



**HEALTH SURVEYS IN THE EU:
HIS AND HIS/HES EVALUATIONS AND MODELS
Phase 2/Final activity report**

23.6.2003



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Aims

The project *Health Surveys in the EU: HIS/HES evaluations and models (HIS/HES project)* aims to support Health Monitoring by producing an up to date overview of methods and contents of existing and planned Health Interview Surveys (HIS), Health Examination Surveys (HES), combinations of HIS/HES, and other population surveys with a significant health component in the MS and EFTA/EEA countries. The database developed during this project provides insight into the coverage of areas and measurement methods that are relevant for Health Monitoring by national and international surveys.

The specific aims of this second phase of the HIS/HES project were

- 1) to select, evaluate and recommend methods for use in HES and HIS/HES surveys and for future field testing and development during phase 3.
- 2) to maintain and develop the health survey (HIS, HES and HIS/HES) database, to add new data and information on existing recommendations and standards and to develop the system for dissemination.

Execution of the second phase of the HIS/HES project

The second phase was launched in January 2001 and finalised in April 2003 (Grant agreement number 2000CVG3-511). The tasks were divided between the contractor, the subcontractor and the HIS/HES core group members.

The tasks of phase 2 were:

- a) updating, maintaining and further development of the database created during phase 1.
- b) carrying out an inventory of existing recommendations and standards for health survey methods and providing the information to the database.
- c) identification, definition and evaluation of survey indicators and measurement methods for the main health status components required for a system of Community Health Indicators.

d) selection of HIS/HES topics and methods (based on the work under item c) for detailed analysis under subprojects.

e) evaluation of the validity, comparability and feasibility of the methods used in current national HISs and HIS/HESs identified during phase 1. This task was carried out in more detail for the subprojects' topics and it also comprised an exploratory comparison of some key health data already collected in national surveys.

Participants and organisation

Phase 2 of the HIS/HES project was co-ordinated by Professor Arpo Aromaa at The National Public Health Institute (KTL) in Finland. In addition to overall co-ordination the contractor in Finland (KTL) was responsible for HESs. There was a main collaborator (subcontractor), the Scientific Institute of Public Health (IPH) in Brussels, mainly responsible for HISs and for updating and improving the database (Dr Jean Tafforeau). A subcontract was also done with the University College of London (UCL), Department of Epidemiology & Public Health to carry out one of the subprojects (by Dr. Paola Primatesta). The core group for HIS and HIS/HES included members from seven MSs, and the HIS and HIS/HES networks comprised all EU Member States.

The core group members and HIS centres were:

Jean Tafforeau and Claudine Vermeire at IPH, Belgium

Jaap van den Berg and Christianne Hupkens at Statistics Netherlands (CBS)

Emmanuelle Cambois at Equipe INSERM Démographie et Santé REVES Network on Health Expectancy, France

Lidia Gargiulo and Luciana Quattrocioni at Istituto Nazionale di Statistica (ISTAT), Italy

Carlos Matias Dias at Observatorio Nacional de Saude Dr. Ricardo Jorge, Portugal

The core group members and HIS/HES centres were:

Arpo Aromaa, Päivikki Koponen and Ulla-Sisko Lehto-Järnstedt at KTL, Finland

Lucie Viet at RIVM, The Netherlands

Bärbel-Maria Kurth at Robert Koch Institut, Germany

Michael Marmot and Paola Primatesta at University College of London, United Kingdom

Gino Farchi and Susanna Conti at Istituto Superiore di Sanita, Italy

In addition several other persons have contributed to the project: Sanna Rätty, Virpi Killström, Seppo Koskinen and Esa Virtala at KTL and several other persons at IPH and at the collaborating centres.

Subprojects

There were four subprojects. The aims of these subprojects are presented here.

- 1) **The comparison of HIS/HES data: Health-related quality of life and cardiovascular risk**, led by Paola Primatesta at the University College of London, UK.

The aims of this subproject were to compare the self-assessed health status of people with some selected risk factors for cardiovascular disease measured by questionnaire and by biological measurements in different countries. Data from the Health Survey for England 1996 (HIS/HES), from the German National Health Interview and Examination Survey 1998 (HIS/HES), and the Italian HIS 1999-2000 (Health Conditions and the Use of Health Services).

- 2) **Mental health and quality of life measurement** in national health surveys carried out by Ulla-Sisko Lehto-Järnstedt at KTL, Finland.

The aim of this subproject was to describe the use of the measurement on mental health issues in national comprehensive HIS and HES surveys in EU and EFTA countries and to evaluate their quality and comparability of. The specific aims were 1) Description of the use of mental health and quality of life measurement in the surveys, 2) Evaluation of characteristics of the measurement and instruments. 3) Presentation of recommendations and principles of proper measurement of mental

health and quality of life issues in national health surveys, with the aim to enhance their international comparability.

- 3) **Survey design and methodology** in national health surveys carried out by Päivikki Koponen at KTL, Finland and Carlos Matias Dias at INSA (National Institute of Health, Portugal)

The aims of this subproject were to compare 1) sampling frames and samples, recruitment methods, participation rates and implementation, and 2) methods of data collection and adaptations made to the survey protocols for people in institutions. Finally the aim was to suggest recommendations on methods suitable for use in national health surveys to increase representativeness and to be taken into consideration when collecting data in institutions.

- 4) **Measurement of physical functioning** in national health surveys carried out by Sanna Rätty at KTL, Finland.

The aim of this subproject was to describe the current situation of measurement of physical functioning in national HIS and HIS/HES, and to evaluate these from the viewpoint of international comparability and further development. The final aim was to develop rules for linking the questions in the database to the ICF codes by using physical functioning as an example.

Time schedule and events

Four core group meetings were held:

- First meeting 14th-15th May 2001 in Brussels Belgium, with the aims to discuss the detailed action plan for phase 2, to discuss the update and modification of the database and to agree on the topics for the subprojects.
- Second meeting 11th-12th October 2001 in Berlin Germany, with the aims to discuss the development and maintaining of the database, the subprojects and the structure of the final report of phase 2.

- Third meeting 3th-5th March 2002 in Saariselkä Finland, with the aims to discuss the action plans for the subprojects, the improvement of the database and the structure of the final report of phase 2.
- Fourth meeting 28th-29th October 2002 in Fiesole Italy, with the aims to introduce the new version of the database to the core group members, and to work on the contents of the final report of phase 2.

The HIS/HES project, the European Health Risk Monitoring (EHRM) project and the European Commission jointly organised a workshop "Health Surveys in Europe - Role of Surveys in Monitoring" in Luxembourg, 13th-14th May 2002. The purpose of this Workshop was to bring together expertise from several projects all over Europe, and to discuss how their proposals could be integrated into national health monitoring systems (see <http://www.ktl.fi/publications/ehrm/product4/report.htm>).

The HIS/HES project was presented at several international conferences and meetings:

- Health Monitoring Programme, co-ordinators meeting, Luxembourg, 2001
- EUPHA Conference, Brussels, 2001
- Inventory of survey data on disability in EU member states, Brussels, 2002
- WHO planning meeting on Survey methods for environmental health assessments, Bonn, 2002
- Eurostat meeting on Public health statistics in candidate countries, Luxembourg, 2002.
- London congress on collection of morbidity statistics, January 2003.

Development of the HIS/HES database

With the start of the second phase of the HIS/HES project, a consolidation period was initiated: all the content of the database was checked and missing parts were added. The information concerning the HESs was collected by KTL, Finland, while the information concerning the HISs was collected by IPH, Belgium.

The whole process of identification of a HIS, gathering the information, translation, formatting and inclusion in the database took approximately three weeks of work for a team of one university level person and one secretarial person. Since only a few HES survey protocols are as extensive as the HIS questionnaires, the corresponding process of collecting information and inclusion of a new HES in the database took about 1-2 weeks.

With respect to HESs the database contains information on 15 surveys. With respect to HISs, the database includes information on 92 surveys. Among these are a few other surveys in addition to the national HIS and HES from EU and Efta Countries: Australia HIS 2001, Canada HIS 2000, USA HIS 2000, Recommendations (WHO 1996, EuroHIS 2002, EHRM), Labour Force Survey 2002; WHO- Multicountry 2001, WHO-World Health Survey 2002, Eurobarometer: inclusion of selected health topics administered in all the Member States, ECHP (European Community Household Panel).

In EU and EFTA countries, and in USA, Australia and Canada 22 surveys have been performed in 2002; among these, nine have already been introduced into the database. 13 surveys still have to be entered in the database for the year 2002. The HIS part of the database contains 12.725 questions. In some cases a translation into English still has to be entered in the database (e.g. for the Health and Care Interview Survey, France, 2002 for which the translation just arrived at IPH).

The Access® database constructed during Phase I of the HIS/HES project has been modified during phase 2. It was first distributed on a CD-rom to potential users at the end of the year 2000; and a second version of the database was distributed on CD-rom to 120 users by the end of the year 2001 after the consolidation phase of the project. During the same period, the database was converted from Access® 1997 to the Access® 2000 version. The limitations in the dissemination procedures of the database were an obstacle for easy access and in the utilisation of this instrument in the design of new surveys. In addition, the co-ordinators of the Health Monitoring

Programme frequently emphasised the need to feed into the HIEMS system (Health Information and Exchange Monitoring System) of the European Commission.

It was thus decided by the core group of the HIS/HES project to try to give direct access to the database via Internet. The first intention was to keep the Access® database and develop an interface for Internet. However, the technical recommendations of EC for the development of Internet sites were quite different: Oracle® as relational database and Coldfusion® as the interface for Internet. Oracle® however is a heavy system requiring highly qualified technicians; in addition the cost of the licence of Oracle® was prohibitive. It was thus decided to migrate to an SQL®, which is also a relational database system, technically more accessible than Oracle® and also less expensive. A second migration if necessary from SQL® to Oracle® is possible. Coldfusion® was selected for the interface for Internet as recommended by the Commission.

The migration process and the creation of the HIS/HES Internet site started in August 2002. A private firm (Ausy®) in Brussels was selected after an open call for proposals in Belgium to do the technical work. This migration process was in addition a good occasion to revise the content, the design and the functionalities of the database.

Evaluation of methodology, questions, instruments and protocols in health surveys

The usefulness, feasibility and comparability of methods, instruments and existing recommendations and proposals from international organisations (WHO, OECD) and other HMP projects was assessed. Concerning overall methodology sampling, recruitment, participation and non-response, and quality assurance were evaluated. Concerning health survey topics measurement of ECHI indicators was evaluated. This was done in more detail for topics and methods covered in the subprojects. In addition data from three national surveys was merged and analysed under one subproject to investigate practices of pooling and analysing. The work was carried

out by the contractor (at KTL) and the subcontractors (IPH and UCL). In addition most core group members contributed to the evaluation of selected topics.

Results

1. Database

The HIS/HES Database is directly available in the Internet (since May 2003) on the website of IPH: <https://www.iph.fgov.be/hishes/>.

The HIS/HES Internet site will be hosted by IPH for the time being. It has been designed in such a way that the persons with administration rights can make changes (updates, corrections, additions, subtractions) with a remote access to the web site.

The information about the opening of the Internet site has been widely diffused via E-mail by KTL, IPH and the members of the HIS/HES core group.

2. Reports

Full results have been presented in the phase 2 final report:

Aromaa A, Koponen P, Tafforeau J (eds.). Status and Future of Health Surveys in the European Union. Final report of the project Health Surveys in the EU: HIS and HIS/HES evaluations and models. Scientific Institute of Public Health, Brussels & National Public Health Institute, Helsinki 2003.

In addition, four subproject reports have been prepared:

- Primatesta P., Marmot M, Kurth B, Gargiulo L. Comparison of HIS/HES data: Health-related quality of life and cardiovascular risk. University College London Medical School & National Public Health Institute, Helsinki 2003.
- Lehto-Järnstedt U-S. & Aromaa A. Mental health and quality of life measurement in national health surveys. National Public Health Institute, Helsinki 2003.

- Koponen P. & Aromaa A. Survey design and methodology in national health surveys. National Public Health Institute, Helsinki 2003.
- Rätty S., Aromaa A., Koponen P. Measurement of physical functioning in national health surveys, National Public Health Institute, Helsinki 2003.

All the above mentioned reports will be available in the Internet (and as printed reports published in the KTL-series B) in autumn 2003.

A brief summary of some key results has been prepared and will be published in the European Journal of Public Health:

Aromaa A, Koponen P, Tafforeau J, Vermeire C, and the HIS/HES Core Group. Evaluation of Health Interview Surveys and Health Examination Surveys in the European Union. European Journal of Public Health 2003;13 (3 Supplement). In press.

Plans for phase 3 have been prepared including two projects to be carried out in close collaboration. Applications for funding under the Public Health Programme were submitted to the Commission in May 2003:

- European Health Surveys Information Database (EHSID), application prepared by IPH, Brussels
- Improving quality and comparability of health surveys in Europe (IQEHeS), application prepared by KTL, Helsinki

Appendixes:

Minutes for core group meetings

Appendix. Minutes of the Core Group Meetings.

Minutes of
CORE GROUP MEETING
HEALTH SURVEYS IN THE EU:
HIS AND HIS/HES EVALUATIONS AND MODELS
Phase 2

14 – 15 May 2001

Scientific Institute of Public Health – Louis Pasteur
J. Wytsmanstreet 14
Brussels



This project is financially supported by the European Commission

Present:

Prof. Arpo Aromaa
 Prof. Dr. Herman Van Oyen
 Dr. Susanna Conti
 Dr. Paola Primatesta
 Dr. Bärbel-Maria Bellach
 Dr. Ulla-Sisko Lehto-Järnstedt
 Dr. Jean Tafforeau
 Dr. Claude Vermeire

Absent with apologies:

Dr. J-M Robine
 Emmanuelle Cambois
 Prof. Gino Farchi
 Prof. Michael Marmot
 Dr. Jaap Seidell
 Lucie Viet
 Christianne Hupkens

No information on:

Dr. Carlos Matias Dias (contacted in July)
 Prof. V. Egidi
 Dr. V. Buratta

Monday 14 May 2001

1. Forthcoming Public Health Program in the EU, Development within the HM Programme, by Prof. Arpo Aromaa

As such this is not a presentation of the forthcoming public health program – as the document is not yet ready – but of recent developments related to the European Commissions overall Health Monitoring Programme (HMP).

It is expected that a new Public Health Programme will start, with a planned duration of 5 years and an amount of 300 million EURO. The commission, parliament and council are negotiating the wordings of the document. The future Public Health Programme is very different from the current situation where there are several separate programs.

The new PHP has no more topic specific areas but three strands, which are

1. Rapid Reaction (=Communicable Diseases)
2. Health Monitoring
3. Health Information (=Health Promotion)

The whole programme will only have one administrative Committee; they will reduce as such the input of prior active members. The proposal mentions a co-ordinating Health Monitoring Centre but this may not be accepted as it stands. The projects started during the HMP will continue under the new programme

Other programmes within the Health Monitoring Programme

1. Mental Health Project,

Has been finalised and indicators for mental health were developed. The report is available, makes recommendations but does not suggest or contain instruments. The plan for the core group members should be to compare and see what can be adapted in analogy with the ECHI project

2. Health Risks Projects

Is a continuation of WHO Monitoring projects and cover smoking, high BP- and cholesterol measurements. We should not go very far along those lines in our own work. Suggestions of the project should be considered.

3. Routine available morbidity data

Coordinated by the Office of National Statistics in London,
Is making an inventory of available information in Europe (registries, routine data, surveys).

Specific projects just started under the HMP on Cardiovascular Diseases (CVD) and musculoskeletal disorders (MSD) as well as diabetes.

4. ECHI part I

Co-ordinated by Pieter Kramers. Deals with a general framework for Health Indicators. Focuses on important issues of Health in Europe. Phase I of the project allowed to set up a list of priority health indicators for Europe.

5. EUROHIS

A project funded by the Biomedical Program and run by WHO-Europe.

The aims of EUROHIS are:

1. to make new recommendations for standardised instruments
2. to work on final wordings of the questions (translation/back translation)
3. to proceed with field testing

To enable the development of comparable instruments it requires:

1. Obtaining and maintaining good contacts in each of the Member State (MS) countries.
2. Comparing within the same topic area, taking a start from what is done.

Eurostat (ES) is officially a partner in HMP. In the latest draft of the future Public Health Programme more emphasis has been given to HIEMS, a telematic programme of the EC. All the HMP projects should have results that are forwarded to a telematic system, in order to allow access to everyone who may wish to consult their results. A direct access to the reports of the HMP projects is also needed (contacts with DG Sanco will be made to facilitate access to these reports).

2. Overview of Phase 1 of the HIS/HES project (1999-2000)

The phase 1 of the project was coordinated by Jaap van den Berg, Central Bureau Statistics (CBS), Netherlands. CBS received 45 answers to their inquiry on national health surveys, and all information obtained has been included into a database. The same kind of work has been performed for 8 health examination surveys by KTL in Finland.

The following reports result from phase I and are available on the website of the European Commission.

1. Final report phase I: Health surveys in the EU: HIS and HIS/HES evaluations and models
2. Health interview surveys (HIS) in the EU: overview of methods and contents, C. Hupkens & H. Swinkels, Statistics Netherlands
3. Health examination surveys(HES): Review of literature and inventory of surveys in the EU/EFTA Member States, P. Koponen, Arpo Aromaa, National Public Health Institute KTL, Finland

3. Outline and execution plan of Phase 2

3.1 Outline

The ways of working which were started in phase I with Jaap van den Berg will be continued and carried out by Dr. Jean Tafforeau, Scientific Institute of Public Health (IPH), Brussels (HIS-component), and by KTL (HES updating, new HES and looking into methods-validity and comparability-).

It is envisaged to have two Core Group meetings during phase II. The first on 14/15th of May 2001 in Brussels, the second in March 2002 in Finland.

The subproject meeting will be held in Berlin, 11/12-10-2001.

A plenary meeting, including all member countries at a central location -to be defined later-will be held in September 2002

3.2 Global work plan

The reference document for the global work plan is the approved proposal document submitted to the European commission.

A1.General suggestion

Based on the above document **specific work plans** will be elaborated:

1. HIS goals and linked specific objectives (see further).
2. HES goals and linked specific objectives.
3. The 4 subprojects protocols already proposed.

Workplan HIS : goals and objectives/activities

1. Feedback:

To take up contact with all the information providers of phase I in order to concert on quality of available information in the database

2. Quality of translation.

Some countries worked in own language. There is a need to verify the translations in English before larger dissemination and to keep in touch with each Member State

3. Updating and maintaining Database

Update of database and add new survey information to the database if applicable and available. "Old" surveys will also be kept in the database

Further looking into the methods of updating is required to be sure that the database will be maintained up to date after the end of the project.

4. Recommended instruments

To include more info on recommended instruments

5. To include Australian, US and Canadian health surveys , especially as far as methods and contents are concerned

6. To incorporate results of comparison of instruments used in the different MS (according to topics) into the database

8. Network between persons in charge of HIS in the Member States

- Direct link via database to e-mail address
- Stimulate we page for HIS in each MS
- Access to full questionnaire in PDF format

9. Dissemination of database

- Prior need to improve user-friendliness of the consultation of database
- Provide direct access to database through internet and having one database in one place is easier to update
- Avail database through HIEMS telematic system of the European Commission

Request WHO Copenhagen, Nossikov.

Phase I inquiry-questionnaires have been mailed to eastern European countries by WHO Copenhagen. They would like to incorporate eastern European inventory into currently existing database.

This activity is increasing the workload. It might be considered to contact the EC to find out if available funds) could be used to finance and enable execution of this activity.

As there are no participants of HIS countries in the present meeting, it is to be considered whether a joint meeting with the HIS group is desirable.

Tuesday 15 May 2001

1. Discussion on update and modification of the database 2000
2. Work plan for HIS/HES with special regard to each of the subprojects
3. Agreement on subprojects

4. Anticipated products of HIS and HIS/HES
5. Goals, content and timetables for the subprojects
6. Agreement on future work and next meeting
7. Closure

1. Discussion on update and modification of the health survey database 2000

Chaired by Prof. Arpo Aromaa

The following topics were discussed.

Methods of increasing user-friendliness of the health survey database by:

- Collecting comments on limitations and problems with the health survey database from all participants;
- Improving the user interface of the health survey database.

Improving the search capacity by specific issue (topic) or specific questions.

Searching should be possible in English and/or any other national language. Combinations of windows in one field are desirable (e.g., two: The question in the national language followed by the agreed English translation). In the current database version the questions are not ordered in a logical way. It is desirable to have sequences similar to the questionnaire sequence.

There is need for a “sort by” command on specific health topics (e.g., smoking) and/or “key words” in the beginning of each question (e.g., ‘smoke’ = code for the question). It is worthwhile to find out whether this is technically possible.

Need for separation of HIS and HES data information.

It is suggested that HIS data should be kept separate, whereas HIS carried out in conjunction with HES should be presented together with HES. However, there should be a possibility to select a health topic regardless of the type of survey via a comparison box between HIS and HES (sort by health topic not by the type of survey).

Updating of the health survey database.

New surveys or new versions of an older questionnaire are continuously or repeatedly being carried out.

One problem may be the modifications done between surveys, e.g., when the formulation or content of certain questions has been changed.

Is it more important to have a database available with the most recent health survey data, or a database identifying what has been done so far over the last x years? Should the older version of a database be destroyed or kept available, and is it important to have access both to new and to older versions.

The problem is WHEN to update and WHAT to update? Technical details are left to IPH. It is important to state the principles of updating.

In the mean time IPH will draw a projection of European health surveys planned in the period 2000-2002 and analyse the feasibility of the workload created by them.

Diagnostic mental health questionnaires in the HES database.

It has been found out that there are several aspects to clarify in the section 'Diagnostic mental health questionnaires' in the HES part of the database. These include: Identification of a measure (a questionnaire): that is, the names and abbreviations of the questionnaires should be correct, and content and version of the questionnaires reported. Also the issue of adapted versions of the questionnaires must be taken into account: it is important to specify exactly, how the scale is adapted. Unknown data in the database should be indicated concisely. Full documentation of the questionnaires may be interesting/needed, is it possible to get the whole questionnaires attached in the database (there might be problems with the copy right issues, or with different languages). The resources for the improvement work: KTL is in charge of the HIS/HES work and will take care of the improvement.

EUPHA 2001 meeting, Brussels, in December 2001.

An abstract related to the health survey database (*Database on Health Surveys in EU/EFTA/EEA Member States: Methodology and contents*) will be submitted to the EUPHA 2001 meeting by IPH.

2. Work plan, general

The goals of future HES work are to examine in detail measurement methods employed, make comparisons between existing methods, and report on methods used and their quality and comparability. A main report will be drawn up incorporating also existing recommendations from the literature and from other HMP projects. The subprojects resulting in their own reports are intended to provide essential in-depth information in some areas deemed of special importance for the work and for the main report.

3. Work plan for HIS/HES with special regard to each of the subprojects

Suggested topic areas are presented in the *Action Plan for Phase 2* (delivered to all core group members, if not, contact KTL), Chapter 4, p. 3: 'The Proposed Subprojects'.

- 1) Representativeness of the surveys: How to get a representative picture of the whole population?
 - Comparison and evaluation of sampling frames (e.g. individual vs. household samples), evaluation and development of ways to improve comparability through the selection of target populations and sampling;
 - Consequences of differences in sampling, data collection and field work procedures;
 - Evaluation and development of ways to improve response rates;
 - Inclusion of institutionalized people in HIS/HES, possible adaptations needed to survey protocol (suggested by Carlos Matias Dias, Portugal);

- 2) Comparison of HIS and HES data on selected topics (validity analysis of HIS instruments through HES, subjective vs. objective), e.g.:
 - Comparison of SF-36 and self reported health with more specific health measures (suggested by Michael Marmot and Paola Primatesta, UK);
 - Morbidity measurement and prevalence estimation based on HIS and HES data, e.g. self-reported diabetes and blood glucose level, self reported hypertension and BP, overweight (self reported weight/height and weight/height measurements, BMI), self-reported and diagnosed chronic conditions;
 - Analysis by age, gender, socioeconomic status etc.
- 3) Quality control (instruments and fieldwork):
 - Evaluation of conceptual frameworks, testing recommendations, validating translations and cross-cultural validation of instruments, e.g. on functional ability/disability/activity restrictions;
 - Evaluation, development and testing of selected quality control designs and methods;
- 4) Use of survey results in decision making:
 - Comparisons of the aims and objectives of the surveys, distribution of results, etc.
 - Usefulness of various sources of data;
 - Aggregate level comparison of registers and HIS/HES data;
 - Comparison of routine data sources (e.g. GP registers, hospital discharge data) and HIS/HES data;
- 5) Topic specific subprojects (selected from the ECHI list and by listing topics already covered and/or covered in other projects):
 - Evaluation and development of selected/previously recommended HIS instruments;
 - Evaluation and development of selected HES methods, e.g. testing recommendations for CVD risk factor surveys (MONICA/EHRM);
 - Evaluation and development of the sensitivity and validity of methods/instruments for the specific health needs of women, the young and the elderly;
 - Review on the methods used in HIS/HES
 - the modification of the measures;
 - the validity;
 - the validation of the measures for subject specific studies.

To choose a topic for a subproject, the following issues should be taken into account: relevance for the whole project, the content of the project, and for health monitoring on the whole, and the comparison issue, it should deal with comparable information from Europe. That is, a subproject should be something important, relevant, interesting, which fit in the framework and is able to recover a relevant specific area. At the moment, we need suggestions on subprojects, on topic areas, and who would do the work, and some guidelines what the work should cover.

The question was raised if the reports of the HMP projects could be made available to a wider public apart from the persons having access to the IRC of the HMP committee. Dr. J. Tafforeau inquired further about the issue. The answer of Madame Henriette Chamouillet (SANCO) is as follows:

"Yes, as the reports do not reflect the Commission's position but only the results of various working groups, everyone is invited to disseminate the reports as they think."

The tentative titles of four subprojects proposed so far are as follows:

- Subproject 1 – United Kingdom: Paola Primatesta and Michael Marmot: Comparison of HIS/HES data: Health-related quality of life and cardiovascular risk.
- Subproject 2 – Finland: Ulla-Sisko Lehto-Järnstedt and Arpo Aromaa: Standardized questionnaires on mental health and well being issues in health interview/examination surveys (HIS/HES)
- Subproject 3 – Finland: Päivikki Koponen and Arpo Aromaa: How to increase representativeness and motivate participation in HIS/HES?
- Subproject 4 – Portugal: Carlos Matias Dias: Methodological considerations of the inclusion of institutionalized people in HIS/HES

4. Ideas and approaches on subprojects

Ideas and approaches coming up during a brainstorming session can be summarized as follows:

1. Good epidemiology practices, GEP.
Dr. Bärbel Kurth (former Bellach) will send the material she has available in Germany to Dr. P. Primatesta.
2. Representativeness in the population (how good are the samples for their purpose/s?).
Dr. Päivikki Koponen will carry out subproject 3, focusing on representativeness, in spring 2002. Dr. Carlos Matias Dias will focus on institutionalized people in subproject 4.
3. Prof Arpo Aromaa will check the ECHI list.
4. HIS/HES comparison.
Italy will collaborate with M. Marmot & P. Primatesta.
5. Quality control.
KTL will further develop this subproject.
6. Overview of results in decision making.
7. Topic specific subjects:

5. Anticipated products of HIS and HIS/HES

Discussion about the **final report** of the project took place.

The report should include information on:

- the updated situation of the surveys,
- the theoretical backgrounds of the surveys,
- what can be derived from and is beneficial in HIS and HIS/HES surveys, and
- what important indicators can be obtainable from ECHI.

In addition, recommendations on how to improve the existing instruments and recommendations on some of the topics will be given.

6. Agreed tasks for the participants

The minutes of the current core group meeting should be distributed to those members not present. By end of June, those not present in this meeting should be informed, and some answer received. Work with the subprojects will start by preparing a draft protocol (e.g., 2 sheets). Each subproject should be able to present plans and some result in September 2002 (Plenary meeting). The subprojects should start as soon as possible. List of the proposed subprojects should be circulated to all members to see if there are further suggestions.

Due to the limited participation rate in the meeting of HIS members, the subprojects proposals were left to be developed further. It was decided that subproject groups will develop their plans further and, afterward, the protocols will be attached to the minutes. At the moment, final protocols are not available.

7. Next meetings

Next meeting is by the subprojects, and to be held in October 11. – 12, 2001, in Berlin (organization by Dr. Bärbel Kurth, former Bellach).

Next Core group Meeting will be in March 2002, in Finnish Lapland (KTL will take care of the organization).

Minutes of
The Core Group Meeting
HEALTH SURVEYS IN THE EU:
HIS AND HIS/HES EVALUATIONS AND MODELS
Phase 2

11 – 12 October 2001

Hotel Albrechtshof
Albrechtstrasse 8
Berlin



This project is financially supported by the European Commission

Present:

Dr. Bärbel-Maria Kurth
 Prof. Arpo Aromaa
 Dr. Ulla-Sisko Lehto-Järnstedt
 Dr. Jean Tafforeau
 Dr. Claude Vermeire
 Ms Emmanuelle Cambois
 Prof. Gino Farchi
 Ms Lucie Viet
 Dr. Carlos Matias Dias
 Ms Lidia Gargiulo
 Ms Luciana Quattrociocchi

Absent with apologies:

Dr. Päivikki Koponen
 Dr. Jaap Seidell (represented by Lucie Viet)
 Ms Christianne Hupkens
 Mr Henk Swinkels
 Dr. Paola Primatesta
 Dr. Susanna Conti
 Dr V Buratta, replaced by Ms Lidia Gargiulo

1. The new Public Health Programme of EU - Developments within the HM Programme (Jean Tafforeau and Arpo Aromaa)

The new EU Public Health Programme

The Commission's proposal to the Parliament is currently being negotiated. It was expected that negotiations would be finalized during the autumn so that the new programme would commence in January 2002. According to the proposal there will be three lines (strands) of action: health information/monitoring, rapid reaction/infectious diseases, and health promotion. The funding for health monitoring is likely to increase considerably. No decisions concerning the structural arrangements needed to implement health monitoring have been made. However, one strong alternative is a health observatory.

The current HMP programme has temporarily been extended until end 2002 in order to avoid that several subprogrammes would not have continued.

The health monitoring programme consists of a large number of projects parallel to the HIS/HES project. It is important that there is sufficient coordination and that the results of relevant ones are taken on board of the HIS/HES project. Examples mentioned were the projects dealing with mental health, risk factors, cardiovascular diseases, diabetes and musculoskeletal diseases. In particular, the recommendations of such projects should be included in the final report and in the database, when feasible.

History and tasks of the project HEALTH SURVEYS IN THE EU: HIS AND HIS/HES EVALUATIONS AND MODELS

Phase 1

In phase 1 of the project, conducted by CBS, The Netherlands and KTL, Finland, the products were: The database and two reports:

Hupkens C, Swinkels H. Health Interview Surveys in the European Union: Overview of Methods and Contents. 2000, Statistics Netherlands.

Koponen P, Aromaa A. Health Examination Surveys (HES). Review of literature and inventory of surveys in the EU/EFTA Member States. 2000, KTL, Finland.

Phase 2

Phase 2 started in early 2001 and will have a duration of 24 months (2001-2002). It is conducted by National Public Health Institute KTL, Finland & Scientific Institute of Public Health IPH, Belgium. A short extension of about six months is to be envisaged.

Overall project aims are to update the review of current methods of HIS, HES and HIS/HES and to develop models, methods and recommendations.

The specific aims of phase 2 are to:

Maintain and develop the health survey data base, add new data and information on existing recommendations and standards, and develop the system for dissemination.

Select, evaluate and recommend methods for use in HES and HIS/HES surveys and for future field testing during phase 3.

The tasks of phase 2 are to :

- update, maintain and develop the data base.
- carry out an inventory of existing recommendations and standards.
- identify, define and evaluate survey indicators and measurement methods for the main health status components required for a system of Community Health Indicators.
- evaluate the validity, comparability and feasibility of the methods used in surveys. Explore some key data obtained.
- select one or two suitable HIS/HES methods for each chosen major health topic.

Final report on phase 2 including interim recommendations for survey methods for some. central Community Health Indicators, and a plan for phase 3.

Expected results of the phase are:

- up-to-date database as well as a plan for a system of continuous up-dating and dissemination
- report on health surveys in Europe and on interim recommendations
- network of experts and national centers.
- detailed plan for phase 3.

2. Updating and maintaining the HIS/HES Database (Claudine Vermeire)

The HIS/HES database has been developed further by Scientific Institute of Public Health (IPH), Brussels. See Annex III: IPH Progress Report on development of the database May-September 2001. The database has been improved substantially; the current version by IPH differs from the version completed during phase 1 by Central Bureau Statistics (CBS), Netherlands. Several changes and improvements have taken place.

HIS/HES Database

Networking:

Each of the member states have been contacted in order to identify recent health surveys that have been implemented as well as future plans of implementation; this allowed to estimate the number of new surveys to be entered in the database and measure the workload related to this task.

One should try to have at least one survey in the database for each member state.

Each of the information providers in charge of a health survey in the database has received (or will receive in the near future) a copy of the information provided, has been requested to verify this information and to send to IPH in Brussels the corrections when needed

Structure and content of the database:

There is a problem of diagnostic mental health questionnaires: the list of questions should be included in the HES part of the database. The list of contact persons for each of the specific survey has been developed as a separate module and updated.

It is now possible to have an overview of a whole questionnaire at once (rather than one question at a time). At the level of the individual question a standard layout has been applied for the presentation of each of the more than 5000 questions already included in the database.

A request has been formulated to split the disability items in several categories (mobility, eating, bathing, ...); see Euroreves I report for the specific categories.

Documentation to be prepared about of the database:

How to install the database

How to use it

How to avoid the read only problem

How has the translation in English been done

Update the database:

Person in charge of a specific survey can be different of the person in charge of the institute; keep the two information in the database and update it regularly by contacting the institute/person once/twice a year.

For surveys that are regularly repeated, keep information for each version because when there are changes in the content of the questionnaires or in the methods; if there are no significant or minor changes, keep only the most recent version of the survey.

Surveys implemented before 1997 will not be included in the inventory (except for the few who are already in the database), except if there is a good reason to do so.

Several recent surveys implemented between 1997 and 2000 are not included in the database yet; this will be a priority for the coming months.

New surveys implemented in 2001 will also possibly be included in the database.

For surveys to be implemented in 2002, try to get the useful information (methods, questionnaires) but it is not a priority to enter these in the database.

Recommended instruments:

The recommended instruments should be included in the inventory of surveys (under a fictive survey name). Priority should be given when searching for recommended instruments, to those areas covered by the ECHI report. The source of the recommendation should be mentioned in the database.

The main purpose here is to show the recommended instruments, and not necessarily to make recommendations nor to judge the quality of the recommendation.

Examples of sources of recommendations are: WHO, Rose and Blackburn, Blue Book, EuroHis, HMP programs,

Use of the database:

Very useful to have both national and English languages on same screen.

Make it usable even by people not knowing anything about access: consultation of the database and search for specific information should be possible through a menu easy to use.

Continuity of the database:

In order to ensure the continuity of the database, all the procedures to be followed to enter a new survey in the database should be clearly documented.

The training of the persons in charge of maintaining the database should be performed in order to ensure a smooth transition.

The continuity of the database cannot be ensured in the long term if it is dependent of the financing of a project.

Surveys of living conditions:

Socio-economic parameters should be measured in relation to health; these parameters should consequently also be standardized to allow comparative analysis between member states.

All the questions of a health survey should be included in the database (including socio-economic parameters).

In regard of other surveys such as surveys of living conditions, only the health related questions should be included in the database.

Distribution of the database:

The second version of the database will be released early 2002 on CD Rom.

IPH will prepare a distribution list to be circulated among core group members for approval.

The database will also be made available (to be downloaded) on Internet sites (IPH, KTL, EU); the number of downloads will be counted.

In the future the database will be made directly available through Internet; there will be only one Internet site where the database will be continuously updated.

Methodology:

Some HIS/HES subprojects will deal with methodological issues. Inquiries about that topic sent to member states will be coordinated.

Eastern European countries:

Eurostat launched a call of interest in order to include eastern European countries in the inventory of the health interview surveys.

However, the translation process may be difficult; experts from eastern European countries should take care of it. We could also train them in how to incorporate new information into the database.

WHO Copenhagen (Nossikov) should be contacted to investigate if they are willing to cooperate.

Other countries:

Health Interview Surveys from Canada, USA and Australia should be included in the database.

3. General introduction to project and workplan of subprojects (J Tafforeau and A Aromaa)

Four protocols for subprojects exist and all were presented at the meeting:

1. **Paola Primatesta, Michael Marmot: Comparison of HIS/HES data: Health-related quality of life and cardiovascular risk**

Collaboration:

Data from the Health Survey for England (HIS/HES survey), from the German National Health Interview and Examination Survey, the Italian HIS ('Health Conditions and the Use of Health Services'), and the Dutch database of Regenboog will be included. Joint analyses will be carried out. Members of the HIS/HES core group: Dr. B Kurth from the Robert Koch Institute in Berlin, Germany; Prof G Farchi from Istituto Superiore di Sanita in Rome, Italy (in collaboration with the ISTAT who carries out the survey); Dr. Lucie Viet for the National Institute of Public Health and Environment in Bilthoven, the Netherlands will provide the data and collaborate with the co-ordinating center.

Purpose:

To compare HIS and HES survey results and compare results of 3 or 4 countries as far as cardiovascular risk factors, subjective health and quality of life (measured by SF-36) are concerned.

Resources needed:

The management and analysis of this data will be carried out at the coordinating center, Department of Epidemiology & Public Health, UCL, UK. Ideally, this project would need a researcher full-time for 6 months. It is expected that the HIS/HES project funds will contribute to this study by financing at least one researcher full-time equivalent for 2 months at UCL, plus secretarial support. The cost estimate is 15,400 Euros.

In addition to these costs, at least one meeting will be organized between the partners in London in November 2001, to discuss details of the project and transfer of data. Continuous contacts between the coordinators and participating members of this subproject will be kept by e-mail, as well as in meetings back-to-back with the core group meetings.

External experts will be consulted; authors propose N Aaronson (from the IQOLA Project) and C Murray (Director, Global Programme on Evidence for Health Policy, WHO Geneva).
Project Plan in Annex IV

2. **Ulla-Sisko Lehto-Järnstedt and Arpo Aromaa: Measurement of mental health issues in HIS/HES**

Contents and Collaboration:

The aim of the project is to describe the use of and to evaluate the quality and comparability of the measures on mental health issues in health interview/examination surveys (HIS/HES). The specific aims are

1. description of the use of validated measures in HIS/HES surveys,

2. evaluation of characteristics of the measurement and measures, and
3. giving recommendations on proper measurement of mental health issues in HIS/HES, especially with aim to improve their international comparability.

Following groups of instruments are considered:

Diagnostic mental health measures

Composite International Diagnostic Interview (CIDI) package

Psychological measures used to detect psychiatric disorders

General mental health questionnaires

Symptom Check-List-90 (SCL-90) and Brief Symptom Inventory (BSI)

General Health Questionnaire (GHQ)

Depression measures

The Center for Epidemiological Studies Depression Scale (CES-D)

Beck Depression Inventory (BDI)

Self-Rating Depression scale (SDS)

Hamilton Rating Scale for Depression (HRDS)

Quality of life measures

WHOQOL

The Short-Form Health Survey (SF-36)

The EuroQol quality of life scale

Other measures

Contacts will be established with The World Mental Health 2000 by WHO (EURO region), EuroHis, Health Monitoring project on mental health, Euro-REVES (Database Sigmund), World Health Organization Quality of Life Group (WHOQOL), The International Quality of Life Assessment (IQOLA) Project and The International Consortium in Psychiatric Epidemiology (ICPE) on the CIDI measure.

The project will consider the methodology of measurement on mental health: it will aim to give recommendations on aspects to take into consideration in measuring mental health related issues in HIS/HES surveys.

The coordinator of the project is Dr. Ulla-Sisko Lehto-Järnstedt, Department of Health and Disability, National Public Health Institute KTL, Finland, with the collaboration of Prof. Arpo Aromaa, Head of Department. During the project, comments will be invited from core group members. Psychometrical expertise (2 – 3 experts) will be invited. The project and results will be discussed and presented in a workshop (in the core group meeting in March 2002).

Project Plan in Annex V.

3. Päivikki Koponen and Arpo Aromaa: How to increase representative ness and motivate participation in national HIS/HES - Review of the literature, European survey experiences and recommendations

Contents and Collaboration:

The project will cover :

1. Current health surveys (description of included surveys, sampling frames and samples, participation rates, and methods and implementation),
2. Potential selection bias and non-participation,
3. Methods used to approach and contact subjects,
4. Follow up of non-responders,
5. Efficacy of design and implementation features and methods used to improve representative ness and to reduce non-participation,
6. Country-specific features affecting sample selection and participation and
7. Conclusions and recommendations.

The coordinator of the project is Dr. Päivikki Koponen, Department of Health and Disability, National Public Health Institute KTL, Finland, with the collaboration of Prof Arpo Aromaa, Head of Department. The project will collaborate closely with Dr. Dias, Portugal (see the next subproject) and Dr. C. Vermeire (IPH, Brussels), to avoid repeated requests to Member States.

Resources needed:

Some funds will be reserved to cover the costs of, e.g., invited experts.

Project Plan in Annex VI

4. Carlos Matias Dias: Methodological considerations for the inclusion of institutionalized people in HIS/HES

Contents and Collaboration:

The aims of this subproject are :

1. to compare the methods of health data collection in persons living in institutions; one of the first steps will be the definition of 'institution',
2. to identify adaptations made to the survey protocols, for the specific purpose of health data collection of people in institutions,
3. to compare response rates and key indicators obtained through HIS/HES conducted in institutions in the EU countries,
4. to produce a set of recommendations to be taken in consideration by Member States when conducting Health Interview Survey or Health Examination Survey data collection in institutions.

The subproject is a partnership between INSA (National Institute of Health – Portugal) and KTL. The coordinator of the subproject is Dr. Carlos Matias Dias, INSA who will collaborate with Dr. Päivikki Koponen, KTL.

Resources needed:

The subproject needs 1 researcher full time for 6 months. The involved task is the draft of a systematic review on the subject and the comparison of data from participating surveys. The need for funds from the HIS/HES project and the possibility of obtaining additional funding are being investigated.

One meeting back to back with the core group meetings will take place at the end of each of the four phases. The coordinator plans that one "independent" meeting will take place possibly in Lisbon at the end of the first phase. Meetings will cause additional costs. Other costs will be translation of available documentation in some of the EU languages, and mailing and telephone costs.

Project Plan in Annex VII

4. Planning the final report of the whole project (A Aromaa)

The structure and contents of the final report were discussed on the basis of the presentation by prof. Aromaa. Particular attention was paid to the contribution of the subprojects. The main objective is to indicate how to carry out good surveys in the future and how to improve the existing ones. This will be the 'fil rouge' of the report.

Provisional contents of the phase 2 final report are:

1. Introduction

2. Summary of phase 1: aims and results

3. Aims and execution of phase 2

Aims
Work plan
Participants and organizations
Time schedule and events

4. How to improve quality and comparability of national HIS/HES: methodological considerations and recommendations

Introduction
Implementation and quality control
- Population samples
- Institutional populations
- Implementation and participation
- Quality control and standardization
Measurement methods and recommendations
- Concept and indicator 1
- Concept and indicator 2
-
- Concept and indicator N
Comparability of findings of current HIS/HES with particular reference to HES
Development of current HIS/HES to improve validity and comparability

5. Models of HIS/HES of varying intensity and cost

6. Development and distribution of the database

Development
New version of the database: contents and technical notes
Current availability
Proposals for future up-dating and distribution

7. Conclusions

8. Recommendations

Database development and distribution
Implementation and methods of HIS/HES and HES
Future R&D work

5. Quality control in field surveys: available methods and practical possibilities (Aromaa)

An outline of factors influencing quality (validity, reliability) and possibilities to improve quality of field work of surveys are presented in Annex VII. Implementation of quality control and practical possibilities to improve comparability were discussed. The topic will be taken up at future meetings and includes: good survey methods, similar design, standardized implementation, reference laboratory, ...

6. Future work

Expected duration of phase 2 is 24 months (ending at 31.12.2002), with possible extension.

Meetings

Two further meetings will be held: a core group meeting is planned to be held in March 2002, in Finnish Lapland. Venue of the fourth, final, meeting (core group and all MS meeting) will be determined (to be held end 2002).

Work of the subprojects

By end of October (2001), persons in charge of the subprojects send to KTL a brief document containing the work plan, timetable and budget for the subproject. For each subproject the maximum allowance corresponds to a researcher for 60 days/ 3 months (210 euros) and a secretary for 20 days/ 1 month (140 euros). In addition, necessarily travel expenses may be charged. The deadline to finish the subprojects is October 2002. Contracts should be signed by the end of December 2001.

Minutes of
The Core Group Meeting
**HEALTH SURVEYS IN THE EU:
HIS AND HIS/HES EVALUATIONS AND MODELS**
Phase 2

Core Group Meeting in 3 – 5 March 2002

Hotel Riekonlinna
Saariselkä
Finland



This project is financially supported by the European Commission

Present:

Bärbel-Maria Kurth
 Jean Tafforeau
 Claude Vermeire
 Emmanuelle Cambois
 Gino Farchi
 Paola Primatesta
 Lucie Viet
 Lidia Gargiulo
 Luciana Quattrocioni
 Arpo Aromaa
 Ulla-Sisko Lehto-Järnstedt
 Päivikki Koponen

Absent with apologies:

Carlos Matias Dias
 Christianne Hupkens
 Henriette Chamouillet
 Jaap van den Berg

The HIS/HES project and the HMP: past, present and future (Arpo Aromaa + Jean Tafforeau)

Arpo Aromaa reported on the development of the new Community Programme on Public Health. A concept paper on Health information and knowledge system has been published (see Annex 4). The Commission paper about the new Public Health Programme suggests that an European health survey will be carried out: based on Eurobarometer or on EuroHis.

Jean Tafforeau reported on the last HMP Committee meeting in February. A final evaluation of the whole programme will be carried out in the coming months. The EUPHIN system is covering three parts: 1) infectious diseases (early warning system), 2) accidents, and 3) general health information (e.g. mortality data). The system is still under testing phase for the health information section (access to the European intranet system is difficult). It has been acknowledged that dissemination of information from all HMP projects financed during the 5-year period should be improved. There are still 10-20 ongoing projects under HMP. Creating a PH institute and/or networking of national institutes has been discussed to manage the future Programme on Public Health.

In the discussion it was suggested that the HIS/HES group should also make recommendations on the use of information by administration and policy makers. The overlap and lack of communication between projects was also discussed. Some information resembling parts of the HIS/HES database has been collected by other projects.

The HIS/HES project is supposed to be finished by September 1st 2002 but an extension will be asked until end February 2003.

Definition of some outcomes and results to be included into the database

The new version of the database was delivered to the participants. The status of the current version of the HIS/HES database and needs for future development of the database were briefly discussed: about 30% of the new surveys (HIS) have been included in the database, no major problems have been seen in the development. The new version of the database (CD-rom) has been distributed to 140 institutions (see IPH progress report, annex III). The participants were asked to inform IPH if there are more persons/institutions who should receive a copy. It was agreed that the HES data also need updating. Päivikki Koponen at KTL will be responsible for this.

Products of the project with time-table

The products of the HIS/HES project will include the final report, the reports of the subprojects, and the updated database.

It was agreed that other information than actual HIS/HES data (e.g. recommended instruments, review of instruments) will be entered in the database with notes including information of the source and status of the information (e.g. under evaluation). The recommendations will be derived from the general literature and from other HMP projects (e.g. REVES, EHRM). Exchange of information between the projects will be needed as well as an extensive review of the HMP projects reports that could be of interest.

It was agreed that an extension for the phase 2 of the HIS/HES project will be asked from the Commission. The current phase of the project will be finalised at the end of February 2003. The subproject reports should be ready by the end of November 2002 to be incorporated in the final report. The final version of the HIS data in the database will be ready at IPH by October. After this updated HES data will be entered in the database by December (in October/November in collaboration between IPH and KTL). The first drafts of the final report will be ready by January 2003, and this report will be finalised by the end of February together with a proposal for the third phase of the HIS/HES project. The database will be available in website in January 2003.

Provisional contents of the final report were presented and discussed. The results of the subprojects will be covered under the suggested headings (see annex V). E.g. results on representativeness and on the inclusion of institutionalised persons can be covered under heading no. 4.4. (Implementation and quality control), and the results on mental health measurement can be covered under heading 4.5. (Indicators and measurement: mental health as one of the concept items). Recommended instruments (heading 4.6.) will be derived from other projects and from the literature and briefly presented and commented in the HIS/HES report. The SF-36 subproject will be reported under an independent sub-heading.

Workshops on subprojects

SF-36 project (Paola Primatesta and the group)

The aim of this subproject is to compare HIS and HES survey results and compare results of 3 or 4 countries as far as cardiovascular risk factors, subjective health and quality of life (measured by SF-36) are concerned. A meeting on this subproject has been held in London in December 2001. Data from the Health Survey for England 96 (HIS/HES), from the German National Health Interview and Examination Survey 98 (HIS/HES) the Italian HIS 1999-2000 (Health Conditions and the Use of Health Services') and the Dutch database of Regenboog (HIS/HES) have been collected. Variables included in the combined dataset are e.g. age, sex, occupation (blue/white collar), SF-36 scores, hypertension (BP) and obesity (height, weight, BMI) as self reports and as measured. Paola Primatesta presented some preliminary results (unadjusted means from the UK and the German data). The SF 36 will be used as an example of HIS data, hypertension and obesity as examples of HES data.

It was agreed that the actual findings obtained by measurements are not as important as the methodology of combining data. The main interest is to study how to merge health data (HIS and HES, and between countries). Profession has been used as sosio-economic indicator but it was recommended to use education as well as constructing a score with same proportion of the population in each country in each category. Questions were raised if SF36 is useful to measure mental health; it was suggested to use the total SF36 score as well as the sub-scores. Questions were also raised about the standardization of blood pressure measurements between countries.

The conclusion of this subproject will not put too much emphasis on the gap between HIS and HES measurements because the objectives are different: HIS is more aiming at measuring the burden of

diseases. Correlation between HIS and HES measurements is quite good for some specific diseases and not satisfying for others.

Mental health project (Ulla-Sisko Lehto-Järnstedt)

The aim of the project is to describe the use of and to evaluate the quality and comparability of the measurement on mental health issues in national comprehensive HIS and HES surveys in EU and EFTA countries. The specific aims are 1) Description of the use of mental health measurement in the surveys: which measures have been used, in which surveys, and why. 2) Evaluation of characteristics of the measurement and measures: level of validation of the measures, reported psychometric properties, international vs. national validation, recommended area for application, use of adapted vs. original versions of the measures and application of the measures. 3) Give recommendations on the principles of proper measurement of mental health issues in national health surveys, with the aim to enhance their international comparability (recommendations on the type of measurement and measures suitable for use in HIS and HES surveys and include these into the HIS/HES database).

The definition and research area of 'mental health' was discussed in the context of division of health into physical, psychological and social dimensions. The newest definitions of the area by WHO were presented. The principles of psychometric and diagnostic measurement of mental health were briefly reviewed. The year 2001 version of the database has been the source of the study material (relevant HIS and HIS/HES surveys, mental health and quality of life instruments used in these surveys and contact persons of the surveys). The search was completed by a questionnaire mailed to the persons in charge of the mental health section. The last questionnaires will be returned within the next few weeks. The report is in writing and contains methodological aspects on measurement of mental health and quality of life issues (Chapters 3 and 4), describes the current use of mental health and quality of life measures in HIS and HES (Chapter 5), and contains recommendations for mental health measurement in national health surveys (Chapter 6). The subproject will be finalized by the end of May.

Problems concerning the replacement of mental health measures in the database were discussed. It was also discussed whether (mental health) specific surveys should at all be included in the HIS/HES database, such as the psychiatric morbidity survey of UK. In the current version of the database, mental health and quality of life instruments are not placed in the HIS or in the HES part in a coherent way. Psychometric instruments shall all be included in the HIS part to ensure their identification, whereas diagnostic mental health measures (i.e., only the CIDI instrument) should be included in the HES part. At the moment, same psychometric measures may be indicated in the HIS or in the HES part without any coherence, or are indicated in both parts, or are not indicated at all. There is a need to develop the database concerning mental health measurement, and the specific development tasks will be defined by this subproject. Other projects working on mental health measurement shall be mentioned in the report. It was not clear to the participants of this meeting if the Euro-His project will make recommendations in the field of mental health.

Inclusion of institutionalised people (Carlos Matias Dias)

Dr Carlos Matias Dias was not able to participate in this meeting. He wanted to inform the HIS/HES group that this subproject has the objective to contribute to knowledge on health data collection through HIS and/or HES on people living in institutions. A short list of questions on this subject has been included in the recent questionnaire sent by the IPH to all the institutions who started a new HIS survey. Some information may also be collected during the update of HES data (in collaboration with Päivikki Koponen). The results of this subproject could also be included in the new version of the database.

Increasing representativeness in HIS/HES (Päivikki Koponen)

This subproject will be launched in March 2002. The aim is to see if differences in participation rates can be explained e.g. by different procedures during sampling and fieldwork. It will be acknowledged that representativeness of sampling and participation are also linked to ethical questions and to quality control. It was agreed that detailed information on sampling and fieldwork procedures will be gathered from a limited number of the surveys included in the database. E.g. reports on sampling, invitation letters, information given to subjects etc. will be collected and compared. This information will be collected from the Italian and the Belgian HIS and the HIS/HES in the Netherlands, UK (England), Finland and Germany. Päivikki Koponen will send a questionnaire and a detailed request of information to the core group members in April/May. This information will be collected in connection to the update of HES-information.

Roundtable discussion on standardisation and quality control

Quality control in different surveys was discussed. This concerns different phases of the survey: development of methods and instruments, sampling (sample selection), fieldwork and data analysis. E.g. in Germany general national recommendations for epidemiological studies are followed, including internal and external observation during fieldwork, quality control of data (repeated measurements etc.) and quality control of statistical analysis.

It was agreed that quality control methods could be described in more detail in the database. Common procedures for quality control could and should be promoted (during the planning stage and pilots before the survey, during fieldwork and during analysis). In the current HIS/HES project the focus is on quality control during the data collection phase.

Brief information on quality control will be presented in the database and more information will be included in the final report. This report will also cover standardisation, e.g. information on what is done to support international comparability and the use of standardised instruments. In the discussion it was noted that even though the surveys use same questions the results may not be comparable e.g. if one country allows proxies and the others not.

Dr Farchi presented new results concerning the HIS and the HES data from the Italian HIS/HES pilot conducted in Florence in 2001. Corresponding comparison of prevalence information based on HIS and on HES is also available in Finland and in Germany. This information may be included in the final HIS/HES report. However, it was pointed out that several issues have an impact on the differences in prevalence based on HIS and on HES. They should not be reported as a question on which gives better information on prevalence, HIS or HES.

Standardization and comparability of different surveys were discussed. Initiatives in the different members states were described together with the limitation and problems encountered. There are e.g. frequent translation problems and the solution might be to rather translate concepts than exact wordings. Emphasis has to be given to the promotion of comparable instruments.

How to improve the database

See Annex III: IPH - Progress Report February 2002 for more details. Questions were raised about the following topics:

6.1 Availing the Database on the internet/Website development

Possible options are to 1) simply allow a download of the database (from CIRCA and other web sites) with a mailing list to inform users about new versions. 2) Allow Internet consultation of the access database. 3) Allow Internet consultation (and update) using a SQL server application. 4) Use the EC recommendations for Internet based information (Oracle and Coldfusion).

Currently the HIS/HES project does not have the budgetary power (100.000 Euro) to comply with the EC guidelines. KTL will probably be able to avail 9.500 Euro to cover the exercise. IPH will be developing a tender to evaluate possibilities. At the same time Mr Tapani Piha from EC Luxembourg is looking into alternative possibilities using the existing Access Database.

6.2 Coordination IPH and subprojects (Portugal, Finland) has been described under heading 4.

6.3 Coordination IPH-KTL Data entry HIS and HES Data entry

KTL will enter data in November and December 2002. IPH will have finalised data entry by October 2002.

6.4 Extension EC-KTL contract.

An application for a six month contract extension will be submitted by KTL to EC.

6.5 WHO Eurohis pilot study

The pilot phase of Eurohis is finished and results will be discussed in a plenary meeting in July 2002. The results and recommendations will be published in a book. Uptake of recommendations will have to be done after publication of the book (copyright issues).

6.6 Recommended "standardized instruments" to be included in the database

Recommended "standardized instruments" are universally accepted instruments based on authoritative publications.

It was suggested that Prof Arpo Aromaa and Dr. Jean Tafforeau will draw up a list of the recommendations to be incorporated (partly through reviewing the HMP projects as well as the EuroHis). The HIS/HES database will only be providing information on recommendations and will not take any responsibility about the validity of those recommendations. One could even speak about proposed instruments instead of recommended instruments.

6.7 Review topic codes

A working group met in late January to review the disability related questions used in HIS in Europe. Conclusion was that it would be useful to come up with a more systematic classification of disability-items. JM Robine and N. Rasmussen will be solicited to build this classification. J. Tafforeau will meet them during the His Task Force in April 2002. According to the result of that meeting the topic codes related to disability will be adapted in the currently existing database.

Additionally the following topic codes need to be added to the database: mortality, home care/home care- taker, reproductive health (fertility and delivery).

6.8 Uptake of info on the validity of the questions.

It is suggested that when published information is available on the validity of a specific question in a specific country, this information be incorporated into the "remarks" field of the database.

6.9 Inclusion of health questions incorporated in other surveys

The surveys envisaged were population censuses and the Labour Force Surveys. It was agreed to take up the health questions incorporated in the Labour Force Survey as well as in the SILK (previously European community panel). Only few countries have health modules in their censuses and it is thus not too much work to incorporate these in the HIS/HES database (United Nations developed a specific set of health questions to be incorporated in population censuses).

6.10 Concern with copyright of some instruments

One solution would be to submit the problem to the EC's legal services for them to look into the issue and come up with advice; Action: send official letter to the commission. It was discussed if survey questions can be considered to be in the public domain. It should however in any case be clearly mentioned in the database when an instrument is copyrighted.

6.11 Continuity of the programme/project

Prof Arpo Aromaa proposed to develop half a page on this subject, to be incorporated in the Phase III proposal. However a longer-term strategy should be developed more specifically in the view of the new public program: ask a budget to support the maintenance of the database for the long term. Contributions to this can be sought from e.g. WHO and Eurostat: present a solution during the next core group meeting.

In addition, there will probably be a gap before the beginning of the new public health program; one should consequently try to find a bridge funding for that transition period. During the gap period maybe a role could be played in the development of the eastern European Health Surveys Database

Next meetings and further views of the project

A joint meeting with the European Health Risk Monitoring project and the HIS/HES project has been suggested in May-June 2002 in Luxembourg or in Brussels. This will be the plenary meeting of the EHRM-project and the intention is that it also could serve as the plenary meeting for the HIS/HES project (at least to demonstrate the database). Some extra funding from the Commission may be available for this meeting.

The next HIS/HES core group meeting will be held in 28-29 October in Italy or in Brussels.

If the joint meeting with the EHRM-project does not take place, a HIS/HES plenary meeting could be organised in January/February 2003.

Two co-ordinators meetings are budgeted and may be used to finalise the reports.

Some of the budgeted travel expenses may be used to get the database available through Internet. It was suggested that the plenary meeting might also be substituted by presentations in European/international public health conferences.



Minutes of Core Group Meeting

HEALTH SURVEYS IN THE EU: HIS AND HIS/HES EVALUATIONS AND MODELS Phase 2

28th-29th October 2002

Fiesole, Italy



This project is financially supported by the European Commission

Present:

Arpo Aromaa	KTL
Susanna Conti	ISS
Gino Farchi	ISS
Lidia Gargiulo	ISTAT
Bärbel Kurth	RKI
Paola Primatesta	UCL
Jean Tafforeau	IPH
Claudine Vermeire	IPH
Lucie Viet	RIVM

Observers and guests:

Sanna Rätty	KTL
Roberta Cialesi	RIVM
Eva Buiatti	Agenzia Regionale di Sanità della Toscana
Stefania Arniani	Agenzia Regionale di Sanità della Toscana
Daniela Balzi	Unità di Epidemiologia USL 10 di Firenze

Absent with apologies:

Emmanuelle Cambois/Jean Marie Robine	INSERM
Carlos Matias Dias	Observatoire National de Sante
Christianne Hupkens/Jaap van den Berg	CBS

Experiences from the Pilot HES in Florence city

Dr Eva Buiatti, Director of the Epidemiological Unit of the Agenzia Sanitaria della Toscana (Regional Health Agency) welcomed the participants and presented some experiences from the Pilot HES in Florence city. The pilot was carried out in 2000-2001. Out of about 600 invited people about 70 % took part. The experiences of the pilot were promising. In Italy the regions are responsible for health care and the services differ by region. Dr. Buiatti told that it may be possible that HES will be carried out in the future in some regions, a true national survey may not be feasible. Some input from the government is needed before HES surveys will be launched.

The core group members wanted to know how the relatively high response rate was accomplished. Dr Buiatti told that the nurses employed in the survey made several calls to contact the subjects. The sample was also linked to GP-lists and the GPs signed the invitation letter emphasising the benefits of the examination and motivating participation. Another letter signed by Dr Buiatti was also included in the invitation. A description of the protocols of this pilot survey will be available in english in November and this information can be used in the HIS/HES project's reports. The pilot showed several differences between HIS and HES data (reported and measured diseases). Analyses are being carried out at the ISS.

Report on the workshop on Health Surveys in Europe, Role of Surveys in Health Monitoring

Arpo Aromaa presented the report from the workshop Health Surveys in Europe, Role of Surveys in Health Monitoring, held in Luxembourg 13-14 May 2002; see <http://www.ktl.fi/ehrm/documents/workshop/report.htm>. The workshop was organised as a collaborative effort between the HIS/HES project, the European Health Risk Monitoring project (EHRM), and the European Commission.

One of the main benefits of the workshop was that many people involved with other HMP projects and many representatives from the Candidate countries were informed about current developments and that there was a possibility to share ideas. Some principles and guidelines for organising health surveys were laid down in the discussions during the workshop and these should be taken into account in the final report of the second phase of the HIS/HES project. Among these are the need to harmonise the timing of national surveys, the need to develop ways to achieve higher response rates, and the need to develop quality control during and after surveys.

Summaries of HMP project reports, other recent documents and new survey instruments

Päivikki Koponen, Arpo Aromaa and Jean Tafforeau presented summaries of the reports of the HMP projects and the draft Eurohis report (see Annex III). From these the main conclusions and recommendations related to the HIS/HES project were discussed. Copies of the EHRM, EUROHIS and Mental Health survey instruments were distributed to the core group members.

Concrete guidelines, recommended protocols and instruments for health surveys have been given by the projects and the core group made some comments:

- Set of Mental Health Indicators for EU: the proposals made by this project are very close to the ones of the EuroHis project
- EHRM project; some proposals are already included in the HIS/HES database
- Child Health Indicators of Life and Development: proposals could be included in the database
- European Disability Measurement (EDM): the project demonstrated that there are specific problems in international comparisons. ISTAT will coordinate further work on this area
- European Comparative Alcohol Study (ECAS II)
- Monitoring socio-economic inequalities in health in the EU
- Euro-Reves project
- European Physical Activity Surveillance System (EUPASS) the Gothenburg scale used in Finland as well as the short validated questionnaire used in the Netherlands should be considered
- EUROHIS: the report is still in draft version; several areas are in common with HMP projects with sometimes the same conclusions. Some validation work has been done with few positive results. WHO is already asking the Ministries of Health to use the instruments proposed by the EuroHis project.
 - EuroHis chronic conditions: the list of conditions is not yet totally finalised but final agreement is difficult to reach. Validity of the questions should be tested. An open-ended question besides the list of conditions is definitively needed.
 - EuroHis mental health: interesting developments

- EuroHis alcohol consumption: core questions are acceptable but different from the instruments proposed by ECAS project
- EuroHis physical activity: good principles but poor application
- EuroHis: use of curative medical services: a reasonable compromise, must be modified for national use
- EuroHis medicines consumption: need further work
- EuroHis use of preventive care: need further work
- EuroHis quality of life: WHO 8 questions very interesting, final version is not available yet

Some indicators and instruments are currently being developed by other ongoing HMP projects, e.g. the project on Reproductive Health Indicators in the EU (REPROSTAT).

In the discussion the core group members agreed that in many cases the instruments have not yet been tested and their validity and reliability on the international level has not been fully established. Therefore they should be considered as proposed instruments in developmental phase, not as recommendations as such. More work is obviously needed but many instruments are good first steps in the development towards comparable instruments.

Other HMP projects are relevant for the HIS/HES project even if these are not directly related to health surveys:

- Response conversion illustrates a new post-harmonisation technology, which may be used e.g. to allow common analysis of data from national surveys using different instruments.
- Health Indicators in the European Regions illustrates the need of health indicators applicable to regional level and the need to adapt sample size and data collection methods in national surveys to allow analysis at the regional level.
- Database developed by the project on Methodologies for producing EU-wide comparable disease-specific morbidity data: collaboration with this project is needed.
- Health monitoring in sentinel practice networks: this project has developed an approach with a reference centre that could be replicated for the domain of health surveys.

The full reports from these HMP projects can be obtained from the CIRCA website. It was agreed that if core group members without access to this website want to receive some of these reports, they can contact either Jean Tafforeau or Päivikki Koponen.

Claudine Vermeire presented the E.M.C.D.D.A. model questionnaire on drug use among the general population, which was distributed to the core group members. She will inform Mr Julian Vicente about the feedback from the HIS/HES core group. It was concluded that some of the questions, e.g. on smoking, should follow other standards/recommendations. A minimal set of questions on illicit drug use should be available for use in general population based health surveys as an alternative to this complete questionnaire, which is more feasible for specific surveys on drug use. Also a feasible age-range should be suggested. The core group members did not see any reason to use these questions among the elderly age groups.

The document from Eurostat on “Harmonised results from surveys and/on survey modules on Health” was presented. The four scenarios mentioned in this document should be looked at when making plans for the phase 3 of the HIS/HES project.

Arpo Aromaa presented the draft work plan for the new programme of Community action in the field of public health (2003-2008). The work plan is not finalised and the call for proposals under this programme will most likely be in March 2003, meaning that there will be a time gap in the Commission funding for HMP projects. Large working parties co-ordinating 3-8 projects will be supported and this should also be taken into account when drafting plans for the phase III of the HIS/HES project.

Latest developments within the HIS/HES project

Arpo Aromaa noted that the project has been proceeding well. An extension for the project has been approved by the Commission, and the project shall last to the end of February.

The migration of the database to the Internet is in full development. Several reports from the sub-projects will be available in addition to the final report. It was agreed that special attention should be paid to the dissemination of the reports.

The new HIS/HES project's logo was presented and the core group members agreed that it could be taken into use in the Internet version of the HIS/HES database and for other possible purposes. A designer in Finland has developed the logo and he will also give some further suggestions for the visual outlook of the database.

Presentation of the subprojects

Paola Primatesta presented some results from the **SF-36 project**. One major result of this subproject will be the presentation of the merging of data from different surveys, how it was possible and which problems were encountered. Only a few items could be used, and the Dutch database of Regenboog was dropped from the analysis since the SF-36 was not used. The analysis was done with the data from the Health Survey for England (96), the German National Health Interview and Examination Survey (98) and the Italian HIS (99). Four dimensions of the SF-36/SF-12 were used: physical functioning, general health, vitality and mental health. The analysis shows the results for people in general and for people with hypertension. The crude analysis indicates that people from different countries reported their health differently. After adjusting for age, occupation (white/blue collar) and education people with similar backgrounds seem to be more similar. The core group members agreed that the results of this subproject are important as an example and basis for future pooling and analysis of data from different countries.

Ulla-Sisko Lehto-Järnstedt is currently finalising the report on the subproject "**Mental Health measurement in comprehensive national health surveys**". The table of contents and the abstract were distributed to the core group members. The main conclusion of this subproject is that in the current national HIS and HIS/HES in Europe the measurement of mental health issues was rare with validated instruments, the targets of measurement varied greatly, and methods addressing the targets differed. Thus, currently these surveys offer few data for international comparison.

There is a considerable need to develop the quality and comparability of measurement in the field of mental health and quality of life aspects in national HIS and HIS/HES in EU. The core group members agreed that the other reports from the HMP-projects and the EUROHIS report as well as the conclusions of the Montpellier consensus workshop on Mental Health should be taken into account in more detail in the final version of the report from this subproject.

Päivikki Koponen presented some examples from the results on the subproject **"Representativeness and participation in national HIS and HIS/HES"**. Based on the literature review and analysis of information from sampling and fieldwork procedures in European surveys it is obvious that recruitment and participation remain among the most challenging and underestimated phases in the research process. The efforts made to enhance comparability of survey results through the use of common standardised instruments should be complemented by more attention paid to recruitment issues and potential bias from non-participation. More understanding is needed on willingness and unwillingness to participate in research. The core group members agreed that too much emphasis has been given to instruments and too little on the survey methods and the results of this subproject are important parts of the HIS/HES project's final report. In this also the results on the subproject on the **inclusion of institutionalised people** by Carlos Matias Dias will be important.

Sanna Rätty presented a subproject on **the measurement of physical functioning** in comprehensive national health surveys. The aim of this subproject is to describe methodological aspects of measurement of physical functioning in national HIS and HIS/HES, and to evaluate these from the viewpoint of international comparability and further development of measurement. The final aim is to evaluate how the currently used instruments of physical functioning can be linked to the ICF codes. The core group members pointed out the need to take into account the other HMP projects and the work under the Washington City Group. The main outcome of this subproject could be to serve as an example of using the HIS/HES database to make comparisons of instruments/questions and of linking survey questions to the ICF codes.

Discussion and agreement on the outcomes/products of phase 2

The core group members agreed that it is important to publish and disseminate the results of the project as widely as possible. It was agreed that there will be reports of the subprojects, and summaries of these will be included in the final report. All reports (subprojects and the final report) and the database will be sent to the Commission. These will be available in the CIRCA Internet site of the Commission, but they will also be available on the Internet via KTL and IPH websites: A printed KTL-publication may also be produced. The Commission will be informed that the reports will be disseminated in several ways by the core group members.

As far as the database is concerned so far about 150 CD Rom versions and some 50 zip-files have been distributed. IPH will create a mailing list and a letter or a standard message informing about the website. The mailing list will be sent first to the core group members who are asked to suggest additional names. The core group members are also encouraged to distribute the findings/products in their country through their own mailing lists and using the standard cover letter. A presentation to some key people in Luxembourg was also suggested. The findings and products should also be

presented at national and international meetings, conferences etc. Good dissemination of the database is essential to avoid people starting the same process of inventory again and again.

Discussion and agreement on the contents, editors and responsible authors of each chapter in the final report of phase 2

The core group members agreed on the proposed main contents of the report. Some changes to the headings, structure and content of the chapters were suggested and responsible authors for each chapter were named (see Annex IV). The editors of the report will be Arpo Aromaa, Päivikki Koponen, Jean Tafforeau and Caludine Vermeire.

The evaluation aspect of the report was discussed. The title of the report could be slightly different from the title of the project. It was agreed that an assessment of usefulness and feasibility of various methods and instruments will be reported and the comparability of these instruments will be evaluated. These aims will be defined in the introduction.

Discussion and agreement on main recommendations concerning selected HIS/HES methods

In the chapter 5.4. each sub-chapter will include:

- Description of the current situation in national surveys: how many surveys cover this topic? (statistics from existing surveys in the database); make a distinction between national and international surveys
- Brief evaluation of the comparability of questions/instruments on this topic: are the same questions used?
- Existing recommendations, recent recommendations from HMP projects and from other projects on this topic: a review/summary of recommendations
- Short conclusion on the current situation and on the needs for further development: Are there any recommendations? Are there different recommendations for the same topic? Can the instrument be recommended? This part will deal with practical implications.

The report will focus on topics, which are often covered in national surveys or where previous/recent work has been done under other projects to produce recommendations and common instruments. New topics and items that are currently being developed and/or covered only in most recent surveys will be briefly described. Topics which could be important, which should be covered in the future and/or are not present in the ECHI list will also be mentioned (in chapter 5.5.).

The topics and existing recommendations/recommended/newly developed instruments will be presented in a table. Tentatively it was suggested that for each item the following will be shown in the table:

- 1) statistics about use
- 2) if there are recommendations/recommended instruments (one or several)
- 3) where do these come from (HMP, WHO, other sources)
- 4) Are the recommendations/instruments from different projects/other sources similar or different from each other?

- 5) Is there a description of the conceptual background?
- 6) In which stage of development (testing, validation, translation in different countries)?
- 7) Is the instrument ready for use or is further work needed?

The evaluation will focus on the following:

- What is the theoretical background of the instrument?
- What kind of test results there are?
- Is the instrument ready for use, has it been used in national surveys or does it require further testing and validation, and how long will it take before the instrument is ready for use?

It was agreed that the HIS/HES project can not play the role of subject matter experts, but we can help the experts to show what the current situation is. The HIS/HES project will not give recommendations as such, but rather describe possibilities.

All authors will send to IPH a list of items/topics to search in the database by 15th November. Claudine Vermeire will make a table on the use of items and topics covered in surveys to show how many surveys cover each topic. Claudine will also send to everybody the latest version of the database.

First drafts of the chapters should be ready by the end of December. The text on each item/topic (under chapter 5.4.) should not exceed much more than 1-2 pages.

Discussion and agreement on main recommendations concerning survey models in national and European context

The scenarios presented in the Eurostat document "Harmonised results from surveys and/or survey modules on health" were discussed (Doc. Eurostat/E0/02/DSS/5/3/EN). The core group members agreed that the scenario 4 presented in this paper is most realistic. This allows the continuation of national surveys, which are very important for each Member State, with the inclusion of new standardised modules.

Some core group members were sceptical on the willingness of countries to take on new modules. There may not be possibilities to introduce new questions because of the restricted length of the existing national survey. Most of the proposed standardised modules represent a whole survey. The long term solution could be the implementation of a real European health survey. On the other hand some of the proposed standardised modules are not very different from the currently used questions. An implementation phase could be planned to include one or to standardised modules per each period.

It was agreed that the modules need to be tested and validated in each country before acceptance. It must be proved that they are at least as good as the old instruments currently used. Special pilot studies may be needed with financial support from the Commission. The old national questions and the new European modules need to be used together in one round of surveys before the new modules can be taken into use.

The Eurobarometer could be used for field testing in all the Member States. It can be used to investigate opinions of the European population or to investigate shortly some

specific problems to inform decision makers. It cannot serve the same purpose as the national health surveys. The core group members saw that there may be problems in getting funding for national surveys if political decision makers think that sufficient information can be derived from Eurobarometer.

The proposed year 2006 for the first round of harmonised use of the European modules was questioned because of the time needed for testing and the predetermined national timing of surveys. Questions were raised about the rationale of this proposition. HESs are needed in addition to HISs. Differences between reported and measured health have to be taken into account. The need for regional level data has to be also emphasised.

In addition to Minimum Health Modules, some recommendations need to be made concerning methodology, e.g. minimum sample sizes, participation etc. More attention should also be given to quality assurance and a whole process of quality assurance has to be set up. Even when similar questions/standardised modules are used the results may not be comparable due to several sources of bias. The whole process leading to an European Health Survey System needs to be coordinated by people in charge of national health surveys in the Member States.

Discussion on the HIS/HES Database

Claudine Vermeire presented the IPH progress report (see Annex V-XI). Most data are already entered into the Database. From the total 89 HIS surveys only 6 surveys are currently awaiting entry or under translation, others are ready. Some items have been checked to assess the quality of the information; among these, the response rate of each specific survey was identified as a sensible indicator. France refused to deliver the information for specific surveys.

The ECHI indicators have been used as reference when creating topic codes for the HIS/HES database. The reorganisation of HIS health topics (see Annex IX) was discussed and the core group members agreed to the already introduces changes and the proposed additions: alcohol related problems, attitudes towards health policies, and admissions to hospital without an overnight stay. As far as the classification of “bladder dysfunctions” is concerned, it was suggested to first look at the frequency of the questions related to bladder problems. A high frequency could lead to either the addition of the term impairment to topic code 205 or to the creation of a new health topic “impairment”.

As far as the symmetry between the health topics codes and the ECHI indicators is concerned, some items are missing in the HIS/HES database:

- Energy from food, energy from proteins can not be included in health survey (specific nutritional survey needed)
- consumption of bread/cereals, and consumption of fish can be incorporated in the database; topics will thus be created
- Consumption of calcium, of contaminants can not be included in health survey (specific nutritional survey needed)
- violence can be incorporated in the database; it will be included in a topic “other”

- definition of ECHI indicator “traffic behaviour” is not clear, and further clarifications will be sought prior to making a decision on the need to introduce this item as a health topic.

The question was raised if other surveys than general health surveys should be included in the database; the example is nutritional surveys.

The use of ICF codes was discussed. It was agreed that for the time being the database codes are linked to the ECHI-list and only a link to the macro area of ICF is feasible. More work on the ICF needs to be done in the future and the subproject on physical functioning will serve as a pilot for this.

IPH has received a grant from Eurostat to complete the existing inventory on HIS/HES with information from the candidate countries. This information will be entered into the database. The grant does not cover the possibility to update the database for the western European countries after the end of the current project (phase II). The Eurostat grant covers however part of the cost for developing the website.

Päivikki Koponen presented the new HES topic codes (Annex X) and the new contents of the HES examination forms/pages in the database enabling searching procedures. The core group members agreed that the topic list and the changes in the database were useful. So far 14 HES surveys have been entered and three more can be entered by the end of this year. It was agreed that some major HES surveys outside Europe could be entered into the database: the NHANES from USA, and the Canadian and the Australian surveys.

Some details for the HES measurements in the current version of the database have to be added. Further thought is needed to define which recommendations for HES measurements will be entered into the database. Suggestions from the core group members were welcomed. Feedback from the providers of information on HES will be sought before dissemination in order to verify that the information is correct. The website design for the HES examinations part is under review by KTL. Special funds will be needed to allow the development of this part of the website.

The Internet version of the database - if all goes according to plan - will be available by the end of this year. All data will be entered by the end of January (or February) 2003. Before making the database available on the Internet, all institutions will be contacted and asked to check if the information provided is correct. Registration of the users of the website has been programmed.

Total cost for the website is currently 12 000 Euros for software licence and 25 000 Euros for development.

Discussion on the continuation of the HIS/HES project and agreement on future work

The core group members agreed that work should be continued during a third phase of the HIS/HES project. Funding from the Commission under the new public health programme will be sought. Other sources of financing will be considered, e.g.

Eurostat for the candidate countries, the OECD could partly cover the extension of the database. The following activities were suggested for the third phase:

- Maintenance and further development of the database
- Development of quality assurance systems and methods for health surveys
- Pooling and analysing data from national surveys for specific domains
- Comparisons of HIS and HES data
- Further development of HES
- Further reviews and summaries on content and quality of recommendations/instruments to be used in health surveys
- Networking of experts to co-ordinate health surveys and share experiences
- Coordination of the European health survey system

It was agreed that Jean Tafforeau will make a first draft of the proposal for the third phase of the HIS/HES project and this will be distributed to all core group members for comments. The HIS/HES project could be continued in the form of a working party for health surveys in the framework of the new Public Health Programme of the Commission. Collaboration with the Eurostat Partnership of Health Statistics/Technical Group and Core Group has to be defined.

Future meetings

Possibilities for organising meetings with decision-makers from EU countries, candidate countries and the Commission will be studied. The aim of these meetings would be to inform about the results, conclusions and products of the HIS/HES project (demonstration of the database) and to discuss our views on the role of health surveys in health monitoring. When the results of phase II are available possibilities will be considered to organise a meeting to discuss future activities with representatives from DG-Sanco. If some funds are available to cover travel expenses, the database will be presented at conferences.

Drafts of the final report will be ready by the end of December. An editors meeting for the final report will be held in January, otherwise the work on the report will rely on e-mail contacts.

A further extension for the project may be sought and if this is obtained and if there is money left in the project funds another meeting for the whole core group may be considered. The aim of this meeting would be to finalise the report and to plan the future.

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