

MEASUREMENT OF HEAL STATUS Health Indicators

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<u>INDICATORS</u>

- Indicators are required to measure :
- the health status of community
- to compare the health status of one cou with that of another
- for assessment of health care needs
- for allocation of scarce resources
- and for monitoring and evaluation of hea services, activities and programmes.
- Indicators help to manage the extent to the objectives and targets of a programm are being attained.



WHAT IS A HEALTH INDICA

- Indicators are only an indication of a given situation or a reflection of that situation.
- According to WHO guidelines for health programme evaluation; Indicators are de as "variables which help to measure cha



WHAT IS A HEALTH INDICAT

- Often they are used when these changes cannot be measured directly, as for exar health or nutritional status.
- If measured sequentially over time they c indicate direction and speed of change serves to compare different areas and gr of people at the same moment in time.



CHARACTERISTICS OF HEALTH INDICATORS

Ideal Indicators should be:

- Valid
- Reliable
- Sensitive
- Specific
- Feasible
- Relevant



What is an ideal Indicator

- Valid: They should actually measure who
 are supposed to measure
- 2. Reliable: The answers should be the sam measured by different people in similar circumstances.
- 3. Sensitive: They should be sensitive in the situation concerned
- 4. Specific: They should reflect changes on the situation concerned
- 5. Feasible: They should have the ability to obtain data needed
- d. Relevant: They should contribute to the understanding of the phenomenon of in



CLASSIFICATION OF HEALTH INDICATORS

- Mortality Indicators.
- Morbidity Indicators.
- 3. Disability Rates
- 4. Nutritional Status Indicators
- Health care delivery indicators
- Utilization rates
- Indicators of social and mental health
- Environmental health
- Socioeconomic Indicators
- Health policy Indicators
- Indicators Of quality of life
- 12. Other Indicators FirstRanker.com



1. MORTALITY INDICATORS

- Crude death rate: It is defined as the number deaths per 1000 population per year in a community.
- b) Expectation Of life: It is defined as the ave number of years that will be lived by those alive into a population if the current agespecific mortality rate persists.



1. MORTALITY INDICATOR

- c) Infant mortality Rate: It is defined as the redeaths under one year of age in a given ye the total number of live births in the same ye usually expressed as a rate per 1000 live births.
- d) Child mortality rate: It is defined as the number of deaths at ages 1-4 years in a given year, 1000 children in that age group at the mid post the year concerned.



1. MORTALITY INDICATORS

- e) <u>Under 5 proportionate mortality rate</u>: It is proportion of total deaths occurring in th under 5- age group.
- Maternal (Puerperal) mortality rate: It accounts for the greatest proportion of a among women of reproductive age in mathematical the developing world, although its importion is not always evident from official statistic



1. MORTALITY INDICATORS

- g) <u>Disease- specific mortality rate:</u> Mortality can be computed for specific diseases
- h) Proportional mortality rate: The simplest measure to determine the burden of a dise the community i.e the proportion of all dear currently attributed to it.



2. MORBIDITY INDICATORS

- a) Incidence and prevalence
- b) Notification rates
- Attendance rates at out patient department health centres etc,
- d) Admission, readmission and discharge re
- Duration of stay at hospital
- Spells of sickness or absence from work school.



3.DISABILITY RATES

- Disability rates are based on the premise notion that health implies a full range of a activities. The commonly used disability rates fall into two groups.
- Event –type Indicators
- **b)** Person-type indicators



3. DISABILITY RATES (cont)

a) Event Type Indicators:

- Number of days of restricted activity
- Bed disability days
- Work- loss days (or school loss days) with specified period

b) Person-type Indicators:

- Limitation of mobility: confined to bed, confined to home
- Limitation of activity: limitation to perform basic activities of daily living e.g, washin dressing, and limitation to perform major activity, e.g, washinglish work at job



Sullivan's Index

Sullivan's index (Expectation of life free of disability) is computed by subtracting fro life expectancy the probable duration of disability and inability to perform major activities, according to cross sectional do from the population surveys.



HALE (Health Adjusted Life Expectancy)

- The name of indicator used to measure healthy life expectancy has been char from Disability -adjusted life expectance (DALE) to Health - adjusted life expectancy(HALE)
- Hale is based on life expectancy at bir includes an adjustment for time spent i health.
- It is most easily understood as the equiverage number of years in full health that a neborn can expect to live based on current rates of illness-health and mortality.



DALY (Disability- Adjusted Life Years)

- Is the measure of the burden of a diseas defined population and the effectivene interventions.
- DALYS express years of life lost to premo death and years lived with disability.
- One DALY is "one lost year of a healthy



4. NUTRITIONAL STATUS INDICATORS

- a) Anthropometric measurements of presche children, e.g; weight and height, mid-arr circumference
- b) Heights (and some weights) of children c school entry
- c) Prevalence of low birth weight (less than kg)



5. HEALTH CARE DELIVES INDICATORS

- Doctor-population ratio
- **b)** Doctor-nurse ratio
- c) Population bed ratio
- d) Population per health sub centre
- Population per traditional birth attend
- These indicators reflect the equity of distrious of health resources in different parts of the country and of the provision of health ca



6. UTILIZATION RATES

- Utilization of services or actual coverage expressed as the proportion of people in of a service who actually receive it in a g period, usually a year.
- Utilization rates give some indication of the care needed by a population, and there the health status of the population.
- A relationship exists between utilization of health care services and health needs ar status.



Examples of few Utilization Rates:

- a) Proportion of infants who are fully immunity against the EPI diseases.
- Proportion of pregnant women who rece antenatal care, or have their deliveries supervised by a trained birth attendant
- c) Percentages of the population using the methods of family planning
- d) Bed-occupancy rate (i.e. average daily patient census/average number of beds)
- Average length of stay (i.e. days of care rendered discharges)
- bed-turn over ratio (i.e. discharges/ aver



7. INDICATORS OF SOCIAL A MENTAL HEALTH

- As long as valid positive indicators of soci and mental health are scarce, it is necess use indirect measures like indicators of so and mental pathology. These include:
- Suicide, homicide, other acts of violence other crime, road traffic accidents, juveni delinquency, alcohol and drug abuse.
- To these may be added family violence, battered baby, battered wife syndrome, neglected youth in the neighbourhood.



8. ENVIRONMENTAL INDICATORS

- These Indicators reflect the quality of phy and biological environment in which dise occur and in which people live.
- They include Indicators relating to pollution air and water, radiation, solid wastes, noise exposure to toxic substances in food or d
- Proportion of population having safe water sanitation facilities.



9. SOCIOECONOMIC INDICATORS

- These Indicators do not directly measure They are of importance in interpretation of indicators of health care. These include:
 - a) Rate of population increase
 - b) Per capita GNP
 - c) Level of unemployment
 - d) Dependency ratio
 - Literacy rate, especially female literac
 - f) Family size
 - Housing, the number of persons per ro
 - h) Per capita calorie availability

10.HEALTH POLICY INDICATORS

- Single most important indicator:
 - a) Allocation of adequate resources.
- Relative Indicators:
 - Proportion of GNP spent on health ser
 - Proportion of GNP spent on health released activities. (Water supply and sanitation housing and nutrition, community development)
 - Proportion of total health resources devoted to primary health care.

11. INDICATORS OF QUALITY OF LIFE

- Quality of life is difficult to define and ever more difficult to measure. Various attempt have been made to reach one composiindex from a number of health indicators
- "Physical Quality of Life Index" is one suc index, it consolidates three Indicators:
 - a) Infant mortality
 - b) Life expectancy at age one
 - c) Literacy



12. OTHER INDICATOR SER

A. SOCIAL INDICATORS (12 categories By United N

- Population
- family formation
- families and house holds
- 4. learning and educational services
- earning activities
- distribution of income
- 7. consumption and accumulation
- 8. social security and welfare services
- 9. health services and nutrition
- housing and its environment
- public order and safety
- 12. time use
- leisure and culture
- 14. social stratification and mobility



12. OTHER INDICATOR SER

B. BASIC NEED INDICATORS:

Those mentioned in "basic needs performate which includes:

- Calorie consumption
- Access to water
- 3. Life expectancy
- 4. Deaths due to diseases
- 5. Illiteracy
- Doctors and nurses per population
- 7. Rooms per person
- GNP per capita.



12. OTHER INDICATOR SER

C. HEALTH FOR ALL INDICATORS:

- For monitoring progress for goal of Hecall by 2000 AD, WHO categorizes four Indicators:
 - Health policy Indicators
 - Social and economic indicators representation
 to health
 - 3. Indicators for provision of health ca
 - 4. health status indicators



12. OTHER INDICATOR SEF

D. MILLENNIUM DEVELOPMENT GOAL INDICATORS:

- The MDG'S adopted by United Nations in year 2000, provides an opportunity for concerned action to improve global hea
- It has eight goals, eighteen targets and eight Indicators.



