



EUROPEAN COMMISSION  
EUROSTAT

Directorate E: Social and regional statistics and geographical information system

Unit E-3: Education, health and other social fields



Doc.: OS/E3/HSW/2000/1119/EN

## **Minutes of the Meeting of the Workshop**

### **“Ad hoc module on Accidents at Work and Occupational Diseases in the 1999 Community LFS”**

### **Luxembourg - 30 October 2000**

Denmark, Spain, Finland, Portugal and the UK attended the Workshop (see list of participants attached in annex 1). The objectives of the meeting were twofold :

- To discuss the implementation of the ad hoc module and its results to have a more accurate and relevant analyse of the data.
- In a broader view, to discuss from this first experience recommendations for the future LFS ad hoc modules on other subjects.

The workshop first discussed the implementation and in particular the national questionnaires and their influence on the results, then the first results according to the information on the implementation, and finally the recommendations for the future ad hoc modules on the basis of the previous discussion.

#### **Point 1 : Implementation of the module : difficulties, relevance, accuracy and timeliness.**

Some general comments on national specificities / limitations were provided :

- For the “other work-related health problems” (“diseases”, not injuries) some general limitations were used for the illnesses suffered by inactive people and due to their work years ago, in order to solve problems (also sometimes by mistake). In UK only the persons having worked during the last 12 months were covered (normally any person having worked at any time should have been included). Spain used a specific code 8 for days lost concerning the persons who did not come back to work for reasons not related to the illness, mainly retired people, because it was considered too difficult to have a good evaluation by the respondent of the “theoretical time-off” during the last 12 months (days when he/she would not have been able to work evaluated as days he/she was not able to carry out normal activities). More generally the workshop recommended to separate the persons not having worked during the last 12 months in the analysis (diseases). Concerning age limits, no

Mail: Bâtiment Jean Monnet, Rue Alcide de Gasperi, L-2920 Luxembourg  
Offices: Bâtiment Joseph Bech, 5 Rue Alphonse Weicker, L-2721 Luxembourg - Office: BECH D2/723.  
Telephone: direct line (+352)4301.35034, switchboard 43011. Fax: 4301.35399.  
Telex: COMEU B 21877. Telegraphic address: COMEUR Luxembourg.

Internet: Didier.Dupre@cec.eu.int

upper limit was considered in the module specifications, however in Denmark the module covered only persons before 66 years and before 75 in Finland and Sweden.

- The “other work-related health problems” were considered in a broad sense in Denmark or Sweden (“any physical problem”) but in a more restrictive sense in Spain (“disease”).

- Difficulties could have occurred to classify correctly as accidental injury or “disease” some types of work-related health problems such as musculo-skeletal problems or infections, as well as to define correctly the “diagnostic”. This could also have some influence on the low level of accidents obtained for some countries (see point 3) but it was not really possible to avoid this type of problems by questions. However, when both an accident and a disease were reported with the same “diagnostic”, Denmark considered the case as an accident. Additionally in Denmark for the category “other type of injury/complaint”, the “diagnostic” was indicated in an opened question what allowed some re-codification afterwards. In the Dutch questionnaire, a first question considers the less frequent injuries and only in a second question the most frequent ones were considered. A crossed analysis “type of injury/complaint” X “days lost” was also recommended by the workshop in order to define more precisely the cases covered by the data under each type (though it was also stressed that the number of days lost are also depending on the compensation systems and then not fully comparable for a same diagnostic).

- Detailed analysis according to the characteristics of the job were also recommended, taking also into consideration differences between legislations and/or survey targets between the Member States. This could also have an effect on the incidence of accidents obtained by the survey (see point 3). In that case, in addition to standardisation according to the industrial structure, a possibility for comparisons could be to focus on a more comparable sub-population (e.g., persons with permanent contract, full-time job, etc.). However, this is not always possible, not only for code 5 “some other job of the variables on job, but also for codes 2 to 4 “second current job”, “last job” and “job one year ago” for which only information on employment status, economic activity and occupation are available. Moreover, in the case of UK, as the module was carried out in the 3<sup>rd</sup> quarter, no information is available for the second, the last and the job one year ago (including status, NACE and ISCO), what also limit the quality of the standardisation.

- The effect of proxies and telephone interviews was also discussed. For proxies a core LFS variable allows inclusion/exclusion but it is not the case for telephone, the EU LFS list of variables doesn’t allow such identification. Nevertheless, the workshop recommended to indicate clearly the type of interviews carried out in each country when publishing the results of the ad hoc module and the possible effects on comparability issues.

Concerning the detailed analysis of the national questionnaire for each variable, the following comments were raised :

- Column 209 and 216 :

Code 8 (Eurostat codes) for most of the countries means “8 and more” (what also involves a small underestimation of the total number of injuries/complaints).

- Column 210-211 :

Code “00” was not used by Portugal. In general, even with a correct distinction of the current month as “00”, the use of the month of the accident is difficult (month in 1998 or in 1999, depending of the date of the interview and not of the reference week) when it should also be a key variable to analyse possible memory recall problems.

- Column 212 :

See general comments above (identification injury <-> illness and its type).

- Column 213 :

For cases for which the person has not started to work again, Spain considered in a first sub-question codes 4 and 6 as they refer to a same level of severity (temporary incapacity) and then code 5 that refers to permanent incapacity. This has in principle no effect on the results.

Some difficulties appeared for codes 6 in some countries as Portugal where it was not considered as “other reasons” for not having started to work again but as a general “other” for the “work status after the most recent accidental injury”. It would be interesting to know more precisely what type of cases were considered in that case under this code.

Concerning code 5 there was obviously a part of subjectivity in the assessment of not being able to do paid work again because of the accidental injury. The module specifications uses the verb “to expect” (persons expects never to do ...) when in Finland the question asked if the person “believes that ...”.

- Column 214 :

This is a key variable for comparisons with administrative data (in particular > 3 days lost) and for which differences also appeared between Member States in the uses of the codes (see also the general comments above). The workshop recommended in particular to consider together in the analysis codes 0 “(resumption of work) on the same day as the accident or on the first day after the accident” and 7 “no time off work” (codes 0+1+7 for Germany). In UK the question was not asked to persons that never came back to work after the accident, whatever the reason, when in the ad hoc module specifications it should be the case only when it is due to the accident (code 9 of the specifications). Also for UK code 7 of the specifications seems to have been encoded 8 in the data sent to Eurostat. A high number of codes 9 should also be investigated for Finland.

- Column 215 :

See general comments above (sub-population and standardisation).

- Column 216 :

See variable 209.

- Column 217 :

Ireland considered the most recent and not the most serious disease. See also general comments above (identification injury <-> illness and its type). Both direct <-> proxies and face-to-face <-> telephone could have important effects but they are still more difficult to evaluate than for accidents as they are in general no other source to compare with on the same concept (the “occupational diseases” and their statistics from the administrative point of view refer to a much more restrictive concept).

- Column 218-221 :

See variables 214 and 215 (though no problems of codes). See also general comments above (distinction of persons inactive during the last 12 months).

The workshop indicated that, though the difficulties shown by the analysis of the questionnaires, this ad hoc module was quite simple to implement. It also stressed that the final guidelines were provided together with the variables one year before the implementation, what is the good timing to allow a correct implementation (design of questionnaire, test, national guides, training of interviewers, computer tools).

However, even when the concepts are clear and the questions and wording similar in the various national questionnaires, it is impossible to avoid a minimal difference in the real “meaning” and then a minimum bias in the answers according to the cultures, the social systems (compensation systems in the case), etc.

Finally it was agreed that no specific weights are necessary for this module (while it will be the case for the modules on disability and transition from school to work).

**Points 2 & 3 : Analysis of results & Comparison of sources (accidents at work): LFS survey data versus administrative sources.**

The workshop considered that the standardisation as well as a better consideration of all the effects of the points mentioned under point 1 will solve a part of the comparability problems. Additionally to these comments already discussed under point 1, the workshop stressed the following points :

- The most important part of the analysis should concentrate on the relation between work-related health problems (injury and diseases) and the situation on the labour market as well as job characteristics when available.
- Though no specific high level was identified, the effect of non-responses should also be studied. It was noticed that persons that do not remember the number of accidents or complaints were mixed with the persons who don't want to answer, what means that the information on the most recent accident or the most serious complaint that was potentially available was “lost” in such cases. Another effect could be highest levels of non-response in some country, sub-population or for some diagnostic either for confidentiality aspects on health issues or due to legal aspects related to relations with the employer.
- Concerning incidence rates the workshop reminded that the reference period is not the same in ESAW and in the ad hoc module though the same filters were used in the table presented under point 3 by Eurostat. In ESAW the accidents are considered for a civil reference year (except UK) and compared to the reference population based on the LFS workers during the second quarter of the same year (reference week). In the ad hoc module the accidents are considered on a period of the last 12 months that is different for each person in the sample (though the differences are limited inside a period starting in February 1999 for Sweden and ending in September 1999 for Italy and UK) compared to the workers during the reference week (3<sup>rd</sup> quarter in Italy and UK).
- Some countries collected more information than the one foreseen in the regulation. These countries should report on the experience with these extra-questions.
- The data for Greece should not be compared with the other countries since a too low incidence of occupational accidents and diseases was recorded by the survey in this country, the results being absolutely not reliable.

For its part, Eurostat will continue to investigate the comparability aspects on the basis of the indications provided during the meeting. As soon as possible it will develop the crossed-analysis with core variables of the LFS on the situation on the labour market and the job characteristics.

#### **Point 4 : Recommendations for further Community LFS ad hoc modules.**

On the basis of the discussion, the following recommendations can be proposed :

- Not only the variables but also their precise concepts, their values and the corresponding guidelines should be as far as possible finalised 1 year before. Currently (though it was not the case for the 1999 ad hoc module) the discussion continues until the beginning of the year of the module what is not acceptable (see above). Finland also proposed to define some general points to be covered by the analysis from before the implementation.
- Specific weights are necessary for some ad hoc modules (see above).
- Different guidelines are necessary for face-to-face and for telephone interviews.
- In parallel with the definition of the variables, questions should be proposed as recommendation for the ad hoc modules. This could improve the comparability of the results. Circa could be used to circulate information on questionnaires and guidelines to the interviewers.
- It could be foreseen to impose, in certain future modules, face-to face interviews or direct interviews (non-proxy). However, some Member States like Spain, where an important part of the sample are proxies, disagree with this proposal as it would suppose important changes in their national LFS methodology.

#### **Point 5 : Further activities - specific analyses, publication programme.**

Eurostat indicated that it would prepare a note to the SPC on the implementation of this first LFS ad hoc module. A note to the Committee of the Directors of Social Statistics could also be envisaged.

The conclusions of the workshop meeting will be presented to the Employment Statistics, ESAW and EODS Working Groups.

Eurostat will let the members of the workshop informed on the development of the analysis. If important issues appear in its course, in particular at the level of the analysis with the situation on the labour market and the job characteristics, a second meeting of the workshop would be envisaged in 2001.

A first publication (statistics in focus) is foreseen in the beginning of 2001 and a more detailed analysis, joined with DG Employment and social affairs, will be published further.

Finally, the workshop made the following recommendations for the publications :

- Before presenting analyses, the publications should contain a methodological part on :
  - ✓ the general methodology, including the concepts used for accidents (also <4 days lost) and for “diseases” (different from the medico-legal concept of occupational disease);
  - ✓ the specific aspects by Member States (such as direct versus proxy, face-to-face versus telephone, specificities explained under point 1 above, etc.).
  - ✓ when possible information on sampling errors.
- The publications should inform on issues such as memory recall problems but should not try to correct them as it is very difficult to do it at a global level.

- The comparisons with other sources as ESAW are important to understand the data provided by the ad hoc module but the objective is not to achieve a detailed explanation of the differences.
- As the coverage is not the same in all the countries for certain variables, some tables should be produced using a common definition for all the countries. When this is not possible, footnotes should inform the users on the limits of comparability.
- Data should be standardised by age and NACE because the national structures could have an impact on the incidence of the accidents (same standardisation as ESAW). Additionally, in some tables the analysis should be made separately for full-time and part-time (the risk of accident is higher when the person works more hours).