Health reporting in the Netherlands: “Lessons from Europe”

Dr. Guus de Hollander and many others

National Institute of Public Health and the Environment (RIVM)

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Public Health Reporting in the Netherlands, a short history…

1991:

- Request of the Ministry of Health to RIVM:
  - "…an overview and systematic analysis of the available information on public health in The Netherlands, once every 4 years…."
  - to assess current health policy, and support development of new policies

1993:

- First report, *800 pp.* ('the Bible')
  - Very academic: conceptual (Lalonde, 1974), defining the system, consistent, complete, comprehensive
  - Tremendous effort, many experts involved, very little consequences for policy making

1997:

- Second report, 8 volumes, *2500 pp.* ('the Library')
  - Enlightenment: How does it work? How do we measure it? Health differences, aggregate health measures, effectiveness of prevention and health care. What are the costs? What are the yields?
  - Summary report with policy recommendations (…little effect)

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1998-2002: a ‘Troika’ towards *policy assessment*

1. Websites
   - basic information
     - National Compass (www.nationaalkompas.nl)
     - Atlas (www.zorgatlas.nl)
     - Costs of illness (www.kostenvanziekten.nl)
   - for short-term policy questions
2. Theme reports
   - in depth studies of concrete policy topics of present interest, e.g.
     - health and health care in large cities
     - health promotion
     - healthy diets, safe food
     - future of primary health care
     - evidence-based prevention of mental illness
3. Summary report 2002 ‘Health on course?’, 250 pp.
   - Policy assessment: How do we do?
     - Trends in time
     - *International* and regional comparisons
   - Clear policy recommendations
   - Followed by integrative policy-document “Living longer in good health”, 2003

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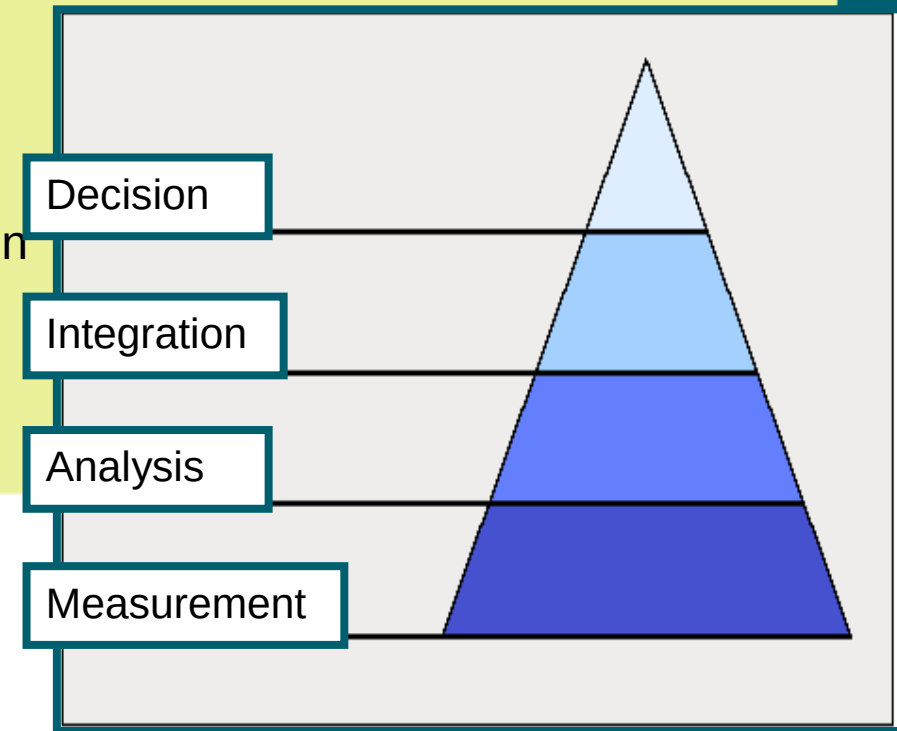
Characteristics of our PHSF systems

- Give meaning to data
  - Accumulate, arrange, update, analyze, integrate and actively disseminate data and knowledge of public health and health care in the Netherlands
- Scientific
  - Conceptual, systematic, comprehensive, analytic, consistent, quantitative, accountable
- Policy oriented
  - Evaluating, comparing (‘benchmarking’), exploring the future
  - Rational → incremental
- Centered around public health
- National enterprise
  - more than 300 experts, structural collaboration with universities and knowledge institutes
  - Scientific advisory board
  - Policy advisory board



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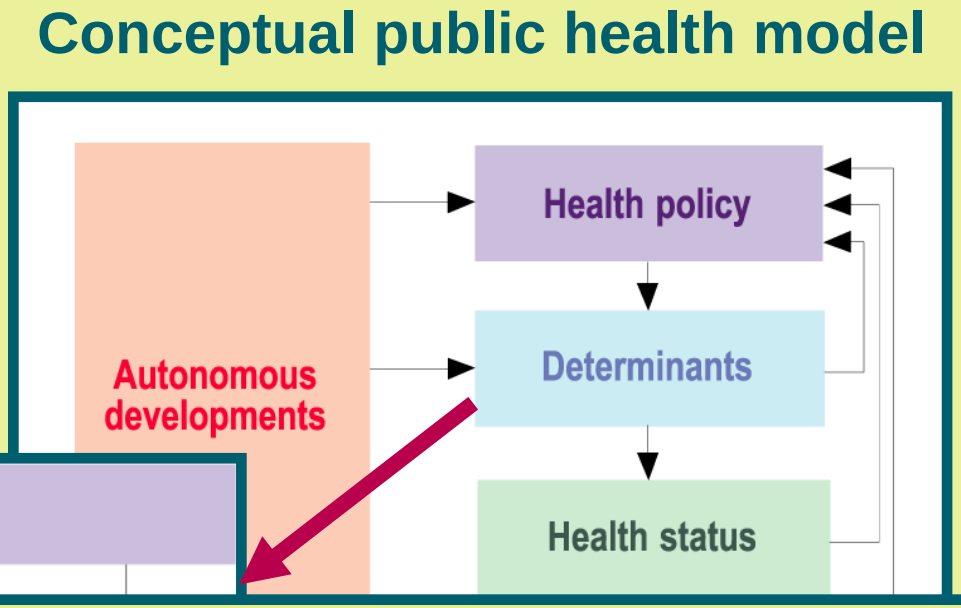
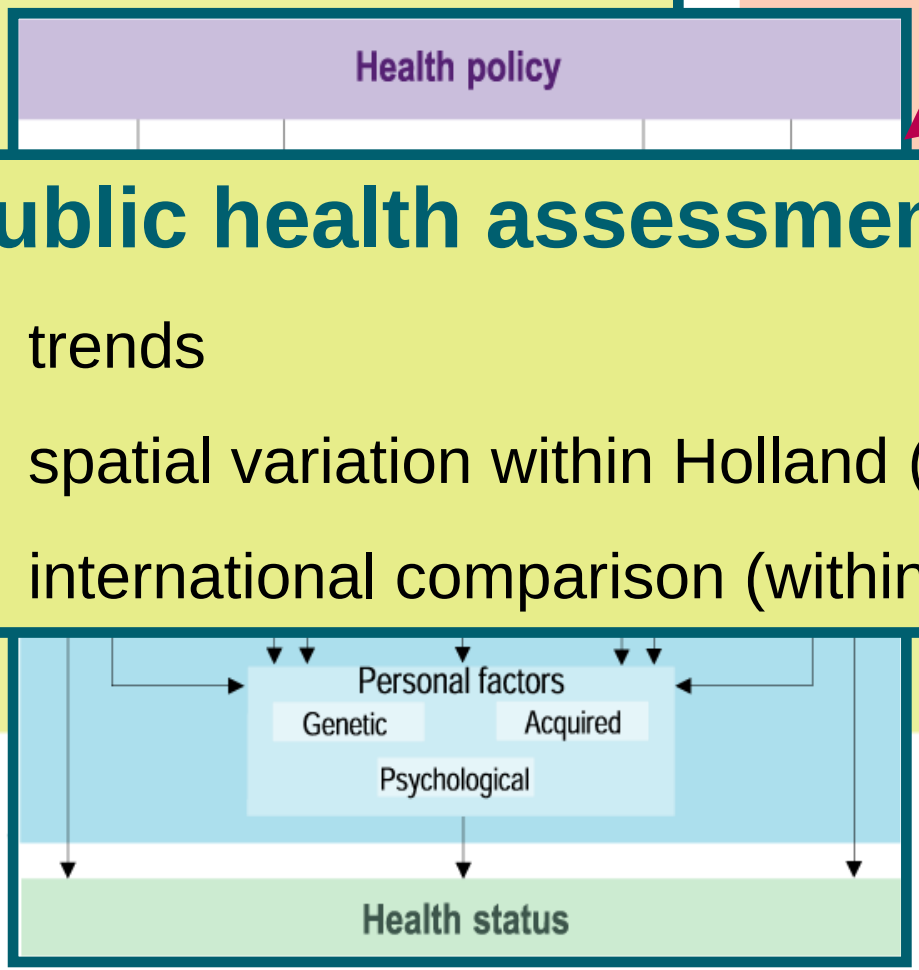
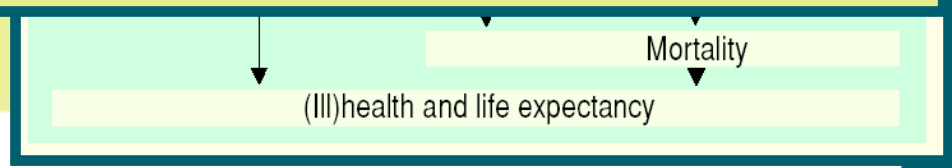
Measuring performance, conceptual model as starting point

- Three ‘layers’
  - conceptual
  - quantitative
  - indicative (performance)







Public health assessment: how are we doing???

- trends
- spatial variation within Holland (regional)
- international comparison (within the EU)

“Care for health”

Summary report ‘Public Health Status and Forecasts 2006’

Guus de Hollander, Nancy Hoeymans, Johan Melse, Hans van Oers, Johan Polder

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Most important messages ‘Care for health’

- Dutch health less than the best in Europe
  - Historically, we were always in the top five…
- Huge and persistent differences between ‘underprivileged’ and ‘privileged’
  - Socio-economic health differences
- Huge differences in health between regions and neighborhoods
  - Room for improvement
- Poor health behavior and overweight: concern for the future
  - Current health problems: a legacy of the past (smoking, obesity)
  - Current behavior among youth: an investment in poor future health
  - Unhealthy behavior is closely connected with the quality of the social and physical environment (limits to the concept of health: ‘own responsibility’ or ‘individual choice’)

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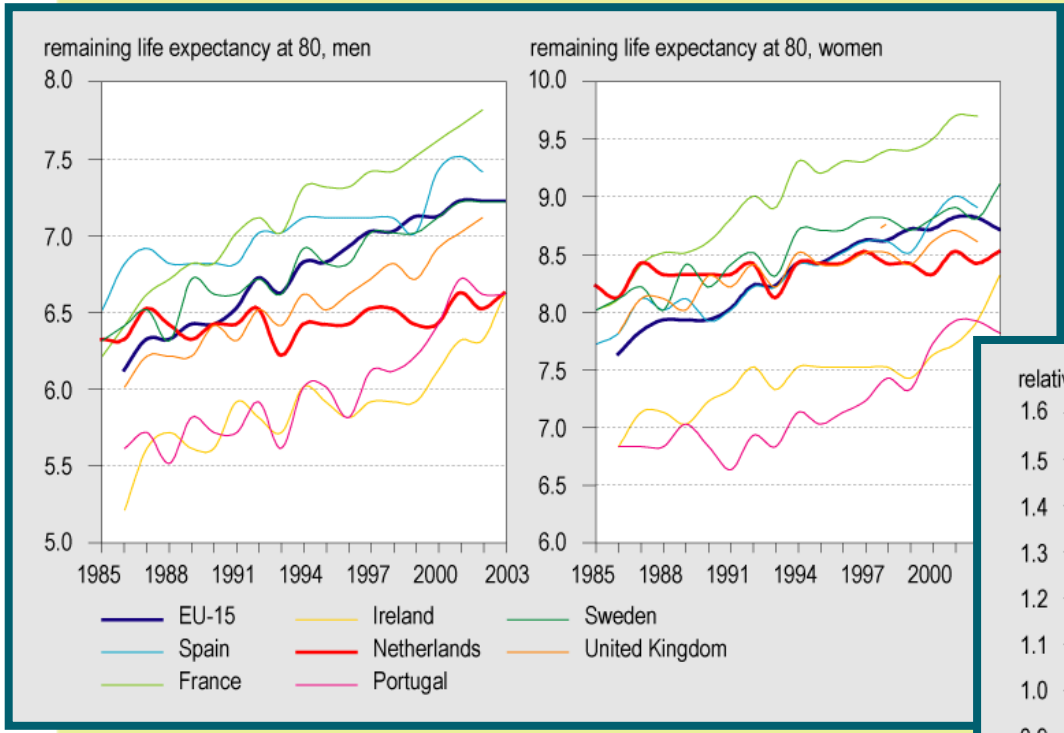
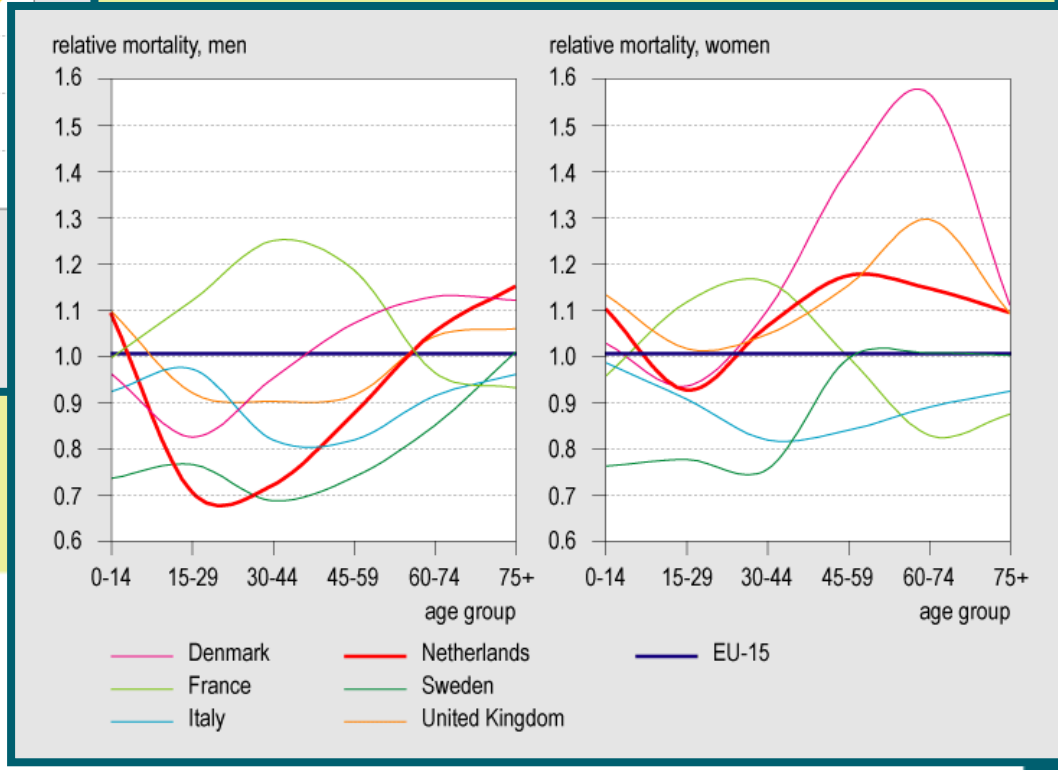
European perspective: not in the leading group

- Female life expectancy increases less rapidly than in most other countries of the EU
- Female life expectancy slightly lower than the average of the EU-25, male life expectancy average of the EU-15
- Life expectancy of the very old (80+) barely increases since the eighties





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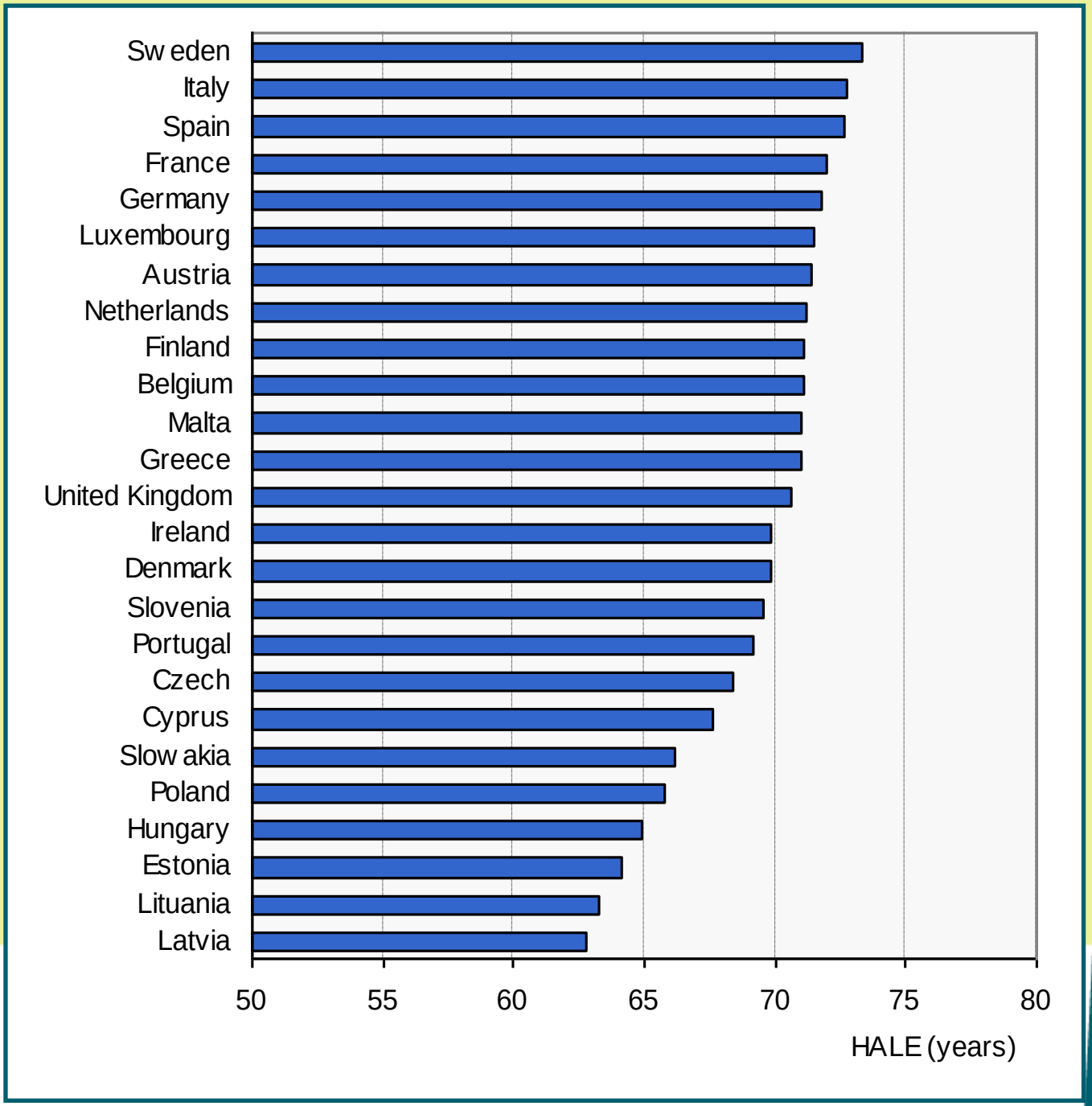
European perspective: ‘an average guy’

- Health adjusted life expectancy (HALE): 8th position
- 37 indicators: 7 poor, 8 average, 22 good!



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International comparison: EU25

Health Status	Health determinants, health care	
lung cancer incidence	breast feeding	rear
lung cancer mortality	smoking (adults)	
breast cancer incidence	alcohol abuse (youth)	
breast cancer mortality		
total mortality risk	smoking (youth)	
total cancer mortality	fruits and vegetable consumption	middle group
life expectancy	5-year survival cancer	
perinatal mortality		
severe limitation daily activities		
healthy life expectancy	(severe) obesity	
coronary heart disease mortality	drug abuse, physical activity, anti-conception	
stroke mortality	social support	
suicide mortality	5-years survival breast, lung, cervical cancer	
traffic accident mortality	antibiotics resistance (MRSA), vaccination rate	
perceived good health	mammography rate	leaders

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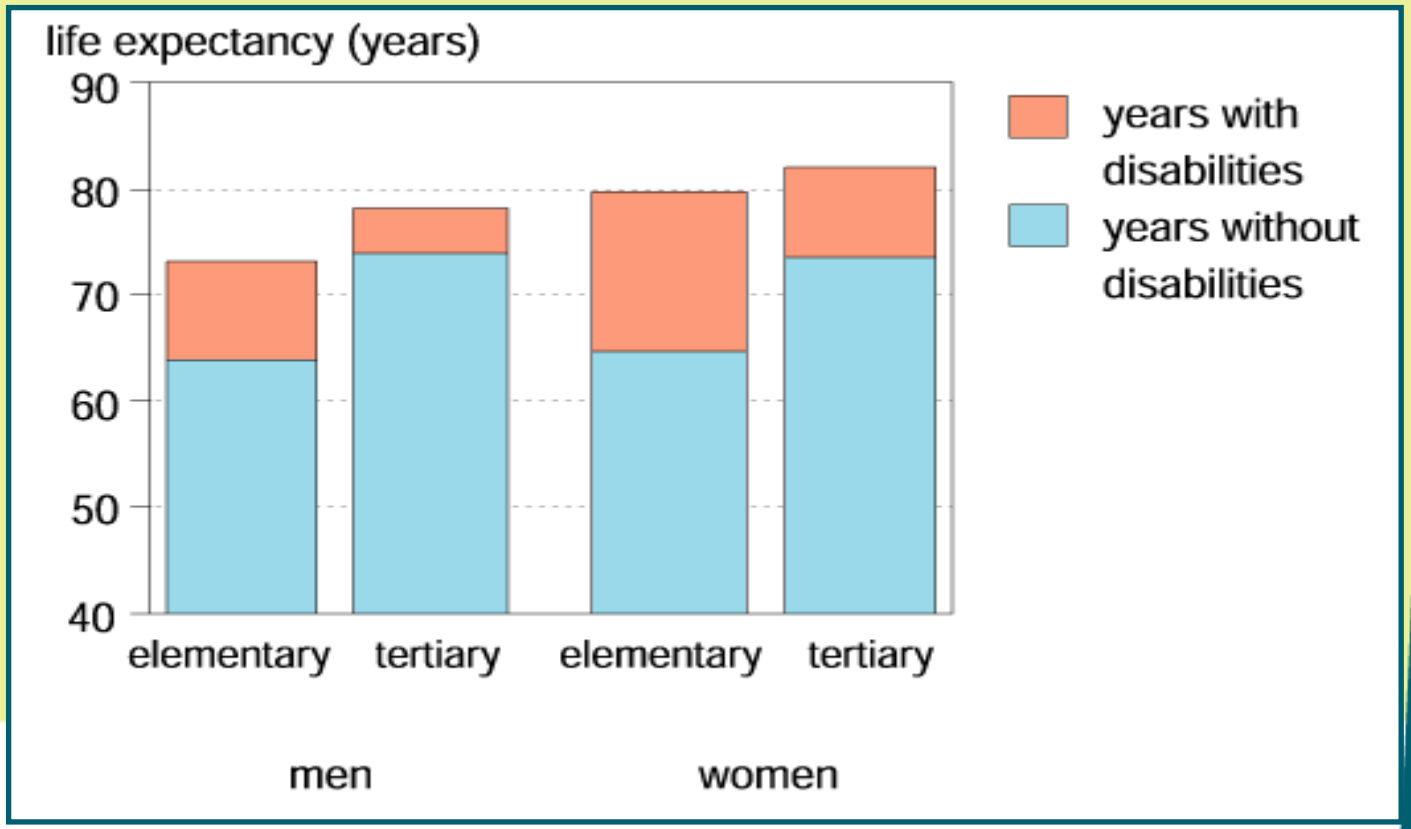
Health differences in the Netherlands

- Health of underprivileged poor in all aspects
- Differences in (healthy) life-expectancy well-educated versus poor-educated: 4 years (Le) and 10-15 years (HLe)
- No real change since 1990



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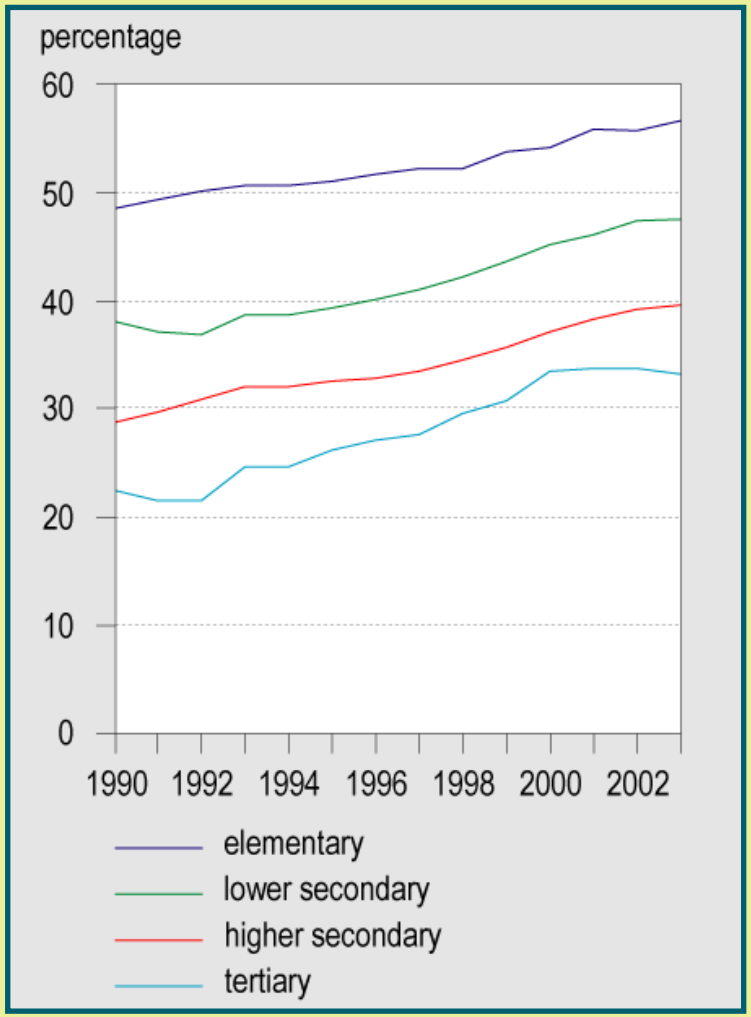
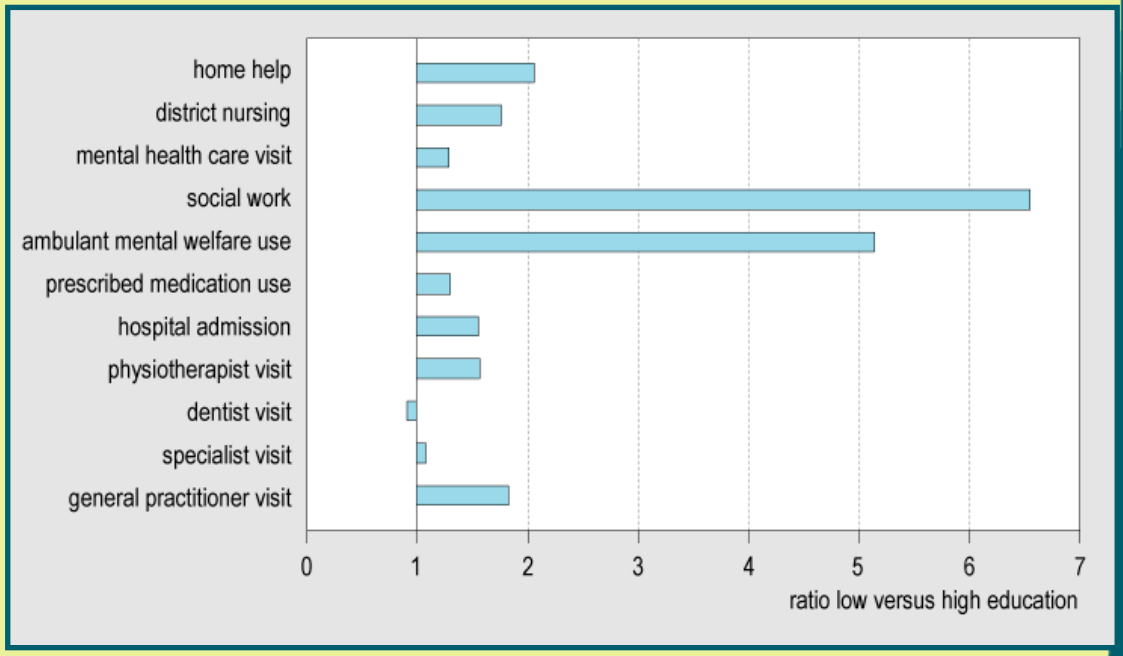
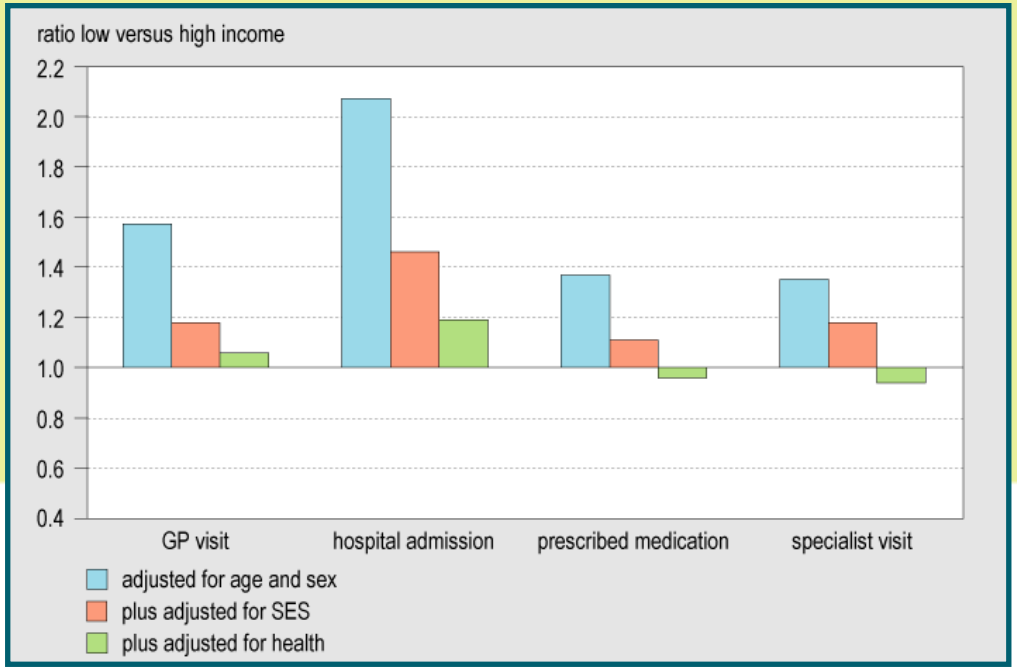
SES-differences: Obesity and health care use







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SEHD: the Netherlands, average in Europe, RR in the 90ties (male/female)

	Mortality	Perceived health	Smoking
Small difference	1,24*, 1,27* Spain	1.76*, 1.91* W-Germany	1.19, 0.61* France
The Netherlands	1.92*, 1.28	2.81*, 2.12*	1.21*, 1.37*
Large difference	2.40*, 2.90* Lithuania	2.99*, 3.29* Finland	4.76*, 3.85* Czech Rep.

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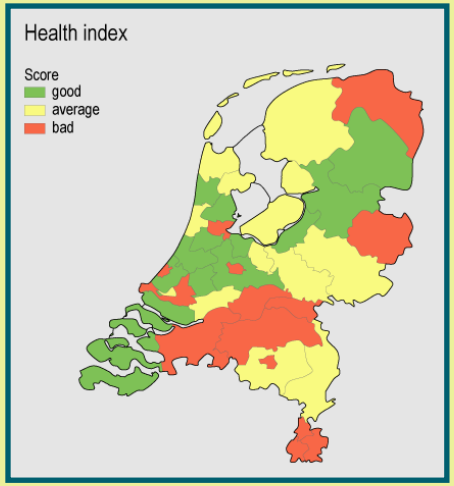
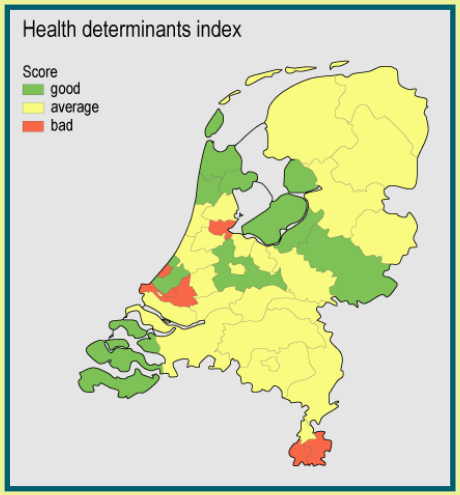
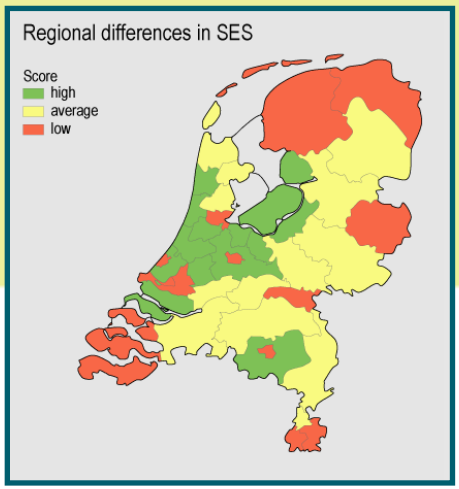
Comparison of 39 regions (health services)

Indicator	*Unit of measurement*	*Average*	***Lowest***	***Highest***
Mortality and health				
Life expectancy	years	78,8	77,2	80,3
Healthy life expectancy	years	62,0	55,0	66,8
Physical limitations	percentage	11,8	7,4	16,7
Psychosocial problems	percentage with high MHI-score	10,2	7,6	15,9
Cancer (mortality)	CMF (NL = 100)	100,0	82,4	110,6
Cardiovascular mortality	CMF (NL = 100)	100,0	85,4	128,1
Asthma & COPD	CMF (NL = 100)	100,0	58,7	124,7
Accidents (mortality)	CMF (NL = 100)	100,0	62,8	125,1
Diabetes	percentage (self reported)	2,8	1,7	4,1
Determinants of health				
Smokers	percentage	31,5	27,6	36,3
Heavy drinkers	percentage	19,1	13,3	23,0
Physical activity	percentage satisfying standard	52,5	41,5	61,9
Obesity	percentage	9,8	6,4	15,7
Nitrogen dioxide	annual average in µg/m3	19,8	13,5	34,3
Prevention				
DKTP vaccination	percentage	95,8	91, 5	98,4
Mammography	percentage 50-plus	75,7	65,5	83,8
Flu vaccination	percentage 65-plus	80,6	74,5	86,1
Quit smoking intervention	participants per 10.000 smokers	24,0	17,5	40,6







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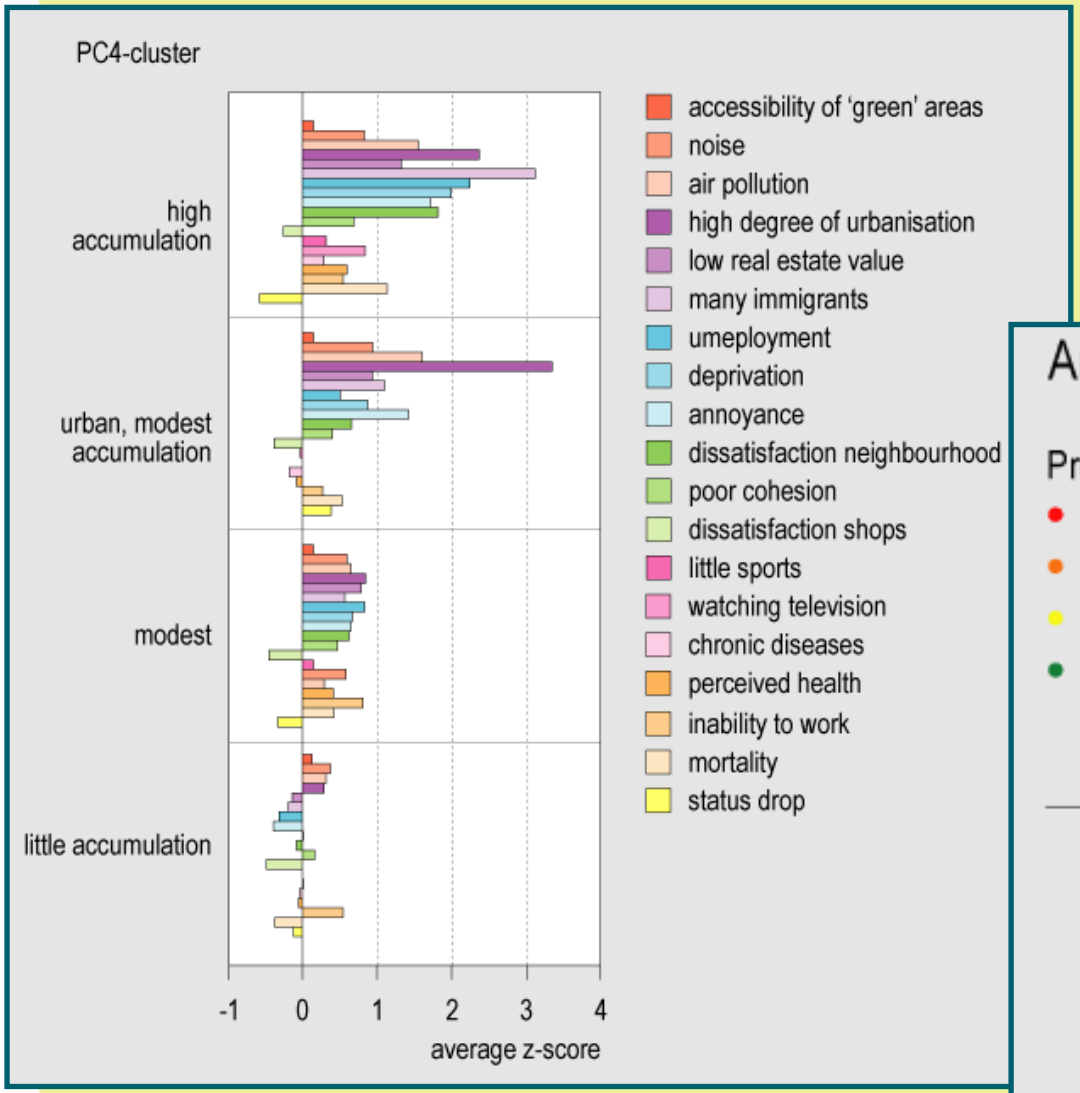
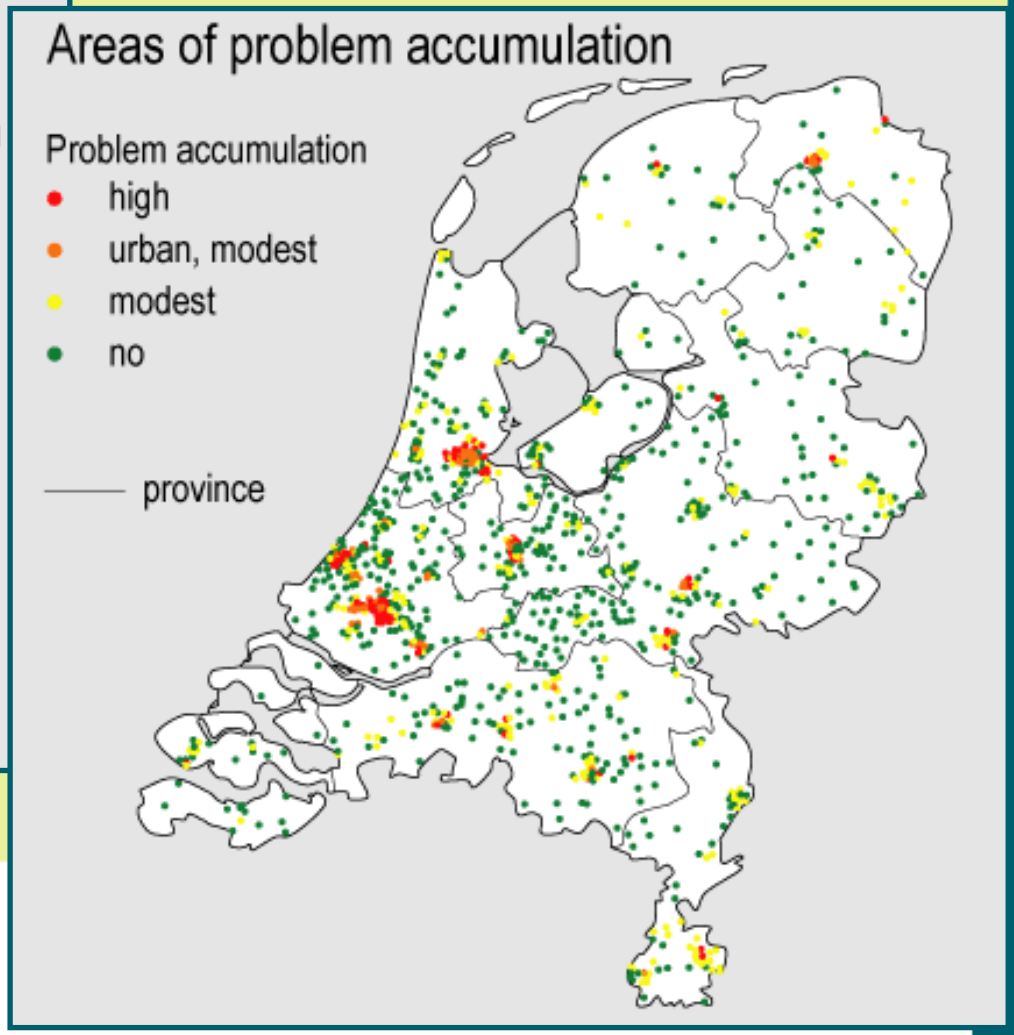
Accumulation of unfavourable conditions in neighbourhoods





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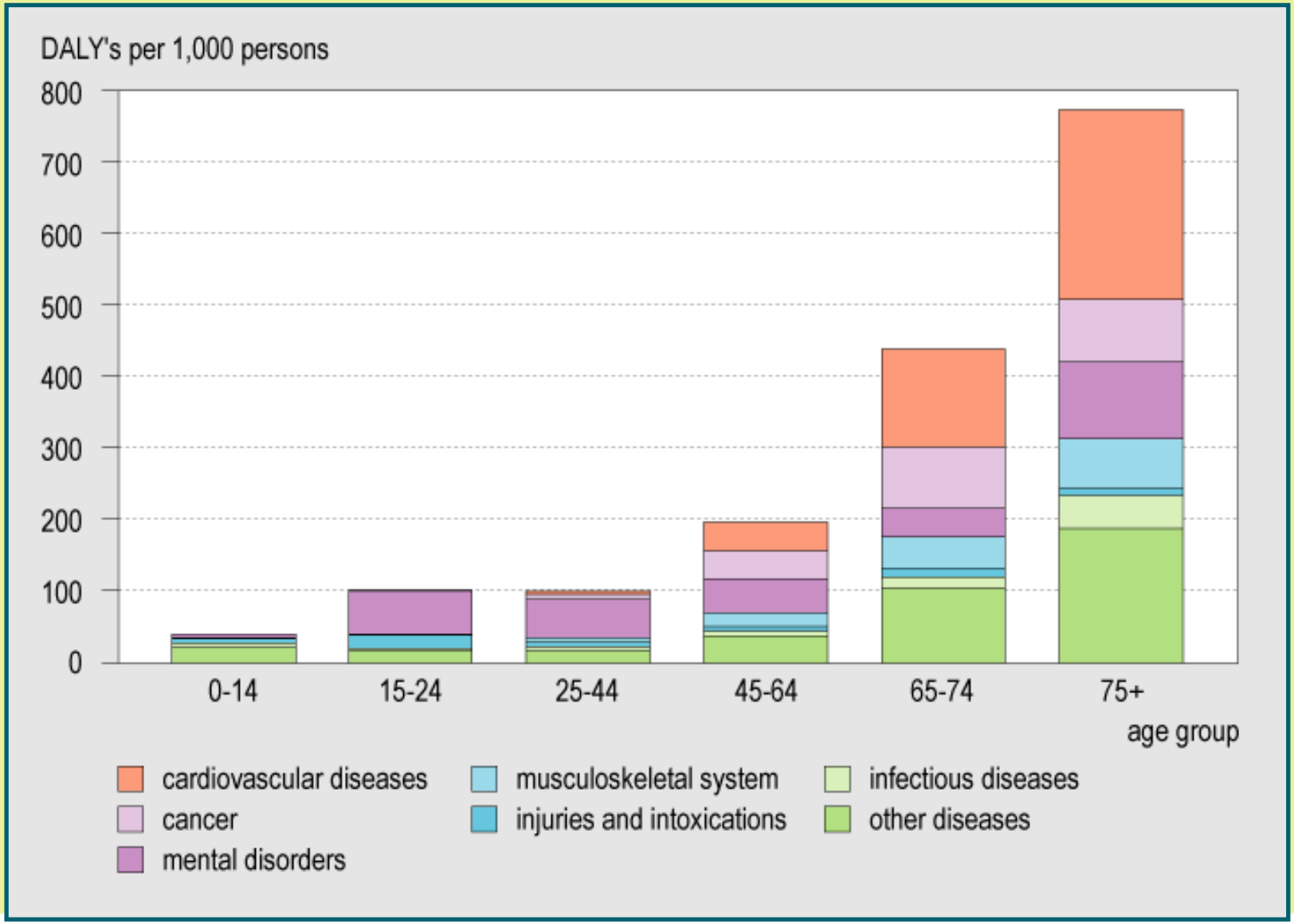
Current health problems: a legacy of the past



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Behaviour: concerns for the future

	prevalence (%)		
	males	females	youth
smoking	31	25	41
overweight	50	40	15
severe	10	11	3-4
excessive alcohol use	14	10	28*
physical inactivity	44	46	73
saturated fat	92	92	94
insufficient vegetable	78	80	93
insufficient fruit intake	76	68	65

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Behaviour: concerns for the future

	prevalence (%)			trend		
	males	females	youth	males	females	youth
smoking	31	25	41	good	good	stable
overweight	50	40	15	bad	bad	bad
severe	10	11	3-4	bad	bad	bad
excessive alcohol use	14	10	28*	good	stable	bad
physical inactivity	44	46	73	stable	stable	stable
saturated fat	92	92	94	good	good	good
insufficient vegetable	78	80	93	bad	bad	bad
insufficient fruit intake	76	68	65	bad	bad	bad

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Unhealthy behaviour: loss of many (healthy) years

- Great potential yields of changes in unhealthy behavior

	current health loss due to risk factors		
	lost life years (%) (YLL)	**health adjusted life years (%) (YLD)**	**disease burden (%) (DALY)**
smoking	21	7	13
insufficient fruit intake	4	1	2
insufficient fish intake	3	2	2
physical inactivity	5	4	4
alcohol abuse	3	5	5
obesity	6	13	10
high blood pressure	11	6	8

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Unhealthy behaviour: high annual costs of illness

	Share of annual health expenditures (%)	Annual health expenditures (million euro)
Smoking	3.7%	1,850
Obesity	2.0%	1,000
Physical activity	1.4%	700
Fruit	0.8%	400
Fish	0.9%	450

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Healthy behaviour: not self-evidently cheaper for health care

- Competing health risks in life-years gained

	Share of annual health expenditures (%)	Annual health expenditures (million euro)	Change in health expenditures in the course of life at most favourable exposure (%)
Smoking	3.7%	1,850	+6.6%
Obesity	2.0%	1,000	+1.5%
Physical activity	1.4%	700	+1.7%
Fruit	0.8%	400	+1.7%
Fish	0.9%	450	+1.4%

- Life-time medical costs of healthy population increase
- But many healthy life years gained…
- Treating health as a *consumer good*: health care *good investment*

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Old and new challenges for prevention

- Healthy *behaviour* in a *'healthy'* social and physical *environment*
- Health promotion: *intensive* and *integrated* approach most successful (traffic safety, smoking)
- Better utilisation of opportunities for *intersectoral* policy (esp. at the local level)
- Health promotion: better *evaluation* of (cost-)effectiveness & implementation strategies, and *dissemination* of results (a national focal point)
- An explicit role for evidence-based *prevention in health care* ('cure');
- Implementation of established *cost-effective prevention* measures
- Learning from *Europe*

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Lessons to be learned from SEHD policies in EU

- Seek *national consensus* on ‘the evil of SEHD’ and the urgency of abating them
- Develop a *sustainable, national strategy* with clear, preferably *quantitative* targets
- Appoint *responsible parties* explicitly, with an open eye for the division and coherence of *‘roles’ and responsibilities* at the national, regional, and local level, as well as between policy sectors
- *Monitor results* every couple of years based on a transparent, conceptually well designed framework of indicators (e.g. at the level of neighbourhoods)
- Results of these performance measurements should have *consequences for parties* involved.

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European Perspective

Conceptual, comprehensive, integrated Health Monitoring

- very helpful in assessing national health system performance
- source of inspiration for public health policy making
- But….. many (comparable) data still lacking
- Would it be. the right time for a European Health Monitoring system?

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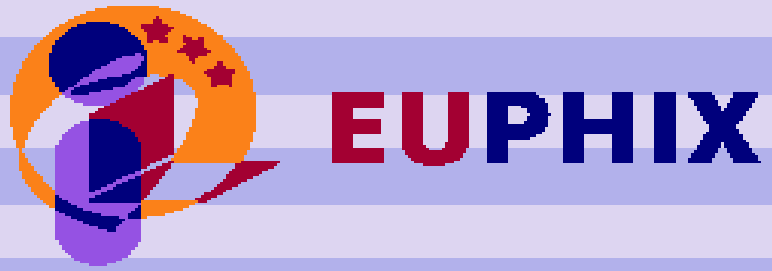
European Public Health Information, Knowledge & Data Management System



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