr>
<td>6. Teenage pregnancies</td>
<td>23</td>
<td>37</td>
<td>4</td>
<td>7</td>
<td>11</td>
</tr>
<tr>
<td>7. Pregnancies after age 35</td>
<td>16</td>
<td>13</td>
<td>7</td>
<td>18</td>
<td>23</td>
</tr>
<tr>
<td>Socio-economic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Unemployment (age 19-64)</td>
<td>-</td>
<td>-</td>
<td>3.6%</td>
<td>4.0%</td>
<td>4.9%</td>
</tr>
<tr>
<td>9. Higher level education</td>
<td>-</td>
<td>-</td>
<td>25%</td>
<td>33%</td>
<td>45%</td>
</tr>
<tr>
<td>10. Not enough money</td>
<td>-</td>
<td>-</td>
<td>5%</td>
<td>11%</td>
<td>16%</td>
</tr>
<tr>
<td>11. Low family wealth</td>
<td>44%</td>
<td>-</td>
<td>5%</td>
<td>7%</td>
<td>13%</td>
</tr>
<tr>
<td>Health System</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. MMR vaccinated</td>
<td>95%</td>
<td>97%</td>
<td>83%</td>
<td>88%</td>
<td>94%</td>
</tr>
<tr>
<td>13. DTP vaccinated</td>
<td>95%</td>
<td>97%</td>
<td>83%</td>
<td>93%</td>
<td>95%</td>
</tr>
<tr>
<td>14. Cervical smear test</td>
<td>-</td>
<td>-</td>
<td>41%</td>
<td>62%</td>
<td>70%</td>
</tr>
<tr>
<td>15. Cholesterol measurement</td>
<td>-</td>
<td>-</td>
<td>23%</td>
<td>42%</td>
<td>47%</td>
</tr>
<tr>
<td>Health Status</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Life expectancy - male</td>
<td>71.2</td>
<td>69.7</td>
<td>68.2</td>
<td>71.0</td>
<td>75.3</td>
</tr>
<tr>
<td>17. Life expectancy - female</td>
<td>78.4</td>
<td>77.2</td>
<td>76.2</td>
<td>78.5</td>
<td>80.2</td>
</tr>
<tr>
<td>18. Infant mortality</td>
<td>5.2</td>
<td>11.0</td>
<td>1.3</td>
<td>3.5</td>
<td>4.9</td>
</tr>
<tr>
<td>19. Low birth weight</td>
<td>4.7%</td>
<td>7.9%</td>
<td>2.7%</td>
<td>5.2%</td>
<td>6.6%</td>
</tr>
</tbody>
</table>

Compared to other cities in EURO-URHIS 2, Iasi 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 Iasi is lower than the overall EURO-URHIS 2 mean. Teenage pregnancies are relatively common, whereas pregnancies after the age of 35 years are relatively uncommon.

The percentage of youth that reported to live in poor families (44%) is significantly higher than the EURO-URHIS 2 mean.

Life expectancy at birth is an indicator for the general health status of a population. In Iasi, male life expectancy is 71.2 years. This is similar to the overall average in EURO-URHIS 2. Female life expectancy is 78.4 years, which is 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 5.2 per 1,000 live births, Iasi is comparable to other EURO-URHIS 2 urban areas.

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 Iasi, 4.7% had a low birth weight, which is lower than the overall EURO-URHIS 2 mean.

http://results.urhis.eu
## YOUTH HEALTH STATUS

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Iasi</th>
<th>EURO-URHIS 2 range (percentiles)</th>
<th>EURO-URHIS 2 mean</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Status</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Good self-perceived health</td>
<td>93%</td>
<td></td>
<td></td>
<td>20</td>
</tr>
<tr>
<td>2. Elevated risk of psychological problems</td>
<td>17%</td>
<td></td>
<td></td>
<td>20</td>
</tr>
<tr>
<td>3. Psychosomatic symptoms</td>
<td>8%</td>
<td></td>
<td></td>
<td>20</td>
</tr>
<tr>
<td>4. Low back pain</td>
<td>57%</td>
<td></td>
<td></td>
<td>20</td>
</tr>
<tr>
<td><strong>Lifestyle Factors</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Overweight and obesity</td>
<td>9%</td>
<td></td>
<td>13%</td>
<td>15</td>
</tr>
<tr>
<td>6. Physical activity ≥2 hours/week</td>
<td>32%</td>
<td></td>
<td>50%</td>
<td>20</td>
</tr>
<tr>
<td>7. Regular fruit consumption</td>
<td>64%</td>
<td></td>
<td>49%</td>
<td>20</td>
</tr>
<tr>
<td>8. Regular vegetable/salad consumption</td>
<td>45%</td>
<td></td>
<td>52%</td>
<td>20</td>
</tr>
<tr>
<td>9. Regular tooth brushing</td>
<td>53%</td>
<td></td>
<td>72%</td>
<td>20</td>
</tr>
<tr>
<td>10. Frequently watching television</td>
<td>62%</td>
<td></td>
<td>60%</td>
<td>20</td>
</tr>
<tr>
<td>11. Daily smoking</td>
<td>17%</td>
<td></td>
<td>12%</td>
<td>20</td>
</tr>
<tr>
<td>12. First smoking ≤13 years</td>
<td>13%</td>
<td></td>
<td>24%</td>
<td>20</td>
</tr>
<tr>
<td>13. Heavy episodic drinking</td>
<td>32%</td>
<td></td>
<td>33%</td>
<td>20</td>
</tr>
<tr>
<td>14. First alcohol ≤13 years</td>
<td></td>
<td></td>
<td>53%</td>
<td>19</td>
</tr>
<tr>
<td>15. Ever used cannabis</td>
<td>4%</td>
<td></td>
<td>16%</td>
<td>20</td>
</tr>
<tr>
<td>16. Unprotected sexual intercourse</td>
<td>2%</td>
<td></td>
<td>4%</td>
<td>20</td>
</tr>
<tr>
<td><strong>Environment</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Crime in area</td>
<td>16%</td>
<td></td>
<td>35%</td>
<td>20</td>
</tr>
<tr>
<td>18. Involved in traffic accident</td>
<td>7%</td>
<td></td>
<td>7%</td>
<td>18</td>
</tr>
<tr>
<td>19. Being bullied</td>
<td>2%</td>
<td></td>
<td>7%</td>
<td>20</td>
</tr>
</tbody>
</table>

**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.

### Health Status and Determinants in Youth

Table 2 gives an overview of the health status and determinants in Iasi youth, as reported from the survey. Self-perceived health is a measure of adolescent well-being. 93% of youth in Iasi perceived their health to be (very) good or excellent, which is similar to the overall EURO-URHIS 2 proportion. In Iasi, a comparable proportion of youth were identified with an elevated risk of psychological problems (17%), compared to the overall EURO-URHIS 2 proportion. Low back pain was reported more often.

Childhood obesity is related to a higher risk of obesity, disability, and premature death later in life. In Iasi, 9% of youth are overweight or obese, which is significantly lower than 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 Iasi (32%), compared to the overall EURO-URHIS 2 proportion. A healthy diet can lower the risk of obesity. Regular consumption of fruit occurs more frequently in Iasi than in other EURO-URHIS 2 urban areas, whereas vegetable consumption was reported less often.

Significantly less students in Iasi 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.

http://results.urhis.eu
Smoking at the age of 13 or younger occurs significantly less often in Iasi than in other EURO-URHIS 2 cities. The proportion of youth in Iasi who smoke daily (17%) is higher than the overall EURO-URHIS 2 proportion. Heavy episodic drinking of five or more units of alcohol on one occasion was reported as often in Iasi (32%) as in the total EURO-URHIS 2 population.

Regular cannabis use in young people can lead to impaired cognitive development. 4% of youth in Iasi have ever used cannabis, which is lower than the overall EURO-URHIS 2 proportion.

Neighbourhood crime, violence, or vandalism was significantly less often reported by youth in Iasi (16%) compared to other cities. 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 Iasi, compared to other cities in Europe. The results show that in Iasi the incidence of tuberculosis and lung cancer is higher than the overall average in all EURO-URHIS 2 urban areas.

Mortality from malignant neoplasms and from diseases of the circulatory system is substantially higher in Iasi than in other cities. Male mortality from diseases of the respiratory system occurs less often.

### ADULT HEALTH STATUS

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Iasi</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>Morbidity</td>
<td></td>
<td></td>
<td>min 25th 50th 75th max</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. HIV/AIDS incidence - male</td>
<td>8</td>
<td>1*</td>
<td>2 6 8 23 71 16</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>2. HIV/AIDS incidence - female</td>
<td>6</td>
<td>1*</td>
<td>0 2 6 12 16 7 19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Tuberculosis incidence</td>
<td>106</td>
<td>101</td>
<td>5 11 17 39 153 33 22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Lung cancer incidence</td>
<td>103</td>
<td>49</td>
<td>29 42 55 62 103 54 13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mortality</td>
<td></td>
<td></td>
<td>- 5 1,292 654 752 834 1,014 1,426 919 19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. All-cause mortality - male</td>
<td>-</td>
<td>1,292</td>
<td>654 752 834 1,014 1,426 919 19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. All-cause mortality - female</td>
<td>-</td>
<td>808</td>
<td>362 495 542 640 821 560 19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Malignant neoplasms - male</td>
<td>314</td>
<td>241</td>
<td>195 230 245 258 336 250 22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Malignant neoplasms - female</td>
<td>165</td>
<td>133</td>
<td>114 143 153 162 232 154 22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Diseases of the circulatory system - male</td>
<td>456</td>
<td>726</td>
<td>154 227 298 456 676 353 22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Diseases of the circulatory system - female</td>
<td>299</td>
<td>530</td>
<td>91 147 199 299 406 220 22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Diseases of the respiratory system - male</td>
<td>54</td>
<td>77</td>
<td>32 55 62 80 158 72 22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Diseases of the respiratory system - female</td>
<td>27</td>
<td>36</td>
<td>12 21 36 50 120 43 22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Transport accidents</td>
<td>-</td>
<td>15</td>
<td>1 3 5 11 16 7 21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Suicide and intentional harm</td>
<td>12</td>
<td>12</td>
<td>4 8 11 15 29 12 22</td>
<td></td>
<td></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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