



Policy Research Unit in Health and  
Social Care Systems and Commissioning

**Prevalence and trends in unmet health and social care needs among older adults in England: Evidence from the English  
Longitudinal Study of Ageing (ELSA) data**

**Presented by:**

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# Background

- Demographic transition is in favour of older population in advanced nations, including England
- With advancement in technology, health improvement and increasing life expectancy, more older adults will require help/care for their day-to-day life in the future.
- Suggesting the need for supply side interventions - provision of health and social care services to increase utilization of care
- And demand side – increasing awareness of early symptoms, the care and support systems available and how to use them to meet their needs
- Being dependent and having health and social care needs at later life differ across individuals and within population resulting in various definition of needs, including:
  - normative, felt, expressed, and comparative (Asadi-Lari et al., 2003; Bradshaw J., 1972);
  - ability to benefit from health care services (James M., 1999; Lau Y. et al., 2020; Stevens A. & Gabbay J., 1991);
  - the difference between the need for care and receipt of care (Herr et al., 2014); and/or
  - how/why unmet needs occur (Allin et al., 2010; Aragon et al., 2017; Bien et al., 2013; Di Bona et al., 2014; Malisauskaite et al., 2021; Smith S. & S., 2020)
- While each of these type of need definitions require a different approach in their measurement and estimation, two main assessment approaches are used:
  - (i) comprehensive geriatric assessment of the capacities and challenges of older adults by experts (Hoogendijk et al, 2013; Stuck and Iliffe, 2011; Epstein and Street, 2011), and/or
  - (ii) a more patient-oriented approach focusing on self-perceived and self-reported care needs by older adults (Epstein & Street, 2011; Hoogendijk EO. et al., 2013 & Stuck AE. ,2011)

# Background and objectives



- Studies using patient-oriented approaches sought to define and measure unmet health and social care needs using one or more of the need definitions
- They are generally classified into mobility needs, activity of daily living (ADLs) and instrumental activities of daily living (IADLs) needs (Asasi-Lari et al., 2003; Bien et al., 2013; Brinkmann B. et al., 2021; Hoogendijk EO. et al., 2013; op Reimer WJ. Et al., 1999/ Vlachantoni, 2019).
- Other studies have explored the association of unmet needs and social determinants of health to measure health inequalities and disparities and access to health and social care services (Davey et at., 2013; Hoebel J. et al., 2017; Liu Y. H. et al., 2012; Momtaz YA. Et al., 2012; Vlachantoni, 2019; Zhu, 2015)
- Most of the studies were conducted outside the UK

## Objectives

- Exploring available nationally representative data to provide insight into the prevalence of unmet health and social care needs of older population (50+) in England;
- Assess their trends overtime, and the associated socio-demographic and health determinants to help inform health and social care planning and interventions.



# Methods(1)



**Data:** English Longitudinal Study of Ageing (Wave1 (2002/2003 to Wave 9(2018/2019), two years survey intervals

**Age range:** 50 years and over

Unmet needs with: (i) Mobility difficulties; (ii) Activities of daily livings (ADLs) difficulties; and (ii) instrumental activities of daily living (IADLs) difficulties

## Statistical analysis

**Descriptive statistics** - frequency distributions, percentages, means and standard deviations.

**Regression analysis**- panel logistics regression model (fixed effect regression model was estimated after Hausman test was carried out)

### Mobility difficulties

1. difficulty in walking 100 yards;
2. sitting for two hours;
3. getting up from chair after sitting long period;
4. climbing several steps without resting;
5. stooping/kneeling/crouching;
6. reaching or extending arms above shoulder level
7. pulling/pushing large objects;
8. lifting or carrying weight over 10 pounds; and
9. picking up 5p coin from a table

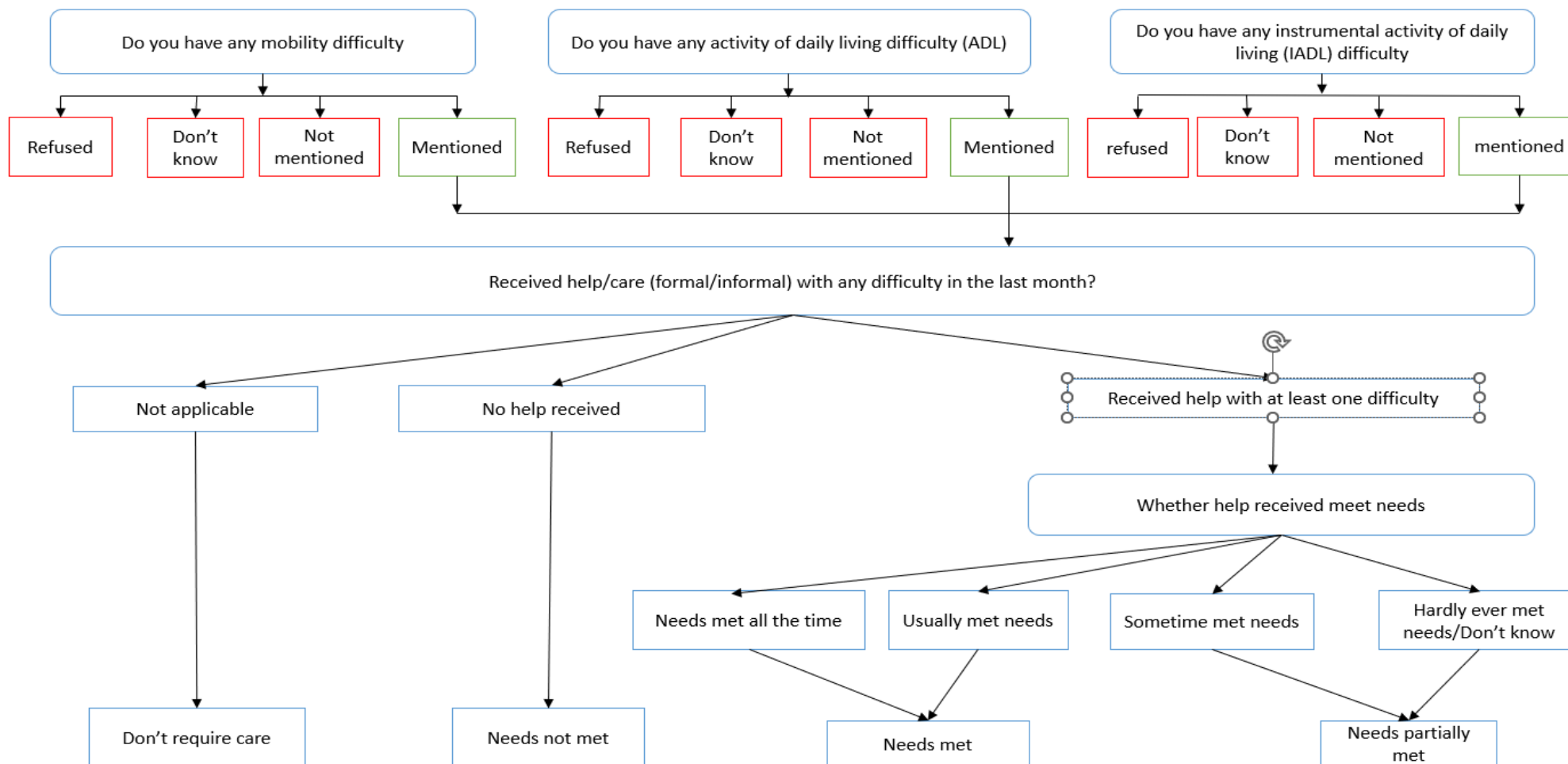
### Activities of daily living difficulties

1. dressing;
2. walking across a room;
3. bathing/showering;
4. eating/cutting up food;
5. getting in and out of bed; and
6. using the toilet were used

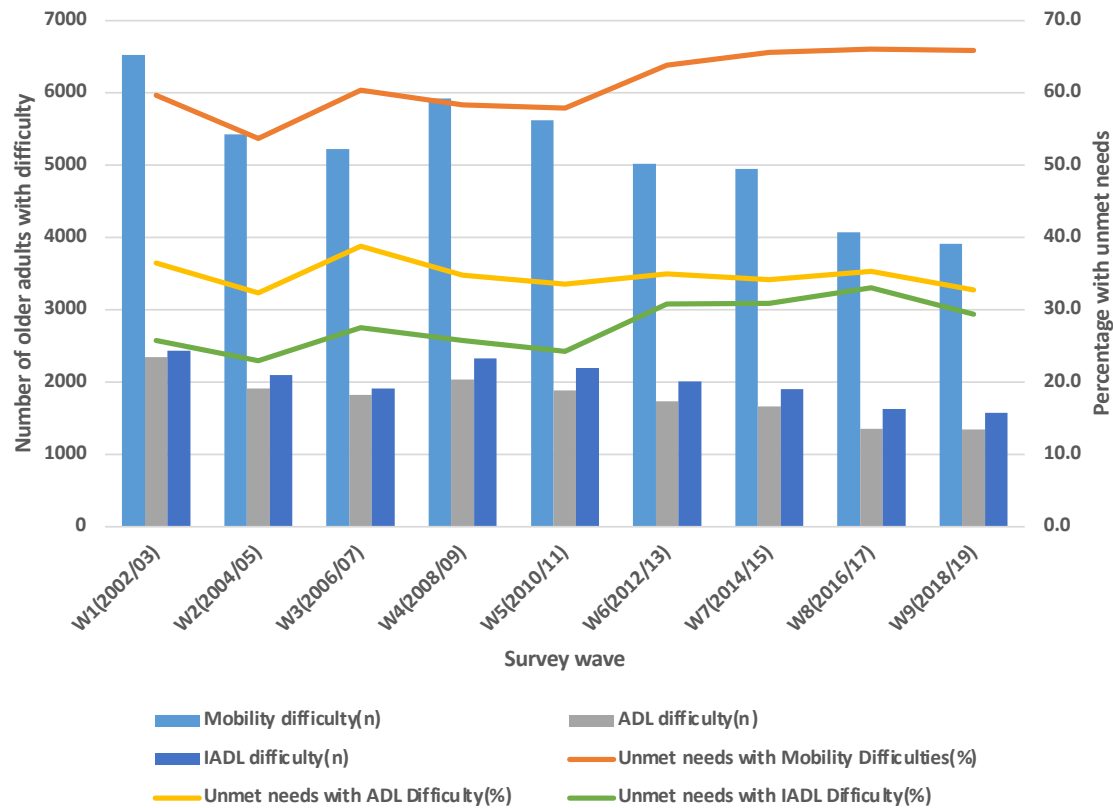
### Instrumental activities of daily living (IADLs) difficulties

1. using maps to figure out how to get around strange places;
2. recognising when in physical danger;
3. preparing a hot meal;
4. shopping for groceries;
5. making telephone call;
6. communication(speech/hearing/eyesight);
7. taking medication;
8. doing work around house/garden; and
9. managing money/paying bills/keeping track of expenses

Survey wave	Sample
Wave 1 (2002/03)	11,522
Wave 2 (2004/05)	9,171
Wave 3 (2006/07)	9,343
Wave 4 (2008/09)	10,749
Wave 5 (2010/11)	10,095
Wave 6 (2012/13)	9,491
Wave 7 (2014/15)	9,491
wave 8 (2016/17)	8,355
Wave 9 (2018/19)	8,557

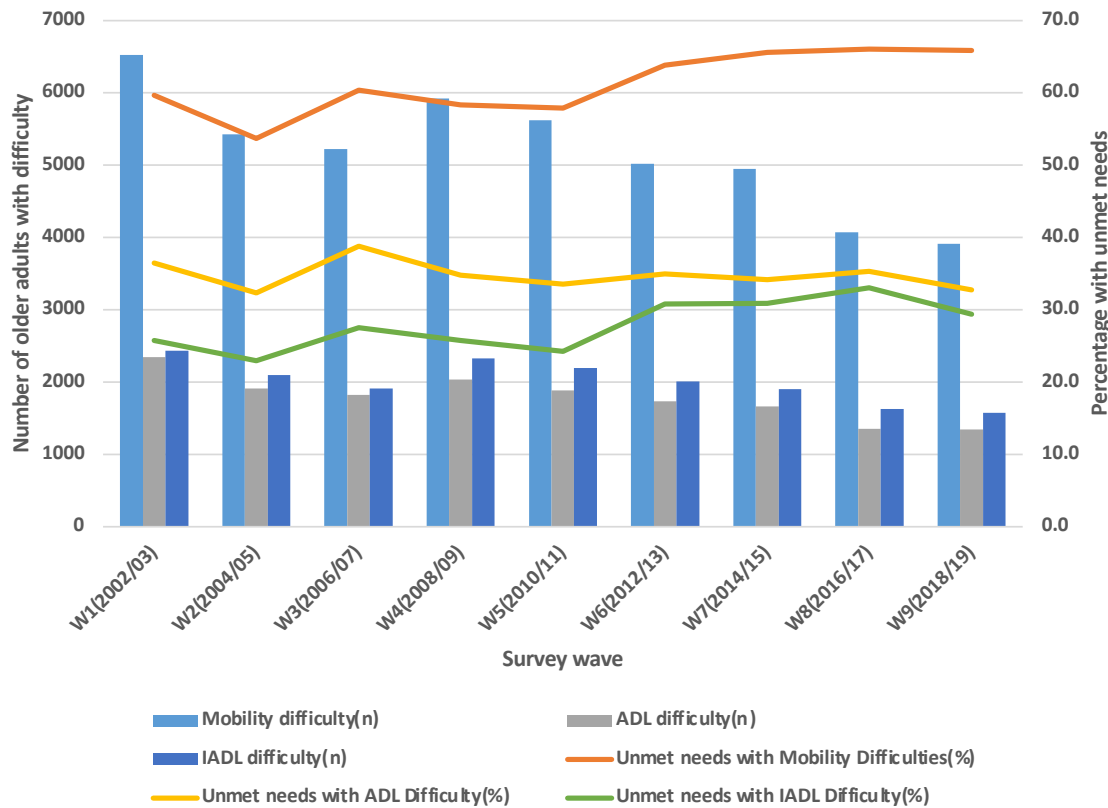


# Results(1) - Distribution of older adults with mobility, ADL and IADL difficulties and trends in unmet needs



## Unmet with mobility difficulties

- Relatively higher number of older adults with mobility difficulty with a decreasing trend over the survey period
- Higher proportion with unmet needs (61.3%, average) with an increasing trend over the survey period.
- Higher among those below 75 years
- 10% higher among males compared to females
- Higher in the middle and southern regions except London, compared to the regions in the north

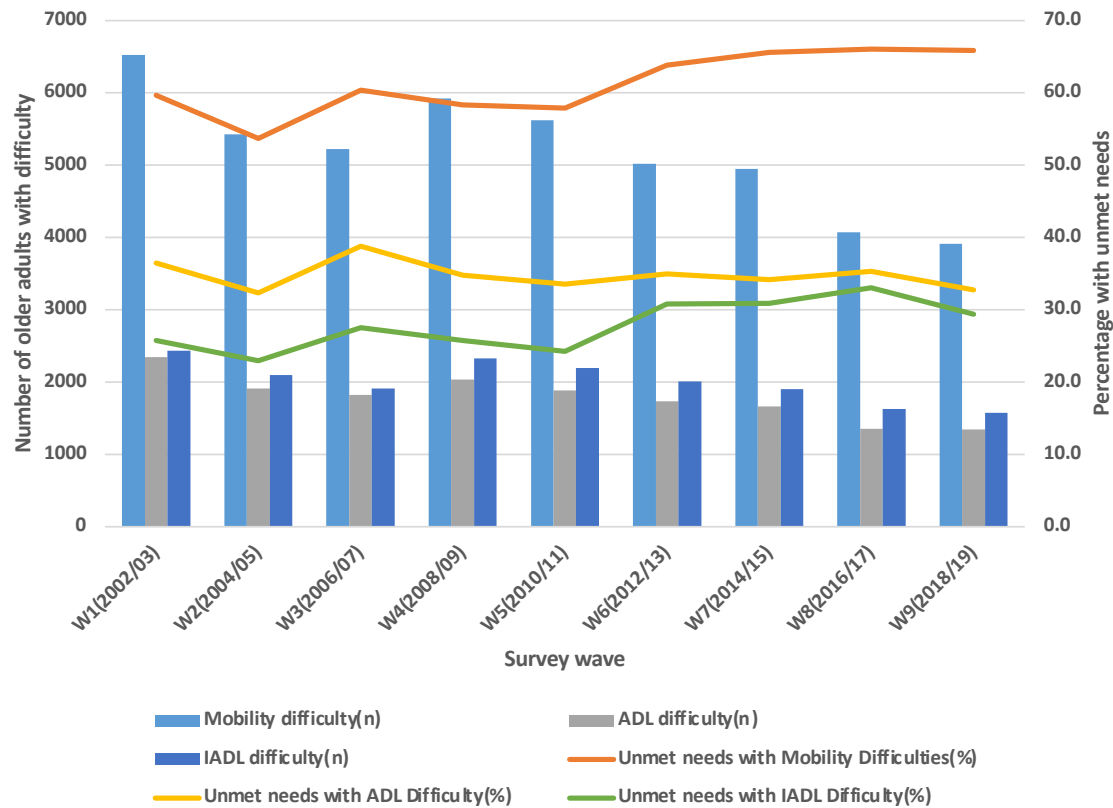


## Unmet with activities of daily living (ADLs) difficulties

- Relatively lower number of older adults with activities of daily living with a decreasing trend
- Moderately higher proportion with unmet needs (34.8%, average) with slow but decreasing trend.
- 11.8% higher among those below 75 years
- 12% higher among males compared to females
- Higher in the South and Middle regions compared to the regions in the North of England

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# Results(3)- Distribution of older adults with mobility, ADL and IADL difficulties and trends in unmet needs



## Unmet with instrumental activities of daily living (IADLs) difficulties

- Relatively lower number of older adults with activities of daily living with a decreasing trend
- Moderately lower proportion with unmet needs (27.8%, average) with slow but decreasing trend.
- Higher among those below 75 years
- 10.3% higher among males compared to females
- Higher in the South and Middle compared to the regions in the North of England



# Results(4)-Factors associated with unmet needs



## Unmet needs with Mobility difficulty

- **Age:** higher likelihood for older adults 66-75 years (2 times), compared to those 50-65 years.
- **Region:** higher likelihood for older adults in North East (2.7 times), North West (1.6 times), Yorkshire and the Humber (2.2 times), East Midlands (1.7 times), West Midlands (1.5 times) and East of England (1.7 times) compared to London region.
- **Household size:** Living in a single household increases the likelihood of expressed unmet needs by 35.4%.
- **General health:** those who assessed their general health as very good/excellent were more likely to express unmet needs.

## Unmet needs with Activities of daily living (ADLs) difficulties

- **Age:** higher likelihood for older adults 66-75 years (1.7 times) & 2.2 times for those 75+, compared to those 50-65 years.
- **Region:** higher likelihood for older adults in North East (9.3 times), Yorkshire and the Humber (4.2 times), East Midlands (4.4 times), West Midlands (3.1 times) and East of England (2.3 times), compared to those in London region.
- **Private insurance:** those with private insurance were 48.8% less likely to express unmet needs compared to those with no private health insurance.
- **Working status:** those who were still working were 2.2 times more likely to express unmet needs compared to those who were not in work.
- **General health:** : those who assessed their general health as very good/excellent were more likely to express unmet needs.

## Unmet needs with instrumental activities of daily living (IADLs) difficulties

The results were similar to that of ADLs.

- We found overall decreasing trends in the prevalence of unmet needs overtime. However, the prevalence of unmet needs with mobility and instrumental activities of daily living was increasing overtime.
- Factors including age, region, household size, marital status, general health, working status, and having private health insurance were associated with expressed unmet needs
- While the overall decreasing trends in the prevalence of unmet needs may suggest effectiveness of broader interventions in the health and social care sector in England, the results demonstrate the complexity of care and interventions needed to bridge unmet needs inequalities

# Some references

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Thank you

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