Nacionalni inštitut za **javno zdravje**

HIREP-ERIC

Added value for countries: Slovenia

Metka Zaletel
Head of Health Data Centre, National Institute of Public Health
Ivan Eržen
Director, National Institute of Public Health

Brussels, 20 April, 2017

Outline

- Important starting point
- Current situation in the country – strengths and challenges
- Examples of good practices
- Expectations on ERIC
- Conclusions

NIJZ Nacionalni inštitut za javno zdravje

Important starting point

- **Definition of EU health information system**: an integrated effort to collect, process, analyse, report, communicate and use comparable health information and knowledge all over EU to understand the dynamics of the health of EU citizens and populations in order to support policy and decision-making, programme action, individual and public health outcomes, health system functioning, output and research in the EU.

NIJZ Nacionalni inštitut za javno zdravje

Current situation in the country – strengths and challenges

Strengths:

- Centralised system of data collection and processing at NIJZ; national data portal as national hub
- HIS under the same roof with e-Health and system of official statistics
- Flexibility
- Centralised cooperation with international organisations
- Intense participation in different JAs and projects
- Strong cooperation with users of data (including policy makers)

Challenges:

- Small country → low resources (in comparison with ideas and ambitions)
- Small country → small samples, low numbers for certain phenomena

NIJZ Nacionalni inštitut za javno zdravje

Good practices (1)

- Health in Municipalities
  - Web based publications for each of 212 Slovenian municipalities with most important health indicators
  - Strong cooperation and huge help from Norwegian Institute of Public Health
  - Large interest and very good acceptance by most important users (ministries, mayors, general public, media)
  - Availability: publications for each municipality, thematic maps, special web application (on-line indicators, definitions of indicators,…)
  - Data providers: National Institute of Public Health, Institute of Oncology, Faculty of Sports, Slovenian Traffic Safety Agency, Ministry of Finance, Social Protection Institute of the Republic of Slovenia and the Statistical Office of the Republic of Slovenia.

MOZIRJE

Health in the municipality 2016 is an overview of key health indicators that show how a specific municipality compares to the regional and Slovenian average.

The living and working environment has an important impact on community health. By comparing specific health indicators, we wish to help and encourage stakeholders at local level, particularly decision-makers, to implement health promotion and prevention activities within local communities.

For the health profiles of other municipalities, definitions of indicators and additional municipality health maps visit: `http://obcine.nijz.si`. For other health data visit also: `https://podatki.nijz.si`.

SOME MUNICIPAL HEALTH FEATURES

Health status and mortality

- The share of the municipal population with good self-reported health was higher than the Slovenian average.
- The average sick leave within the active working population was 13.7 calendar days per person, which was identical to the national level.
- The percentage of people taking prescribed medication for high blood pressure was higher than the Slovenian average, while it was close to the Slovenian average regarding people with prescriptions for diabetes medication.
- The hospital admission rate for heart attacks was 2.8 per 1,000, aged 35-74 years, while in Slovenia it was 1.9.
- The hospital admission rate for hip fractures in the elderly was 3.1 per 1,000, while this level was 6.4 in Slovenia.
- The percentage of people using 'help at home' services was close to the Slovenian average.
- The suicide mortality rate was 20 per 100,000 people, while it was 22 in Slovenia.

Risk factors and prevention

- The physical fitness index of children was close to the Slovenian average.
- The share of smokers was 19%, whereas it was 24% in Slovenia.
- The hospital admission rate due to road traffic injuries was 1.0 per 1,000; in Slovenia, it was 1.8.
- The share of traffic accidents caused by drunk drivers was higher than the Slovenian average.
- The response rate for the colorectal cancer screening programme – Svit was 60.9%, while it was 60.4% at national level.
- The participation rate in the cervical cancer screening programme - ZORA was 75.2%, while it was 71.3% at national level.

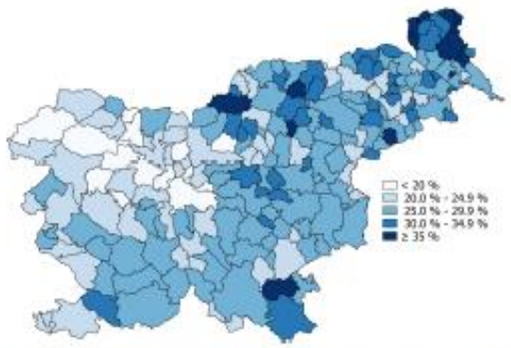


Figure 1: The share of overweight and obese primary-school children by municipality in 2014.

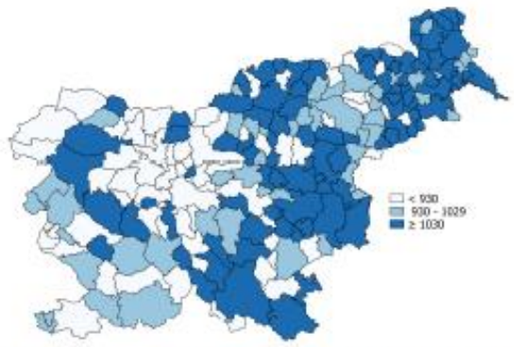


Figure 2: All causes mortality rate per municipality per 100,000 population – age standardised average for the period 2011–13.

Published by: National Institute of Public Health
Trubarjeva 2, SI-1000 Ljubljana, Slovenia
E-mail: info@nijz.si
Photos by: SOkol, `http://mfp-si.eiomet.europa.eu/sokol/`
Version: October 2016

NIJZ Nacionalni inštitut za javno zdravje

NIJZ National Institute of Public Health

Health indicators in the municipality: Mozirje

The set of health indicators in the table show how the municipality compares with the administrative unit (AU), statistical region and national average. Comparisons of municipal and national levels are graphically displayed. The indicators are tested for statistical significance. Higher variations of indicator values are expected between particular years in smaller municipalities due to a smaller number of occurrences. Definitions, additional data and graphic images are available at ▸.

● ▲ ■ ▼ Position of municipality value in relation to Slovenian average (|) and in relation to the range of values of all Slovenian municipalities (▭). In cases, where there is no mark next to the indicator, there was no occurrence of the event in the presented period (*).

The meaning of colours and shapes of markings:
▲ Green – the municipality is in a statistically significantly better position than the average in Slovenia.
■ Blue – the municipality is in a statistically significantly different position than the average in Slovenia. It was not possible to determine the direction of the indicator.
▼ Red – the municipality is in a statistically significantly worse position than the average in Slovenia.
● Yellow – the municipality does not statistically significantly differ from the Slovenian average.
○ White – value of chosen indicator is not reliable due to the small size of the observed population and thus small number of cases.

	Indicator	Municip.	AU	Region	SLO	Unit	Lower than average / Higher than average
Population and community	1.1 Municipal development index	**1.1**	/	/	**1.0**	index	
	1.2 Population increase	**-8.0**	-7.3	-0.8	**0.9**	‰	
	1.3 Elderly population (aged 80+ years)	**3.9**	5.2	4.3	**4.7**	%	
	1.4 Primary-level educated adults (primary school or less)	**30.2**	31.8	27.6	**25.7**	%	
	1.5 Employment rate	**59.4**	59.1	58.1	**57.2**	%	
	1.6 Daily labour migration	**64**	88	96	**101**	%	
Risk factors	2.1 Physical fitness index of children	**49.9**	49.8	49.5	**50.0**	index	
	2.2 Overweight and obesity in children	**31.0**	28.4	25.8	**24.6**	%	
	2.3 Regular and occasional smokers	**19**[m]	21	24	**24**	%	
	2.4 Binge drinking	**40**[m]	41	42	**41**	%	
	2.5 Road traffic injuries	**1.0**	1.1	1.8	**1.8**	‰	
	2.6 Road traffic accidents caused by drunk drivers	**17.5**	16.7	8.1	**8.7**	%	
Prevention	3.1 Response rate in colorectal cancer screening	**60.9**	63.3	60.3	**60.4**	%	
	3.2 Participation rate in cervical cancer screening	**75.2**	73.9	74.6	**71.3**	%	
	3.3 Drinking water of good microbiological quality	**77**	/	/	**87**	%	
Health status	4.1 Self-assessed good health	**76**[m]	77	63	**66**	%	
	4.2 Sick leave days per worker	**13.7**	13.9	15.0	**13.7**	days	
	4.3 Asthma in children and adolescents (aged 0–19 years)	**1.2**	0.7	0.8	**1.2**	ASR/1000	
	4.4 Diseases, directly attributable to alcohol (15+ years)	**2.3**	2.2	2.0	**2.0**	ASR/1000	
	4.5 Persons receiving medications for diabetes	**4.9**	4.3	5.6	**5.1**	ASR/100	
	4.6 Persons receiving medications for high blood pressure	**25.7**	24.3	25.1	**23.7**	ASR/100	
	4.7 Persons receiving anticoagulant medications	**11.3**	11.9	12.6	**11.8**	ASR/100	
	4.8 Heart attack hospital admission rate (35–74 years)	**2.8**	2.6	2.5	**1.9**	ASR/1000	
	4.9 Stroke hospital admission rate (35–84 years)	**2.3**	3.0	3.2	**2.6**	ASR/1000	
	4.10 New cancer cases	**6.3**	5.1	5.3	**5.6**	ASR/1000	
	4.11 Hip fracture in the elderly (aged 65+ years)	**3.1**	4.5	4.2	**6.4**	ASR/1000	
	4.12 People receiving medications for mental disorders	**17.9**	17.5	16.3	**15.5**	ASR/100	
	4.13 Help at home service users	**1.5**	0.8	2.1	**1.6**	%	
Mortality	5.1 All causes mortality	**945**	1139	1062	**980**	ASR/100.000	
	5.2 Cardiovascular mortality rate (0–74 years)	**117**	124	98	**89**	ASR/100.000	
	5.3 Cancer mortality rate (0–74 years)	**137**	144	169	**169**	ASR/100.000	
	5.4 Colon cancer mortality rate(0–74 years)	**11**	8	14	**11**	ASR/100.000	
	5.5 Breast cancer mortality rate (0–74 years)	**16**	19	21	**20**	ASR/100.000	
	5.6 Lung cancer mortality rate (0–74 years)	**42**	29	35	**41**	ASR/100.000	
	5.7 Suicide mortality rate	**20**	26	28	**22**	ASR/100.000	

Legend: /: indicator is not available for this administrative level; ASR: age standardized rate per 100, 1.000 or 100.000 population standardized to Slovenian population on 1 July 2014.
[m]: Data is based on a statistical model. Municip.: Municipality; AU: Administrative unit.

Indicator explanation:
Population and community: 1.1: year 2014; **1.2**: year 2014; **1.3**: year 2014, aged 80+ years; **1.4**: year 2014, aged 25–64 years; **1.5**: year 2014, aged 15–64 years; **1.6**: year 2014; **Risk factors: 2.1**: year 2014, children and adolescents aged 6–14 years; **2.2**: year 2014, children and adolescents aged 6–14 years; **2.3**: year 2014, aged 15+ years; **2.4**: year 2014, aged 15+ years; **2.5**: average 2011–2013; **2.6**: average 2012–2014; **Prevention: 3.1**: year 2014; **3.2**: average 2011–2014, women, aged 20–64 years; **3.3**: year 2014–2016, national monitoring; **Health status: 4.1**: year 2014, aged 15+ years; **4.2**: year 2014, employed population; **4.3**: average 2011–2013, hospital treatments, aged 0–19 years; **4.4**: average 2011–2013, hospital treatments, aged 15+ years; **4.5**: year 2014; **4.6**: year 2014; **4.7**: year 2014; **4.8**: average 2011–2013, hospital treatments, aged 35–74 years; **4.9**: average 2011–2013, hospital treatments, aged 35–84 years; **4.10**: average 2009–2011, new cancer cases except non-melanoma; **4.11**: average 2011–2013, hospital treatments, aged 65+ years; **4.12**: year 2014; **4.13**: year 2013, aged 65+ years; **Mortality: 5.1**: average 2011–2013; **5.2**: average 2011–2013, aged 0–74 years; **5.3**: average 2011–2013, aged 0–74 years; **5.4**: average 2011–2013, aged 0–74 years; **5.5**: average 2011–2013, women, aged 0–74 years; **5.6**: average 2011–2013, aged 0–74 years; **5.7**: average 2011–2013.

Data sources: National Institute of Public Health, Statistical Office of the Republic of Slovenia, Ministry of Finance, Slovenian Traffic Safety Agency, Faculty of Sports (UL), Cancer Registry, Social Protection Institute of the Republic of Slovenia.

NIJZ Nacionalni inštitut za javno zdravje

Good practices (2)

- Maintenance and development of many health registries and databases
- National data portal, serving as a national hub
- Transparent procedures to provide de-identified / anonymised data for research and scientific purposes

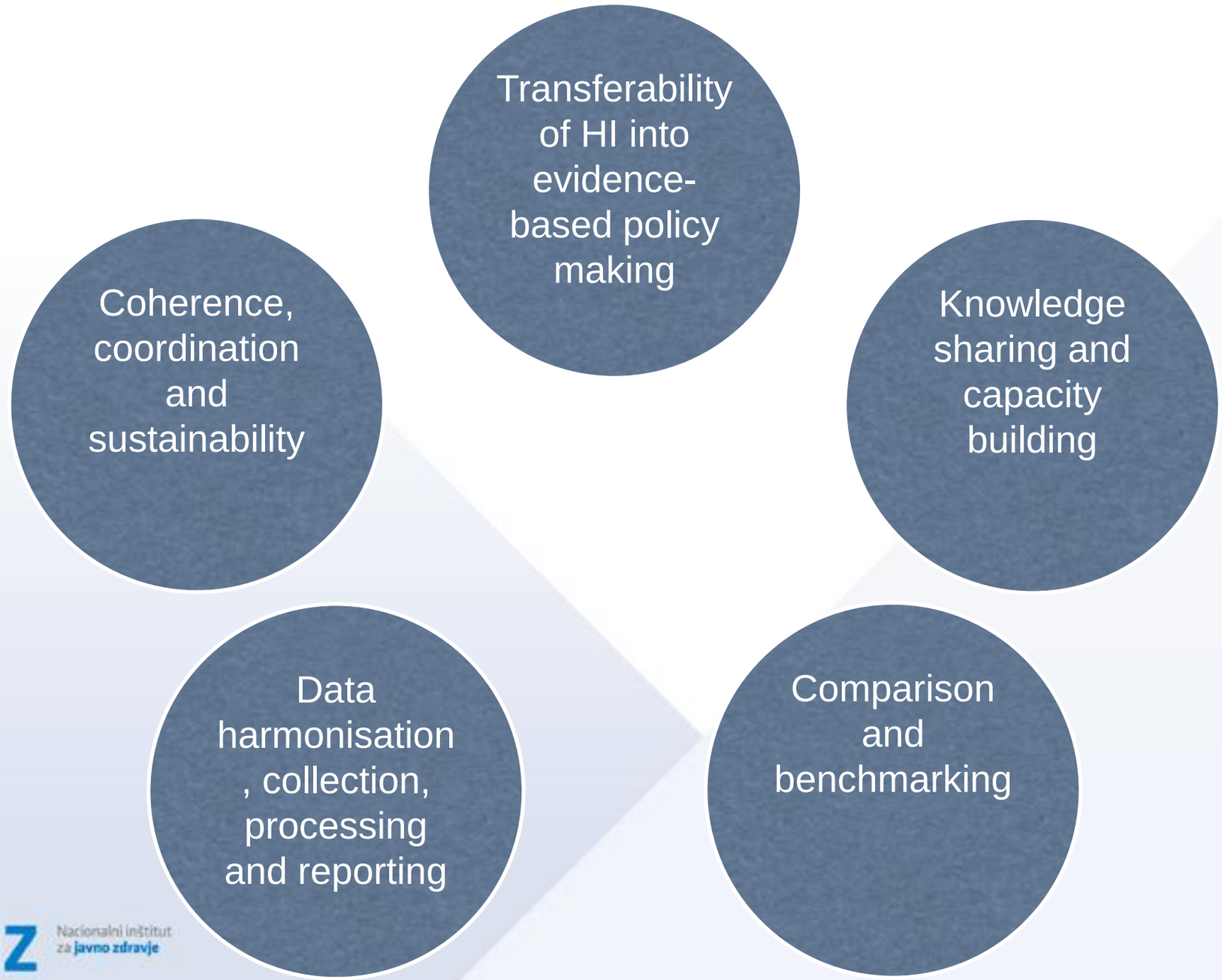
NIJZ Nacionalni inštitut za javno zdravje

Good practices (3)

- Linkage of different health databases and registries for statistical and research purposes
  - Possibility to prepare different in-depth analyses (e.g. indicators for diabetes, economic burden for different diseases, analyses of response for screening programme, etc)
- Web-interviewing for health surveys
  - Cooperation with Faculty of Social Sciences in Ljubljana
  - In-depth analyses and comparison of responses in different modes of interviewing

NIJZ Nacionalni inštitut za javno zdravje

Expectations on ERIC - five key needs to improve



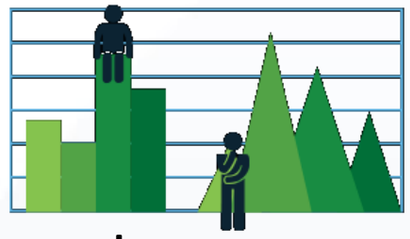
NIJZ Nacionalni inštitut za javno zdravje

Expectations on ERIC - five key needs to improve (1)

1. Coherence, coordination and sustainability
   - Concern: overlapping with inter/supra-national organisations
   - Overcome of problem on non-sustainable projects and JAs
2. Data harmonisation, collection, processing and reporting
   - A lot of work has already been done (e.g. JQ)
   - Huge areas of interest that no harmonisation has took place – importance of recognising these areas and systematically work.
   - Question on data quality (Assessment)
   - Harmonisation of existing indicators and development of new set(s)

NIJZ Nacionalni inštitut za javno zdravje

Expectations on ERIC - five key needs to improve (2)



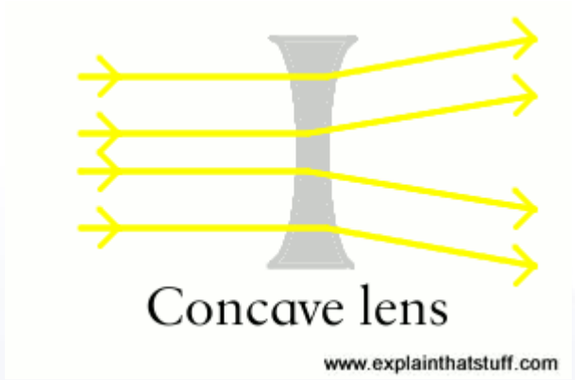
3. Comparison and benchmarking
   - Possible after harmonisation; for Slovenia, one of the most important issues
4. Knowledge sharing and capacity building
   3. Training system (similar to European Statistician Training Programme)
   4. Knowledge platform
   5. Sharing of good/best practices

5. Transferability of HI into evidence-based policy making
   - Possible collection of good/best practices all over EU (e.g. policy-briefs, prepared in different countries for various fields of interest)

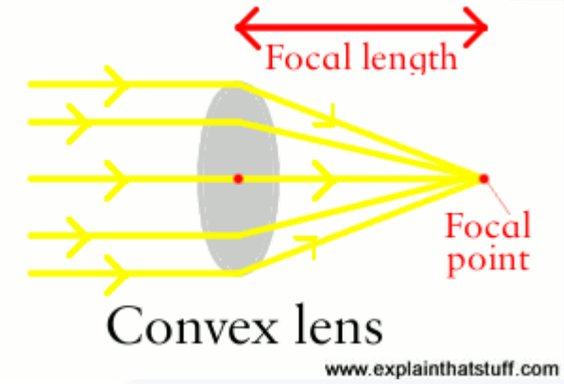
NIJZ Nacionalni inštitut za javno zdravje

Conclusions (1)

Before



After



- We see ERIC as a lens that gathers rays: collecting and managing all ideas, good practices, knowledge,… into one point (not necessarily in one place).

NIJZ Nacionalni inštitut za javno zdravje

Conclusions (2)

- Strengths and opportunities:
  - Many opportunities, many ideas, lots of new energy, all in one place with people who are eager to make the change.
  - Knowledge is huge but disperse (across EU).
  - The plan and key points are defined.
  - Single overarching governance structure
- Threats:
  - Not all countries will have possibility to cooperate due to different reasons (financial resources, human resources,…)
  - Quality of data starts at the very low level (at respondents or health care providers) – ERIC cannot reach that level

Thank you for your attention!

Contact:

metka.zaletel@nijz.si

NIJZ Nacionalni inštitut za javno zdravje