Prevalence of Chronic Conditions

Results of Pilot OECD Data Collection and Possible Next Steps

Meeting of OECD Health Data National Correspondents
Paris, 3-4 October 2011
Importance of extending chronic conditions data in OECD Health Data

- Non-communicable diseases (e.g. heart attacks, strokes, cancers, diabetes and chronic respiratory disease) caused around $\frac{3}{4}$ of deaths in OECD countries in 2008
- Increased focus, e.g. the UN Summit on NCDs, New York, 19-20 September 2011
- A key input for other OECD analytical projects on the performance and quality of primary care systems: avoidable hospital admissions, cost-of-illness studies (e.g. cancer, mental health)
Approach to extend chronic conditions data in OECD Health Data

- Broad approach on improving data on chronic conditions presented at the 2008 Meeting of OECD Health Data National Correspondents [DELSA/HEA/HD(2008)8]
- Two criteria used to select chronic conditions for reporting in OECD Health Data:
  - Disease burden
  - Data feasibility
**Leading causes of Burden of Disease in high-income countries**

<table>
<thead>
<tr>
<th>Cause</th>
<th>DALYs (millions of years)</th>
<th>Percentage of total DALY’s</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Depression (Unipolar depressive disorders)</td>
<td>10.0</td>
<td>8.2</td>
</tr>
<tr>
<td>2. Ischaemic heart disease</td>
<td>7.7</td>
<td>6.3</td>
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<tr>
<td>3. Cerebrovascular disease (stroke)</td>
<td>4.8</td>
<td>3.9</td>
</tr>
<tr>
<td>4. Alzheimer’s and other dementias</td>
<td>4.4</td>
<td>3.6</td>
</tr>
<tr>
<td>5. Alcohol use disorders</td>
<td>4.2</td>
<td>3.4</td>
</tr>
<tr>
<td>6. Hearing loss, adult onset</td>
<td>4.2</td>
<td>3.4</td>
</tr>
<tr>
<td>7. Chronic obstructive pulmonary disease</td>
<td>3.7</td>
<td>3.0</td>
</tr>
<tr>
<td>8. Diabetes mellitus</td>
<td>3.6</td>
<td>3.0</td>
</tr>
<tr>
<td>9. Trachea, bronchus, lung cancers</td>
<td>3.6</td>
<td>3.0</td>
</tr>
<tr>
<td>10. Road traffic accidents</td>
<td>3.1</td>
<td>2.6</td>
</tr>
</tbody>
</table>

Source: WHO Global Burden of Disease Study, 2004
Pilot data collection in OECD Health Data questionnaire

- Testing the feasibility of collecting a new variable on the prevalence of self-reported conditions in the 2011 data collection
- Asked for the proportion of population aged 15 years and over who report any chronic illnesses or conditions
- Complements self-reported health status
Definition of prevalence of chronic conditions in OECD HD 2011

Chronic illnesses

Any chronic illnesses/conditions, females, aged 15-64, 65+ and 15+
Any chronic illnesses/conditions, males, aged 15-64, 65+ and 15+
Any chronic illnesses/conditions, total population, ages 15-64, 65+ and 15+

Percentage of the population, aged 15 years old and over who report any chronic illnesses or conditions.

These data usually come from health interview surveys. While there is not yet full standardization of the survey question to measure the prevalence of any chronic conditions, many countries use a question similar to that used in the European Statistics on Income and Living Conditions survey (EU-SILC): “Do you have any longstanding illness or health problem? (By longstanding, I mean illnesses or health problems which have lasted, or are expected to last, for 6 months or more) Yes/No”.

**Note:** Please indicate in the Sources and Methods if the data are based on a survey question that specifies that the illness or condition be diagnosed by a medical doctor.

**Examples of chronic illnesses or conditions:** allergy, arthritis, asthma, anxiety/depression, back pain, bronchitis, cancer, cataract, deafness, diabetes, emphysema, hay fever, heart attack, hypertension, injuries or accidents, long sightedness, mental health problems, migraine/frequent headache, osteoporosis, short sightedness, stroke, ulcer.

**Exclusion:** Disabilities or activity limitations.
• Question is similar to the EU-SILC and EHIS modules, often adopted by European countries for use in national health surveys:

  “Do you have any longstanding illness or health problem? [By longstanding I mean illnesses or health problems which have lasted, or are expected to last, for 6 months or more]

• Note that words in brackets are not part of MEHM in EU-SILC
Any chronic illnesses or conditions, age 15+, 2009 (or nearest year)
Any chronic illnesses or conditions, age 15+ and age 65+, 2009 (or nearest year)
• Responses from 26 of 34 OECD countries
• Range for total population aged 15+: 18.7% (Austria) to 84.7% (Australia)
• Unlikely that there really is a four-fold difference in the prevalence of chronic illness/conditions across OECD countries
• What explains these differences?
Data sources used by HD correspondents

![Bar chart showing data sources by country, with categories such as EU-SILC, EHIS, and National survey. The chart highlights that mostly non-EU countries are used, with a range within EU-SILC for some countries.]

- Mostly non-EU countries
- Within EU-SILC range

Countries listed include Australia, Hungary, New Zealand, Turkey, Canada, Korea, Czech Republic, United Kingdom, Norway, Estonia, Slovak Republic, Netherlands, Slovenia, Germany, Denmark, Poland, Sweden, Belgium, Israel, Iceland, Greece, France, Ireland, Luxembourg, Italy, and Austria.
Country survey questions

- **Australia**: ABS National Health Survey 2007-08 - ever told, and still current and long-term. Includes many conditions, including eyesight/hearing
- **New Zealand**: 2006-07 New Zealand Health Survey – ever diagnosed by a doctor. Includes list of specific conditions, including migraine and ‘other’
- **Turkey**: Turkstat Health Survey 2008 - (i) conditions declared by individuals, (ii) conditions diagnosed by medical doctor. Includes back problems, rheumatism, ulcer, migraine, high blood pressure
- **Canada**: Canadian Community Health Survey 2009 - conditions diagnosed by a health professional. Includes list of specific conditions
- **Korea**: National Health and Nutrition Examination Survey 2008 – past 3 months. Includes list of specific conditions such as allergic rhinitis, anxiety/depression, back pain, cataract
Challenges in collecting comparable data on chronic conditions

- Some surveys include a single question on all chronic diseases (e.g. EU-SILC), some ask about a specific list of diseases (e.g. national surveys), some have both (e.g. EHIS)
- Some ask for a doctor diagnosis, many do not (e.g. EU-SILC)
- Different definitions of “chronic”: 3 months or more, 6 months or more, 12 months or more, no time period specified, ever diagnosed
- One country includes disability and activity limitations
- Data are based on self-report
- Harmonisation is mostly an issue between European countries using EU-SILC or EHIS and non-European countries using other survey questions
Options for future data collection

1. Continue to work with countries to attempt to harmonise survey instrument to measure the general prevalence of chronic conditions
   - Encourage all countries to include a general question on the prevalence of chronic conditions in their surveys
   - The issue remains on whether the condition has been diagnosed by a doctor or not
2. Rely on disease-specific international networks (e.g. ISAAC for childhood asthma)

3. Review the availability of chronic disease data from other international organisations, (e.g. WHO Burden of Disease study)

4. Examine feasibility of collecting survey-based data on specific chronic conditions, (e.g. asthma, high blood pressure, COPD)
   - These are/will be available from EHIS waves, and also for non-European OECD countries
Correspondents are invited to:

- **Note** the attempt to collect harmonised self-reported data on the overall prevalence of chronic illnesses or conditions

- **Comment** on the proposed options to try to harmonise data on the prevalence of specific chronic illnesses or conditions