



HELLENIC REPUBLIC

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PRESS RELEASE

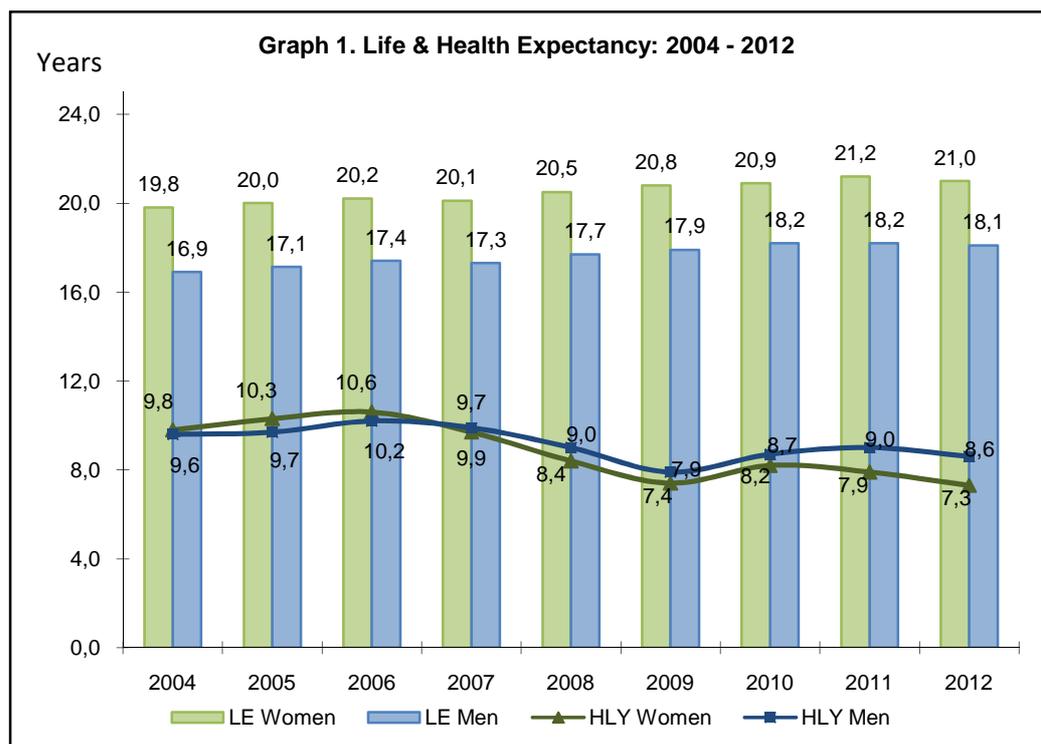
Life & Health Expectancy 2012

The Hellenic Statistical Authority (ELSTAT) in cooperation with the European Joint Action for the establishment of a European Information System on Healthy Life Years and Life Expectancy (EHLEIS), coordinated by the National Institute of Health and Medical Research (INSERM, France), the European Commission and the Member States, announces most recent data on *Life and Health Expectancy indicators for Greece* and the European Union. The Joint Action contributes to monitoring health expectancy and identifying the basic determinants of healthy life in Europe, offering thus new capabilities for policies targeting to increase the number of Healthy Life Years (HLY) by 2 years from 2010 to 2020.

Data Sources for the calculation of life and health expectancy are the Mortality Tables, as well as the Minimum European Health Module included in the *Survey on Income and Living Conditions (SILC)*, which is used in order to collect data regarding health and activity limitation of the population. Health expectancy indicators refer to the average number of the remaining years that a person is expected to live in "good" or "bad" health, that is, they divide life expectancy into life spent in different states of health, from good to bad health.

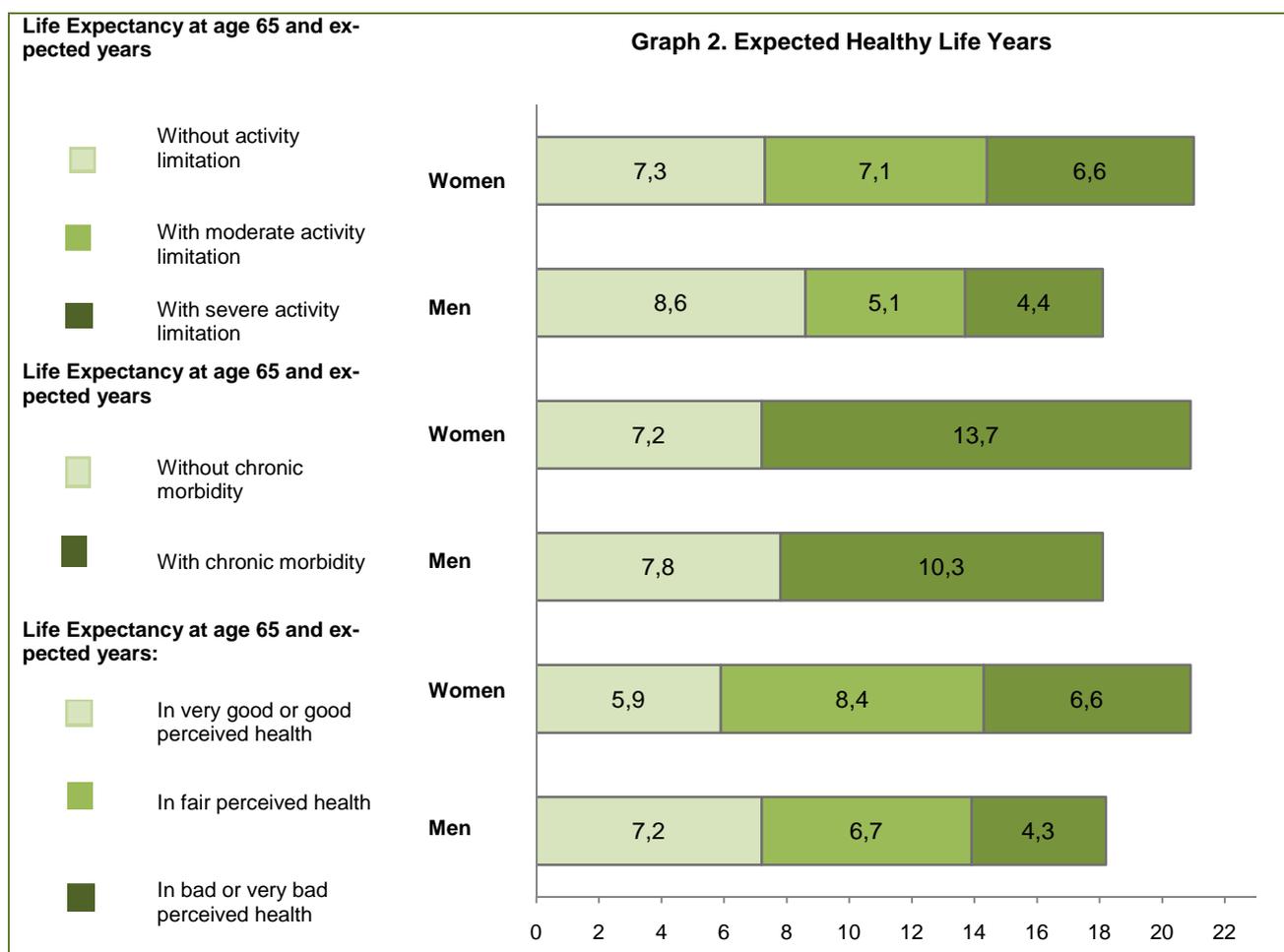
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Main findings

- ✓ The latest results, for the year 2012, as regards Life Expectancy (LE) at age 65 amounts to 21 years for women and 18.1 years for men, and it has increased by 1.2 years since 2004 for both women and men.
- ✓ During the period 2004 – 2012, Healthy Life Years (HLY) at age 65 – that is, the remaining years that a person is expected to live free of activity limitation – have decreased by one year in the case of men, while for women the decrease is greater and it amounts to 2.5 years (Graph 1, Table 1).



- ✓ Based on the results of SILC 2012, at age 65, women spend 7.3 years (35.0% of their remaining life) without activity limitation – corresponding to Healthy Life Years (HLY) – 7.1 years (34.0%) with moderate activity limitation and 6.6 years (31.0%) with severe activity limitation (Graph 2, Table 2).
- ✓ Men of the same age spend 8.6 years (47% of their remaining life) without activity limitation compared to 5.1 years (28%) with moderate activity limitation and 4.4 years (24%) with severe activity limitation (Graph 2, Table 2).
- ✓ Life expectancy in very good or good perceived health at age 65 – that is, the number or remaining years that a person is expected to live with good or very good health – amounts to 5.9 years for women and 7.2 years for men (Graph 2, Table 2).

- ✓ Life expectancy without chronic morbidity at age 65 in 2012 was 7.2 years for women and 7.8 years for men (Graph 2, Table 2).
- ✓ Based on the above, it can be concluded that, although the total years lived by men are less than those lived by women, for all health expectancy indicators the years of life spent in positive health are greater for men than women.
- ✓ In comparison to the EU figures for 2012, life expectancy for women in Greece was below the EU25 average (21.4 and 21.0 respectively), while for men it was at the same level (18,1 και 18,0 respectively) (Table 3).
- ✓ The average number of Healthy Life Years in Greece in 2012 is equivalent to the EU25 for men (8.6 years), while for women it is 1.2 years below the EU25 average (8.7 years in EU and 7.3 years in Greece) (Table 3).

It is noted that these results should be interpreted cautiously given that the survey population does not include the institutional population, such as people living in nursing homes.

More information is available on the website <http://www.eurohex.eu/>, where users can find, besides the indicators for Greece, the relevant figures and indicators for the other EU countries as well. Moreover, the website includes life expectancy reports and tables with calculated indicators, publications, training material and other useful links related to the subject.

TABLES

Table 1. Life Expectancy and Healthy Life Years at age 65 by gender: 2004 – 2012

Year	Women			Men		
	Life expectancy (in years)	Healthy Life Years	% HLY/LE	Life expectancy (in years)	Healthy Life Years	% HLY/LE
2004	19.8	9.8	49%	16.9	9.6	57%
2005	20.0	10.3	51%	17.1	9.7	57%
2006	20.2	10.6	52%	17.4	10.2	59%
2007	20.1	9.7	48%	17.3	9.9	57%
2008	20.5	8.4	41%	17.7	9.0	51%
2009	20.8	7.4	36%	17.9	7.9	44%
2010	20.9	8.2	39%	18.2	8.7	48%
2011	21.2	7.9	37%	18.2	9.0	49%
2012	21.0	7.3	35%	18.1	8.6	47%

Table 2. Life and Health Expectancy at age 65 based on activity limitation (Healthy Life Years), chronic morbidity and perceived health for Greece by gender: 2012

	Life Expectancy		
	Very good or good perceived health	Fair perceived health	Very bad or bad perceived health
Men	7.2	6.7	4.3
Women	5.9	8.4	6.6
	Without chronic morbidity		With chronic morbidity
Men	7.8	-	10.3
Women	7.2	-	13.7
	Without activity limitation	With moderate activity limitation	With severe activity limitation
Men	8.6	5.1	4.4
Women	7.3	7.1	6.6

Table 3. Life and Health Expectancy at age 65 by gender, in Greece and in European Union: 2004 – 2012

Indicators	Women									
	2004	2005	2006	2007	2008	2009	2010	2011	2012	
Greece (LE)	19.8	20.0	20.2	20.1	20.5	20.8	20.9	21.2	21.0	
Greece (HLY)	9.8	10.3	10.6	9.7	8.4	7.4	8.2	7.9	7.3	
EU25 (LE)	20.2	20.2	20.7	20.8	20.9	21.1	21.3	21.6	21.4	
EU25 (HLY)		8.9	9.0	8.9	8.5	8.4	9.1	8.8	8.7	
	Men									
Indicators	2004	2005	2006	2007	2008	2009	2010	2011	2012	
Greece (LE)	16.9	17.1	17.4	17.3	17.7	17.9	18.2	18.2	18.1	
Greece (HLY)	9.6	9.7	10.2	9.9	9.0	7.9	8.7	9.0	8.6	
EU25 (LE)	16.6	16.7	17.1	17.2	17.4	17.6	17.8	18.0	18.0	
EU25 (HLY)		8.5	8.7	8.7	8.3	8.4	8.9	8.7	8.6	

EXPLANATORY NOTES

Health expectancy	<p>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.</p> <p>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.</p> <p>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 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 goals (Lisbon strategy) under the name of "Healthy Life Years" (HLY).</p>
Legal basis	<p>Hellenic Statistical Authority (ELSTAT) is a member of the Steering Committee of the European Joint Action for the establishment of a European Health and Life Expectancy Information System (JA:EHLEIS). Within this framework, ELSTAT calculates and publishes, in collaboration with JA:EHLEIS, which is coordinated by the National Institute of Health and Medical Research (INSERM, France), the European Commission and the Member States, the data on Health and Life Expectancy indicators in the European Union. This Joint Action contributes to monitoring health expectancy and identifying the basic determinants of healthy life in Europe, offering thus new capabilities for policies targeting to increase the number of Healthy Life Years (HLY) by 2 years from 2010 to 2020.</p> <p>The European Health and Life Expectancy Information System (EHLEIS) is part of BRIDGE-Health (Bridging Information and Data Generation for Evidence-based Health Policy and Research) which aims to prepare the transition towards a sustainable and integrated EU health information system within the third EU Health Programme, 2014-2020 (www.bridge-health.eu). EHLEIS comes from the EU Health Monitoring Programme with the two EURO-REVES projects (1998-2002). It was designed within the European Health Expectancy Monitoring Unit Project (EHEMU, 2004-2007) under the first EU Health Programme and has been developed by the EHLEIS Project (2007-2010) under the second EU Health Programme and then expanded by the Joint-Action on the Healthy Life Years (2011-2014). Technically, EHLEIS is maintained by the French National Institute of Health and Medical Research (INSERM) in Montpellier. See www.eurohex.eu for more information.</p>
Reference period used	<p>The reference period as regards health data is the interview day.</p>
Coverage	<p>The Survey on Income and Living Conditions covers all private households throughout the country irrespective of their size or socio-economic characteristics.</p> <p>The following are excluded from the survey:</p> <ul style="list-style-type: none">• Institutional households of all types (boarding houses, elderly homes, hospitals, prisons, rehabilitation centers, camps, etc.). More generally, households with more than five lodgers are considered institutional households,• Households with foreign nationals serving in diplomatic missions.
Methodology	<p>For the calculation of Health expectancy indicators the Sullivan method (Sullivan, 1971) is applied.</p> <p>Data on life expectancies are derived from the Mortality Tables that ELSTAT compiles based on administrative sources (i.e. registries) and concern the residual population of the country regardless of where the event took place (i.e. death).</p> <p>Data on health situation come from the Survey on Income and Living Conditions (SILC).</p>
SILC Sample size	<p>In 2013, SILC was conducted on a final sample of 7,349 households and on 18,030 members of those households, 15,318 of them are aged 16 years and over.</p>

Weightings For the estimation of the characteristics of the survey the data of each person and household of the sample were multiplied by a reductive factor. The reductive factor results as product of the following three factors (weights):

- a. The reverse probability of choice of an individual, that coincides with the reverse probability of household.
- b. Reverse of the percentage of response of households inside the strata.
- c. A corrective factor which is determined in a way that:

i) The estimation of persons by gender and age groups that will result by geographic region coincides with the corresponding number, which was calculated with projection for the survey reference period and was based on vital statistics (2011 Population Census, births, deaths, immigration).

ii) the estimation of households by size order (1, 2, 3, 4 or 5+ members) and by tenure status coincides with the reference year that was calculated with projection that was based on the longitudinal tendency of the 2001 and 2011 population censuses.

Indicators *Life expectancy*

Average number of years that a person is expected to live at each age

Health expectancy

Average number of years that a person is expected to live in "good" or "bad" health

Healthy Life Years

Life expectancy without long term activity limitation

References More information (tables, publication, methodology) on health expectancy is available on the website <http://www.eurohex.eu/>, as well as on the website of ELSTAT www.statistics.gr, in the section: Statistical Themes → population → Indicators → Health expectancy».

The Greek report for 2012 is available on the following link: [EHLEIS Country report Issue 8 – Greece 2012](#)