

Metadata – Non-communicable diseases: overview

Description	Several indicators were considered: <ul style="list-style-type: none">- <i>Self-reported prevalence of chronic diseases</i>: the proportion of the population aged 15 years and over reporting to suffer from a chronic disease or condition.- <i>Self-reported multimorbidity</i>: the proportion of the population aged 15 years and over reporting to suffer from multimorbidity during the past 12 months.- <i>Self-reported prevalence of arthrosis</i>: the proportion of the population aged 15 years and over reporting to suffer from arthrosis during the past 12 months.- <i>Self-reported prevalence of diabetes</i>: the proportion of the population aged 15 years and over reporting to suffer from diabetes during the past 12 months.- <i>Self-reported prevalence of high blood pressure</i>: the proportion of the population aged 15 years and over reporting to suffer from high blood pressure during the past 12 months.- <i>Self-reported prevalence of thyroid disorders</i>: the proportion of the population aged 15 years and over reporting to suffer from thyroid disorders during the past 12 months.
Rationale	<p>Non-communicable diseases (NCDs) constitute a problem of public health since they are responsible for 71% of deaths worldwide [1]. They are also a major cause of premature death, affecting people under 70 years, which can be preventable by adopting health policies to help to reduce the risk factors associated to the main NCDs (cardiovascular diseases, cancer, respiratory diseases, and diabetes). The term “chronic disease” is also used as a synonym for NCDs, since they tend to be a long duration. However, NCDs are defined by their non-infectious cause, even though some chronic diseases can have an infectious cause.</p> <p>Self-reported chronic morbidity is used in the European Community Health Indicators (ECHI) projects [2]. It is a widely used indicator to measure the population health and to provide estimates of health needs.</p>
Primary Data source	Sciensano Health Interview Surveys (HIS) Belgium 1997-2001-2004-2008-2013-2018 [3]
Indicator source	Sciensano: Belgian HIS
Periodicity	Every 3-5 years
Calculation, technical definitions and limitations	<ul style="list-style-type: none">- <i>Self-reported prevalence of chronic diseases</i>: the numerator is the number of persons reporting to suffer from a chronic disease by answering “yes” to the following question in the HIS; the denominator is the number of respondents of the following question in the HIS (MA_SH02): “Do you suffer from a chronic disease or affection?”. This question was different in the previous HIS editions (MB01): “Do you suffer from one or several longstanding disease, affection or disability?”

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- *Self-reported multimorbidity*: the numerator is the number of persons reporting to suffer from at least two of the six following diseases: heart disease, chronic respiratory disease, diabetes, cancer, arthritis/arthrosis, and high blood pressure; the denominator is the number of respondents of the following question in the HIS (MA01): "Have you suffered from one of these following diseases or affections during the past 12 months?".
 - *Self-reported prevalence of arthrosis, diabetes, high blood pressure and thyroid disorder*: the numerator is the number of persons reporting to suffer from one of these diseases by answering "yes" to the following question; the denominator is the number of responders of the following question in the HIS (MA01): "Have you suffered from one of these following diseases or affections during the past 12 months?".

Results are weighted to account for the survey design.

Age-adjustment was made using a direct standardization method, using the age distribution of the Belgium 2018 as weights for age groups.

Data must be interpreted with caution since they are self-reported and thus reflect individual perceptions of health that may differ from actual health: it is not excluded that some people report an illness incorrectly by lack of knowledge or because the disease is perceived as not socially acceptable.

International comparability

- a. *Availability*: *Self-reported chronic morbidity* is an indicator available in Eurostat EU-SILC, performed annually [3]. This indicator is also part of the European Health Interview Survey (EHIS) [4]. The EHIS contains also data on self-reported prevalence for 15 frequent chronic diseases, collected every five years.
 - b. *Comparability*: the *self-reported prevalence of chronic diseases* indicator of the HIS can be compared with the *self-reported chronic morbidity* of the EU-SILC, although there is a difference in the formulation of the question since only the diseases or affections that have lasted for at least 6 months are considered. Moreover, in the EU-SILC, the age group threshold is set up to 16-64 years and 65+ years. Comparability is possible for 15 *self-reported chronic morbidity* available in the EHIS, although the HIS contains data for 38 chronic diseases or affections. EHIS data are not age-standardized, which can hamper the comparability of self-reported chronic morbidity since the prevalence of chronic diseases increases strongly with age.
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References list

- [1] World Health Organization. Non-communicable Diseases Progress Monitor, 2017. Geneva; 2017.
<https://apps.who.int/iris/bitstream/handle/10665/258940/9789241513029-eng.pdf?sequence=1>
- [2] Verschuuren M, Achterberg PW, Gijzen R, Harbers MM, Vijge E, Wilk EA, et al. ECHI Indicator Development and Documentation - Joint action for ECHIM final Report Part II. II ed. RIVM; 2012.
- [3] Health Interview Survey (HIS), Sciensano, 1997-2018.
<https://his.wiv-isp.be/SitePages/Reports.aspx>
- [3] Eurostat. European Union Statistics on Income and Living Conditions (EU-SILC).
<https://ec.europa.eu/eurostat/web/microdata/european-union-statistics-on-income-and-living-conditions>
- [4] Eurostat. European Health Interview Study (EHIS).
<https://ec.europa.eu/eurostat/web/microdata/european-health-interview-survey>