



ANNEX 2

PLENARY MEETING
**HEALTH SURVEYS IN THE EU:
HIS AND HIS/HES EVALUATIONS AND MODELS**

14-15th June 2000

National Public Health Institute
Mannerheimintie 166
Helsinki
Finland

MINUTES OF THE MEETING



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This project is realised in co-operation with the
University of Maastricht, department of Medical Sociology
The Netherlands

Participants (details in Annex 1)

Jaap van den Berg (Chairman Wednesday, Netherlands), Arpo Aromaa (Chairman Thursday, Finland), Emmanuelle Cambois (on behalf of Jean-Marie Robine, France), Carlos Matias Dias (Portugal), Gino Farchi (Italy), Sharon Friel (Ireland), Matthias Halldorsson (Iceland), Susan Kelly (UK), Paola Primatesta (on behalf of Michael Marmot, UK), Niels Rasmussen (Denmark), Susana Sans (Spain), Aris Sissouras (Greece), Birgitta Stegmayr (Sweden), Henk Swinkels (Netherlands), Jean Tafforeau (Belgium), Elfriede Urbas (Austria), Lucie Viet (Netherlands, on behalf of Jaap Seidell), Thomas Ziese (Germany, on behalf of Bärbel Bellach). Observers: Gaetan Lafortune (OECD), Kari Kuulasmaa, Dimitrije Jakovljevic and Hanna Tolonen (Health Risk Monitoring Project/KTL)

Wednesday 14th June**Opening**

Jaap van den Berg opened the meeting and welcomed the participants on behalf of Statistics Netherlands (CBS) and the HIS and HIS/HES project. The following persons were apologised: Henriette Chamouillet from the European Commission, Marleen de Smedt and Jacques Bonte from Eurostat, Prof Guy de Backer and Prof Marcel Kornitzer from Belgium, Dr Alfredo Morabia from Switzerland, Director Yngve Haugstvedt and Ms Jorunn Ramm from Norway.

Arpo Aromaa welcomed the participants on behalf of KTL and briefly presented the KTL organisation, the Finnish health care system, and the national health surveys (HIS and HIS/HES) in Finland.

Outline and developments within the HM-Programme (e.g. ECHI and other relevant projects) and elsewhere (e.g. the WHO Eurohis)

Arpo Aromaa reminded that the new European Community Public Health Framework (2001/2) has just been accepted by the Commission. He described the aims of the European Community Health Indicators (ECHI) project. The objective of the ECHI project is to propose a coherent set of community health indicators, meant to serve health monitoring, selected on the basis of explicit criteria, and supported by all Member States. The objectives of the European health indicator set are to monitor trends, evaluate EU policies and enable international comparisons. The prerequisites and criteria for the indicators are that they should be comprehensive, coherent, taking account of earlier work (WHO, Eurostat, OECD), and covering policy priorities (MS and Community level). The main categories for indicators are: demographic and socioeconomic factors, health status, personal factors (individual risk and protective factors), disease prevention, health protection and health promotion, and health and social services (and social security). HISs and HIS/HESs are needed to provide data on many of the indicators. Some data can already be easily obtained while development, e.g. by the HIS/HES project, is required concerning several other indicators. A draft report of the ECHI project has been released in May 2000 and the final report will be available in November-December 2000.

Jaap van den Berg described the aims and current developments within the WHO Eurohis project. The Eurohis project aims at international harmonisation of population surveys – instruments, methods and data sets. Common instruments are already available for eight indicators (perceived health, temporary disability, long-term disability, mental conditions, smoking, body mass index, breast-feeding and socioeconomic classification). These instruments and other recommendations have been published in 1996. Development was started in 1998 to produce common instruments for chronic physical conditions, alcohol consumption, mental disability, physical activity, consumption of medical services, consumption of medicines, preventive care and quality of life. Draft recommendations for these instruments have been prepared in small groups led by principal investigators. Some of the recommended instruments will be field tested. 2-4 November 2000 a meeting will be held to present the instruments.

In the discussion the participants were reminded that there are also several other ongoing projects, which are relevant from the point of view of developing HIS and HIS/HES methods in Europe, e.g. the EuroReves and other projects under the HMP (e.g. the Health Risk Monitoring Project).

Presentation of the outline and first results of the HIS/HES project.

Päivikki Koponen presented the outline of the project Health Surveys in the EU: HIS and HIS/HES evaluations and models. The project is being carried out in collaboration between CBS, KTL and core groups for HIS and for HES. There have been two previous core group meetings in June 1999 and in October 1999 before this plenary meeting. The project is carried out under the HMP and it is based on the previous inventory of HIS, which is now being updated, and other relevant HIS projects. There are no recent reviews and evaluation of HIS/HES combinations and HES. The main aim of this project is to produce a computerised up to date overview of methods and content of existing and planned HISs, HESs and other population surveys with a significant health component in the MS and EFTA/EEA countries.

Päivikki Koponen presented the material, methods and some results on the inventory of HESs. The participants received a draft report (Annex 3). Material on HESs has been obtained by literature search, personal communication, consultations and posted surveys. So far no contact persons have been appointed or no responses have been received from Austria, France and Greece. Information on these countries as well as some details for surveys in a few other countries are missing and the participants were requested to suggest potential contact persons and to check the information in the report and in the database. The inventory has revealed that national HIS/HESs have been carried out in Finland, Germany, Ireland (examination for a small sub-sample within a national nutrition survey), the Netherlands and the UK (England and Scotland). There are some plans for national HIS/HESs in Italy, Norway, Portugal and France. Regional/local surveys have been carried out in nearly all EU/EFTA MSs, and nearly all countries have also participated in international/multicentre surveys with HES methods. Major HIS/HES outside Europe include e.g. the NHANES survey (USA). Little attention has been paid to the comparability across countries in national HIS/HESs. The inventory revealed a need to develop a standardised or recommended core module for HES and nearly all contacted persons expressed an interest in the development of such a module.

Suggestions on additional surveys which should be included in the report and/or in the database, and other suggested revisions of the draft report were welcomed. Päivikki Koponen noted that the draft report may be biased because of the lack of reports, articles and/or other documents in some countries. The participants were requested to help to overcome these biases by comments. A final version of the report is due by the end of this year. All comments and suggested revisions were welcomed before the end of September.

In the discussion additional surveys were suggested to be included: plans for a new HIS/HES in Canada, and a Swedish national HIS to the elderly population (age 65+) with a HES component. It was also pointed out that in many countries HESs are less frequently carried out than HISs and thus it takes a longer time to implement any recommendations. HESs were considered useful because they facilitate evaluation of reporting biases in HISs (self-reports vs. actual measurements). Other arguments supporting HESs were also discussed, e.g. to develop policies on diet or drug reimbursements based on measured blood lipid levels. Sample sizes in HES were also discussed and it was pointed out that the yearly sample size for HES in the Netherlands is 2000, the smaller sample size mentioned in the report and the database was used in the first year only.

Demonstration of the database.

Henk Swinkels described that the focus of the previous inventory of HIS was in survey methodology, while the focus in this update of surveys is on contents. He listed the aims of the database: identifying health surveys, technical/methodological aspects of the surveys, coverage of health topics and wording of the questions.

Henk Swinkels gave a short demonstration of the database and the participants were given an opportunity to work with the database. The quality of translation of questions in the database was discussed. So far translations received from the contact persons themselves have been accepted. However, during the second phase of the project consideration will be given to the need for additional professional translations.

There were problems with the write protection of the file, and this caused some problems for the participants. It was decided that a new opportunity to work with the database was needed on Thursday morning after the data had been checked.

Thursday 15th June

First the participants worked with the database. Opportunities to make the database available in the Internet and to develop user-friendliness were discussed. The aim of the first phase of the project is to have all data as complete as possible in the database. During phase 2 further steps can be taken to develop user-friendliness and accessibility of the database.

Presentation of plans for the second phase of the project

Arpo Aromaa reminded that some frequently used health indicators can be defined as HIS or as HES domain, but there is an overlap of HIS and HES methods concerning e.g. diagnostic questionnaires and interviews.

Arpo Aromaa presented the plans for phase 2 as stated in the proposal submitted to the Commission in January 2000. The aims of the second phase are 1) to select, evaluate and recommend methods for use in HIS and HIS/HES and for future field testing and development, and 2) to maintain and develop the health survey database, to add new data and recommendations, and to develop dissemination. From the point of view of EU wide applicability the project will aim to evaluate validity, comparability and feasibility of methods used in current national HISs and HIS/HESs and to compare existing data. A few HIS/HES methods for each chosen major health topic will be selected and their scientific background and quality of the methods will be evaluated. The methods will be described and guidelines prepared for their field application. Pilot field applications will be carried out, if feasible. Results of major international projects (e.g. WHO Eurohis, WHO Monica), existing recommendations and other HMP funded projects will be taken into account.

In the discussion concern of overlap between different projects, e.g. with the Eurohis, was raised. It was reminded that there is an overlap of persons in the projects and thus little risk of duplicating efforts. However, clear statements are needed on the focus of indicators/methods. Items that are not previously covered should be identified. The HIS/HES project is and at the second phase it will be more general than other projects and thus support and provide data for use in other topic-specific projects. The validity, specificity and reliability of the methods will be evaluated, and interview and examination data will be compared to find out the best source for data on each indicator.

Working group discussions on the second phase, general discussion and conclusions

The participants were split up into two groups discussing the second phase from the point of view of a) HISs and b) HESs.

The HIS group listed the following tasks and topics for the second phase: testing recommendations, validating translations, cross-cultural validation of instruments, methodological aspects for surveys, maintaining and updating the HIS/HES database, validity analyses of the HIS instruments through HES. The following topics could be chosen for further focus: mental health, dental examination (e.g. from the point of view of ageing and nutrition), functional ability, musculoskeletal disorders, CVD (making use of Monica and other previous projects) and chronic conditions.

The HES group concluded that the second phase of the project should focus on 1) morbidity measurement and prevalence estimation, 2) comparison of HIS and HES data (subjective vs. objective), and 3) evaluation of the general survey design and methodology, e.g. to find ways to get higher response rates for HES. When different surveys are compared, their objectives and background should also be evaluated to see why these surveys were launched.

The following topics were chosen for topic specific subgroups: 1) Discussion on the measurement of functional ability, led by Emmanuelle Cambois, 2) Discussion on CVD, led by Susana Sans, and 3) Discussion on HIS and HES comparisons, led by Paola Primatesta.

Topic specific subgroups to plan phase 2 of the project

Emmanuelle Cambois reported that the first group discussed the need for HES from the point of view of measuring functional limitations in standard environments. The group had agreed that there is a need to study the conceptual frameworks and validity of instruments on functional ability/disability. A lot can be learned from the literature. Both physical and cognitive function should be studied.

Susana Sans reported that the second group discussed the measurement of both CVD risk factors and diseases. First the identification of CVD surveys should be completed to cover all surveys. Second, topics and variables should be identified to cover core items, measurements and recommendations. The Monica centres could act as the corner stones for this work. Third, new items that are not used now should be identified and defined, e.g. psychosocial items (stress) and some biological measurements (glucose, samples stored for future analysis etc), heart failure and sudden death, and relationships between CVD and functional ability/disability. It should be considered whether phase 2 could cover a small study, e.g. a Delphi study to decision makers (at EU and MS level) to identify which topics they need for health monitoring purposes.

Paola Primatesta reported that the third group had discussed the possibilities to make comparisons of HIS and HES data on the basis of what is already available from previous surveys. E.g. the prevalence of diabetes (blood glucose level), hypertension, overweight (BMI), respiratory conditions (lung function) and CVD could be compared based on self-reports (HIS) and on examinations. This analysis could be limited to certain age groups, e.g. the elderly. The analysis could be done by age, gender and socioeconomic status etc. Routine sources of data, e.g. GP-registers, and HIS/HES data could also be compared. Methodological questions should be included to decide which countries can be compared.

General discussion and agreement on future work for the HIS/HES project

In the discussion it was suggested that during phase 2 it should be considered whether the particular health needs of population groups like women, the young and the elderly deserve specific questions. Universal questions may not be sensitive to all population groups.

It was suggested that the project could proceed to the collection and analysis of actual data to see what are the consequences of having methodological differences in the surveys. Standardisation efforts should be focused on new surveys.

Arpo Aromaa described that the contract negotiations with the Commission will be based on the original proposal submitted in January. The final report for phase 1 will be needed before these negotiations. January 2001 seems to be the earliest date for the new contract for phase 2.

Arpo Aromaa concluded that there is a need to elaborate further some of the ideas discussed during this meeting. We need input from all participants to make decisions on the list of topics and the subprojects for phase 2. A new work plan will be drafted by the co-ordinators (KTL & CBS) and the participants will be asked to join the subprojects. There may be a need to invite new people, e.g. experts in topic specific items. The field phase during phase 2 could include something that is close to what is done anyway in the existing surveys.

Comments on the HES report were welcomed. These should be sent to Päivikki Koponen by e-mail, fax or regular mail as soon as possible after this meeting. A new version of the report will be prepared in September-October. In September a complete version of the database will be mailed to the participants and feedback will be requested.

By the end of this year there will be a revised final version of the HES report, a report on the HIS part of the project (an updated version of the 1997 report) and a fully working version of the database. The database will be further developed, improved and extended during the second phase of the project.

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Annex 2

Agenda for the plenary meeting

Wednesday 14th June, Place: KTL

13.30 Welcome, coffee, sandwich

14.00 Opening and presentation of KTL, HIS and HIS/HES in Finland

14.30 Outline and developments within the HM-Programme (e.g. ECHI and other relevant projects) and elsewhere (e.g. the WHO Eurohis)

15.00 Presentation of the outline and first results of the HIS/HES project.
Demonstration of the database.
Discussion and comments

16.00 Coffee break

16.30 An opportunity for the participants to work with the database.

17.30 General discussion on the Database

Thursday 15th June, Place: KTL

9.00 Presentation of plans for the second phase of the project

10.00 Working group discussions on the second phase

11.15 General discussion and conclusions

12.00 Lunch

13.00 Topic specific subgroups to plan phase 2 of the project, led by core group members

14.00 General discussion and agreement on future work for the HIS/HES project

16.00 Closing

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