INSTITUTO NACIONAL DE ESTATÍSTICA
STATISTICS PORTUGAL

press release

DESTAQUE

19 May 2023
INCOME AND LIVING CONDITIONS – HEALTH
2022

EXPENDITURES ON DENTAL CARE AND MEDICINES ARE A HEAVY FINANCIAL BURDEN FOR ABOUT HALF OF HOUSEHOLDS

According to the results of the 2022 Survey on Living Conditions and Income, 75.5% of the population aged 16 and over consulted a general practitioner in the 12 months prior to the interview (5.8 pp less than in 2017).

In 2022, only 57.4% reported having consulted a dentist or orthodontist in the same period, which reflects, however, an improvement compared to 2017 (53.4%).

There were also 52.5% who consulted other medical or surgical specialists (except dentists and orthodontists and general practitioners or family doctors) in the 12 months prior to the interview, a proportion slightly lower than that estimated for 2017 (53.1%).

Women reported having had more medical appointments and more frequently than men, with 80.6% having consulted a general practitioner, 59.7% a dental care provider and 57.8% other medical specialists, compared to 69.8%, 54.8% and 46.6%, respectively, for men.

There are no substantial differences in access to general practice consultations between the population at-risk-of-poverty and people not at-risk-of-poverty, but more than half of the population at-risk-of-poverty did not have any dental care or other medical specialists' appointments in the 12 months prior to the interview.

In 2022, 45.8% of households evaluated the expenses with medical care as somewhat burdensome or heavy burden, 49.7% in the case of medicines and 51.7% in the case of dental care, despite the decrease in these proportions compared to 2017: respectively, 48.4%, 54.5% and 54.7%, especially in the case of the financial burden of medicines. The negative assessment of the financial burden of health care is higher for the at-risk-of poverty households, especially for dental care (59.4% of at risk of poverty households) and medicines (61.6% of at-risk-of-poverty households).

According to the Survey, more than half of adult population was overweight (37.3%) or obese (15.9%); 80.2% consumed fruit daily; 63.3% consumed salads or vegetables at least once a day and almost half of the population practice regularly some physical activity at least once a week.

Daily tobacco use was mentioned by 14.1% of the population.

In 2022, 4.1% of the resident population in Portugal was in a moderate and/or severe food insecurity condition, slightly lower than the value for 2021 (4.3%) and 2019 (4.7%).

ine.pt | Communication Unit - tel: + 351 21 842 61 10 | sci@ine.pt

The prevalence of overweight and obesity remained at about 53% in 2022

In 2022, according to the results of the triennial module on health of the Survey on Living Conditions and Income (ICOR), more than half of the population aged 18 or over was overweight or obese (53.2%), of which 37.3% were overweight and 15.9% were obese[1]. Overweight affected men more (43.0%) than women (32.3%), and obesity had similar proportions for both sexes (about 16%).

Figure 1. **Population with 18 years and over by classes of Body Mass Index and characteristics of population, Portugal, 2022**

(%)	Normal weight	Overweight	Obesity
Total	**44.7**	**37.3**	**15.9**
By gender			
Men	39.8	43.0	16.1
Women	49.1	32.3	15.7
By age group			
16-24 years	75.4	14.6	4.2
25-44 years	52.0	33.9	11.8
45-64 years	38.3	41.4	19.1
65-74 years	33.3	44.1	21.3
75+ years	39.5	40.6	17.6
By level of education			
Until basic education	35.2	41.9	21.5
Secondary education	51.8	33.6	11.5
Higher education	57.3	31.6	8.8
By activity status			
Employed	46.6	38.2	13.6
Unemployed	47.2	31.2	18.2
Retired	35.0	42.7	20.6
Other inactive	58.2	23.6	14.1
By self-perceived general health			
Very good or good	53.5	34.3	9.7
Fair	37.0	41.3	20.2
Bad or very bad	35.2	36.5	26.0
By limitation in activities because of health problem			
Severely limited	38.0	36.1	23.2
Limited but not severely	38.9	38.8	20.4
Not limited at all	47.9	36.8	13.2

Source: INE, Survey on Living Conditions and Income 2022.

[1] The Body Mass Index (BMI) is calculated based on the quotient between a person's weight in kilograms and the square of his/her height in meters: the "Overweight" category covers BMI values between 25 kg/m² and less than 30 kg/m², and the "Obesity" category covers BMI values equal to or greater than 30 kg/m².

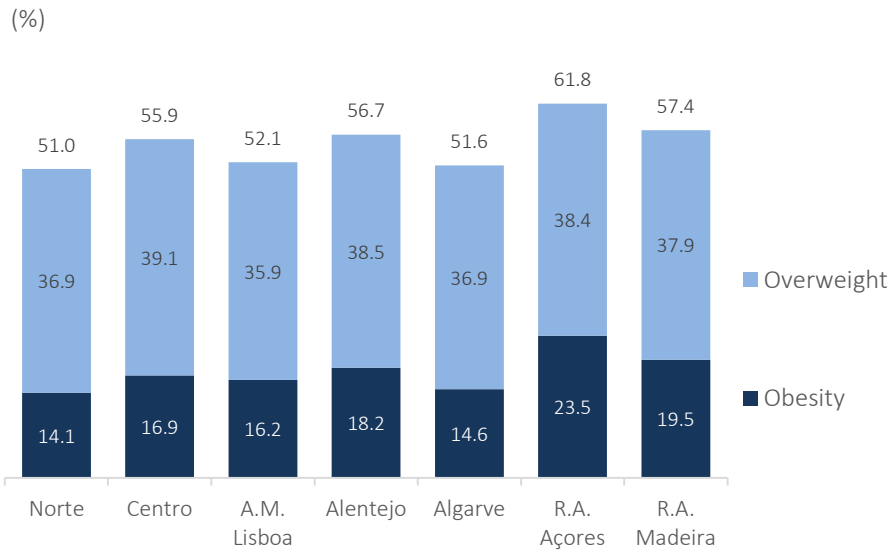
The prevalence of overweight and obesity in the adult population in 2022 was very similar to the figures for 2017 based on the ICOR 2017 module (53.4%) and 2019 based on the National Health Survey (53.6%).

In 2022, overweight and obesity mainly affected the population from the age of 45 (with values between 58% and 65%), the population with education level up to basic education (63.4%) and the retired population (63.3%).

The proportion of the population with a positive self-perception of general health status and overweight or obese (44.0%) was significantly lower than for the population with normal weight (53.5%), and the proportion of the population with overweight or obesity with some or severe limitations in carrying out activities people usually do was higher (between 59.1% and 59.3%) than for those without limitations (50.0%).

The prevalence of overweight and obesity reached the highest value in the Região Autónoma dos Açores, with 61.8% (38.4% overweight and 23.5% obese). The regions Norte, Algarve and Área Metropolitana de Lisboa were the least affected by the condition of overweight or obesity, with values around 51%-52%. The regions Norte and Algarve were the least affected by the condition of obesity (with values between 14%-15%).

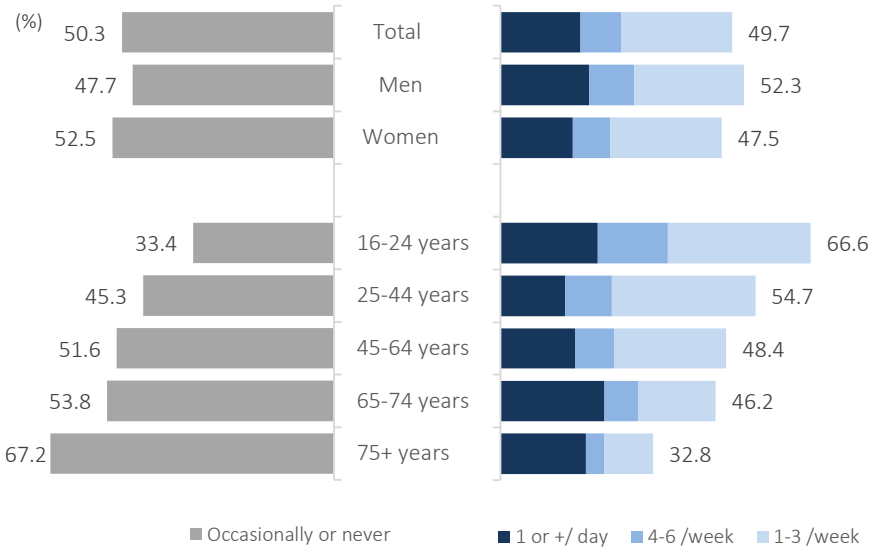
Figure 2. **Population with 18 years with overweight and obesity, Portugal and NUTS 2, 2022**



Source: INE, Survey on Living Conditions and Income 2022.

In 2022, almost half of the population (49.7%) practiced physical activities on a regular basis: 17.1% did it daily, 8.8% between 4 and 6 times a week and 23.8% between one and three times a week. Regular physical activity was more frequent for men (52.3%) than for women (47.5%) and for people up to the age of 44 (more than 50%).

Figure 3. **Frequency of physical activities by the population aged 16 and over by gender and age group, Portugal, 2022**



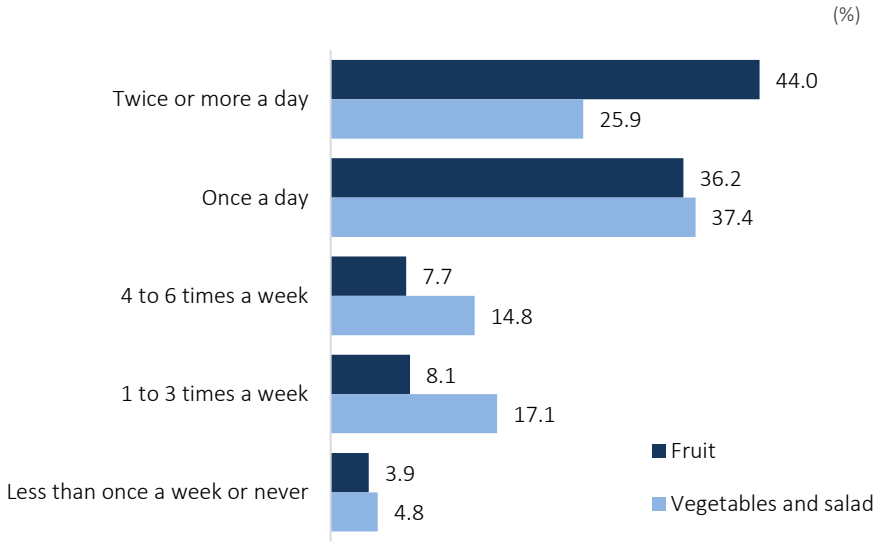
Source: INE, Survey on Living Conditions and Income 2022.

Daily consumption of fruits significantly more frequent than that of vegetables and salads

More than 80% of the resident population consumed fruit daily: 44.0% did so two or more times a day and 36.2% once a day. This behaviour was more frequent than that related to the daily consumption of salads and vegetables (excluding soups, potatoes, and juices), which was reported by 63.3% of the population (25.9% consumed two or more times a day and 37.4% once a day).

In Portugal, the population that indicated consuming fruit and vegetables or salads only punctually was less than 5% in both cases.

Figure 4. **Frequency of eating fruit and vegetables or salad by the population aged 16 and over, Portugal, 2022**



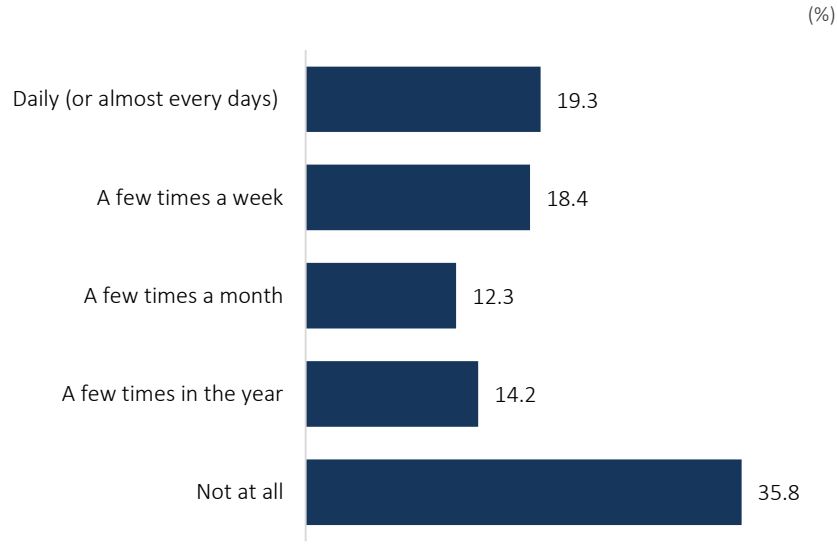
Source: INE, Survey on Living Conditions and Income 2022.

Both daily fruit consumption and daily consumption of vegetables and salads were reported by a higher proportion of women (83.2% for fruit consumption and 67.9% for vegetable and salad intake) than men (respectively, 76.8% and 58.1%) (Figure 6).

Daily consumption of alcoholic drinks more significant in the case of men

Almost 20% of the population aged 16 years or older reported having consumed alcoholic beverages daily during the 12 months preceding the interview: 18.4% a few times a week; 12.3%, a few times a month (but not weekly); and 14.2% more rarely (a few times a year); 35.8% reported not having consumed any alcoholic beverage in that period.

Figure 5. **Frequency of consumption of alcoholic drinks by the population aged 16 and over, Portugal, 2022**



Source: INE, Survey on Living Conditions and Income 2022.

Daily alcoholic drinks consumption was significantly higher for men (31.5%) than for women (8.5%) and for the elderly population, showing higher percentages in the 65-74 age group (34.7%) (Figure 6).

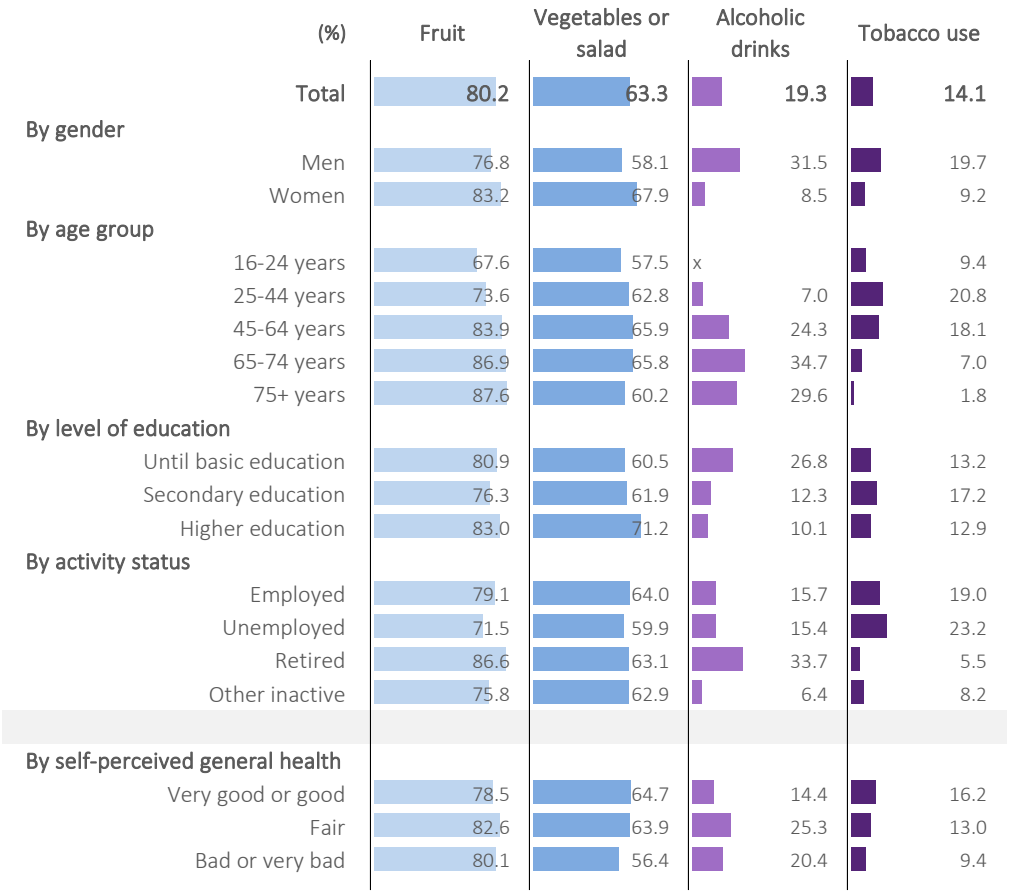
The proportion of people who consumed alcoholic drinks daily and had a level of education up to primary school was more than double that of those who had completed higher education.

33.7% of the retirees indicated that they had consumed alcoholic drinks every day, a value much higher than that reported by the active population (15.7% in the case of the employed and 15.4% in the case of the unemployed).

14.1% of the population aged 16 and older use tobacco daily

Regular tobacco use (daily) was indicated by about 14.1% of the population aged 16 years or older, a result slightly lower than that obtained based on the National Health Survey carried out in 2019 (14.2%). Tobacco use was occasional for 2.0% of the population. Regular tobacco use was more frequent in men (19.7%) than in women (9.2%), in people aged 25 to 64 years old (between 18% and 21%) and in the population that had completed secondary education (17.2%).

Figure 6. **Frequency of daily consumption of fruit, vegetables or salad, alcoholic drinks and tobacco use by characteristics of population with 16 or over, Portugal, 2022**

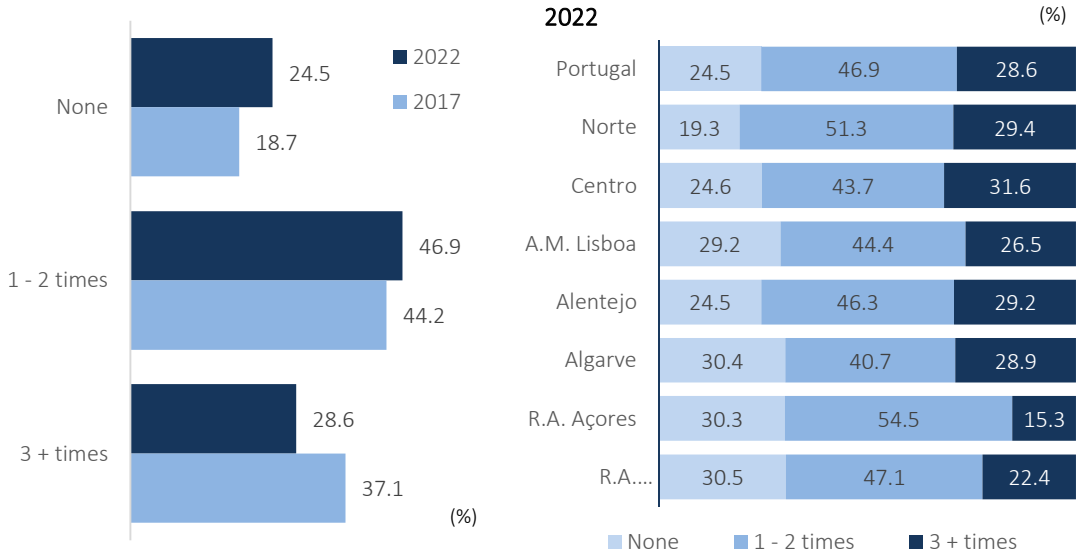


Source: INE, Survey on Living Conditions and Income 2022.

8 out of 10 people had an appointment with a general practitioner in 2021/2022

In 2022, 75.5% of the resident population aged 16 years or older reported having consulted a general practitioner in the 12 months prior to the interview, lower than the percentage of 81.3% estimated in 2017. Of those who consulted in 2021/2022, 46.9% did it once or twice and 28.6% did it three times or more.

Figure 7. **Frequency of consultations with a general practitioner or family doctor, Portugal, 2017 and 2022 and NUTS 2, 2022**



Source: INE, Survey on Living Conditions and Income 2017 and 2022.

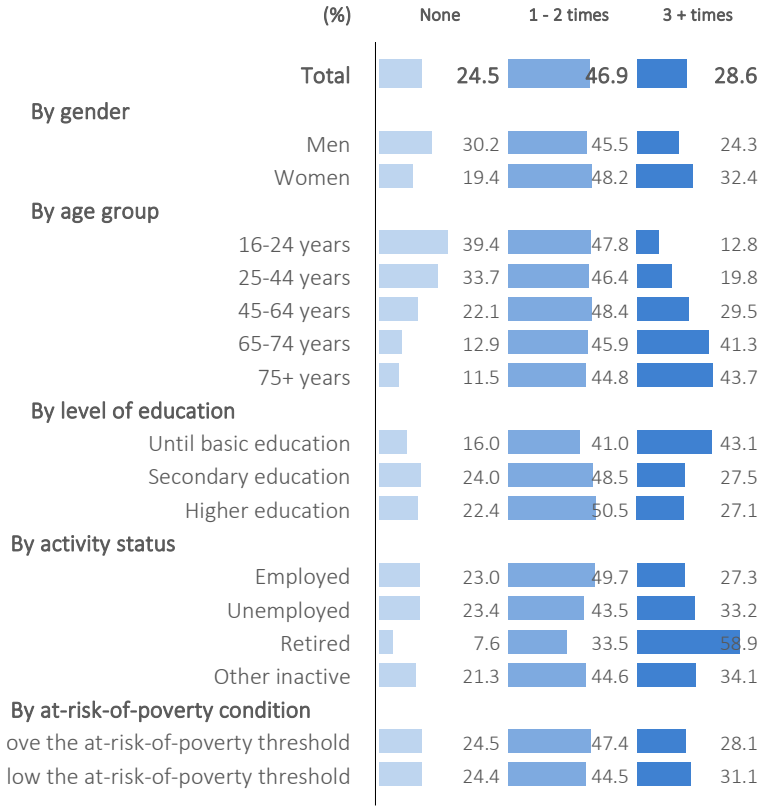
The percentage of women who reported having consulted a general practitioner (80.6%) was significantly higher than the percentage of men who did so (69.8%), and the proportion of women who consulted a general practitioner at least three times was also significantly higher: 32.4%, 8.1 p.p. more than the percentage of men (24.3%).

The percentage of those who consulted a general practitioner was higher in older age groups (less than 70% in the age groups up to 44 years, about 78% in the 45 to 64 age groups and more than 87% in the elderly population).

The proportion of the less educated population that reported having consulted a general practitioner (84.1%) was higher than for those who completed secondary education (76.0%) or higher education (77.6%), and when they did it was more frequently (43.1% of those who had completed up to basic education reported having consulted at least three times in the 12 months prior to the interview, which compares with 27.5% for those who completed secondary education and 27.1% of those who completed higher education).

The retired population was the one that most consulted a general practitioner, in proportion (92.4% reported having consulted) and in frequency of appointments (58.9% consulted at least three times).

Figure 8. **Frequency of appointments with a general practitioner or family doctor, by characteristics of population with 16 years and over, Portugal, 2022**



Source: INE, Survey on Living Conditions and Income 2022.

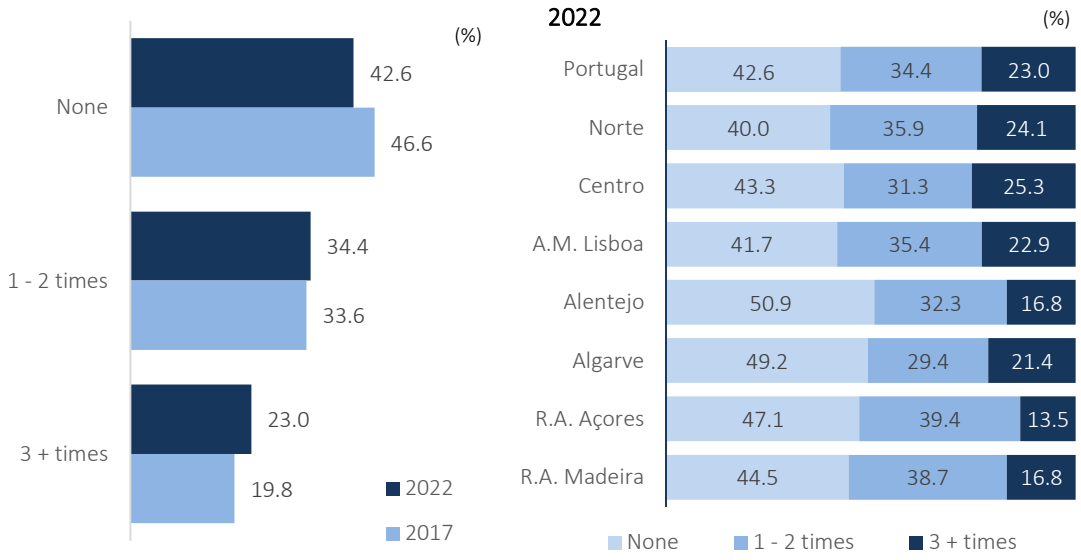
There are no substantial differences in access to general practice appointments between the population at-risk-of-poverty and the rest of the population, although the burden of this type of medical care is reported by a more significant proportion of at-risk-of-poverty households (16.8%) than by those without risk of poverty (11.8%) (Figure 13).

The percentage of those who consulted a general practitioner was 80.7% in Norte and about 70% in Região Autónoma dos Açores, Região Autónoma da Madeira and Algarve (Figure 7).

More than half of the population aged 16 and over went to dental care treatment

In 2022, 57.4% of the resident population aged 16 and over reported having had a dental care appointment in the 12 months prior to the interview, a higher proportion than in 2017 (53.4%). Of those who had a dental health appointment in 2021/2022, 34.4% did it once or twice and 23.0% did it three times or more.

Figure 9. **Frequency of appointments with dentist or orthodontist, Portugal, 2017 and 2022 and NUTS 2, 2022**



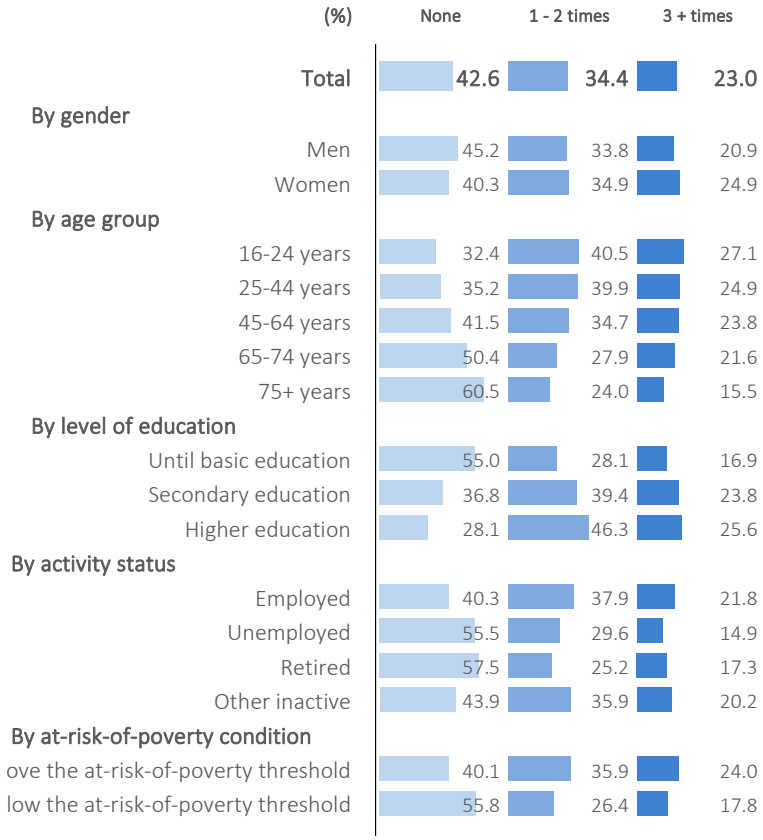
Source: INE, Survey on Living Conditions and Income 2017 and 2022.

Appointments with dentists or orthodontists were more frequent in the population aged 16 to 44 years (between 65% and 68%) and less frequent for the population aged 65 years or more (less than 50%).

The monitoring of dental health was more frequent in the population with higher education (71.9%), especially when compared to the population with only up to basic education (45.0%), and for employed people (59.7%), compared to those who were unemployed (44.5%).

In contrast to what was observed for general practice appointments, the proportion of people at-risk-of-poverty who had consulted a dentist or orthodontist was much lower (44.2%) than that obtained for the remaining population (59.9%).

Figure 10. **Frequency of appointments with a dentist or orthodontist, by characteristics of population with 16 years and over, Portugal, 2022**



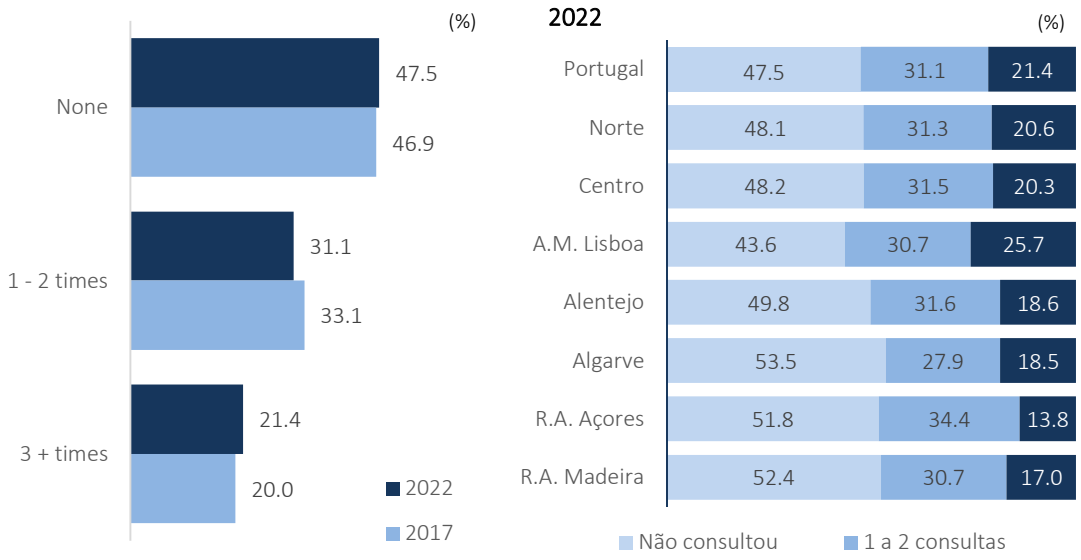
Source: INE, Survey on Living Conditions and Income 2022.

The percentages of those who had a dental care treatment were lower in the regions Alentejo and Algarve (between 49% and 51%) and higher in Norte (60.0%) and in Área Metropolitana de Lisboa (58.3%) (Figure 9).

Appointments with other medical specialists were more frequent among the older population and the population with higher education

The resident population aged 16 years or older who consulted other medical specialists (excluding dentists and orthodontists and general and family doctors) in the 12 months prior to the interview (2021/2022) was 52.5%, a proportion slightly lower than that estimated for 2017 (53.1%).

Figure 11. **Frequency of appointments with other medical specialists, Portugal, 2017 and 2022 and NUTS 2, 2022**



Source: INE, Survey on Living Conditions and Income 2017 and 2022.

The percentage of women who reported having consulted a medical specialist (57.8%) was higher than that of men (46.6%), and the proportion of people who used specialist doctors was higher in the higher age groups: more than 60% in the elderly population, which compares with percentages below 50% in the population under 45 years.

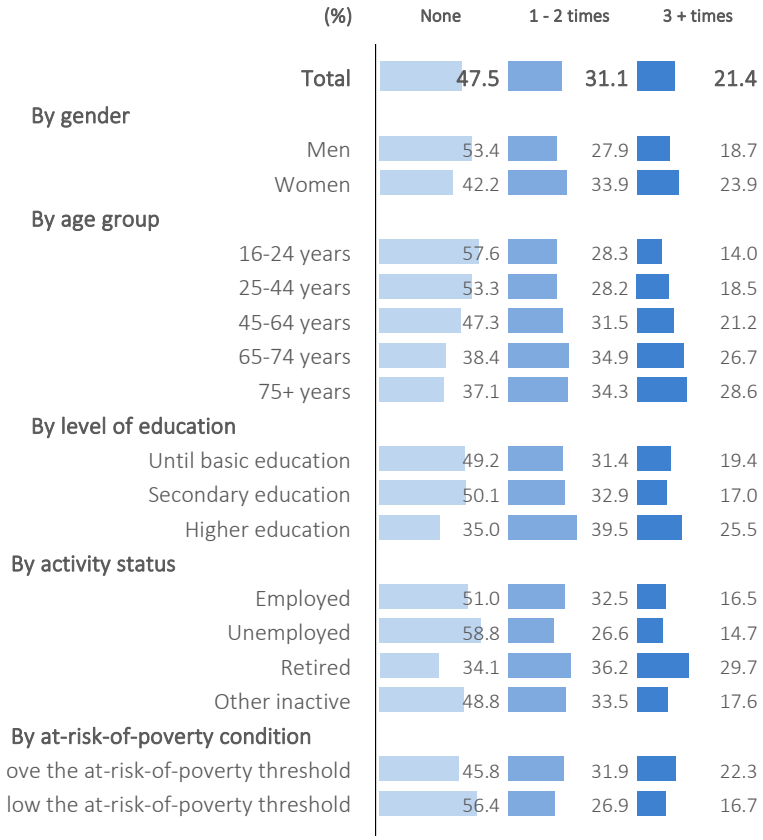
The retired population reported the highest frequency of medical appointments with medical specialists (65.9%), compared to the population unemployed (41.2%) and employed (49.0%), and also reported the highest number of appointments (29.7%).

The higher educated population reported having consulted a medical specialist more often (65.0%) than those who had up to basic education (50.8%) and those who had completed secondary education (49.9%).

In the same period, the population at- risk- of-poverty indicated that they had used this type of health care less frequently (43.6%) than the population without risk of poverty (54.2%).

The proportion of residents in Área Metropolitana de Lisboa who consulted with specialists was higher (56.4%) than in other regions and they did so more often in the reference period (25.7% with three or more appointments). Residents in Algarve (46.5%) and in Região Autónoma dos Açores (48.2%) and in Região Autónoma da Madeira (47.6%) recorded the lowest proportions.

Figure 12. **Frequency of appointments with other medical specialists, by characteristics of population with 16 years and over, Portugal, 2022**



Source: INE, Survey on Living Conditions and Income 2022.

One-third of households considered health care expenditures as a very heavy burden

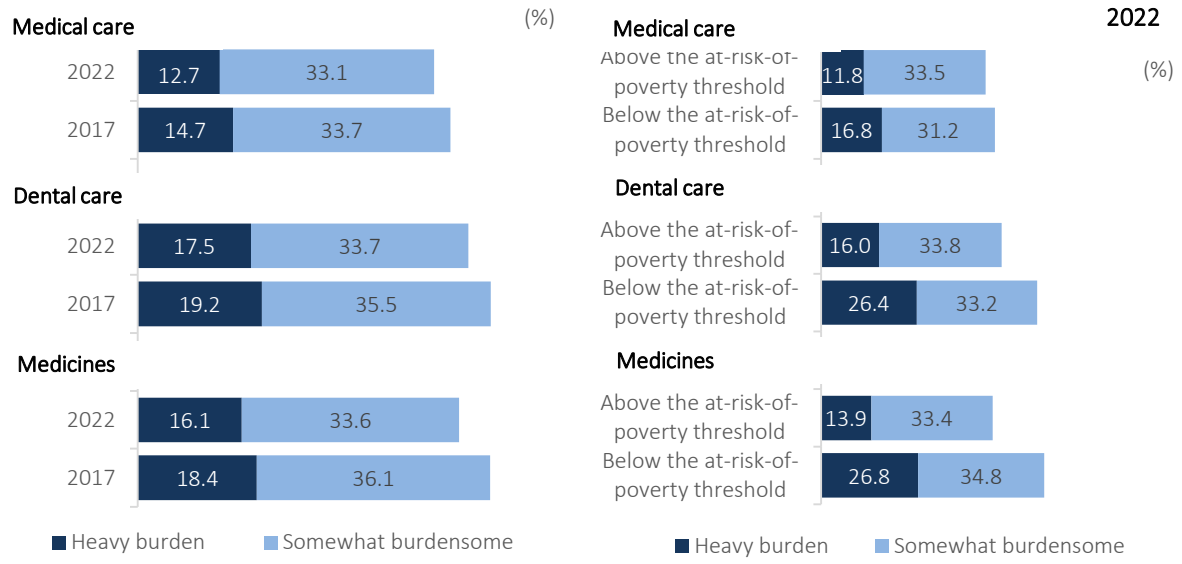
The assessment of the financial burden of health care by households is not identical for the types of care that were surveyed. It varies between 45.8% in the case of those who evaluate medical care as somewhat burdensome or heavy burden, 49.7% in the case of medicines and 51.7% in the case of dental care. All types surveyed recorded a decrease in the percentage of households that reported a negative evaluation compared to 2017: respectively, 48.4%, 54.5% and 54.7%, especially in the case of the financial burden with medicines.

Financial burden with:

- medical care (appointments, examinations and medical treatments, general or specialized medicine) represented a heavy burden for 12.7% of the households and a somewhat burdensome for 33.1%;
- medicines represented a heavy burden for 16.1% of the households and somewhat burdensome for 33.6%;

- Dental care represented a heavy burden for 17.5% of households and somewhat burdensome for 33.7%.

Figure 13. **Proportion of households with evaluation of financial burden of health care as heavy burden or somewhat burdensome, Portugal, 2017 and 2022 and at-risk-of-poverty status, Portugal, 2022**

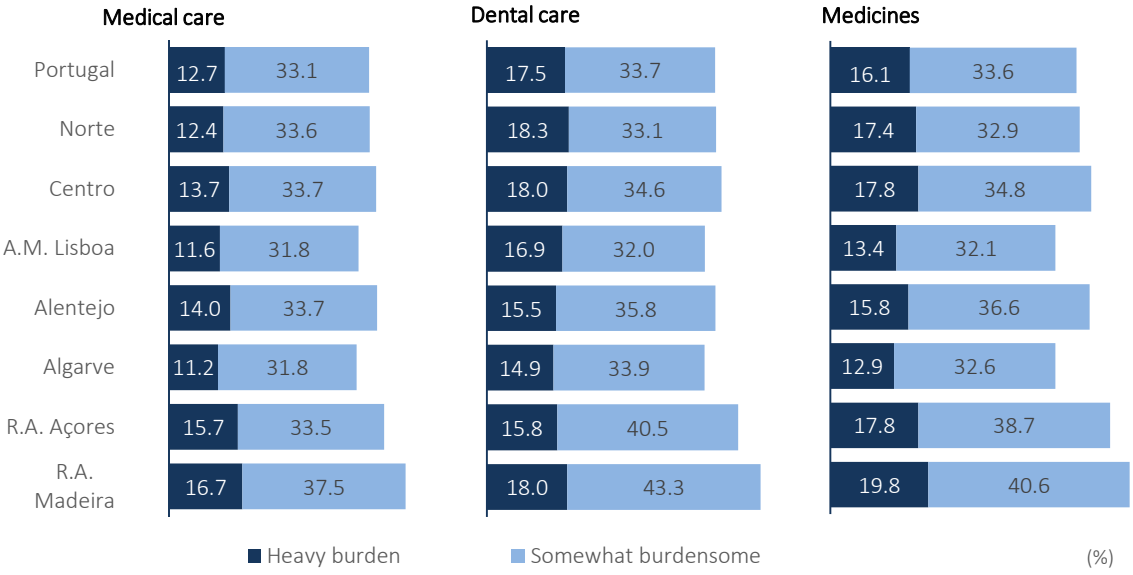


Source: INE, Survey on Living Conditions and Income 2017 and 2022.

As it might be expected, the negative assessment of the financial burden of health care is higher for at-risk-of-poverty households, especially in the case of dental care (59.4% of families at-risk-of-poverty) and medicines (61.6% of families at-risk-of-poverty).

By NUTS 2 regions, the proportions of households that assessed the financial burden of health care in Região Autónoma da Madeira as heavy (54.5% for medical care, 60.4% for medicines and 61.3% for dental care) were higher.

Figure 14. **Proportion of households with evaluation of financial burden of health care as heavy burden or somewhat burdensome, Portugal and NUTS 2, 2022**



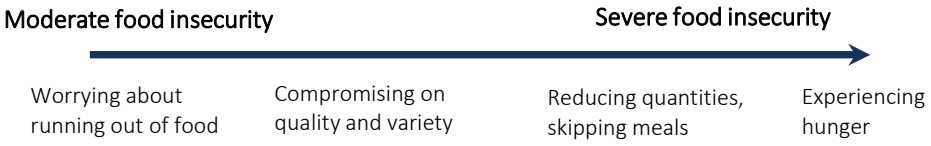
Source: INE, Survey on Living Conditions and Income 2022.

4.1% of the population in moderate or severe food insecurity in 2022

The survey allows, since 2019, the estimation of results on food insecurity, that is, on deprivation of guaranteed access to sufficient amount of food suitable for normal growth and development for an active and healthy life, based on the FIES (Food Insecurity Experience Scale) methodology[2], defined by FAO (Food and Agriculture Organization of the United Nations), which is a reference for indicator 2.1.2 of the Sustainable Development Goals.

The implementation of this methodology includes the collection of data for a set of eight questions standardized by FAO and the determination of food insecurity according to two levels of severity:

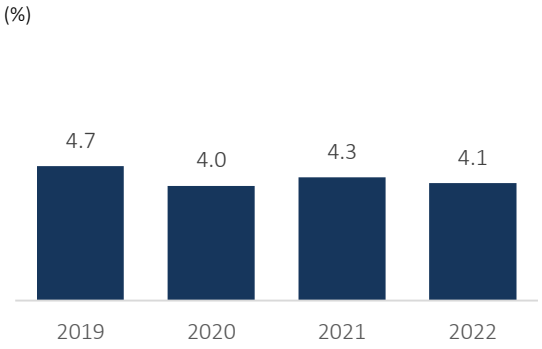
- Moderate, when there is a risk of lack of food, particularly of sufficient nutritional quality;
- Severe, when there is a total absence of food or hunger for a day or two.



[2] See Methodological Note

The results obtained through the application of the food insecurity scale (FIES) allow to conclude that, in 2022, 4.1% of the population residing in Portugal was in a situation of moderate and/or severe food insecurity, a value slightly lower than the value obtained in the previous year (4.3%). Severe food insecurity affected less than 1% of the population.

Figure 15. **Prevalence rate of moderate or severe food insecurity in the population, Portugal, 2019-2022**



Source: INE, Survey on Living Conditions and Income 2019-2022.

METHODOLOGICAL NOTE

The Survey on Income and Living Conditions (ICOR) 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 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 2022, one of the modules implemented for the first time was the regular module about "Health", to be applied every 3 years, which includes variables related to health status, health determinants and health care. Some variables of the regular module on "Health" replicate the 2017 ad hoc module, so the comparative results are presented whenever possible.

Since 2019, the ICOR collects eight questions addressed to the household representative that make up the food insecurity scale: 1) In the last 12 months, there has been a time when you, or did someone in your household worry that they didn't have enough food to eat, for lack of money or other means?; 2) Continuing to think about the last 12 months, there was a time when you, or has someone in the household been unable to consume healthy and nutritious food, for lack of money or other means?; 3) Did you consume only some types of food/food for lack of money or other means?; 4) Did you stop eating a meal because there wasn't enough money or other means to get food?; 5) Still considering the last 12 months, was there a time when you, or did someone in the household eat less than they thought they should eat, for lack of money or other means?; 6) Or did you run out of food in your home for lack of money or other means?; 7) Or did he feel hungry but did not eat because he had no money or other means to obtain food?; 8) In the last 12 months, there has been some time when you, or did someone in the household go a whole day without eating, for lack of money or other means?.

The items that make up the food insecurity scale (FIES) were designed to cover the severity of food insecurity and should be analysed together. The scale data are analysed through the application of the Rasch model, widely used in health studies and provides the statistical basis for measuring food security based on experience and allows to produce comparable data on food insecurity between countries.

In 2022, data was collected through computer-assisted face-to-face interviews (CAPI, or Computer Assisted Personal Interviewing) and telephone interviews (CATI, or Computer Assisted Telephone Interviewing) between April and July.

The estimated results for the indicators on well-being and social participation were obtained using individual weights. The household and individual weights used in ICOR are adjusted 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 households' level, and the Resident population estimates as at December 31, 2021 for the variables at the individual. 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 levels comprising, respectively, individuals under 16 years of age and individuals 75 years of age or older).

DEFINITIONS

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: resident population whose available equivalent income is below the poverty line.

Body mass index: International index adopted by the World Health Organization (WHO) to determine if a person is underweight, normal weight, overweight or obese. The body mass index corresponds to the quotient between a person's weight in kilograms and the square of their height in meters. Body mass index classification: low weight (BMI <18.5 kg/m²); normal weight (BMI ≥18.5 kg/m² and <25 kg/m²); overweight degree I (BMI ≥25 kg/m² and <27 kg/m²); overweight degree II (BMI ≥27 kg/m² and <30 kg/m²); and obesity (BMI ≥30 kg/m²).

Family medicine: Specialisation in medicine that deals with the health problems of individuals and families on an ongoing basis and in the context of the community.

Health status: Health profile of an individual or population that can be measured using an organized set of indicators.

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

Medical appointment: Appointment made by a doctor.

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

Medical specialist: Doctor qualified to practice a speciality in medicine.

Moderate food insecurity: a state of uncertainty about the ability to get food; a risk of skipping meals or seeing food run out; being forced to compromise on the nutritional quality and/or quantity of food consumed.

Severe food insecurity: running out of food; experienced hunger; at the most extreme, having to go without food for a day or more.

Speciality appointment: Medical appointment carried out within a speciality or subspecialty of hospital basis that should follow a clinical indication.