



I2SARE - Newsletter N°4 – April 2011 Building a Network for Health Inequalities Information

**I2SARE -
Newsletter N°4**
April 2011

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EDITORIAL



The partners gathered at the I2SARE Final Conference in Budapest.

Eleven years after the beginning of the first ISARE Project, I am very pleased to see the work has now been completed by many participants from the countries of EU. At the beginning of the project, regional health issues were not high on the agenda of the European Commission. Now, with the recognition of ISARE and I2SARE results the importance of health information at regional level has been demonstrated. The production of 265 regional health profiles providing indicators on the health status in each region is now available to help decision makers at different levels to develop their health policy. The indicators used for this work will enable inequalities between similar and dissimilar regions to be compared.

These results were possible with the help of all the partners of ISARE and I2SARE and are, I hope, the first element of a network of regional health observatories in Europe. I would like to thank all colleagues for their work over the years.

The whole of the project team and I think it is very important to decide how this important work can be continued in the future.

André Ochoa
I2SARE coordinator



I2sare: the products

A regional health profile for 265 regions in Europe

The I2SARE project has produced health profiles for 265 regions in the European Union. A health profile provides a concise overview of health in a defined area.

It uses 37 selected indicators covering different aspects of health (mortality, morbidity, socio-economic determinants, health risk factors, health care resources, etc).

Health profiles enable both the assessment of population health within an area and comparison with others.

RHP are a 4 page document

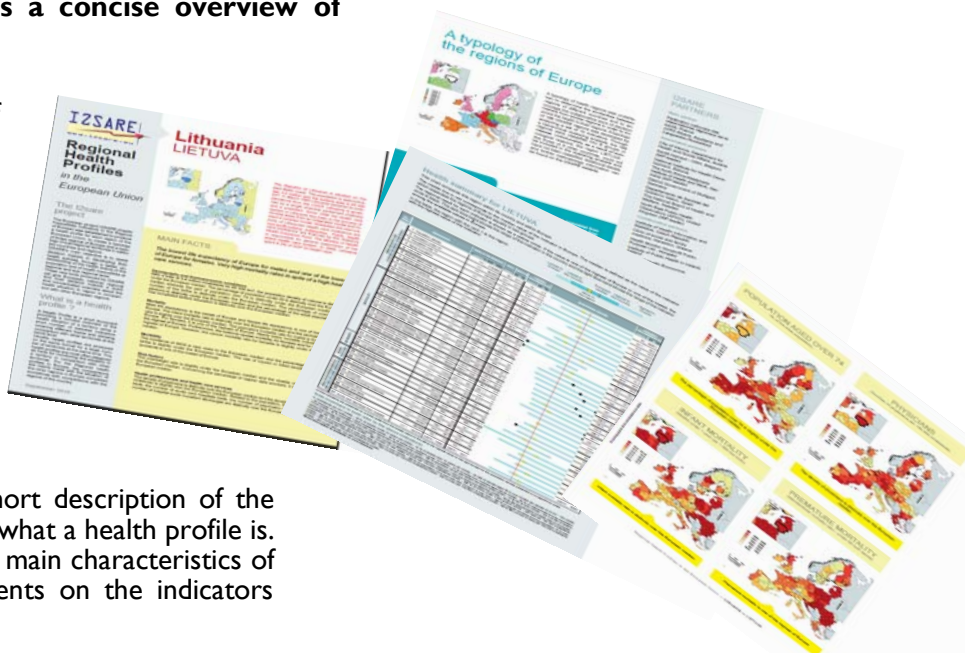
The first page presents a short description of the I2sare project and describes what a health profile is. It contains a summary of the main characteristics of the country and the comments on the indicators related to the region.

The indicators are displayed on the second page with the name, value for the region, rank in the country and in EU, minimum, median and maximum for the country and EU. The data are presented as a table including a graph giving a visual presentation of each indicator.

The third page gives maps for 4 indicators selected for their relevance to public health and which are available in most of the regions. i.e : Population aged over 74, physicians, infant mortality and premature mortality.

The final page shows a short presentation of the typology and of the main characteristics of the cluster to which the region belongs as well as a short description of the methodology.

RHP are downloadable at www.i2sare.eu



Regional health profiles: Guidelines for an effective use

To optimize the use of regional health profiles, guidelines for their use have been produced. Based on the recommendation of a working group (gathered in Mons on May 2010), the guidelines are inspired by several experiences in England, Quebec, France and Belgium.

The guidelines aims to help to use the profiles but it also suggests how to plan the communication of the RHP (and of any other product) by defining the message, targeting the audiences and adapting the method and form of communication to each audience.

Guidelines for an effective use of regional health profiles are downloadable on www.i2sare.eu

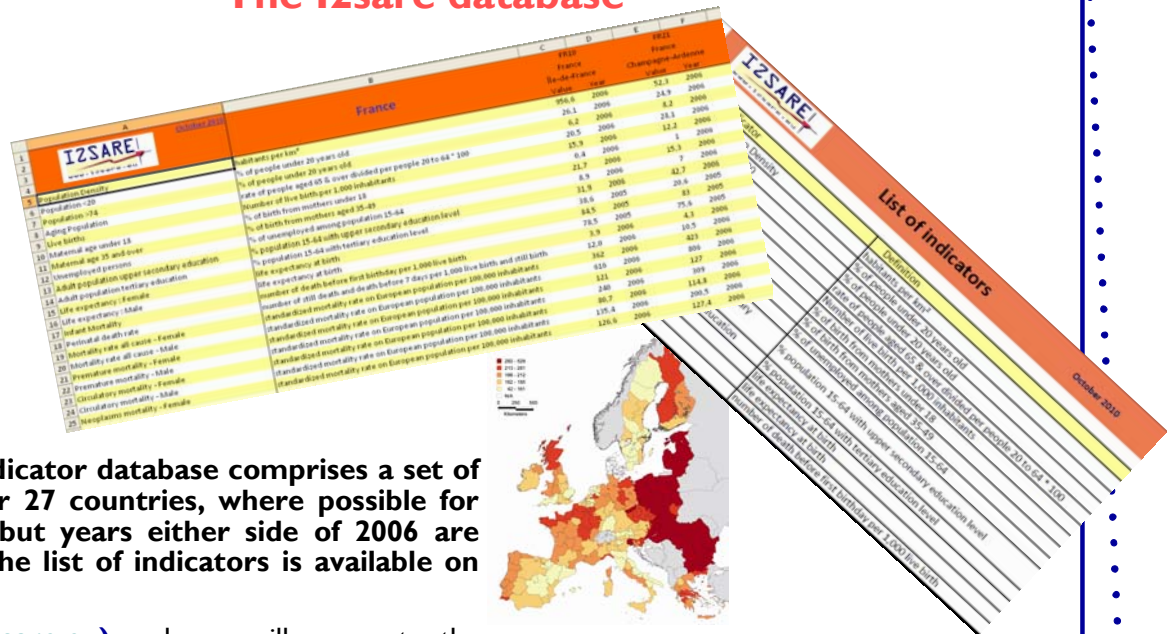


Luc Berghmans, Belgium presented the « Guidelines » at the Final Conference



The cover of the « Guidelines for effective use of regional health profiles in Europe »

The I2sare database



The I2SARE indicator database comprises a set of 37 indicators for 27 countries, where possible for the year 2006, but years either side of 2006 are also included. The list of indicators is available on the website.

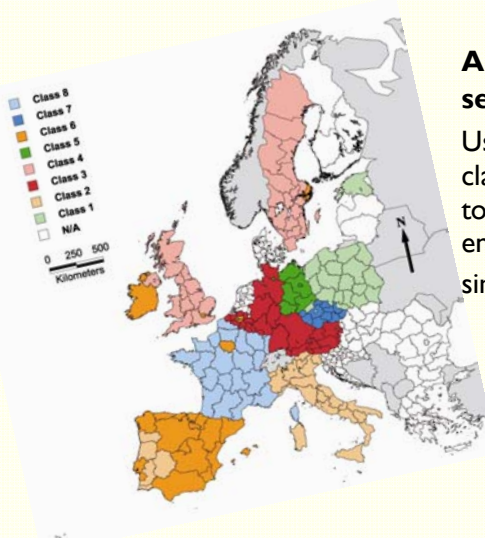
Register (www.i2sare.eu) and you will access to the database of a country by clicking on the map. An Excel file is automatically downloaded on your computer.

- A report of methodology and results of the data collection is available on: http://www.i2sare.eu/uploadedFiles/Report/Work%20Package%204%20Report%20oct%202009_GB2010.pdf

Regional typology

A typology of 168 regions was developed by analyzing a set of 10 indicators.

Using a hierarchical clustering analysis, the 168 regions were classified into 8 groups or classes. This part of the project aimed to identify similar regions within and between countries and to encourage the collaborative work of decision makers from similar regions to improve the health in their regions.



Groups of 168 European regions according to some indicators on health determinants and health status

- More results and on the methodology of the regional typology is available on www.i2sare.eu in the section regional typology
- Regional typology of health status,
- Regional typology of health determinants,
- Regional typology of health resources are also available on www.i2sare.eu

The Directory of regional health observatories in Europe

The “Directory of regional health observatories in Europe” gathers details of institutions and professionals working in HIS (Health Information Systems- or their equivalent) at regional level in countries of the European Union and in a candidate country.

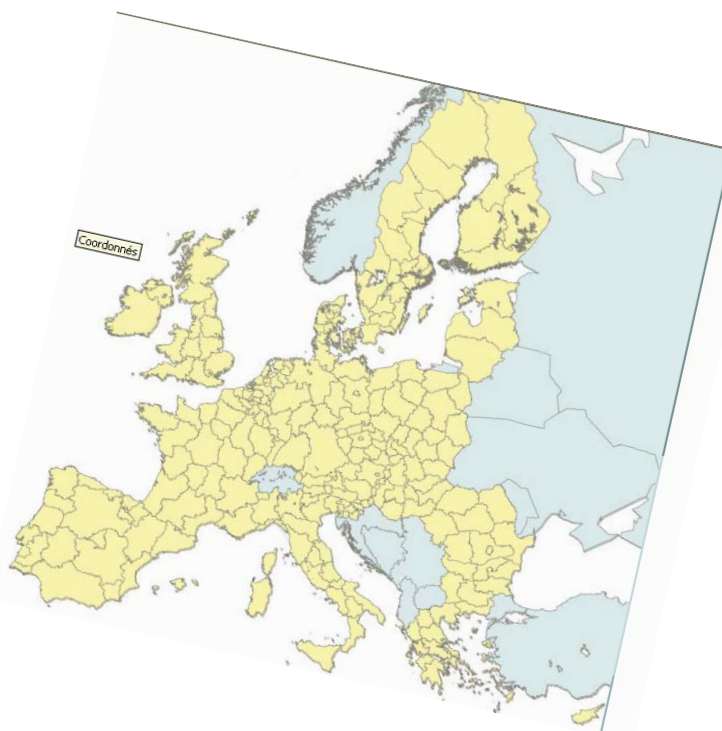
For 83 institutions in 17 countries, the “Directory” provides the contact details of the regional institutions, their most recent published reports, any areas of specific interest they are working on, the existing national networks they are using, etc.

This communication tool aims to increase the visibility of this specific sector of activities in Europe and, above all, to facilitate contacts between people and institutions.

It is hoped that it will stimulate scientific exchanges and collaborations.

There are two possible ways to access the information. One of them is from a European map. Another one is from a list of regions in Europe.

More details on <http://www.i2sare.eu> in the section **Directory of regional health observatories in Europe**



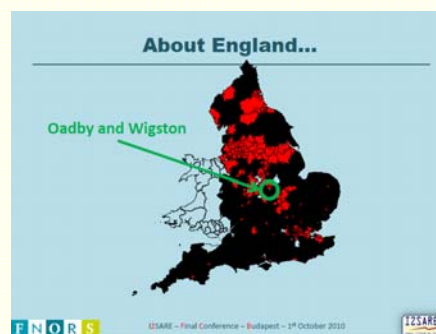
An experimental typology for Europeans sub-regions

A typology of geographical infra-regional level has been produced with a selection of 18 indicators in 6 countries.

This helps to study health inequalities in Europe at infra regional level and enables territories to be classified according to selected health indicators.

The following 18 indicators were computed:

Aging Population, Female Mortality All Causes, Female Mortality Circulatory Diseases, Female Mortality External Causes, Female Mortality Neoplasm, Infant Mortality, Male Mortality All Causes, Male Mortality Circulatory System, Male Mortality External Cause, Male Mortality Neoplasm, Live Births, Percentage Population 20 to 64, Percentage Population 25 to 64, Percentage Population 65 and over, Percentage Population 75 and over, Percentage Population under 20, Percentage Population under 25, Perinatal Deaths.



The illustration above shows the result for England

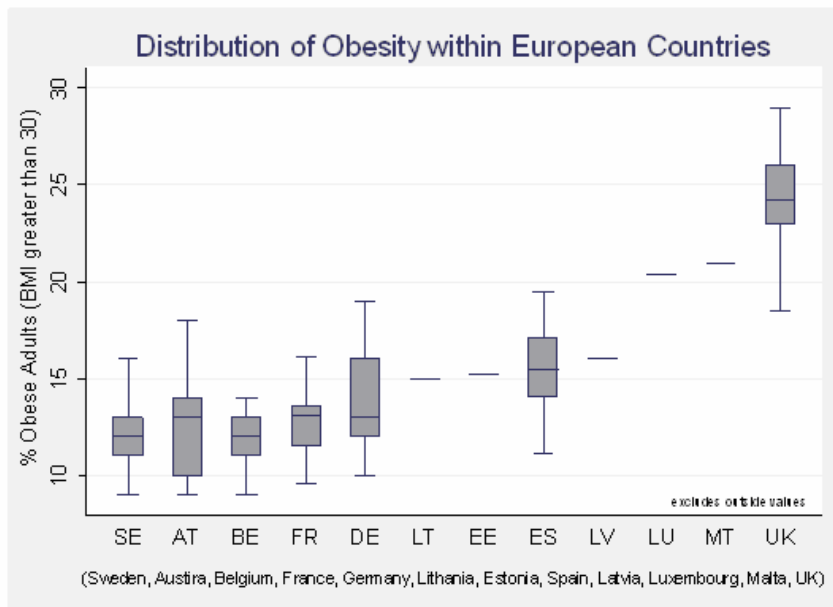


Frédéric Imbert and Hervé Polesi (Observatoire de la Santé d'Alsace- Fnors) worked on the sub regional typology

Results

Further analysis of the results

Work package 4 has been working to make the I2SARE more generally available for further analysis and these data are now on the website www.I2SARE.eu. To obtain the data users will need to register with the site and agree to acknowledge the source of the data in any subsequent publications, websites or other outputs. We are also undertaking further analysis of the data with a view to a publication in a peer reviewed journal. The data in the health profiles presents the data by region, but we are now in the position to examine particular topics across all regions of Europe. Such an example is shown below that of obesity.



Explanation of the graph: The range of values for each European Country is shown (for which data were available). The boxes represent 75% of all the values and the 'whiskers' 95%. The horizontal line represents the median value for the country.

In small countries where no regional values were included in the study and where the 'country' value was used just shows one value (a line). These data confirm the position of obesity is the greatest in the UK and is similar to the findings of the previous ISARE studies.

We have also been successful with a further programme funded by the European Union to produce a report on Health Inequalities in Europe for which the I2SARE data will make an important contribution. This project is being carried out in partnership with a team from the North East and London Health Observatories and the University College of London led by Sir Michael Marmot.

Professor John Wilkinson

I2sare in numbers

1 main partner: the Fnors

2 years: from June 2008 until November 2010

4 newsletters during the project

4 maps in the regional health profile

5 categories of indicators in the health profile

6 countries for subregional analysis

8 clusters in typology

8 associated partners

11 collaborative partners

17 countries in the directory

18 data items for sub regional analysis

27 countries with data collection

37 indicators

83 members in the directory

168 regions selected in the regional typology

265 regional health profiles

I2SARE Final Conference

The I2sare final conference was held on September 30th and October 1st 2010 in Budapest. The meeting presented the results and the products of the project. But it was also an opportunity to discuss about the means to reduce health inequalities in the regions of Europe. The objectives and methodology of several European projects focusing on health inequalities or regional indicators were displayed.



André Ochoa (Fnors), Coordinator of the project and Judith Paller Chief Medical Officer of Hungary at the opening session



Federico Paoli from DG Sanco, Guy Dargent from EAHC, Maartje Harbers for ECHI and Alain Fontaine Directorate General for Health France focussed on the general context of European projects and of health inequalities in Europe



Adam Banaszak from the Committee of regions presented his views on "The role of local and regional authorities in the implementation of the Health Strategy in 2008-2013"



Bernard Ledesert (Fnors) presented the story of Isare and I2sare



Wolfgang Hellmeier (NRW Institute of Health and Work, Germany) outlined the regional typology



Frederic Imbert (Fnors) gave a short presentation of the results and products



John Wilkinson (Nepho-UK) described the process of data collection



Don Sinclair, South East Public Health Observatory-UK described the reactions of users of Regional Health Profiles. He also spoke about the remarks and use of these products in the determination of public health policies at regional level



Céline Garnier explained how the profiles were produced



Luc Berghmans (OSH) described the challenges of communicating the results of the project



Relevance of I2SARE products and sustainability of the project were discussed. The roundtable discussion included Guy Dargent (EAHC), Adam Banaszak (Committee of regions), Alain Fontaine (Directorate General for Health, France), Nicole Klein (Regional Health Agency of Aquitaine, France), Federico Paoli (DG Sanco), Jonathan Watson (HealthClusterNet), Józsefné Juhász and Zsuzsanna Csató (Departement of Public Health of the Office of the Chief Medical Officer of Hungary), Luc Berghmans (I2SARE)



The collaborative and associated partners gathered in Budapest



Members of four other European projects: Arpana Verma, University of Manchester-UK for EuroUrhis, Ingrid Stegeman - EuroHealthNet for Determine, Lorraine Stewart from the Health Protection Agency, UK for Uniphe and Rachid Salmi from the ISPED-France for AIR

Health Inequalities Indicators in Regions of Europe – I2sare

<http://www.i2sare.eu>

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