



**Documentation sheets**  
**for the ECHI shortlist indicators**  
**incorporated in the ECHIM data collection pilot 2010**

**Version: August 2010**

**ECHI indicators in data collection pilot:****Documentation sheet on page:**

1.	21. Diabetes	
	a) Self-reported prevalence	3
	b) Register-based prevalence	5
2.	23. Depression	
	a) Self-reported prevalence	6
	b) Register-based prevalence	8
3.	24. Acute Myocardial Infarction	9
4.	25. Stroke	11
5.	26. Asthma	
	a) Self-reported prevalence	13
	b) Register-based prevalence	15
6.	27. COPD	
	a) Self-reported prevalence	16
	b) Register-based prevalence	18
7.	29. Injuries: home/leisure/school	
	a) Self-reported incidence	20
	b) Register-based incidence	22
8.	30. Injuries: road traffic	
	a) Self-reported incidence	24
	b) Register-based incidence	26
9.	42. Body mass index	27
10.	43. Blood pressure	29
11.	44. Regular smokers	31
12.	49. Consumption of fruit	33
13.	50. Consumption of vegetables	34
14.	57. Influenza vaccination rate in elderly	36
15.	58. Breast cancer screening	38
16.	59. Cervical cancer screening	40
17.	60. Colon cancer screening	42
18.	71. General practitioner (GP) utilization	
	a) Self-reported visits	44
	b) Register-based visits	46
19.	72. Selected outpatient visits	
	a) Self-reported visits	47
	b) Register-based visits	49

<i>ECHIM Indicator name</i>	<b>B) Health status</b> 21(a). Diabetes: self-reported prevalence
<i>Definition</i>	Proportion of individuals reporting to have been diagnosed with diabetes which occurred during the past 12 months
<i>Calculation</i>	Proportion of individuals reporting to have been diagnosed with diabetes which occurred 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? (11. Diabetes) (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>	<ul style="list-style-type: none"> <li>- Country</li> <li>- Calendar year</li> <li>- Sex</li> <li>- Age group (15-64, 65+)</li> <li>- Socio-economic status (educational level. ISCED 3 aggregated groups: 0-2; 3+4; 5+6)</li> </ul>
<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>	Diabetes has become one of the most important public health challenges of the 21st century. It is strongly associated with overweight and obesity. Diabetes can be treated and partly prevented. Diabetes is a risk factor for cardiovascular diseases, and complications can result in severe conditions such as foot infections and amputations, blindness and end stage renal disease. Comparisons at international and regional level can serve as benchmark to identify gaps in health care.
<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>- 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 21b). 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> </ul>

	<ul style="list-style-type: none"> <li>- EHIS 2007-2008 Methodology: Information from CIRCA :  <a href="http://circa.europa.eu/Public/irc/dsis/health/library?!=/methodologiessandsdatasc/healthsinterviewsurvey/2007-2008_methodology&amp;vm=detailed&amp;sb=Title">http://circa.europa.eu/Public/irc/dsis/health/library?!=/methodologiessandsdatasc/healthsinterviewsurvey/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> </ul>
<i>Work to do</i>	- Monitor EHIS/Eurostat developments

<i>ECHIM Indicator name</i>	<b>B) Health status</b> 21(b). Diabetes: register-based prevalence
<i>Definition</i>	Number of individuals to have been diagnosed with diabetes which occurred during the past 12 months, expressed per 100,000 and as percentage of total population.
<i>Calculation</i>	National best estimate of number of people diagnosed with diabetes (ICD-10 codes E10-E14; includes both diabetes mellitus type 1 and type 2 and other diabetes mellitus). Age standardization should be done for men and women separately, according to the direct method, using the 1976 WHO European population as standard population (this is the method applied for the Eurostat diagnosis-specific morbidity statistics; see references (document principles and guidelines in CIRCA)).
<i>Relevant dimensions and subgroups</i>	<ul style="list-style-type: none"> <li>- Country.</li> <li>- Calendar year.</li> <li>- Sex.</li> <li>- Age group: <ul style="list-style-type: none"> <li>➤ for age standardization data must be collected by 5 year age groups (see calculation)</li> <li>➤ for data presentations it is required to present the following age groups; 15-64, 65+</li> </ul> </li> <li>- Socio-economic status (see data availability).</li> <li>- Region (according to ISARE recommendations; see data availability)</li> </ul>
<i>Preferred data type and data source</i>	Preferred data type: administrative sources (clinical records, insurance data), disease registers Preferred source: Eurostat (diagnosis-specific morbidity data)
<i>Data availability</i>	Eurostat morbidity data activities are currently in a pilot phase. In 2007, 9 MS (CZ, CY, EE, HU, LT, LV, MT, SI, SK) carried out a data collection pilot. AT and DE carried out a pilot study in 2009. In 2009 BE, DE, FI, NL, PL and RO started with the pilot. It is currently not yet clear when and how these pilot activities will be transformed into structural activities, and it is not yet clear when the pilot data will be ready for publication. Analysis of the data will start in 2011. Eurostat morbidity data will be available by sex and 18 age groups (0-4, 5-9, etc., 85+), not by socio-economic status and region. The ISARE project on regional indicators does not collect data on diabetes.
<i>Data periodicity</i>	It is currently not yet clear how often Eurostat will collect the diagnosis-specific morbidity data.
<i>Rationale</i>	Diabetes has become one of the most important public health challenges of the 21st century. It is strongly associated with overweight and obesity. Diabetes can be treated and partly prevented. Diabetes is a risk factor for cardiovascular diseases, and complications can result in severe conditions such as foot infections and amputations, blindness and end stage renal disease. Comparisons at international and regional level can serve as benchmark to identify gaps in health care.
<i>Remarks</i>	<ul style="list-style-type: none"> <li>- Eurostat diagnosis-specific morbidity data activities are based on a shortlist of diseases covering 60 diseases/disease groups.</li> <li>- Eurostat diagnosis-specific morbidity data activities are aimed at providing best national estimates. Each Member State itself decides which is (are) the best data source(s) for calculating a certain estimate. Given the fact that not in all MS the health information system is well aligned with the health care system, there will be limitations to the comparability of national estimates resulting from this approach. Therefore ECHIM also uses an European Health Interview Survey (EHIS)-based estimate (see indicator 21a).</li> </ul>
<i>References</i>	<ul style="list-style-type: none"> <li>- Diagnosis specific morbidity statistics, Eurostat, public part of CIRCA: <a href="http://circa.europa.eu/Public/irc/dsis/health/library?l=/methodologiessandsdatasc/diagnosis-specific&amp;vm=detailed&amp;sb=Title">http://circa.europa.eu/Public/irc/dsis/health/library?l=/methodologiessandsdatasc/diagnosis-specific&amp;vm=detailed&amp;sb=Title</a></li> <li>- Health Indicators in the European Regions (ISARE) project: <a href="http://www.isare.org/">http://www.isare.org/</a></li> </ul>
<i>Work to do</i>	- Monitor developments Eurostat morbidity statistics

<i>ECHIM Indicator name</i>	<b>B) Health status</b> 23(a). Depression: self-reported prevalence
<i>Definition</i>	Proportion of individuals reporting to have been diagnosed with chronic depression which occurred during the past 12 months.
<i>Calculation</i>	Proportion of individuals reporting to have been diagnosed with chronic depression which occurred 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>	<ul style="list-style-type: none"> <li>- Country</li> <li>- Calendar year</li> <li>- Sex</li> <li>- Age group (15-64, 65+)</li> <li>- SES (educational level. ISCED 3 aggregated groups: 0-2; 3+4; 5+6)</li> </ul>
<i>Preferred data type and data source</i>	<p>Preferred data type: HIS</p> <p>Preferred source: Eurostat (EHIS)</p>
<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</li> </ul>

	details of the statistics Member States have to deliver to Eurostat. An implementing act on EHS is expected to come into force in 2014.
<i>References</i>	<ul style="list-style-type: none"> <li>- EHS standard questionnaire (version of 11/2006, used in first wave): <a href="http://ec.europa.eu/health/ph_information/implement/wp/systems/docs/ev_20070315_ehs_en.pdf">http://ec.europa.eu/health/ph_information/implement/wp/systems/docs/ev_20070315_ehs_en.pdf</a></li> <li>- EHS 2007-2008 Methodology: Information from CIRCA : <a href="http://circa.europa.eu/Public/irc/dsis/health/library?l=/methodologiessandsdatasc/healthsinterviewsurvey/2007-2008_methodology&amp;vm=detailed&amp;sb=Title">http://circa.europa.eu/Public/irc/dsis/health/library?l=/methodologiessandsdatasc/healthsinterviewsurvey/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 EHS/Eurostat developments

<i>ECHIM Indicator name</i>	<b>B) Health status</b> 23(b). Depression: register-based prevalence
<i>Definition</i>	Number of individuals to have been diagnosed with depression which occurred during the past 12 months, expressed per 100,000 and as percentage of total population.
<i>Calculation</i>	National best estimate of number of people diagnosed with depression (ICD-10 codes F32-F33; depressive episode and recurrent depressive disorder). Age standardization should be done for men and women separately, according to the direct method, using the 1976 WHO European population as standard population (this is the method applied for the Eurostat diagnosis-specific morbidity statistics; see references (document principles and guidelines in CIRCA)).
<i>Relevant dimensions and subgroups</i>	<ul style="list-style-type: none"> <li>- Country.</li> <li>- Calendar year.</li> <li>- Sex.</li> <li>- Age group: <ul style="list-style-type: none"> <li>➢ for age standardization data must be collected by 5 year age groups (see calculation)</li> <li>➢ for data presentations it is required to present the following age groups; 15-64, 65+</li> </ul> </li> <li>- Socio-economic status (see data availability).</li> <li>- Region (according to ISARE recommendations; see data availability)</li> </ul>
<i>Preferred data type and data source</i>	Preferred data type: administrative sources (clinical records, insurance data), disease registers Preferred source: national data
<i>Data availability</i>	To be established in a data collection pilot which ECHIM will carry out for this indicator in 2010. In the pilot data will be collected by sex and age group, not by socio-economic status and region.
<i>Data periodicity</i>	Currently no regular data collection for this indicator exists.
<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>- The ICD-10 codes applied in the calculation deviate from the ICD-10 codes applied by Eurostat in their diagnosis-specific morbidity activities. Eurostat uses ICD-10 codes F30-F39; this includes bipolar affective disorder. As this definition is too divergent from the objective of this ECHI indicator, i.e. to measure prevalence of depression, ECHI applies a more specific selection of ICD-10 codes.</li> <li>- Eurostat diagnosis-specific morbidity data activities are based on a shortlist of diseases covering 60 diseases/disease groups.</li> <li>- Eurostat diagnosis-specific morbidity data activities are aimed at providing best national estimates. Also in the ECHIM data collection pilot each Member State itself decides which is (are) the best data source(s) for calculating this estimate. Given the fact that not in all MS the health information system is well aligned with the health care system, there will be limitations to the comparability of national estimates resulting from this approach. Therefore ECHIM also uses a European Health Interview Survey (EHIS)-based estimate (see indicator 23a).</li> </ul>
<i>References</i>	<ul style="list-style-type: none"> <li>- Diagnosis specific morbidity statistics, Eurostat, public part of CIRCA: <a href="http://circa.europa.eu/Public/irc/dsis/health/library?l=/methodologiessandsdatasc/diagnosis-specific&amp;vm=detailed&amp;sb=Title">http://circa.europa.eu/Public/irc/dsis/health/library?l=/methodologiessandsdatasc/diagnosis-specific&amp;vm=detailed&amp;sb=Title</a></li> <li>- Health Indicators in the European Regions (ISARE) project: <a href="http://www.isare.org/">http://www.isare.org/</a></li> </ul>
<i>Work to do</i>	- Monitor developments Eurostat morbidity statistics

<i>ECHIM Indicator name</i>	<b>B) Health status</b>  24. Acute Myocardial Infarction (AMI)
<i>Definition</i>	Attack rate of acute myocardial infarction (non-fatal and fatal) and coronary death per 100,000 population.
<i>Calculation</i>	Age-standardized attack rate by sex in age group 35-74 in the population in a given calendar year, based on combined hospital discharge (ICD-10 codes I21, I22) and mortality data (ICD-10 codes I20-I25) (EUROCISS project recommendation). Attack rate counts the first and recurrent events, whenever there is at least 28 days between the onsets of the events. Age standardization should be done for men and women separately, according to the direct method, using the 1976 WHO European population as standard population (this is the method applied for the Eurostat diagnosis-specific morbidity statistics; see references (document principles and guidelines in CIRCA)).
<i>Relevant dimensions and subgroups</i>	<ul style="list-style-type: none"> <li>- Calendar year</li> <li>- Country</li> <li>- Region (according to ISARE recommendations)</li> <li>- Sex</li> <li>- Age group: <ul style="list-style-type: none"> <li>➤ for age standardization data must be collected by 5 year age groups for ages 35-74</li> <li>➤ for data presentations it is required to present the following age groups; 35-64, 65-74</li> </ul> </li> <li>- Socio-economic status (see data availability)</li> </ul>
<i>Preferred data type and data source</i>	<p>Preferred data type:</p> <ul style="list-style-type: none"> <li>- Hospital discharge registries combined with causes of death registries</li> <li>- Alternatively: population-based AMI registers</li> </ul> <p>Preferred source: national data sources (no data available in international data sources according to preferred definition)</p>
<i>Data availability</i>	No regular data collection for this indicator yet exists. AMI population-based regional registers are available in: Belgium, Denmark, Finland, France, Germany, Iceland, Italy, Norway and Sweden. In general these registers do not produce data on AMI by SES. The ISARE project has not collected regional data on AMI incidence/attack rate.
<i>Data periodicity</i>	See data availability.
<i>Rationale</i>	High-burden disease and cause of death. These diseases are preventable.
<i>Remarks</i>	<ul style="list-style-type: none"> <li>- About 30-40% of cardiac attacks are fatal and patients die before reaching the hospital. As a consequence, only a combination of mortality data and hospital discharge records can provide a complete picture of the disease in the population. The calculation of this indicator therefore requires linkage of different data sources at subject level. Possibilities for this kind of linkage differ between countries due to a disharmonized legal framework regarding the possibilities to use personal health data for data protection purposes.</li> <li>- A wider group of diagnoses (ICD-10 codes) is proposed for the fatal cases than for the non-fatal cases, because it is often impossible to tell whether the death was caused by a myocardial infarction or other coronary event.</li> <li>- Incidence from a primary prevention point of view is more interesting than attack rate, although both bring very similar information. Incidence refers to person's first event. Ideally the denominator should be those who have not had an AMI before, but in practise this is not possible. The total population in the denominator gives a good approximation. Data for attack rate however are more widely available.</li> <li>- The preferred age range is limited because the disease is extremely rare in people younger than 35. People older than 74 are excluded as co-morbidity and identification of the cause of death in this group would complicate the interpretation of the results.</li> <li>- The accuracy of the mortality diagnosis of ischaemic heart disease varies considerably between countries due to differences in coding practices and differences in the number of autopsies performed.</li> </ul>
<i>References</i>	- EUROCISS project: <a href="http://www.cuore.iss.it/eurociss/en/project/project.asp">http://www.cuore.iss.it/eurociss/en/project/project.asp</a>

	<ul style="list-style-type: none"> <li>- EUROCISS definition AMI incidence/attack rate: <a href="http://www.cuore.iss.it/eurociss/en/indicators-eu/acute/10.htm">http://www.cuore.iss.it/eurociss/en/indicators-eu/acute/10.htm</a></li> <li>- EUROCISS project, manual for operating population based AMI register: <a href="http://www.cuore.iss.it/eurociss/reg_1ma/pdf/ami-manual.pdf">http://www.cuore.iss.it/eurociss/reg_1ma/pdf/ami-manual.pdf</a></li> <li>- Diagnosis specific morbidity statistics, Eurostat, public part of CIRCA: <a href="http://circa.europa.eu/Public/irc/dsis/health/library?l=/methodologiessandsdatasc/diagnosis-specific&amp;vm=detailed&amp;sb=Title">http://circa.europa.eu/Public/irc/dsis/health/library?l=/methodologiessandsdatasc/diagnosis-specific&amp;vm=detailed&amp;sb=Title</a></li> <li>- Health Indicators in the European Regions (ISARE) project: <a href="http://www.isare.org">http://www.isare.org</a></li> <li>- Tunstall-Pedoe H, Kuulasmaa K, Amouyel P, Arveiler D, Rajakangas A-M, Pajak A, for the WHO MONICA Project. Myocardial infarction and coronary deaths in the World Health Organization MONICA Project. Registration procedures, event rates and case fatality in 38 populations from 21 countries in 4 continents. <i>Circulation</i> 1994;90:583-612.</li> </ul>
<i>Work to do</i>	<ul style="list-style-type: none"> <li>- Discuss with European Commission possibilities for adding this indicator to regular data collection processes</li> </ul>

<i>ECHIM Indicator name</i>	<b>B) Health status</b> 25. Stroke
<i>Definition</i>	Attack rate of stroke (non-fatal and fatal) per 100,000 population.
<i>Calculation</i>	Age-standardized attack rate by sex in age group 35-84 in the population in a given calendar year, based on combined hospital discharge and mortality data (ICD-10 codes I60-I64) (EUROCISS project recommendation). Attack rate counts the first and recurrent events, whenever there is at least 28 days between the onsets of the events. Age standardization should be done for men and women separately, according to the direct method, using the 1976 WHO European population as standard population (this is the method applied for the Eurostat diagnosis-specific morbidity statistics; see references (document principles and guidelines in CIRCA)).
<i>Relevant dimensions and subgroups</i>	<ul style="list-style-type: none"> <li>- Calendar year</li> <li>- Country</li> <li>- Region (according to ISARE recommendations)</li> <li>- Sex</li> <li>- Age group: <ul style="list-style-type: none"> <li>➤ for age standardization data must be collected by 5 year age groups for ages 35-84</li> <li>➤ for data presentations it is required to present the following age groups; 35-64, 65-84</li> </ul> </li> <li>- Socio-economic status (see data availability)</li> </ul>
<i>Preferred data type and data source</i>	<p>Preferred data type:</p> <ul style="list-style-type: none"> <li>- Hospital discharge registries combined with causes of death registries</li> <li>- Alternatively: population-based stroke registers</li> </ul> <p>Preferred source: national data sources (no data available in international data sources according to preferred definition)</p>
<i>Data availability</i>	No regular data collection for this indicator yet exists. Stroke population-based regional registers are available in Denmark, Finland, France, Germany, Italy, Norway and Sweden. In general these registers do not produce data on stroke by SES. The ISARE project has not collected regional data on stroke.
<i>Data periodicity</i>	See data availability.
<i>Rationale</i>	High-burden disease and cause of death. These diseases are preventable.
<i>Remarks</i>	<ul style="list-style-type: none"> <li>- Between 3 and 13% of strokes are fatal and patients die before reaching the hospital. As a consequence, only a combination of mortality data and hospital discharge records can provide a complete picture of the disease in the population. The calculation of this indicator therefore requires linkage of different data sources at subject level. Possibilities for this kind of linkage differ between countries due to a disharmonized legal framework regarding the possibilities to use personal health data for data protection purposes.</li> <li>- People may die from the effects of stroke long after the event took place. Therefore in stroke it is difficult to establish a time frame for distinguishing between first and recurrent events. 28 days is a commonly applied time frame. One has to realize though that this definition may result in double counting of events; one for the stroke, and one for death as a consequence of the stroke when death occurs later than 28 days after the stroke.</li> <li>- EUROCISS project recommends to report separately: a) haemorrhagic stroke (ICD-10 codes I61, I62), b) ischaemic stroke (ICD-10 codes I63, I64) and c) subarachnoid stroke (ICD-10 codes I60), because of the different disease entities (and hence different risk factors) underlying these diagnoses. ECHIM endorses this point of view, but feels that, given the current lack of data, it seems too early to ask the Member States to implement this indicator at such a detailed level now. ECHIM does nevertheless envisage refining the indicator definition in future.</li> <li>- Incidence from a primary prevention point of view is more interesting than attack rate, although both bring very similar information. Incidence refers to person's first event. Ideally the denominator should be those who have not had a stroke before, but in practise this is not possible. The total population in the denominator gives a good approximation. Data for attack</li> </ul>

	<p>rate however are more widely available.</p> <ul style="list-style-type: none"> <li>- The preferred age range is limited because the disease is rare in people younger than 35. People older than 84 are excluded as co-morbidity and identification of the cause of death in this group would complicate the interpretation of the results.</li> </ul>
<i>References</i>	<ul style="list-style-type: none"> <li>- EUROCISS project: <a href="http://www.cuore.iss.it/eurociss/en/project/project.asp">http://www.cuore.iss.it/eurociss/en/project/project.asp</a></li> <li>- EUROCISS project, manual for operating population based stroke register: <a href="http://www.cuore.iss.it/eurociss/reg_ictus/pdf/stroke_manual.pdf">http://www.cuore.iss.it/eurociss/reg_ictus/pdf/stroke_manual.pdf</a></li> <li>- Diagnosis specific morbidity statistics, Eurostat, public part of CIRCA: <a href="http://circa.europa.eu/Public/irc/dsis/health/library?!=/methodologiessandsdatasc/diagnosis-specific&amp;vm=detailed&amp;sb=Title">http://circa.europa.eu/Public/irc/dsis/health/library?!=/methodologiessandsdatasc/diagnosis-specific&amp;vm=detailed&amp;sb=Title</a></li> <li>- Health Indicators in the European Regions (ISARE) project: <a href="http://www.isare.org">http://www.isare.org</a></li> </ul>
<i>Work to do</i>	<ul style="list-style-type: none"> <li>- Discuss with European Commission possibilities for adding this indicator to regular data collection processes</li> <li>- P.M.: refine indicator definition according to EUROCISS recommendations (report separately for a) haemorrhagic stroke (ICD-10 codes I61, I62), b) ischaemic stroke (ICD-10 codes I63, I64) and c) subarachnoid stroke (ICD-10 codes I60))</li> </ul>

<i>ECHIM Indicator name</i>	<b>B) Health status</b> 26(a). Asthma: self-reported prevalence
<i>Definition</i>	Proportion of individuals reporting to have been diagnosed with asthma which occurred during the past 12 months.
<i>Calculation</i>	Proportion of individuals reporting to have been diagnosed with asthma which occurred 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? 1. Asthma (allergic asthma included) (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>	<ul style="list-style-type: none"> <li>- Country</li> <li>- Calendar year</li> <li>- Sex</li> <li>- Age group (15+)</li> <li>- Socio-economic status (educational level. ISCED 3 aggregated groups: 0-2; 3+4; 5+6)</li> </ul>
<i>Preferred data type and data source</i>	<p>Preferred data type: HIS</p> <p>Preferred source: Eurostat (EHIS)</p>
<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>	Asthma is a significant public health problem and a high-burden disease for which prevention is partly possible and treatment can be quite effective.
<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>- 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 26b). 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?l=/methodologiessandsdatasc/healthsinterviewsurvey/2007-2008_methodology&amp;vm=detailed&amp;sb=Title">http://circa.europa.eu/Public/irc/dsis/health/library?l=/methodologiessandsdatasc/healthsinterviewsurvey/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</li> </ul>

	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>
<i>Work to do</i>	- Monitor EHIS/Eurostat developments - Monitor EHES developments

<i>ECHIM Indicator name</i>	<b>B) Health status</b> 26(b). Asthma: register-based prevalence
<i>Definition</i>	Number of individuals to have been diagnosed with asthma which occurred during the past 12 months, expressed per 100,000 and as percentage of total population.
<i>Calculation</i>	National best estimate of number of people diagnosed with asthma (ICD-10 codes J45, J46). Age standardization should be done for men and women separately, according to the direct method, using the 1976 WHO European population as standard population (this is the method applied for the Eurostat diagnosis-specific morbidity statistics; see references (document principles and guidelines in CIRCA)).
<i>Relevant dimensions and subgroups</i>	<ul style="list-style-type: none"> <li>- Country.</li> <li>- Calendar year.</li> <li>- Sex.</li> <li>- Age group: <ul style="list-style-type: none"> <li>➤ for age standardization data must be collected by 5 year age groups (see calculation)</li> <li>➤ for data presentations it is required to present the following age groups; 0-14, 15+</li> </ul> </li> <li>- Socio-economic status (see data availability).</li> <li>- Region (according to ISARE recommendations; see data availability)</li> </ul>
<i>Preferred data type and data source</i>	Preferred data type: administrative sources (clinical records, insurance data), disease registers Preferred source: Eurostat (diagnosis-specific morbidity data)
<i>Data availability</i>	Eurostat morbidity data activities are currently in a pilot phase. In 2007, 9 MS (CZ, CY, EE, HU, LT, LV, MT, SI, SK) carried out a data collection pilot. AT and DE carried out a pilot study in 2009. In 2009 BE, DE, FI, NL, PL and RO started with the pilot. It is currently not yet clear when and how these pilot activities will be transformed into structural activities, and it is not yet clear when the pilot data will be ready for publication. Analysis of the data will start in 2011. Eurostat morbidity data will be available by sex and 18 age groups (0-4, 5-9, etc., 85+), not by socio-economic status and region. The ISARE project on regional indicators does not collect data on asthma.
<i>Data periodicity</i>	It is currently not yet clear how often Eurostat will collect the diagnosis-specific morbidity data.
<i>Rationale</i>	Asthma is a significant public health problem and a high-burden disease for which prevention is partly possible and treatment can be quite effective.
<i>Remarks</i>	<ul style="list-style-type: none"> <li>- Eurostat diagnosis-specific morbidity data activities are based on a shortlist of diseases covering 60 diseases/disease groups.</li> <li>- Eurostat diagnosis-specific morbidity data activities are aimed at providing best national estimates. Each Member State itself decides which is (are) the best data source(s) for calculating a certain estimate. Given the fact that not in all MS the health information system is well aligned with the health care system, there will be limitations to the comparability of national estimates resulting from this approach. Therefore ECHIM also uses an European Health Interview Survey (EHIS)-based estimate (see indicator 26a).</li> </ul>
<i>References</i>	<ul style="list-style-type: none"> <li>- Diagnosis specific morbidity statistics, Eurostat, public part of CIRCA: <a href="http://circa.europa.eu/Public/irc/dsis/health/library?l=/methodologiessandsdatasc/diagnosis-specific&amp;vm=detailed&amp;sb=Title">http://circa.europa.eu/Public/irc/dsis/health/library?l=/methodologiessandsdatasc/diagnosis-specific&amp;vm=detailed&amp;sb=Title</a></li> <li>- Health Indicators in the European Regions (ISARE) project: <a href="http://www.isare.org/">http://www.isare.org/</a></li> </ul>
<i>Work to do</i>	- Monitor developments Eurostat morbidity statistics

<i>ECHIM Indicator name</i>	<b>B) Health status</b> 27(a). Chronic obstructive pulmonary disease (COPD): self-reported prevalence
<i>Definition</i>	Proportion of individuals reporting to have been diagnosed with chronic obstructive pulmonary disease (COPD) which occurred during the past 12 months.
<i>Calculation</i>	Proportion of individuals reporting to have been diagnosed with chronic obstructive pulmonary disease (COPD) which occurred 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? 2. Chronic bronchitis, chronic obstructive pulmonary disease, emphysema (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+) - Socio-economic status (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>	COPD is a high-burden disease causing disability and impairing quality of life, as well as generating high costs. COPD is among the leading causes of chronic morbidity and mortality in the EU. Prevention is partly possible and treatment can be quite effective. Smoking is the major risk factor for COPD.
<i>Remarks</i>	- According to current plans, Eurostat will probably not age-standardize EHIS data. For comparability reasons ECHIM would however prefer age-standardized data. - The definition applied by EHIS covers both bronchitis and lung disease characterized by obstruction (emphysema, other COPD). Though these are different disease entities, it is common practice to include both in the definition of COPD. Though the distinction between the different diagnoses is important from a clinical perspective, it is less relevant from a prevention perspective, as common determinants underlie these conditions (smoking, air pollution). - 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). - (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 27b). However, as a common methodology is underlying the gathering of EHIS data, they suit well the purpose of international comparison. - 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.
<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/implement/wp/systems/docs/ev_20070315_ehis_en.pdf">http://ec.europa.eu/health/ph_information/implement/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?l=/methodologiessandsdatasc/healthsinterviewsurvey/2007-2008_methodology&amp;vm=detailed&amp;sb=Title">http://circa.europa.eu/Public/irc/dsis/health/library?l=/methodologiessandsdatasc/healthsinterviewsurvey/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> </ul>
<i>Work to do</i>	- Monitor EHIS/Eurostat developments

<i>ECHIM Indicator name</i>	<b>B) Health status</b> 27(b). Chronic obstructive pulmonary disease (COPD): register-based prevalence
<i>Definition</i>	Number of individuals to have been diagnosed with chronic obstructive pulmonary disease which occurred during the past 12 months, expressed per 100,000 and as percentage of total population.
<i>Calculation</i>	National best estimate of number of people diagnosed with chronic lower respiratory diseases other than asthma, including COPD (ICD-10 codes J40-J44; includes chronic bronchitis, emphysema and other chronic obstructive pulmonary disease (COPD)). Age standardization should be done for men and women separately, according to the direct method, using the 1976 WHO European population as standard population (this is the method applied for the Eurostat diagnosis-specific morbidity statistics; see references (document principles and guidelines in CIRCA)).
<i>Relevant dimensions and subgroups</i>	<ul style="list-style-type: none"> <li>- Country.</li> <li>- Calendar year.</li> <li>- Sex.</li> <li>- Age group: <ul style="list-style-type: none"> <li>➤ for age standardization data must be collected by 5 year age groups (see calculation)</li> <li>➤ for data presentations it is required to present the following age groups; 15-64, 65+</li> </ul> </li> <li>- Socio-economic status (see data availability).</li> <li>- Region (according to ISARE recommendations; see data availability)</li> </ul>
<i>Preferred data type and data source</i>	Preferred data type: administrative sources (clinical records, insurance data), disease registers Preferred source: Eurostat (diagnosis-specific morbidity data)
<i>Data availability</i>	To be established in a data collection pilot which ECHIM will carry out for this indicator in 2010. In the pilot data will be collected by sex and age group, not by socio-economic status and region.
<i>Data periodicity</i>	Currently no regular data collection for this indicator exists.
<i>Rationale</i>	COPD is a high-burden disease causing disability and impairing quality of life, as well as generating high costs. COPD is among the leading causes of chronic morbidity and mortality in the EU. Prevention is partly possible and treatment can be quite effective. Smoking is the major risk factor for COPD.
<i>Remarks</i>	<ul style="list-style-type: none"> <li>- The ICD-10 codes applied in the calculation deviate slightly from the ICD-10 codes applied by Eurostat in their diagnosis-specific morbidity activities. Eurostat uses ICD-10 codes J40-J44, and J47. ICD-10 code J47 covers the diagnosis bronchiectasis. Bronchiectasis is not a common disorder nowadays in developed countries. Hence, its relevance for public health is limited.</li> <li>- When looking at the literature, different approaches with regard to defining COPD in terms of ICD codes are being applied. Commonly however ICD-10 codes J40-J44 are being used to define COPD, including the different disease entities bronchitis and lung disease characterized by obstruction (emphysema and other COPD).</li> <li>- Though it is relevant from a clinical perspective to make a distinction between the different diagnoses covered by COPD, from a prevention perspective this is less relevant, as common determinants underlie these conditions (smoking, air pollution). Therefore ECHIM has decided to apply the commonly used 'broad' definition of COPD (J40-J44). This approach will also enhance comparability with the European Health Interview Survey (EHIS) based estimate for this indicator, which also applies a broad definition, including both bronchitis and emphysema (see indicator 27(a)).</li> <li>- Eurostat diagnosis-specific morbidity data activities are based on a shortlist of diseases covering 60 diseases/disease groups.</li> <li>- Eurostat diagnosis-specific morbidity data activities are aimed at providing best national estimates. Each Member State itself decides which is (are) the best data source(s) for calculating a certain estimate. Also in the ECHIM data collection pilot each Member State</li> </ul>

	<p>itself decides which is (are) the best data source(s) for calculating this estimate. Given the fact that not in all MS the health information system is well aligned with the health care system, there will be limitations to the comparability of national estimates resulting from this approach. Therefore ECHIM also uses a European Health Interview Survey (EHIS)-based estimate (see indicator 21a).</p>
<i>References</i>	<ul style="list-style-type: none"> <li>- Diagnosis specific morbidity statistics, Eurostat, public part of CIRCA: <a href="http://circa.europa.eu/Public/irc/dsis/health/library?l=/methodologiessandsdatasc/diagnosis-specific&amp;vm=detailed&amp;sb=Title">http://circa.europa.eu/Public/irc/dsis/health/library?l=/methodologiessandsdatasc/diagnosis-specific&amp;vm=detailed&amp;sb=Title</a></li> <li>- Health Indicators in the European Regions (ISARE) project: <a href="http://www.isare.org/">http://www.isare.org/</a></li> </ul>
<i>Work to do</i>	<ul style="list-style-type: none"> <li>- Monitor developments Eurostat morbidity statistics</li> </ul>

<i>ECHIM Indicator name</i>	<b>B) Health status</b> 29(a). Injuries: home, leisure, school: self-reported incidence
<i>Definition</i>	1) Proportion of individuals reporting to have had an accident at home, during leisure activities, and/or at school during the past 12 months, which resulted in injury. 2) Proportion of individuals reporting to have had an accident at home, during leisure activities, and/or at school during the past 12 months, which resulted in injury for which medical treatment was sought.
<i>Calculation</i>	1) Proportion of individuals reporting to have had a home and leisure accident during the past 12 months, derived from EHIS question HS.7: In the past 12 months, have you had any of the following type of accidents resulting in injury (external or internal)? 3. Accident at school, and 4. Home and leisure accident (yes / no). Respondents answering yes to either or both of the above mentioned HS7 answering categories should be added. 2) Proportion of individuals reporting to have had a home and leisure accident during the past 12 months, derived from EHIS: question HS.7 and HS.8: HS.7 In the past 12 months, have you had any of the following type of accidents resulting in injury (external or internal)? 3. Accident at school, and 4. Home and leisure accident (yes / no). Respondents answering yes to either or both of the above mentioned HS7 answering categories should be added, and from these respondents the ones answering positively to HS.8 should be extracted; HS.8: Did you visit a doctor, a nurse or an emergency department of a hospital as a result of this accident? (Yes, I visited a doctor or nurse / Yes, I went to an emergency department / No consultation or intervention was necessary). EHIS data will not be age standardized.
<i>Relevant dimensions and subgroups</i>	- Country - Calendar year - Sex - Age group (15-24; 25-64; 65+) - Socio-economic status (educational level. ISCED 3 aggregated groups: 0-2; 3+4; 5+6) - Region (according to ISARE recommendations; see data availability)
<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>	Annually, in the EU more than 60 million people receive medical treatment for an injury, from which an estimated 7 million are admitted to hospital. Two-thirds of all injuries occur in home and leisure environments - a trend that is on the increase across Europe. Detailed injury data (in particular on external circumstances as activities, settings, products involved) makes it possible to develop prevention measures, monitor injury trends, prioritise issues, guide policies and evaluate the success of interventions designed to reduce injuries.
<i>Remarks</i>	- EHIS distinguishes the following accident categories: road traffic accident, accident at work, accident at school, home and leisure accident. Injuries resulting from poisoning and wilful acts of other persons are included in these categories. From a policy perspective, it would be better to separate interpersonal violence and genuine accidents. - EHIS allows for the computation of person-incidence, i.e. the number of persons who have had one or more accidents during the last year. It would be preferable to know the case-

	<p>incidence, i.e. the number of accidents that occurred during the last year, as this gives a more precise estimate the occurrence of injuries. Register data generally do allow for the measurement of case-incidence. Therefore ECHIM has also defined a register based incidence operationalization (see indicator 29(b)).</p> <ul style="list-style-type: none"> <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 29b). 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/implement/wp/systems/docs/ev_20070315_ehis_en.pdf">http://ec.europa.eu/health/ph_information/implement/wp/systems/docs/ev_20070315_ehis_en.pdf</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://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2008:354:0070:0081:EN:PDF">http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2008:354:0070:0081:EN:PDF</a></li> <li>- Health Indicators in the European Regions (ISARE) project: <a href="http://www.isare.org/">http://www.isare.org/</a></li> </ul>
<i>Work to do</i>	<ul style="list-style-type: none"> <li>- Monitor EHIS/Eurostat developments</li> </ul>

<i>ECHIM Indicator name</i>	<b>B) Health status</b> 29(b). Injuries: home, leisure, school: register-based incidence
<i>Definition</i>	Number of accidents at home and/or during leisure activities during the past 12 months, resulting in an injury that required treatment in a hospital, expressed per 100,000.
<i>Calculation</i>	Crude incidence rate according to the Injury Database (IDB) methodology (see remarks for more information on IDB). Numerator: occurrence of hospital treated home/leisure injuries (inpatient and outpatient-treatments, excluding “deceased”) in a given calendar year, projected to the resident population based on national Hospital Discharge (HD) register. Denominator: Resident population. If there is no national HD register available, the projection is done based on the HD statistics of the IDB hospital with the aggregated catchment population of this hospital as provided by the national IDB data administrator. In IDB the incidence rates are expressed per 1,000 inhabitants; ECHIM expresses them per 100,000 to enhance comparability with other morbidity and mortality indicators in the ECHI shortlist.
<i>Relevant dimensions and subgroups</i>	<ul style="list-style-type: none"> <li>- Country.</li> <li>- Calendar year.</li> <li>- Sex.</li> <li>- Age group (Data are collected in IDB by 5 year age groups (see data availability). For data presentation purposes, ECHIM recommends the use of the following aggregated age groups: 0-14, 15-24; 25-64; 65+).</li> <li>- SES (see data availability).</li> <li>- Region (according to ISARE recommendations; see data availability)</li> </ul>
<i>Preferred data type and data source</i>	Preferred data type: Special hospital discharge records (see IDB methodology) Preferred source: Injury Database (IDB)
<i>Data availability</i>	In April 2010 the publicly accessible part of IDB holds data for AT, DK, FR, NL, PT, SE and UK, for the period 2002-2007. However, in 2010 15 MS are collecting IDB data (AT, CY, CZ, DK, FR, GE, IT, LV, MT, NL, NO, PT, SE, SI, UK), and updates of the database are expected soon. Data in IDB are available by sex, age group (0-4, 5-9, etc., 85+), not by SES and region. The ISARE project on regional indicators does not collect data on home/leisure and school accidents. It is expected that the geographical coverage of IDB (i.e. number of countries participating) will be expanded in a future Joint Action on injury data (see remarks).
<i>Data periodicity</i>	In April 2010 IDB holds annual estimates for the years 2002-2007. The data are uploaded annually, but with a delay of 1-2 years
<i>Rationale</i>	Annually, in the EU more than 60 million people receive medical treatment for an injury, from which an estimated 7 million are admitted to hospital. Two-thirds of all injuries occur in home and leisure environments - a trend that is on the increase across Europe. Detailed injury data (in particular on external circumstances as activities, settings, products involved) makes it possible to develop prevention measures, monitor injury trends, prioritise issues, guide policies and evaluate the success of interventions designed to reduce injuries.
<i>Remarks</i>	<ul style="list-style-type: none"> <li>- The development of the IDB methodology as well as the implementation in new countries has been co-funded by DG SANCO (since 1999). SANCO also hosts the IDB database. Expenditures for national data collection are covered by Member State organizations. IDB is based on Accident and Emergency department data from selected Member State hospitals (sentinel network).</li> <li>- A call for a joint action on injury data was launched in the SANCO work plan 2010. This may result in an expansion of geographical coverage of IDB. Also representativeness and comparability of the IDB estimates may be enhanced, as it is foreseen that during the Joint Action the methodology will be adapted in such a way that the data from the IDB reference hospital(s) will be linked with hospital discharge figures.</li> <li>- IDB collects data according to the ICE-CI WHO standard (International Classification of External Causes of Injuries) that is compatible to the ICD-10 classification of injuries (see WHO ICD-10 and WHO ICD-11).</li> <li>- In IDB methodology, all accidents, except for road traffic and occupational accidents, are considered as home and leisure accidents and as such fall into the scope of the HLA system.</li> </ul>

	<p>IDB allows for detailed analyses by providing the following breakdowns: circumstances of injury (home, school, leisure, sport, road, workplace, self-harm, interpersonal violence) and severity of injury (inpatient, outpatient). Please note that the European Health Interview Survey (EHIS) applies a somewhat different taxonomy; EHIS distinguishes road traffic accidents, accidents at work, accidents at school, home and leisure accidents (see indicator 29(a)).</p> <p>- Hospital discharges (severely) underestimate the number of accidents occurring at home and during leisure activities. Therefore ECHIM has also defined a Health Interview Survey based incidence estimate (see indicator 29(a)).</p>
<i>References</i>	<p>- IDB coding manual : <a href="https://webgate.ec.europa.eu/idbpa/documents/IDB_V2K_CODING_MANUAL.pdf">https://webgate.ec.europa.eu/idbpa/documents/IDB_V2K_CODING_MANUAL.pdf</a></p> <p>- IDB report on Calculation of IDB Incidence Rates: <a href="https://webgate.ec.europa.eu/idb/documents/App.VI_Task_Force_Incidence_Rates_Report.pdf">https://webgate.ec.europa.eu/idb/documents/App.VI_Task_Force_Incidence_Rates_Report.pdf</a></p> <p>- Health Indicators in the European Regions (ISARE) project: <a href="http://www.isare.org/">http://www.isare.org/</a></p>
<i>Work to do</i>	<p>- Monitor organizational and methodological developments IDB and their consequences for ECHI</p>

<i>ECHIM Indicator name</i>	<b>B) Health status</b> 30(a). Injuries: road traffic: self-reported incidence
<i>Definition</i>	1) Proportion of individuals reporting to have had a road traffic accident, which resulted in injury during the past 12 months. 2) Proportion of individuals reporting to have had a road traffic accident, which resulted in injury for which medical treatment was sought during the past 12 months.
<i>Calculation</i>	1) Proportion of individuals reporting to have had a road traffic accident during the past 12 months, derived from EHS question HS.7: In the past 12 months, have you had any of the following type of accidents resulting in injury (external or internal)? 1. Road traffic accident (yes / no). 2) Proportion of individuals reporting to have had a road traffic accident during the past 12 months, derived from EHS: question HS.7 and HS.8: HS.7 In the past 12 months, have you had any of the following type of accidents resulting in injury (external or internal)? 1. Road traffic accident (yes / no). If yes, select respondents who answered positively to HS.8; HS.8: Did you visit a doctor, a nurse or an emergency department of a hospital as a result of this accident? (Yes, I visited a doctor or nurse / Yes, I went to an emergency department / No consultation or intervention was necessary). EHS data will not be age standardized.
<i>Relevant dimensions and subgroups</i>	- Country - Calendar year - Sex - Age group (15-24; 25-64; 65+) - Socio-economic status (educational level. ISCED 3 aggregated groups: 0-2; 3+4; 5+6) - Region (according to ISARE recommendations; see data availability)
<i>Preferred data type and data source</i>	Preferred data type: HIS Preferred source: Eurostat (EHS)
<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 EHS 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 EHS 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. EHS 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>	EHS 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>	The EU IDB estimates that road injuries account for 10% of all hospital treated injuries or a total of 4.3 million victims annually. Though preventive measures have been proven effective, resulting in declining incidence rates, large health gains can still be achieved and inequalities between Member States can still be diminished.
<i>Remarks</i>	- According to current plans, Eurostat will probably not age-standardize EHS data. For comparability reasons ECHIM would however prefer age-standardized data. - EHS allows for the computation of person-incidence, i.e. the number of persons who have had one or more accidents during the last year. It would be preferable to know the case-incidence, i.e. the number of accidents that occurred during the last year, as this gives a more precise estimate the occurrence of injuries. Register data generally do allow for the measurement of case-incidence. Therefore ECHIM has also defined a register based incidence operationalization (see indicator 30(b)). However, the disadvantage of road traffic registers is that they are generally based on hospital records and/or police files. Therefore they result in an underestimation of incidence figures. - The above definition and calculation are based on the first version of the EHS questionnaire, as used in the first EHS wave (2007/2010). The EHS questionnaire will be

	<p>revised, hence adaptations to the EHIS question underlying this indicator may occur in the second wave (planned for 2014).</p> <p>- 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.</p>
<i>References</i>	<p>- EHIS standard questionnaire (version of 11/2006, used in first wave):  <a href="http://ec.europa.eu/health/ph_information/implement/wp/systems/docs/ev_20070315_ehis_en.pdf">http://ec.europa.eu/health/ph_information/implement/wp/systems/docs/ev_20070315_ehis_en.pdf</a></p> <p>- EHIS 2007-2008 Methodology: Information from CIRCA :  <a href="http://circa.europa.eu/Public/irc/dsis/health/library?l=/methodologiessandsdatasc/healthsinterviewsurvey/2007-2008_methodology&amp;vm=detailed&amp;sb=Title">http://circa.europa.eu/Public/irc/dsis/health/library?l=/methodologiessandsdatasc/healthsinterviewsurvey/2007-2008_methodology&amp;vm=detailed&amp;sb=Title</a></p> <p>- 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></p>
<i>Work to do</i>	<p>- Monitor EHIS/Eurostat developments</p>

<i>ECHIM Indicator name</i>	<b>B) Health status</b> 30(b). Injuries: road traffic: register-based incidence
<i>Definition</i>	Number of non-fatal injuries caused by a road traffic accident, per 100,000 inhabitants.
<i>Calculation</i>	According to UNECE methodology (see preferred source and remarks), 'injured' is defined as any person, who was not killed, but sustained one or more serious or slight injuries as a result of the accident.
<i>Relevant dimensions and subgroups</i>	<ul style="list-style-type: none"> <li>- Country</li> <li>- Calendar year</li> <li>- Sex (see data availability)</li> <li>- Age group (0-14, 15-24, 25-64, 65+)</li> <li>- Socio-economic status (see data availability)</li> <li>- Region (according to ISARE recommendations; see data availability)</li> </ul>
<i>Preferred data type and data source</i>	Preferred data type: Administrative sources (hospital records, police files, insurance records) Preferred source: United Nations Economic Commission for Europe (UNECE) road traffic database
<i>Data availability</i>	The UNECE road traffic database contains data for all 27 EU Member States (and many other countries belonging to the WHO-EURO region). For most country data are available for the period 1993-2008, though some countries are lagging behind a couple of years. Data (absolute numbers) are available by age. Data are not available by sex, socio-economic status and/or region. The ISARE project on regional data has collected data for road traffic accidents (indicators 'number of persons injured or killed in road traffic accidents', and 'number of persons injured or killed in road traffic accidents per 100,000 population').
<i>Data periodicity</i>	Data are updated annually.
<i>Rationale</i>	The EU IDB estimates that road injuries account for 10% of all hospital treated injuries or a total of 4.3 million victims annually. Though preventive measures have been proven effective, resulting in declining incidence rates, large health gains can still be achieved and inequalities between Member States can still be diminished.
<i>Remarks</i>	<ul style="list-style-type: none"> <li>- Rates in the UNECE database are presented per 1,000,000 inhabitants. To enhance comparability with other shortlist indicators, ECHI presents the numbers per 100,000.</li> <li>- Only very limited background information (e.g. on original sources, on comparability) is available in the UN ECE database.</li> <li>- For many Member States data in the UN ECE database from 2005 onwards come from the Community database on Accidents on the Roads in Europe (CARE).</li> <li>- The UN ECE database provides detailed breakdowns according to accident type, nature of accident, influence of alcohol, location, timing (which week, which day of the week), light condition, road condition, and type of road user.</li> </ul>
<i>References</i>	<ul style="list-style-type: none"> <li>- UNECE road traffic database: <a href="http://www.unece.org/trans/roadsafe/rs3ras.html">http://www.unece.org/trans/roadsafe/rs3ras.html</a></li> <li>- CARE database : <a href="http://ec.europa.eu/transport/road_safety/observatory/statistics/care_en.htm">http://ec.europa.eu/transport/road_safety/observatory/statistics/care_en.htm</a></li> <li>- Health Indicators in the European Regions (ISARE) project: <a href="http://www.isare.org/">http://www.isare.org/</a></li> </ul>
<i>Work to do</i>	<ul style="list-style-type: none"> <li>- Check metadata CARE database for possible comparability problems</li> <li>- Contact UNECE to acquire more meta-information on the road traffic accident data</li> </ul>

<i>ECHIM Indicator name</i>	<b>C) Health determinants</b> 42. Body mass index
<i>Definition</i>	Proportion of adult persons (18+) who are obese, i.e. whose body mass index (BMI) is $\geq 30$ kg/m <sup>2</sup> .
<i>Calculation</i>	Body mass index (BMI), or Quetelet index, is defined as the individual's body weight (in kilograms) divided by the square of their height (in metres). Weight and height derived from European Health Interview Survey (EHIS) questions BMI01: How tall are you? (cm), and BMI02: How much do you weight without clothes and shoes? (kg). EHIS data will not be age standardized.
<i>Relevant dimensions and subgroups</i>	<ul style="list-style-type: none"> <li>- Country</li> <li>- Calendar year</li> <li>- Sex</li> <li>- Age group (18-64, 65+)</li> <li>- Socio-economic status (educational level. ISCED 3 aggregated groups: 0-2; 3+4; 5+6)</li> <li>- Region (according to ISARE recommendations; see data availability)</li> </ul>
<i>Preferred data type and data source</i>	<p>Preferred data type: Now: HIS In future: HES</p> <p>Preferred source: Eurostat (EHIS)</p>
<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>	Excessive body weight predisposes to various diseases, particularly cardiovascular diseases, diabetes mellitus type 2, sleep apnoea and osteoarthritis. Obesity is a growing public health problem. Effective interventions exist to prevent and treat obesity. Many of the risks diminish with weight loss.
<i>Remarks</i>	<ul style="list-style-type: none"> <li>- This indicator is also one of the Health and Long Term Care Indicators of the Social Protection Committee. 'Overweight people' is listed as an indicator to be developed for the set of Sustainable Development Indicators.</li> <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>- Data on BMI derived from HIS are subject to some biases; generally (very) slim people tend to overestimate their weight, while (very) overweight people tend to underestimate their weight. Data derived from HES will be more accurate and therefore preferable. However, comparable HES data at European level are currently lacking. In 2010 a pilot EHES covering 14 countries has started. When EHES will be fully implemented in a majority of EU Member States, ECHIM will switch to using EHES as preferred data source for the BMI indicator.</li> <li>- For children BMI is calculated the same way as for adults, but compared to typical values for other children of the same age. Different cut off points (e.g. 85<sup>th</sup> percentile, 95<sup>th</sup> percentile) are being used in national surveys. The International Obesity Task Force (IOTF) has recommended cut off points to be used in international comparisons of childhood obesity.</li> <li>- A BMI between 18.5 and 25 is considered to be normal. Overweight is usually defined as having a BMI of <math>\geq 25</math> and below 30. People with a BMI of <math>\geq 30</math> are considered obese.</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</li> </ul>

	<p>revised, hence adaptations to the EHIS question underlying this indicator may occur in the second wave (planned for 2014).</p> <p>- 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.</p>
<i>References</i>	<p>- EHIS standard questionnaire (version of 11/2006, used in first wave):  <a href="http://ec.europa.eu/health/ph_information/implement/wp/systems/docs/ev_20070315_ehis_en.pdf">http://ec.europa.eu/health/ph_information/implement/wp/systems/docs/ev_20070315_ehis_en.pdf</a></p> <p>- EHIS 2007-2008 Methodology: Information from CIRCA :  <a href="http://circa.europa.eu/Public/irc/dsis/health/library?l=/methodologiessandsdatasc/healthsinterviewsurvey/2007-2008_methodology&amp;vm=detailed&amp;sb=Title">http://circa.europa.eu/Public/irc/dsis/health/library?l=/methodologiessandsdatasc/healthsinterviewsurvey/2007-2008_methodology&amp;vm=detailed&amp;sb=Title</a></p> <p>- 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></p> <p>- European Health Examination Survey (EHES):  <a href="http://ec.europa.eu/health/data_collection/tools/mechanisms/index_en.htm#fragment1">http://ec.europa.eu/health/data_collection/tools/mechanisms/index_en.htm#fragment1</a></p> <p>- Recommendations International Obesity Task Force on cut off points for childhood obesity:  <a href="http://www.iotf.org/popout.asp?linkto=http://bmj.bmjournals.com/cgi/content/abridged/320/7244/1240">http://www.iotf.org/popout.asp?linkto=http://bmj.bmjournals.com/cgi/content/abridged/320/7244/1240</a></p> <p>- Indicators of the Social Protection Committee, health and long term care strand:  <a href="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">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</a></p> <p>- Sustainable development indicators, public health:  <a href="http://epp.eurostat.ec.europa.eu/portal/page/portal/sdi/indicators/theme5">http://epp.eurostat.ec.europa.eu/portal/page/portal/sdi/indicators/theme5</a></p> <p>- Sustainable development in the European Union - 2009 monitoring report of the EU sustainable development strategy (including list of indicators and indicators to be developed):  <a href="http://epp.eurostat.ec.europa.eu/cache/ITY_OFFPUB/KS-78-09-865/EN/KS-78-09-865-EN.PDF">http://epp.eurostat.ec.europa.eu/cache/ITY_OFFPUB/KS-78-09-865/EN/KS-78-09-865-EN.PDF</a></p> <p>- Health Indicators in the European Regions (ISARE) project: <a href="http://www.isare.org/">http://www.isare.org/</a></p>
<i>Work to do</i>	<p>- Monitor EHIS/Eurostat and EHES developments</p> <p>- Consult experts of Child Health Indicators of Life and Development (CHILD) project and Health Behaviour in School-aged Children (HBSC) survey on separate operationalisation for children.</p>

<i>ECHIM Indicator name</i>	<b>C) Determinants of health</b> 43. Blood pressure
<i>Definition</i>	Proportion of individuals reporting to have been diagnosed with high blood pressure which occurred during the past 12 months.
<i>Calculation</i>	Proportion of individuals reporting to have been diagnosed with high blood pressure (hypertension) which occurred 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? High blood pressure (hypertension) (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 (25-64, 65+) - Socio-economic status (educational level. ISCED 3 aggregated groups: 0-2; 3+4; 5+6)
<i>Preferred data type and data source</i>	Preferred data type: Now: HIS In future: HES  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>	Strong indicators of the risk of coronary heart disease, stroke and diabetes. Amenable to interventions. Small changes in the average blood pressure values of a population may be of considerable importance to public health.
<i>Remarks</i>	- According to current plans, Eurostat will probably not age-standardize EHIS data. For comparability reasons ECHIM would however prefer age-standardized data. - Data on blood pressure derived from HIS are not optimal for obtaining estimates of high blood pressure prevalence, as one can only derive proxies such as this indicator, or 'prevalence of antihypertensive drug treatment in the population'. Actual blood pressure measurements derived from HES are preferable; these capture both diagnosed and as yet undiagnosed cases, as well as patients receiving treatment and patients receiving no treatment. However, comparable HES data at European level are currently lacking. In 2010 a pilot EHES covering 14 countries has started. When EHES will be fully implemented in a majority of EU Member States, ECHIM will switch to using EHES as preferred data source for the blood pressure indicator. - 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.

<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/implement/wp/systems/docs/ev_20070315_ehis_en.pdf">http://ec.europa.eu/health/ph_information/implement/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?l=/methodologiessandsdatasc/healthsinterviewsurvey/2007-2008_methodology&amp;vm=detailed&amp;sb=Title">http://circa.europa.eu/Public/irc/dsis/health/library?l=/methodologiessandsdatasc/healthsinterviewsurvey/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>- European Health Examination Survey (EHES): <a href="http://ec.europa.eu/health/data_collection/tools/mechanisms/index_en.htm#fragment1">http://ec.europa.eu/health/data_collection/tools/mechanisms/index_en.htm#fragment1</a></li> </ul>
<i>Work to do</i>	<ul style="list-style-type: none"> <li>- Monitor EHIS/Eurostat and EHES developments</li> </ul>

<i>ECHIM Indicator name</i>	<b>C) Determinants of health</b> 44. Regular smokers
<i>Definition</i>	Proportion of people reporting to smoke cigarettes daily.
<i>Calculation</i>	Percentage of respondents answering reporting to smoke cigarettes daily derived from EHS questions SK.1 and SK.2; SK.1: Do you smoke at all nowadays? 1. Yes, daily; 2. Yes, occasionally; 3. Not at all. SK.2: What tobacco product do you smoke each day? 1. Manufactured cigarettes; 2. Hand-rolled cigarettes; 3. Cigars; 4. Pipefuls of tobacco; 5. Other. For the calculation of this indicator the answering categories “yes, daily” for EHS question SK.1 should be combined with answering categories “manufactured cigarettes” and/or “hand-rolled cigarettes” for EHS question SK2. EHS data will not be age standardized.
<i>Relevant dimensions and subgroups</i>	<ul style="list-style-type: none"> <li>- Calendar year</li> <li>- Country</li> <li>- Sex</li> <li>- Age group (15-24; 25-64; 65+)</li> <li>- Socio-economic status (educational level. ISCED 3 aggregated groups: 0-2; 3+4; 5+6)</li> </ul>
<i>Preferred data type and data source</i>	Preferred data type: HIS Preferred source: Eurostat (EHS)
<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 EHS 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 EHS 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. EHS 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>	EHS 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>	Tobacco use is one of the leading preventable causes of death and disease in our society. It is a major risk factor for diseases of the heart and blood vessels, chronic bronchitis and emphysema, cancers of the lung and other diseases. Passive smoking is also an important public health problem. Smoking is a modifiable lifestyle risk factor; effective tobacco control measures can reduce the occurrence of smoking in the population.
<i>Remarks</i>	<ul style="list-style-type: none"> <li>- The percentage of daily cigarette smokers in the population aged 15+ also is one of the Health and Long Term Care Indicators of the Social Protection Committee. “Present smokers, by gender and age group” is one of the Sustainable Development Indicators under development.</li> <li>- According to current plans, Eurostat will probably not age-standardize EHS data. For comparability reasons ECHIM would however prefer age-standardized data.</li> <li>- Only cigarette smokers are included in the above definition because pipe and cigar smoking has quite a different risk profile (less risk for the smoker due to less inhaling). Furthermore, cigarettes (including self-rolled ones) are the bulk of tobacco consumption.</li> <li>- The above definition and calculation are based on the first version of the EHS questionnaire, as used in the first EHS wave (2007/2010). The EHS questionnaire will be revised, hence adaptations to the EHS question underlying this indicator may occur in the second wave (planned for 2014).</li> <li>- The legal basis for EHS 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 EHS is expected to come into force in 2014.</li> </ul>
<i>References</i>	<ul style="list-style-type: none"> <li>- EHS standard questionnaire (version of 11/2006, used in first wave): <a href="http://ec.europa.eu/health/ph_information/implement/wp/systems/docs/ev_20070315_ehis_en">http://ec.europa.eu/health/ph_information/implement/wp/systems/docs/ev_20070315_ehis_en</a>.</li> </ul>

	<p><a href="#">pdf</a></p> <ul style="list-style-type: none"> <li>- EHIS 2007-2008 Methodology: Information from CIRCA : <a href="http://circa.europa.eu/Public/irc/dsis/health/library?l=/methodologiessandsdatasc/healthsinterviewsurvey/2007-2008_methodology&amp;vm=detailed&amp;sb=Title">http://circa.europa.eu/Public/irc/dsis/health/library?l=/methodologiessandsdatasc/healthsinterviewsurvey/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>- Indicators of the Social Protection Committee, health and long term care strand: <a href="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">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</a></li> <li>- Sustainable development indicators, public health: <a href="http://epp.eurostat.ec.europa.eu/portal/page/portal/sdi/indicators/theme5">http://epp.eurostat.ec.europa.eu/portal/page/portal/sdi/indicators/theme5</a></li> <li>- Sustainable development in the European Union - 2009 monitoring report of the EU sustainable development strategy (including list of indicators and indicators to be developed): <a href="http://epp.eurostat.ec.europa.eu/cache/ITY_OFFPUB/KS-78-09-865/EN/KS-78-09-865-EN.PDF">http://epp.eurostat.ec.europa.eu/cache/ITY_OFFPUB/KS-78-09-865/EN/KS-78-09-865-EN.PDF</a></li> </ul>
<i>Work to do</i>	- Monitor EHIS/Eurostat developments

<i>ECHIM Indicator name</i>	<b>C) Determinants of health</b> 49. Consumption of fruits
<i>Definition</i>	Proportion of people reporting to eat fruits (excluding juice) at least once a day.
<i>Calculation</i>	Percentage of people reporting to eat fruits (excluding juice) at least once a day, derived from EHS question FV.1. How often do you eat fruits (excluding juice)? 1. Twice or more a day / 2. Once a day / 3. Less than once a day but at least 4 times a week / 4. Less than 4 times a week, but at least once a week / 5. Less than once a week / 6. Never (answering categories 1 and 2 should be added for the calculation of this indicator). EHS data will not be age standardized.
<i>Relevant dimensions and subgroups</i>	<ul style="list-style-type: none"> <li>- Calendar year</li> <li>- Country</li> <li>- Sex</li> <li>- Age group (15-24; 25-64; 65+)</li> <li>- Socio-economic status (educational level. ISCED 3 aggregated groups: 0-2; 3+4; 5+6)</li> </ul>
<i>Preferred data type and data source</i>	<p>Preferred data type: HIS</p> <p>Preferred source: Eurostat (EHS)</p>
<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 EHS 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 EHS 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. EHS 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>	EHS 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>	Important health promoting food item. The consumption of fruits and vegetables is a good proxy for a healthy diet. Fruits and vegetables are a dietary protective factor for tobacco related and several other cancers as well as for cardiovascular disease. Use declining in many countries. Amenable to interventions.
<i>Remarks</i>	<ul style="list-style-type: none"> <li>- According to current plans, Eurostat will probably not age-standardize EHS data. For comparability reasons ECHIM would however prefer age-standardized data.</li> <li>- The above definition and calculation are based on the first version of the EHS questionnaire, as used in the first EHS wave (2007/2010). The EHS questionnaire will be revised, hence adaptations to the EHS question underlying this indicator may occur in the second wave (planned for 2014).</li> <li>- The legal basis for EHS 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 EHS is expected to come into force in 2014.</li> </ul>
<i>References</i>	<ul style="list-style-type: none"> <li>- EHS 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_ehs_en.pdf">http://ec.europa.eu/health/ph_information/implementation/wp/systems/docs/ev_20070315_ehs_en.pdf</a></li> <li>- EHS 2007-2008 Methodology: Information from CIRCA : <a href="http://circa.europa.eu/Public/irc/dsis/health/library?l=/methodologiessandsdatasc/healthsinterviewsurvey/2007-2008_methodology&amp;vm=detailed&amp;sb=Title">http://circa.europa.eu/Public/irc/dsis/health/library?l=/methodologiessandsdatasc/healthsinterviewsurvey/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> </ul>
<i>Work to do</i>	- Monitor EHS/Eurostat developments

<i>ECHIM Indicator name</i>	<b>C) Determinants of health</b> 50. Consumption of vegetables
<i>Definition</i>	Proportion of people reporting to eat vegetables (excluding potatoes and juice) at least once a day.
<i>Calculation</i>	Percentage of people reporting to eat vegetables (excluding potatoes and juice) at least once a day, derived from EHIS question FV.2. How often do you eat vegetables or salad (excluding juice and potatoes)? 1. Twice or more a day / 2. Once a day / 3. Less than once a day but at least 4 times a week / 4. Less than 4 times a week, but at least once a week / 5. Less than once a week / 6. Never (answering categories 1 and 2 should be added for the calculation of this indicator). EHIS data will not be age standardized.
<i>Relevant dimensions and subgroups</i>	- Calendar year - Country - Sex - Age group (15-24; 25-64; 65+) - Socio-economic status (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>	Important health promoting food item. The consumption of fruits and vegetables is a good proxy for a healthy diet. Fruits and vegetables are a dietary protective factor for tobacco related and several other cancers as well as for cardiovascular disease. Use declining in many countries. Amenable to interventions.
<i>Remarks</i>	- 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.
<i>References</i>	- EHIS standard questionnaire (version of 11/2006, used in first wave): <a href="http://ec.europa.eu/health/ph_information/implement/wp/systems/docs/ev_20070315_ehis_en.pdf">http://ec.europa.eu/health/ph_information/implement/wp/systems/docs/ev_20070315_ehis_en.pdf</a> - EHIS 2007-2008 Methodology: Information from CIRCA : <a href="http://circa.europa.eu/Public/irc/dsis/health/library?!=/methodologiessandsdatasc/healthsinterviewsurvey/2007-2008_methodology&amp;vm=detailed&amp;sb=Title">http://circa.europa.eu/Public/irc/dsis/health/library?!=/methodologiessandsdatasc/healthsinterviewsurvey/2007-2008_methodology&amp;vm=detailed&amp;sb=Title</a> - 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%20JL354%20p.70.pdf">http://epp.eurostat.ec.europa.eu/portal/page/portal/health/documents/Regulation%20no%201338-2008%2016Dec2008%20JL354%20p.70.pdf</a>

<i>Work to do</i>	- Monitor EHIS/Eurostat developments
-------------------	--------------------------------------

<i>ECHIM Indicator name</i>	<b>D) Health interventions: health services</b> 57. Influenza vaccination rate in elderly
<i>Definition</i>	Proportion of elderly individuals reporting to have received one shot of influenza vaccine during the last 12 months.
<i>Calculation</i>	Percentage of persons aged 65 and older reporting to have been vaccinated against influenza (brand name of vaccine to be verified in each country) during the last 12 months, derived from EHIS questions PA.1, PA.2 and PA.3. PA.1: Have you ever been vaccinated against flu? 1. Yes / 2. No; PA.2: When were you last time vaccinated against flu? 1. Since the beginning of this year / 2. Last year / 3. Before last year PA.3: Can I just check, what month was that? Month (01-12). EHIS data will not be age standardized.
<i>Relevant dimensions and subgroups</i>	<ul style="list-style-type: none"> <li>- Country</li> <li>- Calendar year</li> <li>- Sex</li> <li>- Age group (65+)</li> <li>- Socio-economic status (educational level. ISCED 3 aggregated groups: 0-2; 3+4; 5+6)</li> </ul>
<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>	Influenza vaccination in elderly is important for reducing the disease burden of influenza, including mortality.
<i>Remarks</i>	<ul style="list-style-type: none"> <li>- This indicator is also one of the OECD Health Care Quality Indicators, and one of the Health and Long Term Care Indicators of the Social Protection Committee.</li> <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>- A recall period of 12 months is used to cover one influenza season.</li> <li>- The number of people called to receive a vaccination within a vaccination programme will differ from the number of people actually getting a vaccination. People may refuse to be vaccinated or may be unable/not fit enough to receive a vaccination. The definition applied here only refers to those elderly who actually received a vaccination.</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>- 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/implement/wp/systems/docs/ev_20070315_ehis_en.pdf">http://ec.europa.eu/health/ph_information/implement/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?l=/methodologiessandsdatasc/healthsinterv">http://circa.europa.eu/Public/irc/dsis/health/library?l=/methodologiessandsdatasc/healthsinterv</a></li> </ul>

	<p><a href="#">iewssurvey/2007-2008_methodology&amp;vm=detailed&amp;sb=Title</a></p> <ul style="list-style-type: none"> <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>- OECD Health Care Quality Indicators: <a href="http://www.oecd.org/health/hcqi">http://www.oecd.org/health/hcqi</a></li> <li>- Indicators of the Social Protection Committee, health and long term care strand: <a href="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">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</a></li> </ul>
<i>Work to do</i>	- Monitor EHIS/Eurostat developments

<i>ECHIM Indicator name</i>	<b>D) Health interventions: health services</b> 58. Breast cancer screening
<i>Definition</i>	Proportion of women (aged 50-69) reporting to have undergone a breast cancer screening test within the past two years.
<i>Calculation</i>	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.
<i>Relevant dimensions and subgroups</i>	- Country - Calendar year - Age group (50-69) - Socio-economic status (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>	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.
<i>Remarks</i>	- Breast cancer screening rate is also one of the Health and Long Term Care Indicators 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. - 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. - 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

	<p>for breakdowns according to socio-economic status.</p> <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>- 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>- 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/implement/wp/systems/docs/ev_20070315_ehis_en.pdf">http://ec.europa.eu/health/ph_information/implement/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?l=/methodologiessandsdatasc/healthsinterviewsurvey/2007-2008_methodology&amp;vm=detailed&amp;sb=Title">http://circa.europa.eu/Public/irc/dsis/health/library?l=/methodologiessandsdatasc/healthsinterviewsurvey/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>- Indicators of the Social Protection Committee, health and long term care strand: <a href="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">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</a></li> <li>- OECD Health Care Quality Indicators: <a href="http://www.oecd.org/health/hcqi">http://www.oecd.org/health/hcqi</a></li> </ul>
<i>Work to do</i>	<ul style="list-style-type: none"> <li>- Monitor EHIS/Eurostat developments</li> <li>- 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.</li> </ul>

<i>ECHIM Indicator name</i>	<b>D) Health interventions: health services</b> 59. Cervical cancer screening
<i>Definition</i>	Proportion of women (aged 20-69) reporting to have undergone a cervical cancer screening test within the past three years.
<i>Calculation</i>	Percentage of women aged 20-69 reporting to have had a cervical smear test (pap smear) within the last 3 years, derived from EHIS questions PA.13 and PA.14. PA.13: Have you ever had a cervical smear test? Yes / No; PA.14: When was the last time you had a cervical smear test? 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. EHIS data will not be age standardized.
<i>Relevant dimensions and subgroups</i>	- Country - Calendar year - Age group (20-69) - Socio-economic status (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>	Among all malignant tumors, cervical cancer is the one that can be most effectively controlled by screening. Detection of cytological abnormalities by microscopic examination of Pap smears, and subsequent treatment of women with high-grade cytological abnormalities avoids development of cancer. Information collected in population surveys can be directly used by the public health decision makers in order to possibly adapt the organization of the prevention/screening programmes. The domain of cervical cancer screening is a priority in European Community public health policy.
<i>Remarks</i>	- This indicator is also one of the Health and Long Term Care Indicators of the Social Protection Committee (SPC). - Ideally, the recall period used in the definition for this indicator coincides with the recall period actually applied in the screening programmes. However, the recall periods applied in national cancer screening programmes differ. As a common methodology needs to be applied in EHIS for all countries, a flexible approach with country specific questions is not possible. 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. - 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. - 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

	<p>second wave (planned for 2014).</p> <p>- 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.</p>
<i>References</i>	<p>- EHIS standard questionnaire (version of 11/2006, used in first wave):  <a href="http://ec.europa.eu/health/ph_information/implement/wp/systems/docs/ev_20070315_ehis_en.pdf">http://ec.europa.eu/health/ph_information/implement/wp/systems/docs/ev_20070315_ehis_en.pdf</a></p> <p>- EHIS 2007-2008 Methodology: Information from CIRCA :  <a href="http://circa.europa.eu/Public/irc/dsis/health/library?l=/methodologiessandsdatasc/healthsinterviewsurvey/2007-2008_methodology&amp;vm=detailed&amp;sb=Title">http://circa.europa.eu/Public/irc/dsis/health/library?l=/methodologiessandsdatasc/healthsinterviewsurvey/2007-2008_methodology&amp;vm=detailed&amp;sb=Title</a></p> <p>- 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></p> <p>- Indicators of the Social Protection Committee, health and long term care strand:  <a href="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">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</a></p>
<i>Work to do</i>	<p>- Monitor EHIS/Eurostat developments</p>

<i>ECHIM Indicator name</i>	<b>D) Health interventions: health services</b>  60. Colon cancer screening
<i>Definition</i>	Proportion of persons (aged 50-74) reporting to have undergone a colorectal cancer screening test in the past 2 years.
<i>Calculation</i>	Percentage of persons (aged 50-74) that have undergone a colorectal cancer screening test (faecal occult blood test) in the last 2 years, derived from EHIS questions : PA.16 and PA.17. PA.16: Have you ever had a faecal occult blood test? 1. Yes / 2. No; PA.17: When was the last time you had a faecal occult blood test? 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.
<i>Relevant dimensions and subgroups</i>	- Country - Calendar year - Sex - Age group (50-74) - Socio-economic status (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>	Colorectal cancer is the third most frequent cancer among males and the second among women. Colorectal cancer mortality can be reduced through screening from the age of 50. 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 colon cancer screening is a priority in European Community public health policy.
<i>Remarks</i>	- Ideally, the recall period used in the definition for this indicator coincides with the recall period actually applied in the screening programmes. However, the recall periods applied in national cancer screening programmes differ. As a common methodology needs to be applied in EHIS for all countries, a flexible approach with country specific questions is not possible. 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. - 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. - 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.
<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/implement/wp/systems/docs/ev_20070315_ehis_en.pdf">http://ec.europa.eu/health/ph_information/implement/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?l=/methodologiessandsdatasc/healthsinterviewsurvey/2007-2008_methodology&amp;vm=detailed&amp;sb=Title">http://circa.europa.eu/Public/irc/dsis/health/library?l=/methodologiessandsdatasc/healthsinterviewsurvey/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> </ul>
<i>Work to do</i>	- Monitor EHIS/Eurostat developments

<i>ECHIM Indicator name</i>	<b>D) Health interventions: health services</b> 71(a). General practitioner (GP) utilisation; self-reported visits
<i>Definition</i>	Mean number of self-reported visits to general practitioner per person per year.
<i>Calculation</i>	Mean number of visits to general practitioner per person per year, derived from EHIS questions HC10 and HC11. HC10: When was the last time you consulted a GP (general practitioner) or family doctor on your own behalf? (1) Less than 12 months ago /2) 12 months ago or longer / 3) Never) If HC10 is 1): → HC11: During the past four weeks ending yesterday, that is since (date), how many times did you consult a GP (general practitioner) or family doctor on your own behalf? (number of times). Total number of contacts reported under HC11 is extrapolated from 4 to 52 weeks, and divided by the total number of respondents in the sample. EHIS data will not be age standardized.
<i>Relevant dimensions and subgroups</i>	<ul style="list-style-type: none"> <li>- Country</li> <li>- Calendar year</li> <li>- Sex</li> <li>- Age group (15-64, 65+)</li> <li>- SES (educational level. ISCED 3 aggregated groups: 0-2; 3+4; 5+6)</li> </ul>
<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>	A basic indicator for the use of medical services. The differences by sex, age and socio-economic status provide information that can be used in assessment of the cost and (equity of) access to health services.
<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>- The EHIS definition of consulting a GP comprises visits to the respondent's doctor's practice, home visits as well as consultations by telephone.</li> <li>- EHIS asks respondents to report visits to GP or family doctor that took place during the past four weeks, as using a relatively short time frame will prevent recall biases. A downside of using a short recall period however is that seasonal influences may bias the estimates. This should be taken into account in the design of the fieldwork, i.e. spreading the data collection over the entire year.</li> <li>- Extrapolating the estimate from 4 weeks to one year will enlarge the statistical error surrounding the estimate. This will in particular be a problem in case of insufficient sample sizes.</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 71b). However, as a common methodology is underlying the gathering of EHIS data, they suit well the purpose of international comparison.</li> <li>- However, the concept GP will not be uniform across countries; what is regarded a GP or family doctor depends on the organisation of a health care system and the division of tasks between different types of physicians within that health care system. This will hamper the comparability of EHIS data for this indicator.</li> <li>- The above definition and calculation are based on the first version of the EHIS</li> </ul>

	<p>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).</p> <p>- 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.</p>
<i>References</i>	<p>- EHIS standard questionnaire (version of 11/2006, used in first wave):  <a href="http://ec.europa.eu/health/ph_information/implement/wp/systems/docs/ev_20070315_ehis_en.pdf">http://ec.europa.eu/health/ph_information/implement/wp/systems/docs/ev_20070315_ehis_en.pdf</a></p> <p>- EHIS 2007-2008 Methodology: Information from CIRCA :  <a href="http://circa.europa.eu/Public/irc/dsis/health/library?l=/methodologiessandsdatasc/healthsinterviewsurvey/2007-2008_methodology&amp;vm=detailed&amp;sb=Title">http://circa.europa.eu/Public/irc/dsis/health/library?l=/methodologiessandsdatasc/healthsinterviewsurvey/2007-2008_methodology&amp;vm=detailed&amp;sb=Title</a></p> <p>- 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></p>
<i>Work to do</i>	<p>- Monitor EHIS/Eurostat developments</p> <p>- Discuss with Eurostat/technical HIS which recall period/extrapolation methods are best to apply considering the (limits to the) organization of the fieldwork in the countries.</p>

<i>ECHIM Indicator name</i>	<b>D) Health interventions: health services</b> 71(b). General practitioner (GP) utilisation; registered visits
<i>Definition</i>	Mean number of registered visits to general practitioner per inhabitant per year.
<i>Calculation</i>	National best estimate of number of registered visits to general practitioner per inhabitant per year. 'Visit' refers to visits of the patient to his/her doctor's practice, home visits as well as consultations by telephone. Age standardization should be done for men and women separately, according to the direct method, using the 1976 WHO European population as standard population (this is the method applied for the Eurostat diagnosis-specific morbidity statistics; see references (document principles and guidelines in CIRCA)).
<i>Relevant dimensions and subgroups</i>	<ul style="list-style-type: none"> <li>- Country.</li> <li>- Calendar year.</li> <li>- Sex.</li> <li>- Age group: <ul style="list-style-type: none"> <li>➢ for age standardization data must be collected by 5 year age groups (see calculation)</li> <li>➢ for data presentations it is required to present the following age groups; 15-64, 65+</li> </ul> </li> <li>- Socio-economic status (see data availability).</li> <li>- Region (according to ISARE recommendations; see data availability)</li> </ul>
<i>Preferred data type and data source</i>	Preferred data type: administrative sources (GP records, insurance data) Preferred source: national data
<i>Data availability</i>	To be established in a data collection pilot which ECHIM will carry out for this indicator in 2010. In the pilot data will be collected by sex and age group, not by socio-economic status and region. The ISARE project on regional data has collected data for the indicator 'number of visits to the general practitioners'.
<i>Data periodicity</i>	Currently no regular data collection for this indicator exists.
<i>Rationale</i>	A basic indicator for the use of medical services. The differences by sex, age and socio-economic status provide information that can be used in assessment of the cost and (equity of) access to health services.
<i>Remarks</i>	<ul style="list-style-type: none"> <li>- In the ECHIM data collection pilot each Member State itself decides which is (are) the best data source(s) for calculating this estimate. Given the fact that not in all MS the health information system is well aligned with the health care system, there will be limitations to the comparability of national estimates resulting from this approach. Therefore ECHIM also uses a European Health Interview Survey (EHIS)-based estimate (see indicator 71a).</li> <li>- Comparability of this indicator will be further hampered by the fact that the concept GP will not be uniform across countries; what is regarded a GP or family doctor depends on the organisation of a health care system and the division of tasks between different types of physicians within that health care system. This is also a problem in the interpretation of the EHIS-based estimate for this indicator, by the way.</li> </ul>
<i>References</i>	<ul style="list-style-type: none"> <li>- Diagnosis specific morbidity statistics, Eurostat, public part of CIRCA: <a href="http://circa.europa.eu/Public/irc/dsis/health/library?!=/methodologiessandsdatasc/diagnosis-specific&amp;vm=detailed&amp;sb=Title">http://circa.europa.eu/Public/irc/dsis/health/library?!=/methodologiessandsdatasc/diagnosis-specific&amp;vm=detailed&amp;sb=Title</a></li> <li>- Health Indicators in the European Regions (ISARE) project: <a href="http://www.isare.org/">http://www.isare.org/</a></li> </ul>
<i>Work to do</i>	- Develop recommendations for (work to be done to ensure) regular data collection for this indicator based on the outcomes of the ECHIM data collection pilot.

<i>ECHIM Indicator name</i>	<b>D) Health interventions: health services</b> 72(a). Selected outpatient visits: self-reported visits
<i>Definition</i>	1. Mean number of self-reported visits to a dentist or orthodontist per person per year. 2. Mean number of self-reported visits to a medical or surgical specialist per person per year. 3. Proportion of population reporting to have had a contact with a psychologist or psychotherapist during the past 12 months.
<i>Calculation</i>	1. Mean number of self-reported visits to a dentist or orthodontist per person per year, derived from EHIS questions HC08 and HC09. HC08: When was the last time you visited a dentist or orthodontist on your own behalf (that is not while only accompanying a child, spouse etc)? (1) Less than 12 months ago /2) 12 months ago or longer / 3) Never) If HC08 is 1): → HC09: During the past four weeks ending yesterday, that is since (date), how many times did you consult a dentist or orthodontist on your own behalf? (number of times). Total number of contacts reported under HC09 is extrapolated from 4 to 52 weeks, and divided by the total number of respondents in the sample. 2. Mean number of self-reported visits to a medical or surgical specialist per person per year, derived from EHIS questions HC12 and HC13. HC12: When was the last time you consulted a medical or surgical specialist on your own behalf? (1) Less than 12 months ago /2) 12 months ago or longer / 3) Never) If HC12 is 1): → HC13: During the past four weeks ending yesterday, that is since (date), how many times did you consult a specialist on your own behalf? (number of times). Total number of contacts reported under HC13 is extrapolated from 4 to 52 weeks, and divided by the total number of respondents in the sample. 3. Percentage of respondents reporting to have had a contact with a psychologist or psychotherapist during the past 12 months, derived from EHIS question HC.16 During the past 12 months, that is since (date on year ago), have you visited on your own behalf a ...? (different types of health care providers are listed among which 'psychologist or psychotherapist'). Numerator = number of respondents answering yes to the question whether they visited a psychologist or psychotherapist. Denominator = total number of respondents in sample. 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>	Indicator used in assessment of cost and (equity of) access.
<i>Remarks</i>	- According to current plans, Eurostat will probably not age-standardize EHIS data. For comparability reasons ECHIM would however prefer age-standardized data. - The EHIS instructions for question HC13 reads: this question is about consultations with medical or surgical specialists. Include visits to doctors as outpatient or emergency departments only, but do not include contact while in hospital as an in-patient or day-patient. Also include visits to doctors at the workplace or school. Visits to dental surgeons should be

	<p>included. Do not include visits to general dentists.</p> <ul style="list-style-type: none"> <li>- For dentists and specialists (definitions 1 and 2), EHIS asks respondents to report visits to health care providers that took place during the past four weeks, as using a relatively short time frame will prevent recall biases. A downside of using a short recall period however is that seasonal influences may bias the estimates. This should be taken into account in the design of the fieldwork, i.e. spreading the data collection over the entire year.</li> <li>- Extrapolating the estimate from 4 weeks to one year will enlarge the statistical error surrounding the estimate. This will in particular be a problem in case of insufficient sample sizes.</li> <li>- Currently EHIS does not allow calculation of the mean number of visits to mental health care providers per capita per year. Given the public health impact of mental health problems, it was decided to include the 'proportion of population reporting contact past 12 months' as the second best proxy. It would be preferable if the EHIS questionnaire would be adapted to make possible the derivation of the 'mean number of visits...' indicator.</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 72b). However, as a common methodology is underlying the gathering of EHIS data, they suit well the purpose of international comparison.</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>- 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/implement/wp/systems/docs/ev_20070315_ehis_en.pdf">http://ec.europa.eu/health/ph_information/implement/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?l=/methodologiessandsdatasc/healthsinterviewsurvey/2007-2008_methodology&amp;vm=detailed&amp;sb=Title">http://circa.europa.eu/Public/irc/dsis/health/library?l=/methodologiessandsdatasc/healthsinterviewsurvey/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> </ul>
<i>Work to do</i>	<ul style="list-style-type: none"> <li>- Monitor EHIS/Eurostat developments</li> <li>- Discuss with Eurostat/technical HIS which recall period/extrapolation methods are best to apply considering the (limits to the) organization of the fieldwork in the countries.</li> <li>- Advise Eurostat/technical HIS group to also ask respondents to report the number of visits to mental health care providers</li> </ul>

<i>ECHIM Indicator name</i>	<b>D) Health interventions: health services</b> 72(b). Selected outpatient visits: registered visits
<i>Definition</i>	1. Mean number of registered visits to a dentist or orthodontist per inhabitant per year. 2. Mean number of registered visits to a medical or surgical specialist per inhabitant per year. 3. Mean number of registered visits to a psychologist or psychotherapist per inhabitant per year.
<i>Calculation</i>	National best estimates of mean number of registered visits to: 1) a dentist or orthodontist, 2) a medical specialist 3) psychologist or psychotherapist per inhabitant per year. Visits to a medical or surgical specialist include outpatient and emergency department visits, and visits to doctors at the workplace or school. While general dentists are covered by (1), dental surgeons should be considered medical/surgical specialists and should therefore be included under (2). Age standardization should be done for men and women separately, according to the direct method, using the 1976 WHO European population as standard population (this is the method applied for the Eurostat diagnosis-specific morbidity statistics; see references (document principles and guidelines in CIRCA)).
<i>Relevant dimensions and subgroups</i>	- Country. - Calendar year. - Sex. - Age group: ➤ for age standardization data must be collected by 5 year age groups (see calculation) ➤ for data presentations it is required to present the following age groups; 15-64, 65+ - Socio-economic status (see data availability). - Region (according to ISARE recommendations; see data availability)
<i>Preferred data type and data source</i>	Preferred data type: administrative sources (clinical records, insurance data) Preferred source: national data
<i>Data availability</i>	To be established in a data collection pilot which ECHIM will carry out for this indicator in 2010. In the pilot data will be collected by sex and age group, not by socio-economic status and region. The ISARE project on regional data has not collected data on outpatient visits.
<i>Data periodicity</i>	Currently no regular data collection for this indicator exists.
<i>Rationale</i>	Indicator used in assessment of cost and (equity of) access.
<i>Remarks</i>	- In the ECHIM data collection pilot each Member State itself decides which is (are) the best data source(s) for calculating a this estimate. Given the fact that not in all MS the health information system is well aligned with the health care system, there will be limitations to the comparability of national estimates resulting from this approach. Therefore ECHIM also uses a European Health Interview Survey (EHIS)-based estimate (see indicator 72a).
<i>References</i>	- Diagnosis specific morbidity statistics, Eurostat, public part of CIRCA: <a href="http://circa.europa.eu/Public/irc/dsis/health/library?l=/methodologiessandsdatasc/diagnosis-specific&amp;vm=detailed&amp;sb=Title">http://circa.europa.eu/Public/irc/dsis/health/library?l=/methodologiessandsdatasc/diagnosis-specific&amp;vm=detailed&amp;sb=Title</a> - Health Indicators in the European Regions (ISARE) project: <a href="http://www.isare.org/">http://www.isare.org/</a>
<i>Work to do</i>	- Develop recommendations for (work to be done to ensure) regular data collection for this indicator based on the outcomes of the ECHIM data collection pilot.