

Clearinghouse on Health Indexes

No. 4
1979

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service

Office of Health Research, Statistics, and Technology
National Center for Health Statistics

BIBLIOGRAPHY ON HEALTH INDEXES

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(Continued on p. 43)

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INTRODUCTION

This issue contains annotated citations of literature on health indexes which became available in October, November or December of 1979. Items have been grouped into four sections: Annotations, Bulletin Board, Conferences and Book Reviews.

Annotations

Published articles listed in this section have been identified from the National Library of Medicine online data files and Current Contents: Social and Behavioral Sciences for the fourth three months of 1979. In addition, the Clearinghouse routinely searches over 60 journals. Each new issue is examined for book reviews, current research funding, and forthcoming conferences as well as pertinent articles. Journal titles and actual volume number searched are listed on pages 5-7. Many of the journals routinely searched are also listed in the reference sources (MEDLARS and Current Contents); this overlap provides assurance that relevant titles are identified.

The unpublished articles cover work in progress and articles accepted for publication. The reports listed here have been received by the Clearinghouse during the October through December 1979 period. Further information about these projects can be obtained from the Clearinghouse.

Book Reviews

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

Conferences

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

Bulletin Board

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

BIBLIOGRAPHY on HEALTH INDEXES

Format

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

Printed immediately following the abstract are the number of references used in the preparation of the document and the source of the annotation. Basically, there are four sources: 1) the author abstract (designated by AA); 2) the author summary (AS); 3) the author abstract (or summary) modified by the Clearinghouse (AA-M or AS-M); 4) the Clearinghouse abstract (CH-P where the initial following the "-" indicates the individual responsible for the abstract). These abbreviations and their interpretations are printed at the top of the first page of the "Bibliography on Health Indexes."

Reprints

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

BIBLIOGRAPHY on HEALTH INDEXES

SOURCES of INFORMATION (October-December 1979)

Current Contents: Behavioral and Social Sciences

Volume 11, Numbers 40-52 total issues

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

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

The following journals were searched for information on health indexes:

American Journal of Economics and Sociology 38(4)
American Journal of Epidemiology 110(4) 110(5) 110(6)
American Journal of Public Health 69(10) 69(11) 69(12)
American Journal of Sociology 85(3)
American Psychologist 34(10) 34(11) 34(12)
American Sociological Review 44(5) 44(6)
American Sociologist 14(4)
Annals of the American Academy of Political
and Social Sciences 446
Archives of Physical Medicine and Rehabilitation
60(10) 60(11)
Behavioral Science 24(6)
British Journal of Sociology 30(4)
Canadian Journal of Public Health 70(5) 70(6)
Community Mental Health Journal 15(3) 15(4)
Computers and Biomedical Research 12(5) 12(6)
Demography 16(4)

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Hastings Center Report 9(5) 9(6)
Health Care Management Review 4(4)
Health Services Research 14(4)
Inquiry (Chicago) 16(4)
International Journal of Epidemiology 8(4)
International Journal of Health Education 22(4)
International Journal of Health Services 9(4)
Journal of Chronic Diseases 32(11/12)
Journal of Community Health 5(1) 5(2)
Journal of Economic Literature 17(1) 17(2) 17(4)
Journal of Epidemiology and Community Health 33(4)
Journal of Gerontology 34(6)
Journal of Health and Social Behavior 20(4)
Journal of Health Politics, Policy and Law 4(3) 4(4)
Journal of Human Stress 5(4)
Journal of School Health 49(8) 49(9) 49(10)
Journal of Social Policy 8(3) 8(4)
Management Science 25(10) 25(11)
Medical Care 17(10) 17(11) 17(12)
Medical Care Review 36(9) 36(10) 36(11)
Milbank Memorial Fund Quarterly 57(4)
New England Journal of Medicine 301(14-16) 301(18)
301(21) 301(24-25)
Operations Research 27(6)
Perspectives in Biology and Medicine 23(1)
Policy Sciences 11(2)
Population Studies (London) 33(3)
Preventive Medicine 8(6)
Public Opinion Quarterly 43(4)
Review of Economics and Statistics 61(4)
Social Forces 58(2)
Social Indicators Research 6(2) 6(3) 6(4)
Social Policy 10(3)
Social Problems 27(1) 27(2)
Social Psychology Quarterly 42(4)
Social Science and Medicine 13A(1-6) 13B(1-4) 13C(1-4) 13D(1-4)
Social Science Research 8(4)
Social Security Bulletin 42(10) 42(11) 42(12)
Social Service Review 53(4)
Socio-Economic Planning Sciences 13(6)
Sociological Quarterly 20(4)

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Technology Review 81(9) 81(10)
Theoretical Population Biology 16(2) 16(3)
Topics in Health Care Financing 6(1)

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

BIBLIOGRAPHY on HEALTH INDEXES

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

ANNOTATIONS

REFERENCE NUMBER 1

Au: Acheson, Roy M.

Ti: Health Economics and Social Medicine: Some Impressions of an
Epidemiologist

So: Epidemiology and Community Health 33(1):8-18, 1979

This paper considers health economics based on the author's experience in the field of social medicine. Selected from the many topics of health economics are those problems which seem appropriate for collaborative study between epidemiologists and health economists. After beginning with a definition of need, the author discusses the relationship between health status and need. On the conceptual level, the work of Culyer and colleagues is introduced. On the applied level, two indexes, the U.S. Indian Health Service's Q Index and the Pan American Health Organization's Health Priority Index, are given as examples of how need is susceptible to intervention by the health care system. Also discussed as areas for possible collaboration are manpower for preventive medicine, cost of health manpower, and use of physician extenders. The author also encourages physicians to look to epidemiologists, economists and sociologists for help in improving their decision-making for a reduction of personal inconvenience and savings of resources. (41 references) CH-P

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REFERENCE NUMBER 2

Au: Berki, S.E.; Ashcraft, Marie L.

Ti: On the Analysis of Ambulatory Utilization: An Investigation of
the Roles of Need, Access and Price as Predictors of
Illness and Preventive Visits

So: Medical Care 17(12):1163-1181, 1979

After separating ambulatory visits into those made in connection with illness or injury and preventive visits, the utilization patterns of a sample of families and individuals (N=626) were analyzed. Health Status is a scale of nine items, each dealing with a different aspect of perceived health status. A construct of perceived health status was developed by use of principal components analysis. Need, in terms of perceived health status and the numbers of acute and chronic conditions, price, and access are found to be the best predictors of visit rates, but their roles in illness and preventive visit rates are different. The tentative policy implication--that it is not so much price as the characteristics of the usual source of care which appear to determine preventive services utilization--is discussed in the context of potential biases inherent in the sample.

(27 references) AA-M

REFERENCE NUMBER 3

Au: Blumstein, James F.; Zubkoff, Michael

Ti: Public Choice in Health: Problems, Politics and Perspectives
on Formulating National Health Policy

So: Journal of Health Politics, Policy and Law 4(3):382-413,
1979

Development of health policy goals necessitates a choice among normative premises--an accommodation of conflicting values. Any debate that does not identify underlying assumptions or link policy prescriptions to a theoretical perspective is destined to degenerate into uncommunicative and unproductive rhetorical posturing. A sensible approach toward formulating national health policy requires that competing values be identified and discussed explicitly. This article will examine the effect that selection of different theoretical perspectives can have on the identification of problems and on the formulation of prescriptive policies in the health field. It will also focus on the different values that are promoted by different policy perspectives and consider alternative modes for implementing value choices.

(115 references) AA

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REFERENCE NUMBER 4

Au: Braswell, Harriet R.; Williamson, John W.
Ti: Assessing Depression Outcomes in Group Practice Clinics
So: American Journal of Public Health 69(12):1281-1282, 1979

The application of a protocol for the initial assessment of medical care outcomes of geriatric depression management in four multispecialty group practice clinics is described. The outcome-based approach which is used, health accounting, is made up of five stages: 1) priority setting, 2) initial outcome assessment, 3) definitive assessment and improvement planning, 4) improvement action and 5) outcome reassessment. The clinical findings of this study are limited, but the protocol for the assessment of depression outcomes was found to be feasible, practical, and acceptable in all four clinics. The success of the study has positive implications both for improving management of depressed clinic patients and for adapting this quality assurance approach to other health conditions and care settings.

(17 references) AA-M

REFERENCE NUMBER 5

Au: Butler, Mark C.; Jones, Allan P.
Ti: The Health Opinion Survey Reconsidered: Dimensionality,
Reliability and Validity
So: Journal of Clinical Psychology 35(3):554-559, 1979

Psychometric properties of the Health Opinion Survey (HOS) were investigated in terms of dimensional characteristics and factor invariance. The study also explored relationships of the HOS with family and job strain, dissatisfaction with the work environment, and the occurrence of physical disorders. Data were collected from two independent samples of U.S. Navy enlisted personnel (N=505 and 722). Results indicated that the total HOS scale possessed acceptable internal consistency but could be reduced to reflect physical and psychological distress dimensions. Validities against the various criteria ranged from .13 to .42. Findings are discussed in terms of implications for future research that concerns the stress-situation/symptom-score perspective.

(20 references) AA-M

BIBLIOGRAPHY on HEALTH INDEXES

REFERENCE NUMBER 6

Au: Bye, Barry V.; Duchnok, Sandy; Hennessey, John C.
Ti: A Fuzzy Algorithmic Approach to the Construction of Composite
Indices: An Application to a Functional Limitation
Index
So: presented at the annual meeting of the American Statistical
Association in Washington, D.C., August 13-16, 1979

The fuzzy algorithmic approach to the construction of composite indexes is a useful and practical alternative to the use of expert judgment of capacity based on an extensive study of the patterns evidenced by the data. Following a general overview of a function status index developed using data from the 1972 Survey of Disabled Adults (Social Security Administration), this paper sets forth basic fuzzy set concepts and applies these to the construction of a fuzzy index of health status. The fuzzy index is based on the same conceptualization of function status as was the original index. Implications for future study are discussed.
(6 references) CH-P

REFERENCE NUMBER 7

Au: Chalmers, Iain
Ti: The Search for Indices
So: Lancet 2(8151):1063-1065, 1979

Health is viewed as a dynamic process expressing the capacity of an organism to interact successfully with a changing environment. The author discusses this view in terms of the interaction of the mother and her unborn and newborn child. One measure of interaction and adaptation during the perinatal period which has been frequently used is the perinatal mortality rate. Disadvantages of this and other infant mortality indicators are discussed. Alternative approaches which focus on positive aspects of perinatal health are proposed; these include birthweight and a mother's assessment of the health of herself and of her baby. In looking for measures of perinatal health status, the author urges that indexes be found that will also relate to health status in later childhood.
(24 references) CH-P

BIBLIOGRAPHY on HEALTH INDEXES

REFERENCE NUMBER 8

Au: Connolly, Phil

Ti: Definition of Health: A Key Concept in the Development of
Health Visiting Principles

So: Health Visitor 51(12):464-466, 1978

Health visitors, employees of the British National Health Service (NHS), survey human life as it is being lived, whether to the advantage or disadvantage of the people concerned. If this search for health needs is to be acceptable as a health visiting principle, then criteria must be identified so that the profession knows what it is looking for in relation to health. Within the NHS the unclear boundaries of health and ill health create dilemmas in the allocation of health resources. The author cites three models of health, those by Field, Parsons, and Twaddle, as examples of the existence of definitional problems which theorists also have. While offering no solution, the author briefly suggests that the health visiting profession may have to evolve a definition of health divorced from the prevailing medical model.

(17 references) CH-P

REFERENCE NUMBER 9

Au: Dittman, David A.; Smith, Kenneth R.

Ti: Consideration of Benefits and Costs: A Conceptual Framework
for the Health Planner

So: Health Care Management Review 4(4):45-63, 1979

This paper proposes a general framework for health planners to use in considering priorities of goals and in selecting recommended actions. Of the three items in the authors' taxonomy of community health needs, health planners must focus on community needs for which a response of the health care delivery system is feasible, the only item for which allocations of health care delivery resources can be made to attain both health status and health system goals which are articulated in the Health Systems Plan (HSP). For the health planner to effectively allocate resources, cost-benefit analysis is recommended. The authors discuss classifying benefits of health programs as direct, indirect or intangible. In addition to presenting a practical approach for applying cost-benefit analysis as an aid in determining a hierarchy of health goals for an Health System Agency (HSA), this article discusses cost-effectiveness in a health planning context.

(10 references) CH-P

BIBLIOGRAPHY on HEALTH INDEXES

REFERENCE NUMBER 10

Au: Donabedian, Avedis

Ti: The Quality of Medical Care: A Concept in Search of a
Definition

So: Journal of Family Practice 9(2):277-285, 1979

Patient care has two components, technical and interpersonal. The quality of technical management depends on the balance of its expected benefits and risks. The quality of the interpersonal process consists in conformity to legitimate patient expectations and to social and professional norms. Since this conformity is expected to result in social and personal benefit, a unified definition of quality can be derived by including the benefits and risks of both aspects of care. The author discusses three definitions of quality, the absolutist, the individualized and the social in terms of patient welfare and cost of care. The moral dilemma which the health care professions must resolve is that the physician who wishes to do the best for each patient may be in conflict with what society dictates to be the best for all.

(3 references) AA-M

REFERENCE NUMBER 11

Au: Dorozhnova, K.P.

Ti: Method of Studying and Evaluating the Somatic Type and the
State of Health in Children With Increased Body Mass

So: Gigiena i Sanitariia (7):52-54, 1979 (article in Russian)

(11 references)

BIBLIOGRAPHY on HEALTH INDEXES

REFERENCE NUMBER 12

Au: Edwards, Daniel W.; Yarvis, Richard M.; Swaback, Dwight;
Mueller, Daniel P.; Wagman, William J.
Ti: Developing Comparison Groups for Community Mental Health:
The Utility of Community Surveys
So: American Journal of Community Psychology 7(1):123-127, 1979

This paper provides an example of community norms in the evaluation of adult day treatment and adult outpatient services. The General Well-Being Scale (GWB), a measure of subjective distress with norms derived from a national probability sample of adults in the United States, was used to collect information from a simple random sample of 363 community residents. Langner's 22-item screening score served as a validity check on the GWB. The GWB scores for the day treatment and outpatient services groups were compared against local and national norms. Based on the results of this study, community surveys are found to be useful for facilitating program planning and management, for allowing specific objectives to be established, and for providing the means to assess increased or decreased program effectiveness over time.

(10 references) CH-P

BIBLIOGRAPHY on HEALTH INDEXES

REFERENCE NUMBER 13

Au: Fechter, Alan

Ti: Health Conditions and Earnings Capacity: A Human Capital Model

So: in, Policy Analysis: With Social Security Research Files
Office of Research and Statistics
Washington, D.C.:Social Security Administration
(Publication Number SSA 79-11808)
pp. 385-409, 1978

The objective of this paper is to examine some of the implications which profound changes in health conditions may have on labor market performance. A human capital model of earnings capacity is used to generate these implications. Based on this model it is shown that: 1) some health conditions can permanently lower earning capacity; 2) the size of this effect can vary with the type and severity of the condition and with the characteristics of the worker; 3) these conditions can also reduce incentives for further investments in training; and 4) these reduced investment incentives can operate to widen differences in earnings capacity between healthy and comparable unhealthy workers as the length of time since onset of condition increases. The policy implications stemming from these conclusions bear on the allocation of government resources--both to offset the reduced incentives to invest and to fill the income gap occasioned by poor health. This study examines these conclusions using information from the 1972 Social Security Survey of Disabled and Nondisabled Adults. The statistical methods used to estimate variables and parameters of the earnings function are presented. Findings are reviewed and analyzed.

(15 references) CH-P

REFERENCE NUMBER 14

Au: Frazier, Todd M.; Wegman, David H.

Ti: Exploring the Use of Death Certificates as a Component of an Occupational Health Surveillance System

So: American Journal of Public Health 69(7):718-720, 1979

An effort has been made to explore a case-finding surveillance system for occupationally-related disease using death records. A sentinel health event, here lung cancer in young males, was selected to seek unusual associations with occupations as listed on the death records. Fishermen appeared to be over-represented, and population studies cited suggest lung cancer in this occupation deserves further exploration. Further efforts of this type could test the usefulness of an occupational health surveillance system based on the death certificate.

(15 references) AA

BIBLIOGRAPHY on HEALTH INDEXES

REFERENCE NUMBER 15

Au: Goble, R.E.A.; Gowers, J.I.; Morgan, D.C.; Kline, P.
Ti: Artificial Pacemaker Patients: Treatment Outcome and
Goldberg's General Health Questionnaire
So: Journal of Psychosomatic Research 23(3):175-179, 1979

The 60-item General Health Questionnaire (GHQ) was administered to a series of patients admitted to hospital for the insertion of an artificial cardiac pacemaker. Patients were interviewed first in hospital (N=52). The second and third interviews were conducted in the patient's home three and six months after pacemaker insertion, N=57 and N=61, respectively. For the purposes of this study the simple Likert scoring method was selected in order to obtain a wide range of scores covering different degrees of intensity of response. The patient's total score is the sum of the scores for the 60 questions. The GHQ was also given once to a group of controls (N=59) matched for age, sex and social class. The total GHQ scores demonstrate a clear improvement over time regardless of the patients clinical rating of outcome, either disappointing, qualified success or outstanding success. This indicates that the test is monitoring the recovery that takes place during the postoperative period.
(10 references) AA-M

REFERENCE NUMBER 16

Au: Guttmacher, Sally
Ti: Whole in Body, Mind and Spirit: Holistic Health and the
Limits of Medicine
So: Hastings Center Reports 9(2):15-21, 1979

This article discusses whether the influence of the holistic health care movement will improve or further erode the quality of medical care. The holistic and biomedical models and the implication which each has on the allocation of resources are outlined. Some of the social and political implications of holistic concepts appear to present more cause for concern than optimism. First, holistic ideology promotes a broadening of medicine into areas of life that have been considered inappropriate for medical intervention. Second, the notion that disease is partially caused by disharmony within the individual reinforces the medical system's already strong tendency to deal with disorders chiefly at the personal level. Third, certain concepts of self-help lend themselves to cooptation by those who are mainly concerned with policies of cost containment applied to the present medical care system. Fourth, the acceptability and impact of holistic health practices will vary by class. Fifth, because holistic medicine would have to operate within the same political and economic constraints as the biomedical model, it is open to many of the same criticisms.
(35 references) CH-P

BIBLIOGRAPHY on HEALTH INDEXES

REFERENCE NUMBER 17

Au: Krute, Aaron; Bye, Barry; Coe, Audrey
Ti: SSA Public-Use Data Files for Disability Research
So: in, Policy Analysis: With Social Security Research Files
Office of Research and Statistics
Washington, D.C.: Social Security Administration
(Publication Number SSA 79-11808)
pp. 101-116, 1978

Public-use data files available for disability research fall into two main categories. First are those files that are based on national surveys conducted for the Social Security Administration (SSA) by the Bureau of the Census. Such surveys include the 1972 and 1974 Surveys of Disabled and Nondisabled Adults and the 1978 Survey of Disability and Work. The other kinds of public-use files are derived from administrative program records maintained at SSA. These files include the Longitudinal Sample of Disability Insurance Applicants, the Continuous Disability History Sample and the SSA-RSA Data Link which is a linkage of basic SSA earnings and benefit data with rehabilitation case data from the Rehabilitation Services Administration (RSA). This paper describes the nature and content of the public-use files and discusses briefly some of the uses that have been made of them.

(0 references) CH-P

REFERENCE NUMBER 18

Au: Lin, Keh-Ming; Tazuma, Laurie; Masuda, Minoru
Ti: Adaptational Problems of Vietnamese Refugees
So: Archives of General Psychiatry 36(9):955-961, 1979

The forced migratory influx of Vietnamese to the United States has raised questions regarding the resettlement process, the effect of culture shock, the refugees' coping behavior and adaptabilities, and their health and mental health status. We report the two-year results of ongoing research on the Vietnamese refugees based on the use of the Cornell Medical Index (CMI). The responses on the CMI on the first (1975) (N=152) and second (1976) administrations (N=141) indicate a high and continuing level of physical and mental dysfunction. The second administration also revealed significant shifts in dysfunctions, as well as exposing factors that related to these dysfunctions, i.e., age/sex interactions, marital status, family groupings, and public assistance. The follow-up CMI also showed an increase in anger and hostility with concomitant reductions in feelings of inadequacy.

(48 references) AA

BIBLIOGRAPHY on HEALTH INDEXES

REFERENCE NUMBER 19

Au: Lipscomb, Joseph

Ti: The Demand for Public Health Programs and Their Optimal Supply: A Comparative Analysis of Social Choice and Willingness-to-Pay Measures in a Constrained Optimization Context

So: Durham, North Carolina: Duke University, Department of Community and Family Medicine, 1979

The purpose of this paper is to begin a demonstration that a cost-effectiveness approach can be broadened considerably within its own boundaries and also integrated more fully into the economics literature through the introduction of alternative mechanisms for permitting individual preferences to influence the resource allocation decision. In particular, these utility weights may be replaced alternatively by population expressions of willingness-to-pay or by consumer demand information based on population revealed preference data. This paper represents a preliminary attempt to lay out, and occasionally suggest approaches to, the major methodological issues related to social choice (voting) and willingness-to-pay models. The author is working on a follow-up paper which will discuss revealed preference analysis and the broadening of the framework to permit money prices, time prices, and insurance markets to influence population health status change over time through their direct influence on consumer demand.

(47 references) AS-M

REFERENCE NUMBER 20

Au: Mallick, M. Joan

Ti: Defining Health: The Step "Before" the Nursing Assessment

So: Journal of Gerontological Nursing 5(3):30-33, 1979

The author reviews some of the definitions of health. The open-ended definitions, such as that of the W.H.O., are criticized because they 1) are of limited use in health assessment activities, 2) fail to provide specificity necessary for practice in specific situations, and 3) fail to provide a sound basis for interprofessional activity. To avoid these pitfalls, use of functional definitions of health is recommended. However, concern is expressed that the nursing profession has not actually delineated the particular aspects of human functions with which it is concerned; nurses should focus on this problem before spending any more time on developing assessment instruments. When a functional definition can be agreed on, then measures such as the OARS and IWB will serve as models for developing tools appropriate for the nursing environment.

(23 references) CH-P

BIBLIOGRAPHY on HEALTH INDEXES

REFERENCE NUMBER 21

Au: Marks, J.N.; Goldberg, D.P.; Hillier, V.F.
Ti: Determinants of the Ability of General Practitioners to
Detect Psychiatric Illness
So: Psychological Medicine 9(2):337-353, 1979

This study of psychiatric illness among 4098 patients attending 91 general practitioners compares two methods of case identification: "conspicuous morbidity" by the doctor's own assessments, and "probable prevalence" by the patients' responses to the General Health Questionnaire (GHQ). In general, the latter gives somewhat higher estimates than the former, but there are wide variations in morbidity between practices. The first part of the study deals with various demographic characteristics of the patients themselves which are associated with an increased likelihood of the doctor detecting a psychiatric illness. The second part, consisting of detailed observations on 2098 interviews carried out by 55 general practitioners, examines characteristics of the doctors themselves in an attempt to account for the wide variation between them in their ability to detect psychiatric illness. Results of the two parts are presented and discussed.

(18 references) AA-M

REFERENCE NUMBER 22

Au: McKeehan, Irina
Ti: Issues in the Development of an Adolescent Health Status
Indicator
So: New York, New York:Thesis presented to Columbia University
School of Public Health, 1979

This pilot study investigated whether an age-specific health status indicator should be developed for health planning, research and evaluation of adolescent health programs. The sickness impact model of health behavior, which operationalizes effects of sickness as dysfunction, was applied to an adolescent population. Four groups of 93 adolescents completed two interview schedules: the adult-based Sickness Impact Profile and a series of open-ended questions. Feasibility, validity and reliability issues are discussed in inferring health status levels from dysfunctional behaviors. Health status could not be predicted from physician or self-reported sickness levels. The Sickness Impact Profile, however, was found reliable and valid as a measure of functional status, applicable to evaluation of adolescent primary, secondary or tertiary health care.

(129 references) AA-M

BIBLIOGRAPHY on HEALTH INDEXES

REFERENCE NUMBER 23

Au: McWhinnie, John R.

Ti: Disability Indicators for Measuring Well-Being: Special Studies No. 5

So: Paris, France: Organization for Economic Cooperation and Development, Social Indicators Development Programme, 1979

This report represents highlights from work which has attempted to recommend disability indicators under the social concern "healthfulness of life." Among the concepts discussed are: 1) time- and function-based definitions of disability, 2) activities essential to daily living (broadly categorized into three groups, self-care, mobility and communication), and 3) measurement issues such as response burden and performance versus capacity questions. Also, the report outlines problem areas which should represent priority areas for further research. Two important topics which should be given further attention by researchers are the extension of the technique of activities of daily living to include mental functioning more directly and to develop the technique for application to children in the general population.

(55 references) CH-P

REFERENCE NUMBER 24

Au: Mooney, Gavin H.

Ti: Economic Approaches to Alternative Patterns of Health Care

So: Epidemiology and Community Health 33(1):48-58, 1979

There appear to be three interrelated strands of thought in "alternative patterns of health care:" how, whether, and how much of what? This paper focuses on the last question. These questions have parallels in epidemiology. Another advantage is that economists who consider such questions would turn to the techniques of cost-effectiveness analysis and cost-benefit analysis and the use of marginal analysis. Some of the problems of measuring costs and benefits are mentioned. The paper focuses on ideas and approaches, especially the potential of marginal analysis as a method of planning for health care.

(26 references) CH-P

BIBLIOGRAPHY on HEALTH INDEXES

REFERENCE NUMBER 25

Au: Richter, Elihu D.

Ti: Potential-Years-Life-Lost from Motor Vehicle Crashes in
Israel: an Epidemiologic Analysis

So: International Journal of Epidemiology 8(4):383-388, 1979

Motor vehicle crashes (MVC) were the seventh ranking specific cause of mortality (Israel 1975) after ischaemic heart disease (ISHD), cerebrovascular disease, respiratory disease, various types of cancer, and accidents other than MVC, but were the top ranking single cause (in males, next to accidents of all kinds) of Potential-Years-Life-Lost (PYLL) ages 1-65 among men and women and men 1-70 and second ranking cause of PYLL age 1-75 among men. Many young male deaths from MVC and few from non-traumatic causes below age 40 account for these high PYLL rankings for MVC. Israeli age-specific death rates from MVC below age 40 were lower than those of USA, but higher among the elderly (reason: pedestrian deaths). Both Israel's PYLL rate (PYLL per 100,000 persons) from MVC and crude mortality rates are only slightly lower than those of USA. Trends in Israel point to a growing number of drivers among young and poorer groupings, who have been shown elsewhere to be at high-risk for MVC mortality. PYLL from MVC in Israel can be expected to increase, even if crude death rates remain stable or decline. Swift, low-cost, preventive measures could arrest or reverse these predicted trends.

(18 references) AA

REFERENCE NUMBER 26

Au: Shapiro, I.Ia.

Ti: Effect of Social and Health Factors on Morbidity With
Temporary Loss of Work Capacity Among Automobile
Workers

So: Sovetskoe Zdravookhranenie (4):16-20, 1979 (summary in
English, article in Russian)

Sociological investigations disclosed the correlational links between the socio-hygeological conditions of work and the everyday life of workers at the Lvov bus and Lutsk motor car plants (rhythmic work, housing availability, per capita revenue, alimentation conditions, smoking, consumption of alcoholic beverages) and the level of temporary disability due to sickness. The data of questioning enabled it to develop and forward to the management of plants recommendations for introduction of complex measures for improving sanitary-hygienic conditions of work, effective organizing the nutrition of workers and exercise intervals and improvement of the sanitary-educational work.

(references unknown) AA

BIBLIOGRAPHY on HEALTH INDEXES

REFERENCE NUMBER 27

Au: Shepard, Donald S.; Thompson, Mark S.
Ti: First Principles of Cost-Effectiveness Analysis in Health
So: Public Health Reports 94(6):535-543, 1979

Cost-effectiveness analysis (CEA), which comprises five steps, can help individual medical care providers and health policymakers to determine the most beneficial uses of limited resources. Quality adjusted life years (QALY), which are the algebraic difference between the number of health years a program recipient expects to live because of the existence of the program being evaluated and the number of health years he would have expected had there been no program, are the proposed measures of health benefits. Examples show how CEA has been applied to identify the appropriate number of screening tests to be used in detecting colon cancer and to measure the effectiveness of mobile coronary care units in a community in extending lives. Results of CEA may be used in deciding how to allocate funds among programs according to their cost-effectiveness ratios.

(15 references) AS-M

REFERENCE NUMBER 28

Au: Sox, Harold C.
Ti: Quality of Patient Care by Nurse Practitioners and Physician's Assistants: A Ten-Year Perspective
So: Annals of Internal Medicine 91(3):459-468, 1979

A remarkable development in primary care is the recent emergence of a new class of health professionals: nurse practitioners and physician's assistants. Twenty-one studies reported between 1967 and early 1978 in which care given by nurse practitioners or physician's assistants was directly compared with that given by physicians are analyzed. Each report provided information about at least one of the following measures of quality of patient care: process of health care, outcome of health care, patient satisfaction with care or agreement with a physician. Validity of these measures as well as of the study designs is discussed.

(56 references) AA-M

BIBLIOGRAPHY on HEALTH INDEXES

REFERENCE NUMBER 29

Au: Steudtner, G. Von

Ti: A Measure of Health

So: Zeitschrift fur die Gesamte Hygiene und Ihre Grenzgebiete
25(4):323-326, 1979 (article in German, abstract in
English)

Health is based on a well co-ordinated and properly balanced multiplicity of performance capacities which enable an individual to survive and to eliminate internal and external developmental contradictions as quickly and on as broad a scale as possible. Criteria with regard to health are proposed for the essential performance capacities which are in principle measurable, e.g., locomotor and cardiopulmonary activities, control, regulation, regeneration, and their mutual optimization. With regard to health, too, performance capacities can be related or complementary. Optimizing health means achieving a maximum of well-being and vigor under the given circumstances on the basis of achieving a co-ordinated maximum of all essential performance capacities.

(41 references) AA-M

REFERENCE NUMBER 30

Au: Szotowa, Wanda

Ti: General Health Status Indicators in Children and Adolescents
in 1977

So: Pediaatria Polska 54(6):609-614, 1979 (article in Polish)

(4 references)

REFERENCE NUMBER 31

Au: Szotowa, Wanda

Ti: Program for Improving Health Status of the Developmental-Age
Population in the Light of the Report on the Health
Status and Health Care of the Developmental-Age
Population and the Action Program for the Years
1975-1990

So: Pediaatria Polska 54(6):603-608, 1979 (article in Polish)

(0 references)

BIBLIOGRAPHY on HEALTH INDEXES

REFERENCE NUMBER 32

Au: Tanaka, Heizo; Ueda, Yutaka; Shoji, Hironobu; Hayashi, Masayuki; Date, Chigusa; Baba, Terumi; et al.
Ti: Application of Principal Component Analysis to the Evaluation of the Community Health Status: Japan and Korea Cooperative Study
So: Osaka City Medical Journal 24(1):143-154, 1978

In an attempt to find a measure for evaluating community health status when the community population was relatively small, 300 to 500 persons, the authors applied principal components analysis (PCA) to data collected in a mass screening program. A total of 14 variables were used in the analysis, including height, diastolic and systolic blood pressure, serum total protein, sex and age. The health status of 189 men and 400 women 30 years of age and older in five small districts of Korea and Japan was evaluated. Five factors (anemia, blood pressure, nutritional status, helminthic disease and urinary findings) were obtained as a result of the PCA. The mean values of the individual factors as well as the overall mean were useful in evaluating the summary health status.

(10 references) AS-M

REFERENCE NUMBER 33

Au: Ware, John E.; Brook, Robert H.
Ti: Health Status Measurement
So: Presented at the annual meeting of the American Public Health Association in New York City, New York, November 7, 1979

This presentation focused on issues involved in defining health status and offered suggestions that might prove helpful in selecting appropriate instruments and data-gathering methods for studies in which health is to be measured. From the numerous advances in measurement methods, the authors have selected six issues to discuss in detail. The first two are concerned with the purpose of the study, namely, why is health status being measured and what kind of health measure, such as positive wellbeing or physical health, best suits this purpose. The third issue is concerned with practicality of the measure, e.g., respondent burden; fourth and fifth are the issues of reliability and validity. Lastly, the authors consider the advantages and disadvantages of an overall measure of health status, or health index.

(references unknown) CH-P

BIBLIOGRAPHY on HEALTH INDEXES

REFERENCE NUMBER 34

Au: Williams, R.G.A.

Ti: Theories and Measurement in Disability

So: Epidemiology and Community Health 33(1):32-47, 1979

This paper is concerned with disability in the sense of being a limitation on activities of ordinary daily life. It seeks to explain the patterns of disabilities usually experienced first as the products of impairment and then as products of the way in which people rank disadvantages when confronted with impairment. Two sets of data have been used in evaluating the theoretical possibilities which are outlined: 1) home interview with 157 women and 88 men aged 35 to 74 years living in North Lambeth, London in 1967, and, 2) two pilot studies, one which interviewed 157 people living at home and 111 in institutions, and the other which interviewed 206 people living at home and 133 in institutions.

(10 references) CH-P

REFERENCE NUMBER 35

Au: World Health Organization

Ti: Formulating Strategies for Health for All by the Year 2000:
Guiding Principles and Essential Issues

So: Geneva, Switzerland:Executive Board, World Health
Organization, 1979

The Constitution of the World Health Organization (WHO) and numerous resolutions have reaffirmed that health is a basic human right and a worldwide social goal, that it is essential to the satisfaction of basic human needs and the quality of life, and that it is to be attained by all people. The present document indicates the pathways for attaining the goal of health for all decided by the World Health Assembly. One of these pathways is intersectoral collaboration for health development, which not only relies on social and economic development, but also makes significant contributions to it. It is clear that health for all is to be attained within countries; however, international collaboration and support will be needed to meet this worldwide social goal.

(0 references) CH-P

BIBLIOGRAPHY on HEALTH INDEXES

REFERENCE NUMBER 36

Au: Wright, K.G.

Ti: Measurement of Costs and Benefits in Health and Health
Services

So: Epidemiology and Community Health 33(1):19-31, 1979

This paper is about the principles and practices of the measurement of costs and benefits. It assumes that efficiency in resource allocation is a generally accepted national objective, and that measurement of costs and benefits is required to assess its achievement. The first of the two major sections deals with the measurement of benefits. This logically precedes the discussion of costs which are explained as benefits foregone. In this section there are some preliminary discussions about the purposes and criteria of benefit measures before the actual measurement problem is tackled. The discussion on costs follows and concentrates on the need for a specific context in which to carry out costing exercises. The last section looks towards future developments and the potential provided by the cost-benefit approach for fruitful interdisciplinary collaboration.

(35 references) CH-P

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BOOK REVIEWS

Au: Strumpel, Burkhard (editor)

Ti: Economic Means for Human Needs: Social Indicators of Well-Being
and Discontent

So: Ann Arbor, Michigan: Institute for Social Research, University of
Michigan, 1976

Reviewed by: Gregory W. Fischer
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As a discipline, psychology has been curiously indifferent to the economic dimension of human existence. While applied psychologists do concern themselves with problems of job choice and job satisfaction, few psychological theories explicitly consider the importance of economic factors as determinants of either behavior or subjective well-being. Similarly, few economists consider the possibility that psychological variables, other than expectations and preferences, might be important determinants of economic behavior. *Economic Means for Human Needs* attempts to bridge this gap between economics and psychology. It is edited and includes several papers by Burkhard Strumpel, a University of Cologne trained economist. Its other contributors include the economists Hans Apel, Richard Curtin, and Anita Pfaff, and the psychologists Gerald Gurin, Patricia Gurin, George Katona, Daniel Katz and Ephraim Yuchtman.

The papers in the volume are united by two factors. First, most of the papers utilize data from two sample surveys conducted in Detroit and Baltimore in 1971 and 1972. Both samples were restricted to married males, under the age of 51, who were either working or only temporarily laid off. In addition, the volume achieves a degree of coherence because most of the papers are loosely compatible with the metatheoretical framework outlined by Strumpel in his introduction to the volume. This framework incorporates five types of variables: 1) objective environmental (E), 2) person (P), 3) subjective well-being (SW), 4) societal discontent (SD) and 5) economic behavior (B).

Upon reflection, it is evident that this framework departs substantially from most sociological and economic research on this topic. At the risk of oversimplifying, sociologists and economists generally view both behavior and subjective well-being as being determined by the environmental (E) variables alone. This mode of explanation is attractive at least in part because socioeconomic status (SES) variables (namely, education, occupation, and income) are almost invariably associated with any measure of objective behavior or subjective well-being; and for the most part these associations are simple and common-sensical. Yuchtman offers two criticisms of this "SES determinism" in his paper "Effects of Social-Psychological Factors on Subjective Economic Welfare." First, he argues, to establish a statistical relationship between SES variables and various measures of behavior or subjective well-being is not really to explain

anything. In addition, Yuchtman argues, SES determinism is inadequate because, across a wide variety of research settings, variance within supposedly homogeneous SES groups is substantially greater than that between SES groups. Both of these criticisms suggest that an attempt to identify the role of intervening social psychological factors might be fruitful. Most of *Economic Means for Human Needs* is devoted to examining the role of various social psychological variables in the Strumpel metaframework.

Space limitations preclude any attempt to evaluate systematically all eleven papers in the volume. Instead, I shall briefly comment on several of the more interesting papers, then conclude with an overall evaluation of the collection as a whole. Strumpel's "Economic Life-Styles, Values, and Subjective Welfare" sets the tone for the volume and summarizes many of the basic statistical properties of the Detroit-Baltimore survey data used throughout the volume. Yuchtman's paper carries the analysis of the determinants of subjective well-being one step farther.

Further evidence concerning the effects of the efficacy variable is provided by Gerald and Patricia Gurin's "Personal Efficacy and the Ideology of Individual Responsibility."

The questions addressed in this volume are extremely important ones, both from a social scientific and social policy standpoint. Unfortunately, two major shortcomings characterize most of the papers in the volume. First, the measurement procedures used to define the various indexes of satisfaction, values, and discontent fall far short of the frontiers of psychological measurement in the 1970s. If psychologists have anything to offer to the "social indicators" movement, it should be that they are better at measuring subjective variables than anyone else. But the survey instrument used to collect the data presented throughout the volume used simple attitude items whose scale properties seem very suspect. Clearly related to this measurement problem is the quality of the statistical analyses reported throughout the book. Most of the measures of values and satisfaction can be viewed as providing at best an ordinal scale of measurement.

Although the research and statistical procedures used generally fail to meet the most stringent standards of the traditional disciplines, *Economic Means for Human Needs* has a number of virtues, the most notable being that it addresses important questions generally ignored by scholars operating within the confines of the traditional academic disciplines. It is an interesting book that should be of interest to anyone already committed to the social indicators movement, and might be profitably read by any social psychologist interested in moving from the confines of the laboratory to study the determinants of subjective well-being in the real world.

A longer version of this review was published in *Contemporary Psychology* 22(6):437-439, 1977.

CONFERENCES

Canadian Public Health Association
Saskatoon, Saskatchewan 23-26 June 1981

"Four Horsemen of the Eighties" is the theme for the 72nd Annual Conference, to be held in Saskatoon, Saskatchewan. The theme and its four parts, broadly interpreted, will give opportunities to address some of the major contemporary and future challenges for the public health movement in Canada. The Conference will focus on the following "Four Horsemen".

1. Ignorance, including public education. The relationships between the gain of knowledge, attitude change and behavior change. The interface between the health professions and the communications media.

2. Poverty, including the relation of various kinds of deprivation with health. Health problems of the disadvantaged by reason of handicap, culture or racial history.

3. Infections

4. Poisons, including self-administered substances such as alcohol or tobacco, prescribed and non-prescribed pharmaceuticals, environmental and occupational pollutants, including dust.

Abstracts relevant to the theme of the conference other than the topics above will be considered by the committee. Scientific sessions will be limited to ten minutes with an additional ten minutes for discussion. Papers in English or French will be accepted. Abstracts of papers must not exceed 200 words including title, author's name, institutions and location. One plus five copies of the abstract are required.

Abstracts should be sent to:

Dr. John Markham
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American Geriatrics Society
Boston, Massachusetts 30 April-2 May 1981

The 38th Annual Meeting of the American Geriatrics Society will be held in Boston. Announcements of the meeting and related information will be forthcoming in the AGS Newsletter and in the Journal of the American Geriatrics Society. For additional information write to the American Geriatrics Society, 10 Columbus Circle (Room 1470), New York, NY 10019.

BULLETIN BOARD

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Patients, Physicians, and Illness:
A Sourcebook in Behavioral Science and Health
Third Edition

The third edition begins with a Prologue--Some Issues in American Health Care. Contributors to this section are J.H. Knowles and J.B. McKinlay. The major topics covered in this book are Health, Illness, and the Use of Health Services; Health and Illness Behavior: Societal Coping with Disease and Injury; and, Society and the Organization of Health Service Systems. The Epilogue has two items, one written by Renee Fox and the other by D.E. Beauchamp. Both the Prologue and Epilogue are new sections in the third edition.

While the major topics are similar to those covered in the second edition, almost all of the chapters in each section are new. The five chapters carried over from the second edition are; 1) Definitions of Health and Illness in the Light of American Values and Social Structure by Parsons; 2) Patients View of the Patients Role by Tagliacozzo and Mauksch; 3) Disclosure of Terminal Illness by Glaser; 4) Mother Surrogate after a Decade by Schulman; and, 5) Hospital as an Organization by Georgopoulos and Mann.

This volume, like the second edition, is also edited by E. Gartly Jaco and is available from the Free Press.

CLEARINGHOUSE--SCOPE and SERVICES

Why "Indexes"?

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

Why a "Clearinghouse"?

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

What's Included?

The selection of documents for the Clearinghouse focuses on efforts to develop and/or apply composite measures of health status. A reprint or photocopy of each selection will be kept on file in the Clearinghouse. Domestic and foreign sources of information will include the following types of published and unpublished literature: articles from regularly published journals; books, conference proceedings, government publications, and other documents with limited circulation; speeches and unpublished reports of recent developments; and reports on grants and contracts for current research. The Clearinghouse will systematically search current literature and indexes of literature to maintain an up-to-date file of documents and retrospectively search to trace the development of health indexes.

Specifically, items will be included if they

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

What Services?

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

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

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

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

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

As requests for the same search are received, the Clearinghouse will print the resultant list of citations in a forthcoming annotated Bibliography. The presence of this special topic listing will be noted in the Table of Contents. These will

differ from the "Bibliography on Health Indexes" in that they will include retrospective literature as well as the most recent material.

How to Use

Specific information or placement on the mailing list can be requested by letter, post card, or telephone conversation. Presently there are no standard request forms. The Clearinghouse hopes that the more informal method of contact and, specifically, direct personal interaction will stimulate and build a more responsive communication system.

Currently the "Bibliography on Health Indexes" as well as the other services are available without charge. The Clearinghouse is eager to extend these services to all persons interested in the development of health indexes. Everyone interested in having his or her name placed on the mailing list is invited to contact the Clearinghouse at the following address:

Ms Pennifer Erickson
Clearinghouse on Health Indexes
Division of Analysis:NCHS:DHEW
Center Building, Room 2-27
3700 East-West Highway
Hyattsville, Maryland 20782
Telephone (301) 436-7035

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