



Use of international databases – national perspective

Mika Gissler
National Institute for Health and Welfare, Finland
Karolinska Institutet, Sweden





In the beginning...

- There were many actors with quite a little coordination.
- Same indicators were collected with different definitions and classifications, which caused burden of reporting for countries.
- Some countries solved this and gave same numbers despite the different definitions.





Experiences with different actors

- Nordic collaboration
- European Union
 - Eurostat, DG EMPL, DG SANTE, JRC, ECDC, EMCDDA...
- OECD
- WHO
 - EURO and Headquarters





Experiences with different actors

Nordic collaboration



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Nordic Council of Ministers

NOMESCO

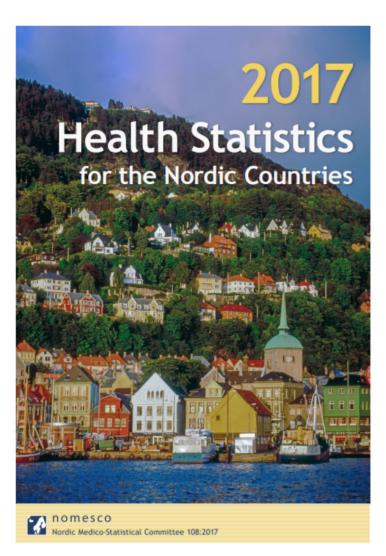
- Nordic Medico-Statistical Committee NOMESCO is a statistical committee under the Nordic Council of Ministers, with separate funds from the Nordic Social Policy Committee.
- The committee is responsible for the coordination of health statistics in the Nordic countries.
- The cooperation began in 1966.
- Since the beginning of the 1990s, the Faroe Islands, Greenland and Åland have been actively involved in the cooperation.





Health statistics in the Nordic Countries

- I. Organization of the Health Services
- II. Population and Fertility
- III. Morbidity, Medical
 Treatment, Accidents and
 Medicinal Products
- IV. Mortality and Causes of Death
- V. Resources







In addition to yearbook

- Descriptions of health care system
- Database (not very updated)
- Detailed Excel-sheets;
 - Discharges, patients and bed days in hospitals
 - 130 groups according to ISHMT by sex and five-year age groups
 - Surgical procedures
 - 30 groups according to HDP2 by sex and five-year age groups
 - Cancer
 - 10 groups by sex and five-year age groups
 - Causes-of-Death
 - 73 groups by 5-year age groups





Digitalisation process

The first step:

• Digitalisation and modernisation of data collection, topic-specific web publishing and integrated database.

The second step:

Increase the availability of the detailed health information.

The future step:

Data collection with microdata

Open questions:

- Are there opportunities to collaborate with universities and research institutions on more developed reporting?
- How are data protection issues solved?
- Resources?





Table 5.13 Number of hospitals by number of beds 2000 Sygehuse efter antal sengepladser 2000

	Denmark	Faroe Islands	Greenland	Finland	of which Åland	Iceland ¹⁾	Norway	Sweden
Ordinary hospitals Almindelige sygehuse								
-199	23	2	16	48	1	4	39	34
200-499	21	1	-	16	-	1	16	28
500-799	4	-	-	5	-	1	5	9
+008	8	-	-	3	-	-	2	8
Total I alt	56	3	16	72	1	6	62	79
Specialized hospitals Specialsygehuse								
-199	8	-	-	9	-	-	8	4
200-499	-	-	-	-	-	-	1	-
500-799	-	-	-	-	-	-	-	-
+008	-	-	-	-	-	-	-	-
Total I alt	8	-	-	9	-	-	9	4
Psychiatric hospitals Psykiatriske sygehuse								
-199	10	-	-	14	1	-	17	2
200-499	2	-	-	7	-	-	-	1
500-799	-	-	-	1	-	-	-	-
+008	-	-	-	1	-	-	-	-
Total alt	12	-	-	23	1	-	17	3
Other hospitals Andre sygehuse								
-199	-	-	-	271	1	19	27	3
200-499	-	-	-	12	-	-	-	-
500-799	-	-	-	2	-	-	-	-
+008	-	-	-	1	-	-	-	-
Total I alt	-	-	-	286	1	19	27	3
<i>Hospitals, total</i> Sygehuse, i alt	76	3	16	390	3	25	115	89





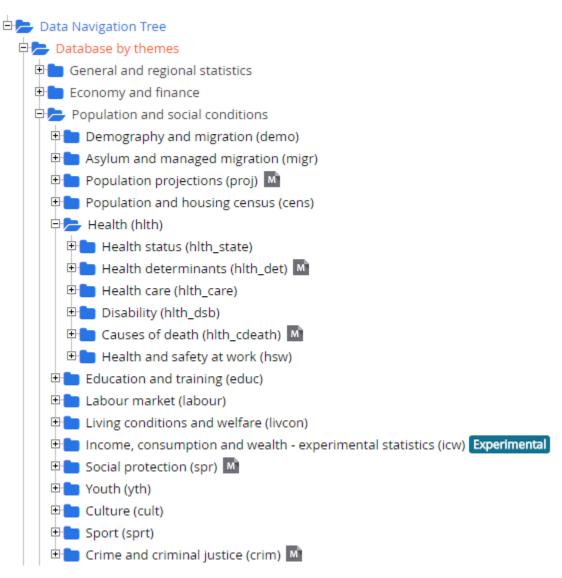
EU collaboration: EUROSTAT

- From gentlemen's agreements to regulated data collection (2008 onwards):
 - Causes-of-death (2011)
 - Regular health interview surveys (EHIS 2014)
 - Statistics on health expenditure (2015) and health care
 - Morbidity statistics
 - Accidents at work (2011)
 - Occupational diseases and other work-related health problems and illnesses
- From New Cronos to free distribution of statistics.





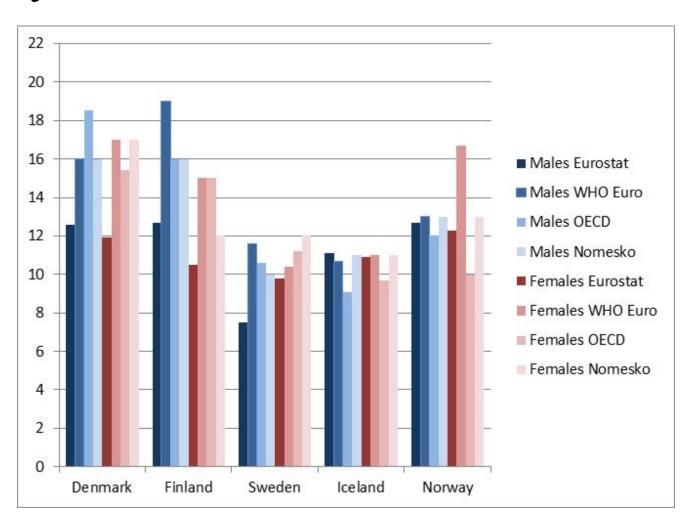
EU collaboration: EUROSTAT







Daily smokers in the Nordic countries, %







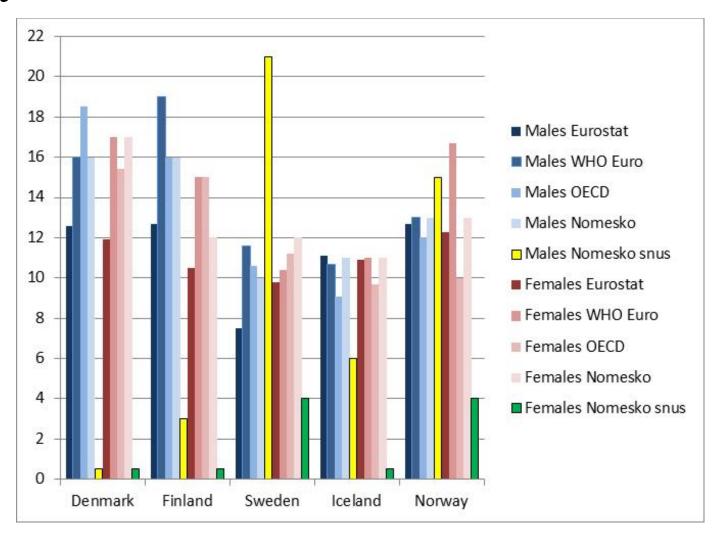
Daily smokers in the Nordic countries, %

	Males	Females
Denmark	13-19	12-17
Finland	13-19	11-15
Sweden	8-12	10-12
Iceland	9-11	10-11
Norway	12-13	10-17





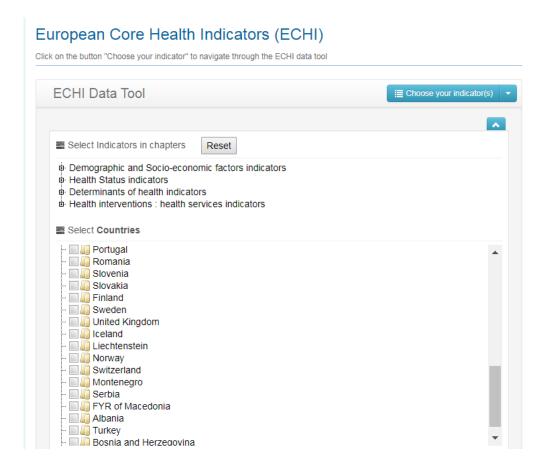
Daily smokers in the Nordic countries, %







ECHI: née HEIDI, future ERIC?







Other EU databases

- DG EMPL is a heavy user of existing data.
- ECDC and EMCDDA are top experts in their field.
- Joint Research Centre is taking a more active role in data collection (cancers, congenital anomalies, rare diseases...).
 - Data sharing rules different for EUROSTAT,
 JRC, and ECDC which sometimes causes
 (national) problems.





OECD Health Data

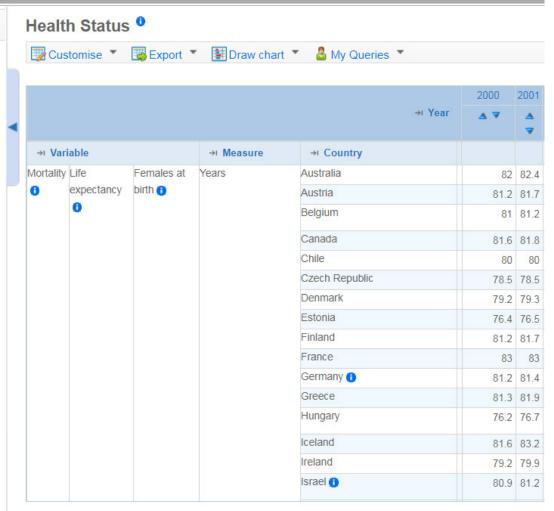
- OECD is a strong actor in health care statistics, health expenditure and health care quality indicators.
- Information also from countries beyond Europe.
- From CD-ROMs to free data.







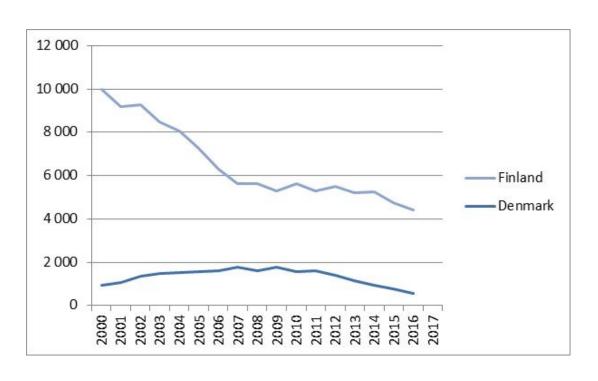








Number of hysterectomies in OECD and NOMESCO



Finland made a success story by halving the number of hysterectomies after a RCT followed by intense follow-up with register data.





Number of hysterectomies in OECD and NOMESCO

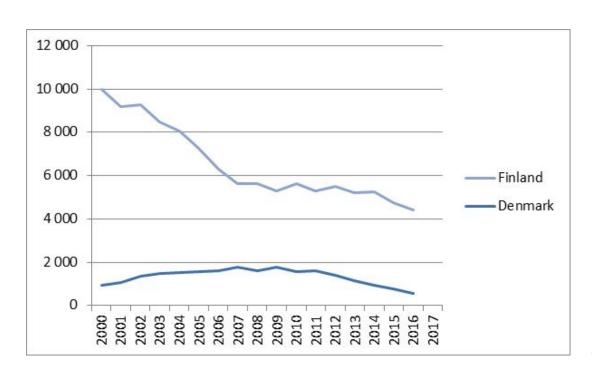


Table 3.5.14 Hysterectomy by age

	,	, , ,
Age	Denmark	Finland
Total num-		
ber of pro-		
cedures		
<25	12	6
25-44	1 594	1 130
45-64	2 971	2 610
65+	1 260	983
Total	5 837	4 729
Per 100 000		
in the age		
group		
<25	1	1
25-44	227	171
45-64	396	353
65+	218	156
Total	204	170

NCSP: LCC, LCD

Source: The national in-patient registers





WHO data sources

- WHO covers the whole Europe (EURO) and the whole world (HQ).
- Different databases and repositories, many of them.
- Huge number of indicators.
- Estimated statistics and country-provided statistics.











Gateway > Health for All explorer











Search find indicators by topic or data, metadata, graphs by title



Export or share online

Want to know more?

TAKE A TOUR





Different indicators are used

- Health 2020 indicator: Standardized overall premature mortality rate from 30 to under 70 years for four major non-communicable diseases
 - cardiovascular diseases, cancer, diabetes mellitus and chronic respiratory disease (J40–J47)
- NCD and SDG indicator: Unconditional probability of dying between ages of 30 and 70 from four major non-communicable diseases
 - cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases (J30-J98)





Advice

- Use the data!
- Promote the data, since people do not know these wonderful data sources.
- Coordinate your work within the country.
- Collaboration with international organizations is increased substantially, but the work is not finished yet.



Suomeksi

På svenska NATIONAL INSTITUTE

FOR HEALTH AND WELFARE

In English



Sotkanet.fi

Statistical information on welfare and health in Finland

FRONTPAGE

SEARCH

INFORMATION ABOUT THE SERVICE

FEEDBACK

Searching for data

Search indicators (e.g. population, social assistance, 1911)

Q

SOTKANET.FI DATA CONTENT



Alcohol, tobacco and addiction





Welfare, health and functioning



Ageing and functional capacity



Children, young people and families



Mental health



Indicators for monitoring



Services and resources



Sexual- and reproductive health



Keyindicators of THL



Population



Social environment of population



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FRONTPAGE SEARCH INFORMATION ABOUT THE SERVICE FEEDBACK

Search Select indicators Q Search indicators with keywords (e.g. morbidity) Alcohol, tobacco and addiction info 340 ▼ European Indicators info 480 ▶ Demographic and socio-economic factors (European Indicators) info 481 ▶ Health status (European Indicators) info 482 ▶ Determinants of health (European Indicators) info 483 Utilisation of health services (European Indicators) info 484 Utilisation of social services (European Indicators) info 487 Social and health care resources (European Indicators) info 488 Nordic Indicators info 865 Welfare, health and functioning info 470 Ageing and functional capacity info 358 Children, young people and families info 354 Mental health info 199 ▶ Indicators for monitoring info 600 Services and resources info 490 Sexual- and reproductive health info 765 Select regions