

June 2005

Ehemu First Annual Report  
on  
European Population Health



## Executive Summary

Whether the extra years of life gained across the EU Member States are being spent in good or bad health is a crucial question both for individual Member States (MS) and the EU as a whole. This report details the first years work completed by the European Health Expectancy Monitoring Unit (EHEMU), a project funded by the EU Public Health Programme from 2004-2007. EHEMU is a collaboration between four teams based in: CRLC and the University of Montpellier in France; the University of Leicester, UK; the Scientific Institute of Public Health, Belgium; and the French National Institute of Demography, INED.

The main aim of EHEMU is to provide a central facility for the co-ordinated analysis and synthesis of life and health expectancies. This joint analysis of health and life expectancies adds a quality dimension to the quantity of life lived by the European populations. The results will provide evidence of inequalities between MS in terms of health gaps and highlight potential targets for public health strategies both nationally and at a pan-European level.

EHEMU will contribute to improving and developing the European health monitoring system through collaboration with initiatives aimed at improving the quality and comparability of EU data, through its specific objectives to:

- undertake analysis of health expectancies from current harmonized data;
- co-ordinate the dissemination of results, through paper and web-based reports;
- act as repository for past and current data on EU health expectancies;
- undertake regular transfers of meta-information to European databases;
- develop web-based training material for interpreting and calculating health expectancies for a wide audience;
- promote harmonization of practice;

During the first year EHEMU has produced material in four specific areas:

- **Three major reports** of analyses of health expectancies across the EU MS: the first, based on the European Community Household Panel (ECHP) was to support the promotion of Healthy Life Years as a new EU Structural Indicator; the second described more fully the results of these analyses, in particular identifying three different trend patterns in DFLE and LE; and the third extended analysis to different dimensions of health using the Eurobarometer. In all cases the limitations of the data are discussed and any caveats on interpretation.
- The template for **country reports** has been developed. This four page flyer has been designed to be easily accessible to a wide audience and documents the individual country's health and life expectancies over time and using different health dimensions as well as a profile of the EU as a whole.
- The **EHEMU website** has begun development and a test version has now gone live. Ultimately all the output from EHEMU will be accessible via this website.
- Two networks (an **Experts Network** and a **Public Health Actors Network**) have been created to assist EHEMU in disseminating results within MS, as a cross-validation of results and to link EHEMU's work through to public health policy and strategy

These outputs, together with the financial outlays and the workplan for the second year are detailed overleaf.

## Description of Ehemu tasks

The Ehemu proposal describes 7 tasks:

- Task 1. Data analysis and annual calculation of selected health expectancies (see section 3 overleaf for full definitions) by sex and at specific ages and with confidence intervals for the 15 MS from harmonized data collected through existing European surveys: Eurobarometer (2002) and the Survey of Income and Living Conditions (SILC) from 2003 onwards and age and sex specific mortality data for the same time period. The selected indicators cover the spectrum of severity of disease and disability. As new harmonized data become available throughout the MS, appropriate health expectancies will be calculated and included in the suite of indicators. Both survey and mortality data will be obtained through Eurostat. In addition we will utilise the last data from the European Community Household Panel (2000 and 2001), which will be available from 2004.
- Task 2. Production of a detailed annual report on the quantity and quality of life in the countries of the Community, with comparative tables of indicators (and confidence intervals), maps and graphs of trends over time. MS will be given the opportunity to comment before the report is finalised on both the results for their country and on the quality, appropriateness and format of the report.
- Task 3. Production of an executive summary, for inclusion in the introductory chapter "Living longer, living better?" of an annual report on the health of Europeans.
- Task 4. Creation of a repository of existing calculations from MS (where data is not harmonized between MS) as well as ongoing collation of new calculations from future national and multi-national surveys, such as the Survey on Health, Ageing and Retirement in Europe (SHARE) with summary reports.
- Task 5. Development of a website offering on-line assistance to calculate, analyze, interpret or use health expectancies. The website will provide permanent training so that a wide variety of audiences (statisticians, policy makers, journalists) may be informed when and where they require and will promote harmonization of practice. The website will also provide a vehicle for the widest dissemination of European comparisons of health expectancies throughout the countries of the Community. In the website development particular attention will be paid to the needs of the newly joining MS who have little or no experience in this field.
- Task 6. Production of two handbooks detailing the calculation and interpretation of health expectancies in Europe, Handbook 1: "Calculating health expectancies in Europe" aimed at demographers, epidemiologists and statisticians and Handbook 2: "Interpreting and using health expectancies" aimed predominantly at policy makers. These handbooks will form the basis of on-line assistance (see 5.).
- Task 7. Transfer of meta-data, specifically detailed life and morbidity tables, to appropriate European databases and statistical systems and, with agreement by DG SANCO, to OECD and WHO (Copenhagen and Geneva).



**Comparative table between the planned and the realised work:**

<b>Task</b>	<b>Period</b>	<b>Planned</b>	<b>Realized</b>	
1	M1-8	<b>Data Collection:</b>		
		ECHP : 2000-2001	ECHP: 1995-2001	
		Eurobarometer 2002	Eurobarometer 2002	
		SILC 2003	Data not yet available at Eurostat	
		<b>Calculations</b>	At Birth	At Age 65
		1 ECHP: 2000-2001	ECHP: 1995-2001, plus extrapolations for 2002 and 2003	ECHP: 1995-2001, plus extrapolations for 2002 and 2003
		For 15 MS	+	+
		LE without Disability (Structural indicator)	+	+
		2. Eurobarometer 2002	At age 15	At Age 65
		For 15 MS	+	+
		LE in good perceived health	+	+
		LE without chronic disease	+	+
		LE without Disability	+	+
			Development of new generic indicator using the Minimal European Health Module	
			Calculations of Healthy Life Expectancies using this indicator.	Calculations of Healthy Life Expectancies using this indicator.
2	M7-11	Writing reports to member states	Layout of country reports defined	
			Calculations, tables and figures are made	
		Assessment by member states	Experts for assessment are identified and agreements are partly obtained The EHUMU-project has presented the results to the MS in the Task	
3	M11-12	Annual report	+	

		Executive summary	+	
4	M1-36	Collection of data	+	
6	M1-11	Development of Web site	+ for $\beta$ version	
5	M5-15	First Handbook: due in the second year of the project	In progress	
7	M11-12	Transfer of Metadata for year 1	+	

## **Commentary on the comparison between the planned and realised work.**

In general, the planned work for the first year was successfully completed:

- the website has been begun and a draft version is now accessible (Task 6)
- the handbook on calculating health expectancies has been started (Task 5)
- the datacollection for the repository (Task 4)
- the transfer of metadata (Task 7)

However, the DFLE was identified as a potential structural indicator as the project began. The support given to DG-Sanco and Eurostat for this had a considerable impact on the planned work of the first year. The data and analysis was extended in respect to the ECHP from a 2 years period (2000-2001) to a 6 years period (1995-2001). This had not only an impact on the amount of morbidity data to collect but also on the mortality series. Furthermore, the estimation of the DFLE had to be extrapolated up to 2003. (Task 1, 2, 3)

A new generic indicator has been developed using the questions of the Minimal European Health Module. EHEMU proposes that this variable is to be used for the future series of calculations of healthy life expectancy for the European Union as soon as the SILC data are available. (Task 2, 3)

This change in workload had had implications toward other tasks that had to be postponed. The fact that the data from the SILC 2003 was not yet available for analysis did not balance the increase in work.

The communication with the MS has partly been done using the Task Force on Health Expectancy. Experts within MS have been identified. All analysis at country level has been done. The written country profile will be send to the MS experts by September. (Task 2)

The metadata of the calculations of the Health expectancy calculations using data from the ECHP 1995-2001 (August 2004) and Eurobarometer 2002 (June 2005) have been transferred. (Task 7)



## **Work plan for Year 2 of the EHEMU project**

### **Task 1**

Data collection:

Data from pilot of SILC for 4 MS and 1<sup>st</sup> wave SILC 15 MS 2004 should be available before the end of 2005.

This would extend the data analysis and calculations up to Month 22 (Feb 2006)

Calculations: In the worse case scenario, when the data (see above) become only available by Month 20, the calculations would only be finalized by month 22.

### **Task 2:**

Country reports will be ready to send to the country experts by August 25, 2005. Final pdf version will be uploaded to the website by the end of October and presented to the Experts and Public Health Actors Networks in Budapest on 25-56 November, 2005 during the 26<sup>th</sup> meeting *Europe Blanche* on Living Longer and healthier lives.

**Task 3:** No change

**Task 4:** No change

**Task 6:** No change

**Task 5:** Final publication will be achieved by Month 22. First draft will be available by Month 20.

**Task 7:** No change

## **List of Annexes:**

- Annex 1. EHEMU Technical report 1: August 2004  
Disability-Free Life Expectancy (DFLE) in EU Countries from 1991 to 2003:  
Estimation based on European Community Household Panel (ECHP) waves 2 to  
8 made to fulfil the requirements for Healthy Life Years to be an EU Structural  
Indicator
- Annex 2. EHEMU Technical report 2: June 2005  
Are we living longer, healthier lives in the EU?  
Disability-Free Life Expectancy (DFLE) in EU Countries from 1991 to 2003 based  
on the European Community Household Panel (ECHP)
- Annex 3. EHEMU Technical report 3:  
Différentes estimations des espérances de santé dans les pays de l'Union  
Européenne en 2002: calculs réalisés à partir des données d'Eurobaromètre 58
- Annex 4. Template for Country reports : the example of Austria
- Annex 5. List of data collected
- Annex 6. List of members of Network Ehemu Country Experts and  
List of members of Network Ehemu Country Public Health Actors
- Annex 7. Bibliographic database on health expectancy
- Annex 8. Website: Structure
- Annex 9. Structure of the Ehemu database
- Annex 10. Overview of the Ehemu steering committee meetings
- Annex 11. The European Health Expectancy Monitoring Unit (EHEMU): An overview  
Handout of a Power Point presentation