Dissemination Strategies: Data Collected using the WG Question Sets

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Session 5: Strategies for Dissemination of Data Collected using the WG Question Sets

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Overview

To consider next steps for Washington Group work, specifically in the area of *dissemination of data on disability*.

To review possible mechanisms and methods for disseminating disability data.

To discuss requirements, challenges and opportunities associated with disseminating disability data.

2001 WG Objectives

1. To guide the development of a *small set* of general disability measures which will provide basic necessary information on disability.

2. To recommend one or more *extended sets* of survey items to measure disability in surveys or specialized data collections.

3. To address the *methodological issues* associated with the measurement of disability.
   - To develop *networks* among participants and a process through which *technical assistance* can be provided.

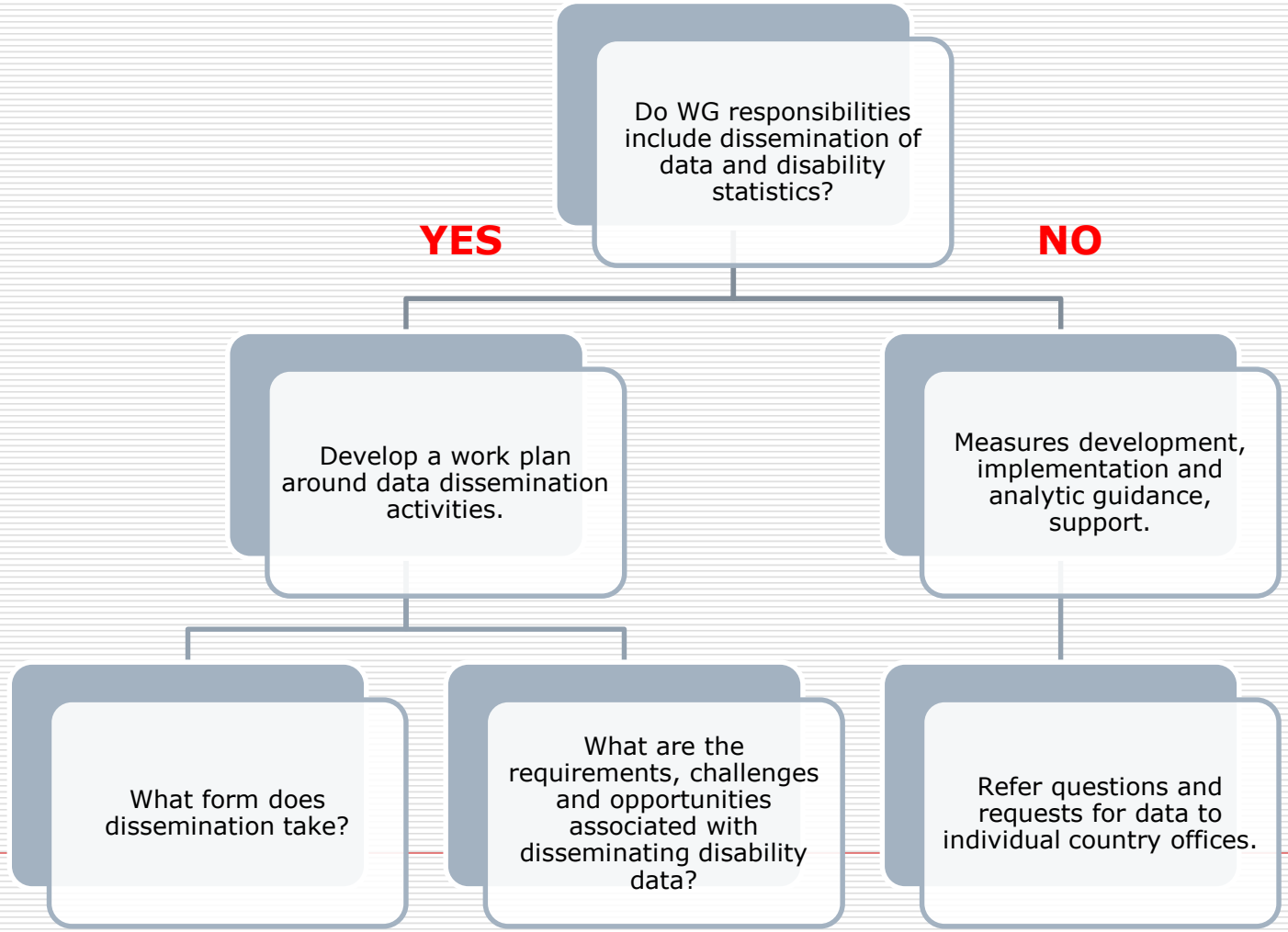
WG Accomplishments To Date

1.
- WG Short Set on Functioning

2.
- WG Extended Set on Functioning
- WG-UNICEF Child Functioning Module
- WG/UNICEF Module on Inclusive Education *(in testing)*
- WG/ILO Disability module for inclusion on labor force surveys *(in testing)*
- Module on Mental Health/Psychosocial Functioning *(in progress)*
- Modules on the Environment & Participation *(under consideration)*

3.
- Comparable testing methodologies developed
- Implementation guidelines produced
- Analytic guidance, question specifications, interviewer training best practices)
- Blogs and FAQs
- Informational and implementation workshops
- Webinars
- Support for Regional Disability Work Groups

What is the WG Role in Dissemination?



Dissemination Methods: Tables

- Web-based tables
  - Standard tables
  - Interactive table shells

- Table shells
  1. Prevalence of *any* disability
  2. Prevalence of domain-specific disability (vision, hearing, etc.)
  3. Prevalence of disability, by age, gender, urban/rural, etc.
  4. Outcomes (education/employment), by disability status

- Disability can be measured in two ways:
  - Any disability (yes/no)
  - Domain-specific disability

Standard Table - Prevalence

Population with and without disability, by age, sex... (country)(data year)

Sociodemographic status	Total	With Disability	Without disability	Not stated
Both sexes				
All ages				
Under 1 year				
1-4				
5-9				
10-14				
15-19				
…				
95-99				
100 years and over				
Not stated				
Male (age groups as above)				
Female (age groups as above)				

Source: (data source name, date)

Standard Table – Education by disability

Level of education, by disability, age, … (country)(data year)

Disability Status	Educational Attainment					
	No schooling	Primary	Middle	Secondary	Post-secondary	Not classified/ unknown
Without disability						
All ages						
5-9						
…						
95-99						
100+						
Not stated						
With disability						
(age groups as above)						

Source: (data source name, date)

Standard Table – Prevalence
UNICEF Website Example

Table CF.1: Child functioning for children aged 2-4

Percentage of children aged 2-4 years with functional difficulty in at least one domain, Country, Year

	Percentage of children aged 2-4 years who have functional difficulty for the indicated domains									
	Seeing	Hearing	Walking	Fine motor	Communication	Learning	Playing	Controlling behaviour	Percentage of children with functional difficulty in at least one domain	Number of children aged 2-4 years
Total										
Sex										
Male										
Female										
Region										
Region 1										
Region 2										
Region 3										
Region 4										
Region 5										
Area										
Urban										
Rural										

Dissemination Methods: Reports

- Published reports
  - Including the four types of tables and text
    - Standard format and content
    - Varied format and content
    - Combination of the two

Standard Reports – JA-EHLEIS Website Example

http://www.eurohex.eu/index.php?option=countryreports

Standard Reports – JA-EHLEIS Country Report: Italy

EHLEIS Country Reports
Issue 11 – May 2018

Health Expectancy in Italy

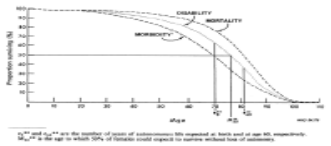
What is health expectancy?

Health expectancies were first developed to address whether or not longer life is being accompanied by an increase in the time lived in good health (the compression of morbidity scenario) or in bad health (expansion of morbidity). So health expectancies divide life expectancy into life spent in different states of health, from say good to bad health. In this way they add a dimension of quality to the quantity of life lived.

How is the effect of longer life measured?

The general model of health transitions (WHO, 1984) shows the differences between life spent in different states: total survival, disability-free survival and survival without chronic disease. This leads naturally to life expectancy (the area under the 'mortality' curve), disability-free life expectancy (the area under the 'disability' curve) and life expectancy without chronic disease (the area under the 'morbidity' curve).

The general model of health transition (WHO, 1984): observed mortality and hypothetical morbidity and disability survival curves for females, USA, 1980



There are in fact as many health expectancies as concepts of health. The commonest health expectancies are those based on self-perceived health, activities of daily living and on chronic morbidity.

How do we compare health expectancies?

Health expectancies are independent of the size of populations and of their age structure and so they allow direct comparison of different population sub-groups: e.g. sexes, socio-professional categories, as well as countries within Europe (Robine et al., 2003).

Health expectancies are most often calculated by the Sullivan method (Sullivan, 1971). However to make valid comparisons, the underlying health measure should be truly comparable.

To address this, the European Union has decided to include a small set of health expectancies among its European Core Health Indicators (ECHI) to provide summary measures of disability (i.e., activity limitation), chronic morbidity and perceived health. Therefore the Minimum European Health Module (MEHM), composed of 3 general questions covering these dimensions, has been introduced into the Statistics on Income and Living Conditions (SILC) to improve the comparability of health expectancies between countries.* In addition life expectancy without long term activity limitation, based on the disability question, was selected in 2004 to be one of the structural indicators for assessing the EU strategic goals (Lisbon strategy) under the name of "**Healthy Life Years**" **(HLY)**.

Further details on the MEHM, the European surveys and health expectancy calculation and interpretation can be found on www.eurohex.eu.

What is in this report?

This report is produced by the European Health and Life Expectancy Information System (EHLEIS) as part of a country series. In each report we present:

- Life expectancies and Healthy Life Years (HLY) at age 65 for the country of interest and for the overall 28 European Union member states (EU28), using the SILC question on long term health related disability, known as the GALI (Global Activity Limitation Indicator), from 2004 to 2015. The wording of the question has been revised in 2008 for most countries. However it was made in 2007 in Italy;
- Prevalence of activity limitation in the country of interest and in the European Union based on the GALI question by sex and age group;
- Health expectancies based on the two additional dimensions of health (chronic morbidity and self-perceived health) for the country of interest, based on SILC 2015;
- Estimation of the general model of health transition for the European Union in 2015

References

Jagger C., Gillies C., Moscone F., Cambois E., Van Oyen H., Nusselder W., Robine J.-M., EHLEIS Team. Inequalities in healthy life years in the 25 countries of the European Union in 2005: a cross-national meta-regression analysis. *The Lancet*. 2008;372(9656) 2124-2131
Robine J.-M., Jagger C., Mathers C.D., Crimmins E.M., Suzman R.M., Eds. *Determining health expectancies*. Chichester UK: Wiley, 2003.
Sullivan D.F. *A single index of mortality and morbidity*. HSMHA Health Reports 1971;86:347-354.
World Health Organization. *The uses of epidemiology in the study of the elderly: Report of a WHO Scientific Group on the Epidemiology of Aging*. Geneva: WHO, 1984 (Technical Report Series 706).

* Before the revision of 2008, the translations of the module used in some countries were not optimum (See Eurostat-EU Task Force on Health Expectancies common statement about the SILC data quality).

Standard Reports – JA-EHLEIS Country Report: Italy

EHLEIS Country Reports
Issue 11 – May 2018

EHLEIS INFORMATION SYSTEM

BRIDGEHEALTH
BRidging Information and Data Generation for Evidence-based Health Policy and Research

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http://www.eurohex.eu/pdf/CountryReports_Issue11/Italy_Issue11.pdf

Standard Reports – JA-EHLEIS Country Report: Italy

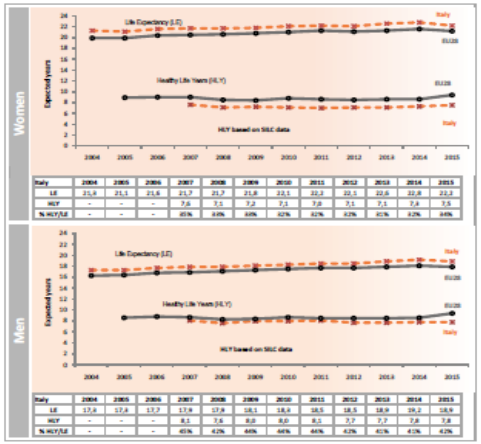
Life expectancy (LE) and Healthy Life Years (HLY) at age 65 for Italy and the European Union (EU28) based on SILC (2007-2015*)

Key points:

Italian life expectancy (LE) at age 65 has increased by 0.9 year for women and 1.6 years for men over the period 2004-2015.LE was above the EU28 average (21.2 for women and 17.9 for men) in 2015.

The HLY series shows values for Italy in 2015being below the EU28 average which is9.4 for women and men. In 2015 women and men at age 65 can respectively expect to spend 34% and 42% of their life without *self-reported long-term activity limitations*.

Between 2008and 2011 HLY remained almost stable for women and men in Italy but all remained below the EU 28 average. From 2011 to 2012 HLY remained stable for women but decreased for men, while a slight increase is observed from 2013 to 2014. In 2015 HLY increased for women and remained stable for men.

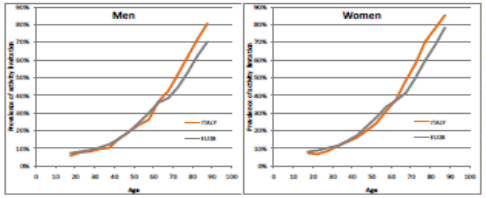


Italy	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
LE	21,0	21,1	21,6	21,7	21,7	21,8	22,1	22,2	22,1	22,6	22,8	22,2
HLY	-	-	-	7,6	7,1	7,2	7,1	7,0	7,1	7,1	7,4	7,5
% HLY/LE	-	-	-	35%	33%	33%	32%	32%	32%	31%	32%	34%

Italy	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
LE	17,6	17,6	17,7	17,9	17,9	18,1	18,4	18,5	18,3	18,9	19,2	18,9
HLY	-	-	-	8,1	7,6	8,0	8,0	8,1	7,7	7,7	7,8	7,8
% HLY/LE	-	-	-	45%	42%	44%	44%	44%	42%	41%	41%	42%

*Data on activity limitation for 2010 have been estimated as the mean prevalence of 2009 and 2011.
Time series of LE may be different from previous report because they have been recalculated according to Eurostat estimated.

Prevalence of activity limitation in Italy and in the European Union (EU28) based on the GALI question, by sex and age group (SILC, Mean2013-2015)



Reports of limitation in usual activities strongly increase with age in the European Union and women systematically report slightly more activity limitation than men. Compared to the mean trajectory by age observed in the European Union in the years 2013-2015, Italy tends to display similar or slightly lower prevalence rate of activity limitation before the age of 65 years for men and 60 for women and higher after this age.

These results should be interpreted with caution as samples sizes in the SILC survey vary remarkably;for instance in 2015 they ranged from 5859 in Swedento 36602in Italy. In 2015, the sample size for Italy comprised 19064 women and 17538 men aged 16 years and over.

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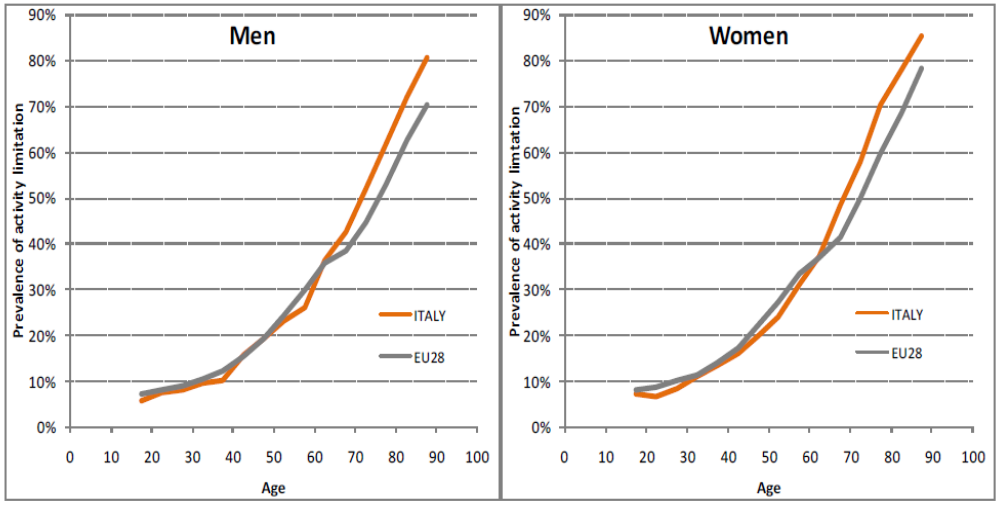

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http://www.eurohex.eu/pdf/CountryReports_Issue11/Italy_Issue11.pdf

Opportunities and Challenges

Data

- Use of WG questions: accuracy and completeness
- Data access and timing of release

Quality Control

- Responsibility: data-reporting countries or the WG?

Labor Intensive

- Initial production *and* updates

Discussion and Decisions

Do WG responsibilities include dissemination of data and disability statistics?

Should the WG activities end at analytic and implementation support?

What form does dissemination take? Should the website be the dissemination vehicle?

Should countries be responsible for dissemination, with questions and requests for data referred to individual country offices?

If there is interest, but significant time constraints, should this be a funded activity?