Using data: International and scientific perspective

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EUPHA, Stockholm
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### Data sources

<table>
<thead>
<tr>
<th>SOURCES</th>
<th>STRENGTHS and LIMITATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>International agencies:</strong> WHO, OECD, Eurostat, World Bank, etc.</td>
<td>+ Broadly reliable / comparable</td>
</tr>
<tr>
<td></td>
<td>- Timeliness</td>
</tr>
<tr>
<td><strong>Research projects:</strong> e.g. Global Burden of Disease</td>
<td>+ Global coverage, innovative</td>
</tr>
<tr>
<td></td>
<td>- Estimates, methodology</td>
</tr>
<tr>
<td><strong>Condition / issue specific data:</strong> Diabetes Atlas, Eurocare, etc.</td>
<td>+ Reliable, robust</td>
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<tr>
<td></td>
<td>- Narrow focus, timeliness</td>
</tr>
<tr>
<td><strong>Health surveys:</strong> EHIS, EU-SILC, SHARE, HBSC</td>
<td>+ Population-based</td>
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<tr>
<td></td>
<td>- Self-reported</td>
</tr>
<tr>
<td><strong>National data</strong></td>
<td>+ Timely, more detailed</td>
</tr>
<tr>
<td></td>
<td>- Comparability</td>
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</tbody>
</table>
Exploring indicators – health divide

Convergence?

EU LE gap
2000 = 8.8
2015 = 8.4

Divergence?

Change in LE by region, compared to 1990

Eastern Europe and Central Asia, males

Eastern Europe and Central Asia, females

Central Europe, males

Central Europe, females

Western and Southern Europe, males

Western and Southern Europe, females

When data are scarce

Unmet medical need due to cost in Greece (EU-SILC)

- First income quintile (poorest)
- First income quintile (richest)
Stories of success...

Countries with Vision Zero / Safe System / Sustainable Safety National Policy

- Australia
- Austria
- Czech Republic
- Denmark
- Finland
- Netherlands
- New Zealand
- Norway
- Poland
- Slovenia
- Sweden

Road traffic deaths, SRD per 100,000 (WHO HFA)

- Austria
- Czech Republic
- Denmark
- Finland
- Netherlands
- Norway
- Poland
- Slovenia
- Sweden
... and those of failure

**UK LIVER DISEASE CRISIS**

Survival rates have improved for almost every disease of every organ in the last few decades, with one notable exception: liver disease. France and Italy have seen a dramatic reduction in liver mortality whereas the UK and Finland have seen liver deaths rise more than fivefold.

A steady fall in cirrhosis deaths in France over the last 30 years corresponds to a proportionate fall in alcohol consumption over the period. Conversely, a 33% reduction in Finnish alcohol taxation in 2004 resulted in soaring rates of liver disease.

**PERCENTAGE CHANGE IN STANDARDISED DEATH RATES**

<table>
<thead>
<tr>
<th>Year</th>
<th>United Kingdom</th>
<th>Italy</th>
<th>France</th>
<th>Germany</th>
<th>Ireland</th>
<th>Sweden</th>
<th>Netherlands</th>
<th>England</th>
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<tbody>
<tr>
<td>1970</td>
<td>30%</td>
<td>25%</td>
<td>20%</td>
<td>15%</td>
<td>35%</td>
<td>20%</td>
<td>5%</td>
<td>10%</td>
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<tr>
<td>1980</td>
<td>25%</td>
<td>20%</td>
<td>15%</td>
<td>10%</td>
<td>30%</td>
<td>15%</td>
<td>5%</td>
<td>8%</td>
</tr>
<tr>
<td>1990</td>
<td>20%</td>
<td>15%</td>
<td>10%</td>
<td>5%</td>
<td>25%</td>
<td>10%</td>
<td>3%</td>
<td>6%</td>
</tr>
<tr>
<td>2000</td>
<td>15%</td>
<td>10%</td>
<td>5%</td>
<td>3%</td>
<td>20%</td>
<td>5%</td>
<td>2%</td>
<td>4%</td>
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<tr>
<td>2010</td>
<td>10%</td>
<td>5%</td>
<td>3%</td>
<td>2%</td>
<td>15%</td>
<td>3%</td>
<td>1%</td>
<td>2%</td>
</tr>
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</table>

**ALCOHOL-RELATED HOSPITAL ADMISSIONS**

<table>
<thead>
<tr>
<th>Year</th>
<th>United Kingdom</th>
<th>Italy</th>
<th>France</th>
<th>Germany</th>
<th>Ireland</th>
<th>Sweden</th>
<th>Netherlands</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>1980</td>
<td>40,000</td>
<td>35,000</td>
<td>30,000</td>
<td>25,000</td>
<td>30,000</td>
<td>25,000</td>
<td>20,000</td>
<td>15,000</td>
</tr>
<tr>
<td>1990</td>
<td>45,000</td>
<td>40,000</td>
<td>35,000</td>
<td>30,000</td>
<td>35,000</td>
<td>30,000</td>
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<td>35,000</td>
<td>40,000</td>
<td>35,000</td>
<td>30,000</td>
<td>25,000</td>
</tr>
<tr>
<td>2010</td>
<td>55,000</td>
<td>50,000</td>
<td>45,000</td>
<td>40,000</td>
<td>45,000</td>
<td>40,000</td>
<td>35,000</td>
<td>30,000</td>
</tr>
</tbody>
</table>

**PRICE OF BEER, WINE & SPIRITS VERSUS INFLATION**

- **ALL ITEMS**
- **BEER ON SALES**
- **WINE & SPIRITS ON SALES**
- **WINE & SPIRITS OFF SALES**
- **BEER OFF SALES**

*On sales means in pubs and restaurants, off sales means liquor stores and supermarkets.

1. The UK population changed their drinking habits reflecting the affordability of stronger alcohol at home.
2. Of the 25% of the UK population with obesity, a vast majority has non-alcohol related fatty liver disease.
3. Annual deaths related to hepatitis C have quadrupled since 1996. It is estimated that around 75% of infected cases are unknown.

So what changes do we need to make in the UK?

**POLICY MAKERS**

Introduce a minimum price of 50p to reduce alcohol consumption.

**PROJECTED MINIMUM PRICE PER UNIT OF ALCOHOL AND RESULTING PERCENTAGE DECREASE IN CONSUMPTION**

- 20p: 12.5%
- 5p: 11.9%
- 10p: 11.0%
- 20p: 8.7%
- 50p: 5.7%
Talking to end users

Policy focus group

• Around 20 experts on HSPA from 13 EU countries
• 2 indicators from OECD HCQI
• We gather views on:
  1) Reasons for observed variations
  2) Proposed policy action/s
Used for:
- Some **insight** into performance and country’s comparative position;
- More a **trigger** for in-depth within country analysis to confirm accuracy;
- Starting point for further discussions on **quality improvement**;
- Generally good reflection of **quality of primary care**;
- Supplemented by **additional indicators** (e.g. diabetes complications);

But:
- **Conceal** contextual and health system variables;
- Evidence on association with access to **secondary care**

Not used:
- Doubts in terms of **accuracy and validity**;
- Difficult to interpret: **complex patient journey**, too many “unknowns”, e.g. severity, co-morbidities, etc;
- May be **affected by improvements** in survival of CVD patients, ageing, advances in technology
## Health services for children in Western Europe

Wolfe et al (2013)

<table>
<thead>
<tr>
<th>Country</th>
<th>Mortality (directly standardised rate)</th>
<th>Yearly excess deaths compared with Sweden</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sweden</td>
<td>29.27</td>
<td>0</td>
</tr>
<tr>
<td>Luxembourg</td>
<td>26.50</td>
<td>0</td>
</tr>
<tr>
<td>Finland</td>
<td>30.27</td>
<td>9</td>
</tr>
<tr>
<td>Spain</td>
<td>37.40</td>
<td>545</td>
</tr>
<tr>
<td>Greece</td>
<td>37.86</td>
<td>135</td>
</tr>
<tr>
<td>Germany</td>
<td>37.88</td>
<td>815</td>
</tr>
<tr>
<td>Italy</td>
<td>38.07</td>
<td>683</td>
</tr>
<tr>
<td>France</td>
<td>38.25</td>
<td>962</td>
</tr>
<tr>
<td>Austria</td>
<td>39.09</td>
<td>106</td>
</tr>
<tr>
<td>Ireland</td>
<td>39.78</td>
<td>98</td>
</tr>
<tr>
<td>Netherlands</td>
<td>40.66</td>
<td>292</td>
</tr>
<tr>
<td>Portugal</td>
<td>40.73</td>
<td>176</td>
</tr>
<tr>
<td>Denmark</td>
<td>42.69</td>
<td>121</td>
</tr>
<tr>
<td>UK</td>
<td>47.73</td>
<td>1951</td>
</tr>
<tr>
<td>Belgium</td>
<td>47.77</td>
<td>304</td>
</tr>
</tbody>
</table>

Source: WHO Mortality Database, 2012. Directly standardised rate data show all-cause mortality per 100,000 children aged 0-14 years and are 5 year means for 2006-10, except for France and Luxembourg (2005-09), Denmark (2002-06), Belgium (1998-99; 2004-06), Italy (2003; 2006-09); and Portugal (2003, 2007-10). Data for excess deaths are absolute numbers. An estimated 6198 deaths would have been avoided if the child mortality rate across the 15 pre-2004 countries of the European Union was the same as that in Sweden.

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### Child mortality

#### Why children die: death in infants, children and young people in the UK

Every year it is estimated that 1,953 additional children – around 5 a day – die in the UK compared to Europe’s best performing country for child mortality, Sweden. The College is committed to reducing childhood mortality in the UK, ensuring all infants, children, young people, and their families are resourced and supported to survive and thrive.

By working with child health experts to review existing evidence and through working in partnership with the National Children’s Bureau we have developed key policy recommendations to tackle premature mortality.

### UNTRAINED GPS BLAMED FOR 2,000 CHILD DEATHS

An asthma attack may be life threatening. Research shows two-thirds of hospital admissions for asthma can be avoided. Incentive payments encourage GPs to closely monitor adult patients – but not children.

**Jeremy Laurence**

@jeremylaurance

Wednesday 27 March 2013 03:00 GMT

Almost 2000 British children a year die from “avoidable” causes because family doctors lack training in paediatric care, researchers warned yesterday.
Key points

• Exploring (disaggregating) data and trends uncovers very pertinent areas where health action needs to be taken

• Data can demonstrate both successes and failures of policies, and both provide valuable lessons, particularly within Europe

• Data / quantitative indicators need to be well understood and need analytical context to become a meaningful tool for policy making