

Evaluation Of The Use And Impacts Of The European Community Health Indicators (ECHI) by Member States

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EVALUATION MANDATE



Assessing Use Of Indicators And Awareness About ECHI

- Are health indicators used? For what?
- Which ones in particular?
- Level of awareness about ECHI?
- Echo in the scientific literature?

EVALUATION MANDATE



Utility of the ECHI Shortlist

- Have ECHI indicators been used in the past? By whom?
- Have they been deemed useful? Which ones in particular?
- To do what?
- Is the shortlist deemed complete enough?

EVALUATION MANDATE

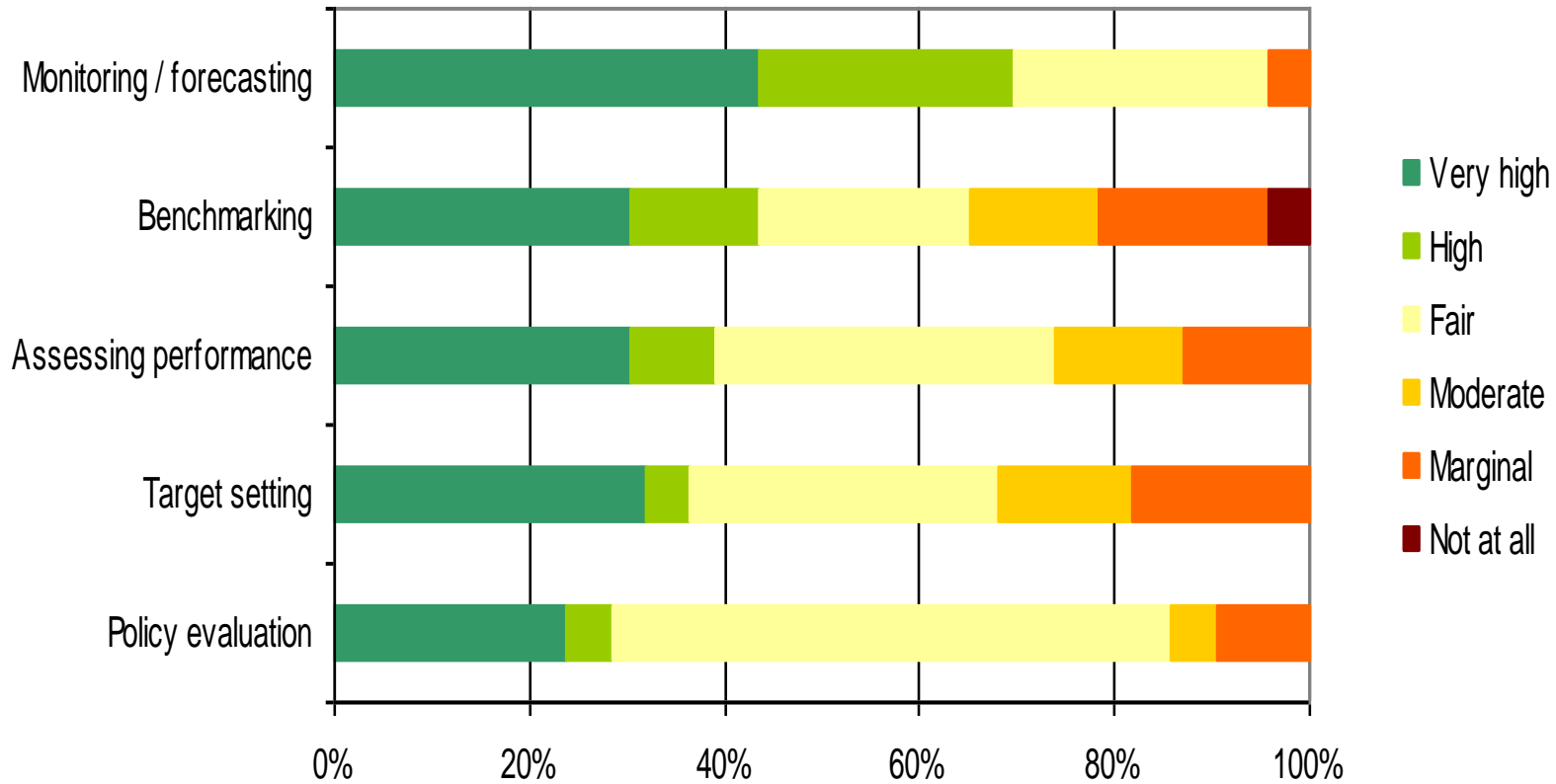


Impact and Sustainability

- Has the use of indicators improved health outcomes?
- To what extent have EHES and EHIS contributed to ECHI added value?
- How can ECHI sustainability be ensured?

ARE INDICATORS USED?

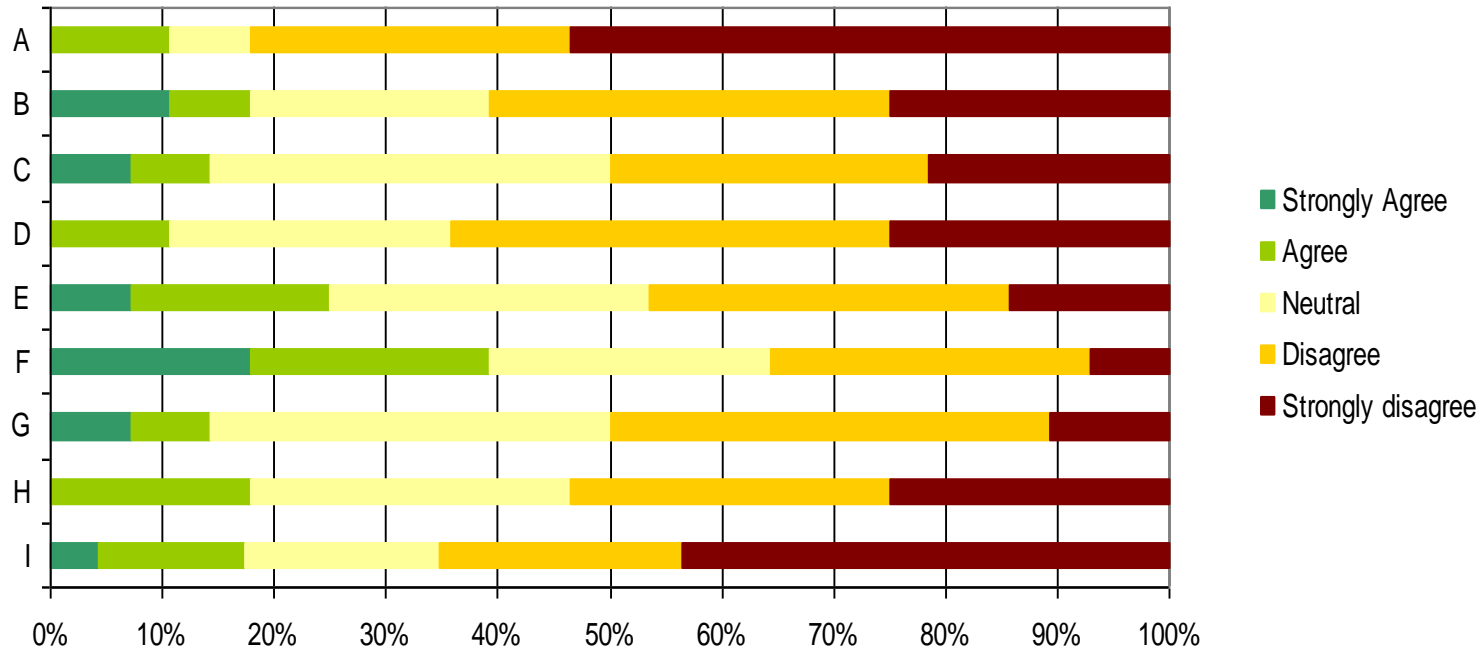
Extent of use of indicators in policy-making by purpose



CHALLENGE OF SOME ECHI ASSUMPTION



Assessment of possible factors affecting the use of indicators

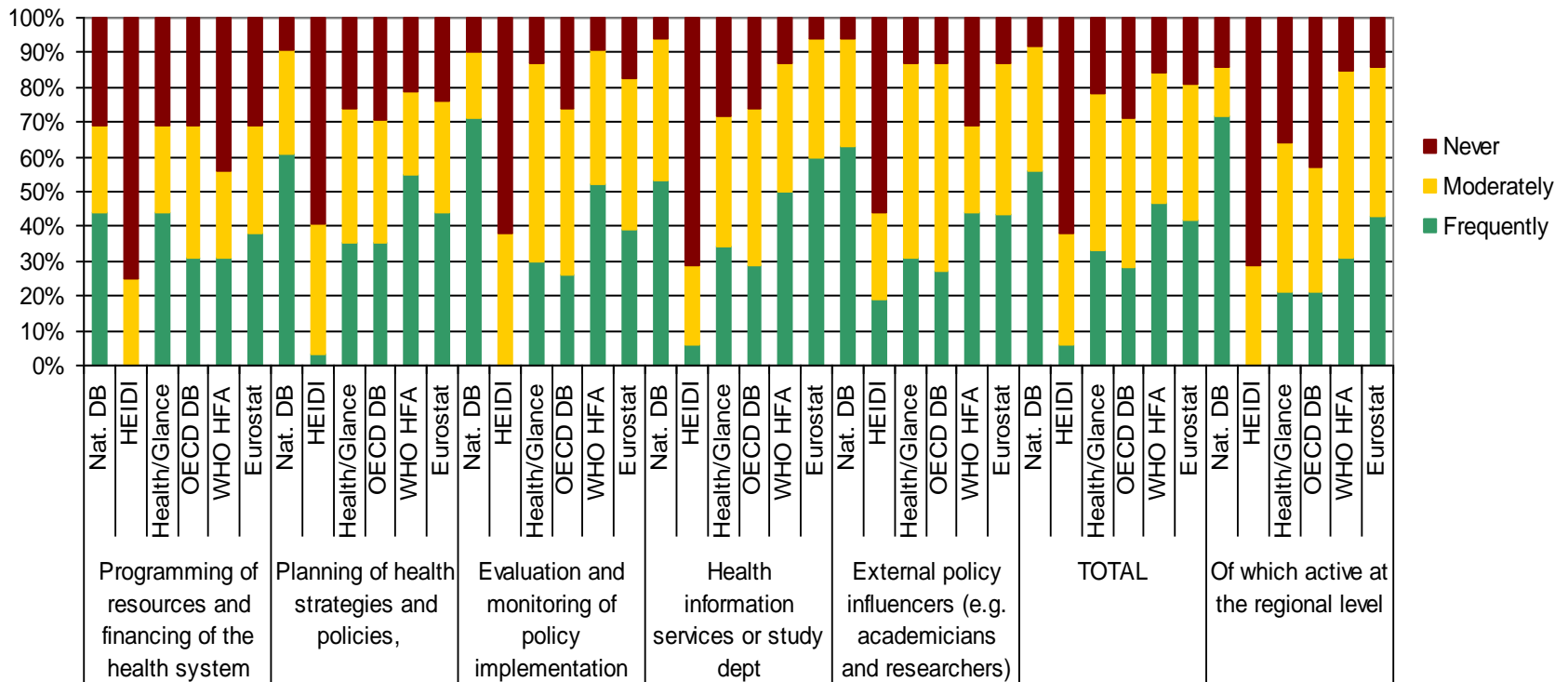


LEVEL OF KNOWLEDGE ABOUT ECHI



Categories of Respondents	Did not know about ECHI before participating in this survey	Have heard of an ECHI shortlist but not familiar with contents	Quite familiar with the ECHI indicators but not with its methodology.	Fully familiar with the ECHI indicators and related methodology
Programming of resources and financing of the health system	8.3%	33.3%	58.3%	0%
Planning of health strategies and policies	23.5%	35.3%	29.4%	11.8%
Evaluation and monitoring of policy implementation	16.5%	33.3%	33.3%	16.5%
Health information services or study dept	10.8%	18.9%	35.1%	35.1%
External policy influencers (e.g. academicians and researchers)	12.5%	12.5%	37.5%	37.5%
TOTAL	15,6%	27,8%	35,6%	20,0%
<i>of which active at the regional level</i>	<i>14,3%</i>	<i>21,4%</i>	<i>35,7%</i>	<i>28,6%</i>

DISSEMINATION MODALITIES



Results from the bibliographic indicators are mixed

DEGREE OF ECHI UPTAKE IN HIS AND POLICY DOCUMENTS



- Dedicated ECHI-based health benchmarking reports → 4 (1)
- ECHI section in HIS databases / Health reports → 12 (6)
- ECHI quoted in general programming documents → 1
- ECHI quoted in sectoral programming documents → 0
- ECHI quoted in health system performance reviews → 2 (1)

TREND → Intentions **GROWING**
Sustainability **DECREASING**

OVERALL USE AND USEFULNESS OF ECHI INDICATORS



ECHI Socio-economic Indicators - Average

Category of indicators	Awareness /availability	Use in policy-making		Type of use				Usefulness rating
		Actual	Planned	Monitor trends	Set objectives	Assess perf./ evaluate policies	Compare	
Demographic and Socio-economic Indicators	% of resp.							1 (low) to 5 (high)
Average of category	92%	70%	77%	81%	28%	37%	62%	4.24

EDUCATION AND OCCUPATION FOLLOW HEALTH INEQUALITY ISSUES

Special Cases

Category of indicators	Awareness /availability	Use in policy-making		Type of use				Usefulness rating
		Actual	Planned	Monitor trends	Set objectives	Assess perf./ evaluate policies	Compare	
Demographic and Socio-economic Indicators	% of resp.							1 (low) to 5 (high)
Mother's age distribution	94%	65%	74%	82%	20%	27%	61%	3.97
Population below poverty line and income inequality	78%	53%	64%	76%	38%	52%	71%	4.31

HEALTH STATUS INDICATORS 1



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Use and Usefulness of ECHI Health Status Indicators

Average

Category of indicators	Awareness /availability	Use in policy- making		Type of use				Usefulness rating
		Actual	Planned	Monitor trends	Set objectives	Assess perf./ evaluate policies	Compare	
Health Status Indicators	% of resp.	Actual	Planned	Monitor trends	Set objectives	Assess perf./ evaluate policies	Compare	1 (low) to 5 (high)
Average of category	77%	57%	63%	84%	30%	41%	68%	4.25

Special Cases

Category of indicators	Awareness /availability	Use in policy- making		Type of use				Usefulness rating
		Actual	Planned	Monitor trends	Set objectives	Assess perf./ evaluate policies	Compare	
Health Status Indicators	% of resp.	Actual	Planned	Monitor trends	Set objectives	Assess perf./ evaluate policies	Compare	1 (low) to 5 (high)
Life expectancy	98%	84%	88%	87%	31%	43%	81%	4.50
Infant mortality	97%	78%	82%	87%	34%	50%	77%	4.41

HEALTH STATUS INDICATORS 2



Use and Usefulness of ECHI Health Status Indicators

Special Cases

Category of indicators	Awareness /availability	Use in policy- making		Type of use				Usefulness rating
		Actual	Planned	Monitor trends	Set objectives	Assess perf./ evaluate policies	Compare	
Health Status Indicators	% of resp.							1 (low) to 5 (high)
(A) Injuries: home/leisure, self-reported incidence	56%	37%	45%	77%	27%	27%	62%	3.71
(B) Injuries: home/leisure, register-based incidence	51%	32%	39%	70%	43%	52%	78%	4.55
(A) Injuries: road traffic, self-reported incidence	54%	38%	42%	65%	31%	31%	54%	3.83
Healthy Life Years	86%	67%	76%	85%	23%	34%	74%	4.34

HEALTH DETERMINANTS



Use and Usefulness of ECHI Health Determinants Indicators

Average

Category of indicators	Awareness /availability	Use in policy- making		Type of use			Usefulness rating	
		Actual	Planned	Monitor trends	Set objectives	Assess perf./ evaluate policies		Compare
Health Determinants	% of resp.							1 (low) to 5 (high)
Average of category	64%	45%	54%	84%	40%	52%	63%	4.24

Special Cases

Category of indicators	Awareness /availability	Use in policy- making		Type of use			Usefulness rating	
		Actual	Planned	Monitor trends	Set objectives	Assess perf./ evaluate policies		Compare
Health Determinants	% of resp.							1 (low) to 5 (high)
Consumption of fruit	70%	54%	64%	87%	37%	39%	53%	3.84
Consumption of vegetables	72%	49%	58%	91%	40%	40%	51%	3.97

HEALTH INTERVENTIONS AND HEALTH PROMOTION



Keen Interest on Vaccination and cancer screening

Category of indicators	Awareness /availability	Use in policy-making		Type of use				Usefulness rating
		Actual	Planned	Monitor trends	Set objectives	Assess perf./ evaluate policies	Compare	
Health intervention	% of resp.							1 (low) to 5 (high)
Vaccination coverage in children	80%	69%	72%	84%	57%	55%	71%	4.52
Influenza vaccination rate in elderly	77%	57%	62%	92%	41%	54%	72%	4.21
Breast cancer screening	80%	58%	65%	80%	45%	53%	63%	4.53
Cervical cancer screening	71%	47%	59%	91%	45%	58%	67%	4.57
Colon cancer screening	62%	42%	50%	82%	57%	57%	50%	4.24

Cancer survival for comparison

Category of indicators	Awareness /availability	Use in policy-making		Type of use				Usefulness rating
		Actual	Planned	Monitor trends	Set objectives	Assess perf./ evaluate policies	Compare	
Health intervention	% of resp.							1 (low) to 5 (high)
Survival rates cancer	63%	46%	49%	87%	26%	45%	71%	4.46

Usefulness of work in progress indicators



The perceived level of usefulness is on average fairly high

BUT

It would be even higher if indicators in the work in progress section were implemented (4.34 vs 4.24)

WIDESPREAD DISAPPOINTMENT

Particularly on smoking, alcohol-related deaths, acute myocardial infarction and asthma/COPD

TO SUM UP



Where does the added value of ECHI lie?

Area of added-value	Services involved programming of resources and financing of the health system	Service involved in the planning of health prevention strategies and health policies	Service responsible for evaluating, monitoring and/or reporting on policies	Public health institutes, statistical offices and/or other health information services / study department	Policy 'influencer' (e.g. academics and researchers)	Total
Prior to the introduction of ECHI, similar data was not collected / only sporadically collected	2.36	2.31	2.50	2.47	2.55	2.42
ECHI indicators respond to an interest to compare health data with other European countries	3.77	4.46	4.17	4.55	4.60	4.36
The quality of existing national indicators has improved thanks to the methodological work behind ECHI	3.41	3.32	4.60	3.32	2.88	3.40
ECHI indicators enjoy a higher reputation and international recognition than domestic indicators	3.00	3.22	3.33	3.50	3.00	3.26
ECHI indicators are more user-friendly than other available indicators	2.23	3.09	2.17	2.89	2.86	2.73
Total	2.97	3.30	3.31	3.36	3.23	3.26

SHORTLIST COMPLETENESS



- Majority says complete enough if it were fully implemented
- Requests for more information on:
 - health expenditure
 - children and adolescent health
 - the elderly
- Indicator on general satisfaction about health services (currently Eurobarometer)
- Room for simplification in the development section

IMPACT OF ECHI



- Limited evidence of cases of direct impact on health outcomes
- Indirect relation mediated by familiarity with evaluation practices
- Another issue is with whom we benchmark
- An area to invest in

EHIS AND EHES ADDED VALUE



Previously not existing



Limited time series / regional breakdown

Competition from national HIS and HES data



Health Inequality

HES added value for research purposes. Not all convinced that the cost is justifiable for policy-making only

SUSTAINABILITY



Widespread support for continuation more visible among core countries than non-core countries

Several governance options proposed with focus on synergies and direct involvement of health authorities

Financing remains a question mark

CONCLUSIONS



- Awareness is relatively high but also skewed
- Uptake is also skewed
- ECHI indicators are generally widely used although not necessarily recognized as such
- ECHI is deemed on average highly useful. It would be even more useful if fully implemented

CONCLUSIONS



- EHIS-based indicators do provide added value vis-à-vis national sources
- Although this added value is not always linked to improved comparability
- EHES-based indicators are not mainstreamed yet

CONCLUSIONS



- General consensus to keep ECHI in place
- Broad Governance orientations
- Financing constraints more uncertain

RECOMMENDATIONS – WHAT TO DO



- Marginal adjustments to shortlist contents
- There is room for simplification if financial constraints require it
- Remove barriers to use / clarify legal status
- Increase awareness
- Finalise the work in progress section ASAP

IN THE LONG RUN



- Added value will increase with better institutional benchmarking / evaluation capacity
- Focus on policy planners' specific needs
- Address financing issues

THANK YOU

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