

DEVELOPMENT OF GUIDELINES
FOR REPORTS ON PUBLIC HEALTH



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DEVELOPMENT OF GUIDELINES
FOR REPORTS ON PUBLIC HEALTH

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Abstract

The development of better reports on public health would give all the partners in health a useful tool with which to tackle public health issues, and increase the influence that epidemiology and health information have on health policy decisions and public health. A WHO Working Group met to discuss how best to prepare and present health reports and how internationally accepted guidelines could be developed. They addressed the definition, content, frequency, presentation and evaluation of reports on public health. They advised WHO and its Member States on how to facilitate their use and how to contribute to the development of international guidelines for more effective reporting.

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Introduction

Health for all (HFA) is the first policy to have been accepted by every Member State of the European Region and to be supported by politicians of divergent ideologies. It promotes a long-term vision of health policy that has proved resilient through times of crisis and changes of government.

Many countries in the European Region have already achieved several HFA targets, though there is much variation between and within countries. Each country reports every three years using WHO indicators. Not all indicators, however, are suitable or acceptable to all countries. A reporting mechanism is needed for monitoring the health of populations, developing targets and informing policy development. It needs to be introduced quickly so that it can form a basis for restructuring the health systems in some countries. It must therefore be practical and feasible, providing as far as possible for comparisons between countries. It must also allow for refinement and development as more comprehensive data become available.

Scope and purpose

The capacity of epidemiology and health information to influence health policy decisions and public health is rarely used to the full. The different partners in health often do not use their potential sufficiently to interact because the right "spark" is lacking. The important interplay of communities and sectors of society can be sluggish if there is no common reference point on public health issues. This "spark" function may be fulfilled by better reports on public health.

A meeting on the uses of epidemiology in support of HFA strategies^a stipulated that "the main challenge for epidemiology today is to become an effective instrument in the design and evaluation of health policies and plans". One of the essential capacities for an epidemiological approach is "the capacity to analyze and interpret information ... and to communicate it to policy makers and planners in a manner that is optimally useful and timely".

Furthermore, a document on the evaluation of the HFA strategies states that the WHO Regional Office for Europe should encourage countries to produce their own health reports in line with the HFA strategy and the regional targets since this, in turn, could increase the impact of HFA policies. For this purpose guidance should be provided on the best way to prepare and present health reports.^b

This guidance will of necessity be of a general nature, to allow for differences between countries, levels of management and audiences to be addressed. Nevertheless, the following topics will have to be covered:

- the general principles of reports on public health, including their needs and objectives, potential roles, framework (targets, indicators, actions, evaluation), obligatory and optional components (chapters), and the partners in the national health development and social environment who will be conducive to effective reporting;

^a Uses of epidemiology in support of Health for All strategies: report on a meeting, Geneva, 31 October - 4 November 1988 (WHO/HST/DES/88.04).

^b HFA indicators and evaluation framework for the European Region of WHO (1990-1991) (EUR/RC40/9).

- their specific requirements related to differences in the target groups, levels of decision-making and policy implementation, tradition and cultural background, and available technology;
- a general model (in the form of a manual) for reporting on public health; and
- the practical steps to be taken for implementing the guidelines.

The present Working Group met to address these issues and its main objectives were:

(a) critically to review current practices of preparing reports on public health and assess their weaknesses and achievements;^a

(b) to advise on steps to be taken to develop international guidelines for effective reporting on public health; and

(c) to initiate a process of consensus building on the above guidelines through the networking of partners from different sectors.

In the time available, the Working Group could not cover all the ground, but it made recommendations about how this work might progress. The discussion was wide-ranging and addressed the definition, purpose, content, frequency, presentation, and evaluation of reports on public health.

^a A useful report on this subject is the Report of the Working Party on Annual Reports of Directors of Public Health. London, Faculty of Public Health Medicine, 1989.

General principles of reports on public health

Definition

A report on public health is a report on the health of a defined population that describes and evaluates the major health determinants and the actual health status of that population; it should describe the existing health policy and the effectiveness and outcome of services that influence health. A report that meets this definition ought to form the focus for public debate and public participation in decision-making; it should stimulate action at the organizational level to which it is directed.

Such a report is not easily produced and appropriate resources must be allocated for the task. In particular, a sufficient number of adequately trained personnel must be available (such as specialists in epidemiology and public health, information and communications sciences).

Purpose

The prime objective of a report on public health is to stimulate action that will improve the public health. The publication of a report on public health is not an end in itself and is only justified if it affects policy and plans. It is sometimes difficult, however, to relate a report on public health to the public health outcomes that are sought, particularly when the time-scales are long. The following outlines the relationship between reports on public health and intended health outcomes.

A good report on public health will stimulate management action to secure political and professional support for new policies and ensure that resources are made available. Implementation of a new policy should result in positive changes in health services,

environment, lifestyle or economy. In due course, these should lead to improvements in health, though in some cases this will not be measurable for years. Each part of the sequence can be the subject of audit and evaluation. This should be addressed in subsequent reports on public health, to establish an "audit spiral".

A comprehensive report on public health that fulfils the definition given will address the determinants of the health of a population, most of which are not in the policy domain of health authorities. If it is to be an effective instrument for change, it must identify the responsible agencies accurately and seek to influence their policies.

A report on public health is not likely to be effective unless at least one version of it is presented in a way that will be interesting to and understood by the public and politicians.

In summary, a report on public health should:

- interest, inform and educate the public, health professionals, politicians and policy-makers, and stimulate them to action;
- identify health problems, high-risk groups and unmet needs;
- evaluate action already taken;
- indicate health priorities, the preferred resource allocation and the direction of service development; and
- provide a focus for intersectoral action.

Content

Reports on public health are needed at all levels of policy-making and administration of the health services. The purposes will be different at each level, ranging from strategic at the supranational and national levels to operational at the district or local levels. The content will differ at each level, to reflect the purpose of the document and the statistical constraints of the population base involved.

Tension clearly exists between "top-down" and "bottom-up" approaches to the content of reports on public health. On the one hand, the acceptance of central guidance on content, definitions and the minimum data set allows for comparisons between populations. Coordinated contents (reporting on the same issue at the same time in a comparable way) can add value to the report by allowing for the production of a powerful, integrated statement on a public health problem. On the other hand, people producing reports on public health want to retain the flexibility to describe features in a way that is locally sensitive and appropriate. It is important that the population described in the report can identify with it, and that the authors do not regard the production of the report as an administrative burden imposed from above which is of no local value.

On balance, the Working Group thought that central guidance on content would be helpful. There should be no coercion, but the imaginative and effective use of information from coordinated reports can be expected to encourage participation.

The Group was disturbed to find so little agreement on the definitions of quite basic parameters of health and disease; WHO should produce definitions for

discussion and adoption by Member States. Part of the difficulty lies in the adequacy of currently available data. For example, all Member States should ensure that death statistics are recorded using the three-digit International Classification of Diseases (ICD) codes, and that they are age- and sex-specific.

The long-standing problem of health reports is that they depend on measures of death and illness rather than of health. These traditional measures still have a place in reports on public health, but efforts should be made to improve morbidity measures by using population-based data rather than hospital-use data. In areas where hospital-use data are the only reasonable source of morbidity information, they should always be person-based rather than event-based. (It is essential that one should be able to distinguish between one person being in hospital ten times and ten people being in hospital once each.) The Group was particularly concerned that countries that are now developing information systems should be advised about the inadequacies of existing systems and helped to avoid repeating other people's mistakes. WHO should offer clear guidance and support to Member States on these issues.

Many existing sources of information are relevant to health and should be considered for inclusion in reports on public health. For example, commercial information on purchasing reveals changes in alcohol consumption, smoking and dietary preferences.

In addition, information from multinational studies can be obtained at national and subnational levels for inclusion in reports.

Health data are collected routinely in many countries, for example at school or military medical check-ups. These data should be computerized wherever

possible. They form an important continuing source of data on stature and nutrition, and should be available for reports on public health.

The content of reports on public health that are published in the near future will reflect the existing availability of information and include strong sections on mortality and morbidity. They should also all include information about lifestyles, and the physical, social and economic environment, and an assessment of the health status of the population. Every report on public health should also describe, as appropriate, the health services available to the population. Reference should also be made to existing health policy and the present knowledge about the causation of disease and the prevention of illness.

The regular production of a report on public health with similar content and little change in statistical values is not likely to maintain the interest of recipients. Thought could therefore be given to a programme of topics that could be considered sequentially in depth. Such a programme could be announced in advance, and would not preclude interim reports out of sequence if exceptional circumstances arose.

The report on public health should not be just a historic, descriptive document. Wherever possible it should report on trends and provide projections of future health status as a basis for planning and policy development.

Newer measures of health and of health-influencing behavioural and environmental factors are clearly needed. WHO, Member States, academics and professionals could usefully work together to develop such measures. A specific example discussed was social isolation, which is associated with a wide range of health-damaging behaviour.

The Regional Office is, in fact, developing a model for the description of health, environmental and social status in any given country, which includes comparative Europe-wide statistics. A brief document of this kind could be of assistance in the production of reports on public health at all levels. Such documents should be produced for all Member States and made available to them.

Further work should be commissioned to produce detailed guidance on the content of reports on public health which can be offered to Member States and subnational authorities.

Frequency

The production of a report on public health requires considerable resources. The frequency of reporting should therefore reflect the operational and policy requirements of the recipient organizations. Too frequent reports are not only wasteful but may be counterproductive, especially at levels where health factors and status change slowly. Readers may then find reports repetitive and not give them the attention they deserve.

A solely statistical report is probably of value at all levels on an annual basis and most systems have the capacity to produce routine data in this way.

A comprehensive report on public health should be produced at least every five years at the national level. Local reports should be produced every one to two years.

Presentation

If reports on public health are to be effective in stimulating discussion and change, they must be presented in an attractive and accessible form. It is desirable to produce different versions of the report for different target audiences. Much of the statistical content of the report could probably with advantage be available as an optional appendix. The statistical material presented in the main body of the report should as far as possible be displayed graphically.

It is essential, however, that the presentation of reports on public health is not restricted to old-fashioned technology. Statistical information should be widely available on discs or other appropriate electronic systems.

Attention should also be paid to the presentation of the report to the public, politicians and the media. The visual impact of a videotaped version of the report would probably exceed that of a written version. It would also act as a trigger for the presentation of associated health messages in the media. At present, there are practical difficulties of cost and control over content that inhibit the use of video and associated methods; they must, however, be acknowledged as an important and inevitable development in the future.

Evaluation

Efforts should be made to evaluate reports on public health. This is again a difficult area where assistance is needed in developing methods. The traditional "structure, process, outcome" approach is suitable for many aspects of reports on public health evaluation. Reports should also ideally be subject to statistical,

expert and lay evaluation. It is unlikely that one single measure would be satisfactory for the assessment of a complex and sophisticated document that addresses many issues and several audiences.

Reports on public health can be evaluated according to their readability, utility to different audiences, accuracy, impact on decision-making, etc.

Recommendations

1. WHO should produce definitions of proposed items for inclusion in reports on public health.
2. WHO should produce, for each Member State, a brief background statistical report on health, environmental, social and economic factors.
3. WHO should produce reports on public health issues of European dimensions, such as migration.
4. WHO should identify and support innovative methods for the dissemination of information.
5. WHO should facilitate training in the effective dissemination of public health information.
6. WHO should collaborate closely with other international agencies in the commissioning, collection and linkage of epidemiological and statistical information on public health and consider the development of formal relationships (such as through committees).
7. WHO should establish a mechanism to obtain detailed recommendations on the content of reports on public health.

8. Member States should require the publication of reports on public health at specified frequencies, and allocate resources for the purpose.

9. Member States should require each report on public health to include information on mortality, morbidity, lifestyles, the physical, social and economic environment, and health services.

10. Member States should encourage the development and use of newer indicators and measures in reports on public health.

11. Member States should recognize the need for different reports at different levels, with different frequency, content and presentation.

12. Member States should ensure that the statistical information needed for reports on public health, as well as the professionals to analyse and present it (epidemiologists and other specialists), are adequate for the purpose and readily available.

13. Member States should recognize that reports on public health form a part of multilevel reporting systems.

14. Member States should make available information on computer-held databases for further analyses.

15. Member States should computerize and make available routinely collected health and other relevant data.

16. WHO should advise its Member States that reports do not have to relate explicitly to each HFA target, but they should promote the HFA framework:

- adding years to life
- adding health to years
- adding life to years.

17. Member States should be aware that data on lifestyles can be drawn from a variety of existing sources: research studies, surveys, commercial reports and retailing data.

18. Countries currently introducing health and health service information systems should take steps to avoid the deficiencies of some existing systems.

19. Health professionals and researchers should disseminate epidemiological information nationally and subnationally whenever possible.

Annex 1

WORKING PAPERS

ICP/HSC 016/6 Guidelines for reports on public health
by J. Mosbech

ICP/HSC 016/7 Reporting on public health - needs and
opportunities for better use
by A. Nossikov

Utilization of research and information
in policy-making
by E. Ziglio

Annex 2

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