



Clearinghouse on Health Indexes

National Center for Health Statistics

Number 1 • 1980

Bibliography on Health Indexes

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7 ANNOTATIONS

- 7 Bracken, Michael B.; Hildreth, Nancy; Freeman, Daniel H., Jr.; Webb, Samuel B.: Relationship Between Neurological and Functional Status After Acute Spinal Cord Injury: An Epidemiological Study, *Journal of Chronic Diseases* 33 (2):115-125, 1980
- 7 Brook, Robert H.: The Use of Outcome Data in EMS (Emergency Medical Services) Research, in, *Emergency Medical Services Research Methodology Workshop 2*, National Center for Health Services Research, Hyattsville, Maryland (Publication Number PHS 79-3225-2), pp. 37-39, 1979
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- 8 Bubolz, Margaret M.; Eicher, Joanne B.; Evers, Sandra J.; Sontag, M. Suzanne: A Human Ecological Approach to Quality of Life: Conceptual Framework and Results of a Preliminary Study, *Social Indicators Research* 7(1-4): 103-136, 1980
- 9 Buchanan, James M.; Faith, Roger L.: Trying Again to Value a Life, *Journal of Public Economics* 12(2):245-248, 1979
- 9 Burton, Richard M.; Dellinger, David C.: Making the Area Agencies on Aging Work: The Role of Information, *Socio-Economic Planning Sciences* 14(1):1-11, 1980
- 10 Comptroller General: Conditions of Older People: National Information System Needed: Report to the Congress of the United States, Washington, D.C.: General Accounting Office, (Publication Number HRD-79-95), 1979
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- 10 Deniston, O. Lynn; Jette, Alan: A Functional Status Assessment Instrument: Validation in an Elderly Population, *Health Services Research* 15(1):21-34, 1980
- 11 Freeburg, Linnea C.; Lave, Judith R.; Lave, Lester B.; Leinhardt, Samuel: Health Status, Medical Care Utilization, and Outcome: An Annotated Bibliography of Empirical Studies, Volumes 1-4, Hyattsville, Maryland: National Center for Health Services Research, (Publication Number PHS 80-3263), 1979
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- 11 Golubev, I. R.; Shirinskii, V. A.: Comprehensive Assessment of the Health Status of Children and Adolescents, *Sovetskoe Zdravookhranenie* 11:37-41, 1979 (article in Russian)
- 12 Heumann, Leonard F.; Lareau, Leslie S.: Local Estimates of the Functionally Disabled Elderly: Toward a Planning Tool for Housing and Support Service Programs, *International Journal of Aging and Human Development* 10(1): 77-93, 1979-80
- 12 Hunt, Sonja M.; McKenna, S. P.; McEwen, J.; Backett, E. M.; Williams, Jan; et al.: A Quantitative Approach to Perceived Health Status: A Validation Study, Nottingham, England: Department of Community Health, University of Nottingham, 1980
- 13 Hunt, Sonja M.; McEwen, James: The Development of a Subjective Health Indicator, Nottingham, England: University of Nottingham, Queen's Medical Centre, Department of Community Health, 1980

- 13 Hunt, Sonja M.; McEwen, James; McKenna, S.; Williams, Jan; Papp, Evelyn: Perceived Health Status in Four Groups of Elderly People, Nottingham, England: University of Nottingham, Queen's Medical Centre, Department of Community Health, 1980
- 14 Hurst, Jeremy W.; Mooney, Gavin H.: Implicit Values in Administrative Decisions: A Preliminary Note, Presented at the second meeting of the European Workshop on Health Indicators in York, England, January 8-12, 1980
- 14 Jette, Alan M.: Functional Capacity Evaluation: An Empirical Approach, Archives of Physical Medicine and Rehabilitation 61(2):85-89, 1980
- 14 Jones-Lee, M. W.: Trying to Value a Life: Why Broome Does Not Sweep Clean, Journal of Public Economics 12(2): 249-256, 1979
- 15 Linn, Margaret W.; Hunter, Kathleen I.; Linn, Bernard S.: Self-Assessed Health, Impairment and Disability in Anglo, Black and Cuban Elderly, Medical Care 18(3):282-288, 1980
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- 19 Sigelman, Carol K.; Vengroff, Linda P.; Spanhel, Cynthia L.: Disability and the Concept of Life Functions, Rehabilitation Counseling Bulletin 23(2):103-113, 1979
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- 20 Verwayen, H.; Weehuizen, J. W.: Uses and Users of Health Indicators, Presented at the second meeting of the European Workshop on Health Indicators in York, England, January 8-12, 1980
- 20 Wan, Thomas T. H.; Weissert, William G.; Livieratos, Barbara B.: Geriatric Day Care and Homemaker Services: An Experimental Study, Journal of Gerontology 35(2):256-274, 1980
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- 22 Weale, Albert: Statistical Lives and the Principle of Maximum Benefit, Journal of Medical Ethics 5(4):185-195, 1979
- 22 Weaver, Charlotte A.; Ko, Yung-Ho; Alexander, E. Russell; Pao, Yun-Lo; Ting, Nong: The Cornell Medical Index as a Predictor of Health in a Prospective Cardiovascular Study in Taiwan, American Journal of Epidemiology 111(1): 113-124, 1980
- 22 Wiley, James A.; Camacho, Terry C.: Life Style and Future Health: Evidence from the Alameda County Study, Preventive Medicine 9:1-21, 1980

(Continued on p. 43)

BIBLIOGRAPHY on HEALTH INDEXES

INTRODUCTION

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

Annotations

Published articles listed in this section have been identified from the National Library of Medicine online data files and Current Contents: Social and Behavioral Sciences for the first three months of 1980. In addition, the Clearinghouse routinely searches over 60 journals. Each new issue is examined for book reviews, current research funding, and forthcoming conferences as well as pertinent articles. Journal titles and actual volume number searched are listed on pages 5-7. 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 January through March 1980 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 (January - March 1980)

Current Contents: Behavioral and Social Sciences

Volume 12, Numbers 1-13 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.

anthropometry
biometry
costs and cost analysis
disability evaluation
health
health planning
health status indicators
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 Economic Review 70(1)
American Journal of Economics and Sociology 39(1)
American Journal of Epidemiology 111(1) 111(2) 111(3)
American Journal of Public Health 70(1) 70(2) 70(3)
American Journal of Sociology 85(4) 85(5)
American Psychologist 35(1) 35(2) 35(3)
American Sociological Review 45(1)
American Sociologist 15(1)
Archives of Physical Medicine and Rehabilitation
61(1) 61(2) 61(3)
Behavioral Science 25(1) 25(2)
British Journal of Sociology 31(1)
Canadian Journal of Public Health 71(1) 71(2)
Community Mental Health Journal 16(1)
Computers and Biomedical Research 13(1)

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Demography 17(1)
Hastings Center Report 10(1)
Health Services Research 15(1)
Inquiry (Chicago) 17(1)
International Journal of Epidemiology 9(1)
International Journal of Health Services 10(1)
Journal of Chronic Diseases 33(1) 33(2) 33(3)
Journal of Community Health 5(3)
Journal of Economic Literature 18(1)
Journal of Epidemiology and Community Health 34(1)
Journal of Gerontology 35(1) 35(2)
Journal of Health and Social Behavior 21(1)
Journal of School Health 50(1) 50(2) 50(3)
Journal of Social Issues 36(1)
Journal of Social Policy 9(1)
Management Science 26(1) 26(2) 26(3)
Medical Care 18(1) 18(1) Supplement 18(2) 18(3)
Milbank Memorial Fund Quarterly 58(1)
New England Journal of Medicine 302(1-13)
Policy Sciences 11(3)
Population Studies (London) 34(1)
Preventive Medicine 9(1) 9(2)
Public Health Reports 95(1)
Public Opinion Quarterly 44(1)
Review of Economics and Statistics 62(1)
Social Forces 58(3)
Social Indicators Research 7(1-4) 8(1)
Social Policy 10(4)
Social Problems 27(3)
Social Psychology Quarterly 43(1)
Social Service Review 54(1)
Socio-Economic Planning Sciences 14(1) 14(2)
Sociological Methods and Research 8(3)
Sociological Quarterly 21(1)
Sociology of Health and Illness 2(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: Bracken, Michael B.; Hildreth, Nancy; Freeman, Daniel H., Jr.; Webb, Samuel B.
Ti: Relationship Between Neurological and Functional Status After Acute Spinal Cord Injury: An Epidemiological Study
So: Journal of Chronic Diseases 33(2):115-125, 1980

This paper examines the relationships between motor and sensory neurological function and functional status as defined by four activities of daily living (ADLs) after acute spinal cord injury. Patients (N=192) were from a five-year prospective study in Connecticut. Four variables which were created to assess the functional status of a patient consist of measures of: 1) the degree of movement experienced in each of the four limbs, 2) the patient's ability to perform essential daily activities including eating, drinking, dressing, washing, grooming, and managing bladder and bowel function, 3) the ability to walk 50 yards on level ground and out of doors and, 4) the degree to which a patient can move to various places, namely: a chair, the toilet, the tub or shower and a car. The four ADL scores all showed significant improvement between discharge and one year.

(8 references) AA-M

REFERENCE NUMBER 2

Au: Brook, Robert H.
Ti: The Use of Outcome Data in EMS (Emergency Medical Services) Research
So: in, Emergency Medical Services Research Methodology Workshop 2, National Center for Health Services Research, Hyattsville, Maryland (Publication Number PHS 79-3225-2), pp. 37-39, 1979

Measures of outcome, rather than process and structure, are the most appropriate measures of quality if we assume that there is a direct relationship between good medical care and health. Four ways in which outcome measures can be used in emergency medical services are discussed: 1) to examine efficacy of a particular treatment, 2) to measure the effectiveness of care, 3) to set policy options, and 4) to assure quality health care. In studying outcomes for any of these purposes, it is important to recognize how the information is to be used and to use methods appropriate for this purpose.

(2 references) CH-P

BIBLIOGRAPHY on HEALTH INDEXES

REFERENCE NUMBER 3

Au: Broome, John

Ti: Trying to Value a Life: A Reply

So: Journal of Public Economics 12(2):259-262, 1979

The author responds to comments on his 1978 article (see Clearinghouse on Health Indexes Cumulated Annotations 1978, page 8) made by Buchanan and Faith, Jones-Lee and Williams (see abstracts in this Bibliography). Broome restates his argument that the attempt to value life in terms of money is more or less doomed to failure. However, he recognizes that valuation of some type is necessary since the implementation of government programs usually results in the loss of lives.
(1 reference) CH-P

REFERENCE NUMBER 4

Au: Bubolz, Margaret M.; Eicher, Joanne B.; Evers, Sandra J.; Sontag, M. Suzanne

Ti: A Human Ecological Approach to Quality of Life: Conceptual Framework and Results of a Preliminary Study

So: Social Indicators Research 7(1-4):103-136, 1980

A human ecological framework for study of quality of life (QOL) is proposed and used in the study of the QOL of a rural sample in northern Michigan. The framework is based on an ecosystem, i.e., the interaction of humans, the environed units with their interrelated environments. These are conceptualized as: natural, human constructed and human behavioral. Quality of life indicators can measure aspects of the environed units environments and their interaction. Scales to measure perceived overall quality of life (POQL), community satisfaction (COMSAT), and the importance of and satisfaction with selected life concerns (SALI and SALS) were used. The life concerns represented human needs, attributes of the self, conditions and resources of the three environments, or implied interaction with or action upon the environment. Objectives were to study how these life concerns contributed to POQL; the relationship between SALI and SALS ratings and how this influenced POQL; the relationship between COMSAT and POQL; and whether or not satisfaction with these two variables varied by demographic characteristics. Findings, while preliminary, illustrate the viability of a human ecological model as a unifying framework for conceptualization and measurement of quality of life. Further specification and elaboration of the model are indicated.

(18 references) AA-M

BIBLIOGRAPHY on HEALTH INDEXES

REFERENCE NUMBER 5

Au: Buchanan, James M.; Faith, Roger L.
Ti: Trying Again to Value a Life
So: Journal of Public Economics 12(2):245-248, 1979

According to these authors, the central flaw in John Broome's argument that any attempt to value life in terms of money is more or less doomed to failure (see Clearinghouse on Health Indexes Cumulated Annotations 1978, page 8) lies in a misunderstanding of cost. Opportunity cost becomes meaningful in the valuation process when there is a choice to be made. The point made in this note is that to say that costs are infinite for the person who loses his or her life in the draw of a lottery in which he rationally chose to participate is to say nothing at all about the value that such an individual placed on life in the moment in which the choice was made.

(5 references) CH-P

REFERENCE NUMBER 6

Au: Burton, Richard M.; Dellinger, David C.
Ti: Making the Area Agencies on Aging Work: The Role of Information
So: Socio-Economic Planning Sciences 14(1):1-11, 1980

Under Title III of the 1973 Older Americans Act, over 500 Area Agencies on Aging (AAA) have been established for the purpose of planning and coordinating services for the elderly. Critics claim the AAAs are doomed to failure because they do not control the budgets for services for the elderly. Using the Older American Resources and Services (OARS) Planning Model the authors show that a more crucial factor is meaningful planning information. Three types of information are needed to plan effectively: 1) data on the status of the elderly in their planning and service area, 2) data on the social preferences of the community they serve; and, 3) data on the impact selected services have on the status of the elderly. The authors demonstrate that AAAs can be effective as planning and coordinating agencies by operating as centers of information and analysis, either with or without a budget constraint.

(22 references) AA-M

BIBLIOGRAPHY on HEALTH INDEXES

REFERENCE NUMBER 7

Au: Comptroller General

Ti: Conditions of Older People: National Information System Needed: Report
to the Congress of the United States

So: Washington, D.C.:General Accounting Office, (Publication Number
HRD-79-95), 1979

This report is about older people--their conditions, the changes in those conditions, and the differences help can make in their lives. In this study, a representative sample of 1,609 people who were 65 years old and older were interviewed using methodology based on OARS (Older Americans Resources and Services) developed at Duke University. The questionnaire contains questions about an older person's wellbeing in five areas of functioning--social, economic, mental, physical, and activities of daily living. A year later, 1,311 of these people were reinterviewed. Based on these data, the report recommends the establishment of a comprehensive national information system that determines the personal conditions of, problems of, and help available to older people. Information from this system could be useful to society, the congress, and the executive branch in designing and planning for the delivery of services to older persons.

(1 reference) CH-P

REFERENCE NUMBER 8

Au: Damiani, Paul; Masse, Helene

Ti: An Indicator of Health Status Linked to Causes of Death

So: Nouvelle Presse Medicale 8(19):1615-1616, 1979 (article in French)

(0 references)

REFERENCE NUMBER 9

Au: Deniston, O. Lynn; Jette, Alan

Ti: A Functional Status Assessment Instrument: Validation in an Elderly
Population

So: Health Services Research 15(1):21-34, 1980

This study examines the validity of a system of measuring functional status, an important determinant of quality of life. With a group of elderly people who suffer from arthritis, the authors found that scores in the dimensions of dependence, difficulty, and pain on performance of Activities of Daily Living (ADL) are positively correlated with client reports of joint conditions, ability to deal with their arthritis and attendant problems, and numbers of "good days." Instrument scores do not correlate with professional assessments of clients' joint condition or of their ability to deal with arthritis, although the two professional assessments correlate with each other. Thus it appears that client and professional definitions of joint condition differ; only the clients' definition relates to our measure of functional status.

(12 references) AA

BIBLIOGRAPHY on HEALTH INDEXES

REFERENCE NUMBER 10

Au: Freeburg, Linnea C.; Lave, Judith R.; Lave, Lester B.; Leinhardt, Samuel
Ti: Health Status, Medical Care Utilization, and Outcome: An Annotated Bibliography of Empirical Studies, Volumes 1-4
So: Hyattsville, Maryland: National Center for Health Services Research, (Publication Number PHS 80-3263), 1979

This annotated bibliography is an attempt to draw together the literature relevant to estimating the process and parameters associated with the decision to seek health care, actual treatment, and its outcome. Studies which report analyses of data on health status, medical care utilization and outcome are listed. The framework stems from a systems model of the health care system, which follows patients from a perceived desire for health care to the seeking of care, treatment and outcome with the patient deciding at each stage whether to proceed. For each entry the location, characteristics and size of the sample are identified, if known, as well as the date of the study, and in some cases the methods and purposes of the study. The types of data are specified, but in most cases the results and conclusions are not.

(1399 references) AA

REFERENCE NUMBER 11

Au: Gillingham, Robert; Reece, William S.
Ti: Analytical Problems in the Measurement of the Quality of Life
So: Social Indicators Research 7(1-4):91-101, 1980

The absence of an explicit theoretical framework seems to have led to a number of objectionable features, empirical as well as conceptual, in previous attempts to construct and apply quality of life (QOL) measures. This paper presents a theoretical framework for QOL measurement based on individual utility maximization. Without severe restrictions on the form of the utility function, however, this framework does not lead to meaningful average or aggregate QOL measures. Furthermore, our empirical analysis indicates that attempts to use currently available QOL measures, despite their conceptual inadequacy, in the analysis of migration have been ill conceived.

(12 references) AA

REFERENCE NUMBER 12

Au: Golubev, I.R.; Shirinskii, V.A.
Ti: Comprehensive Assessment of the Health Status of Children and Adolescents
So: Sovetskoe Zdravookhranenie 11:37-41, 1979 (article in Russian)

(5 references)

BIBLIOGRAPHY on HEALTH INDEXES

REFERENCE NUMBER 13

Au: Heumann, Leonard F.; Lareau, Leslie S.

Ti: Local Estimates of the Functionally Disabled Elderly: Toward a Planning Tool for Housing and Support Service Programs

So: International Journal of Aging and Human Development 10(1):77-93, 1979-80

In order to allocate housing and support service funds, local planners need to know the number of elderly persons at various levels of functional disability. When the levels of disability are sufficiently specific, the need for specialized housing and support services can be identified, the proper funding priorities can be established, and new support programs developed. This paper describes research to improve the accuracy of synthetic estimates of elderly with functional disabilities, while expanding the number of functional ability levels to describe the population in Illinois. The authors have created an activities of daily living type of measure for planning purposes using the National Senior Citizens Survey. From this data set, Guttman scales are created for mobility and self care dimensions; each scale item has a corresponding need for service assigned to it. Thus, the cross tabulation of the needs for the two scales yields a planning strategy.

(9 references) AA-M

REFERENCE NUMBER 14

Au: Hunt, Sonja M.; McKenna, S.P.; McEwen, J.; Backett, E.M.; Williams, Jan; et al.

Ti: A Quantitative Approach to Perceived Health Status: A Validation Study

So: Nottingham, England: Department of Community Health, University of Nottingham, 1980

The aim of the present study is to test the criterion validity of the six separate areas of functioning, physical mobility, sleep, pain, energy level, social integration and emotional reactions of the Nottingham Health Profile (NHP). Four groups of the elderly people (over the age of 60 years) were selected who were thought to differ in objective health status. Each of the 213 subjects was interviewed using the NHP and given a short mental status test. According to this study, scores on the Profile are able to discriminate between groups with different objective health status, i.e., those with varying degrees of diagnosed chronic illness, and those who are physiologically fit, or who have not recently sought medical intervention. The study also examined the contribution of age, sex, marital status and whether or not the respondent lived alone, to the scores on the packages.

(41 references) CH-P

BIBLIOGRAPHY on HEALTH INDEXES

REFERENCE NUMBER 15

Au: Hunt, Sonja M.; McEwen, James

Ti: The Development of a Subjective Health Indicator

So: Nottingham, England:University of Nottingham, Queen's Medical Centre,
Department of Community Health, 1980

Changing patterns of concern in medicine and health care have interacted with philosophic trends in social sciences and politics to create demands for new directions in the measurement of health. Traditional indicators such as morbidity and mortality are seen to require supplementation by more subjective assessments of need. The addition of subjective data, collected in a standardized way, could enable those concerned to delineate more closely the needs and problems of the community. The practical development of a subjective health indicator is described. The ultimate objective is to produce an instrument which can be used as a population survey tool, where the information obtained could add a new dimension to traditional indices of health. Studies carried out over the past four years have led to the construction of an indicator in the form of a profile which has been shown to provide valid measures of perceived health status and to be accepted to respondents. (62 references) AA

REFERENCE NUMBER 16

Au: Hunt, Sonja M.; McEwen, James; McKenna, S.; Williams, Jan; Papp,
Evelyn

Ti: Perceived Health Status in Four Groups of Elderly People

So: Nottingham, England:University of Nottingham, Queen's Medical Centre,
Department of Community Health, 1980

Four groups of elderly people over the age of 60, differing in degrees of health and fitness, were interviewed in their own homes. The Nottingham Health Profile, which is a measure of perceived health status consisting of six packages: sleep, energy level, pain, physical mobility, emotional reactions and social perception, was administered to them. The findings show that the Profile is sensitive to group differences and reflects to a large extent objective health problems. Results were found to be largely independent of age, sex, social class and whether or not the respondent lived alone. Self assessment of health status appears to accurately reflect functional status in these groups. (31 references) AA-M

BIBLIOGRAPHY on HEALTH INDEXES

REFERENCE NUMBER 17

Au: Hurst, Jeremy W.; Mooney, Gavin H.

Ti: Implicit Values in Administrative Decisions: A Preliminary Note

So: Presented at the second meeting of the European Workshop on Health Indicators in York, England, January 8-12, 1980

The authors argue that health status measurement is value laden, that currently, although not necessarily explicitly, weights are being placed on different states of health within health care decision-making processes, and that the demand functions of producers of health care can be utilized in devising a scaling system of health status measurement. Through revealed preferences of the administrative decision-making process much can be learned about these producers' demand functions, but little empirical research has yet been done on this approach to weighting of health status.

(13 references) AS-M

REFERENCE NUMBER 18

Au: Jette, Alan M.

Ti: Functional Capacity Evaluation: An Empirical Approach

So: Archives of Physical Medicine and Rehabilitation 61(2):85-89, 1980

This paper presents an empirical approach to selecting activities of daily living (ADL) to assess the functional capacity of noninstitutionalized individuals with polyarticular disability. The subjects for this analysis were drawn from among the 1,089 persons who participated in the Pilot Geriatric Arthritis Program. The results of structural analyses illustrate the feasibility of substantially reducing the task of assessing functional capacity with a subset of ADL items without sacrificing the compulsiveness of the assessment. The analyses reveal five common functional categories: physical mobility, transfers, home chores, kitchen chores, and personal care, which account for over 50 percent of the variance in the data.

(7 references) AA-M

REFERENCE NUMBER 19

Au: Jones-Lee, M.W.

Ti: Trying to Value a Life: Why Broome Does Not Sweep Clean

So: Journal of Public Economics 12(2):249-256, 1979

In this response to Broome's 1978 article (see Clearinghouse on Health Indexes Cumulated Annotations 1978, page 8 and abstracts by Broome, Buchanan and Faith, and Williams in this Bibliography). Jones-Lee contends that the argument put forth in the earlier paper has: a) forced upon the advocates of cost-benefit analysis of risk change (CBR) a version of the compensation test that few if any would accept and which would indeed appeal only to the paralytically risk-averse; b) failed to take account of the extensive caveats that most advocates of CBR would enter concerning the use of their methodology in general; and c) failed to acknowledge and take account of the relative complexity and explanatory richness of the positive analysis in CBR.

(9 references) AS-M

BIBLIOGRAPHY on HEALTH INDEXES

REFERENCE NUMBER 20

Au: Linn, Margaret W.; Hunter, Kathleen I.; Linn, Bernard S.
Ti: Self-Assessed Health, Impairment and Disability in Anglo, Black and Cuban Elderly
So: Medical Care 18(3):282-288, 1980

Self-assessed health and physician-related impairment were compared for 174 Anglo, Black, and Cuban elderly medical outpatients. Level of disability was also recorded by the interviewer using the Rapid Disability Rating Scale (RDRS), which rates on 3-point scales, the degree of assistance needed with general and instrumental activities of daily living. Among the findings reported and discussed in this article are that self-assessed health and level of functioning as measured by the RDRS were associated significantly in each of the three cultures; the way patients perceived their health and functioned differed by culture, but impairment ratings of the physician did not discriminate among cultures; and the patients' estimates of health appear to be an important factor in their overall health status. Since self-assessed health relates to level of functioning and to the way the elderly react to an illness, it can be seen as a useful component in evaluating health and predicting patient behavior.

(21 references) AA-M

REFERENCE NUMBER 21

Au: Lyle, R.; Stone, J.; Neill, D.; Stewart, M.
Ti: Abbreviation of ADL Testing by Guttman Scaling Techniques
So: International Journal of Rehabilitation Research 2(4):604, 1979

A number of hemiplegic patients was assessed on 109 activities of daily living (ADL) items, and the resulting data were analyzed by correlation to yield clusters of items, reflecting operations common to these items. From the clusters so identified, Guttman scales were constructed, so that individuals passing the most difficult items on a particular scale would predictably pass the easier ones. Seventy-five ADL items were arranged into 14 Guttman scales, with a potential saving of 48.6 percent in the number of items requiring to be administered without any reduction in the information gained. Further cross-validation is underway and application to other patient groups is anticipated.

(0 references) AA-M

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REFERENCE NUMBER 22

Au: Mosse, M. Philippe

Ti: About Multidimensionality of Health Indicators

So: Presented at the second meeting of the European Workshop on Health Indicators in York, England, January 8-12, 1980

This paper discusses the problem of multidimensionality of health status measures. This work is based on an analysis of the literature with primary focus on the French material. Theoretical approaches to operationalizing the definition of health are introduced and briefly discussed. Three indicators, the morbidity indicator of CREDOC, Suchet's biological index and the indicator of the DORIA center, are described as examples of how French investigators have dealt with the practical problems of multidimensionality.

(16 references) CH-P

REFERENCE NUMBER 23

Au: Nectoux, Francois; Lintott, John; Carr-Hill, Roy

Ti: Social Indicators: for Individual Well-Being or Social Control?

So: International Journal of Health Services 10(1):89-113, 1980

This article is concerned with the way that social statistics reflect particular views of the world, and focuses on the specific case of the Organization for Economic Cooperation and Development's (OECD) program to develop a set of social indicators. Some illustrations of previous attempts to collect social indicators are given, but the bulk of the article discusses the series of contradictions which regulate the generation and use of statistics by governments, the principal one being between measures which play the ideological role of displaying economic and social "progress" and measures which are of direct use in social planning. This is discussed both for social indicators in general and for social concerns linked to the measurement of health. The article ends with an attempt to evaluate the future of the OECD program within the development of modern capitalism.

(31 references) AA

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REFERENCE NUMBER 24

Au: Oswald, Wolf D.

Ti: Psychometric Procedures and Questionnaires in Gerontopsychological Research

So: Zeitschrift fur Gerontologie 12:341-350, 1979 (article in German, summary in English)

This paper presents the Nuremberg Geriatric Inventory (NAI), a test and questionnaire battery for geronto-psychological and pharmacological problems. This inventory consists of three modified subtests of the Wechsler-Adult-Intelligence-Scale (WAIS), a maze-pathway, a modified Trail Making test (ZVT), a psychological rating scale, a rating scale for activities of daily living, a self-rating and a questionnaire containing problems of growing old. The objectivity, reliability and validity of all tests and scales are described, as well as some norms for different groups of patients. First experiences and results using this inventory in longitudinal studies and pharmacological investigations are reported.
(32 references) AA

REFERENCE NUMBER 25

Au: Patrick, Donald L.; Guttmacher, Sally

Ti: Ethical Issues in Health Indicators

So: Presented at the second meeting of the European Workshop on Health Indicators in York, England, January 8-12, 1980

This paper discusses some of the historical conditions motivating proposed health indicators, the assumptions behind them, and the implications that health indicators will be applied in the public interest. On the basis of these observations, some specific suggestions are offered on how to safeguard that indicators will be used to protect and further the welfare of all members of our society.

(20 references) CH-P

BIBLIOGRAPHY on HEALTH INDEXES

REFERENCE NUMBER 26

Au: Roberts, Robert E.; Lee, Eun Sul

Ti: Medical Care Use by Mexican Americans: Evidence from the Human Population Laboratory Studies

So: Medical Care 18(3):266-281, 1980

Data are presented from sample surveys conducted in 1974 (N=3119) and 1975 (N=657) in Alameda County, California, by the Human Population Laboratory. Mexican-Americans are compared to Anglos and Blacks in terms of physician visits, dental examinations, general physical examinations and eye examinations. The three groups differ with regard to eight social and demographic variables including perceived health status and physical health status as measured by the Physical Health Spectrum developed by Belloc and colleagues. Controlling for the effects of these variables tends to reduce differences between the population subgroups. However, the effect of the adjustment depends on the particular cultural group. For all four types of medical care behavior, controlling for the effects of education and family income consistently produces the greatest effect, particularly for Chicanos. In each case, the effect is to create greater parity between Chicanos and Anglos by increasing the utilization rate for Chicanos. However, even after adjustment, the rate for Chicanos remains lower.

(46 references) AA-M

REFERENCE NUMBER 27

Au: Rosser, Rachel

Ti: Issues of Measurement in the Design of Health Indicators: A Review

So: Presented at the second meeting of the European Workshop on Health Indicators in York, England, January 8-12, 1980

This review traces the development of the measurement of illness for health indexes. According to the author, a health index is designed as a two-stage process: 1) description of health states through the construction of a nominal scale; and 2) placement of the descriptions on an ordinal, interval or ratio scale, frequently through the use of psychometric methods. This paper first presents a background in psychophysics, including discussions of the theory of measurement and scaling techniques. The historical review of health measurement is divided into three periods: the descriptive phase (pre 1960), the phase of the concept of scaled descriptions (1960-1970), and the phase of comprehensive indexes (since 1970). A selection from earlier review articles and general papers is also presented.

(167 references) CH-P

REFERENCE NUMBER 28

Au: Shupyk, P.L.; Navrotska, L.M.

Ti: Evaluation of the State of Health of Children in the Polesye Districts of Zhitomir Province

So: Pediatriia, Akusherstvo i Ginekologiya 5:28-29, 1979 (article in Russian)

(1 reference)

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REFERENCE NUMBER 29

Au: Sigelman, Carol K.; Vengroff, Linda P.; Spanhel, Cynthia L.
Ti: Disability and the Concept of Life Functions
So: Rehabilitation Counseling Bulletin 23(2):103-113, 1979

In this article the authors describe a model of disability that distinguishes between impairing conditions, limitations with respect to five life functions (health, social-attitudinal functioning, mobility, cognitive-intellectual functioning and communication), and life outcomes, jointly determined by life-function limitations and environmental factors. Statements of functional limitations extracted from the literature on 14 impairing conditions were categorized by life function to yield profiles for each impairment group. The analyses revealed that impairment is typically associated with diverse limitations across the range of human functioning, and there are important commonalities and differences among impairment groups. Implications of the model for rehabilitation are discussed.

(7 references) AA

REFERENCE NUMBER 30

Au: Thomae, H.
Ti: Perceived Definitiveness of Health and Economic Stress: Contribution to Cognitive Theory of Adjustment to Aging
So: Zeitschrift fur Gerontologie 12(5-6):439-459, 1979 (article in German, summary in English)

Ninety-four women and 80 men with or without major economic and/or health problems (age 65-94 years) were given a set of interviews and questionnaires, including a scale for measuring "perceived definitiveness of one's own negative situation" (PEDE). Persons scoring high in this scale differed in a significant way regarding health, housing, family and economic situation, intelligence and life satisfaction. Major differences exist also regarding responses to economic and/or health problems. Hypotheses were derived from a cognitive theory of adjustment to aging emphasizing the impact of cognitive systems on the primary and secondary appraisal process and the selection of response.

(89 references) AA

BIBLIOGRAPHY on HEALTH INDEXES

REFERENCE NUMBER 31

Au: Verwayen, H.; Weehuizen, J.W.

Ti: Uses and Users of Health Indicators

So: Presented at the second meeting of the European Workshop on Health Indicators in York, England, January 8-12, 1980

The authors begin this preliminary statement with discussion of the concept of health and its measurement. Based on these two sections, six uses of health indicators are described: monitoring, forecasting, theorizing, evaluation, allocation and budgeting. The discussion of users of health indicators is less specific. The authors indicate that various users have different requirements for disaggregation and quantification rather than for different measures. As a step toward greater understanding of users of health indicators, an action-oriented research scheme is presented.

(3 references) CH-P

REFERENCE NUMBER 32

Au: Wan, Thomas T.H.; Weissert, William G.; Livieratos, Barbara B.

Ti: Geriatric Day Care and Homemaker Services: An Experimental Study

So: Journal of Gerontology 35(2):256-274, 1980

The purpose of this study was to examine the impact of geriatric day care and homemaker services on patient outcomes. Outcomes were measured using the Index of Activities of Daily Living developed by Katz and colleagues, and the Mental Status Questionnaire developed by Kahn. A total of five assessments were made on each patient. Assessments were made at intake and at three month intervals. Of 1,871 patients selected for the study, three study samples were formed: a day care study group, a homemaker study group, and a combined services study group. In comparing outcomes between the experimental and control groups, it was found that there were significant differences in physical functioning and activity level for the day care samples, in physical functioning and contentment level for the homemaker study sample, and in all of these outcome measures for the combined services group. Multivariate analysis of data showed that factors other than the use of the experimental services were more effective in explaining variation in outcomes. Significant factors that affected all four outcome measures in both the day care and homemaker study were primary diagnosis, impairment prognosis, and number of inpatient hospital days.

(29 references) AA-M

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REFERENCE NUMBER 33

Au: Ware, John E., Jr.; Johnston, Shawn A.; Davies-Avery, Allyson; Brook, Robert H.

Ti: Conceptualization and Measurement of Health for Adults in the Health Insurance Study: Volume III, Mental Health

So: Santa Monica, California: Rand Corporation (Report Number R-1987/3-HEW), 1979

The Health Insurance Study (HIS) measures mental health status annually to test hypotheses about the effects of differences in health care financing arrangements on health status. This volume investigates the conceptualization and measurement of mental health for people 14 years old and older in general populations. It includes: 1) a literature review done to identify issues involved in measuring mental health that needed to be addressed during development of HIS measures and to provide a framework for discussing HIS measures; 2) a description of the conceptualization and measurement of mental health adopted in the HIS and the results of administering these measures in the first HIS site; and 3) recommendation about how these measures could be used in other studies and what further work is needed to improve them.

(67 references) AS-M

REFERENCE NUMBER 34

Au: Warren, Richard D.; Fear, Frank A.; Klonglan, Gerald E.

Ti: Social Indicator Model Building: A Multiple Indicator Design

So: Social Indicators Research 7(1-4):269-297, 1980

The purpose of the paper is to illustrate and apply a technique for building social-indicator models when concepts are measured by multiple indicators. The multiple-indicator approach discussed in the paper is based on the work of John L. Sullivan in which multiple-partial correlation is used in block-recursive model building. Sullivan's approach is based on the earlier work of Hubert M. Blalock with partial correlation. The multiple-indicator approach is initially considered by explaining the function of multiple-partial correlation and illustrating the utility of the statistic in sociological analysis. The model building approach is first illustrated in the case of a four-variable model measured by single indicators. An elaboration of the design is presented in the case of a six-variable model in which the variables are measured by multiple indicators (two indicators per variable). The multiple-indicator approach is then applied to assess the goodness-of-fit between data and a macrosociological health model. Procedures for assessing fit are presented and discussed. Finally, several advantages and disadvantages of the multiple-indicator approach to model building are considered.

(75 references) AA

BIBLIOGRAPHY on HEALTH INDEXES

REFERENCE NUMBER 35

Au: Weale, Albert

Ti: Statistical Lives and the Principle of Maximum Benefit

So: Journal of Medical Ethics 5(4):185-195, 1979

This paper argues that the statistical lives paradox can be eliminated only by supposing that the principle of maximum benefit is productive on balance of greater good than the alternative of favoring known lives in present danger. As such, the statistical lives paradox presents no objection in principle to shifting medical resources in a more efficient direction.

(59 references) CH-P

REFERENCE NUMBER 36

Au: Weaver, Charlotte A.; Ko, Yung-Ho; Alexander, E. Russell; Pao, Yun-Lo; Ting, Nong

Ti: The Cornell Medical Index as a Predictor of Health in a Prospective Cardiovascular Study in Taiwan

So: American Journal of Epidemiology 111(1):113-124, 1980

As part of a prospective study of cardiovascular disease (CVD) in Taiwan, 1,820 males aged 40-59 years, from the middle and upper socioeconomic classes, were characterized at study entry by a history and physical examination with particular reference to cardiovascular status and by the Cornell Medical Index (CMI). Disease occurrence was observed over a seven year period. Comparison of CMI test performance by specific disease incidence categories showed no group mean differences. In examining total disease occurrence in the form of prevalence, incidence of major morbidity and mortality and no illness occurrence, however, the authors found significant differences using the CMI. This study supports the use of the CMI as a measurement of general health, as well as a predictor of future health status, and suggests that it may be used in other cultures than the one in which it was developed.

(37 references) AA-M

REFERENCE NUMBER 37

Au: Wiley, James A.; Camacho, Terry C.

Ti: Life Style and Future Health: Evidence from the Alameda County Study

So: Preventive Medicine 9:1-21, 1980

Certain aspects of daily life-style were predictive of future health status among survivors in a nine-year longitudinal study. In a sample of 3,892 white adults under the age of 70, cigarette smoking, alcohol consumption, physical exercise, hours of sleep per night, and weight in relation to height are significantly associated with overall health outcomes nine years later, controlling for initial level of health. An index of health practices combining these five elements is associated with future health status within subgroups defined by socioeconomic level. These findings do not appear to be due to selective panel attrition or measurement error in the health indicator.

(18 references) AA

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REFERENCE NUMBER 38

Au: Williams, Alan
Ti: A Note on 'Trying to Value a Life'
So: Journal of Public Economics 12(2):257-258, 1979

Broome's alleged paradox that application of the usual compensation test to the valuation of life would produce an infinite monetary value is shown to be false because it is based on illegitimate generalisation from a special case in which no effective compensation is possible. In the general case, relevant to public sector project appraisal, such compensation is possible, and finite values are to be expected, judging by people's ordinary behavior.

(3 references) AA

REFERENCE NUMBER 39

Au: Williams, Rory
Ti: Valuing Disabilities
So: Presented at the second meeting of the European Workshop on Health Indicators in York, England, January 8-12, 1980

This paper concentrates on the problems of scaling existing measures of disability. Specific focus is on cumulative scaling based on the widespread appreciation of some progressive pattern of disability. Observation of disabled patients suggests that disability fits the cumulative model of Louis Guttman. The author describes this model and cites examples using data from various surveys of disabled persons conducted in England. Although the development of cumulative scaling has progressed, there are still problems which are conceptual as well as technical. The author proposes that a causal model in which the deviant position of the disabled is 'normalised' by offering them a temporary social identity on a curriculum of recovery be used to guide future development.

(19 references) CH-P

REFERENCE NUMBER 40

Au: Wilson, Ronald W.
Ti: OECD Type Disability Questions in USA Surveys
So: Presented at the meeting of the Common Development Effort No. 1, Working Party on Social Indicators, Organization for Economic Cooperation and Development, Paris, France, February 25-27, 1980

This paper provides an overview of some survey activities in the United States related to the measurement of functional disability. The studies described are the Census Disability Survey, the National Health Interview Survey, the Survey of Income and Program Participation, the Social Security Survey of Disabled Adults and the Rand Health Insurance Survey. Many of the OECD items were included in the Census Survey, either as is or with slight modification; the paper compares the items as used in these two surveys.

(0 references) CH-P

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REFERENCE NUMBER 41

Au: Zalkind, David L.; Shachtman, Richard H.

Ti: A Decision Analysis Approach to the Swine Influenza Vaccination Decision
for an Individual

So: Medical Care 18(1):59-72, 1980

We present a method to analyze the decision by an individual whether to receive the swine influenza vaccine, including an approach for health care personnel to use in informing an individual about the personal costs, benefits and probabilities, as well as indicated choices of actions, associated with such decisions. This analysis is a prototype for cases where informed consent requirements have prompted increased patient involvement in personal medical decisions. We specify a preference ordering for consequences of receiving the vaccine. The analysis yields a preference ordering for possible actions because relative values reflecting preferences are compared on a fixed consistent scale. In cases where the decision to receive the vaccine is not automatic, an individual needs additional information about the personal value of death (life) relative to other possible outcomes. We previously have developed a noneconomic approach to the determination of the value of death and the results, briefly described in this paper, are used to construct a decision region for the choice of receiving the vaccine that depends on both the probability of an epidemic and the value of death. (15 references) AA

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BOOK REVIEWS

Au: Gorden, Raymond L.
Ti: Unidimensional Scaling of Social Variables: Concepts and Procedures
So: New York, New York: The Free Press, 1977

This book is intended both for the novice with no theoretical background in scaling and for the person with a background in concepts who discovers missing links when he or she attempts to apply these concepts to concrete problems.

To remedy gaps in the existing literature, the author begins with a discussion of the applicability of scaling methods to the measurement of social forces, social processes and social structures. Then, the basic logico-mathematical forms of scales are shown; application of these forms to measuring social variables is discussed. A condensed review is supplied of the continuities in the development of the scaling of social attitudes, from the Bogardus single-item Social-Distance Scale to the unidimensional set of scale items as developed by Guttman.

The book deals extensively with the strategies and techniques of discovering, selecting and constructing attitude items and emphasizes building in the calibration at three levels: the selection of content themes, the construction of facet types and the construction of response forms. A thorough understanding of these concepts and their attendant operations will greatly increase the probability of developing a questionnaire that will prove to be unidimensional according to the rigorous Guttman criteria.

In explaining the operations for testing and diagnosing unidimensionality, the author presents a procedure that can be followed without any scalogram board, without a computer, without any equipment or materials other than the scalogram sheet included in the appendix. The simple scalogram sheet method allows the use of items with two to five answer categories; it can be used with small samples of cases without requiring large-scale field work, which makes it practical for the learner; and it produces a visual pattern on the scalogram that closely approximates the logical concept of scaling.

To unite concepts, insights, operations and skills, eight laboratory problems are presented. These develop a step-by-step understanding of the full range of operations, from discovering items to measuring and improving the coefficient of reproducibility. Forms and other expendable materials for carrying out the laboratory problems, as well as the solutions to these problems, are contained in the appendix. (51 references)

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BULLETIN BOARD

PUBLICATION NOTE

The following article, which was cited in the Clearinghouse on Health Indexes Cumulated Annotations 1978 as unpublished, has now been published. The published citation follows:

Au: Harasymiw, Stefan J.; Albrecht, Gary L.
Ti: Admission and Discharge Indicators as Aids in Optimizing
Comprehensive Rehabilitation Services
So: Scandinavian Journal of Rehabilitation Medicine 11(3):123-128, 1979

SOCIAL INDICATORS III

The Bureau of the Census released the third national social indicators volume for the United States in January 1981. In this book, text is combined with graphical and tabular material to present information on eleven social conditions: 1) Population and the Family, 2) Health and Nutrition, 3) Housing and the Environment, 4) Transportation, 5) Public Safety, 6) Education and Training, 7) Work, 8) Social Security and Welfare, 9) Income and Productivity, 10) Social Participation, and 11) Culture, Leisure and Use of Time.

The data presented in Social Indicators III came from many sources. These sources include not only Federal statistical bureaus and other organizations that collect and issue statistics as their principal activity, but also governmental administrative and regulatory agencies, private research bodies, trade associations, insurance companies, health associations and other private organizations. Consequently, the data vary considerably as to reference periods, definitions of terms, and, for ongoing series, the number and frequency of time for which data are available.

The data also vary as to how they were obtained. Some are based on complete enumerations, some on records kept for administrative or regulatory purposes, some on sample survey results, and some on estimation procedures which range from highly sophisticated techniques to crude "informed guesses." In virtually all data collection operations, various types of errors will be present in the data. The types and sources of data and of errors are discussed in the data appendix.

The health data are largely from the ongoing surveys conducted by the National Center for Health Statistics. Data are provided on public perceptions, health resources, utilization and costs, life chances, health status, prevention and nutrition, and international comparisons. Life expectancy and death rates by selected causes are shown in the life chances section. Health status includes such data as disability days, prevalence of chronic disease, immunization and health habits.

This volume is for sale by the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

BIBLIOGRAPHY on HEALTH INDEXES

CLEARINGHOUSE--SCOPE and SERVICES

Why "Indexes"?

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

Why a "Clearinghouse"?

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

What's Included?

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

Specifically, items will be included if they

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

BIBLIOGRAPHY on HEALTH INDEXES

What Services?

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

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

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

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

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

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

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.

BIBLIOGRAPHY on HEALTH INDEXES

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:

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Clearinghouse on Health Indexes
Division of Environmental Epidemiology:OAEF
National Center for Health Statistics:DHHS
Center Building, Room 2-27
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Hyattsville, Maryland 20782
Telephone (301) 436-7035

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