How can health information systems be used to monitor health inequalities? What EU and international policies, programmes and systems are in place? Looking at good practices and how progress can be made.

The Situation

There are large differences between EU member states in how long people live (i.e. life expectancy) and how many years they live in good health (healthy life years).

Health Inequalities: the avoidable differences in health outcomes between groups and individuals.

Social Determinants of Health: The conditions in which we are born, live, play, work, and age.

Europeans that experience social and economic disadvantage are more likely to be in worse health and die prematurely than those in more favourable socio-economic circumstances.

To identify trends in health inequalities, as well as health outcomes and risk factor exposure in vulnerable groups, we need comprehensive health information systems. They should enable the analysis of population health outcomes disaggregated by factors like socio-economic status, gender, ethnicity and education. National or regional health monitoring systems should deliver the information to help plan and evaluate targeted and cost-effective policies on health inequalities and its determinants.

To what extent do current information systems allow us to quantify health inequalities and risk factors? The availability and comparability of health data varies between EU member states, but there is an ongoing drive to develop better systems.
Existing European Systems

The current EU Health Information System comprises several frameworks which were developed over time. A recent analysis by the European Commission on the costs/benefits of such systems shows that these frameworks, together with other existing health databases and initiatives (e.g. OECD, WHO–EURO) create a burden and duplicate work for national data providers.

Harmonised and comparable data between Member States has not yet been achieved, however trends over time can be analysed for some countries. Recommendations include better coordination and enhanced policy-related use of indicators, a reduced the time-lag for publication, flexible indicators responding to emerging policy challenges, a filter of ad-hoc initiatives based on actual needs, the potential of big-data and (semi-)automated systems for data gathering, and a link with developments in e-health.

The following measures, surveys and initiatives can provide information related to the prevalence and trends in health inequalities:

European Core Health Indicators (ECHI)
The European Core Health Indicators (ECHI) are sets of data (tables, graphs, maps) on health status, determinants, and care in European countries. Where appropriate, figures are given by gender and age as well as by socio-economic status and region. It includes indicators like ‘life expectancy by educational attainment’, however only a few countries are able to provide mortality information by such socio-economic characteristics.

Regulation 1338/2008 on Community statistics on public health and health and safety at work
Regulation 1338/2008 instructs member states to collect statistics on health status, determinants, causes of death, occupational health and safety, and access to health and social care.

Surveys

European Health Interview Survey (EHIS) statistics cover health status, health care, and health determinants as well as socio-demographic characteristics of the population aged 15 and over.

The European Social Survey (ESS) is an academically driven cross-national survey conducted since 2001. The 2014 edition had a health inequality module, including morbidity indicators and social determinants of health, e.g. behavioural and psychosocial factors, housing conditions, access to healthcare and employment conditions.

European Union Statistics on Income and Living Conditions (EU-SILC)
The European Union Statistics on Income and Living Conditions (EU-SILC) collects timely and comparable cross-sectional and longitudinal multidimensional microdata on income, poverty, social inclusion, and living conditions. It covers the EU28, FYROM (test implementation), Iceland, Turkey, Norway, and Switzerland. The EU-SILC survey contains a small module on health, comprising three variables on health status and four on unmet needs for healthcare. Breakdowns by gender, age, labour status, educational attainment level, and income quintile group are given for all indicators.

State of Health in the EU
The State of Health in the EU initiative (2016-2018) provides comparable data and consists of four parts: (i) A ‘Health at a glance’ analysis of the state of health of EU citizens and the performance of EU health systems (ii) 28 country profiles (iii) a companion report on cross-cutting issues (iv) a voluntary exchanges between Member States and experts.

Proposed EU Measures

In August 2016 the European Commission adopted a proposal for a Regulation to promote better integration of data collected through seven social surveys (including the three mentioned here), creating a comprehensive data set and more timely publication of results. It will include data on inequalities, employment, social welfare, and health.

The proposed EU Social Scoreboard
The European Pillar of Social Rights includes the online ‘Social Scoreboard’ which will be used to track trends and performances across EU countries in 12 areas. Indicators like income inequality measured by quintile share ratio, people at risk of poverty and social
exclusion, real gross household disposable income, and impact of social transfers on poverty reduction are included. In relation with healthcare, the indicators are: self-reported unmet need for medical care, healthy life years (at the age of 65), and out-of-pocket expenditure on health care.⁴

**The EU SDGs indicator set**

In 2017 the European Commission developed the EU indicator set for measuring progress on the UN Sustainable Development Goals and Agenda2030. For Goal 3 on health and well-being, six indicators were selected (life expectancy by educational level, self-perceived health, death rate, suicide, smoking, unmet need). Many other SDG targets and indicators are also relevant for measuring health equity. The European Commission will evaluate progress towards the agreed goals in a yearly report on SDG monitoring.

**Other international initiatives**

The **European Health Information Initiative (EHII)** is a collaboration between WHO Europe, the European Commission and OECD, in order to develop a single, integrated health information system for Europe. The EHII includes the WHO European Health Information Gateway and mobile application, the Evidence-informed Policy Network (EVIPNet), networks (including EuroHealthNet), and support tools.

The **WHO European ‘Health for All’ databases (HFA-DB)** cover basic demographics, health status, health determinants and risk factors, and health care resources expenditures in the WHO European Region since the mid-1980s. Data can be extracted at regional and national levels.

**The WHO Europe Action plan to strengthen the use of evidence, information, and research for policy-making** focuses on generating and using multidisciplinary and inter-sectoral sources of evidence for health policy making, in order to reduce health inequalities and to improve health and well-being in Europe.

**Organisation for Economic Cooperation and Development (OECD) Monitoring** collects data on life expectancy by education level, and perceived health status and access/utilisation of healthcare by income. The **OECD Better Life** Index compares national well-being based on material living conditions and quality of life. ‘Understanding the socio-economic divide in Europe’ (2017) reports on economic, social, and health inequalities, their interlinkages, and importance for societies.

**Making It Happen**

**Scotland**

Established in 1995, The Scottish Health Survey (SHeS) identifies how lifestyle factors are associated with health, focusing on cardiovascular disease and related risk factors. The data allows for comparisons between regions and population groups in terms of health conditions and risk factors, and with the rest of Britain.

The SHeS survey measures participants’ income which shows, for example, alcohol use by income group. With The Scottish Index of Multiple Deprivation, a measure of relative area deprivation across Scotland, it is possible to assess the prevalence of multiple conditions in least or most deprived areas. [www.gov.scot/ScottishHealthSurvey](http://www.gov.scot/ScottishHealthSurvey)
Pathways To Progress

Increase efforts to obtain data on health inequalities to enable conclusions on trends between and within countries as well as between groups.

Correlate health data with social, economic and environmental data, and strengthen the equity elements of existing health monitoring systems. This will support development of evidence-based and targeted policies and interventions for improved health equity.

Improve the EU health information system through cooperation with WHO and OECD.

Ensure comparability of data between EU countries and regions, while acting towards better use and uptake in policy and communication.

Integrate monitoring of social progress in macro-economic systems, like the Social Progress Index and include health equity indicators.

Integrate equity indicators into the recommendations concerning fiscal, investment, and sectoral policy in the EU Semester process.