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Finnish Centre for Pensions
ELÄKETURVAKESKUS

Statistics Finland



National Health Index

Data on the wellbeing services counties for the period 2019–2021.

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What is the National Health Index?

Previously

- THL's Morbidity Index
- Kela's Health Barometer



New National Health Index

- Morbidity index
 - 10 subindices
- Work disability index
 - 3 subindices

**Morbidity, work disability,
quality of life, costs**

How to interpret the index figures

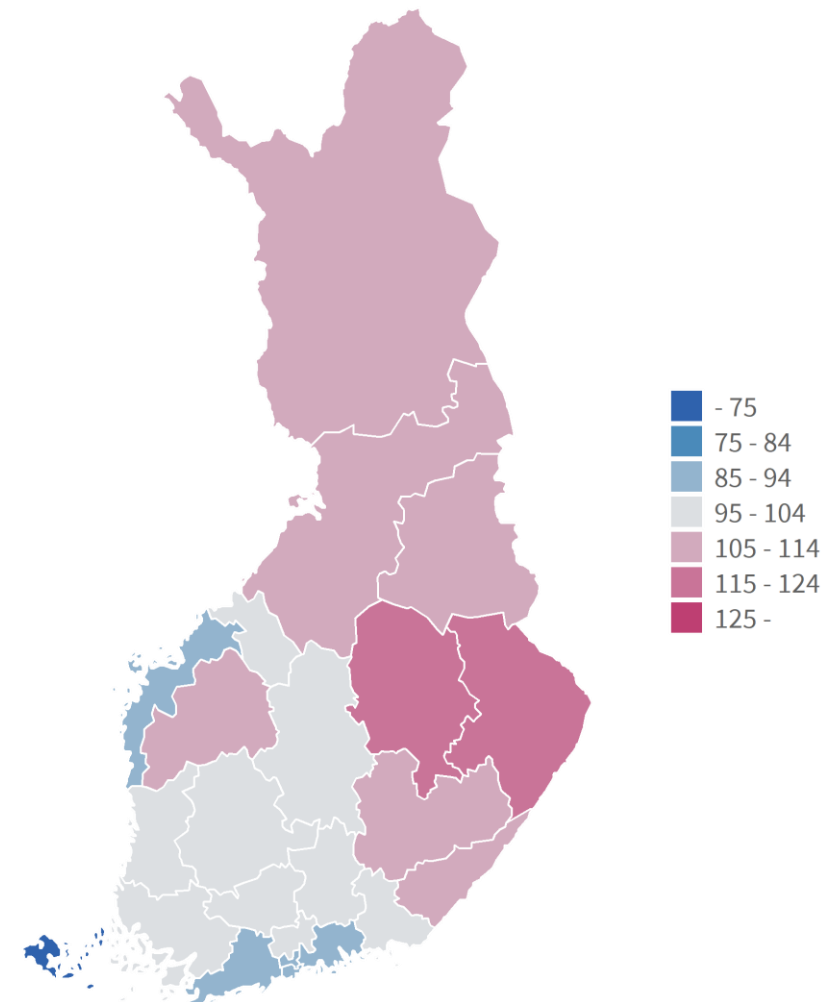
- The figures describe the health and work ability of the population of the wellbeing services counties compared to the national level (whole country = 100).
- The more common morbidity or work disability in the region, the greater the index value.
- Both an age-standardised and a non-standardised version of the indices is produced.
 - The age-standardised results level out the effects of age structures, so the results can be used in comparisons between regions.
 - The non-standardised index describes the actual burden of disease in the region.
- The data compiled in this presentation are age-standardised.

This publication

- The data on the wellbeing services counties will be published first
- The results published will also include Åland, which is not included in the comparison of wellbeing services counties in this presentation.
 - Morbidity and incapacity for work are significantly less common in Åland than in Mainland Finland
- The data on municipalities will be published in autumn 2023

Total index on morbidity 2019–2021

In the morbidity index, the prevalence of each disease group is weighted on the basis of its burden in terms of mortality, incapacity for work, quality of life and social welfare and healthcare costs.



Morbidity: differences between wellbeing services counties

Compared to the national level, morbidity is

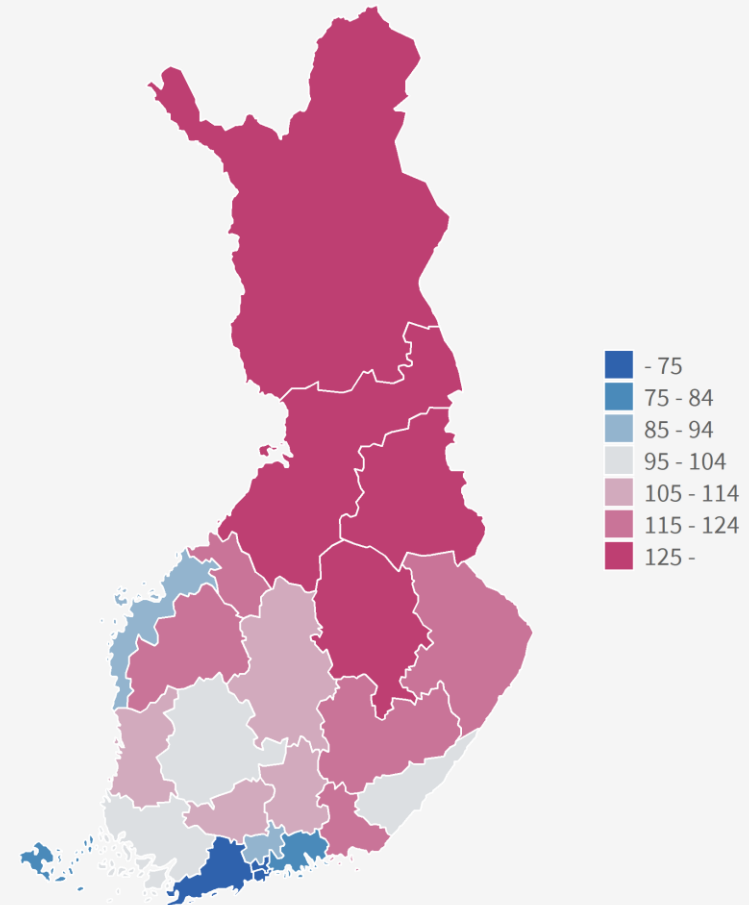
- most common in the wellbeing services counties of North Savo and North Karelia
- less common in the wellbeing services counties of Ostrobothnia and Uusimaa and in Helsinki

Total index on morbidity

- The index covers 10 disease groups: cancers, coronary disease, cerebrovascular diseases, musculoskeletal disorders, severe mental health disorders, accidents, memory disorders, chronic respiratory diseases, diabetes and alcohol-related diseases.
- As the number of the disease groups, the definitions of the disease groups and the sources of data have changed, the results are not directly comparable to the data of the previously published THL's Morbidity Index.

Total index on Work disability 2019–2021

In the work disability index, the recipients of benefits granted on the basis of work disability, aged 16–64 years and living in Finland and their proportion in the population of the same age have been taken into account.



Work disability: differences between wellbeing services counties

Compared to the national level, work disability is

- most common in the wellbeing services counties of Kainuu, North Savo and North Ostrobothnia
- least common in the wellbeing services counties of West Uusimaa and Vantaa and Kerava and in Helsinki

Work disability

- Of the recipients of disability pension, both the recipients of earnings-related pension and the recipients of Kela's pension in December each year are included.
- The weight given to recipients of partial disability pension is 0.5 in the general index.
- Of recipients of sickness allowance, those who have received the allowance for at least 90 days per year have been taken into account.
- The weight given to those who have received a positive decision on vocational rehabilitation is 0.5 in the index.

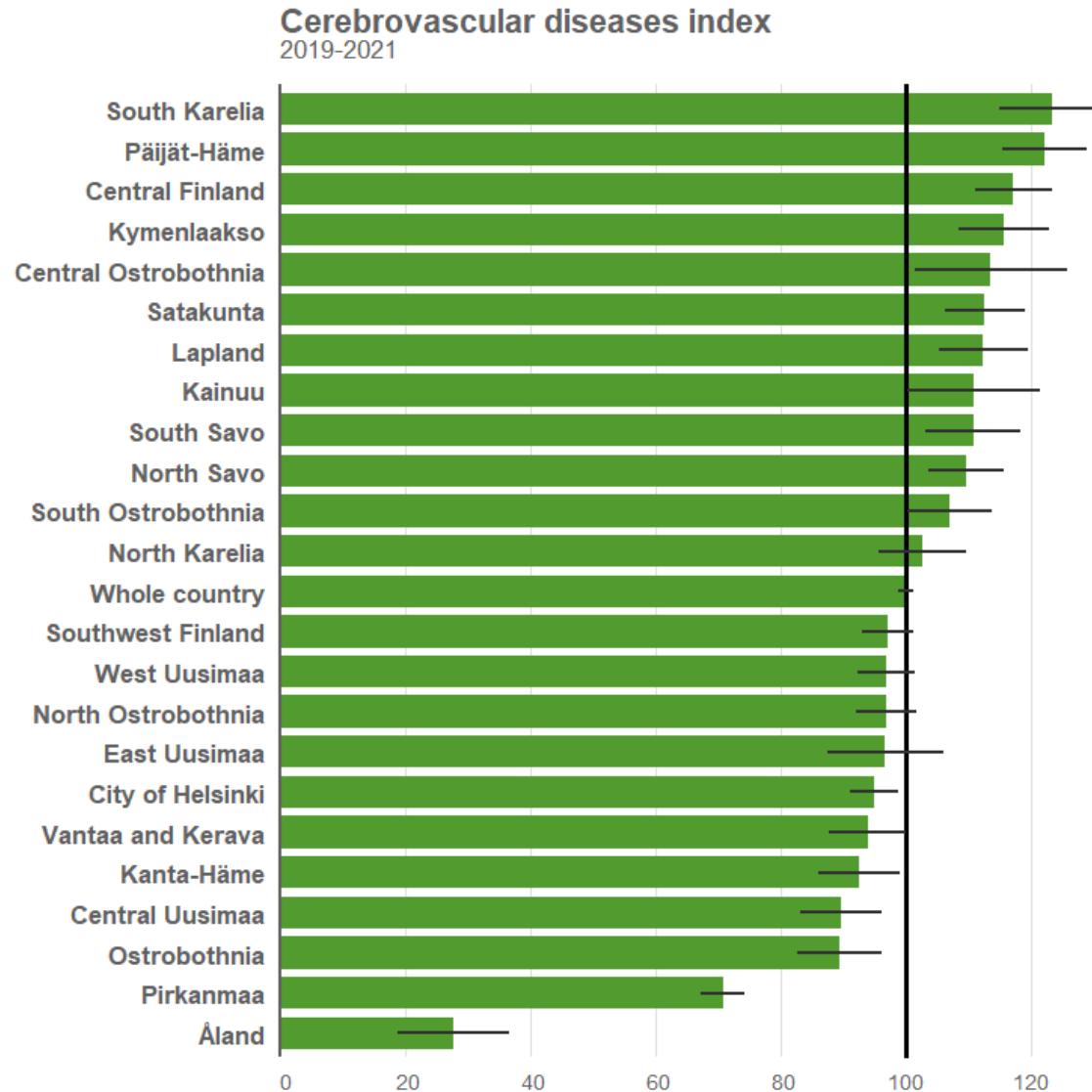
This description includes 9 disease groups.

The new data of the accident index will be published later



Subindices of morbidity

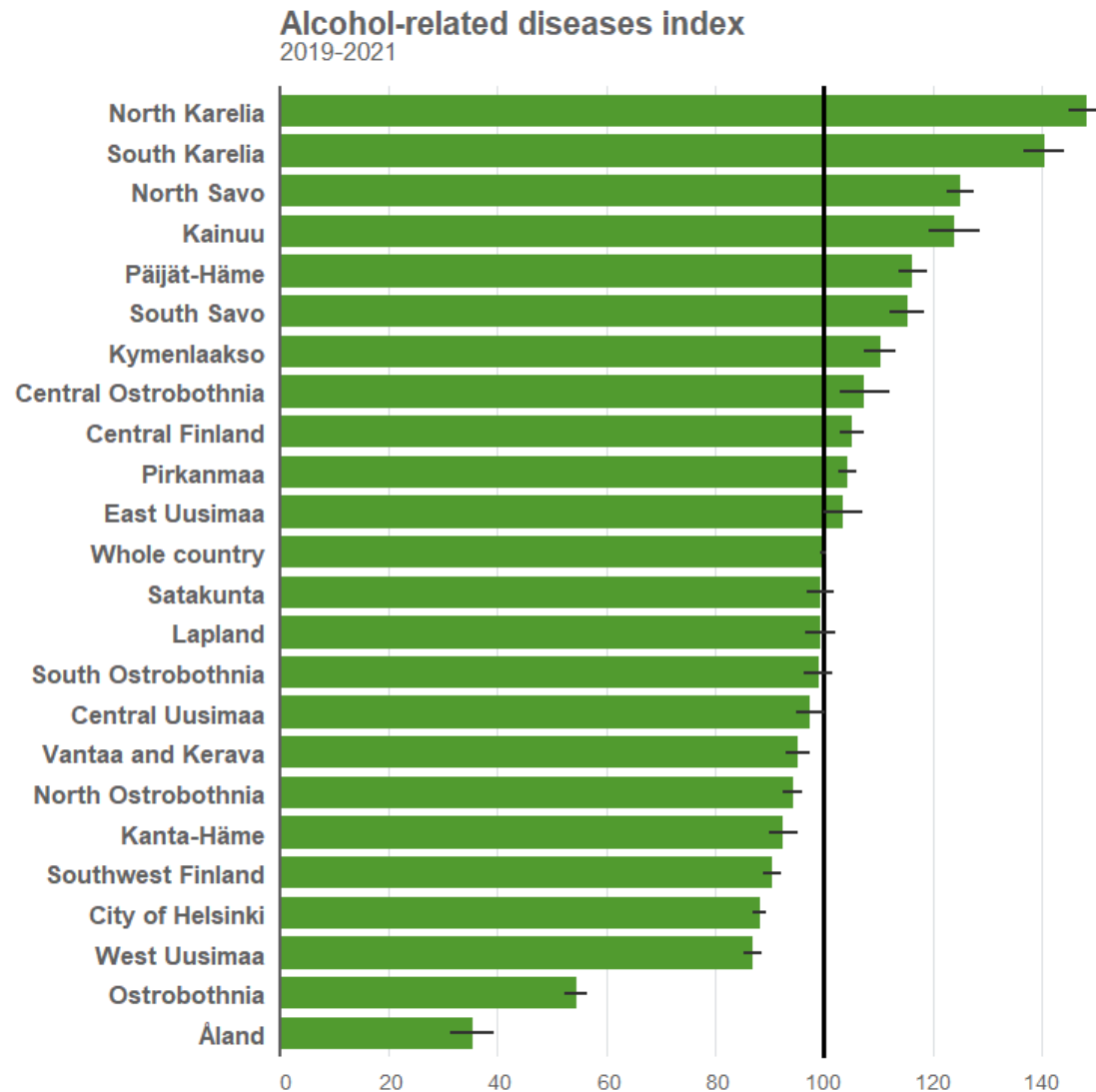
Cerebrovascular diseases



- Incidence of first attacks that have led to hospitalisation or death in the age group 35–79 years (specialised healthcare and causes of death).
- Incidence most common in the wellbeing services counties of South Karelia and Päijät-Häme, lowest in Pirkanmaa, Ostrobothnia and Uusimaa.

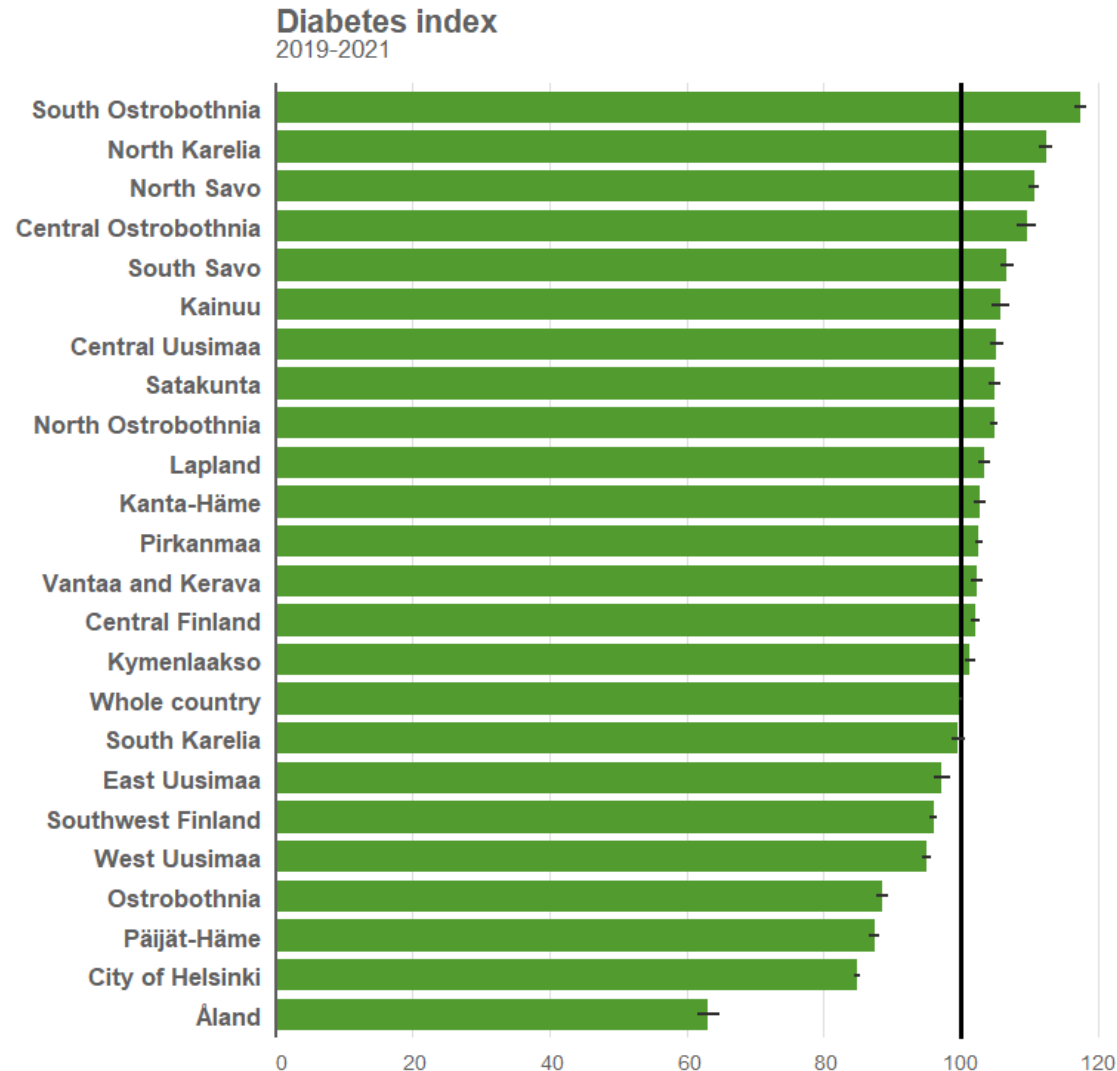


Alcohol-related diseases



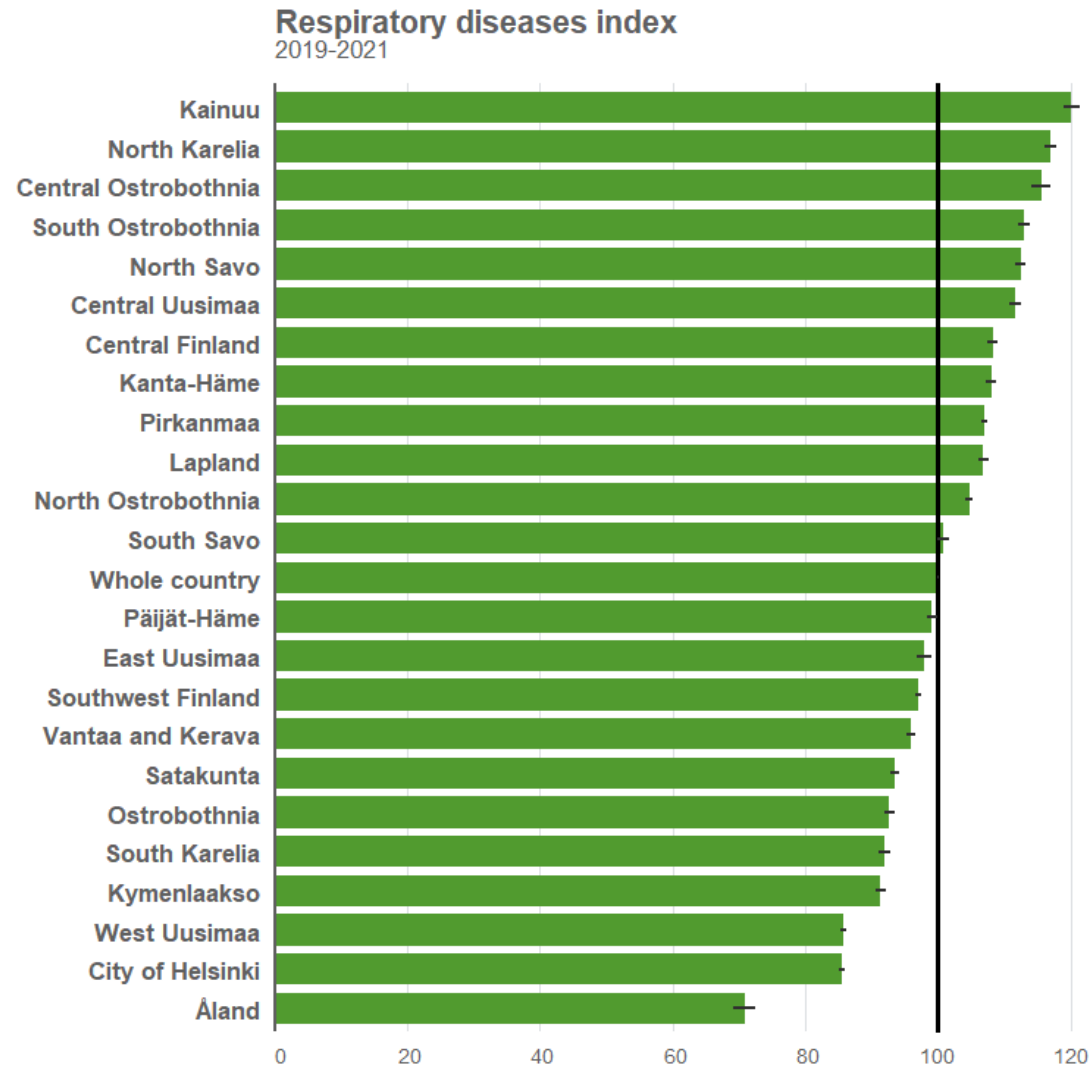
- Persons who received treatment because of a disease or condition related to excessive use of alcohol in the entire population (reasons for visits and episodes of care in specialised healthcare and primary healthcare, social welfare and purchases of medicines).
- Morbidity most common in the wellbeing services counties of North and South Karelia, least common in Ostrobothnia and Uusimaa.

Diabetes



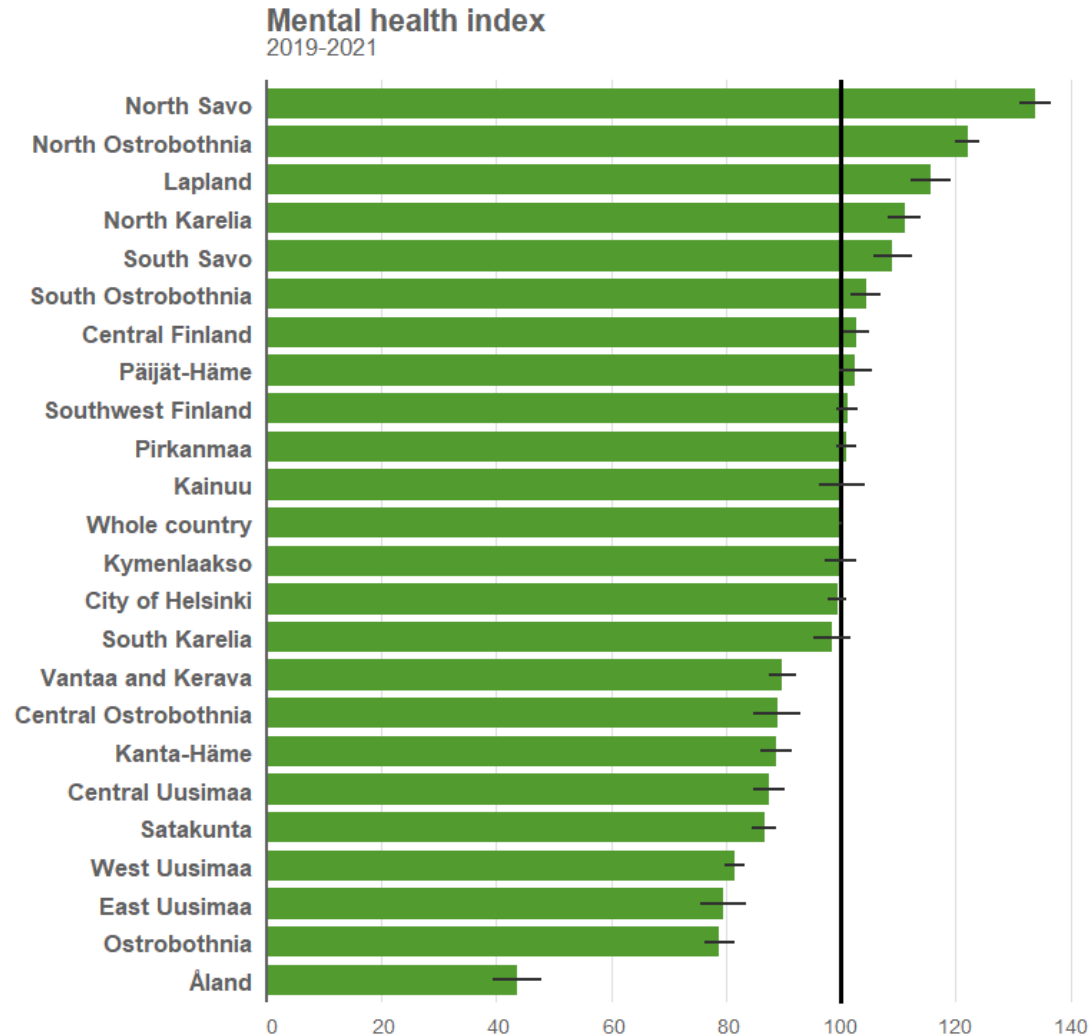
- Specialised healthcare, primary healthcare (inpatient care and reasons for outpatient visits), purchases of medicines and entitlements to special reimbursement for medicines
- Morbidity most common in the wellbeing services counties of South and Central Ostrobothnia, North Karelia and North Savo, least common in Ostrobothnia, Päijät-Häme and Uusimaa.

Respiratory diseases



- Asthma, chronic obstructive pulmonary disease and sleep apnoea in the population aged 20 years and over: specialised healthcare, primary healthcare (inpatient care and reasons for outpatient visits) and entitlements to special reimbursement for medicines
- Morbidity most common in the wellbeing services counties of Kainuu, North Karelia and Central Ostrobothnia, least common in West Uusimaa and Helsinki

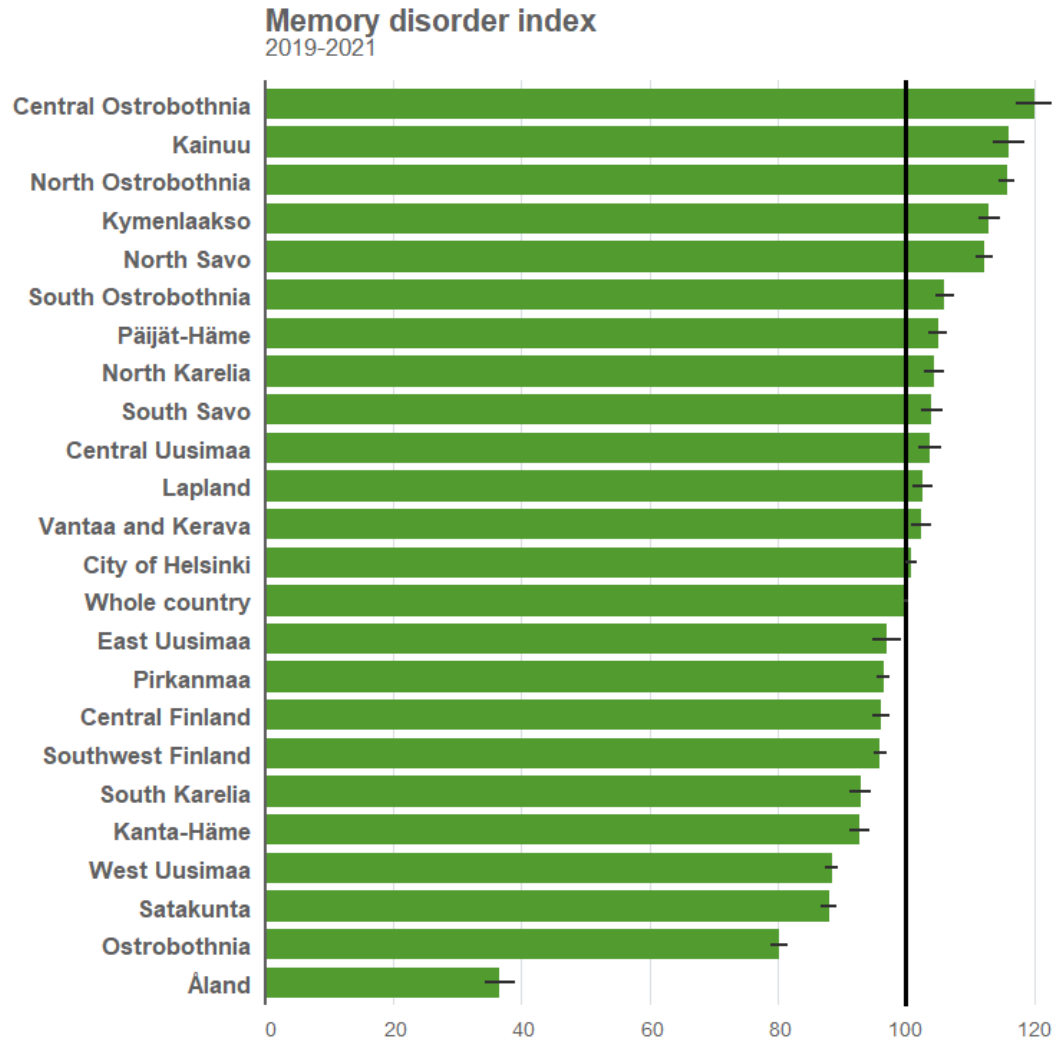
Mental health



The index describes **severe mental health disorders**

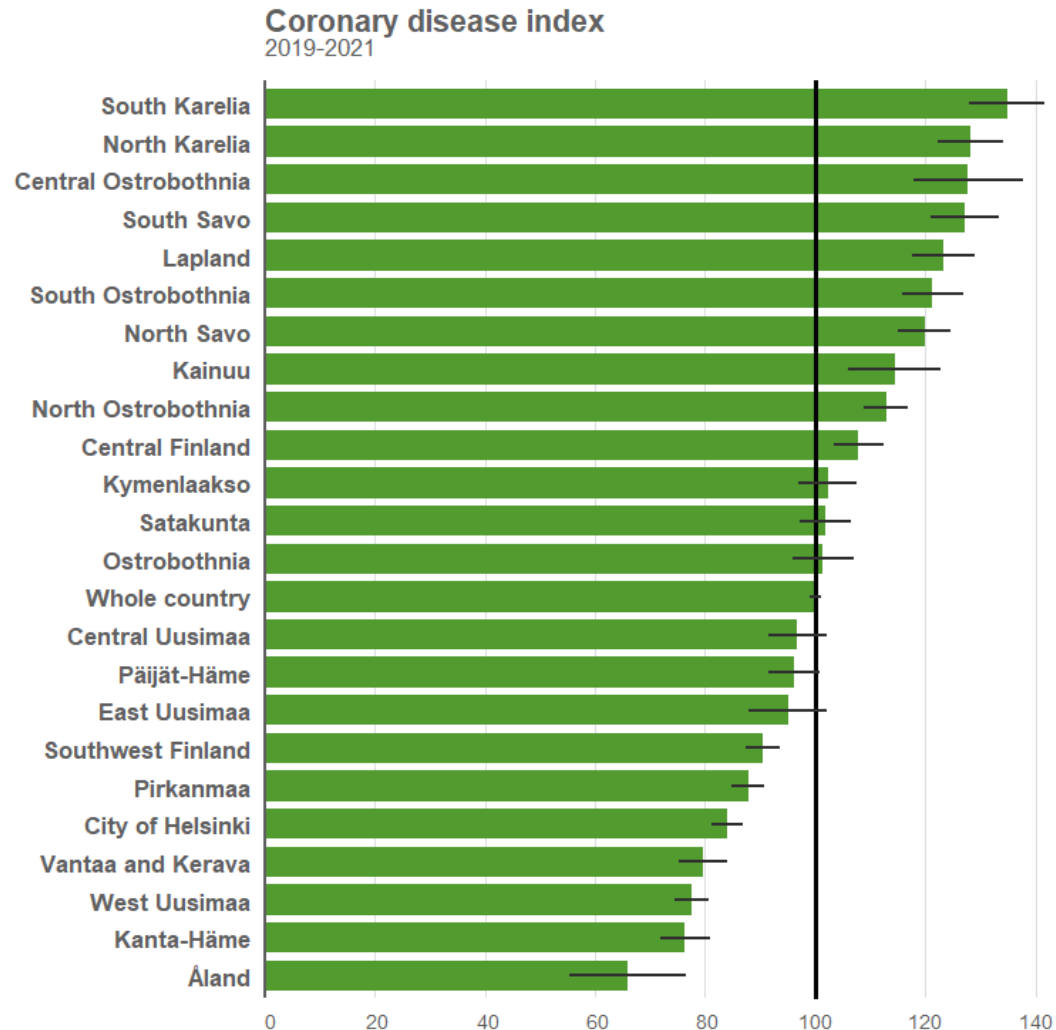
- Self-harm and suicide in the population aged 13 years and over: hospitalisation and causes of death
 - differences between regions may partly result from different recording practices
- Psychoses: entitlements to special reimbursement for medicines
- Mental health and behavioural disorders: Disability pensions in the population aged 16–64 years
- Morbidity most common in the wellbeing services counties of North Savo and North Ostrobothnia, least common in Ostrobothnia and West and East Uusimaa

Memory disorders



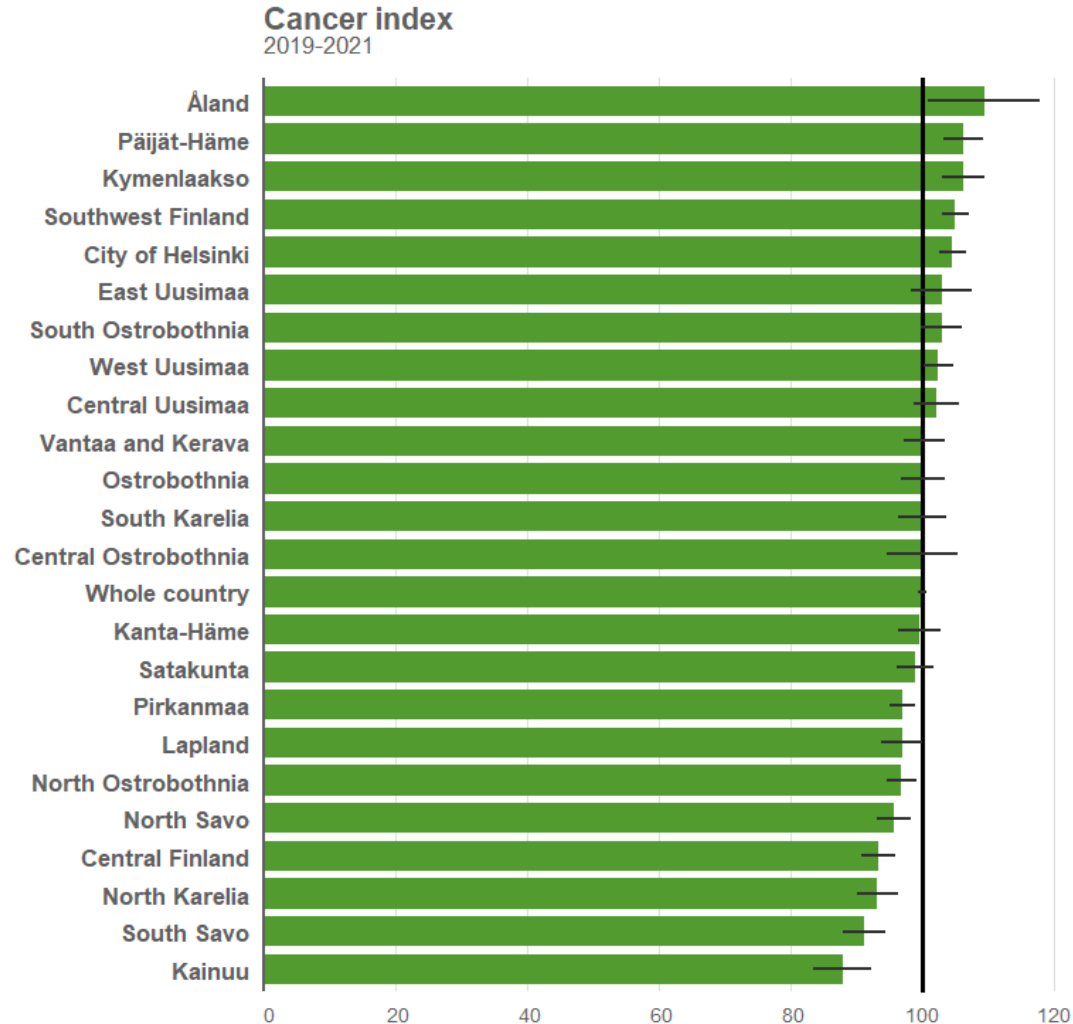
- Prevalence in the population aged 30 years and over: specialised healthcare and primary healthcare (inpatient care and reasons for outpatient visits) and purchases of medicines
 - A high index figure may indicate high morbidity and/or the fact that memory disorders are identified and treated particularly actively in the area.
- Morbidity most common in the wellbeing services counties of Central and North Ostrobothnia and Kainuu and least common in Ostrobothnia.

Coronary disease



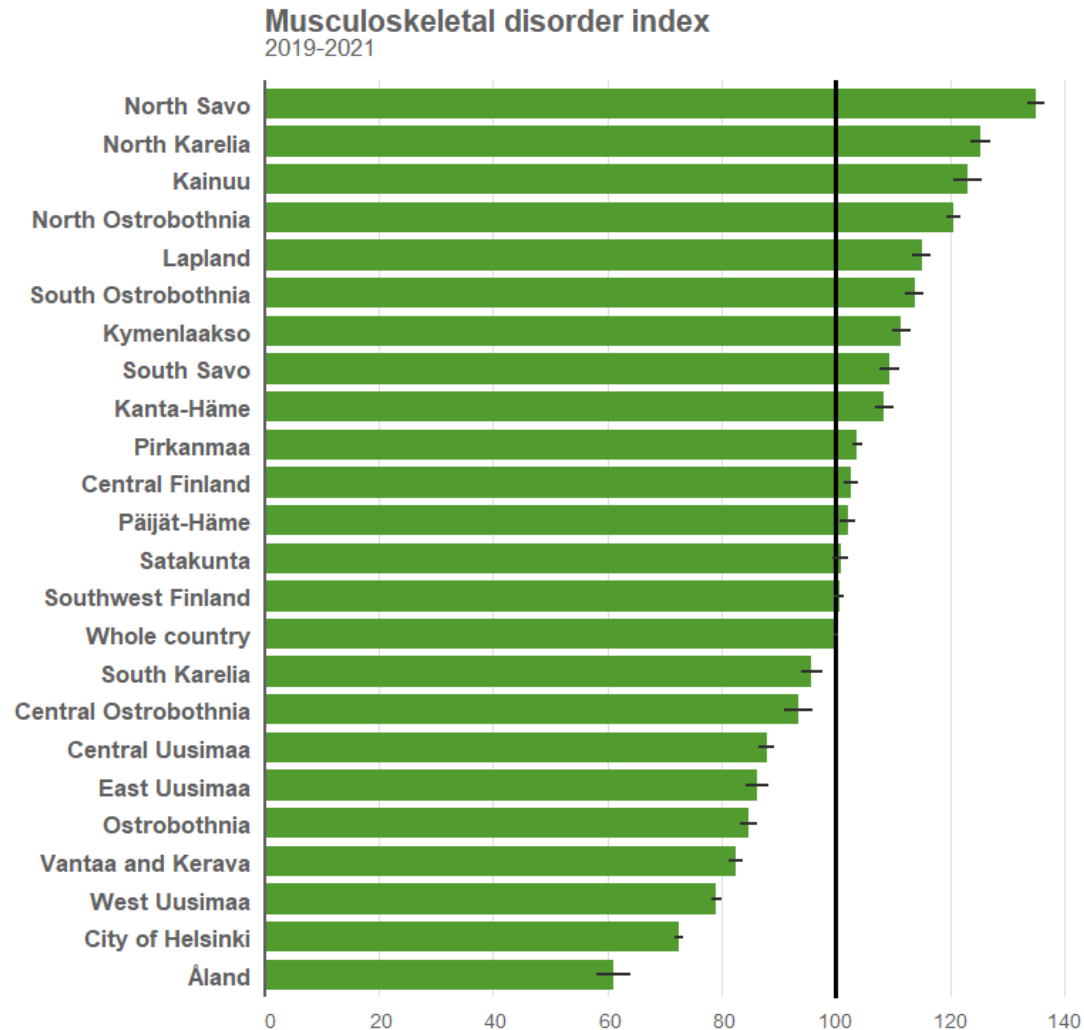
- Incidence of acute coronary events that led to hospitalisation or fatal events in the age group 35–79 years during the year of the review (specialised healthcare and causes of death)
- Incidence most common in the wellbeing services counties of South and North Karelia, Central and South Ostrobothnia, South and North Savo, Lapland and Kainuu, least common in Kanta-Häme and Uusimaa.

Cancers



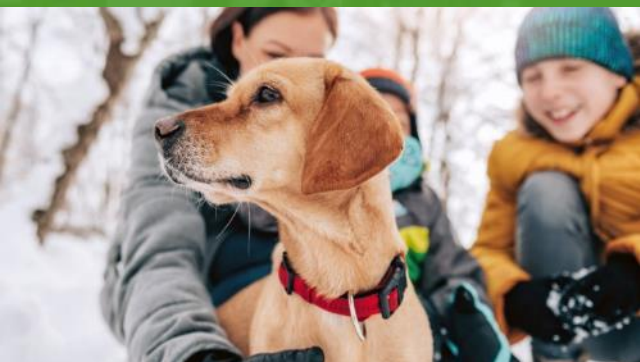
- Incidence of new cancer cases (excluding skin cancers other than melanoma) diagnosed during the year under review
- Restrictions:
 - The index does not take into account the recurrence of cancers or the differences between the treatability of cancers and cancer mortality related to different cancers.
 - A cancer index higher than average may indicate high cancer morbidity and/or the fact that early diagnosing of cancer has been successful in the area.
- Regional differences narrower than in other disease groups.

Musculoskeletal disorders



- The index describes the prevalence of chronic musculoskeletal disorders with the heaviest disease burden. A significant part of musculoskeletal disorders are excluded from the examination in this index.
- Of the recipients of disability pension (in age group 16–64 years), pensions granted on the basis of musculoskeletal disorders are taken into account.
- Of entitlements to special reimbursement for medicines, persons who have been entitled to special reimbursement for antirheumatic medicines during the year of the review are taken into account.
- Morbidity most common in the wellbeing services county of North Savo, least common in Uusimaa and Pohjanmaa

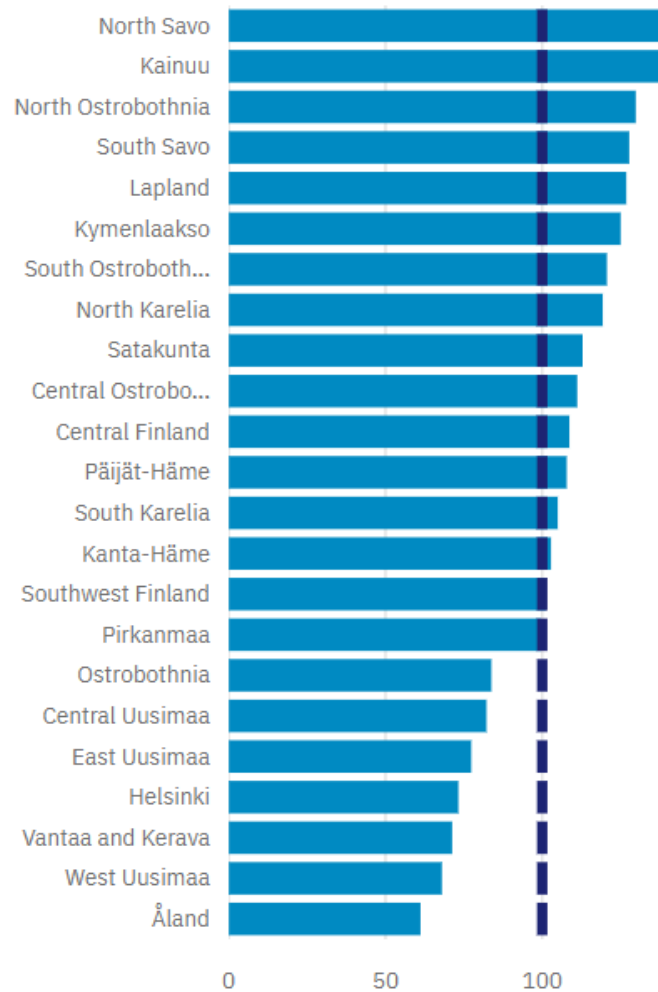
Three
benefits granted on
the basis of work
disability



Subindices of Work disability

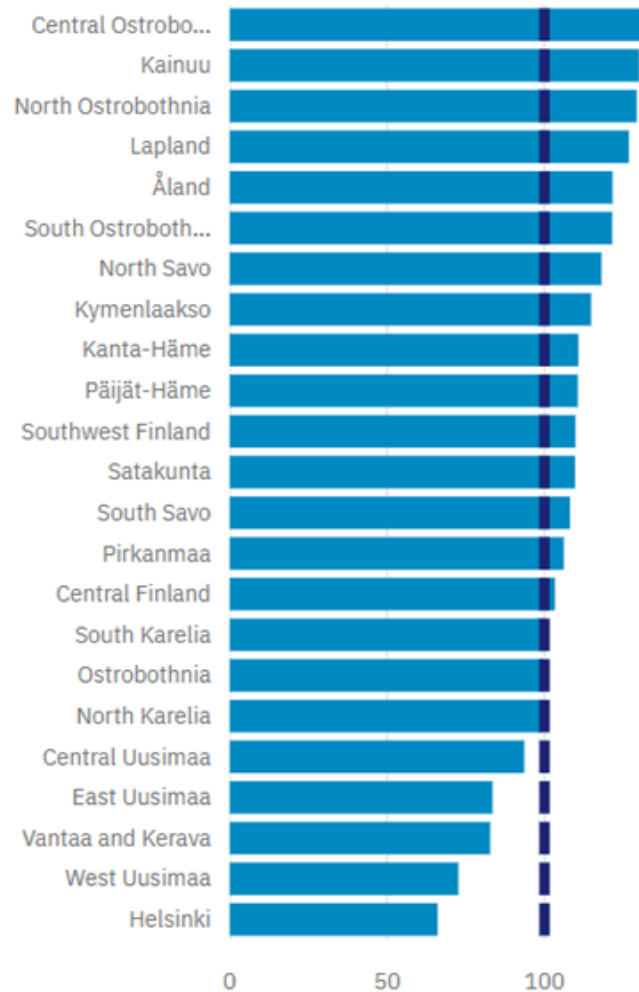
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Work disability pensions



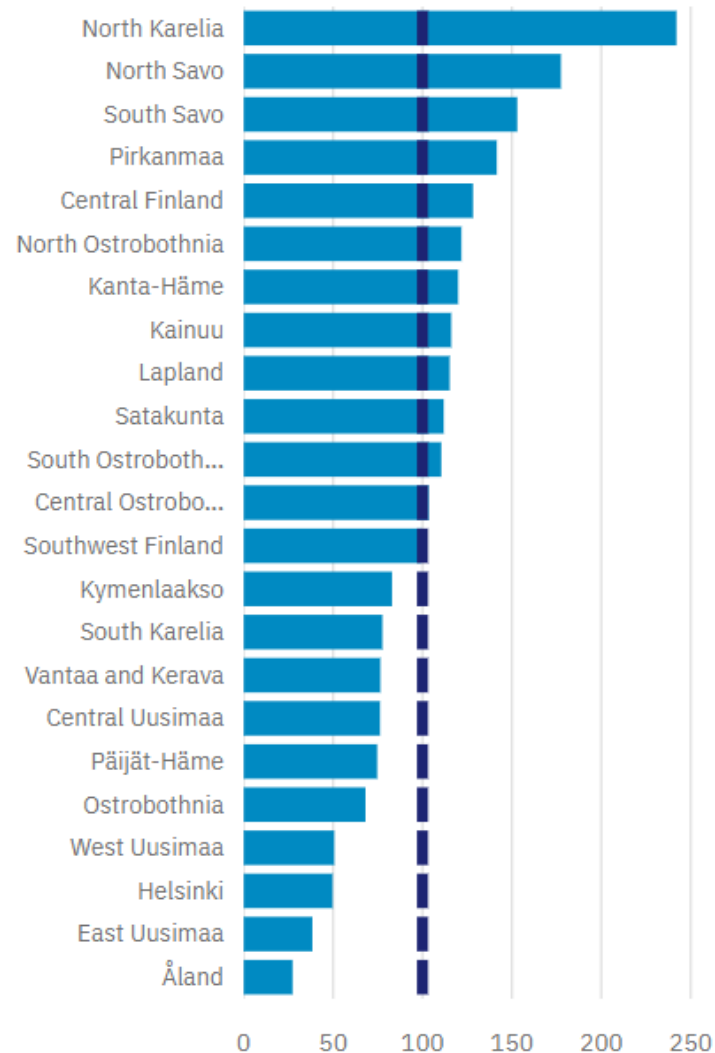
- Describes the proportion of persons receiving disability pension or partial disability pension in the population of the area compared to the corresponding proportion in the whole country
- The proportion of persons receiving disability pension is the largest in Kainuu, North Savo and North Ostrobothnia, and the smallest in the wellbeing services counties of West Uusimaa and Vantaa and Kerava.

Sickness allowances



- Describes the proportion of persons with a sickness allowance period of more than three months compared to the whole country
- Receiving sickness allowance is most common in Central Ostrobothnia, Kainuu and North Ostrobothnia, and least common in Helsinki and the wellbeing services counties of West Uusimaa and Vantaa and Kerava

Vocational rehabilitation



- Describes the proportion of persons who have received a positive decision on vocational rehabilitation compared to the whole country.
- The share of those granted a positive decision on vocational rehabilitation is the highest in North Karelia, North Savo and South Savo and the lowest in East Uusimaa and Helsinki.

National Health Index covers several kinds of data

- The data bring together information on the population's health, functional capacity and work ability more widely than before.
- The healthiest Finns live in Ostrobothnia, in the wellbeing services counties of Uusimaa and in Helsinki, and the unhealthiest in North Savo and North Karelia.
- The greatest disease group-specific differences are observed in the prevalence of alcohol-related diseases, coronary disease, musculoskeletal disorders and severe mental health disorders.
- Work disability is most common in Kainuu, North Savo and North Ostrobothnia, and least common in West Uusimaa, Helsinki and the wellbeing services county of Vantaa and Kerava compared to the whole county.

Why are there differences between the counties?

- There are many factors contributing to the differences.
- Lifestyle (e.g., smoking, alcohol use, physical activity and dietary habits) have an impact, but lifestyle itself is affected by many things.
- Unemployment, financial situation and education are reflected in the health and functional capacity of the population.
- The functioning of health and social services as well as cultural and genetic factors also play a role.

What limitations should be taken into account in the data?

- A well-functioning healthcare system may also be visible as a higher level of morbidity when diseases are screened, diagnosed and treated efficiently.
- Similarly, work disability is also affected by the availability of health services, which depends on factors such as the coverage and extent of occupational healthcare services.
- In morbidity, the comparability of the data is also affected by how comprehensively information on the reasons for service use is recorded and how it is transferred from the patient information systems to the national Care Register for Health Care.
- In the 2019–2021 data, it is not possible to assess the impacts of the COVID-19 epidemic.



Data for planning and evaluating the need for services and benefits in the wellbeing services counties and the measures promoting the well-being, work ability and functional capacity of the population in the county



We would like to thank the large number of experts who have participated in the development of the National Health Index!

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