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Do inhabitants of France live longer in good health in some *départements* than in others?

Aging goes together with increased risk of health disorders, including incapacitating illnesses that expose people to disability and dependence. “Disability-free life expectancy,” also known as “healthy life expectancy,” is the number of additional years that a person can expect to live without being limited in their daily activities once they have reached a specified age. Disparities in disability-free life expectancy can be observed in France at the level of the *département*. In which *départements* or regions do people live the longest and where are they most likely to age in good health—i.e., to remain disability-free as they grow older? Researchers from INED, the University of Strasbourg, and the ORS (Regional health observatory) of the Île-de-France region, drawing on the “Vie Quotidienne et Santé” or VQS survey (Daily life and health) commissioned by the DREES (National department of research, studies, evaluation and statistics), recently conducted the first comparative study of *départements* in connection with life expectancy and disability-free life expectancy. They discovered notable differences from one *département* to another—an important finding because *département*-level governing bodies are the ones in charge of certain components of health and social policy, including care for dependent persons.

Trends in relative mortality rates that are related to regional economic activity

Despite health advances in France that began in the 1950s and benefited society at large, there are still considerable regional inequalities in mortality. The lowest life expectancy levels are found in the country’s northeast. Inhabitants of Pas-de-Calais *département* have the lowest life expectancy at age 60: 26 additional years for women and 20 for men. Longevity is higher in the greater Paris region, *départements* of southwest France, and the Rhone-Alpes region: the *département* of Paris shows the highest life expectancy at age 60 for women (29 additional years) while the highest for men at that age (25 additional years) is in Hautes-Alpes. Regional disparities have not always been so pronounced: northern France had higher life expectancy rates than now up until the 1970s, when the health situation of its inhabitants began to deteriorate. In direct contrast, the region of Brittany saw life expectancy rise in the mid-twentieth century with the development of its urban centers. In addition to regional inequalities, life expectancy differs by sex: women tend to live longer than men, with an overall life expectancy at 60 of 27 years compared to 23 years for men.

What is disability-free life expectancy?

Life expectancy at birth is the average life span—i.e., average age at death—of a fictitious generation subject to the age-specific mortality conditions of the given year. It is a particular case of *life expectancy at age x*, which can be calculated for every age and represents the average number of years left to live beyond a certain age, once again subject to the mortality conditions of the year in question. This indicator is not predictive because it does not take health system changes into account. Meanwhile, to better assess the benefit of additional years of life we have a combined quantitative

and qualitative indicator known as “disability-free” or “healthy life expectancy” that measures the number of years a person can count on living without being unable to carry out daily life activities. Analyzing levels of disability-free life expectancy leads to a better understanding of the dynamics between mortality, health, and disability. The “**disability-free life expectancy**” indicator can be used to describe the health of the population at large, to set goals, and to construct assumptions about future needs.

A wide range of different situations across *départements*...

Disability-free life expectancy at age 60 ranges from 11 to 18 years by respondent’s *département* and sex. **In some *départements***—specifically, most in western France and most of those that make up the Ile-de-France and Rhone-Alpes regions—both life expectancy (*Figure 1, maps A and D*) and **healthy life expectancy** (*Figure 1, maps C and F*) **are high**. But the *départements* where longevity is highest are not necessarily those with the best healthy life expectancy indicators. Cases in point are Haute-Loire and Haute-Vienne as well as a number of southern *départements* (Ariège, Gers, Bouche-du-Rhone, Haute-Corse, Drôme and Ardèche), particularly for women.

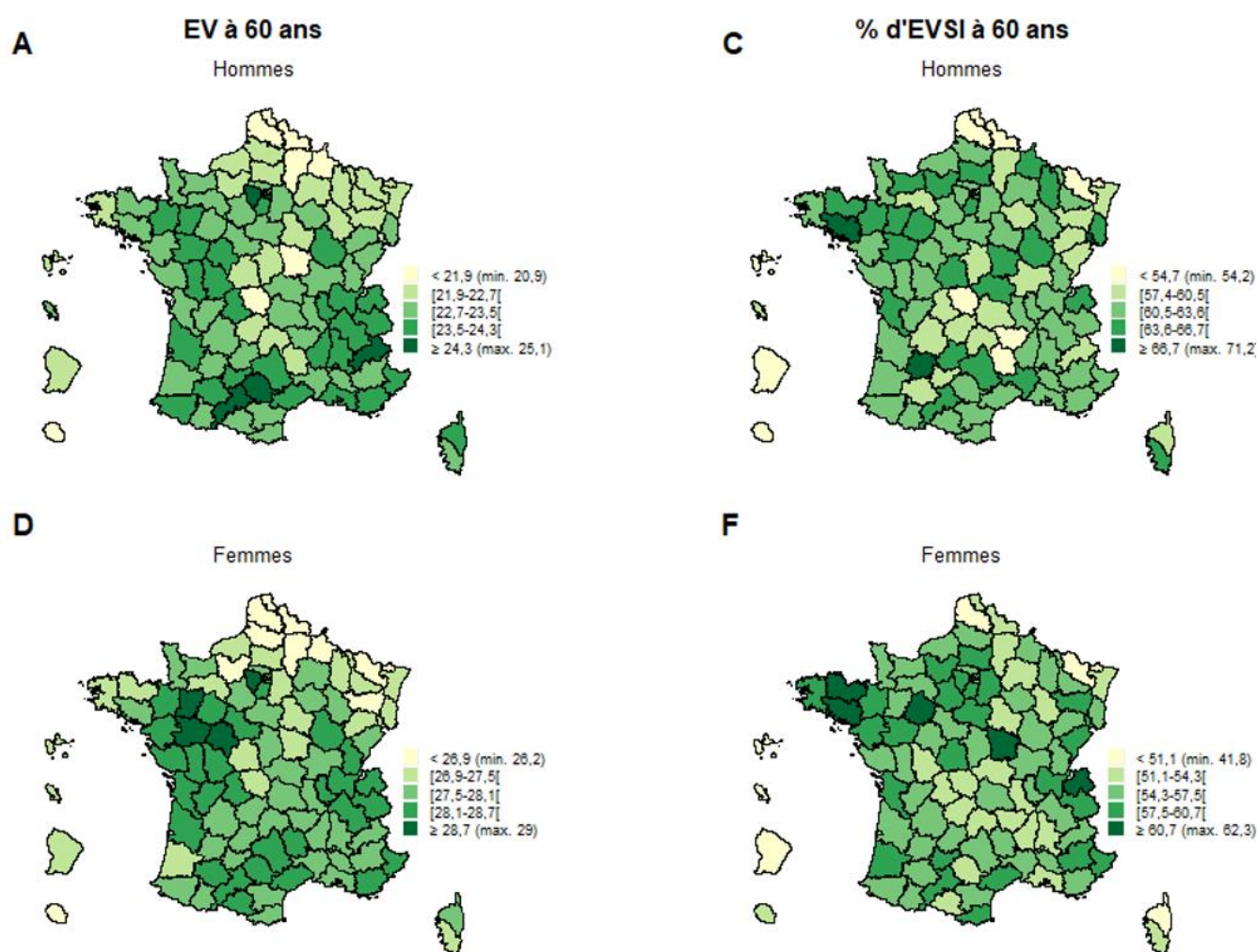
Furthermore, shorter life expectancy at age 60 does not necessarily mean fewer disability-free years. France’s overseas *départements*, *départements* of the Hauts-de-France (northern) region, and a few in the Grand-Est (Moselle, Bas-Rhin) and Centre regions (Correze, Creuse) **show a compounded disadvantage**: low life expectancy at 60, with most additional years lived in poor health. However, we also find *départements* where longevity is relatively low while number of healthy years is relatively high; specifically, Morbihan and Côtes d’Armor for both sexes; Territoire de-Belfort and Haut-Rhin for men; and Vosges for women.

...Differences that are related to local socio-economic structure

Doubly disadvantaged *départements* (that is, low longevity combined with few disability-free years) are either heavily rural (Limousin) or in relatively uncomfortable economic circumstances (*départements* of the Hauts-de-France region, overseas *départements*). These findings highlight compound exposure to health risk vis à vis mortality and disability. Conversely, *départements* that combine high longevity with low levels of disability are often economically prosperous and home to active, socially privileged inhabitants (*départements* of Île-de-France and Savoie). *Départements* where inhabitants live to relatively old ages but with many years of disability are probably more at risk for incapacitating yet non-lethal disorders; examples are Haute-Vienne and Seine-Saint-Denis for men, and several southern *départements* for women. Last, migration for health reasons—e.g., moving to another, more urban *département* for easier access to relevant infrastructure, to live closer to one’s children, or to move into a nursing home—should also be taken into account, though it is difficult to quantify.

Apprehending these differences is key to assessing older persons’ needs when their daily activities come to be limited by some level of disability. Whereas *départements* manage care for dependent older persons, the first estimates offered by this study show how important it is for public decision-makers to use these indicators.

Figure 1: Life expectancy (LE) at age 60
and proportion of LE that is healthy life expectancy (HLE) by French département and sex



Champ : Population âgée de 60 ans et plus
Source : INSEE (Mortalité) et Enquête DREES VQS 2014 (Incapacité)

Reading: Life expectancy (LE) at 60 in Pas-de Calais is less than 22 years for men (A) and 27 years for women (D).

For men (C) in Pas-de-Calais, less than 55% of LE at age 60 is healthy or disability-free life expectancy (HLE) while for women (F) less than 51% of LE is HLE.

DATA USED

The data used in the study are from the “Vie Quotidienne et Santé” or VQS Survey (DREES, 2014), the first département-level representative survey on disability and therefore the first survey to allow for comparisons across départements. VQS concerned people aged 60 or over living in a standard household (n = 166,800); it collected information on individuals’ physical, sensory, and cognitive limitations and health-related difficulties in performing activities. Département mortality tables were calculated using civil registry and INSEE population census data (deaths and département inhabitants by sex for the year 2014).

For more information, see [Vie Quotidienne et Santé \(VQS\)](#)

For more information and a comparison of disability-free life expectancy levels across départements, see:

Maude Crouzet, Amélie Carrère, Caroline Laborde et al., 2021, « [Différences d’espérance de vie sans incapacité dans les départements français](#) », Revue Quetelet/Quetelet Journal 8: 73-101.

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Press contacts:

Email : service-presse@ined.fr

Gilles GARROUSTE, Institutional Communication - Tel: +33 (0)1 56 06 57 04

Mathilde CHARPENTIER, Head of Communication - Tel: +33 (0)1 56 06 57 28

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