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Additional information for indicators for which EHIS is preferred (interim) source

This documentation sheet is designed to match the questionnaire of the European Health Interview Survey (EHIS) as it was used in EHIS wave 1. For EHIS wave II, which is envisaged to take place in 2014, the questionnaire is being revised. Therefore, questions underlying ECHI indicators may have changed in wave II compared to wave I, with possible consequences for the adequacy of the current documentation sheet. The ECHIM Core Group recommends that the consequences of this revision, once finalized, will be processed in the documentation sheets for the affected ECHI indicators. Subsequent changes in the documentation sheets will relate to the indicators' definition and calculation.

Most of the ECHI shortlist indicators, for which EHIS data have been appointed as preferred (interim) source, have been placed in the implementation section of the 2012 version of the shortlist. This does not apply to indicators 37. General musculoskeletal pain, 38. Psychological distress and 39. Psychological well-being, however. These indicators are placed in the development section. The reason for this is that in preliminary versions of the revised EHIS questionnaire the questions underlying these indicators were removed. Hence, EHIS wave II will not result in data for these indicators.

The outcomes of the assessment of the results of EHIS wave II may have consequences for assigned status of the ECHI indicators (implementation section, work-in-progress section, development section). This relates for example to the performance of the new instruments applied in wave II for alcohol use, physical activity and mental health; if they do not perform adequately, shifting the related indicators to the work-in-progress section needs to be considered. Like the changes in definitions and calculations due to the revised questionnaire, such changes in indicator status also need to be processed in the relevant documentation sheets.

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ECHIM Indicator name	**B) Health status** 36. Physical and sensory functional limitations
Relevant policy areas	- Healthy ageing, ageing population - Health inequalities (including accessibility of care) - (Preventable) Burden of Disease (BoD) - (Planning of) health care resources
Definition	The percentage of people who declare having physical and sensory functional limitations (concerning seeing, hearing, mobility, speaking, biting/chewing, and agility).
Calculation	Prevalence of physical and sensory functional limitations measured by the European Health Interview Survey (EHIS) instrument derived from the following questions PL.1-PL.11: PL1. Do you wear glasses or contract lenses? (Yes / No / I am blind cannot see) PL2: Can you see newspaper print? PL3: Can you see the face of someone 4 metres away (across a road)? PL4: Do you wear a hearing aid? (Yes / No / I am profoundly deaf) PL5: Can you hear what is said in a conversation with several people PL6: Can you walk 500 metres on a flat terrain without a stick or other walking aid or assistance? PL7: Can you walk up and down a flight of stairs without a stick, other walking aid, assistance or using a banister? PL8: Can you bend and kneel down without any aid or assistance? PL9: Using your arms, can you carry a shopping bag weighting 5 kilos for at least 10 metres without any aid or assistance? PL10: Can you use your fingers to grasp or handle a small object like a pen without any aids? PL11: Can you bite and chew on hard foods such as firm apple without any aid (for example, denture)? Answer categories: Yes, with no difficulty / With some difficulty / With a lot of difficulty / Not at all.

	In the calculation of the indicator, the questions on the use of glasses/contact lenses (PL1) and of a hearing aid (PL4) are not considered. People are considered as a) not limited if the responses for all the remaining questions is always "Yes, with not difficulty", b) moderately limited in case the response of at least one question is "Yes, with some difficulty" (and for none of the questions the response is "With a lot of difficulty" or "not at all"). c) severely limited if the response of at least one question is "With a lot of difficulty" or "Not at all". EHIS data will not be age standardized.
Relevant dimensions and subgroups	- Country - Calendar year - Sex - Age group (15-64, 65+) - Socio-economic status (educational level. ISCED 3 aggregated groups: 0-2; 3+4; 5+6)
Preferred data type and data source	Preferred data type: HIS Preferred source: Eurostat (EHIS)
Data availability	BE, BG, CZ, DE, EE, EL, ES, FR, IT, CY, LV, HU, MT, AT, PL, RO, SI, SK, CH, NO and TR conducted a first wave of EHIS between 2006 and 2010. It is noted that not in all of these countries a full scale survey was carried out; in some only specific modules were applied, in others the full questionnaire was applied in a small pilot sample. It is expected that all EU Member States will conduct EHIS in the second wave, which is planned for 2014. The results of the first wave are expected to be published in two stages, 11 countries in October 2010, the remaining countries in April 2011. EHIS data are available by sex, 8 age groups (15-24/25-34/35-44/45-54/55-64/65-74/75-84/85+) and ISCED groups.
Data periodicity	EHIS will be conducted once every 5 years. The first wave took place in 2007/2010 (with some derogations in 2006) and the second wave is planned for 2014.
Rationale	Western societies are confronted with a growing life expectancy. This rise in life expectancy is linked with a growing number of people with limitations and functional incapacities. Assessing functioning is particularly important in the elderly, as the prevalence of functional disability increases with age. Growing interest is emerging in different aspects of functioning, as adequate physical function plays a prominent role in maintaining independence of older adults and in the ability of people to participate and contribute to society. Declining physical functioning associated with increasing age and chronic diseases, contributes to the need of assistance in performing basic tasks and to increased rates of institutionalization.
Remarks	- The aim of the questions is to measure long-term (chronic) limitations, temporary limitations are not taken into account. Physical and/or sensory functional limitations are measured through reference to some actions/situations (walking 500 meters, carry shopping bags, seeing newspaper print, etc.). These actions/situations are only there to help to assess the level of functioning and should not be taken literally. Since it is possible that respondents are not obliged to do the listed actions/are not confronted with the listed situations, the functional limitation is measured in terms of capacity to undertake the task, rather than the performance. - In the questions, it is stressed that the capacity to undertake the task without any aid should be estimated (to be sure that the limitation is not due to financial restrictions). Yet, for the sensory functional limitations (seeing and hearing), the capacities are estimated with the normal use of aids (glasses or contact lenses, hearing aid). - The Budapest Initiative (UNECE) of the Washington Group on Disability Statistics also developed HIS questions for measuring functional limitations. The time schedule of the Budapest Initiative development was not in line with the EHIS developments and hence its results could not be incorporated in the questionnaire for EHIS wave I. Possibly outcomes of the Budapest Initiative will be incorporated in the questionnaire for EHIS wave II. - According to current plans, Eurostat will probably not age-standardize EHIS data. For comparability reasons ECHIM would however prefer age-standardized data. - The above definition and calculation are based on the first version of the EHIS questionnaire, as used in the first EHIS wave (2007/2010). The EHIS questionnaire will be revised, hence adaptations to the EHIS question underlying this indicator may occur in the

	second wave (planned for 2014). - The legal basis for EHIS is regulation (EC) No 1338/2008 of the European Parliament and of the Council of 16 December 2008 on Community statistics on public health and health and safety at work. This is an umbrella regulation. Specific implementing acts will define the details of the statistics Member States have to deliver to Eurostat. An implementing act on EHIS is expected to come into force in 2014.
References	- EHIS standard questionnaire (version of 11/2006, used in first wave): http://ec.europa.eu/health/ph_information/implement/wp/systems/docs/ev_20070315_ehis_en.pdf - EHIS 2007-2008 Methodology: Information from CIRCA : http://circa.europa.eu/Public/irc/dsis/health/library?l=/methodologiessandsdatasc/healthsinterviewssurvey/ehis_wave_1/2007-2008_methodology&vm=detailed&sb=Title - Regulation (EC) No 1338/2008 of the European Parliament and of the Council of 16 December 2008 on Community statistics on public health and health and safety at work: http://epp.eurostat.ec.europa.eu/portal/page/portal/health/documents/Regulation%20no%201338-2008%2016Dec2008%20OJL354%20p.70.pdf - The Budapest Initiative (UNECE) of the Washington Group on Disability Statistics: http://www.cdc.gov/nchs/washington_group.htm
Work to do	- Monitor EHIS/Eurostat developments