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**ENGLISH**

**OVERVIEW OF THE IMPLEMENTATION OF *EUROHIS*:  
(a project to develop common methods and instruments for health interview surveys in  
Europe, EC/BIOMED2 Contract No. BMH4-98-3909)**

Paper submitted by Regional Office for Europe, WHO<sup>1</sup>

**1. Background<sup>2</sup>**

Information is a prerequisite for making good decisions and well developed health information systems are essential to support health policy initiatives that can meet the rising health care demand and contain the related costs in an ageing Europe. As the importance of health information systems for decision making has increased, health interview surveys (HIS) have maintained a specific role as a unique source of data for some essential indicators.

Firstly, they are irreplaceable as the only data gathering method on many crucial indicators relating to health as opposed to disease, but also risk factors and determinants of health. Secondly, HIS make it possible to more readily link different information about the same person or the same household. Thirdly, HIS provide a fast and cost-effective method for ad hoc collection of data, since the questions may be chosen with a specific policy objective in mind and the price of an interview per question is low. Fourthly, HIS can disclose the extreme groups of the population, e.g. the over- or under-served population groups, or the severely ill versus the healthy groups, etc.

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There is a growing awareness in Europe that information in a country on levels and trends of the main health indicators needs to be supplemented by comparisons with other countries to better monitor and evaluate the health situation and health system of the country. Within the EU there is a growing need to compare the achievements and costs of the health care systems of the member countries. In this way, each country can learn from the “successes” and “failures” of each other. However, presently it is virtually impossible to make informative, let alone precise and valid international comparisons of HIS indicators in Europe. One way to remedy this is international collaborative work to agree on sets of instruments (questions) and related methods and to test these cross-nationally so that more reliable information across countries can be available.

A pilot collaborative project of WHO Europe and Statistics Netherlands was started in 1988 to do such work. Three international consultations were held (1988, 1990, 1992). As part of this joint project, a study (Evers, 1993) demonstrated that despite international efforts to stimulate the use of common methods, there was a large variation internationally in the design of questionnaires and techniques of health interview surveys. The study concluded, however, that several differences in health interview surveys could be harmonized, for example by using common questionnaires, cut-off points, classifications, etc. Furthermore, two follow-up exercises by WHO Europe also indicated that many countries could adjust a major part of their existing data to make them comparable with the data sets obtained by some of the recommended common instruments. This first phase of the project culminated in the 1996 publication “Health Interview Surveys: Towards international harmonization of methods and instruments” (de Bruin et al., 1996).

The main objective of the EUROHIS project is therefore pragmatic: to develop common instruments for use in European health interview surveys aiming to reduce the sources of incomparability as much as possible under the current circumstances.

## **2. Objectives**

The overall objective of the project is to develop and promote the use of common instruments in health interview surveys in European countries.

The specific objectives are:

### **A. Development of recommended common HIS instruments:**

- to develop recommended common methods and instruments (guidelines) for use in health interview surveys as part of national health information systems, and
- to promote their use in national health interview surveys.

### **B. Adjustment of national data for international comparison:**

- to develop methods and procedures to enhance the comparability of health interview surveys by specific comparability oriented analysis, processing and presentation of readily available data, and
- to adjust national HIS data for cross-national comparisons, to the extent possible, to demonstrate their potential for international comparisons.

## **3. Work content**

The project pays specific attention to those indicators that have been officially adopted as policy-relevant by the Member States of the World Health Organization, Regional Office for Europe, for the evaluation of national health policies. About 20 generic indicators require the use of HIS as a data collection method. As mentioned, for some of these indicators the WHO/EURO and Statistics Netherlands project of 1988 has already produced recommended sets of questions or other recommendations. These are

- Perceived health
- Temporary disability
- Long-term disability
- Mental conditions
- Smoking
- Body mass index
- Breast-feeding
- Socioeconomic classification
- And other recommendations for harmonization.

Therefore, the current EUROHIS project aims at building on this work by using and extending the methodology to develop recommended common instruments for the following 8 indicators:

1. Chronic physical conditions
2. Mental disability
3. Alcohol consumption
4. Physical activity
5. Use of curative medical services
6. Use of medicines
7. Use of preventive health care
8. Health-related quality of life (QOL).

It should be emphasized that the indicators have been selected on the basis of a survey of the availability of data to 18 generic HIS indicators and the expressed needs of the countries for guidance and recommended common instruments to measure HIS indicators. In 1996, replies have been received from 14 EU countries, 7 countries of central and eastern Europe and the Newly Independent States of the former Soviet Union (CCEE/NIS) and 4 other countries. The selection has been discussed and agreed upon at an international meeting, the 4<sup>th</sup> Consultation to Develop Common Methods and Instruments for Health Interview Surveys in Europe, 26-28 February 1997, in Copenhagen.

To achieve the objectives for each indicator requires several tasks which are grouped as work packages (WP). There is also one overall administrative WP dealing with continuous project management and coordination (WP1). The list of WPs is given in Annex 1.

#### **4. Management structure**

The work is carried out indicator by indicator, for each of which a network of interested institutions (participants) from different countries is formed. Every network is managed by a principal investigator. The principal investigators form a Scientific and Management Board together with the project co-ordinator, i.e. WHO Europe, and two special advisers, the relevant EC services are represented as observers. This Board makes the main decisions about the implementation of the project. and provides overall managerial and scientific guidance. Each principal investigator guarantees compliance with the common principles and methods agreed by the Board, and the quality of the indicator-specific scientific expertise employed.

#### **5. Results**

During the first 2 years of the project, the focus has been on Work Packages 1-5. Except for indicator 2, Mental disability, the rate of progress has been similar for the indicators and the 7 indicator networks are now pre-testing the draft instruments in a number of countries. The Mid-term review (Work Package 6) will be held on 2-4 November 2000 in Copenhagen.

Review of progress by work package follows. Because of changes in staff at the principal investigator for indicator 2, Mental disability, no referral network has been established and the work plan (WP3-WP6) has not been fulfilled.

#### **Work package 1 – Project management and coordination**

Organizational aspects of the project were completed in the first year of the project, while administrative and liaison activities have been continuous over the 2 years. Indicator-specific study protocols were completed in the 2<sup>nd</sup> year in different ways according to the specific methodological approach used by each indicator network.

#### **Work package 2 – Preparatory concept exploration, indicator by indicator**

This WP was completed in the first year of the project. The three main outcomes from it were, for each indicator: i) a working definition, ii) a preliminary review of existing instruments on the

basis of the information already available, and iii) an assessment of the feasibility of developing a common instrument for the indicator.

### **Work package 3 – Review of instruments used in the countries (survey of surveys) and definitive concept clarification**

WP3 was completed in the second year of the project for all indicators except indicator 2 (Mental disability). The work package took longer than expected, due to a lengthy negotiation process to determine the design of the request for information (survey) to be sent to the countries. It was originally intended that the principal investigators would be responsible for the processing of the material received. This was instead carried out in one operation by the project coordinator (WHO), including registration and filing of the replies and provision of an inventory to the principal investigators. The operation was carried out in collaboration with the EC-project 'Health Surveys in the EU: HIS and HIS/HES evaluations and models', and the inventory of surveys of Statistics Netherlands; this not only limited the reporting burden on the Member States, but also multiplied the benefits of the two projects in terms of information obtained.

The main outcomes from this WP are a comprehensive inventory of national surveys (currently covering 30 surveys from 25 countries), and feedback from the survey managers in the Member States about their requirements and preferences for the instruments being developed by EUROHIS.

### **Work package 4 – Design of prototypes of common instruments, indicator by indicator**

This WP was started in the 2<sup>nd</sup> year of the project. By the end of June 2000, draft questionnaires in English were available for 7 indicators (i.e. not for indicator 2, Mental disability), and further translations were available for indicators 4 and 8. Translations were in progress for indicators 1, 3 and 7, while translations for indicators 5 and 6 had not yet started. Protocols for field-testing were either completed or in progress for 7 of the 8 indicators (i.e. not for indicator 2, Mental disability).

The main achievement from WP4 is the availability of draft questionnaires, in different versions, which are being further developed, evaluated and refined.

### **Work package 5 – Field-testing of pilot instruments, coordinated in one operation**

Data collection and analysis for indicators 3 and 4 started in the 2<sup>nd</sup> year of the project. By September 2000, a plan and protocol for a coordinated pre-testing of indicators 1, 5, 6, 7 and 8 was prepared, and pre-testing on small groups was started in 4 EU countries and 13 CCEE/NIS, i.e. across a wide range of cultures. Important research findings have already been received and are being analysed. However, limited time and resources are considerable obstacles for large-scale testing. As there is no specific funding for field testing of the new instruments, this work needs to be incorporated into the participants ongoing work.

## **6. Next steps - Stage B**

Some of the draft instruments, e.g. for indicators 3, 4 and 8, have required different and more complex scientific methods than initially planned, i.e. to identify common core questions or best practices. In addition, the diversity of instruments used in the countries is larger than expected. This results in largely new recommended instruments, which have little equivalent components as compared to the instruments that have already been used in the countries. Therefore the implementation of stage B (Adjustment of national data for international comparison) of the EUROHIS project will require modification, if at all feasible. This will be discussed at the Mid-term review in November 2000. More specifically, except probably for indicators 1 (chronic physical conditions) and 6 (use of medicines), it cannot be realistically expected to obtain reasonably comprehensive and representative data sets retrospectively for the purpose of ex-post harmonization. Illustrative but not representative data sets can be obtained for indicator 8 (quality of life). Under these circumstances, the following options can be considered:

6.1. More extensive requests for qualitative descriptions of the national situations concerning measurement of selected indicators. This is feasible but not likely to contribute substantially to the material already available from the "survey of surveys", or the other sources available to the indicators networks. The other disadvantage is that the countries will be reluctant to understand and accept the additional reporting burden.

6.2 Expanding the pre-tests into more extensive field-testing to strengthen the empirical foundation of the recommendations. The results would be useful and increase the chances that the instruments will be included in national surveys in the future. However, additional resources will have to be identified by the participants, and the modification agreed with the EC.

6.3 Coordinating the implementation of the recommendations in national surveys in countries which plan to do so, to be able to compile comparable data sets prospectively. This option can complement the previous one provided that the participants find the expected results attractive, and agree to provide data to a common database. The time horizon for implementing this option may need to be extended.

The solutions may be different for the different indicators. Currently we are looking for suggestions from all interested parties, to be discussed at the Mid-term review. We would like to urge all participants of this joint ECE-WHO meeting to suggest and discuss ways forward.

## **7. Conclusion**

Improving cross-national comparability of survey instruments, methods and results is a lengthy process because differences exist or can occur at every stage of the data collection and processing. In the first place it involves harmonization of the concepts and the definitions of the indicators. The cultural diversity of the countries of the WHO European Region render such harmonization particularly difficult. In addition, the levels of survey expertise in the region is very uneven. Therefore the EUROHIS project group attempts to keep a pragmatic approach, aiming for stepwise improvements in areas where these are most needed and feasible. This includes both developing new instruments, and adapting established instruments for use in national surveys. The challenge is to make this harmonization process sustainable.

## References

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## Annex 1: EUROHIS work packages (WPs)

### Objective A. Development of recommended common HIS instruments

**WP2.** Preparatory exploration and definition of the relevant concept(s) to be measured, indicator by indicator.

**WP3.** Review (by means of a written consultation) of the instruments used for each indicator in various surveys, including specialized surveys, in different countries; definitive clarification of the concept.

**WP4.** Design of prototypes of common instruments.

**WP5.** Field testing.

**WP6.** Adoption of recommended common HIS instruments and of a draft protocol for data adjustment on the basis of an international meeting.

**WP7.** Publication of the recommended common instruments.

### Objective B. Adjustment of national data for international comparison

**WP8.** Preparation of a protocol for the adjustment of readily available survey data. Use the relevant procedures and deliverables of work packages 2-6.

**WP9.** Collection of data from countries by mail and processing and adjustment of data sets according to the methodology outlined above.

**WP10.** Review of the results by means of a written consultation.

**WP11.** Publication of comparable results.