Life expectancy at age 65 has increased significantly among both women and men over the past several decades in all EU countries. Some of the factors explaining the gains in life expectancy at age 65 include advances in medical care combined with 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 years in 2005-07 for the 27 countries of the European Union was 15.9 years for men and 19.5 years for women (Figure 1.2.1). As for life expectancy at birth, France had the highest life expectancy at age 65 for women (22.6 years) but also for men (18.1 years). Life expectancy at age 65 in the European Union was lowest in Eastern Europe – in Latvia for men (12.7 years) and in Bulgaria for women (16.3 years).

The average gender gap in life expectancy at age 65 in 2005-07 stood at 3.6 years, down from the previous decade by 0.4 years. Greece had the smallest gender gap of two years and Estonia the largest at 5.1 years.

Gains in longevity at older ages in recent decades in EU countries, combined with the trend reduction in fertility rates are contributing to a steady rise in the proportion of older persons in EU countries (see Annex Tables A.2 and A.4). 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.

As is the case for HLY at birth, HLY at age 65 in 2005-07 for EU countries was similar for men and women, being 8.4 years for men and 8.1 years for women. HLY at age 65 in 2005-07 was greatest in Denmark and shortest in Estonia for both men and women (Figure 1.2.1). It should be noted though, that the question used to measure activity limitation in Denmark differs slightly from that used in other countries, resulting in an over-estimation of HLY. 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. Health expectancies based on these alternative questions would rank the countries differently. In addition, 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, but the relationship is less pronounced for women than for men. Longer life expectancy at age 65 does not necessarily imply more HLY.

Contrary to life expectancy where the rankings for men and women are different, there is a close association between HLY at age 65 for men and women. At the overall EU level, this consistency between the number of years spent free of activity limitation (HLY) between men and women at birth and at age 65 is true also for intermediate ages. Women's longer life expectancy at all ages are more often years spent with activity limitation. Lower HLY at age 50 across EU countries has been shown to be associated with lower GDP and with higher long-term unemployment and lower life-long learning for men (Jagger *et al.*, 2008).

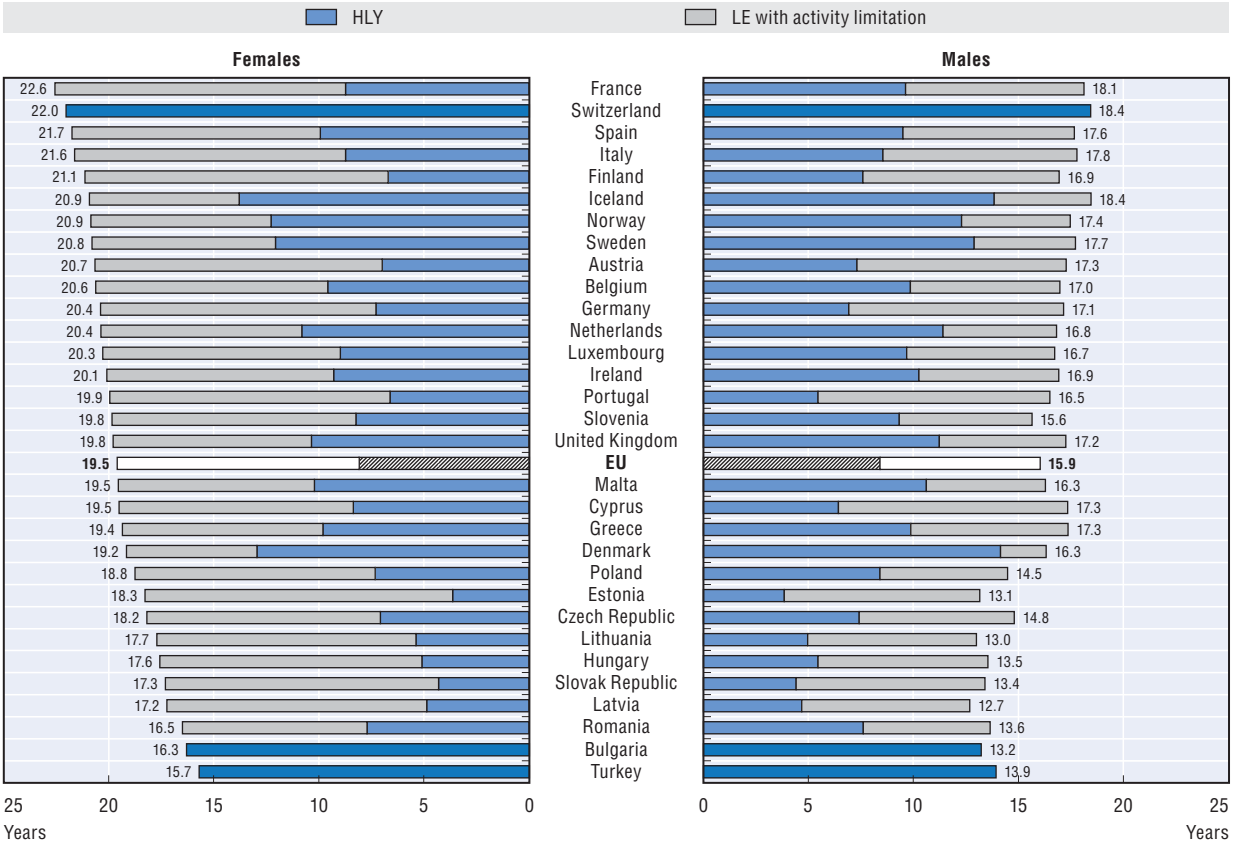
Definition and deviations

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 in EU countries), actual life spans will be higher than life expectancy calculated with current death rates.

Healthy life years (HLY) at a particular age are the number of years spent free of activity limitation. They are calculated by Eurostat for each EU country using the Sullivan method (Sullivan, 1971). The underlying health measure is the Global Activity Limitation Indicator (GALI) which comes from the European Union Statistics on Income and Living Conditions (EU-SILC) survey. The GALI measures limitation in usual activities. The questionnaire responses used in Denmark differ slightly, resulting in an under-estimation of activity limitation. Data are not available for Bulgaria, Switzerland and Turkey.

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).

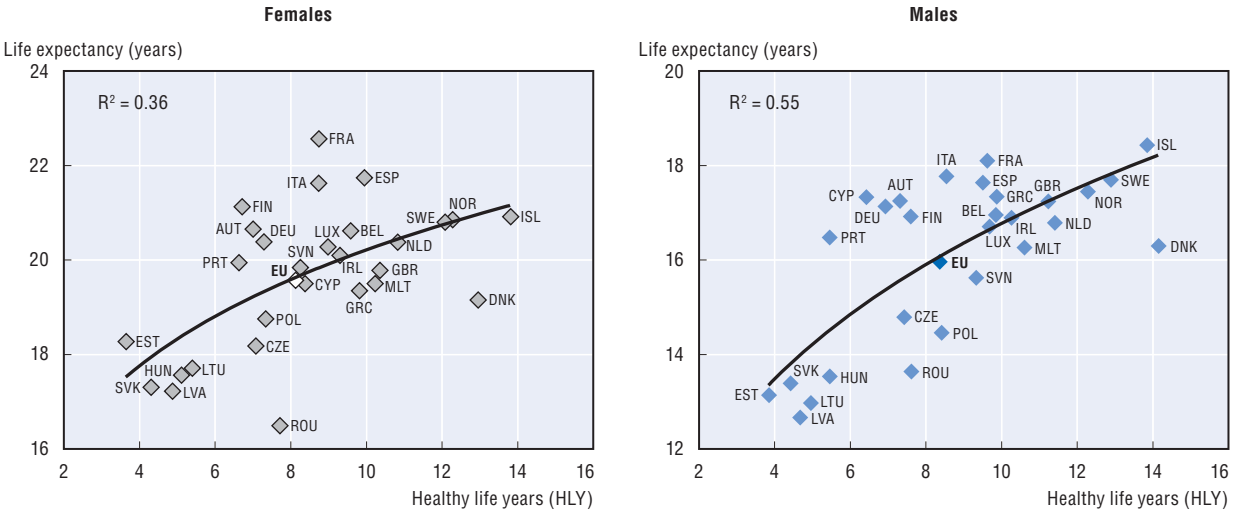
1.2.1. Life expectancy and healthy life years (HLY) at 65, by gender, 2005-07



Source: European Health and Life Expectancy Information System (EHLEIS); *Eurostat Statistics Database*; *OECD Health Data 2010*.

StatLink http://dx.doi.org/10.1787/888932335457

1.2.2. Relationship between life expectancy and healthy life years (HLY) at 65, 2005-07



Source: European Health and Life Expectancy Information System (EHLEIS); *Eurostat Statistics Database*; *OECD Health Data 2010*.

StatLink http://dx.doi.org/10.1787/888932335476