Life expectancy at age 65 has increased significantly among both women and men over the past several decades in all EU member states. Some of the factors explaining the gains in life expectancy at age 65 include advances in medical care, greater access to health care, healthier lifestyles and improved living conditions before and after people reach age 65.

The average life expectancy at age 65 in 2008-10 for the 27 member states of the European Union was 16.5 years for men and 20.1 years for women (Figure 1.2.1). As for life expectancy at birth, France had the highest life expectancy at age 65 for women (23.2 years), but also for men (18.7 years). Among other countries, life expectancy at 65 was highest in Switzerland for both men and women. Life expectancy at age 65 in the European Union was lowest in Latvia for men (13.2 years) and in Bulgaria for women (16.9 years).

The average gender gap in life expectancy at age 65 in 2008-10 stood at 3.6 years, unchanged since 1998-2000. Greece had the smallest gender gap of 2 years and Estonia the largest at 5.2 years.

Gains in longevity at older ages in recent decades, combined with the trend reduction in fertility rates are contributing to a steady rise in the proportion of older persons (see Annex Table A.2). Whether longer life expectancy is accompanied by good health and functional status among ageing populations has important implications for health and long-term care systems.

Healthy life years (HLY) at age 65 in 2008-10 for EU member states was similar for men and women, being 8.4 years for men and 8.6 years for women. HLY at age 65 in 2008-10 was greatest in Sweden and shortest in the Slovak Republic for both men and women (Figure 1.2.1). HLY is based on the Global Activity Limitation (GALI) question, which is one of three indicators included in the Minimum European Health Module along with global items on self-perceived health and chronic morbidity. Since the HLY indicator has only been developed relatively recently, there is as yet no long time series.

The relationship between life expectancy and HLY at age 65 is not clear-cut (Figure 1.2.2). Higher life expectancy at age 65 is generally associated with higher HLY, although longer life expectancy at age 65 does not necessarily imply more HLY. Central and Eastern European countries have both lower life expectancy and HLY than other European countries.

Life expectancy at age 65 years also varies by educational status (Figure 1.2.3). For both men and women, highly educated people are likely to live longer (Corsini, 2010). Again, differences in life expectancy are particularly large in Central and Eastern European countries, and are more pronounced for men. In the Czech Republic, 65-year-old men with a high level of education can expect to live seven years longer than those with a low education level. Not only is education a general measure of socio-economic status, it can also provide the means to improve the social and economic conditions in which people live and work.

A recent study showed that higher educational levels are not only associated with higher life expectancy but also with higher disability-free life expectancy at age 65 in ten EU member states. For both men and women, differences were larger for disability-free life expectancy than life expectancy (Majer *et al.*, 2011).

In several European countries, occupation is used as a measure of socio-economic status. In the United Kingdom for the period 2002-06, 65-year-old men classified as "Higher managerial and professional" could expect to live 3.5 years longer than men in "Routine occupations", and this gap had widened over the previous two decades. The gap for women was similar at 3.2 years. In France, in 2003, 65-year-old men who had highly qualified occupations could expect to live 3.1 years longer in total and 3.7 years longer without disability than men who were manual workers. These gaps were respectively 1.7 years and 3.2 years for women (Cambois *et al.*, 2011).

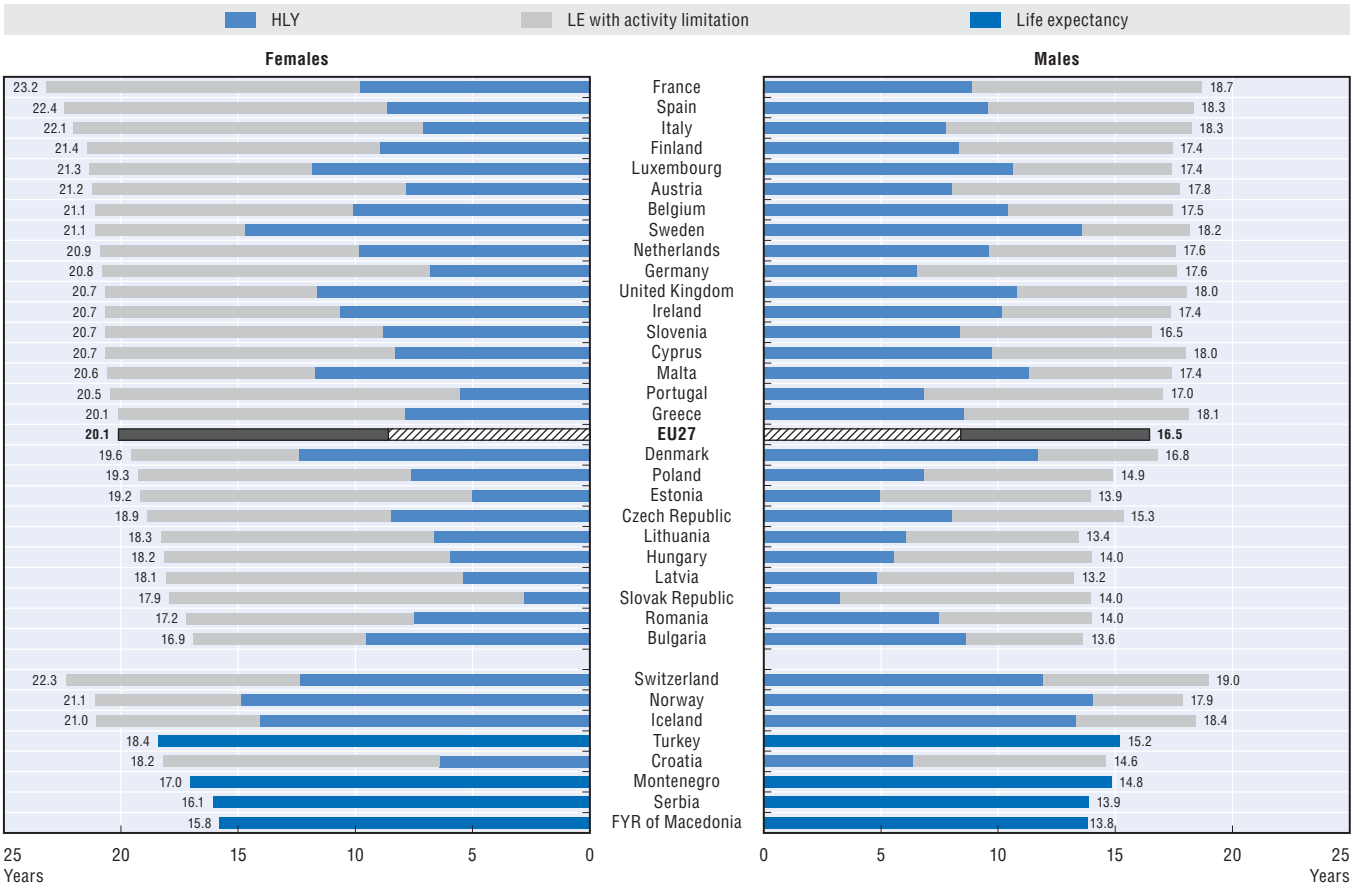
Definition and comparability

Life expectancy measures how long, on average, people would live based on a given set of age-specific death rates. However, the actual age-specific death rates of any particular birth cohort cannot be known in advance. If age-specific death rates are falling (as has been the case over the past decades), actual life spans will, on average, be higher than life expectancy calculated with current death rates.

Healthy life years (HLY) are the number of years spent free of activity limitation, being equivalent to disability-free life expectancy. HLY are calculated annually by Eurostat and EHLEIS for each EU country using the Sullivan (1971) method. The underlying health measure is the Global Activity Limitation Indicator (GALI), which measures limitation in usual activities, and comes from the European Union Statistics on Income and Living Conditions (EU-SILC) survey.

Comparing trends in HLY and life expectancy can show whether extra years of life are healthy years. However, valid comparisons depend on the underlying health measure being truly comparable. While HLY is the most comparable indicator to date, there are still problems with translation of the GALI question, although it does appear to satisfactorily reflect other health and disability measures (Jagger *et al.*, 2010).

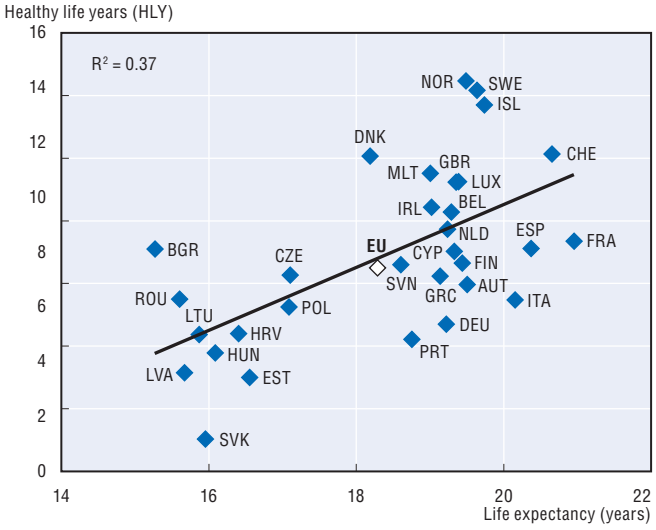
1.2.1. Life expectancy (LE) and healthy life years (HLY) at 65, by gender, 2008-10 average



Source: Eurostat Statistics Database; Joint Action: EHLEIS (2012).

StatLink http://dx.doi.org/10.1787/888932702936

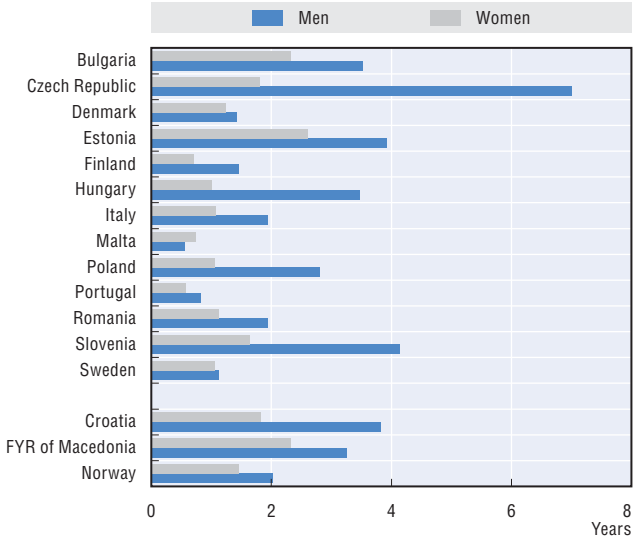
1.2.2. Relationship between life expectancy and healthy life years (HLY) at 65, 2008-10 average



Source: Eurostat Statistics Database.

StatLink http://dx.doi.org/10.1787/888932702955

1.2.3. Life expectancy gaps between high and low education attainment at 65, women and men, 2010 (or nearest year)



Source: Eurostat Statistics Database.

StatLink http://dx.doi.org/10.1787/888932702974