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on the Measurement of Health Status
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Session 1– Invited paper

THE MEASUREMENT OF HEALTH STATUS: A NATIONAL PERSPECTIVE ON AN INTERNATIONAL OBJECTIVE

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1. The measurement of health status is a particularly complex endeavour, and the complexities are compounded when one of the objectives of the measurement process is to produce data that are internationally comparable. When working towards this objective, we quickly become immersed in issues that verge on the philosophical, such as "what is the meaning of health, and what are the boundaries between 'health' and other things which are either affected by or determine health status, for example, income, education, and employment?" It is so easy to get lost in these discussions that we often don't find our way out of the maze. At the end of the day we are often no closer to better measures than we were when we started.

2. I don't think that it is overstatement to stay that the cry for a core set of health measures is deafening. Indicators are needed at the local, national, and international levels. At the same time, the development of indicators has been a "growth industry." There are numerous examples of projects designed to identify measures of health status in the US, but an example from international community is illuminating. Several years ago, at the request of the UN Economic and Social Council, the United Nations Statistical Commission set up a Friends of the Chair group to evaluate the indicators that had been identified at UN summits for monitoring trends and the effects of program. The proliferation of indicators at the international level has occurred in all areas and has resulted in a number of problems, including an overwhelming number of indicators, inconsistencies among them, questions about their validity and the basic data from which they are derived, and an overburdening of national statistical offices. The Friends of the

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Chair group was asked to develop an overall structure for assessing and prioritizing the 280 indicators that had been identified. I was asked to chair the expert group dealing with health and nutrition. This group has the largest number of indicators to handle--a total of 80. There were an additional seven indicators in the demographic group that would be generally considered health indicators.

3. While the number of health and nutrition indicators that had been identified was quite large and, in cases, quite specific, there was considerable concern that important aspects of health and nutrition were not being addressed. As a result, the committee generated a list of approximately 15 additional indicators that should be evaluated for inclusion in any final list of priority indicators. In the end, very few measures of health were included in the project's high priority category as there were few well accepted core indicators of health other than mortality. The poor showing of health in comparison with that of employment and income statistics is, in part, due to the multidimensionality of health as well as the very different needs for, and ability to produce, measures among developed and developing countries. But these constraints also apply to these other sectors, and progress has been made there. Why not for health?

4. There is, no doubt, agreement among those attending this meeting that measures of health status are essential for the successful development, implementation, and evaluation of policies and programs designed to improve the health at the international, national, and local levels. Moreover, accurate measures of health are needed for the successful implementation of other social programs, such as economic development or education. This meeting will be an important one **if** we can make significant progress in defining a set of core measures and identify ways of obtaining the needed data. If progress is to be made, we must adhere to our objectives and not dwell on the complexities of health or be stymied by the very real methodological pitfalls. For me, our primary goal is to develop a core set of internationally comparable measures of health that can be obtained within the framework of national official statistics. If we don't achieve that goal, we need to have a clear plan for getting there. Everything we discuss through the course of the meeting is important only if it gets us closer to this objective.

5. One reason that I, a representative of a National Statistical Office, have come to this meeting is the need for a set of core indicators in the United States. Activities are underway that address this need at the state and national level. So, why come to an international venue with the added difficulties of having to create measures that are internationally comparable? The simple answer is that the joint expertise and knowledge of the international community will enhance whatever is done domestically. Discussing the situation in the US within the context of other countries provides important insights. In addition, there is the desire to be able to make comparisons among countries. Again, these comparisons enhance our understanding of the situation in our own countries. The number of publications that provide comparative data across nations attests to the importance of such comparisons. However, in the area of health, there is considerable, and justifiable, concern that the data are not truly comparable. The joint objective to create a core set of comparable health measures can only be attained through meetings such as this one.

6. The issues of the identification of a core set of measures and the manner in which the data are collected are closely intertwined. There are two distinct ways to approach data collection to obtain internationally comparable measures: collection by a single entity (either regionally or internationally) or incorporating the core questions or modules into existing surveys or administrative systems.

7. Collection by a single entity has been done internationally and regionally, and the US and Canada have recently conducted a joint health survey where the data collection was all done by Statistics Canada. I'm sure we will hear about these activities throughout the meeting. While this approach has considerable appeal from the comparability perspective, I have strong concerns about whether such an approach is practical and, perhaps more important, would result in sustained collection of the core measures. Many of the countries represented here, including the US, have long-standing complex and institutionalized data collection systems. It would not be acceptable to substitute the international instrument for the ongoing domestic data collection programs, and it is unlikely that sufficient funding could be obtained to conduct parallel data collections. There is also the issue of national control over data collection in country.

8. A viable alternative is to design the core elements so they can be administered in conjunction with national data collection efforts, perhaps on a periodic basis. In order for this approach to be successful, the core items need to be kept to a bare minimum, and the criteria used to select items need to focus on aspects of health that are more likely to produce comparable data. Attention should also be paid to developing consistent implementation procedures that are to be used for the core questions. While other methods of achieving higher levels of comparability should be investigated, these techniques will be implemented only if they result in very small amounts of additional burden to the national data collection. In addition, adoption of the core elements will be maximized if the measures chosen are important at the national level as well as of interest at the international level. It will be easier to justify the costs of data collection and analysis if the measures are useful domestically as well as internationally. It should not be too hard to identify a core set that would satisfy needs at the national, regional, and international levels.

9. Focusing on only a few aspects of health will necessarily result in an incomplete picture of health status. While the long-term goal would be to expand on the number of measures, in the short term it is more important to have a smaller set of core items and do them well than have a larger set without the resources to properly administer them. If time, resources, and energy allow, it will always be possible to develop a more extended set of measures. For now, our energies should be directed toward the small set of questions that can most easily be incorporated into national systems so as to maximize the number of countries that will adopt them.

10. My final point concerns process. The conceptual and methodologic problems involved in measuring health status will only be solved through concerted effort by all the partners. Meetings every few years on the topic will not result in progress unless there is a clear connection between the meetings, and much work is done between meetings. If the measures are to be used by National Statistical Offices, then representatives of those offices need to be fully involved in the process. The regional and international partners can provide the very important coordinating role in addition to their scientific contributions. There are successful precedents for this. Collaborative work on the International Classification of Disease has been going on for a long time. Although not perfect, there is a viable system for obtaining comparable cause of death statistics. In addition, the classification is central to national statistical offices themselves. The development of the ICD has required sustained, ongoing, and active commitments of all partners. The Washington Group on Disability Statistics, although much younger, has seemingly been successful in bringing together partners, primarily NSOs, in a sustained effort to develop core measures of disability. The same will be required of us if we are to be successful in our stated goals for health status measurement. I call on all my fellow NSO representatives to take an active role in these proceedings and in the follow-up activities. We have a lot at stake, and success will require our commitment to an ongoing process.

11. Our challenge, then, is to develop a small core set of measures that can be used to monitor and compare health status over time and across nations; to do so in a way that they can be used to by countries to plan and evaluate specific health programs and to select measures that are most likely to produce comparable information. This core set cannot deal with all aspects of health, nor will it be possible to obtain sufficiently detailed information to provide for much depth to our understanding of health. However, the core set is an important beginning, and without such a set, it will continue to be difficult to compare health status across countries. If we are to be successful, the core measures must be relevant at the national, regional, and international levels, and the burden of including the measures in national surveys should be such that it will be possible for countries to adopt the core measures. Success will also require the on-going commitment of all partners, especially those from NSOs.

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