

ANNEX 6

TO THE ECHI-2 REPORT, JUNE 20, 2005

ECHI SHORTLIST, FINAL VERSION OF APRIL 30, 2005

This April 2005 version is identical to the January 2005 update of the ECHI shortlist, except for the addition of the rationale and history of the selection.

The January/April 2005 edition of the ECHI shortlist is made up following the indications of the last ECHI-2 meeting of October 28-29, 2004. This implies mainly two changes compared to the June 2004 version of the shortlist:

- Some of the late additions (after February 2004) included in the June 2004 version were taken out and placed on a 'waiting list' (see Annex to this list, Section 4) for future discussion. This does not apply to additions which are rather specifications of issues that were already in the list earlier.
- Where possible, better definitions and data source specifications were included, based on recent information. In cases where there are several options, these are mentioned in most instances without giving a preference.

The first change was made since the ECHI team felt that some of the more recent additions to the list were too much influenced by those Working Parties and projects which had taken the opportunity to come up with suggestions. This was felt to jeopardize the consistency of the procedures and criteria conceived by the ECHI team from the beginning of the work, and to reduce the balance present in the earlier versions of the shortlist. It was agreed that future additions to the list would require a renewed approach, including agreed criteria and procedures, for which the forthcoming Working Party 7 on indicators would be the logical forum. At the same time this emphasizes the continuity of the process of indicator development.

The second change reflects the problem of varying or conflicting (technical) recommendations. In such cases, the final decision is a matter for discussion between content experts and data collectors, rather than for decision within the ‘generalist’ ECHI team.

It should be emphasized that many of the detailed recommendations come from expert sources such as the numerous projects under the Health Monitoring Programme and the Public Health Programme. Quite a few indicators are also included in the HFA database of WHO-Europe or in the OECD Health Data, although precise definitions may vary. In these cases the reference ‘WHO’ or ‘OECD’ is given in the tables.

In earlier versions of the shortlist, a distinction was already made between three different degrees of data availability. In this *concise version* the list is explicitly divided into three sections, according to availability, with an Annex, for the ‘waiting list’:

- *Section 1:* For these indicators, data are readily available and reasonably comparable (mostly based on assessment by Eurostat).
- *Section 2:* For these indicators or topics, data are partly available and/or sizeable comparability problems exist (mostly based on assessment by Eurostat).
- *Section 3:* For these indicators or topics, data are not available. There is need for development.
- *Section 4, Annex:* Indicators or topics proposed for addition to the shortlist after February 2004 by Working Parties or projects. These have not been included in this final ECHI shortlist version. Instead, they are placed on a ‘waiting list’ to be discussed in subsequent discussion rounds, logically in the context of Working Party 7 on indicators.

Section 1: Data are readily available and reasonably comparable; on close inspection, some of these indicators may be moved down to section 2.

Indicator/topic	Definition, sources, comments	Origin and rationale of selection
<p><i>For all indicators where this is considered useful or appropriate (not specifically indicated in this list) stratification by gender, age, socio-economic status (SES) and/or region should be applied. The standards to be used for this (if there are no reasons to do it otherwise) are given below:</i></p> <ul style="list-style-type: none"> • <i>For age groups: see under ‘population by age’.</i> • <i>For SES, see under ‘population by education/occupation’.</i> • <i>For region, the ISARE project has given preferential subnational levels, which for most Member States coincide with the NUTS system.</i> 		
Demographic and socio-economic factors (9)		
Population by gender/age	Numbers, minimally presented by age bands 0-14, 15-44, 45-64, 65-84, 85+ (ICD-10 minimal recommendation, without the 1-year limit and with the 85+ limit added); optionally by age bands 0, 1-4, 5-14, 15-24, 25-34, 35-44, 45-54, 55-64, 65-74, 75-84, 85+ (ICD-10 optional recommendation with 85+ added, being the Eurostat grouping for mortality data in Key Data on Health 2002). Also age dependency ratio: 0-14 plus 65+ divided by 15-64. Total/male/female. WHO. OECD.	Originally selected; basic demographic data.
Birth rate, crude	Eurostat: no. births per 1000 population. WHO. OECD.	Originally selected; basic demographic data.
Mother’s age distribution (teenage pregnancies, aged mothers)	No. births per 1000 women 15-19; per 1000 women 20-34; per 1000 women 35-49 (probably available Eurostat?). Option: specify under 16 and under 18.	Esp. teenage pregnancies suggested by NCA, Reprostat project. Important indicator of sexual behaviour, access to contraception and abortion practice; older women’s pregnancies is a determinant of enhanced perinatal complications.
Fertility rate	Mean number of children per woman during childbearing age; definition Eurostat. WHO. OECD.	Originally selected; basic demographic data.
Population projections	Projections up to 2050, Eurostat calculations.	Originally selected; basic demographic data.
Population by educational class	No, % in 4 classes (ISCED): elementary, lower secondary, upper secondary, tertiary; also to be used for stratifying other data to SES;	Originally selected. Important indicator for socio-economic differences in health.

	Eurostat. WHO. OECD.	
Population by occupational class	No, % in current or last occupation group. SES project mentions 6 groups: upper non-manual, lower non-manual, skilled manual, unskilled manual, self employed, farmer. A new 'European Socio-Economic Classification (ESEC)' scheme is in preparation (Eurostat project). Also to be used for stratifying other data by SES.	Suggested by NCA. Important indicator for socio-economic differences in health.
Total unemployment	Proportion unemployed in active population; Eurostat definition. WHO. OECD.	Originally selected. Important indicator for socio-economic differences in health.
Population below poverty line	% population with income below 60% of the national median (Eurostat); or: income quintile share ratio (choose the latter for link with structural indicators?).	Originally selected. Important indicator for socio-economic differences in health.
Health status (15)		
Life expectancy	Minimally at birth and age 65; Eurostat. WHO. OECD.	Originally selected. Basic indicator for population health.
Infant mortality	Eurostat definition: deaths under 1 year per 1000 live births. Peristat project definition: deaths under 1 year after live births at or after 22 completed weeks of gestation, per 1000 live births. Also in SHA/MDS project. WHO. OECD.	Originally selected. Basic indicator for population health.
Perinatal mortality (fetal deaths plus early neonatal mortality)	Minimally Eurostat definition: fetal deaths (over 1000g) plus early neonatal deaths (0-6 days) per 1000 live- and stillbirths; improved definition proposed by Peristat project. Present fetal deaths and early neonatal mortality separately. WHO. OECD.	Suggested by Peristat project. Important indicator for perinatal health care and preventive care
Standardised death rates Eurostat 65 causes	Eurostat. The 65 causes list contains the most frequent causes of death (COD), including each of the ICD chapters as a whole. Presented for age groups 0-64 and 65+ separately. Standardised according to European standard population. Some COD also in WHO, OECD.	Originally selected. The 65 causes list contains the most frequent causes of death, including all ICD chapters.
Drug-related deaths	Eurostat 65 COD includes F11-F16; EMCDDA definition 'acute drug-related deaths' preferable.	Suggested by EMCDDA. Important group of preventable deaths.
HIV/AIDS	Incidence. Eurostat, from EuroHIV data. WHO. OECD.	Originally selected. Novel disease with expansion potential and link to prevention.
Lung cancer	Incidence. Eurostat, data from EUCAN/IARC. WHO. OECD.	Originally selected. High-burden disease.

Breast cancer	Incidence. Eurostat, data from EUCAN/IARC. WHO. OECD.	Originally selected. High-burden disease.
(Low) birth weight	WHO: % of liveborns weighing 2500 g or more. Peristat project: proportion of births within 500 g intervals, by vital status at birth, gestational age, plurality. The latter is more discriminative.	Originally selected. Important indicator for pregnancy conditions; important cause for problems later in life.
Injuries: road traffic	Incidence. Eurostat. OECD. Working Parties on Accidents/Injuries, Environment/Health.	Originally selected. High-burden health problem.
Injuries: workplace	Incidence. Workhealth project: for accidents at work follow Eurostat/ESAW: less than 4 days absence from work: Labour Force Survey; more than 3 days absence from work: national registers. Supported by Working Party Accidents/Injuries.	Suggested by Working Party Accidents/injuries and Workhealth project.
Perceived general health, prevalence	Prevalence by up to 5 response categories from WHO question (how is your health in general? Very good/good/fair/bad/very bad). In Eurostat SILC, Minimal European Health Module. WHO. OECD. The question is standard but the interpretation subject to cultural bias.	Originally selected. Widely used measure of general health.
Prevalence of any chronic illness	12 month prevalence. HIS instrument proposed by EuroReves project. In Eurostat SILC, Minimal European Health Module.	Originally selected. Widely used measure of general health.
Limitations of usual activities, health related, past 6 months	HIS instrument proposed by EuroReves project. In Eurostat SILC, Minimal European Health Module.	Added by ECHI team. Widespread health problem.
Health expectancy, based on limitation of usual activities	Structural indicator. Calculated by Sullivan method based on life table data and prevalence of activity limitations, past 6 months. Also in SHA/MDS project. Health expectancies can also be based on perceived general health or prevalence of chronic illness.	Added by ECHI team, EuroREVES project. Health expectancies are important as composite measures, including both mortality and morbidity. Structural indicator.
Determinants of health (5)		
Regular smokers	% daily cigarette smokers. Regularly available Eurostat from HIS. WHO.	Originally selected. Important determinant of health; amenable to intervention.
Total alcohol consumption	Liter pure alcohol/person/year, based on trade and production data. WHO.	Originally selected. Important determinant of health and welfare; amenable to intervention.
Consumption/availability of fruit, excluding juice	Food consumption or household budget surveys; for the latter: Dafne databank. WHO/FAO. OECD.	Added by ECHI team. Important health-promoting food item, use declining in many countries; amenable to intervention.

Consumption/availability of vegetables, excluding potatoes and juice	Food consumption or household budget surveys; for the latter: Dafne databank. WHO/FAO. OECD.	Added by ECHI team. Important health-promoting food item, use declining in many countries; amenable to intervention.
PM10 exposure	Project Environment/health indicators: Population-weighted annual average ambient concentration of PM10. Eurostat structural indicator Environment: % urban population exposed to concentrations exceeding limit value (50 µg /m ³ , 24 h average) on 35 or more days.	Suggested by NCA, Environmental health Working Party. Urban air pollution is responsible for substantial burden of disease and death. Structural indicator.
Health interventions: health services (16)		
Vaccination coverage in children	WHO: % children immunized for diphtheria, pertussis, poliomyelitis, tetanus, HiB, measles, mumps, rubella, meningococcus C. OECD health care quality: % children fully immunized at age 2 for MS basic vaccination program. Also in SHA/MDS project.	Originally selected. Classical prevention strategy which should be maintained to continue effective protection.
Breast cancer screening coverage	OECD health care quality indicators project: % women 52-69 receiving bilateral mammography within past year. Also Eurostat data from HIS.	Originally selected. Effective preventive strategy on major disease.
Cervical cancer screening coverage	OECD health care quality indicators project: % women 20-69 receiving cervical cancer screening within past 3 years. Also Eurostat data from HIS. Also in SHA/MDS project (System of Health Accounts/Minimal Data Set).	Originally selected. Effective preventive strategy on major disease.
Hospital beds	Total, acute care, psychiatric care, long-term care. Eurostat: number per 100.000 population. OECD: number per 1000 population. See also Eurostat Hospital Statistics MDS (Minimal Data Set). WHO.	Suggested by NCA, Working Party on Health Systems. Basic statistics for resources availability.
Physicians employed	Eurostat (practising physicians per 100,000). OECD (fte per 1000, also as fraction female physicians). WHO.	Originally selected. Indicator used in assessments of accessibility or efficiency.
Nurses employed	Definition Eurostat (practising nurses/midwives per 100,000; recent study on improvement); OECD (practising nurses per 1000). WHO.	Originally selected. Indicator used in assessments of accessibility or efficiency.
MRI units, CT scans	OECD: number of units per million population, also in Eurostat Hospital Statistics MDS.	Suggested by NCA. Indicates up-to-date quality of care.
Hospital in-patient discharges, limited diagnoses	OECD: Number per 100,000 population, per diagnosis. Hospital Data project made shortlist of some 130 diagnoses/external causes and 18 procedures. These include almost all of the 65 Eurostat COD and of the diseases under morbidity in this ECHI shortlist. See also Eurostat	Added by ECHI team based on NCA suggestions. Indicator used in assessments of costs, efficiency; also as best measure for occurrence of some diseases (see Class 2).

	Hospital Statistics MDS. WHO. Further development needed	
Hospital daycases, limited diagnoses	See info above on Hospital Data project, Eurostat Hospital Statistics MDS. SHA definition of day-case: formal admission and discharge on the same day. Further development needed.	Added by ECHI team based on NCA suggestions. Indicator used in assessments of quality of care, costs, efficiency.
Daycase/in-patient discharge ratio, limited diagnoses	Ratio of the two above. See info above on Hospital Data project.	Added by ECHI team based on NCA suggestions. Indicator used in assessments of quality of care, costs, efficiency.
Average length of stay (ALOS), limited diagnoses	OECD: days, per diagnosis. Otherwise, see info above on Hospital Data project, Eurostat Hospital Statistics MDS. Further development needed.	Added by ECHI team based on NCA suggestions. Indicator used in assessments of quality of care, costs, efficiency.
GP utilisation	Eurostat: mean number of visits per year, per 1,000 population. Needed: context of primary care delivery.	Originally selected. Indicator used in assessment of cos and (equity of) access.
Surgeries: PTCA, hip, cataract	Number of procedures per 100,000 per year. OECD. Also in procedures list of Hospital Data project.	Suggested by NCA. Indicates aspects of accessibility, up-to-date quality of care, and costs.
Insurance coverage	OECD: % population covered for total health care, in-patient care, outpatient care, pharmaceuticals. Was taken as proxy for equity of access, but questioned for its relevance to this point. Solution?	Suggested by NCA, Working Party Health Systems. Indicator of equal access to services.
Expenditures on health	Total/public/private expenditures, as total sum, USD PPP per capita, % of GDP. OECD definition. Also in SHA/MDS project.	Originally selected. Important for a view on total costing and partitioning of it.
Survival rates breast, cervical cancer	OECD health care quality: 5-years observed and relative survival rates. IARC, cancer registries. Note: includes effects of both screening and treatment.	Originally selected. Indicator for effectiveness of screening and treatment of a high-burden disease.
Health interventions: health promotion (1)		
Policies on ETS exposure (Environmental Tobacco Smoke)	Project Environment/health indicators: Definition of composite index, on smoking restrictions in 9 public domains and on advertisement. Eurostat: information on smoking ban in public places. other sources?	Suggested by Working Party Environmental health. Such policies contribute to lowering ETS exposures and thus lowering health risks.

Section 2: Data are partly available and/or sizeable comparability problems; on close inspection, some of these indicators may be moved up to section 1.

Indicator/topic	Definition, sources, comments	Origin and rationale of selection
<p><i>For all indicators where this is considered useful or appropriate (not specifically indicated in this list) stratification by gender, age, socio-economic status (SES) and/or region should be applied. The standards to be used for this (if there are no reasons to do it otherwise) are given below:</i></p> <ul style="list-style-type: none"> • <i>For age groups: see under 'population by age'.</i> • <i>For SES, see under 'population by education/occupation'.</i> • <i>For region, the ISARE project has given preferential subnational levels, which for most Member States coincide with the NUTS system.</i> 		
Demographic and socio-economic factors (0)		
Health status (15)		
Smoking-related deaths	WHO: all ICD-causes in which smoking is implicated, i.e. <i>not</i> smoking-attributed deaths. Better operationalisations?	Originally selected. Important group of preventable deaths.
Alcohol-related deaths	Eurostat 65 COD includes F10, 'alcohol psychosis/chronic alcohol abuse'. This is only a small part of alcohol-related mortality. ECHI prefers (preliminary) recommendation by Working Party Mental Health: ICD-10: F10, G31.2, G62.1, G72.1, I42.6, K29.2, K70, K86.0, O35.4, P04.3, X45. Eurostat, feasible? Does not include alcohol-related traffic deaths; see project Environment/health. WHO: all ICD-causes in which alcohol is implicated, i.e. <i>not</i> alcohol-attributable deaths.	Originally selected. Important group of preventable deaths.
Diabetes	Prevalence. EUDIP project: all types of diabetes; data from HES or primary care sentinel network; choose age groups to account for children. Eurostat: data from the International Diabetes Institute. WHO.	Originally selected. High-burden disease.
Dementia/Alzheimer	Prevalence. Eurostat: data from Alzheimer Europe; comparable?	Originally selected. High-burden disease.
Depression	Prevalence. Mental Health project: use surveys with CIDI instrument. Eurostat: data from special surveys.	Added by ECHI team. High-burden disease. Highlights mental health priority.
AMI	Eurociss project: incidence/attack rate from hospital discharge figures	Originally selected. High-burden disease.

	combined with mortality, preferably from population-based registers; see also Hospital Data project.	
Stroke	Eurociss project: incidence/attack rate from hospital discharge figures combined with mortality, preferably from population-based registers; see also Hospital Data project.	Originally selected. High-burden disease.
Asthma	IMCA project gives precise definitions of prevalence of asthma symptoms, attacks and diagnosis, preferably by special survey. General HIS/HES or GP networks are second best proxies.	Originally selected. High-burden disease.
COPD	IMCA project gives precise definitions of prevalence of COPD symptoms and diagnosis, preferably by special survey. General HIS/HES or GP networks are second best proxies. WHO.	Originally selected. High-burden disease.
Injuries: home/leisure, violence	Incidence. Working Party Accidents/Injuries: possibly based on hospital discharges. Further work needed. For road traffic, workplace injuries, see Section (1); for suicide attempt, see below.	Suggested by Working Party Accidents/injuries. High-burden health problem.
Suicide attempt	Lifetime prevalence. Working Party Mental Health: use CIDI survey instrument. Also addressed by Working Party Accidents/Injuries.	Added by ECHI team. Highlights mental health priority.
General musculoskeletal pain	Prevalence. Project on Musculoskeletal Conditions proposed survey instrument; other sources?	Added by ECHI team : musculoskeletal indicator wanted. High-burden health problem.
Limitations in physical functions	Prevalence. Instrument including seeing, hearing, mobility, speaking, biting/chewing, agility, developed by EuroReves project and proposed by Eurostat.	Added by ECHI team. High-burden health problem.
Psychological distress	Prevalence. Score from MHI-5 questions from SF-36. Proposed by Mental Health and EuroReves projects. Pilot data available.	Suggested by Working Party Mental Health. Highlights mental health priority in general sense.
Health expectancies	Health expectancies can be calculated by Sullivan method based on life table data and the above measures on physical limitations and psychological distress. Other approaches use weighing of health states (WHO headquarters). OECD.	Added by ECHI team, EuroREVES project. Health expectancies are important as composite measures, including both mortality and morbidity. Structural indicator.
Determinants of health (9)		
Body mass index	% of population with BMI ≥ 30 kg/m ² . Choose age groups to account	Originally selected. Important determinant of

	for children. Also cut-off at BMI 25? Eurostat 18 items. OECD.	health and growing problem; amenable to intervention.
Blood pressure	% population with blood pressure over 140/90, or taking hypertension drugs. EHRM project: HES. WHO special programmes.	Originally selected. Important determinant of health; amenable to intervention.
Pregnant women smoking	% women smoking during third trimester of pregnancy. Peristat project: perinatal surveys.	Added by ECHI team. Important determinant of health; amenable to intervention.
Hazardous alcohol consumption	% adolescents, adults consuming > 20 (women), or > 40 g ethanol/day (men); alternatively: > 2 drinks/day (women) or 3-4 drinks/day (men); precise wording and numbers to be adapted to consensus recommendations; data from interview surveys. WHO special programmes.	Originally selected. Important determinant of health and welfare; amenable to intervention.
Use of illicit drugs	Lifetime prevalence for cannabis, cocaine, amphetamine, ecstasy, other (better: month/year prevalence?). EMCDDA. Eurostat 18 items, but low availability/comparability.	Added by ECHI team. Important societal problem, especially for children; amenable to intervention.
Physical activity	Eupass project: IPAQ questionnaire, under development for age 15-69. Other instruments in wide use. Evaluation needed. Eurostat 18 survey items, low comparability.	Originally selected. Important determinant of health; amenable to intervention.
Breastfeeding	Peristat, Nutrition projects: % newborns (exclusively) breastfed first 48 hours, at 6 mnths. WHO: % newborns breastfed at 3 and 6 mnths. Interview survey data.	Added by ECHI team. Important determinant of mother's and child health. Public health issue of rising importance.
Social support	Working Party Mental Health: Questionnaire: Oslo 3-item social support scale. Also recommended by EuroHIS. Pilots done. Link with indicators Social Protection Committee.	Suggested by NCA and Working Party Mental Health. Important condition for (mental) health.
Work-related health risks/job quality	Workhealth project; this cluster includes (1) subjective risk assessments (data European Survey on Working Conditions), (2) physical/psychological working conditions (survey data) and (3) job transitions (survey data). To be further defined.	Suggested by NCA, Working Party Mental Health, Workhealth project. Workplace conditions are important for health.
Health interventions: health services (7)		
Other outpatient visits	Eurostat survey questions include minimally 'doctors' and 'dentists/orthodontists'. It is useful to have more (para)medical branches included. The Mental Health project has run a pilot survey to	Suggested by NCA. Indicator used in assessment of cos and (equity of) access.

	comprehensively cover ambulatory mental health care. For outpatients in hospitals: Eurostat Hospital Statistics MDS?	
Equity of access	This item is kept separate from ‘insurance coverage’ (section (1)). Can an operationalisation be taken from OECD studies, or from work by the Social Protection Committee?	Equity of access is an important issue and cannot only be addressed by insurance coverage.
Medicine use, selected groups	Euro-Med-Stat project: Utilisation in Daily Defined Doses (DDDs), per 1000 population/day. Major ATC groups to be selected. OECD.	Suggested by NCA. Indicates aspects of accessibility, up-to-date quality of care, and costs.
Waiting times for elective surgeries	Include PTCA, hip replacement, cataract operation. Data from OECD studies.	Originally selected. Indicator for the accessibility of health care, with focus on elective interventions.
Surgical wound infections	WHO: % of all in-patient operations. Development work in OECD panel on patient safety.	Suggested by NCA. Indicator for safety of operative interventions.
Cancer treatment quality	Eurochip project suggests: ‘stage at cancer diagnosis’ and ‘time between diagnosis and first treatment’. Available from some registries and specific studies. To be decided.	Suggested by NCA. Indicator for the quality of cancer care.
Diabetes control	Work by OECD Health Care Quality Indicators project on four indicators: diabetics tested for HbA1c, diabetics with poor glucose control, retinal exams in diabetics, major amputations in diabetics. Evaluation is under way.	Suggested by NCA, Working Party Health Systems. Indicator for the quality of diabetes care.
Health interventions: health promotion (0)		

Section 3: Not available, need for development

Indicator/topic	Definition, sources, comments	Origin and rationale of selection
Demographic and socio-economic factors (0)		
Health status (0)		
Determinants of health (0)		
Health interventions: health services (2)		
Mobility of professionals	Area under development, a.o. in the Health Systems Working Party.	Suggested by Sanco. Important EU health policy issue.
Patient mobility	Area under development, a.o. in the Health Systems Working Party.	Suggested by Sanco. Important EU health policy issue.
Health interventions: health promotion (3)		
Policies on healthy nutrition	Area to be developed. WHO-Europe report on analysis of food and nutrition policies.	Added by ECHI team. This is an important area of activities in health promotion, indicators for monitoring these should be developed.
Policies and practices on healthy lifestyles	Area to be developed.	Added by ECHI team, supported by Working Parties Accidents/injuries and Mental Health. This is an important area of activities in health promotion, indicators for monitoring these should be developed.
Integrated programmes in settings, including workplace, schools, hospital	Area to be developed.	Added by ECHI team. This is an important area of activities in health promotion, indicators for monitoring these should be developed.

Annex: Indicators proposed for the shortlist after June 2004, mainly by Working Parties or projects, to be considered in following discussion rounds.

Indicator/topic	Definition, sources, comments
Demographic and socio-economic factors (1)	
Crude death rate	Suggested by ECHI team member as consistent with having birth rates. Eurostat. WHO. OECD.
Health status (10)	
Deaths associated with extreme temperature	Suggested by Environment/health indicators project.
Mortality from specific injury categories, in specific age groups	Suggested by Working Party Accidents/Injuries.
Incidence of some communicable diseases (TB, STD)	Suggested by ECHI team member.
Incidence of all cancers	Suggested by Eurochip project. IARC.
Incidence of malignant melanoma	Suggested by Environment/health indicators project. IARC.
Alcohol dependence	Suggested by Working party Mental health: based on 4-item CAGE questionnaire; this is better than questionnaire on drinking quantities. Discussion: what about alcohol questions in the CIDI questionnaire which is recommended for depression prevalence and suicide attempt (section 2)?
Specific injuries home/leisure, for children and elderly.	Suggested by Working Party Accidents/Injuries, Environment/Health.
Disease occurrence by	Suggested by Workhealth project. Data source general HIS?

occupation and economic sector	
Occupational disease	Suggested by Workhealth and Eurochip projects: Eurostat/EODS. WHO.
Sickness absence	Suggested by Workhealth project: base on LFS; major diagnoses can be based on insurance data. WHO.
Determinants of health (11)	
Total energy intake	Suggested by Nutrition projects. WHO/FAO.
Population exposure to ozone	Suggested by Environment/health indicators project.
Exceedance of limits NO ₂ , SO ₂	Suggested by Environment/health indicators project.
Noise exposure by source	Suggested by Environment/health indicators project.
Housing: crowding, hygiene, dampness, mould growth	Suggested by Environment/health indicators project.
Population supplied with safe drinking waters	Suggested by Environment/health indicators project.
(Perception of) crime in neighbourhood	Suggested by Environment/health indicators project.
Threatening life events	Suggested by Working Party Mental Health (questionnaire, 12-item scale of Brugha et al.).
Sense of mastery	Suggested by Working Party Mental Health (questionnaire, 7-item scale of Pearlin et al.).
Exposure to carcinogens at work	Suggested by Eurochip project; data source CAREX?
Reintegration/rehabilitation	Suggested by Workhealth project.
Health interventions: health services (3)	
Vaccination coverage influenza	Suggested by Working Party Health Systems. WHO. OECD Health Care Quality Indicators project.
Radiation equipment	Suggested by Eurochip project to add to MRI units and CT scans; available in OECD health data.
Expenditures by sector of care	Suggestion of ECHI team member.
Health interventions: health promotion (6)	
Regulations on noise levels	Suggested by Environment/health indicators project.
Regulations for land-use planning	Suggested by Environment/health indicators project.
Existence of registry for chemical incidents	Suggested by Environment/health indicators project.

Government preparedness for chemical incidents	Suggested by Environment/health indicators project.
Existence of radiation monitoring	Suggested by Environment/health indicators project.
Compliance with OSH regulations	Suggested by Workhealth project.
Expenditures on occupational health and safety measures	Suggested by Workhealth project.