



European
Commission

HEALTH EQUITY PILOT PROJECT

Austria

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





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SUMMARY

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

To set this in context, life expectancy in Austria is slightly greater than that in the EU as a whole – 1.1 and 0.5 years of life more for men and women, respectively. Healthy life expectancy is markedly lower than for the EU as a whole – around seven years less for both men and women. There are substantial income inequalities in Austria by level of educational attainment.

There are steep gradients in self perceived health by education - differences are greater than for the EU as a whole for both men and women; the gradient by income is similar to that for the EU as a whole for women and slightly greater for men. For both males and females, gradients in long term illness are considerably steeper than those for the EU as a whole by education and slightly less steep by income. Self-reported diabetes varies more by education among women than it does among men and both gradients are similar to 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 steep gradients in both obesity and pre-obesity among women at ages 15 to 44, the principal reproductive ages, steeper than for the EU as a whole. At ages 11 to 15, boys and girls from low family affluence groups are more likely to be overweight than those in high ones. Boys from high affluence families are more likely to consume alcohol at least weekly than those from low ones.

Among adults, vegetable consumption increases with increased levels of educational attainment for both men and women, more steeply than for the EU as a whole. Physical activity outside work also increases with increased levels of educational attainment for both men and women, but less steeply than for the EU as a whole. For both men and women, in work physical activity is least for those with tertiary education. Among women both obesity and pre-obesity decrease with level of educational attainment more sharply than for the EU as a whole, as does obesity among men. Pre-obesity among men is least common in those with lower levels of educational attainment. Similarly, heavy episodic drinking at least monthly is least common among both men and women with lower levels of educational attainment.

At ages 18 to 64, the proportion of women who consume alcohol every day decreases with increasing educational attainment, more steeply than for the EU as a whole. Conversely the proportion of women who binge drink monthly increases with increasing educational attainment.

INTRODUCTION

This report summarises the data that are available to compare socio-economic inequalities relating to alcohol, nutrition and physical activity in Austria with gradients for the European Union as a whole.

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 Austria**.

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 Austria during 2017 was 8.8 million, slightly less than 2 percent of the figure for the European Union (EU) as a whole. Half of the population was aged under 43.0 years – the comparable figure for the EU was 42.8 years. Net migration was 7.5 per 1,000 population (2.4 for the EU as a whole). In terms of the age dependency ratio – the size of the population aged either under 15 or 65 and over as a percentage of the number aged 15 to 64 – the ratio for Austria was 49.1 percent - the comparable figure for the EU was 53.9 per cent.

In 2016, life expectancy at birth was 79.3 years for males and 84.1 years for females – a gender gap of 4.8 years. Comparable figures for the EU were 78.2, 83.6 and 5.4 years. The comparable figures for healthy life years in Austria were 57.0, 57.1 and 0.1 years (i.e. women stayed healthier for slightly longer than men in Austria) and 63.5, 64.2 and 0.7 years for the EU. These figures meant that men in Austria could expect to spend 22.3 years in ill-health and women 27.0 years – a difference of 4.7 years. The comparable figures for the EU were 14.7 and 19.4 years – a similar difference of 4.7 years to that for Austria.

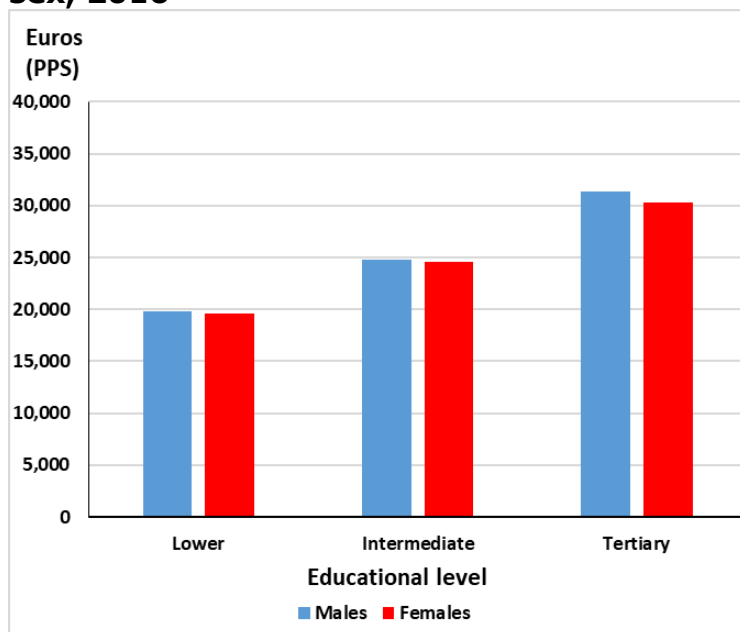
INCOME INEQUALITY

INEQUALITIES WITHIN COUNTRY

In terms of income inequality, in 2016, the Gini coefficient was 27.2 for Austria compared to 30.8 for the EU. The fifth of the population with the highest incomes received 4.1 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 11,500 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 10,700 Euros. The comparable differences in median income were 9,200 and 9,000 Euros, respectively.

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

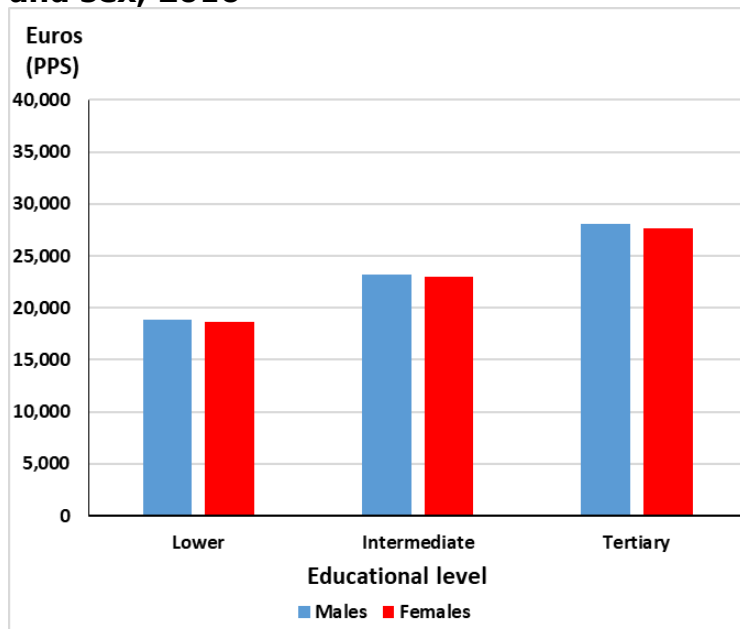


Sources, numbers and definitions: See Annex

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 data for Austria by socio-economic status

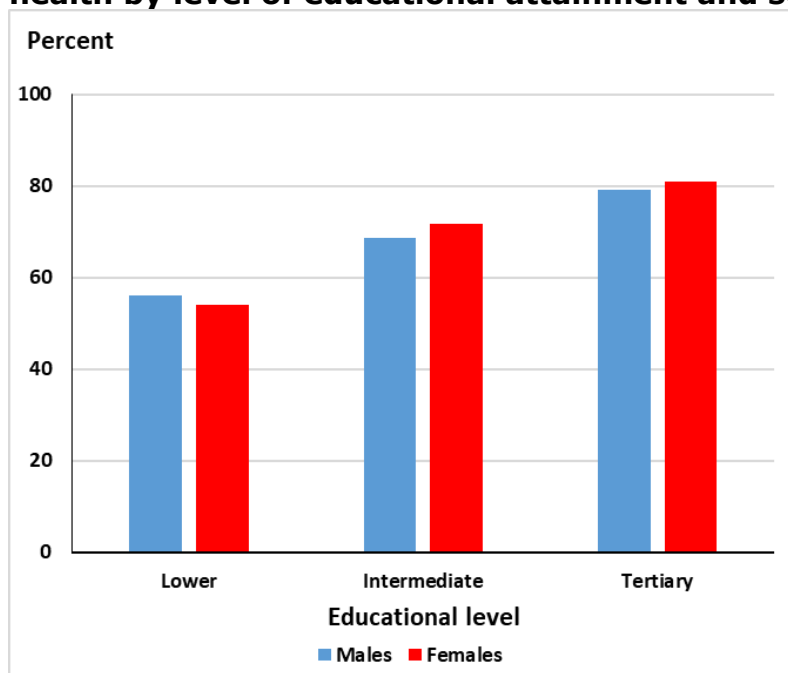
INEQUALITIES IN THE EU AS A WHOLE
No figures are available for the EU as a whole. Only 16 Member States report these data to Eurostat, of which three are for earlier years than 2015. In all these 16 Member States there are social gradients in life expectancy by educational attainment.

SELF PERCEIVED HEALTH

(a) By educational attainment

INEQUALITIES WITHIN COUNTRY
The data suggest there is a clear social gradient in self-perception of good or very good health in Austria by level of educational attainment. Self-reported health of the least educated Austrian men is 23 percentage points less than the most educated. For Austrian women, the gradient is steeper with a gap of 27 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

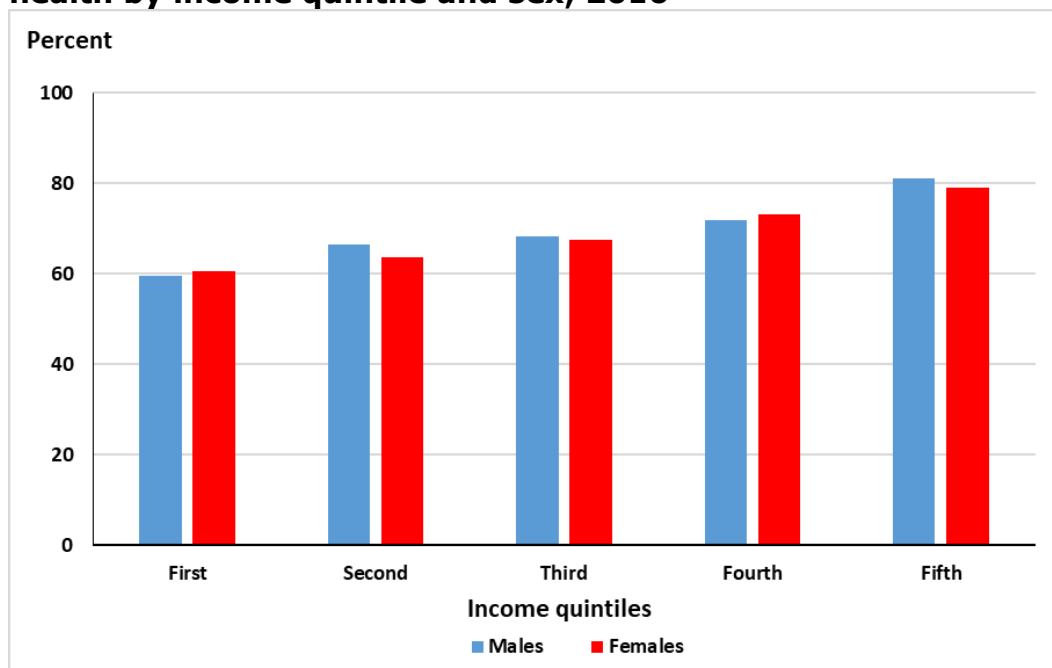
The data suggest there is a clear social gradient in self-perception of good or very good health in the EU as a whole. Self-reported health of the least educated men is 14 percentage points less than the most educated. For women, the gradient is slightly steeper with a gap of 16 percentage points.

(b) By income

INEQUALITIES WITHIN COUNTRY

The data suggest there is a clear social gradient in self-perception of good or very good health in Austria by income quintile. Self-reported health of men in the lowest income quintile is 21 percentage points less than those in the top income quintile. For Austrian women, the gradient is less steep with a gap of 18 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.

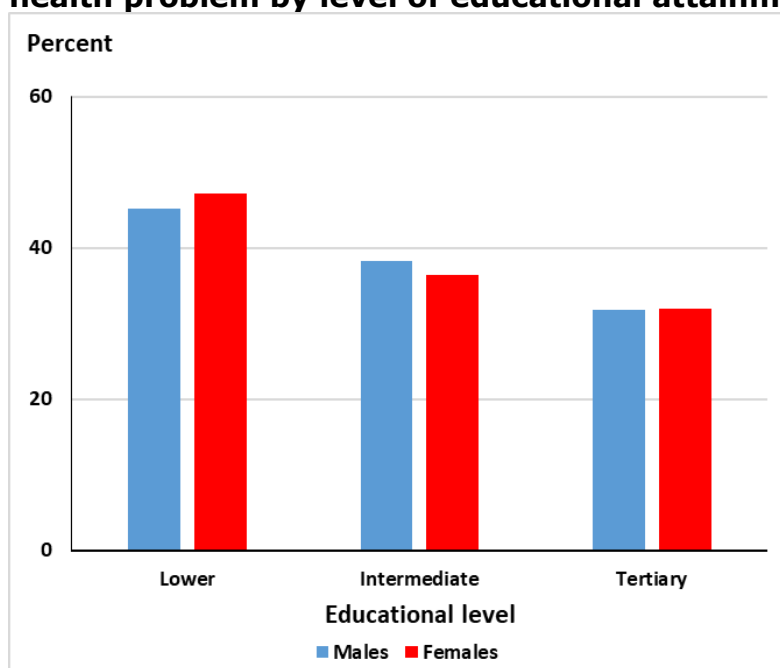
LONGSTANDING ILLNESS OR HEALTH PROBLEMS

(a) By educational attainment

INEQUALITIES WITHIN COUNTRY

The data suggest there is a clear social gradient in reporting a long-standing illness or health problem in Austria by level of educational attainment. Self-reported long-standing ill-health of the least educated Austrian men is 13 percentage points greater than for the most educated. For Austrian women, the gradient is slightly steeper with a gap of 15 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

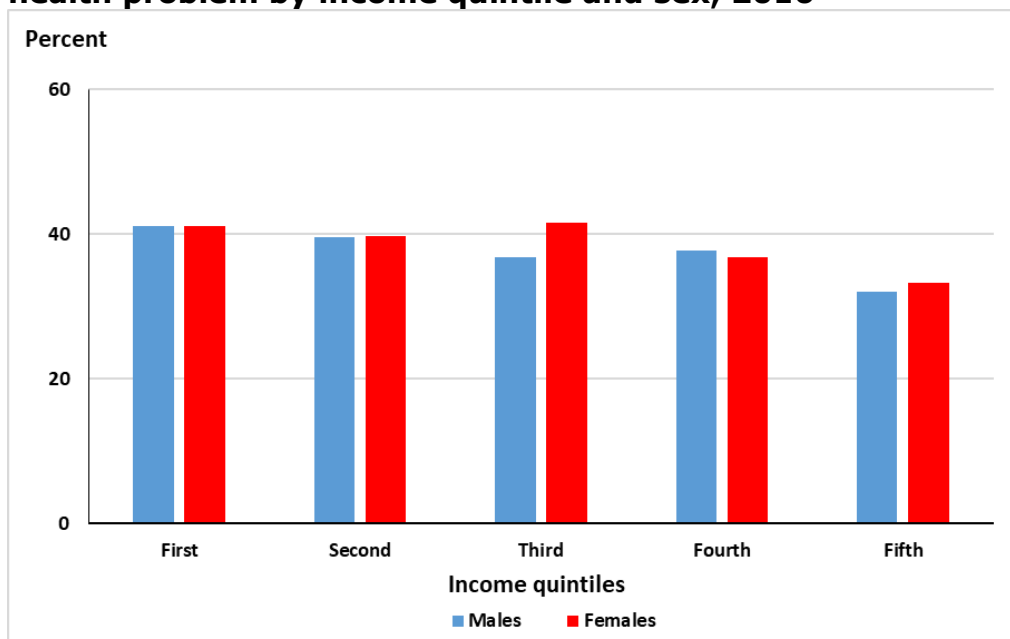
The data suggest that those with tertiary education are much less likely to report a long-standing illness or health problem than those with less educational attainment in the EU as a whole. Reporting of long-standing ill-health is four percentage points lower for the most educated men than for the least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

(b) By income

INEQUALITIES WITHIN COUNTRY

The data suggest there is a clear social gradient in reporting a long-standing illness or health problem in Austria by income quintile. Self-reported long-standing ill-health by men in the lowest income quintile is nine percentage points greater than for those in the top income quintile. For Austrian women, the gradient is slightly less steep with a gap of eight percentage points.

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

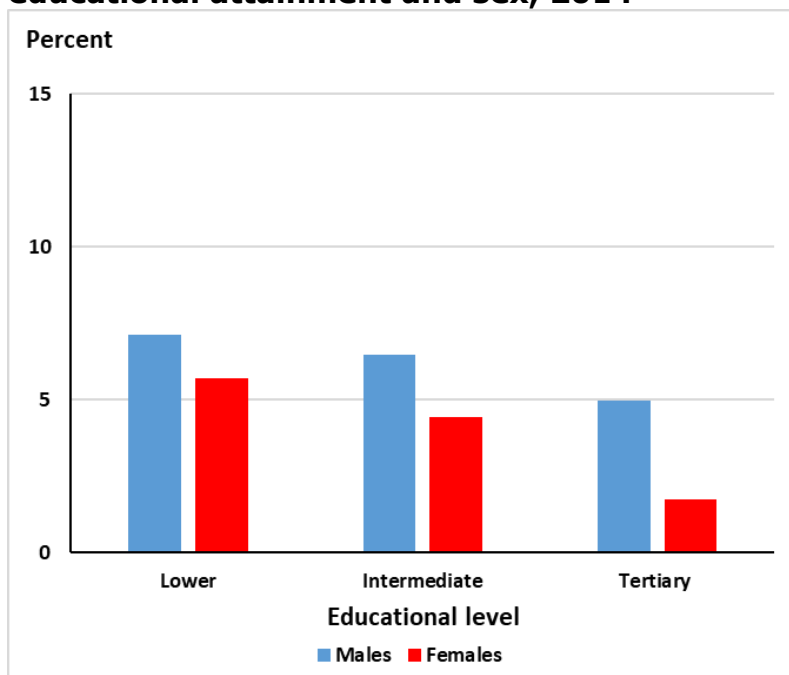
The data suggest there is a clear social gradient in reporting a long-standing illness or health problem in the EU as a whole. Self-reported long-standing ill-health in the lowest income quintile is 11 percentage points higher than for those in the highest income quintile, for both men and women.

SELF REPORTING OF DIABETES

INEQUALITIES WITHIN COUNTRY

The data suggest there is a clear social gradient in self-reporting of diabetes in Austria by level of educational attainment. Self-reported diabetes among the least educated men is two 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

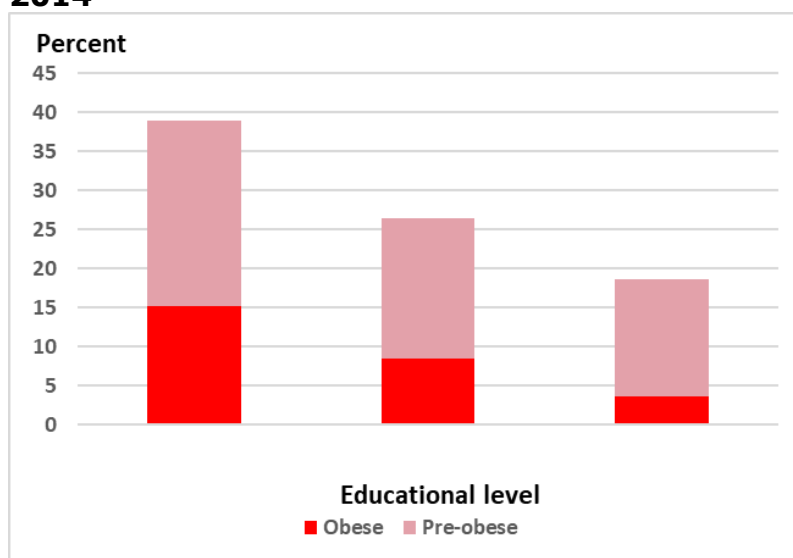
The events at which a good start in life needs to be established include pre-conception, conception, pregnancy and birth, the first thousand days, pre-school and primary education.

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 the proportions obese (BMI of 30 or more) from those who are not (i.e. pre-obese with BMI of at least 25 but less than 30). In Austria, there is a clear social gradient for women at ages 18 to 44 in both obesity and pre-obesity. Both decrease with increasing levels of educational attainment.

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 Austria.

INEQUALITIES IN THE EU AS A WHOLE

There are social gradients across 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

No EU harmonised data available by socio-economic status for Austria.

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.

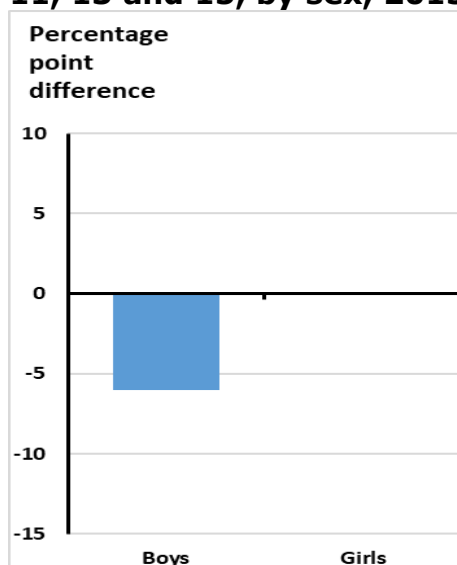
Additional information is available from ESPAD on alcohol consumption and is presented in the next section.

SUGAR SWEETENED BEVERAGES AT AGES 11 TO 15

INEQUALITIES WITHIN COUNTRY

Although the HBSC survey shows a higher figure for consumption of soft drinks among boys aged 11 to 15 from low family affluence groups than from more affluent families in Austria, this difference is not statistically significant. The survey shows no difference between family affluence groups for girls.

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

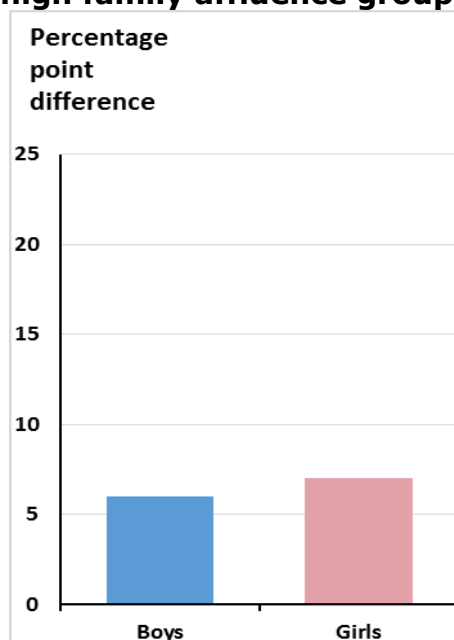
No EU harmonised data available by socio-economic status.

FRUIT CONSUMPTION AT AGES 11 TO 15

INEQUALITIES WITHIN COUNTRY

Although the HBSC survey suggests that, at ages 11 to 15 in Austria, the proportions of boys and girls from high family affluence groups consuming fruit daily are greater than the corresponding proportions for low affluence family groups. However, these differences are not statistically significant.

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

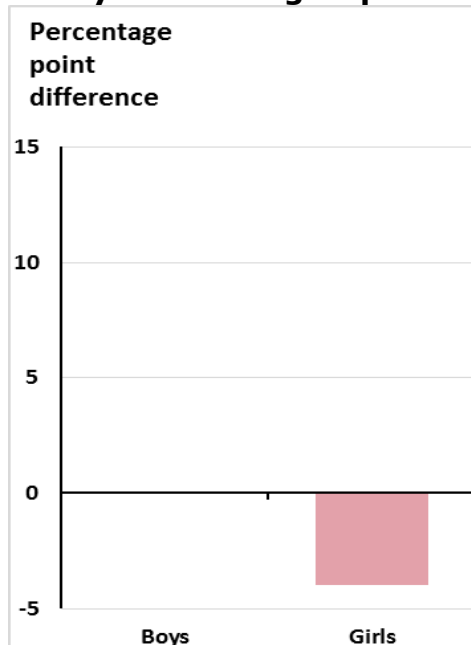
The HBSC survey does not provide estimates for the EU as a whole. However, fruit consumption is significantly related to family affluence across most EU countries for which these data are available.

PHYSICAL ACTIVITY AT AGES 11 TO 15

INEQUALITIES WITHIN COUNTRY

Although the HBSC survey data shows that moderate or vigorous physical activity in Austria is more common in girls from low family affluence groups than for those in more affluent families, this difference is not statistically significant. The survey shows no difference by family affluence for boys.

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

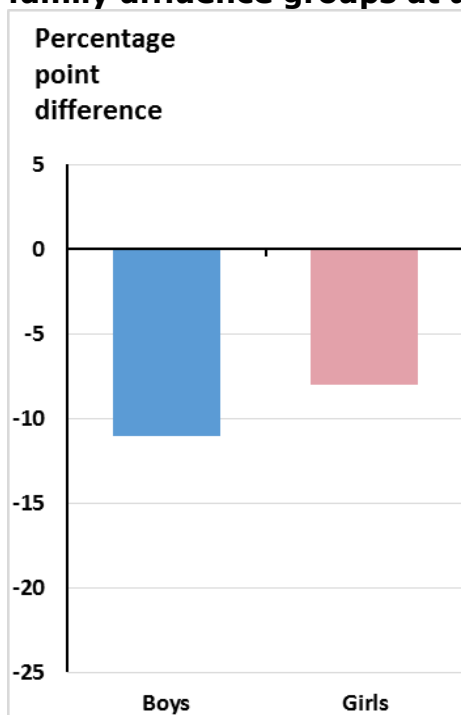
The HBSC survey does not provide estimates for the EU as a whole. However, physical activity is significantly related to family affluence in around half of EU countries for which these data are available. In these countries it is more common among both boys and girls in high family affluence groups than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

OVERWEIGHT AT AGES 11 TO 15

INEQUALITIES WITHIN COUNTRY

Among children aged 11 to 15 in Austria the HBSC data suggest a clear association between being overweight and family affluence. Children from less wealthy families were more likely to be overweight than those from high family affluence groups, 11 and eight 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

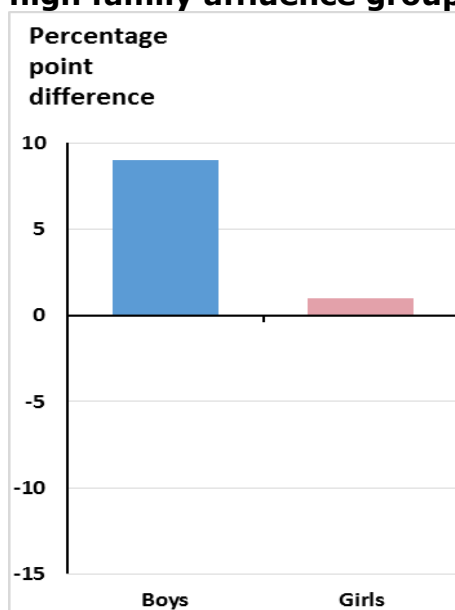
The HBSC survey does not provide estimates for the EU as a whole. However, being overweight is significantly related to family affluence across most EU countries for which these data are available.

WEEKLY ALCOHOL CONSUMPTION AT AGES 11 TO 15

INEQUALITIES WITHIN COUNTRY

The HBSC data for underage drinking suggests that weekly use of alcohol at ages 11-15 is more common among boys in high family affluence groups in Austria, nine percentage points greater than among low family affluence groups. The difference for girls is not statistically significant.

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 not possible to compare figures for Austria to the average for all survey participants in the EU.

DRANK ALCOHOL IN THE LAST MONTH

No EU harmonised data available by socio-economic status for Austria

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

No EU harmonised data available by socio-economic status for Austria

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 for Austria

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

No EU harmonised data available by socio-economic status for Austria

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

No EU harmonised data available by socio-economic status for Austria

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

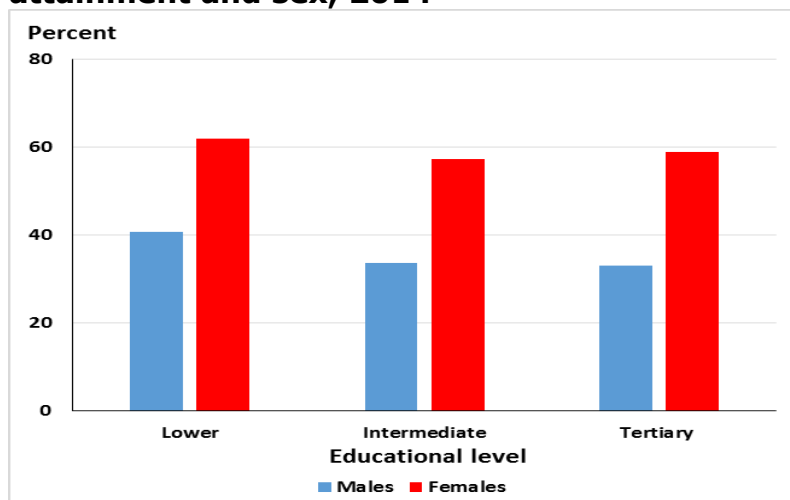
No EU harmonised data available by socio-economic status.

FRUIT CONSUMPTION AT AGES 15 TO 24

INEQUALITIES WITHIN COUNTRY

Data from EHIS suggest that there is a reverse social gradient in fruit consumption among men aged 15 to 24 in Austria. Daily fruit consumption more common among those with lower levels of educational attainment than among those with higher levels (although many in this age group will not have attained their final lifetime level of education). The data for women does not show a consistent association with educational attainment.

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

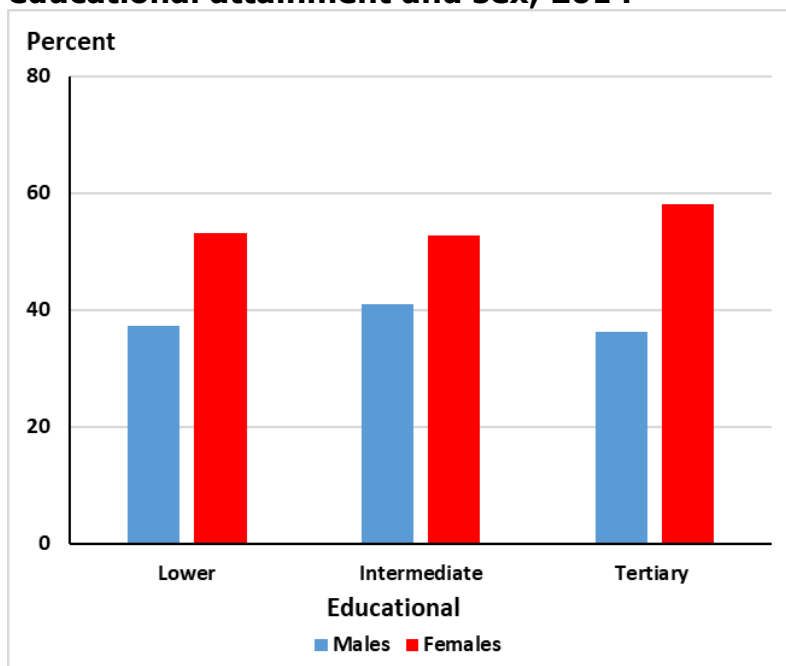
Data from EHIS for the EU as a whole suggest that there is a consistent gradient in fruit consumption among young women aged 15 to 24, with those who attained a tertiary level of education most likely to eat fruit at least daily. Among young men, those with intermediate levels of educational attainment 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

There was no clear pattern in the data from EHIS for vegetable consumption at ages 15 to 24 in Austria.

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

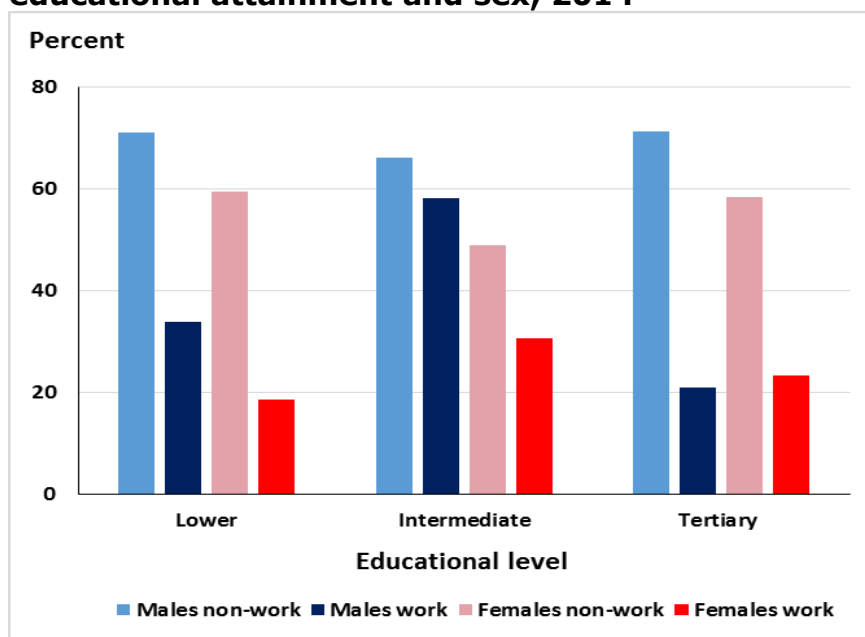
Data from EHIS for the EU as a whole suggest that there are consistent gradients in vegetable consumption among young men and women aged 15 to 24, with those who attained a tertiary level of education most likely to eat fruit at least daily. However, many in this age group will not have attained their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

PHYSICAL ACTIVITY AT AGES 15 TO 24

INEQUALITIES WITHIN COUNTRY

Physical activity both in-work and outside of work is recorded in EHIS. Neither shows a consistent association with education (although many in this age group will not have attained their final lifetime level of education). Prevalence of in-work physical activity is highest among those with intermediate levels of education. Outside work, those with intermediate levels of education recorded the lowest levels of physical activity.

Work and non-work related physical activity at ages 15 to 24 level of educational attainment and sex, 2014



Sources, numbers and definitions: See Annex

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.

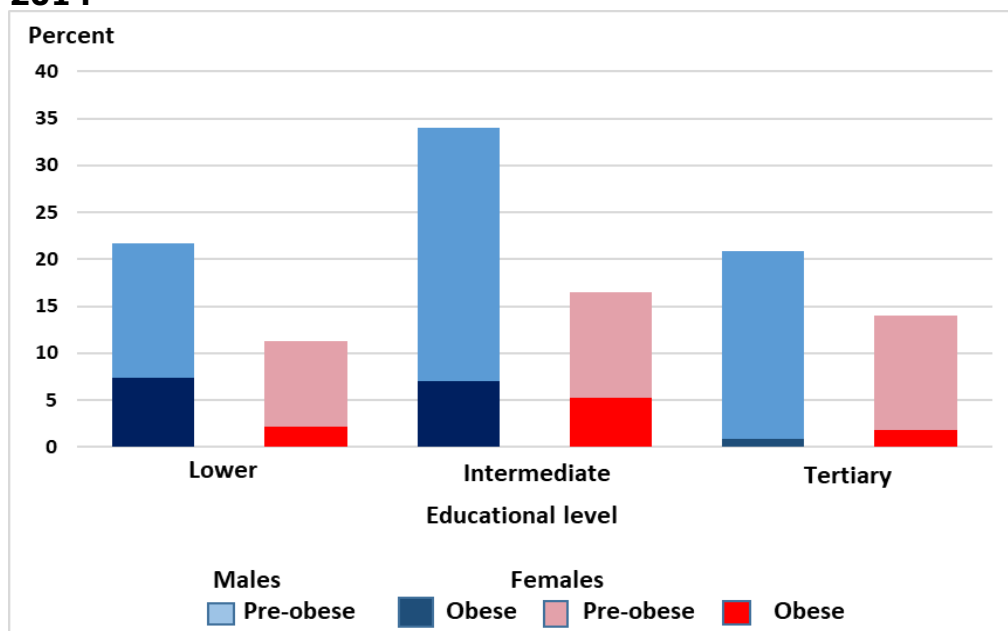
Many in this age group will not have attained their final lifetime level of educational attainment.

OVERWEIGHT AT AGES 15 TO 24

INEQUALITIES WITHIN COUNTRY

Data from EHIS suggest a social gradient in male obesity at ages 15 to 24 in Austria (equivalent to BMI of at least 30 at age 19) - in particular obesity is more common at lower and intermediate levels of educational attainment than for those with tertiary education. There is a reverse social gradient in female pre-obesity at this age (equivalent to BMI of at least 25 but less than 30 at age 19) i.e. pre-obesity increases as educational level rises. No consistent association is evident in the data for male pre-obesity or female obesity. 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

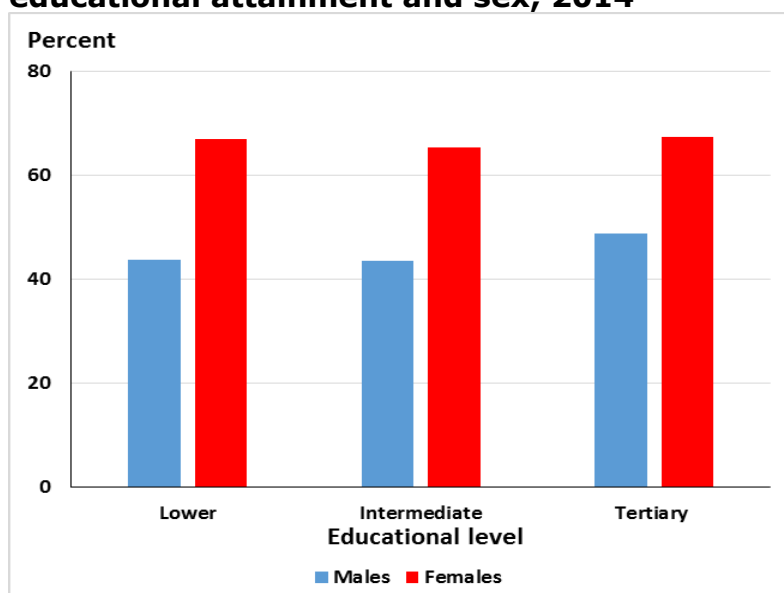
No EU harmonised data available by socio-economic status.

FRUIT CONSUMPTION AT AGES 18 AND OVER

INEQUALITIES WITHIN COUNTRY

There is no social gradient by educational level in EHIS data for fruit consumption at ages 18 and over in Austria. However, for both men and women, those with tertiary education had slightly higher levels of fruit consumption per day than others.

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

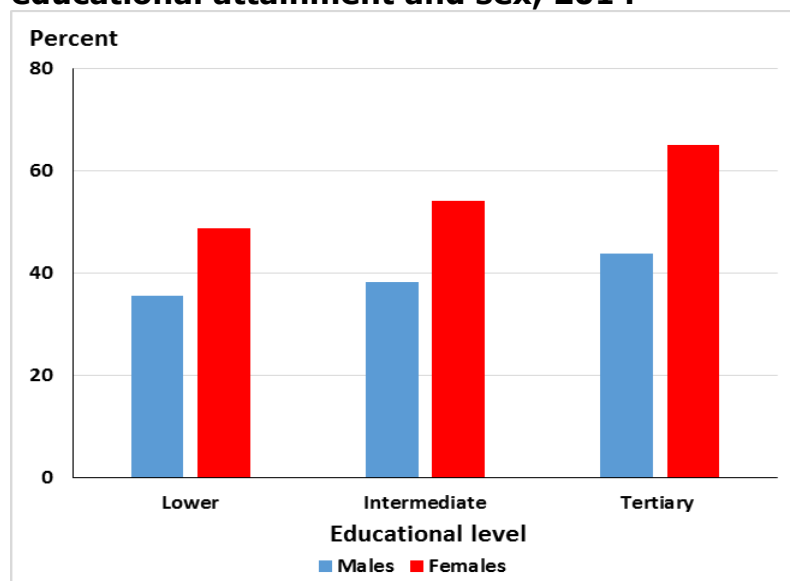
Data from EHIS for the EU as a whole suggest that those with intermediate levels of educational attainment were least likely to eat fruit at least daily at ages 18 and over, with those who attained a tertiary level of education generally most likely to eat fruit at least daily.

VEGETABLE CONSUMPTION AT AGES 18 AND OVER

INEQUALITIES WITHIN COUNTRY

There are consistent social gradients by educational level in EHIS for vegetable consumption at ages 18 and over in Austria for both sexes. Vegetable consumption is more common among those with higher levels of 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

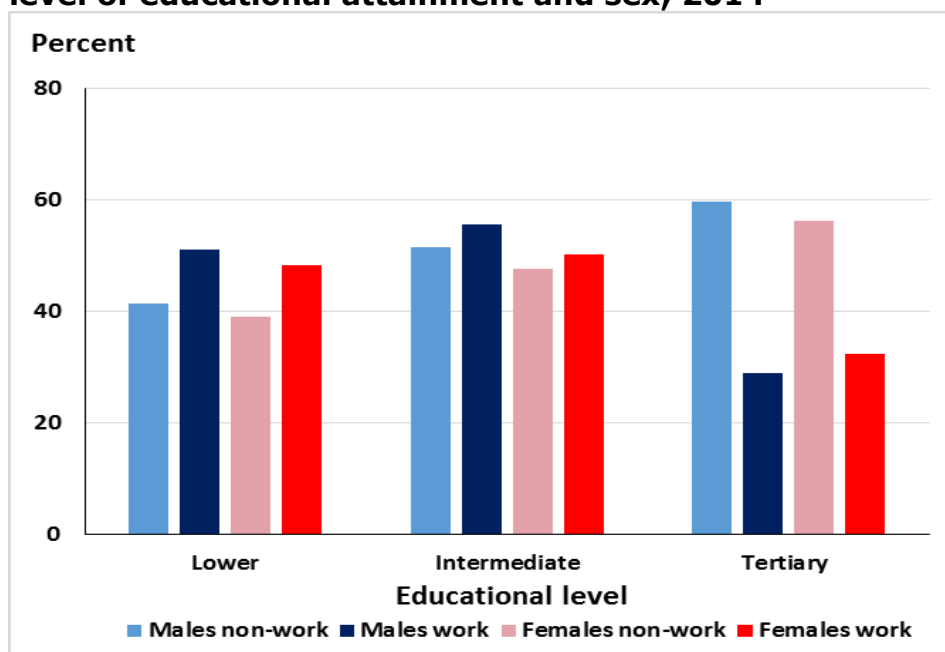
Data from EHIS for the EU as a whole suggest that those with intermediate levels of educational attainment were least likely to eat vegetables at least daily at ages 18 and over, with those who attained a tertiary level of education generally most likely to eat vegetables at least daily.

PHYSICAL ACTIVITY AT AGES 18 AND OVER

INEQUALITIES WITHIN COUNTRY

In Austria, 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.

Work and non-work related physical activity 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

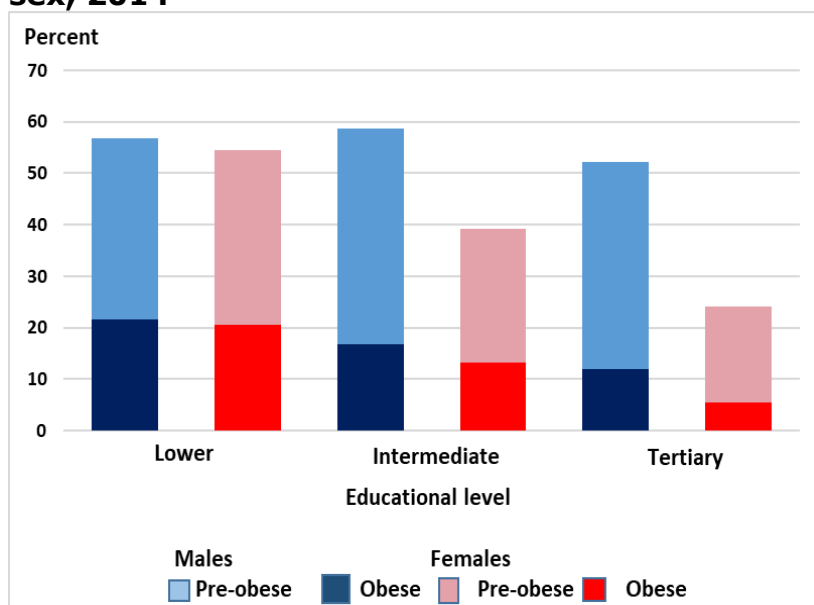
In the EU as a whole, EHIS data suggest that for both men and women there is a marked social gradient in physical activity outside work – the proportion engaging in physical exercise outside work increases with increased levels of educational attainment. Physical activity at work among men and women,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

In Austria, obesity (BMI of at least 30) decreases with increased educational level at ages 18 and over for both sexes based on EHIS data. The same gradient is seen for female pre-obesity (BMI of at least 25 but less than 30). There is no consistent gradient for male pre-obesity – pre-obesity is least common among those with lower 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

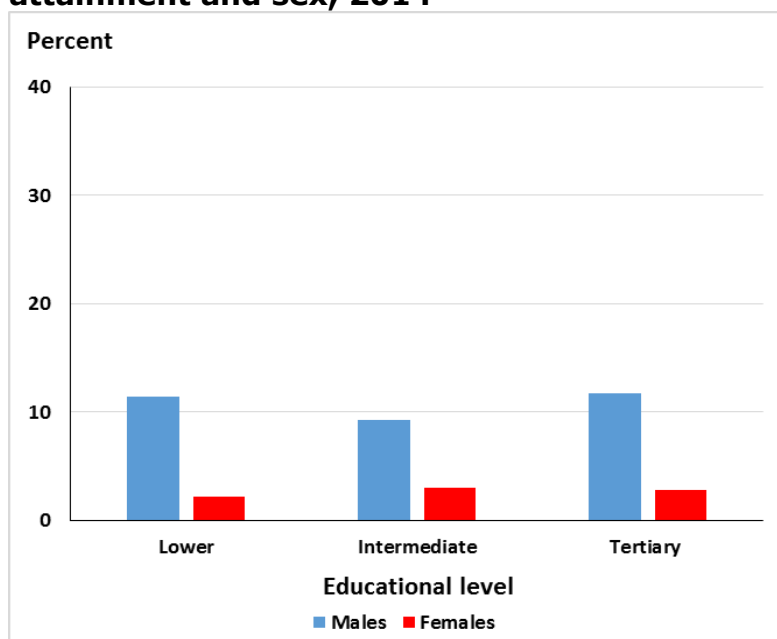
No EU harmonised data available by socio-economic status.

DAILY ALCOHOL CONSUMPTION AT AGES 18 AND OVER

INEQUALITIES WITHIN COUNTRY

Based on EHIS data, there is no consistent association between daily alcohol consumption and educational level at ages 18 and over in Austria. The proportion of women drinking every day at each level of educational attainment varies between a fifth and a third of the comparable figure for men.

Daily alcohol consumption 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

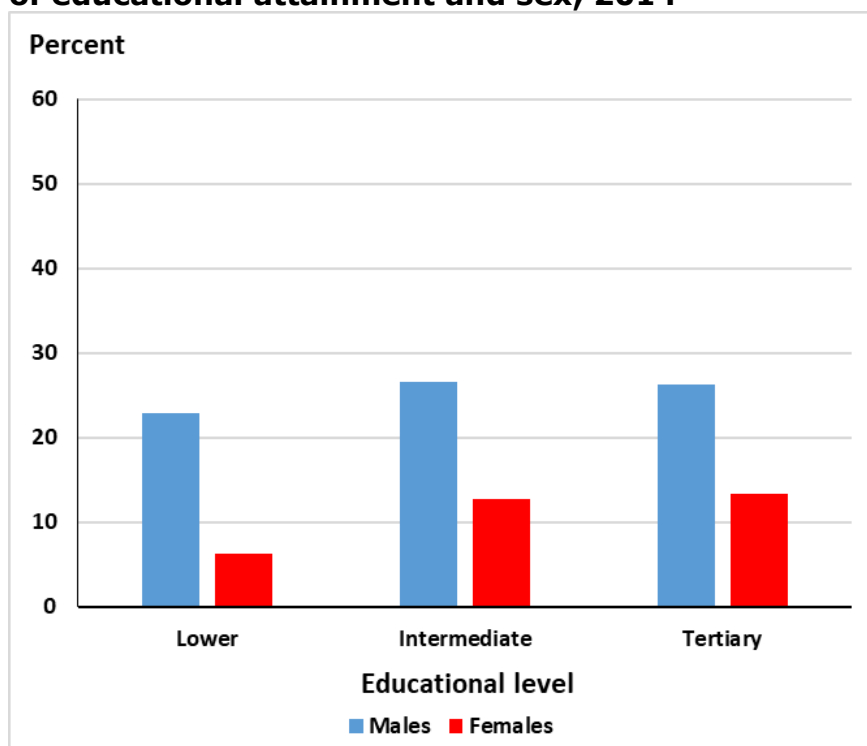
Based on EHIS data, among women aged 18 and over in the EU as a whole, there is a social gradient in the proportion drinking alcohol daily – the figure decreases with the level of education attained. Among men, while the proportion is highest among those with lower levels of educational attainment it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

INEQUALITIES WITHIN COUNTRY

In Austria, EHIS data suggest that at ages 18 and over both men and women with lower levels of education are less likely to engage in heavy episodic drinking at least monthly than their more highly educated counterparts. There is little difference in heavy drinking patterns between those with intermediate or tertiary levels of education.

Heavy episodic drinking at least monthly 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

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

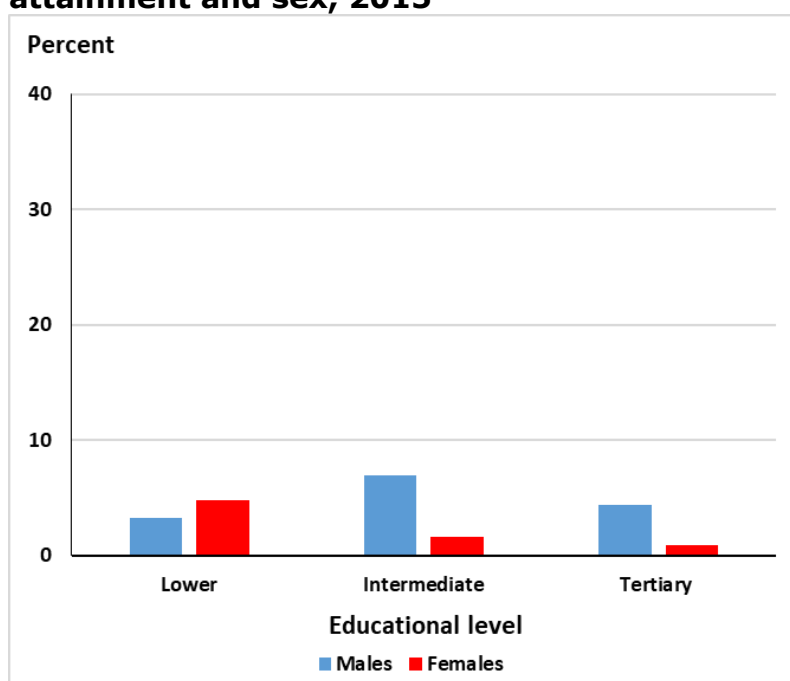
The EU Joint Action on Reducing Alcohol Related Harm Standardised European Alcohol Survey (RARHA SEAS) was a comprehensive survey of alcohol consumption and harm conducted in 17 EU countries and two non-EU countries. Survey data was gathered from representative samples of the general populations aged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

DAILY ALCOHOL CONSUMPTION AT AGES 18 TO 64

INEQUALITIES WITHIN COUNTRY

RARHA survey data for Austria suggest that there is a clear social gradient in the proportion of women aged 18 and over who consume alcohol every day. Among women with lower levels of educational attainment the proportion drinking every day is greater than that for their male counterparts while the converse is true for those with higher levels of educational attainment. Among men at this age, those with intermediate levels of educational attainment are more likely than others to consume alcohol daily.

Daily alcohol consumption at ages 18 to 64 by level of educational attainment and sex, 2015



Sources, numbers and definitions: See Annex

COMPARISON WITH INEQUALITIES IN THE EU AS A WHOLE

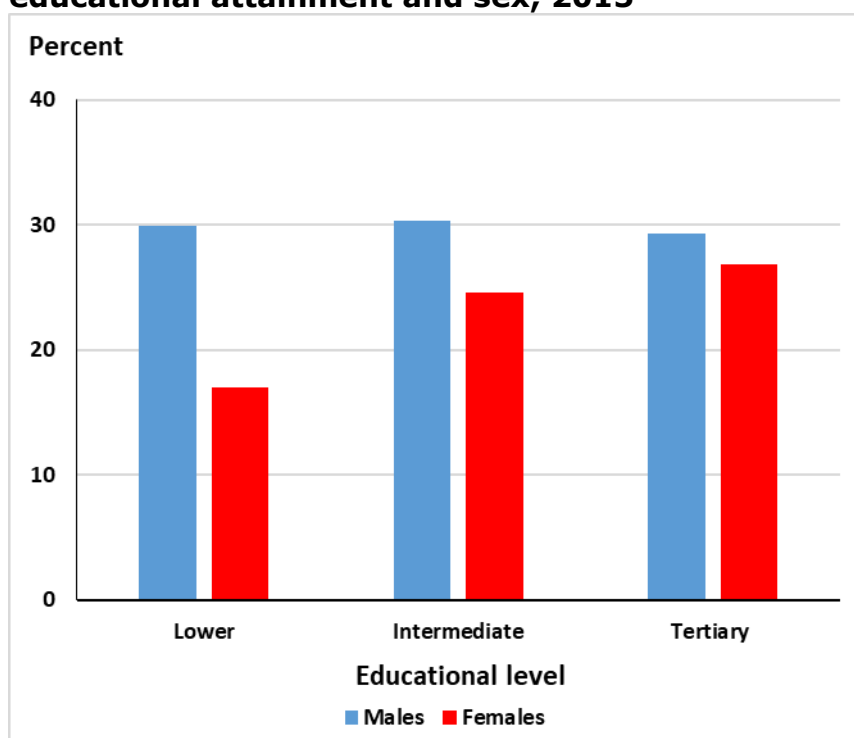
RARHA survey data for the 17 participant EU Member States suggest that there are clear social gradients by educational attainment in the proportions of both men and women aged between 18 and 64 who consume alcohol every day. The gradient is steeper for men than for women and, in each educational attainment 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

INEQUALITIES WITHIN COUNTRY

Based on RARHA data, there is a clear reverse social gradient in the proportion of women 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. There is no clear pattern among men.

Heavy episodic drinking at least monthly at ages 18 to 64 by level of educational attainment and sex, 2015



Sources, numbers and definitions: See Annex

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 AUSTRIA, 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	19,810	24,819	31,342	Mean equivalised household income (pps) for males and females aged 18 and over
Females	19,597	24,536	30,297	

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	18,825	23,253	28,066	Median equivalised household income (pps) for males and females aged 18 and over
Females	18,647	23,006	27,670	

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. The educational attainment level of an individual is the highest ISCED level successfully completed and grouped here as follows:

- Lower: Less than primary, primary and lower secondary education (ISCED 2011 levels 0-2)
- Intermediate: Upper secondary and post-secondary non-tertiary education (ISCED 2011 levels 3 and 4)
- Tertiary: Tertiary education (ISCED 2011 levels 5-8)

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	56.13	68.75	79.08	Percent reporting good or very good health, standardised for age using the European Standard Population
Females	53.90	71.65	80.93	

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 Austria is based on ages 16 to 24, then ten-year age groups up to 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	59.54	66.48	68.28	71.99	81.02	Percent reporting good or very good health, standardised for age using the European Standard Population
Females	60.54	63.57	67.58	73.14	78.98	

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 Austria is based on ages 16 to 24, then ten-year age groups up to 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	45.23	38.28	31.78	Percent reporting a long-standing illness or health problem, standardised for age using the European Standard Population
Females	47.19	36.47	31.96	

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 Austria is based on ages 16 to 24, then ten-year age groups up to 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	41.13	39.60	36.76	37.74	31.98	Percent reporting a long-standing illness or health problem, standardised for age using the European Standard Population
Females	41.09	39.67	41.63	36.86	33.35	

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 Austria is based on ages 16 to 24, then ten-year age groups up to 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	7.10	6.48	4.98	Percent reporting that they have diabetes, standardised for age using the European Standard Population
Females	5.69	4.42	1.73	

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 Austria are 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	23.8	18.0	14.9	Percent with a BMI of at least 25 but less than 30
Obese	15.2	8.4	3.7	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

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	-6	Difference in prevalence between those in the low and high affluence groups based on the Family Affluence Scale (FAS)
Girls	0	

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	6	Difference in prevalence between those in the low and high affluence groups based on the Family Affluence Scale (FAS)
Girls	7	
<i>Source: HBSC 2016</i> 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	0	Difference in prevalence between those in the low and high affluence groups based on the Family Affluence Scale (FAS)
Girls	-4	
<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	-11	Difference in prevalence between those in the low and high affluence groups based on the Family Affluence Scale (FAS)
Girls	-8	
<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	9	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

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	40.8	33.6	33.0	Percent consuming fruit at least daily
Females	62.0	57.4	58.9	

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	37.3	41.0	36.3	Percent consuming vegetables at least daily
Females	53.1	52.8	58.2	

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

Work and non-work related physical activity at ages 15 to 24 by level of educational attainment and sex, 2014

	Educational attainment level			Definitions
	Lower	Inter-mediate	Tertiary	
<i>Non-work related physical activity</i>				
Males	71.1	66.0	71.2	Percent engaging in health-enhancing aerobic physical activity of 150 or more minutes per week outside work
Females	59.4	48.9	58.3	
<i>work-related physical activity</i>				
Males	33.9	58.0	21.0	Percent engaging in moderate or heavy physical activity in work.
Females	18.6	30.5	23.2	
Source: Eurostat, [hlth_ehis_pe1e, hlth_ehis_pe2e], European Health Interview Survey http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_ehis_pe1e&lang=en http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_ehis_pe2e&lang=en Accessed 17 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	14.3	27.0	20.0	Percent with BMI that is equivalent to at least 25 but less than 30 at age 19
Females	9.1	11.3	12.2	
<i>Obese</i>				
Males	7.4	7.0	0.9	Percent with BMI that is equivalent to 30 or more at age 19
Females	2.2	5.2	1.8	
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	43.8	43.5	48.9	Percent consuming fruit at least daily
Females	67.1	65.4	67.4	
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	35.5	38.2	43.9	Percent consuming vegetables at least daily
Females	48.7	54.2	65.0	
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				

Work and non-work related physical activity at ages 18 and over by level of educational attainment and sex, 2014

	Educational attainment level			Definitions
	Lower	Inter-mediate	Tertiary	
<i>Non-work related physical activity</i>				
Males	41.5	51.5	59.8	Percent engaging in health-enhancing aerobic physical activity of 150 or more minutes per week outside work
Females	39.0	47.7	56.2	
<i>Work-related physical activity</i>				
Males	51.1	55.5	29.0	Percent engaging in moderate or heavy physical activity in work.
Females	48.3	50.2	32.3	
Source: Eurostat, [hlth_ehis_pe1e, hlth_ehis_pe2e], European Health Interview Survey http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_ehis_pe1e&lang=en http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_ehis_pe2e&lang=en Accessed 17 April 2017				

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

	Educational attainment level			Definitions
	Lower	Inter-mediate	Tertiary	
<i>Pre-obese</i>				
Males	35.3	42.0	40.2	Percent with BMI at least 25 but less than 30 at age 19
Females	34.0	26.0	18.7	
<i>Obese</i>				
Males	21.6	16.7	11.9	Percent with a BMI of 30 or more
Females	20.5	13.3	5.5	
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				

Daily alcohol consumption at ages 18 and over by level of educational attainment and sex, 2014

	Educational attainment level			Definition
	Lower	Inter-mediate	Tertiary	
Males	11.4	9.3	11.7	Percent consuming alcohol at least daily
Females	2.2	3.0	2.8	
Source: Eurostat [hlth_ehis_al1e], European Health Interview Survey http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_ehis_al1e&lang=en Accessed 27 April 2017				

Heavy episodic drinking at least monthly at ages 18 and over by level of educational attainment and sex, 2014

	Educational attainment level			Definition
	Lower	Inter-mediate	Tertiary	
Males	22.9	26.6	26.3	Percent ingesting more than 60gm of pure ethanol on a single occasion at least once a month
Females	6.2	12.8	13.3	
Source: Eurostat [hlth_ehis_al3], European Health Interview Survey http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_ehis_al3e&lang=en Accessed 26 July 2017				

EU Joint Action on Reducing Alcohol Related Harm Standardised European Alcohol Survey (RARHA SEAS)

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. On average 1,500 interviews per country were carried out, most surveys being completed in 2015.

Questions asked included frequency and usual quantity of drinking alcohol and risky single occasion drinking (RSOD) i.e. heavy episodic or binge drinking. It was assumed that drinking 40 grams of 100% alcohol or more per woman and 60 grams or more per man constitutes a threshold of RSOD or heavy episodic drinking.

The survey included a number of social and demographic questions, including "What is the highest school grade you have completed?" Answers to this question have been grouped as follows:

- 1) Less than primary, primary education and lower secondary education (lower)
- 2) Upper secondary (general and vocation), post-secondary non-tertiary education (intermediate)
- 3) Short-cycle tertiary, Bachelors, Masters, Doctoral (tertiary)

Daily alcohol consumption at ages 18 to 64 by level of educational attainment and sex, 2015

	Educational attainment level			Definition
	Lower	Inter-mediate	Tertiary	
Males	3.3	7	4.4	Percent consuming alcohol at least daily
Females	4.8	1.6	0.9	
<i>Source: RARHA SEAS</i> http://www.rarha.eu/About/Pages/default.aspx Accessed 9 April 2018				

Heavy episodic drinking at least monthly at ages 18 to 64 by level of educational attainment and sex, 2015

	Educational attainment level			Definition
	Lower	Inter-mediate	Tertiary	
Males	29.9	30.3	29.4	Percent drinking 40 grams of 100% alcohol or more per woman and 60 grams or more per man on a single occasion at least once a month
Females	17.0	24.6	26.9	
<i>Source: RARHA SEAS</i> http://www.rarha.eu/About/Pages/default.aspx Accessed 9 April 2018				

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