

EHFG 2018: “Health and Sustainable Development - Bold political choices for Agenda 2030” Bringing a health claim to information: The BAHCI project



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BACKGROUND:

European Union Members States (EU-MS) share similar levels of development and access to care. Yet, key population health indicators vary widely across countries¹.

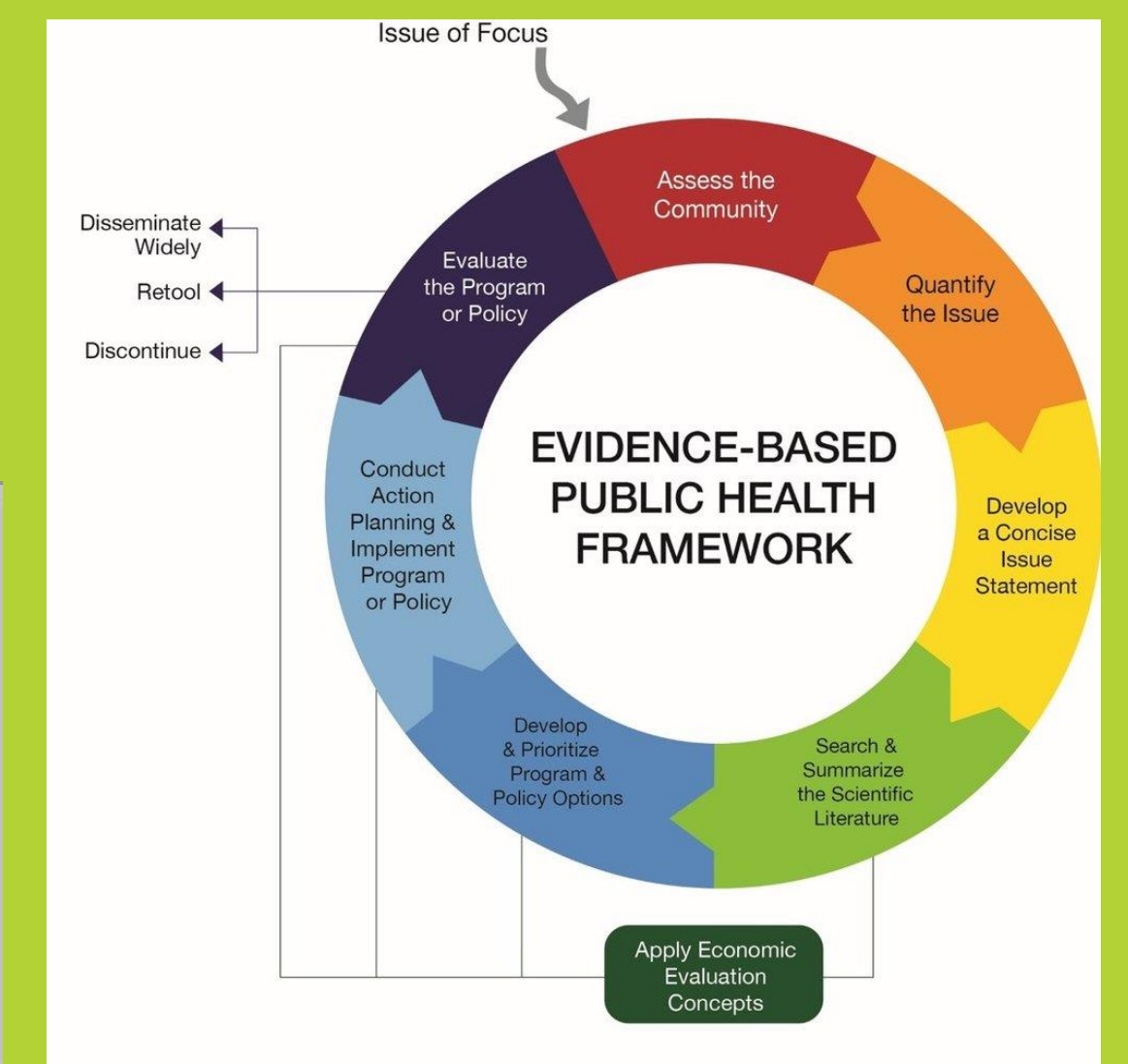
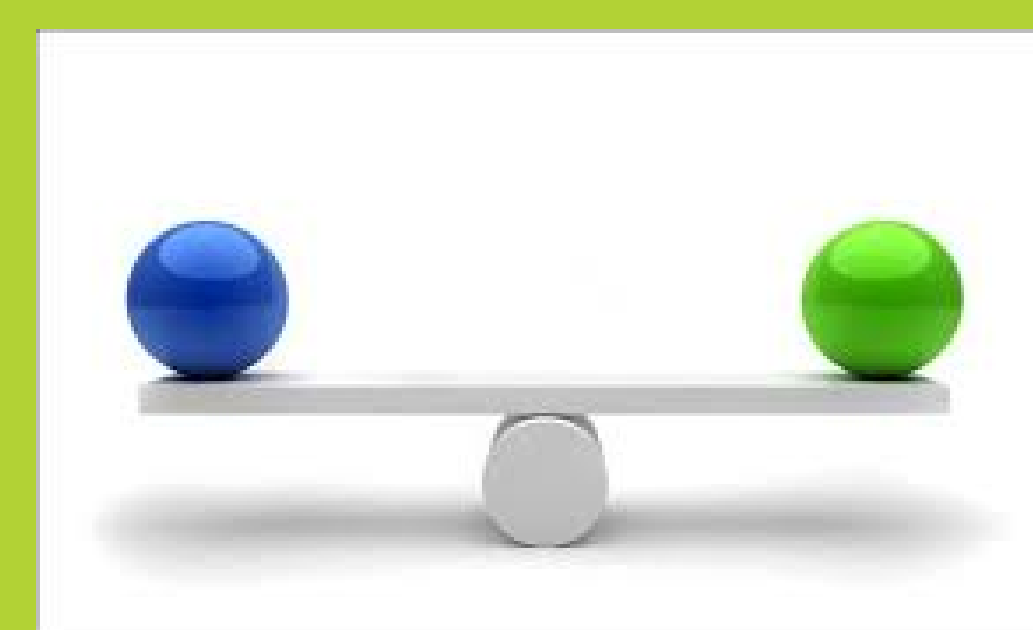
We do not know the extent to which differences in health information (HI) capacity can explain differences in the population burden of disease^{2,3}.

- In EU-MS, various amounts and types of data are available for evidence-based policy making and care.
- Health information is generated by:
 - Routine health surveillance systems: vital statistics, patient registers, hospital discharge data,...
 - Clinical trials, research & academia
 - Industry research & development

METHODS: BAHCI project August 2018 – August 2020

- ❑ **IDENTIFY** criteria that reflect the translation of evidence into public health action: i.e. attributes that support better data sharing and transfer, as well as health systems process and performance indicators.
- ❑ **ENGAGE** key stakeholders from EU-MS in a DELPHI consensus process: health policy makers, public health practitioners, patient group representatives, researchers, and health information technology experts from the public and private sector.
- ❑ Based on the literature and expert groups, **DEVELOP** an “HI Impact Index”: a decision tool for public health specialists and health policy planners to monitor the impact of health data on health outcomes.
- ❑ **PILOT** the HI Impact Index and measure associations with European population-based health indicators.

“Does more data generate more health? If so, which type of data and how to use it best?”



MAIN OBJECTIVES:

Develop a tool that can measure the uptake of evidence into policies and care.

Assess the impact of health information on population health overall, and in priority areas for Europe:

- ❖ maternal and child health
- ❖ chronic diseases
- ❖ antimicrobial resistance
- ❖ injury prevention
- ❖ patient reported outcomes and experiences

WHY?

To maximize the use of existing data for better health outcomes.

Leverage the potential of new types of data and health information technologies for public health surveillance.

Contribute to priority setting, and a more integrated health information strategy at EU level.

References

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