

## **The role of HIS/HES/DIS for measuring the health dimension**

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The availability of representative population-based health data is a prerequisite for identifying public health problems. Rather than basing their health policies on health determinants, most countries continue to rely on mortality figures and service-based data due to the lack of data for many key health indicators.

A health information system integrates health data from various sources, such as vital registration, health care service utilisation and survey data. Internationally, causes-of-death data remain to be the most complete and comparable statistics. Data on hospital discharges have been collected for a long time, but detailed information on prescribed medicine and primary health visits are increasingly collected. These data, however, are based on utilisation of health care services, and do not provide a complete picture on health status. Therefore, surveys are used to gather more detailed information on population health and its determinants.

Postal questionnaire surveys and health/disability interview surveys (HIS/DIS) are an essential part of health information system. They provide information e.g. on diseases and conditions not requiring contact to health care system, self-rated health, opinions, experiences, and health behaviour. These kinds of surveys face problems related to sampling, inclusion/exclusion criteria, reporting bias and low response rates. For example the Finnish Health Behaviour among Adult Population –survey had high response rates (83% for men and 84% for women) in 1978-79, but decreased to 48% and 57%, respectively in 2010.

The first national health examination surveys (HES) in Europe were carried out in the late 1950s and early 1960s, and since 2000 there has been a fast increasing number of new national HESs. Some countries have conducted national HES in regular intervals, but as an isolated survey in many countries. Finland has a long history of ongoing HESs starting from The Mobile Clinic of Social Insurance Institution examined adult population in 1966-72. The ultimate strength of HES is that the data are not based on self-reports only, but on clinical measurements and diseases and medical conditions diagnosed by health care professional. The main limitation is their high costs. The Joint Action for European HES estimated that the collection of a pilot sample of 350 and a final sample of 4000 would cost some 800 000 € for each country.

The advantage of HIS/HES surveys is the combination of measured health status, self-reported health determinants and socio-economic conditions. This allows in-depth analysis with personal level data to estimate distributions and inequalities between various sub-populations.

**Key Words:** Disability survey (DIS), Health examination survey (HES), Health interview survey (HIS), Health information system