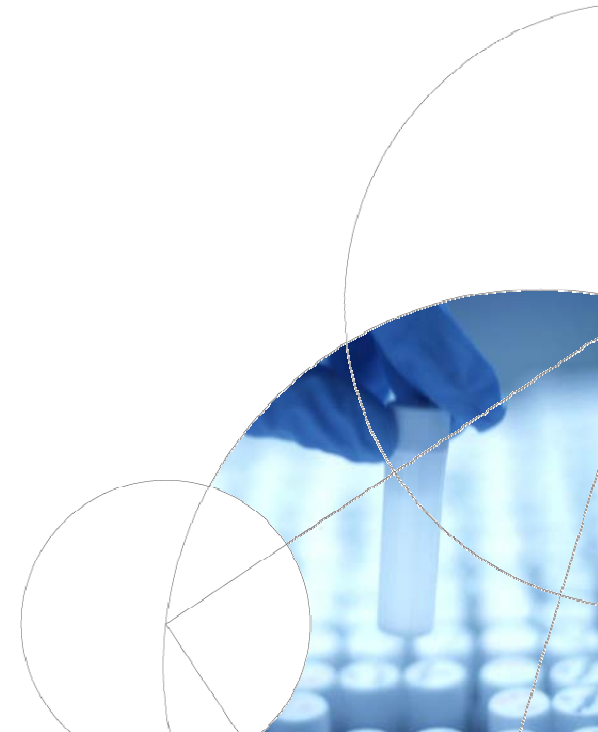


# Cross Cultural Comparability of Questionnaire Based Data Used for Health Expectancy Calculations

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Section for Social Pharmacy



# Cross cultural validity and comparability issues in HE

- Correct statistical calculations
- Correct translation of conceptual and operational definitions – literally and scientifically correct
- Cultural “correct” translations, i.e. with identical meanings for the respondents

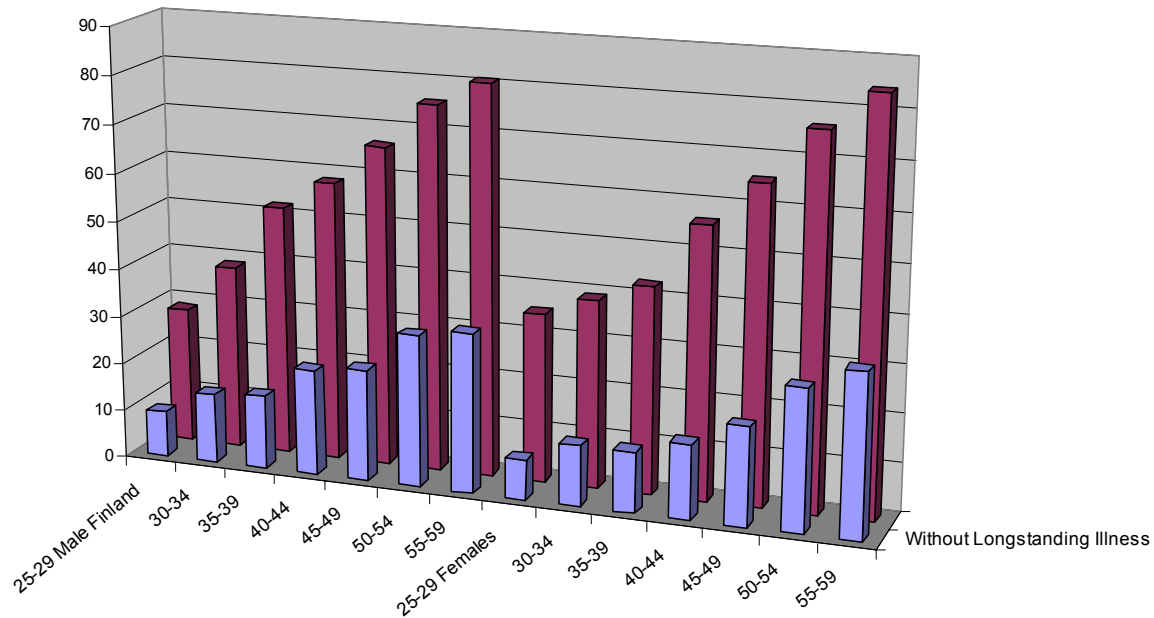


# Data

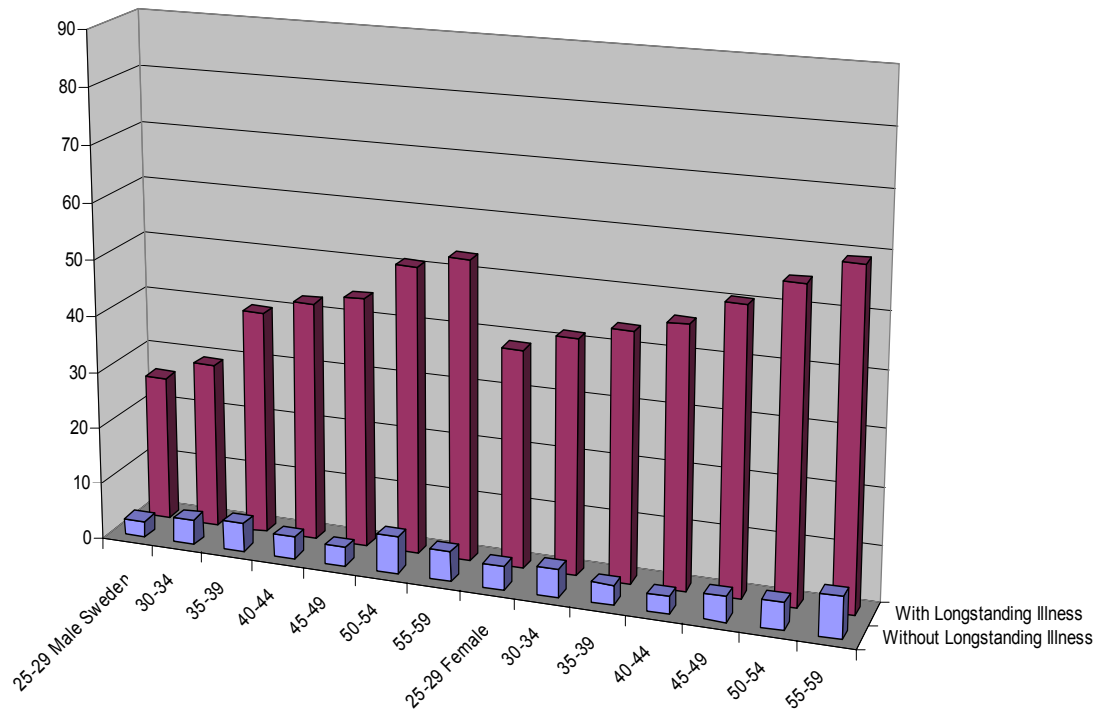
- Nationally representative samples from Finland, Sweden & Denmark
  - Living conditions surveys and HIS – 1990es
- Local community surveys from Norway, Denmark, Estonia, Latvia, Lithuania & Poland
  - 2007 - Low responserates – patterns comparable with European Social Survey



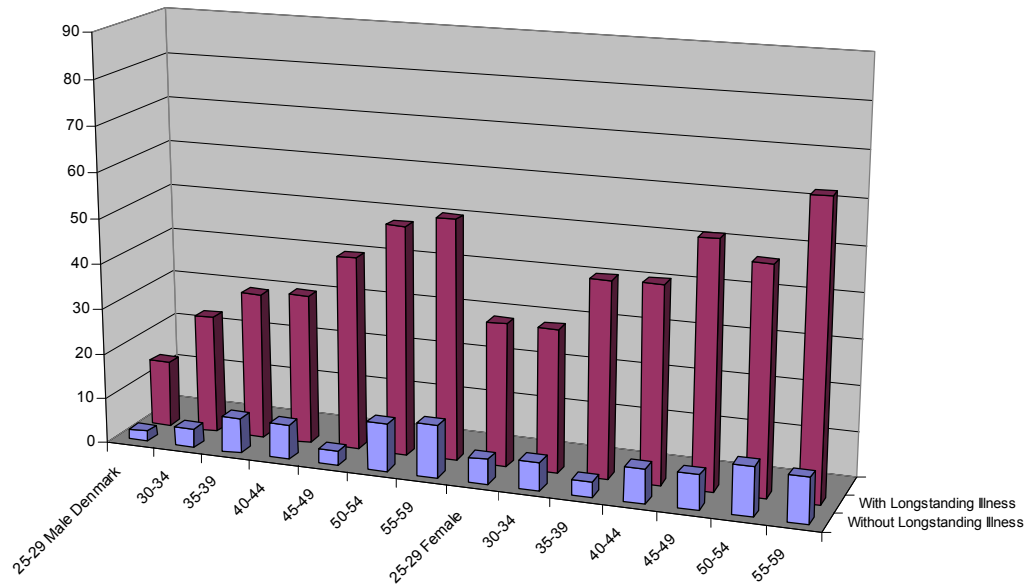
# Longstanding illness and Less Than Good perceived health, Finland



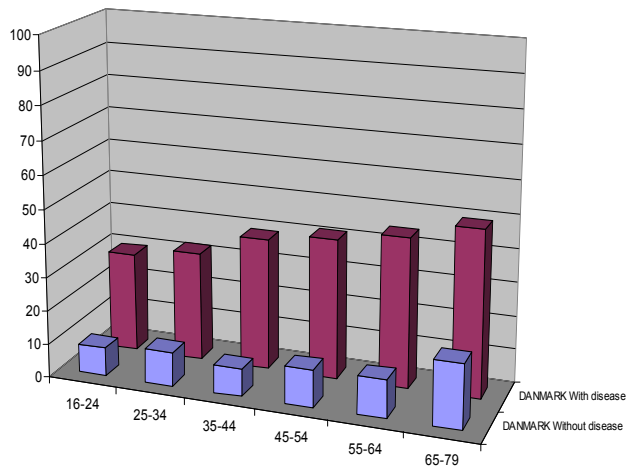
# Longstanding illness and Less Than Good perceived health, Sweden



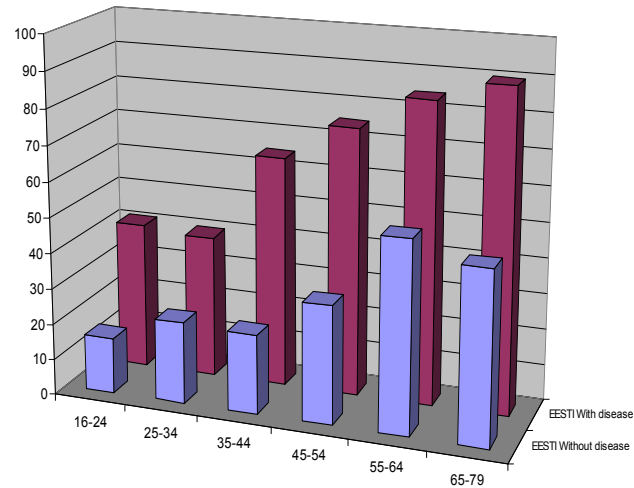
# Longstanding illness and Less Than Good perceived health, Denmark



# LTG perceived health, age and disease, Denmark & Estonia



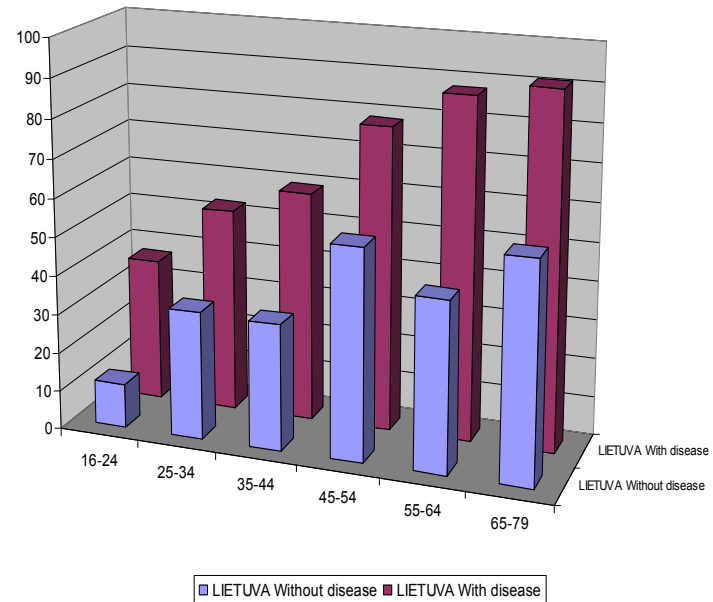
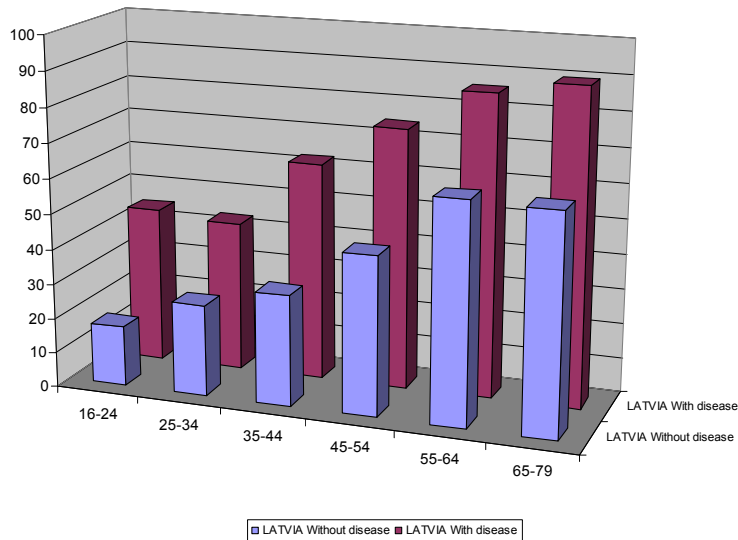
■ DANMARK Without disease ■ DANMARK With disease



■ EESTI Without disease ■ EESTI With disease

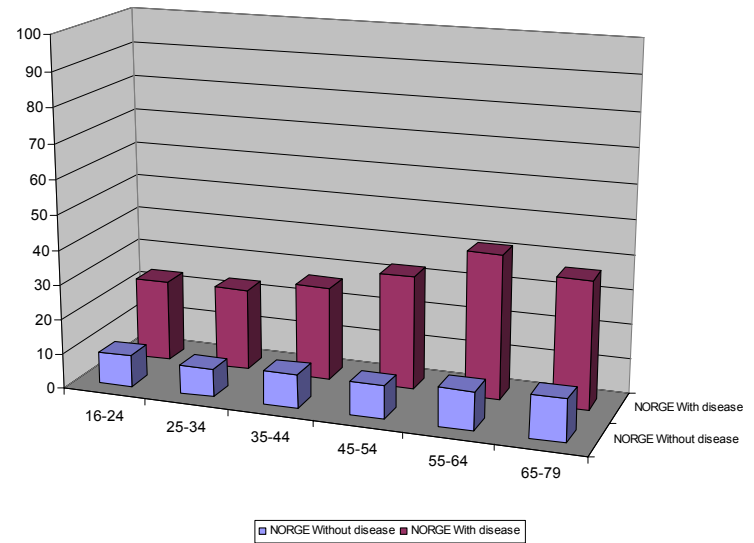
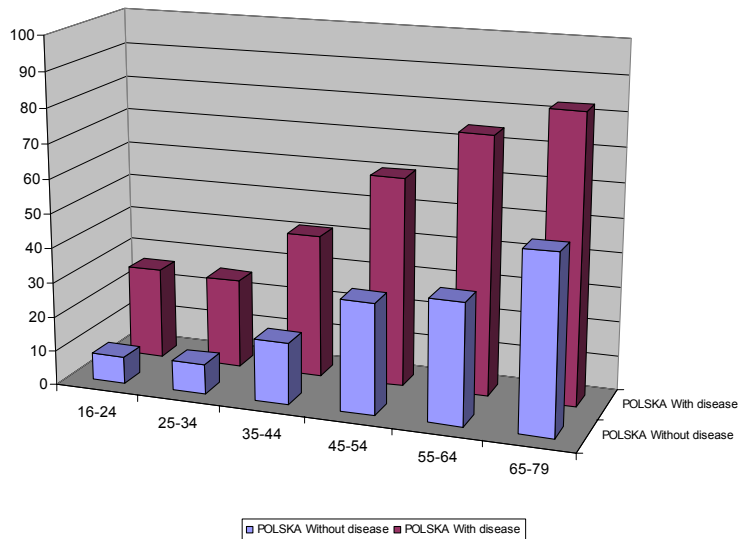


# LTG perceived health, age and disease, Latvia and Lithuania





# LTG perceived health, age and disease, Poland and Norway



# What is the explanation?

- Confounders
- Unmeasured diseases/illnesses
- Differences in disease burden
  
- Differences in meanings of "perceived health"
- Differences in mental and cognitive processes and subjective criteria in evaluating and assessing subjective health
  
- *Is perceived health quantitatively comparable across cultures*



# How to proceed in implementing HE calculations for European monitoring purposes

- Validity in one culture or country do not ensure cross cultural validity and comparability
- Establish quality control procedures
- Follow common cognitive testing protocols, that includes comparative analyses

