<u>Coherence across domains</u>:

The coherence between Ehis 2019 data and data from other surveys on the same topics concerns two types of variables:

- Sociodemographic variables, for which coherence is assured thanks to calibration technique. All household surveys carried out in France by the National Official statistics system are calibrated on a basic set of margins (population by sex and age, by social category, by NUTS2…) estimated with the LFS.
- Health variables.

On this latter set of variables, Ehis 2019 data can be compared with data collected in other surveys in which the European minimodule questions are inserted, basically the LFS and EU-Silc surveys. Other French surveys not yet concerned by an European regulation also include the European minimodule questions (2008 national survey on handicap, 2015 national survey on older persons' dependency, 2010 national survey on time use). The questions formulations are the same in the three European surveys (Silc, LFS, Ehis); especially, in these three surveys, information on the gali is gathered through a single question[1] . Instructions to interviewers differ between surveys as well as the theme of the survey and the position of the module in the questionnaire. In Ehis, the module is positioned at the beginning of the questionnaire, after the module on household composition and sociodemographic variables. In the LFS and EU-Silc questionnaires, the module is rather at the end.

Drees, the ministry of health's statistical service conducted recently a comparison[2] of the Gali estimations between the different French surveys whose questionnaire includes the European minimodule. This study shows that there is a strong consistency between estimations of severe limitations in the population aged between 16 and 64 years old in the different surveys. The levels of prevalence are very close between LFS, Ehis and Silc, and the yearly evolution between LFS and Silc is also very close. In 2018, for this population, the estimation of prevalence for severe limitations in LFS was 5,7 %, 5,8 % in Silc ; in 2019, in Ehis the estimation was and 6,2 %. This conclusion is less true for the estimation of severe limitations prevalence amongst persons aged 65 years old or more. For this population, the answer depends more on what the respondent sees as a limitation stemming from a

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[1] Comparisons of different possible formulations of the gali were carried out in 2015 (see https://drees.solidarites-sante.gouv.fr/publications/dossiers-solidarite-et-sante-1998-2016/faut-il-changer-la-formulation-des-indicateurs) and concluded that the different formulations tested, which included the formulation in two questions, did not improve the quality of the results. On this basis, the ministry of health's statistical service decided to maintain the Gali formulation in one question to preserve comparability over time.
[2] See https://drees.solidarites-sante.gouv.fr/publications/les-dossiers-de-la-drees/elargir-les-sources-detude-quantitative-de-la-population

health problem or from what it or she regards as a consequence of the natural process of ageing and does not relate to health problems. Therefore, the answer is likely to be more context specific. In 2018, for this population, the prevalence was estimated as 20 % in Silc, 17 % in LFS and 18,7 % in Ehis.

It is also not true for moderate limitations, probably due to the fact that the way the respondent sees its situation depends on the survey context : estimates of moderate limitations are higher in surveys focused on handicap, dependency and health, and lower in the LFS for example, centered on employment.