**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.

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| *ECHIM Indicator name* | **C) Health determinants**<br><br>47. Hazardous alcohol consumption |
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| *Relevant policy areas* | - Health inequalities (including accessibility of care)<br>- (Preventable) Burden of Disease (BoD)<br>- Preventable health risks<br>- Life style, health behaviour<br>- Child health (including young adults)<br>- (Planning of) health care resources<br>- Health in All Policies (HiAP) |
| *Definition* | Proportion of individuals reporting to have had an average rate of consumption of more than 20 grams pure alcohol daily for women and more than 40 grams daily for men. |
| *Calculation* | Percentage of men/women having over the week on average ≥2 drinks/day (women) or ≥3 drinks/day (men), derived from EHIS question AL.2: How many drinks containing alcohol do you have each day in a typical week when you are drinking? Start with Monday and take one day at a time. Number of drinks of: Beer, Wine, Liqueur, Spirits, Other local alcoholic beverage.<br>Precise operationalisation to be formulated. |
| *Relevant dimensions and subgroups* | - Country<br>- Calendar year<br>- Sex<br>- Age group (15-64, 65+)<br>- Socio-economic status (educational level. ISCED 3 aggregated groups: 0-2; 3+4; 5+6) |
| *Preferred data type and data source* | Preferred data type: HIS<br>Preferred source: Eurostat (EHIS) |

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| *Data availability* | 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. |
| *Data periodicity* | 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. |
| *Rationale* | Alcohol consumption is an important determinant of health and welfare. Overall, there are causal relationships between alcohol consumption and over 60 types of disease and injury. It is also amenable to interventions. Alcohol related health problems usually occur with increasing alcohol consumption. Health damages can be caused by a single occasion of heavy drinking – i.e. due to accidents, drunk driving, violence (as perpetrator or as victim), unprotected sexual exposure, etc. – or can be linked to regular heavy drinking – i.e. liver cirrhosis, irreversible neurological damage, possible increased risk for cardiovascular disease (CVD) and for certain cancers, exacerbation of pre-existing difficulties such as depression and family problems, loss of employment, etc. These direct and indirect health consequences of drinking lead to consider alcohol as one of the three leading contributors to preventable death. |
| *Remarks* | - The threshold for "hazardous" alcohol consumption is usually considered higher for men than for women. According to the WHO, morbidity and mortality due to alcohol consumption rises when the limits of 21 drinks/week (3 glasses/day) for men and 14 drinks/week (2 glasses/day) for women are exceeded.<br>- Volumes of standard drinks, and hence the amount of alcohol per standard drink, differ between countries. E.g., 'a glass of beer' in Germany is larger than in the Netherlands. These differences have to be taken into account in the algorithms used for calculating this indicator.<br>- According to current plans, Eurostat will probably not age-standardize EHIS data. For comparability reasons ECHIM would however prefer age-standardized data.<br>- 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).<br>- 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. |
| *References* | - 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<br>- EHIS 2007-2008 Methodology: Information from CIRCA : http://circa.europa.eu/Public/irc/dsis/health/library?l=/methodologiessandsdatasc/healthsinterviewssurvey/ehis_wave_1/2007-2008_methodology&vm=detailed&sb=Title<br>- 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 |
| *Work to do* | - Monitor EHIS/Eurostat developments |