

Regionalspezifische Aspekte von Gesundheit



www.loegd.de

H. Brand
W. Hellmeier

Why to look at the Regional level?

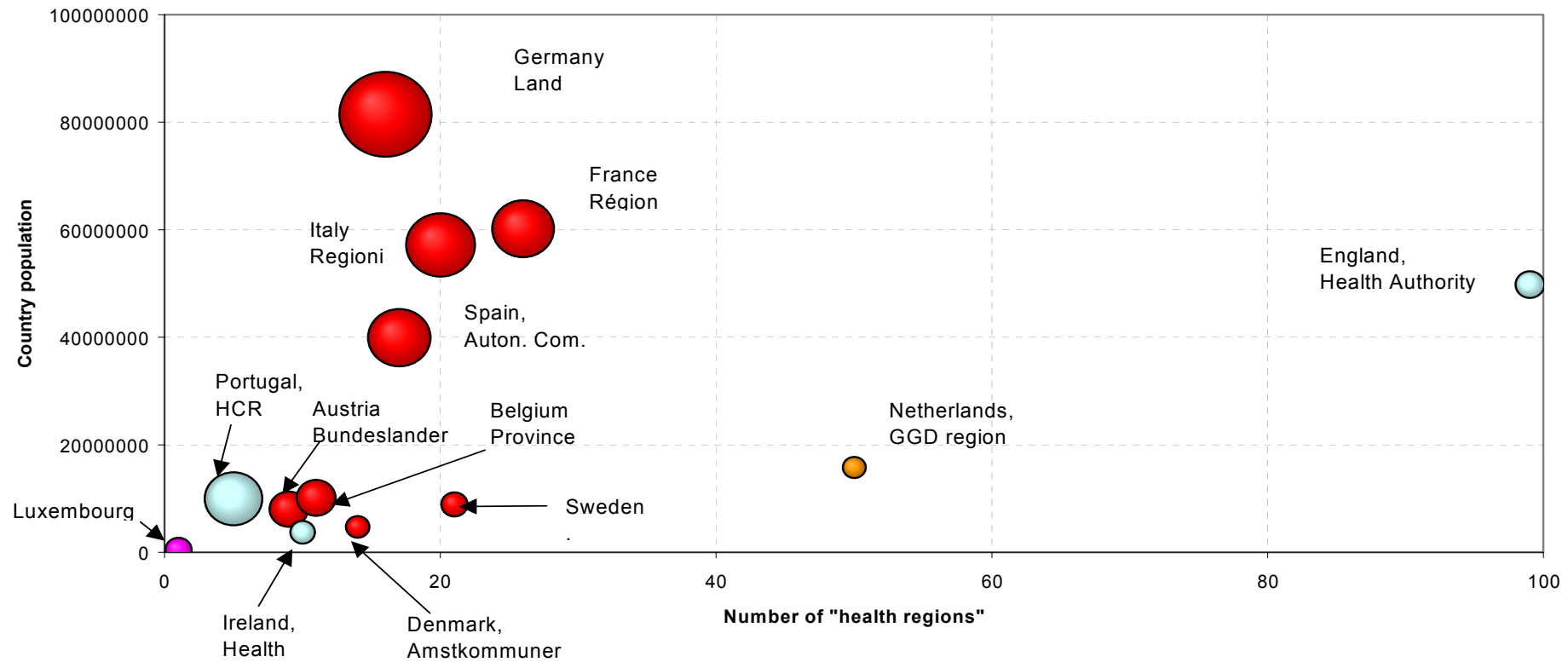
- I. RESPONSIBILITIES**
(e.g. Decentralisation/Devolution)
- II. FINANCES**
(e.g. Structural Fonds)
- III. SERVICES**
(e.g. Cross-Border Issues)

Rationale for ISARE

- Diseases know no boundaries
- National averages hide important variations
- The importance of the regional level in health policies and in the management of the health system

„Health Regions“

Fig 3: Number of "health regions" as per ISARE recommendation, according to country population sizes

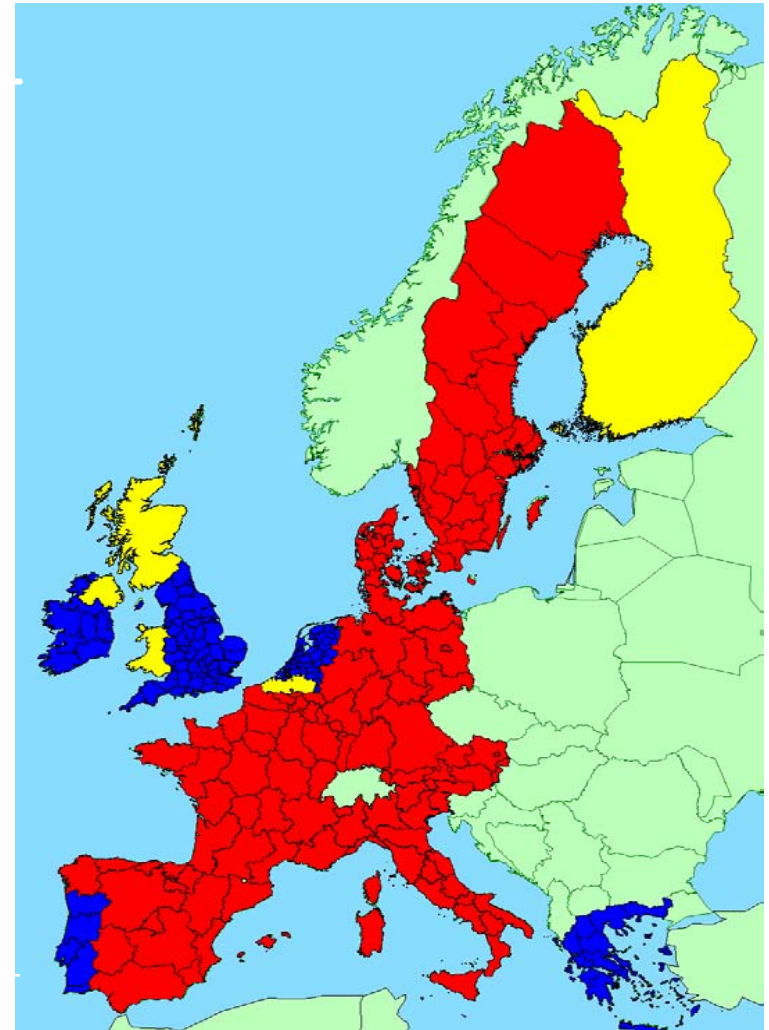


The sizes of the beads are proportional to the "health regions" average population, Dark colour indicates correspondance with a level of local democracy

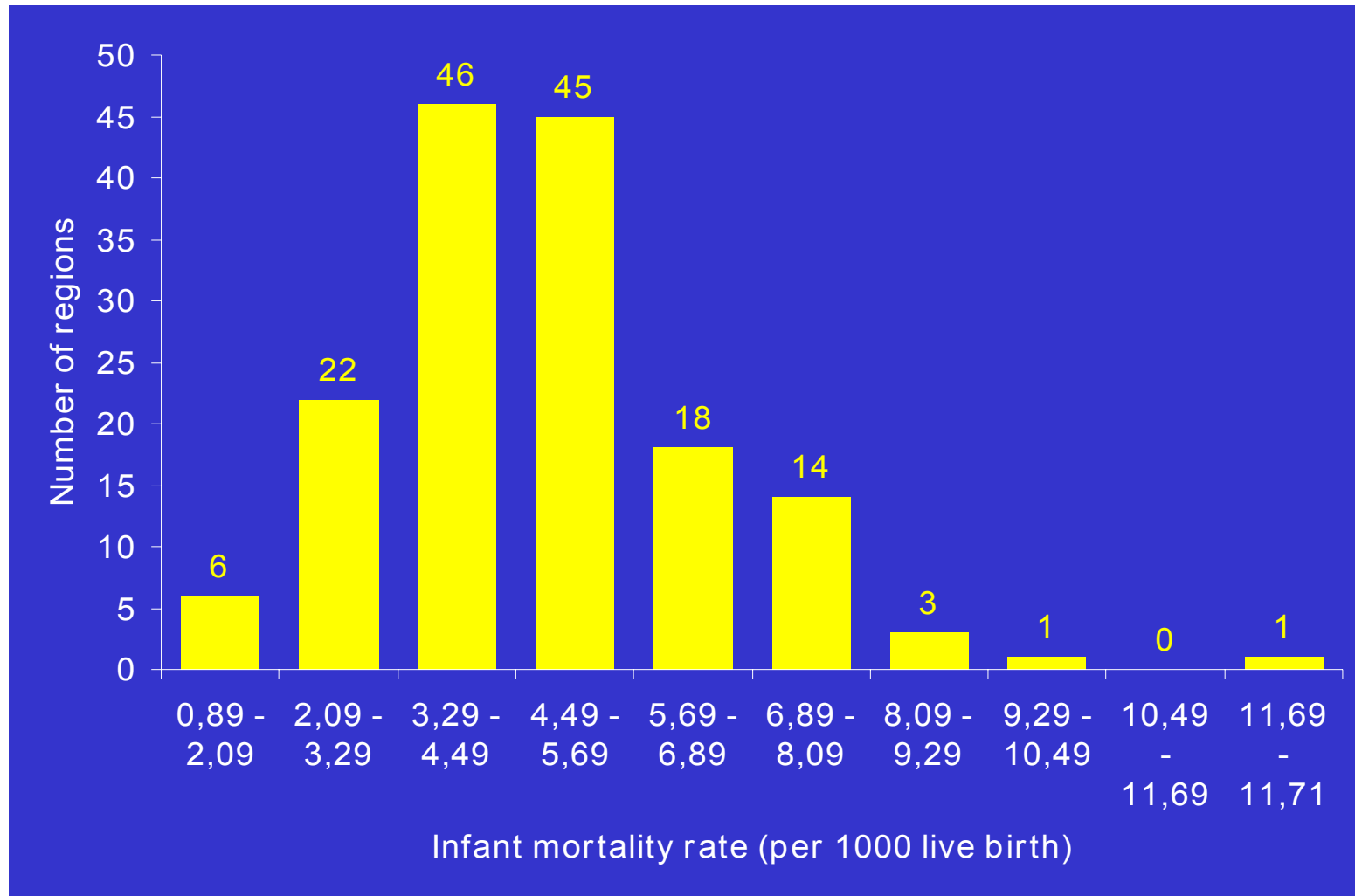
ISARE I

Recommended Health Regions

<u>Country</u>	<u>Recommended health region</u>
Austria	Bundeslander
Belgium	Province
Denmark	Antskommuner
England	Health authorities
France	Régions
Germany	Lander
Ireland	Health Board
Italy	Regioni
Luxembourg	National level
Netherlands	GGD
Portugal	Health Care Region
Spain	Autonomous communities
Sweden	County
Greece	<i>Health region</i>
<i>Finland</i>	--



ISARE II Infant Mortality



ISARE II Infant Mortality



I. Responsibilities

Classic: General Public Health Issues

- **Infectious diseases**
- **Health Promotion**

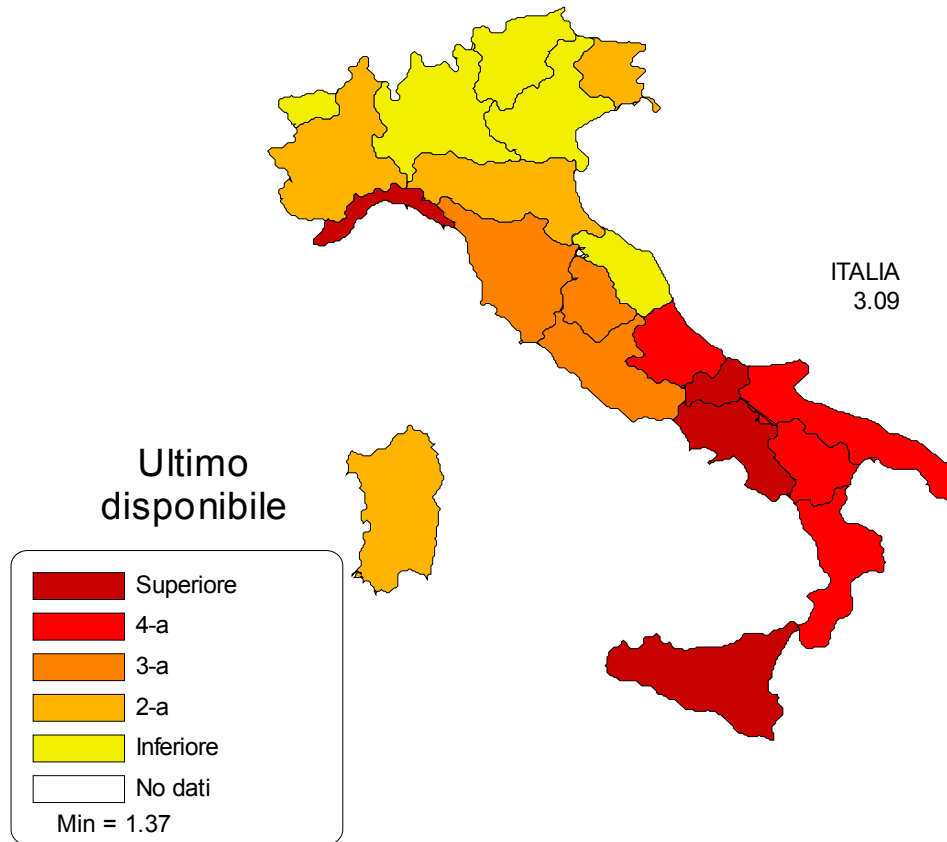
New: Decentralisation in Health Care

New:
Italy
France

Old:
Sweden
Germany

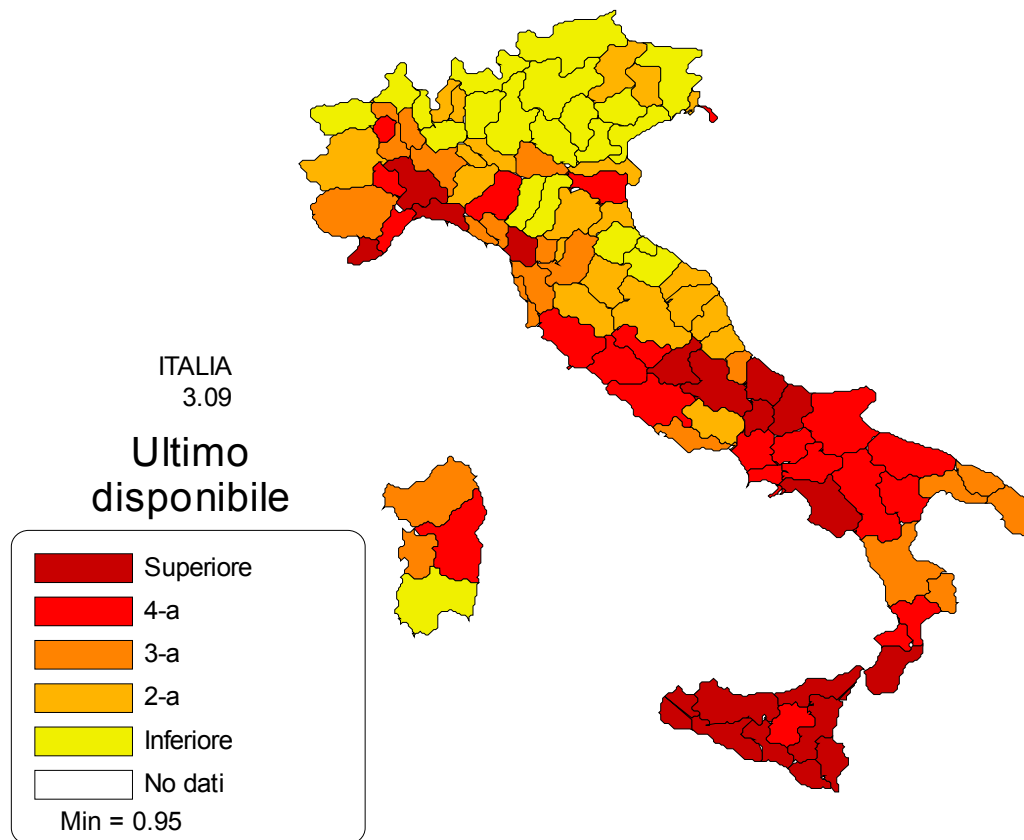
HFA Italia

Tasso mortalità diabete mellito M+F

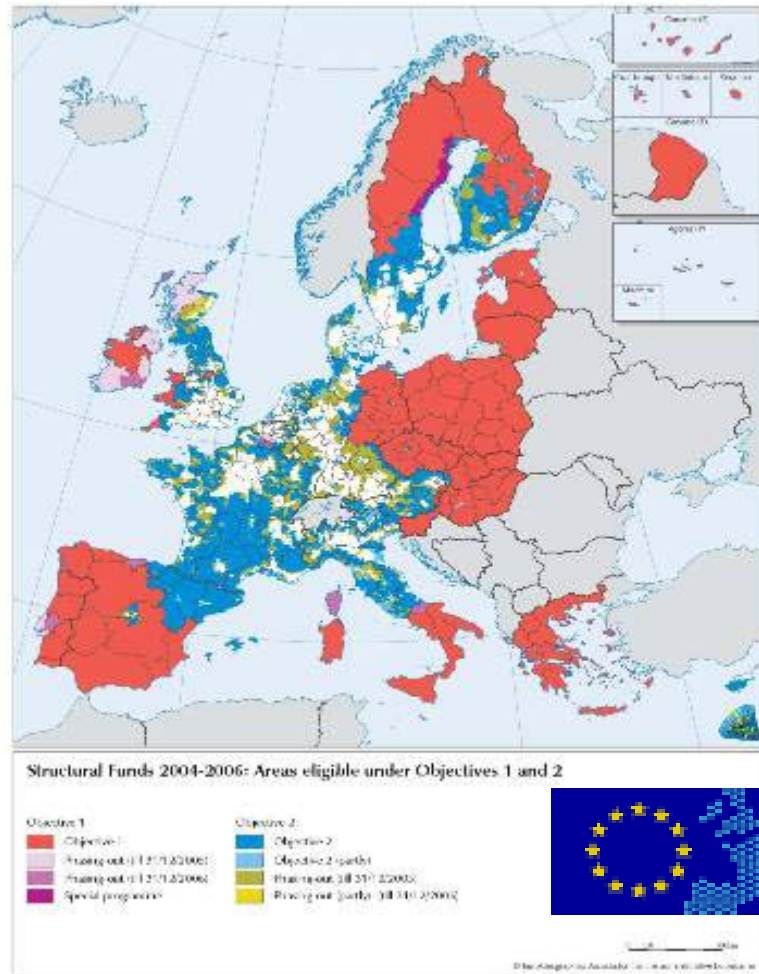


HFA Italia

Tasso mortalità diabete mellito M+F



II. Finances



III. Services

Connecting European regions



Patient Mobility Projects (examples)

D/NL: Pilot Project (I)ZOM (“Tailoring of care to the individual needs of the client“) (since 1997)

- Main focus: General access to specialist and in-patient care as well as provision with medicinal products for the insured;
- 7,000 treatment cases

D/NL: HealthCard international (since 2000)

- Main focus: use of medical services without European Health Insurance Card (EHIC);
- 18,500 cards for CZ insured; 3,900 for AOK insured members

D/NL: EuregioHealth Portal (1/02-12/05)

- Main focus: information and transparency in cross-border health care provision

Patient Mobility Projects (examples)

A/SK/HU/CZ: HealthRegio (4/04-12/06)

- Objective: Optimization of health care structures (analysis of health sectors, recommendations for action, implementation)

E/F: Hospital Comu Transfronterer de la Cerdanya (since 2003)

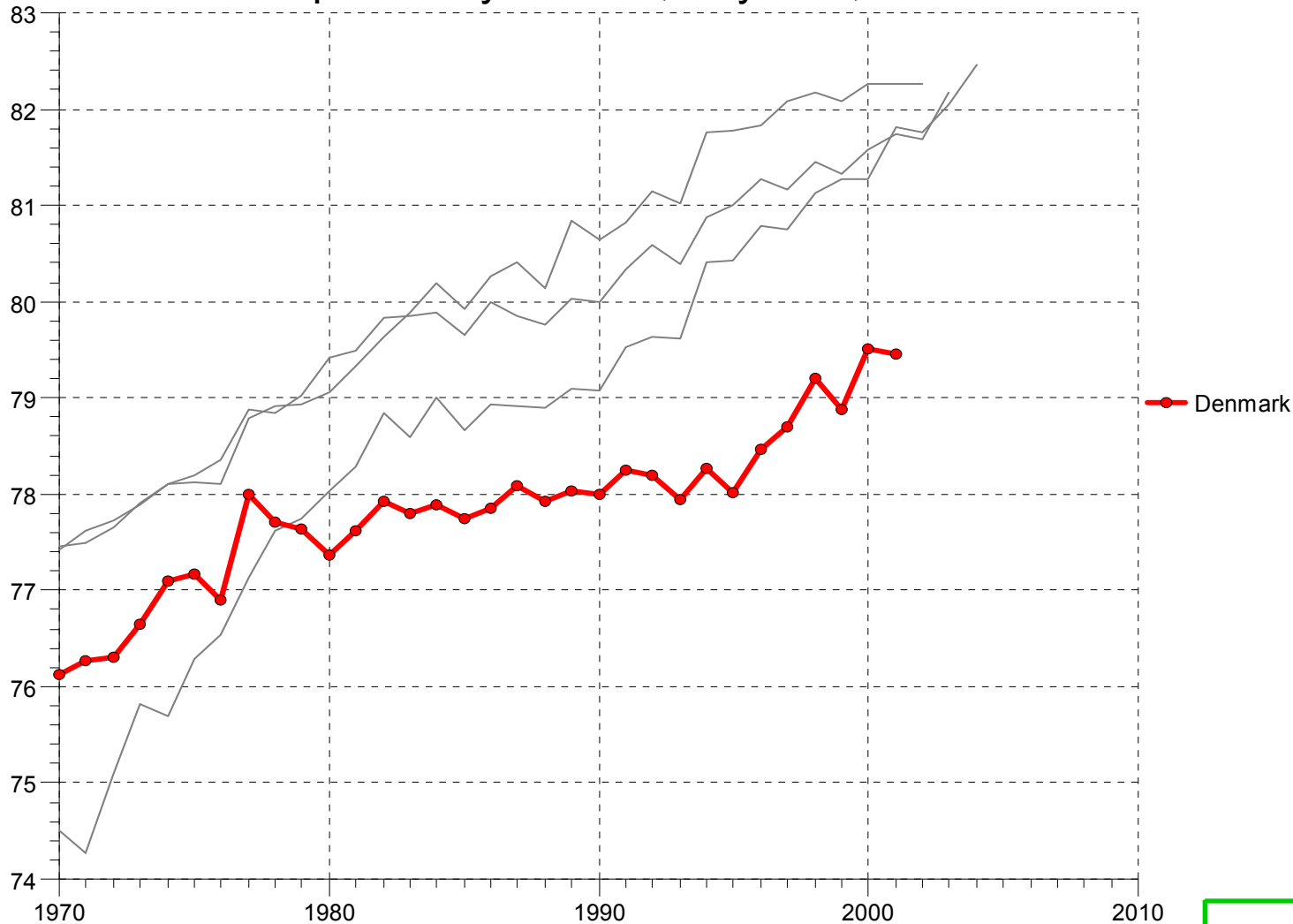
- Objective: Building up and operation of a joint hospital

RUS/FIN: Telemedicine in North-West Russia (1/1997-12/2001)

- Objective: Improve access to health care for the population of outlying districts

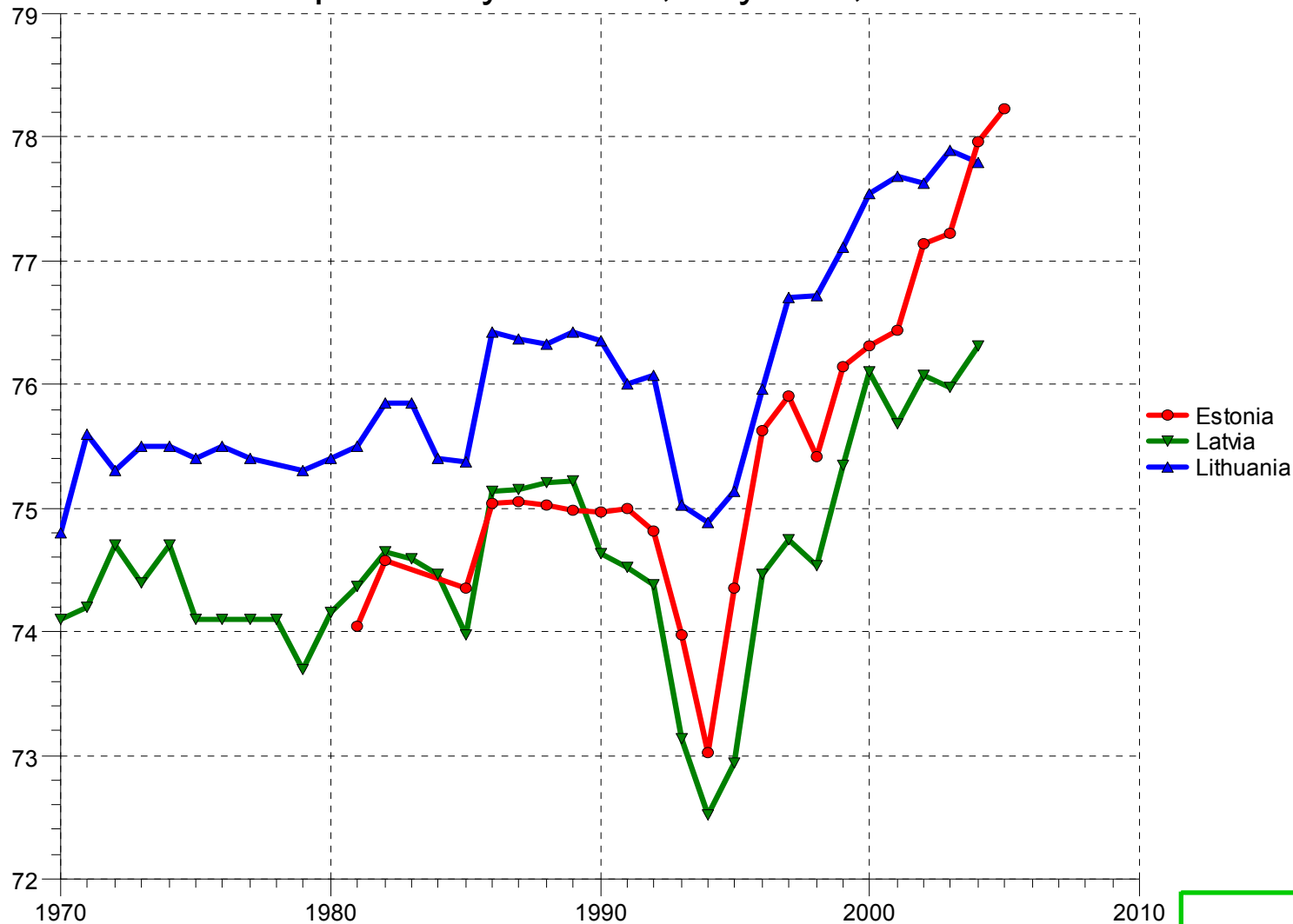
Es ist etwas faul im Staate Dänemark

Life expectancy at birth, in years, female

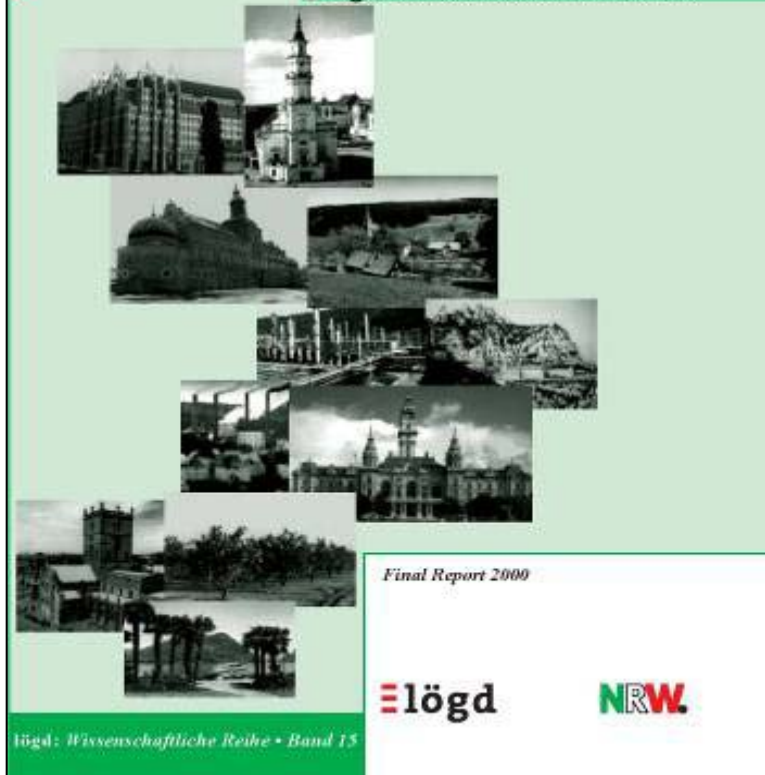


Die „baltische“ Region

Life expectancy at birth, in years, female



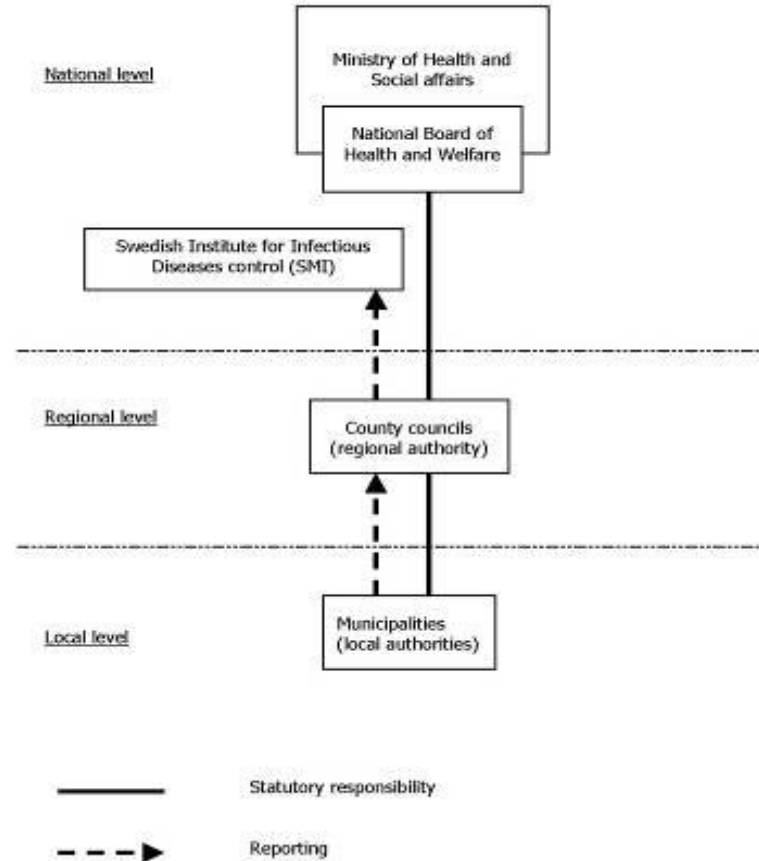
*CMIS: Common Minimum Indicator Set
WHO Europe:
Regions for Health Network*



**RHN already
looked at
Data...**

Ben I - From simple....

Figure 9: Organisation plan of the measles immunisation programme in the Stockholm region, Sweden

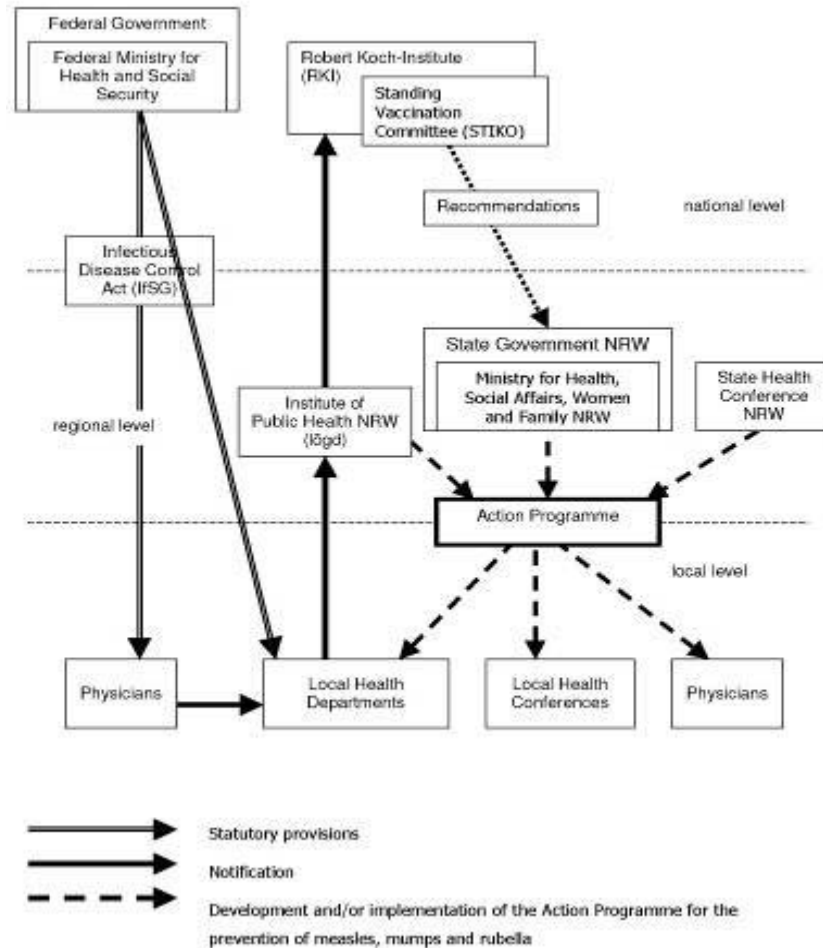


... and
Structure

Stockholm Region

Ben I - ... to complex structures

Figure 6: Organisation plan of the measles immunisation programme in North Rhine-Westphalia



NRW

Ben I - ... and everything in between

Figure 1: Organisation plan for the measles immunisation programme in Upper Austria

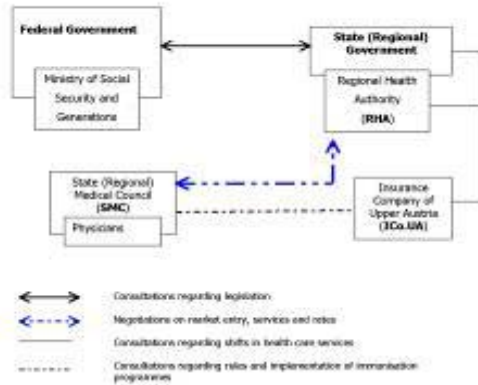


Figure 2: Organisation plan for the measles immunisation programme in Moravia-Silesia

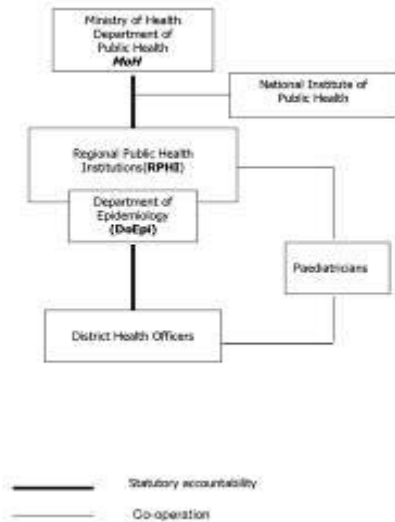


Figure 3: Organisation plan for the measles immunisation programme in Veneto Region, Italy

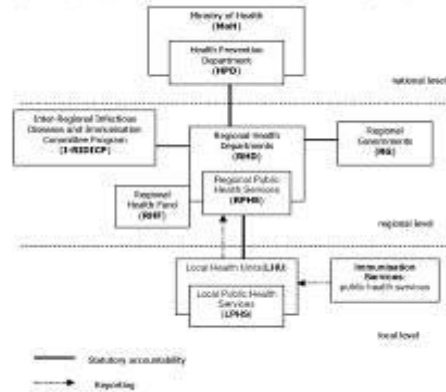


Figure 3: Organisation plan of the measles immunisation programme in England

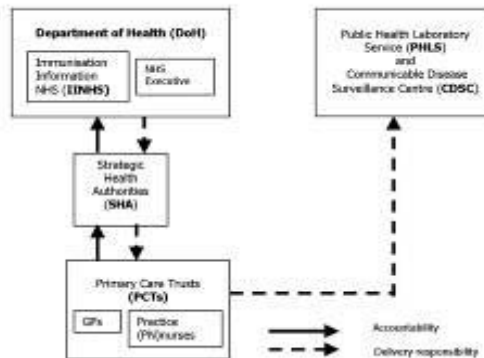


Figure 7: Organisation plan of the measles immunisation programme

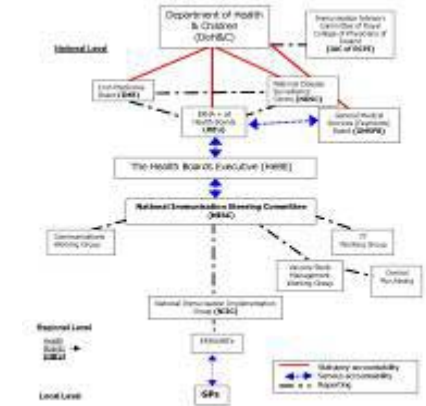
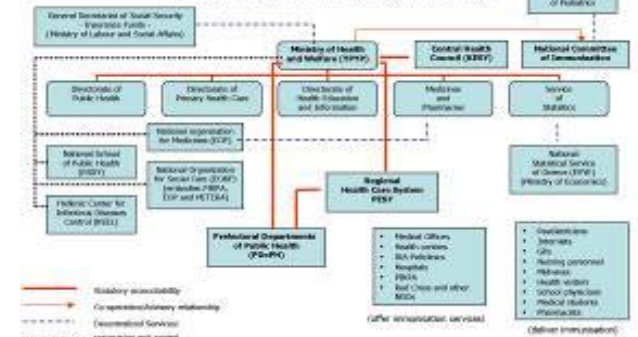
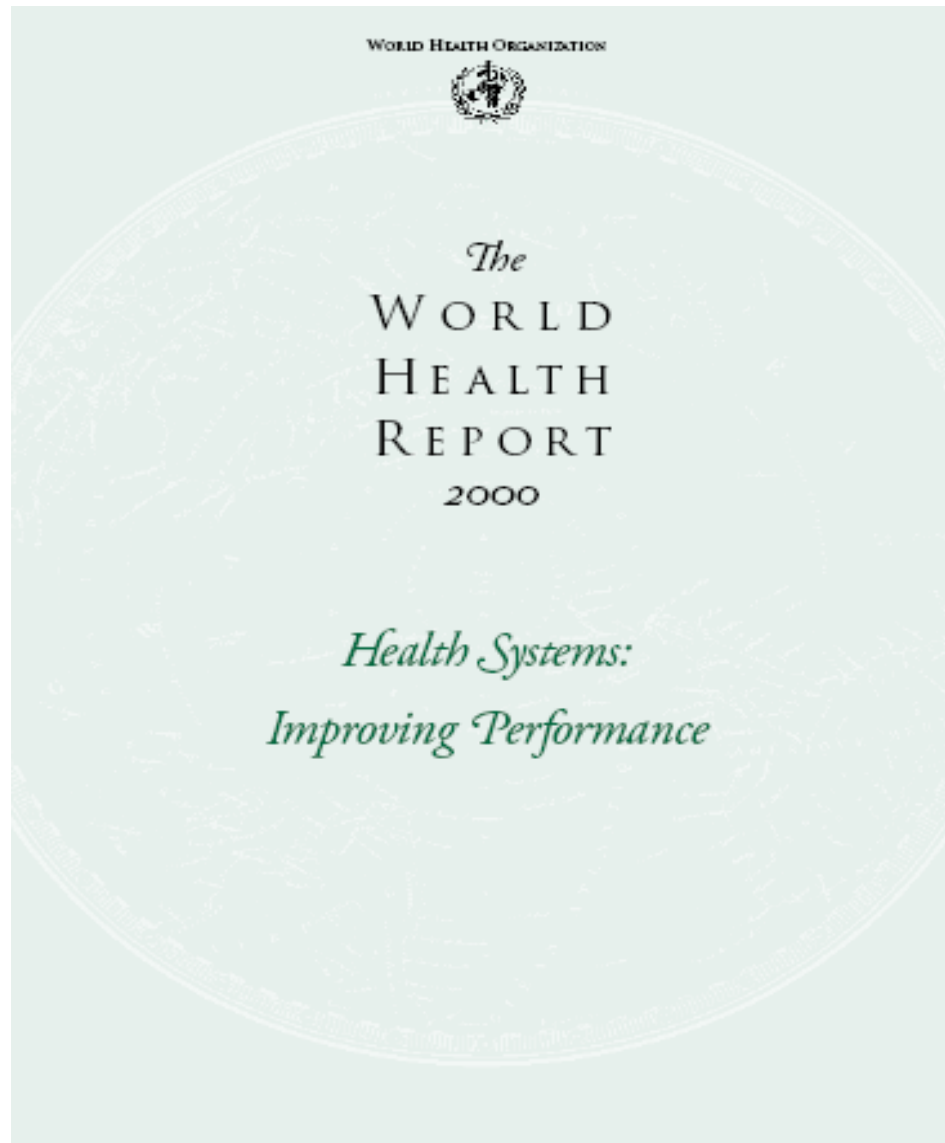


Figure 5: Organisation plan of the measles immunisation programme in Piedmont



WHO World Health Report 2000 I/II



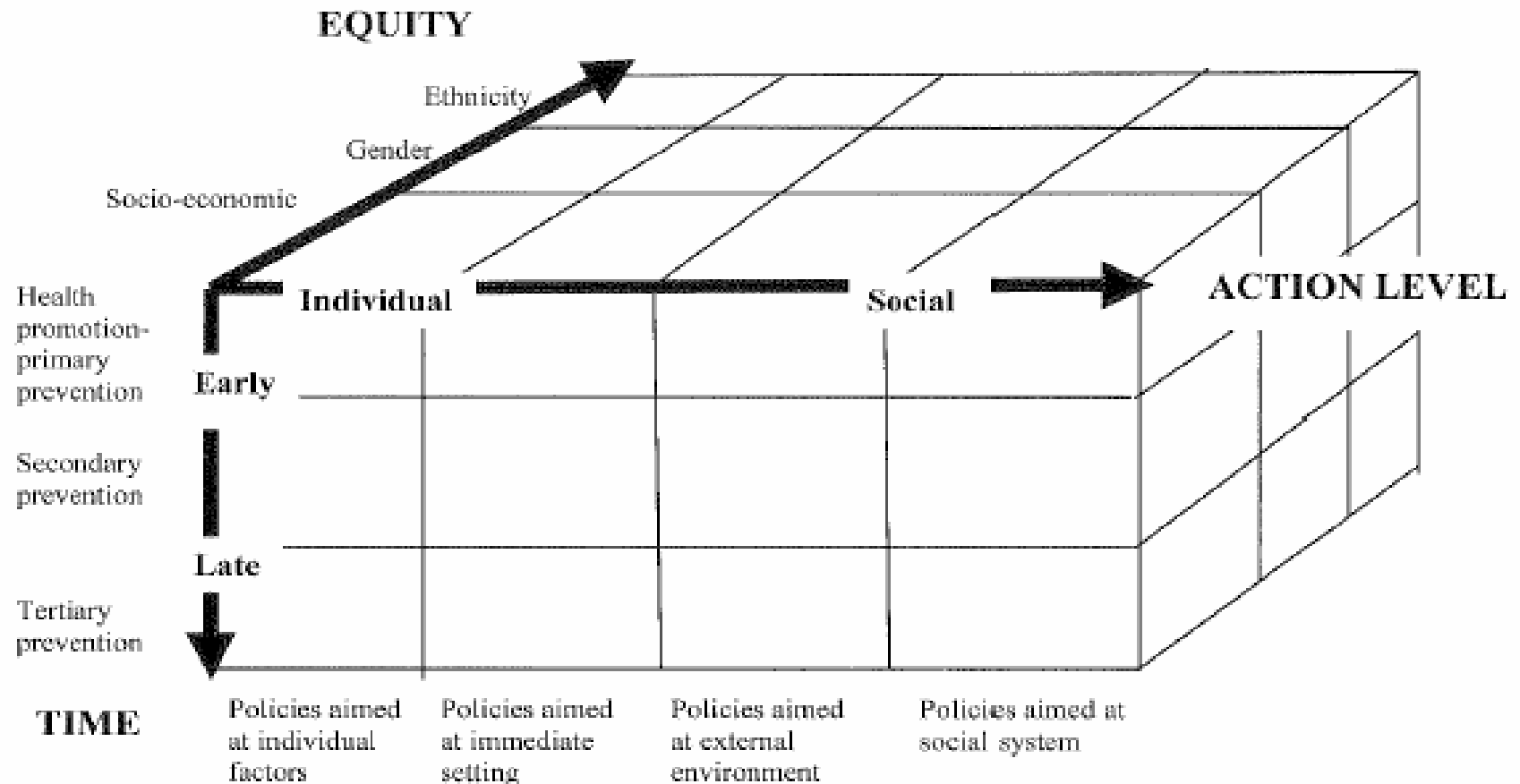
WHO World Health Report 2000 II/II



Member State	ATTAINMENT OF GOALS						Health expenditure per capita in international dollars	PERFORMANCE	
	Health		Responsiveness		Fairness in financial contribution	Overall goal attainment		On level of health	Overall health system performance
	Level (DALE)	Distribution	Level	Distribution					
Equatorial Guinea	152	151	143	118	134	152	129	174	171
Eritrea	169	167	186	169 – 170	108 – 111	176	187	148	158
Estonia	69	43	66	69	145	48	60	115	77
Ethiopia	182	176	179	179 – 180	138 – 139	186	189	169	180
Fiji	106	71	57 – 58	73 – 74	54 – 55	78	87	124	96
Finland	20	27	19	3 – 38	8 – 11	22	18	44	31
France	3	12	16 – 17	3 – 38	26 – 29	6	4	4	1
Gabon	144	136	118 – 119	101 – 102	84 – 86	141	95	143	139
Gambia	143	155	165 – 167	157	149	153	158	109	146
Georgia	44	61	165 – 167	141	105 – 106	76	125	84	114
Germany	22	20	5	3 – 38	6 – 7	14	3	41	25
Ghana	149	149	132 – 135	146	74 – 75	139	166	158	135
Greece	7	6	36	3 – 38	41	23	30	11	14
Grenada	49	82	63 – 64	84 – 85	147	68	67	49	85
Guatemala	129	106	115 – 117	159	157	113	130	99	78

From: what is done...

Reference Framework



Peiró, Rosana; Alvarez-Dardet, Carlos; Plasencia, Antoni et al.:
 Rapid Appraisal Methodology for 'health for all' policy formulation analysis.
 In: Health Policy 62, 2002: 309-328. S. 313.

Reference Framework

Measles

Upper Austria	Individual	Population	Social System
First Dose	7 / 12	1 / 11	7 / 15
Second Dose	4 / 6	0 / 2	1 / 1
With Measles	0 / 1	0 / 0	6 / 10

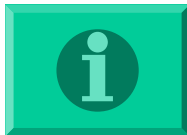
Reference Framework – Measles -

Upper Austria	Individual	Population	Social System
First Dose	Light Blue	White	Light Blue
Second Dose	Blue	White	Dark Blue
With Measles	White	Stippled	Light Blue

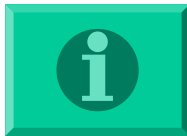
England	Individual	Population	Social System
First Dose	Blue	Light Blue	Dark Blue
Second Dose	Blue	Light Blue	Dark Blue
With Measles	White	Stippled	Light Blue

Western Greece	Individual	Population	Social System
First Dose	Blue	Blue	Blue
Second Dose	Blue	Light Blue	Dark Blue
With Measles	White	Stippled	Light Blue

Moravia Silesia	Individual	Population	Social System
First Dose	Dark Blue	Dark Blue	Medium Blue
Second Dose	Dark Blue	Dark Blue	Dark Blue
With Measles	Dark Blue	Stippled	Dark Blue



EUHA



HFA DE

Regionalspezifische Aspekte von Gesundheit



www.loegd.de

H. Brand
W. Hellmeier

Reference Framework

Cent Eur J Publ Health 2006; 14 (1): 39–45

VIEWPOINT SECTION

REFERENCE FRAMEWORKS FOR THE HEALTH MANAGEMENT OF MEASLES, BREAST CANCER AND DIABETES (TYPE II)

Helmut Brand¹, Peter Schröder¹, John K. Davies², Ixhel Escamilla¹, Caroline Hall², Kieran Hickey³, Eleni Jelastopulu⁴, Reli Mechtler⁵, Wendy Tse Yared⁶, Jaroslav Volf⁷, Birgit Weihrauch⁸

¹Institute of Public Health NRW, Bielefeld, Germany

²Faculty of Health, University of Brighton, UK

³Health Service Executive, Dublin, Ireland

⁴Laboratory of Public Health, University of Patras, Greece

⁵Department of Health System Research, University of Linz, Austria

⁶Regions for Health Network, WHO, Copenhagen, Denmark

⁷National Institute of Public Health, Prague, Czech Republic

⁸Epidemiological Cancer Registry of NRW, Münster, Germany

SUMMARY

This paper presents reference frameworks which order effective and feasible policies and interventions for the health management of measles, breast cancer and diabetes (type II). These reference frameworks can be used to rapidly appraise regional health policy documents and existing health management systems. Furthermore, the reference frameworks can serve health policy makers for the planning of health management measures.