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Self-perceived health

How is your health in general? Is it...

1.Very good
2.Good
3.Fair
4.Bad
5.Very bad

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Chronic morbidity

Do you have any chronic illness or condition?

1. Yes
2. No

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Global activity limitation (GALI)

For at least the past 6 months, to what extent have you been limited because of a health problem in activities people usually do?

Would you say you have been…

1.severely limited
2.limited but not severely, or
3.not limited at all

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Health expectancies in Europe

- Life expectancy in good perceived health

  How is your health in general? Is it... Very good + Good

- Life expectancy without chronic disease

  Do you have any chronic illness or condition? No

- Life expectancy without activity limitation

  For at least the past 6 months, to what extent have you been limited because of a health problem in activities people usually do? Not limited at all

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Healthy Life Years (HLY)

(Life expectancy without activity limitation)

- Selected as part of the Lisbon Strategy (2000-2010) to assess the quality of life and functional health status of Europeans
- Set as the overarching target of the first partnership of Innovation Union "Active Healthy Ageing": an increase in HLY of two years by 2020

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Producing country profiles

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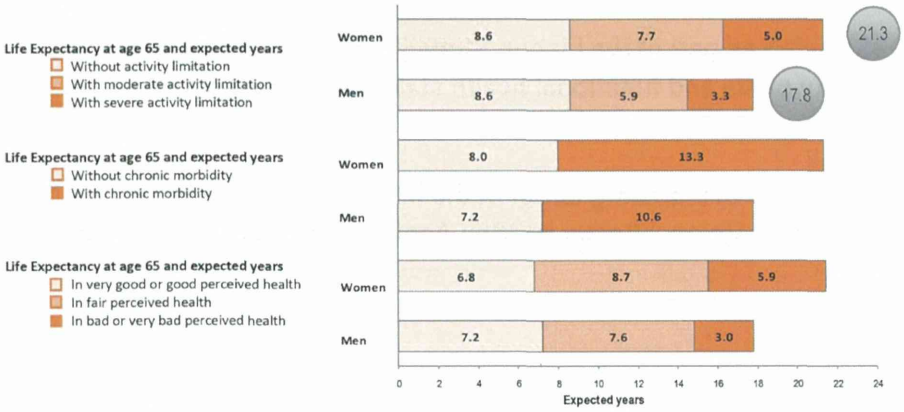
Life and health expectancies at age 65 based on activity limitation (Healthy Life Years), chronic morbidity and perceived health for EU27, in 2011, by gender (Health data from SILC)



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Monitoring changes over time

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How long can we live in good health?

3 main theories:

- Compression of morbidity/disability
- Dynamic equilibrium
- Expansion of morbidity/disability

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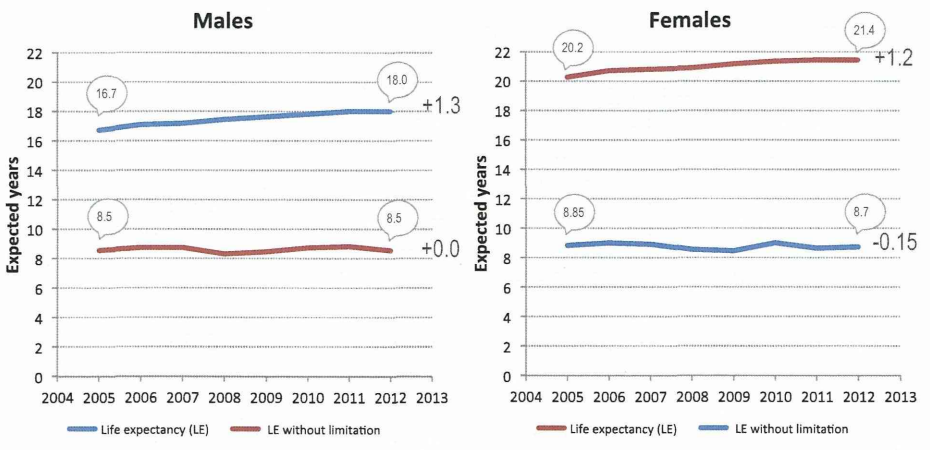
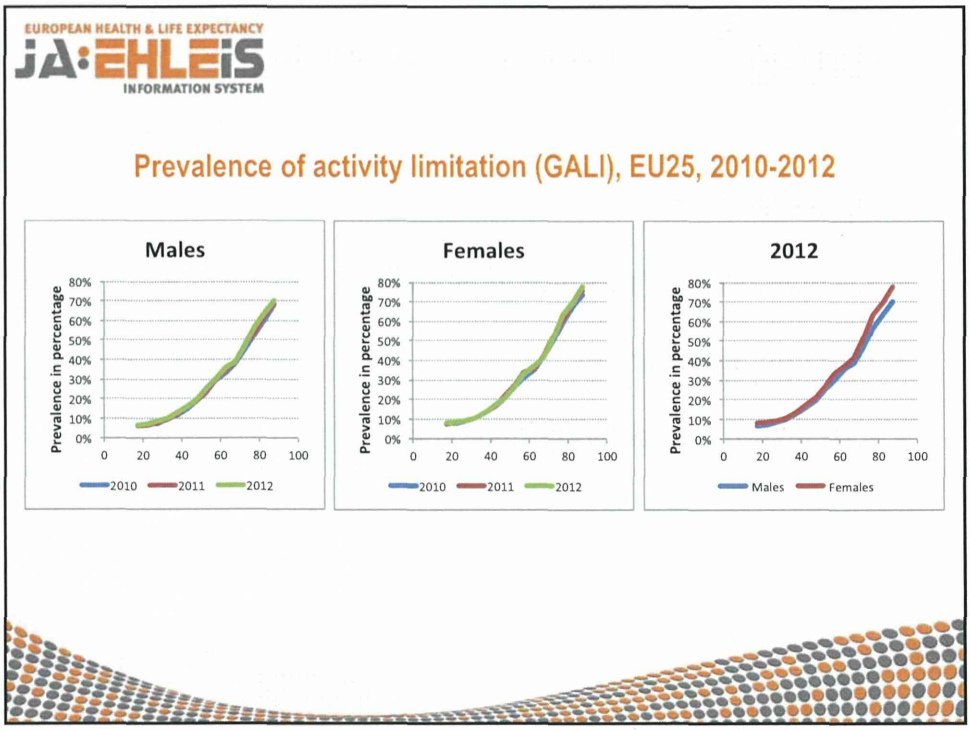
Life and HLY at age 65, EU25, 2005-2012

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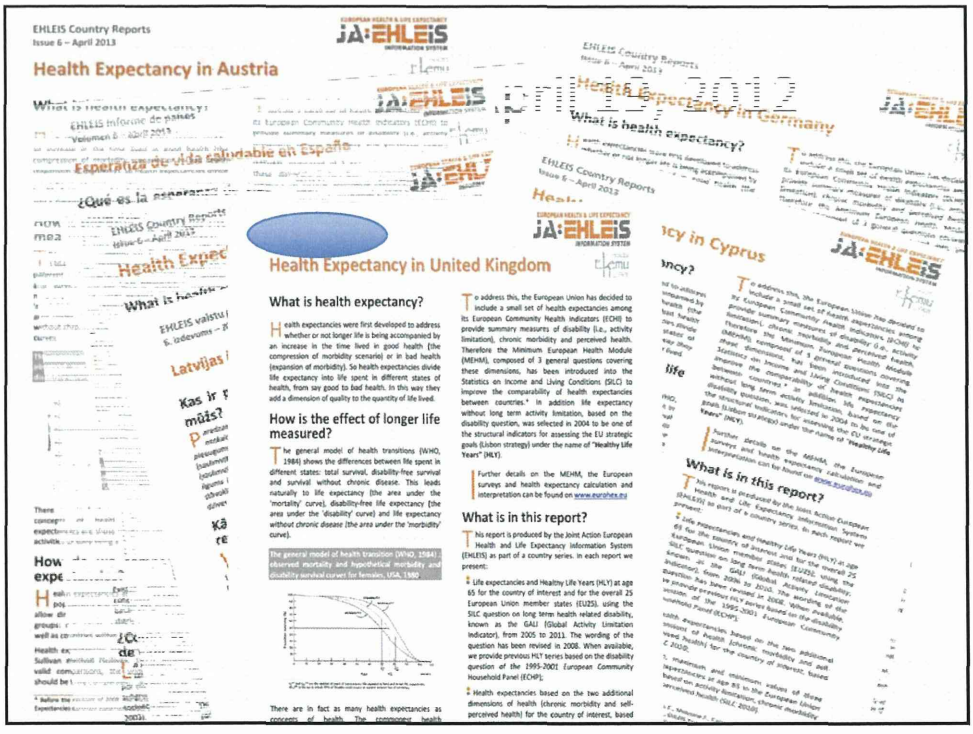
Prevalence of activity limitation (GALI), EU25, 2010-2012
Males
Females
2012
Prevalence in percentage
80%
70%
60%
50%
40%
30%
20%
10%
0%
0
20
40
60
80
100
2010
2011
2012
Males
Females


EHLEIS Country Reports
Issue 6 – April 2013
Health Expectancy in Austria
Health Expectancy in United Kingdom
What is health expectancy?
How is the effect of longer life measured?
What is in this report?
Health Expectancy in Germany
Health Expectancy in Cyprus
Esperanza de vida saludable en España
Latvijas
Kas ir
mūžs?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International Workshop on Health Expectancy:
Harmonizing Summary Measures of Population Health
Tokyo, October 14-16, 2014
Thank you for your attention!

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The development of a blueprint for a Summary Measure of Population Health

WP 7 JA: EHLEIS

H. Van Oyen, N. Berger and the JA:EHLEIS

14 October 2014

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Historical overview

Necessity of measures summarizing population health and functioning:

- Lois Verbrugge :
  - REVES meeting ROME, 1996
  - A global indicator of disability, Journal of Aging Studies, 11:337-362, 1997

- Euro-REVES projects:
  - Complex instruments
    - Functional limitation (physical, sensorial)
    - Activity restrictions
    - Mental health: psychological distress
    - Mental health: positive mental health
  - Global instruments: Minimum European Health Module (MEHM)
    - Self-Perceived Health
    - Chronic conditions
    - Participation restrictions: GALI

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Historical overview

GLOBAL ACTIVITY LIMITATION INDICATOR : GALI

- Evolution from ICIDH to ICF : functional limitations / participation restriction
- Survey to + 50 international expert
- Systematic review +30 instruments

Table 2 Conceptual criteria for a Global Activity Limitation Indicator (GALI)

1	A concise set of questions: between one and three questions maximum
2	Presence of long-standing limitations: duration at least 6 months
3	Cause of activity limitation: a general health problem
4	Usual activities: the reference is to activities people usually do
5	Severity of limitations: inclusion of full range in the response with at least three levels
6	No preceding screening for health conditions

Table 3 Practical criteria for a Global Activity Limitation Indicator (GALI)

1	Questions compact and in simple words
2	Same instrument for total population (including institutionalized population)
3	Same instrument for all age categories
4	To be used without further explanation or instructions
5	To be used in self-administered, face-to-face or telephone survey
6	To be used in general, health and disability surveys
7	No comparison with same age group, sex or with previous periods
8	Validated
9	If necessary the GALI can be extended by sub-questions, indicating specific life situations: school/work, house, leisure time
10	Specific question for identification of the health causes of the activity limitation
11	Specific question for use of devices or assistance

Robine et al:EJPH, 13 (3 suppl): 6-14, 2003

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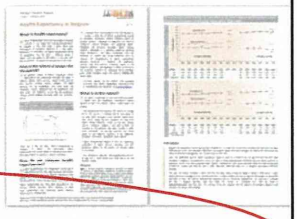
The Joint Action EHLEIS (2011-2014)

Aim: to consolidate existing information on life and health expectancy in the EU

Main Tasks:

- To provide online information on LE and HE (www.eurohex.eu)
- To analyse trends in HLY within the EU (Annual Country Report)
- To identify determinants of the inequalities in HLY
- To analyse socio-economic differences in HLY
- To develop statistical tools for the analysis of HE
- To validate the Global Activity Limitation Indicator (GALI)
- To strengthen international harmonisation of Summary Measures of Population Health (SMPHs)



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Harmonisation of SMPHs

Overall objectives of the Work Package

To have a **conceptual discussion** on

the evaluation and possible improvement of SMPHs - in particular Health Expectancies

the use of SMPH as a population health outcome measure of (health) policy and (health) policy interventions

the development of blueprint for an improved SMPH which has a higher comparability at EU and OECD level

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Harmonisation of SMPH

Outcome of the Work Package

A **blueprint** for a new SMPH (Health Expectancy) which is comparable at EU/OECD level:

Selection of a **health dimension** for which a comparable measure is needed at EU/OECD level to calculate Health Expectancies

Suggestion of protocols / guidelines in the creation of a **global survey instrument**, testing, validation and implementation in international context

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Methods

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Setting up a Working Group

Experts from various OECD countries and organizations were invited to participate to a working group on international harmonization of SMPHs (November 2011):

The JA: EHLEIS (14)
The United States (2)
Japan (1)
Eurostat (2)
OECD (1)
WHO Europe (1)
European Commission (DG Sanco) (1)

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Activities of the Working Group

3 seminars organised in Paris

April 2012: "Concepts behind SMPH" (1 day)

Short experts survey, literature review, presentations of national uses of SMPHs, group discussion on important health dimensions

April 2013: "Global Disability Indicator" (1 day)

Literature review, working document preparation, review, group discussions

April 2014: "Blueprint for a new SMPH" (1 ½ days)

Extended experts surveys (REVES members), critical evaluation of the working document, final discussion

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Results

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1st seminar: conclusions

Similar Health Expectancies used in the EU, the US and Japan

Health dimensions: Self-Rated Health; Chronic Morbidity; Activity Limitations

...But different survey instruments => limited comparability

=> Need for an internationally comparable **global disability indicator** (for the calculation of DFLE)

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2nd seminar: conclusions

Disability is too broad to be measured comprehensively with a global approach

=> Selection of a dimension of disability**: participation restriction**

Supplement measure: global measure of **functional limitation**

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3rd seminar: the Blueprint

1. Rationale: main **objectives** of Health Expectancies
2. Measurement priority: DFLE and **global measure of disability**
    1. Conceptual perspective on disability
    2. Rationale for a global measure of disability
3. Desired **conceptual characteristics** of the global indicators
    1. **Participation restriction**
    2. **(Functional limitation)**
4. **Technical characteristics** of a global indicator
5. Instrument selection and **design**
6. **Translation, testing and validation**
7. Recommendation for **implementation**
8. Conclusion

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Disability dimensions

Priority measure = **participation restriction**

Supplement measure = **functional limitation**

Rationale

1. Participation **summarises** disability – Reflects best ICF

2. The 2 dimensions are useful for public policies

    A. **Disability and Health policies**

    e.g. United Nation Convention on the Rights of People with Disabilities

    cf. Washington Group and Budapest Initiative rationales

    B. **Ageing Policies** – Active and Healthy Ageing

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3. Conceptual characteristics: Participation restriction

1. Measure of participation => performance
2. With assistive devices and/or personal assistance
3. Health-relatedness [survey: 83% relevant]
4. Long-term duration of limitations [survey: 80% relevant]
5. Comprehensive content [survey: 74% relevant]
6. Normative comparison [survey: 67% relevant]
7. Severity of limitations [survey: 87% relevant]

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3. Conceptual characteristics: Functional limitation

1. Measure of functional limitation => capacity
2. Without assistive devices and/or personal assistance
3. Long-term duration of limitations [survey: 80% relevant]
4. Comprehensive content
5. Severity of limitations [survey: 96% relevant]

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4. Technical characteristics of a global indicator

1. Conciseness of the instrument
2. Usability for general population
3. Simplicity of the question(s)
4. Amenability to multi-modes of collection

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5. Instrument design

Non-systematic review of the literature & experts survey results:

1. **Participation restriction:** no generally accepted global measure outside EU (although the GALI is conceptually close)

=> To design

GALI:

'For at least the past 6 months, to what extent have you been limited because of a health problem in activities people usually do? Would you say you have been; 1. severely limited, 2. limited but not severely, or 3. not limited at all?

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5. Instrument design

Non-systematic review of the literature & experts survey results:

2. **Functional limitation:** 4 items of the Washington Group short set as a starting point

=> Evaluate whether the dimensions of the instrument are the most relevant for EU/OECD countries

e.g. # of teeth as a measure of functional limitation (proposed by Japan)

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Conclusion

The suggested global measures – participation restriction (in priority) and functional limitation (as a supplement) – would allow to calculate internationally comparable Health Expectancies which are highly policy relevant.

Further work is needed!

Next step: to design and test a global measure of participation

Recommendation for further work: to share the leadership between the EU, the US and Japan and to invite additional OECD countries to take part to the initiative


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Carol Jagger Newcastle University (United Kingdom)

Washington Group on Disability Statistics

Mitchell Loeb
National Center for Health Statistics /
Washington Group on Disability Statistics

The Washington Group on Disability Statistics (WG)

- June 2001: UN International Seminar on the Measurement of Disability
- WG established as a City Group under the aegis of the UN Statistical Commission to:
  - address the need for population based measures of disability
  - foster international cooperation in the area of health and disability statistics
  - produce internationally tested measures to monitor status of persons with disability
  - incorporate disability into national statistical systems

The WG is Country driven

- Countries have ownership
- The Secretariat for the WG is located at the National Center for Health Statistics
- A rotating Steering Committee oversees the work plan of the WG and preparations for the annual meetings
- Workgroups lead the development of specific tasks: currently child disability, the environment and participation, and analysis & dissemination
- Emphasis on evidence and transparency – extensive testing of questions in multiple countries

Membership of the WG

- Current representatives from national statistical authorities include 118 countries and territories
- Past and present representatives of international and national organizations representing persons with disabilities, and several national government and non-government organizations
- Other international organizations including among others: EUROSTAT, ILO, OECD, World Bank, WHO, UNICEF, UNESCAP, etc.