

Self-reported and Observed Measures of Health Status

Progress Report 15/1/2002

Goals

The goals of this project are 1) to understand the translation of observed health status to self-reported health status and if this translation differs by socio-economic groups; and 2) to determine how self-reported health status information can estimate the value of health. The results will be important for research purposes and will directly contribute in assessing the burden of non-fatal health outcomes particularly for the elderly within the Global Burden of Disease 2000, which will be disseminated widely by the World Health Organization. These results would improve the comparability and interpretation of self-reported health status measures across and within populations.

Developments

Using data from the WHO Health Survey Study 2000-2001, from 66 population based surveys in 57 countries, representative of individuals 18 years and older, Sadana has achieved progress by applying the hierarchical ordered probit (HOPIT) model to self-reported levels of health on six core domains (e.g., four that directly assess health (affect, cognition, pain, and mobility) and two that indirectly assess health (self-care and usual activities)). By adopting a vignette strategy to calibrate responses across surveys, differences in cut-points across populations emerge, as well as patterns. This information provides comparable levels of health for each domain across populations, by age groups and sex, and allows for comparisons with external data, such as GDP per capita (PPP) and life expectancy. Further work examines uncertainty in estimates, the unique information provided by each domain, and compares results based on invariant cut-points vs. those reflecting differences across explanatory variables.

In other work under preparation, Cutler is comparing self-reported measures of dental health with observed measures of health. Preliminary results suggest a strong correlation between the two, but with some differences by socioeconomic status.

Cutler also is comparing health outcomes in four countries: United States, Canada, United Kingdom, and Spain. Responses to questions about self-reported health are compared across countries. The key variables examined are the impact of having a chronic disease. Countries are ranked as having better health if people with chronic disease report themselves in higher self-reported health compared to those without chronic conditions. Preliminary evidence suggests there is no uniform ranking of countries – some countries have better health in some conditions, while other countries have better health in other dimensions.