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.

First publication documentation sheet: 25-05-2012

ECHIM Indicator	C) Health determinants
name	52. Physical activity
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 - Health in All Policies (HiAP)
Definition	Proportion of individuals reporting to perform a certain period of time of health enhancing physical activity on an average day/at least X times per week (precise operationalization to be formulated).
Calculation	EHIS instrument (deriving from the IPAQ) to measure the proportion of population performing moderate and vigorous physical activity (days and/or hours per week), derived from questions PE.16: During the past 7 days, a) days and time devoted to vigorous physical activities, b) days and time devoted to moderate physical activities, c) days and time spent walking. Precise operationalisation to be formulated.
Relevant dimensions and subgroups	- Country - Calendar year - Sex - Age group (15-64, 65+) - 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 Preferred source: Eurostat (EHIS)

Data availability		
Rationale It has been largely recognised that physical activity has a substantial impact on health status and must be considered as one of the major behaviours to be promoted in the field of public health. Relative physical inactivity, usually together with unhealthy food habits, is associated with the development of many of the major non-communicable diseases in society, such as CVD, some cancers, obesity, diabetes and osteoporosis. **Population health surveys allow verifying if the respondents have effectively performed any type of physical activity. Intensity as well as frequency of the effort is taken into account. This can be done either through direct measurements (pedometer, accelerometer) or rather based on the self-declaration of the individuals. - According to current plans, Eurostat will probably not age-standardized data. - 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/Public/irc/dsis/health/library?l=/methodologiessandsdatasc/healthsintery iewssurvey/ehis wave 1/2007-2008 methodology&rm=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.europa.eu/portal/page/portal/health/documents/Regulation% 20no% 2013 38-2008%		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-
and must be considered as one of the major behaviours to be promoted in the field of public health. Relative physical inactivity, usually together with unhealthy food habits, is associated with the development of many of the major non-communicable diseases in society, such as CVD, some cancers, obesity, diabetes and osteoporosis. **Remarks** - Population health surveys allow verifying if the respondents have effectively performed any type of physical activity. Intensity as well as frequency of the effort is taken into account. This can be done either through direct measurements (pedometer, accelerometer) or rather based on the self-declaration of the individuals According to current plans, Eurostat will probably not age-standardize EHIS data. For comparability reasons ECHIM would however prefer age-standardized data 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. **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 - EHIS 2007-2008 Methodology: Information from CIRCA: http://circa.europa.eu/public/irc/dsis/health/library?!=/methodologiessandsdatasc/healthsinterviewssurvey/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 s		
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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?l=/methodologiessandsdatasc/healthsinterviewssurvey/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%2013 38-2008%2016Dec2008%200JL354%20p.70.pdf	Remarks	type of physical activity. Intensity as well as frequency of the effort is taken into account. This can be done either through direct measurements (pedometer, accelerometer) or rather based on the self-declaration of the individuals. - According to current plans, Eurostat will probably not age-standardize EHIS data. For comparability reasons ECHIM would however prefer age-standardized data. - 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
	References	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?l=/methodologiessandsdatasc/healthsinterviewssurvey/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%2013
	Work to do	