

MORBIDITY LEVELS AND DIFFERENTIALS IN AFRICAN ADULT FEMALES: SELF-REPORT AND OBJECTIVELY ASSESSED MEASURES COMPARED

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Comparisons of self-reported health between and within populations are fraught with concerns about systematic variations in health status reporting by social class and illness history. Several approaches to this problem have been tried – including the addition of biomarkers and the so-called “anchoring vignettes”. Severe comparison problems remain, however, since each of the different measures – self-reported general health questions, norm-based scoring systems, symptom or treatment complexes and the physical and biological measures – describe different aspects of an individual’s health status. For studies of population health rather than the measurement of health status changes of individual patients, some new knowledge is needed on the reliability of the range of different self-reported measures and their match with more objective measures.

In two waves of a large panel survey on women’s health called the “Women’s Health Study of Accra Waves 1 and 2”, we included a battery of self-reported health questions in each of the two rounds. In Wave 1, a third of the women were given in addition a full medical examination by qualified physicians with supporting biological tests. In Wave 2, all the women were weighed and measured at home with the addition of blood pressure and eyesight tests.

In the paper, we first examine the consistency of the self-reported health status data, comparing scores on the 8 domains of the Short-Form 36 (SF-36) with other self-reported health measures such as pain and discomfort, recent medical consultations and problems and other organ- or disease-specific questions from both waves of the study. The analysis suggests that the aggregate, structured form of the health questions produces more consistent definitions of health status than condition- or symptom-specific measures.

Then, these aggregate measures of health are compared with the more specific medical results both from the examination data (Wave 1) and the biological measurements in both Waves 1 and Waves 2. Patterns of consistency are examined by condition or domain, by age, by selected socio-economic variables (education and wealth) and by previous illness history.

Finally, the consistency of the reporting of health status is examined for the two waves of the study for individual women.

Conclusions are drawn about the kinds of health states that we can reasonably expect to measure in health surveys in African women with recommendations about improving the approach to assessing differentials and changes in population health through time.