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From survey to action – expectations of the public health service with regard to the German Health Interview and Examination Survey for Adults (DEGS)

"Scientific engagement in the relation between social and health inequality must not remain 'art for art's sake'. It must be measured by whether or not it contributes towards the development of measures with which health inequality can be reduced (including the redistribution of the resources necessary for this purpose)."

Andreas Mielck, Social Epidemiologist; Christian Janßen, Professor for Prevention and Health Promotion

Dear Readers,

The build-up of a systematic health reporting system should be understood as the start of a continuous process from science to health policy planning and ultimately to implementation within society. As far back as 1987, the Advisory Council for Concerted Action in Health Care called for an improvement of the data basis for health policy actions in Germany. This demand was met on the national government level in 1998 with the first health report for Germany, followed by periodical bulletins and data collection by means of surveys.

Surveys are an essential instrument for closing data gaps which are not filled by the execution of business or by regular statistics. Whereas the data from official statistics or the execution of business are not collected primarily for the purpose of health reporting, which means that they often only permit limited statements,

surveys such as KIGGS and DEGS provide the opportunity of collecting health data specifically on the basis of hypotheses. Having said that, surveys only permit statements on the prevalence and incidence of diseases on a national or (with restrictions) regional level. Despite this fact, how can surveys support the public health service on a community level in its legally assigned fields of duties of health reporting and disease prevention?

The task of prevention "Art 1: The public health service authorities must promote and protect the health of the general public" (Art. 1 NGÖGD – Lower Saxony Law on Public Health Service) and "The district administrations and independent municipalities must provide, support and coordinate preventive and health promotional measures..." (Art. 4 Para. 1 NGÖGD), as well as the goal of health reporting: "Health reporting serves the purpose of planning and implementing measures which promote health and prevent disease" (Art. 8 Para. 1 NGÖGD), are clearly defined for the public health service in the state of Lower Saxony, for example, and also require the action associated with them. Health reporting is also established in the meantime in all health service laws on the federal state level, which are usually comparable with the Lower Saxony Law on Public Health Service (NGÖGD) of March 2006: "The district administrations and independent municipalities must observe, describe and assess the health con-

ditions of their respective populations, in particular health risks, the state of health and health behaviour. To this end, they must collect non-personal, anonymised data, evaluate them in line with epidemiological aspects and compile them into specialised reports (community health reporting)" (Art. 8 Para. 2 NGÖGD).

This, however, does not define the frequency, extent or the content of the reports in more detail. While offering a degree of structuring leeway on the one hand, this has the effect on the other that with resources becoming ever more scarce, a continuous and scientifically accompanied health reporting system structured along the lines of a "public health action cycle" cannot be provided, even though it would make good sense to implement one on a continuous basis.

With the knowledge that target group-specific prevention should take place above all in a neighbourhood setting, surveys cannot usually dispense with the need for supplementary, small-scale analyses and censuses. However they can show where it is worthwhile to collect data and they can motivate politicians on all levels to deal with relevant issues. Surveys also provide both orientation (i.e. identifying the issues which are of current and future relevance to the health of the population) and reference values as a basis for comparison and evaluation.

Surveys also develop methodical specifications and standards for testing

and documentation in analyses and censuses on the community level. Examples of this are questions for recording health-related quality of life and gathering information on a person's socioeconomic status or migration background. Standards of this kind could—on a voluntary basis—be introduced to community surveys such as school enrolment questionnaires. This would enable the comparability of these items—not for the entire country, but at least on a supraregional level. As the methodical development of this kind with the quality management required to do so cannot usually be performed by community health services, the surveys will also play an important role in this respect in future.

In this way, surveys provide the public health service with more knowledge regarding its legally prescribed tasks of health reporting and the prevention of disease through the provision of reference values, the quality-based preparation of methods and the identification of possible areas of intervention. By doing so, they provide important support for specific and promising prevention programmes on the community level. Improvement potential still exists in more effective cooperation and networking in health reporting and disease prevention on a national, regional and community level. If health reporting on community level can be integrated more strongly into a continuous, supraregional, quality-orientated process, a “top-down” acquisition of findings and methods can no longer be the sole result of surveys but also a “bottom-up” system of community-relevant health problems and issues.

Yours,



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