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Current statistical and data developments relevant to measuring disability equality in Europe

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Policy context of developing new statistical instruments

- European Disability Action Plan (2003-2010) ⇒ need to develop consistent statistics of disabled people in the enlarged European Union
- UN Convention on the Rights of Persons with Disabilities ⇒ obligations for the Member States and the EU (Articles 31, 33 and 35):
 - to monitor and regularly report on its implementation
 - to collect statistical information on disability

⇒ need to produce information on disability defined in accordance with the UN Convention and the ICF

Existing European health surveys/modules - incl. disability

- EU-SILC: annual survey
 - Minimum European Health Module (MEHM) + unmet needs of medical and dental care ⇒ Healthy life years (HLY) + dissemination on website
- EHIS (2007-09): every 5 years
 - good harmonisation (same questions, translation protocol, 18 MS involved, etc.), about 130 questions
- Disability:
 - LFS ad-hoc module 2002 and 2011 on the "employment of disabled people"

EU-Statistics on Income & Living Conditions, SILC

■ Global Activity Limitations Indicator (GALI) question

(The GALI is part of the Minimum European Health Module, MEHM):

For at least the past 6 months, to what extent have you been limited because of a health problem in activities people usually do?

Would you say you have been *severely limited*, *limited but not severely* or *not limited at all*?

■ Two other single-question items on self-perceived health and chronic conditions



European Health Interview Survey, EHIS

■ First round (2007-2009): implementation in about 21 European countries (18 Member States)

■ 4 modules: EHSM, EHCM, EHDM and EBV

■ EHSM includes, inter alia, questions on difficulties in:

- basic activities (seeing, hearing, walking, stretching, etc.)
- more complex activities:
 - ADL (personal care)
 - IADL (household care)

■ Next round: 2014 with an EU legal basis



Labour Force Survey (LFS) ad hoc module on employment of disabled people

■ Aim: to provide information on the situation on the labour market of disabled people and to compare it with the one of non disabled people

■ Content (2011):

- Health problems and difficulties in basic activities
- Limitations in work caused by health problems/difficulties in basic activities
- Special assistance needed or used by people with health problems/difficulties in basic activities
- Limitations in work because of other reasons



http://circa.europa.eu/Public/irc/dsis/health/library?!=methodologies_sandsdatasc/morbiditydisability/lfs_2011_module&vm=detailed&sb=Title

2011 LFS AHM - Indicators

- Disability measures available from the AHM:
 - Any work limitation caused by a health condition or disease only
 - Any work limitation caused by a basic activity difficulty only
 - Any work limitation caused by both a health condition or disease and a basic activity difficulty
- Further possible disaggregation by:
 - type of work limitation (in amount of work, in type of work, getting to/from work)
 - type of health condition or disease
 - type of basic activity difficulty
 - type of special assistance (personal assistance, special equipment, workplace adaptations, special working arrangements) needed or used by people with health problems/difficulties in basic activities

New developments: From European disability and social integration module (EDSIM) to European survey on health and social integration (ESHSI)

- Aim: to develop a module on participation of people with disabilities in society life
- Development followed the EHIS adoption
- Originally, planned as an EHIS module
- First version produced end of June 2008
- Pilots in 10 MS on translating and cognitive testing in 2009
- Updated version October 2010
- Implementation in 2012 in all Member States

EDSIM/ESHSI

Design of the module: challenge and solutions (1)

- Use of ICF classification to design a questionnaire
 - Focus on the key aspects of social integration based on policy needs and use the ICF as a reference text rather than a driver of content
 - Translate the language of the ICF to common terms used in national surveys
 - Try to have a coherent rather than a comprehensive set of questions



EDSIM

Design of the module: challenge and solutions (2)

- Designing variables/questions which reflect the interactive nature of the current definition of disability
 - Start off not asking about personal factors (health or impairments) but asking about participation/limitation in daily activities
 - Learning opportunities, work, social activities
 - Mobility, transport and accessibility to buildings
 - For those not participating or with limited participation identify the barriers
 - Personal (health conditions, impairments)
 - Environmental factors (finances, convenience, lack of assistive devices or personal help)



EDSIM: content of questionnaire (based on ICF)

- 12 SECTIONS :
 - Socio-economic background
 - General health and longstanding health problems
 - Mobility
 - Transport
 - Accessibility to buildings
 - Education and training
 - Employment
 - Internet use
 - Social contact and support
 - Leisure pursuits
 - Economic life
 - Attitudes and Behaviour



ESHSI – Indicators (1)

- Overall disability indicator
 - Code 4 or 5 on any of the barriers questions in each life domain ⇒ **disabled person**
 - code 4: a health condition, illness, or disease
 - code 5: longstanding difficulties with basic activities (such as seeing, hearing, concentrating, moving around)
- Specific disability indicators (barriers to a specific domain)
- Indicators on the (overall or specific) barriers associated with specific health conditions or basic activity difficulties and personal/environmental factors

ESHSI – Indicators (2)

- Severity of disability
 1. by adding up the number of codes 4 and 5 in the 10 sections
 2. by examining the need for specialised equipment or personal help ⇒ 3 levels of severity:
 - lacks no specialised equipment or personal assistance
 - lacks specialised equipment only OR lacks personal assistance only
 - lacks both specialised equipment AND personal assistance
- Severity of domain-specific disability when appropriate

Strategy for EU surveys with disability information

- Task Force on Disability Statistics (TFDS)
 - Set up in 2010; it met 2 times (in January and June)
 - Experts from BE, DE, DK, ES, FR, SI, IT, NL, RO, UK, incl. representatives of disability organisations
- European Commission and TFDS support the idea of conducting every 5 years an independent disability survey (ESHSI): 2012, 2017, 2022...
- EHIS would be conducted in 2014, 2019, 2024...
