

HEALTH EXPECTANCY IN POLAND

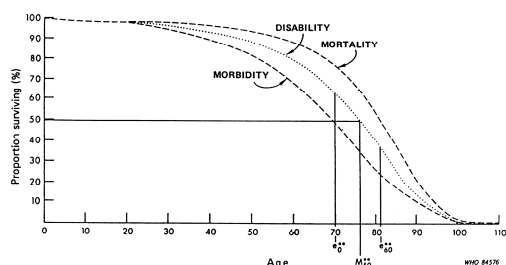
What is health expectancy?

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 different states: total survival, disability-free survival and survival without chronic disease. This leads naturally to life expectancy (the area under the 'mortality' curve), disability-free life expectancy (the area under the 'disability' curve) and life expectancy without chronic disease (the area under the 'morbidity' curve).

The general model of health transition (WHO, 1984): observed mortality and hypothetical morbidity and disability survival curves for females, USA, 1980.



e_0^{**} and e_{60}^{**} are the number of years of autonomous life expected at birth and at age 60, respectively.
 M_{50}^{**} is the age to which 50% of females could expect to survive without loss of autonomy.

There are in fact as many health expectancies as concepts of health. The commonest health expectancies are those based on self-perceived health, activities of daily living and on chronic morbidity.

How do we compare health expectancies?

Health expectancies are independent of the size of populations and of their age structure and so they allow direct comparison of different population sub-groups: e.g. sexes, socio-professional categories, as well as countries within Europe (Robine et al., 2003).

Health expectancies are most often calculated by the Sullivan method (Sullivan, 1971). However to make 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 Community Health Indicators (ECHI) to provide synthetic measures of disability, 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 goals (Lisbon strategy) under the name of "Healthy Life Years" (HLY).

Further details on the MEHM, the European surveys and health expectancy calculation and interpretation can be found on www.ehemu.eu.

What is in this report?

This report is produced by the European Health Expectancy Monitoring Unit (EHEMU) as part of a country series. In each report we present:

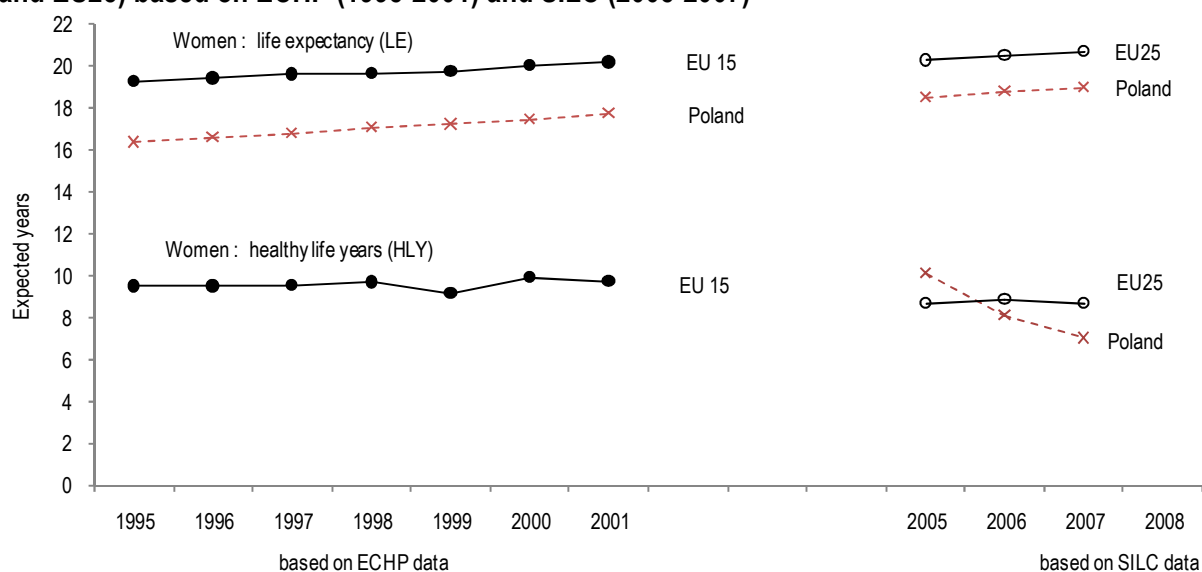
- Life expectancies** and health expectancies at age 65 based on activity limitation (HLY) for the country of interest and for the overall 25 European Union member states (EU25), using the SILC question on long term activity limitation for 2005, 2006 and 2007. As the SILC has been only recently initiated, to document trends we provide previous HLY series based on the disability question of the 1995-2001 European Community Household Panel (ECHP)
- health expectancies based on the two additional dimensions of health (chronic morbidity and self-perceived health) for the country of interest, based on SILC 2007
- a global analysis of health expectancies of European countries, based on the SILC 2007

References

- Jagger C, Gillies C, Moscone F, Cambois E, Van Oyen H, Nusselder W, Robine J-M, EHLEIS Team. *Inequalities in healthy life years in the 25 countries of the European Union in 2005: a cross-national meta-regression analysis*. *The Lancet*. 2008;[372\(9656\)](https://doi.org/10.1016/S0140-6736(08)61594-9) 2124-2131 (doi:10.1016/S0140-6736(08)61594-9)
- Robine JM, Jagger C, Mathers CD, Crimmins EM, Suzman RM, Eds. *Determining health expectancies*. Chichester UK: Wiley, 2003.
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- World Health Organization. *The uses of epidemiology in the study of the elderly: Report of a WHO Scientific Group on the Epidemiology of Aging*. Geneva: WHO, 1984 (Technical Report Series 706).

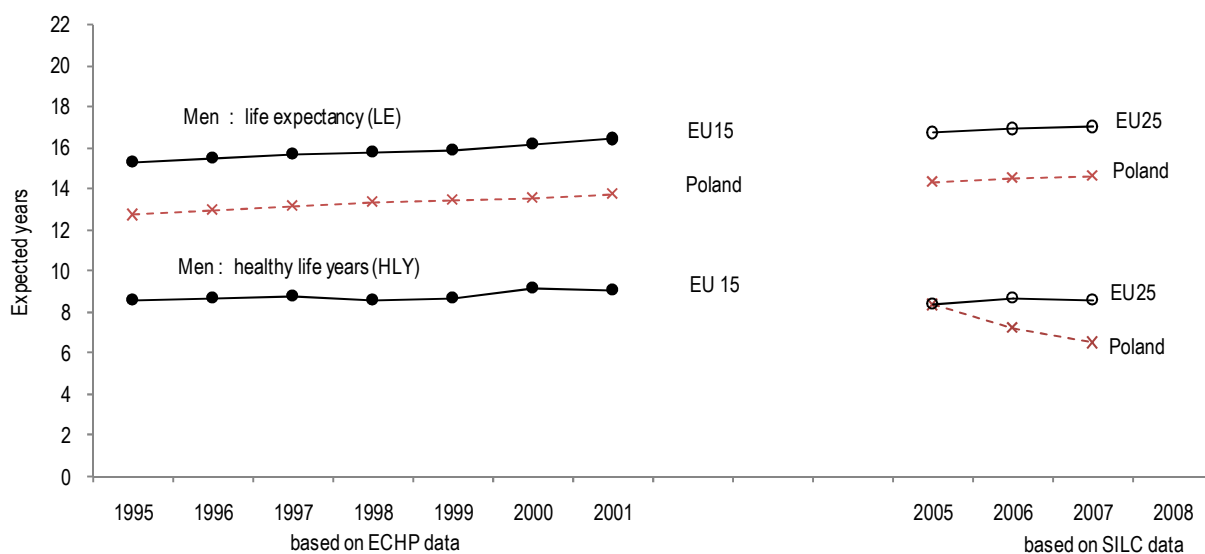
*Nevertheless, before 2008, the translations of the module used in some countries were not optimum (See Eurostat-EU Task Force on Health Expectancies common statement about the SILC data quality); ** Computed with the Eurostat method.

Life expectancy (LE) and Healthy Life Years (HLY) at age 65 for Poland and the European Union (EU15 and EU25) based on ECHP (1995-2001) and SILC (2005-2007)



Poland	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007 ^P	2008
Women : LE	16.4	16.6	16.8	17.1	17.2	17.5	17.7				18.5	18.8	19.0	
Women : HLY											10.1	8.1	7.0	
% HLY/LE											55%	43%	37%	

^P = provisional values



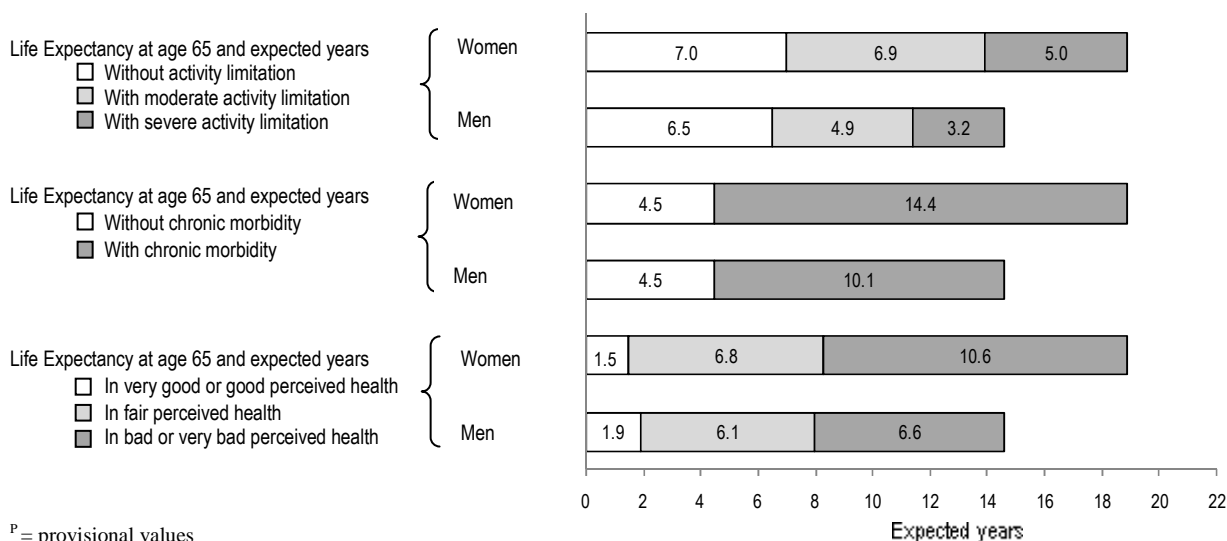
Poland	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007 ^P	2008
Men : LE	12.7	12.9	13.1	13.4	13.5	13.6	13.7				14.3	14.5	14.6	
Men : HLY											8.3	7.2	6.5	
% HLY/LE											58%	50%	45%	

^P = provisional values

Key points:

- Polish life expectancy (LE) at age 65 has increased by 2.2 years for women and 1.5 years for men over the 1997-2007 period: LE for both sexes between 1995 and 2001 was below the EU15 average and by 2007 remained lower than the EU25 average by 2.4 years for men and 1.7 years for women.
- Because Poland joined the European Union in 2004, health expectancy based on activity limitation (HLY) over 1995-2001 period is not available.
- The new HLY series, initiated in 2005 with the SILC data, shows that in 2007 women and men at age 65 can expect to spend 37% and 44% of their life without *self-reported long-term activity limitations* respectively. In 2007 the HLY values for Poland are 2.1 years and 1.7 years below the EU25 average for men and women respectively. The HLY values in Poland continue to strongly decrease between 2005 and 2007. These results should be interpreted with caution due to changes in the wording of the questions used from 2006.

Life and health expectancies at age 65 based on activity limitation (Healthy Life Years), chronic morbidity and perceived health for Poland (Health data from SILC 2007^P)



Key points:

- In 2007, LE at age 65 in Poland was 19.0 years for women and 14.6 years for men.
- Based on the SILC 2007, at age 65, women spent 7.0 years (37% of remaining life) without activity limitation (corresponding to Healthy Life Years (HLY)), 6.9 years (37%) with moderate activity limitation and 5.0 years (26%) with severe activity limitation.*
- Men of the same age spent 6.5 years (45% of remaining life) without activity limitation compared to 4.9 years (34%) with moderate activity limitation and 3.2 years (22%) with severe activity limitation.*
- Although total years lived by men were less than those for women, the numbers of years lived in very good or good perceived health and the years lived without chronic morbidity were similar. However, the number of years lived without activity limitation was greater for women than men. From 2006 to 2007 the number of years with activity limitation increased for both sexes.

These results should be interpreted cautiously given the lack of the institutional population and in some countries the small sample size. The sample size for Poland comprised 3585 women and 2373 men aged 65+ years in 2007.

* These may not sum to Life Expectancy due to rounding.

Published results and other reports of health expectancies for Poland

Wojtyniak B., Stokwiszewski J., Gorynski P., Poznanska A. *Długość życia i umieralność ludności Polski (Life expectancy and mortality of the Polish population)*. In: Wojtyniak B., Gorynski P., editors. *Sytuacja Zdrowotna Ludności Polski (Health situation of the Polish Population)*. Warszawa: Narodowy Instytut Zdrowia Publicznego-Państwowy Zakład Higieny; 2008. p. 31-86.

Jagger C., Robine J.-M., Van Oyen H., Cambois E. *Life expectancy with chronic morbidity*. In: European Commission, editor. *Major and chronic diseases - report 2007*. Luxembourg: European Communities; 2008. p. 291-304.

Jagger C., Gillies C., Mascone F., Cambois E., Van Oyen H., Nusselder W.J., Robine J.-M., EHLEIS team. Inequalities in healthy life years in the 25 countries of the European Union in 2005: a cross-national meta-regression analysis. *The Lancet*. 2008;372(9656):2124-2131.

Szałkiewicz E. *Starzenie się społeczeństwa – wyzwanie dla Polski [Ageing – challenge for Poland]*; 2006. Report No.: MEDI 2/2006.

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Topór-Mądry R., Gilis-Januszewska A., Lusawa K. *Szacowanie potrzeb zdrowotnych (Estimation of health care needs)*. Warsaw: Zdrowie i Zarządzanie, no 2/2003; 2003.

The prevalence of activity limitation in Europe in 2007 and change over time

Since 2005, SILC (Statistics on Income and Living Conditions) has allowed activity limitation to be monitored at the EU25 level thanks to the Global Activity Limitation Indicator (GALI), a key component of the Healthy Life Years (HLY).

After three years of monitoring, three main points can be made which confirm and generalize previous studies made in specific EU countries (Figure and Table below).

Prevalence of activity limitation in Europe in 2007, by age group and gender, SILC EU25, 2007



1. Limitation in usual activities strongly increases with age, from a few percent of the population below age 20 to more than 50% after age 75.

2. Women systematically report more activity limitation than men. It is noteworthy that this difference declines with age from about 25% for the youngest (0.07 vs 0.05) to about 10% for the most elderly (0.71 vs 0.65)

3. The prevalence of activity limitation in the EU25 appears to have remained stable over time as demonstrated by the standardized prevalence rate at age 65 and over (see Table).

Standardized prevalence of activity limitation at age 65 years and over, SILC EU25, 2005-2007ⁿ

From a methodological point of view, this picture clearly suggests that the irregularities observed for some countries, by age or over time, might be fluctuations due to smaller sample size. At the EU level, SILC provides sound information on disability and more specifically on limitation in usual activities.

	2005	2006	2007
Men	0.45	0.44	0.44
Women	0.50	0.50	0.50

ⁿStandardized to the 2007 EU Population

From a public health point of view, these results suggest that the current increase in life expectancy in Europe is not accompanied by an increase in the prevalence of activity limitation.

About EHEMU

The European Health Expectancy Monitoring Unit (EHEMU) and its current project European Health and Life Expectancy Information System (EHLEIS) are funded by the European Public Health Programme (2004-2008) and is a collaboration between: the French national institute on health and medical research (INSERM) and CRLC (Montpellier, France), the University of Leicester (UK), the Scientific Institute of Public Health (ISP Belgium), the French National Institute of Demography (INED), University Charles (Czech Republic), Erasmus University Medical centre (The Netherlands) and University of Rostock (Germany). EHEMU aims to provide a central facility for the co-ordinated analysis, interpretation and dissemination of life and health expectancies to add the quality dimension to the quantity of life lived by the European populations. Further details about EHEMU can be found on the websites: www.ehemu.eu and www.healthy-life-years.eu