



Newsletter

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EHES pilot in the final stages

The EHES pilot surveys have been completed in 12 countries. The data transfer from the pilot countries to the central database at the EHES Reference Centre (EHES RC) started in October 2011. As soon as the data transfer is completed, the evaluation process and reporting phase will start.

We expect to get some preliminary results on a few health indicators in Europe, although the pilot data will be insufficient to provide national estimates on health and health determinants. The data will be valuable for the evaluation of the pilot surveys and for developing the survey methods.

EHES Manual is published

The EHES Manual, the European level guidelines and protocol on how to organize and conduct a standardized national HES, has been published on the web: http://www.ehes.info/manuals/EHES_manual/EHES_manual.htm. It has two main parts:

- Part A: Planning and preparing for the national HES, and
- Part B: Fieldwork procedures.

Part A considers issues relating to the planning of the national HES. It includes topics such as: organizing a national HES, definition of target population and sampling, ethical issues, selection of the survey site and personnel, organizing quality control, and budgeting. For most of these issues there is no standard solution. The EHES Manual provides guidelines which need to be taken into account in each country, and adapted to national legislation and circumstances.



Part B provides detailed measurement protocols for the EHES core measurements. It also includes guidelines for motivating the selected persons to participate to the survey, organizing the fieldwork in practice, and obtaining the informed consent.

The EHES Reference Centre has provided an outline for the national HES manuals, which each country can use when preparing their national HES manuals. This outline is also available from the EHES website.

EHES JA Cultural Adaptations Workshop

A Cultural Adaptations Workshop was organized on 14-15th June 2011 in Helsinki, Finland. The purpose of the workshop was to provide a forum for the EHES pilot countries to discuss about the experiences and the feasibility of the EHES standards in the national circumstances.

Posters presenting the conducted pilot surveys were prepared. The posters are available at http://www.ehes.info/national_hes.htm



Experiences from the pilot countries

Finland - experiences from the Kuusamo pilot study

Katja Borodulin

As part of our Pilot study in Kuusamo, we assessed the participants' opinions on the study. This was to potentially improve some parts in our study protocol for the national study and to find an indication what could potentially motivate the invitees to take part in the study. Most participants (49%) stated that any examination day suited them. The choice for a preferred day became less common towards the end of the week, particularly Sunday was not popular choice of day at all. Furthermore, when requesting the preferred time of day for the health examination, the mornings were preferred over other times of day. Some 18% of the respondents called the toll-free telephone service to change their scheduled time and 94% thought the service hours (from 13:00 to 15:00) were suitable for them.

The first time ever, we piloted text message reminders through mobile phones in order to increase participation rate. The text message reminder was sent to the invitees one day prior to their scheduled time. One half of the sample received the reminder and the other half did not. This way we could compare if participation rate would differ between the groups. Those who received a reminder participated more often than those who did not receive a reminder. Importantly, this was true among the youngest age group. In the feedback form, many participants (58%) who received the reminder told that the reminder helped them to remember the examination date and time. They also stated (94%) that the reminder did not affect their decision to participate in the study, as they would have participated any way.

The opinions were generally positive and hardly anybody complained about anything. We asked how certain issues affected their decision to take part in the study (see Table below). People rated that the genetics part of the study and other measurements were important factors, whereas media coverage was among the least important. The participation rate of the Finnish pilot HES was 63%

	Very important	Important	Not important	Do not know
Invitation letter (incl. information and consent form)	43%	52%	3%	2%
Local media participation and coverage	20%	52%	24%	4%
National media participation and coverage	9%	32%	49%	10%
Genetics part of the study	58%	37%	4%	1%
Measurements, e.g. BMI and blood cholesterol levels	46%	45%	8%	1%

Norway - HES using the mobile examination clinic

Patricia Schreuder

The pilot survey in Norway was carried out over a 4 week period in May-June 2011. About 1000 persons from two municipalities outside Bergen were invited to participate. The examination was conducted in a mobile unit parked in front of the area's main shopping centre. The location of the mobile unit was, in our opinion, ideal as participants could combine their appointment with shopping. The shopping centre supported us with free electricity and water and access to a waiting room.



The mobile unit has 4 examination rooms and a reception area. One of the examination rooms also functions as a laboratory with a centrifuge and refrigerator/freezer.

The Norwegian survey included an oral health module. On completion of the health examination part of the survey, the participant was instructed to go to the dental clinic close by.

At the end of the pilot study, we concluded that the unit worked well but we were disappointed with the low response rate. Despite incentives, which were described in the information brochure, comprising a gift voucher for the shopping centre, free dental examination and dental x-rays, the response rate was only 23%.

The selected persons received a postal invitation and an allocated time for the examination. In accordance with the Ethics committees conditions of approval, the invited persons were not required to confirm attendance nor were they reminded of their allocated appointment. They could, however, contact the study to change the timing of their appointment if it was not suitable. This made scheduling of appointments difficult.

Non-participants were sent a second invitation the day after their first scheduled appointment and asked to come whenever it suited before the close of the study. The Ethics committee rigid requirements may have contributed to the low response rate.

Blood sampling and daily pick-up and delivery routines worked well. We had excellent cooperation with the accredited hospital laboratory.

The examination team in the mobile unit enjoyed the experience and got on very well together in the close environment. However, they felt that they should have spend more time in the unit before the study started to acustom themselves with the study's routines in the limited surroundings.

Poland - Previous experience helps

Grazyna Broda

Poland has a long tradition in health examination surveys since the 1980s. The Polish EHES pilot was carried out in one region of Warsaw from January to March 2011. The participation rate was 43% with 206 examined persons. The examination took about 90 – 120 minutes per participant. Additional to the EHES core measurement, ECG, nutrition interview and a psycho-social questionnaire were included.

Long HES tradition in the country, experience of the coordinating team and commitment of the fieldwork staff, helped to ensure that



the fieldwork was conducted following standardized protocols. Also quality assurance measures were taken seriously and protocol on these was followed in detail. Professor Grazyna Broda, the head of the survey, was every day in the field assessing the quality of the fieldwork.

Inclusion of additional measurements were expected to increase the response rate. The participants felt that the personal feedback and advice given by a survey physician was very important.

Unfortunately due to the general decline in Polish economy there are no decisions so far, when the next full size survey can be carried out. On the other hand, City Government of Warsaw has provided funding to extend the pilot to cover entire Warsaw also including older people. This is a positive sign.

Greece - First national HES

Androniki Naska and Antonia Trichopoulou

A full-size HES including a nationally representative population sample has not been undertaken in Greece before. The country's participation in the EHES Joint Action was therefore a unique opportunity to plan, organize and pilot test methods and procedures for the national HES in full accordance to the recommendations provided by the EHES Reference Centre.



Within this context, the Hellenic Health Foundation participating in the Action, drafted the manual of the national HES and conducted the pilot study according to the procedures described in the manual. The pilot HES was undertaken from November 2010 to July 2011; 345 individuals were included in the study sample and 116 participated. An invitation letter was firstly sent to all eligible participants followed by

phone calls by the Hellenic Health Foundation staff to arrange an appointment. Examinations took place at four health centers in regions surrounding the Athens area (Spata, Markopoulo, Koropi and Nea Makri) and one health centre in the city (Vyronas). Depending on the participants' availability and in attempt to increase the participation rate, some interviews were conducted at the HHF's premises near the city centre or at house calls.

The examination lasted approximately 50 minutes including an interviewer-administered questionnaire, measurement of blood pressure and anthropometric characteristics, together with blood drawing. At the day of the examination, the results of the somatometry (including body fat and fat free mass) were provided to the participants and approximately one month later the results of blood analysis (incl. total cholesterol, HDL cholesterol, glucose, total calcium, total protein, AST (SGOT), ALT (SGPT), creatinine and uric acid) were sent to them.

An important lesson learned in the pilot phase was the sample selection. The sample for the pilot study was based on census 2001 and included a number of non-eligible participants, as well as persons impossible to locate/contact. Since census 2011 was completed in May this year, any plans to initiate data collection for the full-size survey will be postponed until a sample based on the most recent census is available.

While pilot testing the methods of a national HES, the Hellenic Health Foundation submitted an application for undertaking the full-size HES (including a dietary intake module) and the proposal was approved in June 2011. The survey is entitled "Program and targeted action on the diet and health of the Greek population: development and implementation of methodology and documentation – the HYDRIA project" and is supported by the European Social Fund and the National Strategic Reference Network (NSRF) 2007-2013 of the Greek Ministry of Health and Social Solidarity. Currently, the team that worked in the EHES pilot is updating and enriching the manual, which will serve as reference material for the full-size national HES.

EHES Workshop at the EUPHA 2011

EHES will organize a workshop in the EUPHA 2011 Conference on 10-12th December 2011 in Copenhagen, Denmark. The workshop entitled 'European Health Examination Survey - comparability by collaboration' will take place on Friday, 11th December at 10:15 in the track "Benefits and reliability of data collection". The workshop includes a general introduction to EHES and four presentations:

- the availability of the sampling frames and obtained participation rates in different countries;
- standardization of the EHES core measurements (anthropometric measurements, blood pressure, blood lipids and fasting blood glucose);
- example from Slovakia on how to establish a new national HES in a country without existing HES; and
- example from Germany on how to adapt European Health Examination Survey standards without losing national trends in the country with an existing national HES system.

Welcome!

EHES Final Conference

The EHES Final Conference will be organized on 6-7th March 2012 in Brussels, Belgium.

The content will consist of the following topics:

- What is EHES?
- Results of the EHES pilot phase and country experiences from the EHES pilots
- Presentations from related projects, and stakeholders
- Presentations on
 - the EHES Manual
 - the EHES data handling system
 - the EHES training programme
 - results of the evaluation of the project

The conference will be open for everyone interested. More details of the agenda and instructions for registration will be posted in the EHES website around the end of this year.

Please see http://www.ehes.info/final_conference.htm

To subscribe / unsubscribe to the Newsletter, please go to the following web link:
http://www.ehes.info/subscribe_newsletter.htm

Web site:
<http://www.ehes.info>

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