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# Note on the harmonisation of SILC and EHIS questions on health

## Introduction

The purpose of this note is to make an overview of problems and comments on the progress in the harmonisation of the questions on health in the European Statistics of Income and Living Condition (SILC) survey[1] with the European Health Interview Survey (EHIS) questions[2]. It describes the existing comparability limitations of the SILC data on health – variables PH010 to PH070 - for the first reference years available (2004-2007). On this basis, revised guidelines for the health questions in SILC has been provided to Member States in October 2007 so that better harmonised SILC data is expected from 2008 reference year onwards.

It has to be underlined that the aim of the harmonisation is neither to change the SILC regulation on primary target variables nor to change the EHIS questions in English as they were developed as the standard in this area and adopted by the Working Group on Public Health Statistics. However it is aimed at having the SILC questions (in English and) in the national languages as far as possible in line with the national EHIS questionnaires translated from the English source version, and at having both SILC and EHIS questions on health fully harmonised among Member States.

Moreover, concerning the MEHM (questions PH010-PH030) a more in depth methodological revision may be necessary in the future, in particular concerning PH030 - the Global Activity Limitation Indicator (GALI) - in order to improve the quality and comparability of the derived indicators on Health Expectancies, in particular the structural indicator Healthy Life Years (HLY, based on the GALI). It is expected that ESTAT and SANCO work in future in close cooperation with the MS to make proposals for this purpose. This analysis shall be carried out on the basis of further research (in particular throught the European Health and Life Expectancy Information System (EHLEIS) project for 2007-2010 and financed by DG SANCO[3]), the first results of the EHIS (data collected in 2007-2009) which includes detailed questions allowing to assess answers to the MEHM.

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[1] SILC contains the 3 questions of the Minimum European Health Module (MEHM : self-perceived health, chronic conditions, limitations due to health problems, respectively variables PH010, PH020 and PH030 of the SILC), which are also the questions HS.1 to HS.3 of EHIS. It also contains 4 questions on unmet needs of medical or dental examination and their reasons (PH040 to PH070 of SILC). Similar questions to PH040, PH050, PH060 and PH070 of the SILC are included in HC.6, HC.7, HC.14 and HC.15 of the EHIS but on unmet needs of hospitalisation and unmet need of consultation of a specialist.

[2] The EHIS 2007-2008 first round questionnaire, as well as its draft rationale and conceptual cards and guidelines, are available in the public part of Circa: http://forum.europa.eu.int/Public/irc/dsis/Home/main?index

Click on 'Public Health Statistics' -> Library in the menu -> 'Methodologies and data collections' -> 'Health Interview Survey' -> 'European Health Interview Survey (EHIS) 2007-2008 methodology'

[3] See http://www.ehemu.eu/index.php?option=ehleisproject and http://ec.europa.eu/health/ph_information/indicators/lifeyears_en.htm

Concerning the current comparability issues and ongoing improvements for better harmonisation, this note is based on information and analyses provided by the members of the Technical Group on Health Interview Survey Statistics (TG HIS) in March-May 2007 referring to SILC data collections 2004 to 2007. The representatives of TG HIS were asked by unit F5/Eurostat to check the SILC national versions and identify and inform Eurostat on problems with the translation of the health questions compared to the EHIS questionnaire. Furthermore, they were also asked to inform on remaining problems not yet solved. Eurostat recommended them to contact persons responsible for the national SILC in order to try to work out solutions at the national level.

Eurostat received the national SILC questionnaires (questions on health) from all EU27 Member States, Croatia, Iceland, Norway, Switzerland and Turkey for the period 2004-2007 which were forwarded to TG HIS representatives.
Eurostat obtained comments from the following Member States: **Austria, Belgium, Bulgaria, Cyprus, Czech Republic, Denmark, Estonia, Finland, Hungary, Italy, Ireland, Lithuania, Romania, Slovakia, Slovenia, Spain, Sweden** and **the United Kingdom**. Furthermore unit F5/Eurostat received information from **Croatia, Norway and Switzerland**. However, it has to be underlined that no response was received from the 9 remaining Member States and more generally Eurostat does not know whether corrections were made or are foreseen in the national SILC when they are necessary.

The responses provided by countries show that there are still some corrections (larger or smaller) to be done in the national SILC questionnaire in most of the countries. In some cases the questions were discussed with the counterparts in other Member States with the same official language. For example in the case of **Austria** the questions were discussed with the **German counterparts** responsible for the HIS and the SILC.

## General remarks

Some countries provided comments on more fundamental problems that should still be addressed at the European level. **Czech Republic**, **Hungary** and **Lithuania** postulated to harmonise the questions derived from the variables in the SILC regulation with the English source questionnaire of the EHIS. **Czech Republic** made a very thorough comparative analysis of EHIS and SILC questions (details below).

General comments were made on the answer categories. **Cyprus** and **Hungary** pointed out that in the case of all seven questions SILC does not include answer categories distinguishing “don’t know“ and “refusal“.

It is finally important to draw an attention to the fact that the issue on continuity of time series from national surveys were taken into consideration by some countries - for example **Austria**, **Hungary** and **Lithuania** - in their analysis.

## Question on general health (PH010)

Important comments were made on some differences in the response categories. The main difference relates to the “fair” answer category.

For example, **Belgium** in its analysis pointed out the following differences in French language questionnaires:

- "assez bon" in SILC official recommandations,
- "convenable (ni bon, ni mauvais) " in the SILC Belgium,
- "moyen" in the HIS Belgium,
- "assez bon" in the SILC France 2005,
- "assez bon" in the SILC Luxembourg 2005.

In this context it has to be reminded that in the translation card of the European Health Status module in English, it is clearly said: "Response categories: the intermediate category "fair" should be translated into an appropriately neutral term, as far as possible". Belgium expressed some doubts if the expression "assez bon" is neutral as requested and gave an opinion that the expressions "moyen" or "convenable (ni bon, ni mauvais)" are better. It was suggested in Belgian analysis that the best French translation for the "fair" category would be: "ni bon, ni mauvais".

## Question on the chronic (long-standing) illness or condition (PH020)

There are cases in which the recommendations are not fully implemented. For example in the case of **Austria**, the term "condition" is not translated (only chronic illness) in the SILC question. Austria admitted that it makes a difference when asking only for chronic illness or asking for chronic illness and health problem (the proportion of people having a chronic disease is higher in the national 2006 Health Interview Survey than in SILC). Also, in the **Danish** SILC, the formulation a "chronic or mental illness" can be confusing for the respondent since a mental illness can be also chronic.

**Czech Republic** expressed an opinion that harmonisation and decision on use of the duration period (6 months) should be done on the international level in the original version of SILC as well as EHIS question. Currently the questions can not be considered as comparable due to different concepts and question wordings. The Czech SILC question does not contain the information on long standing character of the health problems, at least not in the question itself. This information is offered to respondents as an example of health problems which could be considered. Disability is not explicitly expressed in the EHIS question, while in the Czech SILC it is. Some other countries refer in this question also to disability (**Finland**), handicap (**Netherlands**) or invalidity (**Romania**). This can cause serious bias in the results. Czech Republic in its analysis proposed to eliminate the word disability as it is too specific and can confuse or influence the respondents and is included neither in the original English EHIS question nor in the SILC variable.

In **Denmark**, those answering "No" to this question are not asked the question on limitations in activities because of health problem while such a filter is proposed neither in the SILC nor in the EHIS methodology.

In **Germany**, the order of the questions PH020 and PH030 was reversed.

## Question on the limitations in activities because of health problem (PH030)

This question refers to the GALI (Global Activity Limitation Indicator), used for the calculation of the HLY indicator (see above).

**Belgium** made some comments on functional limitation in this question. It pointed out that it is far too complicated due to the fact that there are too much concepts included in one single question. As a consequence it is difficult for the interviewee to understand all the components:

- limitation due health problems
- limitations that lasted at least for 6 months
- limitations in comparison with what people usually do.

It referred to French experts of INSEE and DREES (Direction of research and statistics in the French Ministry of Health) claiming that 80% of the persons who have reported elsewhere in the national health survey questionnaire some functional limitations and activity restrictions have reported limitations in the MEHM question. Belgium admitted that this is indeed a good result. Anyway it expressed its opinion that the question is so difficult with all his different components that it will be nearly impossible to harmonise the translation between the 27 Member States and thus to publish comparable results. It was suggested that this question should be divided in two or three shorts and simple questions:

- 1) to what extent have you been limited in activities people usually do
- 2) were you limited because of a health problem
- 3) have you been limited for at least the past 6 months.

**Austria** pointed out that the conceptual card in EHIS does not explain in detail "health problems". Furthermore, the answering categories are different, also in the English versions (EHIS asks for the extent of the limitation, SILC for having a limitation; the second category differs):

- SILC: 1) yes, strongly limited; 2) yes, limited and 3) no, not limited.
- EHIS: 1) severely limited; 2) limited but not severely and 3) not limited.

It recommended that especially with this variable, the concepts (disability, answering categories) and English versions have to be harmonised before the translation.

**Czech Republic** mentioned that there are certain differences between SILC and EHIS versions. From the national SILC version a limitation for the whole period of previous 6 months is not implied. This 6 months period is considered here rather as a reference period, not as the duration of limitations. Without other specification this question could be understood as limitation for a shorter period within these 6 months, which is not covered in the concept of the question. "At least" is missing in the question wording. Czech Republic proposed to use the EHIS wording which implies limitation for the period of at least previous 6 months or longer. A similar problem can be found in other countries such as **Denmark**, **Germany** and **Romania**.

Furthermore, Czech Republic made a comment on activities people usually do – in EU-SILC this aspect is not clear, as the guidelines refer to the respondents own daily activities, which may be adapted and reduced due to health problems. Activities people usually do should be referred here. It proposed to use the EHIS wording which refers to these generally performed activities.

It pointed out that wording of answer categories differs slightly (which is apparent in the English original as well), but the meaning should not differ much to cause serious difficulties. Czech Republic proposed to harmonise this after the final English version is available.

**Hungary** noted that the EHIS question focuses on the extent of the limitation while the SILC question does not even include this word in the question. Consequently, the answer categories are also different, in SILC they start with "Yes" or "No". The second answer category in SILC does not include "but not severely / strongly".

Finally, the **Danish** and **Dutch** SILC have only 2 answer categories (Yes/No) for this question what may limit the reporting of the mild cases of limitations.

## Unmet need for medical/dental examination, treatment (PH040 – PH070)

**Czech Republic** made a comment that the question on unmet need of health care provided by medical specialist is covered by EHIS questionnaire (aimed to supplement the missing items in SILC) and should not be investigated by SILC, which should cover all medical examinations and treatments in general, not only those provided by specialists.

Furthermore, it pointed out that unmet need of medical specialist care (EHIS) is very similar to the SILC question on medical care in general (in English version). However, these questions should be harmonised in English (consultations x treatment, examination, and answer categories)

**Denmark** pointed out that the approach to monitor unmet needs of medical examination of treatment in the national SILC is problematic. The Danish question that corresponds to PH40 asks about needs for specialist/hospital treatment of one way or another within the past year. The following question asks if the respondent actually came under treatment. The way to monitor unmet needs in the national SILC is inadequate and will probably underestimate the true need for examination and treatment.

Finally, the term "really" (needed) is not always translated in national SILC answer categories for questions PH040 and PH060, what means that needs not actually necessary but not satisfied for any reason can be reported. This is in particular the case for **Germany**.

Finally, the order of the answers categories for PH050 and PH070 shall be respected but it was not always the case, what might influence some answers.

## Conclusions

It has to be underlined that the EHIS questions – in English and national language versions – were drafted by health survey specialists and duly tested (cognitive and field tests) in all languages (at least for the MEHM). Consequently the majority of the problems raised above were already faced and discussed during the development of the EHIS and in general the concepts used and wording selected for the EHIS solve these problems (though few problems remain, in particular the question on limitations is still only one question with various dimensions included):

- In PH010 "fair" should be translated into an appropriately neutral term (nor good, nor bad);
- In PH020 only "longstanding" is used, not "chronic", and can be repeated in national language before "illness" and before "health problem", which are both used in the question; the explanation on the 6 months duration can be included in the question (if needed in national language); PH020 shall be asked before PH030 and doesn't filter it;
- PH030 shall refer to activities people usually do and not the daily activities of the interviewee in order to exclude effects of adaptations; the word "severely" is more relevant for limitations than "strongly"; the reference to the past 6 months shall be indicated first in order the respondent consider this time reference which is needed in terms of assessment healthy life and care and dependency issues; though the HLY refer both to sever and non-severe cases, the identification of severe and mild cases separately is important as the most severe cases are also more relevant for care and dependency issues;
- PH040 shall not be limited to specialists but shall concern in general the examination by all medical doctors (GPs, specialists, etc.); otherwise, the magnitude of the problem of access to medical examination, which concerns potentially any type of medical examination, would be underestimated; in addition the problems (reasons for no access) listed in PH050 refer to any doctor in numerous Member States; on the opposite, in order to compare the situation for specialists only, a similar question but limited to specialist is introduced in the EHIS (HC.14 with a question on reasons for no access HC.15 adapted to specialists); finally, in order to ensure that only serious needs are taken into account, it is suggested adding in the question the term "when you really needed …";
- PH050 should refer concerning the first answer category (could not afford to) only to actual case where the person cannot pay (not enough money); in particular it is proposed to refer explicitly to the case where the cost is not covered by the insurance fund in countries with insurance / social security system (can be adapted to the national situation);
- For PH060 and PH070 the same recommendations than for PH040 and PH050 apply.

These recommendations were used in order to prepare the revised guidelines for the health questions in SILC provided to Member States in October 2007 and to be used for 2008 data collection onwards.