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Evaluating the Uptake of the Healthy Life Years Indicator

Final report

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Prepared for the European Commission
The research described in this report was prepared for the European Commission. The opinions expressed in this study are those of the authors and do not necessarily reflect the views of the European Commission.

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Executive summary

Objectives of this evaluation
The European Commission (EC) is interested in the uptake of the Healthy Life Years (HLY) indicator in the EC Services and Member States. The EC (DG SANCO) asked RAND Europe to undertake an evaluation to help the Commission better understand how to increase the uptake of the HLY indicator. It is also interested in how to raise the profile of health within non-health policies, particularly those addressing or shaped by demographic change. Uptake involves both awareness and use. We defined ‘awareness’ as ‘having knowledge of the indicator’ and ‘use’ of the HLY indicator as its ‘actual use’ in practice (in, for example, policy making or impact assessment). The evaluation covers the period since the adoption of HLY as a Lisbon Structural Indicator in 2005.

This report charts the research and analysis conducted by RAND Europe. The purpose of this executive summary is to identify key and emerging findings given the evidence available.

Methods used
The evaluation is based upon:

(1) desk research
(2) a web-based survey
(3) interviews with stakeholders.

More specifically, we have reviewed:

- peer-reviewed (scientific) literature
- ministerial, OECD and WHO websites, health portals, and national policy documents
- Member States’ submissions to the Commission
- wider information sources (newspaper, broadcast and on-line news websites and professional organisations at national and EU level).

The survey was sent to 200 Commission Officials, 87 representatives of National or Regional Health Ministries and 91 representatives of National or Regional Non-Health Ministries. By November 20th, we had received 109 completed surveys (an overall 29% response rate): Commission Officials (N=59), representatives of National or Regional Health Ministries (N=27), representatives of National or Regional Non-Health Ministries (N=16) and anonymous respondents (N=7). In addition, we have conducted 16 telephone interviews comprising 4 Commission Officials and 12 representatives of National or Regional Health Ministries.
What we found

Awareness of the HLY indicator in the European Commission and Member States

Awareness about the concept of HLY is widespread in the scientific literature, but awareness of the HLY indicator differs by stakeholder group. The majority of the National or Regional Health Ministry respondents are aware of the indicator, while most of the Commission Officials responding are not aware of the HLY indicator. The picture is not yet clear for the surveyed National or Regional Non-Health Ministries. The HLY indicator is seen as a useful benchmarking instrument with regard to the health situation and health promotion between and within Member States. It can also provide relevant information for policies regarding labour-market participation, pensions, health condition and lifestyles.

However, in the non-traditional literature, the HLY indicator is often mentioned in relation to the EC Services. There is a difficulty in reviewing the literature as some policy documents originate from the period prior to 2005. These documents are unlikely to contain any references to the HLY indicator, which was only implemented in 2005. However, this does not mean that these countries may not have adopted the indicator subsequently or that they did not use similar or even equivalent indicators. The policy documents do not provide good evidence about the uptake of the HLY indicator. In addition, references to the HLY indicator in Member State policy documents by and large refer to its actual use ('hard' evidence). Such policy documents provide little evidence relating to awareness of the indicator ('soft' evidence). In particular, they do not indicate whether the use of HLY or similar indicators was even considered.

Use of the HLY indicator in the European Commission and Member States

The use of the HLY indicator is not yet widespread, especially within Commission Services and by National and Regional Non-Health Ministries.

Reasons for not using the indicator include:

- limited awareness of the concept
- stage of development of the HLY indicator
- use of similar health indicators prior to the adoption of the HLY indicator (e.g. Healthy Life Expectancy)
- the fact that differences between health expectancy indicators and the HLY indicator are not yet well understood.

A slight majority of responding National and Regional Health Ministries use the HLY indicator for:

- policy making (e.g. health promotion and functional capacity of labour force)
- impact assessment (e.g. impact of healthy lifestyle on health)
- monitoring (e.g. trends in social protection).

In addition, the evidence shows that the HLY indicator is seen as important for measuring progress towards the Lisbon Objectives, in particular because health is a precursor for economic growth. It is also used to put health higher on the European political agenda. However, Structural Indicators should be used alongside each other to measure progress. The HLY might be
particularly relevant for the added social component of the Lisbon Agenda because it provides information on health determinants of the population and on access to, quality and structure of health information.

In the non-traditional literature, we only found a small number of references to actual use of the HLY indicator, mainly referring to the UK.

*Importance of measuring healthy ageing and the use of the HLY indicator*

The review of national policy documents suggests that most Member States have policies to support healthy ageing (i.e. focus on health and quality of life). In fact, many take an even stronger stance, with policies to promote active ageing (i.e. increasing or extending the participation of senior citizens in social and economic life). Survey respondents were asked about their awareness of specific programmes or policies to promote healthy, active ageing. Almost half of the respondents were aware of such policies or programmes. A small number of respondents indicated that healthy ageing was being monitored and that the HLY indicator was being used for this purpose. The review of national policy documents confirms that widespread monitoring of healthy ageing policies on the basis of the HLY indicator does not yet occur. In addition, only a minority of survey respondents mentioned that the HLY indicator is or would be used to design policies or programmes to promote healthy ageing.

From the interviews, it appeared that the HLY indicator is or will be used for promoting and monitoring healthy ageing policies (e.g. organisation of health care and social care). Most interviewees were, however, hesitant about the usefulness of the HLY indicator to evaluate how well healthy ageing policies are being managed.

*What it means*

The evidence provided by the literature review, the survey and interviews shows that the uptake of the HLY indicator within the EC Services and within National or Regional Non-Health Ministries is lagging behind use in National or Regional Health Ministries. This may be due to a number of factors, in particular:

- the National or Regional Health Ministries have more need for the HLY indicator
- it is more directly relevant for the National or Regional Health Ministries’ policy making than for that of the Non-Health Ministries
- both direct impact and the scope to incorporate such health expectancy considerations may be greater in National and Regional Health Ministries than at the EC level.

*How to improve the uptake of the HLY indicator*

The interviews and the synthesis of all evidence collected identified possible ways to increase the uptake of the HLY indicator:

- **Improve dissemination activities**, for instance by:
  - providing easier access to information and increasing visibility (e.g. through SANCO website)
  - adopting and profiling HLY by high level EC Commissioners (e.g. High Commissioner for Health or Public Health Programme committee)
– stimulating publication and dissemination of policy documents and scientific articles indicating the use of the HLY indicator both on a national and European level.

**• Improve measurement of the HLY indicator**, for instance by:
  – standardising definitions used
  – providing training to research staff and users of HLY
  – improving research methodology by providing more financial resources to research groups.

**• Improve understanding of the HLY indicator**, for instance by:
  – providing clear information about what the indicator really means, how it is calculated and the existing ways for harmonising national outputs
  – organising conferences to increase awareness of different ways to use the HLY indicator and of its advantages and disadvantages.

In addition, it is important to raise the profile of the HLY indicator within non-health policies by ensuring that public health is strategically addressed in other EC policies and programmes at all levels (‘health in all policies’). Health impact assessment (HIA) is effective in both mainstreaming health and evaluating how other policies affect health. However, there is no sound and solid evidence on the systematic use of HIA across Community Services. For HIA to become even more useful we recommend:

**• supporting ‘health in all policies’ (HIAP) in the new Health Strategy (to be adopted in summer 2007)**

**• developing further coordinated action plans linking health with other policy areas** (e.g. health and safety at work, social affairs, environmental health) to exploit synergies and focus efforts where HLY is at stake

**• providing training on HIA to EC Services** (e.g. DG SANCO developed a practical guide for screening of proposals for possible health impacts and background material useful for putting discussions on HIA in a broader perspective).