

Functional and activity limitations statistics

Statistics Explained

*Data extracted in: December 2020
Planned article update: December 2021*

This article presents an overview of limitations due to health issues reported by people in the [European Union \(EU\)](#) . The first part focuses on general long-standing limitations in usual activities due to health problems. The second part looks at three types of specific limitations: functional (physical and sensory) limitations; limitations in personal care activities; and limitations in household activities. The third part is about care services provided to people with health problems at their homes. Data on functional and activity limitations are used as measures of disability (see the 'data sources' section for more information).

This article is one of a set of statistical articles concerning [health status](#) in the EU which forms part of an online publication on [health statistics](#) .

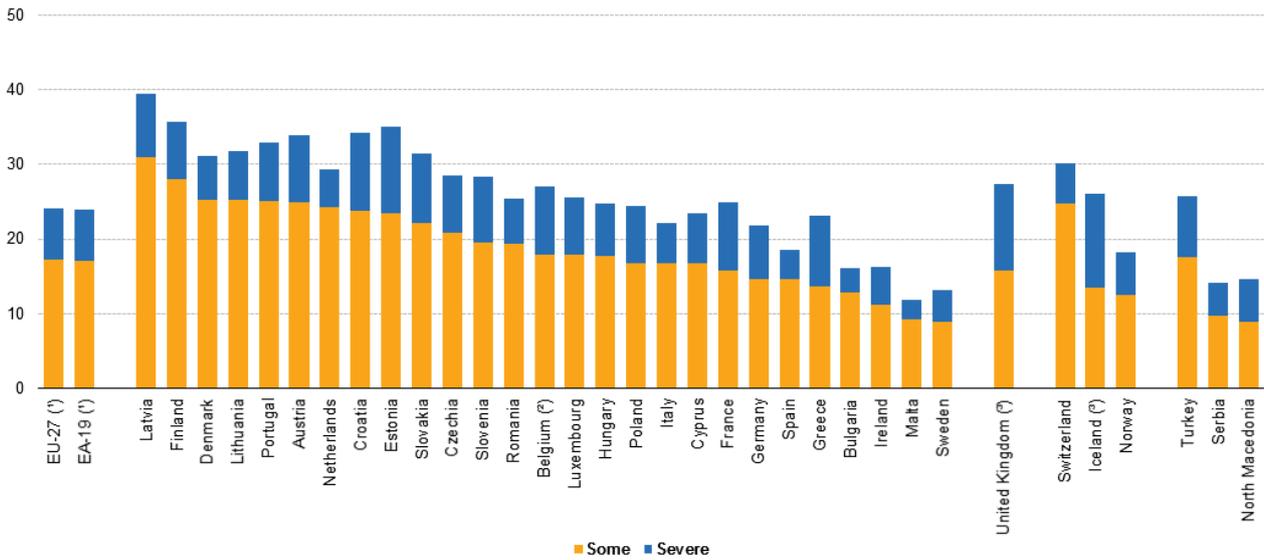
Self-reported long-standing limitations due to health problems

About one quarter of the EU-27 population experienced long-standing limitations due to health problems

In the [EU-27](#) , 24 % of the population aged 16 and over reported (some or severe) long-standing limitations in their usual activities due to health problems (hereafter referred to as long-standing limitations) in 2019; 17.2 % reported some long-standing limitations and 6.9 % reported severe long-standing limitations (see **Figure 1**).

Across the EU Member States, the share of people who reported some or severe long-standing limitations ranged from 11.8 % in Malta, 13.1 % in Sweden and 16.1 % in Bulgaria to 35.0 % in Estonia, 35.7 % in Finland and the highest in Latvia 39.5 % . The highest shares of people reporting severe long-standing limitations were registered in Austria, France, Belgium, Slovakia, Greece and Croatia, all 9 % or higher, with the highest share in Estonia (11.5 %).

Persons with self-reported long-standing limitations in usual activities due to health problems, 2019
 (% share of the population aged 16 and over)



(*) Estimates.
 (*) Break in time series.
 (*) 2018 data.
 Source: Eurostat (online data code: hlth_silc_12)

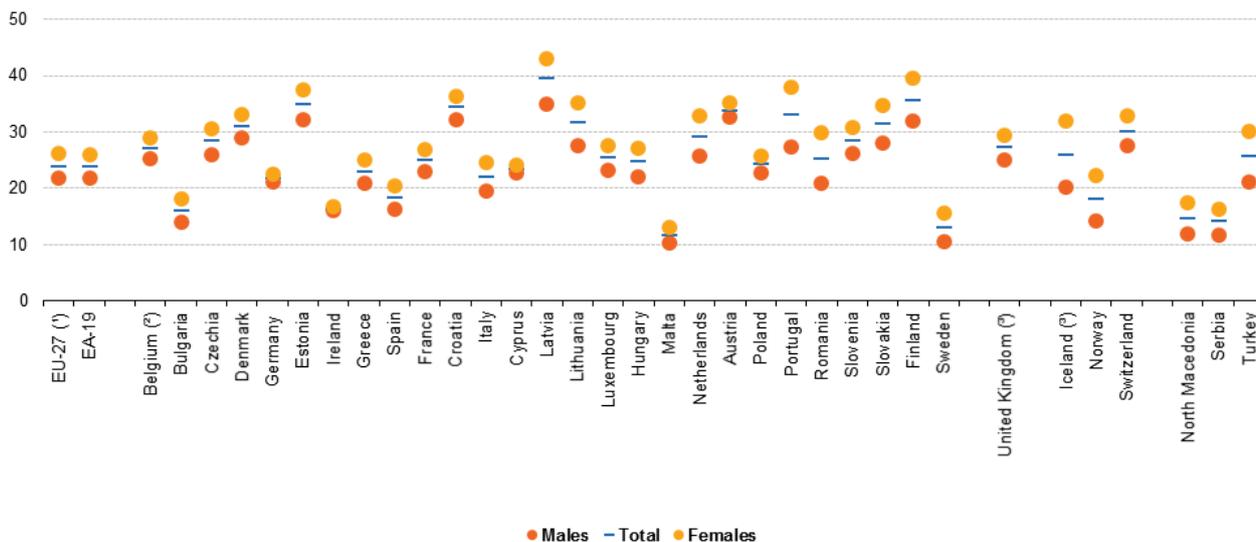


Figure 1: Persons with self-reported long-standing limitations in usual activities due to health problems, 2019 (% share of the population aged 16 and over) Source: Eurostat (hlth_silc_12)

In 2019, men were less likely than women to report long-standing limitations — either some or severe — in all of the EU Member States (see **Figure 2**). The largest gender gaps were recorded in Latvia, Portugal and Romania (more than 8 pp) while the smallest were in Ireland (0.7 pp), Cyprus and Germany (both 1.3 pp).

Persons with self-reported long-standing limitations in usual activities due to health problems, by sex, 2019

(% share of the population aged 16 and over)



(*) Estimates.

(†) Break in time series.

(‡) 2018 data.

Source: Eurostat (online data code: hlth_silc_12)



Figure 2: Persons with self-reported long-standing limitations in usual activities due to health problems, by sex, 2019 (% share of the population aged 16 and over) Source: Eurostat (hlth_silc_12)

A further analysis shows that this gender gap was present regardless of the severity of the limitations (**Table 1**). In 2019, the share of the population reporting severe long-standing limitations was 1.4 pp higher among women than among men in the EU-27. Among the EU Member States this gap reached 2.5 pp or more in Slovakia, the Netherlands, Portugal and Estonia, while in Romania the gap was 3.4 pp.

Distribution of persons by self-reported long-standing limitations in usual activities due to health problems, by sex, 2019
(% share of the population aged 16 and over)

| | Total | | | Males | | | Females | | |
|--------------------|-------|--------|------|-------|--------|------|---------|--------|------|
| | Some | Severe | None | Some | Severe | None | Some | Severe | None |
| EU-27 (*) | 17.2 | 6.9 | 76.0 | 15.7 | 6.1 | 78.2 | 18.6 | 7.5 | 73.9 |
| EA- 19 | 17.1 | 6.9 | 76.0 | 15.7 | 6.2 | 78.1 | 18.3 | 7.6 | 74.1 |
| Belgium (*) | 17.9 | 9.2 | 72.8 | 17.0 | 8.3 | 74.7 | 18.8 | 10.1 | 71.1 |
| Bulgaria | 12.9 | 3.2 | 83.9 | 10.9 | 3.0 | 86.1 | 14.8 | 3.3 | 81.8 |
| Czechia | 20.8 | 7.7 | 71.4 | 18.7 | 7.2 | 74.1 | 22.3 | 8.1 | 69.5 |
| Denmark | 25.3 | 5.8 | 68.9 | 23.9 | 5.1 | 71.0 | 26.7 | 6.4 | 66.9 |
| Germany | 14.7 | 7.1 | 78.2 | 14.4 | 6.8 | 78.8 | 15.0 | 7.5 | 77.5 |
| Estonia | 23.5 | 11.5 | 65.0 | 22.1 | 10.0 | 67.9 | 24.7 | 12.8 | 62.5 |
| Ireland | 11.2 | 5.1 | 83.6 | 11.1 | 4.9 | 84.0 | 11.4 | 5.4 | 83.3 |
| Greece | 13.6 | 9.5 | 76.9 | 12.2 | 8.8 | 79.0 | 14.9 | 10.1 | 75.0 |
| Spain | 14.7 | 3.8 | 81.6 | 13.3 | 3.1 | 83.7 | 16.0 | 4.4 | 79.6 |
| France | 15.8 | 9.2 | 75.0 | 14.4 | 8.6 | 77.0 | 17.1 | 9.7 | 73.2 |
| Croatia | 23.7 | 10.6 | 65.6 | 22.4 | 9.7 | 67.9 | 24.9 | 11.5 | 63.6 |
| Italy | 16.7 | 5.4 | 77.9 | 15.1 | 4.5 | 80.4 | 18.2 | 6.3 | 75.5 |
| Cyprus | 16.7 | 6.8 | 76.5 | 16.4 | 6.4 | 77.2 | 16.9 | 7.2 | 75.9 |
| Latvia | 30.9 | 8.6 | 60.5 | 27.5 | 7.3 | 65.1 | 33.5 | 9.6 | 56.9 |
| Lithuania | 25.2 | 6.5 | 68.3 | 22.0 | 5.6 | 72.5 | 27.8 | 7.3 | 64.9 |
| Luxembourg | 17.9 | 7.6 | 74.5 | 16.5 | 6.8 | 76.7 | 19.2 | 8.5 | 72.3 |
| Hungary | 17.7 | 7.1 | 75.2 | 15.7 | 6.4 | 77.9 | 19.5 | 7.6 | 72.9 |
| Malta | 9.2 | 2.6 | 88.2 | 8.1 | 2.4 | 89.6 | 10.4 | 2.8 | 86.8 |
| Netherlands | 24.3 | 5.0 | 70.7 | 22.0 | 3.7 | 74.3 | 26.5 | 6.3 | 67.2 |
| Austria | 24.9 | 9.0 | 66.1 | 24.3 | 8.4 | 67.3 | 25.5 | 9.6 | 64.9 |
| Poland | 16.8 | 7.6 | 75.6 | 15.4 | 7.4 | 77.3 | 17.9 | 7.8 | 74.2 |
| Portugal | 25.1 | 7.9 | 67.0 | 20.9 | 6.5 | 72.6 | 28.8 | 9.2 | 62.1 |
| Romania | 19.4 | 6.0 | 74.6 | 16.5 | 4.3 | 79.2 | 22.1 | 7.7 | 70.2 |
| Slovenia | 19.6 | 8.8 | 71.5 | 17.6 | 8.5 | 73.8 | 21.6 | 9.1 | 69.3 |
| Slovakia | 22.2 | 9.2 | 68.6 | 20.0 | 7.9 | 72.0 | 24.2 | 10.4 | 65.3 |
| Finland | 28.1 | 7.6 | 64.3 | 24.1 | 7.8 | 68.1 | 32.2 | 7.3 | 60.5 |
| Sweden | 9.0 | 4.1 | 86.9 | 7.0 | 3.6 | 89.4 | 11.1 | 4.6 | 84.4 |
| United Kingdom (*) | 15.8 | 11.5 | 72.7 | 14.4 | 10.6 | 75.0 | 17.0 | 12.5 | 70.5 |
| Iceland (*) | 13.5 | 12.5 | 74.0 | 10.9 | 9.3 | 79.8 | 16.3 | 15.7 | 68.0 |
| Norway | 12.5 | 5.7 | 81.8 | 9.6 | 4.6 | 85.8 | 15.4 | 6.9 | 77.7 |
| Switzerland | 24.7 | 5.5 | 69.8 | 22.6 | 4.9 | 72.5 | 26.8 | 6.1 | 67.1 |
| North Macedonia | 8.9 | 5.8 | 85.3 | 7.0 | 4.9 | 88.1 | 10.7 | 6.8 | 82.5 |
| Serbia | 9.7 | 4.5 | 85.8 | 8.2 | 3.6 | 88.2 | 11.1 | 5.4 | 83.6 |
| Turkey | 17.6 | 8.1 | 74.3 | 14.3 | 6.9 | 78.8 | 20.8 | 9.3 | 69.9 |

(*) Estimates.

(*) Break in time series.

(*) 2018 data.

Source: Eurostat (online data code: hlth_silc_12)

Table 1: Distribution of persons by self-reported long-standing limitations in usual activities due to health problems, by sex, 2019 (% share of the population aged 16 and over) Source: Eurostat (hlth_silc_12)

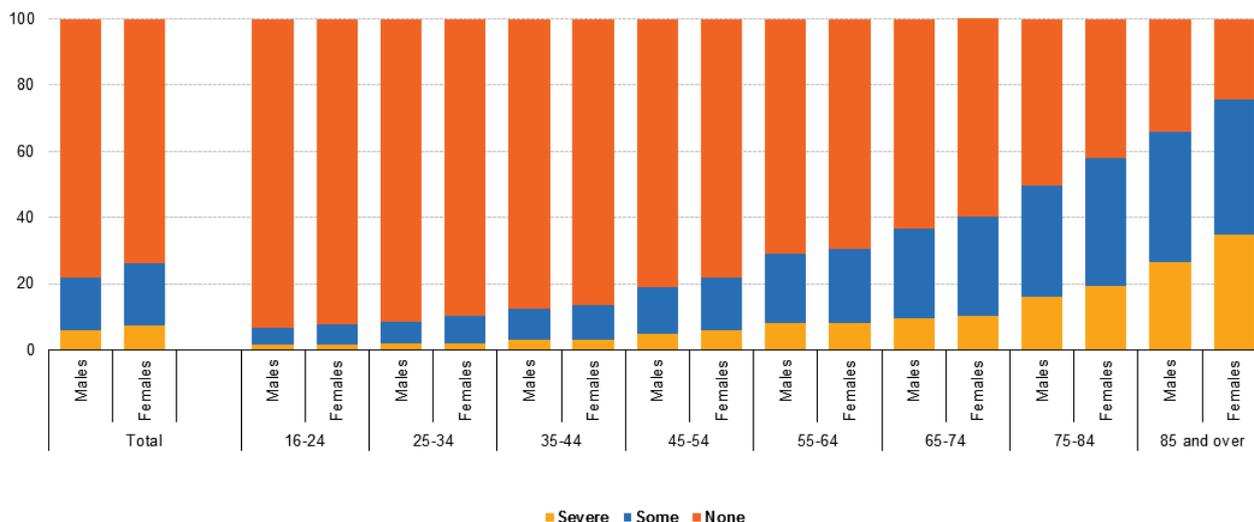
The prevalence of long-standing limitations increased with age as did the gender health gap

Self-reported long-standing limitations also have a distinct age pattern as people in higher age groups tended to report some or severe long-standing limitations more than those in lower age groups (see **Figure 3**). In 2019, 7.3 % of the age group 16–24 reported (some or severe) long-standing limitations, a share that rose to 72.1 % for people aged 85 and over.

The gender health gap concerning (some and severe) long-standing limitations could be observed in all age groups: in the EU-27, the gap was lowest for the age groups 16-24 and 35-44 (1.0 pp and 1.2 pp higher for women, respectively) and broadly increased with age to peak among people aged 85 and over (9.7 pp higher for women) and age group 75-84 (8.1 pp higher). However, when focusing just on those reporting severe long-standing limitations, the gender gap was relatively small (less than 1 pp) up to and including the age group 65–74; for the EU-27, there was a clear gender gap for severe long-standing limitations only in the age group

75–84 (3.3 pp) and in the age group 85 and over (8.1 pp).

Persons with self-reported long-standing limitations in usual activities due to health problems, by sex and age, 2019
(% share of the EU-27 specified population)



Note: EU-27 estimates.
Source: Eurostat (online data code: hlth_silc_12)



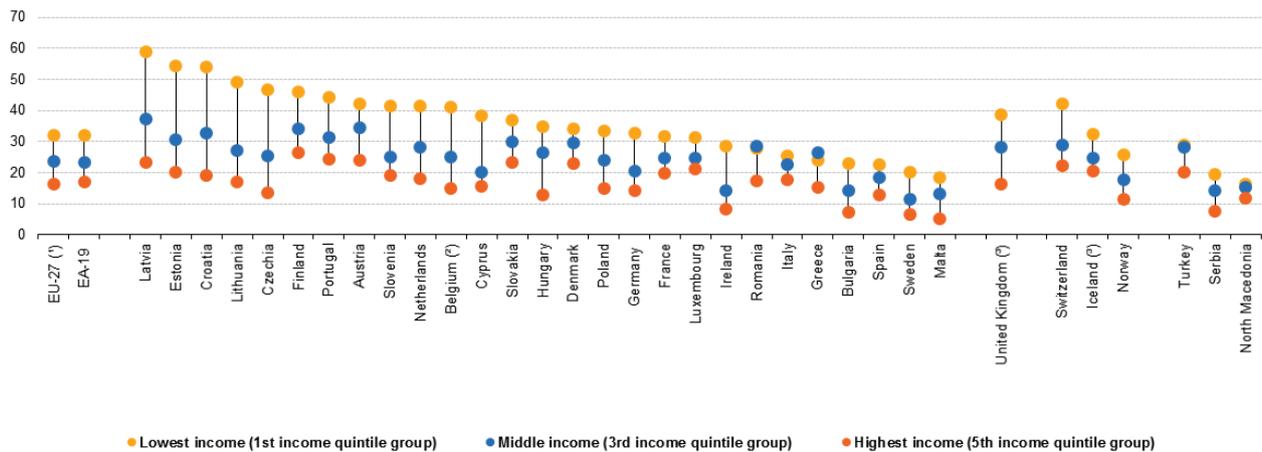
Figure 3: Persons with self-reported long-standing limitations in usual activities due to health problems, by sex and age, 2019 (% share of the EU-27 specified population) Source: Eurostat (hlth_silc_12)

Long-standing limitations decreased with income

In the EU-27, 16.5 % of the population in the fifth [income quintile group](#) (the 20 % of the population with the highest income) reported long-standing limitations in 2019, compared with 23.5 % in the third quintile group and 32.2 % in the first income quintile group (the 20 % of the population with the lowest income). In other words, the prevalence of self-reported long-standing limitations was highest in the lowest income quintile group and decreased progressively as income increased.

Figure 4 shows the share of the population that reported long-standing limitations for three of the income quintile groups — the highest, middle and lowest quintiles. Almost all EU Member States (25 countries) showed a similar pattern, with the lowest shares of people who reported long-standing limitations recorded for the fifth income quintile group, the highest shares for the first income quintile group, and shares for the third income quintile group between these two (see **Figure 4**). Only two EU Member States deviated from this pattern: the population with middle income was more likely to report long-standing limitations than the population with lower income in Greece (26.6 % compared with 24.1 %) and Romania (28.4 % compared with 28.0 %). It should be noted that this is a very similar situation to that observed for [self-perceived health status](#), where these two Member States were among the exceptions to the general pattern that the proportion of the population reporting good or very good health increased with income.

Persons with self-reported long-standing limitations in usual activities due to health problems, by income, 2019
 (% share of the population aged 16 and over)



(*) Estimates.
 (†) Break in time series.
 (‡) 2018 data.
 Source: Eurostat (online data code: hlth_silc_12)



Figure 4: Persons with self-reported long-standing limitations in usual activities due to health problems, by income, 2019 (% share of the population aged 16 and over) Source: Eurostat (hlth_silc_12)

By far the largest difference in the share of the population reporting long-standing limitations between the populations in the highest and lowest income quintiles was observed in Latvia (35.4 pp), followed by Croatia (34.8 pp) and Estonia (34.2 pp). By contrast, relatively little difference in the shares of self-reported long-standing limitations was observed between the highest and lowest income groups in Spain (9.7 pp), Greece (8.9 pp) and Italy (7.6 pp).

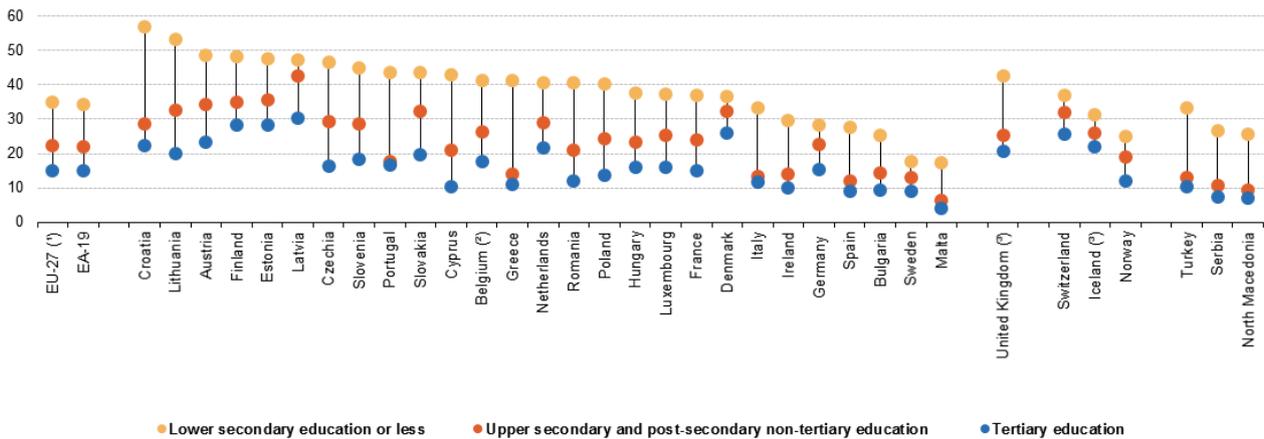
Higher educated people less likely to report long-standing limitations

There are also clear differences when looking at the relationship between self-reported long-standing limitations and educational attainment levels (see **Figure 5**). In the EU-27, 34.9 % of the population having completed at most lower secondary education reported long-standing limitations in 2019, compared with 22.3 % having completed upper secondary or post-secondary non-tertiary education, and 15.0 % having completed tertiary education. The health gap between educational attainment levels was apparent in all EU Member States, generally with the same pattern as observed for the EU-27 as a whole.

The largest gap in the share of the population reporting some or severe long-standing limitations between those with the highest and the lowest educational attainment levels was observed in Croatia (34.4 pp), followed by Lithuania (33.3 pp) and Cyprus (32.5 pp). The smallest gaps were observed in Germany (12.8 pp), Denmark (10.8 pp) and Sweden (8.5 pp) (see **Figure 5**).

Persons with self-reported long-standing limitations in usual activities due to health problems, by educational attainment level, 2019

(% share of the population aged 16 and over)



(*) Estimates.
 (†) Break in time series.
 (‡) 2018 data.
 Source: Eurostat (online data code: hlth_silc_07)



Figure 5: Persons with self-reported long-standing limitations in usual activities due to health problems, by educational attainment level, 2019 (% share of the population aged 16 and over)
 Source: Eurostat (hlth_silc_07)

Functional and activity limitations

The second wave of the [European health interview survey \(EHIS\)](#) was conducted between 2013 and 2015 and surveyed persons aged 15 and over. It included questions for the evaluation of the health state of the population, which among others, referred to the main physical and sensory functional limitations (for example, related to vision, hearing or walking). Specifically, elder persons (aged 65 and over) were also asked whether they had difficulty in doing certain types of activities, the latter grouped into personal care activities (for example, feeding or dressing) or household activities (for example, preparing meals or doing housework).

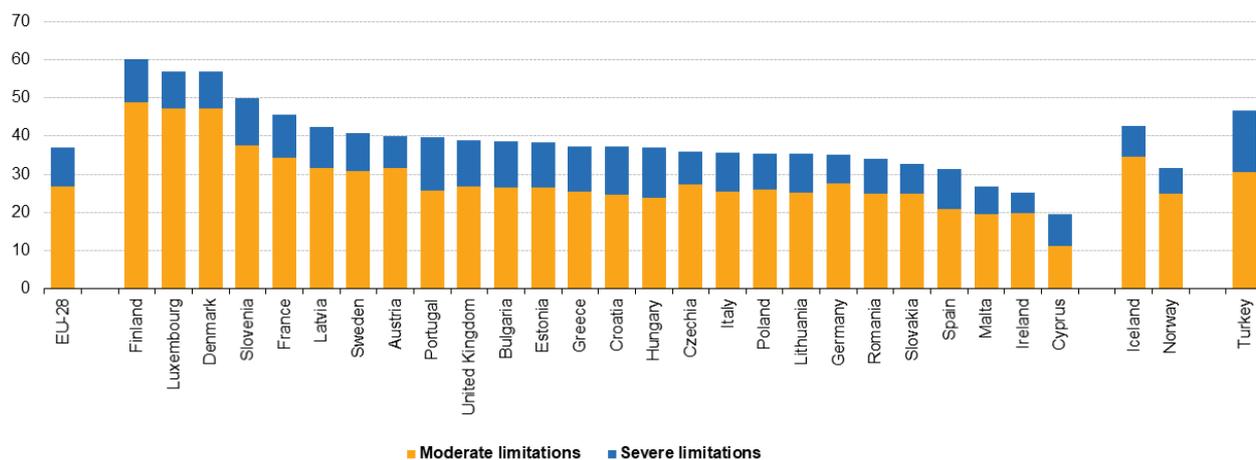
On average, at EU-28 level, more than 60 % of the population reported no physical or sensory limitations, whereas more than 75 % and 50 % of the elderly reported no difficulties in performing personal care and household activities, respectively.

More than one third of the EU’s population reported physical and sensory limitations

37 % of the EU-28 population aged 15 and over reported (moderate or severe) physical or sensory limitations; 26.8 % of the respective population reporting moderate functional limitations of this type and another 10.1 % reporting severe functional limitations of this type (see Figure 6).

The respective shares recorded at national level differed to a lesser or greater extent from the EU-28 ones. Rates for (moderate or severe) physical and sensory limitations ranged from 19.5 % in Cyprus to 60.2 % in Finland. Severe physical and sensory limitations were most prevalent in Portugal, Hungary, Croatia, Slovenia, the United Kingdom, Greece and Bulgaria; being reported by at least 12 % of the reference population. By contrast, less than 6 % of the population in Ireland reported severe limitations of this type.

Distribution of persons with physical and sensory functional activity limitations, 2014
 (% share of the population aged 15 and over)



Note: Data not available for Belgium and Netherlands.
 Source: Eurostat (hlth_ehis_pl1e)



Figure 6: Distribution of persons aged 15 and over with physical and sensory functional activity limitations, 2014 or nearest year (%) Source: Eurostat (hlth_ehis_pl1e)

Women were more likely than men to report physical and sensory limitations

An analysis by sex indicates that the proportion of women that reported (moderate or severe) physical and sensory limitations was higher than that of men: this was observed in all EU Member States with the exception of Luxembourg, where the respective share was higher for men than for women by 1.5 percentage points (Table 2). The pattern was the same across all reporting countries, except for Norway, as far as severe limitations of this type are concerned. The highest recorded rates for women with severe physical or sensory limitations were recorded in Portugal, Hungary, Croatia, Bulgaria, Estonia, Slovenia and Greece.

Distribution of persons with physical and sensory functional activity limitations, by sex, 2014 or nearest year

(% share of the population aged 15 and over)

| | Total | | | Males | | | Females | | |
|----------------|-------|----------------------|--------------------|-------|----------------------|--------------------|---------|----------------------|--------------------|
| | None | Moderate limitations | Severe limitations | None | Moderate limitations | Severe limitations | None | Moderate limitations | Severe limitations |
| EU-28 | 63.0 | 26.8 | 10.1 | 65.4 | 26.0 | 8.6 | 60.8 | 27.6 | 11.6 |
| Bulgaria | 61.5 | 26.5 | 12.0 | 66.1 | 24.1 | 9.8 | 57.2 | 28.7 | 14.1 |
| Czechia | 64.0 | 27.3 | 8.7 | 66.8 | 25.6 | 7.5 | 61.4 | 28.9 | 9.7 |
| Denmark | 43.3 | 47.1 | 9.7 | 44.6 | 46.2 | 9.2 | 42.0 | 47.9 | 10.2 |
| Germany | 64.9 | 27.6 | 7.5 | 66.0 | 27.2 | 6.8 | 63.8 | 28.0 | 8.2 |
| Estonia | 61.6 | 26.6 | 11.8 | 65.1 | 25.8 | 9.1 | 58.6 | 27.3 | 14.1 |
| Ireland | 74.8 | 19.8 | 5.4 | 76.1 | 18.9 | 5.1 | 73.6 | 20.6 | 5.8 |
| Greece | 62.7 | 25.3 | 12.0 | 66.5 | 23.8 | 9.7 | 59.3 | 26.7 | 14.0 |
| Spain | 68.6 | 20.9 | 10.5 | 70.3 | 20.9 | 8.8 | 67.0 | 21.0 | 12.0 |
| France | 54.4 | 34.2 | 11.4 | 54.5 | 34.7 | 10.8 | 54.3 | 33.7 | 11.9 |
| Croatia | 62.7 | 24.7 | 12.6 | 66.4 | 23.4 | 10.2 | 59.3 | 25.8 | 14.9 |
| Italy | 64.4 | 25.4 | 10.2 | 67.9 | 24.6 | 7.6 | 61.2 | 26.2 | 12.6 |
| Cyprus | 80.5 | 11.2 | 8.3 | 82.3 | 11.2 | 6.5 | 78.8 | 11.2 | 10.0 |
| Latvia | 57.4 | 31.7 | 10.8 | 63.0 | 28.8 | 8.3 | 53.0 | 34.2 | 12.9 |
| Lithuania | 64.6 | 25.1 | 10.3 | 69.2 | 23.5 | 7.3 | 60.8 | 26.4 | 12.8 |
| Luxembourg | 43.2 | 47.1 | 9.8 | 42.3 | 48.0 | 9.6 | 43.9 | 46.2 | 9.9 |
| Hungary | 62.9 | 23.9 | 13.2 | 67.5 | 22.0 | 10.5 | 58.9 | 25.5 | 15.6 |
| Malta | 73.2 | 19.5 | 7.3 | 74.8 | 19.1 | 6.1 | 71.6 | 20.0 | 8.4 |
| Austria | 60.0 | 31.7 | 8.3 | 60.1 | 32.7 | 7.1 | 59.9 | 30.7 | 9.4 |
| Poland | 64.5 | 26.1 | 9.4 | 68.9 | 23.4 | 7.7 | 60.4 | 28.6 | 11.0 |
| Portugal | 60.3 | 25.8 | 13.9 | 65.7 | 24.3 | 10.0 | 55.5 | 27.1 | 17.4 |
| Romania | 65.9 | 24.9 | 9.1 | 70.4 | 22.5 | 7.1 | 61.8 | 27.2 | 11.0 |
| Slovenia | 50.0 | 37.6 | 12.4 | 52.3 | 37.2 | 10.6 | 47.9 | 38.0 | 14.1 |
| Slovakia | 67.4 | 24.9 | 7.7 | 71.9 | 21.4 | 6.7 | 63.1 | 28.2 | 8.7 |
| Finland | 39.8 | 48.9 | 11.3 | 41.3 | 47.6 | 11.2 | 38.4 | 50.2 | 11.4 |
| Sweden | 59.3 | 30.7 | 10.0 | 61.4 | 29.7 | 8.9 | 57.3 | 31.6 | 11.0 |
| United Kingdom | 61.2 | 26.7 | 12.1 | 63.2 | 26.1 | 10.7 | 59.3 | 27.4 | 13.4 |
| Iceland | 57.4 | 34.7 | 7.9 | 60.2 | 33.5 | 6.2 | 54.6 | 35.9 | 9.5 |
| Norway | 68.5 | 25.0 | 6.5 | 69.4 | 24.0 | 6.5 | 67.5 | 25.9 | 6.5 |
| Turkey | 53.4 | 30.5 | 16.1 | 60.0 | 28.2 | 11.7 | 46.9 | 32.8 | 20.3 |

Note: data not available for Belgium and Netherlands.

Source: Eurostat (online data code: hlth_ehis_pl1e)

eurostat 

Table 2: Distribution of persons aged 15 and over with physical and sensory functional activity limitations, by sex, 2014 or nearest year (%) Source: Eurostat (hlth_ehis_pl1e)

More than two thirds of people aged 65 or over reported physical and sensory functional limitations

Age is another important factor that may explain differences in functioning. Between 4 % and 6 % of people aged 15-24 in Cyprus and Bulgaria reported any physical or sensory limitations and this share peaked at 45 % or more in Luxembourg and Finland (see Table 3). Among those aged 45 to 54, the share of persons reporting physical and sensory limitations exceeded 50 % in five Member States, namely, France, Slovenia, Denmark, Luxembourg and Finland. The latter countries, with the exception of France, recorded also the highest shares among those aged 55 to 64. Moving to the oldest age group, at EU-28 level, around two thirds of persons aged 65 and over reported such type of limitations, a share that peaked at 80 % or more in Lithuania, Romania and Bulgaria.

Distribution of persons with physical and sensory functional activity limitations, by age, 2014 or nearest year

(% share of the population aged 15 and over)

| | Total | 15 - 24 years | 25 - 34 years | 35 - 44 years | 45 - 54 years | 55 - 64 years | 65 years or over |
|----------------|-------|---------------|---------------|---------------|---------------|---------------|------------------|
| EU-28 | 37.0 | 15.3 | 17.6 | 22.7 | 36.5 | 46.7 | 67.8 |
| Bulgaria | 38.5 | 5.9 | 9.1 | 15.6 | 32.2 | 55.4 | 82.9 |
| Czechia | 36.0 | 13.0 | 11.9 | 18.0 | 32.1 | 48.2 | 76.6 |
| Denmark | 56.7 | 43.9 | 42.4 | 48.5 | 57.9 | 65.1 | 74.4 |
| Germany | 35.1 | 16.2 | 19.7 | 24.2 | 35.5 | 40.6 | 57.4 |
| Estonia | 38.4 | 23.0 | 19.6 | 21.2 | 35.9 | 45.3 | 73.0 |
| Ireland | 25.2 | 16.8 | 12.5 | 14.9 | 26.3 | 34.2 | 50.2 |
| Greece | 37.3 | 9.0 | 14.3 | 19.4 | 29.3 | 45.0 | 78.2 |
| Spain | 31.4 | 11.2 | 11.6 | 18.0 | 27.8 | 40.5 | 66.7 |
| France | 45.6 | 22.7 | 28.0 | 34.5 | 51.0 | 53.2 | 71.0 |
| Croatia | 37.3 | 7.9 | 11.8 | 22.5 | 34.8 | 50.9 | 75.3 |
| Italy | 35.6 | 9.9 | 12.8 | 17.9 | 30.9 | 41.6 | 70.6 |
| Cyprus | 19.5 | 4.1 | 5.3 | 9.1 | 17.9 | 29.3 | 62.3 |
| Latvia | 42.6 | 18.7 | 17.9 | 26.5 | 41.7 | 53.5 | 78.0 |
| Lithuania | 35.4 | 8.2 | 9.5 | 16.2 | 30.6 | 48.3 | 80.2 |
| Luxembourg | 56.8 | 45.0 | 48.6 | 47.2 | 63.3 | 64.6 | 71.9 |
| Hungary | 37.1 | 13.0 | 13.1 | 19.8 | 36.0 | 52.9 | 73.9 |
| Malta | 26.8 | 10.1 | 11.2 | 14.1 | 25.9 | 32.4 | 60.5 |
| Austria | 40.0 | 20.0 | 21.6 | 28.7 | 44.6 | 49.4 | 64.8 |
| Poland | 35.5 | 12.0 | 15.3 | 19.0 | 36.0 | 49.1 | 76.4 |
| Portugal | 39.7 | 15.1 | 14.5 | 20.9 | 43.5 | 55.0 | 69.2 |
| Romania | 34.1 | 7.1 | 9.8 | 14.8 | 26.0 | 53.3 | 80.8 |
| Slovenia | 50.0 | 31.9 | 28.9 | 35.7 | 56.3 | 57.0 | 77.5 |
| Slovakia | 32.6 | 7.9 | 11.8 | 15.0 | 34.1 | 52.1 | 77.4 |
| Finland | 60.2 | 46.6 | 45.4 | 50.8 | 67.1 | 67.3 | 73.3 |
| Sweden | 40.7 | 20.7 | 23.3 | 29.2 | 40.4 | 48.1 | 67.9 |
| United Kingdom | 38.8 | 17.0 | 20.2 | 26.7 | 40.4 | 51.9 | 67.8 |
| Iceland | 42.6 | 34.2 | 30.4 | 31.1 | 42.0 | 49.1 | 69.8 |
| Norway | 31.5 | 17.9 | 17.8 | 22.6 | 34.5 | 37.7 | 53.5 |
| Turkey | 46.6 | 19.7 | 26.5 | 41.6 | 67.1 | 74.9 | 89.4 |

Note: Data not available for Belgium and Netherlands.

Source: Eurostat (online data code: hlth_ehis_pl1e)

eurostat 

Table 3: Distribution of persons aged 15 and over with physical and sensory functional activity limitations, by age, 2014 or nearest year (%) Source: Eurostat (hlth_ehis_pl1e)

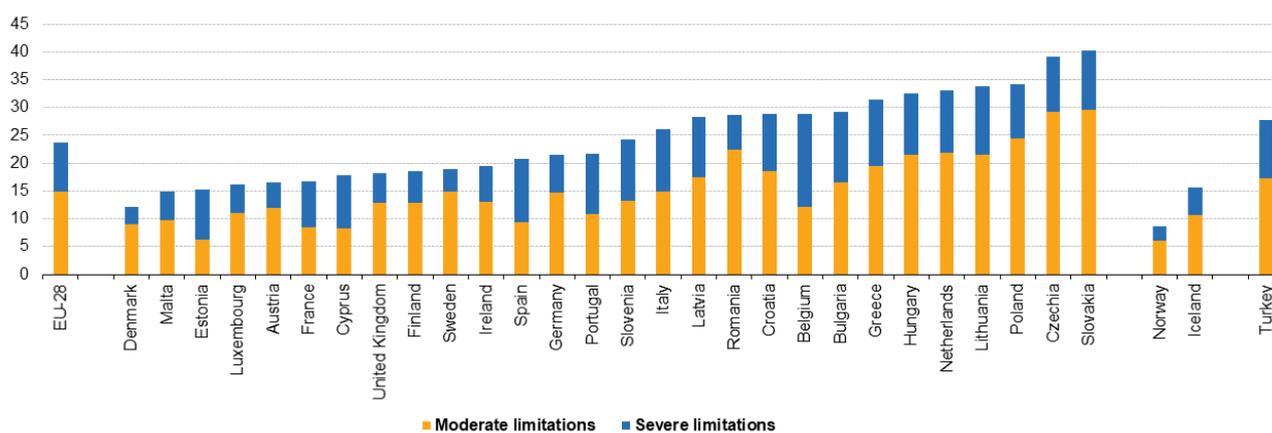
More than one fifth of persons aged 65 and over reported limitations in personal care activities

In relation to personal care activities, Figure 7 shows that, on average, about 24 % of the population aged 65 and over reported (moderate or severe) difficulties in personal care activities, of which about 15 % considered them as moderate and about 9 % as severe.

At country level, in five countries, namely the Netherlands (33.1 %), Lithuania (33.9 %), Poland (34.3 %), the Czech Republic (39.2 %) and Slovakia (40.2 %), one third or more of the elder population reported having (moderate or severe) difficulties in performing personal care activities.

At most 5 % of people aged 65 and over reported that such limitations are severe in Denmark, Sweden, Austria and Malta, while this share increased to more than 12 % in Greece, Lithuania and Bulgaria, peaking at 16.7 % in Belgium.

Distribution of persons with limitations in personal care activities, 2014 or nearest year
(% share of the population aged 65 and over)



Source: Eurostat (online data code: hlth_ehis_pc1e)

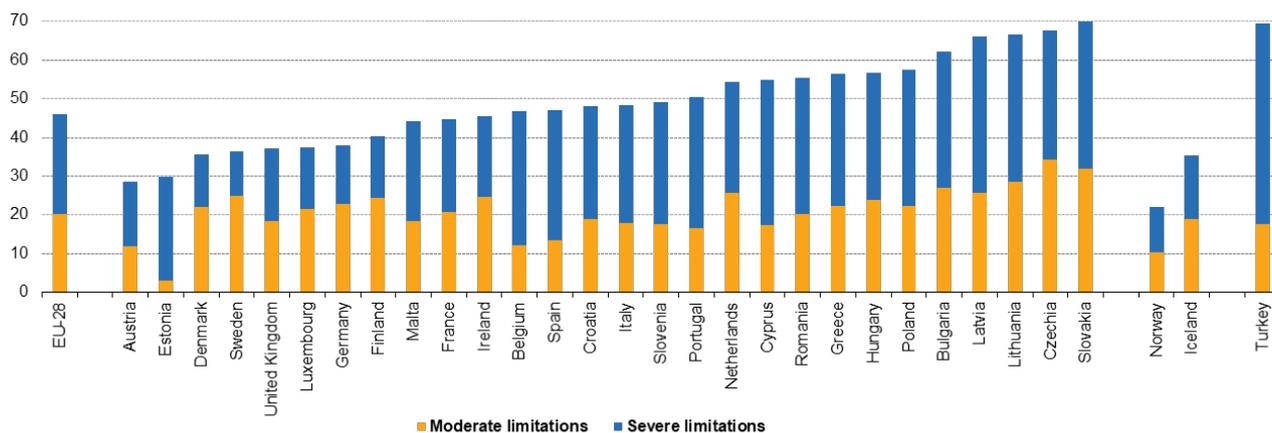


Figure 7: Distribution of persons aged 65 and over with limitations to personal care activities, 2014 or nearest year (%) Source: Eurostat (hlth_ehis_pc1e)

More than 4 out of 10 persons aged 65 and over reported limitations in household activities

More than half of the elderly in 12 EU Member States reported (moderate or severe) limitations in household activities; the highest rates being recorded in the Czech Republic (67.5 %) and Slovakia (69.9 %) (Figure 8). There was a relatively low proportion of the elderly reporting limitations in household activities in Denmark, Sweden, the United Kingdom, Luxembourg and Germany, while Austria, Estonia, as well as Norway each reported that in excess of 3 in 10 elder persons had (moderate or severe) difficulties in performing household activities.

Distribution of persons with limitations to household activities, 2014 or nearest year
(% share of the population aged 65 and over)



Source: Eurostat (online data code: hlth_ehis_ha1e)



Figure 8: Distribution of persons aged 65 and over with limitations to household activities, 2014 or nearest year (%) Source: Eurostat (hlth_ehis_ha1e)

Turning to elder persons with severe limitations in household activities, just in nine EU Member States (Sweden, Denmark, Germany, Luxembourg, Finland, Austria, the United Kingdom, Ireland and France) as well as Iceland and Norway, the respective rate was lower than the EU-28 average (25.8 %). It exceeded 35 % in Bulgaria (35.2 %), Cyprus (37.4 %), Lithuania (37.9 %), Slovakia (38 %) and Latvia (40.4 %).

Within the elder population, limitations with respect to personal care or household activities were more prevalent among women

Rates for the elders reporting limitations in personal care or household activities differed between the two sexes, with elder women exhibiting higher (moderate or severe) rates than elder men across all EU Member States (Table 4 and Table 5). At EU-28 level, elder women reporting difficulties in performing personal care activities was 27.5 %, while the respective rate for elder men was 18.7 % (see Table 4).

Distribution of persons with limitations to personal care activities, by sex, 2014 or nearest year

(% share of the population aged 65 and over)

| | Total | | | Males | | | Females | | |
|----------------|-------|----------------------|--------------------|-------|----------------------|--------------------|---------|----------------------|--------------------|
| | None | Moderate limitations | Severe limitations | None | Moderate limitations | Severe limitations | None | Moderate limitations | Severe limitations |
| EU-28 | 76.3 | 14.9 | 8.8 | 81.3 | 12.5 | 6.2 | 72.5 | 16.7 | 10.8 |
| Belgium | 71.2 | 12.1 | 16.7 | 78.3 | 10.8 | 10.9 | 65.9 | 13.1 | 21.0 |
| Bulgaria | 70.8 | 16.5 | 12.7 | 72.4 | 16.5 | 11.2 | 69.7 | 16.5 | 13.8 |
| Czechia | 60.8 | 29.3 | 9.9 | 63.3 | 27.6 | 9.1 | 59.0 | 30.5 | 10.5 |
| Denmark | 87.8 | 9.0 | 3.1 | 88.7 | 9.1 | 2.2 | 87.0 | 9.0 | 4.0 |
| Germany | 78.5 | 14.7 | 6.8 | 81.2 | 14.1 | 4.7 | 76.4 | 15.2 | 8.5 |
| Estonia | 84.8 | 6.2 | 9.0 | 87.5 | 6.2 | 6.3 | 83.4 | 6.3 | 10.3 |
| Ireland | 80.6 | 13.1 | 6.3 | 82.5 | 11.7 | 5.8 | 78.9 | 14.3 | 6.8 |
| Greece | 68.5 | 19.4 | 12.1 | 74.9 | 15.0 | 10.0 | 63.4 | 22.8 | 13.8 |
| Spain | 79.3 | 9.3 | 11.4 | 85.1 | 7.4 | 7.6 | 74.8 | 10.8 | 14.4 |
| France | 83.3 | 8.4 | 8.3 | 88.4 | 5.9 | 5.7 | 79.1 | 10.4 | 10.5 |
| Croatia | 71.2 | 18.6 | 10.2 | 75.3 | 18.1 | 6.6 | 68.5 | 19.0 | 12.5 |
| Italy | 73.8 | 14.9 | 11.2 | 81.6 | 11.0 | 7.4 | 67.8 | 17.9 | 14.2 |
| Cyprus | 82.2 | 8.3 | 9.5 | 88.8 | 5.6 | 5.6 | 76.6 | 10.6 | 12.8 |
| Latvia | 71.7 | 17.5 | 10.8 | 74.5 | 18.0 | 7.6 | 70.3 | 17.3 | 12.4 |
| Lithuania | 66.1 | 21.5 | 12.3 | 72.4 | 19.1 | 8.4 | 62.9 | 22.8 | 14.3 |
| Luxembourg | 83.8 | 11.1 | 5.1 | 85.4 | 9.2 | 5.4 | 82.6 | 12.5 | 4.9 |
| Hungary | 67.3 | 21.5 | 11.1 | 75.4 | 16.3 | 8.3 | 62.4 | 24.7 | 12.8 |
| Malta | 85.3 | 9.8 | 5.0 | 89.5 | 7.3 | 3.2 | 82.0 | 11.7 | 6.3 |
| Netherlands | 66.9 | 21.9 | 11.1 | 72.0 | 19.0 | 9.0 | 62.7 | 24.4 | 12.9 |
| Austria | 83.6 | 12.0 | 4.5 | 87.2 | 10.4 | 2.4 | 80.8 | 13.2 | 6.1 |
| Poland | 65.7 | 24.4 | 9.8 | 71.6 | 20.4 | 8.0 | 62.0 | 27.0 | 11.0 |
| Portugal | 78.2 | 10.8 | 10.9 | 85.7 | 7.8 | 6.6 | 73.0 | 13.0 | 14.0 |
| Romania | 71.4 | 22.5 | 6.1 | 76.1 | 19.0 | 5.0 | 68.3 | 24.8 | 6.9 |
| Slovenia | 75.8 | 13.3 | 10.9 | 79.8 | 11.7 | 8.5 | 73.1 | 14.4 | 12.5 |
| Slovakia | 59.8 | 29.5 | 10.7 | 65.9 | 25.0 | 9.1 | 56.0 | 32.3 | 11.6 |
| Finland | 81.4 | 12.8 | 5.8 | 82.1 | 13.4 | 4.5 | 80.8 | 12.4 | 6.8 |
| Sweden | 81.1 | 14.8 | 4.1 | 81.4 | 15.6 | 3.1 | 81.0 | 14.1 | 4.9 |
| United Kingdom | 81.8 | 12.8 | 5.4 | 85.4 | 10.9 | 3.7 | 78.7 | 14.4 | 6.8 |
| Iceland | 84.3 | 10.7 | 5.0 | 87.0 | 9.3 | 3.7 | 81.5 | 12.1 | 6.4 |
| Norway | 91.3 | 6.1 | 2.5 | 91.9 | 6.1 | 1.9 | 90.8 | 6.1 | 3.1 |
| Turkey | 72.3 | 17.2 | 10.5 | 81.1 | 12.9 | 5.9 | 65.4 | 20.5 | 14.1 |

Source: Eurostat (online data code: hlth_egis_pc1e)



Table 4: Distribution of persons aged 65 and over with limitations to personal care activities, by sex, 2014 or nearest year (%) Source: Eurostat (hlth_egis_pc1e)

Similarly, on average, a larger share of elder women (54.3 %) than men (35.3 %) reported limitations in household activities (see Table 5).

Distribution of persons with limitations to household activities, by sex, 2014 or nearest year

(% share of the population aged 65 and over)

| | Total | | | Males | | | Females | | |
|----------------|-------|----------------------|--------------------|-------|----------------------|--------------------|---------|----------------------|--------------------|
| | None | Moderate limitations | Severe limitations | None | Moderate limitations | Severe limitations | None | Moderate limitations | Severe limitations |
| EU-28 | 53.9 | 20.3 | 25.8 | 64.7 | 17.2 | 18.1 | 45.6 | 22.7 | 31.6 |
| Belgium | 53.2 | 12.2 | 34.6 | 65.9 | 10.7 | 23.3 | 43.9 | 13.3 | 42.8 |
| Bulgaria | 37.8 | 27.0 | 35.2 | 44.4 | 25.3 | 30.2 | 33.3 | 28.2 | 38.5 |
| Czechia | 32.5 | 34.3 | 33.2 | 38.9 | 33.3 | 27.8 | 27.8 | 35.1 | 37.1 |
| Denmark | 64.2 | 22.0 | 13.7 | 70.2 | 18.9 | 10.9 | 59.2 | 24.7 | 16.2 |
| Germany | 62.3 | 22.9 | 14.9 | 69.2 | 19.3 | 11.5 | 56.8 | 25.6 | 17.6 |
| Estonia | 70.2 | 3.1 | 26.7 | 77.7 | 2.2 | 20.1 | 66.4 | 3.6 | 30.0 |
| Ireland | 54.6 | 24.6 | 20.8 | 61.8 | 20.0 | 18.2 | 48.3 | 28.6 | 23.1 |
| Greece | 43.6 | 22.3 | 34.1 | 57.9 | 16.6 | 25.4 | 32.2 | 26.9 | 41.0 |
| Spain | 52.9 | 13.5 | 33.6 | 66.0 | 11.1 | 22.9 | 42.7 | 15.4 | 41.9 |
| France | 55.4 | 20.7 | 23.9 | 66.4 | 18.1 | 15.5 | 46.5 | 22.9 | 30.7 |
| Croatia | 51.8 | 18.8 | 29.4 | 62.3 | 16.6 | 21.2 | 45.0 | 20.2 | 34.8 |
| Italy | 51.6 | 17.8 | 30.6 | 64.9 | 14.5 | 20.5 | 41.4 | 20.3 | 38.3 |
| Cyprus | 45.2 | 17.4 | 37.4 | 57.9 | 16.8 | 25.3 | 34.3 | 17.9 | 47.7 |
| Latvia | 33.9 | 25.7 | 40.4 | 43.9 | 23.8 | 32.3 | 29.0 | 26.6 | 44.4 |
| Lithuania | 33.5 | 28.6 | 37.9 | 42.4 | 28.6 | 29.0 | 29.0 | 28.6 | 42.4 |
| Luxembourg | 62.7 | 21.5 | 15.8 | 72.5 | 15.0 | 12.4 | 55.1 | 26.5 | 18.4 |
| Hungary | 43.3 | 24.0 | 32.7 | 57.3 | 21.2 | 21.5 | 34.9 | 25.6 | 39.5 |
| Malta | 55.9 | 18.3 | 25.8 | 69.7 | 13.1 | 17.2 | 45.2 | 22.3 | 32.5 |
| Netherlands | 45.8 | 25.8 | 28.4 | 56.2 | 22.7 | 21.0 | 36.9 | 28.4 | 34.7 |
| Austria | 71.5 | 12.0 | 16.5 | 82.6 | 7.4 | 10.0 | 63.0 | 15.5 | 21.6 |
| Poland | 42.6 | 22.4 | 35.0 | 54.7 | 19.9 | 25.4 | 34.9 | 24.0 | 41.1 |
| Portugal | 49.6 | 16.7 | 33.6 | 73.9 | 11.9 | 14.2 | 32.4 | 20.2 | 47.4 |
| Romania | 44.7 | 20.3 | 35.0 | 51.5 | 19.9 | 28.6 | 40.2 | 20.6 | 39.2 |
| Slovenia | 50.8 | 17.6 | 31.6 | 61.3 | 14.9 | 23.8 | 43.6 | 19.4 | 37.0 |
| Slovakia | 30.1 | 31.9 | 38.0 | 36.5 | 32.7 | 30.8 | 26.1 | 31.5 | 42.4 |
| Finland | 59.7 | 24.3 | 16.0 | 65.4 | 21.3 | 13.2 | 55.0 | 26.7 | 18.3 |
| Sweden | 63.6 | 24.8 | 11.6 | 70.6 | 18.7 | 10.6 | 57.7 | 29.9 | 12.4 |
| United Kingdom | 62.9 | 18.3 | 18.8 | 72.3 | 14.1 | 13.6 | 55.1 | 21.8 | 23.1 |
| Iceland | 64.8 | 19.0 | 16.2 | 76.9 | 14.1 | 9.0 | 52.6 | 23.9 | 23.6 |
| Norway | 78.0 | 10.3 | 11.7 | 85.3 | 7.2 | 7.5 | 70.9 | 13.3 | 15.8 |
| Turkey | 30.8 | 17.7 | 51.6 | 46.4 | 18.7 | 34.9 | 18.7 | 16.9 | 64.4 |

Source: Eurostat (online data code: hlth_ehis_ha1e)

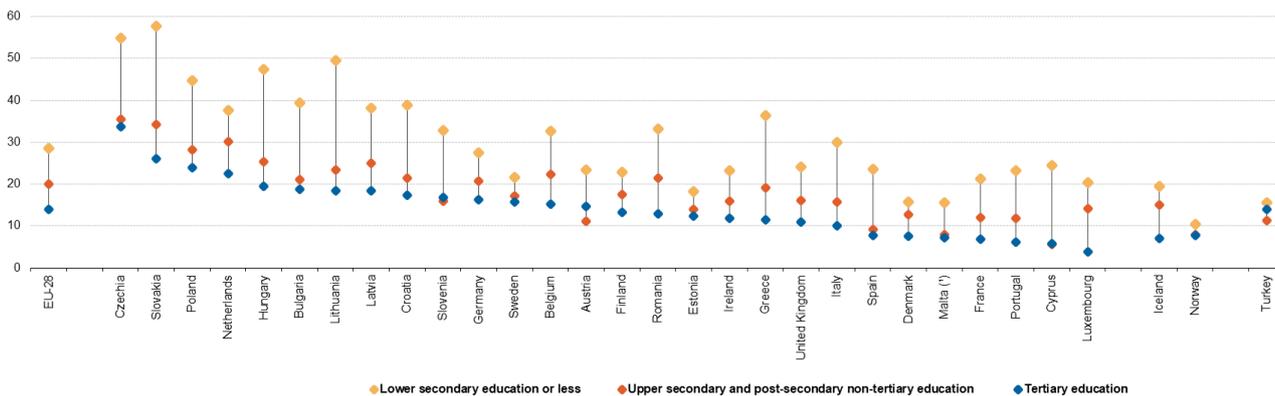
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Table 5: Distribution of persons aged 65 and over with limitations to household activities, by sex, 2014 or nearest year (%) Source: Eurostat (hlth_ehis_ha1e)

Limitations with respect to personal care or household activities were more prevalent among elders with low educational attainment

In all 28 EU Member States, among the population aged 65 and over, the share of persons reporting limitations in personal care activities was higher for those with at most lower secondary education, as compared to those having completed upper secondary education or post-secondary non-tertiary education or higher (Figure 9). The largest gap between educational attainment levels among the elder population reporting limitations in personal care activities was recorded in Hungary, Lithuania and Slovakia in contrast to Estonia and Sweden, where this education related gap was considerably smaller.

Distribution of persons with limitations to personal care activities, by educational level attainment, 2014 or nearest year
 (% share of the population aged 65 and over)



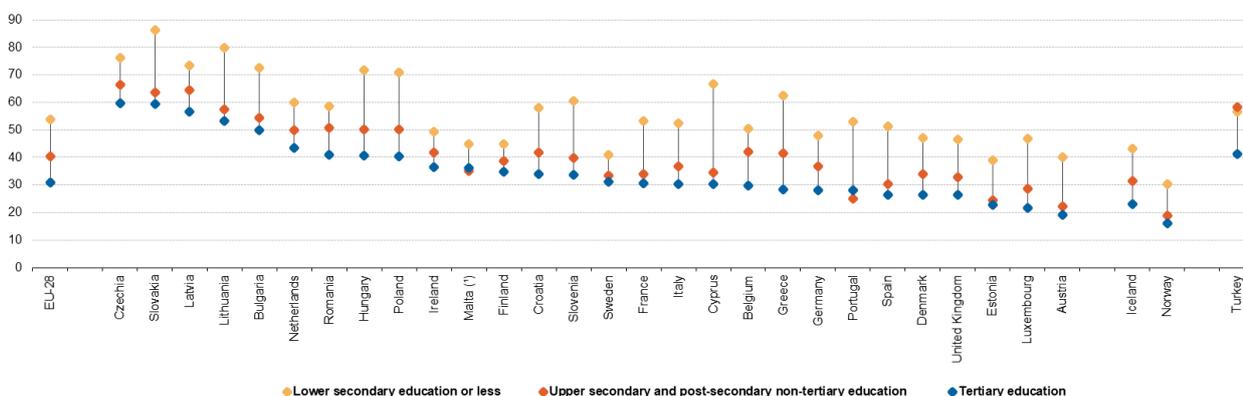
(*) Unreliable data for persons aged 65 or over with upper secondary and post-secondary non-tertiary educational attainment.
 Note: Ranked on the share of persons aged 65 or over with tertiary educational attainment.
 Source: Eurostat (online data code: hlth_ehis_pc1e)

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Figure 9: Distribution of persons aged 65 and over with limitations to personal care activities, by level of educational attainment, 2014 or nearest year (%) Source: Eurostat (hlth_ehis_pc1e)

The educational level seemed to have also an impact on the share of persons reporting limitations in household activities: 53.9 % of the EU-28 population aged 65 or over with at most lower secondary educational attainment considered having moderate or severe limitations in undertaking household activities, as compared to 31 % for those in the same age group but with tertiary level of education (see Figure 10). Across Member States, this share was by more than 30 percentage points higher for those with at most lower secondary education and those with a tertiary education degree in Hungary, Greece and Cyprus.

Distribution of persons with household activity limitations by level of educational attainment, 2014 or nearest year
 (% share of the population aged 65 and over)



(*) Unreliable data for persons aged 65 or over with upper secondary and post-secondary non-tertiary educational attainment.
 Note: Ranked on the share of persons aged 65 or over with tertiary educational attainment.
 Source: Eurostat (online data code: hlth_ehis_ha1e)

eurostat

Figure 10: Distribution of persons aged 65 and over with limitations to household activities, by level of educational attainment, 2014 or nearest year (%) Source: Eurostat (hlth_ehis_ha1e)

Home care services

In order to further complement the picture on the limitations faced by the elders in undertaking personal and household activities, the indicator on the use of home care services for personal needs is also presented. The data come again from the second wave of the [European health interview survey \(EHIS\)](#) and record the usage of home care services that cover a wide range of health and social services (e.g. provision of medical or non-medical in-home supporting care services, home help with the housework, meals on wheels) provided to people

with health problems.

More than one in ten of the elders used home care services for personal needs in 2014

Overall, 10.6 % of the EU-28 population aged 65 and over in 2014 used in-home care services for personal needs (Figure 11). The share ranged from less than 5 % in Estonia and Romania to more than 20 % in the Netherlands, France and Malta, peaking at 25 % in Belgium. Among those countries, only the Netherlands recorded relatively high rates for persons aged 65 and over with moderate or severe limitations in personal care and household activities.

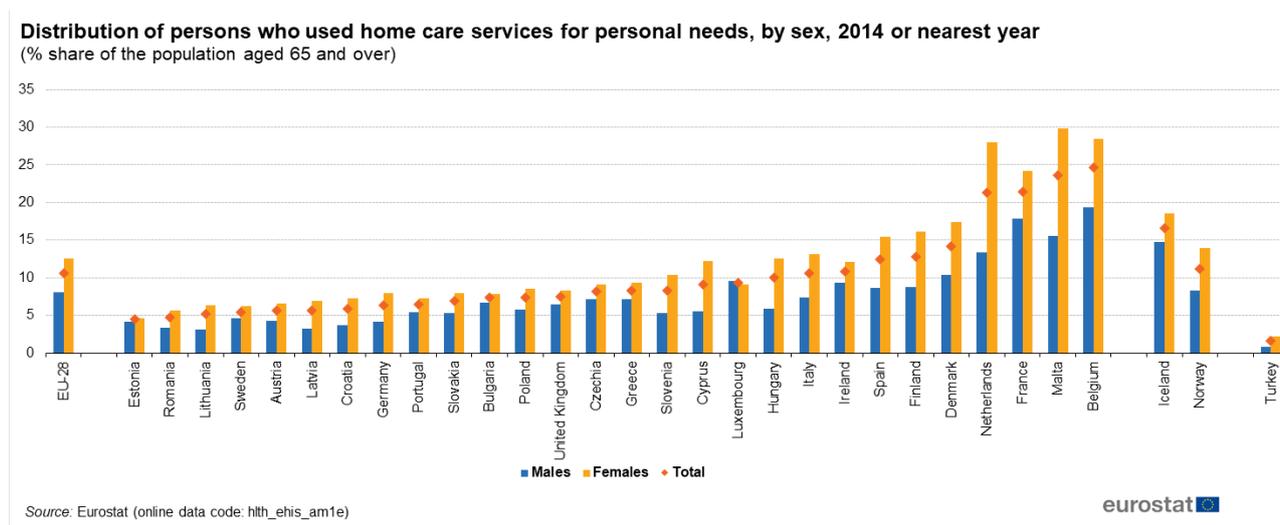


Figure 11: Share of persons aged 65 and over who used home care services for personal needs, by sex, 2014 or nearest year (%) Source: Eurostat (hlth_ehis_am7e)

There was a clear picture as regards the differences between the sexes in relation to the share of elder women and men who used care services at their homes. Across all EU Member States, the share of the population aged 65 and over who used home care services was consistently higher for women than men, with the exception of Luxembourg, where the respective share was by 0.5 percentage points higher for men.

The largest differences (more than 14 percentage points) were observed in the Netherlands and Malta, followed by Denmark, Finland and Belgium that reported rates that were more than 7 percentage points higher for women.

Similar to the pattern observed with respect to limitations in personal care and household activities, low educated persons aged 65 and over were more likely to have used home care services

Looking across the educational levels, the share of elder persons reporting to have used home care services generally decreased with education at EU-28 level; that said, there was a relatively high percentage of elder persons who used home care services among the low educated (13.4 %) compared with 6.2 % of the elders with a high level of education (see Figure 12).

Nearly all EU Member States showed a similar pattern, with the lowest shares of people aged 65 and over who reported having used home care services being recorded for those with higher educational attainment, followed by those having completed upper secondary education or post-secondary non-tertiary education and those having attained at most lower secondary education. Ten countries deviated from this pattern, where the elders with upper secondary education or post-secondary non-tertiary education were less likely to have used home care services compared with those with high educational attainment. The largest differences (a difference of 10 percentage points or more) in the respective shares between high and low educated ones were recorded in Hungary, Slovakia, Denmark, France and the Netherlands.

Share of persons aged 65 and over who used home care services for personal needs, by educational attainment level, 2014 or nearest year

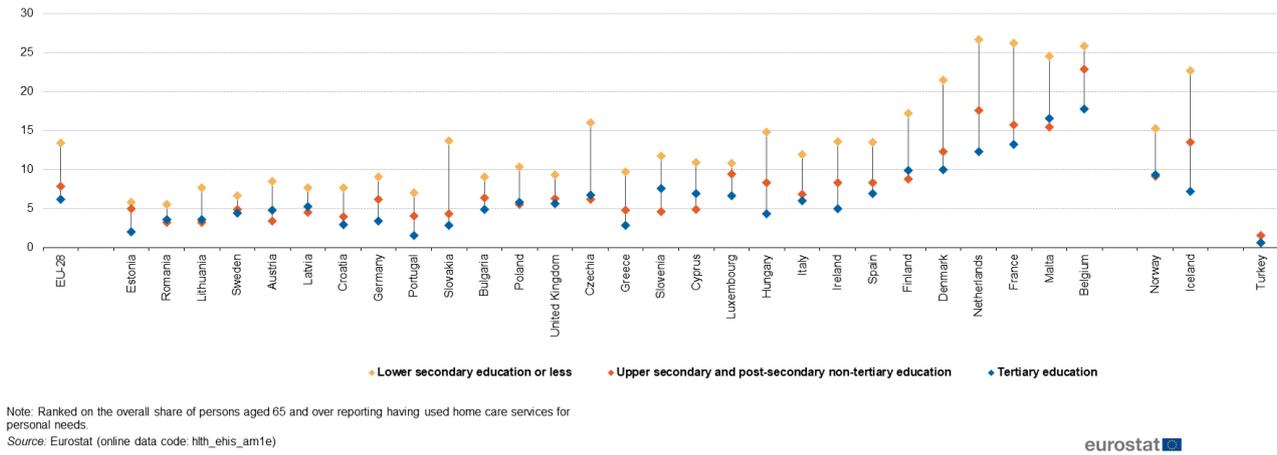


Figure 12: Share of persons aged 65 and over who used home care services for personal needs, by educational attainment level, 2014 or nearest year (%) Source: Eurostat (hlth_egis_am7e)

Almost 12 % of the elders living in rural areas used home care services

Elder people living in rural areas were more likely to have used home care services than those living in towns and suburbs or cities (Figure 13). In 2014, 11.7 % of the EU-28 population aged 65 and over living in rural areas reported having used in-home care services. The corresponding rates were smaller among those living in towns and suburbs (a difference of 1.4 percentage points) and in cities (a difference of 1.7 percentage points).

At country level, a considerable difference in the respective rates between the elder population living in rural areas and towns and suburbs was recorded in Malta (a difference of more than 10 percentage points). Relatively large differences in the rates of the elder population who used home care services living in rural areas and cities were also recorded in Hungary and France (a difference of more than 7.6 and 7.2 percentage points respectively).

Share of persons aged 65 and over who used home care services for personal needs, by degree of urbanisation, 2014 or nearest year

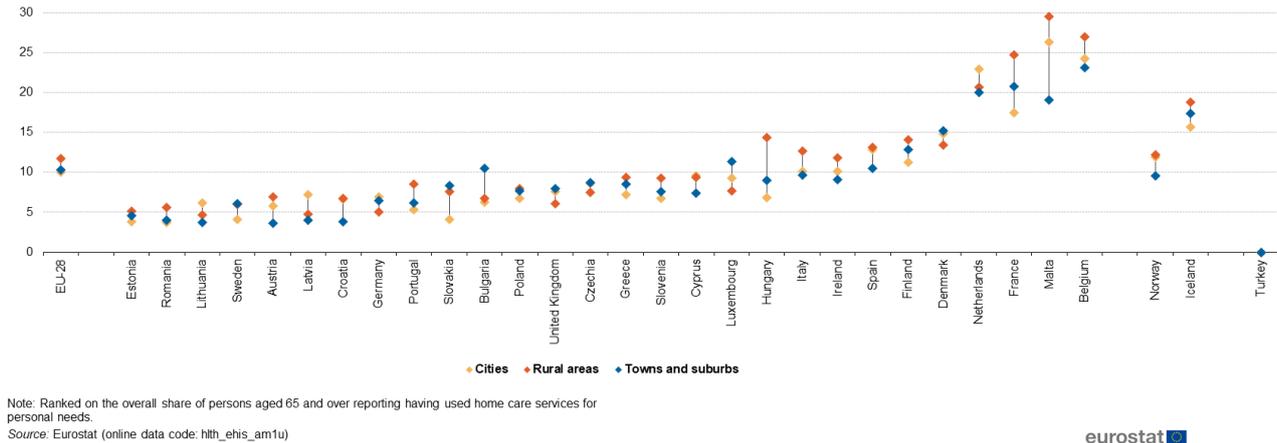


Figure 13: Share of persons aged 65 and over who used home care services for personal needs, by degree of urbanisation, 2014 or nearest year (%) Source: Eurostat (hlth_egis_am7u)

Source data for tables and graphs

- Functional and activity limitations: tables and figures

Data sources

Self-reported long-standing limitations in usual activities due to health problems

The data used in the article concerning self-reported long-standing limitations are derived from [EU statistics on income and living conditions \(EU-SILC\)](#) . This source is documented in more detail in this [background article](#) which provides information on the scope of the data, its legal basis, the methodology employed, as well as related concepts and definitions.

The variables collected are used to assess the limitations people have experienced — because of health problems — in carrying out usual activities for at least six months; the resulting measure is called the global activity limitation indicator (GALI), which is used as a proxy to measure disability and to calculate the [healthy life years](#) indicator. GALI, together with variables on self-perceived health and chronic morbidity (see the article on [Self-perceived health statistics](#)) constitute the [minimum European health module](#) .

The general coverage of EU-SILC is all private households and their members (who are residents at the time of data collection); this therefore excludes people living in collective households. Data refer to the population aged 16 years or over.

Functional and activity limitations and home care services

The data concerning functional and activity limitations and on the use of home care services come from the European health interview survey (EHIS). This source is documented in more detail in this [background article](#) which provides information on the scope of the data, its legal basis, the methodology employed, as well as related concepts and definitions.

The second wave of the EHIS was conducted in all EU Member States during 2013–2015 according to [European Commission Regulation 141/2013](#) and its subsequent amendment to take account of the accession of Croatia to the EU ([European Commission Regulation 68/2014](#)). The data presented here are the results for individual EU Member States from this second wave of the survey.

Physical and sensory functional limitations refer to the extent of the severity of at least one limitation self-reported by the population aged 15 in what concerns vision, hearing and walking. Respondents evaluated the extent of their difficulties on the following scale: no difficulty, some difficulty (in this article referred to as moderate difficulties), a lot of difficulty and cannot do at all (both referred to as severe difficulties).

Limitations in personal care activities show the severity of difficulties in at least one personal care activity covering feeding, getting in and out of a bed or a chair, dressing and undressing, using a toilet, bathing or showering based on the self-reports of the population aged 65 and over.

Limitations in household activities show the severity of difficulties in at least one household activity covering preparing meals, using the telephone, shopping, managing medication, carrying out light housework, carrying out occasional heavy housework, taking care of finances and everyday administrative tasks based on the self-reports of the population aged 65 and over. It should be noted that there may be other than health reasons behind difficulties doing household activities.

The indicator on home care services shows the use of any type of home (health and social) care services. It includes only formal care services provided by professional health or social workers (not by family members or friends) and refers to the past 12 months prior to the interview.

Limitations of the data

All of the indicators presented in this article are derived from self-reported data so they are, to a certain extent, affected by respondents' subjective perception as well as by their social and cultural background.

EU-SILC and the EHIS do not cover the institutionalised population, for example, people living in health and social care institutions who are more likely to face limitations than the population living in private households. It is therefore likely that, to some degree, both of these data sources under-estimate the share of the population facing limitations. Furthermore, the indicators presented are not age-standardised and thus reflect the current national age structures. Finally, despite substantial and continuous efforts for harmonisation, the implementation of EU-SILC and EHIS is organised nationally, which may impact on the results presented, for

example, due to differences in the formulation of questions or their precise coverage.

Context

In November 2010, the [European Commission](#) adopted a [European disability strategy](#) for the period 2010–20. For people with disabilities, this aims at improving their social inclusion, their well-being and enabling them to fully exercise their rights. The strategy is based on the [United Nations Convention on the Rights of Persons with Disabilities](#). In order to foster the inclusion of people with disabilities, the European Commission identified eight areas for joint action between the EU and Member States.

- **Accessibility:** make goods and services accessible to people with disabilities and promote the market of assistive devices.
- **Participation:** ensure that people with disabilities enjoy all benefits of EU citizenship; remove barriers to equal participation in public life and leisure activities; promote the provision of quality community-based services.
- **Equality:** combat discrimination based on disability and promote equal opportunities.
- **Employment:** raise significantly the share of persons with disabilities working in the labour market.
- **Education and training:** promote inclusive education and lifelong learning for students and pupils with disabilities; equal access to quality education and lifelong learning enable disabled people to participate fully in society and improve their quality of life.
- **Social protection:** promote decent living conditions, combat poverty and social exclusion.
- **Health:** promote equal access to health services and related facilities.
- **External action:** promote the rights of people with disabilities in the EU enlargement and international development programmes.

Indicators on functional and activity limitations are included in the health status chapter of the [European core health indicators \(ECHI\)](#).

Other articles

Online publications

- [Health in the European Union — facts and figures](#)
- [Disability statistics](#)

Health status

- [Healthy life years](#)
- [Self-perceived health statistics](#)
- [Mortality and life expectancy](#)

Methodology

- [European health interview survey](#)
- [Health variables in SILC](#)

General health statistics articles

- [Health statistics introduced](#)
- [Health statistics at regional level](#)
- [The EU in the world — health](#)

Database

- [Health status and determinants \(health_state\)](#)

Health status (hlth_state)

Functional and activity limitations (hlth_fal)

Dedicated section

- [Health](#)
- [Health status and determinants](#)
- [Statistics on income, social inclusion and living conditions](#)

Methodology

- [European health interview survey \(ESMS metadata file — hlth_det_esms\)](#)
- [Health variables of EU-SILC \(ESMS metadata file — hlth_silc_01_esms\)](#)

External links

- [European Commission — Directorate-General for Health and Food Safety — European Core Health Indicators \(ECHI\)](#)
- [European Commission — Directorate-General for Health and Food Safety — Social determinants and health inequalities](#)
- [European Commission — Directorate-General for Employment, Social Affairs & Inclusion — Indicators of the health and long-term care strand developed under the Open Method of Coordination on social protection and social inclusion](#)
- [European Disability Strategy 2010-2020](#)
- [Regulation \(EU\) No 282/2014 of the European Parliament and of the Council of 11 March 2014 on the establishment of a third Programme for the Union's action in the field of health \(2014-2020\)](#)
- [Report on health inequalities in the European Union \(SWD\(2013\) 328 final\) — European Commission Staff Working Document](#)

View this article online at http://ec.europa.eu/eurostat/statistics-explained/index.php/Functional_and_activity_limitations_statistics