Health Profile:

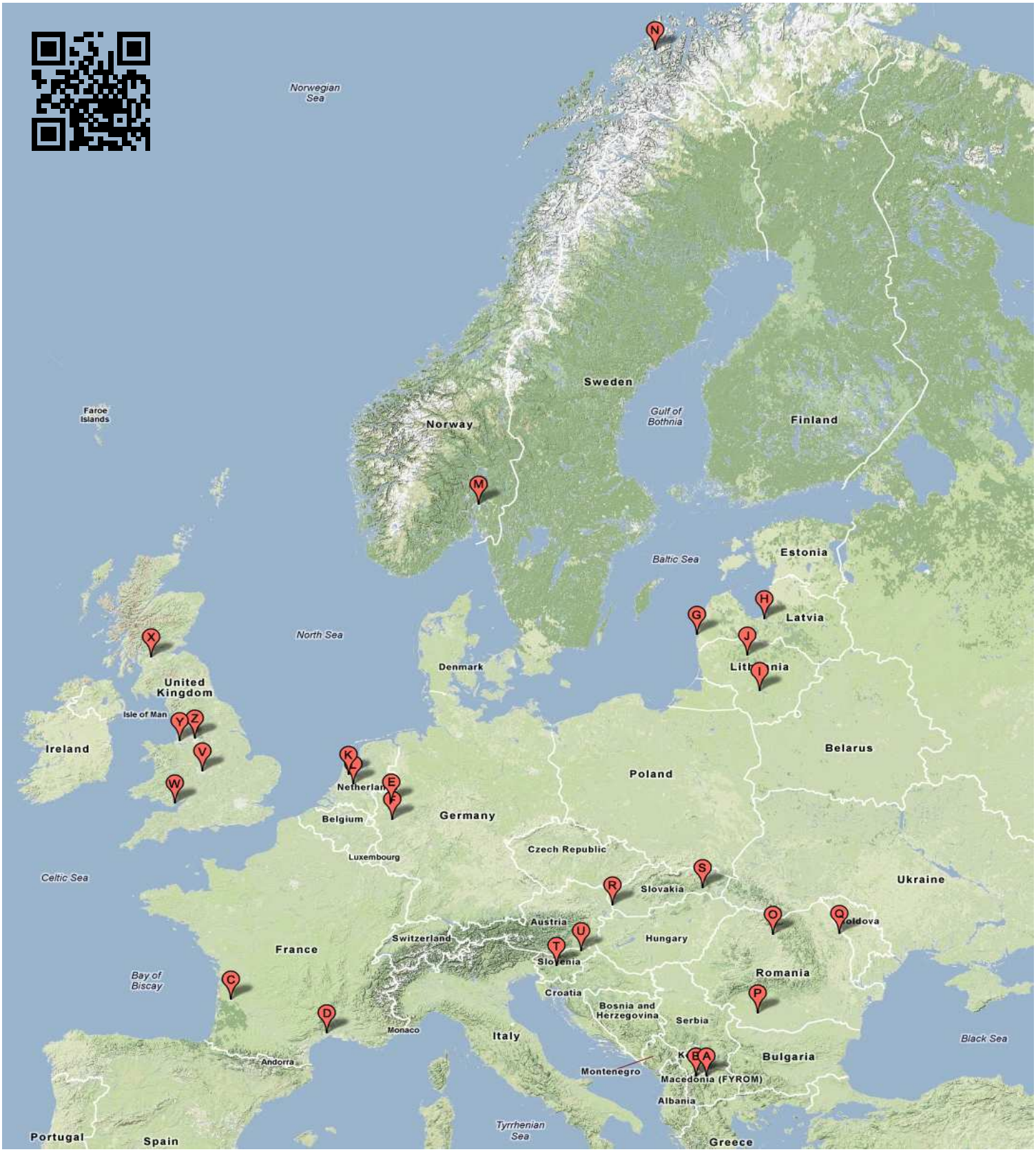
Tromsø, Norway

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



A	Skopje, the former Yugoslav Republic of Macedonia	N	Tromsø , Norway
B	Tetovo, the former Yugoslav Republic of Macedonia	O	Bistrița, Romania
C	Bordeaux, France	P	Craiova, Romania
D	Montpellier, France	Q	Iași, Romania
E	Oberhausen, Germany	R	Bratislava, Slovakia
F	Köln, Germany	S	Košice, Slovakia
G	Liepāja, Latvia	T	Ljubljana, Slovenia
H	Riga, Latvia	U	Maribor, Slovenia
I	Kaunas, Lithuania	V	Birmingham, United Kingdom
J	Šiauliai, Lithuania	W	Cardiff, United Kingdom
K	Amsterdam, The Netherlands	X	Glasgow, United Kingdom
L	Utrecht, The Netherlands	Y	Merseyside, United Kingdom
M	Oslo, Norway	Z	Greater Manchester, United Kingdom

Mortality from malignant neoplasms and from diseases of the circulatory system is substantially lower than the overall EURO-URHIS 2 mean. Mortality from diseases of the respiratory system does not differ.

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

Tromsø 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 (2005-2010). The youth and adult surveys were not conducted in Tromsø.

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.

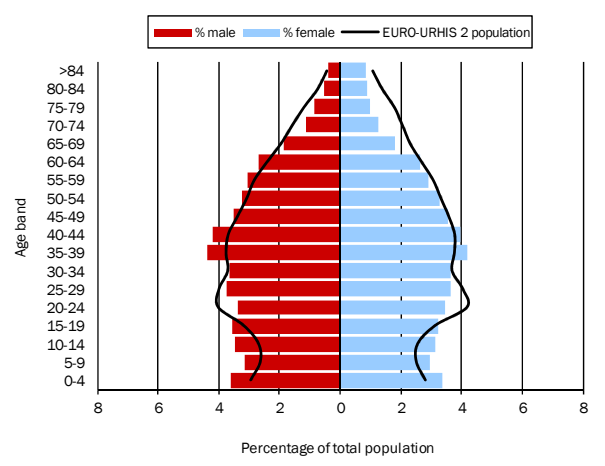


Figure 1. Age distribution

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

Health-related Characteristics of Tromsø

	Indicator	Tromsø	Norway	EURO-URHIS 2 range (percentiles)					EURO-URHIS 2 mean	N
				min	25th	50th	75th	max		
Demographic	1. Population size (x1,000)	67	4,737	67	264	406	708	2,565	570	23
	2. Population density	27	16	27	1,115	2,040	2,840	4,580	1,974	24
	3. Population aged 0-19 years	26%	26%	17%	20%	22%	24%	28%	22%	23
	4. Population aged 65+ years	11%	15%	7%	11%	14%	15%	20%	14%	23
	5. Live births	70	64	39	45	52	58	75	53	24
	6. Teenage pregnancies	5	9	4	7	11	20	33	14	18
	7. Pregnancies after age 35	19	33	7	18	23	33	59	28	18
Socio-economic	8. Unemployment (age 19-64)	-	-	3.6%	4.0%	4.9%	7.2%	10.2%	5.8%	16
	9. Higher level education	-	-	25%	33%	45%	53%	72%	45%	16
	10. Not enough money	-	-	5%	11%	16%	22%	61%	21%	16
	11. Low family wealth	-	-	5%	7%	13%	21%	44%	16%	20
Health System	12. MMR vaccinated	94%	93%	83%	88%	94%	97%	100%	93%	19
	13. DTP vaccinated	96%	94%	83%	93%	95%	97%	99%	94%	19
	14. Cervical smear test	-	-	41%	62%	70%	76%	83%	68%	16
	15. Cholesterol measurement	-	-	23%	42%	47%	52%	64%	47%	16
Health Status	16. Life expectancy - male	76.5	78.4	68.2	71.0	75.3	76.1	77.0	73.6	18
	17. Life expectancy - female	81.5	83.2	76.2	78.5	80.2	81.0	82.0	79.7	18
	18. Infant mortality	3.1	2.7	1.3	3.5	4.9	5.7	9.4	5.0	24
	19. Low birth weight	5.1%	5.2%	2.7%	5.2%	6.6%	8.1%	11.8%	6.7%	22

Table 1. Health-related characteristics of Tromsø

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

1. number of inhabitants; **2.** number of inhabitants per km^2; **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, Tromsø is an urban area with low population density and a somewhat younger population. The number of annual live births in Tromsø is higher than the overall EURO-URHIS 2 mean. Teenage pregnancies are relatively uncommon.

Life expectancy at birth is an indicator for the general health status of a population. In Tromsø, male life expectancy is 76.5 years and female life expectancy is 81.5 years, which are both higher 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 3.1 per 1,000 live births, Tromsø belongs to the 25% of urban areas in EURO-URHIS 2 with the lowest 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 Tromsø, 5.1% had a low birth weight, which is lower than the overall EURO-URHIS 2 mean.

ADULT HEALTH STATUS

	Indicator	Tromsø	Norway	EURO-URHIS 2 range (percentiles)					EURO-URHIS 2 mean	N
				min	25th	50th	75th	max		
Morbidity	1. HIV/AIDS incidence - male	12	8*	2	6	8	23	71	16	19
	2. HIV/AIDS incidence - female	15	5*	0	2	6	12	16	7	19
	3. Tuberculosis incidence	5	5	5	11	17	39	153	33	22
	4. Lung cancer incidence	-	54	29	42	55	62	103	54	13
Mortality	5. All-cause mortality - male	-	686	654	752	834	1,014	1,426	919	19
	6. All-cause mortality - female	-	459	362	495	542	640	821	560	19
	7. Malignant neoplasms - male	199	197	195	230	245	258	336	250	22
	8. Malignant neoplasms - female	134	139	114	143	153	162	232	154	22
	9. Diseases of the circulatory system - male	189	222	154	227	298	456	676	353	22
	10. Diseases of the circulatory system - female	136	144	91	147	199	299	406	220	22
	11. Diseases of the respiratory system - male	57	63	32	55	62	80	158	72	22
	12. Diseases of the respiratory system - female	39	40	12	21	36	50	120	43	22
	13. Transport accidents	7	6	1	3	5	11	16	7	21
	14. Suicide and intentional harm	9	11	4	8	11	15	29	12	22

Table 2. 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)

Table 2 shows the results for morbidity and mortality indicators in Tromsø, compared to other cities in Europe. The results show that in Tromsø the incidence of tuberculosis is lower than the overall average in all EURO-URHIS 2 urban areas, whereas the incidence of HIV/AIDS in females and the incidence of lung cancer is relatively high.

Mortality from malignant neoplasms and from diseases of the circulatory system is substantially lower than in other cities.

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.

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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SEVENTH FRAMEWORK PROGRAMME

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