COVID-19 and persons with disabilities

Statistics on
health, care, isolation and networking

Summary

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Summary

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1 Health of persons with disabilities

In the present study, we use mainly the EU-SILC survey (EU Survey for Income and Living Conditions). This survey defines persons with disabilities as persons limited in activities people usually do, because of health problems, for at least the last 6 months. The data do not include persons in institutions.

In certain cases, data are collected at the household level and do not enable us to compare in a straightforward manner persons with and without disabilities. In order to proxy persons with and without disabilities, we focus on household respondents with and without disabilities. We complete the analysis by comparing one-person households, with and without disabilities. Proceeding in this way, we compare persons reporting in all cases on their situation, but with the disadvantage that they are not perfectly representative of the whole population.

This summary presents the main results of the study. The study was completed in March 2021.. This report valorises EU-SILC 2016 and 2018 surveys, the EHIS Wave 2: 2013-2015 survey and the SHARE COVID-19 2020 survey. In order to alleviate the text, we do not indicate after each quantitative indicator the associated survey. However, the interested reader can find the underlying quantitative data in the full report.

1. General health

Self-perceived general health is a good predictor of people's future health care use and mortality. The EU-SILC survey indicates that, in the EU 27, in 2018, about 83.0 % of persons with disabilities declared suffering from a chronic (long-standing) illness or condition, compared to 17.2 % of persons without disabilities.[1]

According to the SHARE COVID-19 2020 survey, among persons aged 50+, about 9.1 % declared a worsening of their health following the outbreak of the COVID-19 pandemic between June-August 2020, but the rate was 28.2 % for persons in poor health. Also, persons with mental health problems reported a deterioration.

The EHIS 2013-2015 survey indicates that, in the EU 27, about 31.3 % of persons with disabilities, aged 15 and over, reported high blood pressure (hypertension), 31.6 % report a neck disorder and 43.4 % report a low back disorder . The corresponding rates for persons without disabilities were 20.2 % (blood pressure), 14.0 % (neck) and 18.3 % (back).

Furthermore, the EHIS 2013-2015 survey indicates that, in the EU 27, among persons aged 65 and over, about 2.2 % have difficulties or are unable to feed themselves, 3.9 % to use toilets, 5.0 % get in/out of bed, 5.2 % dressing and 8.1 % to take a bath/shower.

[1] This report valorises EU-SILC 2016 and 2018 surveys, covering persons aged 16+, EHIS Wave 2 2013-2015 survey, covering persons aged 15+, and SHARE COVID-19 2020 survey, covering persons aged 50+. The SHARE COVID-19 2020 survey covers 25 Member States (not included Austria and Ireland).

2. COVID-19, risk factors and disability

Severe hospitalisations and death rates are higher for coronavirus patients with chronic illnesses than for others who become infected. The EHIS 2013-2015 survey indicates that persons with disabilities are overrepresented in the majority of diseases/conditions, associated with high rates of severe hospitalisations and deaths due to COVID-19 (cardiac disorder, diabetes, chronic lung diseases and kidney-related condition / renal disease; also, obesity). This means that persons with disabilities face a higher risk in relation to COVID-19 compared to persons without disabilities.

A review of the literature indicates that older people (notably 60 and over but this is an approximation) face a higher risk of experiencing severe hospitalisations or dying from COVID-19. Also, persistent health problems were reported following acute COVID-19 disease. These chronic illnesses might lead to activity limitations and disabilities in the coming years.

Furthermore, an economic deterioration following the pandemic might affect adversely living conditions and health. Poverty and unemployment might affect morbidity and chronic illness notably through direct effects (it might increase stress), income effects (malnutrition and unmet medical needs), education effects (risky lifestyle) and social capital (isolation and reduction of external resources). This indirect channel might, also, increase disability prevalence in the coming years.

2 Access to health and home care

1. Use of health care services

In the EU 27, about 89.9 % of household respondents with disabilities report that their household use health care services, compared to 80.6 % of respondents without disabilities (EU-SILC 2018). Concerning persons living in one-person household, about 87.9 % of persons with disabilities use health care services, compared to 72.1 % of persons without disabilities. This higher rate may be explained by the fact that persons with disabilities declare more often bad or very bad health. Consequently, they might use more often health care services.

The percentage of women with disabilities is higher compared to men. But women live longer, and the use of health care services is increasing with age. Households with relatively high incomes report more often the use of health care services.

The SHARE COVID-19 2020 survey, July to August 2020, asked if the interviewee had a medical appointment scheduled, which the doctor or medical facility decided to postpone due to Corona. In the EU, 24.9 % of persons aged 50 and over, declared such a postponement. This rate is 33.9 % for persons declaring a poor health. Also, about 11.6 % of persons forwent medical treatment since the outbreak of COVID-19 because they were afraid to become infected by the corona virus. In addition, about 5.4 % of persons declared that they were denied an appointment.

A saturation of hospitals and the postponement of cases non-related to COVID-19 may have an indirect detrimental impact on the health of persons with disabilities. In fact, the rate of persons with disabilities who use health care services is higher compared to persons without disabilities. This is partly due to a higher comorbidity by persons

with disabilities. This means that a postponement of medical care might have serious negative impact on the health of persons with disabilities.

This disruption in health care services might deteriorate the health of all persons with chronic illness and lead to activity limitations increasing consequently the number of persons with disabilities.

2. Affordability of health care services

In the EU 27, in 2016, about 21.8 % of household respondents with disabilities declare a difficulty (with difficulty or with great difficulty), compared to 9.7 % of persons without disabilities (EU-SILC 2016).

Women face more difficulties compared to men. This holds true both for persons with and without disabilities. The percentage of household respondents (all household respondents) declaring difficulty to afford the cost of health care services decreases steadily as household income increases.

3. Unmet medical needs

In the EU 27, in 2018, about 4.0 % of persons with disabilities report unmet needs for medical care due to 'Financial reasons', 'Waiting list' or 'Too far to travel', compared to 1.0 % for persons without disabilities (EU-SILC 2018).

Self-reported unmet needs for medical examination increase with age, notably for very old people (75+). Future policies ought to target better the needs of people aged 75 and over.

Data shows that there is a positive correlation between the severity of declared depression and the percentage of self-reported unmet needs for medical examination. Moreover, an important factor affecting the rate of unmet needs for medical examination is household disposable income.

As noted, due to COVID-19 pandemic scheduled medical appointments were postponed, medical treatments were forgone because persons were afraid to become infected by the corona virus; and appointments for a medical treatment were denied.

In a period of increased unemployment and general lockdowns, following the COVID-19 pandemic, the situation of the most vulnerable groups might worsen. Existing unmet needs for medical care, could be aggravated. Consequently, we expect an increase of unmet needs either as a direct impact of COVID-19 or as an indirect impact through the resulting economic crisis.

4. Professional home care

In the EU 27, in 2016, about 20.3 % of household respondents with disabilities declare the presence in their household of people who need help. This rate is 4.3 % for household respondents without disabilities. The rate for all household respondents is 8.6 % (EU-SILC 2016).

Professional home care services allow people with chronic illness and disabilities to continue living in their homes or in the community rather than in health care structures or institutions. In the EU 27, among those who need help, about 26.9 % receive professional home care. This rate is 30.8 % for household respondents with disabilities and 19.9 % for household respondents without disabilities. This rate is 42.5 % for persons with disabilities from one-person households.

The rate of persons receiving help increases with age and degree of disability. The rate of households receiving help decreases steadily with household size. Informal help is replacing, at least partly, professional help. Isolation (notably for persons living alone without any informal help inside the household) increases the need for professional home care.

The percentage of households receiving professional home care increases with the economic situation of the Member State. But countries with similar incomes present important differences.

5. The cost of professional home care

In the EU 27, in 2016, among those who expressed a need and received professional home care about 67.3 % declare that they have paid for professional home care. There are big differences across Member States (EU-SILC 2016).

Furthermore, in the EU 27, among those who paid for professional home care, about 28.0 % declare difficulty to afford for it. The percentage of women household respondents declaring difficulty is higher at all ages compared to men. This might reflect higher economic constraints. The rate among household respondents at risk of poverty is higher compared to respondents who are not at risk of poverty.

6. Unmet needs for professional home care

In the EU 27, in 2016, among those households who need help due to long-term physical or mental ill-health, infirmity or because of old age, about 30.2 % declare having unmet needs for professional home care (EU-SILC 2016). The rate for respondents with disabilities is 35.0 % and for respondents without disabilities 21.9 %. This rate is 40.6 % for household respondents with severe disabilities. Older women living alone are also disadvantaged. Concerning the reasons for not receiving (or insufficiently receiving) home care, about 53.3 % declare that they cannot afford it.

Due to lockdowns, social distancing and other related measures, the COVID-19 pandemic might affect significantly the way home care is provided. The SHARE COVID-19 2020 survey indicates that, among those receiving regularly home care before the outbreak of Corona, about 18.5 % declared that “they faced more difficulties in getting the amount of home care that they were needing”. “People who cared for me could not come to my home” was the main reason advanced (74 %) for these difficulties. The survey covered persons aged 50 and over and took place between June and August 2020.

More health care resources might be needed to be allocated towards disadvantaged groups.

3 Isolation, social distancing and mental health

1. Social networking (Getting together with friends or relatives)

In a period of social distancing, getting together with friends might be limited or restricted to the close family. But the ability to have such a network is important and can be used as a potential source for the collection of information and assistance.

In the EU 27, in 2018, the percentage of persons with disabilities who reported they were able to get together with friends or relatives, was 69.3 % compared to 85.7 % of persons without disabilities (EU-SILC 2018). This reveals a higher risk of isolation for 30.7 % of persons with disabilities and 14.3 % for persons without disabilities.

The percentage of older people (65 and over) having a social network was lower compared to younger persons (16-64). This might be due to health problems and mobility disabilities. Electronic networking might reduce physical barriers, but digital poverty might limit such opportunities.

In a period of social distancing and lockdown, digital skills and economic capacity appear to be important factors able to maintain social contacts and avoid isolation of vulnerable groups. Persons who cannot get together with friends due to economic constraints, tend to declare a very high rate of (severe) depression. The observed correlation is not a guarantee for a causality link, but we cannot exclude it.

2. Satisfaction with personal relationships

Concerning satisfaction with personal relationships, in the EU 27, the average score for persons with disabilities was 7.5 and 8.1 for persons without disabilities, in a scale from zero to ten (EU-SILC 2018).

At each age, the satisfaction level of persons with disabilities is lower compared to persons without disabilities. Unemployed and one-person households report relatively low scores. This might be due to a limited array of social contacts, leading to social isolation. The educational level increases satisfaction. But education could act as proxy for social capital and income. Both facilitate social networks.

3. Feeling lonely

In all the Member States, before the COVID-19 outbreak, the percentage of persons with disabilities declaring feeling lonely (All of the time or Most of the time), during the last four weeks, is significantly higher compared to persons without disabilities. In the EU 27, in 2018, the respective rates are 11.9 % and 2.9 % (EU-SILC 2018).

The analysis by age group reveals that persons aged 75 and over ought to be given a special attention. The percentage of people reporting feeling lonely increases significantly for this age group. This holds both for persons with and without disability.

In a period of social distancing and lockdown, the situation ought to increase the percentage of persons declaring feeling lonely (All of the time or Most of the time). This ought to adversely affect their mental health.

The SHARE COVID-19 2020 survey, indicates that 39.7 % of those feeling lonely, declared that their situation had deteriorated since the outbreak of the pandemic.

Feeling lonely may create health problems or deteriorate mental health. According to EU SILC data, materially deprived persons (e.g., who cannot afford the cost of a TV or an internet connection) tend to declare very high rates of loneliness feeling and of (severe) depression. The observed correlation is not a guarantee for a causality link but might work in this direction. Policies aiming to combat material deprivation might improve the general well-being of the most vulnerable population.

In a period of social distancing and lockdown, the situation ought to increase the percentage of persons declaring feeling lonely with a detrimental impact on their mental health. Healthy ways to cope with stress include, notably, connecting with others. Policies aiming to alleviate material deprivation might dampen the negative impact of the pandemic on general well-being.

4. Material help

In the EU 27, in 2018, about 73.5 % of persons with disabilities had the possibility of asking for and receiving material help from any relatives, friends, neighbours or other persons the respondent knows (EU-SILC 2018). This rate was 83.3 % for persons without disabilities.

Persons who cannot ask and receive material help declare more often being (severely) depressed).

5. Non-material help

Non-material help might include help to do some activities or moral support. In the EU 27, in 2018, about 87.0 % of persons with disabilities declare able to ask and receive non-material help (EU-SILC 2018). This rate is 92.3 % for persons without disabilities. The difference between persons with and without disabilities decreases significantly as household wealth increases.

Persons who cannot ask and receive non-material health declare more often being depressed, all or most of the time, during the last four weeks. The lack of non-material help is associated with a more important impact on mental health than the lack of material help. Probably, persons are aware of the financial constraints of their social networks but resent more the lack of moral support.

Isolation, anxiety and stress might increase mental health problems in the context of the COVID-19 pandemic. Social connections through internet can reduce the impact of social distancing policies. However, e-contacts might be limited due to economic constraints and the low digital skills of vulnerable groups.

Children, parents, friends and neighbours might provide non-material help. But how often did people from outside the household help to obtain necessities, compared to before the outbreak of Corona? The SHARE COVID-19 (2020) survey indicates that about 63 % of those receiving help, declared to receive more often help from their children and 40 % more often by friends or neighbours.

4 Access to online services

1. Possession of a telephone (including mobile phone)

In the EU 27, in 2018, about 0.5 % of persons with disabilities declare that their household cannot afford a telephone (including mobile phone) (EU-SILC 2018). The question does not distinguish between fixed and mobile telephone. Still, this distinction has an implication when it comes to internet connection.

The percentage of persons with disabilities who cannot afford a telephone, increases with age. But this is partly due to the higher prevalence of severe disabilities among older people.

2. Possession of a computer

In the EU 27, in 2018, about 67.2 % of persons with disabilities and 86.9 % of persons without disabilities possess a computer (EU-SILC 2018). The question refers to households. However, a computer can be used, in a certain extent, by all household members. About 5.5 % of persons with disabilities and 3.3 % of persons without disabilities cannot afford a computer. About 27.3 % of persons with disabilities and 9.8 % of persons without disabilities do not possess a computer because of 'other' reasons.

Concerning the reasons for not possessing a computer, we may note that the economic reason (cannot afford) is relatively small and constant for all age groups. On the contrary, 'No, other reason' increases significantly after the age of 45-54. Skills are likely the dominant factor. Levels of digital literacy among older people seems to constitute a significant factor explaining the high percentage of not possessing a computer. This means that, we ought to promote the acquisition of digital skills among older people before any initiative promoting eLearning, tele-shopping, eHealth and generally using internet by this group of persons.

3. Internet connection for personal use at home

In the EU 27, in 2018, about 82.1 % of persons aged 16 and over have an internet connection for personal use at home (EU-SILC 2018). This rate is 64.3 % for persons with disabilities and 87.9 % for persons without disabilities. There is a gap between persons with and without disabilities of 23.7 percentage points. There are also big differences across Member States.

The rate of persons who have an internet connection for personal use at home is strongly correlated with disposable income.

The economic crisis following the COVID-19 pandemic might put a downward pressure to the number of persons with an internet connection. However, social distancing might be a strong incentive to buy an internet connection (perhaps at the expense of other goods or services) in order to ensure a certain level of economic, social and health related activities. In this framework, Member States ought to take measures in order to avoid the isolation of vulnerable and disadvantaged groups.

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