Letters to the Editor

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The Term "Years of Healthy Life": Misunderstood, Defended, and Challenged

1. A Shorthand Term for Policymakers

Robine and colleagues¹ rightly emphasize the need to clearly distinguish between concepts of health expectancies, health-adjusted life expectancies, and quality-adjusted life years. However, they undermine their semantic point with a serious factual error when they describe the use of the term years of healthy life in objective 17.1 of *Healthy People 2000.*²

Healthy People 2000 uses this term as shorthand for policymakers, not scientists. Its meaning is clearly spelled out on pages 445–446 of the report. An age-specific, national survey-based measure that used the Quality of Well-Being Scale is combined with the US lifetable to produce a statistic that is clearly a measure of health expectancy, as Robine and his colleagues define this term. It is not, as they claim, a measure of disability-free life expectancy.

Perhaps Robine and colleagues are confused because of a calculation of disability-free life expectancy Jane Durch and I included in a paper about the national health objectives, which was published in this journal and which they quote. Our purpose was to indicate the impact of meeting both the mortality and disability objectives, and this approach seemed appropriate even though there is no disability-free life expectancy objective in *Healthy People 2000*.

Clarification of terms is important in public health assessment, but Robine and colleagues have done a disservice by mischaracterizing the only US national health goal that directly relates to their area of interest. \Box

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- Healthy People 2000: National Health Promotion and Disease Prevention Objectives. Washington, DC: US Dept of Health and Human Services; 1990.
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2. A Measure That Can Capture Gradations in Health States

Robine and coauthors, in their recent annotation,¹ call for precision in distinguishing between health-adjusted life expectancies and quality-adjusted life years and for consistency within the public health community in the naming of these measures. The Public Health Service, in seeking to reframe the nation's view of health as more than simply longevity, is committed to developing and supporting health status measurements that convey information about the level of health of Americans. This commitment is seen in the first goal of Healthy People 2000: The National Health Promotion and Disease Prevention Objectives, which targets an increase in the span of healthy life for the populace.² The Public Health Service will track this goal through the measurement of "years of healthy life."

Contained within the article by Robine et al. is a basic misapprehension regarding the years of healthy life measure that is being developed and used in tracking the nation's health objectives for the year 2000. The authors make a distinction between "health expectancies," where dichotomous health states (such as "free of disability" vs "with disability") are weighted at zero or at unity, and "quality adjusted life years," a unit of measurement making use of value weights that can be used for adding years of life in different health states. Referring to objective 17.1 in Healthy People 2000, "Increase years of healthy life to at least 65 years" (baseline: an estimated 62 years in 1980) Robine et. al state that the "actual objective is clearly to achieve an increase of disability-free life expectancy at birth by 3 healthy years." In fact, the intention of the objective is to produce improvements in levels of health status that will be documented by the supporting measurement instrument, an instrument that assesses degree of dysfunctional life and permits its summation across populations.

In this era chronic illness and disability have taken on enormous public health and medical significance. The United