Health status, health-related behaviours and use of health services in Catalonia, 2024

Executive summary of the main results of the 2024 ESCA

July 2025

Generalitat de Catalunya

Directed by: Aina Plaza, Ariadna Mas, Belén Enfedaque and Robert Langarita

Authors: Belén Enfedaque, Robert Langarita, Marta Mezquita and Anna Schiaffino

Technical and methodological support:

Idescat	Miquel Delgado
University of Barcelona	Manuela Alcañiz and Montserrat Guillén
SIGMADOS	Eva Galindo, Esther Bravo, Ana Rin, Miguel de la Fuente and fieldwork team
External quality control	Susana López León

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1 Introduction

The Health Survey of Catalonia (ESCA) is one of the main sources of information of the Ministry of Health of the Government of Catalonia and is essential for planning and assessing health. It is an instrument that provides the necessary population information to establish and assess the policy outlined in the Health Plan of Catalonia.

The ESCA is an official statistical activity provided for in the Statistical Action Programme of the Statistical Plan of Catalonia 2017-2020 (extended for 2024 in accordance with Article 41, paragraph 2, of the Catalan Statistical Law 23/1998, of 30 December), which means that the data covered by statistical secrecy is confidential and citizens are required to respond to it.

The ESCA explores aspects related to health, lifestyles and their assessment and expectations of healthcare services and the healthcare system in general based on people's perception, thus providing information on the current problems and making it possible to plan and assess health and services policies more carefully. It is therefore a strategic tool that provides information and support for planning, including the health status of the population based on personal statements and perceptions that are not readily available through other official sources or records. The ESCA provides indicators to analyse the evolution of people’s health, assess health objectives and reduce the risk and boost the effectiveness of health interventions.

The criteria applied in the survey, in accordance with the Catalan Statistical Law, are the pertinence and relevance of the information provided; the validity, accuracy and representativeness of the results; the opportuneness and timeliness of publishing these results; the coherence and the temporal and geographical comparability with both previous editions and other population surveys; the reliability of the instruments and procedures used; the appropriateness; and the efficient clarity of the costs.

The information is collected through personal interviews carried out exclusively in-person with the non-institutionalised population. Until 2010, data from the ESCA had been collected through surveys conducted periodically in 1994, 2002 and 2006. Since 2010, the ESCA has become an ongoing population survey as a tool for decision-making and monitoring. The fieldwork process is ongoing, and the sample and questionnaire are updated twice a year. Each sample is independent, which allows them to accumulate and provide representative results for all of Catalonia every year, for each health region every two years and for each supramunicipal unit every four years.

Thus, the ESCA has become a permanent information instrument that aims to constantly obtain updated data. In addition, it has sufficient flexibility to include emerging issues in the field of public health and health management.

All stages in the ESCA approach process are informed by the European Statistics Code of Practices, including survey areas, sample design, questionnaires, information collection, analysis of results and cession of the anonymous database.

This document contains the executive summary of the results of the 2024 ESCA. It includes an analysis of 58 selected indicators that represent almost all the information sections collected in the different questionnaires (general for people aged 15 and over, indirect for people aged 15 and over and children's for people aged 0 to 14). Specifically, 38 indicators have been chosen for the adult population (aged 15 and over) and 20 for the child population (aged 0-14). A summary of the 2024 results are shown for each of the 58 indicators, in general and according to axes of inequality such as sex, age group, social class, educational level and region, as well as their temporal evolution. The differences that have statistical significance and their combination with intersectional gaze are highlighted in all these axes. In addition, in the last section of the document, the comparative analysis between the latest results (2024) and the results from 2019-2023 for the adult population are shown, as well as the comparative analysis between the results from 2023-2024 and 2018-2019 to 2022-2023 for children. The information shown in this document can be supplemented by the more extensive analysis contained in the document Main ESCA indicators 2024.

Considerations regarding the interpretation of the results

- A description of the indicators (categories, instruments, thresholds, etc.) can be found in the ESCA 2024 technical document.
- All graphics are on a scale of 0-100. In the indicators where this scale does not properly show the variability, a graph has been added next to it with a scale that properly shows their values.
- The graphs show the results of the indicator for all the years of the ESCA editions for which we have information; therefore, the axis where the different editions of the ESCA are shown does not always include the same years but instead only those for which we have information.
- In the results of axes of age group, social class and educational level by sex, only the axis with a statistically significant difference is shown. When no results are highlighted, it is because no statistically significant differences were found between males and females in any of the three axes.
- The results shown are prevalence, not incidence.
- The results are always shown by relative numbers. Therefore, even if a percentage remains steady, there may be an increase or decrease in the absolute number of people affected, since there were about 6 million inhabitants in Catalonia in 1994, while in 2023 (reference population for the sample design of the ESCA 2024) it had 7.9 million inhabitants.
- In addition, when interpreting the disaggregated results for the region variable, both the population pyramids by age and sex and the socioeconomic level of

the health regions vary among each other and in relation to Catalonia. That is, there are regions with a population pyramid that is older or less aged than the pyramid of Catalonia as a whole.

2 Characterisation of the population and the sample

In 2024, 4,835 surveys were administered, which guarantees the reliability and representativeness of the results for the whole population of Catalonia by sex, large age groups and sex, social class according to employment and sex, and educational level and sex.

The main technical features of the ESCA 2024 are:

Technical features	Description
Units in charge	Directorate General of Health Planning, Ministry of Health. Statistical Institute of Catalonia.
Universe	Non-institutionalised population residing in Catalonia.
Sample size	4,835 people: 2,360 males and 2,475 females.
Type of interview	Personal, computer-assisted (CAPI), with three questionnaires: General (age ≥15), indirect (age ≥15) and indirect children (aged 0-14).
Type of sampling and selection of the units in each phase	Random, stratified and in multiple phases in each half-year. First phase (health sector): Deterministic sampling (some health sectors are in both half-years). Second phase (municipality): Random sampling without replacement, stratified by size of municipality with the municipality's likelihood of inclusion proportional to its size. Third phase (people): Random sampling without replacement, stratified by age groups and sex.
Sample extraction	From the most recent population register, with ten substitutes for each individual, chosen randomly from those of the same age group, sex and place of origin of the same municipality or nearby municipalities.
Fieldwork	Carried out by the company SIGMADOS, SA. Interviews were held continuously from 2 April to 31 December 2024. (In 2024, due to problems with the contract tender, the fieldwork could not be started until April and used a single sample not segmented by half-year periods.)

Like each edition, the sample is not proportional to the structure of the non-institutionalised population of Catalonia by age group and sex, as the less populous regions are overrepresented. In order to reverse this non-proportional distribution of the surveys, a weighting must be applied so that the frequencies become representative of the population of Catalonia.

The maximum error is calculated under the assumption of maximum indetermination (p = q = 0.5) for a simple random sampling and infinite populations with a confidence level of 95.45%. The sample size determines the maximum error of relative frequencies, as the more stratified the indicator is, the higher the error. The following are sample errors according to age and sex.

Age group	Reference population			Sample			Sample error		maximum
	Males	Females	Total	Males	Females	Total	Males	Females	Total
0-14	575,181	541,729	1,116,910	614	645	1,259	4.0	3.9	2.8
15-44	1,494,508	1,440,597	2,935,105	601	601	1,202	4.1	4.1	2.9
45-64	1,159,671	1,161,113	2,320,784	596	617	1,213	4.1	4.0	2.9
65-74	356,481	414,171	770,652	213	235	448	6.9	6.5	4.7
75 and older	301,382	457,130	758,512	336	377	713	5.5	5.2	3.7
15 and older	3,312,042	3,473,011	6,785,053	1,746	1,830	3,576	2.4	2.3	1.7
65 and older	657,863	871,301	1,529,164	549	612	1,161	4.3	4.0	2.9
Total	**3,887,223**	**4,014,740**	**7,901,963**	**2,360**	**2,475**	**4,835**	**2.1**	**2.0**	**1.4**

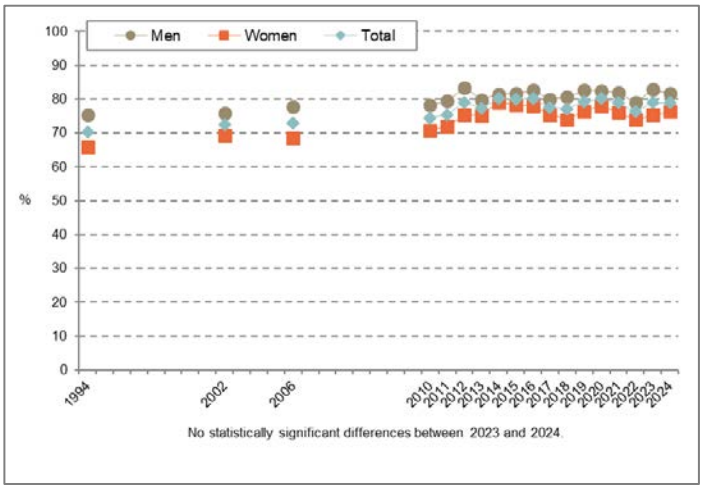
Source: Local resident census (01/01/2023). Idescat.

3 ESCA results in the population aged 15 and over

3.1 Health status

Axes of inequality	3.1.1 Positive perception of one's health status Almost eight out of ten people aged 15 or over (78.6%) have a favourable perception of their health status.
Sex	A higher percentage of **males** positively assess their health (82.4%) than females (74.9%).
Age group	Perception of health status is **lower** in older age groups, **especially over age 75** (49.4%), compared to 92.3% in the 15-44 age group, 75.7% in the 45-64 age group and 63.9% in the 65-74 age group.
Social class	Perception of health status is **higher among people in the most advantaged social class** (89.0% class I) compared to those in the least advantaged social class (74.2% class III).
Educational level	It is **higher among people with a university education** (91.2%) than those who have no education or primary education (60.6%).
Age group, social class and educational level according to sex	In **all axes of inequality**, **there is a lower proportion of females** than males**.** There is a 14% difference between males (68.7%) and females (54.6%) with no education or primary education.
Region	A percentage **below** the overall for Catalonia is found in the **Terres de l'Ebre** (72.5%) and **Barcelona Metropolitana Sud** (74.1%) health regions.
Evolution	Compared to 1994, there is an increase in the positive assessment of health status in 2019, although there are changing trends during this time period. In relation to the 2019-2023 period, there was a statistically significant improvement in the population as a whole in 2024 compared to 2022.

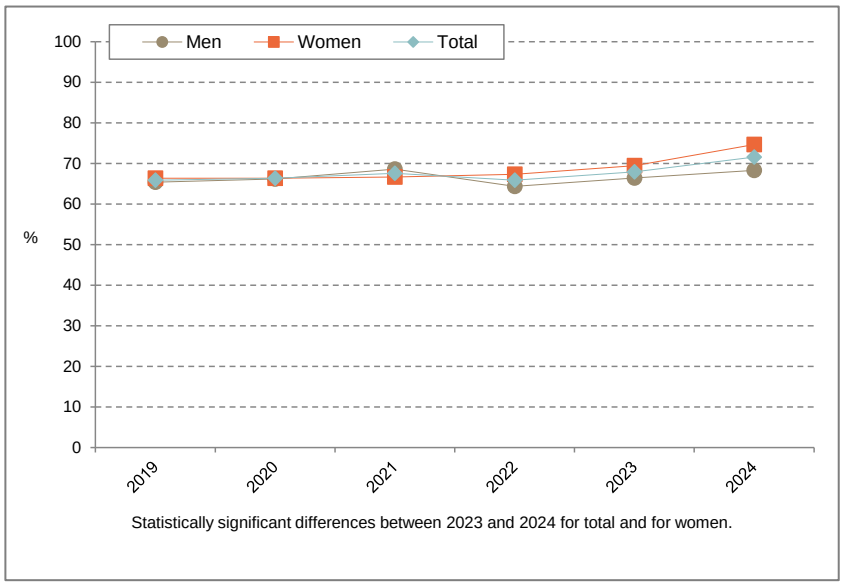
Population with positive perception of health status (age ≥15) by sex.
Catalonia, 1994-2024



Standardised proportions. Direct method with the 2013 European standard population

Axes of inequality	3.1.2 Positive perception of one's oral health Of the population aged 15 or over, 71.2% have a positive perception of their oral health.
Sex	**More females** positively rate their oral health (73.7%) than males (68.7%).
Age group	A **downturn** can be seen in the different age groups, with the **highest percentage in younger people**: 83.8% for ages 15-44, 66.1% for ages 45-64, 58.0% for ages 65-74 and 51.7% for age 75 and older.
Social class	The percentage is **higher among people in the most advantaged social class** (83.7% class I) than those in the least advantaged social class (65.3% class III).
Educational level	**Positive assessments are higher among people with a university education** (83.9%) than those with no education or primary education (54.7%).
Age group, social class and educational level according to sex	In **all the axes of inequality**, **the proportion of males is lower** than females**.** There is almost a 10% difference between males (60.7%) and females (70.0%) in the least advantaged social class.
Region	Percentages below the overall for Catalonia are found in the **Terres de l'Ebre** (61.0%), **Camp de Tarragona** (65.6%) and **Catalunya Central** (65.9%) health regions.
Evolution	The indicator has remained steady from 1994 to 2019. There was a statistically significant improvement in the rating in 2024 compared to each year in the 2019-2023 period, both total and in females.

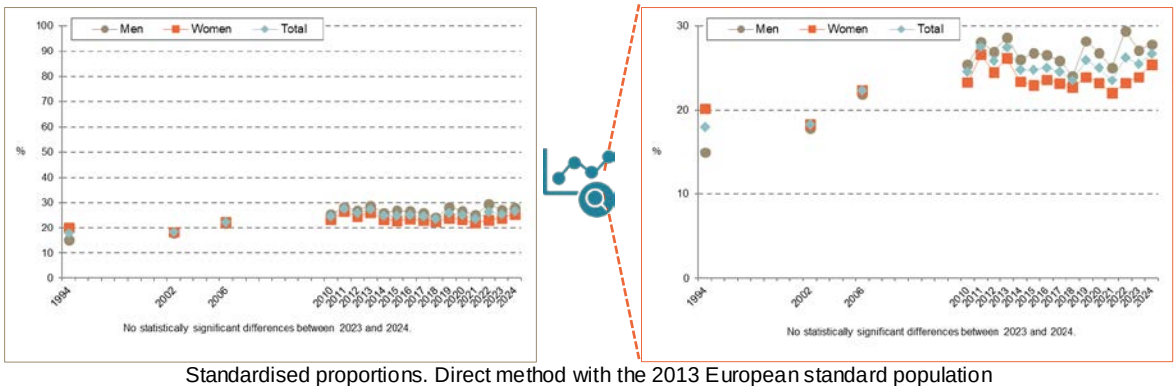
Population with positive perception of oral health (age ≥15), by sex. Catalonia, 2019-2024



Standardised proportions. Direct method with the 2013 European standard population

Axes of inequality	3.1.3 High blood pressure 27.1% of the population aged 15 or over has high blood pressure.
Sex	There are no differences between males and females.
Age group	**Older people have a higher percentage of high blood pressure** than other groups, especially those older than 65: 53.4% in the 65-74 age group and 63.1% in the over 75 age group, compared to 7.9% in the 15-44 age group.
Social class	**One in three people in the least advantaged social class** (30.2% class III) have high blood pressure, while one in four in the most advantaged social class do (24% class I).
Educational level	It is **higher among people with no education or primary education** (39.2%) than those with a university education (20.3%).
Region	The **lowest** percentage of people with high blood pressure in Catalonia is found in the **Alt Pirineu i Aran** (15.1%) health region.
Evolution	Compared to 1994, there was an increase in high blood pressure in 2019, although in the middle years the trend is slightly erratic. In relation to the 2019-2023 period, there is a statistically significant upswing in the population as a whole in 2024 compared to 2021.

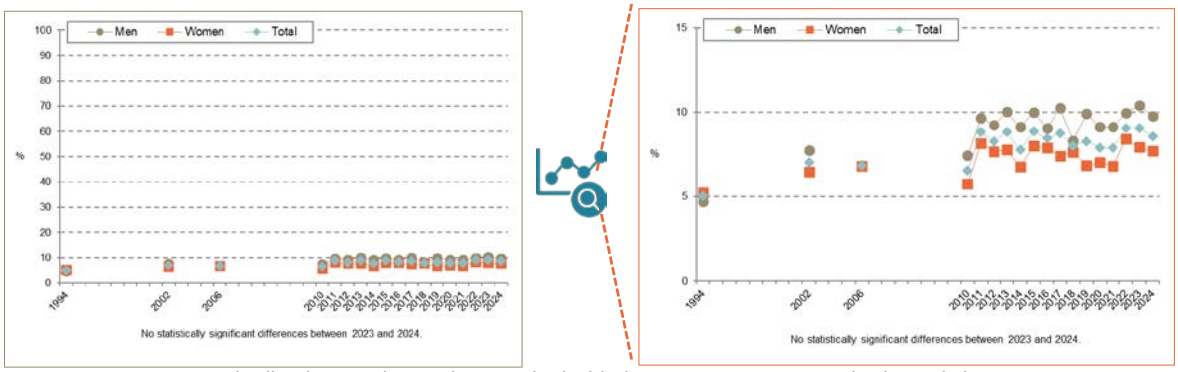
Population with high blood pressure (age ≥15) by sex.
Catalonia, 1994-2024



Standardised proportions. Direct method with the 2013 European standard population

Axes of inequality	3.1.4 Diabetes 8.7% of the population aged 15 and over have diabetes.
Sex	There are no differences between males and females.
Age group	The percentage of diabetes is **higher in older age groups, especially after age 65**: 18.7% in the 65-74 age group and 27.7% in the over 75 age group, compared to 0.9% in the 15-44 age group.
Social class	It is **higher among the least advantaged social class** (11.0% class III) than the most advantaged social class (4.9% class I).
Educational level	**A higher percentage of people with no education or primary education** (19.9%) suffer from it than those with a university education (3.1%).
Region	There are no observable differences according to health region.
Evolution	The indicator remained steady from 1994 to 2019, and in 2024 it showed no statistically significant variations from any year in the 2019-2023 period.

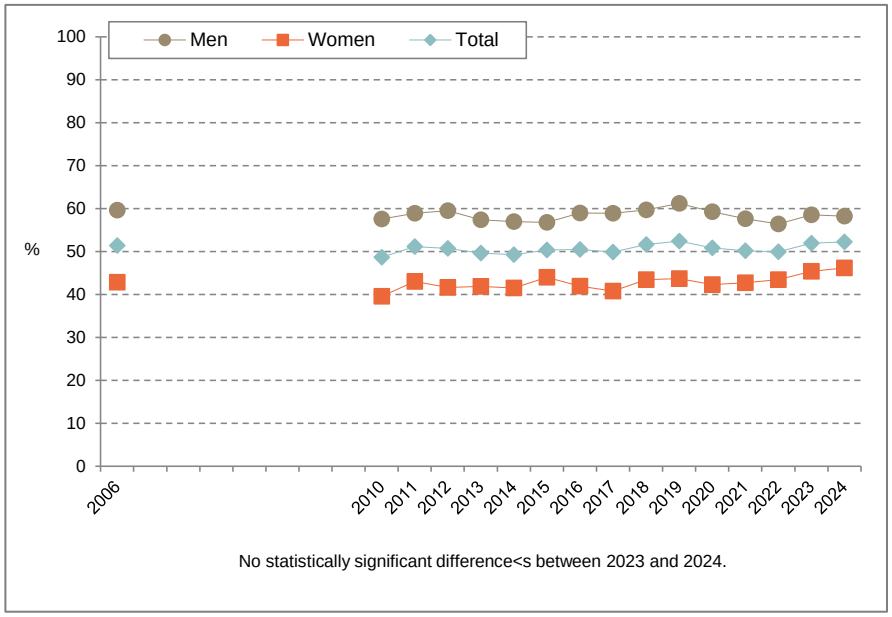
Population with diabetes (age ≥15) by sex.
Catalonia, 1994-2024



Standardised proportions. Direct method with the 2013 European standard population

Axes of inequality	3.1.5 Excess weight More than half the population aged 18-74 (52.4%) has excess weight (overweight or obesity).
Sex	The percentage is **higher** in **males** (58.3%) than females (46.6%).
Age group	This indicator **increases with age**: it is 43.3% in the 15-44 age group, 59.1% in the 45-64 age group and 64.6% in the 65-74 age group.
Social class	It is **higher among the least advantaged social class** (59.0% class III) than the most advantaged social class (43.4% class I).
Educational level	Excess weight is **more common among people with no education or primary education** (61.3%) than those with a university education (44.9%).
Age group, social class and educational level according to sex	**The proportion of males is higher** than females in **all axes of inequality**. There is 19% difference between males (56.9%) and females (37.8%) in social class II.
Region	The **lowest** percentage of excess weight in Catalonia is found in the **Barcelona Ciutat** health region (45.2%).
Evolution	The indicator remained steady from 2006 to 2019. With respect to the 2019-2023 period, there were no statistically significant variations in 2024 for any year, although there was a certain upswing since 2021, especially among females.

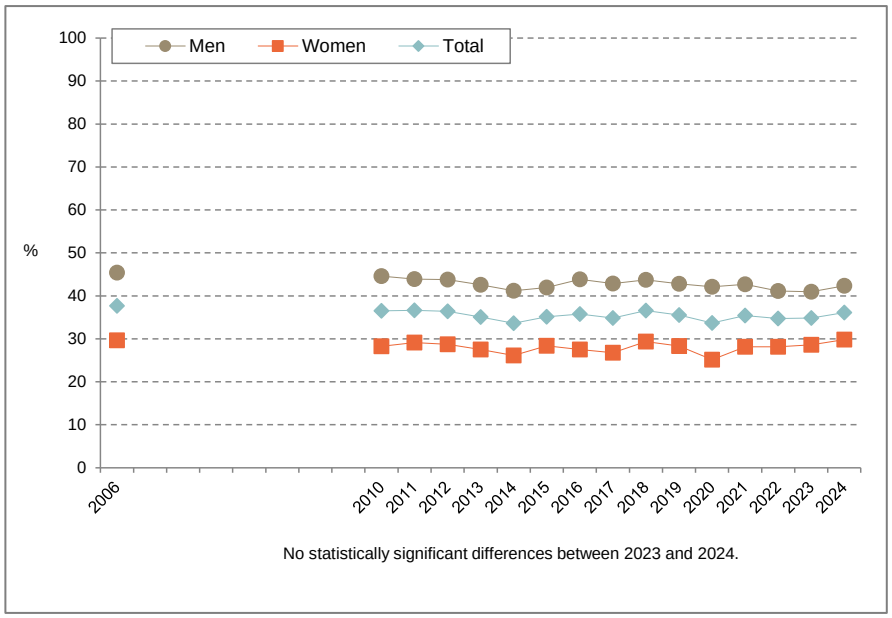
Population with excess weight (aged 18-74) by sex.
Catalonia, 2006-2024



Standardised proportions. Direct method with the 2013 European standard population

Axes of inequality	3.1.6 Overweight 36.1% of the population aged 18-74 are overweight.
Sex	**More males** (42.4%) **are overweight** than females (29.8%).
Age group	The percentage **increases with age**, going from 33.7% in the 15-44 age group to 41.0% in the 65-74 age group.
Social class	It is **higher in the least advantaged social class** (36.8% class III) than the most advantaged social class (33.1% class I).
Educational level	There is a **higher percentage of overweight people with no education or primary education** (40.4%) than those with a university education (34.0%).
Age group, social class and educational level according to sex	**The proportion of males is higher** than females in **all axes**. There is an 18.6% difference between males (42.8%) and females (24.2%) in social class II.
Region	The **lowest** percentage of overweight people in Catalonia is found in the **Barcelona Ciutat** health region (31.7%).
Evolution	The indicator has remained steady from 2006 to 2019. With respect to 2019-2023 period, 2024 showed no statistically significant variations for any year, although there was a certain upswing since 2021, especially among females.

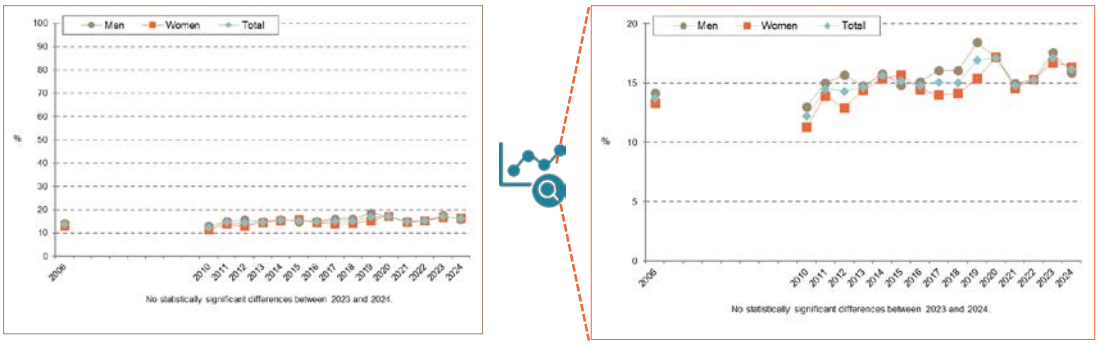
Overweight population (aged 18-74) by sex.
Catalonia, 2006-2024



Standardised proportions. Direct method with the 2013 European standard population

Axes of inequality	3.1.7 Obesity 16.3% of the population aged 18-74 are obese.
Sex	There are no differences between males and females.
Age group	The percentage of obesity **increases with age**, especially after age 45, where it is around 20%.
Social class	It is **higher among the least advantaged social class** (20.4% class III) than the most advantaged social class (10.4% class I).
Educational level	**More people with no education or primary education** (20.9%) suffer from it than those with a university education (11.0%).
Region	There are no observable differences according to health region.
Evolution	Compared to 2006, there was an increase in obesity in 2019, but since 2019, there are no statistically significant variations in 2024 compared to the 2019–2023 period.

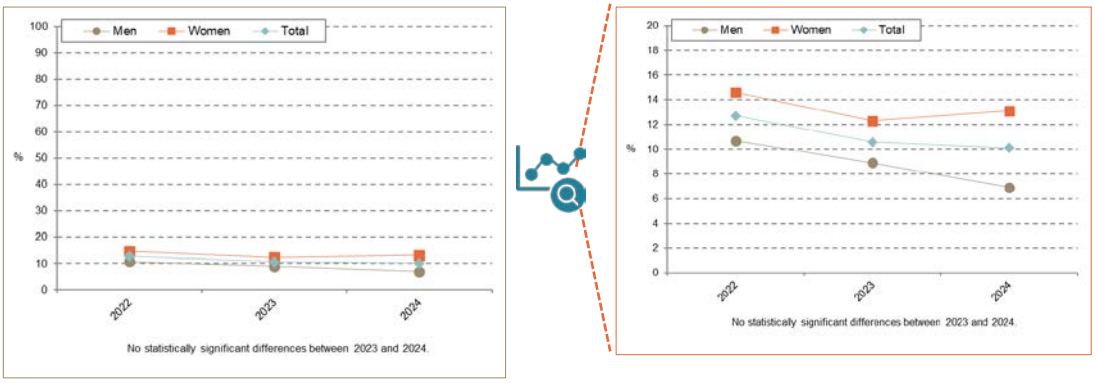
Population with obesity (aged 18-74) by sex.
Catalonia, 2006-2024



Standardised proportions. Direct method with the 2013 European standard population

Axes of inequality	3.1.8 Emotional well-being One in ten people (10.0%) aged 15 and over have low emotional well-being, six out of ten (60.0%) have average emotional well-being and three out of ten have high emotional well-being (30.0%).
Sex	The percentage of low emotional well-being is **higher in females** (13.1%) than males (6.9%).
Age group	The prevalence of low emotional well-being increases with age**, especially in the older population.** It stands at 7.7% the 15-44 age group, 10.7% and 10.8%, respectively, in the 45-64 and 65-74 age groups and 18.0% in the over 74 age group.
Social class	The percentage of low emotional well-being is **higher among people in the least advantaged social class** (12.6% class III) than in the most advantaged social class (5.6% class I).
Educational level	**People with no education or with primary education** have low emotional well-being more often (21.1%) than people with a university education (6.0%).
Age group, social class and educational level according to sex	In **all axes of inequality**, **the proportion of females** with low emotional well-being **is higher** than males. There is a 12.3% difference between females (22.7%) and males (10.4%) aged 74 and over.
Region	There are no observable differences according to health region.
Evolution	In 2024, there was a statistically significant drop in emotional well-being, overall and in males, compared to 2022.

Population with low emotional well-being (age ≥15) by sex.
Catalonia, 2022-2024



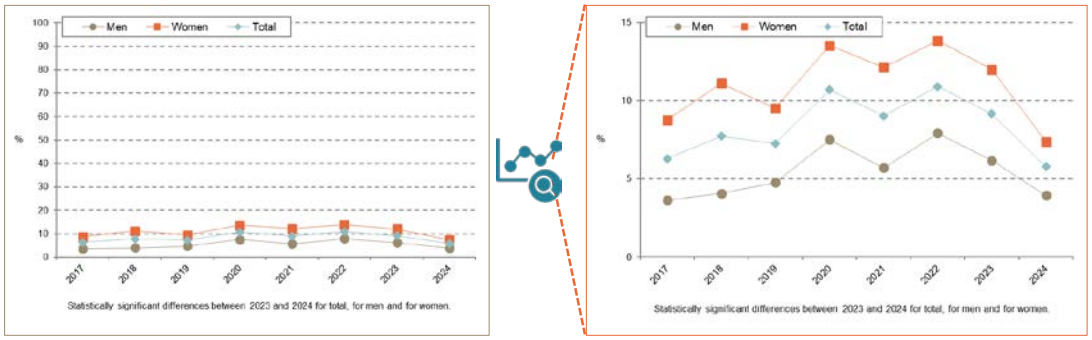
Standardised proportions. Direct method with the 2013 European standard population

Emotional well-being is tested using the Short Warwick-Edinburgh Mental Well-being Scale (SWEMWBS). This scale classifies people according to whether their well-being is low (described on the previous page), medium or high (see the emotional well-being section of the ESCA 2024 technical document). Below are the percentages of the three classification levels, both total and according to the axes of inequality.

Axes of inequality		Low emotional well-being	Medium emotional well-being	High emotional well-being
Total	(age ≥ 15)	10.0%	60.0%	30.0%
Sex	Males	6.9%	60.7%	32.4%
	Females	13.1%	59.2%	27.7%
Age group	15-44	7.7%	57.3%	35.0%
	45-64	10.8%	60.9%	28.3%
	65-74	10.8%	65.2%	24.0%
	75 and older	17.9%	62.4%	19.7%
Social class	I (most advantaged)	5.6%	58.7%	35.7%
	II	8.6%	63.4%	28.0%
	III (least advantaged)	12.5%	59.8%	27.7%
Educational level	University	6.0%	58.2%	35.8%
	Secondary	8.9%	62.2%	28.9%
	Primary or no education	21.1%	56.4%	22.5%

Axes of inequality	3.1.9 Moderate or severe depression 5.8% of the population aged 15 and older have symptoms of moderate or severe depression.
Sex	It is **higher** among **females** (7.5%) than males (4.0%).
Age group	**Older people have the highest percentage**, especially after age 75: 8.6%, compared to 5.0% of the 15-44 age group.
Social class	It is **higher among the least advantaged social class** (6.1% class II and 6.4% class III) than the most advantaged social class (3.4% class I).
Educational level	**People with no education or with primary education** have a **higher** percentage (12.2%) than those with a university education (2.6%).
Age group, social class and educational level according to sex	In **all axes of inequality**, the **percentage of females** with moderate or severe symptoms is **higher** than males. There is a 7.7% difference between females (11.6%) and males (11.6%) aged 74 and over.
Region	The **Lleida** (10.5%), **Alt Pirineu i Aran** (9.8%), **Catalunya Central** (7.4%) and **Camp de Tarragona** (9.4%) health regions have a **higher** percentage of people with moderate or severe depression symptoms than the overall for Catalonia.
Evolution	From 2017 to 2019, the percentage of people with moderate or severe depression remained steady. With respect to the 2019-2023 period, there was a statistically significant decrease in 2024 compared to 2020, 2021 and 2022.

Population with moderate or severe depression symptoms (age ≥15) by sex. Catalonia, 2017-2024

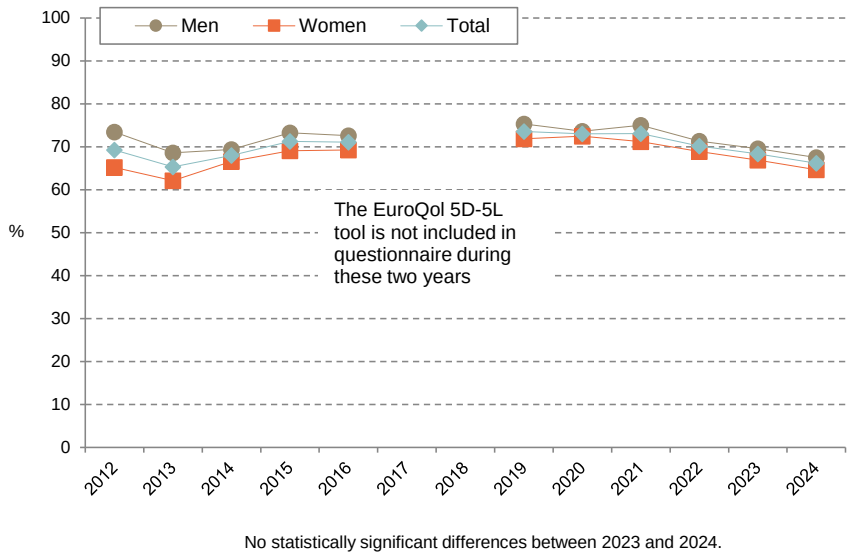


Standardised proportions. Direct method with the 2013 European standard population

Axes of inequality	3.1.10 Moderate or severe anxiety 7.5% of the population aged 15 and older have moderate or severe anxiety symptoms.
Sex	It is **higher** among **females** (10.4%) than males (4.4%).
Age group	There is no gradient according to the age group. The percentage of moderate or severe anxiety is **higher** in **people aged 75 and over** (9.5%), followed by the 45-64 age group (8.9%). It stands at 6.5% in the 15-44 age group and 5.3% in the 65-74 group.
Social class	It is **higher among the least advantaged social class** (9.0% class III) than the most advantaged social class (4.1% class I).
Educational level	The percentage is **higher** in **people with no education or with primary education** (12.7%) than those with a university education (3.6%).
Age group, social class and educational level according to sex	In **all the axes of inequality** the **proportion of females** with moderate or severe anxiety symptoms is **higher** than that of males. There is a 10.5% difference between females (13.5%) and males (3.0%) aged 74 and over.
Region	This indicator cannot be calculated by health regions, as the sample must be combined for two consecutive years and 2024 is the first year that this question was asked.
Evolution	There is only one point of evolution (2024).

Axes of inequality	3.1.11 Good quality of life regarding health 66.1% of the population aged 18 and over have a good quality of life regarding health.
Sex	There are no differences between males and females.
Age group	A **downturn** can be found **in the different age groups, with the highest percentage in younger people**: 69.8% of those aged 15-44 and 60.0% of those over 65.
Social class	There is a 12.1% difference between the **most advantaged social class** (73.7%) and the least advantaged social class (61.6%).
Educational level	The percentage is **lower** in people **with no education or with primary education** (49.5%) compared to those with a university education (76.0%).
Region	The **Barcelona Ciutat** health region (70.2%) has the **highest** percentage of people with a good quality of life regarding health in **Catalonia**, while the **Catalunya Central** health region has the **lowest** (60.2%).
Evolution	This indicator remained steady from 2012 to 2021. From 2021 to 2024, it decreased. No **statistically significant differences** were found between 2023 and 2024, but there were statistically significant differences between **2024 and 2019, 2020, 2021 and 2022.**

Population with good quality of life regarding health (age ≥18) by sex.
Catalonia, 2012-2016, 2020-2024

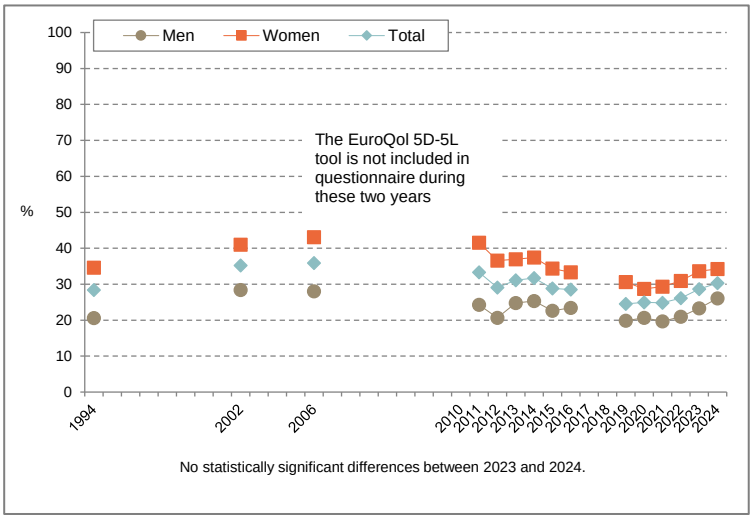


No statistically significant differences between 2023 and 2024.

Standardised proportions. Direct method with the 2013 European standard population

Axes of inequality	3.1.12 Pain One in three people (30.6%) aged 15 and over have pain or discomfort.
Sex	The percentage of pain is **higher in females** (35.4%) than males (25.6%).
Age group	The percentage of pain **increases with age and encompasses more than half the population aged 75 and over**: 17.6% for ages 15-44, 33.7% for ages 45-64, 44.2% for ages 65-74 and 57.9% for age 75 and older.
Social class	There is a 10.6% difference between the **least advantaged social class** (34.4%) and the most advantaged social class (23.8%).
Educational level	The percentage is **higher** in people **with no education or with primary education** (45.4%) than those with a university education (21.9%).
Age group, social class and educational level according to sex	In **all the axes of inequality** the **proportion of females** is **higher** than males, with a 14.8% difference between females (59.4%) and males (43.9%) with no education or primary education.
Region	The **lowest** percentage of people with pain or discomfort in Catalonia is found in the **Barcelona Ciutat** health region (26.4%), while the **highest** is found in the **Catalunya Central** health region (36.2%).
Evolution	Compared to 1994, there was a decrease in pain or discomfort in 2019, despite a slight upturn in the intervening years. In relation to the 2019-2023 period, there was a statistically significant increase in 2024 compared to 2019, 2020 and 2021 (total and males and females) and 2022 (total and males).

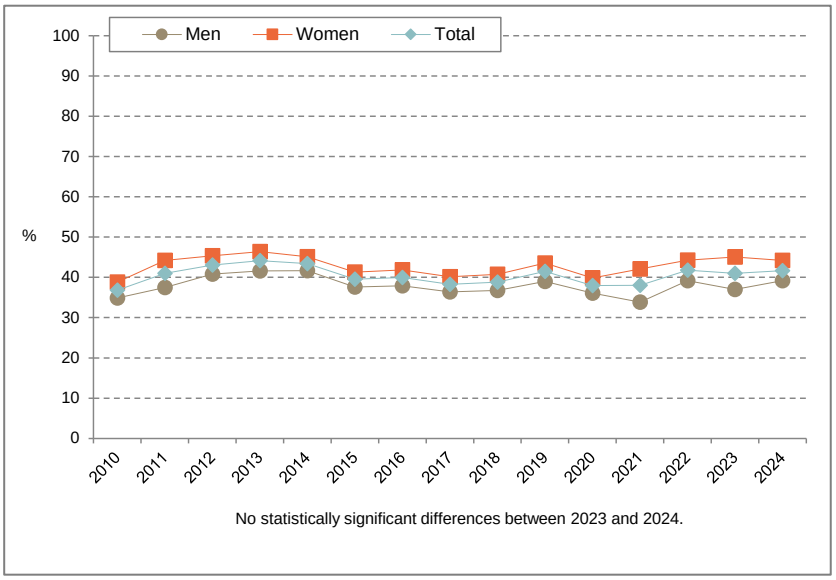
People with pain or discomfort (age ≥15) by sex.
Catalonia, 1994, 2002, 2006, 2011-2016, 2020-2024



Standardised proportions. Direct method with the 2013 European standard population

Axes of inequality	3.1.13 Chronic health problems 42.0% of the population aged 15 and over have a chronic or long-term illness or health problem.
Sex	The percentage of chronic health problems is **higher in females** (45.4%) than males (38.5%).
Age group	The prevalence **increases as groups age**, especially after age 65, when the percentage approaches 70%. Nearly three out of four people aged 75 or older (72.0%) have a chronic or long-term illness or health problem.
Social class	The **percentage is lower among the people in the most advantaged social class** (37.4%) than the least advantaged social class (44.0%).
Educational level	There is a 15.9% difference between people who have **primary or no education** (54.0%) and those who have a university education (38.1%).
Age group, social class and educational level according to sex	In **all the axes of inequality,** the **proportion of females** is **higher** than males, reaching a 17.8% difference between females (61.5%) and males (43.7%) with no education or primary education.
Region	The **Terres de l'Ebre** health region (50.0%) has a **higher** percentage than the overall for Catalonia.
Evolution	There was an increase in chronic diseases or health problems in 2019 compared to 2010. In relation to the 2019-2023 period, 2024 showed a statistically significant increase compared to 2020 (total) and 2021 (total and males).

Population with a chronic disease or health problem (age ≥15) by sex. Catalonia, 2010-2024



Standardised proportions. Direct method with the 2013 European standard population

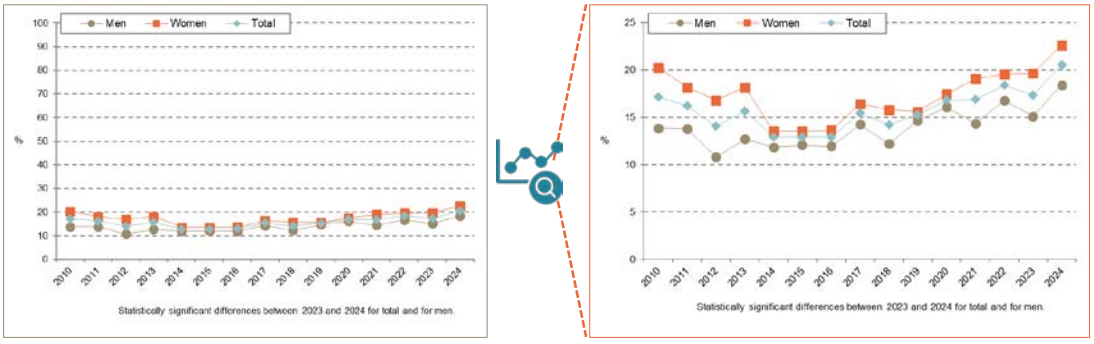
The following are the main **chronic or long-term diseases or health problems** with a percentage greater than 10% (which respondents have had or expect to last 6 months or longer), by sex and sequenced from higher to lower frequency.

Males	Females	Total
• High blood pressure and high cholesterol	• Anxiety	• High blood pressure and high cholesterol
• Chronic lumbar back pain (below ribs or kidney area)	• High blood pressure and high cholesterol	• Anxiety
• Anxiety	• Chronic lumbar back pain (below ribs or kidney area)	• Chronic lumbar back pain (below ribs or kidney area)
• Chronic allergies	• Migraines or frequent headaches	• Migraines or frequent headaches
• Migraines or frequent headaches	• Depression	• Chronic allergies
• Tendinitis	• Chronic allergies	• Depression
• Depression	• Diseases of the musculoskeletal system: osteoarthritis of the knee, hand or hip, chronic dorsal back pain (between the ribs), tendinitis	• Musculoskeletal diseases: osteoarthritis of the knee, chronic dorsal back pain (between the ribs), tendinitis

Females suffer from all these diseases at higher percentages than males, except for high blood pressure and high cholesterol.

Axes of inequality	3.1.14 Limitation due to a health problem 20.8% of people aged 15 and over are limited due to a health problem.
Sex	This percentage is **higher in females** (23.7%) than males (17.8%).
Age group	The percentage **increases as groups age**, especially after the age of 75, when almost half the people are limited (48.3%).
Social class	It is **higher among the least advantaged social class** (24.5% class III) than the most advantaged social class (14.1%).
Educational level	The percentage is higher in people with no education or with primary education (39.2%) than those with a university education (11.6%).
Age group, social class and educational level according to sex	In **all the axes of inequality** the **proportion of females** is **higher** than males, reaching a 9.5% difference between females (43.2%) and males (33.7%) with no education or primary education.
Region	The Girona (15.6%) and Barcelona Metropolitan Nord (16.1%) health regions show percentages lower than the overall for Catalonia.
Evolution	There was a decrease in limitations due to a health problem in 2019 compared to 2010. In relation to the 2019-2023 period, there was a statistically significant upswing in 2024 compared to 2019 and 2021 (total, females and males), 2020 (total and females) and 2023 (total and males).

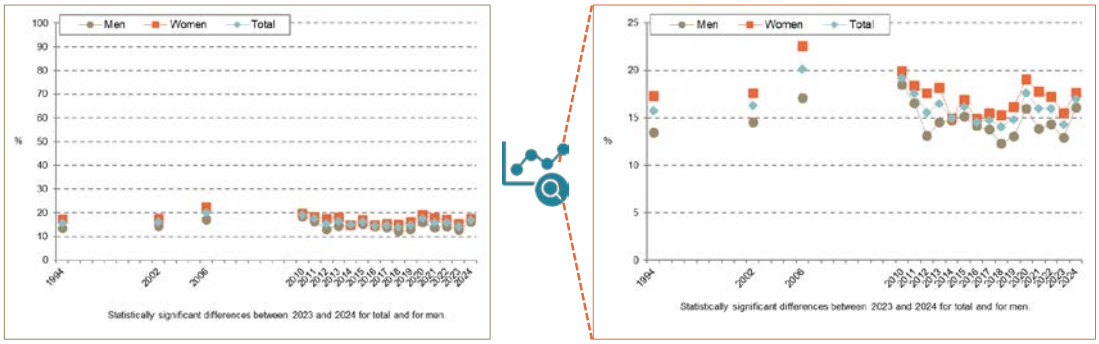
Population with limitation due to a health problem (age ≥15) by sex.
Catalonia, 2010-2024



Standardised proportions. Direct method with the 2013 European standard population

Axes of inequality	3.1.15 Disability 17.2% of the population aged 15 and over have some disability or severe limitation.
Sex	The percentage of disability is **higher in** females (19.0%) than males (15.3%).
Age group	**The percentage increases with age,** especially in people aged 75 and over: 4.8% in the 15-44 age group,14.9% in the 45-64 age group, 29.1% in the 65-74 age group and 60.2% age 75 and older.
Social class	It is **higher in the least advantaged social class** (20.8% class III) than the most advantaged social class (10.5% class I).
Educational level	There is a 32.7% difference between people who have **primary or no education** (39.8%) and those who have a university education (7.1%).
Age group, social class and educational level according to sex	In **all axes of inequality**, the **percentage of females** is **higher** than males, reaching a 13.8% difference between females (45.6%) and males (31.8%) with no education or primary education.
Region	The percentage in the **Girona** (10.5%) and **Barcelona Metropolitan Nord** (13.2%) health regions is **below** the overall for Catalonia.
Evolution	There was a decline in this indicator in 2019 compared to 1994, despite slightly erratic behaviour in the intervening years. In relation to the 2019-2023 period, there was a statistically significant increase in disability in 2024 compared to 2019 and 2023 for both the total and males in both years.

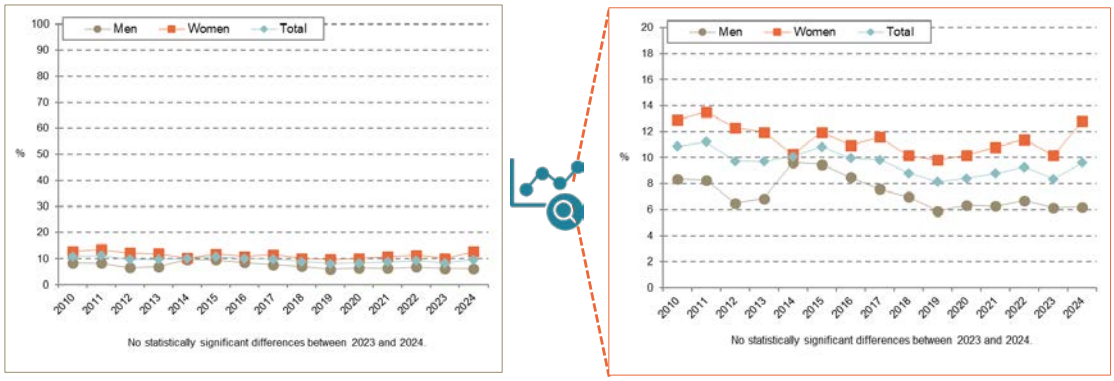
People with disabilities (age ≥15) by sex.
Catalonia, 1994-2024



Standardised proportions. Direct method with the 2013 European standard population

Axes of inequality	3.1.16 Lack of personal autonomy (dependence) 9.6% of the population aged 15 or older needs others' help to engage in everyday activities due to a health problem.
Sex	The lack of personal autonomy is **higher among females** (12.8%) than males (6.2%).
Age group	**It increases with age**: 2.9% in the 15-44 age group and 40.6% in the over-75 age group.
Social class	It is **higher in the least advantaged social class** (11.7% class III) than in the most advantaged social class (4.2% class I).
Educational level	There is a 25% difference between people who have **primary or no education** (27.6%) and those who have a university education (2.6%).
Age group, social class and educational level according to sex	In **all axes of inequality**, **the proportion of females is higher** than males. There is a 15% difference between females (46.5%) and males (31.5%) who are 75 and older.
Region	The **lowest** percentage of Catalonia is found in the **Girona** Health region (5.6%).
Evolution	There was a decline in dependence in 2019 compared to 2010. There were no statistically significant variations in 2024 compared to any year in the 2019-2023 period.

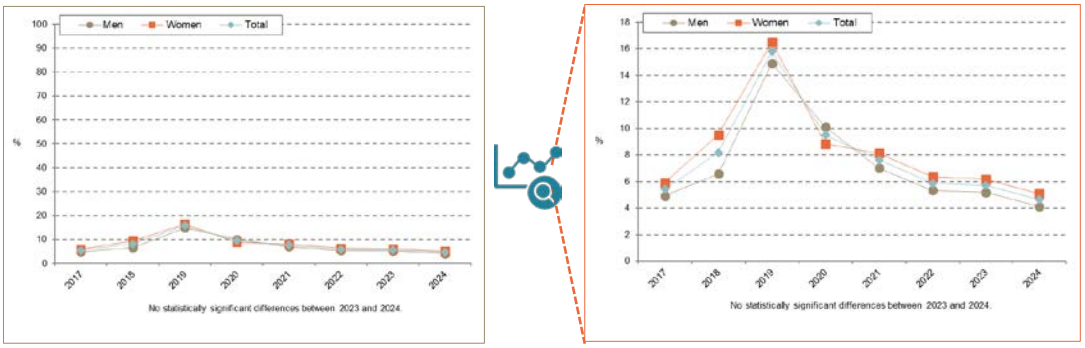
Population who lack personal autonomy (age ≥15) by sex.
Catalonia, 2010-2024



Standardised proportions. Direct method with the 2013 European standard population

Axes of inequality	3.1.17 Low social support 4.6% of the population aged 15 and over have low social support.
Sex	There are no differences between males and females.
Age group	The **highest percentage** of low social support is found in **people over the age of 74** (6.8%). This number is higher than that of other age groups: 5.6% for the 65-74 age group, 5.7% for the 45-64 age group and 3.1% for the 15-44 age group.
Social class	The **highest** percentage is found in people in **class II** (6.1% class II, 5.0% class III and 3.2% class I).
Educational level	The percentage is **higher** in people **with no education or with primary education** (6.3%) than those with a university education (3.1%).
Region	The **Barcelona Metropolitan South** health region (8.2%) has a higher prevalence of people with low social support than Catalonia as a whole.
Evolution	There was an increase in this indicator in 2019 compared to 2017, the year in which this data was collected. In relation to the 2019-2023 period, there was a statistically significant decrease in low social support in 2024 compared to 2019, 2020 and 2021, both total and in males and females in all three years.

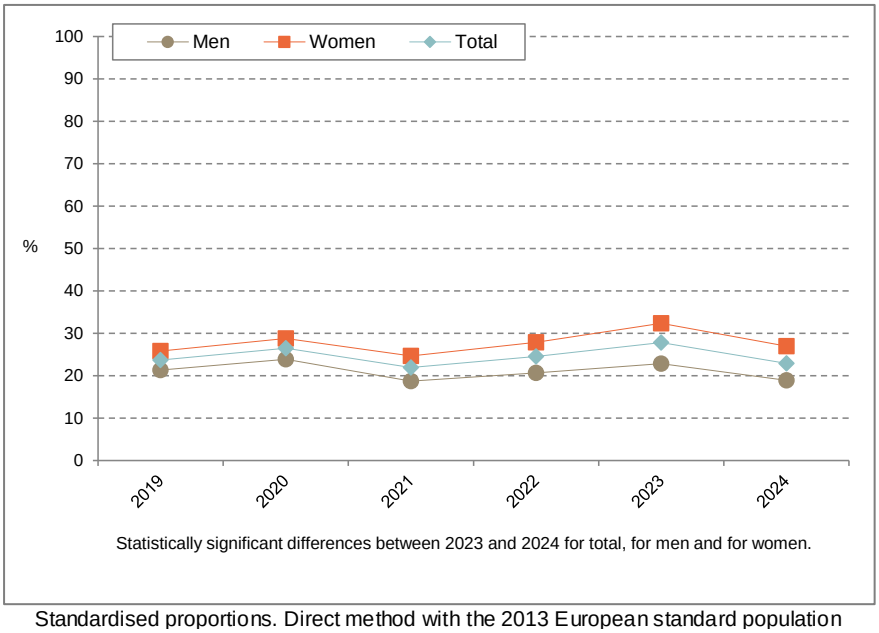
Population with low social support (age ≥15) by sex.
Catalonia, 2017-2024



Standardised proportions. Direct method with the 2013 European standard population

Axes of inequality	3.1.18 Difficulty remembering or concentrating 22.9% of the population aged 45 and over have difficulty remembering or concentrating.
Sex	The percentage is **higher** in **females** (27.6%) than males (17.6%).
Age group	This indicator **increases with age**: 16.6% in the 45-64 age group, 19.6% in the 65-74 age group and 45.5% in the group aged 75 and older.
Social class	It is **higher** in people in the **least advantaged social classes** (24.8% class II, 23.1% class III) than those in the most advantaged social class (17.7% class I).
Educational level	There is a 25% difference between people with a university education (15.8%) and those with **primary or no education** (40.7%).
Age group, social class and educational level according to sex	In **all axes of inequality**, the **percentage of females** is **higher** than males. There is an 18.6% difference between females (48.0%) and males (29.3%) in the most advantaged social class.
Region	A higher percentage of difficulties remembering or concentrating is found in the **Lleida** (30.0%) and **Barcelona Metropolitana Sud** (28.4%) health regions than the overall for Catalonia.
Evolution	There was a statistically significant decrease in the population aged 45 and older that has difficulty remembering or concentrating in 2024 compared to 2020 (total and males) and 2023 (total, females and males).

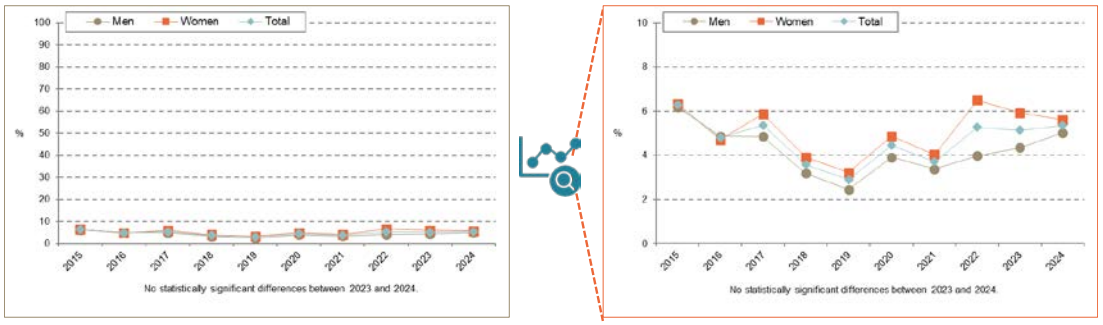
People with difficulty remembering or concentrating (≥45 years), by sex.
Catalonia, 2019-2024



Standardised proportions. Direct method with the 2013 European standard population

Axes of inequality	3.1.19 Serious material deprivation 5.3% of the population aged 15 years and older have severe material deprivation.
Sex	There are no differences between males and females.
Age group	The percentage of severe material deprivation is **highest** in the **population aged 15-44** (6.2%), followed closely by the population aged 45-64 (5.5%), compared to the older population.
Social class	It is **higher** in people in the **least advantaged social class** (8.7% class III) than those in the most advantaged social class (0.6% class I).
Educational level	The percentage is **higher** in people with **primary or no education** (13.5%) than those with a university education (1.3%) and a secondary education (4.7%).
Region	The percentage is **below** the overall for Catalonia in the **Girona** (1.6%) and **Alt Pirineu i Aran** (2.2%) health regions.
Evolution	There was a decrease in severe material deprivation in 2019 compared to 2015, the year in which these data were collected. In relation to the 2019-2023 period, there was a statistically significant increase in 2024 (5.3%) compared to 2019 (2.9%); this increase mainly came in 2020 (4.4%).

Population with severe material deprivation (age ≥15) by sex.
Catalonia, 2015-2024

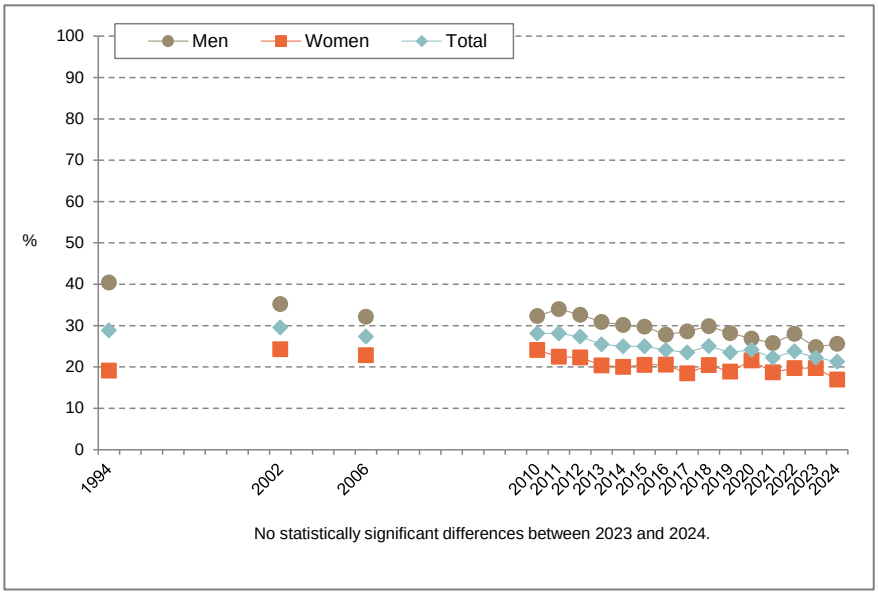


Standardised proportions. Direct method with the 2013 European standard population

3.2 Health-related behaviours

Axes of inequality	3.2.1 Tobacco consumption The prevalence of tobacco use (daily and occasional) in the population aged 15 and over is 21.4%.
Sex	The percentage is **higher in males** (26.1%) than females (16.8%).
Age group	The percentage of tobacco consumption is highest in people **under age 64** (23.0%ages 15-44 and 26.1% ages 45 -64). The prevalence decreases after age 65 (15.7% ages 65-74 and 6.2% aged 75 and over).
Social class	It is **higher** in the **least advantaged social class** (24.6% class II, 24.0% class III and 15.5% class I).
Educational level	The percentage is **higher** in **people with secondary education** (24.7%).
Age group, social class and educational level according to sex	In **all axes of inequality**, the **proportion of males** is **higher** than females. There is a 23% difference between males (32.2%) and females (8.9%) who have primary or no education.
Region	There are no observable differences according to health region.
Evolution	There was a decline in tobacco consumption in 2019 compared to 1994. In relation to the 2019-2023 period, the indicator remained steady in 2024, although there was a statistically significant decrease in tobacco consumption among females compared to 2020.

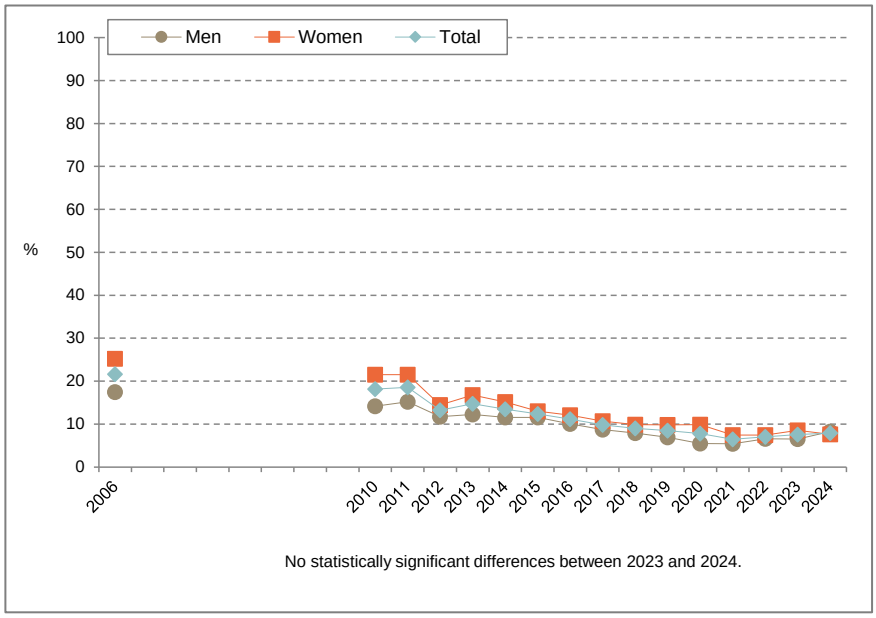
Population who smokes (age ≥15) by sex.
Catalonia, 1994-2024



Standardised proportions. Direct method with the 2013 European standard population

Axes of inequality	3.2.2 Exposure to second-hand tobacco smoke at home 7.8% of people aged 15 and over are exposed to second-hand tobacco smoke at home.
Sex	There are no differences between males and females.
Age group	Exposure to second-hand tobacco smoke at home is **higher** among **people under age 64** (9.0% age 15-44 and 8.0% age 45-64). The prevalence decreases after age 65 (6.2% age 65-74), and especially in people aged 75 and over (4.9%).
Social class	There are no differences according to social class.
Educational level	Exposure to second-hand tobacco smoke at home is **higher** in people with a **secondary education** (9.2%) compared to people with a university education (6.0%) or primary or no education (7.2%).
Region	There are no observable differences according to health region.
Evolution	There was a decline in this indicator in 2019 compared to 2006.. There were no statistically significant variations in 2024 compared to the 2019-2023 period, showing steadiness in exposure to second-hand tobacco smoke at home.

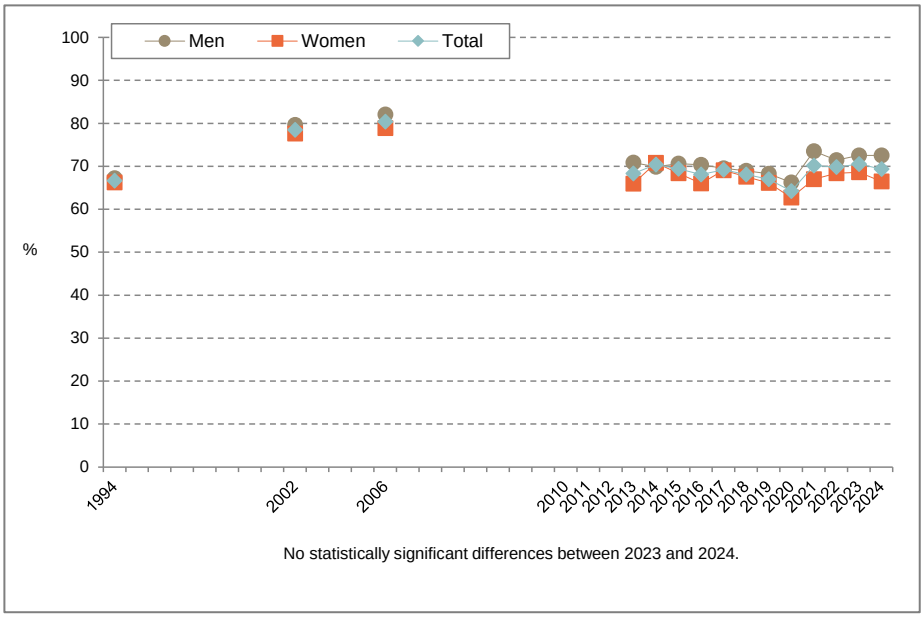
Population exposed to second-hand tobacco smoke at home (age ≥15) by sex. Catalonia, 2006-2024



Standardised proportions. Direct method with the 2013 European standard population

Axes of inequality	3.2.3 Sleeping the recommended hours Seven out of every ten people (69.1%) sleep the recommended hours.
Sex	The percentage of sleeping the recommended hours is **higher** in **males** (72.7%) than females (65.6%).
Age group	The percentage is **higher** in **younger people** (77.0% aged 15-44). The prevalence decreases as age increases until reaching 51.6% of people aged 75 and over.
Social class	It is **lower** in people from **least advantaged social classes** (66.9% class II and 66.3% class III versus 75.4% class I).
Educational level	The percentage is **lower** in **people with no education or primary education** (57.2%) compared to those with a university education (76.6%) or secondary education (69.4%).
Age group, social class and educational level according to sex	In **all axes of inequality**, the **proportion of males** is **higher** than females. There is a 12.5% difference between males (59.1%) and females (46.6%) aged 75 and over.
Region	The percentage is higher in the **Girona** (74.6%) and **Barcelona Ciutat** (73.4%) health regions than the overall for Catalonia.
Evolution	There was a slight downturn in 2019 compared to 1994. In relation to the 2019-2023 period, there was a statistically significant increase in 2024 compared to 2020, both overall and in females and males.

Population who sleep the recommended hours (age ≥15) by sex.
Catalonia, 1994-2024



Standardised proportions. Direct method with the 2013 European standard population

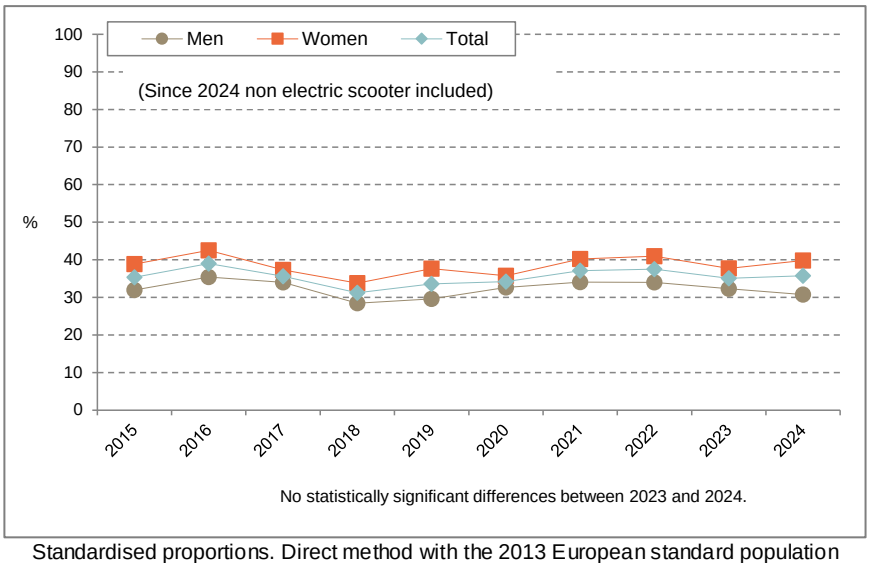
Axes of inequality	3.2.4 Healthy physical activity 85% of people aged 15 and over have a healthy level of physical activity.
Sex	This percentage is **higher in males** (87.6%) than females (83.5%).
Age group	92.4% of people aged 15-44 engage in healthy physical activity, and this **percentage decreases as people age**, reaching 67.6% for people age 75 and older.
Social class	It is **lower** in the **least favoured social classes** (84.2% class III and 89.0% class I).
Educational level	Nine out of 10 **people with a university education** (90.6%) **engage in healthy physical activity**, while one in four people with no education or primary education (75.5%) do.
Age group, social class and educational level according to sex	In **all axes of inequality**, the **proportion of males** is **higher** than females. There is a 10.5% difference between males (81.6%) and females (71.1%) with no or primary education.
Region	This indicator can only be calculated according to health region for the population aged 15-69, as 2024 is the first year this question was asked to people age 70 and younger. The highest percentage in Catalonia is found in the **Barcelona Ciutat** (91.1%) health region, while levels below the overall for Catalonia were found in the **Terres de l'Ebre** (72.2%), **Lleida** (76.4%), **Camp de Tarragona** (80.2%) and **Catalunya Central** (81.8%) health regions.
Evolution	There was an increase in healthy physical activity in 2019 compared to 2010. In relation to the 2019-2023 period, there was a statistically significant increase in 2024 compared to 2019 and 2022, both total and in females. *The data up to 2023 is for the population aged 15-69, and the data from 2024 is for the population aged 15 and over. This is why the graph is not shown.*

Physical activity in people aged 15 and over is collected through the International Physical Activity Questionnaire (IPAQ). The original IPAQ version is used for people aged 15-69, and the IPAQ-E version (Elderly) is used for people aged 70 and over. Both instruments classify physical activity at three levels: low, moderate and high (see the physical activity section of the ESCA 2024 technical document). Healthy physical activity is considered the combination of moderate and high activity (described on the previous page). Below are the total percentages of the three classification levels according to the axes of inequality.

Axes of inequality		Low physical activity	Moderate physical activity	High physical activity
Total	(age ≥ 15)	14.5%	58.8%	26.7%
Sex	Males	12.4%	54.4%	33.2%
	Females	16.5%	63.0%	20.5%
Age group	15-44	7.6%	56.4%	36.0%
	45-64	16.1%	60.5%	23.4%
	65-74	18.0%	64.0%	18.0%
	75 and older	32.4%	57.8%	9.8%
Social class	I (most advantaged)	11.0%	55.4%	33.6%
	II	14.2%	57.6%	28.2%
	III (least advantaged)	15.8%	61.2%	23.0%
Educational level	University	9.4%	59.5%	31.1%
	Secondary	13.7%	59.3%	27.0%
	Primary and no education	24.5%	56.0%	19.5%

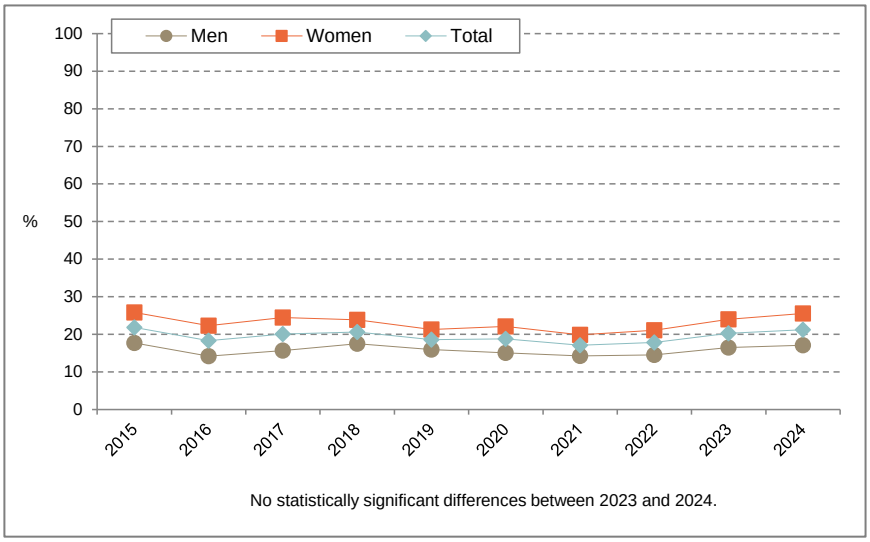
Axes of inequality	3.2.5 Regular commutes 35.0% of the population aged 15 and over regularly commute on foot, by bicycle or by non-electric scooter, while 21.0% regularly use public transport.
Sex	**More females** commute on foot, by bicycle or by non-electric scooter (39.8%) and by public transport (24.9%) than males (30.0% and 17.0%, respectively).
Age group	Almost half the **people over the age of 64 commute on foot, by bicycle or by non-electric scooter** (48%), while only one-third of people under this age do. By contrast, more **people aged 15-44 commute by public transport** (26.3%) than other age groups.
Social class	About 40% of the **people in the least advantaged social class regularly commute on foot, by bicycle or by non-electric scooter**, while about 30% of the most advantaged social classes do. No differences were found in the regular use of public transport by social class.
Educational level	45.1% of **people with no education or primary education usually commute on foot, by bicycle or by non-electric scooter**. This percentage is 32.3% for people with a university education. However, more people with a **university education** (22.8%) commute with **public transport.**
Age group, social class and educational level according to sex	In **all axes of inequality**, the **proportion of females** is **higher** than males. There is a 17.3% difference between females (47.1%) and males (29.8%) in the least advantaged social class who commute on foot, by bicycle or by non-electric scooter. And there is an 11.2% difference between females (23.4%) and males (12.1%) younger than 45-64 who usually commute by public transport.
Region	A **higher** percentage of people who **usually** commute **on foot or by bicycle or non-electric scooter** is found in the **Alt Pirineu i Aran** (49.4%), **Terres de l'Ebre** (47.2%), **Lleida** (46.7%) and **Camp de Tarragona** (45.5%) health regions than the overall for Catalonia. In contrast, a **lower** percentage is found in the **Barcelona Metropolitana Sud** region (27.5%). With regard to the people who regularly commute **in public transport**, a **lower** percentage is found in **all health regions except Barcelona Ciutat and the Metropolitan area** than the overall for Catalonia. However, a **higher** percentage is found in the **Barcelona Ciutat** (41.1%) and **Barcelona Metropolitan Sud** (28.7%) health regions.
Evolution	From 2015, the year this figure started to be collected, until 2024, regular commutes on foot, by bicycle or by non-electric scooter remained steady. Regular commutes by public transport also remained steady from 2015 to 2019. In relation to the 2019-2023 period, there was a statistically significant increase in the use of public transport in 2024 compared to 2019, 2021 and 2022, total and in females.

Population who usually commute on foot, by bicycle or by non-electric scooter (age ≥15) by sex. Catalonia, 2015-2024



Standardised proportions. Direct method with the 2013 European standard population

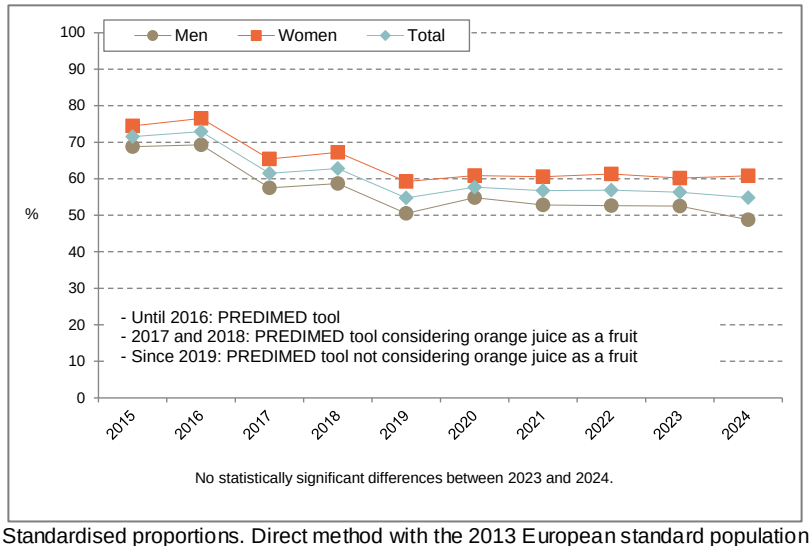
People who usually travel by public transport (age ≥15) by sex. Catalonia, 2015-2024



Standardised proportions. Direct method with the 2013 European standard population

Axes of inequality	3.2.6 The Mediterranean diet 55.0% of the population aged 15 and over follow the recommendations of the Mediterranean diet appropriately.
Sex	**Females** (61.1%) **follow the Mediterranean diet more** than males (48.5%).
Age group	The percentage of people who follow the Mediterranean diet is **higher** among **people aged 75 and over**: 48.5% aged 15-44, 59.0% aged 45-64, 59.8% aged 65-74 and 62.8% aged 74 and over.
Social class	The prevalence is **higher among the most advantaged social class** (58.9% class I) than the least advantaged social class (52.1% class III).
Educational level	**People with a university education** (61.8%) **follow the Mediterranean diet more than** people with secondary education (53.3%) or primary or no education (49.4%).
Age group, social class and educational level according to sex	In **all these axes**, **females** have a **higher** prevalence of adhering to the Mediterranean diet than males, and there is a 16.5% difference between females (56.9%) and males (40.4%) aged 15-44, and a 16.2% difference between females (68.9%) and males (52.8%) who have a university education.
Region	A **higher percentage than** the overall for Catalonia was found in the **Terres de l'Ebre** (72.5%), **Alt Pirineu i Aran** (66.9%), **Camp de Tarragona** (64.2%) and **Barcelona Metropolitana Sud** (60.5%) health regions, while the lowest percentage was found in the **Girona** (45.9%) health region.
Evolution	Compared to 2015, the year in which this data was collected, there was a marked decline in adherence to the Mediterranean diet in 2019. Since then, the indicator has remained steady and, in relation to the 2019-2023 period, a statistically significant decrease is only found among men in 2024 compared to 2020.

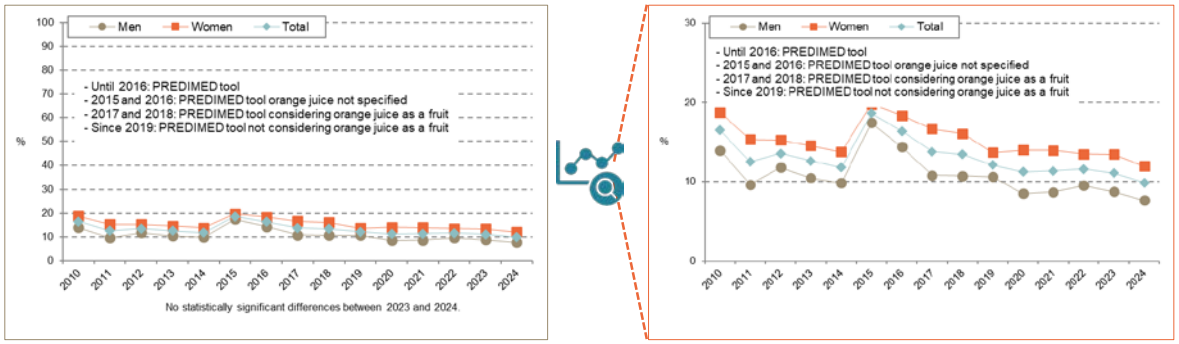
Population who follow the Mediterranean diet (age ≥15) by sex.
Catalonia, 2015-2024



Standardised proportions. Direct method with the 2013 European standard population

Axes of inequality	3.2.7 Daily consumption of 5 servings of fruit and/or vegetables 9.9% of the population aged 15 and over consume 5 servings of fruit and/or vegetables daily
Sex	This **consumption is higher among females** (12.0%) than males (7.7%).
Age group	The daily consumption of 5 servings of fruit and/or vegetables is **higher among people over age 64** (12.6%) than among people in other age groups: 7.6% aged 15-44 and 10.9% aged 45-64.
Social class	It is **lower** in **people from least advantaged social classes** (7.7% class II and 8.9% class III).
Educational level	The percentage is **lower** in people **without a university education** (8.5% with secondary education and 6.5% with primary or no education).
Age group, social class and educational level according to sex	In **all these axes**, more **females** than males consume 5 servings of fruit and/or vegetables daily, and there is an 11% difference between females (19.1%) and males (8.1%) in the most advantaged social class, and the same difference between females (19.3%) and males (8.3%) with a university education.
Region	The **Terres de l'Ebre** health region has a **higher** percentage (14.9%) than Catalonia as a whole.
Evolution	Compared to 2010, there was a decrease in the daily consumption of 5 servings of fruit and/or vegetables in 2019. In relation to the 2019-2023 period, there was a statistically significant decrease in 2024 compared to 2019 in total and males.

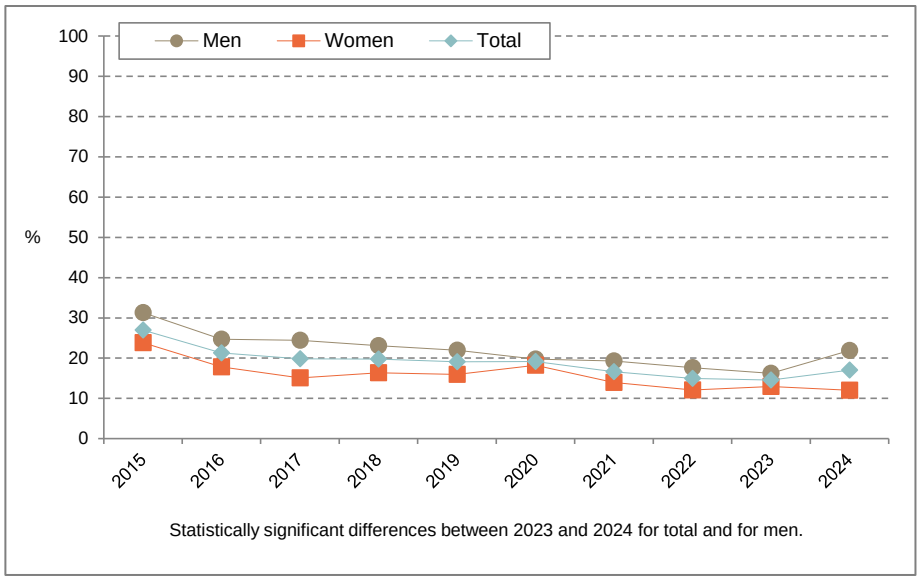
Population who consume 5 servings of fruit and/or vegetables daily (age ≥15) by sex. Catalonia, 2010-2024



Standardised proportions. Direct method with the 2013 European standard population

Axes of inequality	3.2.8 Daily consumption of sugary drinks 16.9% of the population aged 15 and over consume sugary drinks daily.
Sex	**Males consume more** (22.3%) than females (11.6%).
Age group	People in the **15-44** age group consume **the most** (23.4%) sugary drinks.
Social class	The daily consumption of sugary drinks is **higher** in people in the **least advantaged social class** (21.4% class III) than those in the most advantaged social class (10.9% class I).
Educational level	About 20% of **people with no education or primary education and with secondary education** consume sugary drinks daily, while 9.9% of people with a university education do.
Age group, social class and educational level according to sex	In all these axes, the proportion of **males** is **higher** than females, and there is a 16% difference between males (29.4%) and females (13.4%) with no education or primary education.
Region	The percentage in the **Girona** (8.5%) and **Catalunya Central** (12.9%) health regions is **lower** than the overall for Catalonia.
Evolution	There was a decrease in the daily consumption of sugary drinks in 2019 compared to 2015. In relation to the 2019-2023 period, there was a statistically significant decrease in 2024 compared to 2019 and 2020 in females, and an increase compared to 2022 and 2023 in males.

Population who consume sugary drinks daily (age ≥15) by sex.
Catalonia, 2015-2024

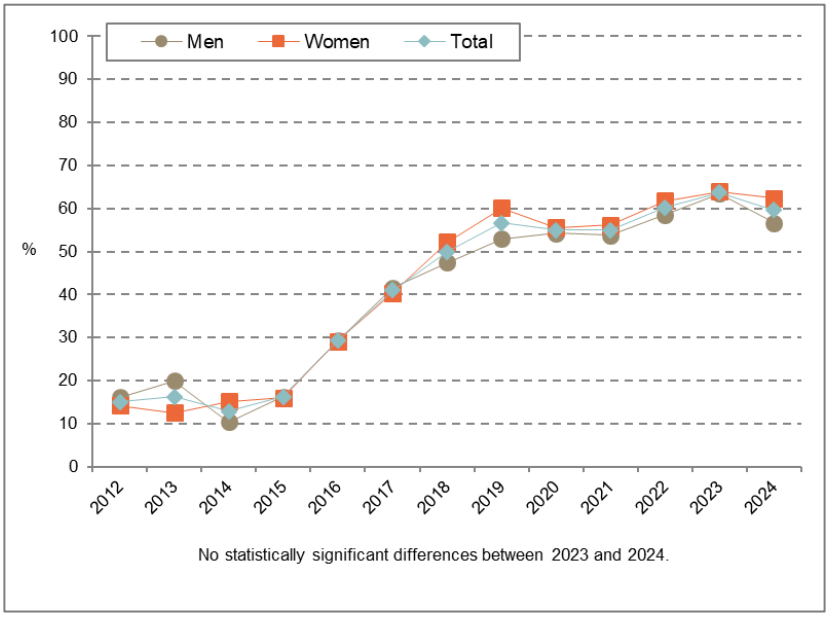


Standardised proportions. Direct method with the 2013 European standard population

Axes of inequality	3.2.9 Following an ovolactovegetarian diet 1.2% of the population aged 15 and over follow an ovolactovegetarian diet.
Sex	There are no differences between males and females.
Age group	The highest percentage of people following an ovolactovegetarian diet are in the **15-44** age group (2.2%).
Social class	**More** people in the **most advantaged social class** (2.3% class I) follow an ovolactovegetarian diet than in in the least advantaged social class (0.7% class III).
Educational level	More **people with an university education** (2.6%) follow an ovolactovegetarian diet than people with secondary education (0.8%) or with primary or no education (0.4%).
Region	This indicator cannot be calculated by health regions, since the sample must be combined for two consecutive years and 2024 is the first year that this question was asked.
Evolution	There is only one point of evolution (2024).

Axes of inequality	3.2.10 Periodic test of hidden blood in faeces 59.6% of the population aged 50-69 is periodically tested for hidden blood in faeces.
Sex	There are no differences according to sex.
Age group	The percentage of periodic tests for hidden blood in faeces is **higher** in **people aged 65-69** (68.2%) than in the group aged 50-64 (57.5%).
Social class	There are no differences according to social class.
Educational level	The percentage is **higher** in people with a **university** (62.6%) or **secondary education** (60.9%) than people with no education or primary education (51.5%).
Region	The percentage in the **Catalunya Central** (68.0%) health region is **higher** than the overall for Catalonia.
Evolution	Compared to 2012, the year the data were collected, there was a marked increase in this test in 2019, coinciding with the extension of the 2015 Early Colon and Rectal Cancer Detection Programme. In 2024, there were no statistically significant variations over any year in the 2019–2023 period.

Population that is periodically tested for hidden blood in faeces (aged 50-69) by sex. Catalonia, 2012-2024



Standardised proportions. Direct method with the 2013 European standard population

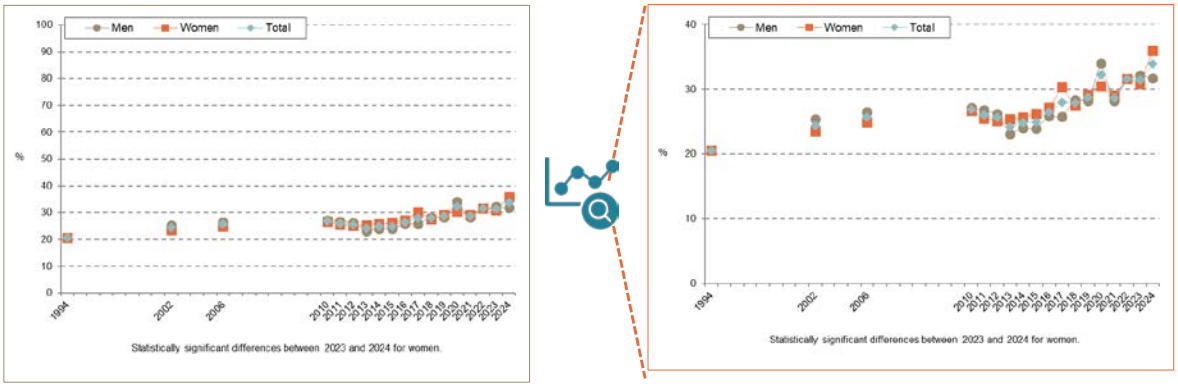
Axes of inequality	3.2.11 Periodic vaginal cytology or HPV testing 62.5% of females aged 25-65 are periodically given a vaginal cytology or HPV test.
Age group	There are no differences according to the age group.
Social class	69.8% of females in the **most advantaged social class** are periodically given a vaginal cytology or HPV test. This percentage decreases to 60.1% for females in the least advantaged social class.
Educational level	69.8% of **females with a university education** do this preventive practice, versus 52.7% of females with no education or primary education.
Region	This indicator cannot be calculated according to health regions, as the sample must be combined for two consecutive years and 2024 is the first year that the two tests have been asked together.
Evolution	There is only a 1% evolution (2024).

Axes of inequality	3.2.12 Periodic PSA test 31.2% of males aged 40 and older are regularly tested for PSA.
Age group	The percentage of periodic PSA testing is **higher** among people **aged 75 and over**: 0.5% aged 40-44; 24.6% aged 45-64; 54.0% aged 65-74 and 63.3% aged 74 and older.
Social class	42.8% of males in the **most advantaged social class**regularly take a PSA test. This percentage decreases to 25.4% among males in the least advantaged social class.
Educational level	35.5% of **males with a university education** get this preventive test, versus 25.8% of males with secondary education.
Region	This indicator cannot be calculated by health regions, as the sample must be combined for two consecutive years and 2024 is the first year that this question was asked.
Evolution	There is only a 1% evolution (2024).

3.3 Use of and satisfaction with health services

Axes of inequality	3.3.1 Double health coverage 33.9% of the general population has double health coverage (public and private).
Sex	The percentage of double health coverage is **higher** among **females** (35.9%) than males (31.9%).
Age group	The **highest** percentage is found in **people aged 45-64** (36.5%) and **people aged 15-44** (35.2%), while the **lowest** is among **older people** (25.8%).
Social class	It is **higher in the most advantaged social class** (53.4% class I) than the least advantaged class (18.9% class III).
Educational level	**More than half the people with a university education have double healthcare coverage** (55.6%), while 11.7% of people with no education or primary education do.
Age group, social class and educational level according to sex	In **all these axes**, the **proportion of females** is **higher** than males, and there is a 9.8% difference between females (15.8%) and males (6.0%) with no education or primary education.
Region	The **Catalunya Central** (28.1%), **Alt Pirineu i Aran** (27.2%), **Camp de Tarragona** (27.2%) and **Terres de l'Ebre** (24.5%) health regions show a **lower prevalence** than the overall for Catalonia, while **higher prevalence** is found in the **Barcelona Ciutat** health region (38.9%).
Evolution	From 1994 to the present, there has been increase in double healthcare coverage. In relation to the 2019-2023 period, statistically significant upswings were found in 2024 compared to 2019 and 2021, total and in females, and compared to 2020, 2022 and 2023, only in females.

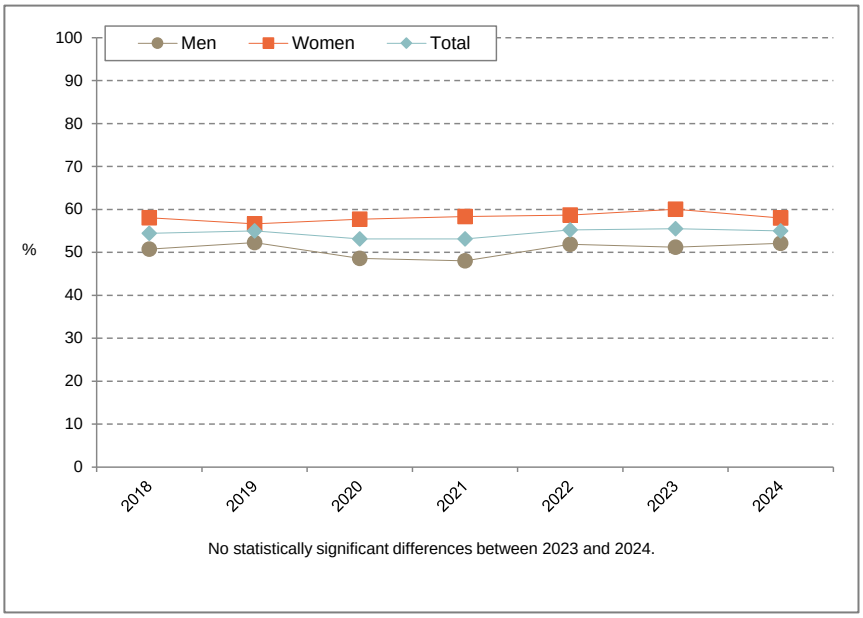
Population with double health coverage, by sex.
Catalonia, 1994-2024



Standardised proportions. Direct method with the 2013 European standard population

Axes of inequality	3.3.2 Use of prescription medications 55.4% of people aged 15 and over have taken some prescription medication in the last 15 days.
Sex	**Females** use **more** medications (59.4%) than males (50.0%).
Age group	The percentage **increases as people age** (34.9% of people aged 15-44 and 95.1% of people aged 75 and over).
Social class	It is **higher in people who belong to the least advantaged social classes** (58.6% class III and 49.7% class I).
Educational level	70.0% of **people with no education or primary education** have consumed prescription drugs in the last 15 days, while this percentage drops to 49.2% of people with a university education.
Age group, social class and educational level according to sex	In **all these axes**, the **proportion of females** is **higher** than males**,** and there is a 14.6% difference between females (76.2%) and males (61.5%) with primary or no education.
Region	There are no observable differences according to health region.
Evolution	Throughout the entire period since the start of data collection, the indicator has remained steady and no statistically significant variations have been detected.

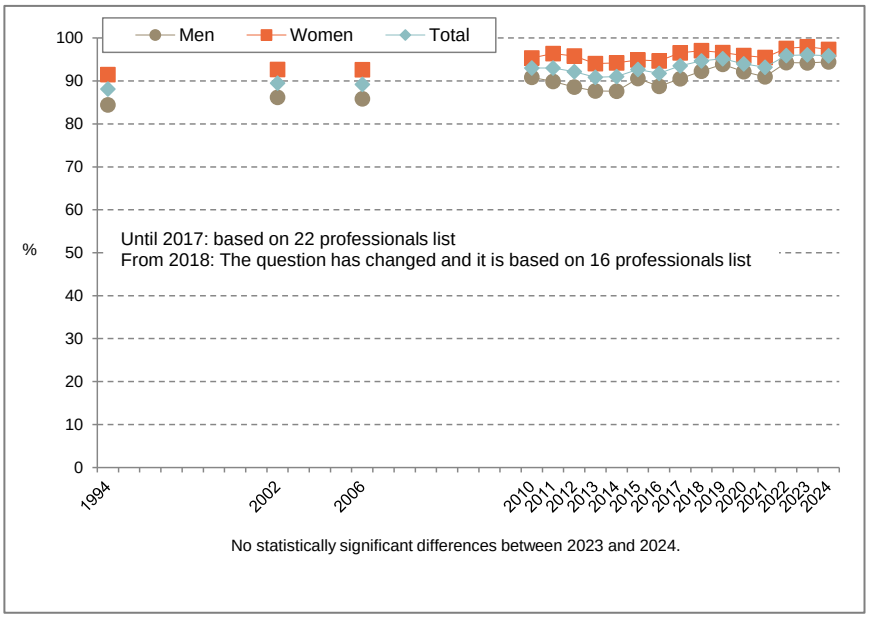
Population who have consumed some prescribed medication in the last 15 days (age ≥15) by sex. Catalonia, 2018-2024



Standardised proportions. Direct method with the 2013 European standard population

Axes of inequality	3.3.3 Visits to a health professional 95.9% of the general population has visited a health professional in the last 12 months.
Sex	A **higher** percentage **of females** (97.5%) has visited a health professional in the last 12 months than males (94.3%).
Age group	The percentage is **higher among the youngest population** (98.2% aged 0-14) **and in the over-75 age group** (99.1%).
Social class	It is **higher** in the **most advantaged social classes** (97.1% class I and 98.9% class II) than in the least advantaged social class (94.3% class III).
Educational level	There are no differences according to the educational level.
Age group, social class and educational level according to sex	In **all axes of inequality**, the **proportion of females** is **higher** than males. There is a 6.0% difference between females (96.4%) and males (90.4%) in the 15-44 age group.
Region	The **lowest percentage** in Catalonia is found in the **Terres de l'Ebre** health region (91.1%).
Evolution	The indicator remained steady until 2019. In relation to the 2019-2023 period, there was only a statistically significant increase in 2024 compared to 2021, both total and in males and females.

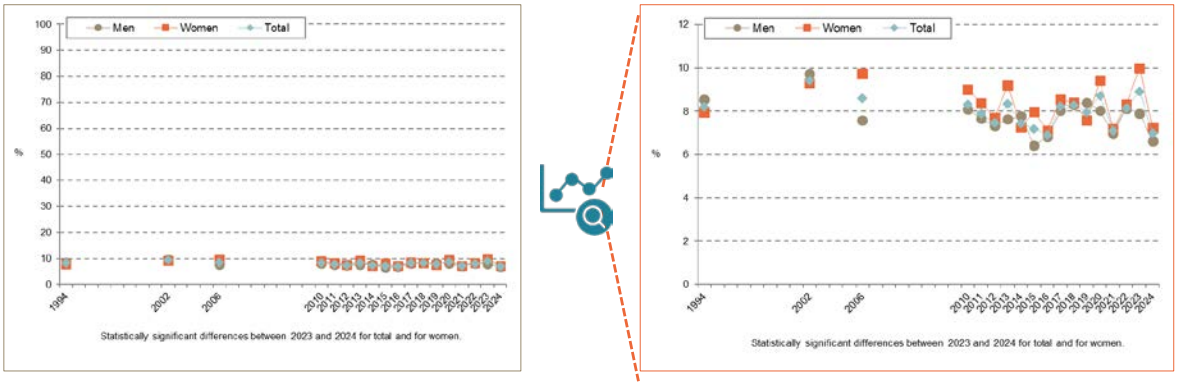
People who have visited a health professional in the past 12 months by sex.
Catalonia, 1994-2024



Standardised proportions. Direct method with the 2013 European standard population

Axes of inequality	3.3.4 Hospitalisation In the last 12 months, 7.1% of the general population have been admitted to a hospital for at least one night.
Sex	There are no differences according to sex.
Age group	The percentage is **higher among the population aged 75 and over** (22.3%) and decreases with age, reaching 5.2% of people aged 0-14.
Social class	There are no differences according to social class.
Educational level	11.4% of people **with no education or primary education** have been hospitalised in the last year, compared with 6.0% of people with secondary education.
Region	There are no observable differences according to health region.
Evolution	The indicator remained steady until 2023, despite a few minor fluctuations. There was a statistically significant decrease in hospitalisations in 2024, total and in females, compared to 2023.

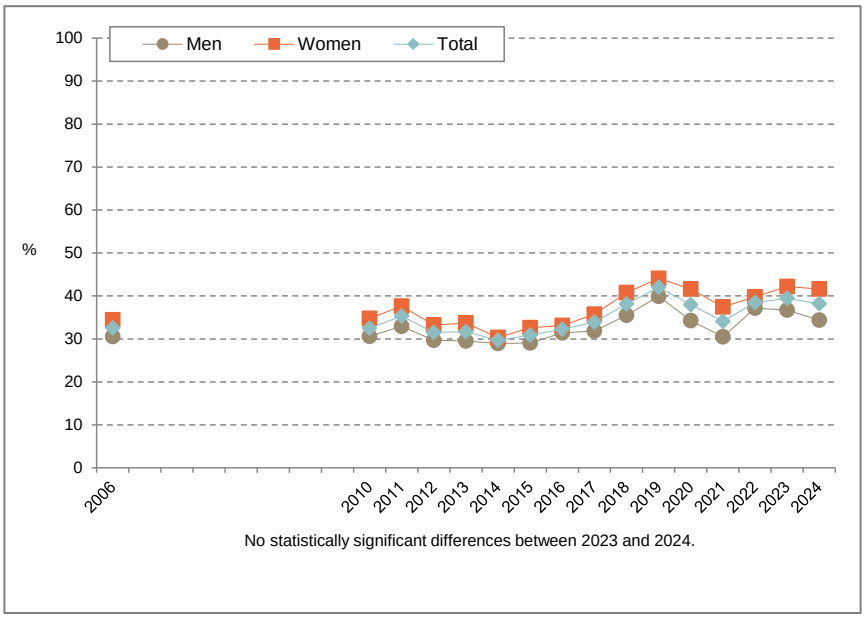
People who have been hospitalised in the past 12 months by sex.
Catalonia, 1994-2024



Standardised proportions. Direct method with the 2013 European standard population

Axes of inequality	3.3.5 Emergency room visits 38.1% of the general population have visited an emergency room in the last 12 months.
Sex	A **higher percentage of females** (41.9%) has visited an emergency room in the last 12 months compared to males (34.1%).
Age group	The percentage is **higher in the population aged 0-14** (46.2%) and in the **population aged 75 and over** (45.0%).
Social class	There are no differences according to social class.
Educational level	39.8% of people **with no education or primary education** have been hospitalised in the last 12 months, compared to 35.9% of people with a university education.
Age group, social class and educational level according to sex	In **all axes of inequality**, the proportion of **females** is **higher** than males. There is an 18.3% difference between females (47.5%) and males (29.2%) with no education or primary education.
Region	The highest percentage above the overall for Catalonia is found in the **Barcelona Metropolitana Sud** health region (44.0%).
Evolution	Compared to 2006, the year data collection started, 2019 showed a sharp increase in emergency room visit. In relation to the 2019-2023 period, 2024 showed statistically significant changes from 2019, with a decrease in males, and 2021, with an increase in both the total and females and males.

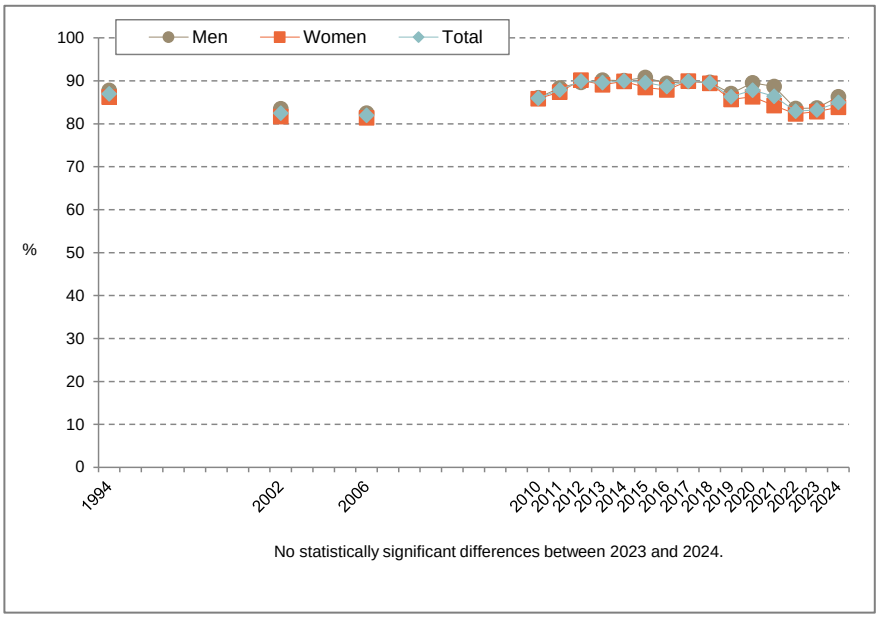
People who have visited an emergency room in the last 12 months by sex.
Catalonia, 2006-2024



Standardised proportions. Direct method with the 2013 European standard population

Axes of inequality	3.3.6 Satisfaction with public health services 69.7% of the general population has used public health services more frequently in the last year, while 23.0% have used private health services more. 7.3% did not use either of them. 85.0% of people who have used public health services more frequently are satisfied with them.
Sex	There are no differences according to sex.
Age group	The satisfaction is **higher among the people in the younger age group** (92.0% in the 0-14 age group). In the other age groups, the percentage is around 84.0%.
Social class	88.0% of the **most advantaged social class** (88.5% class I and 88.1% class II) are satisfied with the public services they used, while this percentage drops to 82.8% in the least advantaged social class.
Educational level	There are no differences according to the educational level.
Region	The **Alt Pirineu i Aran** (90.8%) and **Barcelona Ciutat** (87.8%) health regions have **higher** percentages than the overall for Catalonia, while the **Barcelona Metropolitana Sud** (80.0%) and **Penedès** (79.2%) health regions have **lower ones**.
Evolution	Compared to 2010, 2019 remained steady, with a few fluctuations in the intervening years. In 2024, there were no statistically significant variations over any year in the 2019–2023 period.

Population satisfied with the public health services used in the last 12 months by sex. Catalonia, 1994 -2024



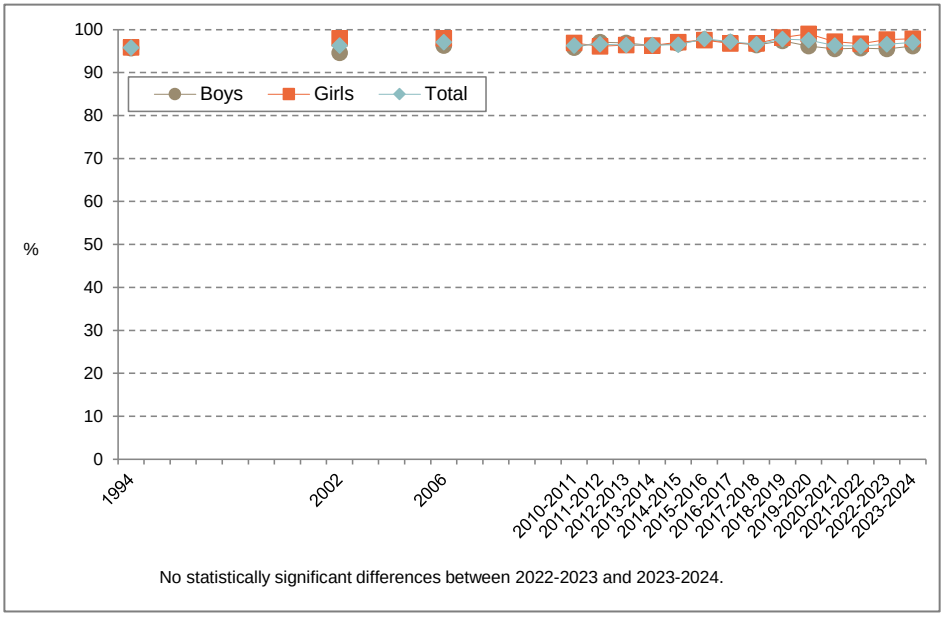
Standardised proportions. Direct method with the 2013 European standard population

4 Children

4.1 Health status

Axes of inequality	4.1.1 Positive perception of one's health status 97.0% of the population aged 0-14 has a positive perception of their health.
Sex	There are no differences according to sex.
Social class	The positive assessment of health status is **higher among children in the most advantaged class** (98.4% class I, 97.7% class II and 95.8% class III).
Parents' educational level	The positive assessment of health status is **lower** in children with **parents with primary or no education** (94.5%) compared to those with parents with a university education (98.4%).
Region	There are no observable differences according to health region.
Evolution	The indicator has remained steady from the beginning of data collection to the present day, with no statistically significant variations.

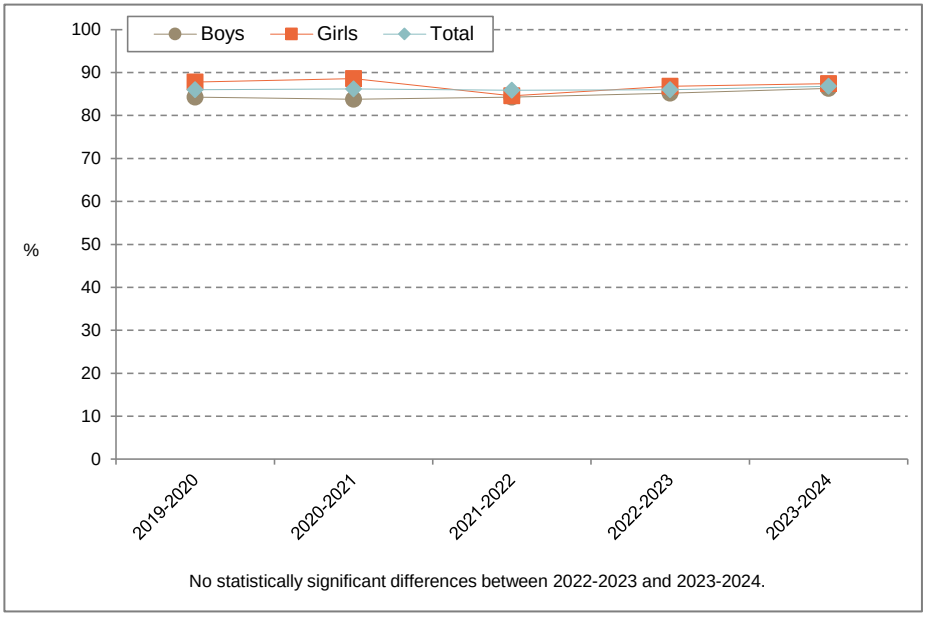
Population with a positive assessment of their health status (aged 0-14) by sex. Catalonia, 1994-2024



Standardised proportions. Direct method with the 2013 European standard population

Axes of inequality	4.1.2 Positive assessment of oral health status 86.8% of the population aged 0-14 positively assesses their oral health.
Sex	There are no differences according to sex.
Social class	The positive assessment of oral health status is **higher among children in the most advantaged class** (89.8% class I, 88.9% class II and 84.5% class III).
Parents' educational level	This percentage is **lower among children with parents with primary or no education** (82.4%).
Region	There are no observable differences according to health region.
Evolution	The indicator has remained steady from the beginning of data collection to the present day, with no statistically significant variations.

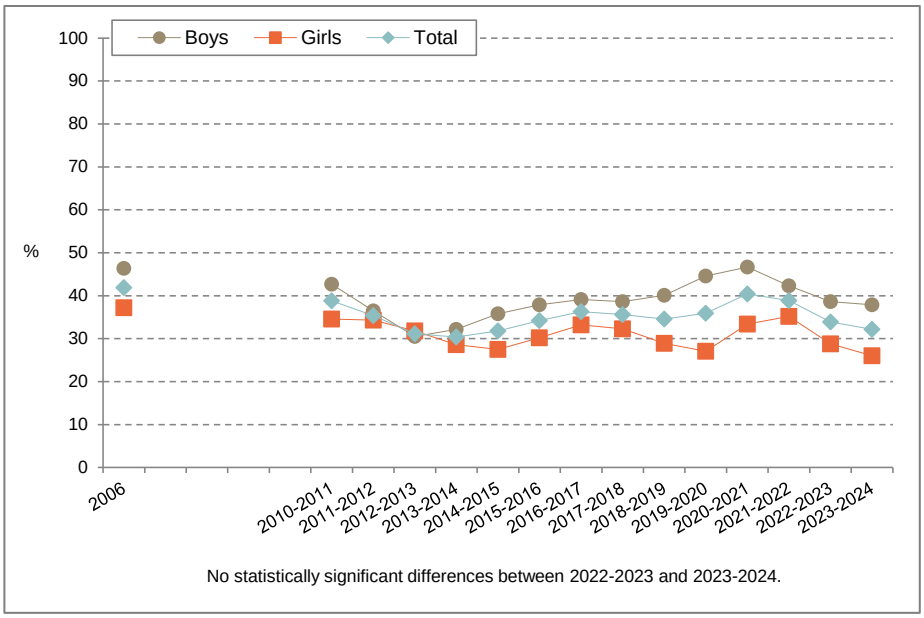
Population with positive assessment of oral health status (aged 0-14) by sex. Catalonia, 2020-2024



Standardised proportions. Direct method with the 2013 European standard population

Axes of inequality	4.1.3 Excess weight One in three children aged 6-12 (32.2%) is overweight (excess weight or obesity).
Sex	The percentage of excess weight is **higher** in **boys** (37.9%) than girls (26.0%).
Social class	The prevalence of excess weight is **higher among children in the least advantaged class** (38.9% class III, 27.2% class II and 21.9% class I).
Parents' educational level	The percentage is **higher among children with parents with no or primary education** (44.8%) than those with parents with secondary (37.9%) or a university education (21.0%).
Region	There are no observable differences according to health region.
Evolution	The period 2018-2019 showed an upward trend compared to 2012-2013. In relation to the 2018-2023 period, there was a notable upswing from 2018-2019 to 2020-2021. In the last two-year period, 2023-2024, there was a statistically significant decrease compared to the periods 2020-2021, total and in boys, and 2021-2022, total and in girls.

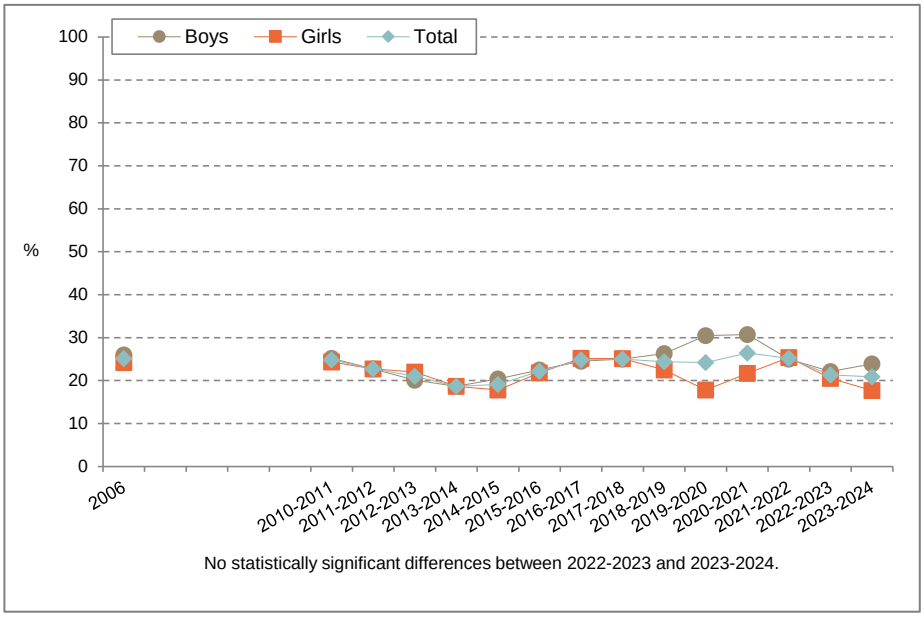
Population with excess weight (aged 6-12) by sex.
Catalonia, 2006-2024



Standardised proportions. Direct method with the 2013 European standard population

Axes of inequality	4.1.4 Overweight 20.9% of the population aged 6-12 is overweight.
Sex	The percentage of overweight children is **higher** in **boys** (23.9%) than girls (17.7%).
Social class	The prevalence of excess weight is **higher among children in the least advantaged social class** (23.5% class III) than those in the most advantaged social class (17.0% class I).
Parents' educational level	This percentage is higher among **children with parents with primary or no education** (25.6%) than children with parents with a university education (15.7%).
Region	The **Lleida** health region (11.4%) has a **lower** percentage of excess weight than the overall for Catalonia.
Evolution	The indicator remained steady from 2006-2019, with fluctuations in the intervening years. In relation to the 2018-2023 period, a statistically significant decrease was found in the last two-year period, 2023-2024, compared to the periods 2020-2021 in the total and 2021-2022 in girls.

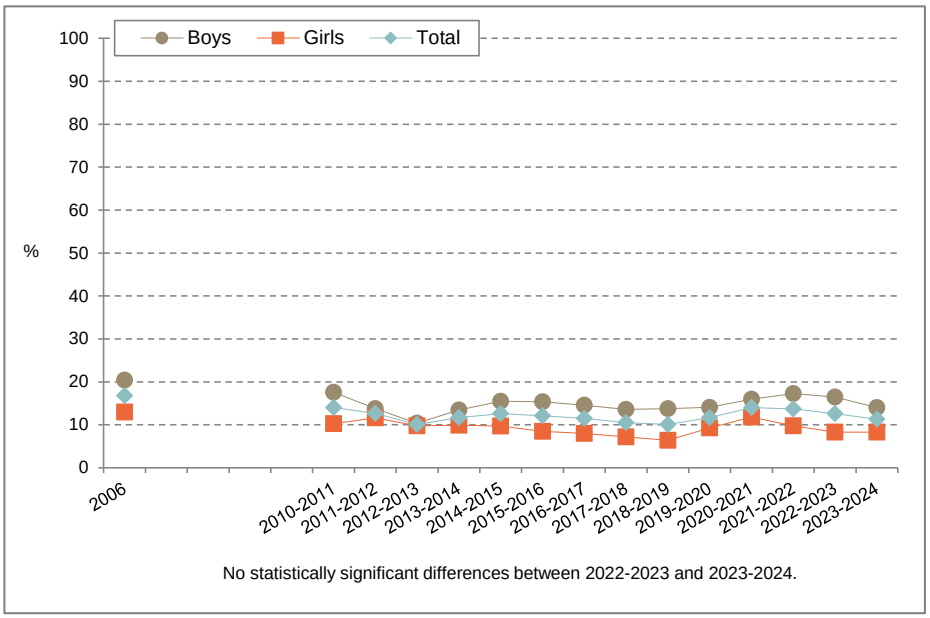
Overweight population (aged 6-12) by sex.
Catalonia, 2006-2024



Standardised proportions. Direct method with the 2013 European standard population

Axes of inequality	4.1.5 Obesity 11.3% of the population aged 6-12 is obese.
Sex	The percentage of obesity is **higher among boys** (14.0%) than girls (8.3%).
Social class	It is **higher among children in the least advantaged social class** (15.4 class III) than those in the most advantaged social class (4.9% class I).
Parents' educational level	There is a **higher** percentage of obesity **among children with parents with no education or primary education** (19.2%) than among children whose parents have **a university education** (5.4%).
Social class and parents' educational level, according to sex	In all axes the proportion of **boys** is **higher than** girls. There is an 11% difference between boys (24.7%) and girls (13.4%) with parents with primary or no education.
Region	There are no observable differences according to health region.
Evolution	The indicator was steady in 2018-2019 compared to 2012-2013. It rose from 2018-2019 to 2020-2021, especially in boys, and dropped from 2021-2022, although the differences are not statistically significant.

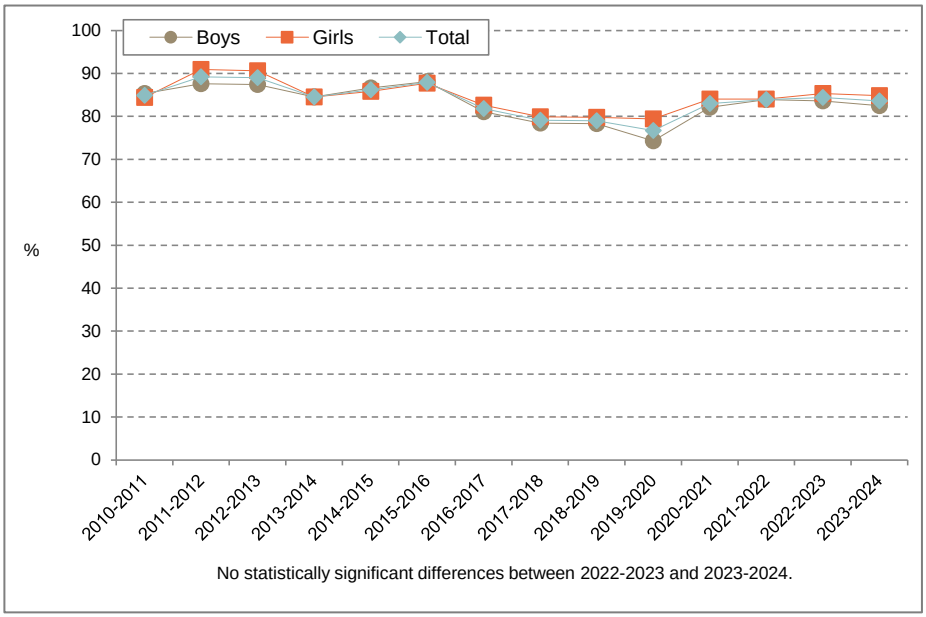
Population with obesity (aged 6-12) by sex.
Catalonia, 2006-2024



Standardised proportions. Direct method with the 2013 European standard population

Axes of inequality	4.1.6 Good quality of life regarding health 83.6% of children aged 8-14 have a good quality of life related to health.
Sex	There are no differences between boys and girls.
Social class	It is **lower among children in the least advantaged social class** (80.6% class III) than those in the most advantaged social class (88.4% class I).
Parents' educational level	There are no differences according to the educational level.
Region	The highest percentage in Catalonia is found in the **Penedès** health region (93.2%).
Evolution	The indicator was steady until 2019. For the 2019-2023 period, only the last two-year period, 2023-2024, showed a statistically significant increase from the 2019-2020 period, total and in boys.

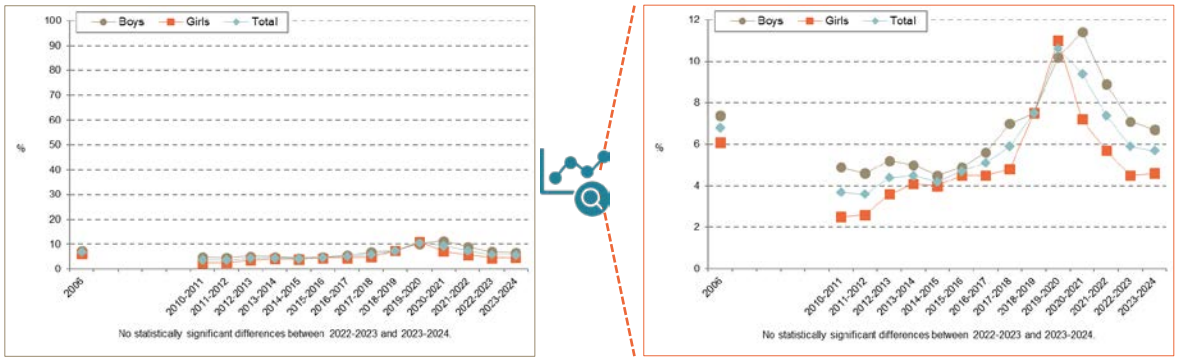
Population with good quality of life related to health (aged 8-14), by sex. Catalonia, 2010-2024



Standardised proportions. Direct method with the 2013 European standard population

Axes of inequality	4.1.7 Likelihood of having a mental health problem 5.7% of the population aged 4-14 is likely to have a mental health problem.
Sex	There are no differences between boys and girls.
Social class	There is a 3.7% difference between children in the **least advantaged social class** (7.7%) and the most advantaged social class (4.0%).
Parents' educational level	**Children with parents with primary or no education** have a **higher** percentage (8.7%) than children whose parents have a university education (3.2%).
Region	There are no observable differences according to health region.
Evolution	There was an upward trend until 2018-2019, after which it turned downward. For the 2019-2023 period, the last two-year period, 2023-2024, showed statistically significant decreases compared to the periods 2019-2020, both total and in girls and boys, and 2020-2021, total and in boys.

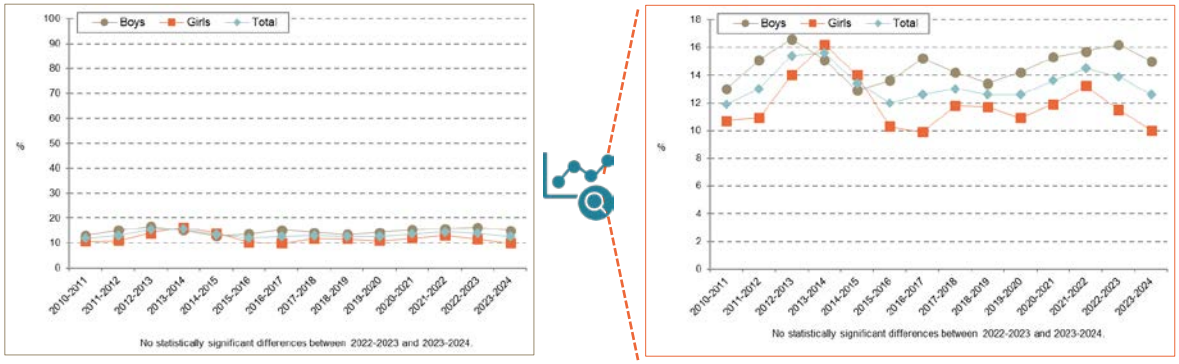
People with a chance of having a mental health problem (aged 4-14) by sex.
Catalonia, 2006-2024



Standardised proportions. Direct method with the 2013 European standard population

Axes of inequality	4.1.8 Chronic health problems 12.6% of the population aged 0-14 suffer from a chronic or long-term illness or health problem.
Sex	The percentage is **higher** in **boys** (15.0%) than girls (10.0%).
Social class	There are no differences according to social class.
Parents' educational level	There are no differences in the parents' educational level.
Social class and parents' educational level, according to sex	In **all axes of inequality**, the proportion of **boys** is **higher** than girls. There is a 13.9% difference between boys (21.9%) and girls (8.0%) in social class II.
Region	There are no observable differences according to health region.
Evolution	The indicator remained steady until 2019, and in the last two-year period, 2023-2024, no statistically significant variations were observed with respect to any of the 2018-2023 period, although there is a slight downswing.

Population with a chronic illness or health problem (aged 0-14) by sex.
Catalonia, 2010-2024



Standardised proportions. Direct method with the 2013 European standard population

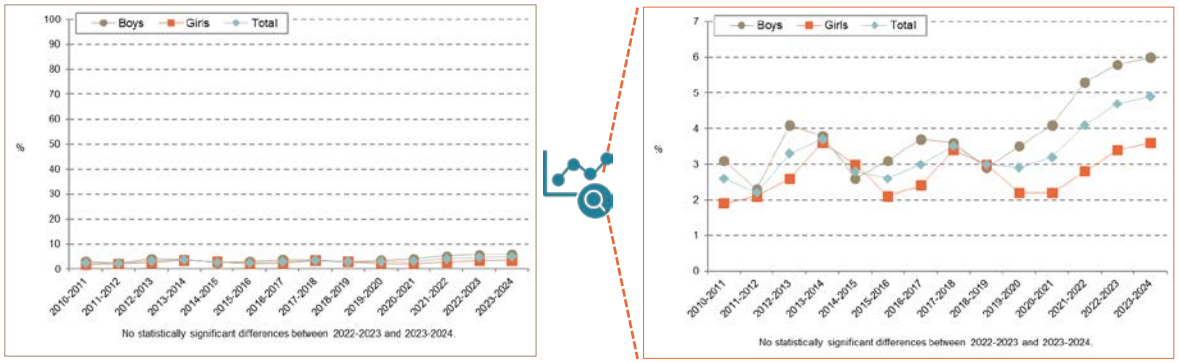
The most common health problems in the population under age 15 are:

- Recurrent bronchitis (15.8%)
- Chronic skin problems (10.8%)
- Chronic allergies (9.8%)
- Repeated otitis (9.5%)
- Behavioural disorder (4.4%)
- Asthma (4.0%)
- Chronic constipation (4.0%)

Boys suffer more often than girls from recurrent bronchitis (18.4% and 13.2%, respectively), allergies (11.1% and 8.5%, respectively), behavioural disorders (5.8% and 2.9%, respectively) and asthma (5.5% and 2.5%, respectively), while girls suffer more often from chronic skin problems (8.3% boys and 13.3% girls), repeated otitis (8.7% boys and 10.2% girls) and chronic constipation (3.4% boys and 4.6% girls)

Axes of inequality	4.1.9 Limitation due to a health problem 4.9% of children aged 0-14 are limited in their ability to carry out everyday activities due to a health problem.
Sex	There are **more boys** (6.0%) than girls (3.3%) with limitations due to a health problem.
Social class	There are no differences according to social class.
Parents' educational level	There are no differences in the parents' educational level.
Social class and parents' educational level, according to sex	In **all axes of inequality**, the **proportion of boys** is **higher** than girls. There is a 4.0% difference between boys (7.2%) and girls (3.2%) in social class II.
Region	There are no observable differences according to health region.
Evolution	Despite fluctuations, the indicator remained steady until 2018-2019, when it began to rise. With regard to the 2018-2023 period, the last two-year period, 2023-2024, showed a statistically significant increase with respect to the periods 2019-2020, total and in boys, and 2020-2021, total and in girls.

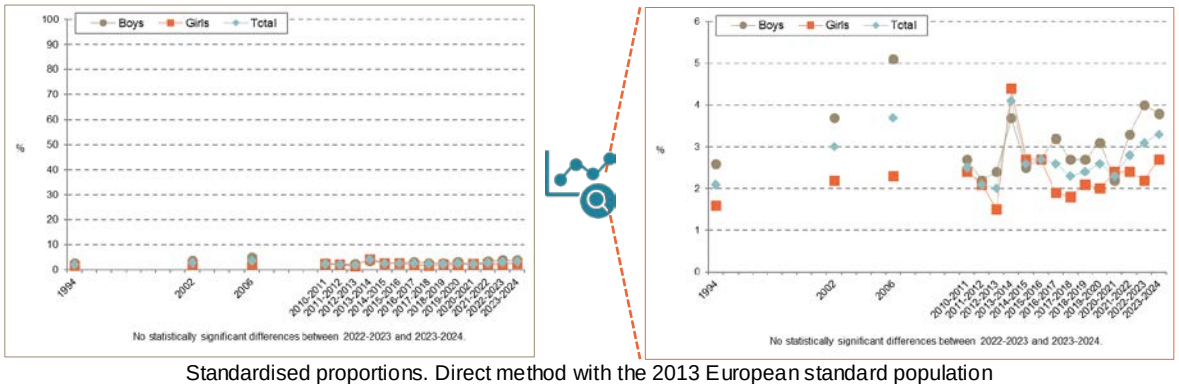
Population with limitation due to a health problem (aged 0-14) by sex.
Catalonia, 2010-2024



Standardised proportions. Direct method with the 2013 European standard population

Axes of inequality	4.1.10 Disability 3.3% of the population aged 0-14 has a disability or severe limitation.
Sex	There are no differences between boys and girls.
Social class	There are no differences according to social class.
Parents' educational level	There are no differences in the parents' educational level.
Region	There are no observable differences according to health region.
Evolution	The indicator remains steady. The last two-year period, 2023-2024, showed no statistically significant differences from any year in the 2018-2023 period.

People with disabilities (aged 0-14) by sex.
Catalonia, 1994-2024

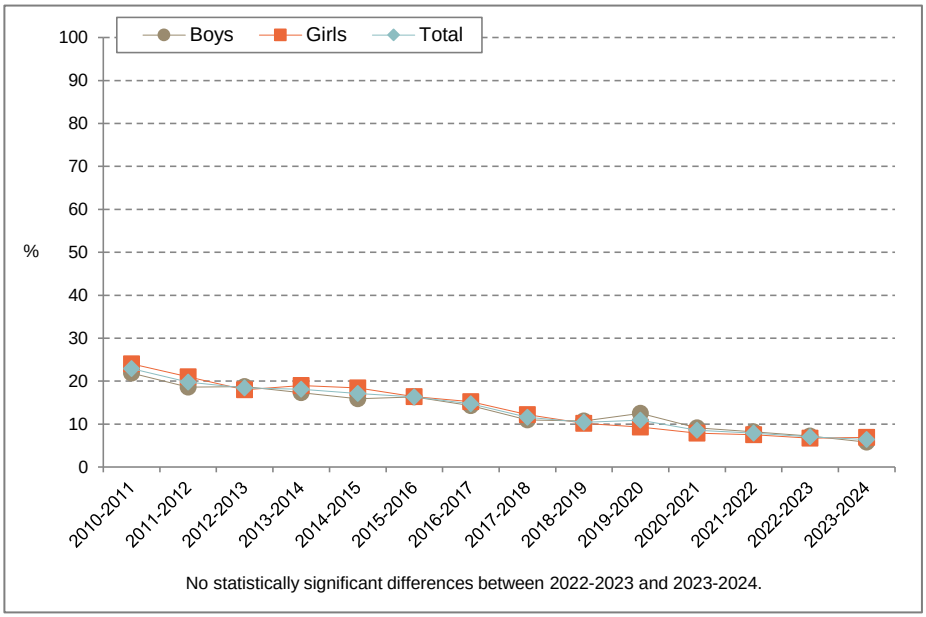


Standardised proportions. Direct method with the 2013 European standard population

4.2 Health-related behaviours

Axes of inequality	4.2.1 Exposure to second-hand tobacco smoke at home 6.4% of children aged 0-14 live with someone who smokes at home.
Sex	There are no differences according to sex.
Social class	There are no differences according to social class.
Parents' educational level	The exposure to second-hand tobacco smoke at home is **higher** in children with **parents** with **secondary education** (8.0%) or with **primary or with no education** (7.7%) compared to those with parents with a university education (3.7%).
Region	The **highest percentage** of exposure to second-hand tobacco smoke at home in Catalonia is found the **Lleida** health region (15.4%), while the **lowest** is in the **Barcelona Ciutat** health region (3.8%).
Evolution	The trend is clearly decreasing from the start of data collection to 2018-2019, total and in boys and girls. In relation to the 2018-2023 period, the last two-year period, 2023-2024, showed a statistically significant decrease, total and in boys, compared to the 2018-2019, 2019-2020 and 2020-2021 periods.

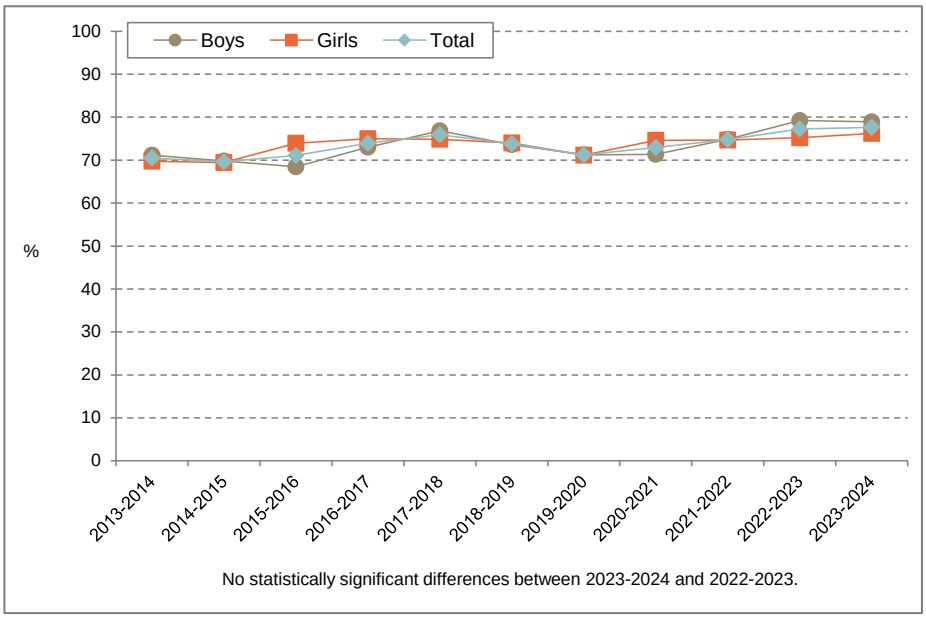
Population exposed to second-hand tobacco smoke at home (aged 0-14) by sex. Catalonia, 2010-2024



Standardised proportions. Direct method with the 2013 European standard population

Axes of inequality	4.2.2 Sleeping the recommended hours 77.7% of people aged 3-14 sleep the recommended hours.
Sex	There are no differences according to sex.
Social class	It is **lower** in the **least advantaged social class** (76.1% class II and 73.6% class III versus 85.2% class I).
Parents' educational level	The percentage is **lower** in children with **parents with primary or no education** (64.4%) compared to those with parents with a university (86.4%) or secondary education (73.4%).
Region	There are no observable differences according to health region.
Evolution	The indicator was steady from the beginning of the data collection until 2018-2019, with a slight upswing. In relation to the 2018-2023 period, the last two-year period, 2023-2024, showed a statistically significant increase compared to the 2018-2019, 2019-2020 and 2020-2021 periods.

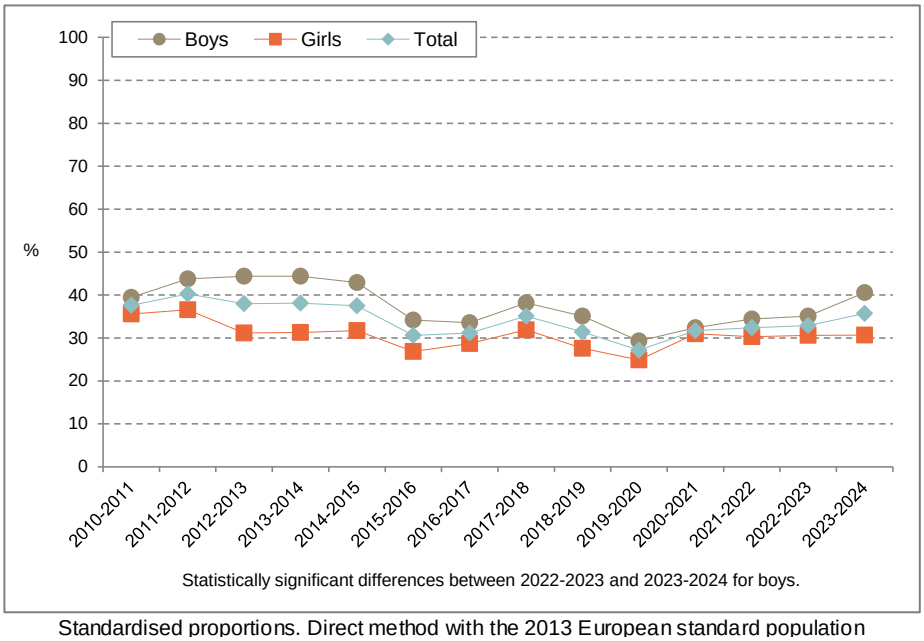
People who sleep the recommended hours (aged 3-14) by sex.
Catalonia, 1994-2024



Standardised proportions. Direct method with the 2013 European standard population

Axes of inequality	4.2.3 Active leisure 35.7% of the population aged 3-14 has an active leisure style; that is, they spend at least one hour a day engaged in sport or play in a park or outdoors.
Sex	The percentage of active leisure is **higher** in **boys** (40.6%) than girls (30.7%).
Social class	There are no differences according to social class.
Parents' educational level	There are no differences in the parents' educational level.
Social class and parents' educational level, according to sex	In **all axes of inequality**, the **proportion of boys** is **higher** than girls. There is an 18.4% difference between boys (43.6%) and girls (25.2%) with parents with no education or primary education.
Region	The **lowest** percentage in Catalonia is found in the **Barcelona Ciutat** (28.3%) health region.
Evolution	The indicator decreased until 2019. The last two-year period, 2023-2024, showed a statistically significant increase overall in the 2019-2023 period, in all cases only in boys, except in 2019-2020, when the total also increased.

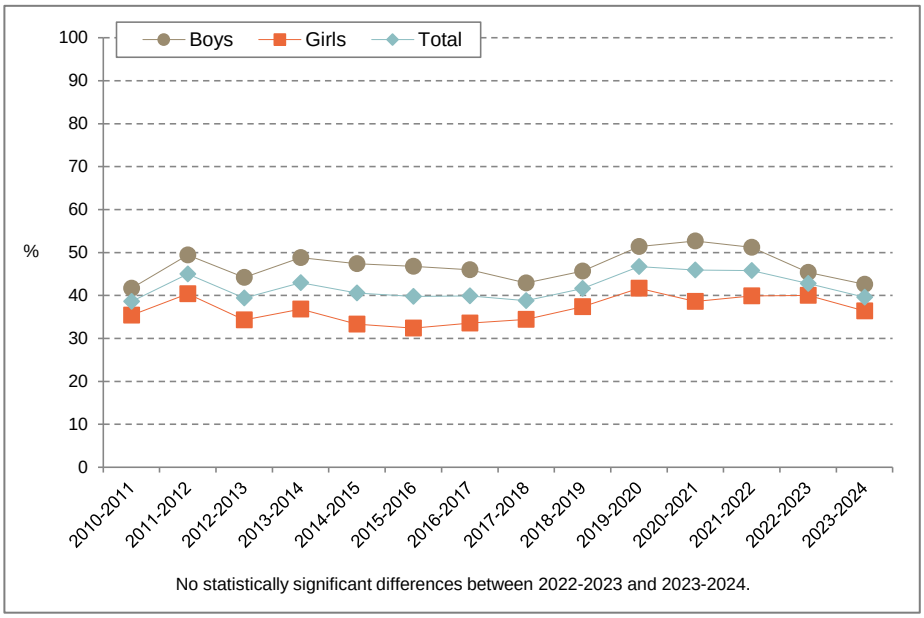
People who engage in active leisure (aged 3-14) by sex.
Catalonia, 2010-2024



Standardised proportions. Direct method with the 2013 European standard population

Axes of inequality	4.2.4 Sedentary leisure 39.6% of the population aged 3-14 has a sedentary lifestyle; that is, they spend 2 hours or more hours per day is in front of a screen (mobile phone, TV, computer, videogames, etc.).
Sex	The percentage of sedentary leisure is **higher** in **boys** (42.6%) than girls (36.4%).
Social class	About half the **children in the least advantaged social class** (43.9% class III) have a sedentary lifestyle. This percentage is 30.6% in children in the most advantaged social class.
Parents' educational level	Almost half the **children whose parents have secondary school education** (46.0%) spend 2 hours or more per day in front of a screen.
Social class and parents' educational level, according to sex	In **all axes of inequality**, the **proportion of boys** is **higher** than girls. There is a 9.4% difference between boys (35.4%) and girls (26.0%) in the most advantaged social class.
Region	A percentage **below** the overall for Catalonia is found in the **Barcelona Ciutat** (33.2%) and **Lleida** (26.6%) health regions, while a **higher** percentage is found in the **Terres de l'Ebre** (57.0%) health region.
Evolution	The indicator remained steady until 2019. In relation to the 2018-2023 period, in the last two-year period, 2023-2024, there was a decrease in sedentary leisure compared to the 2019-2020, 2020-2021 and 2021-2022 periods, in all three cases both total and in boys.

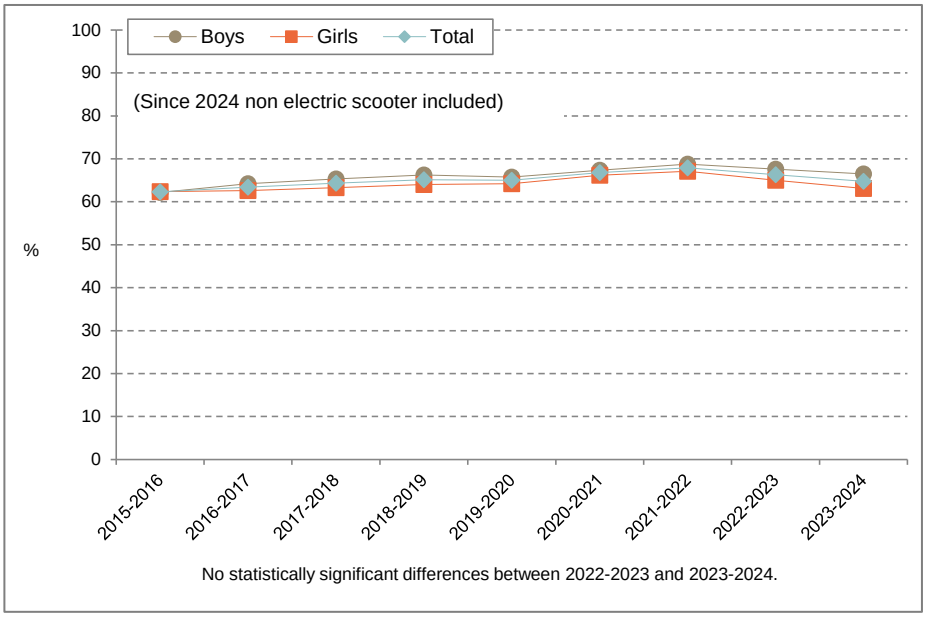
Population who engage in sedentary leisure (aged 3-14) by sex.
Catalonia, 2010-2024



Standardised proportions. Direct method with the 2013 European standard population

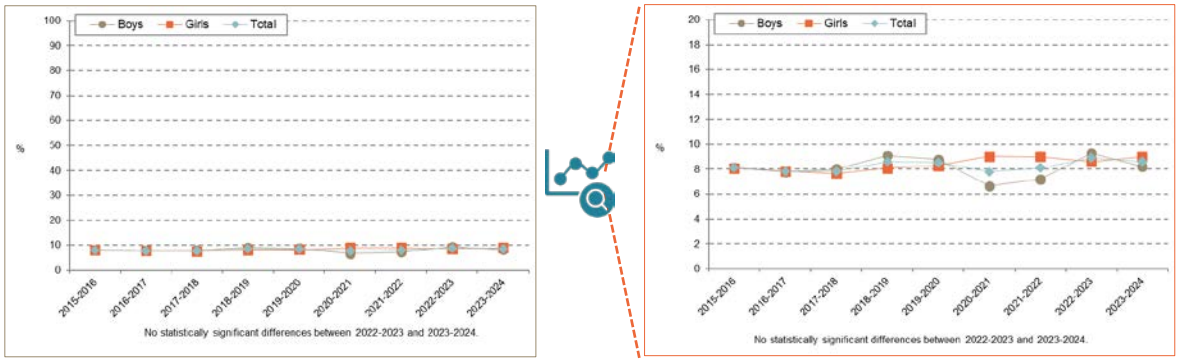
Axes of inequality	4.2.5 Commuting to school 64.8% of the population aged 3-14 usually commutes to school on foot, by bicycle or by non-electric scooter, while 8.6% usually commutes by public transport.
Sex	There are no differences according to sex.
Social class	71.5% of the **children in the least advantaged social class** usually **commute to school on foot, by bicycle or by non-electric scooter**, while 55.1% of children in the most advantaged social class do. There are no differences according to social class in the regular use of public transport.
Parents' educational level	Three out of every four **children** (75.3%) **with parents with no education or primary education** usually **commute to school on foot, by bicycle or by non-electric scooter**. This percentage is 67.2% of children with parents with secondary education and 57.9% of children with parents with a university education. There is no difference in the regular use of public transport according to the parents' educational level.
Region	There is a lower **prevalence** of children who usually commute to school on foot, by bicycle or by non-electric scooter in the **Catalunya Central** (53.6%) and **Penedès** (46.4%) health regions than the overall for Catalonia, and a **higher** prevalence in the **Barcelona Ciutat** (70.9%) health region. Likewise, the **Barcelona Ciutat** (17.3%) health region has a a **higher prevalence** of regular use of public transport to commute to school than the overall for Catalonia.
Evolution	This indicator has been steady from the beginning of data collection to the present, with no statistically significant variations.

Children who regularly commute to school on foot, by bicycle or by non-electric scooter (aged 3-14) by sex. Catalonia, 2015-2024



Standardised proportions. Direct method with the 2013 European standard population

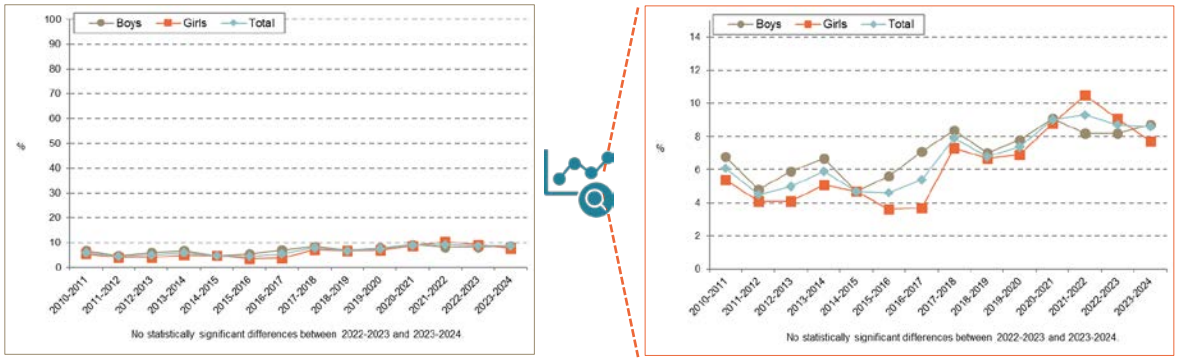
Children who usually commute to school by public transport (aged 3-14) by sex. Catalonia, 2015-2024



Standardised proportions. Direct method with the 2013 European standard population

Axes of inequality	4.2.6 Daily consumption of 5 servings of fruit and/or vegetables 8.2% of the population aged 3-14 consume 5 servings of fruit and/or vegetables daily.
Sex	There are no differences according to sex.
Social class	There are no differences according to social class.
Parents' educational level	There are no differences in the parents' educational level.
Region	The lowest percentage in Catalonia is found in the Girona health region (2.1%).
Evolution	There was an upswing in the consumption of fruit and vegetables until 2018-2019, albeit with some fluctuations. The last two-year period, 2023-2024, shows no statistically significant variations with respect to any year in the 2018-2023 period.

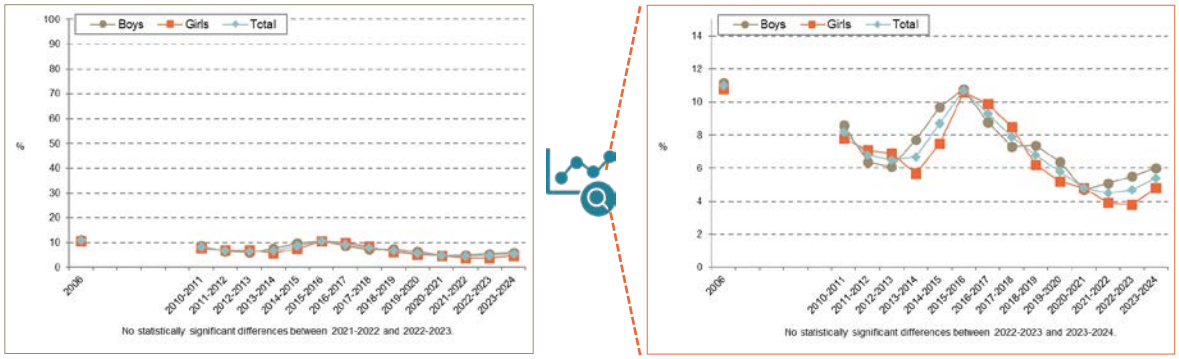
Population that consumes 5 servings of fruit and/or vegetables daily (aged 3-14) per sex. Catalonia, 2010-2024



Standardised proportions. Direct method with the 2013 European standard population

Axes of inequality	4.2.7 Daily consumption of sugary drinks 5.4% of the population aged 3-14 consume sugary drinks daily.
Sex	There are no differences according to sex.
Social class	This consumption is **more frequent in children in the least advantaged social class** (7.0% class III) than in those in the most advantaged social class (3.0% class I).
Parents' educational level	The daily consumption of sugary drinks is **higher** in children with **parents with no education or primary education** (10.7%).
Region	There are no observable differences according to health region.
Evolution	There was a slight downward trend until 2018-2019, but with fluctuations that peak in the two-year period 2015-2016. The last two-year period, 2023-2024, showed no statistically significant variations compared to any year in the 2018-2023 period, despite a slight upswing.

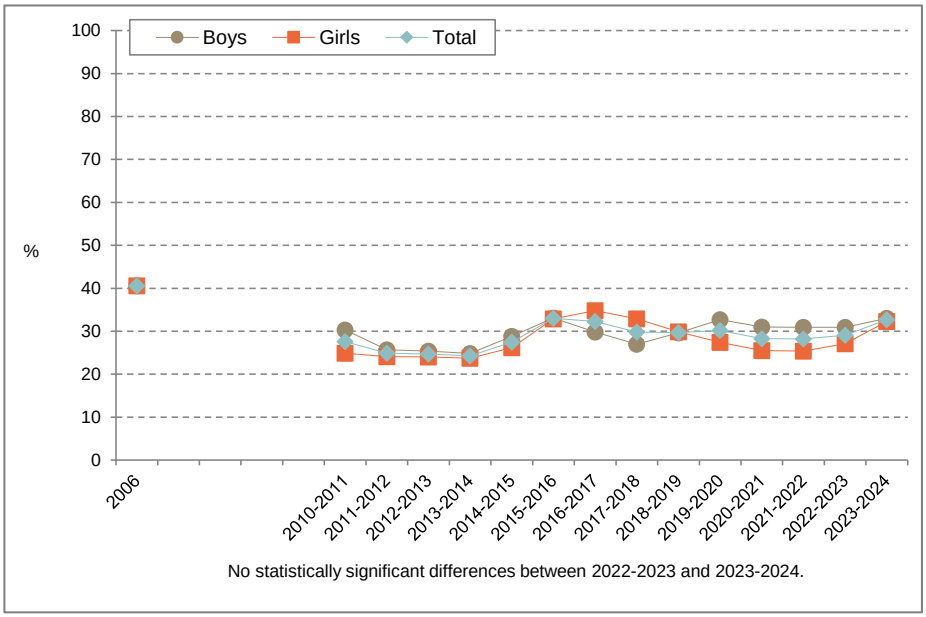
People who consume sugary drinks daily (aged 3-14) by sex.
Catalonia, 2006-2024



Standardised proportions. Direct method with the 2013 European standard population

Axes of inequality	4.2.8 Frequent consumption of hypercaloric products One-third of the population aged 3-14 frequently consume hypercaloric products (32.7%).
Sex	There are no differences according to sex.
Social class	The percentage is **higher among children in the least advantaged social class** (36.4% class III and 27.8% class I).
Parents' educational level	38.6% of **children with parents with no education or primary education frequently consume** hypercaloric products, while 36.5% of children with parents with secondary education and 25.5% with parents with a university education do so.
Region	The **Terres de l'Ebre** (46.1%) and **Camp de Tarragona** (44.6%) health regions have a **higher percentage** than the overall for Catalonia, while a **lower** percentage is found in the **Girona** (22.6%) health region.
Evolution	The indicator was steady from the 2010-2011 period to 2018-2019, with minor fluctuations in the intervening years. In relation to the 2018-2023 period, there was a statistically significant increase in this consumption in the last two-year period, 2023-2024, both the total and in girls, compared to 2020-2021 and 2021-2022.

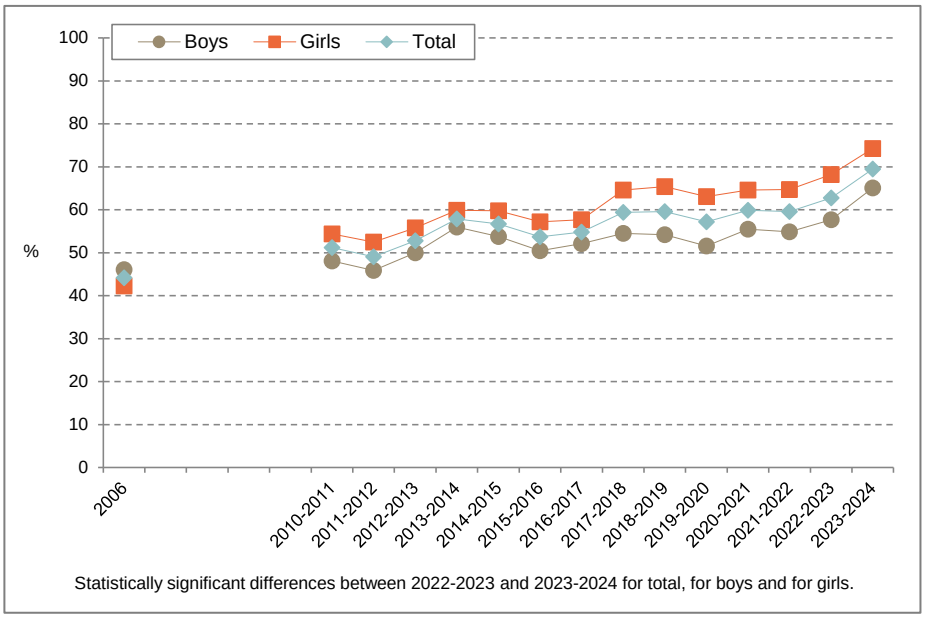
People who frequently consume hypercaloric products (aged 3-14) by sex. Catalonia, 2006-2024



Standardised proportions. Direct method with the 2013 European standard population

Axes of inequality	4.2.9 Tooth brushing 69.5% of the population aged 5-14 years brush their teeth at least twice a day.
Sex	**More girls** have this habit (74.3%) than boys (65.1%).
Social class	There are no differences according to social class.
Parents' educational level	There are no differences in the parents' educational level.
Social class and parents' educational level, according to sex	In all axes of inequality, the proportion of **girls** is **higher** than boys. There is a 13.6% difference between girls (72.3%) and boys (58.7%) in the most advantaged social class.
Region	A **higher** percentage than the overall for Catalonia is found in the **Barcelona Ciutat** (82.0%) and **Alt Pirineu i Aran** (81.5%) health regions, while a **lower** percentage is found in the **Terres de l'Ebre** (55.8%) health region.
Evolution	The indicator shows an upward trend until 2018-2019.. In relation to the 2018-2023 period, in the last two-year period, 2023-2024 there was a statistically significant increase in both the total and in girls and boys compared to the 2018-2019, 2019-2020, 2020-2021, 2021-2022 and 2022-2023 periods.

Population that brushes their teeth at least twice a day (aged 5-14) by sex.
Catalonia, 2006-2024



Standardised proportions. Direct method with the 2013 European standard population

5 Summary of the temporal comparison

The following indicators show statistically significant differences between the 2024 results and the results of previous editions: 2019 (prepandemic), 2020 and 2021 (pandemic), 2022 and 2023 (postpandemic).

In the population of aged 15 and over

- *2024 compared to 2019*
  - increase in **positive perception of oral health**, total and in females
  - increase in **disability**, total and in males
  - increase in **limitations due to a health problem**, total and in males and females
  - decrease in **good quality of life related to health**, total and in males and females
  - increase in **pain or discomfort**, total and in males and females
  - decrease in **low social support**, total and in males and females
  - increase in **material deprivation**, total and in males and females
  - increase in **physical activity**, total and in females
  - increase in **regular commutes by public transport**, total and in females
  - decrease in daily consumption of **5 servings of fruit and/or vegetables**, total and in males
  - decrease in **daily consumption of sugary drinks,** in females
  - increase in **double healthcare coverage**, total and in females (population aged 0 and over)
  - decrease in **hospitalisation,** in males (population aged 0 and over)
  - decrease in **visits emergency room**, in males (population aged 0 and over)

- *2024 compared to 2020*
  - increase in **positive perception of oral health**, total and in females
  - increase in the presence of **chronic diseases or health problems**, total
  - decrease in **moderate or severe depression** symptoms, total and in males and females
  - increase in **limitations due to a health problem**, total and in females
  - decrease in **good quality of life related to health**, total and in males and females
  - increase in **pain or discomfort**, total and in males and females
  - decrease in **low social support**, total and in males and females
  - decrease in **memory difficulties**, total and in males (population aged 45 and over)
  - decrease in **tobacco use,** in females
  - increase in **hours of sleep recommended**, total and in males and females
  - decrease in **adherence to the Mediterranean diet**, in males
  - decrease in **daily consumption of sugary drinks,** in females

  - increase in **double healthcare coverage**, in females (population 0 and over)

- *2024 compared to 2021*
  - increase in **positive perception of oral health**, total and in females
  - increase in **high blood pressure**, total
  - decrease in **moderate or severe depression** symptoms, total and in females
  - increase in the presence of **chronic diseases or health problems**, total and in males
  - increase in **limitations due to a health problem**, total and in males and females
  - decrease in **good quality of life related to health**, total and in males and females
  - increase in **pain or discomfort**, total and in males and females
  - decrease in **low social support**, total and in males and females
  - increase in **regular commutes by public transport**, total and in females
  - increase in **double healthcare coverage**, total and in females (population aged 0 and over)
  - increase in **visits to a health professional**, total and in males and females (population aged 0 and over)
  - increase in **visits to an emergency room**, total and in males and females (population 0 and over)

- *2024 compared to 2022*
  - increase in **positive perception of health**, total
  - increase in **positive perception of oral health**, total and in females
  - decrease in **moderate or severe depression** symptoms, total and in males and females
  - decrease in **emotional well-being**, total and in males
  - decrease in **quality of life related to health**, total
  - increase in **pain or discomfort**, total and in males
  - increase in **physical activity**, total and in females
  - increase in **regular commutes by public transport**, total and in females
  - increase in **daily consumption of sugary drinks,** in males
  - increase in **double healthcare coverage**, in females (population 0 and over)

- *2024 compared to 2023*
  - increase in **positive perception of oral health**, total and in females
  - decrease in **moderate or severe depression** symptoms, total and in males and females
  - increase in **limitations due to a health problem**, total and in males
  - increase in **disability**, total and in males
  - decrease in **difficulties remembering**, total and in males and females (population aged 45 and over)

  - increase in **daily consumption of sugary drinks**, total and in males
  - increase in **double healthcare coverage**, in females (population 0 and over)
  - decrease in **hospitalisation**, total and in females (population aged 0 and over)

In the population aged 0-14

- *2023-2024 compared to 2018-2019*
  - decrease in the **likelihood of having a mental health problem**, total and in boys and girls (population aged 4-14)
  - decrease **in exposure to second-hand tobacco smoke at home**, total and in boys and girls
  - increase in **sleeping the recommended hours**, total and in boys (population aged 3-14)
  - increase in **active leisure**, total and in boys (population aged 3-14)
  - increase in **toothbrushing at least twice a day**, total and in boys and girls (population aged 3-14)

- *2023-2024 compared to 2019-2020*
  - increase in **good quality of life related to health**, total and in boys (population aged 8-14)
  - decrease in the **likelihood of having a mental health problem**, total and boys and girls (population aged 4-14)
  - increase in **limitation due to a health problem**, in total and in boys
  - decrease in **exposure to second-hand tobacco smoke at home**, total and in boys
  - increase in **sleeping the recommended hours**, total and in boys and girls (population aged 3-14)
  - increase in **active leisure**, total and in boys (population aged 3-14)
  - decrease in **sedentary leisure**, total and in boys (population aged 3-14)
  - increase in **toothbrushing at least twice a day**, total and in boys and girls (population aged 3-14)

- *2023-2024 compared to 2020-2021*
  - decrease in **excess weight**, total and in boys (population aged 6-12)
  - decrease in **excess weight**, total (population aged 6-12)
  - decrease in **likelihood of having a mental health problem**, total and boys (population aged 4-14)
  - increase in **limitation due to a health problem**, total and in girls
  - decrease in exposure to second-hand tobacco smoke at home, total and in boys
  - increase in **sleeping the recommended hours**, total and in boys (population aged 3-14)
  - increase in **active leisure**, in boys (population aged 3-14
  - decrease in **sedentary leisure**, total and in boys (population aged 3-14)

  - increase in **frequent consumption of hypercaloric products**, total and in girls (population aged 3-14)
  - increase in **toothbrushing at least twice a day**, total and in boys and girls (population aged 3-14)

- *2023-2024 compared to 2021-2022*
  - decrease in **excess weight**, total and in girls (population aged 6-12)
  - decrease in **excess weight**, in girls (population aged 6-12)
  - increase in **active leisure**, in boys (population aged 3-14)
  - decrease in **sedentary leisure**, total and in boys (population aged 3-14)
  - increase in **frequent consumption of hypercaloric products**, total and in girls (population aged 3-14)
  - increase in **toothbrushing at least twice a day**, total and in boys and girls (population aged 3-14)

- *2023-2024 compared to 2022-2023*
  - increase in **active leisure**, in boys (population aged 3-14)
  - increase in **toothbrushing at least twice a day**, total and in boys and girls (population aged 3-14)

The following are the tables of the 58 indicators which quantify the statistically significant differences between the results of the last year (2024) and the previous years, as summarised in the previous points. The first two tables show health status and health-related behavioural indicators for the population aged 15 and over; the third table shows indicators on the use of services; and the last two tables show indicators on health status and health-related behaviours among children.

Table 1. Differences in the health status indicators for 2024 compared to the indicators for 2019, 2020, 2021, 2022 and 2023. (* statistically significant differences with 2024)

HEALTH STATUS Indicator	Population	Sex	2024	2023	2022	2021	2020	2019
Positive perception of health status	age ≥15	Total	78.6%	78.5%	76.1%*	79.0%	80.3%	79.5%
		Males	82.4%	83.4%	79.6%	83.1%	83.6%	83.6%
		Females	74.9%	73.8%	72.8%	75.1%	77.2%	75.6%
Positive perception of oral health	age ≥15	Total	71.2%	67.5%*	65.7%*	67.5%*	66.3%*	66.0%*
		MALES	68.7%	66.8%	65.0%	69.3%	67.0%	66.2%
		Females	73.7%	68.2%*	66.4%*	65.8%*	65.7%*	65.7%*
High blood pressure	age ≥15	Total	27.1%	25.8%	26.4%	23.4%*	24.7%	25.7%
		Males	27.2%	26.2%	28.5%	23.8%	25.2%	26.7%
		Females	26.9%	25.5%	24.4%	23.1%	24.3%	24.7%
Diabetes	age ≥15	Total	8.7%	9.1%	9.0%	7.8%	7.9%	8.1%
		Males	9.2%	9.8%	9.3%	8.4%	8.4%	9.2%
		Females	8.3%	8.5%	8.8%	7.2%	7.4%	7.1%
Excess weight	aged 18-74	Total	52.5%	52.1%	50.0%	50.2%	50.6%	52.1%
		Males	58.3%	58.5%	56.2%	57.4%	58.8%	60.8%
		Females	46.6%	45.6%	43.7%	42.9%	42.4%	43.5%
Excess weight	aged 18-74	Total	36.1%	34.9%	34.7%	35.3%	33.7%	35.4%
		Males	42.4%	41.0%	41.0%	42.4%	42.0%	42.6%
		Females	29.8%	28.7%	28.3%	28.2%	25.2%	28.3%
Obesity	aged 18-74	Total	16.3%	17.2%	15.3%	14.8%	17.0%	16.7%
		Males	15.9%	17.5%	15.2%	15.0%	16.8%	18.2%
		Females	16.8%	16.9%	15.4%	14.7%	17.2%	15.2%
Low emotional well-being	age ≥15	Total	10.1%	10.6%	12.7%*	NA	NA	NA
		Males	6.9%	8.9%	10.7%*	NA	NA	NA
		Females	13.1%	12.3%	14.6%	NA	NA	NA

HEALTH STATUS Indicator	Population	Sex	2024	2023	2022	2021	2020	2019
Moderate or severe depression	age ≥15	Total	5.8%	9.2%*	10.9%*	9.0%*	10.6%*	7.2%
		Males	4.0%	6.2%*	7.8%*	5.7%	7.4%*	4.7%
		Females	7.5%	12.1%*	13.9%*	12.2%*	13.7%*	9.6%
Moderate or severe anxiety	age ≥15	Total	7.5%	NA	NA	NA	NA	NA
		Males	4.4%	NA	NA	NA	NA	NA
		Females	10.4%	NA	NA	NA	NA	NA
Good quality of life regarding health	age ≥18	Total	66.1%	68.1%	70.0%*	73.0%*	73.1%*	73.6%*
		Males	67.8%	69.8%	71.5%	75.3%*	74.1%*	75.9%*
		Females	64.5%	66.6%	68.7%	70.8%*	72.1%*	71.4%*
Pain or discomfort	age ≥15	Total	30.6%	29.0%	26.3%*	24.8%*	24.9%*	25.5%*
		Males	25.6%	22.9%	20.5%*	19.2%*	20.0%*	19.1%*
		Females	35.4%	34.8%	31.8%	30.2%*	29.5%*	31.5%*
Illness or chronic health problem	age ≥15	Total	42.0%	41.5%	41.9%	37.9%*	37.8%*	41.3%
		Males	38.5%	36.2%	38.0%	32.6%*	34.7%	37.9%
		Females	45.4%	46.5%	45.7%	43.0%	40.8%	44.4%
Limitation due to a health problem	age ≥15	Total	20.8%	17.7%*	18.5%	17.0%*	16.8%*	15.2%*
		Males	17.8%	14.4%*	16.3%	13.7%*	15.5%	13.9%*
		Females	23.7%	20.8%	20.7%	20.1%*	18.1%*	16.4%*
Disability	age ≥15	Total	17.2%	14.6%*	16.1%	16.0%	17.4%	14.7%*
		Males	15.3%	11.9%*	13.4%	12.8%	14.5%	11.8%*
		Females	19.0%	17.1%	18.6%	19.1%	20.2%	17.5%
Lack of personal autonomy (dependence)	age ≥15	Total	9.6%	8.6%	9.4%	8.8%	8.5%	8.1%
		Males	6.2%	5.7%	6.2%	5.8%	5.9%	5.4%
		Females	12.8%	11.3%	12.3%	11.7%	10.9%	10.7%
Low social support	age ≥15	Total	4.6%	5.7%	5.9%	7.6%*	9.4%*	15.7%*
		Males	4.1%	5.2%	5.4%	7.0%*	10.0%*	14.9%*
		Females	5.2%	6.2%	6.4%	8.2%*	8.9%*	16.5%*

HEALTH STATUS Indicator	Population	Sex	2024	2023	2022	2021	2020	2019
Difficulty remembering or concentrating	age ≥45	Total	22.9%	27.6%*	24.2%	21.7%	26.2%*	23.6%
		Males	17.6%	21.4%*	19.3%	17.7%	22.1%*	20.2%
		Females	27.6%	33.2%*	28.6%	25.3%	29.8%	26.5%
Serious material deprivation	age ≥15	Total	5.3%	5.1%	5.2%	3.8%	4.4%	2.9%*
		Males	5.1%	4.4%	4.0%	3.5%	4.0%	2.5%*
		Females	5.6%	5.8%	6.5%	4.0%	4.9%	3.3%*

Table 2. Differences in health-related behavioural indicators for 2024 compared to 2019, 2020, 2021, 2022 and 2023.
(* statistically significant differences with 2024)

HEALTH-RELATED BEHAVIOURS Indicator	Population	Sex	2024	2023	2022	2021	2020	2019
Tobacco consumption	age ≥15	Total	21.4%	22.6%	24.1%	22.6%	24.6%	23.9%
		Males	26.1%	25.5%	28.8%	26.6%	27.8%	29.2%
		Females	16.8%	19.8%	19.6%	18.8%	21.6%*	18.8%
Exposure to second-hand tobacco smoke at home	age ≥15	Total	7.8%	7.5%	6.9%	6.4%	7.7%	8.3%
		Males	8.2%	6.5%	6.7%	5.4%	5.6%	7.0%
		Females	7.5%	8.4%	7.1%	7.3%	9.6%	9.5%
Sleeping the recommended hours	age ≥15	Total	69.1%	70.4%	69.8%	70.2%	64.4%*	67.1%
		Males	72.7%	73.0%	71.8%	74.0%	66.9%*	68.7%
		Females	65.6%	67.9%	67.9%	66.6%	62.0%*	65.5%
Healthy physical activity (2019-2023: aged 15-69)	age ≥15	Total	85.5%	*84.0%*	*82.3%**	*83.7%*	*83.2%*	*82.1%**
		Males	87.6%	*86.3%*	*85.6%*	*84.9%*	*83.8%*	*84.4%*
		Females	83.5%	*81.6%*	*78.9%**	*82.5%*	*82.6%*	*79.8%**
Regular commutes by bicycle or non-electric scooter	age ≥15	Total	35.0%	34.7%	37.1%	36.6%	33.9%	33.2%
		Males	30.0%	31.4%	33.1%	32.9%	31.9%	28.6%
		Females	39.8%	37.9%	41.0%	40.2%	35.8%	37.7%

HEALTH-RELATED BEHAVIOURS Indicator	Population	Sex	2024	2023	2022	2021	2020	2019
Regular commutes on public transport	age ≥15	Total	21.0%	20.2%	17.8%*	17.1%*	18.7%	18.6%*
		Males	17.0%	16.6%	14.6%	14.4%	15.0%	16.0%
		Females	24.9%	23.6%	20.8%*	19.8%*	22.2%	21.1%*
Adherence to the Mediterranean diet	age ≥15	Total	55.0%	56.3%	56.7%	56.6%	57.5%	54.6%
		Males	48.5%	52.1%	51.9%	52.5%	53.8%*	49.6%
		Females	61.1%	60.4%	61.4%	60.7%	60.9%	59.3%
Daily consumption of 5 servings of fruit and/or vegetables	age ≥15	Total	9.9%	11.0%	11.5%	11.3%	11.2%	12.0%*
		Males	7.7%	8.6%	9.3%	8.6%	8.1%	10.3%*
		Females	12.0%	13.4%	13.7%	14.0%	14.1%	13.7%
Daily consumption of sugary drinks	age ≥15	Total	16.9%	14.6%*	15.1%	16.8%	19.4%	19.3%
		Males	22.3%	16.6%*	18.3%*	19.7%	20.7%	22.7%
		Females	11.6%	12.6%	11.9%	13.9%	18.1%*	15.9%*
Following an ovolactovegetarian or vegan diet	age ≥15	Total	1.2%	NA	NA	NA	NA	NA
		Males	0.8%	NA	NA	NA	NA	NA
		Females	1.7%	NA	NA	NA	NA	NA
Periodic test of hidden blood in faeces	aged 50-69	Males	56.6%	63.5%	58.5%	53.8%	54.3%	53.0%
		Females	62.4%	63.9%	61.8%	56.2%	55.6%	60.1%
Periodic vaginal cytology or HPV testing	aged 25-65	Females	62.5%	71.9%	73.0%	71.4%	68.5%	70.2%
Periodic PSA testing	♂ ≥40 years	Males	31.2%	NA	NA	NA	NA	NA

Table 3. Differences in indicators on the use of and satisfaction with health services in 2024 compared to 2019, 2020, 2021, 2022 and 2023.
(* statistically significant differences with 2024)

USE OF AND SATISFACTION WITH HEALTH SERVICES Indicator	Population	Sex	2024	2023	2022	2021	2020	2019
Have dual health coverage	0+	Total	33.9%	32.5%	31.6%	28.7%*	32.3%	28.8%*
		Males	31.9%	32.7%	31.9%	28.5%	34.5%	28.5%
		Females	35.9%	32.3%*	31.3%*	28.8%*	30.2%*	29.0%*
Use of prescribed medications (last 15 days)	age ≥15	Total	55.4%	55.9%	55.3%	52.9%	52.9%	54.7%
		Males	51.1%	50.0%	50.4%	46.2%	46.7%	50.4%
		Females	59.4%	61.5%	60.0%	59.4%	58.9%	58.7%
Visit to a health professional (last 12 months)	0+	Total	95.9%	96.1%	95.9%	93.2%*	94.0%	95.2%
		Males	94.3%	94.2%	94.1%	90.8%*	92.0%	93.7%
		Females	97.5%	97.9%	97.6%	95.5%*	96.0%	96.7%
Hospitalisation (last 12 months)	0+	Total	7.1%	7.6%	8.2%	7.1%	8.7%	7.9%
		Males	6.4%	6.4%	7.8%	6.7%	7.9%	8.1%*
		Females	7.8%	8.9%	8.5%	7.4%	9.6%	7.8%
Visit to an emergency room (last 12 months)	0+	Total	38.1%	42.4%	38.3%	34.0%*	38.0%	42.0%
		Males	34.1%	39.5%	37.1%	30.6%*	34.4%	39.9%*
		Females	41.9%	45.3%	39.5%	37.4%*	41.5%	44.0%
Satisfaction with the public health services used (last 12 months)	0+	Total	85.0%	83.3%	82.9%	86.4%	87.9%	86.4%
		Males	86.5%	83.8%	83.5%	88.6%	89.7%	87.2%
		Females	83.6%	82.9%	82.4%	84.3%	86.3%	85.7%

Table 4. Differences in health status indicators for 2023-2024 compared to 2018-2019, 2019-2020, 2020-2021, 2021-2022 and 2022-2023.

(* statistically significant differences with 2024)

HEALTH STATUS Indicator	Population	Sex	2023-2024	2022-2023	2021-2022	2020-2021	2019-2020	2018-2019
Positive perception of health status	aged 0-14	Total	97.0%	96.6%	96.2%	96.3%	97.6%	97.8%
		Boys	96.2%	95.5%	95.7%	95.5%	96.2%	97.4%
		Girls	97.9%	97.7%	96.7%	97.2%	99.0%	98.2%
Positive perception of oral health	aged 0-14	Total	86.8%	86.0%	85.9%	86.2%	86.0%	NA
		Boys	86.3%	85.2%	84.3%	83.8%	84.3%	NA
		Girls	87.4%	86.8%	87.6%	88.6%	87.8%	NA
Excess weight	aged 6-12	Total	32.2%	33.9%	38.9%*	40.4%*	35.9%	34.6%
		Boys	37.9%	38.6%	42.3%	46.7%*	44.6%	40.1%
		Girls	26.0%	28.8%	35.2%*	33.4%	27.1%	28.9%
Excess weight	aged 6-12	Total	20.9%	21.3%	25.2%	26.4%*	24.2%	24.4%
		Boys	23.9%	22.1%	25.0%	30.7%	30.5%	26.3%
		Girls	17.7%	20.5%	25.4%*	21.7%	17.8%	22.5%
Obesity	aged 6-12	Total	11.3%	12.6%	13.7%	14.0%	11.7%	10.1%
		Boys	14.0%	16.5%	17.3%	16.0%	14.1%	13.8%
		Girls	8.3%	8.3%	9.8%	11.8%	9.3%	6.4%
Good quality of life regarding health	aged 8-14	Total	83.6%	84.4%	83.9%	83.0%	76.7%*	79.0%
		Boys	82.5%	83.6%	83.9%	82.1%	74.3%*	78.3%
		Girls	84.8%	85.3%	84.0%	84.0%	79.4%	79.8%
Likelihood of having a mental health problem	aged 4-14	Total	5.7%	5.9%	7.4%	9.4%*	10.6%*	7.5%*
		Boys	6.7%	7.1%	8.9%	11.4%*	10.2%*	7.5%*
		Girls	4.6%	4.5%	5.7%	7.2%	11.0%*	7.5%*
Illness or chronic health problem	aged 0-14	Total	12.6%	13.9%	14.5%	13.6%	12.6%	12.6%
		Boys	15.0%	16.2%	15.7%	15.3%	14.2%	13.4%
		Girls	10.0%	11.5%	13.2%	11.9%	10.9%	11.7%

HEALTH STATUS Indicator	Population	Sex	2023-2024	2022-2023	2021-2022	2020-2021	2019-2020	2018-2019
Limitation due to a health problem	aged 0-14	Total	4.9%	4.7%	4.1%	3.2%*	2.9%*	3.0%
		Boys	6.0%	5.8%	5.3%	4.1%	3.5%*	2.9%
		Girls	3.6%	3.4%	2.8%	2.2%*	2.2%	3.0%
Disability	aged 0-14	Total	3.3%	3.1%	2.8%	2.3%	2.6%	2.4%
		Boys	3.8%	4.0%	3.3%	2.2%	3.1%	2.7%
		Girls	2.7%	2.2%	2.4%	2.4%	2.0%	2.1%

Table 5. Differences in health-related behavioural indicators for 2023-2024 compared to 2018-2019, 2019-2020, 2020-2021, 2021-2022 and 2022-2023. (* statistically significant differences with 2024)

HEALTH-RELATED BEHAVIOURS Indicator	Population	Sex	2023-2024	2022-2023	2021-2022	2020-2021	2019-2020	2018-2019
Exposure to second-hand tobacco smoke at home	aged 0-14	Total	6.4%	7.0%	7.9%	8.6%*	10.9%*	10.4%*
		Boys	5.8%	7.2%	8.2%	9.1%*	12.5%*	10.7%*
		Girls	6.9%	6.7%	7.5%	7.9%	9.3%	10.2%*
Sleeping the recommended hours	aged 3-14	Total	77.6%	77.3%	74.8%	72.9%*	71.2%*	73.8%*
		Boys	78.9%	79.2%	74.9%	71.3%	71.2%*	73.6%*
		Girls	76.2%	75.2%	74.7%	74.6%*	71.2%*	74.0%
Engaging in active leisure	aged 3-14	Total	35.7%	32.9%	32.4%	31.7%	27.2%*	31.4%*
		Boys	40.6%	35.1%*	34.4%*	32.4%*	29.3%*	35.1%*
		Girls	30.7%	30.6%	30.3%	31.0%	24.9%	27.6%
Engaging in sedentary leisure	aged 3-14	Total	39.6%	42.8%	45.8%*	45.9%*	46.7%*	41.6%
		Boys	42.6%	45.4%	51.2%*	52.7%*	51.4%*	45.7%
		Girls	36.4%	40.0%	39.9%	38.6%	41.7%	37.4%
Going to school on foot, by bicycle or by non-electric scooter	aged 3-14	Total	64.8%	66.3%	67.9%	66.8%	65.0%	65.2%
		Boys	66.5%	67.6%	68.8%	67.4%	65.7%	66.3%
		Girls	63.1%	65.0%	67.1%	66.2%	64.2%	64.0%

HEALTH-RELATED BEHAVIOURS Indicator	Population	Sex	2023-2024	2022-2023	2021-2022	2020-2021	2019-2020	2018-2019
Going to school regularly on public transport	aged 3-14	Total	8.6%	8.9%	8.1%	7.8%	8.5%	8.6%
		Boys	8.2%	9.3%	7.2%	6.7%	8.8%	9.1%
		Girls	9.0%	8.6%	9.0%	9.0%	8.3%	8.1%
Daily consumption of 5 servings of fruit and/or vegetables	aged 3-14	Total	8.2%	8.7%	9.3%	9.0%	7.4%	6.8%
		Boys	8.7%	8.2%	8.2%	9.1%	7.8%	7.0%
		Girls	7.7%	9.1%	10.5%	8.8%	6.9%	6.7%
Daily consumption of sugary drinks	aged 3-14	Total	5.4%	4.7%	4.5%	4.8%	5.8%	6.8%
		Boys	6.0%	5.5%	5.1%	4.7%	6.4%	7.4%
		Girls	4.8%	3.8%	3.9%	4.8%	5.2%	6.2%
Frequent consumption of hypercaloric products	aged 3-14	Total	32.7%	29.1%	28.2%*	28.3%*	30.2%	29.7%
		Boys	33.0%	30.9%	30.9%	31.0%	32.7%	29.6%
		Girls	32.3%	27.1%	25.4%*	25.5%*	27.4%	29.9%
Brushing teeth at least twice a day	aged 5-14	Total	69.5%	62.8%*	59.6%*	59.9%*	57.2%*	59.6%*
		Boys	65.1%	57.7%*	54.9%*	55.5%*	51.6%*	54.2%*
		Girls	74.3%	68.2%*	64.7%*	64.6%*	63.1%*	65.4%*