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Clearinghouse on Health Indexes

National Center for Health Statistics

Issue 1 • 1983

Bibliography on Health Indexes

14 Foley, William J.; Schneider, Donald P.: A Comparison of the Level of Care Predictions of Six Long-Term Care Patient Assessment Systems; American Journal of Public Health 70(11):1152-1161, 1980

14 Forer, Stephen K.; Miller, Lawrence S.: Rehabilitation Outcome: Comparative Analysis of Different Patient Types; Archives of Physical Medicine and Rehabilitation 61(8):359-365, 1980

15 Fries, James F.; Spitz, Patricia; Kraines, R. Guy; Holman, Halsted R.: Measurement of Patient Outcome in Arthritis; Arthritis and Rheumatism 23(2):137-145, 1980

15 Frolova, O.G.; Zangieva, T.D.; Granat, N.E.: Methods for Evaluating the Healthy Neonates' State at their Discharge from Obstetric Institutions; Akusherstvo i Ginekologiia (2):24-26, 1980 (article in Russian)

16 Fuller, Sarah S.; Larson, Sandra B.: Life Events, Emotional Support, and Health of Older People; Research in Nursing and Health 3(2):81-89, 1980

16 General Health Corporation: Personal Health Profile Questionnaire; Washington, D.C.: General Health, Incorporated, 1980

17 Gilson, Betty S.; Erickson, Daniel; Chavez, Cesar T.; Bobbitt, Ruth A.; Bergner, Marilyn; et al.; A Chicano Version of the Sickness Impact Profile (SIP): A Health Care Evaluation Instrument Crosses the Linguistic Barrier; Culture, Medicine and Psychiatry 4:137-150, 1980

17 Goldberg, Richard T.; Bernad, Martha; Granger, Carl V.: Vocational Status: Prediction by the Barthel Index and PULSES Profile; Archives of Physical Medicine and Rehabilitation 61(12):580-583, 1980

18 Gresham, Glen E.; Phillips, Therese F.; Labi, Maria L.C.: ADL Status in Stroke: Relative Merits of Three Standard Indexes; Archives of Physical Medicine and Rehabilitation 61(8):355-358, 1980

18 Hamburg, Beatrix A.; Lipsett, Lois F.; Inoff, Gale E.; Drash, Allan L. (editors): Behavioral and Psychosocial Issues in Diabetes: Proceedings of the National Conference: Washington, D.C.: U.S. Department of Health and Human Services, 1979

19 Health Corporation: Health Self-Appraisal Report; Washington, D.C.: Health Corporation, 1979

19 Hettler, Bill: Wellness Promotion on a University Campus; Family and Community Health 3(1):77-95, 1980

19 Ignateva, R.K.; Maksimova, T.M.: Status and the Dynamics of the Basic Indices of the Health of the Pediatric Population in the U.S.S.R.; Pediatriia (Moscow) (2): 3-6, 1980 (article in Russian)

20 Irwin, Patrick H.; Gottlieb, Allen: Quality of Life After Radiation Therapy: A Study of 198 Cancer Survivors; Philadelphia, Pennsylvania: Philadelphia Health Management Corporation, 1980

20 Jette, Alan M.: Health Status Indicators: Their Utility in Chronic Disease Evaluation Research; Journal of Chronic Diseases 33(9):567-579, 1980

21 Jette, Alan M.: Functional Status Index: Reliability of a Chronic Disease Evaluation Instrument; Archives of Physical Medicine and Rehabilitation 61(9):395-401, 1980

21 Kane, Rosalie A.; Kane, Robert L.: Assessing the Elderly: A Practical Guide to Measurement; Lexington, Massachusetts: Lexington Books, D.C. Heath and Company, 1981

22 Kane, Rosalie A.; Kane, Robert L.: Long-Term Care: A Field in Search of Values: In, Values and Long-Term Care; Kane, Robert L.; Kane, Rosalie A. (editors); Lexington, Massachusetts: Lexington Books, D.C. Heath and Company p. 3-26, 1982

22 Kaplan, Robert M.: Human Preferences Measurement for Health Decisions and the Evaluation of Long-Term Care: In, Values and Long-Term Care: Kane, Robert L.; Kane, Rosalie A. (editors): Lexington, Massachusetts: Lexington Books, D.C. Heath and Company, p. 157-188, 1982

23 Kedenburg, Dean: Quality of Life Scale: A Preliminary Analysis: Professional Psychology 11(4):599-605, 1980

23 Keeler, Emmett; Kane, Robert L.: What is Special about Long-Term Care? In, Values and Long-Term Care: Kane, Robert L.; Kane, Rosalie A. (editors): Lexington, Massachusetts: Lexington Books, D.C. Heath and Company, p. 85-100, 1982

24 Kelman, Sander: Social Organization and the Meaning of Health: Journal of Medicine and Philosophy 5(2):133-144, 1980

24 Kind, Paul; Rosser, Rachel: Death and Dying: Scaling of Death for Health Status Indices: Lecture Notes on Medical Informatics: Barber, B. et al. (editors): Berlin, Springer-Verlag 5, p. 28-36, 1979

24 Koitabashi, K.: Understanding of the Object—Observation of the Daily Life as an Aspect of Health: Kango Kyoiku 21(5):315-320, 1980 (article in Japanese)

(Continued on p. 69)

BIBLIOGRAPHY on HEALTH INDEXES

INTRODUCTION

This issue contains annotated citations of literature on health indexes which became available in July through December 1980. Items have been grouped into four sections: Annotations, Book Reviews, Conferences, and Bulletin Board.

Annotations

Published articles listed in this section have been identified from the National Library of Medicine online data files and Current Contents: Social and Behavioral Sciences for the last six months of 1980. In addition, the Clearinghouse routinely searches over 60 journals. Each new issue is examined for book reviews, current research funding, and forthcoming conferences as well as pertinent articles. Journal titles and actual volume number searched are listed on pages 5 and 6. Many of the journals routinely searched are also listed in the reference sources (Medlars and Current Contents); this overlap provides assurance that relevant titles are identified.

The unpublished articles cover work in progress and articles accepted for publication. The reports listed here have been received by the Clearinghouse during the July through December 1980 period. Further information about these projects can be obtained from the Clearinghouse.

Book Reviews

Periodically, reviews of books which are related to, but not directly involved with, the construction of health indexes will be reviewed in this special section.

Conferences

Information about forthcoming meetings, conferences, seminars, etc., relating to the development and/or application of health measures is noted in this section. For specific information, the sponsoring organizations can be contacted; their addresses are listed in alphabetic order by organization name at the end of this section.

Bulletin Board

This section is reserved for miscellaneous information related to the development of health indexes, such as forthcoming books, emerging libraries and technical information centers.

Format

Bibliographic citations will be given in the standard form: author, title and source of the article, designated by Au:, Ti:, and So:, respectively. As many as five authors will be listed; the sixth and additional authors will be identified by et al. Abbreviations will be avoided whenever possible.

Printed immediately following the abstract are the number of references used in the preparation of the document and the source of the annotation. Basically, 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 abstract (CH-P where the initial following the "-" indicates the individual responsible for the abstract). These abbreviations and their interpretations are printed at the top of the first page of the "Bibliography on Health Indexes."

Reprints

Copies of items cited in the Clearinghouse bibliographies should be requested directly from the authors: the names and addresses are printed at the end of the Annotations Section. Previously the Clearinghouse on Health Indexes has provided photocopies; however, the volume has increased to the point where we are no longer able to fill these requests.

BIBLIOGRAPHY on HEALTH INDEXES

SOURCES of INFORMATION (July-December 1980)

Current Contents: Behavioral and Social Sciences

Volume 11, Numbers 26-52 total issues

The Clearinghouse on Health Indexes searches SDILINE and HEALTH (the Health Planning and Administration File), two of the U.S. National Library of Medicine's online data bases. The Medical Subject Headings (MeSH) used for these searches are listed below.

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 were searched for information on health indexes:

ABS (American Behavioral Scientist) 23(6)
American Economic Review 70(4) 70(5)
American Journal of Economics and Sociology 39(3) 39(4)
American Journal of Epidemiology 112(1-6)
American Journal of Public Health 70(7-12)
American Journal of Sociology 86(1-3)
American Psychologist 35(7-12)
American Sociological Review 45(4) 45(5)
American Sociologist 15(3) 15(4)
Archives of Physical Medicine and Rehabilitation 61(7-12)
Behavioral Science 25(4-6)
British Journal of Sociology 31(3) 31(4)
Canadian Journal of Public Health 71(4-6)
Community Mental Health Journal 16(3) 16(4)
Computers and Biomedical Research 13(4-6)
Demography 17(3) 17(4)
Hastings Center Report 10(3-6)
Health Care Management Review 5(3) 5(4)
Health Services Research 15(3)

BIBLIOGRAPHY on HEALTH INDEXES

Inquiry (Chicago) 17(3) 17(4)
International Journal of Epidemiology 9(3) 9(4)
International Journal of Health Education 23(2-4)
International Journal of Health Services 10(3) 10(4)
Journal of Chronic Diseases 33(7-11/12)
Journal of Community Health 6(1)
Journal of Economic Literature 18(3) 18(4)
Journal of Epidemiology and Community Medicine 34(3) 34(4)
Journal of Gerontology 35(4-6)
Journal of Health and Social Behavior 21(3) 21(4)
Journal of Health Politics, Policy and Law 5(3)
Journal of Social Issues 36(2)
Journal of Social Policy 19(3) 19(4)
Management Science 26(7-12)
Medical Care 18(7-12) 18(8 Suppl)
Milbank Memorial Fund Quarterly 58(3) 58(4)
New England Journal of Medicine 303(1-7) 303(9-17) 303(20-22)
Operations Research 28(4-6)
Policy Sciences 12(2)
Population Studies 34(2) 34(3)
Preventive Medicine 9(4-6)
Public Health Reports 95(4)
Public Opinion Quarterly 44(3) 44(4)
Review of Economics and Statistics 62(2) 62(3)
Social Biology 26(2-4)
Social Forces 59(1) 59(2)
Social Indicators Research 8(3)
Social Problems 27(4) 27(5) 28(1) 28(2)
Social Science and Medicine 14(A4) 14(B3) 14(D3) 14(C3)
Social Science Research 9(1-4)
Social Security Bulletin 43(7-9)
Social Service Review 54(3) 54(4)
Socio-Economic Planning Sciences 14(4)
Sociological Methods and Research 9(1)
Sociological Quarterly 21(3) 21(4)
Sociology of Health and Illness 2(2)
Theoretical Population Biology 18(1)
Topics in Health Care Financing 6(3) 6(4) 7(1) 7(2)

NOTE: The sources of information for preparing the Clearinghouse Bibliography on Health Indexes include the above journals plus all of those which are cited in Current Contents.

BIBLIOGRAPHY on HEALTH INDEXES

Initials following each abstract indicate the source
AA=Author Abstract AS=Author Summary
-M=Modified by Clearinghouse CH- =Clearinghouse Abstract

ANNOTATIONS

REFERENCE NUMBER 1
Au: Aoki, Shigenobu
Ti: Study on the Validity of the Health Questionnaire, THI: I. The Quantitative and Qualitative Difference of Subjective Complaints by Sex and Age
So: Nippon Eiseigaku Zasshi 34(6):751-765, 1980 (article in Japanese)

An attempt was made to use the results of a kind of health questionnaire to evaluate the health status of both a group and specific individuals. The Todai Health Index (THI) was developed with the purpose of supplementing the widely-used Cornell Medical Index. In this paper, quantitative and qualitative differences of subjective complaints in five sex-age groups, and the relevance and usefulness of the THI were investigated. The survey was carried out using 5,937 employees of a trading company. To determine quantitative differences, the proportion of responses to each question, the mean value of scale scores and discriminant scores were used. To determine qualitative differences, the factor pattern of subjective complaints and scale scores were each checked by factor analysis. The author believes that these results have determined relevance of the THI in collecting information about the physical and psychological status of both groups and individuals.
(24 references) AA-M

REFERENCE NUMBER 2
Au: Aoki, Shigenobu
Ti: Study on the Validity of the Health Questionnaire, THI: II. The Means of Evaluation in the Discriminative Diagnosis of Psychosomatic Disease by THI.
So: Nippon Eiseigaku Zasshi 34(6):766-776, 1980 (article in Japanese)

The Todai Health Index (THI) was developed as a general health index in 1974. It consists of 130 questions. Twelve scale scores and three discriminant scores are available for use in evaluation. In this experiment, several methods for discrimination of psychosomatic diseases were investigated. Fifty psychosomatic disease patients (PSDs) and sex-age matched 250 controls were used as subjects. The results are presented and discussed.
(17 references) AA-M

BIBLIOGRAPHY on HEALTH INDEXES

REFERENCE NUMBER 3
Au: Atkinson, Tom; Blishen, Bernard; Murray, Michael
Ti: Physical Status and Perceived Health Quality
So: Downsview, Ontario, Canada:York University, Institute for Behavioural Research, 1980

Some medical sociologists have stressed the role of expectations by significant other, e.g., family, co-workers, in defining physical health and illness. This view suggests that individuals' perceptions of their own physical condition are relative and more closely tied to others' expectations than to actual physical symptoms. An analysis of a representative sample of Canadians (N=3288) shows that physical symptoms are very closely linked to general evaluations of health and that the closeness of fit between the two increases with age. The impact of periods of illness also changes with age such that perceived health quality declines very markedly after brief periods of illness for older persons. These findings are counter to the "relativistic" view of health status. An explanation which stresses comparisons with the individual's best previous physical condition is supported.
(13 references) AA

REFERENCE NUMBER 4
Au: Bebbington, A.C.; Davies, Bleddyn
Ti: Territorial Need Indicators: A New Approach Part II
So: Journal of Social Policy 9(4):433-462, 1980

In Part I of this article (the citation and a brief abstract appear in Bibliography on Health Indexes Number 2, 1980) a typology of existing need indicators was developed. For the meaning of a need indicator to be clear the measure should be rooted in theoretical conclusions about the policy of welfare interventions. In Part II, the theory of the need judgment as a cost-benefit decision is used to provide a basis for a need indicator. This method is then explicated with regard to social services provision for the elderly. Activities of daily living data collected from a social survey are used to provide an indicator which is in fact a standard level of expenditure for social services departments in England and Wales.
(38 references) AA-M

REFERENCE NUMBER 5
Au: Breslow, Lester; Enstrom, James E.
Ti: Persistence of Health Habits and Their Relationship to Mortality
So: Preventive Medicine 9(4):469-483, 1980

This paper explores the relationship of seven personal health practices and subsequent mortality in the nine and one-half years between an initial survey of 6,928 adults made in Alameda County, California, in 1965 and a follow-up survey in 1974. When accumulated to form a health practice score from 0 to 7, the number of health practices showed a striking inverse relationship with age-adjusted mortality rates, especially for men. Men following seven health practices had a mortality rate only 28 percent that of men following zero to three health practices. Women following seven health practices had a mortality rate 43 percent that of women following zero to three health practices. Both the health practices themselves and their relationship to mortality are shown to be reasonably stable over the nine and one-half year period of follow-up. These results lend support to the hypothesis that good health practices and not the initial health status of the survey respondents are largely responsible for the observed mortality relationships. These and other methodological issues are explored.
(13 references) AA-M

REFERENCE NUMBER 6
Au: Brook, Robert H.; Davies, Allyson Ross; Kamberg, Caren J.
Ti: Selected References on Quality of Medical Care Evaluation in the 1980s
So: Santa Monica, California:Rand Corporation, 1979

Quality assessment in the 1980s will face several challenges. Most important is the current move toward cost containment, particularly in medical care. Those performing quality assessment activities must examine issues such as cost-benefit tradeoffs and factors traditionally outside the focus of traditional medical care. With the help of patients and nonhealth professionals, decisions and tradeoffs can be made and a viable equilibrium between cost containment and quality of health care can be achieved.
(22 references) AS

REFERENCE NUMBER 7
Au: Castro, Ieda Barreira E.
Ti: Concept of Health--Goals and Implications
So: Revista Brasileira de Enfermagem 31(3):275-280, 1978
(article in Portuguese)

(11 references)

REFERENCE NUMBER 8
Au: Ciampi, A.; Till, J. E.
Ti: Null Results in Clinical Trials: The Need for a Decision-Theory Approach
So: British Journal of Cancer(London) 41(4):618-629, 1980

A framework is developed to take explicitly into account the confliction of demands of ethics and scientific rigor in the design of clinical trials. The framework recognizes the part played by the clinical-scientific community in the weighing of a new result provided by a clinical trial. To illustrate the usefulness of the framework a value system is adopted which gives relatively high weight to ethical considerations. The analysis based on this value system reveals some limitations of the present clinical-trials mechanism, especially if success is defined exclusively in terms of cure, and other dimensions of the health system, such as explanatory, care cost or prevention variables are neglected. On the basis of this analysis, it is suggested that; a) if randomized clinical trials are to be ethically acceptable, they will necessarily yield a large proportion of null results; b) positive results from ethically acceptable clinical trials would be expected to have less impact than null results; unless this is the case, there will be a tendency to encourage false hopes; and, c) trials need not yield entirely null results, provided that attention is not focused exclusively on a single outcome variable. A trial of chemotherapy for acute myeloid leukemia in adults is used to illustrate the need for new approaches to the planning and design of clinical trials.
(36 references) AA-M

REFERENCE NUMBER 9
Au: Dardis, Rachel
Ti: The Value of a Life: New Evidence from the Marketplace
So: American Economic Review 70(5):1077-1082, 1980

Procedures for estimating the value of risk reduction to the individual include: 1) questionnaires; 2) risk premiums for workers in hazardous occupations; and 3) voluntary purchases of safety devices or products with safety features. While the questionnaire method and the risk premium methods have been employed by several researchers, lack of market data has precluded the use of the third method. This paper investigates voluntary purchases of smoke detectors to estimate consumer willingness to pay for risk reduction. Such data may in turn be used to estimate the implicit value of a life.
(20 references) AS

REFERENCE NUMBER 10
Au: De Rivera, Daniel Pena Sanchez
Ti: A Decision Analysis Model for a Serious Medical Problem
So: Management Science 26(7):707-718, 1980

This paper presents a decision model for a serious medical problem. The model chooses the best treatment according to the patient's preference structure. Since the best treatment in each case depends on the patient's preference for consequences, this aspect is central to the application of such models. Thus, the main objective is to find a suitable criterion to measure the consequences in order that each patient's attitude can be taken into account. The model was computerized and tested with fifty patients. The model overcomes some of the difficulties observed in the manipulation of probabilities by clinicians. The results suggest that a decision analysis model may be a useful way to clarify the decision process of expert clinicians and to help in the education of new doctors.
(14 references) AA-M

REFERENCE NUMBER 11
Au: Dittmar, Nancy D.; Franklin, Jack L.
Ti: State Hospital Patients Discharged to Nursing Homes:
How Are They Doing?
So: Hospital and Community Psychiatry 31(4):255-258, 1980

In the second phase of a follow-up of state hospital patients discharged to nursing homes, the functioning of nursing home patients three years after their discharge from state hospitals was compared with the functioning of a matched group of patients retained by the hospitals. Interviewers surveyed the subjects and direct care staff responsible for them with a battery of instruments that measured physical, psychological, and social functioning. Analyses of data for 317 subjects in each group indicated few significant differences between the groups: over-all, those discharged to nursing homes were functioning as well as those retained by the hospitals.
(7 references) AA

REFERENCE NUMBER 12
Au: Donabedian, Martin
Ti: The Statistical Health Index: A Guide Through the Crisis in the Public Sector
So: Presented at the annual meeting of the American Public Health Association in Detroit, Michigan, October 21, 1980

The crisis in the Public Sector can be attributed to an increasing public and professional awareness of unresolved problems, which is due largely to the dissemination of statistical information. Statistics has delineated the problems without suggesting the direction of solutions. The current profusion of statistical reports does not adequately present concise intelligible information. Using the econometric, it is proposed that the development and implementation of hierarchically organized health indices can be an important means for assisting public and private managers in the planning and control of health services. The utility of the indices would be enhanced if they were brief and graphic. It is suggested that a national task force be organized to recommend standard indexing methods, and resources required to collect and process the required data bases.
(0 references) AA

REFERENCE NUMBER 13
Au: Donaldson, L.J.
Ti: The Elderly in Care: Problems and Challenges
So: Royal Society of Health Journal 100(4):124-129, 1980

This paper discusses the implications, for services, of the impending increase in the proportion of very old people in Britain. Data from a large survey of the elderly in institutional care in Leicestershire are used to emphasize the size of the problem and to highlight the practical difficulties facing planners and policy makers. The problems of assessing the needs of elderly people are set against the ways in which services are currently deployed to meet those needs. The issues which underlie the formulation of a strategy for future care of the elderly are then discussed.
(20 references) AA

REFERENCE NUMBER 14
Au: Fabrega, Horacio, Jr.
Ti: The Position of Psychiatric Illness in Biomedical Theory:
A Cultural Analysis
So: Journal of Medicine and Philosophy 5(2):145-168, 1980

This paper presents the argument that the character of illness in psychiatry requires embracing phenomena which fall outside the area of concern of basic biologic sciences. The argument is developed by introducing the idea of a theory of illness, and by examining the features of our biomedical theory of illness. The disease "depression" is examined in terms of this theory. A basic point made is that an appraisal of any medical system involves dealing with social factors and cutural conventions. Another one is that the effective and prudent application of biomedical knowledge requires dealing with neurologic as well as social and cultural factors that in a complementary fashion provide understanding about the organization and meaning of behavior.
(35 references) AS-M

REFERENCE NUMBER 15
Au: Ferraro, Kenneth F.
Ti: Self-Ratings of Health among the Old and the Old-Old
So: Journal of Health and Social Behavior 21(4):377-383, 1980

The utility of self-ratings of health among the elderly is discussed. The report presents evidence from a national survey of older persons (N=3,402) which indicates that self-ratings of health are significantly related to measures of objective health status and thus are an economical means of gaining information about the health of the elderly. Self-ratings of health are also found to be related to the age and sex of the respondents. Of particular interest is the finding that although members of the old-old category (75+) report more health-related problems than the old (65-74), they tend to be more positive in rating their own health.
(23 references) AA

REFERENCE NUMBER 16
Au: Fiodorov, A.; Klonowicz, S.
Ti: Method of Quantitative Evaluation of the Health Status of
the Population
So: Ceskoslovenske Zdravotnictvi(Prague) 28(3):85-92, 1980
(article in Czechoslovakian)

(15 references)

REFERENCE NUMBER 17
Au: Foley, William J.; Schneider, Donald P.
Ti: A Comparison of the Level of Care Predictions of Six Long-Term Care Patient Assessment Systems
So: American Journal of Public Health 70(11):1152-1161, 1980

Six patient assessment systems that have explicit decision rules for replicating team judgments on level of care patient placement were selected for analysis. Measures of activities of daily living were components of several of the assessments. The six were selected because of their origin, logic or decision diversity, and their explicit decision rules. Patient descriptor profiles were collected on 679 patients currently in New York State nursing homes. These patients were then "placed" by level of care for each assessment system. According to this study, a patient's placement is quite dependent on both his or her state of residence and his or her health status. The effect of differences in placement decisions has major implications for the patients being placed and for the cost of long-term care. This analysis was confined to systems that had a well developed set of guidelines--the situation is likely to be even more variable where guidelines are vaguely stated.
(9 references) AA-M

REFERENCE NUMBER 18
Au: Forer, Stephen K.; Miller, Lawrence S.
Ti: Rehabilitation Outcome: Comparative Analysis of Different Patient Types
So: Archives of Physical Medicine and Rehabilitation 61(8):359-365, 1980

This study measured functional levels of competency in various activities of daily living and cognitive activities with a modification of the Hospital Utilization Project (HUP). Postdischarge progress in 11 types of patients was analyzed with regard to Function Status Classification Scales (FSCS), which included eating, dressing, transfers, ambulation, cognition, speech, and mortality rates. The FSCS were administered via telephone interview. The original four-point scale of the HUP was retained for cognitive assessment. The other FSCS were measured on a three-point scale, assisted, supervised, and restricted, independent. Of the 273 patients admitted, 263 were available for follow-up. The majority of patients showed continual improvement after discharge, some making significant gains in functional competency. Such program evaluation offers a systematic method for forecasting postdischarge outcome.
(13 references) AA-M

BIBLIOGRAPHY on HEALTH INDEXES

REFERENCE NUMBER 19
Au: Fries, James F.; Spitz, Patricia; Kraines, R. Guy; Holman, Halsted R.
Ti: Measurement of Patient Outcome in Arthritis
So: Arthritis and Rheumatism 23(2):137-145, 1980

A structure for representation of patient outcome is presented, together with a method for outcome measurement and validation of the technique in rheumatoid arthritis. The paradigm represents outcome by five separate dimensions: death, discomfort, disability, drug (therapeutic) toxicity, and dollar cost. Each dimension represents an outcome directly related to patient welfare. Quantitation of these outcome dimensions may be performed at interview or by patient questionnaire. With standardized, validated questions, similar scores are achieved by both methods. The questionnaire technique is preferred since it is inexpensive and does not require interobserver validation. These techniques appear extremely useful for evaluation of long term outcome of patients with rheumatic diseases. (17 references) AA

REFERENCE NUMBER 20
Au: Frolova, O.G.; Zangieva, T.D.; Granat, N.E.
Ti: Methods for Evaluating the Healthy Neonates' State at their Discharge from Obstetric Institutions
So: Akusherstvo i Ginekologiia (2):24-26, 1980 (article in Russian)

Assessment of the neonates' health state at their discharge from obstetric institutions is recommended as it correlates closely with the health status of children in future. A scheme of the methods of a complex evaluation of the newborns' state is proposed with due regard for the mother's risk during pregnancy and labour. These procedures may be of great practical importance for improvement of the successiveness in the work of obstetric and pediatric institutions, as well as for differential management of children in pediatric polyclinics. (0 references) AA

REFERENCE NUMBER 21
Au: Fuller, Sarah S.; Larson, Sandra B.
Ti: Life Events, Emotional Support, and Health of Older People
So: Research in Nursing and Health 3(2):81-89, 1980

The effects of life events, emotional support, interaction of life events and emotional support, and age on indices of physical and psychological health were examined within a hierarchical multiple-regression design. Fifty older people who were randomly selected from among the residents of a high-rise apartment building provided retrospective data on their life events and emotional support. These same subjects provided more recent data on their functional health (as measured by the Health Scale for the Aged developed by Rosow and Breslau), distress arising from chronic health problems, and four indices of morale (agitation, attitude toward own aging, lonely dissatisfaction, and a combined index of the morale dimensions). As expected, significant multivariate effects were demonstrated on all but two measures; distress arising from chronic health problems and attitude toward own aging. Examination of the independent contributions to these effects showed variations depending on the health index of focus. Results are discussed in relationship to previous research and the theoretical expectation that emotional support would moderate the effects of life events on health.
(23 references) AA-M

REFERENCE NUMBER 22
Au: General Health Corporation
Ti: Personal Health Profile Questionnaire
So: Washington, D.C.:General Health, Incorporated, 1980

This profile provides an individual with estimates of health risks due to various factors. Data is obtained from a standard questionnaire and is compared against a variety of statistics to provide information on an individual's risks of becoming ill or dying and on effects of changing major health behaviors on these risks.
(0 references) CH-P

REFERENCE NUMBER 23
Au: Gilson, Betty S.; Erickson, Daniel; Chavez, Cesar T.; Bobbitt, Ruth A.; Bergner, Marilyn; et al.
Ti: A Chicano Version of the Sickness Impact Profile (SIP): A Health Care Evaluation Instrument Crosses the Linguistic Barrier
So: Culture, Medicine and Psychiatry 4:137-150, 1980

Evaluation of improvement of access of health services requires measurement across cultural and language boundaries. Using a measure of functional health status, the Sickness Impact Profile (SIP), a procedure for an analysis of a Chicano Spanish translation of the SIP is presented. Consensus among translators was achieved. The translation was validated by administering English and Spanish versions to 31 bilinguals and by having Spanish monolinguals rescale it. In both cases, correlations between English and Spanish versions were high.
(22 references) AA

REFERENCE NUMBER 24
Au: Goldberg, Richard T.; Bernad, Martha; Granger, Carl V.
Ti: Vocational Status: Prediction by the Barthel Index and PULSES Profile
So: Archives of Physical Medicine and Rehabilitation 61(12):580-583, 1980

Functional assessment measures of patients in a rehabilitation hospital were used to predict vocational status 18 months after discharge. The Granger adapted version of the Barthel Index and the PULSES profile were administered to 118 disabled persons at discharge. Their total scores were correlated with vocational status measured by a scale of 1 to 6, ranging from unemployment to full-time employment. Analysis of data reveals that the Barthel Index and sex (female) predicted vocational status 18 months after discharge (p less than 0.05). PULSES showed no significant correlation with vocational status. Further analysis indicates that in a stepwise regression of independent variables on vocational status, the best predictors were the Barthel Index, sex (female), age (the younger are more likely to pursue a vocation), contacts with state rehabilitation counselor, and contacts with Tufts counselor. Further studies are needed to examine specific subgroups of the physically impaired population seen by medical centers and state rehabilitation agencies.
(9 references) AA

BIBLIOGRAPHY on HEALTH INDEXES

REFERENCE NUMBER 25
Au: Gresham, Glen E.; Phillips, Therese F.; Labi, Maria L.C.
Ti: ADL Status in Stroke: Relative Merits of Three Standard Indexes
So: Archives of Physical Medicine and Rehabilitation 61(8):355-358, 1980

Independence in activities of daily living (ADL) in 148 Framingham Study stroke survivors was scored using 3 standard indexes the Katz Index of ADL, the Barthel Index, and the Kenny Self-Care Evaluation. Complete independence was designated in 35.1 percent by the Barthel Index; 39.2 percent by the Katz Index of ADL, and 41.9 percent by the Kenny Self-Care Evaluation. These differences in frequency are not statistically significant. There is also a high degree of agreement between the scores derived by the 3 indexes as measured by the Kappa Coefficient of Agreement and the Spearman Rank-Order Correlation Coefficient. In general, the index adequately classifies stroke survivors as dependent or independent. Of the 3, the Barthel Index appears to possess certain advantages which include completeness, sensitivity to change, amenability to statistical manipulation, and greater familiarity due to more widespread use.
(12 references) AA

REFERENCE NUMBER 26
Au: Hamburg, Beatrix A.; Lipsett, Lois F.; Inoff, Gale E.;
Drash, Allan L. (editors)
Ti: Behavioral and Psychosocial Issues in Diabetes: Proceedings of the
National Conference
So: Washington, D.C.:U.S. Department of Health and Human Services, 1979

This conference was designed to encourage an exchange of information and include perspectives of scientists, educators and patients. The participants delineated crucial problems, made useful observations on these and indicated pathways for systematic investigation. Through this interdisciplinary approach, three broad areas emerged: 1) development of a conceptual model and empirical data base concerning the process of coping with the predictable crises and daily demands of diabetes; 2) factors that influence the development of responsible self-care and enhance the adoption of behavior and life style that reduce health risk and maximize functional health status; and 3) interactive effects of biomedical and psychosocial variables.
(references unknown) CH-P

REFERENCE NUMBER 27
Au: Health Corporation
Ti: Health Self-Appraisal Report
So: Washington, D.C.:Health Corporation, 1979

This report is part of a commercial program which is designed to increase an individual's awareness of factors that contribute to general health and well-being. Information in the report is prepared from responses which each individual gives to a standard questionnaire. The three principal aspects of health which are assessed are 1) mental well-being, 2) mortality and morbidity risk, and 3) health attitudes.
(0 references) CH-P

REFERENCE NUMBER 28
Au: Hettler, Bill
Ti: Wellness Promotion on a University Campus
So: Family and Community Health 3(1):77-95, 1980

This article describes a wellness promotion activity undertaken by the University of Wisconsin-Stevens Point. The wellness model is based on that of Halbert Dunn and later adapted by John Travis. The author has developed the Lifestyle Assessment Questionnaire (LAQ) which is a type of health hazard on risk appraisal which consists of 4 sections: 1) wellness inventory; 2) personal growth; 3) risk of death (hazard appraisal); and, 4) medical alert. The wellness component captures information about personal habits, feelings and emotions, automobile safety, etc.
(8 references) CH-P

REFERENCE NUMBER 29
Au: Ignateva, R.K.; Maksimova, T.M.
Ti: Status and the Dynamics of the Basic Indices of the Health of the Pediatric Population in the U.S.S.R.
So: Pediatriia (Moscow) (2):3-6, 1980 (article in Russian)

(15 references)

REFERENCE NUMBER 30
Au: Irwin, Patrick H.; Gottlieb, Allen
Ti: Quality of Life After Radiation Therapy: A Study of 198 Cancer Survivors
So: Philadelphia, Pennsylvania:Philadelphia Health Management Corporation, 1980

This study investigates the objective and perceived quality of life of persons who have undergone radiation therapy for and survived cancer. The overall purpose of the study is to penetrate beyond the mere fact or enumeration of post-therapy survival and to address questions about the quality of that survival after a considerable life-threatening risk from both disease and treatment. The data collected in this initial phase are limited to the patient population seen at one radiation therapy department. The medical data may be representative of similar treatment centers in the U.S. but, socio-demographic data will be heavily biased in favor of metropolitan Philadelphia. The questionnaire developed for this project draws on a series of national surveys on quality of life by Andrews and Withey. Such a survey instrument provides opportunity to compare patients with national standards while offering flexibility in tapping a wide range of perceptual as well as objective quality of life information. Results are presented in terms of comparisons between cancer patients and the baseline, national data.
(19 references) CH-P

REFERENCE NUMBER 31
Au: Jette, Alan M.
Ti: Health Status Indicators: Their Utility in Chronic-Disease Evaluation Research
So: Journal of Chronic Diseases 33(9):567-579, 1980

In this review of a selection of health status indicators, a four-dimensional scheme is utilized to assess the usefulness of each approach for the task of evaluating the effectiveness of health services provided to individuals with chronic diseases. Health indicators are categorized according to their conceptual focus (i.e. symptom/feeling states, signs, performance), their purpose or applicability (i.e. as measures of total health or evaluation instruments), their quality of measurement (i.e. degree of reliability and validity) and the operational approach (e.g. self-report, observation). Shortcomings of current approaches and implications for future research are discussed.
(58 references) AA

REFERENCE NUMBER 32
Au: Jette, Alan M.
Ti: Functional Status Index: Reliability of a Chronic Disease Evaluation Instrument
So: Archives of Physical Medicine and Rehabilitation 61(9):395-401, 1980

The reliability of three methods of assessing respondents' perceptions of their ability was tested. The Functional Status Index defines function as including three distinct but related dimensions: the degree of dependence, the degree of difficulty and the amount of pain experienced in performing specific activities of daily living. A total of 149 adults with rheumatoid arthritis were studied. Exploratory factor analyses of scores on 18 specific daily activities across the three hypothesized dimensions yielded the following functional categories: gross mobility, hand activities, personal care, home chores and interpersonal activities. The resultant indexes achieve internal consistency reliability levels ranging from 0.66 to 0.91 across all but one functional category. Average test-retest and interobserver reliability values range from 0.65 to 0.81. Levels of interobserver reliability generally equal or surpass levels of test-retest reliability. The findings suggest that it is feasible to quantify level of function using self-report methods. The Functional Status Index is recommended for use in investigations where changes in functional ability are of interest.
(18 references) AA

REFERENCE NUMBER 33
Au: Kane, Rosalie A.; Kane, Robert L.
Ti: Assessing the Elderly: A Practical Guide to Measurement
So: Lexington, Massachusetts:Lexington Books, D. C. Heath, 1981

This volume examines four major areas of measurement, physical functioning, mental functioning, social functioning, and composite measures. Each is treated separately and illustrated with selected examples that highlight problems in making measurements in that particluar area. Particularly important is the purpose of the measure in terms of the role of the user and the function of the measurement. Also considered is whether the measure is appropriate as a clinical tool for individual care or for producing information about groups of persons for program planning purposes, using the ideal critera developed here for each kind of measurement. The authors separate the various components for the measurable construct as developed in each instrument, comparing them to the level of abstraction represented by the score. The book ends with a chapter which is a general discussion of practical issues associated with measurement in long-term care.
(219 references) AS-M

REFERENCE NUMBER 34
Au: Kane, Rosalie A.; Kane, Robert L.
Ti: Long-Term Care: A Field in Search of Values
So: In, Values and Long-Term Care
Kane, Robert L.; Kane, Rosalie A. (editors)
Lexington, Massachusetts:Lexington Books, D.C. Heath and Company
p. 3-26, 1982

This chapter describes the nature of both long-term-care problems services and provides a context for subsequent discussion of value preference measurement. Four interrelated characteristics are discussed. First is the complexity, and its corollary, ambiguity, of long-term care: long-term care addresses problems with physical, mental, and social dimensions. Second is size: the large and growing numbers of potential recipients of long-term care mean that the sheer weight of numbers must be part of any discussion of long-term care. A third characteristic is the enormous cost. Finally, the quality of long-term care is a nagging issue. Despite extensive and expensive efforts to regulate and monitor the provision of long-term care, the dissatisfaction with its quality remains high.
(12 references) AS-M

REFERENCE NUMBER 35
Au: Kaplan, Robert M.
Ti: Human Preferences Measurement for Health Decisions and the Evaluation of Long-Term Care
So: In, Values and Long-Term Care
Kane, Robert L.; Kane, Rosalie A. (editors)
Lexington, Massachusetts:Lexington Books, D.C. Heath and Company
p. 157-188, 1982

A health decision model which reduces the decision alternatives to a simple choice easily within the range of the information processing capacity of the health administrator is presented. This model states the output of a program in terms of the years of life adjusted for diminished quality of life produced by disease and disability. The calculated well years can be then used in determining cost effectiveness. The following five steps in building the model are briefly described: 1) defining a function status classification; 2) classifying symptoms and problems; 3) developing weights for the quality of well-being; 4) calculating the well life expectancy; and, 5) estimating the cost-effectiveness ratio. The author discusses various methods of measuring preferences and their utility in the health administrator's decision making process.
(40 references) CH-P

REFERENCE NUMBER 36
Au: Kedenburg, Dean
Ti: Quality of Life Scale: A Preliminary Analysis
So: Professional Psychology 11(4):599-605, 1980

This study compared Blau's quality of life (QOL) scale with two problem-oriented scales, the Hopkins SCL-90 and Client Problem Assessment Summary (CPAS), on a sample of community mental health center clients. Statistical analysis suggested that three factors account for a respectable degree of variance. The factors were designated people, health, and providing. These preliminary results suggest that the QOL scale represents a simple but potentially very useful new approach to assessing process and outcome in mental health delivery systems.
(5 references) AA-M

REFERENCE NUMBER 37
Au: Keeler, Emmett; Kane, Robert L.
Ti: What is Special about Long-Term Care?
So: In, Values and Long-Term Care
Kane, Robert L.; Kane, Rosalie A. (editors)
Lexington, Massachusetts:Lexington Books, D.C. Heath and Company
p. 85-100, 1982

The authors present the rationale for their approach to determine what can be expected for patients who are currently receiving acknowledged good nursing health care. The project follows a traditional approach; the several outcome states are defined and measured as dependent variables in predicitive equations based on patient characteristics at an earlier point in time. Practical applications require the combination of these several outcome measures into a single index of overall status. The authors examine some of the issues involved with using utility weightings to make the transformations from multiple indicators to a single summary number especially as they apply to an aged population.
(13 references) CH-P

REFERENCE NUMBER 38
Au: Kelman, Sander
Ti: Social Organization and the Meaning of Health
So: Journal of Medicine and Philosophy 5(2):133-144, 1980

The meaning of the term health is properly the subject of social, rather than natural, investigation. The structure of modern industrial capitalist society appears to materially and unavoidably produce a meaning of health intrinscially involving substantially preventable disease. Because in such a society private investment responds to cyclical and geographical fluctuations in rates of return and competitive labor markets, much of the disease structure (heart disease, stroke, kidney failure, and cancer, among others) encompasses diseases which captive citizens cannot afford to do without. To prevent those diseases through environmental and work place cleanup, full employment and geographical stability is to drive away the very private capital on which economic life is based. A necessary condition for the emancipation of health from socially preventable disease would appear to be the social, rather than private, control of production and accumulation.
(22 references) AS-M

REFERENCE NUMBER 39
Au: Kind, Paul; Rosser, Rachel
Ti: Death and Dying: Scaling of Death for Health Status Indices
So: Lecture Notes on Medical Informatics
Barber, B. et al. (editors)
Berlin, Springer-Verlag 5, pages 28-36, 1979

Health status indexes generally assume that death is the worst state along a continuum of well-being. Its functional importance is discounted to zero, and it effectively plays no further part as a decision variable. Data are presented which suggest that death is not always regarded as the most undesirable outcome, and that many individuals regard some states of illness as worse than death. Perception of the relative severity of death appears to be a function of current experience of illness. The authors suggest that death should be more precisely specified in the evaluation of health services.
(24 references) AS

REFERENCE NUMBER 40
Au: Koitabashi, K.
Ti: Understanding of the Object--Observation of the Daily Life as an Aspect of Health
So: Kango Kyoiku 21(5):315-320, 1980 (article in Japanese)

(15 references)

REFERENCE NUMBER 41
Au: Komarov, Yu. M.
Ti: Population Health: Problems of Integral Assessment
So: Sante Publique(Bucharest) 22(4):311-320, 1979 (article in French)

Different definitions of health and modes of measuring its level are stated. The differences between the criteria of health appreciation at the individual level and that of the population are shown. A formula of generalized index for the appreciation of health is proposed, founded on the age mortality index, which could be completed by the indexes of morbidity, and invalidity. The results of the index confirmation are presented on the basis of the data from a series of representative countries.
(33 references) AS

REFERENCE NUMBER 42
Au: Kottow, Michael H.
Ti: A Medical Definition of Disease
So: Medical Hypotheses 6(2):209-213, 1980

Definitions of health and disease have been greatly influenced by sociocultural viewpoints. Medical definitions of the disease state are lacking or insufficient. An attempt is presented to separate core or primal, from conditioned disease. Core disease is defined as a verifiable, self-conscious sensation of dysfunction and/or distress that is felt to be limitless, menacing and aid-requiring. In contrast, conditioned diseases are states labeled as diseases by virtue of consensus on prevalent sociocultural and medical values.
(14 references) AA

REFERENCE NUMBER 43
Au: Krivogorskii, E.B.; Shapeshko, T.A.
Ti: Dynamics of the Physical Development and Physical Work Capacity of Children Depending on Their Functional Readiness for Instruction in School
So: Gigiena i Sanitariia(Moscow) (3):26-29, 1980 (article in Russian)

(2 references)

BIBLIOGRAPHY on HEALTH INDEXES

REFERENCE NUMBER 44
Au: Labi, Maria L.C.; Phillips, Therese F.; Gresham, Glen E.
Ti: Psychosocial Disability in Physically Restored Long-Term Stroke Survivors
So: Archives of Physical Medicine and Rehabilitation 61(12):561-565, 1980

Three parameters of social function: socialization in the home, socialization outside the home, and hobbies and interests were analyzed to determine social reintegration of long-term survivors of documented completed stroke, who had already achieved satisfactory levels of physical function as measured by the Kenny Self-Care Evaluation. Data, 121 survivors of stroke and 141 controls, are from the 1972-1975 Framingham Study group. A significant proportion of survivors manifested social disability, despite complete physical restoration. Much of this disability cannot be accounted for by age, physical impairment or specific neurologic deficits. The distribution of functional disabilities documented suggests that psychosocial factors, as well as organic deficits, are major determinants.
(11 references) AA-M

REFERENCE NUMBER 45
Au: Lawton, M. Powell; Nahemow, Lucille; Min-Yeh, Tsong
Ti: Neighborhood Environment and the Wellbeing of Older Tenants in Planned Housing
So: International Journal of Aging and Human Development 11(3): 211-228, 1980

The relationship between neighborhood characteristics and the well-being of elderly tenants was studied through a national area probability sample of 153 planned housing environments and over 3,000 tenants in them. Six indices of tenants' psychological and social well-being were used as dependent variables in hierarchical multiple regressions where neighborhood characteristics were entered after personal factors were controlled. Neighborhood environmental factors accounted for a significant proportion of the residual variance in every index of well-being. It was concluded that environmentally based interventions could significantly enhance well-being and in many instances have more widespread effectiveness than time-consuming attempts to change the individual.
(23 references) AA-M

REFERENCE NUMBER 46
Au: Linn, Bernard S.; Linn, Margaret W.
Ti: Objective and Self-Assessed Health in the Old and Very Old
So: Social Science and Medicine 14(4A):311-315, 1980

In this study, self-health assessments and eight objective health indexes were studied in 286 elderly persons living in the community. Self-health was measured on a five-point scale ranging from very poor to excellent. Objective health measures included impairment and disability rating. A 17-item Rapid Disability Rating Scale was used to evaluate each person in terms of functional capacity. Items refer to both the usual and independent activities of daily living measured on three-point degree of disability scales. Other objective measures include days in bed, diagnoses, medications, and operations. The sample was divided by good (70 percent) and poor (30 percent) self-health assessments and by old (65-70 years) and very old (75 and over). The objective health measures were compared between these groups in a multivariate analysis of variance. It seems that age, by itself, is a poor indicator of health among the elderly; however, how the elderly view their own health may be an extremely useful clinical guide to their overall health status.
(13 references) AA-M

REFERENCE NUMBER 47
Au: Lipscomb, Joseph; Shachtman, Richard H.; Mesel, Emmanuel; Taylor, Robert N., Jr.
Ti: Models for Population Health Status Maximization: History, Current Work with the Navajo, Future Directions
So: Chapel Hill, North Carolina:Duke University, Institute of Policy Sciences and Public Affairs, 1980

The authors present a theoretical desideratum to future discussions of model estimation and implementation. An appreciation of these theoretical considerations is necessary, according to the authors, for a comprehensive understanding of the scope and limitations of this health planning methodology. Thus, this paper aims to serve as a desirable prelude to future analyses of the empirical findings of this research which has focussed on the development of a prototypical resource planning model. The authors envision that this model would serve as a basis for a more comprehensive health planning algorithm, would become part of the Navajo Nations's decision making apparatus. The prototypical model focuses on hypertension, diabetes, infant gasteroenteritis, and infant respiratory infections. In addition to presenting a discussion of the model, the paper suggests some extensions of the model which would expand its scope by incorporating it more fully into the health economics and health insurance literatures.
(30 references) AA-M

REFERENCE NUMBER 48
Au: Lipscomb, Joseph
Ti: Value Preferences for Health: Meaning, Measurement, and Use in Program Evaluation
So: In, Values and Long-Term Care
Kane, Robert L; Kane Rosalie A. (editors)
Lexington, Massachusetts:Lexington Books, D.C. Heath and Company
p. 27-84, 1982

This chapter offers a general framework for studying the broad issues of measuring and valuing health outcomes and the many, highly specific technical problems that arise in resource allocation to social programs. The chapter does not deal specifically with the use of value preferences for individual-level, doctor-and-patient, clinical decision making. The logic of cost-effectiveness analysis at the individual level mirrors much of that at the social level. However, the latter inevitably involves not only the epidemiological and individual preference issues of the former, but a separate set of problems because social programs choices must be determined despite potentially wide interpersonal differences in preferences for these programs.
(85 references) AS-M

REFERENCE NUMBER 49
Au: Maksakova, E.N.; Bolotina, A.Iu; Trofimova, T.M.; Mikhailova, I.N.; Nesgovorova, L.I.; et al.;
Ti: Problems of Disability Assessment in Rheumatic Diseases
So: Voprosy Revmatizma(Moscow) (1):51-54, 1980 (article in Russian)

On the basis of the observation over 200 patients with rheumatic diseases (rheumatic fever, rheumatoid arthritis, Bechterew's disease, systemic lupus erythematosus, sclerodermia systematica, osteoarthrois) who received treatment at the Institute of Rheumatis Academy of Medical Sciences of the USSR, and were considered invalids, the authors analysed the age of the disabled persons, the stages of invalidism, as well as its duration and main causes.
(11 references) AA

REFERENCE NUMBER 50
Au: McKennell, Aubrey C.; Andrews, Frank M.
Ti: Models of Cognition and Affect in Perceptions of Well-Being
So: Social Indicators Research 8(3):257-298, 1980

How do people arrive at assessments of their own life quality? A series of models was developed to provide an interpretation of the way the factors of cognition and affect operate along with evaluations of specific life concerns in the perception of well-being. In the preferred model both affect and cognition were positioned as intervening variables. It was found that the domain evaluations had no direct impact on life-as-a-whole assessments--the contribution of the domains was indirect by way of their association with cognition and affect. It was hypothesized that associated with each domain was a domain-specific element of affect and a domain-specific element of cognition. The linear additive relation found by previous researchers between domain evaluations and life-as-a-whole assessments would then be explainable as a statistical result arising from the summing of the domain-specific elements of affect and cognition.
(25 references) AA-M

REFERENCE NUMBER 51
Au: McMaster Health Index Questionnaire Study Group
Ti: Second Annual Update on the McMaster Health Index Questionnaire (MHIQ): Summary of MHIQ Reports and Studies in Progress Up to August 1980
So: Hamilton, Ontario, Canada:McMaster University, Department of Clinical Epidemiology and Biostatistics, 1980

The McMaster Health Index Questionnaire (MHIQ) has been designed for use in health services evaluation and clinical research. The MHIQ attempts to meet the need for health indexes which can be easily and inexpensively applied to persons in local health care programs and in research settings. This report provides an update on the status of the MHIQ project, a bibliography of recent reports and a copy of the self-administered form of the instrument.
(13 references) CH-P

REFERENCE NUMBER 52
Au: McNeil, Barbara J.; Pauker, Stephen G.
Ti: Optimizing Patient and Societal Decision Making by the Incorporation of Individual Values
So: In, Values and Long-Term Care
Kane, Robert L.; Kane, Rosalie A. (editors)
Lexington, Massachusetts:Lexington Books, D.C. Heath and Company
p. 215-230, 1982

The importance of patient and societal input into decisions involving both their welfare is obvious. The means of obtaining such input are less clear. The investigations summarized in this paper have, for the most part, been early prototypical ones applying techniques from other disciplines to medical decisions involving actual patients. These techniques have been indirect ones and the results have been (or could have been) used with other data (for example, survival data) to suggest the better of two or more alternative actions. Other techniques, not yet applied extensively to preference assessment and not mentioned here, would be direct ones; they would be based on recent work in cognitive psychology. Research involving both indirect and direct techniques is necessary to optimize future studies on patient and societal preferences. Such efforts should provide more effective health care on an individual level while simultaneously helping establish priorities for national programs on a societal level.
(13 references) AS-M

REFERENCE NUMBER 53
Au: Mechanic, David; Cleary, Paul D.
Ti: Factors Associated with the Maintenance of Positive Health Behavior
So: Preventive Medicine 9(6):805-814, 1980

Various factors associated with positive health behavior--an index based on eight measures of health response such as seat belt use, smoking, exercise and risk-taking--were examined. Women had more positive scores than men, reflecting a higher level of drinking and risk-taking among men, and a lower level of preventive medical behavior. Other predictors include education and a conventional behavioral orientation. Positive health behavior is associated with both psychological well-being and subjective health status. The patterns of associations found support the hypothesis that positive health behavior is part of a complex life-style that may reflect the ability to anticipate problems, mobilize to meet them, and cope actively.
(18 references) AA

REFERENCE NUMBER 54
Au: Meenan, Robert F.; Gertman, Paul M.; Mason, John H.
Ti: Measuring Health Status in Arthritis: The Arthritis Impact Measurement Scales
So: Arthritis and Rheumatism 23(2):146-152, 1980

A multidimensional index that measures the health status of individuals with arthritis has been developed based on Bush's Index of Well-being and the Rand Health Insurance Study. The Arthritis Impact Measurement Scales (AIMS) are a combination of previously studied and newly created health status scales which assess physical, emotional, and social well-being. The self-administered AIMS questionnaire has been pilot tested in a mixed arthritis population. Results indicate that the instrument is practical and that it generates scalable, reliable, and valid measures of both aggregated and disaggregated health status. The AIMS approach to health status measurement should prove useful for evaluating the outcomes of arthritis treatments and programs.
(25 references) AA-M

REFERENCE NUMBER 55
Au: Mizrahi, A.; Mizrahi, A.
Ti: Three Approaches to Health Status: Nosological, Functional and Socio-Economic (of senior citizens living in institutions)
So: Paris, France:CREDOC, Division d'Economie Medicale, 1980 (article in French)

(0 references)

REFERENCE NUMBER 56
Au: Mozin, V.A.; Romashkin-Timanov, V.I.; Shabalin, V.A.
Ti: Quantitative Work Capacity Indices and the Principles of Their Selection
So: Voenno-Meditsinskii Zhurnal(Moscow) (2):5355, 1980 (article in Russian)

(0 references)

REFERENCE NUMBER 57
Au: Nelson, Kathleen G.
Ti: An Index of Severity for Acute Pediatric Illness
So: American Journal of Public Health 79(8):804-807, 1980

A study population of 1,106 patients presenting to a pediatric emergency room for care of acute non-traumatic illness were prospectively assessed to determine what clinical manifestations and/or functional status indicators predicted the severity of their illnesses. From these data, a "Severity Index" was developed using a 0-1-2 point score for the five most significant predictors to give a maximum score of 10 points. The predictor variables include respiratory effort, skin color, activity, temperature, and ability to play. The index has a predictive accuracy for non-severe illness of 98.7 percent with only 1.3 percent false negative predictions. In predicting major illness, a false positive prediction rate of 15.8 percent was obtained. The index appears valid both across and within diagnostic categories.
(6 references) AA

REFERENCE NUMBER 58
Au: Neu, Carl R.
Ti: Individual Preferences for Life and Health: Misuses and Possible Uses
So: In, Values and Long-Term Care
Kane, Robert L.; Kane, Rosalie A. (editors)
Lexington, Massachusetts:Lexington Books, D.C. Heath and Company
p. 261-276, 1982

This chapter proceeds on the assumption that if we are to measure individual preferences for such things as life and health we will have to do it in a manner roughly like the one proposed by Schelling, in his article "The Life You Save May Be Your Own." The question which the author raises and discusses in this chapter is: "if we had individuals' expressed preferences for various health states, for a sample of the relevant population, could we use it in any sensible way to make public policy?" The author focusses on the von Neumann-Morgenstern approach to valuing life and health and suggests why this has borne so little visible fruit. The author also suggests some areas in which its application might prove particularly useful.
(3 references) AS-M

REFERENCE NUMBER 59
Au: Nord, Erik
Ti: Health and Development
So: Tidsskrift for den Norske Laegeforening(Oslo) 100(7):432-434, 1980
(article in Norwegian)

(4 references)

REFERENCE NUMBER 60
Au: Office of Technology Assessment
Ti: The Implications of Cost-Effectiveness Analysis of Medical Technology
So: Washington, D.C.:Congress of the United States, 1980

Three major issues are examined in this assessment: 1) the general value of cost-effectiveness analysis/cost-benefit analysis (CEA/CBA) in decision making about the use of medical technology; 2) the methodological strengths and shortcomings of the techniques; and, 3) the potential for initiating or expanding the use of CEA/CBA in six health care programs--reimbursement coverage, the Professional Standards Review Organizations (PSROs), health planning, market approval for drugs and medical devices, research and development activities, and health maintenance organizations (HMOs)--and, most importantly, the implications of any expanded use. The prime focus is on the application of CEA/CBA to medical technology, i.e., the drugs, devices, medical and surgical procedures used in medical care and the organizational support systems within which such care is provided.
(654 references) AS-M

REFERENCE NUMBER 61
Au: Office of Technology Assessment
Ti: The Implications of Cost-Effectiveness Analysis of Medical Technology: Background Paper Number 1: Methodological Issues and Literature Review
So: Washington, D.C.:Congress of the United States, 1980

This monograph focusses on aspects of the technical, or methodological value of cost-effectiveness analysis(CEA) and cost-benefit analysis(CBA) when used to assess medical technology. The presentation is oriented toward describing the components of an ideally conceived CEA/CBA process. This publication also contains a critical review of the published literature and a set of ten principles of analysis developed by the Office of Technology Assessment to guide an approach to formal analysis.
(761 references) CH-P

REFERENCE NUMBER 62
Au: Patrick, Donald L.
Ti: Health and Care of the Physically Handicapped In Lambeth: Summary of Objectives and Proposed Research
So: London, England:St. Thomas's Hospital Medical School, Department of Community Medicine, 1980

This research program has three major long-term objectives: 1) to identify a sample of disabled persons and to estimate the prevalence of disability in Lambeth; 2) to assess the course of impairment and disability over time; and, 3) to provide information for the strategic planning of health and social services for the disabled. Five interrelated studies have been planned to achieve these objectives, a screening study, a longitudinal disability interview survey, a study of social and economic consequences of disability, a value scaling study, and a priorities study. This paper highlights the findings of those studies which have been conducted, and the rationale for those still in the planning stage.
(0 references) CH-P

REFERENCE NUMBER 63
Au: Pliskin, Joseph S.; Pliskin, Nava
Ti: Decision Analysis in Clinical Practice
So: European Journal of Operational Research 4(3):153-159, 1980

Medical diagnosis and treatment, as examples of decision making under uncertainty, provide an ideal setting for the application of decision analysis. The paper, in selecting reports of medical decision analyses, discusses the usefulness of elements in decision analysis to the clinical setting. These include decision trees, probability assessments, and utility theory. Some concepts are welcomed by the medical profession and should be utilized to their utmost. However, some reported applications cannot be practically implemented for such reasons as physician time constraints and professional opposition. The paper identifies classes of clinical decision problems which are amenable to decision analysis and proposes ways of adapting the theory to clinical practice.
(29 references) AA

REFERENCE NUMBER 64
Au: Raymond, L.; Waeber, Christine
Ti: Functional Disability According to Guttman's Scale and Self-Evaluation of Health in the Elderly
So: Sozial- und Praeventivmedizin 24(4):253-254, 1979 (article in French)

The global score of disability according to Guttman and the assessment of one's own health are correlated. Whenever this assessment is compared by reference to other people's state of health, it often appears better and it corresponds then to a lower level of disability.
(5 references) AA

REFERENCE NUMBER 65
Au: Roberts, Robert E.; Lee, Eun Sul
Ti: Health Practices among Mexican Americans: Further Evidence from the Human Population Laboratory Studies
So: Preventive Medicine 9(5):675-688, 1980

Data are presented from sample surveys conducted in 1974 (N=3,119) and (N=657) in Alameda County, California, comparing discretionary health practices of Mexican Americans, Blacks, and Anglos. Practices include hours of sleep, regularity of meals, physical activity, obesity, smoking and drinking. Analyses reported focus on a summary measure of health practices and measures of smoking and exercise. Controlling for the effects of age, sex, income, education, perceived health, health status, and use of health examinations reduces differences in overall health practices by decreasing Anglo rates and increasing rates for Chicanos and Blacks. However, even after adjustment, rates remain lower for the two minority groups. Controlling for the effects of the eight covariates also reduces ethnic differences in exercise, but Chicanos still rank the lowest in terms of reported physical activity. By contrast, adjustment does not reduce ethnic differentials in smoking behavior. Before and after adjustment, Chicanos smoke least and Blacks smoke most. In general, controlling for socioeconomic status and health has the most effect, while some additional explanation is provided by age and sex. Overall, however, ethnicity and the covariates account for less than 10 percent of the variance in smoking and overall health practices, and less than 20 percent of the variance in exercise.
(33 references) AA-M

REFERENCE NUMBER 66
Au: Sacks, Jeffrey J.; Krushat, W. Mark; Newman, Jeffrey
Ti: Reliability of the Health Hazard Appraisal
So: American Journal of Public Health 70(7):730-732, 1980

As part of a controlled clinical trial of Health Hazard Appraisal's (HHA) efficacy in stimulating risk reduction, the reliability of the HHA questionnaire was evaluated. Of 203 subjects, only 30 (15 percent) had no contradictions when comparing the responses of the follow-up with baseline questionnaire. Overall, there was an average of 1.6 contradictions per subject. Failure to control for reliability may account for apparent reduction of risk reported in previous studies of HHA.
(11 references) AA

REFERENCE NUMBER 67
Au: Samuels, Sheldon W.
Ti: Role of Scientific Data in Health Decisions
So: Environmental Health Perspectives 32(1):301-307, 1979

The distinction between reality and models or methodological assumptions is necessary for an understanding of the use of data--economic, technical or biological--in decision-making. The traditional modes of analysis used in decisions are discussed historically and analytically. Utilitarian-based concepts such as cost-benefit analysis and cannibalistic concepts such as "acceptable risk" are rejected on logical and moral grounds. Historical reality suggests the concept of socially necessary risk determined through the diabetic process in democracy.
(30 references) AA

REFERENCE NUMBER 68
Au: Sheikh, K.; Smith, D. S.; Meade, T. W.; Brennan, P. J.; Ide, L.
Ti: Assessment of Motor Function in Studies of Chronic Disability
So: Rheumatology and Rehabilitation(London) 19(2):83-90, 1980

A method for the assessment of motor function has been developed which makes use of tests for individual limb and total body movements. Motor function scores for 95 stroke patients, 63 men and 32 women, were examined to study the discriminating power of each test. While there is a high degree of correlation between scores from some tests, others provide independent measures of disability. There were significant associations between disability as indicated by the Activities of Daily Living index on the one hand, and total scores for each limb or total body function on the other. Movements of wrist and hand are a good general index of motor disability in stroke patients.
(23 references) AA-M

REFERENCE NUMBER 69
Au: Shepard, Donald S.; Pliskin, Joseph S.; Weinstein, Milton C.
Ti: Valuing Reductions in the Probability of Death at Different Ages: Results Derived from a Utility Function on Consumption
So: Presented at the annual meeting of the American Public Health Association in Detroit, Michigan, October 19-23, 1980

Many health and environmental interventions affect the probability of death for persons of different ages. To value reductions in these probabilities, a life cycle model on consumption was postulated in which a consumer seeks to maximize expected lifetime utility by choosing his level of consumption subject to constraints on income and wealth. One potential measure for valuing a schedule of mortality probabilities is a utility function for living a specified number of years. Because the utility of a specific length of life depends on choices made by the individual over time, in general a utility function for a lifespan cannot be written explicitly. An explicit utility function can be derived, however, for valuing small departures from present mortality levels. Under one set of plausible assumptions (constant proportional risk aversion on consumption, average age-specific earnings, a 5 percent discount rate, and no annuities), a utility function was derived for a financially independent male from the age of 20 onward. This modeling of an individual's own valuation for life saving provides an input for policy decisions regarding life saving.
(34 references) AA-M

REFERENCE NUMBER 70
Au: Small, Arnold; Teagno, Lorie; Selz, Karen
Ti: The Relationship of Sex Role to Physical and Psychological Health
So: Journal of Youth and Adolescence 9(4):305-314, 1980

This study examined the relationship of sex-role typology, medical and psychiatric symptomatology and personality functioning in adolescents. Seventy-nine males and 101 females with an average age of 18.3 were administered the Bem Sex Role Inventory (BSRI), Offer Self Image Questionnaire (OSIQ), Self Rating Depression Scale (SRDS) and the Cornell Medical Index (CMI). In comparison to males, females reported significantly more medical and psychiatric symptomatology, including depression. In general, the results indicated that androgynous teenagers in every case differed from the undifferentiated ones, with the masculine and feminine groups occupying a mid-position. Since the results were obtained on a measure constructed solely to assess adolescent functioning, it seems possible to screen and identify adolescents who may be entering adulthood lacking the emotional, social, and occupational capacity to function in an optimal fashion.
(24 references) AA-M

REFERENCE NUMBER 71
Au: Thompson, Mark S.; Fortess, Eric E.
Ti: Cost-Effectiveness Analysis in Health Program Evaluation
So: Evaluation Review 4(4):549-568, 1980

The growing demand for prospective evaluation enhances the popularity of cost-effectiveness analysis, a technique for identifying best uses of scarce resources. Defined in diverse ways during its short history, cost-effectiveness analysis is now seen as the evaluative comparison of monetary and nonmonetary dimensions of impact. The cost-effectiveness ratio for health programs divides monetary effects by health effects. Decisions on competing alternative programs should be resolved by regarding cost-effectiveness ratios on the differences between programs.
(20 references) AA

REFERENCE NUMBER 72
Au: Thompson, Mark S.; Read, J. Leighton; Liang, Matthew
Ti: Willingness-to-Pay Concepts for Societal Decisions in Health
So: In, Values and Long-Term Care
Kane, Robert L.; Kane, Rosalie, A. (editors)
Lexington, Massachusetts:Lexington Books, D.C. Heath and Company
p. 103-126, 1982

The economic concept of willingness to pay may: 1) yield monetary valuations of life extensions and health quality enhancements that are more acceptable to society than valuations based on the human capital approach; and 2) provide an alternative approach to measuring health quality. Calculation of willingness-to-pay life values for a hypothetical situation shows that they substantially exceed human capital approach life values, with the discrepancy more pronounced for older persons. These discrepancies profoundly affect benefit-cost calculations. Willingness to pay for arthritis cure was measured for a stratified random sample of osteo- and rheumatoid arthritics. It was found that willingness-to-pay estimates 1) could be obtained from 45 percent of the interviewees; 2) increased with worsened health status, increased health concern and increased arthritic pain; 3) seemed not to reflect the extent of arthritic disability, and 4) had an anomalous relationship with total family income.
(28 references) AA

REFERENCE NUMBER 73
Au: Torrance, George W.
Ti: Multiattribute Utility Theory as a Method of Measuring Social Preferences for Health States in Long-Term Care
So: In, Values and Long-Term Care
Kane, Robert L.; Kane, Rosalie A.
Lexington, Massachusetts:Lexington Books, D.C. Heath and Company
p. 127-156, 1982

Social preferences for health outcome states are required for program evaluation in long term care as well as in other fields of health care. Health states can be defined by a multi-attribute classification scheme, and the social preferences can be measured using multi-attribute utility theory. The relevant theory is presented for the additive, multiplicative and multilinear forms. Four alternative methods for implementing the theory are outlined and discussed: three are compositional, one is decompositional. An application to chronic health states, currently underway, is described in part and initial results are presented. (42 references) AA

REFERENCE NUMBER 74
Au: Urban, J.; Knotek, P.
Ti: Health Status as a Function of Variables of the External and Internal Environment and Their Experimental Assessment and Analysis
So: Ceskoslovenske Zdravotinictvi(Prague) 28(4):154-157, 1980
(article in Czechoslovakian)

The authors mention some approaches to the mathematical description of the health status by means of probability functions which characterize the transition of population groups with different levels of health status. They mention also the possibilities of a comprehensive description of the health status by means of characteristics of the external and internal environment and some methodological problems about how to assess these characteristics.
(0 references) AA

REFERENCE NUMBER 75
Au: Veit, Clairice T.; Ware, John E., Jr.
Ti: Measuring Health and Health-Care Outcomes: Issues and Recommendations
So: In, Values and Long-Term Care
Kane, Robert L.; Kane, Rosalie A. (editors)
Lexington, Massachusetts:Lexington Books, D.C. Heath and Company
p. 233-260, 1982

This chapter summarizes criticisms of measurement techniques used by health care researchers to obtain measures of values and preferences for health states, and discusses resolutions to problems found with those techniques. The critiques concern the inadequacy of direct scaling, correlation, and typical applications of multiple regression analyses and utility theory, or some combination of these, for testing subjective causal hypotheses. The algebraic modeling approach to subjective measurement is discussed and illustrated. This measurement technique is new to health services research and offers a resolution to the testability problem encountered with presently used techniques. The authors discuss advantages to using the algebraic modeling approach for determining environmental effects on the overall quality of life of long-term-care patients.
(61 references) AS-M

REFERENCE NUMBER 76
Au: Veselov, N.G.
Ti: Effect of Sociobiological Factors on Child Morbidity in the First Seven Years of Life
So: Sovetsko Zdravookhranenie(Moscow) (5):34-38, 1980 (article in Russian)

Results of studying the impact of certain socio-hygienic and biological factors on children's morbidity in the conditions of a large city (Leningrad) are presented (on an example of 3,016 children aged under 7 years). The relationship between the "health index" and the "frequencey of being sick" on the one hand, and the birth maturity, character of nursing, family income, and living conditions, etc., are pretested. The morbidity rate per 1,000 children was calculated as regards the age with reference to the complex index "living conditions". The results of the studies are used in the practical work of pediatricians.
(6 references) AA

REFERENCE NUMBER 77
Au: Voitsekhovich, B.A.
Ti: Correlation of the Population Health Indices
So: Sovetskoe Zdravookhranenie(Moscow) (2):34-38, 1980 (article in Russian)

The place of some indices in the traditional scheme of investigating the health state of the population is considered. Opinions on the expedience of revising the role of demographic data in the evaluation of the health state, and on the necessity of taking the mortality rate as a main and independent index are expressed.
(17 references) AA

REFERENCE NUMBER 78
Au: Ware, John E., Jr.; Brook, Robert H.; Davies-Avery, Allyson; Williams, Kathleen N.; Stewart, Anita L.; et al.
Ti: Conceptualization and Measurement of Health for Adults in the Health Insurance Study: Volume I, Model of Health and Methodology
So: Santa Monica, California:Rand Corporation (Publication Number R-1987/1-HEW), 1980

This first volume provides a general introduction to the study itself and the role that health status measurement plays, and includes detailed information on study methods. The first section presents background information on the purpose and design of the Health Insurance Study (HIS) experiment, discusses why health status is measured in the HIS, describes the conceptual framework of health used in the HIS, and summarizes the considerations involved in selecting and defining health status variables for measurement. The second section describes the methods used to select the HIS sample (7,708 people in 2,753 families), to collect health status data on adults (ages 14 and older), to construct health status measures from the first HIS health status questionnaires and to evaluate the adequacy of these measures against criteria derived from measurement theory.
(50 references) CH-P

REFERENCE NUMBER 79
Au: Ware, John E., Jr.; Davies, Allyson R.; Brook, Robert H.
Ti: The Structure of Health in General Populations: Preliminary Model
So: Presented at the annual meeting of the American Public Health Association in Detroit, Michigan, October 21, 1980

The authors present a structural model of health. Major categories, or measures, in this model are: 1) physical health, consisting of counts of acute and chronic diseases as well as performance of activities involved in physical functioning; 2) mental health, which is defined by indicators such as feeling states, depression and anxiety; 3) social well-being, which consists of counts of friends and visits with family and friends; 4) general health, a composite measure of perceived health status; 5) stressful life events; and 6) age. In evaluating the relationship between these components, the authors have adopted a path analytic approach.
(references unknown) CH-P

REFERENCE NUMBER 80
Au: Ware, John E., Jr.; Donald, Cathy A.
Ti: Social Well-Being: Its Meaning and Measurement
So: Santa Monica, California:Rand Corporation, 1980

The authors begin with a brief summary of their previously published literature review. This is followed by a presentation of specific examples from published studies to summarize the major content characteristics of social well-being measures fielded thus far. A definition of social well-being is recommended and the important issues in this definition and its measurement are discussed. This discussion includes measurement issues such as empirical ways to determine scale values for a given social well-being construct and tradeoffs involved at various levels of aggregation. In the last section the authors present a preliminary model of social well-being based on studies of its relationships with socio-demographic variables, physical and mental health status and consumption of medical care services.
(21 references) AS-M

REFERENCE NUMBER 81
Au: Wasserman, Ira M.; Chua, Lily Aurora
Ti: Objective and Subjective Social Indicators of the Quality of Life in American SMSAs: A Reanalysis
So: Social Indicators Research 8(3):365-381, 1980

The paper examines and critiques Schneider's work that related the subjective and objective indicators of quality of life in American cities. The work then employs data collected by Liu in 1973, and the Institute for Survey Research in 1972 as part of their national election study for 41 large and medium-sized Standard Metropolitan Statistical Areas (SMSAs) to re-examine the question of the relationship between the objective and subjective factors. Although the results of this paper are in general comparable with those obtained by Schneider, there are individual cases where they differ. The paper then concludes with a discussion of the reasons why objective and subjective indicators may coincide.
(24 references) AA

REFERENCE NUMBER 82
Au: Weinstein, Milton C.
Ti: Estrogen Use in Postmenopausal Women--Costs, Risks, and Benefits
So: New England Journal of Medicine 303(6):308-316, 1980

The cost effectiveness of estrogen use in postmenopausal women was analyzed with use of data from the medical and epidemiologic literature. This paper adopts a societal perspective in assessing the benefits, risks, and health-care resource costs. Three attributes of the consequences of treatment are considered: the net expected change in medical-care resource costs, both direct and induced; the net change in life expectancy of treated patients, considering both risks and benefits; and the net effect on the quality of life, including emotional well-being and freedom from disability. The implications of the findings based on this particular cost-effectiveness model are disucssed.
(39 references) CH-P

REFERENCE NUMBER 83
Au: Weiss, Dieter
Ti: A Note on the Limited Relevance of Discounting in Cost-Benefit Analysis
So: Social Indicators Research 8(3):341-346, 1980

How do people arrive at assessments of their own life quality? A series of models was developed to provide an interpretation of the way the factors of cognition and affect operate along with evaluations of specific life concerns in the perception of well-being. Following previous research, cognition was defined operationally as a factor which accounts for the covariance among a set of assessments of life-as-a-whole after affect, as measured by Bradburn's scales, is partialled out and after allowance is made for the presence of correlated measurement errors. It was found that loadings on the cognitive factor, and hence the interpretation of this factor, changed little despite quite large changes in the models. Moreover, in all major comparisons, models that contained the cognitive factor fitted the data better than models that did not. Models that included affect as the only variable intervening between the domains and the life-as-a-whole factor led to results that were intuitively difficult to accept. In the preferred model both affect and cognition were positioned as intervening variables. In this model it was found that the domain evaluations had no direct impact on life-as-a-whole assessments. It was hypothesized that associated with each domain was a domain-specific element of affect and domain-specific element of cognition. The linear additive relation found by previous researchers between domain evaluations and life-as-a-whole assessments would then be explainable as a statistical result arising from the summing of the domain-specific elements of affect and cognition.
(25 references) AA-M

REFERENCE NUMBER 84
Au: Weissert, William G.; Wan, Thomas T.H.; Livieratos, Barbara B.
Pellegrino, Julius
Ti: Cost-Effectiveness of Homemaker Services for the Chronic lly Ill
So: Inquiry(Chicago) 17(3):230-243, 1980

This paper reports on the results of a randomized experiment that tested the effects and costs of providing homemaker services to a chronically ill population. (See Bibliography on Health Indexes No. 3, 1979 for an abstract by Weissert et al. which presents the purpose and methods of the study.) This investigation did not prove that the services constitute a cost-effective alternative in long-term care. Homemaker use had no apparent effect on rates of institutionalization in skilled nursing facilities. However, their use did have a significant effect on preventing and postponing death. The authors suggest that the duration and quality of lives prolonged by homemaker services provides a difficult but worthwhile area for further investigation.
(22 references) CH-P

REFERENCE NUMBER 85
Au: Wilkinson, Ian M.; Graham-White, John
Ti: Dependency Rating Scales: for Use in Psychogeriatric Nursing
So: Health Bulletin(Edinburgh) 38(1):36-41, 1980

A method is described for assessing the impact, in terms of nursing time demanded, of caring for elderly patients suffering from mental disorder in hospital. Scales for determining a patient's level of orientation, behavioral and physical disabilities were constructed with the aid of the nurses in one hospital; and their reliability and validity were examined. In addition, a method was devised for translating the scores obtained on the resulting Dependency Rating Scales, by a simple correction of the Aberdeen formula, into estimates of nurse:patient ratios required, according to patient characteristics and the desired standards of care.
(16 references) AA

REFERENCE NUMBER 86
Au: Wilson, Ronald W.
Ti: Health Indicators Used in Health Planning, Management and Evaluation of Health Services
So: Hyattsville, Maryland:National Center for Health Statistics, Office of Analysis and Epidemiology Programs, 1980

This paper presents a brief overview of the type of health status measures collected in the United States and describes some of their uses. Morbidity indicators, including disability days, condition measures, and utilization of health services, as well as various mortality based measures are introduced. The author discusses the following problems and issues: 1) difficulty of interpretation of morbidity measures; 2) sensitivity to interventions designed to change health status; 3) focus of the data, whether on people or on events; and, 4) problems in data collection.
(16 references) CH-P

REFERENCE NUMBER 87
Au: Wolfson, Alan D.; Sinclair, Alexandra, J.; Bombardier, Claire; McGeer, Allison
Ti: Preference Measurements for Functional Status in Stroke Patients: Interrater and Intertechnique Comparisons
So: In, Values and Long-Term Care
Kane, Robert L.; Kane, Rosalie A. (editors)
Lexington, Massachuetts:Lexington Books, D.C. Health and Company
p. 191-214, 1982

This paper is the first of a series of reports emanating from a study undertaken in Toronto, Canada, on the development of a functional index for stroke patients. It focuses on the measurement of individuals' preferences for various functional states with particular reference to the differences in values obtained from different respondent groups, from different measurement techniques, and on different levels of dysfunction. A total of 52 persons, physicians, therapists, family members, and stroke patients, participated in the preference measurement phase of the study. Results comparing the various techniques, time tradeoff, standard gamble, and visual analogue, are presented.
(17 references) CH-P

REFERENCE NUMBER 88
Au: Wolinsky, Fredric D.; Zusman, Marty E.
Ti: Toward Comprehensive Health Status Measures
So: Sociological Quarterly 21(4):607-621, 1980

While health itself is the central concept in the sociology of health, little agreement exists on what constitutes an appropriate definition of health. This paper develops two composite health status measures (one continuous summary measure, and one set of eight discrete health state measures) based on the World Health Organization's conceptualization of the physical, social, and psychological dimensions of health. Data from a 1978 regional survey demonstrates the continuous summary measure's reliability and validity. The results also indicate that although either of the comprehensive measures significantly increase the goodness of fit of structural models of health service utilization, the set of discrete health state measures increases more the goodness of fit. The magnitude of the increments clearly demonstrates the considerable utility of the comprehensive health status measurement approach.
(29 references) AA-M

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BOOK REVIEWS

Carley, Michael
Social Measurement and Social Indicators: Issues of Policy and Theory
London:George Allen and Unwin, 1981

This book is the first in a series on contemporary social research edited by Martin Bulmer. The series is intended to provide concise introductions to specific areas of methodology and to demonstrate that methodology is central to both theory and empirical research.

Carley focuses on social indicators as aids to the making of public policy and suggests that fifteen years ago there were optimistic expectations for the development of indicators that would provide useful in the making of public policy. These hopes were thwarted by unanticipated and severe problems in social measurement, which reflected methodological and political concerns. Carley examines a wide range of these contemporary issues, including: implicit value judgments in the choice of research questions and the selection of indicators to study them; explicit value judgments in assigning weights to component measures in aggregate indexes; the tension between short-term needs for policy-useful information and the longer-term disciplinary needs for batteries of measures suitable for research; researchers' shift from a concern for policy to a narrower emphasis on statistical questions; the need for simultaneously avoiding "information overload" (providing too many measures) and the suppression of pertinent information; the lack of explicit theories of social behavior that provide explanations for the observed associations among social indicators; and the difficulty of measuring concepts such as "good health." For the most part, Carley highlights these issues but does not resolve them. He attempts to avoid the over-optimism of the past and to urge further research on social indicator models. These models will distinguish variables that are amenable to manipulation, identify causal relationships, and improve the capacity for prediction.

The first three chapters provide a brief history and overview of the field of social indicators, with a slight emphasis on work in the United Kingdom and the United States. Carley sketches the "spectrum of activity" that is the international field of social indicators research, touching on a variety of examples of work underway in national governments, international organizations, the private sector, and universities. Chapter 4 discusses social indicators models and their difficulties. In Chapter 5, "Social Indicators and the Policy-making Process," Carley argues that value judgments are intrinsic to social indicators, states the view that models relating social indicators to policy are essential, and outlines his concept of a "good set of policy-related social indicators." Chapter 6 explores national practices in social reports, and Chapter 7 considers social indicators at the urban level. Conclusions are summarized in the final chapter and suggestions for further reading are offered.

This review of Michael Carley's book has been prepared by:
Richard Rockwell
Social Science Research Council, Center for the Coordination
of Research on Social Indicators
reprinted from the Social Indicators Newsletter

BIBLIOGRAPHY on HEALTH INDEXES

CONFERENCES

Conference on Systems Science in Health-Social Services
Montreal, Quebec, Canada 10-16 July 1983

Systed 83 "International Conference on Systems Science in Health-Social Services for the Elderly and the Disabled," is a conference organized by the University of Montreal with the support of the Quebec Ministry of Social Affairs.

The conference will explore such topics as:
assessment of need and supply,
managerial issues,
societal issues,
decreasing demand for public services, and
special programs and services.

For more information contact:
Charles Tilquin, PhD
Universite de Montreal, E.R.O.S.
3535 Queen Mary Road, Suite 501
Montreal (Quebec) Canada H3V 1H8
Telephone 514/343-5973

American Statistical Association
Toronto, Ontario, Canada 15-18 August 1983

The Biometric Society (ENAR and WNAR), the Institute of Mathematical Statistics, and the Statistical Society of Canada are meeting jointly with ASA. The 1983 Joint Program is currently inviting the submission of contributed papers for this year's program.

Persons submitting a contributed paper should send an abstract to the ASA office by March 18, 1983, using the abstract form published in the November issue of AmStat News. The ASA office will forward your abstract to the one Section or Society Program Chair designated by you. The abstract submission must include payment of one preregistration fee and must have at least one author who is a member of one of the sponsoring societies.

Contributed papers may be given on any topic of statistical interest. The intent of the contributed paper sessions is to broaden the scope of the meeting by covering new developments. It is hoped that contributed paper sessions will encourage the presentation by younger members.

BIBLIOGRAPHY on HEALTH INDEXES

Two copies of a complete draft manuscript of all accepted papers must be mailed to the appropriate Section Program Chair by June 1, 1983. Manuscripts not received will be deleted from the program.
For additional information contact

Edgar Bisgyer
American Statistical Association
806 Fifteenth Street NW Suite 640
Washington, DC 20005

Conference on Productivity in Health
Stanford, California 18-20 August 1983

This conference sponsored by National Bureau of Economic Research (NBER) will afford an opportunity for economists, physicians, and other health researchers to present and discuss new work that contributes to an understanding of how resources can be used more efficiently and effectively in the production of health. Priority will be given to empirical studies, but theoretical or methodological papers are also welcome. Appropriate topics include the effects of medical care or other interventions on health status (including quality of life). Research at any level of aggregation will be considered. For more information, contact:

Professor Victor R. Fuchs
National Bureau of Economic Research
204 Junipero Serra Boulevard
Stanford, California 94305, USA

International Statistical Institute
Madrid, Spain 12-22 September 1983

For additional information contact:

ISI
428 Prinses Beatrixlaan
Voorburg, The Netherlands

BIBLIOGRAPHY on HEALTH INDEXES

American Public Health Association
Dallas, Texas November 1983

The theme of the 1983 meeting will focus on violence in Society. For more information contact:

American Public Health Association
1015 Fifteenth Street NW
Washington, DC 20005

BIBLIOGRAPHY on HEALTH INDEXES

BULLETIN BOARD

CLearinghouse Update

This issue, the first since Number 2, 1980, marks the reemergence of the Bibliography on Health Indexes as a regular publication of the National Center for Health Statistics. In the coming months, bibliographies will be disseminated as quickly as the material can be reviewed and compiled so that we can return to our previous quarterly publication schedule. These interim volumes, which will cover more that the usual three months literature, are being labelled as consecutive issues in 1983. When we are again on schedule, we will use the previous system of publishing four numbers within each calendar year.

As in the past, the Clearinghouse invites you to submit manuscripts, both published and unpublished, for inclusion in the Bibliography.

National Death Index

The National Center for Health Statistics has established the National Death Index (NDI) to aid in the mortality ascertainment efforts of investigators conducting prospective studies. The NDI is a computerized central index of death record information compiled from State death records submitted to NCHS on magnetic tapes. All fifty states participate in the NDI program.

The NDI contains a standard set of identifying information for each decedent, beginning with deaths occuring in 1979. By searching the NDI file, investigators can determine whether persons in their studies may have died, and if so, be provided with the names of the States in which those deaths occurred and the corresponding death certificate numbers.

The National Death Index may be used only for statistical purposes in medical and health research. In order to use the NDI, an investigator must first submit an application form to NCHS.

To receive free copies of the NDI User's Manual and application form, write to

Robert Bilgrad
Division of Vital Statistics
National Center for Health Statistics
Center Building Room 1-44A
3700 East-West Highway
Hyattsville, MD 20782
or call (301)436-8951

BIBLIOGRAPHY on HEALTH INDEXES

CLEARINGHOUSE--SCOPE and SERVICES

Why "Indexes"?

In the health field the terms "index" and "indicator" have been used interchangeably when the primary measure of health status was a single measure such as a mortality rate or life expectancy. More recently, however, research efforts have focused on developing composite measures which reflect the positive side of health as well as the changing disease and death patterns. Progress is being made; and the resultant health status measures are being applied. Although the measures have become more complex, the terms "index" and "indicator" are still used interchangeably. In providing information to assist in the development of composite health measures, the Clearinghouse 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.

Why a "Clearinghouse"?

It has become apparent that different health indexes will be necessary for different purposes; a single GNP-type index is impractical and unrealistic. Public interest coupled with increased government financing of health care has brought new urgency for health indexes. Their development can be hastened through active communications; the Clearinghouse was established to provide a channel for these communications.

What's Included?

The selection of documents for the Clearinghouse focuses on efforts to develop and/or apply composite measures of health status. A reprint or photocopy of each selection will be kept on file in the Clearinghouse. Domestic and foreign sources of information will 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 will systematically search current literature and indexes of literature to maintain an up-to-date file of documents and retrospectively search to trace the development of health indexes.

Specifically, items will be included if they

1. advance the concepts and definitions of health status by
   a) operationalizing the definition
   b) computing transitional probabilities
   c) deriving an algorithm for assigning weights
   d) validating new measures
2. use composite measure(s) for the purpose of
   a) describing the health status of a given group
   b) comparing health status of two or more groups
   c) evaluating a health care delivery program
3. involve policy implications for health indexes
4. review the "state of the art"
5. discuss a measure termed "health index" by the author.

BIBLIOGRAPHY on HEALTH INDEXES

What Services?

The Clearinghouse distributes the "Bibliography on Health Indexes" four times each year. This compilation consists of citations of recent reprints or photocopies included in the Clearinghouse file of documents. The period covered and the sources used in the compilation will be clearly stated in each Bibliography.

Each citation in the "Bibliography on Health Indexes" will be followed by a brief annotation of the article. When possible the author's abstract will be used. In some cases, however, the Clearinghouse may shorten the existing abstract or may insert information directly related to the health measure discussed. At present, the Bibliography, its abstracts and other notes are all printed in English.

Also presented in this Bibliography is information about forthcoming conferences. A separate section, entitled "Bulletin Board", is reserved for information about publication of previously cited, forthcoming materials, new information sources, etc.

Addresses of contributors and sponsoring organizations for conferences are given in each Bibliography. Thus, readers should contact the authors directly to request reprints or to discuss particular issues in greater detail.

In addition to this current awareness service, the Clearinghouse can prepare listings of published literature and current research projects in answer to specific requests. Publications listings will give standard bibliographic information: author, title and source; unpublished research projects will include the name of the principal investigator and the title of the project as well as the investigator's affiliation. When available, an abstract will also be listed. This listing is based on the total document base; thus, it will contain reference to previous work as well as to the most recent material. Material listed in response to a specific request will be primarily in English.

As requests for the same search are received, the Clearinghouse will print the resultant list of citations in a forthcoming annotated Bibliography. The presence of this special topic listing will be noted in the Table of Contents. These will differ from the "Bibliography on Health Indexes" in that they will include retrospective literature as well as the most recent material.

BIBLIOGRAPHY on HEALTH INDEXES

How to Use

Everyone interested in receiving the "Bibliography on Health Indexes" regularly is invited to write the folloing address to have his or her name placed on the Clearinghouse mailing list.

National Center for Health Statistics
ATTENTION: Mailing Keys
3700 East West Highway
Room 1-57 Center Building
Hyattsville, Maryland 20782

To request searches from the Clearinghouse's on-line literature files, write to Anita L. Powell, Clearinghouse on Health Indexes, OAEP:NCHS, 3700 East West Highway, Room 2-43 Center Building, Hyattsville, Maryland 20782, or telephone (301) 436-7035. For other information on health index research, contact Pennifer Erickson at the same address and telephone number.

Currently the "Bibliography on Health Indexes" as well as the other services are available without charge. The Clearinghouse extends these services to all persons interested in the development or application of health indexes.

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