

# The European Health Survey System EHSS

Eurostat, Health & Safety Statistics  
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## Background information

- Purpose: framework for regular collection of harmonised data
- Agreed at a **D**irectors of **S**ocial **S**tatistics (*DSS*) meeting in 2002
- Objective: single framework for all EU health or health related surveys
  - Coordination among the Commission services - no overlap
  - Anticipation of information needs by
    - Community action programme on public health
    - Other Community policies such as the European action plan on equal opportunities for people with disabilities
    - Member States

## General structure

- Comprehensive and co-ordinated set of surveys
- Within the **E**uropean **S**tatistical **S**ystem, *ESS*:
  - Essential: The **E**uropean **H**ealth **I**nterview **S**urvey, *EHIS*
    - answers to basic information needs, including
      - Health questions as part of the **S**tatistics on **I**ncome and **L**iving **C**onditions, *SILC*
      - Mini-EHIS for the **E**uropean **H**ousehold **S**urvey (*EHS*)
  - New module on disability: EDSIM

## General structure (cont.)

### ■ Ad-hoc/Specific surveys, such as

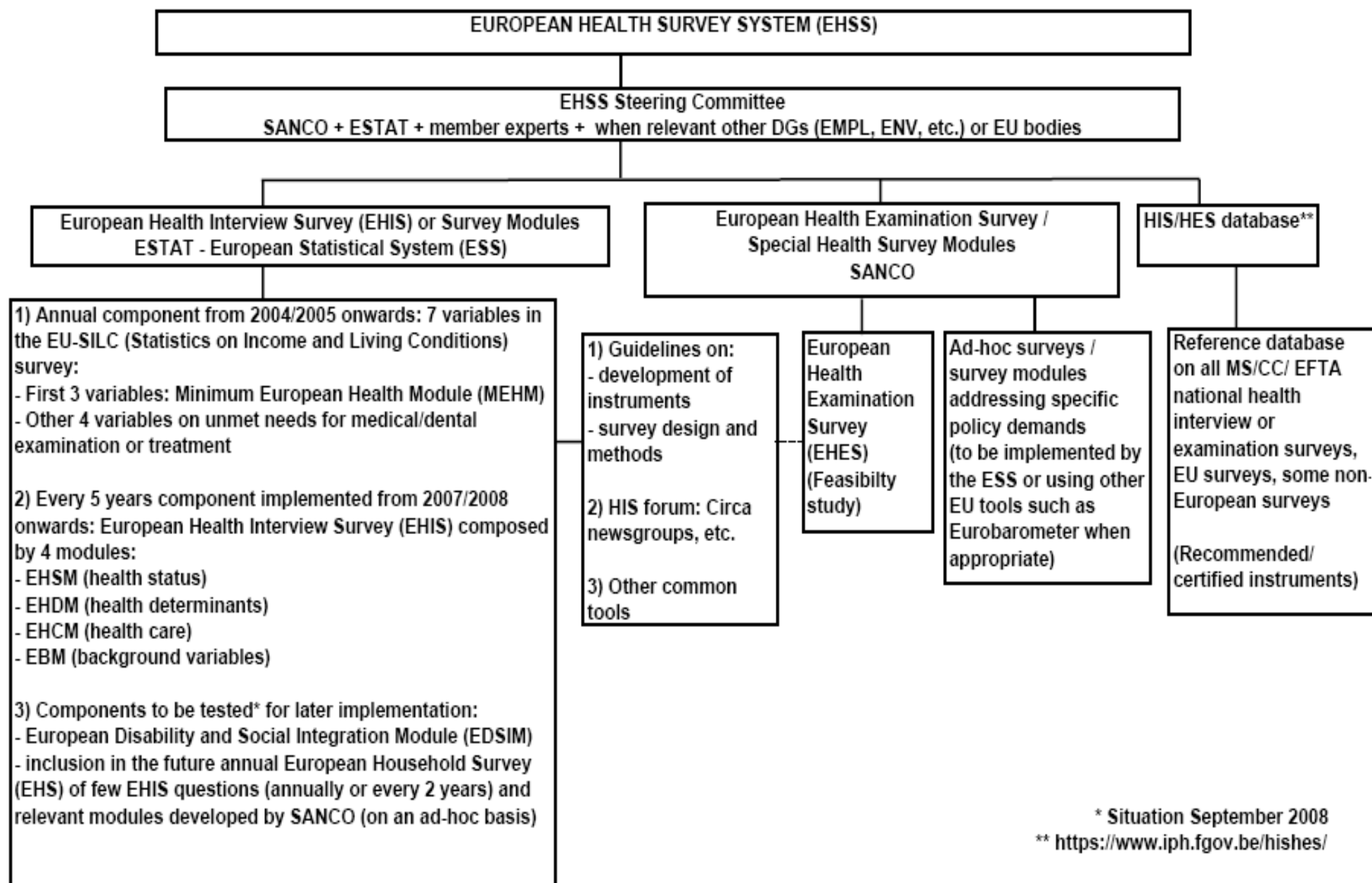
- Eurostat **LFS ad hoc modules** on employment of disabled persons
- Specific survey modules by other services such as the General Directorate on Health and Consumers (SANCO)

→ Address specific demands

### ■ European **Health Examination Survey (EHES)**

### ■ EHIS/EHES reference database (**EU Health Surveys Information Database** project, **EUHSID**)

→ Summary on the following scheme



## First pillar – Surveys within the ESS

### ■ Health Interview Surveys:

- **EU-SILC**: Minimum European Health Module - MEHM + unmet needs of medical or dental care
- **EHIS**: First wave 2007-09, then every 5 years

### ■ New modules on disability:

- **LFS ad-hoc module 2011** on the “employment of disable people”
- **EDSIM**: Special module on disabled persons & social integration, feasibility testing will start end of 2008

## First pillar – Surveys within the ESS (cont.)

### ■ EU Programme of Social Surveys (*EPSS*, former *EHS*)

- ☂ Umbrella for all Eurostat social surveys, such as SILC, LFS, EHIS and ad-hoc modules
- ☂ Will be redesigned following the DSS meeting September 2008
- Time schedules:
  - Annual SILC and LFS core modules
  - Five-yearly survey: EHIS
  - Ad-hoc modules on demand

## Health variables of EU SILC

- **Minimum European Health Module - MEHM:**
  - 3 questions on**
    - self-perceived health in general
    - longstanding illness or health problem
    - Longstanding limitations in activities due to a health problem
- **4 questions on ‘unmet needs’:**
  - Unmet need for medical examination or treatment
  - Main reason for unmet need for medical examination or treatment
  - Unmet need for dental examination or treatment
  - Main reason for unmet need for dental examination or treatment

## Health variables in EU SILC (cont.)

- Since 2005: Data received from all Member States
- EU SILC is output oriented
- Analysis of first sets of data revealed problems in comparability due to different usage and wording of the questions in some Member States
- Agreement in 2007 on 'Guidelines for the health questions in SILC' from 2008 onwards in order to ensure harmonisation of the questions in view of
  - Comparability with EHIS data
  - Comparability among Member States

## European Health Interview Survey, *EHIS*

### Four modules

#### ■ Health determinants

- Height and weight
- Present and former smoking
- Consumption of alcohol
- Physical activity
- Use of illicit drugs

#### ■ Health care

- Hospitalisation
- Consultation with doctors/dentists
- Use of medicines
- Preventive actions

#### ■ Health status

- MEHM
- Morbidity (list of conditions)

#### ■ Background variables

- Age
- Gender
- Educational level
- Marital status
- Activity level
- Occupation
- Income

## *European Health Interview Survey, EHIS*

- Aim: Community wide harmonised survey of about 130 questions
- Flexibility for implementing the EHIS modules:
  - grouped in one separate national survey, or
  - included in existing national surveys (i.e. national *HIS*, *LFS*, other household survey).
- Common guidelines for modules and survey design for the vehicle surveys
- Implementation:
  - First wave by gentlemen's agreement 2007-2009
  - Next wave every five years under the new Regulation on Community statistics for health & health and safety at work

## Adoption of EHIS

- Final version agreed with Member States at the 2006 Technical Group HIS meeting and the ensuing Working Group on Public Health Statistics in November 2006
- Financial support to Member States for the first implementation
- Implementation phases:
  - 1<sup>st</sup> wave: 2007-2009
  - 2<sup>nd</sup> wave by 2014
  - Regular five years' circle thereafter; same year in all MS

## European *D*isability and *S*ocial *I*ntegration *M*odule, *EDSIM*

### Design of the module

- **Basis:** *I*nternational *C*lassification of *F*unctions, *ICF*
  - Focus on key aspects of social integration of disabled persons
  - Goal: a coherent rather than a comprehensive set of questions.
  - Essential: Translation of the language of the ICF into common terms used in national surveys

## EDSIM - Design of the module (cont.)

### ■ **Reflection of the interactive nature** of the definition of disability by the variables and questions

- **Start on participation,** *not with*  
a filter on individual health conditions/impairments:
  - Learning opportunities, work, social activities
  - Mobility, transport and accessibility to buildings
- **Identify the barriers**
  - Individual barriers (health conditions, impairments)
  - Environmental factors (finances, convenience, lack of assistive devices or personal help)

## **EDSIM - Design of the module (cont.)**

### **■ Get reliable information on barriers and facilitators**

- Individuals usually know what they can/cannot do and why: For the individual it is easy to point at the difficulties
- When barriers are missing individuals may not even notice that they are disabled/have an integration problem: Removing barriers means the individual can fully participate without being addressed as disabled

## **EDSIM** - reflecting the *ICF*

### ■ Participation means what the individual

- Can do,
- Is currently doing,
- Wants or needs to do, and
- Is allowed to do

### ■ TEN SECTIONS:

- Access to and use of Internet
- Access to learning opportunities
- Employment
- Economic Life
- Mobility
- Transport
- Community life and leisure pursuits
  
- Accessibility to buildings
- Social Contact
- Negative attitudes and behaviour

## The second pillar – GD Health & Consumers (SANCO)

### ■ *European Health Examination Survey, EHES*

Population based survey on the health status where individual queries are complemented by exams of the individual and her/his blood sample, such as on blood pressure, blood-sugar level, functional capacities etc.

### ■ **Aim**

To provide an evidence-based overview of the health status in the participating countries, and to assist health policy makers in addressing more effectively the inequalities that may be identified.

### ■ **Basis**

**Successful examples** of Health Examination Surveys in some European countries and North America.

## Feasibility of *EHES*

- Project on *Feasibility of a European Health Examination Survey, FEHES*, KTL, Finland, 2008:  
Recommendations for a standardized *EHES* at Community level
- **Experience on National Health Examination Surveys** 10  
*countries*: Croatia, Czech Republic, Finland, France, Germany, Ireland, Netherlands, Poland, Romania and UK
- **Ongoing National Health Examination Surveys**  
*3 countries*: Denmark, Luxembourg, Spain
- **Regional Health Examination Surveys on selected issues**  
*9 countries*: Cyprus, Denmark, Iceland, Italy, Lithuania, Norway, Slovakia, Slovenia, Sweden

## Feasibility of *EHES* (cont.)

- Recommendations for selecting topics similar to the ECHI list:
  - Comprehensive;
  - Meeting user needs – important public health domains;
  - Being innovative as well as based on previous knowledge;
  - Using Health Monitoring Programme and Public Health Programme results.
- Guiding criteria to select and prioritise EHES components:
  - Practicality/easy to administer;
  - Acceptability to the respondent;
  - Cost;
  - Availability of international standard;
  - Clear interpretation of the results.

Level of recommendation	HES component	HIS component
Minimum data collection	<ul style="list-style-type: none"> <li>• Height</li> <li>• Weight</li> <li>• Waist circumference</li> <li>• Blood pressure</li> <li>• Blood sample (non-fasting, eg. For total-, HDL-cholesterol...)</li> </ul>	<ul style="list-style-type: none"> <li>• Age</li> <li>• Sex</li> <li>• Education</li> <li>• [Occupation/Income]</li> <li>• General health/ general health status</li> <li>• CVD</li> <li>• Hypertension</li> <li>• Hyper/dyslipidemia</li> <li>• Diabetes</li> <li>• Smoking</li> <li>• Drinking</li> <li>• Use of health services (general)/ medication</li> </ul>
Minimum + 1	<p>The above plus</p> <ul style="list-style-type: none"> <li>• Fasting blood sample (e.g. for glucose)</li> <li>• Ankle/ brachial index</li> <li>• Physical fitness test</li> <li>• Lung function test</li> <li>• Physical performance/ functional test (e.g. walking speed test, vision test, hand grip test)</li> <li>• Cognitive function test</li> </ul>	<p>The above plus</p> <ul style="list-style-type: none"> <li>• Physical activity</li> <li>• Diet: fruit &amp; veg consumption</li> <li>• Psychological distress</li> <li>• Respiratory disease (e.g. COPD, asthma)</li> <li>• Use of health services (for specific conditions)</li> <li>• Use of medications (for specific conditions)</li> </ul>
Minimum + 2	<p>The above plus</p> <ul style="list-style-type: none"> <li>• ECG</li> <li>• Urine sample (glucose, cotinine)</li> <li>• Saliva sample (alt. for cotinine)</li> <li>• Bone density</li> </ul>	<p>The above plus</p> <ul style="list-style-type: none"> <li>• Mental health</li> <li>• Oral health</li> <li>• Social support</li> </ul>
Minimum + 3	<p>The above plus</p> <ul style="list-style-type: none"> <li>• Other items pertaining to research question</li> </ul>	<p>The above plus</p> <ul style="list-style-type: none"> <li>• Other items pertaining to research question</li> </ul>

## **EHES – Next steps**

- Phase I:

  - Planning and testing in 11 Member States

  - Invitation to tender – ongoing

- Creation of a Task Force to follow the process

- Phase II:

  - Full-scale EHES

    - in all 27 MS plus EEA and Candidate countries

    - planned for 2011-2012

## The third pillar - EUHSID project

- EHIS/EHES reference database (*EU Health Surveys Information Database* project, *EUHSID*)
- Responsible Institutes: IPH, Belgium (*HIS*) & KTL, Finland (*HES*)
- Objectives:
  - To collect information on survey design, questions and examination protocols of health surveys in Europe
  - Rolling database on reference tools for population health surveys
  - Goal:
    - To assess/enhance comparability of surveys
    - To promote standards in population health survey for statistics at European level
  - Internet access <https://hishes.iph.fgov.be/>

## The third pillar - EUHSID project

### ■ Scope

#### 40 countries

- |   |    |
|---|----|
| – Member States and EEA countries (CH,NO, IS)   | 30 |
| – Other EU Countries<br>Croatia, Macedonia, Turkey Albania, Bosnia, Kosovo,<br>Montenegro, Serbia | 7  |
| – Australia, Canada, USA  | 3  |

### ■ Types of health surveys

- National population based surveys
- General health surveys
  - Not focused on a specific population, and
  - Not focused on a specific health component
- Population surveys with health component
- Multi-country surveys

## The third pillar - EUHSID project (cont.)

	Number
Surveys :	
HES	16
HIS	176
Combined	20
Examination protocols	606
Questions	29.115
Sets of reference tools	6
Users	1.213
Accesses to website	24.232

**Danke für Ihre Aufmerksamkeit  
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