

# 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 countries<sup>1</sup>.

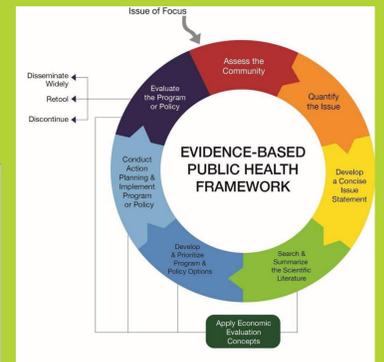
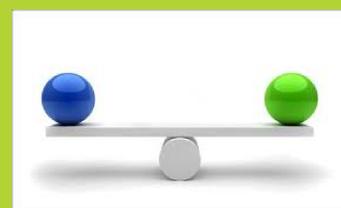
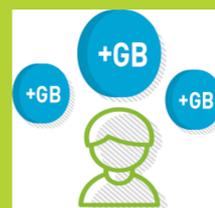
We do not know the extent to which differences in health information (HI) capacity can explain differences in the population burden of disease<sup>2,3</sup>.

- 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

1. Bosetti C, Bertuccio P, Malvezzi M, Levi F, Chatenoud L, Negri E, La Vecchia C. Cancer mortality in Europe, 2005-2009, and an overview of trends since 1980. *Ann Oncol.* 2013 Oct;24(10):2657-71. doi: 10.1093/annonc/mdt301. Epub 2013 Aug 6.
2. Brownson RC, Fielding JE, Maylahn CM. Evidence-based public health: a fundamental concept for public health practice. *Annu Rev Public Health* 2009;30:175-201
3. World Health Organization: Region of Europe. Support tool to assess health information systems and develop and strengthen health information strategies. 2015.

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