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Prevention Reporting and Data Sources – Proceedings of the National and  
Federal State Level Workshop of German Federal Health Reporting

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## The launch of prevention reporting: the 2017 national and federal state level workshop of German Federal Health Reporting

The Robert Koch Institute (RKI) and the Federal Centre for Health Education (BZgA) organised a two-day workshop together with representatives from health reporting at the federal state level. The workshop, which took place between 9 and 10 November 2017 in Berlin, focused on two issues: 'prevention reporting' and 'data sources'. The aim of the workshop was to share experiences about current developments and projects that are intended to implement prevention reporting at the federal and state level. A joint workshop on this topic was also conducted in 2016. The [2016 workshop](#) focused on the methodological foundations of prevention reporting and relevant approaches. The 2017 workshop used the conclusions from 2016 to focus on the National Prevention Conference's (NPC) Prevention Report and projects in prevention reporting that have already been implemented or that are planned at the federal state level.

The draft concept behind the NPC's first prevention report, which will be prepared by the IGES Institute for the NPC, was presented by representatives of the institutions involved in the National Prevention Conference (Dr Liedtke, National Association of Statutory Health Insurance Funds; Dr Grave-meyer, German Social Accident Insurance; Dr Kamga Wambo, German Statutory Pension Insurance Scheme). They pointed out that the report will not only include data on the prevention measures being put in place by the NPC and information about the latest research on measures in particular settings (setting-based approach), but also data from the federal health monitoring and information from the federal state level. Ms

Starker then explained the approach for the expertise of the RKI for the first NPK prevention report. She pointed out that the RKI expertise will bring together different data on the target groups of the Federal Framework Recommendations. This presentation was followed by three representatives from the federal state level who spoke about their state's plans to implement prevention reporting. In Brandenburg, data on people's health and social situation are being linked in the sense of integrated reporting; the results are to be used to develop proposals for targeted interventions (Ms Weigelt-Book, Brandenburg Ministry of Labour, Social Affairs, Health, Women and Family). In Baden-Württemberg, prevention reporting is seen as a form of research that accompanies the implementation of the Federal State Framework Agreement of Baden-Württemberg (which was introduced to map developments at the federal state and local level). As such, prevention reporting in Baden-Württemberg concentrates on existing structures (Dr Würz, Baden-Württemberg Ministry of Social Affairs and Integration). The presentation on the prevention indicators that are being applied in Bavaria made it clear that a prevention report can only ever focus on a selection of possible indicators. Furthermore, these indicators should ideally be updateable and readily available at different regional levels (Dr Reisig, Bavarian Health and Food Safety Authority).

During the workshop, the issue of prevention reporting was supplemented with information about new data sources and projects that are being undertaken at the RKI. Dr Gößwald provided a presentation about the next RKI examination sur-

vey of the adult population in Germany – field work is expected to begin in spring 2019. Ms Bartig provided a report about IMIRA (Improving Health Monitoring in Migrant Populations), a project aimed at improving the integration of migrants into the health monitoring conducted at the RKI. Dr Prütz outlined further RKI projects, such as the quarterly Journal of Health Monitoring, which the RKI edits and publishes, and three projects that deal with women's health and gender equitable health reporting (Women's Health Report; Women 5.0, and AdvanceGender). Dr Schmidt explained the tasks of diabetes surveillance at the RKI, and Mr Rommel described the activities and reforms that are taking place within the context of the Data Transparency Regulations (DaTraV). Finally, Dr von der Lippe used current data from the German Health Update (GEDA 2014/2015-EHIS) to demonstrate that differentiated evaluations are possible at the regional, federal state and European level.

The panel discussion with Dr Borrmann (North Rhine-Westphalia's Centre for Health), Professor Geene (Magdeburg-Stendal University of Applied Sciences), Dr Kuhn (Bavarian Health and Food Safety Authority), Dr Starke (Academy of Public Health Services) and Dr Würz (Baden-Württemberg Ministry of Social Affairs and Integration) discussed fundamental questions and challenges associated with preparing a (national) prevention report. It concluded that prevention reports should provide insights that support disease prevention and health promotion in the institutions conducting the work on the ground (in other words, they should offer a practical orientation). The debate demonstrated that it was important not to place too many hopes either on the first report – which is due to be published in 2019 – or on those that follow in terms of immediately quantifiable impacts, since preventive

interventions and health promotion measures are complex and involve elaborate evaluations and different methodological requirements. Moreover, most of the measures that have been planned have yet to be implemented; as such, no measurable effects can be expected before 2019. At the same time, the focus of the Preventive Health Care Act means that it is important to ensure that cooperative and participatory structures at the municipal level and small-scale evaluations and needs analyses are taken into account. The paradigm shift that is taking place in prevention and health promotion is characterised by measures taken in people's living environments ('settings approach'), resource promotion, structural prevention and health-in-all-policies strategies. These changes will also need to be reflected in prevention reporting in the future. However, doing so will also require additional indicators. In the long term, an assessment will be needed of how a common set of core indicators could be designed so that they can be applied by all departments – and at the state, federal, and, if possible, local level. These indicators would also have to take current key requirements and developments in prevention and health promotion into account.

The workshop highlighted the fact that the Preventive Health Care Act is already providing important impulses at the federal and state level for the conceptual and practical implementation of prevention and intervention reporting. Some federal states have developed concepts or begun implementing initial projects in prevention reporting. This was also clear from the answers provided by the representatives present at the workshop and from the lectures presented by the federal states. These developments provide an opportunity to strengthen prevention and health promotion in Germany by using advances in knowledge and evidence-based approaches.



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## Examination survey on health and nutrition of the adult population in Germany between 2019 and 2021 – the current status of planning

The Robert Koch Institute (RKI) and the Max Rubner Institute (MRI) are jointly conducting a nationally representative study on the health and nutrition of the adult population in Germany. The aim of the study is to merge the health monitoring programme conducted at the RKI, the [DEGS](#) and [GEDA](#) studies, and nutrition monitoring with the National Food Consumption Study [1]. The new study will focus on physical and mental health, health-related behaviour, nutrition and nutrition-related behaviour, people's environmental and living conditions, as well as their social situation and uptake of medical services. The study will also integrate the European Health Interview Survey.

The study aims to achieve a sample size of 12,500 participants, and will begin in spring 2019 and continue until summer of 2021. The target population is adults aged between 18 and 79 whose primary residence is registered in Germany. Initially, 300 sample points, stratified according to federal state and municipality type, are to be randomly selected. The participants will then be selected at random from the local population registers in the respective sample points.

Surveying will take place using a sequential mixed-mode design with web-based questionnaires and written questionnaires, and partly through computer-assisted personal interviews. This will include a 24-hour dietary recall of the participants' current food intake and an interview on medication and nutritional supplements. The

examination study will comprise numerous laboratory tests on blood and urine samples, anthropometry (height, weight and bioimpedance), resting blood pressure, pulmonary function, neurocognitive tests, physical function (strength, mobility and balance) and measurements of physical activity. The medical examinations are to be conducted in the selected locations in temporary mobile examination centres by teams with medical training.

Due to the fact that people are currently less willing to participate in population-based interview surveys and examinations, as well as societal changes caused by demographic changes, the aging of society and the influx of migrants, the methods that researchers use for participant acquisition need to be adapted regularly. The new survey, therefore, will include specific measures aimed at better reaching groups such as the elderly and people with a limited knowledge of German.

The examination survey on health and nutrition of the adult population in Germany will provide further nationwide representative data that enable estimates to be made of current prevalences and trends, as well as context analyses on issues related to public health.

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## The IMIRA project – Improving Health Monitoring in Migrant Populations

A population-specific approach to health is essential if health-policy measures are to reflect the needs of particular target groups. However, in the case of people with a migration background, health reporting faces a major challenge: availability of reliable data. The project ‘Improving Health Monitoring in Migrant Populations’ (IMIRA), which is currently being carried out at the Robert Koch Institute (RKI), aims to improve the information base regarding migrants’ health in Germany (duration: July 2016 – June 2019). In addition to the improvement of inclusion of migrant populations into health monitoring, IMIRA also aims to integrate migrants’ health into regular health reporting.

In order to achieve these goals, several subprojects are being implemented in parallel. An initial review of the current research findings in the field of migration and health has already been undertaken. A further subproject aims to review and assess the applicability of migration-specific concepts (such as acculturation) to health monitoring at the RKI. Two feasibility studies are also carried out to improve the inclusion of migrants into health monitoring. Whereas the feasibility study ‘interview survey’ focuses on testing different recruitment strategies to increase the participation of migrants (such as by providing a multilingual study hotline, and field follow-ups for non-response), the feasibility study ‘examination survey’ includes various tools (such as live video interpreters, multilingual videos describing the examinations) aimed

at overcoming language and cultural barriers between participants and the medical staff. The insights gained from the IMIRA project will be taken into account when designing future health surveys at the RKI.

To develop a concept outlining how to integrate data on migrants’ health into regular health reporting is also part of IMIRA. The aim is still to develop a core indicator system that describes the health of migrants. At the same time, and in addition to the data from the health monitoring conducted at the RKI, routine data (such as data from statutory health insurance funds) and survey data (such as from the Socio-Economic Panel) are to be verified with regard to their usability for migration-related health reporting.

Moreover, networking with relevant actors in the field of migration and health is an ongoing project activity.



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The costs of the National Prevention Conference's  
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## The National Prevention Conference's prevention report – the development of a concept for the 2019 report

The National Prevention Conference (NPC) has been tasked with delivering the first ever cross-institutional prevention report by 1 July 2019. The report will include an initial assessment of the implementation of the NPC's Federal Framework Recommendations on health promotion and disease prevention in people's living and working environments [1]. In February 2017, the NPC agreed upon a draft concept for the report. The elaboration of a more detailed concept as well as its methodological implementation, starting in spring 2018, will be carried out with support of the IGES Institute.

In line with section 20d (4) of Book 5 of the German Social Code, the prevention report will focus on describing the measures implemented to meet the objectives and reach the target groups set out in the Federal Framework Recommendations, NPC stakeholders' experiences gained through cooperation and quality assurance in this context, and stakeholders' expenses. Results from the health monitoring conducted at the Robert Koch Institute and the federal state level will be incorporated as well. Another focus will be on illustrating the current state of research regarding the effectiveness of disease prevention and health promotion measures related to people's living and working environments. In addition, the report will cover the reduction of social and gender disparities in health care opportunities – a task that needs to be undertaken in society as a whole – as an inter-disciplinary issue.

The institutions involved in the NPC and their member organisations will use the results to refine their activities in the field of promotion of health, safety, participation and disease prevention. This will also include examining options to improve documentation and evaluation. Finally, the report will also seek to identify starting points for refining shared goals and expanding cooperation and coordination within the context of the national prevention strategy as laid out in section 20d of Book 5 of the German Social Code.

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## Expertise of the Robert Koch Institute for the first prevention report: background, aims and approach

The Preventive Health Care Act established the National Prevention Conference (NPC), a working group of the umbrella organisations for health, accident, pension and long-term care insurance, as well as private health insurance and long-term care insurance. The NPC has been given the task of developing and maintaining a national prevention strategy. This includes agreeing on cross-provider federal framework recommendations on health promotion and disease prevention as well as the associated documentation and reporting obligations. These obligations anticipate the preparation of a report on developments in health promotion and disease prevention (prevention report) every four years. The first report is due to be published on 1 July 2019.

The prevention report intends to document, review the performance and evaluate health promotion and disease prevention measures over time. The German Federal Framework Recommendations stipulate that prevention reports should supply information on the services provided and experiences related to achieving common goals and cooperation. In addition, these reports should also include results from the health monitoring undertaken at the Robert Koch Institute (RKI). Therefore, the German Federal Ministry of Health has commissioned the RKI to compile an expertise that brings together various epidemiological data. The expertise is to describe the health situation of the population living in Germany considering socio-economic and gender-related influences and to

derive population-wide and target group-specific prevention needs and potentials. In doing so, data on various risks and protective factors and diseases are taken into account.

The following approach was chosen for the preparation of the expertise: In a feasibility study, selection criteria are defined for the eleven target groups named in the Federal Framework Recommendations; this should enable to describe the prevalence of risk and protective factors and diseases that are relevant to the various target groups. This approach will also involve taking into account important aspects such as Germany's national health targets and current social developments such as the unequal distribution of health burdens among the population. In a second step, data availability is examined. Priority is given to the data of RKI's health monitoring, but research will also be undertaken into external data sources. Furthermore, the report will also identify data gaps that may exist. This step will be followed by data preparation and descriptive and statistical data analyses. The results and the indication of prevention needs will finally be summarised in the expertise which will be available by the end of 2018.



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## News from Federal Health Reporting

Federal Health Reporting (GBE) continuously provides current data and information on the German population's health and health care services utilisation. This article provides information on present GBE focuses: the [Journal of Health Monitoring](#), as well as three projects, which belong to the field of Gender and Health – the report on women's health in Germany, and the Frauen 5.0 and AdvanceGender projects.

Since September 2016, GBE has been publishing the Journal of Health Monitoring. Available online in German and English, this new format is open access, barrier-free and linked to the Federal Health Reporting information system ([www.gbe-bund.de](http://www.gbe-bund.de)) and aims i. a. to improve the visibility of Federal Health Reporting. Work in 2017 focused on a basic evaluation of the GEDA 2014/2015-EHIS health survey. In 2018, the focus is on KiGGS Wave 2.

Following the first report on women's health in Germany (Frauengesundheitsbericht), which was published in 2001, a new report is currently being developed and will highlight important aspects related to the health of women in Germany. In its first part, based on GBE data, the report will provide a general overview of the health of women in Germany [1]. Subsequently, part two will consist of various focus chapters touching on important aspects of women's health, such as sexual and reproductive health, or deal with the health of particular groups of women (for example women with a migration background, women with disabilities, and elderly women). The report

will include comparative gender analyses, as well as analyses regarding the health of specific sub-groups (for example stratified by age or socioeconomic status). Beyond merely discussing prevalences, the report will provide an interpretation of data and discuss explanation approaches.

[AdvanceGender](#) (a joint research project between the Charité in Berlin, Bremen University and the RKI), in turn, focuses on more fundamental questions of gender equity in health reporting. This should lead to a best practice model for gender sensitive health reporting across the entire research process (from data collection and analysis to health reporting).

[Frauen 5.0](#) (conducted jointly by the Charité Berlin and the RKI) focuses on a very specific field of women's health: analysing the health and health care utilisation of women aged over 49 years in rural areas, in particular regarding coverage of gynaecology and general medical services and developing proposals for new models of health care.

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## Diabetes surveillance – status and perspectives

Over the past few decades, Germany has seen a significant increase in the number of people diagnosed with diabetes mellitus. Treating the disease and the related long-term complications is now a central field of public health (PH) action. To meet this challenge, and taking diabetes as an example, the Robert Koch Institute (RKI) initiated a surveillance project in 2015. Accompanied by national and international experts and stakeholders of health reporting (GBE) at the federal state level, the project's running time was set at four years [1].

Generally speaking, PH surveillance consists of continuously and systematically analysing health data from multiple sources to provide a rapid response in the form of health promoting measures [2].

The first step therefore consisted in developing adequate indicators. Based on a multitier Delphi procedure, these indicators were condensed to a set of core and additional indicators. In addition to epidemiologic parameters, these also contain indicators for risk factors and health care provision.

The data model to represent indicators is based both on RKI health monitoring data as well as on secondary data. The contributions presented in these proceedings on the current Health in Germany survey and the potential of Data Transparency Regulations highlights the potential for analysis in both data types.

Moreover, a telephone survey conducted by the RKI in 2017 as part of the diabetes surveillance will for the first

time provide comprehensive representative data on the knowledge and information needs of people with and without diabetes in Germany.

A further focus will be on preparing the results specifically for individual target groups. This will build on the tested and developing new health reporting formats [3].

Diabetes, largely the consequence of unhealthy lifestyles and living conditions, at the same time plays a significant role in the development of additional diseases. Consequently, the aim is to apply the consensual indicators, data model, reporting formats and the accumulated expert knowledge to develop a PH surveillance for chronic diseases.

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## Germany's Data Transparency Regulations – potential, developments and RKI federal health reporting activities

Since 2014, claims data of statutory health insurance companies in Germany, which provides a basis to calculate the morbidity-oriented risk structure compensation scheme (Morbi-RSA), can be analysed by certain institutions for defined purposes. Book 5 of the German Social Code sections 303a et seq. as well as Germany's Data Transparency Regulations (DaTraV) sets the details out more clearly. DaTraV applies to the data of all statutorily insured persons in Germany, and access to this data can be applied for at the German Institute of Medical Documentation and Information (DIMDI) for specific questions. The data set contains information on outpatient and inpatient care, costs and prescribed medications. Potentially this data could allow estimates on prevalence and incidence rates based on the data of roughly 70 million statutorily insured. One limitation is the scope of this data, as it only includes part of all claims data (excluding for example data on long-term care insurance). Moreover, it currently takes four years from data collection to data provision, after which those wishing to access the data still need to go through a lengthy application process. After the first phase of incoming data applications the procedures have been internally evaluated resulting in a current revision of DaTraV with regard to making access to data easier and speeding up the application process. An initial analysis in the context of diabetes surveillance at the Robert Koch Institute indicates that roughly one in seven publicly insured patients aged over 40 has been

diagnosed with diabetes. Clearly, the combination of in and outpatient data provides benefits to estimating prevalence and incidence rates. Compared to the results from outpatient billing data of Germany's Associations of Statutory Health Insurance Physicians, the analysis of DaTraV data shows higher estimates of diabetes prevalence because the data provide a more realistic picture of actual health care provision. By enabling population-wide estimates on disease frequency, DaTraV data importantly contributes to the further development of health reporting. Federal health reporting (GBE) at the Robert Koch Institute is involved in the permanent development of this information system. It actively participates in the health care data provision working group of Germany's umbrella organisation for networked medical research TMF e.V. Moreover, in co-operation with DIMDI, it develops standard analyses that represent a key element in the establishment of a routine provision of DaTraV data for health reporting and surveillance.

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# The German Health Update GEDA 2014/2015-EHIS – possibilities for international and regional assessment

The most recent survey of the German Health Update (GEDA 2014/2015-EHIS) implemented the four modules of Wave 2 of the European EHIS questionnaire (European Health Interview Survey): health status, health care, health determinants and background variables on demography and socio-economic status. In addition, the survey also covered nationally relevant topics such as health literacy, stroke knowledge, subjective social status and working conditions.

Data collection took place between November 2014 and July 2015, the reference population is the German population aged over 15 with permanent residence in Germany.

Data were collected either through an online questionnaires or, if preferred by the respondents, a printed out questionnaire sent by post. The study applied two-stage cluster sampling [1]. In order to be able to carry out analyses at federal state level, the low-population states have been over-proportionally included in the sample (oversampling).

This approach enables comparisons at European level as well as at federal state level. First analyses of selected indicators for example show that obesity and smoking prevalences in Germany are relatively close to the EU average [2]. Levels of physical activity in Germany are comparatively high, whereas levels of fruit and vegetable consumption are low. Besides the differences between Germany and the EU average there are also numerous

regional differences such as in the rates of [self-reported medically diagnosed diabetes](#) and [chronic-obstructive pulmonary disease](#) or the prevalence of [health impairments](#).

GEDA's regularly updated information enables numerous assessments, comparisons and trend analyses. Despite the large sample and oversampling of certain federal states, conducting analyses for specific subgroups remains challenging. When reporting findings segregated by federal states, the possibility to split analysis by gender, socio-economic status and other factors should be further examined.

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# Project – Report on the health and social situation of children in Brandenburg

## Overview

Brandenburg's federal state framework agreement (LRV) on the implementation of the national prevention strategy according to section 20f of Book 5 of the German Social Code specifies the structural and organisational bases for the further development of prevention and health promotion strategies. The targets and fields of action defined by the federal framework recommendations form part of the established structures of health target processes. The Alliance for Growing up Healthy in Brandenburg (BGA) therefore defines health targets with regard to the objective Growing up healthy stated in the federal framework recommendations. LRV partners thereby have agreed to develop activities sustainably and uphold the current quality standards. This includes a commitment to answering the needs revealed by health and social reporting.

In 2018, the roundtable *Starke Kinder – Starke Familien* (Strong children, strong families) focused on 'child health and poverty'. This year the thematic focus will be on applying the LRV as a basis for co-operative strategies to improve health equity for children and adolescents at the district and municipal levels.

## Objectives

The planned report on the health and social conditions of children in Brandenburg aims to reveal the causes of health inequality and provide a basis for measures.

To evaluate health and social conditions, the report will build on previous reports on child health in Brandenburg. This combined form of health and social reporting references multiple activities in Brandenburg and in addition to the efforts in the context of the Strong children, strong families roundtable, aims to further develop integrated municipal level prevention strategies, as well as implement Germany's National Prevention Strategy. The report matches health findings to the health targets of the growing up healthy alliance. The Koordinierungsstelle Gesundheitliche Chancengleichheit Brandenburg (coordinating body health equity in Brandenburg) accompanies the establishment and implementation of co-operation projects at the district and municipal level.

## Challenges

Brandenburg's health and social reporting provides comprehensive data and thereby a basis for monitoring the health and social conditions of children and adolescents. A key challenge remains improving the implementation of these findings in municipal level health planning.



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## Strategies and structures towards implementing the Preventive Health Care Act in Baden-Württemberg – a quality report

To accompany and implement Germany's Preventive Health Care Act, Baden-Württemberg has expanded the existing structures. These efforts were guided by the will to strengthen a settings approach in health promotion and prevention, further develop early detection screening offers by statutory health insurance companies and improve co-operation between industrial health promotion and occupational health and safety. To prevent double structures, implementing these objectives jointly with stakeholders will require a structured exchange of information.

The federal state framework agreement (LRV) anticipates involving the foundation Stiftung für gesundheitliche Prävention Baden-Württemberg [1]. Founded in 2009 on the initiative of the state of Baden-Württemberg, the foundation has focused on measures and projects with a settings approach in line with the Ottawa Charter for Health Promotion. It plays a pivotal role in the implementation and co-ordination of projects involving different statutory health insurance companies and carriers. Based on co-operation in the context of the Preventive Health Care Act, the aim is now to intensify cross-carrier co-operation. It is the objective of the foundation to focus its projects and measures on socially vulnerable groups. To accompany LRV implementation pursuant to section 20 f of Book 5 of the German Social Code (SGB V) of the Preventive Health Care Act, as mandated by section 8 of Baden-Württemberg's health law [2] – a committee for

health promotion and prevention was established and began working in April 2016. It was involved in the process of developing the LRV and provides the link to the communal level and communal health conferences.

Baden-Württemberg aims to establish a transparent procedure to implement projects across different carriers, as well as to promote professional supervision and the sharing of knowledge through the committee on the developments in Baden-Württemberg. Through this structure and the strategies it is tied to, Baden-Württemberg aims to ensure the highest quality of health promotion and prevention jointly with stakeholders and those involved in the LRV.

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## A set of prevention indicators for Bavaria – core data on prevention for Bavaria and its regions

In Bavaria systematic prevention reporting is being established. The aim is to support the implementation of the Bavarian Prevention Plan as well as of Bavaria's federal state framework agreement and to deliver regional data for national prevention reporting [1]. In a survey, more than 90 % of stakeholders in the Bavarian Prevention Alliance had asked for the provision of a core prevention data set [2].

Therefore, as one of the first products of Bavarian prevention reporting, such a data set was developed in 2017. The data set comprises a selection of important data relevant to prevention and health promotion. It is oriented along the action areas of the Bavarian Prevention Plan “Growing up healthy”, “Healthy adult and working life”, “Healthy aging” and “Health equity” [3]. In accordance with the targets of the Prevention Plan, indicators depicting the broader determinants of health (e.g. environmental or social aspects), health behaviour, health literacy, prevention activities and relevant outcomes were meant to be included for each action area. Important criteria for the selection of indicators were the availability of data for Bavaria and for Germany by gender and – if possible – by social status as well as the availability of regular data updates. Indicators referring to risks as well as to resources for health, behaviour and living conditions were included. Where available, references to small area data were given.

A working draft of the indicator set contains nearly 120 indicators. For about one third, small area data are

available. Despite the abundance of prevention related data, data on risks outweigh by far those on resources, and there is a lack of systematically collected data on prevention activities. The Bavarian prevention stakeholders approved of the draft indicator set. It is meant to be published and updated regularly.

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