

Health status, health-related behaviours and health service utilisation in Catalonia, 2022

Executive summary of the main results. ESCA 2022

Directorate-General for Health Planning and Research

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1 Introduction

This document accompanies the analysis of a selection of 58 indicators, included in the document ***Principals indicadors ESCA 2022***, in Excel format. Of these, 39 describe adult population (people aged 15 years and more) and 19, child population (people aged 0 to 14 years).

For each of the 58 indicators, a summary of the results of year 2022 is shown according to axes of inequality (sex, age group, social class, level of education and territory) as well as a time evolution. For all these axes, statistical significant differences are highlighted, as well as a contrast between years 2021 and 2022.

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

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

Please consult our website for further information at [results from 2022](#).

Methodological notes

- The description of studied variables (levels of variables, measuring tools, cut-off points...) can be found in technical document.
- The values of scale for each graph are adjusted to percentage of its indicator.
- We only show the result by sex from the highest statistically significant values by axes of inequality (age group, social class or level of education). When nothing is shown the reason is because there are not statistically significant differences across sexes in any axes of inequality.
- The results shown must be understood as prevalence, not incidence.
- All results must be understood as relative values. Therefore, if an indicator remains steady across the years, it could still mean a growth in absolute terms, as population in Catalonia in 1994 was around 6 million and now it is around 7.7 million.

2 Characterisation of the population and the sampling

The Catalan Health Interview Survey is an official activity included in the Statistical Plan of Catalonia that guarantees the confidentiality of the data, which are protected by the Law on Statistics and the Statistical Plan of Catalonia. The Catalan Health Interview Survey provides relevant information from the population about health status, health-related behaviours and health service utilisation, which are substantial in establishing and assessing Catalan health policy as specified in the Health Plan of Catalonia.

The main characteristics of the Catalan Health Interview Survey 2022 are outlined below:

Technical requirements	Contents
Units in charge	Directorate General for Health Planning and Research. Ministry of Health. Statistical Institute of Catalonia.
Universe	Non-institutionalised population residing in Catalonia.
Sample size	4,824 people: 2,382 men and 2,442 women.
Type of interview	Computer-Assisted Personal Interview (CAPI) using three questionnaires: direct for adults, indirect for adults and indirect for minors (14 years and below).
Sampling method and selection of the stage units	Random, stratified multistage sampling wave (half-year) 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 (people): random without replacement, stratified according to age groups and sex.
Sample extraction	Based on the most recent Population Register, 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.
Fieldwork	Carried out by the company IPSOS Operaciones, SA. The interviews were carried out continuously from 11 January to 31 December 2022.

In 2022, 4,824 interviews were carried out, which guarantee the reliability and representativeness of the results for the population as a whole by sex, by age groups and sex, by social class according to occupation and sex and by level of education and sex.

The sampling is not proportional in the non-institutionalised 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 were used.

The maximum error is calculated under the assumption of maximum indetermination ($p = q = 0.5$) for simple random sampling and infinite population, at a 95.45% confidence interval. The sample size determines the maximum percent error, given that the more stratification of the indicators, the higher the error. The sampling errors according to age and sex are detailed below.

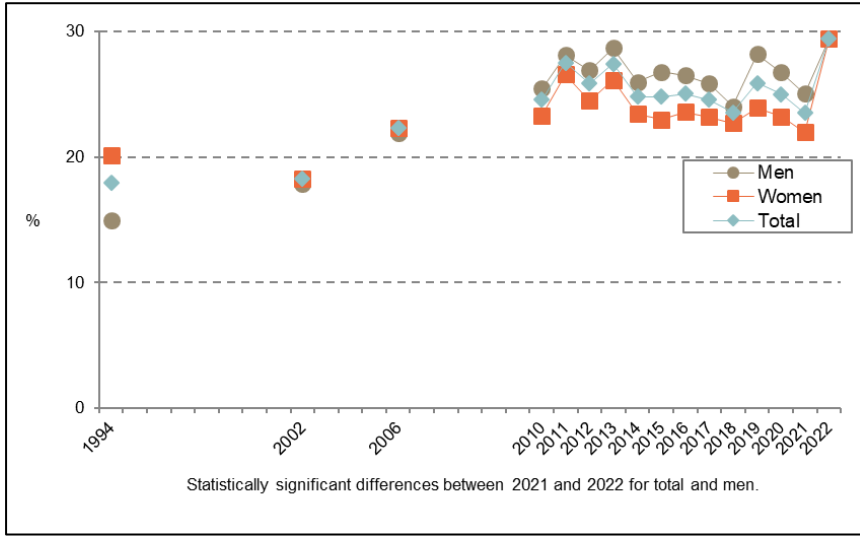
AGE	Reference population			Sample			Maximum sampling error		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
0-14	586,182	553,078	1,139,260	603	616	1,219	4.1%	4.0%	2.9%
15-44	1,486,013	1,430,541	2,916,554	634	619	1,253	4.0%	4.0%	2.8%
45-64	1,112,427	1,116,450	2,228,877	609	620	1,229	4.1%	4.0%	2.9%
65-74	345,466	400,041	745,507	217	229	446	6.8%	6.6%	4.7%
75 and more	289,743	443,421	733,164	319	358	677	5.6%	5.3%	3.8%
<i>15 and more</i>	<i>3,233,649</i>	<i>3,390,453</i>	<i>6,624,102</i>	<i>1,779</i>	<i>1,826</i>	<i>3,605</i>	<i>2.4%</i>	<i>2.3%</i>	<i>2.7%</i>
<i>65 and more</i>	<i>635,209</i>	<i>843,462</i>	<i>1,478,671</i>	<i>536</i>	<i>587</i>	<i>1,123</i>	<i>4.3%</i>	<i>4.1%</i>	<i>3.0%</i>
Total	3,819,831	3,943,531	7,763,362	2,382	2,442	4,824	2.0%	2.0%	1.4%

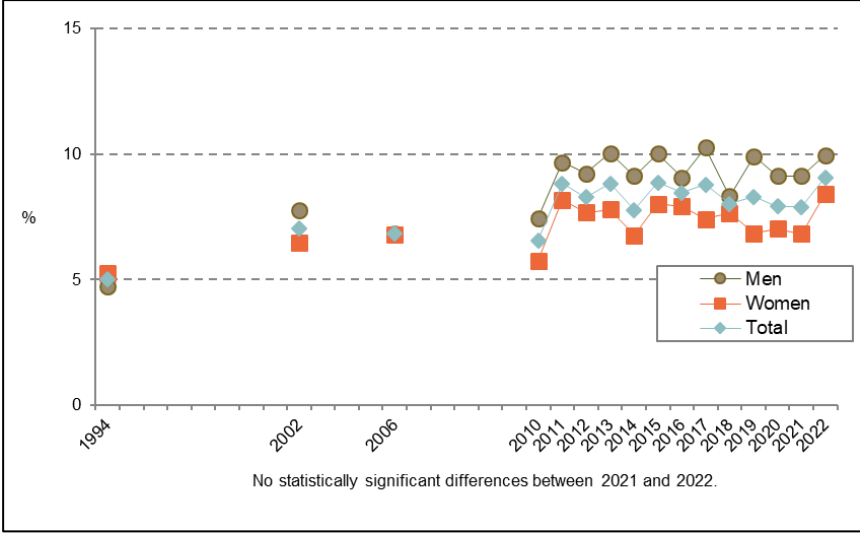
Source: Municipality Census (01/01/2021). Statistical Institute of Catalonia.

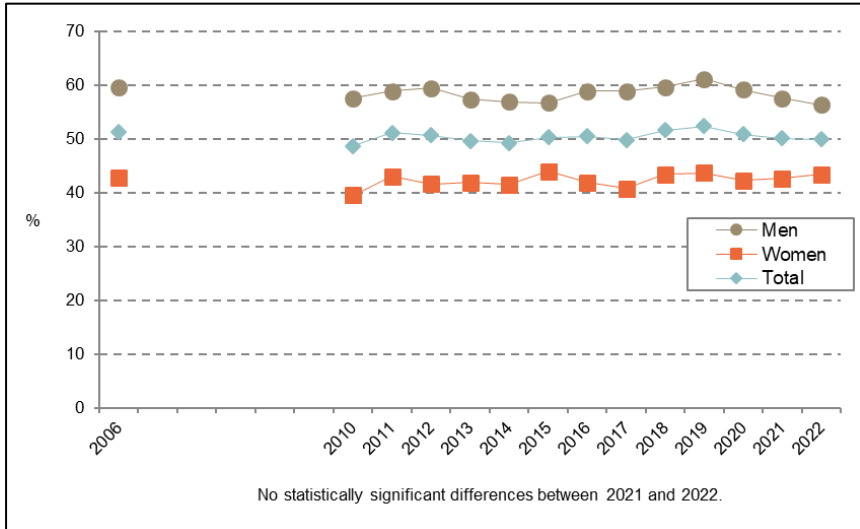
3 Health status

3.1 Positive self-perceived health																																																																					
Axes of inequality	Three out of four people aged 15 and over (76.1%) have positive self-perceived health																																																																				
Sex	Men (79.6%) have better self-perception health than women (72.8%).																																																																				
Age group	This perception is lowest in the older age groups, especially those over 65 : 58.7% of those aged 65 to 74 and 47.4% of those aged 75 and over, compared to 90.6% of those aged 15 to 44.																																																																				
Social class	Positive self-perceived health is higher among people from the most advantaged social class (86.6% class I) compared to people from the most disadvantaged social class (70.9% class III).																																																																				
Level of education	Positive self-perceived health is higher among those with university studies (88.0%) compared to those with no studies or with primary schooling (56.2%).																																																																				
Age group, social class and level of education according to sex	Women have a lower percentage than men in all axes, reaching a difference of 11 percentage points between men (54.1%) and women (43.1%) aged 75 and over.																																																																				
Territory	The percentages in the health regions Lleida (82.1%), Girona (81.2%) and Barcelona Ciutat (79.5%) are above Catalonia's overall percentage.																																																																				
Evolution	<p>From 1994 to 2012, the percentage of people reporting positive self-perceived health has tended to increase slightly year to year; from 2012 to 2017 it remains stable; from 2018 on it undergoes an upward trend among men and a downward trend among women; and in 2020 and 2021 it stabilises again. In 2022, a decrease in this percentage is observed in men, women and the total. This decrease is statistically significant for the total.</p> <table border="1"> <caption>Estimated data from the evolution graph (Standardised proportions)</caption> <thead> <tr> <th>Year</th> <th>Men (%)</th> <th>Women (%)</th> <th>Total (%)</th> </tr> </thead> <tbody> <tr><td>1994</td><td>75</td><td>68</td><td>72</td></tr> <tr><td>2002</td><td>75</td><td>70</td><td>73</td></tr> <tr><td>2006</td><td>76</td><td>70</td><td>73</td></tr> <tr><td>2010</td><td>77</td><td>72</td><td>75</td></tr> <tr><td>2011</td><td>77</td><td>72</td><td>75</td></tr> <tr><td>2012</td><td>78</td><td>73</td><td>76</td></tr> <tr><td>2013</td><td>78</td><td>73</td><td>76</td></tr> <tr><td>2014</td><td>78</td><td>73</td><td>76</td></tr> <tr><td>2015</td><td>78</td><td>73</td><td>76</td></tr> <tr><td>2016</td><td>78</td><td>73</td><td>76</td></tr> <tr><td>2017</td><td>78</td><td>73</td><td>76</td></tr> <tr><td>2018</td><td>79</td><td>74</td><td>77</td></tr> <tr><td>2019</td><td>79</td><td>74</td><td>77</td></tr> <tr><td>2020</td><td>79</td><td>74</td><td>77</td></tr> <tr><td>2021</td><td>79</td><td>74</td><td>77</td></tr> <tr><td>2022</td><td>78</td><td>73</td><td>76</td></tr> </tbody> </table> <p>Standardised proportions. Direct method using European standard population 2013</p>	Year	Men (%)	Women (%)	Total (%)	1994	75	68	72	2002	75	70	73	2006	76	70	73	2010	77	72	75	2011	77	72	75	2012	78	73	76	2013	78	73	76	2014	78	73	76	2015	78	73	76	2016	78	73	76	2017	78	73	76	2018	79	74	77	2019	79	74	77	2020	79	74	77	2021	79	74	77	2022	78	73	76
Year	Men (%)	Women (%)	Total (%)																																																																		
1994	75	68	72																																																																		
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Axes of inequality	<p>3.2 Positive self-perceived oral hygiene health</p> <p>65.7% of people aged 15 and over have positive self-perceived oral hygiene health</p>																				
Sex	No differences have been found according to sex.																				
Age group	<p>A downward gradient is observed in the different age groups, with the highest percentage among the youngest people: 78.4% of those aged 15 to 44, 61.9% of those aged 45 to 64, 52.9% of those 65 to 74 and 39.8% of those aged 75 and over.</p>																				
Social class	<p>The percentage is higher among people from the most advantaged social class (78.1% class I) compared to those from the most disadvantaged social class (59.2% class III).</p>																				
Level of education	<p>The positive self-perception is higher among people with university studies (80.1%) than those without studies or with primary schooling (43.6%).</p>																				
Territory	<p>The percentage of the Barcelona Ciutat Health Region (69.9%) is above Catalonia's overall percentage.</p>																				
Evolution	<p>The indicator remains stable from 2019 to 2021. In 2022, it remains steady in the total and in women but shows a statistically significant decrease in men compared with 2021.</p>																				
<table border="1"> <caption>Data for Evolution Graph</caption> <thead> <tr> <th>Year</th> <th>Men (%)</th> <th>Women (%)</th> <th>Total (%)</th> </tr> </thead> <tbody> <tr> <td>2019</td> <td>65.7</td> <td>65.7</td> <td>65.7</td> </tr> <tr> <td>2020</td> <td>65.7</td> <td>65.7</td> <td>65.7</td> </tr> <tr> <td>2021</td> <td>65.7</td> <td>65.7</td> <td>65.7</td> </tr> <tr> <td>2022</td> <td>65.7</td> <td>65.7</td> <td>65.7</td> </tr> </tbody> </table> <p>Standardised proportions. Direct method using European standard population 2013</p>		Year	Men (%)	Women (%)	Total (%)	2019	65.7	65.7	65.7	2020	65.7	65.7	65.7	2021	65.7	65.7	65.7	2022	65.7	65.7	65.7
Year	Men (%)	Women (%)	Total (%)																		
2019	65.7	65.7	65.7																		
2020	65.7	65.7	65.7																		
2021	65.7	65.7	65.7																		
2022	65.7	65.7	65.7																		

Axes of inequality	<h3 style="text-align: center;">3.3 High blood pressure</h3> <p>26.4% of people aged 15 and over have high blood pressure</p>
Sex	Men have a higher percentage (28.5%) than women (24.4%).
Age group	Older people have a higher percentage of high blood pressure than the other groups, especially 65 and over: 51.6% of those aged 65 to 74 and 62.4% of those aged 75 and over, compared to 8.5% of those aged 15 to 44.
Social class	The highest percentage is found in people from disadvantaged social class (29.2% and class III) compared to those from the most advantaged social class (20.3% class I).
Level of education	It is higher among people without studies or with primary schooling (43.5%) than those with university studies (19.0%).
Age group, social class and level of education according to sex	Men have higher percentages than women in all axes, reaching a difference of 16.2 percentage points between men (28.2%) and women (12.1%) among those with university studies.
Territory	No differences have been found according to health region.
Evolution	<p>It shows an upward trend from 1994 to 2010, remaining stable until 2018 and then slightly decreasing. It increases in 2019, especially among men, and from then to 2021 it shows a downward trend. In 2022, the percentage of people with high blood pressure increases and statistically significant differences are observed in the total and in men compared to 2021.</p>  <p style="text-align: center;">Standardised proportions. Direct method using European standard population 2013</p>

Axes of inequality	<h3 style="text-align: center;">3.4 Diabetes</h3> <p style="text-align: center;">9.0% of people aged 15 and over suffer from diabetes</p>
Sex	No differences have been found according to sex.
Age group	The percentage of diabetes is highest in older groups, especially age 65 years and over : 23.2% of those aged 65 to 74 and 22.8% of those 75 and over, compared to 1.8% of those aged 15 to 44.
Social class	It is higher among people from the most disadvantaged social class (11.4% class III) compared to those from the most advantaged social class (4.6% class I).
Level of education	People without studies or with primary schooling (18.0%) suffer from diabetes at a higher percentage than those with university studies (4.7%).
Territory	The percentage of the Barcelona Ciutat Health Region (6.7%) is lower than Catalonia's overall percentage.
Evolution	<p>The prevalence of the diabetes has remained stable since 2011. No statistically significant differences have been found between 2021 and 2022.</p> <div style="text-align: center;">  <p style="text-align: center;">Standardised proportions. Direct method using European standard population 2013</p> </div>

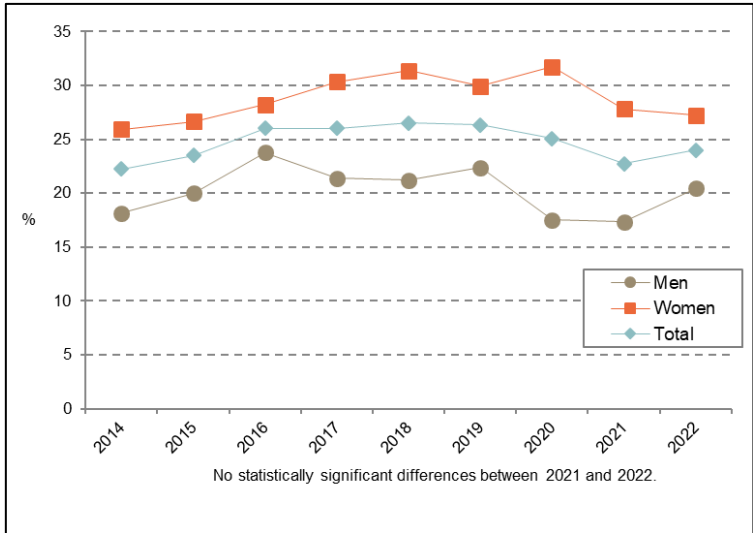
Axes of inequality	<h3 style="text-align: center;">3.5 Excess body weight</h3> <p style="text-align: center;">Half of people aged 18 to 74 (50.0%) have excess body weight (overweight or obesity)</p>
Sex	Men have a higher percentage (56.2%) than women (43.7%).
Age group	This indicator increases with age : from 39.6% of those aged 15 to 44 to 68.7% of those aged 65 to 74.
Social class	It is higher among people from the most disadvantaged social class (58.1% class III) than those from the most advantaged social class (36.9% class I).
Level of education	Excess body weight is more frequent among people without studies or with primary schooling (67.1%) than those with university studies (37.1%).
Age group, social class and level of education according to sex	Men have a higher percentage than women in all axes studied. The difference reaches 18 percentage points between men (47.4%) and women (29.5%) with university studies. Despite that, results show that women (75.6%) with no studies or with primary schooling have a higher percentage than men (58.2) with the same educational level.
Territory	The percentage in the Barcelona Ciutat Health Region (45.2%) is under Catalonia's overall percentage, while in the Alt Pirineu i Aran Health Region it is above the overall (58.1%).
Evolution	<p>It remains steady from 2006 until 2022. No statistically significant differences have been found between 2021 and 2022.</p>  <p style="text-align: center;">Standardised proportions. Direct method using European standard population 2013</p>

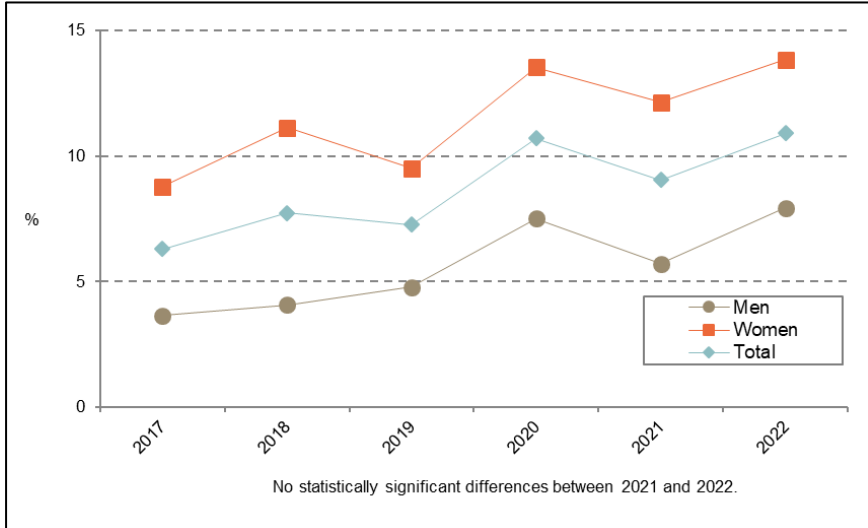
Axes of inequality	<h3 style="text-align: center;">3.6 Overweight</h3> <p style="text-align: center;">34.7% of people aged 18 to 74 are overweight</p>
Sex	More men are overweight (41.0%) than women (28.3%).
Age group	The percentage increases with the age : from 29.8% of those aged 15 to 44 to 46.0% of those aged 65 to 74.
Social class	It is higher among people from the most disadvantaged social class (40.9% class III) than those from the most advantaged social class (26.0% class I).
Level of education	There is a higher percentage of overweight people without studies or with primary schooling (40.6%) than with university studies (28.2%).
Age group, social class and level of education according to sex	Men have higher percentage than women in all axes. The difference reaches 18.7 percentage points between men (38.9%) and women (20.2%) with university studies.
Territory	No differences have been found according to health region.
Evolution	The overweight percentage remains steady from 2006 until 2022. No statistically significant differences have been found between 2021 and 2022.

Year	Men (%)	Women (%)	Total (%)
2006	45.0	30.0	38.0
2010	44.0	28.0	36.0
2011	43.5	29.0	36.5
2012	43.5	28.5	36.0
2013	42.5	27.5	35.0
2014	41.0	26.0	34.0
2015	42.0	28.0	35.0
2016	43.5	27.5	35.5
2017	42.5	27.0	34.5
2018	43.5	29.5	36.5
2019	42.5	28.5	35.5
2020	42.0	25.0	34.0
2021	42.5	28.0	35.0
2022	41.0	28.0	34.5

Standardised proportions. Direct method using European standard population 2013

Axes of inequality	3.7 Obesity 15.3% of people aged 18 to 74 are obese																																																												
Sex	No differences have been found according to sex.																																																												
Age group	The percentage of obesity increases with age , especially among those aged 45 years and over (near 20%).																																																												
Social class	It is higher among people from the most disadvantaged social class (17.2% class III) than those from the most advantaged social class (10.9% class I).																																																												
Level of education	People without studies or with primary schooling (26.6%) have a higher percentage of obesity than those with university studies (9.0%).																																																												
Territory	No differences have been found according to health region.																																																												
Evolution	From 2010 to 2014, the trend in the percentage of obesity shows an upward trend, then it remains stable until 2018; in 2019 it rises again and since 2020, it has been dropping. In 2022, this percentage remains steady compared to 2021. No statistically significant differences have been found between 2021 and 2022.																																																												
<table border="1" style="display: none;"> <caption>Estimated data from the obesity percentage graph</caption> <thead> <tr> <th>Year</th> <th>Men (%)</th> <th>Women (%)</th> <th>Total (%)</th> </tr> </thead> <tbody> <tr><td>2006</td><td>14.2</td><td>13.5</td><td>13.8</td></tr> <tr><td>2010</td><td>13.0</td><td>11.5</td><td>12.2</td></tr> <tr><td>2011</td><td>15.0</td><td>14.0</td><td>14.5</td></tr> <tr><td>2012</td><td>15.5</td><td>13.0</td><td>14.2</td></tr> <tr><td>2013</td><td>14.8</td><td>14.5</td><td>14.6</td></tr> <tr><td>2014</td><td>15.5</td><td>15.5</td><td>15.5</td></tr> <tr><td>2015</td><td>14.8</td><td>15.5</td><td>15.1</td></tr> <tr><td>2016</td><td>15.0</td><td>14.5</td><td>14.7</td></tr> <tr><td>2017</td><td>16.0</td><td>14.0</td><td>15.0</td></tr> <tr><td>2018</td><td>16.0</td><td>14.0</td><td>15.0</td></tr> <tr><td>2019</td><td>18.5</td><td>15.5</td><td>17.0</td></tr> <tr><td>2020</td><td>17.0</td><td>17.0</td><td>17.0</td></tr> <tr><td>2021</td><td>14.8</td><td>14.8</td><td>14.8</td></tr> <tr><td>2022</td><td>15.2</td><td>15.2</td><td>15.2</td></tr> </tbody> </table> <p style="text-align: center;">No statistically significant differences between 2021 and 2022.</p> <p style="text-align: center;">Standardised proportions. Direct method using European standard population 2013</p>		Year	Men (%)	Women (%)	Total (%)	2006	14.2	13.5	13.8	2010	13.0	11.5	12.2	2011	15.0	14.0	14.5	2012	15.5	13.0	14.2	2013	14.8	14.5	14.6	2014	15.5	15.5	15.5	2015	14.8	15.5	15.1	2016	15.0	14.5	14.7	2017	16.0	14.0	15.0	2018	16.0	14.0	15.0	2019	18.5	15.5	17.0	2020	17.0	17.0	17.0	2021	14.8	14.8	14.8	2022	15.2	15.2	15.2
Year	Men (%)	Women (%)	Total (%)																																																										
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2021	14.8	14.8	14.8																																																										
2022	15.2	15.2	15.2																																																										

3.8 Emotional discomfort																																									
Axes of inequality	Almost 1 of every 4 people (24.0%) aged 15 years and over has emotional discomfort																																								
Sex	Almost one out of three women (27.4%) and one out of five men (20.4%) have emotional discomfort.																																								
Age group	This percentage is highest among oldest people : 22.3% of those aged 15 to 44 and 35.5% of people aged 75 years and over.																																								
Social class	It is higher among people from the most disadvantaged social class (26.6% class III) than those from the most advantaged social class (18.5% class I).																																								
Level of education	People without studies or with primary schooling have a higher percentage of emotional discomfort (33.9%) than those with university studies (18.9%).																																								
Age group, social class and level of education according to sex	Women have a higher percentage of emotional discomfort than men across all axes of inequality. This difference reaches 17.2 percentage points between men (25.3%) and women (42.5%) aged 75 and over.																																								
Territory	The percentage of emotional discomfort in the Girona Health Region (18.6%) is below Catalonia's overall percentage.																																								
Evolution	<p>The percentage of people with emotional discomfort shows an upward trend until 2016 and then it remains 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 remaining steady in men. In 2022, even though statistically significant differences have not been found compared to 2021, it shows an upward trend in men and remains steady in women.</p>  <table border="1" data-bbox="561 1384 1316 1915"> <caption>Estimated data from the line graph</caption> <thead> <tr> <th>Year</th> <th>Men (%)</th> <th>Women (%)</th> <th>Total (%)</th> </tr> </thead> <tbody> <tr><td>2014</td><td>18.0</td><td>26.0</td><td>22.0</td></tr> <tr><td>2015</td><td>20.0</td><td>27.0</td><td>24.0</td></tr> <tr><td>2016</td><td>24.0</td><td>28.0</td><td>26.0</td></tr> <tr><td>2017</td><td>21.0</td><td>30.0</td><td>26.0</td></tr> <tr><td>2018</td><td>21.0</td><td>31.0</td><td>26.0</td></tr> <tr><td>2019</td><td>22.0</td><td>30.0</td><td>26.0</td></tr> <tr><td>2020</td><td>17.0</td><td>32.0</td><td>25.0</td></tr> <tr><td>2021</td><td>17.0</td><td>28.0</td><td>23.0</td></tr> <tr><td>2022</td><td>20.0</td><td>27.0</td><td>24.0</td></tr> </tbody> </table> <p>Standardised proportions. Direct method using European standard population 2013</p>	Year	Men (%)	Women (%)	Total (%)	2014	18.0	26.0	22.0	2015	20.0	27.0	24.0	2016	24.0	28.0	26.0	2017	21.0	30.0	26.0	2018	21.0	31.0	26.0	2019	22.0	30.0	26.0	2020	17.0	32.0	25.0	2021	17.0	28.0	23.0	2022	20.0	27.0	24.0
Year	Men (%)	Women (%)	Total (%)																																						
2014	18.0	26.0	22.0																																						
2015	20.0	27.0	24.0																																						
2016	24.0	28.0	26.0																																						
2017	21.0	30.0	26.0																																						
2018	21.0	31.0	26.0																																						
2019	22.0	30.0	26.0																																						
2020	17.0	32.0	25.0																																						
2021	17.0	28.0	23.0																																						
2022	20.0	27.0	24.0																																						

Axes of inequality	<h3 style="text-align: center;">3.9 Moderate or severe depression</h3> <p style="text-align: center;">Almost 11% of people aged 15 years and over suffer from moderate or severe depression</p>																												
Sex	It is higher among women (13.9%) than men (7.8%).																												
Age group	It increases with age : 9.7% among people aged 15 to 44 and 14.7% among people aged 75 and over.																												
Social class	It is higher among people from the most disadvantaged social class (12.8% class III) than those from the most advantaged social class (6.6% class I).																												
Level of education	People without studies or with primary schooling have a higher percentage (17.5%) than those with university studies (6.9%).																												
Age group, social class and level of education according to sex	Women have a higher percentage of moderate or severe depression than men across all axes. This difference reaches 7.5 percentage points between men (9.1%) and women from the most advantaged social class (16.6%).																												
Territory	The percentage with moderate or severe depression in the Barcelona Ciutat (7.5%) and Girona (7.9%) health regions is below Catalonia's overall percentage, whereas in the Lleida Health Region (17.9%) it is above the overall.																												
Evolution	<p>From 2017 to 2019, the percentage of people with moderate or severe depression remains stable. In 2020, there is a rise, especially in women, but in 2021 it goes down for both sexes, and in 2022 percentages goes back to the 2020 figures. No statistically significant differences have been found between 2021 and 2022.</p>  <table border="1" style="margin-top: 10px;"> <caption>Evolution of moderate or severe depression (2017-2022)</caption> <thead> <tr> <th>Year</th> <th>Men (%)</th> <th>Women (%)</th> <th>Total (%)</th> </tr> </thead> <tbody> <tr> <td>2017</td> <td>3.5</td> <td>8.8</td> <td>6.2</td> </tr> <tr> <td>2018</td> <td>4.0</td> <td>11.0</td> <td>7.5</td> </tr> <tr> <td>2019</td> <td>4.8</td> <td>9.5</td> <td>7.2</td> </tr> <tr> <td>2020</td> <td>7.5</td> <td>13.5</td> <td>10.5</td> </tr> <tr> <td>2021</td> <td>5.8</td> <td>12.0</td> <td>9.0</td> </tr> <tr> <td>2022</td> <td>7.8</td> <td>13.9</td> <td>10.8</td> </tr> </tbody> </table> <p style="text-align: center;">Standardised proportions. Direct method using European standard population 2013</p>	Year	Men (%)	Women (%)	Total (%)	2017	3.5	8.8	6.2	2018	4.0	11.0	7.5	2019	4.8	9.5	7.2	2020	7.5	13.5	10.5	2021	5.8	12.0	9.0	2022	7.8	13.9	10.8
Year	Men (%)	Women (%)	Total (%)																										
2017	3.5	8.8	6.2																										
2018	4.0	11.0	7.5																										
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2020	7.5	13.5	10.5																										
2021	5.8	12.0	9.0																										
2022	7.8	13.9	10.8																										

Axes of inequality	<h3 style="text-align: center;">3.10 Good health-related quality of life</h3> <p style="text-align: center;">Seven out of ten (70.0%) people aged 18 and over have a good health-related quality of life</p>
Sex	No differences have been found according to sex
Age group	A downward gradient is observed according to age group, with the highest percentage in the youngest people : 75.5% of those aged 15 to 44 and 64.8% of those aged 75 and over.
Social class	There is a 12.7 percentage point difference between people from the most advantaged social class (78.3% class I) and those from the most disadvantaged social class (65.6% class III).
Level of education	People without studies or with primary schooling have a lower percentage (56.1%) than those with university studies (80.3%).
Age group, social class and level of education according to sex	Even though the youngest people have the highest percentage of good health-related quality of life, there is a 9 percentage point difference between men (79.9%) and women (70.9%) aged 15 to 44.
Territory	The percentage of people with good health-related quality of life in the Barcelona Ciutat Health Region (76.2%) is above Catalonia's overall percentage.
Evolution	The trend of this indicator has been stable since 2012. No statistically significant differences have been found between 2021 and 2022.

Year	Men (%)	Women (%)	Total (%)
2012	73	65	69
2013	68	62	65
2014	69	66	67
2015	72	68	70
2016	71	69	70
2017	-	-	-
2018	-	-	-
2019	74	71	72
2020	73	70	71
2021	74	70	72
2022	71	68	69

No statistically significant differences between 2021 and 2022.

Standardised proportions. Direct method using European standard population 2013

Axes of inequality	<p style="text-align: center;">3.11 Pain</p> <p style="text-align: center;">26.3% of people aged 15 and over has pain or discomfort</p>
Sex	One out of three women (31.8%) and one out of five men (20.5%) have pain or discomfort.
Age group	This percentage increases with age and reaches half the people aged 75 and over: 14.9% of those aged 15 to 44, 29.6% of those aged 45 to 64, 36.8% of those aged 65 to 74 years and 50.9% of those aged 75 and over.
Social class	There is a 15.1 percentage point difference between people from the most disadvantaged social class (31.4%) and people from the most advantaged social class (16.3%).
Level of education	People without studies or with primary schooling have a higher percentage (40.9%) than those with university studies (16.8%).
Age group, social class and level of education according to sex	For each of these axes, women have higher percentages than men . There is a 17.3 percentage point difference between men (27.5%) and women (44.8%) aged 65 to 74.
Territory	The percentage of people with pain or discomfort in the Barcelona Ciutat Health Region (20.4%) is below Catalonia's overall percentage
Evolution	<p>This indicator shows a downward trend, especially from 2015 until 2019, when it remains steady. No statistically significant differences have been found between 2021 and 2022.</p> <p style="text-align: center;">No statistically significant differences between 2021 and 2022.</p> <p style="text-align: center;">Standardised proportions. Direct method using European standard population 2013</p>

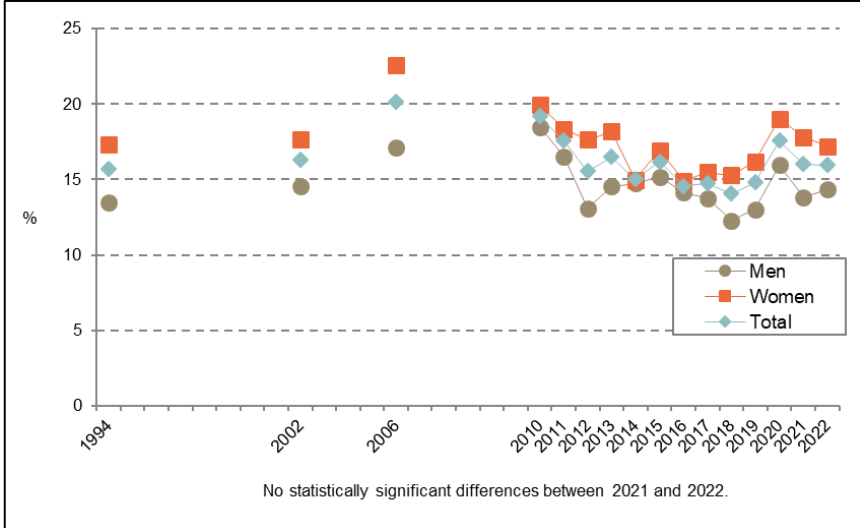
Axes of inequality	<h3 style="text-align: center;">3.12 Chronic diseases</h3> <p style="text-align: center;">41.9% of people aged 15 and over suffer from long-term conditions or chronic diseases or health problems</p>																																																								
Sex	The percentage is higher among women (45.7%) than men (38.0%).																																																								
Age group	The prevalence grows as age groups get older , especially among those aged 65 and over (close to 70%). Three out of four people aged 75 and over (76.4%) suffer from long-term conditions or chronic diseases or health problems.																																																								
Social class	The percentage is lower among people from the most advantaged social class (35.4%) than among the most disadvantaged social class (44.4%).																																																								
Level of education	There is a 24.2 percentage point difference between people with university studies (34.9%) and people with no studies or with primary schooling (59.1%).																																																								
Age group, social class and level of education according to sex	Women have higher percentages than men. The difference reaches 9.4 percentage points between men (34.5%) and women (45.7%) with secondary studies.																																																								
Territory	The percentages in the Girona (36.4%) and Barcelona Ciutat (36.8%) health regions are below Catalonia's overall percentage.																																																								
Evolution	<p>The proportion of people suffering from long-term conditions or chronic diseases or health problems rose from 2010 to 2013, decreased slightly from 2014 to 2015 and stabilises from then on. In spite of that, 2021 shows an upward trend among women, and in 2022 this rise is confirmed in the total and in men, where statistically significant differences have been found compared to 2021.</p> <div style="text-align: center;"> <table border="1" style="margin: 10px auto;"> <caption>Estimated data from the line graph (Standardised proportions)</caption> <thead> <tr> <th>Year</th> <th>Men (%)</th> <th>Women (%)</th> <th>Total (%)</th> </tr> </thead> <tbody> <tr><td>2010</td><td>35.0</td><td>39.0</td><td>37.0</td></tr> <tr><td>2011</td><td>38.0</td><td>44.0</td><td>41.0</td></tr> <tr><td>2012</td><td>41.0</td><td>45.0</td><td>43.0</td></tr> <tr><td>2013</td><td>42.0</td><td>46.0</td><td>44.0</td></tr> <tr><td>2014</td><td>41.0</td><td>45.0</td><td>43.0</td></tr> <tr><td>2015</td><td>38.0</td><td>41.0</td><td>39.0</td></tr> <tr><td>2016</td><td>38.0</td><td>41.0</td><td>39.0</td></tr> <tr><td>2017</td><td>37.0</td><td>40.0</td><td>38.0</td></tr> <tr><td>2018</td><td>37.0</td><td>40.0</td><td>38.0</td></tr> <tr><td>2019</td><td>39.0</td><td>44.0</td><td>41.0</td></tr> <tr><td>2020</td><td>36.0</td><td>40.0</td><td>38.0</td></tr> <tr><td>2021</td><td>34.0</td><td>42.0</td><td>38.0</td></tr> <tr><td>2022</td><td>39.0</td><td>45.0</td><td>42.0</td></tr> </tbody> </table> <p style="font-size: small;">Statistically significant differences between 2021 and 2022 for total and men.</p> </div> <p style="font-size: x-small; text-align: center;">Standardised proportions. Direct method using European standard population 2013</p>	Year	Men (%)	Women (%)	Total (%)	2010	35.0	39.0	37.0	2011	38.0	44.0	41.0	2012	41.0	45.0	43.0	2013	42.0	46.0	44.0	2014	41.0	45.0	43.0	2015	38.0	41.0	39.0	2016	38.0	41.0	39.0	2017	37.0	40.0	38.0	2018	37.0	40.0	38.0	2019	39.0	44.0	41.0	2020	36.0	40.0	38.0	2021	34.0	42.0	38.0	2022	39.0	45.0	42.0
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The **main health problems reported**, in order of frequency and by sex, are:

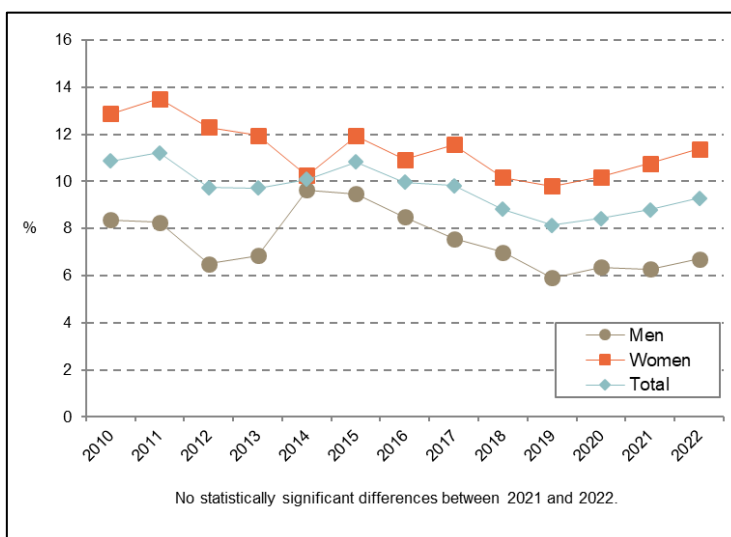
Men	Women	Total
1. Diseases of the circulatory system: high blood pressure and high cholesterol	1. Diseases of the musculoskeletal system: chronic lumbar or dorsal back pain, chronic cervical pain and osteoarthritis	1. Diseases of the circulatory system: high blood pressure and high cholesterol
2. Diseases of the musculoskeletal system: chronic lumbar or dorsal back pain, chronic cervical pain and osteoarthritis	2. Diseases of the circulatory system (especially high blood pressure)	2. Diseases of the musculoskeletal system: chronic lumbar or dorsal back pain, chronic cervical pain and osteoarthritis
3. Chronic allergies	3. Anxiety	3. Anxiety
4. Anxiety	4. Migraines or frequent headaches	4. Migraines or frequent headaches
5. Migraines or frequent headaches	5. Depression	5. Chronic allergies
6. Depression	6. Chronic allergies	6. Depression

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

Axes of inequality	<p>3.13 Limited ability to perform daily activities due to a health condition</p> <p>Almost one out five people aged 15 and over (18.5%) is limited because of a health problem</p>																																																								
Sex	This percentage is higher among women (20.7%) than men (16.3%).																																																								
Age group	The percentages grow as people get older , mainly among people aged 75 and over, almost half of whom are limited (46.4%).																																																								
Social class	It is higher among people from the most disadvantaged social class (21.7% class III) than those from the most advantaged social class (11.1% class I).																																																								
Level of education	People without studies or with primary schooling have a higher percentage (38.5%) than those with university studies (10.2%).																																																								
Age group, social class and level of education according to sex	In all axes of inequality studied, women have higher percentages than men , reaching a difference of 20.4 percentage points between men (34.1%) and women (54.5%) aged 75 and over.																																																								
Territory	No differences have been found according to health region.																																																								
Evolution	<p>From 2010 to 2014 the trend of this indicator shows a downward trend, and then it remains stable from this point until 2016. In 2017, it rises and stabilises again until 2019. In 2020 it shows an upward trend, which remains in 2021 among women. In 2022 it again shows an upward trend, especially among men. No statistically significant differences have been found between 2021 and 2022.</p> <div data-bbox="488 1388 1353 1917"> <table border="1"> <caption>Estimated data from the line graph (Standardised proportions, Direct method using European standard population 2013)</caption> <thead> <tr> <th>Year</th> <th>Men (%)</th> <th>Women (%)</th> <th>Total (%)</th> </tr> </thead> <tbody> <tr><td>2010</td><td>14.0</td><td>20.5</td><td>17.0</td></tr> <tr><td>2011</td><td>14.0</td><td>18.5</td><td>16.0</td></tr> <tr><td>2012</td><td>11.0</td><td>17.0</td><td>14.0</td></tr> <tr><td>2013</td><td>13.0</td><td>18.5</td><td>15.5</td></tr> <tr><td>2014</td><td>12.0</td><td>13.5</td><td>13.0</td></tr> <tr><td>2015</td><td>12.0</td><td>13.5</td><td>13.0</td></tr> <tr><td>2016</td><td>12.0</td><td>13.5</td><td>13.0</td></tr> <tr><td>2017</td><td>14.5</td><td>16.5</td><td>15.5</td></tr> <tr><td>2018</td><td>12.5</td><td>16.0</td><td>14.5</td></tr> <tr><td>2019</td><td>14.5</td><td>15.5</td><td>15.0</td></tr> <tr><td>2020</td><td>16.0</td><td>17.5</td><td>16.5</td></tr> <tr><td>2021</td><td>14.5</td><td>19.0</td><td>16.5</td></tr> <tr><td>2022</td><td>16.3</td><td>20.7</td><td>18.5</td></tr> </tbody> </table> </div> <p>Standardised proportions. Direct method using European standard population 2013</p>	Year	Men (%)	Women (%)	Total (%)	2010	14.0	20.5	17.0	2011	14.0	18.5	16.0	2012	11.0	17.0	14.0	2013	13.0	18.5	15.5	2014	12.0	13.5	13.0	2015	12.0	13.5	13.0	2016	12.0	13.5	13.0	2017	14.5	16.5	15.5	2018	12.5	16.0	14.5	2019	14.5	15.5	15.0	2020	16.0	17.5	16.5	2021	14.5	19.0	16.5	2022	16.3	20.7	18.5
Year	Men (%)	Women (%)	Total (%)																																																						
2010	14.0	20.5	17.0																																																						
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Axes of inequality	<h3 style="text-align: center;">3.14 Disability</h3> <p style="text-align: center;">16.1% of people aged 15 and over are disabled or impaired</p>
Sex	The percentage of disability is higher among women (18.6%) than men (13.4%).
Age group	The percentage increases with age, especially among people aged 75 and over : 4.2% of those aged 15 to 44, 13.3% of those aged 45 to 64, 27.8% of those aged 65 to 74 and 59.7% of those aged 75 and over.
Social class	It is higher among people from the most disadvantaged social class (18.8% class III) than those from the most advantaged social class (8.6% class I).
Level of education	There is a 33.1 percentage point difference between people with university studies (8.0%) and people with no studies or with primary schooling (41.1%).
Age group, social class and level of education according to sex	Women have higher percentages than men in all axes , reaching a difference of 15.1 percentage points between men (50.6%) and women (65.7%) aged 75 and over.
Territory	The Terres de l'Ebre Health Region (22.5%) has a percentage above Catalonia's overall percentage.
Evolution	<p>From 2010 to 2019, this indicator shows a downward trend, and an increase after that. In 2021, it declines again, and remains steady in 2022. No statistically significant differences have been found between 2021 and 2022.</p>  <p style="text-align: center;">Standardised proportions. Direct method using European standard population 2013</p>

3.15 Lack of personal autonomy	
Axes of inequality	9.4% of people aged 15 and over require other people's help to perform daily activities due to a health condition
Sex	Lack of personal autonomy is higher among women (12.3%) than men (6.2%).
Age group	It increases with age: 2.8% of those aged 15 to 44 and 37.4% of those aged 75 and over.
Social class	It is higher among people from the most disadvantaged social class (10.8% class III) than those from the most advantaged social class (4.5% class I).
Level of education	There is a 23 percentage point difference between people with university studies (3.5%) and people with no studies or with primary schooling (26.4%).
Age group, social class and level of education according to sex	Women have higher percentages than men in all axes, reaching a difference of 18.2 percentage points between men (26.3%) and women (44.6%) aged 75 and over.
Territory	No differences have been found according to health region.
Evolution	Lack of personal autonomy experiences a downward trend from 2015 to 2019. From then on, it shows an upward trend among both men and women. No statistically significant differences have been found between 2021 and 2022.



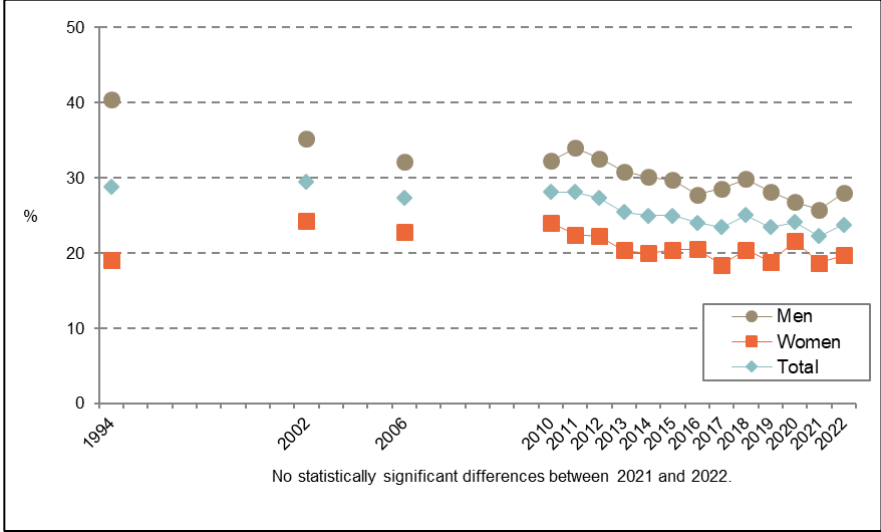
Standardised proportions. Direct method using European standard population 2013

Axes of inequality	<h3 style="text-align: center;">3.16 Social support</h3> <p style="text-align: center;">5.9% of people aged 15 and over have low social support</p>																												
Sex	No differences have been found according to sex.																												
Age group	The oldest people have higher percentage of low social support: 8.4% of those aged 65 to 74, 6.1% of those aged 75 and over compared to 4.4% of those aged 15 to 44.																												
Social class	People from the most disadvantaged social class (7.8% class III) get less social support than people from the most advantaged social class (2.7% class I).																												
Level of education	People without studies or with primary schooling (9.3%) have less social support than people with university studies (4.7%).																												
Territory	The prevalence in the Lleida (13.6%), Terres de l'Ebre (9.7%), Barcelona Metropolitana Sud (9.1%) and Catalunya Central (9.0%) health regions is higher than Catalonia's overall percentage.																												
Evolution	This percentage rises steeply in 2019 compared to the two previous years. In 2020 it decreases, reaching similar figures as in 2018. In 2021, it shows a downward trend which continues in 2022. The drop in the percentage between 2021 and 2022 is statistically significant for the total.																												
<div style="text-align: center;"> <table border="1" style="margin: 10px auto; border-collapse: collapse;"> <caption>Percentage of low social support by year and gender</caption> <thead> <tr> <th>Year</th> <th>Men (%)</th> <th>Women (%)</th> <th>Total (%)</th> </tr> </thead> <tbody> <tr> <td>2017</td> <td>5.0</td> <td>6.0</td> <td>5.5</td> </tr> <tr> <td>2018</td> <td>6.5</td> <td>9.5</td> <td>8.0</td> </tr> <tr> <td>2019</td> <td>15.0</td> <td>16.5</td> <td>16.0</td> </tr> <tr> <td>2020</td> <td>10.0</td> <td>8.5</td> <td>9.5</td> </tr> <tr> <td>2021</td> <td>7.0</td> <td>8.0</td> <td>7.5</td> </tr> <tr> <td>2022</td> <td>5.5</td> <td>6.5</td> <td>6.0</td> </tr> </tbody> </table> <p style="text-align: center; font-size: small;">Statistically significant differences between 2021 and 2022 for total.</p> </div> <p style="text-align: center; font-size: x-small;">Standardised proportions. Direct method using European standard population 2013</p>		Year	Men (%)	Women (%)	Total (%)	2017	5.0	6.0	5.5	2018	6.5	9.5	8.0	2019	15.0	16.5	16.0	2020	10.0	8.5	9.5	2021	7.0	8.0	7.5	2022	5.5	6.5	6.0
Year	Men (%)	Women (%)	Total (%)																										
2017	5.0	6.0	5.5																										
2018	6.5	9.5	8.0																										
2019	15.0	16.5	16.0																										
2020	10.0	8.5	9.5																										
2021	7.0	8.0	7.5																										
2022	5.5	6.5	6.0																										

Axes of inequality	<p>3.17 Difficulties remembering or concentrating 24.2% of people aged 45 and over have difficulties remembering or concentrating</p>																				
Sex	Women show a higher percentage (28.6%) than men (19.3%).																				
Age group	This indicator increases with age : 14.8% of those aged 45 to 64, 29.7% of those aged 65 to 74 and 47.3% of those aged 75 and over.																				
Social class	People from the most disadvantaged social class have a higher percentage (26.8% class III) than people from the most advantaged social class (16.8% class I).																				
Level of education	There is a 22 percentage point difference between people with university studies (15.4%) and people without studies or primary schooling (37.3%).																				
Age group, social class and level of education according to sex	Women have lower percentages than men in all axes of inequality studied. There is an 11.8 percentage point difference between men (11.0%) and women (22.8%) from the most advantaged social class.																				
Territory	The Catalunya Central Health Region (31.6%) has a higher percentage than Catalonia's overall percentage, whereas the Barcelona Ciutat (19.1%) Health Region has a lower percentage.																				
Evolution	<p>There is a rise of the percentage of people aged 45 years and over have difficulties remembering or concentrating between 2019 and 2020. In 2021, this indicator goes back to 2019 levels, and in 2022 it rises, especially in women. Statistically significant differences have been found between 2021 and in 2022 for the total and for women.</p> <table border="1"> <caption>Evolution of difficulties remembering or concentrating (2019-2022)</caption> <thead> <tr> <th>Year</th> <th>Men (%)</th> <th>Women (%)</th> <th>Total (%)</th> </tr> </thead> <tbody> <tr> <td>2019</td> <td>21.2</td> <td>26.0</td> <td>23.8</td> </tr> <tr> <td>2020</td> <td>23.8</td> <td>29.0</td> <td>26.4</td> </tr> <tr> <td>2021</td> <td>18.8</td> <td>24.8</td> <td>21.8</td> </tr> <tr> <td>2022</td> <td>20.6</td> <td>28.2</td> <td>24.4</td> </tr> </tbody> </table> <p>Standardised proportions. Direct method using European standard population 2013</p>	Year	Men (%)	Women (%)	Total (%)	2019	21.2	26.0	23.8	2020	23.8	29.0	26.4	2021	18.8	24.8	21.8	2022	20.6	28.2	24.4
Year	Men (%)	Women (%)	Total (%)																		
2019	21.2	26.0	23.8																		
2020	23.8	29.0	26.4																		
2021	18.8	24.8	21.8																		
2022	20.6	28.2	24.4																		

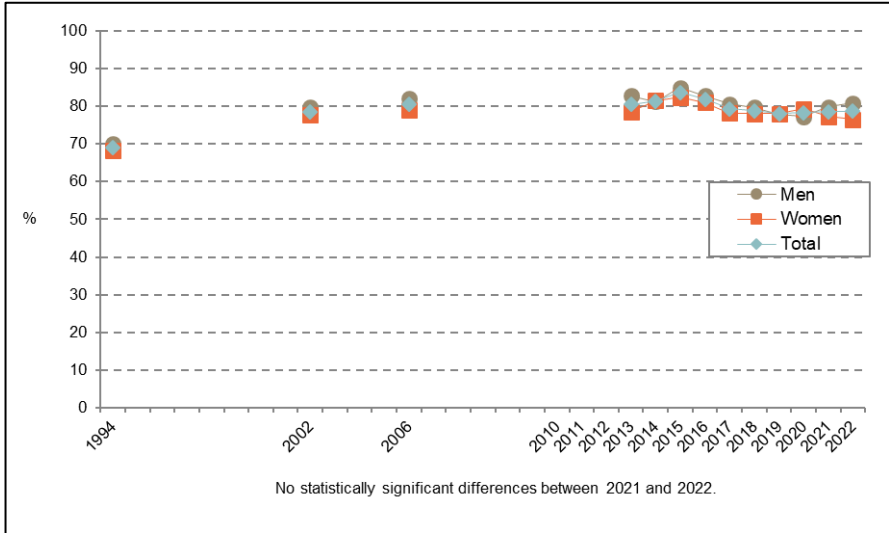
Axes of inequality	<p style="text-align: center;">3.18 Serious material deprivation</p> <p style="text-align: center;">5.2% of people aged 15 and over suffer from serious material deprivation</p>																																				
Sex	Women (6.5%) have higher percentages of serious material deprivation than men (4.0%).																																				
Age group Social class	No differences have been found according to age group. People from the most disadvantaged social class have higher percentages (8.3% class III) than people from the most advantaged social class (0.8% class I).																																				
Level of education	People with primary schooling or without studies have a higher percentage (13.0%) than people with university studies (0.9%) and people with secondary studies (4.9%).																																				
Age group, social class and level of education according to sex	Women have a higher percentage than men in all axes, reaching a difference of 4 percentage points between men (6.2%) and women (10.2%) from the most disadvantaged social class and between men (3.0%) and women (7.0%) with secondary studies.																																				
Territory	No differences have been found according to health region.																																				
Evolution	<p>From 2015 to 2017 the percentage of people suffering from serious material deprivation remains stable. From then to 2019 it goes down. In 2020 it shows an upward trend and in 2021 it remains steady. However, in 2022, this percentage increases, especially in women. Statistically significant differences have been found between 2021 and in 2022 for the total and for women.</p> <div data-bbox="488 1285 1353 1816" style="border: 1px solid black; padding: 10px;"> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <caption>Evolution of serious material deprivation (2015-2022)</caption> <thead> <tr> <th>Year</th> <th>Men (%)</th> <th>Women (%)</th> <th>Total (%)</th> </tr> </thead> <tbody> <tr> <td>2015</td> <td>6.2</td> <td>6.2</td> <td>6.2</td> </tr> <tr> <td>2016</td> <td>4.8</td> <td>4.8</td> <td>4.8</td> </tr> <tr> <td>2017</td> <td>4.8</td> <td>5.8</td> <td>5.3</td> </tr> <tr> <td>2018</td> <td>3.2</td> <td>3.8</td> <td>3.5</td> </tr> <tr> <td>2019</td> <td>2.5</td> <td>3.2</td> <td>2.8</td> </tr> <tr> <td>2020</td> <td>3.8</td> <td>4.8</td> <td>4.3</td> </tr> <tr> <td>2021</td> <td>3.3</td> <td>4.0</td> <td>3.6</td> </tr> <tr> <td>2022</td> <td>4.0</td> <td>6.5</td> <td>5.2</td> </tr> </tbody> </table> <p style="text-align: center; font-size: small;">Standardised proportions. Direct method using European standard population 2013</p> </div>	Year	Men (%)	Women (%)	Total (%)	2015	6.2	6.2	6.2	2016	4.8	4.8	4.8	2017	4.8	5.8	5.3	2018	3.2	3.8	3.5	2019	2.5	3.2	2.8	2020	3.8	4.8	4.3	2021	3.3	4.0	3.6	2022	4.0	6.5	5.2
Year	Men (%)	Women (%)	Total (%)																																		
2015	6.2	6.2	6.2																																		
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2018	3.2	3.8	3.5																																		
2019	2.5	3.2	2.8																																		
2020	3.8	4.8	4.3																																		
2021	3.3	4.0	3.6																																		
2022	4.0	6.5	5.2																																		

4 Health-related behaviours

Axes of inequality	<h3>4.1 Tobacco consumption</h3> <p>The prevalence of tobacco consumption (daily and occasional) in people aged 15 and over is 24.1%</p>
Sex	The percentage is higher in men (28.8%) than women (19.6%).
Age group	Tobacco consumption is higher in the youngest people (28.6% of those aged 15 to 44 and 26.3% of those aged 45 to 64). Prevalence decreases with age.
Social class	No differences have been found according to social class.
Level of education	People with secondary studies have the highest percentage of tobacco consumption (27.3%).
Age group, social class and educational level according to sex	Men have higher percentages than women in all axes , reaching a difference of 19.1 percentage points between men (29.0%) and women (9.9%) with no studies or primary schooling.
Territory	No differences have been found according to health region.
Evolution	<p>This indicator shows a slight downward trend from 1994 to 2021. In 2022, it shows an upward trend even though no statistically significant differences have been found between 2021 and 2022.</p>  <p>Standardised proportions. Direct method using European standard population 2013</p>

Axes of inequality	<h3 style="text-align: center;">4.2 Exposure to second-hand smoke at home</h3> <p style="text-align: center;">6.9% of non-smokers aged 15 and over are exposed to second-hand smoke at home</p>																																																												
Sex	No differences have been found according to sex.																																																												
Age group	Exposure to second-hand smoke at home decreases with age : 9.8% of those aged 15 to 44 and 2.7% of those aged 75 and over.																																																												
Social class	No differences have been found according to social class.																																																												
Level of education	No differences have been found according to educational level.																																																												
Territory	The Camp de Tarragona Health Region (11.9%) has a percentage of non-smokers exposed to second-hand smoke at home above Catalonia's overall percentage, whereas in the Barcelona Ciutat Health Region (4.4%) it is lower.																																																												
Evolution	<p>The percentage of non-smokers exposed to second-hand smoke at home shows a continuous downward trend from 2006 to 2021. In 2022, it shows a stable trend in women and an upward trend in men. No statistically significant differences have been found between 2021 and 2022.</p> <div data-bbox="491 1025 1337 1563" style="border: 1px solid black; padding: 10px;"> <table border="1" style="margin-left: auto; margin-right: auto;"> <caption>Estimated data from the line graph</caption> <thead> <tr> <th>Year</th> <th>Men (%)</th> <th>Women (%)</th> <th>Total (%)</th> </tr> </thead> <tbody> <tr><td>2006</td><td>17.5</td><td>25.0</td><td>21.5</td></tr> <tr><td>2010</td><td>14.0</td><td>21.5</td><td>18.0</td></tr> <tr><td>2011</td><td>15.0</td><td>21.5</td><td>18.5</td></tr> <tr><td>2012</td><td>11.5</td><td>14.5</td><td>13.0</td></tr> <tr><td>2013</td><td>12.0</td><td>16.5</td><td>14.5</td></tr> <tr><td>2014</td><td>11.5</td><td>14.5</td><td>13.0</td></tr> <tr><td>2015</td><td>11.5</td><td>13.0</td><td>12.5</td></tr> <tr><td>2016</td><td>10.0</td><td>12.0</td><td>11.0</td></tr> <tr><td>2017</td><td>9.0</td><td>10.5</td><td>9.5</td></tr> <tr><td>2018</td><td>8.0</td><td>10.0</td><td>9.0</td></tr> <tr><td>2019</td><td>7.0</td><td>10.0</td><td>8.5</td></tr> <tr><td>2020</td><td>6.0</td><td>8.5</td><td>7.5</td></tr> <tr><td>2021</td><td>5.5</td><td>7.5</td><td>6.5</td></tr> <tr><td>2022</td><td>6.5</td><td>7.5</td><td>7.0</td></tr> </tbody> </table> <p style="text-align: center; font-size: small;">No statistically significant differences between 2021 and 2022.</p> </div> <p style="text-align: center; font-size: small;">Standardised proportions. Direct method using European standard population 2013</p>	Year	Men (%)	Women (%)	Total (%)	2006	17.5	25.0	21.5	2010	14.0	21.5	18.0	2011	15.0	21.5	18.5	2012	11.5	14.5	13.0	2013	12.0	16.5	14.5	2014	11.5	14.5	13.0	2015	11.5	13.0	12.5	2016	10.0	12.0	11.0	2017	9.0	10.5	9.5	2018	8.0	10.0	9.0	2019	7.0	10.0	8.5	2020	6.0	8.5	7.5	2021	5.5	7.5	6.5	2022	6.5	7.5	7.0
Year	Men (%)	Women (%)	Total (%)																																																										
2006	17.5	25.0	21.5																																																										
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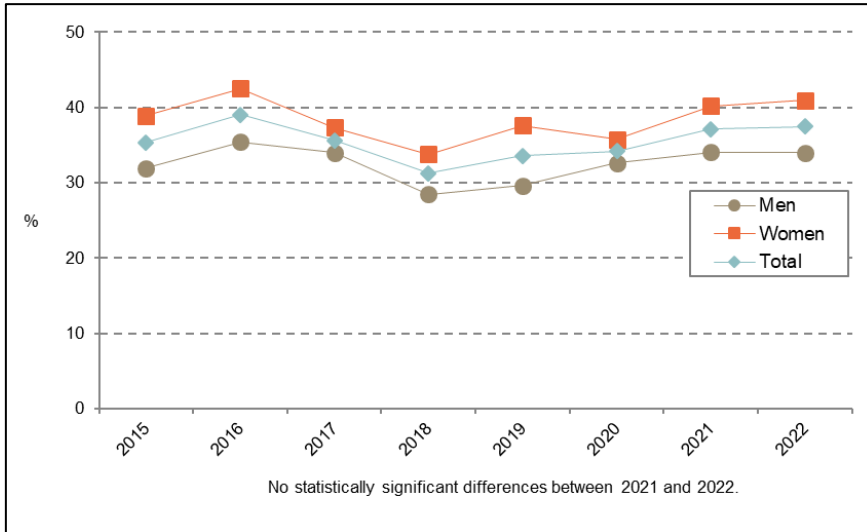
Axes of inequality	<h3 style="text-align: center;">4.3 At-risk alcohol consumption</h3> <p style="text-align: center;">The prevalence of at-risk alcohol consumption in the population aged 15 years and over is 6.3%</p>
Sex	Men (9.1%) have a higher percentage of at-risk alcohol consumption than women (3.7%).
Age group	The youngest people have the highest percentage of at-risk alcohol consumption (8.5% of those aged 15 to 44). Prevalence decreases with age.
Social class	No differences have been found according to social class.
Level of education	People with secondary studies have the highest prevalence of at-risk alcohol consumption (7.5%).
Age group, social class and level of education according to sex	Men have a higher percentage than women in all axes , reaching a difference of 7.2 percentage points between men (8.0%) and women (0.8%) aged 65 to 74.
Territory	The Camp de Tarragona Health Region (10.6%) has a percentage above Catalonia's overall percentage, whereas it is lower in the Barcelona Ciutat (3.8%) and Girona (3.8%) health regions.
Evolution	<p>Since 1994, the prevalence of high-risk alcohol consumption has not shown a clear trend, mainly among men. In spite of that, in 2022 it shows an upward trend. No statistically significant differences have been found between 2021 and 2022.</p> <div data-bbox="464 1238 1348 1771" style="border: 1px solid black; padding: 10px;"> <p style="text-align: center;">Standardised proportions. Direct method using European standard population 2013</p> </div>

Axes of inequality	<h3 style="text-align: center;">4.4 Hours of sleep</h3> <p style="text-align: center;">78.7% of people aged 15 and over sleep an average of six to eight hours daily</p>
Sex	More men sleep between six to eight hours daily (81.4%) than women (76.2%).
Age group	82.2% of people aged 15 to 44 get six to eight hours of sleep daily, and this percentage falls when people get older , reaching 65.2% of those aged 75 and over.
Social class	People from the most disadvantaged social class have the lowest percentages of getting an average of six to eight hours of sleep daily (75.6% class III).
Level of education	People without studies or with primary schooling have the lowest percentage of getting six to eight hours of sleep daily (67.3%).
Age group, social class and level of education according to sex	Men have higher percentages than women in all axes , reaching a difference of 7.8 percentage points between men (84.9%) and women (77.0%) aged 45 to 64.
Territory	The Terres de l'Ebre (70.4%) and Girona (74.5%) health regions have percentages below Catalonia's overall percentage, whereas in the Barcelona Ciutat (82.7%) Health Region it is higher.
Evolution	<p>The evolution of this indicator remains stable. No statistically significant differences have been found between 2021 and 2022.</p> <div style="text-align: center;">  <p style="text-align: center;">Standardised proportions. Direct method using European standard population 2013</p> </div>

Axes of inequality	<h3 style="text-align: center;">4.5 Healthy physical activity</h3> <p style="text-align: center;">Eight out of ten people (82.3%) aged 15 to 69 have a healthy level of physical activity</p>																																																								
Sex	This percentage is higher in men (85.6%) than in women (78.9%).																																																								
Age group	No differences have been found according to age group.																																																								
Social class	People from disadvantaged social classes have the lowest percentage of healthy physical activity (79.9% class II and 80.4% class III).																																																								
Level of education	It is higher among people with university studies (85.9%) than those without studies or with primary schooling (78.3%).																																																								
Age group, social class and level of education according to sex	Men have higher percentages than women in all axes , reaching a difference of 16.3 percentage points between men (87.7%) and women (71.4%) from social class II.																																																								
Territory	The Girona Health Region (74.1%) has a percentage below than Catalonia's overall percentage, whereas the Barcelona Ciutat (89.1%) Health Region is above.																																																								
Evolution	<p>The prevalence of healthy physical activity rises from 2010 to 2016 and remains stable since 2021. In 2022, there is a downward trend in women, even though no statistically significant differences have not found between 2021 and 2022.</p> <div style="text-align: center;"> <table border="1" style="margin: 10px auto; border-collapse: collapse;"> <caption>Estimated data from the line graph (Standardised proportions)</caption> <thead> <tr> <th>Year</th> <th>Men (%)</th> <th>Women (%)</th> <th>Total (%)</th> </tr> </thead> <tbody> <tr><td>2010</td><td>74.1</td><td>70.0</td><td>72.0</td></tr> <tr><td>2011</td><td>74.5</td><td>69.5</td><td>72.0</td></tr> <tr><td>2012</td><td>73.5</td><td>69.0</td><td>71.5</td></tr> <tr><td>2013</td><td>74.0</td><td>65.0</td><td>70.0</td></tr> <tr><td>2014</td><td>74.5</td><td>65.5</td><td>70.0</td></tr> <tr><td>2015</td><td>76.5</td><td>71.5</td><td>74.0</td></tr> <tr><td>2016</td><td>85.6</td><td>80.0</td><td>82.8</td></tr> <tr><td>2017</td><td>83.0</td><td>79.5</td><td>81.5</td></tr> <tr><td>2018</td><td>84.0</td><td>80.5</td><td>82.5</td></tr> <tr><td>2019</td><td>84.5</td><td>80.0</td><td>82.5</td></tr> <tr><td>2020</td><td>83.5</td><td>81.5</td><td>82.5</td></tr> <tr><td>2021</td><td>85.0</td><td>81.5</td><td>83.0</td></tr> <tr><td>2022</td><td>85.6</td><td>78.9</td><td>82.3</td></tr> </tbody> </table> <p style="font-size: small;">Standardised proportions. Direct method using European standard population 2013</p> </div>	Year	Men (%)	Women (%)	Total (%)	2010	74.1	70.0	72.0	2011	74.5	69.5	72.0	2012	73.5	69.0	71.5	2013	74.0	65.0	70.0	2014	74.5	65.5	70.0	2015	76.5	71.5	74.0	2016	85.6	80.0	82.8	2017	83.0	79.5	81.5	2018	84.0	80.5	82.5	2019	84.5	80.0	82.5	2020	83.5	81.5	82.5	2021	85.0	81.5	83.0	2022	85.6	78.9	82.3
Year	Men (%)	Women (%)	Total (%)																																																						
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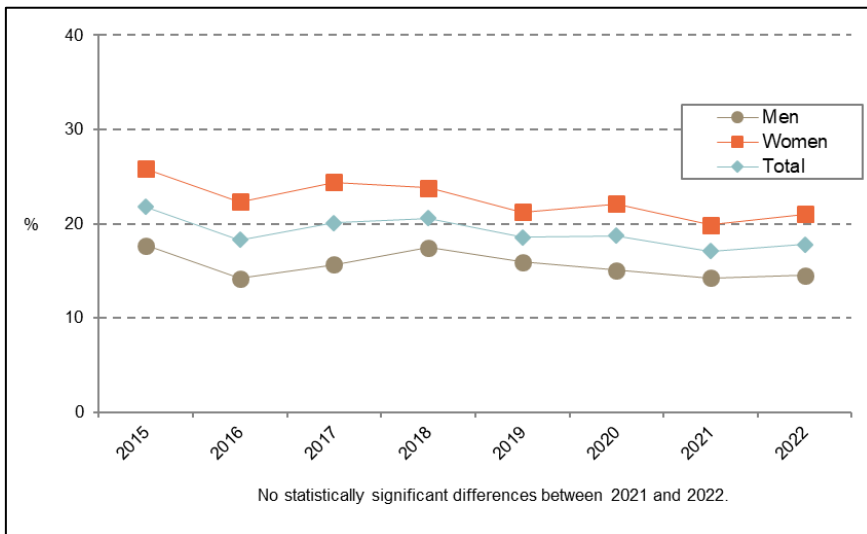
Axes of inequality	<h4 style="text-align: center;">4.6 Moving around regularly</h4> <p style="text-align: center;">37.1% of people aged 15 and over regularly get around on foot or by bicycle and 17.8% use public transport</p>
Sex	<p>Women get around regularly on foot or by bicycle (41.0%) as well as with public transport (20.8%) at a higher percentage than men (33.1% and 14.6%, respectively).</p>
Age group	<p>Half of the older people aged 64 and over (50.9%) get around regularly on foot or by bicycle, whereas only one-third of people younger than 65 years old do. However, people aged 15 to 44 get around regularly using public transport (23.4%) at a percentage higher than people aged 45 and over.</p>
Social class	<p>About 40% of people from the most disadvantaged social class get around regularly on foot or by bicycle, whereas this percentage is close to 33% among those from the most advantaged social class. However, getting around regularly using public transport is more frequent among people from the most advantaged social class (20.8%) than those from disadvantaged social classes (15.9% class II and 16.7% class III).</p>
Level of education	<p>More than half (54.8%) of people without studies or with primary schooling get around regularly on foot or by bicycle. This percentage is 33.2% among people with university studies. However getting around regularly using public transport is more frequent among people with university studies (20.3%) than without studies or with primary schooling (13.2%).</p>
Age group, social class and level of education according to sex	<p>Women have a higher percentage than men in all axes and for both indicators, reaching a difference of 19.2 percentage points between men (40.7%) and women (59.8%) for those aged 65 to 74 who get around regularly on foot or by bicycle. The difference is 9.2 percentage points between men (8.2%) and women (17.4%) with no studies or with primary schooling who get around regularly using public transport.</p>
Territory	<p>The Alt Pirineu i Aran (52.3%) and Terres de l'Ebre (45.9%) health regions have a percentage of people getting around regularly on foot and by bicycle above Catalonia's overall percentage. People from all health regions, except those from Barcelona Ciutat and its metropolitan area, get around regularly using public transport less than Catalonia's overall percentage. The Barcelona Ciutat Health Region (36.4%) has a percentage of people getting around regularly using public transport above Catalonia's overall percentage.</p>
Evolution	<p>From 2016 to 2018 walking and bicycling shows a downward trend, and from then to 2021 it shows an upward trend. In 2002, it remains steady. However, public transport shows a steady trend from 2015 to the present. No statistically significant differences have not found between 2021 and 2022 for either of the indicators.</p>

People getting around regularly on foot or by bicycle



Standardised proportions. Direct method using European standard population 2013.

People getting around regularly using public transport

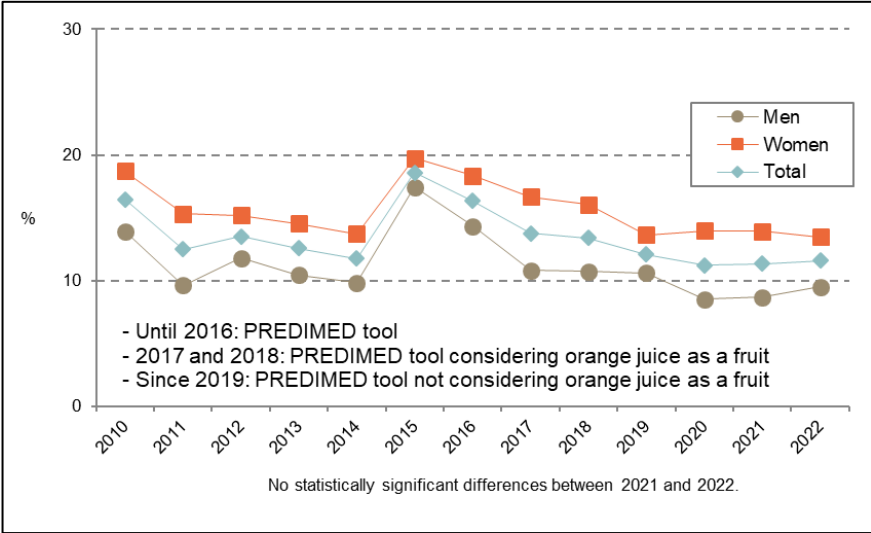


Standardised proportions. Direct method using European standard population 2013.

4.7 Mediterranean diet	
Axes of inequality	56.7% of people aged 15 and over follow the recommendations regarding the Mediterranean diet
Sex	This type of diet is followed by 61.4% of women and 51.9% of men.
Age group	More people aged 65 years and over follow the recommendations regarding the Mediterranean diet: 51.9% of those aged 15 to 44, 58.0% aged 45 to 64, 66.6% aged 65 to 74 and 63.2% of those aged 74 and over.
Social class	The prevalence is higher among people from the most advantaged social class (64.9% class I) than from the most disadvantaged social class (51.2% class III).
Level of education	66.4% of people with university studies follow the recommendations regarding the Mediterranean diet . This percentage is higher than the percentage among people with primary schooling or without studies (52.0%).
Age group, social class and level of education according to sex	For all these axes, women have a higher prevalence of adhering to the Mediterranean diet than men , and there is a 12.3 percentage point difference between men (51.8%) and women (64.1%) aged 45 to 64.
Territory	The Camp de Tarragona (63.2%) and Barcelona Ciutat (61.2%) health regions have percentages above Catalonia's overall percentage, whereas the Girona (46.3%) and Lleida (47.8%) health regions are below it.
Evolution	From 2015 to 2017, adherence to the Mediterranean diet shows a downward trend, in 2018 it remains stable and it falls again in 2019. Since then, it remains steady. No statistically significant differences have been found between 2021 and 2022.

Year	Men (%)	Women (%)	Total (%)
2015	68.5	75.0	71.5
2016	70.0	76.0	73.0
2017	58.0	65.0	61.5
2018	58.5	67.0	63.0
2019	50.0	59.0	54.5
2020	55.0	60.0	57.5
2021	53.0	60.0	56.5
2022	52.0	61.0	56.5

Standardised proportions. Direct method using European standard population 2013

<p>Axes of inequality</p>	<p>4.8 Daily consumption of five servings of fruits and/or vegetables</p> <p>11.5% of people aged 15 and over consume 5 servings of fruits and/or vegetables every day</p>
<p>Sex</p>	<p>This consumption is higher among women (13.7%) than men (9.3%).</p>
<p>Age group</p>	<p>The highest daily consumption of five servings of fruits and/or vegetables is among people aged 64 and over.</p>
<p>Social class</p>	<p>No differences have been found according to social class.</p>
<p>Level of education</p> <p>Age group, social class and level of education according to sex</p>	<p>People with secondary studies have the lowest percentage of daily consumption of five servings of fruits and/or vegetables (10.1%).</p> <p>Women’s percentage is higher than men in all axes, reaching a difference of 9.2 percentage points between men (7.2%) and women (16.4%) aged 45 to 64.</p>
<p>Territory</p>	<p>No differences have been found according to health region.</p>
<p>Evolution</p>	<p>From 2011 to 2014 it remains steady. From 2015 to 2019 this indicator shows a slight downward trend and since then it remains steady again. However, in 2022 there is an upward trend in men, even though no statistically differences have been found between 2021 and 2022.</p>  <p>Standardised proportions. Direct method using European standard population 2013</p>

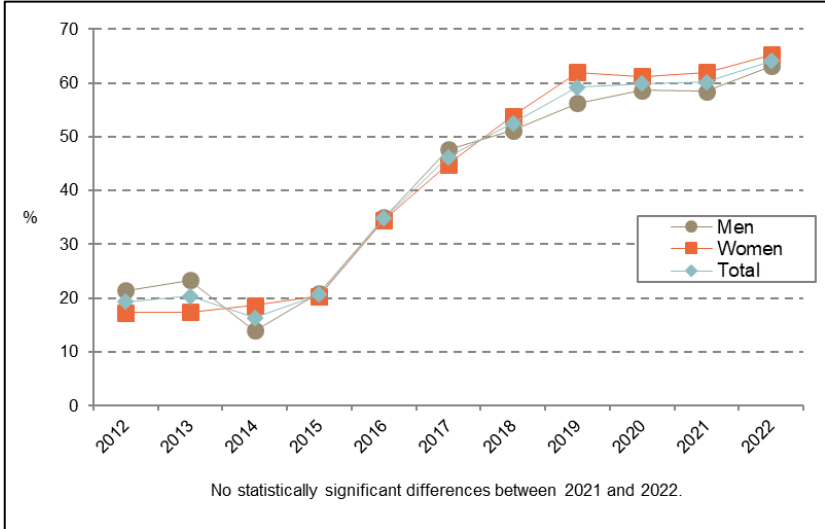
4.9 Daily consumption of sugary drinks	
Axes of inequality	15.1% of people aged 15 and over consume sugary drinks daily
Sex	Consumption is higher among men (18.3%) than women (11.9%).
Age group	People aged 15 to 44 years (20.5%) have the highest percentage of daily consumption of sugary drinks.
Social class	People from the most disadvantaged social class have a percentage of daily consumption of sugary drinks (19.6% class III) higher than people from the most advantaged social class (8.5% class I).
Level of education	16.7% of people without studies or with primary schooling consume sugary drinks daily, whereas this percentage is 18.2% among people with secondary studies and 6.2% among those with university studies.
Age group, social class and level of education according to sex	Men have higher percentages than women in all axes. There is a difference of 9.1 percentage points between men (24.9%) and women (15.8%) aged 15 to 44.
Territory	The Terres de l'Ebre (24.1%) and Barcelona Metropolitana Sud (20.0%) health regions have percentages above Catalonia's overall percentage.
Evolution	From 2015 to today, this indicator has shown a slight downward trend. No statistically significant differences have been found between 2021 and 2022.

Year	Men (%)	Women (%)	Total (%)
2015	31.0	24.0	27.0
2016	25.0	18.0	21.5
2017	24.5	15.0	20.0
2018	23.0	16.0	19.5
2019	22.0	16.0	19.0
2020	20.0	18.0	19.0
2021	19.0	14.0	16.5
2022	18.3	11.9	15.1

Standardised proportions. Direct method using European standard population 2013

Axes of inequality	<p style="text-align: center;">4.10 Regular mammogram</p> <p style="text-align: center;">Nine out of ten women aged 50 to 69 years get regular mammogram (90.0%)</p>																																		
Age group	No differences have been found according to age group.																																		
Social class	95.0% of women from the most advantaged social class get regular mammogram. This percentage drops to 87.3% among women from the most disadvantaged social class.																																		
Level of education	There is an 8.7 percentage point difference between women with university studies (95.1%) and women without studies or with primary schooling (86.4%).																																		
Territory Evolution	<p>No differences have been found according to health region.</p> <p>Regular mammograms in the priority age group shows an upward trend between 1994 and 2010 and has stabilised since then. No statistically significant differences have been found between 2021 and 2022.</p> <div data-bbox="483 920 1345 1451" style="border: 1px solid black; padding: 10px;"> <table border="1" style="display: none;"> <caption>Estimated data from the scatter plot</caption> <thead> <tr> <th>Year</th> <th>Percentage (%)</th> </tr> </thead> <tbody> <tr><td>1994</td><td>27</td></tr> <tr><td>2002</td><td>68</td></tr> <tr><td>2006</td><td>85</td></tr> <tr><td>2010</td><td>92</td></tr> <tr><td>2011</td><td>91</td></tr> <tr><td>2012</td><td>94</td></tr> <tr><td>2013</td><td>92</td></tr> <tr><td>2014</td><td>93</td></tr> <tr><td>2015</td><td>90</td></tr> <tr><td>2016</td><td>92</td></tr> <tr><td>2017</td><td>89</td></tr> <tr><td>2018</td><td>94</td></tr> <tr><td>2019</td><td>92</td></tr> <tr><td>2020</td><td>90</td></tr> <tr><td>2021</td><td>90</td></tr> <tr><td>2022</td><td>90</td></tr> </tbody> </table> <p style="text-align: center;">Standardised proportions. Direct method using European standard population 2013</p> </div>	Year	Percentage (%)	1994	27	2002	68	2006	85	2010	92	2011	91	2012	94	2013	92	2014	93	2015	90	2016	92	2017	89	2018	94	2019	92	2020	90	2021	90	2022	90
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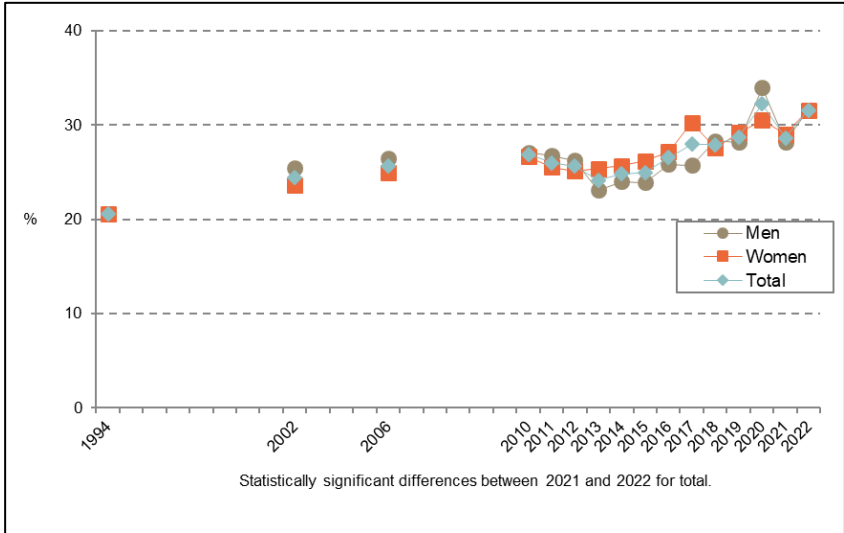
Axes of inequality	<p style="text-align: center;">4.11 Regular smear test</p> <p style="text-align: center;">Seven out of ten women aged 25 to 64 get regular smear test (73.0%)</p>																																		
Age group	Women aged 25 to 44 have the highest percentage (77.2%) of getting regular smear test. This percentage is 69.0% among women aged 45 to 64.																																		
Social class	86.4% of women from the most advantaged social class get a regular smear test. This percentage diminishes to 63.2% among women from the most disadvantaged social class.																																		
Level of education	41.4% of women without studies or with primary schooling have done this preventive practice, compared to 83.4% of women with university studies .																																		
Territory	The Lleida (61.5%) and Terres de l'Ebre (57.5%) health regions have percentages below Catalonia's overall percentage.																																		
Evolution	<p>Getting a regular smear test in priority age groups shows an upward trend from 1994 to 2010, remains steady until 2017 and decreases until 2020. In 2022 it shows an upward trend already show in 2021, even though no statistically significant differences have been found between 2021 and 2022.</p> <div data-bbox="483 1055 1345 1585" style="border: 1px solid black; padding: 10px;"> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <caption>Evolution of regular smear test percentage in women (1994-2022)</caption> <thead> <tr> <th>Year</th> <th>Percentage (%)</th> </tr> </thead> <tbody> <tr><td>1994</td><td>55</td></tr> <tr><td>2002</td><td>68</td></tr> <tr><td>2006</td><td>69</td></tr> <tr><td>2010</td><td>76</td></tr> <tr><td>2011</td><td>75</td></tr> <tr><td>2012</td><td>81</td></tr> <tr><td>2013</td><td>77</td></tr> <tr><td>2014</td><td>79</td></tr> <tr><td>2015</td><td>75</td></tr> <tr><td>2016</td><td>76</td></tr> <tr><td>2017</td><td>78</td></tr> <tr><td>2018</td><td>74</td></tr> <tr><td>2019</td><td>70</td></tr> <tr><td>2020</td><td>68</td></tr> <tr><td>2021</td><td>71</td></tr> <tr><td>2022</td><td>73</td></tr> </tbody> </table> <p style="text-align: center; font-size: small;">No statistically significant differences between 2021 and 2022.</p> </div> <p style="text-align: center; font-size: small;">Standardised proportions. Direct method using European standard population 2013</p>	Year	Percentage (%)	1994	55	2002	68	2006	69	2010	76	2011	75	2012	81	2013	77	2014	79	2015	75	2016	76	2017	78	2018	74	2019	70	2020	68	2021	71	2022	73
Year	Percentage (%)																																		
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2021	71																																		
2022	73																																		

Axes of inequality	<h3 style="text-align: center;">4.12 Faecal occult blood test</h3> <p style="text-align: center;">64.1% of people aged 50 to 69 get a faecal occult blood test for preventive purposes</p>																																																
Sex	No differences have been found according to sex.																																																
Age group	74.5% of people aged 65 to 69 get a faecal occult blood test for preventive purposes. This percentage is 61.5% among people aged 50 to 64.																																																
Social class	Seven out of 10 people from most advantaged social classes get a faecal occult blood test for preventive purposes, whereas 6 of out 10 people from the most disadvantaged social class do.																																																
Level of education	Near 70% of people with secondary or university studies get a faecal occult blood test for preventive purposes. This percentage is 51.0% among people without studies or with primary schooling.																																																
Territory	No differences have been found according to health region.																																																
Evolution	<p>From 2012 to 2015, the percentage remains stable and then sharply increases until 2018, probably due to the launch of the Colorectal Cancer Early Detection Programme in the last quarter of 2015. From 2019 to 2021, it remains stable, while in 2022 it shows an upward trend again. No statistically significant differences have been found between 2021 and 2022.</p> <div style="text-align: center;">  <table border="1" style="margin: 10px auto; border-collapse: collapse;"> <caption>Estimated data from the line graph</caption> <thead> <tr> <th>Year</th> <th>Men (%)</th> <th>Women (%)</th> <th>Total (%)</th> </tr> </thead> <tbody> <tr><td>2012</td><td>21</td><td>18</td><td>19</td></tr> <tr><td>2013</td><td>23</td><td>18</td><td>20</td></tr> <tr><td>2014</td><td>15</td><td>19</td><td>17</td></tr> <tr><td>2015</td><td>20</td><td>20</td><td>20</td></tr> <tr><td>2016</td><td>35</td><td>34</td><td>34</td></tr> <tr><td>2017</td><td>48</td><td>45</td><td>46</td></tr> <tr><td>2018</td><td>52</td><td>54</td><td>53</td></tr> <tr><td>2019</td><td>56</td><td>62</td><td>59</td></tr> <tr><td>2020</td><td>59</td><td>61</td><td>60</td></tr> <tr><td>2021</td><td>58</td><td>62</td><td>60</td></tr> <tr><td>2022</td><td>63</td><td>65</td><td>64</td></tr> </tbody> </table> <p style="font-size: small;">Standardised proportions. Direct method using European standard population 2013</p> </div>	Year	Men (%)	Women (%)	Total (%)	2012	21	18	19	2013	23	18	20	2014	15	19	17	2015	20	20	20	2016	35	34	34	2017	48	45	46	2018	52	54	53	2019	56	62	59	2020	59	61	60	2021	58	62	60	2022	63	65	64
Year	Men (%)	Women (%)	Total (%)																																														
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2020	59	61	60																																														
2021	58	62	60																																														
2022	63	65	64																																														

Axes of inequality	<p style="text-align: center;">4.13 Regular blood pressure measurement</p> <p style="text-align: center;">Almost half (48.8%) of people aged 15 and over get their blood pressure measured regularly</p>																																																																				
Sex	No differences have been found according to sex.																																																																				
Age group	The oldest age group does this preventive practice in the highest percentages, especially those aged 65 and over (high than 85%).																																																																				
Social class	It is higher among people from the more disadvantaged social class (almost a half of people of class II and class III) than among people from the most advantaged social class (43.0% class I).																																																																				
Level of education	People without studies or with primary schooling have the highest percentage of regularly getting their blood pressure measured (66.3%).																																																																				
Territory	The Girona (43.0%) Health Region has a percentage below Catalonia's overall percentage.																																																																				
Evolution	<p>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. In 2022, this percentage increases again, and this rise is statistically significant for the total compared to 2021.</p> <div data-bbox="480 1064 1347 1592"> <table border="1"> <caption>Estimated data from the line graph</caption> <thead> <tr> <th>Year</th> <th>Hones (%)</th> <th>Women (%)</th> <th>Total (%)</th> </tr> </thead> <tbody> <tr><td>1994</td><td>25</td><td>25</td><td>25</td></tr> <tr><td>2002</td><td>52</td><td>52</td><td>52</td></tr> <tr><td>2006</td><td>50</td><td>52</td><td>51</td></tr> <tr><td>2010</td><td>53</td><td>53</td><td>53</td></tr> <tr><td>2011</td><td>54</td><td>54</td><td>54</td></tr> <tr><td>2012</td><td>55</td><td>55</td><td>55</td></tr> <tr><td>2013</td><td>51</td><td>53</td><td>52</td></tr> <tr><td>2014</td><td>52</td><td>54</td><td>53</td></tr> <tr><td>2015</td><td>56</td><td>56</td><td>56</td></tr> <tr><td>2016</td><td>57</td><td>57</td><td>57</td></tr> <tr><td>2017</td><td>55</td><td>55</td><td>55</td></tr> <tr><td>2018</td><td>53</td><td>53</td><td>53</td></tr> <tr><td>2019</td><td>56</td><td>56</td><td>56</td></tr> <tr><td>2020</td><td>47</td><td>47</td><td>47</td></tr> <tr><td>2021</td><td>48</td><td>48</td><td>48</td></tr> <tr><td>2022</td><td>50</td><td>48</td><td>50</td></tr> </tbody> </table> <p style="text-align: center;">Statistically significant differences between 2021 and 2022 for total.</p> </div> <p style="text-align: center;">Standardised proportions. Direct method using European standard population 2013</p>	Year	Hones (%)	Women (%)	Total (%)	1994	25	25	25	2002	52	52	52	2006	50	52	51	2010	53	53	53	2011	54	54	54	2012	55	55	55	2013	51	53	52	2014	52	54	53	2015	56	56	56	2016	57	57	57	2017	55	55	55	2018	53	53	53	2019	56	56	56	2020	47	47	47	2021	48	48	48	2022	50	48	50
Year	Hones (%)	Women (%)	Total (%)																																																																		
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2021	48	48	48																																																																		
2022	50	48	50																																																																		

Axes of inequality	<p>4.14 Regular measurement of blood cholesterol level 56.8% of people aged 15 and over regularly measure blood cholesterol level</p>
Sex	This preventive practice is more frequent among women (58.9%) than men (54.6%).
Age group	The percentage of people who regularly measure blood cholesterol level increases across the age groups : 81.9% of those aged 75 and over and 84.1% of aged 65 to 74.
Social class	The percentages of people from most advantaged social classes (57.6% class I and 62.1% class II) are higher than people from the most disadvantaged social class (54.8%).
Level of education	53.4% of people with secondary studies engage in this preventive practice. It is lower than the percentage of people with university studies (61.4%) or with primary schooling or without studies (63.1%).
Territory	The Lleida (47.5%) and Girona (49.5%) health regions have percentages of this indicator below Catalonia's overall percentage.
Evolution	<p>The prevalence of regularly measuring blood cholesterol level shows an upward trend regularly from 1994 to 2010, stabilising from 2010 to 2016 and steadily decreases from 2016 to 2018. From this point to 2021, it remains stable again, and in 2022 it increases. Statistically significant differences have been found between 2021 and 2022 for the total.</p> <p>Standardised proportions. Direct method using European standard population 2013</p>

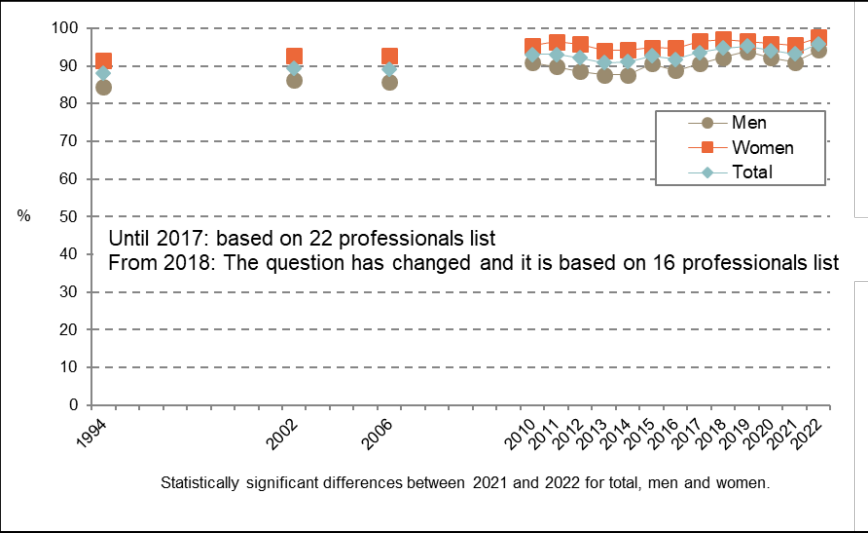
5 Use of and satisfaction with health services

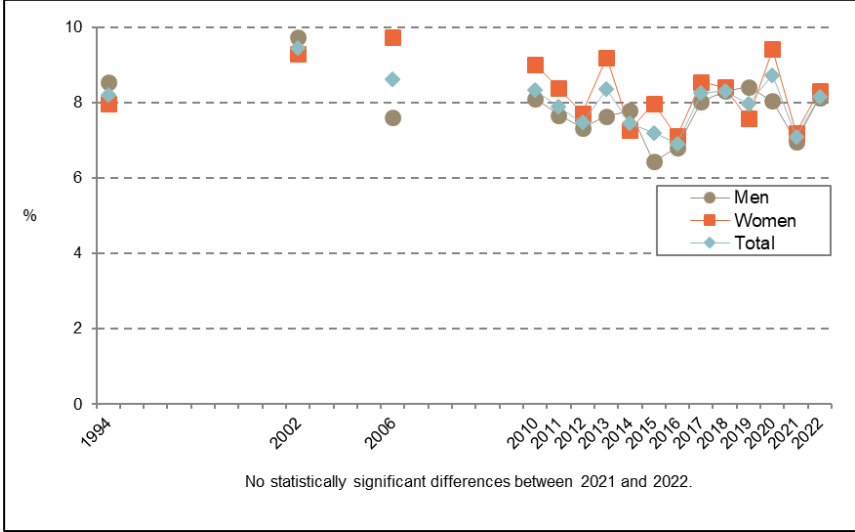
Axes of inequality	<h3>5.1 Double health insurance coverage</h3> <p>31.6% of the general population have double health insurance coverage (public and private)</p>																																																																				
Sex	No differences have been found according to sex.																																																																				
Age group	The smallest percentage was found in people aged 75 and over (18.1%).																																																																				
Social class	It is higher among people from the most advantaged social class (52.2% class I) than the most disadvantaged class (18.8% class III).																																																																				
Level of education	More than half of people with university studies have double health insurance coverage (52.2%), whereas this percentage among people without studies or with primary schooling is 11.8%.																																																																				
Territory	The Catalunya Central (22.0%), Terres de l'Ebre (23.7%), Girona (27.4%) and Barcelona Metropolitana Nord (27.4%) health regions have percentages below Catalonia's overall percentage, whereas in the Barcelona Ciutat (37.1%) Health Region it is above.																																																																				
Evolution	<p>Double health insurance coverage shows an upward trend from 1994 to 2010, a period of stabilisation between 2011 and 2016, and a slight rise from 2017 to 2019. This increase strengthened in 2020, especially among men, and in 2021 goes back to 2019 levels. In 2022 the percentage rises again. Statistically significant differences have been found between 2021 and 2022 for the total.</p>  <table border="1" data-bbox="491 1256 1337 1787"> <caption>Estimated data from the line graph</caption> <thead> <tr> <th>Year</th> <th>Men (%)</th> <th>Women (%)</th> <th>Total (%)</th> </tr> </thead> <tbody> <tr><td>1994</td><td>20.5</td><td>20.5</td><td>20.5</td></tr> <tr><td>2002</td><td>25.0</td><td>24.0</td><td>24.5</td></tr> <tr><td>2006</td><td>26.0</td><td>25.0</td><td>25.5</td></tr> <tr><td>2010</td><td>26.5</td><td>26.0</td><td>26.2</td></tr> <tr><td>2011</td><td>26.0</td><td>25.5</td><td>25.7</td></tr> <tr><td>2012</td><td>25.5</td><td>25.0</td><td>25.2</td></tr> <tr><td>2013</td><td>24.5</td><td>24.0</td><td>24.2</td></tr> <tr><td>2014</td><td>25.0</td><td>24.5</td><td>24.7</td></tr> <tr><td>2015</td><td>24.5</td><td>24.0</td><td>24.2</td></tr> <tr><td>2016</td><td>25.5</td><td>25.0</td><td>25.2</td></tr> <tr><td>2017</td><td>26.0</td><td>25.5</td><td>25.7</td></tr> <tr><td>2018</td><td>27.0</td><td>26.5</td><td>26.7</td></tr> <tr><td>2019</td><td>28.0</td><td>27.5</td><td>27.7</td></tr> <tr><td>2020</td><td>33.0</td><td>30.0</td><td>31.5</td></tr> <tr><td>2021</td><td>29.0</td><td>28.5</td><td>28.7</td></tr> <tr><td>2022</td><td>31.0</td><td>30.5</td><td>30.7</td></tr> </tbody> </table> <p>Standardised proportions. Direct method using European standard population 2013</p>	Year	Men (%)	Women (%)	Total (%)	1994	20.5	20.5	20.5	2002	25.0	24.0	24.5	2006	26.0	25.0	25.5	2010	26.5	26.0	26.2	2011	26.0	25.5	25.7	2012	25.5	25.0	25.2	2013	24.5	24.0	24.2	2014	25.0	24.5	24.7	2015	24.5	24.0	24.2	2016	25.5	25.0	25.2	2017	26.0	25.5	25.7	2018	27.0	26.5	26.7	2019	28.0	27.5	27.7	2020	33.0	30.0	31.5	2021	29.0	28.5	28.7	2022	31.0	30.5	30.7
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5.2 Consumption of prescribed medication	
Axes of inequality	55.3% of people aged 15 and over have taken prescribed medication in the last fifteen days
Sex	Women (60.0%) consume prescribed medication more than men (50.4%).
Age group	This percentage increases with age (93.2% among people aged 75 and over).
Social class	It is highest among people from the most disadvantaged social class (47.8% class I and 58.5% class III).
Level of education	75.2% of people without studies or with primary schooling have taken prescribed medication in the last fifteen days. This percentage is 47.8% among people with university studies.
Age group, social class and level of education according to sex	For the total as well as for social class and level of education, women have higher prevalence of consuming prescribed medication than men , reaching a difference of 14.4 percentage points between men (47.7%) and women (62.0%) from social class II.
Territory	The Girona Health Region (49.4%) has a percentage below Catalonia's overall percentage.
Evolution	This indicator shows a quite stable trend from 2018 until today. No statistically significant differences have been found between 2021 and 2022.

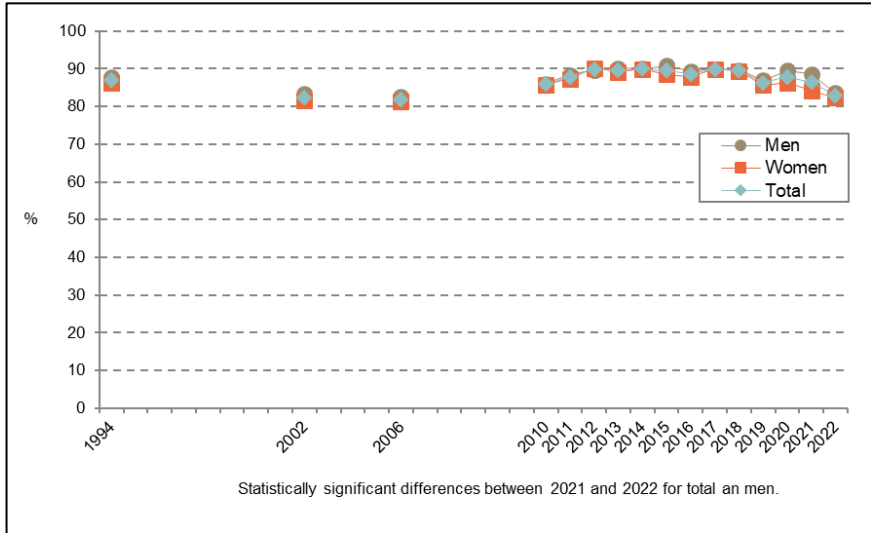
Year	Men (%)	Women (%)	Total (%)
2018	50.4	60.0	55.3
2019	51.0	58.0	54.5
2020	48.0	58.0	53.0
2021	47.7	59.0	53.3
2022	50.4	60.0	55.3

Standardised proportions. Direct method using European standard population 2013

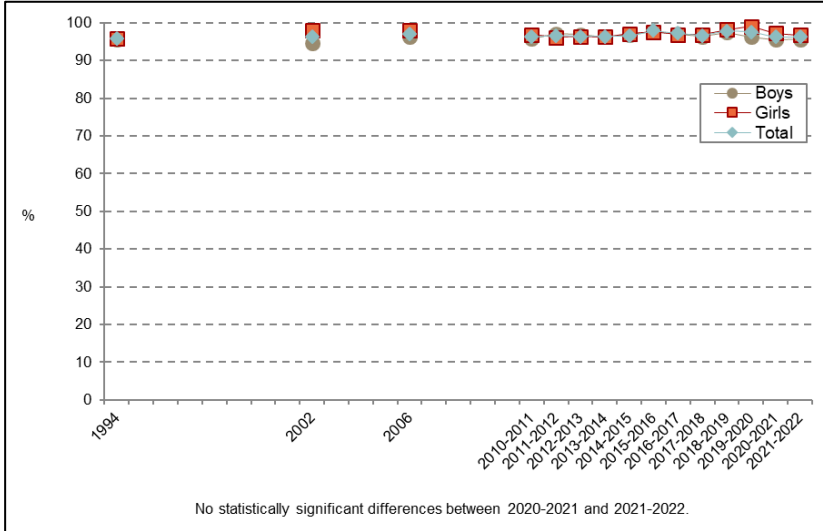
Axes of inequality	<h3 style="text-align: center;">5.3 Visiting a health professional</h3> <p style="text-align: center;">95.9% of the general population have visited a health professional in the past year</p>
Sex	Women (97.6%) visited a health professional at a higher percentage than men (94.1%) in the past year.
Age group	The highest percentages are among the youngest population (96.9% of those aged 0 to 14) and the population aged 75 and over (97.8%).
Social class	People from most advantaged social classes have a higher percentage (96.9% class I and 97.1% class II) than people from the most disadvantaged social class (95.0%).
Level of education	96.1% of people without studies or with primary schooling have visited a health professional in the past year. This percentage is 94.7% of those with secondary studies and 97.9% of people with university studies.
Age group, social class and level of education according to sex	Men have lower percentage than women in all axes. There is a 6.1 percentage point difference between men (91.7%) and women (97.9%) with secondary studies.
Territory	The Girona (93.7%) and Barcelona Metropolitana Nord (93.8%) health regions have percentages below Catalonia's overall percentage, while the Catalunya Central Health Region has a higher percentage (96.7%).
Evolution	<p>From 1994 to 2019 this figure has remained stable, with a slight drop from 2019 to 2021. In 2022, it increases and this difference compared to 2021 is statistically significant for the total, for men and for women.</p>  <p style="text-align: center;">Standardised proportions. Direct method using European standard population 2013</p>

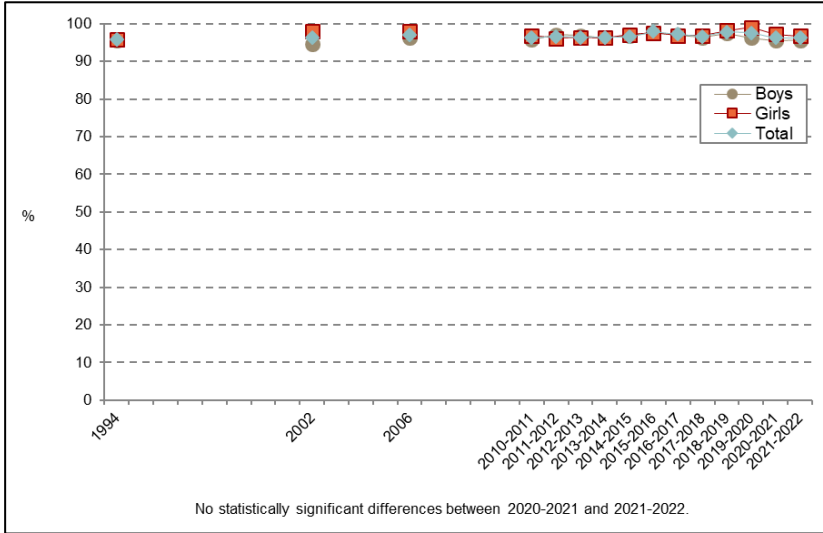
Axes of inequality	<h3 style="text-align: center;">5.4 Hospitalisation</h3> <p style="text-align: center;">Last year, 8.2% of the general population was admitted to hospital for at least one night</p>
Sex	No differences have been found according to sex.
Age group	The percentage is higher among the oldest population, especially among those aged 65 and over (near 15%).
Social class	No differences have been found according to social class.
Level of education	12.1% of people without studies or with primary schooling were admitted to hospital for at least one night.
Age group, social class and level of education according to sex	There is a 5.2 percentage point difference between men (4.0%) and women (9.2%) aged 15 to 44.
Territory	No differences have been found according to health region.
Evolution	<p>This percentage remains steady since 1994. No statistically significant differences have been found between 2021 and 2022.</p>  <p style="text-align: center;">Standardised proportions. Direct method using European standard population 2013</p>

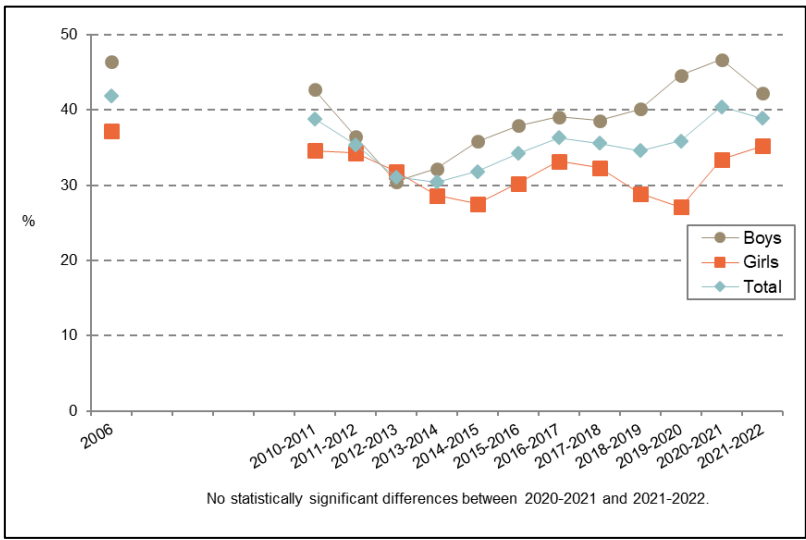
Axes of inequality	<h3 style="text-align: center;">5.5 Visiting an emergency room</h3> <p style="text-align: center;">38.3% of the general population has visited an emergency room in the past year</p>																																																												
Sex	No differences have been found according to sex.																																																												
Age group	The highest percentage is among the population aged 0 to 14 (47.5%).																																																												
Social class	No differences have been found according to social class.																																																												
Level of education	No differences have been found according to level of education.																																																												
Territory	The Girona (32.8%), Catalunya Central (33.5%) and Barcelona Ciutat (34.8%) health regions have percentages below Catalonia's overall percentage.																																																												
Evolution	<p>From 2006 to 2015 this indicator remains steady. 2017, there is a slight increase year to year, and from that point up to 2019, there is a clear upward trend. In 2020 it falls, reaching levels similar to 2018, and 2021 confirms that fall. However, in 2022 it rises again. Statistically significant differences have been found in 2022 for the total and for men.</p>																																																												
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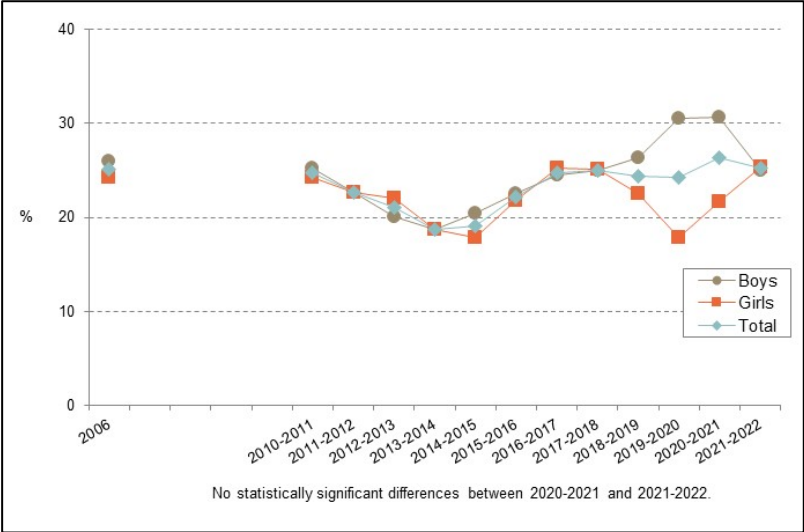
<p>Axes of inequality</p>	<p>5.6 Satisfaction with public health services</p> <p>71.1% of the general population used public health services more frequently than private services in the past year, whereas 24.2% used private health services more frequently than public health services; 4.7% used none.</p> <p>82.9% of those who used public health services more frequently are satisfied.</p>
<p>Sex</p>	<p>No differences have been found according to sex.</p>
<p>Age group</p>	<p>The youngest are the most satisfied (88.9% of those aged 0 to 14).</p>
<p>Social class</p>	<p>People from the most advantaged social class have a higher percentage satisfaction (86.9%) than those from the most disadvantaged social classes (78.3% class II and 82.9% class III).</p>
<p>Level of education</p>	<p>No differences have been found according level of education.</p>
<p>Territory</p>	<p>The Alt Pirineu i Aran (91.3%), Lleida (90.8%), Girona (89.4%) and Barcelona Ciutat (88.9%) health regions have percentages above Catalonia's overall percentage.</p>
<p>Evolution</p>	<p>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, in 2021 it remains steady again and in 2022 it goes down. Statistically significant differences have been found between 2021 and in 2022 for the total and for men.</p>  <p>Standardised proportions. Direct method using European standard population 2013</p>

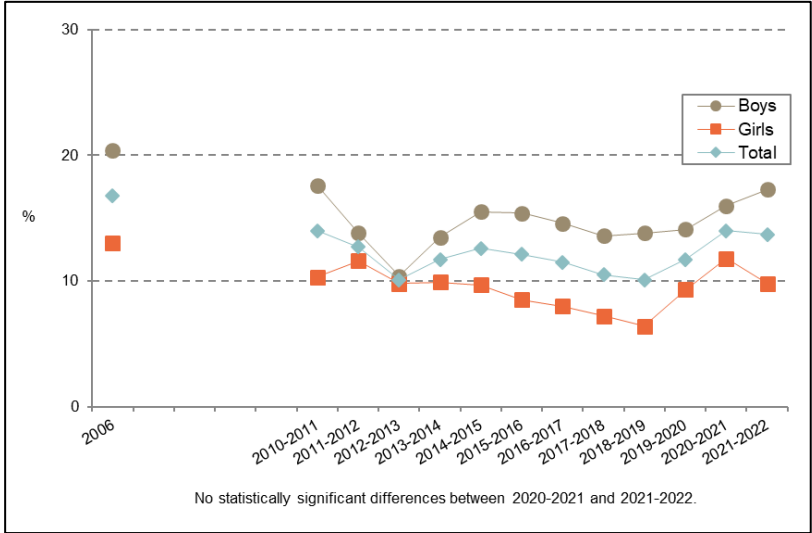
6 Child population. Health status

Axes of inequality	<h3>6.1 Positive self-perceived health</h3> <p>96.2% of people aged 0 to 14 have a positive self-perception health</p>
Sex	No differences have been found according to sex.
Social class	No differences have been found according to social class.
Level of education	This percentage is lower among children whose parents have primary schooling or no studies (92.8%) .
Territory	No differences have been found according to health region.
Evolution	<p>This percentage has remains stable from 1994 onward. No statistically significant differences have not been found between 2020-2021 and 2021-2022.</p>  <p>Standardised proportions. Direct method using European standard population 2013</p>

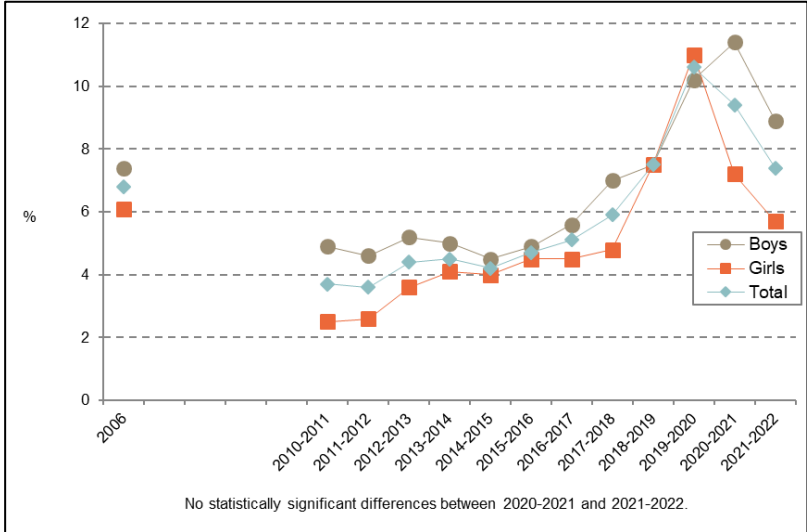
Axes of inequality	<p style="text-align: center;">6.2 Positive self-perceived oral hygiene health</p> <p style="text-align: center;">85.9% of people aged 0 to 14 have a positive self-perceived oral hygiene health</p>
Sex	No differences have been found according to sex.
Social class	No differences have been found according to social class.
Level of education	This percentage is lower among children whose parents have primary schooling or no studies (80.7%) .
Territory	No differences have been found according to health region.
Evolution	<p>Only three evolution figures are available because 2019 is the first year this question was included in the ESCA survey. Nevertheless, this indicator has remained stable. No statistically significant differences have been found between period 2020-2021 and period 2021-2022.</p>
 <p style="text-align: center;">Standardised proportions. Direct method using European standard population 2013</p>	

6.3 Excess body weight	
Axes of inequality	Almost four out of ten children aged 6 to 12 (38.9%) have excess body weight (overweight or obesity)
Sex	Boys have a higher percentage of excess body weight (42.3%) than girls (35.2%).
Social class	The prevalence of excess body weight is highest among children from the most disadvantaged social class (47.1% class III and 28.2% class I).
Level of education	It is highest among children whose parents have secondary studies (47.8%).
Social class and level of education according to sex	Boys have a higher percentage than girls in all axes , reaching a difference of 17.3 percentage points between boys (45.9%) and girls (28.6%) from social class II.
Territory	No differences have been found according to health region.
Evolution	<p>From 2006 to 2012-2013, the prevalence shows a downward trend (among girls it continues to fall until 2014-2015); from this point until 2016-2017 it shows an upward trend, and in 2017-2018 it becomes stable. In 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, and in 2021-2022 it continues increasing among girls but it shows a downward trend among boys, even though no statistically significant differences have been found between 2020-2021 and 2021-2022.</p>  <p style="text-align: center;">Standardised proportions. Direct method using European standard population 2013</p>

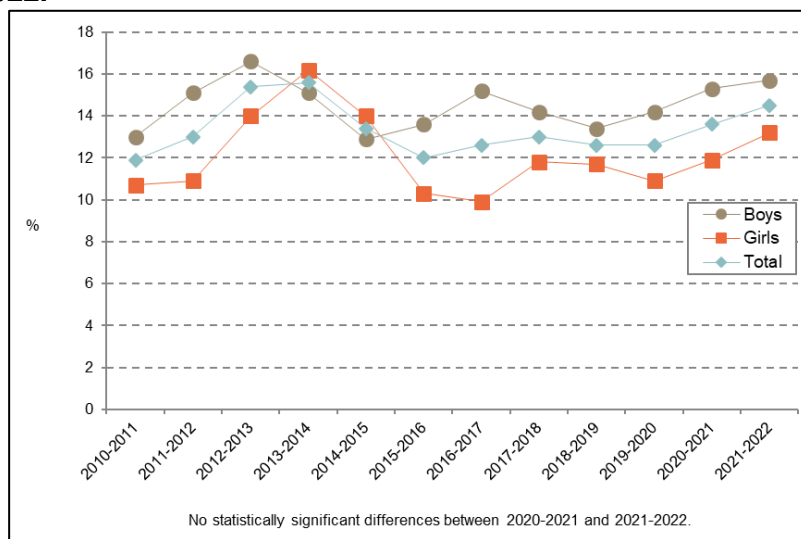
Axes of inequality	<h3 style="text-align: center;">6.4 Overweight</h3> <p style="text-align: center;">25.2% of children aged 6 to 12 are overweight</p>																																																								
Sex	No differences have been found according to sex.																																																								
Social class	More children from the most disadvantaged social class are overweight (29.3% class III) than from social class I (19.4%).																																																								
Level of education	The percentage is higher among children whose parents have secondary studies (31.1%).																																																								
Territory	The Terres de l'Ebre Health Region (41.9%) has a percentage above Catalonia's overall percentage.																																																								
Evolution	<p>From 2006 to 2013-2014, the overweight prevalence shows a downward trend, and then shows an upward trend from this point until 2016-2017. Then it stabilises in 2017-2018. In 2018-2019 and 2019-2020, an upward trend is observed among boys and a downward trend among girls. In 2020-2021, a stabilisation is observed among boys and an upward trend among girls. In the last period studied (2021-2022), the upward trend among girls continue, and a downward trend among boys starts again. No statistically significant differences have been found between 2020-2021 and 2021-2022.</p> <div style="text-align: center;">  <table border="1" style="margin: 10px auto; border-collapse: collapse;"> <caption>Estimated data from the overweight prevalence evolution graph</caption> <thead> <tr> <th>Period</th> <th>Boys (%)</th> <th>Girls (%)</th> <th>Total (%)</th> </tr> </thead> <tbody> <tr><td>2006</td><td>26.0</td><td>24.5</td><td>25.2</td></tr> <tr><td>2010-2011</td><td>25.0</td><td>24.5</td><td>24.7</td></tr> <tr><td>2011-2012</td><td>24.0</td><td>23.0</td><td>23.5</td></tr> <tr><td>2012-2013</td><td>23.0</td><td>22.5</td><td>22.7</td></tr> <tr><td>2013-2014</td><td>20.0</td><td>19.5</td><td>19.7</td></tr> <tr><td>2014-2015</td><td>19.0</td><td>18.5</td><td>18.7</td></tr> <tr><td>2015-2016</td><td>21.0</td><td>20.5</td><td>20.7</td></tr> <tr><td>2016-2017</td><td>24.0</td><td>23.5</td><td>23.7</td></tr> <tr><td>2017-2018</td><td>25.0</td><td>24.5</td><td>24.7</td></tr> <tr><td>2018-2019</td><td>26.0</td><td>22.5</td><td>24.2</td></tr> <tr><td>2019-2020</td><td>30.0</td><td>18.0</td><td>24.0</td></tr> <tr><td>2020-2021</td><td>30.0</td><td>22.0</td><td>26.0</td></tr> <tr><td>2021-2022</td><td>25.0</td><td>25.0</td><td>25.0</td></tr> </tbody> </table> </div> <p style="text-align: center; font-size: small;">Standardised proportions. Direct method using European standard population 2013</p>	Period	Boys (%)	Girls (%)	Total (%)	2006	26.0	24.5	25.2	2010-2011	25.0	24.5	24.7	2011-2012	24.0	23.0	23.5	2012-2013	23.0	22.5	22.7	2013-2014	20.0	19.5	19.7	2014-2015	19.0	18.5	18.7	2015-2016	21.0	20.5	20.7	2016-2017	24.0	23.5	23.7	2017-2018	25.0	24.5	24.7	2018-2019	26.0	22.5	24.2	2019-2020	30.0	18.0	24.0	2020-2021	30.0	22.0	26.0	2021-2022	25.0	25.0	25.0
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2021-2022	25.0	25.0	25.0																																																						

Axes of inequality	<h3 style="text-align: center;">6.5 Obesity</h3> <p style="text-align: center;">13.7% of children aged 6 to 12 are obese</p>																																																								
Sex	The percentage of obesity is higher among boys (17.3%) than among girls (9.8%).																																																								
Social class	It is higher among children from the most disadvantaged social class (17.8% class III) than from the most advantaged social class (8.8% class I).																																																								
Level of education	Obesity shows a higher percentage among children whose parents have primary schooling or no studies (18.2%) than children whose parents have university studies (8.6%).																																																								
Social class and level of education according to sex	Boys have higher percentages than girls in all axes , reaching a difference of 7.8 percentage points between boys (12.6%) and girls (4.8%) with parents with university studies.																																																								
Territory	No differences have been found according to health region.																																																								
Evolution	<p>The prevalence of obesity shows a backward trend from 2013-2014 to 2014-2015 among boys and held steady trend among girls. From this point until 2018-2019 it falls, especially among girls, but in the next two periods, 2019-2020 and 2020-2021, the trend goes upwards, among girls as well. In 2021-2022, there is a continuing upward trend among boys, but this indicator shows a downward trend again among girls. No statistically significant differences have been found between 2020-2021 and 2021-2022.</p> <div style="text-align: center;">  <table border="1" style="margin: 10px auto; border-collapse: collapse;"> <caption>Estimated data from the obesity prevalence line graph</caption> <thead> <tr> <th>Period</th> <th>Boys (%)</th> <th>Girls (%)</th> <th>Total (%)</th> </tr> </thead> <tbody> <tr> <td>2006</td> <td>20.5</td> <td>13.0</td> <td>16.8</td> </tr> <tr> <td>2010-2011</td> <td>17.5</td> <td>10.5</td> <td>14.0</td> </tr> <tr> <td>2011-2012</td> <td>14.0</td> <td>12.0</td> <td>13.0</td> </tr> <tr> <td>2012-2013</td> <td>10.5</td> <td>10.0</td> <td>10.5</td> </tr> <tr> <td>2013-2014</td> <td>13.5</td> <td>10.0</td> <td>11.8</td> </tr> <tr> <td>2014-2015</td> <td>15.5</td> <td>9.5</td> <td>12.5</td> </tr> <tr> <td>2015-2016</td> <td>15.0</td> <td>8.5</td> <td>11.8</td> </tr> <tr> <td>2016-2017</td> <td>14.5</td> <td>8.0</td> <td>11.2</td> </tr> <tr> <td>2017-2018</td> <td>13.5</td> <td>7.0</td> <td>10.2</td> </tr> <tr> <td>2018-2019</td> <td>13.5</td> <td>6.0</td> <td>9.8</td> </tr> <tr> <td>2019-2020</td> <td>14.0</td> <td>9.5</td> <td>11.8</td> </tr> <tr> <td>2020-2021</td> <td>16.0</td> <td>12.0</td> <td>14.0</td> </tr> <tr> <td>2021-2022</td> <td>17.5</td> <td>10.0</td> <td>13.8</td> </tr> </tbody> </table> </div> <p style="text-align: center; font-size: small;">Standardised proportions. Direct method using European standard population 2013</p>	Period	Boys (%)	Girls (%)	Total (%)	2006	20.5	13.0	16.8	2010-2011	17.5	10.5	14.0	2011-2012	14.0	12.0	13.0	2012-2013	10.5	10.0	10.5	2013-2014	13.5	10.0	11.8	2014-2015	15.5	9.5	12.5	2015-2016	15.0	8.5	11.8	2016-2017	14.5	8.0	11.2	2017-2018	13.5	7.0	10.2	2018-2019	13.5	6.0	9.8	2019-2020	14.0	9.5	11.8	2020-2021	16.0	12.0	14.0	2021-2022	17.5	10.0	13.8
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Axes of inequality	<p style="text-align: center;">6.6 Good health-related quality of life</p> <p style="text-align: center;">Eight out of ten children aged 8 to 14 (83.9%) have a good health-related quality of life</p>
Sex	No differences have been found according to sex.
Social class	It is lower among children from the most disadvantaged social class (81.2% class III) than those from the most advantaged social class (86.1% class I).
Level of education	This percentage is lowest among children whose parents have secondary studies (81.0%).
Territory	The Lleida (68.5%) Health Region has a percentage of children with good health-related quality of life below Catalonia's overall percentage.
Evolution	<p>The indicator remains steady from 2010-2011 to 2019-2020. In 2020-2021 it rises, especially among boys, and in the last period studied, 2021-2022, it remains steady. No statistically significant differences have been found between 2020-2021 and 2021-2022.</p> <div style="text-align: center;"> <p>No statistically significant differences between 2020-2021 and 2021-2022.</p> </div> <p>Standardised proportions. Direct method using European standard population 2013</p>

Axes of inequality	<p align="center">6.7 Risk of developing a mental disorder</p> <p align="center">7.4% of children aged 4 to 14 are at risk of developing a mental disorder</p>																																																								
Sex	More boys (8.9%) than girls (5.7%) are at risk of developing a mental disorder.																																																								
Social class	There is a 5 percentage point difference between children from the most disadvantaged social class (9.3%) and the most advantaged social class (4.2%).																																																								
Level of education	Children whose parents have secondary studies have a higher percentage (9.1%) than children whose parents have university studies (4.7%).																																																								
Territory	No differences have been found according to health region.																																																								
Evolution	<p>The risk of developing a mental disorder shows an upward trend since 2014-2015, becoming increasingly clear in 2018-2019 and even more remarkably so in 2019-2020. In 2020-2021 it shows an upward trend among boys and a downward trend among girls, and it decreases again in 2021-2022 among both sexes. No statistically significant differences have been found between 2020-2021 and 2021-2022.</p>  <table border="1" data-bbox="509 1055 1318 1585"> <caption>Estimated data from the line graph</caption> <thead> <tr> <th>Year</th> <th>Boys (%)</th> <th>Girls (%)</th> <th>Total (%)</th> </tr> </thead> <tbody> <tr> <td>2006</td> <td>7.4</td> <td>6.1</td> <td>6.7</td> </tr> <tr> <td>2010-2011</td> <td>4.8</td> <td>2.5</td> <td>3.6</td> </tr> <tr> <td>2011-2012</td> <td>4.5</td> <td>2.6</td> <td>3.5</td> </tr> <tr> <td>2012-2013</td> <td>5.1</td> <td>3.5</td> <td>4.3</td> </tr> <tr> <td>2013-2014</td> <td>4.9</td> <td>4.1</td> <td>4.5</td> </tr> <tr> <td>2014-2015</td> <td>4.5</td> <td>3.9</td> <td>4.2</td> </tr> <tr> <td>2015-2016</td> <td>4.8</td> <td>4.4</td> <td>4.6</td> </tr> <tr> <td>2016-2017</td> <td>5.5</td> <td>4.5</td> <td>5.0</td> </tr> <tr> <td>2017-2018</td> <td>6.8</td> <td>4.8</td> <td>5.8</td> </tr> <tr> <td>2018-2019</td> <td>7.4</td> <td>7.4</td> <td>7.4</td> </tr> <tr> <td>2019-2020</td> <td>10.5</td> <td>10.5</td> <td>10.5</td> </tr> <tr> <td>2020-2021</td> <td>11.2</td> <td>7.1</td> <td>9.1</td> </tr> <tr> <td>2021-2022</td> <td>8.9</td> <td>5.7</td> <td>7.3</td> </tr> </tbody> </table> <p align="center">Standardised proportions. Direct method using European standard population 2013</p>	Year	Boys (%)	Girls (%)	Total (%)	2006	7.4	6.1	6.7	2010-2011	4.8	2.5	3.6	2011-2012	4.5	2.6	3.5	2012-2013	5.1	3.5	4.3	2013-2014	4.9	4.1	4.5	2014-2015	4.5	3.9	4.2	2015-2016	4.8	4.4	4.6	2016-2017	5.5	4.5	5.0	2017-2018	6.8	4.8	5.8	2018-2019	7.4	7.4	7.4	2019-2020	10.5	10.5	10.5	2020-2021	11.2	7.1	9.1	2021-2022	8.9	5.7	7.3
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Axes of inequality	<h3 style="text-align: center;">6.8 Chronic diseases</h3> <p style="text-align: center;">14.5% of the population aged 0 to 14 suffers from a chronic or long-term disease or health problem</p>
Sex	No differences have been found according to sex.
Social class	No differences have been found according to social class.
Level of education	No differences have been found according to parents' level of education.
Territory	No differences have been found according to health region.
Evolution	<p>From 2010-2011 to 2013-2014 this indicator shows an upward trend. From then to 2015-2016 it shows a downward trend, underscoring the differences between boys and girls: whereas it continues to fall among girls, it rises among boys. In 2017-2018 the opposite effect occurs, in which it falls among boys and rises among girls. From 2018-2019 to the last period studied (2021-2022) it shows an upward trend. No statistically significant differences have been found between 2020-2021 and 2021-2022.</p>



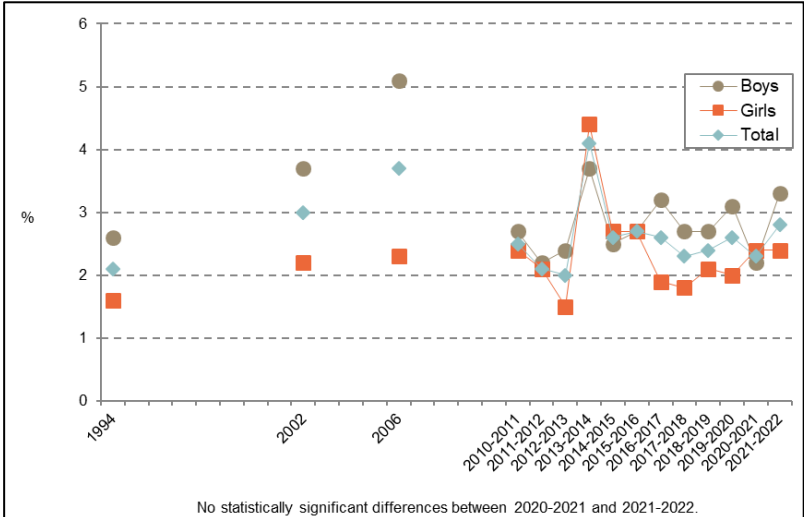
Standardised proportions. Direct method using European standard population 2013

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

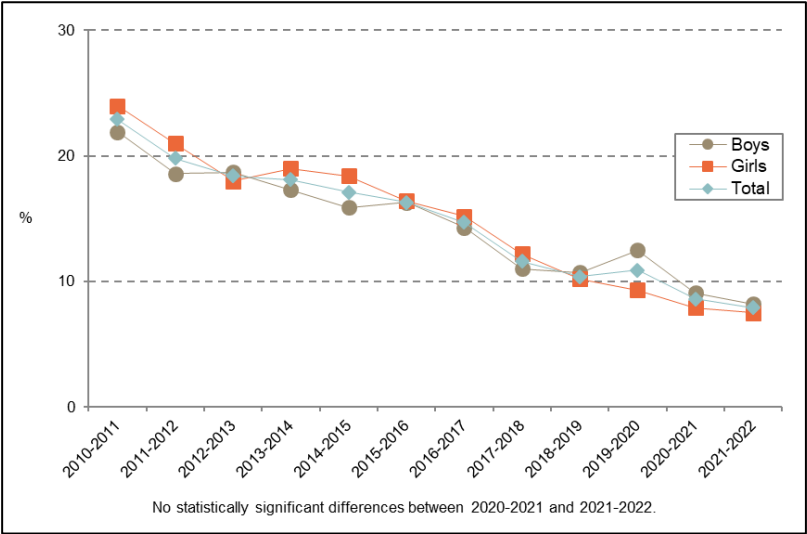
- Recurrent bronchitis (12.1%)
- Chronic skin problems (10.6%)
- Chronic allergies (9.3%)
- Recurrent otitis (8.0%)
- Behavioural disorders (4.6%).
- Asthma (4.5%)

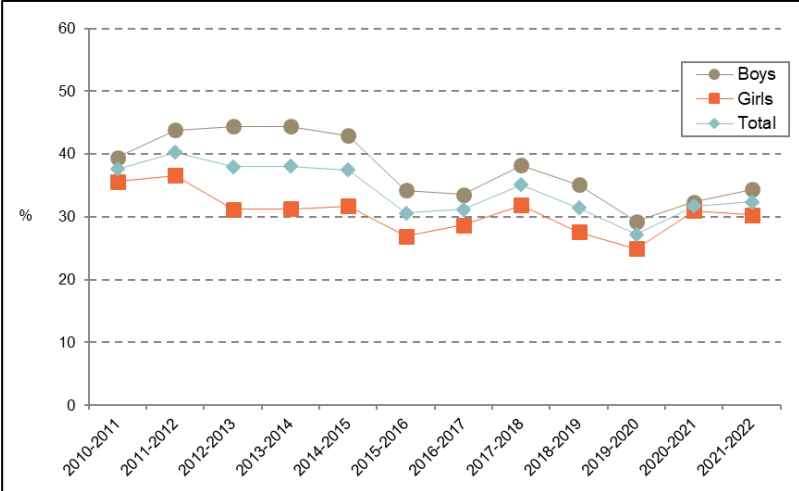
Boys suffer more frequently than girls from recurrent bronchitis (13.9% and 10.2%, respectively), asthma (5.5% and 3.4%, respectively) and behavioural disorders (5.7% and 3.4%, respectively), while **girls suffer more frequently** from chronic constipation (2.4% of boys and 3.7% of girls) and recurrent urinary infections (1.0% of boys and 2.6% of girls).

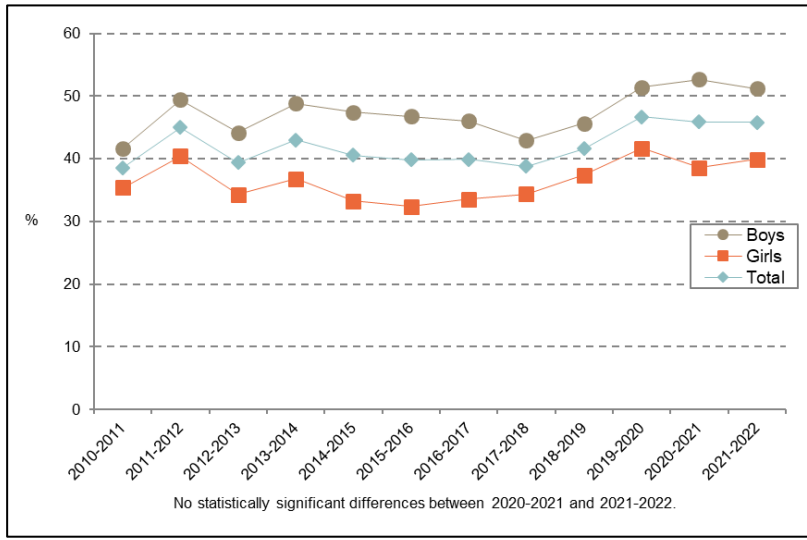
Axes of inequality	<p align="center">6.9 Limited ability due to a health condition</p> <p>The prevalence of people aged 0 to 14 having limited ability to perform daily activities due to a health problem is 4.1%</p>																																																				
Sex	More boys (5.3%) than girls (2.8%) have a limited ability to perform daily activities due to a health problem																																																				
Social class Level of education	No differences have been found according to social class. No differences have been found according to parents' level of education.																																																				
Social class and level of education according to sex	Boys have higher percentages than girls in all axes , reaching a difference of 4.1 percentage points between boys (6.5%) and girls (2.4%) from the most disadvantaged social class.																																																				
Territory	No differences have been found according to health region.																																																				
Evolution	<p>From 2010-2011 to 2013-2014 this indicator shows an upward trend. From then until 2015-2016 it falls and afterwards an upward trend is again observed until 2017-2018. In 2018-2019 it begins to decrease, and 2019-2020 shows an upward trend among boys and a downward trend among girls. From 2020-2021 to the last period studied (2021-2022), there is a steady upward trend. No statistically significant differences have been found between 2020-2021 and 2021-2022.</p> <div data-bbox="507 1160 1316 1691"> <table border="1"> <caption>Data for Figure 6.9: Limited ability due to a health condition (Standardised proportions)</caption> <thead> <tr> <th>Period</th> <th>Boys (%)</th> <th>Girls (%)</th> <th>Total (%)</th> </tr> </thead> <tbody> <tr><td>2010-2011</td><td>3.1</td><td>1.9</td><td>2.5</td></tr> <tr><td>2011-2012</td><td>2.2</td><td>2.1</td><td>2.1</td></tr> <tr><td>2012-2013</td><td>4.1</td><td>2.6</td><td>3.3</td></tr> <tr><td>2013-2014</td><td>3.8</td><td>3.5</td><td>3.6</td></tr> <tr><td>2014-2015</td><td>2.6</td><td>3.0</td><td>2.8</td></tr> <tr><td>2015-2016</td><td>3.1</td><td>2.1</td><td>2.6</td></tr> <tr><td>2016-2017</td><td>3.7</td><td>2.4</td><td>3.0</td></tr> <tr><td>2017-2018</td><td>3.5</td><td>3.4</td><td>3.4</td></tr> <tr><td>2018-2019</td><td>2.9</td><td>2.9</td><td>2.9</td></tr> <tr><td>2019-2020</td><td>3.5</td><td>2.2</td><td>2.8</td></tr> <tr><td>2020-2021</td><td>4.1</td><td>2.2</td><td>3.1</td></tr> <tr><td>2021-2022</td><td>5.3</td><td>2.8</td><td>4.1</td></tr> </tbody> </table> </div> <p align="center">Standardised proportions. Direct method using European standard population 2013</p>	Period	Boys (%)	Girls (%)	Total (%)	2010-2011	3.1	1.9	2.5	2011-2012	2.2	2.1	2.1	2012-2013	4.1	2.6	3.3	2013-2014	3.8	3.5	3.6	2014-2015	2.6	3.0	2.8	2015-2016	3.1	2.1	2.6	2016-2017	3.7	2.4	3.0	2017-2018	3.5	3.4	3.4	2018-2019	2.9	2.9	2.9	2019-2020	3.5	2.2	2.8	2020-2021	4.1	2.2	3.1	2021-2022	5.3	2.8	4.1
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Axes of inequality	<p style="text-align: center;">6.10 Disability</p> <p style="text-align: center;">The percentage of people aged 0 to 14 suffering from disability or impairment is 2.8%</p>
Sex	No differences have been found between boys and girls.
Social class	No differences have been found according to social class.
Level of education	No differences have been found according to parents' level of education.
Territory	The Terres de l'Ebre Health Region (9.6%) has a percentage above Catalonia's overall percentage.
Evolution	<p>The evolution of this indicator has shown considerable variability throughout the years studied. No statistically significant differences have been found between 2020-2021 and 2021-2022.</p> <div style="text-align: center;">  <p style="font-size: small;">No statistically significant differences between 2020-2021 and 2021-2022.</p> </div> <p style="font-size: x-small; text-align: center;">Standardised proportions. Direct method using European standard population 2013</p>

7 Child population. Health-related behaviours

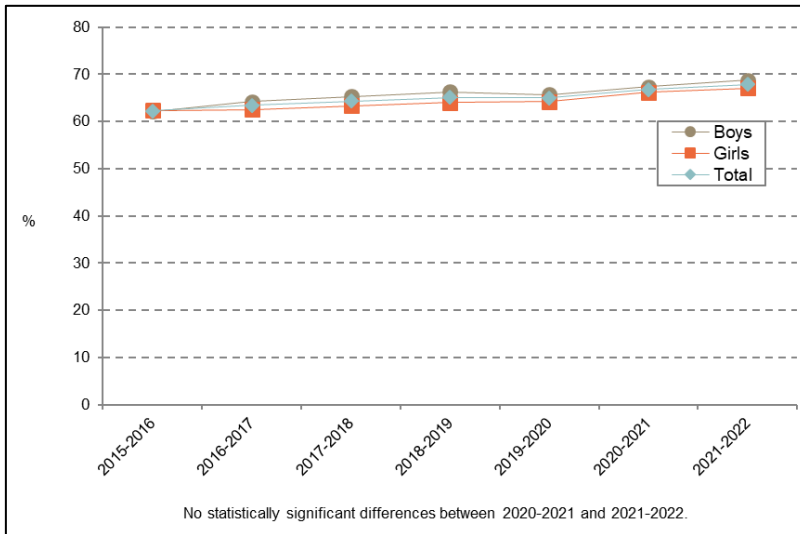
Axes of inequality	<h3>7.1 Exposure to second-hand smoke at home</h3> <p>7.9% of children aged 0 to 14 are living with someone who smokes indoors at home</p>																																																				
Sex	No differences have been found according to sex.																																																				
Social class	Children from the most disadvantaged social class have the highest percentage exposure to second-hand smoke at home (9.2% class III and 4.9% class I).																																																				
Level of education	This exposure is more frequent among children whose parents have secondary studies (10.6%) than those whose parents have university studies (4.5%).																																																				
Territory	No differences have been found according to health region.																																																				
Evolution	<p>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 2020-2021 and 2021-2022.</p>  <table border="1" data-bbox="512 958 1321 1489"> <caption>Estimated data from the line graph</caption> <thead> <tr> <th>Period</th> <th>Boys (%)</th> <th>Girls (%)</th> <th>Total (%)</th> </tr> </thead> <tbody> <tr><td>2010-2011</td><td>22.0</td><td>24.0</td><td>23.0</td></tr> <tr><td>2011-2012</td><td>19.0</td><td>21.0</td><td>20.0</td></tr> <tr><td>2012-2013</td><td>18.0</td><td>19.0</td><td>18.5</td></tr> <tr><td>2013-2014</td><td>17.0</td><td>19.0</td><td>18.0</td></tr> <tr><td>2014-2015</td><td>16.0</td><td>18.0</td><td>17.0</td></tr> <tr><td>2015-2016</td><td>16.0</td><td>16.0</td><td>16.0</td></tr> <tr><td>2016-2017</td><td>14.0</td><td>15.0</td><td>14.5</td></tr> <tr><td>2017-2018</td><td>11.0</td><td>12.0</td><td>11.5</td></tr> <tr><td>2018-2019</td><td>10.0</td><td>10.0</td><td>10.0</td></tr> <tr><td>2019-2020</td><td>12.0</td><td>9.0</td><td>10.5</td></tr> <tr><td>2020-2021</td><td>9.0</td><td>8.0</td><td>8.5</td></tr> <tr><td>2021-2022</td><td>8.0</td><td>7.0</td><td>7.5</td></tr> </tbody> </table> <p>Standardised proportions. Direct method using European standard population 2013</p>	Period	Boys (%)	Girls (%)	Total (%)	2010-2011	22.0	24.0	23.0	2011-2012	19.0	21.0	20.0	2012-2013	18.0	19.0	18.5	2013-2014	17.0	19.0	18.0	2014-2015	16.0	18.0	17.0	2015-2016	16.0	16.0	16.0	2016-2017	14.0	15.0	14.5	2017-2018	11.0	12.0	11.5	2018-2019	10.0	10.0	10.0	2019-2020	12.0	9.0	10.5	2020-2021	9.0	8.0	8.5	2021-2022	8.0	7.0	7.5
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Axes of inequality	<h3 style="text-align: center;">7.2 Active leisure activities</h3> <p style="text-align: center;">32.4% of people aged 3 to 14 participate in active leisure activities; e.g., they spend at least one hour per day doing sport or playing outside</p>																																																				
Sex	More boys (34.4%) than girls (30.3%) participate in active leisure activities.																																																				
Social class	No differences have been found according to social class.																																																				
Level of education	No differences have been found according to parents' level of education.																																																				
Social class and level of education according to sex	Boys have percentages higher than girls in all axes , reaching a difference of 13.6 percentage points between boys (42.1%) and girls (28.5%) whose parents have primary schooling or no studies.																																																				
Territory	The Alt Pirineu i Aran (51.1%) Health Region has a percentage above Catalonia's overall percentage.																																																				
Evolution	<p>The upward trend observed since 2010 breaks down during 2015-2016, when it declines. From 2016-2017 to 2017-2018 it remains stable, and from this point up to 2019-2020 it shows a downward trend. In 2020-2021 it rises again and in the last period studied (2021-2022) it continues to rise, specially among boys. No statistically significant differences have been found between 2020-2021 and 2021-2022.</p> <div data-bbox="509 1198 1316 1731" style="border: 1px solid black; padding: 10px; margin: 10px 0;">  <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <caption>Estimated data from the line graph</caption> <thead> <tr> <th>Period</th> <th>Boys (%)</th> <th>Girls (%)</th> <th>Total (%)</th> </tr> </thead> <tbody> <tr><td>2010-2011</td><td>39</td><td>35</td><td>37</td></tr> <tr><td>2011-2012</td><td>44</td><td>36</td><td>40</td></tr> <tr><td>2012-2013</td><td>44</td><td>31</td><td>38</td></tr> <tr><td>2013-2014</td><td>44</td><td>31</td><td>38</td></tr> <tr><td>2014-2015</td><td>43</td><td>32</td><td>37</td></tr> <tr><td>2015-2016</td><td>34</td><td>27</td><td>30</td></tr> <tr><td>2016-2017</td><td>33</td><td>28</td><td>31</td></tr> <tr><td>2017-2018</td><td>38</td><td>31</td><td>34</td></tr> <tr><td>2018-2019</td><td>35</td><td>27</td><td>31</td></tr> <tr><td>2019-2020</td><td>29</td><td>25</td><td>27</td></tr> <tr><td>2020-2021</td><td>32</td><td>30</td><td>31</td></tr> <tr><td>2021-2022</td><td>34</td><td>30</td><td>32</td></tr> </tbody> </table> </div> <p style="text-align: center;">Standardised proportions. Direct method using European standard population 2013</p>	Period	Boys (%)	Girls (%)	Total (%)	2010-2011	39	35	37	2011-2012	44	36	40	2012-2013	44	31	38	2013-2014	44	31	38	2014-2015	43	32	37	2015-2016	34	27	30	2016-2017	33	28	31	2017-2018	38	31	34	2018-2019	35	27	31	2019-2020	29	25	27	2020-2021	32	30	31	2021-2022	34	30	32
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2010-2011	39	35	37																																																		
2011-2012	44	36	40																																																		
2012-2013	44	31	38																																																		
2013-2014	44	31	38																																																		
2014-2015	43	32	37																																																		
2015-2016	34	27	30																																																		
2016-2017	33	28	31																																																		
2017-2018	38	31	34																																																		
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2019-2020	29	25	27																																																		
2020-2021	32	30	31																																																		
2021-2022	34	30	32																																																		

7.3 Sedentary leisure activities																																																					
Axes of inequality	45.8% of people aged 3 to 14 practise sedentary leisure activities; e.g., they spend two hours per day in front of a screen (cell phone, TV, computer, videogames, etc.)																																																				
Sex	Boys (51.2%) have a higher percentage than girls (39.9%).																																																				
Social class	More than a half of the children from the most disadvantaged social class (52.3% class III) practise sedentary leisure activities.																																																				
Level of education	More than a half of the children whose parents have secondary studies (51.5%) and whose parents have no studies or primary schooling (50.1%) spend two hours or more daily in front of screens.																																																				
Social class and level of education according to sex	Boys have higher percentages than girls in all axes , reaching a difference of 16.6 percentage points between boys (45.5%) and girls (28.9%) from the most advantaged social class.																																																				
Territory	The Barcelona Ciutat Health Region (30.5%) has a percentage below Catalonia's overall percentage.																																																				
Evolution	<p>From 2013-2014 to 2017-2018 the trend remained steady. From then until 2019-2020 it shows an upward trend. This increase is statistically significant for boys between 2018-2019 and 2020-2021. In 2020-2021 there is an upward trend among boys and a downward trend among girls, and in 2021-2022 it remains steady.</p> <p>No statistically significant differences have been found between 2020-2021 and 2021-2022.</p>  <table border="1"> <caption>Estimated data from the line graph (Standardised proportions, Direct method using European standard population 2013)</caption> <thead> <tr> <th>Period</th> <th>Boys (%)</th> <th>Girls (%)</th> <th>Total (%)</th> </tr> </thead> <tbody> <tr><td>2010-2011</td><td>42.0</td><td>35.0</td><td>38.0</td></tr> <tr><td>2011-2012</td><td>49.0</td><td>40.0</td><td>45.0</td></tr> <tr><td>2012-2013</td><td>44.0</td><td>34.0</td><td>39.0</td></tr> <tr><td>2013-2014</td><td>48.0</td><td>37.0</td><td>42.0</td></tr> <tr><td>2014-2015</td><td>47.0</td><td>33.0</td><td>40.0</td></tr> <tr><td>2015-2016</td><td>46.0</td><td>32.0</td><td>39.0</td></tr> <tr><td>2016-2017</td><td>45.0</td><td>33.0</td><td>39.0</td></tr> <tr><td>2017-2018</td><td>43.0</td><td>34.0</td><td>38.0</td></tr> <tr><td>2018-2019</td><td>45.0</td><td>37.0</td><td>41.0</td></tr> <tr><td>2019-2020</td><td>51.0</td><td>41.0</td><td>46.0</td></tr> <tr><td>2020-2021</td><td>52.0</td><td>38.0</td><td>45.0</td></tr> <tr><td>2021-2022</td><td>51.0</td><td>39.0</td><td>45.0</td></tr> </tbody> </table>	Period	Boys (%)	Girls (%)	Total (%)	2010-2011	42.0	35.0	38.0	2011-2012	49.0	40.0	45.0	2012-2013	44.0	34.0	39.0	2013-2014	48.0	37.0	42.0	2014-2015	47.0	33.0	40.0	2015-2016	46.0	32.0	39.0	2016-2017	45.0	33.0	39.0	2017-2018	43.0	34.0	38.0	2018-2019	45.0	37.0	41.0	2019-2020	51.0	41.0	46.0	2020-2021	52.0	38.0	45.0	2021-2022	51.0	39.0	45.0
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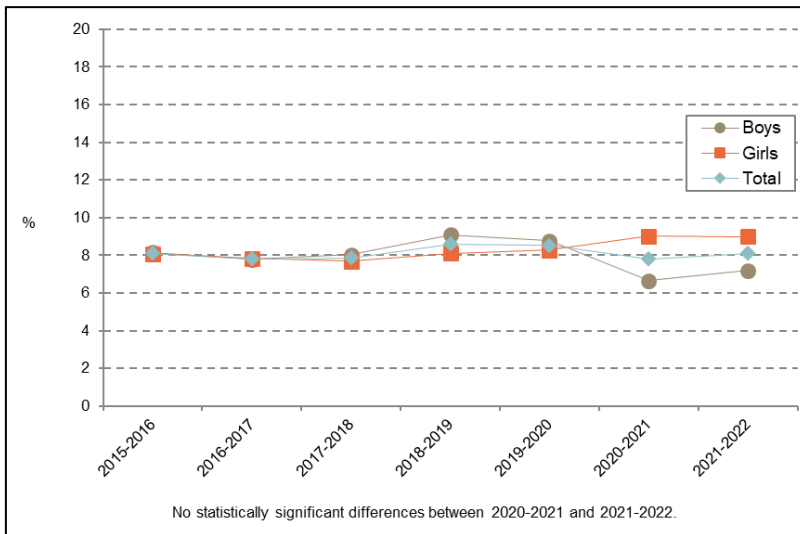
Axes of inequality	<p style="text-align: center;">7.4 Regular school getting</p> <p style="text-align: center;">67.9% of people aged 3 to 14 regularly go to school on foot or by bicycle and 8.1% use public transportation</p>
Sex	No differences have been found according between boys and girls.
Social class	71.5% of the children from the most disadvantaged social class regularly go to school on foot and by bicycle, versus close to 63% of those from classes I and II. The use of public transport shows no differences according to social class.
Level of education	Eight out of ten children (84.4%) whose parents have no studies or have primary schooling regularly go to school on foot or by bicycle . This percentage is 70.1% among children whose parents have secondary studies and 61.0% among those whose parents have university studies. The use of public transport shows no differences according to parents' level of education
Social class and level of education according to sex	There is a 16.6 percentage point difference between boys (68.4%) and girls (57.6%) from the most advantaged social class who regularly go to school on foot or by bicycle.
Territory	The Barcelona Ciutat Health Region has a percentage above Catalonia's overall percentage for both indicators: 75.7% on foot or by bicycle and 14.1% with public transport
Evolution	The percentage of children who regularly get to school on foot or by bicycle remains steady from 2015-2016 to the present (2021-2022), even though it shows an upward trend. However, the percentage of children who get to school using public transport shows a downward trend in 2020-2021, especially among boys, and it remains steady in the last period studied (2021-2022). No statistically significant differences have been found between 2020-2021 and 2021-2022.

Children who regularly go to school on foot or by bicycle

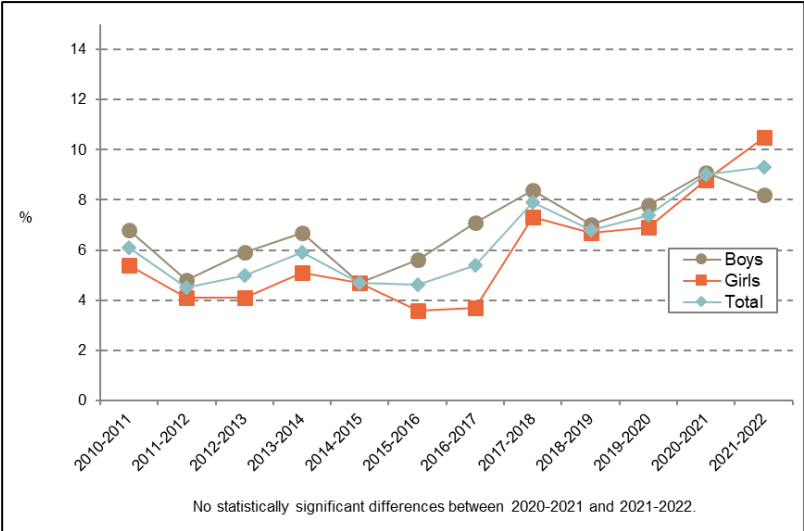


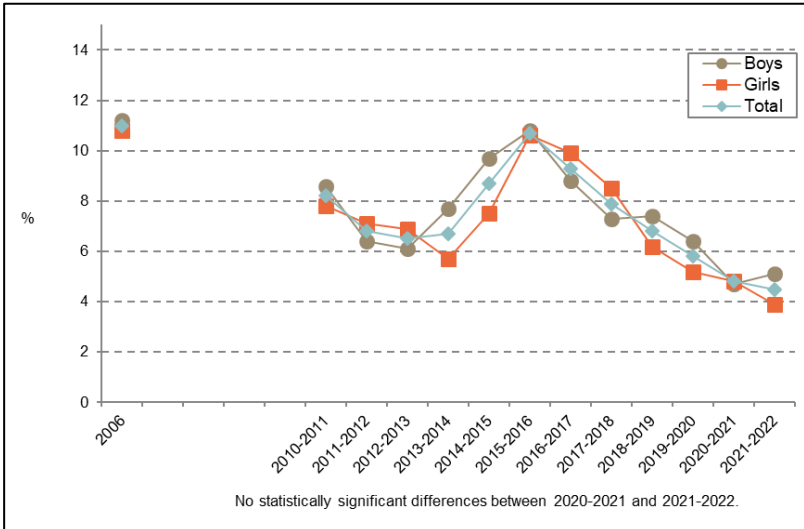
Standardised proportions. Direct method using European standard population 2013.

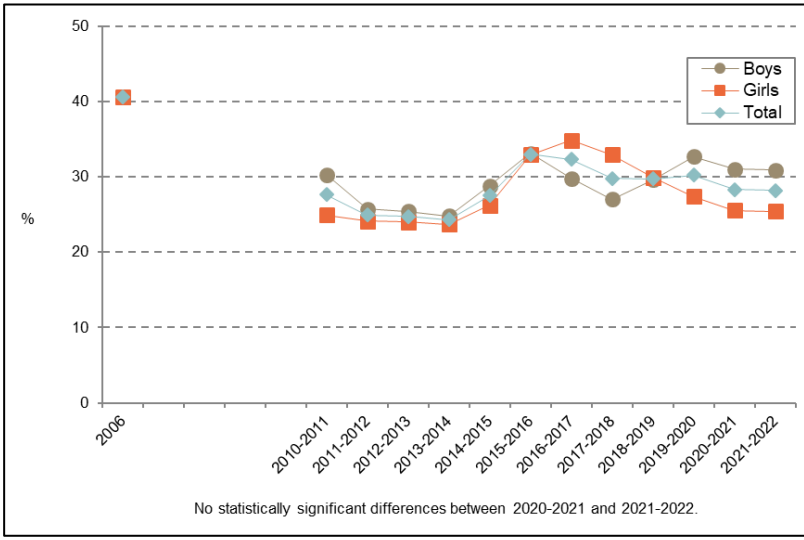
Children who regularly go to school on public transport



Standardised proportions. Direct method using European standard population 2013.

<p>Axes of inequality</p>	<p>7.5 Daily consumption of five servings of fruits and/or vegetables</p> <p>9.3% of people aged 3 to 14 consume daily five servings of fruits and/or vegetables</p>
<p>Sex</p>	<p>No differences have been found between boys and girls.</p>
<p>Social class</p>	<p>Fruit and vegetable consumption is more frequent among children from the most advantaged social class (12.6% class I) than those from social classes II (8.1%) and III (7.9%).</p>
<p>Level of education</p>	<p>Children whose parents have no studies or primary schooling (7.6%) and children whose parents have secondary studies (7.3%) have the lowest percentage of daily consumption of five servings of fruits and/or vegetables.</p>
<p>Territory</p>	<p>No differences have been found according to health region</p>
<p>Evolution</p>	<p>From 2011-2012 to 2013-14 there is an upward trend, and it stops in 2014-2015. From 2015-2016 to 2017-2018 there is another upward trend, which remains steady until 2018-2019. From 2019-2020 there is an upward trend again. In the last period studied (2021-2022), this trend is only observed among girls. No statistically significant differences have been found between 2020-2021 and 2021-2022.</p>  <p>Standardised proportions. Direct method using European standard population 2013</p>

Axes of inequality	<h3 style="text-align: center;">7.6 Daily consumption of sugary drinks</h3> <p style="text-align: center;">4.5% of people aged 3 to 14 consume sugary drinks daily</p>																																																								
Sex	No differences have been found between boys and girls.																																																								
Social class	This consumption is more frequent among children from the most disadvantaged social class (7.0% class III) than those from the most advantaged social class (1.0% class I).																																																								
Level of education	Children whose parents have no studies or primary schooling have the highest percentage of daily consumption of sugary drinks (12.0%).																																																								
Territory	The Alt Pirineu i Aran Health Region (0.7%) has a percentage below Catalonia's overall percentage.																																																								
Evolution	<p>From 2006 to 2013-2014, this indicator shows a downward trend; from then until 2015-2016 it rises, and after that it again shows a downward trend until 2020-2021. In the last period studied (2021-2022), it shows an upward trend among boys and a downward trend among girls. No statistically significant differences have been found between 2020-2021 and 2021-2022.</p> <div style="text-align: center;">  <table border="1" style="margin: 10px auto; border-collapse: collapse;"> <caption>Estimated data from the line graph</caption> <thead> <tr> <th>Year</th> <th>Boys (%)</th> <th>Girls (%)</th> <th>Total (%)</th> </tr> </thead> <tbody> <tr> <td>2006</td> <td>11.0</td> <td>10.8</td> <td>10.9</td> </tr> <tr> <td>2010-2011</td> <td>8.5</td> <td>7.8</td> <td>8.1</td> </tr> <tr> <td>2011-2012</td> <td>6.5</td> <td>7.0</td> <td>6.8</td> </tr> <tr> <td>2012-2013</td> <td>6.2</td> <td>6.8</td> <td>6.5</td> </tr> <tr> <td>2013-2014</td> <td>7.5</td> <td>5.5</td> <td>6.5</td> </tr> <tr> <td>2014-2015</td> <td>9.5</td> <td>7.5</td> <td>8.5</td> </tr> <tr> <td>2015-2016</td> <td>10.5</td> <td>10.5</td> <td>10.5</td> </tr> <tr> <td>2016-2017</td> <td>9.0</td> <td>10.0</td> <td>9.5</td> </tr> <tr> <td>2017-2018</td> <td>7.5</td> <td>8.5</td> <td>8.0</td> </tr> <tr> <td>2018-2019</td> <td>7.0</td> <td>6.5</td> <td>6.8</td> </tr> <tr> <td>2019-2020</td> <td>6.5</td> <td>5.5</td> <td>6.0</td> </tr> <tr> <td>2020-2021</td> <td>5.0</td> <td>4.8</td> <td>4.9</td> </tr> <tr> <td>2021-2022</td> <td>5.0</td> <td>4.0</td> <td>4.5</td> </tr> </tbody> </table> <p style="font-size: small;">No statistically significant differences between 2020-2021 and 2021-2022.</p> </div> <p style="font-size: x-small;">Standardised proportions. Direct method using European standard population 2013</p>	Year	Boys (%)	Girls (%)	Total (%)	2006	11.0	10.8	10.9	2010-2011	8.5	7.8	8.1	2011-2012	6.5	7.0	6.8	2012-2013	6.2	6.8	6.5	2013-2014	7.5	5.5	6.5	2014-2015	9.5	7.5	8.5	2015-2016	10.5	10.5	10.5	2016-2017	9.0	10.0	9.5	2017-2018	7.5	8.5	8.0	2018-2019	7.0	6.5	6.8	2019-2020	6.5	5.5	6.0	2020-2021	5.0	4.8	4.9	2021-2022	5.0	4.0	4.5
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Axes of inequality	<h3 style="text-align: center;">7.7 Frequent consumption of high-calorie products</h3> <p style="text-align: center;">Almost one third of people aged 3 to 14 frequently consume high-calorie products (28.2%)</p>
Sex	<p>Boys have higher percentage of consumption (30.9%) than girls (25.4%).</p>
Social class	<p>The percentage is highest among children from the most disadvantaged social class (22.2% class I and 32.9% class III).</p>
Level of education	<p>40.1% of children whose parents have no studies or have primary schooling frequently consume high-calorie products, whereas this figure is 30.2% among children whose parents have secondary studies and 22.4% among those whose parents have university studies.</p>
Territory	<p>The Lleida (39.8%) and Camp de Tarragona (37.7%) health regions have percentages above Catalonia's overall percentage whereas in Barcelona Ciutat (22.6%) Health Region it is below.</p>
Evolution	<p>From 2006 to 2011-2012, this indicator undergoes a downward trend. From then until 2013-2014 it remains steady and then it rises in the next two periods studied. Since 2016-2017, this figure remains steady. No statistically significant differences have been found between 2020-2021 and 2021-2022.</p> <div style="text-align: center;">  <p style="font-size: small;">Standardised proportions. Direct method using European standard population 2013</p> </div>

Axes of inequality	<h3 style="text-align: center;">7.8 Teeth-brushing</h3> <p style="text-align: center;">59.6% of people aged 5 to 14 brush their teeth at least twice per day</p>																																																								
Sex	Girls (64.7%) have a higher percentage than boys (54.9%).																																																								
Social class	No differences have been found according to social class.																																																								
Level of education	No differences have been found according to parents' level of education.																																																								
Social class and level of education according to sex	Girls have higher percentages than boys in all axes , reaching a difference of 9.6 percentage points between boys (52.4%) and girls (62.0%) from the most disadvantaged social class.																																																								
Territory	The Barcelona Ciutat Health Region (71.3%) has a percentage of children brushing their teeth at least twice per day above Catalonia's overall percentage, whereas Lleida (45.1%) and Terres de l'Ebre (34.6%) health regions have their percentages below.																																																								
Evolution	<p>From 2006 to 2013-2014 this indicator shows an upward trend. From then until 2016-2017 it remains steady and in 2017-2018 there is an overall rise (as well as a growing gap between boys and girls). From then to the present, these differences are still apparent even though no statistically significant differences have been found between 2020-2021 and 2021-2022.</p> <div data-bbox="507 1160 1318 1691" style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <caption>Estimated data from the Teeth-brushing evolution graph</caption> <thead> <tr> <th>Year</th> <th>Boys (%)</th> <th>Girls (%)</th> <th>Total (%)</th> </tr> </thead> <tbody> <tr> <td>2006</td> <td>45</td> <td>42</td> <td>43</td> </tr> <tr> <td>2010-2011</td> <td>48</td> <td>55</td> <td>51</td> </tr> <tr> <td>2011-2012</td> <td>46</td> <td>53</td> <td>49</td> </tr> <tr> <td>2012-2013</td> <td>49</td> <td>56</td> <td>52</td> </tr> <tr> <td>2013-2014</td> <td>55</td> <td>60</td> <td>57</td> </tr> <tr> <td>2014-2015</td> <td>53</td> <td>58</td> <td>55</td> </tr> <tr> <td>2015-2016</td> <td>50</td> <td>57</td> <td>53</td> </tr> <tr> <td>2016-2017</td> <td>51</td> <td>58</td> <td>54</td> </tr> <tr> <td>2017-2018</td> <td>54</td> <td>65</td> <td>59</td> </tr> <tr> <td>2018-2019</td> <td>54</td> <td>66</td> <td>60</td> </tr> <tr> <td>2019-2020</td> <td>51</td> <td>63</td> <td>57</td> </tr> <tr> <td>2020-2021</td> <td>55</td> <td>65</td> <td>60</td> </tr> <tr> <td>2021-2022</td> <td>54</td> <td>65</td> <td>59</td> </tr> </tbody> </table> <p style="text-align: center; font-size: small;">No statistically significant differences between 2020-2021 and 2021-2022.</p> </div> <p style="text-align: center; font-size: small;">Standardised proportions. Direct method using European standard population 2013</p>	Year	Boys (%)	Girls (%)	Total (%)	2006	45	42	43	2010-2011	48	55	51	2011-2012	46	53	49	2012-2013	49	56	52	2013-2014	55	60	57	2014-2015	53	58	55	2015-2016	50	57	53	2016-2017	51	58	54	2017-2018	54	65	59	2018-2019	54	66	60	2019-2020	51	63	57	2020-2021	55	65	60	2021-2022	54	65	59
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8 Summary of time-evolution results

The table below shows the indicators with statistically significant differences between 2021 and 2022 for people aged 15 and over. The direction of each difference, whether the percentage has risen or fallen year to year, and in which group, is also specified. No statistical significant differences were found for people aged 0 to 14 between 2020-2021 and 2021-2022.

Table. Indicators with statistically significant differences between 2021 and 2022 for people 15 and over.

Indicators (≥ 15 years)	Difference between 2021 and 2022
1. Positive self-perceived health	Fall (for total)
2. Positive self-perceived oral hygiene health	Fall (for men)
3. High blood pressure	Rise (for total and for men)
12. Chronic disease	Rise (for total and for men)
16. Poor social support	Fall (for total)
17. Difficulties remembering or concentrating	Rise (for total and for women)
18. Serious material deprivation	Rise (for total and for women)
32. Regular blood pressure measurement	Rise (for total)
33. Regular measurement of blood cholesterol level	Rise (for total)
34. Double health insurance coverage (general population)	Rise (for total)
36. Visiting a health professional (general population)	Rise (for total, for men and for women)
38. Visiting an emergency room (general population)	Rise (for total and for men)
39. Satisfaction with the public health services (general population)	Fall (for total and for men)