



# Health foresight – A survey on quantifying tools

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# Context

To improve foresight and “prospective prudence” in PH:  
evidence-based quantification

Existing approaches needing improvement, evaluation  
([Fehr et al. 2012 JECH 66\(12\):1088 – 91](#))

Toolmakers survey:

- Status quo of model development & availability
- Experiences made with model use
- Priority options for further development



# Methods

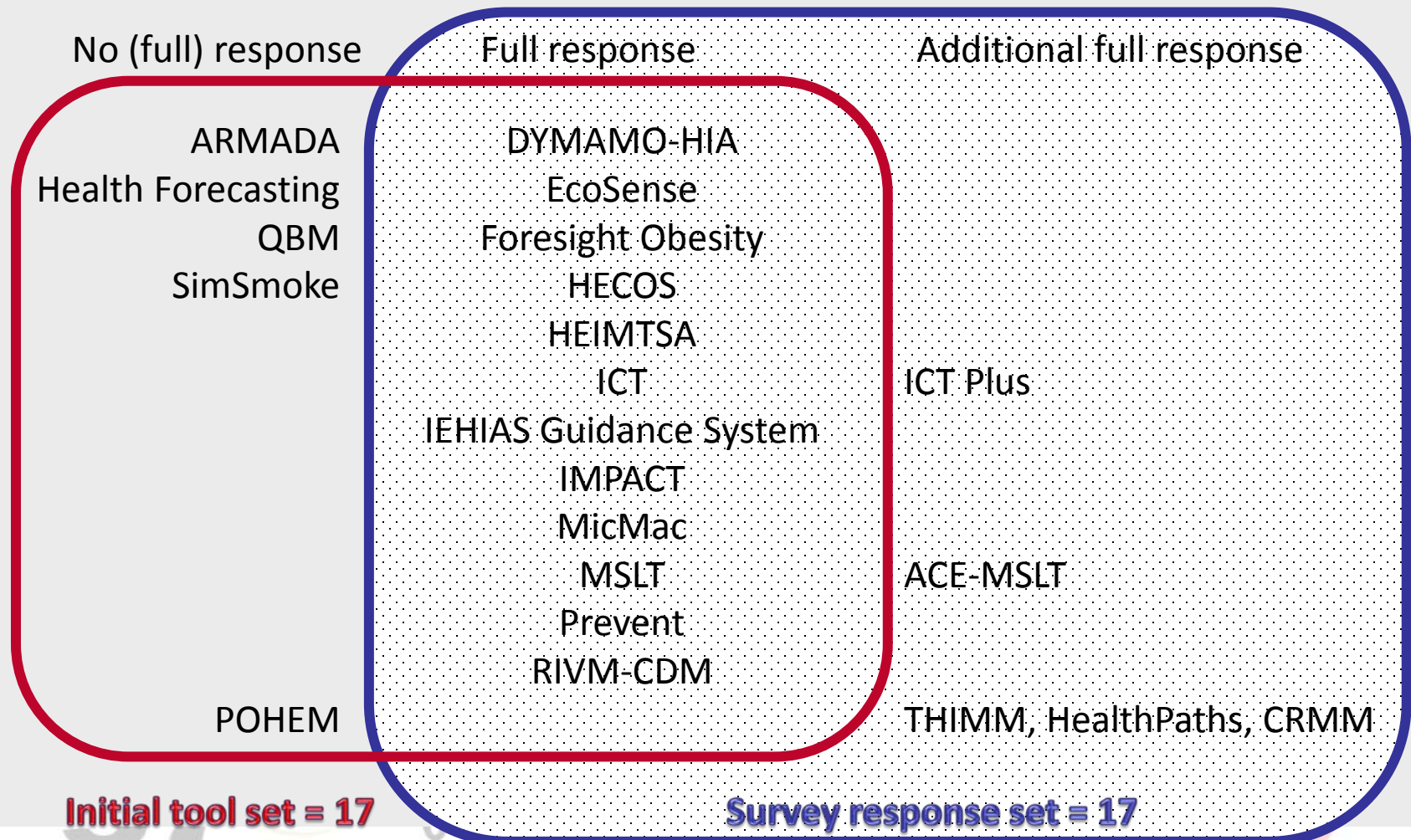
Survey aiming at collecting relevant information from the “provider” side (toolmakers)

Survey topics:

- Status quo of model development and availability
- Experiences made with model usage
- Options for further development
- Options for (comparative) evaluation
- Options for maintenance and continued availability of the tools including their data contents

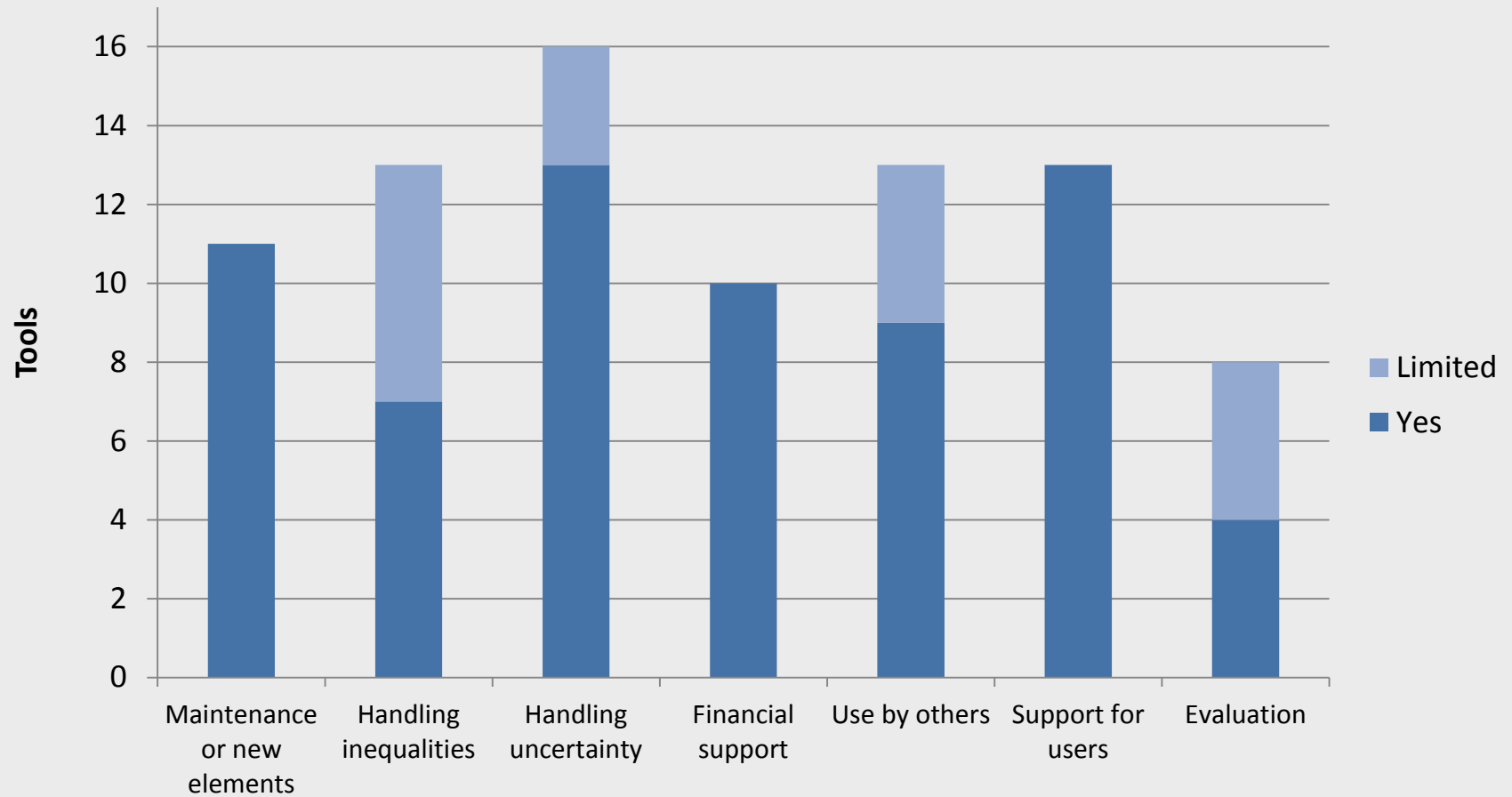


# Tools / responses





# Status quo of tool development & use





# Tool use (selected answers)

## For what purposes has the tool been used, since 2011?

### (Aims)

- Assess the impact of policies, interventions, technologies (incl. cost-effectiveness)
- Modeling and simulation research
- “Making scenarios and convincing policy makers”

### (Users)

- Analysts, consultants, academic researchers
- Decision-makers in all jurisdictions across the country
- National cancer league; NGOs
- Subsequent (EC-funded / national) projects



# Tool use (ctd.)

## (Exposures)

- Tobacco; Blood pressure; Obesity / BMI; Physical activity
- Atmospheric pollution incl. PM2.5; Heavy metals; Arsenic
- Income inequality; Residential segregation

## (Policies)

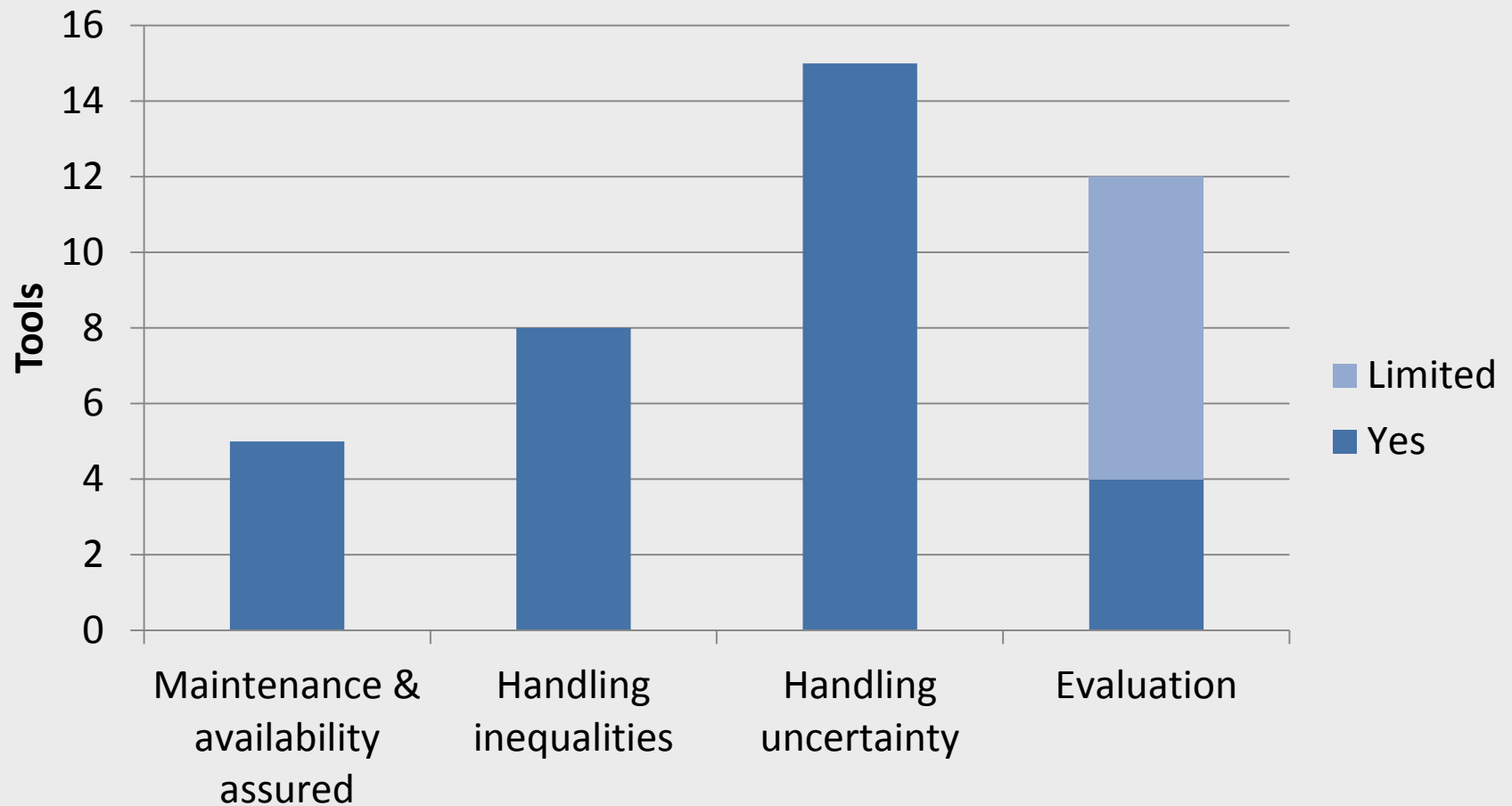
- Smoking cessation; Salt reduction; Air pollution mitigation
- Household heat production and energy efficiency policies
- Colorectal cancer screening; CT screening for heavy smokers

## (Outcomes)

- Deaths averted; Life years gained
- Morbidity cases; Years with and without disability / DALYs
- Spatially resolved individual risk and community impact
- Monetary estimates



# Priorities for further development







# Conclusions

- Most foresight tools in this study are being maintained and are ready for use; but their future development is uncertain
- These tools are being used for a broad range of exposures, policies, health outcomes; by a variety of users
- Half of the tools is accessible for outside users; practitioners can choose among them



## Conclusions (2)

- High agreement on the need to further develop assessment of inequalities and uncertainty
- Interpretation of “tool evaluation” varied a lot among respondents with limited consensus about how to proceed
- There are numerous suggestions concerning future development and use of tools to support policy-making, within health sector and beyond
- Most toolmakers are interested in exchange and cooperation (cf. high response rate to survey request, and answers to explicit question)
- Need to form a community of tool developers that engages with one another as well as with the wider world of actual and potential users

# Acknowledgements

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