Measuring the population in need of long-term care

EAPS Health, Morbidity and Mortality Working Group (HMMWG) annual meeting 10-12 September 2025, Belval-Esch (Luxembourg)

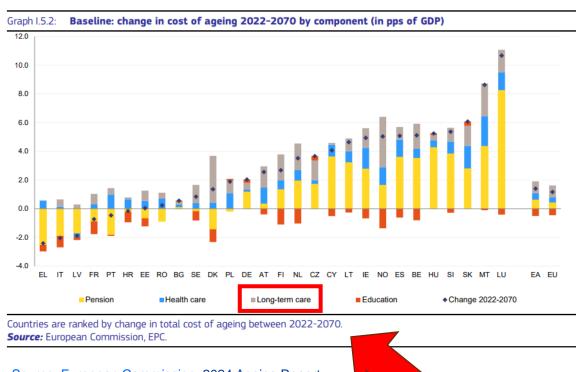
Giampaolo LANZIERI



Education. Access to training Housing and essential Gender and life-long services assistance for equality learning the homeless Equal Long-term care opportunities Inclusion Active support of people to employment with disabilities Secure and adaptable Healthcare employment Old-age Wages income and pensions Information about Minimum employment conditions and protection in case income of dismissals Social dialogue Unemployment and involvement benefits of workers Work-life Social balance Childcare Healthy, safe protection and support and well-adapted to children work environment and data protection

Source: European Commission, The European Pillar of Social Rights in 20 principles

LTC need: a key piece of evidence for economic and social policymaking









Where can we find the data?

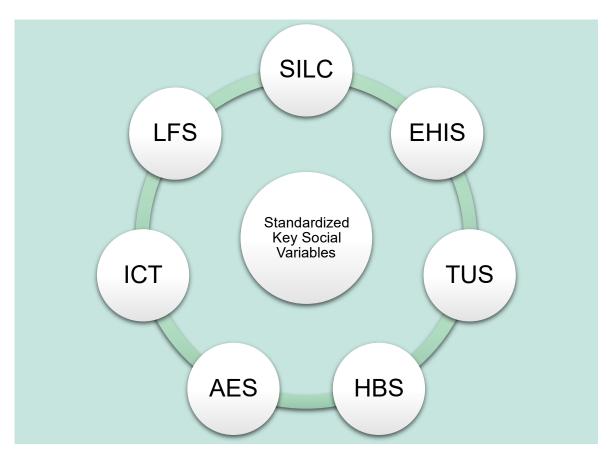
Potential risks of data sources **for measuring LTC need**:

- Administrative sources:
 - Not harmonized criteria across countries
 - Referring to persons <u>receiving</u> LTC
 - Limited additional information on socio-economic characteristics
 - Different updating frequency and rules
- Sample surveys:
 - Self-assessment
 - Sample size and coverage
 - Time intervals between data collections



Harmonized European household surveys

- Integrated European social surveys covering various domains:
 - labour force (LFS)
 - income and living conditions (SILC)
 - health (EHIS)
 - education and training (AES)
 - use of inf. and comm. technologies (ICT)
 - time use (TUS)
 - consumption (HBS)
- Common framework defined in <u>Regulation (EU)</u> 2019/1700
- Minimum European Health Module in EHIS, LFS, SILC, ICT
- LTC-relevant mainly in EHIS, SILC, and LFS







2024 Ageing Report

Economic & Budgetary Projections for the EU Member States (2022-2070)

INSTITUTIONAL PAPER 279 | APRIL 2024

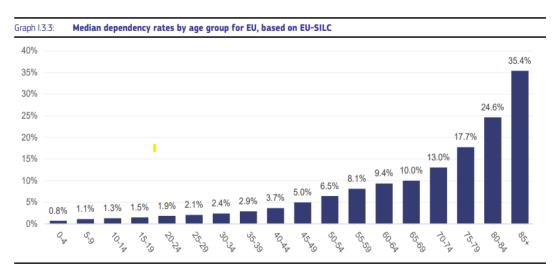


Common measures: GAL

Global Activity Limitation Indicator

"Are you limited because of a health problem in activities people usually do? [for at least the past 6 months] Would you say you are..."

1. Severely limited / 2. Limited but not severely / 3. Not limited at all



The dependency rates are based on EU-SILC data on "self-perceived longstanding severe limitation in activities because of health problems [for at least the last 6 months]". 2016-2019 (base year) average, 2017 values used for ages below 16 where available. Source: European Commission, EPC.



2021 Vol. 1

Long-term care report

Trends, challenges and opportunities in an ageing society



Joint report prepared by the Social Protection Committee (SPC) and the European Commission (DG EMPL)



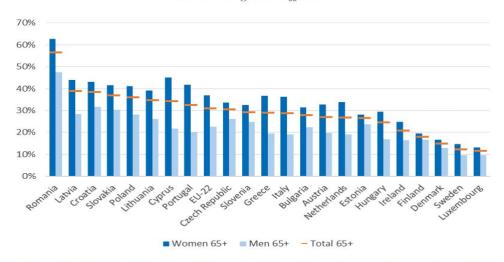
Common measures: TADL Total Activities of Daily Living (ADL + IADL)

"Do you usually have difficulty doing any of these (personal care / household) activities without help?"

1. No difficulty / 2. Some difficulty / 3. A lot of difficulty / 4. Cannot do at all

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, 30.9 % of people aged 65+ were in need of long-term care in the EU-22 (2019 data), with marked gender differences



Note: At the time of publication, EHIS wave 3 data were available for all except five Member States. In wave 2 (2014), data for BE, DE, ES, FR, and MT showed that, respectively, 36 %, 24.9 %, 15.2 %, 25.9 %, and 34 % of the total population aged 65+ had at least one severe difficulty with ADLs and/or IADLs.

Source: EHIS wave 3, 2019, hlth ehis tadle.



Other potential measures of LTC need

NCTA

- Need of Care in Total Activities of daily living
- "Receiving / Need to receive help or more help with one or more self-care / domestic activities"
- 1. Yes, with at least one activity / 2. No

BIM2

- Budapest Initiative Mark 2
- Measure the main physical, sensory, cognitive and communication functional difficulties
- 1. No difficulty / 2.
 Some difficulty / 3. A
 lot of difficulty / 4.
 Cannot do at all/
 Unable to do

WGSS

- UN Washington Group Short Set on functioning
- Assess functional limitations in seeing, hearing, walking, remembering or concentrating, selfcare, and communicating
- Categories as in BIM2



Frequency as from European social surveys

	Year of data collection									
Sample survey	Before EU Reg.		Period covered by EU Regulation 2019/1700							
	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028
EHIS	GALI TADL NCTA BIM2						GALI TADL NCTA BIM2			
SILC	GALI	GALI	GALI GALIc	GALI WGSS	GALI	GALI GALIc	GALI WGSS	GALI	GALI GALIc	GALI WGSS
LFS				GALI		GALI		GALI		GALI
ICT				GALI		GALI		GALI		GALI



Challenges using European social surveys for measuring LTC need

- Self-assessed measures
- Relation with other concepts (disability, frailty, etc.)
- No coverage of the population not living in private households
- Data gaps due to survey periodicity (depending on the data source)
- Incomplete age profiles (depending on the measure)



No agreed official measure of LTC need – but methodological work is ongoing



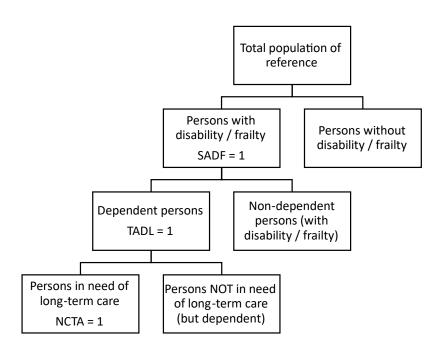




A new measure of LTC need

Conditional Self-Assessed Need of long-term care (CSAN):

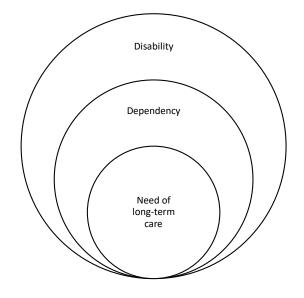
- Derived from the values taken by SADF (Self-Assessed Disability or Frailty), TADL, and NCTA
- Estimate of the self-assessed need of long-term care conditionally to chronic dependency due to disability or frailty
- Data source: EHIS
- From experimental tests, on average:
 GALI < CSAN < TADL < BIM2 < NCTA



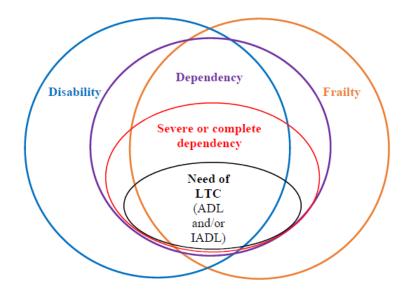


Relation of LTC need with other concepts

Basic version



Expanded version





How to cope with under-coverage?

$$P^{LTC} = p^{TP} \cdot TP + p^{HR} \cdot IP_{HR} + p^{\overline{HR}} \cdot IP_{\overline{HR}}$$

Option 1: EHIS

- Expanding the coverage of EHIS (IP ⊂ TP)
- Currently with feasibility studies, focusing on healthrelated institutions (IP_{HR} ⊂ TP)
- Results expected after 2027

Option 2: Recipients

- Adding the LTC recipients in institutional households as collected from national admin data (\widehat{p}^{TP})
- Assumption: no person in need of LTC and living in (usually health-related) institution is left behind $(\widehat{p}^{\overline{TP}} = p^{\overline{TP}})$

TP = Target Population (survey)
IP = Institutionalized Population
HR = Health-Related institution
p = proportion

Option 3: Assumptions

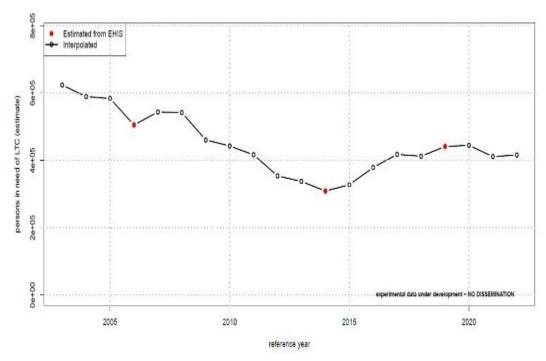
- All persons not living in private households are assumed:
 - having the same prevalence of LTC need ($p^{TP} = p^{\overline{TP}}$); or
 - being all in need of LTC $(p^{\overline{TP}} \equiv 1)$, possibly limited to $IP_{HR} \ (p^{HR} \equiv 1, \ 0 \leq p^{\overline{HR}} \leq p^{TP})$

See also Cambois et al (2016): "International Comparisons of Disability: Impact of Accounting or Not Accounting for the Institutionalized Population"



Filling the temporal gaps

- Currently availability of CSAN every 5 years (6y in the future)
- Main current idea: linkage with a proxy available with higher frequency, with exact match in available years
- Alternative: development of a model with determinants, also available with higher frequency

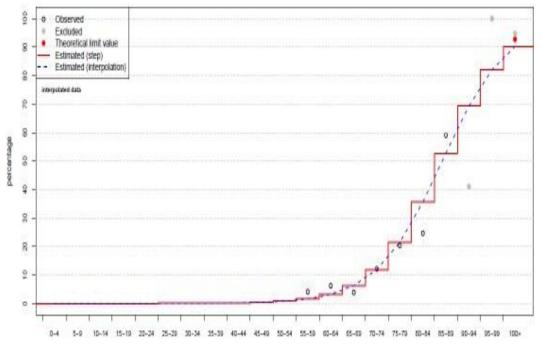


Source: simulated data.



Age profile – work in progress

- Useful for estimating LTC need at younger ages and smoothing sample estimates across ages and waves
- Ongoing work: exploration of the role of period and/or cohort, analysis of methodological issues



Source: simulated data.



Thank you!



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