

Health Expectancies at birth and at age 65 in the United Kingdom, 2007–2009



Coverage: **UK**

Date: **31 August 2011**

Geographical Area: **Country**

Theme: **Health and Social Care**

Key Points

- At birth females and males could expect 76 to 82 per cent of life disability-free and in good general health
- Proportions of life spent disability-free generally increased for males and females at birth between 2004–06 and 2007–09
- At age 65, women and men could expect 47–62 per cent of life disability-free and in good general health
- Proportions of life spent disability-free increased for women but mostly fell for men at age 65 between 2004–06 and 2007–09
- At age 65 men now spend more of their lives in good general health than women in Wales

Summary

This bulletin presents figures for healthy life expectancy (HLE) and disability-free life expectancy (DFLE) at birth and at age 65 for males and females in the UK and constituent countries in 2007–09 and compares this period with 2004–06.

HLE and DFLE add a dimension of the quality of life expectancy, providing users with a summary measure of the time spent in favourable and unfavourable health states which can be used to inform policy, planning and research in both public and private sectors in areas such as health, population and pensions.

A podcast introducing health expectancies including the data in this bulletin using audio commentary and graphical animations is available on the [ONS YouTube channel](http://www.youtube.com/onsstats) at <http://www.youtube.com/onsstats>

What are Health expectancies?

As life expectancy continues to increase in the UK, it is important to ask whether these additional years of life are being spent in favourable health states or in prolonged poor health and dependency.

Health expectancies help us to address this question by adding a dimension of quality to life expectancy. There are as many health expectancies as there are measures or concepts of health. The Office for National Statistics (ONS) routinely publishes two types of health expectancy; healthy life expectancy (HLE), defined as the number of years an individual can expect to spend in very good or good general health, and disability-free life expectancy (DFLE), defined as the number of years an individual can expect to spend free from a limiting chronic illness or disability.

These estimates are, in part, based upon self-perceived general health and limiting chronic illness. The subjective nature of these measures means that they are influenced by the way individuals perceive their health; while self reports of general health and limiting illness are somewhat influenced by an individual's expectations, clear differences are observed across socio-demographic factors such as age, sex, socioeconomic position and area deprivation. However, despite differences in expectations these measures are strong predictors of longevity (Idler and Benyamini, 1997) and correlate well with health service use (Weinberger *et al.*, 1986).

Health expectancies are important outcome measures and can be used to identify and monitor health inequality; for example, to support health needs assessment by identifying populations most in need and using this information to target health resources and monitor the effects of such targeting. They are also useful guides in the assessment of healthy ageing: providing intelligence on the future size of the population likely to require services associated with dependency, and those able to continue to work beyond the current state pension age.

HLE and DFLE are important metrics supporting policy development in the Department of Health, the Department of Work and Pensions and the Department of the Environment, Food and Rural Affairs. Recently, the Marmot Review of Health Inequalities in England (Marmot 2010) used DFLE to highlight the scale of inequality in this measure across small areas, which raised the awareness of the sizable social and economic costs associated with this disparity in terms of revenues foregone and potentially avoidable health and social care expenditure.

ONS has published national health expectancies in three-year aggregate periods since 1980–82 for Great Britain and England, and since 2000–02 for the UK and constituent countries. Analyses of health expectancies at lower level geographies and by population sub-groups defined by area deprivation and social class, are also published by ONS on a regular basis.

Changes in health expectancies over time can be assessed by comparing non-overlapping time periods, for example estimates for 2007–09 can be compared with those from 2004–06 or earlier. However, a change to the general health question used to derive estimates of HLE in 2006–08 means that there are currently no non-overlapping time periods for comparison in this measure.

Estimates of DFLE for the UK and constituent countries are comparable between 2000–02 and, most recently, 2007–09. Significant change over time is indicated by estimates with non-overlapping 95 per cent confidence intervals in the periods in question. However, deciding on the importance of change over time in Wales, Scotland and Northern Ireland is more difficult because of the relatively small survey samples in these countries, compared with England and the UK. These small samples result in estimates with wider confidence intervals, which constrains the opportunity to observe statistically significant differences. This issue has been exacerbated in recent years, particularly for Wales and Scotland, due to a decline in the cross-sectional survey data used to calculate health expectancies. For this reason results for Wales and Scotland since 2004–06 should be treated with caution.

For further information, please visit our website at www.ons.gov.uk

Key comparisons

Healthy life expectancy (HLE) and disability-free life expectancy (DFLE) at birth and at age 65 in the UK and constituent countries were, on the whole, higher for females than males in 2007–09. The proportion of life spent in very good or good general health; HLE, or free from a limiting chronic illness or disability; DFLE, however tends to be greater for males than for females, reflecting the fact that compared with males, females tend to spend longer periods of their lives in poorer health.

Within the UK, HLE and DFLE at birth were highest for both sexes in England and lowest in Scotland for males and in Northern Ireland for females. In general, the rank of HLE and DFLE by country was identical to that of the proportions of life spent in favourable health. One exception was in Scotland where males spend a higher proportion of their lives in very good or good general health than males in Northern Ireland, despite having lower estimates of HLE. This is a consequence of the narrower gap between life expectancy (LE) and HLE for males in Scotland due to the shorter life expectancy in this country.

At age 65, HLE for men was highest in Wales and lowest in Scotland. For women HLE was highest in England and lowest in Wales. In Wales, for the first time since measurements began in any UK country, HLE was higher for men than for women. Men in Wales could expect to spend around 62.0 per cent of their remaining lives in very good or good general health compared to just 50.5 per cent for women, the lowest proportion among the constituent countries of the UK. This finding is supported by the Welsh Health Survey 2009 which indicated that women in Wales have worse health and well-being compared to men in Wales (Welsh Health Survey, 2009).

DFLE at age 65 was highest for men in England and lowest in Scotland. For women, DFLE was highest in Wales and lowest in Northern Ireland. The proportion of life spent free from a limiting chronic illness or disability was highest in Wales and lowest in Northern Ireland for both men and women. It is also notable that women in Northern Ireland could expect to spend less than half of their remaining lives (46.5 per cent) free from a limiting chronic illness or disability.

In general terms HLE and DFLE are broadly comparable by sex, age and country, indicating that, like DFLE, HLE is a good measure of functional health status. However, for women at age 65 in Wales and in Northern Ireland there is a disparity between the proportions of life spent in very good or good general health and free from a limiting chronic illness or disability; 7.4 per cent in favour of general health in Northern Ireland and 7.6 per cent in favour of limiting chronic illness or

disability in Wales. The differences at birth are less than 1 per cent for males and 2 per cent or less for females and at age 65 are less than 4 per cent for men and 1.4 per cent or less for women in the UK, England and Scotland. These findings suggest that women in Wales and Northern Ireland may perceive their general health and limiting chronic illness in a different way to men and women in other UK countries; potentially a rich vein for further research.

Over the most recent comparable period, 2004–06 to 2007–09, LE has risen for males and females at birth and at age 65 in the UK and all constituent countries. Increases in DFLE over this period at birth have been greater than for LE for males and females in all countries but Scotland. At age 65 increases in DFLE have been greater than LE for men in Wales and women in the UK, Great Britain, England and Wales. These instances provide evidence for the recent compression of morbidity, whereby people are spending longer periods of their longer lives without a limiting chronic illness or disability.

For males and females at birth and at age 65 in Scotland and for men aged 65 in all countries but Wales, DFLE has fallen further behind LE in 2007–09 than it was in 2004–06. These instances provide evidence for the recent expansion of morbidity, whereby people spend longer periods of their longer lives with a limiting chronic illness or disability. For women in Northern Ireland the proportion of life spent free from a limiting chronic illness or disability increased, despite the fact that the increase in LE over the period was greater than that of DFLE, indicating a relative rather than absolute compression of morbidity as seen for women in other countries.

Compression or expansion of morbidity is dependant on relative changes in LE and the measure of morbidity; in this case, DFLE. Comparing these changes across gender, age-groups or countries is complex as each grouping starts off on an unequal footing. Scotland for example has lower LE than any other UK country but, on the whole, this measure has increased at a proportionally greater rate than in all other UK countries except for England between 2004–06 and 2007–09. Compression of morbidity over this period in Scotland would therefore require a disproportionately large increase in DFLE thereby rendering comparisons of changing morbidity between the countries unreliable.

Results

Healthy life expectancy at birth

Table 1 shows life expectancy (LE) and healthy life expectancy (HLE) at birth for males and females in the UK and constituent countries for the period 2007–09. The proportion of life spent in favourable health states and significant differences between England and the other UK countries, identified by non-overlapping 95 per cent confidence intervals (CI), are also highlighted.

Table 1. Life expectancy (LE) and healthy life expectancy (HLE) at birth: by country and sex, 2007–09

Years, Percentages

		LE	HLE ¹	Lower 95 per cent CI	Upper 95 per cent CI	HLE ¹ relative to LE (%)
Males	United Kingdom	77.7	63.0	62.55	63.46	81.1
	Great Britain	77.7	63.2	62.59	63.75	81.3
	England	78.0	63.5	62.89	64.16	80.1
	Wales	77.1	62.5	60.07	64.89	81.1
	Scotland	75.3	60.1 ²	58.26	61.97	79.8
	Northern Ireland	76.7	60.5 ²	59.74	61.23	78.9
Females	United Kingdom	81.9	65.0	64.52	65.44	79.4
	Great Britain	81.9	65.2	64.56	65.78	79.6
	England	82.1	65.5	64.79	66.12	79.8
	Wales	81.4	62.8	60.18	65.39	77.1
	Scotland	80.1	63.5	61.63	65.43	79.3
	Northern Ireland	81.3	62.5 ²	61.77	63.19	76.9

Table source: Office for National Statistics

Table notes:

1. HLE based on five-point response general health question. Replaced the 3-point response general health question in 2006–08
2. Significantly different from England at the 95% level

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In 2007–09, males in the UK could expect to live in very good or good general health for 63.0 years at birth, equal to 81.1 per cent of LE. For females HLE was 65.0 years; 79.4 per cent of LE.

Within the UK, HLE for males was highest in England (63.5 years, 81.4 per cent of LE); significantly higher than in Scotland (60.1 years, 79.8 per cent) and Northern Ireland (60.5 years, 78.9 per cent). For females HLE was highest in England (65.5 years, 79.7 per cent); significantly higher than the lowest estimate in Northern Ireland (62.5 years, 76.9 per cent).

Disability-free life expectancy at birth

Table 2 shows life expectancy (LE) and disability-free life expectancy (DFLE) at birth for males and females in the UK and constituent countries for the period 2007–09. The proportion of life spent in favourable health states and significant differences between England and the other UK countries, identified by non-overlapping 95 per cent confidence intervals (CI), are also highlighted.

Table 2. Life expectancy (LE) and disability-free life expectancy (DFLE) at birth: by country and sex, 2007–09

		Years, Percentages				
		LE	DFLE ¹	Lower 95 per cent CI	Upper 95 per cent CI	DFLE relative to LE (%)
Males	United Kingdom	77.7	63.4	62.86	64.01	81.6
	Great Britain	77.7	63.7	63.08	64.22	81.9
	England	78.0	64.2	63.55	64.79	82.2
	Wales	77.1	62.9	60.55	65.32	81.7
	Scotland	75.3	59.5 ¹	57.63	61.37	79.0
	Northern Ireland	76.7	60.8 ¹	60.16	61.45	79.3
Females	United Kingdom	81.9	65.1	64.49	65.70	79.5
	Great Britain	81.9	65.4	64.75	65.95	79.8
	England	82.1	65.6	64.97	66.27	79.9
	Wales	81.4	64.4	61.71	67.16	79.1
	Scotland	80.1	63.5	61.55	65.43	79.3
	Northern Ireland	81.3	62.0 ¹	61.39	62.69	76.3

Table source: Office for National Statistics

Table notes:

1. Significantly different from England at the 95% level

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In the UK, males could expect to live 63.4 years free from a limiting chronic illness or disability at birth, equal to 81.6 per cent of LE. For females this figure was 65.1 years (79.5 per cent of LE).

Within the UK, DFLE at birth for males was highest in England (64.2 years, 82.2 per cent); significantly higher than in Scotland (59.5 years, 79.0 per cent) and Northern Ireland (60.8 years, 79.0 per cent). For females, DFLE was highest in England (65.6 years, 79.9 per cent); significantly higher than the lowest estimate in Northern Ireland (62.0 years, 76.3 per cent).

Healthy life expectancy at age 65

Table 3 shows life expectancy (LE) and healthy life expectancy (HLE) at age 65 for males and females in the UK and constituent countries for the period 2007–09. The proportion of life spent in favourable health states and significant differences between England and the other UK countries, identified by non-overlapping 95 per cent confidence intervals (CI), are also highlighted.

Table 3. Life expectancy (LE) and healthy life expectancy (HLE) at age 65: by country and sex, 2007–09

		Years, Percentages				
		LE	HLE ¹	Lower 95 per cent CI	Upper 95 per cent CI	HLE ¹ relative to LE (%)
Males	United Kingdom	17.6	9.9	9.61	10.25	56.4
	Great Britain	17.6	9.9	9.53	10.35	56.5
	England	17.8	10.0	9.60	10.50	56.5
	Wales	17.2	10.7	9.11	12.26	62.0
	Scotland	16.4	8.8	7.62	9.91	53.6
	Northern Ireland	17.1	9.6	9.13	10.12	56.4
Females	United Kingdom	20.2	11.5	11.19	11.85	56.9
	Great Britain	20.3	11.6	11.16	12.01	57.2
	England	20.4	11.7	11.28	12.21	57.5
	Wales	20.0	10.1	8.43	11.71	50.5
	Scotland	19.0	10.7	9.40	12.09	56.5
	Northern Ireland	19.9	10.7 ²	10.22	11.21	53.9

Table source: Office for National Statistics

Table notes:

1. HLE based on five-point response general health question. Replaced the 3-point response general health question in 2006–08
2. Significantly different from England at the 95% level

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Men in the UK could expect to live in very good or good general health for 9.9 years equal to 56.4 per cent of LE. For women HLE was 11.5 years (56.9 per cent).

Within the UK HLE for men was highest in Wales, (10.7 years, 62.0 per cent) almost 2 years higher than the lowest estimate in Scotland, 8.8 years (53.6 per cent). For women HLE was highest in England (11.7 years, 57.5 per cent) and more than 1.5 years higher than the lowest estimate of 10.1 years in Wales (50.5 per cent). For women, HLE was significantly higher in England than in Northern Ireland, 10.7 years (53.9 per cent).

Disability-free life expectancy at age 65

Table 4 shows life expectancy (LE) and disability-free life expectancy (DFLE) at age 65 for males and females in the UK and constituent countries for the period 2007–09. The proportion of life spent in favourable health states and significant differences between England and the other UK countries, identified by non-overlapping 95 per cent confidence intervals (CI), are also highlighted.

Table 4. Life expectancy (LE) and disability-free life expectancy (DFLE) at age 65: by country and sex, 2007–09

Years, Percentages

		LE	DFLE	Lower 95 per cent CI	Upper 95 per cent CI	DFLE relative to LE (%)
Males	United Kingdom	17.6	10.2	9.82	10.63	58.1
	Great Britain	17.6	10.3	9.91	10.72	58.6
	England	17.8	10.5	10.06	10.94	59.1
	Wales	17.2	10.3	8.65	12.03	60.0
	Scotland	16.4	8.9	7.68	10.08	54.3
	Northern Ireland	17.1	9.0 ¹	8.53	9.47	52.8
Females	United Kingdom	20.2	11.2	10.81	11.66	55.5
	Great Britain	20.3	11.4	10.98	11.83	56.3
	England	20.4	11.4	10.98	11.91	56.1
	Wales	20.0	11.6	9.73	13.48	58.1
	Scotland	19.0	10.9	9.63	12.24	57.5
	Northern Ireland	19.9	9.2 ¹	8.77	9.71	46.5

Table source: Office for National Statistics

Table notes:

1. Significantly different from England at the 95% level

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In the UK men could expect to live free from a limiting chronic illness or disability for 10.2 years (58.1 per cent of LE). For women DFLE was 1.0 year higher at 11.2 years (55.5 per cent).

For men, DFLE was highest in England (10.5 years, 59.1 per cent), 1.6 years higher than the lowest estimate in Scotland (8.9 years, 54.3 per cent). DFLE for men was significantly higher in England than in Northern Ireland, 9.0 years (52.8 per cent). For women DFLE was highest in Wales (11.6 years, 58.1 per cent) and 2.4 years higher than the lowest estimate in Northern Ireland (9.2 years, 46.5 per cent). DFLE for women was significantly higher in England, 11.4 years (56.1 per cent) than in Northern Ireland.

Trends in Disability-free life expectancy

Disability-free life expectancy at birth, 2004–06 to 2007–09

Table 5 shows life expectancy (LE) and disability-free life expectancy (DFLE) at birth for males and females in the UK and constituent countries for the periods 2004–06 and 2007–09. The proportion of life spent free from a limiting chronic illness or disability, and significant differences within countries over time, identified by non-overlapping 95 per cent confidence intervals (CI), are also highlighted.

Table 5. Life expectancy (LE) and disability-free life expectancy (DFLE) at birth: by country and sex, 2004–06 to 2007–09

Years, Percentages

		2004-06		2007-09			
		LE	DFLE	DFLE relative to LE (%)	LE	DFLE	DFLE relative to LE (%)
Males	United Kingdom	76.9	62.4 ¹	81.2	77.7	63.4 ¹	81.6
	Great Britain	76.9	62.5 ¹	81.3	77.7	63.7 ¹	81.9
	England	77.2	62.8 ¹	81.3	78.0	64.2 ¹	82.2
	Wales	76.6	59.8	78.0	77.1	62.9	81.7
	Scotland	74.6	61.7	82.7	75.3	59.5	79.0
	Northern Ireland	76.1	60.0	78.9	76.7	60.8	79.3
Females	United Kingdom	81.3	63.9 ¹	78.6	81.9	65.1 ¹	79.5
	Great Britain	81.3	64.0 ¹	78.8	81.9	65.4 ¹	79.8
	England	81.5	64.1 ¹	78.7	82.1	65.6 ¹	79.9
	Wales	80.9	63.5	78.5	81.4	64.4	79.1
	Scotland	79.6	63.4	79.6	80.1	63.5	79.3
	Northern Ireland	81.0	60.7 ¹	74.9	81.3	62.0 ¹	76.3

Table source: Office for National Statistics

Table notes:

1. Significantly different from England at the 95% level

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In the UK, DFLE increased significantly for males and females between 2004–06 and 2007–09. For males DFLE increased by 1.0 year and LE increased by 0.8 years. For females DFLE increased by 1.2 years and LE increased by 0.6 years. The proportion of life spent free from a limiting chronic illness also increased; from 81.2 to 81.6 per cent for males and from 78.6 to 79.5 per cent for females.

Significant increases in DFLE over the period were also seen for males and females in Great Britain and in England and for females in Northern Ireland. With the exception of Scotland, increases in DFLE were greater than increases in LE in all the UK constituent countries. Thus, the proportion of life spent free from a limiting chronic illness or disability in these countries also increased. In Scotland this proportion fell for both males and females due to a decline in DFLE of 2.2 years for males and only a slight increase of 0.1 years for females against increases in LE.

Disability-free life expectancy at age 65, 2004–06 to 2007–09

Table 6 shows life expectancy (LE) and disability-free life expectancy (DFLE) at age 65 for males and females in the UK and constituent countries for the periods 2004–06 and 2007–09. The proportion of life spent free from a limiting chronic illness or disability, and significant differences within countries over time, identified by non-overlapping 95 per cent confidence intervals (CI), are also highlighted.

Table 6. Life expectancy (LE) and disability-free life expectancy (DFLE) at age 65: by country and sex, 2004–06 to 2007–09

Years, Percentages

	2004-06		2007-09			
	LE	DFLE	DFLE relative	LE	DFLE	DFLE relative

				to LE (%)			to LE (%)
Males	United Kingdom	16.9	10.1	59.6	17.6	10.2	58.1
	Great Britain	16.9	10.1	59.8	17.6	10.3	58.6
	England	17.1	10.2	59.8	17.8	10.5	59.1
	Wales	16.7	9.5	56.6	17.2	10.3	60.0
	Scotland	15.8	9.8	61.8	16.4	8.9	54.3
	Northern Ireland	16.6	9.1	55.0	17.1	9.0	52.8
	Females	United Kingdom	19.7	10.6	53.8	20.2	11.2
Great Britain		19.7	10.7 ¹	54.1	20.3	11.4 ¹	56.3
England		19.9	10.7	54.0	20.4	11.4	56.1
Wales		19.5	9.8	50.2	20.0	11.6	58.1
Scotland		18.6	10.7	57.4	19.0	10.9	57.5
Northern Ireland		19.5	9.0	46.2	19.9	9.2	46.5

Table source: Office for National Statistics

Table notes:

1. Significantly different from England at the 95% level

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In the UK, as a whole, increases in DFLE between 2004–06 and 2007–09 were not statistically significant. For men DFLE increased by just 0.1 years and for women this figure was 0.6 years. Increases in LE for men and women over the period were 0.7 years and 0.5 years respectively. For men therefore, the proportion of life spent free from a limiting chronic illness or disability fell from 59.6 to 58.1 per cent; for women this proportion increased from 53.8 to 55.5 per cent.

Within the UK there was a single instance of a significant increase in DFLE; for women in Great Britain DFLE rose from 10.7 to 11.4 years. For women DFLE rose more than LE in Great Britain, England and Wales, but not in Scotland or Northern Ireland. However, even in these countries the proportion of life spent free from a limiting chronic illness or disability increased. For men DFLE increased in Great Britain, England and Wales, but not in Scotland or Northern Ireland. Only in

Wales was the increase in DFLE greater than that for LE, and in all other countries the proportion of life spent free from a limiting chronic illness or disability fell over the period.

Gender comparisons

In all countries but Scotland, LE increased more for males than for females, causing the gap in this measure by sex to narrow across most of the UK. Estimates of DFLE however have increased more for females than for males with the exception of Wales at birth. Thus the gap between sexes has increased across much of the UK between 2004–06 and 2007–09. The gap in the proportion of life spent free from a limiting chronic illness or disability between males and females, which has historically tended to favour males, has therefore narrowed.

Results on the Office for National Statistics website

The results in this report, including updated 95 per cent confidence intervals (CI) backdated to 2000–02 can also be found on the Office for National Statistics (ONS) website at: www.ons.gov.uk/ons/taxonomy/index.html?nscl=Health+Expectancy

Figures on the ONS website include estimates of life expectancy, healthy life expectancy and disability-free life expectancy for the UK, Great Britain, England, Scotland, Wales and Northern Ireland from 2000–02 to 2007–09. For Great Britain and England, long-term health expectancies trend data are also available for the period 1981 to 2001. All estimates are presented along with the corresponding life expectancy figures.

Independent in-depth analyses of Scottish health expectancies figures can be found on the Scottish Public Health Observatory website, accessed 20 July 2011, available at:

www.scotpho.org.uk/hle

Methods

Calculation

Office for National Statistics (ONS) produces two measures of health expectancy: healthy life expectancy (HLE), defined as expected years of life in very good or good general health; and disability-free life expectancy (DFLE), defined as expected years of life free from a limiting chronic illness or disability.

UK health expectancies are calculated using the Sullivan method incorporating national period life expectancies (Jagger, 1999). Briefly, the prevalence rates of self-reported good/not good general health or with/without a limiting long-standing illness or disability by country, sex and five-year age band are calculated from the cross-sectional sample of the General Lifestyle module of the Integrated Household Survey and the Continuous Household Survey of Northern Ireland, aggregated over three years. These data are combined with mortality data from interim life tables, national mid-year population estimates and an estimate of the health status of residents of medical and care communal establishments based on census data. All figures are based on three-year rolling datasets to ensure sufficiently large survey sample sizes for country comparisons. Figures

are published along with 95 per cent confidence intervals (CI) to allow the user to identify significant differences between areas. Statistical significance is assigned on the basis of non-overlapping CI.

Further information regarding the methodology used to calculate UK health expectancies are available on the ONS website at: www.ons.gov.uk/ons/taxonomy/index.html?nscl=Health+Expectancy

Interpretation of health expectancies

HLE and DFLE at a given age for an area in a given time period for a specified population, such as England, is an estimate of the average number of years a person would live in very good or good general health or without a limiting chronic illness or disability if he/she experienced the specified population's particular age-specific mortality and health status rates for that time period throughout the rest of his/her life.

The figures reflect mortality and health status of the entire specified population in each time period rather than those born in each area. It is not therefore the number of years that a person will actually expect to live in the various health states, both because the death rates and health status rates of the specified population are likely to change in the future and because some of those in the specified population may live elsewhere for part of their lives.

Health expectancies are indicators of health status that take into account differences in the age structures of populations. Results are comparable by age, sex and between specified populations. Estimates of DFLE for Great Britain and England since 1981 and for the UK since 2001 are broadly comparable. Estimates of HLE for GB and England between 1981 and 2005–07 and for the UK between 2000–02 and 2005–07 are also broadly comparable. From 2005–07 HLE was calculated using a European Union (EU) harmonised general health question to improve comparability across EU member states. From this time onwards therefore estimates of HLE are not comparable with earlier figures. A time series of synthetic HLE estimates for the UK between 2000–02 and 2004–06 based on the EU harmonised general health question is included in the results on the ONS website.

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Background notes

1. Since 2006–08 estimates of healthy life expectancy (HLE) are exclusively based on the general health question used in the Minimum European Health Module of the European Union (EU) Statistics on Income and Living Conditions.
2. From 2004–06, the cross-sectional survey sample for Great Britain was reduced compared to previous reporting periods due to a change in survey design. From thereon the precision of estimates for Great Britain, England, Wales and Scotland was reduced, making it more difficult to detect significant differences between countries and over time. Figures for Northern Ireland remain unaffected.
3. Because the General Lifestyle Module (GLF) and Continuous Household Survey (CHS) do not include residents of communal establishments, such as nursing homes, the prevalence of health states in this population is based on data from the 2001 Census. The proportion of the population in communal establishments is adjusted to match current aggregated mid-year population estimates. It should also be noted that estimates of good general health for the communal establishment population remain based upon the original 3-point general health question. This is unlikely to have an undue influence on estimates of HLE for two reasons; partly because this population is proportionately very small at younger ages whose health states are predominantly favourable, and partly because the larger elderly population resident in communal establishments generally report unfavourable health states. The communal establishment data will be updated with prevalence rates calculated from the 2011 Census based upon the EU general health question as soon as this data becomes available.
4. From 2008, the GLF began to include proxy responses for adults; this subset of the survey population represents less than 10 per cent of the total sample for Great Britain and is included in these analyses.
5. Details of the policy governing the release of new data are available from the media relations office.

6. National Statistics are produced to high professional standards set out in the Code of Practice for Official Statistics. They undergo regular quality assurance reviews to ensure that they meet customer needs. They are produced free from any political interference.

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