Abstract citation ID: ckad160.1682
The National Health Index shows regional differences in morbidity and workability loss in Finland

Päivikki Koponen

P Koponen[1], E Lindell[1], K Sarnola[2], R Luoto[2], P Jousilahti[1], S Lumme[1], S Koskinen[1]
[1]Public Health and Welfare, Finnish Institute for Health and Welfare, Helsinki, Finland
[2]Research Unit, Social Insurance Institution of Finland, Helsinki, Finland
Contact: paivikki.koponen@thl.fi

Background:
The development of the National Health Index (NHI) aims to provide data on the need for social and healthcare services, and social security benefits, in relation to health problems with the greatest burden. It also aims to contribute to targeting preventive measures to promote wellbeing, health and workability.
Methods:
Data from registers maintained by several national authorities were combined and compared to identify numbers of persons with diagnosis for care (ICD-codes), medication (ATC-codes) and/or received benefits in at least one of the data sources. To determine the burden caused by the different health problems, their prevalence was weighted based on the associated costs, effects on quality of life, mortality, and workability loss. Both age-standardised and non-standardised indexes were calculated for each region in relation to Finland's entire population (index 100).
Results:
The subindexes show significant regional variation, index figures ranging from 28 to 148 for the disease groups: cancers,

cardiovascular diseases, diabetes, memory disorders, musculoskeletal diseases, severe mental health problems, accidents, chronic respiratory diseases, and alcohol disorders, as well as for workability loss (sickness benefit, disability pension, vocational rehabilitation, index figures 27-242). The overall NHI was highest in northeastern regions, and lowest in the capital region and the western coast regions. Age standardization mitigated the regional differences.

Conclusions:

The NHI and the subindexes provide information for evaluating and planning services and benefits. They can be used as key indicators in regional welfare reports. Regional differences in access to care and register data coverage may have an impact on the results. The next phase in our project will analyze socioeconomic differences and develop methods to forecast future trends, taking into account demographic changes and the potential for disease prevention.

Key messages:

- The overall NHI results, covering ten disease groups, are in line with previous data on highest disease burden in northeastern regions.
- Differences in access to services and register data coverage need to be evaluated when interpreting the differences between regions, both in morbidity and in workability loss.