

Chronic Diseases, Health Promotion and Surveillance: Experiences, New and Old Challenges

Behavioural Risk Factor Surveillance
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Technical vs. structural challenges of surveillance

- Technical: questionnaire, sampling, data collection, analyses, reporting
- Structural: public health infrastructure, social science infrastructure, link to health promotion, sustainable resources
- Have we really solved the technical problems? **Do all the stakeholders have adequate technical skills?**
- **Is it possible to separate the technical and the structural challenges?**

Surveillance among adolescents and adults

- Is there a need for a different surveillance system for different age groups? Adolescence, middle age, third age...
- What are the advantages of a common system for all age groups? What are the disadvantages?

How broad can a health surveillance system be?

- Infectious diseases->NCDs -> risk factors
-> health behaviours-> macro-level factors-> social factors-> intra-personal factors-> mental functioning->???
- Surveillance **of** social factors vs. health surveillance **according to** social factors

Surveillance of social factors

- Responsibility of the general welfare monitoring system, e.g. national statistical offices, institutions for consumer research etc., ministries of social affairs
- Time trends of socio-economic position (education, income, occupation), family structures, general well-being
- National registers, surveys on time budgets, household budgets, living conditions, consumption

Health surveillance according to social factors

- Responsibility of health experts, e.g. public health institutes, ministries of health etc.
- Time trends in health and health behaviour according to social determinants, e.g. socio-economic position, marital status, living conditions etc...
- We are health experts? Where is the limit of our expertise? How far can we go towards welfare monitoring?