Erwin Zimmermann Editorial | editorial

## Survey research and public health

144

Prof. Dr. Zimmermann is director of the Swiss Household Panel Study and teaches survey methodology and research at the University of Neuchâtel

Since World War II, data obtained from sample surveys has played a major role in empirical, quantitative social research in modern democratic societies. Surveys generate high-quality first-hand information about a population's lives, behaviour patterns, values, and opinions for the benefit of scientific research. They, just as importantly, provide citizens and decision-makers with the facts they need when making enlightened choices in a democracy.

Public health relies heavily on up-to-date knowledge regarding the health-related behaviour of the population as a whole and its subgroups. Over the past 15 years information collected using large and small-scale surveys has helped public health authorities act in the areas of AIDS and drugs; comprehensive survey data is now available on sexual behaviour, drug consumption, lifestyles, and even on policy preferences.

Since 1992, the Swiss Health Survey - which is carried out every five years - has been providing a wealth of data on a large sample of the Swiss resident population (between 12000 and 15000 participants): self-perceived state of health, self-reported ill health, risk behaviour, use of health services, medication, etc. In 1999, the Swiss Household Panel was launched with the aim of significantly improving the understanding of social change by observing annually the living conditions of households, as well as the lifestyles and satisfaction of all household members. Over the years, the panel will supply information on the lives of individuals and families of widely differing origins and social conditions, together with health-related behaviour and outcomes. These two major surveys are complementary for monitoring concomitant changes in living conditions and health and for studying their interrelationships over the course of time. In addition to such major longitudinal surveys, data collected from rather small representative samples (between

500 and 1500 participants) can yield sufficiently reliable information for designing and targeting health promotion campaigns. Private survey institutes such as DemoScope, IHA, Link, and M.I.S. Trend, have modern facilities for computer-assisted telephone interviewing (CATI). Smaller week-long surveys may also be carried out. Since 1996, the Unit for Health Research has been running a small CATI laboratory at the Institute for Social and Preventive Medicine at the University of Bern. Complementary to the much larger private facilities, this academic facility contributes to improving the quality of survey research into health and related lifestyles.

Despite a long-standing tradition of academic health research in Switzerland, practical knowledge is often lacking or not available at the time when crucial political decisions are being made. Just as academic research follows its own laws, so does political decision-making. Here, the Swiss Health Observatory is to play a vital role in making health-related information available to health-policy decision-makers, the media, and the general public. Based on a careful analysis of the various needs for information, the Observatory may coordinate present and future data collection and analysis, and commission ad hoc surveys on topics of particular interest for the political decision-making process.

Survey research – whether academic or applied – is likely to expand even more in years to come. Public health researchers will increasingly rely on such data, work together in research networks, and communicate the results to the scientific and civil communities. There is an emerging culture of interdisciplinary collaboration among researchers analysing both separate and complementary aspects of available data. The preparation of the National Competence Center of Research (NCCR) public health proposal has

greatly contributed to the existence of a strong network of competence in public health research by bringing together the available institutional and personal resources in a transdisciplinary approach.

Despite our traditionally – rather individualistic – academic working culture, by collaborating more closely beyond

the boundaries of our disciplines we can help to improve the quality of public health research and its relevance to the promotion of health and the quality of life in Switzerland.

Erwin Zimmermann

Alfredo Morabia

## War, a major health determinant

Prof. Dr. Morabia is editor-in-chief of this journal and teaches at the University of Geneva and at the Columbia School of Public Health, New York

One of the most striking trend of the human cost of wars during the 20th century has been the huge proportion of civilians killed. According to Clemens and Singer, half of the 18.7 million deaths from World War I, 73% of the 40.5 million deaths of World War II, about 50% of the 2.7 million deaths of the Vietnam wars were civilians, plus soldiers dying out of combats from wounds, accident, or diseases.

In the Angola and Mozambique conflicts from the 1960s to the 1990s, more than 75% of the victims were civilians. The death toll is only the tip of the iceberg. When battles are over, their visible (physical) and less visible (psychological) wounds persist<sup>2</sup>. Between 1985 and 1995, 2 million children died from warfare, but another 10 to 15 million were maimed physically or psychologically<sup>1</sup>.

War is a major health determinants, which currently affects directly large fractions of the world population and indirectly all of us. Research on the health effects of war has therefore its place in SPM. In this forum, we have invited three scientists to pinpoint some of the epidemiologic issues associated with studying the consequences of war. Sabina Negovetic describes the effects of war at the population level<sup>3</sup>. Yuval Neria focuses on the posttraumatic stress syndrome and its proposed therapies <sup>4</sup>. Jeanne Mager Stellman and Karestan C. Koenen specifically review the health problems of Vietnam War veterans<sup>5</sup>.

This forum does not pretend to present an exhaustive review of the health consequences of war. These short contributions only reveal a small part of this enormous problem. For example, many people die from malnutrition and disease caused or increased by armed conflicts. This forum can however contribute to demonstrate that, as a major health determinant, war deserves to be studied using apt and rigorous epidemiologic methods. A fuller understanding of the consequences of warfare can eventually bolster efforts of those who fight ... against war.

## References

- 1 Clemens WC, Dinger JD. The human cost of war. Sci Am 2000; 282: 38–9.
- 2 Mollica RF. Waging a new kind of war. Invisible wounds. Sci Am 2000; 282: 36-9.
- 3 Negovetic S. Consequences of war and disasters on the health of civilian populations. Soz Praventiymed 2001; 46: 150-1.
- 4 Neria Y. Prevention of posttraumatic sequelae: therapeutic intervention in trauma survivors. Soz Praventivmed 2001; 46: 148-9.
- 5 Mager Stellman S, Koenen KC. War: is a mental health ceasefire possible? Soz Praventivmed 2001; 46: 146-7.

Alfredo Morabia