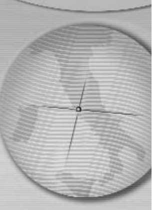

The network of the Regional Health Observatories in France

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Abstract

The Regional Health Observatories (RHOs) were created in France in the 1980's. They exist in each of the 26 regions. Their principal mission is to assist in the decision making process by the undertaking of in-depth analyses of the populations' health status. To achieve this aim they catalogue and validate existing data, promote surveys when there is a lack of information, disseminate the collected information and conduct evaluations of public health interventions.

Around 400 people work in the observatories (241 full-time equivalents) with various expertise including public health doctors, statisticians, sociologists, demographers, geographers, economists etc. More than 40% of the budget of the RHOs comes from the government while 21% comes from the local executive.

RHOs work with all the regional and local institutions concerned with health programs and policies. The main role of the RHOs in this context is to identify the health needs, to describe health related behaviours and to describe the utilisation of the health care system. The analysis of the different kinds of work conducted shows the great diversity of the subjects treated by the observatories.

The creation in 1989 of the "Fédération Nationale des Observatoires Régionaux de Santé" (FNORS) strengthened the links within the RHOs. Its role is to represent the RHO network and to facilitate the harmonisation of the inter-RHOs projects. Recently, the FNORS increase its position to represent RHOs at the European level by taking part in EU projects and to promote the creation of a European network of regional health observatories.

Key words: Regional Health Observatories (RHO), Fédération Nationale des Observatoires Régionaux de Santé (FNORS)

The onset of the Regional Health Observatories in France

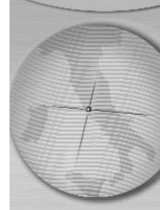
The first Regional Health Observatories (RHO) in France were established in the region "Île-de-France" (Paris) in 1974. Another observatory was created a few years latter in the region of "Lorraine". In 1981, an official report to the Prime Minister recommended that regional health observatories should be generalised to all French regions. A year later, an executive letter from the Ministry of Health recommended that all regions should establish its own RHO. The approach was deliberately flexible in order to allow different models to be developed and eventually to learn from these experiences.

Quite quickly, Regional Health Observatories were created in the different regions of France. In 1984, an observatory was established in 20 out of 22 regions. A second executive letter in 1985 gave some definitions on the role of the RHO. To fulfil there mission of assistance in decision making, the objectives of the observatories are:

- inventory and validation of existing information;
- dissemination of information;
- to promote surveys in areas/topics where information is lacking;
- to provide advice in survey methods;
- to evaluate local interventions in the field of health promotion.

For a very long time, France was a centralised country. The first decentralization law was issued in 1983, less than one year after the creation of the RHO was recommended. However, despite the law reinforcing the role of regions, no specific competencies were attributed to them in the field of health and health care. These kind of competencies (maternal and child health, immunization, sexually transmitted diseases, older persons, disability) were devolved to the department which is an infra-regional level in France. This limited (and still limits) the development of partnerships with the regional council (the local elected executive) in most of the regions.

In the following years, the RHOs started to build a national network in order to conduct concerted actions and in 1989, the National Federation of RHOs (FNORS) was created, establishing a firm basis for the development of inter-RHOs projects.



What are regional health observatories in 2004

In 2004, a RHO is established in each of the 26 French regions: 22 in the continental part of France and one in each of the four overseas departments. The majority of the RHOs (23 out of 26) are "Association loi 1901", that is non-profit making organisations.

In order to achieve this mission, around 384 staff members were working in the 26 French RHOs in 2002, corresponding to 241 full-time equivalents (FTEs), a growth of 5% when compared with figures for 2001. This workforce is composed of a varied skill mix including public health doctors, statisticians, sociologists, demographers, geographers, economists,, etc.

In 2002, the total budget of the 26 RHOs was a little more than 14 million Euros, an increase of 17% when compared to 2001. A little more than 40% of this amount comes from, an annual grant from the government of 27% and an additional 16% from other contracts with the government. The local executive (regional or departmental) is the sources of 21% of the total budgets. The participation of the health insurances (Sécurité Sociale) is lower, around 8%. The health structures participate for 3% of the total income.

There are variations between RHOs in terms of budget and team size: in seven RHOs, the team size is over ten FTEs and in nine RHOs, it is lower than six FTEs. The Regional Health Observatory in Languedoc Roussillon is a good example of a middle size RHO. Languedoc-Roussillon is a region covering five departments from the Spanish border to the Rhone valley, with a population of 2.4 million inhabitants. Usually, eight persons work in the RHO (6.7 FTEs): a director who is a public health doctor, two public health specialists, a specialist in health information, a librarian, two administrative staff and a public health trainee.

According to the activities developed by the each RHO the structure of financing can also vary substantially. The governmental grant covers a little more than a half of the total costs for the Languedoc-Roussillon RHO.

Tasks undertaken by the RHOs

RHOs work with all the institutions at the regional level or at an infra-regional level concerned with health programs, health plans and health policies. The main role of the RHO in this context is to identify the health needs, to describe health related behaviours and to describe the utilisation of the health care system.

A good example of this kind of task is the work conducted between 1996 and 2002 in the context of the Regional Health Conference. These were introduced in 1995-96 with the aim of identifying local public health priorities. They involve an audience of decision makers, professionals, users and voluntary sector representatives. The debate is concluded by the recommendations made by a jury of six to ten nominated persons.

Table 1. Work undertaken in 2003 in Languedoc-Roussillon by the RHO.

- The follow-up of regional and departmental indicators;
- Health indicators in the regions of Europe - ISARE Project;
- Epidemiological follow-up at school;
- Indicators and evaluation procedures of health programs in the field of road traffic accidents;
- Directory of actions against exclusion;
- Analysis of the location in the region of actions against exclusion;
- Hepatitis C;
- Nutritional surveillance system;
- Personal needs for elderly care;
- Abortions in Languedoc-Roussillon;
- Analysis of health indicators at a local level;
- Autism;
- Suicide;
- Health of old immigrants;
- Alzheimer's disease;
- Patients hospitalised in LR coming from another region;
- Accommodation and health;
- HIV screening;
- Sexual abuse of children.

The different kinds of works conducted in Languedoc-Roussillon by the RHO in 2003 are listed in Table 1.

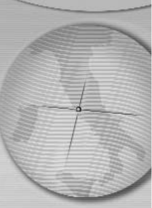
The analysis of these lists of works show the great variety of subjects a RHO can be concerned with at the same times: local or interregional studies, subjects concerning a specific group of the population or a specific disease, problems related with health planning or health behaviours, etc.

Even if there are substantial variations in the task components from one RHO to another, some tasks are common, including health indicator monitoring and some epidemiological surveillance activities.

As the evaluation culture is spreading, RHOs are becoming increasingly involved. For example, Languedoc-Roussillon RHO has been involved since the beginning of 2004 in the evaluation of three health networks in three different fields: two regional networks related to perinatal cystic fibrosis and a regional network on palliative care.

The Fédération Nationale des Observatoires Régionaux de Santé (FNORS)

The creation in 1989 of the "Fédération Nationale des Observatoires Régionaux de Santé"



(FNORS) contributed to strengthening the links within the existing network of the RHOs. The FNORS has a status similar to that of RHOs, with a board of seven members elected from within the RHOs. An important step was the appointment of a general delegate in 1995, who is now heading a small team of staff with offices in Paris. Funding comes essentially from individual RHOs contributions, but also from work contracted directly to the FNORS, and the task of coordinating multi-RHOs projects.

The primary role of the FNORS is to represent the RHO network to the national institutions. Thus the FNORS chairman or delegate are often asked to take part in national working groups particularly regarding issues in health inequalities and health related information. Another important role of the FNORS is to facilitate the harmonisation of the inter-RHOs projects. The best example of such activity is the "Santé Observée" approach, which involves the standardisation of collation and gathering of health related information by all RHOs, thus ensuring the validity of inter-regional comparisons. This information is regularly updated and was first published in paper format (Tableaux de Bord). It is know accessible by internet on the FNORS website (www.fnors.org). More than 400 indicators can be consulted on-line using various formats such as tables and graphs. Most of these indicators at available not only at the regional level but also at a departmental level. For some of them, all the annual values for the indicators are available since 1980.

The FNORS also has a very active role in organising the national FNORS congress. The 10th edition of the congress was held in Clermont-Ferrand in May 2003. Around 800 delegates representing all areas of the health care system attended the event. This clearly shows that RHOs have succeeded in building bridges between all the different components of the health system, whether they are health professionals, decision makers, academics or healthcare users.

The FNORS will increasingly be in the position to represent RHOs at the European level and to take part in EU projects. Indeed, the second phase of a project funded by the European Commission within its "Health monitoring program" has just come to completion. One of the main tasks of this project was to identify which sub-national level in each of the 15 EU member states would be the most appropriate for health information exchange. Several criteria were taken into consideration in order to formulate recommendations including the existence of responsibilities for health planning, budgeting, public health, the coincidence with a level of local democracy and the availability of data. Consequently, it was possible to describe the availability of health indicators at those regional levels and to build a demonstrator of an European database of regional health indicators.

Conclusion

The main focus of RHOs is health monitoring, which they have been performing for more than 20 years. The "Score Santé" approach illustrates its achievements in this respect. This function has enabled RHOs to influence the policy process at regional and local level. Regions have recently taken on more importance in the health policy process due to the creation of several regional institutions representing the main parties of the French health care system, but also because of the regional health conference held annually sets about to define and to follow-up work on local health priorities.