

# Health Expectancy in Latvia

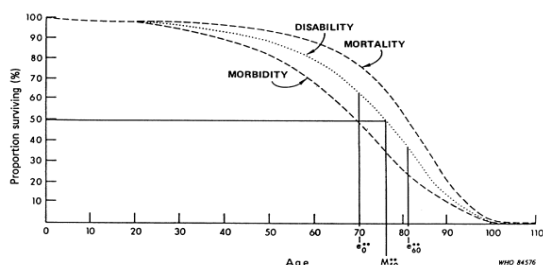
## What is health expectancy?

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.



$e_{60}^{**}$  and  $e_{65}^{**}$  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 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).

Further details on the MEHM, the European surveys and health expectancy calculation and interpretation can be found on [www.eurohex.eu](http://www.eurohex.eu).

## What is in this report?

This report is produced by the Joint Action European Health and Life Expectancy Information System (EHLEIS) as part of a country series. In each report we present:

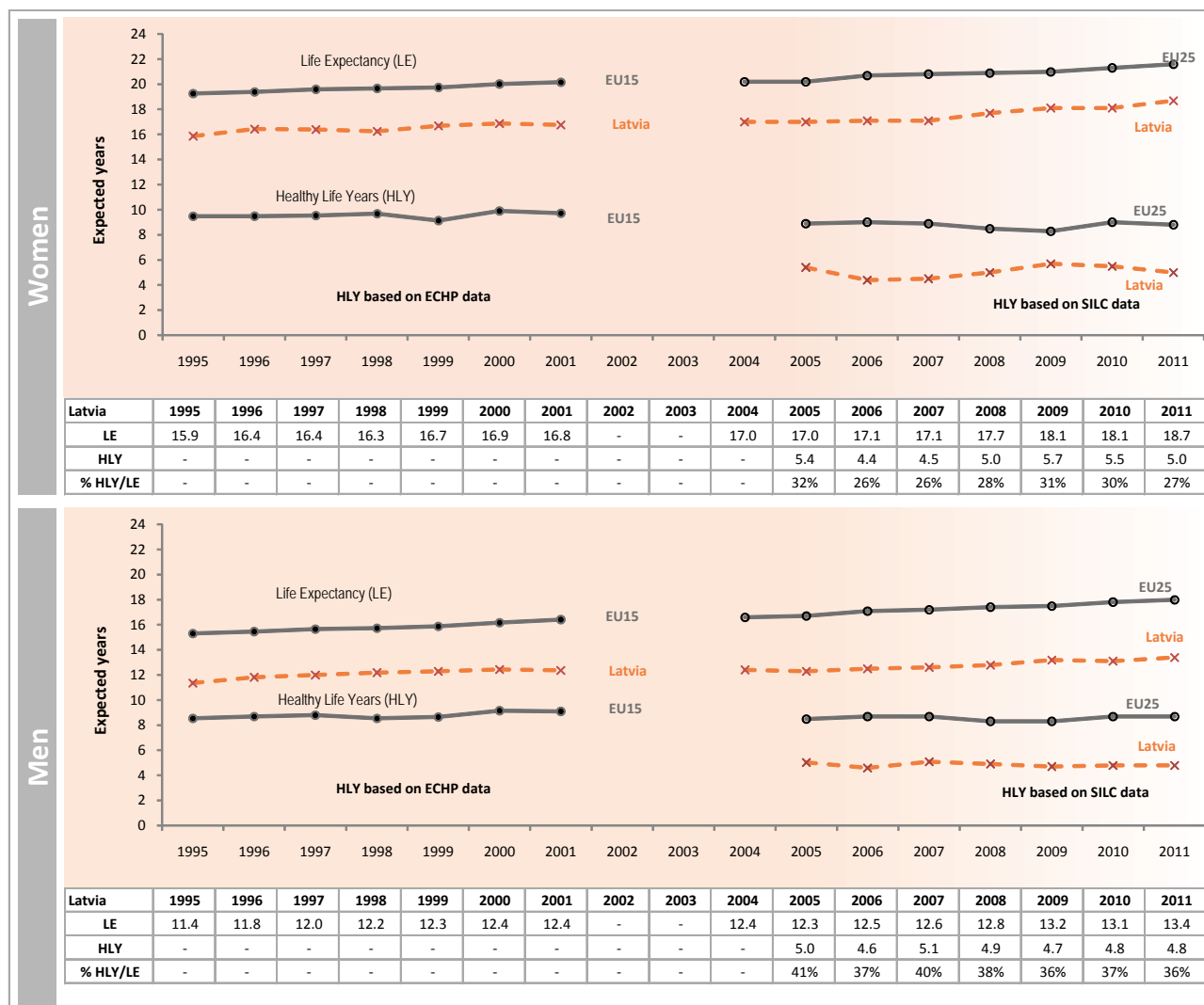
- Life expectancies and Healthy Life Years (HLY) at age 65 for the country of interest and for the overall 25 European Union member states (EU25), using the SILC question on long term health related disability, known as the GALI (Global Activity Limitation Indicator), from 2005 to 2011. The wording of the question has been revised in 2008. When available, 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 2011;
- Life and health expectancy at age 65 based on activity limitation (Healthy Life Years), chronic morbidity and perceived health for EU 27 in 2011 by gender (Health data from SILC)

### 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) 2124-2131  
Robine J.-M., Jagger C., Mathers C.D., Crimmins E.M., Suzman R.M., Eds. *Determining health expectancies*. Chichester UK: Wiley, 2003.  
Sullivan D.F. A single index of mortality and morbidity. *HSMHA Health Reports* 1971;86:347-354.  
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).

\* Before the revision of 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). This revision is being evaluated.

## Life expectancy (LE) and Healthy Life Years (HLY) at age 65 for Latvia and the European Union (EU15 and EU25) based on ECHP (1995-2001) and SILC (2005-2011)



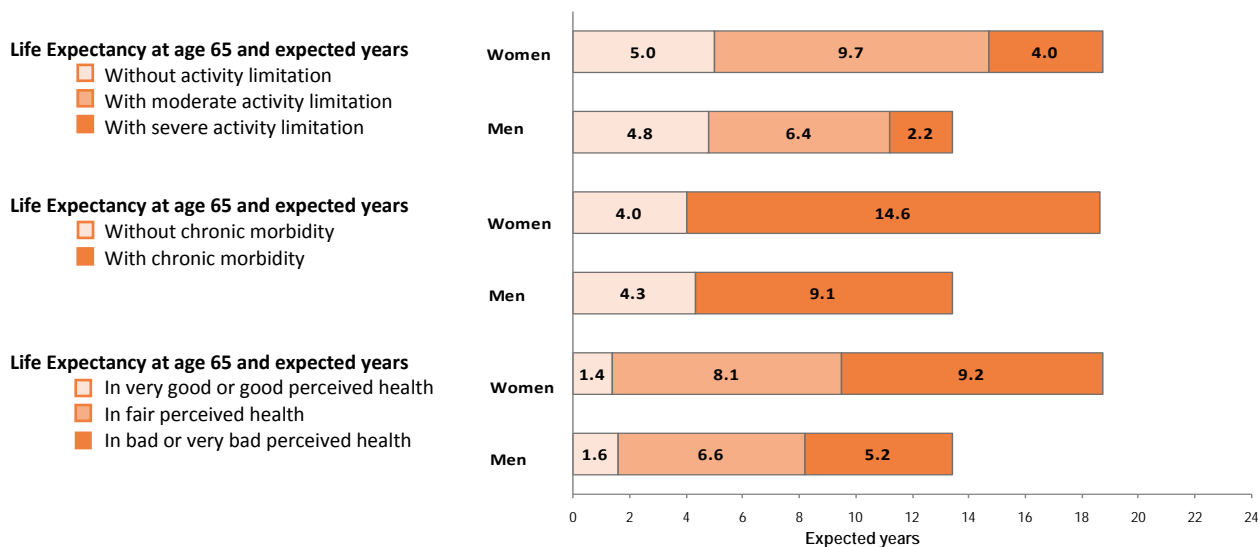
### Key points:

Latvian life expectancy (LE) at age 65 has increased by 1.9 years for women and 1.0 year for men over the period 2001-2011: LE for both sexes between 1995 and 2001 was below the EU15 average and remained below the EU25 average (21.6 for women and 18.0 for men) in 2011, 4.6 years for men and 2.7 years for women.

Because Latvia joined the European Union in 2004, the first series of health expectancy based on activity limitation (HLY) over the period 1995-2001 is not available.

The new HLY series, initiated in 2005 with the SILC data, shows that in 2011 women and men at age 65 can expect to spend 27% and 36% of their life without *self-reported long-term activity limitations* respectively. In 2011 the HLY values for Latvia are 3.6 years and 4.0 years below the EU25 average (8.6 for women and 8.8 for men) for women and men respectively. Since 2006 HLY increased for women in Latvia but in 2011 HLY seems much flat. Note that the wording of the GALI question was not changed in 2008.

## Life and health expectancies at age 65 based on activity limitation (Healthy Life Years), chronic morbidity and perceived health for Latvia (Health data from SILC 2011)



### Key points:

In 2011 LE at age 65 in Latvia was 18.7 years for women and 13.4 years for men.

Based on the SILC 2011, at age 65, women spent 5.0 years (27% of their remaining life) without activity limitation (corresponding to Healthy Life Years (HLY)), 9.7 years (52%) with moderate activity limitation and 4.0 years (21%) with severe activity limitation.\*

Men of the same age spent 4.8 years (36% of their remaining life) without activity limitation compared to 6.4 years (48%) with moderate activity limitation and 2.2 years (16%) with severe activity limitation.\*

Although women lived more years without chronic morbidity and/or without disability, compared to men, they spent a larger proportion of their life in ill health and these years of ill health were more likely to be years with severe health problems.

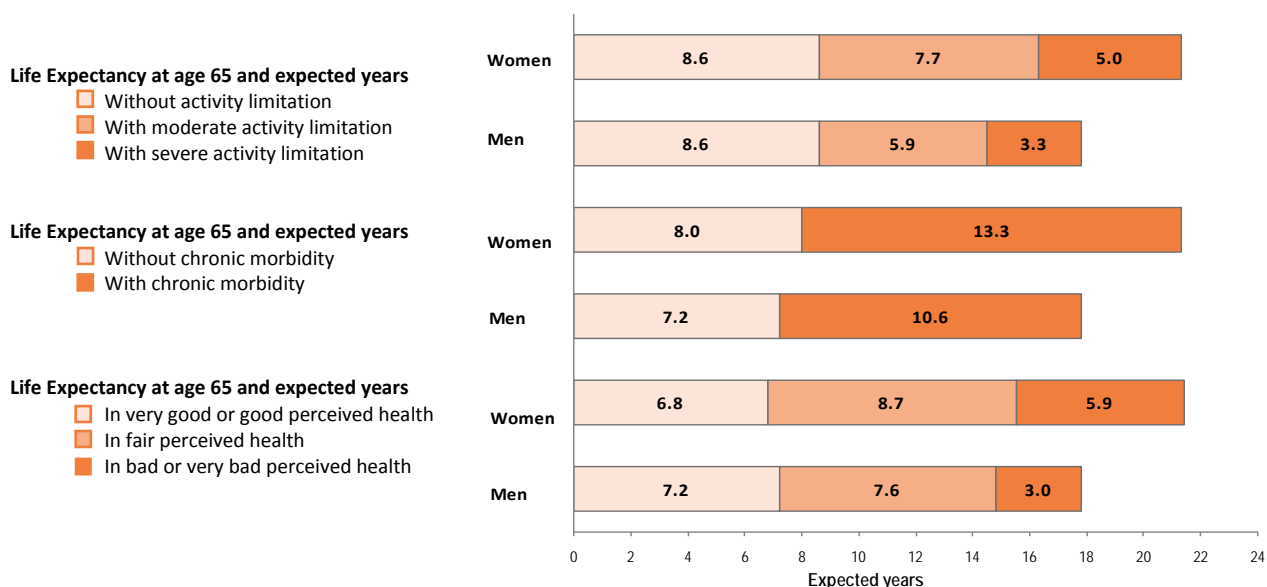
These results should be interpreted cautiously given the lack of the institutional population, such as people living in nursing homes, and the size of the samples varying from 1204 in Denmark to 10419 in Italy. The sample size for Latvia comprised 2414 women and 1140 men aged 65+ years in 2011.

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

## Publications and reports on health expectancies for Latvia

- Dubkova N, Krumins J. Life expectancy and health expectancy in Latvia: changes and interpretation problems. Research papers of the Central Statistical Bureau of Latvia 2012. Riga, 2012, p21-33.
- Krumins J. Health Policy and Recent Changes in Mortality and Life expectancy in Latvia. *Humanities and Social Sciences: Latvia*. 2008; 1 (54): 57-71.
- 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.
- 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.
- Khoman E., Weale M. *Healthy life expectancy in the EU Member States: ENEPRI Research report n°33 - AHEAD WP5*. sl: ENEPRI; 2006.
- Jagger C., EHEMU team. *Healthy life expectancy in the EU 15*. In: Institut des Sciences de la Santé, editor. *Living longer but healthier lives: how to achieve health gains in the elderly in the European Union Europe Blanche XXVI, Budapest, 25-26 November 2005*. Paris: ISS; 2006. p. 49-62.

## Life and health expectancies at age 65 based on activity limitation (Healthy Life Years), chronic morbidity and perceived health for EU27, in 2011, by gender (Health data from SILC)



### Key points

In 2011, LE at age 65 in the EU 27 was 21.3 years for women and 17.8 years for men.

Based on SILC 2011 data, women at age 65 spent 8.6 years (40% of their remaining life) without activity limitation (corresponding to Healthy Life Years (HLY)), 7.7 years (36%) with moderate activity limitation and 5.0 years (24%) with severe activity limitation.

Men of the same age spent the same amount of time 8.6 years (48% of their remaining life) without activity limitation compared to 5.9 years (33%) with moderate activity limitation and 3.3 years (19%) with severe activity limitation.

However women can expect to live a little bit longer without chronic morbidity and men a little bit longer in good perceived health.

In total, life expectancy is greater for women than for men (+3.5 years) but women spent a larger proportion of their life in ill health and these years of ill health were more likely to be years with severe health problems.

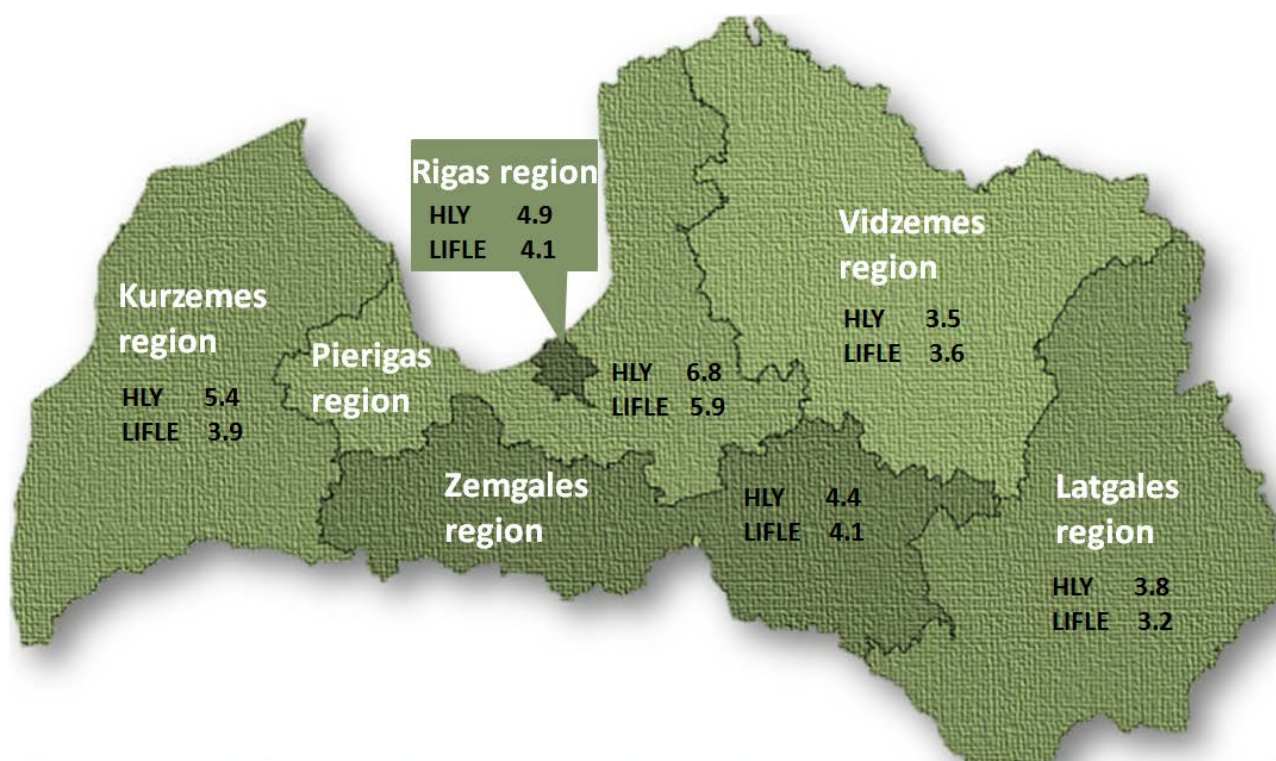
### About the Joint Action EHLEIS

The current Joint Action EHLEIS (European Health and Life Expectancy Information System) and EurOhex ([www.eurohex.eu](http://www.eurohex.eu)) are co-funded by 11 Member States, the European Commission, DG SANCO, and two French institutions: the Ministry of Health and the National Solidarity Fund for Autonomy (CNSA). It is a collaboration between: Austria (Statistik Austria, Vienna Institute of Demography of the Austrian Academy of Sciences, European Centre for Social Welfare), Belgium (Scientific Institute of Public Health – ISP-WIV), the Czech Republic (Institute of Health Information and Statistics of the Czech Republic - UZIS CR), Denmark (Danish National Board of Health - SST; Economic Council of the Labour Movement - AE; University of Southern Denmark - IPH; University of Copenhagen - UCPH), France (National Institute of Health and Medical Research - INSERM; National Institute of Demography - INED; University of Montpellier - UM2), Germany (Robert Koch Institute - RKI ; Rostock Center for Demographic Change - UROS), Greece (Hellenic Statistical Authority - ELSTAT), Italy (University La Sapienza - DSSEAD), The Netherlands (Erasmus Medical center - EMC; National Institute for Public Health and the Environment - RIVM; Statistical Office - CBS), Sweden (National Board of Health and Welfare - SoS/NBHW) and the United Kingdom (Office for National Statistics - ONS; Newcastle University - UNEW). The JA:EHLEIS and EurOhex aim to provide a central facility for the coordinated 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 the Joint Action can be found on the websites: [www.eurohex.eu](http://www.eurohex.eu) and [www.healthylife-years.eu](http://www.healthylife-years.eu).

### Acknowledgements

Juris Kruminis and Natalja Dubkova (University of Latvia) have contributed to this report and its translation. Calculations of LE, HLY and LIFLE for Latvia's regions and urban-rural population was performed by Natalja Dubkova.

Life expectancy (LE) for women and men, Healthy life years without activity limitation (HLY) and healthy life years without chronic morbidity (LIFLE - long-lasting illness free life expectancy) for both genders at age 65 in regions of Latvia (health data from SILC 2011), 2011\*



	Latvia	Rigas region	Pierigas region	Vidzemes region	Kurzemes region	Zemgales region	Latgales region
LE 65+ women	18.7	19.2	18.9	18.7	18.3	17.8	17.8
LE 65+ men	13.4	14.2	14.1	13.0	12.9	12.7	12.2

\* For calculations of HLY and LIFLE sample size doesn't allow splitting to both region and gender

Relative excess of urban-to-rural Life expectancy (LE), Healthy life years without activity limitation (HLY) and healthy life years without chronic morbidity (LIFLE - long-lasting illness free life expectancy) at different ages in Latvia, 2011

Urban/rural, %	Age					
	16	25	35	45	55	65
LE	106.3	107.2	108.5	111.1	114.6	118.9
HLY	108.5	110.1	112.9	116.9	130.7	145.1
LIFLE	102.6	103.4	103.2	103.2	109.4	121.7

Calculations of LE, HLY and LIFLE by regions and urban-rural areas are done by Natalja Dubkova based on data provided by the Central Statistical Bureau of Latvia.

### Key points:

Based on the SILC 2011, life expectancies of urban population in Latvia at all ages were longer than for population living in rural areas. At age 65 relative excess (%) of urban-to-rural population was: for life expectancy 18.9%, for years lived without activity limitation 45.1%, but for years spent without long-lasting illness 21.7%.

Thus the highest LE at age 65 for both men (14.2 years) and women (19.2 years) was recorded in Riga, the highest HLY, LIFLE indicators for the same age were found in Pieriga – a region around the capital city Riga (6.8 and 5.9 years respectively).

Highest and statistically significant difference (95% confidence limit) from other regions demonstrate socio-economically least-developed Latvia's region Latgale, where life expectancy for men was 1.2 years below country total and 2 years less than in capital city – Riga. 65 years aged women in Latgale can expect to live 1.4 years less than women in Riga (LE is 0.9 years below country total). HLY and LIFLE indicators are significantly below country total as well.

European Health and Life Expectancy Information System – EHLEIS - website: <http://www.eurohex.eu>

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