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Families, ageing and health

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Surviving a pandemic

Life expectancy in many EU countries experienced significant reductions due to the COVID-19 pandemic in 2020 and 2021. The average life expectancy at birth in the EU was just over 80 years in 2021, more than one year less than in 2019. Spain and Sweden had the highest life expectancy among EU countries, while Bulgaria and Romania had the lowest.

The pandemic widened the gap in life expectancy between EU countries, as the decline was more significant in Central and Eastern European countries with already lower life expectancies. In these countries, the decline in life expectancy in 2020 and 2021 erased the gains made in the previous decade.

Only Luxembourg and Norway experienced a small increase in life expectancy during this period. Other Nordic countries, along with Malta and Switzerland, also fared relatively well with no or marginal reductions in life expectancy.

While some countries like Belgium, Italy, and Spain saw a significant reduction in life expectancy in 2020, they were able to recover most of the loss in 2021 as the number of COVID-19 and other causes of death decreased. However, Central and Eastern European countries continued to experience higher mortality rates in 2021, leading to further reductions in life expectancy.

When looking at life expectancy at age 65, the pandemic erased the gains made in many countries over the previous decade. On average, life expectancy at age 65 in the EU was slightly lower in 2021 compared to 2010.

Women continue to live longer than men in all EU countries, with an average gender gap of 5.6 years in 2021. The gender gap slightly widened during the pandemic due to higher COVID-19 mortality among men. However, the gender gap in healthy life expectancy, which measures the years lived in good health, is smaller as women tend to experience more health issues and activity limitations.

Promoting policies to prevent health problems, ensuring equal access to care, and managing chronic health conditions effectively can contribute to increasing healthy life expectancy.

Life expectancy at birth and age 65

Healthy life expectancy is a vital measure that indicates the overall health of a population. It reflects the number of years individuals can expect to live in good health, without significant health issues or disabilities. Having a higher number of healthy years signifies a healthier workforce, fewer instances of early retirement due to health problems, and decreased or postponed healthcare and long-term care requirements.

In the European Union (EU) in 2020, the average healthy life expectancy at birth was 64.5 years for women and 63.5 years for men. Although there is a gender gap in life expectancy (5.7 years in 2020), the difference in healthy life years between genders was much smaller (only one year). This is because women tend to spend a larger portion of their lives with activity limitations, with 22% of their life expectancy in 2020 being affected, compared to an average of 18% for men in the EU.

Among EU countries, Sweden had the highest number of healthy life years at birth for both women and men, followed by Malta and Italy. On the other hand, Latvia had the lowest healthy life expectancy for both genders. These variations across countries can be partly attributed to differences in how disability (activity limitation) is measured, which affects the comparability of results to some extent.

The gender gap in healthy life years was particularly significant in Bulgaria and Poland, primarily due to shorter life expectancy among men. In contrast, in the Netherlands, Portugal, Finland, Luxembourg, and Denmark, women had a lower number of healthy life years compared to men. This is because women in these countries live a greater portion of their lives with disabilities.

As individuals age, the proportion of remaining years they can expect to live without disabilities decreases, especially for women. In 2020, when women reached the age of 65 across EU countries, they could expect to live an additional 21 years. However, less than half of these years were free from activity limitations. For men, the remaining life expectancy at age 65 was approximately four years shorter (17.4 years), but they could anticipate nearly ten years without disability. As a result, the gender gap in healthy life years was minimal.

Various policies can contribute to increasing healthy life expectancy, such as preventive measures to address health problems, promoting equal access to healthcare, and improving the management of chronic health conditions to minimize their disabling impact.

Mental health

The COVID-19 pandemic and its aftermath have placed significant strain on mental health services. The pandemic and the subsequent economic crisis have led to increased rates of stress, anxiety, and depression among citizens, particularly affecting young people and those in lower-income groups. Disruptions to healthcare services for individuals with pre-existing mental health conditions have also contributed to the negative impact on mental well-being.

To support the implementation of effective strategies on the ground, action grants have been established. These grants provide financial support from the European Commission and aim to address the mental health challenges arising from COVID-19.

Furthermore, the Commission has recognized and rewarded community-based initiatives that alleviate the mental health impact of COVID-19. These initiatives and measures reflect the European Union's commitment to prioritizing mental health and addressing the increased burden caused by the pandemic. By supporting the implementation of best practices and fostering collaboration, the EU aims to mitigate the impact of COVID-19 on mental well-being and promote positive mental health outcomes for all.

The role of families

Family and health are interconnected. Families play crucial roles in individuals' well-being and therefore in the overall functioning of society, through the following aspects:

- **Family Support:** Families in Europe often provide essential support systems for individuals in terms of physical, emotional, and financial assistance. Families act as primary caregivers and contribute to maintaining good health by offering care during illness, promoting healthy behaviors, and providing social and emotional support.
- **Healthcare Systems:** European countries generally have well-developed healthcare systems that prioritize access to affordable and high-quality healthcare for their citizens. Many countries in Europe provide universal healthcare coverage, ensuring that individuals and families have access to necessary medical services, medications, and preventive care.
- **Ageing Population:** Europe is experiencing an ageing population, with increasing life expectancies and declining birth rates. This demographic shift poses unique challenges for healthcare systems and family structures. The need for long-term care services and support for elderly family members is growing, placing additional demands on families and healthcare systems.
- **Work-Life Balance:** European countries often prioritize work-life balance, recognizing the importance of family time and personal well-being. Policies such as parental leave, flexible working arrangements, and childcare support aim to promote the well-being of families and enable individuals to balance their work and family responsibilities effectively.
- **Mental Health:** Mental health is an important aspect of overall well-being, and European countries have recognized its significance. Efforts to reduce stigma and increase awareness around mental health issues have been made, along with the development of mental health services and support systems. Families play a vital role in supporting individuals with mental health challenges and seeking appropriate care.
- **Social Welfare Systems:** Many European countries have robust social welfare systems that provide financial support, housing assistance, and social services to families in need. These systems help ensure that families have access to necessities and support their overall health and well-being.
- **Health Education and Promotion:** Health education and promotion campaigns are prevalent in Europe, aiming to raise awareness about healthy lifestyles, disease prevention, and the importance of regular health check-ups. Governments, healthcare providers, and community organizations work together to educate families and individuals about maintaining good health.

Overall, family and health are closely intertwined in Europe, with families serving as important support systems for individuals' health and well-being. European countries have implemented various policies and systems to support families and prioritize access to healthcare, contributing to improved health outcomes for individuals and communities.

COVID-19 mortality

Although the majority of individuals infected with COVID-19 have survived, the number of deaths resulting from the pandemic is significant. By October 2022, over 1.1 million people had died from COVID-19 across the 27 EU countries. Notably, more than 90% of these deaths occurred among individuals over the age of 60.

In terms of absolute numbers, Italy (179,000 deaths), France (171,000), Germany (154,000), Poland (117,000), and Spain (115,000) reported the highest COVID-19 mortality within the EU by the end of

October 2022. Outside the EU, the United Kingdom recorded over 200,000 deaths from COVID-19. Adjusted for population size, Bulgaria, Hungary, Croatia, the Czech Republic, and Slovenia had the highest COVID-19 mortality rates, while Iceland and Norway had the lowest rates. These cross-country variations primarily reflect differences in population age structures, the timing and effectiveness of containment strategies, the uptake of COVID-19 vaccination in 2021 and 2022, and variations in healthcare system capacities to treat COVID-19 patients.

Southern and Western European countries were heavily impacted by the pandemic from its onset in the spring of 2020, while Central and Eastern European countries experienced a stronger impact starting in the fall of 2020. All EU countries faced peaks in infections and deaths in late 2020 and early 2021. Mortality rates increased again in late 2021 and early 2022 in many countries but have since decreased in most of them.

The measurement of excess mortality indicates that reported COVID-19 mortality in many countries underestimates the true impact of the pandemic due to limited testing capacity, particularly at the beginning, and variations in death recording practices. Excess mortality refers to deaths exceeding what would be expected based on previous years' mortality trends. It captures both direct and indirect effects of the pandemic and can account for deaths related to causes other than COVID-19. However, it also includes other events that significantly affect mortality, such as severe or mild flu seasons and heatwaves, occurring before or during the pandemic. Over time, excess mortality excludes older, frail individuals who may have died from COVID-19 but would have also died from another cause since the pandemic began, leading to an underestimation of COVID-19 deaths in such cases.

In the EU, excess mortality from the start of the pandemic until the end of June 2022 was 26% higher than reported COVID-19 deaths. This corresponds to approximately 300,000 additional deaths compared to the reported number of COVID-19 deaths. These additional deaths may be attributed to the direct or indirect impact of the pandemic or other factors. The disparity between excess mortality and reported COVID-19 deaths was particularly significant in Bulgaria, Romania, Poland, the Slovak Republic, and Estonia, indicating a substantial undercounting of the pandemic's impact in terms of COVID-19 mortality in these countries.

In certain countries such as Belgium, France, Hungary, and Sweden, the gap between excess mortality and reported COVID-19 deaths is negative, meaning that the reported number of COVID-19 deaths exceeds the excess mortality. This suggests more accurate reporting of COVID-19 deaths in these countries but also indicates that deaths from other causes besides COVID-19 have been lower during the pandemic than expected based on previous years' trends. This could be due to factors such as fewer deaths from regular flu and road traffic accidents during periods of confinement.

Other causes of death

In 2019, before the pandemic, the primary causes of mortality in the EU were circulatory diseases and cancer. Circulatory diseases accounted for over 1.6 million deaths, representing 35% of all deaths, while cancer accounted for nearly 1.2 million deaths, making up 26% of all deaths. In comparison, COVID-19 accounted for 8% of all deaths in the EU in 2020 (over 400,000 deaths) and 10% of all deaths in 2021 (520,000 deaths). Individuals who survived severe COVID-19 are more susceptible to dying from other causes.

Among circulatory diseases, the most prevalent causes of mortality in the EU were ischemic heart diseases (including heart attacks) and cerebrovascular diseases (such as strokes), which accounted for more than half of deaths within this category.

Lung cancer was the leading cause of cancer-related deaths in the EU in 2019, resulting in approximately 235,000 deaths. The primary risk factor for lung cancer is tobacco smoking. However, there are gender disparities in cancer mortality. Among men, lung cancer is the leading cause of cancer deaths, followed by colorectal cancer, while among women, breast cancer is the primary cause of cancer deaths, followed by lung cancer (refer to the "Mortality from cancer" indicator).

Respiratory diseases ranked third as the cause of death in EU countries, leading to around 364,000 deaths in 2019, which accounted for 8% of all deaths. Chronic obstructive pulmonary disease (COPD) was the most prevalent cause of mortality among respiratory diseases, followed by pneumonia. Tobacco smoking also constituted the most significant risk factor for COPD.

External causes of death, including accidents, suicides, homicides, and other violent causes, accounted for 5% of all deaths among women and 6% of all deaths among men across EU countries in 2019. The major contributors to violent deaths were accidents (155,000 deaths in 2019, including approximately 27,000 deaths from transport accidents) and suicides (47,000 deaths). Transport accidents were particularly significant among young people aged 18-25, while suicide rates generally increased with age.

Looking at other specific causes, Alzheimer's disease and other dementias accounted for 5% of all deaths in the EU in 2019, with the number of deaths attributed to these age-related diseases increasing by more than 50% in the decade leading up to 2019. Alzheimer's and other dementias were more prevalent among women as a cause of death.

Overall mortality rates varied from less than 830 deaths per 100,000 population in Spain, Italy, and France (approximately 15% lower than the EU average) to over 1,400 deaths per 100,000 population in Bulgaria, Romania, Hungary, and Latvia (over 40% higher than the EU average) in 2019. The significantly higher mortality rates in the latter group of countries were primarily due to higher mortality rates from circulatory diseases, which were the leading cause of death. In Hungary, higher cancer mortality rates also contributed significantly to the difference from the EU average.

Recommendations

Here are some recommendations for promoting health and supporting families in Europe:

1. **Strengthen Family-Centered Healthcare:** Ensure that healthcare systems adopt a family-centered approach by recognizing the importance of family involvement in healthcare decisions, providing support for caregivers, and promoting effective communication between healthcare professionals and families.
2. **Enhance Access to Family-Friendly Services:** Increase access to family-friendly services such as affordable and high-quality childcare, parental leave, and flexible work arrangements. These measures can support parents in maintaining a healthy work-life balance and provide opportunities for active family engagement.
3. **Promote Mental Health and Well-being:** Invest in mental health services, including prevention, early intervention, and treatment, with a particular focus on supporting families. Raise awareness about mental health issues, reduce stigma, and provide accessible and comprehensive mental health support to individuals and families.

4. **Strengthen Support for Aging Population:** Develop comprehensive policies and services that address the specific needs of the ageing population, including long-term care, home-based care, and support for family caregivers. Provide resources and training for family members to care for elderly relatives and ensure access to quality healthcare services for older adults.
5. **Implement Effective Health Education:** Enhance health education initiatives that target families and individuals across all life stages. Promote health literacy, raise awareness about healthy behaviors, disease prevention, and the importance of regular screenings and check-ups.
6. **Foster Social Support Networks:** Encourage the creation of community-based support networks that provide social connections, resources, and assistance for families. Support initiatives that strengthen social cohesion, reduce social isolation and build community resilience.
7. **Address Health Inequalities:** Tackle health inequalities by focusing on disadvantaged communities and vulnerable populations. Ensure equitable access to healthcare services, including preventive care, and address social determinants of health such as poverty, education, and housing.
8. **Collaborate and Share Best Practices:** Foster collaboration between European countries to share best practices, innovative approaches, and research findings related to family and health. Promote knowledge exchange and cooperation to improve policies, programs, and services across Europe.
9. **Invest in Research and Data Collection:** Support research efforts and data collection on family and health to better understand the challenges and needs of families in Europe. Use evidence-based approaches to inform policy development and decision-making processes.

By implementing these recommendations, European countries can enhance the well-being of families, promote health across the lifespan, and create supportive environments that contribute to better health outcomes for individuals and communities.

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