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Strategic Plan of the Task Force on Health Expectancies, 2007-2010

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Background

The EU Task Force on Health Expectancies (TF-HE) was established to monitor the development of Healthy Life Years (HLY) towards its goal to be adopted as a Structural Indicator.

After a preliminary meeting in January 2005, the Directorate General Health & Consumer Protection (SANCO), in collaboration with Eurostat, formally established the TF-HE in 2006. At that time HLY was one of a set of candidate Structural Indicators to provide the objective assessment of progress made towards the Lisbon Strategy.

The main role of the TF-HE is therefore to ensure that HLY will subsequently meet the Grade A criteria for a Structural Indicator (Box 1).

Box 1: Definition of Quality Grade A for EU Structural Indicators

Grade "A"	An indicator is graded "A" if data is available on time for the Spring Report of the year $_t$ for Member States, at least most of the new Member States and Candidate Countries, US and Japan. Data cover the years 1999 until at least the reference year $_{t-2}$ (including estimates). The underlying data is collected on the basis of a common methodology for the European Union with the new Member States and Candidate Countries following the same approach. Data for US and Japan can be considered comparable with any major differences being assessed and documented. Data are comparable over time; impact of procedural or conceptual changes being documented. Data is collected from reliable sources applying high standards with regard to methodology/accuracy and is well documented in line with Eurostat metadata standard.

Initially the Eurostat Structural Indicators quality profile ranked HLY as grade B (October 2004). Its strengths were high overall accuracy and comparability over time whilst its weakness was restricted comparability across countries.

During its first year of functioning the TF-HE had three meetings (June 2006, December 2006, June 2007) focusing on assisting Eurostat to achieve a first set of HLY for all MS using the Statistics on Income and Living Conditions (SILC) survey (conducted in 13 MS in 2004 and 25 MS in 2005). In addition the TF-HE examined the MS experience with health expectancies and the acceptability of the new indicator. The TF-HE was assisted in this process by the European Health Expectancy Monitoring Unit (EHEMU), a three year project funded by the EU Public Health Programme and ending in June 2007.

By July 2007 EHEMU had produced a provisional set of HLY for the 25 MS based on the SILC 2005 (Eurostat will provide the official values by the end of summer 2007 and annual estimates

for the 27 MS thereafter). EHEMU will be replaced by another EU Public Health Programme funded project the European Health and Life Expectancy Information System (EHLEIS) which will take over and expand on the EHEMU activities from July 2007 for three years. In December 2006 the TF-HE elected a Chair and Deputy Chair allowing it to be represented at the Network of Working Party Leaders (NWPL). These three elements have enabled the production of a three year strategic plan of the TF-HE for the sustainable development of the HLY. This plan was presented and discussed during the 5th TF-HE in December 2007.

Three year strategic plan

The broad aims of the three year strategic plan of the TF-HE are to guarantee the sustainable development of the HLY in Europe. More specifically this means ensuring that the current HLY will move forward year on year towards meeting the Grade A criteria as well as preparing for the next cycle of summary measures of the health of the European population. To this end the TF-HE has identified four areas under which to monitor progress:

1. Improving current HLY estimates
2. Improving international comparability
3. Planning for permanent scientific support for HLY
4. Promoting research on summary measures of population health (SMPH)

More detail of each of the four areas is given below and Table 1 summarises these with deadlines for completion of the tasks. Moreover the TF-HE is considering holding one or two of its coming meetings in different European locations (back to back with EHLEIS training and conference) to further increase the participation of Member States.

1. <u>Improving current HLY estimates</u>

HLY are currently computed by Eurostat using the Sullivan method with data from the global activity limitation (GALI) question from the Statistics on Income and Living Conditions (SILC) survey, though excluding the institutionalized population. In this context, improving the current estimates means:

- Defining and documenting the calculation algorithm;
- Improving the translation and comprehension of the GALI question;
- Incorporating the institutionalized population;
- Standardising documentary and website presentation of HLY by SANCO, Eurostat, ECHIM, EUPHIX, EHEMU, etc);
- Improving understanding of HLY and its use in policy making at the national level;
- Maintaining awareness of other HLY-related projects (new and existing);
- Planning for a revision of the GALI question within the Mini European Health Module (MEHM).

1.1 Defining and documenting the calculation algorithm

- Life expectancy algorithm
- Algorithm for provisional life tables
- Algorithm for GALI prevalence below age 16

1.2 Improving the translation and comprehension of the GALI question
The TF-HE will organize a structured debate on the GALI question (concept and meaning in the different countries). Countries will be invited to present their experience with the GALI question in SILC and the future European Health Interview Survey at each TF-HE.

1.3 Incorporating the institutionalized population
EHLEIS will assess the availability of OECD or Eurostat data on the institutionalised population (size, health status) and the sampling strategy for SILC (proportion of total and eligible population sampled by age groups).

1.4 Standardisation of documentary and website presentation of HLY
One or two specific groups and SANCO projects (ECHIM, EUPHIX, EHLEIS, etc) will be invited to demonstrate how they report on HLY in documents and websites at each TF-HE. To assist the standardisation process the TF-HE will develop and review every six months a presentation on the current status of HLY for other Working Parties and TF, including the NCA/NWPL. The TF-HE will consider the possibility of developing a dedicated website for policy-makers and media presenting only HLY material (HLY values, Interpretation Guide and Country Reports) whilst retaining the TF-HE website for members of EU Networks and the EHEMU website for the wider research community.

1.5 Improving understanding of HLY and its use in policy making at the national level
The TF-HE and its related project EHLEIS will take every available opportunity (through sessions in TF-HE meetings, conferences, etc) to allow countries to learn from one another on the use of HLY in policy in order to move forward to harmonization of practice. The TF-HE will take special care to differentiate the routine use of HLY from those health expectancies used at the national level and other new indicators in development (see section 4).

1.6 Maintaining awareness of other HLY-related project (new and existing)
New or existing related projects (SANCO, DG Research, etc) will be asked to give a short written report (or oral presentation) to the TF-HE (including the Eurostat TF on Life Table by SES).

1.7 Planning for a revision of the GALI question within the MEHM
Sustainable development of the HLY is predicated upon a timetable for the revision of the GALI question upon which the HLY is based. Moreover a revision of the GALI may facilitate international comparability outside of the EU, if the main partners are invited to join the process through OECD, G8 or other international frameworks.

2. Improving international comparability

Although harmonization of HLY at the European level is the first goal of the TF-HE, comparability with at least the US and Japan are explicitly mentioned within the Grade A criteria.

2.1 Improving comparability with the US and Japan
The US and Japan will be invited to be observers in the TF-HE. The National Centre for Health Statistics is the appropriate contact for the US since it computes the Years of Healthy Life (YHL) - similar to the HLY - to monitor the US Public Health Programme 'Healthy People 2010'. For

Japan a contact will be made with the Japanese embassy to the European Union. The US and Japanese contacts will be asked to report on their national experience of summary measures of population health. We will then explore the possibility of developing a common question (see revision of the GALI above).

2.2 Improving comparability with other countries
The TF-HE will promote links with other international forums such as OECD or UN agencies (Washington Group, WHO). The TF-HE will invite observers from the Washington group, WHO-Euro, OECD and other involved international agencies. In addition, members of the TF-HE belong to the Washington Group and the TF-HE will request a presentation at the 2008 Washington Group annual meeting.

3. Planning for permanent scientific support for HLY

The TF-HE will monitor the plans of SANCO and Eurostat to move from scientific support provided by short-term public health projects (EHEMU, EHLEIS) to a more permanent structure in charge of HLY analysis. The TF-HE will explore possibilities within the EU Joint Research Centre.

4. Promoting research on summary measures of population health (SMPH)

Sustainable development of summary measures of population health, such as HLY, in the long term needs further research. Specifically, the TF-HE will seek experts in the field to produce reports on:

- Computing HLY by SES
- Multistate life tables as an alternative to Sullivan (sample size, requisite features of the health indicator such as validation of the transitions, mortality)
- Performance measures (HES) as an alternative to self-reported disability (GALI)
- Inclusion of the total population - collective (institutional) and individual households

When promoting research on summary measures, the TF will ensure that such indicators are clearly differentiated from routine HLY.

Table 1: Summary of key milestones and deadlines of the three year strategic plan of the TF-HE

	Dec 2007	June 2008	Dec 2008	June 2009	Dec 2009	June 2010
1. Improving current HLY estimates	HLY 2005 Defining and documenting the calculation algorithm	HLY Incorporating the institutionalized population	HLY 2006		HLY 2007	
	Germany experience with HLY	UK Countries experience with the GALI	XXX Countries experience with the GALI	XXX Countries experience with the GALI	XXX Countries experience with the GALI	XXX Countries experience with the GALI
	Sanco Update on HLY projects	Sanco Update on HLY projects	Sanco Update on HLY projects	Sanco Update on HLY projects	Sanco Update on HLY projects	Sanco Update on HLY projects
	Eurostat Update on the EHIS	Eurostat Update on the EHIS	Eurostat Update on the EHIS	Eurostat Update on the EHIS	Eurostat Update on the EHIS	Eurostat Update on the EHIS
2. Improving international comparability	US Healthy People 2010	Japanese Plan	Washington Group	OECD	WHO Euro	
3. Planning for permanent scientific support for HLY	First Discussion					
4. Promoting research on summary measures of population health (SMPH)	DG Research plans for health research	Eurostat TF Computing LE by SES Computing HLY by SES	Multistate life tables as an alternative to Sullivan	HES project Performance measures (HES) as an alternative to self-reported disability (GALI)	Inclusion of the total population - collective (institutional) and individual households	
	New projects	New projects	New projects	New projects	New projects	New projects

Annex 1

EUROSTAT STRUCTURAL INDICATORS QUALITY PROFILE

Indicator (definition)	**Healthy Life Years (women, men)** Healthy Life Years measures the number of remaining years that a person at birth is still supposed to live without disability (also called disability-free life expectancy)	
Eurostat Unit: D6 - Health and Food Safety	Responsible Commission DGs: SANCO	Date: August 2004
European Statistical System (ESS) Working Group (WG):	Public Health Statistical Working Group	

1. Objective and relevance of the indicator*:

The proposed indicator Healthy Life Years measures the number of remaining years that a person of a certain age is still supposed to live without disability (also called disability-free life expectancy - DFLE). Healthy Life Years is a solid indicator to monitor health as a productivity/economic factor.
One of the main advantages of the indicator is that it is easily readable by everybody.

The Göteborg European Council (2001) noted that the possibility of the creation of a European surveillance and early warning network on health issues be examined.

In the Report from the Commission to the Spring European Council (January 2004) the Commission takes a commitment to examine the possibilities for integrating public health into the Lisbon strategy by 2005, as a contribution to growth and sustainable development.

In addition, the Commission presented health as a precondition for economic prosperity in its Financial Perspectives 2007-2013 Communication where it also stressed the economic impact of illnesses on productivity and work.

Restrictions of its relevance:

Some assumptions have been made:

- the prevalence at the age of 15 years old is supposed to be the prevalence of the age group 16-19 years
- the average prevalence 0-14 years old (not available in surveys) is supposed to be half of the prevalence of the next age group (16-19)
- the prevalence at an age older than the last considered is set as constant

* Not part of the quality rating

2. Data availability

	Member States	Candidate Countries (BG,RO,TR)	US and Japan	EEA-EFTA
t_1	1995 - 13 MSs (except FI, SE) 1996- 14 MSs (except SE) 1997 - 14 MSs (except LU) calculation from national data if the surveys and questions are comparable with ECHP, at least for CZ (1993, 1996, 1999), PL (1996, 2001)	-	-	-
t_2	2003 - 14 MSs (except LU) calculation based on extrapolated disability prevalence data from the ECHP 1995-2001 series; calculation from national data if the surveys and questions are comparable with ECHP, at least for CZ (2002), CY (2003), LT, PL (2002)	-	-	NO- data from the 2003 pilot EU-SILC

Comments (including information on time series):
Prevalence measures of the age specific proportion of population with and without disabilities
From 1995 to 2001, data from the European Community Household Panel (ECHP) have been used for the EU-15 Member States (for Finland from 1996 and for Sweden from 1997 from the Swedish survey on living conditions that provides comparable micro data). For Germany and UK, the values over the period 1997-2001 are estimated from the ECHP 1995-1996 values and relative evolutions over the period 1997-2001 in national sources. For Luxembourg, the ECHP data are available only for 1995 and 1996.
The successor of ECHP, the EU-Statistics on Income and Living Conditions (EU-SILC) is being launched in the countries at different times:
2003 (interim version): BE, DK, GR, IE, LU, AT plus Norway
2004: ES, FR, IT, PT, FI, SE
2005: UK, NL, DE and the new Member States
During the transition between end-ECHP and start EU-SILC, for the EU-15 Member States, data will be calculated by extrapolating the data on the prevalence of disability from 1995 to 2001. As the disability is a phenomenon which changes slowly in time, in the calculations for 2002 and 2003 it was made the assumption that the evolution of the prevalence is linear.
The first set indicators from EU-SILC which covers all Member States will be available in December 2006.
Mortality data
Life tables which give mortality data for calculating the life expectancy are available from demographic statistics. For few countries and/or years where no data on mortality are available, the values from the previous year are used.

3. Overall accuracy

High ☒

Comments
The indicator is calculated following the Sullivan method which is widely used by experts. It is based on prevalence measures of the age specific proportion of population with and without disabilities and on mortality data. Its interest lies in its simplicity, the availability of its basic data and its independence of the size and age structure of the population.
Accuracy is good even if there exist some general restrictions:

- Institutional households are not included in ECHP. It is assumed that the population living in the private households covered by ECHP is representative for the total population.
- In some cases, because of a lack of information, the life expectancy at the last age was taken from another year.

- Revisions enable to update mortality data.

The accuracy of the DFLE values can be quantified through the variance of the indicator. In this respect, at least for the calculations based on the ECHP data and EU-SILC in the future, confidence intervals will be available together with the data on DFLE.

Regarding technical questions, regular consultation with DG SANCO and its project European health expectancy monitoring unit (EHEMU – Euro-Reves network) have been held.

Restricted (sources, errors, methodology etc.) ☐

4. Comparability across countries

Comments

High ☐

Restricted ☒

Comparable data are available for all EU-15 countries (except LU). Also, the breakdowns available (by sex and by age intervals) are the same. The ECHP uses standardised design and common technical and implementation procedures across countries. However, the main problem resides in the cultural differences from country to country. The questions on the existence of disabilities might be interpreted differently from a country to another one. It implies that the prevalence might differ between countries whereas there is no real difference in the health levels between those countries. Another problem is the fact that data about prevalence of disability for Germany and UK come from original survey adapted to the ECHP format.

As there are no common survey instruments and methodology in the new Member States and Candidate Countries, comparability among them as well as between them and the EU-15 Member States is restricted. However, efforts will be made to ensure maximal comparability with the ECHP.

The DFLE indicator is calculated using the same method (Sullivan's) for all countries.

5. Comparability over time

Comments

High ☒

Results for the period 1995-2001 are comparable and the extrapolation over 2002 and 2003 ensures a similar comparability for the estimated values for these two years. Actually, the restrictions on the comparability across countries apply on the "level" of the Healthy Life Years but not on its evolution.

Due to transition between end-ECHP and start-EU-SILC, there will be disruptions in series between 2003 and 2005.

Restricted ☐

6. Contribution to quality of the set/potential to qualify for an integrated policy analysis*

Comments/ Assessment:

_____

7. Other characteristics which may lead to restriction for using this indicator in the Spring Report:	Comments: _____ _____
8. Overall assessment	☐ AA ☐ A ☒ B ☐ C ☐ Indicator to be developed
9. Development perspective for improving quality of this indicator (including as far as possible an indication of burden on Member States and respondents.)	Inclusion of people living in institutions (from Census it would be possible in a second stage to take their specific characteristics into account in the calculation). Possibility of crossing answers to several questions on health (self-perceived health with existence of disability) to obtain more accurate prevalence measures Use of EU-SILC (high standard of harmonization) -

Relevant European legislation:

Decision No 1786/2002 of the European Parliament and the Council of 23/09/2002 adopting a programme of Community action in the field of public health (2003 - 2008)

Decision No 2367/2002/EC of the European Parliament and of the Council of 16/12/2002 on the Community statistical programme 2003 to 2007

Commission Regulation (EC) No 1983/2003 of 7 November 2003 implementing Regulation (EC) 1177/2003 of the European Parliament and of the Council concerning Community statistics on income and living conditions (EU-SILC) as regards the list of target primary variables