

WP4 - European Core Health Indicators Monitoring

Angela Fehr, Sabrina Hense, Marieke Verschuuren

1st session of the Expert Group on National Health Indicator Implementation, 11 May 2016, Luxembourg







Outline of the session

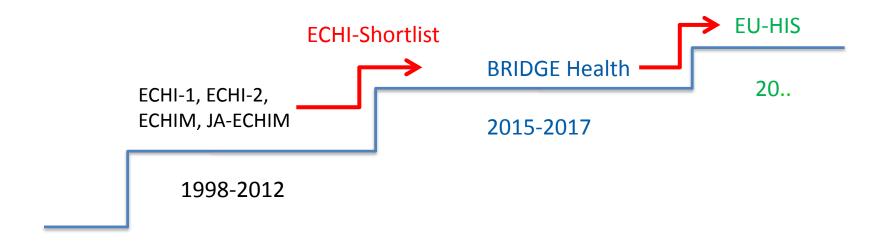
- Introduction to WP4 of BRIDGE Health (Robert Koch Institute, Germany)
- Implementation of WP4 Tasks 4.1 and 4.2: Mapping of data availability and technical evaluation of the shortlist (Robert Koch Institute, Germany)
- Implementation of WP4 Task 4.3: Content evaluation of the ECHI Shortlist and strategy definitions for its elaboration (National Institute for Public Health and the Environment, The Netherlands)
- Discussion of WP4 tasks and of support of Expert Group, e.g. regarding ECHI-indicator availability mapping



















European Core Health Indicators Monitoring

"Update of the ECHI-Shortlist indicators and improvement of the knowledge to support the effective development and use of health indicators for health policy purposes."

Aims

- Map the data availability for the ECHI Shortlist in EU-Member States
- Perform technical and content-related evaluations of the current ECHI-indicator approach including, where necessary, revisions and further development of the current ECHI Shortlist
- Design and fill a European health indicator repository
- Contribute to capacity building
- Revitalize and strengthen the network of national experts for assessing, reviewing, developing and using ECHI-indicators
- Closely cooperate with international organizations









Expert Group on National Health Indicator Implementation (EG-NHII)

• Represent PH /similar institutes that deal with /are responsible for use and/or implementation of ECHI-indicators

Consultation regarding technical evaluation / repair / development

- national use and implementation of ECHI indicators
- data availability and quality
- further development of indicators

Consultation regarding content evaluation and strategy definition

- national health policies
- information needs

Tasks 4.3 / 4.4

Advisory Core Group (ACG)

- Representatives of international organizations and / or of academia in the field of public health
 - support in the coordination of Work Package 4
- provide strategic direction to the activities of Work Package 4











Terms of Reference EG-NHII

Role and purpose

 support WP4 in the identification and handling of progress and problems concerning the national use and implementation of ECHI-indicators, the underlying data availability and quality and the available capacities and reporting opportunities to tackle health information inequalities

Commit to

- attending EG-NHII meetings and, if necessary, nominate a proxy
- sharing all communications and information across all EG-NHII members and with the contributors to WP4 (RKI and RIVM)
- supporting WP4 in its task to gather information on ECHI implementation status
- giving timely advise on decisions and support necessary actions so as to enable WP4 to meet milestones and deadlines

Operation

- meet twice during the duration of the BRIDGE Health project (May 2015 - October 2017)









A look back: ECHI-List Development

ECHI-1 1998-2001

- 1st version of the ECHI Longlist
- Based on WHO, OECD, Eurostat, HMP project recommendations
- ECHI-1 project group

ECHI-2 2002-2005

- ECHI extended longlist
- Extraction of 82 indicators for the shortlist
- ECHI-2 project group with DG Sanco

ECHIM 2005-2008

- Update of the shortlist with now 88 indicators
- Country
 Reports, ECHIM
 Survey,
 Bilateral
 discussions
- Attribution of indicators to two sections: implementation, developmental
- ECHIM Core Group

JA-ECHIM 2009-2012

- Update of the shortlist with 88 indicators
- ECHIM Communications Survey
- Attribution of indicators to three sections: implementation, work-inprogress, developmental
- ECHIM Core Group









JA-ECHIM Recommendations for future ECHI indicator work

- 1. Ensure sustainability, quality and efficiency of the ECHI indicator work
- 2. Keep the ECHI indicator documentation up to date and easily accessible
- 3. Work with supra/international organizations and Member States on further harmonization of existing data collections
- 4. Work on improving implementation-readiness of indicators in the work-in-progress and development section
- 5. Update the ECHI shortlist on a regular basis



BRIDGE WP 4 - European Core Health Indicators Monitoring (ECHIM)









Background - ECHI sections

ECHI shortlist sections

Implementation section

Indicators can readily be used to support policy making as they are part of regular international data collections and data are available for a majority of member states.

Work-in-progress section

Indicators are technically (nearly) ready for incorporation in regular international data collections, but there may not yet be concrete plans for this to occur.

Development section

Indicator topics that are not yet ready for incorporation into international regular data collections (and thus for implementation) due to considerable methodological and/or data availability problems.



Data availability is an important decision element for the allocation of indicators to the appropriate section when updating the ECHI shortlist









Technical evaluation, repair and development of the current ECHI shortlist (RKI)

- ➤ Map data availability in all MS → Availability Survey
 - Identify gaps in international and national data availability
 - Identify data requests on the national level

- > Evaluate and further develop indicators
 - Implementation section and Work-in-progress-section:
 - Review and revise indicators, i.a. in the light of updated data collections (EHIS)
 - Developmental Section:
 - Explore existing concepts or comparable indicators from international organizations
 - Review indicators for their potential inclusion in the implementation section









Availability survey - Structure

Two key areas:

Assessment of data availability for each indicator

- Implementation section
- Work-in-progress section

Data requirement analysis for each indicator

- Development section
- Potential new indicators (pre-selection of potential new topics/indicators is based on expert consultation and current developments in international health information activities)
- → Separate data sheets for each section of the shortlist









Practical instructions

Introduction

The availability survey is part of the EU-funded BRIDGE-Health project and its work package 4 (WP4). The aim of WP4 is to update the ECHI-Shortlist indicators and to improve existing ECHI-indicator knowledge and expertise. The survey is divided into five sheets.

Filling in the survey

- 1. In previous projects, the ECHI-Shortlist has been divided into three sections, i.e. the 'implementation', the 'work-in-progress' and the 'development' section. In this survey, there is one sheet for each section and one additional sheet for potential new topics/indicators to be included in the shortlist. You will find a definition/rationale for each section at the bottom of the table on the respective sheet.
- 2. For the 'implementation' section (sheet 2) and the 'work-in-progress' section (sheet 3), you will be asked to provide information about the data availability in your country. For each indicator, the preferred international data source as well as the preferred data type (both according to the ECHI documentation sheets) are given.
- 3. Regarding the 'development' (sheet 4) section and potential new indicators (sheet 5), you will be asked to provide information on national data needs/requests for each indicator.
- 4. On sheet 6, we are asking you to provide information on your institutional affiliation and on activities in your country regarding the implementation of ECHI indicators. This will allow us to better allocate your responses.

Technical advice

- 5. Indicator definitions according to the current ECHI shortlist will pop up when you enter the respective cell with your cursor.
- 6. Drop-down menues are available for all questions which do not require a full-text reply. To activate the drop-down list, please mark the cell and click on the arrow which appears.
- 7. Dotted cells are pre-filled, based on information from the ECHI documentation sheets and on metadata from international data sources. Please check the pre-filled information and adjust, if necessary. If adjustments occur, please highlight the respective answer by red font colouring.
- 8. Some cells are marked 'n/a' (not applicable). You do not need to check or adjust this information. 'Not applicable' means that no preferred data source or type has been defined yet for these indicators or that the respective dimension is not required. They have been included in the list for the sake of completeness.
- 9. If you have any questions or need support regarding the survey, please contact Sabrina Hense (HenseS@rki.de) or Angela Fehr (FehrA@rki.de) from Robert Koch Institute, Berlin, Germany.
- 10. After completion of the survey you can either send the file to the person, who asked you to fill in the questionnaire or directly to the above mentioned contacts.

Please, proceed to the next tab to begin the survey...

Thank you for your collaboration in this project!









Implementation section

	-										
Implementation section (see definition in row 74 below)											
International data source			Underlying national data source								
				Which dimensions are available?					le?		
ECHI shortlist indicators	ECHI preferred international data source	For your country, is data available in the preferred international data source? Please choose from the drop-down menu for each cell. For pre-filled cells, please check the information given and adjust, if necessary. If adjustments occur, please highlight the respective answer by red font colouring. Cells marked n/a DO NOT have to be checked.	For your country, is data available in other international data sources? If yes, please specify	ECHI preferred data type	For your country, is the ECHI preferred data type available? Please choose from the drop-down menu for each cell. For pre-filled cells, please check the information given and adjust, if necessary, if adjustments occur, please highlight the respective answer by red font colouring. Cells marked n/a DO NOT have to be checked.	age	sex	SES	region (according to ISARE recommen- dations)	others (please specify)	Remaining questions or suggestions
Population by sex/age	Eurostat	yes		National population censuses, population registers	yes			n/a			
2. Birth rate, crude	Eurostat	yes		National population censuses, population registers	yes	n/a	n/a	n/a			
3. Mother's age distribution	Eurostat	yes		National population statistics, birth registers and perinatal databases, perinatal surveys	yes	n/a	n/a				
4. Total fertility rate	Eurostat	yes		National population censuses, population registers	yes	n/a	n/a	n/a			
5. Population projections	Eurostat	yes		basic demographic data	yes			n/a			
Population by education	Eurostat (Labour Force Survey - LFS)	yes		HIS	yes			n/a			
7. Population by occupation	Labour Force Survey - LFS; alternatively: European Social Survey - ESS	yes		HIS	yes			n/a			
8. Total unemployment	Eurostat (Labour Force Survey)	yes		Survey	yes			n/a			
Population below poverty line and income inequality	Eurostat (EU-SILC)	yes		Survey	yes			n/a			
10. Life expectancy	Eurostat	yes		Register data	yes						
11. Infant mortality	Eurostat	yes		National population statistics, civil registrations and medical registers	yes	n/a					
12. Perinatal mortality	WHO-HfA	yes	Peristat	National population statistics, birth registers and perinatal databases, perinatal surveys	yes	n/a	n/a	n/a			
13. Disease-specific mortality, Eurostat, 86 causes	Eurostat (and CISID of WHO-Europe for AIDS related mortality)	yes		Administrative data (causes of death registries)	yes	n/a		n/a			
14. Drug-related deaths	EMCDDA	yes		General mortality registers	yes			n/a	n/a		
18. Selected communicable diseases	ECDC	yes		Surveillance reports	yes			n/a	n/a		
19. HIV/AIDS	CISID of WHO-Europe	yes		National surveillance systems	yes			n/a	n/a		
20. Cancer incidence	GLOBOCAN 2008 and/or ECO 2008 for incidence. Cl5plus for time trends.	yes		National cancer registers	yes			n/a			
21. (A) Diabetes, self-reported prevalence	Eurostat (EHIS)	yes		HIS	yes				n/a		









Work-in-progress section

Work-in-progress section (see definition in row 21 below)											
	International data source			Underlying national data source							
			Which dimensions are available?								
ECHI shortlist indicators	ECHI preferred international data source	For your country, is data available in the preferred international data source? Please choose from the drop-down menu for each cell. For pre-filled cells, please check the information given and adjust, if necessary, if adjustments occur, please highlight the respective answer by red four colouring.	For your country, is data available in other international data sources? If yes, please specifly	ECUI preferred data hina	For your country, is the ECHI preferred data type available? Please choose from the drop-down menu for each cell. For pre-filled cells, please check the information given and adjust, if necessary, if adjustments occur, please highlight the respective answer by red font colouring.	age	8 9 X	SES	region (according to ISARE recommen- dations)	others (please specify)	Remaining questions or suggestions
15. Smoking-related deaths	Smoking prevalence data: EHIS (as data from EHIS will be available for all countries from EHIS wave 2, please refer exclusively to mortality data in your			Mortality: National population statistics (death registers); Prevalence data: HIS, microcensus					n/a		
	Michanily usus ram causes): Eurosiai, Alcohol consumption prevalence data: EHIS (as data from EHIS will be available for all countries from EHIS wave 2, please refer exclusively to mortality data in your appear.)			Mortality: National population statistics (death registers); Prevalence data: HIS					n/a		
21. (B) Diabetes, register-based prevalence	Eurostat (diagnosis specific morbidity data; under development)	n/a		administrative sources (clinical records, insurance data), disease registers, etc., according to Eurostat recommendations for morbidity statistics (under development).	n/a						
22. Dementia	Eurostat (diagnosis specific morbidity data; under development)	n/a		administrative sources (clinical records, Insurance data), disease registers, etc., according to Eurostat recommendations for morbidity statistics (under development).	n/a						
23. (B) Depression, register-based prevalence	Eurostat (diagnosis specific morbidity data; under development)	n/a		administrative sources (clinical records, insurance data), disease registers, etc., according to Eurostat recommendations for morbidity statistics (under development).	n/a						
24. AMI	No international data source available	n/a		Hospital discharge registries combined with causes of death registries; Alternatively: population based AMI-registries							
25. Stroke	No international data source available	n/a		Hospital discharge registries combined with causes of death registries; Alternatively: population based stroke- registries							
26. (B) Asthma, register-based prevalence	Eurostat (diagnosis specific morbidity data; under development)	n/a		administrative sources (clinical records, insurance data), disease registers, etc., according to Eurostat recommendations for morbidity statistics (under development).	n/a						











Development section

Development section (see definition in row 18 below)

ECHI shortlist indicators	ECHI preferred international data source	ECHI preferred data type	Has data on this topic/indicator been requested on national level so far?	Remaining questions or suggestions
17. Excess mortality by extreme temperatures (formerly 'by heat waves')	Not decided yet	Mortality registers		
32. Suicide attempt	Not decided yet	Not decided yet		
37. General musculoskeletal pain	Not decided yet	HIS		
38. Psychological distress	Not decided yet	HIS		
39. Psychological well-being	Not decided yet	HIS		
65. Mobility of professionals	Not decided yet	Professional registers		
81. Waiting times for elective surgeries	OECD waiting-times-project	National hospital data		
82. Surgical wound infections	Not decided yet	Hospital discharge data		
83. Cancer treatment delay	Not decided yet	Population-based national cancer registries		
84. Diabetes control	Not decided yet	Surveys at clinical sites, review of patient records, population based surveys		
86. Policies on healthy nutrition	Not decided yet	Policy documents and comparable; some information might be obtained by interviews		
87. Policies and practices on healthy lifestyles	Not decided yet	Various types of data sources		
88. Integrated programmes in settings, including workplace, schools, hospital		Policy documents and comparable; some information might be obtained by interviews		

Definition of indicators in the development section:

The development section contains those indicator topics that are not yet ready for incorporation into international regular data collections (and thus for implementation) due to considerable methodological and/or data availability problems.









New topics/indicators

Proposed new topics / indicators

Topics / indicators*	Suggested section in ECHI shortlist	Suggested international data source	Suggested data type	Has data on this topic/indicator been requested on national level so far?	Remaining questions or suggestions
Disability (barriers to participation in society)	Development	EHIS (might be included from wave 3 onwards)	HIS		
Healthy ageing (Activities of Daily Living/Instrumental Activities of Daily Living in age group +85)	Implementation	EHIS	HIS		
Current depressiveness	Implementation	EHIS	HIS		
Subjective well-being	Implementation	EU-SILC	HIS		
Consumption of sugar sweetened beverages	Development	not decided yet	HIS		
Migrant health	Development	not decided yet	not decided yet		
Refugee health (medical screening on public health grounds)	Development	not decided yet	not decided yet		
Refugee health (provision of health care)	Development	not decided yet	not decided yet		
Please insert here suggestions for a potential additional indicator which you deem important					
Please insert here suggestions for a potential additional indicator which you deem important					

Criteria for the addition of new indicators to the shortlist according to JA-ECHIM:

- The new indicator should have a clear policy relevance (related to one of the major public health issues in Europe; the importance should be reflected by appearance of the issue in leading policy documents)
- The new indicator should not disturb the balance of the shortlist (no overlaps / no redundancies)
- Fit the general goals and concepts of the shortlist (the shortlist should provide a snapshot of public health from the point of view of the public health generalist; it should be suitable for reflecting time trends; it should provide a benchmark for international/EU comparisons)

The above pre-selection of potential new topics/indicators is based on expert consultation and current developments in international health information activities.









Respondent information

You have completed the questionnaire. In conclusion, may we ask you to give us some additional information in order to better allocate your responses.

Thank you for your support!

		Please choose your answer from the drop down menu	If you have selected 'yes' or 'other', please specify your answer
Q1	Country		n/a
Q2	What is your current affiliation?		
Q3	Are you a member of the EGHI group?		n/a
Q4	Are you involved in other international activities regarding health indicators (organised by e.g. OECD, WHO, Eurostat, EC)?		
Q5	In your country, do regular meetings on the implementation of ECHI indicators take place (e.g. national implementation team activities)?		
Q6	In your country, are there general data problems regarding health information (e.g. ICD-10 is not implemented)?		









Availability survey - Procedure and proposed next steps

Develop and send out ECHI indicator availability survey to MS through members of the EGHI / EG-NHII



Presentation of ECHI indicator availability survey and discussion with EG-NHII

open questions



Members of EGHI / EG-HNII fill in the survey (or forward it to other national experts on health data identified by group member)



Update of the indicators i.a. based on survey results



Presentation of survey results to EG-NHII and discussion of adaptation needs



Members of EGHI / EG-HNII send survey back to RKI by 30.05.2016









4.3.1. ECHI-indicator evaluation & reform (1)

Perform technical and content-related evaluations of the current ECHIindicator approach including, where necessary, revisions and further development of the current ECHI Shortlist

- 1. Evaluate the usefulness of the current ECHI shortlist
- 2. Propose revisions of the ECHI framework and sustainable future procedures
- Context:
 - Focus ECHI-list was on public health → stronger policy focus on health system performance and on the societal impact of health and care (well-being)
 - Need for a shorter core list (shorten or make different levels?)
 - Align with existing indicator frameworks (OECD, WHO, Eurostat, others)









4.3.1. ECHI-indicator evaluation & reform (2)

- Approach: existing ECHI indicator meta-information; earlier ECHI evaluations; expert (indicator) knowledge; survey among MS and EC policymakers and ECHI-expert group members; literature
- <u>Criteria</u>: balanced (both descriptive [= monitoring & evaluation] and actionable [performance indicators]; easily understandable, sensitive to change, plus (of course): availability and comparability and quality.
- <u>Product:</u> evaluation report









4.3.2 European health indicator repository

Design and fill a European health indicator repository

- Context & approach: create 'institutional memory' and overview of:
 - Outcomes from previous EU-funded projects (Health Monitoring Programme and Public Health Action Programmes)
 - Other relevant international health indicator sets (WHO (HFA), OECD, Eurostat, JAF health, Healthy Ageing, EMCDDA etc.)
- <u>lssues</u>:
 - What (not) to include?
 - Level of detail?
 - Structure/user windows?
 - Integrate with websites/portals, e.g. WHO health information gateway?
- <u>Product</u>: database (e.g. Excel, Access)









Discussion of WP4 tasks and support of EG-NHII

ECHI-indicator availability mapping

- General (e.g. technical) issues
- Issues regarding the Assessment of data availability (implementation / work-in-progress)
- Issues regarding the Data requirement analysis (development / new)

Further aspects to be discussed...







