

European public health reports between expectations and reality

Birgit Cornelius-Taylor, Helmut Brand

Institute of Public Health NRW (lögD), Bielefeld, Germany

Correspondence to: Birgit Cornelius-Taylor, Institute of Public Health NRW (lögD), Westerfeldstr. 35-37, D-33611 Bielefeld. E-mail: birgit.cornelius-taylor@loegd.nrw.de

Abstract

Despite the great variety of regional and national health reports that have been drawn up in the European Region, authors and users demand that health reports should be conceived as an instrument for health policy.

Under the research project “Evaluation of national and regional health reports (Eva PHR)” within the Health Monitoring Programme of the European Union, the policy impact of health reports drawn up in 19 European countries has been analysed with the objective of identifying best practice models. Modelled on an agreed list of criteria, regional and national health reports were analysed with regard to their contents, structure and political relevance. Simultaneously, a qualitative analysis of semi-structured interviews held with policy makers (politicians, decision-makers in administration and stakeholders) on the experiences, ideas and expectations they have with regard to health reporting was carried out.

The presently prevailing practice of descriptive health reporting is characterised by a great heterogeneity among all received reports and by a discrepancy between the expectations of policy makers and actual health reporting. Whereas most health reports in Europe focus on covering the widest possible range of issues and on presenting existing data and indicators accordingly, most decision makers attach considerable importance to linking epidemiology with information about health care provision, financing and evaluation of programmes and activities.

To increase the policy relevance of public health reporting, authors should work in close collaboration with policy makers and consider different kinds of products with differing forms and content. Furthermore, the development of methodical instruments for routine policy oriented health reporting could close the current gap between the perceptions of authors and users.

Key words: Eva PHR, health reporting

Introduction

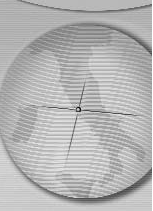
Throughout the European Union, the provision of health information to different users has changed immensely in the last years. Much effort has been put into the compilation of data and the development of health indicators. Technological advances have made it possible to present information on the Internet, and increasing analytical skills have allowed sophisticated analysis of different health issues. However, health reporting is still an area under discussion amongst health professionals as authors of local, regional and national health reports. Most of the questions raised are dealing with the impact of health reporting on health policy formulation and health services provision.

The furnishing of information about the health of a population is a prerequisite for the effective performance of the health development policy cycle. The formulation of new policies, the development of new strategies and the implementation of actions and programmes require an information system which is clearly

addressed to decision makers at each level of a health system, e.g. politicians, policy makers, managers, health care providers and medical staff. In this respect, health reporting has the task to contribute to evidence-based health policy,[1] and should be seen as “... a system of different products and measures aiming at creating knowledge and awareness of important Public Health problems and their determinants (in different population groups) among policy makers and others involved in organisations that can influence the health of a population”.[2]

However, even though authors and users alike agree that health reports should be a policy oriented tool for decision-making and thus should consider health care and effectiveness information to increase their practical relevance, a large number of producers of health reports still feel an uncertainty of how “good” health reports should look.[3]

With this aspect in mind the Institute of Public Health North-Rhine Westphalia (lögD), Germany carried out an EU funded project called



“Evaluation of National and Regional Public Health Reports (Eva PHR)”.[4] Against the background of improving health reporting in Europe, the aim of the Eva PHR project was to find out how health reports are written and presented to policy makers, and to identify best practice models at the regional and national level taking into account how well the needs of policy makers are met.

Methodology

Collection of regional and national public health reports

According to the above-mentioned definition by Rosén,[2] health reporting cannot be reduced to just one product such as a single written health report. Yet, in most European countries and regions it is common practice to publish information about the population's health only in the form of reports, albeit in different kinds of format, shape and content. Therefore about 130 national and regional health reports were collected from EU Member States plus Norway and the accession countries Czech Republic, Hungary, and Poland. In order to distinguish between regional and local health reports, for all European countries the regions were defined as the territorial body of public law established at the level immediately below that of the state and endowed with political self-government.

The collected national and regional public health reports were entered into a database (www.eva-phr.nrw.de), which is maintained and updated on a regular basis to support the exchange of experiences among authors and users of health reports.

Not all of the different reports received could be considered as a “health report”, as quite a lot of them dealt with health issues, but not necessarily with the population's health status. In order to get a comparable basic study sample for the identification of best practice models of health reporting, a list of exclusion criteria was defined according to the following definition of health reporting:[5] “Health reporting is the description of the state of affairs and identification of areas with priority need for action with regard to the health status and health care provision of population groups. For this purpose health reporting uses health-related data and information, evaluates them with regard to their relevance, analyses them based on scientific methodology and presents them in a compact and user-oriented way. Health reporting is aimed at repeatability and comparability”.

As a result of the exclusion process, total of 20

national and 37 regional health reports were described and analysed.

Developing a framework for description and analysis of public health reports

To develop criteria to analyse the collected health reports a literature review was carried out on how to develop an effective health reporting system in general and how to write health reports in particular.

A number of aspects of health reporting recurred in the majority of the reviewed literature and could therefore be considered as essential elements of current practices of processing health information towards products subsumed under the term “health report”. At the workshop “Health Reporting in the EU” organised by the RIVM in Bilthoven, Netherlands, in 1998,[3] authors and users of health reports elaborated a number of characteristics for health reporting, which could be related to the purpose and process of health reporting. These so-called key-features and all other frequently mentioned core elements for “good” health reporting were used as basis for the development of a descriptive methodology for the evaluation of health reports. Taking into account that effective health reporting should support the decision making process of health policy makers,[6-12] seven main aspects of health reporting were identified, along with a number of different criteria, 62 in total, which described each of the seven aspects:

- 1.integrative approach: interrelation of different health issues, connection between different data sets, effectiveness information, etc;
- 2.prospective approach: identification of trends, health targets and future aspects, trend extrapolations, demographic projections, etc;
- 3.policy orientation: collaboration with ministry, support of health policy, information related to political agenda, etc;
- 4.data: quality, comparability, validity;
- 5.comprehensiveness: coverage of different health issues (demography, prevention determinants, health services, etc);
- 6.structure: presentation of information arrangements towards target group, periodicity, etc;
- 7.conceptual approach: development of concept in contrast to data-driven, recognisable story line, coherent presentation, etc.

In order to conduct a descriptive analysis of health reports a weighting system was developed, pilot tested and peer reviewed by a professional audience.[13,14] It allowed a quantitative

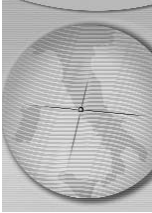
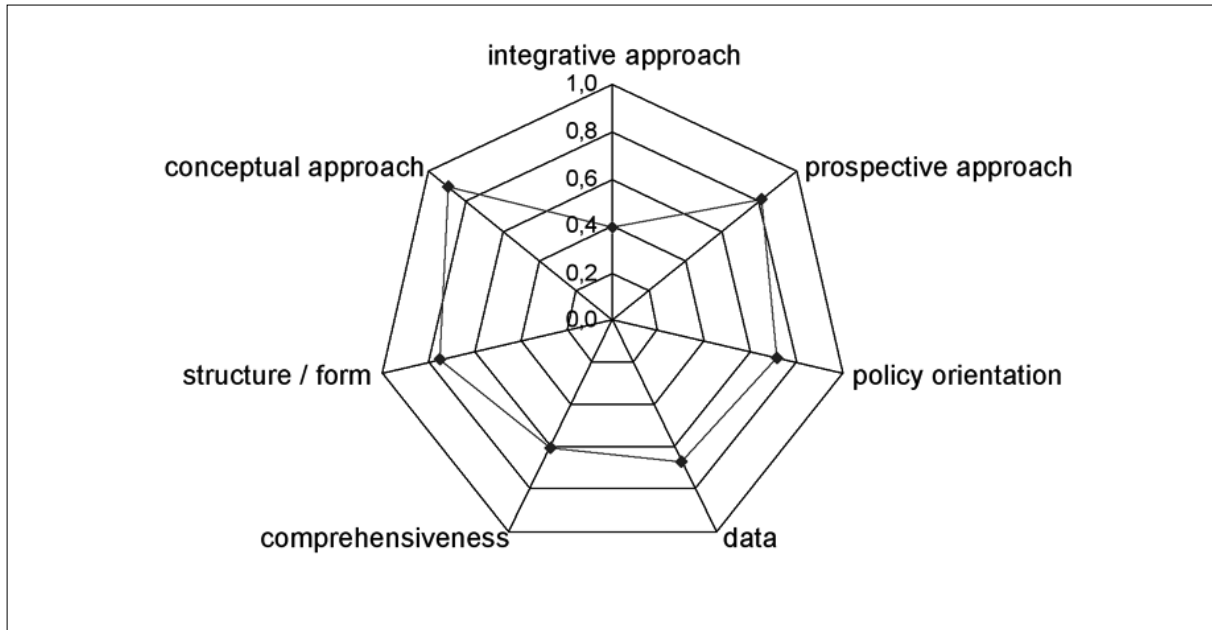


Figure 1. An example of a health report profile in the form of a spider diagram

“ideal” health report. An



assessment of the contents and use of data in health reports as well as a qualitative evaluation of aspects such as policy orientation and conceptual approach.

The items were measured in five steps between not there at all (= 0) and extensively dealt with (= 4) and divided by the number of items for each aspect. As result, the different aspects could be valued between 0 and 1, with 0 meaning that this aspect was not present or taken into account at all, and 1 meaning that it represented a major characteristic of the report.

The results were presented in form of a spider diagram with the seven aspects as axis, each of them independent of the others (Figure 1).

Interviews with policy makers

For health reports to have a real impact on health policy they should be used effectively by decision makers in parliament, council and administration[3] and thus should meet the information needs of the users. The chosen way to discover the effectiveness of health reports was to contact the envisaged users in health policy and to find out about their demands on and opinions about health reporting.

A semi-structured interview was designed as a guideline for conducting face-to-face interviews in the Netherlands, United Kingdom, Spain and Germany. It was divided into two parts: in the first part the policy makers were asked about their knowledge and thoughts about their respective health reports. In the second part, the interview concentrated on individual requirements of an

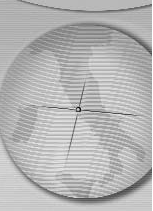
additional short questionnaire was used to gain information about the importance of different health issues.

The responses were compiled and categorised in line with the format used for the evaluation of the public health reports and were related to the seven aspects, for instance if someone would like to see trend models in future reports this was related to the prospective approach.

Results

Compared to the number of publications in other public health fields, the scientific literature on health reporting, health monitoring and health information seems to be rather scarce. Most of what was published in the last 10-15 years either dealt with data collection methods and the exchange of data or discussed the content of specific health reports. Few attempts were made to improve the process of health reporting as a whole and the method of writing health reports in particular.

In the last 15 years most of the European countries have intensified the development of their health reporting systems. Also on the international level, the European Commission, the World Health Organization (WHO) and the Organization for Economic Cooperation (OECD) put considerable effort into improving the collection of health data and the publication of comparative health report. Yet, the need to improve health reporting with respect to its relevance for policy formulation and decision-making is still a subject of discussions amongst health professionals all across Europe.[7]



Variety of health reports in Europe

There is a huge variety of different ways in which health reporting is conceived throughout Europe. In fact, some reports are not more than a list of indicators, whereas others give comprehensive information about health status, demographic factors, health determinants and health care, using census data, mortality statistics, and information drawn from national health interview surveys.

A number of health reports also provide information on trends and assessments of future developments and their likely impact on health care.

The design and purpose ranges from purely statistical documents to comprehensive reports consisting of several volumes, from scientific reports for teaching purposes to policy documents emphasising health policy implications and health targets.

The potential users include health care professionals, public health lecturers and students, administrators and policy makers, the media and the general public.

Also the style and format varies extremely: from

XXL (Din A3) versions to very small booklets (Din A6), loose colourful pictures or single sheets put together in folders, ring binders with loose pages as regular updates on easily accessible data, web sites, brochures, leaflets, calendars, videos, and mouse pads for the public.

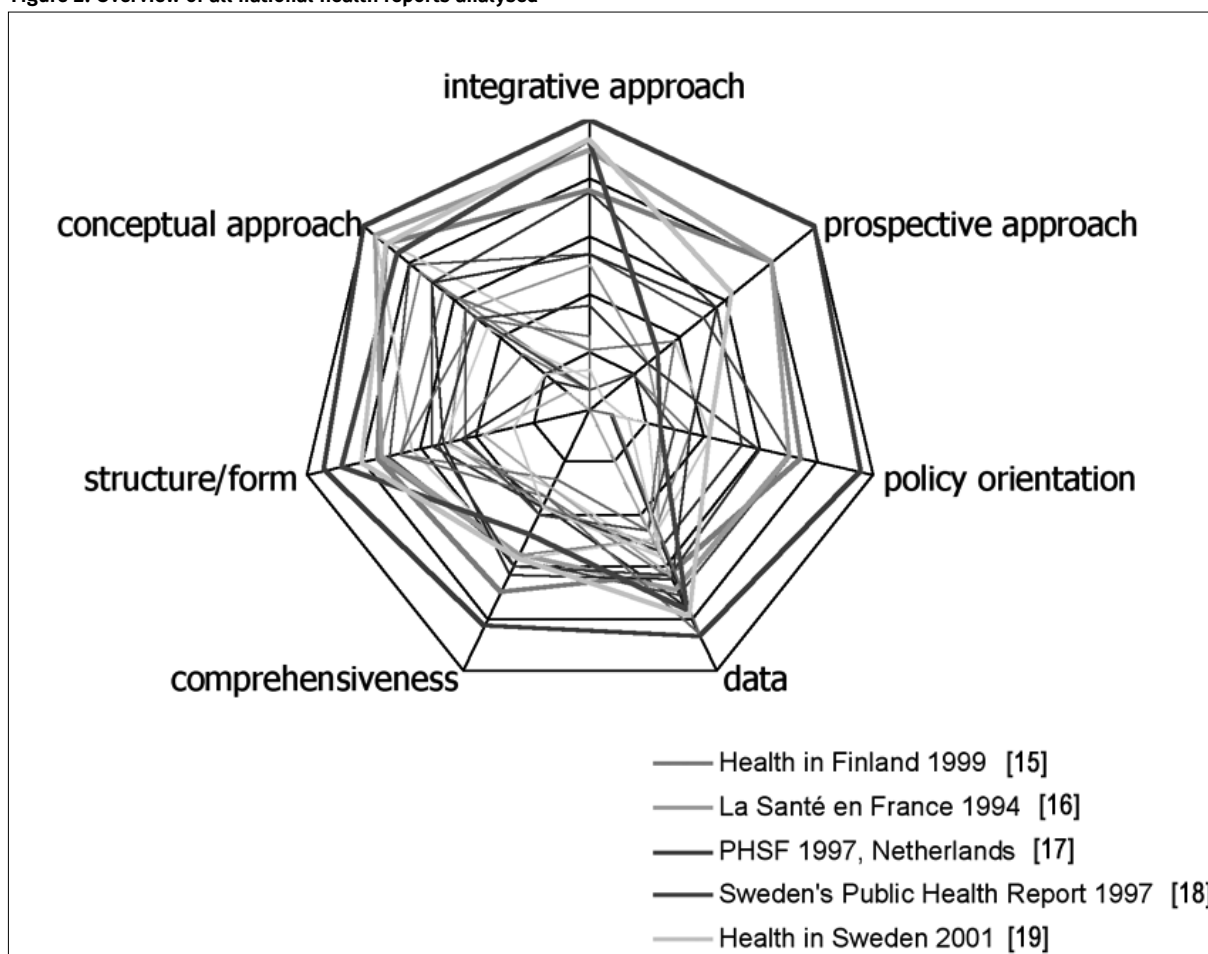
Some reports consisted of several volumes and others were written in two or three languages.

This diversity could also be seen in the spider diagrams. Each report showed a characteristic pattern with strong emphasis on some aspects and a more neglected discourse of others (Figures 2 and 3).

Comparing Figure 2 and 3, there is a much wider diversity in congruence on the national level, whereas on the regional level health reporting seems to be conceived in a more similar way with less emphasis on comprehensiveness and integrative approach.

In order to get an overall picture of the differences between national and regional public health reports the average was calculated for both groups and set against each other in one diagram (Figure 4).

Figure 2. Overview of all national health reports analysed*



* Each of the lines is representing one health report

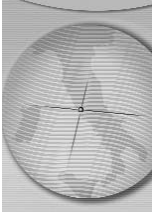
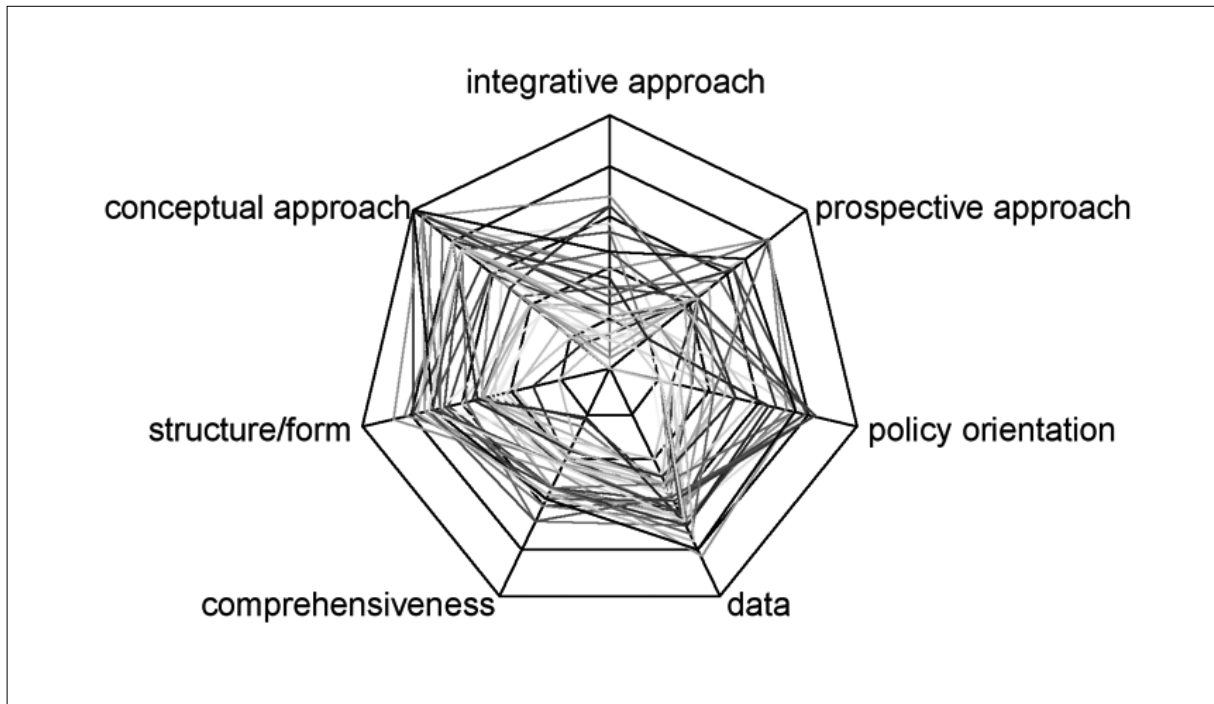


Figure 3. Overview of all regional health reports analysed*



* Each of the lines is representing one health report

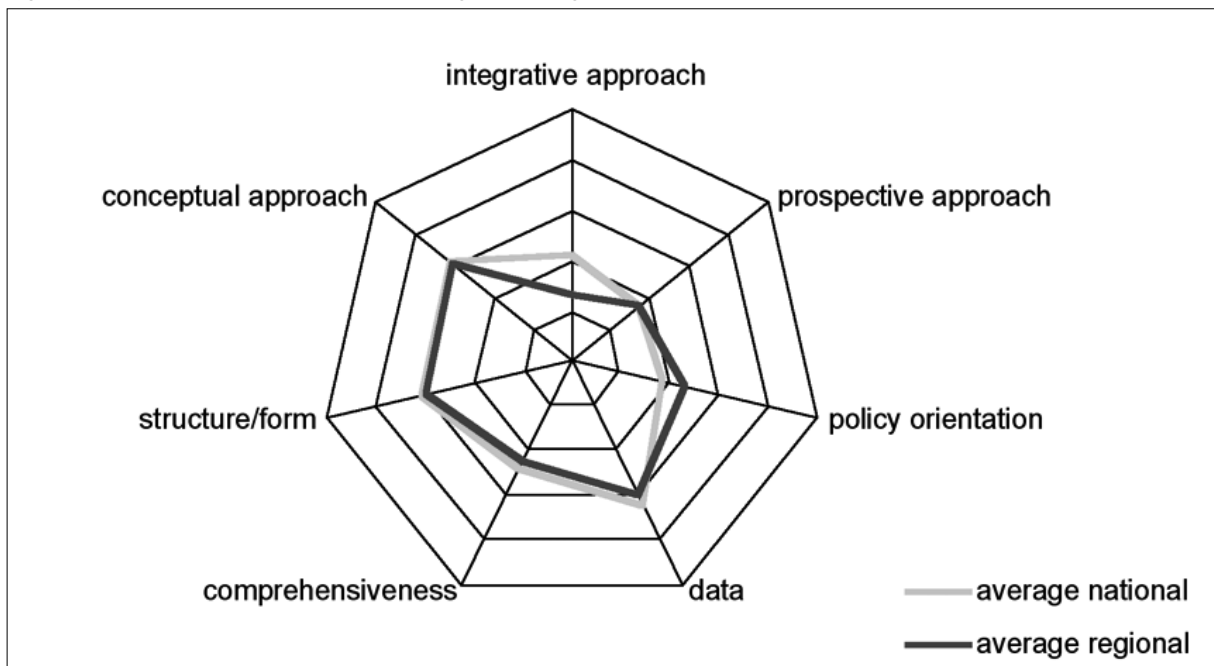
Even though the profiles of the health reports analysed varied greatly - particularly those of the national reports, when the average is calculated five of the seven aspects show similar values. On the national level more effort is made to interrelate different health issues as to strengthen the integrative approach, whereas the orientation towards policy needs seems to play a more

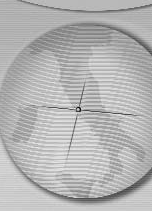
important role for authors of regional health reports. Apparently, the function of health reporting is perceived differently at the national and regional level.

Best Practice Models

The aim of the project was to identify best practice models of health reporting. However,

Figure 4. Difference between the national and regional average





looking at the Figures 2 and 3, this was only possible on the national level. The Dutch national report “Public Health Status and Forecasts 1997: health, prevention and health care in the Netherlands until 2015” [17] turned out to serve as best practice model for most of the seven aspects of health reporting. It was clearly the most comprehensive report in Europe consisting of eight volumes, an English comprehensive summary and a booklet with central messages for policy makers. The information given is consciously tailored to the comprehension of the suggested audience without losing sight of the need for a detailed presentation of different health issues. It provides information on health and determinants tailored to decision-makers to support discussions and develop appropriate actions. It also gives extensive effectiveness information about prevention and health care, discusses future aspects of health and places particular importance on a close collaboration with the Ministry of Health. Therefore it can be used as an outstanding example of how to create a health report that serves the needs of policy makers.

On the regional level it was impossible to pick overall best practice models. For the identification of best practice the seven aspects of health reporting were looked at separately, as best practice could only be considered for individual aspects. Nonetheless, this provides the opportunity for producers of health reports to select an example of best practice for that aspect they wish to improve (Table 1).

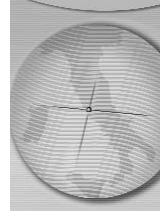
Impact of Health Reports

According to the definition from the Chambers Dictionary [31] “policy makers are persons who develop a course of action based on a declared or respected principle”. Their position can either be elected into parliament as politicians or leading positions in the administration as civil servants. On the other hand, stakeholders in management positions can also have a notable influence on health policy. The knowledge and understanding of public health issues can be considered as broad as the group of people defined as policy makers. This made it quite difficult to identify a comparable group of national and regional policy makers in different European countries to find out about their view of health reporting. However, as the main emphasis of this project was not to concentrate on the policy makers view, but to just record an impression of their needs, it was decided to conduct interviews with decision makers from different backgrounds (parliament, administration and stakeholders) and different countries (the Netherlands, Spain, Germany and the United Kingdom).

When asked about their opinion of health reports in their respective region or country, about half of the interviewees said that they had not read their health report and did not intend to do so in the future, because it would not provide the information they needed. Others felt amused by the question whether they have read their respective health report: for them the report has already been an important and regularly used tool for their decision-making process. Apparently, the answers depend on several different factors: the

Table 1. Best practice of regional public health reports.

| ASPECTS OF HEALTH REPORTING | BEST PRACTICE REGIONAL REPORTS | REFERENCE |
|-----------------------------|--|-----------|
| Integrative approach | - Health in London – 2002 review of the London Health Strategy high-level indicators | 20 |
| Prospective Approach | - Health Plan for Catalonia 1993-1995 | 21 |
| | - Health Plan for Catalonia 1999-2001 | 22 |
| | - Gesundheitsbericht 2000 für die Steiermark | 23 |
| Policy Orientation | - Welsh Health 1998 | 24 |
| | - Health in Wales 2001/2002 | 25 |
| Data | - Health in London – 2002 review of the London Health Strategy high-level indicators | 20 |
| Comprehensiveness | - Relazione sanitaria provinciale – Provincia Autonoma di Bolzano 1999 | 26 |
| | - Relazione sanitaria provinciale – Provincia Autonoma di Bolzano 2000 | 27 |
| | - Welsh Health 1998 | 24 |
| Structure/Form | - Health in London – 2002 review of the London Health Strategy high-level indicators | 20 |
| | - Gesundheit von Frauen und Männern in Nordrhein-Westfalen– Landes-gesundheitsbreicht 2000 | 28 |
| | - Yorkshire and Humber - Health Links 2001 | 30 |
| Conceptual Approach | - Health Plan for Galicia 1998-2001 | 29 |
| | - Yorkshire and Humber - Health Links 2001 | 30 |



political climate in general, the health system in particular, the personal background, and the function and influence of the interviewee.

For future “ideal” health reporting some criteria were addressed very often, others not at all. The integrative approach was very important for policy makers, as they would like to get more analysed information about the effectiveness of health care, prevention and screening programmes. Most of the interviewees complained that current health reports provide a lot of data without appropriate analyses of health facts or cultural, social or political dynamics. On the national level, information that can help to make decisions with respect to health system performance was required. Most interviewees also wanted information about future health developments and clearly defined health targets as support for strategic policy development. The evaluation of the progress of implemented health policy activities was mentioned very often, as was the identification of relevant determinants and possible health threats. Something that was explicitly demanded was that any information should be neutral, independent and objective, in other words: evidence based, and presented with a clear structure.

As a summary it can be extracted that the interviewed policy makers expect:

- a clear presentation of information;
- emphasis on main problems;
- interrelation and analyses of health status, risk factors, care, and costs;
- future trend analyses;

- evaluation of health policy activities;
- neutral, independent and objective information = evidence based information;

Are health reports meeting the needs of policy makers?

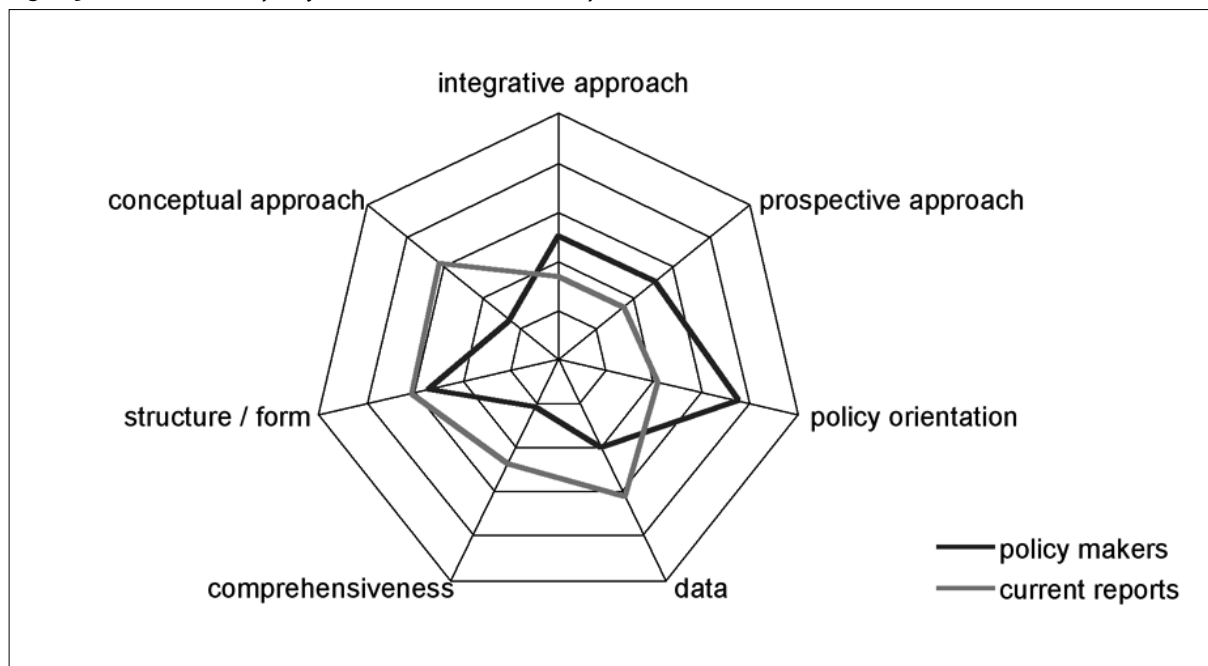
If we compare the demands and expectations of policy makers with the average result for the health reports, it becomes clear that policy orientation, the practice of interrelating different health issues and the analysis of future trends play a more prominent role for policy makers than for health reporters (Figure 5).

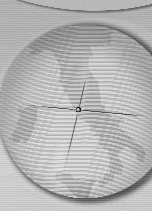
According to the interviewed policy makers, the critical factors for health reporting to become more effective are: the provision of analysed policy relevant information, the identification and evaluation of realistic health targets, and the explanation of observed trends and future scenarios. However, for health reporters to recognise the needs of policy makers they would have to work in close co-operation with the policy makers on their respective level marked by mutual confidence in political and scientific independence.

Discussion

The presently prevailing practice of descriptive health reporting shows, that the majority of health reports are merely based on available data, which is compiled and transformed into various graphics and tables. The result is a description and presentation of this data, which is not meant to give direct answers to questions regarding various

Figure 5. Different views of policy makers and current health reports





aspects of public health, health care or health systems, but show epidemiological options for interpreting the data. However, some health reports are explicitly policy oriented and are based on a clear conceptual model, i.e. a decision has been made as to which aspects of health the focus should be and which questions to answer.

There are also differences between national and regional public health reports with respect to their policy relevance. On the regional level, many health reports include the identification and analysis of health targets and policy options, some are even conceived in a way that involves policy makers in the development of the conceptual framework ensuring the report is tailored as much as possible to the demands of this group of users. National reports appear to be less policy relevant; instead the influence on policy is often attempted through indirect means, e.g. the general public or the media. Information about policy relevant determinants and possible options is recorded in a more restrained way or may not even be mentioned.

As the users of health reports, most policy makers attach considerable importance to linking analysed information on health status and determinants to the provision of health care and finances, to an evaluation of programmes and activities, and to future health trends, whereas most health reports in Europe focus on the widest possible range of issues and on presenting existing data and indicators accordingly. Due to the limited number of policy makers interviewed, it is difficult to make a profound statement about the effectiveness of health reports, i.e. the policy impact of current health reporting practices. Another way to assess the policy impact of health reports could be to record health changes based on the effects of governmental policy making in response to a certain report. However, outcome in terms of health changes could also be the result of indirect influences on health policy through the public, media, scientific experts, political parties or pressure groups.

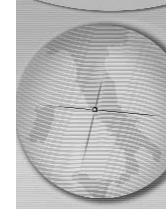
The results of the Eva PHR project show that the policy impact of public health reports is not only a matter of their concept, contents and design. Without considerable amount of resources, it is nearly impossible to serve all expectations of policy makers in just one written report. Therefore, public health reports need to be part of a health reporting system, which provides different products with differing forms and content tailored to different audiences and requests.

Public health reporting also needs to be independent from any political debate. One of the most important demands of policy makers was,

that health reporting should be neutral and objective. This requires information about data sources and references, but also an independent and neutral position of the authors, which does not allow any political influence. Yet, to increase the policy relevance of health reporting, authors should work in close collaboration with policy makers, as the dissemination of information is a process of both transmission and reception.

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