

CONFERENCE OF EUROPEAN STATISTICIANS

First meeting of the 2004/2005 Bureau
Washington, D.C. (United States), 18-19 October 2004

Item 11: Review of the work
of various Steering Groups
and Task Forces working
under the auspices of the
CES

**PROPOSAL FOR THE CREATION OF A STEERING GROUP
AND TASK FORCE ON MEASURING THE HEALTH STATUS
TERMS OF REFERENCE**

Note prepared by the ECE secretariat

BACKGROUND

1. The joint ECE-WHO Meeting on Health Statistics that took place on 24-26 May 2004 in Geneva agreed on the need to continue the process to achieve internationally comparable measurement of population health status within the framework of official statistics. The meeting contributed to the strengthening of cooperation between WHO and national statistical offices in the implementation of health surveys.
2. The meeting focused on the development of common instruments to measure health status in its multiple dimensions and agreed that, in order to achieve comparability, there is a need to work towards a new common instrument. Any initiative at international level in this direction will need to build on the work carried out within the European Statistical System and other initiatives such as the joint United States and Canada survey, the Washington Group, and the World Health Survey.
3. Participants agreed on the criteria that should be used in order to identify the core domains to be included in the survey module¹ and a consensus was reached on broad domains of "functioning" - physical, mental and sensory.
4. There was a range of views on the importance of reporting summary measures of population health. These can provide a useful way to report and compare health of population and to link to evaluation activities. However, there was no consensus on a summary measure to use in national reporting and it was agreed to postpone the discussion to a later stage, putting the main priority in proceeding with the work to develop a common instrument.
5. At the meeting it was proposed that the future CES work on health statistics be directed toward: i) making progress towards a common health state instrument, and ii) establishing a dialogue with the Washington Group to explore commonality of objectives and work. It was suggested to create a Task Force and a Steering Group to support ECE, WHO and Eurostat in this work.

¹ Feasibility in health interview surveys; conceptually "important" and independent; parsimonious set of domains describing most variations in health status or valuations/preferences; potential for x-population comparability; clear series of levels within each domain; capacity (not performance); aspects that are "within, on, or close to the skin"; suitability for preference measurements; link to the conceptual framework of the ICF.

OBJECTIVES OF THE STEERING GROUP AND TASK FORCE

6. The main objective of the **Task Force** is:

?? To work towards the development of a new common instrument by:

- analyzing existing survey data with psychometric properties of individual items (test-retest reliability) or groups of items (internal consistency, factor structure, other tests of uni-dimensionality) in order to identify the most parsimonious set of domains that can be measured with the most reliable set of items. Keeping in mind the criteria for domain selection that were agreed at the last meeting, the need to maximize validity of the instruments and internal and international comparability, and provide evidence for a choice of domain;
- identifying (based on the above analysis) a set of domains and items that can be proposed at the next meeting as the basis for pilot tests in countries either as ad hoc data collection or as preparatory work for already planned surveys.

7. The main objectives of the **Steering Group** are:

?? to oversee the work of the Task Force and provide advice as necessary;

?? to plan future joint meetings of WHO, Eurostat and UNECE;

?? to liaise with existing groups such as the Eurostat Group on HIS, the Washington Group and the Intersecretariat Working Group on health statistics to ensure common strategies for health and disability survey data collection.

COMPOSITION OF THE STEERING GROUP AND TASK FORCE

8. The initial composition of the Steering Group will include representatives from Canada, the USA, WHO, Eurostat and ECE.

9. The initial composition of the Task Force will include representatives of Belgium, Canada, Estonia, Germany, Hungary, Italy, Netherlands, Norway, Spain, United Kingdom, United States, ECE, Eurostat and WHO. Euro-Reves also volunteered to be part of the Group.

MEETINGS OF THE STEERING GROUP AND THE TASK FORCE

10. Both the Steering Group and the Task Force will work using e-mail connections. No meetings have so far been planned.

OUTPUTS

11. The main outputs of the Steering Group will be:

?? a proposed programme of work and timetable for the Task Force;

?? a proposed agenda for the next meeting in 2005;

?? a proposed work programme on health statistics for 2006.

12. The main output of the Task Force will be:

?? A comprehensive analysis of the available microdata on multiple domains of health from surveys;

?? A proposal for a parsimonious set of domains and items that can be piloted in a set of countries.

TIME FRAME

13. The work defined by the Task Force should be completed by October 2005 and be presented at the next joint ECE-WHO-Eurostat meeting scheduled for November 2005 in Hungary.