

**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 I. 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 (24-09-2010) 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

<i>ECHIM Indicator name</i>	<b>B) Health status</b> 23(a). Depression: self-reported prevalence
<i>Relevant policy areas</i>	- Non-communicable diseases (NCDs), chronic diseases - (Preventable) Burden of Disease (BoD) - Mental health - (Planning of) health care resources
<i>Definition</i>	Proportion of individuals reporting to have ever been diagnosed with chronic depression and to have been affected by this condition during the past 12 months.
<i>Calculation</i>	Proportion of individuals reporting to have ever been diagnosed with chronic depression and to have been affected by this condition during the past 12 months, derived from European Health Interview Survey (EHIS) questions HS.4/5/6: HS.4: Do you have or have you ever had any of the following diseases or conditions? (19. Chronic depression) (yes / no). If yes: HS.5: Was this disease/condition diagnosed by a medical doctor? (yes / no). HS.6: Have you had this disease/condition in the past 12 months? (yes / no). EHIS data will not be age standardized.
<i>Relevant dimensions and subgroups</i>	- Country - Calendar year - Sex - Age group (15-64, 65+) - SES (educational level. ISCED 3 aggregated groups: 0-2; 3+4; 5+6)
<i>Preferred data type and data source</i>	Preferred data type: HIS Preferred source: Eurostat (EHIS)

<i>Data availability</i>	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.
<i>Data periodicity</i>	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.
<i>Rationale</i>	High-burden disease. Because of the high frequency of mental health problems in our society and the importance of their costs in human, social and economic terms, mental health should be regarded as a public health priority. The Global Burden of Disease study reckons that mental disorders represent four of the ten leading causes of disability worldwide. Depression is a major mental condition that is amenable to intervention.
<i>Remarks</i>	<ul style="list-style-type: none"> <li>- According to current plans, Eurostat will probably not age-standardize EHIS data. For comparability reasons ECHIM would however prefer age-standardized data.</li> <li>- It has to be noted that this methodology will result in an underestimation of depression prevalence, as many people with depressive symptoms do not seek professional help and therefore they will not be diagnosed with depression. Moreover, depressive symptoms are not always recognized by physicians who are not specialised in mental disorders (e.g. GPs). Therefore epidemiological surveys using more comprehensive measurement instruments tend to find higher prevalence estimates than estimates based on registered/diagnosed cases.</li> <li>- 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).</li> <li>- (E)HIS-based estimates may be influenced by reporting biases and sampling related biases. Therefore they may not be an adequate reflection of the current situation in a country, and other estimates may be better for this purpose (see indicator 23b). However, as a common methodology is underlying the gathering of EHIS data, they suit well the purpose of international comparison.</li> <li>- 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.</li> </ul>
<i>References</i>	<ul style="list-style-type: none"> <li>- EHIS standard questionnaire (version of 11/2006, used in first wave): <a href="http://ec.europa.eu/health/ph_information/implementation/wp/systems/docs/ev_20070315_ehis_en.pdf">http://ec.europa.eu/health/ph_information/implementation/wp/systems/docs/ev_20070315_ehis_en.pdf</a></li> <li>- EHIS 2007-2008 Methodology: Information from CIRCA : <a href="http://circa.europa.eu/Public/irc/dsis/health/library?1=/methodologiessandsdatasc/healthsintervewssurvey/ehis_wave_1/2007-2008_methodology&amp;vm=detailed&amp;sb=Title">http://circa.europa.eu/Public/irc/dsis/health/library?1=/methodologiessandsdatasc/healthsintervewssurvey/ehis_wave_1/2007-2008_methodology&amp;vm=detailed&amp;sb=Title</a></li> <li>- 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: <a href="http://epp.eurostat.ec.europa.eu/portal/page/portal/health/documents/Regulation%20no%201338-2008%2016Dec2008%20OJL354%20p.70.pdf">http://epp.eurostat.ec.europa.eu/portal/page/portal/health/documents/Regulation%20no%201338-2008%2016Dec2008%20OJL354%20p.70.pdf</a></li> <li>- Murray C. The global burden of disease: a comprehensive assessment of mortality and disability from diseases, injuries and risk factors in 1990 and projected to 2020. Cambridge M, Harvard School of Public Health (Pour le compte de l'Organisation Mondiale de la Santé et la Banque Mondiale), editors. 1996.</li> </ul>
<i>Work to do</i>	- Monitor EHIS/Eurostat developments