## 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

## Direction or coordination:

ESCA 2021 team: Antonia Medina, Anna Schiaffino, Robert Langarita, Montserrat Dolz, Anna Mompart and Aina Plaza
Authors:
Anna Schiaffino and Antonia Medina

Methodological consulting:

| Idescat | Miquel Delgado |
| :--- | :--- |
| Universitat de Barcelona | Manuela Alcañiz and Montserrat Guillén |
| IPSOS Consulting | Maria Angeles Martínez and Oscar Miquel and field work team |
| External Quality Control | Susana López León |

## Some rights reserved

© 2022, Government of Catalonia. Ministry of Health.

## (cc) $(9)$

The content of this work is licensed under an Attribution-NonCommercial-NoDerivatives 4.0 International.
The licence can be consulted at Creative Commons website.

Published by:
Directorate-General for Health Planning.

## I edition:

Barcelona, June 2022.

## Language consulting:

Language Planning Service of the Ministry of Health.
URL: https://salutweb.gencat.cat/ca/el_departament/estadistiques_sanitaries/enquestes/esca/
1.05 accesible design template:

Communication Office. Corporate Identity.

## Contents

1 Introduction .....  .5
2 Characteristics of the population and the sampling .....  6
3 Health status ..... 8
3.1 Positive self-perceived health .....  8
3.2 Positive assessment of oral hygiene health ..... 9
3.3 High blood pressure ..... 10
3.4 Diabetes ..... 11
3.5 Excess body weight ..... 12
3.6 Overweight ..... 13
3.7 Obesity ..... 14
3.8 Emotional discomfort ..... 15
3.9 Moderate or severe depression ..... 16
3.10 Good health-related quality of life ..... 17
3.11 Pain or discomfort ..... 18
3.12 Chronic diseases ..... 19
3.13 Limited ability to perfom daily activities due to a health condition ..... 21
3.14 Disability ..... 22
3.15 Lack of personal autonomy ..... 23
3.16 Social support ..... 24
3.17 Difficulties remembering or concentrating ..... 25
3.18 Material deprivation ..... 26
4 Health-related behaviours ..... 27
4.1 Tobacco use ..... 27
4.2 Exposure to second-hand smoke at home ..... 28
4.3 At-risk alcohol consumption ..... 29
4.4 Sleeping hours ..... 30
4.5 Healthy level of physical activity ..... 31
4.6 Regular moving around ..... 32
4.7 Mediterranean diet ..... 34
4.8 Daily consumption of five servings of fruit and/or vegetables ..... 35
4.9 Daily consumption of sugary drinks ..... 36
4.10 Regular mammograms ..... 37
4.11 Regular smear tests ..... 38
4.12 Faecal occult blood test ..... 39
4.13 Blood pressure checked regularly ..... 40
4.14 Cholesterol level tested regularly ..... 41
5 Health services utilisation and satisfaction ..... 42
5.1 Double health insurance coverage ..... 42
5.2 Consumption of prescribed medication in the last 15 days ..... 43
5.3 Visiting a health professional ..... 44
5.4 Hospitalisation ..... 45
5.5 Visiting an emergency department ..... 46
5.6 Satisfaction with public health services ..... 47
6 Child population. Health status ..... 48
6.1 Positive self-perceived health ..... 48
6.2 Positive assessment of oral hygiene health ..... 49
6.3 Excess body weight ..... 50
6.4 Overweight ..... 51
6.5 Obesity ..... 52
6.6 Good health-related quality of life ..... 53
6.7 Risk of developing a mental disorder ..... 54
6.8 Chronic diseases ..... 55
6.9 Limited ability due to a health condition ..... 57
6.10 Disability ..... 58
7 Child population. Health-related behaviours ..... 59
7.1 Exposure to second-hand smoke at home ..... 59
7.2 Active leisure activities ..... 60
7.3 Sedentary leisure activities ..... 61
7.4 Regular school-going ..... 62
7.5 Daily consumption of five servings of fruit and/or vegetables ..... 64
7.6 Daily consumption of sugary drinks. ..... 65
7.7 Frequent consumption of high-calorie products ..... 66
7.8 Teeth-brushing ..... 67
8 Summary of time-evolution results ..... 68

## 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 <br> requirements | Contents |
| :--- | :--- |
| Responsible | Directorate-General for Health Planning. <br> Statistical Institute of Catalonia. |
| Units | Non-institutionalized resident population in Catalonia. |
| Universe | 4,827 persons: 2,388 men and 2,439 women. |
| Sample Size | Computer-Assisted Personal Interview (CAPI), using three <br> questionnaires: direct for adults, indirect for adults and indirect for <br> underage (14 years and below). |
| Type of <br> interview | Random, stratified multistage sampling wave (semester) |
| Sampling <br> method and <br> selection of stage (functional health sector): deterministic <br> the sampling <br> units | Second stage (municipality): random without replacement, stratified <br> according to municipality size with inclusion probability proportional to <br> its size. |
| Third stage (persons): random without replacement, stratified |  |
| according to age groups and sex. |  |

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.

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

The calculation of maximum error is based under maximum uncertainty ( $\mathrm{p}=\mathrm{q}=$ 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
inequality
Sex
Age group

### 3.1 Positive self-perceived health

Eight out of ten people aged 15 years and over (79.0\%) have a positive self-perceived health
his perception is better among men (83.1\%) than women (75.1\%).

This perception is worse among older age groups, especially

Social class

Educational level

Age group, social class and educational level according to sex

Territory
Age group

Evolution 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 15 to 44.
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).

Positive self-perceived health is higher among those with
university education (90.3\%) compared to those with lower educational level (56.9\%).

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.
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.


Standardised proportions. Direct method using European Standard Population 2013.

### 3.2 Positive assessment of oral hygiene health

67.5\% of people aged 15 and over make a positive assessment of their oral hygiene health
This percentage is higher in men (69.3\%) than in women (65.8\%).
There is a gradient according to age group. The percentage is higher

Axes of
inequality
Sex
Age group

Social class

Educational level

Territory

Evolution
Age group $43.9 \%$ among those aged 75 and over.
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).
It is higher among people with university education (80.6\%) than among those with lower educational level (48.0\%).

No differences were found according to health region.
The indicator remains steady, even if only three evolution figures are available because 2019 was the first year this question was included in the ESCA. No statistically significant differences have been found between 2020 and 2021, and neither between 2019 and 2021.


[^0]
## Axes of

 inequality
### 3.3 High blood pressure

$23.4 \%$ of people aged 15 and over have high blood pressure
$\left.\left.\begin{array}{l|l}\text { Sex } & \text { No differences were found according to sex. } \\ \text { Older age groups have the highest percentage of high blood } \\ \text { pressure, especially those aged 65 and over: 48.2\%, those aged } 65 \\ \text { to 74, and 60.4\% those aged } 75 \text { and over, compared to 6.7\% those } \\ \text { aged 15 to 44. }\end{array}\right\} \begin{array}{l}\text { The highest percentage of high blood pressure falls to people from } \\ \text { disadvantaged social classes (25.1\% class II and class III) } \\ \text { compared to the most advantaged social class (15.5\% class I). }\end{array}\right\}$


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.


[^1]
## Axes of

 inequality
### 3.5 Excess body weight

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

Social class

Educational level

Age group, social class and educational level according to sex

Territory

Evolution

This indicator increases with age: from $39.4 \%$ among those aged 15 to 44 to $66.4 \%$ among those aged 65 to 74 .
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).
Excess body weight is more frequent among people with lower educational levels (66.9\%) than among those with university education (40.4\%).

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.

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.


No statistically significant differences between 2020 and 2021
No statistically significant differences between 2019 and 2021

[^2]Axes of inequality

### 3.6 Overweight

$35.3 \%$ of people aged 18 to 74 are overweight

Sex

Age group

Social class

Educational level

Age group, social class and educational level according to sex

Territory

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.

Barcelona Ciutat Health Region has a percentage (29.9\%) below Catalonia overall.
Overweight remains steady from 2006 to 2021. No statistically significant differences have been found between 2020 and 2021, and neither between 2019 and 2021.


[^3]Axes of inequality

### 3.7 Obesity

$14.8 \%$ 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 <br> those aged 45 and over (near 20\%). |
| Social class | It is higher among people from the most disadvantaged social <br> class (17.8 class III) than among those from the most advantaged <br> social class (9.3\% class I). |
| Educational | There is a higher percentage of obesity among people with the <br> lowest educational level (23.0\%) than among those with university <br> education (10.5\%). |
| Tevel | No differences were found according to health region. |
| From 2010 to 2014, obesity shows an upward trend, remaining then <br> stable until 2018, rising up again in 2019. In 2020 it shows again a <br> downward trend. No statistically significant differences have been <br> found between 2020 and 2021, and neither between 2019 and <br> 2021. |  | 2021.



[^4]
### 3.8 Emotional discomfort

$22.5 \%$ people aged 15 and over have emotional discomfort
Sex
Age group
Social class
Educational level

Age group, social class and educational level according to sex

Territory

Almost one out of three women (27.9\%) and one out of five men (17.0\%) have emotional discomfort.
This percentage increases with age: $20.6 \%$ among those aged 15 to 44 and $34.7 \%$ among those aged 75 and over.
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).
People with no education or with primary education have a higher percentage of emotional discomfort (36.9\%) than those with university education (18.7\%).

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.

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.
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.


[^5]
### 3.9 Moderate or severe depression

## 9.0\% of people aged 15 and over suffer from depression

Sex

Age group

Social class

Educational level

Age group, social class and educational level according to sex

Territory

Evolution
It is higher among women (12.2\%) than among men (5.7\%).
It increases with age: 7.4\% among people aged 15 to 44 and 13.1\% among those aged 75 and over.
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).

People with no education or with primary education have a higher percentage of depression (14.6\%) than those with university education (5.5\%).

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.

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.

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.


[^6]

[^7]
### 3.11 Pain or discomfort

## Sex

Axes of inequality

Territory

Social class

Educational evel

Age group, social class and educational level according to sex
Age group

One out of four (24.8\%) people aged 15 and over suffer from pain or discomfort

There are more women (30.2\%) than men (19.2\%) suffering from pain or discomfort.
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.
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).
People with no education or with primary education have a higher percentage (38.2\%) than those with university education (16.9\%).

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.

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.


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

 inequalitySex
Age group

Social class

Educational level

Age group, social class and educational level according to sex

Territory
Sex
Age group
Social class
Educational
level
Age group,

| social class and |
| :--- |
| educational |
| level according |
| to sex |

Evolution

### 3.12 Chronic diseases

37.9\% of people aged 15 and over suffer from long-term conditions or chronic diseases or health problems
The percentage is lower among men (32.6\%) than among women (43.0\%).

The prevalence grows as age groups get older, mainly in people aged 65 and over, then reaching over $70.0 \%$.
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).
There is a difference of 26 percentage points between people with university education (31.2\%) and people with lower educational level (56.7\%).

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.

Lleida Health Region (31.7\%) has a percentage of people with longterm 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.


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 |
| :---: | :---: | :---: |
| 1. Diseases of the circulatory system: high blood pressure and high cholesterol | 1. Diseases of the circulatory system: high blood pressure and high cholesterol | 1. 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 | 4. 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.


[^8]
### 3.14 Disability

$16.0 \%$ of people aged 15 and over are disabled or impaired

| Sex | The percentage of disability is higher among women (19.1\%) than <br> among men (12.8\%). |
| :--- | :--- |
| The prevalence increases with age, especially among people aged <br> 75 and over: $4.5 \%$ among those aged 15 to $44,12.5 \%$ among those <br> aged 45 to $64,26.3 \%$ among those aged 65 to 74 and $62.9 \%$ among <br> those aged 75 and over. |  |
| 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). |  |
| There is a difference of 31 percentage points between people with |  |
| university education (6.4\%) and people with the lowest educational |  |
| level (37.4\%). |  |

[^9]

## Axes of inequality

Sex
Age group
Social class

| Educational |
| :--- |
| level | level

Territory

Evolution

### 3.16 Social support

$7.6 \%$ of people aged 15 and over have deficient or poor social support
No differences were found between men and women.
No differences were found according to age group.
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).


[^10]Axes of inequality

| 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 <br> $64,26.6 \%$ among those aged 65 to 74 and $42.7 \%$ among those aged <br> 75 and over. |
| Social class | People from the most disadvantaged social class (25.8\% class <br> III) have a higher percentage than people from the most advantaged <br> social class (12.9\% class I). |
| Educational | There is a difference of 28 percentage points between people with <br> university education (10.2\%) and people with the lowest educational <br> level (38.6\%). |
| Tevel | Catalunya Central (29.7\%) and Terres de l'Ebre (34.6\%) health <br> regions have percentages of people aged 45 and over having <br> difficulties remembering or concentrating above Catalonia overall, <br> whereas Barcelona Ciutat Health Region (17.1\%) has it below. |
| In 2020, there is a rise compared to 2019. In 2021, this indicator <br> comes back to 2019 levels. Statistically significant differences <br> have been found between 2020 and 2021 for total men and <br> women. No statistically significant differences have been found <br> between 2019 and 2021. |  |


Statistically significant differences between 2020 and 2021 for total, men and women No statistically significant differences between 2019 and 2021

[^11]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 <br> deprivation (4.9\%). |
| Social class | People from the most disadvantaged social class (5.6\% class III) <br> have a higher percentage than people from the most advantaged <br> social class (0.5\% class I). |
| Educational | People with no education or with primary education have a higher <br> percentage (6.7\%) than those with secondary education (3.9\%) or <br> those with university education (1.0\%). |
| level | Barcelona Metropolitana Sud Health Region (2.0\%) has a percentage <br> of material deprivation below Catalonia overall. |
| Territory | From 2015 to 2017 the percentage of people having severe material <br> deprivation remains stable. From then to 2019 it goes down. In 2020 it <br> shows an upward trend and in 2021 it comes back to be steady. No <br> statistically significant differences have been found between 2020 <br> and 2021, and neither between 2019 and 2021. |



[^12]
## 4 Health-related behaviours

Axes of inequality

### 4.1 Tobacco use

The prevalence of tobacco use (daily and occasional) in people aged 15 and over is 22.6\%

Sex

Age group

Social class
Educational level

Territory

Evolution

The percentage is higher in men (26.6\%) than in women (18.8\%).
Tobacco use is higher in the youngest age groups (26.6\% among those aged 15 to 44). Prevalence decreases whith age.
No differences were found according to social class.
People with secondary studies have the highest percentage of tobacco use (25.5\%).
No differences were found according to health region.
The percentage of tobacco use shows a downward trend from 1994 to the present. 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.

## Axes of inequality

Sex

| Age group | $8.4 \%$ among those aged 15 to 44 and $3.4 \%$ among those aged 75 <br> and over. |
| :--- | :--- |
| Social class | People from disadvantaged social classes have the highest <br> percentage of exposition to second-hand smoke at home (8.5\% class <br> II and $7.0 \%$ class III) |

Educational level

Territory No differences were found according to health region.
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.


No statistically significant differences between 2020 and 2021
No statistically significant differences between 2019 and 2021

[^13]
### 4.3 At-risk alcohol consumption

The prevalence of at-risk alcohol consumption among people aged 15 and over is 4.9\%

## Sex

Axes of inequality

Age group

Social class
Educational level

Territory

People from the most disadvantaged social class have the highest percentage of at-risk alcohol consumption ( $5.8 \%$ class III).
Men have the percentage of at-risk alcohol consumption (7.7\%) higher than women (2.2\%).
The youngest group have the highest percentage of at-risk alcohol consumption ( $7.2 \%$ among those aged 15 to 44). Prevalence decreases with age.

No differences were found according to educational level.
Camp de Tarragona Health Region has a percentage (9.2\%) above Catalonia overall.
Since 1994, the prevalence of high-risk alcohol consumption has not 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.

Evolution


Standardised proportions. Direct method using European Standard Population 2013.

## Axes of inequality

Sex

Age group

Social class

## People from disadvantaged social classes have the lowest

 percentage of sleeping between six to eight hours (74.8\% class III).Educational People with no education or with primary studies have the lowest level

Territory

Evolution

### 4.4 Sleeping hours

78.5\% people aged 15 and over sleep, on average, between six to eight hours daily
Men sleep between six and eight hours in a higher percentage (80.3\%) than women (76.8\%).
$80.7 \%$ of people aged 15 to 44 sleep between six to eight hours daily, but
Age group this percentage falls when people get older down to $61.5 \%$ among those aged 75 and over. percentage of sleeping between six to eight hours (65.1\%). Terres de l'Ebre Health Region (69.8\%) has a percentage below Catalonia overall, whereas Barcelona Ciutat Health Region has it above (82.9\%).

The evolution of this indicator remains stable. No statistically significant differences have been found between 2020 and 2021, and neither between 2019 and 2021.


[^14]
## 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
Age group

No differences were found between men and women.

Age group
Social class
Educational level No differences were found according to educational level.
Girona Health Region (73.9\%) has a percentage below Catalonia
Territory

Evolution
People aged 45 to 64 have a higher percentage of healthy level of physical activity (86.0\%) than the other age groups.
People from disadvantaged social classes have the lowest percentage of healthy level of physical activity ( $81.4 \%$ class III). 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.


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

| Axes of <br> 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 |  |$|$

People getting around regularly on foot or cycling


Standardised proportions. Direct method using European Standard Population 2013.
People using regularly public transportation


[^15]
## Sex

Axes of inequality

Age group

Social class

Educational level

Age group, social class and educational level according to sex

Territory

### 4.7 Mediterranean diet

$56.6 \%$ of people aged 15 and over follow the recommendations regarding the Mediterranean diet
$60.7 \%$ of women follow the recommendations regarding the Mediterranean diet, as do $52.5 \%$ of men.
Adherence to the Mediterranean diet is higher among people aged 45 and over.
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).
67.0\% people with university education follow the recommendations regarding the Mediterranean diet, which if far higher than for people with lower educational levels.

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.

Barcelona Ciutat Health Region (65.0\%) has a percentage above Catalonia overall, whereas Lleida Health Region (48.0\%) has it below.
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.


[^16]

| Axes of <br> inequality | 4.9 Daily consumption of sugary drinks |
| :--- | :--- | :--- |

[^17]Axes of inequality

### 4.10 Regular mammograms

## 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 <br> regular mammograms carried out on priority age groups. This <br> percentage diminishes to 87.9\% among women from the most <br> disadvantaged social class. |
| Educational | There is a difference of 10 percentage points between women with <br> university studies (97.0\%) and those with the lowest educational level <br> (87.5\%). |
| level | No differences were found according to health region. |
|  | The prevalence of regular mammograms carried out on priority groups <br> shows an upward trend between 1994 and 2010, stabilising since <br> then. No statistically significant differences have been found <br> between 2020 and 2021, and neither between 2019 and 2021. |



Standardised proportions. Direct method using European Standard Population 2013.

### 4.11 Regular smear tests

## 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. <br> Social class <br> Educational <br> level |
| :--- | :--- |
| regular smear tests carried out on priority age groups. This <br> percentage diminishes to $66.1 \%$ among women from the most <br> disadvantaged social class. |  |
| Territory | Just barely half of women with no education or with primary education <br> carry out this preventive practice (54.4\%) against 74.6\% of women <br> with university education. |
|  | Terres de l'Ebre (50.4\%) and Barcelona Metropolitana Sud (62.7\%) <br> health regions have percentages below Catalonia overall whereas <br> Barcelona Ciutat Health Region (78.8\%) has it above. <br> Getting regular smear tests carried out on priority age groups shows <br> an upward tren from 1994 to 2010, remains steady until 2017 and <br> decreases until 2020. In 2021 it shows again an upward trend in spite <br> of no statistically significant differences having been found between <br> 2020 and 2021. No statistically significant differences have been <br> found between 2019 and 2021 either. |

Evolution


[^18]
### 4.12 Faecal occult blood test

$60.2 \%$ 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. |
|  | From 2012 to 2015, the percentage remains stable to sharply <br> increases then until 2018, probably due to the launch of the <br> Colorectal Cancer Early Detection Programme in the last quarter of <br> 2015. From 2019 onwards, it remains stabilised. No statistically <br> significant differences have been found between 2020 and <br> 2021, and neither between 2019 and 2021. |



Standardised proportions. Direct method using European Standard Population 2013.

## Axes of inequality

Sex
Age group

Social class

Educational level

Territory No differences were found according to health region.
This indicator remains stable from 2010 to 2018, in 2019 it increases compared to the previous year, in 2020 it dramatically falls and in 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.


Standardised proportions. Direct method using European Standard Population 2013.


[^19]
## 5 Health services utilisation and satisfaction

```
Axes of
inequality
```


### 5.1 Double health insurance coverage

28.7\% of the general population have double health insurance coverage, public and private
Sex
Age group

No differences were found between men and women.
The smallest percentage belong to people aged 75 and over (16.5\%).

Double coverage is higher among people from the most
Social class advantaged social class (50.7 class I) than among those from the most disadvantaged social class (16.3\% class III).
Educational Almost half of people with university education (47.5\%) have level double health insurance coverage.
Terres de l'Ebre (18.3\%), Camp de Tarragona (21.4\%) and Territory

Evolution Catalonia Central ( $21.7 \%$ ) health regions have their percentages Iower 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.


Standardised proportions. Direct method using European Standard Population 2013.

## Axes of

 inequalitySex
Age group $\quad$ This percentage increases with age (94.0\% among people aged 75 and over).
It is highest among people from the most disadvantaged social class ( $44.7 \%$ class I and $55.6 \%$ class III).
Social class

Educational level

Age group, social class and educational level according to sex

Territory
52.9\% of people aged 15 and over have taken prescribed medication in the last 15 days (46.2\%).
$71.0 \%$ 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.

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.

No differences were found according to health region.

### 5.2 Consumption of prescribed medication

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.


[^20]
## Axes of inequality

### 5.3 Visiting a health professional

$93.2 \%$ of the general population have visited a health professional during the last year

| Sex | Women have a higher percentage (95.5\%) than men (90.8\%). |
| :---: | :---: |
| Age group | 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). |
| Social class | 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). |
| Educational level | $95.3 \%$ 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. |
| Territory | 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. |



No statistically significant differences between 2020 and 2021.
Statistically significant differences between 2019 and 2021 for total and men

[^21]

[^22]
## Axes of

 inequalitySex

Age group

Social class

Educational level

Territory
Sex

Evolution

### 5.5 Visiting an emergency department

## $34.0 \%$ of the general population visited an emergency department last year

 youngest have the highest percentage (37.2\%) 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). There is a difference of 10 percentage points between people with university studies (29.7\%) and people with the lowest educational level (39.5\%).Barcelona Metropolitana Sud Health Region (38.7\%) has a percentage above Catalonia overall.

From 2006 to 2015 this indicator remains steady. For the next years 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.


Standardised proportions. Direct method using European Standard Population 2013.

### 5.6 Satisfaction with public health services



[^23]
## 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
Social class

Educational level

Territory

No differences were found between boys and girls.
No differences were found according to social class.
This percentage is lower among children whose parents have primary education or no education (91.9\%)

No differences were found according to health region.
This percentage has remains stable from 1994 onwards. No statistically significant differences have been found between period 2019-2020 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

Sex
Social class
Educational level
Territory No differences were found according to health region.
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.


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

[^24]
## 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

Social class

Educational level
Social class and educational level according to sex

Territory

Evolution

Boys have a higher percentage of excess body weight (46.7\%) than girls (33.4\%).
The prevalence is higher among those from the most disadvantaged social classes ( $48.4 \%$ class III) than among those from class I (31.1\%)
It is highest among children with parents with secondary education (44.8\%).
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.

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.


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

Social class

Educational level No differences were found according to parents' educational level.
Social class and educational level according to sex

Territory
Evolution This percentage is higher among boys (30.7\%) than girls (21.7\%).

It is higher among children from the most disadvantaged

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.

Terres de l'Ebre Health Region (44.3\%) has a percentage above Catalonia overall.
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 20202021, and neither between period 2018-2019 and period 20202021.


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

### 6.5 Obesity

$14.0 \%$ of people aged 6 to 12 suffer from obesity

| Sex | No differences were found between boys and girls. |
| :--- | :--- |
| 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). |  |
| 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\%). |  |
| No differences were found according to health region. |  |

### 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 |
| :--- |
| Social class |
| Educational level |

No differences were found between boys and girls.
No differences were found according to social class.
ducal
This percentage is higher among children with parents with no education or with primary education (92.3\%).
Terres de l'Ebre (63.3\%) and Barcelona Metropolitana Sud (68.8\%) health regions have the percentage of children aged 8 to 14 with Territory

Evolution good health-related quality of life below Catalonia overall. Girona (91.4\%) and Barcelona Ciutat (90.2\%) health regions are both above.
The indicator remains steady from periods 2010-2011 to 20192020. 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.


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.
Educational level

### 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 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.


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.


Standardised proportions. Direct method using European Standard Population 2013.

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\%).


## 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 <br> Catalonia overall. |
|  | The evolution of this indicator shows considerable variability <br> throughout the years studied. No statistically significant <br> differences have been found between period 2019-2020 and <br> period 2020-2021, and neither between period 2018-2019 and <br> period 2020-2021. | 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.

## 7 Child population. Health-related behaviours

```
Axes of inequality
```

Social class

Educational level

Territory

### 7.1 Exposure to second-hand smoke at home

$8.6 \%$ of children aged 0 to 14 are living with someone who smokes at home indoors
Sex
Social class
Educational level 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).

Evolution
Barcelona Ciutat Health Region (5.0\%) has a percentage below Catalonia overall.
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 20192020 and period 2020-2021, and neither between period 20182019 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
### 7.2 Active leisure activities

$31.7 \%$ of people aged 3 to 14 participate in active leisure activities, e.g. they spend at least one hour per day doing sports or playing outside
Sex No differences were found between boys and girls.
Social $\quad$ No differences were found according to social class.
class
Educational level

Territory

Evolution
No differences were found according to parents' educational level.
Alt Pirineu i Aran Health Region (50.8\%) has a percentage above Catalonia overall, whereas Barcelona Metropolitana Sud (23.9\%) and Lleida (22.2\%) health regions have them below.
The upward trend observed since 2010 breaks down during period 2015-2016, when it declines. From period 2016-2017 to period 2017-2018 it remains stable, and from this point up to 2019-2020 it shows a downward trend. In the last period studied (2020-2021) it rises again. Statistically significant differences have been found between period 2019-2020 and period 2020-2021. No statistically significant differences have been found between period 2019-2020 and period 2020-2021.


[^25]
### 7.3 Sedentary leisure activities



[^26]| Axes of <br> inequality | 7.4 Regular school-going |
| :--- | :--- |
| 66.8\% 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. |
| :--- | :--- |
| Eocial class | 70.6\% of children from the most disadvantaged social class get <br> around regularly on foot or cycling against 57.7\% among those <br> from class II. The use of public transportation does not show <br> differences according to social class. |
| Educational level | Eight out of ten boys and girls (80.9\%) with parents with no <br> education or with primary education get to school regularly on foot <br> or cycling. This percentage is 60.0\% among children whose <br> parents have been to university. The use of public transportation <br> does not show differences according to educational level. |
| Territory | Barcelona Ciutat Health Region has a percentage above Catalonia <br> overall for both indicators: 75.2\% get to school regularly on foot or <br> cycling and 14.8\% use public transportation. |
| Evolution | The percentage of children who regularly get to school on foot or <br> cycling remains steady from period 2015-2016 to the present. <br> However, the percentage of children who get around using public <br> transportation shows a downward trend in period 2020-2021, <br> especially among boys. No statistically significant differences <br> have been found between period 2019-2020 and period 2020- <br> 2021, and neither between period 2018-2019 and period 2020- <br> 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 2019-2020 and 2020-2021. No statistically significant differences between 2018-2019 and 2020-2021.

Standardised proportions. Direct method using European Standard Population 2013.
$\left.\begin{array}{ll}\begin{array}{l}\text { Axes of } \\ \text { inequality }\end{array} & \begin{array}{l}\text { 7.5 Daily consumption of five servings of fruit } \\ \text { and/or vegetables }\end{array} \\ \hline \text { 9.0\% of people aged } 3 \text { to } 14 \text { consumes daily five servings of } \\ \text { fruit and/or vegetables }\end{array}\right\}$

[^27]

Standardised proportions. Direct method using European Standard Population 2013.

## Sex

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\%)

Social class

Educational level

Territory

Evolution
Boys have a higher percentage (31.0\%) than girls (25.5\%).
The percentage is highest among boys and girls from the most disadvantaged social class ( $33.6 \%$ class III).
$43,6 \%$ 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.
Terres de l'Ebre (42.6\%) and Camp de Tarragona (43.0\%) health regions show percentages above Catalonia overall.

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 20192020 and period 2020-2021, and neither between period 20182019 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

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.
Barcelona Ciutat (72.4\%) Health Region has a percentage of boys Territory

Evolution 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.
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.


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.

## 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 20192020 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 ( $\geq 15$ years) | Yes | Fall (men) | No |  | Yes | Fall (total and men) |
| 9. People suffering from moderate or severe depression ( $\geq 15$ years) | Yes | Rise <br> (total and women) | No |  | Yes | Rise (women) |
| 12. People suffering from long-term health conditions or chronic diseases ( $\geq 15$ years) | No |  | No |  | Yes | Fall (total and men) |
| 13. People having limited ability to perform activities of daily life due to a health condition ( $\geq 15$ years) | No |  | No |  | Yes | Rise (women) |
| 14. People suffering from disability ( $\geq 15$ years) | Yes | Rise (total) | No |  | No |  |
| 16. People having deficient social support ( $\geq 15$ years) | Yes | Fall (total, men and women) | No |  | Yes | Fall (total, men and women) |
| 17. People having difficulties remembering or concetrating ( $\geq 45$ years) | Yes | Rise (total) | Yes | Rise (total, men and women) | No |  |
| 21. At-risk alcohol consumption ( $\geq 15$ years) | Yes | Rise <br> (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 ( $\geq 15$ years) | No |  | No |  | Yes | Rise (total and men) |
| 32. People checking blood pressure regularly ( $\geq 15$ 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 ( $\geq 15$ 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

44. People with obesity (6-12 years)
45. People having good healthrelated quality of life ( $8-14$ years)
46. People at risk of developing a mental disorder ( $4-14$ years)
47. People participating in active leisure activities ( $3-14$ years)
48. People practicing sedentary
leisure activities (3-14 years)

| $\begin{gathered} \text { Difference } \\ \text { between 2018- } \\ 2019 \text { and 2019- } \\ 2020 \end{gathered}$ | Direction of the difference between 20182019 and 20192020 | Difference between 20192020 and 20202021 | Direction of the difference between 20192020 and 20202021 | Difference between 20182019 and 20202021 | Direction of the difference between 20182019 and 20202021 |
| :---: | :---: | :---: | :---: | :---: | :---: |
| No |  | No |  | Yes | Rise (girls) |
| No |  | Yes | Rise (total) | No |  |
| Yes | Rise (total) | No |  | No |  |
| No |  | Yes | Rise (total) | No |  |
| No |  | No |  | Yes | $\begin{aligned} & \text { Rise } \\ & \text { (boys) } \end{aligned}$ |


[^0]:    Standardised proportions. Direct method using European Standard Population 2013

[^1]:    Standardised proportions. Direct method using European Standard Population 2013

[^2]:    Standardised proportions. Direct method using European Standard Population 2013.

[^3]:    Standardised proportions. Direct method using European Standard Population 2013

[^4]:    Standardised proportions. Direct method using European Standard Population 2013

[^5]:    Standardised proportions. Direct method using European Standard Population 2013

[^6]:    Standardised proportions. Direct method using European Standard Population 2013

[^7]:    Standardised proportions. Direct method using European Standard Population 2013

[^8]:    Standardised proportions. Direct method using European Standard Population 2013

[^9]:    Standardised proportions. Direct method using European Standard Population 2013

[^10]:    Standardised proportions. Direct method using European Standard Population 2013

[^11]:    Standardised proportions. Direct method using European Standard Population 2013.

[^12]:    Standardised proportions. Direct method using European Standard Population 2013

[^13]:    Standardised proportions. Direct method using European Standard Population 2013

[^14]:    Standardised proportions. Direct method using European Standard Population 2013

[^15]:    Standardised proportions. Direct method using European Standard Population 2013.

[^16]:    Standardised proportions. Direct method using European Standard Population 2013

[^17]:    Standardised proportions. Direct method using European Standard Population 2013

[^18]:    Standardised proportions. Direct method using European Standard Population 2013.

[^19]:    Standardised proportions. Direct method using European Standard Population 2013

[^20]:    Standardised proportions. Direct method using European Standard Population 2013

[^21]:    Standardised proportions. Direct method using European Standard Population 2013

[^22]:    Standardised proportions. Direct method using European Standard Population 2013

[^23]:    Standardised proportions. Direct method using European Standard Population 2013.

[^24]:    Standardised proportions. Direct method using European Standard Population 2013.

[^25]:    Standardised proportions. Direct method using European Standard Population 2013.

[^26]:    Standardised proportions. Direct method using European Standard Population 2013.

[^27]:    Standardised proportions. Direct method using European Standard Population 2013.

