

DISSEMINATION OF THE EUROPEAN COMMUNITY HEALTH INDICATORS

Luxembourg, 19th September 2005

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How we define an indicator?

Indicators are at the crossroads of policy questions and data sets. Indicators reflect a policy interest as well as a selected set of possibilities in terms of what can be calculated.

Therefore they will on one hand be justified from the policy side and on the other hand a short characterisation of the data source will be added.

In general, the following criteria were applied in the selection of the indicators (derived from the goals of the HMP and the PHP itself):

- **Comprehensiveness:** all aspects of the public health field should be covered.
- **Meeting user needs:** the set should cover the main priorities in public health policies of the Commission and the Member States.
- **Being innovative:** the set should not just be data-driven, but also indicate development needs.
- **Using earlier work:** the efforts of international institutions like Eurostat and other Commission Services, OECD and the WHO-Europe, in defining indicators and standard variables have been taken on board as much as possible.
- **Using HMP and PHP results:** the results of projects should be included in the list.

How we define an indicator?

■ The ECHI (European Community Health Indicators) project was carried out in the framework of the Health Monitoring Programme and the Community Public Health Programme 2003-2008.

■ Objectives of ECHI:

1. Measure health status, its determinants and the trends therein throughout the Community;
2. Facilitate the planning, monitoring and evaluation of Community Programmes and actions;
3. Provide Member States with appropriate health information to make comparisons and support their national health policies.

■ The result is a list of 'indicators' for the public health field arranged according to a conceptual view on health and health determinants.

Current legal basis for the developments of Health indicators in the EU Public Health Policy

The Work Plan for 2005 contains explicit mention to ECHI in his item 2.1.1:

- Putting into operation by means of a presentation tool of the European Community Health Indicators (the “ECHI short list”)’ with collection of related data; Implementing the ECHI system at national level as a public database using a public web application.
- Improving operational definitions of existing indicators in the “ECHI short list”, when necessary.
- Developing the technical scientific work on EU health indicators in the areas not yet covered.
- Projects focused on specific data sources aimed at improving the methodological and technical bases for moving to routine data collection.

Future legal basis for the developments of Health indicators in the EU Public Health Policy

- Draft Regulation from the Council and the Parliament (developed by Eurostat) creating a statistical framework for data collection on health and safety at work in some areas (health status, causes of death, health care). It should be a 'umbrella regulation' to be developed via Commission Regulations.
- DG SANCO will elaborate during 2006/2007 proposals for Communication / Working Papers about the improvement of mechanisms to report health as e.g. The European Health Survey System (EHSS), The Hospital Activity Information System, The System of Health Accounts, etc.
- Direct contract agreement with OECD for developments in several areas e.g. Indicators on Health Quality, Data collection on Primary Care, etc.
- For the period 2007/2013 a new Health and Consumer Protection Programme should replace the existing Public Health Programme (if approved by the Council and the Parliament). Additional budgetary resources (?).
- In absence of Public Health legal basis in the Treaties (and in the Constitution draft) to use the consumers protection legal basis plus the statistical basis could be a solution.

Sets of indicators in the EU Public Health Policy

National indicators:

ECHI (European Community Health Indicators)

Sub-national indicators:

ISARE (Indicateurs de Santé dans les Régions de l'Europe)

Urban and rural indicators:

Projects submitted for the first time on Work Plan 2005

Structural indicators:

Healthy Life Years and others (?)

Others:

Indicators on Social Protection
Sustainable Development Indicators

How we will to disseminate the indicators?

To disseminate the 'European Community Health Indicators' it's the public development of the ECHI project.

It will be done using three different tools with common presentation:

- I. A part of the DG SANCO Web Site 'Dissemination of Information and data' (available in different phases since June 2005)
- II. A user friendly download application implemented in the DG SANCO web site (available since July 2005)
- III. A functionality in the EU Health Portal (available in 2006)

How we will to disseminate the indicators?

The 'European Community Health Indicators Database' (ECHI-DB) will be a public development of the ECHI project. It will be a user friendly application implemented in the DG SANCO web site and permitting the following:

- An easy online or a download database access to the general public and experts
- An easy access to all the definition of the indicators in his technical/statistical aspects
- An easy access to all the related DG SANCO documentation projects as well as political justification for the inclusion of the indicator on the list
- An easy access to all other external sources related to the indicator estimated as useful by the Health Information Unit.

How we will to disseminate the indicators?

A part of the DG SANCO Web Site 'Dissemination of Information and data' (available in different phases since June 2005)

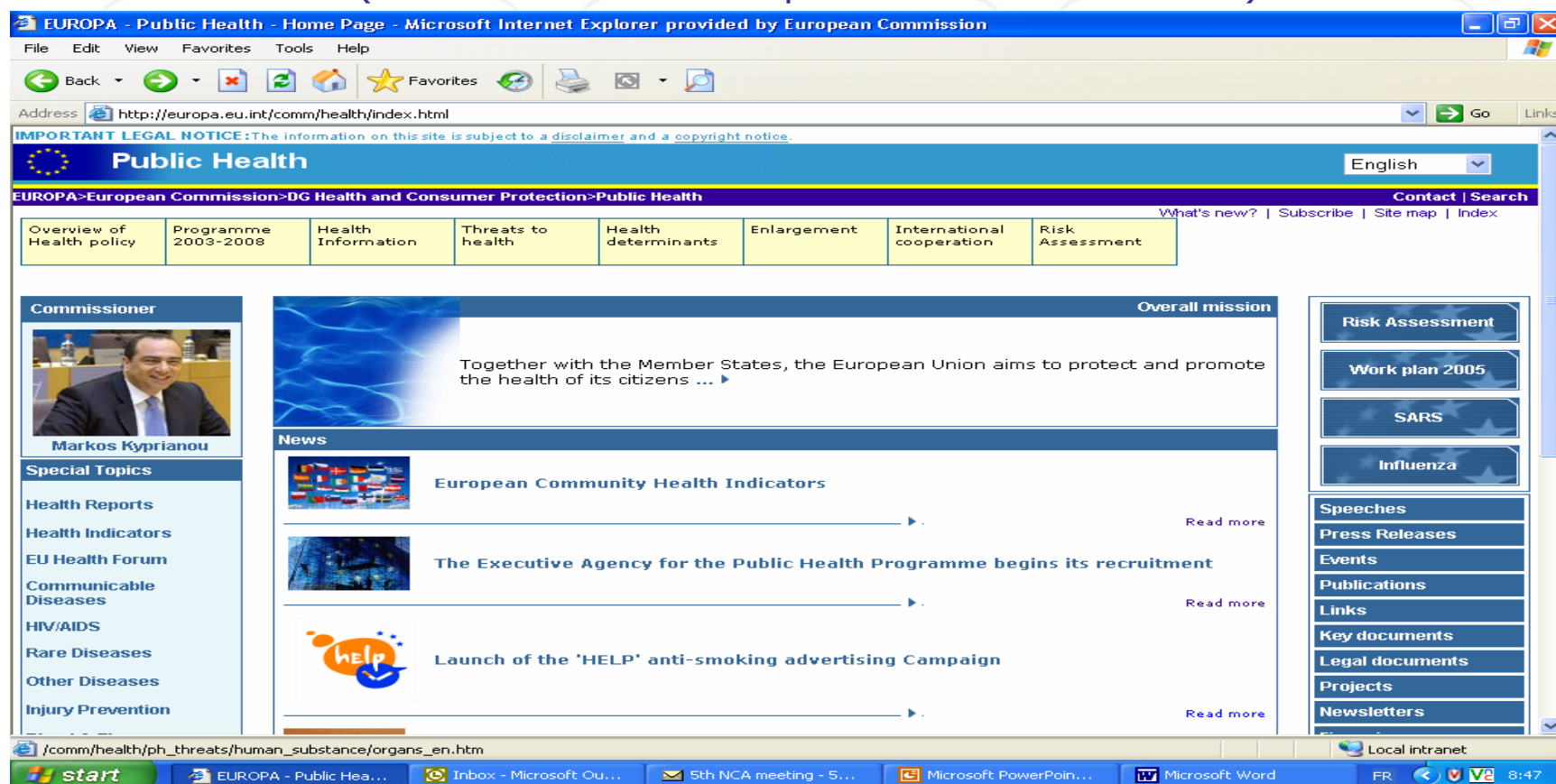
The content is an integral approach based on:

- **The EU action for the the improvement of methods for collecting information: DG SANCO Projects, Eurostat Projects, RTD Projects, others ...**
- **The answers to the need and definition of indicators qs defined or developed by ECHI and the DG SANCO Projects or others**
- **The existing statistical data for ECHI with Eurostat as the main source**
- **A continuous improving and consensual discussion on the Working Party Health Indicators**



How we will to disseminate the indicators?

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Overview of Health policy	Programme 2003-2008	Health Information	Threats to health	Health determinants	Enlargement	International cooperation	Risk Assessment
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Health Information ▶ **Dissemination of health information and data**

ECHI

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Using earlier work: the efforts of international institutions with Eurostat and other Commission Services as main providers, but also OECD and the WHO-Europe, in defining indicators and standard variables have been taken on board as much as possible.

Using Health Monitoring Programme and Public Health Programme results: the results of projects should be included in the data where appropriate.

Indicators are at the crossroads of policy questions and data sets. Indicators reflect a policy interest as well as a selected set of possibilities in terms of what can be calculated. Therefore they will on one hand be justified from the policy side and on the other hand a short characterisation of the data source it's added.

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Health Information - Dissemination of health information and data - ECHI

ECHI : Demographic and Socio-economics factors indicators

ECHI

Demographics and socio-economics factors indicators

Health status indicators

Determinants of health indicators

Health interventions: health services indicators

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1. Population by gender/age
2. Age dependency ratio
3. Crude Birth rate
4. Mother's age distribution (teenage pregnancies, aged mothers)
5. Fertility rate
6. Population projections
7. Total unemployment
8. Population below poverty line

1. Population by gender/age

Data are provided by Eurostat and the US Bureau of the Census and are calculated as the number of inhabitants of a given area on 1 January of the year in question (or, in some cases, on 31 December of the previous year). The population is based on data from the most recent census adjusted by the components of population change produced since the last census, or based on population registers.

When available, click on  to show a graph of the indicator.

[See Total Population](#)

[See Percentage of population by age](#)

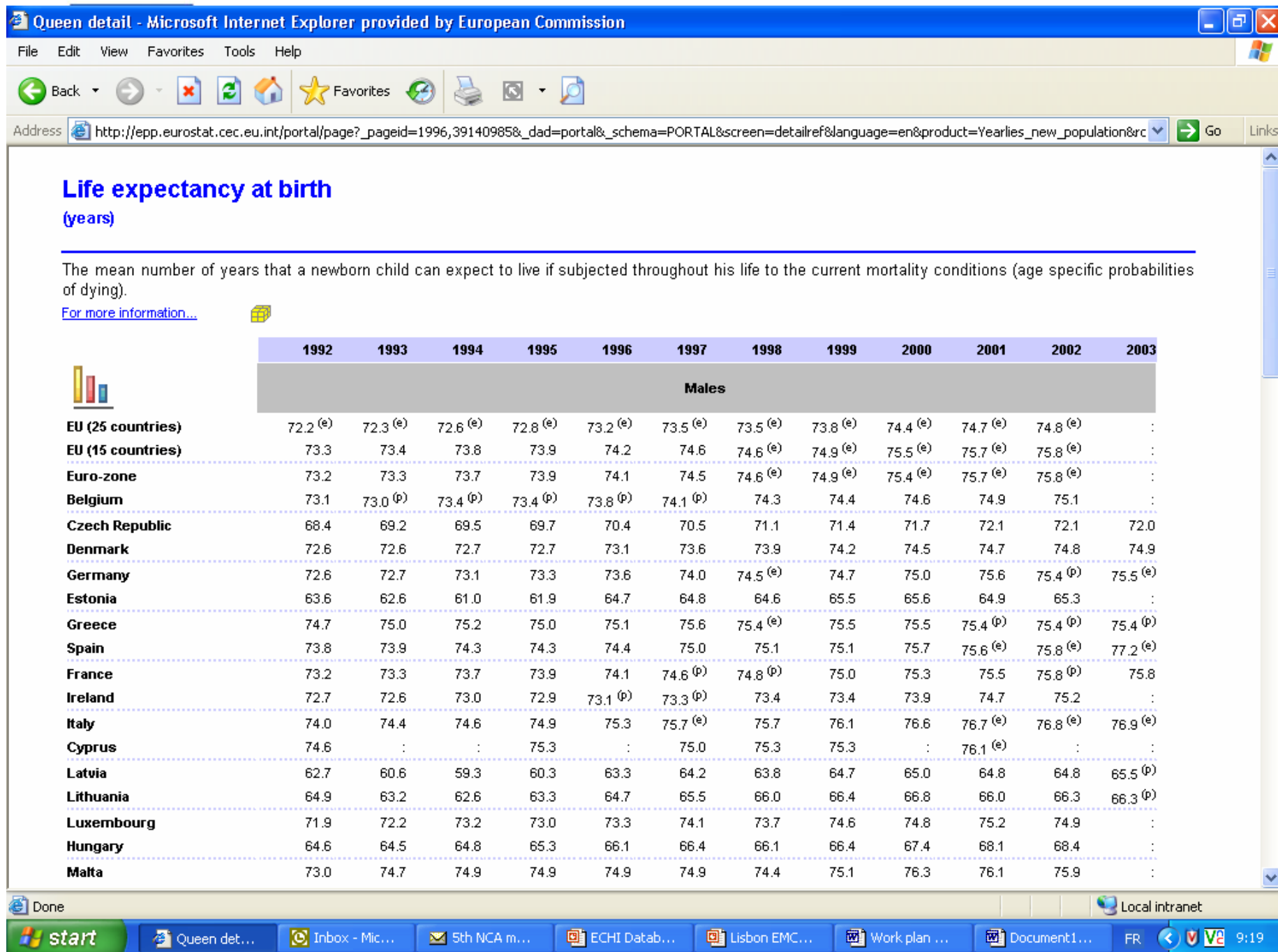
[See Proportion of population aged 65 and over \(% of population\)](#)

[See Women per 100 men](#)

[See Population change per 100 inhabitants](#)

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 EUROPEAN COMMISSION
 HEALTH & CONSUMER PROTECTION DIRECTORATE-GENERAL
 Directorate C - Public Health and Risk Assessment
 C2 - Health information

Acute care hospital beds per 100 000 inhabitants

	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
EU 25	492,0	480,8	475,6	459,7	450,6	441,7	430,6	424,9	419,8	:
EU 15	459,1	451,0	447,1	432,4	424,2	417,1	407,5	401,8	400,7	:
Belgium	:	:	:	:	:	:	446,8	440,1	438,6	:
Czech R.	479,8	466,3	461,3	457,0	451,3	442,2	437,8	:	:	:
Denmark	790,2	732,7	705,7	703,1	686,7	663,5	640,8	635,0	635,7	644,7
Germany	369,2	395,4	377,4	368,7	358,9	352,0	347,2	340,8	:	:
Estonia	700,3	692,5	674,9	659,6	650,5	644,8	636,7	627,6	:	:
Greece	650,6	638,8	587,3	591,9	581,3	555,3	528,1	518,1	449,4	:
Spain	395,2	389,7	395,4	393,2	391,7	388,3	387,3	:	:	:
France	311,2	303,9	301,1	296,5	294,5	291,3	287,2	283,3	:	:
Ireland	469,0	458,7	446,8	433,8	446,3	436,1	427,0	415,7	407,5	400,0
Italy	320,0	322,4	320,9	313,6	307,5	302,4	302,4	302,4	302,6	:
Cyprus	562,3	552,6	572,2	521,8	496,0	452,5	434,4	437,4	:	:
Latvia	363,0	366,4	366,5	365,2	362,1	358,7	370,4	369,1	400,5	:
Lithuania	988,7	903,9	714,9	674,8	650,0	632,7	609,0	573,8	558,9	555,7
Luxembourg	897,8	871,4	836,5	741,5	668,4	643,2	625,0	625,4	602,9	:
Hungary	738,6	618,8	609,8	602,6	596,6	589,2	572,2	567,9	561,4	:
Malta	700,7	607,0	604,4	567,5	560,0	560,0	560,7	604,7	:	:

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How we will to disseminate the indicators?

A part of the DG SANCO Web Site 'Dissemination of Information and data' (available in different phases since June 2005)

First Phase (June 2005)

Browse the themes

1. Data collection of the European Community Health indicators (ECHI)
 1. See the data from the first set of ECHI indicators
 1. Demographic and socio-economic factors
 2. Health status
 3. Determinants of health
 4. Health interventions: health services
 2. Future developments of data in the ECHI list
 1. The new Working Party on Health Indicators
 2. The ECHI second set of indicators
 3. The ECHI long list
 3. Downloading or consulting on-line the ECHI database
2. Data collection on health indicators at sub-national level
 1. The ISARE (Indicateurs de Santé dans les Régions de l'Europe) Project
 2. Health regional data in Eurostat
 3. The WHO Regions for Health Network
3. Data collection on Sustainable Development Indicators

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How we will present the data on ECHI-DB?

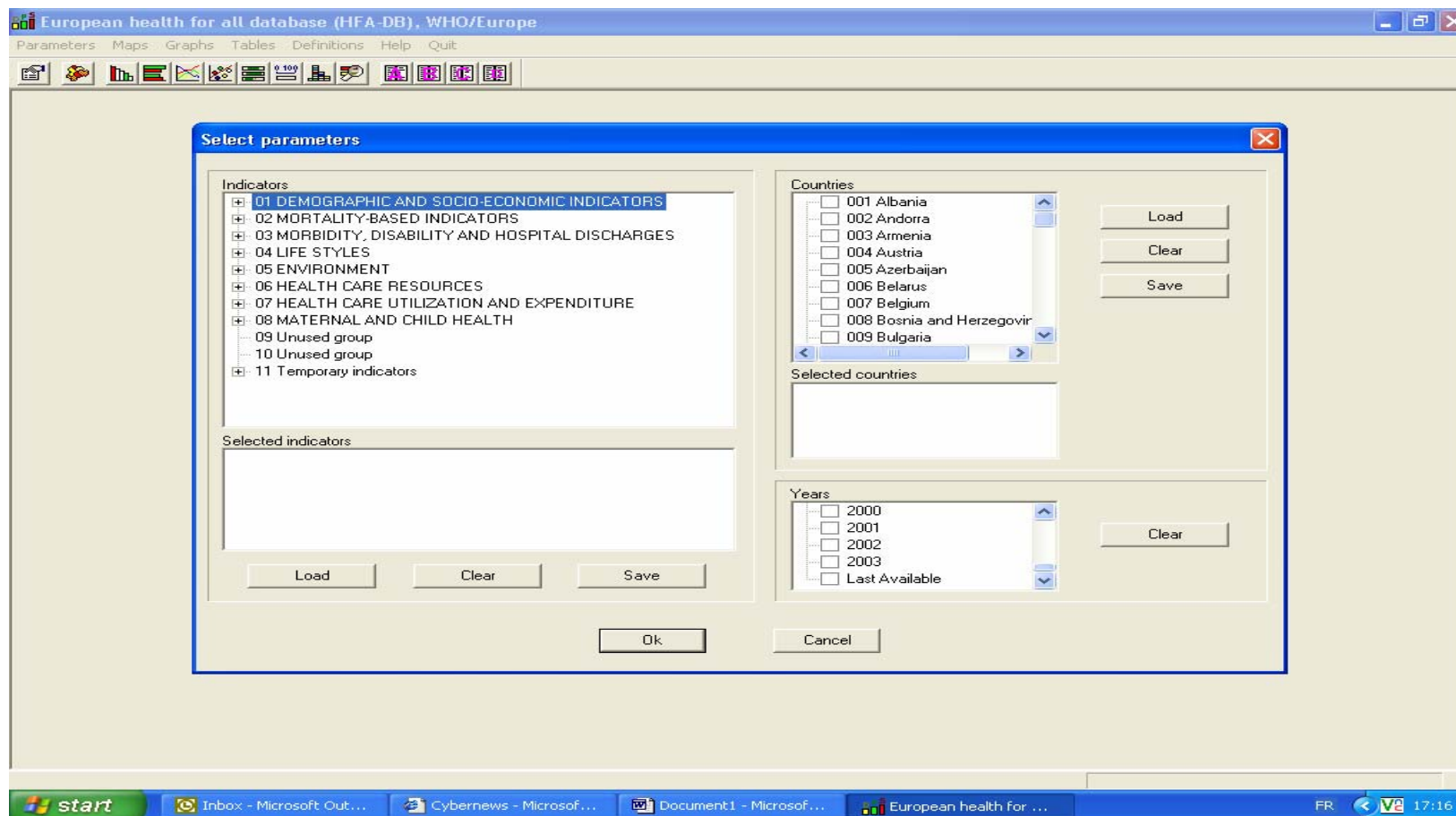
It will be the combination of three technologies:

1. The DPS (Data Presentation System) software developed for WHO-Europe for his database 'Health for All'. This **data** software, which we will use with the WHO Permission. The interface permits to select the parameters according to three dimensions:

Indicators: for which is the ECHI list used and expanded permitting to break the indicator by sex or/and age when necessary as well as in absolute figures or ratios (by population, currencies, etc.)

Countries: Including the 25 Member States plus the EEA and the Candidate Countries

Years: Variable according to indicator.





European health for all database (HFA-DB), WHO/Europe

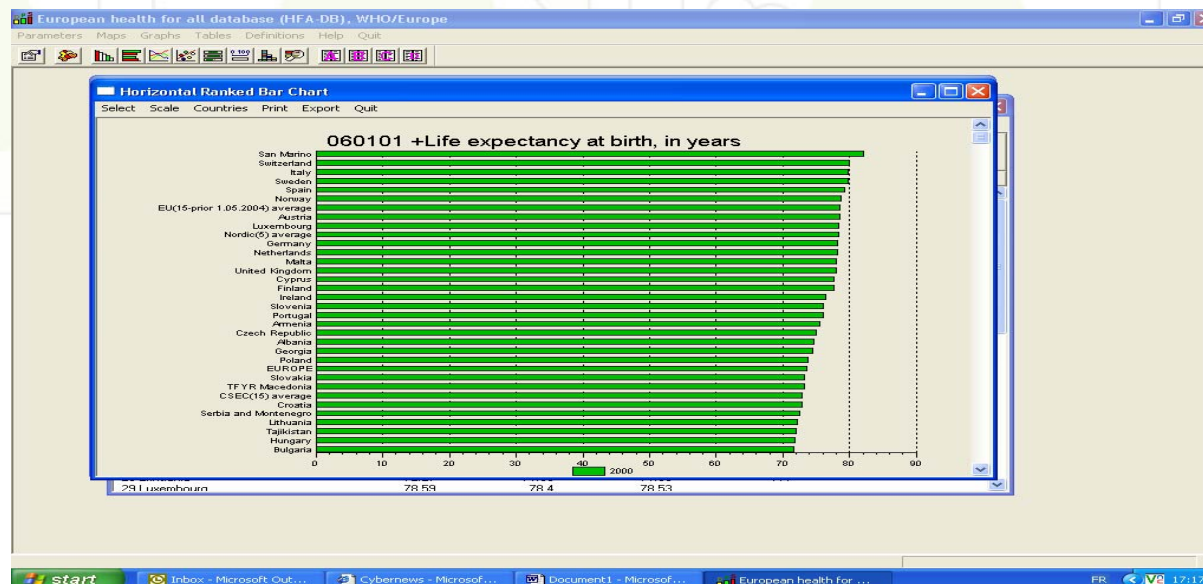
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Table A

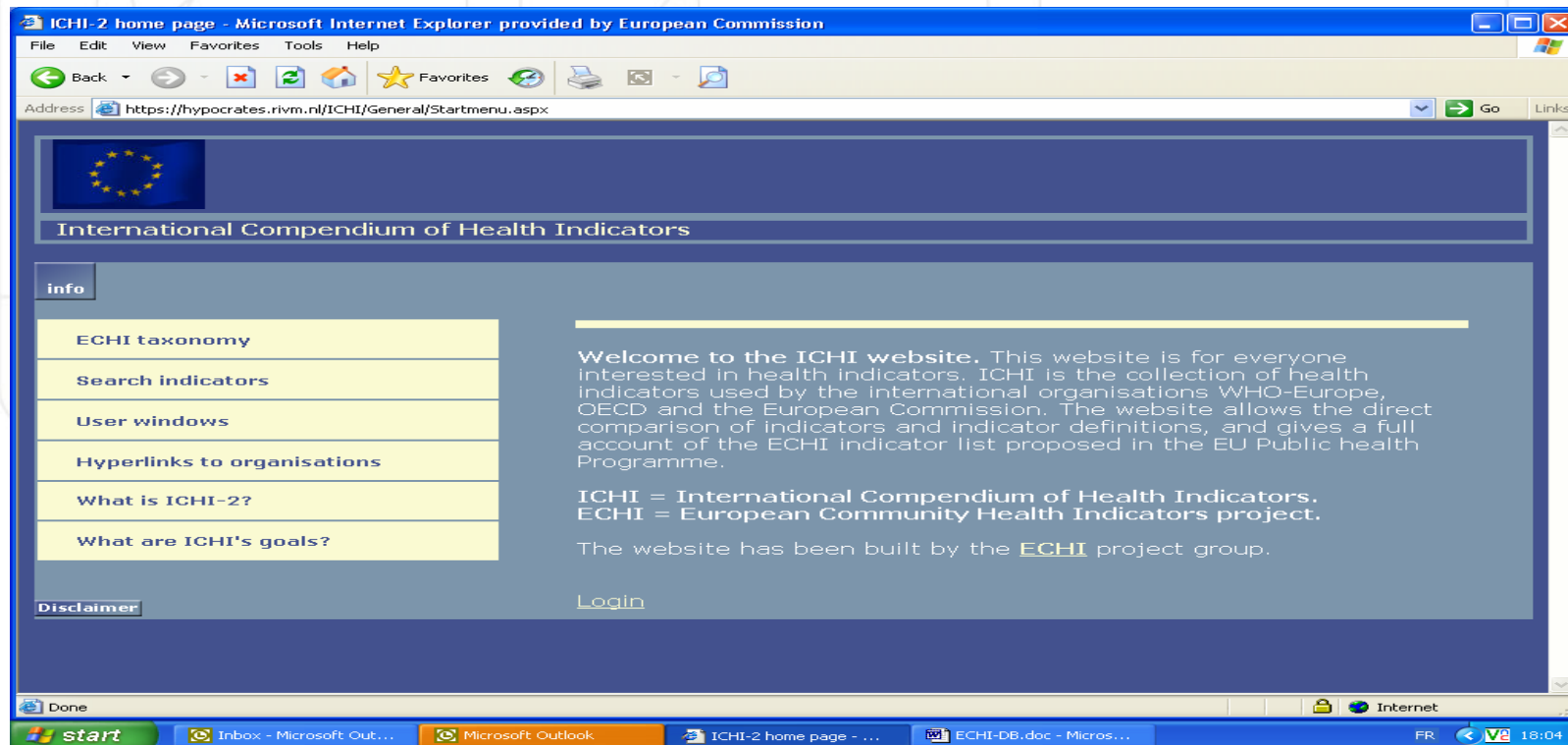
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060101 +Life expectancy at birth, in years

Countries	2000	2001	2002	2003
1 Albania	74.89	77.18
2 Andorra	...	...	...	...
3 Armenia	75.74	75.9	72.88	...
4 Austria	78.66	79.15	78.97	...
5 Azerbaijan	71.61	72.39	72.42	...
6 Belarus	68.98	...	...	...
7 Belgium	...	...	...	...
8 Bosnia and Herzegovina	...	...	...	...
9 Bulgaria	71.71	71.91	72.17	...
10 Croatia	73	74.85	74.85	...
11 Cyprus	77.89	79.35	...	...
12 Czech Republic	75.21	75.43	75.51	...
13 Denmark	...	...	...	...
14 Estonia	70.95	70.71	71.24	...
15 Finland	77.88	78.36	78.46	...
16 France	74.66	75.41	...	...
17 Georgia	78.42	78.76	...	...
18 Germany	...	...	...	...
19 Greece	71.93	72.56	72.64	...
20 Hungary	76.64	77.21	...	...
21 Iceland	...	...	...	...
22 Ireland	...	...	...	...
23 Israel	79.98	...	...	...
24 Italy	65.75	65.89	66.15	...
25 Kazakhstan	67.62	68.66	67.99	...
26 Kyrgyzstan	70.58	70.12	70.46	...
27 Latvia	72.27	71.83	71.96	...
28 Lithuania	76.59	78.4	78.53	...
29 Luxembourg	...	...	...	...

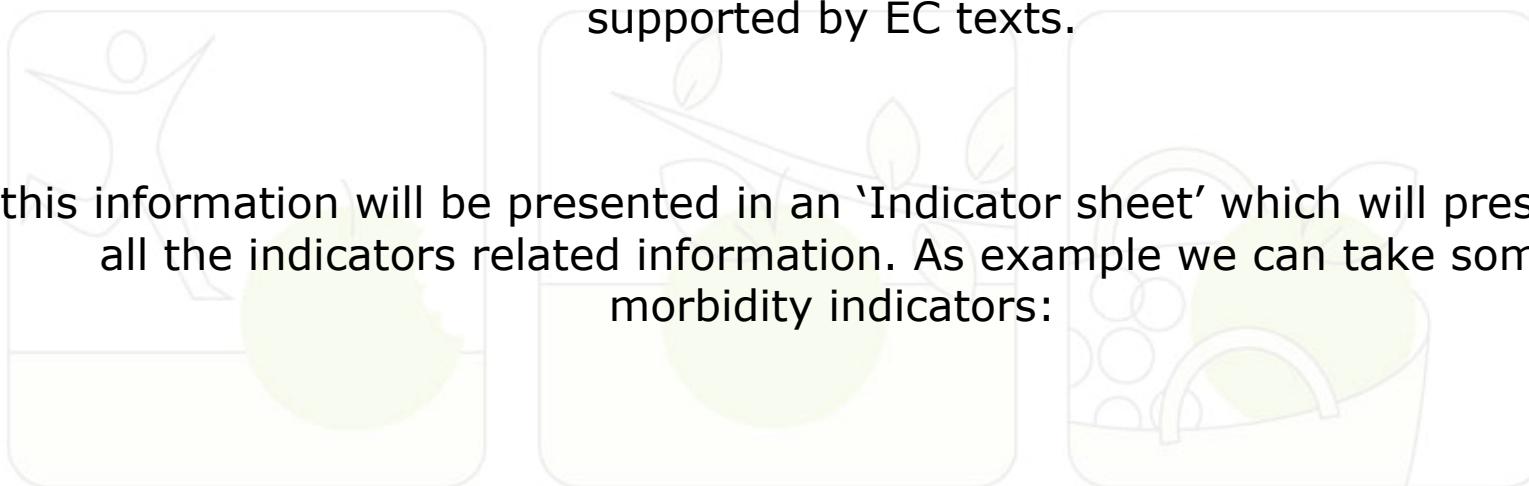


2. The second element of ECHI-DB is the definition of indicators. For this purpose the facility 'Definitions' in the same DPS software will be used. Definitions to be used will be those currently stored in the application ICHI (International Compendium of Health Indicators).



3. The third element of the ECHI-DB is the description and justification of the indicator from a scientific, a statistical and a methodological point of view as well as the political justification of the indicator when it's supported by EC texts.

All this information will be presented in an 'Indicator sheet' which will present all the indicators related information. As example we can take some morbidity indicators:





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Disease and conditions information sheets

[Major and chronic diseases information sheets](#)

- ▶ [Asthma](#)
- ▶ [Autistic Spectrum Disorders](#)
- ▶ [Alzheimer diseases and other dementia](#)
- ▶ [Cancer](#)
- ▶ [Cardiovascular diseases](#)
- ▶ [Chronic obstructive respiratory diseases](#)
- ▶ [Diabetes](#)
- ▶ [Musculoskeletal conditions](#)
- ▶ [Neurodegenerative, neurodevelopment and non-psychiatric brain diseases](#)
- ▶ [Oral health](#)
- ▶ [Perinatal health](#)
- ▶ [Reproductive health](#)

[Conditions information sheets](#)

- ▶ [Ageing and health](#)
- ▶ [Work health related diseases](#)

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Health Information ▶ Dissemination of health information and data

Information sheets

- Asthma
- Autistic Spectrum Disorders
- Alzheimer diseases and other dementia**
- Cancer
- Cardiovascular diseases
- Chronic obstructive respiratory diseases
- Diabetes
- Musculoskeletal conditions
- Neurodegenerative, neurodevelopment and non-psychiatric brain diseases
- Oral health
- Perinatal health
- Reproductive health
- Ageing and health
- Work health related diseases

Alzheimer disease and other dementias

Dementia is a decline in mental ability that usually progresses slowly, in which memory, thinking, and judgement are impaired, and personality may deteriorate. It usually develops slowly, and affects mainly those aged over 60. It is one of the most important causes of disability in the elderly; with the increasing proportion of the elderly in many populations, the number of dementia patients will rise also. The most common causes of dementia in EU are Alzheimer's disease (about 50-70% of cases), the successive strokes which lead to multi-infarct dementia (about 30%); other causes are Pick's disease, Binswanger's diseases, Lewy-Body dementia and others.

These standardised diagnosis criteria are consistently implemented by standardised instruments, e.g., the Cambridge Mental Disorders of the Elderly Examination (CAMDEX) administrated by health professionals is related to both ICS10 and DSM IV.

The European Commission is aware of the importance of the social and health impact associated with Alzheimer and other dementias This is the reason for which the [Work Plan for 2005](#) pdf for the implementation of the programme of Community action in the field of public health (2003-2008), includes a specific reference to the need of information and definition of indicators on the prevalence, treatments, risk factors, risk reduction strategies, cost of illness and social support as well as what constitutes a "healthy brain lifestyle" related to Alzheimer disease (AD) and other dementias.

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Browse the Theme

- ▶ To know more about Alzheimer prevalence
- ▶ EU actions on information on Alzheimer and other dementias
- ▶ Where to look for EU or other European dementia data or activities?

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