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 1. 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 (03-06-2010) 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

ECHIM	C) Health determinants
Indicator	42 Dody mass index
name	42. Body mass index
Relevant policy areas	- Healthy ageing, ageing population
	- Health inequalities (including accessibility of care)
	- (Preventable) Burden of Disease (BoD)
	- Preventable health risks
	- Life style, health behaviour
	- Child health (including young adults)
	- (Planning of) health care resources
	- Health in All Policies (HiAP)
Definition	Proportion of adult persons (18+) who are obese, i.e. whose body mass index (BMI) is ≥ 30
	kg/m².
Calculation	Body mass index (BMI), or Quetelet index, is defined as the individual's body weight (in
	kilograms) divided by the square of their height (in metres). Weight and height derived from
	European Health Interview Survey (EHIS) questions BMI01: How tall are you? (cm), and
	BMI02: How much do you weight without clothes and shoes? (kg). EHIS data will not be age
	standardized.
Relevant	- Country
dimensions	- Calendar year
and subgroups	- Sex
	- Age group (18-64, 65+)
	- Socio-economic status (educational level. ISCED 3 aggregated groups: 0-2; 3+4; 5+6)

Preferred data type:
Now: HIS
In future: HES
Preferred source: Eurostat (EHIS)
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.
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.
Excessive body weight predisposes to various diseases, particularly cardiovascular diseases, diabetes mellitus type 2, sleep apnoea and osteoarthritis. Obesity is a growing public health problem. Effective interventions exist to prevent and treat obesity. Many of the risks diminish with weight loss.
 This indicator is also one of the Health and Long Term Care Indictors of the Social Protection Committee. 'Overweight people' is listed as an indicator to be developed for the set of Sustainable Development Indicators. According to current plans, Eurostat will probably not age-standardize EHIS data. For comparability reasons ECHIM would however prefer age-standardized data. Data on BMI derived from HIS are subject to some biases; generally (very) slim people tend to overestimate their weight, while (very) overweight people tend to underestimate their weight. Data derived from HES will be more accurate and therefore preferable. However,
comparable HES data at European level are currently lacking. In 2010 a pilot EHES covering 14 countries has started. When EHES will be fully implemented in a majority of EU Member States, ECHIM will switch to using EHES as preferred data source for the BMI indicator. - For children BMI is calculated the same way as for adults, but compared to typical values for other children of the same age. Different cut off points (e.g. 85 th percentile, 95 th percentile) are being used in national surveys. The International Obesity Task Force (IOTF) has recommended cut off points to be used in international comparisons of childhood obesity. - A BMI between 18.5 and 25 is considered to be normal. Overweight is usually defined as having a BMI of ≥ 25 and below 30. People with a BMI of ≥ 30 are considered obese. - 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.
- 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://www.iotf.org/popout.asp?linkto=http://bmj.bmjjournals.com/cgi/content/abridged/320/7
	<u>244/1240</u>
	- Indicators of the Social Protection Committee, health and long term care strand:
	http://ec.europa.eu/social/main.jsp?catId=756&langId=en
	- Sustainable development indicators, public health:
	http://epp.eurostat.ec.europa.eu/portal/page/portal/sdi/indicators/theme5
	- Sustainable development in the European Union - 2009 monitoring report of the EU
	sustainable development strategy (including list of indicators and indicators to be developed):
	http://epp.eurostat.ec.europa.eu/cache/ITY OFFPUB/KS-78-09-865/EN/KS-78-09-865-
	EN.PDF
	- Health Indicators in the European Regions (ISARE) project: http://www.isare.org/
Work to do	- Monitor EHIS/Eurostat and EHES developments
	- Consult experts of Child Health Indicators of Life and Development (CHILD) project and
	Health Behaviour in School-aged Children (HBSC) survey on separate operationalisation for
	children.