Module: Morbidity and health status

It is important to measure health status in terms of non-fatal health outcomes when assessing the health gap because they, along with premature mortality, constitute approximately one third of the burden of disease.

Eurostat, the statistical office of the European Union, and DG Sanco have developed the European Health Survey System (EHSS) with detailed metadata on health status variables to collect data for indicators on the European Community Health Indicators (ECHS) list.[1] The EHSS is composed of the basic Core Health Interview Survey (ECHIS), managed by the Community Statistical Program, and a set of Special Health Interview Survey modules managed by the Public Health Program. [Note, by this time, the European Health Examination Survey may also be part of the system.] The ECHIS is conducted across all EU Member States since 2007, and the objective is for common set of elements to be included annually from the Mini European Health Module (MEHM). This would provide comparable data at regular intervals on health status including the data needed for computing Health Life Years (HLY).

The MEHM is included in several European survey programs including the EU-SILC, SHARE, EHIS and Eurobarometer[2],[3],[4]. Indicators representing three concepts of health comprise the Minimum European Health Module (MEHM) included in these and other national surveys:

A. Self-perceived health
B. Chronic morbidity (people having long-standing illness or health problems)
C. Activity limitation – disability (self-perceived long-standing limitations in usual activities due to health problems)

This section presents each of these indicators and recommends a standard question set/metadata.

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Indicator name: Self-perceived health

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Background

Self-perceived health assesses general perceived health rather than the present state of health; the question is not intended to measure temporary health problems. The indicator, first recommended by

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[1] European Commission, Director of Public Health and Risk Assessment. Developments in 2004 on the European Health Survey System: Working Party Morbidity and Mortality Task Force Major and Chronic Diseases Task Force on Rare Diseases. (Oct 2004)
http://ec.europa.eu/health/ph_information/implement/wp/morbidity/docs/ev_20041013_co02_en.pdf
[2] http://epp.eurostat.ec.europa.eu/cache/ITY_SDDS/EN/hlth_silc_01_esms.htm
[3] European Health and Life Expectancy Information System (EHLEIS). Health questions from the Minimum European Health Module used in EU-SILC in the 27 EU countries: Technical report TR4.5. (April 2013)
http://www.eurohex.eu/pdf/Reports_2013/2013_TR4%205_Health%20questions.pdf
[4]
http://epp.eurostat.ec.europa.eu/portal/page/portal/income_social_inclusion_living_conditions/documents/tab/Tab/Personal%20data%20-%20health%20PH.pdf

WHO in 1988, seeks to incorporate different dimensions of health, i.e. physical, social, and emotional as well as functional and biomedical signs and symptoms. It omits any reference to age as respondents are not specifically asked to compare their health with others of the same age or with their own previous or future health state. It is not time limited.

For the purpose of international comparisons, cross-country variations in perceived health status are difficult to interpret largely because they rely on subjective views of respondents' self-reported health status and will thus reflect cultural biases and other influences.[5] Furthermore, the comparison of responses may be affected by differing formulations of questions and responses across survey instruments. However, despite its subjective nature, indicators of perceived general health have been found to be a good predictor of people's future health care use and mortality (DeSalvo et al., 2005; Bond et al., 2006; Cox et al., 2009 http://www.ncbi.nlm.nih.gov/pubmed/19183846).

Information assessed on perceived health status is among the European Core Health Indicators (ECHI). It is also monitored regularly on the Eurostat database, OECD database, and the WHO European Regional Office Health for All (HFA) database. The data are collected through various survey instruments. In order to standardize the information, the Minimum European Health Module (MEHM)[6] includes the question in a common module implemented in EU-SILC in EU-27 and other participating countries (every 4 years), and also in the European Health Interview Survey in over 20 European countries (every 5 years).

The indicator is both meaningful and easy to collect, but efforts have been needed to standardize the approach. The WHO Regional Office for Europe, in 1996, for example, recommended standard data collection and computation of the indicator in the publication, "Health Interview Surveys: Towards International Harmonization of Methods and Instruments (ref)." The OECD reviewed information from member countries that have measured the indicator from the 1990s to 2012[7] and the review found that not all countries have used the standard health interview survey instrument recommended to measure this indicator.

Definition. Proportion of persons 16+ year who assess their health to be very good or good

Question formulation and responses. The interviewer proposes five answer categories after the running prompt. Two (very good and good) are at the upper end of the scale and two (bad and very bad) are at the lower. The intermediate category 'fair' should be translated into an appropriately neutral term (nor good, nor bad), as far as possible keeping in mind cultural interpretations, in the various languages."[8]

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[5] http://www.oecd-ilibrary.org/docserver/download/8113161ec013.pdf?expires=1398417497&id=id&accname=guest&checksum=5E6480A2FD30936ED8619225A55CB835
[6] European Health Expectancy Monitoring Unit. The Minimum European Health Module back ground documents: EHEMU Technical report 2010_4.6. June 2010.
http://www.eurohex.eu/pdf/Reports_2010/2010TR4.6_Health%20Module.pdf
[7] file:///C:/Users/user/Downloads/HEALTH_STAT_5_Perceived%20health%20status.pdf
[8]

http://epp.eurostat.ec.europa.eu/portal/page/portal/income_social_inclusion_living_conditions/documents/tab/Tab/Personal%20data%20-%20health%20PH.pdf

How is your health in general? Is it…	
Very good	**1**
Good	**2**
Fair	**3**
Bad	**4**
Very bad	**5**

Computation. 16+ years rating their health to be "good/very good" combined. The age groups, by sex, are 16-54, 65+ years. [Note, the target population and computation in *OECD Health Statistics* provides figures related to the proportion of the population 15+ years rating their health to be "good/very good" combined. The age groups, by sex, are 15-24, 25-44, 45-64 and 65+.]

Miscellaneous notes. Sample should include only individuals living in private households, not in institutions. Data should be age-standardized for cross-country comparisons. Detailed remarks are in the documentation sheet (no. 33.1, pp 137-138). It is a subjective measure including the individual's beliefs and attitudes, and the response must be reported by the individual directly, no proxy respondent is allowed. Scientifically translated questions of the MEHM should be used when available.

Indicator name: Chronic morbidity (people having long-standing illness or health problems)

Long-standing health assesses chronic illness through a question developed by ISTAT in 2003 (Buratta et al. 2003). This is the second question in the MEHM.

Do you suffer from/have any long-standing (chronic) illness or condition (health problem)?	
INTERVIEWER: Problems that are seasonal or recurring should be included.	
Yes	**1**
No	**2**

Indicator name: Activity limitation – disability (self-perceived long-standing limitations in usual activities due to health problems)

The third question in the MEHM:

For at least the last 6 months have you been limited in activities people usually do, because of a health problem? (If limited specify whether strongly limited or limited)	
Yes, strongly limited	**1**
Yes, limited	**2**
Not limited	**3**

The methodology related to the health indicators in the Minimum European Health Module (MEHM) is developed in collaboration with NSOs of EU countries, and the data collection and implementation is regulated by the European Council and the Parliament, and the EU Commission.   The joint development of methodology and the regulated implementation is an important factor in ensuring comparison over time and across countries. We therefore recommend that the methodology in the MEHM be used as the global standard.

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The next module to be reviewed is the European module on health status (EMHS) which covers in more detail chronic conditions; physical and sensory functional limitations; personal care activities, household care activities; other daily activities; and mental health.

European Commission. Developments in 2004 on the European Health Survey System. (Oct. 2004) http://ec.europa.eu/health/ph_information/implement/wp/morbidity/docs/ev_20041013_co02_en.pdf