



Health Profile: Riga, Latvia

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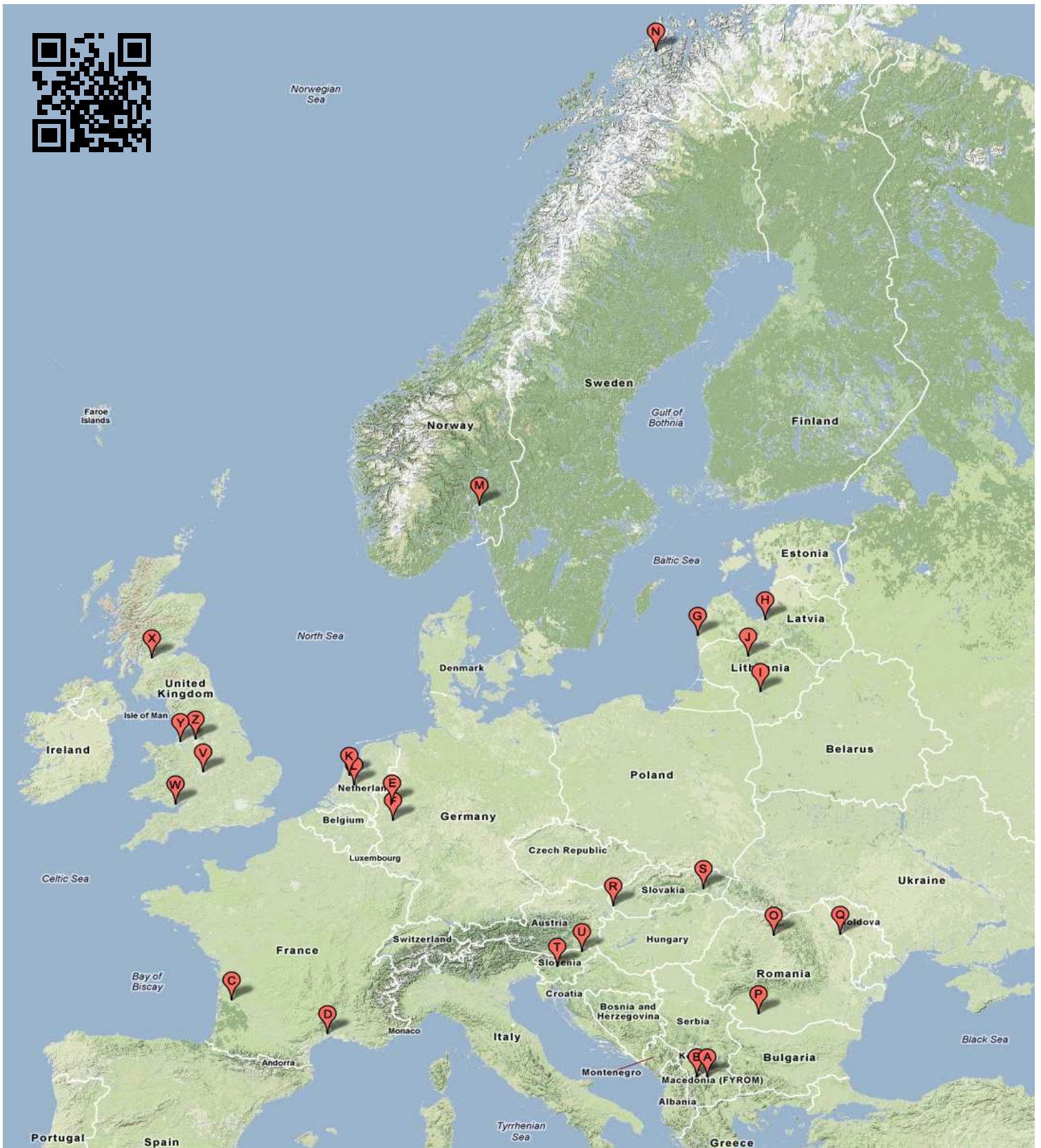
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All-cause mortality in both males and females is higher in Riga compared to other EURO-URHIS 2 cities. Male mortality from malignant neoplasms and mortality from diseases of the circulatory system are substantially higher than the overall EURO-URHIS 2 mean. Mortality from diseases of the respiratory system is substantially lower.

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

Riga 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 (2008-2009). The youth and adult surveys were not conducted in Riga.

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.

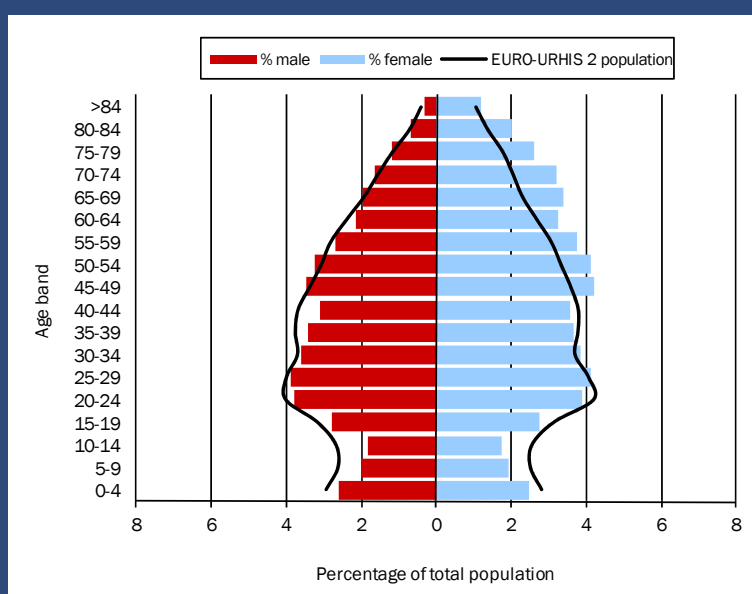


Figure 1. Age distribution

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

Health-related Characteristics of Riga

	Indicator	Riga	Latvia	EURO-URHIS 2 range (percentiles)					EURO-URHIS 2 mean	N
				min	25th	50th	75th	max		
Demographic	1. Population size (x1,000)	713	2,271	67	264	406	708	2,565	570	23
	2. Population density	2,353	37	27	1,115	2,040	2,840	4,580	1,974	24
	3. Population aged 0-19 years	18%	21%	17%	20%	22%	24%	28%	22%	23
	4. Population aged 65+ years	18%	17%	7%	11%	14%	15%	20%	14%	23
	5. Live births	52	49	39	45	52	58	75	53	24
	6. Teenage pregnancies	13	24	4	7	11	20	33	14	18
	7. Pregnancies after age 35	24	19	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	88%	97%	83%	88%	94%	97%	100%	93%	19
	13. DTP vaccinated	91%	97%	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	-	67.0	68.2	71.0	75.3	76.1	77.0	73.6	18
	17. Life expectancy - female	-	77.8	76.2	78.5	80.2	81.0	82.0	79.7	18
	18. Infant mortality	5.1	6.7	1.3	3.5	4.9	5.7	9.4	5.0	24
	19. Low birth weight	4.1%	4.3%	2.7%	5.2%	6.6%	8.1%	11.8%	6.7%	22

Table 1. Health-related characteristics of Riga

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 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, Riga is an urban area with average population density and an average aged male population and a somewhat older female population. The number of annual live births in Riga is comparable to the overall EURO-URHIS 2 mean.

The percentage of the population who have completed DTP vaccination courses before school-age is relatively low in Riga.

Infant mortality is an indicator for population health and quality

of health care services. With an infant mortality rate of 5.1 per 1,000 live births, Riga 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 Riga, 4.1% had a low birth weight, which is lower than the overall EURO-URHIS 2 mean.

Health Status in Adults

	Indicator	Riga	Latvia	EURO-URHIS 2 range (percentiles)					EURO-URHIS 2 mean	N
				min	25th	50th	75th	max		
Morbidity	1. HIV/AIDS incidence - male	37	22*	2	6	8	23	71	16	19
	2. HIV/AIDS incidence - female	15	10*	0	2	6	12	16	7	19
	3. Tuberculosis incidence	37	46	5	11	17	39	153	33	22
	4. Lung cancer incidence	46	47	29	42	55	62	103	54	13
Mortality	5. All-cause mortality - male	1,296	1,601	654	752	834	1,014	1,426	919	19
	6. All-cause mortality - female	671	784	362	495	542	640	821	560	19
	7. Malignant neoplasms - male	264	299	195	230	245	258	336	250	22
	8. Malignant neoplasms - female	152	146	114	143	153	162	232	154	22
	9. Diseases of the circulatory system - male	593	779	154	227	298	456	676	353	22
	10. Diseases of the circulatory system - female	305	421	91	147	199	299	406	220	22
	11. Diseases of the respiratory system - male	33	61	32	55	62	80	158	72	22
	12. Diseases of the respiratory system - female	14	15	12	21	36	50	120	43	22
	13. Transport accidents	6	18	1	3	5	11	16	7	21
	14. Suicide and intentional harm	16	19	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)

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 2 shows the overall health status among adults in Riga, compared to other cities in Europe. The results show that in Riga the incidence of tuberculosis is similar to the overall average in all EURO-URHIS 2 urban areas, whereas

HIV/AIDS occurs more often.

All-cause mortality in both males and females is higher than in other cities. Mortality from malignant neoplasms in males, from diseases of the circulatory system, and from suicide and intentional harm is substantially higher. Mortality from diseases of the respiratory system occurs less often.

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>.



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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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