

## Measuring needs

The interest in measuring the health of populations, through measuring the demand and offers of health care, is deeply rooted in history.

Population health indicators in use today are built upon from mortality measures from the 1500s; regular census information starting from the 1800s; civil registration records of vital statistics commencing in the 1850s; regular national surveys, which were first initiated in the 1950s; and health system and other administrative databases used widely since the 1960s.

The ancient Greeks believed that the God of medicine had two daughters: Hygeia and Panacea, the first was the goddess of prevention and wellness, while the second was the goddess of treatment. Thus suggesting that people have long believed that there is more to health than health care.

Today the actual concept of population health recognizes many interconnected aspects of society, the environment, and individuals all contributing to health.

To increase opportunities for comparability, more valid, comprehensive and standardized ways of measuring and reporting on population health indicators are needed.

The use of health indicators contributes to overall population health goals, namely improving the health populations, reducing health inequalities and measuring the performance of health care system.

The objective of performance assessment is to provide governments and populations with information about the state of their health care system.

In this edition of the Italian Journal of Public Health we analyze the measurement of demand and the provision of health care services. This is addressed in two sections.

The first section is dedicated to the methods used to study and analyze two important aspects of population health, life expectancy and disability, and the relationship among health care models as well as the assessment of their performance.

The second section is dedicated to illustrating different experiences relating to the measurement of needs at: international, national, regional and health care organizational levels. The objective of this section is to offer a systematic approach to those people who have to deal with measurement and monitoring of health care systems.

### Papers in this issue

#### Section Methods:

The first article concerns the analysis of life expectancy which is one of the most widely used indicators to assess mortality and the health conditions of a population. It is a synthetic measure with the advantage of allowing for comparison over time and between different groups, eliminating the influence of the age structure of the population.

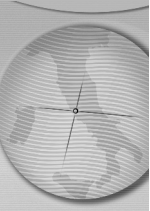
The second paper describes the concept of disabilities and the conceptual models behind its definition. It goes on to demonstrate the differences concerning the estimated number of persons with disabilities, as drawn from the various existing national informative sources.

At the end of this section there is an extensive review that examines the relationship between health care models and their performance assessment.

Although the need to evaluate health care systems performance is recognized, there isn't agreement on what concepts and dimensions of performance should be measured. This study underlines an interesting link between the domains/dimensions of performance assessment and models of health care systems.

#### Section Experiences:

Measuring needs and performance assessment initiatives were identified in Italy



across many different levels of Health Care as well as in other countries such as Australia, Canada, the United Kingdom, and New Zealand.

The first article shows the Health for All Italia Database: which is a central database of independent, comparable and up-to-date basic health statistics. It has been a key source of information on health in the Italian Regions and Provinces. It draws upon the WHO/Europe database launched in the mid-1980s and contains the time series of 4,000 indicators from 1990 onwards.

The second paper relates to the Disability Information System (Istat and Ministry of Social Solidarity), which was created to fulfil the increasing demands for information from policy makers and society, with regards to people with disabilities and their participation in society. The system provides statistical information on disability by integrating and coordinating relevant data source in Italy and to establish new sources that are suitable for addressing current information gaps.

The third paper shows the Italian monitoring system; in particular it discusses breast, cervical and colorectal screening programmes. It analyses the methodology of the regional survey (every year the National Observatory Screening Programs publish reports on the results of the surveys) and the data among Italian Regions, in particular the adherence to programs.

After which there is a section dedicated particularly to the experiences of the Italian Local Health Board of Reggio Emilia (The Mission Report) and the National Observatory on Health in the Italian Regions (the Observatory Health Report).

The Mission Report is a useful tool used by the Health Boards of Emilia Romagna to take an annual account of the results of their activity and the use of resources, compared to the health objectives assigned to them. It is an instrument used to examine their accountability and awareness of their mission.

The activity of the National Observatory on Health Status in the Italian Regions, instead, is multidisciplinary, involving around 280 public health care experts, clinicians, demographers, epidemiologists, mathematicians, statisticians and economists who with their different competencies and scientific interests, aim to improve the collective health of individuals and their conditions through the use of "core indicators". The main results of this research are presented.

At the end of this issue of the IJPH we have a paper concerning How to Monitor for Public Health Outcomes, a Lesson from New Zealand. It describes two guides published by the Ministry of Health to help people design and implement comprehensive, effective and measurable public health programmes.

#### **Acknowledgements**

We are grateful to the work group of the National Observatory on Health in the Italian Regions who are our partners in this project on measuring needs and performance of health care services.

We are especially grateful to Roberto Bucci for making this thematic issue possible.

#### **Laura Murianni**

National Observatory on Health  
in the Italian Regions  
[www.osservasalute.it](http://www.osservasalute.it)  
Institute of Hygiene  
Catholic University of Sacred Heart  
Rome

#### **Walter Ricciardi**

National Observatory on Health  
in the Italian Regions  
[www.osservasalute.it](http://www.osservasalute.it)  
Institute of Hygiene  
Catholic University of Sacred Heart  
Rome