



CENTRE FOR EUROPEAN SOCIAL & ECONOMIC POLICY ASBL

Academic Network of European Disability experts (ANED)



www.disability-europe.net

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European Network of Academic Experts in the Field of Disability

European Commission: DG Employment, Social Affairs and Inclusion

UN Convention on the Rights of Persons with Disabilities

EU Health Indicators

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Stefanos GRAMMENOS

CESEP ASBL
CENTRE FOR EUROPEAN SOCIAL AND ECONOMIC POLICY
Rue de la Pacification, 67
B-1000 BRUXELLES
E-Mail : cesep@skynet.be
Website: www.cesep.eu

The network is managed by Human European Consultancy (NL) & Centre for Disability Studies (UK)

DEFINITION OF PEOPLE WITH DISABILITIES

EU Statistics on Income and Living Conditions (EU SILC) Age: 16+	European Health Interview Survey (EHIS) Age: 15+	UN CONVENTION
<p>Limitation in activities people usually do because of health problems for at least the last 6 months</p> <p>Persons living in private households (Excludes institutions)</p>	<p>Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.</p>	
<p>Persons with difficulty in Activities of Daily Living (ADL) (EHIS): “Do you usually have difficulty doing any of these activities by yourself? 1.Feeding yourself; 2.Getting in and out of a bed or chair; 3.Dressing and undressing 4.Using toilets 5.Bathing or showering”</p> <p>Persons with difficulty in Instrumental Activities of Daily Living (IADL) (EHIS): Do you usually have difficulty doing any of these activities by yourself? 1.Preparing meals; 2.Using the telephone; 3.Shopping; 4.Managing medication 5.Light housework; 6.Occasional heavy housework; 7.Taking care of finances and everyday administrative tasks</p>		

HEALTH INEQUALITIES IN THE EU

Self-perceived health by disability status (% of the same age group), EU (28), Age: 16+

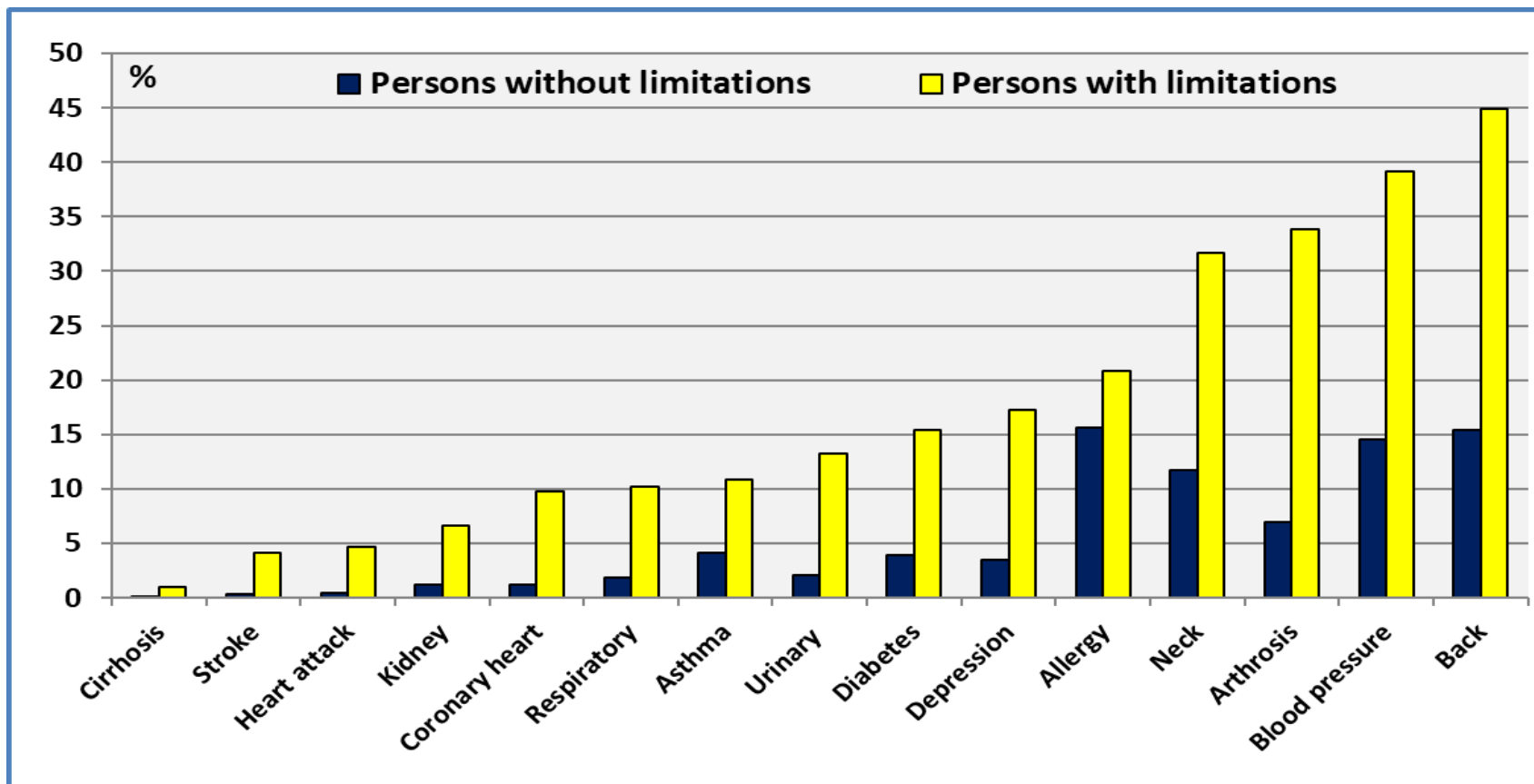


“How is your health in general”? (first question of the Minimum European Health Module (MEHM)).

This raises the issue of what is avoidable and what is unavoidable (condition related to the underlying chronic condition – circular causality)

HEALTH DISPARITIES BY DISEASE IN THE EU

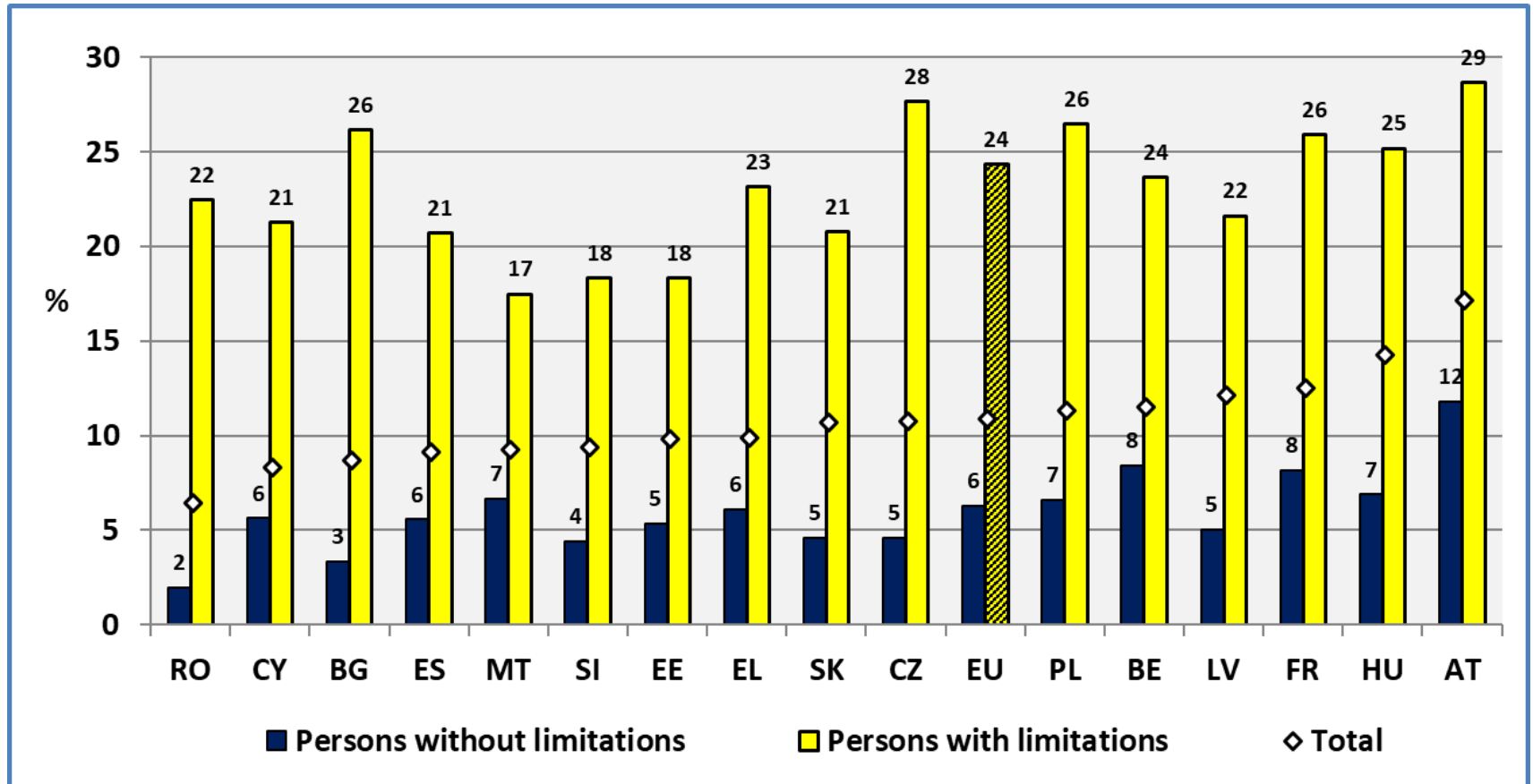
Percent of persons reporting a chronic condition in the past 12 months, EU (28), Age: 15+



Persons reporting a chronic disease: Proportion of the population reporting a chronic condition in the past 12 months. Statistics on 15 diseases or chronic conditions are presented.

HOSPITALISATION AS AN IMPATIENT

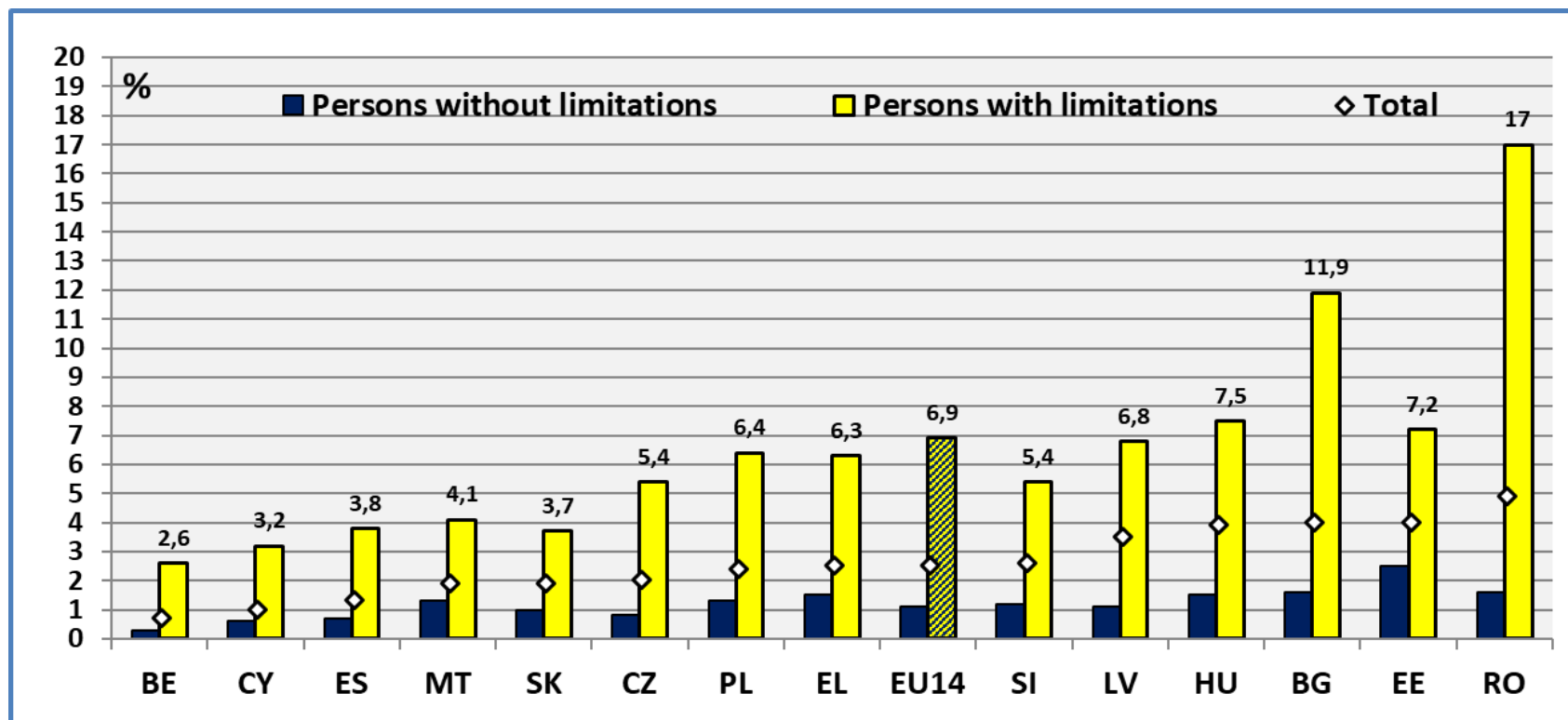
Percent of people who during the past 12 months have been in hospital as an inpatient (overnight or longer), Age: 15+



Persons with limitations report more often a chronic disease or chronic condition (see before).

PERSONS WHO NEEDED TO BE HOSPITALISED BUT DID NOT

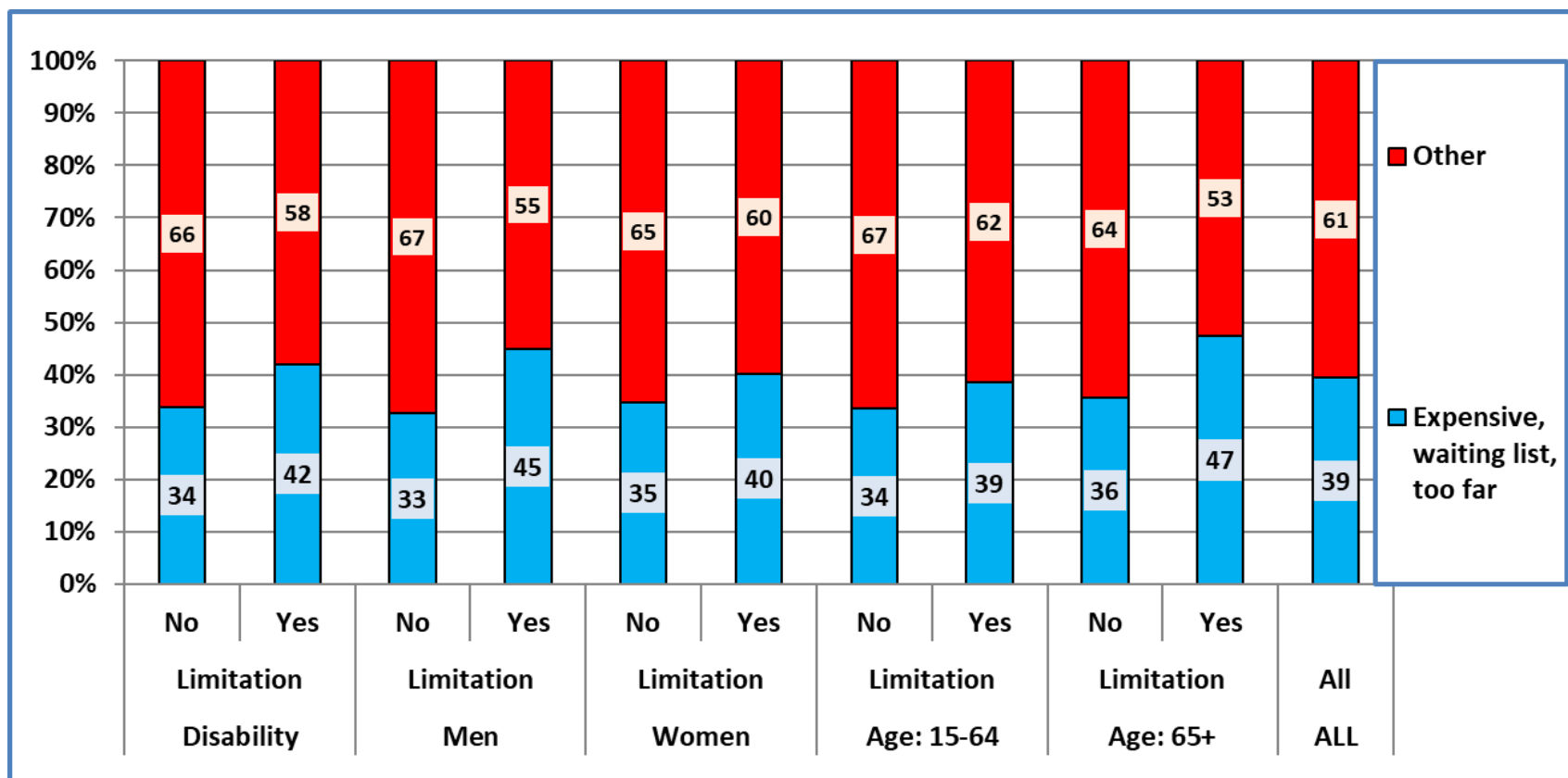
Percent who during the past 12 months needed to be hospitalised following a recommendation from a doctor, but did not, Age: 15+



The high rate of persons with disabilities (limitations) has important implications for their health, notably as their morbidity rates are relatively high

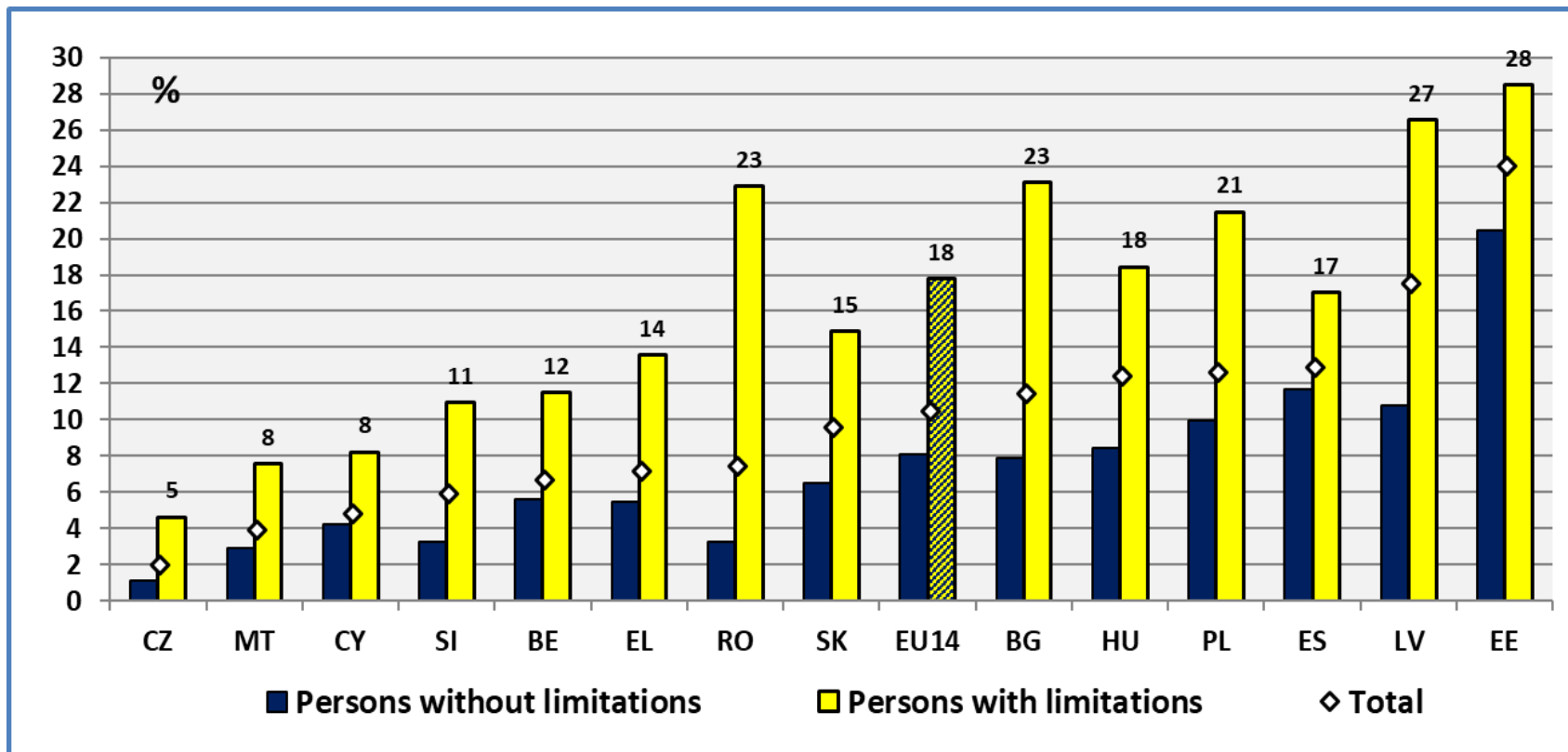
REASONS FOR NOT BEING HOSPITALISED

For persons who answered “Yes, there was at least one occasion” that I really needed to be hospitalised (during the past 12 months), following a recommendation from a doctor, either as an inpatient or a day patient, but did not, a question asked the main reason for not being hospitalized. EU14, Age: 15+



PERSONS WHO NEEDED TO CONSULT A SPECIALIST BUT DID NOT

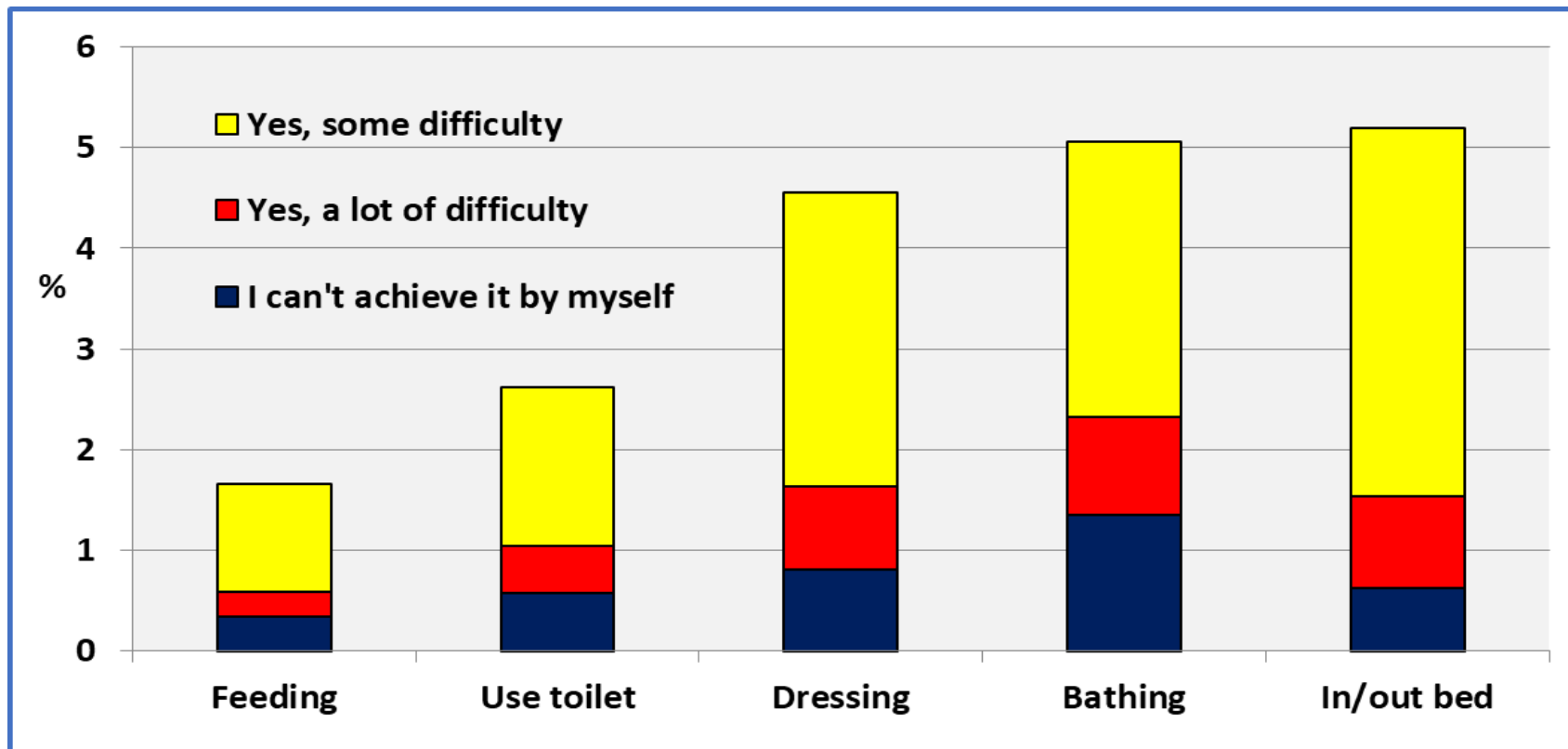
Percent of people who needed to consult a specialist, but did not, Age: 15+
(Yes, there was at least one occasion, during the past 12 months)



The high rate of persons with disabilities (limitations) has important implications for their health, notably as their morbidity rates are relatively high

PERSONS WITH DIFFICULTY IN ACTIVITIES OF DAILY LIVING (ADL) IN THE EU

Percent of people who usually have difficulty doing certain activities by themselves (ADL)
EU (16), Age: 15+



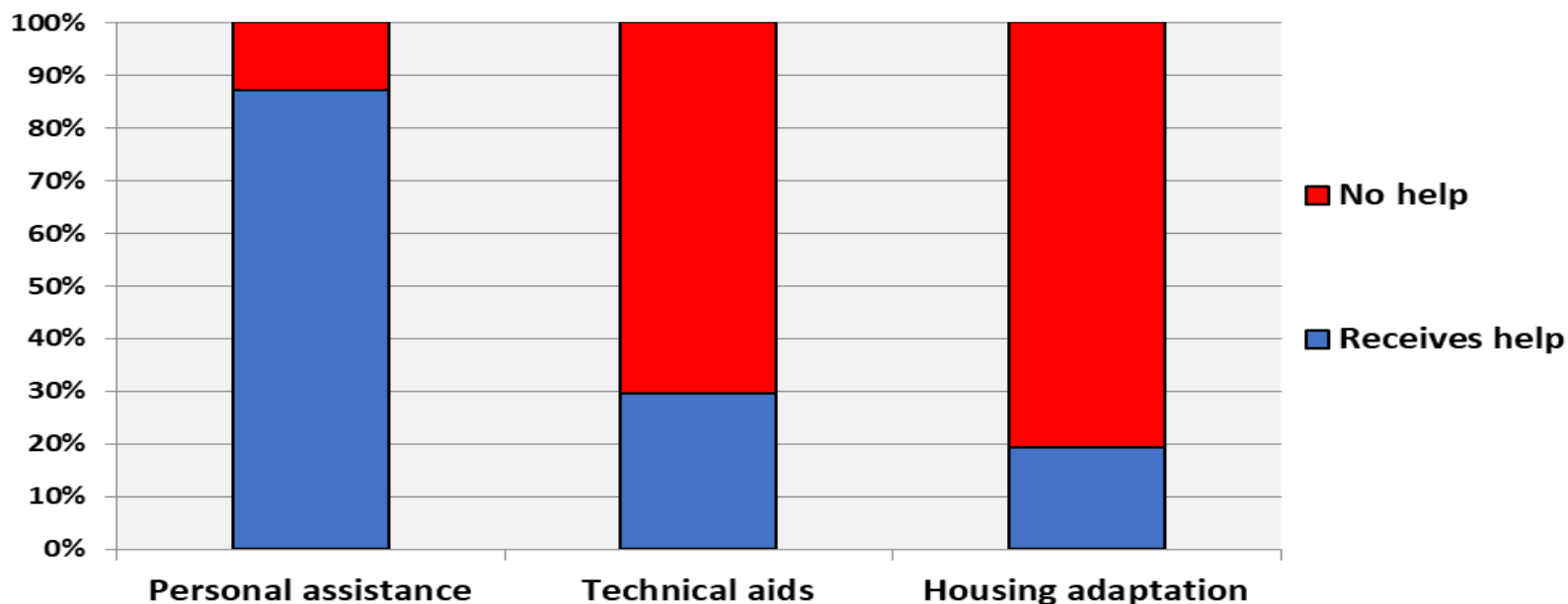
DIFFICULTY IN AT LEAST ONE ADL: Age 15-64: 3.1% & Age 65+: 24.8% (23.7% EU28, 2014)

PERSONS WITH ADL DIFFICULTIES RECEIVING HELP IN THE EU

60.7 % of persons with ADL limitations received some kind of help (family or public help), EU (15), 15+

Among persons with ADL difficulties not receiving help: 32.5% declare that they need help. Women and elderly people with ADL difficulties not receiving help are the groups who declare more often that they need help.

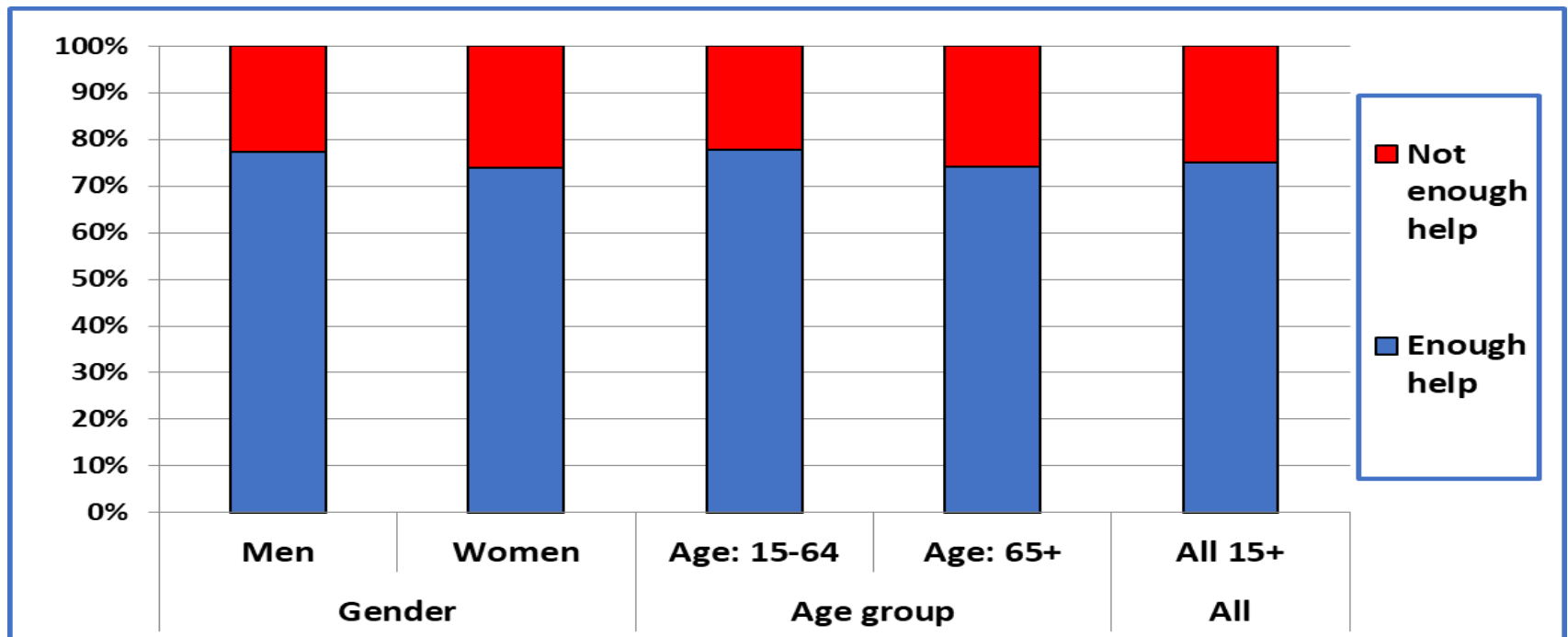
% of people with ADL difficulties who usually have help by type of help, EU (13), Age: 15+



WHETHER HELP RECEIVED IS ENOUGH OR NOT IN THE EU

Percent of people with ADL difficulties who usually have help, whether this help is enough.
EU (13), Age: 15+ . As a % of the same group.

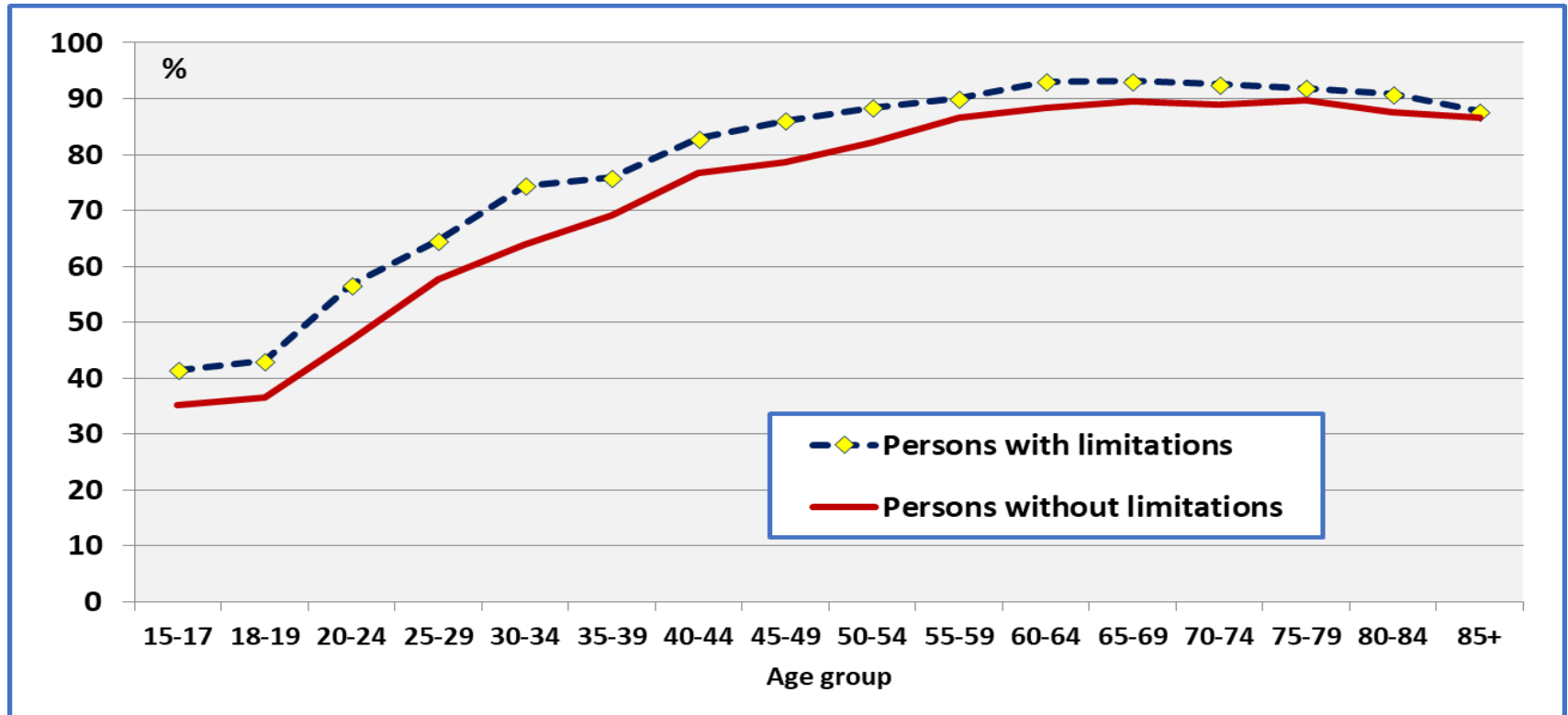
About 75% consider that they receive enough help and 25% that this help is not enough.
There are relatively more women & elderly people who consider that help received is not enough.



Persons with ADL difficulties receiving help were asked whether this help was enough. The question was: "Do you have enough help"? and the answers were: "Yes", or "No, for at least one activity".

PREVENTION: BLOOD CHOLESTEROL

Percent of persons with blood cholesterol measured, by age group. EU15

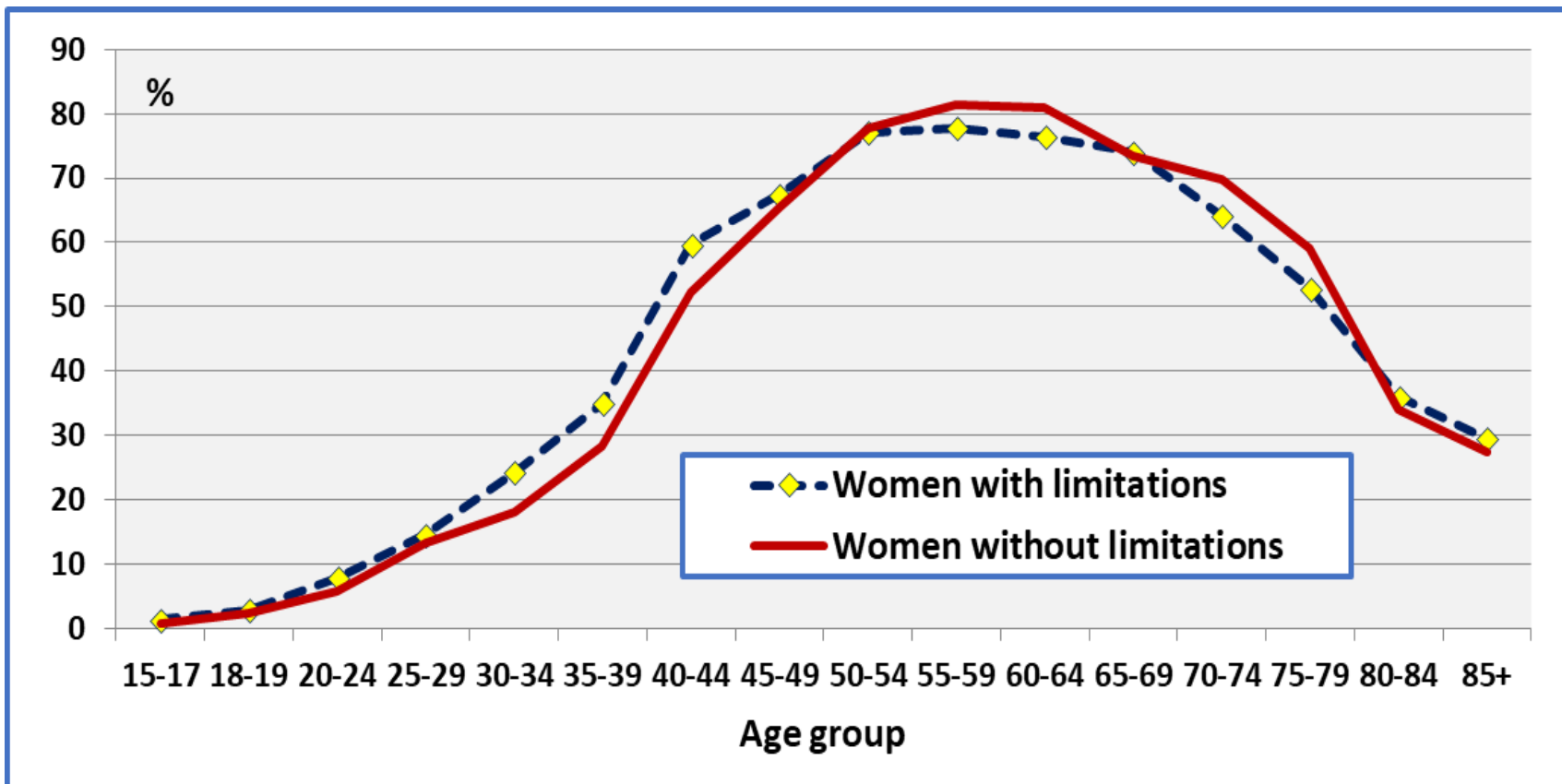


“Has your blood cholesterol ever been measured”?

Higher morbidity has led to more blood cholesterol tests and at an earlier stage

PREVENTION: MAMMOGRAPHY

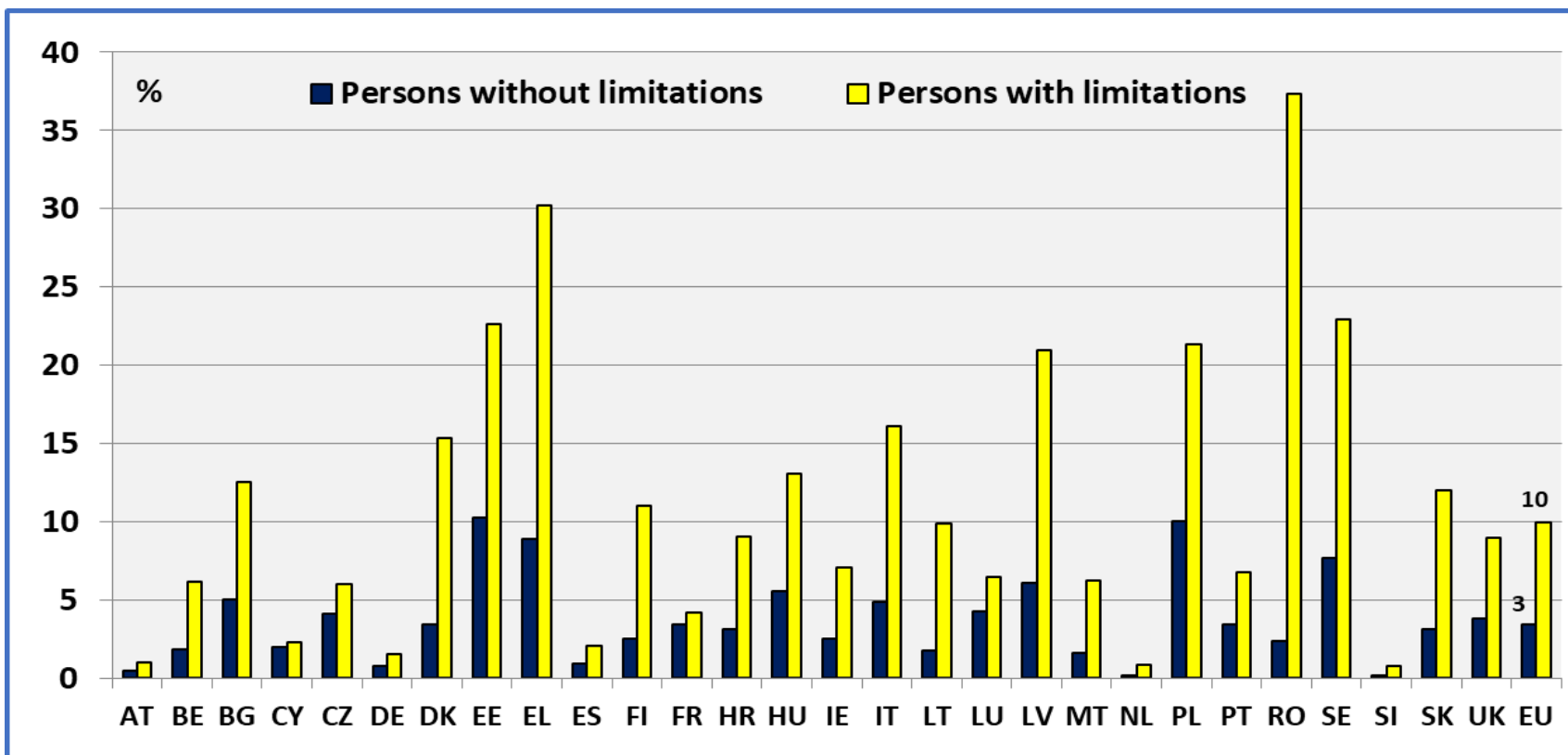
Percent of women who have done a mammography, by age group. EU16



“Have you ever had a mammography, which is an X-ray of one or both of your breasts”?

UNMET NEEDS FOR MEDICAL EXAMINATION

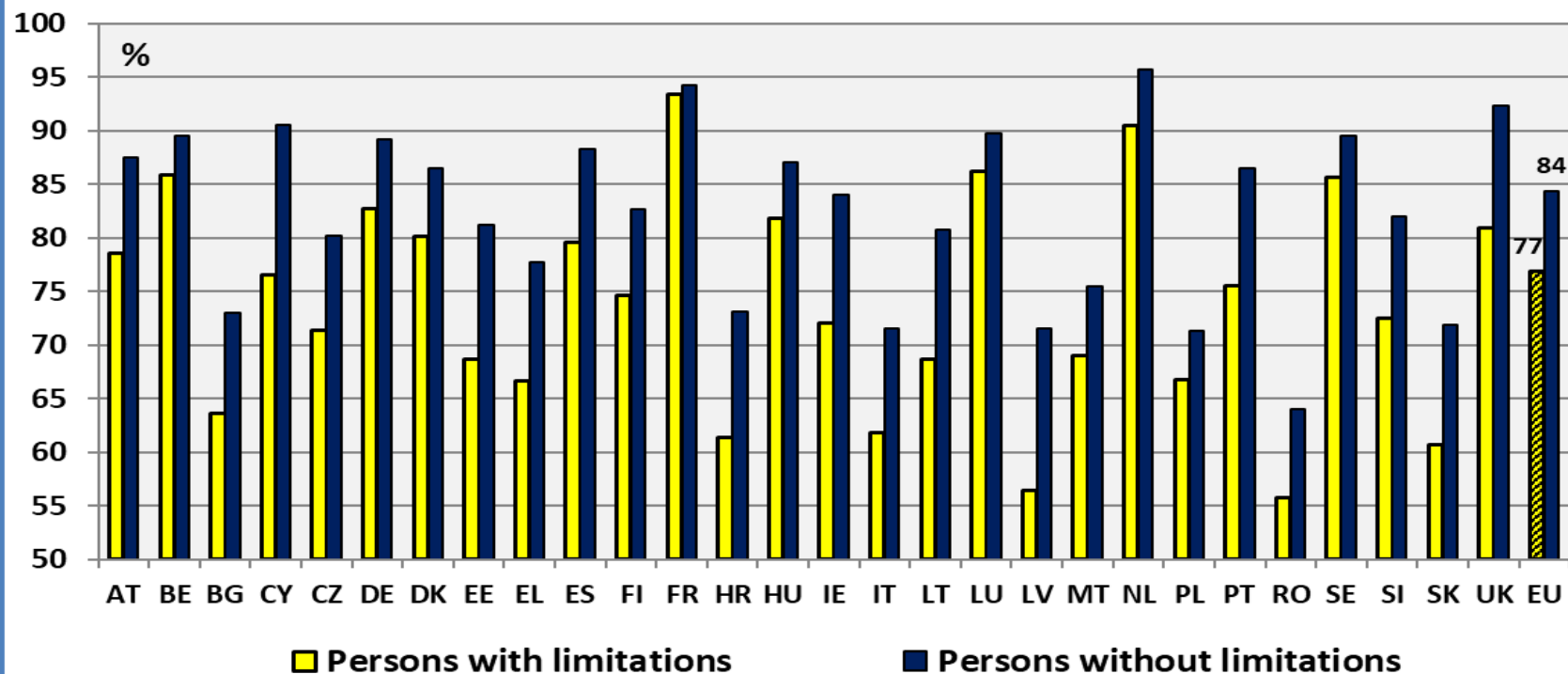
Percent of persons who reported unmet needs for medical examination. Age: 16+



Self-reported unmet needs for medical examination or treatment during the last 12 months: Yes, there was at least one occasion when the person really needed examination or treatment but did not receive it. Excludes dental care (another question covers this issue)

ACCESS OF PRIMARY HEALTH CARE SERVICES

Percent of persons who declare “Easily” and “Very easily”. Age: 16+
The access has been determined in relation to the services actually used by the household

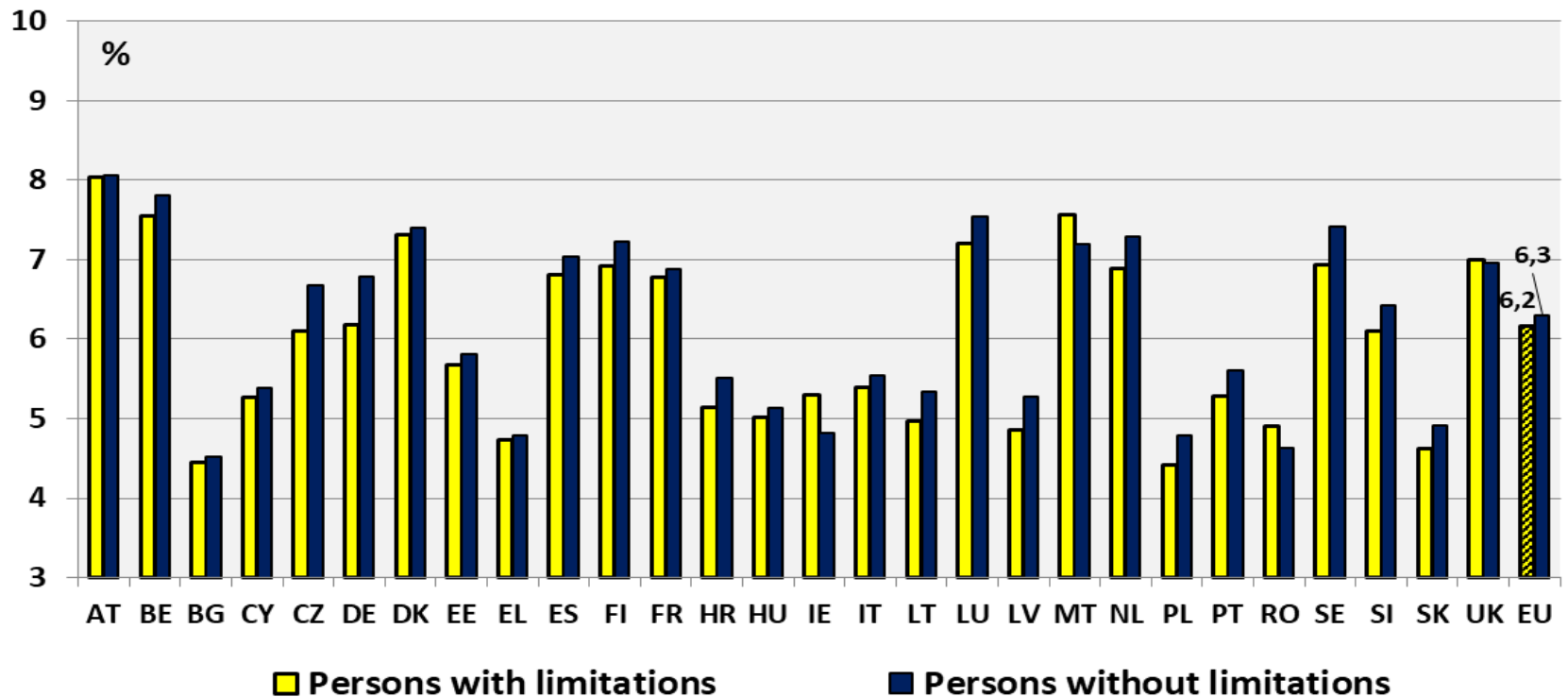


“Primary health care services: general practitioner, primary health centre or similar”
Accessibility of services has been assessed in terms of physical and technical access, and opening hours,
but not in terms of quality, price and similar aspects.

SATISFACTION OF HEALTH SERVICES

Mean value of scores attributed by respondents. Age: 18+

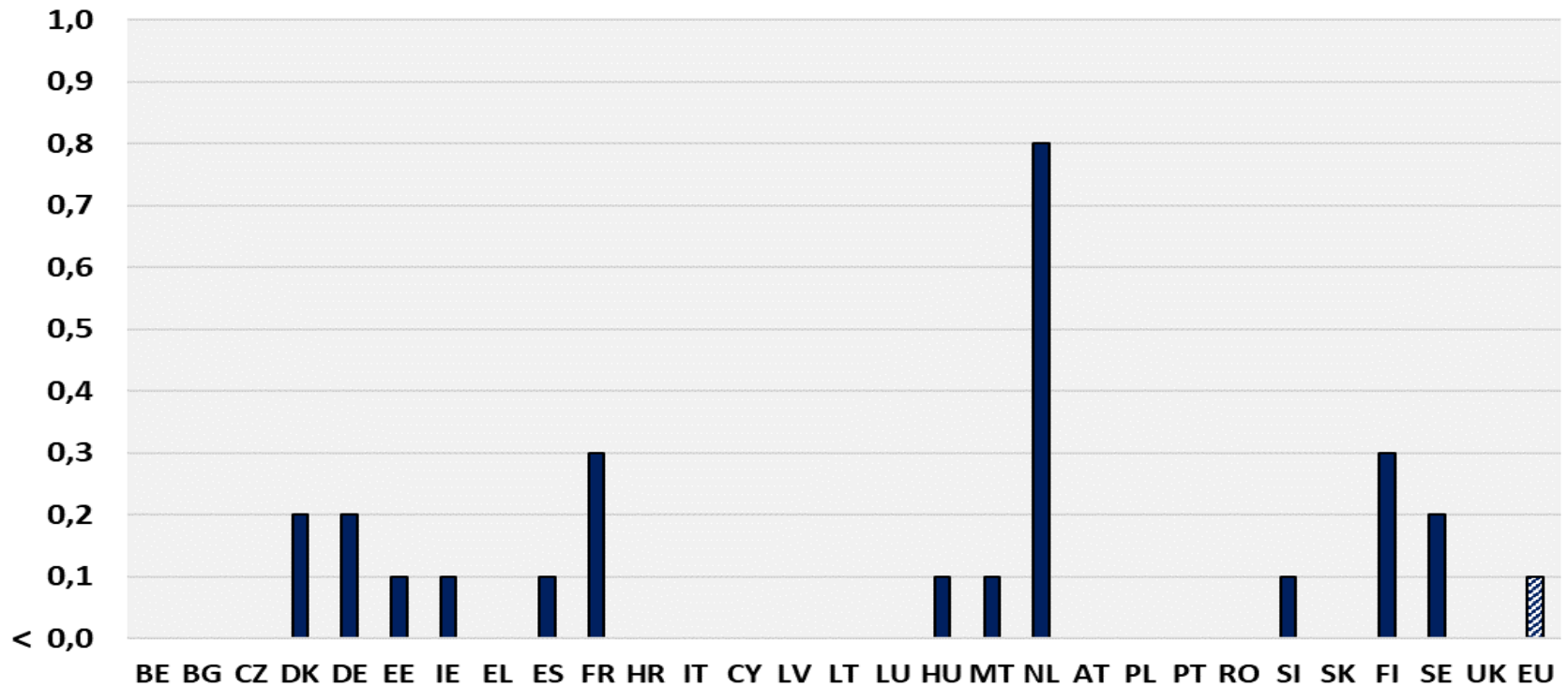
“How would you rate the quality of Health Services: 1 - very poor quality ...10 - very high quality”



The differences are small in absolute values but statistically significant (95%) in 14 MS
 Long Term Care Services: The results are similar ($R^2=0.78$, $n=28$) but the mean score is lower

REHABILITATION EXPENDITURE

As a percentage of gross domestic product (GDP), 2015



'Rehabilitative care' means the services to stabilise, improve or restore impaired body functions and structures, compensate for the absence or loss of body functions and structures, improve activities and participation and prevent impairments, medical complications and risks.

Data refer to disability function

MONITORING INSTRUMENTS RELATED TO HEALTH

EU SDG Indicators concerning Health (SDG 3)

SDG.3	Indicator name	Pers. with limitations (EU %)	Pers. without limitations (EU %)	Year	Source
03.14	Self-perceived health: i. very good or good	19.9	83.3	2015	EU-SILC
03.36	Smoking prevalence: i. Daily smokers ii. Occasional smokers	19.4 3.6	25.7 6.2	2008	EHIS (EU16)
03.41	Unmet need for medical examination and care i. too expensive All reasons	4.9 10.0	1.1 3.5	2015	EU-SILC

Multipurpose indicators

02.11	Obesity rate i. Overweight (BMI>=25) ii. Obese (BMI>30)	39.2 22.8	34.3 12.1	2008	EHIS (EU16)
11.36	Considering that they suffer from noise	21.5	17.1	2015	EU-SILC

EUROPEAN PILLAR OF SOCIAL RIGHTS: Social Scoreboard

Healthcare (Area 11)	(Headline Indicator 13). Self-reported unmet need for medical care
	Healthy life years (at the age of 65)
	Out-of-pocket expenditure on health care

Source: Commission documents