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Clearinghouse on Health Indexes

National Center for Health Statistics Number 2, 1985

Bibliography on Health Indexes

2 ACKNOWLEDGMENTS

3 ANNOTATIONS

3 Anderson, John P.; Moser, Robert J.: Parasite Screening and Treatment Among Indochinese Refugees: Cost-Benefit/Utility and the General Health Policy Model: Journal of the American Medical Association 253(15):2229-2235, 1985

3 Brown, Valerie A.: Towards an Epidemiology of Health: A Basis for Planning Community Health Programs: Health Policy 4:331-340, 1985

4 Cassileth, Barrie R.; Lusk, Edward J.; Miller, David S.; Brown, Lorraine L.; Miller, Clifford : Psychosocial Correlates of Survival in Advanced Malignant Disease?: New England Journal of Medicine 312(24):1551-1555, 1985

4 Churchill, D.N.; Lemon, B.C.; Torrance, G.W.: A Cost-Effectiveness Analysis of Continuous Ambulatory Peritoneal Dialysis and Hospital Hemodialysis: Medical Decision Making 4(4):489-500, 1985

5 Clark, Phillip G.: The Social Allocation of Health Care Resources: Ethical Dilemmas in Age-Group Competition: Gerontologist 25(2):119-125, 1985

5 Cohen, Carl: Philosophical Reflections on the Impact of Coronary Artery Surgery on Patients' Quality of Life: Quality of Life and Cardiovascular Care 1(5):209-214, 1985

5 Curley, Shawn P.; Eraker, Stephen A.; Yates, J. Frank: An Investigation of Patient's Reactions to Therapeutic Uncertainty: Medical Decision Making 4(4):501-511, 1984

6 Diabetes Control and Complications Trial Research Group: The DCCT Quality of Life Measure: A Preliminary Study of Reliability and Validity: Presented at the Sixth Annual Meeting of the Society For Clinical Trials in New Orleans, Louisiana, May 12-15, 1985

6 Dillingham, Alan E.: The Influence of Risk Variable Definition on Value-of-Life Estimates: Economic Inquiry 24:277-294, 1985

6 Etzioni, Amitai: Making Policy for Complex Systems: A Medical Model for Economics: Journal of Policy Analysis and Management 4(3):383-395, 1985

7 Ferraro, Kenneth F.: The Effect of Widowhood on the Health Status of Older Persons: International Journal of Aging and Human Development 21(1):9-25, 1985-1986

7 Fletcher, Cynthia N.; Lorenz, Frederick O.: Structural Influences on the Relationship Between Objective and Subjective Indicators of Economic Well-Being: Social Indicators Research 16:333-345, 1985

(continued on page 39)

ACKNOWLEDGMENTS

Overall responsibilities for planning and coordinating the content of this issue rested with the Clearinghouse on Health Indexes, which is located in the Health Status Measurement Branch, Division of Epidemiology and Health Promotion, Office of Analysis and Epidemiology Program. The bibliography is compiled and edited by Pennifer Erickson and Anita L. Powell with the assistance of Evelyn Stanton. Annette Gaidurgis and Sarah Hinkle of Data Processing and Services Program, Publications Branch, were responsible for formatting the final publication.

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This issue contains annotated citations of literature on composite measures of health status and quality of life, both published and unpublished, which became available in April, May or June 1985. Materials searched in the preparation of this issue are given in the section entitled Sources of Information which follows the Annotations. Bibliographic citations are given in the standard form: author, title and source of the article, designated by Au:, Ti:, So:, respectively. As many as five authors are listed; the sixth and additional authors are identified by et al. Abbreviations are avoided whenever possible.

Following the abstract the number of references used in the preparation of the document and source of the annotation are given. 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); and 4) the Clearinghouse abstract (CH-P where the initial following the "-" indicates the individual responsible for the abstract). Copies of items cited in the Clearinghouse bibliographies should be requested directly from the authors. The address for reprints is given after the abstract. When the request is to be sent to an author other than the first listed, the appropriate name is given along with the address.

REFERENCE NUMBER 1

Au: Anderson, John P.; Moser, Robert J.

Ti: **Parasite Screening and Treatment Among Indochinese Refugees: Cost-Benefit/Utility and the General Health Policy Model**

So: Journal of the American Medical Association 253(15):2229-2235, 1985

The General Health Policy Model and the Quality of Well-being scale are used to describe a "cost-benefit/utility" evaluation of a screening and treatment program for intestinal parasites among Indochinese refugees in the United States. Cost-benefit/utility analysis subsumes conventional cost-effectiveness by explicitly adding social utility factors to the dollar dimension. Using actual data on parasite prevalence and program costs from one screening project and estimated figures for other factors, this article demonstrates calculation of the cost-benefit/utility outcome measure, dollars per well-year. Dollars per well-year for parasite screening are calculated for a number of examples. Further analysis and final conclusions on the worth of parasite screening and treatment programs await more reliable data for some terms of the developed model. (31 references) AA

Address for reprint requests: Department of Community and Family Medicine, University of California at San Diego, La Jolla, California 92093

REFERENCE NUMBER 2

Au: Brown, Valerie A.

Ti: **Towards an Epidemiology of Health: A Basis for Planning Community Health Programs**

So: Health Policy 4:331-340, 1985

Raising the quality of life of a community is the ultimate goal of most health promotion programs. Yet such programs are commonly restricted to reducing known risks to health. It is suggested that this linkage of health promotion to disease prevention is self-defeating, and that health promotion needs community recognition and a suitable methodology of its own. To this end the traditional epidemiology of disease is extended to a potential epidemiology of health. A five-part analysis of health issues is then suggested as a basis for planning and evaluating community health programs. (16 references) AA

Address for reprint requests: Health Promotion Branch, Capital Territory Health Commission, GPO Box 825, Canberra, ACT 2601, Australia

REFERENCE NUMBER 3

Au: Cassileth, Barrie R.; Lusk, Edward J.; Miller, David S.; Brown, Lorraine L.; Miller, Clifford

Ti: **Psychosocial Correlates of Survival in Advanced Malignant Disease?**

So: New England Journal of Medicine 312(24):1551-1555, 1985

Prospective studies of the general population have isolated specific social and psychological factors as independent predictors of longevity. This study assesses the ability of these factors, plus two others said to influence survival in patients with cancer, to predict survival and the time to relapse after a diagnosis of cancer. Patients with unresectable cancers were followed to determine the length of survival. Patients with Stage I or II melanoma or Stage II breast cancer were followed to determine the time to relapse. Analysis of data on these 359 patients indicates that social and psychological factors individually or in combination do not influence the length of survival or the time to relapse. The specific diagnosis, performance status, extent of disease, and therapy were also unrelated to the psychosocial factors studied. Although these factors may contribute to the initiation of morbidity, the biology of the disease appears to predominate and to override the potential influence of life-style and psychosocial variables once the disease process is established. (18 references) AA

Address for reprint requests: University of Pennsylvania Cancer Center, 7 Silverstein Pavilion, 3400 Spruce Street, Philadelphia, Pennsylvania 19104

REFERENCE NUMBER 4

Au: Churchill, D.N.; Lemon, B.C.; Torrance, G.W.

Ti: **A Cost-Effectiveness Analysis of Continuous Ambulatory Peritoneal Dialysis and Hospital Hemodialysis**

So: Medical Decision Making 4(4):489-500, 1985

A cost-effectiveness analysis was performed to compare a hemodialysis (HD) program to a continuous ambulatory peritoneal dialysis (CAPD) program for the fiscal year 1980-81 and expressed in 1980 Canadian dollars. The viewpoint is that of the Provincial Department of Health. Direct costs included physician fees and all hospital costs. Overhead costs were allocated to all revelant cost centres. Support costs were allocated to service and patient care cost centres using a simultaneous equation method. A fully allocated unit cost for each service was calculated, and the utilization of each service was extracted from records for each patient. The cost per life year gained was CA$48,700 for HD and CA$33,400 for CAPD. Sensitivity analysis for the level of nursing care changes these costs to CA$47,000 for HD and CA$41,000 for CAPD. Despite having older patients in the CAPD program, a smaller program scale, and an assumption of high-level nursing care, CAPD remains more cost-effective than hospital hemodialysis. (25 references) AA

Address for reprint requests: Department of Clinical Epidemiology and Biostatistics, Room 3H71, McMaster University, 1200 Main Street West, Hamilton, Ontario, Canada L8N 3Z5

REFERENCE NUMBER 5
Au: Clark, Phillip G.
Ti: **The Social Allocation of Health Care Resources: Ethical Dilemmas in Age-Group Competition**
So: Gerontologist 25(2):119-125, 1985

The growing proportion of elderly and the rising level of health care expenditure for the aged raise significant ethical issues about the nature of the social obligation to this age group as contrasted with the young. The specter of age group competition necessitates an examination of the appropriateness of health care technologies and services for the elderly and ultimately a reexamination of the basis for the development of health care policy. Central to this process is the role of values and such normative principles as social justice and individual self-respect. (22 references) AA

Address for reprint requests: Program in Gerontology, University of Rhode Island, Kingston, Rhode Island 02881

REFERENCE NUMBER 6
Au: Cohen, Carl
Ti: **Philosophical Reflections on the Impact of Coronary Artery Surgery on Patients' Quality of Life**
So: Quality of Life and Cardiovascular Care 1(5):209-214, 1985

The quality of a patient's remaining life likely to result from alternative therapies is relevant to the choice among those therapies for that patient. A theory of life quality is presented here for making such judgements, based on the life plan of the patient in question. Generalized and individualized factors are distinguished; objective and subjective methods for the assessment of these factors are also distinguished. Practical consequences and suggestions for further studies are seen to emerge from this life-plan approach to the quality of life. (9 references) AA

Address for reprint requests: M 7330 Medical Science Building I, School of Medicine, University of Michigan, Ann Arbor, Michigan 48109

REFERENCE NUMBER 7
Au: Curley, Shawn P.; Eraker, Stephen A.; Yates, J. Frank
Ti: **An Investigation of Patient's Reactions to Therapeutic Uncertainty**
So: Medical Decision Making 4(4):501-511, 1984

Patients' reactions to uncertainty were investigated using a hypothetical clinical situation that involved lower extremity pain and stiffness. Subjects' uncertainty avoidance was observed under varying types of sources of uncertainty, using a short questionnaire distributed to 306 outpatients and spouses at two hospital locations. It was found that 21.0 percent of the subjects would avoid an ambiguous treatment with the same success probability level at which they previously accepted a non-ambiguous treatment; 33.7 percent of the subjects preferred to defer the treatment decision to the physician altogether. Confidence and the context of the decision were related to ambiguity avoidance, and decision avoidance was related to age. The implications of these findings for medical decision making are discussed in relation to the nonunitary nature of partial uncertainty. (23 references) AA

Address for reprint requests: 205E Perry Building, Department of Psychology, University of Michigan, Ann Arbor, Michigan 48109

REFERENCE NUMBER 8

Au: Diabetes Control and Complications Trial Research Group
Ti: **The DCCT Quality of Life Measure: A Preliminary Study of Reliability and Validity**
So: Presented at the Sixth Annual Meeting of the Society For Clinical Trials in New Orleans, Louisiana, May 12-15, 1985

This paper discusses the reliability and validity of a measure of quality of life relevant to diabetes (DQOL) and to the treatment regimens of the Diabetes Control and Complications Trial (DCCT). The DQOL is a 60 item multiple choice assessment of quality of life from the perspectives of satisfaction, impact and worry. Quality of life assessment was done in this trial to maximize the probability that a difference in the quality of life consequence of the two DCCT treatment regimens could be detected for various patient groups. Although a number of quality of life instruments were available at the initiation of the project, limitations and problems with these led the investigators to develop an illness-oriented measure for use in this study. The sample consisted of 190 persons aged 13 years or older. According to the authors, the findings provide strong preliminary support for the reliability and validity of the DQOL. (11 references) CH-P

Address for reprint requests: DCCT Coordinating Center, 7979 Old Georgetown Road, Suite 500, Bethesda, Maryland 20814

REFERENCE NUMBER 9

Au: Dillingham, Alan E.
Ti: **The Influence of Risk Variable Definition on Value-of-Life Estimates**
So: Economic Inquiry 24:277-294, 1985

Empirical "value-of-life" estimates derived from labor market wage-risk premiums have varied widely. This paper examines the influence of risk variable definition of these estimates. Value-of-life estimates are derived for one sample from a set of several risk measures. The analysis reveals that the risk variable definition can markedly affect the value-of-life estimate. Further, the paradoxical pattern of "high" estimates from industry risk data and "low" estimates from occupation data is shown to be attributable to different risk definition, not differences in the characterization of risk faced by a given sample of works. Finally, by associating consistently low estimates with one particular risk variable this study suggests much more uniformity in the value-of-life estimates than previously believed. (29 references) AA

Address for reprint requests: Economics Department, Illinois State University, 425 Stevenson, Normal, Illinois 61761

REFERENCE NUMBER 10

Au: Etzioni, Amitai
Ti: **Making Policy for Complex Systems: A Medical Model for Economics**
So: Journal of Policy Analysis and Management 4(3):383-395, 1985

In recent years, policy analysts have shown a growing interest in less rationalistic policymaking models. Medical knowledge may be useful to consider in this regard, since it combines practical knowledge with the findings of numerous analytic disciplines, and includes procedures for dealing with high uncertainty. In contrast, economic policymaking often applies analysis from a single discipline directly to a multifaceted problem. A broader "socioeconomic" approach emulating the medical model would incorporate variables such as political, social, cultural, psychic, and environmental factors. (25 references) AA

Address for reprint requests: Center for Policy Research, George Washington University, School of Medicine, 2300 I Street, N.W., Washington, D. C. 20037

REFERENCE NUMBER 11
Au: Ferraro, Kenneth F.
Ti: **The Effect of Widowhood on the Health Status of Older Persons**
So: International Journal of Aging and Human Development 21(1):9-25, 1985-1986

Interest in the relationship between stress and the onset of illness has stimulated research on the impact of various life events on health status. This article is an analysis of the health consequences of widowhood--the life event considered to require the most readjustment. Considering both objective and subjective measures of health, a structural equation model is developed and tested with panel data of a sample of elders. The findings indicate that widowhood results in an immediate decrease in perceived health but that the long-term consequences are minimal. Also, certain categories of elders shown to be health optimistic are able to maintain their optimism after widowhood. The results are interpreted as reflecting relativity in medical perceptions and favor a transitional model for explaining the normalization of disability. (59 references) AA

Address for reprint requests: Department of Sociology, Northern Illinois University, DeKalb, Illinois 60115

REFERENCE NUMBER 12
Au: Fletcher, Cynthia N.; Lorenz, Frederick O.
Ti: **Structural Influences on the Relationship Between Objective and Subjective Indicators of Economic Well-Being**
So: Social Indicators Research 16:333-345, 1985

The study investigated the relationship between objective and subjective indicators of economic well-being within different age, race, and sex groups over time. Stratification theory and an accommodations hypothesis were used to predict differential subjective responses to objective conditions within subgroups. Findings supported the hypothesis that the relationship would be weakest among the older age group compared to other age groups. Support was found for the hypothesis that predicted smaller coefficients among subgroups characterized as older, female, and nonwhite. Relationships were found to remain stable within all subgroups over time. (35 references) AA

Address for reprint requests: Department of Family Environment, Departments of Sociology and Anthropology, and Statistics, Iowa State University, Ames, Iowa 50011

REFERENCE NUMBER 13
Au: Gilleard, C.J.
Ti: **Predicting the Outcome of Psychogeriatric Day Care**
So: Gerontologist 25(3):280-285, 1985

The present study examined the contribution of the problems faced by caregivers, the strain they experienced, their relationship with their dependents, and their attitudes towards day care in determining the outcome placements of psychogeriatric day hospital patients, using discriminant function analysis. Features contributing to the continued attendance of the demented elderly at the day hospital are examined to ascertain their implications for such services. (16 references) AA

Address for reprint requests: University Department of Psychiatry, University of Edinburgh (Royal Edinburgh Hospital), Morningside Park, Edinburgh, Scotland

REFERENCE NUMBER 14

Au: Hansluwka, Harald E.
Ti: **Measuring the Health of Populations, Indicators and Interpretations**
So: Social Science and Medicine 20(12):1207-1224, 1985

This paper focuses on the measurement of the health status of a population. Thus, the author has excluded discussion of indicators of individuals or families as well as measures of quality of medical care and program-specific evaluative measures. The author highlights the mainstream of recent developments in the area of health status indicators as constituent parts of societal monitoring, focusing on comparability throughout the world. (36 references) CH-P

Address for reprint requests: Global Epidemiological Surveillance and Health Situation Assessment, World Health Organization, 1211 Geneva-27, Switzerland

REFERENCE NUMBER 15

Au: Harel, Zev
Ti: **Nutrition Site Service Users: Does Racial Background Make A Difference?**
So: Gerontologist 25(3):286-291, 1985

Racial differences in well-being among older persons utilizing services at nutrition sites funded by the Older Americans Act were examined. Findings clearly demonstrate the disadvantaged status of black service consumers compared with white service consumers with regard to economic security, health and functional status, social integration, and knowledge about and access to services. Only minor variations were found in assistance utilization. The life perspective of black service consumers was more positive than that of whites. (24 references) AA

Address for reprint requests: Department of Social Services, Cleveland State University, Cleveland, Ohio 44115

REFERENCE NUMBER 16

Au: Hunt, S.M ; McEwen, J.; McKenna, S.P.
Ti: **Measuring Health Status: A New Tool for Clinicians and Epidemiologists**
So: Journal of the Royal College of General Practitioners 35:185-188, 1985

The development and validation of a short and simple measure of perceived health problems is described. Extensive testing with selected groups, including the elderly, the chronically ill, pregnant women, fracture victims, and a random sample of the community has established the face, content and criterion validity, and the reliability of the instrument. The Nottingham Health Profile is intended as a standardized tool for the survey of health problems in a population, but is equally valid and useful as a means of evaluating the outcome of medical and/or social interventions and as an adjunct to the clinical interview. (38 references) AS

Address for reprint requests: J. McEwen, King's College Hospital School, Department of Community Medicine, Denmark Hill, London SE 5 8RX

REFERENCE NUMBER 17
Au: Kwoh, C. Kent; Beck, J. Robert; Pauker, Stephen G.
Ti: **Repeated Syncope with Negative Diagnostic Evaluation**
So: Medical Decision Making 4(3):351-377, 1984

The authors examine the indications for implanting a permanent transvenous cardiac pacemaker in an elderly woman with recurrent syncope. The etiology of her syncope remained unknown after extensive diagnostic evaluation. The analysis demonstrated that the central variables to which decision appeared sensitive were dependent on an evaluation of the woman's quality of life with continued symptoms, both without and with pacemaker therapy. In this latter circumstance, the excess disutility that the patient would experience if therapy were unsuccessful corresponds, in part, to the recently proposed phenomenon of "regret." The surprising result of the analysis, that the decision is largely modulated by patient values, may add a new log to the burning controversy about necessary and unnecessary pacemaker therapy. To help clarify that debate, which is now focused on establishing a relationship between symptoms and dysrrhythmia before pacemaker therapy is considered, we have made some crude calculations of cost-effectiveness and demonstrate that the strategy of performing extensive invasive electrophysiologic studies to establish a diagnosis may in certain circumstances be considerably less cost-effective than empiric therapy. (38 references) AS

Address for reprint requests: Stephen G. Pauker, Division of Clinical Decision Making, New England Medical Center, 171 Harrison Avenue, Boston, Massachusetts 02111

REFERENCE NUMBER 18
Au: Lawton, M. Powell; Moss, Miriam; Grimes, Miriam
Ti: **The Changing Service Needs of Older Tenants in Planned Housing**
So: Gerontologist 25(3):258-264, 1985

The health and well-being of 494 residents living in five federally assisted housing projects for the elderly were assessed 12 to 14 years after a similar sample of original occupants of the five projects were studied. A decline in functioning was more notable in psychological than in health domains. All five environments had accommodated such declines by developing different clusters of services delivered by community agencies, and this "patchwork of services" was working reasonably well. (11 references) AA

Address for reprint requests: Philadelphia Geriatric Center, 5301 Old York Road, Philadelphia, Pennsylvania 19141

REFERENCE NUMBER 19
Au: Levitt, Mary J.; Antonucci, Toni C.; Clark, M. Cherie; Rotton, James; Finley, Gordon E.
Ti: **Social Support and Well-Being: Preliminary Indicators Based on Two Samples of the Elderly**
So: International Journal of Aging and Human Development 21(1):61-78, 1985-86

The structure of social support and its relation to health, affect, and life satisfaction are compared for two samples of the elderly. The first is a national representative sample; the second is a distressed sample from South Miami Beach. Although there are similarities in the structure of social support across the two groups, those in the Miami Beach sample report fewer support figures, and far fewer within geographic proximity, than do those in the national sample. This comparative network impoverishment is particularly marked for male

respondents and is accentuated by a high number of isolates in this group. In addition, stronger relationships are found between support network size and affect, and among affect, life satisfaction, and health in the South Miami Beach sample. Older men in poor health and without supportive relationships are targeted as a particularly high risk subgroup. The discussion includes a focus on personal, situational, and life span differences related to variations in support and well-being and a consideration of implications for more recent waves of elderly sun-belt migrants. (19 references) AA

Address for reprint requests: Florida International University, 11200 S.W. 8th Street, North Miami, Florida 33199

REFERENCE NUMBER 20

Au: Lipscomb, Jose h
Ti: **Health Status Maximization and Manpower Allocation**
So: Unpublished, Durham, North Carolina: Duke University, Public Policy Studies, 1984

This project represents a joint venture between Duke University (the grantee) and the Navajo Nation to develop and test the prototype of a new model for cost-effective health care decision making on the Reservation. Specifically, the model is designed to incorporate information about: (1) the medical effectiveness (in a process-outcome sense) of competing programs; (2) the supplies of required inputs; (3) individual (and then derived from that, group) preferences for alternative health outcomes; and (4) any administrative or "equity" constraints imposed within the decision making environment. With these data the model--which is structured as a large (5760-decision variable) linear program--selects that particular set of health programs, and allocation of inputs to these programs, that maximizes expected improvement in population health status. The prototype developed here focuses on four major disease problems: hypertension, diabetes mellitus, infant gastroenteritis, and infant respiratory infections. (190 references) AA

Address for reprint requests: Public Policy Studies, Box 4875, Duke Station, Duke University, Durham, North Carolina 27706

REFERENCE NUMBER 21

Au: Martinson, O.B.; Wilkening, E.A.; Linn, J.G.
Ti: Life Change, Health Status and Life Satisfaction: A Reconsideration
So: Social Indicators Research 16(3):301-313, 1985

Recent research has suggested that life changes may be unrelated to health status indices and to overall satisfaction with life. Yet research has also reported that life changes appear to be related to measures of psychological distress. To attend further to clarification of the role of life change as a predictor of health status and life satisfaction, this paper examines the relationship between negative life change self-reports and indices of health status and life satisfaction. The data come from a survey of 1423 Northwestern Wisconsinites interviewed in 1974 by the Wisconsin Survey Research Laboratory. The findings indicate that self-reports of negative life changes were related to overall life satisfaction, controlling for health status, feelings of alienation/attachment, and personal disruption. Implications of the findings are discussed in conclusion. (44 references) AA

Address for reprint requests: College of Pharmacy, University of Minnesota, 308 Harvard Street, S.E., Minneapolis, Minnesota 55455

REFERENCE NUMBER 22
Au: McAuley, William J.; Blieszner, Rosemary
Ti: **Selection of Long-Term Care Arrangements by Older Community Residents**
So: Gerontologist 25(2):188-193, 1985

This study examined the distribution and patterning of responses to five long-term care arrangements as well as factors associated with various choices. Older adults most frequently preferred care from a relative or paid helper in their own homes and selected moving into a relative's home least often. Marital status, income, race, and availability of extended information support were significantly associated with at least three arrangement choices. (17 references) AA

Address for reprint requests: Center for Gerontology, Family and Child Development, 215 Wallace Hall, Virginia Polytechnic Institute and State University, Blacksburg, Virginia 24061

REFERENCE NUMBER 23
Au: McCauley, Clark; Durham, Margo; Copley, John B.; Johnson, John P.
Ti: **Patients' Perceptions of Treatment for Kidney Failure: The Impact of Personal Experience on Population Predictions**
So: Journal of Experimental Social Psychology 21(2):138-148, 1985

Estimates of the probability of various outcomes associated with treatment for kidney failure were made by chronic dialysis patients, dialysis patients awaiting transplant, successful transplant patients, and unsuccessful transplant patients back on dialysis. The latter two groups can be considered a natural experiment testing the impact of personal experience on population predictions. Consistent with the law of small numbers and the availability heuristic, successful transplant patients gave higher estimates of the population success rate for transplantation than unsuccessful transplant patients gave. (15 references) AA

Address for reprint requests: Psychology Department, Bryn Mawr College, Bryn Mawr, Pennsylvania 19010

REFERENCE NUMBER 24
Au: Melick, Mary Evans; Logue, James N.
Ti: **The Effect of Disaster on the Health and Well-Being of Older Women**
So: International Journal of Aging and Human Development 21(1):27-28, 1985-86

Relatively little attention has been paid to the post-disaster health status and well-being of older persons. The data discussed in this article were gathered through use of a retrospective cohort survey five years following a major flood in the Wyoming Valley of Pennsylvania. The subsample of women sixty-five years and older used in this analysis is composed of 122 female victims and forty-five controls from the same communities. The instruments used to measure mental status included Langner's 22-Item Scale, Zung's Self-rating Depression Scale, and a modified Self-Report Symptom Inventory (SCL-90). Additional items related to self-perceptions of health status, to influence of the flood on health and well-being and to other issues. Significant differences occurred in self-perceptions, including the state of mind after the flood, distress during recover, quality of life after the flood, and frequency of thinking about the flood matters. Use of instruments designed to assess mental status did not indicate greater levels of anxiety of depression in elderly victims as compared to non-victims. (31 references) AA

Address for reprint requests: New York State Office of Mental Health, 44 Holland Avenue, Albany, New York 12229

REFERENCE NUMBER 25
Au: Ott, Carl; Bergner, Marilyn
Ti: **Prodromal Symptoms of Acute Myocardial Infarction**
So: Quality of Life and Cardiovascular Care 1(4):157-161, 1985

To assess the health status of patients prior to acute myocardial infarction (MI), the Sickness Impact Profile (SIP), a measure of illness-related behavioral dysfunction, was completed by 257 patients with documented acute MI. It was completed by patients during their first week of hospitalization with instructions to answer the questions as they pertained to them the week prior to hospital admission. The SIP scores for these patients were compared with those for a random sample of enrollees in a large prepaid group practice. Significantly more impaired function was reported by the acute MI patients than by the control subjects. These results are discussed in terms of their clinical significance, and suggestions for further investigation are made. (31 references) AA

Address for reprint requests: Marilyn Bergner, Department of Health Services, SC-37, University of Washington, Seattle, Washington 98195

REFERENCE NUMBER 26
Au: Ott, Carl; Bergner, Marilyn
Ti: **The Effect of Rehabilitation After Myocardial Infarction on Quality of Life**
So: Quality of Life and Cardiovascular Care 1(4):176-190, 1985

Rehabilitation programs for postmyocardial infarction patients include early ambulation during hospitalization, posthospitalization physical activity, and education and counseling. Analysis of these programs suggest that they have limited effect on morbidity and mortality. Yet they do impact quality of life. A randomized, controlled trial of an early exercise program and an early exercise plus teaching and counseling program found that patients and the exercise plus teaching and counseling group had less sickness-related behavioral dysfunction than either those in the exercise-only group or the controls. Differences were largest and statistically significant in the psychosocial aspects of behavioral dysfunction. (54 references) AA

Address for reprint requests: Marilyn Bergner, Department of Health Services, SC-37, University of Washington, Seattle, Washington 98195

REFERENCE NUMBER 27
Au: Simmons, B.; Cooper, R.
Ti: **Outcome of Coronary Artery Bypass Surgery in Minority Patients**
So: Abstract submitted for the Cardiovascular Behavioral Medicine, Epidemiology and Biostatistics Research Training Session in CVD, Epi Newsletter No. 37, January 1985

Quality of life is a key outcome in coronary bypass surgery. Previous data suggest that working class patients achieve less functional recovery post-CABG than do persons with higher social status. The minority population in the U.S. is grossly underserved in terms of cardiac surgery and little is known about functional outcome. From January 1, 1982 to July 1, 1984, 95 patients were referred by our service for bypass surgery. Five died

perioperatively and 10 were lost to follow-up. Functional capacity as assessed by questionnaire in the 56 black and 9 Hispanic survivors at a minimum of six months. Fifty-six percent continued to report significant chest pain, 83 percent were not working and 53 percent said they were able to do more than prior to surgery. Exercise testing suggested a somewhat higher objective than subjective functional level. This group of patients suffered a relatively high surgical mortality (6 percent) and achieved an extremely poor functional outcome. Intervention programs which include, among other things, vigorous patient education and rehabilitation should be evaluated. (0 references) AA

Address for reprint requests: Cook County Hospital, Chicago, Illinois 60612

REFERENCE NUMBER 28

Au: Slater, Carl H.; Lorimor, Ronald J.; Lairson, David R.

Ti: **The Independent Contributions of Socioeconomic Status and Health Practices to Health Status**

So: Preventive Medicine 14:372-378, 1985

The objective of this study was to determine whether the much-repeated finding of a relationship between socioeconomic status and health status is explained by individuals' health practices. The investigation was carried out using data tapes from the 1977 Health Interview Survey in which a one-third subsample of adults was asked a series of questions related to the seven nonmedical health practices identified in the Alameda County Study. The group selected for analysis comprised 15,892 white, responding adults. With age controlled statistically, perceived health status was found to be associated with socioeconomic status, whether the indicator was educational level, family income, or occupation, and to number of positive health practices. When number of health practices, in addition to age and other socioeconomic indicators was controlled for, the association was still positive and significant. The finding of an independent contribution by socioeconomic status to health status emphasizes that individual health habits are not the only influence on health status. (27 references) AA

Address for reprint requests: Health Services Organization, University of Texas School of Public Health, P. O. Box 20186, Houston, Texas 77025

REFERENCE NUMBER 29

Au: Tesch, Stephanie A.

Ti: **Psychosocial Development and Subjective Well-Being in an Age Cross-Section of Adults**

So: International Journal of Aging and Human Development 21(2):109-120, 1985

Though often cited, Erikson's theory has been relatively neglected in empirical studies of adult development, partly because few measures operationalize his psychosocial constructs. The present research examined the internal consistency and construct validity of an expanded version of the Inventory of Psychosocial Development (E-IPD) which included the generativity and ego integrity scales created by Boylin et al. Participants were seventy-nine adults with a mean age of forty-two and mean educational level of fifteen years. Total E-IPD scores were found to have high internal consistency but many individual stage scales did not. Men's E-IPD scores showed discriminant validity with respect to social desirability and women's E-IPPD scores showed convergent validity with a measure of subjective well-being. Psychosocial development scores were largely unrelated to age, indicating that the E-IPD may have little validity as a measure of adult development. (24 references) AA

Address for reprint requests: 1707 Peabody Street, Appleton, Wisconsin 54915

REFERENCE NUMBER 30
Au: Tugwell, Peter; Bennett, Kathryn J.; Sackett, David L.; Haynes, R. Brian
Ti: **The Measurement Iterative Loop: A Framework for the Critical Appraisal of Need, Benefits and Costs of Health Interventions**
So: Journal of Chronic Diseases 38(4):339-351, 1985

A framework for organizing health services data is presented that subdivides the spectrum of health information into subgroups that constitute a logical progression from quantifying the burden of illness, through identifying its likely causes, to validating interventions that prevent or ameliorate it and evaluating their efficiency, to monitoring the application of these interventions and coming full-circle to determine whether the burden of illness has been reduced. (41 references) AA

Address for reprint requests: Departments of Epidemiology and Biostatistics, and Medicine, McMaster University, 1200 Main Street West, Hamilton, Ontario, Canada L8N 3Z5

REFERENCE NUMBER 31
Au: Vaughan, Dale A.; Kashner, James B.; Stock, William A.; Richards, Mary
Ti: **A Structural Model of Subjective Well-Being: A Comparison of Ethnicity**
So: Social Indicators Research 16(3):315-332, 1985

Using secondary data analysis, we proposed and tested a structural model of subjective well-being using LISREL V. Separate analyses were performed on samples of Asians (N = 142), Blacks (N = 338), Hispanics (N = 188), and Whites (N = 293). Exogenous predictor variables were age, serious personal loss, occupational status, and employment status. Endogenous predictors were self-perceived health, physical activity, and strength of social ties. Results indicated that within group models were somewhat different from each other. We concluded that analyses done separately by ethnicity yielded more accurate representations of structural models of subjective well-being, and provide evidence that ethnic groups are reference groups in which determinants of subjective well-being operate differentially. (26 references) AA

Address for reprint requests: Department of Educational Psychology, Arizona State University, Tempe, Arizona 85287

REFERENCE NUMBER 32
Au: Ware, John E.; Sherbourne, Cathy D.
Ti: **Surveying General Health Status**
So: Unpublished, Rand Corporation, Santa Monica, California 90406, February 1985

This paper describes a new 17-item health status survey instrument designed to measure physical functioning, general mental health, role limitations due to poor health, and general health perceptions. The survey, which was developed following extensive evaluation of measures used in the Rand Health Insurance Experiment (HIE), was administered by telephone interview to a national sample of persons 18 and older (N = 2008). Item analysis confirmed four hypothesized health scales (physical, mental, role, and general). Scoring instructions and national norms are presented for each scale. Internal-consistency reliability estimates were high (ranging from .82 to .97) even though the scales contain only three to five items each. In support of their validity, correlations among the scales and their correlations with other health measures and sociodemographic variables replicated the

pattern of results observed for HIE scales, which have been extensively validated. We conclude that the new instrument is appropriate for telephone or self-administration in surveys that require a comprehensive general health instrument but are limited in the number of health status items they can field. (21 references) AA

Address for reprint requests: Rand Corporation, 1700 Main Street, Santa Monica, California 90406

REFERENCE NUMBER 33

Au: Warshaw, Paul R.; Davis, Fred D.

Ti: **Disentangling Behavioral Intention and Behavioral Expectation**

So: Journal of Experimental Social Psychology 21(3):213-228, 1985

Social psychologists have extensively researched behavioral intention and its relation to future behavior, usually within the framework of M. Fishbein and I. Ajzen's theory of reasoned action. However, the field has confounded two separate constructs while investigating intention: behavioral intention (BI) and behavioral expectation (BE), which is the individual's self-prediction of his or her future behavior. In this paper we define both constructs and explain how they differ in terms of the processes by which they are formed, their roles in determining behavior, and their utilities as behavioral predictors. We propose that behavioral expectation is the more accurate overall predictor since many common behaviors are unreasoned (i.e., mindless or habitual) behaviors, goal-type actions, or behaviors where the individual expects his or her intention to change in a forseeable manner. These are all cases where present intention (BI) is not the direct determinant of behavior but where the individual may be capable of appraising whatever additional determinants exist and of including them within his or her behavioral expectation. A study (N = 197) is reported in which student subjects received either a BE (n = 113) or a BI (n = 84) version of a questionnaire pertaining to their performance of 18 common behaviors. Overall, behavioral expectation was the better predictor of self-reported performance. (84 references) AA

Address for reprint requests: Faculty of Management, McGill University, 1001 Sherbrooke Street West, Montreal, Quebec H3A 1G5, Canada

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Professional Journals Reviewed

Articles cited in the ANNOTATIONS section have been identified from a set of journals which are routinely reviewed by the Clearinghouse staff. Each new issue is examined for book reviews, current research funding opportunities, and forthcoming conferences as well as relevant articles. Journal titles along with the volume and issue number reviewed for this issue of the Bibliography on Health Indexes are listed below.

Acta Psychiatrica Scandinavica 71(4-6)
American Economic Review 75(2) 75(3)
American Journal of Economics and Sociology 44(2)
American Journal of Epidemiology 121(3-6)
American Journal of Orthopsychiatry 55(2)
American Journal of Psychiatry 142(4-6)
American Journal of Psychology 98(1) 98(2)
American Journal of Public Health 75(4-6)
American Journal of Sociology 90(6)
American Political Science Review 79(2)
American Psychologist 40(4-6)
American Sociological Review 50(2) 50(3)
Applied Economics 17(2) 17(3)
Archives of Environmental Health 40(2) 40(3)
Archives of Physical Medicine and Rehabilitation 66(4-6)
Behavioral Science 30(2)
British Journal of Psychology 76(1)
British Journal of Sociology 36(2)
Canadian Journal of Behavioral Science 17(2)
Canadian Journal of Public Health 76(Suppl 1) 76(2) 76(3)
Child Welfare 64(3)
Clinical Gerontologist 3(4)
Clinical Pediatrics 24(4-6)
Clinical Psychology Review 5(2)
Cognitive Psychology 17(2)
Cognitive Therapy and Research 9(2)
Community Mental Health Journal 21(2)
Econometrica 53(3)
Economic Development and Cultural Change 33(3)
Economic Inquiry 24(2)
Economic Journal 95(378)
Geriatrics 40(4-6)
Gerontologist 25(2) 25(3)
Hastings Center Report 15(2)
Health Affairs 4(2)
Health Education Quarterly 12(2)
Health Policy 4(4)
Health Psychology 4(2)
Health Services Research 20(1) 20(2)
Health Values 9(2)
Human Organization 44(2)
Inquiry (Chicago) 22(2)
International Journal of Aging and Human Development 21(1) 21(2)
International Journal of Epidemiology 14(2)
International Journal of Health Services 15(2)
International Journal of Mental Health 14(1) 14(2)
Issues in Science and Technology 1(4)
Journal of Accounting and Public Policy 4(2)
Journal of Allied Health 14(2)
Journal of Applied Behavioral Science 21(2)
Journal of Applied Psychology 70(2)
Journal of Behavioral Medicine 8(2)
Journal of Chronic Diseases 38(3-5)
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Journal of Economic Literature 23(2)
Journal of Epidemiology and Community Health 39(2)
Journal of Experimental Child Psychology 39(2) 39(3)
Journal of Experimental Social Psychology 21(2) 21(3)
Journal of Family Practice 20(4-6)
Journal of Health and Social Behavior 26(2)
Journal of Health, Politics, Policy and Law 10(1)
Journal of Medical Systems 9(1-3)
Journal of Medicine and Philosophy 10(2)

Journal of Nervous and Mental Diseases 173(4-6)
Journal of Pediatrics 106(4) 106(6)
Journal of Policy Analysis and Management 4(3)
Journal of Political Economy 93(2) 93(3)
Journal of Public Health Policy 6(2)
Journal of School Health 55(4)
Journal of School Psychology 23(2)
Journal of Social Policy 14(2)
Journal of the American Geriatrics Society 33(4-6)
Journal of the American Medical Association 253(13) 253(15) 253(17-24)
Journal of the Royal Society of Health 105(2) 105(3) Journal of Trauma 25(4-6)
Lancet II (8443)
Medical Care 23(4-6)
Medical Decision Making 4(4)
Multivariate Behavioral Research 20(2)
New England Journal of Medicine 312(14-26)
New York Academy of Medicine Bulletin 61(3)
Operations Research 33(3)
Organizational Behavior and Human Decision Processes 35(2) 35(3)
Perspectives in Biology and Medicine 28(3)
Philosophy and Public Affairs 14(1) 14(2)
Policy Studies Journal 13(3)
Policy Studies Review 4(4)
Political Science Quarterly 100(2)
Preventive Medicine 14(1-3)
Psychological Record 35(2)
Psychosocial Rehabilitation Journal 8(4)
Psychosomatic Medicine 47(3)
Psychosomatics 26(4-6)
Public Health Reports 100(3)
Quality and Quantity 19(2)
Quality of Life and Cardiovascular Care 1(4) 1(5)
Risk Analysis 5(2)
Scandinavian Journal of Psychology 26(1)
Science, Technology and Human Values 10(2)
Social Forces 63(4)
Social Indicators Research 16(3) 16(4)
Social Problems 32(2) 32(4)
Social Psychology Quarterly 48(2)
Social Science and Medicine 20(12)
Social Science Research 14(2)
Social Service Review 59(2)
Socio-Economic Planning Sciences 19(2)
Sociological Methods and Research 13(4)
Statistics in Medicine 4(2)
World Health Forum 6(2)

Monographs, Government Documents and Unpublished Reports

The unpublished reports cover work in progress and articles submitted for publication. Monographs, government publications and unpublished reports cited in the ANNOTATIONS section have been received by the Clearinghouse during the April through June 1985 period. Thus, it is possible for unpublished materials which have been written prior to these months to appear in this issue.

This section lists citations to journal articles which have been classified under the medical subject heading health status indicators by the National Library of Medicine (NLM) and which were entered into the NLM on-line data base in April, May or June 1985. Citations are printed, with only slight modification of format, in the order and form in which they appear in the NLM file. Following NLM's convention, titles which are enclosed in parentheses indicate that the article is published in some language other than English. Abstracts and addresses are also printed here when they are available from NLM's database. The author's address is given, even though some are quite incomplete, to facilitate readers locating more information for requesting reprints or for making further inquiry into the author's research.

Au: West PA
Ti: **Outcome measures and health care planning**
So: Hosp Health Serv Rev. 1984 Sep;80(5):221-3

Au: Hodge RL
Ti: **Risk factors in Australians: National Heart Foundation's Risk Factor Prevalence Study,1980**
So: Aust NZ J Med. 1984 Aug;14(4):395-9

The National Heart Foundation's Risk Factor Prevalence Survey in 1980 is described. Results for the prevalence of hypertension, smoking, hyperlipidemia, obesity and inactivity from the 1980 survey are presented. A second study was conducted in 1983 and a third is planned for 1986 or later. These surveys provide unique data on risk factors in Australians, and hold the prospect of determining trends which may be relevant to overall mortality trends in cardiovascular disease.

Au: Reisine ST
Ti: **Dental health and public policy: the social impact of dental disease**
So: Am J Public Health. 1985 Jan;75(1):27-30

This paper analyzes the potential of using measures of social function as health indicators in dental research. It discusses existing methodologies and presents findings from a cross-section of studies that adopt a social function perspective in the investigation of oral health status. While the literature in this area is small, much of the research concerns disability days associated with dental problems. The United States National Health Interview Survey reported in 1981 that 4.87 million dental conditions caused 17.7 million days of restricted activity, 6.73 million days of bed disability, and 7.05 million days of work loss. Other reports suggest that these data may be underestimates due to the National Health Survey's definition of disability days. Several other studies have found work loss to affect from 15 per cent to 33 per cent of samples studied resulting in many more work loss days than reported by the National Health Survey. Our study concludes that traditional measures of oral health status--such as decayed, missing, and filled teeth and the periodontal index--should be linked to measures of social outcome in order to place dental conditions within the broader context of health status in terms that are relevant to policy makers.

Au: Toevs CD; Kaplan RM; Atkins CJ
Ti: **The costs and effects of behavioral programs in chronic obstructive pulmonary disease**
So: Med Care. 1984 Dec;22(12):1088-100

This paper uses a General Health Policy Model to determine the cost-effectiveness of an experimental behavioral program for patients with chronic obstructive pulmonary disease

(COPD). Patients were randomly assigned to either experimental or control groups, and only those in the experimental groups were given the behavioral strategies. Health status information was collected over 18 months, and the Health Policy Model translated program outcomes into well-year equivalents. At the end of the program, greater improvements in health status were observed in the experimental subjects, and a total of 4.41 well-years were produced. Costs of the program were gathered on a per-year basis using an administrative perspective. Both costs and health effects were discounted to present value using a 5% discount rate. Dividing costs by effects, the COPD program produced well-years at a unit cost of $24,256. Comparing the cost-utility figure to those of other health care programs using the General Health Policy Model, the behavioral program appears reasonably cost-effective as an adjunct therapy for patients suffering from COPD.

Au: Golaszewski TJ; Milstein MM; Duquette RD; London WM
Ti: **Organizational and health manifestations of teacher stress: preliminary report on the Buffalo Teacher Stress Intervention Project**
So: J Sch Health. 1984 Dec;54(11):458-63

In an attempt to develop long-term stress management contingencies, four Buffalo City Elementary Schools were assessed on perceptions of organizational stress, personal manifestations, and health status. Relationships that were observed supported theoretical concepts of organizational stress, and supported the need for intervention within teacher populations. Organizational and promotional strategies to enhance participant involvement are discussed.

Au: Gray JA
Ti: **Health for all elderly people by the year 2000**
So: Int Nurs Rev. 1984 Nov-Dec;31(6):168, 173

Au: Larsson B; Renstrom P; Svardsudd K; Welin L; Grimby G; Eriksson H; Ohlson LO; Bjorntorp P
Ti: **Health and aging characteristics of highly physically active 65-year-old men**
So: Int J Sports Med. 1984 Dec;5(6):336-40

Eighteen highly physically active men aged 65 years, training since youth, were compared to 67-year-old men from the general population. Body fat was low in the well-trained men, particularly in the central regions of the body. They smoked less. They characterized themselves as being in a general state of good health and well-being. Plasma insulin values were remarkably low. Blood pressure and resting heart rate were lower and ventilatory capacity better than in controls, and they had less heart diseases. The "juvenile" traits in their energy metabolism as well as in blood pressure and in their own perception of being highly energetic were not associated with less aging characteristics of hair, skin, or function of senses. The results obtained in this selected group suggest that physical activity protects against several age-dependent conditions as well as obesity, also at a fairly advanced age. These findings as well as the observations of differences in ventilatory function, smoking habits, and well-being between the group of highly physically active men and the control group deserve further studies.

Au: Charlton JR; Bauer R; Lakhani A
Ti: **Outcome measures for district and regional health care planners**
So: Community Med. 1984 Nov;6(4):306-15

Au: O'Connor GT
Ti: **Risk identification and management in clinical practice. Techniques for risk appraisal, screening, and monitoring**
So: Physician Assist. 1985 Jan;9(1):63-4, 69-74, 77-8 passim

The data on factors that adversely affect health status are mounting, and information on behavioral and environmental means of preventing certain types of disease is becoming more widely available; yet preventive medicine is still seen as a less dynamic form of clinical practice than the crisis-oriented, complaint-responsive form. In this article, first in a series, the author reviews attitudes toward preventive medicine, discusses factors that affect health, explains the notion of how "prospective" medicine can develop through the use of health hazard appraisal, and reviews his and other researchers' ideas about screening tests, periodic physical examinations, health monitoring, and risk-factor identification in physical exams.

Au: Carswell H
Ti: **DRG management. New index helps hospital assess malnourishment case outcomes**
So: Mod Healthc. 1985 Feb 15;15(4):112

Au: Gravelle HS
Ti: **Time series analysis of mortality and unemployment**
So: J Health Econ. 1984 Dec;3(3):297-305

Au: Forbes JF; McGregor A
Ti: **Unemployment and mortality in post-war Scotland**
So: J Health Econ. 1984 Dec;3(3):239-57

One of the more controversial topics in the literature examining the influence of unemployment on health is the hypothesized relation between unemployment and mortality. This paper presents a time series analysis of unemployment and mortality in post-war Scotland. Using a variety of model specifications and several measures of the age and duration structure of male unemployment, we find little evidence of a consistent association between unemployment and male mortality from all causes in different age cohorts. Unemployment, however, appeared to be more closely associated with variations in mortality rates and ischaemic heart disease, but the direction of effect was sensitive to the choice of maximum lag length between unemployment and mortality. There was also little evidence that per-capita real incomes or health expenditure exerted a significant influence on mortality. Our general findings and the methodological limitations of macro-studies of the relationship between unemployment and mortality highlight the importance of investigating the health consequences of unemployment using well controlled longitudinal studies of individuals.

Au: Hyner GC; Melby CL
Ti: **Health risk appraisals: use and misuse**
So: Fam Community Health. 1985 Feb;7(4):13-25

Au: Kardashenko VN; Bal LV; Varlamova LP; Vishnevetskaya TYu; Prokhorova MV; Stromskaya EP
Ti: **Health index for children and teenagers**
So: Sante Publique (Bucur). 1984;27(3):233-8

Au: Barreto ML; Loureiro S
Ti: **The effect of Schistosoma mansoni infection on child morbidity in the state of Bahia, Brazil. I—Analysis at the ecological level**
So: Rev Inst Med Trop Sao Paulo. 1984 Jul-Aug;26(4):230-5

Au: Keithley J; Byrne D; Harrisson S; McCarthy P
Ti: **Health and housing conditions in public sector housing estates**
So: Public Health. 1984 Nov;98(6):344-53

Au: Oldenburg B; MacMahon SW
Ti: **Health-related aspects of lifestyle in general hospital patients**
So: Community Health Stud. 1984;8(3):281-7

Au: Bergner L; Bergner M; Hallstrom AP; Eisenberg MS; Cobb LA
Ti: **Service factors and health status of survivors of out-of-hospital cardiac arrest**
So: Am J Emerg Med. 1983 Nov;1(3):259-63

To determine how emergency service factors affect the health status of survivors of out-of-hospital cardiac arrest, 424 survivors were studied six months later. The principal research tool was the Sickness Impact Profile (SIP), a behaviorally-based instrument for measuring sickness-related dysfunction. Time to initiation of care and time to definitive care were significantly related to dysfunction. The critical time intervals can be influenced by the manner in which communities provide emergency care.

Ti: **Computer technology and worksite health promotion**
So: Corp Comment. 1984 Jun;1(1):23-5

Au: Fillenbaum GG
Ti: **The wellbeing of the elderly. Approaches to multidimensional assessment**
So: WHO Offset Publ. 1984;(84):1-99

Au: Boelen C; Ben Dridi M; Ben Ayed H
Ti: **(Organization of community medicine or how to coordinate health activities for population groups)**
So: Tunis Med. 1983 Jan-Feb;61(1):5-10 (article in French)

Au: Shaw SM
Ti: **Measurement of health outcomes**
So: NZ Nurs J. 1984 Dec;77(12):26-7

Au: Dutton DB
Ti: **Socioeconomic status and children's health**
So: Med Care. 1985 Feb;23(2):142-56

This article explores the relationship between socioeconomic status and three common children's health problems: ear disease, hearing loss, and vision problems. Data are from a household survey and independent clinical examination of 1,063 black children in Washington, D.C. In the study sample, all three problems had a U-shaped relationship to income, with significantly higher prevalences among both upper and lower-income children than the middle-income group, even controlling statistically for other socioeconomic

factors. Except for past illness, income was generally the strongest determinant of children's health, followed by housing crowding and neighborhood income level. Some risk factors varied between upper- and lower-income children. Doctor contacts seemed to reduce illness among poor children but not among the more affluent, while the use of "private" rather than "public" settings did not appear to benefit either group. Policy implications are discussed.

Au: Gutman RA; Blumenkrantz MJ; Chan YK; Barbour GL; Gandhi VC; Shen FH; Tucker T; Murawski BJ; Coburn JW; Curtis FK
Ti: **Controlled comparison of hemodialysis and peritoneal dialysis: Veterans**
So: Kidney Int. 1984 Oct;26(4):459-70

We measured mortality and morbidity among 114 patients assigned randomly to home hemodialysis (HD) and home intermittent peritoneal dialysis (IPD). Data were collected during the time of home training and for 12 months after initiation of home dialysis. Training time was shorter for the IPD than for the HD patients (P less than 0.001) with median time 1.8 months for IPD and 3.9 months for HD. Switching to the alternative mode of treatment was more frequent for the IPD group (29/59 vs. 5/55, P less than 0.001). Survival time was not different, perhaps because of the modality change. More IPD patients were hospitalized in the first 6 months (20 for IPD vs. 9 for HD, P = 0.02), but they had fewer troublesome cardiovascular events in the first year (0 vs. 12, P less than 0.001). The HD patients maintained better nutritional status as reflected in body weight and arm muscle circumference and possibly in urea appearance rate. Thus, these data suggest that for most patients, IPD is a less satisfactory form of therapy than HD, but certain advantages of IPD did emerge. Applications of this information to the currently more popular mode of CAPD await further study.

Au: Molfese VJ; Thomson BK; Bennett AG
Ti: **Perinatal outcome. Similarity and predictive value of antepartum and intrapartum assessment scales**
So: J Reprod Med. 1985 Jan;30(1):30-8

This study evaluated five risk-screening scales containing antepartum and intrapartum subscales. Two issues were addressed: (1) whether one scale is as good as another in screening obstetric patients for perinatal risk, and (2) whether intrapartum scores are more important predictors of perinatal outcome than are antepartum scores. Four of the five scales produced fairly similar total scores, but the overall value of these scores in predicting perinatal outcome was not as good as that shown by scores derived from the least similar scale. The major differences between scales were due to the specific antepartum items they contained. In general, the antepartum scores were found to influence the prediction of infant outcome more strongly, and intrapartum scores were more predictive of maternal outcome.

Au: Koch AL; Gershen JA; Marcus M
Ti: **A children's oral health status index based on dentists' judgment**
So: J Am Dent Assoc. 1985 Jan;110(1):36-42

The children's oral health status index was developed as an integrated measure for the direct appraisal of pediatric patient populations in private practices, dental clinics, or school programs. The index is derived from a paired preference experiment with five pedodontists and five general dentists acting as judges of oral health in 200 case comparisons. Four

easily measured variables are united numerically by the index: decayed teeth, occlusion, tooth position, and missing teeth (which have not been exfoliated). Clinical applications of the index in three geographic areas have all had good results.

Au: Milne BJ; Logan AG; Flanagan PT
Ti: **Alterations in health perception and lifestyle in treated hypertensives**
So: J Chronic Dis. 1985;38(1):37-45

The effect of being treated for hypertension on health perception and life-style and the duration of any alterations after first diagnosis were assessed by administering a standardized interview schedule to employed treated hypertensive men and women, aged 40-64 years, who were either newly diagnosed (ND) (within 6 months of the interview) or previously diagnosed (PD) (1-3 years before the interview) and who were otherwise healthy. In both groups of 50 hypertensives, indices of health status and ability to participate in enjoyable activities were significantly lower while symptom score and index of worry about health were significantly higher compared with a group of 50 age and sex-matched normotensive controls (C) (p less than 0.001). The hypertensive groups did not differ from each other. Both hypertensive groups reported significant reductions in the time spent at work (p less than 0.005). Self-reported weight loss in the 2 months preceding the interview was significantly greater in ND hypertensives compared with PD and C individuals (p less than 0.01). Our data indicate that the diagnosis and treatment of hypertension had a significant and sustained negative impact on health perception and activities of daily living even among actively employed, relatively healthy, medicated hypertensives for whom there were no medical indications to restrict their life-style.

Au: Kirshner B; Guyatt G
Ti: **A methodological framework for assessing health indices**
So: J Chronic Dis. 1985;38(1):27-36

Tests or measures in clinical medicine or the social sciences can be used for three purposes: discriminating between subjects, predicting either prognosis or the results of some other test, and evaluating change over time. The choices made at each stage of constructing a quality of life index will differ depending on the purpose of the instrument. We explore the implications of index purpose for each stage of instrument development: selection of the item pool, item scaling, item reduction, determination of reliability, of validity, and of responsiveness. At many of these stages, not only are the requirements for discriminative, predictive, and evaluative instruments not complementary, they are actually competing. Attention to instrument purpose will clarify the choices both for those developing quality of life measures and for those selecting an appropriate instrument for clinical studies.

Au: Banta, H. David (editor)
Ti: **Resources for Health: Technology Assessment for Policy Making**
So: New York, New York: Praeger Publishers, 1982

This book is the result of a conference held in Bellagio, Italy, November 13-17, 1980, the purpose of which was to explore how formal analysis and evaluation can contribute to health care policy making, especially in resource allocation decisions. Specifically, the meeting was structured to address certain broad themes: the relationship between resource allocation and technology assessment, the present status of outcome evaluation, the present status of cost-effectiveness analysis, and finally, the interrelationship of health services research, technology assessment and health policy. The book follows the organization of the conference itself. The first two papers deal with overall policy concerns. The second two discuss efficacy and safety. The third two papers deal with cost-effectiveness analysis. And, the final two examine mechanisms for planning and controlling medical technology. Each paper is followed by one or two shorter presentations on the issues of the paper: there are also several overviews. In addition to a formal discussion of the conference deliberations, some suggestions for action which were identified by the conference participants are stated.

Perhaps of particular interest to persons involved in either the development or application of health indexes is the section on cost-effectiveness analysis. The outcome of this discussion was that although such analytic tools are helpful in certain instances, they should not be relied on as the sole determinant of a decision. However, it was recognized that performing an analysis of costs and benefits can be very helpful to decision makers because the process of analysis gives structure to the problem, allows an open consideration of all relevant effects of decision, and forces the explicit treatment of key assumptions. Nonetheless, such analysis carries with it various methodological and other limitations that make it inadequate as the only basis on which a decision should be based.

Au: Berkman, Lisa F.; Breslow, Lester
Ti: **Health and Ways of Living: The Alameda County Study**
So: New York, New York: Oxford University Press, 1983

The Alameda County study was undertaken in the 1960's to assess the health status and practices of almost 7,000 individuals living in the community. This book brings together information about the conduct and analyses of the survey which had previously been available only in scattered and obscure sources. In addition, the book includes data from the most recent follow-up of the Alameda County cohort.

To give the reader some feeling of just how broad the health consequences of health practices and social networks are, findings concerning both mortality and changes in self-reported health status are presented. In the first chapter, the authors present their perspectives on changes in health that have occurred over the last century and their overview of critical issues in the field. The second chapter supplies background information on the Human Population Laboratory, including its purposes, sampling methods, response rates and validity and reliability of survey items. This chapter discusses the conceptual content of the survey instruments. Specifically, rationale is provided for inclusion of questions on alcohol consumption, smoking habits, physical activity, eating and sleeping patterns, as well as about respondents' social networks--e.g., how many close friends and relatives they had, whether they belonged to a church or community group, and whether or not they were married.

The relationship of health practices with mortality risk is the topic of chapter 3. Data are presented for each practice individually as well as in a cumulative index. Chapter 4 describes the association between social networks and mortality risk. Again, each type of social contact is analyzed individually as well as in a cumulative Social Network Index. In both of these chapters, the effects of physical health status and socioeconomic status are examined in detail. Chapter 5 consists of a multivariate analysis of the health practices and social networks in which the effects of many variables on mortality risk are considered simultaneously. In chapter 6, Camacho and Wiley study the changes in physical health status that occurred in the interval between the two study periods, 1965-1974, and assess the effects of health practices and social networks on such changes.

The results indicate that both social and health practices are powerful predictors of disease and mortality. Men and women with few social contacts or many high-risk health practices were two and one-half times as likely to die during the follow-up period as those with stronger social networks or more low-risk practices. The increased risk found among these people was attributable to a number of causes of death including ischemic heart disease, cancer and circulatory disease. Overall, the evidence suggests that our daily behavior and the kind of society in which we live have profound health consequences.

Au: Fitzpatrick, Ray; Hinton, John; Newman, Staton; Scambler, Graham; Thompson, James
Ti: **The Experience of Illness**
So: New York, New York: Tavistock Publications, 1984

This book outlines the contributions of the behavioral sciences to the understanding of illness and treatment. The focus throughout the chapters is on social and psychological processes that shape the experience of illness presented to health care professionals and the responses of patients to treatment for their problems. The book is directed to the health professionals who are concerned with the care of patients, together with those social scientists who are involved in research and teaching in the health field. While this book clearly focuses on illness as opposed to behaviors on the positive end of the health-illness continuum, its coverage of defining and understanding this concept in psychosocial terms makes the book of interest to researchers in the area of health-related quality of life.

Of particular interest are the three chapters in Part 1 which address the issues of illness and help seeking. The chapter entitled "Lay Concepts and Illness" examines the concepts and beliefs within a particular culture that shape and influence the way illness is experienced. If health care is sought, the definitions that the lay person brings to bear on his or her illness constrain the kinds of help sought and the perceptions of benefits gained from treatments. In assessing health or illness these cultural influences need to be considered if the measures are to accurately reflect the impact of program intervention.

In the chapter entitled "The Illness Iceberg and Aspects of Consulting Behavior" the authors introduce different approaches to the study of illness behavior and give examples of psychological and sociological models. The term "illness iceberg" is borrowed from Last who used the concept to refer to the fact that most symptoms do not lead to a medical consultation. In addition to discussing the significance of this concept for health care and reviewing several behavioral models, the authors dwell on the role played by lay referral systems and social networks in help seeking. The chapter entitled "Social Class, Ethnicity, and Illness" attempts to critically review the ways in which two major indicators of social background and social resources have been used as explanations of differences in behavior

with regard to intervention. As with cultural influences, an awareness of lay behavior with regard to symptomatology and social stratification is important in assessing health status. Whether one seeks to develop or to apply an existing assessment instrument, an understanding of the underlying concept of health which is represented in the instrument is key to assuring that it will provide meaningful data for analysis and programmatic decision making.

Southern Society for Philosophy and Psychology
Knoxville, Tennessee 27-29 March 1986

For additional information contact:
Stephen F. Davis
Department of Psychology
Emporia State University
Emporia, Kansas 66801

Risk Theory Seminar
Columbia, South Carolina 4-6 April 1986

Topics on all areas of risk and insurance will be discussed.

For additional information contact:
S. Travis Pritchett
College of Business Administration
University of South Carolina
Columbia, South Carolina 29208

1st National Conference on Health Promotion and Aging
Hamilton, Ontario 1-2 May 1986

This two-day inaugural conference will receive approaches to health promotion for the aging population in Canada. It will provide the first nation-wide opportunity to share current aspects and new advances in research, public policy, care-provider services and community-based promotion.

Whether you are based in the community or in an institution, are involved in the development of policy or research, or are concerned with the political aspects of this issue, you will benefit from participating in this conference.

The World Health Organization (WHO) Expert Committee on the Effectiveness of Health Promotion for the Elderly will have just completed a three-day meeting in Hamilton. They will both participate in the conference and report on their recommendations. This offers a unique opportunity for Canadians to benefit from the international experience.

A large focus of the conference will be on audience participation. During the panel discussions, delegates will be encouraged to share their experiences and opinions.

For additional information contact:
First National Conference on Health Promotion and Aging
Canadian Public Health Association
1335 Carling Avenue, Suite 210
Ottawa, Ontario K1Z 8N8
Telephone number (613) 725-3769 or TELEX 53-3841

7th Annual Meeting of the Society for Clinical Trials
Montreal, Quebec, Canada 11-14 May 1986

This meeting will focus on aspects of design, organization, management, and analysis of clinical trials. Topics such as Adherence and Compliance, Design Issues, Staffing Patterns, Trial Management, Data Management, Sample Size, and Statistical Topics have been presented at previous meetings. If anyone is planning to contribute to either the paper session or poster session, the deadline for all abstracts is January 2, 1986.

The Society is also planning to have a Pre-Conference Workshop on "General Methodology of Clinical Trials," if interested in attending this workshop, it will be held on Sunday, May 11, 1986 prior to the first day of the Annual Meeting, at the above location.

For additional information contact:
Genell L. Knatterud
Society for Clinical Trials, Inc.
600 Wyndhurst Avenue
Baltimore, Maryland 21210

77th Annual Conference of the Canadian Public Health Association
Vancouver, British Columbia 16-19 June 1986

Health Promotion -- Strategies for Action is the Conference theme for this Expo year. The Conference concept is to assist members of the Canadian Public Health Association and interested colleagues to share those activities that have been shown to have met the criteria of efficacy and effectiveness in the area of health promotion.

If anyone is planning to contribute a paper, the deadline for all abstracts is January 31, 1986. Abstracts of 200 words inclusive of title and author will be reviewed. Abstracts in English and French will be accepted. One original and five copies are required.

This Conference will be held during Expo 86 with its themes of Communication and Transportation. Exploration of these areas within health promotion is encouraged.

Abstracts should be sent to:

Dr. Richard Mathias
Scientific Program Committee Chairperson
CPHA 77th Annual Conference
Canadian Public Health Association
1335 Carling Avenue, Suite 210
Ottawa, Ontario K1Z 8N8
Telephone number (613) 725-3769 or TELEX 53-3841

Regional Meetings of the American Psychological Association

California State Psychological Association: February 27-March 2, 1986, San Francisco, California, for information write to: Linda C. Bear, California State Psychological Association, 2100 Sawtelle Boulevard, Suite 201, Los Angeles, California 90025... Southeastern Psychological Association: March 26-29, 1986, Orlando, Florida, for

information write to: Laurence Siegel, Department of Psychology, Louisiana State University, Baton Rouge, Louisiana 70803...Southwestern Psychological Association: April 17-19, 1986, Fort Worth, Texas, for information write to: Gordon K. Hodge, Department of Psychology, University of New Mexico, Albuquerque, New Mexico 87131...Eastern Psychological Association: April 17-20, 1986, New York City, New York, for information write to: Murray Benimoff, Glassboro State College, Glassboro, New Jersey 08028...Rocky Mountain Psychological Association: April 22-26, 1986, Denver, Colorado, for information write to: Irwin H. Cohen, Mental Hygiene Clinic (116D), V.A. Medical Center, 1055 Clermont Street, Denver, Colorado 80220...Western Psychological Association: May 1-6, 1986, Seattle, Washington, for information write to: Robert A. Hicks, Department of Psychology, San Jose State University, San Jose, California 95192... American Psychological Association: August 22-26, 1986, Washington, D.C., for information write to: Stanley Sue, c/o Candy Won, American Psychological Association, 1200 Seventeenth Street, N.W., Washington, D.C. 20036...Tennessee Psychological Association: November 13-15, 1986, Nashville, Tennessee, for information write to: George S. Nagle, Post Office Box 8913, Chattanooga, Tennessee 37411.

Remembering Jim Bush --1933-1985

The fabric of life is wonderfully complex and yet frustratingly fragile. We see this so clearly in the life and death of our colleague James W. Bush, M.D. The intricacies of Jim's thoughts and his keen intellectual sense led him not only to identify problems of existing health statistics, to provide insight to the real-world tradeoffs faced by health policymakers, but also into forging a new way of looking at the measurement of health status which addressed the needs of these decisionmakers. This vision was based on the premise that a useful health statistic might be constructed by combining the World Health Organization's definition of health with developments in health survey research. With this vision Jim pioneered the idea of multidisciplinary research teams working together to respond to health problems.

The result was a measure of health, a complex, multidimensional construct, which expanded the traditional mortality measure from a binary indicator of life or death to a range, or continuum, of health states with perfect health on one end and death on the other. This range of states combined with the values individuals placed on being in each of these states came to be called the Quality of Well-being Scale. The operational definition was completed by adding the notion of prognosis, which mapped the probability of a person moving from an inital health state to another state at some time in the future. The combination of health states, preferences and prognoses was given the title of the General Health Policy Model. While many individuals contributed to the development of this model in substantial ways, it was Jim who provided both the continuity needed for the model to evolve and grow over time and the stimulus for this growth.

Many people, even those who did not have the opportunity to work closely with Jim, also felt this stimulation. At meetings, study sections or other gatherings of colleagues, Jim spoke out for continued questioning of current accomplishments--for continued searching for "the truth." And as intense as he was about his work was he about his friends and colleagues. He was always there to help, whether to discuss a nascent idea, to offer a suggestion for a better way to accomplish some goal, or to save a clearinghouse from demise. In Jim we had a colleague of many accomplishments, both professional and personal. He will be deeply missed.

In Jim's memory, the University of California, San Diego is collecting funds to be used for a student scholarship/fellowship or a gift to the Medical Library. Persons interested in contributing to this fund may send their contribution to:

Dr. James W. Bush Memorial Fund
Development Office, Q-011
University of California, San Diego
La Jolla, California 92093

Opportunities for Advanced Study

The Western Network for Education in Health Administration and the University of Colorado at Denver announce opportunities for advanced study in health administration through a new Executive Program in Health Administration.

The Executive Program is designed for health care professionals who wish to complete a graduate degree in health administration while remaining active in their careers. Its purpose

is to enhance the skills of managers and leaders in the health care area and other related organization.

The curriculum is intended to be a synthesis of management concepts that are applicable to any economic organization, along with tools and techniques that can be specifically applied to health service organizations. Innovation in the technology of educational delivery is employed through computer-assisted instruction and computer conferencing, as well as traditional delivery methods during on-campus sessions.

For additional information, please contact:

Western Network for Education in Health Administration
Suite 428, 2131 University Avenue
Berkeley, California 94704

or

Executive Program in Health Administration
University of Colorado at Denver
Room 306
1475 Lawrence
Denver, Colorado 80202

National Science Foundation Grant

National Science Foundation, Division of Science Resources Studies announces its 1986 Program for the Analysis of Science Resources. Research grants will be awarded for studies directed toward quantitative indicators for science and technology policy within such areas as New Institutional Arrangements for Promoting R&D Technological Innovation and Diffusion; Bibliometric and other Measures of Scientific or Technological Advance; International Flows of Science and Technology, including Personnel; Public Attitudes toward Science and Technology and the relationships of Science and Technology with Society. Proposals should be submitted by January 15, 1986.

For additional information, please contact:

Division of Science Resources Studies
National Science Foundation
1800 G Street, NW
Washington, D.C. 20550

Federal Clearinghouses Combined Data Base

Five health information clearinghouses within the US Public Health Service have combined their information into one online data base and made it available through the Bibliographic Retrieval Services (BRS), a national data base vendor. This "Combined Health Information Database" (CHID) brings together the listings of the clearinghouses on arthritis, diabetes, digestive diseases, high blood pressure and the Center for Health Promotion and Education at the Centers for Disease Control.

CHID provides citations to major health journals, books, reports, pamphlets, hard-to-find information resources, and to health education programs under way in state and local health departments and other locations. CHID is updated quarterly, so that its information is current.

CHID can be reached through BRS from a terminal or personal computer in the office, home, or library. Charges are up to $45.00 per hour for the time the user is connected to the system. Most searches can be done in a few minutes. CHID also is available on BRS/AFTER DARK, which offers the same online service at a discounted price of $10.00 per hour of connect time, and on BRS COLLEAGUE, which contains full text information from major textbooks and journals, as well as bibliographic information. BRS/COLLEAGUE is a simplified "user-friendly" retrieval system designed for health care professionals interested in doing their own searching.

For additional information, please contact:

Melissa Yorks
National Heart, Lung and Blood Institute
Building 31, Room 4A21
9000 Rockville Pike
Bethesda, Maryland 20205

Recent Releases from the National Center for Health Statistics

"Charting the Nation's Health: Trends Since 1960."

Good health and longevity are undoubtedly among each person's prized goals. How far Americans have come in realizing these goals can be measured in a number of ways. Since 1960, the National Center for Health Statistics (NCHS) has measured the health of Americans by collecting and reporting vital and health statistics for the United States.

The charts in this book and the accompanying text highlight a number of major patterns and trends. The data are selected entirely from the NCHS Vital Statistics Program and eight other major NCHS data systems.

Clearly this book is not intended to be a source of detailed health statistics or of in-depth analysis of major health issues. However, in addition to data directly related to the charts, the text presents data related to the various health issues addressed.

Price: $1.25, GPO stock number: 017-022-00877-7

"The National Health Interview Survey Design, 1973-84, and Procedures, 1975-83." Series 1, Number 18.

A description of the statistical design and data collection procedures of the National Health Interview Survey, a national probability sample survey of the civilian noninstitutionalized population of the United States. Updates and expands the earlier publication, Health Interview Survey Procedure, which appeared in the Center's Vital and Health Statistics Series 1, No. 11. Essential background for the various uses of NCHS data.

Price: $4.75, GPO stock number 017-022-00879-3

"Plan and Operation of the Hispanic Health and Nutrition Examination Survey 1982-84." Series 1, Number 19.

This report describes the plan and operation of the Hispanic Health and Nutrition Examination Survey (HHANES). The population for this study consisted of Mexican-

Americans living in the five Southwestern States, Cuban-Americans living in Dade County, Florida, and Puerto Ricans living in portions of the States of New York, Connecticut, and New Jersey. Persons 6 months-74 years of age were included in the study.

Price: $15.00, GPO stock number: 017-022-00893-9

To order these reports individually or to establish a standing order for one or more series, contact:

Superintendent of Documents
U.S. Government Printing Office
Washington, D.C. 20402
(202) 783-3238

This section of the Bibliography on Helath Indexes provides a forum for an exchange of views on issues concerning the measurement of health status and quality of life. The intent is to stimulate written dialogue among the diversity of persons interested in these topics. In the past we have printed messges from Ivan Barofsky on the role of quality of life assessment in clinical trials and from Marilyn Bergner on the need for more useful measures of children's health status. In this issue we print some observations made by one of our Dutch colleagues.

If, after reading this you'd like to either add something to Dr. de Haes' comments or to present your own view on a different topic, contact the editor of this Bibliography, either by telephone or in writing. The telephone number and address appear at the end of this section.

Measuring "traits" or "states" in oncology quality of life studies

Some years ago, when studying the validity of a quality of life instrument, to our surprise we did not find a difference in experienced health between advanced cancer patients receiving chemotherapy and patients visiting a family doctor. This might have been a measurement error. However, when reviewing other studies on the quality of life of cancer patients expected differences often turned out to be small or not apparent at all (de Haes and van Knippenberg, 1985). This might be due to the conceptualization and operationalization or to measurement error or to psychological or social mechanisms. If the latter explanation is true, answers to the quality of life measures are not only related to the situation ("states") but also to personal characteristics ("traits") and social variables.

As is usual in the "social indicators approach," quality of life is defined here as: "the subjective evaluation of the good or satisfactory character of a person's life" (Szalai, 1980). How patients form this judgment is largely unknown.

The evaluation must be based, as has been studied in the "normal" population, on the evaluation of aspects (domains or areas) of life. Health, or physical functioning, is one such aspect but others such as psychological, social, material or structural functioning and the performance of role activities may be of equal importance. These may be influenced by disease or illness in a negative and also in a positive way. Moreover, patients may cope with the situation psychologically, thus restoring their quality of life. Also, in studies performed in the population at large, social support and self-esteem are related to the person's quality of life. So are cognitive processes like social comparison and demographics like age, sex, education, income and ethnicity (Michalos, 1985). These factors deserve more attention in disease-specific studies. Far more variance of the quality of life of patients may be explained by factors unrelated to illness and therapy and not taken into account so far. Thus, in further research of the quality of life of cancer patients a most interesting question would be how stable this quality of life in fact is. Probably, far more than most investigators have assumed until nowadays.

Methodologically, this would imply that to detect differences between treatment groups or between populations with or without disease either large numbers

of respondents or very sensitive measures are necessary. To study the impact of treatment and disease we would have to know how much "state" and how much "trait" we are measuring when patients report their experiences of symptoms, their evaluation of functioning and their quality of life.

Johanna C.J.M. de Haes

J.C.J.M. de Haes, F.C.E. van Knippenberg, The Quality of Life of Cancer Patients, A Review of the Literature, Social Science and Medicine, 20(8): 809-817, 1985.

A.C. Michalos, Multiple Discrepancies Theory (M.D.T.), Social Indicators Research, 16:347-413, 1985.

A. Szalai, The Meaning of Comparative Research on the Quality of Life, in: The Quality of Life, A. Szalai and F.M. Andrews (editors), London, England: Sage, 1980.

Readers are encouraged to:

- respond to the views which are presented above
- submit their own views on the development or application of composite health status and measures, or
- raise questions about either health-status or quality-of-life assessment.

Letters will be published provided that they meet the stated criteria.* Items submitted for publication in the Research Roundtable should include both a return address and a telephone number for follow-up purposes and should be sent to:

Editor, Bibliography on Health Indexes
Office of Analysis and Epidemiology Program
National Center for Health Statistics
3700 East-West Highway, Room 2-27
Hyattsville, Maryland 20782 USA

*If you'd prefer to discuss an idea before writing it up, you can call Pennifer Erickson on (301) 436-7035.

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 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 that summarizes data from two or more components and that 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 is 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) deriving an algorithm for assigning weights
   c) computing transitional probabilities
   d) validating new measures

2. use composite measure(s) for the purpose of
   a) describing or comparing the health status of two or more groups
   b) 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

What Services?

The Clearinghouse publishes 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. Each citation in the ANNOTATIONS Section will be followed by a brief summary of the article. The period covered and the sources used in the compilation will be clearly stated in each issue. At present, the Bibliography, its abstracts and other notes are all printed in English. Also presented in the Bibliography is information about forthcoming conferences, publication of previously cited, forthcoming materials, and new information sources, etc. Addresses of contributors and sponsoring organizations for conferences are given in each Bibliography. Readers should contact the authors directly to request reprints or to discuss particular issues in greater detail.

How to Use!

Anyone interested in purchasing the Bibliography on Health Indexes, No. 1, 1985 is invited to fill out the form below. To obtain additional information about purchasing the Bibliography on Health Indexes on a regular basis write to the following address:

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