

English version of "Monitoring und kein Ende: Nach dem Survey ist vor dem Survey"  
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# Monitoring and no end in sight: after the survey is before the survey

Dear Readers,

It was exactly six years ago that the results of the German Health Interview and Examination Survey for Children and Adolescents (KiGGS) were published in the May/June 2007 issue of the *Bundesgesundheitsblatt* federal health bulletin. With KiGGS we entered uncharted territory in a number of ways. It was not only the first time that a comprehensive and representative picture was provided of the state of health and health behaviour of children and youths living in Germany. What was also new was that we, the staff of the Robert Koch Institute (RKI), conducted the fieldwork for a nationwide health survey ourselves and also handled PR activities, internal quality control, data management and the evaluation strategy. This was hard work and often tested us to the limit. And even though we originally embarked on this complex task primarily in order to save money and to render KiGGS feasible in the first place, this decision subsequently proved to be trend-setting. We gained so many new insights, regularly identified ways of improving the quality of the survey and were able to identify with our study to such an extent that we continued along this path. (The experience we gained was and is in great demand and is frequently put to good use, particularly in the design and creation of the "National Cohort" [1], where it was used within the context of the quality management concept.)

In DEGS, the German Health Interview and Examination Survey for Adults, the health of the resident adult popula-

tion of Germany was surveyed using the same methods as those used in KiGGS. The survey was once again conducted by RKI staff, who by then had far more experience in this area. In many ways, KiGGS drove the trend away from sporadic health surveys towards a plannable system of health monitoring. While KiGGS was still financed with funds obtained in a time-consuming process from third parties (the German health, education and research, environment and interior ministries), it was already possible to finance the new DEGS survey of adults conducted in the period from 2008–2011 from the RKI "health monitoring" fund set up by the German Health Ministry in 2007. This funding is made available every year and permits far more effective planning, organisation and utilisation of health surveys of this magnitude. In terms of content and concept, RKI health monitoring [2] is aligned with the remit of the Robert Koch Institute and its responsibility for health reporting. But this would not have been sufficient had it not been for the existence of the "RKI 2010" programme [3], within the framework of which the Robert Koch Institute was reorganised as a national public health institute and also given an additional staffing budget. The core content of this programme also included health monitoring. This enabled us to realise our vision of well-organised fieldwork, professional data management, our own central epidemiological laboratory, an established system of quality management, independent resource planning and distributed responsibility. Against this backdrop, DEGS

was the acid test for whether we can integrate our own surveys with high quality standards in the day-to-day scientific work of RKI without paralysing all other activities and without compromising scientific standards and our in-house research operations. The extent to which we have achieved this goal is a question that must be answered by external observers, including yourselves as readers. For our part, we have done our best to ensure that our results have been prepared and used in a way that is tailored to the information needs of the relevant target group:

The study protocol of DEGS was published internationally in advance [4]. The so-called "Participant Brochure" [5] used to provide our survey participants with initial results in an easy-to-understand format and to thank them for their support was sent to all participants back at the end of 2012. In mid-2012, we staged a public symposium on the initial results of DEGS. The figures announced there on the prevalence of obesity, the increased frequency of diabetes and psychological health (also published in the *Bundesgesundheitsblatt* health bulletin [6]) have since been so frequently cited by the media as well as health policy decision-makers and the scientific community that they have almost become common knowledge. This underlines the interest in our findings but also their explosive character. You can find the detailed evaluations on these issues and on the entire spectrum of DEGS in this volume.

An additional aspect that makes these results so exciting is the comparability of DEGS as a representative cross-sectional

study with the German National Health Interview and Examination Survey 1998 (GNHIES98). The question of where health trends in Germany are heading is of particular significance in connection with the process of demographic change. Our findings on the development of risk factors like overweight, obesity, smoking, alcohol consumption and physical activity send both positive signals and warnings and can serve as a basis for evidence-based prevention strategies.

The possibilities for evaluation of the DEGS data are by no means exhausted by this double issue. As we succeeded in persuading over half of the participants from the German National Health Interview and Examination Survey 1998 to take part in the new survey, we will also be able to analyse individual long-term trends. The availability of the DEGS data in the form of a public use file will also help to ensure that this comprehensive database can be evaluated in such a way that the funding provided for the survey pays dividends in every respect.

There is at least one other area in which we want to match the performance of KiGGS as well as we can: the results of the health survey of children and adolescents generated so much interest that this boosted the impact and importance of the *Bundesgesundheitsblatt*. We hope that this survey will do the same, and we have been given all the support we need by the *Bundesgesundheitsblatt* editorial team and the publisher.

As we see the target group for our findings in the field of health policy, public health, health care, prevention, health promotion and health objectives, the *Bundesgesundheitsblatt* bulletin is the best means of reaching these addressees. Our findings are also of international scientific interest, however, and we are therefore grateful to the publisher for the opportunity to publish our results in English parallel to this German-language publication (you can find the English-language information at [www.bundesgesundheitsblatt.de](http://www.bundesgesundheitsblatt.de)).

A note for those of you who are also interested in KiGGS and its continuation: a repeat interview survey of our KiGGS participants was completed last year. A new KiGGS examination survey is cur-

rently in the pre-testing phase and will be started by the RKI before the end of the year. We will of course also publish the findings of these studies in a timely and targeted manner. Our thanks to RKI Health Monitoring and all its supporters.

Yours,  
Bärbel-Maria Kurth

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