



Health and Safety(35)

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Health and safety

1. GENERAL BACKGROUND

- ✓ Community action programme on public health (2003-2008) and its ECHI indicators – European Core Health Indicators
- ✓ Community strategy on health and safety at work (2002-2006)
- ✓ ‘Open method of coordination’ (OMC) – social protection; health care and long-term care
- ✓ Community environment action programme
- ✓ Sustainable development strategy – indicators (SDI)
- ✓ Lisbon strategy – Structural indicators (SI)
- ✓ European action plan on equal opportunities for people with disabilities



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2. THE ACQUIS

- ✓ Currently no legal basis, only gentlemen agreements for harmonised data collections
- ✓ 2 main areas
 - ✓ Public Health
 - ✓ Health and Safety at Work



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2. THE ACQUIS

- ✓ Working Group on Public Health Statistics:
 - ⇒ annual planning, strategic decisions
 - ✓ Partnership on Health Statistics: methodology, implementation, data collection; UK overall coordinator, leaders from DK, EE and LU
- ✓ Working Group on Health and Safety at Work:
 - ⇒ annual planning, strategic decisions
 - ✓ 2 Technical group meetings: methodology, implementation, data collection



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2. THE ACQUIS

- ✓ Three main topics for Public Health:
 - Causes of death statistics (COD)
 - Health care statistics (CARE)
 - Health Interview Survey (HIS); incl. morbidity and disability statistics

- ✓ Three main topics for Health and Safety at Work:
 - Accidents at work statistics (ESAW)
 - Occupational diseases statistics (EODS)
 - Other work-related health problems (ad-hoc module in LFS)



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2. THE ACQUIS

Causes of death statistics (COD):

✓ Annual data collection

national and regional (NUTS 2)

data collection at detailed level (**ICD-10** at 3 character level)

age, sex

co-operation with WHO

✓ Dissemination according a **European shortlist of 65 causes**: total number, standardised death rates (SDRs), crude death rates (CDRs)



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2. THE ACQUIS

Health care statistics (CARE):

- ✓ Annual data collection **non-expenditure** data
physicians, dentists, nurses, etc. – ‘manpower’
hospitals statistics (beds, procedures, discharges by
ISHMT, high-tech equipment)
- ✓ **SHA expenditure** collection (system of health
accounts) – annual from 2005 onwards
joint questionnaire ESTAT/OECD/WHO
functions, providers, funding



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2. THE ACQUIS

Health Interview Survey (HIS), morbidity, disability:

- ✓ **European Health Interview Survey EHIS (2007/08)**
including modules on health status (EHSM), health determinants (EHDM), health care (EHCM) and background variables (EBM), every 5 years
- ✓ **EU-SILC: Minimum European Health Module (MEHM)**
+ unmet needs of medical/dental care and reasons, annual
- ✓ **EU-wide system of disease-specific morbidity statistics**
Morbidity Statistics Development Group to develop proposals, implementation plans



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2. THE ACQUIS

Accidents at work statistics (ESAW) :

- ✓ Administrative data
- ✓ **Accidents > 3 days absence and fatal accidents**
- ✓ information on victim, injury and enterprise
- ✓ days lost, permanent incapacity, fatality
- ✓ detailed data including **causes, circumstances & consequences (ESAW phase 3)**



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2. THE ACQUIS

Occupational diseases statistics (EODS) and other work-related health problems:

- ✓ **EODS: administrative data**, according to a list of diseases, information on victim, enterprise and severity of disease, including causal agents
- ✓ **other work-related health problems: survey data** (1999 and 2007 LFS ad hoc module), caused or only made worse by work, not necessarily recognised by compensation system



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3. MOST PROBLEMATIC ISSUES

Development and implementation of data collections in the area of health and safety statistics are ongoing without as such major issues; the **key** and most resource consuming **implementations** are currently in the field of the **EHIS, SHA and ESAW phase 3** on the causes and circumstances



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4. FUTURE ACQUIS

The Commission (Eurostat) is preparing a European Parliament and Council Regulation on Community statistics on public health and health and safety at work, to be adopted by the Commission in the following months and then sent for discussion and adoption to the European Parliament and Council

The aim is to establish the legal framework for the systematic production of European statistics in this domain



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5. SPECIFIC QUESTIONS

HR and TR provide data for COD (TR: only main urban areas) and Health CARE non-expenditure data;

TR is also participating to the SHA data collection and provided once ESAW pilot data.

The questions are about dates foreseen and support needed for implementation of these data collection on a routine basis (when not yet done).

The same questions arise for the implementation of the EHIS (2007-2008 and then every 5 years).