OBJECTIVES: For decision makers, epidemiological data are key information to set up a public health care policy. By definition, these quantitative data are rarely crossed with qualitative information about population trends concerning lifestyle and health behaviour. We developed a methodological approach to detect and classify groups of subjects over 26 qualitative variables.

METHODS: A sample of 924 French subjects was included in a cross-sectional survey and answered a face to face questionnaire focusing mainly on their health perception and health behaviour. We developed a methodological approach to classify groups of subjects.

RESULTS: Four subject groups (n1 = 297, n2 = 235, n3 = 241, n4 = 151) were clearly disclosed. Group n2 was removed from the other groups and was characterized by the poorest health perception, the highest number of declared diseases (more than 6), the highest number of visits to a physician (more than 5 per year), the lowest educational level, the highest compliance to prescriptions and the highest number of obese subjects. From the n2 group, we estimated the proportion of obese subjects (BMI above 30 kg/m²) to be 63%. For this group, medical management and follow-up of their weight problems would be the most beneficial.

CONCLUSIONS: This qualitative analysis is an element of population knowledge which allows us to specify usual epidemiological data. In addition, this approach is a way to target the population who would accept the public health message most easily.

THE US NATIONAL VIOLENT DEATH REPORTING SYSTEM (NVDRS) AS A MODEL OF A NATIONAL PUBLIC HEALTH REGISTRY

CONCLUSIONS: Compared to other registries, NVDRS has a well-defined goal, sufficient for the development of a PH registry (to assist the design of PH interventions for a reduction of mortality due to violent deaths). NVDRS is a population based, confidential, incident-driven, computerized information system. NVDRS represents a new generation of systems with the highest level of data complexity because of the aggregation of multiple data sources obtained from different state agencies. NVDRS encompasses essential registry functions and attributes sufficient to accomplish the system’s major goals. It has well defined core elements, which allows for many types of analysis.

CONCLUSIONS: A comparative analysis of NVDRS demonstrates that goals, design and structure of this system promote best practices for the PH patient registries.