TRANSFERRING KNOWLEDGE INTO POLICY ACTION – USING DATA

INTERNATIONAL PERSPECTIVE

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Stimulating policy actions with data: Need to respond to three questions

1. What?

2. So what?

3. Now what?

“Without data, you’re just another person with an opinion”

W. Edwards Deming
Stimulating policy actions with data

1. **What?** Grab policy maker or general public attention by describing the problem in a compelling way (key facts)

2. **So what?** Tell policy makers or general public why the problem is important (health and economic impacts)

3. **Now what?** Outline policy options to address the problem, including potential benefits and costs
International comparisons can be a “starting point” to policy actions

• Comparisons of aggregate national data can be a useful starting point to identify potential problems and opportunities for improvement with best performing countries (eye opener)

• But need further disaggregation of data and analysis because:
  ➢ There are important differences in contextual factors across countries (demography, economy, geography, etc.)
  ➢ There can be as much variations within countries as across countries

• Need to follow tradition of “Open Comparisons” in Sweden:
  ➢ Public reporting of comparisons across regions and providers, to stimulate further analysis and actions to improve performance
Examples of some basic international comparisons that have stimulated some policy reactions
Example 1: Activities of doctors in Sweden

The number of doctors in Sweden has increased and is relatively high.

Source: Health at a Glance: Europe 2016
But Swedish people don’t have a lot of consultations with doctors each year…

Annual consultations per person per year (2014)

Source: Health at a Glance: Europe 2016
So the average number of consultations per Swedish doctor is very low

This led to some debate and investigation on the activities of Swedish doctors (e.g. content/length/quality of consultations, other activities?)
Swedish doctors report that they spend more time with their patients

% of primary care doctors reporting to spend at least 15 minutes with a patient (2015)

Source: 2015 Commonwealth Fund International Health Policy Survey of Primary Care Doctors
But over 25% of Swedish people say that their doctor does not spend enough time with them!

% of population reporting that their doctor spent enough time during last consultation (2016 or nearest year)

1. National sources. 2. Data refer to patient experiences with regular doctor.

1. Source: 2016 Commonwealth Fund International Health Policy Survey and other national sources.
Example 2: Physical activity among teenagers (or lack of!)

% of 11 and 15-year olds reporting to do moderate-to-vigorous physical activity each day

Source: HBSC Survey (2013-14), shown in Health at a Glance: Europe 2016
Stimulating policy actions to address physical inactivity among teenagers (and adults also!)

• **What is the problem?**
  – Breaking down physical activity by population group (inequalities by gender, socioeconomic status, regions, ...)
  – Breaking down physical activities by location/type (school/work, transportation/commuting, leisure time)

• **So what?**
  – Quantifying the consequences of physical inactivity among youth and adults (during the life course)

• **Now what?**
  – Analysing policy options to increase physical activity
  – Reviewing evaluations of benefits and costs of various policies and programmes adopted in other countries
  – Proposing policy recommendations (“best buy”)
Recommendations on how to stimulate policy actions: Respond to 3 questions with data

1. **What?** Grab policy maker or general public attention by describing the problem in a compelling way (key facts)

2. **So what?** Tell policy makers or general public why the problem is important (health and economic impacts)

3. **Now what?** Propose policy options/recommendations to address the problem, including potential benefits & costs