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Disability free life expectancies in France

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Disability-free life expectancy in France

- Two estimations based on the national household health surveys (1980 & 1991)
- Favorable trends over the 90's

Disability free life expectancy in France at birth, 1981 and 1991

	Men			Women		
	1981	1991	<i>Trends</i>	1981	1991	<i>Trends</i>
Total Life Expectancy	70,4	72,9	+ 2,5	78,6	81,1	+ 2,5
DFLE (any severity)	60,8	63,8	+ 3,0	65,9	68,5	+ 2,5
LE with Severe disab	1,5	1,2	- 0,3	2,3	2,3	--
LE with Moderate disab	8,1	7,9	-0,2	10,4	10,3	-0,1

Disability-free life expectancy in France in 2002

- New opportunity with the 2002 survey ! The same single Q

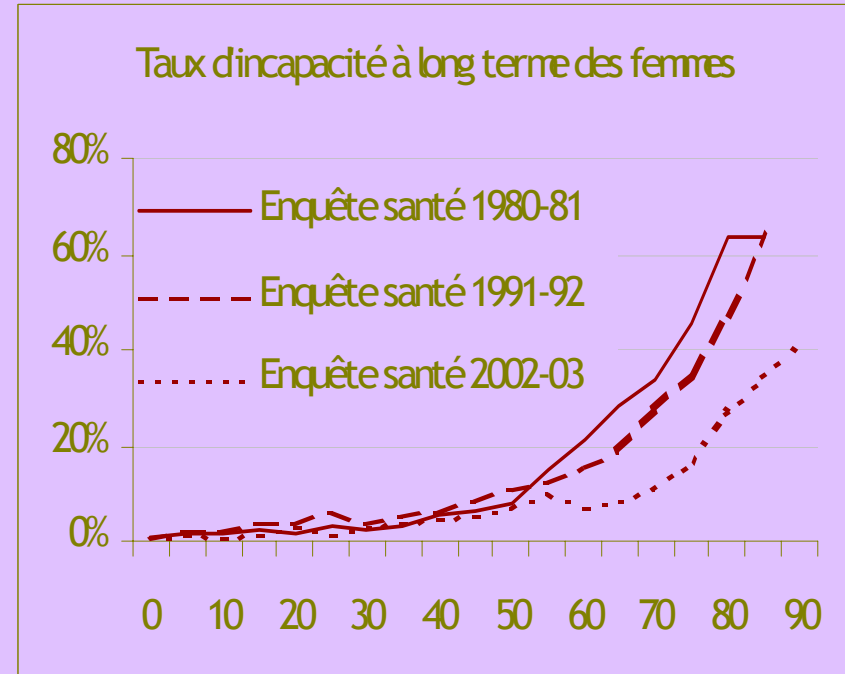
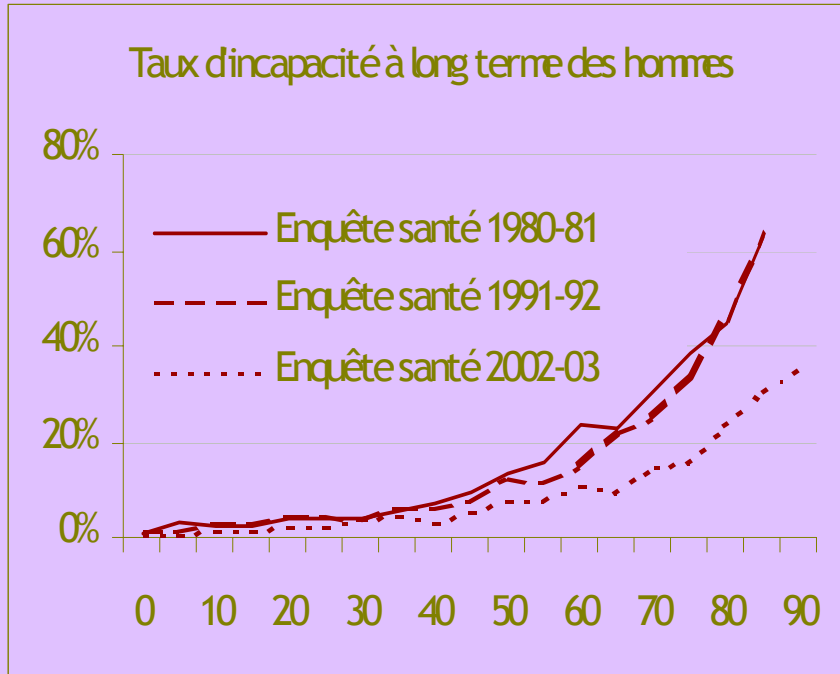
Does someone in the household being **disabled** or simply having **some difficulties** or **being hampered** in daily life ?

(do not consider accute handicaps or difficulties...)

1 Yes 2 No

- New calculations and analysis of the 2002 disability question
- but new survey design...
 - Household based interview to individual interview
 - Disability question **moved** just after the household description being now the **first health question** + deals with “be disabled” while it **was at the very end** of the survey in previous editions

Disability in the health survey 2002-2003 in France



Disability-free life expectancy in France in 2002

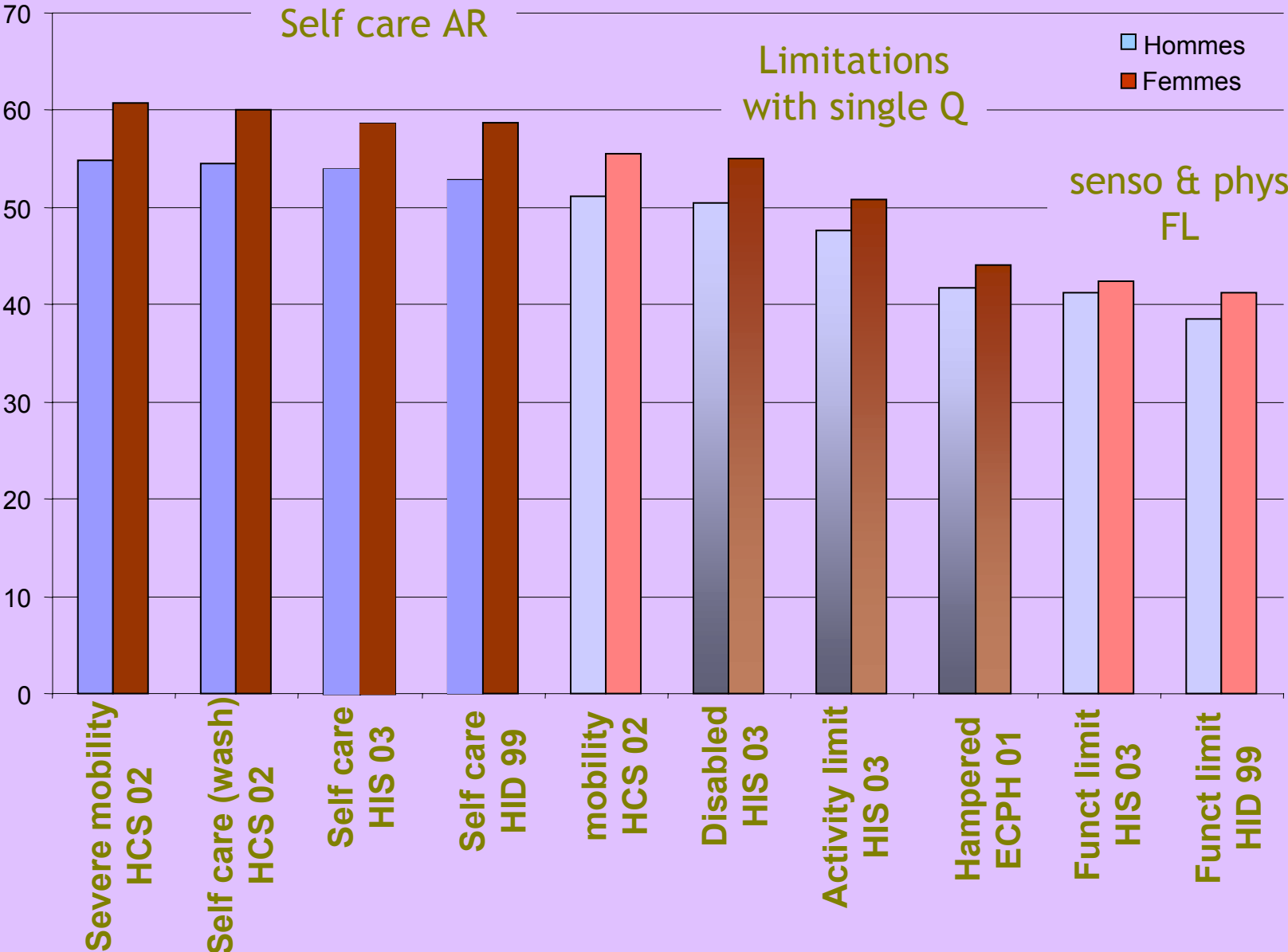
- **Other disability indicators in the health survey HIS**
 - ✓ Long term activity limitation (Single Q)
 - ✓ Sensory and physical functional limitations
 - ✓ Self-care activity restrictions
- **Other data sources (household surveys) around year 2000**
 - ✓ *French disability survey (HID), 1999:*
 - Sensory and physical functional limitations
 - Self care activity restrictions
 - ✓ *Survey on social protection and health consumption (HCS), 2002*
 - mobility difficulty (severe + moderate)
 - Self care activity restriction (difficulty to wash face and hands)
 - ✓ *European household panel, ECPH, 2001*
 - being hampered in daily life due to disease or disability (Single Q)
- **Chronological series**
 - ✓ HIS / HCS / ECPH

DFLE estimates in the HIS, 2002-2003

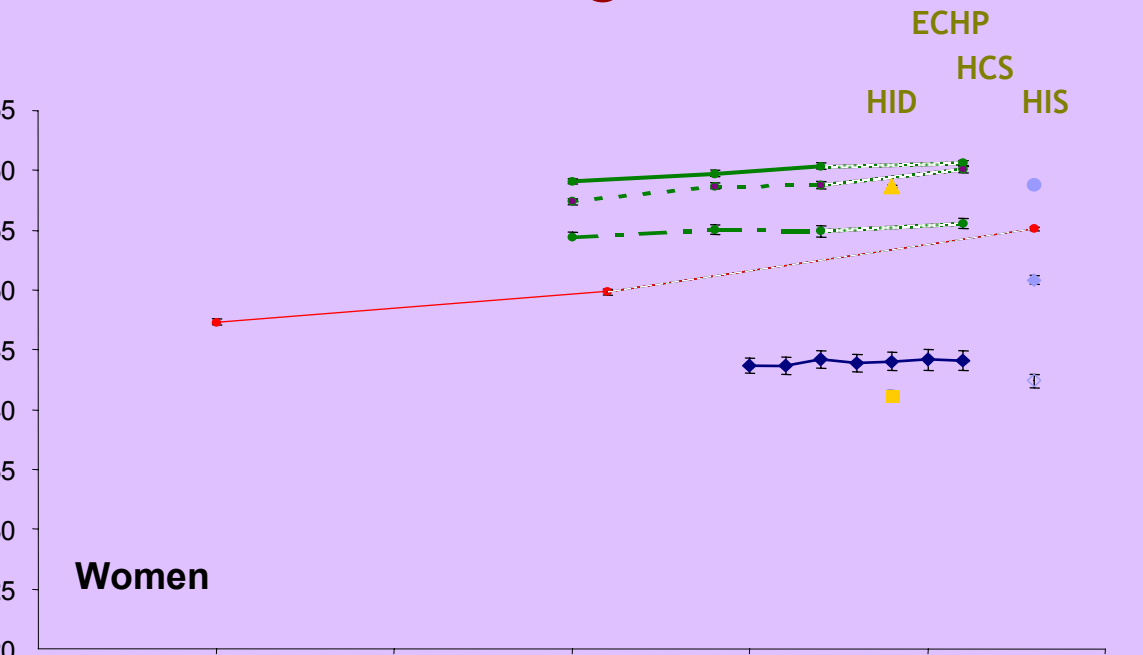
Men	At birth	At age 20	At Age 65
Total life expectancy	75,9	56,6	17,1
Life expectancy without :			
- Personal care activity restrictions	-	54,0 (96%)	14,8 (87%)
- Being hampered in daily life due to disease or disability	69,3 (91%)	50,5 (89%)	13,5 (79%)
- Long term activity limitations	-	47,7 (84%)	11,7 (69%)
- Sensory and physical functional limitations	-	41,2 (73%)	6,8 (40%)
Women	At birth	At age 20	At Age 65
Total life expectancy	83,2	63,7	21,5
Life expectancy without :			
- Personal care activity restrictions	-	58,8 (92%)	17,1 (80%)
- Being hampered in daily life due to disease or disability	74,2 (89%)	55,1 (87%)	16,1 (75%)
- Long term activity limitations	-	50,9 (80%)	13,1 (61%)
- Sensory and physical functional limitations	-	42,4 (67%)	6,9 (32%)

- Various disability dimensions: from 96% to 73% for males / 92% to 67% for females
- Functional limitations are less compressed at the end of life
- Male/female differences in %DFLE more stressed with moderate disability

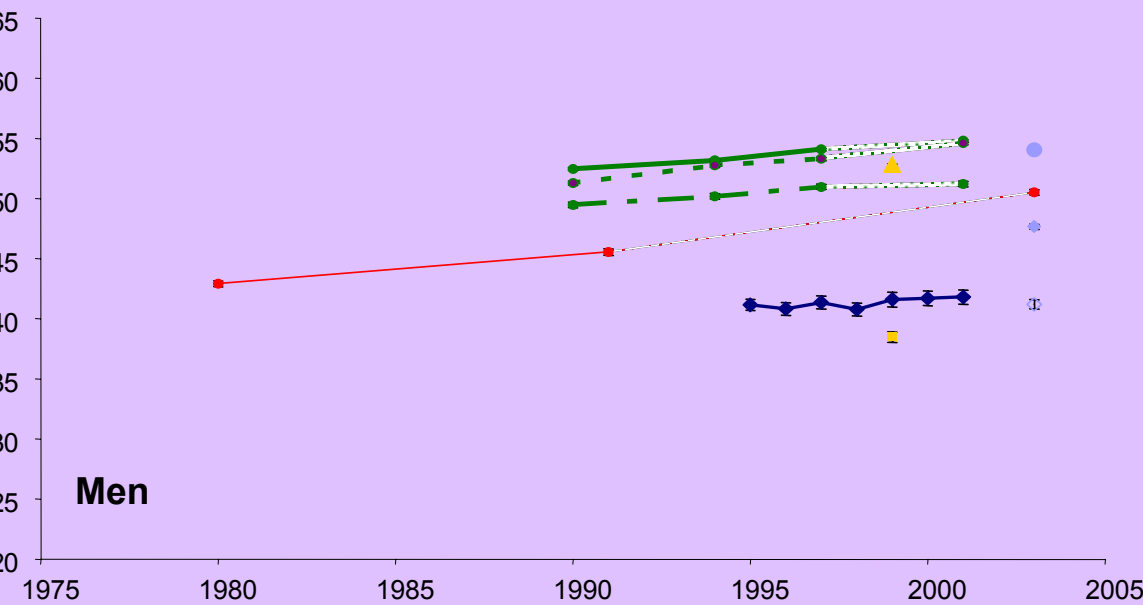
DFLE estimates at age 20, around year 2000



Trends in DFLE at age 20

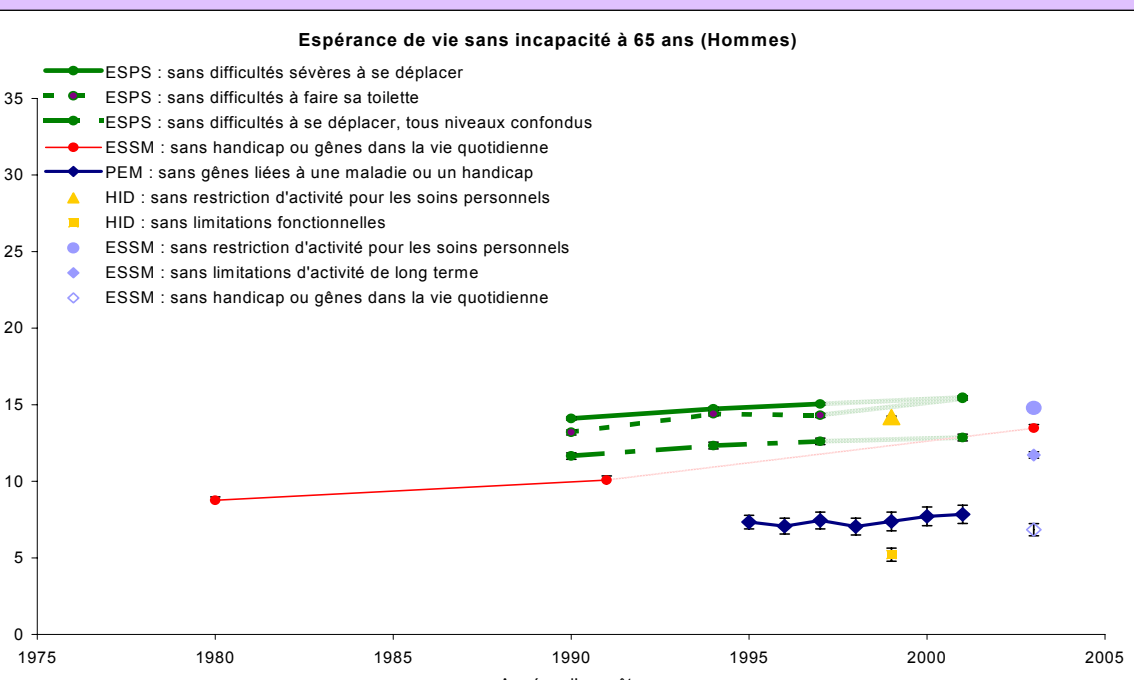
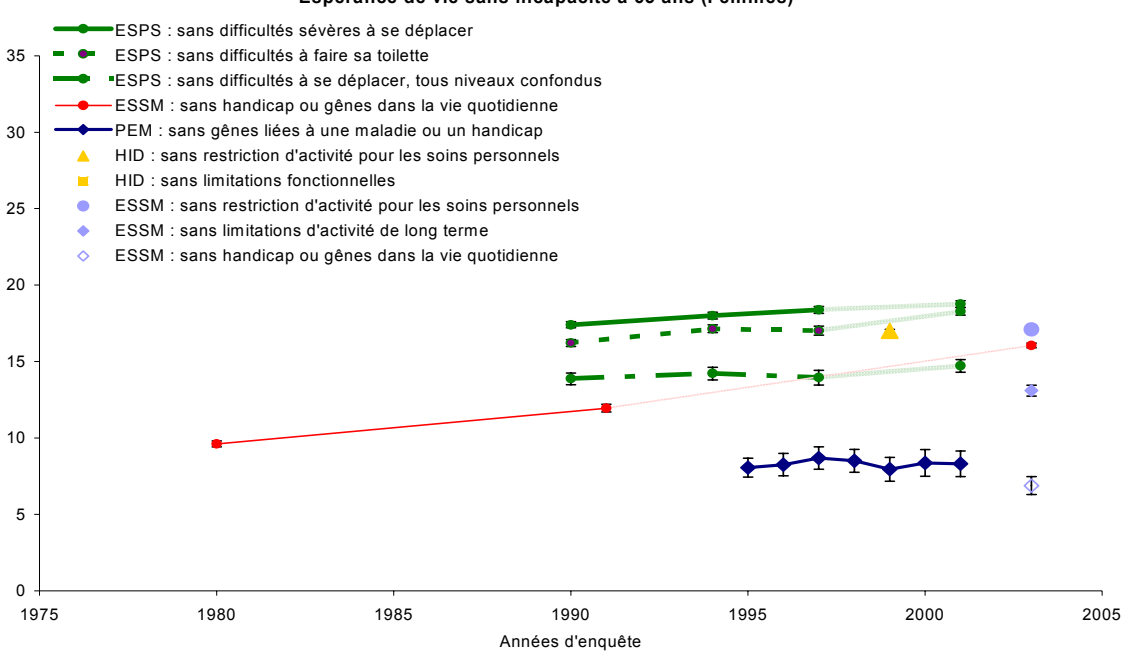


- Massive increase with the HIS single Q "disabled"
- Almost no years gained with ECHP
- Steeper increase for severe disability indicators



- HIS single Q at the level of FL... in 2003 at the level of severe AF

Trends in DFLE at age 65



Limitations due to data

- Uncertainty with observed trends esp. for HIS... over-estimated!
- ✓ no differences between men and women
- ✓ reported by severely restricted persons, who have benefits...
- ✓ rapid decrease: not congruent with international trends / previous decade
- ✓ change in the relationship with AR and FL (more specific, less sensible)
- ✓ impact of moving the Q and changing survey design

Conclusions

- Usual patterns: differences men/women, FL more common and more spread over life
- Increasing DFLE, especially for the most severe indicators but over-estimated
- Trends depend on the dimension under consideration
 - ✓ the nature of disability (FL, AR, both...)
 - ✓ the way to measure it (survey design, Q wording...)
- But closeness of conclusions for similar dimensions
- Need for diversity to get a better picture
- Need for several chronological series to monitor overall trends

