

Comments on country reports Issue 2, version 04
by the EU-country experts and answers to
comments by EHLEIS team



The EHEMU/EHLEIS team comprises:

Jean-Marie Robine, Health and Demography, University of Montpellier, France, robine@valdorel.fnclcc.fr

Carol Jagger, University of Leicester, United-Kingdom, cxi@leicester.ac.uk

Herman Van Oyen Scientific Institute of Public Health, Brussels, Belgium, h.vanoyen@iph.fgov.be

Emmanuelle Cambois, INED (Institut National d'Etudes Démographiques), Paris, France, Cambois@ined.fr

Gabriele Doblhammer, Rostock Center for Demographic Change, Germany, doblhammer@rostockerzentrum.de

Wilma J. Nusselder, Erasmus University, Rotterdam, w.nusselder@erasmusmc.nl

Jitka Rychtarikova, University Charles, Prague, Czech Republic, rychta@natur.cuni.cz

Bianca Cox, Scientific Institute of Public Health, Brussels, Belgium, bianca.cox@iph.fgov.be

Clare Gillies, University of Leicester, United-Kingdom, clg13@leicester.ac.uk

Anne Kruse, Rostock Center for Demographic Change, Germany, kruse@rostockerzentrum.de

Isabelle Beluche, Health and Demography, University of Montpellier, France, isabelle.beluche@valdorel.fnclcc.fr

Renaud Counienc, Health and Demography, University of Montpellier, France, renaud.counienc@valdorel.fnclcc.fr

Isabelle Romieu, Health and Demography, University of Montpellier, France, irromieu@valdorel.fnclcc.fr

Christine Perrier, Health and Demography, University of Montpellier, France, robine@valdorel.fnclcc.fr

Contact EHEMU: Isabelle Romieu

Equipe Démographie et Santé, Centre Val d'Aurelle, Parc Euromédecine, 34298 Montpellier cedex 5, France.

Tel: +33 (0) 467 61 30 27

Fax: +33 (0) 467 61 37 87

Email: irromieu@valdorel.fnclcc.fr

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Following the production of the *Country reports issue 2*, the colleagues of the Ehemu network were requested to comment the results and provide written comments for their own country. We also suggested two options regarding the 4th page of the country report which aims to bring results at the level of the EU rather than specific to a country as it is the case for the inside pages.

From this review, we collected comments and suggestions to improve the country report in general and to modify specific results or comments according to additional information provided by our experts. Questions were raised to which we took great attention to address appropriate answer. This document lists all the comments and questions received and the answers provided. Country reports have been modified accordingly. We have contacted representative from 24 countries for which country reports have been produced. We received comments and questions from 13 out of the 24 initially contacted. Comments concerned (i) the proposed option for the 4th page; (ii) the problem of comparability between countries of the “activity limitation” question in SILC; (iii) misleading wording of comments of graphs; and (iv) additional bibliographic references. The general changes made on each of the 4 pages are reported hereunder.

1. Synthesis of the comments and general modifications made

Page 1: General presentation of the indicator



Regarding the discussion we had during the meeting of the “Task Force on Healthy Expectancies”, it was pointed out that emphasis can be made on the question’s wording and translation. Differences that could still exist will hopefully be solved after Eurostat campaign for translation quality assessment. We have agreed with Eurostat to investigate the wording of all the health questions in SILC 2004 to 2008 in all MS in order to assess the possible gap with the English-reference. We hope these steps will make the comparability issues that might still exist more transparent. We support Eurostat in their view that all efforts should be made, in collaboration with the MS, to have the correct wording in each of the EU languages. A footnote was added to stress this point.

Footnote in page 1:

*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.

Page 2: Trends in healthy life years in the country with ECHP (1995-1999) and with SILC (2004-)

It was requested to better disentangle HLY trends and patterns that were derived from ECHP series (1995-2001) and those derived from SILC. Indeed, questions and survey design being quite different, it was not meant to match these two series but rather to show trends from available data. The ECHP series were initially proposed in the framework of the feasibility study. Because both series are available on the Eurostat website, it seemed

essential for us to refer to both of them and for users to understand differences. Because comments from the network showed that more precision could be given on these differences, the first sentence in the third key point is systematically changed to reinforce the warning on these issues. We also add a flag in the database to stress this point and underline some country specificities of the data sets.

Key points in page 2:

Key points:

- Dutch life expectancy (LE) at age 65 has increased by 1.1 years for women and 2.0 years for men over the 1996-2006 period: LE for both sexes between 1995-2001 were below the EU15 average and by 2006 LE for both sexes was at the EU25 average.
- Over the 1995-2001 period, health expectancy based on activity limitation (HLY) at age 65 from the ECHP data decreased for women but remained relatively stable for men. The proportion of HLY (or years without *self-reported limitations due to health condition or disability*), within the total expected years, decreased for both sexes, being close to 50% for women and 60% for men in 2001. Between 1995 and 1999 HLY in the Netherlands was above the EU15 average but dropped to the EU15 average in 2001.
- The new HLY series, initiated in 2005 with the SILC data, shows values for the Netherlands in 2006 of 2.3 and 2.2 years above the EU25 average for women and men respectively. In 2006 women and men at age 65 could expect to spend 55% and 65% of their life without *self-reported long-term activity limitations* respectively. Between 2005 and 2006 HLY increased for men and women in Netherlands.

As soon as the SILC data series are long enough to represent trends - that is in a couple of years - the ECHP figures will be dropped and only the SILC series will be used.

Page 3: Healthy life years with severity levels, years in good perceived health and without chronic diseases

First, we modified the patterns of the bars in the graph that were incorrect and poorly printable. Second, because the figure above the box shows absolute numbers (numbers of years) and the figures for proportions are in page 2, the sentences are changed accordingly in points two, and three of the key points (Ex: women spent 11.1 years (55%) of the remaining life without activity limitation...."rather than 55% (11.1 years)).

Key points in page 3:

Key points:

- In 2006, LE at age 65 in United Kingdom was 20.1 years for women and 17.4 years for men.
- Based on the SILC 2006, at age 65, women spent 11.1 years (55% of their remaining life) without activity limitation (corresponding to Healthy Life Years, HLY), 4.6 years (23%) with moderate activity limitation and 4.4 years (22%) with severe activity limitation.*

...

Third, recommended publications were added to update the reference section for each country.

Page 4: Healthy life years in Europe

Most colleagues found relevant the information brought by Option B, as concerned to the relevance of the EU 15 / EU 10 groupings that might hide large disparities intra-groups and similarities inter-groups. Further work will be done in order to propose such analysis either in a later Country report Issue or in a scientific paper.

Out of the 12 replies we received on this question, 6 recommended option A; 3 recommended option B; 3 would have preferred option B but acknowledged both methodological obstacles (outliners, stability with other datasets...) and difficulty to be clear enough in a one-page presentation.

2. Comments of the country experts and answers by the EHLEIS Team:

1. Austria: Gabriele Doblhammer and Uta Ziegler

1. On page 2 EU15 (ECHP data 1995-2001) is compared with EU25 (SILC 2005-2006). As said in the last comment we would still favour an additional inclusion of the EU15 information (SILC data 2005-2006) or is it too confusing then?
Not included as we think it is too confusing

2. Option A vs. B. We like both options, in option A we like the differentiation by age groups, however, we miss a table with numbers. In option B we like the clusters and a table with usable numbers. However, we consider the dendrogram as too hard to understand for the target reader. We would prefer the information from option B: the 4 country groups (maybe one could note that they are nearly concordant with EU10 / EU15?). Maybe one could instead of the dendrogram include a graphical illustration as in option A the upper table?
Option A chosen, see general comments

3. Publications for Germany page 3, citation Stürzer / Cornelißen: it should be München (instead of Munchen) and Jugend (instead of Jungend)

Done

2. Belgium: Herman Van Oyen / Francis Loosen

Comments by Herman Van Oyen:

I would prefer the A but add a line with the country value so that a ms can see if he/she is above or below. there is an additional ref:

Van Oyen H., Deboosere P. Tendances dans la sante de la population en Belgique entre 1997 et 2004. Revue Belge de Securite Sociale, 245-283, 2008. (in het Nederlands: Tendensen in de volksgezondheid in België tussen 1997 en 2004. Belgisch Tijdschrift voor Sociale Zekerheid, 249-287, 2008.)

see enclosed in pdf

Done

Comments by Francis Loosen :

Firstly, I prefer option A. Secondly, I have some remarks concerning the key points:

1. Concerning the phrase "the proportion of HLY, within the total expected years, slightly increased for both sexes between 1999 and 2001, being close to 65% for women and 70% for men in 2001. This phrase is not correct regarding the data. In the data we see that the proportion of HLY, within the total expected years is only slightly increased in women (from 64% to 65%) but it decreased in men (from 72% to 70%). The star at the third bullet is not necessary because they may sum in this case ($9.5 + 4.8 + 2.7 = 17.0$)

The mistakes stands in the key points: "between 1999 and 2001" is corrected in "between 1995 and 2001"

2. Concerning the fourth bullet. The phrase "however the numbers of years lived without chronic morbidity were greater for women than men. This is correct in absolute terms but not in relative terms. In relative terms men lived longer without chronic morbidity (58%) than women (53%).

This is said in bullet 5

3. Czech Republic: Jakub Hrkal

The country report with data on HLY looks well. I would like to send some minor comments:

Page 2, the country label at the time series on healthy life years should be „Czech Republic“ instead of „Czech republic“.

Done

Page 3: Colours of items in the legend (small cubes) seem to be different from the colours of the bars used in the graph.

Yes, changed in all the Country reports

Page 4, option A, first bullet: I do not think that the interpretation of the reducing of differences between EU10 and EU15 in absolute number of years is somehow useful (reduction from 6.4 years at age 25 to 3.2 years at age 65 in men). As the remaining total life expectancy at ages 25 and 65 years is different, the relative difference between EU10 and EU15 and its decline/increase can provide you with more useful information.

*We agree with this remark, but it is too sophisticated for a four- page document
We add the word absolute in first bullet.*

Page 4, option B: If this option were selected I would propose to include one sentence on the description of the method used.

Option A versus option B: Although the dendrogram is a quite transparent and simple way of presentation of the results I am still not sure whether the audience is ready for it. A more important is the second point - Denmark is an outlier and I would not draw anyone's attention to the fact that there is a problem in the translation of the question (if I got correctly the message of one of the presentations in the last TF). Concluding, for the purposes of this version of country reports I would propose option A. But I would propose that you use the idea in some kind of summary report, comment on Danish problem and get impression of the readers on it. And I would definitely prefer option B in the next round if it is clear that no methodic obstacles destroy the presentation of results via dendrogram. This kind of presentation seem more transparent, contributing and useful on one hand and not as „artificial“ as remaining on the old split between EU15 and EU10.

Option A chosen, see general comments

4. Denmark: Henrik Brønnum-Hansen

Page 3: The hatching of bars does not match the definition for activity limitation.

Done

Page 4: As you already know I don't like the cluster analysis including wrong data for Denmark. Normally one would exclude observations from outliers in a statistical analysis. And Denmark is - as we all agree - an outlier until we get the corrected SILC data from 2008. I miss a convincing argument to include observations that is incorrect in a statistical analysis! Including Denmark might also affect the results for the grouping of the other countries. Maybe also Germany should be excluded from the cluster analysis!

Option A chosen, see general comments

5. Germany: Cornelia Lange

Checking the HLY values 1995 - 2001 we ascertained that they are completely different to the official Eurostat values (see attached document). We therefore strictly disagree to a publication of this draft report. Before release further harmonization/discussion is necessary. Eurostat as well as the Federal Ministry of Health and the RKI should be involved in this process. [In addition to the mail below, we kindly ask you to withdraw the country report for Germany in its current form (Issue 1) from the EHEHM.EU webpage until the inconsistencies concerning the HLY at age 65-figures have been sufficiently clarified.]

The difference pointed out here relates to the fact that in Germany the statistical institutes stopped conducting the ECHP in 1997 and obtained the authorization to provide Eurostat with substitute data, namely their national panel data, contained in the Eurostat database for ECHP. Within the framework of EHEMU, we work with the raw datasets provided by each country to Eurostat as ECHP-data, therefore based on these national panel data. On the other hand, the series published by Eurostat for 1995-2001 are the disability-free life expectancy series computed with prevalence data from ECHP (in 1995 and 1996) and adjusted/estimated prevalence (in 1997-2001); these estimates were produced in the framework of a pilot study, showing what would be done when SILC data would be routinely available. The country report for Germany clearly specifies data sources in the "Key points".

We agree to make this clearer in our communication to the users of the database by adding a warning flag in the database. Fortunately, as soon as the SILC data series are long enough to represent trends – that is in a couple of years - the ECHP figures will be replaced by SILC. It appears to us that reinforcing the warning, but maintaining the series until replacement by SILC data is the optimal solution.

We regularly have the opportunity to discuss together with Eurostat and DG Sanco the different points raised by our network as they take part to the steering committee meetings. More detailed information is available in the letter sent on the 16th of March, 2009.

Because of the problems in harmonization the data, we furthermore suggest to add the following phrase on page 1: "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." Nevertheless, the data still aren't truly comparable between countries and over the time (break in time series).

We agree. A foot note is added on page 1 of all the country reports. See general comments about SILC translation

For page 4 we prefer option A.

Please add the following report to the bibliography:

Option A chosen, see general comments

Kroll LE, Lampert T, Lange C, Ziese T. Entwicklung und Einflussgrößen der gesunden Lebenserwartung. Veröffentlichungsreihe der Forschungsgruppe Public Health, Schwerpunkt Bildung, Arbeit und Lebenschancen. Wissenschaftszentrum Berlin für Sozialforschung (WZB) 2008
http://www.wzb.eu/bal/ph/abstracts/2008/sp_i_2008-306.de.htm *Done*

6. Italy: Luisa Frova

Page 1 par What is in this report?

Line 14: SILC 2006 and not 2005 *Done*

Line 16: SILC 2006 and not 2005 *Done*

The trend of HLY at 65 years of age shows a decreasing patterns from 2005 to 2006.

Istat has send to Eurostat the SILC data for 2004. The better identified if there could be a decreasing trend it would be interesting to have the estimates of HLY for 2004.

Italy also shows values closer to the EU 25 average in 2005 and 2006, and this was not true with ECHP data. This is mainly due to the different formulation of the question.

EU SILC 2004-2006

Italian formulation

A causa di problemi di salute, Lei ha delle limitazioni, che durano da almeno 6 mesi, nello svolgere le abituali attività della vita quotidiana?

SI, forti limitazioni..... 1

SI 2

NO..... 3

ECHP

Italian formulation

E' affetto da una malattia cronica o da una invalidità permanente che riduce l'autonomia personale fino a richiedere l'aiuto delle alte persone per le esigenze della vita quotidiana?

Si, in modo continuativo

Si, in modo saltuario

No

I agree with the idea of dropping EHCP figures as soon as the data series are long enough.

Page 3 Title: SILC 2006 and not SILC 2005

Key points: line 4 add ")" at the end of the sentence. *Done*

Page 3- Sample size: The sample size for Italy comprised 6416 women and 4887 men aged 65+ years(YEAR 2006) *Done*

7. Latvia: Juris Kruminis

Thank you for preparation and sending us the text "Health Expectancy in Latvia (EHEMU Country Reports, Issue 2 - January 2009). Please find further few my comments:

-1. Life expectancy at age 65 on page two for Men fit to the data from the European health for all database (WHO Regional Office, Updated January 2009), but for Women there are small discrepancies (17.27 = 17.3 not 17.2 for the year 2005; 17.38 = 17.4 not 17.3 for the year 2006).

These are Eurostat values

-2. My suggestion is to say in the text or to give a reference to the source of data on Life expectancies. Results of calculations based on Wiesler's method and published in European health for all database are different from the results published in Latvian demographic yearbook for the years 2005 and 2006 (E65 for Men - 12.2 and 12.1; E65 for Women - 18.0 and 17.8), Source: Demography 2008. Collection of Statistical Data. Riga: Central Statistical Bureau of Latvia, 2008. P.89.

We added a footnote on page 1

-3. My preference is for the option B (showing hierarchical cluster analysis), which is more demonstrative than aggregated indicators for EU10, EU15 and EU 25.

Option A chosen, see general comments

8. Netherlands: Wilma Nusselder

I looked at the country report for the NL and have a few remarks:

1) Page 2: for LE you have data for years 2002-2004, it might be clearer to include these in graphs and tables (or if too much work, consider doing that for the next report).

No, this was already tried earlier and discussed

2) Page 2: key points, first key point, second line "LE for both sexes were is in the EU 25 average". This should be something like "LE for both sexes was at the EU 25 average"

OK, done

3) Page 2L key points, second key point "was above the EU15 average and reached the EU15 average in 2001". Reached to me (but might be wrong) suggest success, but here it means deterioration. May be you could say: "was above the EU15 average but dropped to the EU15 average in 2001"

OK, done

Page 3: published results: I would delete the 3 publications of Franco (a pity as I am co-author) because in fact these are based on the FHS so US data. I include a list of publications from Statistics Netherlands. Some are web pages and some real publications. This is specified on the list.

We agree.

Page 4: The second graph of the alternative "European Health Expectancies at ages 25, 50 and 64 for 2006 is not readable without colours.

We agree. The colours are changed.

Page 5: The intermediate group "stands for a life expectancy at age 65 of comparable higher level as the first most lucky group", I would say "stands for a life expectancy at age 65 which is only slightly lower as the first most healthy group". At least from averages LE65 seems slightly lower. And healthy is more informative than lucky. *OK*

About my preference for either of the two: The second (cluster analysis) is nice, as it shows that also within EU10 (new MS) there is variation. E.g. Malta that is in first group and Cyprus that is in second group. On the other hand, I would only present this classification if we are sure that it is not highly dependent on one study. We know the problems for Denmark, and only the survey questions could drive these results. As we run the risk that the classification will "live its own life" we should be careful. Did you check whether the classification would be similar if another source was used (e.g. ECHP instead of SILC)? For Denmark anyway I would put a note to avoid the discussion we had with the Lancet paper. So, if the cluster classification is stable across datasets, I would choose this for the last page, otherwise I would stay to the traditional one, but improve the second graph.

Option A chosen, see general comments

Publications on HE in the Netherlands per January 2008

STATISTICS NETHERLANDS Web-articles (press 'English' for English language version)

Good health lasts just as long for men and women (11 December 2006) <http://www.cbs.nl/nl-NL/menu/themas/gezondheid-welzijn/publicaties/artikelen/archief/2006/2006-2082-wm.htm/> (Dutch: Goede gezondheid duurt voor mannen en vrouwen even lang (11 december 2006). <http://www.cbs.nl/nl-NL/menu/themas/gezondheid-welzijn/publicaties/artikelen/archief/2006/2006-2082-wm.htm>)

Well-educated women have highest life expectancy (17 November 2008) <http://www.cbs.nl/nl-NL/menu/themas/gezondheid-welzijn/publicaties/artikelen/archief/2008/2008-2601-wm.htm/> (Dutch: Hoogopgeleiden leven langer en gezonder (17 november 2008) <http://www.cbs.nl/nl-NL/menu/themas/gezondheid-welzijn/publicaties/artikelen/archief/2008/2008-2601-wm.htm>)

Healthy life expectancy higher (11 februari 2009) <http://www.cbs.nl/en-GB/menu/themas/gezondheid-welzijn/publicaties/artikelen/archief/2009/2009-2679-wm.htm?Languageswitch=on/> (Dutch: Webmagazine, woensdag 11 februari 2009 9:30: Gezonde levensverwachting neemt toe <http://www.cbs.nl/nl-NL/menu/themas/gezondheid-welzijn/publicaties/artikelen/archief/2009/2009-2679-wm.htm>)

Chapters in "Gezondheid en zorg in cijfers" (Health and health care in figures - annual book publication)

Editie 2007, hoofdstuk 5, Langer leven is niet altijd gezonder leven (21 november 2007) <http://www.cbs.nl/NR/rdonlyres/6C792CAC-CF11-4F5E-B25F-A22BDA8F7502/0/2007c156pub.pdf/>

Editie 2008, hoofdstuk 1, Hoogopgeleiden leven lang en gezond (17 november 2008)

Gezondheid en zorg in cijfers 2008: Stam S, Garssen MJ, Kardal M, Lodder BJH. Hoog opgeleiden leven lang en gezond. CBS Den Haag/Heerolen, 2008 (p 9-19). <http://www.cbs.nl/NR/rdonlyres/516BE7D7-B35E-4CFA-BF66-9B48ADF6995F/0/2008c156pub.pdf>

Research descriptions (published with StatLine table Healthy life expectancy by level of education)

Summary description <http://www.cbs.nl/nl-NL/menu/themas/gezondheid-welzijn/methoden/dataverzameling/overige-dataverzameling/2008-beknopte-methode-qlv-naar-ses.htm>

Healthy life expectancy by socioeconomic status (17-11-2008) <http://www.cbs.nl/NR/rdonlyres/3E9B29C7-E4DA-47F9-99DC-5FE5A44A7D36/0/13J759.pdf>

StatLine tables:

Hyperlink to CBS table: Gezonde levensverwachting; regio 2001/2005 (healthy life expectancy by region): <http://statline.cbs.nl/StatWeb/publication/?VW=T&DM=SLNL&PA=71339ned&D1=a&D2=a&D3=a&D4=a&D5=a&HD=090112-1605&HDR=T,G3&STB=G1,G2,G4>

Hyperlink naar CBS tabel: Gezonde levensverwachting (healthy life expectancy):

<http://statline.cbs.nl/StatWeb/publication/?VW=T&DM=SLNL&PA=71559ned&D1=a&D2=a&D3=a&D4=a&D5=a&HD=090112-1603&HDR=T,G4&STB=G1,G2,G3>

Hyperlink naar CBS tabel: Gezonde levensverwachting naar opleidingsniveau (healthy life expectancy by level of education), 1997/2005: <http://statline.cbs.nl/StatWeb/publication/?VW=T&DM=SLNL&PA=71885ned&D1=a&D2=a&D3=a&D4=a&D5=a&HD=090112-1559&HDR=T,G3&STB=G1,G2,G4>

Not all publications can be included. Some are and the others are kept in our database

9. Poland: Grażyna Marciniak / Bogdan Wojtyniak

Comments by Grażyna Marciniak: Thank you for sending us the draft Report for consultations and we would like firstly express our appreciation for work you have done.

Please take some comments on the results of calculations made for Poland. We consider that they should be supplemented with additional explanations.

Poland's data of EU-SILC for 2006 are not comparable with the results of 2005 as regards question on activity limitations because there was a change in the set of possible answers in between to adjust it with recommendations of Eurostat for EHIS.

In 2005 in question on activity limitation respondents could select the following variants of answers:

- Yes, strongly limited, / Yes, limited, / No, not limited.

But after the change (data for 2006) there were possible answers as follow:

- Yes, severely limited, / Yes, limited but not severely, / No, not limited at all.

In this way some of persons who were defined in EU-SILC 2005 as not having activity limitations, in next round of survey were counted as having difficulties (they chose answer "yes, limited but not very seriously", although earlier they might answer "no, not limited". In our opinion that is the main reason of HLY at age 65 decrease for Poland in 2006.

Thank you for informing us, we change our comment.

A foot note is added on page 1 of all the country reports. See general comments about SILC translation. Please send the scanned part of the questionnaire with the best possible English translation.

As regards grouping of countries for the purposes of HLE data presentation we are not convinced of usefulness of proposal elaborated on the basis of cluster analysis. On the other hand traditional division on "15" and "10" countries does not show any interesting matters (as concerns proportions of remaining life particularly). Perhaps

a presentation of the best, the worst indicators in EU and average values would be better solution. Each country would be able to assess its situation (without showing ranking in the Report).

This may be a proposal for a further issue

Comments by Bogdan Wojtyniak: First of all I join Grazyna in expressing thanks for your great job. It is very important to have this work done in the professional and uniform way for all the countries. I also agree with Grazyna's explanation of the possible effect of the changes in the SILC questions on the value of the estimates. The few more comments are as follows:

1. In the key point box it is rightly stressed that "these results should be interpreted cautiously...". I think that it would be very appropriate to present the standard errors of the estimated expectancies. It would help the readers to remember that we deal with the estimates based on the samples. Only then we can properly judge how "strong" any change or how big any difference is.

You are right, but this is too complex for a 4-page document.

2. It would be very helpful if the estimates based on chronic morbidity and perceived health for Poland could be juxtaposed with EU25 average as it is for the activity limitation. It is impossible to conclude on the situation in the country without any comparison.

We keep your idea. It may be a page 4 for a next issue.

3. From your two proposed options I prefer the first one (A) however, as I have said above, the estimates for the chronic morbidity and perceived health would be most welcome as well.

Option A chosen, see general comments

4. Some editorial corrections:

- in the line chart for men the line for 1995-2001 is for EU15 not for Poland; *Done*
- in the line chart for women the lines for 1995-2001 have no identification; *Done*
- in the horizontal bar chart with all three expectancies the value for women with chronic morbidity should be 14.0 not 1.4; *Done*

5. In the published results please add:

B. Wojtyniak & P. Gorynski (eds): Sytuacja Zdrowotna Ludności Polski (Health situation of the Polish Population); Narodowy Instytut Zdrowia Publicznego-Państwowy Zakład Higieny, Warszawa 2008. *Done*

10. Slovakia: Zuzana Podmanická

ad1) "Key points"- there are some small differences between presented data and our calculations. These differences are caused probably by using of the mortality tables calculated another way.

The values are Eurostat values (footnote on page 1)

ad2) We prefer "Option B".

Option A chosen, see general comments

11. Slovenia: Dasa Moravec and Darja Lavtar.

- Dasa Moravec, Tina Zupanic and Darja Lavtar presented a paper "NEW INDICATOR OF HEALTH: "HEALTHY LIFE YEARS" (HLY)" at Statistical days in Radenci, Slovenia in November 2008. Is the paper relevant enough to be named among the published results and reports? The link to the paper is here:

http://www.statisticni-dnevi.si/images/stories/berger-lavtar-zupanic_referat.pdf

and more generally, there is the link to the agenda of the meeting:

<http://www.statisticni-dnevi.si/content/view/8/11/lang.en/>

Included as we have no original paper to date for Slovenia

- Page 4 of the report: We prefer the hierarchical cluster analysis for the countries.

Option A chosen, see general comments

- Dasa Moravec was wondering why HLY at birth are not taken in account?

We are limited in space and had to make a choice between birth and Age 65.

Otherwise, we like the report very much and we are also looking forward to see the next one, using the SILC 2007 results.

Thank you

12. Spain: Juan Luis Gutiérrez Fisac

Key points:

Box in page 2:

I would change the last sentence of the second key point, adding for both sexes as follows: "...Between 1995 and 2001 HLY in Spain for both sexes was above the EU15 average."

We agree, done

If HLY values from ECHP and from SILC are not strictly speaking comparable, why the first sentence in the third key point? I would eliminate this sentence.

We agree, done in all CR

Box in page 3:

Some of the comments in this box are mainly referred to the proportion of years expended with or without limitation activity etc. (points two, three and five) and referred in second place (between parentheses) to the number of years. Because the figure above the box shows absolute numbers (numbers of years) and the figures for proportions are in page 2, may be more adequate change the sentences in this way (example in point two):

"Based on the SILC 2006, at age 65, women spent 9.5 years (43%) of the remaining life without activity limitation...."

I would change points two, three and five in this way.

We agree, done in all CR

Options A or B on page 4 : I would really prefer option A. I do not think that a cluster analysis, very attractive in a research context for example, is appropriate for a report like this. Moreover, given the limitations of the data and the indicator to be comparable between countries, I would avoid any analysis which mainly produce a ranking, like cluster analysis. As we heard all the time in Task Force meetings, the objective is not to produce rankings but show trends and figures.

Option A chosen, see general comments

13. United Kingdom: Chris White

Many thanks for circulating the UK country specific report for UK which is a most interesting read.

In the second key point on page 2 do we need to say anything about the drop in HLY for both sexes (but more marked for women) in 1999 and whether this is explainable in terms of a data artefact?

We agree: explicative sentence included

A report for the UK 2004-06 has been published using the metric Disability Free Life Expectancy at age 65 including an analysis of the trend in DFLE between 2000-02 and 2004-06 is referenced below.

Mike Smith, Grace Edgar and Genevieve Groom. Health Expectancies in the United Kingdom, 2004-06 . Health Statistics Quarterly 2008. 40(Winter): pp 77-80.

Reference added

As for the presentation of cross country comparisons, I prefer option A for the following reasons:

- The graphs are easier for the lay reader to interpret
- It avoids contention and the potential defensive response of specific MS
- to being placed in a cluster they feel is 'insulting' or mis-represents their perceived condition
- The dendogram is a difficult picture to interpret in the absence of some exposure to cluster analysis methods
- Option A nicely avoids highlighting the artefactual nature of Danish data
- It shows that at age 25 females in the 15 spend a higher proportion of the LE free of disability (a good news story for the 15)

- It exposes mean inequalities in substantial groupings which mitigate the risk of spuriously inferring inequality between smaller groupings where differences may have arisen through data artefacts, and the results may mis-represent population health within a member state.

Option A chosen, see general comments

Change proposed by Ehemu team for Sweden.

ECHP figures for Sweden only allow computing partial health expectancies, as the ECHP sample only covers adults aged 16 to 84. We decided to withdraw the ECHP values from the country report.

Annex 1. Mail to the EU network.

----- Message original -----

Sujet :Healthy Life Years Update

Date :Wed, 07 Jan 2009 17:51:22 +0100

De :Emmanuelle Cambois <cambois@ined.fr>

Dear Colleagues,

First of all, let the EHLEIS group wish you a Healthy & Lucky Year 2009!

For this new year, our work plan attempts to address major issues that were discussed during the Task Force meetings, in order to improve our understanding of trends and patterns in Healthy Life Years across Europe and to better document the situation for countries, including those for which unexpected results were found.

Two specific axes will be initiated this year on institutionalized population* and severity levels of disability*. Beside these, the EHLEIS project will also continue his regular activities : preparation of the country reports, websites updates, statistical analysis (gender differences, cause specific disability, validation of the activity limitation indicator compared to other disability or health measures).

To start actively this new year, we attach of the "**Country Report issue 2**" for your country produced by the European Health Expectancy Monitoring Unit (EHEMU), for you to review its content:

- Page 1 gives a general presentation of health expectancies and is very close to the one on issue 1.

- Pages 2 & 3 present the new values of life and health expectancies based on ECHP (1995-2001) and SILC (2005-2006) for your country.

- Pages 4 & 4bis: Two options are proposed, as presented during last Task Force meeting:

Option A: comparison between the EU 15 (established EU countries) and the new EU 10 Members

Option B: brings together the 25 EU countries in 3 clusters based on life and health expectancies.

We kindly ask you to 1/ comment the key points and check the bibliography for recent papers in the middle pages; 2/ give your preference for option A or B on page 4 and comment on it in order to improve the option chosen.

We look forward to receiving your comments by the end of January to romieu@valdorel.fnclcc.fr and cambois@ined.fr.

Best wishes,

Emmanuelle Cambois

* 2009 specific analysis :

- Institutionalized population : As for now, HLY are computed without specific information on the health status of those excluded from the SILC survey, among which, those living in institutions. This is due to the great variability in percentage and the nature of this population across Europe. We plan to conduct analysis in order to assess the impact of not documenting health in institution on the value of HLY and differences between countries.

- Severity levels in disability : The structural indicator HLY is based on both moderate and severe level of limitations while there are debates on how to interpret the results and differences appropriately without making this essential distinction. In the country reports, we publish the value of HLY including the various levels of severity. We plan to produce specific analysis taking into account the severity level in order to better document patterns and differences. Such analysis could be published in fourth page of the next issue of the country reports.

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Institut national d'études démographiques INED
133 Bd Davout - 75 980 Paris 20 - France
tel: +33 (0) 156 06 22 55 (secr: 20 24; fax: 21 94)
<http://www.ined.fr/chercheurs/cambois>