Does it make a difference?

Some assessments and recommendations concerning the policy impact of public health reporting

The PIA PHR project group

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1. Reflexive modernization

Over the last decades many European Member States and the European Union have invested in public health reporting (PHR) systems (cf. Brand 2006). Core issues are the availability of data, the development of common indicator sets (e.g. ECHI[1], ISARE[2]), the development and utilization of new technologies for the presentation and dissemination of information (e.g. EUPHIX[3]). Sometimes regulations concerning PHR activities have been implemented or changed. International conferences to discuss opportunities and challenges for PHR activities have been organized, e.g. in Bilthoven (RIVM 1998), in Berlin (RKI 2001) and in Bielefeld 2003. "Good practice" of writing a PH report has been studied and gaps regarding the supply of information and the needs and expectations of policy makers have been addressed (e.g. EVA PHR, lögd 2003).

There are a couple of reasons for the interest in PHR activities. These activities are important to meet multiple health information needs and inform policy making. "Old" health threats have to be monitored and "new" once have to be explored (COM 2007a). The quality of health services and health systems (e.g. access, effectiveness, efficiency) has to be evaluated. The consequences of the demographic change and new technologies have to be assessed (e.g. European Commission 2007a; Swedish Institute of Public Health 2006). Information and knowledge about determinants of health are needed for health promotion and prevention. Need for action has to be identified, priorities have to be set. The social dimension of health and health inequalities have become more prominent (Mackenbach/Bakker 2003; CSDH 2008). The links between health and wealth are discussed (COM 2007 a, b; Figueras et al 2007; Mackenbach/Meerding/Kunst 2007; McDaid et al. 2008; Suhrke et al 2005, 2007, 2008; WHO 2008 a, b). Knowledge about effective interventions is needed. The implementation of policies has to be monitored and outcomes have to be the evaluated.

"Data", "information", "knowledge" and "understanding" (cf. Friedman/Parrish II/Gibson et al. 2005) are needed to support policy making at the national, regional and local as well as the European level. Some health risks (e.g. the Mexican Flu) have a European dimension and cannot be handled adequately by a single Member State. Information about health differences and health gaps across European Member States are helpful to motivate actors in Member States. Information about interventions will support mutual learning and the spread of good practice.

In modern democratic states the legitimation of governmental policy making is as well rooted in democratic procedures and majorities as in the utilization of an information and knowledge base of high quality (Maasen/Weingart 2005; Weingart 2006). PHR activities can be seen as a tool to bridge the gap between scientific knowledge / research on the one side and decision / policy making on the other. Decision / policy makers use them more frequently than publications in scientific journals etc. They use PHR activities to inform themselves or as a tool for governance to coordinate activities in pluralistic health systems, to motivate for action or even to build up political pressure.

PHR activities can be a direct resource for policy making, but also and indirect source, underlying other tools for "good" governance like health targets, health need assess-

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1 http://ec.europa.eu/health/ph_information/dissemination/echi/echi_en.htm

2 http://www.isare.org/

3 http://www.euphix.org/

ments, health impact assessments, the Open Method of Coordination and certain kinds of health technology assessments.

Without doubt: With regard to PHR systems, many improvements have meanwhile been realized. In many cases the supply and quality of data and PHR deliverables has become better. Administrative data is complemented by surveys. Regulations, recommendations and methodological standards support the comparability of data. The access to information and their usability have become better. There are more and more examples that PHR activities are less data driven and closer linked to policy making. The regions and the local level have been identified as important entities for PH policies and their information needs are being discussed.

But while a lot of activities took place to build up PHR systems and while there are good arguments to stress the importance of the supply of respective information and knowledge, the opportunities and challenges to realize a *policy impact* are discussed and must be better understood (e.g. Kuhn/Busch 2005; RKI 2002). Sometimes it is stated that the policy impact is at best low. Especially producers are often not satisfied. It is also assumed that an impact is often not visible because it occurs indirectly, "behind the back of actors, hidden by complex social processes."[4]

So PHR activities as a tool for policy making in modern societies have become the objective of a "reflexive modernization" (cf. Beck 1986). The project "Policy Impact Assessment of Public Health Reporting" (PIA PHR; 11/2005 – 10/2008), funded under the Public Health Programme of the European Union (Grant Agreement No. 2004109), has addressed these issues (Chapter 2). This paper documents the findings of this project. Chapter 3 discusses the interface between PHR activities and policy making. Chapter 4 summarizes further critical aspects. The description of challenges has been linked with some recommendations for the further development of PHR activities and the realization of PHR projects. Statements from the country reports are added for illustrative purposes and to stimulate further reflections.

2. The project "Policy Impact Assessment of Public Health Reporting" (PIA PHR)

The major objectives of the project PIA PHR were to study the expectations and information needs of different target groups of PHR activities and their utilization of information from PHR activities in different contexts of policy making. Major questions were:

- How are and how should PH reports and PHR systems be designed to meet the needs of policy makers?
- Which factors influence the policy impact and how can chances to realize a policy impact become maximized?
- What can those being active in PHR do to maximize the policy impact and how can they be supported?

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[4] To illustrate the text and stimulate further discussion, the footnotes entail statements of country reports (the respective countries are mentioned in brackets) which have been conducted within the project PIA PHR (see chapter 2 for more information) – like:

"Effects of PHR at the national level are slow to have demonstrable effect on health improvement and health investment priorities." (England)

The questions were in a first step addressed by desktop research, taking into account publications addressing experiences with PHR activities as well as theories, models and empirical findings about the impact of scientific knowledge on decision making in general. In a second step, 154 persons were involved mainly in expert interviews and some focus groups in France (10), Germany (42), Hungary (31), Ireland (12), Malta (48) and the United Kingdom (11) from 1/2007 till 11/2007. The compilation of countries offered the opportunity to assess PHR activities in social insurance based health systems and national health systems, in federal states and centralized states, in smaller[5] and larger countries, with longer established PHR systems and routines and new PHR systems or their implementation. The interviewees were selected to get information about the relevant levels of PHR activities (local, regional, national), due to the respective organisation of the political system and the health system.

Originally it was planned to conduct two focus group interviews and additional in-depth interviews per country. For three reasons this was changed for the majority of the countries and most interviews were conducted as expert interviews:

1. When asked about their willingness to participate in a focus group interview, most people were reluctant due to other commitments. But the willingness to participate in an individual in-depth interview was high.
2. Some interviewees said that the anonymity of the in-depth interviews would be positive and there was the impression by the interviewer that interviewees were more open and free to give there opinions about the policy impact of PHR.
3. Focus groups have the advantage to stimulate a group dynamic and discussion. They allow analysing the interaction between people. But the timeframe is restrictive and it is not possible to discuss issues in detail with the experts involved. In-depth interviews offered the opportunity to get more detailed information about the experiences and impressions of the interviewees.

The interviews and focus groups were conducted by members of the PIA PHR project group from the respective countries. The interviewees were representatives of the most important user groups on the relevant levels of PHR activities, people active in PHR activities and experts for PHR activities. Due to differences in the political and health systems, the compilation of interviewees differed somewhat between the countries in which the interviews were conducted.

The expert interviews were conducted by telephone or face to face. They took 45 to 60 minutes and were based on a guideline. The questions of the guideline were about

1. the satisfaction with the supply of PHR activities (different levels)
2. the utilization of PHR resources (which? how?);
3. examples for a high / low policy impact;
4. PHR and the policy cycle (professional assessment, agenda setting, assessment stimulated by political interest to act, policy formulation, policy implementation, evaluation);
5. priorities for the further development of PHR and
6. possibilities to support people active in PHR.

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[5] "Theory on small states argue that in small states, with generally less commuting, information is more easily available, accessible, and not lost along the way. Nevertheless generally administrative costs tend to be higher, due to indivisibilities and the inability to take advantage of the economies of scale of large production. "(Malta)

The same topics were raised in the focus group events.

The material was used to write country reports. This paper summarises the statements and recommendations of the country reports and discusses them together with the materials being studied by desktop research.

3. The challenge to realize a policy impact

3.1 Between health statistics and policy counseling

PHR activities differ among countries (political system: centralized/decentralized (federal), health system: tax financed / social insurances, policy making[6], political culture[7], status of health policy compared with other policies[8]) and the European, national, regional and local level have to be taken into account. The levels[9] differ as well in their

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6 "[...] systematic policy making using all the evidence available and arriving at a cold informed decision in the light of all that evidence is not always the way that policy is made [...] there isn't the specific capacity within the department to analyses all the er, data and come up with a kind of a policy that is best [...] it's politically influenced it's time driven, it's time bound, it's party influenced, it's adopted by one particular party and then another party may, you know, come into power and maybe they have different views [...] "(Ireland)

"Politicians are current users of health information, yet, more often than not, for their own 'special 'scopes. As was pointed out by a public health reporter, *'Giving the politician knowledge doesn't mean that you're going to change his/her attitudes, believes and behavior.'* "(Malta)

The interaction with policy makers in ministries or members of health boards is experienced as complex, contradictory and paradox (Germany).

"Those active in health reporting mentioned that motivation among policy makers to utilize health information is low and/or invisible except for certain political periods such as election. Information uptake and use by politicians and decision makers was seemed to be headed by *'selection that is based on specific interests.'* "(Hungary)

7 There are different traditions of making decisions based on strategic vision, habits and/or skills and/or motivation for information uptake, different problems to access data and other deliverables is often problematic (ad hoc/informal contacts, pay-basis, data protection rules).

"monitoring and evaluation is just not in our culture "(Hungary)

"We do not yet have the culture of reporting like in the UK for example, with comprehensive public health reports, they got used to it, they know how to use and interpret it. One reason for this also is that although we have many programs we do not have a public health strategy or program yet that could make the breakthrough in this respect. "(Hungary)

8 "I think it's very difficult when you're looking at the balance between public health research and the economic environment, em, so if your public health research is impacting on something that, for the country has a huge economic, em, value, em, I think it's difficult to sell that, em, I mean for some reason the, the smoking, worked, for a number of reasons, because people were ready and there were, sort of, I suppose, health awareness and the message was so clear but even in doing that the fight with the, tobacco companies etcetera was fairly lengthy, so again when you're looking at things like, the management of chronic illness, you know that a lot of the management of chronic illness is down to lifestyle, and yet obviously what we're going to have will be the drug companies wanting their particular intervention to be funded whereas we might get the bigger bang from our buck by funding some of the health promotion areas, which goes back to my point about actually needing very strong and robust health economics, inputs into the public health research because otherwise you won't sell it. "(Ireland)

"Since that much of the reports are not made public it does not really lead to transparency. Many times we are afraid to publish certain information because many data providers only give the data on the premise that it's not made public. Health information should not be regarded as blame putting so as not to scare people... The fact that we are small and it's easy to identify and blame persons makes it more difficult to publish certain data. "(Malta)

9 Of course there are important differences between states:

"At the national level, the PHR activities are not conceptualized as a steering tool, but the main intention is to deliver the basis or infrastructure for independent reporting activities in a pluralistic health system, to deliver a flexible information system which can be adopted to current developments and used by different actors and for different purposes [...]. At the level of the federal states and the local level PHR activities are sometimes supposed to be closer linked with policy making. "(Germany)

"In England so much policy is centrally driven that locally PHR can only be used within the context and direction of the national policies. Therefore PHR are used to support the implementation rather than development of policy proposals. [...] At local level in the NHS evaluation is undertaken of action plans rather than policies. "(England)

responsibilities, policies, dimension of political conflicts, policy making and opportunities as in resources, qualifications and abilities of decision makers / policy makers to interpret and translate information from PHR. At the national level institutions, organizations and associations have often own expert knowledge. This is not always the case at the local level. Therefore the acceptance of recommendations seems to be lower at the national and higher at the local level – as long as local policy makers feel responsible and motivated to handle public health issues, what due to health systems not always is the case. At the local level links between PHR activities and concrete, practical PHR intervention / activities are closer.[10] But mostly resources (employees, qualification, financial resources) for PHR activities are less than at the regional or national level.

PHR activities differ[11] along a couple of dimensions (e.g. purposes, ideas about PHR activities, policy making, regulations, target audiences). Are reports e.g. being written to deliver information, advertise own activities[12], create support for own activities, motivate others for action, fulfil the obligation to inform over own activities, legitimate own activities, control activities? Is the purpose to monitor developments or to deliver "neutral" information, e.g. to support better communication of public health intelligence? Should PHR activities raise awareness for certain problems and start debates? Should they deliver arguments and give advocacy in strengthening a position and convince others? Should they deliver new ideas, insights and recommendations for action? Should they preliminarily inform governments or be a tool of governance or even lobbying? Should they create pressure for policy change either from above ("top down") or from bottom up? Are they written to support priority setting, assess needs for an identified field for action, support policy formulation, monitor implementation, inform about evaluation? Are they written to inform the commissioning of health services?[13]

Those differences and the respective experiences with ongoing PHR activities and their interrelations with policy making influenced the different assessments about the current and possible policy impact of PHR activities by those being interviewed for PIA PHR. The different assessments were also influenced by more general, abstract conceptions about PHR activities ("PHR philosophies", also linked with different conceptions of society like "civil society", "market society", "knowledge society" etc.) and policy making (e.g. linked with terms like interest, power and politics). The different experiences and conceptions lead not only to different assessments concerning the opportunity and challenges to realize a policy impact, but also to different assumption about adequate strategies and target groups.

Even if there are quite different perspectives on PHR activities: For heuristic reasons it seems to be promising to structure the findings from the interview around a definition of

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"In general producers pointed out that health information is used mainly by research institutes and academia, as well in administration or health management in different levels, but the impact of information in policymaking or politics was mentioned to be weaker especially on national level as voiced by some interviewees. Good examples of using health information in regional and local settings were mentioned in the preparations of the regional development plans and in elaborating the local health profiles." (Hungary)

[10] "Some interviewees mentioned that this would be more desirable in local levels where responsibilities, actions and actors are thought to be more visible and closer." (Hungary)

[11] "[...] even if it's based on the same kind of information or data, the differences rely on the way these information are put in perspective and related one to the other." (France)

[12] "Effective PHR is an opportunity for organisations to market their work as well as new threats to population health." (England)

[13] "Ideally information in PHR should be used to inform the commissioning of services, ensure that appropriate services are in place." (England)

PHR which inspired the PIA PHR project from its beginning. Public Health Reporting (PHR) activities have been defined as „a system for collecting, organizing, analyzing, reporting, and disseminating data and information on health, diseases and their determinants in a defined population", which can include "annual statistical reports, statistics made available on the internet, summaries and reports on the health status of population, conferences on public health issues, formulation of targets, health impact assessments, etc." (Rosén 2002: 94). It seems to be useful to place PHR activities between health statistics (Parish II/Friedman/Hunter 2005), other research related activities and scientific knowledge on the one and policy counseling on the other side and define the preliminary issues of PHR activities as making use of existing data, information, knowledge and expertise to provide and disseminate the material in an adequate manner either to influence or support policy making.

3.2 Russian puppets?!

Research projects are different from PHR activities. Research is commissioned and conducted to develop new insights, new knowledge, to close knowledge gaps etc., from a scientific point of view. It can be directed to construct or test hypotheses. Research might be explorative. But even qualitative studies and single case studies can be seen as (important) intermediary stages in the production of abstract knowledge about causal relations and rules. Applied sciences use abstract knowledge to find (more or less technological) solutions for practical problems.

Compared to research, PHR activities are all in all more descriptive and reproductive. They are based on scientific knowledge (theories, concepts, models) drawn from research and directed to deliver a "realistic" picture of a situation which informs about the status quo, causal relations and aspects relevant for interventions. In contrast to research, PHR activities have been less linked with the production of scientifically "new" data, information and knowledge to explore new fields of interest. They were (and are) often based on already existing data which were originally collected for other purposes. Meanwhile, PHR systems collect data more actively to monitor developments regularly and surveys are being conducted. The supply of data from PHR systems can be used for research. But even if there are overlaps between research and PHR activities, PHR systems differ from research in cause of their aims to be at least either part of a more or less elaborated information management system or to support the communication of already existing, maybe new and not well known, scientific information and knowledge by bridging the gap between the scientific knowledge stock and its utilization for either information or activities mainly of decision and policy makers.

Compared with applied research, PHR activities are mostly conducted to describe a status quo, to identify problems and maybe also inform about possible solutions. They do not work on the development of innovative solutions by themselves but can contribute to the dissemination of knowledge about innovative solutions.

Therefore, on the one hand, PHR activities are conducted to meet information needs which cannot be met by timely limited "singular" research activities. On the other hand PHR activities are a tool to address interface problems between research and scientific knowledge on one side and "practice" (decision/policy making) on the other side. But the interviews show that at least in the eyes of the interviewees this aim is challenging. The tool to solve interface problems of research / other forms of scientific knowledge and practice is confronted with at least similar if not the same challenges. In general,

the discussions, different positions and recommendations about the utilization of research findings, realizing a policy impact by research and scientific policy counseling are reflected in the interviews – either because the challenges are similar or the perspective of interviewees is influenced by the respective discussions.

Different ideas and models addressing the policy impact of scientific knowledge lead to different assessments about policy impacts and also different recommendations how to maximize the chances to realize a policy impact (cf. Almeida/Bascolo 2006; Friedman et al. 2005; Hanney et al. 2003; Innvær et al. 2002).

Weiss (1977, 1991) presents a couple of models describing ideas for the utilization of scientific knowledge / research. She argues that mostly a direct link between findings / recommendations and practice / decision making cannot be expected. Other forms of utilization would also be of importance. Decision makers do not only use "pure" information. The impact of research (or scientific knowledge) would materialize also in the form of shaping ideas, indirectly influencing future decisions, or a selective, scientifically not always correct utilization for the strengthening of arguments in controversies.

Other studies address decision making in organizations (e.g. the garbage can process by Cohen/March/Olsen 1972), the challenges to use scientific knowledge for practice in general (Lindblom/Cohen 1979) or policy making (e.g. "muddling through" by Lindblom 1959). As far as they address policy making, the models sometimes introduce the policy cycle as a concept for "rational" policy making (e.g. Falk et al. 2006; Rosenbock/Gerlinger 2006), but there are also approaches addressing institutional, social and political dimensions of policy making (e.g. historical institutionalism; new institutionalism, advocacy coalitions, constructivist approaches, post modern approaches etc.; cf. Stone/Maxwell/Keating 2001: 5 ff.).

A fundamental question concerning the relationship between scientific knowledge/research and policy making has been discussed by Habermas (1969; see also Lompe 2006; Saretzki 2007). The assumption, that sciences can identify best possible solutions for societal challenges for policy makers ("technocratic model") would be misleading, because sciences could not give answers on "last questions", linked with values and norms (cf. Weber 1919). The model would also be critical for democratic norms. And finally it has also become obvious that findings from research as well as recommendations from scientists in many cases compete, not providing the one best solution to policy makers.

The classical counter model, the "decisionistic model", with its assumption that decisions have ultimately always to be made by policy makers, based on their values and norms, without the possibility for scientific support, is also not convincing. It would underestimate the opportunities and potentials of sciences and research.

Habermas argues for a third, the pragmatistic model. This model transcends a critical interdependence between experts and policy makers. The communication between scientific experts and policy makers should consider societal interests and social circumstances. The direction of technical process would be rooted in tradition-bound self concepts of practical demands. The self concepts should be measured and criticized on the basis of opportunities and challenges to satisfy the demands. The model follows the assumption that the intermediation of scientific knowledge and policies is dependent from the public and communication between citizens for reasons of legitimacy. Policy counseling is placed in the area of potential conflicts between sciences, the public and politics (Saretzki 2007).

For PHR activities this model would mean not only to report about the health status and health determinants of populations or health services and the financing. It would mean to report about health needs, interests, values and norms as well as possibilities to meet the needs of populations, about the needs for further research and the opportunities to apply the existing knowledge stock.

Beside the discussion of the decisionistic, technocratic and pragmatistic model a second debate should be taken into account when the policy impact of scientific knowledge as well as PHR activities are reflected. It has been recommended to counsel not only policy makers, but also the society (cf. Saretzki 2007). Two arguments are given for this position. On the one hand it has been argued that politicians are or have to be interested primarily in political power. Scientific-evidence would not be of major importance for their decision making. It has been mentioned that besides evidence-based knowledge the public opinion, financial conditions, political priorities, assumptions about opportunities of implementation, ideologies and subjective concepts are influential (Kurth 2006). Politicians and scientists would follow different rationalities, use different languages, have different cultures. For politicians it can be very rational not to follow the rationality of PH experts (room for manoeuvre, priorities, trajectories and other logics of politics and policies, decision making often determined by agreements and compromises). Policy makers may resist PHR activities and ignore findings from PHR activities which can lead to undesired consequences (discrimination, segregation) or negative political consequences (political pressure, questioning responsibilities). They are not always interested in more transparency. If there seems to be no possibility to treat the problem successfully (e.g. missing resources), it is rational for political reasons to prevent a debate about this topic instead of delivering ammunition to the opposition. Problems with a long time perspective have a low political priority.

Politicians and scientists would belong to two worlds (cf. Heinrichs 2002; see also Feder/Levitt 2005), the political system and the scientific system would be autopoietic systems (Luhmann 2000). Therefore, they would not be the right target group for the purpose of scientific policy counseling (Cassel 2002, 2003). On the other hand it has been argued that politicians are not the right target group for scientific policy counseling when relevant decisions cannot be made by politicians themselves or something cannot easily be regulated by policy making alone (Mayntz 1994). In these cases, scientific policy counseling should not follow the models of social engineering or problem solving, but the enlightenment model, and give orientation (cf. Saretzki 2007). As far as PHR activities address issues of health promotion and health prevention, these reflection might be helpful for specifying target groups and dissemination strategies.

Stone/Maxwell/Keating (2001) and Stone (2002) have listed different explanations for challenges to realize a policy impact (Chart 1). The overview can be used as a starting point for the assessment of challenges

a) to realize a policy impact with research or other kinds of scientific knowledge in general
b) to reflect about the opportunities to overcome these problems by PHR activities
c) to assess challenges and opportunities to realize a policy impact by PHR activities.

The recommendations and assumptions can be linked with tools to realize a policy impact (Start/Hovland 2007).

Explanations for challenges to realize a policy impact (cf. Stone 2002; Stone, Maxwell/Keating 2001)

Description of the problem	Questions to assess the problem	Recommendations and assumptions
Supply-side		
Public good problem (research in an ivory tower): Inadequate supply of policy relevant information/knowledge	How to supply more policy relevant information and knowledge? What can PHR activities contribute to solve the problem? How are PHR activities affected by the problem?	capacity building for the *creation* of relevant research, increase in supply will generate demand
Lack of access: Policy making is confronted with a lack of access to relevant information and knowledge	How to close the gap? What can PHR activities contribute to solve the problem? How are PHR activities affected by the problem?	improvement of access and diffusion
Poor policy comprehension: Those providing scientific knowledge are to far away from policy making	How close are activities to provide scientific knowledge linked with policy making? What can PHR activities contribute to solve the problem? How are PHR activities affected by the problem?	study the policy process, find approaches to demonstrate the relevance of research, build methodologies for evaluating research relevance
Ineffective communication: Relevant knowledge is offered but ineffective communictated	How can communication strategies be improved? What can PHR activities contribute to solve the problem? How are PHR activities affected by the problem?	improved communications strategies, 'policy entrepreneurs'
Demand-side		
Ignorance of politicians and bureaucrats Ignorance of politicians / overstretched bureaucrats, limited time / resources, employment of information from trusted sources: appointment of specialists, creating links via the establishment of research councils and research foundations	What can be done to improve the capacities to recognize and absorb research? What can PHR activities contribute to solve the problem? How are PHR activities affected by the problem?	appointment of specialists, creating links via the establishment of research councils and research foundations
Resistance: Tendency for anti-intellectualism in government, fear of the critical power of ideas: changes in political culture may be necessitated, strengthening of democratic institutions	What can be done to overcome resistance? What can PHR activities contribute to solve the problem? How are PHR activities affected by the problem?	changes in political culture may be necessitated, strengthening of democratic institutions
Incabability: Policy-makers and leaders incapable of absorbing and using research, politicians driven by immediate political concerns: improvement in capacity to absorb research, 'research editors 'in government, training programmes	How can PHR activities become a resource / infrastructure for capacity building? What can PHR activities contribute to solve the problem? How are PHR activities affected by the problem?	improvement in capacity to absorb research, 'research editors 'in government, training programmes
Political utilization: Political utilization of research: selective use, decontextualisation, misquotation, multiple sources of policy advice: political choice over competing claims	What can be done against misinterpretation and misuse? What can PHR activities contribute to solve the problem? How are PHR activities affected by the problem?	political choice over competing claims
Others		
Societal disconnection of scientists and policy makers: Scientists and policy makers are disconnected	How can research and policy making be linked with the needs and interests of those research is about or	participation, 'streetlevel bureaucracy,' public under-

from those research is about or done for	done for? What can PHR activities contribute? How can PHR activities be connected with the needs and interests of those they are about or done for?	standing
Socio-political, economic or cultural influence: It is not the aim to realize a direct impact, but to realize a indirect impact in the long run	What can be done to realize an indirect impact in the long run? What can PHR activities contribute? What is the aim of PHR activities (direct impact / indirect impact)? How must PHR activities been conducted / organized to realize an indirect impact?	think tanks, universities and other research institutions as political training grounds, grooming emerging political leaders in policy debates prior to an opportunity arising for them to move into the formal political sphere
Power relations: Power relations influence the definition of "valid knowledge", the influence of ideology, the struggle over the control of knowledge, censorship	What can be done to influence the definition of "valid knowledge"? What can PHR activities contribute to solve the problem? How are PHR activities affected by the problem?	
Epistdemiological discussion: Epistemiological discussion over the validity of research and the possibility to base action on research	How are sciences and research affected by epistemiological discussions? What can PHR activities contribute to solve the problem? How are PHR activities affected by the problem?	

3.3 Organizing the PHR process

It seems to be important and at the same time challenging to institutionalize PHR activities in a way that ensures close interaction with policy making and professional independency.

While working close to policy making can have positive effects on the chance to realize a policy impact (not working in an ivory tower), conflicts with the dominating political line and political control might emerge. Those being active in PHR perceive sometimes political pressure or are confronted with political rationalities. There might be no political willingness to acknowledge and reflect assessments or recommendations being developed from a PH expert perspective.[14] There might be struggles about the control of the production and dissemination of information and knowledge.

It is important to maintain accountability, transparency and reliability, and preventive measures against capture and misuse of information from PHR activities are needed. A legal framework is important to ensure independence and the chance to realize a policy impact (and it is supportive ensure adequate resources for PHR activities). Regulations concerning PHR activities have been introduced or changed. They are important for data availability, secure a constant date flow, effect the status, resources and the utilisation of PHR activities and differ between and sometimes also within Member States, e.g. in Germany, where Public Health Service Laws exist on the level of the Federal States. [15] Partially the developments were linked with European integration and Europeanization.[16]

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[14] "Organisations need to have confidence in their PH leaders if they are to use PHR with confidence and as a basis for decision making and resource allocation. "

[15] "In very brief, in the Hungarian health information system primary data on health and diseases are produced at the point of service such as general practitioners, outpatient departments, hospitals, health nurses, etc. Health care services keep their own records and regularly provide data for the mandatory reporting systems according to the legislative regulations. [...] Some data are collected routinely and obligatorily as defined by law. A major legal tool is the National Statistical Data Provision Act that has a health sector part. "(Hungary)

Besides or as part of the legal framework, the organization of the PHR process is very important. Producers of PH reports and users need to have common understanding of what the PHR end point/objective is and producers need to do their best to have a good understanding of what their audience expects, what the requirements are and what the level of the understanding of public health is.[17] But how to overcome the problem that producers of PH reports sometimes do not take users 'needs into account[18] and users are not clear about their information needs and "need what they don't want and want what they don't need" (England)? How to develop a confidential and trustful relationship?[19] An interactive process can be supportive, also for the development of a confiden-

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"[…] the recent wave of the health care reforms has brought further developments in the health reporting arena. Among others, one example is the reporting activities of a newly established institute: the Health Insurance Supervisory Authority. Its activities include among others the supervision of access and quality of health care services and the development and reporting on quality evaluation system for health care providers operating under the health insurance system. The institute developed and launched a publicly available quality indicator system and publishes thematic health reports on issues in the center of interest for its main activities. The main issues covered by the quality indicator system are basic information and main structural data; capacity utilization; waiting list and access; patient safety and rights; quality referring system; extra convenience related services; employee satisfaction and work conditions and in-house health promotion activities." (Hungary)

"In France, a process of regionalization with the creation of regional health conferences, the definition of regional health priorities and the development of regional health plans was accompanied by the adoption of a national public health law with health targets in its Annex. These reforms had impact on PHR activities: Regional PHR activities, their harmonization and comparative approaches are strongly linked national and regional health plans and targets. (France)

"There is probably in France a specific impact of the 2004 Public Health law: as this law has set one hundred of public health objectives with targets to be achieved in a 5 years period, there is a need for data and information with a positive impact on PHR activities." (France)

[16] "The use of EU financial resources through applications under the national development plan was also seen as a new and important demand for better health information on different levels, dominantly on regional and local levels." (Hungary)

"The integration into the European statistical system brought many improvements among others developments for example the data collection on death based on Eurostat guidelines since 2005. This involved capacity building and quality assurance procedures within the Central Statistical Office and the National Public Health Service. The European Health Interview Survey has been adapted and tested in the Hungarian language." (Hungary)

"The past decades of health care reform, decentralization and regionalization, the European Union membership since 2004 and the unfavorable health status of the Hungarian population constitute a situation that posing a growing demand on the country's health information system to provide timely, valid and reliable, policy relevant information." (Hungary)

[17] "It can be difficult to know what type of information is useful for users as opposed to what producers think is useful." (England)

"In general terms, this means that more resources in terms of time and effort are required in synthesising both a clear and simple message and preparing the audience to receive it and understand it. […] One way forward would be to have regular interaction between both the users and producers of PHR. […] An alternative would be to ensure that non-public health professionals were involved in commissioning PHR." (England)

[18] "One of the main problem is that a coherent strategy is missing, we do not know what the information demands are on the different level of decision making as they are not explicitly voiced while on the other side (PHR) we do not know how to help these." (Hungary)

"On the other hand a number of health reporters argued that there is not much interest from the side of users when it comes to generating feedback – *"If you issue a draft report for consultation and very few respond to it or appreciate the effort, then next time you wouldn't be much motivated."* Additionally a health information producer conferred, *"It is very rare that the users/stakeholders themselves take the initiative and provide the information."* However producers cannot expect people coming with a list of needs, but they themselves have to go out into the field and look for these needs." (Malta)

[19] "[…] necessary to give also elements on the actions that can be conducted and the effects it's possible to expect from these actions. Therefore, there is a more and more closer link between PHR activities and evaluation. The main difficulty in this domain is that, if the information is used by decision makers, it's necessary to give also recommendations but the producer must not take the place of the decision maker. Different options have to be presented by the producer and the necessity to make links with other policies stressed on." (France)

tial and trustful relationship.[20] Health conferences (Knesebeck/Joksimovic/Badura et al. 2002; Schräder/Diekmann/Neuhaus et al. et al. 1986) are an example how to organise a participative process and optimize interaction, cooperation and coordination.

Before PHR activities take place, the commissioners, further stakeholders of a report and those writing a report should discuss the central questions, aims, objectives, intentions, the political and administrative framework (criteria for decision making or envisaged policy options), information needs and indicators to measure the realization and effects. The positions and expectations between policy makers and those being responsible for reporting activities should be exchanged to develop a common understanding about the information needs. PHR activities should be commissioned with well formulated and precise questions. It should become clear what PHR activities can contribute to a certain problem and policy making. It should also be laid down how findings are to be discussed and disseminated and how feedbacks for the evaluation of PHR activities will be organised. These steps should be included in the planning (resources!) of a PHR project.

A PH report should not try to "dictate" anything to politicians. It should translate theoretical findings, facilitate a brainstorming or public debate with and by those involved in policy making and support the development of recommendations for action. Intermediate stages of interpretation – e.g. discourses about the meanings of data and findings – are important because insider knowledge beyond the scope of those being active in PHR activities is needed for the development of policy making.

The procedure should have several stages. On the first stage, priority fields for action should be identified and more detailed reports should be commissioned, again with well formulated and concrete questions. On the second stage, the more detailed reports are written and discussed.

Specialists[21] can offer data and hypotheses and present preliminary versions of the report to be discussed at round tables[22], from different perspectives, professional backgrounds, different kinds of scientific knowledge and expertise. They can deliver a description of the situation and raise the question "What to do now?" to the audience. They can also prepare recommendations, but should only present them on demand.[23]

The development of realistic recommendations[24] or examples of good practice[25] is an important link between reporting activities and policy making / interventions.[26] A PH re-

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[20] "The issue of trust and communication between health information producers and users was said to be weak by a number of interviewees. In general trust was also reported low in these processes which raised the issue of credibility of information and the importance of knowing the information source." (Hungary)

[21] "Written information cannot replace good quality skilled public health specialists in an organisation." (England)

Sometimes it can also be an advantage if a "PH generalist" presents findings from PHR activities to a general non-specialist audience.

[22] "At local level the annual report of the director of public health provides an opportunity for interaction with decision makers and wider audience. [...] The quality of the resulting interaction is more important than the written document." (England)

[23] "It is best to have a simple written document that can be presented by the expert and issues discussed in person – *'after sales service.'*" (England)

[24] "Regardless of how big the population being assessed users and decision makers need to know:

1. Health of the population
2. What inequalities there are?
3. What can be done to improve the situation?" (England)

[25] "To be effective for users PHR need to contain both the historical context, the evidence base of what works and the current situation." (England)

port should at least offer elements to answer mentioned problems.[27] While some interviewed policy makers and PHR professionals suggest that those involved in PHR activities could and should develop recommendations for action[28], others argue that this should not be the case because those being active in PHR

- would not be qualified for policy making,
- would not have to take the availability of resources and other factors into account,
- would not be responsible for the consequences of action drawn from recommendations,
- would not have the legitimation to decide instead of policy makers.

Therefore, recommendations for action and policy formulation should be formulated by the relevant decision makers and stakeholders by referring to information and knowledge delivered by public health professionals. They can be published as a document accompanying the public health report or as a chapter of the report. It should be laid down how to evaluate the implementation and developments by further PHR activities (e.g. follow up reports[29]) to contribute to an understanding what has (not) worked in the past and why.

PHR activities are rarely used for a (at least rudimentary) evaluation. Policy makers have an interest to evaluate projects and programmes they commissioned, but often they are not interested in an evaluation of their decisions and responsibilities. Beside political reasons there are also methodological reasons and follow up reports as a precondition for a more systematic approach are rare.

3.4 Expertise and policy entrepreneurs

The more abstract ideas and models mentioned above frame the discussion about adequate forms and good practice of policy counseling. The situation becomes even more complicated as policy counseling by itself has different forms which can be described and compared empirically in a historical dimension and in their current practice as well as theoretically (Dagger et al. 2004; Rudloff 2004; Stone/Maxwell/Keating 2001: 13 ff.). The challenges and opportunities to realize a policy impact are influenced by the kind of the counselor, by the institutionalization of counseling, the respective policies (e.g. clinical, administrative and legislative policy making; Lomas 1990) and the conduct of advice. The abilities to access policy making differ for contract professionals, "in-house"

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[26] "A good PHR will have both meaningful analysis and information on effective action to be taken and specifying who is to take the action." (England)

[27] "PHR can identify key areas for action but then need a business case to demonstrate what action will deliver and resources required. [...] Too often PHR will identify issues and what needs to be done but does not close the loop to show the evidence of effectiveness (or not) of the intervention." (England)

"Information and reporting from the public sector were said to be good enough to present or describe problems, however they were said to be less developed for the purposes of designing solutions, providing decision alternatives or monitoring decision impact or effectiveness." (Hungary)

"PHR should inform the commissioning of health improvement for population. [...] Commissioners need headlines of chapters of Director of Public Health Annual Report (DPH AR) backed by appropriate evidence to show that the investment or reallocation of resources will make a difference. [...] PHR information also required for performance management/target delivery." (England)

[28] "PHR can be broadly be used at two levels. Firstly, producing information to be analysed and interpreted in greater depth by the customer and secondly to undertake the analysis and interpretation and produce recommendations based on the finding to be used by the customer." (England)

[29] "It's a pity, that more often than not, a first-class report is done on an ad hoc basis and never followed up again. There needs to be more commitment and regularity." (Malta)

professionals, political advisors, "civil society" professionals and "disinterested" researchers. It makes a difference if advice is given within legislative procedures, for bureaucratic decision making, more general educational purposes or to influence opinions. It makes a difference to give advice to different target groups and under different conditions of decision making. The political culture, bureaucratic traditions, the distribution of responsibilities, role expectations, available resources, education and capabilities of decision making of the political executive, legislatures, civil servants, appointed officials, street level bureaucrats, research editors and evaluators are also of influence, beside the reception of research communication, strategies to look for scientific knowledge and preferences for different possibilities to get advice.

The type of knowledge which is communicated in the context of policy counseling is different from the type of knowledge which is communicated in scientific contexts. Weingart (2006: 40 f.) defines this type of knowledge as "expertise": a targeted utilization of knowledge to support decision making, mostly in form of a short term recherché about the status of knowledge and the implications for the concrete problem. Expertise differs from applied research (being conducted to "enlighten" relevant policy problems) and from academic research (being conducted to create "new" knowledge). Following the statements in the interviews, it seems useful to conceptualize PHR activities close to "applied research", leaving it up to "policy entrepreneurs" to deliver expertise for policy counseling.

Stone/Maxwell/Keating (2001: 13) assume that "[...] for researchers interested in policy impact, 'do nothing' is not an option. 'Better dissemination' is better but still only a partial answer. 'Policy entrepreneurship' seems to be the way forward." Policy entrepreneurs / policy makers should specify questions and aim to be reconsidered by those writing reports, interpret the findings and draw conclusions for policy making. They can contribute to the important personal communication of findings, either by communicating them by themselves or by opening doors for those being active in PHR. They can help to build alliances of stakeholders. Comments of prominent people or important organizations on a report can help to attract the interest of the media. "Policy entrepreneurship" can as well be linked with lobbying as with policy counseling. But while it becomes clear that "policy entrepreneurs" are needed to enlarge the chance to realize a policy impact by PHR activities[30], the statements in the interviews show that the recommendation for more "policy entrepreneurship" seem to be at least ambivalent for the social/professional role linked with writing reports.

Recommendations for the further development of PHR activities (1)

Secure a constant data flow.

Organize PHR close to policy making.

Take the different rationalities and the struggle over the control of knowledge between PH experts and policy makers into account.

Create a legal framework to assure transparency, accountabilities, professional independence and resources for PHR activities.

[30] "Public health reporters need to find someway of promoting their report, whether through media exposure, supporting lobby groups or providing funding mechanisms to allow researchers to promote their work." (Ireland)

Organize a participative process to amalgamate PH expert knowledge and the knowledge and rationalities of decision makers, policy entrepreneurs, policy makers – not at least to develop and document recommendations and concepts for evaluation.

Specify why a report is being commissioned, what objective it has, which specific questions and information needs will be answered.

Organize an evaluation of PHR activities / a user feedback.

4. Further challenges

4.1 Dissemination

PH reports must be targeted at the right time to the right people, institutions and organisations. The main target audiences are determined by the context of PHR activities. A report might be written to support decision making by a ministry or government. It might be intended to use the report as a tool of either governance or lobbying activities and stimulate action through motivation or pressure. It is possible that reporting activities are directly linked with the concrete desire to realize a certain impact. But sometimes reports are also published with the intention to realize an indirect impact in a more or less longer run[31], by attracting interest for health issues, enlightening promoting a reflexion about "every day "theories about diseases, programmes and projects, stimulating public debates and influencing how people talk about health issues (cf. Lomas 1990, 2000). Therefore target groups might be politicians, professionals, associations[32], voluntary organizations[33], opinion leaders[34], other multipliers or the general public. To inform the general public[35] through the media[36] can help to build up political pressure and thereby to get attention from politicians.

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[31] For others informing citizens is not the main responsibility of PHR activities. There would be special information sources like health information (160107b, 9, 3-18).

[32] "Actors of the social health insurance system, e.g. health insurances and their associations, associations of physicians, hospitals, charity organisations etc. would as well be able to interpret and translate the findings from PHR activities for the government and the parliament as important for the implementation of policies. "(Germany)

[33] "Voluntary organizations can be an excellent vehicle to get the information to the right users ". (Malta)

[34] "While the importance of informing policymakers about a public health report and its findings was emphasized, it was also noted that lobby groups, relevant NGOs and statutory bodies should also be involved so that pressure can be put on policymakers to respond to a highlighted public health issue. "(Ireland)

[35] "There was a general feeling that unfortunately in Malta many times it is crisis intervention, were a mishap has to arise for the authorities to act. More often than not politicians act when the public is frustrated; however the problem is that the public is not really well informed. A higher level of impact can be realized when both the media and voluntary organizations pay attention to the public health problems identified by PHR and publicize their findings. Past experience shows that when a public health report is disclosed to the press then the impact is guaranteed. In the words of one of the participants, *'If you want politicians to act then leak it to the press, your head will roll but at least action will be taken.'* "(Malta)

"Strengthening follow-up of implementation, monitoring and evaluation of policies and programs were thus seen as an area for substantial improvement. The need of strengthened civil control over these processes was also voiced by interviewees. In order to achieve this, forming the attitude of and targeting the public directly or through the media with reports and information, *"especially showing consequences and impact of no action or bad decisions"* were seen as important tools for enhancing accountability of policy makers in general and in relation to health. " (Hungary)

[36] "Majority of interview participants mentioned the importance of media in health reporting however the picture was seen mixed. Participants noted that the media can be sensational in respect of health issues and sometimes *"running ahead of us"* ... of the institutes with competence in particular health issues. Positive media involvement in health problems was also mentioned for example with regard to dietary habits of school children and the quality of available food in school buffets that helped raising awareness about this problem and influence the agenda. "(Hungary)

A professional public relation strategy, if appropriate a full *"PR invasion"* with newsletters, workshops, media events like press conferences with high ranking officials, press releases[37] and different kind of personal interactions among the key actors is supportive to realize a policy impact and should accompany other dissemination strategies.

It must be taken into account that the media's perception of newsworthiness can differ from a public health professional's standpoint of view. Journalists often jump from headline to headline, are not always willing to take a closer look at provided detailed and huge materials, may misunderstand information[38] and set own priorities concerning the "main" message.[39]

Therefore information should be delivered to (selected[40]) journalists in a professional manner and timely, to offer them the opportunity to take a closer look at them and to prepare articles etc.[41] It can also be helpful to reflect about other possibilities to maximise the presence in the media, e.g. by publishing a report on the right day of the week[42]. Especially at the local and regional but sometimes also at the national level the potentials of professional public relations work do not seem to be used in full.

Regardless of the respective target groups it is often an important challenge to attract interest in a context where health information is coming from many venues (e.g. WHO, OECD, Eurostat, national statistics) and has e.g. to compete with other information from companies such as fast food multinational outlets etc. For potential users of PH reports it is difficult to keep up with a "Tsunami of information" (France). They must set priorities, select information[43], assess the quality of information and handle contradictory information.[44]

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37 "[...] when we studied journalism all those years ago, people told us that a press release is essentially writing a story for the journalist, so for those newspapers that are in a real hurry and maybe have forgotten to do the story or anyone to do, they can pick it up and think"

"[...] a major report, that wouldn't happen because you would have had time to read it, whereas, em, I think that, if it's a smaller report that maybe not many people have that much interest in, em, where, might, nobody might have gone to the launch or whatever, and you see this press release, it sounds interesting, that isn't overly scientific, that isn't full of jargon that is easily understood by everybody including the news editor who never actually studied science, whatever, you know, it's probably the best way [...]" (Ireland)

38 "As pointed out by a journalist, "...there should be experienced personnel who explain things to the media for the sake of more accuracy in reporting to the public.'" (Malta)

39 "It emerged that there seems to be a lack of trust between journalists and public health experts." (Malta)

40 "I had that report on, on, em, on a Friday afternoon and I though 'Ok I'll bring it home over the weekend'.....so actually, so when I came in on Monday morning I was able to say 'Look there are these various in this report it's a big issue' you know, talk about it at the news conference and see what the editor thinks about it, that sort of thing, and, so, we end up doing about two pages on it, I could look up the data you want only just for an example for you, so, but because there was so much stuff in it then we ended up then, myself and the social affairs correspondent, like I did about three or four stories and he did about three or four stories, and then there was pictures because we, someone went to the press conference (The report was launched by the minister for health) and then some grafts or whatever from the report as well, I mean there's an example of getting maximum expose for a report because people have had time to look at it" (Ireland)

41 "[...] there's no time better than publishing them at about ten o'clock in the morning, we would have time to look at them [...]" (Ireland)

42 "[...] suppose it was given to all the Sunday newspapers in advance, em, and then the daily newspapers are coming out Monday, Tuesday, they mightn't bother doing much on them [...]" (Ireland)

"[...] for someone publishing a report I would say they're better off to do it on a weekday." (Ireland)

43 "probably ninety percent is useful to somebody but ten percent is useful to me but it gets lost in the deluge of other stuff" (Ireland)

44 "Another big confusion with public health reporting is that from time to time there is inconsistency in the reporting of statistics, were for instance you have the WHO quoting a figure, while the EUROSTAT is quoting another figure, for the same year and cause." (Malta)

For choosing topics for PHR activities and the development of respective concepts it should be taken into account from the beginning which contents and messages are probably of relevance for policy makers. For those being active in PHR, it is very important to specify why a report has been commissioned, what objectives have been anticipated and which specific questions should be answered.

PHR activities should deliver / offer information at the right time. Even if the information produced is of good quality and well presented, the impact will be low if there is no interest (readiness by users) or organisational need (organisational readiness). Material should be delivered or be available when a debate is ready to happen, when a „policy window" is open.[45] But publishing sometimes does not overlap with actual political debates. Information and data are sometimes delivered when not needed. Sometimes needed information is not available and policy makers have to make decisions without sound information.

PHR information is often several years behind because it takes time to organize the data and write and publish a report. Often a report has been written a couple of years ago or data is only available for a period in the past. While time is needed to monitor and analyse the effects of a reform or programme, new reforms and programmes are often in place before effects of the older ones could be monitored and analysed.

To handle those challenges, routine data, tools, a knowledge stock and older reports should be optimized to deliver information (data, indicators and other elements) fast and on demand. It is possible to communicate information and findings during the work on a PHR project. It is another possibility to link PHR activities and work plans to long term political agendas.

But even if produced timely, often information and knowledge from PHR activities can and have to be seen as a commodity that can be marketed similar to other commodities.[46] Attractive, innovative layouts and eye-catcher can be supportive to attract interest. And besides other criteria (e.g. quality) „information needs to be published in a way that it is newsworthy" (Malta)[47] – not necessarily for PH experts, but at least for other audiences with less background knowledge.

It is possible to create new and impressive information by local or more detailed information, and linkages between public health issues and topics of major political interest (e.g. the WHO lead „Health is Wealth" campaign or other links with the economy, em-

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„This can result in difficulties for users to understand the strengths and weaknesses of different sources of PHR and adds in an additional; factor for reduced effectiveness of PHR." (England)

45 „The most influential PHR are the ones that are done when the organisation needs it and this might not be every year especially if the planning cycle is for example three yearly." (England)

46 „It is crucially important that the marketing and the packaging are carried out effectively. It is a must to have a healthy production cycle where producers have targets to meet and on the other hand users know what to expect and when. Regrettably often reports are done and then left to rot over the shelf, but once and if they come in good hands they can have an impact. It is important for reporters to be capable of selling the right information to the politicians and policy makers. Furthermore it's significant that there is someone who can explain the importance of such reports to different target groups. Without promotion it is difficult to generate an impact. If no one knows that particular information exists, no one is going to need it." (Malta)

„One way of conveying information is through direct marketing, were you build up a set of customers, you see what they're interested in and subsequently you deliver what they need to receive. Or else you market strongly to the wider public, so that people get to know of the information through other means like for instance newspapers or television." (Malta)

47 The significance of newsworthiness for a policy impact is questioned with the argument that PHR activities could and should deliver more detailed information about known problems to strengthen the arguments for professionals and associations which filter the information for political purposes, policy making and policy counseling.

ployment, equality). It is possible to stress the magnitude of a problem or the consequences of not acting in contrast and to implementing change. It might be helpful to demonstrate how people are affected by themselves and to illustrate personal involvement (but the confidence in the information should not be damaged by scandalizing). Especially at the local level conducting surveys can also attract interest for the respective issue and the findings from the survey.

Further possibilities are provided by comparative approaches.[48] They can be conducted by comparing standards and measurements, populations, organizations, regions, health risks, diseases, points in time (incl. forecasts[49]) and developments. Comparisons are important to identify differences, develop new insights and ideas and promote the development of understanding. They have a high potential to realize a policy impact by motivating for action or creating political pressure (e.g. "naming and shaming").[50]

Comparative approaches should be enabled between Member States, regions of one Member State, regions of one Member State with the Member State, regions of Member States and selected regions of different Member States. To compare subnational entities across Europe is important because one subnational entity may be the best in the country but performing relatively poor compared with other Member States.

As discussed for the spread of innovations and change management, it has to be kept in mind that also messages from comparative approaches are influenced by perceived benefits, the visibility and measurability of results, the compatibility with norms, experiences, interests, dominant believes and strategies for problem solving and the complexity / extent of required change of implementation.

Comparative approaches are challenged by data protection (rights)[51], missing information, methodological problems (controlling intervening variables), differences between units to be compared (e.g. decision making structures) and sometimes also political resistance to prevent "naming and shaming".

Recommendations for the further development of PHR activities (2)

- *Develop a adequate dissemination / public relation strategy and take care about the timing.*
- *Avoid information overload.*
- *Take into account that some information and knowledge might be well known by PH professionals, but not by other target groups.*
- *Collect and store data in a way that makes comparisons possible/easier.*[52]

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48 "A further apprehension is that often a health issue is hitting the local media only when the European Union issues its press releases. Then rightly so Malta is taken by surprise. "(Malta)

49 "Specialist PHRs have a role in informing users of considered view of new or future issues relating to population health. [..] This is as an important role as descriptive historical information. "(England)

50 "PHRs also supply information to compare differences in health within communities and geographies. This is important because local organisations may have the power to change the relative deployment of resources within their sphere of responsibility. For example by looking at the difference in health of individual sub-areas of its population there may be a needs based redeployment of primary care resources. "(England)

51 Data protection is often no problem if aggregated data is used. But sometimes more elaborated analysis needs individual data, and if small local areas / small numbers are analyzed, data protection might also be necessary for aggregated data.

52 It is problematic if health services or health insurances are not organized along the geographic extension / structure of the political system / public administration. But even if the organisational structure of actors in health systems are

- *If possible and appropriate, contribute to forecasting activities.*
- *Ensure data coherence between entities at the same level, the national, regional and local level, between Ministries, departments, agencies and other sources of information.*
- *Standardize PHR products (e.g. local reports) and make it possible to compare their information/ findings.*
- *Use the "traffic light system" to identify areas that need to seek further information to understand why the performance is either so much better or worse than comparators.*
- *Take care that findings from comparative approaches are not misinterpreted.*
- *Take care that reasonable activities can be taken to solve identified problems. Otherwise there is a risk that policy makers under political pressure react with "hip shots".*
- *Be aware that policy makers maybe try to prevent comparative approaches to prevent political pressure. Organize maybe comparisons "from above" to overcome political resistance.*
- *Take into account that comparisons can lead to undesired effects: to document difference between small geographic entities can contribute to segregation and make problems worse.*
- *Take ethical implications (e.g. stigmatization) of comparative approaches into account and prevent discrimination.*
- *Think about the option to discuss findings internal before publishing them to prevent implication described above.*

The counterpart of organising a successful dissemination and attracting interest is to organise access to the information and products offered and to support people in their search for information. It is necessary to think about possibilities to give guidance to cope with an information overload, to inform about the quality of information sources and to support the selection of information from competing sources.

The anticipated costs of an enquiry must not be higher than the expected benefit. Public health information of good quality can be signposted on the web. A limitation of entry points[53] with access to complex databases or information warehouses is probably helpful. A major challenge is to minimise the risk of a misinterpretation of offered information and data. Data and indicators should be offered together with textual information,

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sometimes not in line with political or administrative structures, it should be possible to link data with political and administrative structures.

[53] "There is a need to have single source of information for PHR as at moment there are a number of places where producers of PHR might be able to find information." (England)

"Data, reports and information are spread out between many institutions. It is difficult to find and collect the information needed. A limitation of "entry points" would be helpful: a limited number of databases allowing to access simply to a large number of indicators available at different geographical level using the same procedures for the construction of indicators allowing fruitful comparisons, a library allowing to access to most of the reports, built either on a thematic point of view than on a geographical approach." (France)

"One innovation which has been developed with the specific purpose of assisting those working within public health is Health Atlas Ireland. This web-based software package allows researchers and public health practitioners 'access to raw data and provides a mechanism which answers queries in relation to this data." (Ireland)

health profiles for small areas, regions etc.. It should be possible to conduct own analysis, create own tables, graphics etc.. Respective know how could also be provided. Library functions (e.g. available public health reports) could be added. Information about the quality of data and other materials could be given.

Another possibility to organise the access to information is to offer opportunities to ask PH experts directly, e.g. in "public health information centres".[54]

It seems to be necessary to organise access points at the level of professional activities and to inform about further possibilities to get information. Many people seem to look for information at the level of their professional activity (local, regional, national) and ignore offers from other levels. The utilisation of information supplied at the European level seems to be limited. Being asked about the reasons, some of the interviewees mentioned language problems, limited resources and the anticipation that information needs would probably not be satisfied.

4.2 Format and layout

It was reconsidered that it would in principle be useful to take the different information needs and capacities of audiences into account.[55] Some people are looking for certain information or want answers to certain questions. Others want an overview about an issue, need a starting point for a more detailed examination, need more detailed information and hints about additional information sources. It was recommended to use different formats to meet the different needs.[56] But this idea is challenged by scarce resources.

Some of the interviewees stressed the relevance of basic reports, delivering an encompassing overview about the health of a population and its determinants. They are important for expert audiences, make the field accessible and can be used to set priorities for special reports. But the production is time consuming and laborious. They run the risk not to be finished in cause of changing priorities. The amount of information can overburden policy makers and other users. Special reports, focussing on a certain topic, seem to be more promising to realise a policy impact. If it has to be decided to produce either a basic or a special report, e.g. in cause of scarce resources, a special report should be produced.

It was strongly recommended to set priorities, to avoid information overload and to choose a user friendly format. Short reports with 4 to 10 pages should be delivered more often. Large reports should provide summaries and be accompanied by one or more short reports or even a flyer with the main message. For those who are in need for

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54 "If it is not possible to have a clear concise report that is understandable by the non-public health specialist/general manager they need access to a specialist who can interpret the information rather than have to read and interpret a lengthy detailed report." (England)

55 "PHRs may be used by a complex range of users in terms of geographical area, skills, reasons for using reports etc. This can result in concern that PHRs do not address all the needs of users." (England)

"Users are often looking for certain information in a PHR but it will be different information depending on their needs e.g. police or local authority might use PHR to assess local alcohol licensing applications." (England)

"There is a risk that users will try to use a single PHR for multiple purposes, which it was not designed to do and can lead to problems." (England)

56 "Some users focus on the data and the methodologies without paying much attention on comments etc. Others focus on comments, recommendations and conclusions." (France).

"While professionals are supposed to need a clear, scientific and exact language, 'normal' citizens – and in many cases policy makers – would need other forms of understandable information [...]."

more detailed information, links and references to more detailed information should be offered.

It is important to concentrate/synthesize information and deliver a clear message[57] in a language everyone can understand.[58] With regard to a potential policy impact, the message should be meaningful for decision makers. If possible, uncertainties should be narrowed without an oversimplification. A line has to be drawn between scientific information and propaganda.

Reports should not be data driven but be based on a concept (cf. Brand et al. 2008). A "solid skeleton of data and indicators" should be dressed "with flesh made from comments." (France)[59] Indicator based report might be important and helpful for experts, but especially for non experts more adequate ways to present information and deliver messages have to be found. The combination of text, statistics, pictures and examples should be adequate.[60] Only necessary data should be presented. A limited number of high quality data sets are sometimes sufficient.

New technologies like the internet and software programmes offer new opportunities to offer PHR deliverables. The access to reports is much easier if electronic versions can be downloaded. But the relevance of hardcopies should not be underestimated: "Although access to data and data analysis tools via internet is important especially for PHPs; decision makers want a concise written report which *'they can slam down on the table at a meeting and carry around in a brief case.'*" (England) Interactive applications to select indicators and produce graphs etc. as well as spatial presentations, e.g. an (interactive) atlas of mortality or morbidity[61] are very attractive and offer new opportunities for users / not only policy makers, but also PH experts being involved in PHR activities. But they do not by themselves solve the problem to link the providence of data with the development of knowledge and understanding.

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[57] "So where there is, em, there isn't just one single message would you say there's a lesser impact?" "I think so yeah." (Ireland)

[58] "PHR should be like a layered wedding cake with a fairy on the top that doesn't take up much space and everyone knows what it is." (England)

"Authors of PHR need to recognise that there is lots of complexity in the information but effort is required to make it readily understood." (England)

[59] "English Health profiles are good because they are simple brief and had a nice balance between graphical information and textural information" (England)

[60] "Vast epidemiological reports with lots of data are probably of no use to the audience that PHRs are trying to influence. Decision makers might be unable to discern how good or bad the picture is or what should be done next." (England)

[61] Examples are e.g. the WHO Health for All database (http://www.euro.who.int/HFADB), EUPHIX: European Union Public Health Information System (http://www.euphix.org/object_document/o4581n27010.html), Gapminder (www.gapminder.org), NHS Health profiles (England, http://www.apho.org.uk/default.aspx?QN=P_HEALTH_PROFILES), Nationale Atlas Volksgezondheit (The Netherlands, http://www.rivm.nl/vtv/object_document/o4235n21143.html), GBE Bund (Germany; http://www.gbe-bund.de/), Institute of Public Health NRW (Germany, http://www.liga.nrw.de/themen/gesundheit_berichte_daten/index.html?PISESSION=a4dafee49f3c764a37d6c1df1d9ff56c) and many more.

Recommendations for the further development of PHR activities (3)

- *Take into account from the beginning if topics are promising to realize a policy impact and which content is probably of interest for policy makers.*
- *Write the report not data driven but based on a concept.*
- *Deliver a "solid skeleton of data and indicators dressed with flesh made from comments. "(France)*
- *Use a user friendly format: short reports (4 to 10 pages), summaries, flyers with main, clear massages, adequate combination of text, statistics, pictures and examples, not more data than necessary, references and links to more detailed information*
- *Offer electronic versions and hardcopies.*
- *Assess if a policy impact could be higher if the available resources would be spent for special reports instead of basic reports.*
- *Think about the possibility to offer information in forms of an (interactive) internet-based applications.*
- *Deliver a technical backup in terms of quality assurance of the data and validity/accuracy.*

4.3 Data and other information sources

Several interviewees stated that the quality, availability and comparability of data have become better over the last decades. There is progress to bring data together from different sources. The exchange of data among producers and between producers and users has become more common. Some interviewees even recommended to change priorities and to redistribute resources from the collection and providence of data towards a better utilization of the available data.

But due to their specific interests, most of the interviewees listed a lot of topics which would not be addressed adequate by PHR activities and for which the availability of data would be at best limited.

The availability of data is relative good for mortality and inpatient care. But at least some of the interviewees would like to get more information about topics like sex / gender and health, subjective cognitions (e.g. concerning experiences with in-vitro fertilization etc.), health reforms and debates, reports concerning health economics, monitoring of market results, effects of a stronger competition (especially on inpatient care), regeneration, food safety and consumer protection information etc. The data availability was assessed as critical with regard to

- determinants of health (environmental and socioeconomic data)
- morbidity data, rare diseases, sexual health problems, suicide and suicidal attempts
- occupational health
- health inequalities and health of minority groups
- elderly mental health and domestic violence on the elderly
- health needs
- health promotion and prevention

- primary health care and general practice, outpatient care, interfaces between outpatient and inpatient care, interfaces between primary and secondary prevention
- quality of health services and health systems
- impact and effectiveness of programs
- access to health services
- private provision of health care
- regional/local level data[62]

PHR activities cannot address all requests for information. Priorities must be set for PHR activities as well as the collection of data. It is important to organize the process of priority setting in line with a conceptual approach or model of PHR activities and as a participatory process which takes the interests of the relevant policy making groups as well as more general societal interests into account.

Some interviewees articulated a strong interest in information in terms of public health economics. Beside information needs it is hoped that this would have a positive effect on the policy impact of PHR activities in cause of the central importance of economic incentives and conditions.

Others doubt if those being active in PHR are qualified for economic analysis. For cost-benefit-analysis in general a couple of questions were raised:

- Are adequate models available?
- Will the findings be interpreted adequate by policy makers (elaborated economic concepts, methodologies and languages vs. all day knowledge and language of policy makers)?
- Will economic concepts maybe be functionalised for political reasons?
- Can relevant methodological problems be solved? (E.g. in the context of prevention: many relevant factors not directly linked with health services and maybe not considered in economic analysis, measurement of the effects prevention)
- Will ethical problems emerge?

Recommendations for the further development of PHR activities (4)

- *Spend more resources for the better utilisation of already available data / data from other institutions/organizations/departments instead of crude investments in the collection of new data.*
- *Develop more coherent, strategic health information systems linked to a long term health strategy.*[63]

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62 "The need for better local level health data was many times pointed out. "(Hungary)

"A large part of the data is already aggregated at an upper level with no possibility to split them at the local level. " (France)

"There are some crucial gaps in the availability of information at both a national and local level e.g. smoking prevalence at local level, breast feeding data. "(England)

63 "In the discussion about the implementation of a national PHR system it was argued to be necessary to start with a concept for PHR and to explore which information should be supplied. Another, succeeding position was to make the best out of available information for practical reasons. "(Germany)

"Due to lack of strategic delivery of PHR at a local and regional level there can be confusion with different data sets being used, different timescales etc. "(England)

- *Develop health strategies and respective PHR activities along with a switch in thinking towards health systems rather than the health care system.*
- *Develop/use conceptual frames to describe health of populations and the health determinants.*
- *Develop/use a conceptual frameworks to identify and close data gaps.*
- *Coordinate and integrate data collection by different data collection systems (e.g. between health insurances, social insurances, private and social health insurances, health and social data etc.) and create ownership.*[64]
- *Process relevant data and design interfaces between data documentation and analysis in a way that makes PHR activities easy.*
- *Think about the possibilities (pros and cons) to close data gaps by health surveys or robust high quality data sets.*
- *Use expert knowledge when quantitative data is missing.*
- *Researchers should explore and explain the relevance of their data / findings for population's health to support PHR activities.*
- *Ensure data quality (reliability, standardisation), especially within the collection of data by (local) institutions (e.g. health professionals).*
- *Link (local) routine examination of children and pupils with surveys considering the social situation of families, life styles etc.*[65]
- *Continue the work on centralized and data bases accessible through the internet that can be merged and updated by PH experts and stakeholders.*
- *The level of aggregation of data should be in line with the needs of users. It should allow regional and local analysis, descriptive and more elaborated statistical analysis.*
- *For the reputation of PHR activities it is very important that it is based on high quality data and that target groups have confidence in the reliability of information offered. While not all target groups are interested to discuss the validity and reliability of data, respective information should be added. Deliver a technical backup in terms of quality assurance of the data and validity/accuracy.*
- *Inform also about the methodology of data collection, processing and analysis to support the work with the data.*

4.4 Effectiveness and efficiency: Cooperation and capacity building

PHR activities need adequate resources to maximize the chances to realize a policy impact. Even if in many countries and at the European level more resources have been invested in the last decades, resources can often be assessed as scarce or even missing, especially at the regional or local level.

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64 "[…] some data collector institutes expressed the opinion of not having control over the content of official data collection program, only have the role of checking whether the collection fulfils the formal statistical requirements. "(Hungary)

65 Here the European Health Interview & Health Examination Database is supportive (https://hishes.iph.fgov.be/index.php?hishes=home).

Therefore it is important to strengthen the effectiveness and efficiency of PHR activities. Cooperation and capacity building can deliver relevant contributions. Networks for mutual learning and support should be promoted[66] and enabled by the assurance of a stable, regulated environment for PHR activities. Networks and cooperation should be organized at the same levels (local, regional, national), but also across levels. Higher levels can support activities on lower levels by the development of concepts, tools, assurance of data availability and comparability. Besides mutual learning in networks there should be professional offers for education and training.[67]

The opportunities and challenges for cooperation and capacity building differ, e.g. between centralized states and decentralized (federal) states, national health systems and pluralistic health systems, regionalized health systems and not regionalized heath systems, districts with a couple of small cities (and a higher number of departments) and bigger cities as a district.

Recommendations for the further development of PHR activities (5)

- *Organize a stabile environment for PHR activities and prevent ongoing restructuring of placement between different departments.*
- *Work in a strategic production of PHR leading to adequate data availability without duplication of effort.*
- *Divide labor to use resources effective and efficient.*
- *Create units for PHR activities at universities, develop professional curricula (e.g. statistics, social circumstances).*
- *Organize a professional exchange and mutual learning in networks[68], training measures and workshops*
- *Give a helping hand for newcomers.*
- *Organize a coaching for PHR activities as well as the implementation and transfer of information and knowledge from PHR activities.*
- *Keep in mind that also the utilization of information and findings from PHR activities requires more or less appropriate training, e.g. the utilization of datasets provided on the web.[69]*
- *Provide information who works on which topics in PHR activities, which reports are planned, which projects are running.*

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66 "Beyond this, another issue discussed by several of the participants was a lack of information about on-going research which was not at the stage of being written up into reports. It was felt that knowledge about early stage projects would be very useful for people active in public health and also public health users. It would facilitate greater cooperation between agencies and individuals and greatly assist those active in public health reporting. "(Ireland)

67 "Users of PHR need to be better skilled at interpreting common forms of PHR graphics and more consistent use of language to describe common PH issues e.g. risk. "(England)

68 "Beyond this, another issue discussed by several of the participants was a lack of information about on-going research which was not at the stage of being written up into reports. It was felt that knowledge about early stage projects would be very useful for people active in public health and also public health users. It would facilitate greater cooperation between agencies and individuals and greatly assist those active in public health reporting. "(Ireland)

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- *Open opportunities to learn from other reports and offer a(n) (online) library with public health reports and tips about new data sources, methods, literature, (new) indicators and their utilization.*
- *Support activities on lower levels by the development of concepts, tools, assurance of data availability and comparability on higher levels.*
- *Analyze the policy impact of past PHR activities.*[70]

5. Conclusions

The project PIA PHR delivers a lot of information about challenges and opportunities, topics and criteria for the further development of PHR activities. The findings and recommendations are often well known from discussions about health statistics, public relations strategies, lobbying and the utilization as well as the policy impact of scientific knowledge. This means that a reflection about PHR activities, at least as far they are seen as a tool to bridge the interface problems between scientific knowledge and policy making, has to address three questions: How can PHR activities contribute to solve the interface problems? How are PHR activities by themselves challenged by interface problems? What can be done to handle these PHR related interface problems? The findings from the project show that the approach to bridge the gap between scientific knowledge and policy making by PHR activities is similar structured to Russian puppets: If you open one, you will find another, and even this one is a little bit smaller and may show small differences, it looks all in all very similar.

The presented findings and recommendations demonstrate that people being active in PHR can do a lot to maximize the chances to realize a policy impact with their work. They can work on format and layout, the presentation of content, comparative approaches and contribute to a better dissemination and access and other strategies to attract interest. They can monitor developments and support policy entrepreneurs to ring the bell when they see the need for action.

But the findings also show that the policy impact of PHR activities is influenced by factors beyond the scope of those being active in PHR. It is difficult to realize a policy impact without adequate resources and a satisfying health data and health statistics system. PHR specialists are only one player and mostly not the most influential for priority setting. PHR deliverables can be provided, disseminated and even marketed without realizing a policy impact: It needs *policy entrepreneurs* who pick up information and knowledge from PHR activities and transfer them into political debates, policy making and the PH business. Policy entrepreneurs are also needed to shape the PHR system and respective regulations in favor of a high policy impact. The checklists entail also recommendations for them. PH experts have to decide if they want to become policy consultants or even policy entrepreneurs by themselves. As far as they work in their role as a professional being active in PHR they should not try to become policy makers by

[70] "An interesting suggestion was that before engaging on a new research project it's important to first dig up old reports i.e. go back to history of the country in question and investigate why certain reports were not acted upon." (Malta)

themselves to prevent political conflicts and defend the scientific character of PHR reports.[71]

References

Almeida, C./Báscolo, E. (2006): Use of research results in policy-making, formulation, and implementation: a review of the literature. Cad. Saúde Pública, Rio de Janeiro, 22 Supl: S7-S33

Beck, Ulrich (1986): Risikogesellschaft. Auf dem Weg in eine andere Moderne. Frankfurt a. M.: Suhrkamp

Brand, Helmut (2006): Gesundheitsberichterstattung und Informationssysteme auf der europäischen Ebene –ein Überblick. In: Kuhn/Busch 2006: 381-388

Brand, Helmut/Cornelius-Taylor, Birgit/Michelsen, Kai/Schröder-Bäck, Peter (2008): Evaluation von Gesundheitsberichten in Europa. In: Prävention 31 (3): 75-78

Buse, K./Mays, N./Walt, G. (2005): Making Health Policy. Maidenhead: Open University Press

Cassel, S. (2002): Politikberatung und Politikerberatung. Bern/Stuttgart/Wien: Haupt

Cassel, S. (2003): Erfolgsbedingungen wissenschaftlicher Politikberatung am Beispiel des Gesundheitswesens. GGW 3. Jg. 2004 N. 4: 7-14

Cohen, M. D./March, J. G./Olsen, J. P. (1972): A Garbage Can Model of Organizational Choice. In: Administrative Science Quartely, Vol. 17 (1972) No. 1: 1-25

COM (Commission of the European Communities) (2007a): White Paper: Together for Health: A Strategic Approach for the EU 2008-2013. Brussels, 23.10.2007, COM (2007) 630 final SEC (2007 1374, 1375, 1376) (http://ec.europa.eu/health-eu/doc/whitepaper_en.pdf)

COM (Commission of the European Communities) (2007b): Commission Staff Working Document. Document accompanying the White Paper Together for Health: A strategic Approach for the EU 2008-2013. Brussels, 23.10.2007, SEC (2007) 1376

CSDH (2008). Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health. Geneva, World Health Organization.

CW (2007). Translating the social determinants evidence into a health equity agenda at the country level. Report of the Country work stream of the Commission on Social Determinants of Health. Geneva, World Health Organization.

Dagger S, Greiner C, Leinert K, Meliß N, Menzel A (Hrsg.) Politikberatung in Deutschland. Praxis und Perspektiven. Wiesbaden: VS Verlag für Sozialwissenschaften

European Commission / Health & Consumer Protection, Directorate General (2007): Health in Europe: A Strategic Approach. Discussion Document for a Health Strategy

European Commission (2007a): Europe's Demographic Future: Facts and Figures on Challenges and Opportunities. Directorate-General for Employment, Social Affairs and Equal Opportunities Unit, E.1. Office for Office Publications of the European Communities: Luxembourg

Falk, S./Rehfeld, D./Römmele, A./Thunert, M. (Hrsg.) (2006): Handbuch Politikberatung. Wiesbaden: VS Verlag

[71] "The producer works according to the methods and the information available. He has to produce the information with its interpretation and he must be responsible of the quality of the information he produce. But he doesn't have to substituting to the decision maker. In the other hand, the user has to respect the limits of the information given by the producer and he must be able to (or ask somebody else to) evaluate the producer. "(France)

Feder, J./Levitt, L. (2005): Why Truth Matters: The Role of Health Statistics in Health Policy. In: Friedman/Hunter/Parrish (ed.) 2005: 278-295

Figueras, J./McKee, M./Lessof, S./Duran, A./Menabde, N. (2007): Health systems, health and wealth: Assessing the case for investing in health systems. Background document for the WHO European Ministerial Conference on Health Systems "Health Systems, Health and Wealth", Tallin, Estonia, 25-27 June 2008. Copenhagen: WHO Regional Office for Europe

Fisch S., Rudloff W. (Hrsg.) Experte und Politik. Wissenschaftliche Politikberatung in geschichtlicher Perspektive. Duncker & Humblot, Berlin

Friedman, D. J./Hunter, E. L./Parrish II, R. G. (2005): Summing Up: Toward a Twenty-First-Century Vision for Health Statistics. In: Friedman/Hunter/Parrish (ed.) 2005: 500-516

Friedman, D. J./Hunter, E. L./Parrish, R. G. (ed.) (2005): Health Statistics. Shaping Policy and Practice to Improve the Population's Health. Oxford u.a.: Oxford University Press

Friedman, D. J./Parrish II, R. G./Moiduddin, A./Ketchel, A. E. (2005): Health Statistics and Knowledge Creation. In: Friedman/Hunter/Parrish (ed.) 2005: 243-277

Graham H./Kelly M. P. (2004). Health inequalities: concepts, frameworks and policy. London, Health Development Agency. (http://www.nice.org.uk/page.aspx?o=502453 , accessed 5 May 2008).

Habermas, J. (1969): Technik und Wissenschaft als 'Ideologie'. Frankfurt a.M.: Suhrkamp

Habermas, J. (1969): Verwissenschaftlichte Politik und öffentliche Meinung. In: Ders. 1969: 120-145

Hanney S./Gonzales-Block, M./Buxton, M./Kogan, M. (2003). The utilisation of research in policy-making: concepts, examples and methods of assessment. Health Research Policy and Systems 2003, I:2 (www.health-policy-systems.com/content/pdf/1478-4505-1-2.pdf)

Heinrichs, H. (2002): Politikberatung in der Wissensgesellschaft. Eine Analyse umweltpolitischer Beratungssysteme. Wiesbaden: Deutscher Universitäts-Verlag

Innvær, S./Vist, G./Trommald, M./Oxman, A. (2002): Health policy makers' perceptions of their use of evidence: a systematic review. Journal of Health Services Research and Policy 2002 7: 239-244

Knesebeck, O. v. d./Joksimovic, L./Badura, B./Siegrist, J. (2002): Evaluation of a community-level health policy Intervention. In: Health Policy 61: 111-122

Kuhn, J./Busch, R. (2006): Zur Einführung: Die politische Relevanz der Gesundheitsberichterstattung. In: Kuhn/Busch (Hrsg.) 2006: 9-19

Kuhn, J./Busch, R. (Hrsg.) (2006): Gesundheit zwischen Statistik und Politik. Beiträge zur politischen Relevanz der Gesundheitsberichterstattung. Frankfurt a.m.: Mabuse

Kurth B. M. (2006) Epidemiologie und Gesundheitspolitik. Bundesgesundheitsbl – Gesundheitsforsch – Gesundheitsschutz 49: 637-647

Leggewie, C. (2006): Deliberative Demokratie. Von der Politik zur Gesellschaftsberatung. In: Falk/Rehfeld/Römmele/Thunert (Hrsg.) 2006: 152-160

Leggewie, C. (Hrsg.) (2007): Von der Politik zur Gesellschaftsberatung. Neue Wege öffentlicher Konsultation. Campus Verlag, Frankfurt a. M. New York

Lindblom, C. E. (1959): The Science of "Muddling Through". In: Public Administration Review Vol. 19 1959: 79-88

Lindblom, C. E./Cohen, D. K. (1979): Usable Knowledge. Social Science and Social Problem Solving. New Haven/London: Yale University Press

lögd (2003): Evaluation of national and regional public health reports (Eva PHR). Final report. Bielefeld: lögd (www.eva-phr.nrw.de/1_pdf/Eva%20Final%20Report.pdf)

Lomas, J. (1990): Finding Audiences, Changing Beliefs: The Structure of Research Use in Canadian Health Policy. In: Journal of Health Politics, Policy and Law, Vol. 15 (1990) No. 3: 525-542

Lomas, J. (2000): Connecting Research and Policy. ISUMA Vol. 1 (2000) No. 1: 140-144 (http://www.isuma.net/v01n01/lomas/lomas_e.pdf)

Lompe, K. (2006): Traditionelle Modelle der Politikberatung. In: Falk/Rehfeld/Römmele/Thunert (Hrsg.) 2006: 25-24

Luhmann, N. (2000): Die Politik der Gesellschaft. Frankfurt a.M.: Suhrkamp

Maasen, S./Weingart, P. (2005): What´s new in Scientific Advice to Politics? In: Maasen/Weingart (Ed.) 2005: 1-20

Maasen, S./Weingart, P. (Ed.) (2005): Democratizing Expertise? Exploring Novel Forms of Scientific Advice in Political Decision-Making. Dordrecht: Springer

Mackenbach J. P /Bakker M. J. (2003); for the European Network on Interventions and Policies to Reduce Inequalities in Health. Tackling socioeconomic inequalities in health: an analysis of recent European experiences. Lancet, 362:1409-1414.

Mackenbach, J. P./Meerding, W. J./Kunst, A. (2007): Economic implications of socio-economic inequalities in health in the European Union. Luxembourg: European Commission, Health & Consumer Protection, Directorate General

Mayntz, R. (1994) Politikberatung und politische Entscheidungsstrukturen: Zu den Voraussetzungen des Politikberatungsmodells. In: Murswieck (Hrsg.) 1994: 17-29

McDaid, D./Drummond, M./Suhrcke, M. (2008): How can European health systems support investment in the implementation of population health strategies? Background document for the WHO European Ministerial Conference on Health Systems "Health Systems, Health and Wealth ", Tallin, Estonia, 25-27 June 2008. Copenhagen: WHO Regional Office for Europe

Murswieck, A. (Hrsg.) Regieren und Politikberatung. Verlag Leske + Budrich, Opladen

Parish II, R. G./Friedman, D. J./Hunter, E. L. (2005): Defining Health Statistics and Their Scope. In: Friedman/Hunter/Parrish (ed.) 2005: 3-23

Reiners, H. (2006): Daten, Fakten, Ideologien – Anmerkungen zur Informationsverarbeitung in der Politik. In: Kuhn/Busch 2006: 31-40

RIVM (1998): Health Reporting in the European Union. National Institute for Public Health and the Enviroment (RIVM). Bilthoven

Robert Koch Institut (2002): The German Health Reporting System and Current Approaches in Europe. A Comparative View on Differences, Parallels and Trends. Proceedings of the International Conference. Berlin: Robert Koch Institut

Rosén, M. (2002): What is the impact of public health reporting? The Swedish experience. In: Robert Koch Institut 2002: 93-98

Rosenbrock, R./Gerlinger, T. (2006) Gesundheitspolitik. Eine systematische Einführung. 2., vollst. überarb. u. erw. Aufl. Bern: Verlag Hans Huber

Rudloff, W. (2004) Politikberatung als Gegenstand historischer Betrachtung. Forschungsstand, neue Befunde, übergreifende Fragestellungen. In: Fisch/Rudloff (Hrsg.) 2004: 13-57

Saretzki, T. (2007) ...address unknown? Was heißt „Gesellschaftsberatung "und was folgt daraus für Wissenschaft und Demokratie? In: Leggewie (Hrsg.) (2007): 95-116

Schräder, W. F./Diekmann, F./Neuhaus, R./Rampelt, J. (1986): Kommunale Gesundheitsplanung. Basel/Boston/Stuttgart: Birkhäuser

Start, D./Hovland, I. (2007): Tools for Policy Impact. A Handbook for Researchers. London: Overseas Development Institute

Stone, Diane (2002): Using Knowledge: The dilemma of bridging research and policy. Compare Vol. 32 No. 3: 285-296

Stone, D./Mawxwell, S./Keating, M. (2001): Bridging Research and Policy. An International Workshop Funded by the UK Department for International Development. Radcliffe House, Warwick University, 16-17 July 2001

Suhrcke, M./McKee, M./Sauto Arce, R./Tsolova, S./Mortensen, J. (2005): The contribution of health to the economy in the European Union. Luxemburg: Office for Official Publications of the European Communities

Suhrcke, M./Rocco, L./McKee, M. (2007): Health: a vital investment for economic development in eastern Europe and central Asia. European Observatory on Health Systems and Policies. WHO: Copenhagen

Suhrcke, M./Sauto Arce, R./McKee, M./Rocco, L. (2008): Economic costs of ill health in the European Region. Background document for the WHO European Ministerial Conference on Health Systems "Health Systems, Health and Wealth", Tallin, Estonia, 25-27 June 2008. Copenhagen: WHO Regional Office for Europe

Suhrcke, M./Urban, D./Moesgaard Iburg, K./Schwappach, D./Boluarte, T./McKee, M. (2007): The economic benefits of health and prevention in a high-income country: the example of Germany. Berlin: WZB

The Swedish National Institute of Public Health (2006): Healthy Ageing –A Challenge for Europe. (The Healthy Ageing Project)

Wagner, P./Weiss, C. H./Wittrock, B./Wollmann, H. (ed.) (1991): Social Sciences and Modern States. National Experiences and Theoretical Crossroads. Cambridge u.a.: Cambridge University Press

Weber, M. (1919): Wissenschaft als Beruf. In: Gesammelte Politische Schriften. Potsdamer Internet Ausgabe. http://www.uni-potsdam.de/u/paed/pia/index.htm

Weingart, P. (2006): Erst denken, dann handeln? Wissenschaftliche Politikberatung aus der Perspektive der Wissen(schafts)soziologie. In Falk et al. 2006: 35-44

Weiss, C. H. (1977): Introduction. In: Weiss (ed.) (1977): 1-22

Weiss, C. H. (1979): The many meanings of research utilization. Public Admin Rev 39: 429-431

Weiss, C. H. (1980): Knowledge Creep and Decision Accretion. In: Knowledge: Creation, Diffusion, Utilization, Vol. 1 (1980) No. 3: 381-404

Weiss, C. H. (1991): Policy research: data, ideas, or arguments? In: Wagner u.a. (ed.) 1991: 307-332

Weiss, C. H. (ed.) (1977): Using Social Research in Public Policy Making. Lexington, Massachusetts/Toronto: Lexington Books

WHO (2008a): The Contribution of Regions to Health and Wealth. Technical report for the WHO European Ministerial Conference on health Systems: "Health Systems, Health and Wealth," Tallin, Estonia, 25-27 June 2008. Regional Office for Europe. Copenhagen: WHO

WHO (2008b): Ten Theses on Regional Health and Wealth. Regions invest in health –and it pays off for both people and the economy. WHO Regional Office for Europe. Copenhagen: WHO