

Short summary of the project

The final overall aim of the project "*Health Surveys in the EU: HIS/HES evaluations and models*" is to develop comprehensive and comparable health measurement for health surveys in the EU and the Member States by developing models for surveys, which combine the health interview and the health examination. During the first phase of the project, overviews of previous, current and planned national health interview (HIS) and health examination surveys (HES) were made. In order to disseminate the information on the methodological aspects of these surveys, also a health survey database was developed. This database shows the methods and contents of HIS and HES in the EU/EFTA Member States. In addition, a European network for development and testing of proposed HIS/HES methodologies has been created.

An overview of HES was made by means of a literature review and an inventory of HES in the EU/EFTA Member States. National population based HESs with a comprehensive focus have been conducted at regular or irregular intervals in five countries (Finland, Germany, Ireland, the Netherlands and UK) and in a large region in one country (Catalonia, Spain). In these countries several local, regional and/or focused surveys have been carried out previously or in parallel to the national HESs. All of these national HESs include a HIS component preceding or parallel to the HES. National surveys in the planning or pilot stage were identified in four countries (France, Italy, Norway, and Sweden) and there are some preliminary plans for a national survey in one more country (Portugal). More focused and geographically limited HESs have been carried out in almost all EU/EFTA countries. The major reason given for not carrying out national HESs until now was the high expense or the difficulties in implementing fieldwork. However, all respondents from countries without national HESs considered that such national HESs are necessary. Most respondents felt that there is a need to develop a core module for HES in Europe.

The HIS/HES may be carried out according to different models. The survey may include an interview with single measurements and/or blood samples or a comprehensive health examination taking several hours to complete. Differences in the fieldwork phase limit comparability of results of the surveys. There are also important differences between sampling frames. There is a clear emphasis on CVD in both national and regional/local surveys, but other health status components have also been covered, most often respiratory diseases and diabetes. Mental and dental health issues are often the subject of separate surveys. Diagnostic interviews for mental health have been part of the general HIS/HESs in three countries, while specific surveys have been carried out in two other countries. Dental health has been studied only in one national HIS/HES.

So far little attention has been paid to the comparability across countries of findings of national HIS/HES. To improve comparability there is a need for better standardisation concerning individual examination methods and measurements. Also, the survey protocols in general must be improved. Individual methods can be developed, and they have already been developed in disease specific studies, but the feasibility of these methods needs to be tested in existing national HESs. Collaboration and co-ordination is needed to promote comprehensive health monitoring at the European level. One part of this is joint evaluation and development of health examinations and their methods. These collaborative analyses and development efforts will be the core of the second phase of this project.

The inventory of national HIS in the EU, Norway, Iceland and Switzerland showed that HIS are being executed regularly in most countries. Periodic HIS were recorded in 16 countries. Especially in Finland, France and the UK many health surveys were being executed. In most countries one or two national HIS were recorded, namely in Austria, Belgium, Denmark, Germany, Iceland, Ireland, Italy, Norway, Portugal, Spain, Sweden, Switzerland and The Netherlands. Only in Greece and Luxembourg no HIS were reported.

Information on the methods and contents of these HIS, HES and HIS/HES was read into the health survey database. The database covers information on 8 national HES, 37 national HIS, and 2 international health surveys. In addition, the recommended instruments of WHO/EURO are included. The database covers more than 5,000 HIS questions, both in the original language and in English. Users of the database can search for specific information: on particular surveys or on particular topics, like use of medicines.

In order to facilitate the search on topics, we developed a list of health topics. The list is based on the list of health areas and health topics that was developed for a former inventory of HIS in 1996/97, and on the set of European Community Health Indicators (ECHI). The list includes 93 topics, divided into 7 areas: demographic and socio-economic factors, health status, personal factors, life style factors, living and working conditions, prevention, health protection and health promotion, and use of health and social services.

Analyses of the HIS questionnaires that are included in the database shows which topics are frequently included in HIS and which topics are hardly included. Topics on the health status of respondents are most often included in the surveys. Especially questions on disease specific morbidity, perceived health, activities of daily living, and chronic conditions are included in many surveys. Questions on life style factors are also often included. Almost all surveys include questions on smoking behaviour. Questions on diet, alcohol consumption, and physical activity are included in at least 24 surveys. Nearly 20% of the questions in the database inquire after the use of health and social services, like hospitalization, contacts with the GP, and the use of medicines.

The comparability of the questions in different national HIS was studied for two frequently included topics: smoking prevalence and heavy drinking. The comparability of both topics appeared to be limited. The comparability may be improved in the future if more health surveys include questions that are recommended and/or used by the majority of the existing surveys. The health survey database can be used to facilitate this harmonisation process.

This report was produced by a contractor for Health & Consumer Protection Directorate General and represents the views of the contractor or author. These views have not been adopted or in any way approved by the Commission and do not necessarily represent the view of the Commission or the Directorate General for Health and Consumer Protection. The European Commission does not guarantee the accuracy of the data included in this study, nor does it accept responsibility for any use made thereof.