



European
Commission

HEALTH EQUITY PILOT PROJECT

The Netherlands

**Profile of socio-economic inequalities in alcohol,
nutrition and physical activity**





CONTENTS

Summary	4
Introduction	5
Background information	6
Inequalities in behaviours and outcomes.....	8
Lifecourse.....	13
a) Lifecourse stage - A good start in life	13
b) Lifecourse stage - Ages 11 to 15	16
c) Lifecourse stage - Ages 15 to 24.....	21
d) Lifecourse stage - Adult behaviour.....	29
Annex	34

SUMMARY

This report compares socio-economic inequalities relating to alcohol, nutrition and physical activity in the Netherlands with gradients for the European Union as a whole.

To set this in context, life expectancy in the Netherlands is slightly greater than that in the EU as a whole for men and slightly less for women – 1.8 years of life more for men, and 0.4 less for women. Healthy life expectancy is lower than in the EU as a whole – around one year less for men and six years less for women. There are substantial income inequalities in the Netherlands by level of educational attainment.

There are gradients in self perceived health by education - similar to the EU as a whole; gradients by income are slightly greater than for the EU as a whole for both women and men. Gradients in long term illness are slightly steeper than those for the EU as a whole by both education and income for males and females. Self-reported diabetes varies more by education among women than it does among men and both gradients are slightly steeper than those for the EU as a whole.

Some of the differences in health and the behaviours that lead to these differences are apparent from early in life. There are clear gradients in both obesity and pre-obesity among boys and girls at ages four to seven. At ages 11 to 15, boys and girls from high family affluence groups are much more likely to consume fruit daily than those in low ones. Boys in high family affluence groups are more likely to report daily physical exercise. At ages 15 to 16, the proportion of both male and female students who drank alcohol in the previous month increased with level of mother's education – much more sharply than for the EU as a whole for both males and females. Among female students, both reporting getting drunk at 14 or less and drinking at age 12 or less decreased with increased levels of maternal education more steeply than for the EU as a whole.

Among adults, both obesity and pre-obesity decrease with increased level of education for women; among men, prevalence of both is least among those with tertiary education.

INTRODUCTION

This report summarises the data that are available to compare socio-economic inequalities relating to alcohol, nutrition and physical activity in the Netherlands with gradients for the European Union as a whole. It is based on data available no later than April 2018 from harmonised sources such as Eurostat and WHO European Health Information Gateway. It is based solely **on data sources harmonised across Member States, available on or before April 2018**, from data bases such as Eurostat and WHO European Health Information Gateway. All graphs and tables presented in this report relate **solely to data for the Netherlands**.

Inequalities in life chances, behaviours and their health outcomes begin at the earliest stages in life, through intergenerational transmission, and accumulate across the life-course¹. This observation provides two guiding principles for the structure of this report. First, the presentation of results is ordered according to the stages of the life course – from conditions in the womb through to adult behaviours. Second, both to reflect differentials that are established early in life and to achieve the greatest level of comparability, level of educational attainment is used as the principle measure of socio-economic variation in this report². Other indicators, such as family affluence or income are used where this significantly extends the range of analyses possible.

¹ World Health Organization (2013) Review of Social Determinants of Health and the Health Divide in the WHO European Region: final report of a consortium chaired by Michael Marmot. WHO Regional Office for Europe, Copenhagen.

² Mackenbach, J.P. (2016), [*Health Inequalities in Europe*](#), Erasmus University Publishing, Rotterdam

BACKGROUND INFORMATION

The average population of the Netherlands during 2017 was 17 million, slightly over 3 percent of the figure for the European Union (EU) as a whole. Half of the population was aged under 42.5 years – the comparable figure for the EU was 42.8 years. Net migration was 4.6 per 1,000 population (2.4 for the EU as a whole). In terms of age dependency, the number aged under 15 or 65 and over was 53.3 percent of the figure for age 15 to 64 - the figure for the EU as a whole was 53.9 percent.

In 2016, life expectancy at birth was 80.0 years for males and 83.2 years for females – a gender gap of 3.2 years. Comparable figures for the EU were 78.2, 83.6 and 5.4 years. The comparable figures for healthy life years in the Netherlands were 62.8, 57.8 and -5.0 years (i.e. men stayed healthier for longer than women in the Netherlands) and 63.5, 64.2 and 0.7 years for the EU. These figures meant that men in the Netherlands could expect to spend 17.2 years in ill-health and women 25.4 years – a difference of 8.2 years. The comparable figures for the EU were 14.7 and 19.4 years – a difference of 4.7 years.

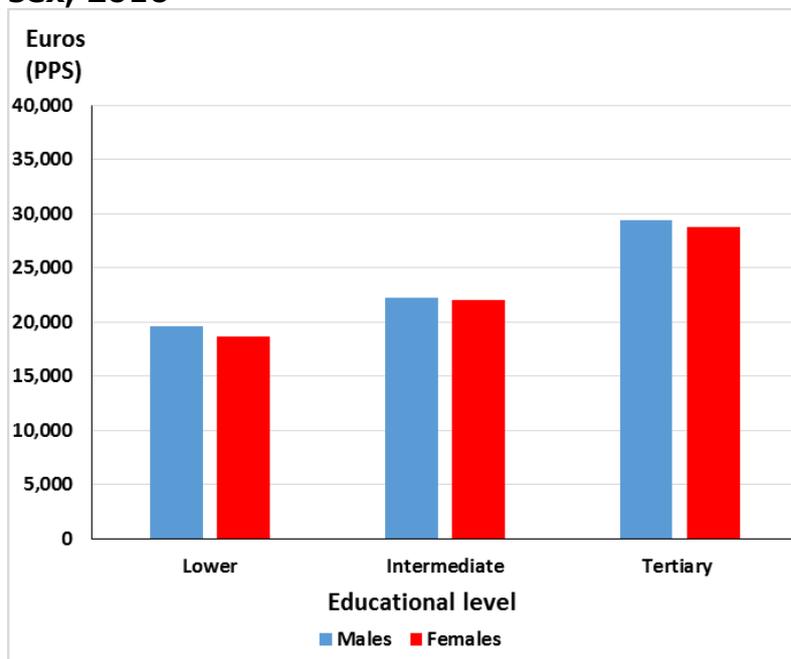
INCOME INEQUALITY

INEQUALITIES WITHIN COUNTRY

In terms of income inequality, the Gini coefficient was 26.9 for the Netherlands compared to 30.8 for the EU. The fifth of the population with the highest incomes received 3.9 times the income of the lowest fifth – the ratio across the EU was 5.2.

Both equivalised mean and median income per household increased with level of educational attainment in 2016. Average equivalised household income was around 9,800 Euros higher for men with tertiary education than for those with lower levels of educational attainment. For women of this age the difference was around 10,000 Euros. The comparable differences in median income were 9,300 Euros for both males and females.

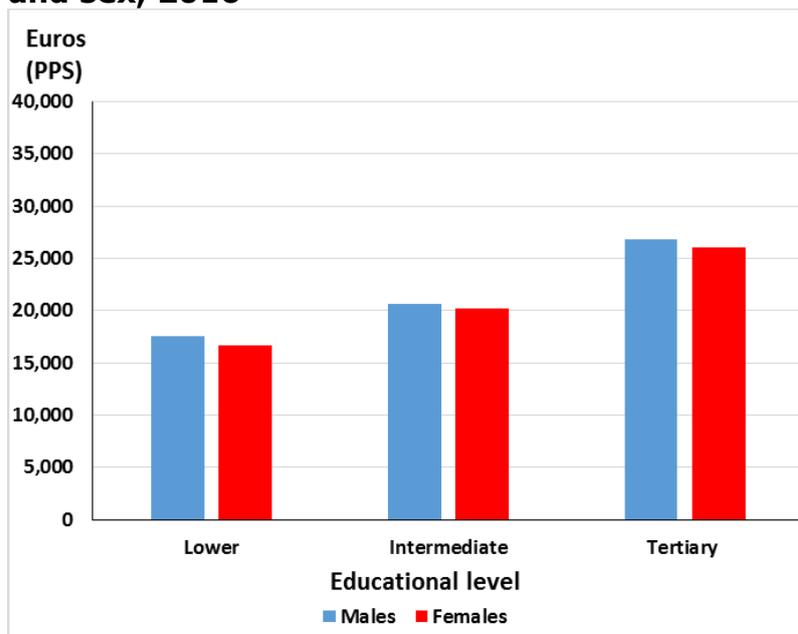
Equivalised mean income (pps) by level of educational attainment and sex, 2016



Sources, numbers and definitions: See Annex

COMPARISON WITH INEQUALITIES IN THE EU AS A WHOLE
No figures are available for the EU as a whole.

Equivalised median income (pps) by level of educational attainment and sex, 2016



Sources, numbers and definitions: See Annex

COMPARISON WITH INEQUALITIES IN THE EU AS A WHOLE
No figures are available for the EU as a whole.

INEQUALITIES IN BEHAVIOURS AND OUTCOMES

HEALTH AND LIFE EXPECTANCY

LIFE EXPECTANCY

INEQUALITIES WITHIN COUNTRY
No EU harmonised data available by socio-economic status for the Netherlands

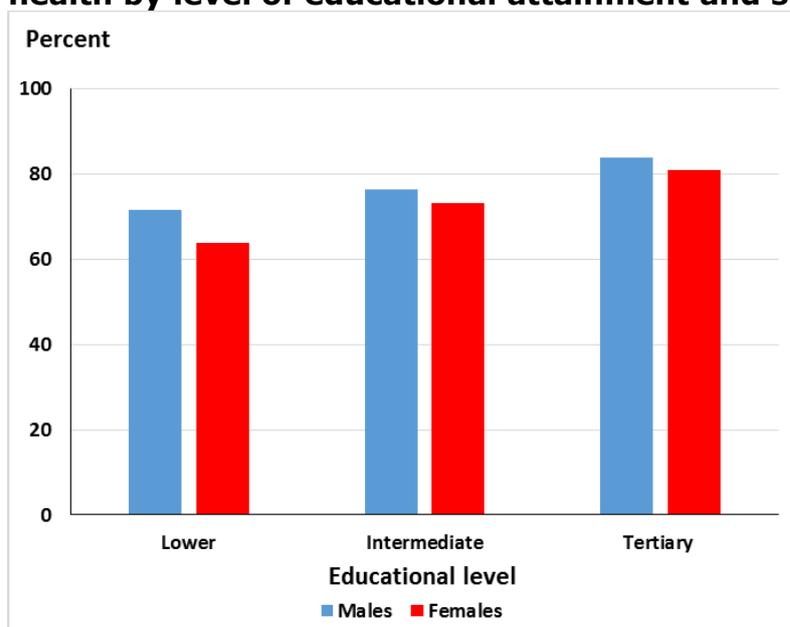
COMPARISON WITH INEQUALITIES IN THE EU AS A WHOLE
No figures are available for the EU as a whole. Only 16 Member States report these data to Eurostat, of which three are for earlier years than 2015. In all these 16 Member States there are social gradients in life expectancy by educational attainment.

SELF PERCEIVED HEALTH

(a) By educational attainment

INEQUALITIES WITHIN COUNTRY
The data suggest there are clear social gradients by level of educational attainment, for both men and women in the Netherlands, in self-perception of good or very good health. Self-reported health of the least educated men is 12 percentage points less than the most educated. For women, the gradient is steeper with a gap of 17 percentage points.

Age standardised percentage with good or very good self-perceived health by level of educational attainment and sex, 2016



Sources, numbers and definitions: See Annex

COMPARISON WITH INEQUALITIES IN THE EU AS A WHOLE

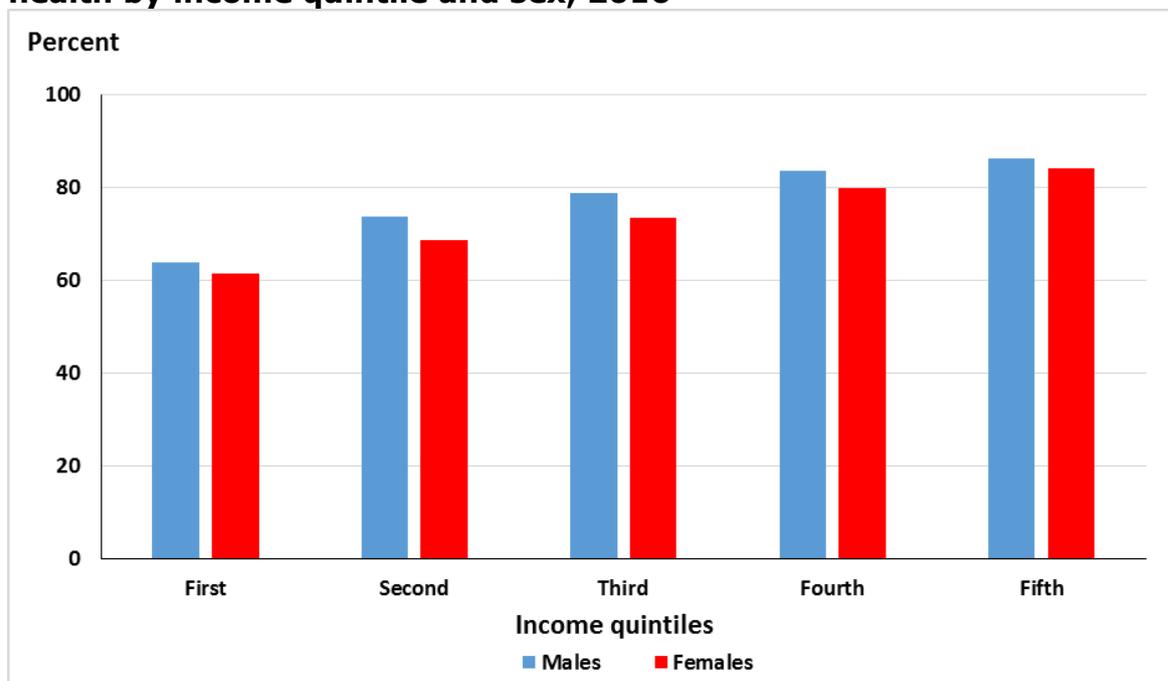
The data suggest there is a clear social gradient in self-perception of good or very good health in the EU as a whole. Self-reported health of the least educated men is 14 percentage points less than the most educated. For women, the gradient is slightly steeper with a gap of 16 percentage points.

(b) By income

INEQUALITIES WITHIN COUNTRY

The data suggest there are clear social gradients by income quintile, for both men and women in the Netherlands, in self-perception of good or very good health. Self-reported health of men in the lowest income quintile is 22 percentage points less than those in the top income quintile. For women, the gradient is similar with a gap of 23 percentage points.

Age standardised percentage with good or very good self-perceived health by income quintile and sex, 2016



Sources, numbers and definitions: See Annex

COMPARISON WITH INEQUALITIES IN THE EU AS A WHOLE

The data suggest there is a clear social gradient in self-perception of good or very good health in the EU as a whole. Self-reported health of men in the lowest income quintile is 18 percentage points less than for those in the highest income quintile. For women, the gradient is similar with a gap of 19 percentage points.

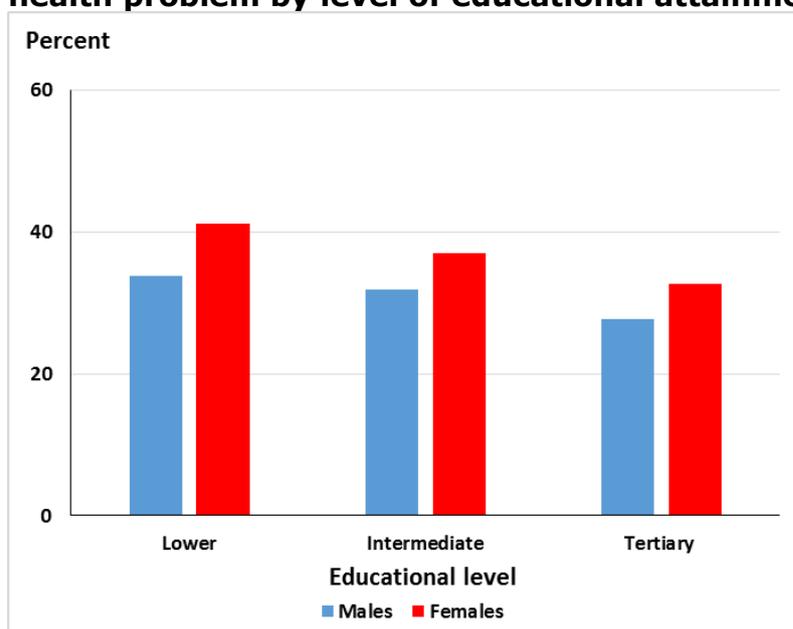
LONGSTANDING ILLNESS OR HEALTH PROBLEMS

(a) By educational attainment

INEQUALITIES WITHIN COUNTRY

The data suggest there are social gradients by level of educational attainment, for both men and women in the Netherlands, in reporting a long-standing illness or health problem. Self-reported long-standing ill-health of the least educated men is six percentage points greater than for the most educated. For women, the gradient is slightly steeper with a gap of nine percentage points.

Age standardised percentage reporting a long-standing illness or health problem by level of educational attainment and sex, 2016



Sources, numbers and definitions: See Annex

COMPARISON WITH INEQUALITIES IN THE EU AS A WHOLE

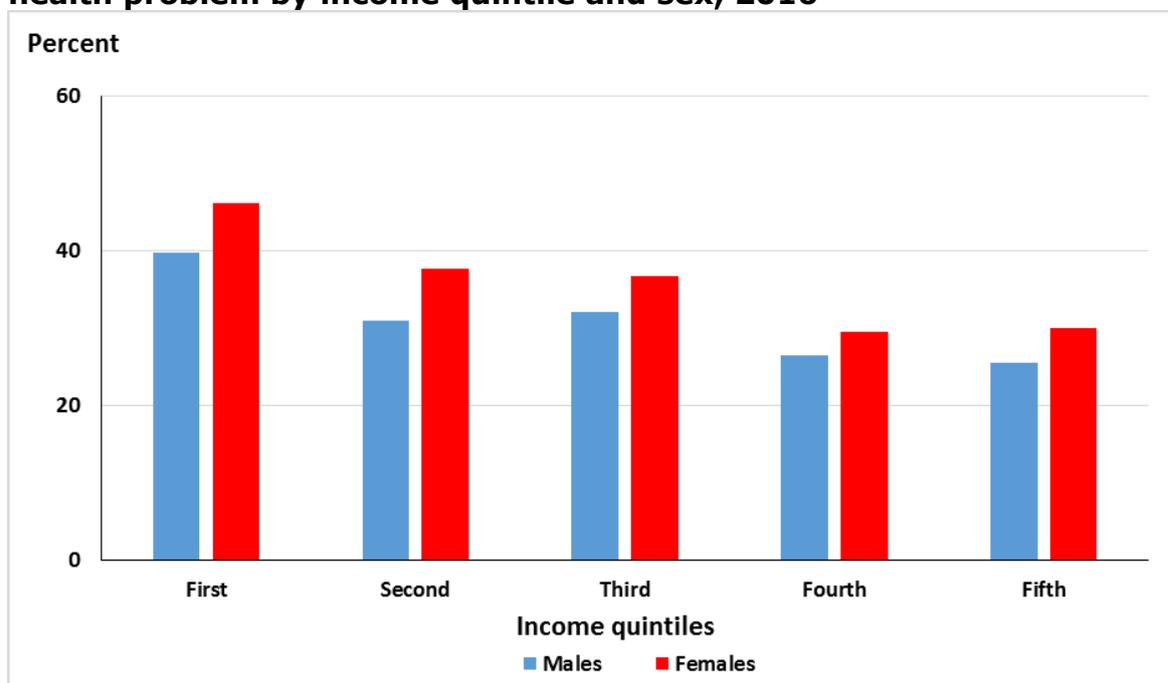
The data suggest that those with tertiary education are much less likely to report a long-standing illness or health problem than those with less educational attainment in the EU as a whole. Reporting of long-standing ill-health is 4 percentage points lower for the most educated men than for the least educated. For women, the gap is five percentage points.

(b) By income

INEQUALITIES WITHIN COUNTRY

The data suggest that for both men and women in the Netherlands, reporting a long-standing illness or health problem generally decreases as income level increases – although with little differentiation in the middle and top income bands. Self-reported long-standing illness or health problems in the lowest income quintile is, however, 14 and 16 percentage points greater than for those in the top income quintile for men and women, respectively.

Age standardised percentage reporting a long-standing illness or health problem by income quintile and sex, 2016



Sources, numbers and definitions: See Annex

COMPARISON WITH INEQUALITIES IN THE EU AS A WHOLE

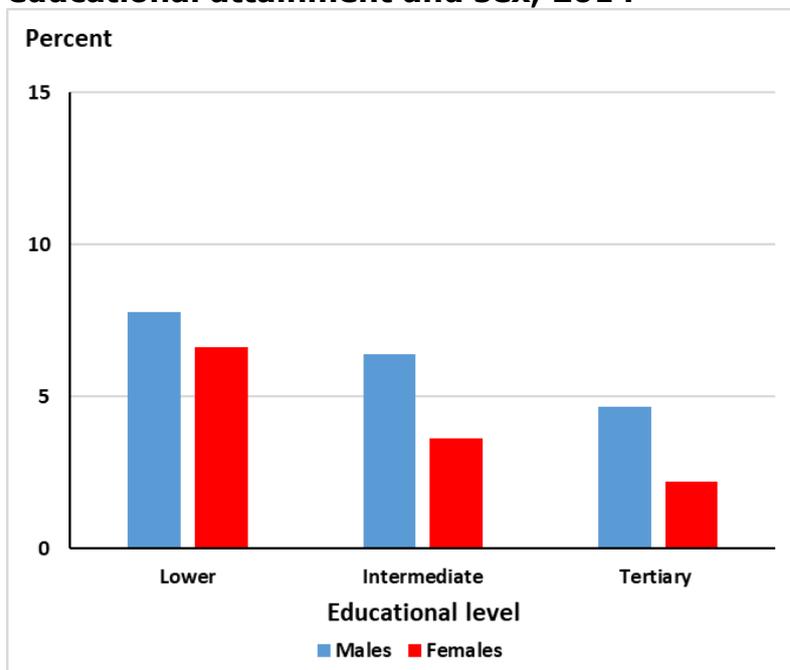
The data suggest there is a clear social gradient in reporting a long-standing illness or health problem in the EU as a whole. Self-reported long-standing ill-health in the lowest income quintile is 11 percentage points higher than for those in the highest income quintile, for both men and women.

SELF REPORTING OF DIABETES

INEQUALITIES WITHIN COUNTRY

The data suggest there is a clear social gradient in self-reporting of diabetes in the Netherlands by level of educational attainment. Self-reported diabetes among the least educated men is three percentage points greater than for the most educated. For women, the gradient is slightly steeper with a gap of four percentage points.

Age standardised percentage reporting diabetes by level of educational attainment and sex, 2014



Sources, numbers and definitions: See Annex

COMPARISON WITH INEQUALITIES IN THE EU AS A WHOLE

The data suggest that those with tertiary education are less likely to report having diabetes than those with less educational attainment in the EU as a whole. Reporting of diabetes is three percentage points lower for the most educated men than for the least educated. For women, the gap is four percentage points.

LIFECOURSE

A) LIFECOURSE STAGE - A GOOD START IN LIFE

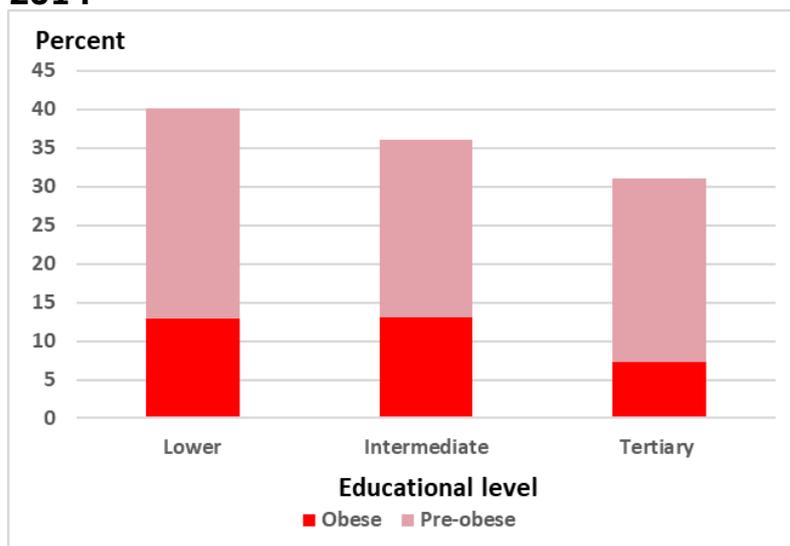
The events at which a good start in life needs to be established include pre-conception, conception, pregnancy and birth, the first thousand days, pre-school and primary education.

WOMEN OVERWEIGHT AT FERTILE AGES 18 TO 44

INEQUALITIES WITHIN COUNTRY

Among overweight adults (BMI of 25 or more), the European Health Interview Survey (EHIS) separately identifies those who are obese (BMI of 30 or more) from those who are overweight but not obese (i.e. pre-obese with BMI of at least 25 but less than 30). In the Netherlands, among women at ages 18 to 44, pre-obesity is higher among those with lower levels of educational attainment than those with other levels of educational attainment, while obesity is lower among those with tertiary education than others.

Women overweight at ages 18-44 by level of educational attainment, 2014



Sources, numbers and definitions: See Annex

COMPARISON WITH INEQUALITIES IN THE EU AS A WHOLE

For the EU as a whole, there is a social gradient in both pre-obesity and obesity among women aged 18 to 44. Among those with lower levels of educational attainment, 24.1 percent are pre-obese. This figure falls to 17.6 per cent among those with tertiary education. The comparable figures for obesity are 14.3 and 7.7 per cent.

INFANT MORTALITY

No EU harmonised data available by socio-economic status for the Netherlands

COMPARISON WITH INEQUALITIES IN THE EU AS A WHOLE

Similar social gradients occur in all but one of the nine countries in the EU for which data are available.

ALCOHOL CONSUMPTION DURING PREGNANCY

No EU harmonised data available by socio-economic status

FOETAL ALCOHOL SPECTRUM DISORDER

No EU harmonised data available by socio-economic status

BREAST FEEDING AND COMPLIMENTARY FEEDING

No EU harmonised data available by socio-economic status

SUGAR SWEETENED BEVERAGES IN EARLY CHILDHOOD

No EU harmonised data available by socio-economic status

SALT CONSUMPTION IN EARLY CHILDHOOD

No EU harmonised data available by socio-economic status

SATURATED FAT CONSUMPTION IN EARLY CHILDHOOD

No EU harmonised data available by socio-economic status

FRUIT CONSUMPTION IN EARLY CHILDHOOD

No EU harmonised data available by socio-economic status

VEGETABLE CONSUMPTION IN EARLY CHILDHOOD

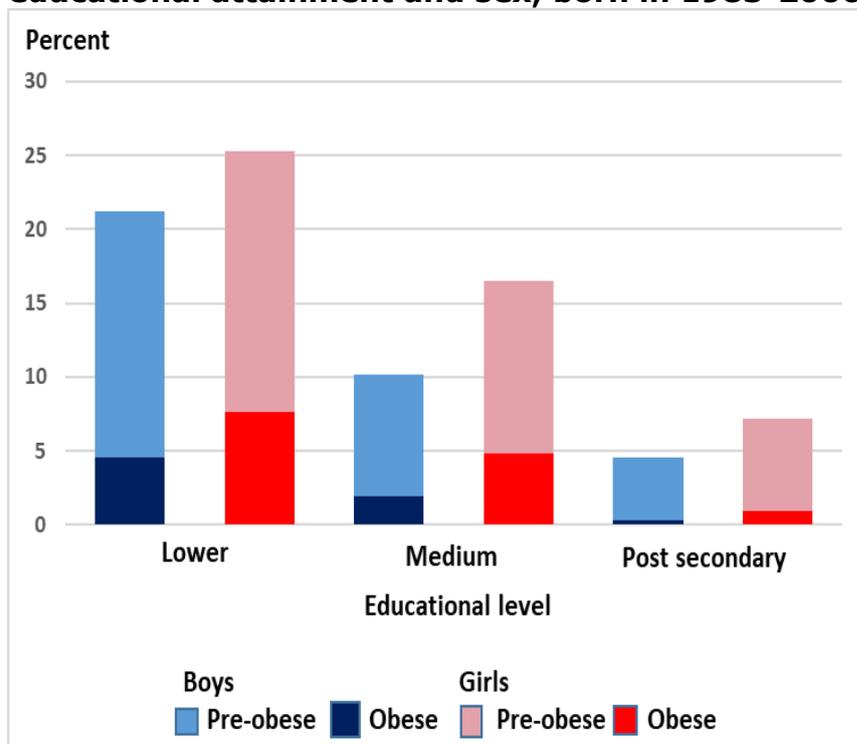
No EU harmonised data available by socio-economic status

OVERWEIGHT IN EARLY CHILDHOOD

INEQUALITIES WITHIN COUNTRY

Based on a study by Ruiz et al. that included 10 EU Member States, there are social gradients in the Netherlands at ages four to seven years among both boys and girls for both obesity (BMI value at this age equivalent to 30 or more at age 18) and pre-obesity (BMI value at this age equivalent to at least 25 but less than 30 at age 18). In each case, prevalence decreases as level of mother's educational attainment increases.

Children overweight at ages four to seven by level of maternal educational attainment and sex, born in 1983-2006



Sources, numbers and definitions: See Annex

INEQUALITIES IN THE EU AS A WHOLE

In the majority of the nine countries in the EU for which data are available, at ages four to seven, children whose mothers attained post-secondary education are less likely to be either obese or pre-obese than those whose mothers have lower levels of educational attainment.

B) LIFECOURSE STAGE - AGES 11 TO 15

The Health Behaviour of School Age Children (HBSC) survey 2013/2014 is the principal source of information at ages 11 to 15. To derive their Family Affluence Scale (FAS) the survey used a six-item assessment of common material assets or activities. Responses were scored and summed to form a summary score.

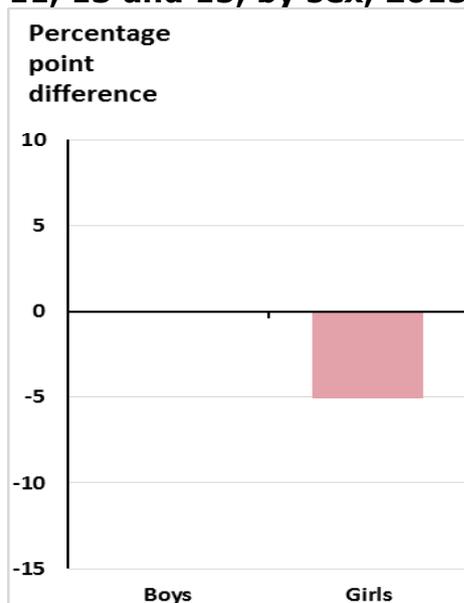
Additional information is available from ESPAD on alcohol consumption and is presented in the next section.

SUGAR SWEETENED BEVERAGES AT AGES 11 TO 15

INEQUALITIES WITHIN COUNTRY

Differences between low and high family affluence groups in soft drink consumption at ages 11 to 15 are not statistically significant in the HBSC data for the Netherlands

Percentage point difference in prevalence of drinking soft-drinks at least once a day between low and high family affluence groups at ages 11, 13 and 15, by sex, 2013/14



Sources, numbers and definitions: See Annex

COMPARISON WITH INEQUALITIES IN THE EU AS A WHOLE

The HBSC survey does not provide estimates for the EU as a whole. However, soft drink consumption is significantly related to low family affluence for girls in nearly half of EU countries for which these data are available. For boys, the pattern differs between EU countries with few countries showing significant differences.

SALT CONSUMPTION AT AGES 11 TO 15

No EU harmonised data available by socio-economic status

SATURATED FAT CONSUMPTION AT AGES 11 TO 15

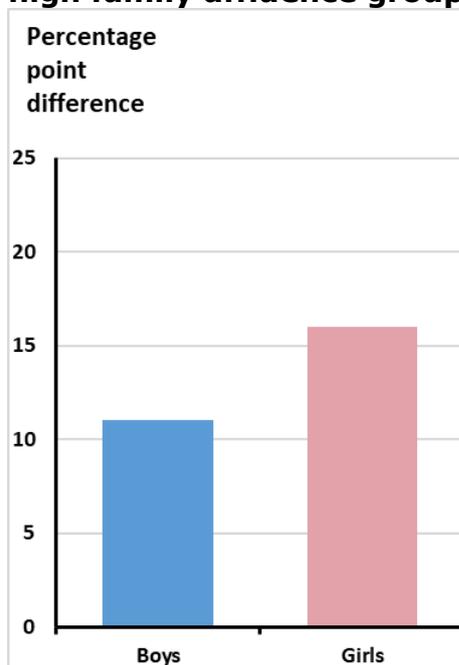
No EU harmonised data available by socio-economic status

FRUIT CONSUMPTION AT AGES 11 TO 15

INEQUALITIES WITHIN COUNTRY

The HBSC data suggest that daily fruit consumption is more common among high family affluence groups than low family affluence groups at ages 11 to 15 in the Netherlands. There are 11 and 16 percentage point differences for boys and girls, respectively.

Percentage point difference in daily fruit consumption between low and high family affluence groups at ages 11, 13 and 15, by sex, 2013/14



Sources, numbers and definitions: See Annex

COMPARISON WITH INEQUALITIES IN THE EU AS A WHOLE

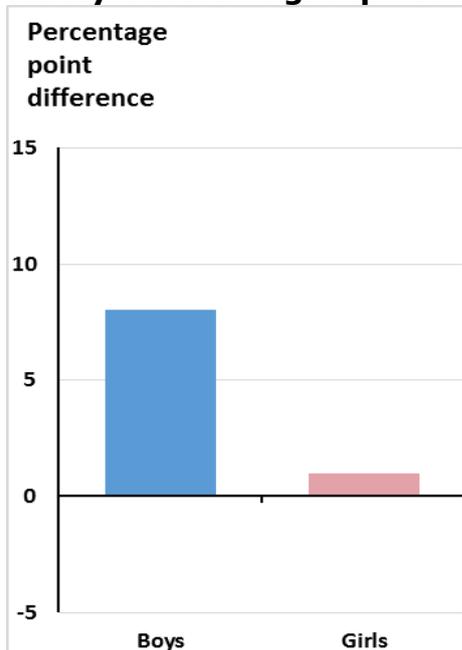
The HBSC survey does not provide estimates for the EU as a whole. However, fruit consumption is significantly related to family affluence across most EU countries for which these data are available.

PHYSICAL ACTIVITY AT AGES 11 TO 15

INEQUALITIES WITHIN COUNTRY

The HBSC data suggest that moderate or vigorous physical activity in the Netherlands at ages 11 to 15 is more common among high family affluence groups than low family affluence groups. There is an eight percentage point difference for boys. The smaller difference for girls is not statistically significant.

Percentage point difference in prevalence of reporting at least one hour of moderate or vigorous physical activity daily, between low and high family affluence groups at ages 11, 13 and 15, by sex, 2013/14



Sources, numbers and definitions: See Annex

COMPARISON WITH INEQUALITIES IN THE EU AS A WHOLE

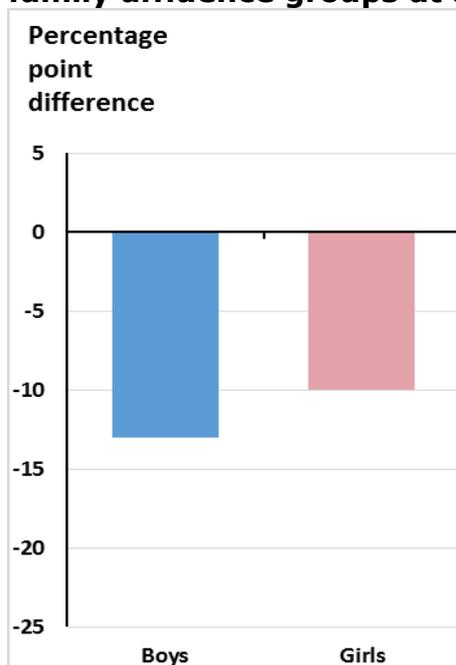
The HBSC survey does not provide estimates for the EU as a whole. However, physical activity is significantly related to family affluence in around half of EU countries for which these data are available. In these countries it is more common among both boys and girls in high family affluence groups than in low ones.

OVERWEIGHT AT AGES 11 TO 15

INEQUALITIES WITHIN COUNTRY

Data from the HBSC survey show that being overweight is more common among low family affluence groups than high family affluence groups at ages 11 to 15 in the Netherlands. There are 13 and 10 percentage point differences for boys and girls, respectively.

Percentage point difference in those overweight between low and high family affluence groups at ages 11, 13 and 15, by sex, 2013/14



Sources, numbers and definitions: See Annex

COMPARISON WITH INEQUALITIES IN THE EU AS A WHOLE

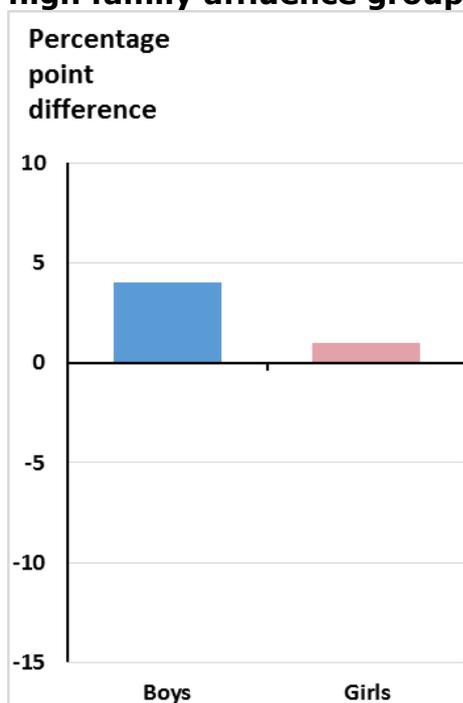
The HBSC survey does not provide estimates for the EU as a whole. However, being overweight is significantly related to family affluence across most EU countries for which these data are available.

WEEKLY ALCOHOL CONSUMPTION AT AGES 11 TO 15

INEQUALITIES WITHIN COUNTRY

Differences between low and high family affluence groups in weekly use of alcohol at ages 11 to 15 are not statistically significant in the HBSC data for the Netherlands.

Percentage point difference in weekly use of alcohol between low and high family affluence groups at ages 11, 13 and 15, by sex, 2013/14



Sources, numbers and definitions: See Annex

COMPARISON WITH INEQUALITIES IN THE EU AS A WHOLE

The HBSC survey does not provide estimates for the EU as a whole. Weekly alcohol consumption is not significantly related to family affluence in the majority of EU countries for which these data are available.

C) LIFECOURSE STAGE - AGES 15 TO 24

ALCOHOL CONSUMPTION REPORTED AT AGES 15 AND 16

The main purpose of the European School Survey Project on Alcohol and Other Drugs (ESPAD) project is to collect comparable data on substance use among 15 to 16 year- old students in as many European countries as possible. The target group consists of students who turn 16 during the year of data collection, which in 2011 meant students born in 1995. The surveys are conducted in schools in the participating country, during the same period of time and using a common methodology.

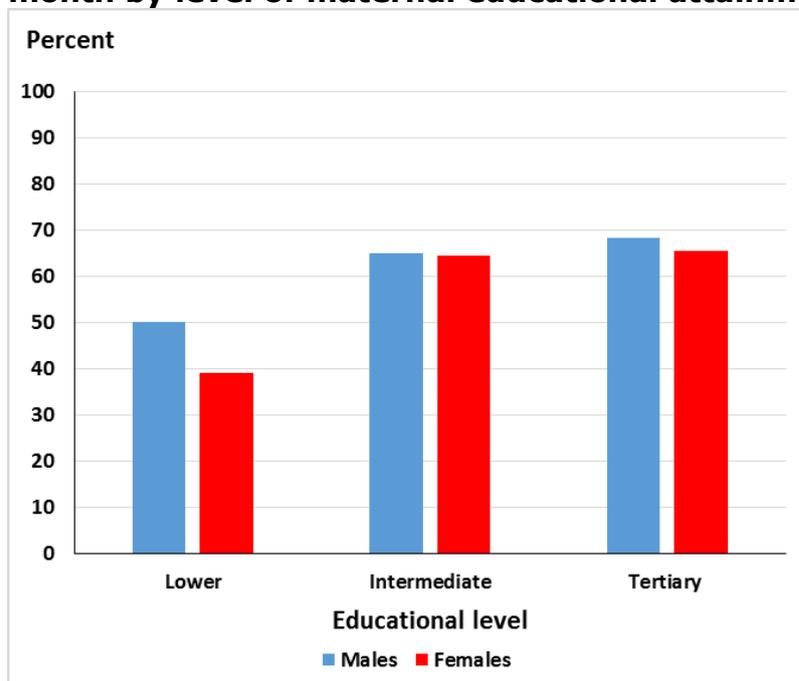
The ESPAD survey was not conducted in all EU member States in 2011 – no ESPAD data are available for Austria, Germany, Luxembourg and Spain for 2011. However, it did cover 23 Member States as well as Flanders (in Belgium). It is therefore possible to compare figures for the Netherlands to the average for all survey participants in the EU.

DRANK ALCOHOL IN THE LAST MONTH

INEQUALITIES WITHIN COUNTRY

The percentage of male and female students in the Netherlands aged 15 to 16 years who drank alcohol in the preceding month increased with increased level of maternal educational attainment. Among both males and females, those whose mothers had lower levels of educational attainment were considerably less likely to have drunk alcohol in the last month than others – with gaps of 18 and 27 percentage points for male and female students, respectively, between this group and those whose mothers had tertiary education.

Percentage of 15 and 16 year old students who drank alcohol in the last month by level of maternal educational attainment and sex, 2011



Sources, numbers and definitions: See Annex

COMPARISON WITH INEQUALITIES IN THE EU AS A WHOLE

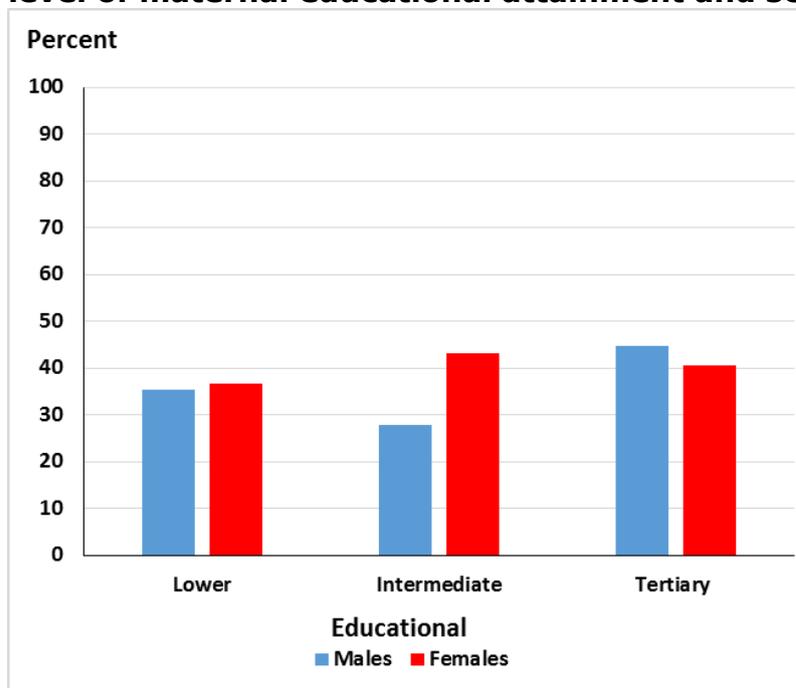
For both males and females, the percentage of participating EU students aged 15 to 16 years who drank alcohol in the preceding month was least among those whose mothers had a lower level of educational attainment.

DRUNK IN LIFETIME

INEQUALITIES WITHIN COUNTRY

The percentage of male students aged 15 to 16 years in the Netherlands who had ever been drunk in their lifetime was lowest for those with mothers with intermediate levels of educational attainment, while for females this was the group with the highest percentage who had ever been drunk.

Percentage of 15 and 16 year old students who had ever been drunk by level of maternal educational attainment and sex, 2011



Sources, numbers and definitions: See Annex

COMPARISON WITH INEQUALITIES IN THE EU AS A WHOLE

The percentage of participating EU students aged 15 to 16 years who had ever been drunk in their lifetime differed little by level of maternal educational attainment. For both males and females, it was slightly greater for those whose mothers had intermediate levels of educational attainment and slightly lower for those whose mothers had a tertiary education.

HEAVY DRINKING IN THE LAST MONTH

No EU harmonised data available by socio-economic status

COMPARISON WITH INEQUALITIES IN THE EU AS A WHOLE

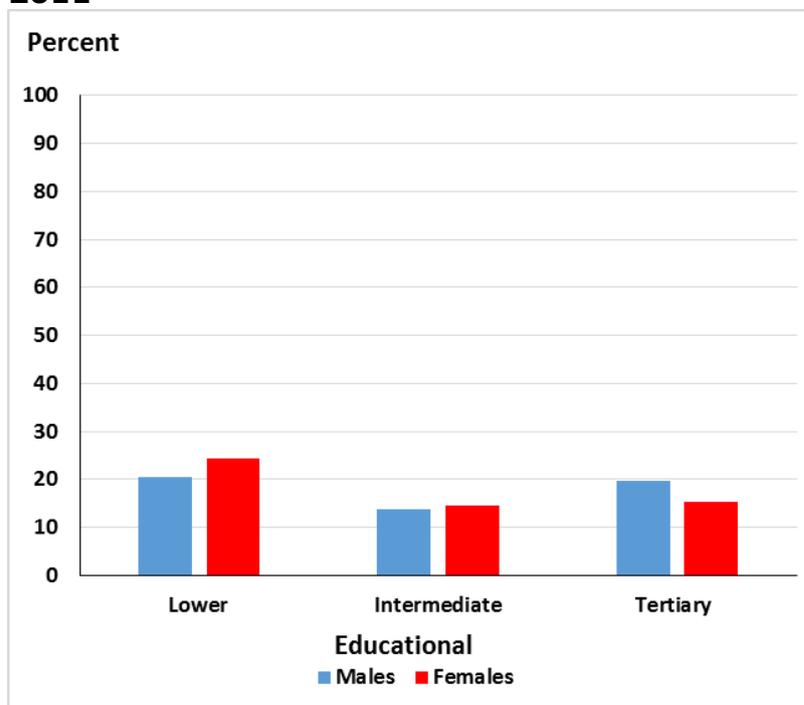
The percentage of participating EU students aged 15 to 16 years who had five or more drinks on one occasion in the previous month decreased with increased level of maternal educational attainment, with a six percentage point difference between lower levels of maternal educational attainment and tertiary education for both males and females.

GOT DRUNK AT AGE 14 OR LESS

INEQUALITIES WITHIN COUNTRY

The percentage of both male and female students aged 15 to 16 years in the Netherlands who got drunk at age 14 or less was lowest for those whose mothers had intermediate levels of maternal education.

Percentage of 15 and 16 year old students who had ever been drunk at age 14 or less by level of maternal educational attainment and sex, 2011



Sources, numbers and definitions: See Annex

COMPARISON WITH INEQUALITIES IN THE EU AS A WHOLE

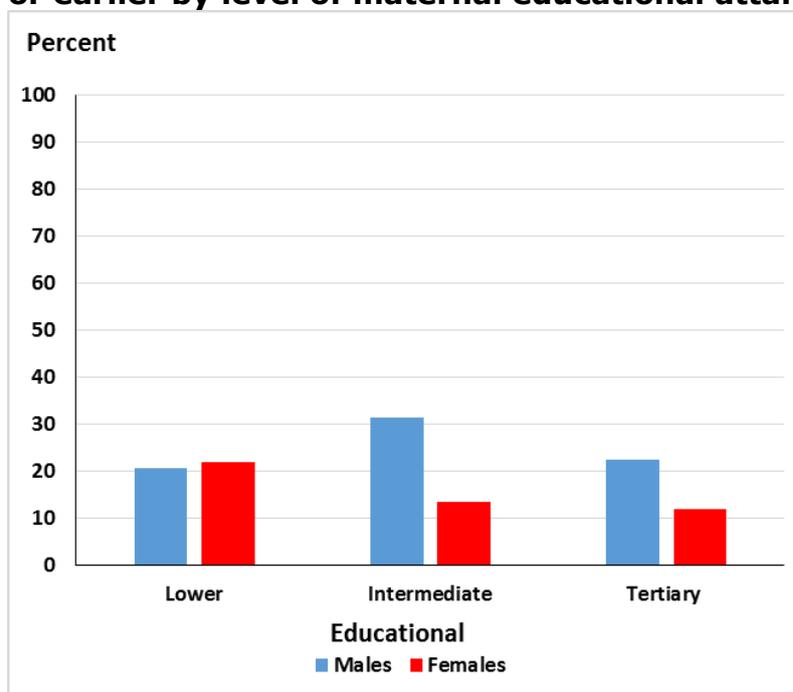
The percentage of participating EU students aged 15 to 16 years who got drunk at age 14 or less differed little by level of maternal educational attainment for both males and females. For both males and females, it was slightly greater for those whose mothers had intermediate levels of educational attainment and slightly lower for those whose mothers had a tertiary education.

FIRST DRANK ALCOHOL AT AGE 12 OR EARLIER

INEQUALITIES WITHIN COUNTRY

The percentage of female students aged 15 to 16 years who had first drunk alcohol at age 12 or less decreased with increasing maternal educational attainment, with a 10 percentage point difference between those whose mothers had lower levels of educational attainment and those whose mothers had tertiary education. For males, the highest percentage who had first drunk alcohol at age 12 or less was for those whose mothers had intermediate levels of education.

Percentage of 15 and 16 year old students who drank alcohol at age 12 or earlier by level of maternal educational attainment and sex, 2011



Sources, numbers and definitions: See Annex

COMPARISON WITH INEQUALITIES IN THE EU AS A WHOLE

The percentage of participating EU students aged 15 to 16 years who had first drunk alcohol at age 12 or less decreased with increased level of maternal educational attainment. Among males and females, it was five and six percentage points, respectively, lower among those whose mothers had a tertiary education than among those whose mothers had lower levels of educational attainment.

DIET AND EXERCISE AT AGES 15 TO 24

The European Health Interview Survey (EHIS) is the principal source of information at ages 15 and over. The survey consists of four modules on health status, health care use, health determinants and socio-economic background variables. EHIS targets the population aged at least 15 and living in private households.

SUGAR CONSUMPTION AT AGES 15 TO 24

No EU harmonised data available by socio-economic status

SALT CONSUMPTION AT AGES 15 TO 24

No EU harmonised data available by socio-economic status

SATURATED FAT CONSUMPTION AT AGES 15 TO 24

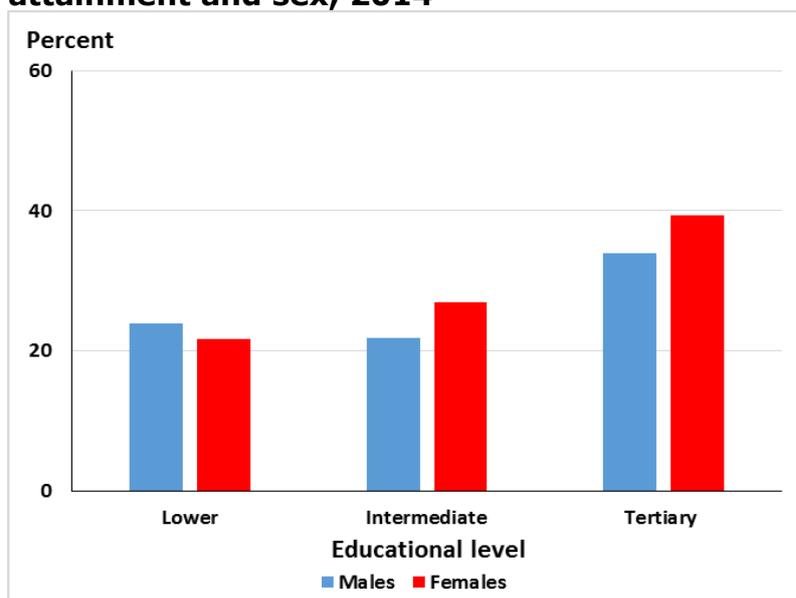
No EU harmonised data available by socio-economic status

FRUIT CONSUMPTION AT AGES 15 TO 24

INEQUALITIES WITHIN COUNTRY

The EHIS data suggest a clear social gradient in daily fruit consumption among women aged 15 to 24 in the Netherlands. Prevalence increases as levels of educational attainment increase. Among men prevalence is highest for those with tertiary education. Many in this age group will not have attained their final lifetime level of education.

Fruit consumption at least daily at ages 15 to 24 by level of educational attainment and sex, 2014



Sources, numbers and definitions: See Annex

COMPARISON WITH INEQUALITIES IN THE EU AS A WHOLE

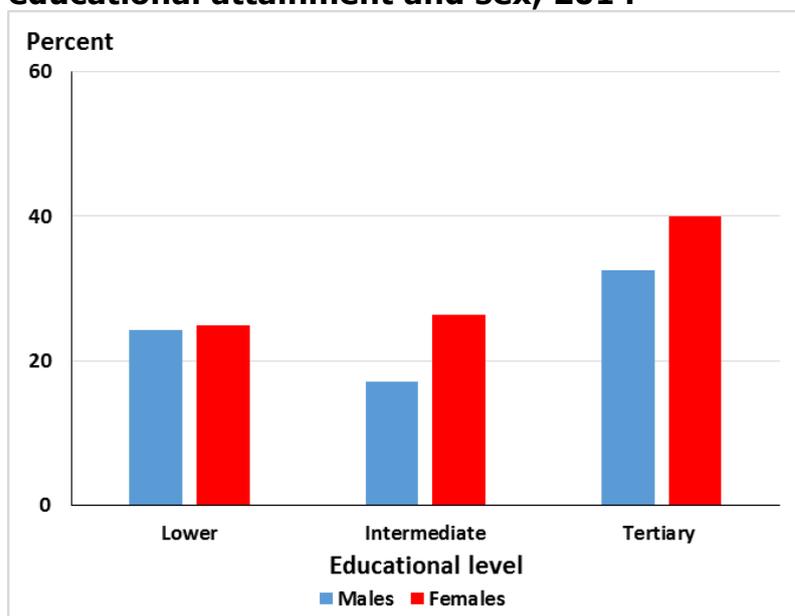
Data from EHIS for the EU as a whole suggest that there is a consistent gradient in fruit consumption among young women aged 15 to 24, with those who attained a tertiary level of education most likely to eat fruit at least daily. Among young men, those with intermediate levels of educational attainment were least likely to eat fruit at least daily. However, many in this age group will not have attained their final lifetime level of educational attainment.

VEGETABLE CONSUMPTION AT AGES 15 TO 24

INEQUALITIES WITHIN COUNTRY

The EHIS data suggest a clear social gradient in daily vegetable consumption among women aged 15 to 24 in the Netherlands. Prevalence increases as levels of educational attainment increase. Among men prevalence is highest for those with tertiary education and least among those with intermediate levels of educational attainment. Many in this age group will not have attained their final lifetime level of education.

Vegetable consumption at least daily at ages 15 to 24 by level of educational attainment and sex, 2014



Sources, numbers and definitions: See Annex

COMPARISON WITH INEQUALITIES IN THE EU AS A WHOLE

Data from EHIS for the EU as a whole suggest that there are consistent gradients in vegetable consumption among young men and women aged 15 to 24, with those who attained a tertiary level of education most likely to eat fruit at least daily. However, many in this age group will not have attained their final lifetime level of educational attainment.

PHYSICAL ACTIVITY AT AGES 15 TO 24

No EU harmonised data available by socio-economic status for the Netherlands

COMPARISON WITH INEQUALITIES IN THE EU AS A WHOLE

Physical activity recorded in EHIS shows no clear relationship between in-work physical activity and educational attainment level, at ages 15 to 24 across the EU as a whole. Those with intermediate levels of educational attainment are most likely to engage in moderate or heavy physical activity in-work and those with lower levels of attainment least likely to do so. Physical activity outside work is more common among young men with lower levels of educational attainment than among those with intermediate levels. For young women, the highest levels are among those who had attained a tertiary level of education at this age.

Physical activity outside work similarly shows no clear relationship with educational attainment level, at ages 15 to 24 across the EU as a whole. Those with intermediate levels of educational attainment are least likely to engage in significant physical activity outside work at these ages.

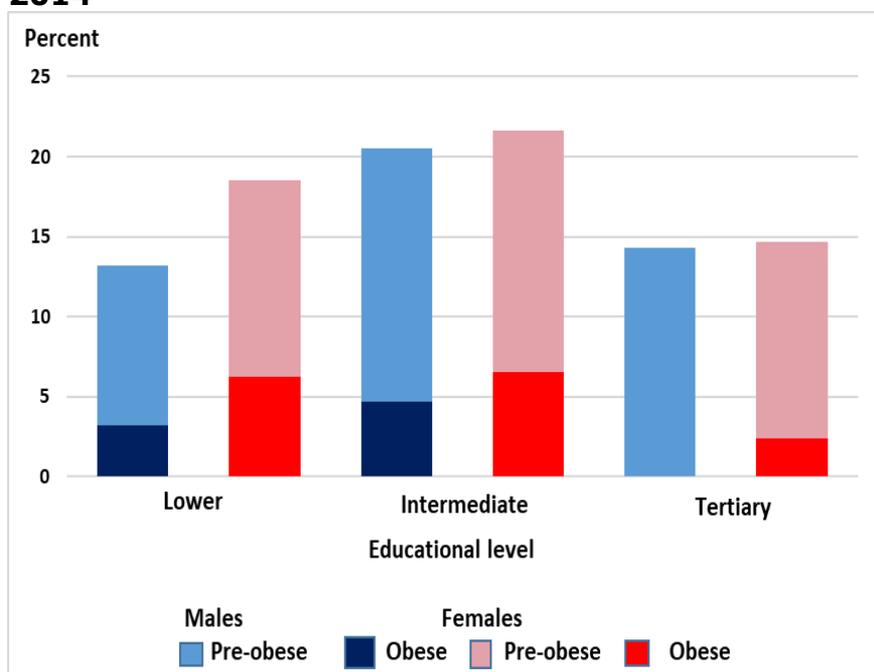
Many in this age group will not have attained their final lifetime level of educational attainment.

OVERWEIGHT AT AGES 15 TO 24

INEQUALITIES WITHIN COUNTRY

Data from EHIS suggest that, for both men and women at ages 15 to 24 in the Netherlands, both obesity (BMI value at this age equivalent to 30 or more at age 19) and pre-obesity (BMI value at this age equivalent to at least 25 but less than 30 at age 19) are higher among those with intermediate levels of educational attainment than with other levels of educational attainment (although many in this age group will not have attained their final lifetime level of education).

Overweight at ages 15 to 24 by level of educational attainment and sex, 2014



Sources, numbers and definitions: See Annex

COMPARISON WITH INEQUALITIES IN THE EU AS A WHOLE

In the EU as a whole, at ages 15 to 24, EHIS data suggest that both pre-obesity (equivalent to BMI of at least 25 but less than 30 at age 19) and obesity equivalent to (BMI of 30 or more at age 19) are generally more common among young men and women with intermediate levels of educational attainment than at other levels of attainment. Many in this age group will not have attained their final lifetime level of education.

D) LIFECOURSE STAGE - ADULT BEHAVIOUR

SUGAR CONSUMPTION IN ADULTS

No EU harmonised data available by socio-economic status

SALT CONSUMPTION IN ADULTS

No EU harmonised data available by socio-economic status

SATURATED FAT CONSUMPTION IN ADULTS

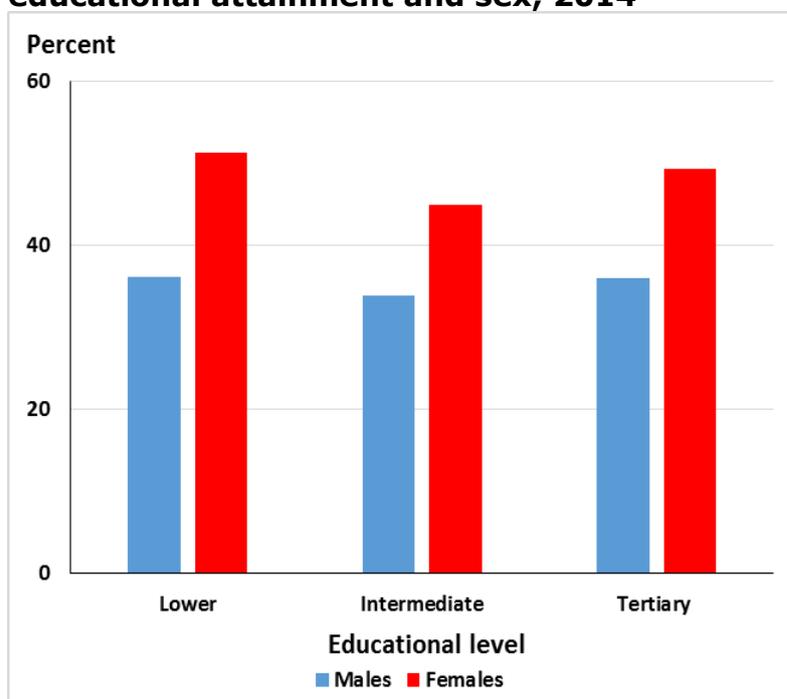
No EU harmonised data available by socio-economic status

FRUIT CONSUMPTION AT AGES 18 AND OVER

INEQUALITIES WITHIN COUNTRY

The EHIS data show that, for both men and women at ages 18 and over in the Netherlands, prevalence of daily consumption of fruit is slightly less among those with intermediate levels of educational attainment than with other levels of educational attainment.

Fruit consumption at least daily at ages 18 and over by level of educational attainment and sex, 2014



Sources, numbers and definitions: See Annex

COMPARISON WITH INEQUALITIES IN THE EU AS A WHOLE

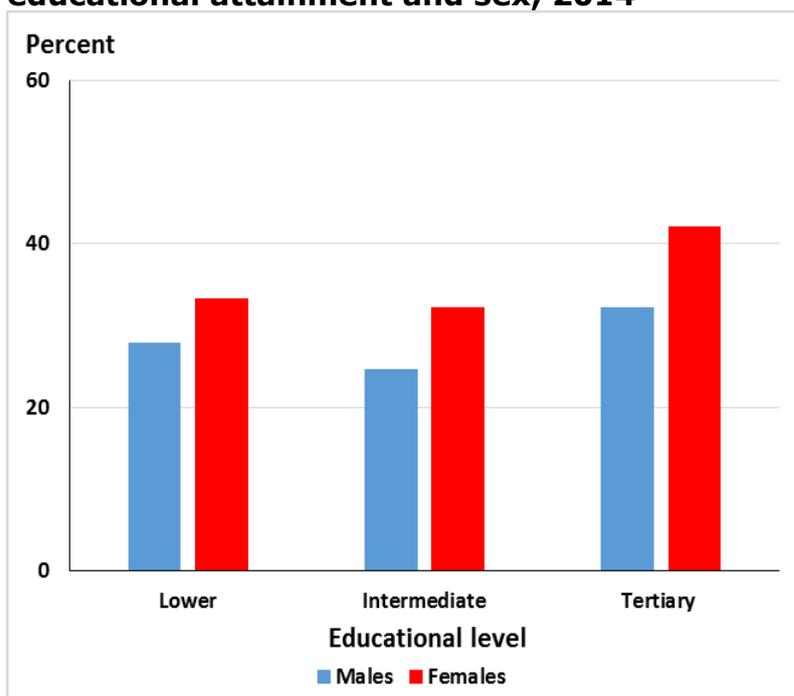
Data from EHIS for the EU as a whole suggest that those with intermediate levels of educational attainment were least likely to eat fruit at least daily at ages 18 and over, with those who attained a tertiary level of education generally most likely to eat fruit at least daily.

VEGETABLE CONSUMPTION AT AGES 18 AND OVER

INEQUALITIES WITHIN COUNTRY

The EHIS data show that, for both men and women at ages 18 and over in the Netherlands, prevalence of daily consumption of vegetables is least among those with intermediate levels of educational attainment and highest among those with tertiary education.

Vegetable consumption at least daily at ages 18 and over by level of educational attainment and sex, 2014



Sources, numbers and definitions: See Annex

COMPARISON WITH INEQUALITIES IN THE EU AS A WHOLE

Data from EHIS for the EU as a whole suggest that those with intermediate levels of educational attainment were least likely to eat vegetables at least daily at ages 18 and over, with those who attained a tertiary level of education generally most likely to eat vegetables at least daily.

PHYSICAL ACTIVITY AT AGES 18 AND OVER

No EU harmonised data available by socio-economic status for the Netherlands

COMPARISON WITH INEQUALITIES IN THE EU AS A WHOLE

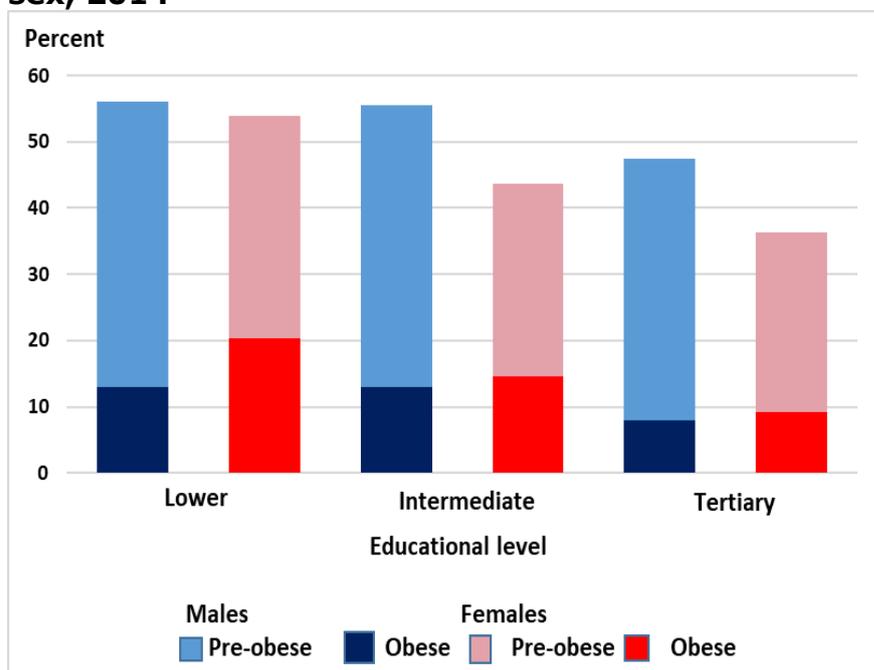
In the EU as a whole, EHIS data suggest that for both men and women there is a marked social gradient in physical activity outside work – the proportion engaging in physical exercise outside work increases with increased levels of educational attainment. Physical activity at work among men and women, aged 18 and over, is most common among those with intermediate levels of educational attainment and least common among those with tertiary education.

OVERWEIGHT AT AGES 18 AND OVER

INEQUALITIES WITHIN COUNTRY

The EHIS data suggest that there is a social gradient in both obesity (BMI of 30 or more) and pre-obesity (BMI of at least 25 but less than 30) among women at ages 18 and over in the Netherlands. Prevalence decreases as level of educational attainment increases. Among men, prevalence of both is least among those with tertiary education and similar at other levels of educational attainment.

Overweight at ages 18 and over by level of educational attainment and sex, 2014



Sources, numbers and definitions: See Annex

COMPARISON WITH INEQUALITIES IN THE EU AS A WHOLE

For the EU as a whole, there is a social gradient for both men and women in both the proportion who are pre-obese (BMI of at least 25 but less than 30) and obese (BMI of 30 or more) based on EHIS data. That is to say, both decrease as level of educational attainment increases. Among men at this age, however, these differences in levels of pre-obesity by level of educational attainment are small.

CORONARY HEART DISEASE INCIDENCE

No EU harmonised data available by socio-economic status

CORONARY HEART DISEASE DEATHS

No EU harmonised data available by socio-economic status

CANCER INCIDENCE

No EU harmonised data available by socio-economic status

CANCER DEATHS

No EU harmonised data available by socio-economic status

DAILY ALCOHOL CONSUMPTION AT AGES 18 AND OVER

No EU harmonised data available by socio-economic status for the Netherlands

COMPARISON WITH INEQUALITIES IN THE EU AS A WHOLE

Based on EHIS data, among women aged 18 and over in the EU as a whole, there is a social gradient in the proportion drinking alcohol daily – the figure decreases with the level of education attained. Among men, while the proportion is highest among those with lower levels of educational attainment it is least among those with intermediate levels of educational attainment. The proportion of women drinking every day is around a third of the figure for men.

HEAVY EPISODIC DRINKING AT AGES 18 AND OVER

No EU harmonised data available by socio-economic status for the Netherlands

COMPARISON WITH INEQUALITIES IN THE EU AS A WHOLE

Based on EHIS data in the EU as a whole there are no clear social gradients in the proportion drinking heavily at least monthly for both sexes at ages 18 and over. While those with lower levels of educational attainment are markedly less likely than others to drink heavily at least monthly, proportions for those with intermediate levels of educational attainment are slightly higher than for those with tertiary education. The proportion of women drinking heavily at least monthly is less than half the proportion among men.

ALCOHOL RELATED CAUTIONS AND ARRESTS

No EU harmonised data available by socio-economic status

ALCOHOL RELATED DEATHS

No EU harmonised data available by socio-economic status

RARHA ALCOHOL DATA

The EU Joint Action on Reducing Alcohol Related Harm Standardised European Alcohol Survey (RARHA SEAS) was a comprehensive survey of alcohol consumption and harm conducted in 17 EU countries and two non-EU countries. Survey data was gathered from representative samples of the general populations aged 18-64.

DAILY ALCOHOL CONSUMPTION AT AGES 18 TO 64

No EU harmonised data available by socio-economic status for the Netherlands

COMPARISON WITH INEQUALITIES IN THE EU AS A WHOLE

RARHA survey data for the 17 participant EU Member States suggest that there are clear social gradients by educational attainment in the proportions of both men and women aged between 18 and 64 who consume alcohol every day. The gradient is steeper for men than for women and, in each educational attainment category, the proportion of women who drink alcohol daily is less than that for men. Among women with lower levels of educational attainment the proportion drinking every day is less than a third of the figure for their male counterparts.

HEAVY EPISODIC DRINKING AT LEAST MONTHLY AT AGES 18 TO 64

No EU harmonised data available by socio-economic status for the Netherlands

COMPARISON WITH INEQUALITIES IN THE EU AS A WHOLE

RARHA survey data for the 17 participant EU Member States suggest that there is a clear reverse social gradient in the proportion of women aged between 18 and 64 who drink heavily at least monthly. The proportion is least among women with lower levels of educational attainment and greatest among those with tertiary education. Among men the proportion is greatest among those with intermediate levels of educational attainment.

ANNEX

DATA FOR THE NETHERLANDS, SOURCES AND DEFINITIONS

INCOME INEQUALITY

Income is computed in EU SILC on the basis of the total equivalised disposable income attributed to each member of the household. The data (for each person) are ordered according to the value of the total equivalised disposable income.

Equivalised mean income in Euros (PPS) at ages 18 and over by level of educational attainment and sex, 2016

	Educational attainment level			Definition
	Lower	Inter-mediate	Tertiary	
Males	19,644	22,224	29,440	Mean equivalised household income (pps) for males and females aged 18 and over
Females	18,718	22,065	28,740	

Source: Eurostat, EU-SILC survey [ilc_di08]

http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=ilc_di08&lang=en

Accessed 23 March 2018

Equivalised median income in Euros (PPS) at ages 18 and over by level of educational attainment and sex, 2016

	Educational attainment level			Definition
	Lower	Inter-mediate	Tertiary	
Males	17,537	20,668	26,838	Median equivalised household income (pps) for males and females aged 18 and over
Females	16,708	20,257	25,998	

Source: Eurostat, EU-SILC survey [ilc_di08]

http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=ilc_di08&lang=en

Accessed 23 March 2018

HEALTH AND LIFE EXPECTANCY

Self reported health by level of educational attainment and income

The European Statistics of Income and Living Condition (EU-SILC) survey contains a small module on health, composed of three variables on health status and four variables on unmet needs for health care.

The variables on **health status** represent the so called Minimum European Health Module (MEHM), and measures three different concepts of health:

- Self-perceived health
- Chronic morbidity (people having a long-standing illness or health problem)
- Activity limitation – disability (self-perceived long-standing limitations in usual activities due to health problems)

In this report the first two health status concepts are used since these are the ones most likely to result from behaviours, rather than inherited disorders, accidents and the relationship between health status and the availability of aids to daily living that mitigate health conditions.

Educational attainment level: the level of education attainment of individuals is classified in EU SILC according to the International Standard Classification of Education (ISCED) version of 1997 and are grouped as follows:

- Pre-primary, primary and lower secondary education
- Upper secondary and post-secondary non-tertiary education
- First and second stage of tertiary education

Income quintile group is computed in EU SILC on the basis of the total equivalised disposable income attributed to each member of the household.

The data (of each person) are ordered according to the value of the total equivalised disposable income. Four cut-point values (the so-called quintile cut-off points) of income, dividing the survey population into five groups equally represented by 20 % of individuals each, are found:

- First quintile group of equivalised income
- Second quintile group of equivalised income
- Third quintile group of equivalised income
- Fourth quintile group of equivalised income
- Fifth quintile group of equivalised income.

The first quintile group represents 20 % of population with lowest income and the fifth quintile group 20 % of population with highest income.

Age standardised percentage with good or very good self-perceived health by level of educational attainment and sex, 2016

	Educational attainment level			Definition
	Lower	Inter-mediate	Tertiary	
Males	71.63	76.31	83.78	Percent reporting good or very good health, standardised for age using the European Standard Population
Females	63.73	73.11	80.85	

Source: Eurostat [hlth_silc_02]

http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_silc_02&lang=en

Accessed 18 March 2018

Note: Age standardisation for males and females in the Netherlands is based on ages 16 to 24, then ten-year age groups up age 74 and then 75 and over.

Age standardised percentage with good or very good self-perceived health by income quintile and sex, 2016

	Income quintile					Definition
	First	Second	Third	Fourth	Fifth	
Males	63.92	73.81	78.73	83.62	86.33	Percent reporting good or very good health, standardised for age using the European Standard Population
Females	61.32	68.51	73.49	79.84	84.14	

Source: Eurostat [hlth_silc_10]

http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_silc_10&lang=en

Accessed 18 March 2018

Note: Age standardisation for males and females in the Netherlands is based on ages 16 to 24, then ten-year age groups up age 74 and then 75 and over.

Age standardised percentage reporting a long-standing illness or health problem by level of educational attainment and sex, 2016

	Educational attainment level			Definition
	Lower	Inter-mediate	Tertiary	
Males	33.76	31.86	27.70	Percent reporting a long-standing illness or health problem, standardised for age using the European Standard Population
Females	41.16	36.93	32.59	

Source: Eurostat [hlth_silc_05]

http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_silc_05&lang=en

Accessed 18 March 2018

Note: Age standardisation for males and females in the Netherlands is based on ages 16 to 24, then ten-year age groups up age 74 and then 75 and over.

Age standardised percentage reporting a long-standing illness or health problem by income quintile and sex, 2016

	Income quintile					Definition
	First	Second	Third	Fourth	Fifth	
Males	39.76	30.88	32.00	26.50	25.42	Percent reporting a long-standing illness or health problem, standardised for age using the European Standard Population
Females	46.15	37.61	36.67	29.53	30.05	

Source: Eurostat [hlth_silc_11]

http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_silc_11&lang=eneing

Accessed 18 March 2018

Note: Age standardisation for males and females in the Netherlands is based on ages 16 to 24, then ten-year age groups up age 74 and then 75 and over.

Age standardised percentage reporting that they have diabetes by level of educational attainment and sex, 2014

	Educational attainment level			Definition
	Lower	Inter-mediate	Tertiary	
Males	7.79	6.39	4.66	Percent reporting that they have diabetes, standardised for age using the European Standard Population
Females	6.60	3.63	2.19	

Source: Eurostat [hlth_silc_05]
http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_ehis_cd1e&lang=en
 Accessed 11 October 2018

Note: Age standardisation for males and females in the Netherlands is based on age groups 15 to 44, 45 to 54, 55 to 64, 65 to 74 and 75 and over.

LIFECOURSE

A) LIFECOURSE STAGE - A GOOD START IN LIFE

Educational attainment level: the education attainment levels of individuals are based on data collected in the European Health Interview Survey (EHIS) classified according to the International Standard Classification of Education (ISCED) 2011 and are grouped as above.

Women overweight at ages 18-44 by level of educational attainment, 2014

	Educational attainment level			Definition
	Lower	Inter-mediate	Tertiary	
Pre-obese	27.2	23.0	23.8	Percent with a BMI of at least 25 but less than 30
Obese	12.9	13.1	7.2	Percent with a BMI of 30 or more

Source: Eurostat, [hlth_ehis_bm1e], European Health Interview Survey
http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_ehis_bm1e&lang=en
 Accessed 25 April 2017

OVERWEIGHT IN EARLY CHILDHOOD

Ruiz et al. (2016) defined overweight cases using the age and gender-specific thresholds for BMI recommended by the International Obesity Task Force (IOTF) in each national cohort, which correspond to a BMI value of 25 kg/m² at 18 years of age. Obese cases in each cohort were also defined by the IOTF as the age- and gender-specific BMI values that are comparable to an adult BMI value of 30 kg/m².

Maternal education was ascertained at entry to each cohort study, either during pregnancy or near the time of birth. The country-specific coding scheme provided by ISCED-1997 was used to classify mothers into the following categories:

- post-secondary non-tertiary to second stage of tertiary education (ISCED 4–6),
- upper secondary education (ISCED 3), and
- pre-primary to lower secondary or second stage of basic education (ISCED 0–2).

Children overweight at ages four to seven by level of maternal educational attainment and sex, born in 1983-2006

	<i>Educational attainment level</i>			Definitions
	<i>Lower</i>	<i>Inter-mediate</i>	<i>Tertiary</i>	
<i>Pre-obese</i>				
Boys	16.7	8.3	4.2	Percent with BMI that is equivalent to at least 25 but less than 30 at age 18
Girls	17.7	11.7	6.3	
<i>Obese</i>				
Boys	4.5	1.9	0.3	Percent with BMI that is equivalent to 30 or more at age 18
Girls	7.6	4.8	0.9	
<i>Source: Ruiz et al (2016) Impact of Low Maternal Education on Early Childhood Overweight and Obesity in Europe</i> http://onlinelibrary.wiley.com/doi/10.1111/ppe.12285/full Accessed 25 April 2017				

B) LIFECOURSE STAGE - AGES 11 TO 15

The Health Behaviour of School Age Children (HBSC) survey 2013/2014 is the principal source of information at ages 11 to 15. To derive their Family Affluence Scale (FAS) the survey used a six-item assessment of common material assets or activities as follows:

(1) summing the score on responses to the following six items:

- Does your family own a car, van or truck? (Responses: no, one, two or more);
- Do you have your own bedroom for yourself? (No, yes);
- How many times did you and your family travel out of [insert country/region name] for a holiday/vacation last year? (Not at all, once, twice, more than twice);
- How many computers do your family own? (None, one, two, more than two);
- Does your family have a dishwasher at home? (No, yes); and
- How many bathrooms (rooms with a bath/shower or both) are in your home? (None, one, two, more than two).

(2) comparing the individual's summary score from the FAS to all other scores in the respective country/region. This relative affluence score is then used to identify groups of young people in the lowest 20% (low affluence), middle 60% (medium affluence) and highest 20% (high affluence) in each country and region.

Percentage point difference in prevalence of drinking soft-drinks at least once a day between low and high family affluence groups at ages 11, 13 and 15, by sex, 2013/14

	Percentage point difference	Definition
Boys	0	Difference in prevalence between those in the low and high affluence groups based on the Family Affluence Scale (FAS)
Girls	-5	

Source: HBSC 2016

https://gateway.euro.who.int/en/indicators/hbsc-indicators/hbsc_6-difference-in-drinking-soft-drinks-by-fas/

Accessed 14 March 2017

Percentage point difference in daily fruit consumption between low and high family affluence groups at ages 11, 13 and 15, by sex, 2013/14

	Percentage point difference	Definition
Boys	11	Difference in prevalence between those in the low and high affluence groups based on the Family Affluence Scale (FAS)
Girls	16	

Source: HBSC 2016

https://gateway.euro.who.int/en/indicators/hbsc-indicators/hbsc_4-difference-in-eating-fruit-by-fas/

Accessed 14 March 2017

Percentage point difference in prevalence of reporting at least one hour of moderate or vigorous physical activity daily, between low and high family affluence groups at ages 11, 13 and 15, by sex, 2013/14

	Percentage point difference	Definition
Boys	8	Difference in prevalence between those in the low and high affluence groups based on the Family Affluence Scale (FAS)
Girls	1	
<i>Source: HBSC 2016</i> https://gateway.euro.who.int/en/indicators/hbsc-indicators/hbsc_12-difference-in-moderate-to-vigorous-physical-activity-by-fas/ Accessed 14 March 2017		

Percentage point difference in those overweight between low and high family affluence groups at ages 11, 13 and 15, by sex, 2013/14

	Percentage point difference	Definition
Boys	-13	Difference in prevalence between those in the low and high affluence groups based on the Family Affluence Scale (FAS)
Girls	-10	
<i>Source: HBSC 2016</i> https://gateway.euro.who.int/en/indicators/hbsc-indicators/hbsc_83-differences-in-bmi-by-fas/ Accessed 14 March 2017		

Percentage point difference in weekly use of alcohol between low and high family affluence groups at ages 11, 13 and 15, by sex, 2013/14

	Percentage point difference	Definition
Boys	4	Difference in prevalence between those in the low and high affluence groups based on the Family Affluence Scale (FAS)
Girls	1	
<i>Source: HBSC 2016</i> https://gateway.euro.who.int/en/indicators/hbsc_88-differences-in-alcohol-consumption-by-fas/ Accessed 14 March 2017		

C) LIFECOURSE STAGE - AGES 15 TO 24

ALCOHOL CONSUMPTION REPORTED AT AGES 15 AND 16

The main purpose of the European School Survey Project on Alcohol and Other Drugs (ESPAD) project is to collect comparable data on substance use among 15 to 16 year- old students in as many European countries as possible. The target group consists of students who turn 16 during the year of data collection, which in 2011 meant students born in 1995. The surveys are conducted in schools in the participating country, during the same period of time and using a common methodology.

Educational attainment level: the level of education attainment of mothers is used here, grouped using the classification in ESPAD as follows:

Lower

Completed primary school or less
Some secondary school

Intermediate

Completed secondary school

Tertiary

Some college or university
Completed college or university

Percentage of 15 and 16 year old students who drank alcohol in the last month by level of maternal educational attainment and sex, 2011

	Educational attainment level			Definition
	Lower	Inter- mediate	Tertiary	
Males	50.0	65.0	68.3	Percent who had any alcohol beverage to drink during the last 30 days
Females	39.0	64.4	65.5	
<i>Source: ESPAD</i> http://www.espad.org/ Extracted 13 April 2018				

Percentage of 15 and 16 year old students who had ever been drunk by level of maternal educational attainment and sex, 2011

	Educational attainment level			Definition
	Lower	Inter- mediate	Tertiary	
Males	35.3	27.8	44.7	Percent who have been intoxicated from drinking alcoholic beverages, for example staggered when walking, not being able to speak properly, throwing up or not remembering what happened, in their lifetime
Females	36.6	43.2	40.6	
<i>Source: ESPAD</i> http://www.espad.org/ Extracted 13 April 2018				

Percentage of 15 and 16 year old students who had ever been drunk at age 14 or less by level of maternal educational attainment and sex, 2011

	Educational attainment level			Definition
	Lower	Inter-mediate	Tertiary	
Males	20.6	13.8	19.7	Percent who had first got drunk on alcohol when aged 14 years of age or less
Females	24.4	14.6	15.2	

Source: ESPAD
<http://www.espad.org/>
 Extracted 13 April 2018

Percentage of 15 and 16 year old students who drank alcohol at age 12 or earlier by level of maternal educational attainment and sex, 2011

	Educational attainment level			Definition
	Lower	Inter-mediate	Tertiary	
Males	20.6	31.3	22.3	Percent who first drank at least one glass of alcoholic beverage when aged 12 years of age or less
Females	22.0	13.5	11.9	

Source: ESPAD
<http://www.espad.org/>
 Extracted 13 April 2018

DIET AND EXERCISE AT AGES 15 TO 24

The European Health Interview Survey (EHIS) is the principal source of information at ages 15 and over. The survey consists of four modules on health status, health care use, health determinants and socio-economic background variables. EHIS targets the population aged at least 15 and living in private households.

Educational attainment level: the education attainment levels of individuals in EHIS are classified according to the International Standard Classification of Education (ISCED) 2011 and are grouped as follows:

- Lower: less than primary, primary and lower secondary education
- Intermediate: upper secondary and post-secondary non-tertiary
- Tertiary: Tertiary education

Fruit consumption at least daily at ages 15 to 24 by level of educational attainment and sex, 2014

	Educational attainment level			Definition
	Lower	Inter-mediate	Tertiary	
Males	24.0	21.9	33.9	Percent consuming fruit at least daily
Females	21.7	27.0	39.3	
Source: Eurostat [hlth_ehis_fv1e], European Health Interview Survey http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_ehis_fv1e&lang=en Accessed 26 April 2017				

Vegetable consumption at least daily at ages 15 to 24 by level of educational attainment and sex, 2014

	Educational attainment level			Definition
	Lower	Inter-mediate	Tertiary	
Males	24.2	17.1	32.5	Percent consuming vegetables at least daily
Females	24.9	26.4	40.0	
Source: Eurostat [hlth_ehis_fv1e], European Health Interview Survey http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_ehis_fv1e&lang=en Accessed 26 April 2017				

Overweight at ages 15 to 24 by level of educational attainment and sex, 2014

	Educational attainment level			Definitions
	Lower	Inter-mediate	Tertiary	
<i>Pre-obese</i>				
Males	10.0	15.8	14.3	Percent with BMI that is equivalent to at least 25 but less than 30 at age 19
Females	12.3	15.1	12.3	
<i>Obese</i>				
Males	3.2	4.7	0	Percent with BMI that is equivalent to 30 or more at age 19
Females	6.2	6.5	2.4	
Source: Eurostat, [hlth_ehis_bm1e], European Health Interview Survey http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_ehis_bm1e&lang=en Accessed 20 April 2017				

D) LIFECOURSE STAGE - ADULT BEHAVIOUR

The European Health Interview Survey (EHIS) is the principal source of information at ages 15 and over. The survey consists of four modules on health status, health care use, health determinants and socio-economic background variables. EHIS targets the population aged at least 15 and living in private households.

Educational attainment level: the education attainment levels of individuals in EHIS are classified according to the International Standard Classification of Education (ISCED) 2011 and are grouped as follows:

- Lower: less than primary, primary and lower secondary education
- Intermediate: upper secondary and post-secondary non-tertiary
- Tertiary: Tertiary education

Fruit consumption at least daily at ages 18 and over by level of educational attainment and sex, 2014

	Educational attainment level			Definition
	Lower	Inter-mediate	Tertiary	
Males	36.2	33.9	36.0	Percent consuming fruit at least daily
Females	51.3	45.0	49.4	
Source: Eurostat [hlth_ehis_fv1e], European Health Interview Survey http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_ehis_fv1e&lang=en Accessed 26 April 2017				

Vegetable consumption at least daily at ages 18 and over by level of educational attainment and sex, 2014

	Educational attainment level			Definition
	Lower	Inter-mediate	Tertiary	
Males	27.9	24.7	32.2	Percent consuming vegetables at least daily
Females	33.3	32.3	42.2	
Source: Eurostat [hlth_ehis_fv1e], European Health Interview Survey http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_ehis_fv1e&lang=en Accessed 26 April 2017				

Overweight at ages at 18 and over by level of educational attainment and sex, 2014

	Educational attainment level			Definitions
	Lower	Inter-mediate	Tertiary	
<i>Pre-obese</i>				
Males	43.1	42.7	39.5	Percent with BMI at least 25 but less than 30 at age 19
Females	33.5	29.0	27.1	
<i>Obese</i>				
Males	12.9	12.9	8.0	Percent with a BMI of 30 or more
Females	20.4	14.6	9.2	
Source: Eurostat, [hlth_ehis_bm1e], European Health Interview Survey http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_ehis_bm1e&lang=en Accessed 21 February 2017				

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