



**HEALTH: HEALTH STATUS, USE OF HEALTH CARE SERVICES,
HEALTH DETERMINANTS**
2025 Survey on Income and Living Conditions
(Income reference period: 2024)

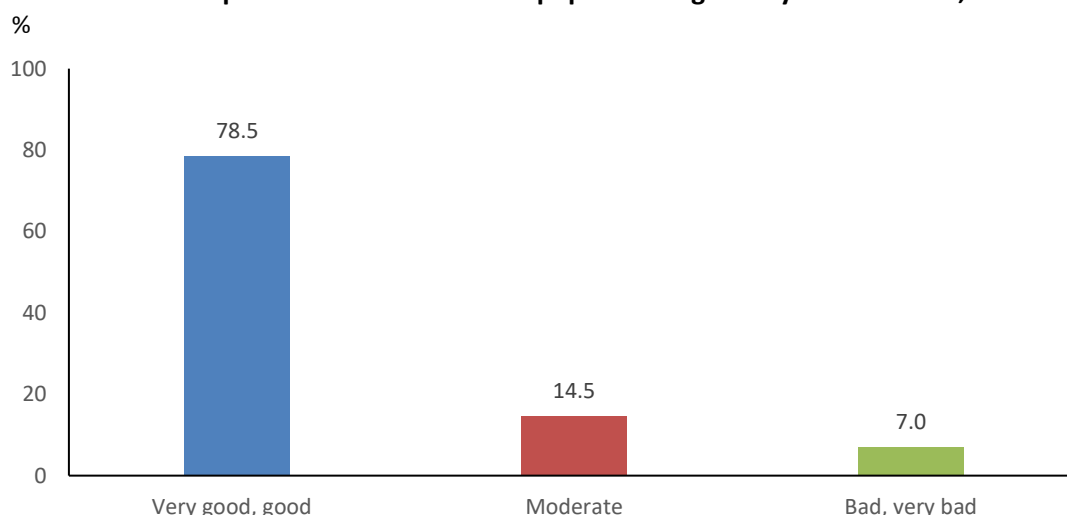
The Hellenic Statistical Authority (EL.STAT.) announces data on the health of the population aged 16 years and over. The data come from the 2025 Survey on Income and Living Conditions of Households. The survey, which is carried out annually, collects detailed information on the general health status of the population aged 16 years and over, as well as on the use of health services (medical and dental examinations carried out or not, and treatment received or not), depending on demographic characteristics (gender and age), education, occupation, and income.

Furthermore, the 2025 survey collected information on body mass index, on the ability of the population aged 16 years and over to perform basic functions (sight, hearing, movement, memory / concentration), on factors that affect – positively or negatively – the state of health, such as physical exercise, fruit and vegetable consumption, smoking, alcohol consumption, as well as on the household health expenditure burden, in the context of an additional survey carried out every three years.

A. GENERAL HEALTH STATUS

According to the survey results, 7.0% of the population aged 16 years and over, stated that they have very poor or poor health, 14.5% moderate, and 78.5% very good or good health (Graph 1).

Graph 1. Health status of the population aged 16 years and over, 2025



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24.0% of the population aged 16 years and over, have a chronic illness or condition (Graph 2). About 1 out of 4 women (26.5%) and 1 out of 5 men (21.4%) 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. The evolution of the index over time is presented in Graph 2 below.

Graph 2. Population aged 16 years and over with chronic illness or condition, 2022 – 2025

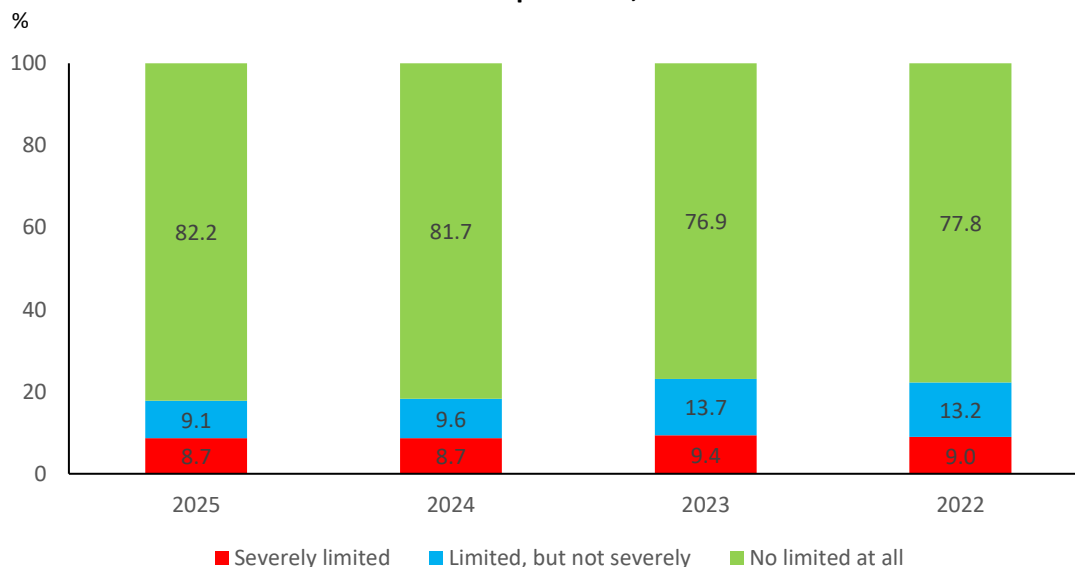


8.7% of the population aged 16 years and over have been severely limited in activities people usually do, for six months or more, because of a health problem, and 9.1% have been limited but not severely (Graph 3).

The Global Activity Limitation Indicator (GALI) assesses to what extent a respondent has been limited due to 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 extent 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: Population aged 16 years and over by level of activity limitation due to health problems, 2022–2025



B. PHYSIQUE

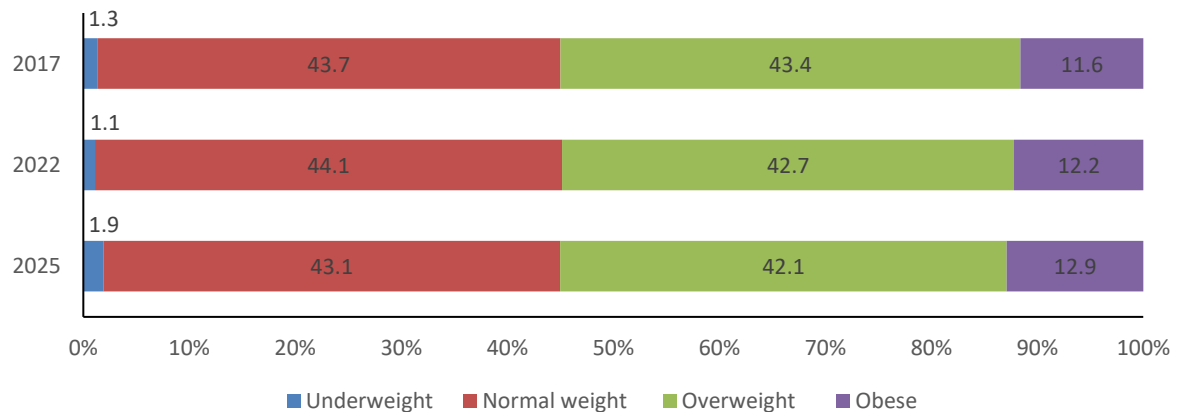
The Body Mass Index (BMI) is considered to be the most appropriate way to measure obesity in the population. It is widely used as a diagnostic tool of possible health problems of a person, in relation to one's weight. It is calculated on the basis of a person's weight, in kilograms, divided by the square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

Out of the total population aged 16 years and over:

- 1.9% are underweight (BMI < 18.5),
- 43.1% have normal weight (BMI: 18.5 – 24.9),
- 42.1% are overweight (BMI: 25 – 29.9),
- 12.9% are obese (BMI ≥ 30).

Graph 4 shows the Body Mass Index in 2025 compared to 2022 and 2017.

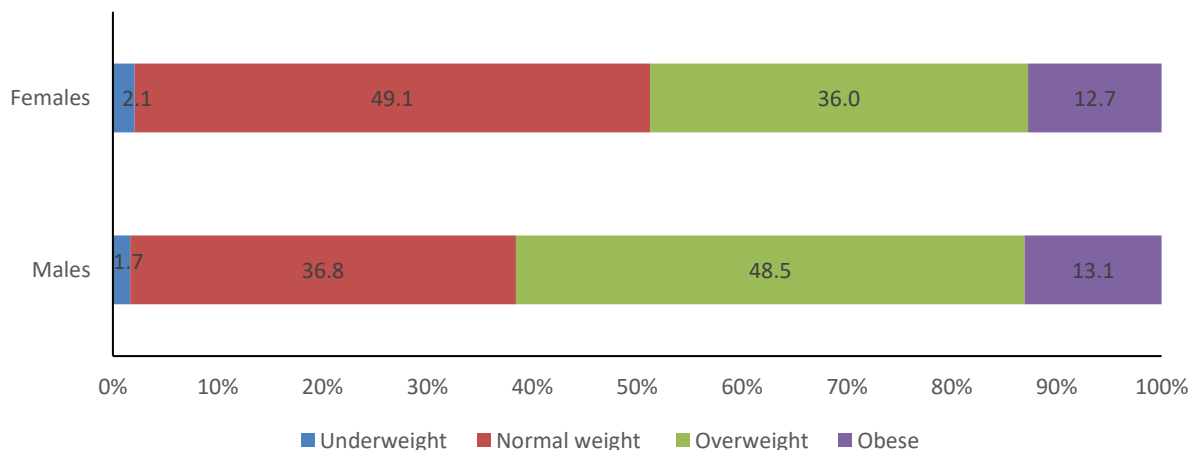
Graph 4. Body Mass Index (BMI) by category, for the years 2017, 2022 and 2025



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

- One out of two males (48.5%) are overweight while the corresponding ratio for females is more than three out of ten (36.0%).

Graph 5. BMI index of population aged 16 years and over (males, females), 2025



C. LIMITATIONS IN PHYSICAL AND SENSORY FUNCTIONS

The survey recorded data on physical and sensory functional limitations among persons aged 16 years and over and, more specifically, the extent to which a person experiences difficulty in seeing, hearing, moving and remembering/concentrating, regardless of whether these limitations are due to age, disease, accidents, or congenital conditions.

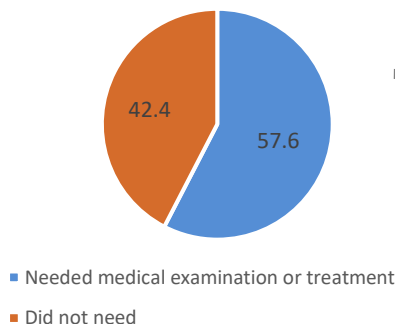
- 17.3% of the population aged 16 years and over has difficulty in seeing (some difficulty, a lot of difficulty, cannot see at all). 60.8% of them are aged 65 years and over.
- 9.9% of the population aged 16 years and over has difficulty in hearing (some difficulty, a lot of difficulty, cannot hear at all). 62.8% of them are aged 65 years and over.
- 15.1% of the population aged 16 years and over has 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). 62.6% of them are aged 65 years and over.
- 9.9% of the population aged 16 years and over has difficulty with memory/concentration (some difficulty, a lot of difficulty, not remembering anything or not being able to concentrate on what they are doing). 62.9% of them are aged 65 years and over.
- 8.0% of the population aged 16 years and over has difficulty with selfcare (some difficulty, great difficulty, unable to care for themselves, such as washing all over, dressing, etc.). 62.1% of them are aged 65 years and over.
- 5.2% of the population aged 16 years and over has difficulty in communicating with other people (some difficulty, great difficulty, not understanding others or being understood, even though they speak the same language). 56.7% of them are aged 65 years and over.

D. USE OF HEALTH SERVICES

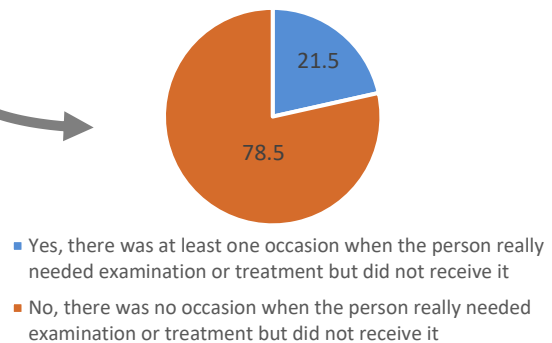
D1. Medical examination or treatment

During the 12 months preceding the survey, approximately 6 in 10 adults (57.6%) aged 16 years and over needed medical examination or treatment. Of those who really needed medical examination or treatment, 21.5% 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, 2025.

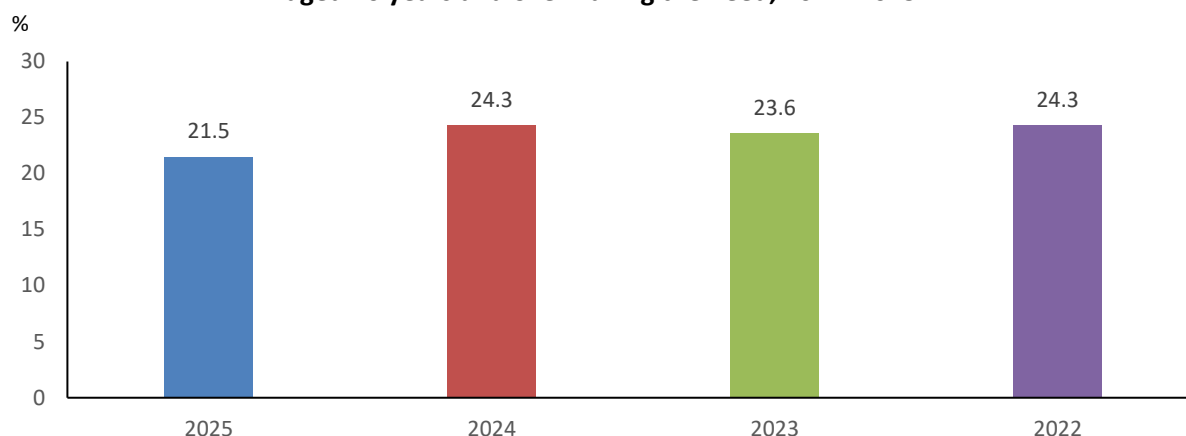


Graph 7. Unmet need for medical examination or treatment. Percentage distribution of population aged 16 years and over having the need, 2025.



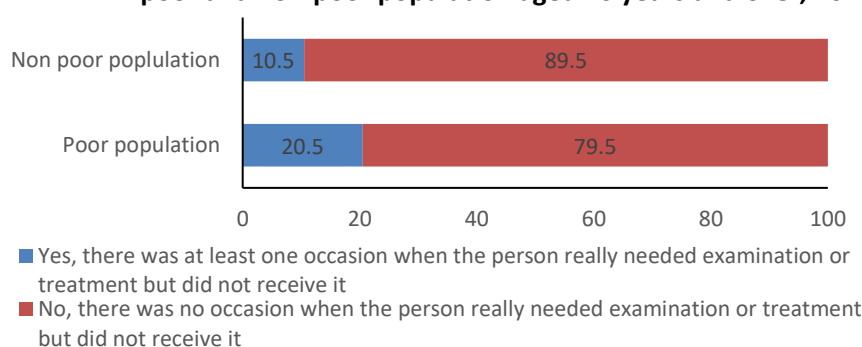
The unmet need for medical examination or treatment for the years 2022-2025 is presented in the relevant Graph 8, below.

Graph 8. Unmet need for medical examination or treatment. Percentage distribution of population aged 16 years and over having the need, 2022–2025.



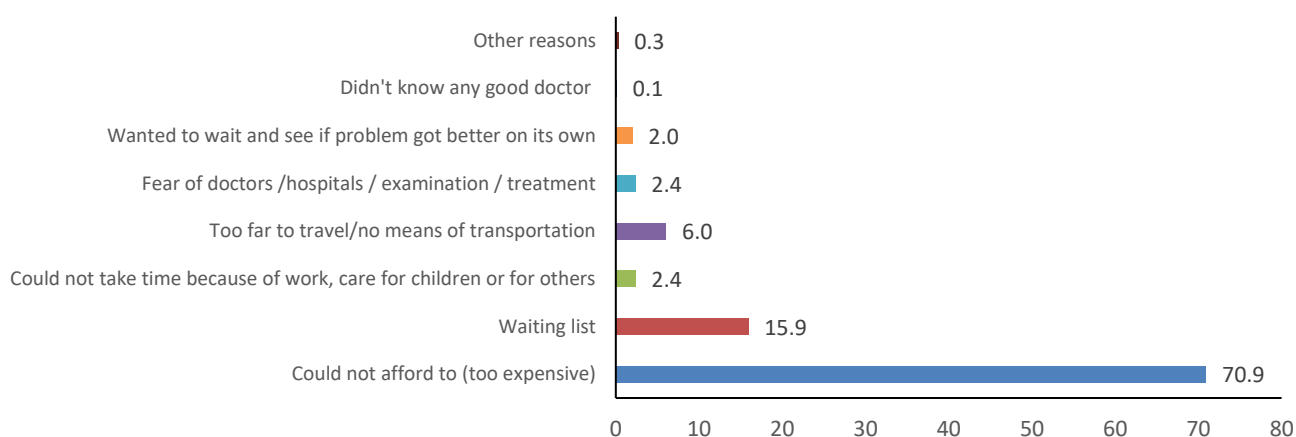
According to the survey results, 20.5% of the poor population aged 16 years and over did not receive any medical examination or treatment each time they needed it. The share for the non-poor population is 10.5% (Graph 9).

Graph 9. Unmet need for medical examination or treatment. Percentage distribution of poor and non-poor population aged 16 years and over, 2025.



The main reasons reported for not taking medical examination or treatment, by the population who really needed such an examination or treatment (21.5%), are shown in Graph 10, below.

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, 2025.



Economic reasons were reported by approximately 7 out of 10 (70.9%) persons.

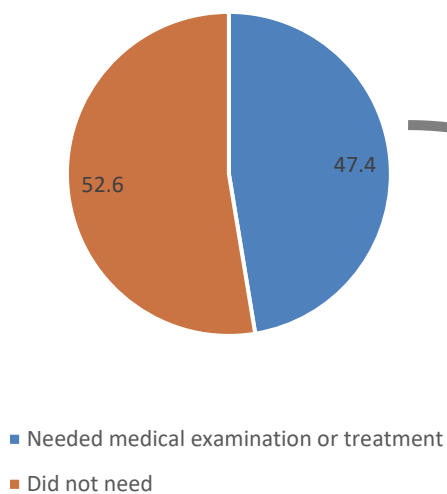
D2. Dental/oral/orthodontic examination or treatment

According to 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.

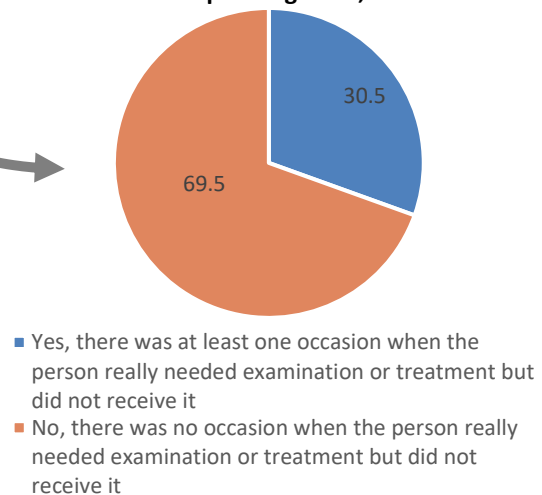
During the 12 months before the survey was conducted, approximately 1 out of 2 (47.4 %) persons needed to have a dental/oral/orthodontic examination or treatment.

30.5 % of those who really needed dental/oral/orthodontic examination or treatment failed to receive it each time they needed it. The relevant data are depicted in Graphs 11 and 12, below:

Graph 11. Need for dental examination or treatment. Percentage distribution of population aged 16 years and over, 2025.

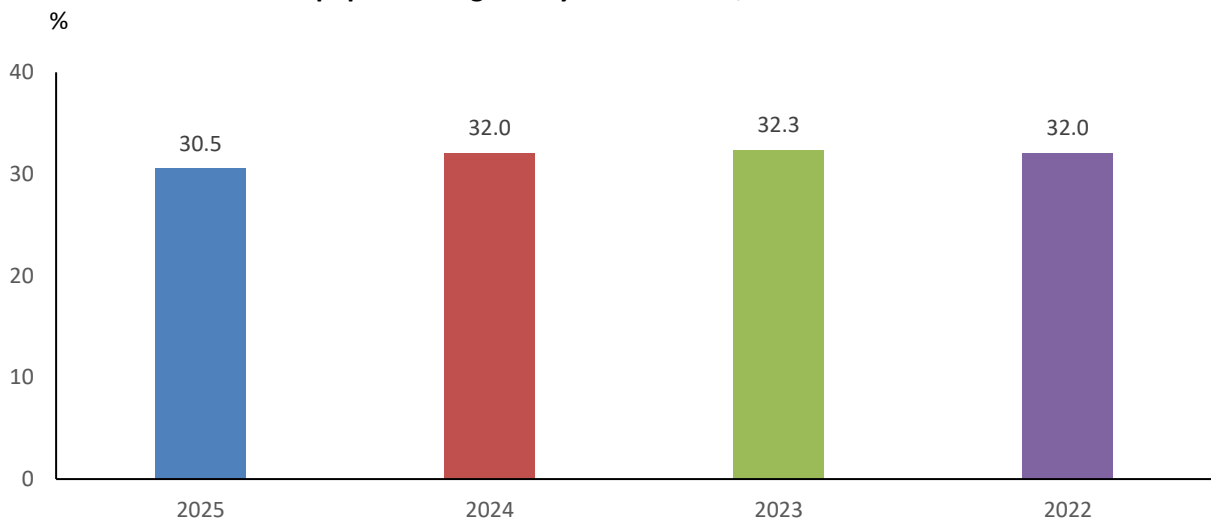


Graph 12. Unmet need for dental / oral /orthodontic examination or treatment. Percentage distribution of population aged 16 years old and over who had the corresponding need, 2025.



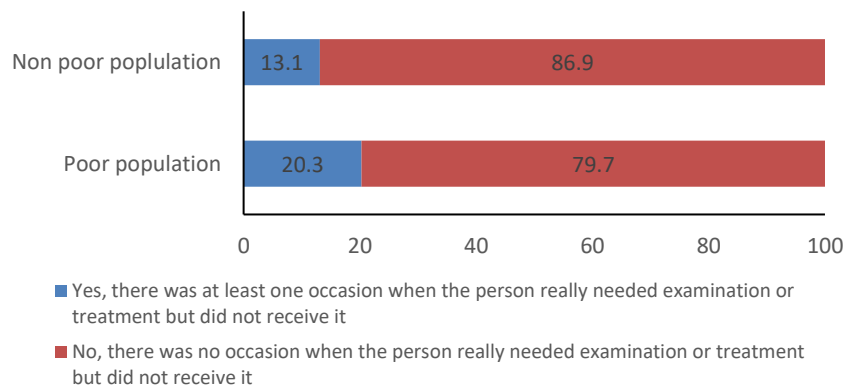
The satisfaction of the need for dental/oral/orthodontic examination or treatment for the years 2022-2025 is presented in the relevant Graph 13, below:

Graph 13. Unmet need for dental examination or treatment. Percentage distribution of population aged 16 years and over, 2022-2025.



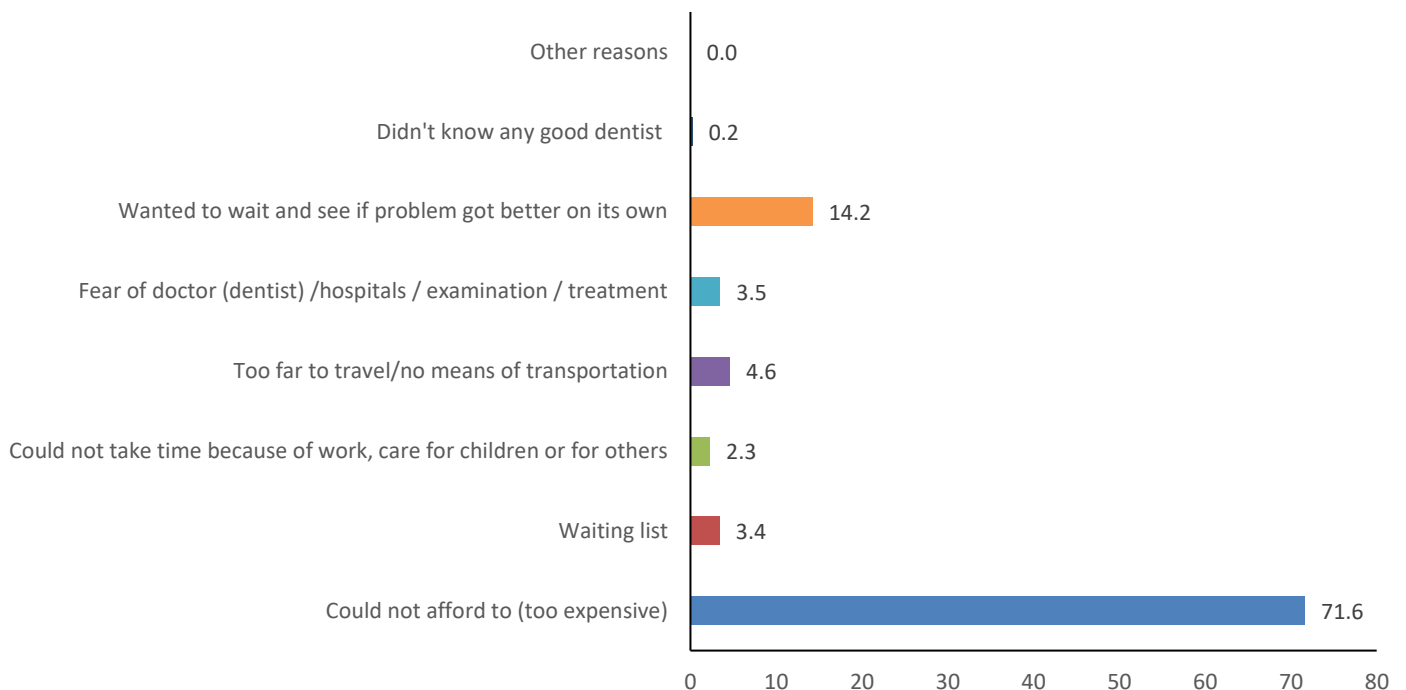
According to the survey results, 20.3 % of the poor population aged 16 and over failed to have a dental/ oral/ orthodontic examination or treatment each time they needed it. The relevant share of non-poor population is 13.1 % (Graph 14).

Graph 14. Unmet need for dental / oral / orthodontal examination or treatment. Percentage distribution of poor and non-poor population aged 16 years and over, 2025.



The main reasons reported for not taking dental/oral/orthodontic examination or treatment, by the population who really needed such an examination or treatment (30.5 %), are shown in Graph 15 below. Economic reasons were reported by approximately 7 out of 10 (71.6 %) persons.

Graph 15. Main reason for unmet need of dental examination or treatment - Percentage distribution of population aged 16 years and over who had the corresponding need, 2025 (%)



D3. Frequency of visits to health practitioners

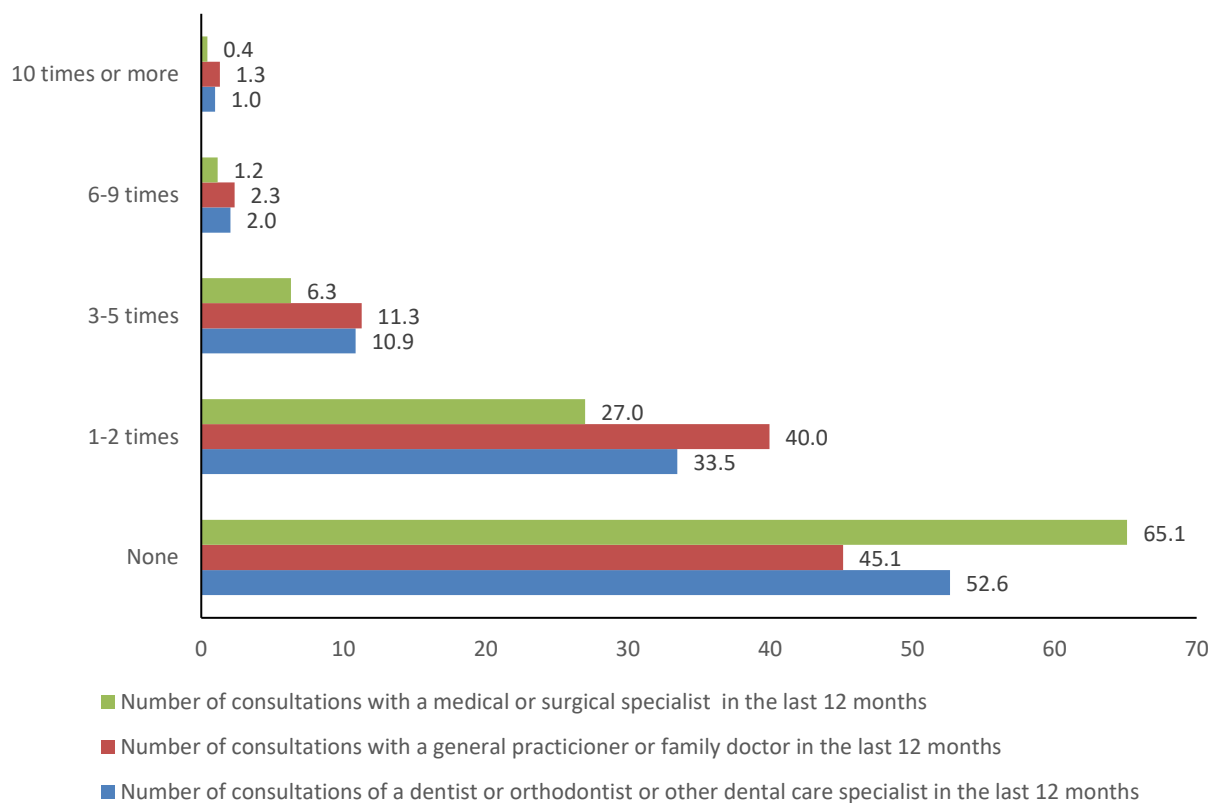
The survey examined the frequency of visits by the population aged 16 and over during the last 12 months for their own health problem to: (a) a general practitioner, internist, or personal physician, (b) a doctor of another specialty for specialized medical services or a surgeon and (c) a dentist/stomatologist/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

During the last 12 months:

- 40.0% of the population aged 16 years and over, visited a general practitioner, internist, or personal physician once or twice,
- 27.0% of the population aged 16 years and over, visited a physician of another specialty for specialized medical services or a surgeon, once or twice,
- 33.5% of the population aged 16 years and over, visited a dentist/stomatologist/orthodontist, once or twice.

The above results are present in Graph 16 as follows:

Graph 16. Frequency of visits to doctors and dentists, 2025 (%)



E. HEALTH DETERMINANTS

The survey also 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.

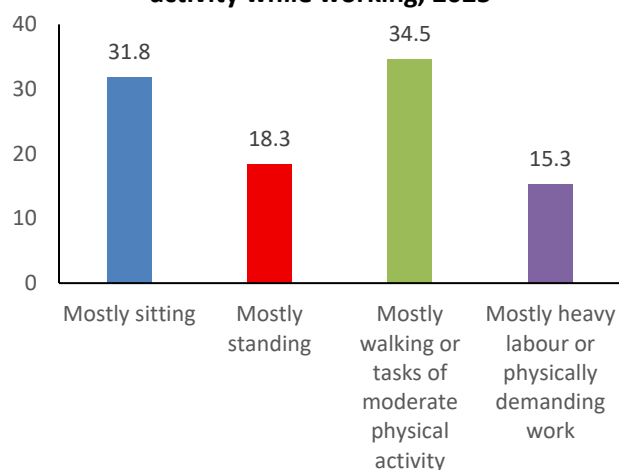
E1. PHYSICAL ACTIVITY AND EXERCISE

Physical activity means any kind of activity 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 work), according to the survey data (Graph 17) it is observed that:

- approximately 3 out of 10 (31.8 %) working persons aged 16 years and over, are mostly sitting.
- 15.3% of working persons aged 16 years 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.

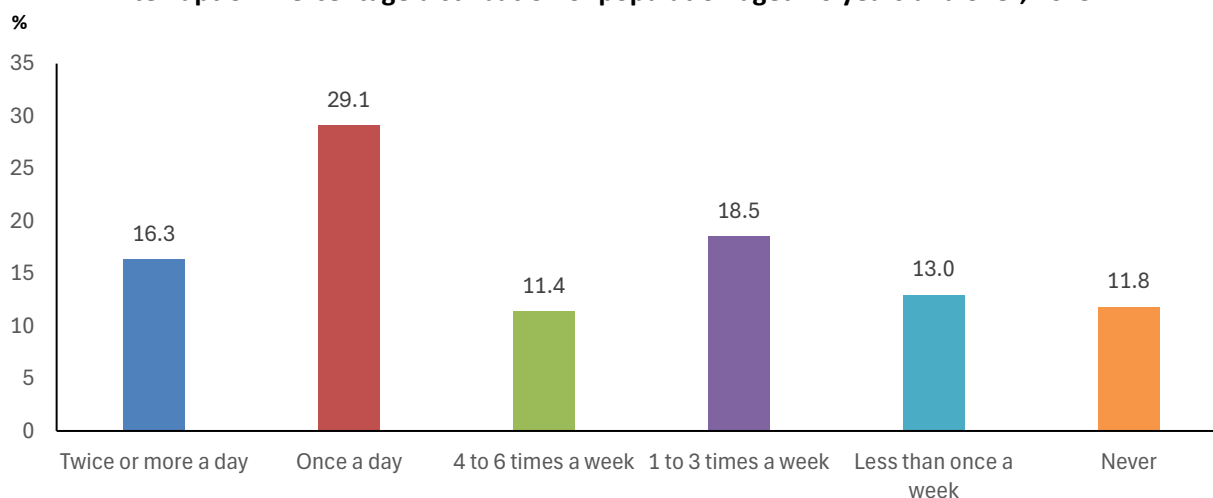
Graph 17. Percentage distribution of employed population aged 16 years and over by type of physical activity while working, 2025



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

The survey also recorded 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 performed 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. Approximately 1 in 10 persons (11.8%) do not exercise at all during a typical week (Graph 18).

Graph 18. Frequency of physical activities (sports, fitness, etc.) for at least 10 minutes without interruption. Percentage distribution of population aged 16 years and over, 2025.



E2. FRUIT AND VEGETABLE CONSUMPTION

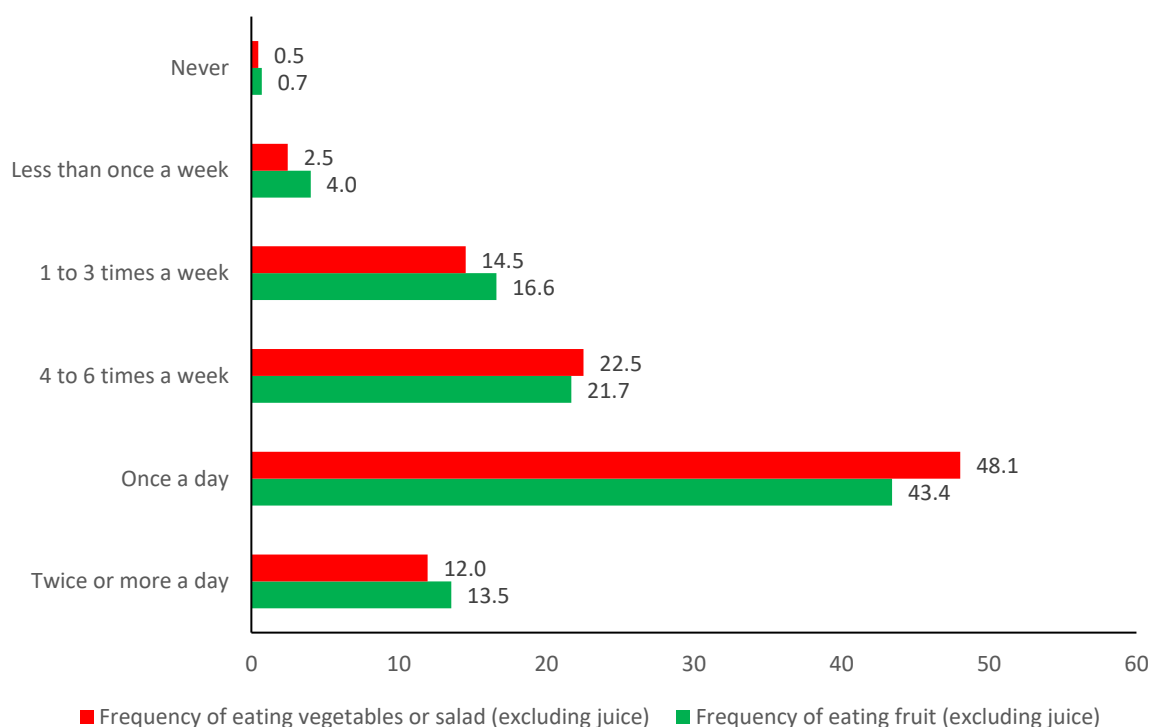
The survey collected information on the frequency of consumption of fruit (fresh, canned, dried or frozen) during a typical week, anywhere (home, restaurant, etc.). Fruit juices are excluded.

Information was also collected regarding the frequency of consumption of vegetables (fresh, frozen, canned, dried) and salads. 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.

- 6 out of 10 (60.1%) persons aged 16 years and over, consume vegetables or salads daily (at least once a day), while 0.5% do not consume at all.
- Approximately 6 out of 10 (56.9%) persons aged 16 years and over, consume fruit daily (at least once a day), while 0.7% do not consume at all.

The above are depicted in the following Graph 19.

Graph 19. Frequency of fruit and vegetable consumption, 2025 (%)

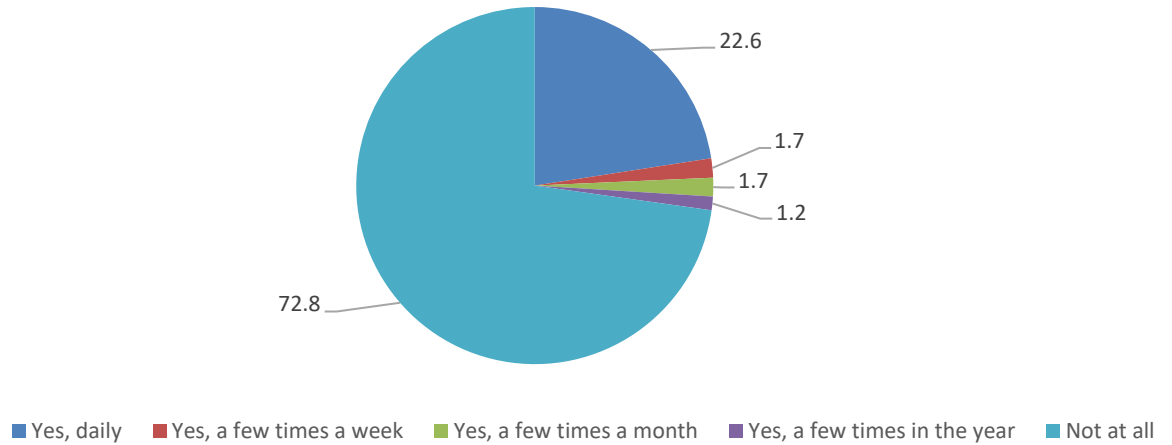


E3. SMOKING

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).

- 22.6% of the population aged 16 years and over, smoke daily
- 1.7% of the population aged 16 years and over, smoke a few times a week
- 1.7% of the population aged 16 years and over, smoke a few times a month
- 1.2% of the population aged 16 years and over, smoke a few times a year
- 72.8% of the population aged 16 years and over, do not smoke at all

Graph 20. Frequency of smoking. Percentage distribution of population aged 16 years and over: 2025

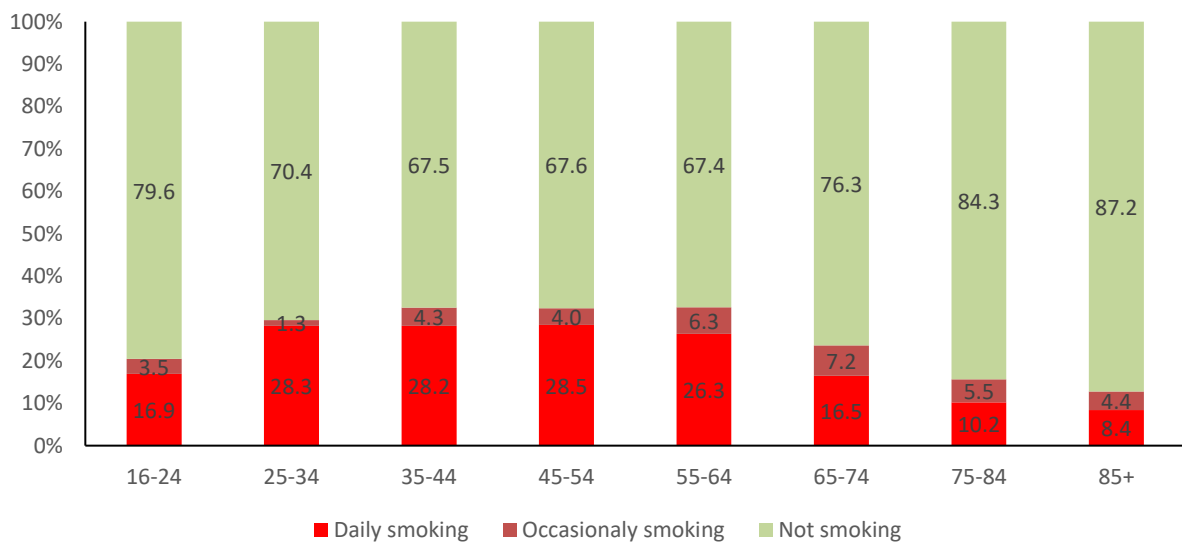


Differences are observed between males and females as regards the share of the population aged 16 and over that smoke daily:

- approximately 3 out of 10 (29.6%) males aged 16 years and over and,
- less than 2 out of 10 (15.9%) females aged 16 and over.

The results for age groups are presented in Graph 21 that follows.

Graph 21. Frequency of smoking. Percentage distribution of population aged 16 years and over, by age group, 2025

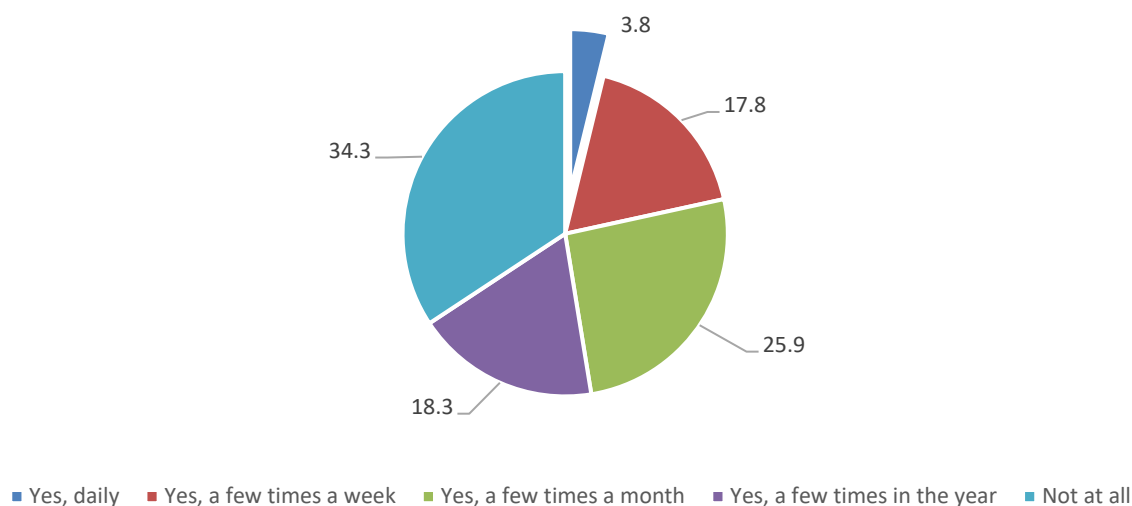


E4. ALCOHOL CONSUMPTION

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 over, 2025.



- 3.8% of the population aged 16 years and over, consume alcoholic beverages daily
- Less than 2 in 10 (17.8%) aged 16 years and over, consume a few times a week
- Approximately 1 in 4 (25.9%) aged 16 years and over, consume a few times a month
- Less than 2 in 10 (18.3%) aged 16 years and over, consume a few times a year
- Approximately 1 in 3 (34.3%) persons aged 16 years and over do not consume alcohol at all

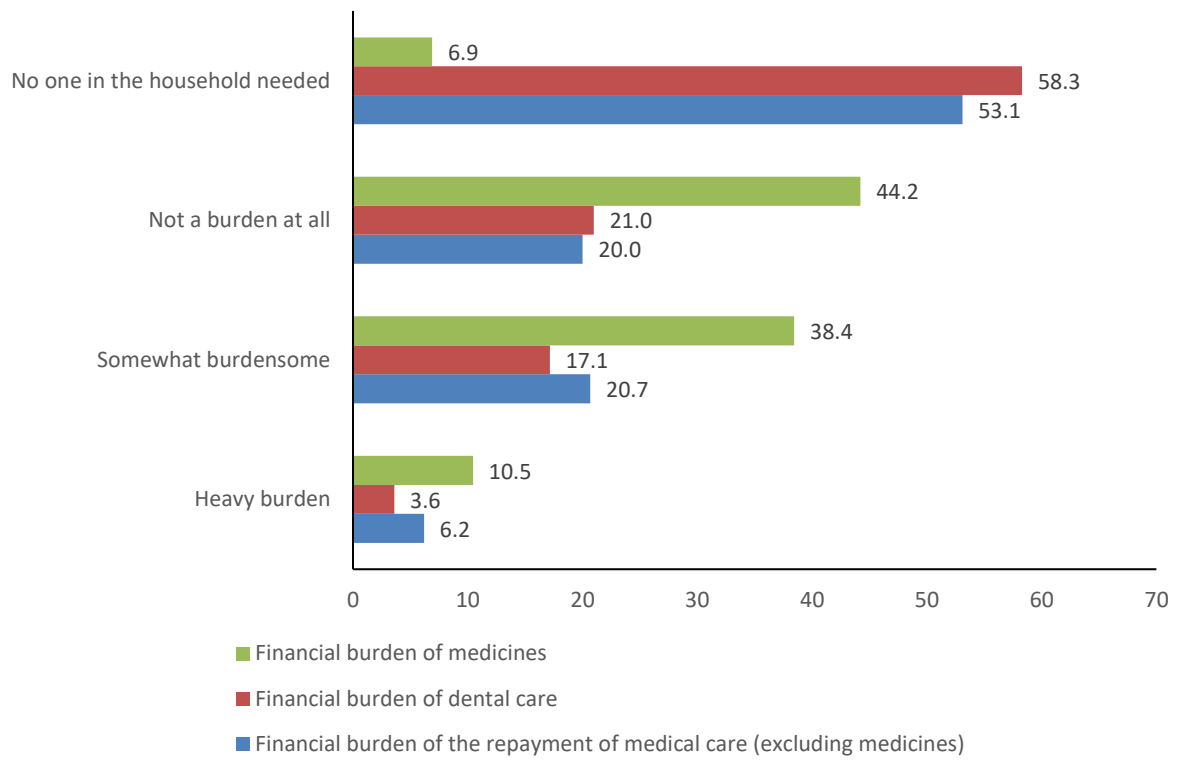
F. BURDEN OF HEALTH COSTS

The survey investigated 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, excluding birth control pills and any other hormones used only for contraception).

- 6.2% of the population aged 16 years and over, were financially heavily burdened by the costs of providing medical care.
- 3.6% of the population aged 16 years and over were financially heavily burdened by the costs of providing oral care.
- 10.5% of the population aged 16 years and over were financially heavily burdened by the costs of purchasing medicines or vitamins.

The following Graph 23 presents the respective results.

Graph 23. Financial burden of the household for medical care, dental care, medicine, or vitamins, 2025 (%)



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 compliant with the Regulation (EU) 2019/1700 of the European Parliament and of the Council concerning Social Statistics and is being conducted upon Decision of the President of ELSTAT.

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

Coverage The survey covers all private households throughout the country irrespectively 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 conducted under a simple rotational design, which was selected as the most suitable for a single cross-sectional and longitudinal survey. The final sampling unit is the household. The sampling units are the households and their members.

Every year the sample consists of 4 replications, which have been in the survey for 1-4 years. Except for the first three years of the survey, any particular 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 the survey, the four panels began simultaneously. For the EU-SILC longitudinal component, the people who were initially selected 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 population census and covers completely the reference population.

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

The first level is the geographical stratification based on the division of the total area of the Country into thirteen (13) formal administrative Regions corresponding to the European NUTS II level. The two major city agglomerations of Greater Athens area and Greater Thessalonica area constitute two separate major geographical strata.

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

- $\geq 30,000$ 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 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 and, 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. 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 2025, the survey was conducted on a final sample of 10,408 households and on 21,392 members of those households – 19,067 of them aged 16 years or over. The average household size was calculated at 2.1 members per household.
Weightings	<p>For the estimation of the survey characteristics. 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):</p> <ol style="list-style-type: none">The reverse probability of selection of the individual, that coincides with the reverse probability of selection of the household.The reverse of the response rate of households inside the strata.A corrective factor, which is determined in a way that:<ol style="list-style-type: none">The estimation of persons by gender and age groups that will result by geographic region (NUTSII) coincides with the corresponding number that was calculated with projection based on vital statistics (2021 population census, births, deaths, migration) for the reference year of the survey.The estimation of the number of households by size class (1, 2, 3, or 4+ members) and by tenure status coincides with the corresponding numbers of the reference year of the survey based on 2021 population census.
Equivalised income	<p>As equivalised disposable income of the individual is considered the total disposable 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.</p> <p>It is pointed out that in the income distribution per person it is suggested that each member of the household possesses the same income, i.e., the equivalised disposable income of the household. This means that each member of the household enjoys the same level of living. Consequently, in the income distribution per person, the income that is attributed to each person does not represent wages but an indicator of the level of living.</p> <p>The total disposable income of the household is calculated as the sum of incomes of all household members (income of employees, of self-employed persons, pensions, benefits of unemployment, income related to real estate, family benefits, regular monetary transfers etc.) that is to say, the total of net earnings coming from all the sources of income after the deduction of any transfers to other households. To this amount, any tax returns related to potential netting of income of the previous year, should also be added.</p>
Equivalence scale	Equivalent household size refers to the OECD modified scale which gives a weight of 1.0 to the first adult of the household, 0.5 to other persons aged 14 or over and 0.3 to each child under 14 years of age. <u>Example:</u> The income of a household with two adults and two children under 14 years is divided with a weight of $(1+0.5+(2 \times 0.3))= 2.1$, of household with two adults

is divided with $(1+0.5=)$ 1.5, of a household with two adults and two children above 14 years is divided with $(1+(3\times 0.5)=)$ 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 alcoholic drinks 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 like washing all over or dressing*
- *Difficulty in communicating (using usual language, for example understanding or being understood by others)*

References For further information on the survey please visit ELSTAT's webpage on [Statistics on Income and Living Conditions \(EU-SILC\)](#)