Health status, health-related behaviours and health service utilisation in Catalonia, 2021

ESCA 2021 main results. Executive summary

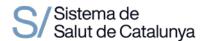
Health status, health-related behaviours and health service utilisation in Catalonia, 2021

ESCA 2021 main results. Executive summary

Directorate-General for Health Planning

June 2022





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1 Introduction

This document accompanies the analysis of a selection of 58 indicators, included in the document *Principals indicadors ESCA 2021*, in Excel format. Of these, 39 describe adult population (people aged 15 years and over) and 19, child population (people aged 0 to 14 years).

For each of these 58 indicators, a summary of the results for 2021 is shown according to axes of inequality (sex, age group, social class, educational level and territory) as well as a time evolution. For all these axes, statistical significant differences are highlighted, as well as a contrast between 2020 and 2021 and between 2019 and 2021.

In the Excel file you will find different sheets with the following information:

- Results for the 58 indicadors (total, men and women).
- Results for health status indicators by age group, social class, and educational level (total, men, and women).
- Results for health-related behaviours indicators by age group, social class, and educational level (total, men, and women).
- Results for health service utilization indicators by age group, social class, and educational level (total, men, and women).
- Results for the 58 indicators by health region (total, men, and women).
- Maps for the 58 indicators by health region (raw percentage and 95% confidence interval).
- Time evolution for the 58 indicators (raw percentage).
- Evolution graphs of the 58 indicators (standardised percentage).
- Methodology and population characterisation.
- Abstract in Catalan (resum executiu), Spanish (resumen ejecutivo) and English (Summary).

Please consult our website for further information at resultats de l'any 2021.

2 Characteristics of the population and the sampling

The Catalan Health Interview Survey is an official activity included in the that guarantees the confidentiality of the data, protected by the Statistics Law and the Programme itself. The Catalan Health Interview Survey provides relevant information of the population about health status, health-related behaviours and health service utilization, which are substantial to establish and to assess the Catalan health policy as specified in the Health Planning of Catalonia.

The main characteristics of the Catalan Health Interview Survey 2021 are detailed below.

Technical requirements	Contents
Responsible Units	Directorate-General for Health Planning. Statistical Institute of Catalonia.
Universe	Non-institutionalized resident population in Catalonia.
Sample Size	4,827 persons: 2,388 men and 2,439 women.
Type of interview	Computer-Assisted Personal Interview (CAPI), using three questionnaires: direct for adults, indirect for adults and indirect for underage (14 years and below). Random, stratified multistage sampling wave (semester)
Sampling method and selection of the sampling units	First stage (functional health sector): deterministic Second stage (municipality): random without replacement, stratified according to municipality size with inclusion probability proportional to its size. Third stage (persons): random without replacement, stratified according to age groups and sex.
Sample extraction	Based on the most recent Register of Population, with 10 substitutes for each person, randomly chosen among those of the same age group, sex and place of origin living in the same municipality or nearby municipalities.

The present edition (2021), as well as the previous one (2020), has been affected by the COVID-19 pandemic. During 2021, even though the fieldwork had to be suspended twice, the total number of surveys required by the sample design has been reached. This guarantee the representativeness of the results for Catalonia.

The sampling is not proportional to non-institutionalized resident population in Catalonia according to age group and sex, since less populated municipalities are over-represented. In order to reverse this non-proportional distribution, weights have been used.

The calculation of maximum error is based under maximum uncertainty (p = q = 0.5) for simple random sampling and infinite population, at a 95.45% confidence interval. The sample size determines the maximum error of indicators. The sampling error according to age and sex are detailed below.

		Reference population			Sampling			Maximum sampling error	
AGE	Men	Women	Total	Men	Women	Total	Men	Women	Total
0-14	600,199	565,666	1,165,865	639	619	1,258	4.0%	4.0%	2.8%
15-44	1,507,236	1,451,757	2,958,993	701	675	1,376	3.8%	3.8%	2.7%
45-64	1,089,225	1,098,035	2,187,260	575	601	1,176	4.2%	4.1%	2.9%
65-74	344,438	398,576	743,014	175	202	377	7.6%	7.0%	5.2%
75 and over	285,866	439,481	725,347	298	342	640	5.8%	5.4%	4.0%
15 and over	3,226,765	3,387,849	6,614,614	1,749	1,820	3,569	2.4%	2.3%	1.7%
65 and over	630,304	838,057	1,468,361	473	544	1,017	4.6%	4.3%	3.1%
Total	3,826,964	3,953,515	7,780,479	2,388	2,439	4,827	2.0%	2.0%	1.4%

Source: Municipality Census (01/01/2020). Statistical Institute of Catalonia.

3 Health status

Axes of	3.1 Positive self-perceived health			
inequality	Eight out of ten people aged 15 years and over (79.0%) have a positive self-perceived health			
Sex	This perception is better among men (83.1%) than women (75.1%).			
Age group	This perception is worse among older age groups , especially those aged over 65: 60.3% in those aged 65 to 74 and 45.9% in those aged 75 and over, compared to 93.0% among those aged to 44.			
Social class	Positive self-perceived health is higher among people from the most advantaged social classes (89.6% class I) compared to people from the most disadvantaged social classes (74.4% class III).			
Educational level	Positive self-perceived health is higher among those with university education (90.3%) compared to those with lower educational level (56.9%).			
Age group, social class and educational level according to sex	For each one of these axes of inequality, women have lower self-perceived health than men, reaching a difference of 12 percentage points between men and women with no education or with primary education.			
Territory	Alt Pirineu i Aran (87.1%) and Lleida (84.9%) health regions have both percentages above Catalonia overall.			
	From 1994 to 2012, the percentage of people reporting a positive self-perceived health has shown an upward trend year to year, from 2012 to 2017 it remains stable and from 2018 on it undergoes an upward trend among men and a downward trend among women. From 2020 to the present it has stabilised again. No statistically significant differences have been found between 2020 and			
	2021, and neither between 2019 and 2021.			
Evolution	90 80 70			
Evolution	60			
	40			
	20			
	10			
	''α _k , ''α			
	No statistically significant differences between 2020 and 2021. No statistically significant differences between 2019 and 2021			
	Standardised proportions. Direct method using European Standard Population 2013.			

Axes of	3.2 Positive assessment of oral hygiene health			
inequality	67.5% of people aged 15 and over make a positive assessment of their oral hygiene health			
Sex	This percentage is higher in men (69.3%) than in women (65.8%).			
Age group	There is a gradient according to age group. The percentage is higher in the youngest age group: 81.8% among those aged 15 to 44 and 43.9% among those aged 75 and over.			
Social class	It is higher among people from the most advantaged social class (80.4% class I) compared to those from the most disadvantaged social class (61.0% class III).			
Educational level	It is higher among people with university education (80.6%) than among those with lower educational level (48.0%).			
Territory	No differences were found according to health region.			
	in the ESCA. No statistically significant differences have been found between 2020 and 2021, and neither between 2019 and 2021.			
	60 Men			
Frankis	50			
Evolution	% 40			
	30			
	20			
	10			
	0 + 200 200			
	No statistically significant differences between 2020 and 2021. No statistically significant differences between 2019 and 2021			
	Standardised proportions. Direct method using European Standard Population 2013.			

Axes of	3.3 High blood pressure			
inequality	23.4% of people aged 15 and over have high blood pressure			
Sex	No differences were found according to sex.			
Age group	Older age groups have the highest percentage of high blood pressure, especially those aged 65 and over: 48.2%, those aged 65 to 74, and 60.4% those aged 75 and over, compared to 6.7% those aged 15 to 44.			
Social class	The highest percentage of high blood pressure falls to people from disadvantaged social classes (25.1% class II and class III) compared to the most advantaged social class (15.5% class I).			
Educational level	It is higher among people with primary education or no education (40.8%) compared to those with university education (15.9%).			
Territory	No differences were found according to health region.			
	The prevalence of high blood pressure shows an upward trend from 1994 to 2010, remaining stable until 2018, and then slightly decreasing. In 2019 an upward trend is observed, mainly among men, and in 2021 it remains steady. No statistically significant differences have been found between 2020 and 2021, and neither between 2019 and 2021.			
Evolution	20 % Men Women Total No statistically significant differences between 2020 and 2021. No statistically significant differences between 2019 and 2021			
	Standardised proportions. Direct method using European Standard Population 2013.			

Axes of	3.4 Diabetes			
inequality	Around 8% of people aged 15 and over suffer from diabetes			
Sex	No differences were found between men and women.			
Age group	The percentage of diabetes is higher in older age groups , especially among those aged 65 and over: 19.9% among those aged 65 to 74 and 23.8% among those 75 and over, compared to 1.4% for the aged between 15 to 44.			
Social class	It is higher among people from the most disadvantaged social class (9.4% class III) compared to the most advantaged social class (3.4% class I).			
Educational level	People with a lower educational level have the highest percentage (18.0%) compared to those with university education (3.1%).			
Territory	No differences were found according to health region.			
Evolution	The prevalence of diabetes has remained stable since 2011. No statistically significant differences have been found between 2020 and 2021, and neither between 2019 and 2021. 15 Men Women No statistically significant differences between 2020 and 2021. No statistically significant differences between 2019 and 2021 Standardised proportions. Direct method using European Standard Population 2013.			

Axes of	3.5 Excess body weight				
inequality	Half people aged 18 to 74 (50.1%) have excess body weight (overweight or obesity)				
Sex	Men have a higher percentage (57.4%) than women (42.9%).				
Age group	This indicator increases with age : from 39.4% among those aged 15 to 44 to 66.4% among those aged 65 to 74.				
Social class	It is higher among people from the most disadvantaged social class (55.2% class III) than among those from the most advantaged social class (39.1% class I).				
Educational level	Excess body weight is more frequent among people with lower educational levels (66.9%) than among those with university education (40.4%).				
Age group, social class and educational level according to sex	Men have a higher percentage than women across all axes of inequality. It reaches a difference of 20 percentage points between men and women from the most advantaged social class.				
Territory	Barcelona Ciutat Health Region has a percentage (43.4%) lower than Catalonia overall.				
	It remains steady since 2006. No statistically significant differences have been found between 2020 and 2021, and neither between 2019 and 2021.				
Evolution	70 60 50 40 30 —— Men —— Women —— Total 10 0 No statistically significant differences between 2020 and 2021. No statistically significant differences between 2019 and 2021				
	Standardised proportions. Direct method using European Standard Population 2013.				

Axes of	3.6 Overweight			
inequality	35.3% of people aged 18 to 74 are overweight			
Sex	The percentage of overweight is higher in men (42.4%) than in women (28.2%).			
Age group	This percentage increases with age : from 28.8% among those aged 15 to 44 to 47.0% among those aged 65 to 74.			
Social class	It is higher among people from more disadvantaged social classes (37.0 and 37.3% classes II and III) than among those from the most advantaged social class (29.8% class I).			
Educational level	There is a higher percentage of overweight among people with primary education or no education (43.8%) than among those with university education (29.9%).			
Age group, social class and educational level according to sex	Men have a higher percentage than women across all axes of inequality. It reaches a difference of 18 percentage points between men and women from social class II.			
Territory	Barcelona Ciutat Health Region has a percentage (29.9%) below Catalonia overall.			
Evolution	Overweight remains steady from 2006 to 2021. No statistically significant differences have been found between 2020 and 2021, and neither between 2019 and 2021. 50 40 40 40 40 Women Total No statistically significant differences between 2020 and 2021. No statistically significant differences between 2019 and 2021.			
	Standardised proportions. Direct method using European Standard Population 2013.			

Axes of	3.7 Obesity
inequality	14.8% people aged 18 to 74 are obese
Sex	No differences were found between men and women.
Age group	The percentage of obesity increases with age , especially among those aged 45 and over (near 20%).
Social class	It is higher among people from the most disadvantaged social class (17.8 class III) than among those from the most advantaged social class (9.3% class I).
Educational level	There is a higher percentage of obesity among people with the lowest educational level (23.0%) than among those with university education (10.5%).
Territory	No differences were found according to health region.
Evolution	From 2010 to 2014, obesity shows an upward trend, remaining then stable until 2018, rising up again in 2019. In 2020 it shows again a downward trend. No statistically significant differences have been found between 2020 and 2021, and neither between 2019 and 2021. 20 15 No statistically significant differences between 2020 and 2021. No statistically significant differences between 2020 and 2021. Standardised proportions. Direct method using European Standard Population 2013.

Axes of inequality	3.8 Emotional discomfort			
	22.5% people aged 15 and over have emotional discomfort			
Sex	Almost one out of three women (27.9%) and one out of five men (17.0%) have emotional discomfort.			
Age group	This percentage increases with age : 20.6% among those aged 15 to 44 and 34.7% among those aged 75 and over.			
Social class	It is higher among people from the most disadvantaged social class (23.2 class III) than among those from the most advantaged social class (18.4% class I).			
Educational level	People with no education or with primary education have a higher percentage of emotional discomfort (36.9%) than those with university education (18.7%).			
Age group, social class and educational level according to sex	Women have a higher percentage than men across all axes of inequality. It reaches a difference of 18 percentage points between women and men among those with no education or primary education.			
Territory	Girona Health Region (16.2%) has a percentage of people with emotional discomfort below Catalonia overall whereas Barcelona Metropolitana Sud Health Region (27.5%) has it above.			
Evolution	The percentage of people with emotional discomfort shows an upward trend until 2016 and then it seems to remain steady until 2019. In 2020 this proportion increases in women and decreases in men whereas in 2021 it shows a downward trend in women while it remains steady in men. The fall between 2019 and 2021 is statistically significant for total and for men. No statistically significant differences have been found between 2020 and 2021. 35 Until 2016: WEMWBS tool with 14 items. From 2017: WEMWBS tool with 7 items. No statistically significant differences between 2020 and 2021. Statistically significant differences between 2020 and 2021. Statistically significant differences between 2019 and 2021 for total and men. Standardised proportions. Direct method using European Standard Population 2013.			

Axes of inequality	3.9 Moderate or severe depression
	9.0% of people aged 15 and over suffer from depression
Sex	It is higher among women (12.2%) than among men (5.7%).
Age group	It increases with age : 7.4% among people aged 15 to 44 and 13.1% among those aged 75 and over.
Social class	It is higher among people from the most disadvantaged social class (10.8 class III) than among those from the most advantaged social class (4.8% class I).
Educational level	People with no education or with primary education have a higher percentage of depression (14.6%) than those with university education (5.5%).
Age group, social class and educational level according to sex	Women have a higher percentage than men across all axes of inequality. It reaches a difference of 15 percentage points between women and men among those with no education or with primary education.
Territory	Girona Health Region (4.4%) has a percentage of people suffering from depression below Catalonia overall, whereas Terres de l'Ebre (16.2%), Barcelona Metropolitana Sud (16.0%) and Lleida (14.3%) health regions have them above.
Evolution	From 2017 to 2019, the percentage of people with depression remains stable. In 2020, there is a rise, especially in women, and in 2021 it goes down for both sexes. The rise in the percentage between 2019 and 2021 is statistically significant for women. No statistically significant differences have been found between 2020 and 2021.
	No statistically significant differences between 2020 and 2021 Statistically significant differences between 2019 and 2021 for women. Standardised proportions. Direct method using European Standard Population 2013.

Axes of	3.10 Good health-related quality of life
inequality	Almost three quarters (73.0%) of people aged 18 and over have a good health-related quality of life
Sex	Men have a higher percentage of good health-related quality of life (75.3%) than women do (70.8%).
Age group	There is a gradient according to age group. The percentage is higher in the youngest age group: 78.1% among those aged 15 to 44 and 62.1% among those aged 75 and over.
Social class	There is a difference of 10 percentage points between people from the most advantaged social class (79.7% class I) and those from the most disadvantaged social class social (69.5% class III).
Educational level	People with no education or with primary education have a lower percentage (63.1%) than those with university education (78.7%).
Territory	Alt Pirineu i Aran (80.7%) and Barcelona Ciutat (77.4%) health regions have percentages of good health-related quality of life above Catalonia overall.
Evolution	This percentage remains stable since 2012. No statistically significant differences have been found between 2020 and 2021, and neither between 2019 and 2021. The EuroQol 5D-5L tool is not included in questionnaire during this two years No statistically significant differences between 2020 and 2021. No statistically significant differences between 2019 and 2021 Standardised proportions. Direct method using European Standard Population 2013.

Axes of	3.11 Pain or discomfort
inequality	One out of four (24.8%) people aged 15 and over suffer from pain or discomfort
Sex	There are more women (30.2%) than men (19.2%) suffering from pain or discomfort.
Age group	This percentage increases with age and reaches half the people aged 75 and over: 14.8% among those aged 15 to 44, 26.7% among those aged 45 to 64, 34.7% among those aged 65 to 74 and 50.0% among those aged 75 and over.
Social class	There is a difference of 10 percentage points between people from the most disadvantaged social class (28.2% class III) and those from the most advantaged social class social (18.0% class I).
Educational level	People with no education or with primary education have a higher percentage (38.2%) than those with university education (16.9%).
Age group, social class and educational level according to sex	Women have a higher percentage than men across all axes of inequality. It reaches a difference of 21 percentage points between women and men among those with no education or with primary education.
Territory	Barcelona Ciutat (19.1%) and Lleida (16.8%) health regions have both percentages of people suffering from pain or discomfort below than Catalonia overall, whereas Camp de Tarragona Health Region (30.8%) has it above.
	This percentage shows a downward trend, especially from 2015 to 2019, when it remains steady. No statistically significant differences have been found between 2020 and 2021, and neither between 2019 and 2021.
	50 ——— Men ——— Women ——— Total
Evolution	30 %
	The EuroQol 5D-5L tool is not included in questionnaire during
	this two years
	No statistically significant differences between 2020 and 2021. No statistically significant differences between 2019 and 2021
	Standardised proportions. Direct method using European Standard Population 2013.

Axes of	3.12 Chronic diseases
inequality	37.9% of people aged 15 and over suffer from long-term conditions or chronic diseases or health problems
Sex	The percentage is lower among men (32.6%) than among women (43.0%).
Age group	The prevalence grows as age groups get older , mainly in people aged 65 and over, then reaching over 70.0%.
Social class	The percentage is lower among people from the most advantaged social class (31.7 class I) than among the most disadvantaged social class (39.7% class III).
Educational level	There is a difference of 26 percentage points between people with university education (31.2%) and people with lower educational level (56.7%).
Age group, social class and educational level according to sex	Women have a higher percentage than men across all axes of inequality. It reaches a difference of 12 percentage points between women and men among those from the most disadvantaged social class.
Territory	Lleida Health Region (31.7%) has a percentage of people with long- term conditions or chronic diseases or health problems below Catalonia overall, whereas Barcelona Ciutat Health Region (41.4%) has it above.
	The proportion of people suffering from long-term conditions or chronic diseasess or health problems rose from 2010 to 2013, decreased slightly from 2014 to 2015 and stabilising from that point onwards. In spite of that, 2021 shows upward trend among women. Still, no statistically significant differences have been found between 2020 and 2021. Statistically significant differences have been found between 2019 and 2021 for total and for men.
Evolution	40 30 Women Total
	No statistically significant differences between 2020 and 2021. and 2021
	Statistically significant differences between 2019 and 2021 for total and men Standardised proportions. Direct method using European Standard Population 2013.

The **main health problems reported**, ordered by frequency and according to sex, are:

Total	Men	Women
Diseases of the circulatory system: high blood pressure and high cholesterol	Diseases of the circulatory system: high blood pressure and high cholesterol	Diseases of the musculoskeletal system: chronic lumbar or dorsal back pain, chronic cervical back pain and osteoarthritis
2. Diseases of the musculoskeletal system: chronic lumbar or dorsal back pain, chronic cervical back pain and osteoarthritis	2. Diseases of the musculoskeletal system: chronic lumbar or dorsal back pain, chronic cervical back pain and osteoarthritis	2. Diseases of the circulatory system (especially, high blood pressure)
3. Anxiety	3. Chronic allergies	3. Anxiety
4. Chronic allergies	4. Anxiety	 Migraine or frequent headaches
5. Migraine or headaches	5. Diabetes	5. Depression
6. Depression	6. Depression	6. Chronic allergies

A higher percentage of women than men suffer from these health conditions except for high blood pressure.

Axes of inequality	3.13 Limited ability to perfom daily activities due to a health condition The prevalence of people aged 15 and over having limited ability to perform daily activities due to a health condition is 17.0%
Sex	The prevalence is lower in men (13.7%) than in women (20.1%).
Age group	This prevalence grows as age groups get older , mainly in people aged 75 and over, where almost half people are limited (49.5%).
Social class	It is higher among people from the most disadvantaged social class (19.5 class III) than among those from the most advantaged social class (9.4% class I).
Educational level	People with no education or with primary education have a higher percentage (32.4%) than those with university education (9.9%).
Territory	Alt Pirineu i Aran Health Region (9.8%) has a percentage below Catalonia overall.
Evolution	From 2010 to 2014, the percentage of people having limited ability to perform daily activities shows a downward trend, remaining stable from this point up to 2016. In 2017, it rise and stabilises again until 2019. In 2020 it shows an upward trend, which remains in 2021 among women. The rise between 2019 and 2021 is statistically significant for women. No statistically significant differences have been found between 2020 and 2021. 25 No statistically significant differences between 2020 and 2021 Statistically significant differences between 2019 and 2021 for women. Standardised proportions. Direct method using European Standard Population 2013.

Axes of	3.14 Disability
inequality	
	16.0% of people aged 15 and over are disabled or impaired
Sex	The percentage of disability is higher among women (19.1%) than among men (12.8%).
Age group	The prevalence increases with age , especially among people aged 75 and over: 4.5% among those aged 15 to 44, 12.5% among those aged 45 to 64, 26.3% among those aged 65 to 74 and 62.9% among those aged 75 and over.
Social class	It is higher among people from the most disadvantaged social class (19.0 class III) than among those from the most advantaged social class (7.3% class I).
Educational level	There is a difference of 31 percentage points between people with university education (6.4%) and people with the lowest educational level (37.4%).
Territory	Terres de l'Ebre Health Region (23.4%) has a percentage above Catalonia overall. From 2010 to 2019, the trend of disability goes down. In 2020 and from then on it has been rising. In 2021 it comes down. No statistically significant differences have been found between 2020 and 2021, and neither between 2019 and 2021.
Evolution	20 15 10
	No statistically significant differences between 2020 and 2021. No statistically significant differences between 2019 and 2021
	Standardised proportions. Direct method using European Standard Population 2013.

Axes of inequality 8.8% of people aged 15 and over lack personal autonomy, that is, they require other people's help to perform activities of their daily life due to a health condition Sex Lack of personal autonomy is higher among women (11.7%) than among men (5.8%). Age group It increases with age: 2.7% among those aged 15 to 44 and 38.5% among those aged 75 and over. It is higher among people from the most disadvantaged social class (10.1 class III) than among those from the most advantaged social class (4.5% class I). There is a difference of 21 percentage points between people with university education (3.5%) and people with the lowest educational level (24.5%). Territory No differences were found according to health region. Lack of personal autonomy experiences a downward trend from 2015 to 2019. From then on it shows an upward trend mainly among women. No statistically significant differences have been found between 2020 and 2021, and neither between 2019 and 2021.		
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among men (5.8%). It increases with age: 2.7% among those aged 15 to 44 and 38.5% among those aged 75 and over. It is higher among people from the most disadvantaged social class (10.1 class III) than among those from the most advantaged social class (4.5% class I). There is a difference of 21 percentage points between people with university education (3.5%) and people with the lowest educational level (24.5%). Territory No differences were found according to health region. Lack of personal autonomy experiences a downward trend from 2015 to 2019. From then on it shows an upward trend mainly among women. No statistically significant differences have been found between 2020 and 2021, and neither between 2019 and 2021. Evolution		that is, they require other people's help to perform activities of
Social class It is higher among people from the most disadvantaged social class (10.1 class III) than among those from the most advantaged social class (4.5% class I). There is a difference of 21 percentage points between people with university education (3.5%) and people with the lowest educational level (24.5%). Territory No differences were found according to health region. Lack of personal autonomy experiences a downward trend from 2015 to 2019. From then on it shows an upward trend mainly among women. No statistically significant differences have been found between 2020 and 2021, and neither between 2019 and 2021. Evolution	Sex	, , , , , , , , , , , , , , , , , , , ,
Class (10.1 class III) than among those from the most advantaged social class (4.5% class I). There is a difference of 21 percentage points between people with university education (3.5%) and people with the lowest educational level (24.5%). Territory No differences were found according to health region. Lack of personal autonomy experiences a downward trend from 2015 to 2019. From then on it shows an upward trend mainly among women. No statistically significant differences have been found between 2020 and 2021, and neither between 2019 and 2021. Evolution	Age group	
Educational level university education (3.5%) and people with the lowest educational level (24.5%). Territory No differences were found according to health region. Lack of personal autonomy experiences a downward trend from 2015 to 2019. From then on it shows an upward trend mainly among women. No statistically significant differences have been found between 2020 and 2021, and neither between 2019 and 2021. Evolution	Social class	class (10.1 class III) than among those from the most advantaged
Lack of personal autonomy experiences a downward trend from 2015 to 2019. From then on it shows an upward trend mainly among women. No statistically significant differences have been found between 2020 and 2021, and neither between 2019 and 2021. Evolution	Educational level	university education (3.5%) and people with the lowest educational
Evolution 2015 to 2019. From then on it shows an upward trend mainly among women. No statistically significant differences have been found between 2020 and 2021, and neither between 2019 and 2021. Evolution	Territory	No differences were found according to health region.
No statistically significant differences between 2020 and 2021.	Evolution	among women. No statistically significant differences have been found between 2020 and 2021, and neither between 2019 and 2021.
No statistically significant differences between 2019 and 2021 Standardised proportions. Direct method using European Standard Population 2013.		No statistically significant differences between 2019 and 2021
		, ,

Axes of inequality	3.16 Social support	
	7.6% of people aged 15 and over have deficient or poor social support	
Sex	No differences were found between men and women.	
Age group	No differences were found according to age group.	
Social class	People from the most disadvantaged social class (8.8% class III) get less social support than people from the most advantaged social class (4.7% class I).	
Educational level	People with no education or with primary education (10.1%) have less social support than those with university education (5.1%).	
Territory	Terres de l'Ebre (14.4%), Lleida (14.3%) and Barcelona Metropolitana Sud (12.4%) health regions have prevalences of deficient or poor social support above Catalonia overall, whereas Barcelona Metropolitana Nord (4.2%) and Girona (4.4%) health regions have them below.	
Evolution	This percentage has strikingly rosen in 2019 compared to the two previous years. In 2020 it has decreased, reaching similar figures as in 2018, and in 2021 it continues to fall. The shrink between 2019 and 2021 is statistically significant for total, men and women . No statistically significant differences have been found between 2020 and 2021.	
	18 16 14 12 10 %	
	6 4 Women Total Total	
	No statistically significant differences between 2020 and 2021 Statistically significant differences between 2019 and 2021 for total, men and women. Standardised proportions. Direct method using European Standard Population 2013.	

Axes of inequality	3.17 Difficulties remembering or concentrating 21.7% of people aged 45 and over have difficulties remembering or concentrating
Sex	Women show a higher percentage (25.3%) than men (17.7%).
Age group	This indicator increases with age : 13.1% among those aged 45 to 64, 26.6% among those aged 65 to 74 and 42.7% among those aged 75 and over.
Social class	People from the most disadvantaged social class (25.8% class III) have a higher percentage than people from the most advantaged social class (12.9% class I).
Educational level	There is a difference of 28 percentage points between people with university education (10.2%) and people with the lowest educational level (38.6%).
Territory	Catalunya Central (29.7%) and Terres de l'Ebre (34.6%) health regions have percentages of people aged 45 and over having difficulties remembering or concentrating above Catalonia overall, whereas Barcelona Ciutat Health Region (17.1%) has it below.
Evolution	In 2020, there is a rise compared to 2019. In 2021, this indicator comes back to 2019 levels. Statistically significant differences have been found between 2020 and 2021 for total men and women. No statistically significant differences have been found between 2019 and 2021. 40 30 % 20 Statistically significant differences between 2020 and 2021 for total, men and women. No statistically significant differences between 2019 and 2021 Standardised proportions. Direct method using European Standard Population 2013.

Axes of inequality	3.18 Material deprivation
, ,	3.8% people aged 15 and over have severe material deprivation
Sex	No differences were found between men and women.
Age group	People aged 45 to 64 have the highest percentage of material deprivation (4.9%).
Social class	People from the most disadvantaged social class (5.6% class III) have a higher percentage than people from the most advantaged social class (0.5% class I).
Educational level	People with no education or with primary education have a higher percentage (6.7%) than those with secondary education (3.9%) or those with university education (1.0%).
Territory	Barcelona Metropolitana Sud Health Region (2.0%) has a percentage of material deprivation below Catalonia overall.
Evolution	From 2015 to 2017 the percentage of people having severe material deprivation remains stable. From then to 2019 it goes down. In 2020 it shows an upward trend and in 2021 it comes back to be steady. No statistically significant differences have been found between 2020 and 2021, and neither between 2019 and 2021.
	No statistically significant differences between 2020 and 2021. No statistically significant differences between 2019 and 2021 Standardised proportions. Direct method using European Standard Population 2013.

4 Health-related behaviours

Axes of	4.1 Tobacco use
inequality	The prevalence of tobacco use (daily and occasional) in people aged 15 and over is 22.6%
Sex	The percentage is higher in men (26.6%) than in women (18.8%).
Age group	Tobacco use is higher in the youngest age groups (26.6% among those aged 15 to 44). Prevalence decreases whith age.
Social class	No differences were found according to social class.
Educational level	People with secondary studies have the highest percentage of tobacco use (25.5%).
Territory	No differences were found according to health region.
Evolution	the present. No statistically significant differences have been found between 2020 and 2021, and neither between 2019 and 2021. 50 40 40 40 40 40 No statistically significant differences between 2020 and 2021. No statistically significant differences between 2019 and 2021.
	Standardised proportions. Direct method using European Standard Population 2013.

Axes of inequality	4.2 Exposure to second-hand smoke at home
	6.4% people aged 15 and over are exposed to second-hand smoke at home
Sex	Women are exposed with a higher percentage (7.3%) than men are (5.4%).
Age group	Exposition to second-hand smoke at home decreases with age : 8.4% among those aged 15 to 44 and 3.4% among those aged 75 and over.
Social class	People from disadvantaged social classes have the highest percentage of exposition to second-hand smoke at home (8.5% class II and 7.0% class III).
Educational level	No differences were found according to educational level.
Territory	No differences were found according to health region.
Evolution	The percentage of people exposed to second-hand smoke at home shows a continuously downward trend since 2006. No statistically significant differences have been found between 2020 and 2021, and neither between 2019 and 2021. 30 Women Total No statistically significant differences between 2020 and 2021. No statistically significant differences between 2019 and 2021 Standardised proportions. Direct method using European Standard Population 2013.

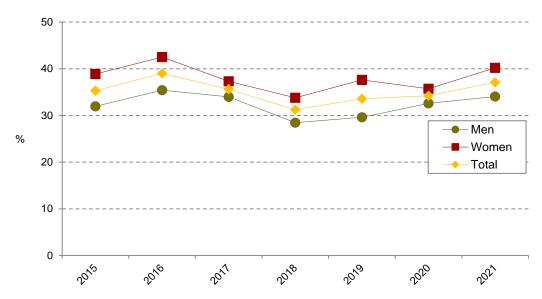
	12 At rick alachal consumption
Axes of inequality	4.3 At-risk alcohol consumption
	The prevalence of at-risk alcohol consumption among people aged 15 and over is 4.9%
Sex	Men have the percentage of at-risk alcohol consumption (7.7%) higher than women (2.2%).
Age group	The youngest group have the highest percentage of at-risk alcohol consumption (7.2% among those aged 15 to 44). Prevalence decreases with age.
Social class	People from the most disadvantaged social class have the highest percentage of at-risk alcohol consumption (5.8% class III).
Educational level	No differences were found according to educational level.
Territory	Camp de Tarragona Health Region has a percentage (9.2%) above Catalonia overall.
Evolution	shown a clear trend, mainly among men. In spite of that, in 2020 it shows an upward trend, especially among women. In 2021 it falls, coming back to previous levels, but not quickly among men. No statistically significant differences have been found between 2020 and 2021, and neither between 2019 and 2021.
	No statistically significant differences between 2020 and 2021. No statistically significant differences between 2019 and 2021 Standardised proportions. Direct method using European Standard Population 2013.

Axes of inequality	4.4 Sleeping hours
	78.5% people aged 15 and over sleep, on average, between six to eight hours daily
Sex	Men sleep between six and eight hours in a higher percentage (80.3%) than women (76.8%).
Age group	80.7% of people aged 15 to 44 sleep between six to eight hours daily, but this percentage falls when people get older down to 61.5% among those aged 75 and over.
Social class	People from disadvantaged social classes have the lowest percentage of sleeping between six to eight hours (74.8% class III).
Educational level	People with no education or with primary studies have the lowest percentage of sleeping between six to eight hours (65.1%).
Territory	Terres de l'Ebre Health Region (69.8%) has a percentage below Catalonia overall, whereas Barcelona Ciutat Health Region has it above (82.9%).
Evolution	The evolution of this indicator remains stable . No statistically significant differences have been found between 2020 and 2021, and neither between 2019 and 2021. 100 90 80 70 60 % 50 10 10 10 10 10 10 10 10 10 10 10 10 10

	4.5. Healthy level of physical activity
Axes of inequality	4.5 Healthy level of physical activity
	Eight out of ten (83.7%) people aged between 15 and 69 maintain a healthy level of physical activity
Sex	No differences were found between men and women.
Age group	People aged 45 to 64 have a higher percentage of healthy level of physical activity (86.0%) than the other age groups.
Social class	People from disadvantaged social classes have the lowest percentage of healthy level of physical activity (81.4% class III).
Educational level	No differences were found according to educational level.
Territory	Girona Health Region (73.9%) has a percentage below Catalonia overall, whereas Barcelona Ciutat Health Region has it above (88.4%).
	The prevalence of a healthy level of physical activity rises from 2010 to 2016, remaining stable since then. No statistically significant differences have been found between 2020 and 2021, and neither between 2019 and 2021.
Evolution	% 50 (Until 2015: IPAQ tool short Since 2016: IPAQ tool) → Total 30 → Total 20 → Total No statistically significant differences between 2020 and 2021. No statistically significant differences between 2019 and 2021

Axes of inequality	4.6 Regular moving around 36.6% people aged 15 and over get around regularly on foot or cycling and 17.1% using public means of transport
Sex	Women get around regularly on foot or cycling (40.2%) as well as using public transportation (19.8%) in a higher percentage than men (32.9% and 14.4%, respectively).
Age group	Half the people older than 64 years old get around regularly on foot or cycling whereas only one third of people younger than 65 do so. However, people aged 15 to 44 have a higher percentage of using public transportation (20.5%) than the other age groups.
Social class	Around 37% people from disadvantaged social clases get around regularly on foot or cycling compared to 32.8% of the most advantaged social class. Using public transportation does not show differences across social class.
Educational level	Almost half of people (46.4%) with no education or with primary education get around regularly on foot or cycling. This percentage is 30.3% among people with university education. Using public transportation does not show differences across educational level.
Territory	Catalunya Central Health Region has a percentage of people getting around regularly on foot or cycling (30.1%) lower than Catalonia overall. People from all health regions, except Barcelona Ciutat, Barcelona Metropolitana Sud and Barcelona Metropolitana nord health regions, get around using public transportation in a percentage below Catalonia overall.
Evolution	From 2016 to 2018 walking and cycling shows a downward trend and, from then on, the trend inverts. However, using public transportation shows a steady trend from 2015 to the present. The rise between 2019 and 2021 in walking and cycling is statistically significant for total and for men. No statistically significant differences have been found between 2020 and 2021 for any of both indicators.

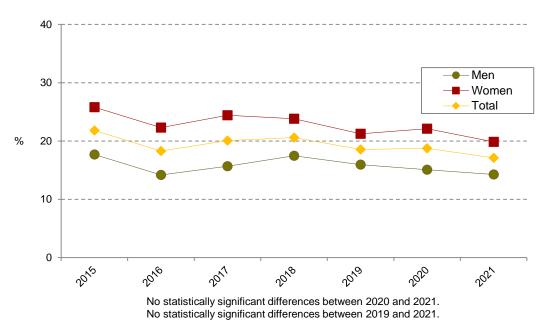
People getting around regularly on foot or cycling



No statistically significant differences between 2020 and 2021. Statistically significant differences between 2019 and 2021 in total amb among men

Standardised proportions. Direct method using European Standard Population 2013.

People using regularly public transportation



Standardised proportions. Direct method using European Standard Population 2013.

Axes of inequality	4.7 Mediterranean diet
	56.6% of people aged 15 and over follow the recommendations regarding the Mediterranean diet
Sex	60.7% of women follow the recommendations regarding the Mediterranean diet, as do 52.5% of men.
Age group	Adherence to the Mediterranean diet is higher among people aged 45 and over .
Social class	The prevalence is higher among people from the most advantaged social class (64.7% class I) than among those from the most disadvantaged social class (52.9 class III).
Educational level	67.0% people with university education follow the recommendations regarding the Mediterranean diet, which if far higher than for people with lower educational levels.
Age group, social class and educational level according to sex	Women have a higher percentage than men across all axes of inequality. It reaches a difference of 10 percentage points between women and men among those with no education or with primary education.
Territory	Barcelona Ciutat Health Region (65.0%) has a percentage above Catalonia overall, whereas Lleida Health Region (48.0%) has it below.
Evolution	From 2015 to 2017, adherence to the Mediterranean diet falls, stabilising in 2018 and falling again in 2019. From this point onwards it remains steady. No statistically significant differences have been found between 2020 and 2021, andneither between 2019 and 2021.
	90 80 70 60 50 40 30

Axes of inequality	 4.8 Daily consumption of five servings of fruit and/or vegetables 11.3% of people aged 15 and over daily consume five servings of fruit and/or vegetables Consumption is higher among women (14.0%) than among men
Sex	(8.6%). Daily consumption of five servings of fruit and/or vegetables is highest
Age group	among people aged 44 and over.
Social class	It is more frequent among people from the most advantaged social class (13.9 class I) than among those from the most disadvantaged social class (10.2% class III).
Educational level	People with secondary education have the lowest percentage of daily consumption of five servings of fruit and/or vegetables (10.0%).
Age group, social class and educational level according to sex	Women have a higher percentage than men across all axes of inequality. It reaches a difference of 11 percentage points between women and men among those with no education or primary education.
Territory	Barcelona Ciutat Health Region (15.2%) has a percentage above Catalonia overall, whereas Barcelona Metropolitana Sud Health Region (8.4%) has it below. From 2011 to 2014 it remains steady. From 2015 to 2019 this indicator shows a slight downward trend and from this point onwards it has remains steady. No statistically significant differences have been found between 2020 and 2021, and neither between 2019 and 2021.
Evolution	Men Women Total From 2010 to 2014: number of servings of fruit and/or vegetables - From 2015 to 2016: : PREDIMED tool - 2017 and 2018: PREDIMED tool considering orange juice as a fruit Since 2019: PREDIMED tool not considering orange juice as a fruit Men Women Total No statistically significant differences between 2019 and 2021. No statistically significant differences between 2020 and 2021. No statistically significant differences between 2019 and 2021.
	Standardised proportions. Direct method using European Standard Population 2013.

4.9 Daily consumption of sugary drinks
16.8% of people aged 15 and over daily consume sugary drinks
Consumption is higher among men (19.7%) than among women (13.9%).
People aged 15 to 44 have the highest percentage of daily consumption of sugary drinks (22.5%).
People from the most disadvantaged social class (21.6% class III) have a higher percentage than people from the most advantaged social class (9.4% class I).
21.1% of people with no education or with primary education and 19.6 of people with secondary education daily consume sugary drinks, whereas this percentage is 7.4 among those with university education.
Terres de l'Ebre (30.6%), Lleida (24.9%) and Barcelona Metropolitana Sud (22.8%) health regions have percentages above Catalonia overall.
From 2015 to nowadays, this indicator has shown a slight downward trend. No statistically significant differences have been found between 2020 and 2021, and neither between 2019 and 2021. 40 Women Total No statistically significant differences between 2020 and 2021. No statistically significant differences between 2019 and 2021. Standardised proportions. Direct method using European Standard Population 2013.

Axes of	4.10 Regular mammograms
inequality	Nine out of ten women aged 50 to 69 have regular mammograms taken (90.1%)
Age group	No differences were found according to age group.
Social class	95.6% of women from the most advantaged social class get regular mammograms carried out on priority age groups. This percentage diminishes to 87.9% among women from the most disadvantaged social class.
Educational level	There is a difference of 10 percentage points between women with university studies (97.0%) and those with the lowest educational level (87.5%).
Territory	No differences were found according to health region.
Evolution	between 2020 and 2021, and neither between 2019 and 2021. 100 90 80 70 60 40 30 20 10 0 kg/k kg/k kg/k kg/k kg/k kg/k kg/k k
	No statistically significant differences between 2020 and 2021. No statistically significant differences between 2019 and 2021

Axes of	4.11 Regular smear tests
inequality	Seven out of ten women aged 25 to 64 have a regular smear test taken (71.4%)
Age group	No differences were found according to age group.
Social class	78.5% of women from the most advantaged social class get regular smear tests carried out on priority age groups. This percentage diminishes to 66.1% among women from the most disadvantaged social class.
Educational level	Just barely half of women with no education or with primary education carry out this preventive practice (54.4%) against 74.6% of women with university education.
Territory	Terres de l'Ebre (50.4%) and Barcelona Metropolitana Sud (62.7%) health regions have percentages below Catalonia overall whereas Barcelona Ciutat Health Region (78.8%) has it above.
	Getting regular smear tests carried out on priority age groups shows an upward tren from 1994 to 2010, remains steady until 2017 and decreases until 2020. In 2021 it shows again an upward trend in spite of no statistically significant differences having been found between 2020 and 2021. No statistically significant differences have been found between 2019 and 2021 either.
	100
	90
	70
Evolution	60
	% 50
	30
	20
	10
	No statistically significant differences between 2020 and 2021. No statistically significant differences between 2019 and 2021
	Standardised proportions. Direct method using European Standard Population 2013.

Axes of inequality	4.12 Faecal occult blood test60.2% of people aged between 50 and 69 have taken a faecal occult blood test for preventive purposes
Sex	No differences were found between men and women.
Age group	No differences were found according to age group.
Social class	No differences were found according to social class.
Educational level	No differences were found according to educational level.
Territory	No differences were found according to health region.
Evolution	From 2012 to 2015, the percentage remains stable to sharply increases then until 2018, probably due to the launch of the Colorectal Cancer Early Detection Programme in the last quarter of 2015. From 2019 onwards, it remains stabilised. No statistically significant differences have been found between 2020 and 2021, and neither between 2019 and 2021.

4.13 Blood pressure checked regularly
45.5% of people aged 15 and over have their blood pressure checked regularly
No differences were found between men and women.
The eldest age group of people have the highest percentage of carrying out this preventive practice (above 80%).
It is higher among people from disadvantaged social classes (near 47% among people fom class II or class III) than among those from the most advantaged social class (40.5% class I).
People with no education or with primary education have the highest percentage of having their blood pressure checked regularly (63.7%).
No differences were found according to health region.
2021 it remains steady compared to 2020. The fall between 2019 and 2021 is statistically significant for total, men and women. No statistically significant differences have been found between 2020 and 2021. Total Whomes Hones Women Total
No statistically significant differences between 2020 and 2021. Statistically significant differences between 2019 and 2021 for total, men and women

Axes of inequality	4.14 Cholesterol level tested regularly52,6% of people have their cholesterol level tested regularly
Sex	This preventive practice is more frequent among women (54.2%) than among men (50.9%).
Age group	The percentage of people having their cholesterol level tested regularly increses with age until reaching 79.7% among people aged 75 and over.
Social class	No differences were found according to social class.
Educational level Territory	67.5% of people with no education or with primary education have their cholesterol level tested regularly. This percentage is higher than among those with secondary education or with university education. Lleida (45.0%) and Terres de l'Ebre (43.1%) health regions have their percentages below Catalonia overall.
Evolution	The prevalence of cholesterol level tested shows an upward trend regularly from 1994 to 2010, stabilising from 2010 to 2016 and it sustainedly decreases from 2016 to 2018. From this point onwards it remains stable again. No statistically significant differences have been found between 2020 and 2021, and neither between 2019 and 2021. 80 70 60 When Women Total No statistically significant differences between 2020 and 2021. No statistically significant differences between 2019 and 2021. Standardised proportions. Direct method using European Standard Population 2013.

5 Health services utilisation and satisfaction

Axes of	5.1 Double health insurance coverage
inequality	28.7% of the general population have double health insurance coverage, public and private
Sex	No differences were found between men and women.
Age group	The smallest percentage belong to people aged 75 and over (16.5%).
Social class	Double coverage is higher among people from the most advantaged social class (50.7 class I) than among those from the most disadvantaged social class (16.3% class III).
Educational level	Almost half of people with university education (47.5%) have double health insurance coverage.
Territory	Terres de l'Ebre (18.3%), Camp de Tarragona (21.4%) and Catalonia Central (21.7%) health regions have their percentages lower than Catalonia overall, whereas Barcelona Ciutat Health Region (38.2%) has it above.
	Double health insurance coverage shows an upward trend from 1994 to 2010, a period of stabilisation between 2011 and 2016, and it slightly rises from 2017 to 2019. This increase strengthes in 2020, especially among men. Nowadays this indicator comes back to 2019 levels. Statistically significant differences have been found between 2020 and 2021 for total and men. No statistically significant differences have been found between 2019 and 2021.
	40
Evolution	30
	% 20 — Men — Women — Total
	0
	Statistically significant differences between 2020 and 2021 for total and men. No statistically significant differences between 2019 and 2021
	Standardised proportions. Direct method using European Standard Population 2013.

Axes of inequality	5.2 Consumption of prescribed medication
	52.9% of people aged 15 and over have taken prescribed medication in the last 15 days
Sex	Women consume more prescribed medications (59.4%) than men (46.2%).
Age group	This percentage increases with age (94.0% among people aged 75 and over).
Social class	It is highest among people from the most disadvantaged social class (44.7% class I and 55.6% class III).
Educational level	71.0% of people with no education or with primary education have taken prescribed medication in the last 15 days. This percentage is 44.5% among those with university education.
Age group, social class and educational level according to sex	Women have a higher percentage than men across social class and educational level. It reaches a difference of 15 percentage points between women and men among those from the most disadvantaged social class.
Territory	No differences were found according to health region.
Evolution	From 2018 to our days, this percentage remains stable, although the fall between 2019 and 2021 is statistically significant for men. No statistically significant differences have been found between 2020 and 2021. 80 60 Wen Women Total
	0 Tr _S Tr _S Tr _C
	No statistically significant differences between 2020 and 2021. Statistically significant differences between 2019 and 2021 for men. Standardised proportions. Direct method using European Standard Population 2013.
	Canada alood proportions. Direct method using European dianuaru i opulation 2010.

93.2% of the general population have visited a health professional during the last year Women have a higher percentage (95.5%) than men (90.8%). The highest percentage occurs among the youngest age group (94.3% among people aged 0 to14) and the eldest (97.6% among people aged 75 and over). People from the most advantaged social class (95.0% class I) have a higher percentage than people from the most disadvantaged social class (12.9% class III). 95.3% of people with no education or with primary education have consulted a health professional during the last year. This percentage is 92.0% among those with secondary education. No differences were found according to health region.
The highest percentage occurs among the youngest age group (94.3% among people aged 0 to14) and the eldest (97.6% among people aged 75 and over). People from the most advantaged social class (95.0% class I) have a higher percentage than people from the most disadvantaged social class (12.9% class III). 95.3% of people with no education or with primary education have consulted a health professional during the last year. This percentage is 92.0% among those with secondary education. No differences were found according to health region.
(94.3% among people aged 0 to14) and the eldest (97.6% among people aged 75 and over). People from the most advantaged social class (95.0% class I) have a higher percentage than people from the most disadvantaged social class (12.9% class III). 95.3% of people with no education or with primary education have consulted a health professional during the last year. This percentage is 92.0% among those with secondary education. No differences were found according to health region.
have a higher percentage than people from the most disadvantaged social class (12.9% class III). 95.3% of people with no education or with primary education have consulted a health professional during the last year. This percentage is 92.0% among those with secondary education. No differences were found according to health region.
consulted a health professional during the last year. This percentage is 92.0% among those with secondary education. No differences were found according to health region.
From 1994 to 2019 this figure has remained stable with a light drop
from 2019 to our days. The fall between 2019 and 2021 is statistically significant for total and men. No statistically significant differences have been found between 2020 and 2021. 100 90 80 70 Until 2017: based on 22 professionals list 40 -rom 2018: The question has changed and it is based on 16 professionals list 30 20 No statistically significant differences between 2020 and 2021. Statistically significant differences between 2019 and 2021 for total and men Standardised proportions. Direct method using European Standard Population 2013.
C

5.4 Hospitalisation
0.4 Hospitalisation
Last year, 7.1% of the general population were admitted to hospital for at least one night
No differences were found between men and women.
This percentage is highest in eldest people , especially those aged 65 and over (near 15%).
No differences were found according to social class.
12.1% of people with no education or with primary education were hospitalised for at least one night.
No differences were found according to health region.
This indicator does not present a clear trend. No statistically significant differences have been found between 2020 and 2021, and neither between 2019 and 2021. 10 8 Women Total No statistically significant differences between 2020 and 2021. No statistically significant differences between 2019 and 2021.

Axes of	5.5 Visiting an emergency department
inequality	34.0% of the general population visited an emergency department last year
Sex	37.4% of women visited an emergency department last year in front of 30.6% of men.
Age group	The youngest have the highest percentage (37.2%).
Social class	People from the most disadvantaged social class (36.2% class III) have a higher percentage than people from the most advantaged social class (nearly 31% of people from class I and class II).
Educational level	There is a difference of 10 percentage points between people with university studies (29.7%) and people with the lowest educational level (39.5%).
Territory	Barcelona Metropolitana Sud Health Region (38.7%) has a percentage above Catalonia overall.
Evolution	up to 2017, there is a slight increase year to year and from that point up to 2019, the upward trend is noticeable. In 2020 it falls, reaching similar levels as in 2018, and 2021 confirms that fall. Statistically significant differences have been found between 2020 and 2021 for total. Statistically significant differences have been found between 2019 and 2021 for total, men and women.
	Statistically significant differences between 2020 and 2021 for total
	Statistically significant differences between 2019 and 2021 for total, men and women Standardised proportions. Direct method using European Standard Population 2013.
	The second of th

	5.6 Satisfaction with public health services
Axes of inequality	70.3% of the general population used public health services more frequently during the last year than private services, whereas 23.6% used private services more frequently than public services; 6.1% used none. 86.4% of those who used more frequently public health services are satisfied.
Sex	Among those who used more frequently public health services, a higher percentage of men (88.6%) than women (84.3%) are satisfied.
Age group	The youngest are the most satisfied (91.5% people aged 0 to 14).
Social class	People from the most advantaged social class (89.3% class I) have higher percentages of satisfaction than people from more disadvantaged social classes (82.9% class II and 86.3% class III).
Educational level	No differences were found according to educational level.
Territory	Barcelona Metropolitana Nord Health Region (81.0%) has the percentage of satisfaction from those who used more frequently public health services below Catalonia overall. However, Lleida (91.2%) and Barcelona Ciutat (91.1%) have them above.
	From 2010 to 2012, this percentage shows a continuous upward trend, remaining stable from that point up to 2018. In 2019 it falls, especially among women and in 2020 and in 2021 it remains steady again. No statistically significant differences have been found between 2020 and 2021, and neither between 2019 and 2021.
Evolution	90 80 70
	60
	40
	No statistically significant differences between 2020 and 2021.
	No statistically significant differences between 2019 and 2021 Standardised proportions. Direct method using European Standard Population 2013.

6 Child population. Health status

Axes of inequality	6.1 Positive self-perceived health 96,3% of people aged 0 to 14 have a positive self-perceived health		
Sex	No differences were found between boys and girls.		
Social class	No differences were found according to social class.		
Educational level	This percentage is lower among children whose parents have primary education or no education (91.9%).		
Territory	No differences were found according to health region.		
Evolution	This percentage has remains stable from 1994 onwards. No statistically significant differences have been found between period 2019-2020 and period 2020-2021. 100		
	Standardised proportions. Direct method using European Standard Population 2013.		

Axes of inequality	6.2 Positive assessment of oral hygiene health	
	86.2% of people aged 0 to 14 have a positive self-perceived oral hygiene	
Sex	The percentage showing a positive self-perceived oral hygiene is higher among girls (88.6%) than among boys (83.8%).	
Social class	No differences were found according to social class.	
Educational level	This percentage is lower among children whose parents have no education or primary education (78.1%).	
Territory	No differences were found according to health region.	
Evolution	Only two figures of evolution are available because 2019 is the first year this question is included in the ESCA survey. No statistically significant differences have been found between period 2019-2020 and period 2020-2021. 100 90 80 70 60 96 60 96 70 10 97 70 10 98 No statistically significant differences between 2019-2020 and 2020-2021 Standardised proportions. Direct method using European Standard Population 2013.	

Axes of inequality	6.3 Excess body weight Four out of ten boys and girls aged 6 to 12 (40.4%) have
	excess body weight (overweight or obesity)
Sex	Boys have a higher percentage of excess body weight (46.7%) than girls (33.4%).
Social class	The prevalence is higher among those from the most disadvantaged social classes (48.4% class III) than among those from class I (31.1%).
Educational level	It is highest among children with parents with secondary education (44.8%).
Social class and educational level according to sex	Boys have a higher percentage than girls across all axes of inequality. It reaches a difference of 15 percentage points between boys and girls among those from disadvantaged social classes.
Territory	No differences were found according to health region.
	From 2006 to period 2012-2013 the prevalence shows a downward trend (among girls it continues to fall until period 2014-2015); from this point on to period 2016-2017 it shows an upward trend and in 2017-2018 it reachs stability. In periods 2018-2019 and 2019-2020, an upward trend is observed among boys and a downward trend among girls. In the last period studied (2020-2021) the figures rise for both sexes but no statistically significant differences have been found between period 2019-2020 and period 2020-2021 and neither between period 2018-2019 and period 2020-2021.
Evolution	No statistically significant differences between 2019-2020 and 2020-2021. No statistically significant differences between 2018-2019 and 2020-2021.
	Standardised proportions. Direct method using European Standard Population 2013.

Axes of inequality	6.4 Overweight
	26.4% of people aged 6 to 12 are overweight
Sex	This percentage is higher among boys (30.7%) than girls (21.7%).
Social class	It is higher among children from the most disadvantaged social class (31.3 class III) than among those from the most advantaged social class (18.3% class I).
Educational level	No differences were found according to parents' educational level.
Social class and educational level according to sex	Boys have higher percentage than girls across all axes of inequality. It reaches a difference of 13 percentage points between boys and girls whose parents have been through university education.
Territory	Terres de l'Ebre Health Region (44.3%) has a percentage above Catalonia overall.
Evolution	From 2006 to period 2013-2014, the prevalence of overweight shows a downward trend, and then shows an upward trend from this point on to period 2016-2017. Then stabilises in 2017-2018. In periods 2018-2019 and 2019-2020 an upward trend is observed among boys and a downward trend among girls. In the lastperiod studied (2020-2021) a stabilization is observed among boys and an upward trend among girls. No statistically significant differences have been found between period 2019-2020 and period 2020-2021, and neither between period 2018-2019 and period 2020-2021.
	% 20 Boys Girls Total No statistically significant differences between 2019-2020 and 2020-2021. No statistically significant differences between 2018-2019 and 2020-2021. Standardised proportions. Direct method using European Standard Population 2013.
	No statistically significant differences between 2018-2019 and 2020-2021. Standardised proportions. Direct method using European Standard Population 2013.

Axes of inequality	6.5 Obesity
, ,	14.0% of people aged 6 to 12 suffer from obesity
Sex	No differences were found between boys and girls.
Social class	It is higher among children from the most disadvantaged social class (17.1 class III) than among those from the most advantaged social class (8.5% class I).
Educational level	Obesity shows a higher percentage among children with parents with no education or with primary education (22.3%) than among those whose parents have been through university (10.3%).
Territory	No differences were found according to health region.
	The prevalence of obesity shows a backward trend from period 2013-2014 to 2014-2015 among boys and a steady trend among girls. From this point up to period 2018-2019 it falls, especially among girls; but in the two last periods studied, the trend goes upwards, also among girls. The rise between period 2018-2019 and period 2020-2021 is statistically significant for girls. No statistically significant differences have been found between period 2019-2020 and period 2020-2021.
Evolution	No statistically significant differences between 2019-2020 and 2020-2021. Statistically significant differences between 2018-2019 and 2020-2021 for girls. Standardised proportions. Direct method using European Standard Population 2013.

Axes of inequality	6.6 Good health-related quality of life
	Eight out of ten boys and girls aged 8 to 14 years (83.0%) have a good health-related quality of life
Sex	No differences were found between boys and girls.
Social class	No differences were found according to social class.
Educational level	This percentage is higher among children with parents with no education or with primary education (92.3%).
Territory	Terres de l'Ebre (63.3%) and Barcelona Metropolitana Sud (68.8%) health regions have the percentage of children aged 8 to 14 with good health-related quality of life below Catalonia overall. Girona (91.4%) and Barcelona Ciutat (90.2%) health regions are both above.
Evolution	The indicator remains steady from periods 2010-2011 to 2019-2020. In period 2020-2021 it rises, especially among boys. Statistically significant differences have been found between periods 2019-2020 and 2020-2021. No statistically significant differences have been found between periods 2018-2019 and 2020-2021. 100 80 80 80 80 80 80 80 80 8
	Statistically significant differences between 2019-2020 and 2020-2021 for total. No statistically significant differences between 2018-2019 and 2020-2021. Standardised proportions. Direct method using European Standard Population 2013.

taran da antara da a
6.7 Risk of developing a mental disorder
9.4% of people aged 4 to 14 years are at risk of developing a mental disorder
More boys (11.4%) than girls (7.2%) are at risk of developing a mental disorder.
There is a difference of seven percentage points between children from the most disadvantaged social class (12.0%) and those from the most advantaged social class social (5.4%).
Children whose parents have secondary studies have a higher percentage (12.1%) than those whose parents have been through university (6.4%) or those whose parents have no education or primary education (6.7%).
Terres de l'Ebre (23.5%) and Barcelona Metropolitana Sud (18.1%) health regions have percentages above Catalonia overall.
The risk of developing a mental disorder shows an upward trend since period 2014-2015, becoming increasingly clearer in period 2018-2019 and even more remarkably so in period 2019-2020. In period 2020-2021 it shows an upward trend among boys and a downward trend among girls. No statistically significant differences have been found between period 2019-2020 and period 2020-2021, and neither between period 2018-2019 and period 2020-2021.
12
8
% 6 BoysGirlsTotal
No statistically significant differences between 2019-2020 and 2020-2021. No statistically significant differences between 2018-2019 and 2020-2021. Standardised proportions. Direct method using European Standard Population 2013.

Axes of inequality Among people aged 0 to 14 years, 13.6% suffer from lot term or chronic conditions or health problems Sex No differences were found between boys and girls. Social class No differences were found according to social class. There is a difference of ten percentage points between childred whose parents have been through university (10.0%) and those whose parents have no education or primary education (19.5%). Territory No differences were found according to health region. From period 2010-2011 to period 2013-2014 this indicator show an upward trend. From then to period 2015-2016 it shows a downward trend, underlaying differences among boys and girls whereas among girls it continues to fall, it rises among boy and rising among girls. From period 2018-2019 to the last period 2017-2018 an opposite effect occurs, falling among boy and rising among girls. From period 2018-2019 to the last period studied (2020-2021) it shows an upward trend. No statistically significant differences have been found between period 2020 and period 2020-2021, and neither between period 2020-2019 and period 2020-2021. Evolution	
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Educational level whose parents have been through university (10.0%) and thos whose parents have no education or primary education (19.5%). Territory No differences were found according to health region. From period 2010-2011 to period 2013-2014 this indicator show an upward trend. From then to period 2015-2016 it shows a downward trend, underlaying differences among boys and girls whereas among girls it continues to fall, it rises among boys and rising among girls. From period 2018-2019 to the last period 2017-2018 an opposite effect occurs, falling among boy and rising among girls. From period 2018-2019 to the last period studied (2020-2021) it shows an upward trend. No statistically significant differences have been found between period 2020-2021 and period 2020-2021. Evolution	
From period 2010-2011 to period 2013-2014 this indicator shows an upward trend. From then to period 2015-2016 it shows a downward trend, underlaying differences among boys and girls whereas among girls it continues to fall, it rises among boys. In period 2017-2018 an opposite effect occurs, falling among boys and rising among girls. From period 2018-2019 to the last period studied (2020-2021) it shows an upward trend. No statistically significant differences have been found between period 2020-2020 and period 2020-2021, and neither between period 2020-2019 and period 2020-2021.	se
an upward trend. From then to period 2015-2016 it shows a downward trend, underlaying differences among boys and girls whereas among girls it continues to fall, it rises among boys. In period 2017-2018 an opposite effect occurs, falling among boys and rising among girls. From period 2018-2019 to the last period studied (2020-2021) it shows an upward trend. No statistically significant differences have been found between period 2020-2020 and period 2020-2021, and neither between period 2020-2019 and period 2020-2021.	
8 Boy Tota Tota No statistically significant differences between 2019-2020 and 2020-2021. No statistically significant differences between 2018-2019 and 2020-2021. Standardised proportions. Direct method using European Standard Population 2013.	s; n ys od y 019- 018-

The most frequent health conditions among boys and girls aged 0 to 14 are:

- Recurrent bronchitis (13.1%)
- Chronic skin problems (9.7%)
- Chronic allergies (9.3%)
- Recurrent otitis (7.4%)
- Asthma (4.7%)
- Conduct disorders (4.0%).

Boys suffer more frequently than girls from recurrent bronchitis (15.4% and 10.6%, respectively), asthma (5.7% and 3.8%, respectively) and conduct disorders (4.7% and 3.1%, respectively), while **girls suffer more frequently** from recurrent urinary infections (0.8% vs. 3.0%).

6.9 Limited ability due to a health condition Prevalence of people aged 0 to 14 years having limited ability to perform activities of daily life due to a health problem is 3.2% No differences were found between boys and girls. No differences were found according to social class.
Children whose parents have been through university show a lower prevalence of limited ability to perform activities of daily life due to a health condition (1.6%) than those with parents with no education or with primary education (6.1%).
No differences were found according to health region.
From period 2010-2011 to period 2013-2014 this indicator shows an upward trend. From then up to period 2015-2016 it falls and afterwards an upward trend is again observed until period 2017-2018. Period 2018-2019 points to a decrease and period 2019-2020 shows an upward trend among boys and a downward trend among girls. In the last period studied (2020-2021) there remains an upward trend among boys. No statistically significant differences have been found between period 2019-2020 and period 2020-2021, and neither between period 2018-2019 and period 2020-2021.
% 2 ——Boys ——Girls Total No statistically significant differences between 2019-2020 and 2020-2021. No statistically significant differences between 2018-2019 and 2020-2021.
Standardised proportions. Direct method using European Standard Population 2013.

Axes of inequality	6.10 Disability
	The percentage of people aged 0 to 14 years suffering from disability or impairment is 2.3%
Sex	No differences were found between boys and girls.
Social class	No differences were found according to social class.
Educational level	No differences were found according to parents' educational level.
Territory	Terres de l'Ebre (8.6%) Health Region has a percentage above Catalonia overall.
Evolution	The evolution of this indicator shows considerable variability throughout the years studied. No statistically significant differences have been found between period 2019-2020 and period 2020-2021, and neither between period 2018-2019 and period 2020-2021. Boys Girls Total No statistically significant differences between 2019-2020 and 2020-2021. No statistically significant differences between 2019-2020 and 2020-2021. Standardised proportions. Direct method using European Standard Population 2013.

7 Child population. Health-related behaviours

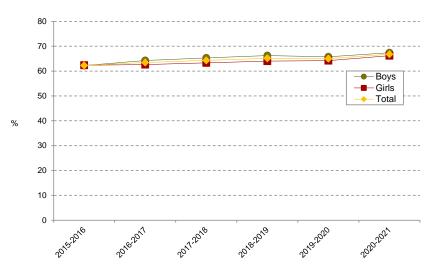
Axes of inequality	7.1 Exposure to second-hand smoke at home8.6% of children aged 0 to 14 are living with someone who smokes at home indoors
Sex	No differences were found between boys and girls.
Social class	Children from the more disadvantaged social classes (11.9% class II and 9.7% class III) have the highest percentage of living with someone who smokes in theat home indoors.
Educational level	This exposure is more frequent among boys and girls whose parents have a low educational level (5.8% with university education, 10.5% with secondary education and 10.0% with no education or with primary education).
Territory	Barcelona Ciutat Health Region (5.0%) has a percentage below Catalonia overall.
Evolution	Since 2010-2011, the trend in exposure to second-hand smoke at home has been decreasing year to year. No statistically significant differences have been found between period 2019-2020 and period 2020-2021, and neither between period 2018-2019 and period 2020-2021. 30 Boys Girls Total No statistically significant differences between 2019-2020 and 2020-2021. No statistically significant differences between 2019-2020 and 2020-2021. Standardised proportions. Direct method using European Standard Population 2013.

Axes of inequality 7.2 Active leisure activities 31.7% of people aged 3 to 14 participate in active leisure activities, e.	
inequality 31.7% of people aged 3 to 14 participate in active leisure activities, e	
spend at least one hour per day doing sports or playing outside	
Sex No differences were found between boys and girls.	
Social class No differences were found according to social class. Educational level No differences were found according to parents' educational level.	
	overall
Alt Pirineu i Aran Health Region (50.8%) has a percentage above Catalonia whereas Barcelona Metropolitana Sud (23.9%) and Lleida (22.2%) health replacement to the have them below.	
The upward trend observed since 2010 breaks down during period 2015-201 it declines. From period 2016-2017 to period 2017-2018 it remains stable, ar this point up to 2019-2020 it shows a downward trend. In the last period stu (2020-2021) it rises again. Statistically significant differences have been between period 2019-2020 and period 2020-2021. No statistically significant differences have been found between period 2019-2020 and period 2020-20	nd from udied n found nt
Evolution % 30 10 Statistically significant differences between 2019-2020 and 2020-2021 for total. No statistically significant differences between 2018-2019 and 2020-2021.	Boys Girls Total
Standardised proportions. Direct method using European Standard Population 2013.	

Axes of	7.3 Sedentary leisure activities									
inequality	45,9% of people aged 3 to 14 practice sedentary leisure activities, e.g. they spend at least two hours per day in front of a screen (cell, TV, computer, videogame, etc.)									
Sex	Boys have a higher percentage (52.7%) than girls (38.6%).									
Social class	More than half the children from the most disadvantaged social class (51.4% class III) practice sedentary leisure activities.									
Educational level	More than half of children whose parents have secondary education (52.4%) and those whose parents have primary education or no education (52.8%) spend at least two hours per day in front of a screen.									
Territory	Barcelona Ciutat Health Region (33.6%) has a percentage below Catalonia overall.									
Evolution	From period 2013-2014 to period 2017-2018 the trend is to remain steady. From this point on to period 2019-2020 it shows an upward trend. This increase is statistically significant between period 2018-2019 and period 2020-2021 for boys. In period 2020-2021 there is an upward trend among boys and a downward trend among girls. No statistically significant differences have been found between period 2019-2020 and period 2020-2021. 60 60 60 60 60 60 60 60 60 6									

Axes of inequality	7.4 Regular school-going66.8% of people aged 3 to 14 get regularly to school on foot or cycling and 7.8% use public transportation
Sex	No differences were found between boys and girls.
Social class	70.6% of children from the most disadvantaged social class get around regularly on foot or cycling against 57.7% among those from class II. The use of public transportation does not show differences according to social class.
Educational level	Eight out of ten boys and girls (80.9%) with parents with no education or with primary education get to school regularly on foot or cycling. This percentage is 60.0% among children whose parents have been to university. The use of public transportation does not show differences according to educational level.
Territory	Barcelona Ciutat Health Region has a percentage above Catalonia overall for both indicators: 75.2% get to school regularly on foot or cycling and 14.8% use public transportation.
Evolution	The percentage of children who regularly get to school on foot or cycling remains steady from period 2015-2016 to the present. However, the percentage of children who get around using public transportation shows a downward trend in period 2020-2021, especially among boys. No statistically significant differences have been found between period 2019-2020 and period 2020-2021, and neither between period 2018-2019 and period 2020-2021.

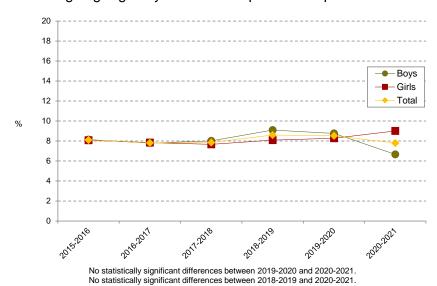
Children going regularly to school on foot or cycling



No statistically significant differences between 2019-2020 and 2020-2021. No statistically significant differences between 2018-2019 and 2020-2021.

Standardised proportions. Direct method using European Standard Population 2013.

Children going regularly to school on public transport



No statistically significant differences between 2018-2019 and 2020-2021.

Standardised proportions. Direct method using European Standard Population 2013.

Axes of inequality	7.5 Daily consumption of five servings of fruit and/or vegetables							
	9.0% of people aged 3 to 14 consumes daily five servings of fruit and/or vegetables							
Sex	No differences were found between boys and girls.							
Social class	Consumption is higher among children from the most advantaged social class (12.7% class I) than among children from social class II (6.4%).							
Educational level	Children with parents with no education or with primary education have lowest percentages of daily consumption of five servings of fruit and/or vegetables (5.7%).							
Territory	Terres de l'Ebre Health Region (1.2%) has a percentage below Catalonia overall.							
Evolution	From period 2011-2012 to 2013-14 there is an upward trend and it stops at 2014-2015. From 2015-2016 to 2017-2018 there is again an upward trend and it remains steady since 2018-2019. From 2019-2020 there is an upward trend again. No statistically significant differences have been found between period 2019-2020 and period 2020-2021, and neither between period 2018-2019 and period 2020-2021.							
	No statistically significant differences between 2019-2020 and 2020-2021. No statistically significant differences between 2018-2019 and 2020-2021. Standardised proportions. Direct method using European Standard Population 2013.							

Axes of inequality	7.6 Daily consumption of sugary drinks								
moquality	4.8% of people aged 3 to 14 daily consume sugary drinks								
Sex	No differences were found between boys and girls.								
Social class	Consumption is higher among children from the most disadvantaged social class (7.4% class III) than among children from the most advantaged social class (1.6% class I).								
Educational level	Children whose parents have the lowest educational level have the highest percentage of daily consumption of sugary drinks (13.0%).								
Territory	Alt Pirineu i Aran (1.0%) and Girona (1.7%) health regions have their percantages below Catalonia overall.								
Evolution	From 2006 to period 2013-2014, this indicator shows a downward trend; from this point up to period 2015-2016 it rises, and after that it shows again a downward trend up to 2020-2021. No statistically significant differences have been found between period 2019-2020 and period 2020-2021, and neither between period 2018-2019 and period 2020-2021.								

Axes of inequality	7.7 Frequent consumption of high-calorie products								
	Almost one third of people aged 3 to 14 frequently consumes high-calorie products (28.3%)								
Sex	Boys have a higher percentage (31.0%) than girls (25.5%).								
Social class	The percentage is highest among boys and girls from the most disadvantaged social class (33.6% class III).								
Educational level	43,6% of children whose parents have the lowest educational level frequently consume high-calorie products, versus 29.8% of children whose parents have secondary education and 21.9% among those whose parents have been to university.								
Territory	Terres de l'Ebre (42.6%) and Camp de Tarragona (43.0%) health regions show percentages above Catalonia overall.								
Evolution	From 2006 to period 2011-2012, this indicator undergoes a downward trend. From that time on to period 2013-2014 it remains steady and then it rises in the next two periods studied. Since period 2016-2017, this figure remains steady. No statistically significant differences have been found between period 2019-2020 and period 2020-2021, and neither between period 2018-2019 and period 2020-2021.								
	No statistically significant differences between 2019-2020 and 2020-2021. No statistically significant differences between 2018-2019 and 2020-2021. Standardised proportions. Direct method using European Standard Population 2013.								

Axes of inequality	7.8 Teeth-brushing								
	59.9% of people aged 5 to 14 years brush their teeth at least twice per day								
Sex	Girls have a higher percentage (64.6%) than boys (55.5%).								
Social class	No differences were found according to social class.								
Educational level	No differences were found according to parents' educational level.								
Territory	Barcelona Ciutat (72.4%) Health Region has a percentage of boys and girls brushing their teeth at least twice per day above Catalonia overall. Barcelona Metropolitana Sud (48.2%), Lleida (46.0%) and Terres de l'Ebre (28.8%) health regions have them below.								
Evolution	From 2006 to period 2013-2014 this indicator shows an upward trend. From this time to 2016-2017 it remains steady and in period 2017-2018 there is an overall rise (as well as a growing gap between boys and girls). From this point up to the present, these differences are still apparent. No statistically significant differences have been found between period 2019-2020 and period 2020-2021, and neither between period 2018-2019 and period 2020-2021. To Boys Girls Total No statistically significant differences between 2019-2020 and 2020-2021. No statistically significant differences between 2019-2020 and 2020-2021.								
	No statistically significant differences between 2019-2020 and 2020-2021.								

8 Summary of time-evolution results

In the table below you will find a selection, out of the 58 indicators, of those with statistically significant differences between 2019 and 2021 or between 2020 and 2021 (people aged 15 years and over) and between periods 2018-2019 and 2020-2021 or periods 2019-2020 and 2020-2021 (people aged 0 to 14 years). The direction of each difference (that is, whether the percentage rises or falls between years or periods) is also specified.

Indicator	Difference between 2019 and 2020	Direction of the difference between 2019 and 2020	Difference between 2020 and 2021	Direction of the difference between 2020 and 2021	Difference between 2019 and 2021	Direction of the difference between 2019 and 2021
8. People suffering from emotional discomfort (≥15 years)	Yes	Fall (men)	No		Yes	Fall (total and men)
9. People suffering from moderate or severe depression (≥15 years)	Yes	Rise (total and women)	No		Yes	Rise (women)
12. People suffering from long-term health conditions or chronic diseases (≥15 years)	No		No		Yes	Fall (total and men)
13. People having limited ability to perform activities of daily life due to a health condition (≥15 years)	No		No		Yes	Rise (women)
14. People suffering from disability (≥15 years)	Yes	Rise (total)	No		No	
16. People having deficient social support (≥ 15 years)	Yes	Fall (total, men and women)	No		Yes	Fall (total, men and women)
17. People having difficulties remembering or concetrating (≥ 45 years)	Yes	Rise (total)	Yes	Rise (total, men and women)	No	
21. At-risk alcohol consumption (≥15 years)	Yes	Rise (total and women)	No		No	

Health status, health-related behaviours and health service utilisation in Catalonia, 2021

Indicator	Difference between 2019 and 2020	Direction of the difference between 2019 and 2020	Difference between 2020 and 2021	Direction of the difference between 2020 and 2021	Difference between 2019 and 2021	Direction of the difference between 2019 and 2021
24. People moving around regularly on foot or cycling (≥15 years)	No		No		Yes	Rise (total and men)
32. People checking blood pressure regularly (≥15 years)	Yes	Fall (total, men and women)	No		Yes	Fall (total, men and women)
34. People having double health insurance coverage	Yes	Rise (total andmen)	Yes	Fall (total and men)	No	
35. People taking prescribed medication in the last fifteen days (≥15 years)	No		No		Yes	Fall (men)
36. People who visited a health professional during the last year	No		No		Yes	Fall (total and men)
38. People who visited an emergency department during the last year	Yes	Fall (total and men)	Yes	Fall (tota)	Yes	Fall (total, men and women)

Health status, health-related behaviours and health service utilisation in Catalonia, 2021

Indicator	Difference between 2018- 2019 and 2019- 2020	Direction of the difference between 2018- 2019 and 2019- 2020	Difference between 2019- 2020 and 2020- 2021	Direction of the difference between 2019- 2020 and 2020- 2021	Difference between 2018- 2019 and 2020- 2021	Direction of the difference between 2018- 2019 and 2020- 2021
44. People with obesity (6-12 years)	No		No		Yes	Rise (girls)
45. People having good health-related quality of life (8-14 years)	No		Yes	Rise (total)	No	
46. People at risk of developing a mental disorder (4-14 years)	Yes	Rise (total)	No		No	
51. People participating in active leisure activities (3-14 years)	No		Yes	Rise (total)	No	
52. People practicing sedentary leisure activities (3-14 years)	No		No		Yes	Rise (boys)