

Measuring life expectancy with care needs in Ibero-American countries

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Increasing life expectancy across the world calls for a comprehensive understanding of how these additional years are lived by individuals. By estimating years of life expectancy with care needs in Ibero-American countries, Mariana Calderón-Jaramillo, Jeroen Spijker, Elisenda Rentería and Luciana Correia Alves emphasise how demographic and epidemiological trends shape individual healthcare and social care needs.

Observed gains in life expectancy have sparked debates about the life quality of these additional years. Healthy life expectancy (HLE) measures have contributed to this debate by focusing on the average years that individuals are expected to live in good health, without chronic conditions or limitations. However, to obtain HLE, researchers usually focus on a unique measure of health, leaving aside the complex relationship between unhealthy states – such as living with chronic conditions – and disability or limitations. By observing more than one measure of health, research can be more informative on healthcare and social care needs.

In a recent paper (Calderón-Jaramillo et al. 2026), we introduced a more comprehensive indicator for estimating the years of life that individuals are expected to live with care needs by combining healthcare needs, measured through multimorbidity, with social care needs, operationalised as limitations in performing basic and instrumental activities of daily living (ADL and IADL, respectively). The comparative use of this measure in different Ibero-American countries provides insights into how specific ageing processes shape care needs after age 60 at country-level.

A comprehensive perspective of healthcare and social care needs

Research on healthy life expectancy has creatively expanded the notions of good and bad health by incorporating different measures such as multimorbidity, self-rated health, disability

and limitations (Saito et al. 2014). These indicators are usually based on certain physical or mental health functions (Beltrán-Sánchez et al., 2015), and are used to understand future healthcare demand by measuring the consequences of longevity on the time spent in healthy and unhealthy states at population level. However, they rarely consider interactions between different ways of measuring health problems and the implications for individual autonomy. Some studies have therefore proposed broader approaches to estimate healthy life expectancy, accounting simultaneously for chronic conditions and limitations in performing ADL (Lam et al., 2023; Shen & Payne, 2023). Along these lines, we propose an additional layer by using the experience of multiple chronic conditions, as well as limitations in ADL and IADL, as proxies of healthcare and social care needs. The synthetic indicator that we derive measures years of life expectancy with care needs, or YLCN.

There are two main benefits of combining measures of healthcare and social care needs when estimating YLCN. First, we can determine how increasing life expectancy is accompanied, or not, by the presence of chronic conditions and their potential repercussions on individual needs. Second, we can understand how social care needs may vary due to the prevalence of specific chronic conditions and their relationship with diverse epidemiological trends, including the different ways in which healthcare systems approach symptoms and outcomes.

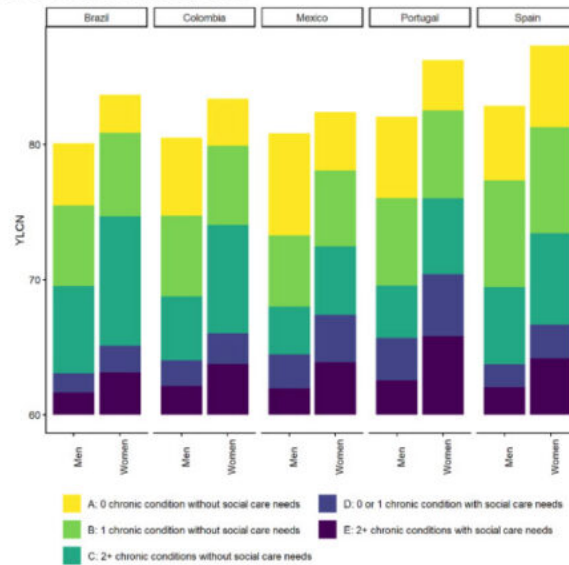
Differences in care needs across Ibero-American countries

Cross-country differences in HLE have usually been explained in terms of the demographic and epidemiological transition, with declining mortality across specific age groups attributed to a shift in causes of death from infectious to non-communicable and chronic diseases. This is a good theoretical model, but in practice, not all populations experienced these transitions in the same way or at the same pace. While European countries seem to generally align with this process, Latin American countries have faced a heterogeneous scenario (Alvarez et al., 2020; Calazans & Queiroz, 2020), with overlapping phases in many cases due to the persistence of infectious disease risks. This has implications for healthcare needs, as chronic conditions might be experienced alongside other acute conditions, and it also has consequences for individual dependency and disability associated with social care needs.

The analysis of Brazil, Colombia, Mexico, Portugal and Spain provided some insights into these differences. Using 2015 data from surveys on ageing populations (respectively ELSI, SABE, MHAS and SHARE) and mortality registers from the Human Mortality Database, we estimated the years of life expectancy with care needs for men and women after age 60.

Life expectancy at age 60 is higher in Europe than in Latin America, with women outliving men, as expected (Figure 1). However, women's health is worse: they frequently have more than two chronic conditions (with healthcare needs) and spend more years with social care needs.

Figure 1. Years of life after age 60, by care needs and chronic conditions (YLCN) and gender. Selected Ibero-American countries, 2015.



Source: Calderón-Jaramillo et al. (2026).

In general, longer life expectancy also means that individuals are expected to live, on average, more years with care needs. However, the composition of these years with care needs varies by countries (see Table 1). Individuals from Brazil and Colombia spend more years with multimorbidity but without chronic conditions. Meanwhile, Mexicans, Spaniards and Portuguese spend more years with one chronic condition without care needs. This emphasises that healthcare needs and (multi)morbidity are not necessarily related to increasing social care needs.

Between healthcare and social care: the challenges ahead

Individuals from Portugal and Spain, especially women, are expected to live longer with healthcare and social care needs. This reflects their longer life expectancy, but also the fact that men in the Latin American countries under scrutiny tend to have shorter lives, probably due to the impact of amenable causes.

Comparing countries that have experienced demographic and epidemiological transitions in heterogeneous ways helps to highlight the differing consequences of population ageing in different contexts. Moreover, by studying the relationship between healthcare and social care needs, debates on healthy life expectancies can be expanded to consider how the experience of (multi)morbidity and other unhealthy states affects individuals' lives.

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