



## **4<sup>th</sup> European Public Health Conference, Copenhagen 11 November 2011**

### **Workshop on improved data availability for the European Community Health Indicators: European Health Interview Survey (EHIS), ECHIM Pilot Data Collection and new DG SANCO dissemination tools**

Chairs: Marieke Verschuuren, RIVM and Arpo Aromaa, THL

Marieke Verschuuren, RIVM opened the session and wished all warmly welcome in the session. Arpo Aromaa, THL presented the ECHI and ECHIM work on the European Community Health Indicators. The work started in the 1990s after the 1994 Danish Report and the 1998 Report on how to organise the EU health monitoring. The aim of this long-term work has been to build a common health indicator and monitoring system in Europe (by 2015). The vision is to get relevant, valid and comparable health data available in the EU and in the most Member States for health policy, planning and public health. An ECHIM data availability check has been done for 31/32 countries including all member states, EFTA and candidate countries. International databases at WHO, OECD and Eurostat comprise about 40 of 88 indicators. The main information gaps are related to indicators of behaviour, risk and protective factors, symptoms, perceived health, diseases, functioning, the use of health care services, unmet need of health care services, and quality of health care services.

Nils Kirsch, Robert Koch Institute presented the first results from the ECHIM Pilot Data Collection. Of the 88 indicators, 24 are still in development process. In total 21 indicators are not covered by the international data collections, and therefore, an ECHIM Pilot Data Collection was initiated. The collected indicators covered health status, health services and health determinants. In total 25/34 countries returned data, giving an overall response rate of 73%. Data delivery was sometimes sketchy and often incomplete, but satisfactory for a pilot study. For the 16 countries with first wave EHIS (European Health Interview Survey) data, the data based on survey was directly taken from EHIS database at Eurostat. For most survey-based indicators, data was received from around 50% of countries (excluding road traffic injuries for which only one country gave data, 3%). The EHIS data were available for between 81% and 100% of the countries, depending on the variable. For register data, the availability varied between 15% and 48% by variable.

Kirsch showed as survey-based examples the self-reported 12-month prevalence for diabetes, depression and asthma and for daily cigarette smoking. For register data, age-

standardised acute myocardial infarction and stroke rates, and the number of persons non-fatally injured in a road traffic accident were given as examples. For each variable, a description of data analysis has been written. In conclusion, data from disease registers were not available or of little use, excluding data on acute myocardial infarction and stroke (and even here countries could not always follow the ECHIM definition). Administrative data on the use of services have also limited comparability. Data quality could not be assured by the ECHIM group with the limited resources available for this pilot, but it is important that such a data quality control is implemented in the future ECHIM system.

#### Questions:

- Karl Freese: Information on type 2 diabetes is very important, and should be linked to obesity data and faetal programming data.
- Kari Kuulasmaa: Validation of country data needs work at the national level.
- Arpo Aromaa: The collection of morbidity data is very problematic, as the Eurostat national pilot studies have shown.

**B**art de Norre, Eurostat presented an update on the future second wave of European Health Interview Survey (EHIS), which collects important health data needed for national public health policies and EU-level policy. 16 countries participated in the first data collection wave covering health status, health determinants, use of health care services and socio-economic information. Since 2008, there has been a framework regulation on public health and safety at work (1338/2008), after which implementing regulations are to be completed for all of its domains.

According to the ESS (European Statistical System) new legislation has to have a sunset clause. This means that the implementation regulation for EHIS wave 2 can only cover the 2014 execution which is in contrast to the opinion of most Member States delegates in the working group public health statistics. The implementing regulation will target a high degree of input harmonisation (list of variables completed with sets of questions, and conceptual translation issues). The implementing regulation will also specify minimum sample sizes, the data collection period, a threshold for proxies, metadata and the timetable for provision of microdata. Besides the implementing regulation an act on possible derogations will complete the legal base for EHIS wave 2.

Currently, the EHIS questionnaire is in the final stage of being revised. The number of questions in the latest draft has been reduced by around 70 questions compared to EHIS wave 1 to shorten the duration of the interview and to lower the costs for data collection. Also the relevance and priority of EU policy needs, the potential for comparability and the availability of other sources are considered as decisive criteria in this revision process. At the same time, some technical problems in wave 1 and other quality aspects from the EHIS wave 1 assessment were taken into account.

Following the revision of the questionnaire the guidelines for the survey have to be reformulated. This work has been done in the ESS-net Public Health, EHIS Technical Group and Working Group for Public Health Statistics and with grants for the National

Public Health Institute (Belgium), Health Development Institute (Estonia) and Robert Koch Institute (Germany). The implementation regulation is to be adopted before the end of 2012 after the EHIS Technical Group meeting in January, and consultations of Working Group for Public Health Statistics (February), Directors of Social Statistics (March) and ESS Committee (September).

Questions:

- The question regarding the availability of other sources: is this meant also as the linkage between EHIS and other sources was answered that this data linking was not in the scope of the EHIS revision but that this will be tackled later (in a wider context).

**J**onas Finger, Robert Koch Institute told about the revision of the EHIS questionnaire. Especially the modules on physical activity, mental health and alcohol consumption were found to be the most problematic ones in the wave I of EHIS. After agreeing on revised instrument proposals for the specified modules with the EHIS core group and Eurostat, cross-national cognitive testing of the revised questions was performed in four countries (Belgium, Estonia, Germany and the United Kingdom). In a next step, the revised modules were included into the revised wave 2 EHIS core questionnaire and the questionnaire was tested in a cross-national field testing study in three countries (Belgium, Estonia and Germany) using a mixed-mode strategy of data collection (CATI, PAPI). The proposed physical activity instrument is based on the framework of the Global Physical activity Questionnaire (GPAQ) using a modified version of the BRFSS question on work-related physical activity, a modified version of the CDC NHIS question on muscle-strengthening activity and modified version of the GPAQ questions on transportation and leisure-time activity.

For mental health, the 8-item depression screener of the Patient Health Questionnaire (PHQ-8) will be proposed to cover the specific mental health dimension depression as a mandatory instrument, and the Mental health Index and the Energy and Vitality Index (MHI-5/EVI) will be proposed to cover the generic mental health dimensions well-being and psychological distress as optional instruments. The revised instrument for alcohol consumption is based on the three-item AUDIT-C. Item 2 of the AUDIT-C was adapted in terms that weekday and weekend day frequency and quantity of alcohol consumption will be distinguished. The cognitive testing and field testing showed that the instruments worked as intended, the guidelines were easy to follow and the item response rates were high. The majority of the respondents reported that the questions were easy to understand for all the three revised modules.

Questions:

- Pieter Kramers asked whether in the revision process the participants were asked why some questions should be removed. He further questioned why indicators with long-term traditions and time series were changed. Jonas Finger told that this was based to get more cross-country comparability.

- Michael Galsworthy commented that the work seems to be very thorough and well done.

**K**arl Freese, DG SANCO presented the dissemination of the ECHI indicator data through the HEIDI Wiki and the HEIDI Data Tool. After presenting the current health reports and new Joint Actions, Freese told that the ECHIM Joint Action will end in mid-2012 and it will be evaluated thereafter. HEIDI is a wikipedia for health, containing health-related articles, written by experts. The HEIDI is based on two former EU-funded projects (EUPHIX and EUGLOREH), and an operational version will be available in early 2012. The HEIDI Data Tool has been created for presentation of ECHI and other indicators in the form of charts, maps and tables. Metadata and indicator descriptions will always be included. In the future anyone can apply to be a HEIDI editor, but the selection process has not been defined in more detail yet.

Discussion and questions:

- Simona Giampaoli told about the EUROCISS projects, which have preferred “attack rates”, to also include patients who did not reach hospital.
- Karl Freese: The data collected in the EU-funded projects on diabetes should be used in ECHIM.
- Jürgen Thelen: What is the connection between EU Health Portal and HEIDI? Karl Freese replied that both of them will be kept. The logic structure of EU health pages will be improved to make finding the relevant data easier for the users.
- Jürgen Thelen: Will the final complete EHIS wave 2 questionnaire be pre-tested? Bart de Norre replied that this has not been planned. This has to be understood in a context of a reduced number of questions, having kept questions which were used in wave 1 and the cognitive and field test done for the three questions with major changes (see above presentation of Jonas Finger).
- Question from the audience: Can HEIDI data will be downloaded? Karl Freese demonstrated that this is possible.
- Kari Kuulasmaa: The HEIDI wiki seems to be very useful. What kind of process will be created to keep the data up-to-date? Karl Freese told the audience that commission will invite experts to write and update the data as editors. Jürgen Thelen further explained that data validation is to be done for all variables when these are taken from other international data sources.
- Pieter Kramers: Is the mechanism of updating HEIDI Wiki already functioning? Karl Freese commented that there are already experts who have been signed. Tuuli-Maria Mattila from DG SANCO is the contact person.