

FACTORS IMPACTING HEALTHY LIFE EXPECTANCY IN BULGARIA

SUMMARY

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Population health is essential for the overall socio-economic development of a country. People's good health has a beneficial effect on their life expectancy as a whole and on quality of life as well. Statistical data show that life expectancy is steadily increasing. However, the question is whether people live longer in good health or gain only years of life in bad health?

The specialised research literature and the statistical practice cover a wide variety of indicators for monitoring of health, which are constructed and used either within a system or individually – concerning mortality, morbidity, health care expenditure, resources of the health care system etc. Recent decades, however, have seen an increasing popularity of the composite indicator Healthy Life Years (HLY). This indicator measures the number of remaining years that a person of specific age is expected to live in good health.

The object of the study is the resident population of Bulgaria and the subpopulations of males and females throughout the period 2011–2016.

The subject of the study is the life expectancy in good health of males and females in the country at birth and at the age of 50 and 65 years.

The purposes of this study are to characterise life expectancy in good health of males and females in Bulgaria at birth and by age, and to examine the impact of major social factors contributing to its change.

This study analyses two indicators calculated using the Sullivan method: “Healthy life years” and “Healthy life expectancy based on self-perceived health”. The HLY indicator measures the number of remaining years that a person of specific age is expected to live without any severe or moderate health problems and limitations. The notion of health problem is reflecting a disability dimension and is based on a self-perceived question, which aims to measure the extent of any limitations, for at least six months, because of a health problem that may have affected respondents as regards activities they usually do (the so-called GALI, Global Activity Limitation Instrument). The indicator is therefore

also called disability-free life expectancy (DFLE). So, HLY is a composite indicator combining mortality data and health status data.

The analyses are based on EU-SILC data for the period 2011–2016 and 2014 EHIS data.

The first chapter is dedicated to presenting the theoretical and methodological bases for the study of life expectancy in good health: basic concepts and definitions of health and life in good health, indicators, Sullivan's method, health influencing factors, data sources as well as Eurostat's work on harmonisation of indicators.

The second chapter of the study presents the results of the analysis of selected indicators of life expectancy in good health at national, regional (districts) and international (EU) levels. The issue of comparability of indicators calculated by using different data sources (surveys), discussed at theoretical level in the first chapter, was analysed in the empirical study. For the first time in the country, the indicator “Healthy life expectancy based on self-perceived health”, was calculated and analysed at district level, for males and females, at birth and at the age of 65 years, using 2014 EU-SILC data. The methodological features of the sample surveys that should be considered in the comparative analysis are discussed too.

The third chapter presents the results of the study of selected factors' influence on healthy life expectancy, namely education, income, housing and environmental conditions. The results of the analysis prove that the factors studied influence the subjective health assessment of individuals.