EU statistics on income and living conditions (EU-SILC) methodology - self-reported health

Statistics Explained

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Highlights

This article is part of a set of articles describing the methodology applied for the computation of the statistical indicators pertinent to the subject area of Health (degurb_hlth) and also within the overall domain of Population and social statistics - Health (t_health) . For these indicators, the article provides a methodological and practical framework of reference. The indicators relevant to the subject area of self-perceived health and self-reported health concern the following:

- Self-perceived health by sex, age and degree of urbanisation
- People having a long-standing illness or health problem, by sex, age and degree of urbanisation
- Self-perceived long-standing limitations in usual activities due to health problem by sex, age and degree of urbanisation
- Self-reported unmet needs for medical examination by sex, age, detailed reason and degree of urbanisation
- Self-reported unmet needs for dental examination by sex, age, detailed reason and degree of urbanisation

Moreover, since the indicators are of multidimensional structure and can be analysed simultaneously along several dimensions, the separate datasets providing these indicators along with the different combinations of dimensions are also presented.

Description

- The **self-perceived health by sex, age and degree of urbanisation** refers to the share of population aged 16 and over by their self-perceived health in each combination of dimensions .

- **People having a long-standing illness or health problem, by sex, age and degree of urbanisation** refers to the distribution (%) of persons aged 16 and over having a long-standing illness or health problems in each combination of dimensions.

- The **self-perceived long-standing limitations in usual activities due to health problem by sex, age and degree of urbanisation** refers to the distribution (%) of persons aged 16 and over by their self-perceived long-standing limitations in usual activities due to health problems in each combination of dimensions.

- The **self-reported unmet needs for medical examination by sex, age, detailed reason and degree of urbanisation** refers to the distribution (%) of persons aged 16 and over according to their self-reported unmet needs for medical examination in each combination of dimensions.

- The **self-reported unmet needs for dental examination by sex, age, detailed reason and degree of urbanisation** refers to the distribution (%) of persons aged 16 according to their self-reported unmet needs for dental examination in each combination of dimensions.

Statistical population

The statistical population consists of all persons living in private households . Persons living in collective households and in institutions are generally excluded from the target population.

The distribution of population aged 16 and over refers to the all persons aged 16 years and over living in private households. However, the indicators cover different subsets of its statistical population when presented along with different dimensions .

For the aforementioned indicator*People having a long-standing illness or health problem, by sex, age and degree of urbanisation* only people aged 16 and above with self-perceived long-standing illness or health problem are included in its computation.

In any case, people with missing values for any of the different dimensions that the indicators are presented, are excluded from calculations.

Reference period

All indicators are collected and disseminated on an annual basis and refer to the survey year.

The reference period for all dimensions along with the indicators is the survey year, except for age. As far as age is concerned, it refers to the age of the respondent at the end of the income reference period.

Furthermore, for the indicator*Self-perceived long-standing limitations in usual activities due to health problem by sex, age and degree of urbanisation* , limitation refers to the period of at least the past 6 months from the time of interview.

Additionally, for the indicators*Self-reported unmet needs for medical examination by sex, age, detailed reason and degree of urbanisation* and*Self-reported unmet needs for dental examination by sex, age, detailed reason and degree of urbanisation* the unmet need for examination or treatment refers to the period during the last 12 months from the time of interview.

Unit of measurement

The distribution of population aged 16 and over along with the different dimensions with which is disseminated is expressed as a percentage. More precisely, all indicators are available as a percentage broken down by sex, age and degree of urbanisation where few indicators are broken down by additional dimensions , too.

Dimensions

The separate datasets provide each indicator along with the Geopolitical entity and time dimensions and the dimensions presented below.

The distribution of population aged 16 and over, for all indicators, is presented along with the following dimensions:

- age group, sex and degree of urbanisation.

The indicator concerning self-perceived health is presented along with an additional dimension:

- levels of self-perceived health status (very good/good/fair/bad/very bad/very good and good/bad and very bad)

Moreover, the indicator of self-perceived long-standing limitations in usual activities due to health problem is broken down by an additional following dimension:

- levels of activity limitation (some/severe/some and severe/none)

Finally, indicators concerning both self-reported unmet needs for medical examination and unmet needs for dental examination are presented with its own additional dimension:

- reason (too expensive/too far to travel/too expensive or too far to travel or waiting list/no time/no unmet needs to declare/didn't know any good doctor or specialist/waiting list/fear of doctor, hospital, examination or treatment/wanted to wait and see if problem got better on its own/other).

Calculation method

1. Self-perceived health by sex, age and degree of urbanisation:

The self-perceived health broken down by the combinations of dimensions (k)[math]SPH_{at
_k}[/math]

[U+FFFC] is calculated as the percentage of people aged 16 and over in each k over the total sub-population aged 16 and over.

The weight variable used (RES_WGT) is the Weight for the Respondents.

[math]SPH_{at
_k}=
frac{
sum
limits_{
forall i
_k} RES

_WGT_i }{
sum
limits_{
forall i} RES
_WGT_i}
times 100[/math]

No methodological issues pertain to the distribution of population aged 16 and over along with the different combinations of dimensions. However, the measurement of self-perceived health is, by its very nature, subjective. The notion is restricted to an assessment coming from the individual and not from anyone outside that individual, whether an interviewer, health care worker or relative.

Furthermore, self-perceived health is influenced by impressions or opinions from others, but is the result after these impressions have been processed by the individual relative to their own beliefs and attitudes. The reference is to health in general rather than the present state of health, as the question is not intended to measure temporary health problems. It is expected to include the different dimensions of health, i.e. physical, social and emotional function and biomedical signs and symptoms.

2. People having a long-standing illness or health problem, by sex, age and degree of urbanisation:

The distribution of population aged 16 and over broken down by each combination of dimensions (k)[math](LSI
_HP_{at
_k})[/math]

[U+FFFC] is calculated as the percentage of people aged 16 and over having a long-standing illness or health problems in each k.

The weight variable used (RES_WGT) is the Weight for the Respondents.

[math]LSI
_HP_{at
_k}=
frac{
sum
limits_{
forall i
in j
_at
_k} RES
_WGT_i }{
sum
limits_{
forall i
in j} RES
_WGT_i}
times 100[/math]

where j denotes the population, or subset of population , who is having a long-standing illness or health problems (PH020=1).

With regard to the calculation of the indicator people having a long-standing illness or health problem, the following methodological issues should be taken into consideration. For instance, 'chronic' or 'longstanding' is defined according to what is 'best understood' in a country/language. It is intended to ask if people 'have' a chronic condition, not

if they really suffer from it. But it seems that in some countries/languages it would be strange to use the word 'have' and that the verb 'suffer' means the same as 'have'. Moreover, 'health problem' seems not to be understood in some countries/languages and therefore 'illness or condition' is the alternative.

3. Self-perceived long-standing limitations in usual activities due to health problem by sex, age and degree of urbanisation:

The dataset shows the percentages of persons aged 16 and over by their self-perceived long-standing limitations in usual activities due to health problem in each dimension k. Therefore, the weight variable used is the Weight for the Respondents (RES_WGT).

For each class of persons, specified by a combination of dimensions[math]SPLSL_{at
_k}[/math]

is computed as:

[math]SPLSL_{at
_k}=
frac{
sum
limits_{
forall i
_k} RES
_WGT_i }{
sum
limits_{
forall i} RES
_WGT_i}
times 100[/math]

With regard to the calculation of the self-perceived long-standing limitations in usual activities due to health problem, there is no methodological issues. However, the measurement of self-perceived health or long-standing limitations are, by their very nature, subjective. Additionally, to identify existing limitations a reference is necessary. Therefore the activity limitations are assessed against a generally accepted population standard, relative to cultural and social expectations by referring only to activities people usually do.

4. Self-reported unmet needs for medical examination by sex, age, detailed reason and degree of urbanisation :

The dataset shows the percentages of persons based on their self-reported unmet needs for medical examination in each dimension k. Hence, the weight variable used (RES_WGT) is the Weight for the Respondents.

For each class of persons aged 16 and over, specified by a combination of dimensions[math]SR
_UME_{at
_k}[/math]

is computed as:

[math]SR
_UME_{at
_k}=
frac{

sum
limits_{
forall i
_k} RES
_WGT_i }{
sum
limits_{
forall i} RES
_WGT_i}
times 100[/math]

With regard to the calculation of the self-reported unmet needs for medical examination, the following methodological issues should be taken into consideration. For instance, delay in getting care can be treated as unmet need if considered by respondents as important. However, a specification of time reference between emerging the need for the service and the time of having the service is not possible as for different health conditions/problems different time references would be needed. It is up to respondents to consider if the delay was too long and if they consider it as unmet need. More precisely, as all self-perceived questions, this one is also by its very nature, subjective.

5. Self-reported unmet needs for dental examination by sex, age, detailed reason and degree of urbanisation:

The dataset shows the percentages of persons based on their self-reported unmet needs for dental examination in each dimension k. Hence, the weight variable used (RES_WGT) is the Weight for the Respondents.

For each class of persons aged 16 and over, specified by a combination of dimensions[math]SR
_UDE_{at
_k}[/math]

is computed as:

[math]SR
_UDE_{at
_k}=
frac{
sum
limits_{
forall i
_k} RES
_WGT_i }{
sum
limits_{
forall i} RES
_WGT_i}
times 100[/math]

With regard to the calculation of the self-reported unmet needs for dental examination, the following methodological issues should be taken into consideration. For instance, delay in getting care can be treated as unmet need if considered by respondents as important. However, a specification of time reference between emerging the need for the service and the time of having the service is not possible as for different health conditions/problems different time references would be needed. It is up to respondents to consider if the delay was too long and if they consider it as unmet need. More precisely, as all self-perceived questions, this one is also by its very nature, subjective.

Moreover, there are some methodological limitations that pertain to the following dimensions accompanying the indicators: Age, Health status and Degree of urbanisation.

Main concepts used

For the production of the indicators relevant to the subject area of self-reported and self-perceived health, the variables listed below are also involved in computations:

Age (AGE), Weight for the Respondents (RES_WGT) and Degree of Urbanisation (28DEG_URB.29)

SAS program files

SAS programming routines developed for the computation of the EU-SILC health datasets along with the different dimensions, are listed below.

Dataset	SAS program file
Self-perceived health by sex, age and degree of urbanisation (hlth_silc_18)	hlth_silc_18.sas
People having a long-standing illness or health problem, by sex, age and degree of urbanisation (hlth_silc_19)	hlth_silc_19.sas
Self-perceived long-standing limitations in usual activities due to health problem by sex, age and degree of urbanisation (hlth_silc_20)	hlth_silc_20.sas
Self-reported unmet needs for medical examination by sex, age, detailed reason and degree of urbanisation (hlth_silc_21)	hlth_silc_21.sas
Self-reported unmet needs for dental examination by sex, age, detailed reason and degree of urbanisation (hlth_silc_22)	hlth_silc_22.sas

View this article online at
Unmet health care needs statistics
Disability statistics - housing conditions
Living conditions in Europe - poverty and social exclusion

Database

For Health (hlth_silc) see:

Degree of urbanisation (degurb)

Health (degurb_hlth)

or see:

Population and social statistics

Health (hlth)

Dedicated section

Income and living conditions (ilc)

Publications

- *Highly educated men and women likely to live longer - Issue number 24/2010*
- *Health statistics – Atlas on mortality in the European Union*
- *Health in Europe - Data 1998-2003*
- *Quality of life - Facts and views 2015* - *Statistical books*
- *Living conditions in Europe - 2014 Edition* - *Statistical books*
- *Europe in figures - Eurostat yearbook 2012: Living conditions and social protection)*
- *The Social Situation in the European Union 2009* - *Statistical books*
- *The continuity of indicators during the transition between ECHP and EU-SILC*
- *Comparative EU quality reports*
- *Modules: assessment of implementation*

Main tables

- *Health (degurb_hlth)*

Methodology

- *Income and living conditions (ilc)* *(ESMS metadata file — ilc_esms)*
- *Health variables of EU-SILC (htlh)* *(ESMS metadata file — hlth_silc_01_esms)*
- *Operation guidelines*
- *Methodological guidelines and description of EU-SILC target variables*

Publications

- *OECD - Better Life Initiative: Measuring Well-being and Progress*
- *OECD statistics on measuring economic performance and social progress*
- *The social dimension of the EUROPE 2020 strategy - A report of the social protection committee (2011)*
- *Employment and Social Developments in Europe (2013)*

Legislation

- *Regulation 1177/2003 of 16 June 2003 concerning Community statistics on income and living conditions (EU-SILC)*
- *Summaries of EU Legislation: EU statistics on income and living conditions*
- *Regulation 1553/2005 of 7 September 2005 amending Regulation 1177/2003 concerning Community statistics on income and living conditions (EU-SILC)*
- *Regulation 1791/2006 of 20 November 2006 adapting certain Regulations and Decisions in the fields of ... statistics, ..., by reason of the accession of Bulgaria and Romania*