25 February 2021
Health status
INCOME AND LIVING CONDITIONS
2021

ABOUT 35% OF THE POPULATION WITH LIMITATION IN CARRYING OUT ACTIVITIES, THE HIGHEST VALUE SINCE 2016

In 2021, 50.2% of the population rated their health status as good or very good, 1.1 pp less than in the previous year (51.3%), in contrast to the growing trend of this indicator that has been verified since 2014. People who had completed secondary or post-secondary education (66.2%) and higher education (74.1%) had the highest proportions of positive health status assessment in that year.

The comparison of health status assessments and at-risk-of-poverty status for 2016 to 2021 confirm the existence of a negative association in the case of positive assessments (the proportion of positive health assessments is lower when in poverty), and positive in the case of other assessments (the proportions of assessments as fair or as bad or very bad are higher when in poverty).

The prevalence of chronic disease or longstanding health problems affected 43.9% of the population aged 16 years or older in 2021, 0.7 pp more than in 2020 and 2.7 pp more than in 2019.

In 2021, 34.9% of the population aged 16 years or older reported having some limitation in performing activities due to health problems, and of this, 9.6% reported a severe limitation. The two indicators recorded an increase in relation to previous years, in both cases reaching the highest proportions since 2016.

Data collected in 2021 also show that 5.7% of people aged 16 and over could not meet the needs of medical care; and 13.1% of dental care needs.

More than 1/4 of the population reported the negative impact of the COVID-19 pandemic on their mental health.

The proportion of people rating their health status as "good or very good" decreased in relation to 2020

In 2021, 50.2% of the population rated their health status as good or very good, 1.1 pp less than in the previous year (51.3%), in contrast to the growing trend of this indicator that has been verified since 2014. This decrease was fully offset by the increase in the proportion of the population that rated their health status as fair, from 35.5% in 2020 to 36.6% in 2021.

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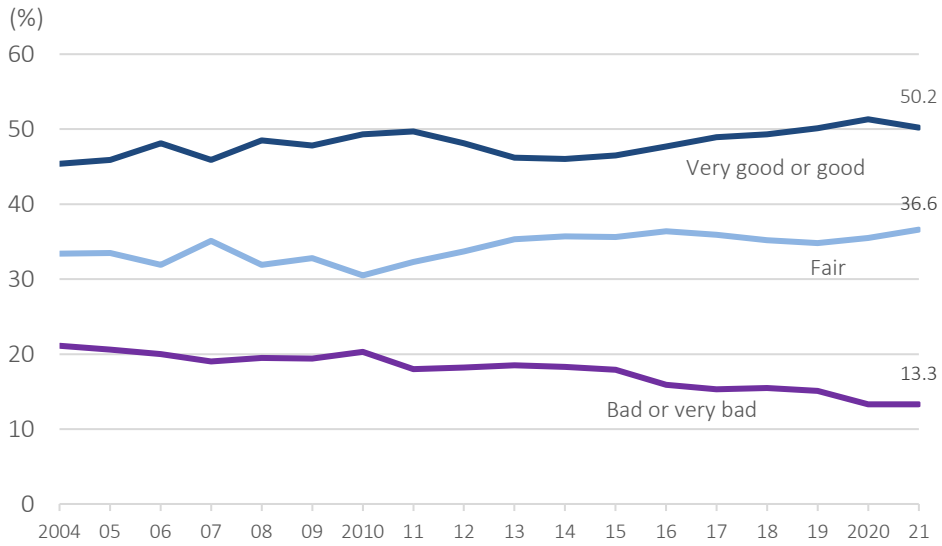
Figure 1. **Proportion of the population aged 16 years or older by self-reported health status, Portugal, 2004-2021**



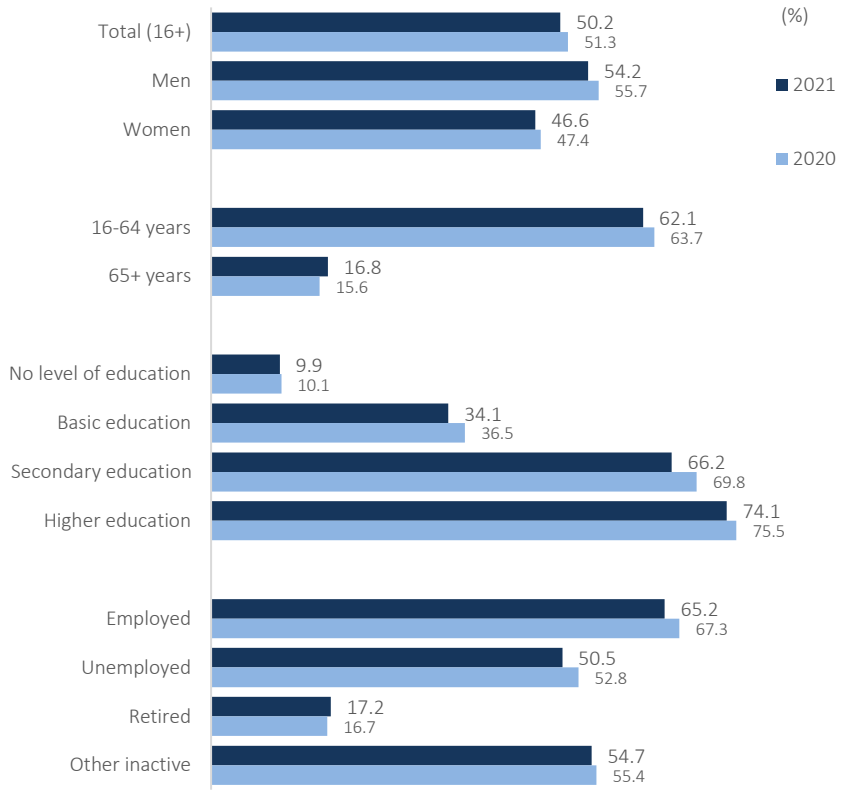
Source: INE, Survey on Living Conditions and Income 2004-2021.

The distribution of the population that positively evaluated their health status remained consistent with the results of the survey for previous years, although slightly decreasing in relation to the previous year in almost all categories. Yet, there was an increase in the percentage of people who rated their health as good or very good in the case of the elderly population (aged 65 years or older), from 15.6% in 2020 to 16.8% in 2021.

Despite having decreased for both men and women, the positive health status assessment continued to be more frequent in men (54.2% in 2021 and 55.7% in 2020) than in women (46.6% in 2021 and 47.4% in 2020), with a difference of almost 8 pp.

The highest proportions of positive assessments of health status were recorded by the employed population (with 65.2%), as well as by people who had completed secondary or post-secondary education (with 66.4%) and higher education (with 74.1%).

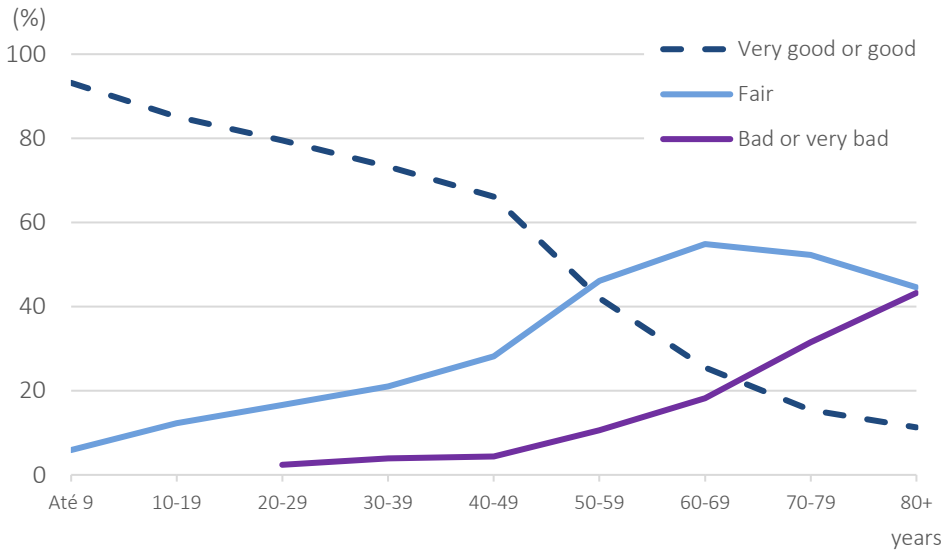
Figure 2. **Proportion of the population aged 16 years or older rating their health status as "good or very good", Portugal, 2020-2021**



Source: INE, Survey on Income and Living Conditions 2020-2021.

The analysis of data by age group shows a decreasing pattern of the proportion of people with positive evaluation in 2021, from 93.2% in the first 10 years of life to 11.3% after 80 years, and a strong increase in the intensity of variation as from 40-49 years. In reverse, there is an increasing behaviour of the proportion of people with fair health over the first 60 years, and a reduction in the elderly age groups.

Figure 3. **Proportion of the population by self-reported health status and age group, Portugal, 2021**

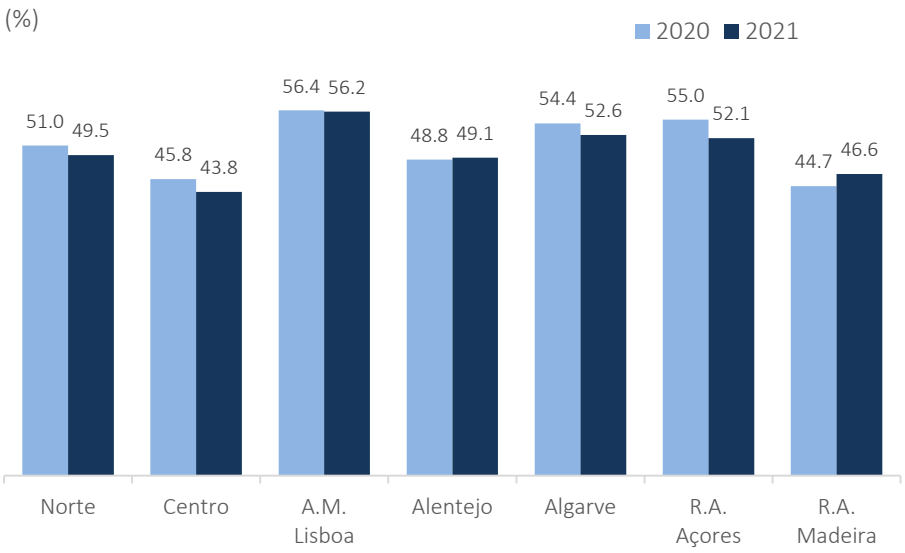


Source: INE, Survey on Income and Living Conditions 2021.

By region, in the Área Metropolitana de Lisboa there was the highest proportion of people aged 16 years or older who positively evaluated their health status (56.2% in 2021), a position that has remained since the previous year (56.4% in 2020). In 2021, residents in Algarve (52.6%) and in Região Autónoma dos Açores (52.1%) also rated their health as good or very good above the national average (50.2%). The population living in the Centro region recorded, on the other hand, the lowest frequency of this indicator in 2021 (43.8%), with a decrease of 2.0 pp in relation to the previous year (45.8%).

Between 2020 and 2021, the proportion of the population of the Região Autónoma da Madeira who positively assessed their health status increased from 44.7% to 46.6%, in contrast to the decreasing trend of almost all other regions of the country.

Figure 4. **Proportion of the population aged 16 years or older rating their health status as "good or very good", NUTS 2, 2020-2021**



Source: INE, Survey on Income and Living Conditions 2020-2021.

43.9% of the population reported chronic diseases or longstanding health problems

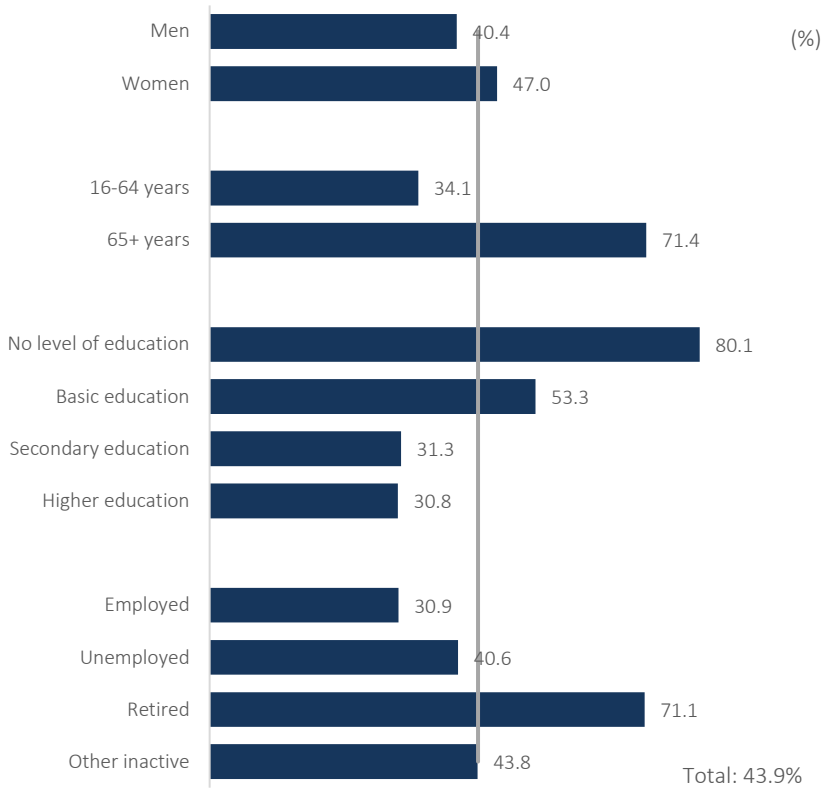
The prevalence of chronic diseases or long-term health problems (i.e. a health problem that lasts or is expected to last for six months or more) affected 43.9% of the population aged 16 or over in 2021, 0.7 pp more than in 2020 and 2.7 pp more than in 2019.

In 2021, as in previous years, this situation continued to affect more women (47.0%) than men (40.4%), and especially the elderly (71.4%), in a proportion equivalent to 2.1 times that of people under 65 years of age (34.1%).

By level of education, the prevalence of chronic diseases or longstanding health problems affected 80.1% of the population without any level of complete education, a proportion much higher than that for people with primary education (53.3%) and almost three times that of those who had completed secondary or higher education (both with about 31%).

By activity status, it is clear the superiority of the prevalence of chronic morbidity for the retired population (71.1%) in relation to to the employed population (30.9%) or to the unemployed population (40.6%).

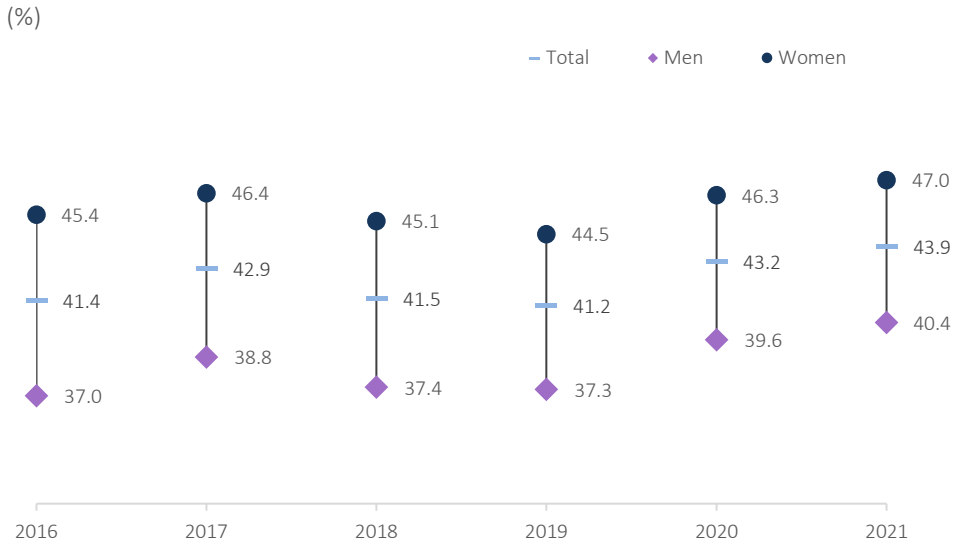
Figure 5. **Proportion of the population aged 16 years or older with chronic disease or longstanding health problem, Portugal, 2021**



Source: INE, Survey on Income and Living Conditions 2021.

The indicator of chronic morbidity of the population aged 16 and over recorded an increase for the second consecutive year in 2021, reaching the highest value of the last six years in both sexes.

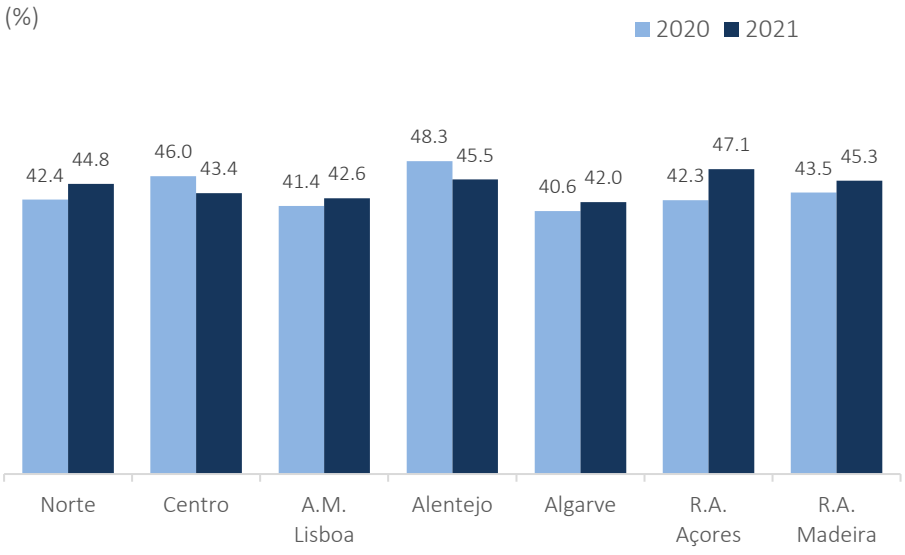
Figure 6. **Proportion of the population aged 16 years or older with chronic disease or longstanding health problem by sex, Portugal, 2016-2021**



Source: INE, Survey on Income and Living Conditions 2016-2021.

The prevalence of chronic morbidity in 2021 was higher in the population living in the Região Autónoma dos Açores (47.1%), 4.8 pp more than in 2020 (42.3%), and lower in the population living in Algarve (42.0% in 2021, 1.8 pp more than in the previous year (40.6%).

Figure 7. **Proportion of the population aged 16 years and over with chronic disease or longstanding health problem, NUTS 2, 2020-2021**



Source: INE, Survey on Income and Living Conditions 2020-2021.

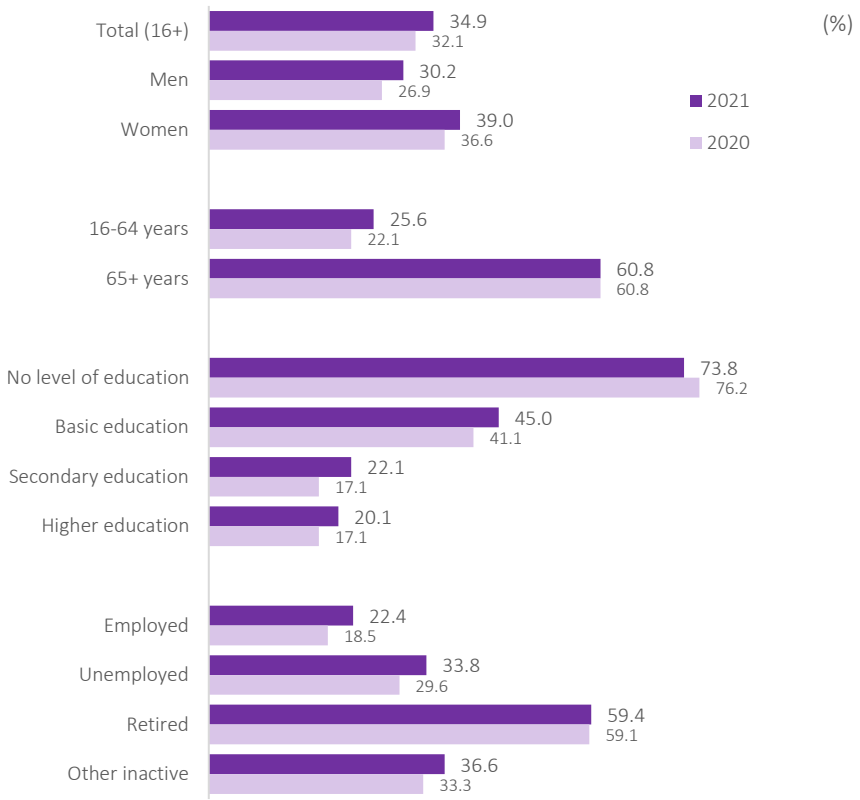
The limitation in carrying out usual activities also increased in 2021, affecting almost 35% of the population

In 2021, 34.9% of the population aged 16 years or older reported having some limitation in performing activities due to health problems, and of this, 9.6% reported severe limitation.

The existence of some limitation when performing usual activities affected more women (39.0%) than men (30.2%), and, likewise, the severity of the same reached a higher proportion of women (10.9%) than men (8.1%).

By age, the existence of some limitation in the performance of activities due to health problems affected the elderly population (60.8%) more than the population under 65 years (25.6%), as well regarding the indicator of severe limitation: 5.6% in the population between 16 and 65 years old and 20.8% in the population aged 65 years or older. Yet, compared to the previous year, it was in the population under 65 that recorded the largest increase in the indicator.

Figure 8. **Proportion of the population aged 16 years or older with limitation in activities because of health problems, Portugal, 2020-2021**

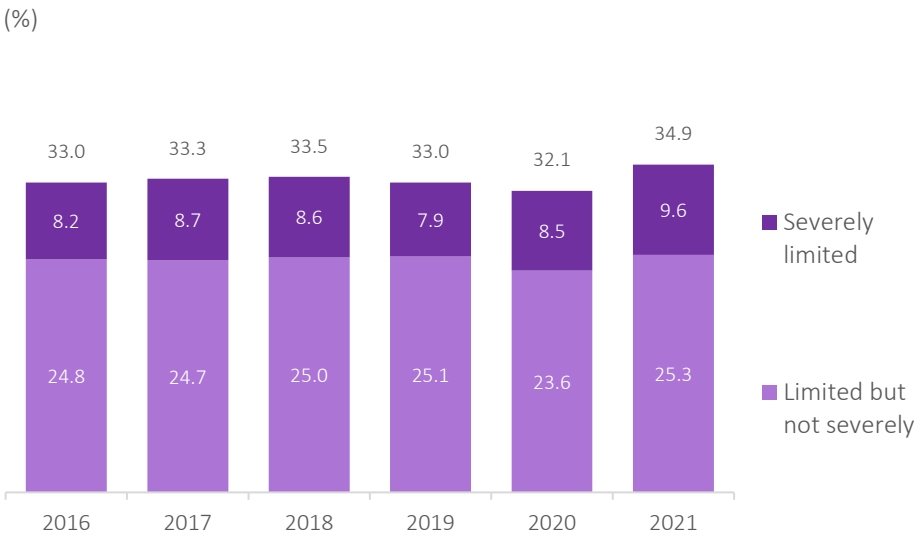


Source: INE, Survey on Income and Living Conditions 2020-2021.

The proportion of people with some limitation to perform activities due to health problems was higher among the retired (59.4%), while reaching 33.8% of the unemployed population and 22.4% of those employed. In relation to the previous year, these two population groups recorded significant increases in the indicator (29.6% of the unemployed and 18.5% of employees in 2020).

In 2021, the existence of activity limitation due to health problems increased in relation to previous years, both in terms of the least severe and the most severe limitations, with the highest proportions since 2016 in both cases.

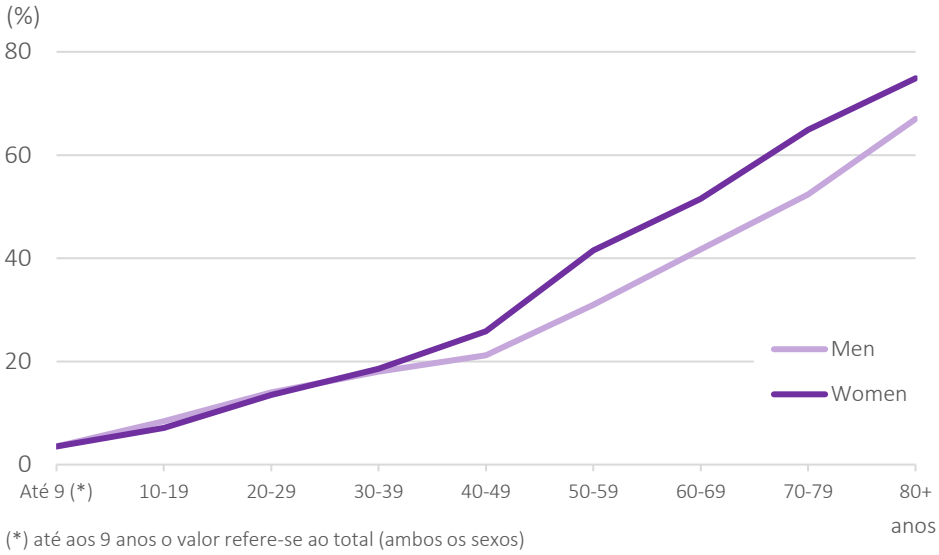
Figure 9. **Proportion of the population aged 16 years or older with limitation in activities because of health problems by degree of limitation, Portugal, 2016-2021**



Source: INE, Survey on Income and Living Conditions 2016-2021.

Data of the indicator by sex and age group shows the increasing behaviour of the prevalence of limitations due to longstanding health problems with age, and with greater intensity from the age of 40 in the case of women.

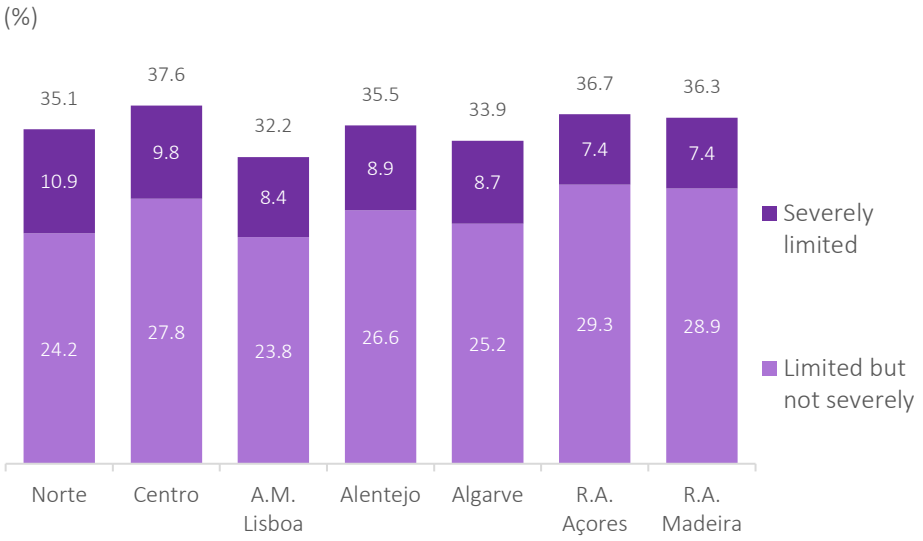
Figure 10. **Proportion of the population with limitation in activities because of health problems by sex and age group, Portugal, 2021**



Source: INE, Survey on Income and Living Conditions 2021.

By region, the highest proportion of population with some limitation in the performance of activities due to a health problem in 2021 was recorded in the Centro region (37.6%), but it was in Norte region that the population indicated more frequently the condition of severe limitation, affecting almost 11% of the population.

Figure 11. **Proportion of the population aged 16 years or older with limitation in activities because of health problems by degree of limitation, NUTS 2, 2021**



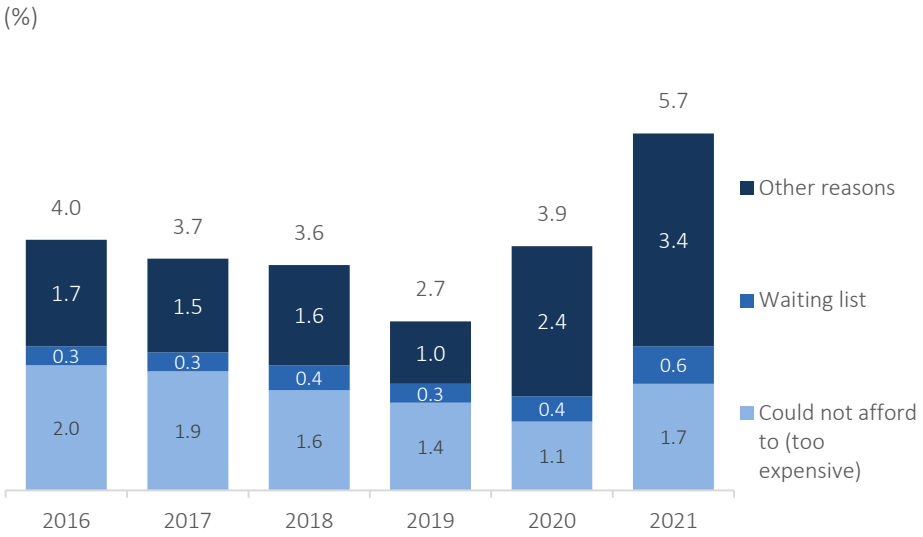
Source: INE, Survey on Income and Living Conditions 2021.

5.7% facing unmet medical examination or treatment, 1.8 pp more than in 2020

The proportion of people aged 16 years or older who, in the 12 months prior to the interview, could not get a medical consultation when needed reached 5.7% in 2021, the second consecutive yearly increase in the indicator, contrary to the downward trend that has occurred since 2015.

In 2021, 30% of the people who reported this situation reported financial difficulties as the main reason (1.6 pp more than in 2020) and about 60% mentioned other reasons, with emphasis to those related to the COVID-19 crisis [1].

Figure 12. **Proportion of the population aged 16 years or older facing unmet medical consultation or treatment in the previous 12 months for reasons, Portugal, 2016-2021**



Source: INE, Survey on Income and Living Conditions 2016-2021.

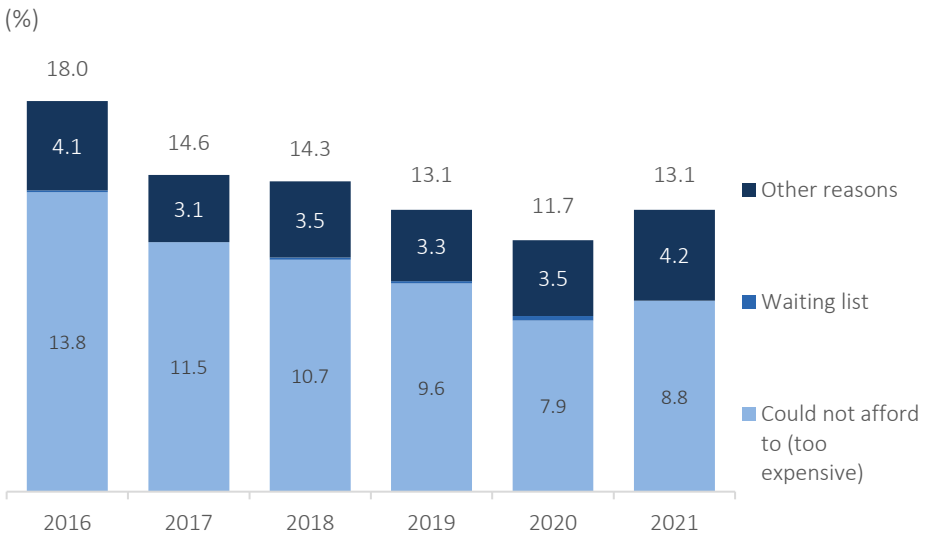
13.1% facing unmet dental care, 1.4 pp more than in 2020

The proportion of people who needed dental care in the 12 months prior to the interview and could not satisfy this need was 13.1%, 1.4 pp more than in 2020 and identical to 2019.

Financial difficulties were the main reason pointed out for this situation, representing almost 70% of the cases in 2021 (0.9 pp more than in 2020). Of the other reasons (about 32% of the total situations), the questions related to the COVID 19 pandemic crisis accounted for almost half of the population suffering unmet dental care needs.

[1] Other reasons include lack of time (due to professional, domestic or other activities), distance (too far or lack of transport), fear of doctors, hospitals, treatments, etc., the decision to wait to see if the problem improves, or does not know a good doctor/dentist, among others; the specific question about COVI-19 pandemic only applies for 2021.

Figure 13. **Proportion of the population aged 16 years or older facing unmet dental examination or treatment in the previous 12 months by reason, Portugal, 2016-2021**



Source: INE, Survey on Income and Living Conditions 2016-2021.

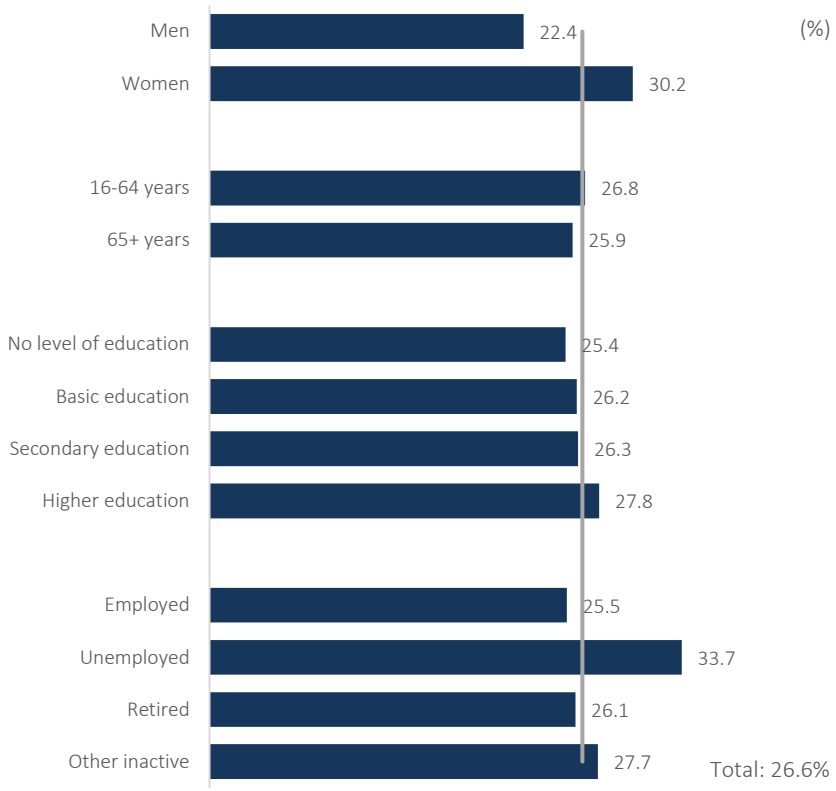
More than 1/4 of the population reported the negative impact of the COVID-19 pandemic on mental health

In 2021, 26.6% of the population aged 16 years or older reported the negative impact of the COVID-19 pandemic on mental health. This condition was reported by more women (30.2%) than men (22.4%) and in very similar proportions in the population under 65 years (26.8%) and in the elderly population (25.9%).

By level of education, although not with very significant differences, the population with complete higher education registered a proportion of 27.8%, higher than the national average, and the population without any level of complete education a proportion of 25.4%.

By activity status, the highest value (33.7%) was recorded by the unemployed population, 7.1 pp above the average.

Figure 14. **Proportion of the population aged 16 years and over reporting a a negative impact of the COVID-19 pandemic on mental health, Portugal, 2021**

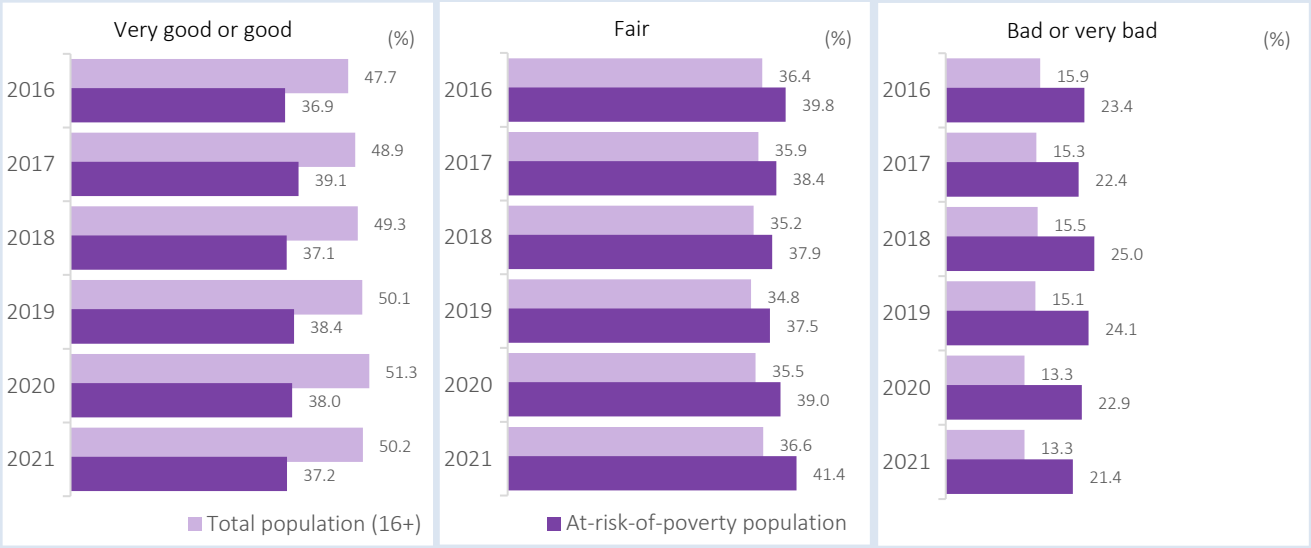


Source: INE, Survey on Income and Living Conditions 2021.

Health status and at-risk-of-poverty status

The comparison of health status assessments and at-risk-of-poverty status for 2016 to 2021 confirm the existence of a negative association in the case of positive assessments (the proportion of positive health assessments is lower when in poverty), and positive in the case of other assessments (the proportions of assessments as fair or as bad or very bad are higher when in poverty).

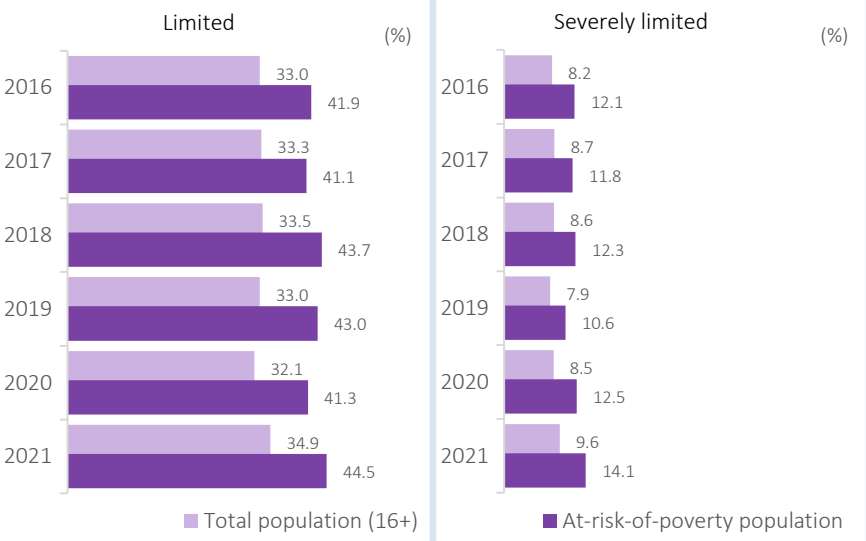
Figure 15. **Distribution of the population aged 16 years and over by health status and at-risk-of-poverty status, Portugal, 2016-2021**



Source: INE, Survey on Living Conditions and Income 2016-2021.

A similar conclusion can be obtained in the case of indicators related to the existence of limitations in performing usual activities due to longstanding health problems, which are more frequent in the case of the population at-risk-of-poverty, especially when the limitations are severe.

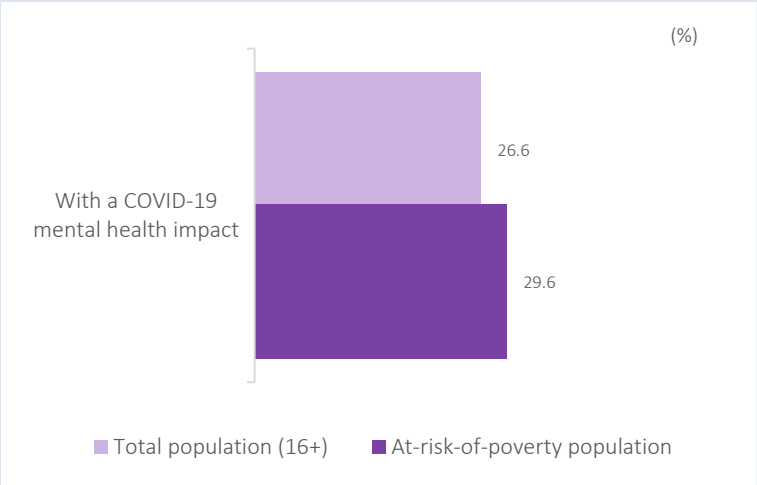
Figure 16. **Distribution of the population aged 16 years and older total and at-risk-of-poverty by existing and degree of limitation in carrying out activities due to health problems, Portugal, 2016-2021**



Source: INE, Survey on Living Conditions and Income 2016-2021.

The proportion of people aged 16 years and older at-risk-of-poverty who reported a negative effect of the COVID-19 crisis on mental health was higher by 3 pp than the proportion obtained for the general population of the same age.

Figure 17. **Proportion of the population aged 16 years total and at risk of poverty with a COVID-19 mental health impact, 2021**



Source: INE, Survey on Living Conditions and Income 2021.

METHODOLOGICAL NOTE

The Inquérito às Condições de Vida e Rendimento das Famílias (in english, Survey on Income and Living Conditions) has been held in Portugal from 2004 to 2020 within the framework of specific EU legislation (Regulation (EC) No 1177/2003), establishing a common EU program for the systematic production of statistics on poverty, deprivation, and social exclusion. From 2021, the survey is carried out in accordance with specific European regulations and in accordance with Regulation (EU) 2019/1700 of the European Parliament and the Council of 10 October 2019.

In addition to a set of data to be obtained annually, the new Regulation establishes a set of detailed topics to be obtained regularly and also the development of ad hoc modules to be applied every two years, consisting of matters of particular interest to users at a given time, but which are not included in the regular data sets. In 2021, one of the modules implemented for the first time was the regular triennial module on "Children's Health and Material Deprivation", whose results are included into some of the aspects presented in this press release.

In Portugal, the information was regularly collected on an annual basis through computer-assisted face-to-face interviews (CAPI) in the second quarter of each year. Yet, as a result of public health measures following the COVID-19 pandemic, in particular social lockdown and distancing, the survey was conducted exclusively through telephone interviews (CATI) in 2020 and 2021.

The sample size usually considers a compensation factor of the effect of the total non-responses. Being impossible to carried out face-to-face interviews due to the context of the COVID-19 pandemic, this factor has been substantially reinforced by taking into account that telephone data collection usually has lower response rates than face-to-face interviews, as well as the effect of outdating of telephone numbers in the database.

The questionnaire includes questions about the household and also about the personal characteristics of each member, in particular about the income of all members aged 16 years or older. In 2021, the survey addressed 16,478 households, of which 10,973 with full response (with data collection on 26,822 people; 23,730 with 16 and over). Data regarding the module "Children's health and material deprivation" concern people under the age of 16 at the end of 2020, living in 3,092 households, and was obtained through proxy interviews with representatives of private households.

The estimated results were obtained using household and individual weights, calibrated by region, household size, age, and sex. In the calculation of weights, a correction factor of total non-responses was incorporated, as well as a calibration procedure based on the results of the 2021 Census for the variables at the level of the household, and the Resident population estimates as at December 31, 2020 for the variables at the level of the individuals. The auxiliary variables (margins) were the number of households by NUTS 2 and the number of households according to their size (1, 2, 3 and 4 or more individuals), and, at the level of individuals, the estimates of resident population by sex and five-year age groups (except the first and last age-groups comprising, respectively, individuals under 16 years of age and individuals 75 years of age or older).

CONCEPTS

Appointment: Health act in which a health professional evaluates the clinical situation of a person and plans the provision of health care.

At-risk-of-poverty: Condition of the resident population with an equivalised disposable income below the at-risk-of-poverty threshold.

At-risk-of-poverty threshold: Income threshold under which a household is considered to be living in risk of poverty. It was conventionalised by the European Commission as 60% of the median national equivalent income.

Medical appointment: Appointment made by a medical doctor.

Medical doctor: Health professional with a degree in medicine and authorization by the respective professional order for the exercise of medicine.

Dentist medical doctor: Health professional that has a degree in dental medicine and the respective professional order's authorization to practice dental medicine.

Private household representative: Household member considered as such by the other members, living in the dwelling, legally of age (18 years old or over) and, preferably, being the owner of the dwelling, i.e., having the ownership title or the rental contract in his/her name.

Health problem: Health-related issue that raises the need for health care.

Longstanding health problem: Health problem that lasts or is expected to last for six months or more

Proxy: Person who responds in place of the effective respondent.

Health: State of complete physical, mental and social well-being, and not just the absence of disease.

Treatment: Curative care provided to a patient by a healthcare professional.