

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”.
- URL to OMC indicators of the health and long term care strand at the Eurostat website added

<i>ECHIM Indicator name</i>	B) Health status 35. Long-term activity limitations
<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) - (Planning of) health care resources
<i>Definition</i>	Proportion of people reporting that they have long-term restrictions in daily activities.
<i>Calculation</i>	Proportion of people who answer “yes strongly limited” or “yes limited” to EU-SILC question: For at least the past 6 months, to what extend you have been limited because of a health problem in activities people usually do? (Answering categories; yes strongly limited, yes limited, no not limited). Numbers of people answering “yes strongly limited” or “yes limited” should be added and divided by the total number of people who were interviewed. 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"> - ‘Self-perceived limitations in daily activities (activity restriction for at least the past 6 months)’ based on EU-SILC data is one of the indicators of the health and long-term care strand of the Social Protection Committee under the Open Method of Coordination (OMC). - EU-SILC data on long-term activity limitations are being used for the computation of the Healthy Life Years indicator (see the documentation sheet for indicator 40. Health Expectancy: Healthy Life Years (HLY)). - 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

	<p>(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.</p> <ul style="list-style-type: none"> - The EU-SILC question on long-term activity restrictions is part of the Minimum European Health Module (MEHM), which is also included in the European Health Interview Survey (EHIS). Once EHIS is fully implemented the quality of the data on activity restrictions 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 Healthy Life Years (HLY) 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 (activity limitations). - 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 purpose of the instrument is to measure the presence of long-standing limitations, as the consequences of these limitations (e.g. care, dependency) are more serious. A 6 months period is often used to define chronic or long-standing diseases in surveys. [...] The answer to this question is yes (answering categories 1 or 2) if the person is currently limited and has been limited in activities for at least the last 6 months. - 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 ‘Self-perceived limitations in daily activities (activity restriction for at least the past 6 months) by sex, age and educational level (%) [hlth_silc_07]’: http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_silc_07&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 - OMC, indicators of the health and long term care strand, Eurostat website: http://epp.eurostat.ec.europa.eu/portal/page/portal/employment_social_policy_equality/omc_social_inclusion_and_social_protection/health_long_term_care_strand
<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