HELLENIC REPUBLIC

HELLENIC STATISTICAL AUTHORITY

Piraeus, 16 / 5 / 2023

HEALTH: HEALTH STATUS, USE OF HEALTH CARE SERVICES, HEALTH DETERMINANTS

2022 Survey on Income and Living Conditions

(Income reference period: 2021)

The Hellenic Statistical Authority (EL.STAT.) announces data on the health of the population aged 16 and over. The data comes from the 2022 sample survey of Household Income and Living Conditions.
The survey, which is carried out annually, collects detailed information on the general health status of the population aged 16 and over, as well as on the use of health services (carrying out or not of medical and dental examinations, receiving or not of treatment), depending on demographic characteristics (gender and age), education, occupation, and income.
Furthermore, the 2022 survey collected information on body mass index, on the ability of the population aged 16 and over to perform basic functions (sight, hearing, movement, memory / concentration), on factors that affect – positively or negatively – the state of health, such as are physical exercise, fruit and vegetable consumption, smoking, alcohol consumption, as well as on the household health expenditure burden.

A. GENERAL HEALTH STATUS

According to the survey results, 7.4% of the population aged 16 and over, stated that they have very poor or poor health, 15.4% moderate, and 77.2% very good or good health (Graph 1, Table 1).

Graph 1. Health status of the population aged 16 and over, 2022

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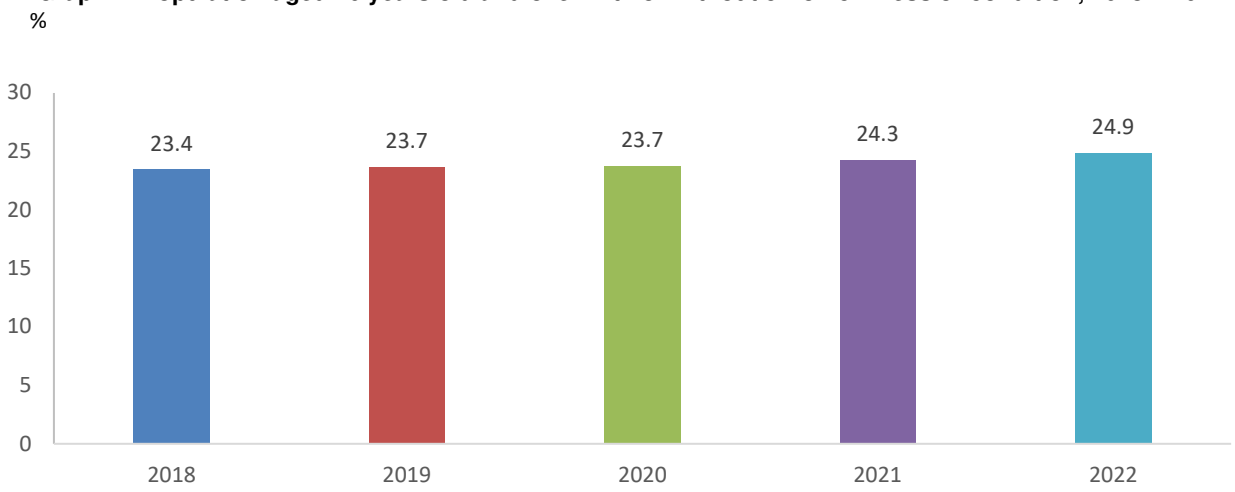
24.9% of the population aged 16 and over, have a chronic illness or condition (Graph 2). About 3 out of 10 women (27.0%) and 2 out of 10 men (22.6%) reported a chronic illness or condition. A health problem or condition that lasts or is expected to last more than 6 months, with or without medication, is considered chronic. Over time, the index is presented in Graph 2 below:

Graph 2. Population aged 16 years old and over with or without chronic illness or condition, 2018 – 2022

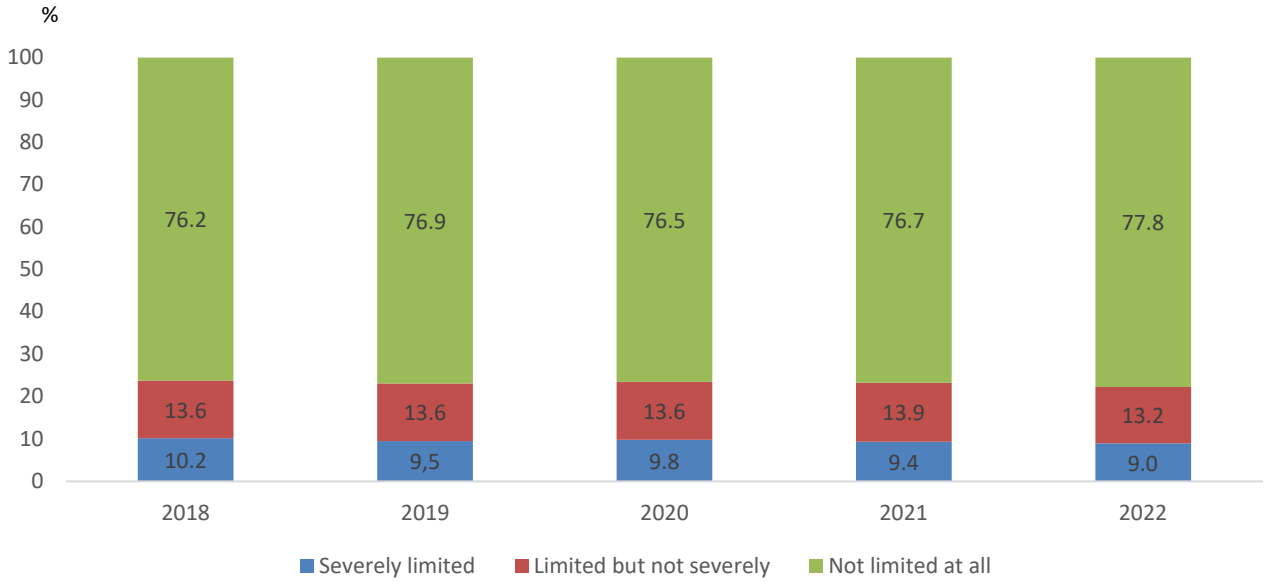


9.0% of the population aged 16 years and over is severely limited in activities people usually do, for six months or more, because of a health problem, and more than one out of ten (13.2%) respondents are limited but not severely (Graph 3).

The Global Activity Limitation Indicator (GALI) assesses to what extend a respondent has been limited on account of health problems (physical, mental, psychological), illness/invalidity or age in the activities people usually do. This indicator also includes limitations because of congenital health problems or problems caused by accidents/injuries. The indicator estimates to what extend the respondent has limited his/her activities only because of health problems and not on account of economic or other reasons.

Longitudinally, the indicator is presented in Graph 3, below:

Graph 3. GALI indicator: Limitation in activities because of health problems for population aged 16 years and over, 2018 – 2022



B. PHYSIQUE

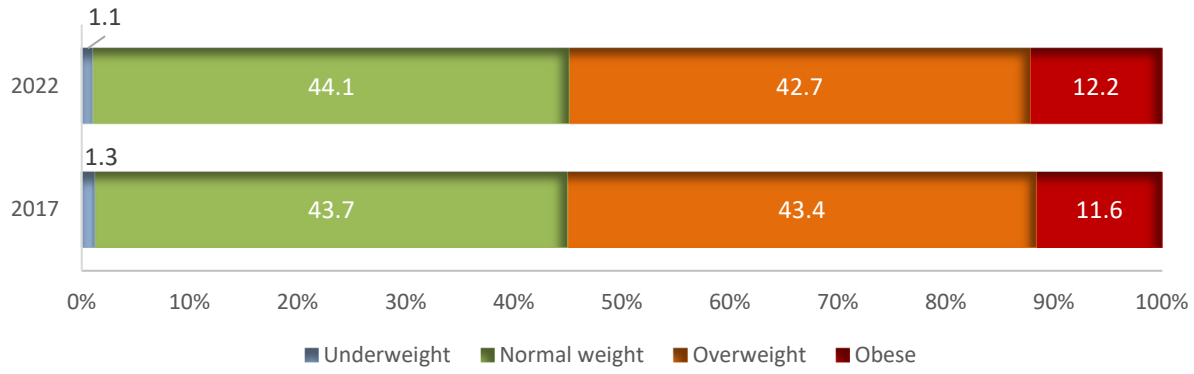
The Body Mass Index (BMI) is considered to be the most appropriate way to measure obesity of the population. It is widely used as a diagnostic tool of possible health problems of a person, in relation to his/her weight. It is calculated on the basis of a person's weight, in kilograms, divided by the square of height, in meters.

Out of the total population aged 16 years and over:

- 1.1% are underweight (BMI < 18.5),
- 44.1% have normal weight (BMI: 18.5 – 24.9),
- 42.7% are overweight (BMI: 25 – 29.9),
- 12.2% are obese (BMI ≥ 30).

Graph 4 shows the Body Mass Index in 2022 compared to 2017.

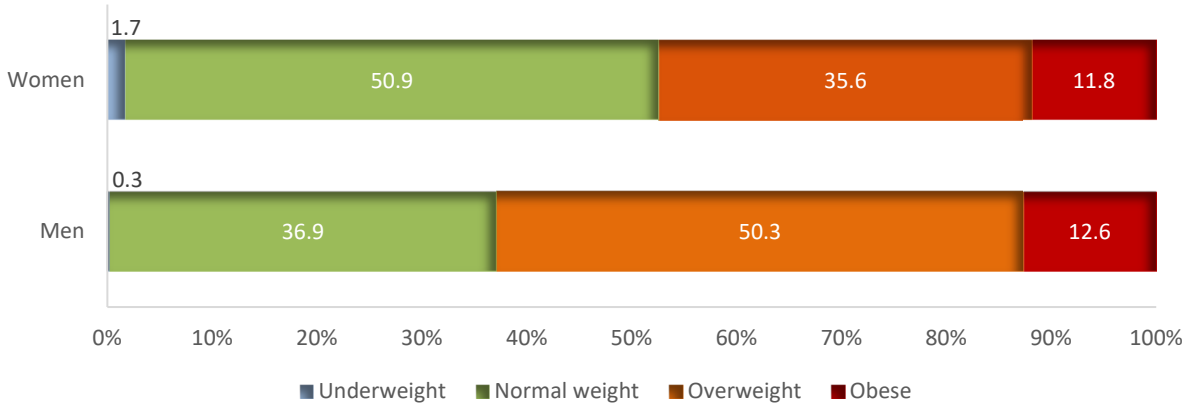
Graph 4. Body Mass Index (BMI), 2017 and 2022



More specifically, the shares of men and women aged 16 and over, by BMI category, are depicted in Graph 5.

- One out of two men (50.3%) is overweight while the corresponding ratio for women is more than three out of ten (35.6%).

Graph 5. BMI index of population aged 16 years and over (men, women), 2022



C. PHYSICAL AND SENSORY FUNCTIONAL LIMITATIONS

The survey has recorded data on the physical and sensory functional limitations of persons aged 16 years and over and more specifically the extent of difficulty which a person has in seeing, hearing, in mobility and in memory / concentration, irrespective of the fact that these limitations are due to age, diseases, accidents or the persons were born with them.

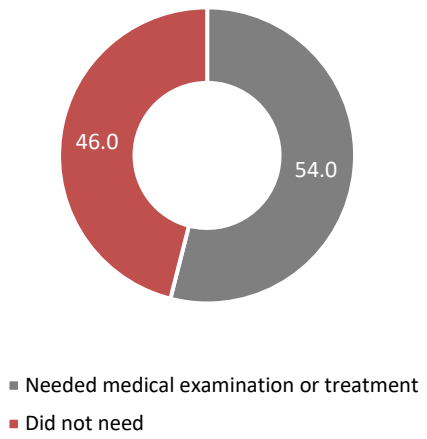
- 13.5% of the population aged 16 years and over, have difficulty in seeing (some difficulty, a lot of difficulty, cannot see at all / unable to see). 78.8% of them are aged 65 years and over.
- 11.0% of the population aged 16 years and over, have difficulty in hearing (some difficulty, a lot of difficulty, cannot hear at all / unable to hear). 86.6% of them are aged 65 years and over.
- 15.8% of the population aged 16 years and over, have difficulty in getting around on foot (some difficulty, a lot of difficulty, cannot walk or climb / walk up or down stairs without assistance of any device or human). 74.4% of them are aged 65 years and over.
- 11.6% of the population aged 16 years and over, have difficulty with memory / concentration (some difficulty, a lot of difficulty, not remembering anything or not being able to concentrate on what they are doing). 82.5% of them are aged 65 years and over.
- 8.0% of the population aged 16 years and over, have difficulty with care (some difficulty, great difficulty, unable to care for themselves, such as washing all over, dressing, etc.). 78.1% of them are aged 65 years and over.
- 4.7% of the population aged 16 years and over, have difficulty in communicating with other people (some difficulty, great difficulty, not understanding them or being understood, even though they speak the same language). 70.1% of them are aged 65 years and over.

D. USE OF HEALTH SERVICES

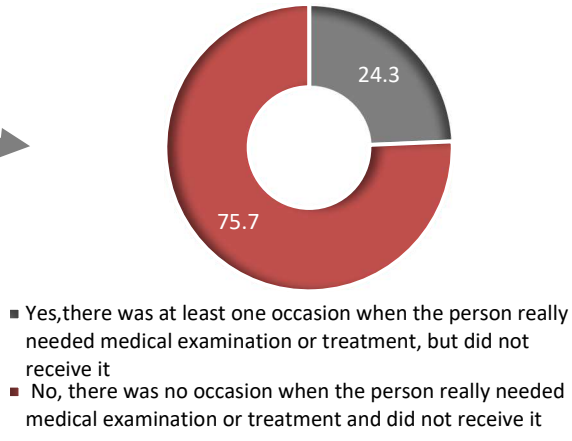
D1. Medical examination or treatment

During the last 12 months, approximately, 1 out of 2 (54.0%) adults aged 16 years and over, needed to have medical examination or treatment.
24.3% of those who really needed medical examination or treatment have failed to receive it for each occasion they needed it. The relevant data are depicted in Graphs 6 and 7 below:

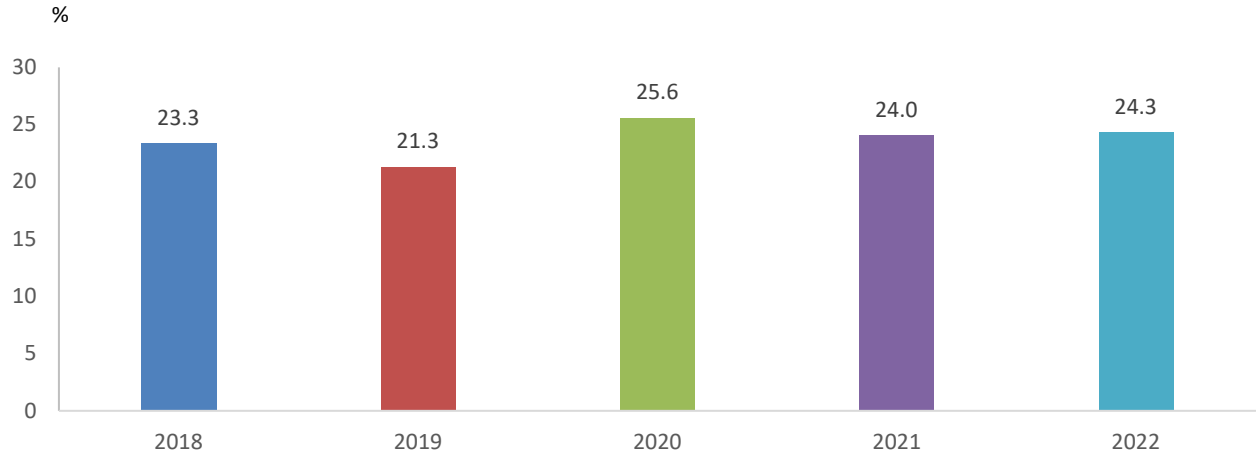
Graph 6. Need for medical examination or treatment. Percentage distribution of population aged 16 years and over, 2022



Graph 7. Unmet need for medical examination or treatment. Percentage distribution of population aged 16 years and over having the need, 2022



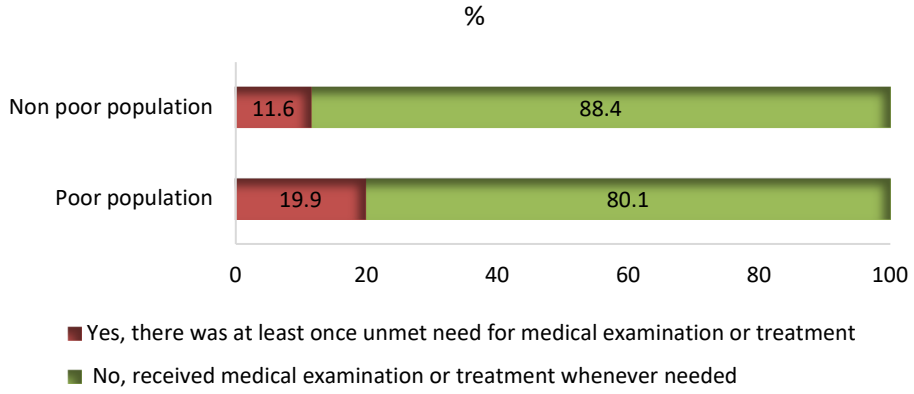
Graph 8. Unmet need for medical examination or treatment. Percentage distribution of population aged 16 years and over having the need, 2018 – 2022



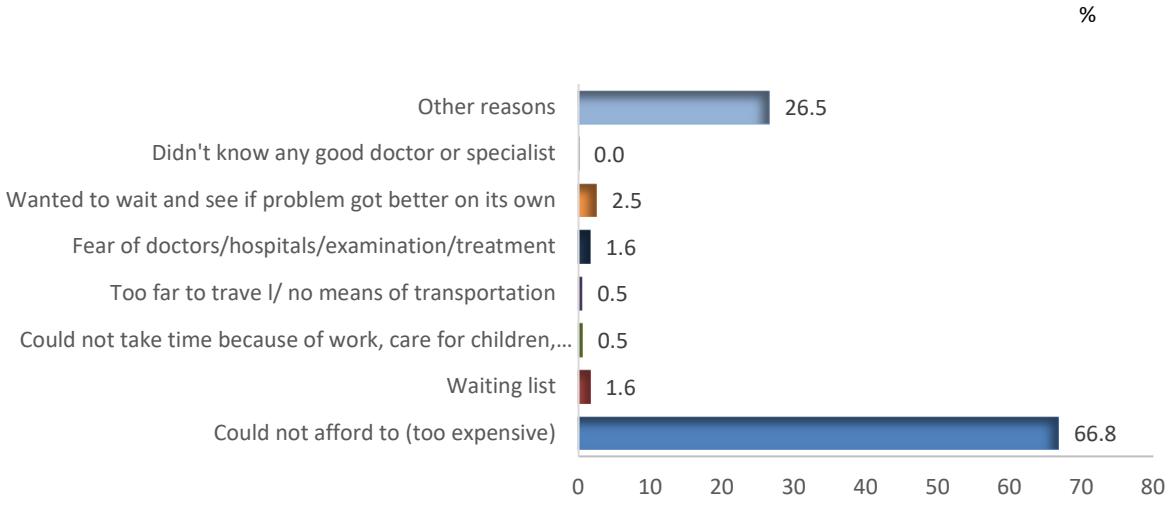
The main reasons reported for not taking medical examination or treatment, by the population who really needed such an examination or treatment (24.3%), are shown in Graph 10 below:

According to the survey results, 19.9% of the poor population aged 16 years and over, did not receive any medical examination or treatment each time they needed. The share for the non-poor population is 11.6% (Graph 9).

Graph 9. Unmet need for medical examination or treatment. Percentage distribution of poor and non-poor population aged 16 years and over, 2022



Graph 10. Main reason for unmet need for medical examination or treatment - Percentage distribution of population aged 16 years and over, who had the corresponding need, 2022



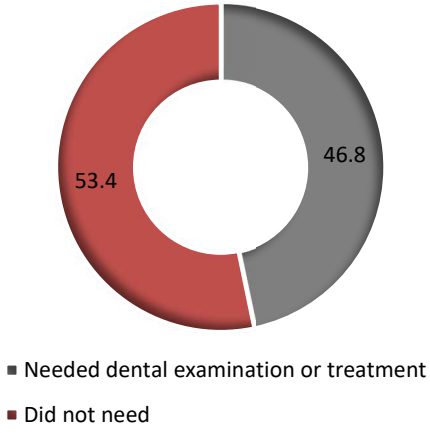
Economic reasons were reported by approximately 7 out of 10 (66.8%) persons.

D2. Dental/oral/orthodontic examination or treatment

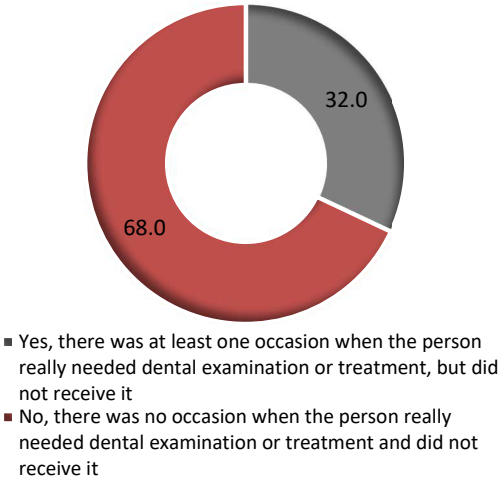
In accordance with scientific experts, oral health reduces the risk of many diseases. The survey recorded data on the use of services related to oral health, namely the need for dental/oral/orthodontic examination or treatment.

- During the 12 months before the survey was conducted, approximately 1 out of 2 (46.8 %) persons needed to have a dental/oral/orthodontic examination or treatment.
- 32.0 % of those who really needed dental/oral/orthodontic examination or treatment have failed to receive it each time they needed. The relevant data are depicted in Graphs 11 and 12, below:

Graph 11. Need for dental / oral /orthodontic examination or treatment. Percentage distribution of population aged 16 years and over, 2022

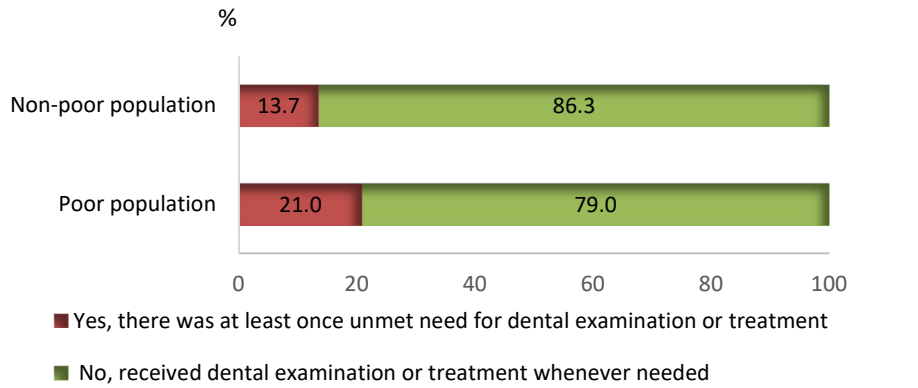


Graph 12. Unmet need for dental / oral /orthodontic examination or treatment. Percentage distribution of population aged 16 years old and over who had the corresponding need, 2022



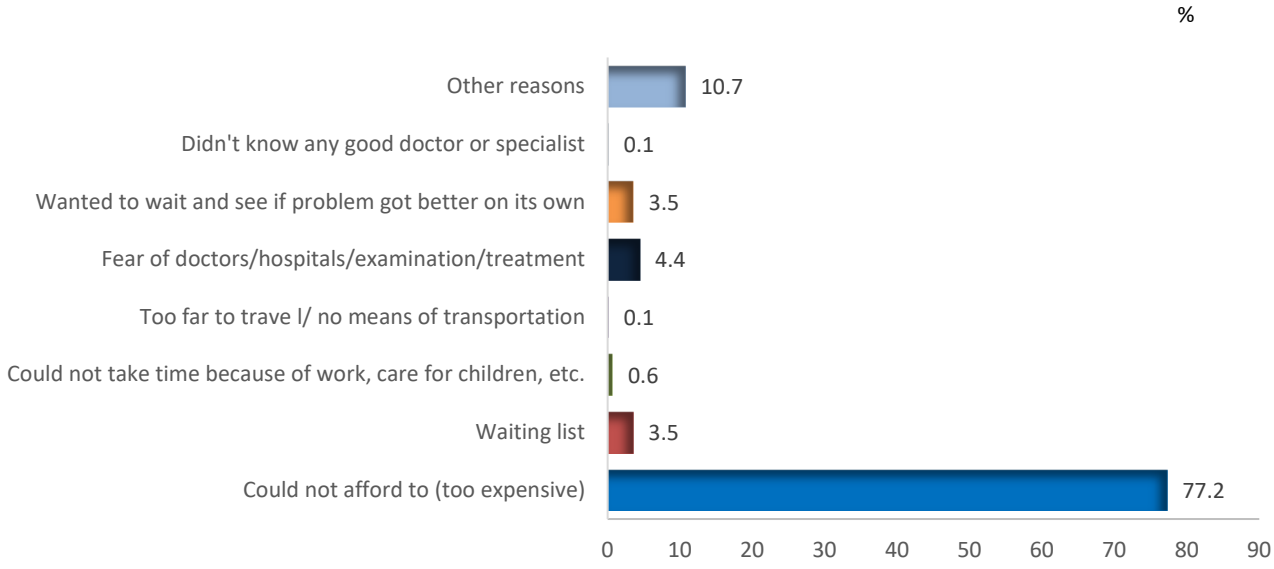
According to the survey results, 21.0 % of the poor population aged 16 and over failed to have a dental/oral/orthodontic examination or treatment each time they needed. The relevant share of non-poor population is 13.7 % (Graph 13).

Graph 13. Unmet need for dental / oral / orthodontal examination or treatment. Percentage distribution of poor and non-poor population aged 16 years and older, 2022



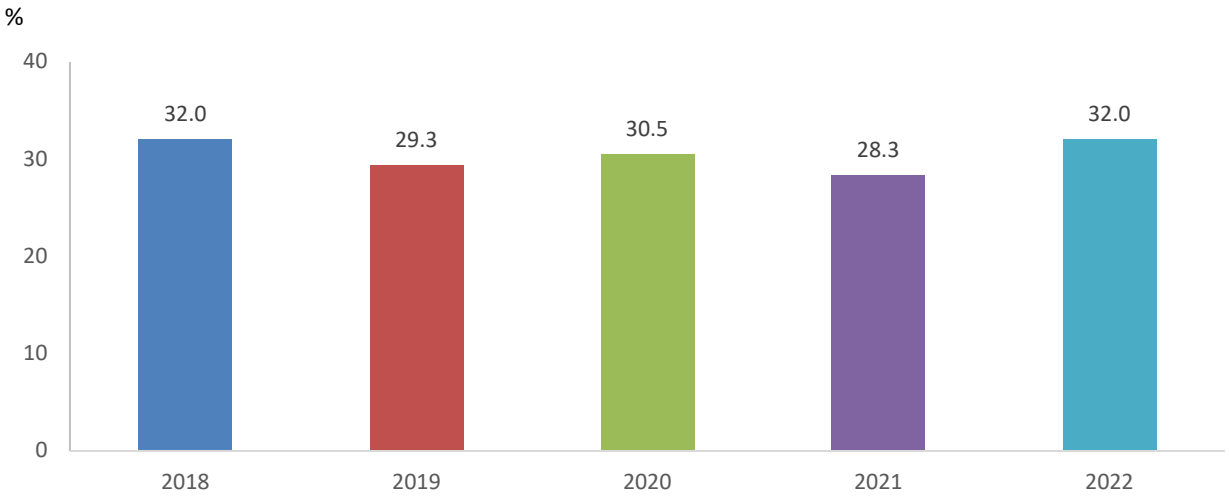
The main reasons reported for not taking dental/oral/orthodontic examination or treatment, by the population who really needed such an examination or treatment (32.0 %), are shown in Graph 14 below. Economic reasons were reported by approximately 9 out of 10 (87.5 %) persons.

Graph 14. Main reason for unmet need for dental examination or treatment - Percentage distribution of population aged 16 years and over who had the corresponding need, 2022



The satisfaction of the need for dental / oral / orthodontic examination or treatment for the years 2018-2022 is presented in the relevant Graph 15 below:

Graph 15. Unmet need for dental care or treatment. Percentage distribution of population aged 16 years and over, 2018-2022



D3. Frequency of visits to health practitioners

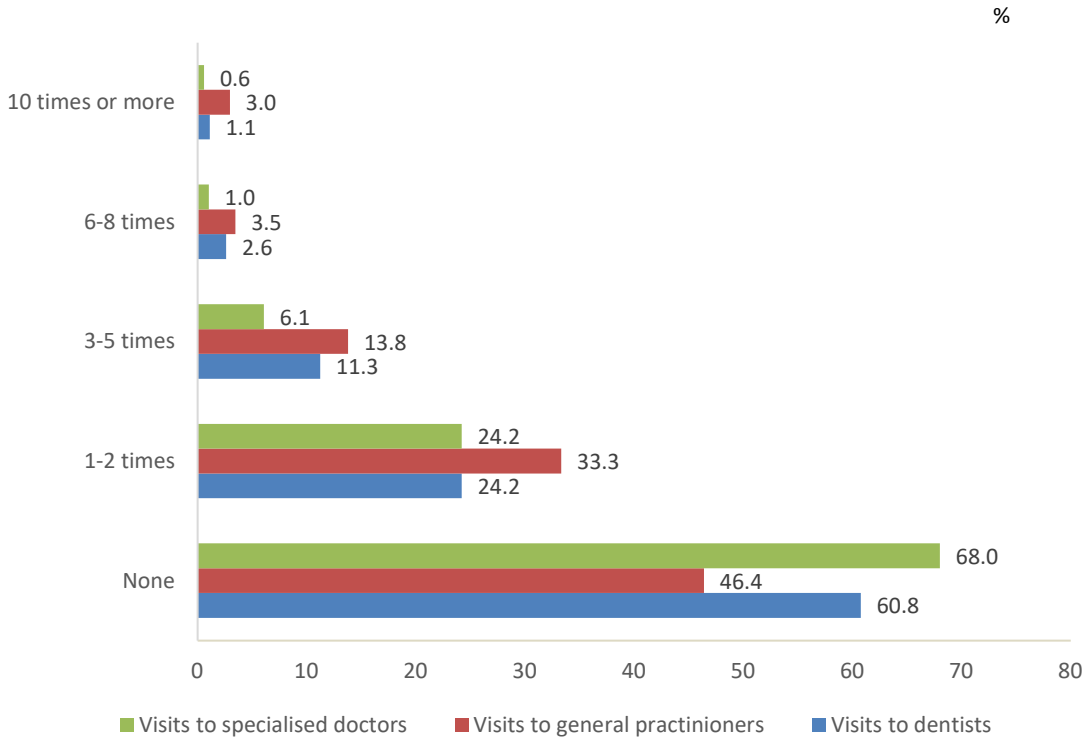
The survey investigates the frequency of visits by the population aged 16 and over during the last 12 months for their own health problem to: (a) a general practitioner, internist, or personal physician, (b) a doctor of another specialty for specialized medical services or a surgeon and (c) to a dentist/ stomatologist/ orthodontist.

During the last 12 months:

- 33.3% of the population aged 16 and over, visited 1-2 times a general practitioner, internist, or personal physician,
- 24.2% of the population aged 16 and over, visited 1-2 times a physician of another specialty for specialized medical services or a surgeon,
- 33.3% of the population aged 16, visited 1-2 times a dentist.

The above results are present in Graph 16 that follows:

Graph 16. Frequency of visits to doctors and dentists, 2022



E. HEALTH DETERMINANTS

The survey collected information on the factors that have a negative or positive impact on the health status of the population, such as physical activity, consumption of fruits and vegetables, smoking and alcohol consumption.

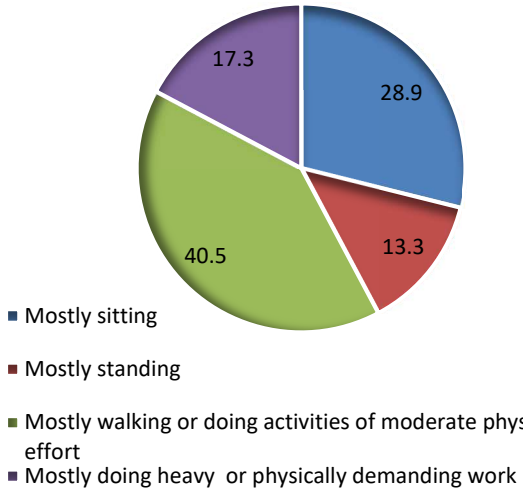
E1. PHYSICAL ACTIVITY AND EXERCISE

Physical activity means any kind of activities carried out by a person at home, at work, during free time or leisure, when doing sports or even when getting to and from places.

On the basis of the main work or the daily activity (for those who do work), and according to available survey data (Graph 17) it is observed that:

- approximately 3 out of 10 (28.9 %) working persons aged 16 and over, are mostly sitting and generally perform tasks demanding light physical activity.
- approximately 4 out of 10 (40.5%) working persons aged 16 and over, mainly do heavy work that requires intense physical activity. Vigorous physical activity is defined as activity that requires hard physical effort and that usually causes rapid breathing and a significant increase in heart rate.

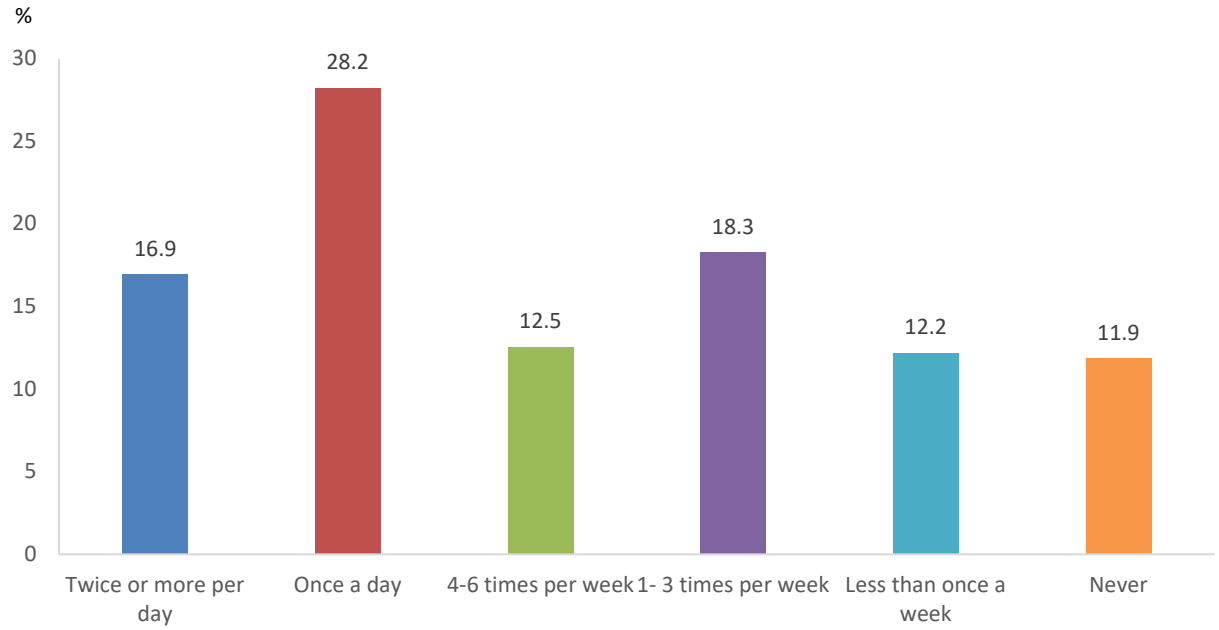
Graph 17. Percentage distribution of employed population aged 16 years and over by type of physical activity while working, 2022



Examples of such physically severe demanding works are: construction works, carrying heavy loads, use of heavy electrical equipment, mine works, loading and uploading, digging or shoveling, weeding, planting, etc.

The survey also records the amount of time, during a typical week, that the person engages in sports, exercise, or recreational exercise for at least 10 continuous minutes without interruption, activities that cause at least a small increase in breathing and in heartbeats. Physical activities that are done as part of work or as part of the main occupation are not included, such as for example housework for a housewife. It is included, though, travel, to and from work, school, the market / supermarket, etc., on foot or by bicycle lasting at least 10 minutes continuously, without interruption.

Graph 18. Time spent per week on physical activities (sports, fitness, etc.). Percentage distribution of population aged 16 years and over, 2022



Approximately 1 in 10 (11.9%) does not exercise at all during a typical week (Graph 18).

E2. FRUIT AND VEGETABLE CONSUMPTION

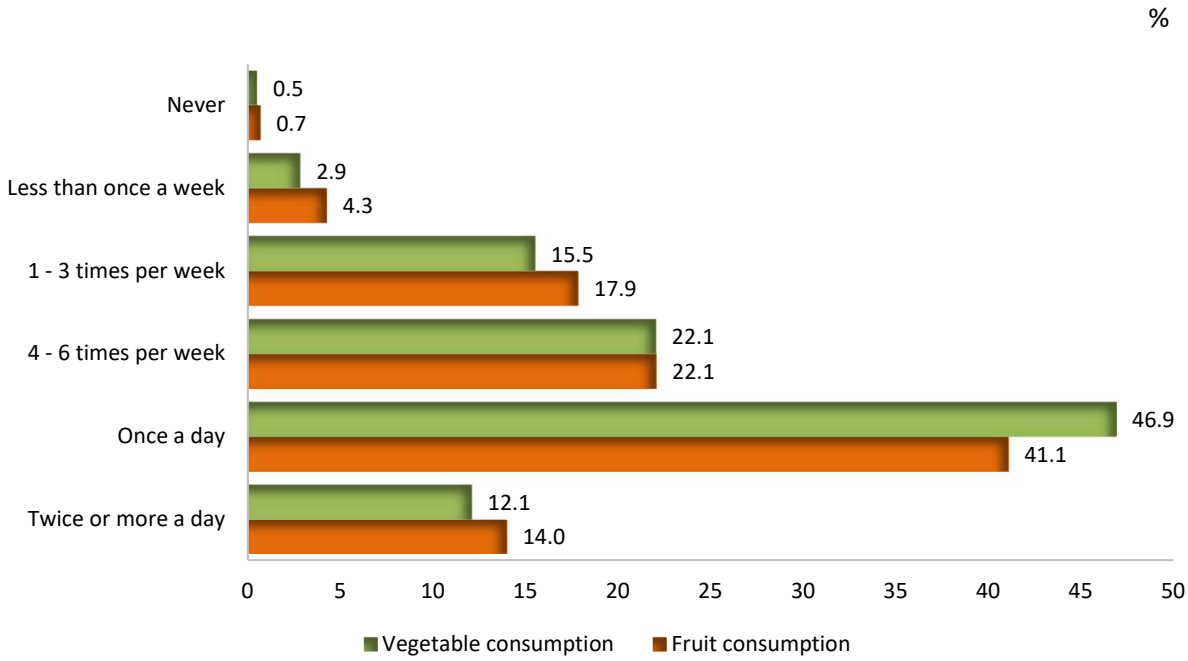
The survey collected information on the frequency of consumption of fruit (fresh, canned, dried or frozen) during a typical week, anywhere (home, restaurant, etc). Fruit juices are excluded.

Information was also collected as regards the frequency of consumption of vegetables and salads, fresh, frozen, dried, or canned vegetables. Pulses or legumes are included, while potatoes, providing mostly carbohydrates and therefore classified under the category of bread and cereals, are not included. Legume juices are excluded.

- approximately 4 out of 10 (41.1%) persons aged 16 and over, consume fruits daily, while 0.7% do not consume at all.
- more than 4 out of 10 (46.9%) persons aged 16 and over, consume vegetables or salads daily, while 0.5% do not consume at all.

Relevant Graph 19 follows:

Graph 19. Frequency of fruit and vegetable consumption, 2022

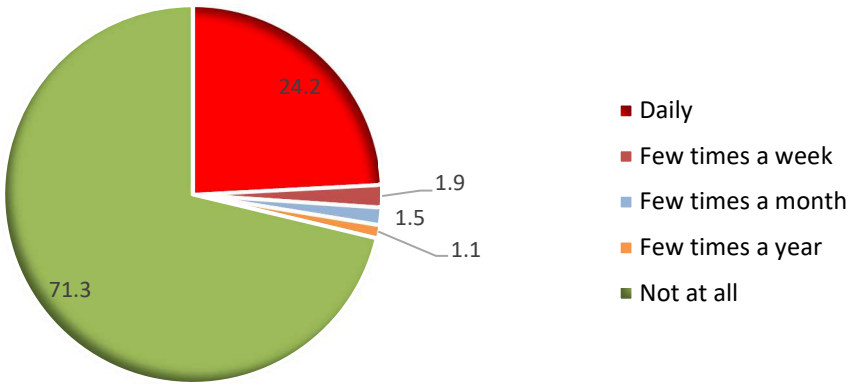


E3. SMOKING

The survey collected information regarding the smoking habits of the population during the last 12 months. The results (Graph 20) are listed below (electronic cigarettes are also included).

- 24.8% of the population aged 16 and over, smoke daily,
- 1.9% of the population aged 16 and over, smoke a few times a week,
- 1.5% of the population aged 16 and over, smoke a few times a month,
- 1.1% of the population aged 16 and over, smoke a few times a year,
- 71.3% of the population aged 16 and over did not smoke at all.

Graph 20. Type of smoking behaviour. Percentage distribution of population aged 16 years and over: 2022 %

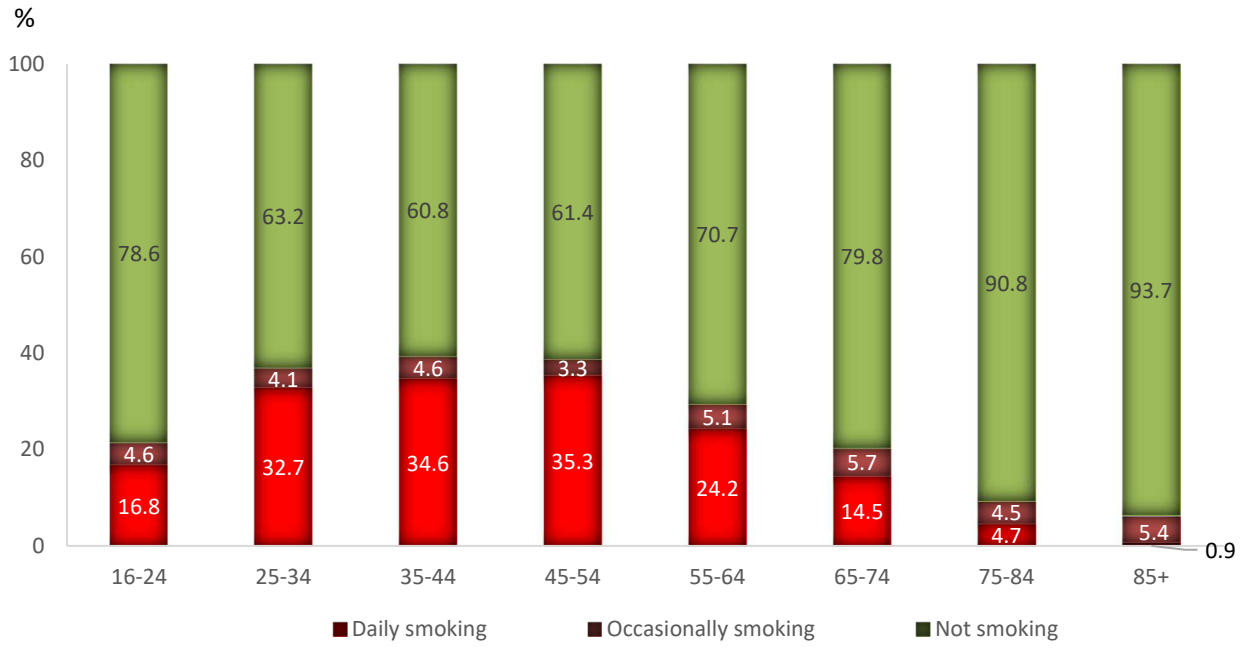


Differences are observed between men and women as regards the share of the population aged 16 and over that smoke daily:

- approximately 3 out of 10 (30.4%) men aged 16 years and over and
- less than 2 out of 10 (18.4%) women aged 16 and over.

The results for age group are presented in Graph 21.

Graph 21. Frequency of smoking. Percentage distribution of population aged 16 years and over, by age group, 2022



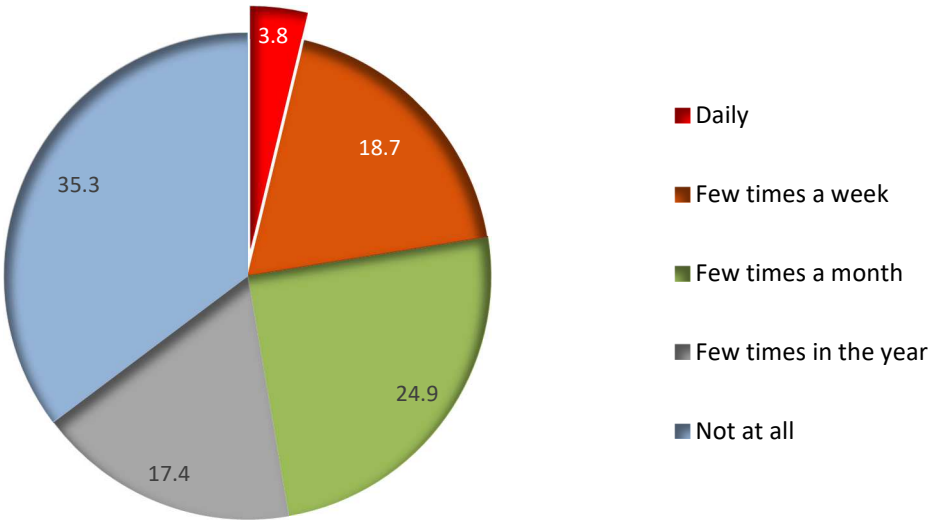
E4. ALCOHOL CONSUMPTION

The survey recorded information on the consumption of any type of alcoholic beverages (beer, wine, liqueur, whisky, ouzo, raki, tsipouro, etc.) and more specifically data on the frequency of alcohol consumption over the last 12 months, irrespective of the quantity. Alcoholic beverages are all drinks containing alcohol, namely ethanol.

More detailed data on the frequency of consumption of alcoholic beverages are shown in Graph 22 below:

Graph 22. Alcohol consumption. Percentage distribution of population aged 16 years and older, 2022

%



- 3.8% of the population aged 16 and over, consume alcoholic beverages daily,
- Less than 2 in 10 (18.7%) aged 16 and over, consume a few times a week,
- approximately 2 in 10 (24.9%) aged 16 and over, consume a few times a month,
- Less than 2 in 10 (17.4%) aged 16 and over, drink a few times a year,
- 35.3% of the population aged 16 and over did not drink at all.

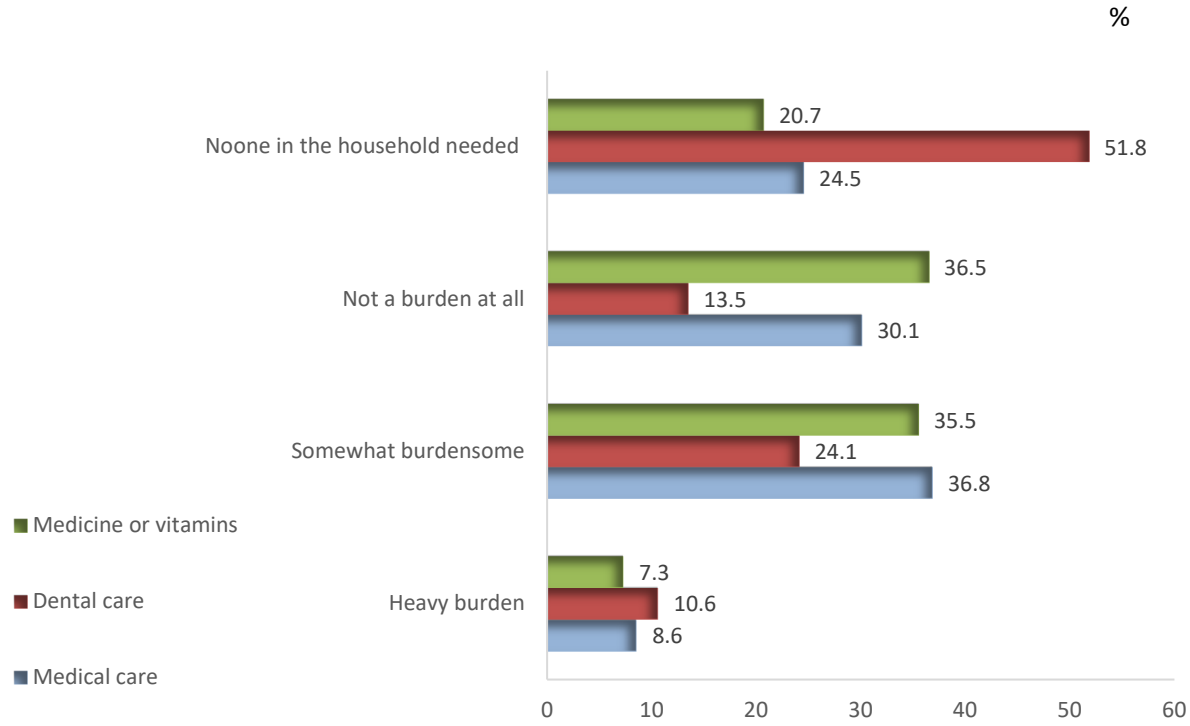
F. BURDEN OF HEALTH COSTS

The survey investigates whether health costs burdened households financially, during the last 12 months. The financial burden is considered separately for (a) provision of medical care (medical examinations, visits to doctors, hospitalizations, etc.), (b) provision of oral care (dental medical examinations or treatments, visits to dentists/orthodontists/orthodontists) and (c) purchase of drugs, herbs or vitamins (with or without a doctor's prescription, whether prescribed or not, excluding birth control pills and any other hormones used only for contraception).

- 8.6% of the population aged 16 and over, are financially burdened by the costs of providing medical care.
- 10.6% of the population aged 16 and over, are financially burdened by the costs of providing oral care.
- 7.3% of the population aged 16 and over, are financially burdened by the costs of purchasing medicines or medicines.

The following Graph 23 presents the above results:

Graph 23. Financial burden of the household for medical care, dental care, medicine, or vitamins, 2022



EXPLANATORY NOTES

European Union - Statistics on Income and Living Conditions - EU-SILC

The Survey on Income and Living Conditions (EU-SILC) is part of a European Statistical Programme in which all Member States participate, and which replaced, in 2003, the European Household Panel Survey with a view to improving the quality of statistical data concerning poverty and social exclusion. The basic aim of the survey is to study, both at national and European level, the households' living conditions mainly in relation to their income. This survey is the basic source for comparable statistics on income distribution and social exclusion at European level. The use of commonly accepted questionnaires, primary target variables and concepts – definitions ensure data comparability.

Legal basis

The survey is in compliance with the Regulation (EU) No 2019/1700 of the European Parliament and of the Council concerning Social Statistics and is conducted upon decision of the President of ELSTAT.

ncome reference period

The income reference period is a fixed twelve-month period, namely the previous calendar year.

Coverage

The survey covers all private households throughout the Country irrespective of their size or socio-economic characteristics. The following are excluded from the survey:

- Institutional households of all types (boarding houses, elderly homes, hospitals, prisons, rehabilitation centres, camps, etc.). Households with more than five lodgers are considered institutional households.
- Households with foreigners serving in diplomatic missions.

Methodology

The survey is a *simple rotational design* survey, which was selected as the most suitable for single cross- sectional and longitudinal survey. The final sampling unit is the household. The sampling units are the households and their members.

The sample for any year consists of 4 replications, which have been in the survey for 1-4 years. Except for the first three years of survey, any replication remains in the survey for 4 years. Each year, one of the 4 replications from the previous year is dropped and a new one is added. In order to have a complete sample the first year of survey, the four panels began simultaneously. For the EU-SILC longitudinal component, the people who were selected initially are interviewed for a period of four years, equal to the duration of each panel.

EU-SILC survey is based on a two-stage stratified sampling of households from a frame of sampling which has been created on the basis of the results of the 2011 population census and covers completely the reference population.

There are two levels of area stratification in the sampling design.

i) The first level is the geographical stratification based on the division of the total country area into thirteen (13) standard administrative regions corresponding to the European NUTS II level. The two major city agglomerations of Greater Athens area and Greater Thessaloniki area constitute two separate major geographical strata.

ii) The second level of stratification entails grouping municipalities and communes within each NUTS II Regions by degree of urbanization, i.e., according to their population size. The scaling of urbanization was finally designed in four groups:

- >= 30,000 inhabitants
- 5,000-29,999 inhabitants
- 1,000-4,999 inhabitants
- 0-999 inhabitants

Sample selection schemes

i) In this stage, from any ultimate stratum (crossing of region with the degree of urbanization), -say stratum h, n_h primary units were drawn; where the number n_h of draws was approximately proportional to the population size X_h of the stratum (number of households according to the 2011 population census).

ii) In this stage from each primary sampling unit (selected area) the sample of ultimate units (households) is selected. In the second stage a sample of dwellings is drawn. In most cases,

there is one to one relation between household and dwelling. If the selected dwelling consists of one or more households, then all of them are interviewed.
The survey was designed in 2003 to provide reliable estimates of interest at the national level. The original design was gradually modified from 2015, in order to achieve the main objectives of the European strategy "Europe 2020" as well as national needs. In 2019 the sample design based on the results of the "Study of the current sampling design of the Survey of Income and Living Conditions (SILC) with the objective to increase/adjust the sample at regional (NUTSII) level", in order to improve the estimates of regional EU-SILC indicators.

Sample size

In 2022, the survey was conducted on a final sample of 10,202 households and on 22,317 members of those households 19,481 of them aged 16 years and over. The average household size was calculated at 2.2 members per household.

Weightings

For the estimation of the characteristics of the survey the data of each person and household of the sample were multiplied by a reductive factor. The reductive factor results as product of the following three factors (weights):

a. The reverse probability of selection of an individual, that coincides with the reverse probability of selection of a household.

b. Reverse of the response rate of households inside the strata.

c. A corrective factor which is determined in a way that:

i) The estimation of persons by gender and age group that will result by geographic region coincides with the corresponding number, which was calculated with projection for the survey reference period and was based on vital statistics (2011 population census, Births, deaths, migration).
ii) The estimation of households by size order (1, 2, 3, or 4+ members) and by tenure status coincides with the reference year that was calculated with projection that was based on the longitudinal tendency of the 2011 and 2021 population censuses.

Equivalised income

Total disposable income of the household is considered the total net income (that is. income after deducting taxes and social contributions) received by all household members.

More specifically the income components included in the survey are:

- Income from work
- Income from property
- Social transfers and pensions
- Monetary transfers from other households
- Imputed income from the use of a company car.

Equivalent available individual income is considered the total available income of household after being divided by the equivalent size of household. The equivalent size of household is calculated according to the modified scale of OECD.

It is pointed out that in the distribution per person it is suggested that each member of the household possesses the same income that corresponds to the equivalised disposable income. This means that each member of the household enjoys the same level of living. Consequently, in the distribution per person, the income that is attributed to each person does not represent wages, but an indicator of level of living.
The total available income of the household is calculated as the sum of income of the household's members (income from salaried services, from self-employment, pensions, benefits of unemployment income from property, familial benefits, regular pecuniary transfers etc.) that is to say, the total of net earnings coming from all the sources of income after the abstraction of any benefits to other households. To this sum, the tax should also be added pertaining to the tax that potentially was returned and concerned the income declaration of the previous year.

Equivalence scale Equivalent size refers to the OECD modified scale which gives a weight of 1.0 to the first adult, 0.5 to other persons aged 14 or over who are living in the household and 0.3 to each child aged under 14. Example: The income of household with two adults and two children under 14 years of age is divided by 1+0.5+2X0.3=2.1. Accordingly, the income of the household with 2 adults is divided by 1+0.5=1.5 and the income of a household with 2 adults and 2 children aged 14 and over is divided by 1+0.5 +(2X0.5) =2.5. etc.

Population status

Non poor population: The percentage of population over the poverty threshold.
Poor population: The percentage of population under the poverty threshold.

Variables

Health status

- *Self-perceived general health*
- *Suffer from any chronic (long standing) illness or condition*
- *Limitation in activities because of health problems*

Health unmet needs

- *Unmet need for medical examination or treatment*
- *Main reason for unmet need for medical examination or treatment*
- *Unmet need for dental examination or treatment*
- *Main reason for unmet need for dental examination or treatment*

Health care

- *Financial burden of medical care*
- *Financial burden of dental care*
- *Financial burden of medicines*
- *Number of consultations with a general practitioner or family doctor in the past 12 months*
- *Number of consultations with dentist, orthodontist, or other dental care specialist in the past 12 months*
- *Number of consultations of medical or surgical specialist (excluding dentists, orthodontist, or other dental care specialist in the past 12 months*

Health determinants

- *BMI 1 Weight*
- *BMI 2 Height*
- *Type of physical activity when working*
- *Frequency of physical activities (excluding working)*
- *Frequency of eating fruit (excluding any juice)*
- *Frequency of eating vegetables or salad (excluding any juice)*
- *Frequency of tobacco use (including electronic cigarettes or similar electronic devices)*
- *Frequency of consumption of an alcoholic drink of any kind*

Details on health status and disability

- *Difficulty in seeing, even when wearing glasses or contact lenses*
- *Difficulty in hearing, even when using a hearing aid*
- *Difficulty in walking or climbing steps*
- *Difficulty in remembering or concentrating*
- *Difficulty with self-care as washing all over or dressing*
- *Difficulty in communicating (using usual language, for example understanding or being understanding by others)*

References For further information on the survey please visit ELSTAT's webpage at

Statistics on Income and Living Conditions (EU-SILC)