

April 2012

Additional information for indicators for which EHIS is preferred (interim) source

This documentation sheet is designed to match the questionnaire of the European Health Interview Survey (EHIS) as it was used in EHIS wave I. For EHIS wave II, which is envisaged to take place in 2014, the questionnaire is being revised. Therefore, questions underlying ECHI indicators may have changed in wave II compared to wave I, with possible consequences for the adequacy of the current documentation sheet. The ECHIM Core Group recommends that the consequences of this revision, once finalized, will be processed in the documentation sheets for the affected ECHI indicators. Subsequent changes in the documentation sheets will relate to the indicators' definition and calculation.

Most of the ECHI shortlist indicators, for which EHIS data have been appointed as preferred (interim) source, have been placed in the implementation section of the 2012 version of the shortlist. This does not apply to indicators 37. General musculoskeletal pain, 38. Psychological distress and 39. Psychological well-being, however. These indicators are placed in the development section. The reason for this is that in preliminary versions of the revised EHIS questionnaire the questions underlying these indicators were removed. Hence, EHIS wave II will not result in data for these indicators.

The outcomes of the assessment of the results of EHIS wave II may have consequences for assigned status of the ECHI indicators (implementation section, work-in-progress section, development section). This relates for example to the performance of the new instruments applied in wave II for alcohol use, physical activity and mental health; if they do not perform adequately, shifting the related indicators to the work-in-progress section needs to be considered. Like the changes in definitions and calculations due to the revised questionnaire, such changes in indicator status also need to be processed in the relevant documentation sheets.

Date last modification documentation sheet: 10-05-2012

Compared to previous version documentation sheet (17-06-2010) the following issues were adapted:

- New section on relevant policy areas added to the documentation sheet
- Link to Eurostat/Circa information on EHIS wave I methods added

<i>ECHIM Indicator name</i>	B) Health status 29(a). Injuries: home, leisure, school: self-reported incidence
<i>Relevant policy areas</i>	<ul style="list-style-type: none">- Healthy ageing, ageing population- (Preventable) Burden of Disease (BoD)- Preventable health risks- Child health (including young adults)- (Planning of) health care resources- Health in All Policies (HiAP)
<i>Definition</i>	1) Proportion of individuals reporting to have had an accident at home, during leisure activities, and/or at school during the past 12 months, which resulted in injury. 2) Proportion of individuals reporting to have had an accident at home, during leisure activities, and/or at school during the past 12 months, which resulted in injury for which medical treatment was sought.
<i>Calculation</i>	1) Proportion of individuals reporting to have had a home and leisure accident during the past 12 months, derived from EHIS question HS.7: In the past 12 months, have you had any of the following type of accidents resulting in injury (external or internal)? 3. Accident at school, and 4. Home and leisure accident (yes / no). Respondents answering yes to either or both of the above mentioned HS7 answering categories should be added. 2) Proportion of individuals reporting to have had a home and leisure accident during the past 12 months, derived from EHIS: question HS.7 and HS.8: HS.7 In the past 12 months, have you had any of the following type of accidents resulting in injury (external or internal)? 3. Accident at school, and 4. Home and leisure accident (yes / no). Respondents answering yes to either or both of the above mentioned HS7 answering categories should be added, and from

	<p>these respondents the ones answering positively to HS.8 should be extracted; HS.8: Did you visit a doctor, a nurse or an emergency department of a hospital as a result of this accident? (Yes, I visited a doctor or nurse / Yes, I went to an emergency department / No consultation or intervention was necessary).</p> <p>EHIS data will not be age standardized.</p>
<i>Relevant dimensions and subgroups</i>	<ul style="list-style-type: none"> - Country - Calendar year - Sex - Age group (15-24; 25-64; 65+) - Socio-economic status (educational level. ISCED 3 aggregated groups: 0-2; 3+4; 5+6) - Region (according to ISARE recommendations; see data availability)
<i>Preferred data type and data source</i>	<p>Preferred data type: HIS</p> <p>Preferred source: Eurostat (EHIS)</p>
<i>Data availability</i>	<p>BE, BG, CZ, DE, EE, EL, ES, FR, IT, CY, LV, HU, MT, AT, PL, RO, SI, SK, CH, NO and TR conducted a first wave of EHIS between 2006 and 2010. It is noted that not in all of these countries a full scale survey was carried out; in some only specific modules were applied, in others the full questionnaire was applied in a small pilot sample. It is expected that all EU Member States will conduct EHIS in the second wave, which is planned for 2014. The results of the first wave are expected to be published in two stages, 11 countries in October 2010, the remaining countries in April 2011. EHIS data are available by sex, 8 age groups (15-24/25-34/35-44/45-54/55-64/65-74/75-84/85+) and ISCED groups.</p>
<i>Data periodicity</i>	<p>EHIS will be conducted once every 5 years. The first wave took place in 2007/2010 (with some derogations in 2006) and the second wave is planned for 2014.</p>
<i>Rationale</i>	<p>Annually, in the EU more than 60 million people receive medical treatment for an injury, from which an estimated 7 million are admitted to hospital. Two-thirds of all injuries occur in home and leisure environments - a trend that is on the increase across Europe. Detailed injury data (in particular on external circumstances as activities, settings, products involved) makes it possible to develop prevention measures, monitor injury trends, prioritise issues, guide policies and evaluate the success of interventions designed to reduce injuries.</p>
<i>Remarks</i>	<ul style="list-style-type: none"> - EHIS distinguishes the following accident categories: road traffic accident, accident at work, accident at school, home and leisure accident. Injuries resulting from poisoning and wilful acts of other persons are included in these categories. From a policy perspective, it would be better to separate interpersonal violence and genuine accidents. - EHIS allows for the computation of person-incidence, i.e. the number of persons who have had one or more accidents during the last year. It would be preferable to know the case-incidence, i.e. the number of accidents that occurred during the last year, as this gives a more precise estimate the occurrence of injuries. Register data generally do allow for the measurement of case-incidence. Therefore ECHIM has also defined a register based incidence operationalization (see indicator 29(b)). - The above definition and calculation are based on the first version of the EHIS questionnaire, as used in the first EHIS wave (2007/2010). The EHIS questionnaire will be revised, hence adaptations to the EHIS question underlying this indicator may occur in the second wave (planned for 2014). - (E)HIS-based estimates may be influenced by reporting biases and sampling related biases. Therefore they may not be an adequate reflection of the current situation in a country, and other estimates may be better for this purpose (see indicator 29b). However, as a common methodology is underlying the gathering of EHIS data, they suit well the purpose of international comparison. - The legal basis for EHIS is regulation (EC) No 1338/2008 of the European Parliament and of the Council of 16 December 2008 on Community statistics on public health and health and safety at work. This is an umbrella regulation. Specific implementing acts will define the details of the statistics Member States have to deliver to Eurostat. An implementing act on EHIS is expected to come into force in 2014.
<i>References</i>	<ul style="list-style-type: none"> - EHIS standard questionnaire (version of 11/2006, used in first wave): http://ec.europa.eu/health/ph_information/implement/wp/systems/docs/ev_20070315_ehis_en.pdf

	<ul style="list-style-type: none"> - Regulation (EC) No 1338/2008 of the European Parliament and of the Council of 16 December 2008 on Community statistics on public health and health and safety at work: http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2008:354:0070:0081:EN:PDF - EHIS 2007-2008 Methodology: Information from CIRCA : http://circa.europa.eu/Public/irc/dsis/health/library?!=/methodologiessandsdatasc/healthsinterviewsurvey/ehis_wave_1/2007-2008_methodology&vm=detailed&sb=Title - Health Indicators in the European Regions (ISARE) project: http://www.isare.org/
<i>Work to do</i>	- Monitor EHIS/Eurostat developments