

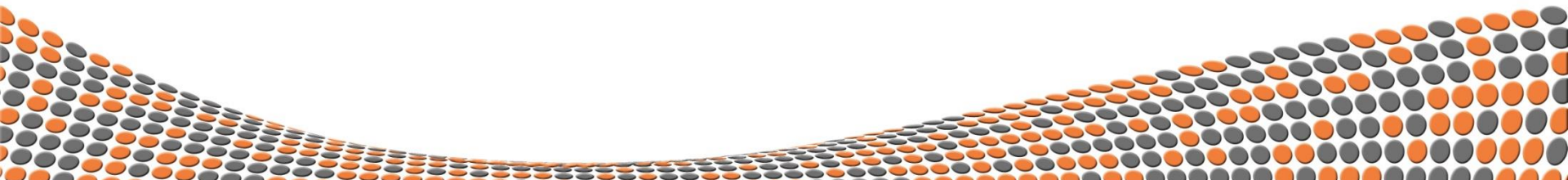
The development of a blueprint for a Summary Measure of Population Health

H. Van Oyen, N. Berger and the JA:EHLEIS

The 26th REVES Conference
Edinburg, 28 May 2014



Background

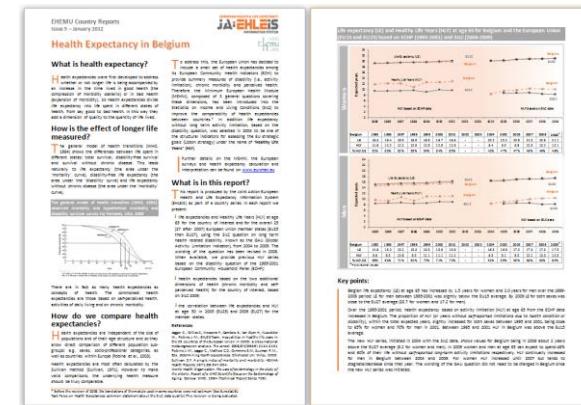


The Joint Action EHLEIS (2011-2014)

Aim: to consolidate existing information on life and health expectancy in the EU

Main Tasks:

- To provide online information on LE and HE (www.eurohex.eu)
- To analyse trends in HLY within the EU (Annual Country Report)
- To identify determinants of the inequalities in HLY
- To analyse socio-economic differences in HLY
- To develop statistical tools for the analysis of HE
- To validate the Global Activity Limitation Indicator (GALI)
- To strengthen international harmonisation of Summary Measures of Population Health (SMPHs)



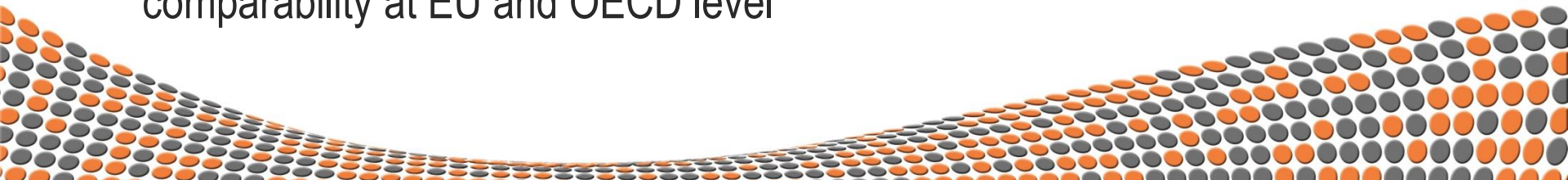
Overall objectives of the Work Package

To have a **conceptual discussion** on

the evaluation and possible improvement of SMPHs - in particular Health Expectancies

the use of SMPH as a population health outcome measure of (health) policy and (health) policy interventions

the development of blueprint for an improved SMPH which has a higher comparability at EU and OECD level



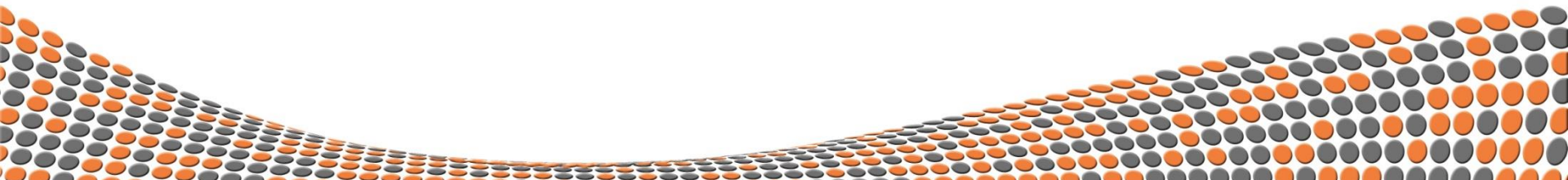
Harmonisation of SMPH

Outcome of the Work Package

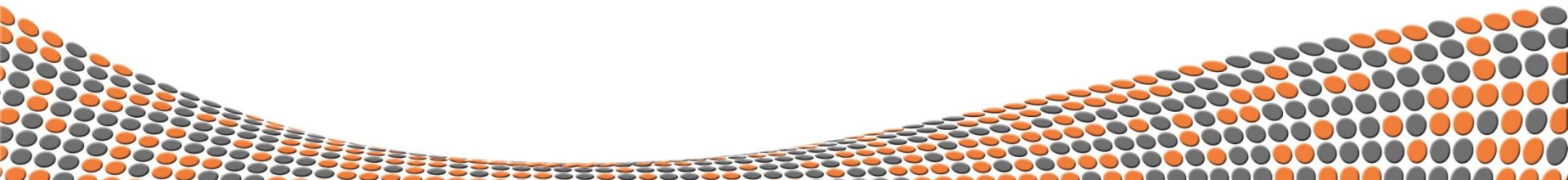
A **blueprint** for a new SMPH (Health Expectancy) which is comparable at EU/OECD level:

Selection of a **health dimension** for which a comparable measure is needed at EU/OECD level to calculate Health Expectancies

Suggestion of protocols / guidelines in the creation of a **global survey instrument**, testing, validation and implementation in international context



Methods



Setting up a Working Group

Experts from various OECD countries and organisations were invited to participate to a working group on international harmonization of SMPHs (November 2011):

The JA: EHLEIS (14)

The United States (2)

Japan (1)

Eurostat (2)

OECD (1)

WHO Europe (1)

European Commission (DG Sanco) (1)



Activities of the Working Group

3 seminars organised in Paris

April 2012: “Concepts behind SMPH” (1 day)

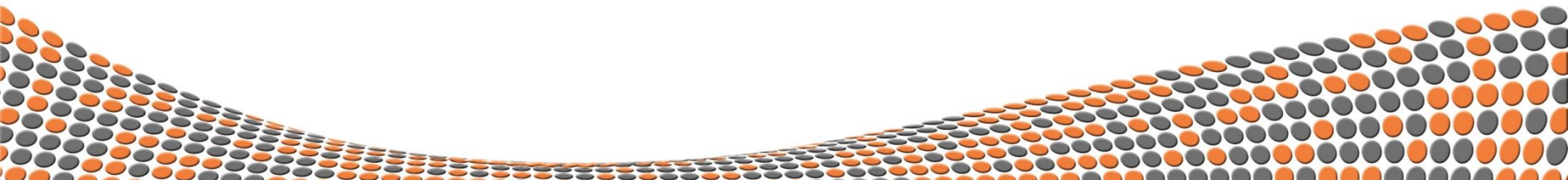
Short experts survey, literature review, presentations of national uses of SMPHs, group discussion on important health dimensions

April 2013: “Global Disability Indicator” (1 day)

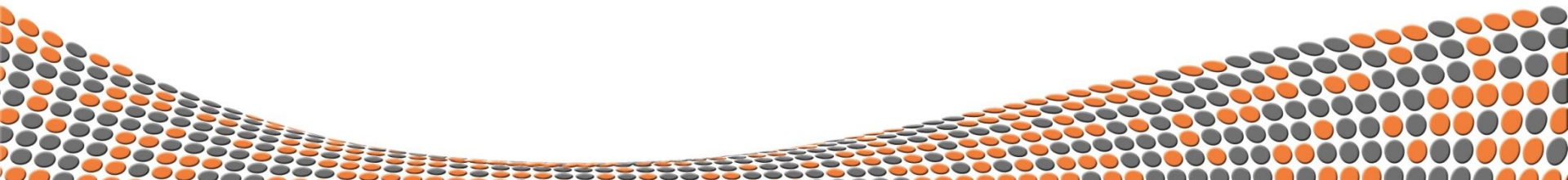
Literature review, working document preparation, review, group discussions

April 2014: “Blueprint for a new SMPH” (1 ½ days)

Extended experts surveys (REVES members), critical evaluation of the working document, final discussion



Results



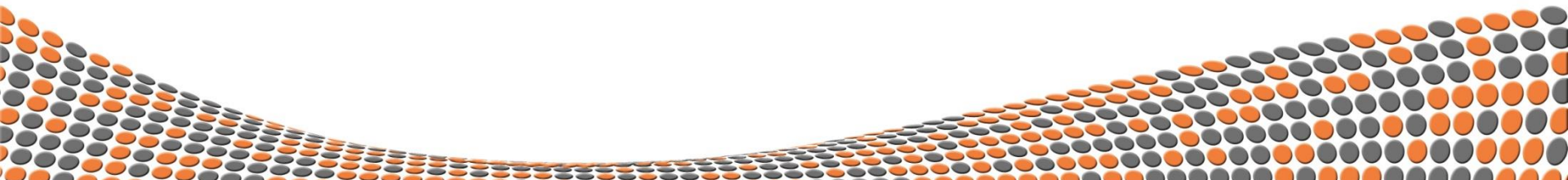
1st seminar: conclusions

Similar Health Expectancies used in the EU, the US and Japan

Health dimensions: Self-Rated Health; Chronic Morbidity; Activity Limitations

...But different survey instruments => limited comparability

=> Need for an internationally comparable **global disability indicator** (for the calculation of DFLE)

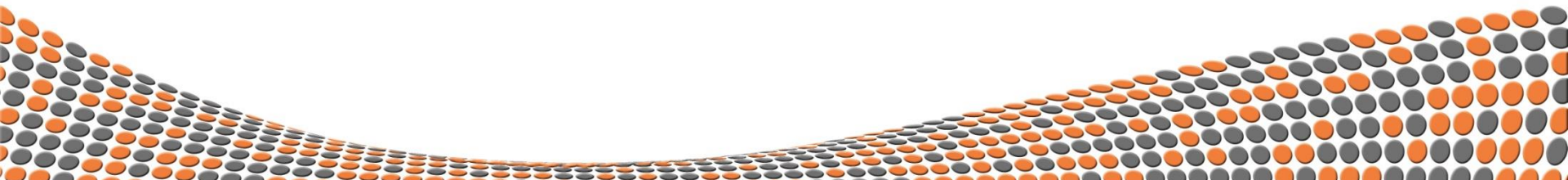


2nd seminar: conclusions

Disability is too broad to be measured comprehensively with a global approach

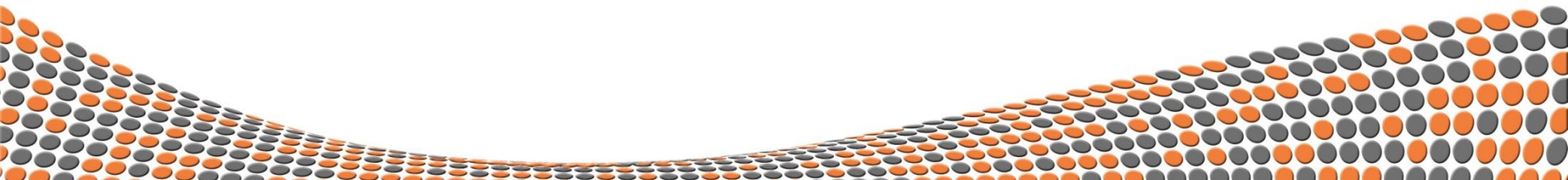
=> Selection of a dimension of disability: **participation restriction**

Supplement measure: global measure of **functional limitation**



3rd seminar: the Blueprint

1. Rationale: main **objectives** of Health Expectancies
2. Measurement priority: DFLE and **global measure of disability**
 1. Conceptual perspective on disability
 2. Rationale for a global measure of disability
3. Desired **conceptual characteristics** of the global indicators
 1. **Participation restriction**
 2. **(Functional limitation)**
4. **Technical characteristics** of a global indicator
5. Instrument selection and **design**
6. **Translation, testing and validation**
7. Recommendation for **implementation**
8. Conclusion

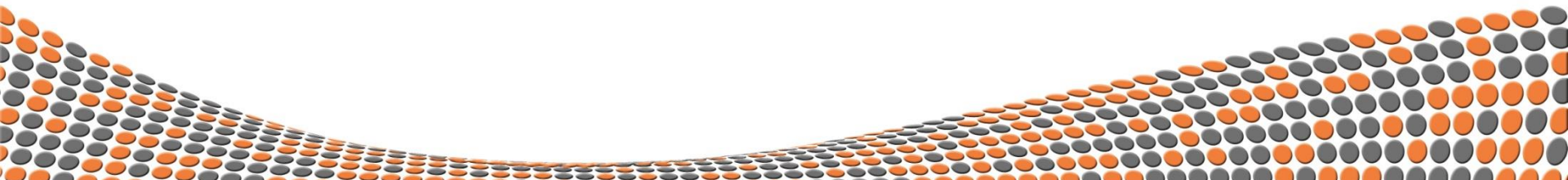


1. Objectives of Health Expectancies

- Monitoring change in the health of population
- Comparing the health of one population with another
- Identifying and quantifying health inequalities
- Comparing groups within a population

Priority for the JA:EHLEIS: monitoring population health and allowing comparison across European Union and OECD countries.

=> Need for comparable health information



2. Measurement priority: DFLE and global measure of disability

Experts survey: measurement priorities of the 21st century?

Dimension	Frequency
Disability	9
Mental health	8
Chronic morbidity	5
Participation	4
HRQoL	3
Index of health	3
Activity limitation	2

Our priority: **Disability**. Why?

- i) It is less problematic to measure in comparable ways
- ii) It encompasses mental health and chronic morbidity (consequence of ill-health)

But too broad for a global measure!

2. Disability dimensions

Priority measure = **participation restriction**

Supplement measure = **functional limitation**

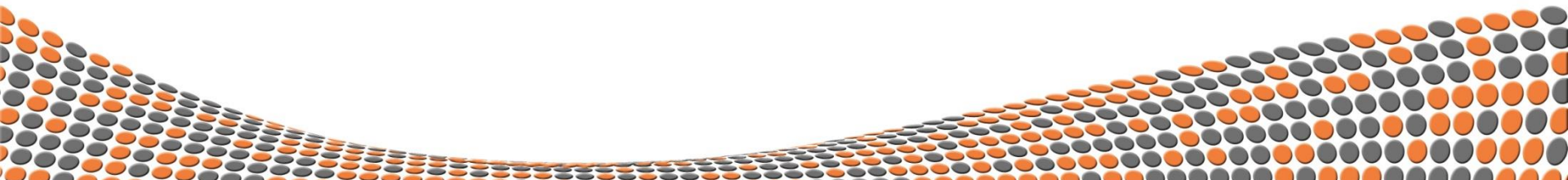
Rationale

1. Participation **summarises** disability – Reflects best ICF
2. The 2 dimensions are useful for public policies

A. Disability and Health policies

e.g. United Nation Convention on the Rights of People with Disabilities
cf. Washington Group and Budapest Initiative rationales

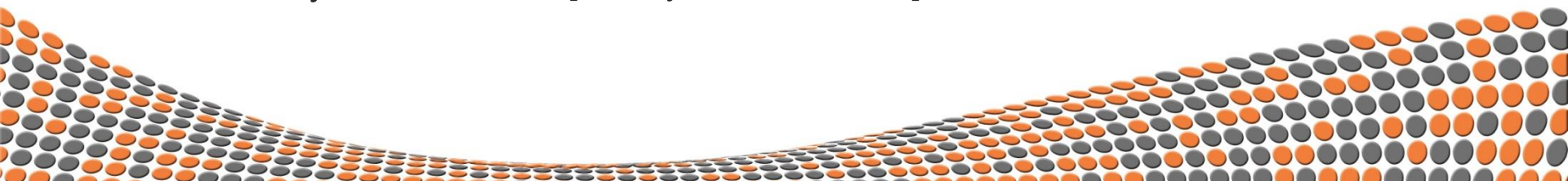
B. Ageing Policies – Active and Healthy Ageing



3. Conceptual characteristics: Participation restriction

Measure of participation

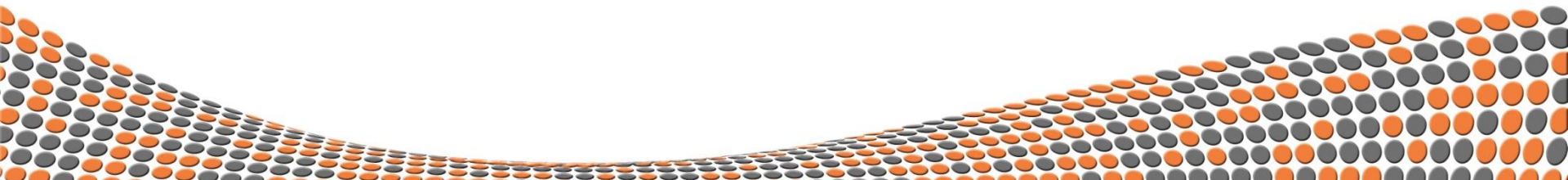
1. Measure of performance
2. With assistive devices and/or personal assistance
3. Health-relatedness [survey: 83% relevant]
4. Long-term duration of limitations [survey: 80% relevant]
5. Comprehensive content [survey: 74% relevant]
6. Normative comparison [survey: 67% relevant]
7. Severity of limitations [survey: 87% relevant]



3. Conceptual characteristics: Functional limitation

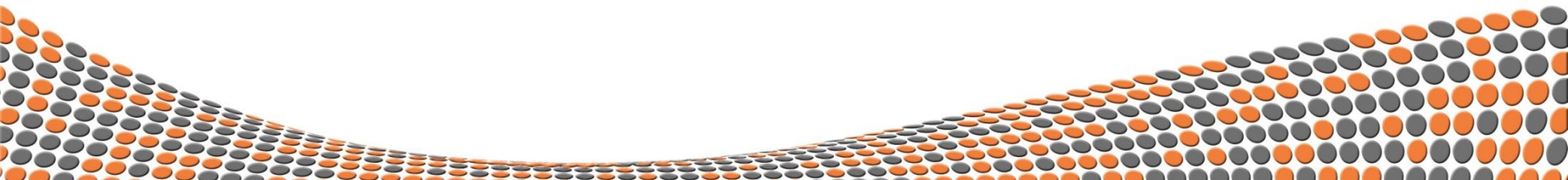
Measure of functional limitation

1. Measure of capacity
2. Without assistive devices and/or personal assistance
3. Long-term duration of limitations [survey: 80% relevant]
4. Comprehensive content
5. Severity of limitations [survey: 96% relevant]



4. Technical characteristics of a global indicator

1. Conciseness of the instrument
2. Usability for general population
3. Simplicity of the question(s)
4. Amenability to multi-modes of collection



5. Instrument design

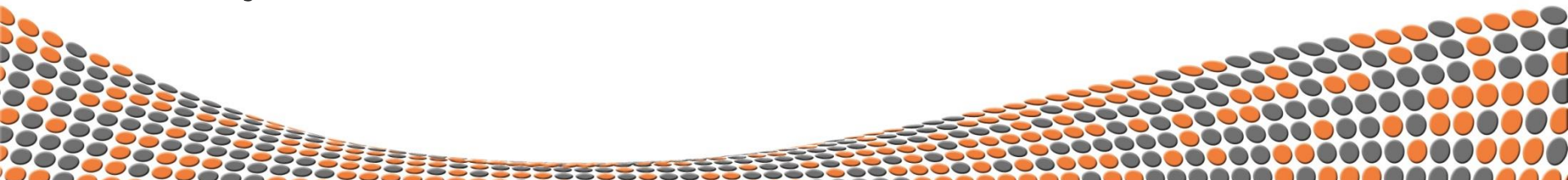
Non-systematic review of the literature & experts survey results:

- 1. Participation restriction:** no generally accepted global measure
(although the GALI is conceptually close)

=> To design

Gali:

‘For at least the past 6 months, to what extent have you been limited because of a health problem in activities people usually do? Would you say you have been; 1. severely limited, 2. limited but not severely, or 3. not limited at all?’



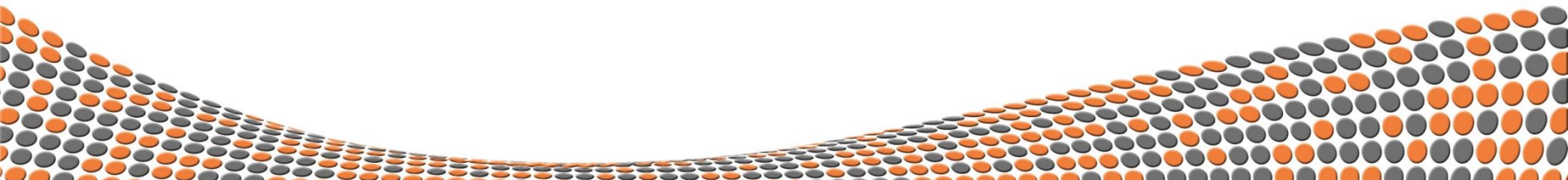
5. Instrument design

Non-systematic review of the literature & experts survey results:

2. Functional limitation: 4 items of the Washington Group short set as a starting point

=> Evaluate whether the dimensions of the instrument are the most relevant for EU/OECD countries

e.g. # of teeth as a measure of functional limitation (in Japan)?



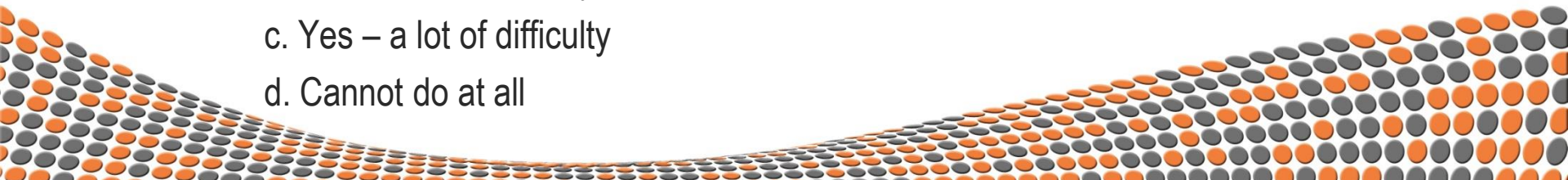
Washington Group Questions

The next questions ask about difficulties you may have doing certain activities because of a HEALTH PROBLEM.

1. Do you have difficulty seeing, even if wearing glasses?
2. Do you have difficulty hearing, even if using a hearing aid?
3. Do you have difficulty walking or climbing steps?
4. Do you have difficulty remembering or concentrating?

Answer categories:

- a. No – no difficulty
- b. Yes – some difficulty
- c. Yes – a lot of difficulty
- d. Cannot do at all

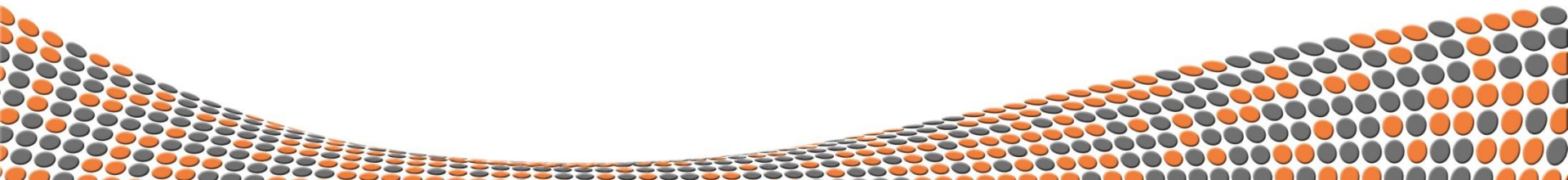


5. Instrument design : Participation restriction

Strategy:

1. Setting a technical **constraint: simplicity**
2. Including **core conceptual characteristics**:
Comprehensiveness + health-relatedness + normative comparison
3. **Evaluating the necessity** of each conceptual characteristic to obtain the **most concise** instrument possible

e.g. longstanding limitations: test whether adding a question or clause on duration has an added value as compared to no reference to duration,



6. Translation, testing, validation

Translation

Existing protocols: Euro-REVES method; Eurostat; European Social Survey

Testing

Use same protocol across countries

Existing protocols: ESS; SHARE; Washington Group

Field and cognitive tests in at least one language per language group

Testing should reveal that the instrument:

- i) measures participation restriction comprehensively;
- ii) is interpreted in a consistent way;
- iii) applies to whole population and to different survey modes.



7. Recommendation for implementation

Ideally, countries should use comparable:

data collection method

sampling design

sampling frame (inclusion of the institutionalized population)

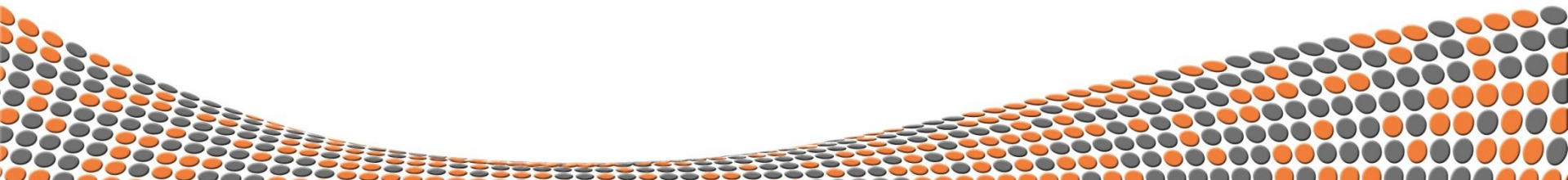
question order

survey types (health vs. non-health survey)

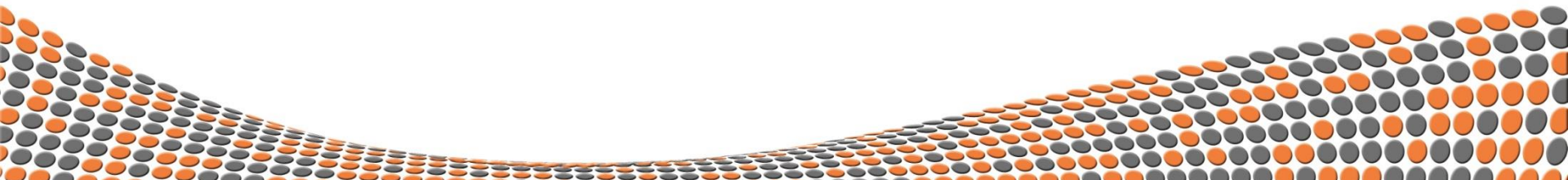
sampling frames

use of proxy

and quality controls



Conclusion



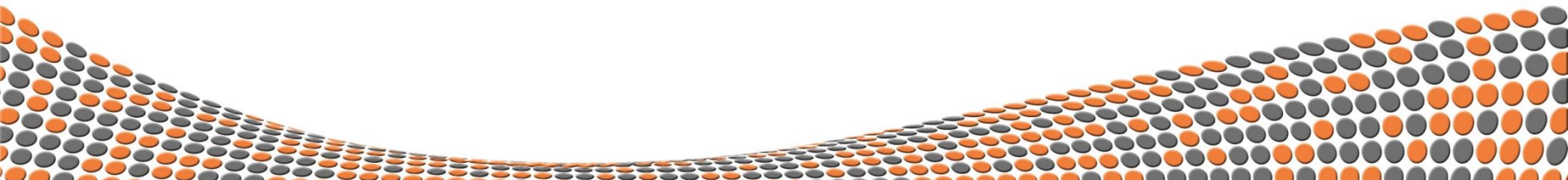
Conclusion

The suggested global measures – participation restriction (in priority) and functional limitation (as a supplement) – would allow to calculate internationally comparable Health Expectancies which are highly policy relevant.

Further work is needed!

Next step: to design and test a global measure of participation

Recommendation for further work: to share the leadership between the EU, the US and Japan and to invite additional OECD countries to take part to the initiative



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REVES WORKING PARTY ?



Thank you for your attention!

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