Single Integrated Metadata Structure (SIMS)

Country: Greece

Compiling agency: ELSTAT

Domain name: Health Survey (HS), 2014.

ELSTAT metadata

Reference metadata

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2 Introduction   Top

The Health Survey is conducted in accordance with the European Health Interview Survey (EHIS) standards and produces valuable information on population health status and the determinants affecting it –positively or negatively- such as physical exercise, food consumption, smoking, alcohol consumption etc. The survey took place for first time in 2009 and is conducted every 5 years. The survey of 2014 is the second one and has been conducted in the whole Greek territory.

3 Metadata update   Top

3.1 Metadata last certified	30/11/2016
3.2 Metadata last posted	30/11/2016
3.3 Metadata last update	30/11/2016

4 Statistical presentation   Top

4.1 Data description

The Health Survey aims to study and provide, both at European and National level, information on health status, health determinants and health care services' use. In order to have comparable data among Member States the questionnaire design and the guidelines are in accordance with guidelines provided by Eurostat and after adjustment to country particuliarities and the national health system.

More specifically data are collected as regards:

- The demographic characteristics (gender and age), educational level and employment

- Health status (general health status, health problems, accidents and injuries, absence from

work due to health problems, physical and sensory functional limitations, personal care activities, Household activities, pain, mental health)

- Use of Health Care Services (inpatient and outpatient hospital care, use of ambulatory and home care), visits/consultations to family doctors/general practitioners/medical or surgical specialists/ dentists, use of medicines, preventive services (flu vaccination, measuring blood pressure and blood cholesterol level, etc.),unmet need for health care

- Health determinants that influence health status –positively or negatively– such as physical exercise, healthy food consumption, smoking, alcohol consumption etc.

- The net monthly income of the household.

4.2 Classification system

NUTSII, ISCO 08, NACE rev.2, ISCED 2011.

4.3 Sector coverage

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4.4 Statistical concepts and definitions

The following concepts and definitions have been used in the survey:

1. Dwelling

Dwelling is a separate and independent structure, which has been built or converted to cover the habitation needs of a family (household). Dwelling is also considered every space neither constructed nor converted for the purpose of habitation, used, however, as a dwelling during the reference period.

The following are also considered as dwellings:

- A detached house, semi-detached house or groups of similar dwellings, apartment or flat in a building

- A room or more rooms, where the household lives

- A storage house, hut, shack, etc. used as main dwelling during the survey conduct.

The following is not considered as dwelling:

The space which although fulfilling the above definition is used for other purposes (i.e. office, warehouse, collective household, laboratory etc.)

2. Household

Household is either one person living alone or a group of persons, not necessarily related, living at the same address with common housekeeping. The household members share household's expenses or benefit from them due to lack of income.

More specifically:

One – person household

- One person living alone in one dwelling or in one room of the latter and does his own housekeeping

- Two or more persons living at the same address, related or not, without common housekeeping and each one of them has the exclusive use of at least one room.

Multi-person household
- One couple or parents with their children or one parent with children
- One couple with or without children, parents of the couple and the domestic live - in servant, if any, under the condition that he/she will stay for more than 12 months
- Two or more persons, not necessarily related, living at the same address with common housekeeping
- One or less than 5 boarders residing within a private household.

3. Household members

The criterion for recording household members is the **usual residence** and the time period of 12 consecutive months.
Individuals **usually residing** in the dwelling, according to the definition below constitute household and are recorded as household members.
An individual is considered to usual reside in a dwelling (household) if he/she uses the dwelling for his/her daily rest/relaxation, independently of temporary absences for recreation, holidays, visits to friends or relatives, work, medical treatment of religious obligations
Or
If the above criteria are not valid the individual is considered to usual reside in his/her legal or registered in authorities dwelling.

Only the following persons are considered as usually residing in the interviewed household:
(1) Persons having lived in the household for the time period of 12 consecutive months before the survey conduct and
(2) Persons having moved in the household some time during the last 12 months before the survey conduct, intending to stay for at least a year, continuously.

Hence, soldiers, sailors or persons working far from their dwelling/household for quite a long time or persons hospitalized for health problems the above criteria (1) and (2) for usual residence cannot apply and we consider them to reside in their legal registered in authorities dwelling, that is, the specific dwelling/household. The interview is in these cases done via representative (proxy interviews). For the completeness and accuracy of information collected telephone contact with interviewee is sought for recording or cross checking answers in specific questions.

For students away from home, in another city criteria (1) and (2) will be examined and case by case they may or may not be recorded as household members. If registered, proxy interview will be applied and telephone call for cross checking of answers will follow.

Household head

Person in charge of the household (household head) is considered the owner of the dwelling or the person who rents the dwelling or the person who makes free of charge use of the dwelling – the dwelling may have been granted for free by the state, a relative or the employer. In case of two members being in charge household head would be the older one.

4.5 Statistical unit
Households and individuals aged 15 years old and over, residing in private households.

4.6 Statistical population

The survey covers all private households with their members; irrespective of their size or other socio-economic characteristics. One individual aged 15 + is surveyed in each household.

Be excluded:

- o Individuals permanently residing in collective houses (hospitals, hotels, asylums, houses of old people, orphanages etc). These individuals are members of institutional households. In addition, collective houses are all the households providing accommodation for more than five boarders.
- o Households having as members foreign citizens serving in Diplomatic Missions.

The initial sample size of households / individuals amounted to 9936 and finally 8223 households and equal in number individuals were interviewed.

4.7 Reference area

The whole Greek territory.

4.8 Time coverage

The survey was conducted during the last quarter of the year 2014 (October - December) and the next health survey (wave 3) will be conducted within the year 2019.

4.9 Base period

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5 Unit of measure

Percentage (%)of individuals.

6 Reference period

The reference periods of the survey vary and depend on the question. Reference periods are considered:

- **Day for the survey:** Related questions: Mainstat, Health status questions, Physical and sensory functional limitations/Health Determinants etc.

- **The past 12 months** (the period ends one day before the survey day): Chronic diseases and conditions, accidents and injuries, absence from work due to health problems, provision of health care services in a hospital as inpatient or day patient, unmet needs, provision of home care services etc.

- **The past 4 weeks** (the period ends one day before the survey conduct day)**:** questions of pain,, consultations of a general practitioner etc.

- **The past 2 weeks** (the period ends one day before the survey conduct day): questions of medicine use / mental health etc.

- **The past 7 days** (the period ends one day before the survey conduct day)**:** questions of physical activity/exercise etc.

The questionnaires of the Health survey 2014 have be posted in ELSTAT's site
http://www.statistics.gr/en/statistics/-/publication/SHE22/2014

and in particular:

The Household Register and their members(EEY.1) and
http://www.statistics.gr/en/statistics/-/publication/SHE22/2014

The Individual Questionnaire (EEY.2)

http://www.statistics.gr/en/statistics/-/publication/SHE22/2014

7   Institutional mandate Top

7.1 Legal acts and other agreements

The legal framework concerning the organization and operation of ELSTAT is as follows:

- **Law 3832/2010** (Government Gazette No 38, Issue A): *"Hellenic Statistical System Establishment of the Hellenic Statistical Authority (ELSTAT) as an Independent Authority",* as amended and in force

- **Regulation on the Operation and Administration of the Hellenic Statistical Authority** (ELSTAT), 2012, (Government Gazette No 2390, Issue B, 28-8-2012) http://www.statistics.gr/en/legal-framework
- **Regulation (EC) No 223/2009 of the European Parliament and of the Council**, on the European statistics (Official Journal of the European Union L 87/164).

- **Article 14 of the Law 3470/2006** (Government Gazette No 132, Issue A): *"National Export Council, tax regulations and other provisions''.*

- **Article 3, paragraph 1c, of the Law 3448/2006** (Government Gazette No 57, Issue A): *"For the further use of information coming from the public sector and the settlement of matters falling within the responsibility of the Ministry of Interior, Public Administration and Decentralization''.*

- **European Statistics Code of Practice**, adopted by the Statistical Programme Committee on 24 February 2005 and promulgated in the Commission Recommendation of 25 May 2005 on the independence, integrity and accountability of the national and Community statistical Authorities, after its revision, which was adopted on 28 September 2011 by the European Statistical System Committee.

- **Presidential Decree 226/2000** (Government Gazette No 195, Issue A): *"Organization of the General Secretariat of the National Statistical Service of Greece''.*

- **Articles 4, 12 , 13, 14, 15 and 16 of the Law 2392/1996** (Government Gazette No 60, Issue A): *"Access of the General Secretariat of the National Statistical Service of Greece to administrative sources and administrative files, Statistical Confidentiality Committee, settlement of matters concerning the conduct of censuses and statistical works, as well as of matters of the General Secretariat of the National Statistical Service of Greece".*

The legal framework for developing the European Health Interview Survey (EHIS) is the Regulation No **1338/2008** of the European Parliament and of the Council of 16 December 2008 on public health and safety at work. In addition, detailed specification of the data and metadata are provided pursuant to the Commission Regulation **No 141/2013 of 19 February 2013**.

7.2 Data sharing

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8 Confidentiality

8.1 Confidentiality policy

The issues concerning the observance of statistical confidentiality by the Hellenic Statistical Authority (ELSTAT) are arranged by articles 7, 8 and 9 of the Law 3832/2010 as in force, by Articles 8, 10 and 11(2) of the Regulation on Statistical Obligations of the agencies of the Hellenic Statistical System Regulation on Statistical Obligations and by Articles 10 and 15 of the Regulation on the Operation and Administration of ELSTAT ELSTAT_REGULATION.

More precisely:

ELSTAT disseminates the statistics in compliance with the statistical principles of the European Statistics Code of Practice and in particular with the principle of statistical confidentiality.

http://www.statistics.gr/en/statistical-confidentiality?inheritRedirect=true

8.2 Confidentiality – data treatment

➢ ELSTAT protects and does not disseminate data it has obtained or it has access to, which enable the direct or indirect identification of the statistical units that have provided them by the disclosure of individual information directly received for statistical purposes or indirectly supplied from administrative or other sources. ELSTAT takes all appropriate preventive measures so as to render impossible the identification of individual statistical units by technical or other means that might reasonably be used by a third party. Statistical data that could potentially enable the identification of the statistical unit are disseminated by ELSTAT if and only if:

a) these data have been treated, as it is specifically set out in the Regulation on Statistical Obligations of the agencies of the Hellenic Statistical System (ELSS), in such a way that their dissemination does not prejudice statistical confidentiality or

b) the statistical unit has given its consent, without any reservations, for the disclosure of data.

➢ The confidential data that are transmitted by ELSS agencies to ELSTAT are used exclusively for statistical purposes and the only persons who have the right to have access to these data are the personnel engaged in this task and appointed by an act of the President of ELSTAT.

➢ ELSTAT may grant researchers conducting statistical analyses for scientific purposes access to data that enable the indirect identification of the statistical units concerned. The access is granted provided the following conditions are satisfied:

a) an appropriate request together with a detailed research proposal in conformity with current scientific standards have been submitted;

b) the research proposal indicates in sufficient detail the set of data to be accessed, the methods of analyzing them, and the time needed for the research;

c) a contract specifying the conditions for access, the obligations of the researchers, the measures for respecting the confidentiality of statistical data and the sanctions in case of breach of these obligations has been signed by the individual researcher, by his/her institution, or by the organization commissioning the research, as the case may be, and by ELSTAT.

➢ Issues referring to the observance of statistical confidentiality are examined by the

Statistical Confidentiality Committee (SCC) operating in ELSTAT. The responsibilities of this Committee are to make recommendations to the President of ELSTAT on:

- the level of detail at which statistical data can be disseminated, so as the identification, either directly or indirectly, of the surveyed statistical unit is not possible;

- the anonymization criteria for the microdata provided to users; http://www.statistics.gr/en/anonymized_criteria

- the granting to researchers access to confidential data for scientific purposes.

➤ The staff of ELSTAT, under any employment status, as well as the temporary survey workers who are employed for the collection of statistical data in statistical surveys conducted by ELSTAT, who acquire access by any means to confidential data, are bound by the principle of confidentiality and must use these data exclusively for the statistical purposes of ELSTAT. After the termination of their term of office, they are not allowed to use these data for any purpose.

➤ Violation of data confidentiality and/or statistical confidentiality by any civil servant or employee of ELSTAT constitutes the disciplinary offence of violation of duty and may be punished with the penalty of final dismissal.

➤ ELSTAT, by its decision, may impose a penalty amounting from ten thousand (10,000) up to two hundred thousand (200,000) euros to anyone who violates the confidentiality of data and/or statistical confidentiality. The penalty is always imposed after the hearing of the defense of the person liable for the breach, depending on the gravity and the repercussions of the violation. Any relapse constitutes an aggravating factor for the assessment of the administrative sanction.

9   Release policy   Top

9.1 Release calendar

The 1rst Press Release for the Health Survey is scheduled for the beginning of December of the year following the year of the survey conduct. For the Health Survey of the year 2014 the 1rst Press Release has been announced in **9/12/2015** and the second in **29/2/2016** (both Press Releases have been revised in 15/6/2016 after re-weighting and applying of trimming).

9.2 Release calendar access

http://www.statistics.gr/documents/20181/301069/calendar_en_2016.pdf/ba60002a-c437-44d3-9d27-12cb41dc8511

9.3 User access

The users are informed for each survey data release through ELSTAT's website. The European Statistics Code of Practice governs equal access of users' to data.

10   Frequency of dissemination   Top

The frequency of the survey conduct is five years. The 3rd wave of the survey will be conducted within 2019.

11	**Dissemination format**	

11.1 News release

Initial date for the announcement of the 1rst Press Release for the Health Survey 2014 was the 9th of December 2015 and of the 2nd the 29th of February 2016. Both press releases were revised in 15 June 2016 after re-weighting and applying of trimming.

http://www.statistics.gr/en/statistics/-/publication/SHE22/-

11.2 Publications

Publication "The Living Conditions in Greece" provides, both in greek and english languages, the latest statistics illustrating living conditions in Greece, among which data from the Health Survey.

The publication is updated with the latest data the first Friday of January, March, May, July, September and November.

Relative links: http://www.statistics.gr/en/living-conditions-in-greece

http://www.statistics.gr/documents/20181/e615d26d-bab2-46e7-9ee5-a6db41b673ce

11.3 On-line database

On line database, for the time being, does not exist

11.3.1 Data tables - consultations

Information is not available.

11.4 Micro-data access

The micro data files are provided to users upon request submitted to the Department of Statistical Information Dissemination using the links:

http://www.statistics.gr/en/statistical-data-request

http://www.statistics.gr/en/data-for-scientific-purposes

11.5 Other

http://dlib.statistics.gr/portal/page/portal/ESYE/

11.5.1 Metadata – consultations

Information is not available.

12	**Accessibility of documentation**	

12.1 Documentation on methodology

Basic methodological information on the Health Survey can be found on ELSTAT's website and specifically in the guidelines of the survey (in greek only).

http://www.statistics.gr/documents/20181/180dec65-aaa7-4ae1-80a0-626d9a01fca4

http://www.statistics.gr/el/statistics/-/publication/SHE22/2014

Detailed information concerning methodology used is included in the Quality Report posted on the website of ELSTAT http://www.statistics.gr/en/statistics/-/publication/SHE22/-

12.1.1 Metadata completeness - rate

97,3%.

12.2 Quality documentation
Quality documentation is included in the survey's Quality Report http://www.statistics.gr/en/statistics/-/publication/SHE22/- http://www.statistics.gr/en/statistics/-/publication/SHE22/2014

13	**Quality management**	Top

13.1 Quality assurance
In order to improve the comparability of the survey results among all the Member-States of the EU, data quality of the Health survey is ensured and achieved through the adherence to the Statistical principles of the European Statistics Code of Practice, as well as by using a common standard questionnaire. In particular, all methods for data collection, which had been suggested by Eurostat were prepared and elaborated in details in order to address any comparability and harmonisation issues. The standard questionnaire suggested by Eurostat (questions, answers categories, filter etc) has been already translated in the Greek language after taking into account the national particularities. The same has happened with the guidelines and their justifications. In addition, list of control checks that will send by Eurostat and control checks that will be conducted by ELSTAT itself (logical, completeness, flow etc), will contribute to the collection of high quality data as well. These data will be accompanied by the relevant national quality report documenting their accuracy, coherence and comparability with the relevant survey data of other Member – States. Finally, ELSTAT is in continuous and fruitful contact with Eurostat which helps resolving any problems emerging from the survey.

13.2 Quality assessment
Quality assessment is carried out by ELSTAT and Eurostat. The sample size ensures the production of high accuracy results. Consequently, the sample size is representative of the reference population of the survey and all the appropriate measures are taken in order to minimize any errors during the survey conduct. All the above mentioned actions contribute to the total high quality of the statistical product of the survey.

14	**Relevance**	Top

14.1 User needs
Main users of the survey data are Eurostat, the OECD, Universities (teachers/graduate and post graduate students) and researchers on the field of health. In general the users' requests are being satisfied.

14.2 User satisfaction
The Department of Statistical Information and Dissemination of ELSTAT conducts a survey on users' satisfaction. http://www.statistics.gr/portal/page/portal/ESYE/BUCKET/General/library_news_letter http://www.statistics.gr/en/user-satisfaction-survey

14.3 Completeness
According to the requirements set out in Eurostat's Regulations, the completeness of the produced data is considered very satisfactory.

15	**Accuracy and reliability**	Top

15.1 Overall accuracy
The concept of accuracy refers to the precision of estimates computed from a sample rather than

from the entire population. Accuracy depends on sample size, sampling design effect and structure of the population under study. In addition to that, sampling errors and non sampling errors need to be taken into account.

The sample size has been defined from the Division of Organization, Methodology and Public Relations, according to the provisions set in the surveys' implementing regulation, allowing thus the production of high accuracy estimations for the country and also for the 4 great geographical areas of the country (NUTS1 level).

Sampling errors have been calculated from the competent division (see §15.2 below).

15.2 Sampling error

In order to measure the sampling errors we calculated coefficients of variation for the main survey variables. Sampling errors are presented in the Quality Report.

http://www.statistics.gr/en/statistics/-/publication/SHE22/-

15.3 Non-sampling error

The non- sampling errors are divided into the following categories:

1. Coverage errors
2. Measurement errors
3. Non response errors
4. Processing errors

Detailed information can be found in the quality report
http://www.statistics.gr/en/statistics/-/publication/SHE22/-

15.3.1 Coverage error

1. Coverage error: It is caused by the imperfection of the sampling frame and specifically households and household members belonging to the target population being somehow outdated thus resulting in ineligible sample cases / out-of-scope units.

15.3.1.1 Over-coverage – rate

0,6% of initial sample households (62 households) did not belong to the target population although existing in the sampling frame / buidling did not exist / wrong sampling frame / empty dwelling / dwelling used for professional reasons, etc.).

15.3.1.2 Common units – proportion

Not applicable

15.3.2 Measurement error

2. Measurement error: They occur at the time of data collection from the questionnaire.

In order to reduce these errors the following actions were done:

- For building up the questionnaire we adopted the questionnaire proposed from Eurostat as the basis. The structure of the questionnaires is similar. The majority of the questions are almost literally copied and translated.
- Detailed guidelines handbook is provided to all interviewers. Also, a second manual on the use of the data entry programs / electronic questionnaires designed using Oracle - SQL (in central office desktops).
- Training to interviewers takes place in Athens as well as in regional offices.
- Checks (validation/ logical/ completeness/ flow, etc.) are carried out both by ELSTAT and EUROSTAT (validation programs). Supervisors are in close communication with interviewers for attending work progress or to discuss and solve occurring problems.
- Participation in the survey of skilled and experienced, with previous health survey and other household surveys, interviewers.

15.3.3 Non response error

Non response error

o   Information on non response rate is included in the quality report (section 5.3.3.).

Actions for minimizing units' non-response are:

o   An advance notification letter sent to all households, one month before the survey conduct, among others, providing information on how the data collected are used.
o   In cases where the households cannot be accessed, mainly due to temporary absence, a number of attempts for phone calls (at least three) are made, on different days or hours of day.
Methods used for reducing unit non-response :
An informative letter is sent, almost one month before the survey conduct, in order to inform the households/individuals that they have been selected for the survey, furthermore asking for their cooperation.
In cases where the respondents couldn't be accessed, mainly due to temporary absence, a number of attempts for phone calls (at least three) are made, on different days or hours of day.

15.3.4 Processing error

Occurring in post-data-collection processes such as data entry, keying, editing and weighting

• Data entry checks are made from ELSTAT's experienced personnel, also using ESTAT's validation programs
• Longitudinal checks with data from previous years' surveys.
• Codification of questions relating to occupation (ISCO-08) and of sector according to NACE rev.2.

15.3.5 Model assumption error

Not applicable.

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16 **Timeliness and punctuality**	

16.1 Timeliness

The time lag between data reference period and data publication is approximately twelve (12) months. In accordance with the Eurostat's recommendation, the microdata file is sent until 30/9/2015 and the Quality report by mid January 2016 (extended deadline).
The first delivery of survey data took place in 29/9/2015. Because of the revision of the extrapolating factors, the final delivery took place in 5/7/2016 after applying trimming procedure.

Starting/ending dates for the project's phases

1. Preparatory work : January 2014 - September 2014
2. Data collection (fieldwork) : October 2014 - March 2015
3. Data processing (data entry, validating, editing, imputing, etc.) : March 2015 - September 2015
4. Data delivery to Eurostat : 1rst delivery of microdata 29/09/2015 - Final delivery 5/7/2016
5. Dissemination of national results : The national results are available for dissemination right after the announcement of the 1rst Press Release (9/12/2015).

16.2 Punctuality

The survey data are produced and disseminated within the pre-defined timetable.

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17 **Comparability**	

17.1 Comparability - geographical

Because of having been applied common definitions of variables and on the other hand common methods of data production, between our country and all EU countries, therefore, no geographical comparability problem exists.

17.1.1 Assymetry for mirror flows statistics – coefficient

Not applicable.

17.2 Comparability over time
The Health survey of the year 2014, is carried out for the second time in the country. The data coming from the 2009 & 2014 Healty surveys are comparable because of implementing common definitions of variables and common methods of data production. Therefore, no problem on comparability over time exists.

18   Coherence

18.1 Coherence cross-domain

General health status indicators are compared with the same indicators calculated from the EU-SILC 2014. Differences between the concepts / definitions used in the two surveys do not exist hence discrepancies may be attributed to the fact that the two surveys serve different purposes; HS targets health whereas EU-SILC targets household income.

More information in the Quality Report of 2014 which has been posted in ELSTAT's website
http://www.statistics.gr/en/statistics/-/publication/SHE22/-

18.1.1 Coherence – sub annual and annual statistics

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18.1.2 Coherence – National Accounts

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18.2 Coherence - internal

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19   Cost and burden

The Health Survey has been designed to keep respondent burden under control in order to avoid high non- response rate and to ensure good quality of the collected information.

Burden concerns mostly the required time, which must be spent by the respondent for data provision. Nevertheless, not much can be done to alleviate such a burden.

The total cost of the survey amounted to 183.299 euros (external collaborators & staff).

20   Data revision

20.1 Revision policy

The revision policy concerns either the survey data or the survey itself (ie. the questionnaire, the sample etc) and takes into consideration users' needs for further statistical information.

http://www.statistics.gr/en/policies

20.2 Revision practice

Data transmitted to Eurostat undergo in detailed verifications by implementing automated validation procedures at the level of variables and breakdowns. Except for cross- sectional checks, longitudinal checks are conducted and whenever necessary (if data inconsistencies are found) reporting countries are asked to verify and revise their results.

21   Statistical processing

21.1 Source data

The multi-stage stratified sampling method was adopted for the survey. Primary sampling unit (PSUs)

is the area (one or more unified city blocks), secondary unit is the household and ultimate the individual aged 15+ (target population).

The stratification criteria are:
- the geographical region (NUTS 2)
- the urbanization degree of the Municipal / Local communities at which the individuals belong. Individuals of Greater Athens and of former department of Thessaloniki are further divided into homogeneous clusters according to socio-economic characteristics
- the gender and the age group.

The total number of the sampling areas is 1265.
The survey has been conducted in a sample of 8223 household and equal in number individuals aged 15+.

More information in the Quality Report of the survey and on the website of ELSTAT).
http://www.statistics.gr/en/statistics/-/publication/SHE22/-

21.2 Frequency of data collection

The survey will be conducted every five (5) years. Next survey will be conducted in year 2019.

21.3 Data collection

The Health Survey is a sampling survey and is conducted with face to face interviews by visiting the households. The interviewers are either permanent staff of ELSTAT or private interviewers from the Statistical Interviewers' Register of ELSTAT. Whenever the household members were temporarily absent the interviewers left a notification letter with the date of their next visit. The interviewer ought to make at least three visits to that household and then substituted the household with another one from the sampling frame. After the survey conduct the interviewers had the obligation to check the data for any further errors or omissions and finally to make the data entry in electronic questionnaires using the Integrated Informatics System of ELSTAT.

21.4 Data validation

The Health Survey for the year 2014 is a survey which is conducted for the second time at national level. The data are validated after conducting quality and quantity checks based on:
o Cross – checks on raw material in comparison with data of the previous survey
o Comparison with relevant health variables of other surveys/statistical sources
o Estimation of sampling errors, which are used as criterion for the confirmation and final validation of data.

21.5 Data compilation

Tabulated data have been produced using the extrapolation factors.

More information on the extrapolation factors can be found in the Quality Report

http://www.statistics.gr/en/statistics/-/publication/SHE22/-

21.5.1 Imputation – rate

0%
21.6 Adjustment
-
21.6.1 Seasonal adjustment
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22 **Comment**	
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