



WP9: Innovation in Health Information for Public Health Policy Development

Joint Action InfAct - Europeristat
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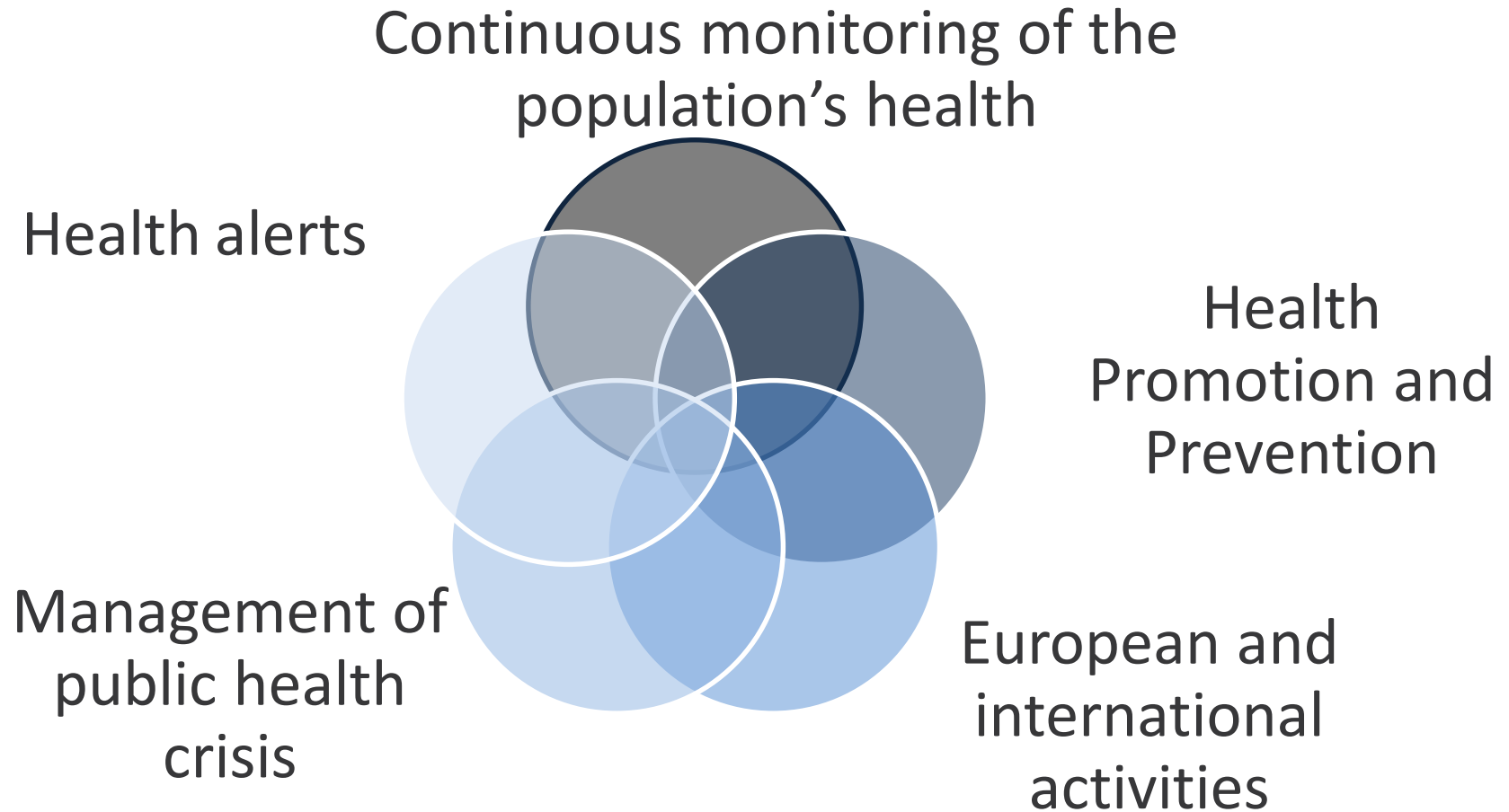
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Public Health France (PHF)its missions



Surveillance of NCDs in PHF

- To provide epidemiological data on non communicable diseases, on their causes and risk factors as well as their complications
- **MONITORING**
 - Prevalence/incidence of non communicable diseases
 - Time trends
 - Geographic and socio-demographic disparities

Surveillance of NCDs in PHF

- We must provide indicators that are
 - Reliable and comparable: to document trends
 - Available within a short period of time , timeliness
 - Available on a regular basis
 - Available at different geographic level (national, regional, local...)
- In a rapidly changing environment
 - Increasing number of data sources
 - Innovative methods currently developing
 - Growing financial constraints



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Context (1)

Currently, many Health Indicators collected at European level come from:

- Health Interview Surveys (HIS), Health Examination Surveys (HES), Registries, Death certificates, Hospital discharge data
- But:
 - Cost of data collection for HIS and HES remains high
 - Many items are self-reported (HIS)
 - Participation rate to Health Surveys tends to decrease over time
- +
- Several MSs do not have registries with national-coverage
- Several MSs are not able to easily provide estimates at regional level

Context (2)

At the same time:

- Availability of data from various 'new' sources
 - such as Health Care Utilisation data (reimbursement data, hospital data...)
- Collected for a different purpose than epidemiological monitoring
- Data are :
 - Often comprehensive, available at different territorial levels
 - could be linked to data already collected at European level (death certificates, Health Surveys...)

Goals of WP9

- Identify more efficient ways of generating comparable, relevant, reliable, updated and sustainable health information across Europe by using data collected for other purposes.
- Assessment of the potential use of these new data sets for public health policy purposes



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Task 9.1 Identifying and sharing inspiring examples...

...from MSs with regards to emerging indicators and promising sources (lead: Public Health France)

- i) Identify emerging indicators
- ii) Identify emerging and promising sources of data, with special attention to the utilisation of data from different sources
- iii) Share experience on the use of emerging indicators, promising sources, linkage and modelling techniques

Task 9.2 Develop and propose generic and shared methods, best practices, and standards...

...to define, construct, validate and disseminate relevant and reliable emerging indicators from new data sources, in addition to health data from death certificates, surveys and registries (lead: Public health France)

- i) Health monitoring
- ii) Health system performance assessment

...to support public health policy and public health care policy with more updated and reliable data



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Task 9.3 Apply best practices (lead: Public health France)

- Apply these guidelines to health and HSPA indicators to a limited number of priority public health targets of interest
 - Perinatal Health has been identified as one of the health topic that will be included in WP9 activities
 - Key role of Europeristat in the next 3 years
 - Need to define specific actions

Task 9.4 Development of composite indicators to...

...monitor the burden of disease at population level

- i) Propose further development of composite health indicators,
- ii) Assess the feasibility of merging mortality and morbidity information among different geographical regions in different MS, to explore both the quality of health information systems and inequalities in access to health care

Task 9.5 Explore mechanisms for the uptake of indicators ...

...into the regular EU data collection System (Estat regulations), WHO and OECD

- link with WP1, WP2, WP4 and WP8



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WP9 - OUTCOMES AND IMPACT ON SUSTAINABILITY

- next six months
 - Identify examples of emerging data sources and new indicators
 - Start developping guidelines for method to build new indicators and modelling process
- Later
 - 1 Europeristat meeting
 - Road maps of networks for
 - Identifying one or two fields (including perinatal health)
 - defining other potential indicators
 - prospective exploration

Thank you for your attention

Now Europeristat within the Joint Action



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Activities planned in the next six months for starting task 9.1 and 9.2

- Meeting (physical, by phone or visioconferences); exchanges by email
- Documents and tools have to be prepared for both working group
- Coordination task France and Lithuania
 - Preparedness method and timeline
 - Coordination with the task leaders :
 - 9.4 (composite indicators) : ISCIII (Univ of Swansea/PHE pour 9.4 a, ISCIII 9.4b)
 - EHLEIS networks as main contributors
 - IRDES for HSPA
 - Inserm for EUROPERISTAT (Task 9.3)

Activities planned in the next six months for starting task 9.1 and 9.2

- Physical meeting on 8 of March
 - ✓ identifying unclasscial sources that could be potentially used to produce indicators
 - ✓ current work about new indicators and sources
 - ✓ what do they expect from new indicators/ sources
 - ✓ definition and expectation of new indicators
 - ✓ confirmation of contribution based on the proposal
 - ✓ proposal for a work timeline

WP9 links with others WP and other partners

- WP9 will work in collaboration with
 - WP4 (in particular Task 4.3),
 - WP5 (in particular Task 5.2),
 - WP8 (as indicated in Task 9.5).
- WP9 can be useful to identify new training needs for professionals
 - Useful for WP6 (Task 6.1 and Task 6.2).
 - Opportunities for training and short visits (based on the inspiring examples and experiences of WP9 participants in working with new sources and new indicators).
- Other partners : Oecd; ESTAT; WHO



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