

Journal of
EPIDEMIOLOGY
AND COMMUNITY HEALTH

Changes in the Journal

This issue marks major changes in the Journal to improve its readability and to bring it into the 1990s. Obvious changes include the adoption of A4 size, which allows greater flexibility of layout and has a more modern image. Contents are now displayed on the front cover, which improves accessibility on the library shelf, and they are subdivided by subject matter. All abstracts are now structured, which we are persuaded makes them both more comprehensive and more

comprehensible. A regular new feature will be a *Commentary on current issues*, starting in this issue. Various other changes in style and layout have been incorporated into the new design to maintain the house style of the British Medical Association family of journals.

We wish all our readers a productive decade, during which the Journal will celebrate its 50th anniversary.

Commentary on current issues

Measuring National Health

In Britain two recent reviews have stressed the need for new measures of the nation's health. One saw the need in terms of "information on which to base policy decisions about the health of the population".¹ The other, which gave scant attention to health, saw that the need was to assess and ensure service effectiveness, and that "the health needs of the population are met".² So far these conclusions have been put into practice only in the shape of recommendations that annual reports should be written about the health of each district by the Director of Public Health Medicine, and in the establishment of a small health monitoring unit at the Department of Health. But do these reviews have a sufficiently positive and broad view of the need to know about the nation's health? And are the responses, so far, appropriate?

The reviews blur the picture of information needs by not distinguishing clearly the requirements of information for operations research tasks from those of clinical management, and in turn from those of health policy. Operations research is necessary for the efficient management of many aspects of health service activities, from staffing to purchasing, and needs to be undertaken both locally and at higher levels. Information for clinical management is also required, for example to measure the scale of a problem in terms of illness load, as well as for audit to assess efficiency of services in processing patients, but more importantly in terms of cure and relapse rates. But beyond these health service requirements for information we need also to know about health, which is something largely outside the services' present conventions of data collection, whether the services are public or private.

The reviews are correct in their implicit assumptions that what we know about the national health is inadequate. Perhaps because of its long process of development and refinement our information on death is good. Information on disease is "good in parts", but often bound by management requirements for hospital bed use and discharge rates. Registrations of cancer, congenital malformations and communicable diseases provide information on prevalence and incidence of these conditions. The Royal College of General Practitioners' National Morbidity Study gives a snapshot of the work of collaborating general practitioners, and the British Paediatric Association's Surveillance Unit collects information on the incidence of serious, rare disorders from collaborating paediatricians. Continuous national or long term surveys such as the General Household Survey and the National Survey of Health and Growth provide relevant trend data on reported sickness, health related habits and heights and weights. There are also a considerable number of one off studies such as the Office of Population Censuses and Surveys' studies of disability and of

height and weight. But still little is systematically known of the rates, and their changes, of many important and costly conditions, such as asthma or diabetes. And even if all the pieces of this jigsaw are put together they still do not amount to anything like the complete picture of health and illness in the population. The gaps conspicuously comprise the lack of systematic measures of morbidity and of health.

The new proposals seem to do remarkably little to fill these gaps. The proposed reports of Directors of Public Health Medicine are not likely to give a coordinated picture of the nation's health status, and the plans of the new Department of Health monitoring unit, which may be able to improve the situation, have not yet been made public. To fill the gaps these plans will need to include proposals for regular monitoring of health status and, at the least, of those illnesses which are likely to respond to intervention, and of those which are suspected of changing in incidence.

Measuring the tide of illness is, however, only part of the task. We must also know, within the corpus of what is considered to be health, whether or not improvements are occurring. The plans will need to encompass a view of health which would include measures of function, of health related habits, and of the extent of knowledge of how to care for one's own health, in order to assess trends in those aspects most strongly associated with future health change. Knowing their variation within the population is important for identifying and targeting problems, and for devising solutions. A broad definition of health would help to answer such important questions as "Is mean blood pressure at particular ages in each social class rising, or not changing over time?" "Is mean weight within class and age groups falling?" "Are habits of exercise, smoking and alcohol drinking improving?" "Do people know more than before about the care of their health?"

There are good precedents for considering health in such a broad, positive and long term fashion, and far more specifically than simply in terms of "health needs", as the reviews specify. In 1980 the United States began a programme to achieve specified health and preventive care objectives by 1990.³ Australia and Canada have also produced explicit frameworks for the improvement of health. The use of targets and of objectives provides the basic structure for these plans, which go very much further than more nebulous and less useful "mission statements". The European Region of the World Health Organization has also produced a policy statement for Health for All by the Year 2000, which incorporates 38 objectives,⁴ and progress is being monitored by a range of designated indicators. Health measurement, the identification of health problems, and the monitoring of progress in

improving health are thus central rather than peripheral to current worldwide efforts to improve health.

In the United States monitoring trends in the population's health status includes information on health behaviour, the prevalence of specific diseases, and national distributions of such variables as blood pressure, blood cholesterol, height and weight. The cost of acquiring such data appears expensive, and the current round of the examination survey (NHANES III) will cost more than 100 million dollars spread over several years. However its perceived value is high, and monitoring national health is afforded high priority. It is unlikely that a health survey programme as sophisticated and as expensive as that undertaken in the United States could be initiated in Britain. Nevertheless a well designed national health survey programme, including a limited range of measurements, could be conducted at a reasonable cost, and without involving NHS staff in the data collection. Findings from such a study would show the current variation in health status in different subgroups of the population, and how or whether health status in the subgroups changes over time. Such a programme would

greatly enhance the base of information upon which health policy decisions are made, both nationally and locally .

Let us hope that the reviews' rather vague concepts of what might be done will act as a spur, so that systematic measurement of the national health can be undertaken to show progress, or otherwise, in the promotion of health, and to reveal where most effort for improvement is required. If that can be done there is some likelihood of the integration of information on population health status into planning processes and into policy development.

- 1 Public Health in England: the report of the Committee of Inquiry into the Future Development of the Public Health Function (Cm. 289). London: HMSO, 1988.
- 2 Department of Health. *Working for patients* (Cm. 555). London: HMSO, 1989.
- 3 US Department of Health and Human Services. *The 1990 health objectives for the Nation: A midcourse review*. Public Health Service. Washington DC: Office of Disease Prevention and Health Promotion, 1986.
- 4 WHO. *Targets for health for all*. Copenhagen: World Health Organization Regional Office for Europe, 1985.