



Monitoraggio della salute e indicatori:

le "USER WINDOWS"

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ECHI : Flexibility and the continuous improvement of indicators and data collection

Applying the ECHI criteria has resulted in a quite extensive indicator list. Yet, it is limited for each of the areas covered. It is anticipated that the system will be used by many different users, for many different purposes. This may require specific subsets from the total array of indicators.

These subsets are named '*user-windows*'.



USER-WINDOWS

The basic issue of a user-window is that it selects a *subset* of indicators from the full indicator's list, based on a particular perspective or interest. In the ECHI the user is assumed to be a policy maker; health professionals and citizens are the two further categories of users to be taken in mind for the different level of detail of indicators to be selected in specific "windows".



Flexible use of indicator list: User-windows

The user-window concept is a more flexible approach of the original idea of 'core indicators'. Yet, policy development as well as focusing R&D activities need the formulation of priorities. We may in fact move in two divergent directions simultaneously:

- (1) Choose a user-window named 'EU-priority list' as a set of 'core indicators', to focus on a *limited set of issues* thought the most important in EU public health policy and therefore as a priority focus for work on data harmonisation;
- (2) At the other extreme, consider the entire 'multi-purpose' indicator set or whatever user-window not as a fixed entity as such, but mainly as a reflection of data collection activities. This implies that we are defining comparable data sources rather than indicators.





Flexible use of indicator list: creating user-windows

Specific user perspectives could be: (i) areas of health policy interest; (ii) thematic entries such as age groups, (iii) disease groups with their determinants and costs, etc. Examples are:

- **Specific areas of policy interest**

- *Cockpit information*
- *Health in other policies*

- **Thematic entries**

- *Health inequalities*
- *Health of mother and child*

- **Disease-related entries**

- *Cancers and their determinants/policy actions*

- **Priority list**

- *Current EU focus areas (determinants, health promotion, health in other policies, etc.); to be used for priorities in data development*





Examples of subsets ('user windows')

Health and services in children

(All compared with EU average, if possible as trends)

- % Population under 5, 18
- Birth rate
- Enrolment in primary, secondary education
- Infant mortality
- Perinatal mortality
- Induced abortions
- Teenage pregnancies
- % newborns underweight
- Congenital disorders, incl. mental handicap (incidence, mortality)
- Selected commun. Diseases (incidence, mortality)
- Incidence of astma (other?)
- Breastfeeding
- Smoking/alcohol/drugs under 18 (20)
- Accidents under 18 (20)
- Indicator for family support?
- Vaccination coverage
- Screening congen. disorders
- Coverage of childrens health services





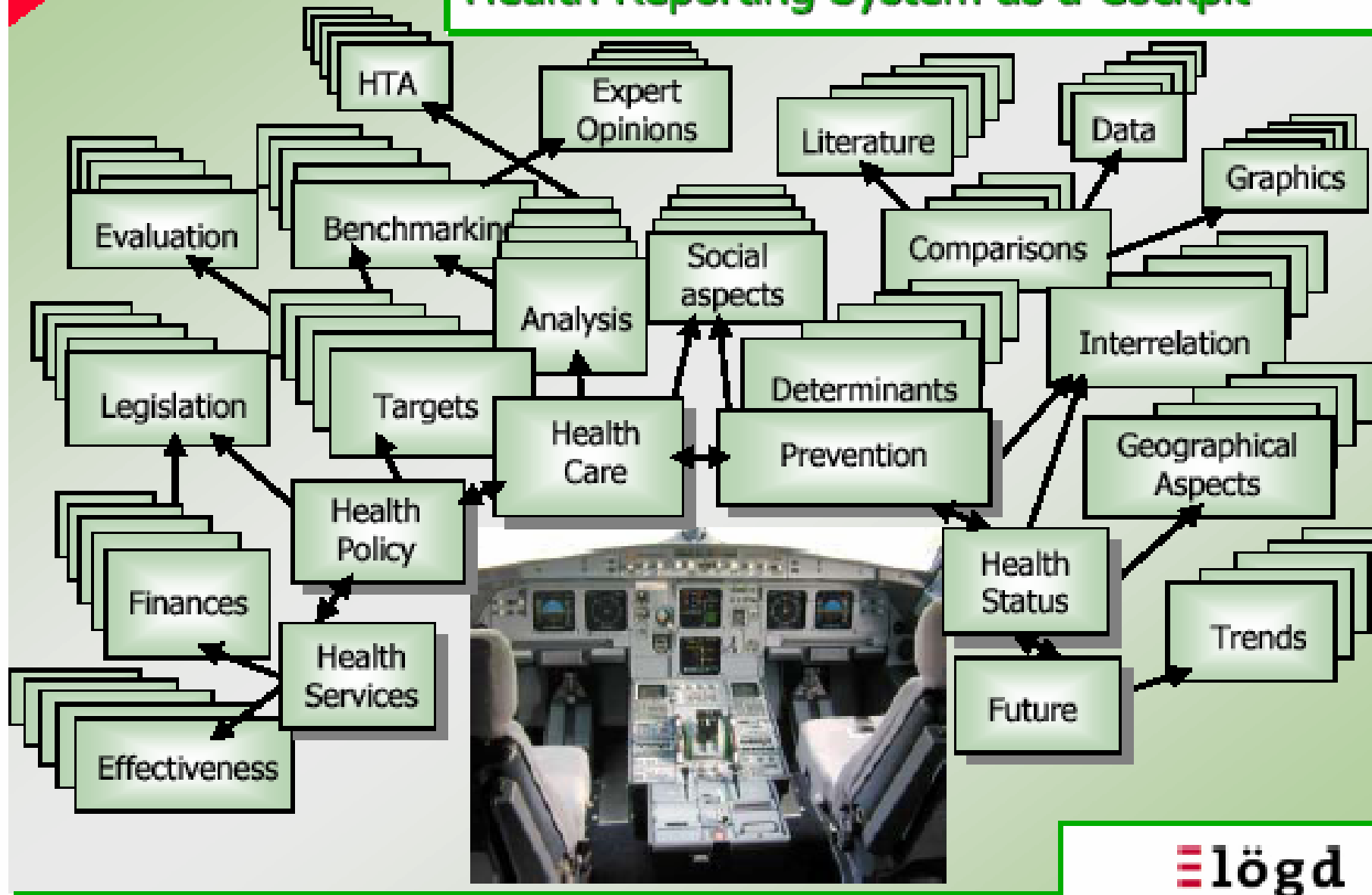
Flexible use of indicator list: the example of “cockpit” user-windows

The major purpose of this user-window would be the ability to get a quick glance of the overall situation in the Community and the MS, with reference to medium- and long-term policy strategies. It could include alerts for issues likely to influence these strategies. This user-window requires a limited though comprehensive set of general indicators, covering all aspects of public health. It might also present a basic set for comparison with countries outside the EU (accession countries, other OECD countries, etc.).



The example of “cockpit” user-windows

Health Reporting System as a Cockpit





Flexible use of indicator list: the example of “cockpit” user-windows

- Population distribution
- Education attainment
- Unemployment
- Income variation
- Life expectancy at birth and age 65
- Infant mortality
- Cardiovascular mortality
- Mortality by external causes
- Perceived health, by SES
- General quality of life measure, by SES
- Selected health expectancy
- Body Mass Index, by SES
- Smoking prevalence
- Consumption of fruit/vegetables
- Housing
- Vaccination coverage
- Physicians per inhabitant
- Health expenditures as % of GDP
- Use of pharmaceuticals





Flexible use of indicator list: the example of “EU priority list” user-windows

Example: ‘EU priority list’

This user-window is designed to follow developments for specific EU policy areas or targets.

As it arises from the new EU policy, priority areas include: better information; reaction to threats; relevant determinants; health impact assessment (agriculture, transport, SES).





Flexible use of indicator list: the example of “EU priority list” user-windows

- Fertility rate
- Population by urbanisation
- Education: attainment
- Unemployment
- Employment by ISCO class
- Income disparity
- GDP PPP
- Life expectancy
- Inequality in deaths, by a few main causes
- Injuries/deaths from road traffic accidents
- Occupational injuries/deaths
- Home/leisure injuries/deaths
- Perceived health by SES
- Absenteeism from work
- Body Mass Index
- Smoking prevalence
- Alcohol use
- Drug use
- Nutrition: energy from fat/protein
- Nutrition: consumption of bread/cereals; vegetables/fruit
- Physical exercise
- Housing
- Drinking water supply
- Sewage system
- Outdoor air quality
- Noise
- Emotional support
- Violence
- Occupational diseases
- Vaccination coverage
- Screening programmes
- Medicine use
- Health insurance coverage





USER-WINDOWS

In current practice now, the more easy way of creating user-windows is to take the complete list of indicators recommended by specific HMP projects. Basically this is the reverse of introducing the project recommendations into the full ECHI list.



USER-WINDOWS

A second, more difficult way to create user windows is to build a user-window along a theme proposed by the ECHI team or otherwise.

A list of user windows have been proposed representing examples of both ways.



User-windows from HMP projects

- A. User windows focusing on a **specific disease**; these will include indicators on mortality, morbidity, but also on determinants and on health care, prevention and health promotion issues*

- B. User windows focusing on **(functional) aspects of health and ill-health or on specific (age) groups**; these likewise will include indicators on mortality, morbidity, but also on determinants and on health care, prevention and health promotion issues*



User-windows from HMP projects

*C. User windows focusing on **certain determinants of health**; these user windows may include indicators on morbidity/mortality associated with the determinant, as well as on specific interventions:*

*D. User windows focusing on **certain settings for health and associated interventions and health promotion**; these user-windows may include setting-specific mortality/morbidity, determinants and interventions:*



User-windows from HMP projects

*A. User windows focusing on a **specific disease**:*

UW-1, Mental health: recommendations of the Mental Health project and the WP on Mental Health.

UW-2, Cancer: Eurochip and CAMON projects

UW-3: Diabetes: EUDIP project

UW-4: Cardiovascular disease: Eurociss project

UW-5: Lung disease: IMCA project

UW-6: Musculoskeletal disorders: MSD project

UW-7: Oral health: Oral health indicators project

UW-8: Injuries: Working party on injury prevention



User-windows from HMP projects

B. User windows focusing on (functional) aspects of health and ill-health or on specific (age) groups:

UW-9: Perinatal health: Peristat project

UW-10: Child health: CHILD project

UW-11: Reproductive health: Reprostat project

UW-12: Health in intellectually disabled: POMONA project



User-windows from HMP projects

*C. User windows focusing on certain **determinants of health**:*

UW-13: Lifestyle indicators connected to cardiovascular disease, diabetes and others: EHRM project

UW-14: Nutrition: 3 projects: EFCOSUM, Dafne and Public Health Nutrition; the latter includes the former two (also physical activity)

UW-15: Environment and health: ECOEHIS project



User-windows from HMP projects

*D. User windows focusing on certain **settings for health and associated interventions and health promotion:***

*UW-16: Working environment: Workhealth project
UW-17: Health promotion in various settings: EUHPI
project*



User-windows from HMP projects proposed by ECHI

1. Aspects of health by functions or specific (age) groups

*UW-18: **Health of the elderly**; this would include issues in health status, health determinants, health care, health promotion.*

*UW-19: **Working age population**; this might become a rather large user window; it would include most issues of the full list; if done, it should include the age cut-offs of most indicators, as far as available.*

*UW-20: **Issues of gender difference**; perhaps this should not be a split-up by gender of the full list, but a selection of issues which are relatively important by way of gender difference.*

*UW-21: **Socio-economic health inequalities**; this would include issues in health status, health determinants, health care use and access. The Health inequalities project may be a starting point.*



User-windows from HMP projects proposed by ECHI

2. Aspects of settings and interventions:

*UW-22: **Health system performance**; this is a complicated one. It will preferably include health care as well as prevention and health promotion. It should be devised along the various elements of the goals of health systems, as defined by many reports, such as: effectiveness, safety, appropriateness, responsiveness, accessibility, equity, efficiency. Where appropriate, outcome as well as process can be measured.*



User-windows from HMP projects proposed by ECHI

Other:

- UW-0: The so-called shortlist, or 'first phase core list', can be seen as a user window from the perspective of a high level public health policy maker who wants to obtain a or 'cockpit' view on 'the most important' issues.*



IMPLEMENTING THE USER WINDOWS

IMPLEMENTING THE USER WINDOWS

1. *User windows from HMP projects* (recently also from Working Parties). For this group the indicators will be marked as such in the full ECHI list. The separate user windows are in most cases identical to the lists of recommended indicators in the respective project reports.
2. *User windows proposed by ECHI*. Work is in progress. Much effort was put into the development of UW-0, the 'shortlist' (first phase core list; see other documents). As for the other proposed user windows, a few proposals are given below. Later, the proposals should be subject to discussions in the Working Parties.



PROPOSALS FOR THE FILLING OF NEW USER WINDOWS.

UW-18: Health of the elderly

A proposal was not yet formulated. Examples should be sought of others who have attempted this. Until now, there were no project focusing on health of elderly. Elements could be (include especially elements of the shortlist):

Gender/age structure and socio-economic variables of the elderly population

- Life expectancies from 60+ and higher*
- Causes of death and morbidities of specific relevance to elderly*
- Functional limitations and activity limitations*
- Health determinants like BMI, hypertension/cholesterol, nutrition, physical activity, housing, some living conditions, social isolation, violence*
- Influenza vaccination*
- Risk factor and cancer screening*
- Nursing/elderly home care*
- Hospital data and other medical system use for elderly age groups*
- Surgeries of high relevance for elderly (cataract, hip replacements, etc.)*
- Medicine uses*
- Age specific expenditures*
- Waiting times elective surgeries*
- Insurance coverage*
- Iatrogenic disease/deaths*
- Other health care quality indicators*



PROPOSALS FOR THE FILLING OF NEW USER WINDOWS.

UW-19: Working age population

A proposal was not yet formulated.

The Workhealth project could be a good source.

In general elements to include are:

- - Age classes breakdown (20-65) of the indicators included in the shortlist*
- *Additional items of specific relevance to the working age population*



PROPOSALS FOR THE FILLING OF NEW USER WINDOWS.

UW-21: Socio-economic health inequalities

A proposal was not yet formulated.

The project on socio-economic differences in health (although ended early in the HMP era) still is a good source. Partly based on this, elements could be (include especially elements of the shortlist):

All indicators, especially those included in the shortlist, for which the data allow stratification by education, occupation or income. In many cases, such stratification is possible from mortality statistics, from health interview surveys and from health examination surveys, and to a lesser extent from medical registries.



PROPOSALS FOR THE FILLING OF NEW USER WINDOWS.

UW-22: Health System Performance

This user window has been based on various schemes as recently published (e.g. OECD, 2000: performance measurement and performance management in OECD health systems; ISO, 2003: Health informatics – health indicators definitions, relationships and attributes; Rodella et al., 2003: Measuring and comparing performance of health services: a conceptual model to support selection and validation of indicators; many more could be added).



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PROPOSALS FOR THE FILLING OF NEW USER WINDOWS.

UW-22: Health System Performance

Effectiveness

- *Vaccination coverage in children*
- *Vaccination coverage influenza*
- *Breast cancer screening*
- *Cervical cancer screening*
- *Colorectal cancer screening*
- *Screening for blood pressure*
- *Screening for serum cholesterol*
- *Prenatal care attendance*
- *28-day emergency readmission rate*
- *Selected avoidable deaths*
- *30-day mortality rate after AMI*
- *30-day mortality rate after stroke*
- *30-day mortality rate after CABG*
- *Incidence of end-stage renal failure in diabetics*
- *Cancer survival rates (breast, cervix, colorectal, childrens leukemia)*



PROPOSALS FOR THE FILLING OF NEW USER WINDOWS.

UW-22: Health System Performance

Safety

- *Iatrogenic disease/deaths (e.g., deaths in low-risk surgery, complications, decubitus; Rodella et al., 2003)*
- *Hospital infections*
- *Antibiotic resistance*



PROPOSALS FOR THE FILLING OF NEW USER WINDOWS.

UW-22: Health System Performance

Appropriateness/continuity

- Compliance with oncology practice*
- Diabetes control: HbA1c levels*
- Delay of cancer treatment*
- Support to women in perinatal period*
- Availability of CT scans, MRI units, PET units*
- Availability of stroke units*
- PTCA operations*
- Hip replacements*
- Cataract operations*
- Medication for hypertension, hypercholesterolaemia, osteoporosis*
- Medicine use selected groups*
- Testing for prevention of complications in diabetes*
- Counseling on smoking*



PROPOSALS FOR THE FILLING OF NEW USER WINDOWS.

UW-22: Health System Performance

Responsiveness

- *Satisfaction with the health system*
- *Responsiveness according to WHO instrument*
- *Satisfaction of mothers with perinatal care*
- *Parental accompaniment of children in hospitals*



PROPOSALS FOR THE FILLING OF NEW USER WINDOWS.

UW-22: Health System Performance

Efficiency/costing

- *In-patient care occupancy rate*
- *ALOS for selected diagnoses*
- *(possible by hospital data project?) in-patient/day-case ratio*
- *Total/public/private expenditure on health*
- *Expenditures by age group*