

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 (14-06-2010) 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 replaced

<i>ECHIM Indicator name</i>	B) Health status 30(a). Injuries: road traffic: self-reported incidence
<i>Relevant policy areas</i>	<ul style="list-style-type: none">- (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 a road traffic accident, which resulted in injury during the past 12 months. 2) Proportion of individuals reporting to have had a road traffic accident, which resulted in injury for which medical treatment was sought during the past 12 months.
<i>Calculation</i>	1) Proportion of individuals reporting to have had a road traffic 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)? 1. Road traffic accident (yes / no). 2) Proportion of individuals reporting to have had a road traffic 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)? 1. Road traffic accident (yes / no). If yes, select respondents who answered positively to HS.8; 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). EHIS data will not be age standardized.

<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>The EU IDB estimates that road injuries account for 10% of all hospital treated injuries or a total of 4.3 million victims annually. Though preventive measures have been proven effective, resulting in declining incidence rates, large health gains can still be achieved and inequalities between Member States can still be diminished.</p>
<i>Remarks</i>	<ul style="list-style-type: none"> - According to current plans, Eurostat will probably not age-standardize EHIS data. For comparability reasons ECHIM would however prefer age-standardized data. - 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 30(b)). However, the disadvantage of road traffic registers is that they are generally based on hospital records and/or police files. Therefore they result in an underestimation of incidence figures. - 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). - 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 - 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 - 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://epp.eurostat.ec.europa.eu/portal/page/portal/health/documents/Regulation%20no%201338-2008%2016Dec2008%20OJL354%20p.70.pdf
<i>Work to do</i>	<ul style="list-style-type: none"> - Monitor EHIS/Eurostat developments