



PRESS RELEASE

HEALTH STATUS FOR ADULTS AND CHILDREN 2017 Survey on Income and Living Conditions (Income reference period 2016)

The Hellenic Statistical Authority (ELSTAT) announces data on the health status of the population aged 16 years and over, as well as on the health status of children aged up to 15 years old. The data derive from the sampling Survey on Income and Living Conditions of Households (SILC) of the year 2017.

The survey, which is conducted yearly, collects analytical data on the health of population aged 16 years and over, as well as on the use of health care services (having or not medical and dental examinations or treatment) on the basis of demographic characteristics (age and gender), educational level, activity status and income.

More specifically, the 2017 survey collected data for 7,071 households and 13,947 individuals –constituting the new sub-sample (panel) for the year 2017. The collected data refer to the capacity of the population aged 16 years and over for basic functions (vision, hearing, mobility, memory / concentration), for the use of hospital care services or the use of home care services (medical or not), as well as to health determinants, i.e. factors influencing health positively or negatively, such as physical activity, consumption of fruits and vegetables, smoking, alcohol consumption.

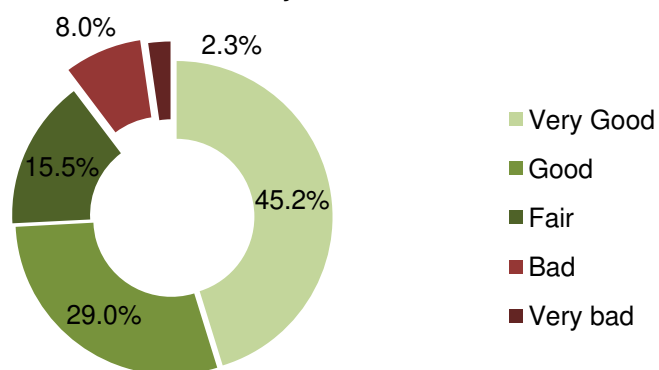
In 2017, from the total sample of households, data have been collected on the health status of children aged 0 to 15 years old and on the use of health care services.

I. GENERAL HEALTH STATUS

Ia. GENERAL HEALTH STATUS OF ADULTS AGED 16 YEARS OLD AND OVER

General health status refers to the self-perceived health status of the respondent. 74.2% of the population aged 16 years and over report very good or good health, 15.5% fair health and 10.3% bad or very bad (Graph 1).

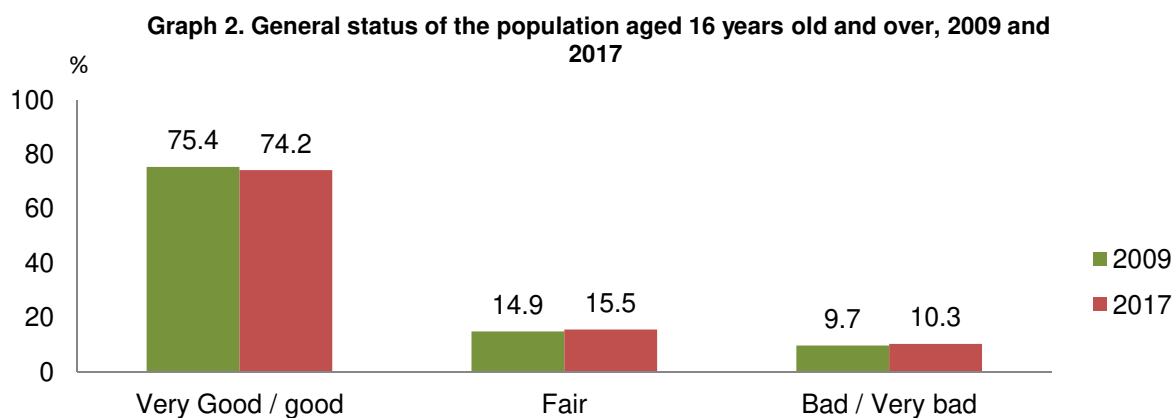
Graph 1. General health status of the population aged 16 years old and over



Information:

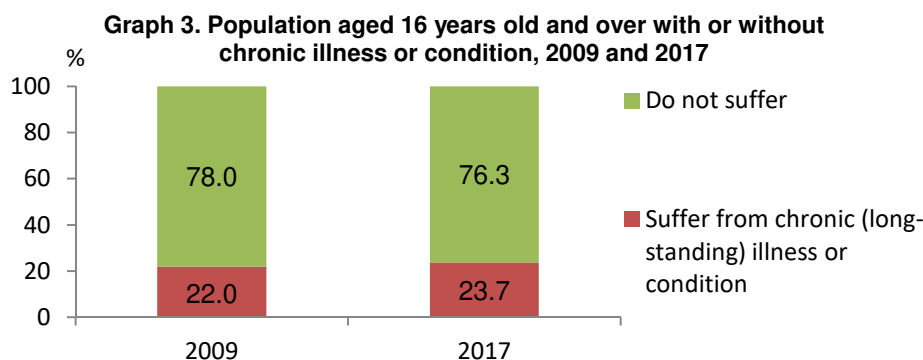
Population and Labour Market Statistics
Division
Special Household Surveys Unit
G. Ntouros: 213 135 2174
M. Chalkiadaki: 213 135 2896
E-mails: g.ntouros@statistics.gr
m.chalkiadaki@statistics.gr
Fax: 213 135 2906

In 2017, compared with 2009, the share of persons reporting that t5 their health is very good or good presents a small decrease by 1.2 percentage points, while an increase is recorded in the share of persons reporting that their health is fair and bad or very bad, by 0.6 percentage points, for both, respectively. Relative Graph 2 is presented following:



Self-perceived chronic morbidity and limitation in activities of the population on account of health problems are two among the health indicators.

- Two out of ten persons (23.7%) aged 16 years and over reports suffering from a chronic illness or health problem. Chronic illness or health problem mean illnesses or health problems which have lasted, or are expected to last, for 6 months or more, with or without medication. A chronic illness or health problem is reported by approximately three out of ten women (25.6%) and by two out of ten men (21.7%).



Compared with 2009, the share of persons reporting suffering from chronic illness or health condition presents an increase by 1.7 percentage points (Graph 3).

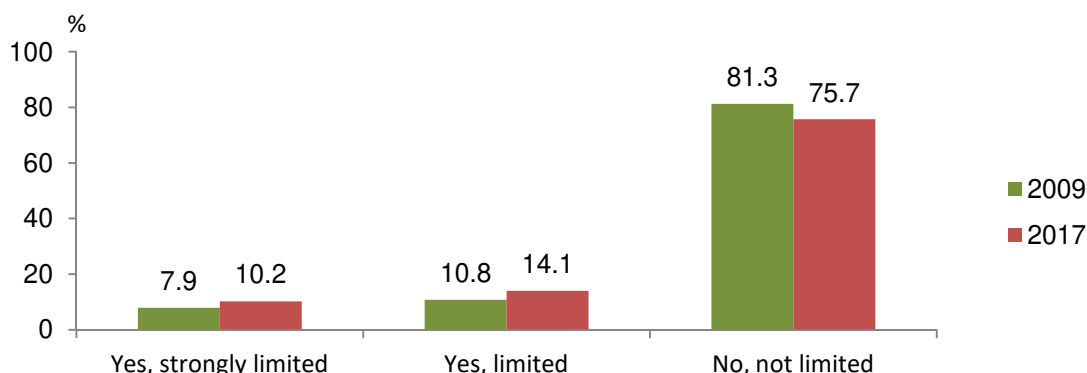
The Global Activity Limitation Indicator (GALI) assesses to what extend a respondent has been limited on account of health problems (physical, mental, psychological), illness/invalidity or age in the activities people usually do. This indicator also includes limitations because of congenital health problems 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.

- One out of ten persons (10.2%) 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 (14.1%) respondents are limited but not severely.

Longitudinally, the indicator is presented in Graph 4, below:

Graph 4. GALI indicator: Limitation in activities because of health problems for population aged 16 years and over, 2009 and 2017



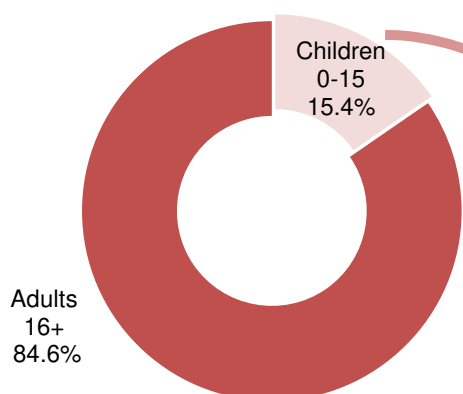
Ib. GENERAL HEALTH STATUS OF CHILDREN AGED 0-15 YEARS OLD

- 15.4% of the total country population is children aged 0 to 15 years (Graph 5).

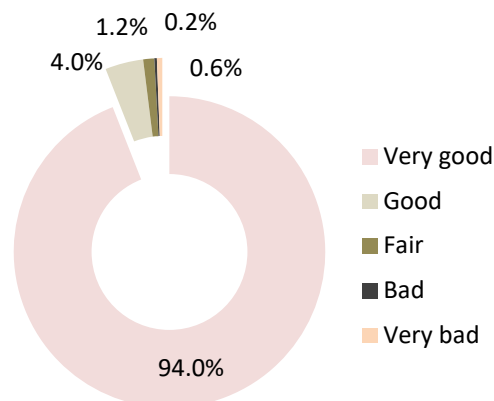
The general health status of children aged 0 to 15 years is reported by their parents / guardians household head.

- 98.0% of children aged 0 to 15 years report very good or good health, 1.2% fair and 0.8% bad or very bad (Graph 6).

Graph 5. Children aged 0 -15, 2017

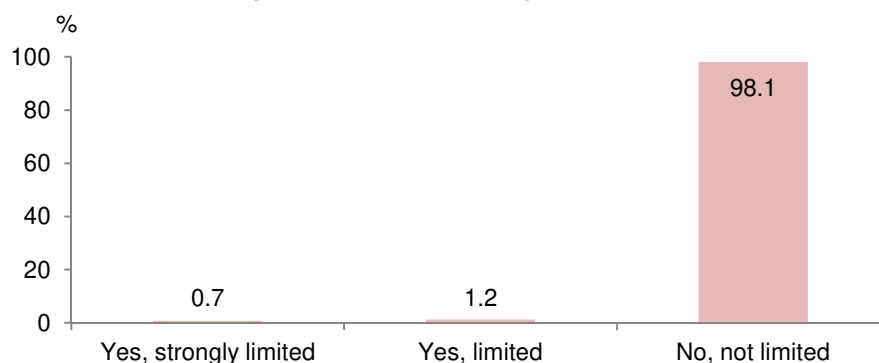


Graph 6. General health status, children 0-15 years old, 2017



Graph 7. GALI Indicator: Limitation in activities because of health problems for children aged 0 - 15, 2017

- 1.9% of children aged 0 to 15 years old, are limited, according to their parents / guardians, in activities children usually do, for six months or more, because of a health problem (Graph 7).



II. PHYSIQUE

The Body Mass Index (BMI) is considered to be the most appropriate way to measure obesity of the population. It is a 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.

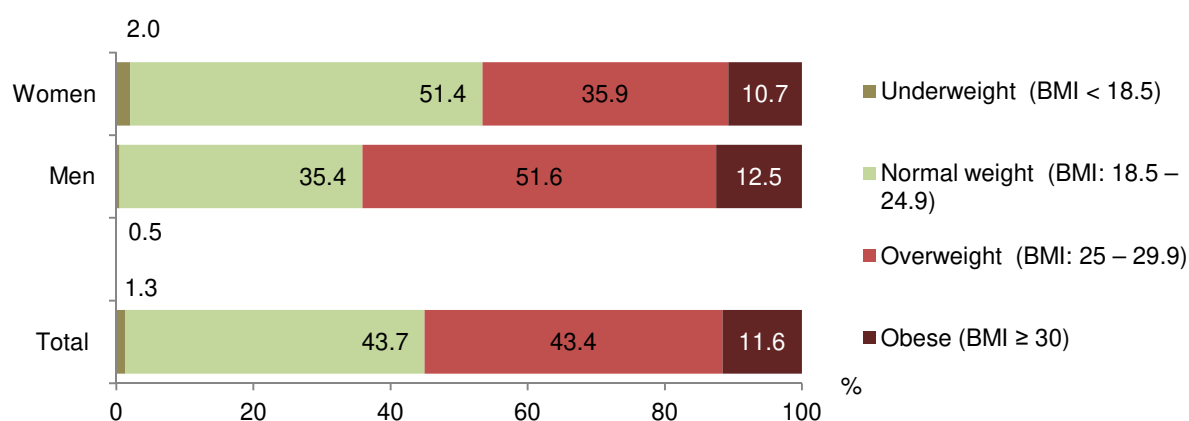
Out of the total population aged 16 years and over:

- 1.3% are underweight (BMI < 18.5),
- 43.7% have normal weight (BMI: 18.5 – 24.9),
- 43.4% are overweight (BMI: 25 – 29.9),
- 11.6% are obese (BMI ≥ 30).

More analytically, the shares of men and women aged 16 and over by BMI category are depicted in Graph 8.

- One out of two men (51.6%) is overweight while the corresponding ratio for women is more than three out of ten (35.9%).

Graph 8. BMI index of population aged 16 years and over (men, women, total), 2017



III. 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.

- Three out of ten (28.9%) persons aged 26 years and over, have difficulty in seeing (some difficulty, a lot of difficulty, cannot see at all / unable to see). 50.5% of them are aged 65 years and over.
- One out of ten (10.5%) persons aged 26 years and over, has difficulty in hearing (some difficulty, a lot of difficulty, cannot hear at all / unable to hear). 76.0% of them are aged 65 years and over.
- One out of five (20.1%) persons aged 26 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). 70.7% of them are aged 65 years and over.
- More than one out of ten (13.8%) persons aged 26 years and over, have difficulty in remembering / concentrating (some difficulty, a lot of difficulty, cannot remember anything or cannot concentrate in anything they do). 68.9% of them are aged 65 years and over.

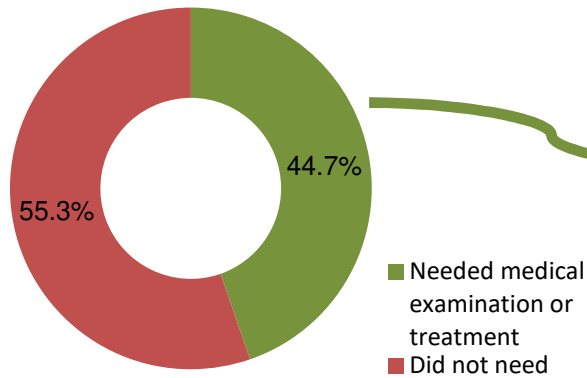
IV. USE OF HEALTH SERVICES

IV.1. USE OF HEALTH SERVICES BY ADULTS AGED 16 YEARS AND OVER

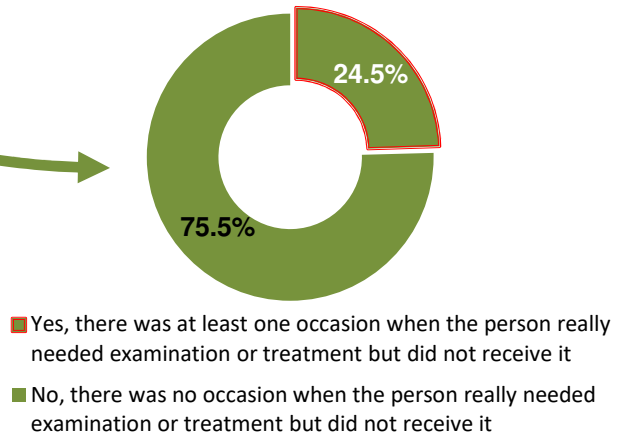
a. Medical examination or treatment

- During the last 12 months, approximately, 1 out of 2 (44.7%) adults aged 16 years and over, needed to have medical examination or treatment.
- 24.5% of those who really needed medical examination or treatment have failed to receive it. The relevant data are depicted in Graphs 9 and 10 below:

Graph 9. Need for medical examination or treatment. Percentage distribution of population aged 16 years and over.



Graph 10. Unmet need for medical examination or treatment. Percentage distribution of population aged 16 years and over who had the corresponding need



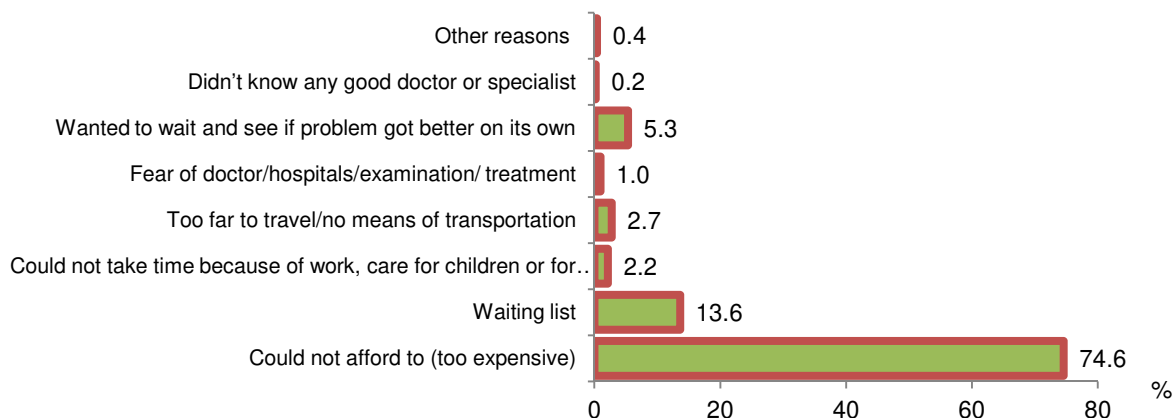
- According to the survey results, 19.3% of the poor population aged 16 years and over did not receive any medical examination or treatment, although really needed. The corresponding share for non poor population is 8.9% (Graph 11).

Graph 11. Unmet need for medical examination or treatment. Percentage distribution of poor and non poor population aged 16 years and over.



The main reasons reported for not taking medical examination or treatment, by the population who really needed such an examination or treatment (24.5%), are shown in Graph 12 below:

Graph 12. Main reason for unmet need for medical examination or treatment - Percentage distribution of population aged 16 years and over who had the corresponding need



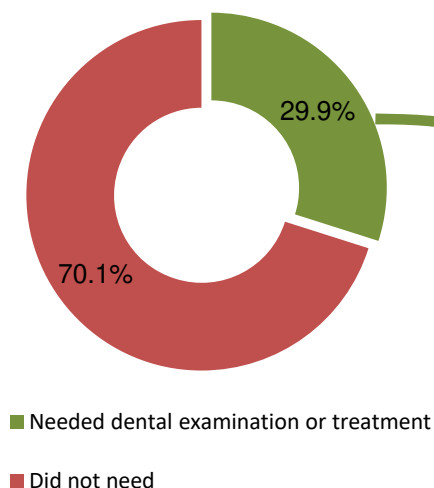
- Economic reasons were reported by 7 out of 10 (74.6%) persons.

b. Dental/oral/orthodontic examination or treatment

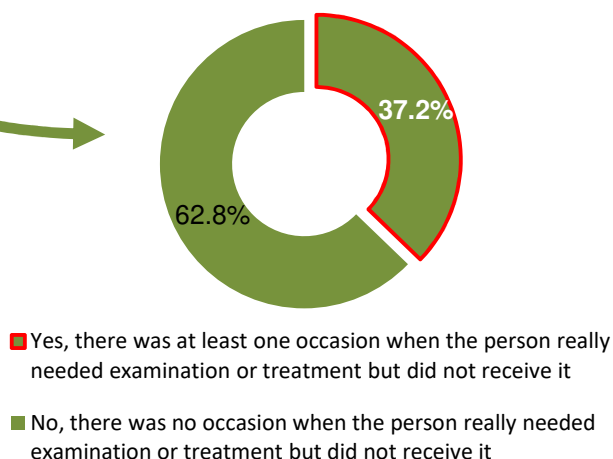
In accordance with scientific experts, oral health reduces the risk of many diseases. The survey recorded data on the use of services related to oral health, namely the need for dental/oral/orthodontic examination or treatment.

- During the 12 months before the survey conduct, 3 out of 10 (29.9 %) persons needed to have a dental/oral/orthodontic examination or treatment.
- 37.2 % of those who really needed dental/oral/orthodontic examination or treatment have failed to receive it. The relevant data are depicted in Graphs 13 and 14, below:

Graph 13. Need for medical examination or treatment. Percentage distribution of population aged 16 years and over.

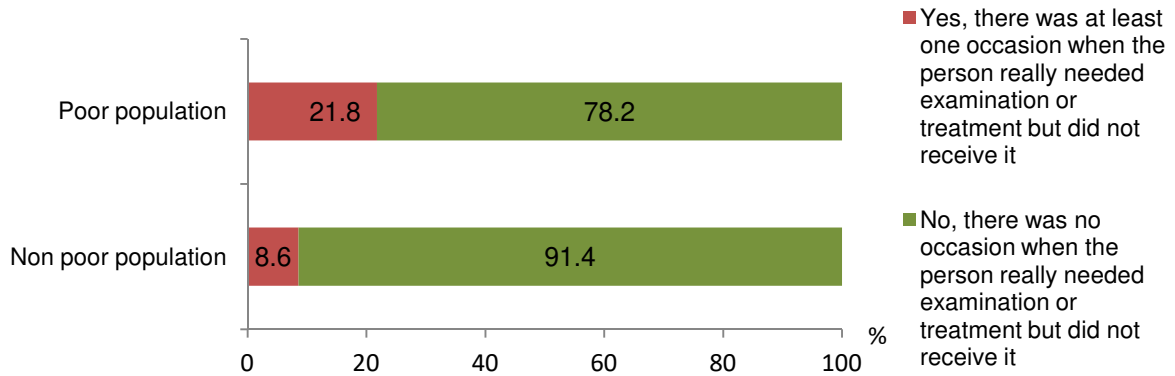


Graph 14. Unmet need for dental examination or treatment. Percentage distribution of population aged 16 years and over who had the the corresponding need



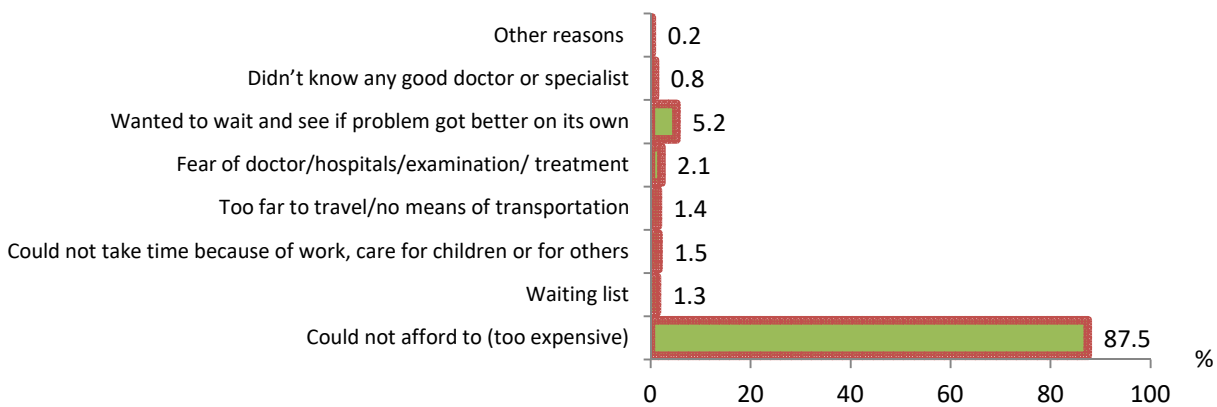
- According to the survey results, 21.8 % of the poor population aged 16 and over failed to have a dental/oral/orthodontic examination or treatment even if they really needed it. The relevant share of non-poor population is 8.6 % (Graph 15).

Graph 15. Unmet need for dental examination or treatment. Percentage distribution of poor and non poor population aged 16 years and over



The main reasons reported for not taking dental/oral/orthodontic examination or treatment, by the population who really needed such an examination or treatment (37.2 %), are shown in Graph 16 below:

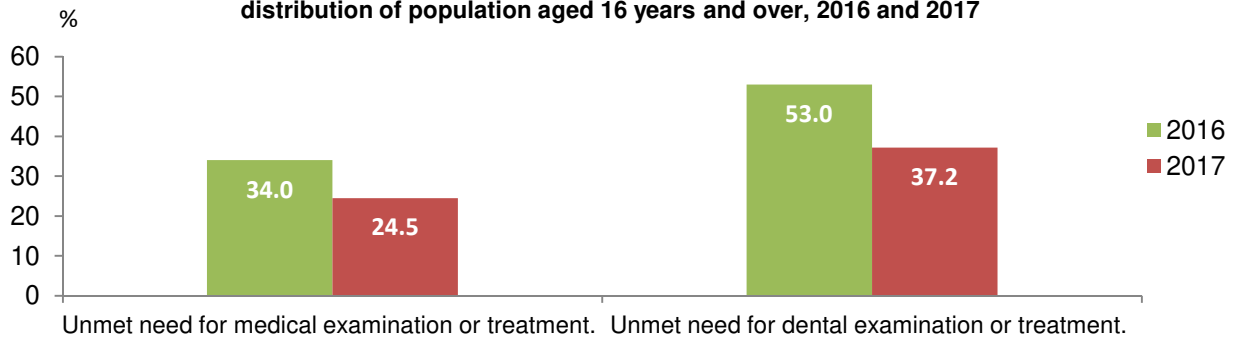
Graph 16. Main reason for unmet need for dental examination or treatment - Percentage distribution of population aged 16 years and over who had the corresponding need



- Economic reasons were reported by 9 out of 10 (87.5 %) persons.

As regards the satisfaction of the need for (a) medical examination or treatment and (b) dental/oral/orthodontic examination or treatment, compared to the previous year 2016, a decrease by 9.5 and 15.8 percentage points is recorded, respectively, as regards the share of the population aged 16 or over that failed to receive such a treatment although they needed it. The corresponding figures are depicted in the following graph, Graph 17:

Graph 17. Unmet need for medical and dental examination or treatment. Percentage distribution of population aged 16 years and over, 2016 and 2017



c. Use of health care services (medical or other) — consumption of medicines

The survey collected information on the use of health services, namely in-patient hospital care services and care services (nursing or other) at home. Furthermore, the survey collected data on the share of the population aged 16 or over that consumed medicines.

- During the last 12 months, before the survey conduct, the share of the population aged 16 years and over, that used in-patient hospital care services amounted to 9.3 %. The number of hospitalization days ranged from 1 to 180. More specifically, 62.2 % of the population stayed in the hospital for 1-5 days and 25.1 % for more than 5 and up to 10 days.

The survey recorded information on care services, nursing or other, provided at home to elderly people or people with chronic diseases or health problems. Such care services include nursing care provided by health professionals (nurses, pharmacists, nutrition experts, physiotherapist, etc.) or social workers, while visits of medical doctors at home are excluded. Non-nursing care may be provided by non-specialised persons who work or offer their services on a voluntary basis through a formal programme, while the home care services provided by family or friends are excluded.

- During the last 12 months before the survey conduct, the share of the population aged 16 years and over that used care services at home amounted to 3.2%

As regards the consumption of medicines, during the last two weeks before the survey conduct:

- 1 out of 2 (46.2 %) of persons aged 16 years and over consumed medicines, medicinal herbs or vitamins prescribed by a medical doctor. This share refers also to medicines consumed in the aforementioned time period which had previously been prescribed by a doctor (e.g. due to continuing treatment).

IV.2. USE OF HEALTH SERVICES BY CHILDREN AGED 0 TO 15 YEARS OLD

- 1 out of 4 households in Greece (24.2%) has at least one child aged 0-15 years.
- 4 out of 10 households (40.5%), with at least one child aged 0-15 years, took, within the last 12 months, a medical examination or treatment for their child/children.
- 2.4% of households with at least one child aged 0-15 years who needed a medical examination or treatment for their child/children failed to take it.
- About 8 out of 10 households (76.3%) did not take the required medical examination or treatment mainly on account of economic reasons.
- More than 2 out of 10 households (25.6%) with at least one child aged 0-15 took, within the last 12 months dental/orthodontic examination or treatment for their children.
- 5.2% of households with at least one child aged 0-15 who needed a dental/orthodontic examination or treatment for their child/children have failed to take it.
- For the vast majority of households (95.6%), the main reason for not receiving the necessary dental/orthodontic examination or treatment, was not being able to afford it.

V. 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.

➤ PHYSICAL ACTIVITY AND EXERCISE

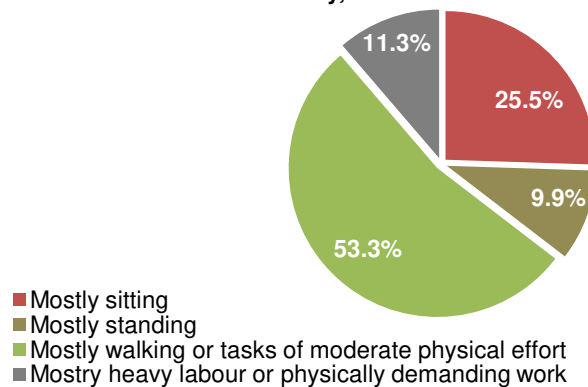
Physical activity means any kind of activities carried out by a person at home, at work, during free time or leisure, when doing sports or even when getting to and from places.

On the basis of the main work or the daily activity (for those who do not work), and according to available survey data (Graph 18) it is observed that:

Graph 18. Percentage distribution of population aged 16 years old and over by type of physical activity, 2017

- 3 out of 10 (25.5 %) persons aged 16 and over are mostly sitting and generally perform tasks demanding light physical activity.

Examples of tasks where somebody is mostly sitting are: office work, reading, studying, working in a telephone center, sewing, drawing, using a personal computer, car driving, etc.



- 1 out of 10 (9.9 %) persons aged 16 and over are mostly standing.

Examples of tasks where someone is mostly standing are: teaching, selling products, monitoring traffic, working in hairdresser salons or barber shops, etc.

- 5 out of 10 (53.3 %) persons mostly walk or perform tasks demanding moderate physical activity.

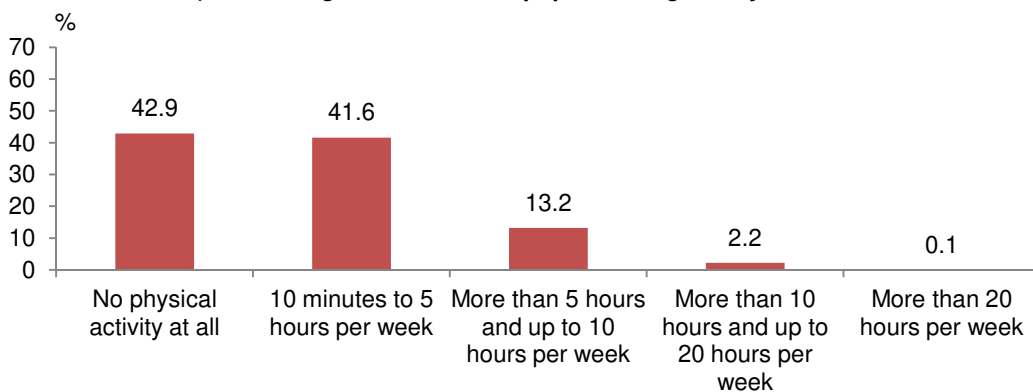
Tasks/works where an individual mostly walks are: delivering letters or small packages, carrying light loads, watering the garden or grass, etc. Works/tasks demanding moderate physical activity are: mechanical, electrical and plumbing works, car repairing, painting the house, taking care of other persons, household chores such as sweeping, mopping, shopping, playing games with children, etc.

- 1 out of 10 (11.3%) persons perform mostly heavy labour or physically severe demanding works.

Physically severe demanding works are the works demanding intense physical effort that would usually cause quick breathing and a significant increase in heart rate. Examples of such physically severe demanding works are: construction works, carrying heavy loads, use of heavy electrical equipment, mine works, loading and unloading, digging or shoveling, weeding, planting, etc.

Furthermore, the survey collects information on the time, during a typical week, the respondent has a physical activity or exercise for pleasure for at least 10 minutes continuously, without stopping, usually causing quick breathing and a significant increase in heart rate. Activities during the main work/activity are not included, while getting to and from places (work, school, super market, etc) on foot or by bicycle, for at least 10 minutes continuously without stopping, is included.

Graph 19. Time spent per week on physical activities (sports, fitness, etc.). Percentage distribution of population aged 16 years and over

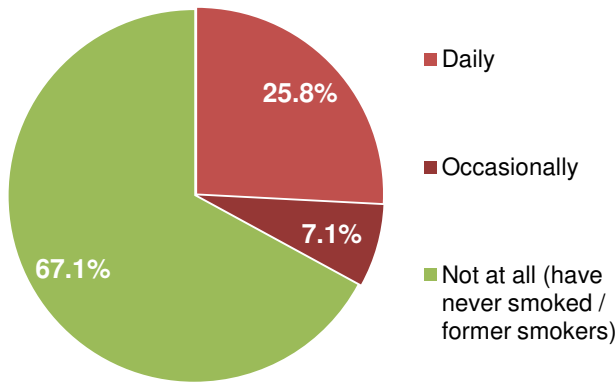


4 out of 10 (42.9%) persons do not exercise at all during a typical week (Graph 19).

➤ **SMOKING**

The survey collected information with regard to the smoking habits of the population. The results (Graph 20) listed below do not include the electronic cigarettes.

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



- Approximately 3 out of 10 (25.8 %) persons aged 16 and over smoke daily and
- Approximately 1 out of 10 (7.1 %) smokes occasionally.
- 7 out of 10 (67.1 %) do not smoke. 23.0 % of them have never smoked and 77.0 % used to smoke in the past and have stopped smoking for more than 6 months.

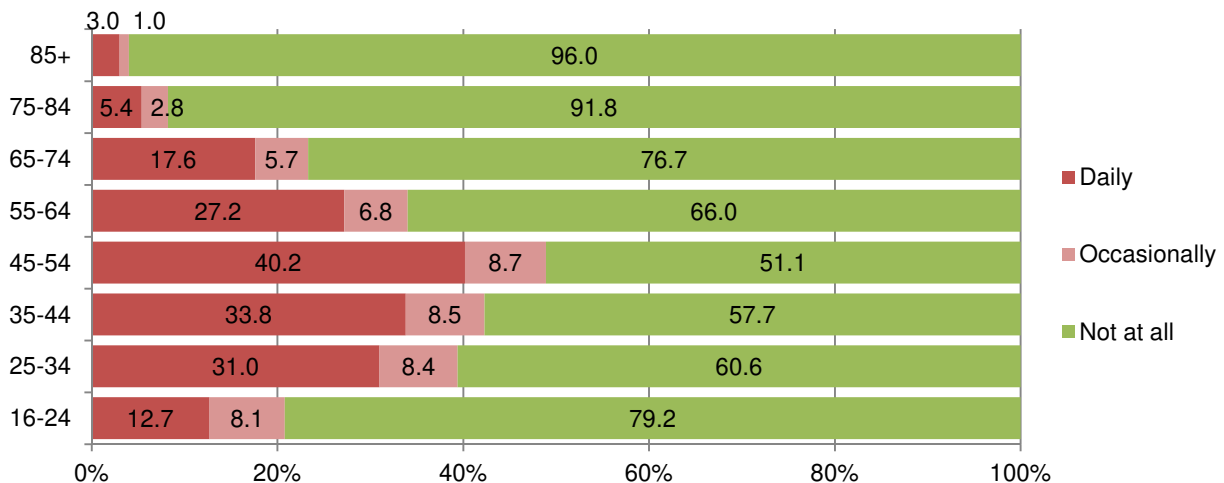
Differences are observed between men and women as regards the share of the population aged 16 and over that smoke:

- 4 out of 10 (41.7%) men aged 16 years and over and
- more than 2 out of 10 (24.7%) women aged 16 and over

smoke daily or occasionally.

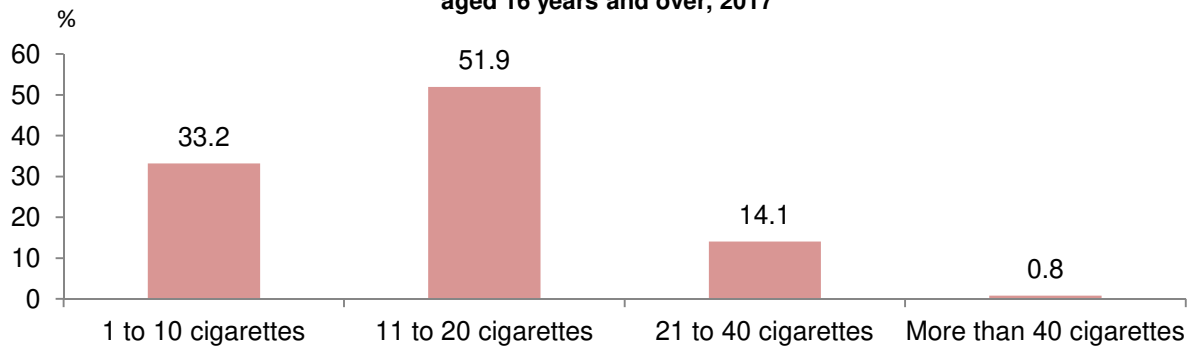
The results for every age group are presented in Graph 21.

Graph 21. Type of smoking behaviour. Percentage distribution of population aged 16 years old and over, 2017



Data on the daily consumption of cigarettes are depicted in Graph 22, following:

Graph 22. Average number of cigarettes per day. Percentage distribution of population aged 16 years and over, 2017



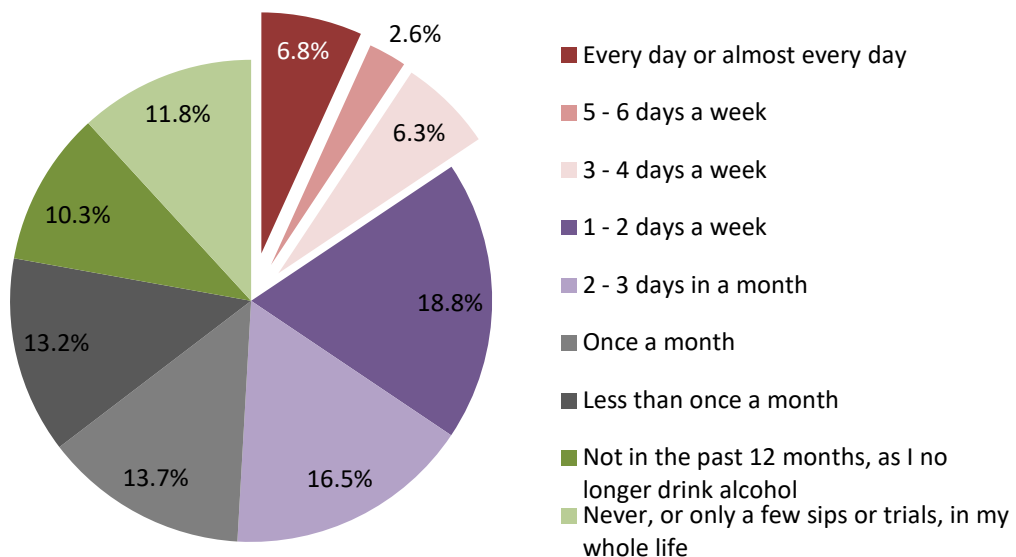
➤ **ALCOHOL CONSUMPTION**

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.

- 6.8 % of the population aged 16 and over consume daily or almost daily alcoholic beverages.
- More than 3 out of 10 (34.5 %) persons aged 16 and over consume alcoholic beverages, at least once a week.
- 2 out of 10 (22.1 %) persons aged 16 and over do not consume alcohol at all, either they have never consumed alcohol in their life or they do not consume any more.

More detailed data on the frequency of consumption of alcoholic beverages are shown in Graph 23 below:

Graph 23. Frequency of alcohol consumption. Percentage distribution of population aged 16 years and over, 2017



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 to 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 household's 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 ensures data comparability.
Legal basis	The survey is in compliance with the Regulation (EC) No 1177/2003 of the European Parliament and of the Council concerning Community Statistics on Income and Living Conditions (EU-SILC) and is being conducted upon the decision of the President of ELSTAT.
Income reference period used	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: <ul style="list-style-type: none">• Institutional households of all types (boarding houses, elderly homes, hospitals, prisons, rehabilitation centers, camps, etc.) More generally, households with more than five lodgers are considered institutional households.• Households with foreigners serving in diplomatic missions.
Methodology	<p>The survey is a <i>simple rotational design</i> 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.</p> <p>The sample for any year consists of 4 replications, which have been in the survey for 1-4 years. With the exception of the first three years of 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 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.</p> <p>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.</p> <p>There are two levels of area stratification in the sampling design.</p> <p>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 2 level. The two major city agglomerations of Greater Athens area and Greater Thessaloniki area constitute two separate major geographical strata.</p> <p>ii) The second level of stratification entails grouping municipalities and the lowest administrative units within each NUTS 2 Regions by degree of urbanization, i.e. according to their population size. The scaling of urbanization was finally designed in four groups:</p> <ul style="list-style-type: none">• ≥ 30.000 inhabitants• 5.000-29.999 inhabitants• 1.000-4.999 inhabitants• 0-999 inhabitants <p>Sample selection schemes</p> <p>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).</p> <p>ii) In this stage from each primary sampling unit (selected area) the sample of ultimate units (households) is selected. Actually, in the second stage we draw a sample of dwellings.</p>

However, 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.

Sample size In 2017 the survey was conducted on a final sample of 22,743 households and on 54,041 members of those households, 46,478 of them are aged 16 years and over and 7,563 aged 0 to 15 years old. The average is calculated at 2.4 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 choice of an individual, that coincides with the reverse probability of choice 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 groups 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, immigration).

ii) the estimation of households by size order (1, 2, 3, 4 or 5+ members) and by tenure status coincides with the reference year that was calculated with projection that was based on the longitudinal tendency of the 2001 and 2011 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 and
- 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 by any benefits to other households. To this sum the tax should also be added pertaining to also the tax that what 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 $1+0.5+2*0.3= 2.1$. 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 $1+0.5+(2*0.5)=2.5$, etc.

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