Evaluation of National and Regional Public Health Reports (Eva PHR)

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Final Report

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The Eva PHR project was carried out by a working group under the co-ordination of the Institute of Public Health North Rhine-Westphalia (lögd), Bielefeld, Germany with the financial support of the European Commission under the Health Monitoring Programme.

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1. Summary

In the research project "Evaluation of national and regional health reports" within the Health Monitoring Programme of the European Union national and regional public health reports have been collected and analysed with the objective of identifying best practice models of effective health reporting.

Based on an agreed list of criteria 57 of 132 health reports submitted were analysed using each of the following aspects as measures: comprehensiveness, structure, policy orientation, conceptual approach, integrative approach, prospective approach, and data. A best practice model was identified for each of these areas.
Simultaneously, a qualitative analysis of semi-structured interviews with policy makers on every level was carried out to get an insight into experiences, ideas and expectations of these particular user groups.

The results show that health reporting is characterised by a great heterogeneity with most health reports covering the widest possible range of health issues and presenting all available data and indicators. In contrast to this, policy makers require analysed information about health status and determinants linked to the provision of health care and finances, future health trends and an evaluation of implemented activities.

To improve health reporting in the European Union further, it would be beneficial to put more energy into the development of a common methodology for public health reporting, providing guidelines for international, national, and regional health reporting to increase the attention information on health should achieve.

2. Introduction

In 1997 the European Parliament adopted a programme of Community action on health monitoring within the framework for action in the field of public health. This programme called "Health Monitoring Programme" (HMP) was established by the European Commission to contribute to the establishment of a Community health monitoring system with the objectives:

- to measure health status, its determinants and trends throughout the Community,
- to facilitate the planning, monitoring and evaluation of (Community) programmes and actions,
- and to provide Member States with appropriate health information to make comparisons and support their national health policies.

The activities to reach these objectives were divided into three areas (Pillars A – C):

- Pillar A: establishment of Community health indicators
- Pillar B: development of a Community wide network for sharing health data
- Pillar C: analyses and reporting on health in the European Union

(Programme of Community Action on Health Monitoring, Work Programme 2001)

Between 1997 and 2001 the concept of the HMP was translated into action in form of a number of different projects funded by the Programme.

Prior to and during the HMP a significant amount of work was done to develop health indicators, the exchange of data and the comparison of different health issues at national level. However, during the last years the question of how to write effective health reports, which have an impact on health policy, was raised on various occasions. With this aspect in mind the Institute of Public Health North-Rhine Westphalia (lögd), Germany put forward a project called "Evaluation of National and Regional Public Health Reports" (Eva PHR). As indicated in the title the approach of the Eva PHR project was to analyse health reports and therefore mainly addresses the subject of Pillar C.

3. Project Organisation

3.1. The Project Group

The project group consisted of representatives of the National Institute of Public Health and Environment (RIVM), the Netherlands, the London School of Hygiene and Tropical Medicine (LSH&TM), United Kingdom, the World Health Organization (WHO) Regional Office for Europe, Denmark, and the Institute of Public Health NRW (lögd) Germany.
The team worked together to collate relevant information, define criteria for the analysis of public health reports, conduct interviews with users of public health reports and organise a conference for health report makers and users in February 2003.
The lögd as project applicant was responsible for the co-ordination of the content and administration of the budget, organisation of meetings, design of working documents, and the completion of the final report.

3.2. Project Participants

a) All 15 Member States of the European Union participated in the project, additionally the Czech Republic, Hungary, Norway and Poland as accession countries (at 2001) were also included.

b) All participating regions were members of the Assembly of European Regions (AER) and those which fulfilled the following criteria based on the AER statutes:
   - The region is the territorial body of public law established at the level immediately below that of the state and endowed with political self-government.
   - The region is the expression of a distinct political identity, which may take very different political forms, reflecting the democratic will of each region.
   - The region should have responsibility for all public health functions with a predominantly regional dimension.

3.3. Project Meetings

There have been six project meetings, where the partners discussed the process and course of action of the Eva PHR project. The meetings took place within the framework of other conferences (HMP Co-ordinators meeting, EUPHA conferences) or as visits to the partners in the Netherlands, the UK, and Germany.

4. The Eva PHR Project

4.1. Background

Throughout the European Union the provision of health information to different users has changed rapidly in the last years. A lot of effort has been put into the compilation of data, the development of indicators and new technologies for the analysis and presentation of health data and the evaluation of the effectiveness of health reporting. However, health reporting is a public health subject that is still discussed widely amongst health professionals as authors of local, regional and national health reports. The questions raised are dealing with the impact of health reports as well as of whole health reporting systems.

The objective of the HMP to provide Member States with appropriate health information to make comparisons and to support their national health policies coincides with most definitions of health reporting. One such example, here from Mans Rosen, says that health reporting is "... 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." (Rosén 1998))

The provision of information about the health of a population is a prerequisite for the effective performance of the health development policy cycle. The implementation of actions and programmes, the formulation of new policies and the development of new strategies requires 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"(Stein 2001).

To discuss these questions together with both the users, i.e. health policy makers, and the authors of health reports in the Member States (MS) of the European Union, the workshop "Health Reporting in the European Union" was organised by the RIVM in Bilthoven in 1998. It was agreed among authors and users, that despite the diversity of health reporting practices health reports should be policy oriented and thus be an appropriate tool for policy making on every level: local, regional, and national. However, although policy makers seem to have clearly expressed their appreciation of an integration of health care and effectiveness information into health reports to increase their practical relevance, the producers of health reports still feel an uncertainty of how "good" health reports should look.

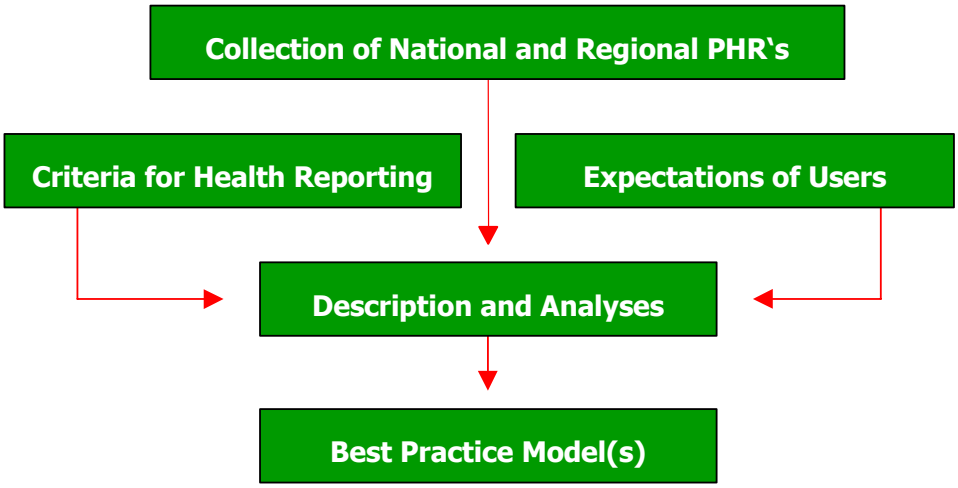
4.2. Concept

Against the background of improving health reporting in Europe so it can play a more significant role within the health policy information cycle, the idea of the Eva PHR project was to find out how health reports to date are written and presented to the audience, i.e. policy makers, and whether it is possible to identify best practice models at the regional and national level. Even though health reporting cannot be reduced to a single product such as a single written health report, in most European countries and regions health reports seem to be the first product to present in different kinds of format, shape and content when information is published about the population's health.
Therefore as many public health reports as possible were to be collected and analysed with respect to content, form, concept, use of data and indicators, relevance and policy impact.

The Eva PHR project was set up in four major steps:

a) in the first phase national and regional health reports were collected,
b) the next step included the identification of criteria for health reporting which could be brought into a format allowing a quantitative assessment of the contents and use of data as well as a qualitative evaluation of the policy impact,
c) in the third phase the expectations of users were explored by conducting semi-structured interviews and short questionnaires,
d) the last step included the analysis of the results of the evaluation of health reports and the interviews and the identification and discussion of best practice models of health reporting.

Concept:



4.3. Objectives

The approach of the Eva PHR project was to start with the given situation in the field of reporting public health issues in form of written reports and to ask the following leading questions:

- How is effective health reporting on different levels in Europe carried out?
- Which data and methodologies are used?
- What can the producers of health reports on different levels in different countries learn from each other?

With these questions in mind the following objectives were formulated:

- to improve the process of health reporting in Europe by analysing national and regional health reports taking into account how well these reports meet the needs of policy makers
- to identify best practice models of effective health reporting at national and regional levels in Europe with respect to criteria as contents, use of data and health indicators, and policy impact,
- to compare national and regional public health reports with the expectations of policy makers,
- to demonstrate the level of influence of health reports on health policy,
- to support the exchange of experiences made by the authors of health reports,
- to support the Health Monitoring Programme (HMP) by setting up a European network of health report makers and users.

5. Project Methodology

5.1 Collection of regional and national public health reports

For the collection of health reports letters were sent to national and regional health ministries, representatives of Commission 5 of the Committee of Regions, members of the Regions for Health Network of the WHO and various regional public health institutes asking for their public health report(s). The response was very moderate and it also became clear that it was essential to not only find a clear definition for a "region" but also to identify the regions in each of the European countries on a sub-national level, as the regions with political self-government immediately below that of the state are extremely diverse and so were the health reports which we received.

The EU project "Health Monitoring in European Regions" (ISARE) had already done a lot of work identifying European regions on a sub-national level. So we decided to take on board the results of this project and use the suggested classification of regions as far as possible. A second letter was sent to all members of the Assembly of Regions and all other European regions as suggested by the ISARE project, not only asking for health report(s) but also for a reply whether or not reports exist. This time the response was much higher: we received about 130 different products.

The collected national and regional public health reports were put together in a database, which could be maintained and updated on a regular basis to support the exchange of experiences among authors and users of health reports.

5.2 Literature review

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

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. However, 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 United Kingdom health reporting has a long tradition, going back to 1662, when John Graunt presented his "Bills of Mortality" to the "Privie Council" of King Charles II (Graunt 1662). At the time this was of course not called a "public health report", but it described demographic trends, patterns of disease and mortality, environmental health problems, social issues and made comparisons between different suburbs of London and therefore covered a wide range of different public health aspects.

In 1848 a Public Health Act established local Medical Officers of Health, who were required to write reports on the state of health of the population they were responsible for. Since then health reports have been produced on a regular basis, although the format and use of the reports have changed extensively (Budden, McKee 2001).

The first person to discuss the impact of annual health reports was Acheson in his report from 1988, followed by Fulop and McKee (1996), Davies (1997), Jacobson (2001) and others, who worked forward to an ongoing challenge of public health reporting in the United Kingdom.

In Germany the first debates of how to write policy oriented health reports started in the mid 80's, about 15 years after the first national health report had been published in 1971. Most of the publications suggested different concepts for health reporting (Schräder et al. 1987, Borgers et al. 1988, Schäfer and Wachtel 1989) and a working group of 11 experts called "Forschungsgruppe Gesundheitsberichterstattung" developed guidelines which included concrete proposals for a number of indicators to cover certain aspects such as demography, health status, risk factors, health services and costs, data sources, concepts for basic and ad-hoc reports, and possible target groups (Forschungsgruppe 1990). However, most of the German publications on health reporting to date are not based on experiences and evaluations of already existing reports but are either theoretical outlines or recommendations about how to overcome the lack of data sources.

About 10 years later most of the European countries have intensified the development of their health reporting systems and on the international level the European Commission, the World Health Organization (WHO) and the Organization for Economic Cooperation (OECD) put a lot of 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 over Europe (Aromaa 1998).

5.3 Developing a framework for description and analysis of public health reports

A number of aspects of health reporting recurred in the majority of the reviewed literature and seem to be seen as essential elements of current practices of processing health information towards products subsumed under the term "health report". Out of these a list of criteria for "good" health reporting was compiled and combined with the key features for health reporting which were elaborated at the RIVM Workshop "Health Reporting in the EU". These characteristics are related to the purpose and process of health reporting, taking into account that effective health reporting should support the decision making process of health policy makers.

The resulting list of criteria contained different items, which were put together under the following seven headings:

- comprehensiveness: coverage of different health issues
- structure: presentation of information
- policy orientation: support of health policy
- conceptual approach: development of concept in contrast to data-driven
- integrative approach: interrelation of different health issues
- prospective approach: identification of trends, health targets and future aspects
- data: quality, comparability, validity

In order to conduct a descriptive analysis of health reports a scoring system was developed and pilot tested with a number of regional and national reports. The result was presented to and peer reviewed by a professional audience at the conference "The German Health Reporting System and Current European Approaches" in November 2001 at the Robert Koch-Institute in Berlin, Germany.
As a main conclusion of the discussions at the Conference it can be summarised that a simple scoring system that sums up all aspects of health reporting would not be appropriate, as it would not distinguish between those aspects which could be measured using a quantitative approach and those which need to be analysed by using qualitative methods. A weighting system that evaluates each aspect separately was proposed as a better solution (RKI 2001). This lead to a revised set of different aspects and criteria with a different kind of weighting system, which allowed a quantitative assessment of the contents and use of data in health reports as well as a qualitative evaluation of aspects such as policy orientation and conceptuality.

However, there was still the question whether the weighting system as it were, would run the risk of an observer bias, as the ranking of each item would very much depend on the perception of the person undertaking the analysis. Therefore several people were asked to analyse the same health reports using the suggested method. The result showed that each person had a slightly different view about each of the 50 items, but the overall picture showed a consistency within every investigator and a similar estimation of all of the seven aspects.
The results of the analysis were presented as "health report profiles" in form of a spider diagram to illustrate the main emphasis of the different reports and to bring to light the differences between national and regional health reports.

5.4 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 (RIVM 1998) and thus they should meet the information needs of the users. But what are the expectations and demands of policy makers and how can the impact of health reports on health policy be measured?
One way the effectiveness of health reports could be assessed is 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.
Another way of discovering the effectiveness of health reports is to contact the envisaged users in health policy and to find out about their demands on and opinions about health reporting.

During the development of the set of criteria for the description and analysis of health reports it became clear that a short questionnaire as originally planned to compare the reports with the expectations of policy makers would not be sufficient to get reliable answers of how policy makers want health reports to look, as a questionnaire would suggest various aspects all of which would be nice to have, but not necessarily what the interviewee's would have answered if asked directly. Therefore a semi-structured interview was designed as a guideline for conducting face-to-face interviews in the Netherlands, United Kingdom, Spain and Germany. Additionally the aim and concept of the project was presented at the 15th meeting of the Assembly of European Regions (AER) Committee B "Health and Social Affairs" in Timisoara, Romania in May 2002 in order to reach some policy makers working at the international level and to involve their experience and ideas of health reporting.

The interview was divided into two parts:
In the first part the policy makers were asked about their knowledge and thoughts about their respective health reports: What did/do you like or dislike? What was missing? Have you quoted parts of it in speeches or statements? Have you discussed it? Do you know of political consequences due to the report?
The second part of the interview concentrated on individual requirements of an "ideal" health report:
What would a perfect health report contain? How should it be formatted? What are the most important topics? Which style is the best?
An additional short questionnaire was used to gain information about the importance of different topics (Annex 2).
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 key features, for instance if someone would like to see trend models in future reports this was related to the prospective approach.

6. Results of the Project

6.1 Variety of health reports in Europe

By December 2002 we received 132 different products, which all had in common that they somehow touched the aspect of health.
However, there is a huge variety of different ways in which health reporting is conceived throughout the European Union:
Some reports are not more than a list of indicators, whereas others gave 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 provided 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 included health care professionals, public health lecturers and students, administrators and policy makers, the media and the general public.
Also the style and format varied 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.

Looking through all the different products, it became clear that not all of them could be considered as a "health report". Quite a lot of the reports dealt with health issues, but not necessarily 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 (Hamburger Projektgruppe 1998):

"*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.*"

Based on this definition all those documents were excluded which:

- were neither national nor regional reports according to the definition of a "region" as mentioned before
- were received after December 2002
- only described unique survey results
- only reported on job activities of health administration staff
- were only a list of data and indicators
- were abbreviations or summaries of reports we did not receive

Some reports consisted of several volumes, others were sent in different languages or as the French regional reports followed exactly the same pattern and content framework. Wherever possible comprehensive reports were preferred to special reports to ensure a maximum of comparability.

Of those received we described and analysed a total of 20 national and 37 regional health reports (Annex 3).

6.2 Is there a difference between national and regional public health reports?

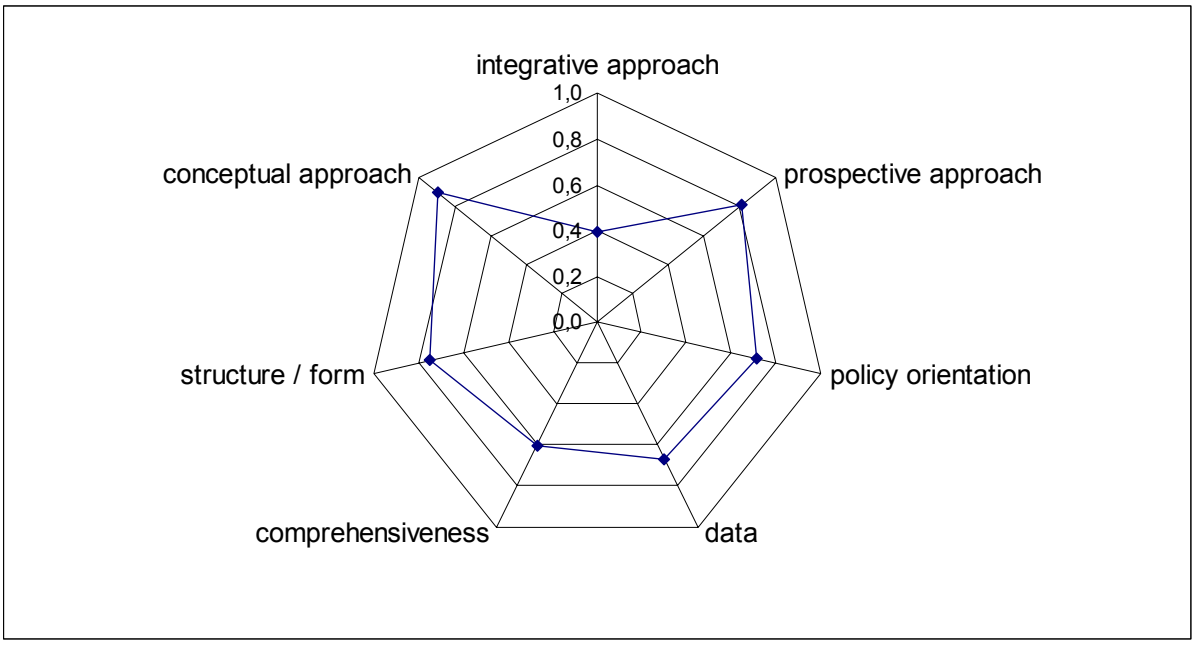
6.2.1 Spider webs

The final list of criteria for the descriptive analysis of public health reports contained 62 different items subdivided into groups which represented seven aspects of health reporting as described above: integrative approach, prospective approach, policy approach, data, comprehensiveness, structure/form, and conceptual approach.

The items were measured in 5 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 can be valued between 0 and 1, with 0 meaning that this aspect is not present or taken into account at all, and 1 meaning that it represents a major characteristic of the report (Annex 1).

The results are presented in form of a spider diagram with the seven aspects as axis (Fig. 1). Even though it might look like some aspects are the opposite of each other this is not the case. Each key feature is independent of the others.

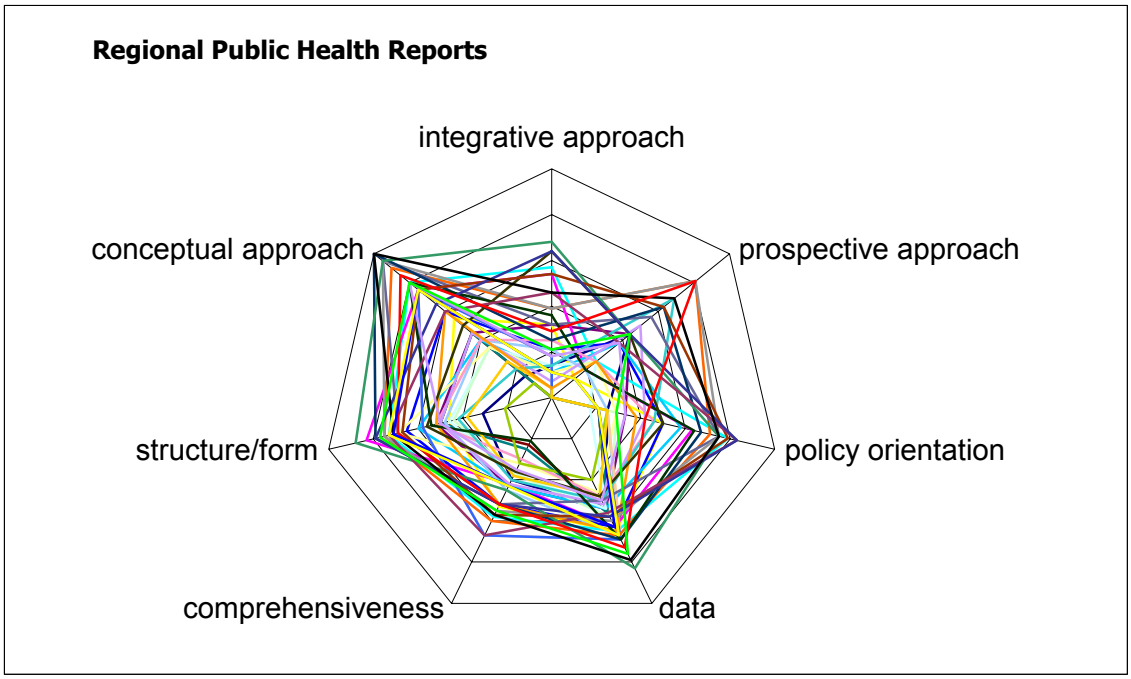
Figure 1: An example of a health report profile in the form of a spider diagram



6.2.2. Diversity

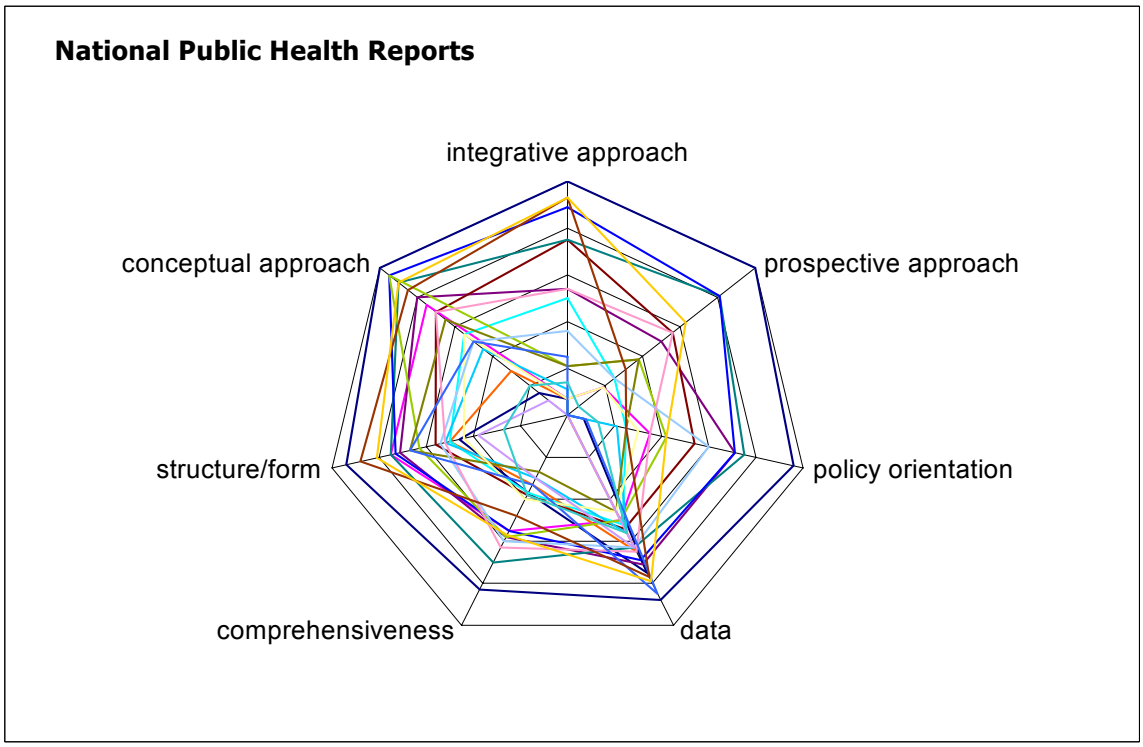
The diversity which was given by the first impression looking at all received reports could be confirmed by the form of the spider diagrams of all analysed public health reports with each report in a different colour (Fig. 2 and 3). The aim of the project was to identify best practice models of health reporting, however apart from one national report, it was impossible to pick overall best practice models, at regional or at national level. Each report showed a characteristic pattern with strong emphasis on some aspects and a more neglected discourse of others (Annex 4).

Figure 2: Overview of all regional health reports analysed



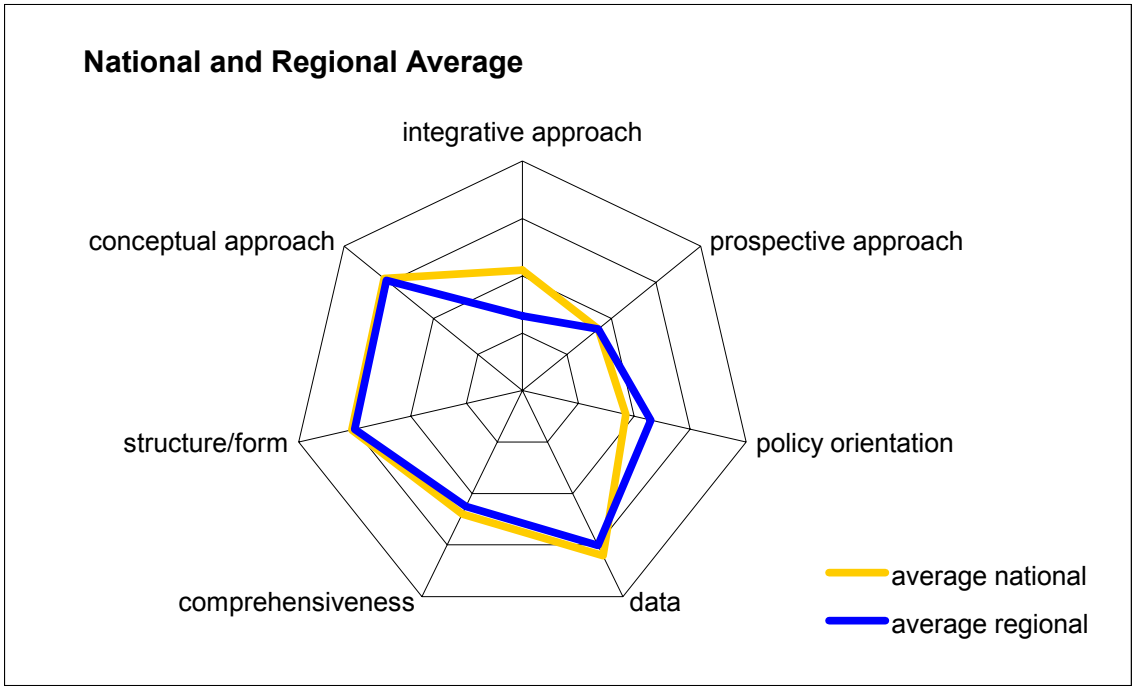
Looking at the differences between national and regional public health reports, there is obviously a much wider diversity on the national level with hardly any clear congruence between them, whereas on the regional level health reporting seems to be conceived in a more similar way with less emphasis on comprehensiveness and integrative approach.

Figure 3: Overview of all national health reports analysed



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 (Fig.4)

Figure 4: Difference between the national and regional average



Despite the first impression given by all reports in the two spider diagrams the average of national and regional reports show that on both levels five out of the seven aspects of health reporting nearly match. 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. Obviously, the function of health reporting is perceived differently at the national and regional level.

6.3 Best Practice Models

Even though the result of the analysis of the different aspects of each health report is presented in one diagram, for the identification of best practice the seven key features had to be looked at separately, as best practice could only be considered for individual key features. Moreover, this provides the opportunity for authors and producers of health reports irrespective of the level of authority to pick an example of best practice for that aspect they wish to improve, as dependant on the purpose of a health report, not all aspects need to be covered in great length.

6.3.1 Integrative approach

Health reporting should not just present statistical data, but also inform about differences and similarities of the population's health. Therefore the collected material should be analysed by using compound health measures (health expectancy, potential years of life lost) and connections between data sets, e.g. health and social or environmental data should be interrelated. The interrelation of different health issues such as health status, determinants, health care and services, costs, and policy helps to identify relevant determinants and policy options and is thus important to reach decision makers on every level.

Criteria for an integrative approach include:

- Interrelation of health status, determinants, care, costs, and policy
- Interrelation of health indicators with social indicators
- Analysis and explanation of differences and similarities in health status
- Connection between data sets
- Effectiveness information (prevention, health care, costs)
- Use of integrative indicators such as Health Expectancy, Disability Adjusted Life Years, Avoidable Mortality, and Potential Years Of Life Lost
- Focussing on disability, quality of life etc.

As best practice for the integrative approach the regional report "Health in London – 2002 review of the London Health Strategy high-level indicators" (UK London HO 2002) and the national report "Public Health Status and Forecasts: health, prevention and health care in the Netherlands until 2015" (Netherlands 1997) both provide information on health and determinants tailored to decision makers to support discussions and develop appropriate actions. The Dutch national report, which consists of 8 volumes, also gives extensive effectiveness information about prevention and health care within two separate volumes (Fig. 5 and 6).

Figure 5: Results for integrative approach from all analysed regional reports

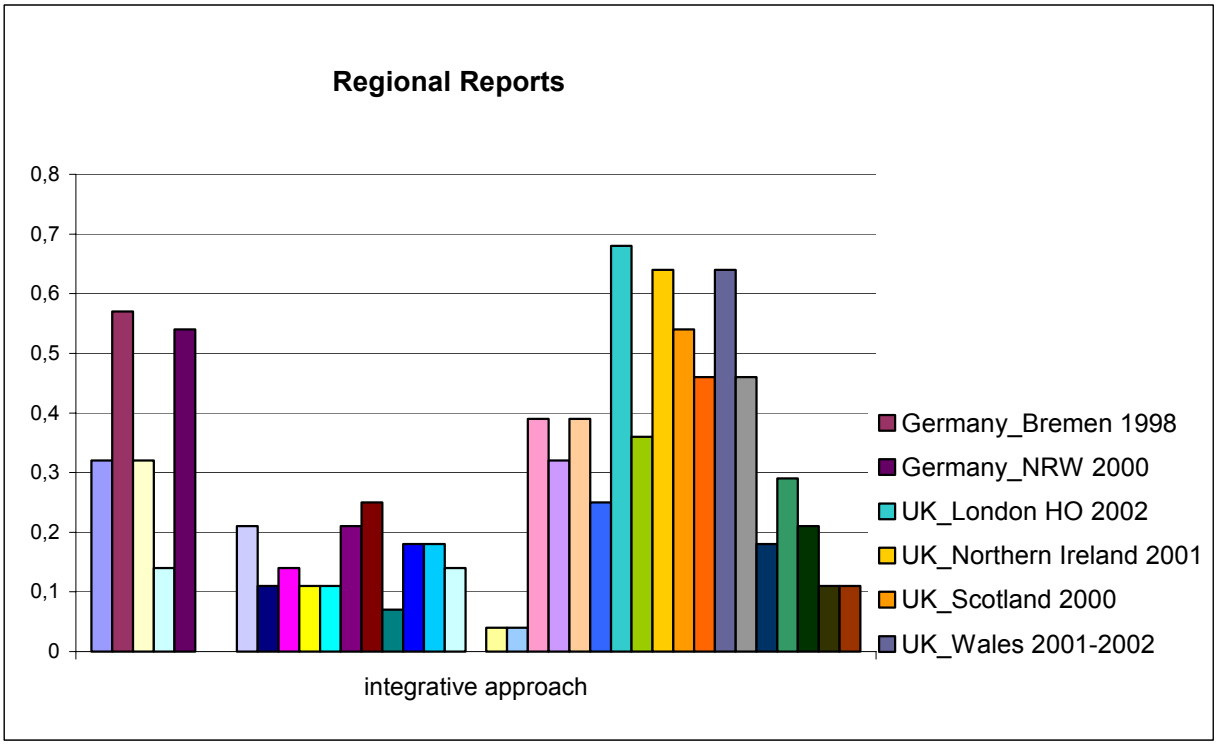
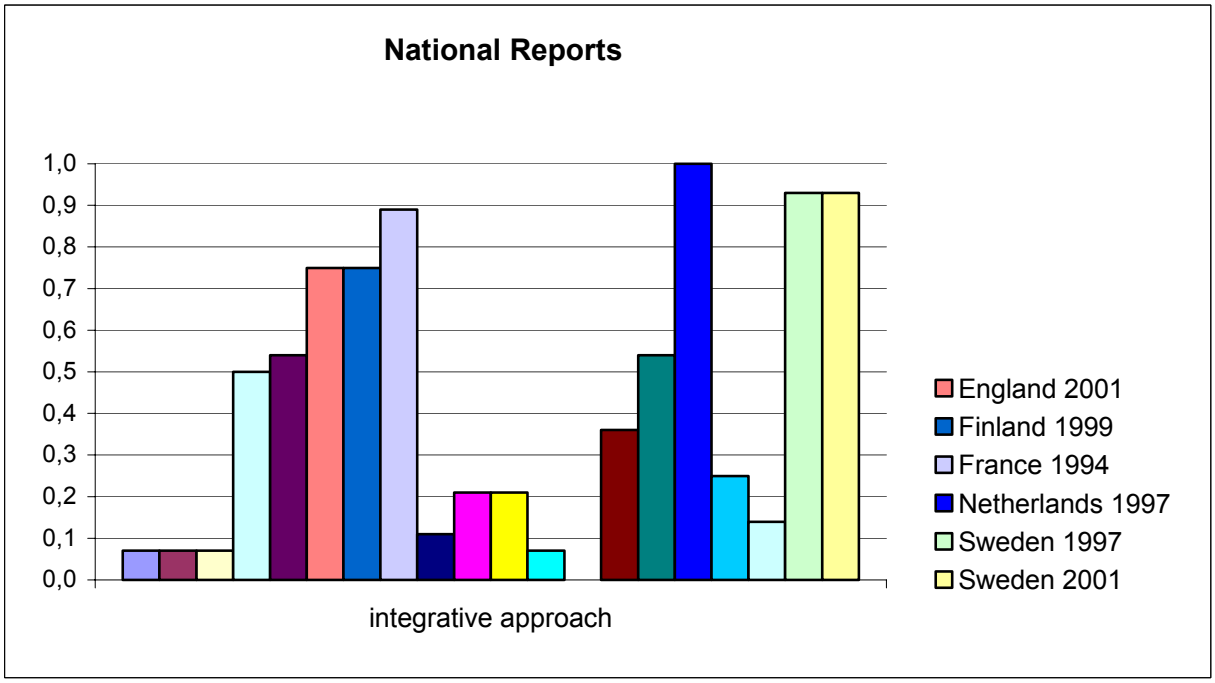


Figure 6: Results for integrative approach from all analysed national reports



6.3.2. Prospective Approach

To increase the policy relevance of health reporting trend models, it is important to use demographic projections and dynamic forecasts to provide information on future developments and thus either warn against upcoming health threats or support the identification of relevant policy options. A prospective approach also includes the identification of realistic health targets, which can be evaluated and used to test possible alternatives, if current programmes get stuck.

Criteria for the prospective approach include:

- Identification of realistic health targets
- Trend extrapolations and models
- Looking towards the future
- Demographic projections based on expected changes in the future sex and age composition of a population
- dynamic forecasts and qualitative analyses

The regional reports "Health Plan for Catalonia 1993-1995" (Spain Catalonia 1993), "Health Plan for Catalonia 1999-2001" (Spain Catalonia 1999) and the Austrian "Gesundheitsbericht 2000 für die Steiermark" (Austria Steiermark 2000) all achieve highest scores for the prospective approach because of their formulation of health targets as well as the attempt to define future interventions and initiatives. At the national level the report "Public Health Status and Forecasts: health, prevention and health care in the Netherlands until 2015" (Netherlands 1997) provides a whole volume on future aspects of health and health care (Fig .7 and 8).

Figure 7: Results for prospective approach from all analysed regional reports

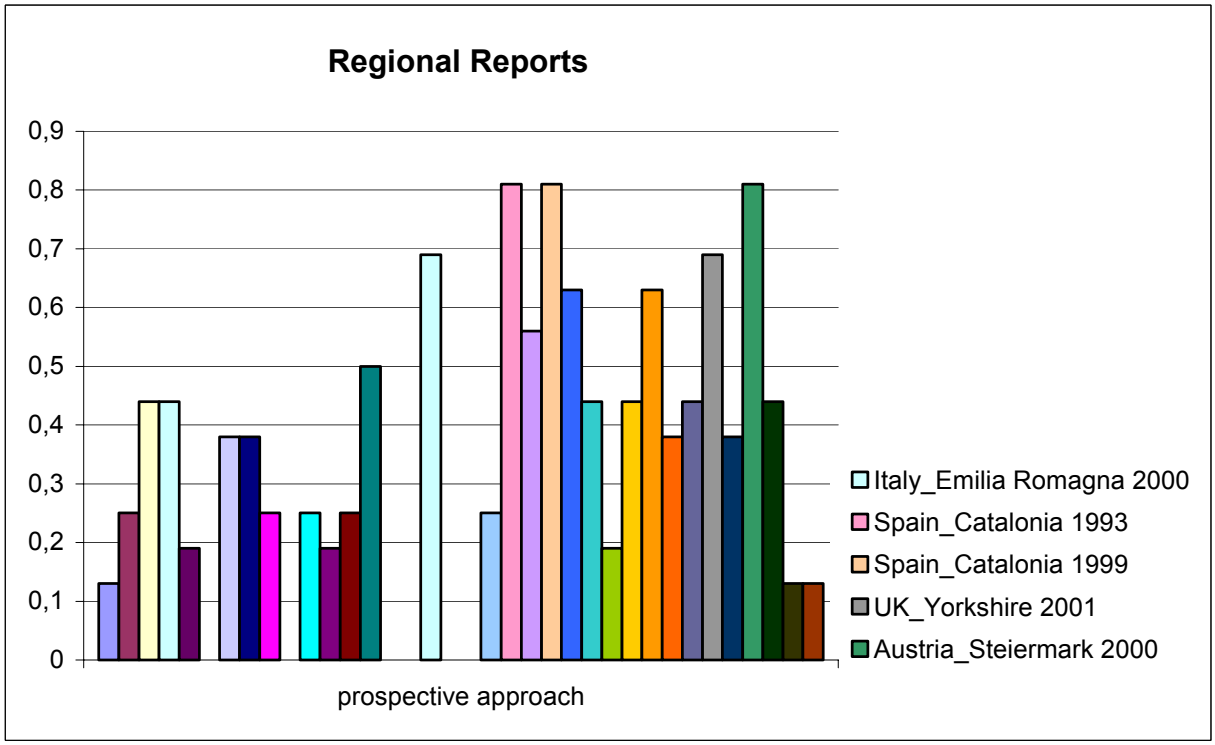
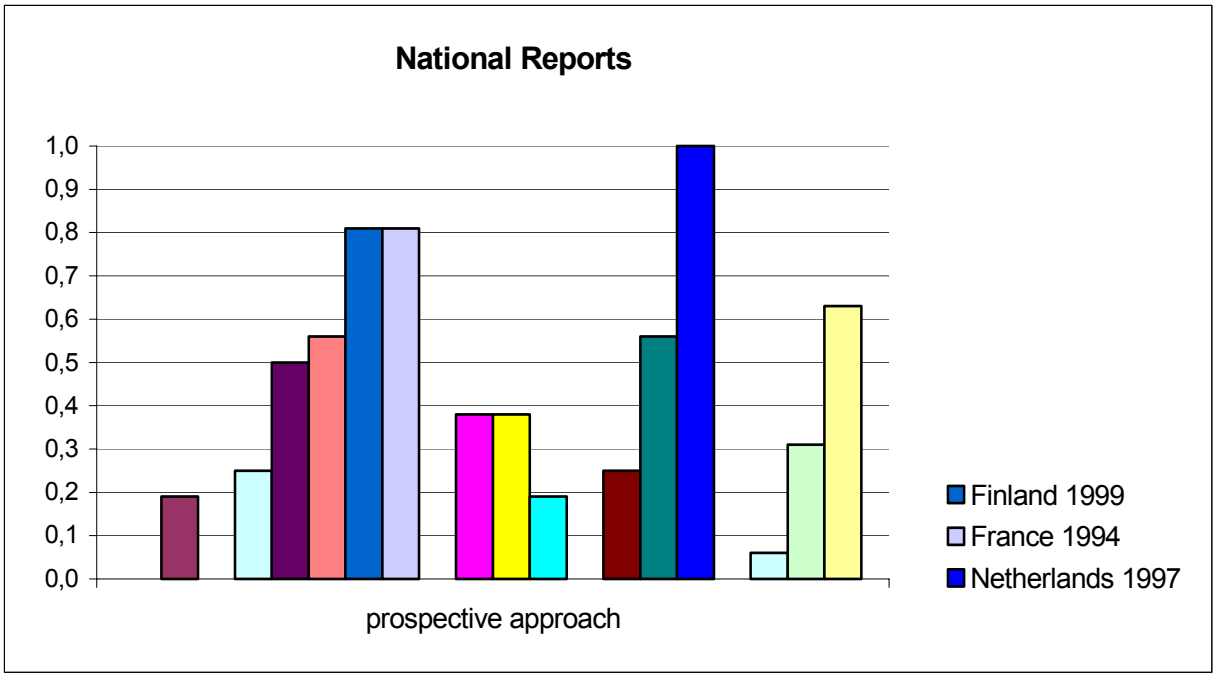


Figure 8: Results for prospective approach from all analysed national reports



6.3.3. Policy Orientation

Policy relevant health reporting should provide information based on the analysis of health facts rather than presenting compiled lists of health statistics, as policy makers need to get answers relating to the development of policy actions, implementation of activities, evaluation of programmes and comparison with other health policies. Health reporting, which is clearly embedded in a functioning health policy cycle, focuses on areas of high priority for health policy and provides sound efficiency and effectiveness information. It works in close collaboration with decision makers in parliament, administration, and health services organisations without becoming a tool for any election campaigns.

The following items were chosen to describe policy orientation:

- Concept development in collaboration with ministry
- Information related to current political agenda
- International/interregional benchmarking
- Identification of relevant determinants and policy options
- Targets in correspondence with responsibilities (ISARE)
- Evaluation of the progress of implemented health policy activities
- Analysis of health facts

Among the regional reports the two Welsh reports "Welsh Health 1998" (UK Wales 1998) and "Health in Wales 2001/2002" (UK Wales 2001-2002) could be considered as best practice, as they put a main emphasis on relating the information given to the current political agenda. However, quite a number of other regional reports could also be considered as policy relevant health reports as they clearly evaluate implemented health policy activities and identifying relevant determinants and policy options. At the national level the Dutch " Public Health Status and Forecasts: health, prevention and health care in the Netherlands until 2015" (Netherlands 1997) placed particular importance on a close collaboration with the Ministry of Health (Fig. 9 and 10).

Figure 9: Results for policy orientation from all analysed regional reports

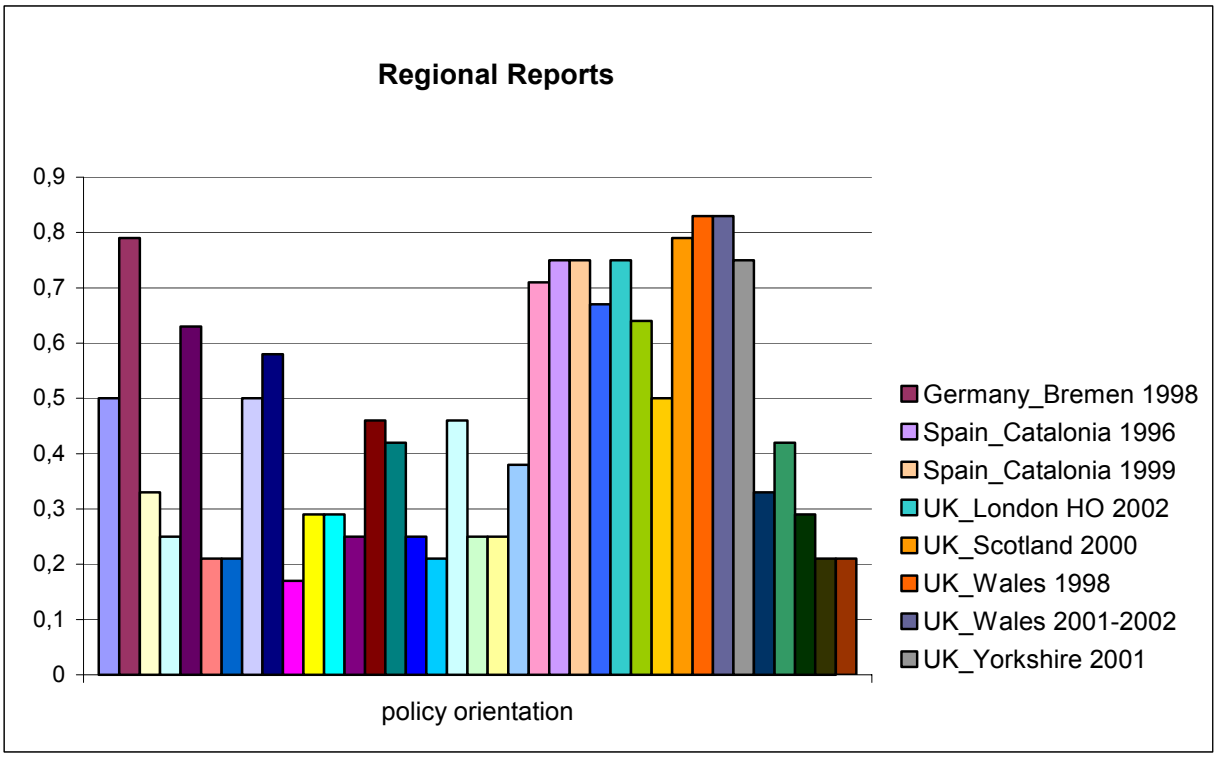
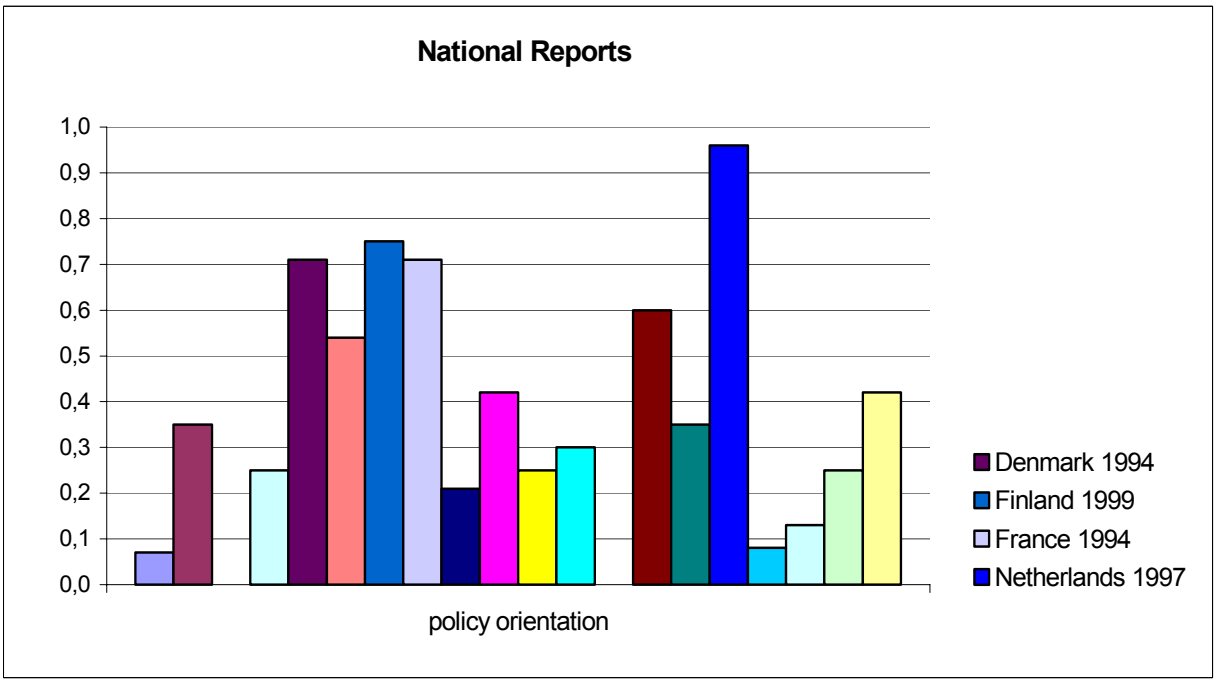


Figure 10: Results for policy orientation from all analysed national reports



6.3.4. Data

Based on existing valid and comparable data, health reports should give quantitative information wherever possible. However, in particular if quantitative information is lacking, the sources and methods of data collection need to be discussed in order to clearly provide evidence-based information for health policy. As regions and nations are continuously growing closer together, strong emphasis should be placed on the comparability of health data and information, which allows authorities to identify the areas needing improvement and to identify unnoticed problems and future developments.

The criteria, which are subsumed under the heading "data" are:

- Comparisons between: age groups, men/women, specific population groups, spatial (regional/international)
- Comparability in time
- Data sources mentioned
- Use of different data sources
- Topicality of data
- Data quality

Most reports make an effort to mention aspects of data quality, to make comparisons between different population groups and to use a number of different information sources is made by the authors of the " Health in London – 2002 review of the London Health Strategy high-level indicators" (UK London HO 2002) on the regional level and by the Department of Public Health Forecasting of the RIVM, Netherlands in the national report "Public Health Status and Forecasts: health, prevention and health care in the Netherlands until 2015" (Netherlands 1997). However, the different criteria relating to data seem to be valued very high in most of the national and regional health reports (Fig. 11 and 12).

Figure 11: Results for data from all analysed regional reports

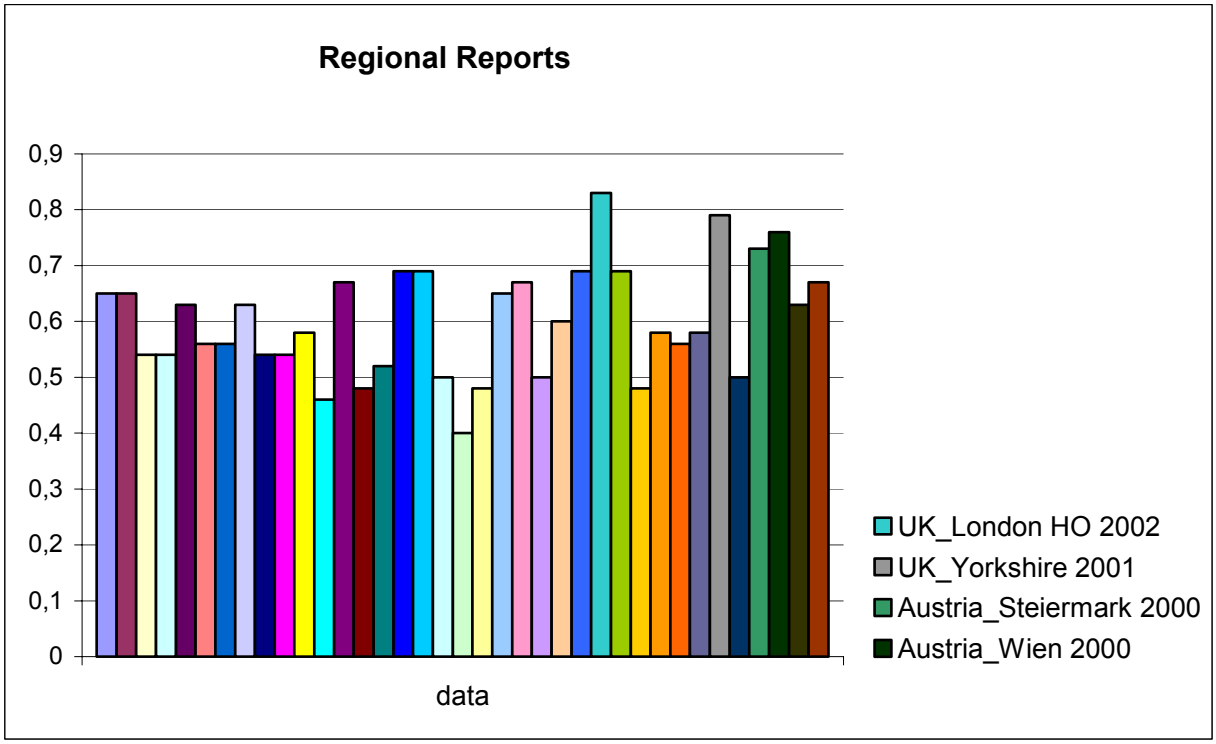
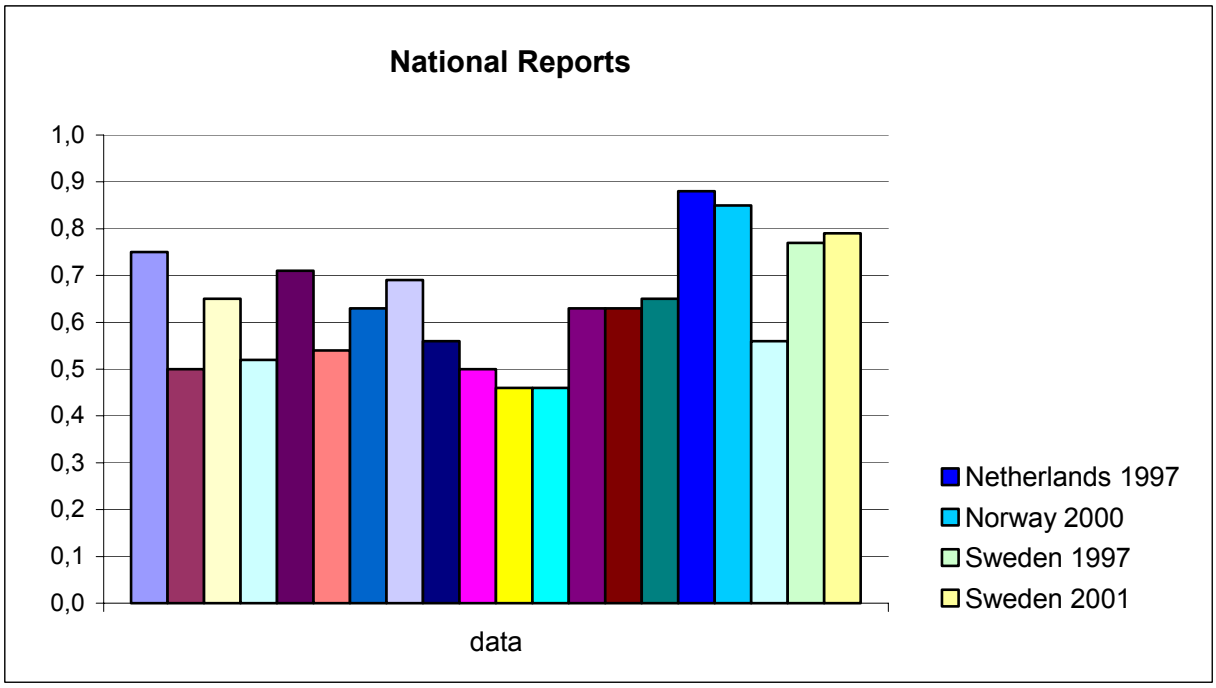


Figure 12: Results for data from all analysed national reports



6.3.5 Comprehensiveness

A comprehensive approach to health reporting requires both a broad and detailed treatise of different health issues depending on the underlying concept of the report. However, the degree of completeness can be narrowed when specific topics, e.g. certain disease groups or health determinants, are dealt with in a special report. In this case detailed information plays a more important role than the degree of coverage.

The following criteria were chosen to illustrate comprehensiveness:

- Information about health status and life expectancy,
- Mortality and morbidity information
- Population groups
- Determinants
- Infectious diseases
- Health services
- Costs and finances
- Prevention
- Laws and regulations
- Health policy

On the regional level the two Italian reports "Relazione sanitaria provinciale – Provincia Autonoma di Bolzano 1999" (Italy Bolzano 1999) and "Relazione sanitaria provinciale – Provincia Autonoma di Bolzano 2000" (Italy Bolzano 2000) and the Welsh report "Welsh Health 1998" (UK Wales 1998) covered a number of the criteria in great detail and provided in addition summaries and key points. The national report "Public Health Status and Forecasts: health, prevention and health care in the Netherlands until 2015" (Netherlands 1997) was clearly the most comprehensive report in Europe consisting of 8 volumes, an English comprehensive summary and a booklet with central messages for policy makers (Fig. 13 and 14).

Figure 13: Results for comprehensiveness from all analysed regional reports

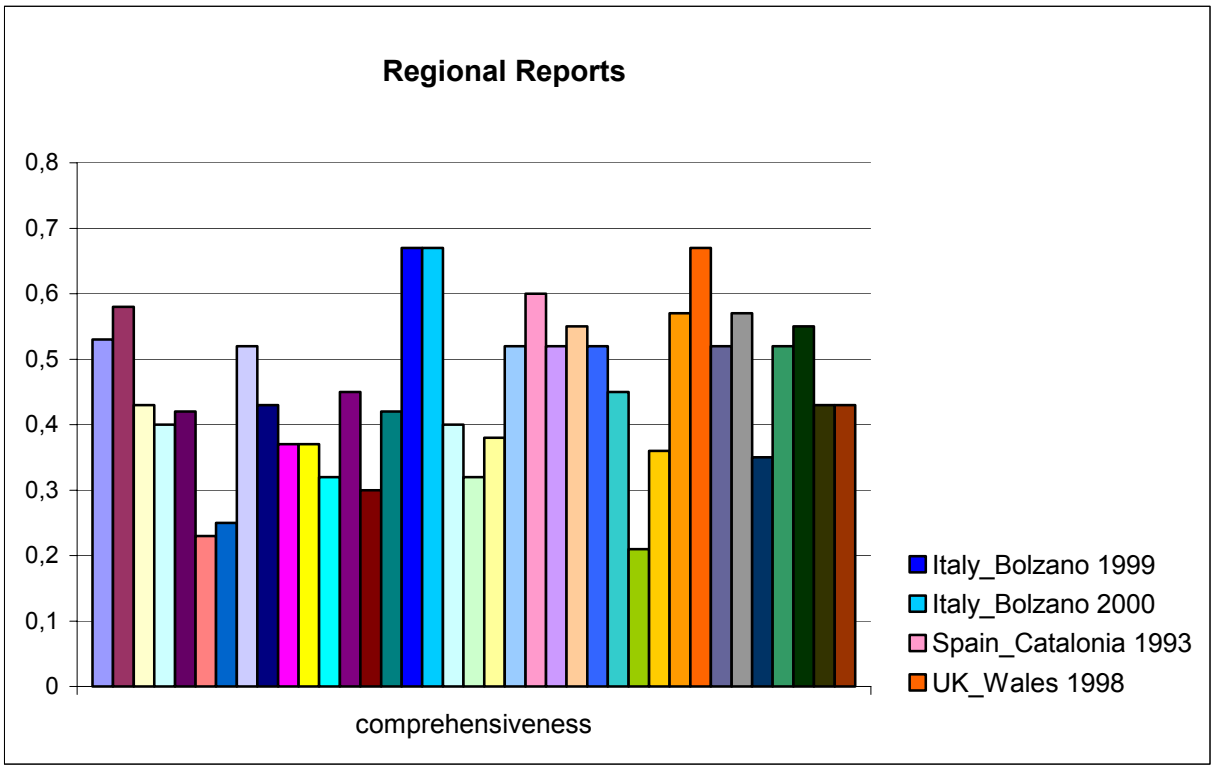
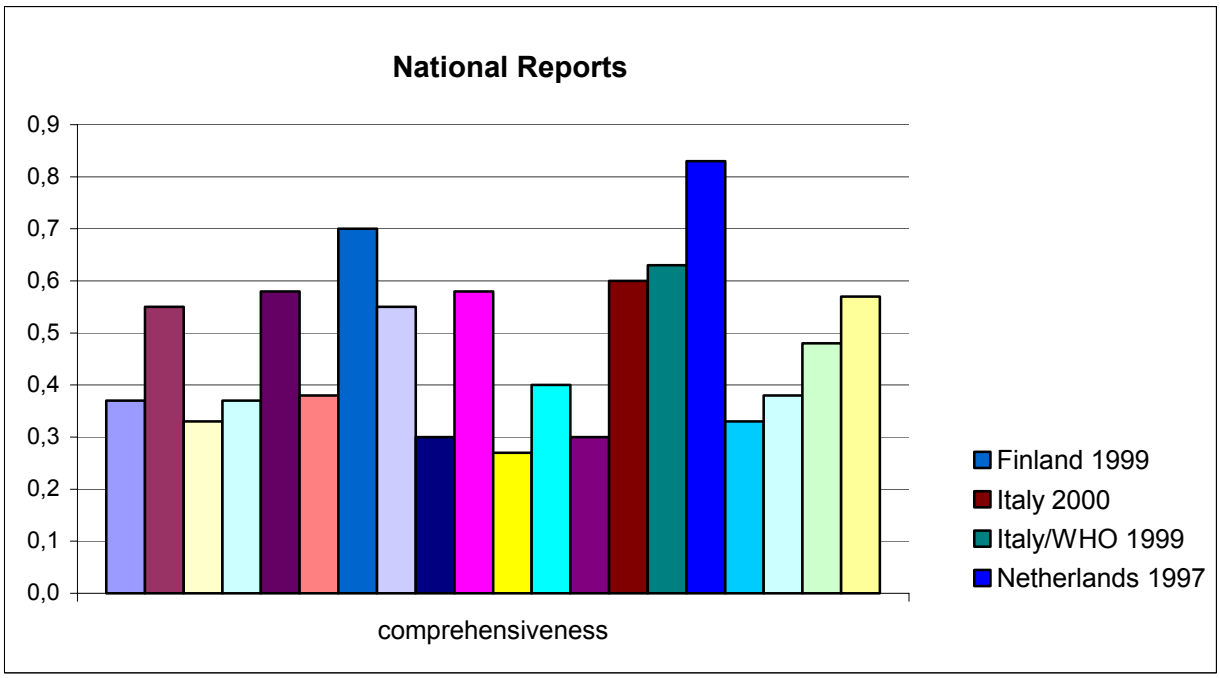


Figure 14: Results for comprehensiveness from all analysed national reports



6.3.6. Structure/Form

As the potential users of health reports in health policy usually don't have the time to read a whole book at once, a clear structure and format help to draw out most important facts, identify targets and recommendations, and find the most relevant issues even when skimming through the document.

The criteria for the aspect "structure/form" included:

- Level of detail of topics, data and analyses
- Clarity in presentation of topics
- Graphics to support information in contrast to "data-driven" reports
- Periodicity
- References
- Clear audience, target group
- Style in correspondence with audience
- Aesthetic impression
- Layout

The regional reports " Health in London – 2002 review of the London Health Strategy high-level indicators" (UK London HO 2002) and "Gesundheit von Frauen und Männern in Nordrhein-Westfalen – Landesgesundheitsbreicht 2000" (Germany NRW 2000) and the national report "Public Health Status and Forecasts: health, prevention and health care in the Netherlands until 2015" (Netherlands 1997) could be considered as best practice for structure and format of reports. The information given is consciously tailored to the comprehension of the suggested audience without loosing sight of the need for a detailed presentation of different health issues (Fig. 15 and 16).

Figure 15: Results for structure/form from all analysed regional reports

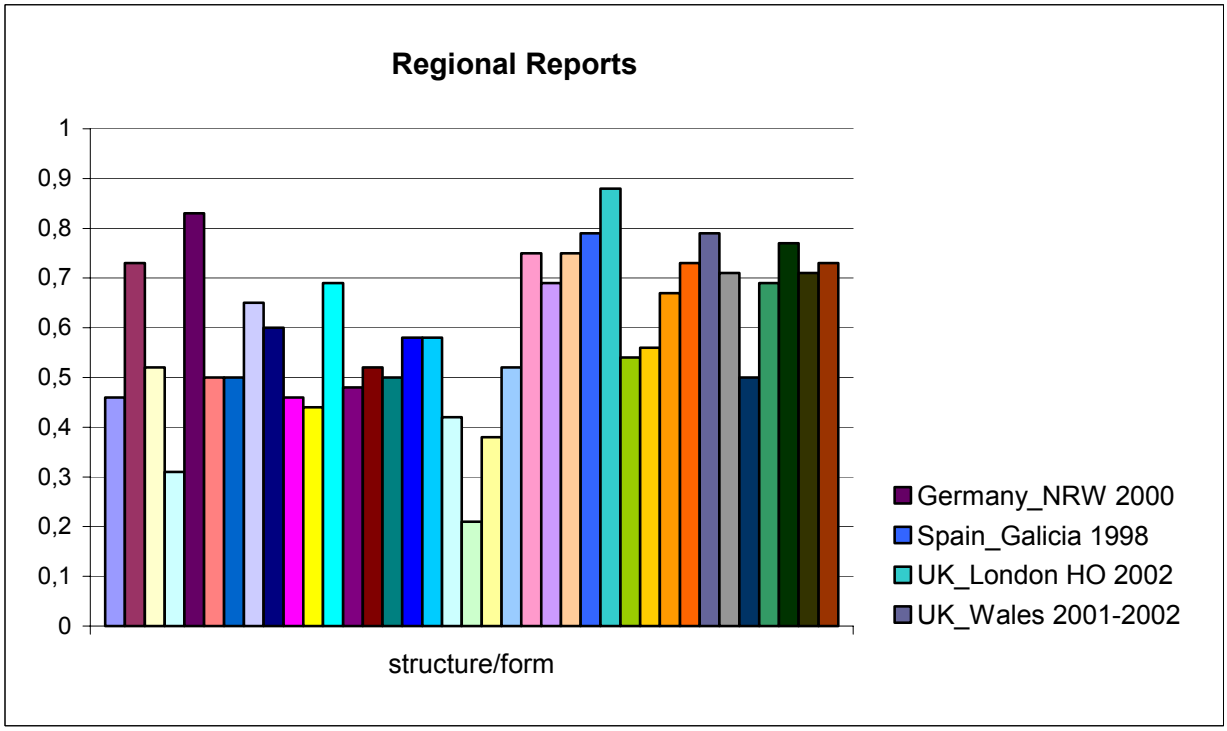
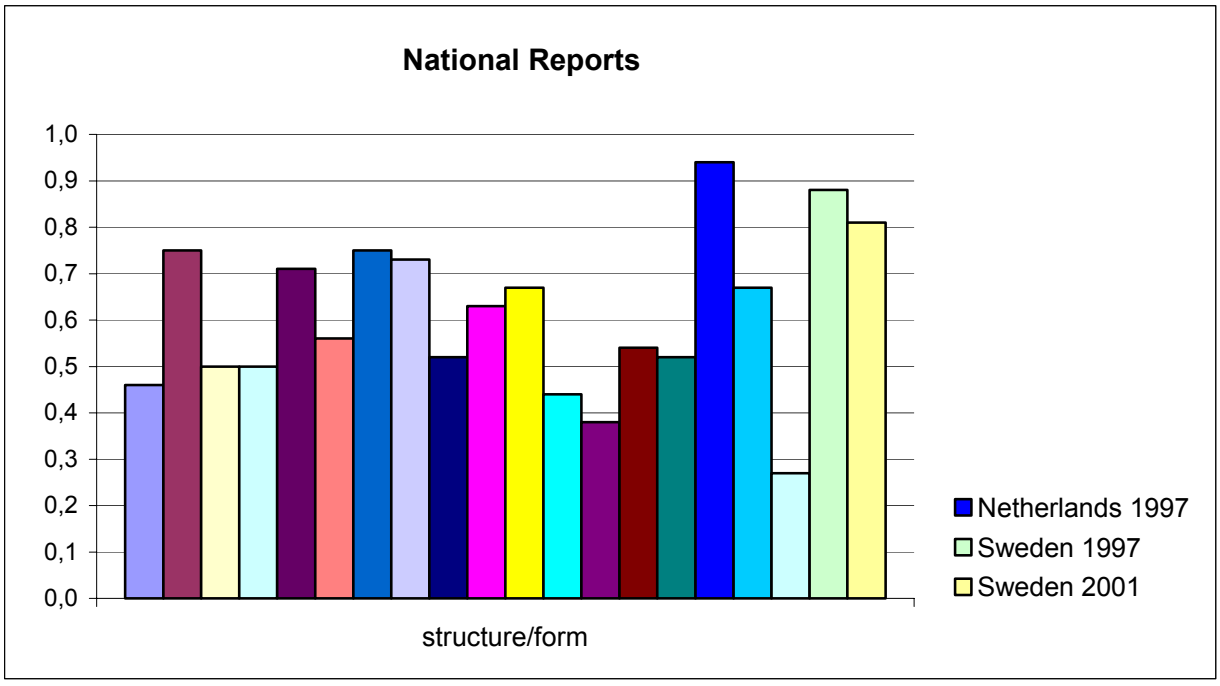


Figure 16: Results for structure/form from all analysed national reports



6.3.7 Conceptual Approach

The conceptual approach refers to the central question or aim of a health report and serves as a framework for all health issues that are covered in the report. The underlying concept should contain different topics such as demographic factors, health determinants, and health policy and interrelate these with health indicators and data for health services, care and costs. The opposite to a conceptual approach would be the collection of data which then serves as starting point for the description of those aspects of health where data are available.

As criteria for a conceptual approach the following were chosen:

- Systematic approach or recognisable story line
- Start from conceptual model not merely from available data
- Involvement of expert opinions
- Use of conceptual elements such as demographic factors, risk factors or health policy
- Presentation of material as coherently as possible

Among the regional reports quite a number of health reports started from a clear conceptual model, which was described in the foreword or the introduction. The two regional reports "Health Plan for Galicia 1998-2001" (Spain Galicia 1998) and "Yorkshire and Humber - Health Links 2001" (UK Yorkshire 2001) and the national report "Public Health Status and Forecasts: health, prevention and health care in the Netherlands until 2015" (Netherlands 1997) achieved the highest possible scores and can therefore be used as outstanding examples of how to set up a concept for a health report (Fig. 17 and 18).

Figure 17: Results for conceptual approach from all analysed regional reports

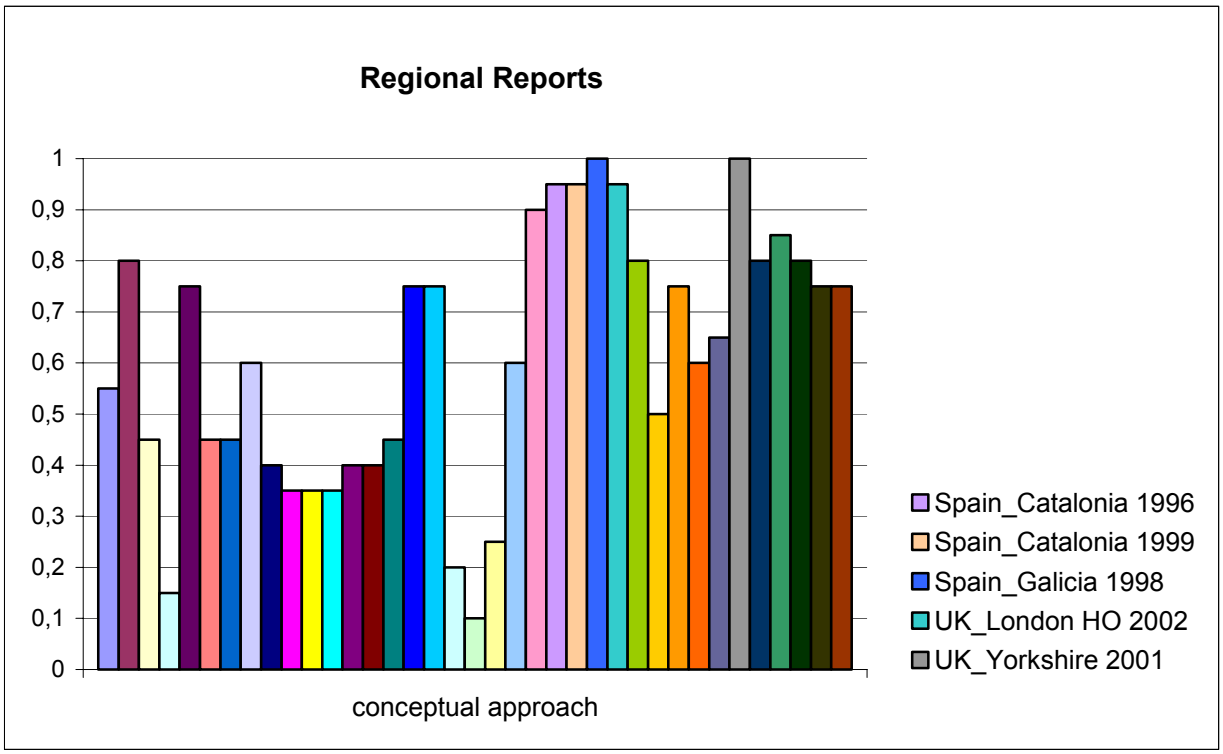
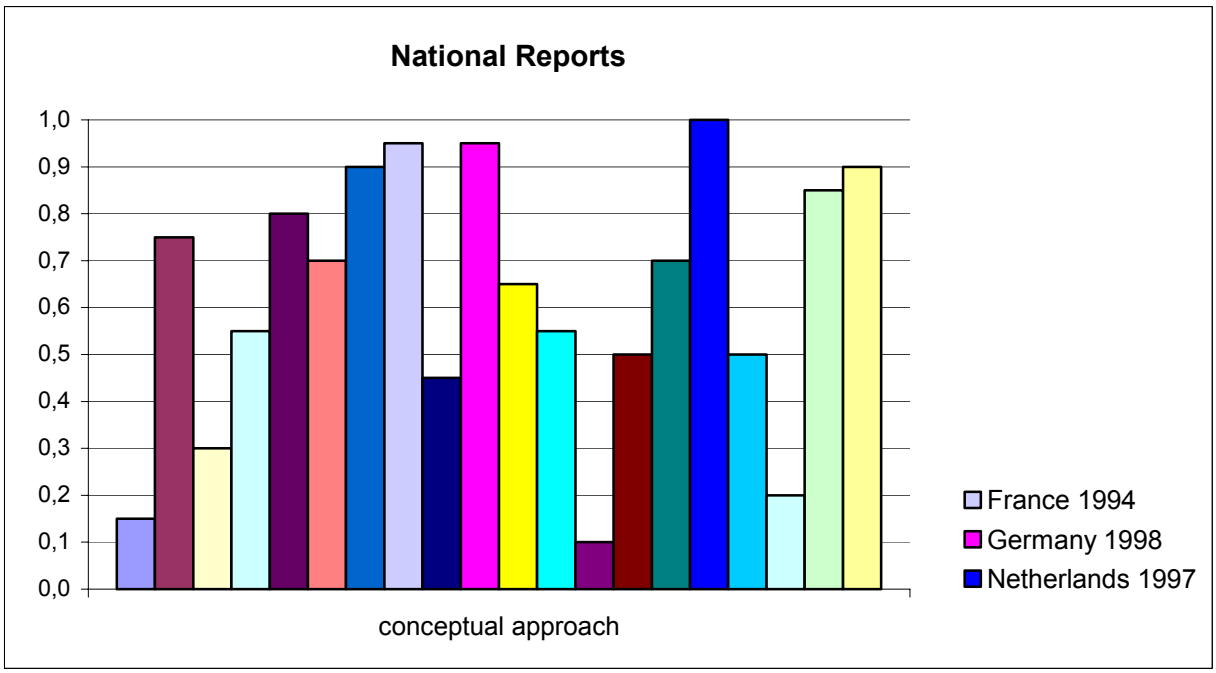


Figure 18: Results for conceptual approach from all analysed national reports



6.3.8. Best Practice – Summary

Out of all analysed public health reports the Dutch national report "Public Health Status and Forecasts: health, prevention and health care in the Netherlands until 2015" (Netherlands 1997) turned out to serve as best practice model for most of the seven aspects of health reporting. This applies to written health reports and can only be considered in this context. As mentioned above, it is necessary to take into account, that health reporting is a system of different products and processes out of which health reports are just one product.

7. Impact of Health Reports

7.1. Interviews with policy makers

According to the definition from the Chambers Dictionary (Higgleton et al. 1998) "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 has to 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 on health reporting. However, as the main emphasis of this project was not to concentrate on the policy makers view (this will be a fundamental task for a follow up project), but to just record an impression of their needs, it was decided to conduct interviews with decision makers from different backgrounds (Tab. 1).

Tab. 1: Number and background of interviewees

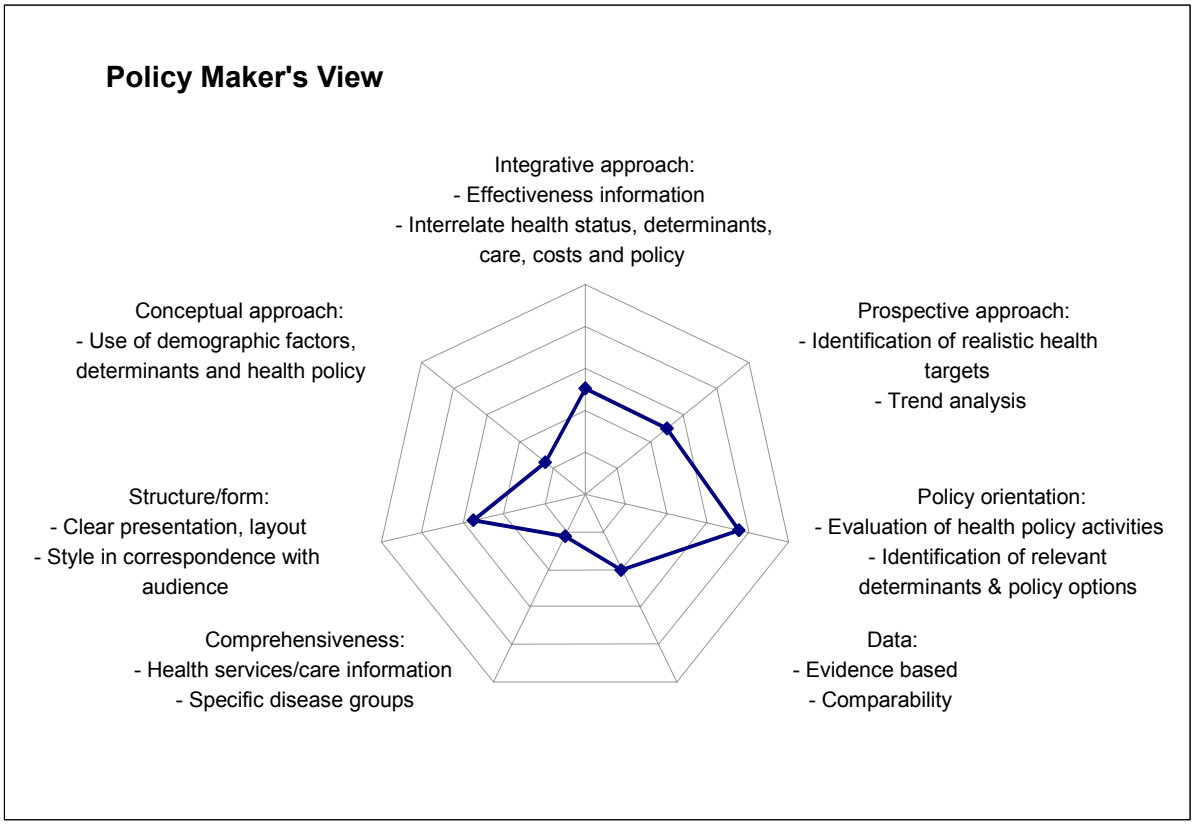
	Netherlands		Spain		Germany		United Kingdom (England and Northern Ireland)	
Background	national	regional	national	regional	national	regional	national	regional
parliament					1	1		
administration	2			1			5	1
stakeholders/ pressure groups				3		1		2

The interviews were analysed by relating the answers to the seven aspects of health reporting and comparing them with the results of the descriptive analyses of health reports creating a spider diagram as was done for the reports.

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. Obviously the answers depend on several different factors: the 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 is 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 is 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 threatening developments. 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 (Fig. 19).

Figure 19: The policy makers' point of view



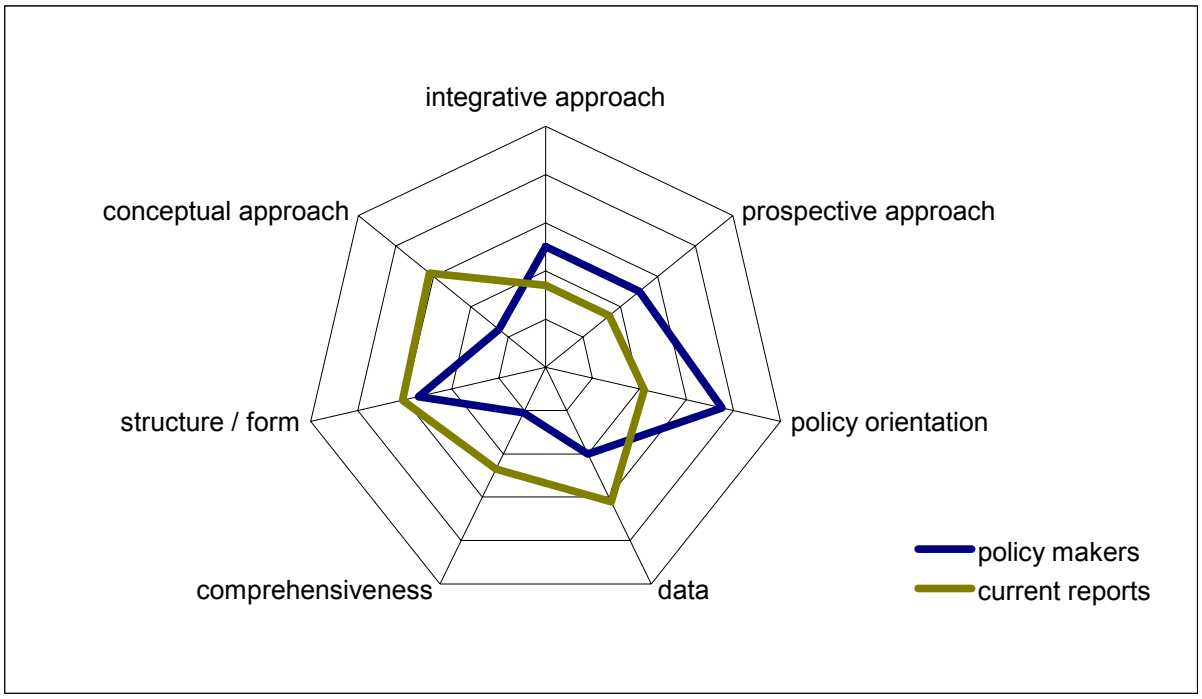
As a summary it can be extracted that the interviewed policy makers expect:

- 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

7.2. 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 (Fig. 20).

Figure 20: Different views of policy makers and current health reports



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 their user group in policy 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.

8. The European Conference on Health Reporting

In February 2003 a European Conference on Health Reporting at the Institute of Public Health (lögd) in Bielefeld, Germany was organised to present the results of the project to authors and users of health reports. The different national and regional health reporting practices in the European Union were shown to about 120 participants from all over Europe as a basis for discussion about the users experiences and expectations. Experts working in the fields of health policy and policy makers from Spain, Sweden, the Netherlands, and Germany gave recommendations for effective health reporting in a panel discussion. The representatives from the World Health Organisation (WHO), the Health Observatories from England and France (APHO and FNORS), the National Institute for Public Health and the Environment (RIVM), and the London School of Hygiene and Tropical Medicine (LSH&TM) contributed many ideas on the future role of health reporting and new developments in this field.

After two days discussing the way forward towards effective health reporting a synthesis speech was given by one of the Eva project partners (Martin McKee, LSH&TM).
He drew the following conclusions:
Over the last few years the status of health reporting has changed quite a lot due to a number of factors: technological advances have made it possible to create internet sites such as the Dutch "Atlas" and "Compass", increasing analytical skills allow to a large extent very sophisticated analysis, and last but not least a lot of effort has been made to exchange experiences and to learn from each other both on the international and interregional level (Public Health Observatories). Therefore we should not underestimate, that a lot has already been achieved.
However, the conference has shown that public health reporting is part of the dissemination process, which requires that public health professionals are active to promote action and further development. Despite learning from best practice, it must be recognised that public health reports have many different audiences and therefore require different products with differing forms and content.
To increase the policy relevance of health reporting authors should work together with policy makers, as dissemination is a process of both transmission and reception, which works best in close collaboration of authors and users. Moreover, information should be readily available to address the issues of the time, requiring that upcoming political issues are anticipated.
It is also important that the value of international co-operation is recognised, which although a relatively new development has already achieved a lot.
Martin McKee finished his speech with a final remark regarding a concern raised during the conference, that the press could comment public health information, graphics and data wrongly, he quoted Oscar Wilde: "There is only one thing in the world worse than being talked about, that is not being talked about."

9. Conclusions

The Eva project showed, that the presently prevailing practice of descriptive health reporting is characterised by a great heterogeneity at the regional and national level and by a discrepancy with the expectations of decision makers in health policy and health care. 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.

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 these data, which is not meant to give direct answers to questions regarding various 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. there has been a decision 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 impact. 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.

The results of the Eva project show that the policy impact of public health reports is not only a matter of their concept, contents and design, but also of the way the information is harmonised, transferred and presented to the user group.

However, due to the limited number of policy makers interviewed it is difficult to make a profound statement about the policy impact of current health reports. Therefore further steps to improve health reporting in the European Union should focus on decision making processes of politicians and decision makers in administration and health service organisations to expand the understanding of the process by which health policy is influenced and to develop a methodology for health reporting which would consider the needs of different user groups as a matter of routine.

10. References

Acheson, D. (1988) Public Health in England, HMSO.

Aromaa, A. (1998) Health Observation and Health Reporting in Europe. Revue Épidém. et Santé Publ., 46, pp. 481-490.

Borgers, D., Schräder, W.F., Laaser, U. (1988) Pilotkapitel Landesgesundheitsbericht Nordrhein-Westfalen. Gesundheitsberichterstattung, Bielefeld.

Budden, D. and McKee, M. (2001) Change and Challenges – the Production of Annual Public Health Reports in the United Kingdom. In: The German Health Reporting System and Current Approaches in Europe, Proceedings of the International Conference, Robert Koch Institut, Berlin, pp. 99-102.

Davis, A. (1997) Reporting the Public Health. Institute for Public Policy Research, London.

Forschungsgruppe Gesundheitsberichterstattung (1990) Aufbau einer Gesundheitsberichterstattung. Asgard, St. Augustin.

Fulop, N. and McKee, M. (1996) What impact do annual public health reports have? Public Health 110, pp. 307-311.

Graunt, J. (1662) Natural and Political OBSERVATIONS Mentioned in a following Index, and made upon the Bills of Mortality. London. http://www.ac.wwu.edu/~stephan/Graunt/0.html

Hamburger Projektgruppe Gesundheitsberichterstattung (1998) Praxishandbuch Gesundheitsberichterstattung. Akademie für Öffentliches Gesundheitswesen, Düsseldorf.

Higgleton, E. et al. (1998) Chambers Dictionary, p. 1267, Chambers Harrap Publishers Ltd, Edinburgh .

Jackobson, B. (2001) Old Lessons, New Directors. Health Service Journal 20.

RIVM (1998) Feasibility and Implementation of Future European Health Status Reporting. In: Health Reporting in the European Union, National Institute for Public Health and the Environment (RIVM) Bilthoven, pp. 71-78.

Robert Koch Institut (2001) Workshop E: Evaluation of National and Regional Public Health Reports in the European Union. In: The German Health Reporting System and Current Approaches in Europe, Proceedings of the International Conference, Robert Koch Institut, Berlin, pp. 71-74.

Rosén, M. (1998) Critical Factors of Effective Health Reporting. In: Health Reporting in the European Union, National Institute for Public Health and the Environment (RIVM) Bilthoven, pp. 63-64.

Schäfer,T. and Wachtel, H.W. (1989) Umweltbezogene Gesundheitsberichterstattung – Planungsstudie. Asgard, St. Augustin.

Schräder, W.F., Häussler, B., Hilke, W. (1987) Konzeption und statistische Materialien, Landesgesundheitsbericht Nordrhein-Westfalen. Gesundheitsberichterstattung, Bielefeld.

Stein, H. (2001) Do Health Reports Meet the Information Needs of their Users? In: The German Health Reporting System and Current Approaches in Europe, Proceedings of the International Conference, Robert Koch Institut, Berlin, pp. 29-31.

Annex 1: Aspects and Relating Criteria for the Descriptive Analysis of Health Reports

Aspects	Criteria		⇩ (0)	⇙ (1)	⇔ (2)	⇗ (3)	⇧ (4)
comprehensiveness	information about:	health status/ life expectancy					
		specific disease groups / mortality and morbidity info					
		specific population groups					
		determinants					
		demography					
		infectious diseases					
		health services/ health care					
		costs, expenditure, finances					
	discussion about:	health policy, health in other policies					
		prevention					
	consideration of:	laws and regulations					
		history					
	executive summary						
	English version						
	feedback mechanism added						
result							
structure / form	detailed presentation of topics						
	detailed presentation of data						
	detailed presentation of analyses						
	clear (clarity in) presentation of topics						
	graphics, tables in addition to information/ to support information about suggested actions, trends, analyses, policy or graphics, tables (just) to illustrate data (data driven)						
	periodicity						
	references						
	place to order, ISBN No.						
	clear audience / target group						
	style in correspondence with audience						
	aesthetic impression						
	layout => clear structure						
result							
policy orientation	international / interregional benchmarking						
	information related to current political agenda						
	evaluation of the progress of implemented health policy activities						
	analysis of health facts						
	identification of relevant determinants and policy options						
	topics in correspondence with responsibilities regarding health policy (ISARE) (=> regional reports)						
	concept developed in collaboration with ministry						
result							
conceptual approach	systematic approach or recognisable story line						
	start from an explicit conceptual model not merely from available data						
	use of conceptual elements such as demographic factors, determinants of health (risk factors), and health policy						
	presentation of collected material as coherently as possible						
	involvement of expert opinions						
result							

integrative approach	interrelate health status, determinants, care, costs, and policy						
	interrelate health indicators with social indicators						
	analyse and explain differences and similarities in health status						
	connections between data sets						
	effectiveness information (prevention, health care, costs)						
	use of integrative indicators such as health expectancy, disability adjusted life years, avoidable mortality, PYLL						
	focus on disability, quality of life etc.						
		result					
prospective approach	identification of realistic health targets						
	looking towards the future						
	use of trend extrapolations and models						
	demographic projections based on expected changes in the future sex and age composition of a population, dynamic forecasts						
		result					
data	comparisons between:	age groups					
		men / women					
		spatial (regional / international)					
		different points in time					
		specific population groups					
	use of data found in:	- Member States, their Health Ministries, public health institutes and national statistic bureaux					
		- International, health data collecting organisations (WHO, OECD, EUROSTAT)					
		- Community health data					
	quantitative and consistent	handle all data in a uniform manner for maximum comparability					
		based on topical data and research results					
	data quality	use of existing, valid and comparable data					
		methods of data collection mentioned					
		result					

Annex 2: Semi-structured Interview

A: Information about the interviewee/ policy maker

1. Name of policy maker
2. Responsibility for which country / region
3. Qualification / area of competence in the field of health policy
4. Elected or fixed term position
5. Amount of time that interviewee has been in present post

B: Knowledge about "existing" public health reports

6. Where do you get your information about health issues and population health status?
7. Have you read "your" public health report? (insert title name and date published)
8. If not, why not?

   If yes, continue with the following questions:
9. Did you / your organisation order the report or receive it automatically?
10. Did you receive a presentation of the public health reports and its contents by the authors?
11. What did you like and/or dislike about the report?
12. Which sections did you read?
13. Why did you read these particular sections?
14. What were the main messages for you?
15. What did you miss?
16. How much time did you spend on reading the report?
17. Did you discuss the report amongst colleagues? If so, with whom?
18. Was time allocated to discussing the report at meetings? If so, how much and at which meetings?
19. Who do you think should read the report?
20. Have you quoted the report in any of your speeches?
21. Did the report change the health issues that were on your political agenda?
22. Did the report have any direct or indirect (policy) impact or consequences?
23. Have you/ has your organisation been involved in the evaluation of the public health report? If yes, what were the findings?
24. Do you think public health reports are an important tool in the development of policy?

C: Ideas of "ideal" public health report

25. What is your ideal health report?
26. Do you know of others national / regional reports that you liked? If so, which ones and why do you like them?
27. What are the most important or relevant topics for you?
28. What style or format do you think a health report should take?
29. Would you favour the report being on the Internet?
30. Is one report enough or would you also like to have a single brochure with key messages incorporated?
31. Would you like a foreign (English) translation of the report to present it to international colleagues?
32. How frequently do you think a public health report should be published?
33. Is there a particular time of the year you would prefer to receive a public health report?

D: Questionnaire

	Not important	Rather unimportant	Don't mind	Rather important	Very important
How important is presentation of data in the form of tables and graphs?					
How important is information on: - health risk factors?					
- health services?					
- specific disease groups?					
- international / regional differences?					
- differences between specific population groups?					
- cost-effectiveness?					
- interrelation between health status, determinants, care, costs and policy?					
- demographic projections and future perspectives?					
- the progress of implemented health policy actions?					
- health in other policies?					
Which importance do you attach to the formulation of policy recommendations?					
How important is an analysis of health policy activities?					

Annex 3: List of All Analysed Public Health Reports

List of national public health reports

Country	Title	Authors/ Editors	Publication
Austria	Gesundheitsbericht an den Nationalrat 2000: Berichtszeit-raum 1996-1998	Ed.: Bundesministerium für soziale Sicherheit und Generationen	Wien 2000
Austria	Jahrbuch der Gesundheitsstatistik 1999	Ed.: Statistik Austria	Wien 2001
Czech Republic	Zdravotnická rocenkaCescké Republiky 1999 = Czech health statistics yearbook 1999	Ed.: Institute of Health Information and Statistics of the Czech Republic	Prague 2000
Denmark	Danskernes sundhed mod ar 2000: sundhedsadfaerd, sundhedstilstand, sygelighed, dodelighed, levekar	Ed.: Danish Institute for Clinical Epidemiology	Copenhagen 1997
Denmark	Lifetime in Denmark: second report from the Life Expectancy Committee of the Ministry of Health, Denmark	Ed.: Ministry of Health, The Life Expectancy Commitee	Copenhagen 1994
Finland	Health in Finland	Ed.: A. Aromaa, S. Koskinen, J. Huttunen, National Public Health Institute	Helsinki 1999
France	La Santé observée dans les régions de France: synthèse nationale des tableaux de bord régionaux sur la santé	Ed.: Féderation nationale des observatoires régionaux de la santé	Paris 1997ff
France	La Santé en France Rapport général	Ed.: Ministère des Affires Sociales de la Santé et de la Ville Haute comité de la santé publique	Paris 1994
Germany	Gesundheitsbericht für Deutschland: Gesundheitsberichterstattung des Bundes = Health report for Germany	Ed.: Statistisches Bundesamt	Stuttgart 1998
Germany	Gesundheitsberichterstattung des Bundes; Vol.1 - 11	Ed.: Robert-Koch-Institut	Berlin 2000 - 2002
Greece	Health care in Greece	Ed.: Ministry of Health and Welfare	Athens, 1999
Hungary	Yearbook 1998	Ed.: Ministry of Health Republic Hungary	Budapest, 1999
Italy	Relazione sulla stato sanitario del Paese 2000	Ed.: Ministero della sanità	Roma, 2001

Italy	Health in Italy in the 21st century	Ed.: Ministero della sanità	Rome, 1999
The Netherlands	Volksgezondheid toekomst verkenning 1997: Vol. I-VIII	Ed.: Rijksinstituut voor Volksgezondheid en Milieu	Bilthoven, 1997
The Netherlands	Public health status and forecasts 1997: Health, prevention and health care in the Netherlands until 2015	Ed.: D. Ruwaard, P.G.N. Kramers, National Institute of Public Health and the Environment	Bilthoven, 1998
Norway	The National Health Indicator System and the data base Norgeshelsa in year 2000	Authors: M. Rognerud, I. Stensvold, B.H. Strand, et al. Ed.: National Institute of Public Health	Oslo, 2000
Poland	Health status of the Polish population in 1996	Ed.: B. Wojtyniak, M. Chanska, P. Gorynski, National Institute of Hygiene, Monitoring Office of the National Health Programme	Warsaw, 1998
Sweden	Sweden´s public health report 1997	Ed.: National Board of Health and Welfare, Centre of Epidemiology	Stockholm, 1998
Sweden	Health in Sweden: the national public health report 2001	Ed.: G. Persson, G. Boström, F. Diderichsen, National Board of Health and Welfare, Centre for Epidemiology	Basingstoke, 2001
United Kingdom	On the state of public health: the annual report of the Chief Medical Officer of the Department of Health 2001	Ed.: Department of Health	London, 2001

List of regional public health reports

Country	Region	Title	Authors/ Editors	Publication
Austria	Oberösterreich	Gesundheitsbericht Oberösterreich 2000	Ed.: Amt der Oberösterrreichischen Landesregierung	Linz 2000
Austria	Steiermark	Gesundheitsbericht 2000 für die Steiermark	Ed.:Amt der Steiermärkischen Landesregierung, Fachabteilung für das Gesundheitswesen	Graz 2000
Austria	Wien	Wiener Gesundheitsbericht 2000	Ed.: Magistratsabteilung für Angelegenheiten der Landessanitätsdirektion Dez. II - Gesundheitsplanung	Wien 2000
Austria	Wien	Gesundheitsbericht Wien 2001	Ed.: Magistratsabteilung für Angelegenheiten der Landessanitätsdirektion Dez. II - Gesundheitsplanung	Wien 2001
Austria	Wien	Gesundheitsbericht Wien 2002	Ed.: Magistratsabteilung für Angelegenheiten der Landessanitätsdirektion Dez. II - Gesundheitsplanung	Wien 2002
France	Languedoc-Roussillion	La Santé observée: Tableau de bord régional sur la santé	Ed.: Observatoire régional de la santé ORS Languedoc-Roussillion	Montpellier 1999
France	Martinique	La Santé observée: Tableau de bord régional sur la santé	Ed.: Observatoire régional de la santé ORS Martinique	Fort de France 1994 ff
Germany	Berlin	Gesundheitsbericht-erstattung Berlin Basisbericht 2001. Daten des Gesundheits- und Sozialwesens	Ed.: Senatsverwaltung für Arbeit, Soziales und Frauen/ Ref. Quantitative Methoden, Gesundheitsberichterstattung, Epidemiologie, Gesundheits- und Sozialinformationssysteme	Berlin 2001
Germany	Bremen	Landesgesundheitsbericht Bremen 1998	Ed.: Senator für Frauen, Gesundheit, Jugend, Soziales u. Umweltschutz	Bremen 1998
Germany	Hessen	Hessischer Gesundheitsbericht 2001	Ed. Hessisches Sozialministerium	Wiesbaden 2001
Germany	Mecklenburg-Vorpommern	Gesundheitsbericht 2000 Mecklenburg-Vorpommern	Ed.: Sozialministerium Mecklenburg-Vorpommern	Schwerin 2002
Germany	Nordrhein-Westfalen	Gesundheit von Frauen und Männern Landesgesundheitsbericht 2000	Ed.: Ministerium für Frauen, Jugend, Familie und Gesundheit des Landes NRW/lögd	Bielefeld 2000
Ireland	Dublin, Kildare, Wicklow	Public Health in the Eastern Health Board Region 1998	Ed.: Eastern Regional Health Authority Department of Public Health	Dublin 1998

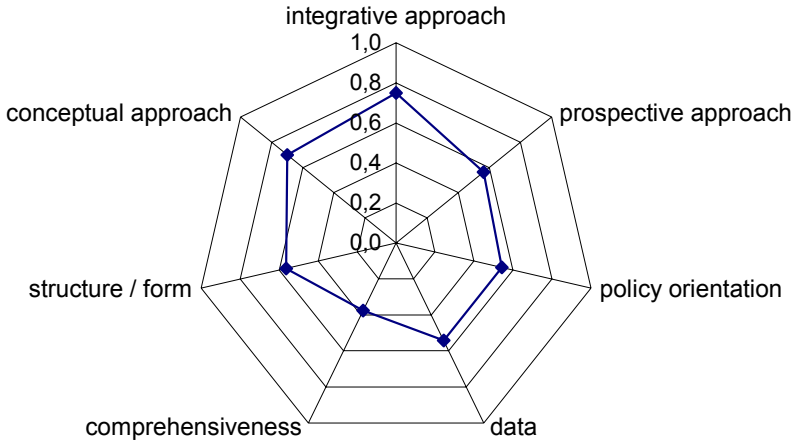
Ireland	Dublin, Kildare, Wicklow	Public Health at the turn of the century 2000	Ed.: Eastern Regional Health Authority Department of Public Health	Dublin 2000
Ireland	Limerick, Clare, Tipperary North Riding	Health and Social Wellbeing in the Midwest 1999	Ed.: Mid-Western Health Board	Limerick 1999
Ireland	Louth, Meath, Cavan, Monaghan	Health Status in the North Eastern Health Board	Ed.: North-Eastern Health Board	Kells, Co. Meath 2000
Ireland	Region, Donegal, Sligo, Leitrim	A Health Profile of the North West Region: demography, mortality and morbidity in the North Western Health Board	Ed.: Ireland, Public Health Department, North-Western Health Board	Co, Leitrim 1999
Ireland	Carlow, Kilkenny, Tipperary South Riding, Waterford, Wexford	The Health of the South East 1996	Ed.: South-Eastern Health Board	Kilkenny, Ireland 1996
Ireland	Cork, Kerry	Fourth Report of the Director of Public Health Southern Health Board 2000	Ed.: Southern Health Board	Wilton, Cork 2000
Ireland	Galway, Mayo, Roscommon	Report of the Director of Public Health 2000-2001	Ed.: Western Health Board Department of Public Health	Galway 2001
Italy	Regione Autonoma Valle d´Aosta	Relazione sanitaria e sociale 1999-2000	Ed.: Regione Autonoma Valle d´Aosta, Assessorato della Sanità Salute e Politiche Sociali	Aosta 2001
Italy	Provincia Autonoma Di Bolzano	Relazione sanitaria provinciale 1999/ Compendio Sanitario 1999	Ed.: Provincia Autonoma die Bolzano, Osservatorio Epidemiologico	Bolzano 1999
Italy	Provincia Autonoma Di Bolzano	Landesgesundheitsbericht 2000 und Kurzfassung	Ed.: Autonome Provinz Bozen, Epidemiologische Beobachtungsstelle	Bozen 2001
Italy	Emilia Romagna	Relazione Annuale 2000 Appendice Statistica 2000	Ed.: Regione Emilia-Romagna, Assessorato all Sanitá	Bologna 2000
Italy	Sicily	Relazione sullo stato sanitario della Regione Siciliana 1995	Ed.: Regione Autonoma Valle d´Aosta, Assessorato della Sanitá	Palermo 1992
Italy	Veneto	Relazione Socio-Sanitaria della Regione Veneto: anni 1998-1999	Ed.: Regione del Veneto, Giunta Regionale, Direzione Risorse Socio-Sanitarie	Venezia 2001
Spain	Catalonia	Health Plan for Catalonia 1993-1995	Ed.: Catalunya, Departament de Sanitat i Seguretat Social	Barcelona 1993

Spain	Catalonia	The Health Plan at Your Fingertips. Health Plan for Catalonia 1996-1998	Ed.: Catalunya, Departament de Sanitat i Seguretat Social	Barcelona 1997
Spain	Catalonia	Health Plan for Catalonia 1999-2001	Ed.: Catalunya, Departament de Sanitat i Seguretat Social	Barcelona 2000
Spain	Galicia	Health Plan for Galicia 1998-2001. Challenges for the 21st Century	Ed.: Xunta de Galicia, Health and Social Services Committee	Santiago de Compostela 1999
United Kingdom	London	Health in London: 2002 review of the London Health Strategy high-level indicators	Ed.: London Health Commission	London 2002
United Kingdom	Northern and Yorkshire	Yorkshire and Humber - Health links 2001	Author: C. Manson-Siddle, Ed.: NHS Executive Northern and Yorkshire	Leeds 2001
United Kingdom	South East	Inequalities and Health in the South East Region	Author: C. Bowie, Ed.: South East Public Health Observatory, Institute of Health Siences	Oxford 2000
United Kingdom	Northern Ireland	The health of the public in Northern Ireland: the report of the Chief Medical Officer 2001	Ed.: Northern Ireland, Department of Health, Social Services and Public Safety	Belfast, 2001
United Kingdom	Scotland	Health in Scotland 2000: report of the Chief Medical Officer on the state of Scotland´s health for the year ended 31 December 2001	Ed.: Scottish Executive Health Department	Edinburg, 2001
United Kingdom	Wales	Welsh Health: annual report of the Chief Medical Officer 1998	Ed.: Chief Medical Officer, Wales	Newport, 1999
United Kingdom	Wales	Health in Wales, Chief Medical Officer´s report 2001/2002	Ed.: National Assembly of Wales, Public Health Strategy Division	Cardiff, 2002

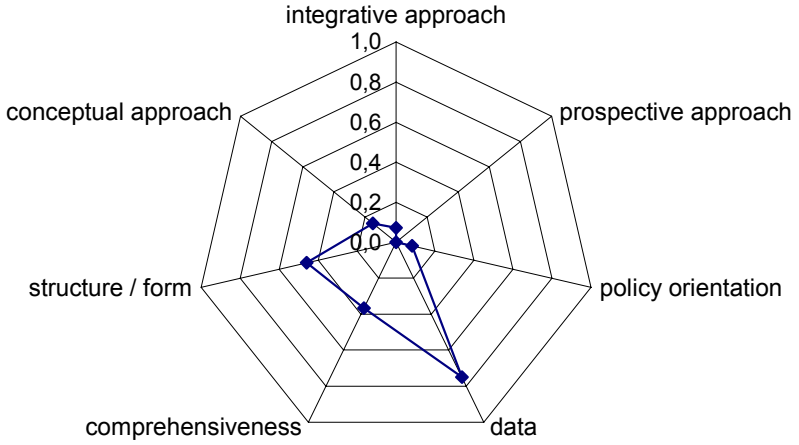
Annex 4: Health Report Profiles

National Public Health Reports

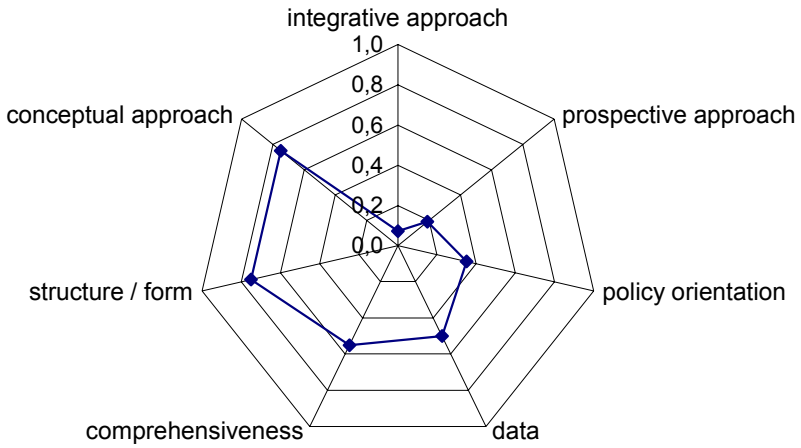
Annual Report of the Chief Medical Officer 2001, UK national



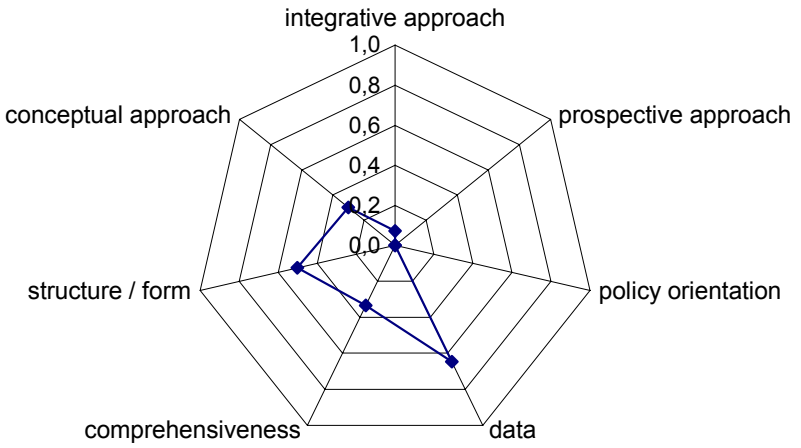
Jahrbuch der Gesundheitsstatistik 1999, Austria national



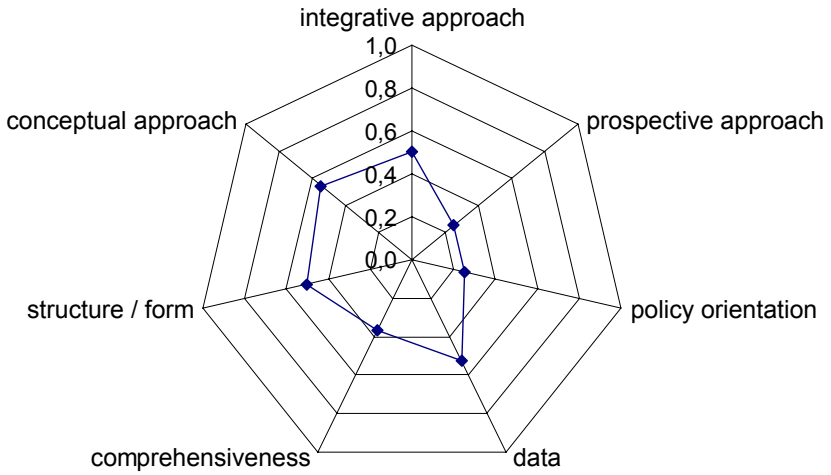
Gesundheitsbericht 2000, Austria national



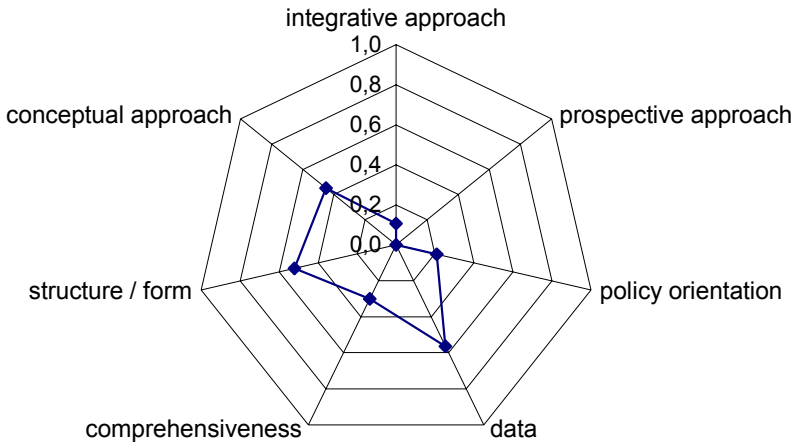
Czech Health Statistics Yearbook, Czech Republic national



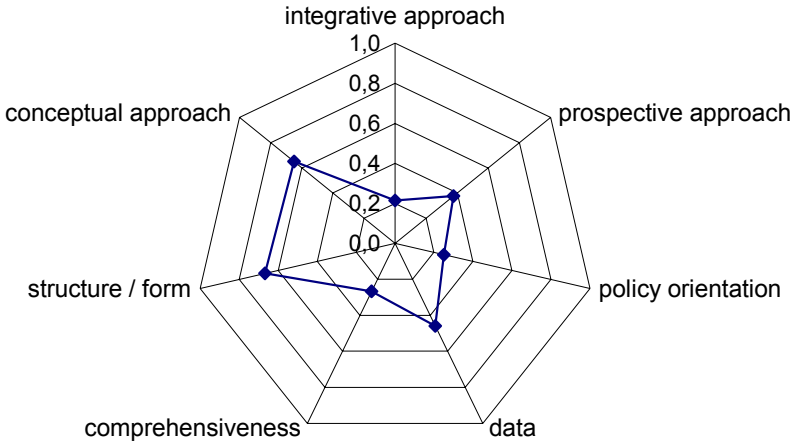
Danish Health Toward the Year 2000, Denmark, national



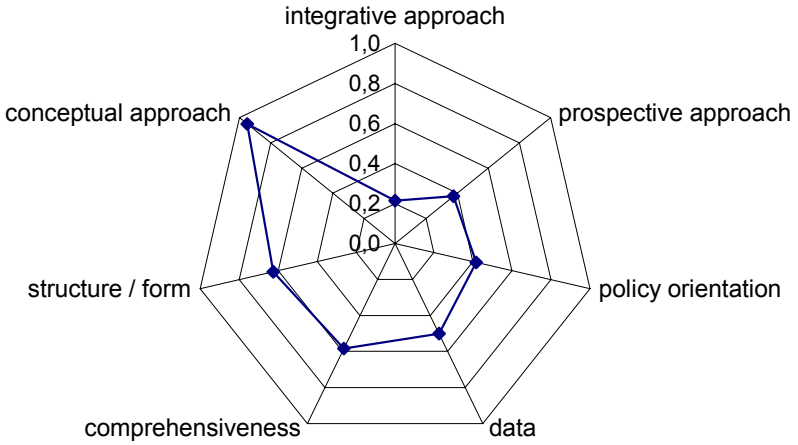
La santé observée dans les régions de France, France national



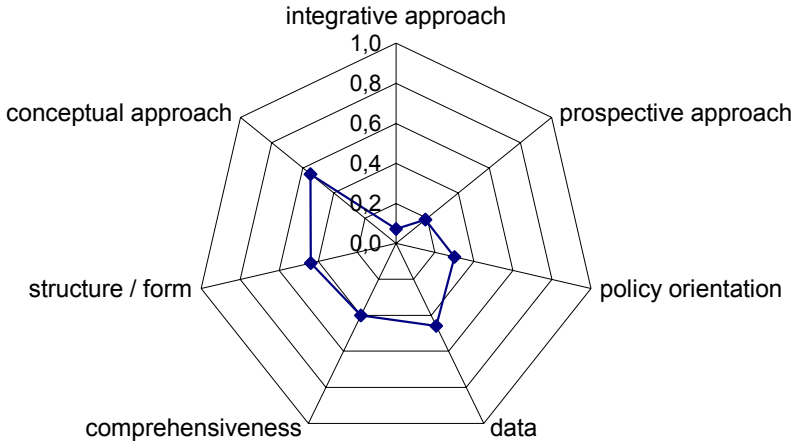
Gesundheitsbericht des Bundes 2000-2002, Germany national



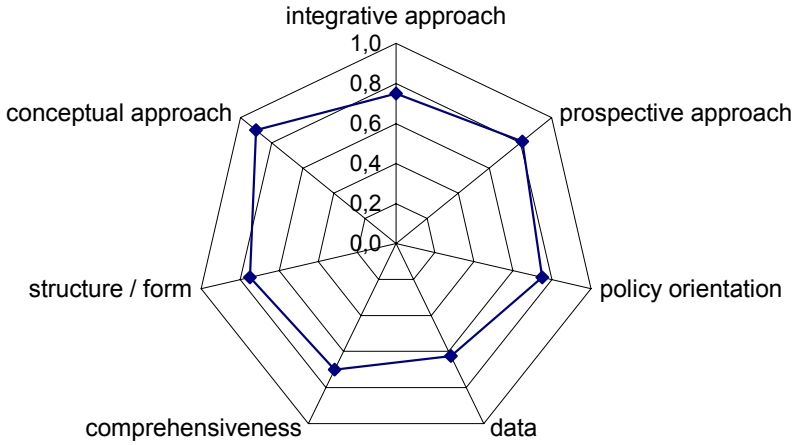
Gesundheitsbericht für Deutschland 1998, Germany national



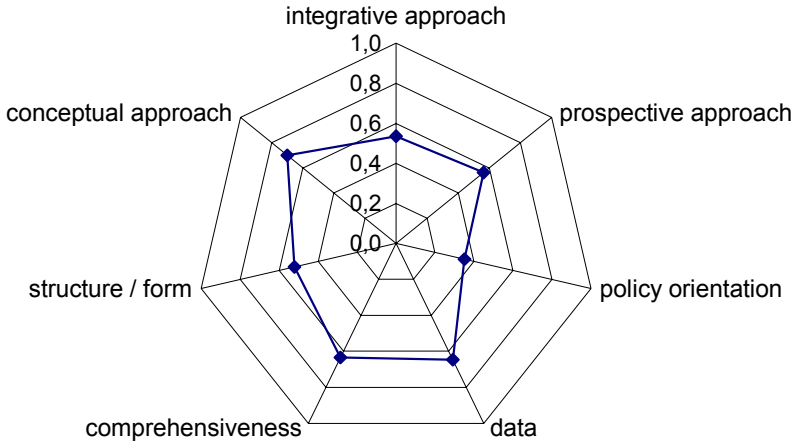
Health in Greece 1999, Greece national



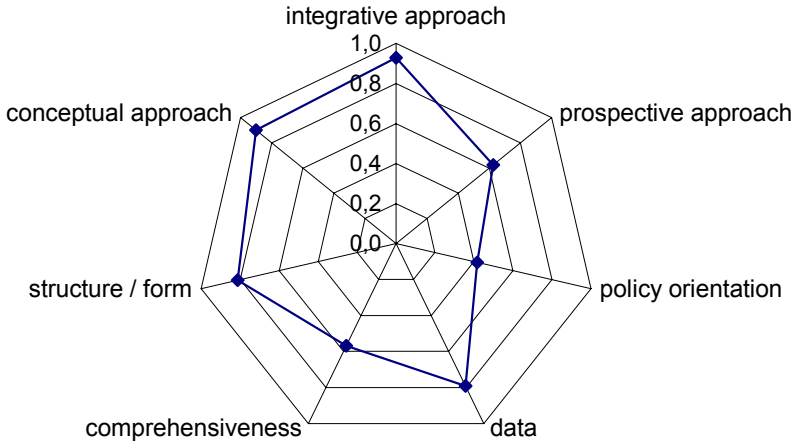
Health in Finland 1999, Finland national



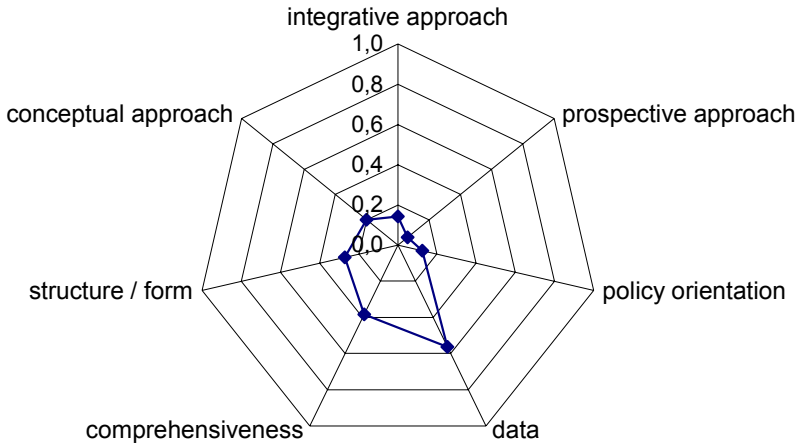
Health in Italy in the 21st Century, 1999, Italy national



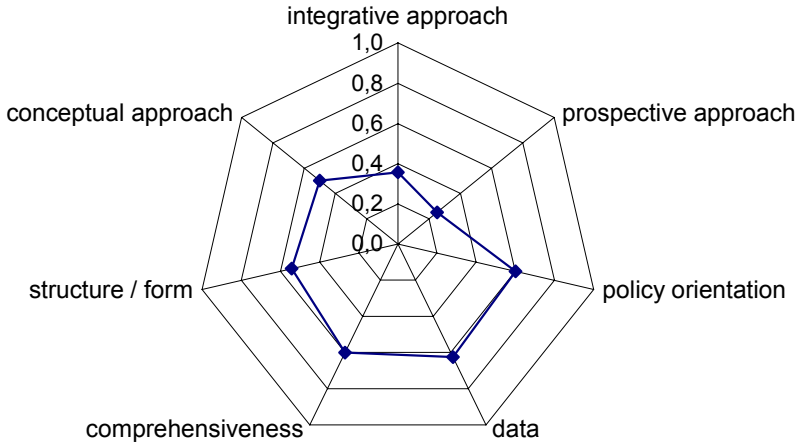
Health in Sweden 2001, Sweden national



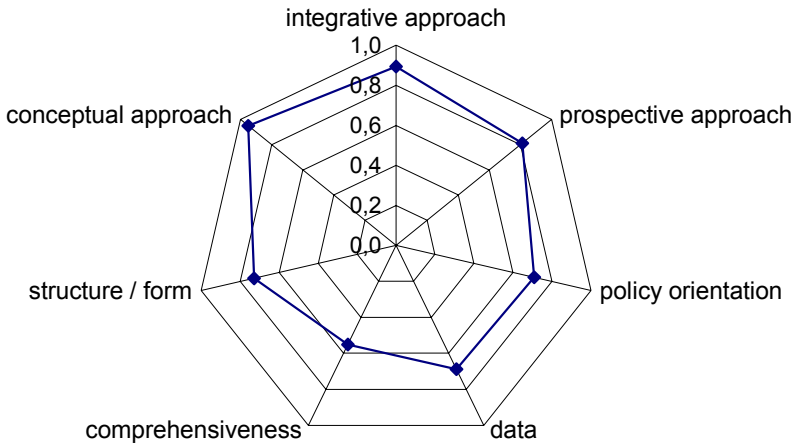
Health Status of the Polish Population 1996, Poland national



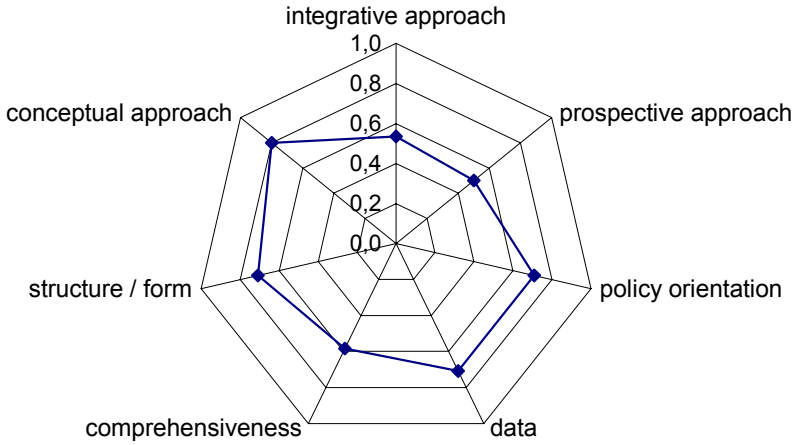
Relazione sullo stato sanitario del Paese 2000, Italy national



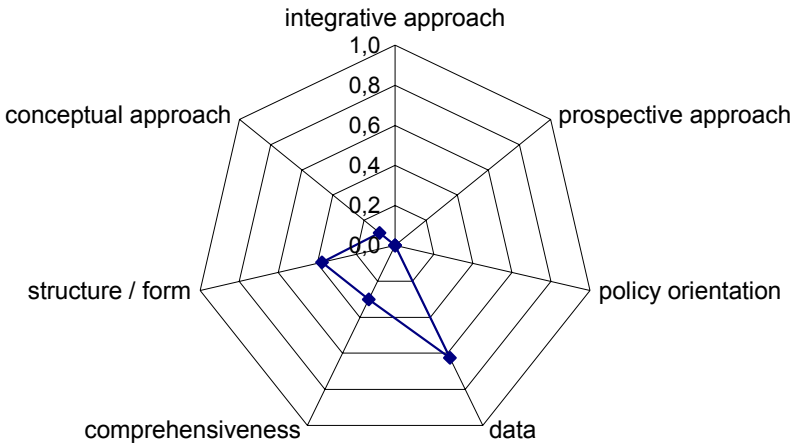
La santé en France - Rapport général 1994, France national



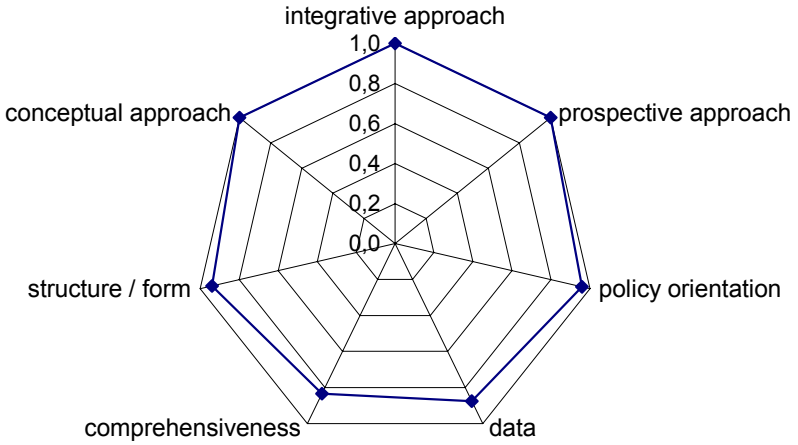
Lifetime in Denmark 1994, Denmark national



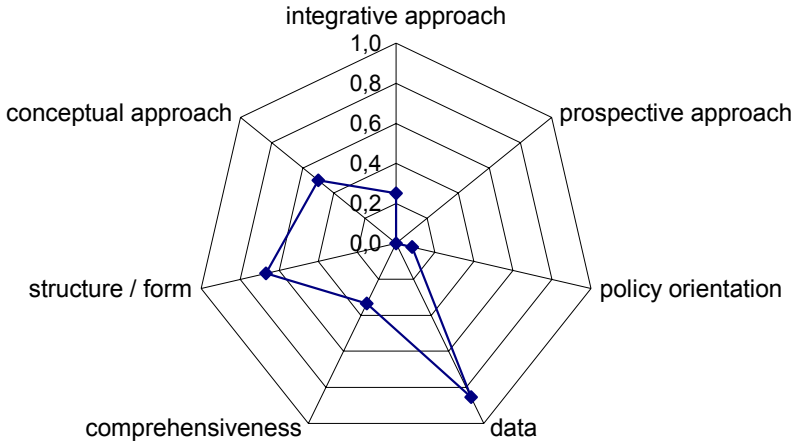
Yearbook 1998, Hungary national



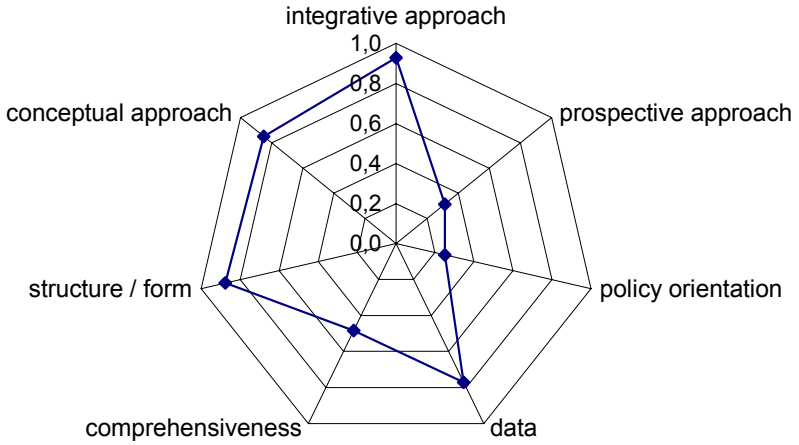
Public Health Status and Forecasts 1997, the Netherlands national



The National Health Indicator System and the Data Base 2000, Norway national

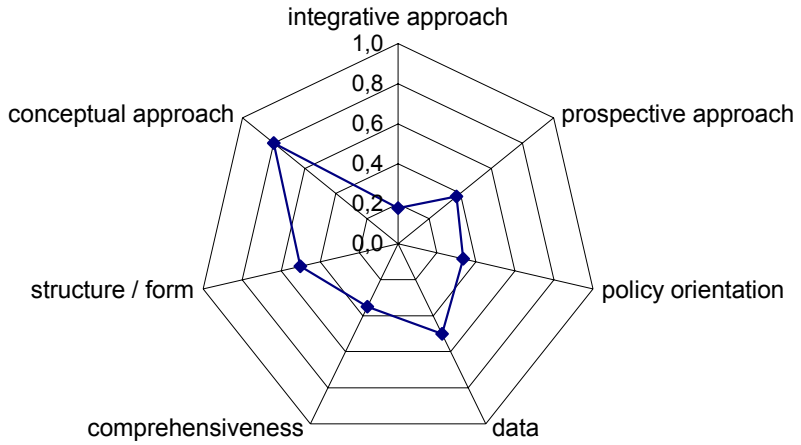


Sweden's Public Health Report 1997, Sweden national

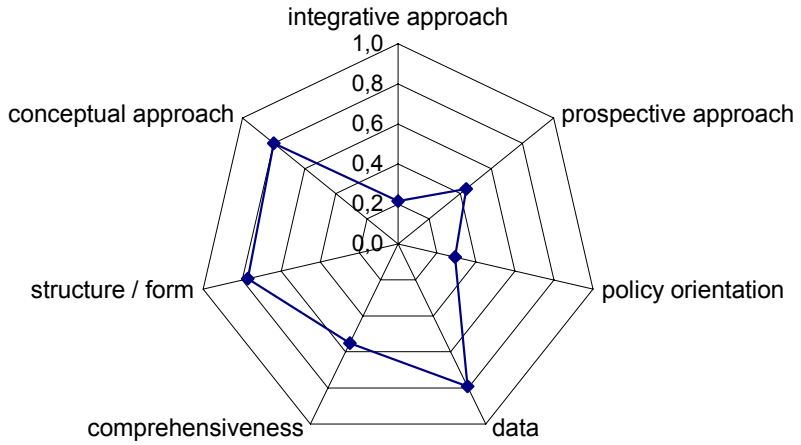


Regional Public Health Reports

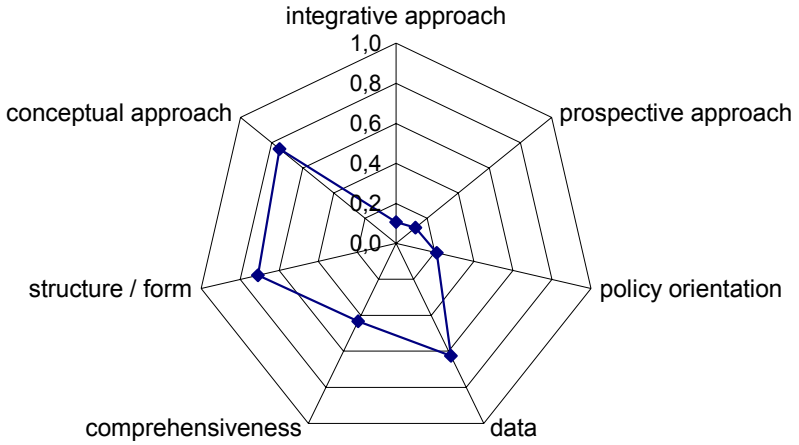
Gesundheitsbericht Oberösterreich 2000, Austria regional



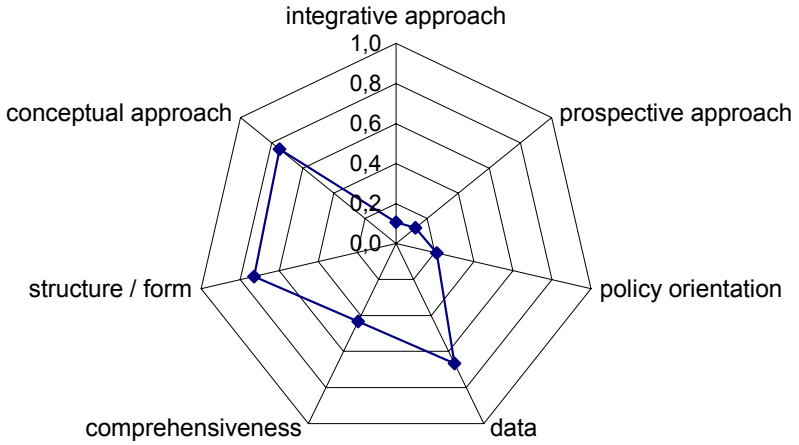
Wiener Gesundheitsbericht 2000, Austria regional



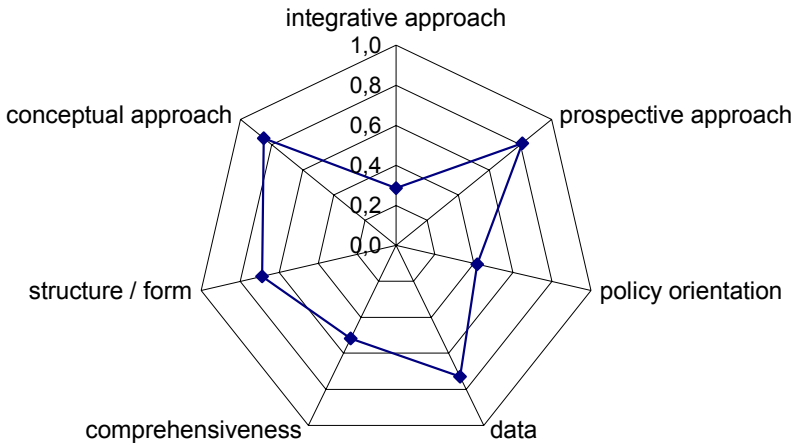
Gesundheit in Wien 2001, Austria regional



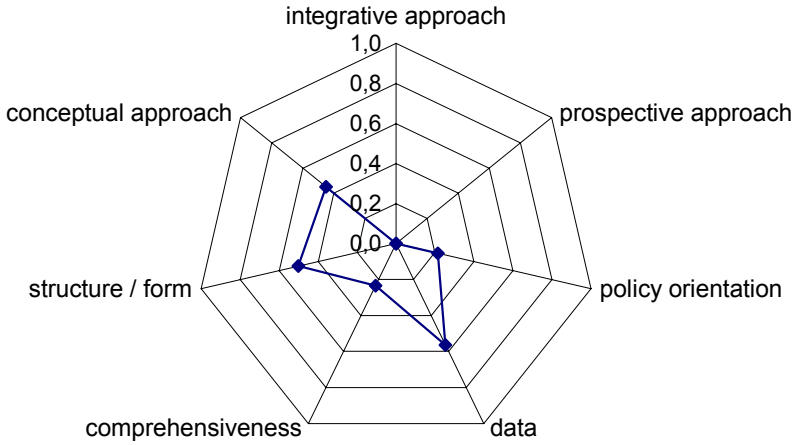
Gesundheitsbericht Wien 2002, Austria regional



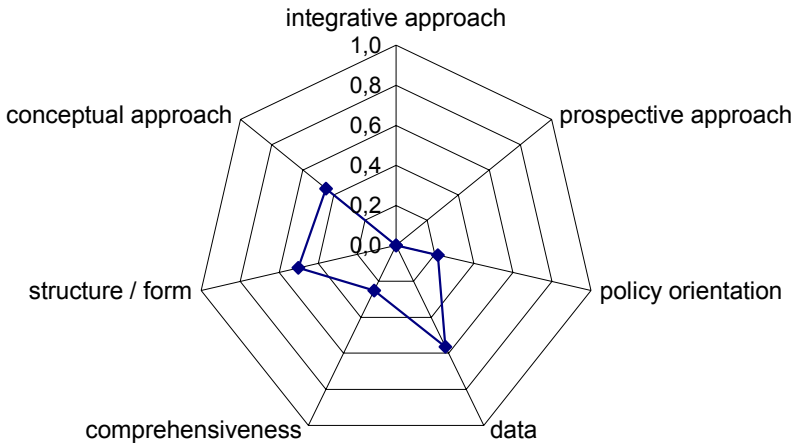
Gesundheitsbericht 2000 für die Steiermark, Austria regional



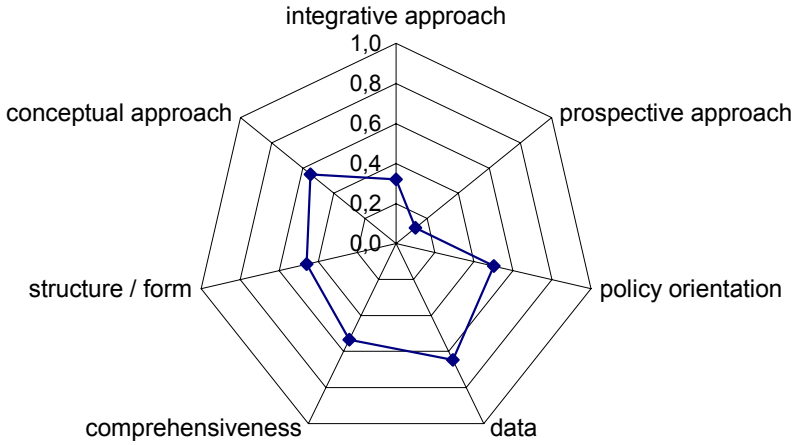
La santé observée Languedoc-Roussillon 1998-1999, France regional



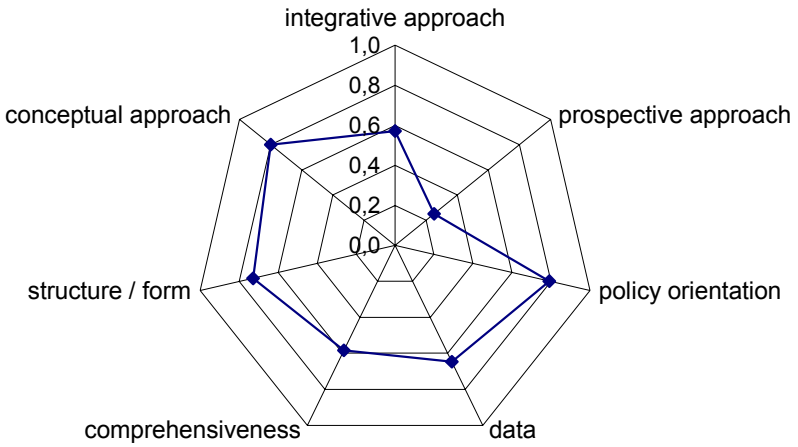
La santé observée Martinique 1996-1999, France regional



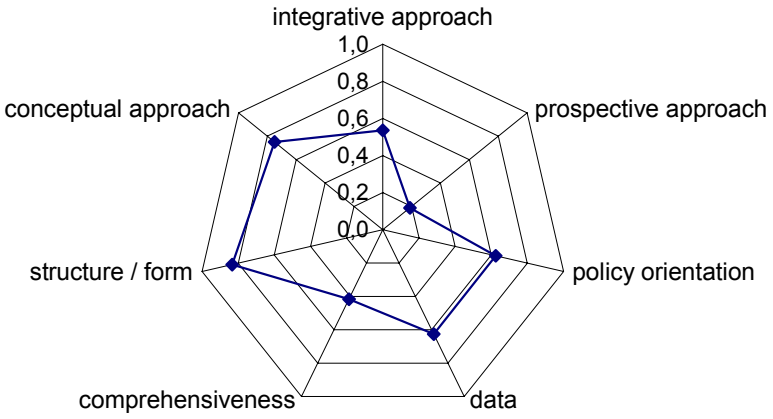
Gesundheitsberichterstattung Berlin - Basisbericht 2001, Germany regional



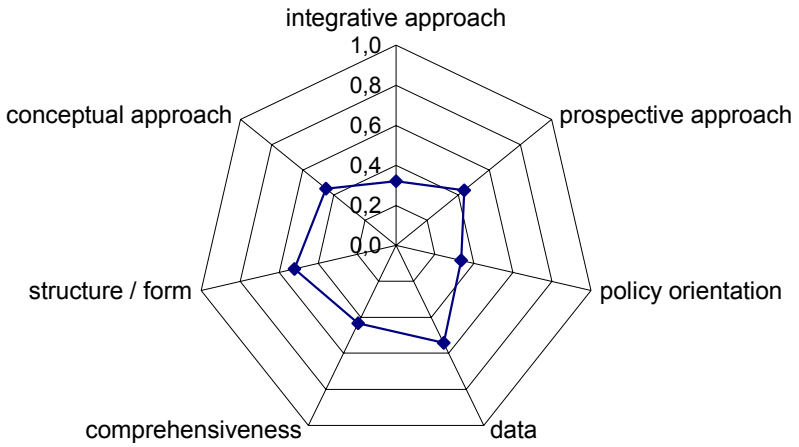
Landesgesundheitsbericht Bremen 1998, Germany regional



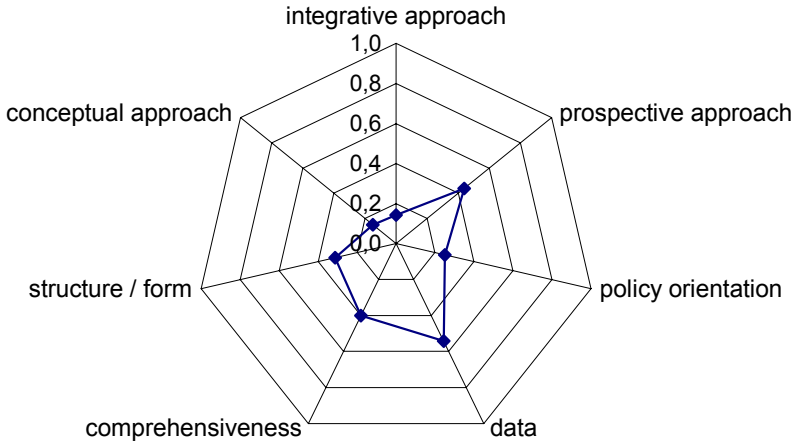
Gesundheitsbericht NRW - Gesundheit von Frauen und Männern 2000, Germany regional



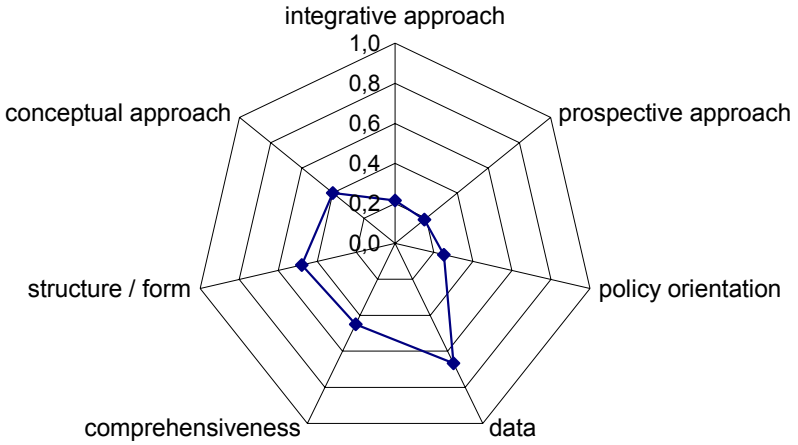
Hessischer Gesundheitsbericht 2001, Germany regional



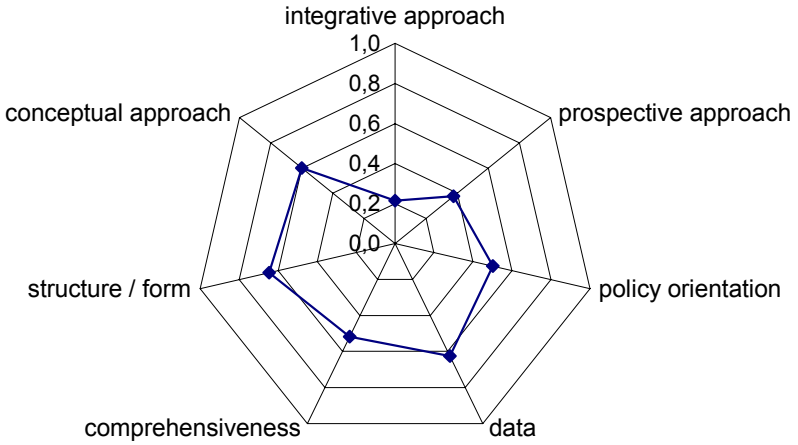
Gesudheitsbericht 2000 Mecklenburg-Vorpommern, Germany regional



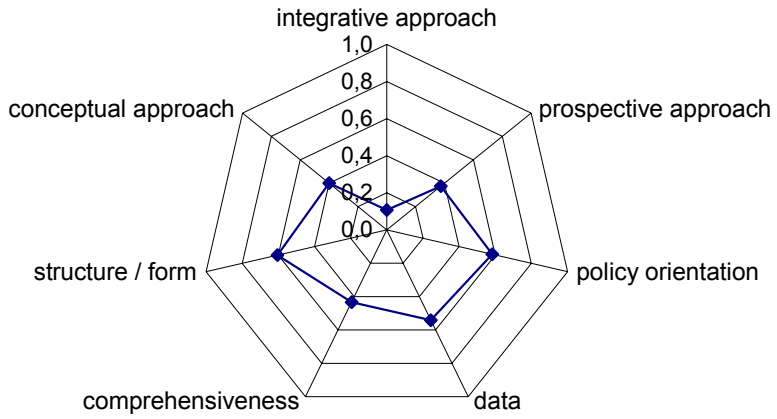
Report of the Director of Public Health - Southern Health Board, Ireland regional



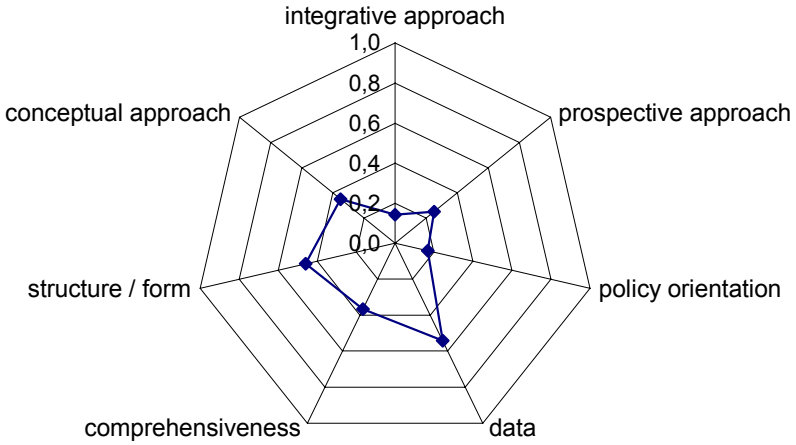
Public Health in the Eastern Health Board Region 1998, Ireland regional



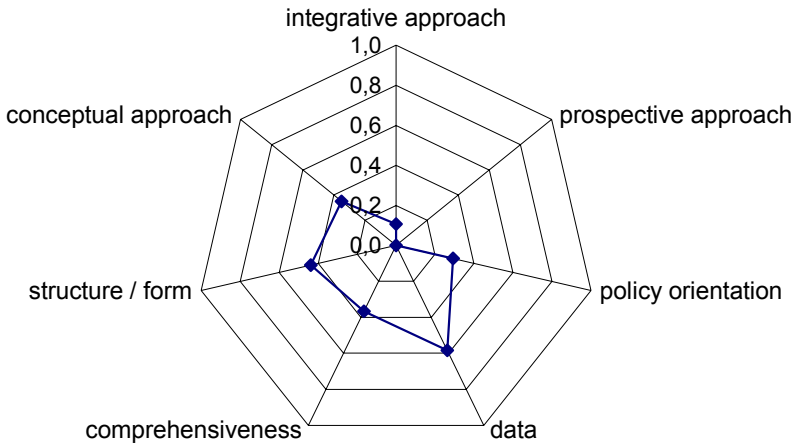
Public Health at the Turn of the Century - Eastern Health Board 2000, Ireland regional



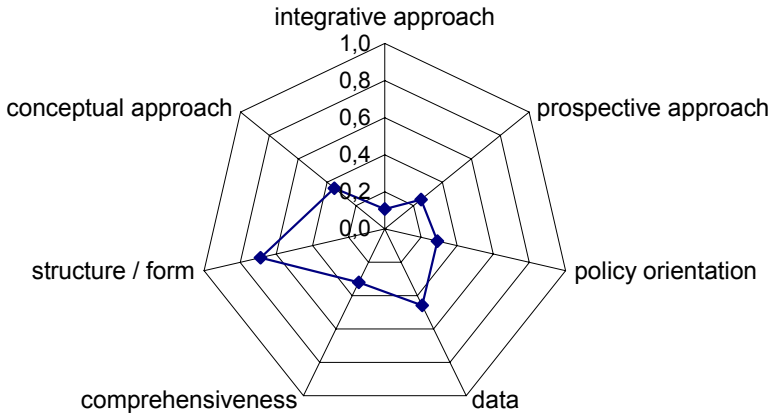
Health and Wellbeing in the Mid-West 1999, Ireland regional



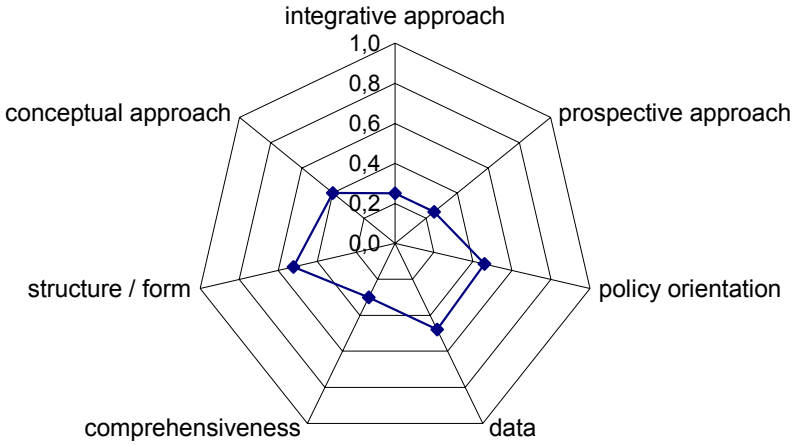
Health Status in the North Eastern Health Board 2000, Ireland regional



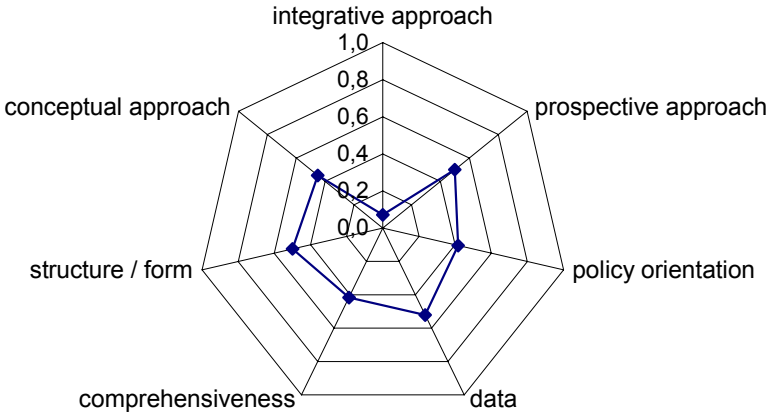
Demography, Mortality, and Morbidity in the North Western Health Board 1999, Ireland regional



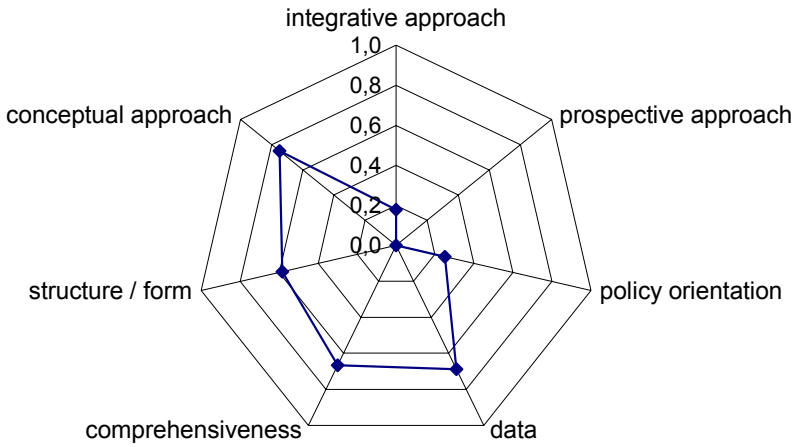
The Health of the South East 1996, Ireland regional



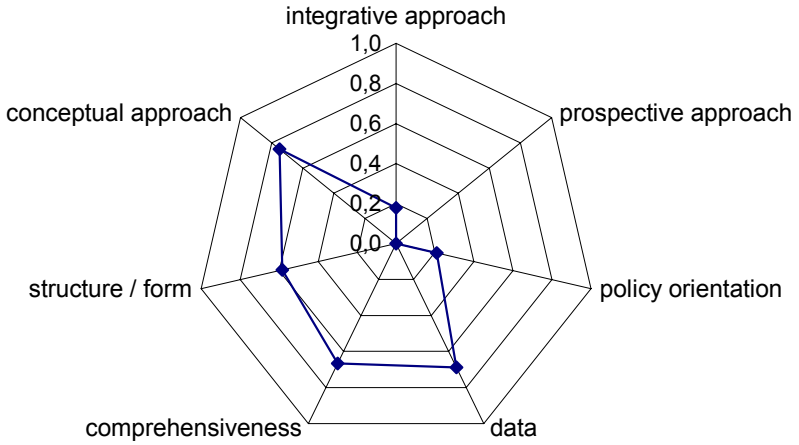
Western Health Board - Report of the Director of Public Health 2000-2001, Ireland regional



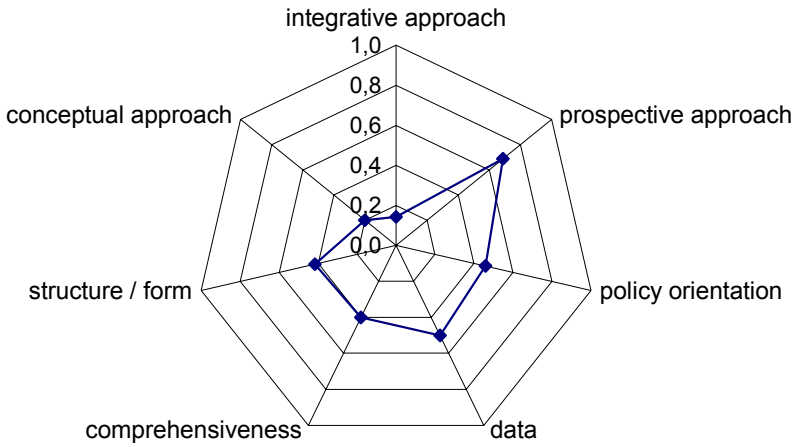
Relazione sanitaria provinciale 1999 - Bolzano, Italy regional



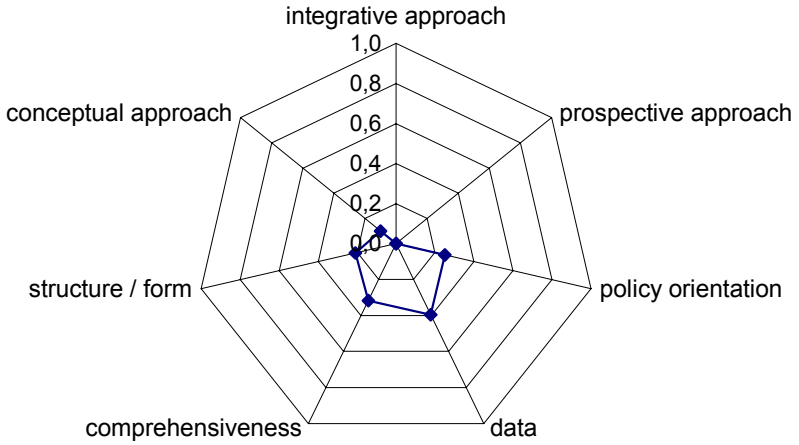
Landesgesundheitsbericht 2000 - Bozen, Italy regional



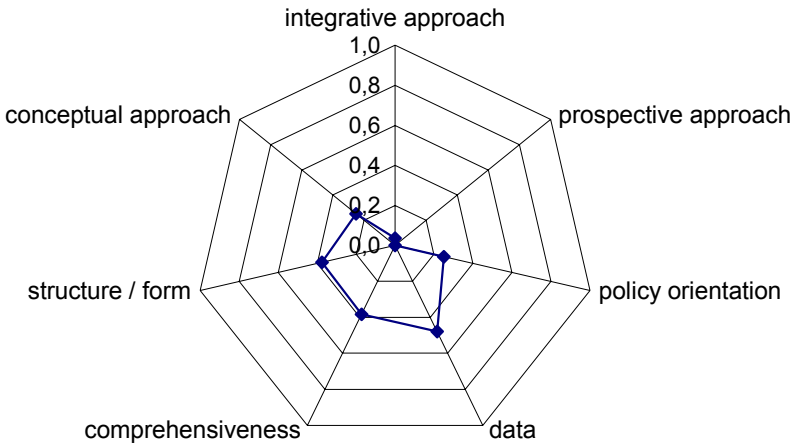
Relazione Annuale 2000 - Emilia-Romagna, Italy regional



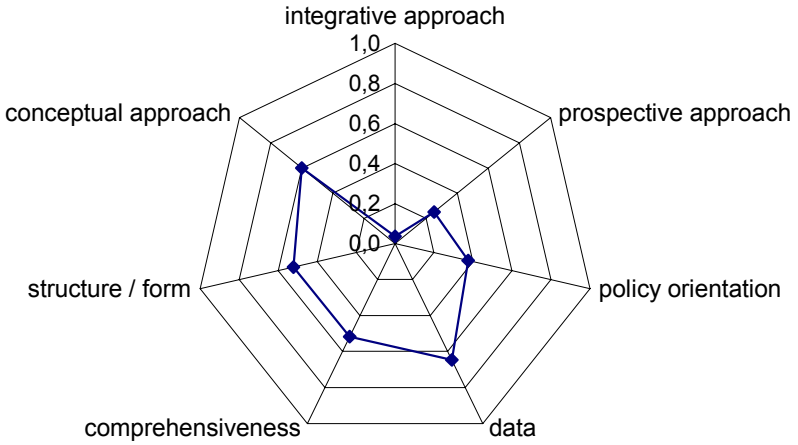
Relazione sullo stato sanitario della Regione Siciliana 1992, Italy regional



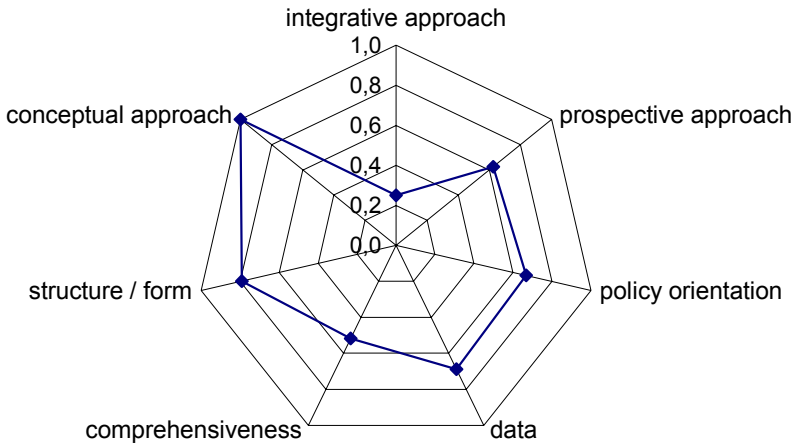
Relazione sanitaria e sociale 1999-2000 - Valle d'Aosta, Italy regional



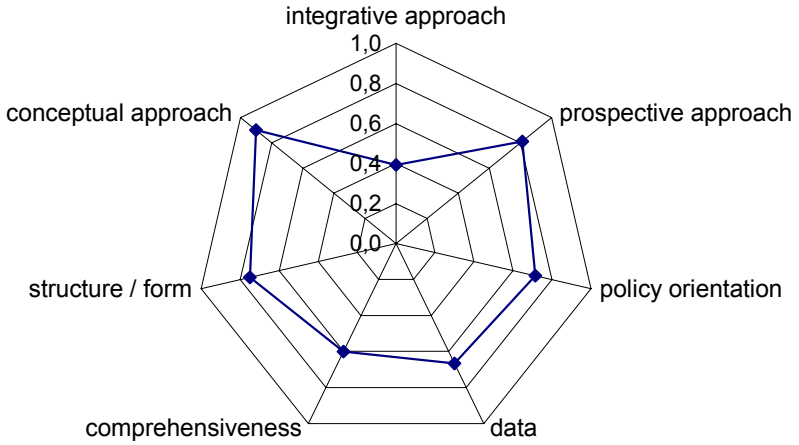
Relazione Socio-Sanitaria della Regione Veneto 1998-1999, Italy regional



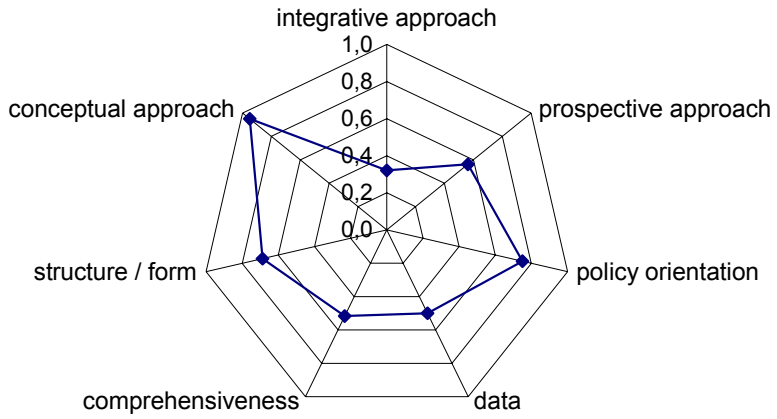
Health Plan for Galicia 1998-2001, Spain regional



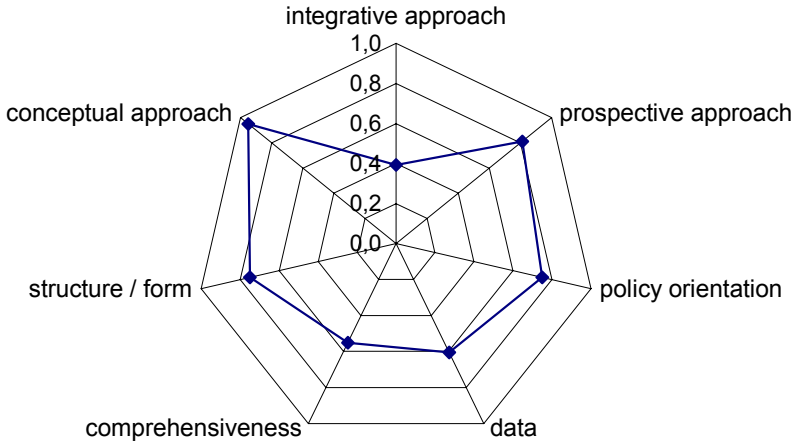
Health Plan for Catalonia 1993-1995, Spain regional



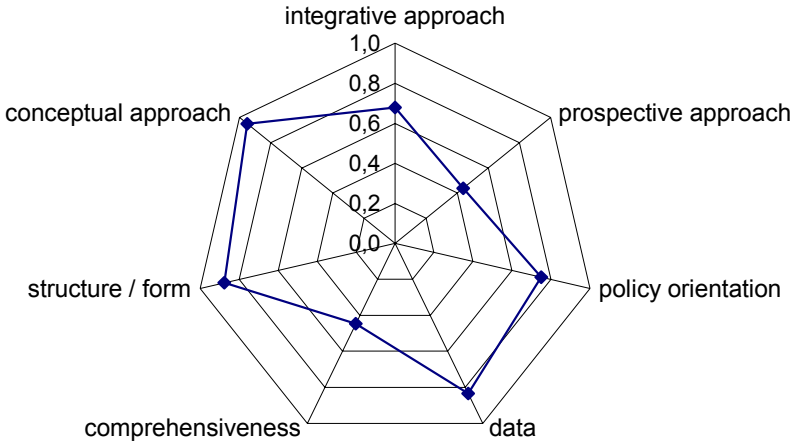
The Health Plan at Your Fingertips - Health Plan for Catalonia 1996-1998, Spain regional



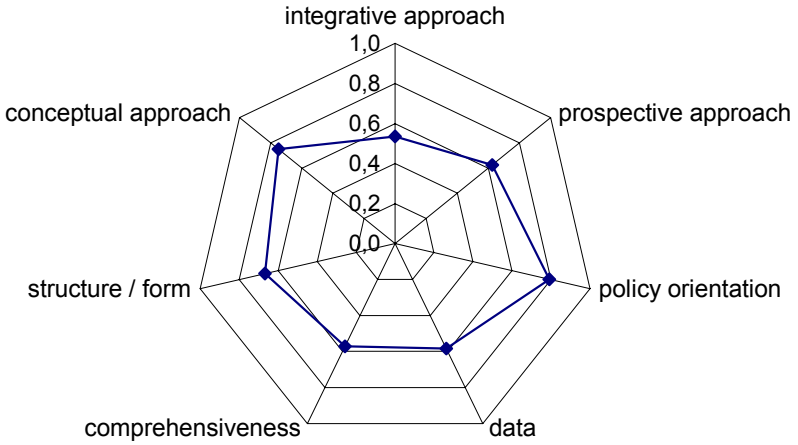
Health Plan for Catalonia 1999-2001, Spain regional



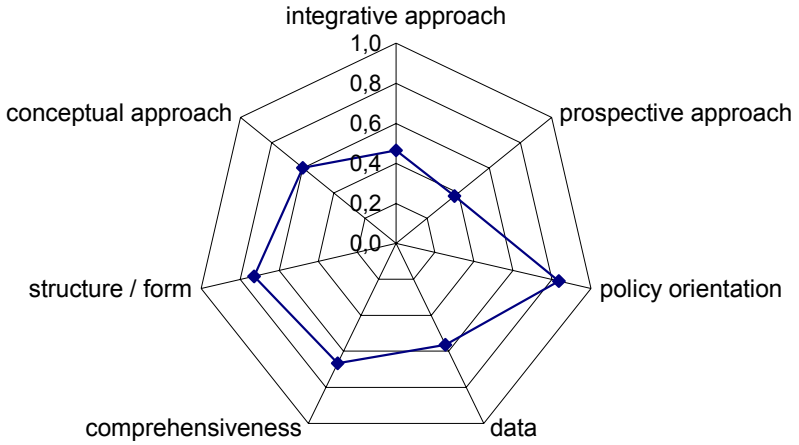
Health in London 2002, United Kingdom regional



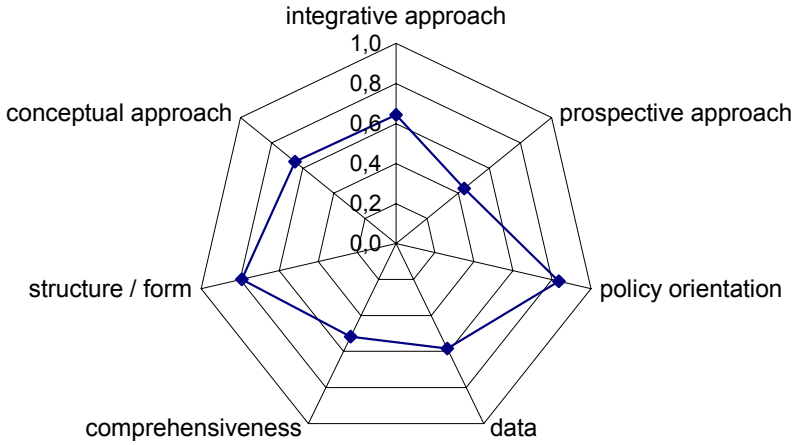
Health in Scotland 2000, United Kingdom regional



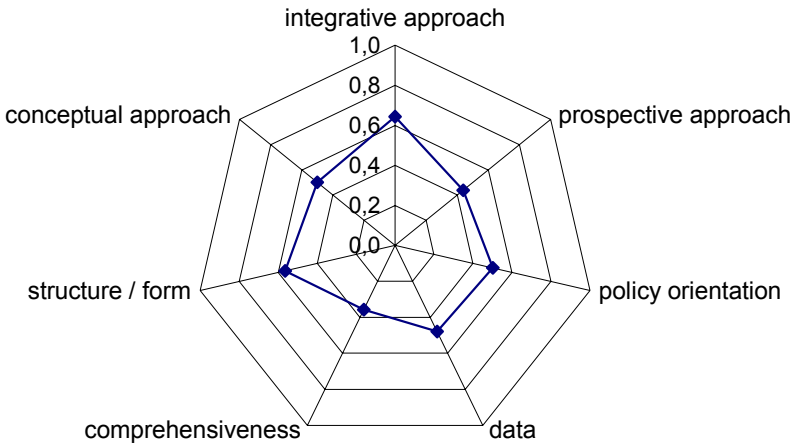
Welsh Health 1998, United Kingdom regional



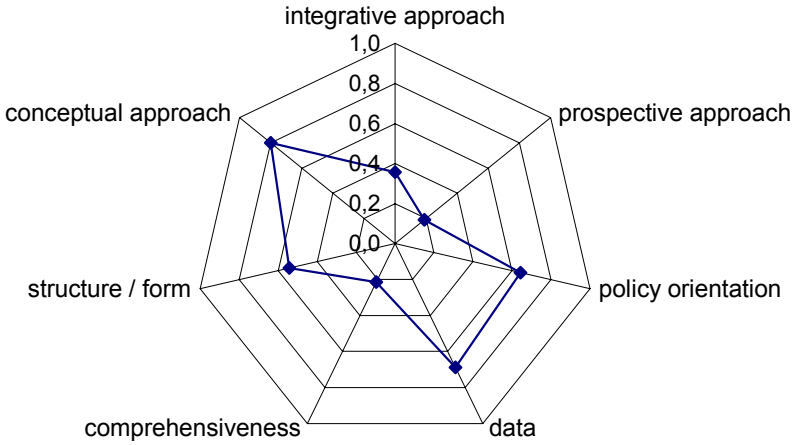
Health in Wales 2001/2002, United Kingdom regional



The Health of the Public in Northern Ireland 2001, United Kingdom regional



Inequalities and Health in the South East Region 2000, United Kingdom regional



Yorkshire and Humber - Health Links 2001, United Kingdom regional