

Date last modification documentation sheet: 10-05-2012

Compared to previous version documentation sheet (02-12-2011) the following issues were adapted:

- New section on relevant policy areas added to the documentation sheet

Compared to previous version documentation sheet (17-08-2010) the following issues were adapted:

- Data availability situation updated.
- Remarks updated to reflect recent developments (Joint Action EHLEIS)
- Url to [www.ehemu.eu](http://www.ehemu.eu) replaced by [www.eurohex.eu](http://www.eurohex.eu)

<i>ECHIM Indicator name</i>	<b>A) Shortlist section</b> 41. Health Expectancy, others
<i>Relevant policy areas</i>	- Sustainable health care systems - Healthy ageing, ageing population - (Planning of) health care resources
<i>Definition</i>	Expected remaining years lived at a particular age a) in good perceived health and b) without self-reported chronic morbidity.
<i>Calculation</i>	Health Expectancy is computed as the life expectancy from which the expected number of years lived in a) less than good perceived health or b) with self-reported chronic morbidity is subtracted. It is calculated by the Sullivan method based on life table data and age-specific period prevalence data of the health state in question. For more information on the details of the computation method, see references. For more information on self-perceived health and self-reported chronic morbidity see the documentation sheets for indicators 33. Self-perceived health and 34. Self-reported chronic morbidity.
<i>Relevant dimensions and subgroups</i>	- Calendar year - Country - Region (according to ISARE recommendations; see data availability) - Sex - Age group (at birth and at age 65)
<i>Preferred data type and data source</i>	Preferred data type: For calculating health expectancy both mortality and morbidity data are needed. Age-specific mortality (probability of dying between exact ages $x$ and $x+5$ ) and life tables are obtained from official national demographic and mortality statistics. Morbidity data (self-perceived health and self-reported chronic morbidity) are obtained from surveys (currently EU-SILC, in the past ECHP).  Preferred source: EurOhex Database (Joint Action for EHLEIS)
<i>Data availability</i>	For 2004, data are available from the EurOhex database (based on EU-SILC) for eleven of the EU-15 Member States (no data for Germany, the UK, Italy and the Netherlands). From 2005 onwards the data are available for all EU-25 Member States. Bulgaria and Turkey launched the SILC in 2006. Romania and Switzerland did it in 2007. Nevertheless, due to quality issues results from Turkey have not been yet disseminated. This implies that concerning the Candidate and EFTA countries no data are available for Iceland, Norway, Croatia, the Former Yugoslav Republic of Macedonia and Liechtenstein. Data are available for the age group 65 for both sexes separately, but not for total population. Furthermore, health expectancy at birth is not available. Also regional data is not available. The ISARE project on regional data has not collected data on remaining life years at a particular age in good perceived health and without self-reported chronic morbidity. Also see remarks.
<i>Data periodicity</i>	The SILC is carried out annually and health expectancies have been calculated annually by the EHEMU (European Health Expectancy Monitoring Unit 2004-2007) and EHLEIS project (European Health and Life Expectancy Information Systems 2007-2010) since 2004. The Joint Action for EHLEIS (2011-2014) continues the EHEMU and EHLEIS projects.
<i>Rationale</i>	Health expectancies extend the concept of life expectancy to self perceived health, morbidity and disability in order to assess the quality of years lived. It is a composite indicator of health that takes into account both mortality data and data referring to health status, such as poor self-perceived health and chronic morbidity, providing more information on burden of

	diseases in the population than life expectancy alone. Monitoring time trend of life expectancy and healthy life years together allows assessing whether years of life gained are healthy years or not.
<i>Remarks</i>	<ul style="list-style-type: none"> <li>- The Joint Action for EHLEIS (2011-2014) may result in a sustained data collection for this indicator. EHLEIS (2007-2010) and its predecessor EHEMU (2004-2007) were projects so in fact not a good (=sustainable) data sources for ECHIM. However, it is the only source currently available.</li> <li>- The European Health Interview Survey (EHIS) also contains a question on self-perceived health and self-reported chronic morbidity. However EHIS will not become the preferred source for this indicator in the future because EHIS will only be conducted once every five years. Using EU-SILC data allows for yearly computation of the indicator.</li> <li>- For the 'old' EU-15 Member States (excl. Luxembourg) trend data for the years 1995-2001 are obtained from the ECHP (European Community Household Panel).</li> <li>- It would be informative to have information on this indicator at regional level. Currently however this indicator is calculated based on data derived from national surveys. Regional level data therefore would require separate regional data collections.</li> <li>- Healthy Life Years is another measure of health expectancy and is calculated based on long-term activity limitations (see the documentation sheet for indicator 40. Healthy Life Expectancy: Healthy Life Years (HLY)).</li> <li>- Health Expectancy is a different concept from HALE (Health-Adjusted Life Expectancy) and DALE (Disability-Adjusted Life Expectancy) both used by the WHO. The HALE is the number of expected years of life equivalent to years lived in full health and the DALE uses disability weights in the calculation, thus part of the life expectancy with disability is added to disability free life expectancy to obtain the latter. Since the HALE and HLY calculations use different basic data, assumptions and methodologies, their outcomes are different.</li> </ul>
<i>References</i>	<ul style="list-style-type: none"> <li>- Joint Action EHLEIS: <a href="http://www.eurohex.eu/">http://www.eurohex.eu/</a></li> <li>- EHEMU: Health Expectancy Calculation by the Sullivan Method: A Practical Guide. <a href="http://www.eurohex.eu/pdf/Sullivan_guide_final_jun2007.pdf">http://www.eurohex.eu/pdf/Sullivan_guide_final_jun2007.pdf</a></li> <li>- Eurostat metadata on EU-SILC: <a href="http://epp.eurostat.ec.europa.eu/cache/ITY_SDDS/en/hlth_status_silc_esms.htm">http://epp.eurostat.ec.europa.eu/cache/ITY_SDDS/en/hlth_status_silc_esms.htm</a></li> <li>- Eurostat: Note on the harmonisation of SILC and EHIS questions on health. <a href="http://epp.eurostat.ec.europa.eu/cache/ITY_SDDS/Annexes/hlth_status_silc_esms_an1.pdf">http://epp.eurostat.ec.europa.eu/cache/ITY_SDDS/Annexes/hlth_status_silc_esms_an1.pdf</a></li> <li>- Ekholm O, Bronnum-Hansen H. Cross-national comparisons of non-harmonised indicators may lead to more confusion than clarification. Scand J Public Health, 2009</li> <li>- Health Indicators in the European Regions (ISARE) project: <a href="http://www.isare.org/">http://www.isare.org/</a></li> </ul>
<i>Work to do</i>	<ul style="list-style-type: none"> <li>- Ask JA for EHLEIS to calculate health expectancy at birth and for total population (data only available for for health expectancy at age 65 and for men and women separately).</li> <li>- Monitor developments JA for EHLEIS</li> </ul>