

# **Clearinghouse on Health Indexes**

**Cumulated Annotations  
1977**

U.S. DEPARTMENT OF  
HEALTH AND HUMAN SERVICES  
Public Health Service  
Office of Health Research, Statistics, and Technology  
National Center for Health Statistics

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National Center for Health Statistics  
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## INTRODUCTION

Each year the Clearinghouse on Health Indexes disseminates four annotated bibliographies of recently acquired documents on the topic of developing composite measures of health status. The material in these bibliographies is categorized as to the source of the document, whether published or research in progress. However, to assure that this information is disseminated on a timely basis, these bibliographies are issued without either a subject or an author index. Also to assure timeliness, these compilations are prepared in an informal format.

The purpose of this cumulative volume is to provide health status researchers with a reference guide to the literature, both published and unpublished, which appeared during the preceding year. To enhance its use as a reference tool, articles have been classified according to their major emphasis and an author index has been added. This is the fourth cumulation of the Clearinghouse bibliographies and includes material identified in 1977.

### Health Index Defined

In providing information to assist in the development of composite health measures, the Clearinghouse on Health Indexes has adopted the following definition:

A health index is a measure which summarizes data from two or more components and which purports to reflect the health status of an individual or defined group.

### Subjects Covered

Implicit in the above definition is the measurement of health as opposed to disease. Much less is known about the positive aspects of well-being; and, what is known is generally more easily expressed qualitatively rather than quantitatively. According to the current state of the art, statistical methodologies coupled with measurement techniques of other disciplines within the social sciences will yield valid and reliable quantitative definitions of health.

Thus, this cumulated bibliography is, for the most part, comprised of literature which addresses the technical questions related to the concepts and definitions of health status. Within this, the documents deal with specific topics such as defining the parameters for the state of health; deriving appropriate transitional probabilities for moving from one state to another; determining whether or not individuals

have preference for a given health condition; and, if so, assigning an appropriate value to the preference.

As the methodologies become more clearly understood, the number of available health status measures with known validity and reliability will increase. This will be reflected in an increase in the number of applications appearing in the literature, both published and unpublished. Composite health status measures can be used to describe the health status of a given group; to compare the health status of two or more groups and to evaluate the outcomes of a health care delivery system.

Two other topics of interest to persons developing a composite health status measure are health policy and the state of the art. The latter is probably more informative to the researcher about to develop a health status measure. However, policy statements within the health field are likely to be of general interest. This bibliography also includes reference to a few measures which the authors have termed health index but which fall outside the Clearinghouse definition as stated above.

## **Classification**

The categories used in the informal issues have been maintained. However, within the two major headings, Recent Publications and Current Research, the annotations have been organized according to the document's major focus. The following four category headings are used: Development—Conceptual; Development—Empirical; Applications; and, Policy Review. Each term, as well as its use in this cumulative, annotated bibliography is described.

Articles are referenced under the subheading "Development—Conceptual" if they discuss the theory of measuring health. These documents are expository in nature and contain little, if any, numerical information.

The second category, "Development—Empirical" consists of material which purports to evaluate a health model in terms of its validity, reliability or other measurement properties. Also included in this category are documents which deal with methodological considerations such as the construction of data collection tools specific to the measurement of health status. These articles generally report the findings of the pilot projects.

The "Applications" category references documents which use composite measures for assessing health status of a given group. The index may be used for the purpose of evaluation or allocation of resources.

Lastly, the "Policy Review" category covers articles which review the state of the art of the health index construction or which discuss policy areas of concern to health index developers.

## **Scope of Document Collection**

Documents cited in the Clearinghouse bibliographies focus on the conceptual and methodological aspects of developing and/or applying composite measures of health status. Sources of Information include

the following types of published and unpublished literature: articles from regularly published journals, books, conference proceedings; government publications and other documents with limited circulation; speeches and unpublished reports of recent developments; and, reports on grants and contracts for current research. The Clearinghouse systematically searches current literature and indexes of literature to maintain an up-to-date file of documents.

## **Format**

Bibliographic citations will be given in the standard form: author, title, and source. In the case of multiple authors, as many as five authors will be listed; the sixth and additional authors will be identified by et al.

Printed immediately following the abstract are the number of references used in the preparation of the document and the source of the annotation. There are four sources: 1) the author abstract (designated by AA); 2) the author summary (AS); 3) the author abstract (or summary) modified by the Clearinghouse (AA-M or AS-M); 4) the Clearinghouse prepared abstract (CH- with the initial following the dash indicating the individual responsible for the abstract).

The number following the abstractor's designation is the reference number. This number indicates the position of this abstract within the cumulated bibliography and appears opposite the author's name in the Author Index.

# **SOURCES of INFORMATION**

*(January-December 1977)*

## **Current Contents: Social and Behavioral Sciences**

Volume 9 numbers 1-52 total issues

## **Index Medicus Subject Headings**

Costs and Cost Analysis  
Disability Evaluation  
Health  
Health and Welfare Planning  
Health Surveys  
Mental Health  
Models, Theoretical  
Morbidity  
Mortality  
Psychiatric Status Rating Scales  
Psychometrics  
Sociometric Technics

*The following journals, in addition to Current Contents and Index Medicus, were searched for information on health indexes.*

American Behavioral Scientist  
American Economic Review  
American Journal of Economics and Sociology  
American Journal of Epidemiology  
American Journal of Public Health  
American Journal of Sociology  
American Psychologist  
American Sociological Review  
American Sociologist  
Annals of the American Academy of Political and Social Sciences  
Annals of Economic and Social Measurement  
Behavioral Science  
British Journal of Preventive and Social Medicine  
British Journal of Sociology  
Canadian Journal of Public Health

Community Health  
Community Mental Health Journal  
Computers and Biomedical Research  
Contemporary Psychology  
Hastings Center Report  
Health Services Research  
Inquiry (Chicago)  
Interfaces  
International Journal of Epidemiology  
International Journal of Health Education  
International Journal of Health Services  
Journal of Chronic Diseases  
Journal of Community Health  
Journal of Gerontology  
Journal of Health and Social Behavior  
Journal of School Health  
Journal of Social Issues  
Journal of Social Policy  
Management Science  
Medical Care  
Medical Care Review  
Milbank Memorial Fund Quarterly  
Operations Research  
Perspectives in Biology and Medicine  
Policy Sciences  
Population Studies (London)  
Preventive Medicine  
Public Health Reports  
Public Health Reviews  
Public Opinion Quarterly  
Review of Economics and Statistics  
Social Biology  
Social Forces  
Social Indicators Research  
Social Policy  
Social Problems  
Social Science Research  
Social Science and Medicine  
Social Security Bulletin  
Social Service Review  
Socio-Economic Planning Sciences  
Sociological Quarterly  
Sociometry  
Technology Review  
Theoretical Population Biology  
Topics in Health Care Financing



## RECENT PUBLICATIONS—ENGLISH

### Development—Conceptual

**Ardell, Donald B.**

*From Omnibus Tinkering to High-Level Wellness: The Movement Toward Holistic Health Planning*

AMERICAN JOURNAL OF HEALTH PLANNING 1(2):15-34, 1976

This article outlines the growing emergence of a "wellness" or "holistic health" movement, recognizes the Canadian government's important contribution to the wellness literature, provides a conceptual framework for the principal elements of wellness, notes a set of assumptions regarding wellness and health planning, and identifies aspects of Public Law 93-641 which enable health planners to pursue new kinds of health-promotive initiatives. Finally, certain implications of the wellness movement for individual health planners are noted.

(61 references) AA-M REFERENCE NUMBER 1

**Balogh, J.**

*Investigation of the Health Status of a Representative Population Sample of One Region in the CSSR by Medical Examinations*

SANTE PUBLIQUE, REVUE INTERNATIONALE 19(1):65-76, 1976

The advantages and disadvantages of questionnaire utilization and physical examination for supplementing routinely collected data are reviewed. The medical examination was selected as yielding data most appropriate for the objective of this survey, which is to assess the morbidity through chronic diseases in the population of the Central Bohemian region in order to obtain scientific data for the planning of staff, institutions, drugs and technical facilities.

(56 references) CH-P REFERENCE NUMBER 2

**Beaumont, G.**

*The Measurement of Depression*

JOURNAL OF INTERNATIONAL MEDICAL RESEARCH 5(1:SUPPLEMENT): 51-54, 1977

Some of the problems inherent in the measurement of mood are considered. Various physician rating and patient self-rating instru-

ments are described which may have practical application in general practitioner trials. The need for continuing research in the area of the measurement of mood disturbance in the setting of general practice is stressed.

(13 references) AA REFERENCE NUMBER 3

**Ben-Sira, Zeev**

*The Structure and Dynamics of the Image of Diseases*

JOURNAL OF CHRONIC DISEASES 30:831-842, 1977

By the application of the concept of the "image of disease," developed in previous studies, a theoretical framework has been proposed, indicating the a) process of response to the threat of contracting a disease from an arousal of emotional distress toward its possible resolution; b) the chances of passing successfully from one stage to the following of this process; and c) the conditions for successful passing. Data from a study carried out among a representative sample of Israeli housewives supported the proposed theoretical framework. Differences in the perceived properties of various diseases and of properties of subgroups in the population revealed theoretically explained differences in the structure of the image of the diseases having theoretical as well as practical significance.

(36 references) AA-M REFERENCE NUMBER 4

**Bergner, Marilyn**

*Health Status Indicators as Tools for Health Planning*

IN, HEALTH GOALS AND HEALTH INDICATORS: POLICY, PLANNING AND EVALUATION, ELINSON, JACK; MOONEY, ANNE; SIEGMANN, ATHILIA (EDITORS) BOULDER, COLORADO:WESTVIEW PRESS, INC., 1977

The National Health Planning and Resources Development Act, Public Law 93-641, has focused attention on the measurement of population health status for policy purposes. Mortality is useful in some applications. However, for chronic conditions, measures of functional capacity are needed; such morbidity data are unavailable. Three health status indexes which could be used: the Health Status Index, the Function Status Index, and the Sickness Impact Profile, are discussed. The author points out that the use of health status indexes for planning purposes will yield more informative data for the planners as well as provide valuable feedback to the index developers.

(12 references) CH-P REFERENCE NUMBER 5

**Bice, Thomas W.; Budenstein, Mary Jane**

*Methodological Perspectives on Health Status Indexes*

IN, HEALTH GOALS AND HEALTH INDICATORS: POLICY, PLANNING AND EVALUATION, ELINSON, JACK; MOONEY, ANNE; SIEGMANN,

ATHILIA (EDITORS) BOULDER, COLORADO:WESTVIEW PRESS, INC.,  
1977

This selected review identifies types of health indexes required for health planning and describes various methodological approaches employed to deal with two fundamental problems of measurement, concept specification and scaling. The literature shows promising trends.  
(13 references) CH-P REFERENCE NUMBER 6

**Bruhn, John G.; Cordova, F. David; Williams, James A.; Fuentes, Raymond G.**

*The Wellness Process*

JOURNAL OF COMMUNITY HEALTH 2(3):209-221, 1977

Wellness is viewed as a continually evolving and changing process related to the developmental stages of man and the individual's completion of certain developmental tasks. Wellness differs from good health; it is a measurable process in which individuals actively participate to become more healthy. The index proposed here for assessing or measuring wellness is based upon the individual's completion of the minimal wellness tasks appropriate to his developmental stage.

(30 references) AA REFERENCE NUMBER 7

**Cardus, David; Thrall, Robert M.**

*Overview: Health and the Planning of Health Care Systems*

PREVENTIVE MEDICINE 6:134-142, 1977

Implicit functions of a health care system which are often omitted or improperly emphasized are the study and promotion of individual health due to the current focus on disease. Development of an objective measure of health would lead to quantitative criteria which could serve as the basis of predictive medicine. Toward this goal, an operational definition of the concept of positive health is discussed. If the hypotheses that health can be improved and deterioration due to age can be retarded are accepted, then the consequences must be analyzed in relation to the planning of health care systems and national health care policy.

(45 references) AA-M REFERENCE NUMBER 8

**Clarke, Edward H.**

*Social Valuation of Life- and Health-Saving Activities*

IN, HEALTH: WHAT IS IT WORTH? MEASURES OF HEALTH BENEFITS, MUSHKIN, SELMA J.; DUNLOP, DAVID W. (EDITORS) NEW YORK, NEW YORK:PERGAMON PRESS PP. 69-90, 1979

This paper considers the potential application of demand revealing procedures to health resource allocation and extends the theory to a

range of public goods problems such as dealing with externalities in the consumption of health care. The paper also derives a new willingness to pay criterion that can be applied to public choices about life and health saving activities generally and to health research decisions in particular.

(24 references) CH-P REFERENCE NUMBER 9

**Edwards, Ward**

*How to Use Multi-Attribute Utility Measurement for Social Decision-Making*

IEEE TRANSACTIONS ON SYSTEMS, MAN AND CYBERNETICS 7(5):  
326-340, 1977

Arguments over public policy typically turn out to hinge on disagreements about public values. This paper proposes a method that can spell out explicitly what each individual's or group's values are, showing how and how much they differ. It presents data illustrating the application of this technology to two specific instances; one example is the selection of research programs for the Office of Child Development, Department of Health, Education, and Welfare. By explicitly negotiating about, agreeing on, and publicizing a set of values, a decision making agency can in effect inform those it regulates about the ground rules. Thus, explicit social policies can be defined and implemented with a maximum of efficiency and a minimum of ambiguity.

(17 references) AA-M REFERENCE NUMBER 10

**Elinson, Jack**

*Insensitive Health Statistics and the Dilemma of the HSAs: Editorial*

AMERICAN JOURNAL OF PUBLIC HEALTH 67(5):417-418, 1977

This editorial focuses on the problems of measuring the health status of populations. The issue of sensitivity of available data and of self-reported data is discussed in terms of the goals of health planning.

(16 references) CH-P REFERENCE NUMBER 11

**Fein, Rashi**

*But, On the Other Hand: High Blood Pressure, Economics and Equity (editorial)*

NEW ENGLAND JOURNAL OF MEDICINE 296(13):751-753, 1977

This editorial discusses some concepts underlying the cost benefit analysis in two articles by Weinstein and Stason in the same issue of the New England Journal of Medicine. While the methods are elegant

and powerful, the author states that they may be accepted without sufficient caution.

(0 references) CH-P REFERENCE NUMBER 12

**Fhaner, Stig**

*Subjective Probability and Everyday Life*

SCANDINAVIAN JOURNAL OF PSYCHOLOGY (STOCKHOLM) 18(2): 81-84, 1977

Recent research on probability judgment indicates that people's ability to estimate probabilities is very limited. It is argued that people may lack the cognitive apparatus necessary for processing probabilistic information, in so far as probability judgments play an unimportant role in everyday life. When probability judgments occasionally are made in everyday life it is argued that they are not based on frequency data but on some more or less well grounded theory.

(8 references) AA REFERENCE NUMBER 13

**Fischer, Gregory W.**

*Willingness to Pay for Probabilistic Improvements in Functional Health Status: A Psychological Perspective*

IN, HEALTH: WHAT IS IT WORTH? MEASURES OF HEALTH BENEFITS, MUSHKIN, SELMA J.; DUNLOP, DAVID W. (EDITORS) NEW YORK, NEW YORK:PERGAMON PRESS PP. 167-200, 1979

This paper investigates the possibility of empirically estimating individual consumers' willingness-to-pay (WTP) for marginal probabilistic improvements in future health status. After reviewing the normative basis for the WTP criterion as a social decision rule, the paper analyzes the decision problem confronting an individual consumer forced to make probabilistic trade-offs between present and future consumption and present and future health status. Analytically the problem is extremely complex, involving a multi-stage lottery over multiple interdependent outcome variables. A large body of psychological research which strongly suggests that human beings are unable to respond in a rational fashion when confronted with decisions of such complexity is reviewed. A critical review of previous attempts to measure willingness-to-pay for probabilistic improvements in health status concludes that none of the approaches provides a valid measure. More optimistically, an alternative measurement strategy, based on the principles of decision analysis, is suggested as a possible basis for future research.

(32 references) AA-M REFERENCE NUMBER 14

**Frankenhaeuser, Marianne**

*Quality of Life: Criteria for Behavioral Adjustment*

INTERNATIONAL JOURNAL OF PSYCHOLOGY 12(2):99-110, 1977

New insights into potentially harmful consequences of modern technology have increased efforts to use the methods of the social, behavioral, and biological sciences in searching the psychosocial environment for aversive factors and in identifying high-risk individuals and groups. It is argued that a moderately varied flow of stimuli and events, opportunities to engage in psychologically meaningful activities and to exercise personal control over external conditions, may be considered key components in the quality-of-life concept. Health risks associated with adjusting to demands characteristic of life in technologically advanced countries are discussed in this context.

(21 references) AA-M REFERENCE NUMBER 15

**Grave, Gilman D.; Pless, I. Barry**

*Chronic Childhood Illness: Assessment of Outcome. Fogarty International Center Series on the Teaching of Preventive Medicine. Volume 3*

BETHESDA, MARYLAND: NATIONAL INSTITUTES OF HEALTH, (PUBLICATION NUMBER NIH 76-877), 1977

The purpose of this book is to guide physicians in the direction of gathering data on the effect of their ministrations on various aspects of the lives of their young patients. The book is divided into three parts, each of which represents the proceedings of a conference. Part I addresses the general problem of measurement of outcome in the care of children with chronic illness. Part II focuses on specific instruments designed to measure outcome of chronic childhood illness in five arbitrarily chosen dimensions. Part III explores the problems of impact of chronic childhood illness on sibling development.

(151 references) CH-P REFERENCE NUMBER 16

**Haggerty, Robert J.**

*Changing Lifestyles to Improve Health*

PREVENTIVE MEDICINE 6(2):276-289, 1977

Lifestyle is the most important modifiable factor influencing health and illness today. It is difficult to stimulate the development of or change to a healthy lifestyle with traditional health education methods. For most health problems, a combination of approaches using all methods to change lifestyle and appropriate use of medical care will be necessary. Finally, for some health problems we may decide that they must be endured in order to support values more important than health.

(33 references) AA-M REFERENCE NUMBER 17

**Harwood, Paul de L.**

*Quality of Life: Ascriptive and Testimonial Conceptualizations*

SOCIAL INDICATORS RESEARCH 3(3/4):471-496, 1977

The study is an attempt to ascertain conceptualizations of quality of life (QOL) in the public mind. Three approaches were reviewed: ascriptive, testimonial, and importance models. Using a multidimensional scaling strategy, dimensions obtained from respondents were compared to 1) an ascriptive model comprising social, economic and political dimensions and 2) a representative testimonial model. Results indicated a three-dimensional structure in the ascriptive case, a unidimensional structure in the testimonial case, seven ascriptive and two testimonial factors. The QOL areas of health and freedom consistently showed the highest priority.

(27 references) AA-M REFERENCE NUMBER 18

**Hayes-Bautista, David; Harveston, Dominic S.**

*Holistic Health Care*

SOCIAL POLICY 7(5):7-13, 1977

The paper begins to formalize community clinic ideology, to locate it historically within the context of other health-based social movements, and then to examine the policy implications of the new definitions of health, illness, and society that have emerged with it.

(24 references) CH-P REFERENCE NUMBER 19

**Hockey, Lisbeth**

*Indicators in Nursing Research with Emphasis on Social Indicators*

JOURNAL OF ADVANCED NURSING 2(3):239-250, 1977

It is contended that an indicator in nursing research is a means, not an end in itself, and before its usefulness can be established and ascertained, its purpose must be recognized. The need to identify indicators, their purpose, the selection and development of suitable indicators, and the main problems of measurement are discussed and put into a social context illustrated by examples, many of which are derived from the author's own research activities.

(14 references) AA REFERENCE NUMBER 20

**Johnson, Edgar M.; Huber, George P.**

*The Technology of Utility Assessment*

IEEE TRANSACTIONS ON SYSTEMS, MAN AND CYBERNETICS 7(5):  
311-325, 1977

Utility assessment includes the entire process of identifying, measuring, and combining attributes to create an explicit value structure that can form a basis for evaluations and decisions. The utility assessment process is reviewed, and selected issues and problems are discussed. The focus is on applications in field and field-like settings where it is necessary, in order to solve a problem, to assess the utility of items or alternatives having more than one valued property. Guidelines are

developed for improving the probability of success in applying utility assessment, and suggestions are made for the research necessary to further improve the technology of utility assessment.

(133 references) AA-M REFERENCE NUMBER 21

**Jones, Marshall B.**

*Health Status Indexes: The Trade-Off Between Quantity and Quality of Life*

SOCIO-ECONOMIC PLANNING SCIENCES 11:301-305, 1977

In this paper, indexes which combine mortality and morbidity statistics in a single, overall measure are shown to involve the same general trade-off between quantity and quality of life. All of them allow increases in the quantity of life to offset decreases in average health status. A formally identical trade-off between population size and average happiness has long been debated in utilitarian ethics, with a marked tendency among modern philosophers to decide in favor of average happiness, that is, precisely contrary to recent health-index researchers. Other considerations also suggest that the trade-off implicit in recent health status indexes may not have general support. The paper concludes with a discussion of various ways of proceeding from this point.

(24 references) AA-M REFERENCE NUMBER 22

**Kaplan, Berton H.; Cassel, John C.; Gore, Susan**

*Social Support and Health*

MEDICAL CARE 15(5:SUPPLEMENT):47-58, 1977

We have emphasized the importance of social support as protective of health. We have also begun to ascertain the key questions that should be addressed; initiated a new synthesis of the great variety of types of support; suggested some synthesizing criteria of social support, and finally, have commented on the policy and implications of the social support hypothesis.

(11 references) AS REFERENCE NUMBER 23

**Lambo, T. Adeoye**

*Total Health*

HONG KONG NURSING JOURNAL 21:40-41, 1976

It is now apparent that a more balanced consideration of the biological, social, and cultural aspects of health is needed. Health is not an isolated phenomenon but it is part of the entire socio-religious fabric; it is more than the absence of disease. If modern medicine could grasp some of the concepts of health and disease in non-



Western cultures, its contribution and relevance to the fundamental problems now faced by humanity could be enormously strengthened. (0 references) CH-P REFERENCE NUMBER 24

**Levine, Carol**

*Ethics, Justice, and International Health*

HASTINGS CENTER REPORTS 7(2):5-7, 1977

This article summarizes the November 1976 Conference on Ethical Issues in International Health. The discussions ranged widely, but several areas of concern emerged: the lack of a broad framework of philosophical models of obligation to govern the relationships between donors and recipients of aid; the process of decision making and priority setting; the growing tension between priorities established by local self-determination and the values of the international scientific community; and the resolution of conflict between values of donors and recipients.

(0 references) CH-P REFERENCE NUMBER 25

**Lipscomb, Joseph**

*The Willingness-to-Pay Criterion and Public Program Evaluation in Health*

IN, HEALTH: WHAT IS IT WORTH? MEASURES OF HEALTH BENEFITS, MUSHKIN, SELMA J.; DUNLOP, DAVID W. (EDITORS) NEW YORK, NEW YORK:PERGAMON PRESS PP. 91-139, 1979

By mathematical programming techniques, one is able to choose that allocation of resources among 1) competing programs and 2) competing population subgroups which maximizes expected utility. The purpose of this paper has been to suggest how one might integrate the willingness-to-pay approach into this resource allocation framework. Two tax-expenditure schemes were introduced. The first guarantees Pareto-efficient allocations under certain assumptions, the strongest of which by far is that individuals truthfully report their willingness-to-pay for program outcomes. The second scheme, derived in part from Clarke's demand revealing approach to public goods assessment, does motivate each individual to express his true preference. But it need not lead to a Pareto-efficient set of health programs for the target population from society's perspective.

(27 references) AS-M REFERENCE NUMBER 26

**Martini, Carlos J.M.; McDowell, Ian**

*Sociomedical Indicators for Child Health*

IN, EVALUATION OF CHILD HEALTH SERVICES: THE INTERFACE BETWEEN RESEARCH AND MEDICAL PRACTICE BOSCH, SAMUEL J.; ARIAS, JAIME (SCIENTIFIC EDITORS) BETHESDA,

This paper describes the early stages of development of a behaviorally based child health index. In this measurement technique parents are asked to comment on alterations in the child's normal activities and to describe changes in their own normal life-style produced by the child's illness; older children can comment for themselves. This provides two types of profile which describe 1) the child's problem and 2) the parent's altered activity levels. Perhaps the most significant application of the index will be in the evaluation of care.

(13 references) CH-P REFERENCE NUMBER 27

**McInnis, Titus; Kitson, Lyall**

*Process and Outcome Evaluation in Mental Health Systems*

INTERNATIONAL JOURNAL OF MENTAL HEALTH 5(4):58-72, 1977

In defining and discussing process and outcome evaluation, the author points out that the mental health system serves the public and should be accountable to it. It should make sure that people have accurate information on which to base judgments, and it should clarify its philosophies and methods so that legislators can understand what the mental health professionals report. Good program evaluation, especially outcome evaluation, can produce the essential information on which informed proposals for change can be based.

(26 references) CH-P REFERENCE NUMBER 28

**Millard, J.B.**

*Measurement in Rehabilitation*

RHEUMATOLOGY AND REHABILITATION 15(3):199-200, 1976

Issues in the development of an instrument for measuring rehabilitation are discussed as an introduction to related papers in this journal. The author suggests that simple, understandable, limited measurements are essential for predicting and planning rehabilitation; this includes resource allocation.

(6 references) CH-P REFERENCE NUMBER 29

**Mooney, Anne; Rives, Norfleet W., Jr.**

*Measures of Community Health Status for Health Planning*

HEALTH SERVICES RESEARCH 13(2):129-145, 1978

This paper addresses four questions that raise fundamental considerations in the design and estimation of health status measures for local health planning. What considerations are central to the design of health status measures? What segment, if any, of the technology of measuring health status can be adapted to local areas? How can HSAs

reconcile the need to measure health status with the available resources and restrictions placed on their use? Finally, what longer run developments in health status measurement are desirable, and what can be done to facilitate their achievement?

(26 references) CH-P REFERENCE NUMBER 30

**Pearl, Judea**

*A Framework for Processing Value Judgments*

IEEE TRANSACTIONS ON SYSTEMS, MAN, AND CYBERNETICS 7(5):  
349-354, 1977

Traditional decision-analytic practice emphasizes the distinction between probability assessments and value (or utility) judgments. Whereas techniques for elicitation and integration of subjective probabilities often can be submitted to empirical tests of validity, the fidelity of encoding value judgments has so far defied measurement. A unified approach to the treatment of the two types of judgments is presented; value judgments are interpreted as conditional probability statements.

(21 references) AA-M REFERENCE NUMBER 31

**Pollard, William E.; Bobbitt, Ruth A.; Bergner, Marilyn**

*Examination of Variable Errors of Measurement in a Survey-Based Social Indicator*

SOCIAL INDICATORS RESEARCH 5(3):279-301, 1978

Variable errors of measurement are often given only cursory attention in presentations of survey sampling theory and in the analysis of survey data. Such errors may, however, result in the reduced precision of estimates and may affect statistical inferences drawn from the data. Some procedures for assessing the extent of variable measurement error are described and examples of their use in evaluating a survey instrument and data collected are discussed.

(22 references) AA REFERENCE NUMBER 32

**Schlosser, Courtney**

*Health in a New Key*

HEALTH VALUES: ACHIEVING HIGH-LEVEL WELLNESS 1(6): 258-261,  
1977

Tentatively stated, "health in a new key" means that the existence of the person is central to life and its meaning, and that the meaning of life is inextricably tied not only to love, creativity and self-fulfillment, but also to the liberation from material or physical values, as well as freedom from the fear of death and dying, disease and suffering. The implications of existentialism, Eastern philosophy, transper-

sonal psychologies and occultism are discussed in terms of this enlarged definition of health.

(13 references) CH-P REFERENCE NUMBER 33

**Sevon, Guje**

*Subjective Probabilities and Values of Socio-Economic Events at Different Degrees of Uncertainty*

SCANDINAVIAN JOURNAL OF PSYCHOLOGY 18(2):127-129, 1977

The relationship between values (negative/positive) and subjective probabilities was studied. Stimuli consisted of unique socioeconomic events represented in the political discussion in Finland. Uncertainty was measured as hesitation in estimating probabilities. The results indicated different relationships between values and probability estimates at different degrees of uncertainty. At certainty the relation was u-shaped, at some uncertainty the variables were nearly uncorrelated, and at uncertainty a linear relationship between values and subjective probabilities was found.

(4 references) AA REFERENCE NUMBER 34

**Shannon, Gary W.**

*Space, Time and Illness Behavior*

SOCIAL SCIENCE AND MEDICINE 11:683-689, 1977

This paper explores the organization of space and time, posits associations between them and illness behavior, and presents a framework for comprehensive medical geographical investigation. Components of a model of illness behavior are examined as they relate to the ecological/functional and ecological/behavioral aspects of territoriality. Identity with one's surroundings and spatial and temporal organization are discussed for pertinence to differential perception, evaluation, and treatment of illness. The implications of these are subsequently related to confounding factors in medical sampling and observed patterns of disease.

(55 references) AA REFERENCE NUMBER 35

**Shaw, Anthony**

*Defining the Quality of Life*

HASTINGS CENTER REPORT 7(5):11, 1977

One formulation of the quality of life (QL) might be as follows:  $QL = NE \times (HS)$  in which NE represents an individual's physical and intellectual capacity, H represents contributions to home and family, and S represents contributions made to society. The formula shows

that a person's quality of life may be determined to a significant degree by factors physicians frequently fail to consider.

(0 references) CH-P REFERENCE NUMBER 36

**Sperry, R.W.**

*Bridging Science and Values: A Unifying View of Mind and Brain*

AMERICAN PSYCHOLOGIST 32(4):237-245, 1977

The traditional dichotomy that has separated science and value judgment and set corresponding limitations to the domain and role of science is challenged in the context of recent developments in the concept of consciousness and mind-brain relations. A conceptual explanatory model for psychophysical interaction has emerged during the past decade that changes the scientific status of subjective experience and negates many mechanistic, deterministic, and reductionistic features of prior materialist-behaviorist doctrine. Subjective values, conceived in the present terms, transcend their neural components in brain function to become causal determinants per se with objective consequences. The strategic control power of human values functioning as universal cerebral determinants in all social decision making is emphasized, along with logical indications for a more active involvement therein on the part of science.

(29 references) AA REFERENCE NUMBER 37

**Strupp, Hans H.; Hadley, Suzanne W.**

*A Tripartite Model of Mental Health and Therapeutic Outcomes: With Special Reference to Negative Effects in Psychotherapy*

AMERICAN PSYCHOLOGIST 32(3):187-196, 1977

A tripartite conceptual model for the evaluation of mental health and psychotherapy outcomes is presented. The model highlights the values brought to bear by three "interested parties" in these evaluations: society, the individual, and the mental health professional. The model is elaborated in terms of the specific problem of negative effects in psychotherapy, an issue of increasing concern to the public and the mental health profession. Clinical, research, and public policy implications of the model are discussed.

(14 references) AA REFERENCE NUMBER 38

**Taylor, Nancy K. (editor)**

*Bibliography of Society, Ethics and the Life Sciences: Supplement for 1977-1978*

HASTINGS-ON-HUDSON, NEW YORK:THE HASTINGS CENTER, 1977

This supplement includes citations on the concept of health, the right to health, defining death, aging, experimentation and consent. In addition, citations related to ethics and behavior control are listed. (circa 350 references) CH-P REFERENCE NUMBER 39

**Turnbull, Joyce**

*Shifting the Focus to Health*

AMERICAN JOURNAL OF NURSING 76(12):1985-1987, 1976

A guide with four indicators of wellness to use in external assessment of the body is presented. The indicators are intactness, symmetry, nourishment, and productivity. The author, a medical-surgical nursing instructor, developed the guide as a tool for describing physical wellness.

(4 references) CH-P REFERENCE NUMBER 40

**Weinstein, Milton C.; Stason, William B.**

*Foundations of Cost-Effectiveness Analysis for Health and Medical Practices*

NEW ENGLAND JOURNAL OF MEDICINE 296(13):716-721, 1977

In cost-effectiveness analysis, the ratio of net health care costs to net health benefits provides an index by which priorities may be set. Quality-of-life concerns, including both adverse and beneficial effects of therapy, may be incorporated in the calculation of health benefits as adjustments to life expectancy. Use of sensitivity analysis can increase the level of confidence in some decisions while suggesting areas where further research may be valuable in guiding others. Analyses should be adaptable to the needs of various health care decision makers, including planners, administrators and providers.

(23 references) AA-M REFERENCE NUMBER 41

**Weinstein, Milton C.; Stason, William B.**

*Allocating Resources: The Case of Hypertension*

HASTINGS CENTER REPORT 7(5):24-29, 1977

The authors highlight their application of cost effectiveness models to hypertension and summarize their findings. Both the methods and the findings have been reported in greater detail in the New England Journal of Medicine volume 296, pages 716-721 and pages 732-739; abstracts of these articles appear elsewhere in this bibliography. No. 1, 1977.

(2 references) CH-P REFERENCE NUMBER 42

**White, Kerr L.**

*Evaluation of Health Care—How Can Nations Cope?*

CANADIAN JOURNAL OF PUBLIC HEALTH 67:391-396, 1976

In this discussion which considers both the increasing reliance on medical technologies and the increasing cost of health care, the author aims to stimulate re-thinking in the interest of public health. Specifically, four topics are addressed: 1) health information and statistics, 2) health benefits, 3) health education, and 4) health manpower.

(4 references) CH-P REFERENCE NUMBER 43

**Woodbury, Max A.; Manton, Kenneth G.**

*A Random-Walk Model of Human Mortality and Aging*

THEORETICAL POPULATION BIOLOGY 11(1):37-48, 1977

Consideration is made of the roles of certain types of state space and time scales for a random-walk model of individual physiological status change and death. Because the actual measurement of physiological variables omits many variables relevant to survival, we are forced to view this model as operating in a stochastic state space for a population of individuals where only the frequency distributions are deterministic. Examination of the ordinary simultaneous differential equations shows how parameters for certain models of aging and mortality can be obtained.

(8 references) AA-M REFERENCE NUMBER 44

**Wootton, Barbara**

*Aubrey Lewis' Paper on Health as a Social Concept Reconsidered in the Light of Today*

BRITISH JOURNAL OF PSYCHIATRY 131:243-248, 1977

This paper summarizes and comments on Aubrey Lewis's 1953 paper entitled "Health as a Social Concept." The author also assesses the measure in which Lewis's proposition that there are no essential social components in the concept of mental disease has been respected in practice, or in the subsequent trend of theory.

(22 references) CH-P REFERENCE NUMBER 45

**Wu, S.Y.**

*Measuring Returns to Technical Innovation in Health Care: The Utility Theory Approach*

IN, HEALTH: WHAT IS IT WORTH? MEASURES OF HEALTH BENEFITS, MUSHKIN, SELMA J.; DUNLOP, DAVID W. (EDITORS) NEW YORK, NEW YORK:PERGAMON PRESS PP. 203-218, 1979

This paper, which is a preliminary report of ongoing research, explores a new method suitable for the computation of the social rate of returns derived from investments in biomedical research. The methods are based on the Lancasterian demand theory. Since the research is still in its infantile stage, no empirical results are available; therefore, only the conceptual portion of the research is outlined here. To keep the technical development tractable and to show how concrete implications can be drawn from these results, the presentation is in the context of pharmaceutical innovations. The proposed technique is, however, sufficiently general that it can be applied to other biomedical research as well as other consumer product innovations.

(15 references) AA-M REFERENCE NUMBER 46

**Zeckhauser, Richard**

*Procedures for Valuing Lives*

PUBLIC POLICY 23(4):419-464, 1975

Many of the most important issues confronting society directly or indirectly involve the valuation of lives. This article discusses the current state of the art. Procedures for valuing lives must be developed that appropriately reflect not only considerations of process, but also such matters as anxiety, income distribution, and possibilities for compensation. This is a challenging assignment; it should be approached realistically. The search should be for significant insights, useful benchmarks, and helpful guidelines, not unequivocal answers. Present procedures are sufficiently haphazard that even a much qualified analytic approach can provide substantial benefits.

(22 references) CH-P REFERENCE NUMBER 47

## **Development—Empirical**

**Allison, Thaine H.**

*Measuring Health Status with Local Data. Proceedings of The Public Health Conference on Records and Statistics, St. Louis, Missouri, June 14-16, 1976*

ROCKVILLE, MARYLAND: NATIONAL CENTER FOR HEALTH STATISTICS, (PUBLICATION NUMBER HRA 77-1214), 1976

In San Bernardino County, California, given its area and human resources, ten factors have been used to develop a health status index for establishing priorities. The methodology is simple summation of quotients of local census tract estimates of variables divided by the county value for each variable. The strengths and weaknesses of this type of measure are discussed.

(8 references) AS-M REFERENCE NUMBER 48



**Bebbington, A.C.**

*Scaling Indices of Disablement*

BRITISH JOURNAL OF PREVENTIVE AND SOCIAL MEDICINE 31:122-126,  
1977

Other authors have suggested the use of Guttman scaling for scoring an index of disability. Two examples confirm the applicability of this method in the context of survey research. One of these examples is of a disablement scale widely employed in local authority social services research. For the purpose of survey assessment of disabled populations, the precise choice of scaling method for scoring disability is often of little consequence.

(10 references) AS REFERENCE NUMBER 49

**Byl, Nancy Nies; Clever, Linda Hawes**

*Stable Chronic Disease: A Behavioral Model*

JOURNAL OF THE AMERICAN GERIATRICS SOCIETY 25(9):408-414,  
1977

A three-year study was undertaken in the general medical clinic of a private community hospital to assess the health behavior, health status, and profile of function of a group of 84 older patients with stable chronic disease. A working definition of stable chronic disease was developed and tested. It was shown that these patients used a disproportionate amount of health care services. Half of the group was treated by a nurse practitioner/physician team and half by a house officer/preceptor team. Patients in both groups behaved similarly. It was also found that the nurse practitioner, working in consultation with a physician, was able to provide high-quality care.

(15 references) AA-M REFERENCE NUMBER 50

**Chambers, Larry W.; Sackett, David L.; Macpherson, Alexander S.;  
Goldsmith, Charles H.; McAuley, Ronald G.**

*The Development and Application of Indexes of Health: Methodologic  
Documentation and Report of the First Generation of Investigations*

ST. JOHN'S, NEWFOUNDLAND:MEMORIAL UNIVERSITY OF NEWFOUND-  
LAND DIVISION OF COMMUNITY MEDICINE, 1976

The health index study conducted at McMaster University is presented. Included in this book are discussions of methodologies used in the development of the measuring instrument, results of pilot testing as well as results from application of the final instrument, and suggestions for future research.

(66 references) CH-P REFERENCE NUMBER 51

**Cosminsky, Sheila**

*The Impact of Methods on the Analysis of Illness Concepts in a Guatemalan Community*

SOCIAL SCIENCE AND MEDICINE 11:325-332, 1977

Survey and case study methods were used to obtain information about illness concepts and behavior in a Guatemalan Maya community. The different methods, with their concomitant questions and type of informant (lay vs. shaman), elicited different patterns of responses concerning the problems of native concepts of illness causation, the nature of illnesses reported, and treatment utilized. Analysis of the data generated by each method reveals differences in 1) the levels of illness causation and explanatory orders in the folk medical system, 2) chronicity of the reported illnesses, and 3) the frequency and sequence of medical resource utilization. The paper concludes by examining the methodological and theoretical implications of these differences.

(11 references) AA REFERENCE NUMBER 52

**Doherty, Neville; Hicks, Barbara**

*Cost-Effectiveness of Health Care Programs*

HEALTH SERVICES RESEARCH 12(2):190-203, 1977

A generalized cost-effectiveness technique for comparing alternative health care programs is described, and an example is given of its use in evaluating programs of care of the elderly. The analytical method requires setting criteria and standards for each outcome and cost dimension and assessing the relationship between these standards and patient status. The relative effectiveness and costs of each setting are examined in a simple tabular display that allows comparison of each program's attainments on each criterion so that alternatives may be ranked according to the extent to which they meet standards and incur costs.

(29 references) AA REFERENCE NUMBER 53

**Dunlop, David W.**

*Returns to Biomedical Research in Chronic Diseases: A Case Study of Resource Allocation*

IN, HEALTH: WHAT IS IT WORTH? MEASURES OF HEALTH BENEFITS, MUSHKIN, SELMA J.; DUNLOP, DAVID W. (EDITORS) NEW YORK, NEW YORK:PERGAMON PRESS PP. 247-271, 1979

A case study is conducted which analyzes the allocation of resources to diabetes research. The analysis, based on data from the National Center for Health Statistics and the National Commission on Diabetes, focuses on the extent to which the research programs of the National Institutes of Health (NIH) minimize death from diabetes, reduce the incidence of the disease or minimize the decline of func-

tional health status. A number of issues and problems of valuing the returns of biomedical research and the benefits of functional health status improvement are addressed, particularly as they correspond to the subset of diseases that are chronic rather than acute in nature. (29 references) CH-P REFERENCE NUMBER 54

**Fortin, Fabienne; Kerouac, Suzanne**

*Validation of Questionnaires on Physical Function*

NURSING RESEARCH 26(2):128-135, 1977

Data gathering instruments were used in a randomized controlled trial, designed to assess a structured preoperative education program; 65 persons were eligible to participate in this study. The key dependent variable was the physical functional capacity of patients following surgery. Questionnaires were developed to measure physical functioning in the immediate postoperative period, after discharge from hospital, and 10 and 33 days after surgery. Results showed a strong agreement between the standardized questionnaire and physician ratings. (27 references) AA-M REFERENCE NUMBER 55

**Garrity, Thomas F.; Somes, Grant W.; Marx, Martin B.**

*The Relationship of Personality, Life Change, Psychophysiological Strain and Health Status in a College Population*

SOCIAL SCIENCE AND MEDICINE 11:257-263, 1977

A model which describes the process whereby recent life changes are translated to health changes through the agency of psycho-physiological strain is put forward. Health status for the 1840 students who completed the questionnaire is measured with four indicators: 1) number of health problems; 2) number of health problem episodes; 3) number of days on which a health problem was experienced; and, 4) the number of disability days. All of these indicators pertained to the 60 days prior to the interview. These four measures were reduced to one weighted measure using factor analysis. The findings are examined in the light of both substantive and methodological interpretations.

(26 references) AA-M REFERENCE NUMBER 56

**Given, Charles W.; Simoni, Lewis; Gallin, Rita**

*The Design and Use of a Health Status Index for Family Physicians*

JOURNAL OF FAMILY PRACTICE 4(2):287-291, 1977

This paper describes a health status index (HSI) which is part of a patient encounter form in a family practice center. The index, which is used to profile a patient's health status longitudinally, combines physical and psychosocial measures of health. Based on its use in the center and through the presentation of data on patient health status

(N=2,674), the authors illustrate how the index can facilitate the evaluation of care and the management of practice.

(9 references) AA-M REFERENCE NUMBER 57

**Granick, Samuel; Kleban, Morton H.**

*Data File of NIMH Study of Healthy Aged Males*

GERONTOLOGIST 17(6):531-536, 1977

A description is presented of a file of data derived from a longitudinal study of the biological and behavioral functioning of a group of 47 healthy aged males. The background of the investigation is summarized, along with the procedures followed in developing the file and setting it up for access by interested investigators through automated data processing methods. Also discussed is how the file has been used thus far, as well as its potential future uses by researchers in gerontology.

(16 references) AA REFERENCE NUMBER 58

**Gurland, Barry; Copeland, John; Sharpe, Lawrence; Kelleher, Michael; Kuriansky, Judith; Simon, Robert**

*Assessment of the Older Person in the Community*

INTERNATIONAL JOURNAL OF AGING AND HUMAN DEVELOPMENT  
81(1):1-8, 1977

The Cross-National Geriatric Community study is being conducted by the United States-United Kingdom Cross-National Project. Semi-structured interviews have been completed with over 850 community residents over the age of sixty-five years randomly selected from the metropolitan regions of New York and London. The assessment techniques described in this section may be of interest not only to other research workers conducting geriatric community surveys, but also to health professionals concerned with the clinical examination of the older ambulatory patient and the early detection and appropriate referral of the need for health and social services.

(23 references) AA REFERENCE NUMBER 59

**Harris, L. Jeff; Keeler, Emmett; Kisch, Arnold; Michnich, Marie E.; De Sola, Susana F.; Drew, David**

*Algorithms for Health Planners: Volume 1, An Overview*

SANTA MONICA, CALIFORNIA:RAND CORPORATION, 1977

The series of reports presents a methodology in algorithm form to assist health planners in developing objectives and actions related to the occurrence of selected health status indicators that should be amenable to health care interventions. Emphasis has been placed on developing a simplified approximate analysis that health planners will find both feasible and effective. To date algorithms for infant mortal-

ity, breast cancer mortality, heart attack mortality, preventable death and disease and hypertension have been developed.

(70 references) CH-P REFERENCE NUMBER 60

**Horn, Susan D.; Williamson, John W.**

*Statistical Methods for Reliability and Validity Testing: An Application to Nominal Group Judgments in Health Care*

MEDICAL CARE 15(11):922-928, 1977

Statistical methods to analyze data for reliability (agreement among or between raters) and validity are discussed. Such analyses are frequently required for medical care data. We also discuss the application of these statistical methods to a study of the reliability and validity of nominal group estimation procedures to identify cost-effective topics for quality assurance purposes.

(19 references) AA-M REFERENCE NUMBER 61

**Kane, Robert L.; Gardner, Jerry; Wright, Diana D.; Snell, George; Sundwall, David; Woolley, F. Ross**

*Relationship Between Process and Outcome in Ambulatory Care*

MEDICAL CARE 15(11):961-965, 1977

The outcomes of a series of some 410 acute episodes from two family practice centers were rated on the degree to which the patient regained his usual functional status and his satisfaction with the outcome and the process of care. A portion of outcomes (251) were then compared to process scores obtained using explicit criteria and the rest to implicit process ratings based on the problem-oriented record. In both instances those cases with good outcomes had better process scores than those with bad outcomes; neither measure of satisfaction had a consistent relationship with either process measure.

(9 references) AA REFERENCE NUMBER 62

**Kaplan, Robert M.; Bush, James W.; Berry, Charles C.**

*Health Status Index: Category Rating Versus Magnitude Estimation for Measuring Levels of Well-Being*

MEDICAL CARE 17(5):501-525, 1979

An index useful for health planning, program evaluation and population monitoring consists of two distinct components: levels of well-being and prognoses. Levels of well-being are defined as the social preferences or weights that members of society associate with time specific levels of function. Prognoses are the probabilities of transition among the levels. This paper compares two methods for measuring the social preferences associated with each of the levels. The present analysis compares preference ratings obtained with a simple category rating procedure to those obtained using the more complex magnitude

estimation. The relationship between the category scaling and magnitude estimation results was strictly linear, supporting the notion that category scaling produces interval measures of social preferences. Examples of the potential applications for a comprehensive health status index are offered.

(references unknown) AA-M REFERENCE NUMBER 63

**Kleinman, Joel C.**

*Age-Adjusted Mortality Indexes for Small Areas: Applications to Health Planning*

AMERICAN JOURNAL OF PUBLIC HEALTH 67(9):834-840, 1977

This study compares four age-adjusted mortality indexes and their standard errors among United States counties using 1969-1971 mortality data. It is shown that the direct and indirect methods of age-adjustment give nearly identical results (correlation coefficients over .97). Two other indexes which indirectly adjust for age are then compared with the usual indirect method. The three indirect indexes are substantially different in the age groups emphasized. This results in substantial differences in those counties identified as having "excess" mortality. Implications of the results for health planning applications are discussed.

(8 references) AA-M REFERENCE NUMBER 64

**Knox, P.L.**

*Regional and Local Variations in Priority Preferences*

URBAN STUDIES 14(1):103-104, 1977

This note reports the findings of an investigation aimed at 1) gauging the strength and consensus of social priority preferences for a number of important domains of life, including health and 2) establishing whether significant variations in priority preferences exist between social, economic, demographic or geographic sub-groups. A national sample of 1450 electors, using an 11-point ladder scale, rated health of highest importance.

(0 references) CH-P REFERENCE NUMBER 65

**Kuriansky, Judith; Gurland, Barry**

*The Performance Test of Activities of Daily Living*

INTERNATIONAL JOURNAL OF AGING AND HUMAN DEVELOPMENT  
7(4): 343-352, 1976

A structured-performance test requiring patients to demonstrate selected activities of daily living was designed to objectively measure the self-care capacity of geriatric psychiatric patients. The background, rationale, usefulness, and specific administration and scoring

procedures are presented. The test is simple to administer and promises to be a useful diagnostic and prognostic tool.

(references unknown) AA REFERENCE NUMBER 66

**Lantz, John Martin**

*Assessment: A Beginning to Individualized Care*

JOURNAL OF GERONTOLOGICAL NURSING 2(6):34-40, 1976

A 122 item questionnaire which is designed to individualize the delivery of health care is presented. Each item is scored as 1, 2, or 3; the sum of all items is the assessment score. The purpose of the instrument is to help in obtaining information in a systematic process and to identify the individual's health and illness perceptions and expectations.

(7 references) CH-P REFERENCE NUMBER 67

**Manton, Kenneth G.; Tolley, H. Dennis; Poss, Sharon S.**

*Life Table Techniques for Multiple-Cause Mortality*

DEMOGRAPHY 13(4):541-564, 1976

A lethal defect-wear model is presented which rationalizes the assumption of independent risks when death may be due to more than a single condition. Under this model, it is shown how competing risk theory and standard categorical data methods may be merged in a unified approach to the analysis of multiple-cause mortality data. The methodology is used to analyze linkages among diseases in the mortality data and to evaluate the implication of the elimination of patterns of morbid states for multiple-cause mortality data from deaths occurring in 1969 in North Carolina.

(34 references) AA REFERENCE NUMBER 68

**Martini, Carlos J.M.; Allan, G.J. Boris; Davison, Jan; Backett, E. Maurice**

*Health Indexes Sensitive to Medical Care Variation*

INTERNATIONAL JOURNAL OF HEALTH SERVICES 7(2):293-310, 1977

Data from the 15 Hospital Regions of England and Wales were used to determine the utility of health outcome indexes, derived from existing health statistics, for monitoring the quality and effectiveness of health services. An attempt was made to identify outcome measures most sensitive to variations in medical care and least affected by sociodemographic differences. Those measures related to provision of care in hospital appear to be relatively more sensitive to variation in medical care than those which are community based. This suggests that, at least for monitoring the effectiveness of medical care in the community, it may be necessary to move toward measures of health

status that take into consideration the different patterns of care and the social and behavioral aspects of health.

(2 references) AA-M REFERENCE NUMBER 69

**Parsons, Donald O.**

*Health, Family Structure, and Labor Supply*

AMERICAN ECONOMIC REVIEW 67(4):703-712, 1977

Topics explored in this paper are health production organization and source of income insurance, the role of the family in conditioning the relationship between perceived health status, labor supply and earnings. Data from the National Longitudinal Survey and from the Productive Americans Survey provide estimates of the impact of health on production. The results reported in this paper represent only the beginning of the investigation of the family as an informal health service organization.

(24 references) CH-P REFERENCE NUMBER 70

**Robbins, Lewis C.**

*A System for Indications for Preventive Medicine: Health Hazard Appraisal*

IN, THE BEHAVIORAL SCIENCES AND PREVENTIVE MEDICINE, KANE, ROBERT L. (EDITOR) BETHESDA, MARYLAND:NATIONAL INSTITUTES OF HEALTH P. 63-76, 1974

The Health Hazard Appraisal (HHA) is described. By charting the HHA method, a person's chances of death by cause and by precursor and for prescribed interventions is obtained. The HHA chart is calculated with simple arithmetic. Much greater complexity could be used; however, this would not be as useful in orienting physicians and their patients.

(18 references) CH-P REFERENCE NUMBER 71

**Romeder, J.M.; McWhinnie, J.R.**

*Potential Years of Life Lost Between Ages 1 and 70: An Indicator of Premature Mortality for Health Planning*

INTERNATIONAL JOURNAL OF EPIDEMIOLOGY 6(2):143-151, 1977

The indicator of Potential Years of Life Lost (PYLL) between ages 1 and 70 is proposed with the primary objective of ranking major causes of premature mortality. The method of calculation, along with the corresponding rate and the age adjusted rate, are discussed and presented with applications to Canadian data and interpretation. Several methodological aspects are discussed, particularly the comparison with more sophisticated approaches based on life tables which do not appear to alter the ranking of major causes of premature death. This indicator can help health planners define priorities for the prevention



of premature deaths. The simplicity of calculation and ease of comprehension should facilitate its use.

(28 references) AA-M REFERENCE NUMBER 72

**Schulze, William; Ben-David, Shaul; Crocker, Thomas D.; Kneese, Allen**

*Economics and Epidemiology: Application to Cancer*

IN, HEALTH: WHAT IS IT WORTH? MEASURES OF HEALTH BENEFITS, MUSHKIN, SELMA J.; DUNLOP, DAVID W. (EDITORS) NEW YORK, NEW YORK:PERGAMON PRESS PP. 219-234, 1979

This paper combines the economic methodology of the cost of risk concept with epidemiology in a two-step analysis. Multiple regression is the principle analytic tool in this preliminary assessment of the cost of environmental risk of cancer mortality. Results indicate that the most significant factors appear to be diet and life style variables.

(13 references) CH-P REFERENCE NUMBER 73

**Singer, Eleanor**

*Subjective Evaluations as Indicators of Change*

JOURNAL OF HEALTH AND SOCIAL BEHAVIOR 18(1):84-90, 1977

This research note examines the relative contribution of current functioning and change in functioning to subjective evaluations of change. The aim is to assess the validity of substituting such subjective measures for estimates of change derived from a before-after design (N=143), when the purpose of the substitution is not evaluation of some treatment but prediction of a dependent variable. In general, current functioning is at least as powerful a predictor of subjectively experienced change as actual change is. Thus, the researcher who decides to use subjective evaluations of change in place of more objectively derived measures ought to be aware that a substantial fraction of his total explained variance is attributable, not to any change in status, but to the respondent's current functioning alone.

(15 references) AA-M REFERENCE NUMBER 74

**Stewart, Anita L.; Ware, John E., Jr.; Brook, Robert H.**

*A Study of the Reliability, Validity, and Precision of Scales to Measure Chronic Functional Limitations due to Poor Health*

SANTA MONICA, CALIFORNIA: RAND CORPORATION (PUBLICATION NUMBER P-5660), 1977

Results of psychometric studies of 14 questionnaire items commonly used to define chronic functional limitations due to poor health are reported. Self-administered questionnaires were used to gather data from 1,209 persons 14 years of age and older. Data were used to study scalability of items, test-retest reliability of alternate forms of scales,

validity of scales in relation to 13 health status variables and age, and precision of scales in detecting differences in functional limitations. (34 references) AA-M REFERENCE NUMBER 75

**Tutone, Robert M.**

*Correlates of Illness Susceptibility*

BRITISH JOURNAL OF MEDICAL PSYCHOLOGY 50(1):79-86, 1977

Previous research has indicated that cognitive-emotional factors, psychosocial stress, and systemic activity play a role in the contraction and course of numerous diseases. The present study investigated the relative contribution of these variables. Fifty-five male undergraduates were given questionnaires assessing general emotionality and psychosocial stress and illness history over a four year period. Autonomic indices of pulse rate, respiration, peripheral circulation and skin resistance were also obtained under conditions of rest and stress. Using number of past illnesses as the dependent variable, a stepwise multiple regression analysis was performed. Only amount of psychosocial stress and, related to it, number of different kinds of psychosocial stress yielded significant partial correlations. Results are discussed in relation to other research, with emphasis on the conceptual and methodological difficulties of assessing psychophysiological mediators of morbidity.

(53 references) AA REFERENCE NUMBER 76

**Ware, John E., Jr.; Young, JoAnne**

*Issues in the Conceptualization and Measurement of Value Placed on Health*

IN, HEALTH: WHAT IS IT WORTH? MEASURES OF HEALTH BENEFITS, MUSHKIN, SELMA J.; DUNLOP, DAVID W. (EDITORS) NEW YORK, NEW YORK:PERGAMON PRESS PP. 141-166, 1979

This paper focuses on some of the issues involved in the conceptualization and measurement of health as a value using survey instruments that employ rating and ranking methods. Analyses for this report are based on responses from approximately 2,000 adults. The goals of this research were to assess the scalability of health value questionnaire items and the reliability of value scores, and to determine the extent of score variability and population differences in value placed on health in general and on specific health components. Two approaches to the measurement of value placed on health were studied; one focused on a general definition of health while the other focused on specific health status constructs. Results strongly support the importance and salience of health as a value.

(26 references) CH-P REFERENCE NUMBER 77

Zautra, Alex; Beier, Ernst; Cappel, Lawrence

*The Dimensions of Life Quality in a Community*

AMERICAN JOURNAL OF COMMUNITY PSYCHIATRY 5(1):85-98, 1977

In this study the dimensions of the quality of life construct were investigated; 454 residents of a large suburban community were asked questions on life changes, psychiatric distress, happiness, and effective participation in life concerns. Selected variables from this survey were factor analyzed to define the dimensions of life quality and six demographic variables (age, sex, marital status, education, income, and religious participation) were studied to see how they influenced those dimensions. Results revealed that life quality is measurable in terms of a person's happiness, his community participation, and his preferences. (21 references) AA-M REFERENCE NUMBER 78

## Applications

Albrecht, Gary L.; Higgins, Paul C.

*Rehabilitation Success: The Interrelationships of Multiple Criteria*

JOURNAL OF HEALTH AND SOCIAL BEHAVIOR 18(1):36-45, 1977

Human service organizations assert that individuals succeed or fail in the change process. What are the criteria of this success? When multiple criteria of success are employed, does success on one criterion imply success on another? These questions are examined with over time data on 122 patients from two physical rehabilitation centers using a partial correlation approach to change scores. The correlations of the various criteria of rehabilitation success depend on the variables and indicators used. Multiple indicators of physical functioning intercorrelate well but are only moderately related to judges' assessments of social functioning and are even less related to self-administered indicators of social functioning. Further, cooperation and completion of services do not seem to be related to improvement in physical or social functioning.

(33 references) AA-M REFERENCE NUMBER 79

Allardt, Erik

*On the Relationship between Objective and Subjective Predicaments*

HELSINKI, FINLAND:UNIVERSITY OF HELSINKI, RESEARCH GROUP FOR COMPARATIVE SOCIOLOGY, 1977

The Comparative Scandinavian Welfare Study is based on an interview survey in Denmark, Finland, Norway and Sweden conducted in 1972. In each country a national probability sample of circa 1,000 persons 15-64 years of age was interviewed. This survey aimed to provide information 1) on the distinctions between objective and subjective indicators, and 2) on material or impersonal resources and values. Results indicate no apparent correspondence between objec-

tive and subjective measures; implications of these results are discussed.

(8 references) CH-P REFERENCE NUMBER 80

**Andrews, Gavin; Schonell, Malcolm; Tennant, Christopher**

*The Relation Between Physical, Psychological, and Social Morbidity in a Suburban Community*

AMERICAN JOURNAL OF EPIDEMIOLOGY 105(4):324-329, 1977

Questionnaire scales of physical, psychological, and social morbidity were utilized to discover the relation between these indices in a representative Australian suburban sample of 863 adults aged 20-69 years. The physical and psychological morbidity of the sample was considerable and comparable to that revealed by other health surveys. There was a positive association between the occurrence of physical and psychological illness. The level of social isolation was low and in this residentially stable sample there was no association between social isolation and either physical or psychological morbidity.

(12 references) AA REFERENCE NUMBER 81

**Carp, Frances M.**

*Impact of Improved Living Environment on Health and Life Expectancy*

GERONTOLOGIST 17(3):242-249, 1977

This is a report on long range differences between in-movers, older people who have moved into housing designed for the elderly, and comparison respondents on questions pertaining to health and disability. Information was obtained in individual home interviews with 352 housing applicants, 190 tenants and 105 comparison respondents at the end of the first year and 127 tenants and 62 others at the end of eight years. Health status was determined by several types of questions including self assessment, an attitude toward health scale, and restriction of activity. Findings suggest the benefit of a good living environment, over the long range as well as the short.

(29 references) CH-P REFERENCE NUMBER 82

**Freeborn, Donald K.; Pope, Clyde R.; Davis, Maradee A.; Mullooly, John P.**

*Health Status, Socioeconomic Status, and Utilization of Outpatient Services for Members of a Prepaid Group Practice*

MEDICAL CARE 15(2):115-128, 1977

The study setting was an operating HMO serving a cross-sectional membership of nearly 200,000 persons. Outpatient utilization data were derived from the medical records of a five percent sample of health plan members for 1969 and 1970. Social, economic, situational and attitudinal data were provided by 2,603 respondents in a house-

hold interview survey. The health status measures included perceived health status, work loss, current physical symptoms and the Langner Mental Health Scale. Since a population's perceived health status may reflect health need, information from the survey provided measures of health status that ranged from specific symptoms and complaints to a general measure of perceived health status. Results are discussed. (18 references) AA-M REFERENCE NUMBER 83

**Gringras, M.**

*Experiences With Some New Scales for Use in General Practice Trials*

JOURNAL OF INTERNATIONAL MEDICAL RESEARCH 5(1: SUPPLEMENT):61-65, 1977

The proper assessment of depression in general practice requires the use of adequate and sensitive measurement of target symptoms. In a pilot trial of a new 50 mg formulation of clomipramine (Anafranil) various new techniques of measurement were explored, namely, the General Health Questionnaire, a series of visual analogue scales with a centre reference point and a new physician rating scale for depression.

(1 reference) AA REFERENCE NUMBER 84

**Hu, Teh-wei**

*Canonical Correlation Analysis vs Simultaneous Equation Approach: An Empirical Example Evaluating Child Health and Welfare Programs*

SOCIO-ECONOMIC PLANNING SCIENCES 11:234-237, 1977

Based on an empirical example, it can be seen that canonical correlation analysis and simultaneous equations each have their special usefulness. In a case with a number of alternative indices to measure one condition which has no unique measurement such as health status, canonical correlation analysis is a useful tool for providing the relative weights in measuring the status. Results from both techniques are complementary to each other. The author suggests that for model building and understanding the economic meaning of a system, simultaneous equations are superior to the use of canonical correlation. In the case of alternative measurement of one activity, the canonical correlation analysis can provide us with relative weights to these alternative indices so that an index can be constructed.

(5 references) AS-M REFERENCE NUMBER 85

**Kahn, Kenneth A.; Hines, William; Woodson, Arlene S.; Burkham-Armstrong, Gabrielle**

*A Multidisciplinary Approach to Assessing the Quality of Care in Long-Term Care Facilities*

GERONTOLOGIST 17(1):61-65, 1977

A study to determine the quality of life and care in 20 Long-Term Care (LTC) facilities in the Metro Denver Area revealed that care was better than anticipated. Assessments were made on 158 residents regarding their problems, functioning level, and appropriateness of level of care. Research needs to continue in the areas of refining assessment of quality care methodologies and development of criteria for measuring those outcomes in conjunction with the development of operational programs such as PSRO.

(0 references) AA-M REFERENCE NUMBER 86

**Kane, Robert; Gardner, Jerry; Wright, Diana D.; Sundwall, David; Snell, George; et al.**

*A Method for Assessing the Outcome of Acute Primary Care*

JOURNAL OF FAMILY PRACTICE 4(6):1119-1124, 1977

Some 1,700 acute care episodes were studied to assess the outcomes in terms of the extent to which patients regained their usual functional status. Involving active follow-up of each patient, the study serves as a prototype for measuring several components of quality of care including actual outcomes, patient expectation of outcome, and patient satisfaction with outcome and care. This study was conducted in a family practice residency training setting; thus, it may serve as a model of how such information may be used to increase residents' sensitivity to the course of illness commonly seen in primary care and to encourage the residents to set expectations for the care they give.

(7 references) AA-M REFERENCE NUMBER 87

**Liu, Ben-Chieh; Gustafson, Robert; Macy, Bruce**

*The Quality of Life in the United States, 1970: Index, Rating, and Statistics*

KANSAS CITY, MISSOURI: MIDWEST RESEARCH INSTITUTE, 1973

Indexes for health and welfare are presented for each of the 50 states; the values range from 0.71 to 1.34. Indexes for 8 other social topics including education, technology and living conditions are similarly presented. More than 100 individual factors were combined to develop the composite measures; however, the methodology for combining the individual indicators is not presented in this book.

(12 references) CH-P REFERENCE NUMBER 88

**Martin, Diane P.; Gilson, Betty S.; Bergner, Marilyn; Bobbitt, Ruth A.; Pollard, William E.**

*The Sickness Impact Profile: Potential Use of a Health Status Instrument for Physician Training*

JOURNAL OF MEDICAL EDUCATION 51:942-944, 1976

As part of a reliability and validity study of the Sickness Impact Profile (SIP), the SIP was administered to 80 outpatients of a family medical center; 24 physicians also assessed the patients' health status. Correlational and regression techniques were used to examine the relationship between SIP scores and physicians' assessments. Further study may demonstrate that the use of the SIP or similar instruments improves the congruence between physician and patient perspectives of illness.

(4 references) CH-P REFERENCE NUMBER 89

**Nichols, P.J.R.**

*Outcomes Measures in Rehabilitation*

RHEUMATOLOGY AND REHABILITATION 15(3):170-173, 1976

The author relates his experience using outcome measures, including activities of daily living (ADL), in rehabilitation medicine. The key is to combine clinical measures with functional, economic, and social measures for the evaluation of rehabilitation. The ultimate concern is with what patients do as well as what clinicians know that they can do.

(11 references) CH-P REFERENCE NUMBER 90

**Office of Federal Statistical Policy and Standards**

*Social Indicators 1976*

WASHINGTON, D.C.:DEPARTMENT OF COMMERCE, BUREAU OF THE CENSUS, (GPO STOCK NUMBER 014-001-00156-5), 1977

This volume contains a comprehensive graphic collection of statistical data selected and organized to describe current social conditions and trends in the United States. In the Health and Nutrition chapter, trends in the health status of the population are first described in charts depicting longevity and mortality rates. Other charts include data on disability days, health expenditures and life expectancy.

(25 health references) CH-P REFERENCE NUMBER 91

**Peters, Ruanne K.; Benson, Herbert; Porter, Douglas**

*Daily Relaxation Response Breaks in a Working Population: I. Effects on Self-Reported Measures of Health, Performance, and Well-Being*

AMERICAN JOURNAL OF PUBLIC HEALTH 64(10):946-953, 1977

An experiment conducted at the corporate offices of a manufacturing firm investigated the effects of daily relaxation breaks on five self-reported measures of health, performance, and well-being. For 12 weeks, 126 volunteers filled out daily records and reported bi-weekly for additional measurements. After four weeks of baseline monitoring, they were divided randomly into three groups: Group A was taught a technique for producing the relaxation response; Group B was in-

structed to sit quietly; Group C received no instructions. Five indices: Symptoms, Illness Days, Performance, and Sociability-Satisfaction and Happiness-Unhappiness were used to determine the relationship between amount of change and rate of practicing the relaxation response. Results are presented and discussed.

(28 references) AA-M REFERENCE NUMBER 92

**Stason, William B.; Weinstein, Milton C.**

*Allocation of Resources to Manage Hypertension*

NEW ENGLAND JOURNAL OF MEDICINE 296(13):732-739, 1977

A cost-effectiveness model is applied to the management of essential hypertension to determine how resources can be used most efficiently within programs to treat hypertension and to provide a yardstick for comparison with alternative health-related uses of these resources. The analytic framework is presented in another article in the same issue of the New England Journal of Medicine.

(20 references) CH-P REFERENCE NUMBER 93

**Thomas, Caroline Bedell**

*Precursors of Premature Disease and Death: The Predictive Potential of Habits and Family Attitudes*

ANNALS OF INTERNAL MEDICINE 85:653-658, 1976

The youthful habits and family attitudes of medical students (N=109) who later developed or died from one of five disease states were different from those of healthy classmate controls (N=123) to begin with. The assessment consisted of a Habits of Nervous Tension Scale and a family attitude questionnaire as well as recordings of habits of daily life. From this study psychologic differences in youth have predictive potential in regard to premature disease and death.

(8 references) AA-M REFERENCE NUMBER 94

**Uusitalo, Hannu**

*Education and Welfare: Some Findings from the Scandinavian Survey*

HELSINKI, FINLAND:UNIVERSITY OF HELSINKI, RESEARCH GROUP FOR COMPARATIVE SOCIOLOGY, 1977

This paper considers education in light of efforts to redefine the ultimate goals of public policy in terms other than economic growth. Education is placed in the perspective of welfare, which has been defined as the factual conditions of life. Some empirical findings concerning the relationship between education and other components of welfare are introduced. Also the relationship of education to certain subjective indicators of well-being is analyzed. Using data from the Scandinavian Survey comparisons between Denmark, Norway,



Sweden and Finland concerning the role of education in welfare and well-being are presented.

(38 references) CH-P REFERENCE NUMBER 95

**Wan, Thomas T.H.; Livieratos, Barbara**

*Interpreting a General Index of Subjective Well-Being*

MILBANK MEMORIAL FUND QUARTERLY 56(4):531-556, 1978

The purpose of this study is twofold: first, to identify age differences in well-being, and, second, to investigate the relationship of the General Well-Being (GWB) score to sociodemographic factors and clinical measures of health. Multivariate analyses of data obtained from a national health survey (by NCHS) revealed that a relatively small amount of variance in well-being was accounted for by sociodemographic factors. Sex and race appeared to be the most influential demographic variables. Psychological variables were shown to account for more of the variance in GWB scores for all age groups than did physical measure variables. The three most important psychological variables were: self-perceived health status, presence of nervous breakdown symptoms, and number of contacts with professionals for counseling. Symptoms that affected the subjective well-being of individuals among different age groups were analyzed.

(31 references) AA REFERENCE NUMBER 96

**Watanabe, Toshio; Kawahara, Yuri**

*Study on the Health State of Children and their Parents in Urban and Rural Districts*

JOURNAL OF HUMAN ERGOLOGY (TOKYO) 4(2):176, 1975

Effects of urban and rural environments on the health state at the everyday life level have been studied using questionnaires to clarify the changes in degree of health and to identify the health problems of urban inhabitants. About 900 school children, both boys and girls, answered questionnaires together with their parents. The main items of the questionnaire were medical history, physical and mental complaints, fatigue, sleep and other aspects of health in daily life. Results are discussed.

(3 references) CH-P REFERENCE NUMBER 97

## **Policy Review**

**Armitage, P.**

*National Health Survey Systems in the European Community*

INTERNATIONAL JOURNAL OF EPIDEMIOLOGY 5(4):321-326, 1976

This paper discusses the possibilities for collaborative action between countries of the European Community in conducting various forms of health surveys. Health interview surveys offer the principal opportunity for such action, and it may be possible to incorporate health questions into multi-purpose international surveys. Health examination surveys are less likely to be developed widely in the immediate future. Hospital inpatient discharge records are collected routinely in many countries, and further international cooperation seems feasible. These possibilities are now being kept under continuous review by a working party.

(0 references) AA REFERENCE NUMBER 98

**Backett, E. Maurice**

*The Health Policy Issue: Major Changes in Our Understanding of Health Problems*

BULLETIN OF THE PAN AMERICAN HEALTH ORGANIZATION 11(1):65-72, 1977

Major changes in the health care scene over the last half century now pose a singular challenge to our thinking about health and disease. These changes, when examined together with current practical predicaments, suggest a number of possible strategic modifications in health policy around the world that could have a pronounced salutary effect.

(2 references) AA REFERENCE NUMBER 99

**Bogatyrev, I.D.; Korolkova, T.A.; Yarullina, R.A.**

*Methodological Approaches to Forecasting the Development of the Socialist System of Health Protection*

SANTE PUBLIQUE, REVUE INTERNATIONALE 19(1):3-14, 1976

This paper discusses health policy in the Soviet Union. Among the topics considered are: use of mortality and morbidity statistics, use of health surveys to obtain measures of the health of populations, and measurement and allocation of health resources.

(3 references) CH-P REFERENCE NUMBER 100

**Bradburn, Norman M.**

*The Measurement of Psychological Well-Being*

IN, HEALTH GOALS AND HEALTH INDICATORS: POLICY, PLANNING AND EVALUATION ELINSON, JACK; MOONEY, ANNE; SIEGMANN, ATHILIA (EDITORS) BOULDER, COLORADO:WESTVIEW PRESS, INC., 1977

This paper presents a selective review of measures of psychological well-being for use in the general population. The research is traced from the Neuropsychiatric Screening Adjunct which was developed

during World War II to the present. The instruments referenced rely on self reporting by individuals.

(9 references) CH-P REFERENCE NUMBER 101

**Brook, Robert; Davies-Avery, Allyson**

*Mechanisms for Assuring Quality of United States Medical Care Services: Past, Present, and Future*

SANTA MONICA, CALIFORNIA:RAND CORPORATION, 1977

The purpose of this report is threefold: 1) to place in historical perspective recent developments in quality assurance in the United States; 2) to describe current quality assurance programs and analyze their potential for improving the quality of medical care and thereby the health of the American people; and 3) to indicate where continuing research is necessary on the methods of quality assessment and on improving the level of care rendered.

(51 references) CH-P REFERENCE NUMBER 102

**Christoffel, Tom; Loewenthal, Martha**

*Evaluating the Quality of Ambulatory Health Care: A Review of Emerging Methods*

MEDICAL CARE 15(11):877-897, 1977

While hospital quality evaluation activities have progressed dramatically in recent years, there has not been a comparable development and implementation of methods for the review and evaluation of ambulatory health care. Various technical problems regarding ambulatory records and the nature of ambulatory care itself have combined to retard the evolution of review methods. These problems are discussed, as are current efforts to overcome them. We have reviewed the relevant issues and literature and have attempted to provide a conceptual framework for better understanding the measurement of ambulatory health care quality. A selective bibliography of literature relating specifically to ambulatory care quality evaluation is presented as a guide to further study.

(170 references) AA REFERENCE NUMBER 103

**Division of Planning Methods and Technology**

*Selected Bibliographic References on Methodologies for Community Health Status Assessment*

ROCKVILLE, MARYLAND:BUREAU OF HEALTH PLANNING AND RESOURCES DEVELOPMENT, (PUBLICATION NUMBER HRA 77-14550), 1976

This is the first volume in the Health Planning Bibliography Series of the National Health Planning Information Center. Over 175 articles

dealing with health status measures from a planning and resource allocation perspective are abstracted.

(175 references) CH-P REFERENCE NUMBER 104

**Drobny, Abraham**

*Health: An Essential Component of Long-Term Economic and Social Development*

INTERNATIONAL JOURNAL OF HEALTH EDUCATION 20(1):38-40, 1977

Isolated growth of the economy in a developing country, without due consideration of social aspects, does not necessarily increase the welfare of all its population. The Inter-American Development Bank considers that health is a component of long-term economic development; it is therefore fostering and participating in the expansion of rural health services with strong emphasis placed on community participation.

(0 references) AA-M REFERENCE NUMBER 105

**Duhl, Leonard J.**

*The Health Planner: Planning and Dreaming for Health and Wellness*

AMERICAN JOURNAL OF HEALTH PLANNING 1(2):7-14, 1976

Can planners create opportunities for health? This article presents the case for the affirmative and deals with the relationship of health and medical care, planners' role in change, and the potentials under Public Law 93-641. The nature of health and assaults upon it are discussed. The Peckham Health Center is recalled and summarized, and the processes of planning and the planners are analyzed. The article concludes with a series of thoughts for action: Examples of real-world approaches to health enhancement are provided.

(25 references) AA REFERENCE NUMBER 106

**Dunlop, David W.; Caldwell, Holly R.**

*Priority Determination for the Provision of Health Services: An Economic and Social Analysis*

SOCIAL SCIENCE AND MEDICINE 11:471-475, 1977

This paper has presented an analysis of how priorities in the provision of health services are determined. Public finance considerations as well as the influence of other socio-political factors were discussed. The implications of alternative resolutions of the issues defined were highlighted and specifically related to the options available to health policy makers in the production of "health." Societies often complacently accept a given resource allocation mix. Without explicit pres-

sure to alter comfortable implicit priorities, resource allocation in the production of health will occur slowly if at all.

(19 references) AS-M REFERENCE NUMBER 107

**Elinson, Jack; Mooney, Anne; Siegmann, Athilia (editors)**

*Health Goals and Health Indicators: Policy, Planning and Evaluation*

BOULDER, COLORADO:WESTVIEW PRESS, INC., 1977

This volume considers the current status of health planning, health indicators that may be incorporated into the health planning effort, the current state of the art and future directions in the development of health status indicators, particularly sociomedical indicators, including indicators of mental health and of dental health. Chapters by Bergner, Bice, Bradburn and Siegmann have been abstracted and appear in this issue of the Clearinghouse Bibliography.

(references for each chapter) CH-P REFERENCE NUMBER 108

**Freedy, Amos; Curry, Renwick E.**

*Guest Editorial*

IEEE TRANSACTIONS ON SYSTEMS, MAN, AND CYBERNETICS 7(5):  
309-310, 1977

Behavioral decision theory has become an area of growing interest to defense, business, medical, and social organizations. This interest has evolved from the need to improve the quality of decisions by assuring that action alternatives are selected which maximize the expected gain to be derived by the organization or individual. This editorial introduces this issue of IEEE Transactions which is aimed at bringing together some of the current ideas, techniques, and experimental work in the area of behavioral decision making. The papers that were selected fall into three themes: utility assessment, decision models, and computer decision aides.

(0 references) CH-P REFERENCE NUMBER 109

**Goga, John A.; Hambacher, William O.**

*Psychologic and Behavioral Assessment of Geriatric Patients: A Review*

JOURNAL OF THE AMERICAN GERIATRICS SOCIETY 25(5):232-237,  
1977

A review of the literature and a study conducted at a state hospital indicated that valid psychologic test results on geriatric patients are often difficult to obtain. In this investigation, attention was focused on the following areas: 1) studies in which the more traditional measurements were used, 2) articles stressing the need for caution in using the traditional techniques, and 3) studies in which behavioral rating scales and checklists were used as the evaluative devices. A large number of checklists and behavioral rating scales were found to be relevant and

applicable to an institutional setting. Five were selected and are reviewed in depth.

(33 references) AA-M REFERENCE NUMBER 110

**Grossman, Michael**

*A Survey of Recent Research in Health Economics*

AMERICAN ECONOMIST 21(1)14-20, 1977

In this survey of recent research in health economics, the author concentrates on studies that have appeared since 1971 or are in progress. The survey reflects in part the author's research interests and biases and is not meant to be comprehensive. Four topics are covered: (1) demand for adults' health and medical care; (2) effects of health on labor supply and wage rates; (3) demand for children's health and medical care and (4) selected topics pertaining to the supply side of the medical care market.

(27 references) AA-M REFERENCE NUMBER 111

**Lerner, Monroe**

*The Non-Health Services' Determinants of Health Levels: Conceptualization and Public Policy Recommendations*

MEDICAL CARE 15(5:SUPPLEMENT):74-83, 1977

The author reviews the arguments and counter-arguments for restructuring the health system and notes that there has been little systematic investigation and analysis of the relative influence of the health services system and of other factors on health levels. This paper attempts to provide an analytical framework for conceptualization of the non-health services factors which may influence health levels, and it suggests lines along which it may be profitable to pursue further inquiry.

(16 references) CH-P REFERENCE NUMBER 112

**Marshall, Carter L.**

*Toward an Educated Health Consumer: Mass Communication and Quality in Medical Care: Fogarty International Center Series on the Teaching of Preventive Medicine Volume 7*

BETHESDA, MARYLAND:NATIONAL INSTITUTES OF HEALTH, (PUBLICATION NUMBER NIH 77-881), 1977

This monograph focuses on the current and potential role of communications and of consumerism in effective health education for our times. Special emphasis is placed on the use of outcome measures in the evaluation of medical care quality. Interaction between the consumer and provider is seen to stimulate interest in and support for new research projects, and to provide effective resistance to efforts to

impose budgetary restrictions that do not take into account the cost effectiveness of the programs involved.

(302 references) CH-P REFERENCE NUMBER 113

**Mushkin, Selma J.**

*Evaluation of Health Policies and Actions*

SOCIAL SCIENCE AND MEDICINE 11:491-499, 1977

In the concepts of the economist, lack of a market and a price system for "better health" and "better medical care" point to substitute (non-market) methods of keeping score. The importance of the questions for purposes of public decision making argues for a strenuous effort to develop and pursue a range of approaches that can relate costs of a health program and of medical care to consumer demand, and to the gains received as a consequence of the costs incurred. It is in pursuit of such political arithmetic that evaluation processes encourage a probing to identify outcomes that can be achieved by better health and medical care. What appears to be indicated now is a far greater research effort, more experimentation and more extensive evaluation and measurement.

(58 references) AS-M REFERENCE NUMBER 114

**Plant, Janet**

*Various Approaches Proposed to Assess Quality in Long-Term Care*

HOSPITALS 51(17):93-98, 1977

This paper reviews two outcome oriented instruments for assessing long-term care that were presented at the 1977 meeting of the American College of Nursing Home Administrators. The Patient Appraisal and Care Evaluation (PACE) assesses mental and emotional as well as physical needs. The instrument developed by the Joint Commission on Accreditation of Hospitals (JCAH) is a problem oriented method which comes close to offering a thorough and total evaluation system. In addition, the experiences of Sidney Katz and Eric Pfeiffer with patient-centered questionnaires are discussed.

(1 reference) CH-P REFERENCE NUMBER 115

**Siegmann, Athilia E.**

*Readiness of Sociomedical Sciences to Measure Health Status*

IN, HEALTH GOALS AND HEALTH INDICATORS: POLICY, PLANNING AND EVALUATION ELINSON, JACK; MOONEY, ANNE; SIEGMANN, ATHILIA (EDITORS) BOULDER, COLORADO:WESTVIEW PRESS, INC., 1977

Research and methodologic strategies of health status measurement will be dependent upon the purpose the indicator is to serve. While policy research and disciplinary research select out different items to

operationalize components of health, there is much correspondence and developmental exchange between these two research foci in construction of health status indicators. The ultimate need for health planning indicators that will serve rational resource allocation purposes may best be met by investment in a program to study the epidemiology of health. It has been suggested that a time series be established for a global perception of health status.

(44 references) AS REFERENCE NUMBER 116

**Wang, Virginia Li**

*Social Goals, Health Policy and the Dynamics of Development as Bases for Health Education*

INTERNATIONAL JOURNAL OF HEALTH EDUCATION 20(1):13-18, 1977

The relatively recent phenomenon of community participation in health decisions in some countries is but one aspect of the larger societal value. We can assume that self care, mutual care and collaborative involvement between providers and citizens flow from the concept of self-determination. A primary task in health education is to build stable linkages with other workers and the public in order that health status may be improved by finding areas of common concern and by institutionalizing joint efforts in seeking solutions through multipurpose planning.

(0 references) AA-M REFERENCE NUMBER 117



## CURRENT RESEARCH—ENGLISH

### Development—Conceptual

**Brenner, Berthold**

*Quality of Affect as a Criterion*

PRESENTED AT THE CONFERENCE ON COMPLEXITY: A CHALLENGE TO THE ADAPTIVE SOCIETY IN COLUMBIA, MARYLAND, MARCH 24-26, 1977

Conceptualizing in the area of human well-being requires a criterion for what is desirable, beneficial or healthy and what is undesirable, problematic or pathological. Impact on present and future suffering and joy or, more precisely, quality of affect is proposed as the criterion. The conceptualization of mental disorders, social problems, mental health and quality of life are each discussed with reference to this criterion.

(10 references) AA REFERENCE NUMBER 118

**Cole, Dixie (project director)**

*Scope of Work: An Evaluation of the Application of Health Need Indexes to Resource Allocation Decisions in Selected PHS Programs*

UNPUBLISHED, SEATTLE, WASHINGTON:PUBLIC HEALTH SERVICE, REGIONAL OFFICE, 1977

This document describes a project being conducted under contract for the U.S. Public Health Service in Region X. The project examines the hypothesis that the use of health status measures, indexes and profiles, as well as indicators, in prioritizing technical assistance and applications, will result in financial assistance being directed to areas of greatest need.

(19 references) CH-P REFERENCE NUMBER 119

**Dunn, Tedi**

*Indicators of Health and Well-Being: Development of the Health Status Indicator Movement*

UNPUBLISHED, SAN FRANCISCO, CALIFORNIA:UNIVERSITY OF CALIFORNIA, 1976

This paper examines the current attempts to measure health status in the context of an evolutionary development of a health indicators movement. Ethical issues raised and their implications for health professionals are also addressed.

(38 references) CH-P REFERENCE NUMBER 120

**Evans, William**

*A Multivariate Model for Assessing Injury/Illness Severity*

UNPUBLISHED, PHILADELPHIA, PENNSYLVANIA:UNIVERSITY OF PENNSYLVANIA, 1977

The purpose of this paper is to suggest an alternative model for approaching the issue of severity indices, one which views patient attribute profiles as vectors in a multi-dimensional space defined by  $p$  attributes. The paper first provides the mathematical formulation of an attribute profile-space model, and then discusses the related topics of regions in attribute space and the probability of group membership. A hypothetical data set for a group of burn patients is used to demonstrate/illustrate crucial points. While the focus of this paper is on severity indices, it may be that many of the concepts are generalizable to the broader domain of health status indices.

(references unknown) AA-M REFERENCE NUMBER 121

**Fitch, David**

*Discussant's Comments*

PRESENTED AT THE ANNUAL MEETING OF THE AMERICAN PSYCHOLOGICAL ASSOCIATION IN SAN FRANCISCO, CALIFORNIA AUGUST 28, 1977

The recent trend toward dissatisfaction with the current medical care delivery system, as stated by Illich, Knowles, Carlson, and Lalonde among others, indicates the need for careful and systematic evaluation. Psychology, with its strong traditions in experimentation and measurement, can make important contributions in determining the effect of this system on health status. Recent contributions by psychologists to the evaluation of health services are cited; however, these are not sufficient. The author urges psychologists to become actively involved in health status research possibly through the submission and review of grant applications.

(0 references) CH-P REFERENCE NUMBER 122

**Institute for Behavioural Research**

*Social Change in Canada: Trends in Attitudes, Values and Perceptions*

UNPUBLISHED, YORK, CANADA:YORK UNIVERSITY, INSTITUTE FOR BEHAVIOURAL RESEARCH, 1977

The research program described in this proposal is focussed on subjective or perceptual indicators including perceived quality of life, attitudes, and values of Canadians. Within the context of social indicators research, the utility and necessity of research on subjective indicators as a supplement to research on objective indicators, and as important measures of the state of society in their own right, is stressed. The objectives are twofold: to develop descriptive measures of these subjective indicators and their distribution within the population across a 5 year period; and to develop explanatory models of the dynamics of these indicators.

(0 references) CH-P REFERENCE NUMBER 123

**Koch, Alma L.; Schweitzer, Stuart O.**

*Consumer Willingness-to-Pay for Well-Being*

PRESENTED AT THE CONFERENCE ON FUNCTIONAL HEALTH STATUS AND BIOMEDICAL RESEARCH AND TECHNOLOGY AT GEORGETOWN UNIVERSITY, SEPTEMBER 23-24, 1977

This paper contends that individual preferences should provide an aggregate framework for public expenditure decisions; these preferences should be expressed in willingness-to-pay (WTP) measurements. After discussing several economic problems which impinge on WTP measures, the authors suggest a study design which uses function status as the format for studying WTP preference assessment. If it is possible to determine what people want to pay for levels of health status, then funds can be channeled into congruent health programs and services including research and facilities. WTP for functional status is the common denominator by which we can compare the cost-effectiveness of public expenditures for health.

(36 references) CH-P REFERENCE NUMBER 124

**Lee, Philip; Franks, Patricia**

*The Pursuit of Health*

UNPUBLISHED, SAN FRANCISCO, CALIFORNIA:UNIVERSITY OF CALIFORNIA, HEALTH POLICY PROGRAM, 1977

In this forthcoming book, the authors discuss health status, determinants of health and illness, the role of medical care, self care as well as self help and the Federal government's policies and programs which impact on health. These topics are then related to the pursuit of health in public and private sectors.

(references unknown) CH-P REFERENCE NUMBER 125

**Sechrest, Lee**

*Methodological Problems in the Use of Health Status Indexes*

PRESENTED AT THE ANNUAL MEETING OF THE AMERICAN PSYCHOLOGICAL ASSOCIATION IN SAN FRANCISCO, CALIFORNIA AUGUST 28, 1977

Over the past several years a surge of interest in ways of assessing the health status of large samples or populations has led to the development of a variety of health status indexes, for the most part intended for use in research contexts. While health status indicators are of potentially great value in health research, their use is not without hazards. These limitations on the value of health status indexes should be recognized and taken into account in the planning, implementation, and interpretation of research projects. The major limitations of health indexes fall under the general headings of metric properties, generality, validity, sampling units, units of aggregation, and use as single indicators. These problems are discussed, and needed methodological advances are proposed.

(references unknown) AA-M REFERENCE NUMBER 126

**Siegmann, Athilia E.**

*Health Status Indicators: Tools or Traps for Health Planners?*

PRESENTED AT THE ANNUAL MEETING OF THE AMERICAN PUBLIC HEALTH ASSOCIATION IN WASHINGTON, D.C., OCTOBER 31, 1977

This presentation considered how health status indexes might be used in conjunction with the health indicators currently available to health planners. In reviewing the developmental link between health problems and health measures, the author points out that techniques which manipulate vital statistics fail to assess general population health status. While such measures cannot be used for national planning, they can be used for inferential estimates on which to base planning decisions. Thus, there is a need for health status measures which comprise both positive and negative aspects of physical, psychological and social health.

(0 references) CH-P REFERENCE NUMBER 127

**United Kingdom Delegate to the Common Development Effort Number 1**

*Healthfulness of Life: The Possible Inclusion of Domestic and Work Duties in the Measure of Usual Level of Functioning*

PARIS, FRANCE: ORGANISATION FOR ECONOMIC CO-OPERATION AND DEVELOPMENT, SOCIAL INDICATOR DEVELOPMENT PROGRAMME, 1977

This note considers the possible inclusion of domestic and/or professional duties in the activities of daily living used to measure usual levels of functioning. The extra proportion of the population which

would be included by the lower threshold of these items, and the degree to which these elements are culturally related are considered.

(0 references) CH-P REFERENCE NUMBER 128

## Development—Empirical

Adler, Gerald S.

*Prevention of Unnecessary Mortality: A Note on Rutstein's "Measuring the Quality of Medical Care"*

UNPUBLISHED, NEW YORK, NEW YORK:COLUMBIA UNIVERSITY, 1977

The strengths and weaknesses of the preventable disease, disability and death approach suggested by David Rutstein and colleagues (abstracted in the Clearinghouse Bibliography No. 4, 1976) are outlined in this preliminary analysis. The categories selected as "sentinel events" account for as much as 14 percent of all deaths. Based on this result, the author urges further research to tackle the methodological difficulties presented.

(3 references) CH-P REFERENCE NUMBER 129

Anderson, John P.; Bush, James W.; Berry, Charles C.

*Performance Versus Capacity: A Conflict in Classifying Function for Health Status Measurement*

PRESENTED AT THE MEETING OF THE AMERICAN PUBLIC HEALTH ASSOCIATION IN WASHINGTON, D.C., NOVEMBER 2, 1977

A randomly counterbalanced design compared the responses to two forms of a survey instrument designed to assess household members' function status on particular days. Using the interviewer's direct observations, the responses to open-ended, catch-all, and other health-related questions as well as tape recordings of all interviews, we analyzed all cases where the two forms did not produce identical classifications. A major cause of the discrepancies was determined to be a variation in wording the questions either in the performance mode or in the capacity mode. This previously unidentified source of confusion may account for much of the widespread 15-20 percent underreporting of health-related dysfunction in "well" populations. The implication is that, to reduce the systematic upward bias of surveys in measuring health and function status, the present widespread use of "capacity" language in health surveys, and the self-administered forms that require it, should be abandoned in favor of more reliable and valid modes of questioning.

(20 references) AA-M REFERENCE NUMBER 130

**Bush, James W.; Kaplan, Robert M.; Berry, Charles C.**

*Comparison of Methods for Measuring Social Preferences for a Health Status Index*

PRESENTED AT THE ANNUAL MEETING OF THE AMERICAN STATISTICAL ASSOCIATION IN CHICAGO, ILLINOIS, AUGUST 17, 1977

Levels of well-being, the affective component of a comprehensive health status index, are defined as the social preferences that members of society associate with time specific states of function. Interval scale measurements of preference are important because summing them across diverse cases and multiplying them by prognoses, such as mortality rates, requires an underlying metric scale. The present analysis compares preferences from a simple category rating procedure with those obtained using the more complex and difficult magnitude estimation. In a randomly counter balanced design, a group of 65 college students rated 30 case descriptions representing the range of the Well-Being Continuum. The findings support the notion that category ratings give social preference weights that are as nearly valid and with as desirable properties as other techniques tried to date. Magnitude estimation does not appear appropriate as a measurement method for a health status index and is probably inappropriate also for other measures of utility and social choice.

(20 references) AA-M REFERENCE NUMBER 131

**Glasser, Jay H.; Fisher, Pearl**

*Applications of Health Indices Related to Demographic and Probability Based Measures*

PRESENTED AT THE NATIONAL CENTER FOR HEALTH STATISTICS DATA USE CONFERENCE IN DALLAS, TEXAS, MARCH 28-30, 1977

The authors propose a health status index which is based on available disability and mortality data. In this measure, the Community Health Deficit (CHD), morbidity years are assumed to be equivalent to mortality years.

(6 references) CH-P REFERENCE NUMBER 132

**Gross, Richard; Williamson, John W.**

*Development and Evaluation of a Functional Limitation Index (FLI) for Quality Assurance*

UNPUBLISHED, BALTIMORE, MARYLAND:JOHNS HOPKINS UNIVERSITY, SCHOOL OF PUBLIC HEALTH AND HYGIENE, 1977

The purpose of this research was to develop and evaluate an index of patient functional status, the FLI, for assessing small groups of patients with chronic diseases in quality assurance research. This index was constructed from earlier indices used in the Health Accounting Project which were refined based on the methodological literature in disability, social interaction, health index construction, and pretest

results. The final scale has four functional levels: activities of daily living, disabilities, social interaction and physical-emotional symptoms. The scale is currently undergoing testing for reliability and validity among patient samples from the emergency room, clinics, wards, dialysis program and nursing home of a city hospital.

(references unknown) AA REFERENCE NUMBER 133

**Gross, Richard; Williamson, John; Choi, Thomas**

*Development and Evaluation of a Functional Limitation Index for Quality Assurance*

PRESENTED AT THE NATIONAL R.W. JOHNSON CLINICAL SCHOLARS MEETING IN CHICAGO, ILLINOIS, OCTOBER 1977

This study developed and evaluated a functional index for quality assurance work, the Functional Limitation Index (FLI). The brief, easily administered questionnaire, using direct reporting of behavior, was found to be reliable and valid. A second implication of this study is that the emotional-physical symptoms subscale was found to be related to function. Thirdly, a unidimensional index of function status was developed. Eventually, the FLI can be used to identify patients with sub-optimal function status. The aim is to improve patient well-being by improving the processes of care linked to poor functional status.

(0 references) CH-P REFERENCE NUMBER 134

**Klaukka, Timo**

*Positive Elements of Health in the Measurement of Disability*

UNPUBLISHED, HELSINKI, FINLAND: SOCIAL INSURANCE INSTITUTION, RESEARCH INSTITUTE FOR SOCIAL SECURITY, 1977

This paper considers the possibilities and appropriateness of including positive elements in the activities used in the measurement of usual levels of functioning. Examples from Swedish and Finnish health surveys are used to estimate prevalence rates of impaired function for various age groupings. The author suggests that it might be possible to lower the threshold of severity in the measurement of usual levels of functioning.

(0 references) CH-P REFERENCE NUMBER 135

**Land, Kenneth C.; McMillen, Marilyn M.**

*A Macrodynamic Analysis of Changes in Mortality Indexes in the United States, 1946-75: Some Preliminary Results*

UNPUBLISHED, URBANA, ILLINOIS: UNIVERSITY OF ILLINOIS, DEPARTMENT OF SOCIOLOGY, 1977

This paper extends earlier research by Brenner and by Land and Felson on the specification and estimation of macrodynamic structur-

al-equation models to explain changes in American mortality indexes as a function of exogenous changes in societal conditions (social, demographic, economic, and health care). After reviewing the record of annual changes in several general and cause-specific mortality indexes for the post-World War II United States, patterns of temporal covariation in the indexes are discussed and some tentative structural-equation models are described. Although most of these relationships have been noted before in mortality studies, only a small fraction have been studied in a macrodynamic structural-equation models context. These findings thus constitute a baseline of statistical evidence which can be explored in future research.

(39 references) CH-P REFERENCE NUMBER 136

**Martin, Suzanne G.; Clay, Cynthia K.; Densen, Paul M.**

*A Microanalytic Approach to the Development of a System of Health Accounts: A Case Study of Child Health Services*

PRESENTED AT THE NATIONAL CENTER FOR HEALTH STATISTICS  
DATA USE CONFERENCE IN DALLAS, TEXAS, MARCH 28-30, 1977

The health accounts concept is a flexible one in terms of what data should be included and how it should be presented. One prerequisite for establishing a system of health accounts will be continuing attention to and upgrading of current record-keeping procedures. Preliminary recommendations are that health accounts require: 1) a comprehensive classification of well-delineated service components of the current health network; 2) data on expenditure, utilization and source of funds, collected and linked to these service categories; and, 3) input and output data outlined for various population groups. The project is adapting the health accounts concept for the program planning and evaluation required of the health agencies mandated by Public Law 93-641. Given the objectives of that legislation, the information base proposed for health accounts can be instrumental in future policy-making.

(2 references) CH-P REFERENCE NUMBER 137

**Morris, Morris D.**

*Physical Quality of Life Index*

UNPUBLISHED, WASHINGTON, D.C.:OVERSEAS DEVELOPMENT COUNCIL, 1977

The Physical Quality of Life Index (PQLI) combines infant mortality, life expectancy, and literacy; each is assigned equal weight. The PQLI scale runs from 1 to 100. In spite of the questionable tradeoffs between literacy and premature deaths, Hobart Rowan of the Washington Post claims that the PQLI "is a great step away from complete dependence on GNP data."

(references unknown) CH-P REFERENCE NUMBER 138



**Newman, Frederick L.**

*Level of Functioning, Clinical Judgment and Mental Health Service Evaluation*

PRESENTED AT THE ANNUAL MEETING OF THE AMERICAN PSYCHOLOGICAL ASSOCIATION IN SAN FRANCISCO, CALIFORNIA AUGUST 28, 1977

By many standards of clinical practice and by established public laws the clinical endeavor closely follows the human judgment process described by Norman Anderson's functional measurement model. Accrediting, licensing and funding agencies are increasingly requiring clinicians to work with the consumer to describe and document the following four data sets: 1) Problems and problem severity; 2) Resources and support systems; 3) Overall level of functioning; 4) Goals and services needed to reach goals. Any health or mental health service program which has recorded these four data sets also has the basic ingredients for evaluating: 1) Program effectiveness, 2) Program impact on particular consumer groups, 3) Facets influencing clinical judgment and their relationships to consumer service outcomes. And, if unit of service costs are identified by client and by episode, then it is also possible to evaluate relative cost outcome and cost effectiveness among different services and groups of clients.

(references unknown) AA-M REFERENCE NUMBER 139

**Patrick, Donald; Holland, Walter W.**

*Health and Care of the Physically Handicapped in Lambeth*

UNPUBLISHED, LONDON, ENGLAND:ST. THOMAS'S HOSPITAL MEDICAL SCHOOL, DEPARTMENT OF COMMUNITY MEDICINE, 1977

The long-term program of research into the health and care of the physically handicapped in the London borough of Lambeth is described. The two main objectives are to map the course of impairment, disability and handicap in a sample of households and to provide information for social policy development. The survey and studies necessary to meet these goals are outlined.

(2 references) CH-P REFERENCE NUMBER 140

## **Applications**

**Barofsky, Ivan; Sugarbaker, Paul**

*Quality of Life Assessment in Clinical Trials of Cancer Treatment*

PRESENTED AT THE ANNUAL MEETING OF THE AMERICAN PSYCHOLOGICAL ASSOCIATION IN SAN FRANCISCO, CALIFORNIA, AUGUST 1977

A modified version of the Sickness Impact Profile (SIP), which has been developed by Betty Gilson and colleagues, is a component in a quality of life assessment in a clinical trial currently being conducted

by the National Cancer Institute (NCI). This paper outlines the study design and data collection procedures and presents preliminary findings based on 102 subjects as to patient compliance with their treatment regimens.

(0 references) CH-P REFERENCE NUMBER 141

**Bergner, Lawrence; Eisenberg, Mickey S.**

*Outcome Measure of a Suburban Paramedic Program*

SEATTLE, WASHINGTON:SEATTLE-KING COUNTY DEPARTMENT OF PUBLIC HEALTH, EMERGENCY MEDICAL SERVICES DIVISION, 1977

This study will evaluate whether the addition of a highly sophisticated and relatively expensive paramedic program in a suburban community can significantly alter the outcome of cardiac emergencies when compared to the basic fire department emergency medical technician (EMT) program presently available. A before and after study design with two control communities will be used. Outcome measures include the the Sickness Impact Profile (SIP) as well as survival indicators. Prospective assessment of outcome will be made in the three study areas over a 24-month period.

(12 references) AA-M REFERENCE NUMBER 142

**Miles, David L.**

*Executive Summary for the Health Care Evaluation Project*

UNPUBLISHED, MOULTON, ALABAMA:HEALTH CARE EVALUATION PROJECT, 1977

Several approaches to the problem of developing a useful method of measuring health have been investigated. During the four year evaluation and research period, 11,000 interviews covering 25,000 individuals were conducted. The study focused on one approach, the Function Status Index, but included a comparison of this method with the Sickness Impact Profile and the Index of Well Being; the development of these measures is being supported by the National Center for Health Services Research (NCHSR). These health status measures were used in some initial studies in health services research to identify differences between urban and rural populations, and to determine the influence of health on income. Results are summarized.

(8 references) CH-P REFERENCE NUMBER 143

**Wan, Thomas T.H.; Livieratos, Barbara**

*A Validation of the General Well-Being Index: A Two Stage Multivariate Approach*

PRESENTED AT THE ANNUAL MEETING OF THE AMERICAN PUBLIC HEALTH ASSOCIATION IN WASHINGTON, D.C., OCTOBER 30- NOVEMBER 3, 1977

This paper used clinically assessed variables and perceived health status as explanatory variables of the variation on subjective well-being, measured by a composite index derived from a total score of eighteen General Well-Being (GWB) items. A two-stage multivariate approach was employed to analyze data collected in the National Health and Nutrition Examination Survey from 6,931 noninstitutionalized adults. Predictors were measures of diagnostic impression, medical evaluation of clinical findings, medical history, and perceived health status. Findings revealed that perceived nervous breakdown symptoms and frequency of counseling for psychological problems had the strongest effect on the variation of GWB scores. This suggests that factors other than physical symptoms play a significant role in determining an individual's sense of general well-being. Finally, discriminant function analysis was carried out by using the eighteen GWB items as discriminatory variables of perceived health status.

(27 references) AA-M REFERENCE NUMBER 144

## **Policy Review**

**Patrick, Donald L.; Guttmacher, Sally**

*Social Indicators in the Development of National Health Policy*

PRESENTED AT THE ANNUAL MEETING OF THE AMERICAN PUBLIC HEALTH ASSOCIATION IN WASHINGTON, D.C., OCTOBER 30-NOVEMBER 3, 1977

In the health field, the social policy rationale has been the basis for numerous attempts to define criteria for constructing indicators, to advance specific proposals, and to evaluate readiness of these measures for decision making. However, the use of health indicators in formulating and guiding health policy has not been examined in detail on political grounds. In this presentation, the authors attempted to set the development of health status measures within an historical context by examining the assumptions behind them and the implication that they can be applied in the public interest.

(references unknown) AA-M REFERENCE NUMBER 145

## RECENT PUBLICATIONS—NON-ENGLISH

**Aschoff, Renati; Schabacker, Maria**

*Stationary Treatment Subjective Assessment of Health Condition and Therapeutic Success*

MEDIZINISCHE WELT (STUTT GART) 28(21):963-966, 1977 (ARTICLE IN GERMAN)

(18 references) REFERENCE NUMBER 146

**Bachmann, W.**

*Health and Disease: Critical Thoughts on the Health Concept of the World Health Organization*

MUENCHENER MEDIZINISCHE WOCHENSCHRIFT 119(11):349-352, 1977 (ARTICLE IN GERMAN)

In recent times, health politics has crystallized more and more into an independent branch of social politics. Health as well as disease have become a central topic of public and individual discussion. An elucidation of the relevant concepts seems to be urgently required. The article, starting from the well-known WHO definition of health, attempts a critical discussion of the concepts of "health" and "disease." It becomes apparent that, according to the present state of knowledge, neither can be conclusively defined, by either medical or psychic scientific methods. The material is subjected rather to a constant change decisively dependent on psychic currents at the time in question.

(11 references) AA REFERENCE NUMBER 147

**Baibakov, Yu. I.; Monakhov, B.S.**

*Urgent Problems in the Expert Evaluation of Temporary Work Disability*

SOVETSKOE ZDRAVOOKHRANENIE (MOSKVA) (7):34-36, 1977 (ARTICLE IN RUSSIAN)

(6 references) REFERENCE NUMBER 148

**Brorsson, Bengt**

*The Measurement of Health: Indicators and Index of Health Status*

STOCKHOLM, SWEDEN:SPRI, 1977 (ARTICLE IN SWEDISH)

What is happening with the health status of the Swedish population? Is it getting better or worse? Answers to questions like this one are severely wanted but hard to get. As the society has taken on more and more responsibility for the welfare of the population, information is badly needed on how successful the different policies have been. This report is an attempt to review the current status of indicators and indexes of health, to summarize the experiences to date and to try to evaluate their future usefulness for health planning.

(127 references) AS-M REFERENCE NUMBER 149

**Damiani, Paul**

*Contribution a la Mesure du Niveau de Sante: Definition d'un Indicateur Lie aux Facteurs Sanitaires*

INTERNATIONAL STATISTICAL REVIEW 42(1):29-37, 1974 (ARTICLE IN FRENCH)

In this paper we define an index of health linked with health factors. This index is a weighted average of mortality rates of five age groups. The weights are calculated by the method of canonical analysis so that they give a maximum correlation with factors having influence on health (hospital beds, medical staff, urban population, home comfort, income, alcohol, tobacco). We used data of French departments and French mortality rates 1962 for males. We find a high correlation ( $r=0.874$ ) between this index and the expectation of life at birth for both sexes.

(10 references) AA REFERENCE NUMBER 150

**Damiani, Paul**

*La Mesure du Niveau de Sante*

JOURNAL DE LA SOCIETE DE STATISTIQUE DE PARIS (2):130-144, 1973 (ARTICLE IN FRENCH)

(22 references) REFERENCE NUMBER 151

**Damiani, Paul**

*Modele Simplifie d'une Application de la Theorie des Jeux a la Strategie Sanitaire*

JOURNAL DE LA SOCIETE DE STATISTIQUE DE PARIS (1):52-58, 1974 (ARTICLE IN FRENCH)

The game theory has been applied to a simplified model for health planning. Statistical linkage between health factors and death rates

have been measured. We have found what relative variations of these factors have to be made for a maximal decreasing mortality.

(9 references) AA REFERENCE NUMBER 152

**Duderstadt, H.; Jorgensen, G.**

*Health—From the Viewpoint of Behavior Biology*

MEDIZINISCHE MONATSSCHRIFT (STUTTGART) 31(8):343-346, 1977  
(ARTICLE IN GERMAN)

(5 references) REFERENCE NUMBER 153

**Fedorov, A.G.; Spodobets, P.D.; Myznikova, I.V.; Yurgensen, D.R.; Berlin, E.V.; et al.**

*Conducting a Socio-Hygienic Study With the Use of Mathematical-Statistical Methods*

SOVETSKOE ZDRAVOOKHRANENIE (MOSKVA) (5):17-21, 1977 (ARTICLE IN RUSSIAN)

Potential application of mathematical-statistical procedures and computer technique to socio-hygienic investigations is considered. On an example of a study made of some gerontological aspects in the health status of the population inhabiting one of the large districts in the city of Leningrad, a pattern for setting up and conducting statistical observations involving the use of two specific computer units is proposed.

(7 references) AA-M REFERENCE NUMBER 154

**Gerbert, G.**

*Health: Attempt at Describing the Concept of and the Relation to Physical Capacity*

MEDIZINISCHE MONATSSCHRIFT (STUTTGART) 31(8):340, 1977 (ARTICLE IN GERMAN)

The meaning of the term "health" is discussed generally and especially in connection with physical fitness. Health is defined as the ability of the organism to stabilize its state within a certain range and to defend its equilibrium against the disturbances originating from the environment and from the organism itself. Within this definition three components can be differentiated, a structural, a functional and a prospective one. An enhanced physical fitness does not mean directly a better health, but regular physical activity - the basis of an increased physical fitness - is often combined with a reduction of risk factors or risk habits like smoking, overweight, etc., thereby improving the prospective component of health.

(8 references) AA REFERENCE NUMBER 155

**Goetz, E.**

*Relativity of the Concepts Healthy and Sick*

MEDIZINISCHE MONATSSCHRIFT (STUTTGART) 31(8):361-362, 1977  
(ARTICLE IN GERMAN)

(0 references) REFERENCE NUMBER 156

**Hungerland, H.**

*The Pediatrician on the Definition Healthy (Normal) and Diseased*

MEDIZINISCHE MONATSSCHRIFT (STUTTGART) 31(8):358-361, 1977  
(ARTICLE IN GERMAN)

(0 references) REFERENCE NUMBER 157

**Jenicek, Milos; Rousseau, Therese; Bellefleur, Monique**

*Sante Physique, Mentale, Sociale et Handicaps des Citoyens Seniors, Ville de Saint-Laurent: II. Sante Globale, Incapacite et Dependance*

CANADIAN JOURNAL OF PUBLIC HEALTH 68:323-329, 1977 (ARTICLE IN FRENCH)

The state of general health (health measured by Grogono and Woodgate's index), also the degree of disability and dependency (Linn's Rating Scale) were evaluated by means of personal interviews of 1,079 senior citizens. This was a cross-sectional study. The descriptive tables show a decrease of general health, capacity and independence with age. The prevalence of various impairments in the index values used highlights the priorities of health and social needs in the community.

(6 references) AA-M REFERENCE NUMBER 158

**Jorgensen, G.; Duderstadt, H.**

*Illness—From the Viewpoint of Behavior Biology*

MEDIZINISCHE MONATSSCHRIFT (STUTTGART) 31(8):346-348, 1977  
(ARTICLE IN GERMAN)

(8 references) REFERENCE NUMBER 159

**Komarov, Yu. M.; Ivanova, N.T.**

*Evaluation of Health Status of Large Population Groups*

SOVETSKOE ZDRAVOOKHRANENIE (MOSKVA) (5):21-25, 1977 (ARTICLE IN RUSSIAN)

Basic approaches to elaborating characteristics of health status are offered. Results of an analysis into the health status of the population, based on the materials of a special investigation, are presented. Key

requirements to be met by generalized health indicators are advanced, and prospects for their mathematical modelling are demonstrated.

(5 references) AA REFERENCE NUMBER 160

**Kucherin, N.A.; Yunkerov, V.I.**

*Predicting the Morbidity Rate by the Probability Method*

SOVETSKOE ZDRAVOOKHRANENIE (MOSKVA) (6):35-41, 1977 (ARTICLE IN RUSSIAN)

It is not always possible to establish a correlational dependence between the study factors influencing the level of temporary disability. The proposed method enables it to determine the probable disease-incidence rate resulting from improved conditions of work and everyday life. This will help to properly orient the future endeavors of the management and medical service of the industrial enterprise toward improving work conditions, the health of the employees and reducing the sickness rate among them.

(0 references) AA REFERENCE NUMBER 161

**Lane, Silvia T. Maurer; Horta, Wanda de Aguiar**

*Psychological Meaning of Health as a Function of Group Contingencies in 2 University Schools of San Paulo*

REVISTA DA ESCOLA DE ENFERMAGEM DA USP 10(1):15-56, 1976 (ARTICLE IN SPANISH)

The purpose of this study was to identify cues of group contingencies that control verbal behavior of students affiliated to different groups, through the meaning of words related to Health and Sickness. The study was undertaken in a Nursing and in a Psychology school, comparing data of groups in each school and between schools. The technique was Osgood's S.D. scales, applied in a sample of the population of first and fourth years of both schools. The values may indicate contingencies in each school were obtained by interviews with members of boards of directors, and by questionnaires, it identified values of different groups of professors. The results show that values may indicate contingencies controlling verbal behaviors of students.

(4 references) AA REFERENCE NUMBER 162

**Letourmy, A.**

*Importance and Limitations of Health Status Indices in the Field of Planning*

CAHIERS DE SOCIOLOGIE ET DE DEMOGRAPHIE MEDICALES (PARIS) 17(2):66-72, 1977 (ARTICLE IN FRENCH)

(references unknown) REFERENCE NUMBER 163



**Lucioni, Carlo**

*Regarding a Seminar on Social Indicators as a Trend Choosing Aid in Health Politics*

EPIDEMIOLOGICA E PREVENZIONE (FALL):54-56, 1976 (ARTICLE IN ITALIAN)

(references unknown) REFERENCE NUMBER 164

**Nesterov, V.A.; Kamushkina, L.V.**

*Dynamics of Primary Disability*

ZDRAVOOKHRANENIE ROSSIJSKOI FEDERATSII (4):21-25, 1976 (ARTICLE IN RUSSIAN)

(references unknown) REFERENCE NUMBER 165

**Nesterov, V.A.; Kamushkina, L.V.**

*Some Methodological Problems of Disability Statistics*

SOVETSKOE ZDRAVOOKHRANENIE (2):29-35, 1976 (ARTICLE IN RUSSIAN)

In spite of the increase of a number of works devoted to disability, the methodical problems, in particular the problem concerning the value of a minimal complex have not been worked out sufficiently. The authors point out that at present some investigations on disability have been made on an insufficient volume of the material. A study of primary disability with the analysis of its age, sex peculiarities, and with due regard for some social groups, according to the author's opinion, should be made covering not less than 200,000 working individuals, that may ensure the sufficient reliability of the indices. The authors are of the opinion that together with estimating the indices of disability for a number of working persons, it is necessary to calculate also the indices for the total number of the population.

(references unknown) AA-M REFERENCE NUMBER 166

**Rodriguez Cabezas, Angel**

*Indicators of Health and Efficiency of Health Services in Health Planning*

REVISTA DE SANIDAD E HIGIENE PUBLICA (MADRID) 50(5-6):457-484, 1976 (ARTICLE IN SPANISH)

The author infers that the problem of measuring the health of collectivities is still difficult due to the complexity of the concept of health that has to be measured. It is the public health doctor that must choose the best indicators according to the degree of development of collectivities and according to the data that are offered by the organization. This is why it is better to follow the use of indexes easy to obtain and of simple computation in the underdeveloped countries and

to include sociocultural and economic indexes in those others whose level of life and health status is high.

(12 references) AA-M REFERENCE NUMBER 167

**Romenskii, A.A.; et al.**

*Improving Methods of Studying the Health Status of the Population and Utilization of the Results Obtained in the Public Health System*

SOVETSKOE ZDRAVOOKHRANENIE (10):23-26, 1976 (ARTICLE IN RUSSIAN)

On the example of an analysis of materials on the disease incidence, obtained through a complex study of the population's health status in the years 1969-1971, the possibility and expedience of eliciting information that may be of use in the public health management are shown. In consideration of this, some methodological principles for future studies of the population's health are set forth.

(references unknown) AA REFERENCE NUMBER 168

**Rousseau, Therese; Jenicek, Milos; Bellefleur, Monique**

*Physical, Mental and Social Health and Handicaps of Senior Citizens, Ville de Saint-Laurent: 1. Physical and Mental Health*

CANADIAN JOURNAL OF PUBLIC HEALTH 68(3):210-218, 1977 (ARTICLE IN FRENCH)

The purpose of this project was to evaluate the demographic situation, the way of life, the health status, and the needs of senior citizens. For this purpose, 1,079 persons aged 60 years and older were interviewed. Data regarding the physical and mental health of the population are presented; there is a logical deterioration of health with age. In the homogeneous population studied, no significant difference was found in relation to other epidemiological characteristics of persons. Other methodological and representative studies will complete this picture.

(24 references) AA-M REFERENCE NUMBER 169

**Ruiz, Ricardo H.**

*The Concept of Health and Disease*

ACTA PSIQUIATRICA Y PSICOLOGICA DE AMERICA LATINA 22(4): 267-276, 1976 (ARTICLE IN SPANISH)

The author reviews some current concepts concerning the definitions and uses of the concepts of health and illness. Among these are 1) the statistical, normative and clinical perspectives of normality, 2) the operational definitions of illness, and 3) health as equilibrium. These concepts are applied to mental illness and its limits.

(25 references) AA-M REFERENCE NUMBER 170

1  
**Schadewaldt, H.**

*Margins of Health and Illness—Historical Viewpoints*

MEDIZINISCHE WELT (STUTTGART) 28(13):613-619, 1977 (ARTICLE IN GERMAN)

(0 references) REFERENCE NUMBER 171

**Suzuki, Shosuke; Yanai, Haruo**

*Factor Analysis of Cornell Medical Index and Medical Data Index*

JAPANESE JOURNAL OF INDUSTRIAL HEALTH 18(5):464-473, 1976 (ARTICLE IN JAPANESE)

Structures of Cornell Medical Index and Medical Data Index were examined by factor analysis. Both of the translated questionnaires were self-administered by six hundred male employees. Questions of low response rate were excluded, and 117 and 70 questions were analyzed finally by the method of varimax rotation for CMI and MDI respectively. Ten factors were extracted. The first two factors were common for both questionnaires and had pronounced contribution ratio amounting to 36.7 and 29.3 percent for CMI and MDI respectively. The first factor was a tendency of many physical complaints. The second factor of the questionnaires was named mental instability. The two major factors would correspond to the first and the second component of the Subjective Fatigue Complaint Test (1970) by Japan Association of Industrial Health. Not also CMI but MDI were found to have a poor scalability except for the two major factors.

(15 references) AA-M REFERENCE NUMBER 172

**Tomkiewicz, S.; et al.**

*Research in the Medico-Social Sector Objectives, Methods and Evaluation*

REVUE DE NEUROPSYCHIATRIE ET D'HYGIENE MENTALE DE L'ENFANCE 25(3-4):231-260, 1977 (ARTICLE IN FRENCH)

Medico-social research studies the subjects who are in the care of the medical and social welfare structures of the nation, the functioning of these structures and the conditions of life of these subjects. Such research makes great demands of information-handling techniques. The advantages and disadvantages of the various types of study are discussed: retrospective versus prospective, longitudinal versus cross-sectional, exhaustive versus sampling, the use of live versus casebook data.

(references unknown) AA-M REFERENCE NUMBER 173

**Van Eimeren, W.**

*Measurement of Health (editorial)*

MUNCHENER MEDIZINISCHE WOCHENSCHRIFT 119(17):7-8, 1977 (ARTICLE IN GERMAN)

(0 references) REFERENCE NUMBER 174

**Zacek, Adolf**

*On the Theory of Management of Health Services*

SBORNIK VEDECKYCH PRACI LEKARSKE FAKULTY KARLOVY UNIVERSITY SUPPLEMENT (HRADEC KRALOVE) 18(2):245-251, 1975 (ARTICLE IN CZECHOSLOVAKIAN)

Disease should be regarded as a phenomenon which has its natural and social aspects. A biological and a sociological model of disease are presented. Health services can be defined as requirements of the public, as objectively justified demand and as performances presented by health service institutions. If health care of population is to be most effective, then the population groups must be studied from the aspect of all three types of services, whether actual or potential.

(references unknown) AA REFERENCE NUMBER 175

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