

Date last modification of documentation sheet: 10-05-2012

Compared to previous version documentation sheet (28-11-2011) the following issues were adapted:

- New section on relevant policy areas added to the documentation sheet

Compared to previous version documentation sheet (12-08-2010) the following issues were adapted:

- Data availability: Switzerland deleted from sentence “due to quality issues results from Turkey and Switzerland have not been yet disseminated”, because data for Switzerland have become available in the Eurostat database.
- Change in citation of Eurostat metadata in Remarks: “The comparability of the results is to be further improved for some countries” in stead of “the comparability of the results is limited”.

<i>ECHIM Indicator name</i>	B) Health status 34. Self-reported chronic morbidity
<i>Relevant policy areas</i>	<ul style="list-style-type: none"> - Healthy ageing, ageing population - Health inequalities (including accessibility of care) - (Preventable) Burden of Disease (BoD) - Mental health - (Planning of) health care resources
<i>Definition</i>	Proportion of people reporting that they have any long-standing chronic illness or long-standing health problem.
<i>Calculation</i>	Proportion of persons who answer ‘yes’ to EU-SILC question: do you have any longstanding illness or longstanding health problem? Longstanding = illnesses or health problems which have lasted, or are expected to last, for 6 months or more. Age-standardization: see remarks.
<i>Relevant dimensions and subgroups</i>	<ul style="list-style-type: none"> - Calendar year - Country - Sex - Age group (16-64, 65+) - Socio-economic status (educational level. ISCED 3 aggregated groups: 0-2; 3+4; 5+6; see remarks).
<i>Preferred data type and data source</i>	<p>Preferred data type:</p> <ul style="list-style-type: none"> - Health Interview Survey (HIS) <p>Preferred source:</p> <ul style="list-style-type: none"> - Eurostat (EU-SILC. In future possibly EHIS (see remarks)).
<i>Data availability</i>	For 2004, data are available from EU-SILC for twelve of the EU-15 Member States (no data for Germany, the UK and the Netherlands) as well as for Norway and Iceland. From 2005 onwards the data are available for all EU-25 Member States and for Iceland and Norway. Bulgaria and Turkey launched the SILC in 2006. Romania and Switzerland did it in 2007. Nevertheless, due to quality issues results from Turkey have not been yet disseminated. Results are available by sex, age group and educational level (ISCED).
<i>Data periodicity</i>	EU-SILC is carried out annually. Eurostat requests countries to provide the data within one year after data collection.
<i>Rationale</i>	Widely used measure of general health, contributing to the evaluation of health problems, the burden of diseases and health needs at the population level.
<i>Remarks</i>	<ul style="list-style-type: none"> - Eurostat currently does not age-standardize EU-SILC data. For comparability reasons ECHIM would prefer age-standardized data, however. - Experts in health inequalities advice using four aggregated ISCED levels rather than three (see documentation sheet for indicator 6. Population by education). However, as all major international databases (Eurostat, WHO-HFA, OECD) currently apply an aggregation into 3 groups, for pragmatic reasons ECHIM follows that common methodology for now. - EU-SILC data on self-reported chronic morbidity are being used for the computation of the Health Expectancy indicator (see the documentation sheet for indicator 41. Health Expectancy, others). - The EU-SILC question on longstanding illness/health problem (chronic morbidity) is part of the Minimum European Health Module (MEHM), which is also included in the European

	<p>Health Interview Survey (EHIS). Once EHIS is fully implemented the quality of the data on chronic morbidity derived from EHIS should be assessed and compared to the quality of the data derived from EU-SILC. If the former is better, ECHIM may consider appointing EHIS as preferred source for this indicator. A disadvantage of EHIS is that EHIS will only be carried out once every five years, while EU-SILC is carried out annually. Another issue that should be taken into account is that the EU-SILC data are being used in the computation of the ‘Health Expectancy, others’ indicator (see above). From a consistency point of view it would therefore be preferable to keep EU-SILC as the preferred source for this ECHI indicator (chronic morbidity).</p> <ul style="list-style-type: none"> - Eurostat metadata: “The implementation of the health questions in SILC is not yet fully harmonized and, thus, the comparability of the results is to be further improved for some countries. New guidelines for this question were provided by Eurostat in October 2007 to the Member States, in order to improve the data comparability for the coming years.” - Eurostat metadata, SILC variables on health status: The main characteristics of a chronic condition are that it is permanent and may be expected to require a long period of supervision, observation or care. Rather than adding further details to the question wording, interviewers should be instructed to be as inclusive as possible in answering the question. This means that the following would all be included: <ul style="list-style-type: none"> - problems that are seasonal or intermittent, even where they ‘flare up’ for less than six months at a time; - problems not seem by the respondent as very serious (hay fever again): the item on severity or limitation would ‘screen out’ less serious problems at the second stage; - problems that have not been diagnosed by a doctor (to exclude these would mean permitting those with better access to medical services to declare more problems); - problems that the respondent treats himself or herself (e.g. with over-the-counter drugs); - problems that have lasted (or recurred), or are expected to last (recur) over a six month period or longer. - Target population of EU-SILC are individuals aged 16 years old and over living in private households. People living in institutions (elderly people, disabled people) are therefore excluded from the survey. This will bias the survey outcomes.
<i>References</i>	<ul style="list-style-type: none"> - Eurostat database, data set ‘People having a long-standing illness or health problem, by sex, age and educational level (%) [hlth_silc_05]’: http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_silc_05&lang=en - Eurostat metadata ‘Health status : indicators from the SILC survey (from 2004 onwards)’: http://epp.eurostat.ec.europa.eu/cache/ITY_SDDS/EN/hlth_status_silc_esms.htm - Eurostat metadata, SILC variables on health status: http://epp.eurostat.ec.europa.eu/cache/ITY_SDDS/Annexes/hlth_status_silc_esms_an2.pdf - Eurostat, Description of target variables, Cross-sectional and Longitudinal, 2010 operation (Version February 2010) for SILC: http://circa.europa.eu/Public/irc/dsis/eusilc/library?l=/guidelines_questionnaire/operation_guidelines_3/silc065_february/ EN 1.0 &a=d - All national questionnaires used in SILC: http://circa.europa.eu/Public/irc/dsis/eusilc/library?l=/questionnaires&vm=detailed&sb=Title
<i>Work to do</i>	<ul style="list-style-type: none"> - Follow EHIS developments - Discuss with Eurostat possibility to age-standardize the health variables from EU-SILC