**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: 21-06-2012

Compared to previous version documentation sheet (01-09-2011) the following issues were adapted:
- New section on relevant policy areas added to the documentation sheet

Compared to previous version documentation sheet (09-07-2010) the following issue was added:
- Clarification of EHIS as an interim source in the preferred data type and data source section

| *ECHIM Indicator name* | **D) Health interventions: health services**<br><br>58. Breast cancer screening |
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| *Relevant policy areas* | - Healthy ageing, ageing population<br>- Health system performance, quality of care, efficiency of care, patient safety<br>- Non-Communicable diseases (NCD), chronic diseases<br>- (Preventable) Burden of Disease (BoD)<br>- (Planning of) health care resources |
| *Definition* | Proportion of women (aged 50-69) reporting to have undergone a breast cancer screening test within the past two years. |
| *Calculation* | Percentage of women aged 50-69 reporting to have had a breast examination by X-ray (i.e. mammography) within past 2 years, derived from EHIS questions PA.10 and PA.11: PA.10: Have you ever had a mammography, which is an X-ray of one or both of your breasts? Yes / No / Don't know / Refusal; and PA.11: When was the last time you had a mammography (breast X-ray)? Within the past 12 months / More than 1 year, but not more than 2 years / More than 2 years, but not more than 3 years / Not within the past 3 years / Don't know / Refusal. EHIS data will not be age standardized. |
| *Relevant dimensions and subgroups* | - Country<br>- Calendar year<br>- Age group (50-69)<br>- Socio-economic status (educational level. ISCED 3 aggregated groups: 0-2; 3+4; 5+6) |

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| *Preferred data type and data source* | Preferred data type: HIS<br><br>Preferred source: Eurostat (EHIS = interim source, see remarks). |
| *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* | Breast cancer is the most frequent cancer among women; it represents 15 to 35% of all cancers diagnosed in Europe. Population-based cancer registries have consistently documented a continuing rise of incidence rates since the 1960s. Breast cancer screening programmes based on mammography and organised at the population level allow an effective decrease of breast cancer mortality by 30% among women aged 50 to 69 years. Information collected in population surveys can be directly used by the public health decision makers in order to possibly adapt the organisation of the prevention/screening programmes. The domain of breast cancer screening is a priority in European Community public health policy. |
| *Remarks* | - Breast cancer screening rate is also one of the Health and Long Term Care Indictors of the Social Protection Committee (SPC). The SPC however uses a somewhat different definition (Percentage of women aged 50-69 that were screened for breast cancer using mammography over the past year). Breast cancer screening rate is also one of the OECD Health Care Quality Indicators. OECD also applies the age range 50-69, but uses as time span the specific screening frequency applied in each country, instead of a fixed recall period.<br>- Ideally, the recall period used in the definition for this indicator coincides with the recall period actually applied in the screening programmes, as in the definition applied by OECD. As a common methodology needs to be applied in EHIS for all countries, such a flexible approach is not possible in EHIS. The recall period used in the definition for this indicator therefore represents an average and hence it will not be aligned with the programme methodologies for all countries.<br>- Administrative sources based on screening programme data would be preferable over (E)HIS based data, as the latter will be influenced by recall and sampling biases. Currently however there is no adequate international coverage of programme based data. Therefore for the moment EHIS is the best source available for this indicator. In future however, when the situation with regard to programme based data has improved, ECHIM prefers to use those data instead of EHIS. A disadvantage of programme based data however is that they seldom allow for breakdowns according to socio-economic status.<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/2007-2008_methodology&vm=detailed&sb=Title<br>- Regulation (EC) No 1338/2008 of the European Parliament and of the Council of 16 |

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| | 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<br>- Indicators of the Social Protection Committee, health and long term care strand: http://epp.eurostat.ec.europa.eu/portal/page/portal/employment_and_social_policy_indicators/omc_social_inclusion_and_social_protection/health_long_term_care_strand<br>- OECD Health Care Quality Indicators: http://www.oecd.org/health/hcqi |
| *Work to do* | - Monitor EHIS/Eurostat developments<br>- Monitor (inter)national programme recommendations, in particular with regard to the lower age limit applied; the lower age limit of 50 that currently is commonly applied in international indicator definitions may become inadequate as recommendations more and more tend to include women younger than 50. |