

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

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REVES 30, Ann Arbor, May 30- June 1, 2018

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Background

In 2003, EU launched the use 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.



- 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:

- 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





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)





EHLEIS Country Reports
Issue 11 – May 2018

Health Expectancy in Belgium



What is health expectancy?

ealth 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?

he general model of health transitions (WHO, 1984) shows the differences between life spent in

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valid comparisons, the underlying health measure should be truly comparable.

o 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



Directorate General	Use of Healthy Life Years	Measurement
DG Communication	Eurobarometer. Prevalence of activity limitation through survey instrument: GALI question.	Self-reported limitations in daily activities by age, sex and income level (SI-C11)
DG Eurostat	Metadata sheet healthy life years	Healthy Life Years at birth, at 50, at 65 and by sex
	Sustainable Development Indicator	Healthy life years and life expectancy at birth, by sex
	Quality of Life indicators on health	Healthy Life Years at birth, at 65, by sex
DG Connect and wider European Commission	European Innovation Partnership on Active and Healthy Ageing: target 2020	Healthy life years at birth, by sex
DG Employment / DG Justice	Social Protection & Social Inclusion: follow- up European and United Nations disability policies	Healthy Life Years at birth, at 65, by sex (SI-C4a) Self-reported limitations in daily activities by age, sex and income level (SI-C11)
	Scoreboard indicator of European Pillar of Social Rights	Healthy life years at the age of 65, by sex
	Joint Assessment Framework (JAF on health) +> EUROPEAN TRIMESTER ON SOCIAL POLICIES	Healthy Life Years at birth, at 65, by sex (H-2) and social economic position
	European Disability Strategy (2010 - 2020). Prevalence of activity limitation through survey instrument: GALI question.	Self-reported limitations in daily activities by age, sex and income level
DG Sante	Health at a Glance: Europe report, Country health profiles	European Core Health Indicators on long-term activity limitations by sex, age and educational level (ECHI 35) European Core Health Indicators on Health expectancy: Healthy Life Years at birth, at 65, by sex (ECHI 40)

EU 2020 STRATEGY: FLAGSHIP European Innovation Partnership on Active and Healthy Ageing

Lagiewka Archives of Public Health 2012, 70:23 http://www.archpublichealth.com/content/70/1/23



RESEARCH Open Access

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 829

European Journal of Public Health, Vol. 23, No. 5, 829-833

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doi:10.1093/eurpub/ckt030 Advance Access published on 13 March 2013

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

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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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