Overview on REVES

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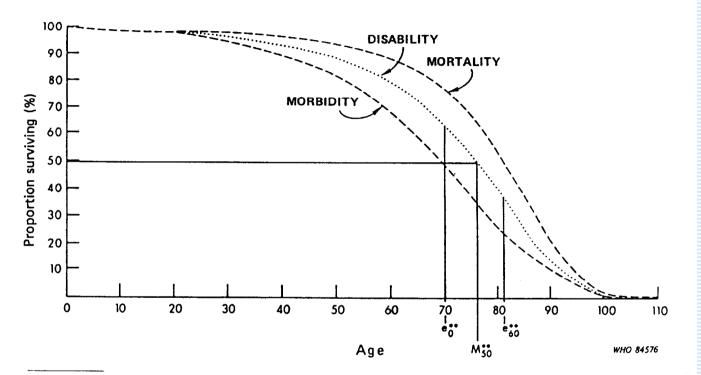
1964 – Barkev S Sanders

'...we would not only determine for each age the probability of survival, but also the subsidiary probabilities of those surviving on the basis of their functional effectiveness.' *Am J Public Health*

1971 – Daniel F Sullivan

Proposes a first method of calculation. *Health Reports*

1984 - WHO



 e_0^{**} and e_{60}^{**} 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.

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 (Technical Report Series 706), 1984.

REVES 1989 - Quebec, Canada

The REVES network was set up by the French National Institute of Health and Medical Research (INSERM, Montpellier), the Social Affairs Council, Quebec, Canada and the Center for Demographic Studies, Durham, United States.

20 participants

12 teams,

6 countries (Canada, France, The Netherlands, United States, United Kingdom and Switzerland)

About 100 papers on the topic



The Network on Health Expectancy and the Disability Process (Réseau Espérance de Vie en Santé - REVES)

was set up with the aim of promoting and harmonizing the use of health expectancies



REVES 1990 - Durham, North Carolina

The network examined the multi-state life table approaches



REVES 1990 - Geneva, Switzerland

The network considered the conceptual framework of the International Classification of Impairments, Disabilities and Handicaps



REVES 1991 - Leiden, The Netherlands

The network decided to open out widely to developing countries



REVES 1992 - Ottawa,

Canada

The network started to examine health expectancy losses attributable to various causes



REVES 1993 - Montpellier,

France

A first overview of the situation relating to standardization of procedures



REVES 1994 - Canberra, Australia

Social inequalities with regard to health expectancy



REVES 1995 – Chicago, USA

REVES examined the policy relevance of indicators in terms of public health



REVES 1996 – Rome, Italy

Health information system



1997: G8 summit in Denver

encouraged collaborative biomedical and behavioural research to improve active life expectancy and reduce disability

REVES 1997 – Tokyo, Japan

REVES focused its work on 'disseminating the concept of health expectancy in Asia'





REVES 1999 – London, UK

Start of the second decade of REVES



REVES 2000 – Los Angeles, USA

REVES examined the links of health

expectancy to policy and science



2000: Health Adjusted Life Expectancy (HALE)

The WHO developed its own summary measure of population health

2001: Years of Healthy Life (YHL)

The US Healthy People 2010 selected a set of health expectancies

REVES 2001 – Vancouver, Canada

Health inequalities



REVES 2002 – Hammamet, Tunisia

Ageing in emergent countries



REVES 2003 – Guadalajara, Mexico

Socio-Economic Determinants in Life

and Health Expectancies



Determining health expectancies

Determining Health Expectancies

COITORS J-M Robine C Jagger CD Mathers EM Crimmins RM Suzn

WILEY





2003: Health Adjusted Life Expectancy (HALE)

Euro-Reves developed a set of health expectancies for the European Union



REVES 2004 – Bruges, Belgium

Challenges ahead



2005: Healthy Life Years (HLY)

The European Union established the disability-free life expectancy as one of its structural indicators

REVES 2005 – Beijing, China

Policy Implications



WWW.reves.net

Important						
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hosted by The Department of Health Sciences at the University of Leicester. maintained by Leighton Crosbee, Isabelle Romieu and Geraldine Barker. Jpdated 29/4/2005.	-4					





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	REVES Papers online				
	Synthesis documents produced by REVES, available in .pdf format				
	Department of Health Sciences at the University of Leicester.				
naintained by L	eighton Crosbee, Isabelle Romieu and Geraldine Barker.				

Bibliography on health expectancy

1128 references in a endnote database, available as a pdf list



European Health Expectancy Monitoring Unit (EHEMU)





Aims of EHEMU website

• To provide on-line assistance to calculate, analyze, interpret and use health expectancies

 To facilitate the widest dissemination of European comparisons of health expectancies

To promote harmonisation of practice

 To be accessible to a wide variety of audiences including statisticians, policy makers and journalists

EHEMU website menu





REVES 2006 – Amsterdam, The Netherlands

REVES 2007 – San Antonio, USA

REVES 2008 – Singapore

REVES 2009 - ...



Future goal for REVES: global harmonisation

The US Years of healthy life (Healthy People 2010) and the EU structural indicator *Healthy Life Years*, are very similar (using cross sectional prevalence with Sullivan method) but not identical.

Similar indicators are also used in other developed or developing countries.

The main (potential) interest of health expectancies are to be comparable between countries.

Therefore, the next step will be harmonizing the health data from cross sectional health surveys at the global level.