4th Steering Group Meeting of Ben II  
19th May 2006, Dublin 
10:00-16:00

Attendees:
Dr Helmut Brand, Institute of Public Health NRW 
Dr Gertrud Bureick, Institute of Public Health NRW 
Ixhel Escamilla, Institute of Public Health NRW 
Caroline Hall, University of Brighton 
Kieran Hickey, The Health Boards Executive 
Dr Emer Feely, The Health Boards Executive 
Dr Eleni Jelastopulu, University of Patras 
Dr Reli Mechtler, University of Linz 
Wendy Tse Yared, WHO-RHN

1. Opening
Dr Brand opened the session and welcomed the participants. Replacing Dr Peter Schröder Dr Gertrud Bureick introduced herself as a new collaborator at the Institute of Public Health NRW and new participant by Ben II.

It was pointed out that the regions in Europe are gaining in importance as units of political and administrative management. Due to the development of the regions, because the analysis of sub-national data is required more than ever for an appropriate decision-making, diverse regional projects have been developed: BEN, ISARE, EUREGIO and others Cross-border care projects.

The regional perspective is so promising, that proposals for new regional projects should be prepared already in fall this year to take part in the “call for proposals 2007” of the European Commission next spring.

2. Stand of the project
The project tasks listed by the attached time table were reviewed. Most of them are in green colour because they have been successfully completed on time and conforming to the specifications of the project agreement.

Some of the tasks that still should be carried out are:

- Writing the paper on BEN I results;
- The revision of the Organigraphs of a few regions who are delayed with their deliveries;
- The examination of the information collected through the conducted in-depth interviews;
• The compilation of regional data for the rapid appraisal, which is optional;
• The collection of data for the Health Performance Indicators; and
• Preparing the Second Interim Technical Implementation Report & Financial Statement;
• Carrying out the grouping analysis to identify good practice.

3. Rapid Appraisal Method
It was pointed out that the conduction of an intra-regional variation analysis could be interesting because important variations among the health managements of regions from the same country could be identified and evaluated.

Because of this reason and thinking on future projects, the partners of the steering group were consulted about the possibility of collecting information from other regions from their countries, in order to carry out a rapid appraisal using the developed reference frameworks.

It was agreed that, through a communication from the secretariat, the regions will be asked to fill in the reference frameworks tables with the implemented interventions in order to perform the rapid appraisal. One explained that the filling-in of the tables is not a product accorded by the agreement, but with a rapid appraisal the implementation of policies and programmes could be monitored, their changes along the time could be observed and priorities could be rightfully situated.

The advantages of having the rapid appraisal would be the monitoring of the implementation of the interventions, to check if they have changed along the time, to set priorities, to see variations among regions and to provide information to other regions.

It was also said that, at the last EU-Health Conference which took place in April this year in Vienna, the cases of the National Reference Center and the European Diabetes were examined. The Steering Group claimed to review the agreements accorded at the EU-Health Conference.

4. Paper
It was discussed the convenience of having the paper of the Reference Frameworks in other languages, e.g. in Greek and in German for the publication by the Sanitary Newsletter from Linz.
The partner from the Health Boards Executive and the WHO Regional Health Network proposed to have the paper as PDF-file in their web-pages in order to inform the policy makers and the scientific community about the work developed by Ben.

It was agreed that the secretariat would contact the people from the Central European Journal of Public Health and would consult if the translation of the paper to other languages and the PDF-use is allowed.

5. In-depth Interviews
Dr Reli Mechtler from the Institute for Health System Research of the University of Linz related her experience by conducting the in-depth interviews.

She said that there were some difficulties to understand a few modules of the questionnaires, but nothing to worry about. After the clarification of some questions, the in-depth interviews were performed. The consulted experts were high motivated and very cooperative. All appreciated the methodology of Ben II very much. They were convinced that the feedback to decision makers will force changes in the awareness concerning strategies and what has to be done.

The secretariat organized in topics the information received from 5 regions in regard to the module III (Mammography Screening Policy and Organisation) of the breast cancer in-depth interviews. The information was presented in tables by Dr Gertrud Bureick. It was agreed that the secretariat will take the data from all the conducted interviews and will send them to the steering group; in order the group makes suggestions about the possible ways to evaluate the collected information.

6. Short Questionnaires and Organigraphs
The short questionnaires and organigraphs received from the Ben regions were analysed. It was said that two regions from the WHO Regional Health Network (Vologda and Madeira) are still delayed with the delivery of the three organigraphs. The Secretariat will contact these regions and will ask about the deliveries.

In addition, it was pointed out that by other regions some information is missing, for example the inclusion of the care and prevention modules. The steering group declared that the organigraphs are not more updated and therefore they should be repeated.
Since the regional health management varies from region to region, the organigraphs show differences in their complexity. It was pointed out that after the new reviewing of the organigraphs and the corresponding consulting by the secretariat, just the best of them should be appeared at the Ben II final report.

7. Health Performance Indicators
The steering group agreed to collect the information for the health performance indicators from October on. Dr Eleni Jelastopulu, from the University of Patras, pointed out that it could be possible to find a few difficulties by calculating some indicators. But, according to the representative of the University of Brighton, Caroline Hall, to let the public know about this problematic is also very valuable because the accessibility of health information is actually limited.

8. Grouping
Ixhel Escamilla presented a proposal of methodology to organize the Ben II regions into groups (clusters) with similar socio-economic backgrounds. It was said that the first step is to choose the adequate variables for the clustering. In order to define which variables could be used by the grouping of Ben II regions, the following old cluster studies could be considered and their variables reviewed:


The variables of the mentioned studies would cover the following three large ambits: population dynamics; demographic structure and socio-economic condition of the population. To identify which indicators of these variables could be used for the clustering, one would analyse and select them conforming to their:

- influence on the effectiveness of health interventions;
- appropriateness to evaluate European regions; and
- suitability to analyse programmes and initiatives in regard to the three tracers of the project: measles immunization, breast cancer screening and care; and diabetes (type II) screening and care.
Following these criteria a pool of additional indicators would be evaluated: psychological factors, life-style, health services and political situation.

Once the initial indicator framework would be determined, the regional availability of the data should be proved using the data bank of EUROSTAT. Than the available data should be reduced and scaled. The next decision would be deciding the clustering method to apply and the number of clusters considering the nature of the regional data obtained for the grouping. Finally the clusters should be interpreted and the stability of the clustering should be tested.

It was said that one should be careful not to taking 1 X 1 the indicators of old clustering developments but to analyse in detail the appropriateness of each of them for the grouping of Ben II regions.

The steering group agreed that the secretariat will draft a list of possible fitting indicators and once it is finished the secretariat will send it to the members of the group for their consideration.

9. 2\textsuperscript{nd} Interim Report
It was pointed out that the second interim report will be written between August and September and delivered to the Commission in October 2006.

10. Final conference
It was agreed that the dates for the final conference would be from April 16\textsuperscript{th} to 18\textsuperscript{th} 2007. It should be organized for policy makers.

Dr Helmut Brand, from the Institute of Public Health NRW, pointed out that it will be very beneficial if the conference would take place in Brussels by the Committee of the Regions or by the Representation of NRW and not in Bielefeld.

The final conference could also have two sessions: one session for the scientific community and the other one for the politicians and decision makers. It was claimed that the secretariat would review the project agreement and consult the European Commission about the possibility to change the place of the conference from Bielefeld to Brussels.
11. 5th Steering Group Meeting
It was agreed that the next meeting of the steering group takes place on October 2nd 2006. The representative of the WHO, Wendy Tse Yared, proposed to organize the next steering group meeting in Copenhagen by the headquarters of the WHO Regional Office for Europe.

It was said that it would be an excellent opportunity to present the Ben II project to the staff of the Division of Country Health Systems, members of Health for All; and other health officers.

The proposal was very welcomed by the steering group. In order to make the corresponding arrangements, the secretariat will ask the European Commission if the 5th steering group meeting can take place in Copenhagen.

Ixhel Escamilla
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