

2021

Long-term care report

Technical Update - European Health Interview Survey (EHIS) - wave 3



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This technical annex updates relevant parts of the SPC-EC 2021 Report on Long-term care with EU-27 averages from the European Health Interview Survey (EHIS) for the base year 2019, based on data that recently became available. It also updates Figures 1 and 3 with numbers that include data for 5 Member States (BE, FR, DE, MT, ES) and which were not available at the time of publication of the report. Updates are marked in light blue.

In June 2021, at the date of publication of the Joint Report on Long-term care prepared by the Social Protection Committee (SPC) and the European Commission (DG EMPL), only EU averages for 22 Member States were available from EHIS for the most recent data from wave 3 (2019). Two references in the key conclusions of the report referred to EU-27 averages from EHIS wave 2 (2014) and now they are updated with the EU-27 averages based on EHIS wave 3 (2019). The analysis in chapter 2 of the report on access and affordability of long-term care based on EHIS data referred to EU-22 averages from 2019, and the relevant figures are updated now with EU-27 averages from EHIS wave 3 (2019).

More indicators and breakdowns from EHIS are available on the Eurostat homepage: <https://ec.europa.eu/eurostat/web/health/data/database>

Key conclusions

Paragraph 3: Long-term care has a strong gender dimension. Almost 90 % of workers in the sector are women, and so are most informal carers. In addition, **32 %** of all women aged 65 or over need long-term care compared with only 19 % of older men [in 2019].

Paragraph 5: On average in the EU 27, only **29%** of the people aged 65 or over with severe difficulty with personal care or household activities used homecare services in **2019**.

Section 2.1 Measuring the need for long-term care among older people

(p. 29) On average, 26.6 % of people aged 65 or over living in private households were in need of long-term care, according to the EU-27 2019 data.¹ Taking the presence of self-reported severe difficulties with ADLs and/or IADLs as a proxy for the need for long-term care, in line with the definition used by the SPC, self-reported long-term care needs among older people living in private households ranged from 11.6 % in Luxembourg to 56.5 % in Romania (see Figure 1). Furthermore, older people with lower levels of income were more likely to be in need of long-term care than people with higher incomes. In the first (i.e. lowest) income quintile, **35.9 %** were in need of long-term care, compared with **17.2 %** in the fifth income quintile across the **EU-27**.² The higher need for long-term care of people with lower incomes is related to the generally worse health status of this group. People with low socio-economic status are exposed to more health-related risk factors such as poor living and working conditions; and some lifestyle behaviours (such as nutrition habits, physical inactivity, obesity, smoking) may be important risk factors for many diseases that later lead to a need for long-term care. Importantly, people with low socio-economic status also report more difficulties in accessing healthcare (OECD, 2019). Comparing data for 2019 and 2014 for the **27** Member States shows that self-reported needs for long-term care among people aged 65 or over **slightly decreased (26.6 %)** in 2019 compared with **27.3 %** in 2014).

(p. 30) Women are significantly more likely to be in need of long-term care than men in the same age group. Figure 1 shows that **32.1 %** of women aged 65 or over were in need of long-term care compared with **19.2 %** of men in the same age group, according to the **EU-27** 2019 data. This share ranged from 62.7 % of older women and 47.4 % of older men in Romania, to 13.2 % of older women and 9.6 % of older men in Luxembourg.³

Data for the EU-27 in 2014 showed that 33.3 % of all women aged 65 or over needed long-term care compared with only 19.4 % of men. This gender gap is also influenced by the fact that, within this age group, women are on average older than men, having a higher life expectancy.

1 A key limitation of this survey-based measure is, however, the fact that it only captures people living in private households, thus neglecting the very relevant group of long-term care users living in residential care settings. More information can be found here: https://ec.europa.eu/eurostat/cache/metadata/en/hlth_det_esms.htm

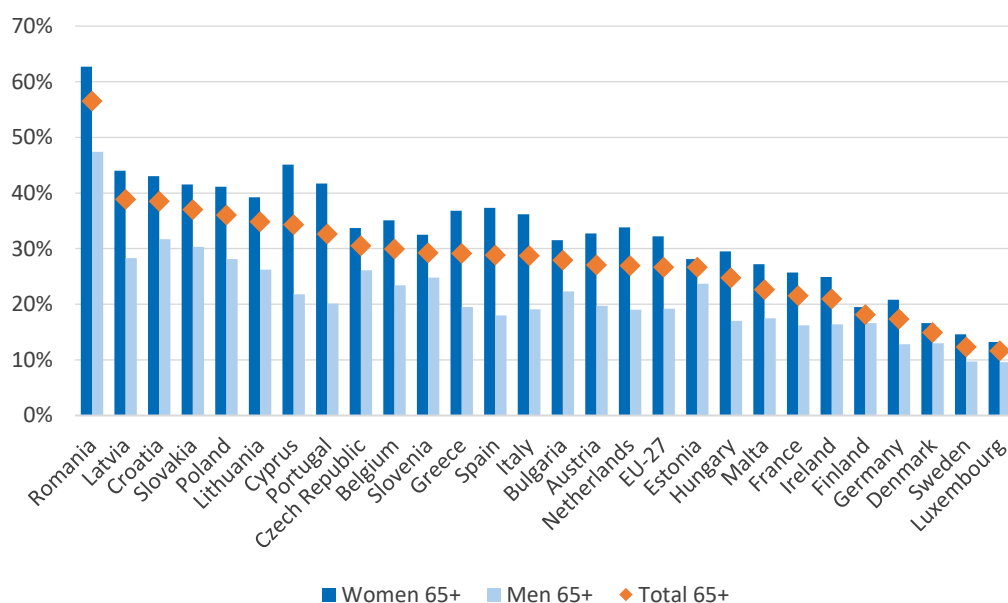
2 In the first (i.e. lowest) income quintile, 34.0 % of people aged 65+ were in need of long-term care, compared with 17.6 % in the fifth income quintile, across the EU-27 in 2014.

3 Although the different survey data shown give an indication of the relative numbers of people requiring long-term care in different Member States, they should be treated with caution; people's assessment of their limitations is subjective, and may also be affected by cultural factors.

Relatedly, women spend more years in ill-health than men. In the EU in 2018, the number of ill-health life years at birth was estimated at 19.5 for women and 14.5 for men.^{4/5} Data from the survey of health, ageing and retirement in Europe (SHARE)⁶ show that although a higher educational level represents an important protective factor, Member States with the greatest gender differences in activity limitations are found to be those with the greatest social gender inequalities, with women experiencing a significant disadvantage (Barbosa de Lima et al., 2018).

Figure 1: Share of people aged 65+ living in private households with a severe level of difficulty with personal care or household activities

On average, 26.6 % of people aged 65+ were in need of long-term care in the EU-27, with marked gender differences



Source: EHIS wave 3, 2019, hlth_ehis_tadle.

Section 2.2 Providing long-term care services in an ageing society

(p. 34) The use of homecare differs significantly across the EU. According to the EU-27 2019 data, although homecare services were used by on average 28.6 % of people aged 65 or over living in private households who needed long-term care (at least one severe difficulty in ADLs or IADLs), Figure 3 shows that the share ranged from 4.7 % in Romania to 53.7 % in Belgium. Among the respective populations with long-term care needs, slightly more women than men used homecare services (29.9 % vs 25.7 %).

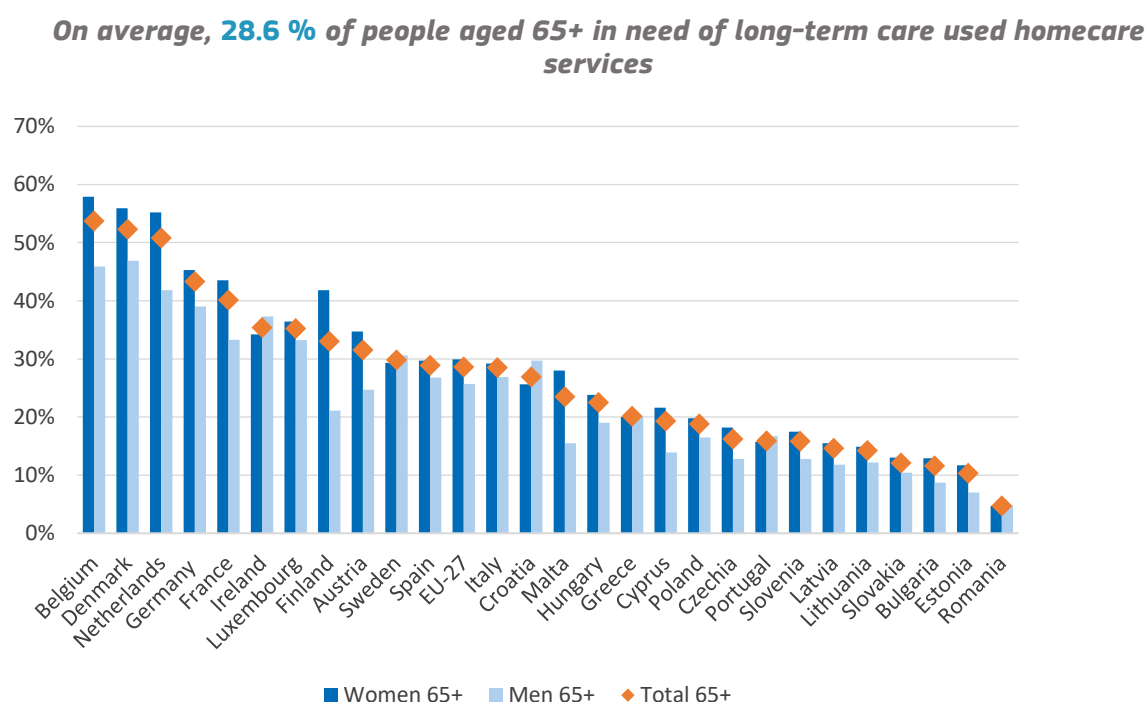
4 Life expectancy at birth in the EU-27 was estimated at 81.0 years in 2018 (83.7 for women and 78.2 for men). The number of healthy life years at birth was estimated at 64.2 for women and 63.7 for men, representing approximately 76.7 % and 81.4 % of the total life expectancy for women and men.

5 Eurostat, [Healthy life years statistics](#).

6 SHARE – Survey of Health, Ageing and Retirement in Europe

The use of homecare services is also influenced by household composition. Although **37.2 %** of older people with long-term care needs living alone used homecare, only **22.4 %** of people living with others did so. Furthermore, there was a regional dimension in the coverage by homecare services. In cities, **29.7 %** of older people in need used homecare services, compared with **28.7 %** in towns and suburbs, and only **26.4 %** in rural areas. Coverage by homecare services fell slightly during 2014-2019, from **29.8 %** to **28.6 %**.

Figure 3: Share of people aged 65+ who self-report the use of homecare services with a severe level of difficulty with personal care or household activities



Source: EHIS wave 3.2019, hlth_ehis_am7ta.

(p. 35) Households in need of long-term care often do not use (more) formal homecare services because they are unaffordable or unavailable. Lack of access to formal care could mean that people in need of care have unmet care needs unless they can arrange for care informally. In the 2019 **EU-27** data, **46.5 %** of people aged 65 or over with severe difficulties in personal care or household activities reported that they had an unmet need for help in those activities. This lack of help was more pronounced for older women (**47.6 %**) than for older men (**44.1 %**), and for the lowest income quintile (**51.2 %**) compared with the highest (**39.9 %**).⁷

⁷ The self-reported lack of help does not distinguish between formal or informal care.