THE USE OF THE GLOBAL ACTIVITY LIMITATION INDICATOR (GALI) AND HEALTHY LIFE YEARS BY MEMBER STATES AND THE EUROPEAN COMMISSION.

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In 2003, EU launched the use of a disability-free life expectancy: **Healthy Life Years (HLY) at age 50**

- to monitor (since 2004 as test, all MS since 2005) progress in the strategic European policies such as the 2000 Lisbon strategy.
- HLY as structural indicator

Global Activity Limitation Indicator (GALI) is the underlying measure of the HLY.

Twelve years after its implementation, this study aims

- to assess its current use in EU Member States (MS) and the European Commission (EC).
Global Activity Limitation Indicator

For at least the past six months, to what extent have you been limited because of a health problem in activities people usually do? Would you say you have been:

• severely limited?
• limited but not severely?
• not limited at all?
Method

- Questionnaire to 28 MS + 2 departments EC
  - Snowball method
- 22 public health professionals, active in the field of health monitoring
- 4 topics: policy implications, use in surveys, dissemination and national capacity in staff.
- 6 open-ended questions analysed qualitatively with theme coding and frequency analysis
Questions

1. If the GALI and HLY had **policy implications** and was used to assess the current situation or set targets in public policy;
2. In which **survey** the GALI had been introduced;
3. How the **distribution** of the GALI and HLY were presented, discussed and disseminated at national or regional level; and
4. What the national **capacity** was to calculate, analyse and follow-up on the GALI and HLY.
Results

• 22 Member States responded = 79% response rate + 2 from EC
  ➔ majority respondents public health institute (n=8) or a statistical institute (n=8)
  ➔ non-responding MS: Croatia, Ireland, Luxembourg, Malta, Poland and Portugal.
Policy implications:

1. National health strategies and plans: among 15 MS
   - Monitoring
   - Target setting
   - Estonia: policy change after mid-term assessment
   - Italy: yearly evaluation by high level committee and presented at parliament
   - France: 10 presidential indictors of the wealth of the French population (yearly): Report on New Indicators of Wealth
   - LE versus HLY: Lithuania
Policy implications:

2. Disability and healthy ageing: MS and EU

3. Increasingly use in relation to sustainability and forecasting
   - Retirement age and pension system: background for budgetary discussions
     - EU Sustainable Development strategy: HLY as head-line indicator
     - Estonia: HLY=> increase of retirement age policy change after mid-term assessment
     - Netherlands: LE was used instead of HLY
Results

Surveys:

• EU-SILC, EHIS, SHARE (low awareness), other regional or national surveys.
• Challenge: harmonisation wording between surveys and to maintain wording

Dissemination:

• EHLEIS reports: country reports
• national websites of statistics or social affairs, public health institutes
• national reports on the state of the health of the population, well-being and pension e.g. France, HLY are reported in a major national plan: Report on New Indicators of Wealth

Capacity:

• At least 3 to 4 people by MS (Public Health Institutes, Statistical offices, universities)
Results

EHLEIS Country Reports
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Health Expectancy in Belgium

What is health expectancy?

Health expectancies were first developed to address whether or not longer life is being accompanied by an increase in the time lived in good health (the compression of morbidity scenario) or in bad health (expansion of morbidity). So health expectancies divide life expectancy into life spent in different states of health, from say good to bad health. In this way they add a dimension of quality to the quantity of life lived.

How is the effect of longer life measured?

The general model of health transitions (WHO, 1984) shows the differences between life spent in valid comparisons, the underlying health measure should be truly comparable.

To address this, the European Union has decided to include a small set of health expectancies among its European Core Health Indicators (ECHI) to provide summary measures of disability (i.e., activity limitation), chronic morbidity and perceived health. Therefore the Minimum European Health Module (MEHM), composed of 3 general questions covering these dimensions, has been introduced into the Statistics on Income and Living Conditions (SILC) to improve the comparability of health expectancies between countries.* In addition life expectancy without long term activity limitation, based on the disability question, was selected in 2004 to be one of the structural indicators for assessing the EU strategic
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EU 2020 STRATEGY: FLAGSHIP European Innovation Partnership on Active and Healthy Ageing

European innovation partnership on active and healthy ageing: triggers of setting the headline target of 2 additional healthy life years at birth at EU average by 2020

Karolina Lagiewka

Mind the gap—reaching the European target of a 2-year increase in healthy life years in the next decade

Carol Jagger¹, Martin McKee², Kaare Christensen³, Karolina Lagiewka⁴, Wilma Nusselder⁵, Herman Van Oyen⁶, Emmanuelle Cambois⁷, Bernard Jeune⁸, Jean-Marie Robine⁹
Conclusions

• Evolution in the use of the GALI and HLY
  → From use to design policies and programmes.
• The most widespread use in the area of health, but gained much importance in other policy areas as well: sustainability in the context of retirement age and pension, and disability, social protection, …
• The GALI question is institutionalised in most important health questionnaires through the MEHM such as the EU-SILC, the SHARE and the EHIS, and Labor Force Survey (coming up)
Conclusions: Role of REVES

→ Pro-active
  • Development of the instruments
  • Training
  • Publications towards policy

→ Mostly passive
  • In the real use
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