

ANNUAL REPORT 2014



Interview with
Prof. Gerd Gigerenzer
*Director at the Max Planck Institute
for Human Development*
Page 18

Interview with
Marlene Mortler
Drug Commissioner of the Federal Government
Page 26

Federal Statistical Office

Imprint

Published by

Federal Statistical Office, Wiesbaden

Editing and interviews

Heidrun Stirner and Ilka Willand
jahresbericht@destatis.de

Design and layout

KonzeptQuartier® GmbH, Fürth
Barbara Both, Federal Statistical Office

Published in September 2015

© Statistisches Bundesamt, Wiesbaden 2015

Reproduction and distribution, also of parts, are permitted
provided that the source is mentioned.

Photo credits

cover

© KonzeptQuartier® GmbH/© Statistisches Bundesamt

pages 03, 04, 05, 06, 07, 08, 09, 14, 15, 22, 23, 25, 38, 40, 42

© Statistisches Bundesamt

*(The photos show employees of the Health Statistics team./Photographer:
Dennis Williamson)*

pages 04, 05, 08, 09, 10, 11, 12, 13, 14, 15, 16, 21, 22, 23, 29, 30, 31, 32, 33

© KonzeptQuartier® GmbH

pages 05, 19, 20, 21

© Max-Planck-Institut für Bildungsforschung/Arne Sattler

pages 05, 26

Photo of Marlene Mortler/Photographer: Laurence Chaperon

page 28

© Deutscher Bundestag/Marc-Steffen Unger

pages 04, 34

© Andrea Schnartendorff/Robert Koch-Institut

page 35

© Andrea Schnartendorff, Günter Bredow/Robert Koch-Institut

pages 36-37 (maps)

© Arbeitsgemeinschaft Influenza/Robert Koch-Institut

page 37

© Hans R. Gelderblom/Robert Koch-Institut

Statist. Bundesamt - Bibliothek



16-02309

(06.2411)

Dear reader,

People in Germany have never enjoyed such a healthy start in life. Life expectancy at birth is higher than ever. Many illnesses and diseases which proved terminal just a few decades ago can today be cured here in this country. What is more, people have never been so well-informed about what makes them healthy and what makes them ill. Never before was it possible for the health of the nation to be the topic of such intense debate.

More information also brings with it an increased degree of self-responsibility. Information not only needs to be read correctly and evaluated, but it must also lead to a decision. How the general public and the medical community weigh up the perceived risks and benefits that stem from this information is explained to us by Professor Gerd Gigerenzer, psychologist and Director at the Max Planck Institute for Human Development in an interview.

In our second interview, the Federal Government's Drug Commissioner, Marlene Mortler, provides us with a completely different perspective on the issue of health, risky behaviour and its consequences. In such cases, hospital diagnoses or statistics ideally reveal where preventive action can be taken.

The central topic of our report is health. Although the Federal Statistical Office provides an abundance of data on this subject, this report merely gives a snapshot of what we offer. You can therefore find out about further health topics yourself, at your leisure and to satisfy your curiosity, at www.destatis.de. After all, a curious mind is a healthy mind.

With this in mind, stay healthy.

Yours,



Roderich Egeler
President of the Federal Statistical Office



Contents

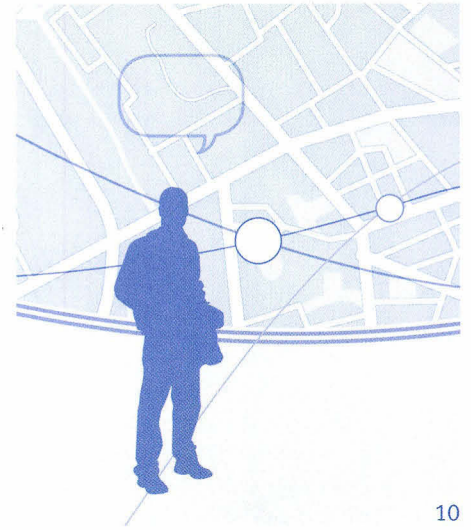
- 02 Imprint
 - 03 Editorial
-

- 06 **Vision**
Leitmotif and key figures in brief

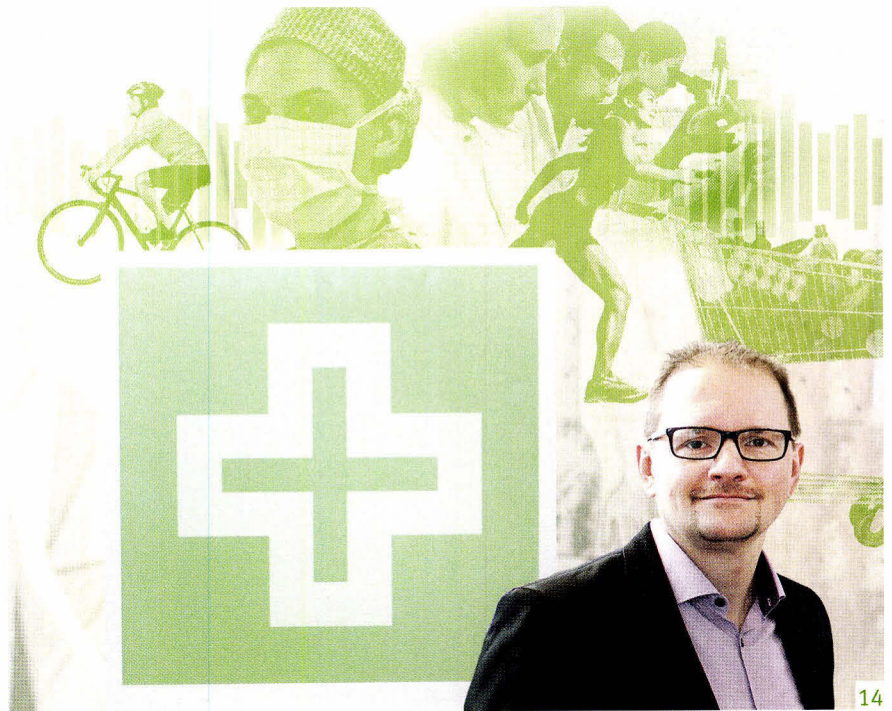
- 08 **Destatis 2014:**
Mobile and interactive

- 10 **A new and innovative approach:**
The reputation analysis

- 14 **Focal topic: Health I**
 - 16 Health data spanning a lifetime
 - 17 Health data viewed from an economic perspective



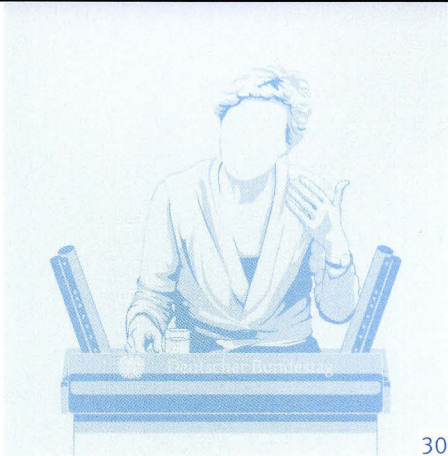
10



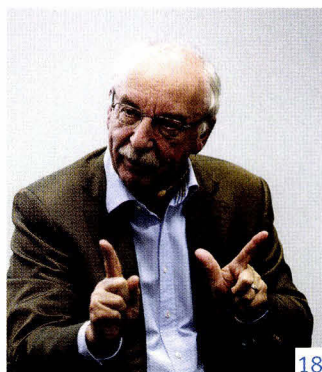
14



34



30



18



26



22

18 **Interview with Prof. Gerd Gigerenzer**
Director at the Max Planck Institute for Human Development

22 **Focal topic: Health II**
22 Health indicators
24 Healthy partnerships
25 Outlook for health statistics

26 **Interview with Marlene Mortler**
Drug Commissioner of the Federal Government

30 **Expertise in demand**
Statistics for political decision-making

34 **Customer profile:**
The Robert Koch Institute

38 **Human resources development and advanced training**
Managing and nurturing staff

40 **Budget**
Budget and expenditure in 2014

42 **Senior management**
President, Vice-President and Heads of Department

44 **Contact and addresses**



08

Vision

The Federal Statistical Office is the leading provider of high-quality statistical information about Germany.

We provide the statistical information required for the development of an informed opinion and decision-making processes in a democratic society, while ensuring the neutrality, objectivity and scientific independence of our work as well as data confidentiality regarding the microdata placed at our disposal.

Our efficiency is based on the innovative power, competence and customer focus of our staff.





The Federal Statistical Office in figures in 2014

Employees

Employees in Wiesbaden	1,770
Employees in Bonn	595
Employees in Berlin	23
Staff employed under collective agreements	68%
Public officials	29%
Apprentices	3%
Percentage of female employees	57%
Percentage of female executive managers	36%
Part-time employees	23%
Average number of training days per employee	2.5

Finances

Budgeted funds	156.8 million euros
Percentage share of the budget of the Federal Ministry of the Interior	2.7%
Percentage share of the federal budget	0.05%

Press and service

Requests from the German Bundestag	662
Press releases	474
Press conferences	6
Tweets	597
Requests by phone	26,204
Requests in writing	9,940

GENESIS-Online database

Table retrievals	2.8 million
Sets of statistics available	215
Values available	563 million

Destatis 2014: Mobile and interactive

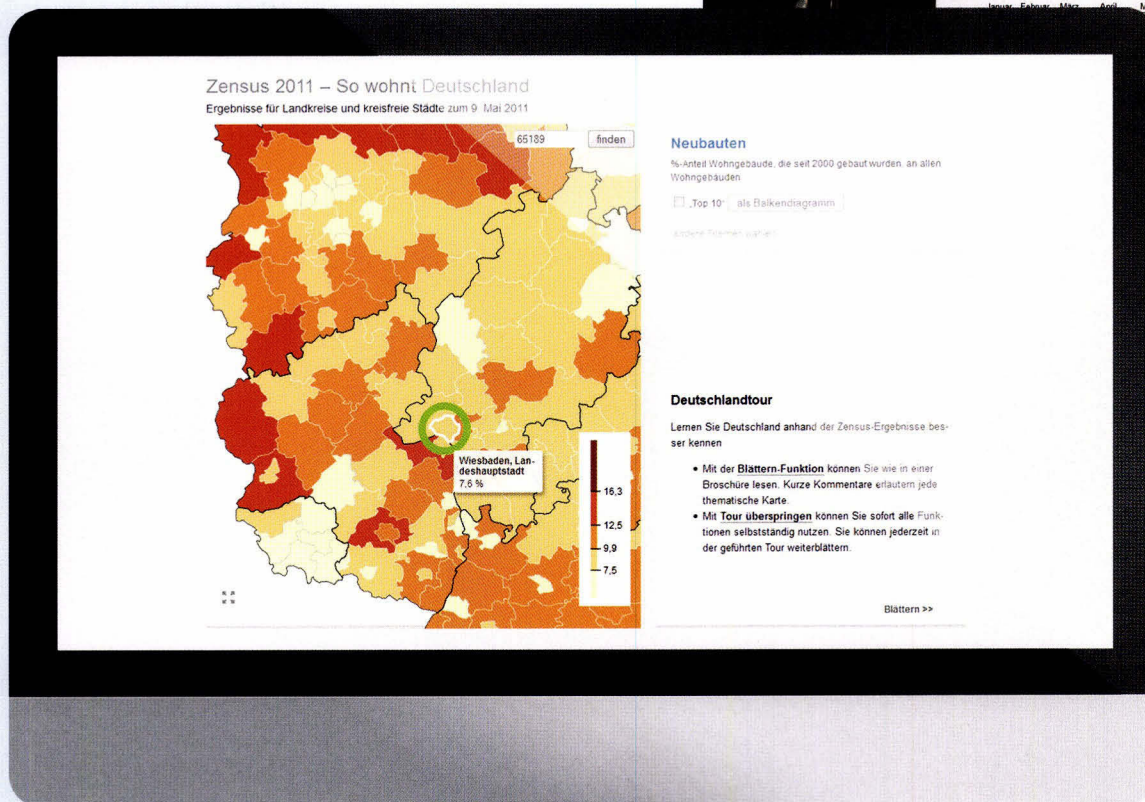
Traffic accidents calendar

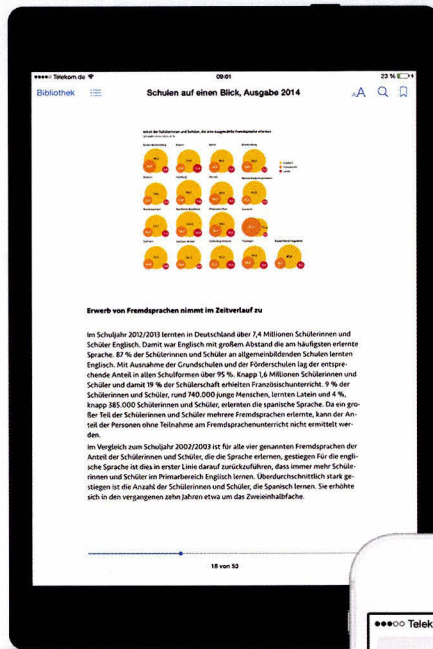
There are some days when it is best to leave the car at home. Run your mouse over the calendar to show on which days of the year alcohol-related accidents and accidents involving personal injury occur more frequently.



Housing in Germany

Join us on a guided tour of the country or see what the housing situation is like in the district where you live. Where are the most new buildings, the most owner-occupied dwellings and the highest vacancy rate? The data are based on the results of the 2011 Census.





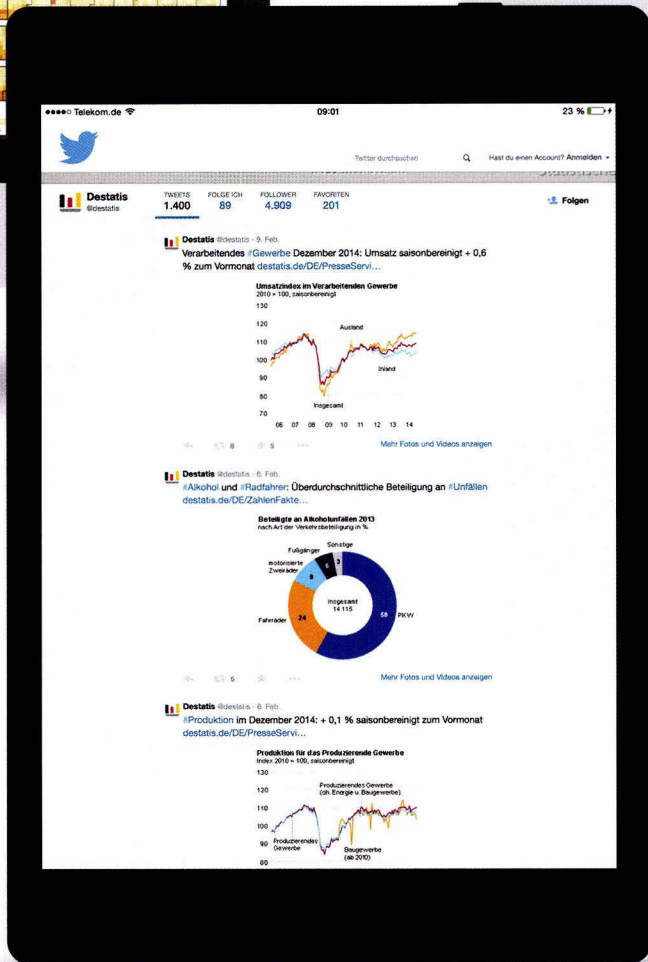
Brochures for tablet and smartphone

Our topic brochures are available both as a PDF version and in barrier-free ePub formats for tablets and smartphones.



Mobile version of the Destatis website

Are you on the move with your smartphone and searching for data? The new mobile version of the Destatis website now also provides easy access on a small screen.



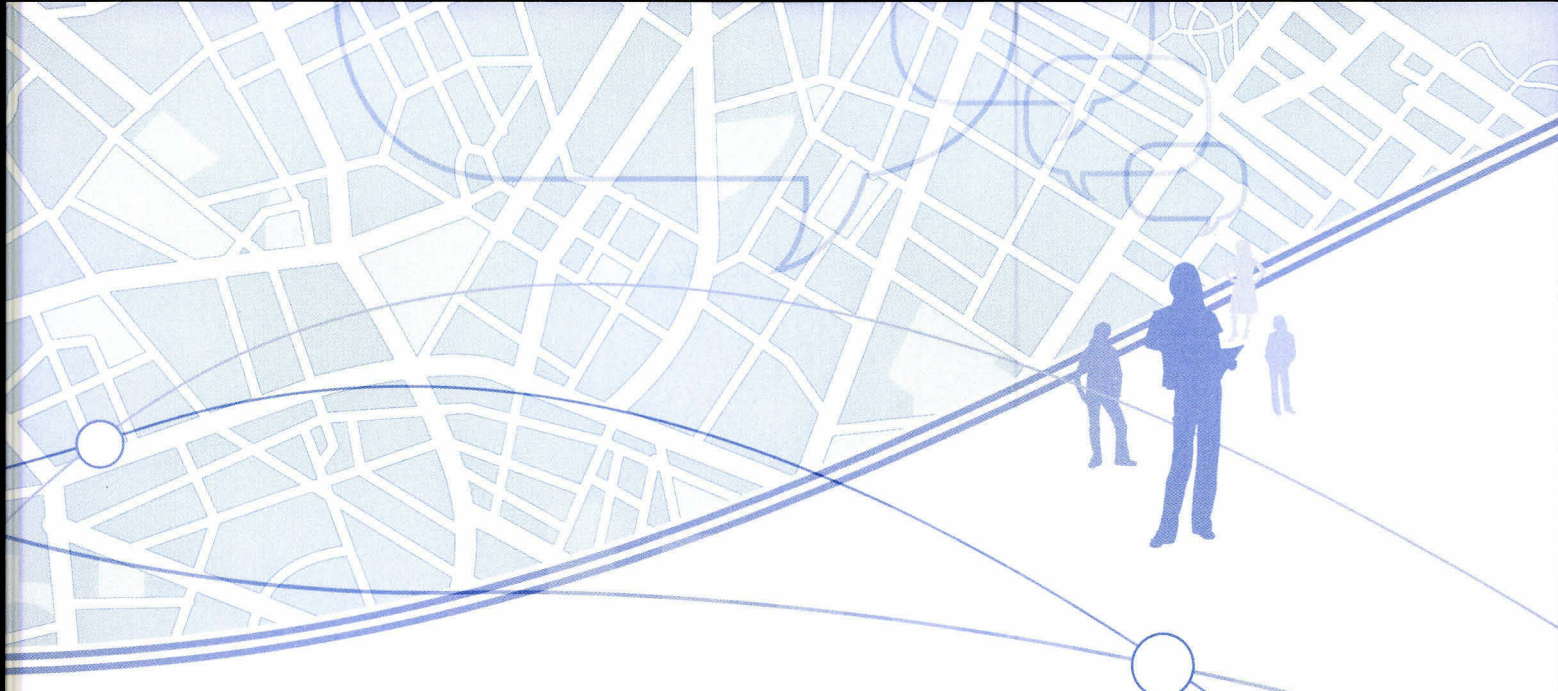
twitter@destatis

As charts and tables are delivered directly with our Tweets, you get more than just 140 characters. Follow us – staying up to date has never been so easy!



A new and innovative approach: The reputation analysis

A good reputation is considered to be the most important intangible asset for enterprises and institutions. Working together with an external service provider, Destatis conducted an analysis of its reputation. In what was a first for an authority, a methodological approach often used by enterprises in product development and quality management was chosen.



The survey used for the purposes of the reputation analysis was designed by Destatis in conjunction with the Frankfurt-based LINK Institute. The Institute carried out the fieldwork phase in 2013 before presenting the findings in 2014. In the quantitative element of the study, a total of almost 5,000 online and telephone interviews were conducted. In view of the fact that data protection prevented the use of any contact data from official surveys, the relevant target groups were recruited via representative selection procedures such as telephone sampling and databases that were updated on a daily basis.

What are the benefits of a reputation analysis?

Above all, the reputation among key target groups is measured. The analysis also provides specific indications of how the reputation among these target groups can be improved, albeit with scarce resources. Although it sounds easy, this is not the case. The expectations of the target groups with regard to aspects such as data search, data access and data use are factors which have an influence on reputation. But what fundamental expectations do target groups have of a modern data service provider and

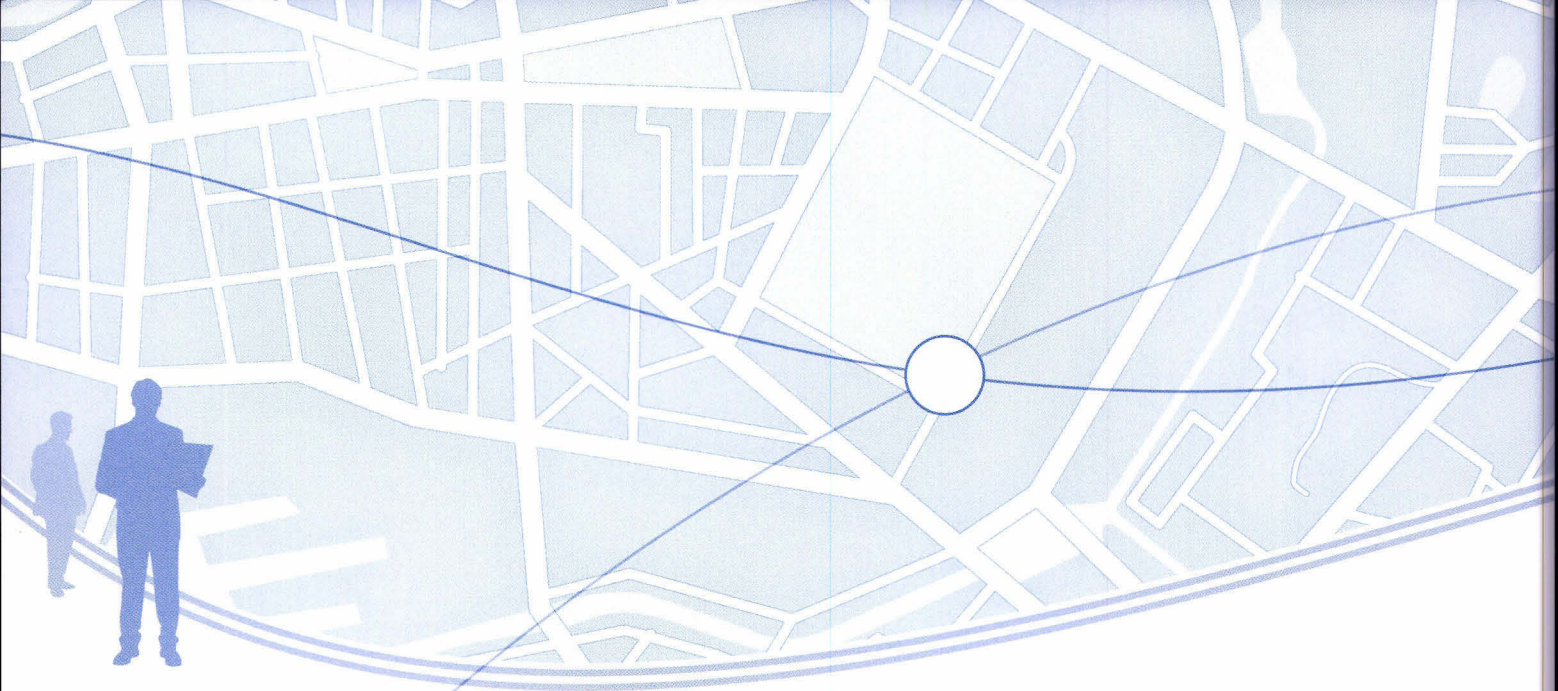
what more do they want? In order to be able to answer these questions, what enterprises and institutions think they know about the needs of their stakeholders must first be put to the test.

What do target groups really think?

When target groups are asked in traditional customer surveys to rate the available products and services, potentially new and latent (unfulfilled) requirements cannot be taken into account to a sufficient degree. For this reason, qualitative methods were used at first as part of the reputation analysis so as to identify the target groups' potential needs and latent requirements (irrespective of the actual services on offer). In addition to measuring reputation, the qualitative aspect of the analysis focused on recording must-be qualities (**basic needs**) and **delighters** with regard to data search, data use and the process of data collection. The analysis was based on the "Kano model", a method developed in the 1980s by the Japanese psychologist Kano at the University of Tokyo. It is often used in the areas of product development and quality control and was adapted under the studies to meet the requirements of the Destatis reputation analysis.

Basic needs are must-be qualities, the fulfilment of which is taken for granted and unspoken by a particular target group. If they are not fulfilled, this will cause dissatisfaction.

Delighters are unexpected features that make people happy and can have a positive impact on reputation. They do not cause dissatisfaction when not fulfilled because they are not expected.



The following target groups were surveyed in the reputation analysis:

- **respondents**
(enterprises and households)
- **online journalists and data journalists**
(fast multipliers)
- **university graduates and doctoral students**
(young multipliers)

Which target groups were surveyed

As reputation determiners, both data users and respondents play an important role for Destatis. Many private individuals and enterprises are called on regularly to respond to various voluntary or mandatory surveys and their perceptions help in shaping an overall impression of official statistics, without distinguishing between the statistical offices of the Länder that are responsible for collecting the data on the one hand, and the Federal Statistical Office on the other. Where official statistics have a good reputation among respondents, this is likely to have a positive effect on the quality of data and lead to an increased willingness to take part in voluntary surveys.

The increased use of online media in the press industry has created a process of specialisation. Information was needed in particular regarding the requirements of the fast multipliers such as data journalists and online journalists.

Young academics use statistical data in their studies and later in their professional lives. The assumption is that once they

have completed their university education, they will find work in the private or public sector or in the scientific community. As a result, how the Federal Statistical Office is perceived among university graduates and doctoral students is of particular importance in the long-term.

Reputation values for Destatis range from good to very good

The Federal Statistical Office achieved good to very good reputation values on average. However, these varied considerably between respondents and multipliers. These differences can be explained partly by the fact that respondents are in most cases obliged to provide a service for official statistics in supplying data whereas multipliers use services provided by the Federal Statistical Office, such as data or consulting. The results of the Kano analysis show that it is a must-be quality for respondents (especially enterprises) to be supplied with the results of surveys to which they have contributed. The burden felt by respondents who have to provide information is counterbalanced when that requirement is met, so this may enhance the reputation of the statistical offices and their work. This requirement is not always

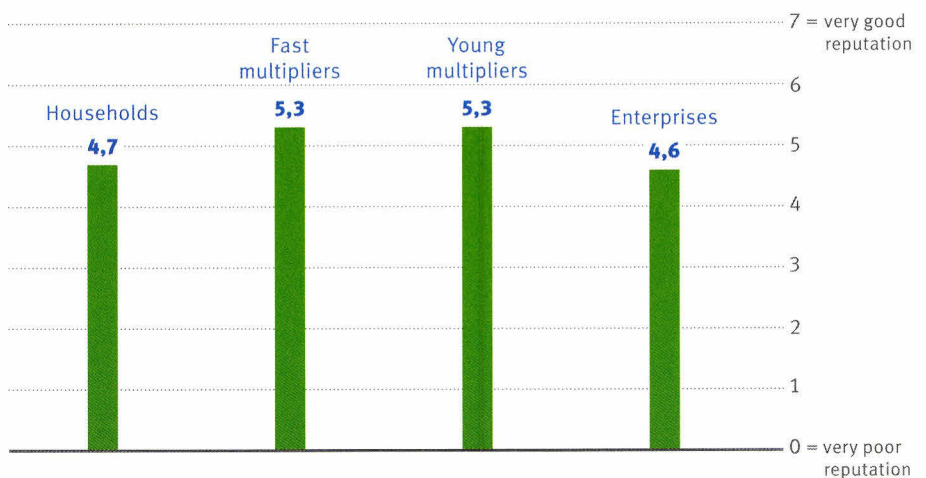


being met at present and solutions that involve the statistical offices of the Länder are being discussed. Using the example of both fast and young multipliers, the analysis shows that the statistical knowledge of key target groups is often overestimated. For instance, explanatory texts for charts and tables are a delight for both groups. Based on these results, products can be improved in the interests of the target groups, and can be done so with relatively little effort. Surprisingly, the presence of the Federal Statistical Office in social media is of minor importance for both target groups.

Results are being used in strategic planning

The results are very important for the Federal Statistical Office as far as future planning is concerned. Resources can now be used more effectively with a view to enhancing reputation among the target groups surveyed. Action areas that can be derived from the findings are already reflected in the strategic planning of Destatis and corresponding measures will need to be implemented over the next few years, including in cooperation with the statistical offices of the Länder.

Reputation values by target group in 2013



Our data reveal the state of the nation's health

Health is an issue that affects us all. This is particularly the case when our own health is involved and as far as diagnoses and treatment or the costs of the health system are concerned.





Health data spanning a lifetime

Most children in Germany are born in a hospital, with more and more being delivered by Caesarean section. Almost one in three women now gives birth by Caesarean section. This is just one interesting finding of hospital statistics. The reasons for the rise in the number of births by Caesarean section are hotly debated among experts, and have prompted action from politicians. For example, the Ministry of Health in Nordrhein-Westfalen has set up a round table in order to clarify the complex reasons for this increase. The results of this round table are due by the end of 2015.

For children and juveniles too, in-patient hospital stays are not completely unavoidable. In children up to the age of 14, the most common operations include making an incision into the eardrum in order to open the tympanic cavity as well as the removal of tonsils. Data on juveniles who are admitted to hospitals on an in-patient basis as a result of severe alcohol abuse are also keenly observed. In Bremen for instance, the rise in the number of such cases has contributed to a drastic increase in the

fine imposed on anyone supplying alcohol to young people.

Interest in the diagnoses given for in-patient hospital treatment is linked to recent headlines in the media. These claim, for instance, that in virtually no other industrialised nation do patients receive hospital treatment as frequently as in Germany, or that the number of operations performed is so great that surgeons are working as if on a conveyor belt. The information contained in hospital statistics can be used to distinguish between thousands of different diagnoses. These are categorised in accordance with the International Statistical Classification of Diseases and Related Health Problems (ICD). At the same time, it is interesting to see the range of diagnoses given for patients from different age groups or the regional differences that are evident in terms of the frequency of various diagnoses. Recently published studies by the Organisation for Economic Co-operation and Development (OECD) and the Bertelsmann Stiftung address this issue in depth and refer, among other things, to hospital statistics.

Particular attention is paid to information concerning smoking habits and the body sizes of the adult population. These data are gathered every four years as part of the microcensus from persons in selected households and reflect the subjective view of the respondents. The data on smoking habits, for example, are of great interest to the Drug Commissioner of the Federal Government (see the interview on page 27). Statistics on causes of death provide information on final health status and have a long tradition. The first records of diseases and illnesses resulting in death date back to 1877. They provide an important basis for medicine, epidemiological research and health policy. The results are used to derive recommendations for action and strategies, for example for preventive measures in the field of cancer screening. The essential issue is establishing which preventive measures on the one hand, and which medical and curative measures on the other, can be used to both increase life expectancy and improve people's quality of life.



An engine for job creation or a financial burden? Health data viewed from an economic perspective

Recent decades have seen the health care system in Germany evolve into an area of considerable economic importance. In 2012, health expenditure exceeded the threshold of 300 billion euros for the first time. With a total of around 5.2 million employees, the health care system accounted for roughly an eighth of the overall workforce. Its distinct nature as a service provider makes the health care system a labour intensive sector of the economy. In view of advancements in medical technology and given demographic ageing, it is likely that the sector will continue to grow in importance. However, it is also true that the health care system faces the challenge of reconciling the well-being of patients and economic efficiency. Several health care reforms have shaped the development of the hospital sector in Germany over the past 20 years. How are these restructuring processes reflected in terms of statistics and which trends can be

identified? Closures, mergers and repurposing of clinics have resulted in a continuous decline in the number of hospitals over the past few years: in 2013, there were fewer than 2,000 in Germany. This has been accompanied by a sharp reduction in capacity. Compared to 1991, the number of available beds was down by a quarter in 2013. A strong upturn in out-patient operations is also evident. In many instances, this is in the patient's interests and it generally saves costs. Since 2004, hospital services have no longer been charged based on the length of a patient's stay, but on "case flat rates" instead (diagnosis related groups – DRGs). Here too, the data provided by hospital statistics are highly differentiated. In particular, statistics on procedures, diagnoses and performance represent a clear gain in terms of information. In 2012, the most frequently billed case flat rates related to hospital care for healthy newborn children, esophagitis,

gastroenteritis and other miscellaneous digestive disorders. These are not always the most expensive cases either. If a distinction is made based on which case flat rates generated the largest proportion of revenues from treatment, then the adjustment or replacement of the hip joint would rank in top spot, followed by implants or revision of the knee joint. The most expensive and complex treatments were organ transplants which required patients to be on long-term ventilation as well as the treatment of most seriously injured persons suffering from multiple trauma or coma patients requiring extremely complex intensive medical care.

Interview with Prof. Gerd Gigerenzer

*Director at the Max Planck Institute for Human Development and
Director of the Harding Center for Risk Literacy*

Professor Gigerenzer, your work at the Max Planck Institute for Human Development focuses on the issue of risk research and, in relation to this, on statistical thinking as well. You say that people are not trained enough on how to think statistically even though working with figures is just as important as reading and writing.

Statistical thinking is not sufficiently developed – there is no doubt about it. However, it is not just laypersons, but also experts, especially from the fields of health and finance, who are unfamiliar with the most basic statistical principles. Between 70 and 80 percent of all doctors that we surveyed in Germany and the United States do not understand their own health statistics. They have a tendency to get their statistics wrong or they assume that test results are absolutely certain. The lack of statistical thinking is therefore not only evident among the general public, experts have the same problem. Try testing your bank advisor.

What are the reasons for the insufficiently developed statistical skills?

There are a number of different views regarding the reasons for this. Many of my colleagues believe that the problem lies with ordinary consumers, and not with the experts. This gives rise to the idea that ordinary people are unable to manage risks correctly. Experts are therefore needed who will shut the doors, make the right decision and give people a nudge in the right direction. As a philosophy for the 21st century,

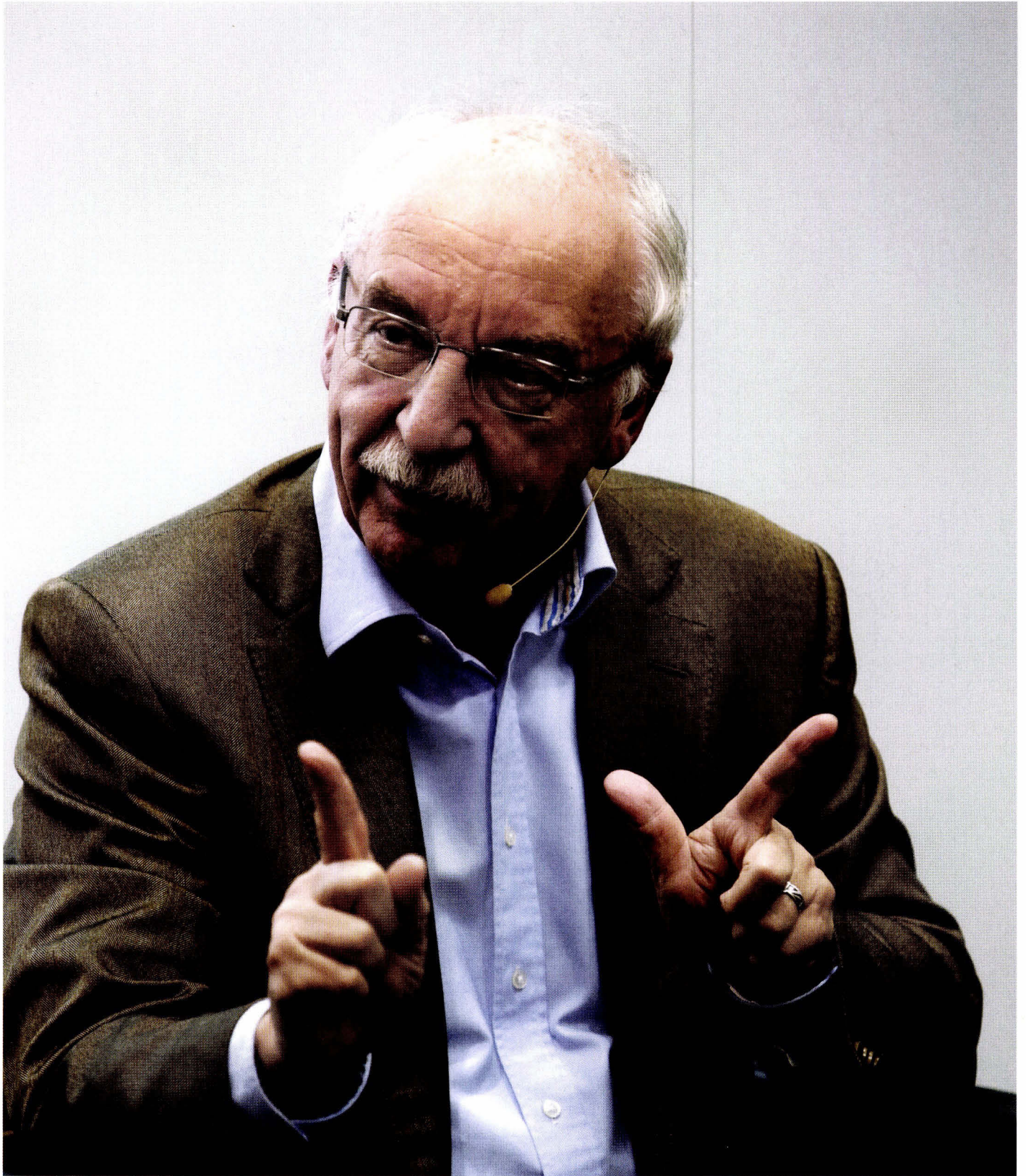
this is dangerous. It's pure paternalism. This is the most widely accepted view, but it isn't one I share.

You can teach anybody to think statistically. Just go back 200 years, to a time when there were educated people who would never have believed that everyone could one day learn to read and write. We have achieved this in our education system. Statistical thinking doesn't mean studying for a diploma in statistics. People learn how to ask good questions: What are the pros and cons? Where do the real risks lie? For example, going into hospital and being one of the thousands who die each year from avoidable and documented errors – because there are no checklists here and infections are caused when cannulas are inserted. The major educational mission of the 21st century is therefore to teach every person statistical thinking, in other words critical thinking, which they can then use to assess risks rationally.

What role do experts play here?

Not all experts help the population to understand risks better. For example, the

benefits of breast cancer screening have been misleadingly portrayed for years as being greater than is actually the case. As we have shown in a Europe-wide study, the result is that German women are the least well-informed about the benefits. Russian women have a much better understanding of them. Yet communicating the benefits would indeed be easy. As shown by randomised trials involving more than 500,000 women, of every 1,000 women over the age of 50 who fail to attend screening, around five die from breast cancer within a ten-year period. Among women who do attend screening, the figure is four, so one less. However, there are barely any women at all who are aware of these statistics since they have been told that screening reduces the risk of death from breast cancer by 20 percent. Instead of communicating comprehensibly that the reduction in absolute terms is 1 in 1,000, the relative figures have been taken and, in most cases, been rounded up further, from 20 percent to 30 percent. For example, the organisation German Cancer Aid worked with relative figures in its "Blue Guidebooks" until 2009. Based on such





Christoph Drösser moderates the discussion on the book "Why Being Fat Doesn't Make You Stupid, and Genetically Modified Corn Won't Kill You" ("Warum Genmais nicht tötet und dick nicht doof macht") at the Federal Statistical Office's Berlin Information Point.

information, women are unable to take a sensible and informed decision. Despite having since removed the relative risks and other misleading statistics, the organisation has still not been able to bring itself to give the comprehensible, absolute figures. There are no longer any figures on the advantage of screening, which doesn't help women either. I hope that German Cancer Aid will soon take one step further towards publishing honest information. The information on prostate screening is similarly confusing, resulting in men misjudging the benefits of these examinations. Many physicians and patients do not understand what a test result means either. Some gynaecologists recommend that women have an ultrasound as a means of screening for ovarian cancer, even though they are breaching guidelines in doing so since there are no benefits to this test, only drawbacks. Out of every 100 positive screening tests for ovarian cancer carried out using ultrasound, 99 are incorrect. Of these 99 women without cancer, the ovaries are removed in around a third of cases – with all of the risks that this entails for the woman's health and the subsequent consequences for the health care system.

Why is this inability to understand figures so pronounced in the health sector in particular?

There is a lack of understanding among physicians due to flaws in medical education and further training – statistical thinking is not taught in a way that they can understand. It is also due to conflicts of interest that exist, for example with regard to services which are not covered by statutory health insurance funds ("Individual Health Services" (IGel)). Often, the services in question are those for which health insurance funds rightly do not pay as they have no proven benefit but may be harmful. You should steer clear of any physician that offers you individual health services but fails to inform you of the benefits and risks of such treatments.

You often focus your criticism on physicians. Are there other professional groups that are particularly affected?

Financial experts. My staff have conducted studies with bank consultants and New York-based analysts. These often do not understand what they are selling to their clients. Policymakers are another group that

do not always understand statistics. Here too, there are plenty of examples where misleading figures have been adopted. If a poor understanding of statistics is taken together with conflicts of interest and a negative culture in which errors are tolerated, the result is then virtually an artistic form of defensive decision making.

There is obviously a lack of statistical thinking in terms of knowledge relating to real life. In your view, how can we develop these skills?

Children in school are still taught "secure" fields of mathematics instead of the mathematics of uncertainty. Algebra, geometry and such like, all the nice things that I learned as well. We need to have the courage to turn this situation on its head. The nice subjects should only be taught once children have learned the things that will prove useful in life, and not the other way around. In the syllabus as it is today, a little bit of statistics is then covered very briefly, right at the end. From the moment children start school, they should be taught through play how to deal with risks, how they themselves can act in an empirical manner. That is the big advantage the subject of statistics



“The major educational mission of the 21st century is therefore to teach every person statistical thinking, in other words critical thinking, which they can then use to assess risks rationally.”

has over other mathematical topics. It demands that people perform their own experiments and think empirically as opposed to fearfully. This ultimately encourages young people to possess the risk competence which they so desperately need in life.

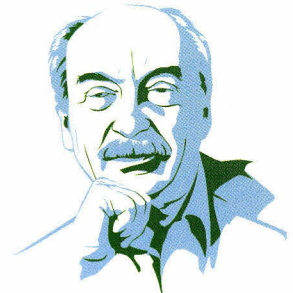
What can the Federal Statistical Office do to help develop competence in statistics?

Your Statistical Yearbook has already become very appealing, with colourful charts and bullet-point style summaries. But you could contribute much more if you were to see your mission in broader terms. If you want my advice, you should think less like an authority and more like a start-up. An authority has a mission and fulfils it. A start-up seeks out exciting tasks for itself. You could tackle issues that people are currently concerned about and therefore engage more actively with the public. For example, Thomas Bauer, Walter Krämer and myself have been selecting the “Bad Statistics of the Month” (“Unstatistik des Monats”) for a number of years now – as a form of sideline in the evenings. You could educate people in this way, but do so on a broad scale. Alternatively, you could devote yourself to one of the major problems of our society: teaching

statistical thinking in primary school and thereby revolutionising school – we would then have a new generation of young people that is adept at dealing with issues such as health, money, digital media and other risks. And you would boost the readership of www.destatis.de! Learning facts off by heart is not what young people in the 21st century need – these can be found quickly by searching on the internet. What is virtually impossible to learn on the internet is how to think critically and statistically. And the courage to think is the lifeblood of a democracy.

In your blog on the “Bad Statistics of the Month”, the Federal Statistical Office featured; a press release on at-risk-of-poverty rates was shown up as being a bad example.

At the moment you are measuring income inequality, not poverty risk, so I would advise you to choose another term. In order to measure poverty risk, you should take an amount X – which can be disputed – and then people would have a better idea of the point at which genuine poverty begins – e.g. where income is below 1,000 euros. Specify a threshold. The fact that people need more money to live in a city than they do in the countryside ought to be clear to everyone.



Professor Gerd Gigerenzer is a psychologist and Director at the Max Planck Institute for Human Development and Director of the Harding Center for Risk Literacy in Berlin. He trains U.S. federal judges, German physicians and top managers in decision making and understanding statistical risks and uncertainties. His books “Calculated Risks: How To Know When Numbers Deceive You”, “Gut Feelings: The Intelligence of the Unconscious” and “Risk Savvy: How To Make Good Decisions” have been translated into 21 languages.

In a nutshell: Health indicators

Thanks to their particular informational value, indicators help to improve our understanding of issues. Health indicators are therefore a political tool; they not only enable progress in terms of implementing objectives and measures to be monitored but also allow comparisons to be drawn on an international scale. The health indicators of “Premature mortality”, “Smoking rates” and the “Proportion of adults suffering from obesity” have been included in the Federal Government’s national sustainability strategy. Premature mortality is defined as the number of deaths per 100,000 inhabitants of the population below the age of 65. If premature mortality continues to fall at the same rate as it has done since the start of the 1990s, the target values of the sustainability strategy will only be missed by a small amount. The smoking rates show the percentage of respondents who smoke either occasionally or regularly. The Federal Government is pur-

suing the goal of reducing the percentages of juvenile, adolescent and adult smokers. Based on the results of the microcensus, the smoking rate among adults has declined only slightly in recent years. In the group of adolescents, the target value has already been almost achieved before the target year. When being overweight goes beyond a definite point (a body mass index (BMI) of 30+), it is classified as obesity. As surplus body weight plays a major role in the development of diseases of civilisation such as cardiovascular diseases, diabetes and joint injuries, the goal of the Federal Government’s sustainability strategy is to reduce the number of obese people in Germany by 2020. However, obesity in the population has moved steadily counter to the strategy’s objectives over the last few years. Destatis indicators are also used in the information supplied by the World Health Organization (WHO) as well as in its reporting systems.





Deutsches Institut für Medizinische
Dokumentation und Information

ROBERT KOCH INSTITUT



Healthy partnerships

The Federal Statistical Office works together with a number of different institutions on the issue of health. Many institutions support the Health Monitoring System by providing data.

Robert Koch Institute

The close cooperation with the Robert Koch Institute (RKI) stretches back to the early 1990s. This collaboration has produced successful products such as the Federal Health Monitoring System (GBE), which is a joint task of the RKI and the Federal Statistical Office. Scientists from the RKI and external specialists produce a series of Federal Health Monitoring booklets and reports on topics relevant to health. These publications provide the scientific basis for decisions relating to health policy in Germany.

German Institute of Medical Documentation and Information

We work together closely with the German Institute of Medical Documentation and Information (DIMDI) in applying and electronically processing medical classifications for the purpose of health statistics. One current example of this successful cooperation is IRIS, the electronic system for the coding of statistics on causes of death.

The system was created as part of an international cooperation among experts from Sweden, France, Hungary, Italy and Germany. Destatis is responsible for technical design and software development. The introduction of IRIS improves the quality of causes of death statistics by means of stringent and internationally harmonised procedures and standardisation measures. As a result, it is now possible to analyse multiple causes of death.

Using administrative data efficiently

Not everything the statistical offices want to know requires them to perform their own surveys. Health expenditure, cost of illness and figures relating to health personnel are calculated solely on the basis of existing data. Information from up to 40 different data sources is included in these systems of accounts. A positive collaboration, working in partnership with chambers and professional associations, health insurance

funds and research institutes, is vital in this regard. New statistics on diagnosis-related case flat rates are based on information supplied by hospitals in relation to the settlement of costs for services provided. This way of deriving the data needed completely relieves the burden placed on hospitals to provide corresponding information. The Health Monitoring System fosters long-term partnerships with some 40 institutions from both Germany and abroad.

International contacts

For the Statistical Office of the European Union (Eurostat) and international organisations such as the WHO and OECD, the Federal Statistical Office's Health Statistics team is the point of contact at national level. This is where quality assurance is made and international requirements are documented. Many of the international data requirements are covered by official statistics.

Outlook for health statistics

The future focus of health statistics is determined primarily by the Coalition Agreement for the 18th legislative period and the requirements of the European Commission. One of the provisions of the Coalition Agreement is to develop indicators on the quality of life.

As an important factor in determining quality of life, health is discussed through the dimensions of health status and illness, health expectancy and health inequality. A further provision of the Coalition Agreement is to improve the determination of morbidity by also using epidemiological data. To date, the usability of one potential source of information for questions relating to illnesses in the population (such as how many people have high blood pressure, how many have particular back problems), namely that of treatment carried out by physicians in private practice, has proven to be no more than extremely inadequate. Data on such treatment are now available under the so-called Data Transparency Act (Datentransparenzgesetz) which means that the use thereof will, as soon as possible, also extend to the public. 2015 sees the start of a two-year project to assess the factors for consideration when interpreting these data – which are collected primarily for accounting purposes – if they are to be analysed for epidemiological purposes. In the course of the project, access to the data is also to be provided in the Federal Health Monitoring information system.

The Coalition Agreement furthermore provides for the benchmark value for hospitals to be based more on the specific conditions in the hospital sector. The hitherto strategy for calculating the benchmark value is based exclusively on existing data that are incorporated for the topic under discussion

in accordance with a classification developed for this purpose. In order to be able to meet the requirement of the Coalition Agreement, additional information needs to be collected on hospital material costs, while new methods need to be developed which will allow for data to be properly analysed and new price series to be established.

The Europe 2020 strategy and the EU's health strategy are the primary reasons behind a growing need in political circles for high-quality health data that can be used for the purposes of economic and social policy. Within a modernised system of social statistics, the European Commission plans to record the core variables on health in all surveys and to include a health module every three years in the European Union Statistics on Income and Living Conditions (EU-SILC). The European Statistics Annual Work Programme also foresees the conducting of a feasibility study for diagnosis-specific morbidity statistics.

In terms of the breakdown of health spending by illness or disease, Germany, the Netherlands and Australia have the most developed systems. However, the cost-of-illness accounts at Destatis were provisionally suspended from reporting year 2008 onwards. More up-to-date figures on the cost of illness are unlikely at present. Here too, the rule applies that the input in terms of resources determines the output in terms of data.



Interview with Marlene Mortler

Drug Commissioner of the Federal Government

Ms Mortler, you have been the Federal Government's Drug Commissioner since January 2014. What does your job involve?

I celebrated my first anniversary this month (laughs). It's a wonderful, highly varied job. Holding this office gives me the opportunity to engage in direct exchange on specialist topics with a constant stream of new people from all walks of life – whether they be from addiction counselling and self-help groups, from associations or politics. I'm responsible for legal as well as illegal drugs. It's a great advantage having both under the same roof – some other EU Member States do things differently.

At national level, I hold a lot of discussions with the Länder in order to coordinate drug policy. I also work closely with the Federal Ministry of Health. At international level, I represent Germany on the Management Board of the European Monitoring Centre for Drugs and Drug Addiction in Lisbon, where I coordinate policy with the drug commis-

sioners from other Member States and help shape a European strategy. There is also a great deal to do beyond Europe's borders – I'm campaigning for the so-called third way of alternative development, which is about how we can help countries that grow illegal drugs to create a brighter economic future for themselves through legal products. I'll be travelling to Columbia and Uruguay soon, a visit which of course requires close coordination with the Federal Ministry for Economic Cooperation and Development.

What role do data play in your work?

As Drug Commissioner, I need tangible figures, particularly in relation to chronological trends. Your data are extremely important to me, because if I don't have a sound information base, I'll quickly become vulnerable to attack. Particularly when it comes to the issue of smoking and the

smoking rate. As you know, that is something that is also covered in the "Quality of life – Health and nutrition" section of your report on sustainable development (flicks through report).

Do you set yourself targets based on statistical indicators?

Essentially, my policies are all about human beings. Statistical indicators are an absolutely vital part of key areas of my work as they allow me to see where we are successful, and where the challenges are – still – particularly significant. Take smoking, for instance. For some years now – since back before my time – we have been making good progress with effective campaigns. We have reached our target of reducing the smoking rate among young people aged 12 to 17 to 12 percent. The figure now stands at 10 percent, which is important to



me not least because I can see that what we are doing in terms of prevention and education is bearing fruit. But if you want that fruit to continue growing, you also need to keep an eye on new trends. As far as smoking is concerned, there are now e-cigarettes and the e-shisha, and those are things I need data on.

However, figures are only one way of measuring success. I'm supporting an anti-binge-drinking campaign being run by the Deutsche Angestellten Krankenkasse (DAK) health insurance fund called "bunt statt blau – Art against Binge Drinking", which sees schoolchildren tackle the issue of alcohol in a creative way. The secret of the campaign's success is that it is the children themselves who help their fellow pupils explore the subject – and, at that age, you're more likely to believe your peers than your teacher or your parents. The campaign won the International German PR Award in 2014, which I was very pleased about.

You mentioned our data on Germany's smoking habits. What other data are important for you?

Anything on the issue of alcohol. Legal addictive substances are a key focus of my work, even if the media unfortunately often

only report on what I've said about cannabis. Alcohol is an important issue because it can cause a great deal of damage, especially in potentially dangerous situations such as during pregnancy, in road traffic or at work. What is particularly important for me are the data on young people binge drinking. Here, your data from hospital statistics are among the information I use. I'm delighted that we have seen a reversal in the trend over the past two years. The number of young people under 18 being admitted to hospital due to alcohol intoxication is falling sharply. Those aged between 18 and 25, who are making the transition into adulthood, are one of my most important target groups. Although their figures are falling too, we still have a lot to do. In 2013, there were still over 11,000 cases of 20- to 24-year-olds being admitted to hospital with alcohol poisoning. Far too many. We need to keep our eye on the ball here, and good statistics are a help. The number of people treated in hospital can be broken down as far as rural district level. I'm very interested in these kinds of local data as they provide me with interesting insights into positive as well as negative trends in individual districts and regions. They help in formulating policy in a more targeted way.

Some patterns in statistics on causes of death also point to the consumption of legal and illegal drugs.

That's right, and it is especially with regard to such statistics that I wish there were a more uniform approach across the Länder. There are some, such as Bayern, that always carry out a post mortem to establish the exact cause of death. Then you know, for instance, if heroin played a part or not. And then there are Länder that only do post mortems on a random basis and others that don't do them at all, and that can leave you with a significantly distorted picture.

Young adults are an important target group in your work. Who else are you focusing on?

As Drug Commissioner, I've set myself a total of five main areas to focus on: crystal meth (Editor's note: an amphetamine that is illegal to possess or deal in Germany), Internet addiction, alcohol during pregnancy,

children from families with addiction problems (affecting around 2.6 million children), and the consumption of e-cigarettes and e-shisha. However, that doesn't mean that I'm not working on any activities in other areas.

What data can't you get from official statistics?

One of the areas I concentrate on is children from families with addiction problems. The National Centre on Early Prevention is part of the Federal Centre for Health Education. Although it focuses on providing help and support for families, it doesn't deal with the specific problems facing children from families threatened by addiction. And although youth care statistics do distinguish by type of threat to the child's welfare, any potential risk of addiction or addiction problems affecting the parents are not recorded. Unfortunately, there are scant data available on this issue.

It must also be difficult to obtain data on sensitive issues like illegal drug use. What information do you rely on for such topics?

There is the annual REITOX Report issued by the German Reference Centre for the European Monitoring Centre for Drugs and Drug Addiction. Every EU Member State has this report, which contains all the key data on illegal drugs. With regard to crystal meth in particular, the information needs to be more specific in future. So far, this drug has always been included together with amphetamines. We now allow the Länder to make a distinction between amphetamines and methamphetamines, in other words crystal meth, when they ask the questions for drawing up their "addiction surveys". This makes for a more accurate picture as far as the data are concerned. However, these data do not cover people who do not appear at the police station or in addiction counselling. It often takes years for those affected to seek help. Talking to affected people face-to-face in the addiction treatment centres made it clear to me that more and more women are also taking crystal meth. Some do it to enhance their performance, but others – and this is even worse – do it because they know that it will help them get slimmer

more quickly, such as after they have given birth. These women come from all sections of society – including many who are highly educated and who keep their drug use hidden for years.

Have you also experienced any setbacks in your work, or any issues where you are not making as much progress as you would like?

As regards the consumption of traditional "social" drugs like tobacco and alcohol, there are some good statistics and success stories for prevention. Unfortunately, new drugs, new psychoactive substances and new ways of taking them keep on appearing. These are extremely troublesome, harmful substances that are mainly being bought and sold online – "legal highs" that are advertised as herbal mixtures or bath salts, for instance. They generally come from India and are often classed as legal addictive drugs because legislation has not yet been able to cover these new substances to any adequate degree. We need to improve still further in future as regards obtaining and modelling such data. We are currently working with the health and justice ministries to establish a legal basis so that possession of and dealing in these substances become offences that can be prosecuted.

"As Drug Commissioner, I need tangible figures, particularly in relation to chronological trends."



Marlene Mortler has been Drug Commissioner of the Federal Government since early 2014. She has represented the constituency of Roth / Nürnberger Land in the German Bundestag since 2002 and has been deputy chair of the CSU Land group since 2014. A trained Master craftswoman in rural home economics, she also chairs the working group on nutrition, agriculture, environment, conservation, construction and reactor safety within the CSU Land group.



Expertise in demand

In political debate, committee hearings or prior to ballots, official statistics are particularly sought-after. The expertise of the Federal Statistical Office is available to policy-makers and citizens alike. When it comes to the question of what a particular situation looks like in reality, they are given the best possible answer.

1

Sustainability monitoring

Sustainable development has been a key objective of the Federal Government for more than a decade. Identifying whether the aims that have been set for areas such as the environment, the economy and society are being achieved would be impossible without comparable and reliable data. Monitoring is a vital element in sustainability policy as it provides the basis for measuring successes at all times. The Federal Statistical Office has taken on responsibility for carrying out this monitoring.

2

Inclusion at schools

Data on education are fundamental to all parties working in this sector. A topical issue in the area of education – and one which is relevant to official school statistics as well – is the debate surrounding inclusion. No nationwide statements on the success and status of the inclusive schooling system can be made at present.



1 Sustainability monitoring

Acting in a sustainable manner, whether it be in relation to health status, organic farming or the population's level of education, is an issue which needs to be addressed by all political departments and is important for the development of projected legislation and strategies. First drafted in 2002, the National Sustainable Development Strategy is updated and refined by the Federal Government on a regular basis, with the aim being not only to facilitate observations over time, but also to take account of new developments and changes.

The framework of the sustainability strategy consists of four major issues: intergenerational equity, quality of life, social cohesion and international responsibility. The primary objective of the strategy is to use more than 20 indicators to examine whether the goals that have been set have already been achieved or whether they can still be achieved. For example, the share of renewable energy sources in total energy consumption is observed over a number of years, with goals being formulated until 2050. Another indicator provides information on private and public spending on research and development and is therefore an indicator of innovations in society as a whole. In the area of health, the proportion of adults suffering from obesity is just one indicator of the population's state of health.

In its role as a neutral and independent institution, the Federal Statistical Office has assumed responsibility for monitoring the indicators and compiles the Indicator Report on sustainable development every two years. This report describes, analyses and assesses development as measured against the objectives set by policy-makers. The final rating is shown in an easy to remember way, namely by one of four different weather symbols.

Besides being used to take a look back at what has already happened, statistical and methodological advice is also increasingly used to look ahead and to see how the system of indicators will develop further. A range of bodies responsible for sustainable development at federal level or which provide assistance, such as the interministerial committee, the working groups of federal ministries, the State Secretaries' Committee for Sustainable Development,

the Parliamentary Advisory Council or the German Council for Sustainable Development convened by government all draw on the expertise of the Federal Statistical Office. In commenting on the most recent Indicator Report for 2014, the German Council for Sustainable Development welcomed the extensive reporting provided by the Federal Statistical Office and called for a greater level of sustainability policy. The transparent, independent and precise data analysis is deemed to create added value. The Council also advocates close cooperation with the Federal Statistical Office in an attempt to communicate experiences from Germany to the international arena.

Preliminary discussions on updating the national sustainability strategy are now beginning. Objectives that have already been achieved are to be supplemented and new content-related aspects are to be taken into account. With the post-2015 development agenda, the United Nations negotiations on future sustainability goals, the Federal Government plans to focus more strongly on global concerns in national sustainability reporting. The Federal Statistical Office will drive the political process forward and, where necessary, promote the development of new indicators. The next Indicator Report is planned for 2016, the same time as the Federal Government's Progress Report on the National Sustainable Development Strategy.



2 Inclusion at schools

The UN Convention on the Rights of Persons with Disabilities entered into force in 2009. As an issue, the inclusion of disabled persons has since become the subject of social discussions as well as discussions on education policy. The UN Convention on the Rights of Persons with Disabilities gives concrete form to and specifies the rights of persons with disabilities and demands participation in society on an equal basis for people with physical, mental or intellectual impairments. This includes equal participation in education for people of all ages. The States Parties have undertaken to ensure an inclusive education system at all levels. Achieving this requires a fundamental reform of the education system. Since the Länder have independence in cultural and educational matters, responsibility for the school system also lies in their hands. At federal level, statistics on schools are coordinated statistics from the Länder as there is no nationwide framework of legislation in place. When it comes to providing statistical evidence of inclusive education, official statistics continue to face a challenge. Across Germany, the number of young people of school age with special educational needs is included in school statistics. Children and adolescents are assumed to have a special educational need if their development and learning capabilities are impaired to such a degree that they require special pedagogical support in order to learn successfully at school. Relevant programmes are provided by special needs schools or other schools of general education.

In the school year 2013/14, the number of children and adolescents with special educational needs totalled around 485,700. This corresponds to roughly six percent of the total pupil population. Of this figure, 142,400 attended a school of general education (inclusively educated pupils with special educational needs), while 343,300 attended a special needs school.

In the absence of a comprehensive standardised pool of data, the Federal Statistical Office and the statistical offices of the Länder carried out a special evaluation of school statistics in order to collect specific data on special needs education. These data were in turn used to produce the section in the National Report on Education 2014 with a specific thematic focus, in this case people with

special educational needs and disabilities. The Federal Statistical Office was charged with the task of completing missing data via a process of estimation.

The success of a school system is measured in terms of the number of children who leave school with a qualification. However, the statistics on education are as yet unable to provide comprehensive data on the academic success of children with special educational needs. As far as statistics are concerned, only qualifications gained at special needs schools have been recorded to date. The special evaluation was unable to help plug this gap. As a result, determining the success of inclusive teaching at a national level and drawing a comparison with special needs schools are currently not possible.

The debate surrounding the issue of inclusion in the German education system will continue to provoke a range of discussions in future. In order to understand objectively how the inclusive school system has reached its current position as well as the developments that it is striving for, it will be necessary to collect the detailed data sets resulting from the special evaluation on a permanent basis in future.

In cooperation with the statistical offices of the Länder, the aim is to include, on a permanent basis, specific variables of the programme for the special evaluation on special educational needs in the standard programme for school statistics.

The continued collection of the following variables will be taken into account:

- enrolments of pupils at special needs schools by sex and focal areas of support
- enrolments at schools (excluding special needs schools) of pupils with special educational needs by sex and focal areas of support
- school leavers at special needs schools by sex, focal areas of support and types of qualification.



Customer profile: The Robert Koch Institute

The Robert Koch Institute (RKI) is Germany's public health institute. Its most important tasks include protection against infectious diseases and the analysis of long-term health trends among the population. There are many areas in which the Institute and the Federal Statistical Office interact with one another.

The virus strikes in winter, usually sometime after New Year. Waiting rooms at doctors' practices are full of patients suffering from coughs, pains and fever. Each year it spreads and can easily affect several million people. The virus in question is, of course, the flu.

Influenza experts at the Robert Koch Institute have been monitoring the course of flu epidemics for many years. They carry out research into the different influenza viruses, coordinate national pandemic planning in preparation for the emergence of new kinds of influenza virus, examine the effectiveness of flu vaccinations and provide weekly assessments of the situation during the flu season. Once the influenza wave has passed, an extensive report on the flu season is drawn up. Each year, the same questions need to be answered: How severe was the influenza wave this time? What impacts did it have on the population? How many additional visits to the doctor were there over the winter? How many doctor's certificates were written for people absent from work and how many people died from influenza? What is the situation as regards the data of the Federal Statistical Office, which serve as a basis for estimating the numbers of death?

Recognising risks, protecting health

The Robert Koch Institute is a departmental research facility working within the remit of the Federal Ministry of Health and is one of the oldest institutions of its kind in the world. Around 400 scientists conduct research at its locations in Berlin and Wernigerode. Their tasks include assessing health risks for the population, devising protective measures and providing advice to people working in the areas of policy-making and the public health service. Research at the Robert Koch Institute is mainly applied and oriented towards action. However, there is also basic research carried out that provides an important stimulus.

The Institute carries out research into and fights infectious diseases such as influenza, measles and EHEC. However, it also monitors the general health of the German population as a whole – from obesity and cancer through to satisfaction with life.

In order to be able to tackle different issues, the scientists rely on a whole host of data. Although part of these data are collected by the scientists through studies they have conducted themselves, they also use other data sources. The facts and figures of the Federal Statistical Office play a vital role here and statistics on causes of death, the type and frequency of diagnoses or on the length of hospital stays enable researchers to show complex health interrelationships. Influenza surveillance is one of many examples in this regard.

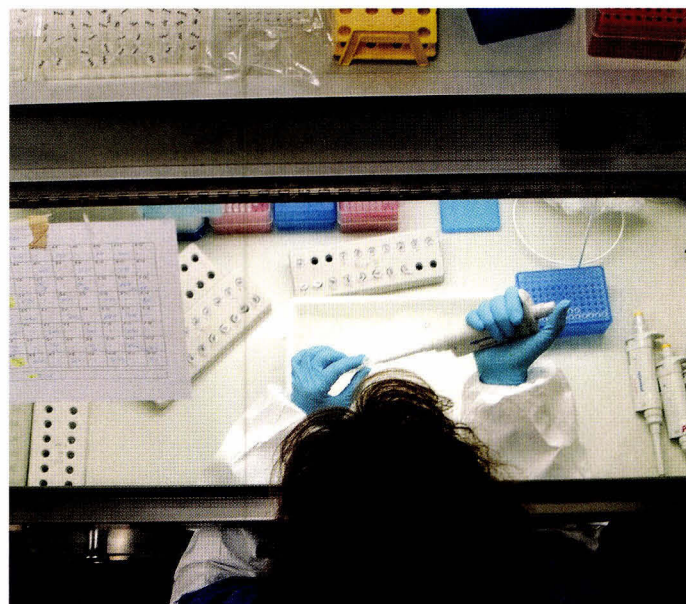
Keeping flu in focus

Influenza surveillance is complex. In order to carry out such a task, the influenza experts at the RKI need to analyse various data sources. Only once these have been viewed altogether and an overall picture has been gained is it possible to provide an assessment of

the flu season. On the one hand, there are reported data. Under the Protection against Infection Act, evidence of an influenza virus in a nasopharyngeal swab must be reported and the case will be referred to the Institute, via the local health authority and the health department at the level of the Land. However, if any samples are taken at all, they are usually only from a small number of patients and then sent to a laboratory.

In order to determine the actual burden of the illness on the population, the scientists at the RKI use data from the Influenza Working Group (AGI – Arbeitsgemeinschaft Influenza), which is coordinated by the Institute. The AGI is a network of around 800 general practitioners and paediatricians that together look after about one percent of the population. Each week, they supply the Robert Koch Institute with information on the number of patients at their respective practices suffering from acute respiratory illnesses, sore throats, inflammation of the lungs and bronchitis. The AGI doctors also report on the number of patients admitted to hospital and the number of certificates of incapacity for work that they have issued. Some 150 AGI practices send samples, mostly nasal swabs from patients, to the National Reference Centre for Influenza which is also based at the Robert Koch Institute. Scientists at the Reference Centre are responsible for virological surveillance. One of their tasks is to examine how many of the samples received actually show evidence of flu viruses. For doctors too, this provides important feedback on how reliably they are able to diagnose influenza solely on the basis of clinical symptoms.

Since 2011, the public too has been able to support the RKI in gaining a more accurate picture of influenza activity. Using the on-line portal "GrippeWeb" ("flu web"), they can report whether they are suffering from any kind of acute respiratory illness, including



flu-like symptoms. The reliability with which the seasonal course of common colds and flu-like illnesses can be tracked improves as the number of participants responding to the weekly questions increases.

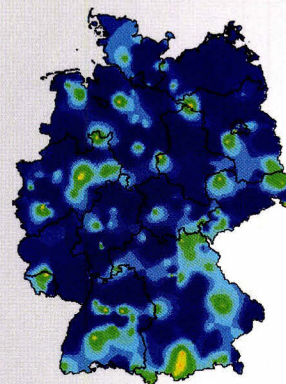
Providing an appraisal of the situation requires the scientists at the RKI to assess all of the data sources together. Their results are published on the Influenza Working Group website at <https://influenza.rki.de>. Activity in terms of acute respiratory illnesses is broken down by region and displayed on a map. Once the influenza wave has abated, the scientists estimate how many more patients than usual have consulted a doctor due to acute respiratory illnesses. This figure will probably correspond approximately to the number of patients needing to see a doctor due to influenza illnesses. The number of doctor's consultations required each year in Germany as a result of the flu ranges between one and five million. However, the data from the "GrippeWeb" citizens' portal indicate that only half of all people who are ill actually visit a doctor. Between two and ten million people in Germany therefore fall ill with influenza during a seasonal flu wave.

Estimated number of deaths due to influenza

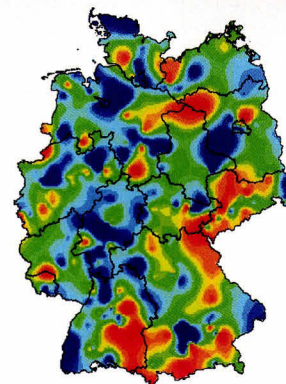
The number of influenza-related deaths is a decisive factor dictating the severity of a flu wave. This estimate is based on the mortality statistics from the Federal Statistical Office. Usually, the number of deaths associated with the onset of influenza is estimated by means of a statistical method of calculation. Globally, it is usual for such a method to be based on excess mortality. Influenza-related mortality can be estimated from the total number of deaths or from the number of deaths classified as "pneumonia or influenza". This approach is adopted because far from all deaths associated with influenza are recognised as such or are even confirmed through a laboratory diagnosis.

In simplified terms, the number of deaths associated with influenza is calculated as the difference resulting if the number of all deaths occurring during the influenza wave is reduced by the total number of deaths which (calculated based on historical data) would have occurred if there had been no influenza wave. In Germany, as in many other countries, the total number of deaths is used for the estimation. Excess mortality can fluctuate sharply from one flu epidemic to the next. At an estimated 20,600, the most deaths during the last decade occurred during the winter of 2012/13.

Another example – which is the subject of much debate – is nosocomial infections, otherwise known as hospital-acquired infections. With the help of detailed hospital data from the Federal Statistical Office, such as the number of days spent in hospital, the total number of patients and interventions carried out, and the size of hospitals, for example, experts at the RKI are able to gauge the extent of the problem in Germany. Based on a demographic projection by the Federal Statistical Office and the statistical offices of the Länder, a good third of the German population will be



Week 3, 2015



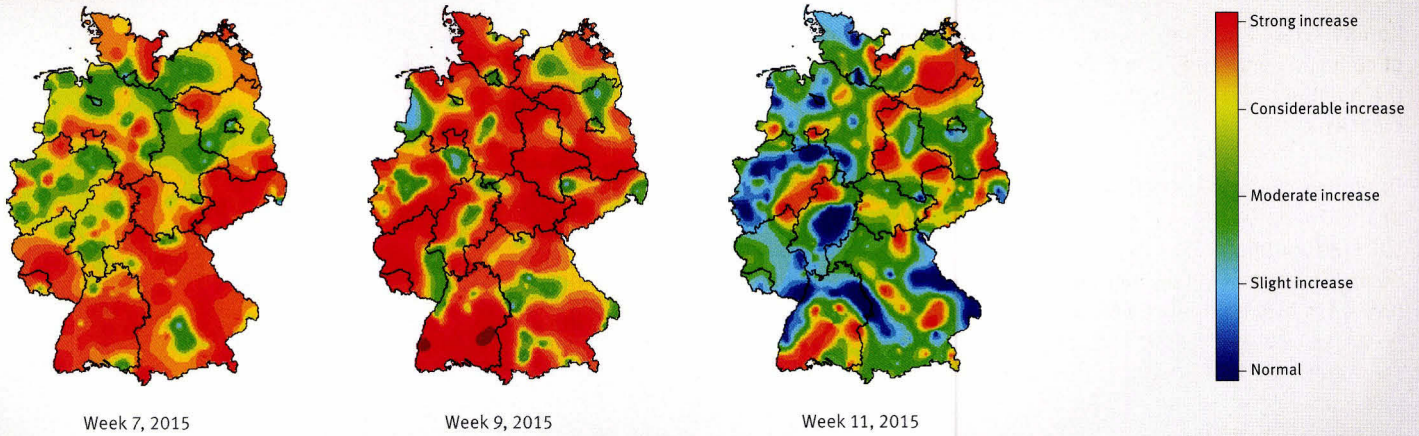
Week 5, 2015

aged 60 or over in 2030. The growing proportion of older people in the population means that hospital cases could increase from the current figure of 18 million to 19.3 million by 2030. Even if the rate of nosocomial infection were to remain the same, a rise in the absolute number of nosocomial infections would have to be expected.

What is the situation like in Germany?

Besides the prevention of infection, health monitoring is the second central task of the Robert Koch Institute. The Institute and the Federal Statistical Office are jointly responsible for the Federal Health Monitoring system (GBE – Gesundheitsberichterstattung), in which information on the German population's state of health is collected and an extensive database created which can be used to make decisions regarding health policy. Federal Health Monitoring covers all aspects of the health care system.

The Robert Koch Institute routinely conducts three extensive studies as part of its health monitoring programme. The German Health Interview and Examination Survey for Adults (DEGS – Studie zur Gesundheit Erwachsener in Deutschland) records the health status of men and women between the ages of 18 and 79. Those below the age of 18 are examined in the German Health Interview and Examination Survey for Children and Adolescents (KiGGS – Studie zur Gesundheit von Kindern und Jugendlichen in Deutschland). In addition to answering questions on a range of topics, including health status, risk behaviour and living environment, participants in the two surveys also undergo a medical examination. KiGGS and DEGS are both long-term studies. Many people have already taken part once and are invited back to participate in future surveys. This allows longitudinal analyses to be carried out over a period of years, which in turn are important for analysing the causes of diseases and illnesses. In addition, RKI employees carry out the German Health Update (GEDA – Gesundheit in Deutschland aktuell),



Maps showing acute respiratory illness activity in Germany (ARI activity).

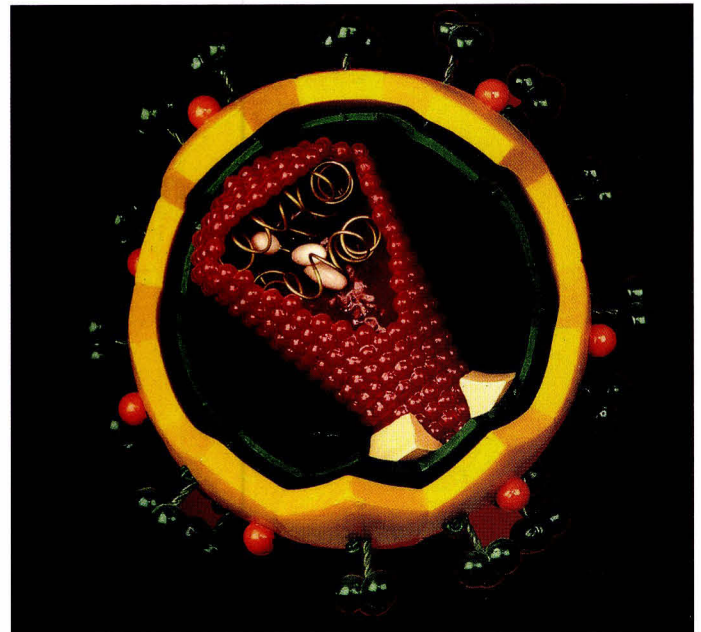
the current health interview survey, either by telephone or online. Focusing on a range of different topics, this method allows data on current health policy issues, for example influenza vaccination rates, to be gathered within a short period of time.

The data collected by the RKI and the Federal Statistical Office as part of Federal Health Monitoring form the basis for a range of publications, for example GBE Booklets in which topics ranging from obesity and back pain to duodenal ulcers are presented in a practical and clear fashion. The RKI and the Federal Statistical Office also supply data to the European Commission.

Data provide the basis for taking action

The Robert Koch Institute is involved in many different ways on the European and international level, for instance in committee work of the European Centre for Disease Prevention and Control (ECDC), as reference laboratories for the WHO, through a number of research cooperation agreements and in investigations into outbreaks of illness and disease. The RKI is also supporting international efforts to combat the Ebola epidemic on the ground in West Africa. As soon as news of the outbreak became known, scientists from the RKI travelled to Guinea and were able to reconstruct how a young boy is likely to have become infected and subsequently become the starting point for the largest Ebola outbreak to date.

Health data form an important basis for health care policy. For example, data from the KiGGS survey are used by the Federal Ministry of Health's initiative entitled "Life has Weight" ("Leben hat Gewicht") and the current IN FORM National Action Plan for the prevention of malnutrition, exercise deficits, obesity and associated illnesses. In the form of public use files, datasets funded using public money are also rapidly available for evaluations carried out by other scientists and can provide further data which in turn serve as the basis for taking action.



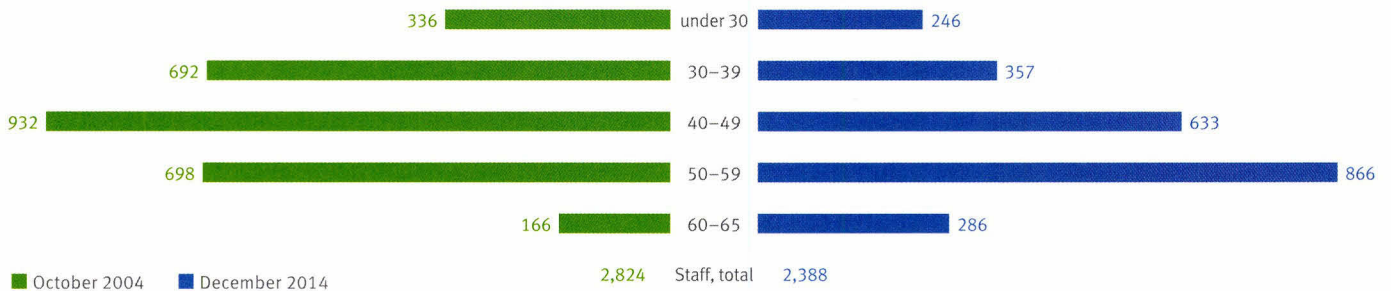
The Robert Koch Institute determines the frequency with which diseases such as Kaposi's sarcoma occur in patients with HIV, thus providing information on the severity of the course of HIV illnesses. The RKI also records new diagnoses of HIV which have been confirmed by laboratories. Some of the data can be downloaded from www.gbe-bund.de.



Human resources development and advanced training

At the Federal Statistical Office, human resources development is responsible for identifying and maintaining employees' skills and developing these in the best possible way. The in-house advanced training team, which has been gradually expanding its e-learning modules since 2013 onwards, plays an important role in staff upskilling measures.

Total staff members by age group in a ten-year comparison



New human resources development tools

A number of new, in-house assessment centres were introduced in 2014. As a modern human resources development tool, assessment centres are held for those persons accepting their first permanent position in higher intermediate service or higher service. Successful participation in an assessment centre is also a requirement for anyone becoming head of a Section for the first time. New staff at the Federal Statistical Office receive active support in the form of an induction training course and a mentoring programme.

Part of the management culture at the Federal Statistical Office involves gathering employee feedback on a regular basis. The results of the staff opinion survey conducted in 2013 were used by the individual groups and departments to develop areas of action, goals and specific measures. Work on implementing these began during the course of last year, with advice and support provided by senior management. New options for action and human resources development measures were also identified from the survey. In addition to the staff opinion survey, superiors are provided with regular feedback. Compulsory staff appraisal interviews and skills development aimed at increasing the degree of professional flexibility between the individual areas of work are further fixed elements of human resources development.

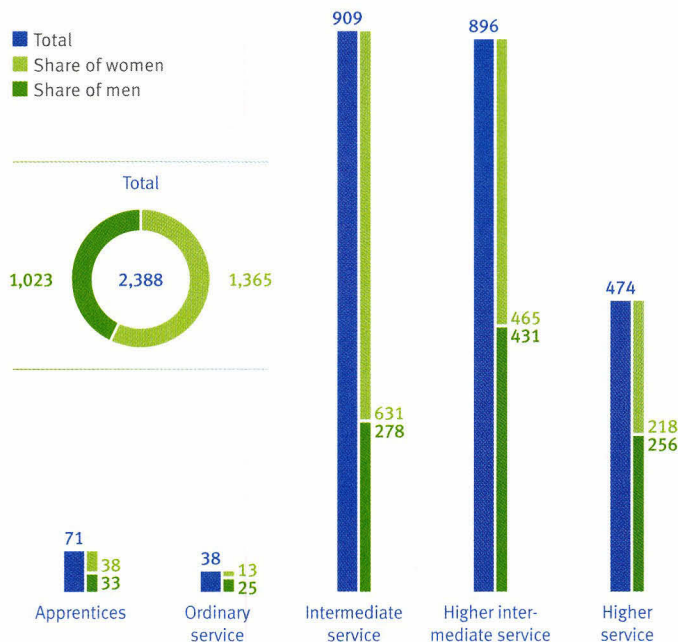
Individual advanced training through e-learning

Anyone working at the Federal Statistical Office has a whole host of opportunities to progress professionally. An extensive seminar programme offers in-house training courses focusing on IT and data security, foreign languages, soft skills and specialised topics. The programme is extended by external training measures at the Federal Academy of Public Administration and at the European level, among others. Numerous joint advanced training events are also available with the statistical offices of the Länder.

The advanced training portfolio of the Federal Statistical Office is being gradually extended to include e-learning measures. For this purpose, all employees have been able to access a separate learning platform since 2014. This e-learning system provides users with easy access to a steadily growing body of learning content. By the end of 2015, the Federal Statistical Office and the statistical offices of the Länder will have together developed a learning programme entitled "Introduction to official statistics". The programme consists of 18 e-learning modules and gives interested parties a detailed overview of organisational and legal subjects as well as statistical and methodological foundations.

Staff received a total of 2.5 days of advanced training on average in 2014. In addition to roughly 150 in-house training courses, the Federal Statistical Office also coordinated 55 joint seminars with the statistical offices of the Länder and 17 events of the Federal Academy of Public Administration.

Total staff members by class of service



New training courses for increased flexibility

Since August 2014, the Federal Statistical Office has been offering the new vocational training occupation of "Office Management Clerk" on a pilot basis, with the elective qualifications of "Human Resources Management and Assistance" as well as "Secretariat Duties". This new vocation is an amalgamation of the previous vocational training occupations of "Office Communications Specialist", "Office Clerk" and "Office Communications Clerk". The content of the training course has been improved, thereby increasing the opportunities and professional flexibility for apprentices in the public sector. The content of the new training course means that they will also be able to apply for positions in the private sector in future with a greater degree of success. The pilot phase for the new training course is proving to be very promising and is being carried out in close coordination with vocational schools, the Federal Office of Administration and other partners (training associations). The dual training courses of "Information Technology Specialist (Applications Development)" and "Market and Social Research Specialist" continue to be offered as previously.

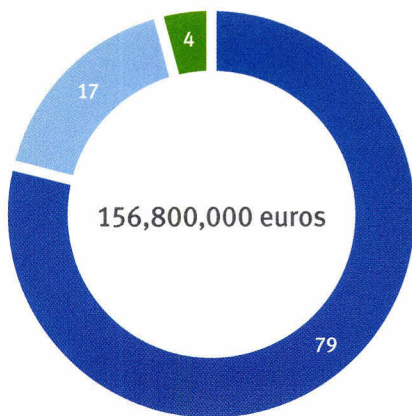
Combining work and family commitments

With flexible working times, various teleworking models and a wide range of part-time work models, the Federal Statistical Office helps staff to better combine work and private life. A well-equipped parent-child room is available to help parents bridge any gaps in childcare. In 2014, 20 percent of all employees on parental leave were men.

Budget

The budgeted funds of the Federal Statistical Office amounted to 156.8 million euros for 2014. This figure accounts for 2.7 percent of the total budget of the Federal Ministry of the Interior and for 0.05 percent of the Federal Republic's total budget.

Budgeted expenditure
of the Federal Statistical Office in 2014
Percentage share



- Staff expenditure: 123,800,000 euros
- Material expenditure: 26,600,000 euros
- Investments: 6,500,000 euros



At 123.8 million euros, staff expenditure for the approximately 2,430 employees of the Federal Statistical Office accounted for 79 percent of its total budget in 2014. The amount budgeted for material costs was 26.6 million euros, which equated to around 17 percent of total expenditure. Investment of 6.5 million euros in information technology and the ongoing modernisation of the office building in Wiesbaden represented a share of 4 percent of the budget.

Of the 156.8 million euros originally earmarked for the Federal Statistical Office under the financial plan, savings of 5.3 million euros were made during the year as part of the overall reduction in expenditure.

The formation of a new government following the election to the Bundestag resulted initially in a long period of provisional budget management in 2014, with the Budget Act entering into force in mid-July. Until then, only expenditure which was a legal requirement or which was necessary in order to maintain the continuity of operations was possible. An additional austerity measure was subsequently imposed until September 2014. The scope for spending was restricted further and similar steps to those taken during the period of provisional budget management were required.

Despite a fall in the number of employees, the share of staff expenditure has risen slightly in recent years. Since 2007, however, this trend has not been continuous, due in part to the pooling of IT operations (IT consolidation) which saw a total of around 100 employees

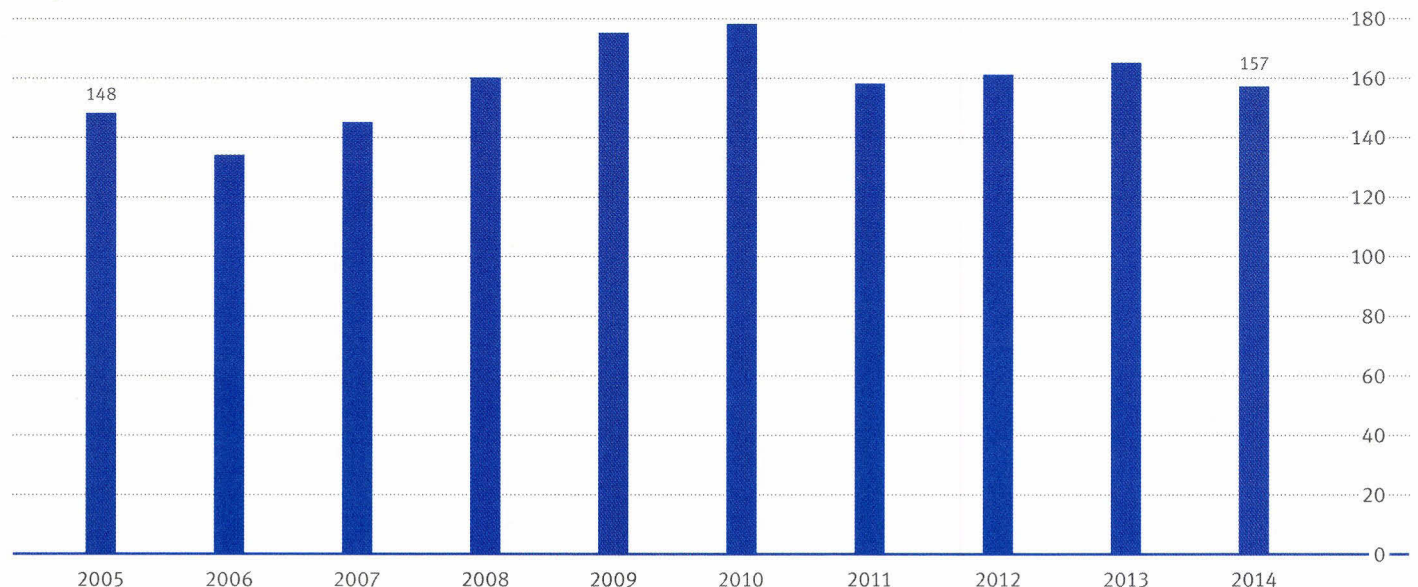
move to the Federal Office for Information Technology (BIT). Eleven million euros were transferred from the Federal Statistical Office to the BIT for staff, material and investment expenditure.

The overall modernisation of the property in Wiesbaden accounted for the bulk of investment spending. Modernisation work was carried out in two phases between October 2005 and June 2013.

The Federal Statistical Office is granted additional budget funds, or new posts there are created, for “special items”. These are tasks or duties which are the subject of political focus and cannot be carried out with the resources available. In recent years, funds have been provided for the 2011 Census, administrative cost measurement, statistics regarding basic security in old age and quality assurance in public finance statistics, among others.

A series of projects is being carried out and financed on behalf of the federal ministries. Examples include the National Education Report and the Education Finance Report commissioned by the Federal Ministry of Education and Research, the doctoral student survey or the time use study. Thanks to EU grants, the Federal Statistical Office is able to work on further projects. In this respect, co-financing provided by Eurostat, the Statistical Office of the European Union, means that additional employees can be recruited on a temporary basis. Third-party funding is collected through contracts placed by companies or by other third parties for special evaluations which are not included in the legally established programme of statistics. In 2014, third-party funding totalled 8.4 million euros.

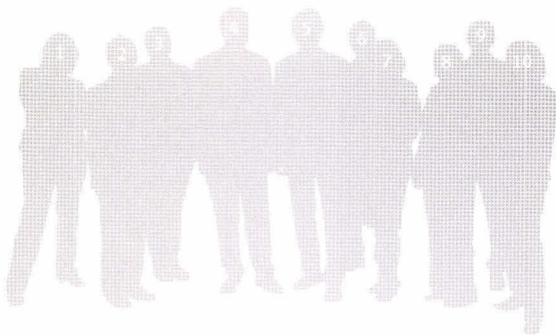
Budget of the Federal Statistical Office, in million euros



Senior management



- 1 Sibylle von Oppeln-Bronikowski
Strategy and Planning,
International Relations,
Research and Communication
- 2 Angela Schaff
Agriculture, Environment, Foreign Trade
- 3 Dr. Ruth Brand
Health, Social Statistics, Education,
Households
- 4 Roderich Egeler
President and Federal Returning Officer
- 5 Dieter Sarreither
Vice-President and
Deputy Federal Returning Officer
- 6 Jürgen Chlumsky
Administration,
Administrative Cost Measurement
- 7 Beate Glitza
Information Technology,
Mathematical-Statistical Methods
- 8 Dr. Sabine Bechtold
Population, Census, Finance and Taxes,
Labour Market
- 9 Peter Schmidt
Business Register, Earnings, Industry,
Services
- 10 Irmtraud Beuerlein
National Accounts, Prices



Contact

www.destatis.de

Central Information Service

Telefon: +49 (0) 611 / 75 24 05

www.destatis.de/kontakt

Press Office and Journalist Service

presse@destatis.de

Telefon: +49 (0) 611 / 75 34 44

Service office in the Bundestag

Marie-Elisabeth-Lüders-Haus

bundestag@destatis.de

Statistisches Bundesamt

Gustav-Stresemann-Ring 11

65189 Wiesbaden

i-Punkt Berlin

Friedrichstrasse 50-55 (Checkpoint Charlie)

10117 Berlin

Bonn Branch Office

Graurheindorfer Strasse 198

53177 Bonn

